ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

National Ambulance Data – Final

Data to the end of March 2023

Date of Report: April 27th, 2023

2. Summary and Contents

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Overview: Volume of calls, incidents and handover delays all increased in March, as did call-answer and response times. While the longer month is a factor in this growth, many measures also saw an increase in daily demand. With handover delays, there is some short-term evidence of easing, but volumes often exceed those seen two years ago by some margin, and factors such as ongoing IA also have an impact on the data.

Source of all data is AQI March 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

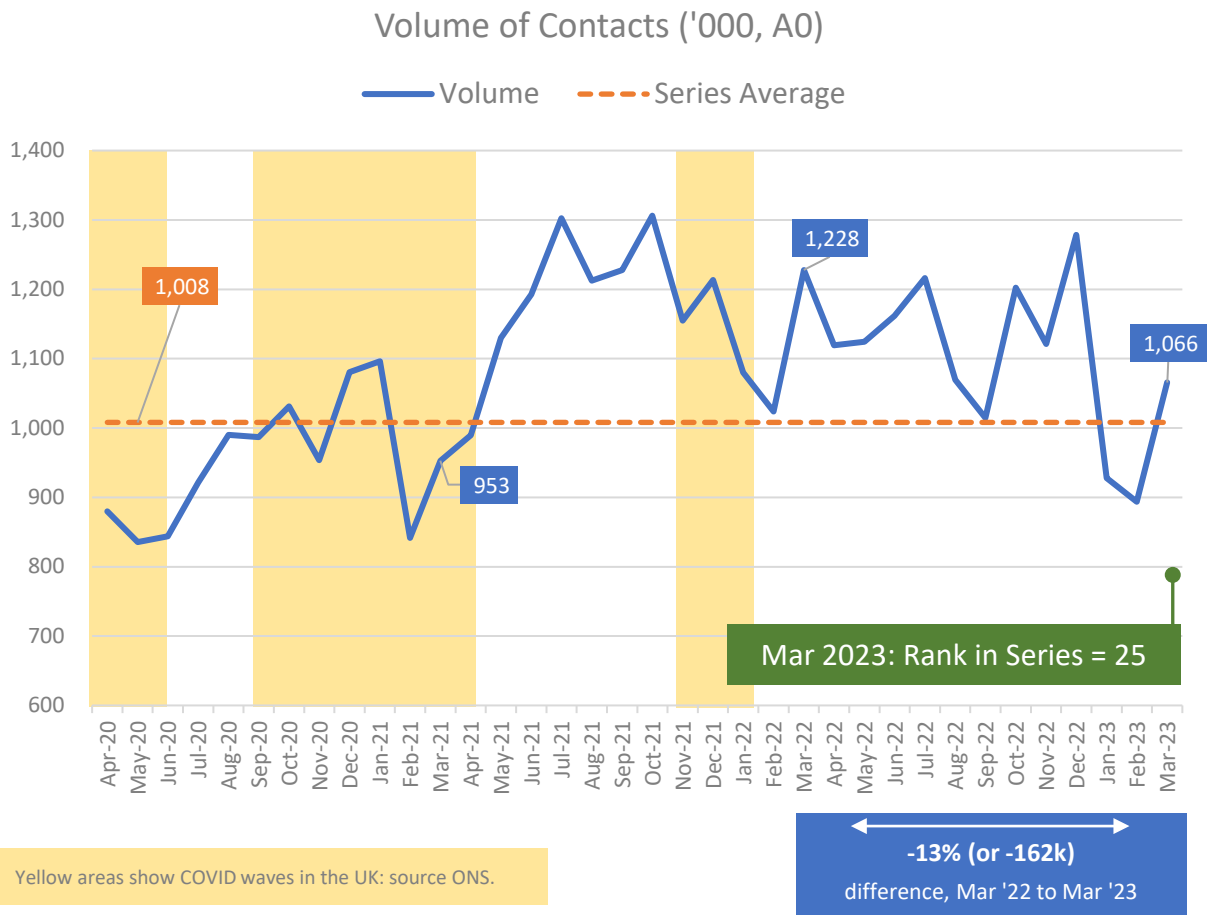
Contact Volume and Call Answer time

- 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 to Ambulance Control Rooms (Measure A0)

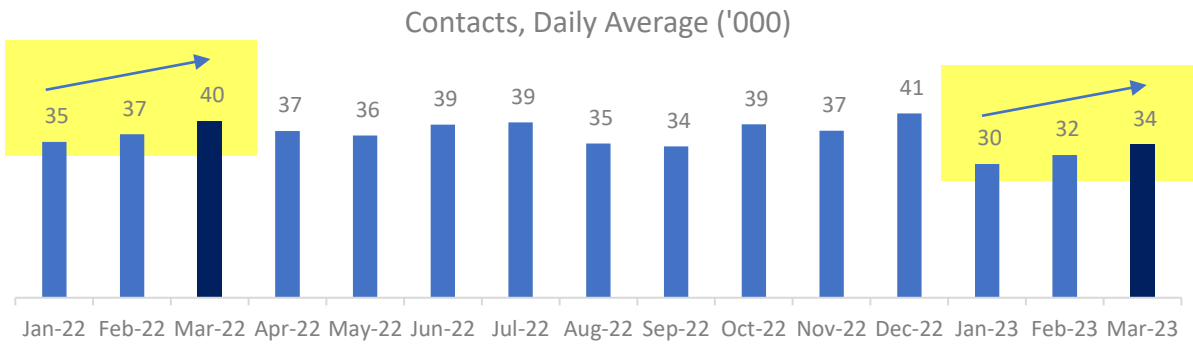
Monthly volume of contacts increased sharply in March, a reflection of the longer month, and an established seasonal trend. Despite this, and notwithstanding the impact of IA on ambulance statistics, there is evidence of easing demand: contact volume was 162k less than March 2022 (but 122k greater than March 2021), a pattern reflected in the annualised data. At a daily level, increase was steadier, and shows a second consecutive month of growth - again, a seasonal trend.

1. Monthly

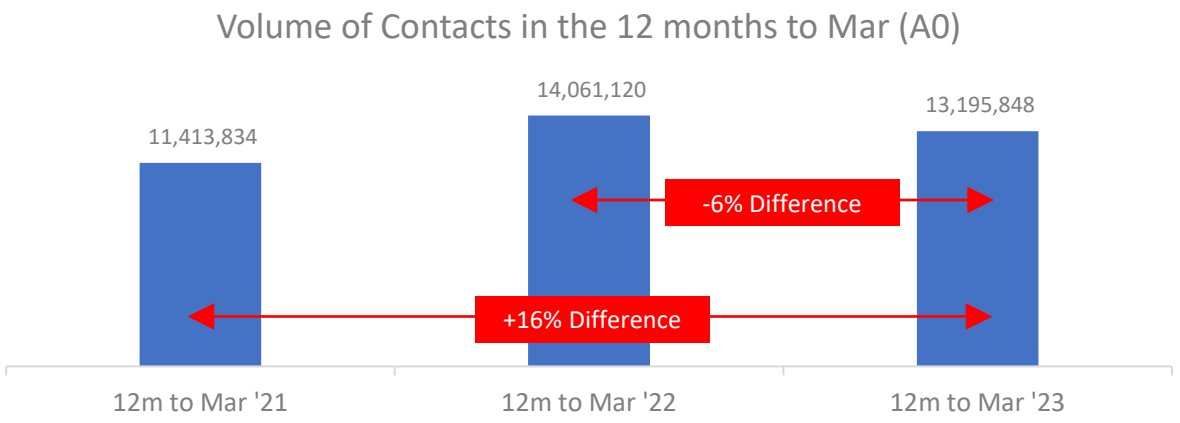


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



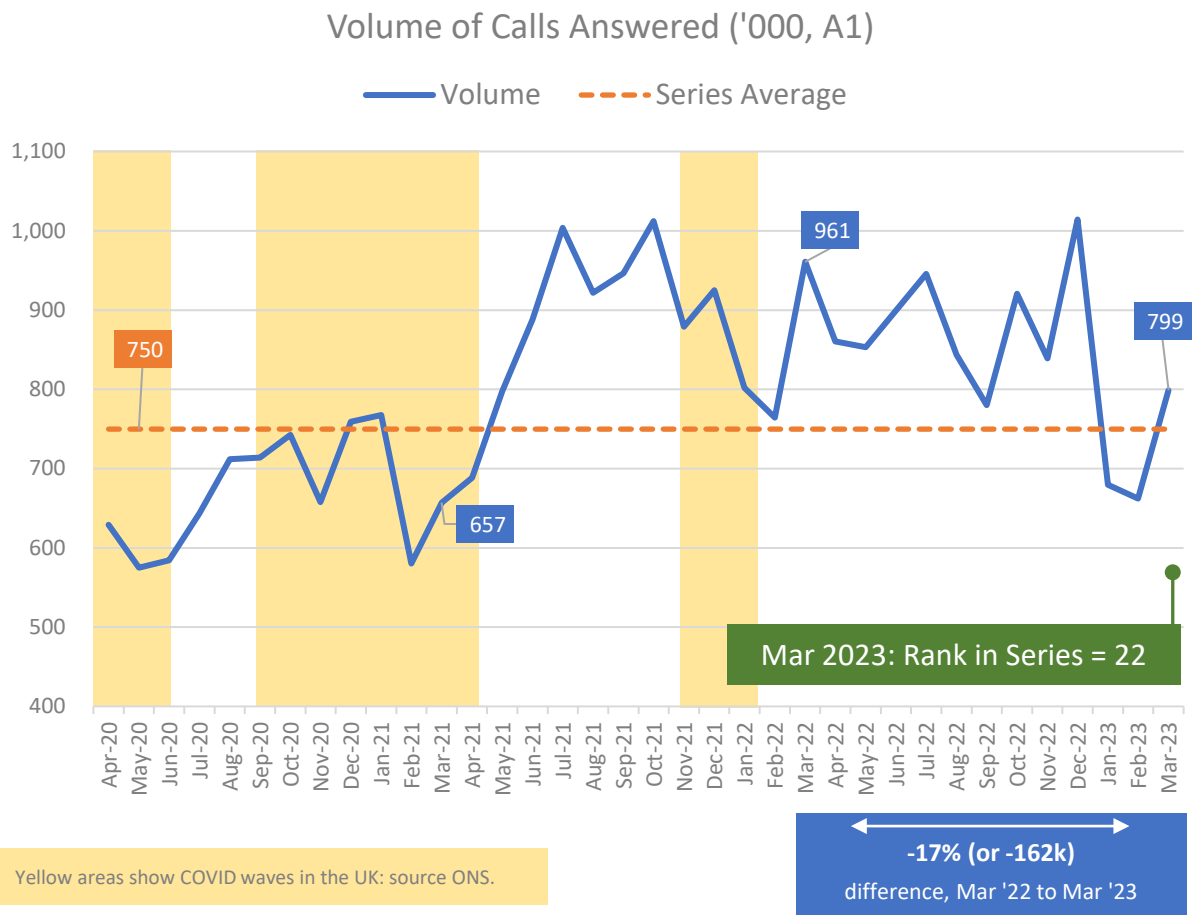
3. Annualised Data



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

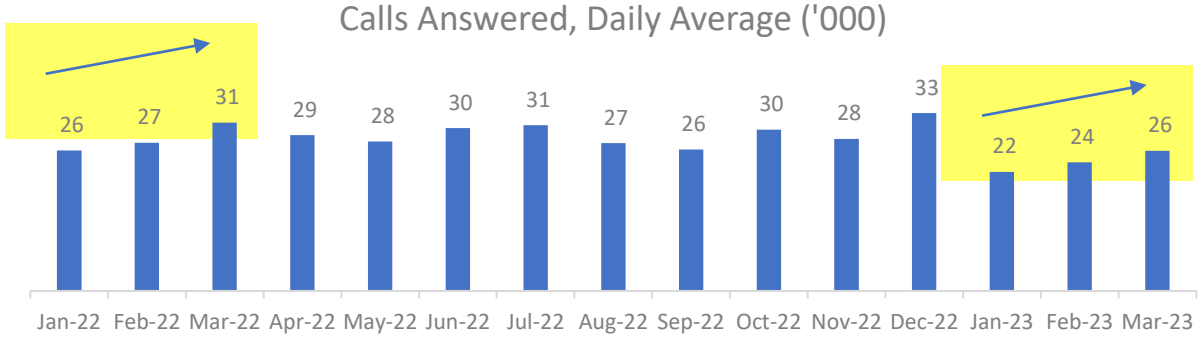
999-calls-answered reflects contacts overall, with a seasonal increase in March, but evidence of a slight easing in demand compared with the previous 12-months. However, volume of calls answered still exceeds that seen two years ago, with over two-million more calls answered in the 12-months to March 2023 than over the same period to March 2021.

1. Monthly

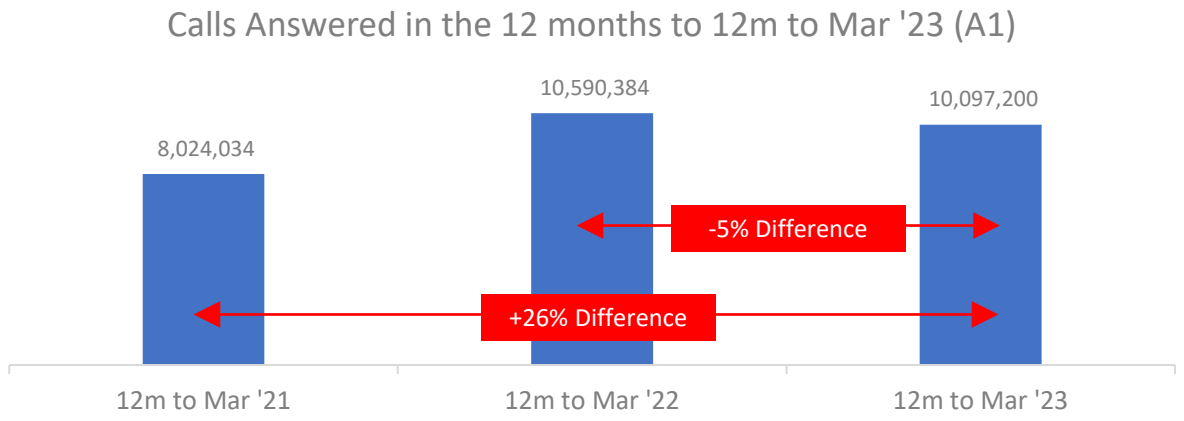


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



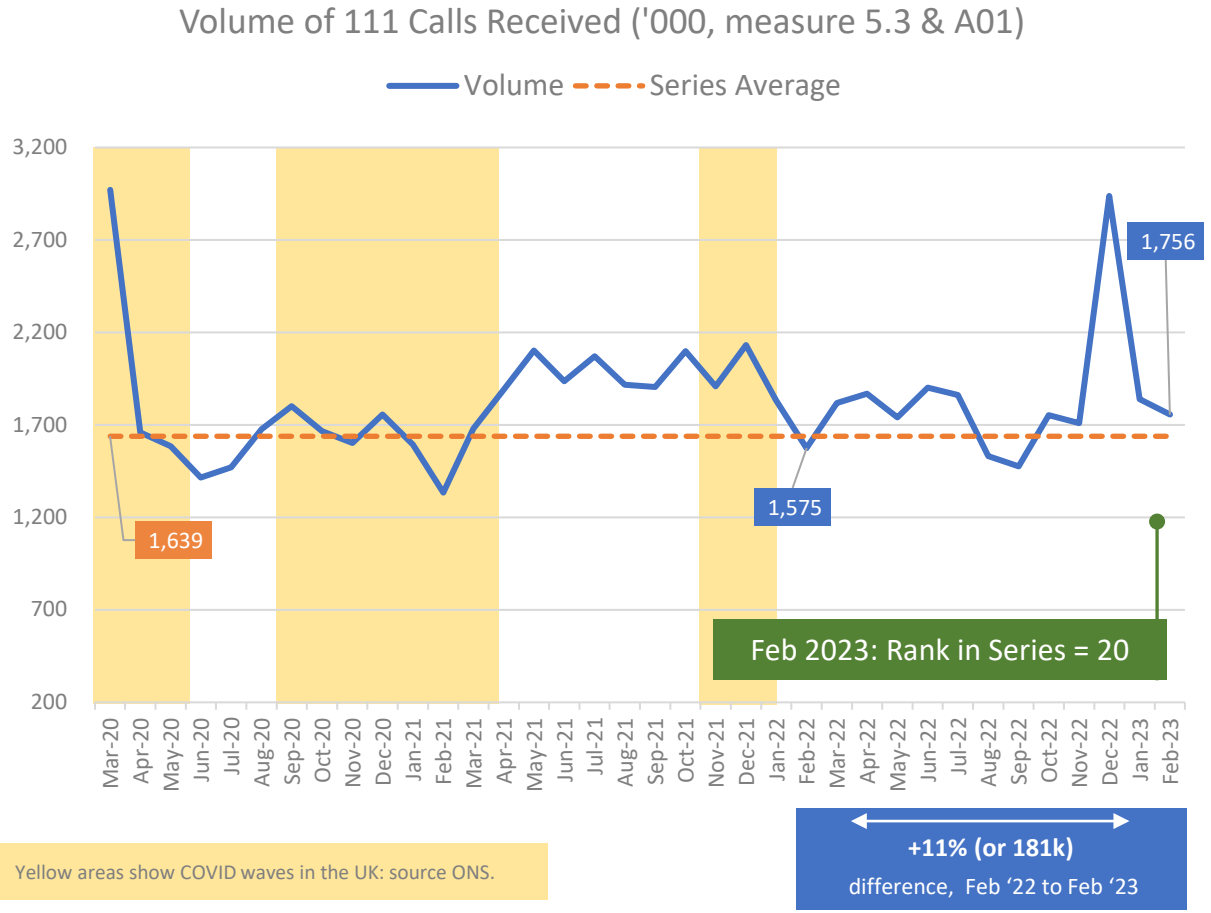
3. Annualised Data



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

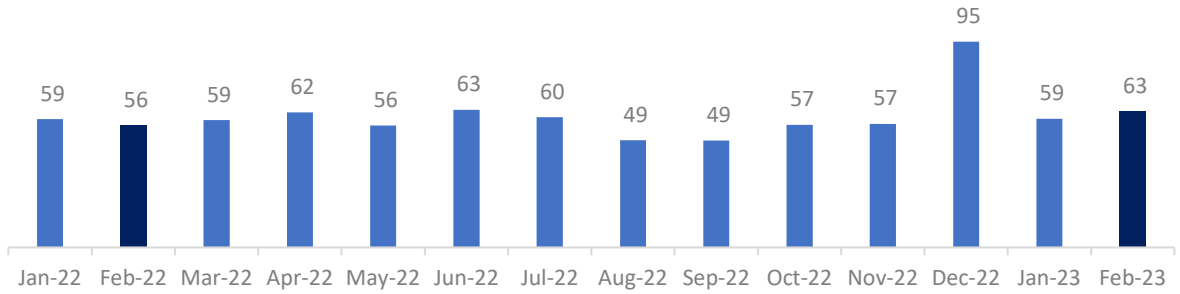
February 2023 saw a decrease in the monthly volume of 111-calls (a factor of the shorter month). However, at a daily level the average volume increased, and while the annualised volume show a slight decrease in demand compared with the previous 12-months, February 2023 itself saw a greater volume of calls than either of the previous two Februarys.

1. Monthly

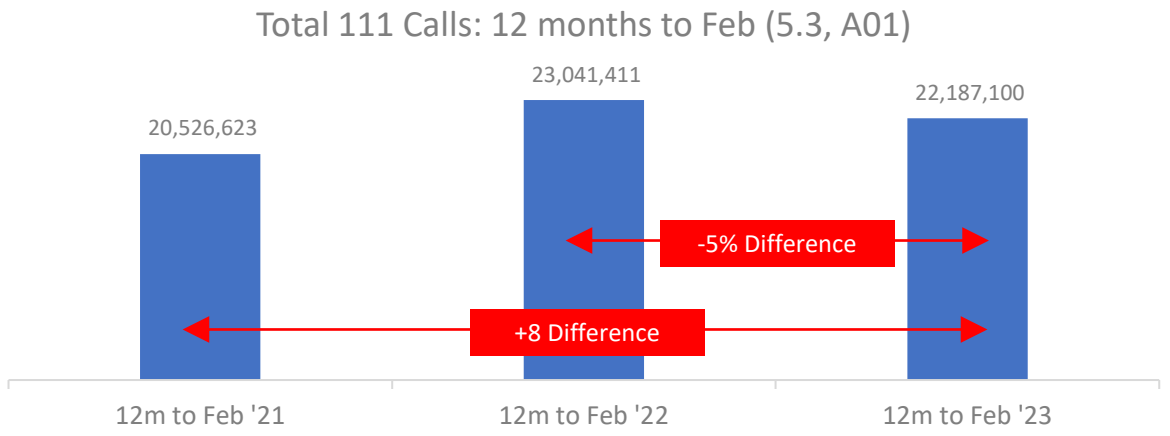


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



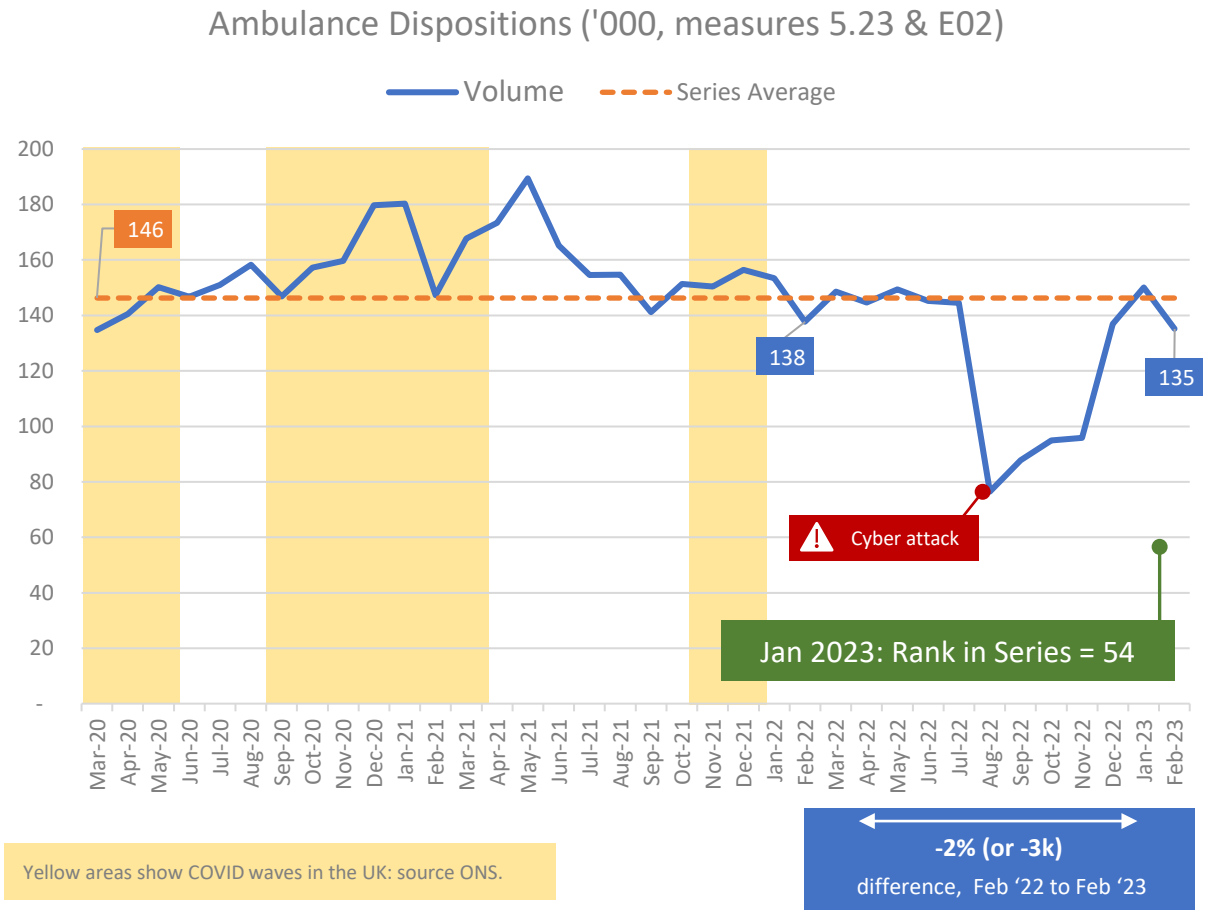
3. Annualised Data



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

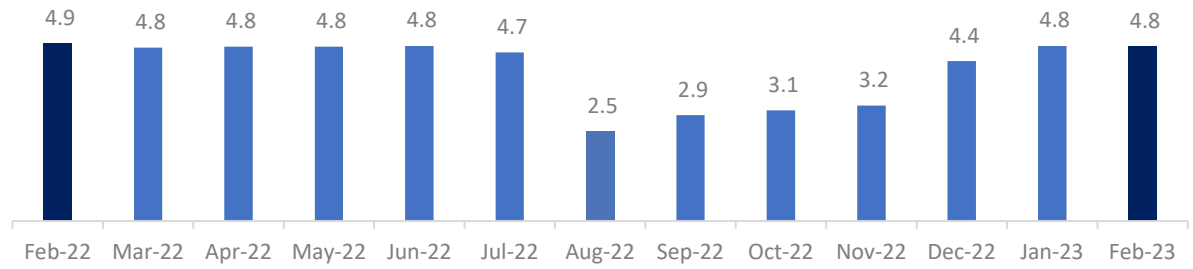
The monthly volume of 111 calls referred to the ambulance service increased decreased in February 2023, but the daily average remained similar to January, at around five-thousand each day. While the annualised volume is now lower than the two previous periods, the proportion of dispositions as a percentage of 111-calls answered remains a steady ten-percent (not shown).

