ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

# National Ambulance Data – FINAL

Data to the end of February 2023

Date of Report: March 22nd, 2023

# 2. Summary and Contents

**Overview:** The latest monthly data show a decrease in contact and incident numbers in February 2023: however, this is somewhat misleading as the average daily volume for these measures show an increase between January and February – a pattern also seen last year. Perhaps as a result, call-answer and response times increased in February (but are mostly faster than February 2022). Hospital handovers, although still at levels far higher than those seen two-years previously, decreased for the second month. February saw several rounds of industrial action, which will have influenced some of the measures reported here.

## Section 1.
Contact Volume and Call Answer Time

- Although the monthly total decreased, the volume of 999 calls-answered increased from an average of 22k-a-day to 24k-a-day between January and February.
- Mean call-answer time increased from nine-seconds to 13 seconds over the same time. However, this still places the latest month's figures someway below the 22-seconds seen in February 2022.

## Section 2.
Incidents and Response Time, by Category

- February recorded the lowest volume of incidents since early 2018. However, irrespective of the monthly trend, all incident categories saw an increase in average daily volume in February.
- Response times for Cat-1 and Cat-2 incidents remained largely unchanged from January: mean response was 08:30 (Cat-1) and 32:20 (Cat-2), both somewhat faster than February 2022, but still slower than their respective national standards (of seven-minutes and 18-minutes).

## Section 3.
Incidents by Response Outcome

- Face-to-face responses recorded the lowest volume since early 2018, but the shorter month saw the average daily volume of patients transport to Emergency Departments (ED) increase for the second consecutive month.
- Hear-and-Treat responses also saw the daily volume increase: this response category continues to grow steadily over time, while face-to-face responses are decreasing.

## Section 4.
Patient Handover Delays

- Monthly volume of handovers delays fell for the second consecutive month. Delays of one-hour or longer were at their lowest since mid-2021, although at 30k, this is three-times higher than February 2019.
- Despite a second month of improvement, an estimated 26k patients could still have experienced harm as a result of longer delays across the month, while 77k ambulance job cycles were lost due to delays overall.

Source of all data is AQI February 2023 unless otherwise stated. As well as the full data set, the linked page also includes a PDF of the data spec which includes a full description of each measure used.

# Section 1

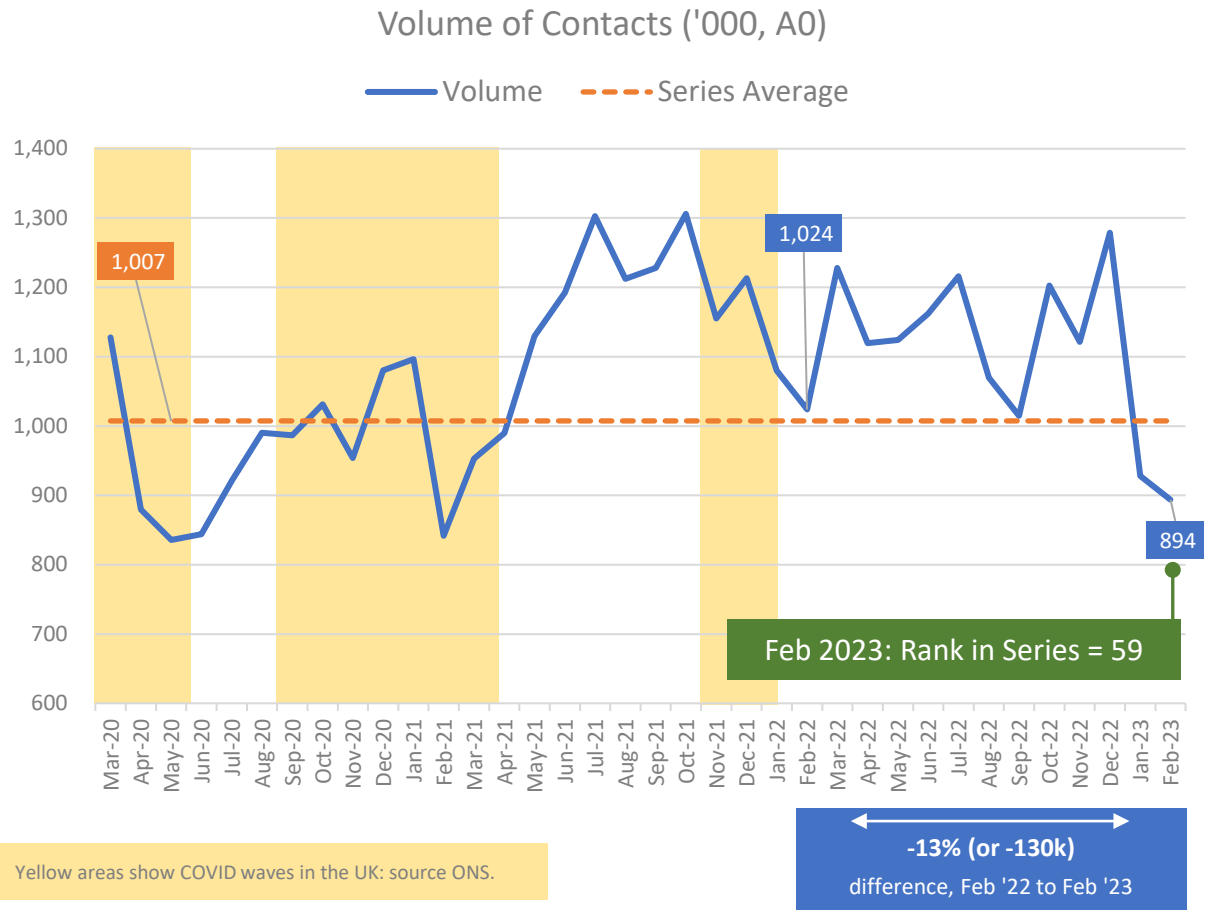
## Contact Volume and Call Answer time

- Demand: Volume of Contacts
- Demand: Volume of 999 Calls Answered
- Demand: 111 Call Volumes
- Ambulance Dispositions (111 to 999 calls)
- Demand: Call Answering Time

# 4. Demand: Volume of Contacts (Measure A0)

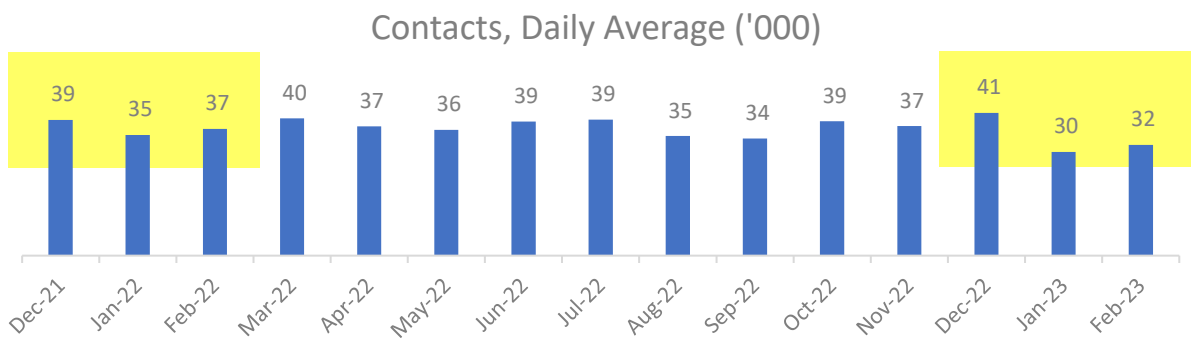
At a monthly level, the volume of people contacting ambulance control rooms fell to its fifth-lowest level in February, with 34k fewer contacts across the month compared with January, (and 130k fewer than the same month last year). The daily average, however, increased by two-thousand contacts from January – a pattern also seen last year.

## 1. Monthly

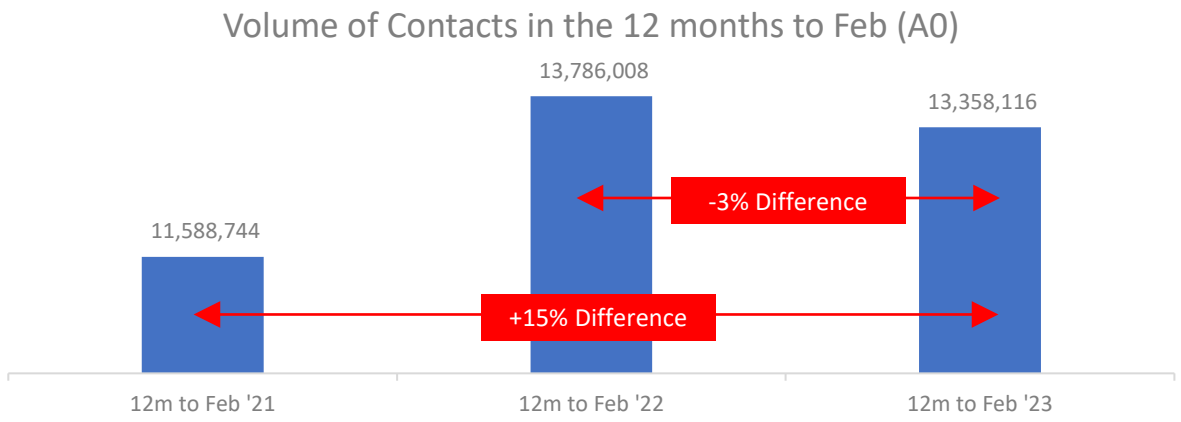



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average



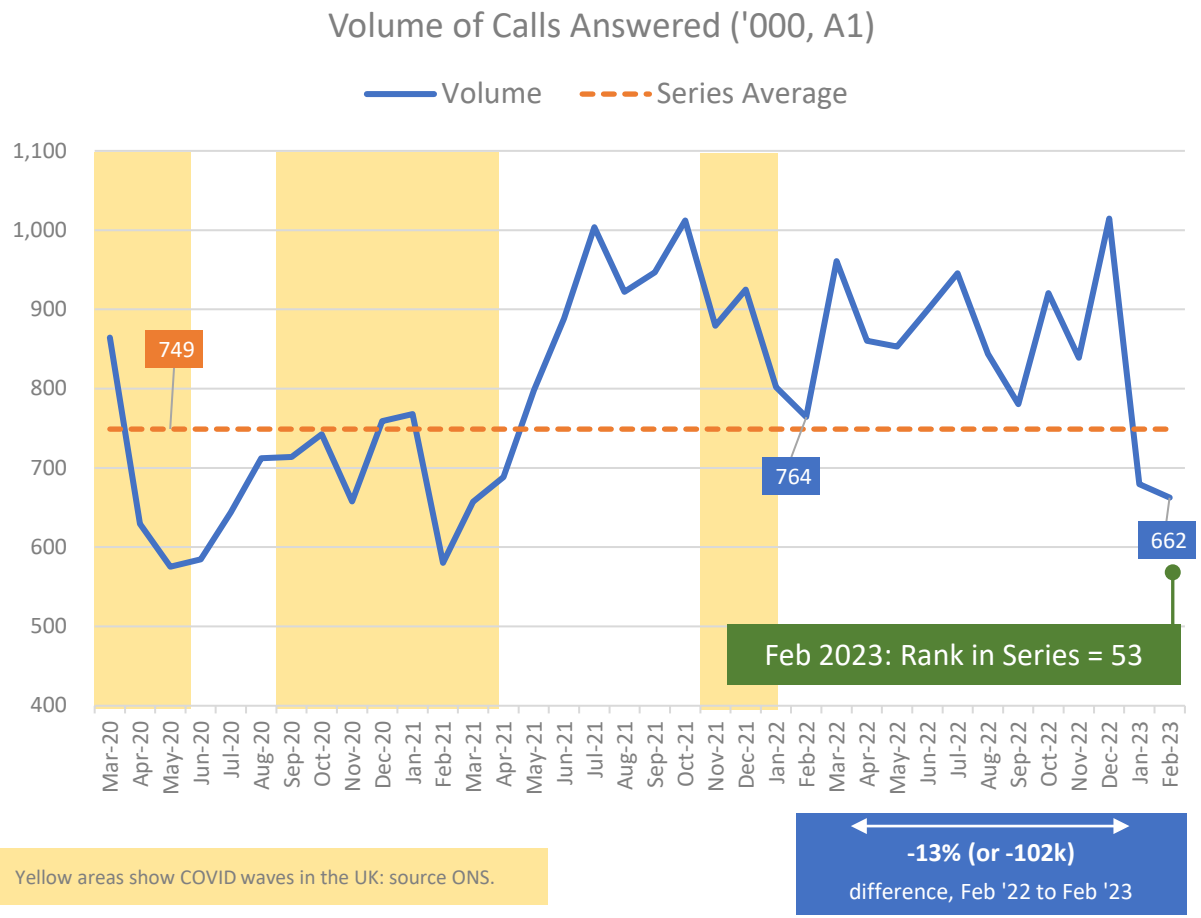

## 3. Annualised Data



# 5. Demand: Volume of 999 Calls-Answered (Measure A1)

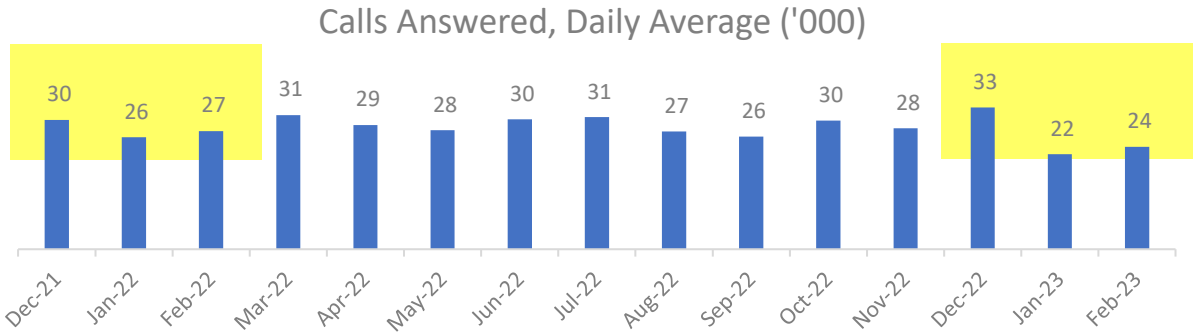
Reflecting the previous measure, volume of 999 calls-answered decreased at a monthly level while the daily average increased. Once again the pattern reflects that seen between December and February in last year. The annualised data shows over ten-million calls answered in the most recent period, over two-million more than in the 12-months to February 2021.

## 1. Monthly

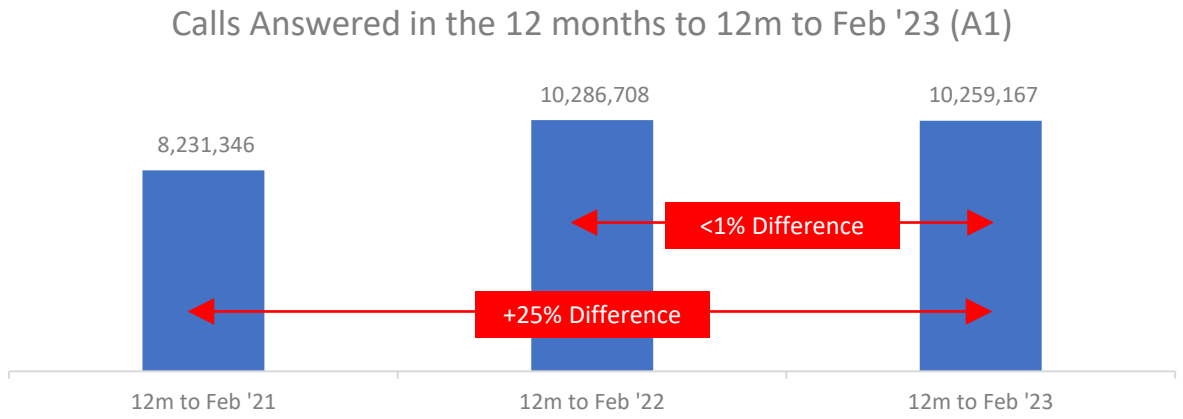



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average



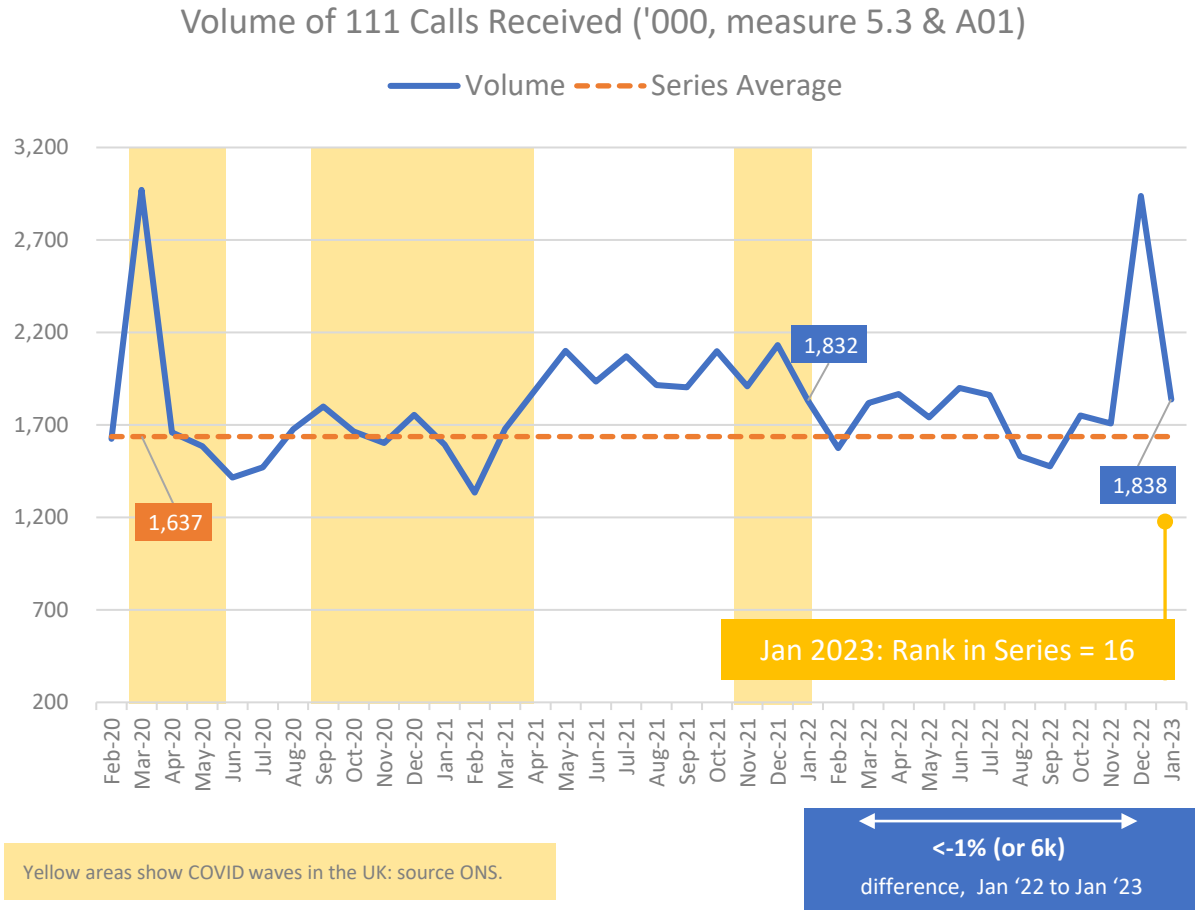

## 3. Annualised Data



# 6. Demand: 111 Call Volumes (sources NHS 111 Min Data Set to March 2021 (5.3) then IUCADC (measure A0))

Following a peak in December 2022, January 2023 saw 111-call volume decrease by one-million (to 1.8-million): this is roughly the same volume as January 2022. Annualised data show 22-million 111 calls in the 12 months to January 2023, a slight decrease compared with the previous period.

## 1. Monthly

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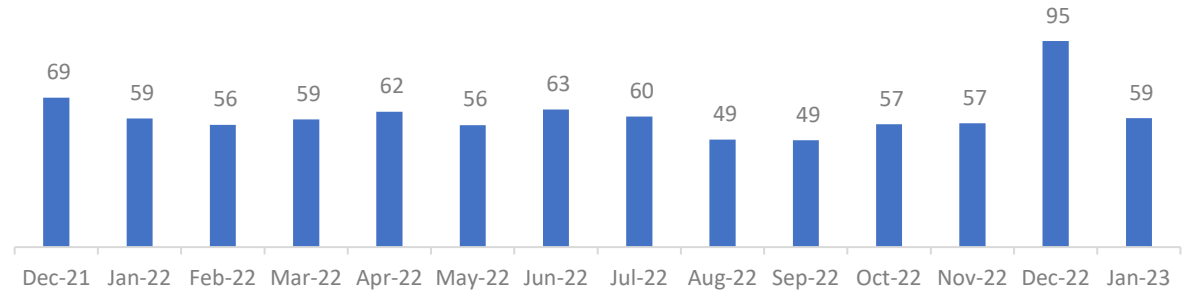
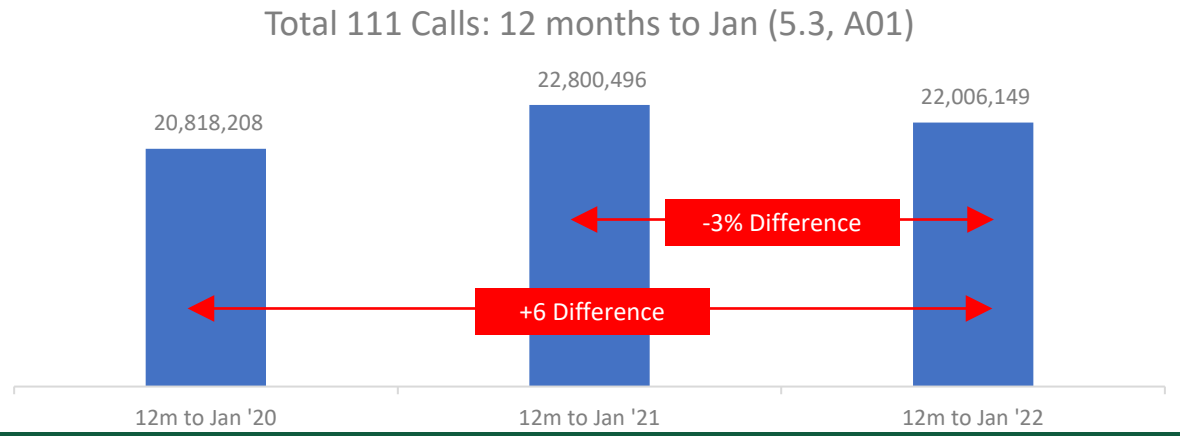
## 2. Daily Average




## 3. Annualised Data



# 7. Ambulance Dispositions (sources NHS 111 Min Data Set to March 2021 (measure 5.23) then IUCADC (measure E02))

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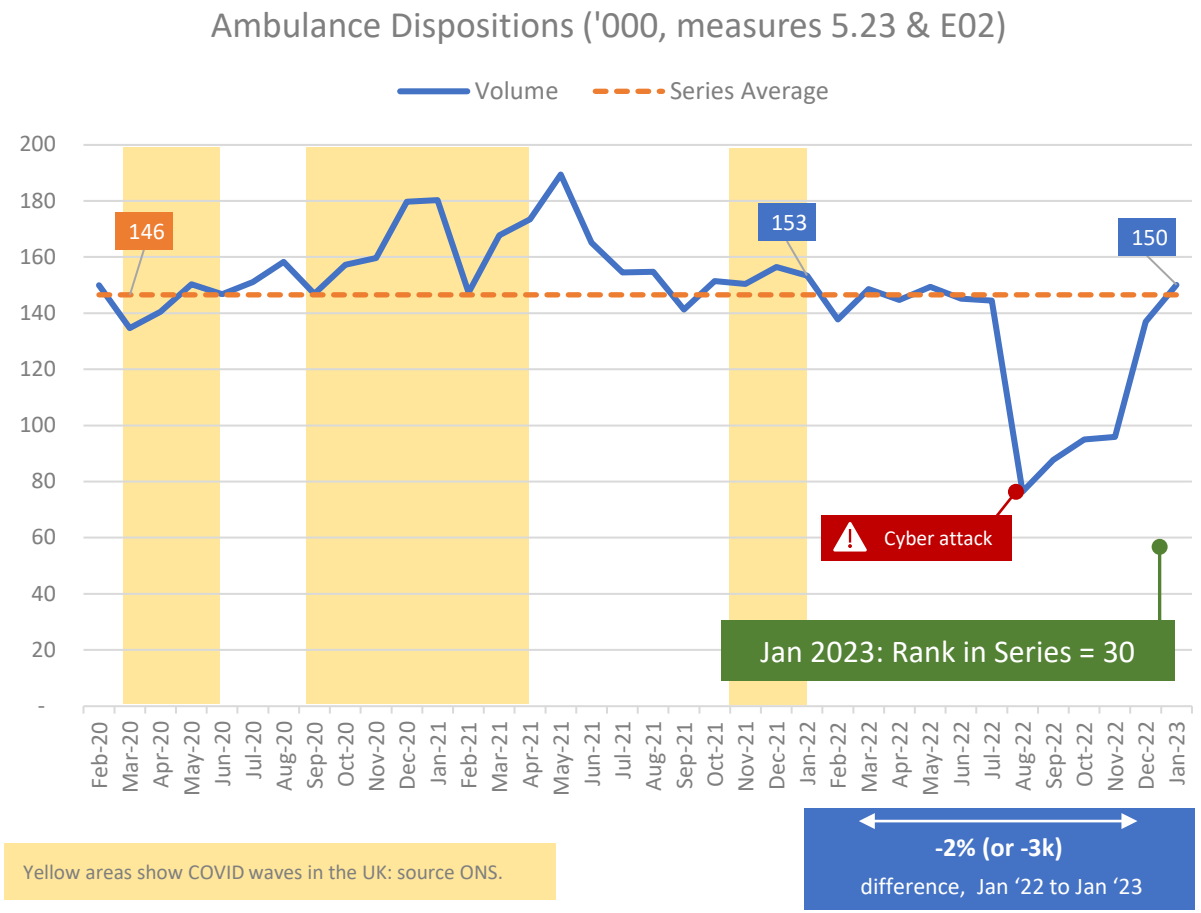
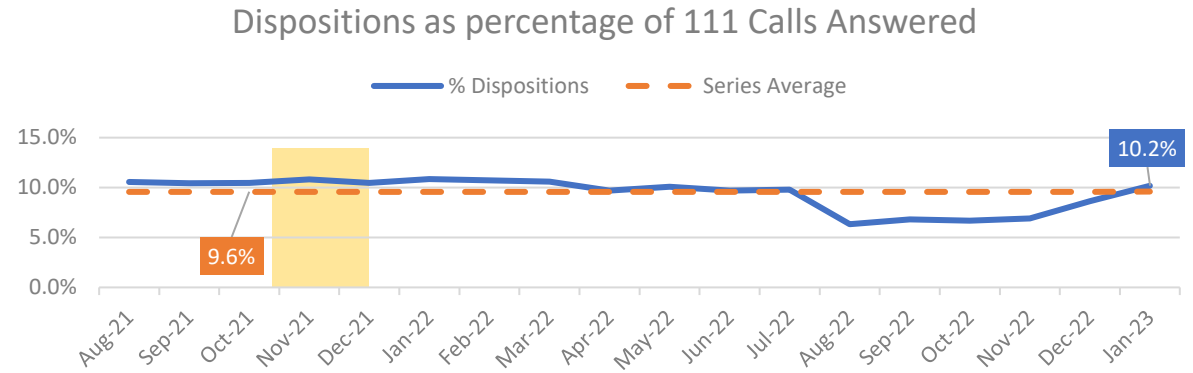
The volume of 111 calls referred to the ambulance service increased by 13k between December and January to reach 150k – the highest volume since August's cyber attack. As a proportion of calls answered, dispositions increased to just over ten-percent, the highest since March 2021.

## 1. Monthly

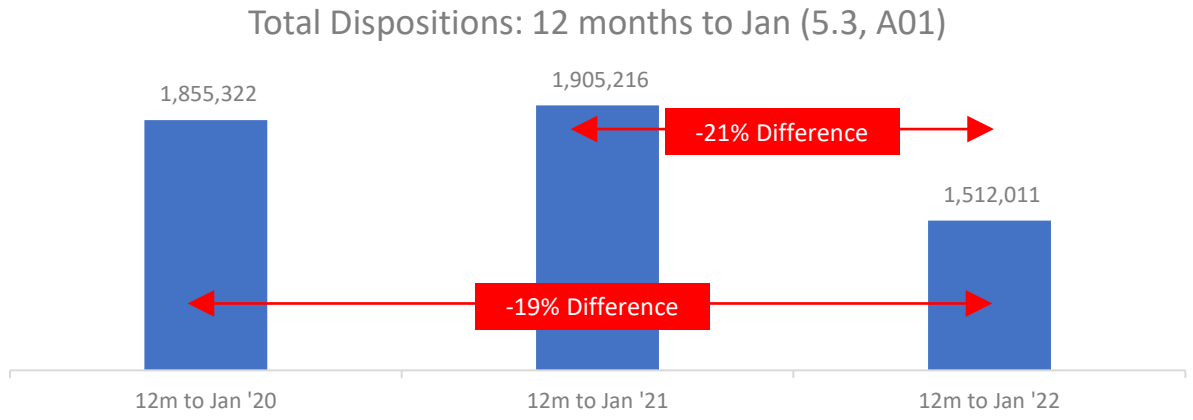



Yellow areas show COVID waves in the UK: source ONS.

