National Ambulance Data – FINAL

Data period to end September 2022

Date of Report: October 28th, 2022

2. Summary and Contents

Overview: Demand was lower in September 2022 when compared with August, but the shorter month meant the daily volume of 999 calls, and serious incidents, remained relatively unchanged. Response times dropped for all categories of incidents, while patient handover delays reached its third highest level to date.

Section 1.
Contact Volume and Call Answer time

- Monthly volume of contacts to ambulance control rooms decreased in September, but with fewer days in the month, the daily average remained relatively flat.
- Call answer-times improved, but remained above the series average for both the mean, and 95th centile.
- A cyber-attack in August affected the most recent data relating to 111 calls and ambulance dispositions.

Section 2.
Incidents and Response Time, by Category

- Volume of incidents reached its lowest since December 2017, but the share of those incidents in the most serious categories continues to increase.
- C1 and C2 saw the average daily volume of incidents relatively unchanged, compared with August.
- Response time slowed for all categories, exceeding national standards by some margin for C1 and C2.

Section 3.
Incidents by Response Outcome

- Looking at share of outcome over time, Hear-and-Treat responses have doubled since 2019, with Face-to-Face incidents dropping accordingly to just over 50% of the total.
- Responses where patients were conveyed to an Emergency Department decreased again in September, reaching their second lowest to-date (the lowest being April 2020, during the first lockdown).

Section 4.
Patient Handover Delays

- Hours lost to patient handover delays increased to the third highest level in September 2022 – the equivalent of 116k ambulance job cycles.
- Longer handovers also increased after a drop-off last month: delays exceeding ten hours reached their second highest to-date, while the longest handover recorded by any trust hit 26 hours.

Source of all data is AQI September 2022 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

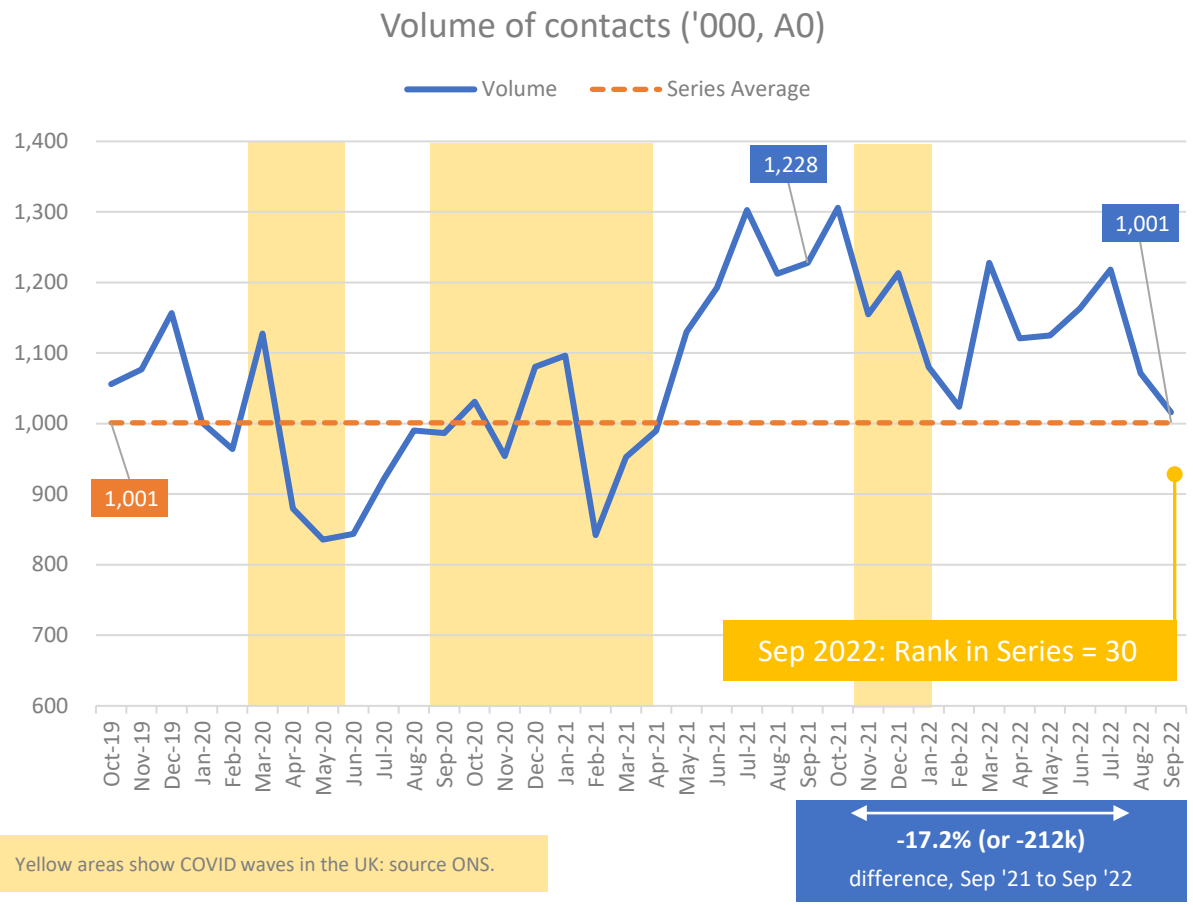
Contact Volume and Call Answer time

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

4. Demand: Volume of Contacts (Measure A0)

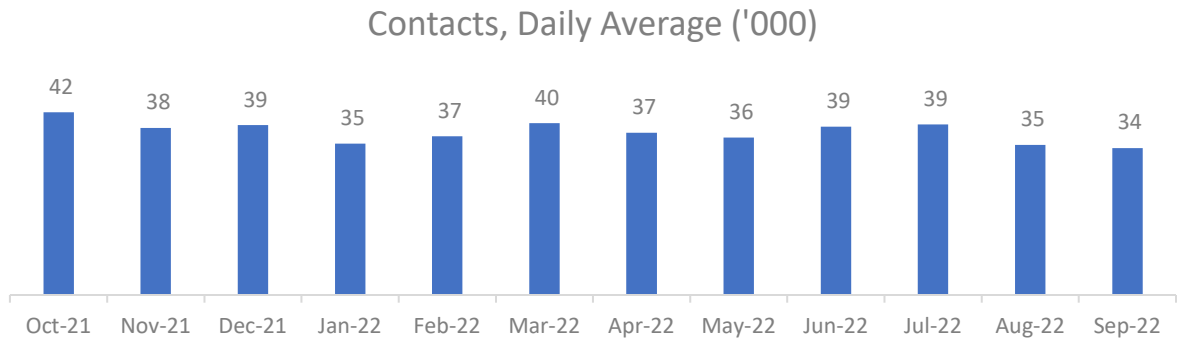
The monthly volume of ambulance control room contacts dropped in September, for the second consecutive month, to just over 1m (55k fewer than August 2022). At a daily level, however, the decrease was less pronounced – a reflection of the shorter month. Annualised data show nearly 14m incidents in the 12 months to September 2022, compared with 12m for the same period two years previously.