1. Monthly

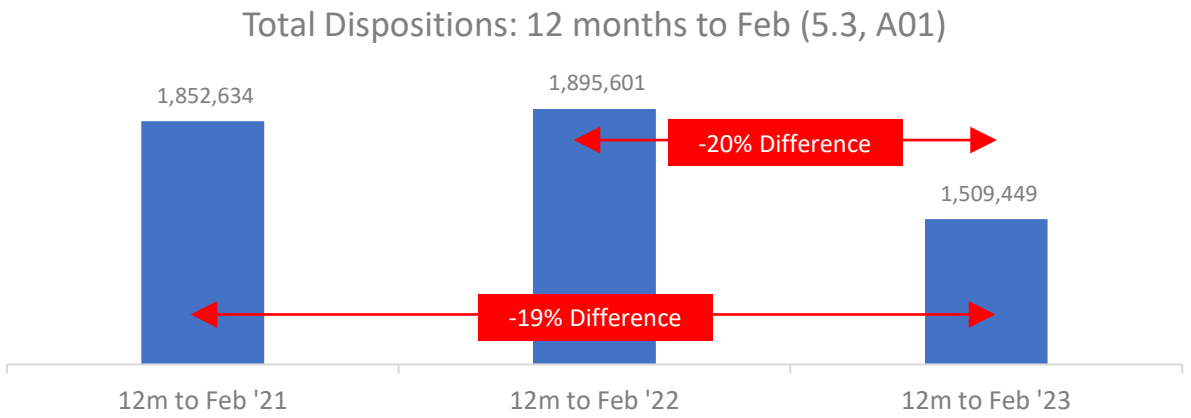


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



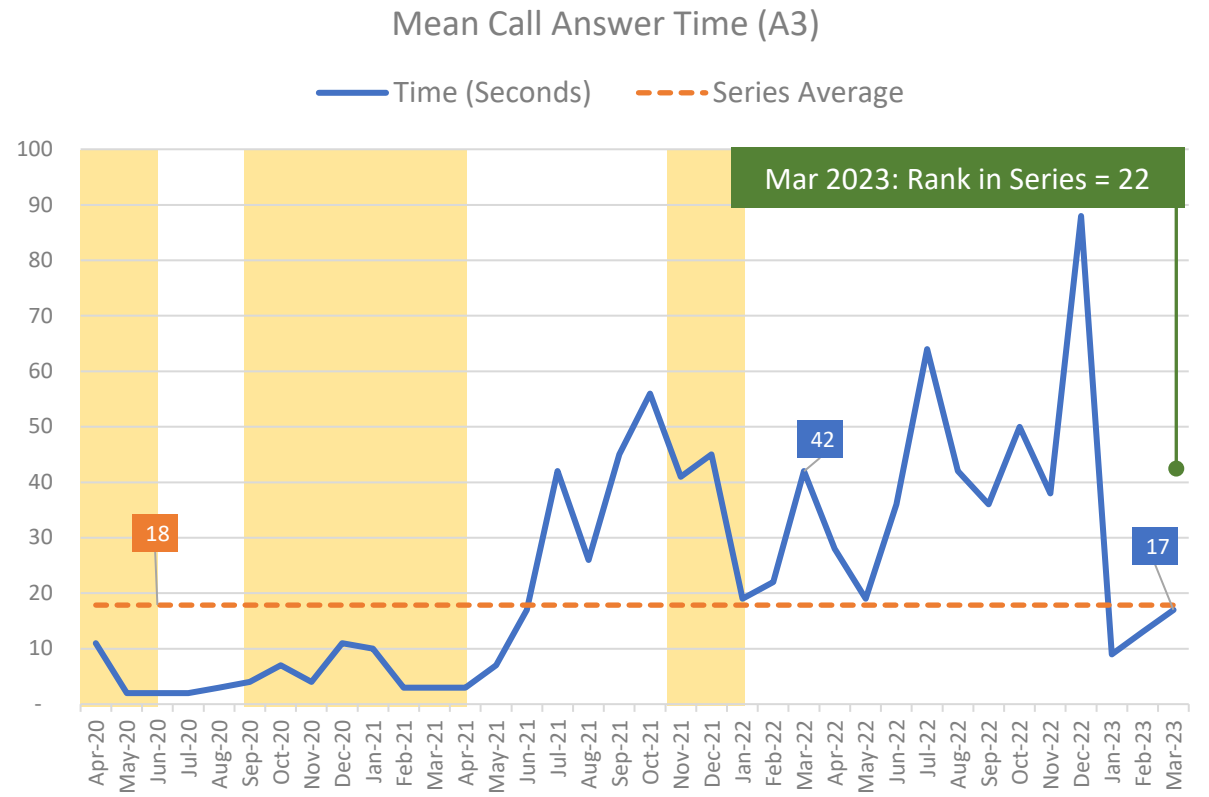
3. Annualised Data



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

The mean call-answer increased five-seconds in March, reaching 17-seconds: this is significantly faster than March 2022 (42 seconds) and remains below the series average of 18-seconds for the third consecutive month. The 95th Centile measure follows a similar pattern – although in this case the most recent answer-time of 93-seconds exceeds the series average by over ten-seconds.

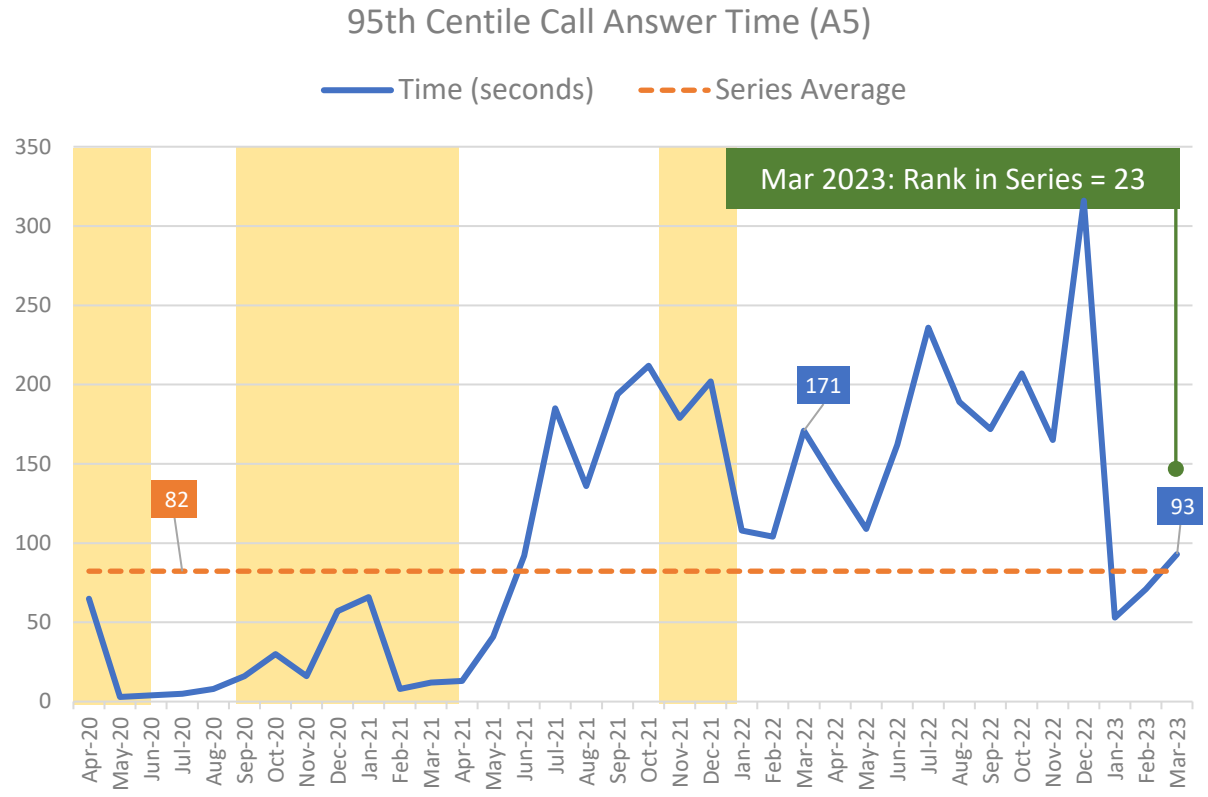
1. Mean



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

-25 seconds
difference, Mar '22 to Mar '23

2. 95th Centile



-78 seconds
difference, Mar '22 to Mar '23

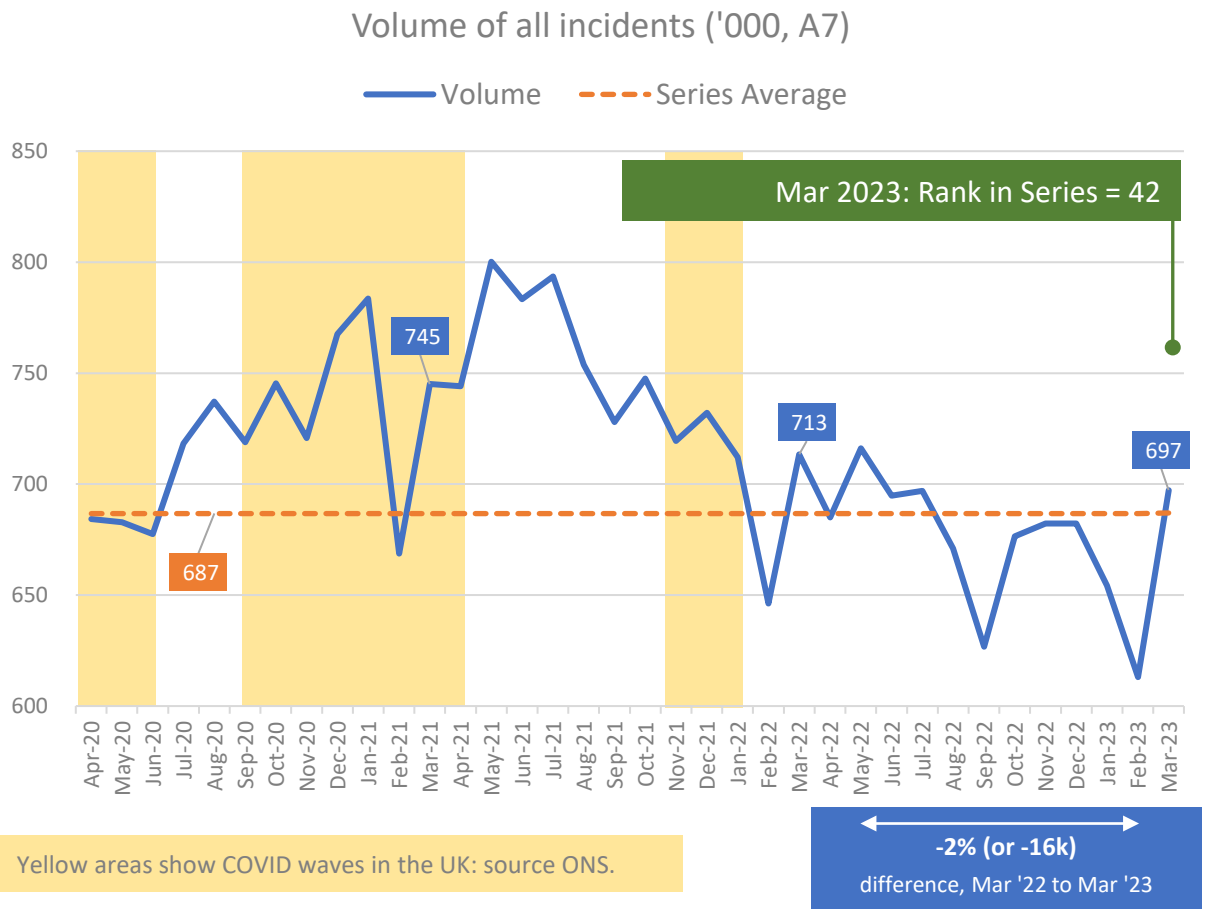
Section 2

Incidents and Response Time, by Category

10. Demand: All Incidents (A7)

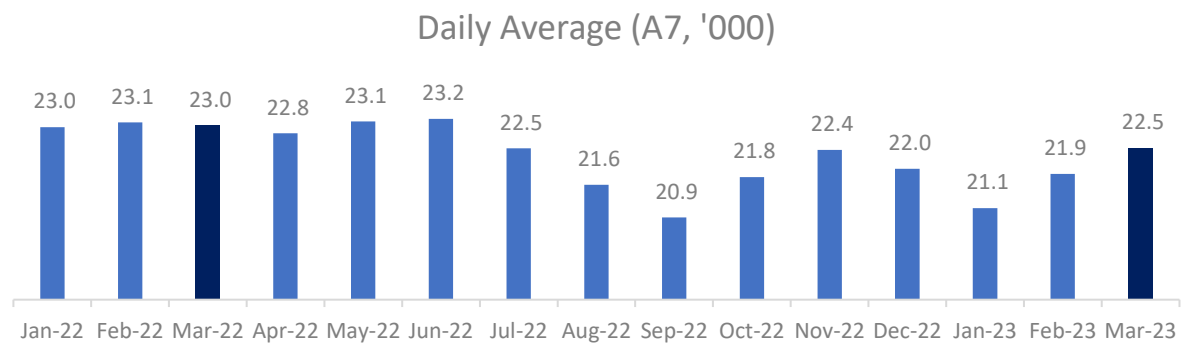
While February 2023 represented the lowest monthly volume of incidents since 2018, March saw volume increase by 84k to reach 697k, the highest in nine-months. The daily average increased for the second consecutive month. The annualised data show around 800k fewer incidents in the 12-months to March 2023 when compared with the same period last year.

1. Monthly volume of Incidents and Proportion that are C1

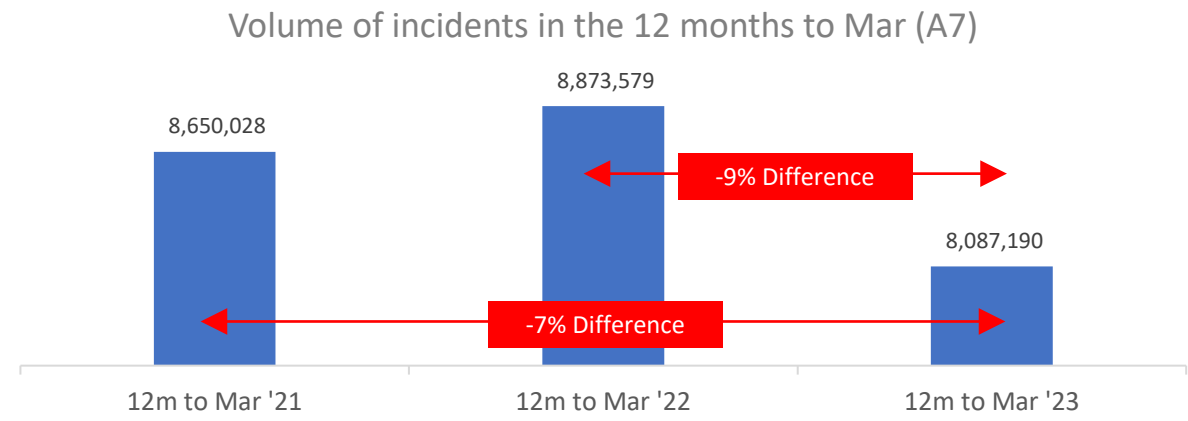


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



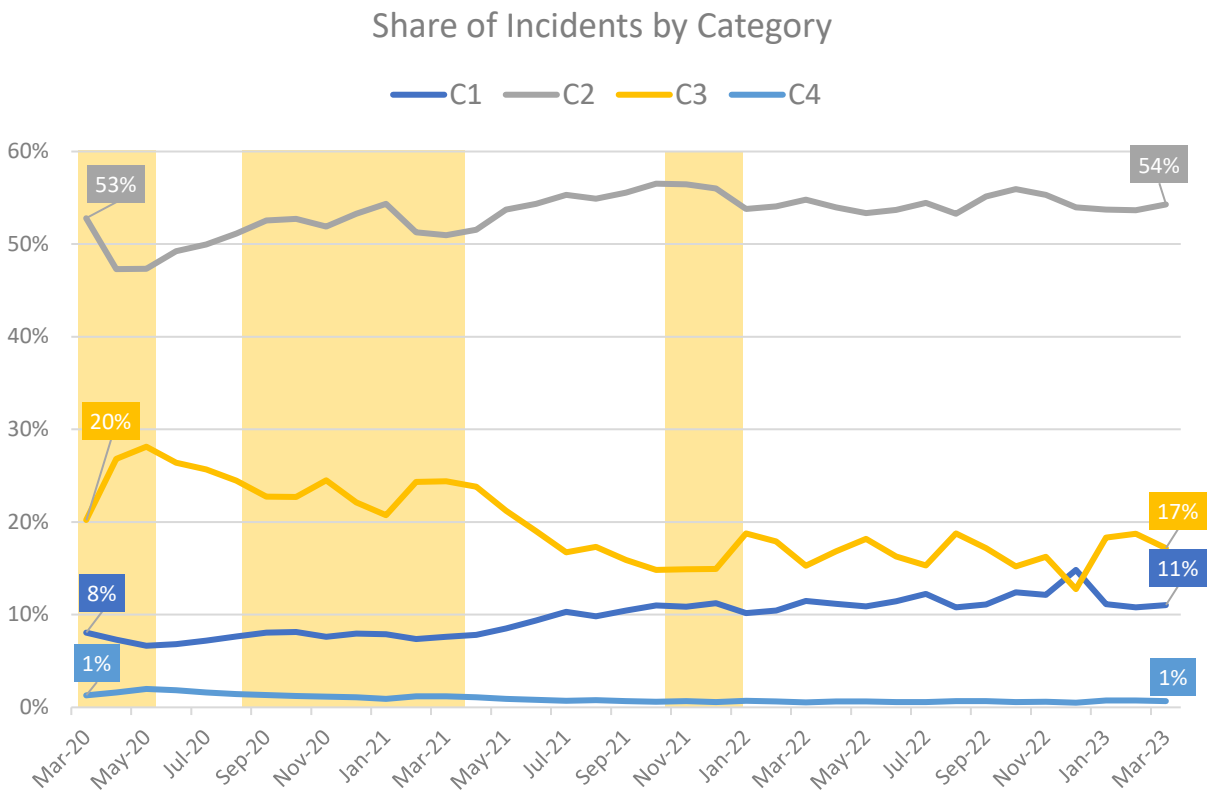
3. Annualised Data



11. Demand: Share of Incidents by Category

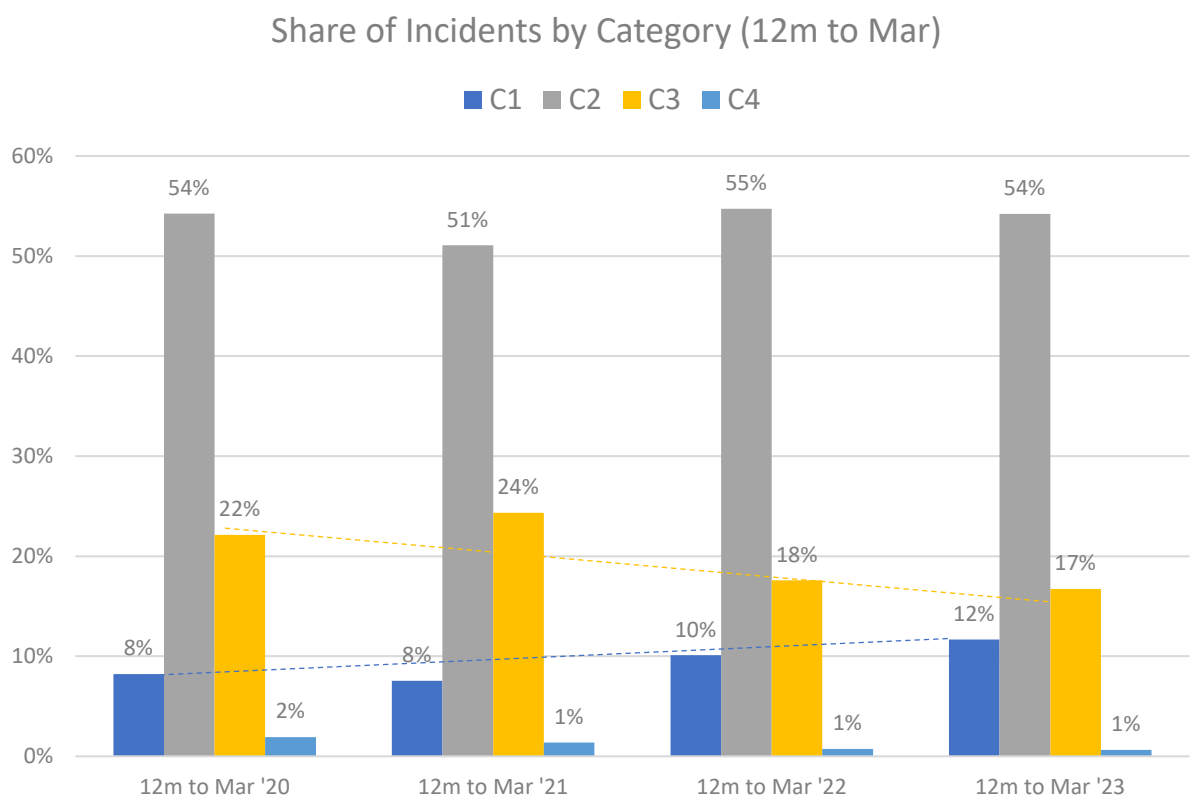
The distribution of incidents by type remained largely unchanged between February and March 2023. Cat-1 continues to account for just over one-in-ten incidents, with this share growing over time. The greatest month-on-month change was for Cat-3 incidents which dropped from 19% in February to 17% in March.

1. Monthly



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

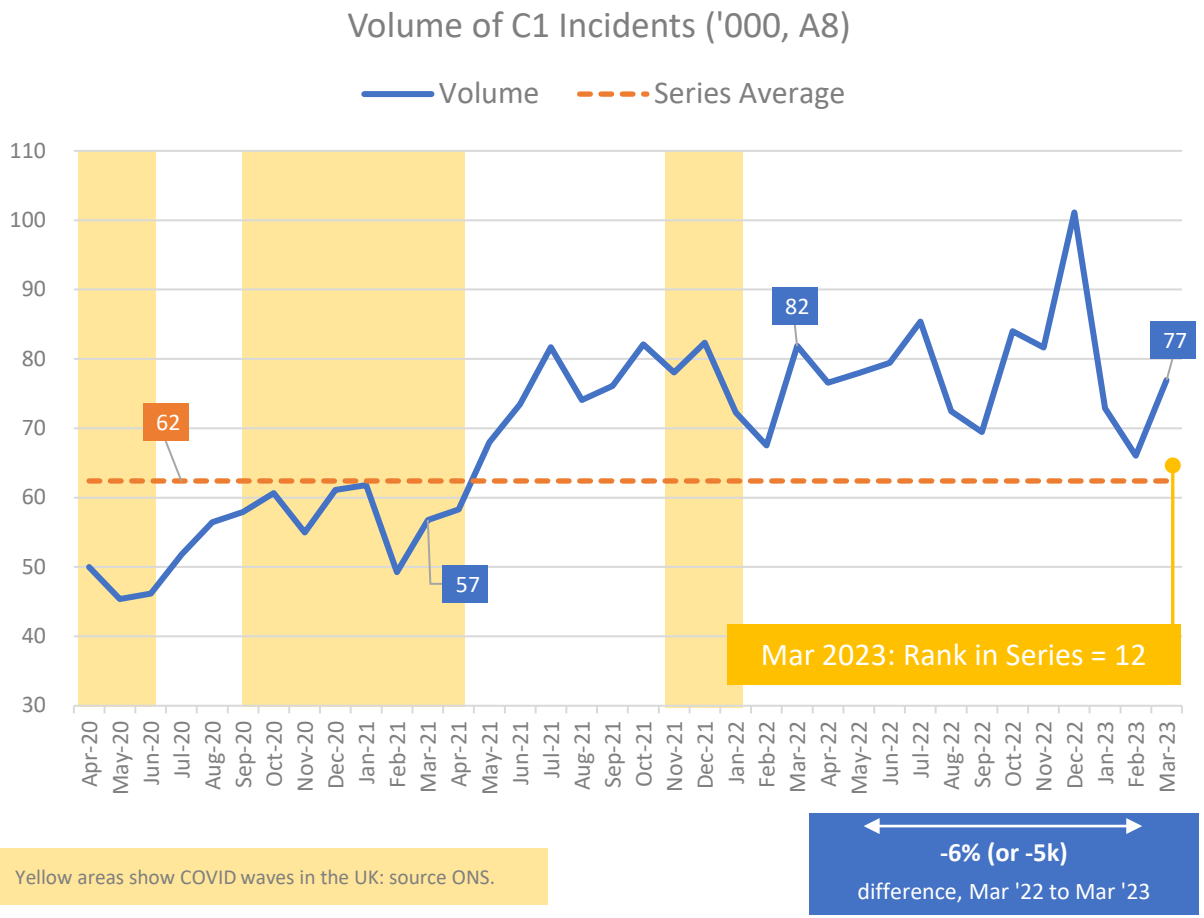
2. Annualised Data



12. Demand: C1 Incidents (A8)

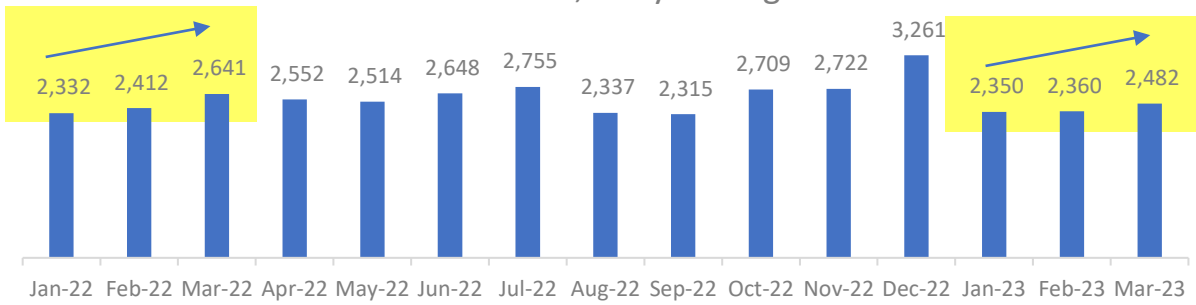
Volume of Cat-1 incidents have increased between February and March for the past three years. The most recent data saw an increase of 11-thousand across the month (the 12th highest to date), with the daily average increasing for the second consecutive month. This is the only category of incident to increase volume over time: there were around 300-thousand more incidents in the most recent period compared with the same period two years previously.

1. Monthly

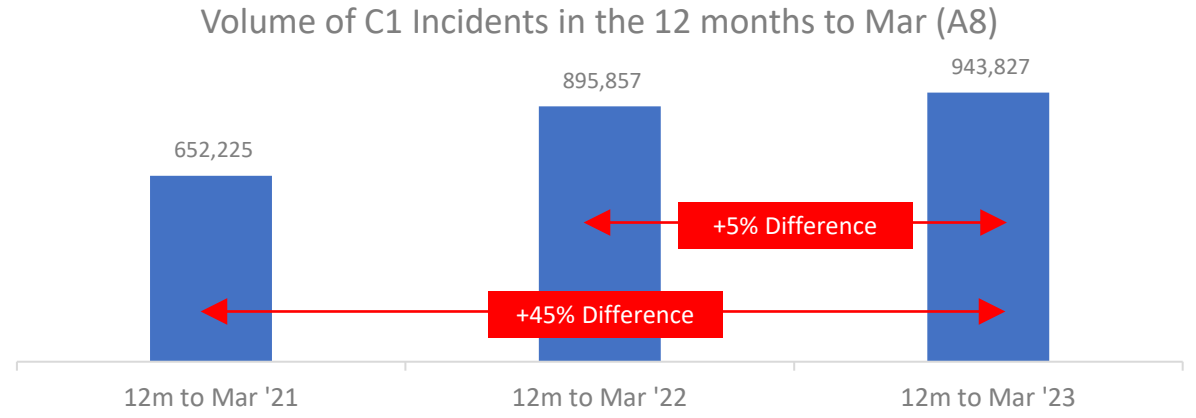


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



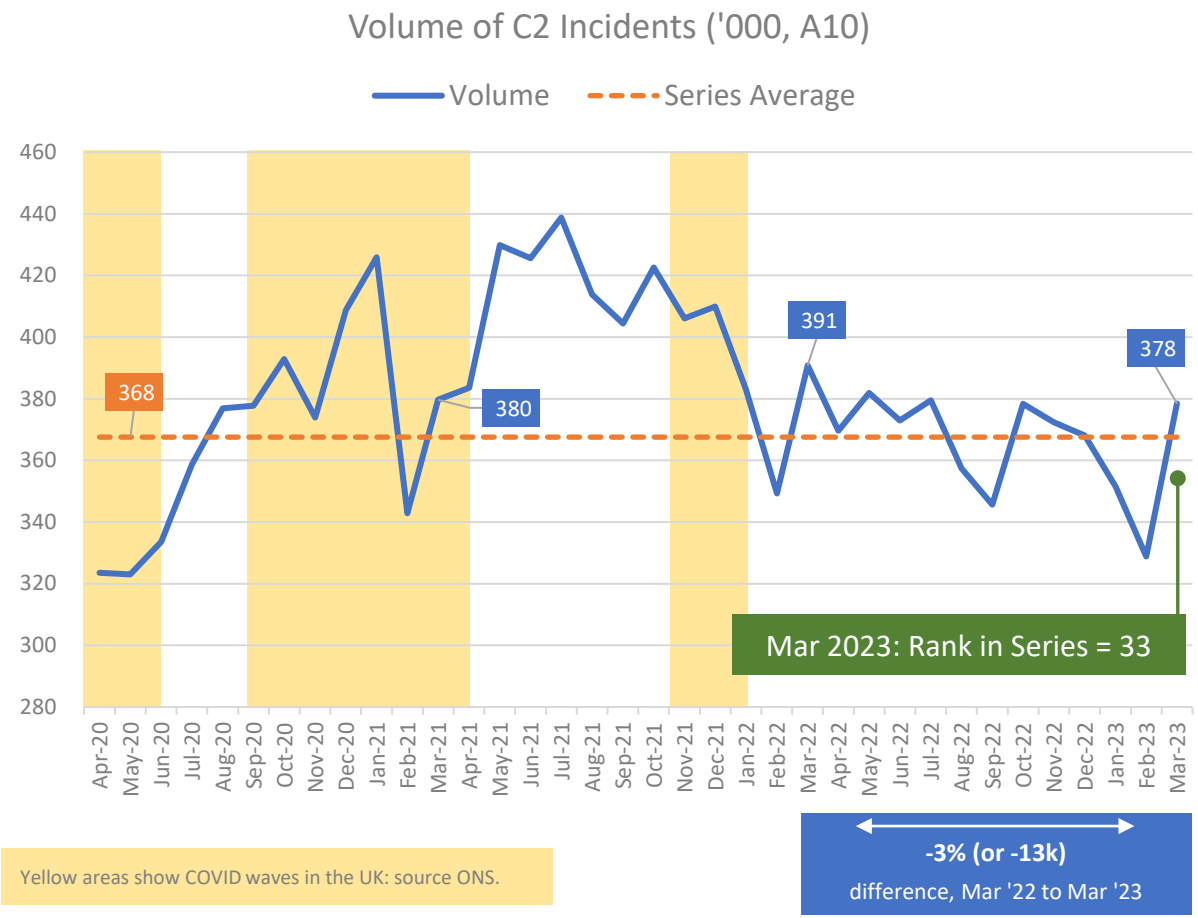
3. Annualised Data



13. Demand: C2 Incidents (A10)

Cat-2 follows the seasonal trend seen above: monthly volume increased steeply in March, while the average daily figure grew for the second consecutive month. Overtime, this category has a more uneven trend compared with Cat-1: the most recent period has around 500-thousand fewer incidents than the same time last year, but just 33-thousand fewer than the 12-months to March 2021.