## 2. Dispositions as % of 111 Calls Answered (A03, from April 2021)



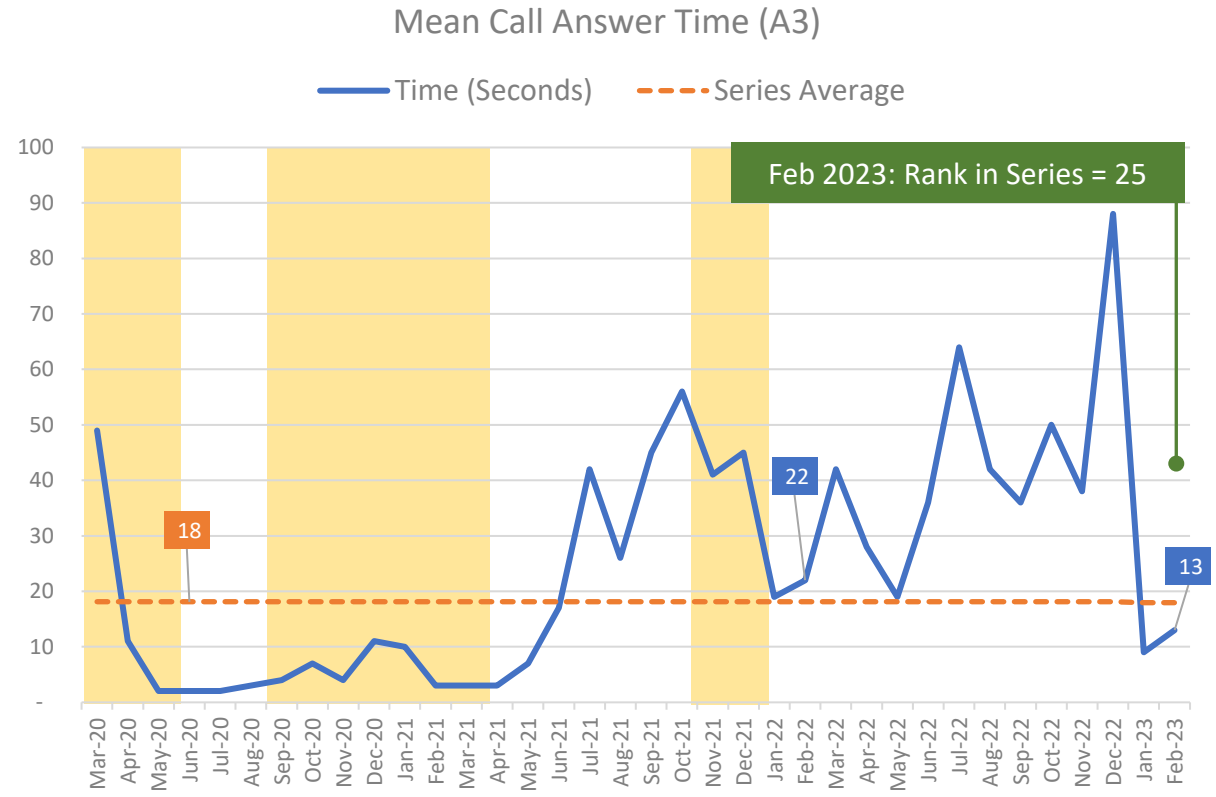

## 3. Annualised Data



# 8. Demand: Call Answer Time (999, Measures A3 and A5)

The most recent call-answer time is faster than in February 2022, but both measures slowed between January and February this year. The mean-answer-time increased by four-seconds, and the 95th-centile by 18-seconds. In part this is a reflection of the increased demand in February (as seen in the increased daily average volume of contacts and 999-calls answered).

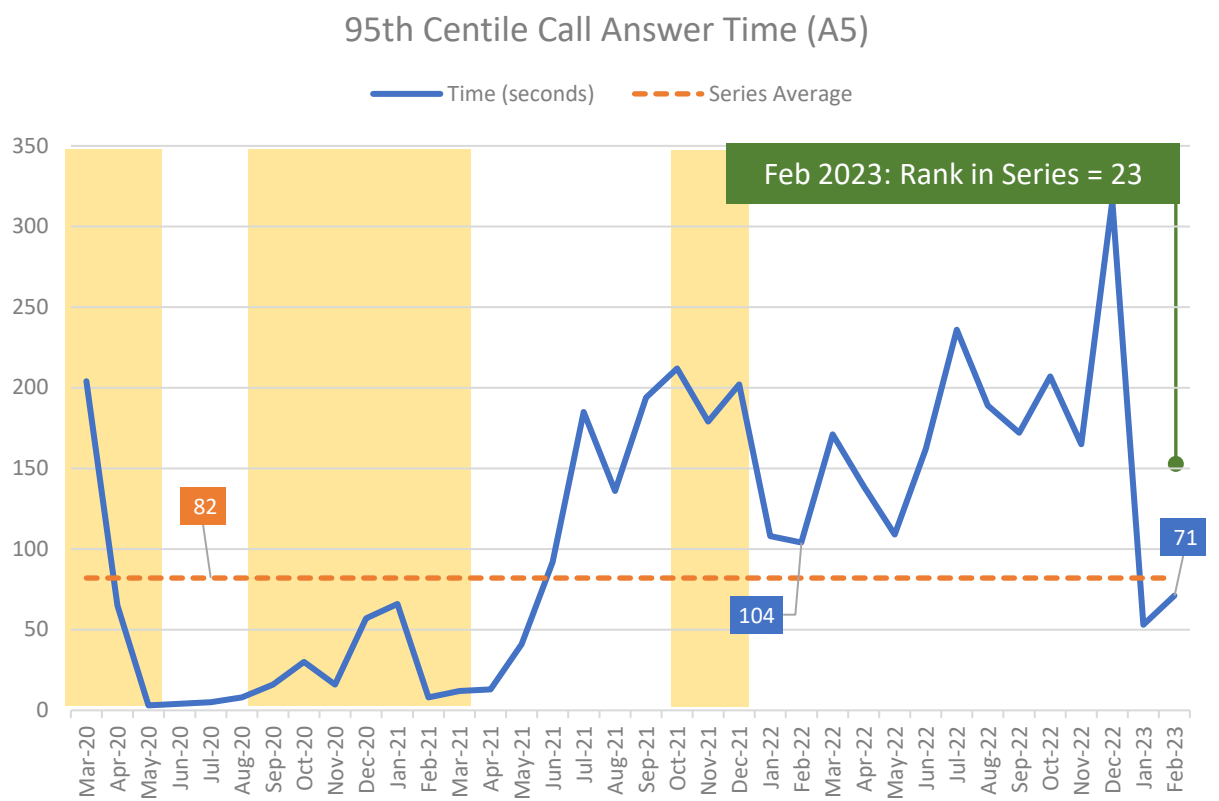
## 1. Mean




Yellow areas show COVID waves in the UK: source ONS.

**-9 seconds**
difference, Feb '22 to Feb '23

## 2. 95th Centile




**-33 seconds**
difference, Feb '22 to Feb '23

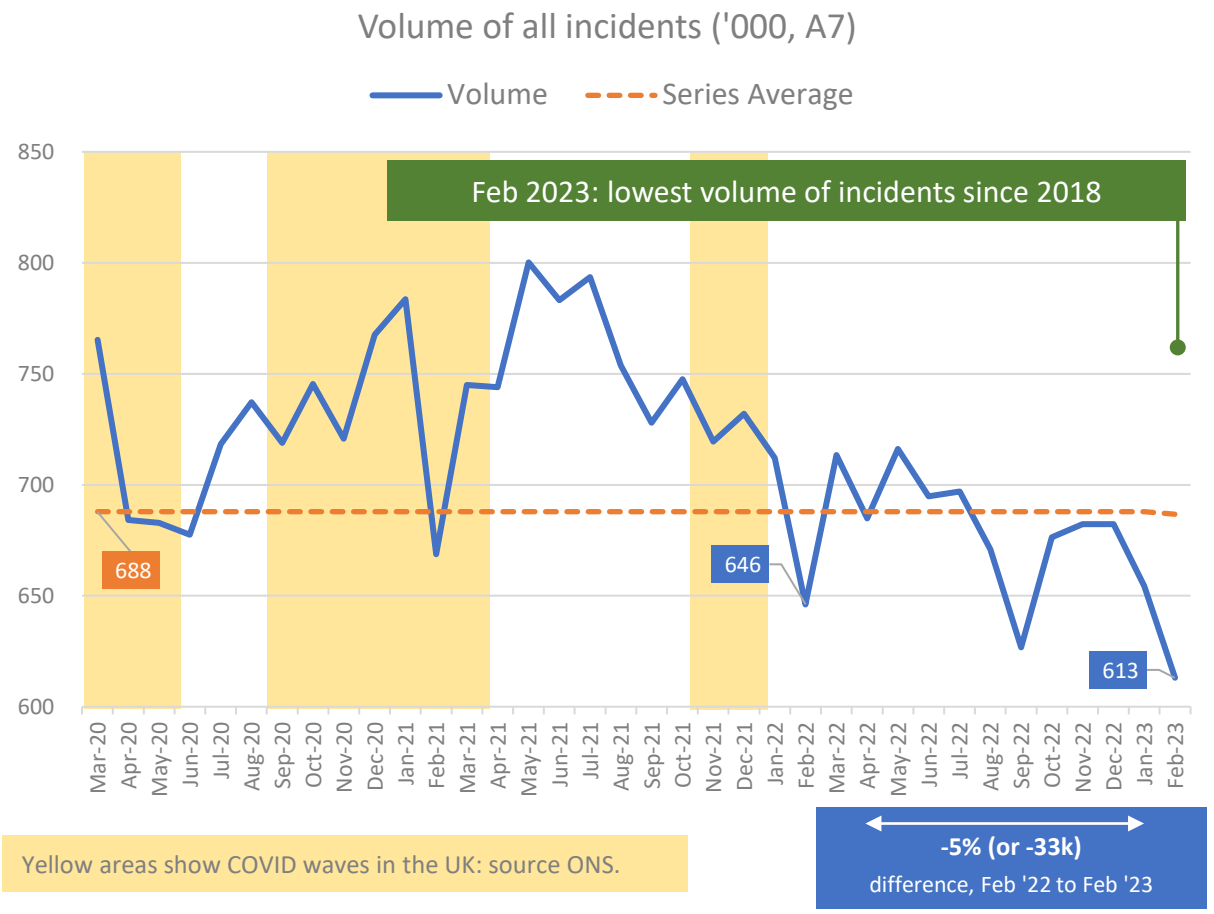
# Section 2

## Incidents and Response Time, by Category

# 10. Demand: All Incidents (A7)

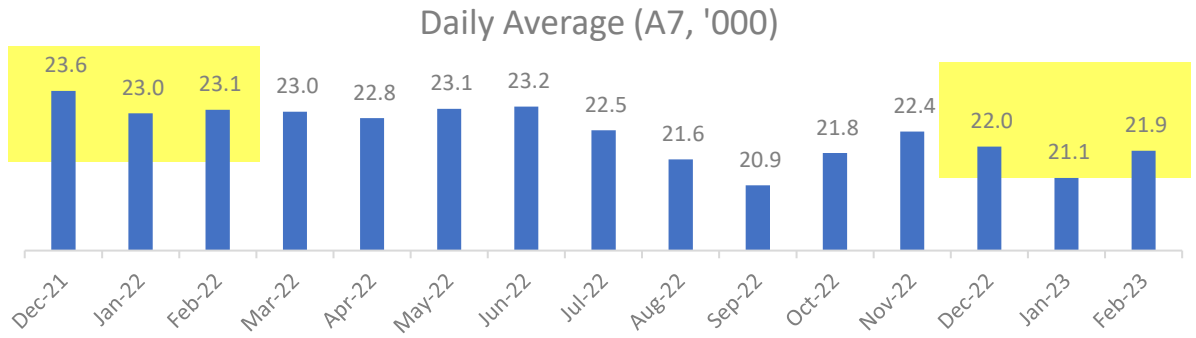
February saw the lowest monthly number of incidents since the beginning of the time-series, with 41k fewer than January and 33k fewer than February 2022. Once again, however, the daily average shows a slight increase in volume when compared with January 2023 taking the level of demand up to just under that seen in December 2022. While current volumes are lower than 12-months ago, the pattern is again similar (from December to February).

## 1. Monthly volume of Incidents and Proportion that are C1

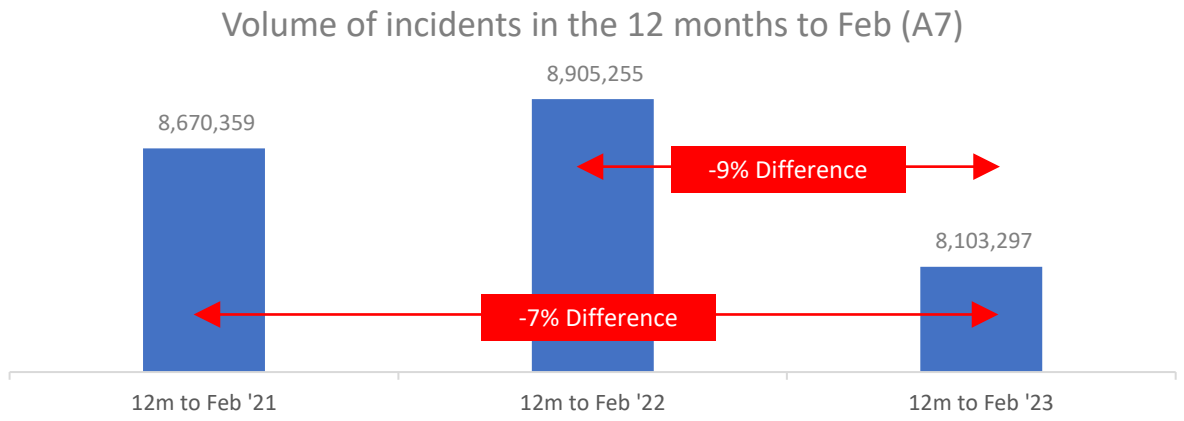



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average



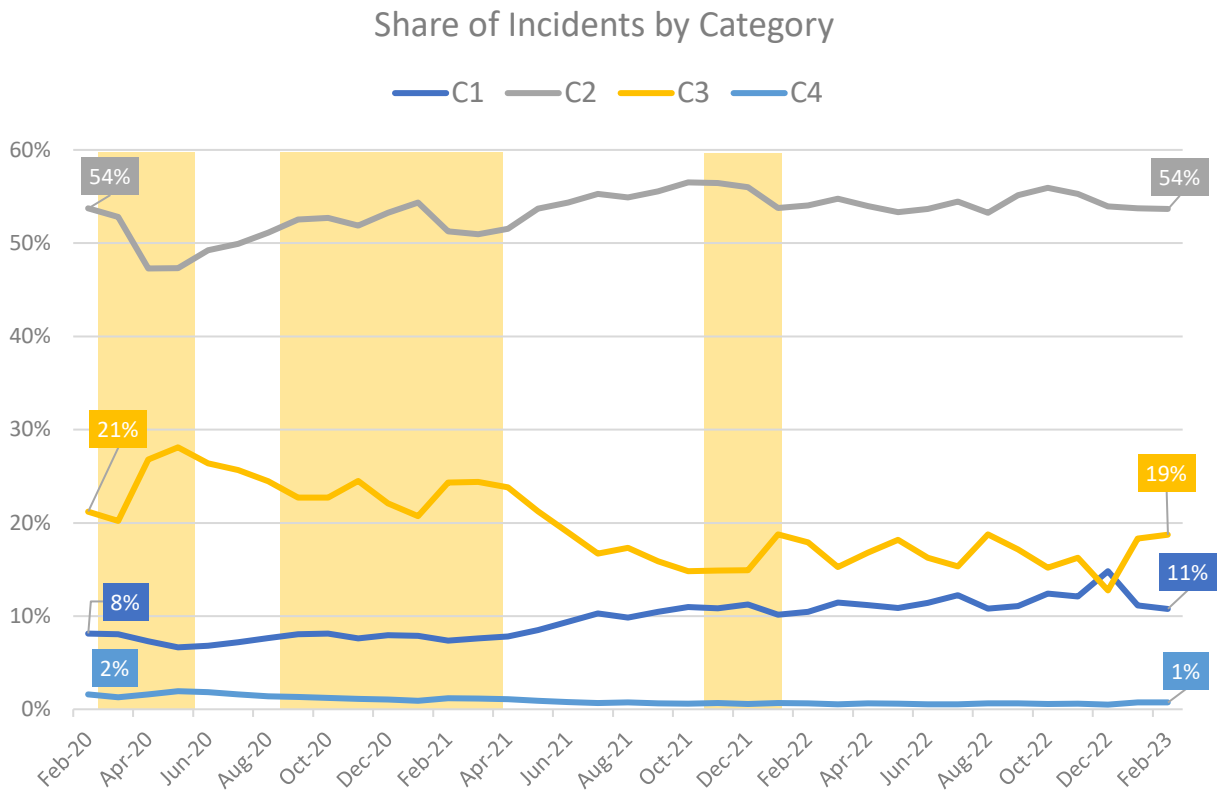

## 3. Annualised Data



# 11. Demand: Share of Incidents by Category

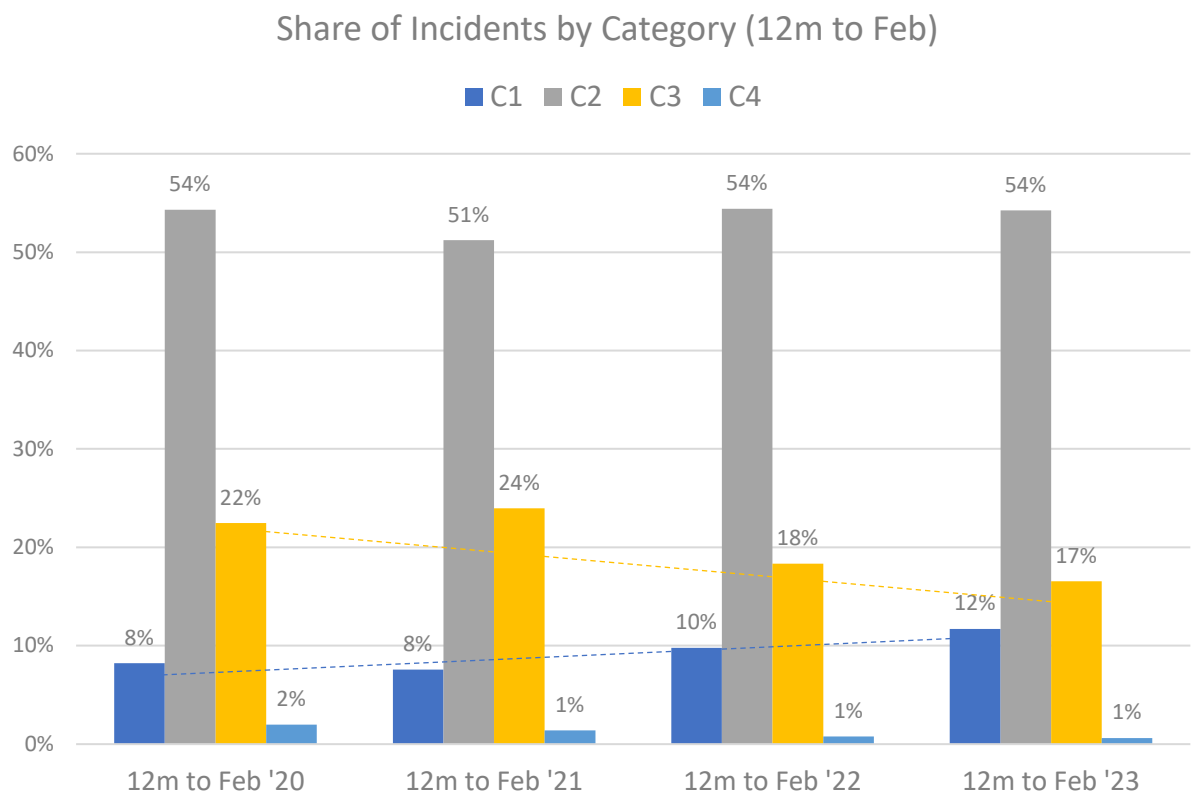
The distribution of incidents by type remained relatively steady between January and February 2023. Cat-1 continues to account for just over one-in-ten incidents, with this share growing over time. Cat-2 also remained largely unchanged, both month-on-month and also when looking at the annualised data where it has accounted for 54% of incidents in three of the last four periods.

## 1. Monthly




Yellow areas show COVID waves in the UK: source ONS.

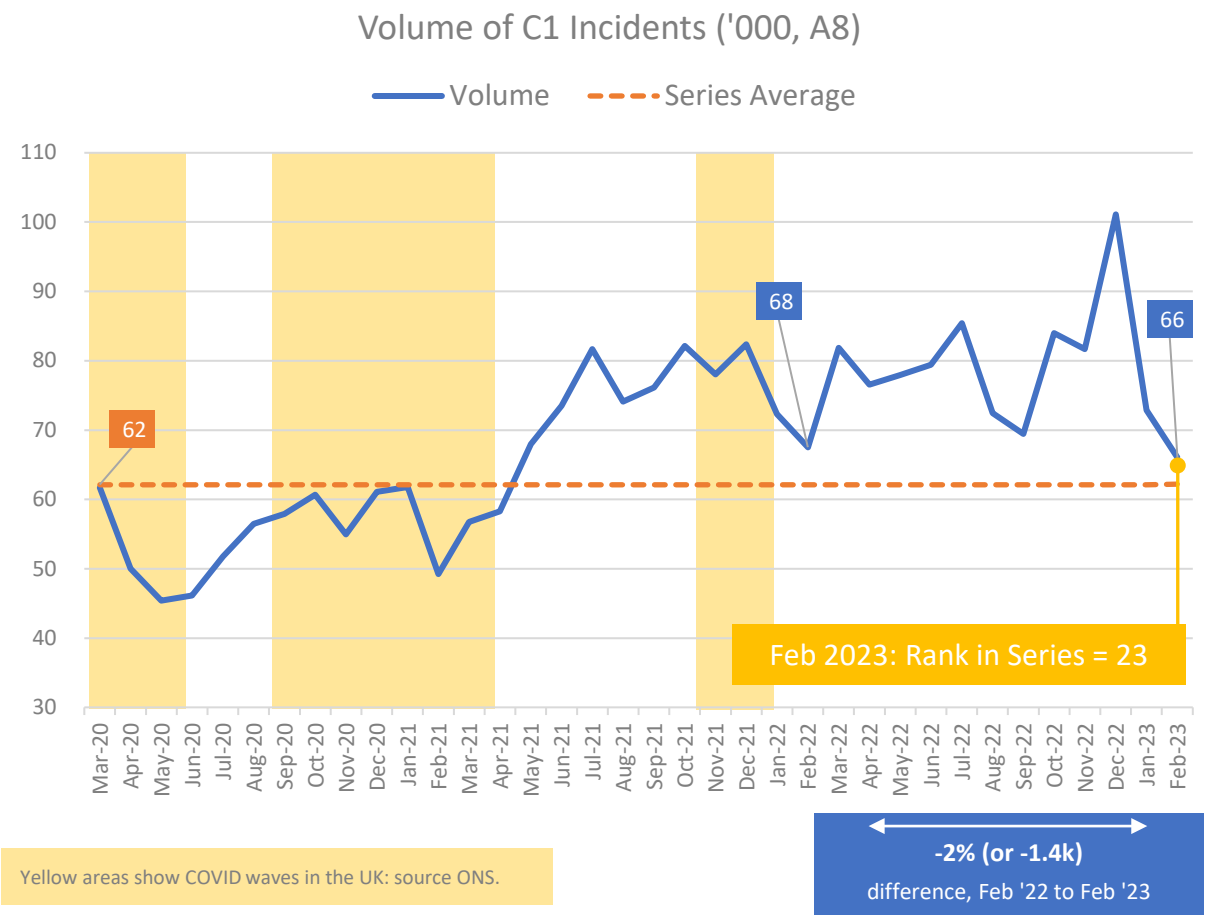
## 2. Annualised Data



# 12. Demand: C1 Incidents (A8)

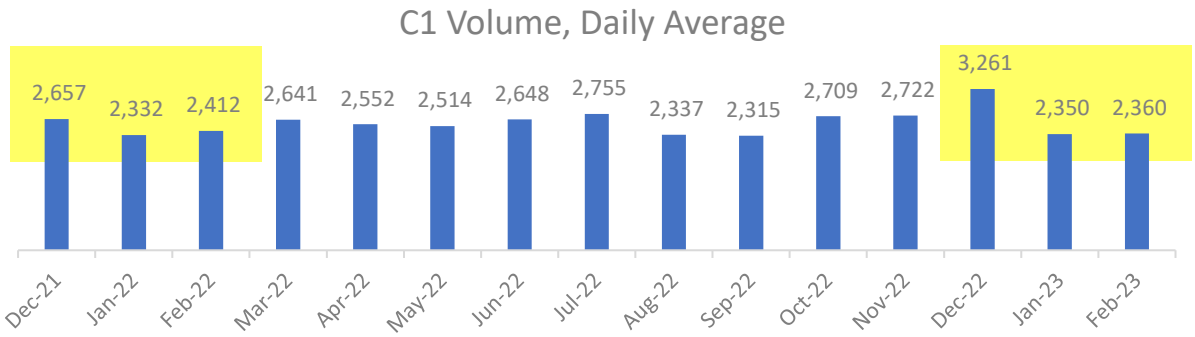
Following a record volume of Cat-1 incidents recorded in December 2022, the volume has now reduced twice, reaching 66k in February 2023. This is slightly lower than the volume seen in February 2022 (by 2k). The daily average shows that the volume of Cat-1 incidents was slightly higher in February, while the annualised data continues to show a steady year-on-year increase in volume.

