

National Ambulance Handover Delays – Final

Data period to end March 2023

Date of Report: April 27th, 2023

2. Summary and Contents



Overview: March saw an increase in the average daily volume of handover delays. Although the current volumes are below those seen last March, they remain significantly higher than in 2021, and tens of thousands of patients continue to risk harm as a consequence. As seen over the past few months, ongoing IA also has an impact on the data with handover volumes decreasing on days when action is taking place.

Page 3.
Effective Interventions: George Eliot Hospital NHS Trust



- As with hospitals featured in previous case studies, George Eliot Hospital has seen longer handovers remain significantly below the national average.
- Leadership, culture, flow management and relationships between different bodies within the health sector are some of the factors highlighted by the hospital that have helped keep longer handover volumes low.

Page 4.
Average Handover Times and Delays as a Proportion of All Handovers



- In March, the average handover time was slightly faster than the same time last year, but remains considerably slower than in March 2021.
- The proportion of handovers exceeding 60 minutes was 12% in March, two-percentage points lower than March 2022, but ten-percentage points higher than March 2021.

Pages 5 to 12.
Handover Volume and Hours Lost



- Volume of handover delays increased in March. While the longer month is historically a factor in the increase seen at this time of year, the average daily volume also increased between February and March.
- Most numbers reported here are slightly below their 2022 equivalent – however, they remain well above 2021 levels, and in some case are among the top-ten highest on record.

Page 13.
Impact on Patients and Crew



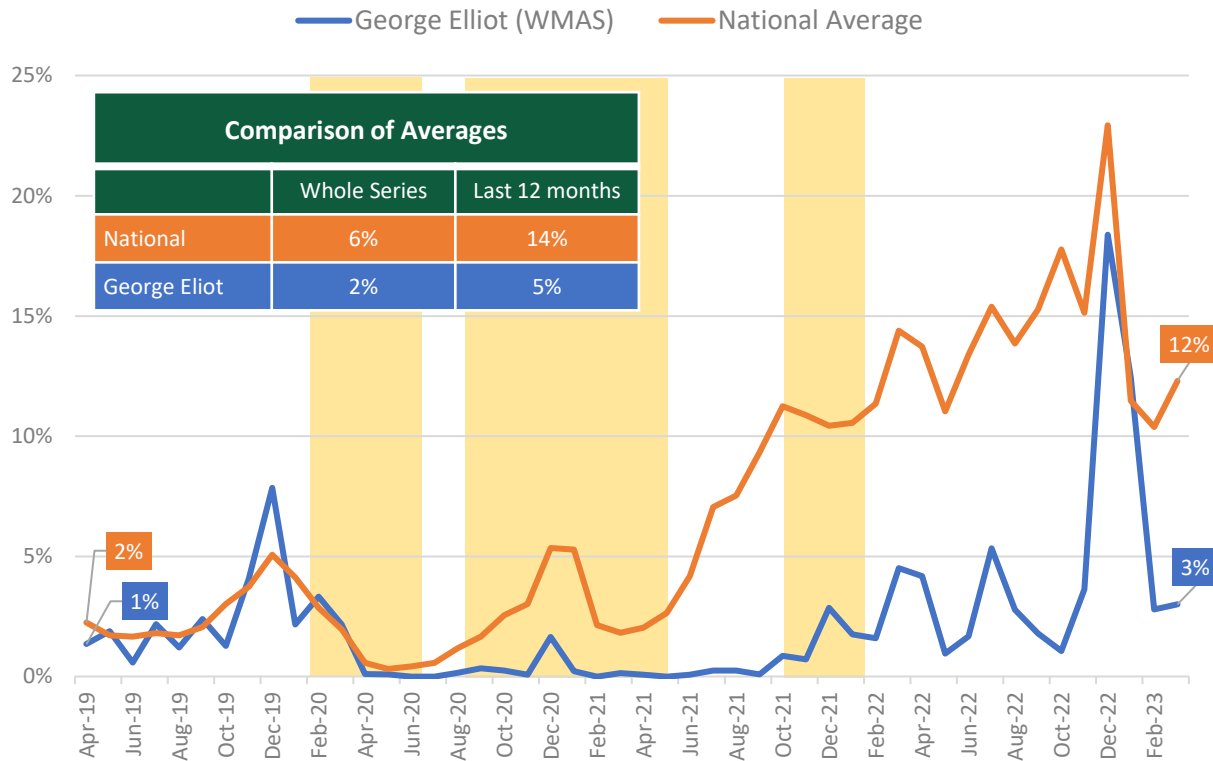
- Many patients continue face the risk of harm as a result of longer handovers, while vital ambulance resources are lost due to those delays.
- Over 30-thousand patients experienced potential harm as a result of longer delays in March, while over 100-thousand ambulance job cycles were lost.

3. 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

George Eliot (WMAS): % Handovers >60 Minutes



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.



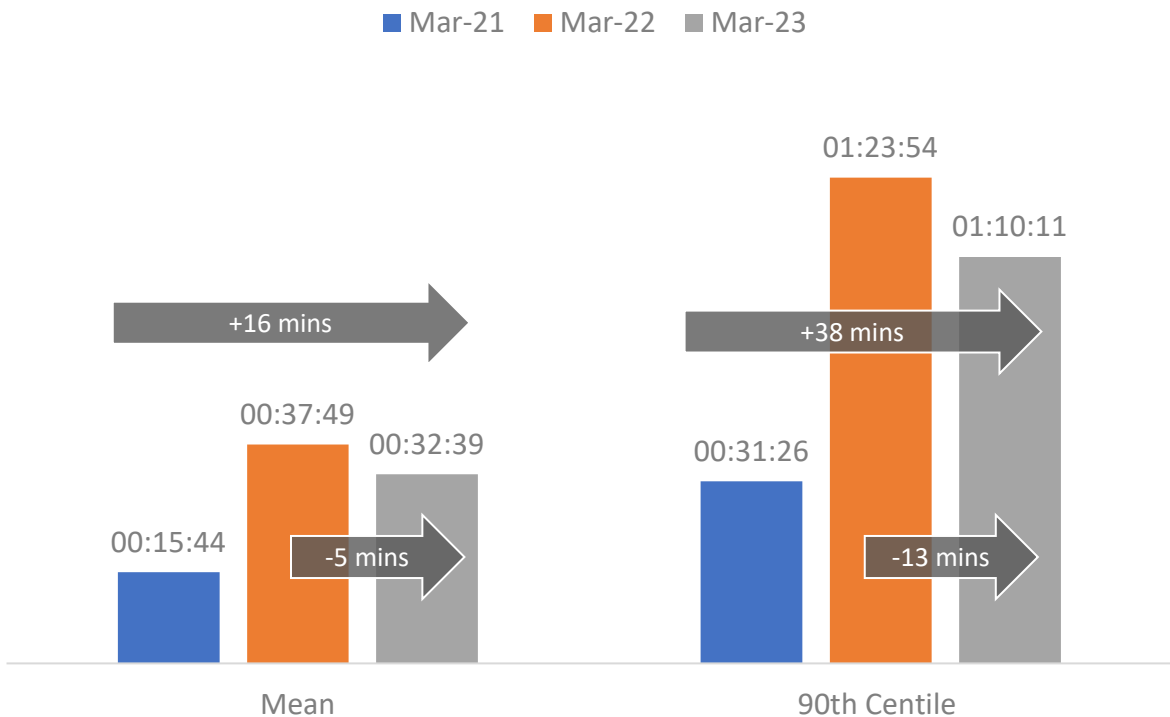
4. Average Handover Times and Delays as Proportion of All Handovers (source, NAIG)



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.