1. Monthly



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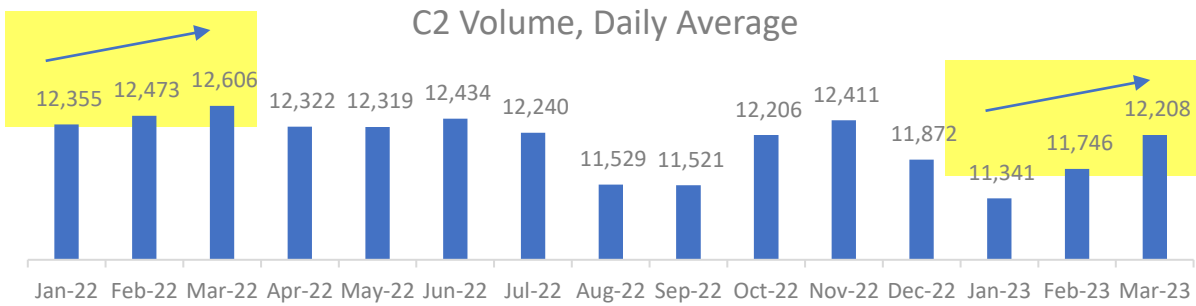
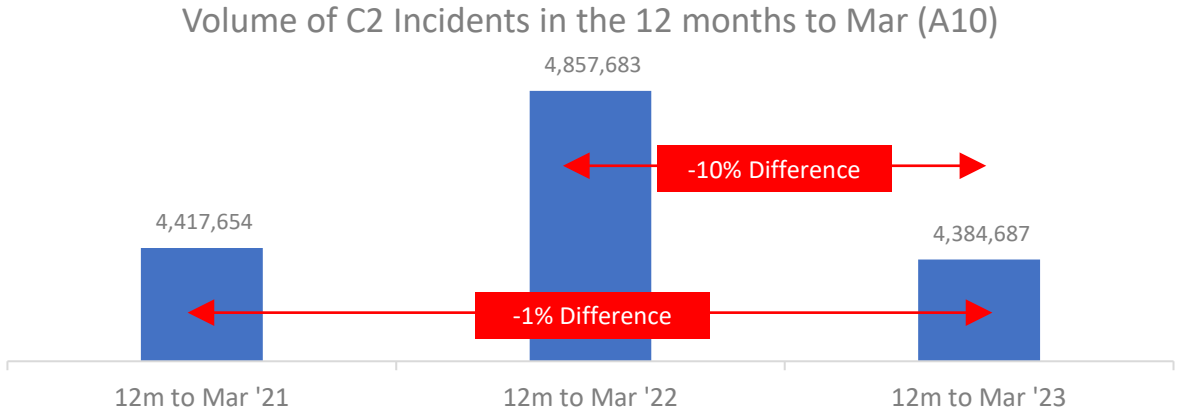
2. Daily Average



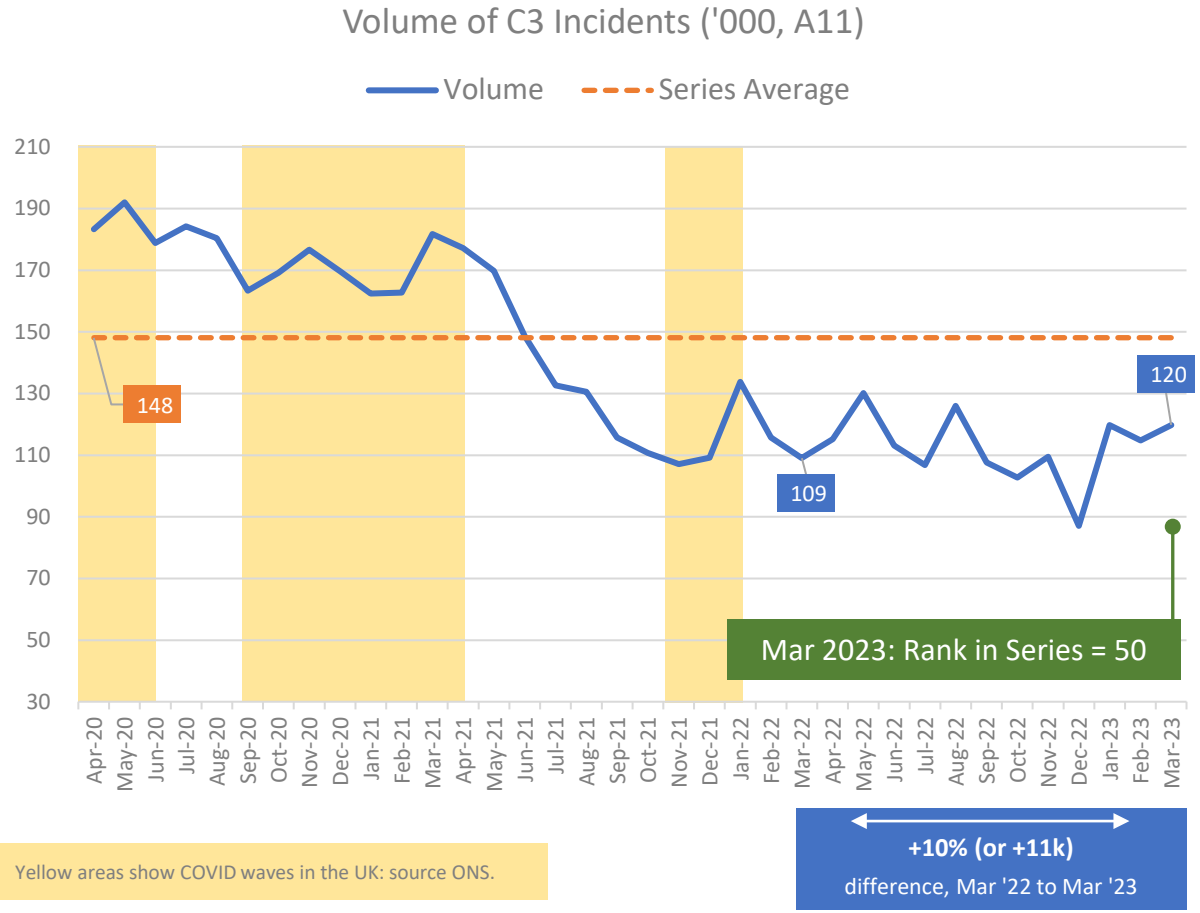
3. Annualised Data



14. Demand: C3 Incidents (A11)

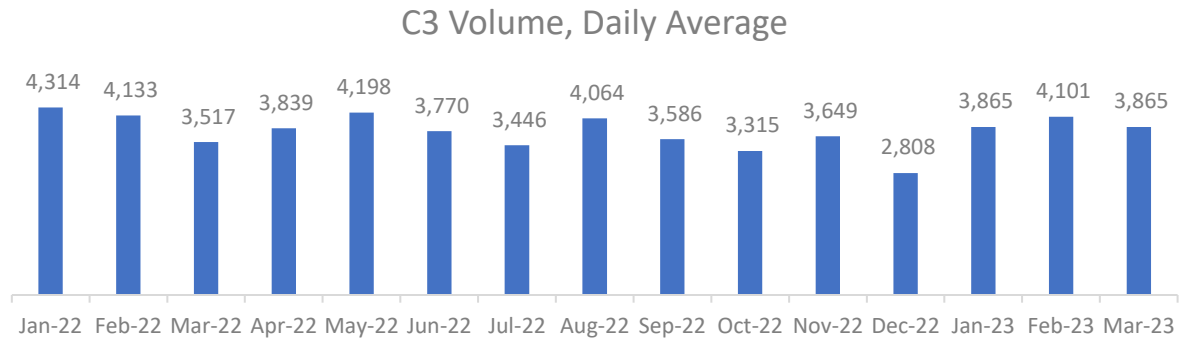
While the monthly volume of Cat-3 incidents increased in March (and was 11k greater than March 2022), the daily average dropped. The category is decreasing in volume over time: annualised data show around 200-thousand fewer incidents than the same period last year, and over 750-thousand fewer than the same period two-years ago.

1. Monthly

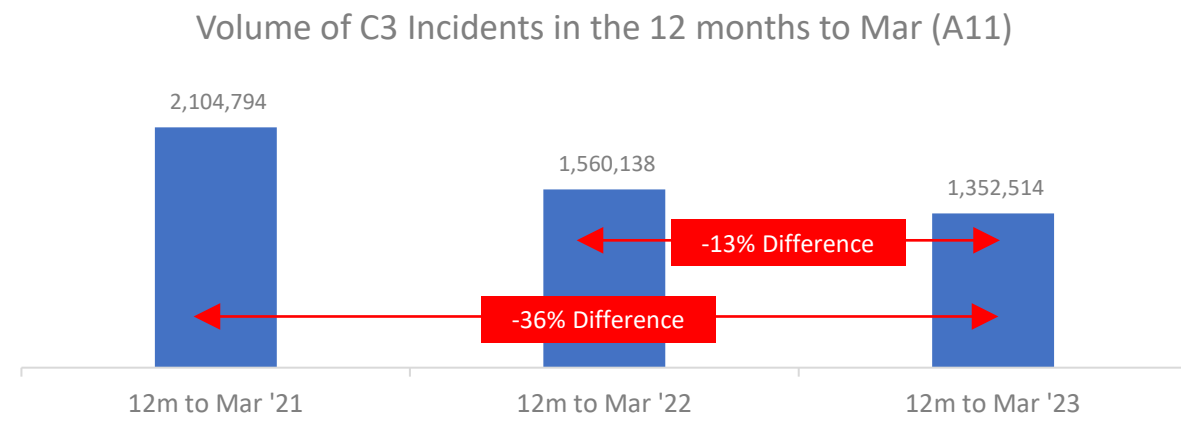


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



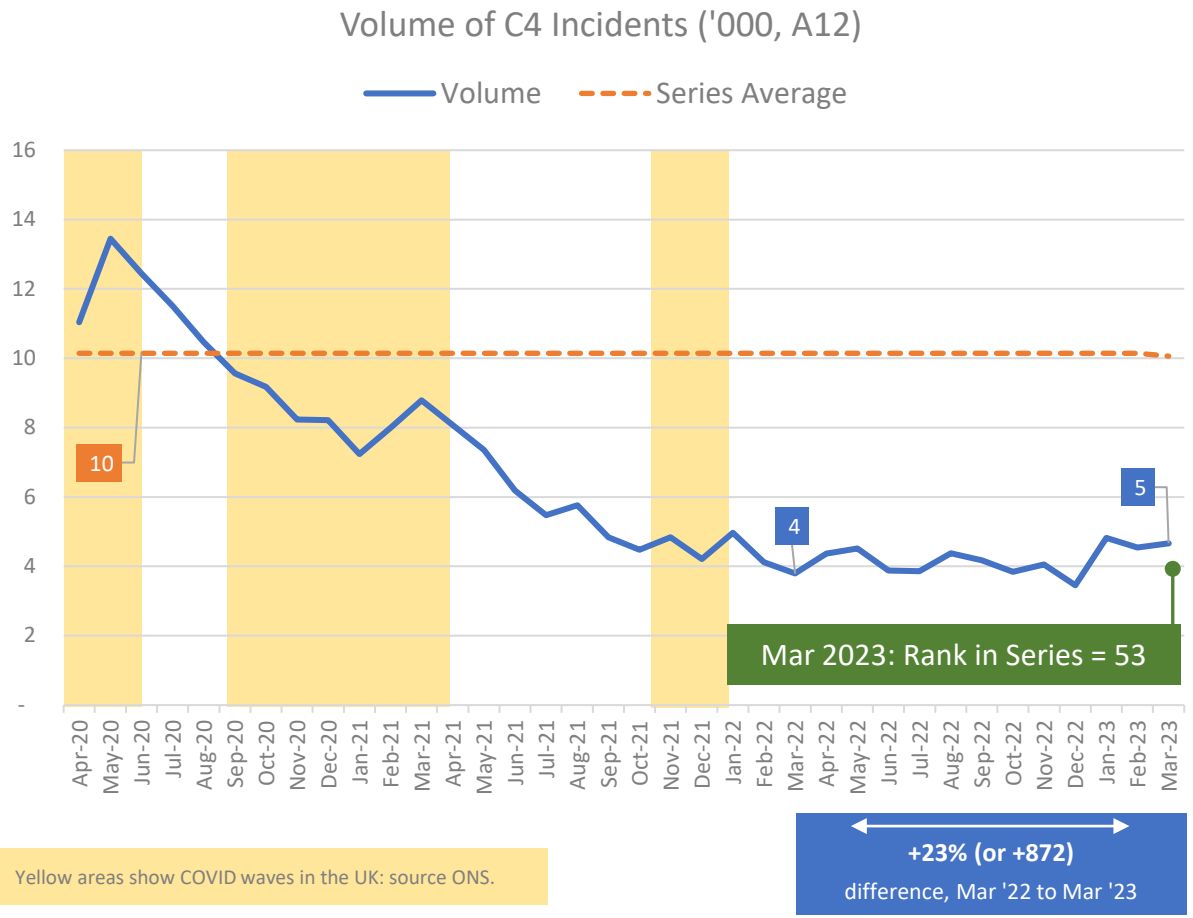
3. Annualised Data



15. Demand: C4 Incidents (A12)

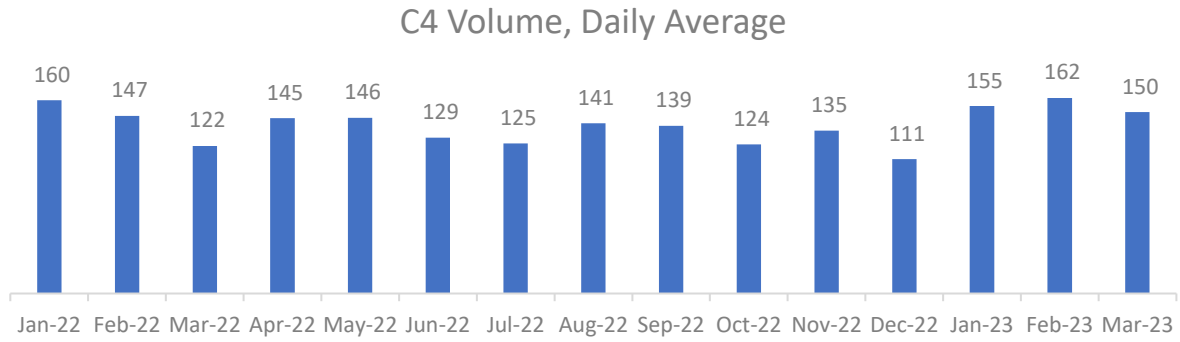
As with Cat-3 incidents, Cat-4 saw monthly volume increase slightly in March 2023, exceeding the same month last year by over 800 incidents, but also recording a decrease in the daily average. The category continues to shrink, with less than half the volume of incidents in the most recent 12-month period compared with two-years previously.

1. Monthly

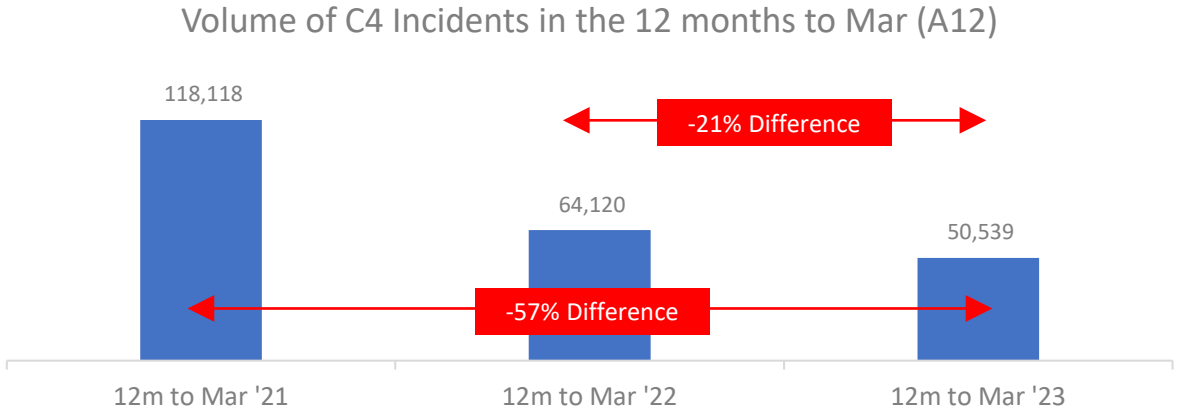


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



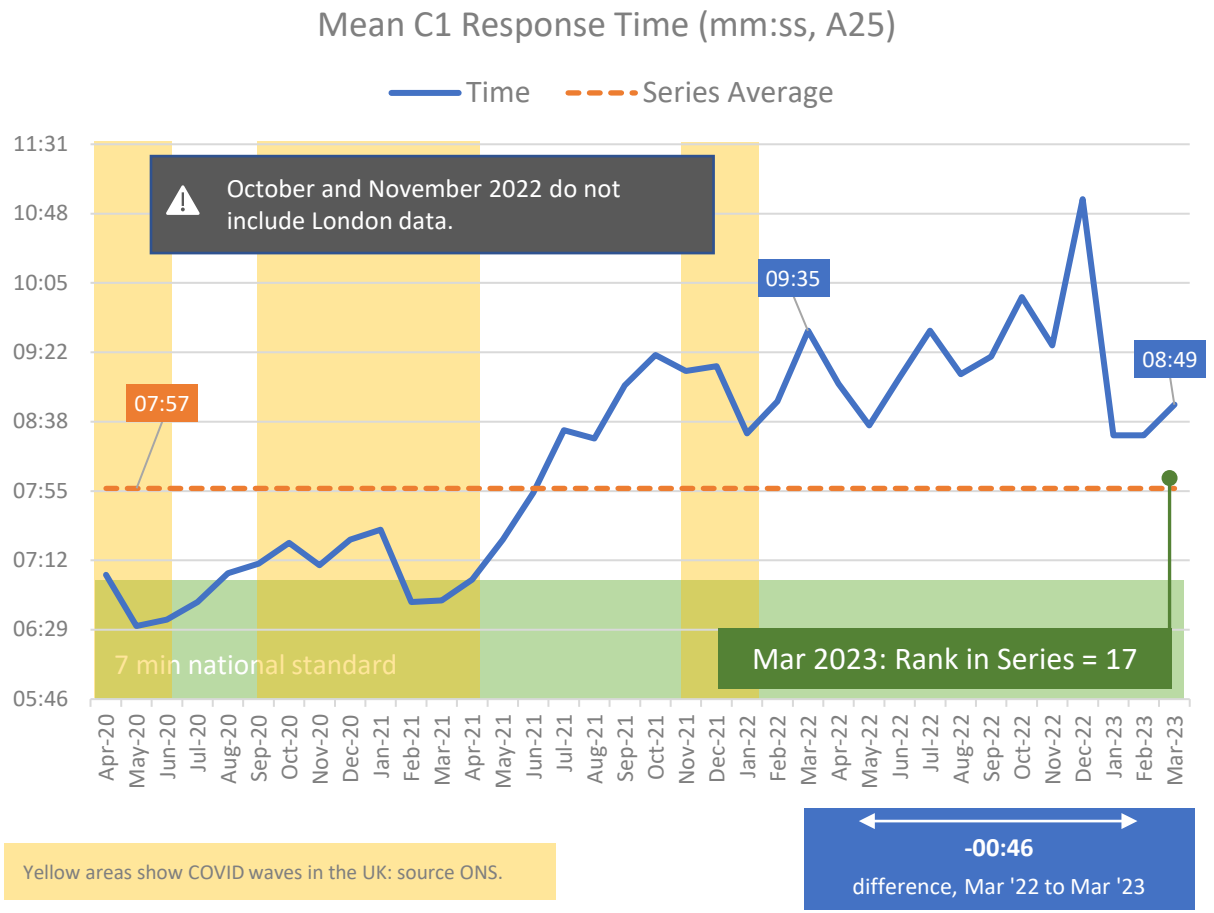
3. Annualised Data



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

Both Mean and 90th Centile Cat-1 response times increased in March. The Mean was slower by 17-seconds compared with February, and the 90th Centile slower by 32-seconds. While both measures remain above their respective national standards, the most recent data show faster times than March 2022