## 1. Monthly

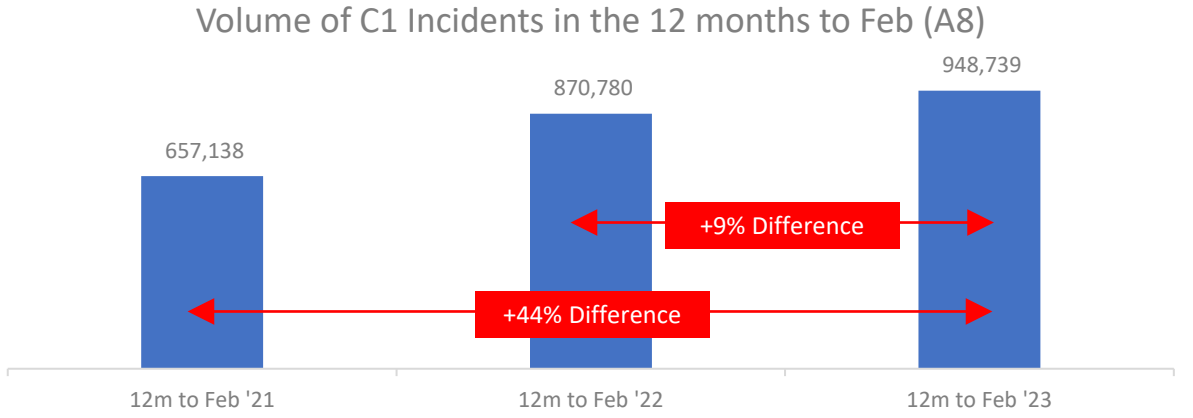



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average



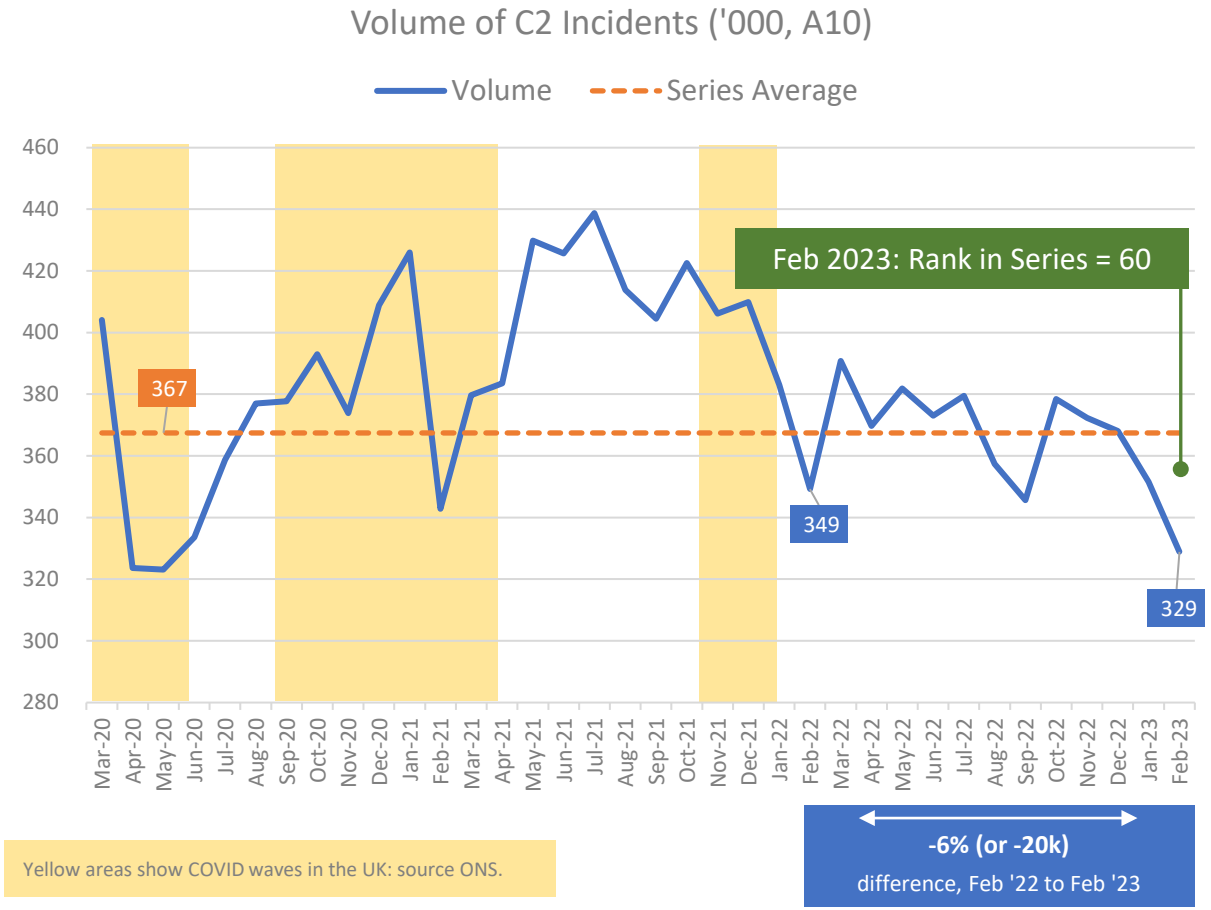

## 3. Annualised Data



# 13. Demand: C2 Incidents (A10)

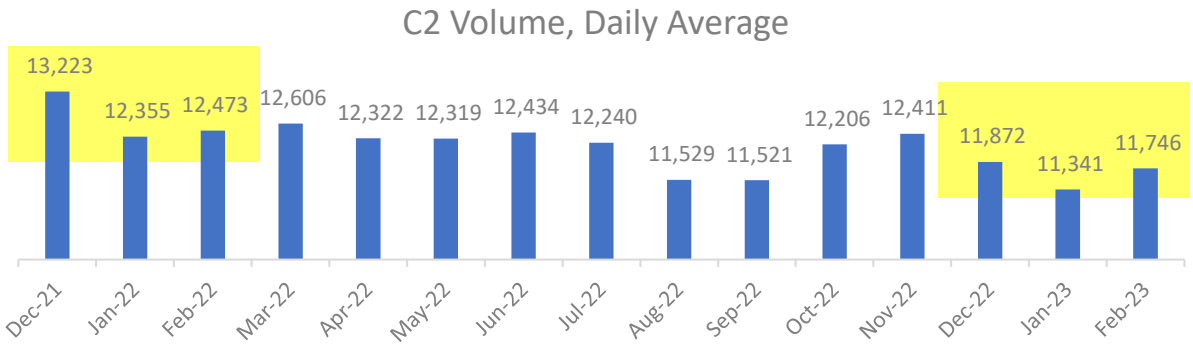
The number of Cat-2 incidents decreased to 329k in February 2023 – the fourth-lowest volume to date, and 20k less than the same month last year: the pattern seen with other key metrics (between December and February) is again repeated here. Volume of Cat-2 incidents has decreased steadily since the middle of 2021: this is reflected in the annualised data which show around half-a-million fewer incidents in the most recent period compared with last year.

## 1. Monthly

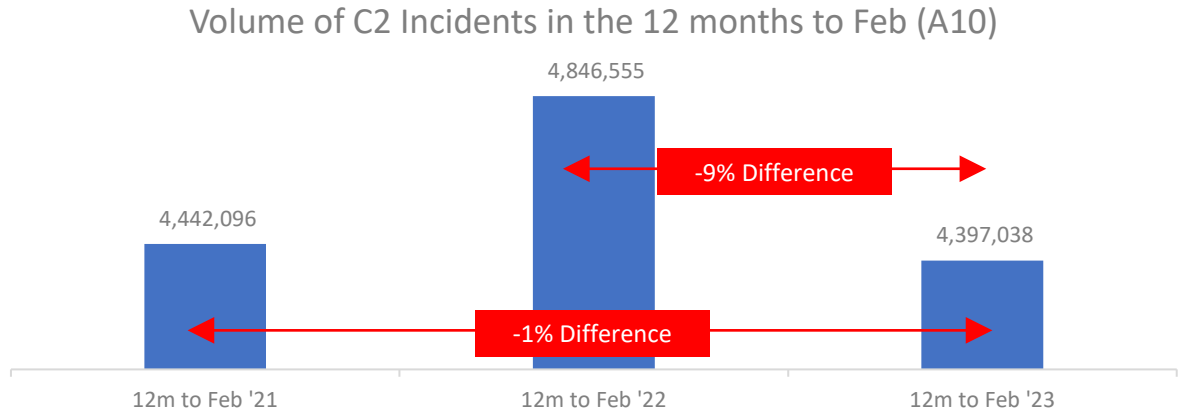



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average



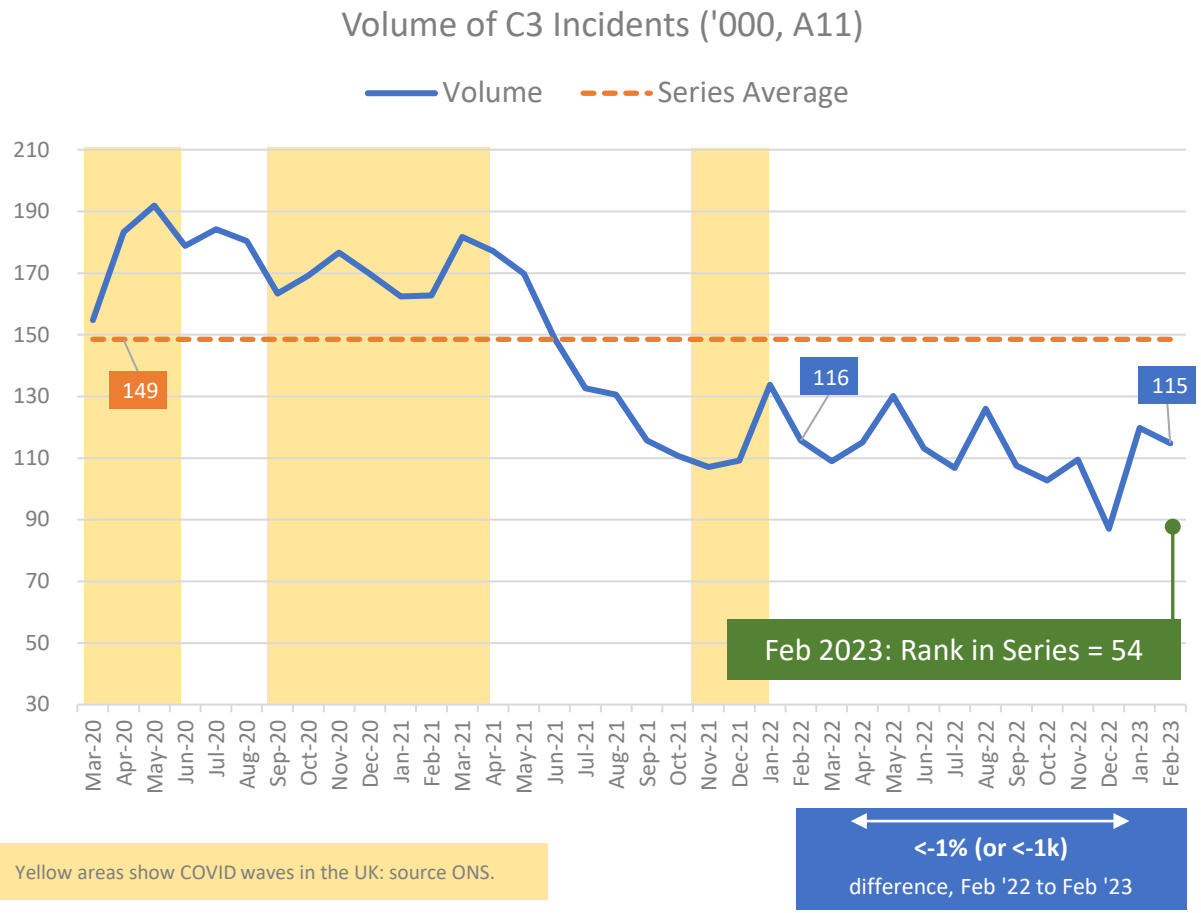

## 3. Annualised Data



# 14. Demand: C3 Incidents (A11)

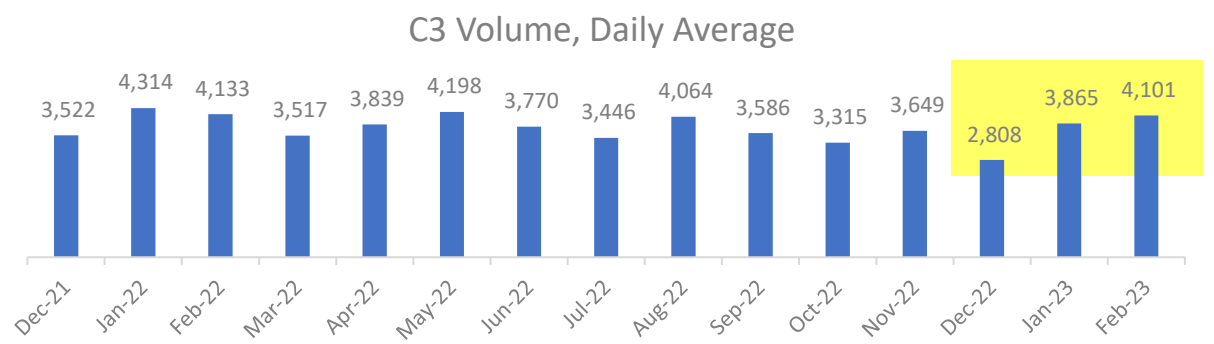
Looking at the daily average, Cat-3 incidents have increased by 1.2k since December 2022. Over time, however, volume of these incidents continues to decrease with over 700k fewer recorded in the most recent 12-months compared with the same time two years previously.

## 1. Monthly

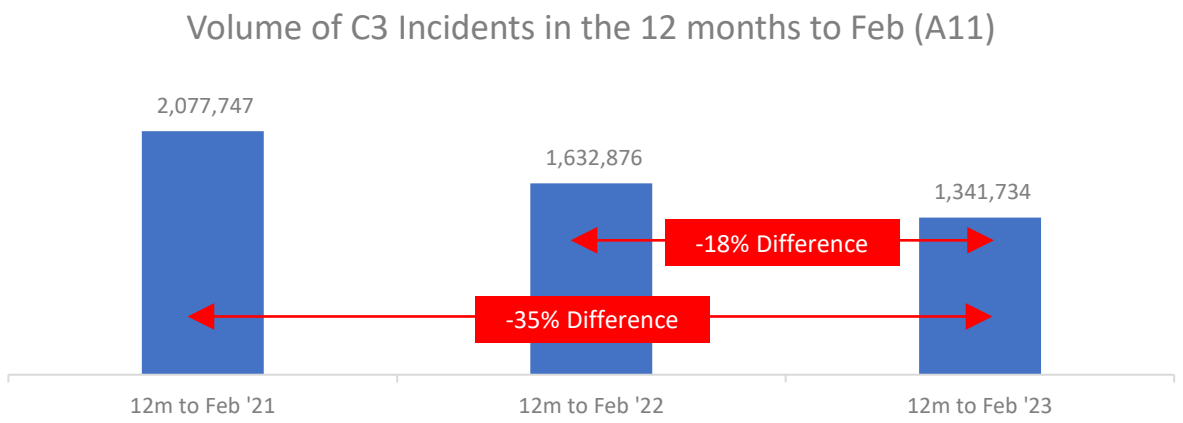



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average



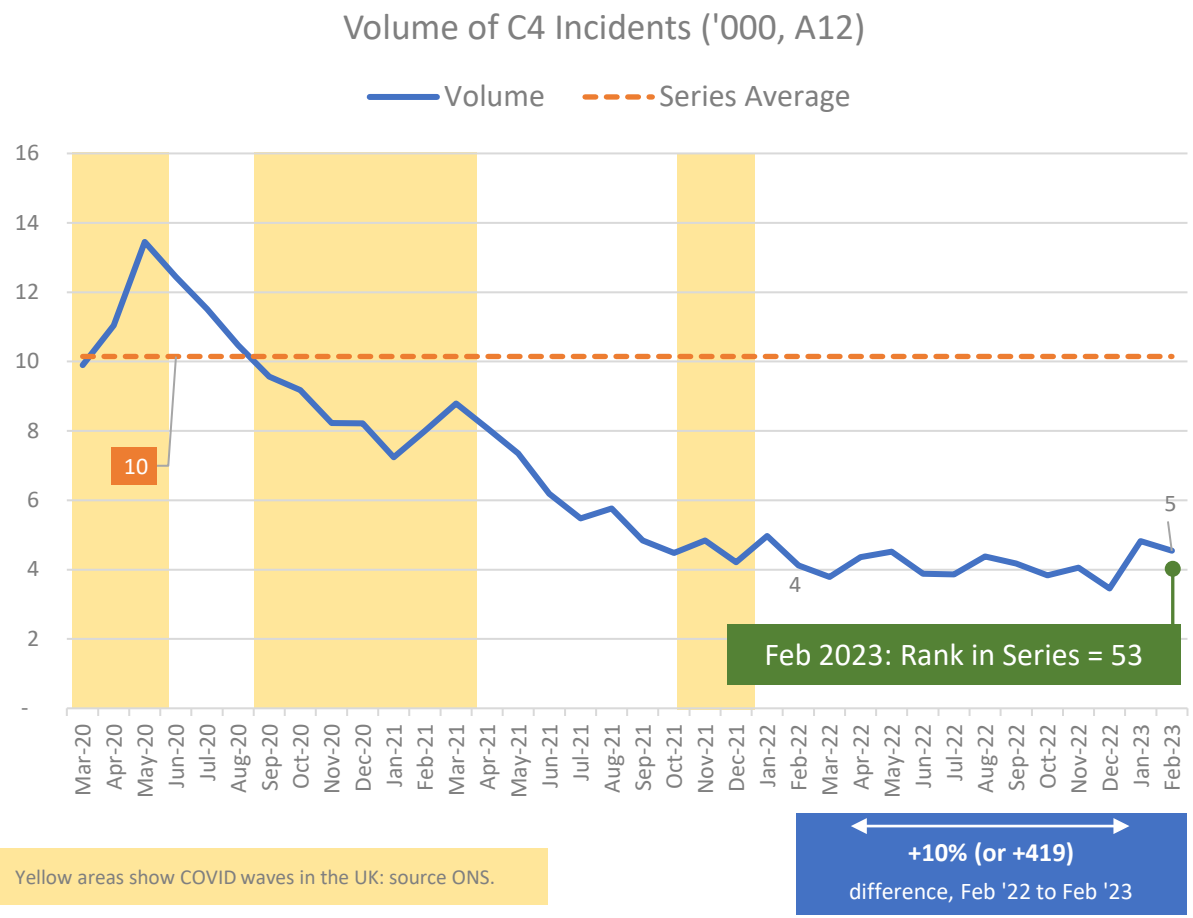

## 3. Annualised Data



# 15. Demand: C4 Incidents (A12)

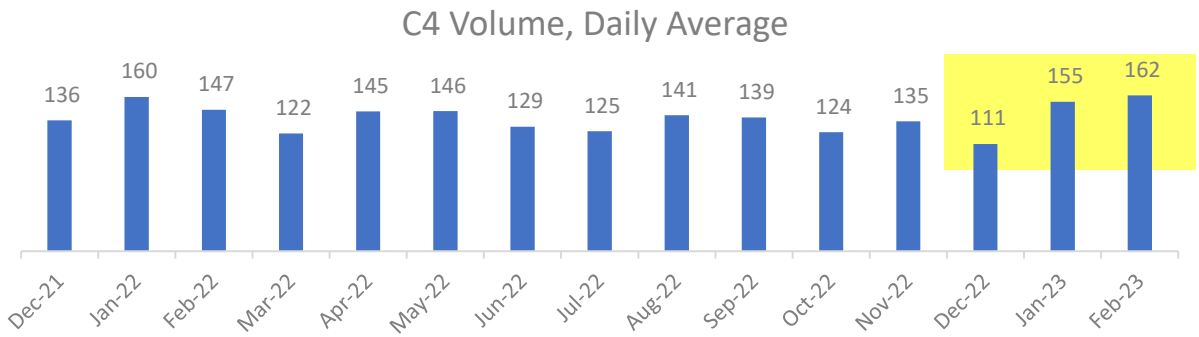
Cat-4 incidents followed the same pattern as Cat-3, although the volumes involved are far smaller. At a daily-average level, volume has increased since December (albeit by just 50 incidents). The long term trend again sees volume shrink, with around 70k fewer cases in the most recent 12-months compared with the same period to February 2021.

## 1. Monthly

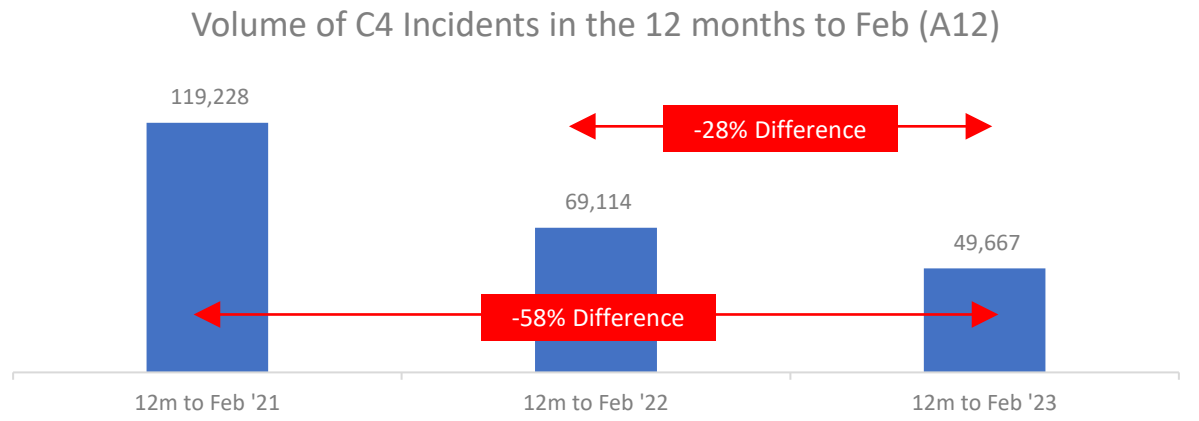



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average



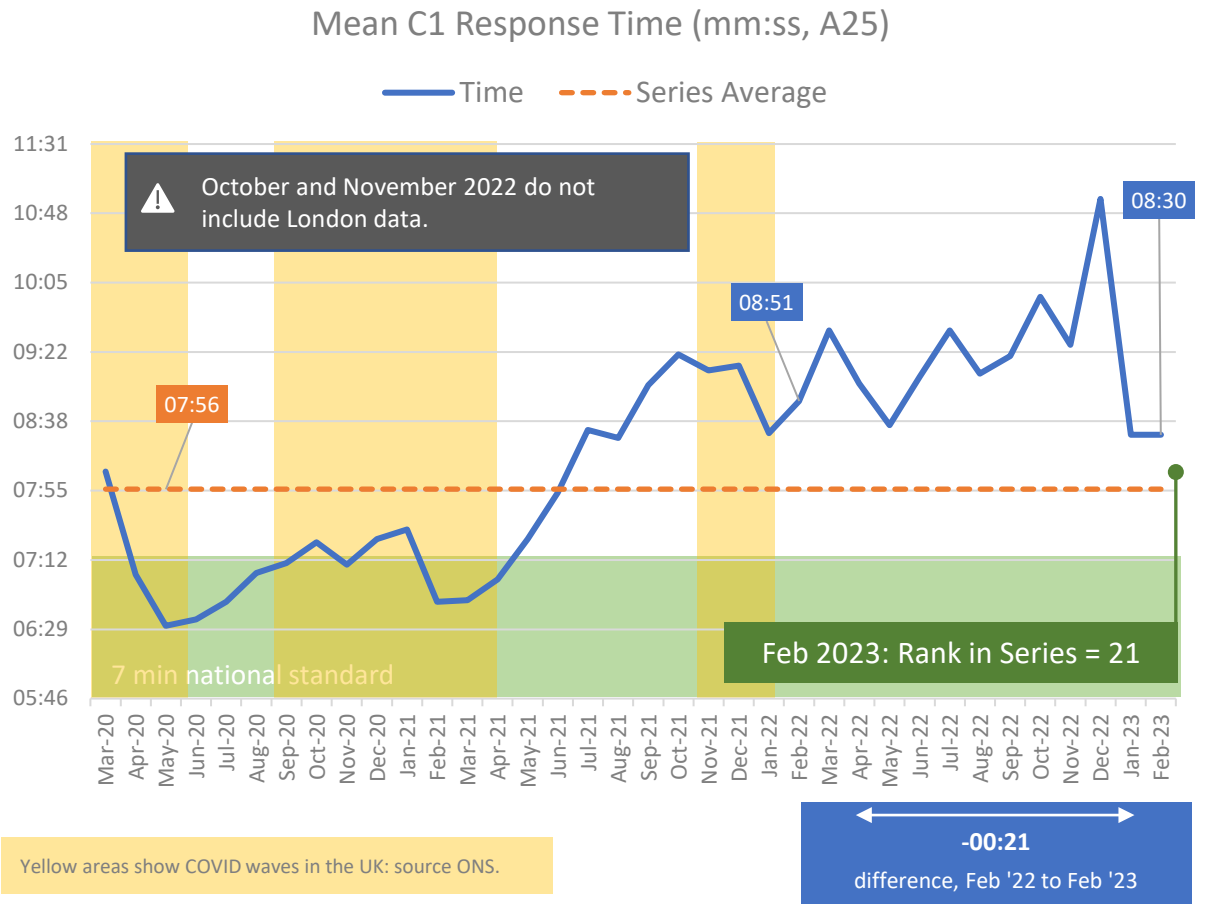

## 3. Annualised Data



# 16. Demand: C1 Response Times (Measures A25 and A26)

Both the mean and 90th-centile response times for Cat-1 incidents remained relatively unchanged in February 2023, and both measures saw faster responses than in February 2022 (by over 20-seconds and 30-seconds respectively). Both measures are still slower than their national standards, but the 90th-centile measure was only 6 seconds slower – the closest it has been to the national standard since January 2022.

## 1. Mean

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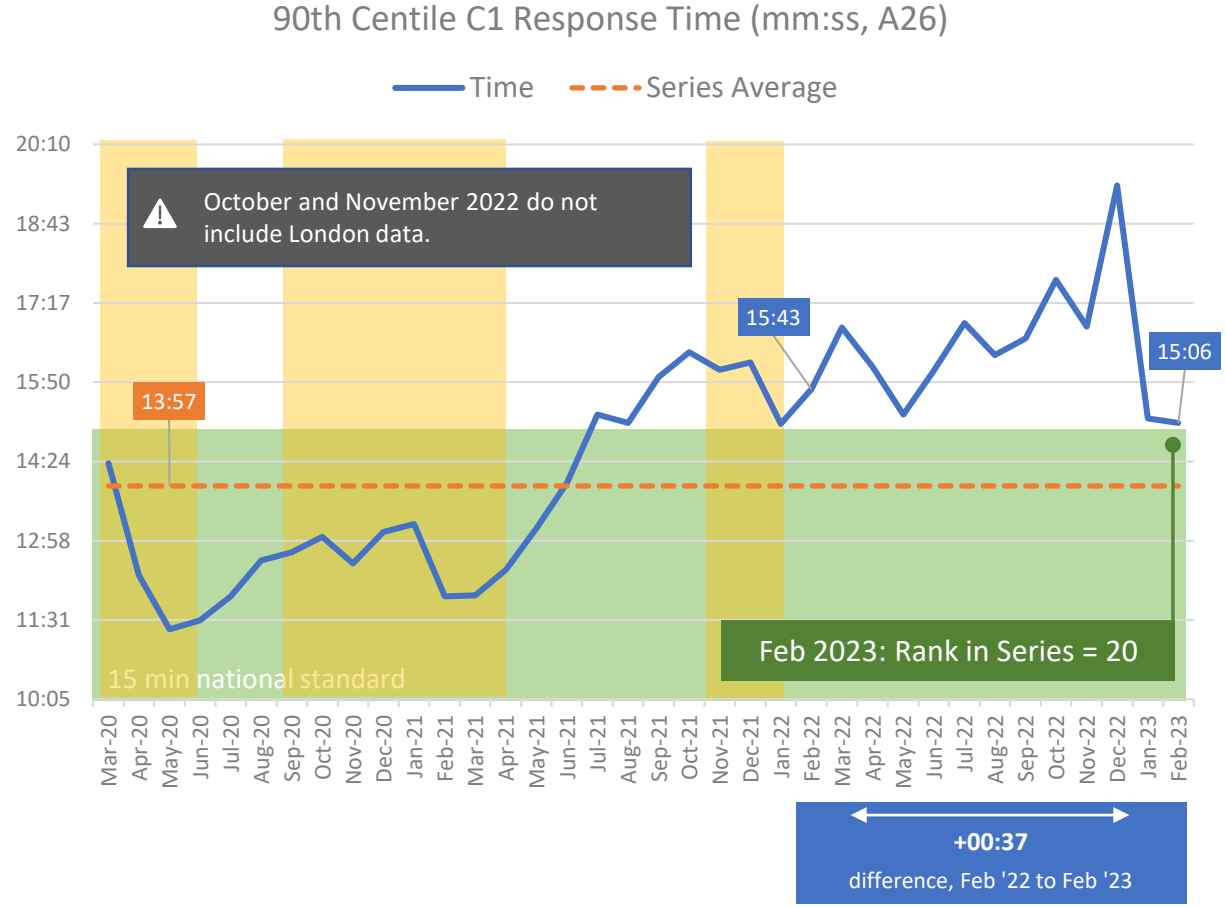
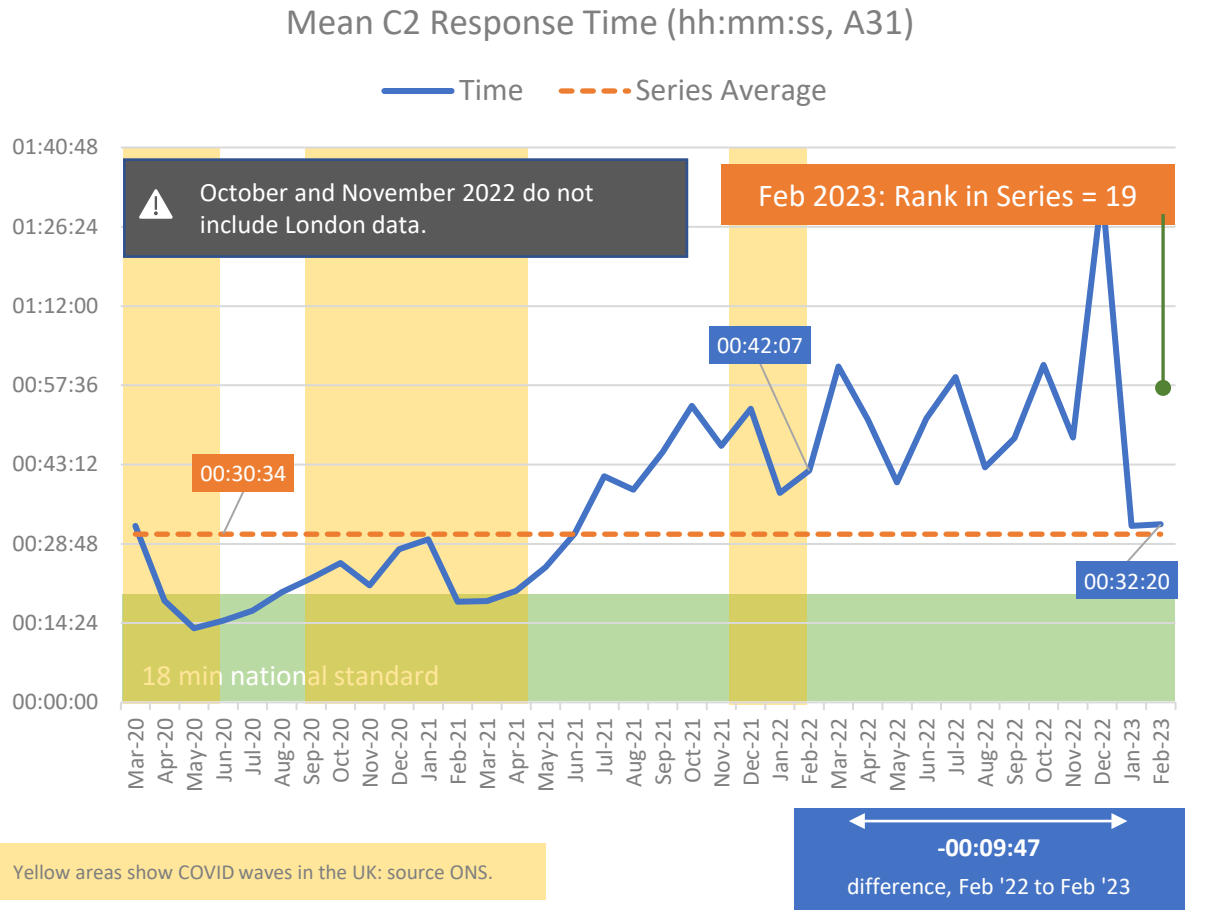
## 2. 90th Centile