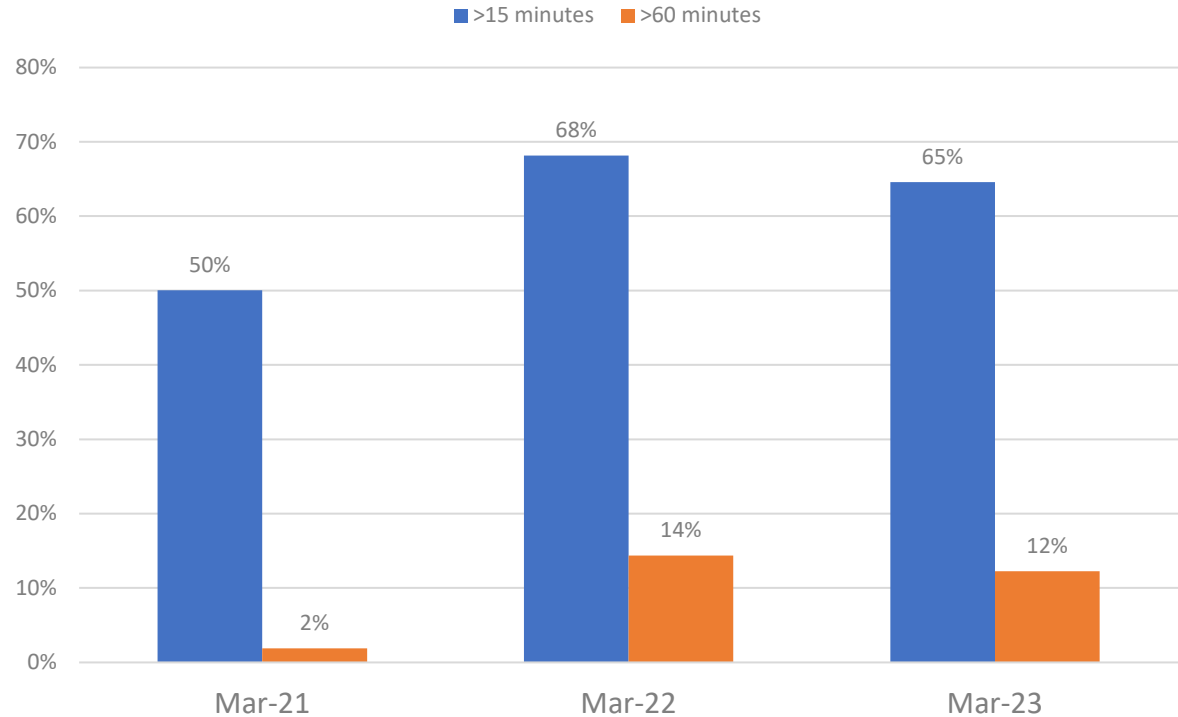
1. Mean and 90th Centile Handover Times

Mean and 90th Centile Handover Time (hh:mm:ss)



2. Handover Delays as a Percentage of All Handovers

Handover Delays as % of All Handovers

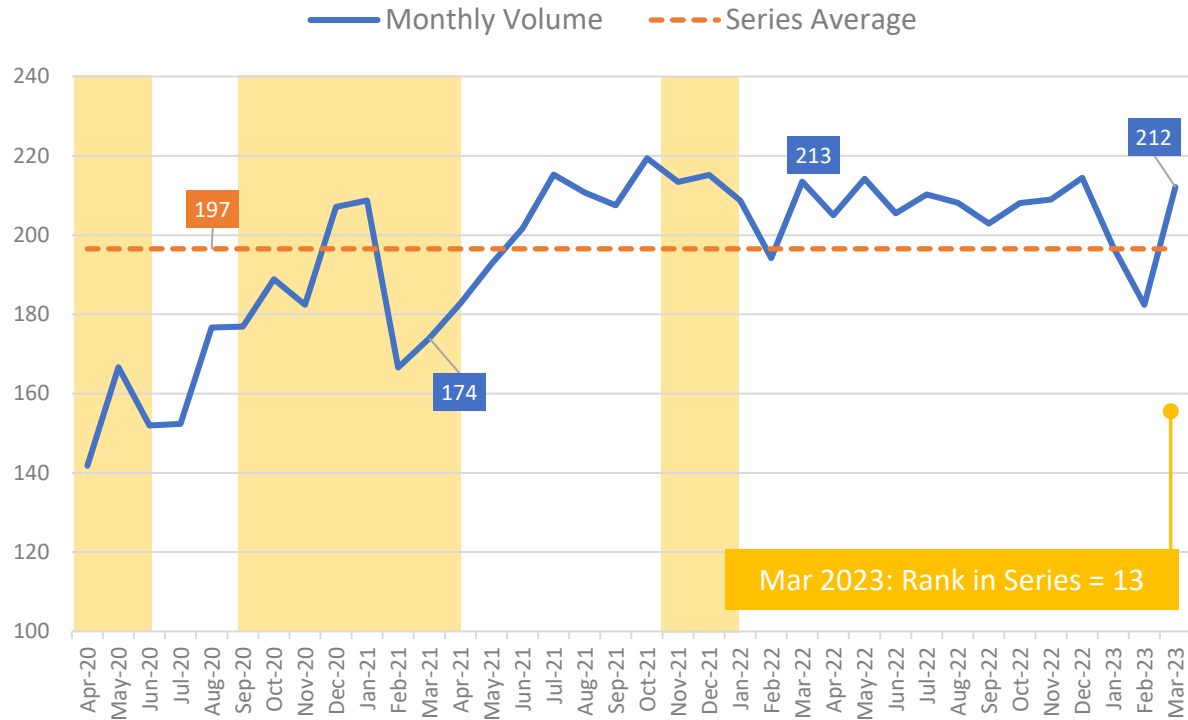


5. Patient Handover Delays over 15 Minutes (source, NAIG)

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

Volume of Handovers Over 15 Minutes ('000, source NAIG)

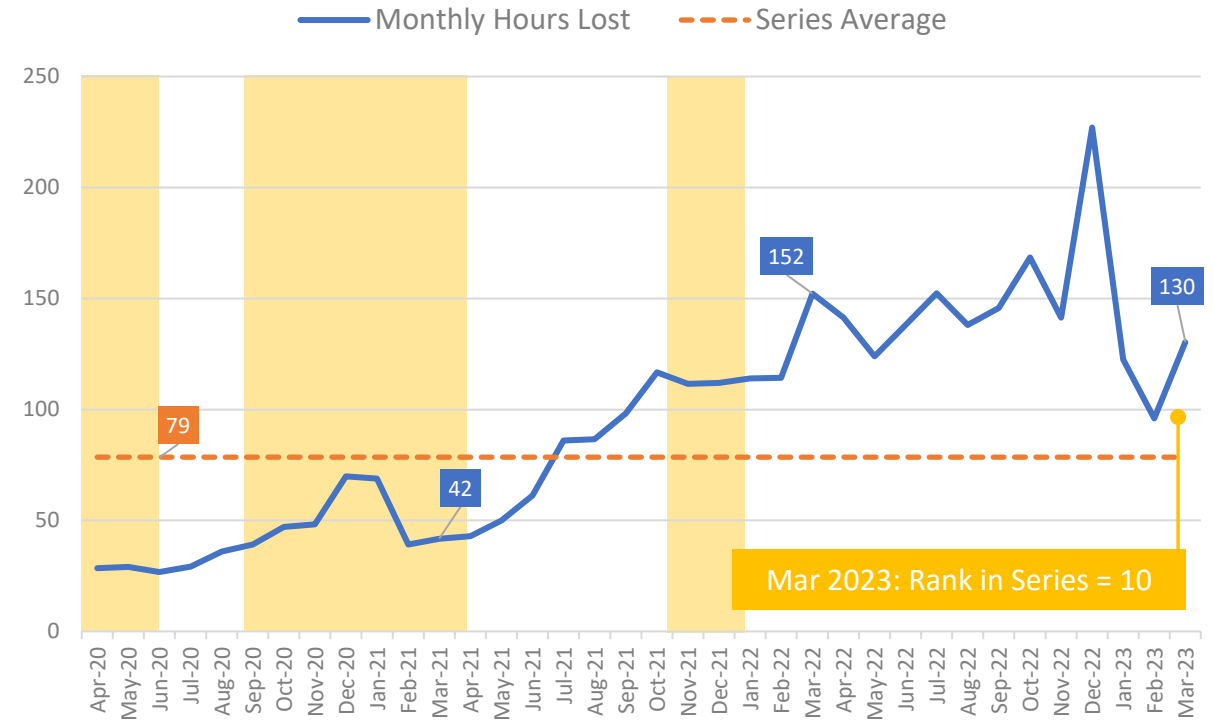


Yellow areas show COVID waves in the UK: source ONS.