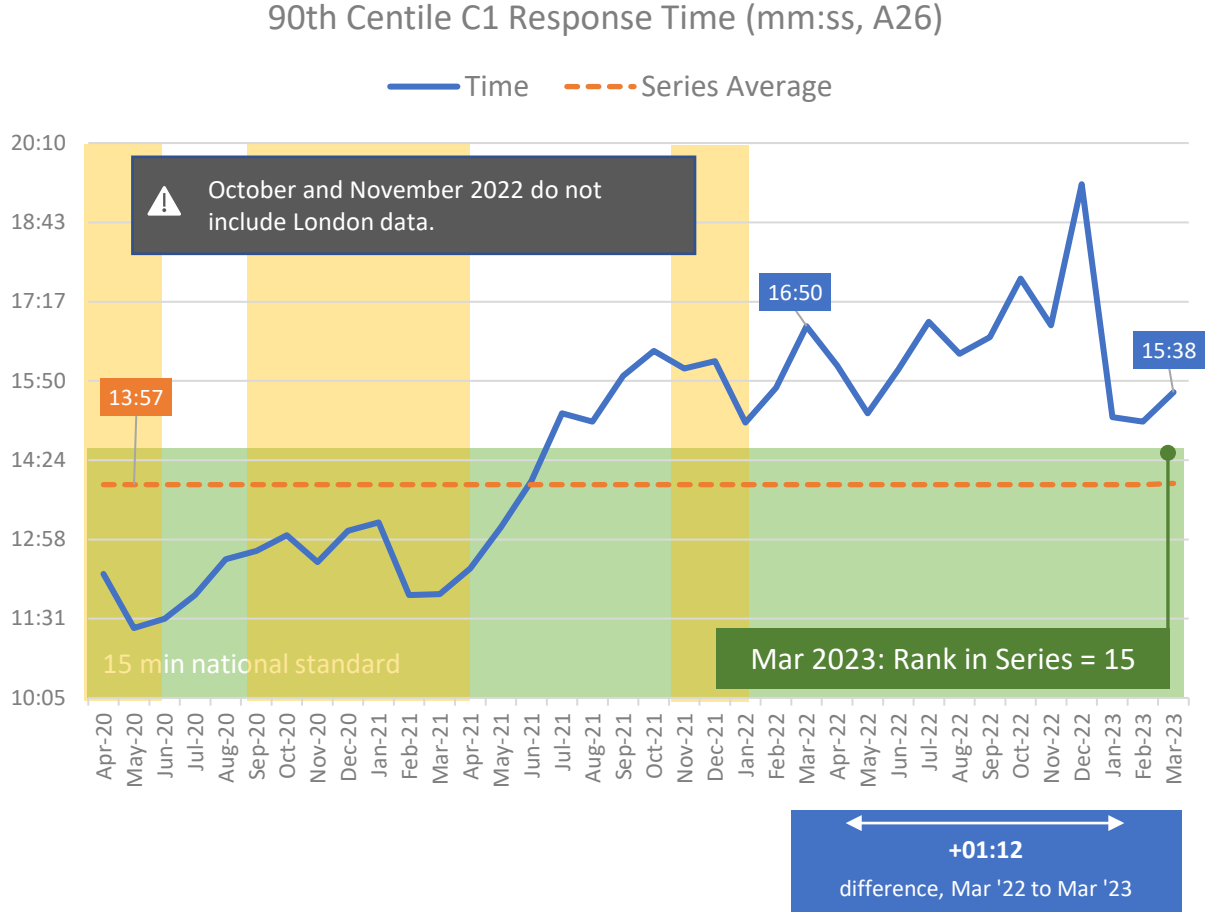
1. Mean



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

-00:46
difference, Mar '22 to Mar '23

2. 90th Centile

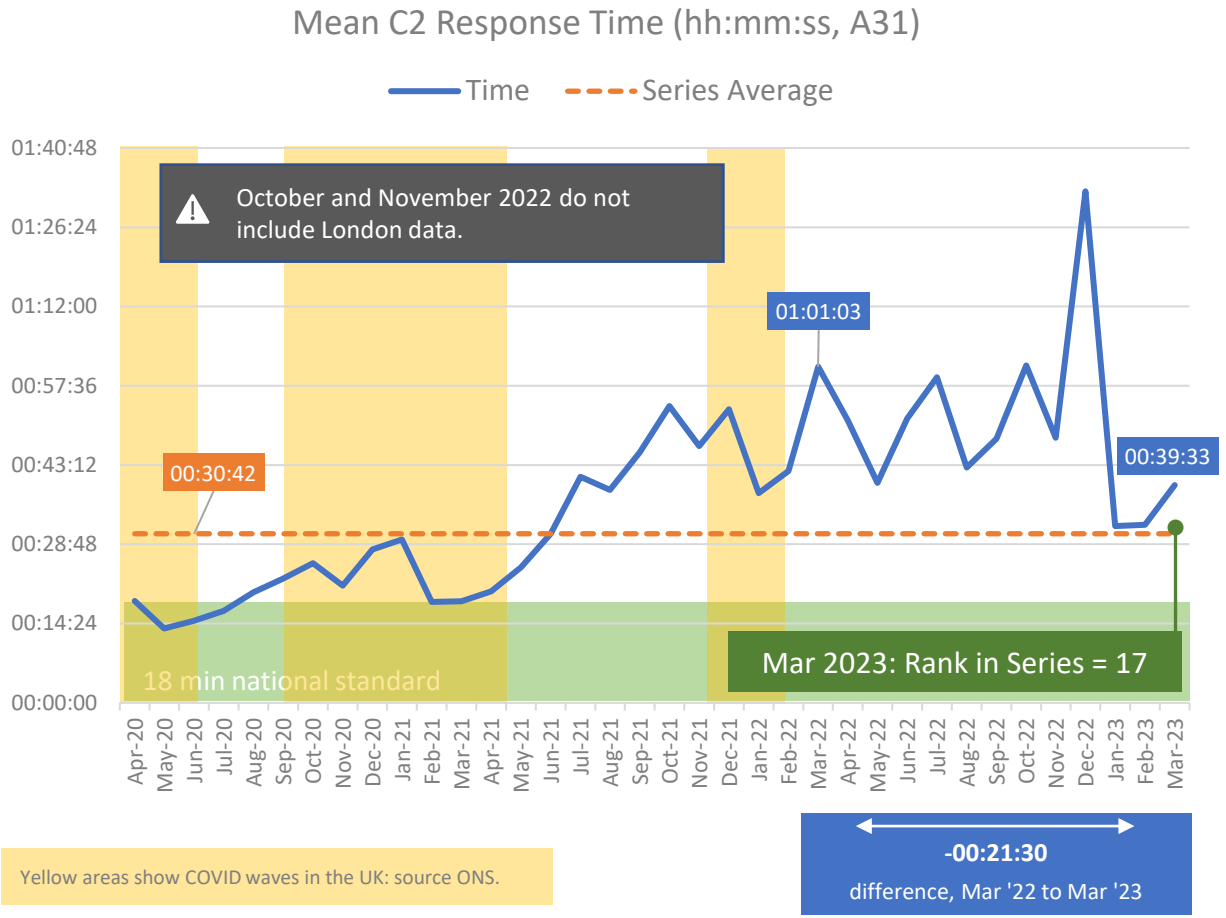


+01:12
difference, Mar '22 to Mar '23

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

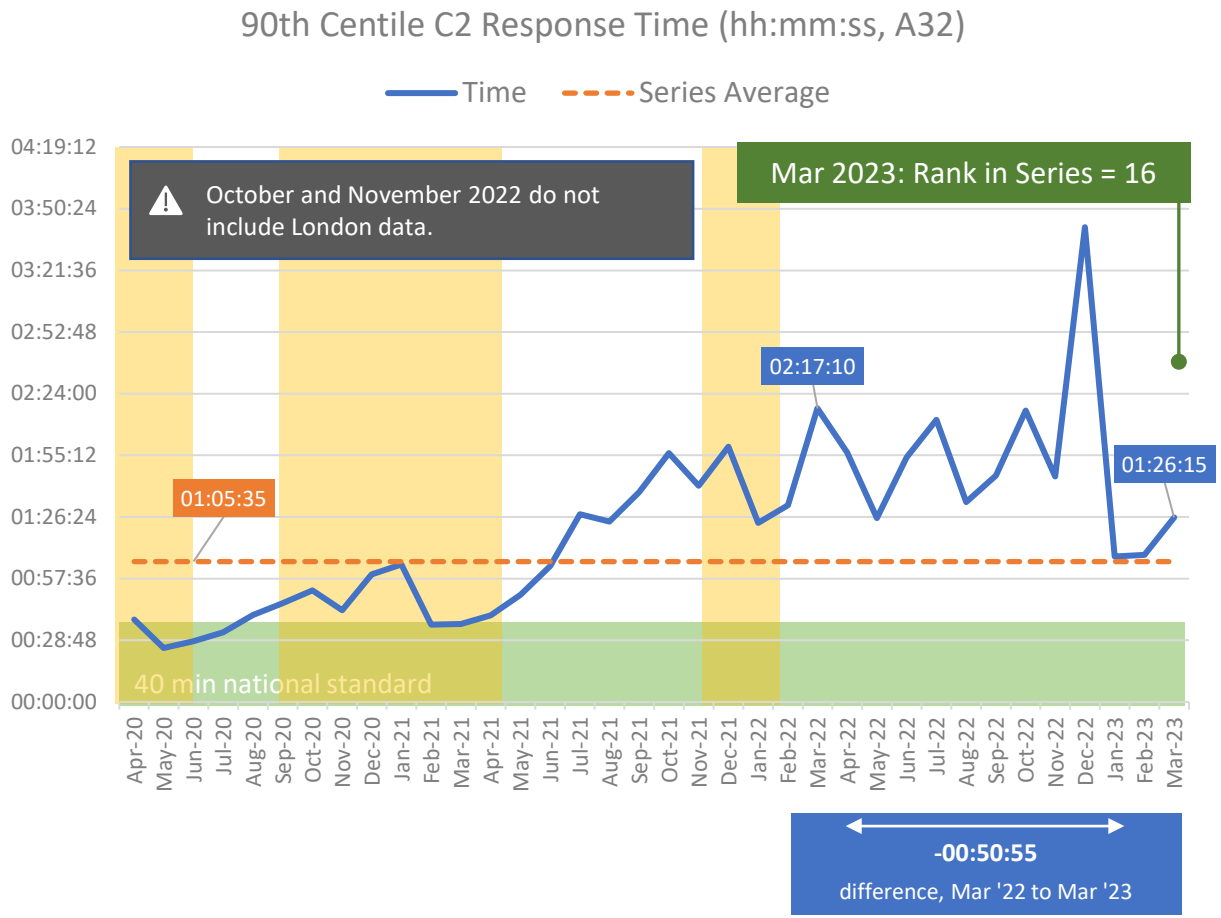
Like Cat-1 response times, both key measures for Cat-2 incidents saw an increase in March 2023, but remain well below the response times seen in March 2022. Despite this, both remain well above their respective national standard: the Mean time was 21-minutes slower than its standard of 18-minutes, and the 90th Centile was 46-minutes slower than its 40-minute standard.

1. Mean



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

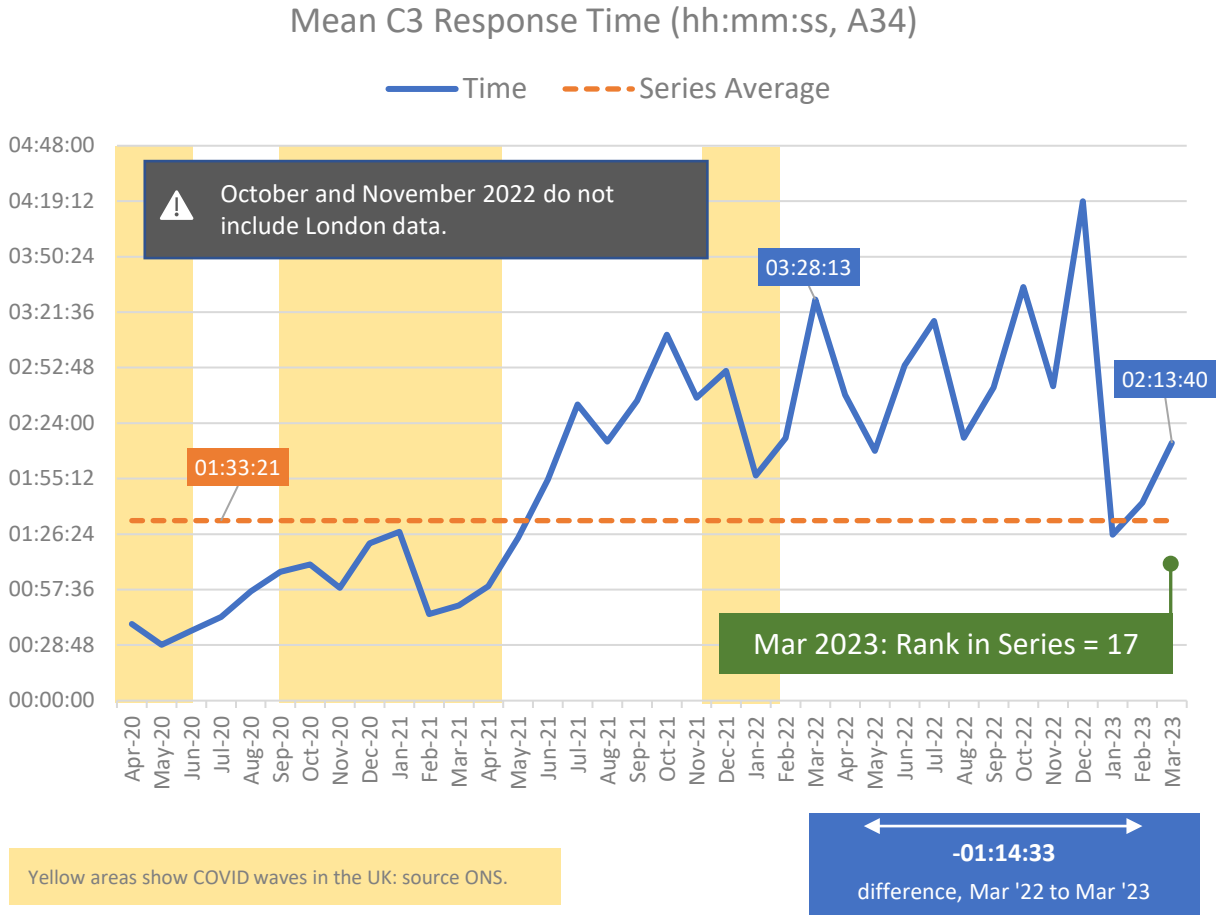
2. 90th Centile



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

Cat-3 response times increased in March by 31-minutes (Mean) and over one-hour (90th Centile) respectively. As seen above, the most recent response times are notably faster than those seen in March 2022, but remain well above their series averages and, in the case of the 90th Centile measure, over three-hours slower than the national standard.

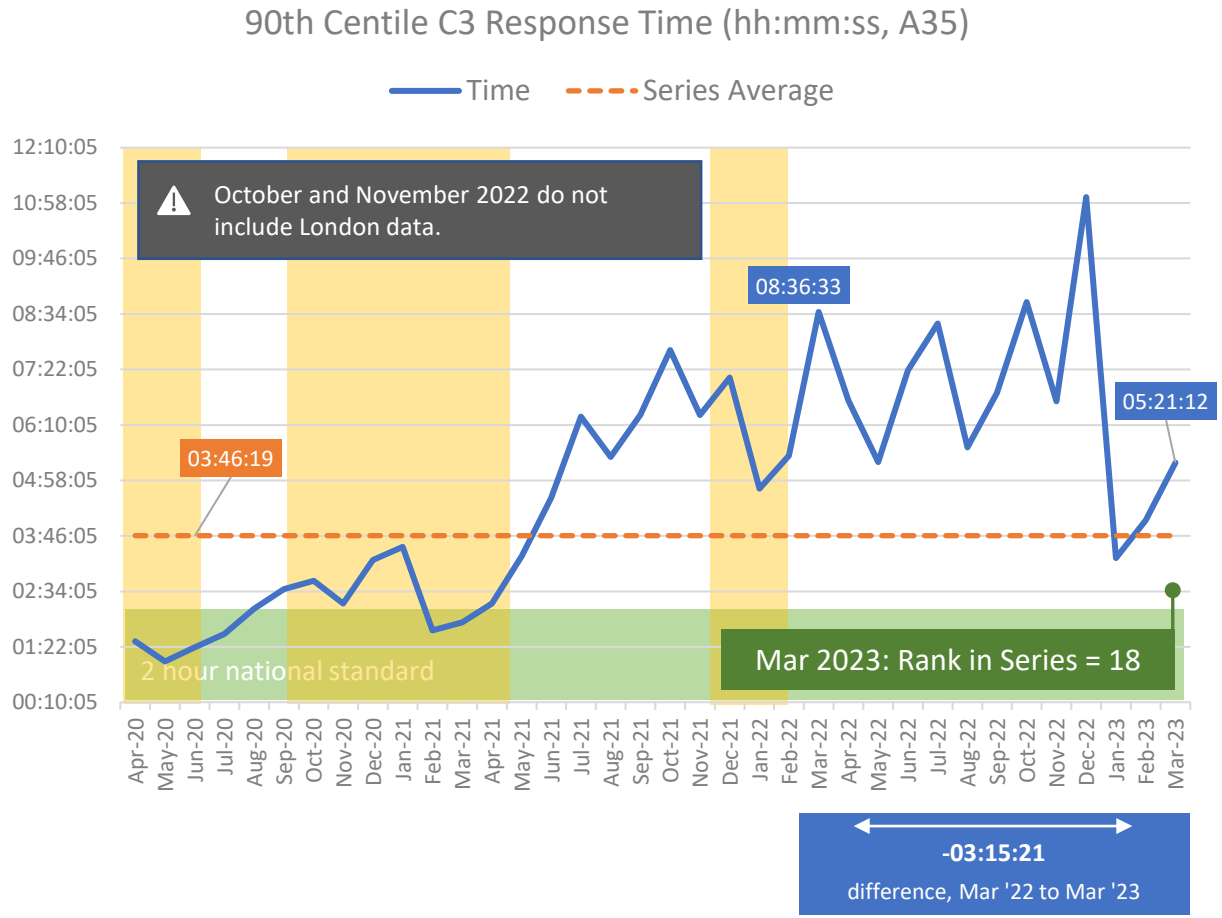
1. Mean



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

-01:14:33
difference, Mar '22 to Mar '23

2. 90th Centile

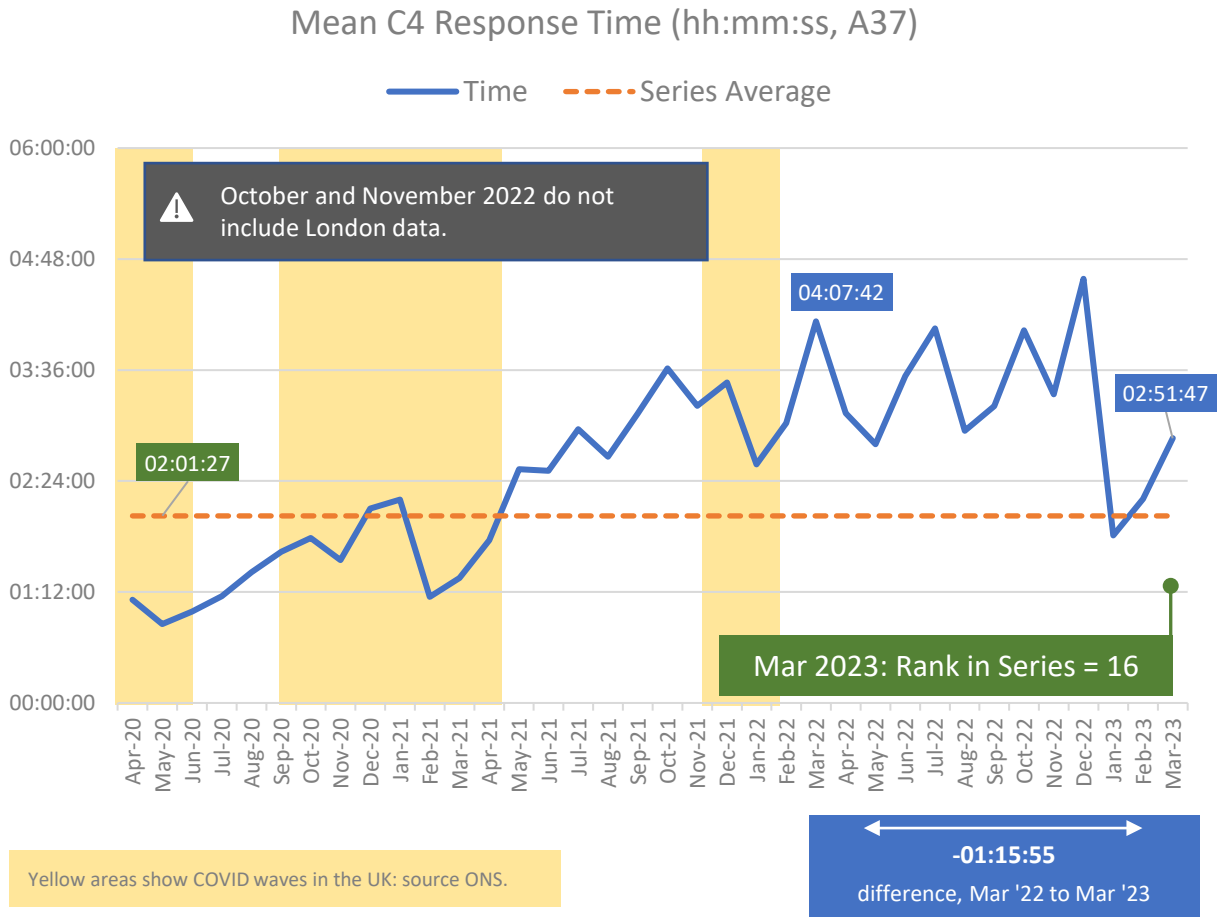


-03:15:21
difference, Mar '22 to Mar '23

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

Both Cat-4 response measures increased by around 40-minutes in March 2023: as with response times for other categories this month – both are somewhat faster than the time recorded in March 2022. However, the mean time remains around 50-minutes slower than the series average, and the 90th Centile time is double that of its national standard of three-hours.

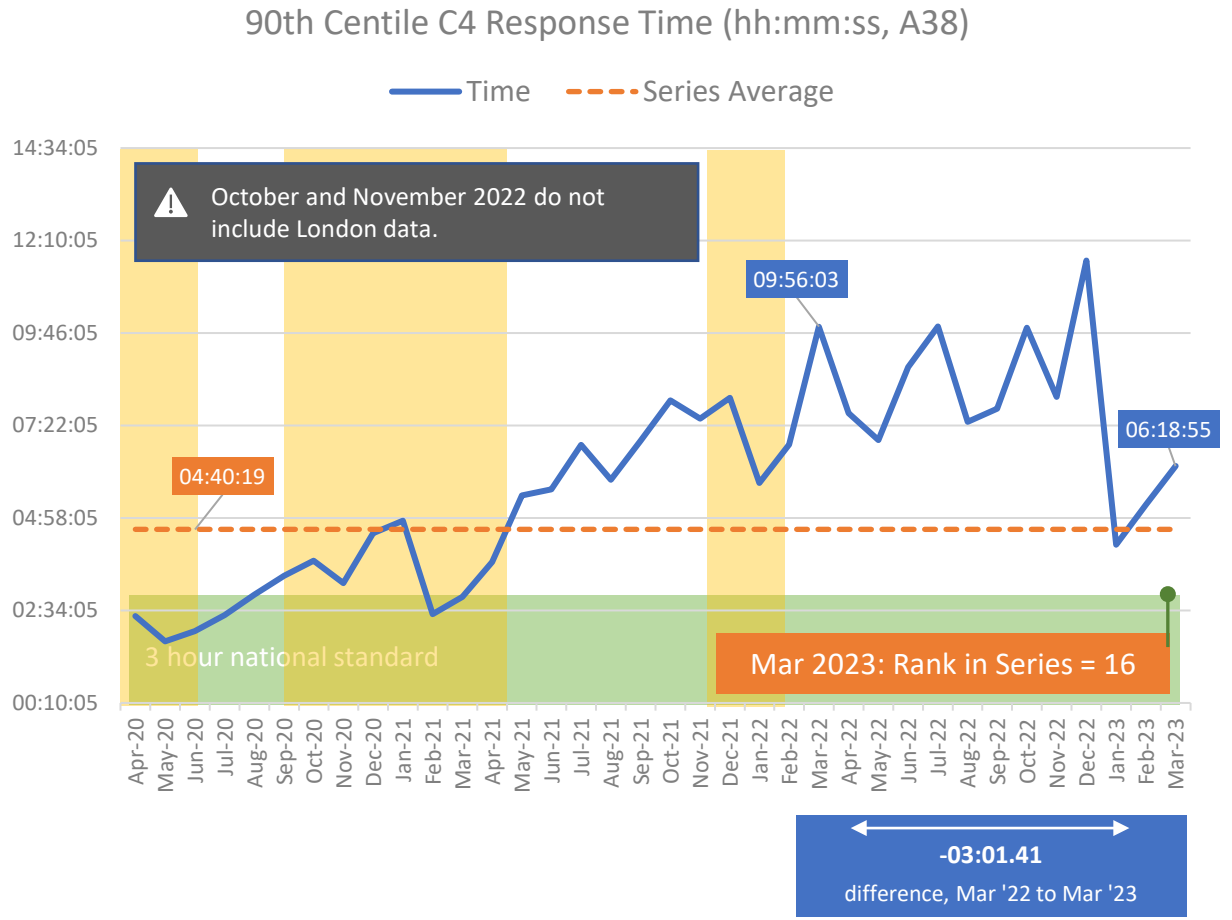
1. Mean



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

-01:15:55
difference, Mar '22 to Mar '23

2. 90th Centile



-03:01.41
difference, Mar '22 to Mar '23

Section 3

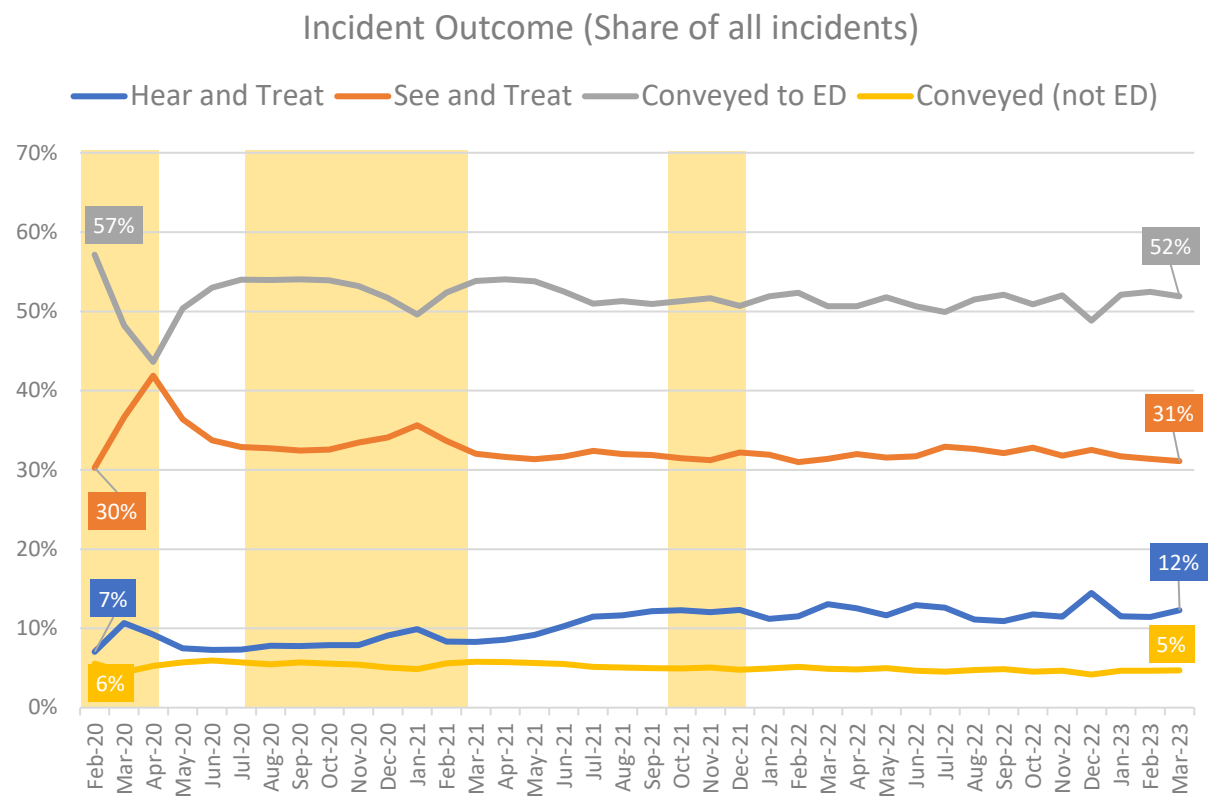
Incidents by Response Outcome

- 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

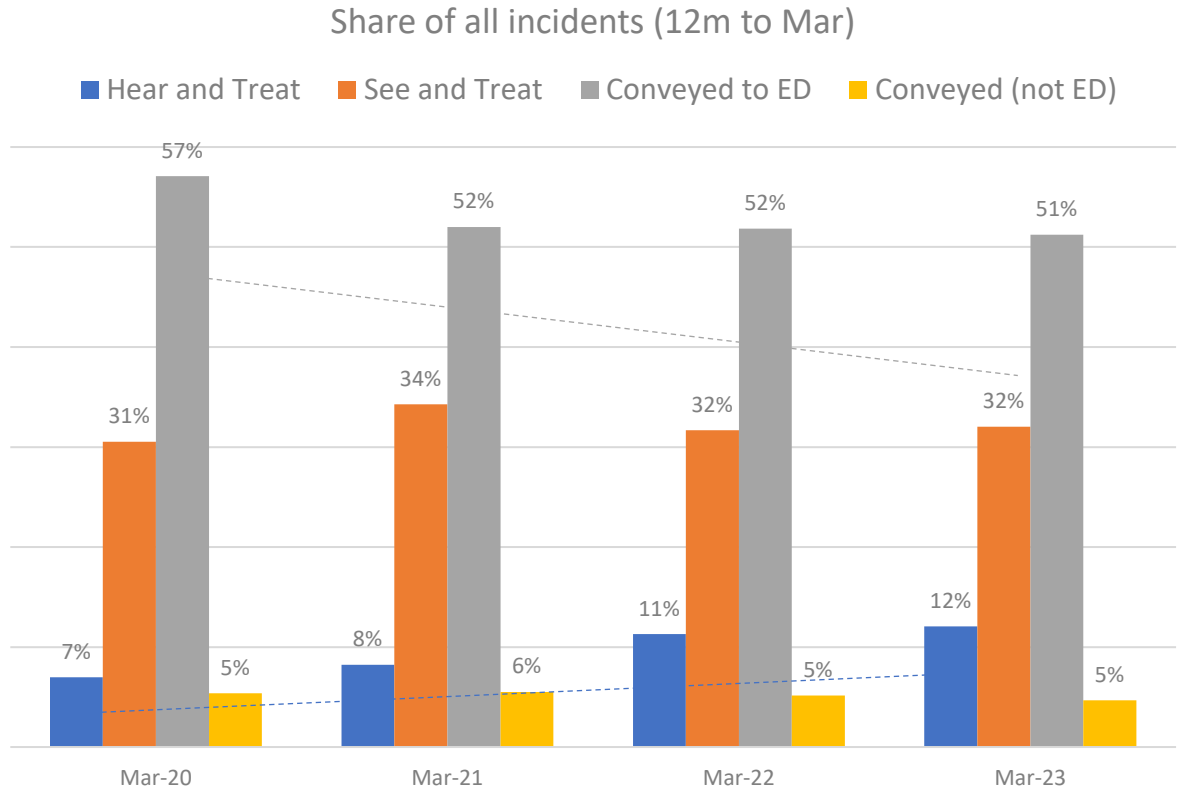
Between February and March, the proportion of incidents by response outcome remained largely unchanged. The long term trend sees the volume of patients conveyed to an Emergency Department (ED) decreasing since 2020 (from 57% to 51%), while Hear and Treat responses have increased (from 7% to 12%).