# 17. Demand: C2 Response Times (Measures A31 and A32)

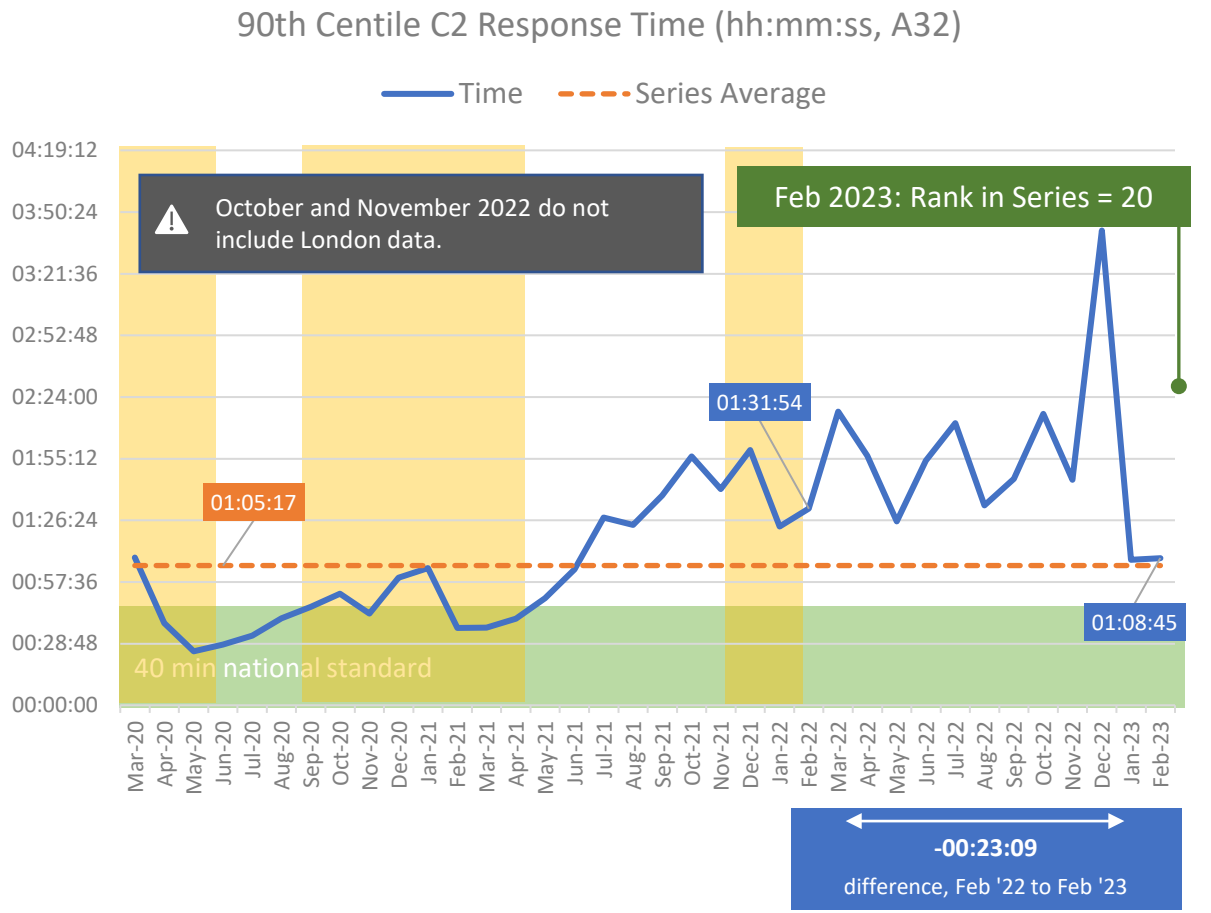
As with Cat-1 response times, Cat-2 saw both key measures holding steady in February 2023, with notably faster times than the same month last year. Despite this, both measures remain somewhat slower than their respective national standards – as they have been for nearly two years.

## 1. Mean




Yellow areas show COVID waves in the UK: source ONS.

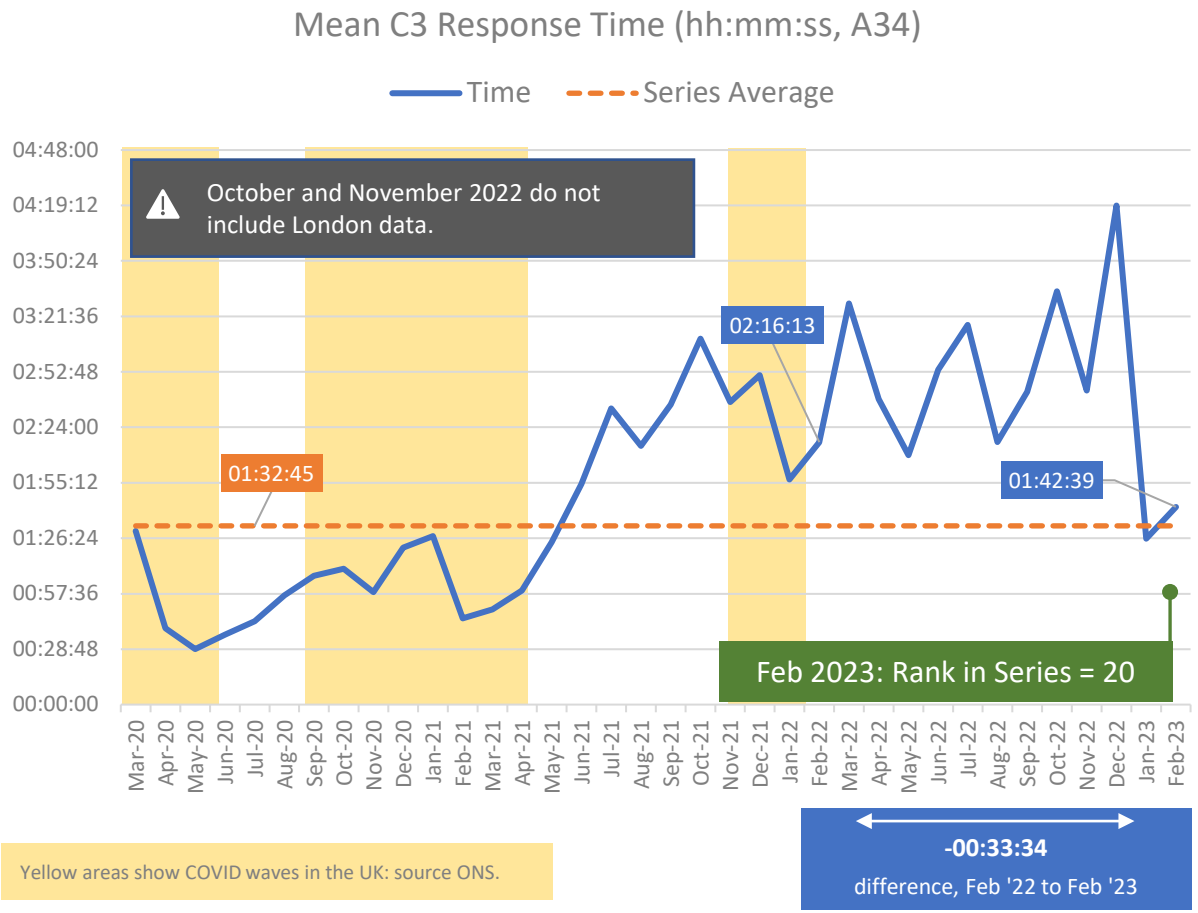
## 2. 90th Centile



# 18. Demand: C3 Response Times (Measures A34 and A35)

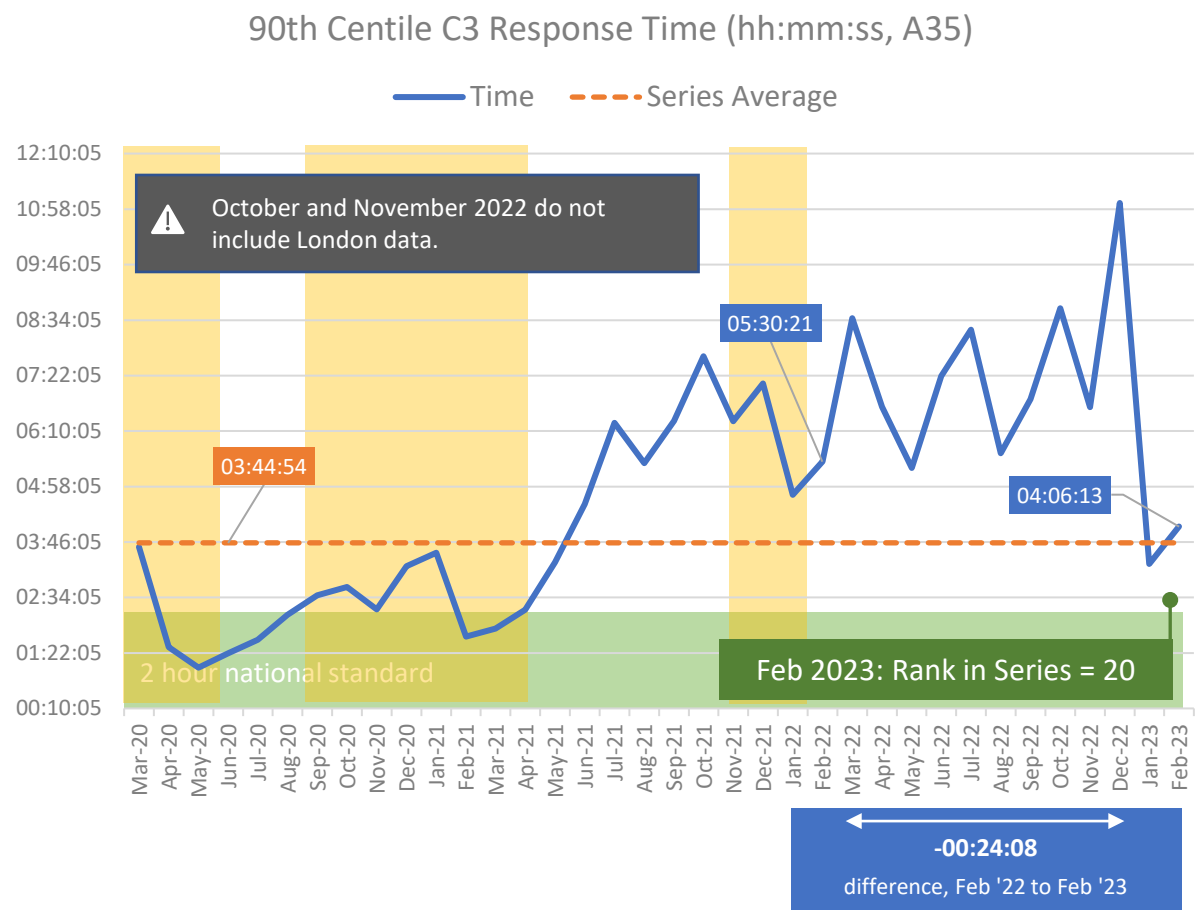
Cat-3 response times increased in February, but remain well below the series-high seen in December. The mean response time added ten-minutes and the 90th-centile added 48-minutes (to reach just over four-hours): the latter is more than double the national standard of two-hours.

## 1. Mean




Yellow areas show COVID waves in the UK: source ONS.

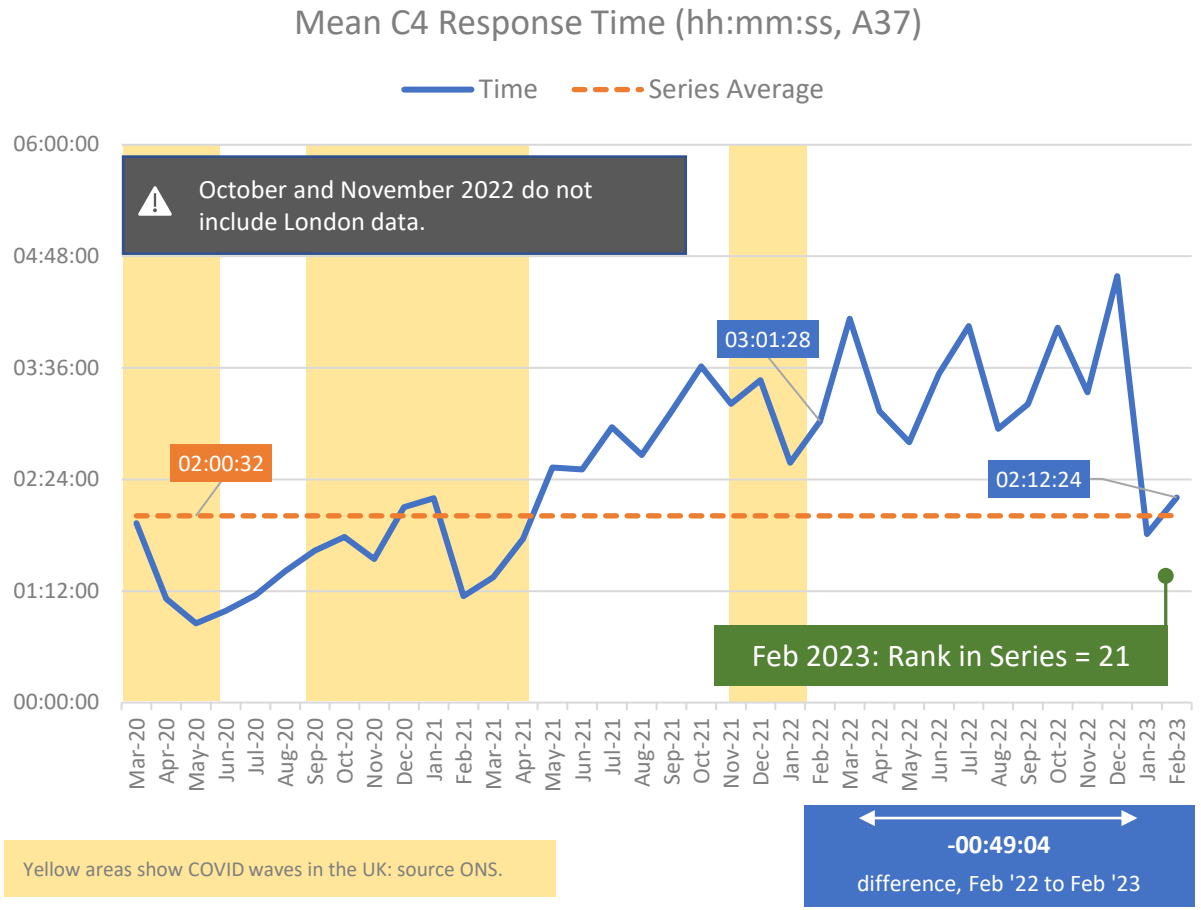
## 2. 90th Centile



# 19. Demand: C4 Response Times (Measures A37 and A38)

Cat-4 mean response time increased by 23-minutes and the 90th-centile time by over an hour between January and February 2023. Both measures are faster than their February 2022 equivalent, but remain slowed than the national standard (by over two-hours, 90th-centile only).

## 1. Mean

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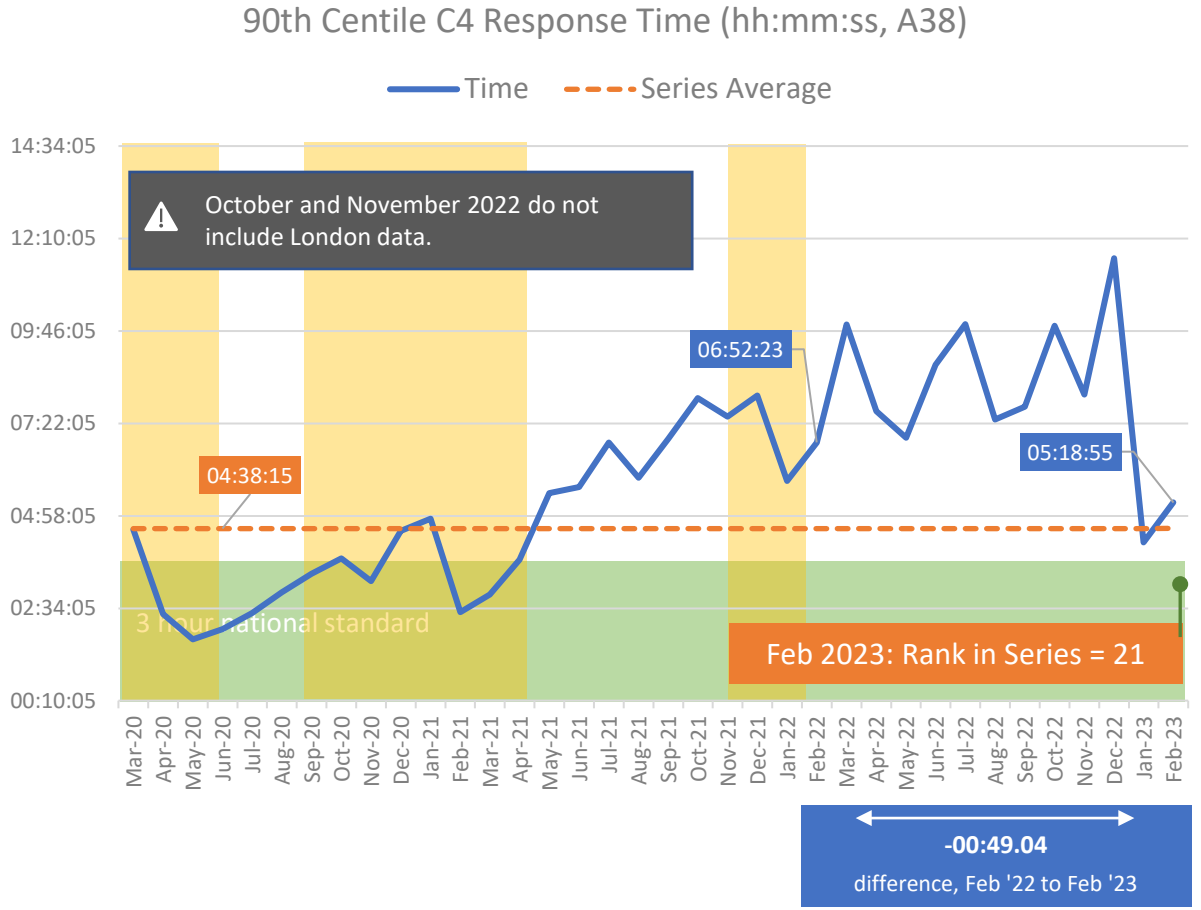
## 2. 90th Centile



# Section 3

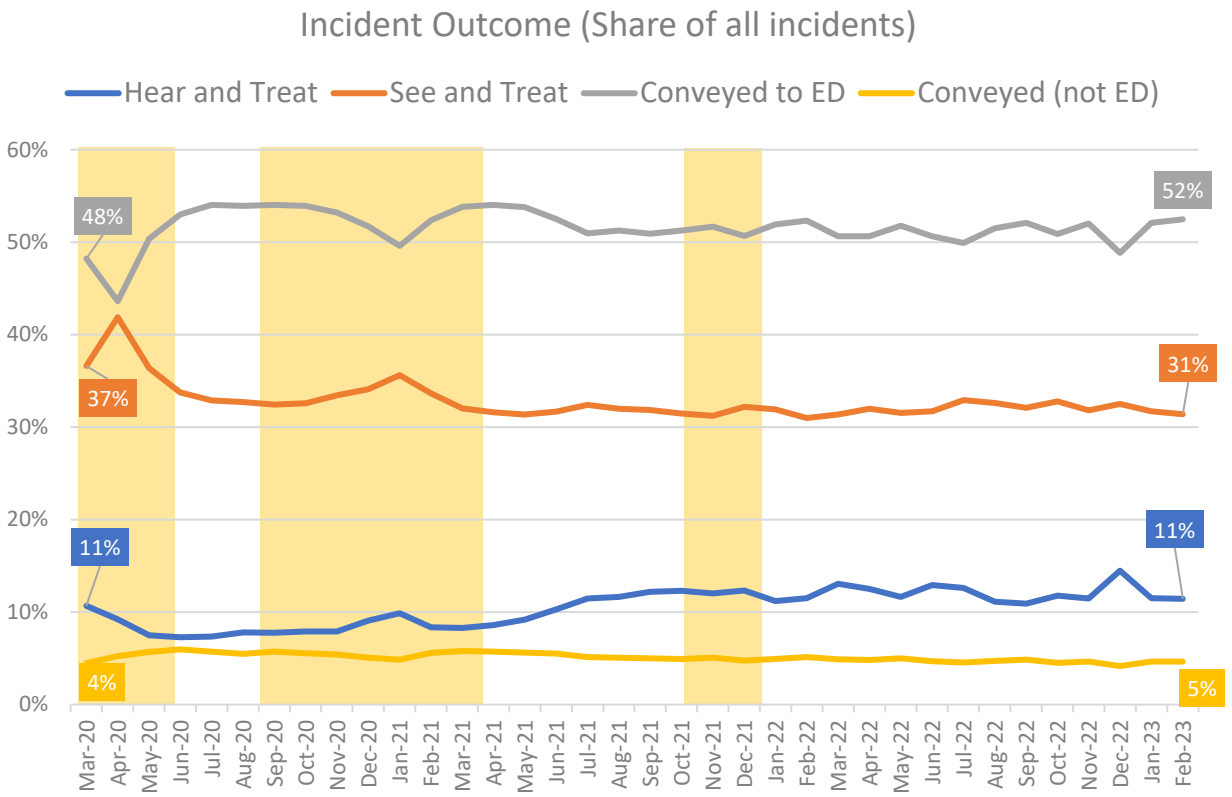
## Incidents by Response Outcome

- Share of Incidents by Response Outcome
- Hear and Treat
- Face to Face
- See and Treat
- Incidents with Transport to ED
- Incidents not with Transport to Destination other than ED

# 21. Share of Incidents by Response Outcome

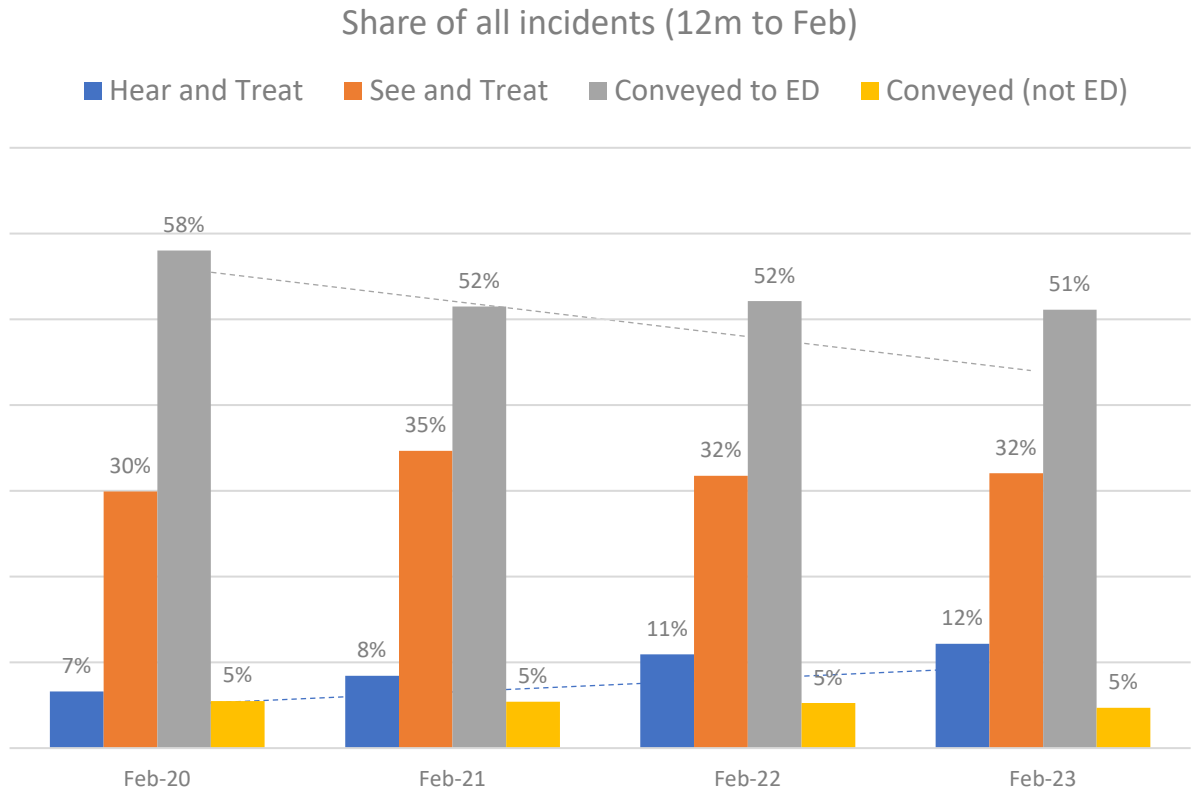
The proportion of incidents by response outcome remained largely unchanged in February 2023. The long term trend sees the volume of patients conveyed to an Emergency Department (ED) decreasing since 2020, while Hear and Treat responses have increased.

## 1. Monthly




Yellow areas show COVID waves in the UK: source ONS.