1. Monthly

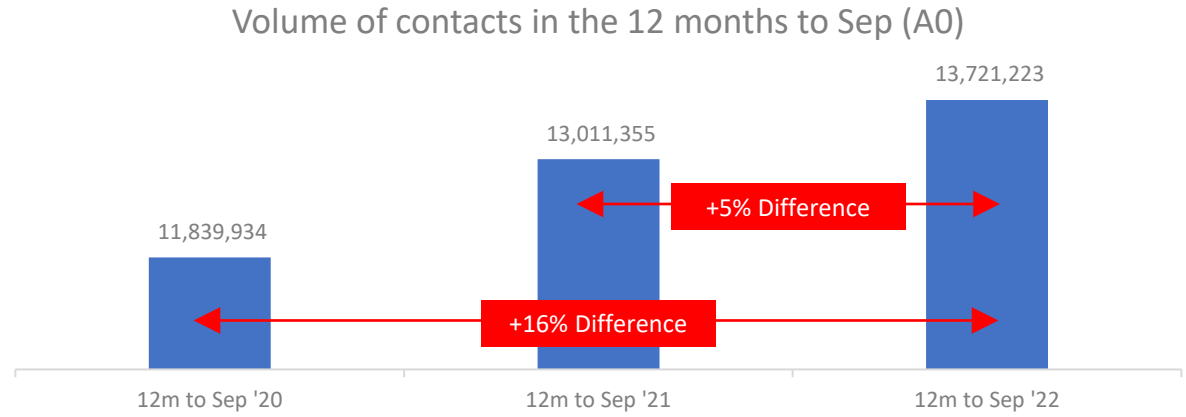


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



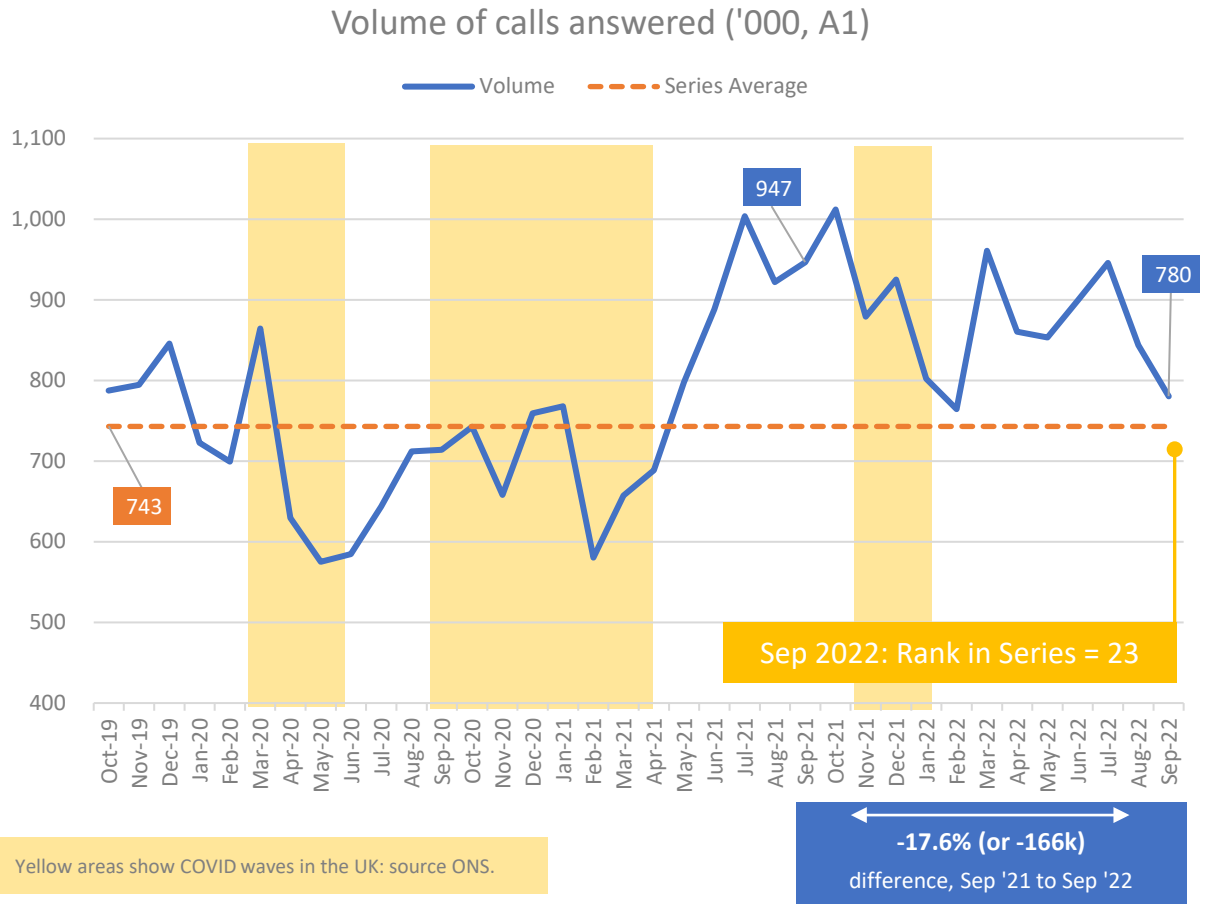
3. Annualised Data



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

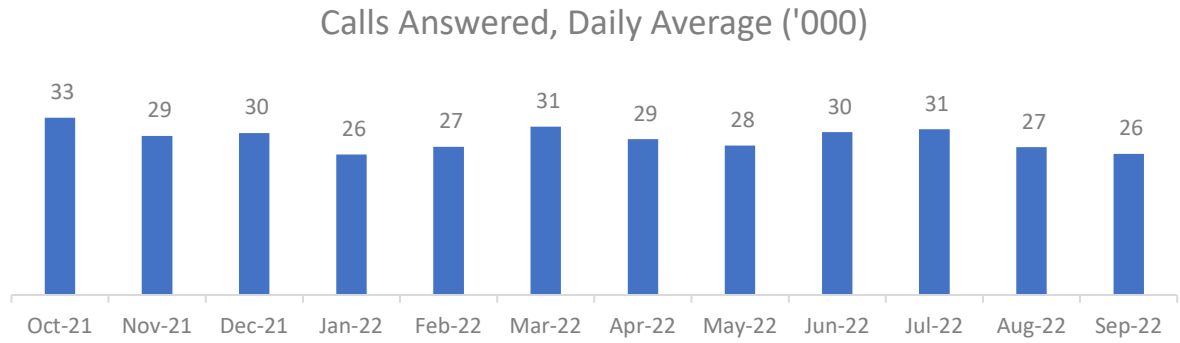
As with contacts overall, the monthly decrease in 999 calls-answered was more pronounced than the drop in the daily average – which was, again, relatively flat. Compared to September 2021, there were 166k fewer calls-answered, although the annualised data continue to show a year-on-year increase, with 10.5mn calls in the most recent 12-months – growth of 2mn over 2 years.

