

National Ambulance Handover Delays – Final

Data period to end April 2023

Date of Report: May 26th, 2023

2. Summary and Contents



Overview: Since the unprecedented number of patient handover delays seen in December 2022, volume has steadily decreased. April 2023’s figures are some of the lowest seen in over 18-months, with delays of ten-or-more hours dropping from triple to double-digits for the first time in well over a year. Yet despite six months of shrinkage, longer delays continue to exceed the levels seen two years ago by some margin, with ongoing impact on patients, crew and resources.

Pages 3 - 5
Effective Interventions: Case Studies from three hospitals



- This month’s case studies focus on Salford Royal, Berkshire Royal and North Tees Hospitals. Over the past few years, each has maintained a proportion of longer handovers substantially smaller than the national average, and this report looks at the measures in place that have helped achieve this result.

Page 6.
Average Handover Times and Delays as a Proportion of All Handovers



- In April 2023, the mean handover time dropped to 49-minutes, 14-minutes faster than April 2022. The proportion of handovers exceeding an hour was 59%, nearly ten-percentage points lower than April 2022.
- While there is some evidence of the current trend being one of improvement, along with the other data presented here these measures remain well above the levels seen two years previously.

Pages 7 to 14.
Handover Volume and Hours Lost



- Delays of over an hour or longer were at their lowest since mid-2021, and nearly half the volume seen in April 2022.
- Nonetheless, hours lost to longer delays remain high. For delays of an hour or longer, time-lost was five times greater (and for delays of two-or-more hours, 12-times greater) than the same time two years ago.

Page 15.
Impact on Patients and Crew



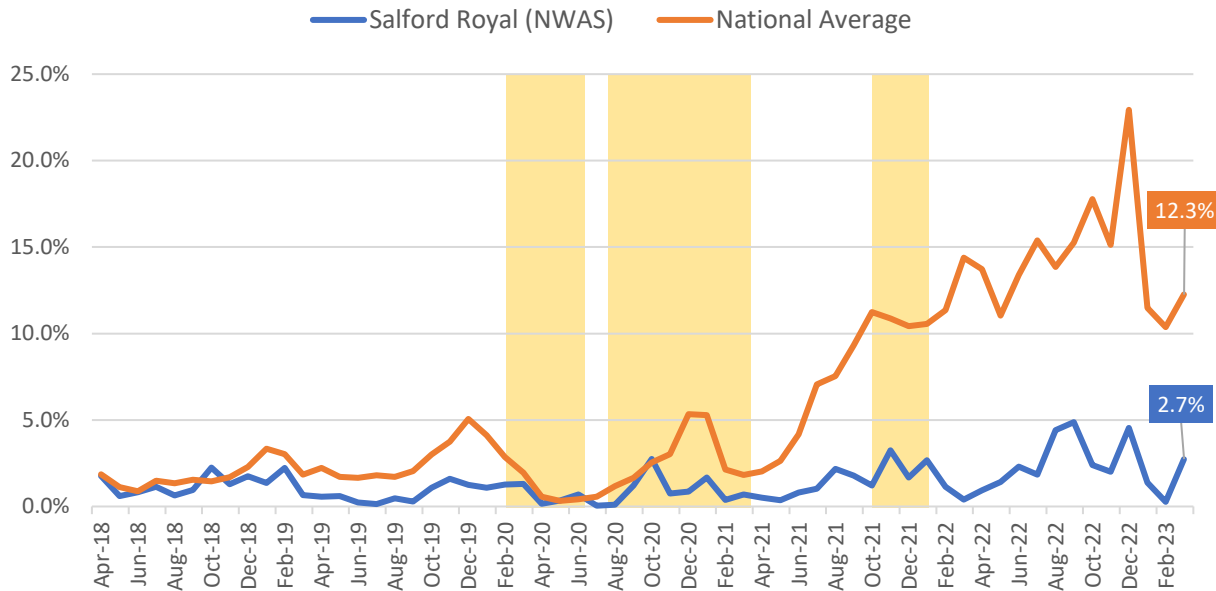
- Despite the decreases seen in April, tens of thousands of patients continue to face the risk of potential harm as a result of longer handovers, while essential ambulance resources are lost due to those delays.
- Twenty-thousand patients experienced potential harm as a result of longer delays this month, while over 65-thousand ambulance job cycles were lost.

3. Salford Royal Hospital (NWS Region)

The average daily volume of handovers at Salford Royal Hospital regularly exceeds the national average by some margin. Despite this, the hospital's proportion of handover delays of 60-minutes or longer has remained below five-percent since April 2018, and is currently a quarter of the national average (of 12-percent).

60-min handovers as percentage of all handovers

Salford Royal: % of Handovers over 60 Minutes



About Salford Royal Hospital and its current interventions

Context. Salford averages around 70 ambulance handovers per-day. This compares with a national average of 44 handovers per-hospital per-day (sources: Salford Royal Hospital and NDOG06 data);

Culture. There is a strong belief throughout the organisation - from Directors through to the department staff - that it is safer for patients to be brought into the Emergency Department than for them to wait in the back of an ambulance, or left waiting at home.

Flexibility. Salford operate a flexible staffing model. Urgent and Emergency Care (UEC) staff are empowered to support each other depending on the evolving challenges they face. This means using roving staff, or moving staff between differing areas, dependent on need;

Leadership. Some execs block shifts in their diaries to work in a range of departments across the hospital. As well as practical support, this has a ripple effect benefit of leadership visibility;

Rapid Assessment Triage. Dedicated area with six cubicles to which all non-standby emergency ambulances report. They are met by a registered nurse and do a dual handover on a mobile computer and PIN out together once complete. Patients then have early diagnostics before being moved into the main department or waiting room depending on their presentation. This means the hospital has continuous flow through the area, allowing them to maintain timely handover;

Community Collaboration. Salford have one GP practice covering 95% of the community's nursing, and residential care homes which results in better communication and collaboration, more effective community plans, agreed ceilings of care and positive patient-outcomes. This supports admission avoidance freeing up beds and enabling patients to move efficiently through the system, therefore is a support mechanism in minimising longer handover delays.

Summary of Data

Percent of handovers <60 mins (average for series)

Salford = 1.4%

National = 5.9%

Percent of handovers <60 mins (av. last 12 months)

Salford = 2.4%

National = 14.4%

About Salford Royal Hospital

Both a major trauma centre and tertiary centre for Clinical Neurosciences within Greater Manchester, the hospital receives over 300 ED attendances per day. The site is home to the new Greater Manchester Major Trauma Hospital, due for completion and opening in October 2023. Once operational it is estimated that around 90% of the regions seriously injured patients will be transported there by road or air.

Based in Pendleton, Greater Manchester, Salford Royal hospital is operated by the Northern Care Alliance NHS Foundation Trust and currently has over 700 general and acute inpatient beds.



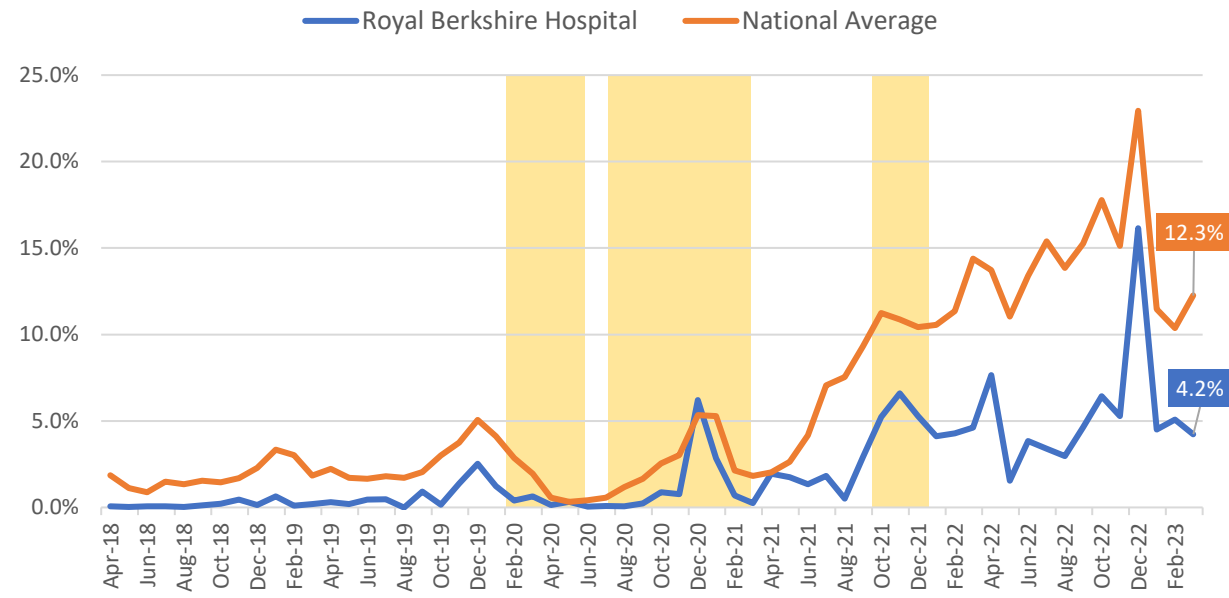
4. Royal Berkshire Hospital (SCAS Region)

The average daily volume of handovers at Royal Berkshire Hospital is double the national average. Despite this, the hospital's proportion of longer handover delays is currently a third of the national average.

60-min handovers as percentage of all handovers

About Royal Berkshire Hospital and its current interventions

Royal Berkshire Hospital: % of Handovers over 60 Minutes



Context. Based on NDOG06 data, Royal Berkshire averaged 89 handovers per-day over the past 12-months. This compares with a national average of 44 handovers per-hospital per-day;

Incident Validation. There has been a strong push via Integrated Urgent Care for validation of Category-3 and Category-4 calls which has reduced the volume of ambulance conveyancing;

Leadership. The Executive team work twilight shifts which increases cultural positivity and senior understanding of challenges faced at the hospital. There is also a Director of the Day who clears their diary and works on site for the day;

Risk Management. The Emergency Preparedness, Resilience and Response team work within site and have designed a risk dashboard which evidences risk and allows leaders to effectively mitigate;

ED Process The Emergency Department (ED) operates zonal care: patients are kept in one place and looked after by the same team for their ED journey, improving care and flow. There is a zero tolerance to corridor care in ED, instead proactively boarding in chosen areas in hospital.