1. Monthly



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

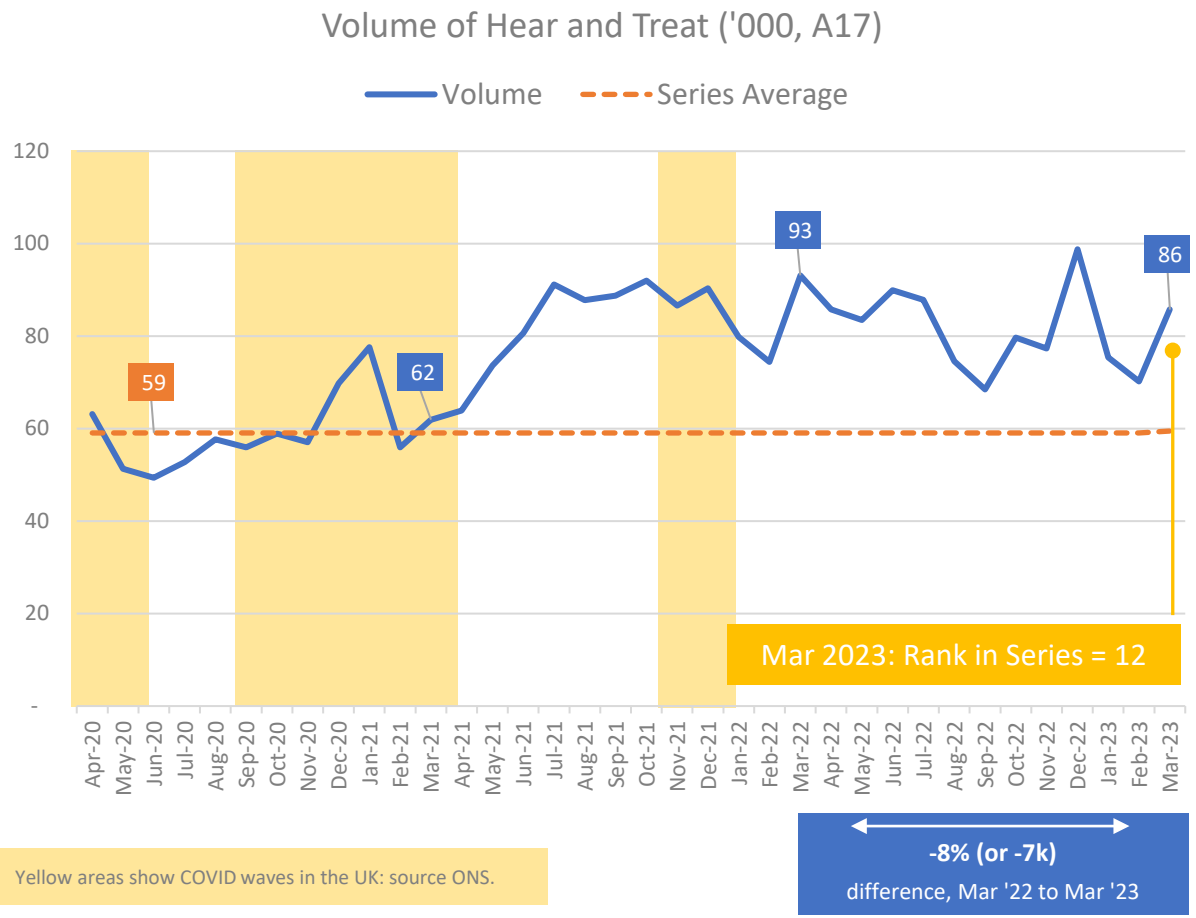
2. Annualised Data



22. Hear and Treat (measure A17)

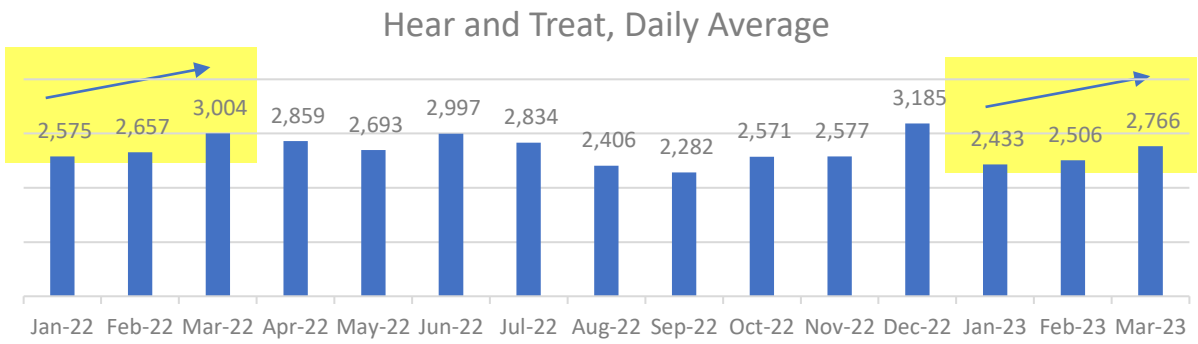
An increase of 16-thousand Hear-and-Treat responses took the total to 86-thousand in March 2023, a month which also saw the second consecutive increase in the average daily volume. Annualised data show a steep increase from 2021 to 2022 (+266-thousand) but a slight decrease between the most recent two periods (-26-thousand).

1. Monthly

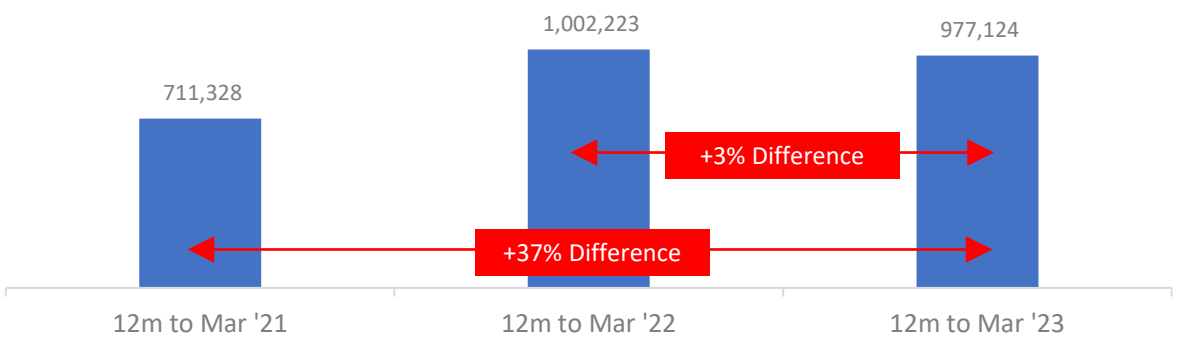


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



3. Annualised Data

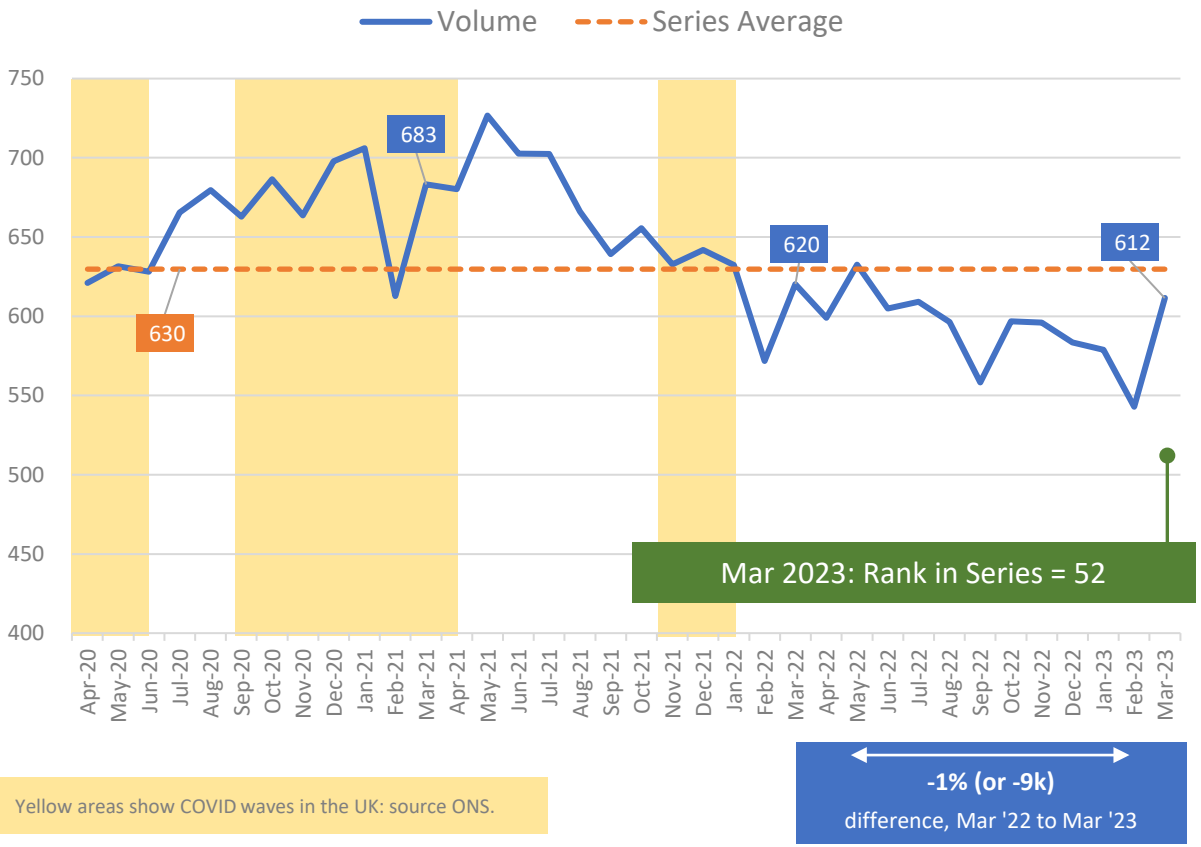


23. Face to Face (measure A56)

Average daily volume of Face-to-Face responses has increased for consecutive two months. At a monthly level, from a series low in February, responses increased by 69-thousand to reach 612-thousand in March. This is the highest volume since May 2022 – but lower than the previous two months of March. Over time, the volume of Face-to-Face responses is decreasing with a difference of--828-thousand between the 12-months to March 2021 and the most recent period.

1. Monthly

Volume of F2F Responses ('000, A56)

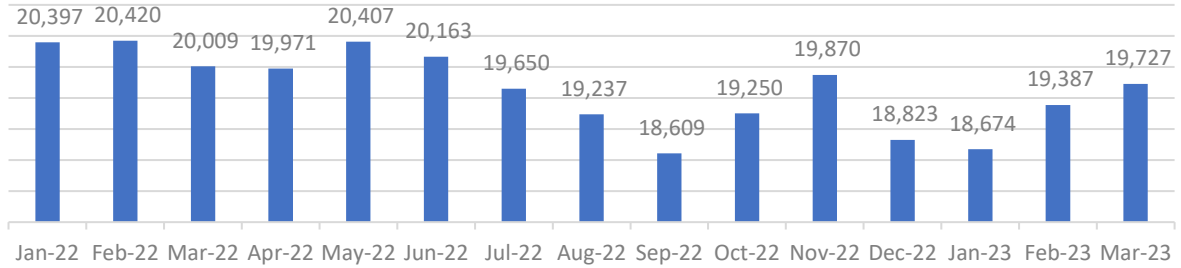


Yellow areas show COVID waves in the UK: source ONS.

-1% (or -9k)
difference, Mar '22 to Mar '23

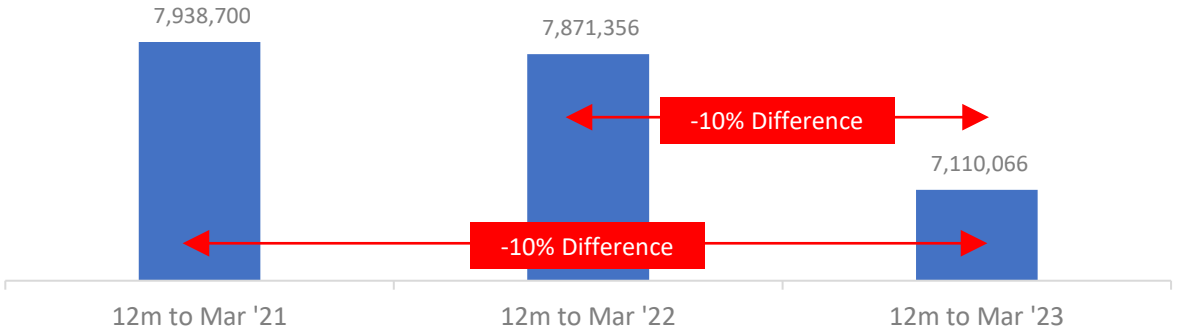
2. Daily Average

F2F, Daily Average



3. Annualised Data

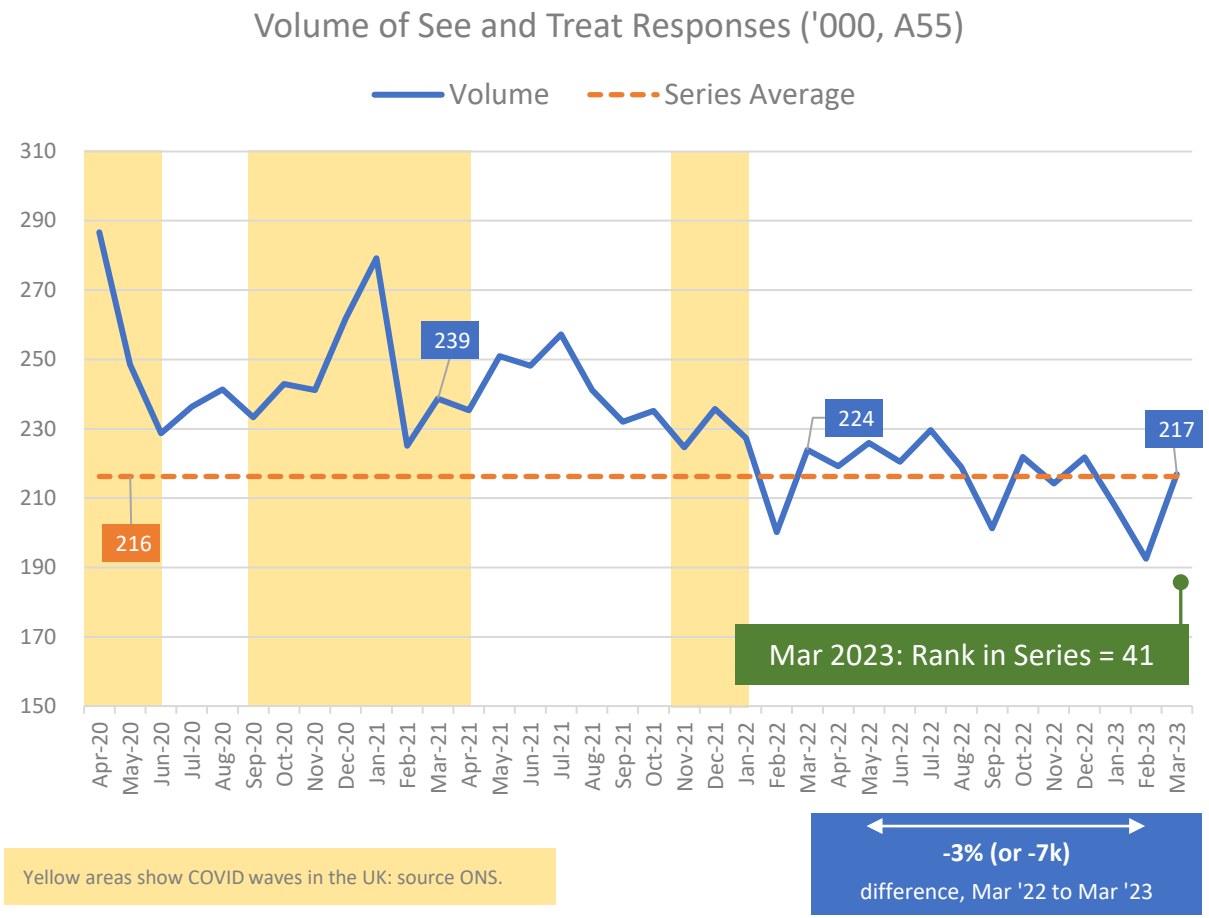
Volume of F2F Incidents in the 12 months to Mar (A56)



24. See and Treat (measure A55)

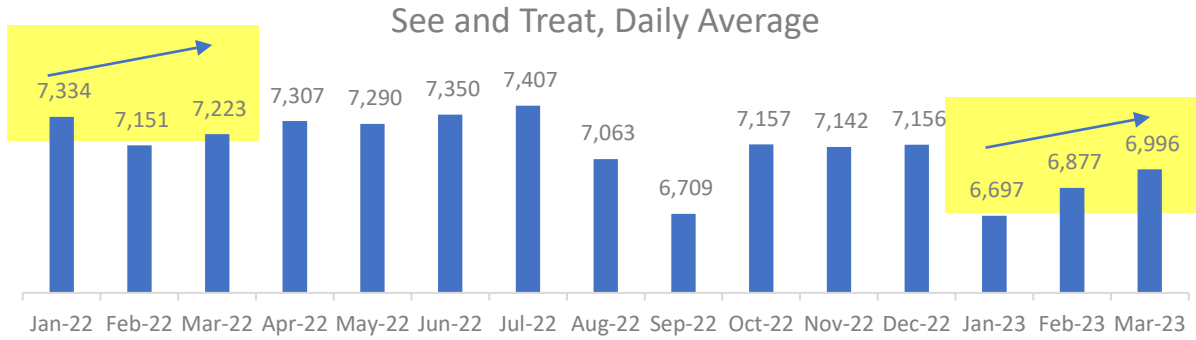
See-and-Treat responses follow the pattern seen across the most recent data, with a seasonal uplift in monthly, and the average daily volume. The category is decreasing in volume, with 373-thousand fewer responses in the 12-months to March 2023 compared with the same period two years previously.

1. Monthly

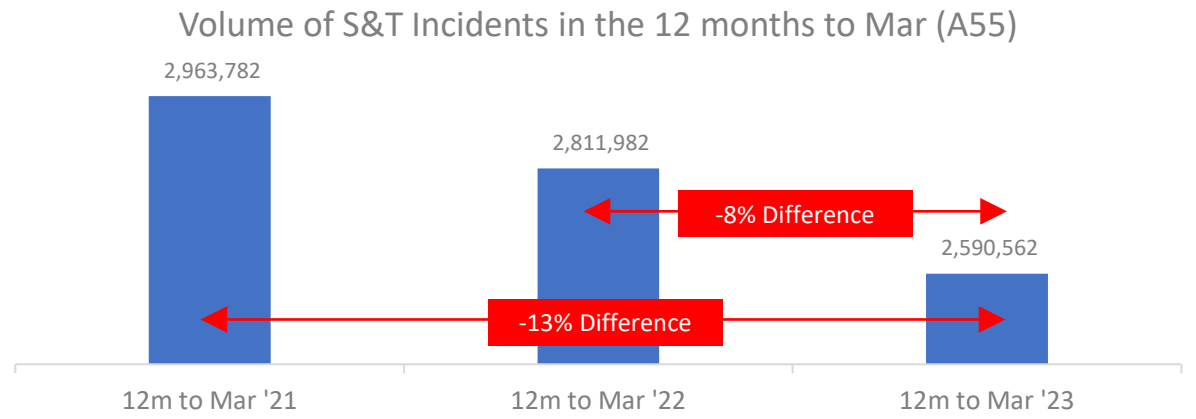


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



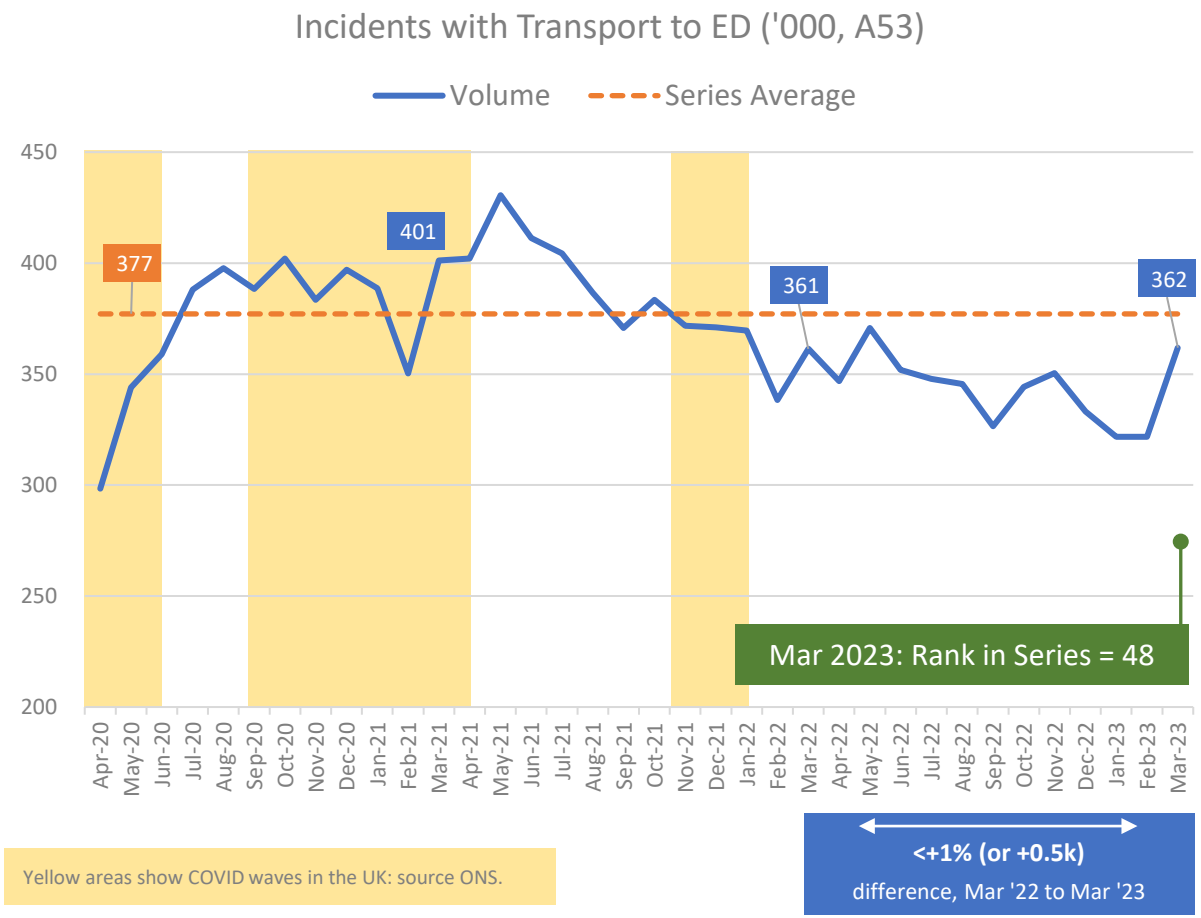
3. Annualised Data



25. Transport to Emergency Departments (measure A53)

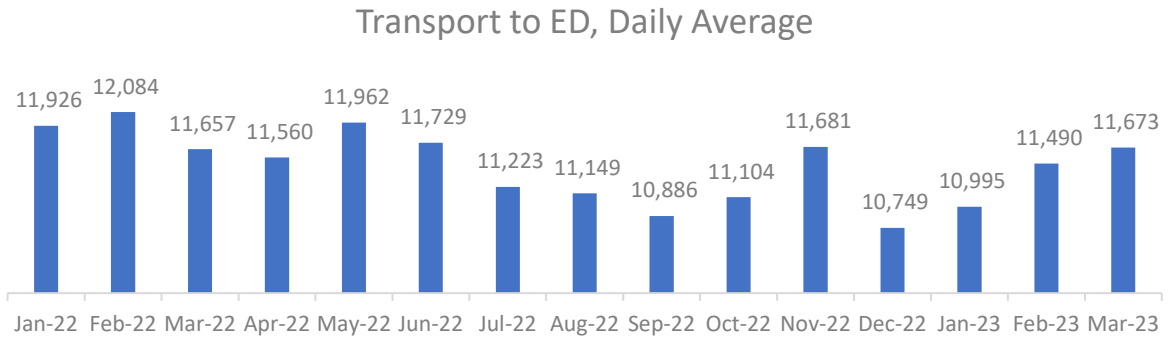
The number of responses involving patients being transported to an Emergency Department (ED) followed the trend across March's data, but unlike most other measures, is greater than March 2022 (by around 500 responses). The average daily volume increased for the third consecutive month. There were 356-thousand fewer responses in this category in the 12-months to March 2023 compared with the same period two years previously.