1. Monthly

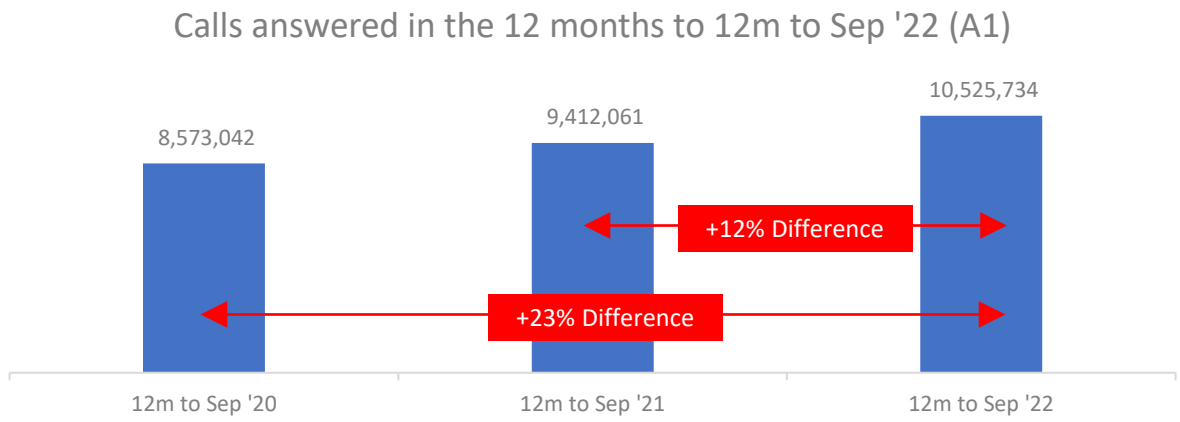


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



3. Annualised Data

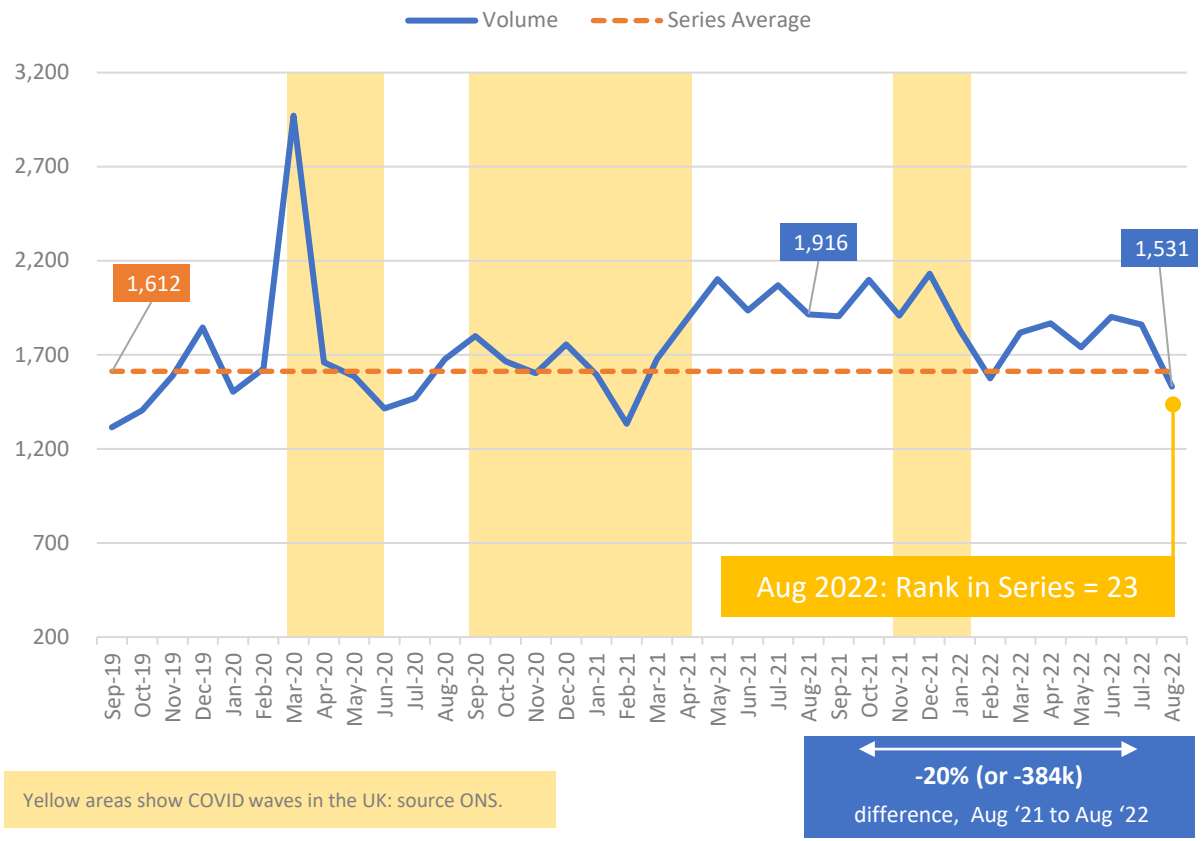


6. Demand: 111 Call Volumes (sources NHS 111 Min Data Set to March 2021 (5.3) then IUCADC (measure A0))

In August 2022, a cyber-attack caused outage to a key system used by many IUC service providers. This had a widespread impact on both service delivery and recording accuracy. Taking this into account, August saw 384k fewer calls recorded compared with the same time in 2021. Annualised volume continues to grow with 22mn in the 12 months to September 2022, 2mn greater than 2 years previously. However, August's data should be treated with caution.

1. Monthly

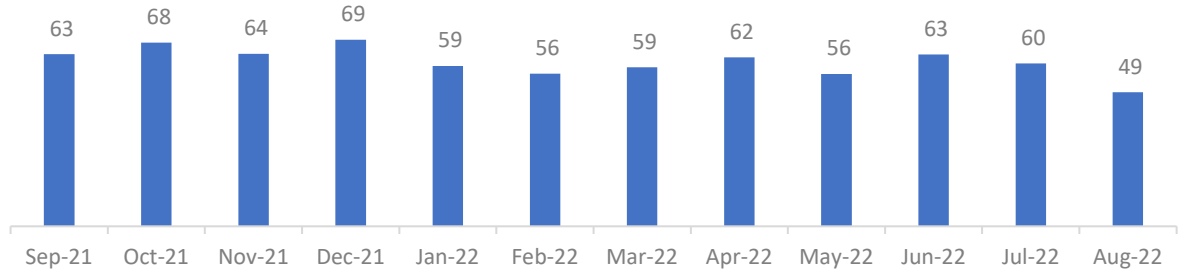
Volume of 111 Calls Received ('000, measure 5.3 & A01)



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

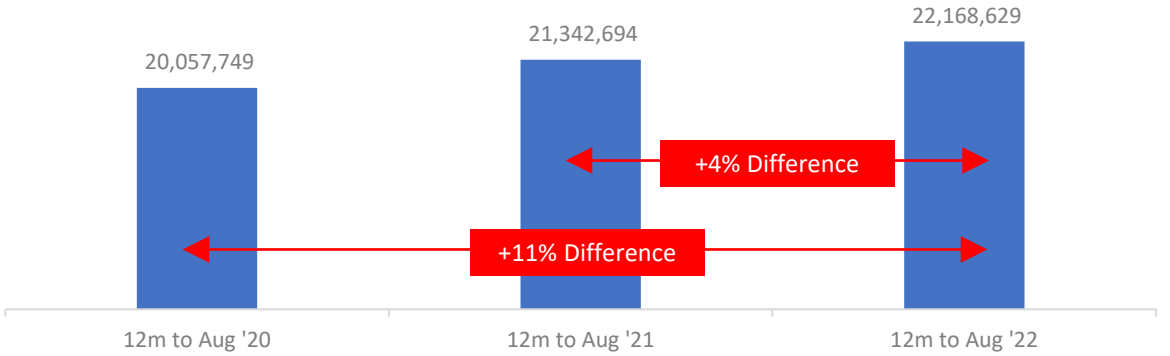
2. Daily Average

Volume of 111 Calls, Daily Average ('000)