Access. Clinical Streaming and the ambulance service have equitable rights to access a wide range of services across the hospital. Staff are empowered to stream;

Community Based Support. The Trust and SCAS jointly operate a roving vehicle that helps keep patients at home following falls.

Summary of Data

Percent of handovers <60 mins (average for series)		Percent of handovers <60 mins (av. last 12 months)	
Royal Berks' = 2.2%	National = 5.9%	Royal Berks' = 5.5%	National = 14.4%

About Royal Berkshire Hospital

The Hospital is managed by the Royal Berkshire NHS Foundation Trust, which serves a population of 500k people. The A&E department sees on average between 380 and 460 patients a day.

Based in Reading, the original building opened in 1839 - the hospital has recently undergone consultation with the public about redeveloping or relocating the facility.

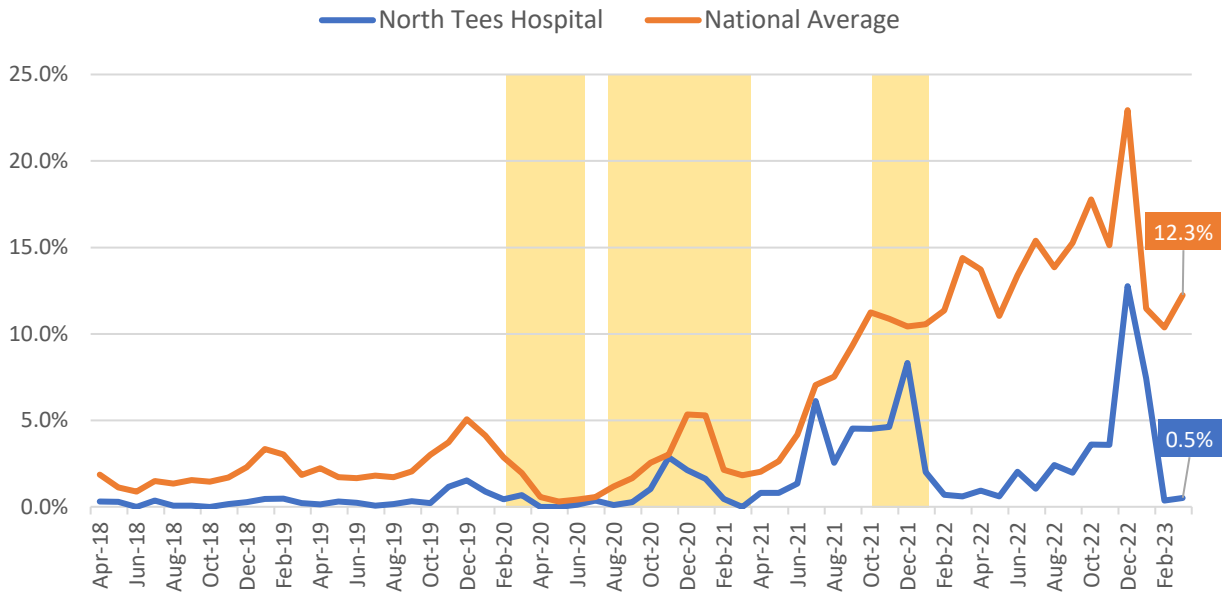
5. North Tees Hospital (NEAS Region)

The average daily volume of handovers at North Tees Hospital is just below the national average. Despite this, the hospital's proportion of handover delays of 60-minutes or longer is currently less than one-percent compared with a national average of over 12-percent.

60-min handovers as percentage of all handovers

About North Tees and Hartlepool NHS Trust and its current interventions

North Tees Hospital: % of Handovers over 60 Minutes



Context. Based on NDOG06 data, North Tees averaged just under 40 handovers per-day over the past 12-months. This compares with a national average of 44 handovers per-hospital per-day;

Senior involvement. All medical specialist doctors spend time working in the Emergency Department (ED) to help them understand ED staff experience, benefiting culture; in addition the senior nurse and senior doctor on duty take the majority of initial handovers and allocate patients to available capacity promptly;

Risk management. The hospital operates a live risk and operational dashboard. This enables Integrated Care System leaders to make live judgements proactively. There is a significant site room with large team and whiteboard set up which shows dashboards for in hospital services and Integrated Care System, the Discharge Coordinators and team are integral to the flow pathway to create bed capacity;

Community focus. There is an Urgent Community Response (UCR) service in place, to which the ambulance service has 24-hour access. There is strong primary care engagement with heart failure team, while advanced clinical practitioners are deployed in the community to keep people at home. There is a blended workforce in the community response team to get the right type of clinician to the right patient. There is very strong local authority partnering, a strong community matron presence, and partnership working with primary care and care homes results in high quality plans and ceilings of care, keeping people in the community;

Access. Strong Single Point of Access (SPA) provision where it is easy to access the right service for the right patient: the ambulance service has access to this. A number of direct admission pathways into acute medical assessment.

Summary of Data

Percent of handovers <60 mins (average for series)		Percent of handovers <60 mins (av. last 12 months)	
North Tees = 1.5%	National = 5.9%	North Tees = 3.1%	National = 14.4%

About North Tees Hospital

The University Hospital of North Tees is a general hospital in Stockton-on-Tees. It is run by North Tees and Hartlepool NHS Foundation Trust, which serves over 400,000 people. It has a fully integrated Urgent and Emergency Care Centre with streaming at the front door.

The hospital itself has over 550 beds, and provides healthcare to people living Hartlepool, Stockton on Tees and in the south east of County Durham.

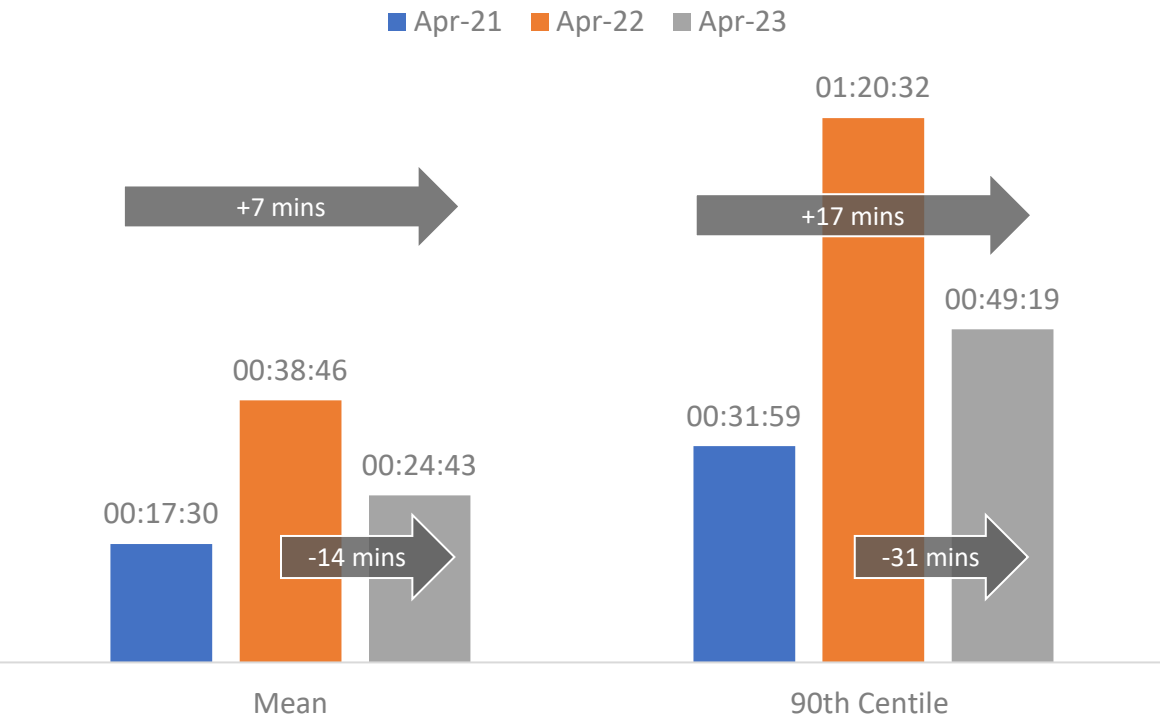
6. Average Handover Times and Delays as Proportion of All Handovers (source, NAIG)



April 2023's handover data show that key figures remain above those seen during same month in 2021. However, compared with 2022 there is a decrease in (1) the average handover time, (2) the proportion of all handovers taking 15-minutes or longer and (3) the proportion of handovers exceeding an hour.