1. Monthly

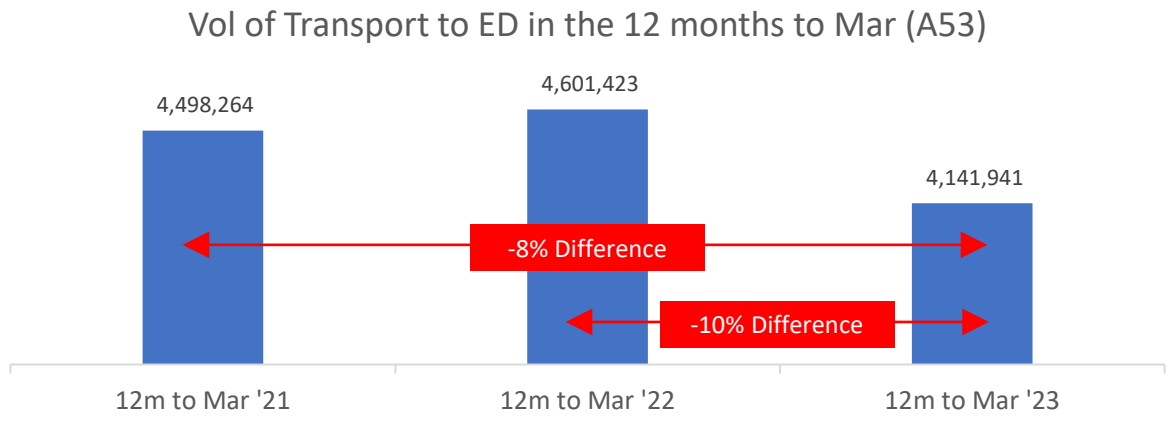


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



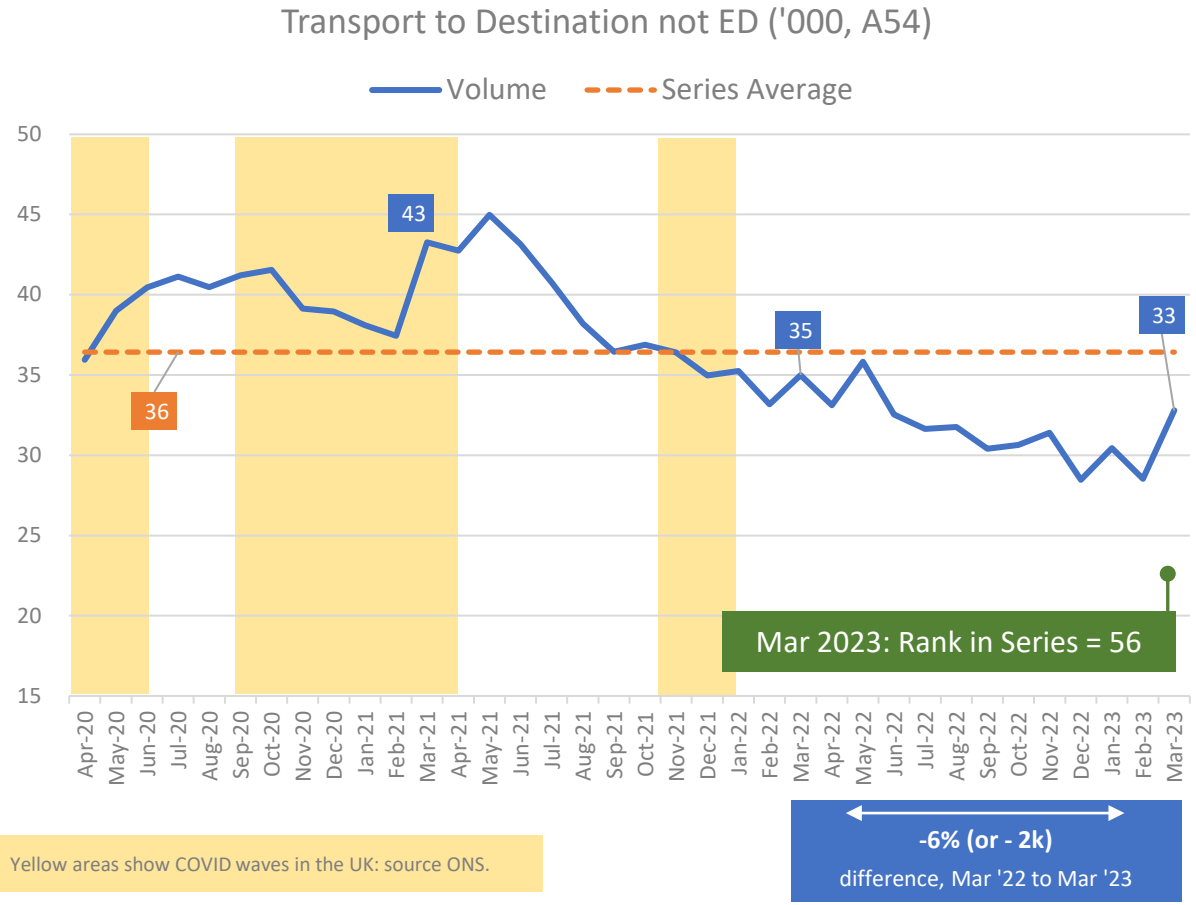
3. Annualised Data



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

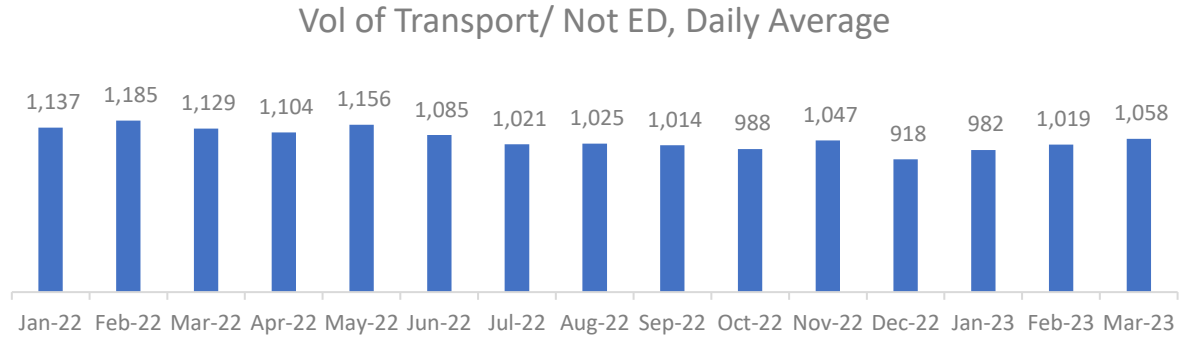
This measure shows a more even decrease over time. Although March 2023 saw an increase in volume (to 33-thousand), this was the lowest March figure since the start of the pandemic, while the annualised volume has decreased steadily for two years (by nearly 100-thousand responses since 2021).

1. Monthly

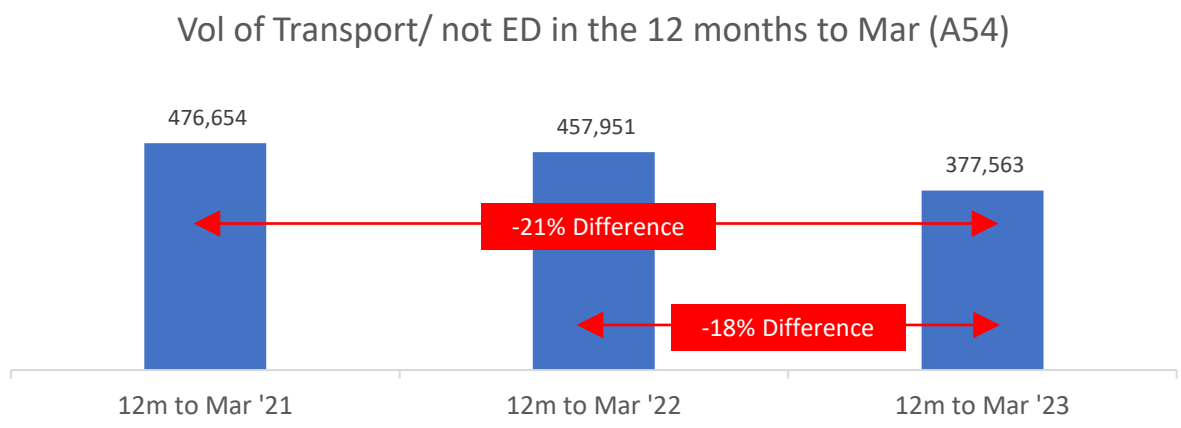


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



3. Annualised Data



Section 4

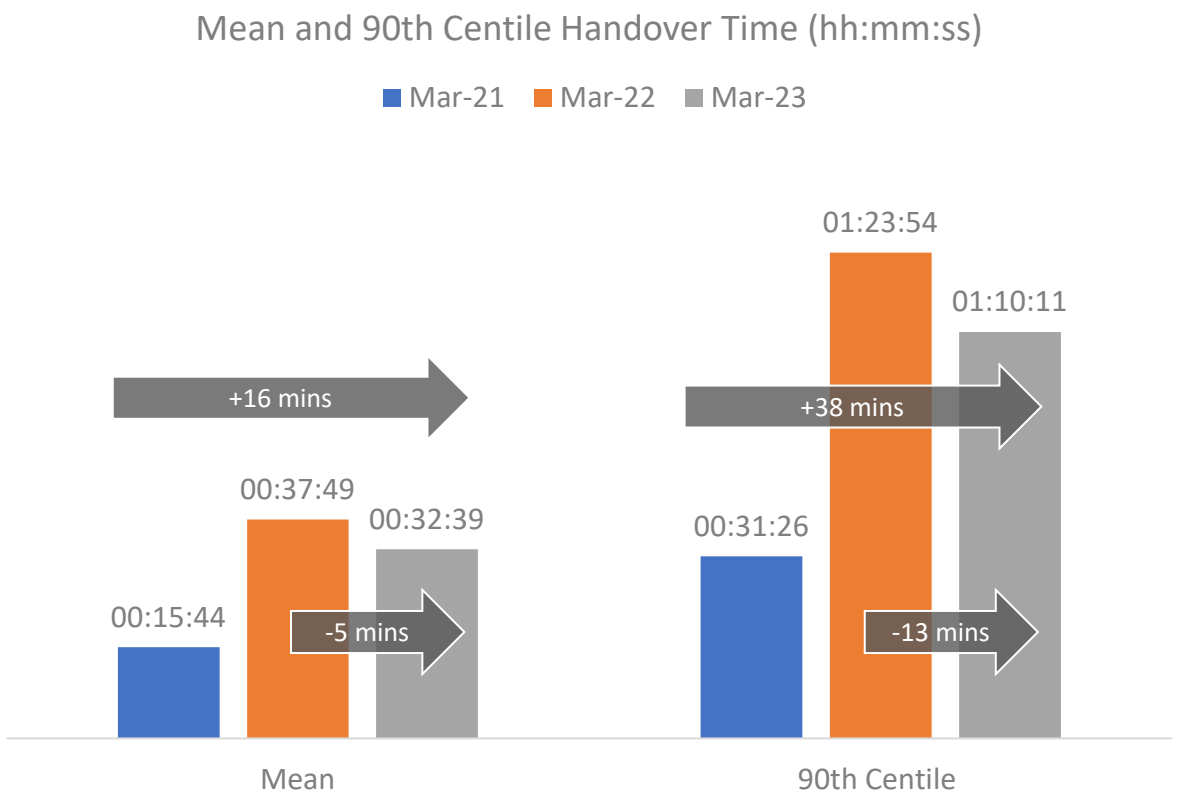
Patient Handover Delays

- Average Handover Times and Delays as Proportion of All Handovers
- Handover Delays Over 15 Minutes
- Handover Delays Over 30 Minutes
- Handover Delays Over 60 Minutes
- Handover Delays Over 120 Minutes
- Handovers Longer Than Three Hours
- Impact on Patients and Crew
- Managing Handovers: Effective Interventions – George Eliot Hospital NHS Trust

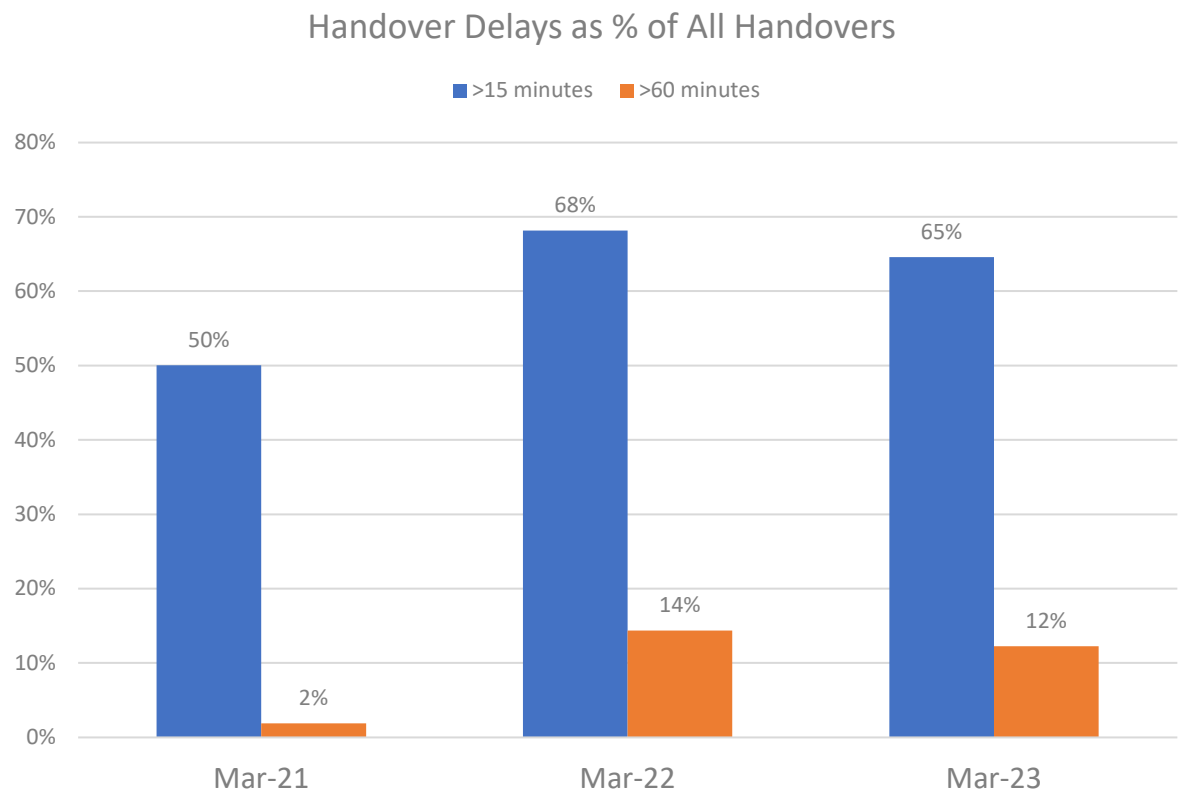
28. Average Handover Times and Delays as Proportion of All Handovers (source, NAIG)

The mean handover time was 32-and-a-half minutes in March 2023, five-minutes faster than the previous year, but 16 minutes slower than March 2021. The 90th Centile measure followed a similar pattern: faster than 2022 but somewhat slower than 2021. The proportion of handovers exceeding 60 minutes was 12% in the most recent month, two-percentage points lower than last March, but ten-percentage points higher than the year before.

1. Mean and 90th Centile Handover Times



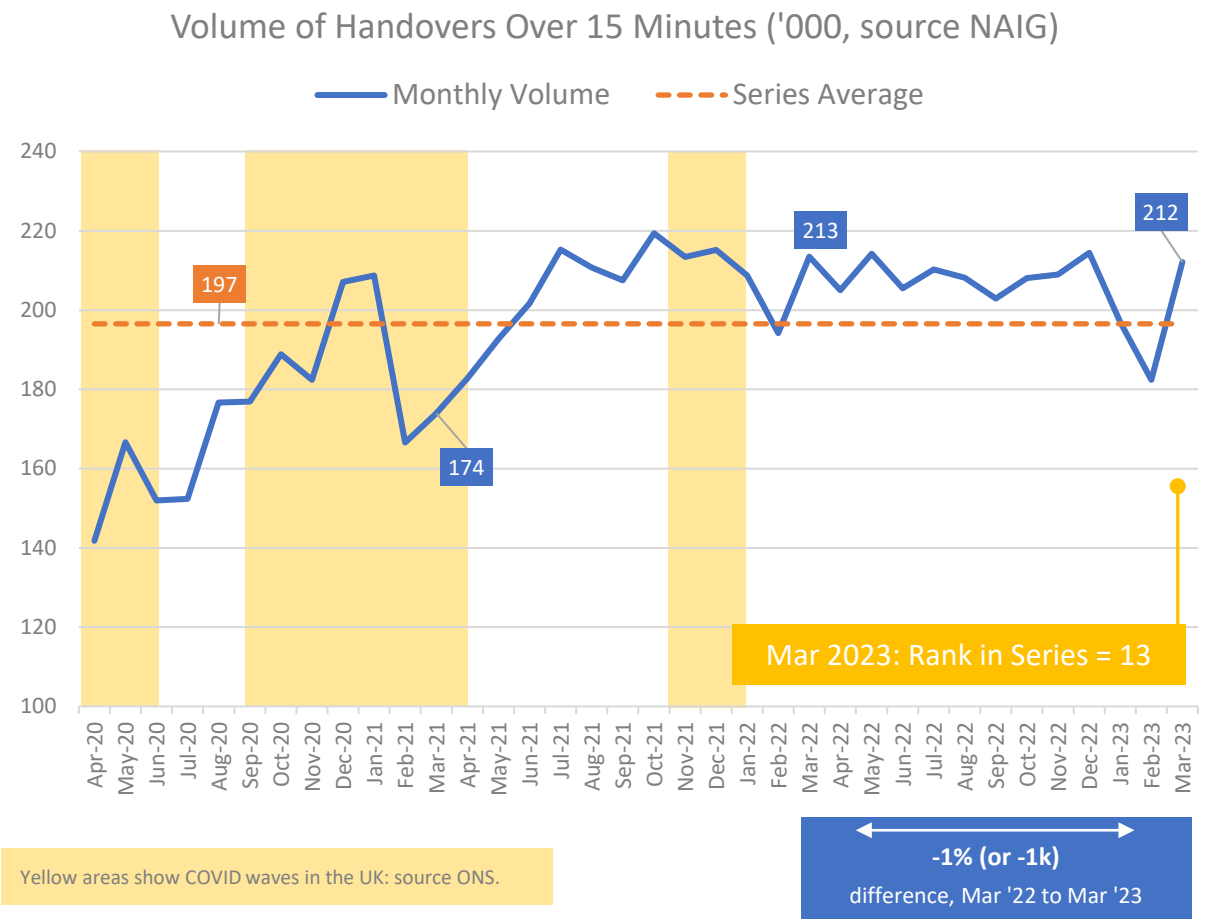
2. Handover Delays as a Percentage of All Handovers



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

Handover delays exceeding 15-minutes increased by 30-thousand in March 2023 to reach the highest volume since December 2022. The average daily volume (shown on the next page) increased by 500 per-day between February and March. Hours lost to these delays also increased with 130-thousand hours lost across the month. However this is 22-thousand fewer than the same month last year (although three times greater than March 2021).

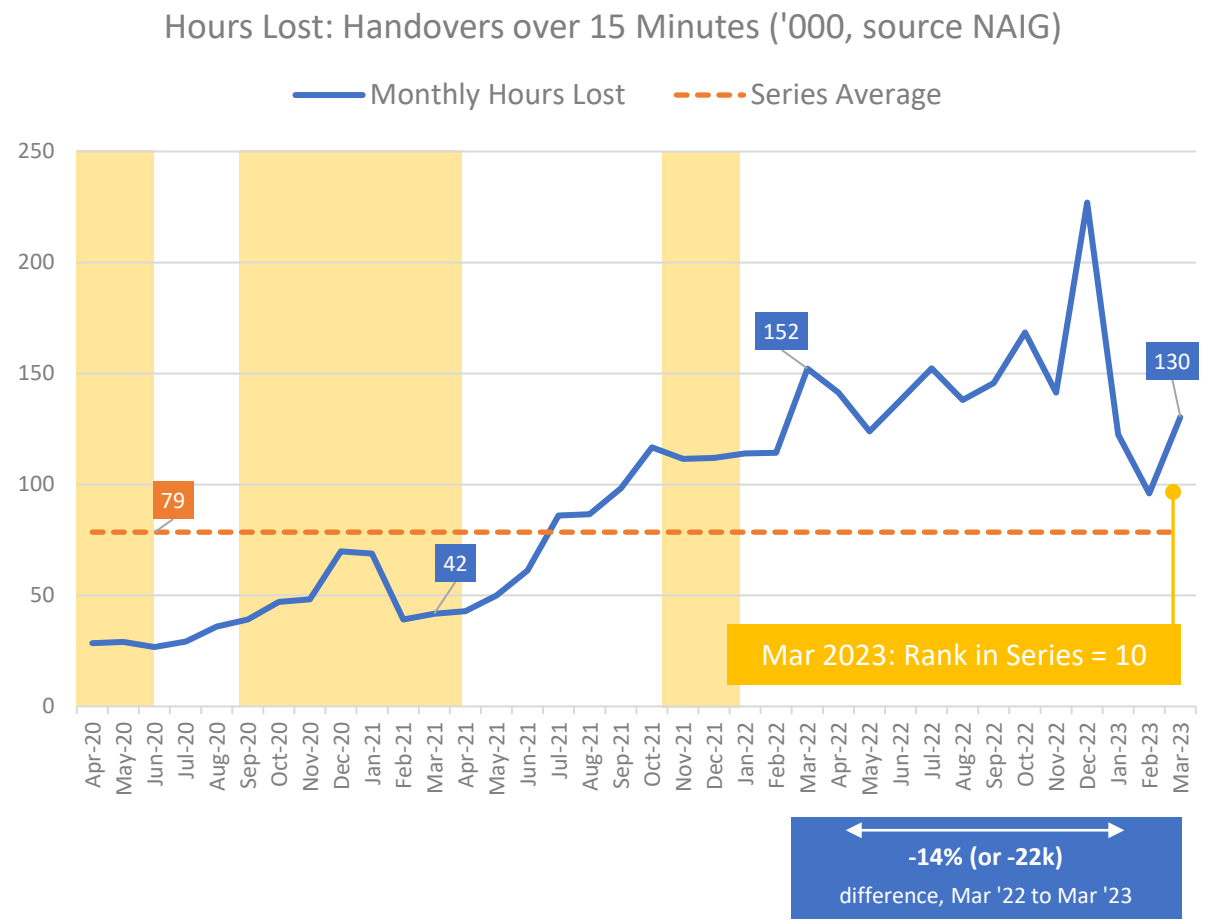
1. Delays over 15 Minutes



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

-1% (or -1k)
difference, Mar '22 to Mar '23

2. Hours lost for Handovers Over 15 Minutes

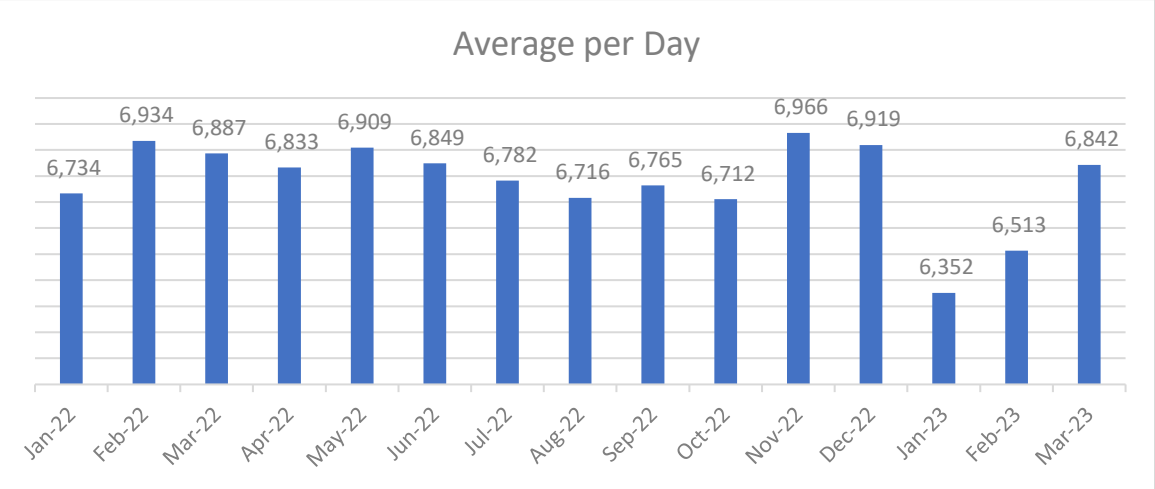


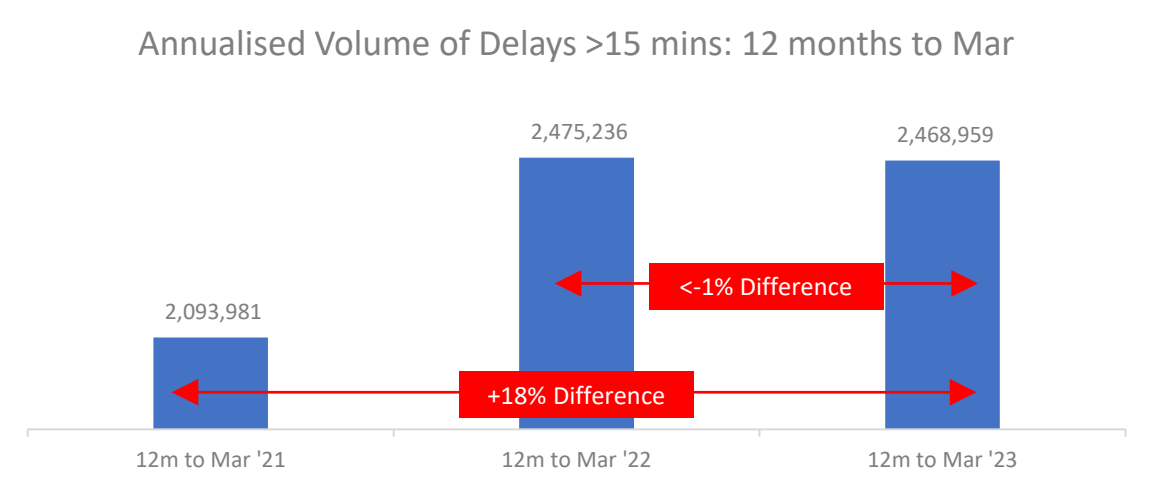
-14% (or -22k)
difference, Mar '22 to Mar '23

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

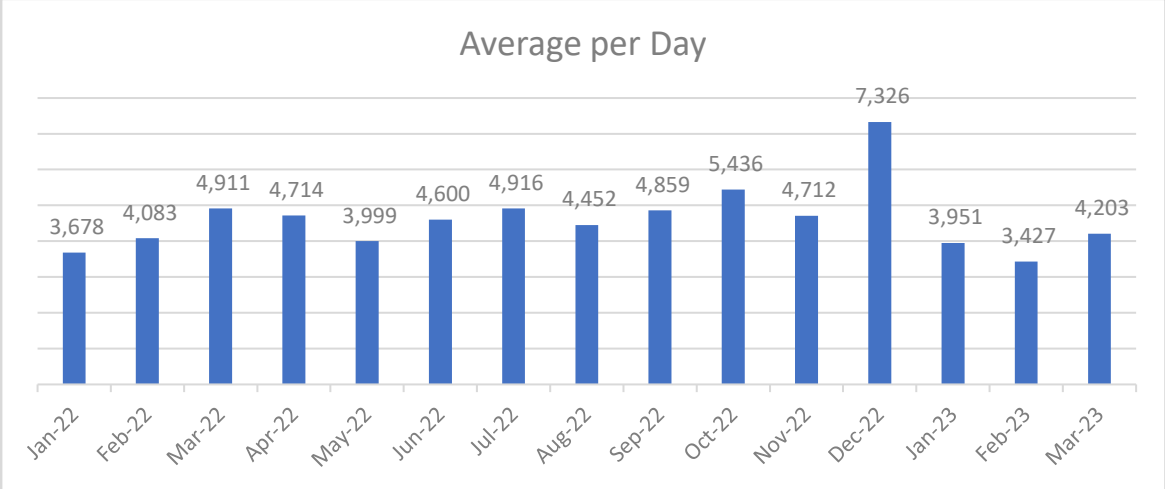
30. Average Daily and Annualised Data for >15 minute delays (source, NAIG)

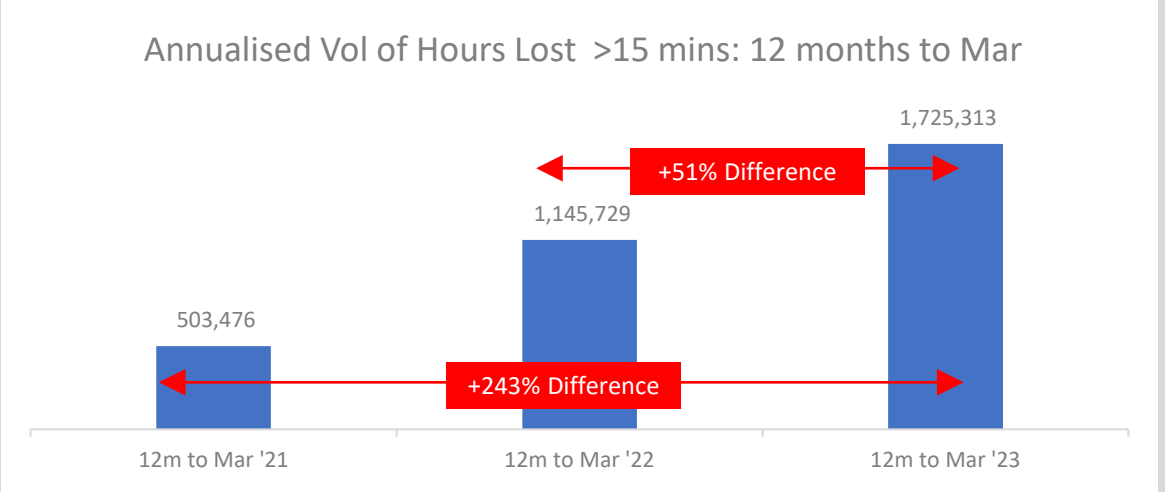
1. Volume of Handover Delays over 15 minutes





2. Hours Lost for Handover Delays over 15 minutes



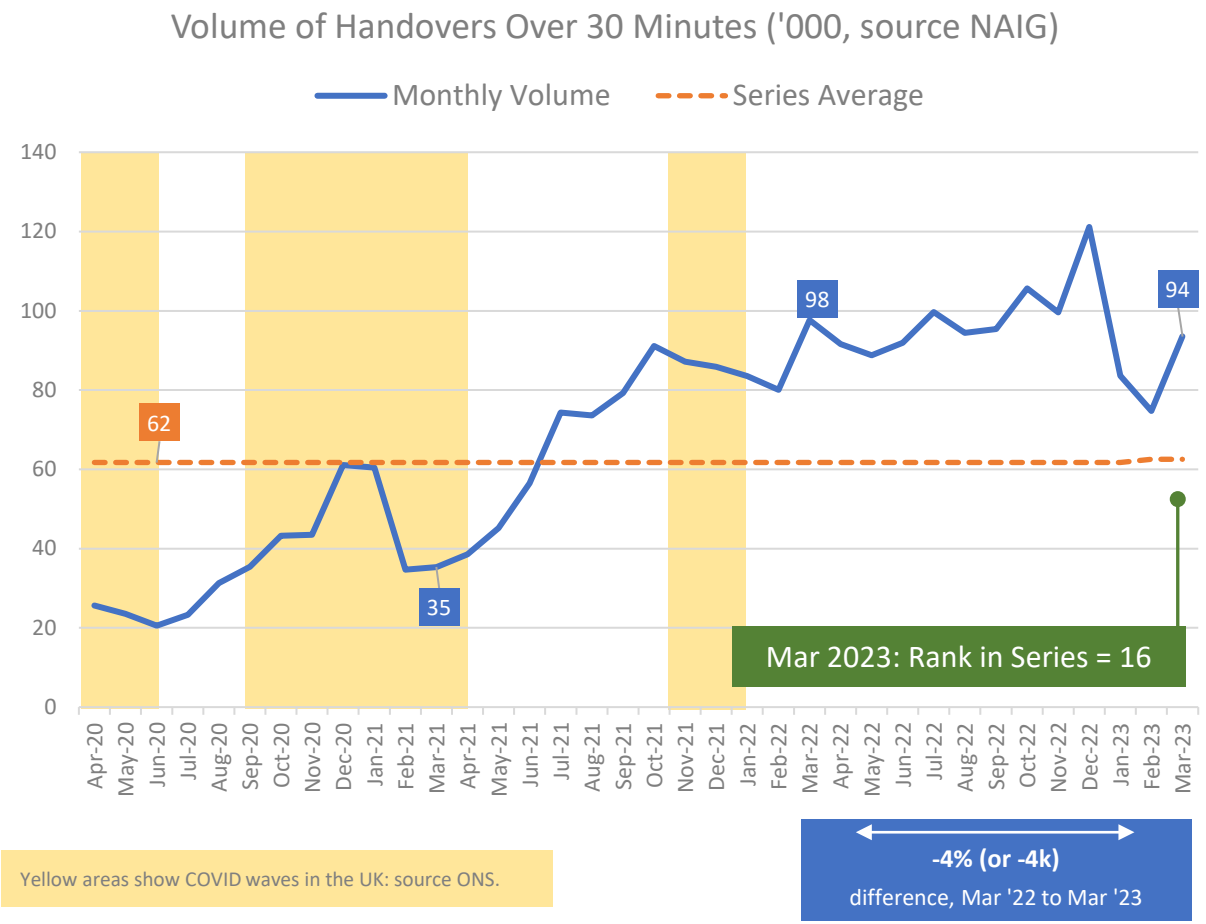


Note: Days on which Industrial Action takes place see a drop in handover delays.