3. Annualised Data

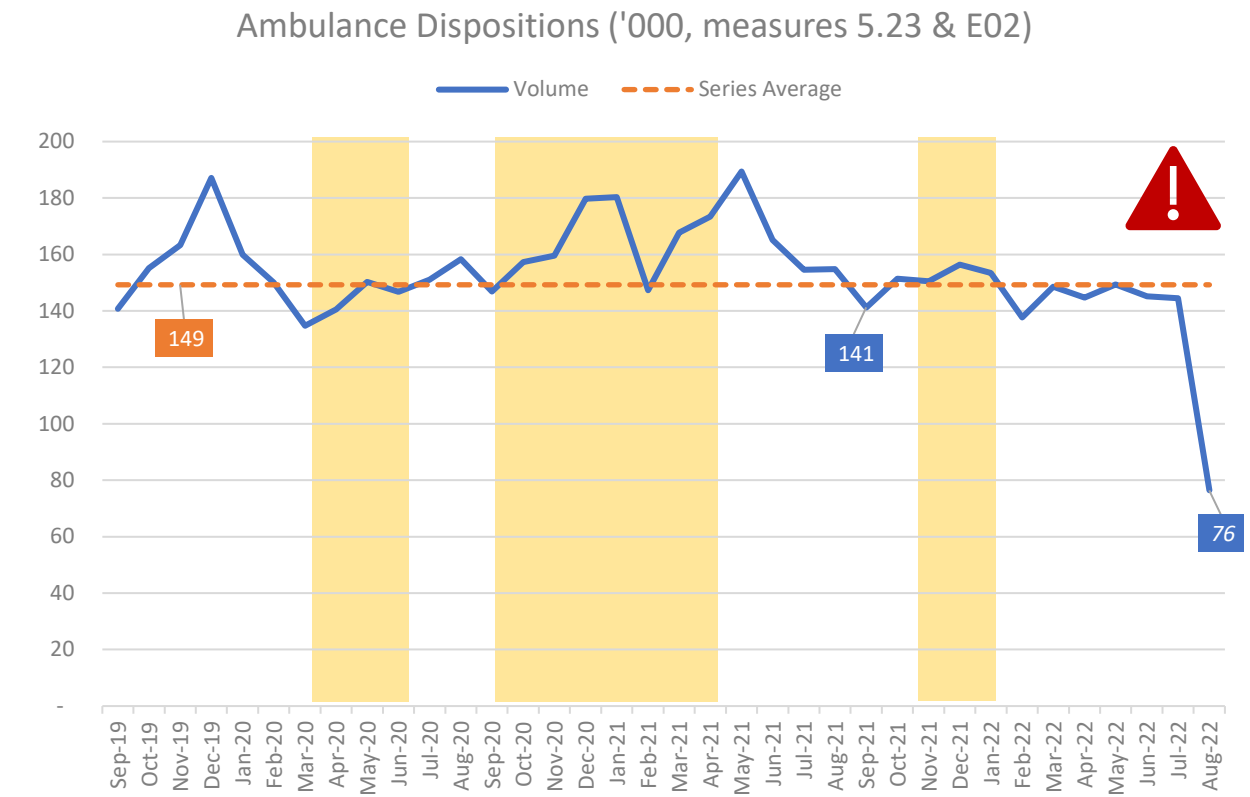
Total 111 Calls: 12 months to Aug (5.3, A01)



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

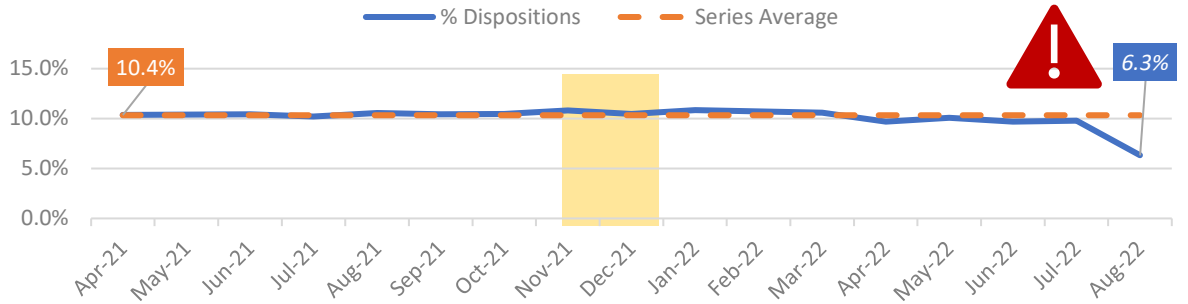
Disposition data seem to have been especially affected by August's cyber attack. The data are included for completion only.

1. Monthly

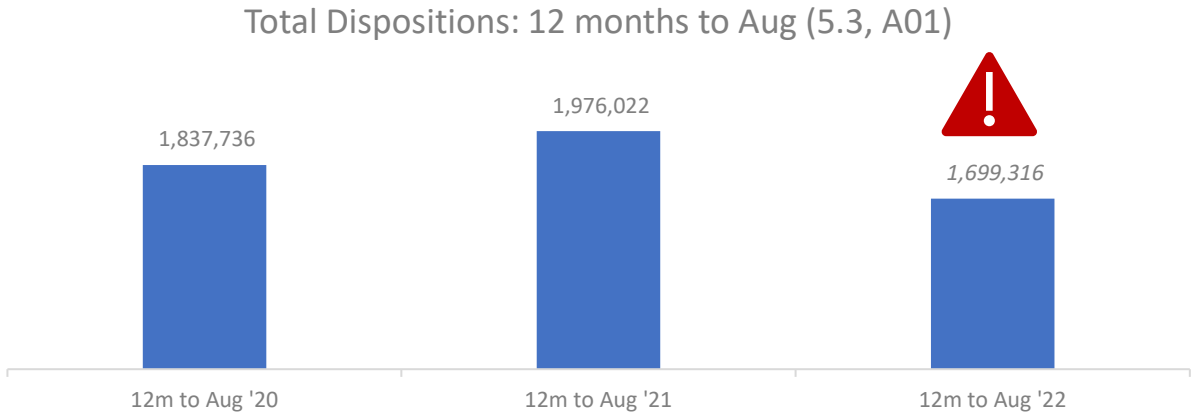


Yellow areas show COVID waves in the UK: source ONS.

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



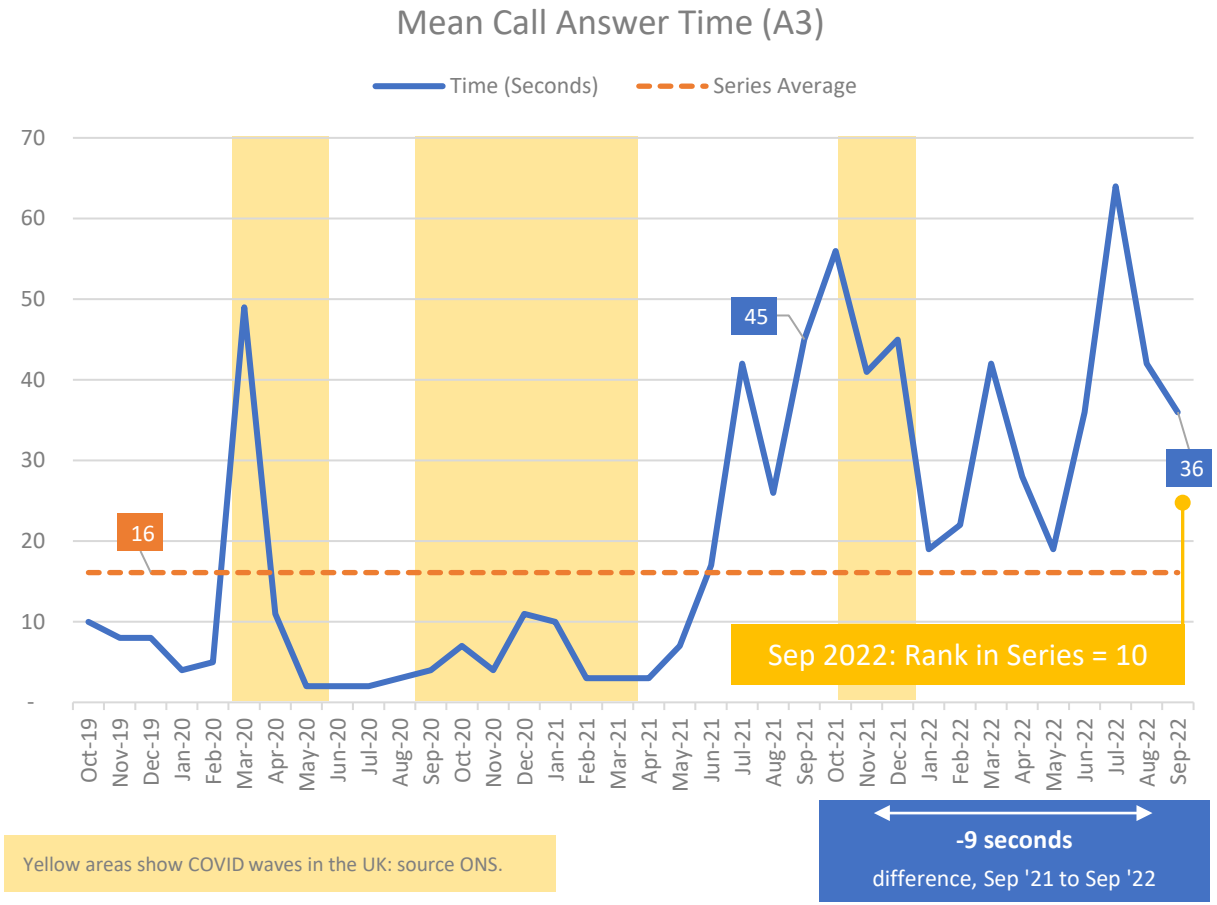
3. Annualised Data



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

Mean call answer time dropped from 42 seconds in August to 36 seconds in September – a 9 second improvement on September 2021, but still someway above the series average of 16 seconds. For the 95th Centile measure, the average answer time was 172 seconds (nearly 3 minutes) – again, an improvement on the previous month by 17 seconds, but above the series average of 75 seconds.