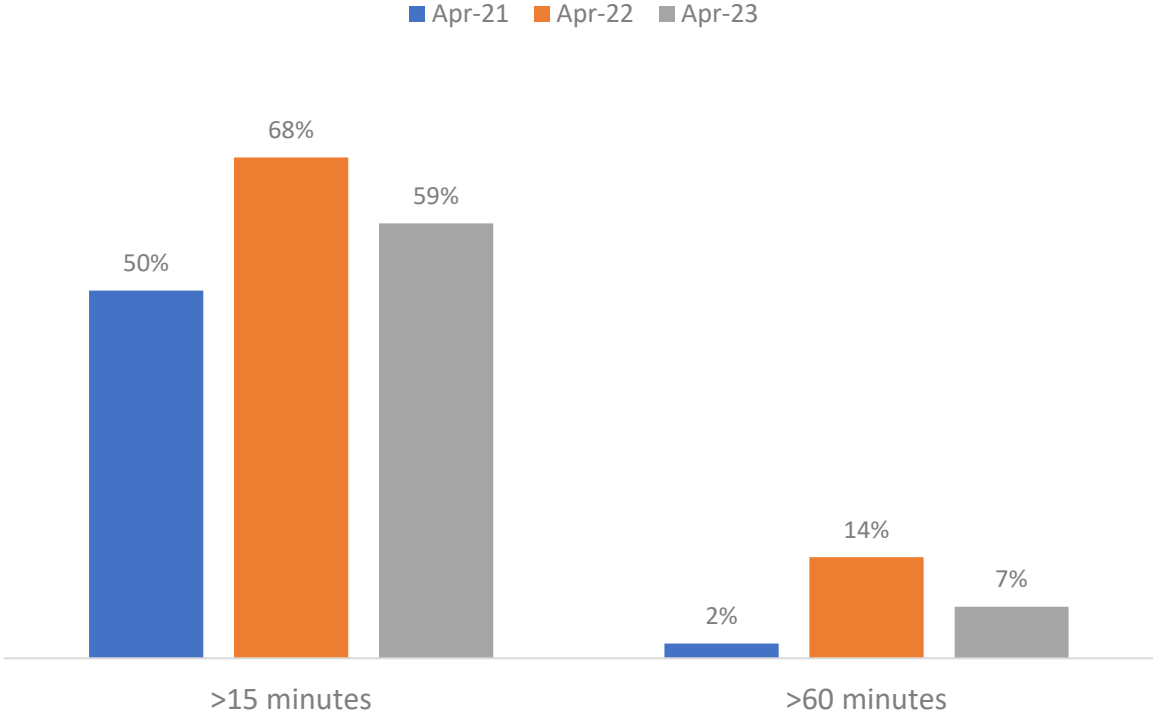
1. Mean and 90th Centile Handover Times

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



2. Handover Delays as a Percentage of All Handovers

Handover Delays as % of All Handovers

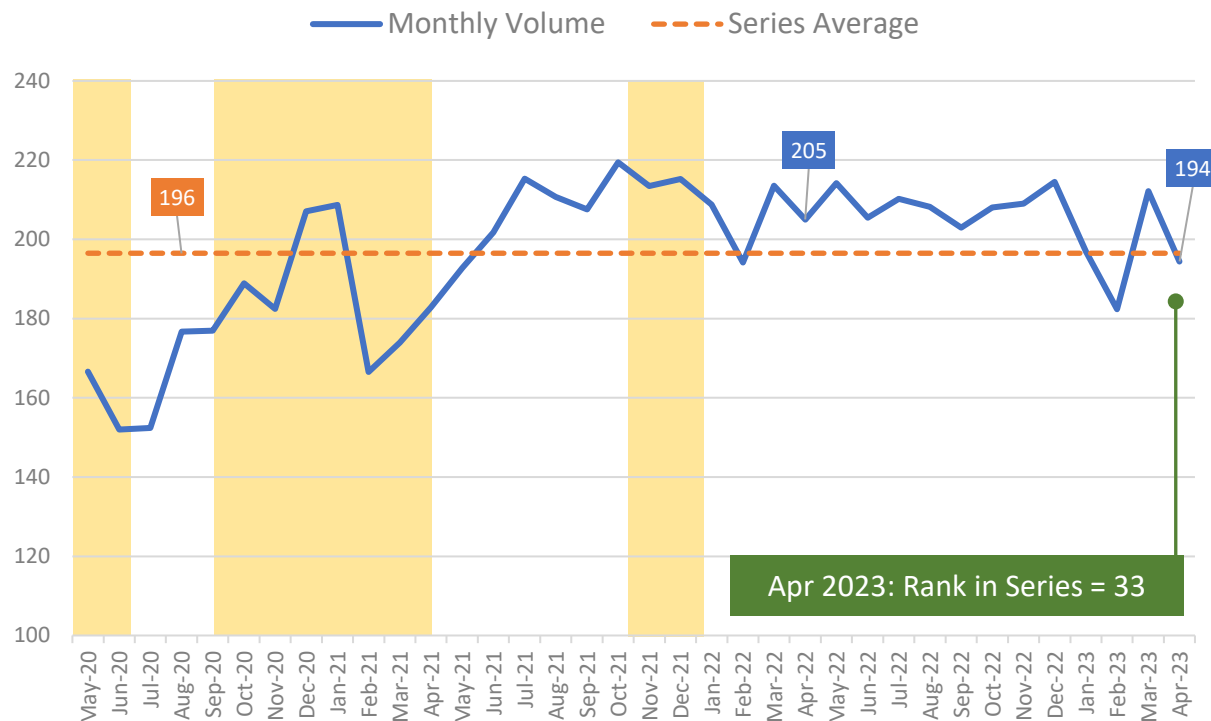


7. Patient Handover Delays over 15 Minutes (source, NAIG)

The monthly decrease in handover delays exceeding 15-minutes reduces the total volume to 194, one of the lower figures seen in recent years. Hours lost to those handovers were 60k fewer than April 2022, but at an average daily level (see next page) were at their lowest in over 12-months (and since July 2021)

1. Delays over 15 Minutes

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

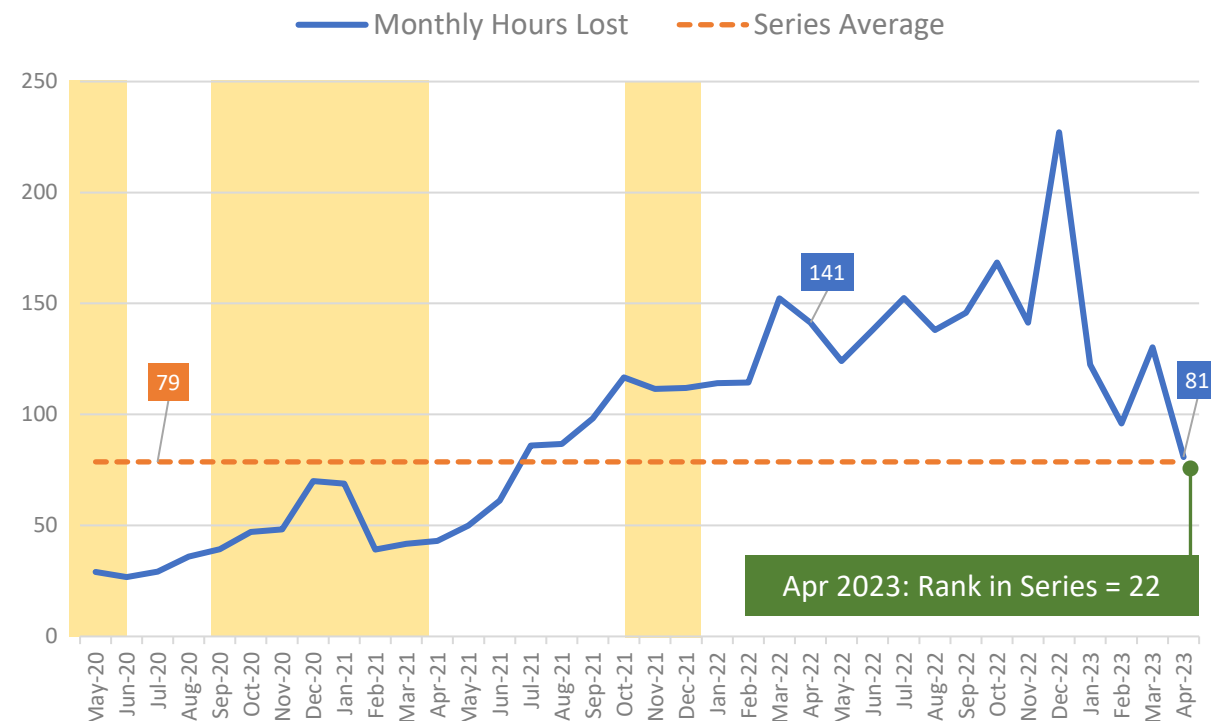


Yellow areas show COVID waves in the UK: source ONS.

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

2. Hours lost for Handovers Over 15 Minutes

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

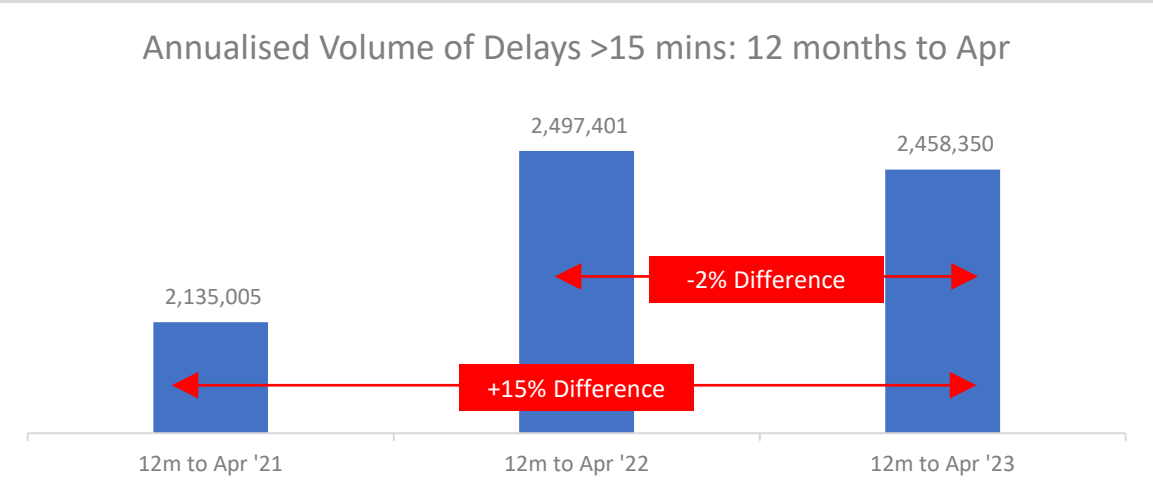
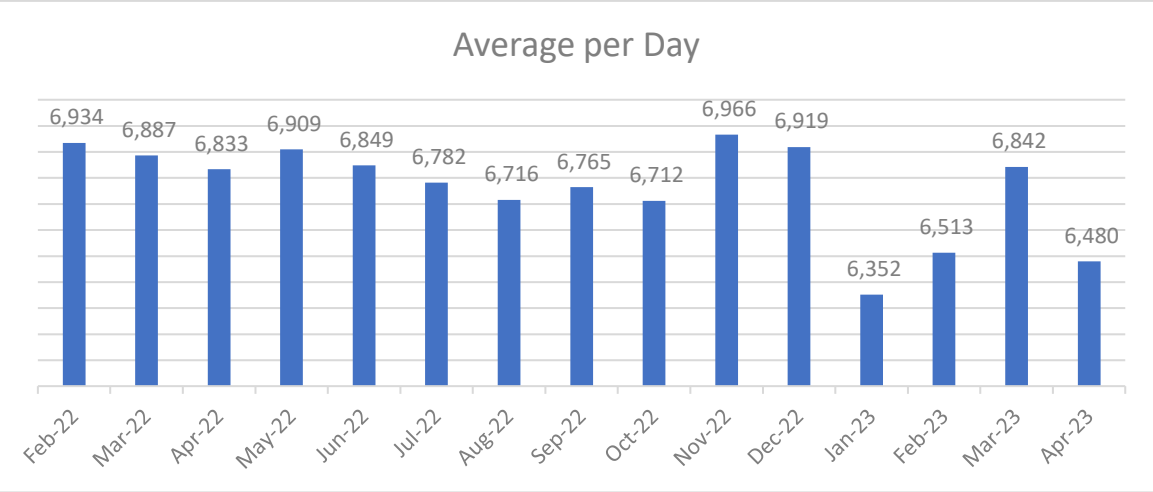