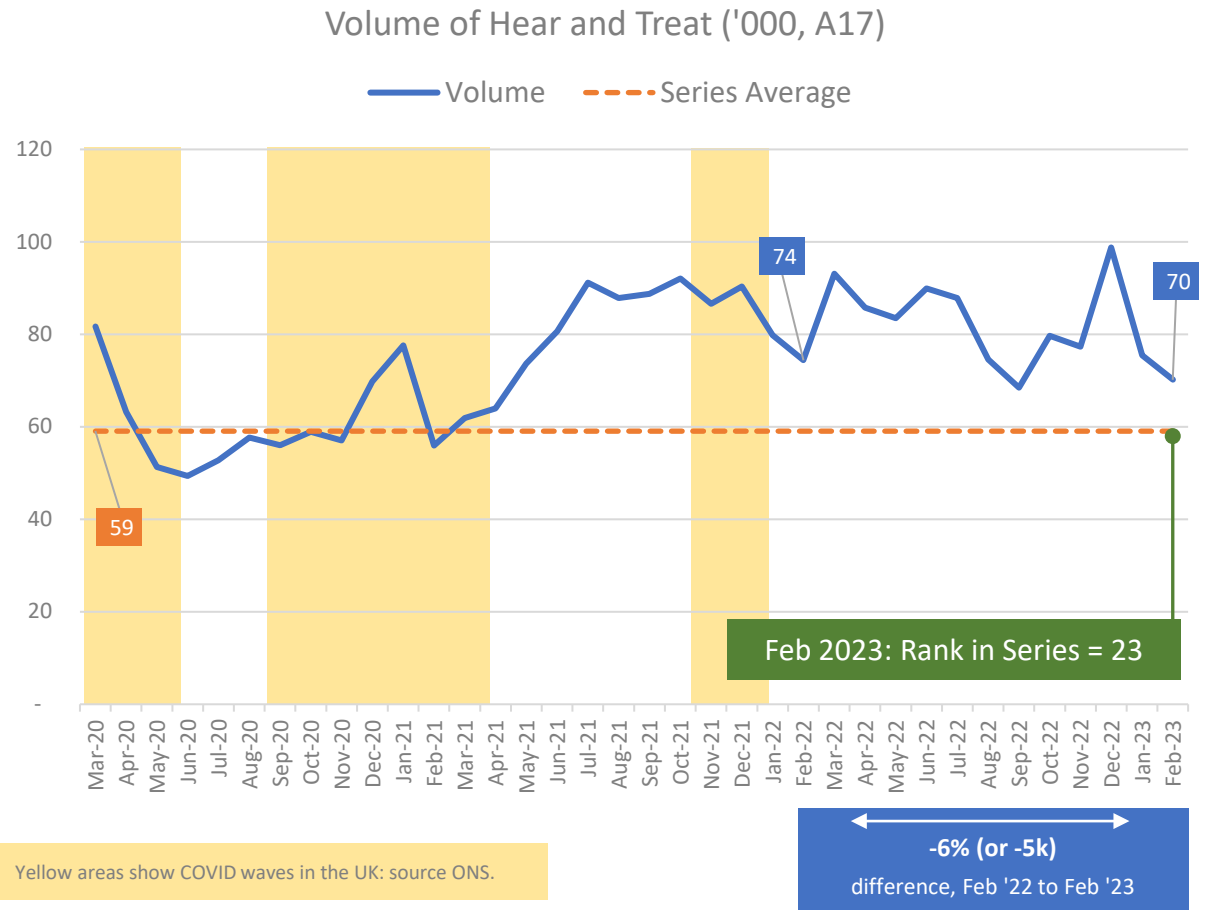
## 2. Annualised Data



# 22. Hear and Treat (measure A17)

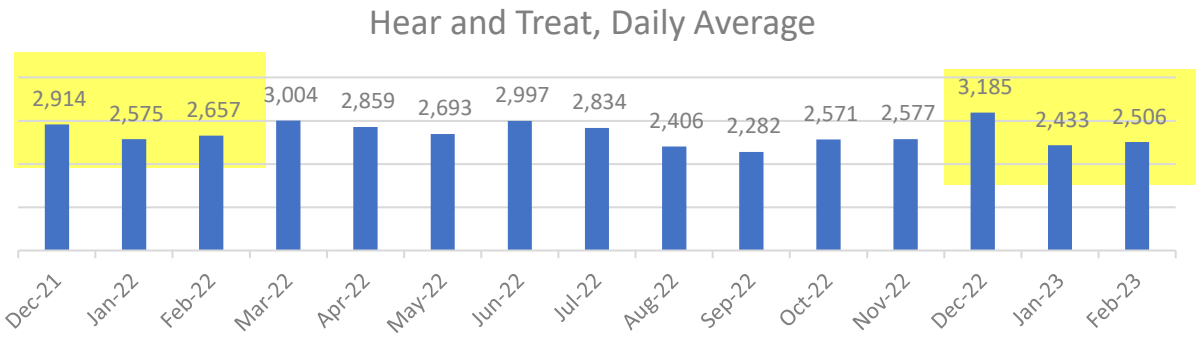
The monthly volume of Hear and Treat responses decreased by 5k (to 70k) in February, but the daily average for the month increased slightly. There were over 250k more Hear and Treat responses in the 12-months to February 2023 than the equivalent period two years ago.

## 1. Monthly

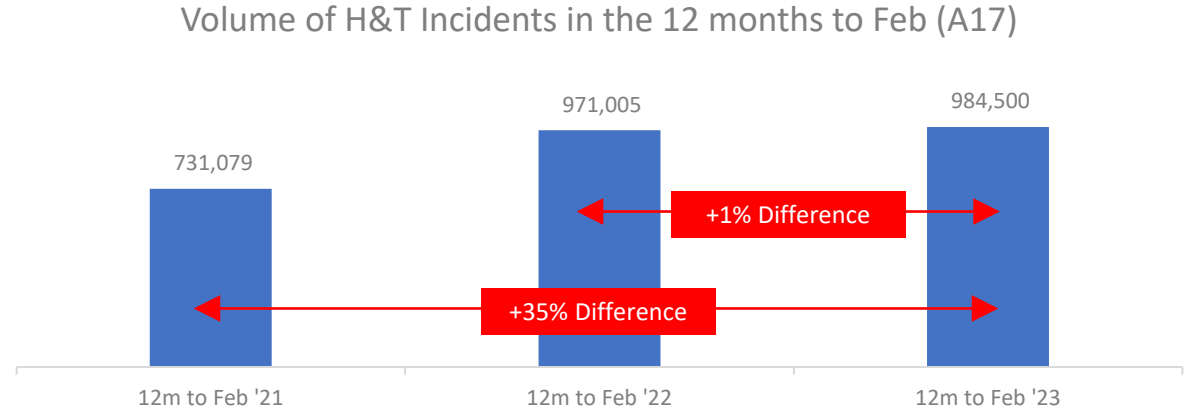



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average



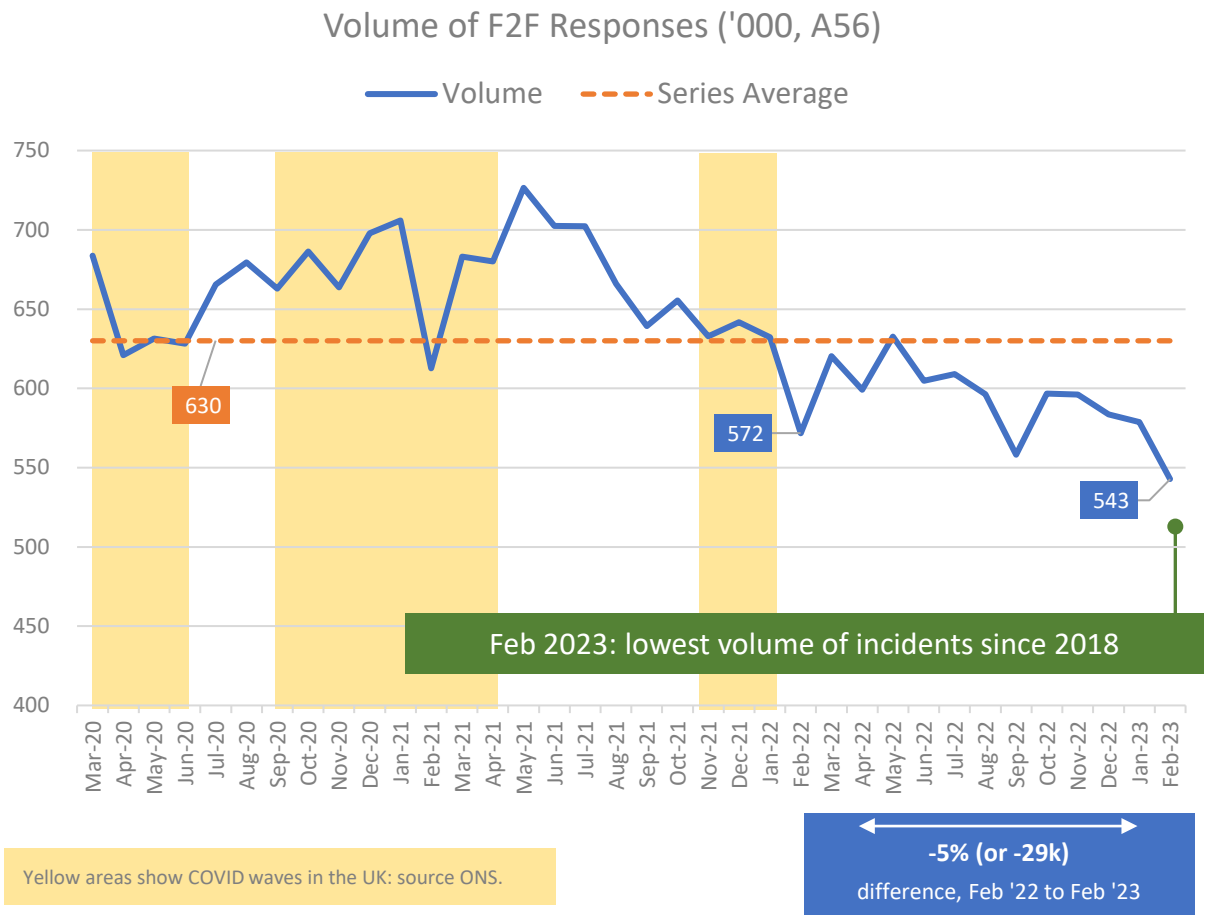

## 3. Annualised Data



# 23. Face to Face (measure A56)

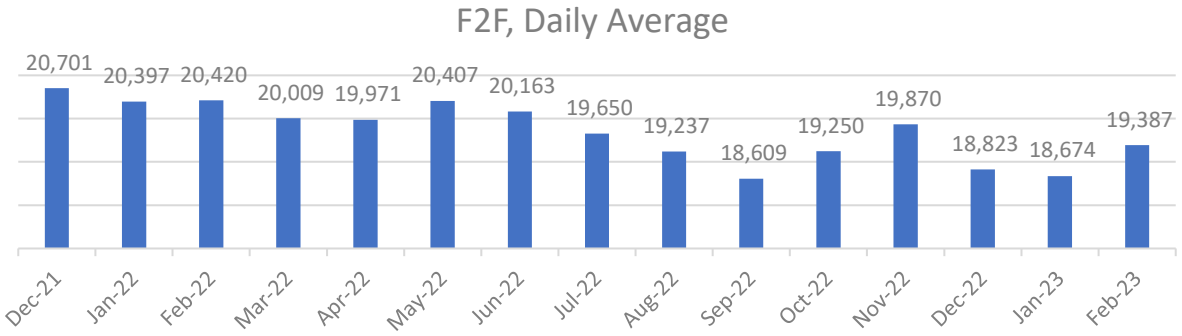
February 2023 saw the lowest volume of Face to Face responses recorded since the start of 2018. Despite this, the daily average for the month saw an increase of over 700 responses each day when compared with January. Over time volume continues to contract, with 29k fewer responses than February 2022, and an annualised difference of over 800k between the 12-months to February 2021 and the most recent period.

## 1. Monthly

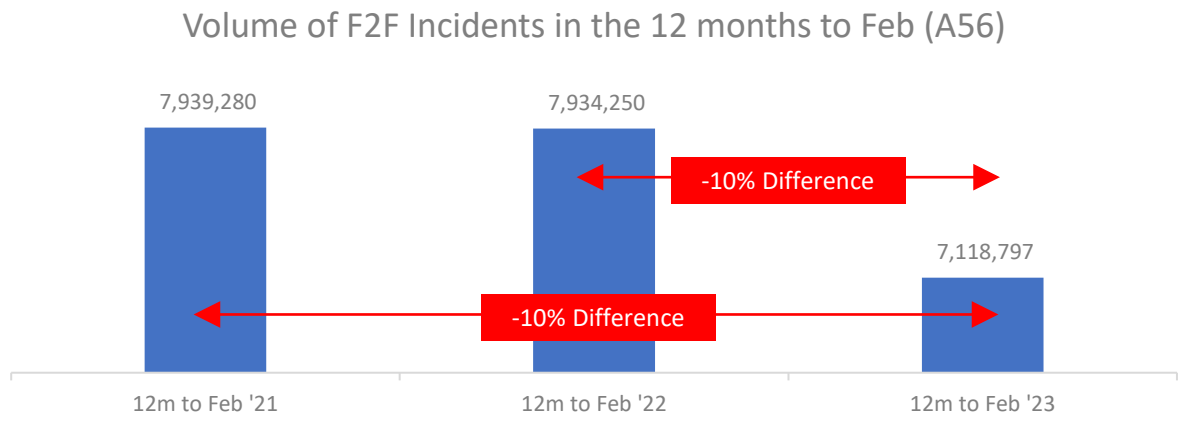



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average



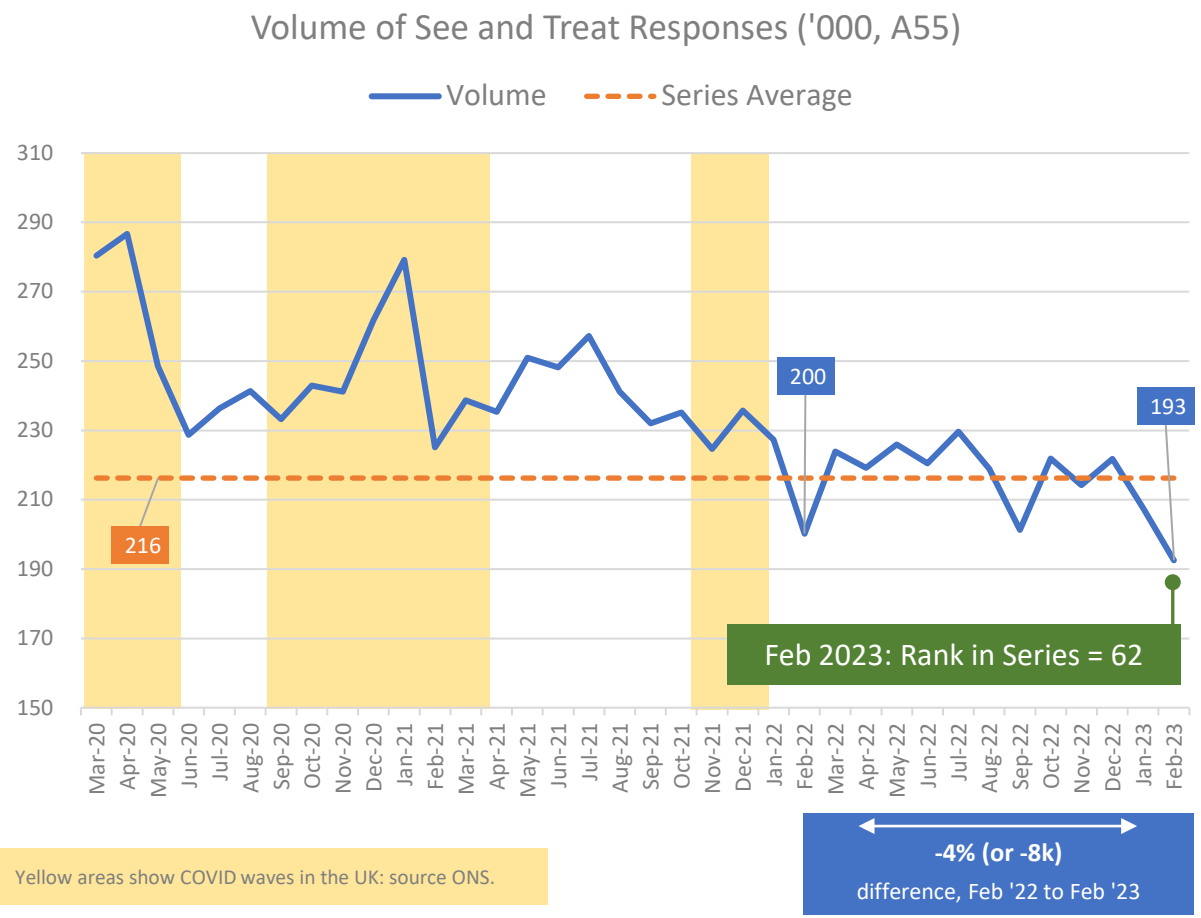

## 3. Annualised Data



# 24. See and Treat (measure A55)

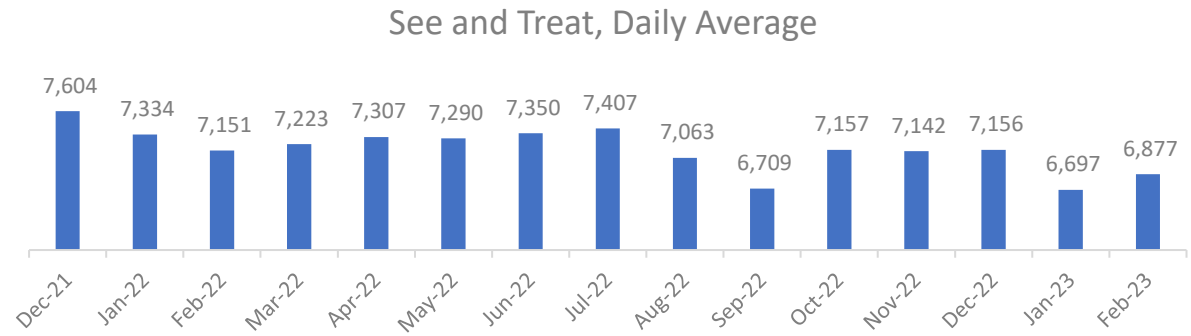
See and Treat responses reached their second lowest volume since the start of 2018, with 193k counted across the month. As seen above, the daily average for this measure increased in February 2023 (with 180 more See and Treat responses per day when compared with January). There were over 400k fewer incidents in the 12-months to February 2023 than the same period two years ago.

## 1. Monthly

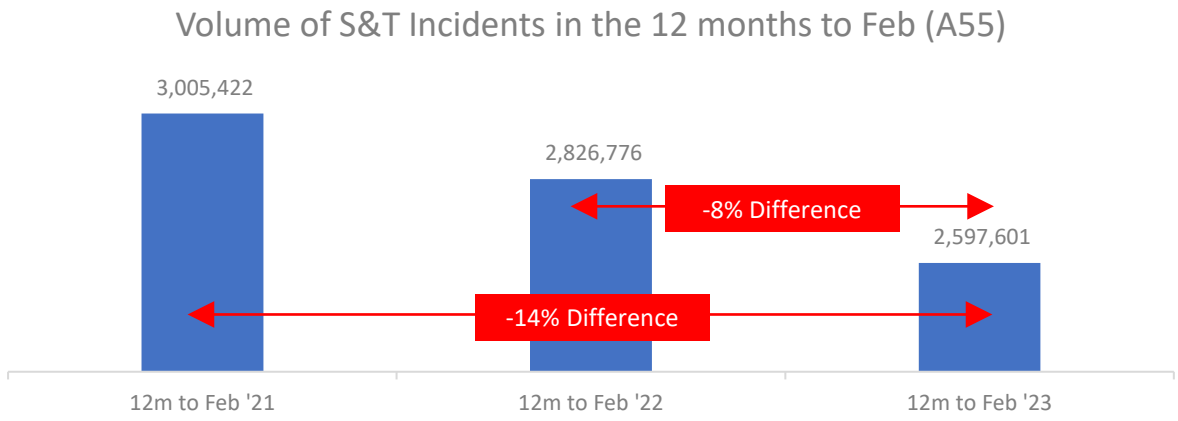



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average



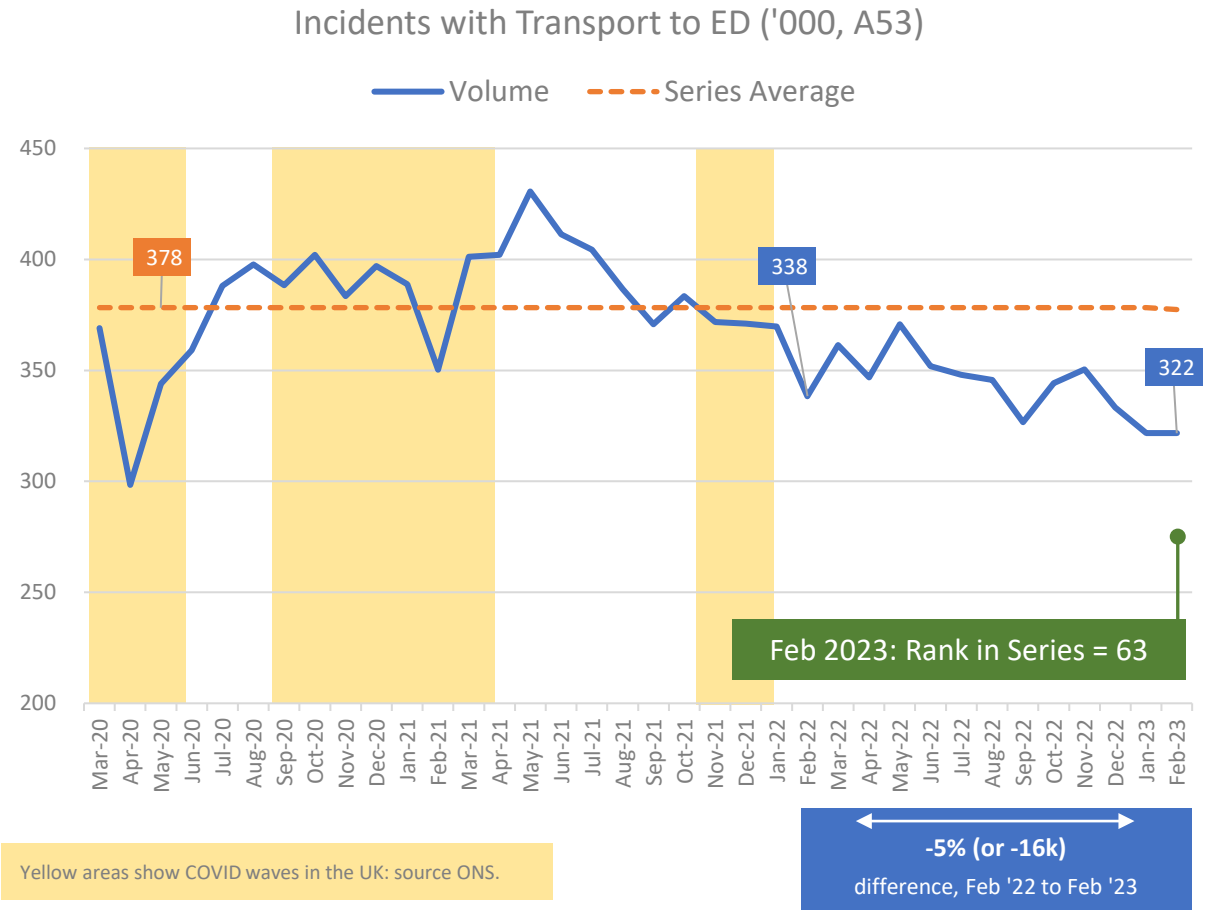

## 3. Annualised Data



# 25. Transport to Emergency Departments (measure A53)

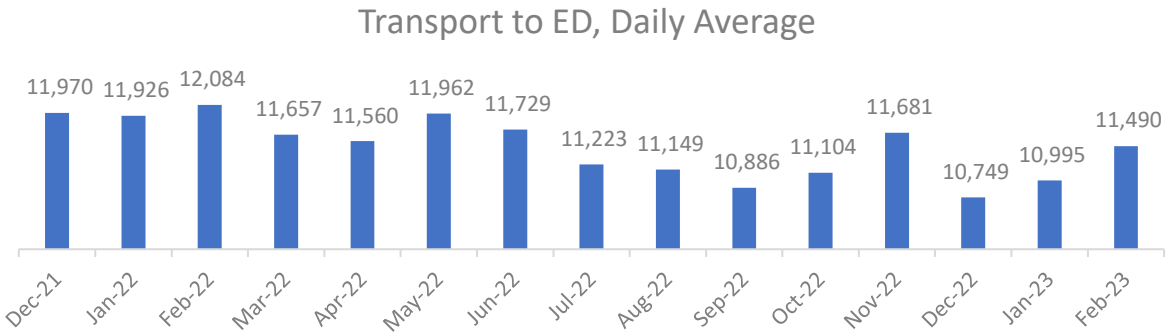
Continuing the trend seen elsewhere this month, incidents where patients were transported to an Emergency Department (ED) saw a month-on-month decrease vs. an increase in the average daily volume. Although the monthly volume was the second-lowest to-date, there was on average 500 more of these responses each day. Year-on-year volume continues to decrease, with 325k fewer incidents than two years previously.

## 1. Monthly

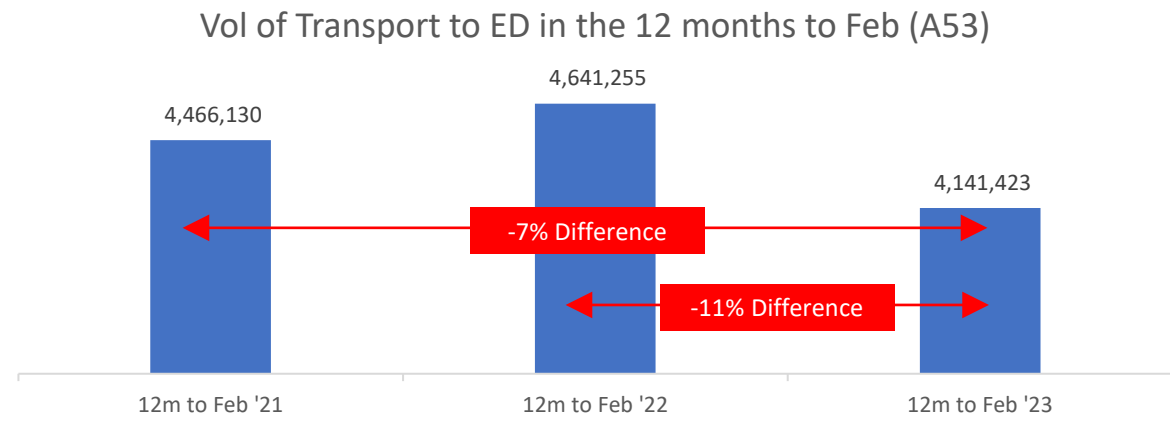



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average



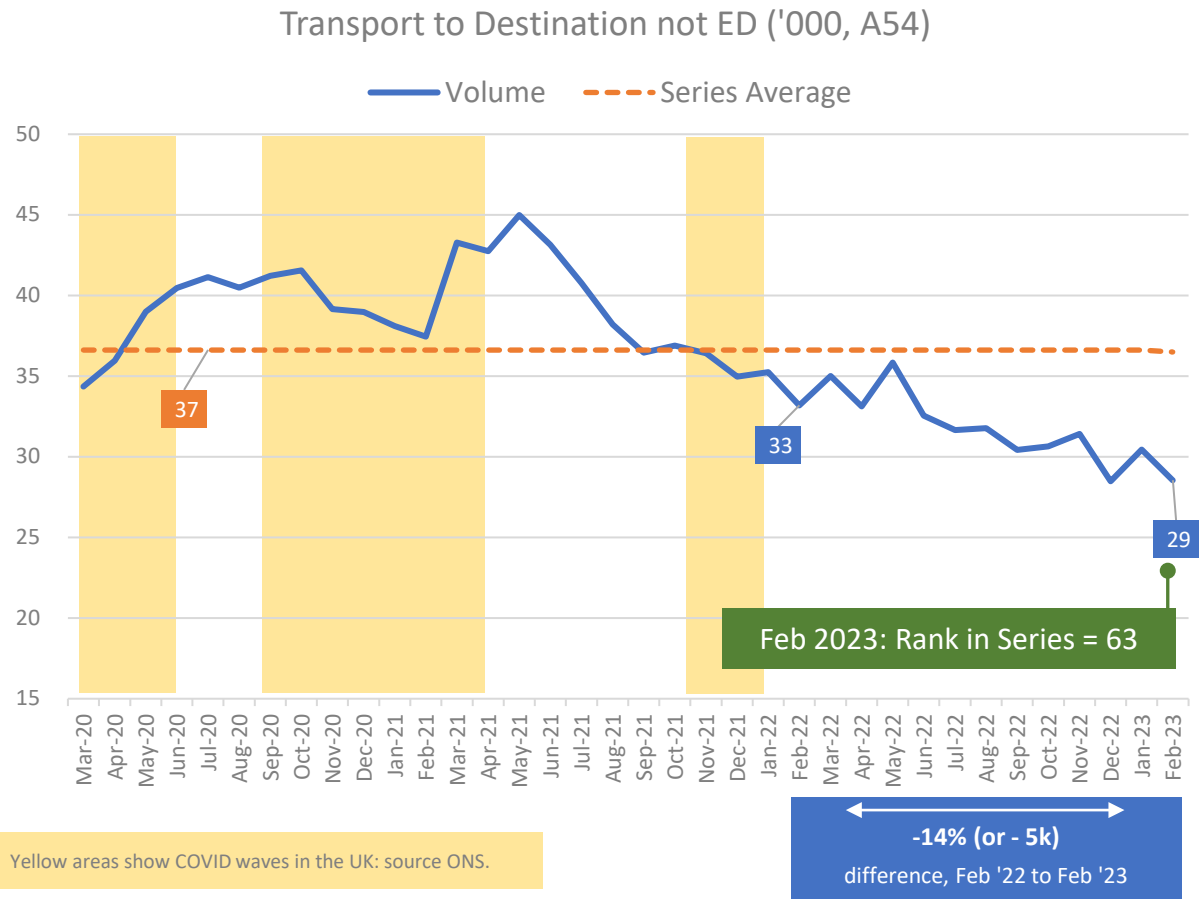

## 3. Annualised Data



# 26. Transported to Destination other than ED (measure A54)

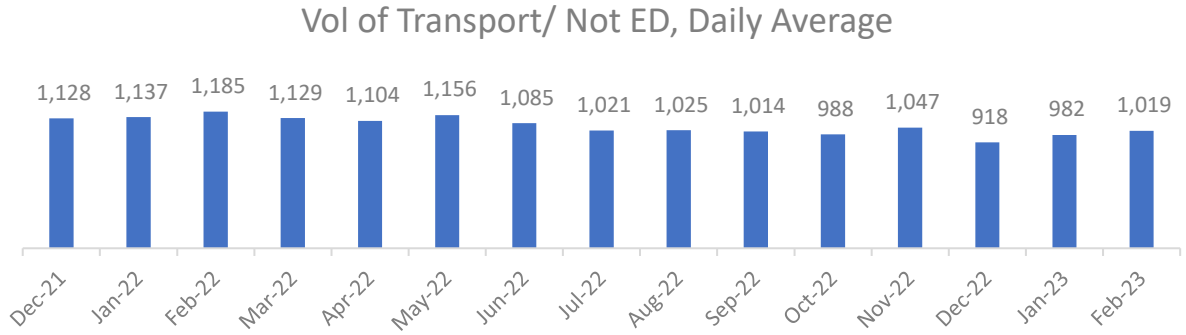
The volume of patients requiring ambulance transport to a destination other than an Emergency Department followed the same pattern as seen above: the monthly volume decreased, but the average daily volume increased for the second consecutive month. Year-on-year volume also continues to decrease, with 88k fewer incidents than two years previously.