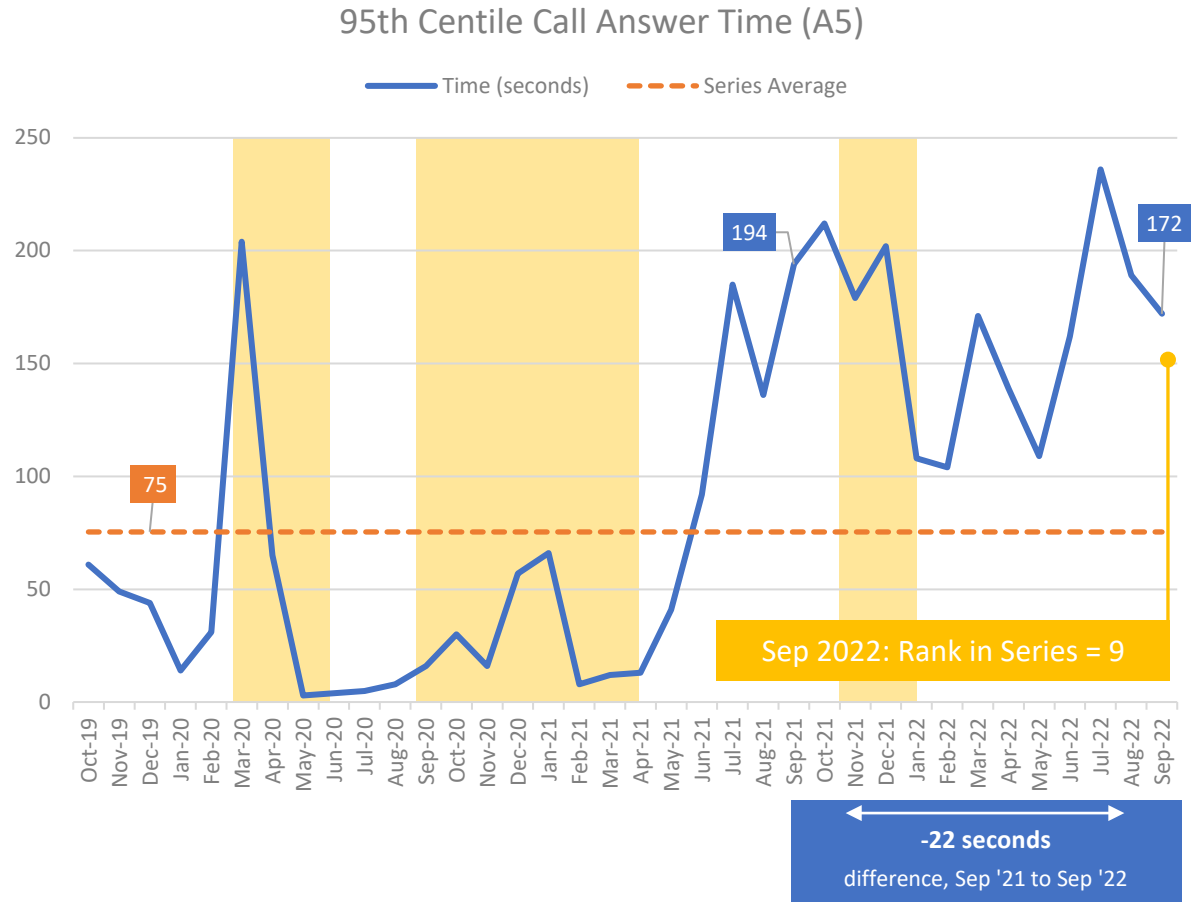
1. Mean



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

-9 seconds
difference, Sep '21 to Sep '22

2. 95th Centile

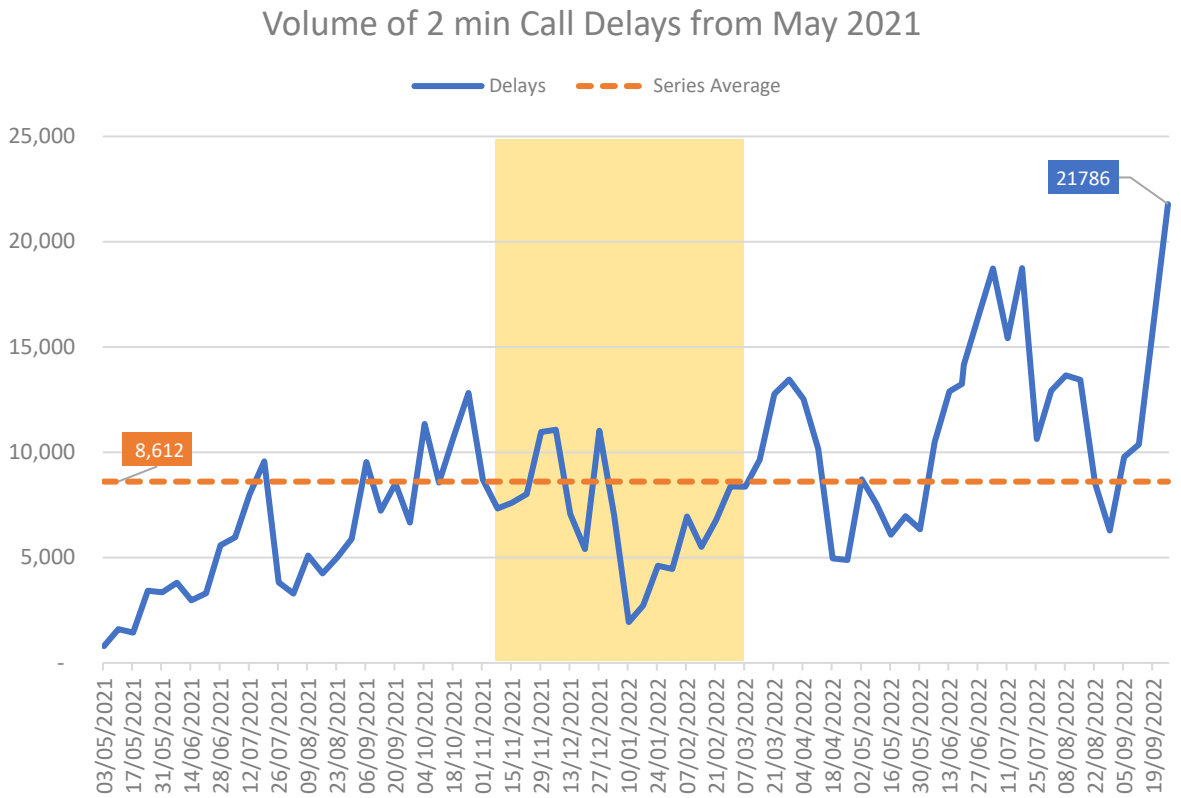


-22 seconds
difference, Sep '21 to Sep '22

9. Call Delays over 2 minutes and Network Partner Connections (weekly data, source BT)

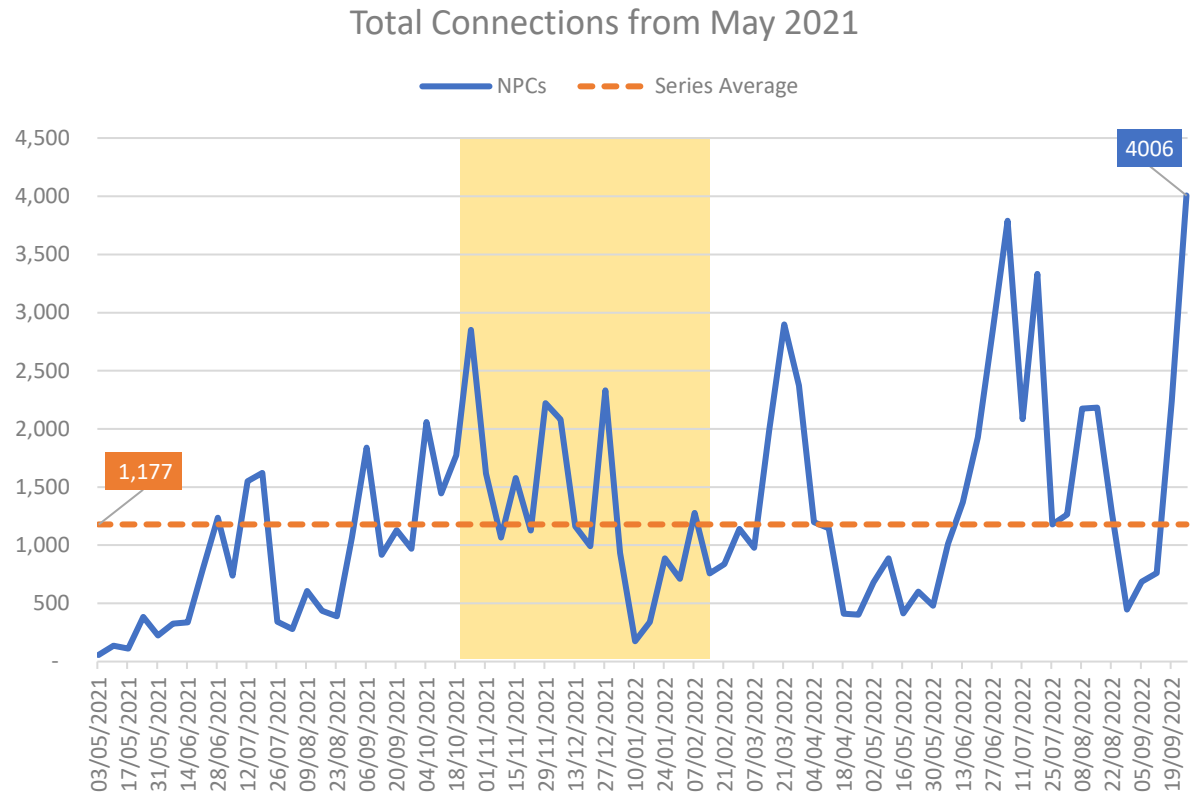
Call delays of over 2 minutes reached a series high of 28k at the end of September. Calls re-routed to a network partner also reached a series high of 4k.