← -43% (or -60k) →
difference, Apr '22 to Apr '23

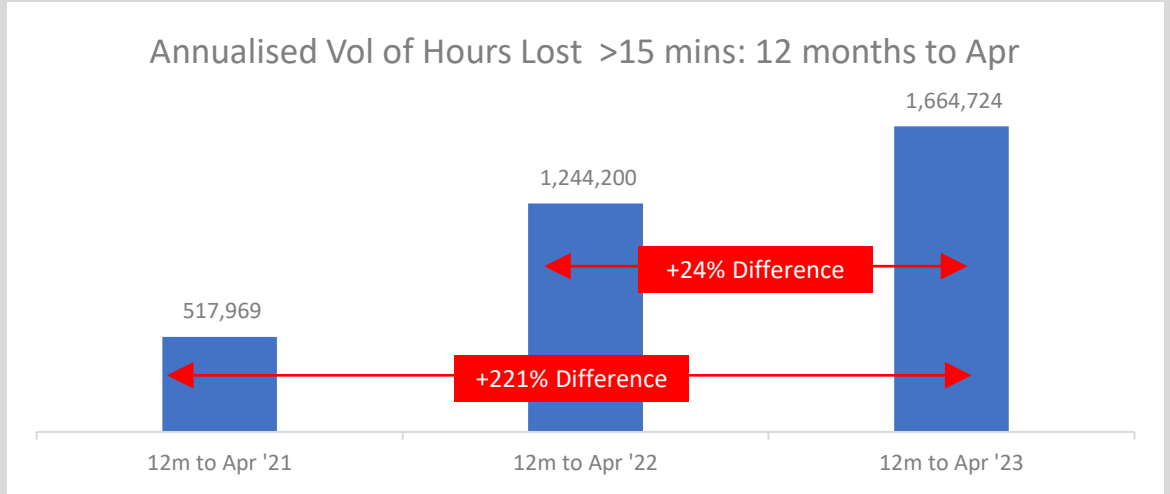
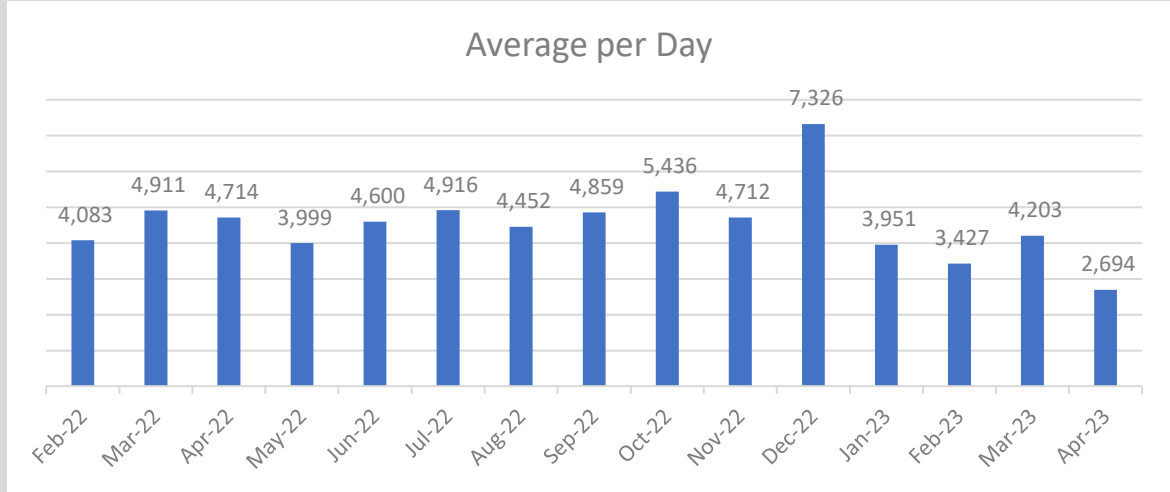
8. Average Daily and Annualised Data for >15 minute delays (source, NAIG)



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.

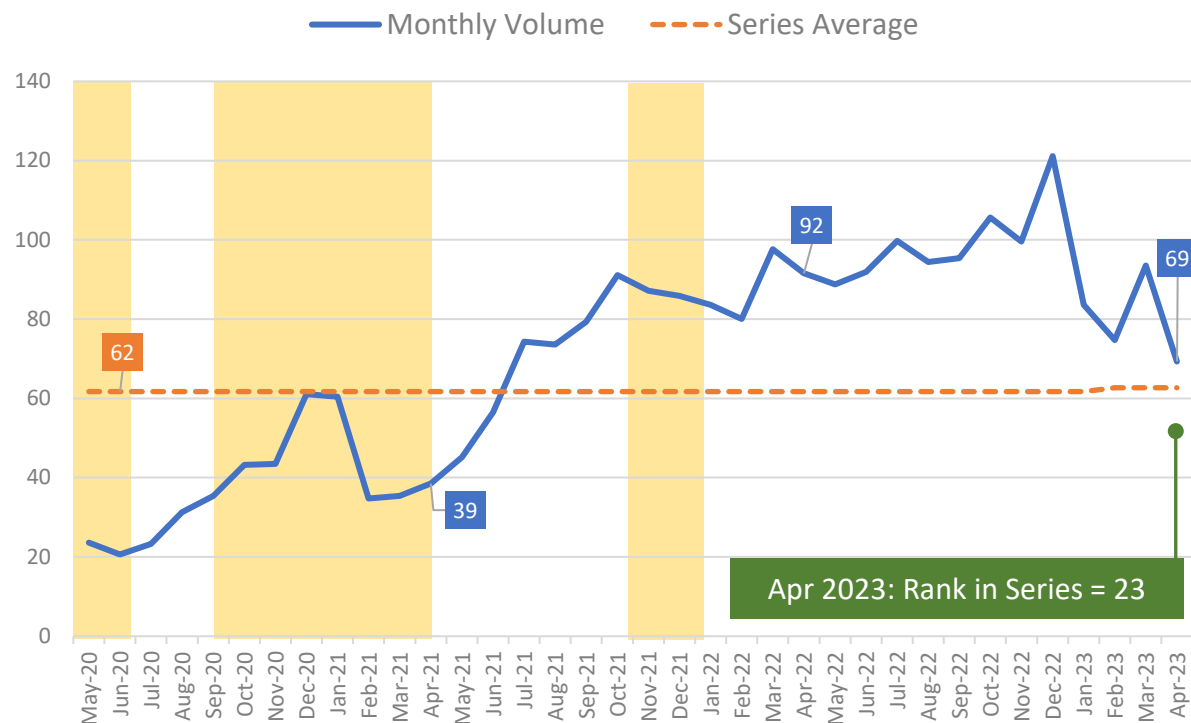


9. Patient Handover Delays over 30 Minutes (source, NAIG)

Handover delays of 30 minutes or more, and the associated hours lost, decreased in the most recent month. Hours lost were under half those recorded last April - but were well over twice that seen in April two years previously.

1. Delays over 30 Minutes

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

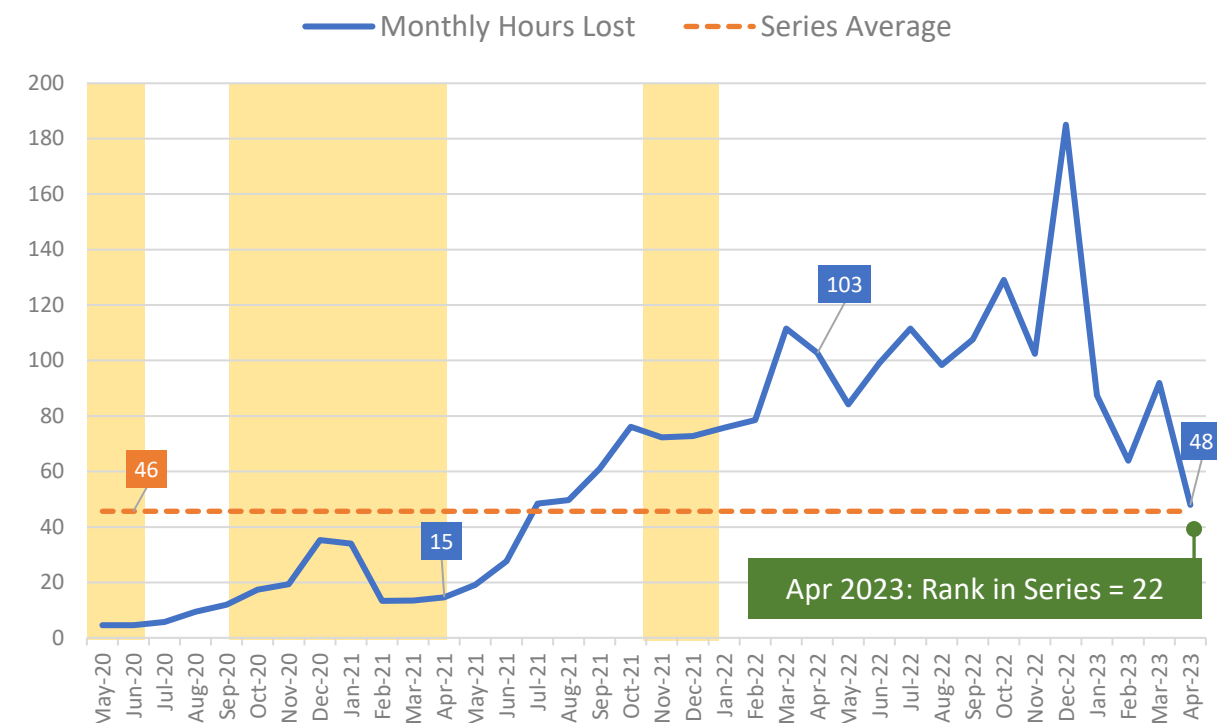


Yellow areas show COVID waves in the UK: source ONS.