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

Handover delays of 30 minutes or more, and the associated hours lost, increased between February and March 2023, both at a monthly level and the average daily volume. Both measures are lower than in March 2022 – although the number of hours lost was still the tenth highest on record and seven-times greater than in March 2021.

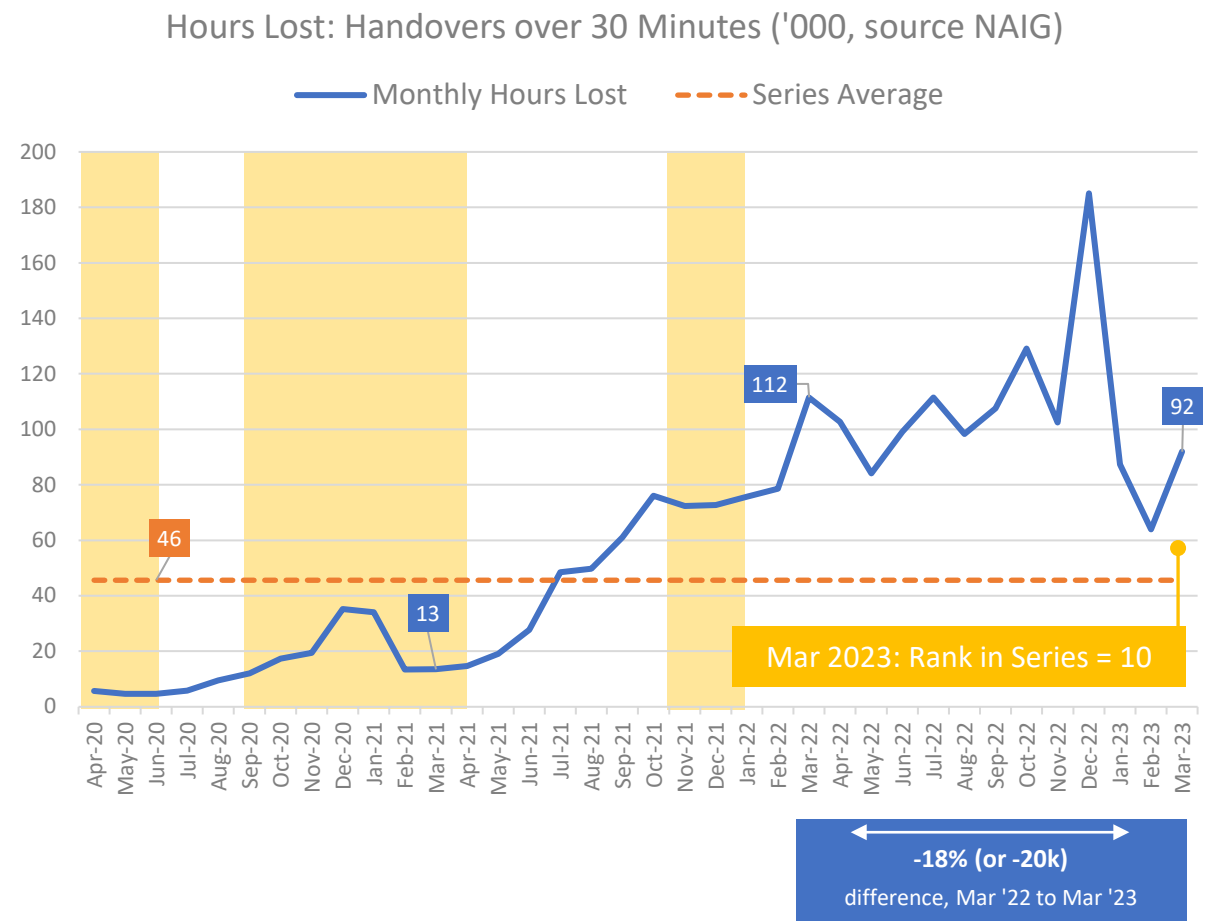
1. Delays over 30 Minutes



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

-4% (or -4k)
difference, Mar '22 to Mar '23

2. Hours lost for Handovers Over 30 Minutes



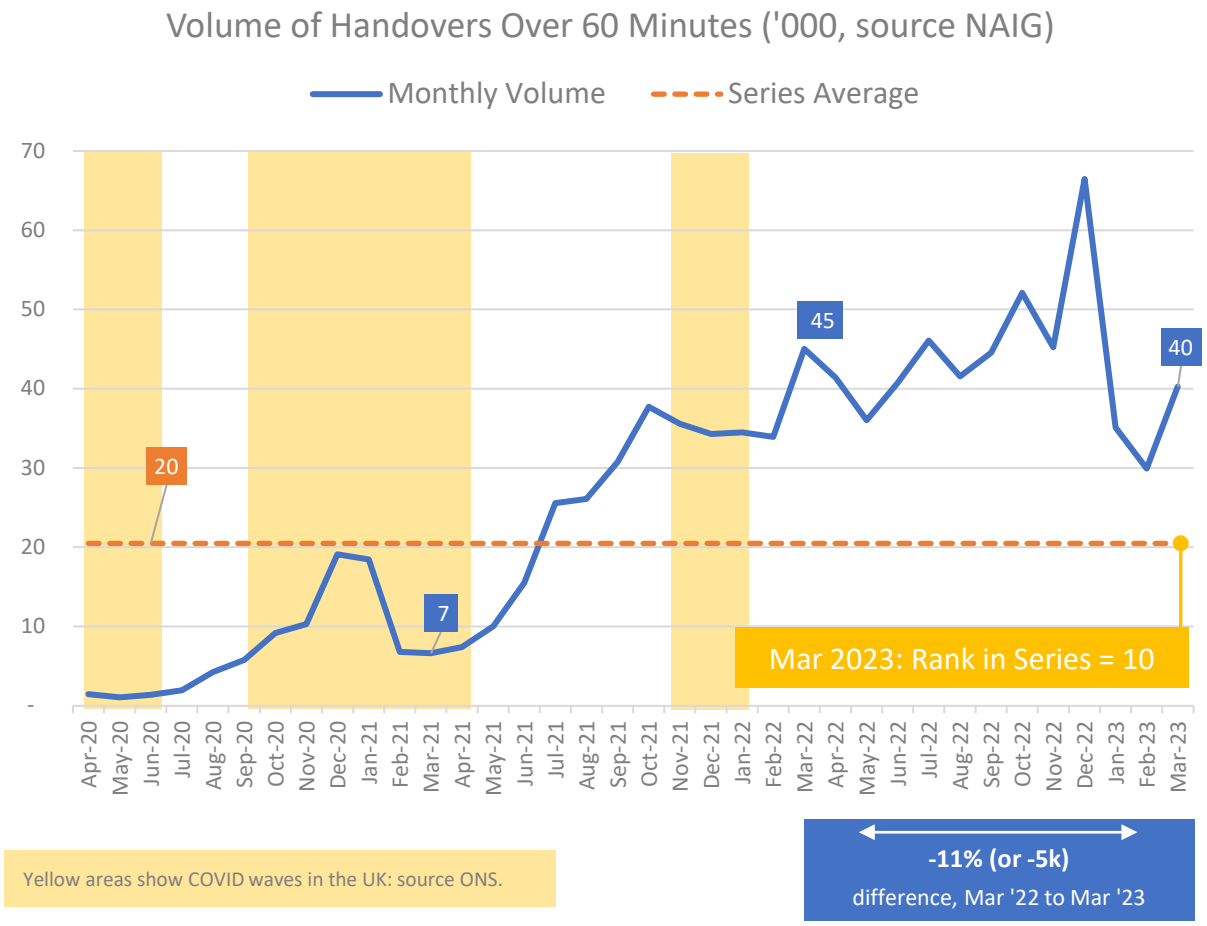
-18% (or -20k)
difference, Mar '22 to Mar '23

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

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

Delays of one-hour or longer followed the pattern seen above: an increase in volume and hours lost (monthly and daily average, see next slide), with both figures lower than last year but at the same time recording the tenth highest levels on record. Annualised data show that there were twice the number of hours lost to >60-minute delays in the 12-months to March 2023 when compared with the previous year (see next slide).

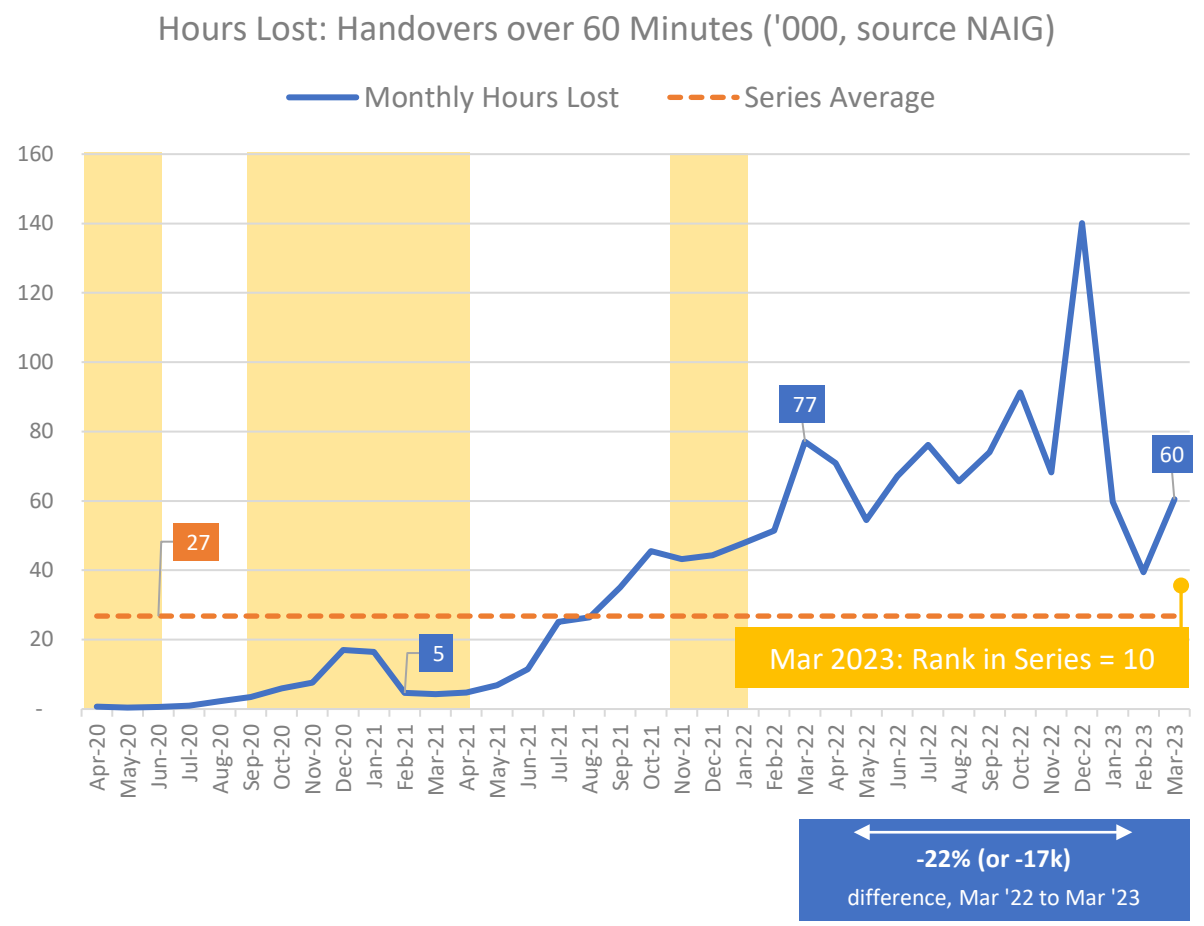
1. Delays over 60 Minutes



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

-11% (or -5k)
difference, Mar '22 to Mar '23

2. Hours lost for Handovers Over 60 Minutes

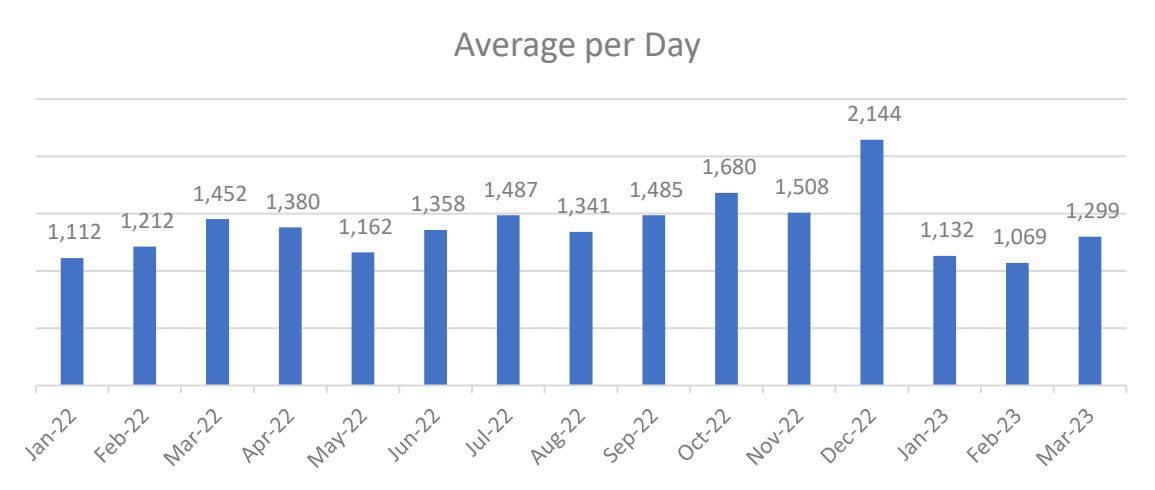


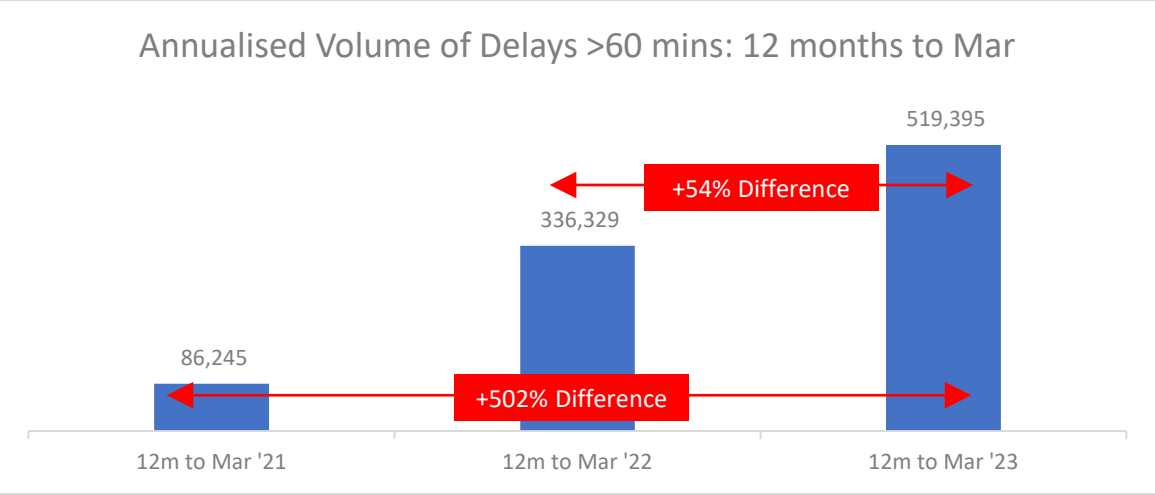
-22% (or -17k)
difference, Mar '22 to Mar '23

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

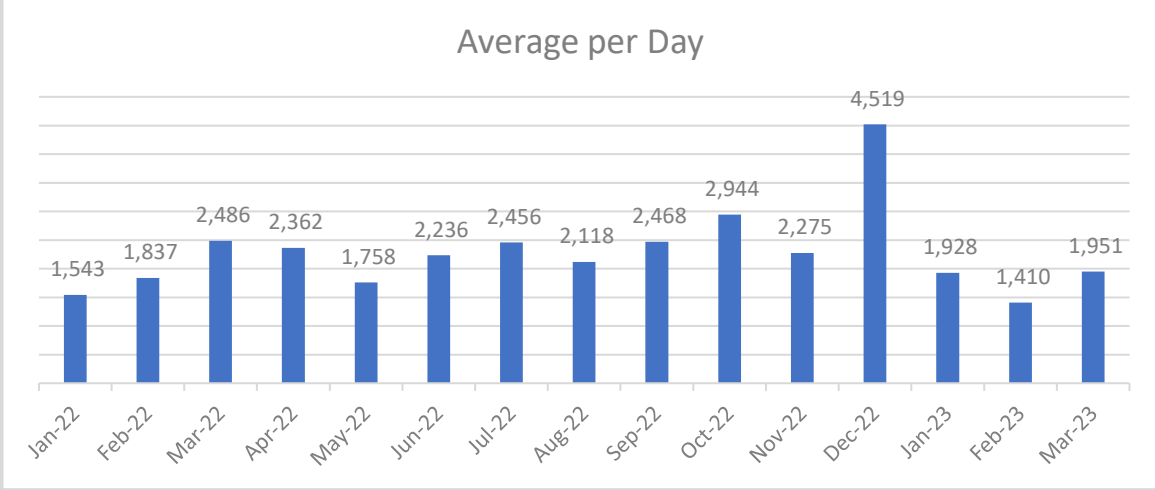
33. Average Daily and Annualised Data for >60 minute delays (source, NAIG)

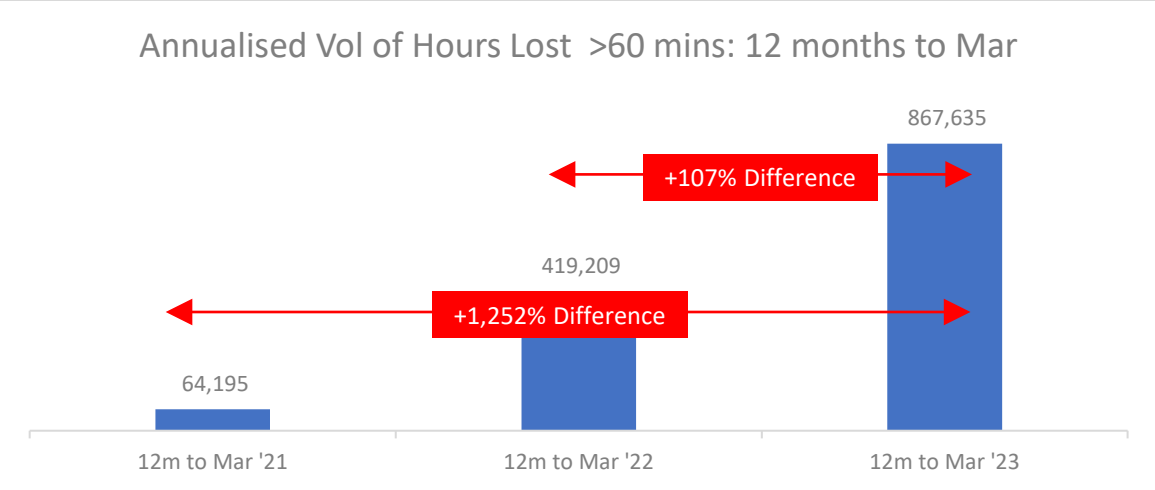
1. Volume of Handover Delays over 60 minutes





2. Hours Lost for Handover Delays over 60 minutes



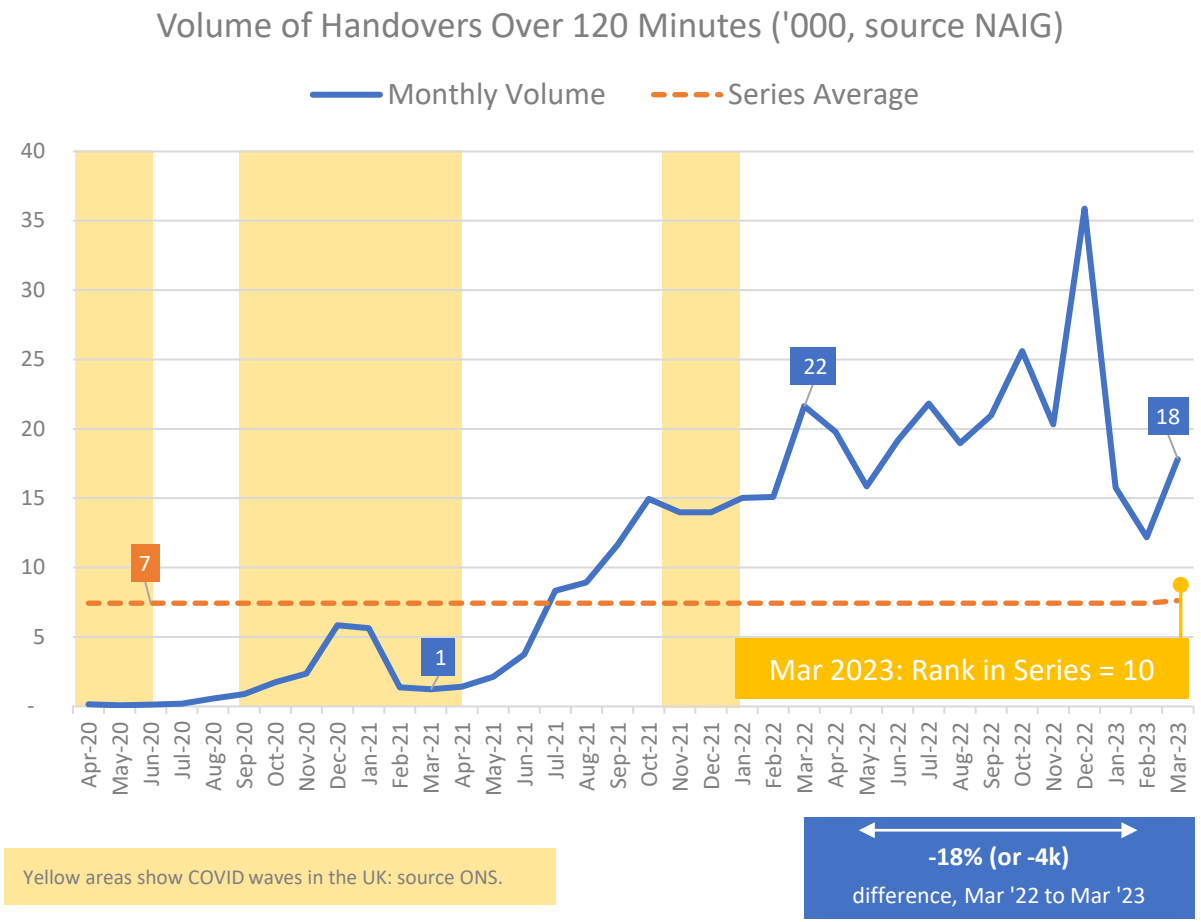


Note: Days on which Industrial Action takes place see a drop in handover delays.

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

In March 2023, 18-thousand patients waited two-or-more hours, with 32-thousand resource hours lost as a result. As with previous measures, this represents a lower figure than March 2022, but remains significantly higher than March 2021, with the annualised data showing over ten-times more handovers in this category compared with two years previously.