1. Call Answer Delays (2 mins+, weekly data)



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

2. Network Partner Connections (volume, weekly data)



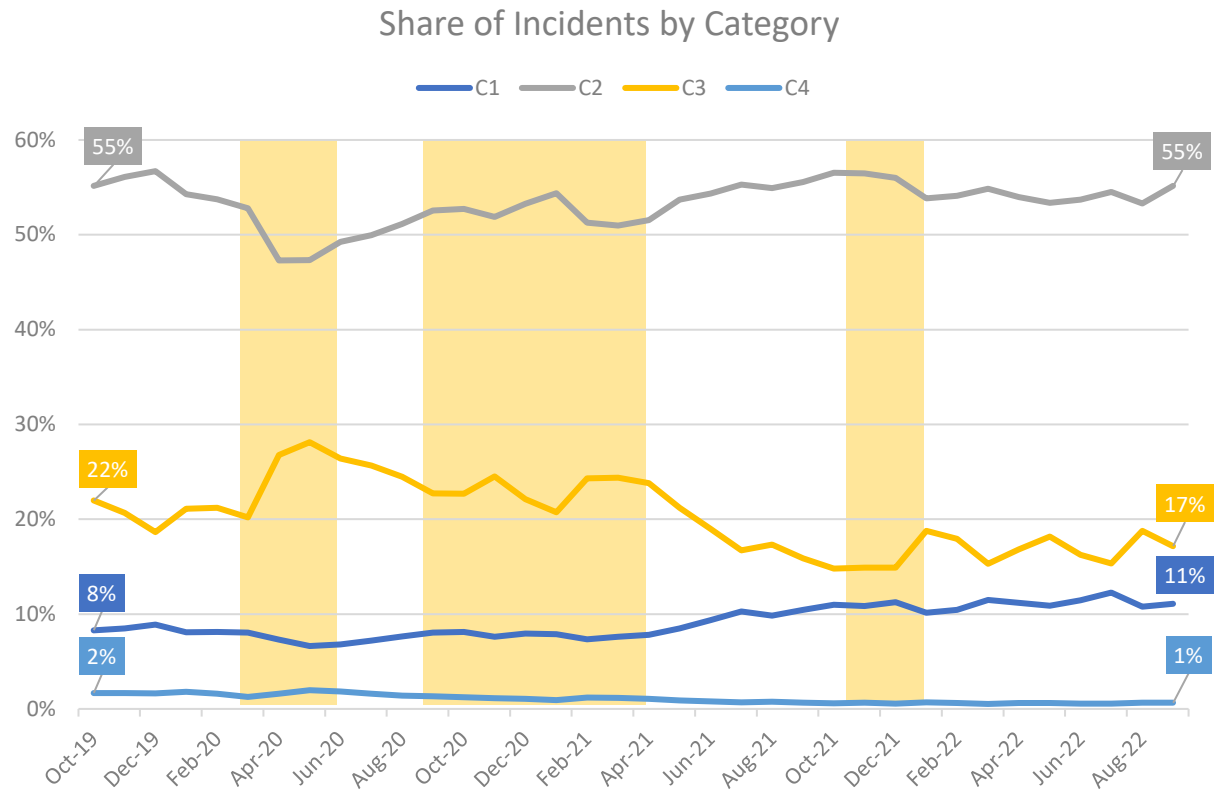
Section 2

Incidents and Response Time, by Category

11. Share of Incidents by Category

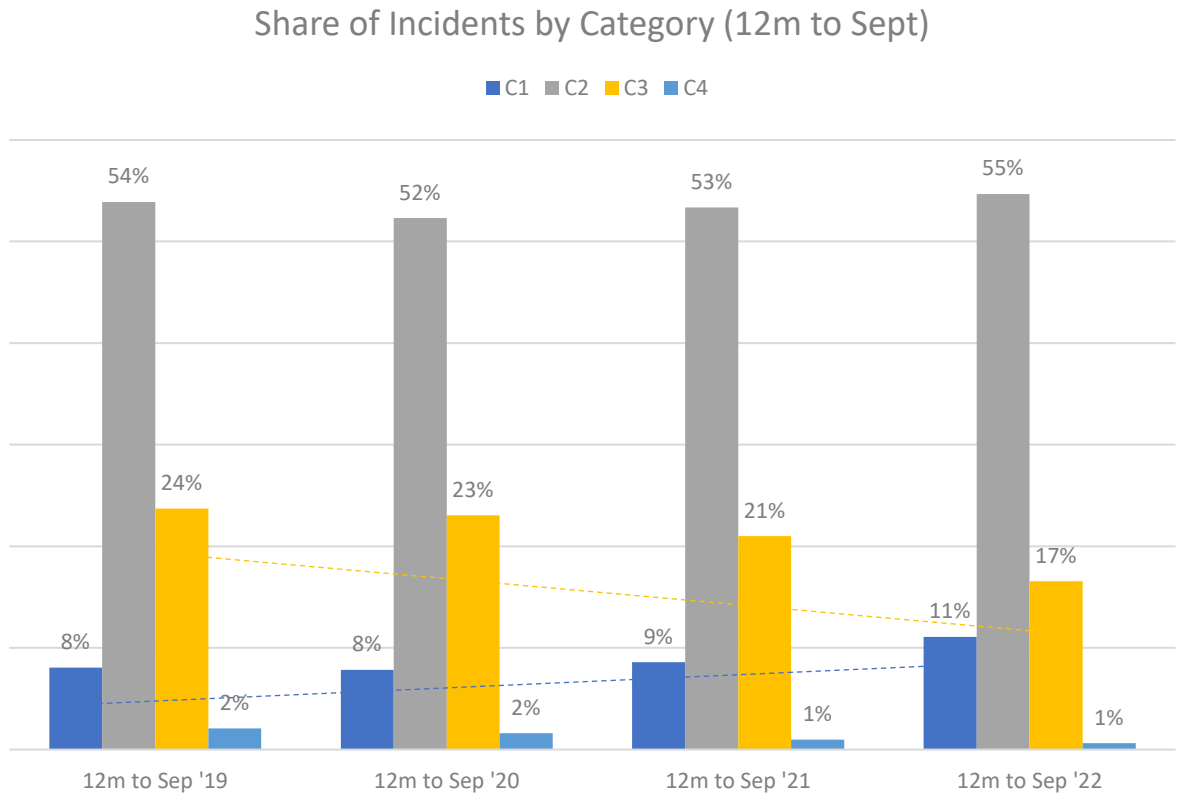
The most serious categories of incidents account for a growing share of the total. Annualised data shows consistent change in the proportion of C1 incidents (from 8% in 2019 to 11% today), steady C2 growth from 2020 and a sustained decrease in the proportion of C3 and C4 incidents over the last four years.

1. Time Series (monthly, from Oct 2019)