← -24% (or -23k) difference, Apr '22 to Apr '23 →

2. Hours lost for Handovers Over 30 Minutes

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



← -53% (or -55k) difference, Apr '22 to Apr '23 →

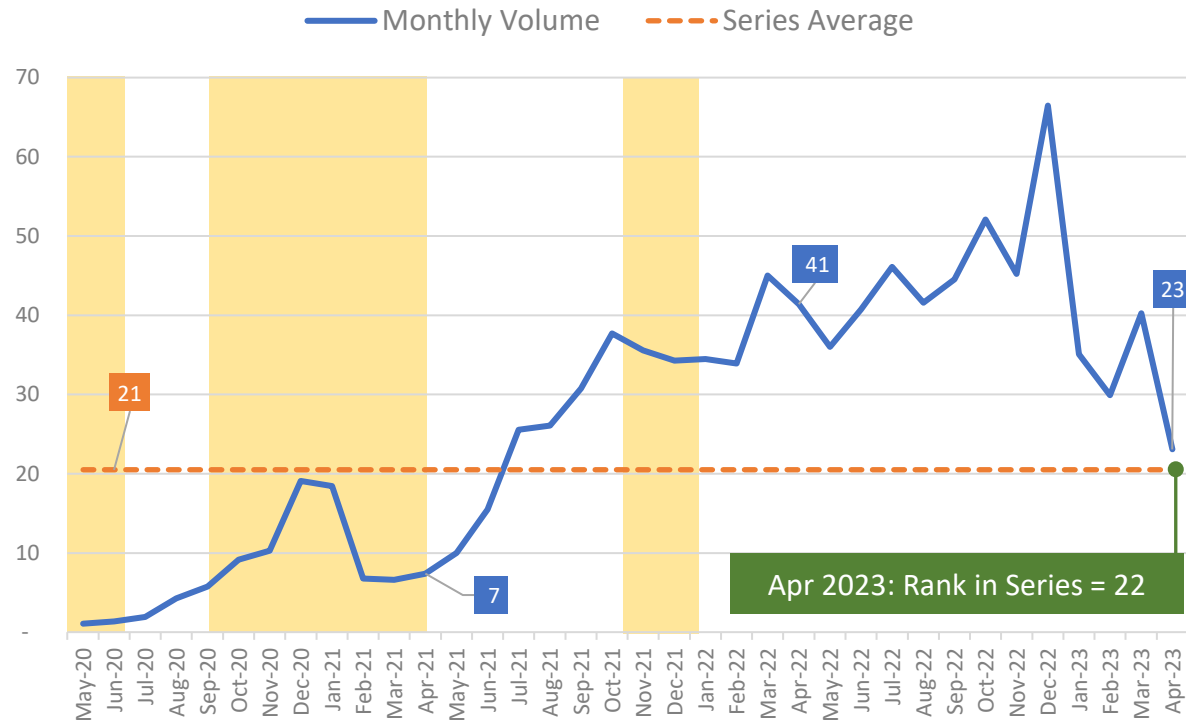
10. Patient Handover Delays over 60 Minutes (source, NAIG)



Patients delayed an hour-or-longer fell to the lowest seen since July 2021 – but remain three-times greater than April 2021. Similarly, in April 2023 the hours lost to these handovers also dropped to their lowest since mid 2021 ...but are five times greater than those recorded in April 2021.

1. Delays over 60 Minutes

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

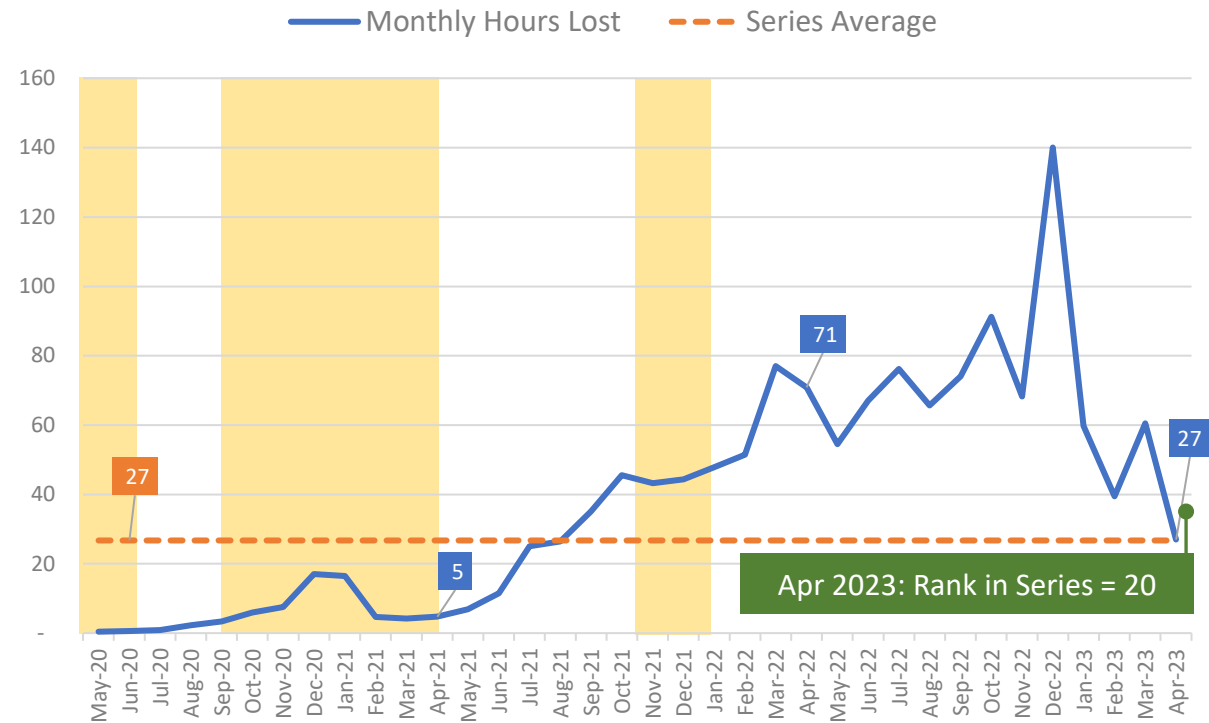


Yellow areas show COVID waves in the UK: source ONS.

← -44% (or -18k) →
difference, Apr '22 to Apr '23

2. Hours lost for Handovers Over 60 Minutes

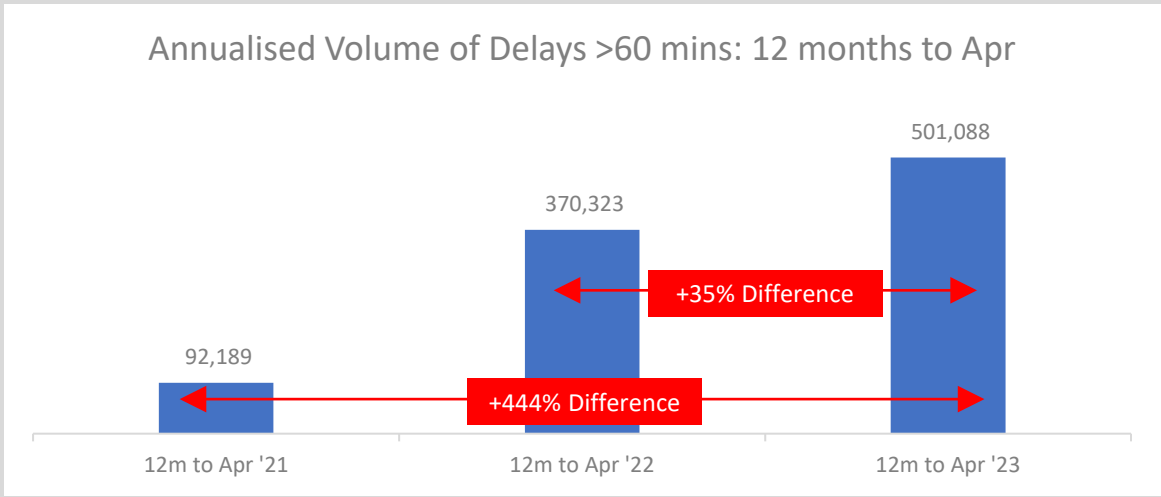
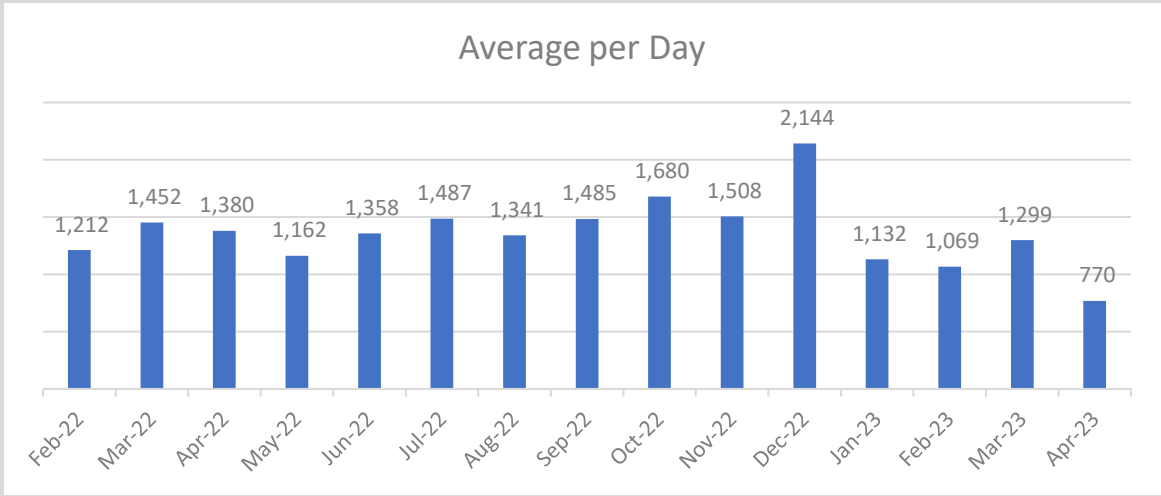
Hours Lost: Handovers over 60 Minutes ('000, source NAIG)