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

2. Hours lost for Handovers Over 15 Minutes

Hours Lost: Handovers over 15 Minutes ('000, source NAIG)



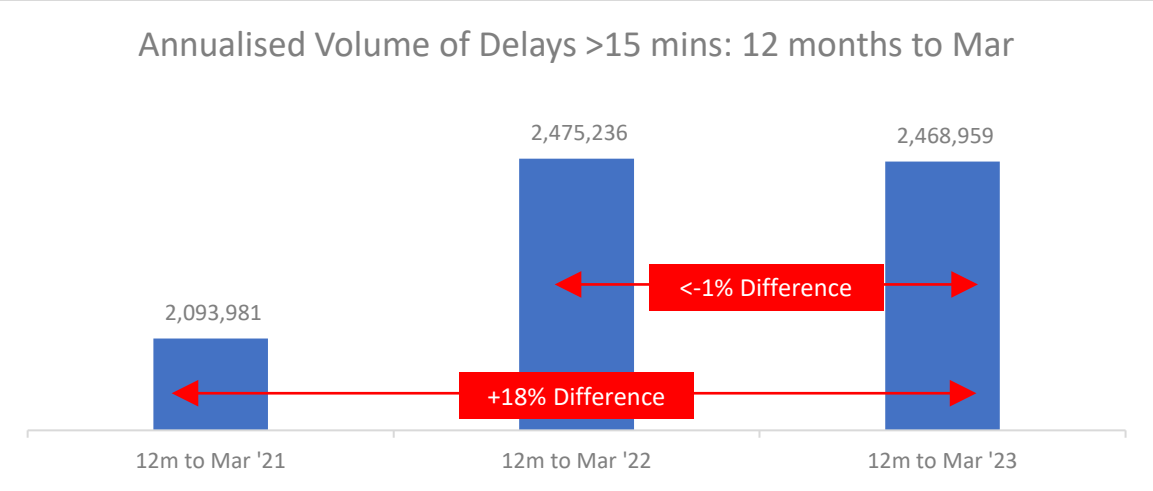
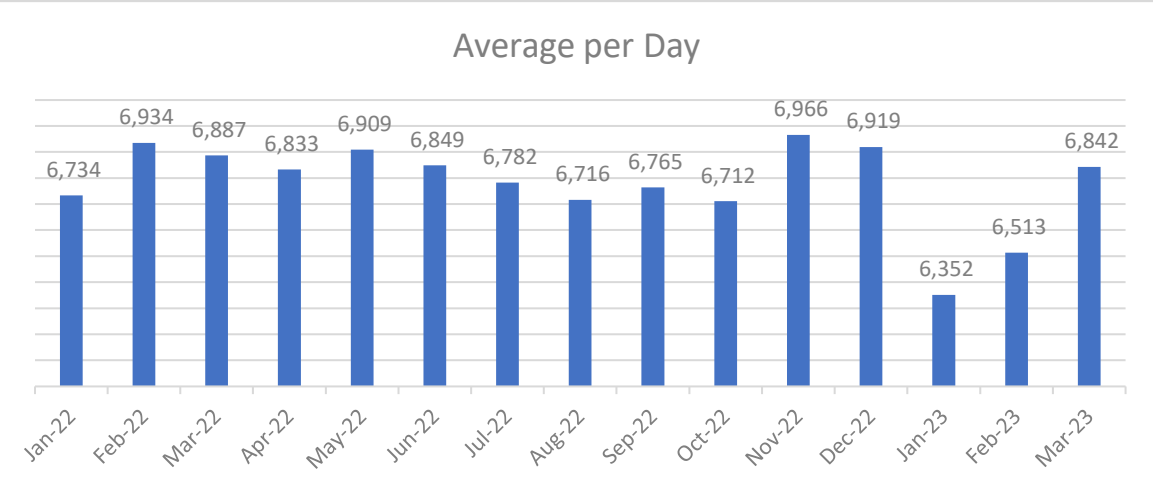
← -14% (or -22k) difference, Mar '22 to Mar '23 →

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

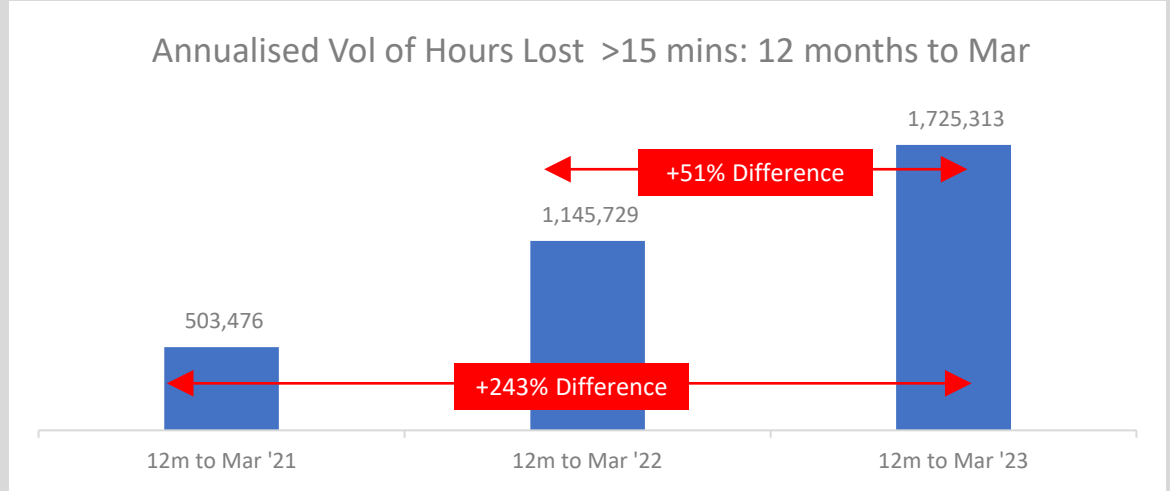
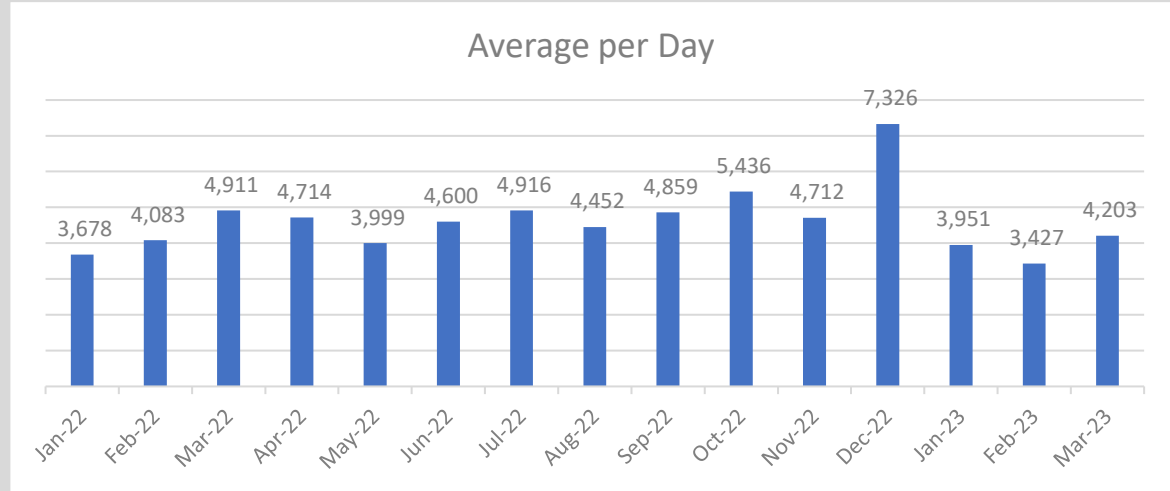


6. Average Daily and Annualised Data for >15 minute delays (source, NAIG)

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.