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

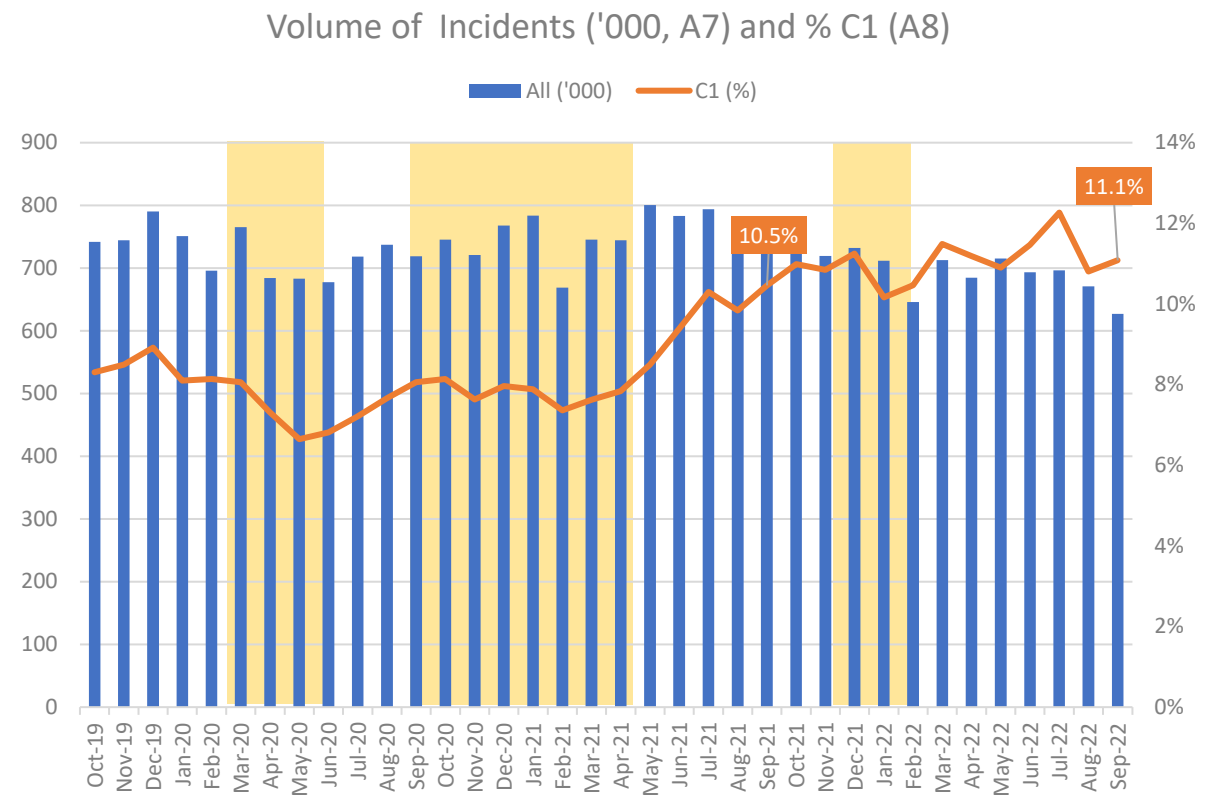
2. Annualised Data



12. Demand: All Incidents (A7) and Proportion C1 (A8)

Monthly volume of incidents (which includes all “Hear and Treat” and “Face to Face” responses) has decreased since July, reaching 627k in September 2022. This is the lowest monthly volume since December 2017. However, as seen on the previous page, share of the most serious incidents has grown. C1 was at its sixth highest in September (11.1% of total) with the top five all being recorded in the last 12 months.

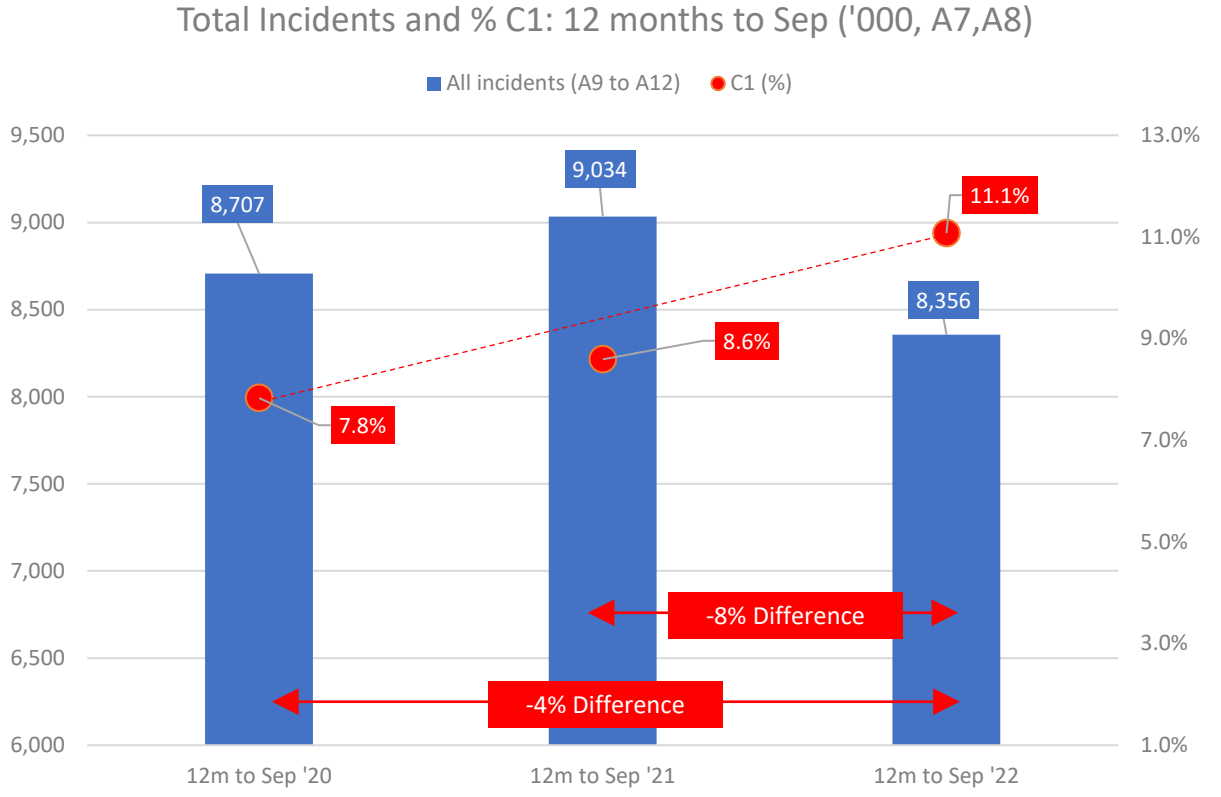
1. Monthly volume of Incidents and Proportion that are C1