## 1. Monthly

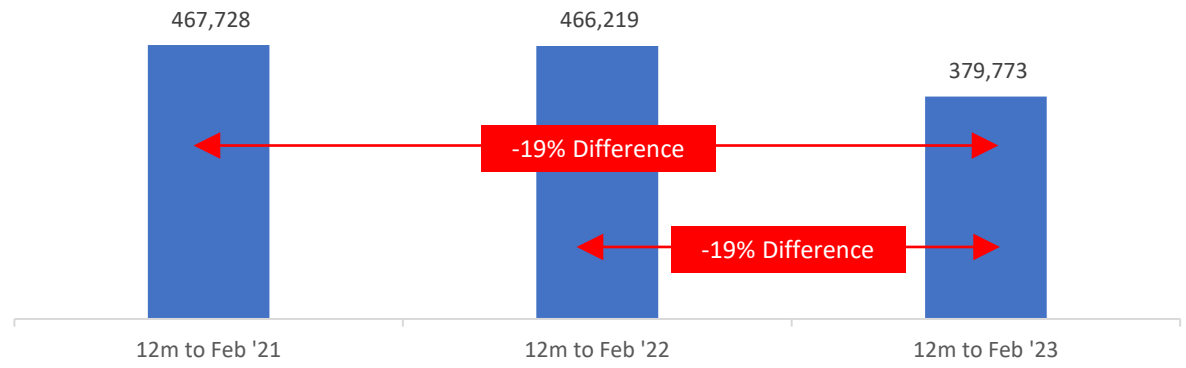



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average




## 3. Annualised Data



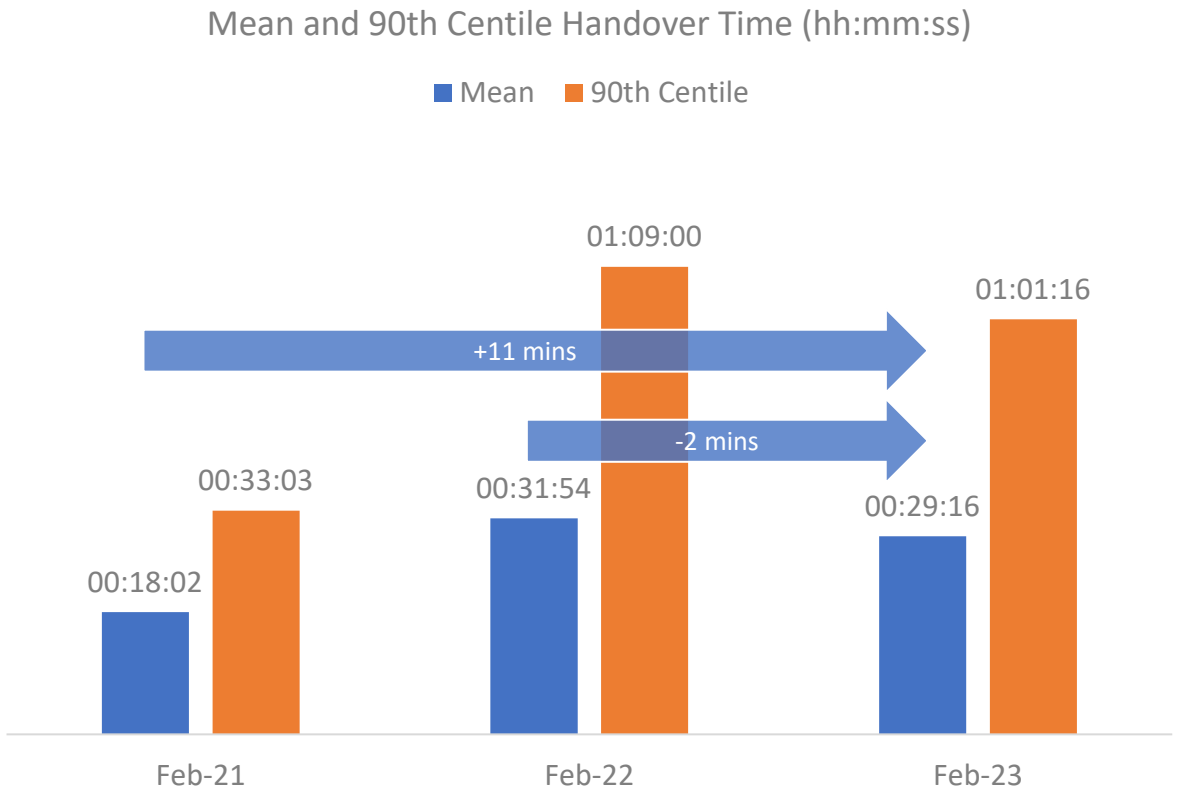
# Section 4

## Patient Handover Delays

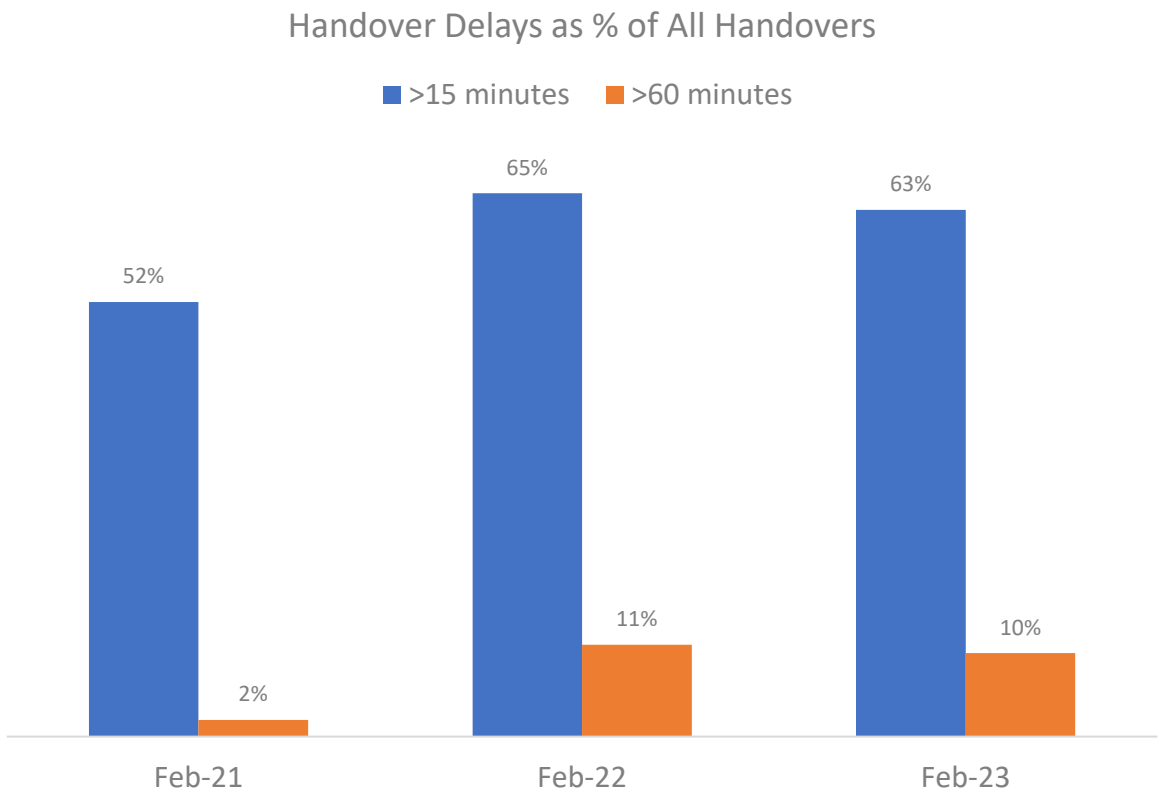
# 28. Average Handover Times and Delays as Proportion of All Handovers (source, NAIG)

The average/mean handover time in February 2023 was 11 minutes slower than in February 2021, but when compared to the same month last year it is relatively steady (and in fact two-minutes faster). A similar pattern can be seen with the percentage of handovers exceeding 15-minutes and 60-minutes: a notable increase compared with 2021, but a few percentage points lower than the levels seen last year.

## 1. Mean and 90th Centile Handover Times



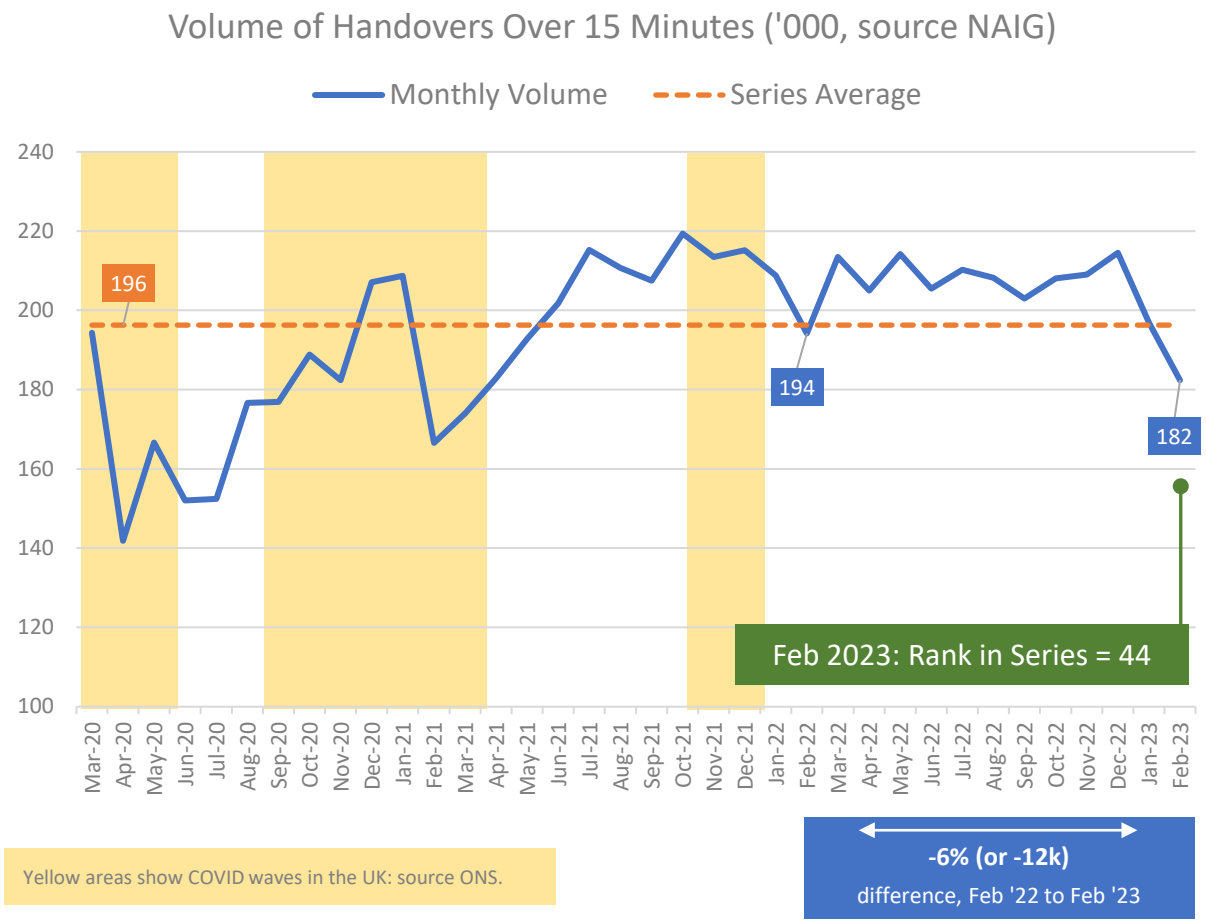

## 2. Handover Delays as a Percentage of All Handovers



# 29. Patient Handover Delays over 15 Minutes (source, NAIG)

The volume of patient handover delays exceeding 15-minutes dropped for the second month in February, with 15k fewer delays taking the total volume to 182k. This is the lowest seen since March 2021. The average-daily volume increased (see slide 35) as it has for the past two years. Hours lost to handover delays also dropped to 96k, the lowest since August 2021.

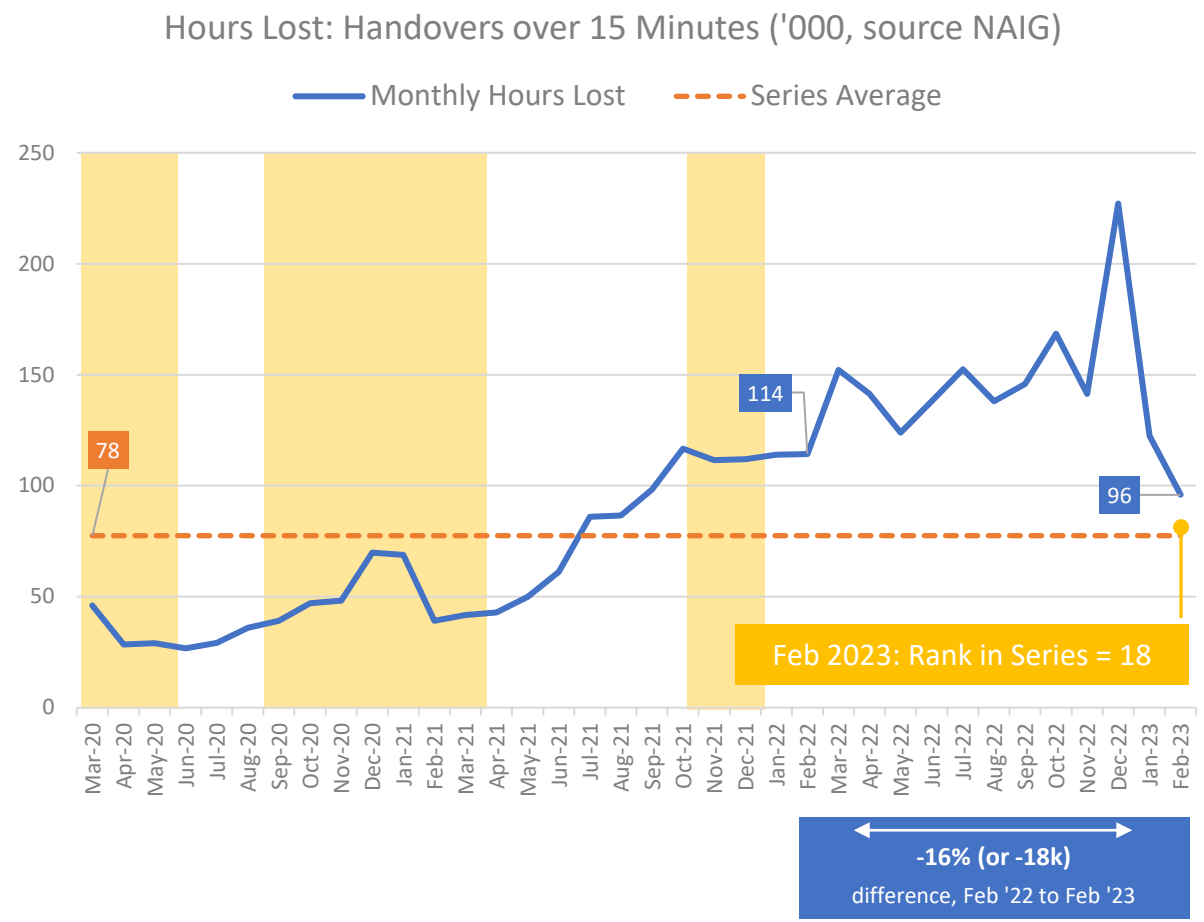
## 1. Delays over 15 Minutes




Yellow areas show COVID waves in the UK: source ONS.

**-6% (or -12k)**
difference, Feb '22 to Feb '23

## 2. Hours lost for Handovers Over 15 Minutes



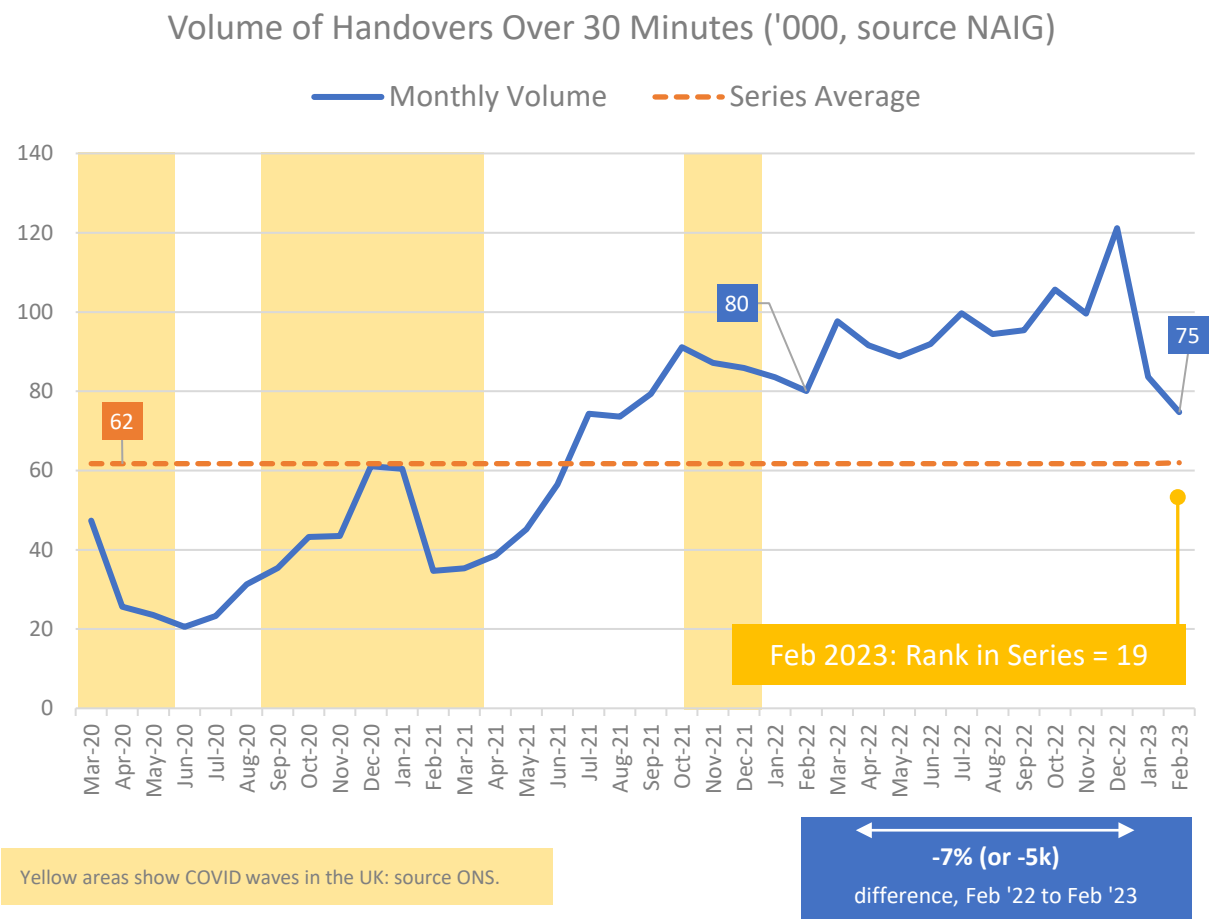

**-16% (or -18k)**
difference, Feb '22 to Feb '23

Note: Days on which Industrial Action takes place see a drop in handover delays.

# 30. Patient Handover Delays over 30 Minutes (source, NAIG)

Delays of 30 minutes or more dropped to 75k in February 2023 – 5k lower than the same month last year (but 40k higher than February 2021). Hours lost also dropped, with 64k lost across the month.

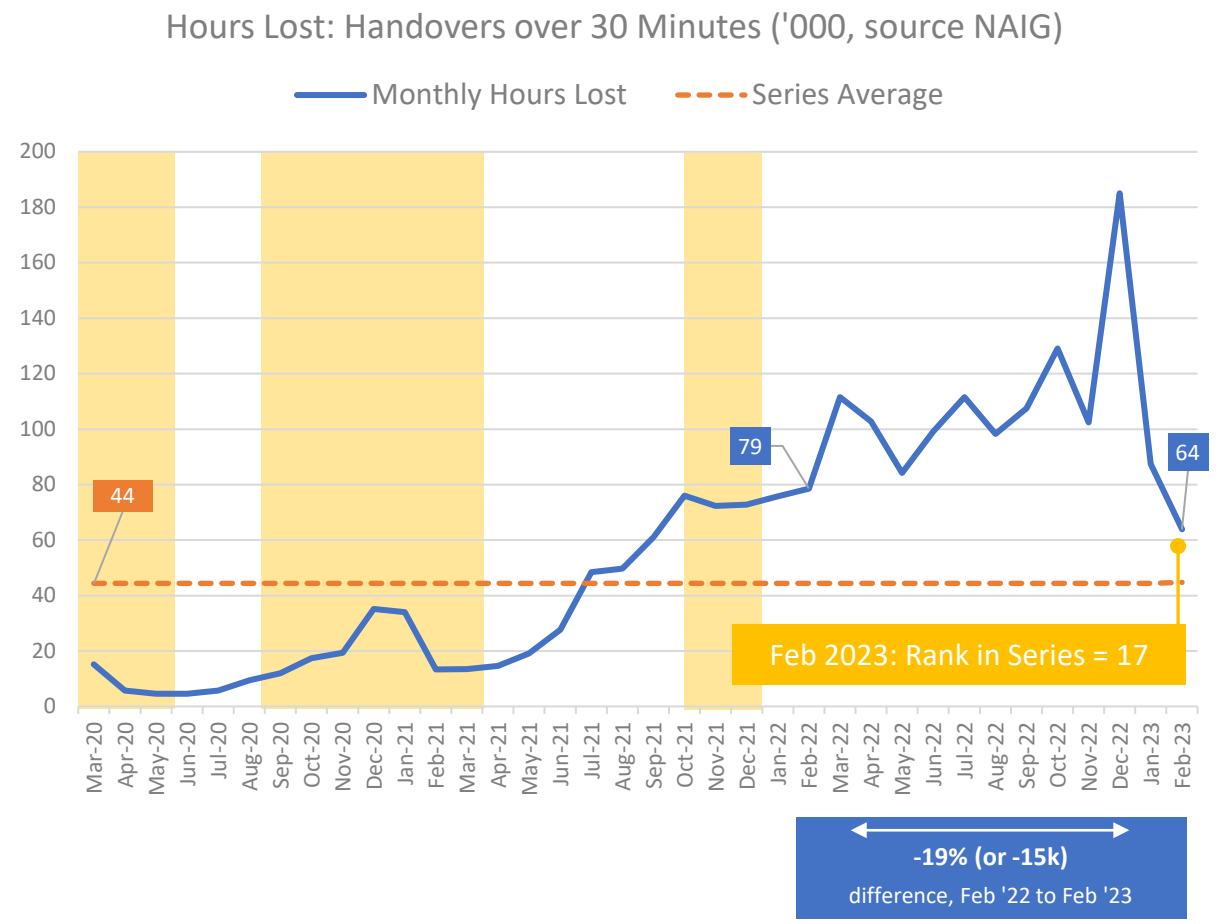
## 1. Delays over 30 Minutes




Yellow areas show COVID waves in the UK: source ONS.

**-7% (or -5k)**
difference, Feb '22 to Feb '23

## 2. Hours lost for Handovers Over 30 Minutes



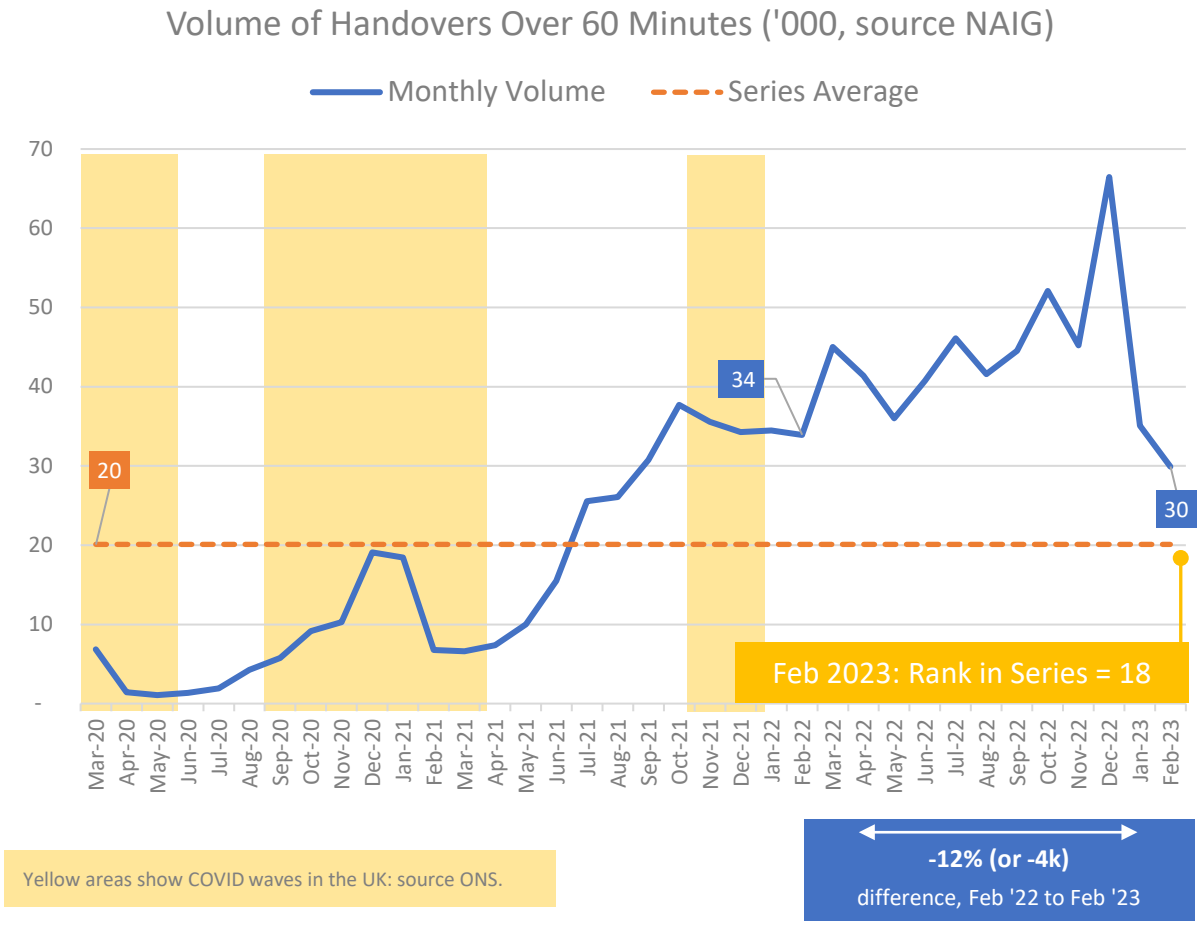

**-19% (or -15k)**
difference, Feb '22 to Feb '23

Note: Days on which Industrial Action takes place see a drop in handover delays.