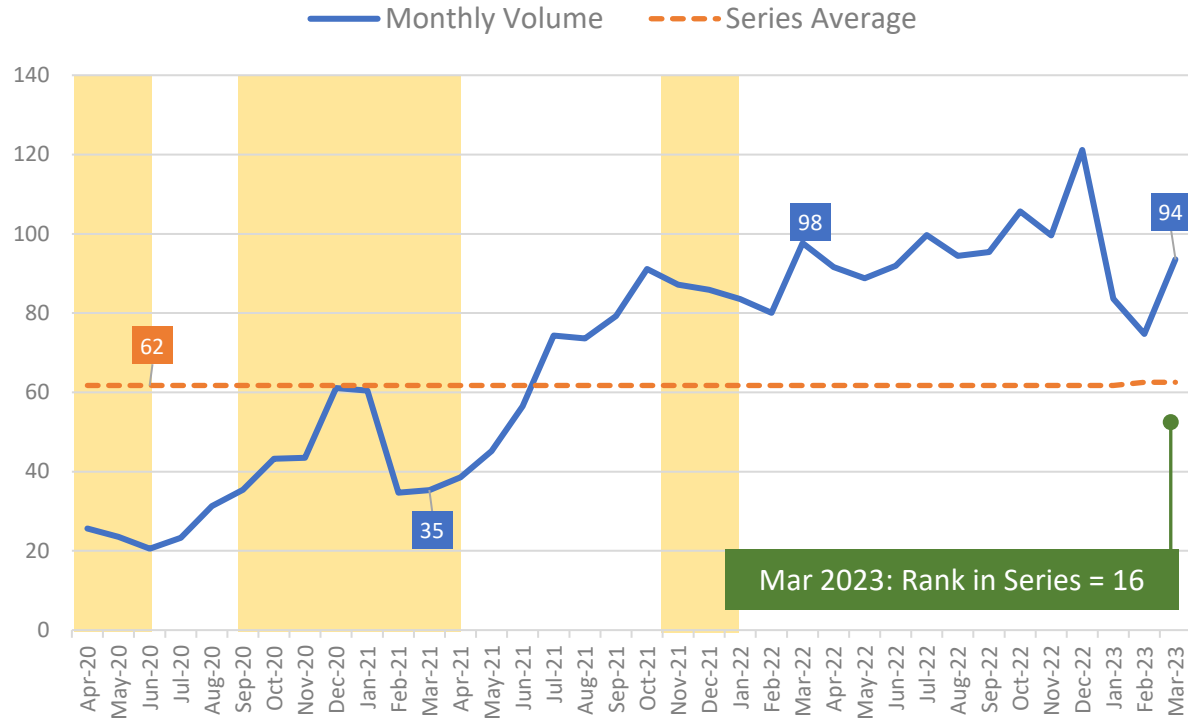


7. Patient Handover Delays over 30 Minutes (source, NAIG)

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

Volume of Handovers Over 30 Minutes ('000, source NAIG)



Mar 2023: Rank in Series = 16

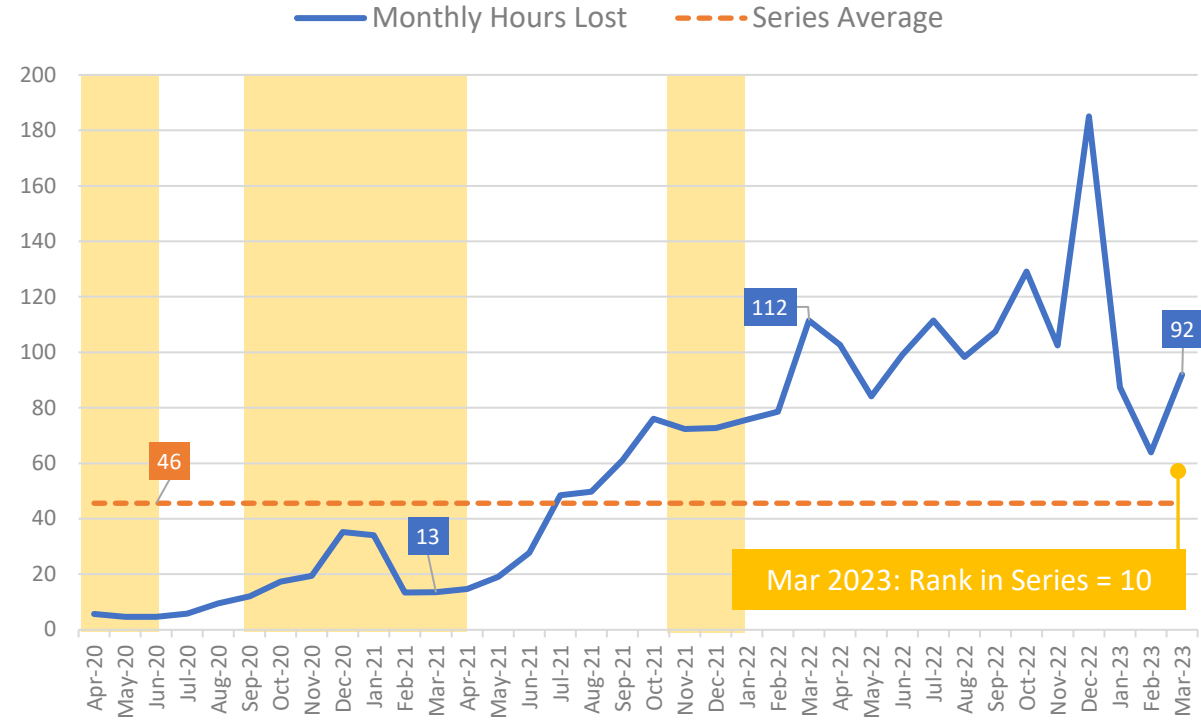
-4% (or -4k)

difference, Mar '22 to Mar '23

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

2. Hours lost for Handovers Over 30 Minutes

Hours Lost: Handovers over 30 Minutes ('000, source NAIG)



Mar 2023: Rank in Series = 10

-18% (or -20k)

difference, Mar '22 to Mar '23

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



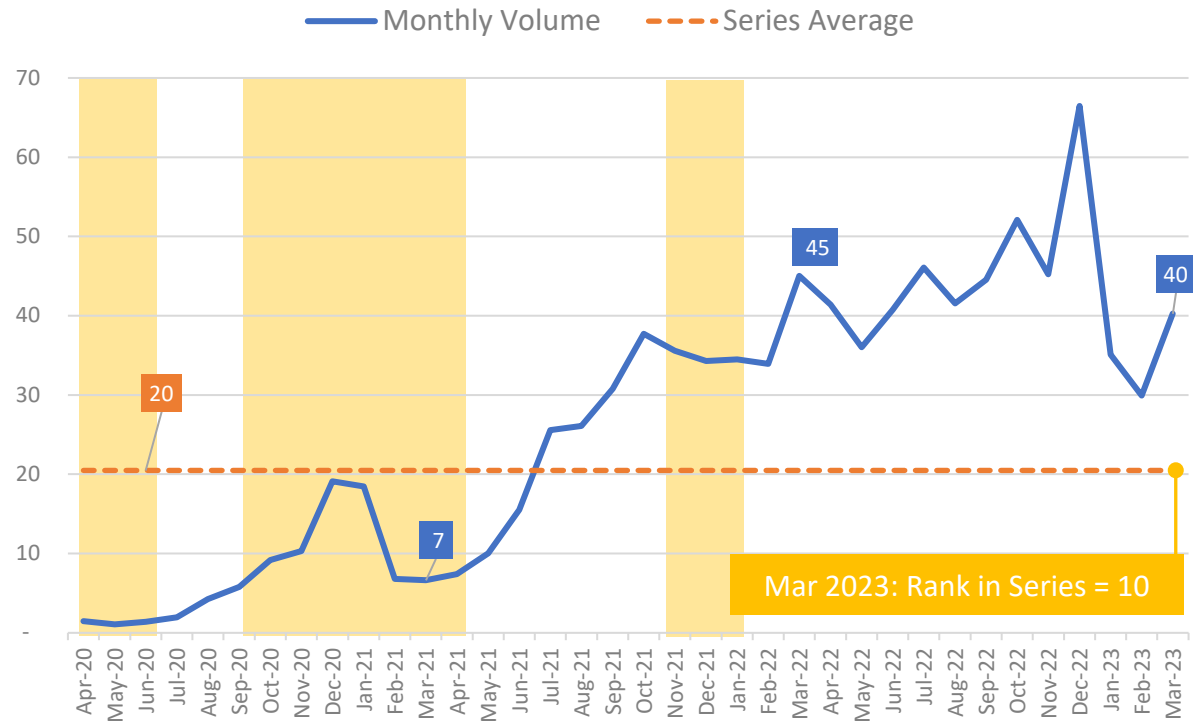
8. Patient Handover Delays over 60 Minutes (source, NAIG)

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).