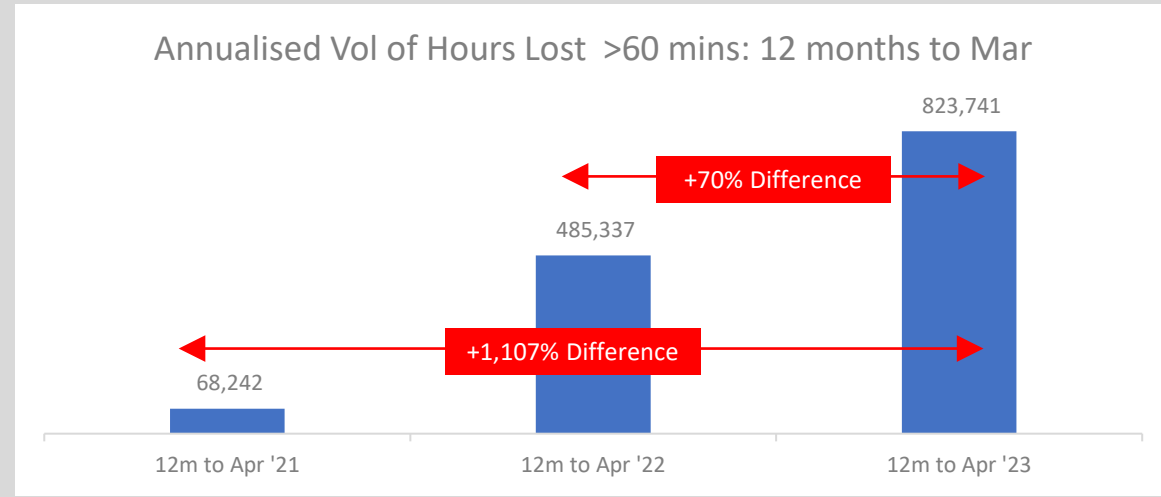
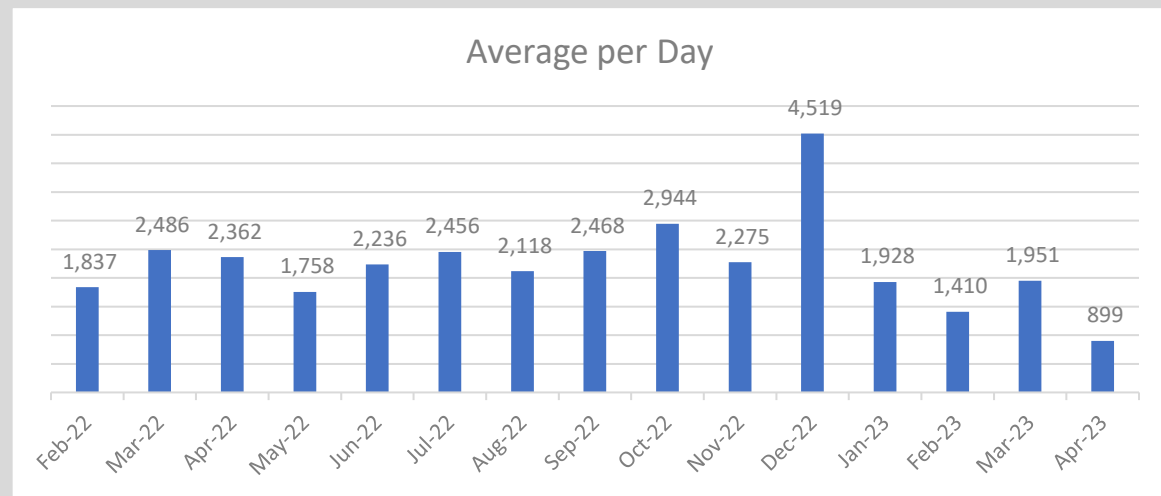
← -62% (or -44k) →
difference, Apr '22 to Apr '23

11. 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.



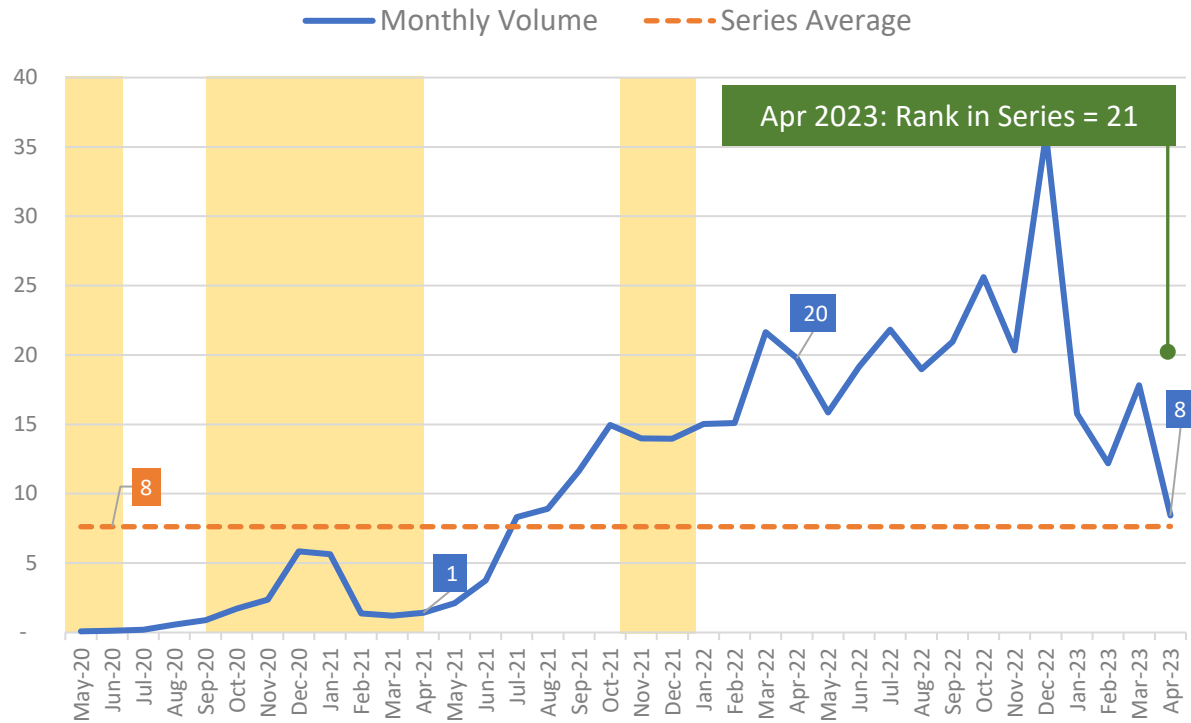
12. Patient Handover Delays over 120 Minutes (source, NAIG)

Handover delays of two-or-more hours followed the pattern seen above: notable recent lows, but contextually high when compared with the same month two years previously. Hours lost, for example were 12k compared with 87k just five-months ago – yet still 12-times greater than the volume seen in April 2021.