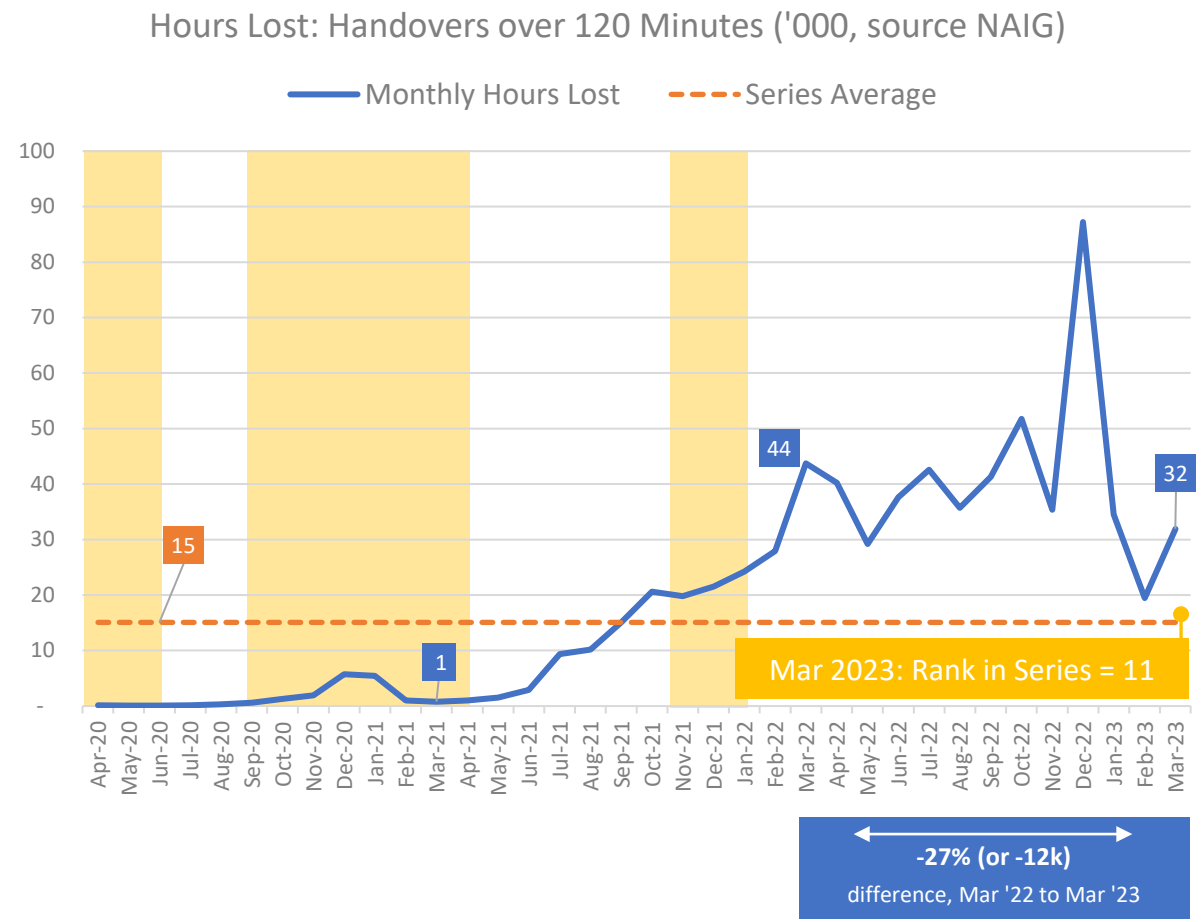
1. Delays over 120 Minutes



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

-18% (or -4k)
difference, Mar '22 to Mar '23

2. Hours lost for Handovers Over 120 Minutes

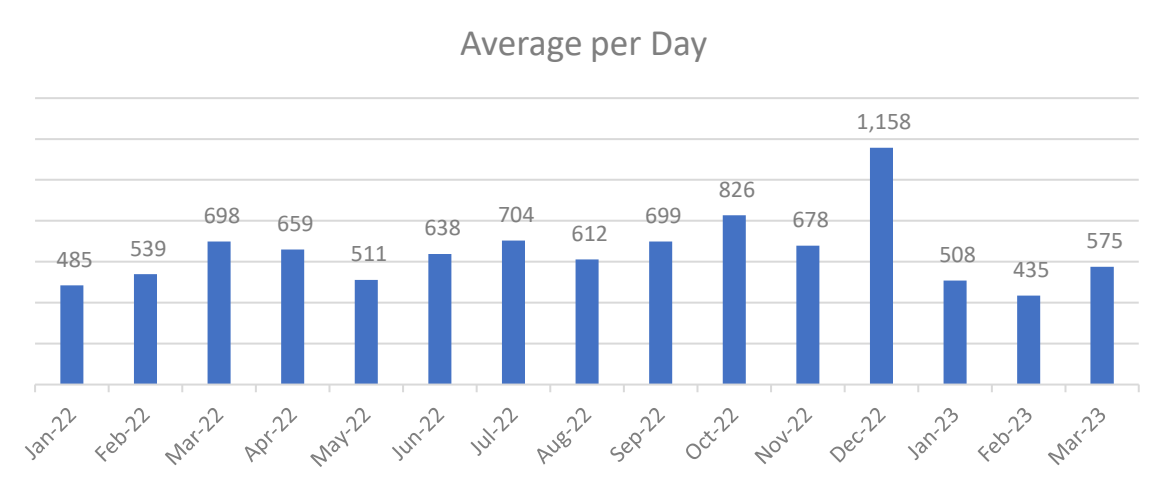


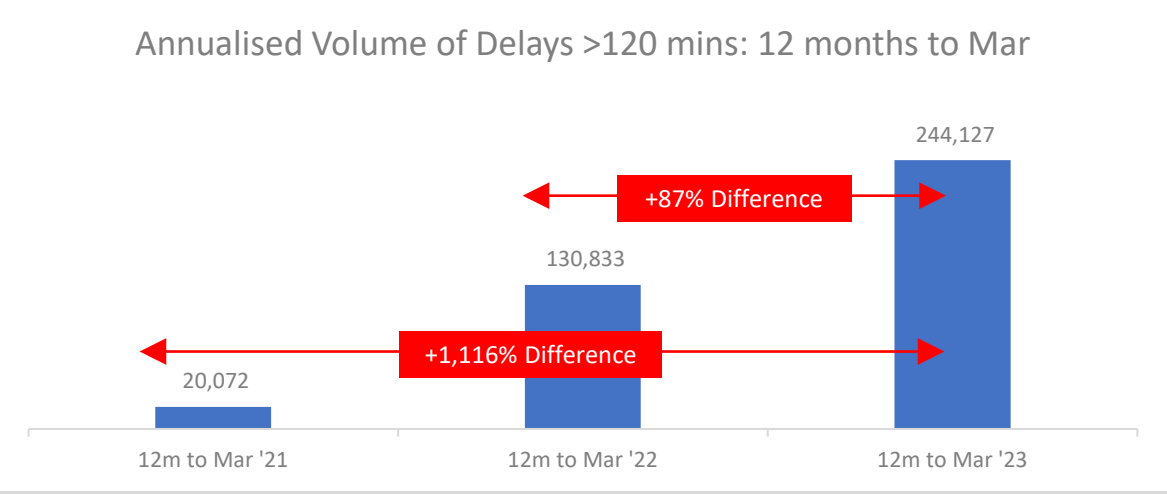
-27% (or -12k)
difference, Mar '22 to Mar '23

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

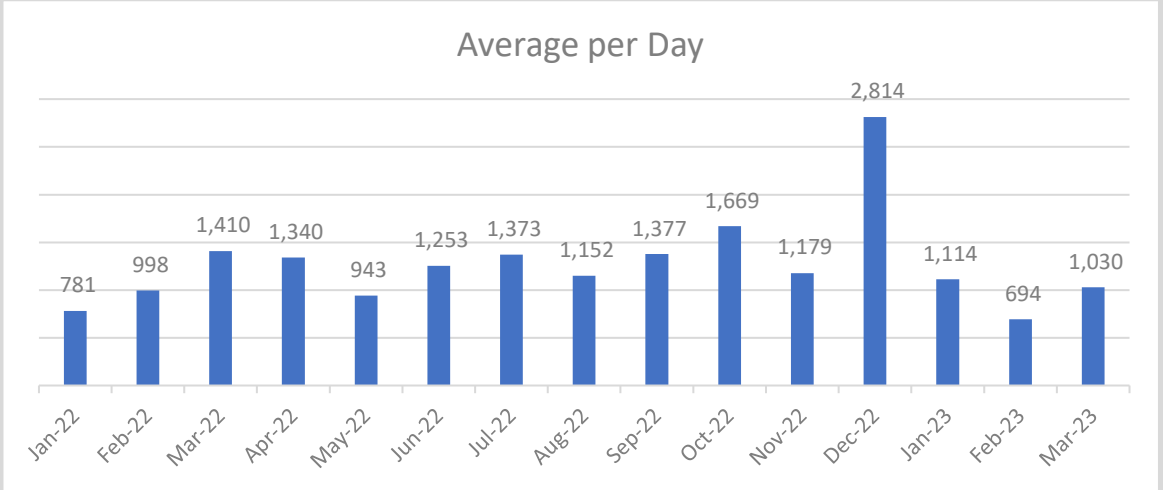
35. Average Daily and Annualised Data for >120 minute delays (source, NAIG)

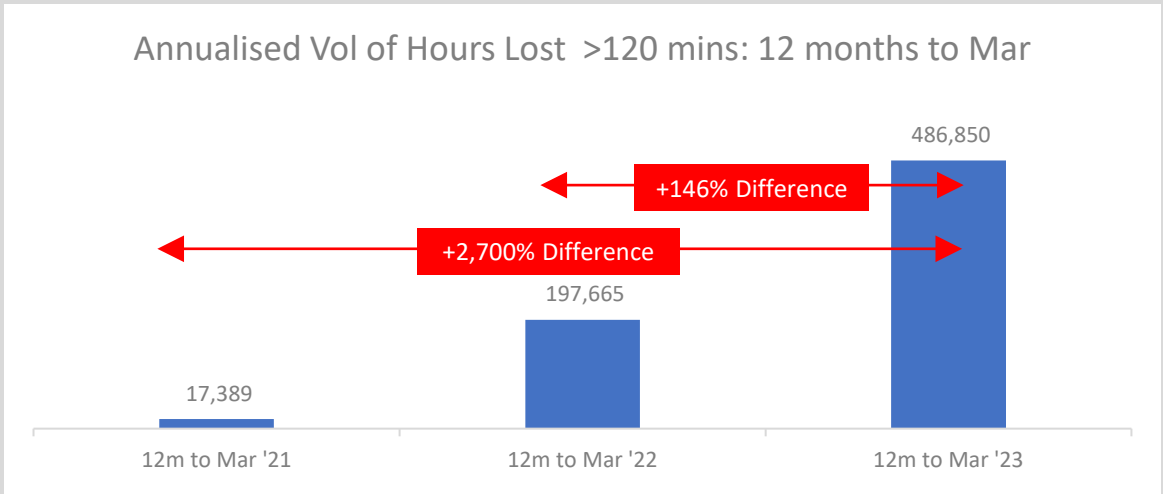
1. Volume of Handover Delays over 120 minutes





2. Hours Lost for Handover Delays over 120 minutes



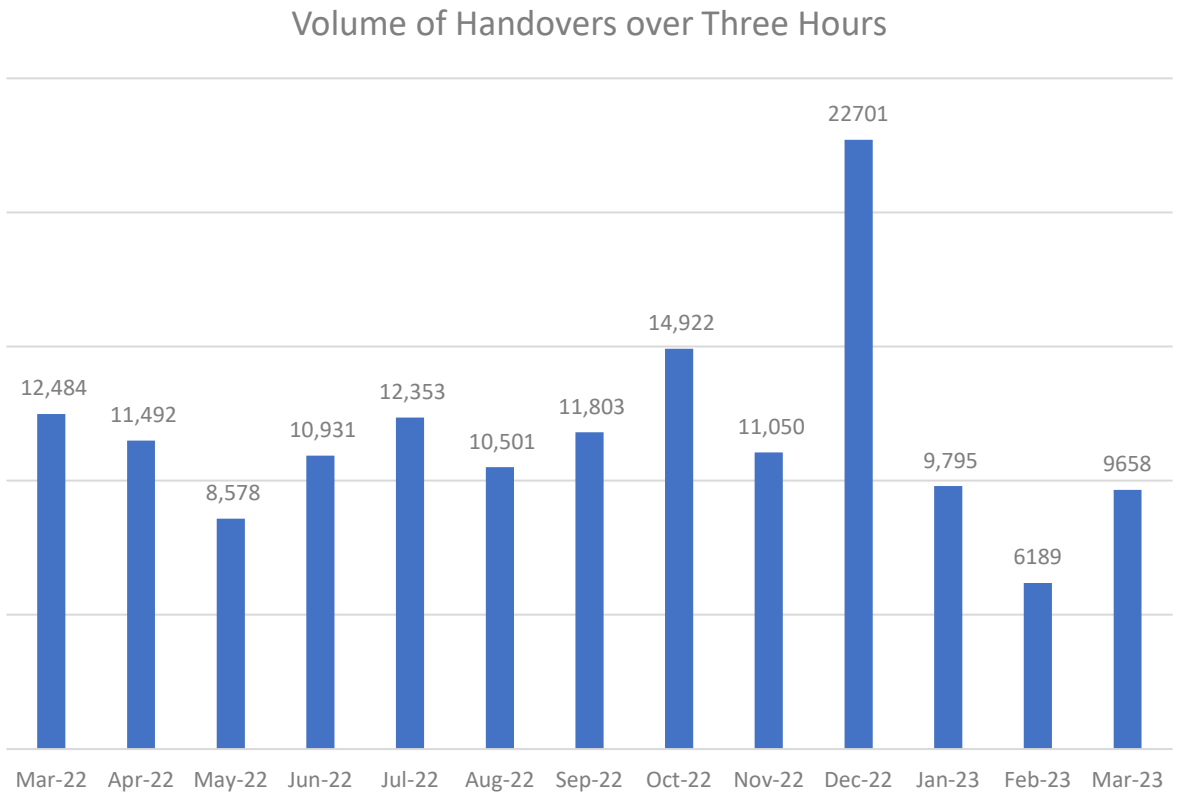


Note: Days on which Industrial Action takes place see a drop in handover delays.

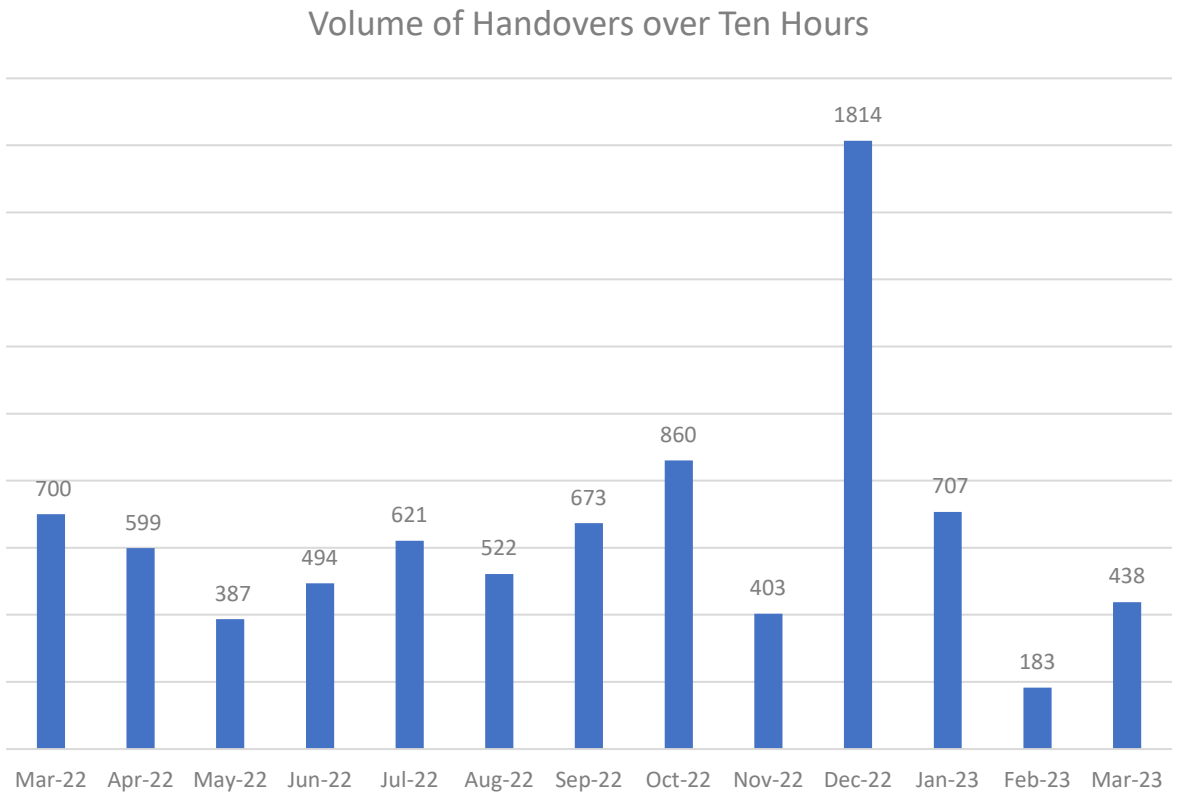
36. Patient Handovers Longer than Three Hours (source, NAIG)

Following a series low in February 2023, the volume of handover delays of three-or-more and ten-or-more hours increased again in March 2023 (at monthly and daily-average level).

1. Longer Handover Delays: All Over Three Hours



2. Longer Handover Delays: All Over Ten Hours

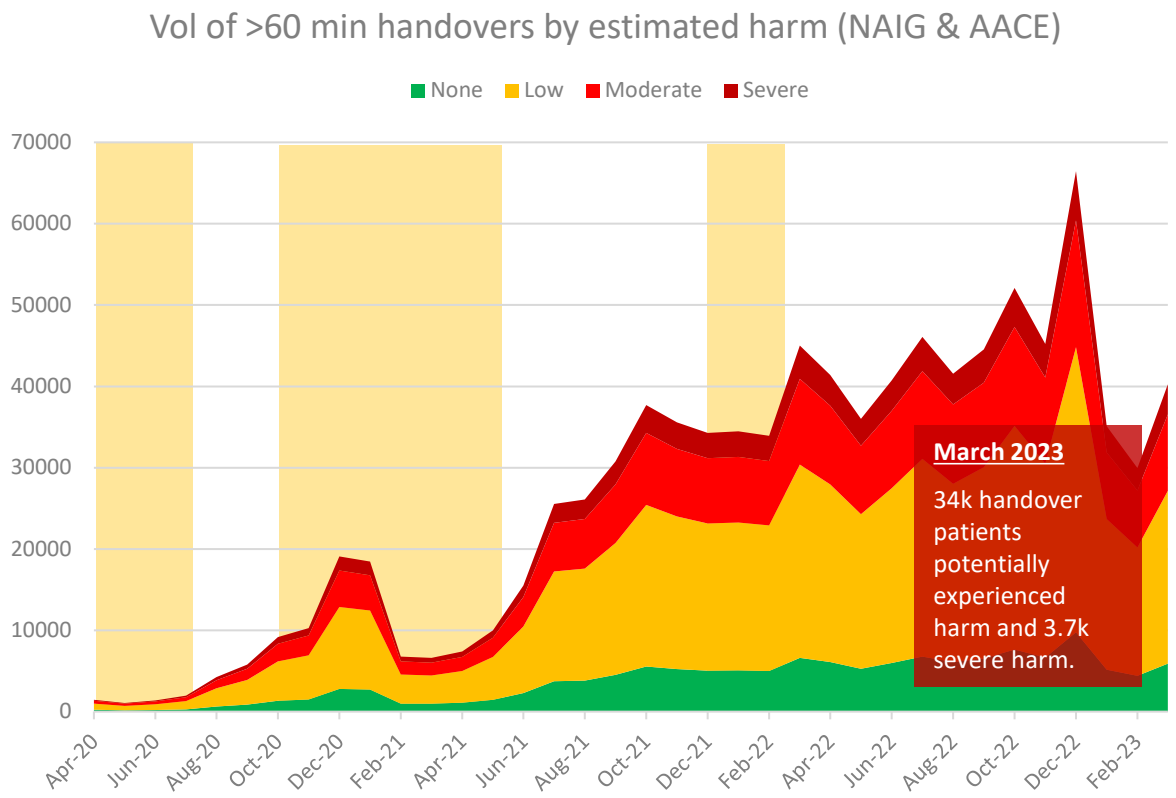


Note: Days on which Industrial Action takes place see a drop in handover delays.

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

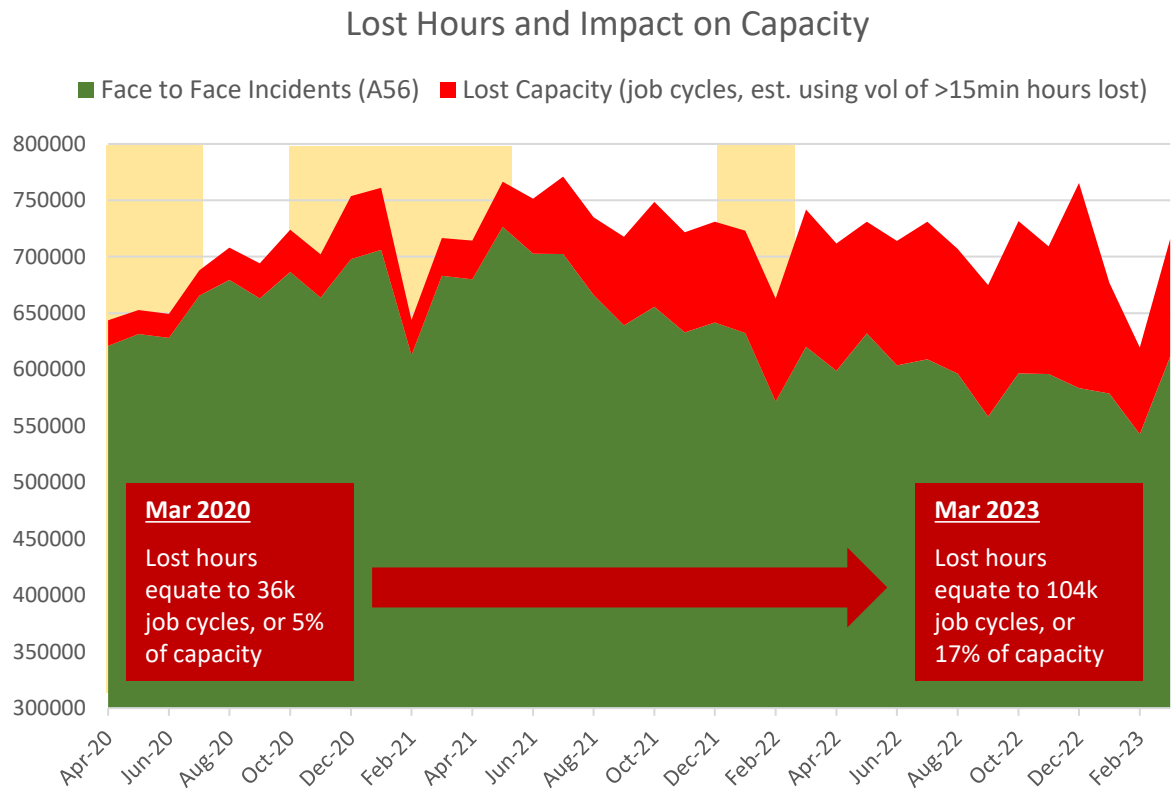
Around 34k patients experienced potential harm as a result of long handover delays in March 2023, with just under four of these experiencing severe harm*. Looking at the total hours lost to handover delays in March, the sector lost the equivalent of 104k job cycles. Using Face-to-Face incident volumes from March AQI data, this equates to 17% of potential ambulance capacity across the month – compared with five-percent in March 2022..

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



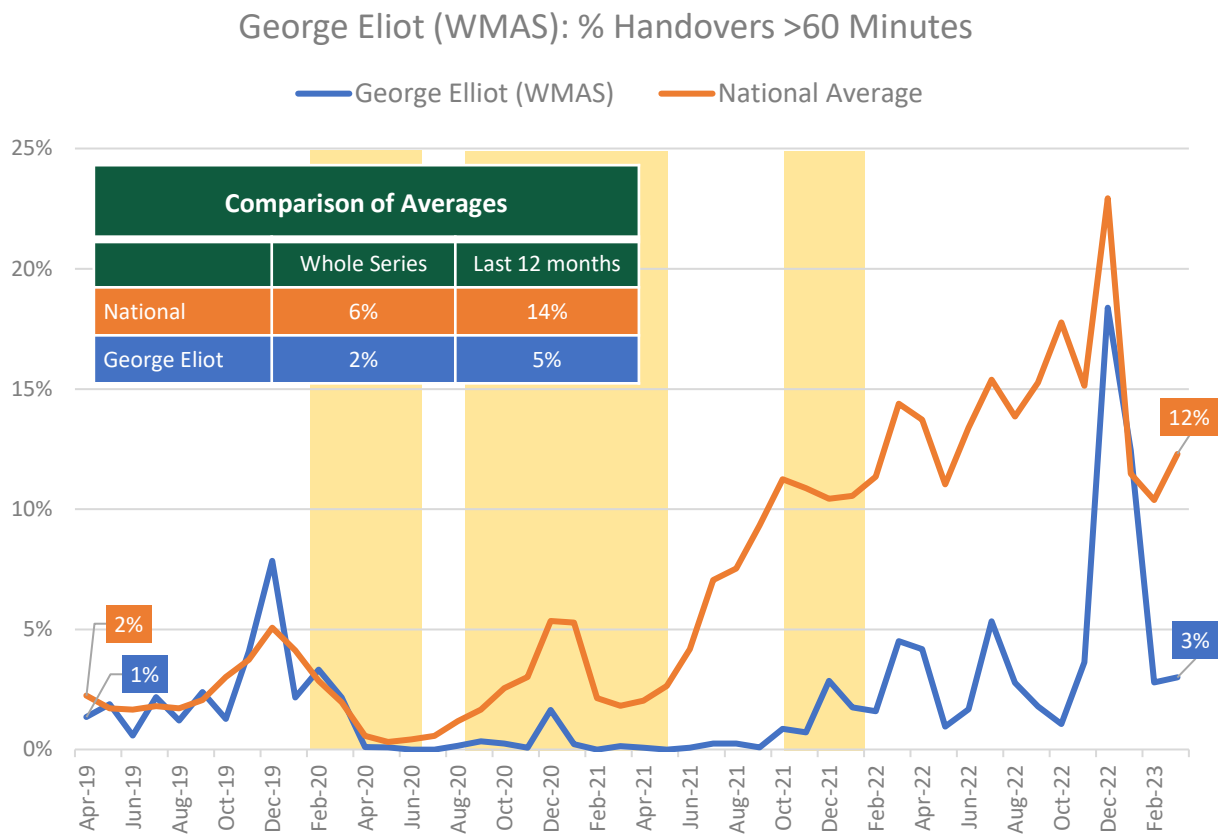
Yellow areas denote COVID waves in the UK: source ONS.

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

38. Effective Interventions: George Eliot Hospital NHS Trust

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, George Eliot Hospital's share of >60-minute handovers has exceeded five-percent on just two occasions. In March 2023, George Eliot's percentage of handovers in this category was a quarter of the national average.

60-min handovers as percentage of all handovers



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

An overview of George Eliot Hospital's current interventions

- **Leadership –** Senior leadership is visible throughout the week supporting emergency flow. There is executive oversight of ambulance delays, with early escalation to Deputy Chief Operating Officer where there are delays approaching 45-minutes with no plan to off load.
- **Culture –** Accepting that delaying ambulances compromises community safety of those patients waiting for ambulance responses. Staff at all levels have owned and accepted the problem.
- **Flow –** There is a whole hospital response to flow and ambulance delays, close working with ambulatory pathways, and three daily site flow meetings with executive presence. Processes that promote management of variation in ambulance demand are strongly encouraged, including the Fit2Sit initiative.
- **Relationships –** The Emergency Department does not function in isolation, working with all specialties, community services, primary care, and ambulance Trusts (WMAS and EMAS) to understand each other's demands and expectations.
- **Empowerment and Trust –** Trusting our clinical and operational teams to do the right things by our staff and patients. Staff are empowered to drive change.

For more information please contact: Christopher.Blundred@geh.nhs.uk