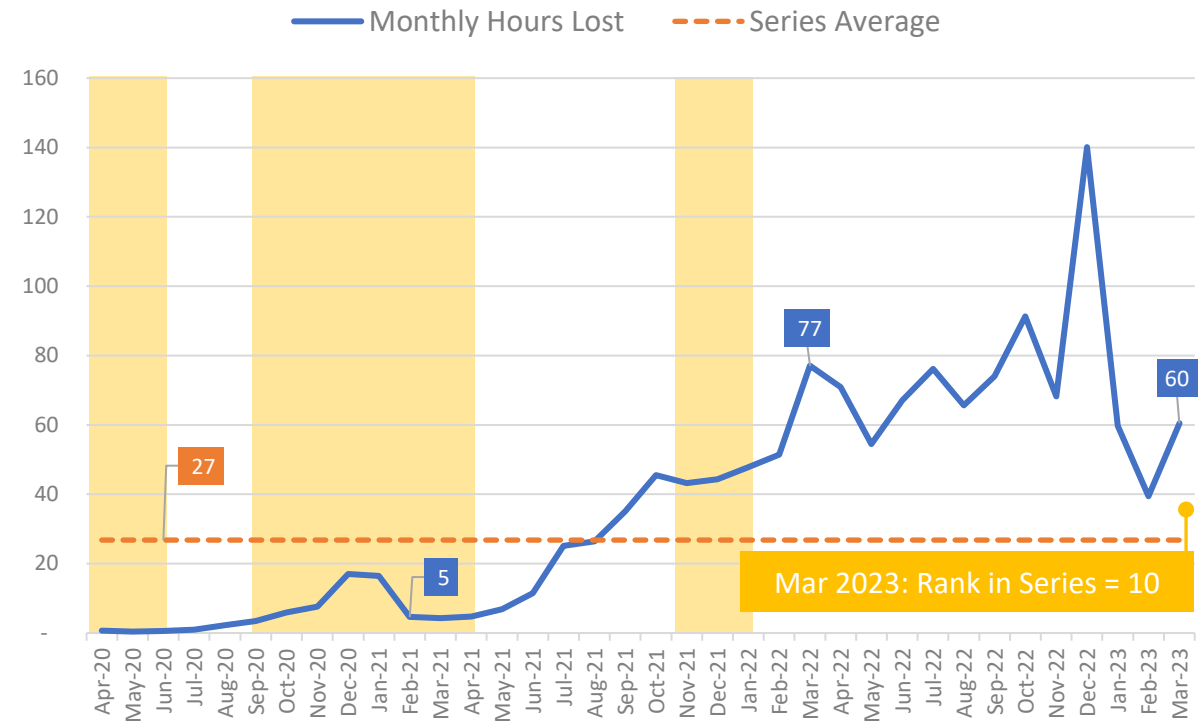
1. Delays over 60 Minutes

2. Hours lost for Handovers Over 60 Minutes

Volume of Handovers Over 60 Minutes ('000, source NAIG)



Hours Lost: Handovers over 60 Minutes ('000, source NAIG)



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

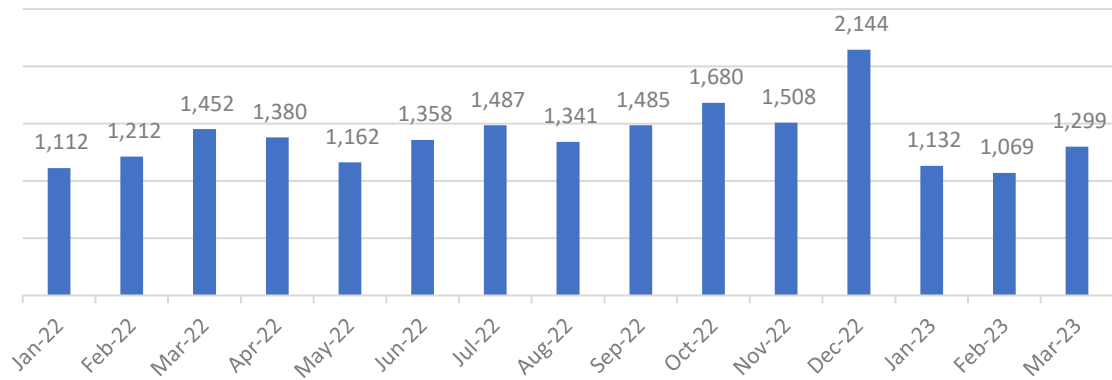
← -11% (or -5k) difference, Mar '22 to Mar '23 →

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

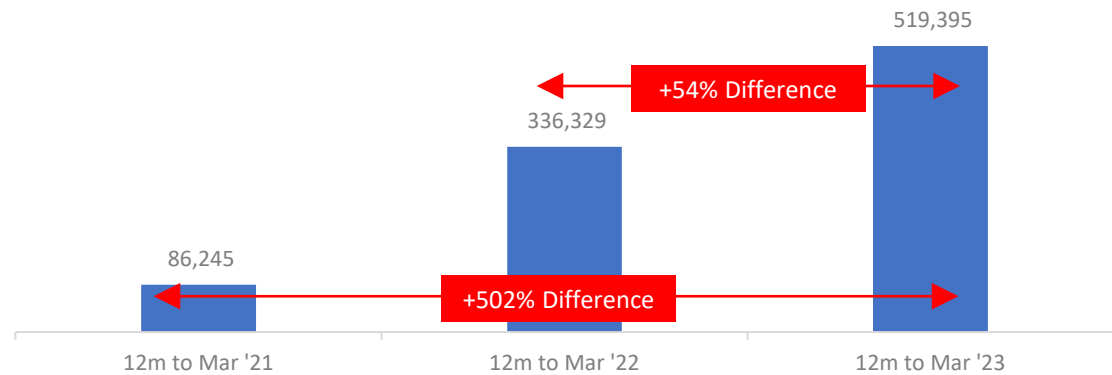
9. Average Daily and Annualised Data for >60 minute delays (source, NAIG)