# 31. Patient Handover Delays over 60 Minutes (source, NAIG)

Delays of one-hour or longer dropped for the second consecutive month to reach their lowest since August 2021, while hours lost were at the lowest since September 2021. Both measures remain above their respective series average.

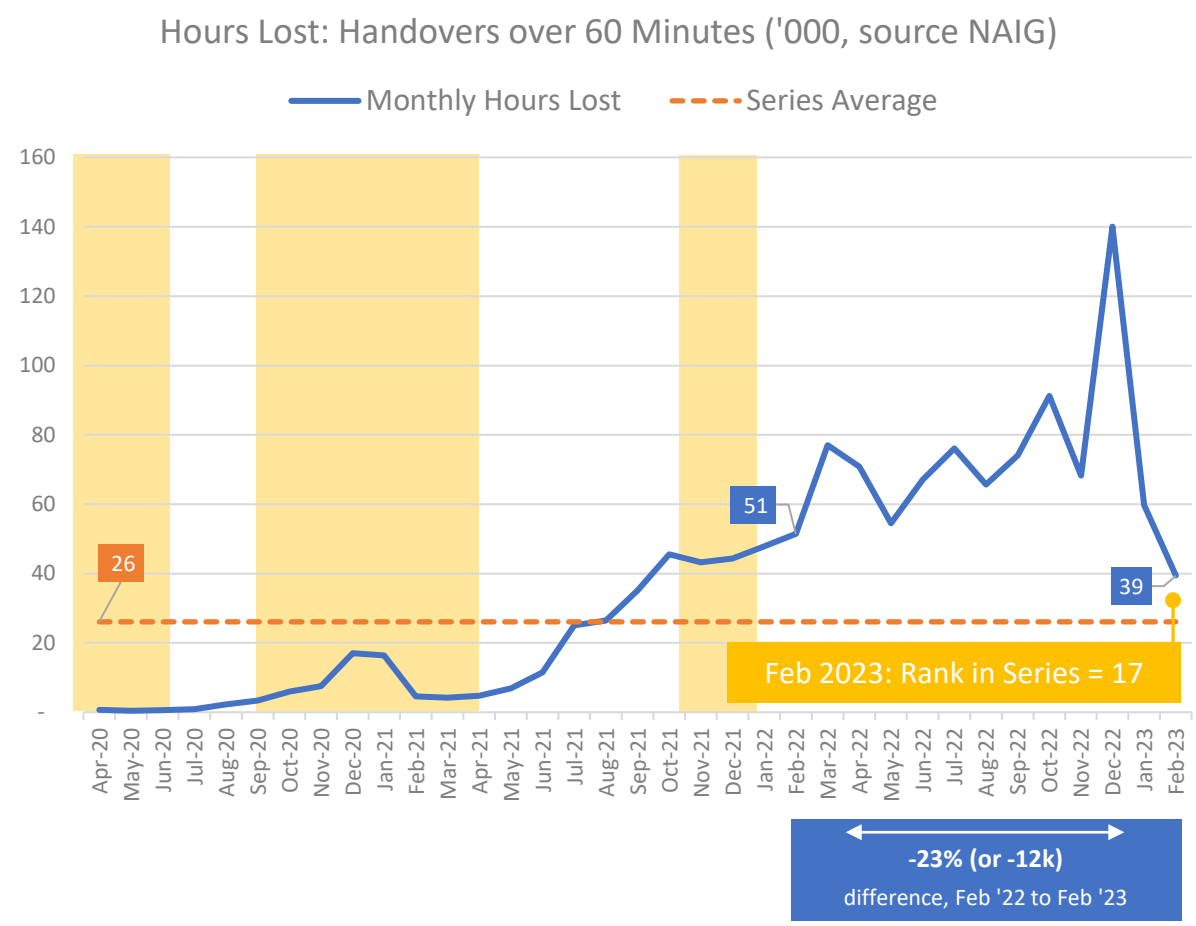
## 1. Delays over 60 Minutes




Yellow areas show COVID waves in the UK: source ONS.

**-12% (or -4k)**
difference, Feb '22 to Feb '23

## 2. Hours lost for Handovers Over 60 Minutes



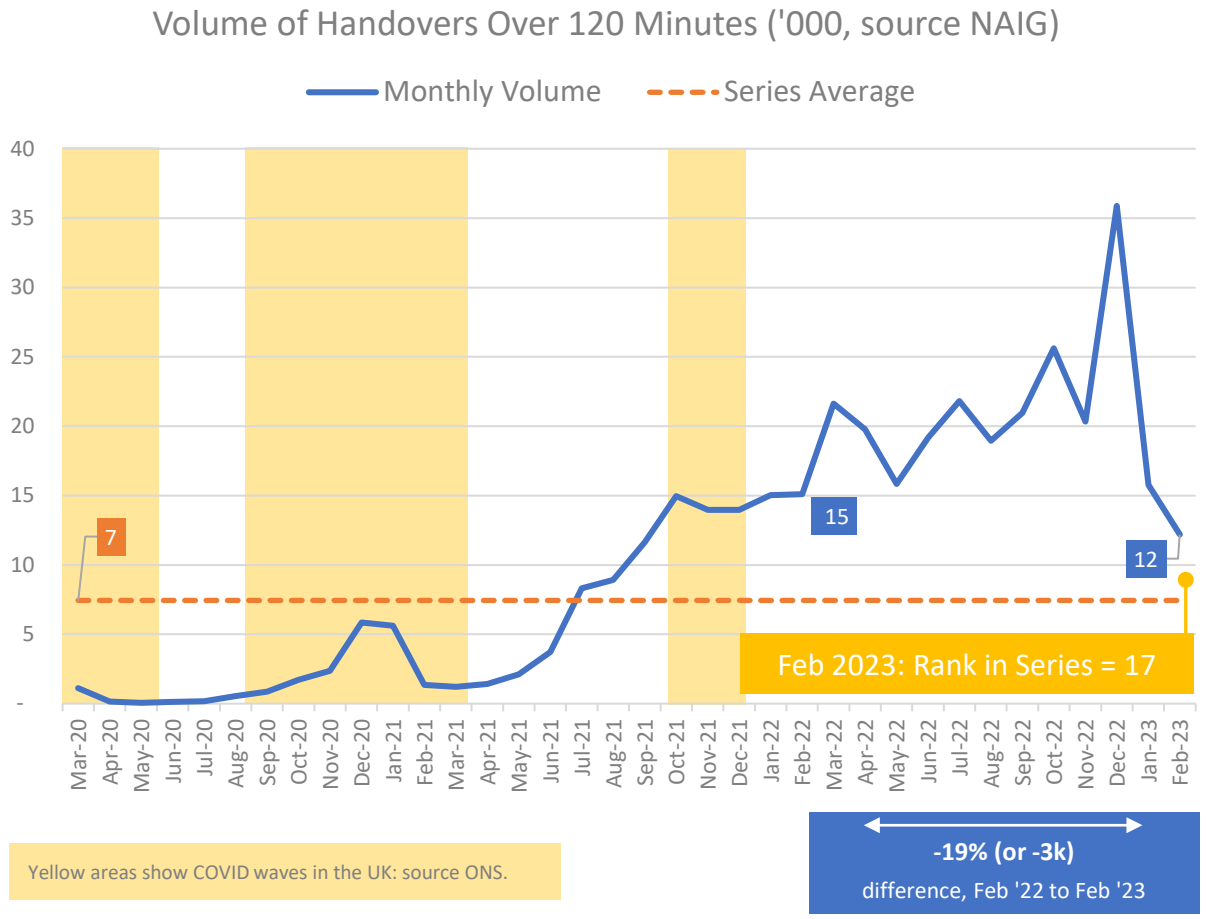

**-23% (or -12k)**
difference, Feb '22 to Feb '23

Note: Days on which Industrial Action takes place see a drop in handover delays.

# 32. Patient Handover Delays over 120 Minutes (source, NAIG)

Delays of two-or-more hours followed the pattern seen above, dropping to their lowest volume since the middle of 2021.

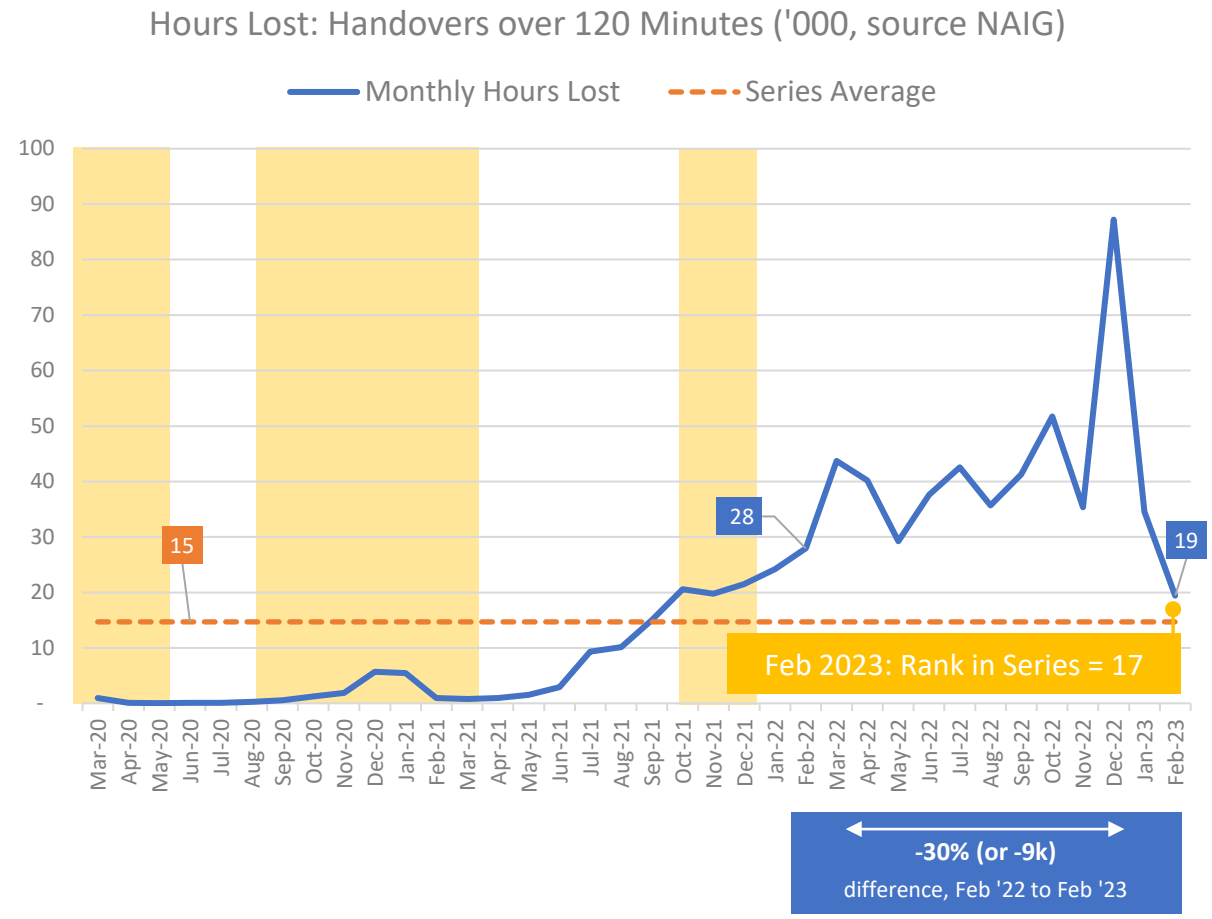
## 1. Delays over 120 Minutes




Yellow areas show COVID waves in the UK: source ONS.

**-19% (or -3k)**
difference, Feb '22 to Feb '23

## 2. Hours lost for Handovers Over 120 Minutes



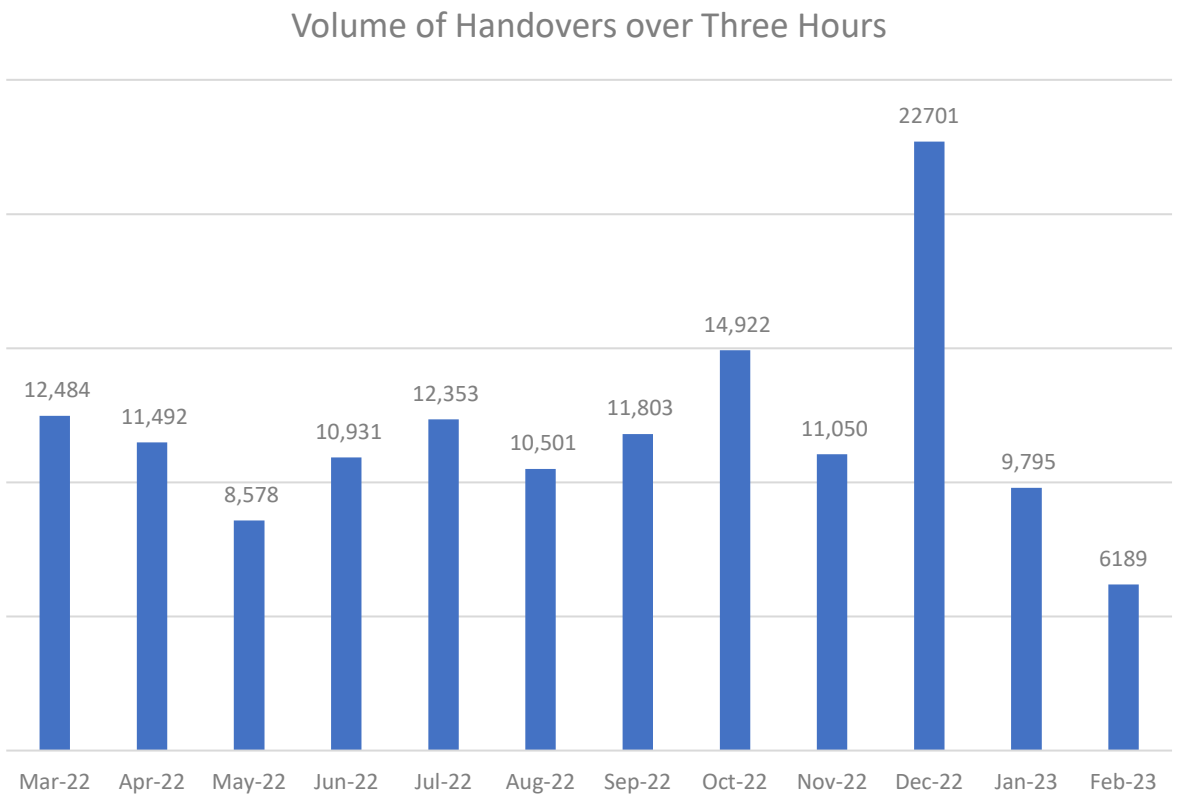

**-30% (or -9k)**
difference, Feb '22 to Feb '23

Note: Days on which Industrial Action takes place see a drop in handover delays.

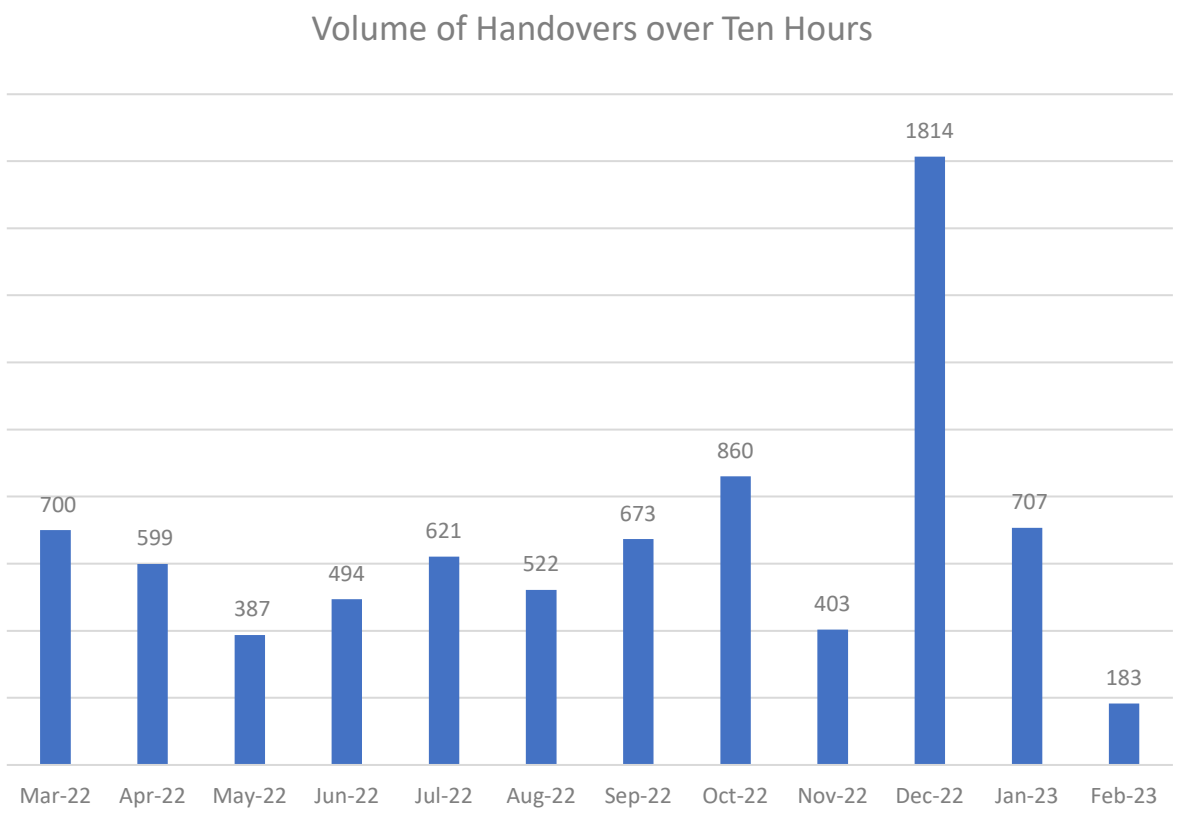
# 33. Patient Handovers Longer than Three Hours (source, NAIG)

In February, the very longest delays were at their lowest volume in 12-months. Delays of three-or-more hours fell to just over 6k across the month, while those of ten-or-more hours fell to 183 – a tenth of the volume seen just two months previously.

## 1. Longer Handover Delays: All Over Three Hours




## 2. Longer Handover Delays: All Over Ten Hours

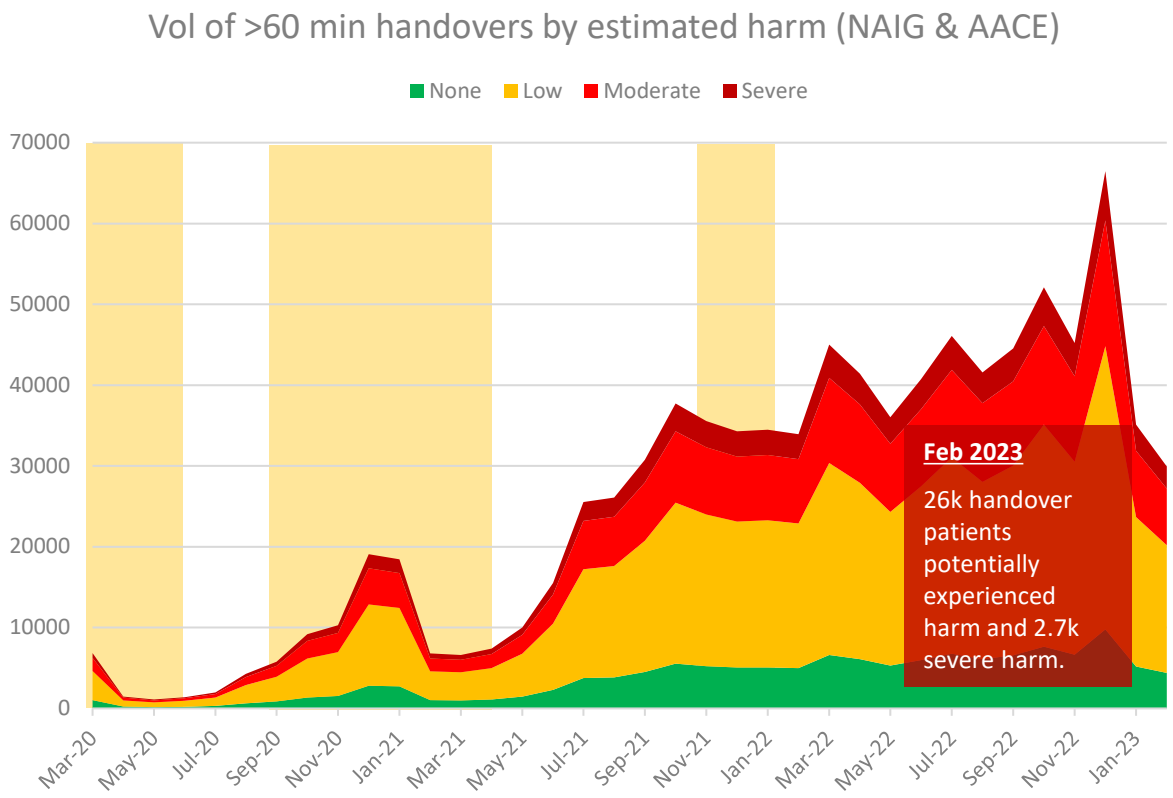



Note: Days on which Industrial Action takes place see a drop in handover delays.

# 34. Impact on Patients and Crew (source, NAIG, AQI Data and AACE)

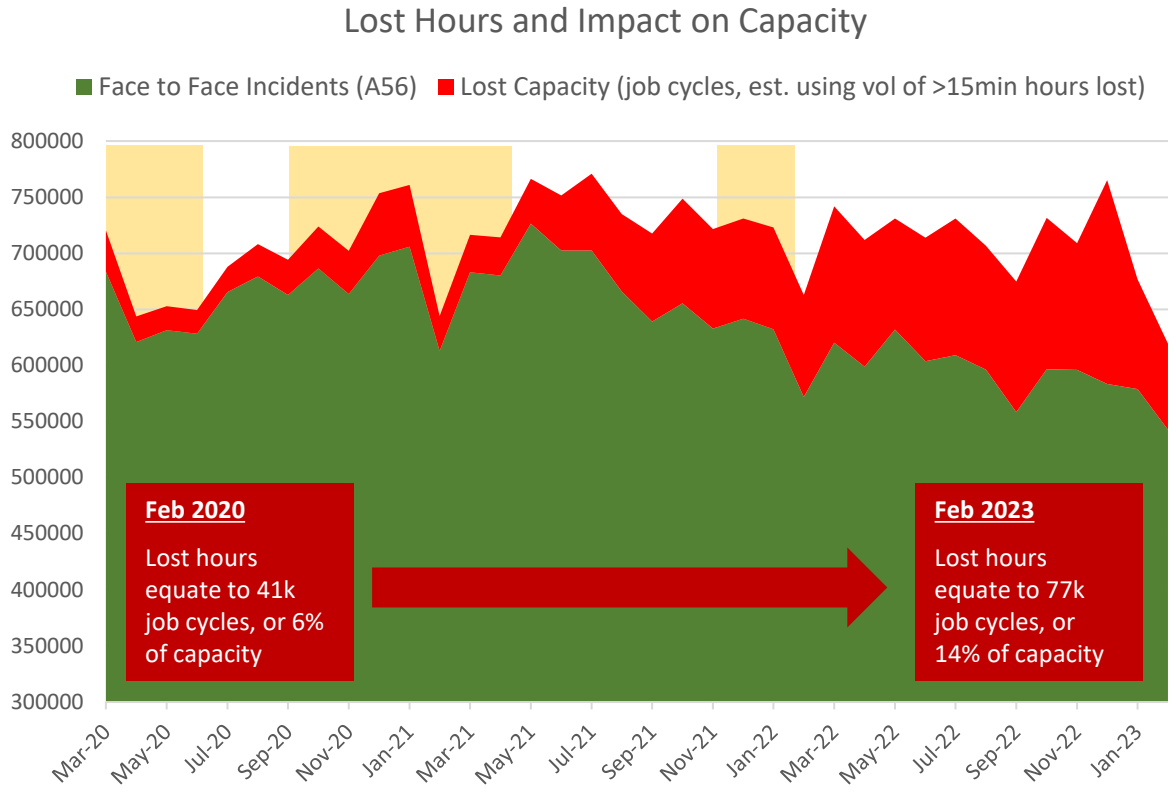
Around 26k patients experienced potential harm as a result of long handover delays in February 2023, with just under three-thousand of these experiencing severe harm*. Looking at the total hours lost to handover delays in February, the sector lost the equivalent of 77k job cycles. Using Face-to-Face incident volumes from February's AQI data, this equates to 14% of potential ambulance capacity across the month – compared with six percent at the start of 2020.

## 1. Estimated number of patients experiencing potential harm




*Estimates based on clinical review of patients waiting >60 minutes in 2021

## 2. Estimated impact of lost hours on capacity



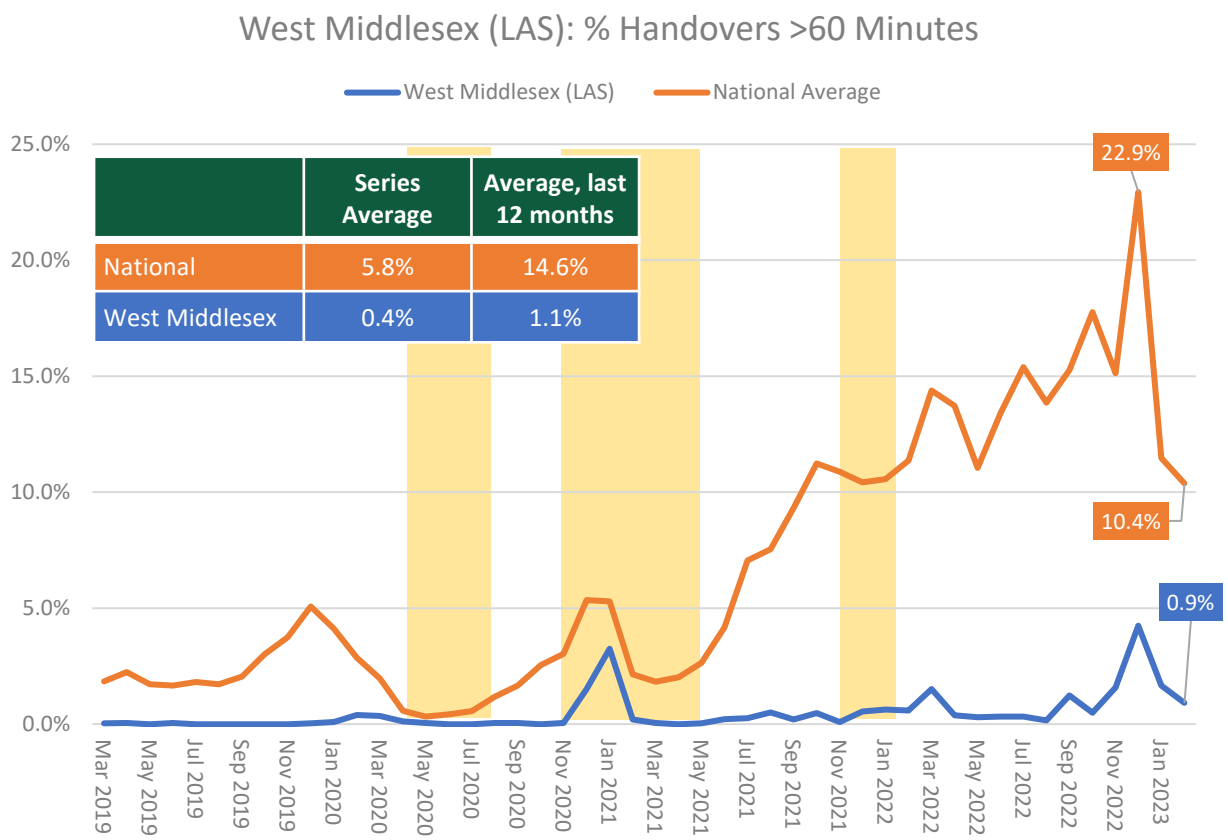

Yellow areas denote COVID waves in the UK: source ONS.

Note: Days on which Industrial Action takes place see a drop in handover delays.

# 35. Effective Interventions: West Middlesex University Hospital (Chelsea & Westminster)

The proportion of handovers exceeding 60 minutes has increased steadily since May 2021, and towards the end of 2022 accounted for more than a fifth of handovers. Over the same time, West Middlesex Hospitals has not seen its share of >60-minute handovers exceed five-percent, with its average for the most recent 12-months less than a tenth of the national figure.

## 60-min handovers as percentage of all handovers




Yellow areas denote COVID waves in the UK: source ONS.