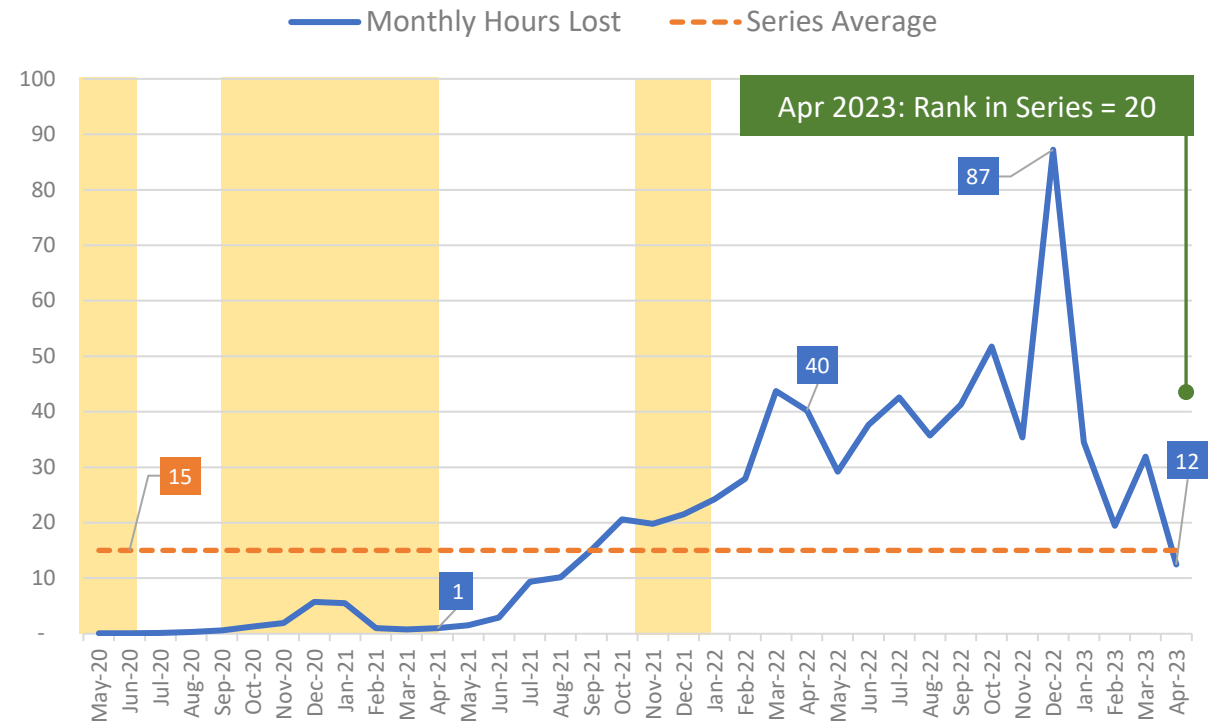
1. Delays over 120 Minutes

2. Hours lost for Handovers Over 120 Minutes

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



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



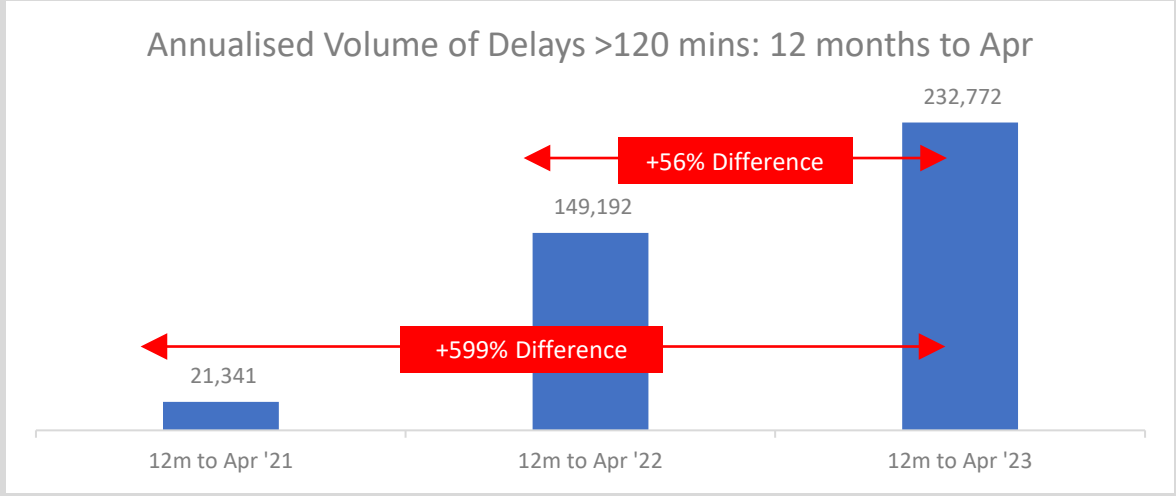
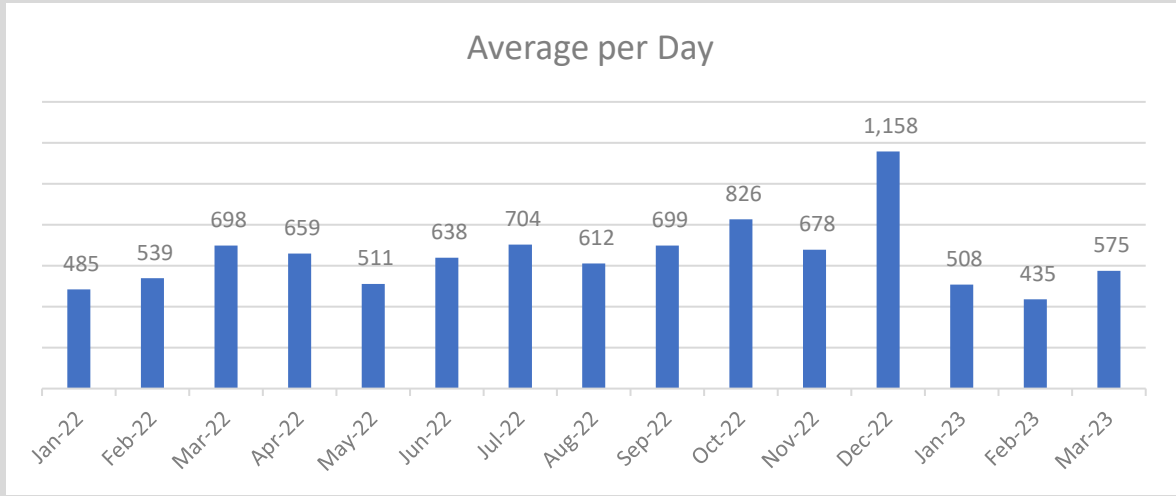
Yellow areas show COVID waves in the UK: source ONS.

← -57% (or -12k) →
difference, Apr '22 to Apr '23

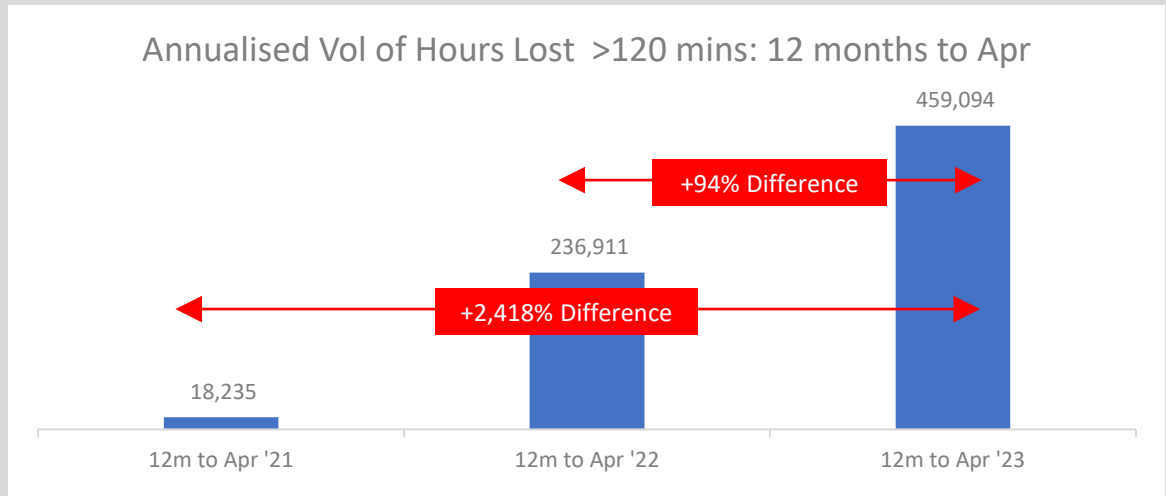
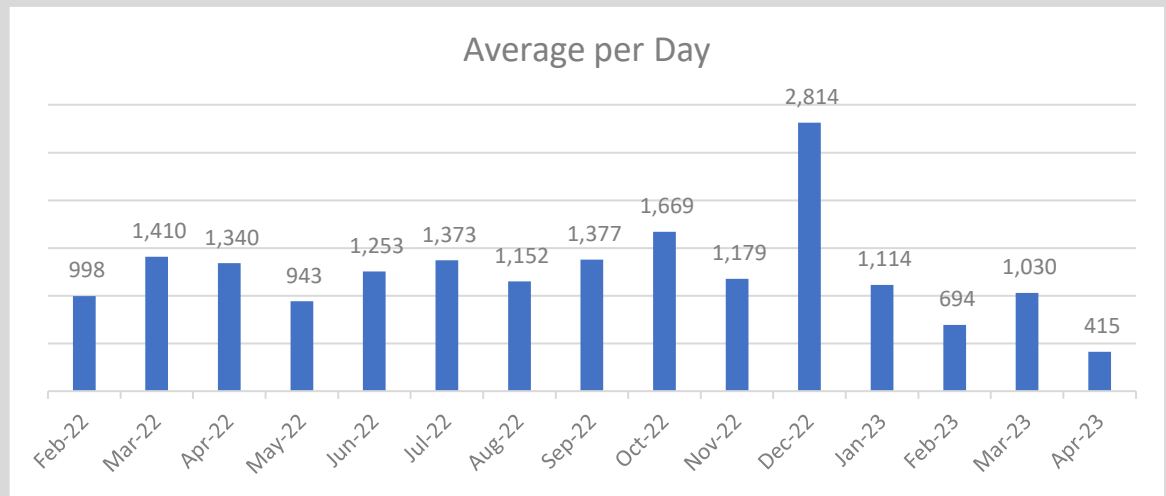
← -69% (or -28k) →
difference, Apr '22 to Apr '23

13. 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.



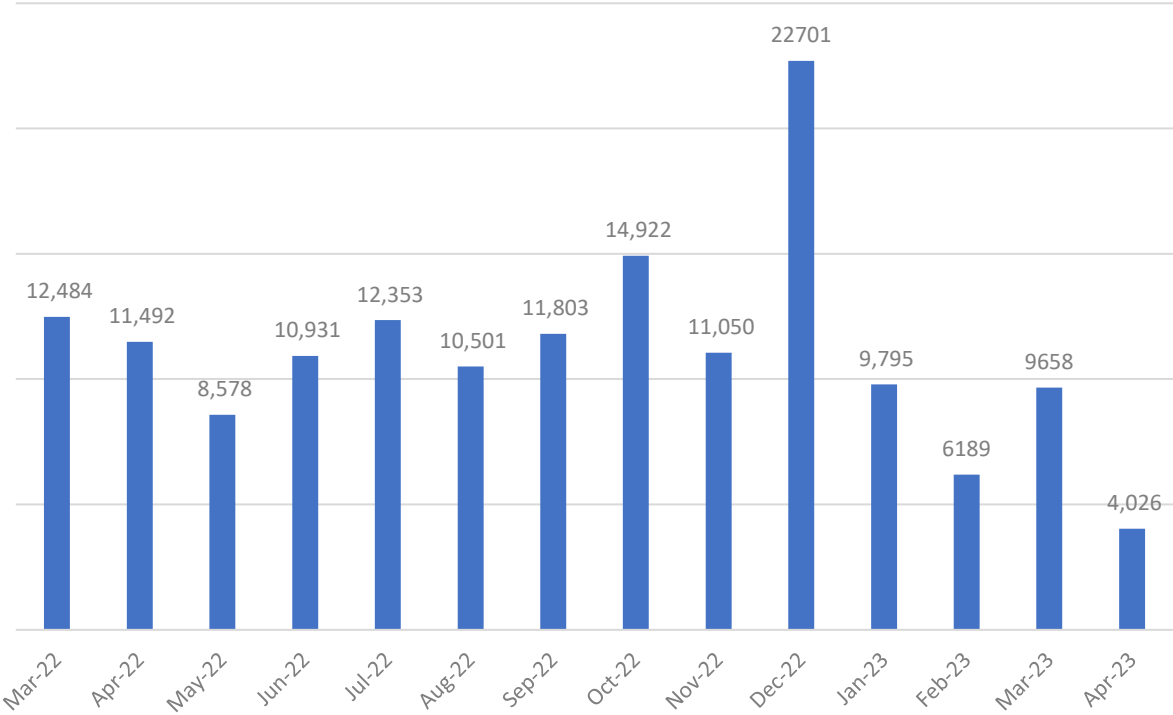
14. Patient Handovers Longer than Three Hours (source, NAIG)



The very longest delays also reached their lowest volumes in some time: delays of ten-or-more hours were a twentieth of those seen in December 2022, and while such lengthy delays are not good for either patients or crew, they have now fallen into single digits nationally for the first time in well over a year.