1. Volume of Handover Delays over 60 minutes

Average per Day

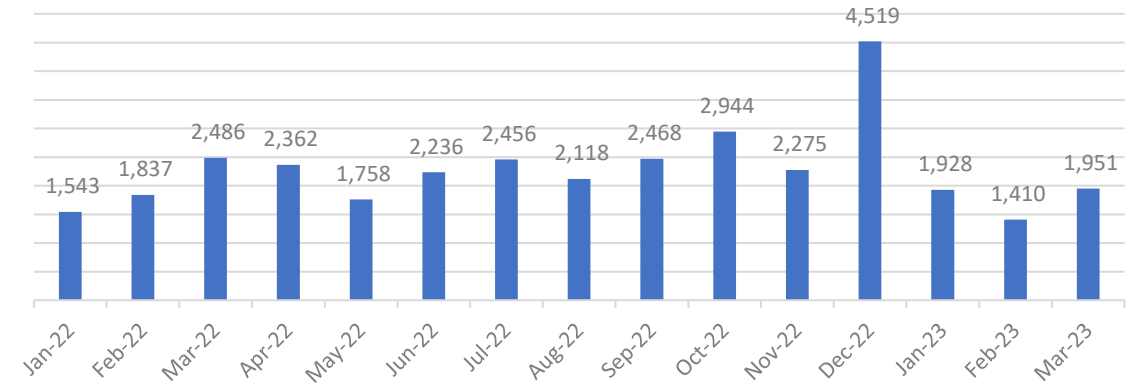


Annualised Volume of Delays >60 mins: 12 months to Mar

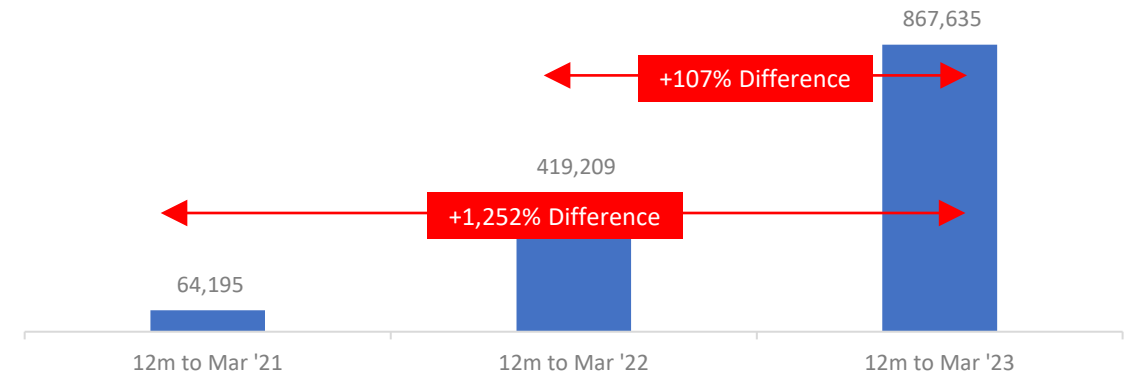


2. Hours Lost for Handover Delays over 60 minutes

Average per Day



Annualised Vol of Hours Lost >60 mins: 12 months to Mar



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

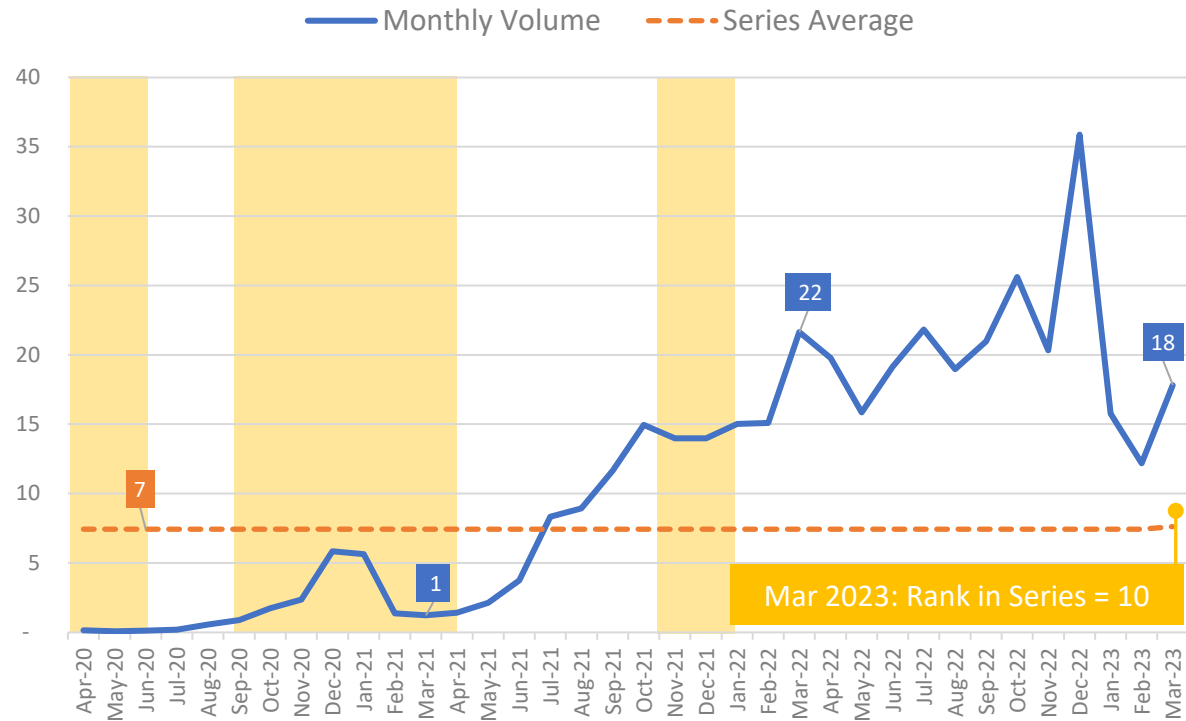


10. Patient Handover Delays over 120 Minutes (source, NAIG)

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

Volume of Handovers Over 120 Minutes ('000, source NAIG)

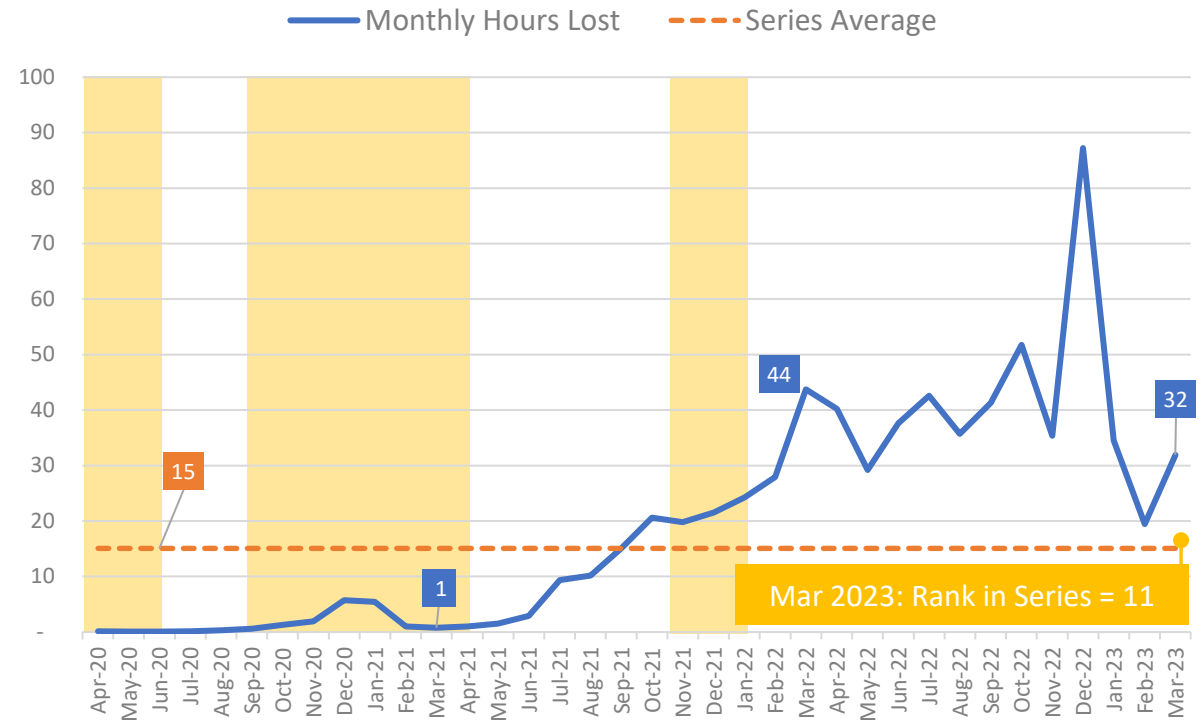


Yellow areas show COVID waves in the UK: source ONS.

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

2. Hours lost for Handovers Over 120 Minutes

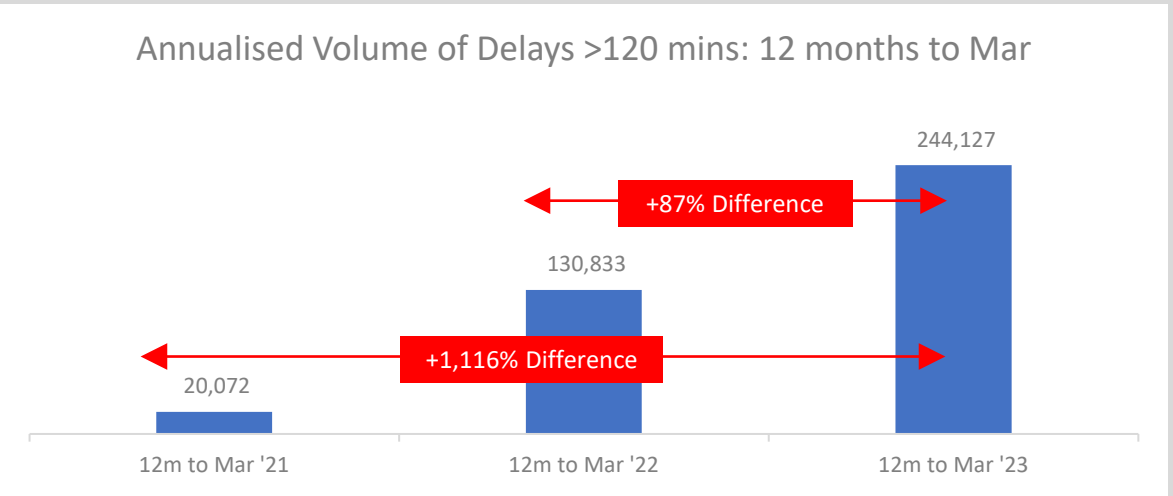
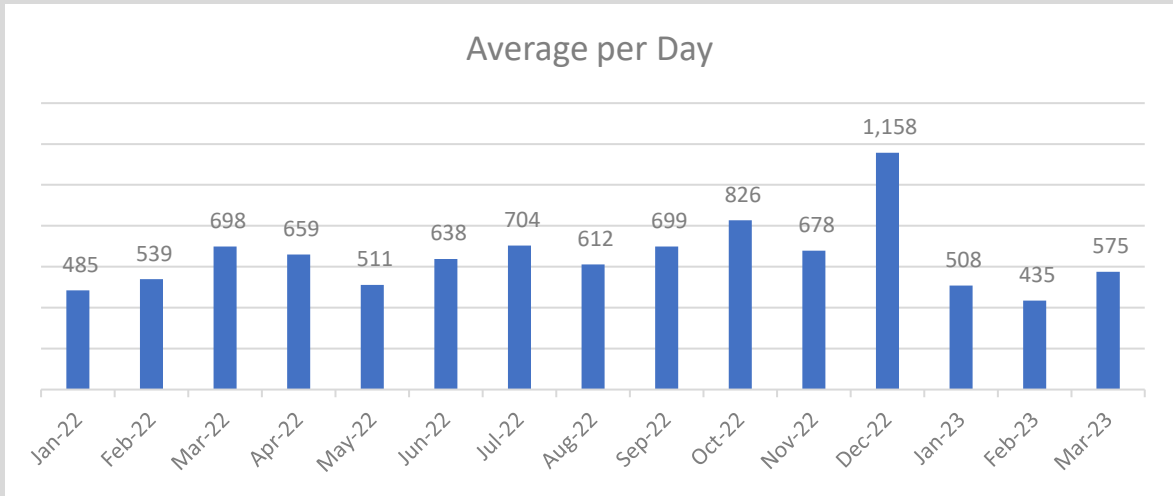
Hours Lost: Handovers over 120 Minutes ('000, source NAIG)