## An overview of West Middlesex's current interventions

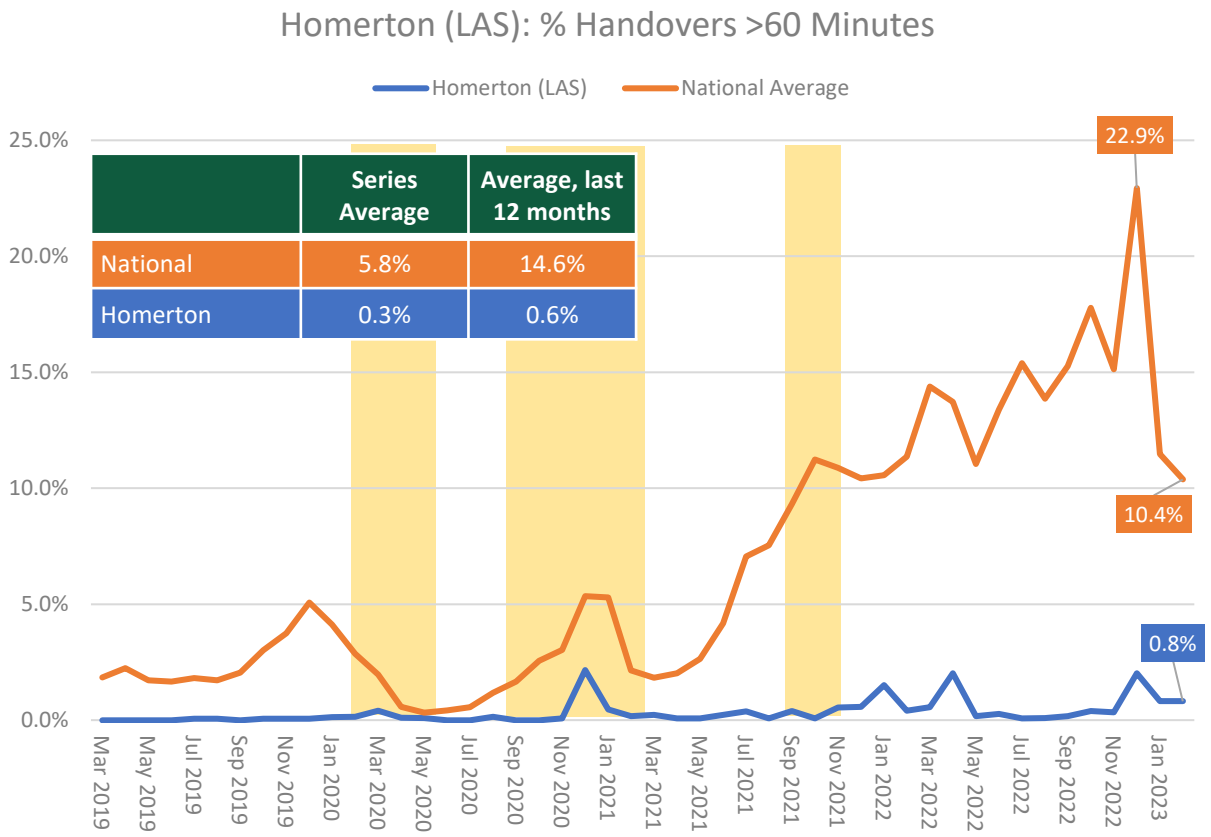
- **Senior Leadership**. The Clinical Director is highly visible, and works weekly shifts in the Acute Medical Unit (AMU). Entire corporate teams are highly visible and Executive presence at 4/day bed meetings with handovers being the 1st area for discussion.
- **Nurse experience and leadership.** Many staff have been in post for a long time so there is a large historical knowledge as well as credibility. Patient centric focus with strong values around getting patient to right place first time.
- **Site hub function**. Co-located Urgent Treatment Centre (UTC). This is seen as a strong help to flow, with ambulances having access to the UTC. There is also a robust electronic site model with heavy reliance on data to predict demand and facilitate flow.
- **Community Collaboration.** There is a borough wide six-phase action plan to link all partners (social care and council and health) to deliver on six interventions as a collaborative. Part of this initiative is a strong aim to improve community personal plans and keep patients at home.
- **Empowerment, Trust and Communication**. Staff describe being given permission and are empowered to lead on improvement ideas. Clinicians' views are trusted, and so referrals are accepted rather than debated. Whatsapp is used to communicate operational concerns as well as clinical issues.

For more information please contact: robhodgkiss@nhs.net

# 36. Effective Interventions: Homerton University Hospital

The proportion of handovers exceeding 60 minutes has increased steadily since May 2021, and towards the end of 2022 accounted for more than a fifth of handovers. Homerton's share of these handovers has only exceeded one-percent four times since April 2018, and for the last 12-months has a series average of less than one-percent, compared with the national average of nearly 15-percent.

## 60-min handovers as percentage of all handovers




Yellow areas denote COVID waves in the UK: source ONS.

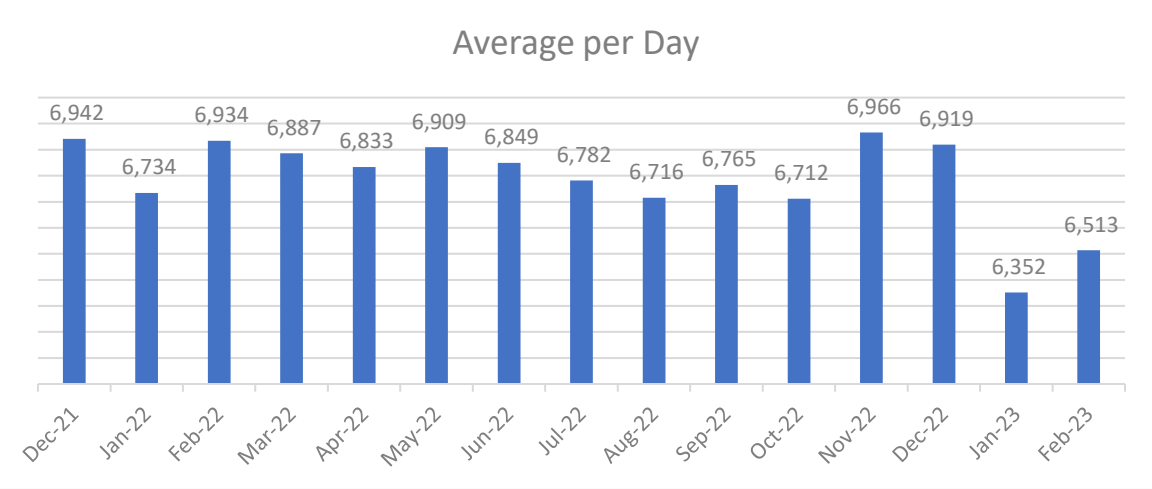
## An overview of Homerton's current interventions

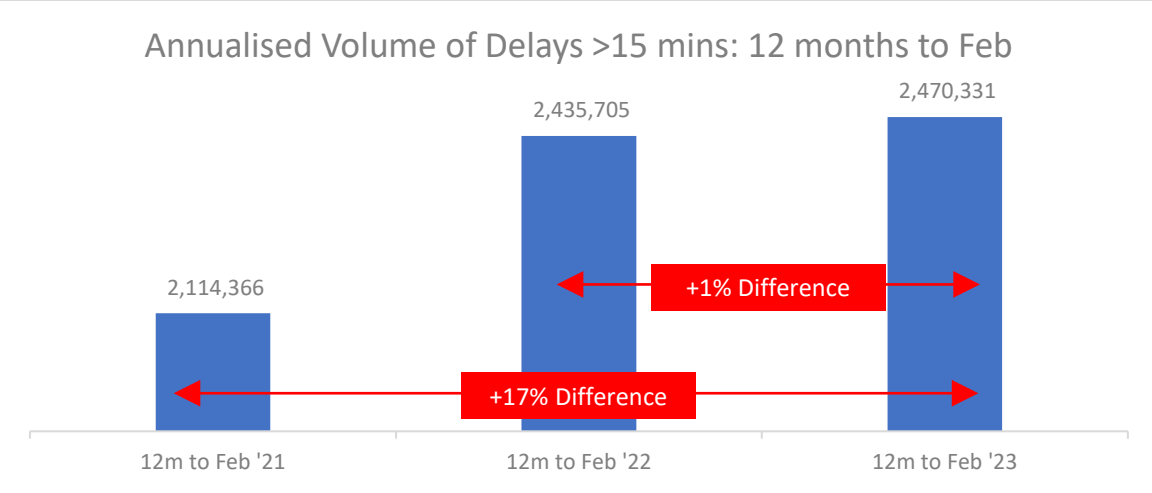
- **Integration.** There is a strong Integrated Care System (ICS) and London Ambulance Service (LAS) partnering in monitoring and growing alternatives to hospital pathways and activity along those pathways with a strong focus on hospital avoidance. LAS have low conveyance-rate linking with multiple alternative pathways and community services, rather than conveying to Emergency Departments (ED).
- **Leadership**. There is clear clinician and nursing team leadership, coupled with longevity of service. Nursing in ED is particularly empowered with heavy competency and development performed on senior staff to enable trusted assessor decisions. This frees up medical staff and encourages nurses to guard flow and use of resources. There is a strong team ethos which helps ensure queues and crowding does not occur.
- **Flexibility.** There is a zero tolerance to corridor care or boarding, mitigated through collaboration between department practitioners and clinicians early in the day. An escalation area is used and is prioritised to flex down once used so that Trust always has a flexible cohorting / bedding area.
- **Flow**. There has been a whole-hospital approach to flow-management. This has been achieved through buy-in from all clinical and supporting teams, working with local stakeholders to support effective discharge and delivering continuous improvement programmes including ED, ward teams, and service configuration.

For more information please contact: osian.powell1@nhs.net

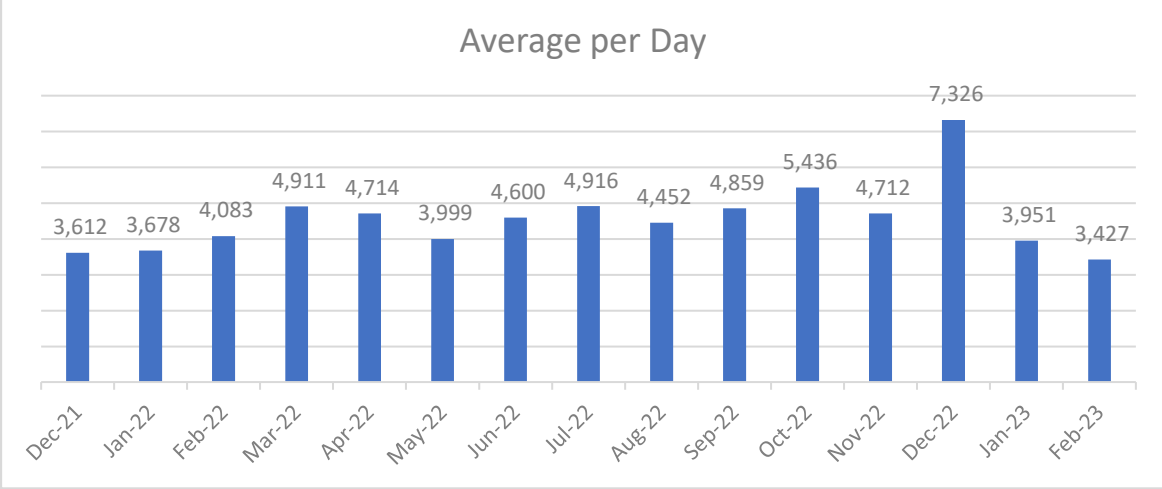
# 37. Appendix (i): Average Daily and Annualised Data for >15 minute delays (source, NAIG)

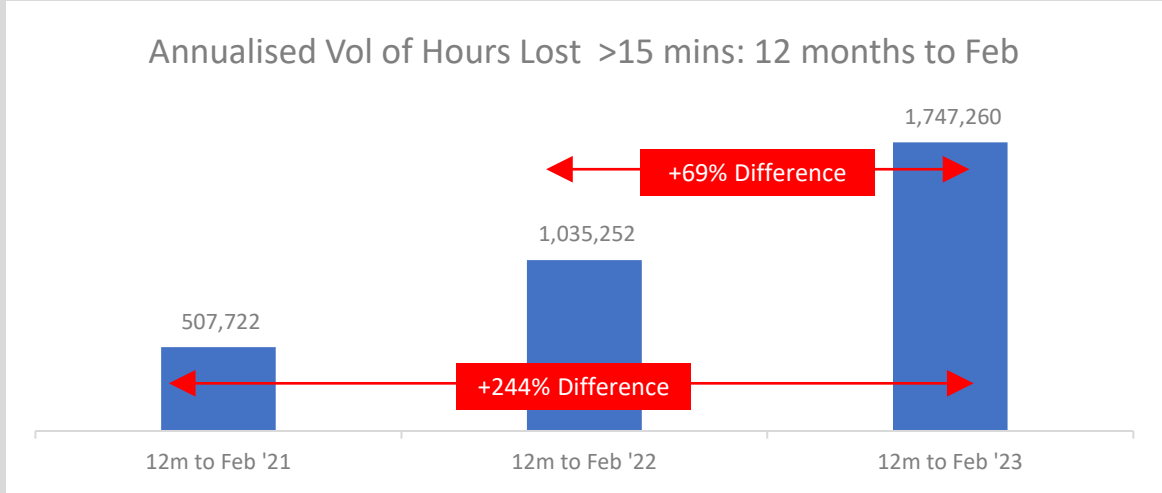
## 1. Volume of Handover Delays over 15 minutes




## 2. Hours Lost for Handover Delays over 15 minutes

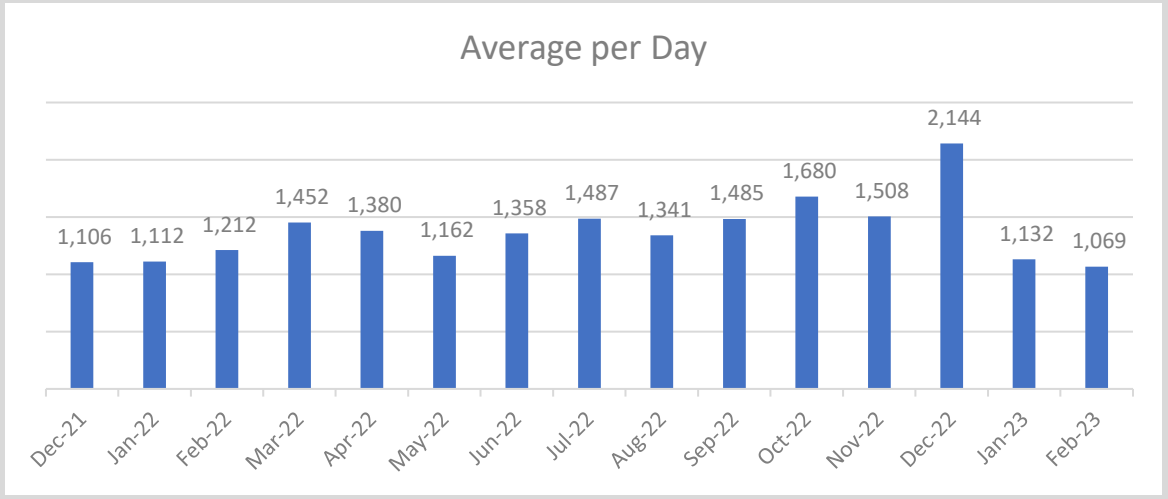


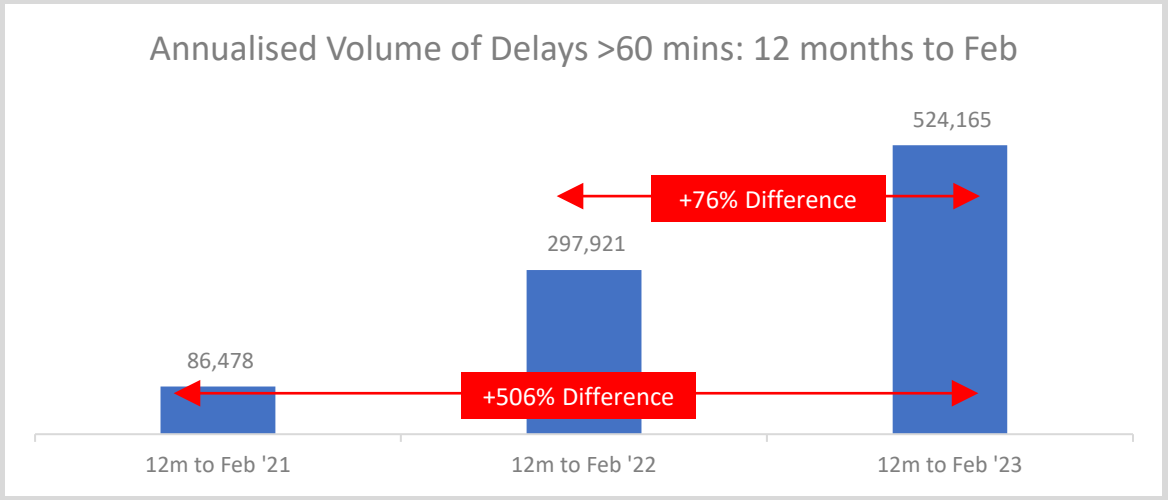




Note: Days on which Industrial Action takes place see a drop in handover delays.

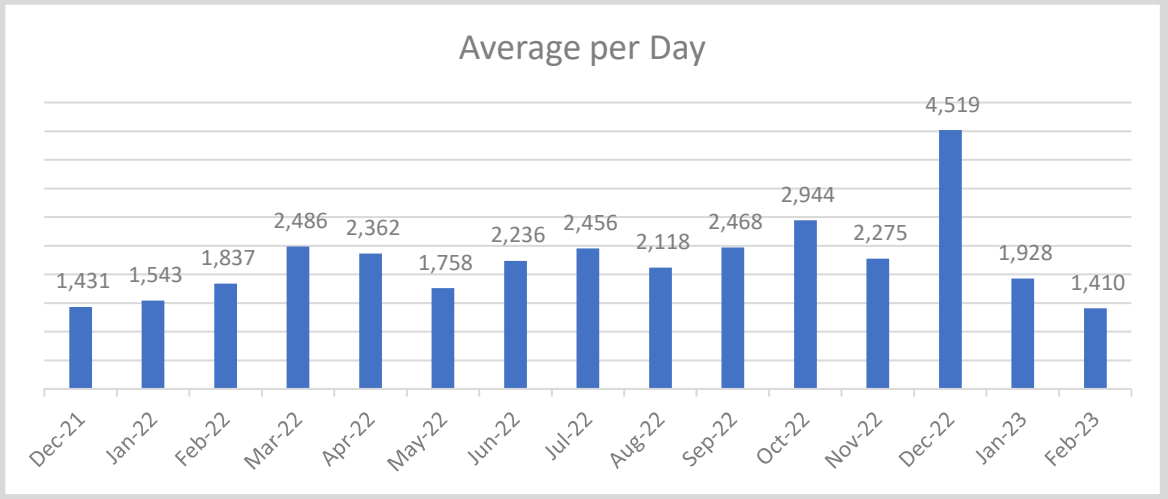
# 38. Appendix (ii): Average Daily and Annualised Data for >60 minute delays (source, NAIG)

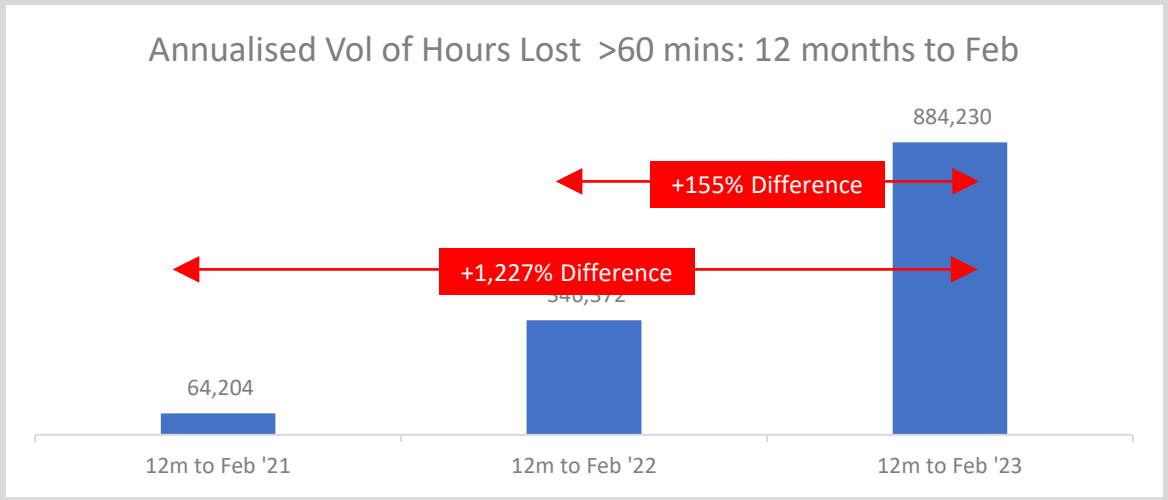
## 1. Volume of Handover Delays over 60 minutes




## 2. Hours Lost for Handover Delays over 60 minutes

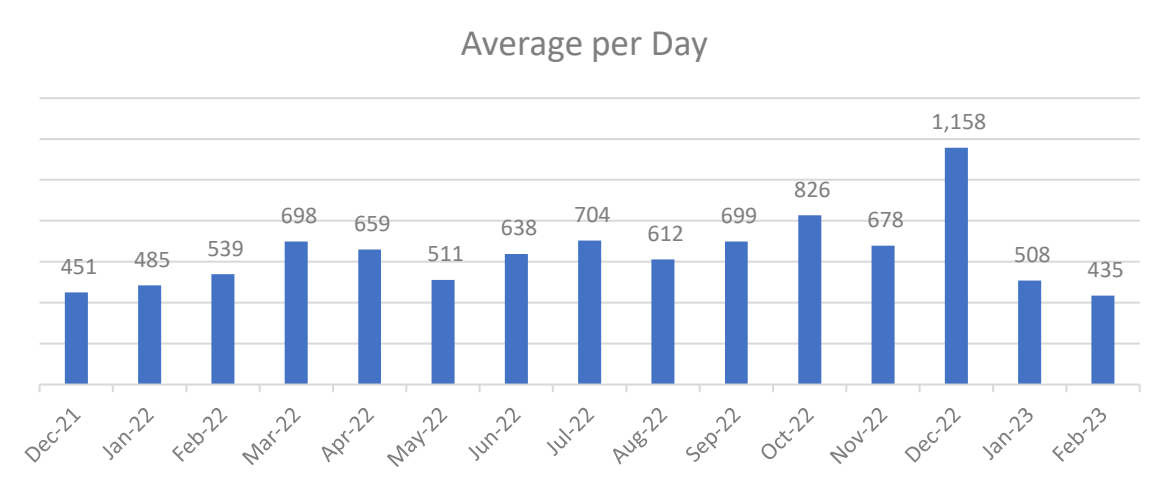


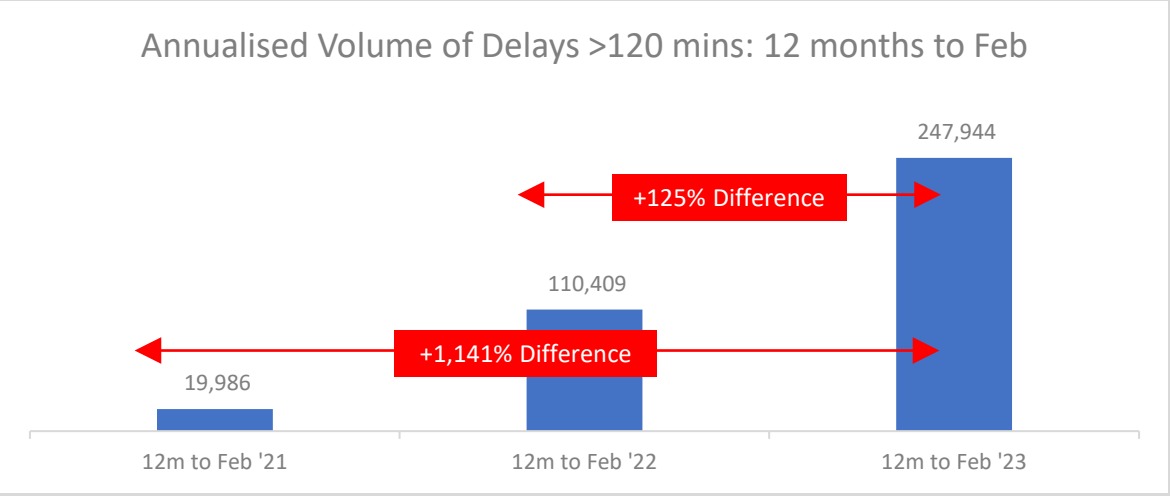




Note: Days on which Industrial Action takes place see a drop in handover delays.

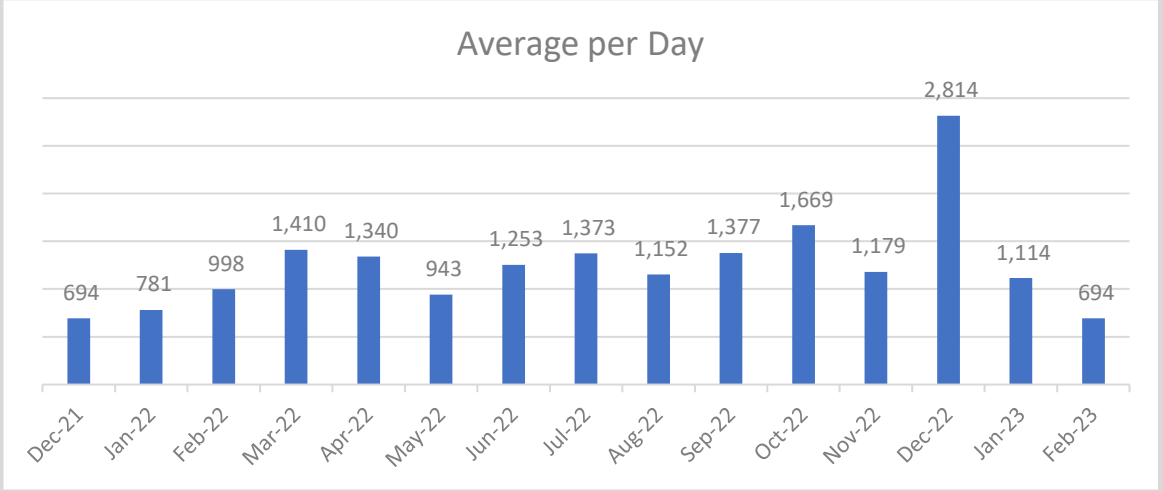
# 39. Appendix (iii): Average Daily and Annualised Data for >120 minute delays (source, NAIG)

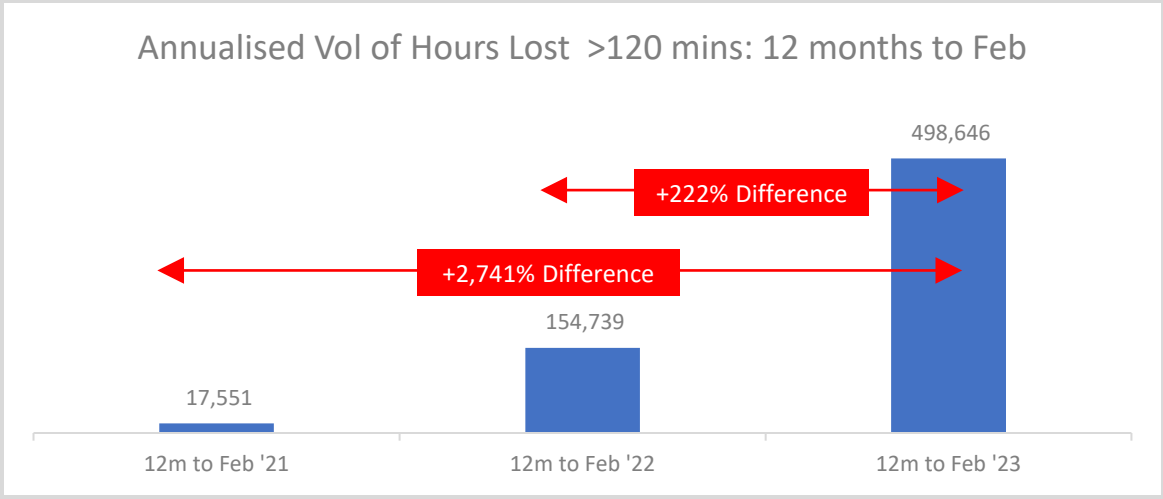
## 1. Volume of Handover Delays over 120 minutes




## 2. Hours Lost for Handover Delays over 120 minutes




Note: Days on which Industrial Action takes place see a drop in handover delays.