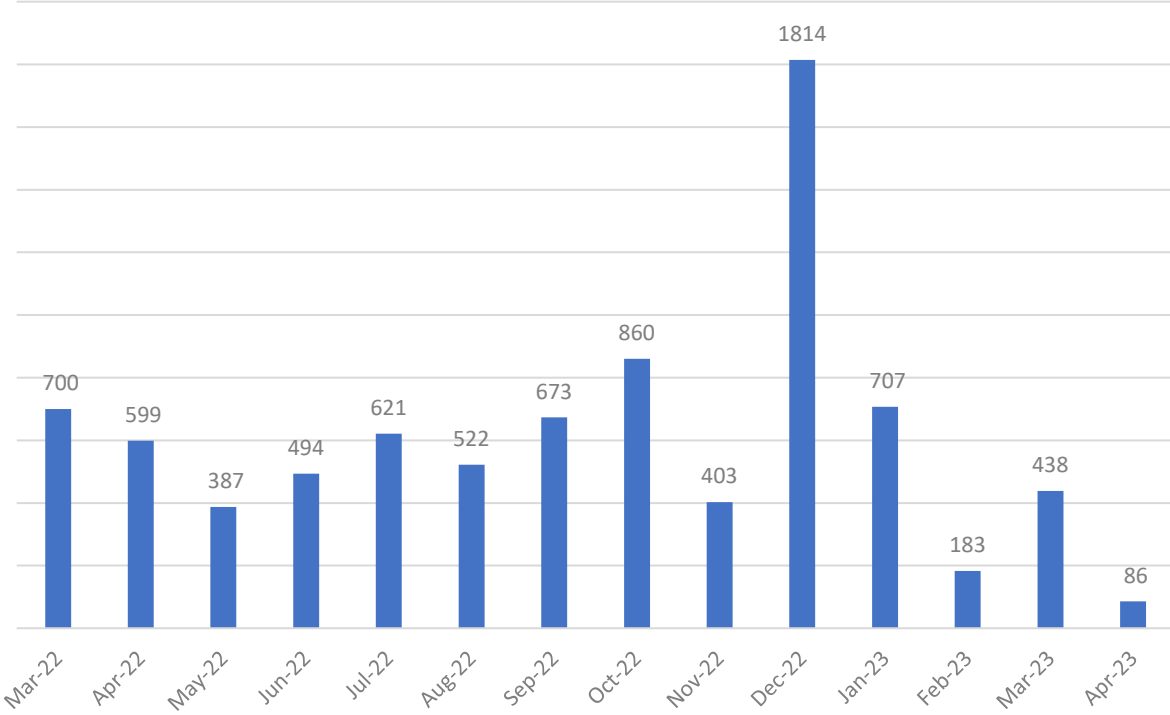
1. Longer Handover Delays: All Over Three Hours

Volume of Handovers over Three Hours



2. Longer Handover Delays: All Over Ten Hours

Volume of Handovers over Ten Hours



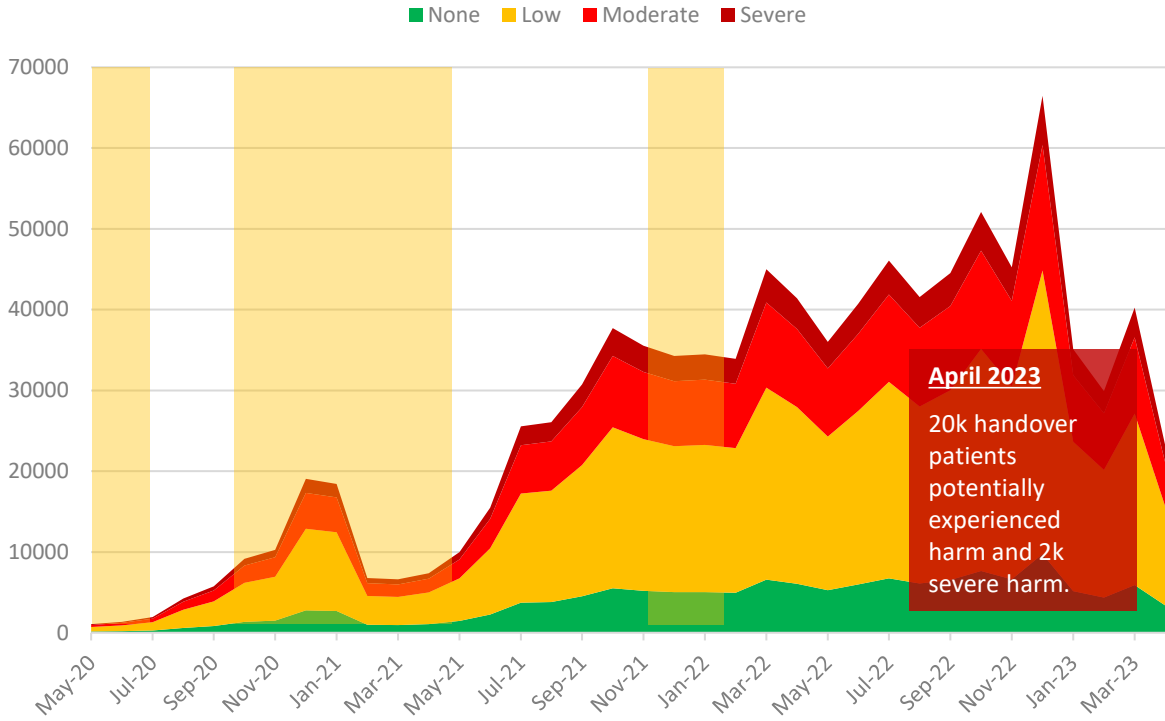
15. Impact on Patients and Crew (source, NAIG, [AQI Data](#) and [AACE](#))



Around 20k patients experienced potential harm as a result of long handover delays in April 2023, with around two-thousand of these experiencing severe harm*. Looking at the total hours lost to handover delays in April, the sector lost the equivalent of 65k job cycles. Using Face-to-Face incident volumes from April AQI data, this equates to 11% of potential ambulance capacity across the month – compared with four-percent in April 2020.

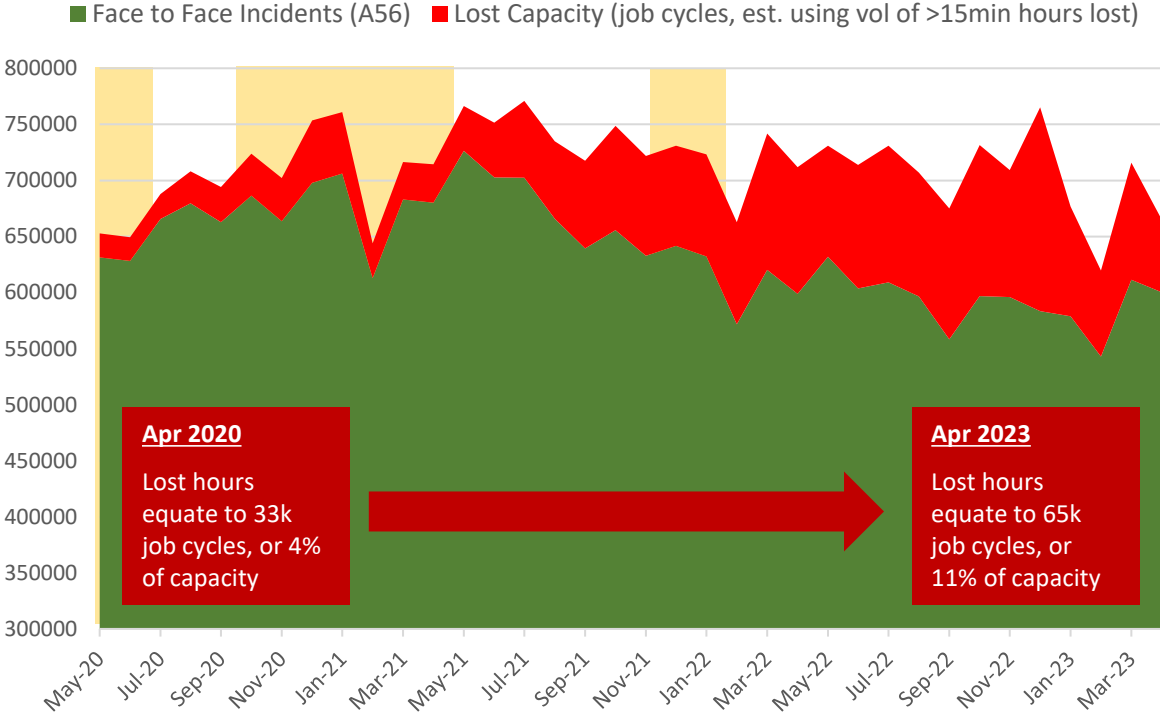
1. Estimated number of patients experiencing potential harm

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