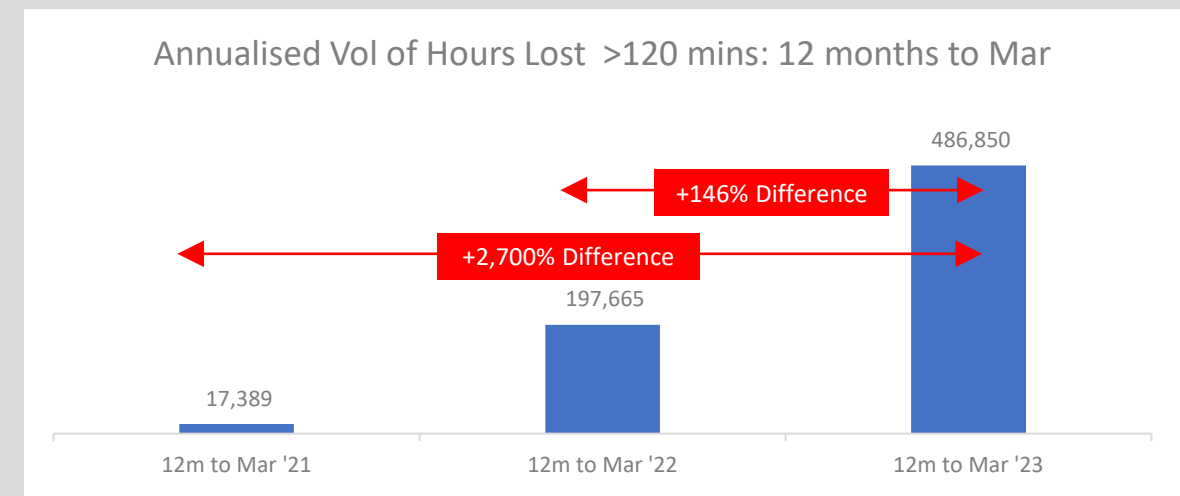
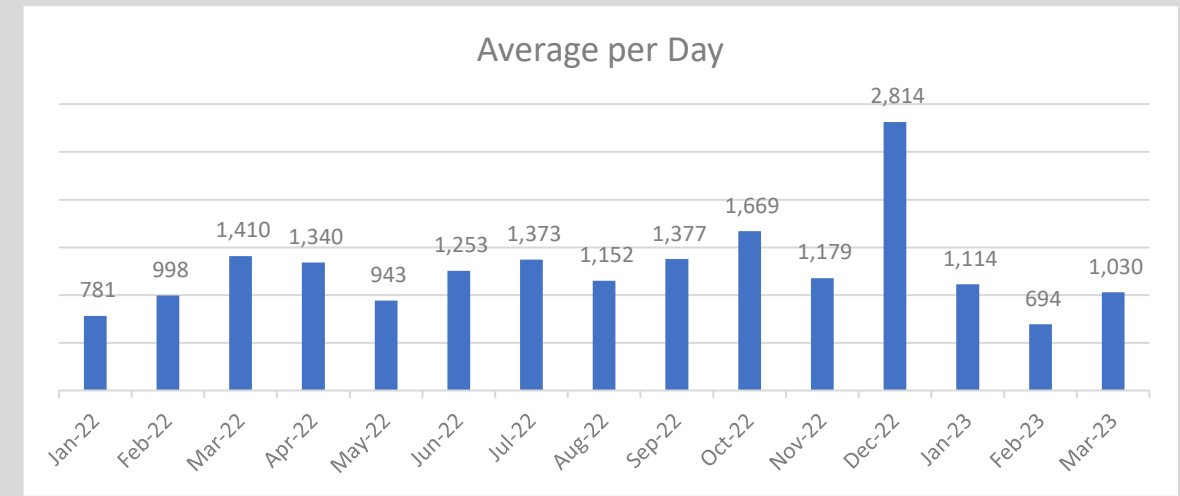
← -27% (or -12k) difference, Mar '22 to Mar '23 →

11. 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.



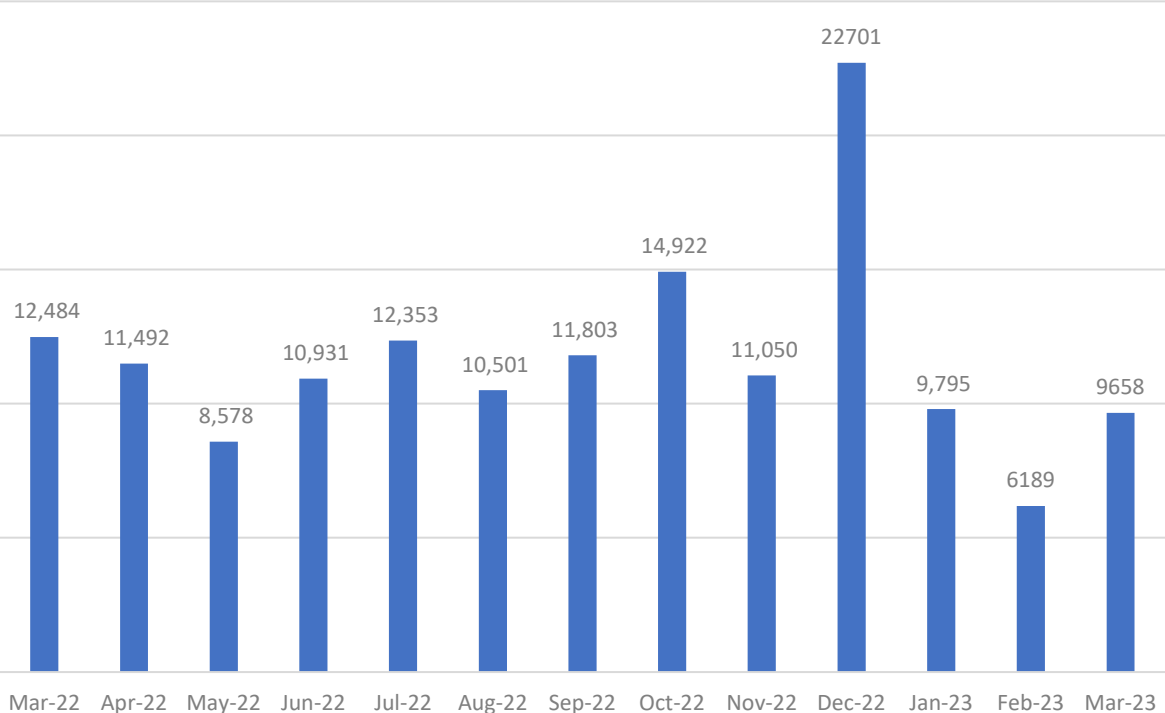
12. Patient Handovers Longer than Three Hours (source, NAIG)



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).

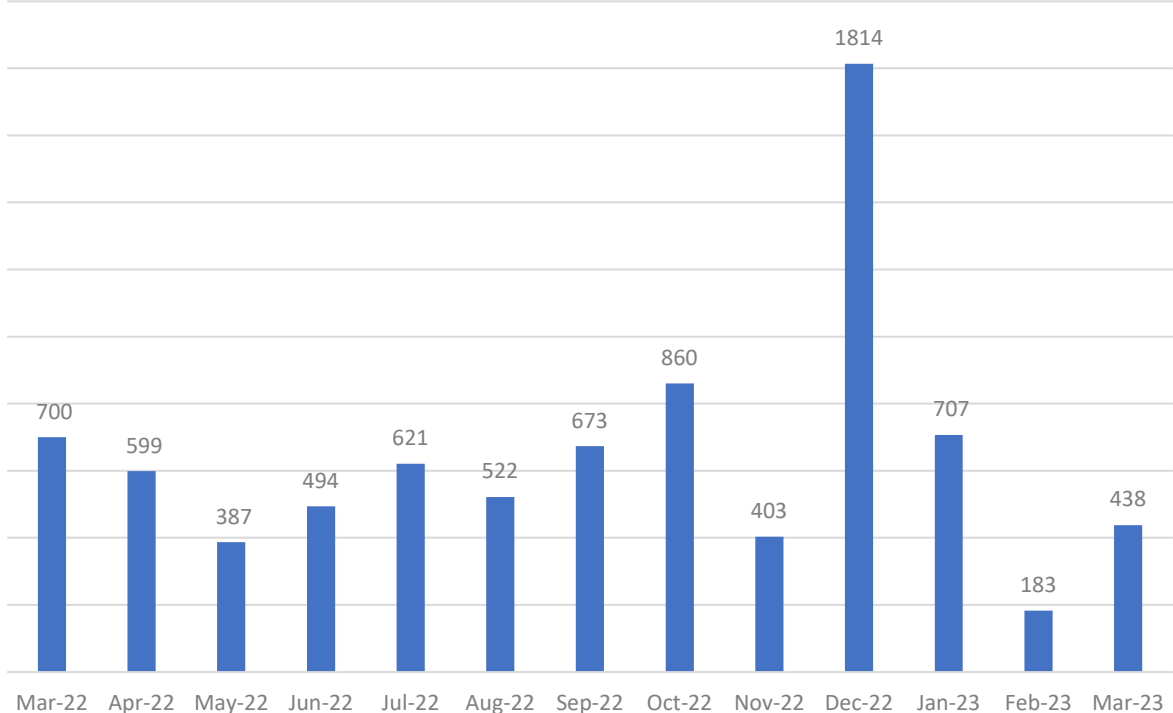
1. Longer Handover Delays: All Over Three Hours

Volume of Handovers over Three Hours



2. Longer Handover Delays: All Over Ten Hours

Volume of Handovers over Ten Hours



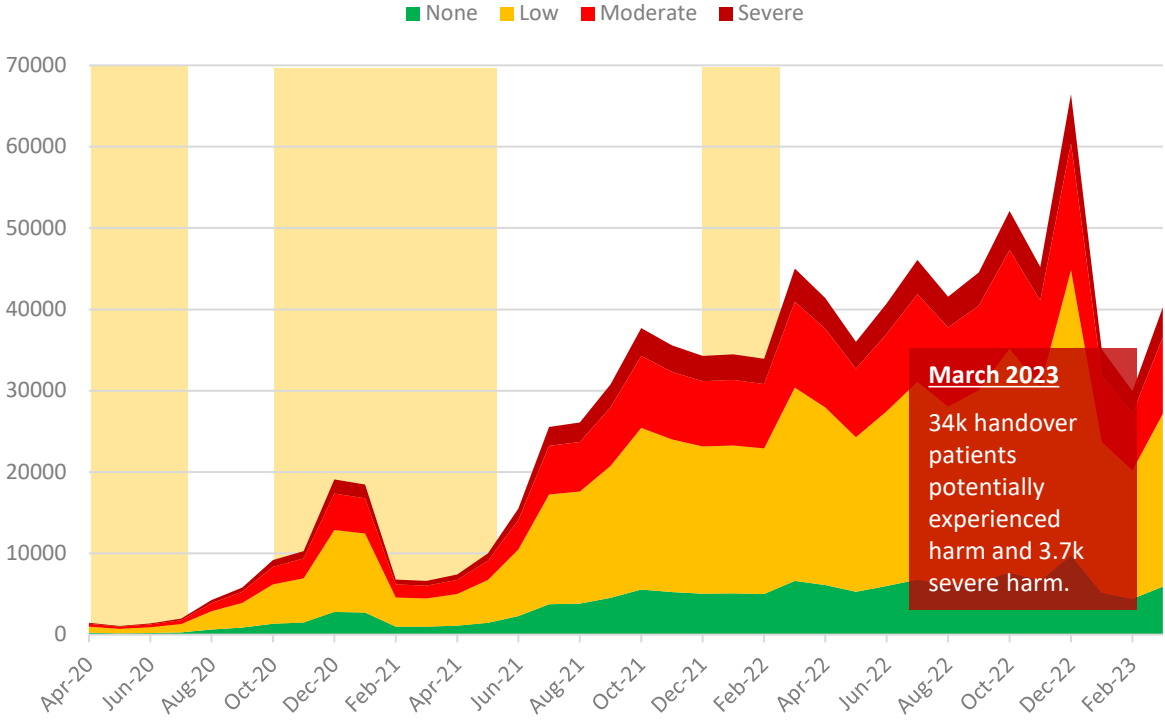
13. Impact on Patients and Crew (source, NAIG, [AQI Data](#) and [AACE](#))



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..

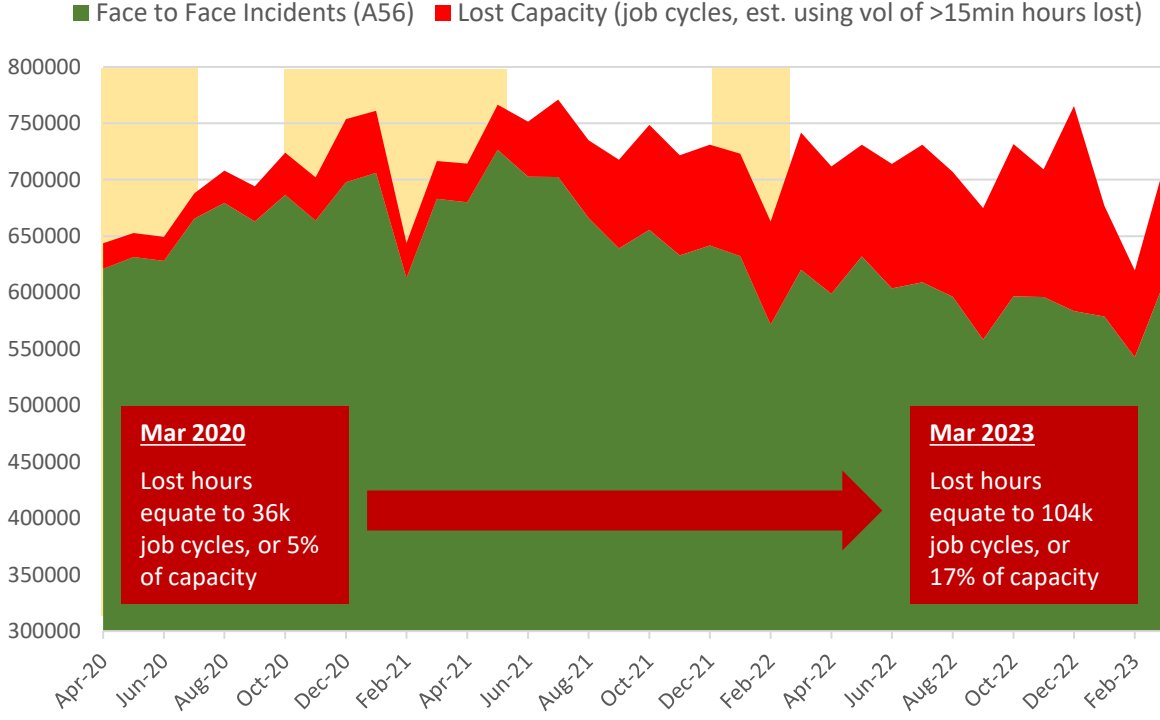
1. Estimated number of patients experiencing potential harm

Vol of >60 min handovers by estimated harm (NAIG & AACE)



2. Estimated impact of lost hours on capacity

Lost Hours and Impact on Capacity



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

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