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

-14% (or -101k, vol)
difference, Sep '21 to Sep '22

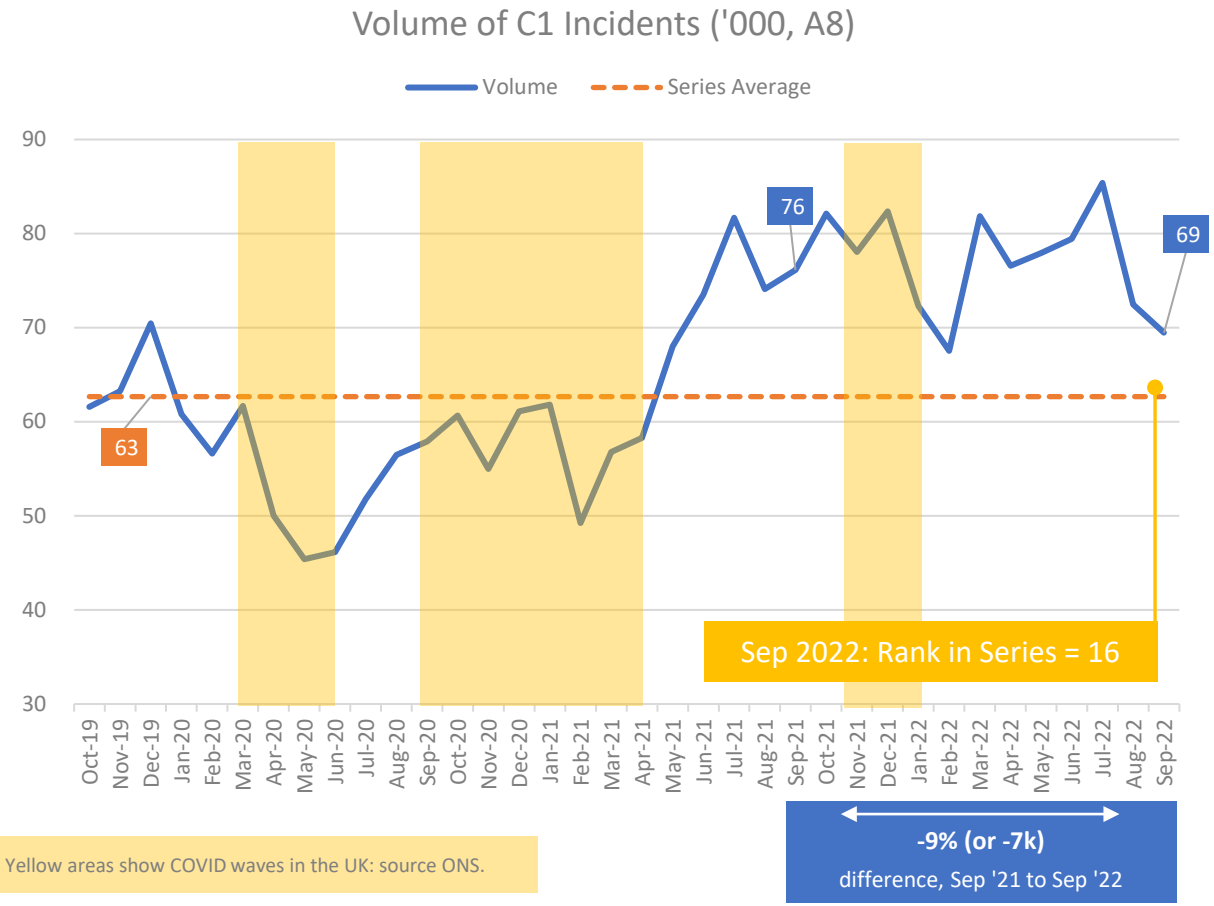
2. Annualised Data



13. Demand: C1 Incidents (A8)

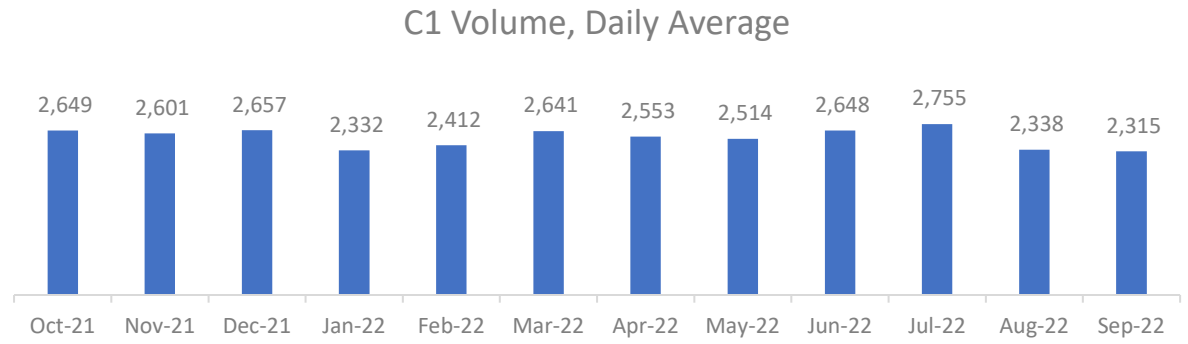
The most serious category saw a monthly decrease of 3k incidents, but due to the shorter month, the daily average for September was 22 incidents fewer than in August. Annualised data show a sustained increase in C1 incidents over the last three years.

1. Monthly

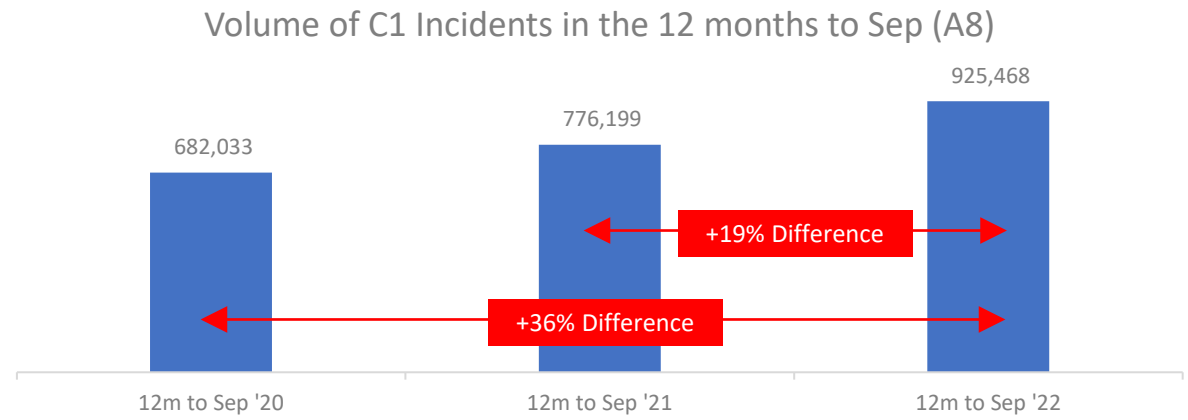


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



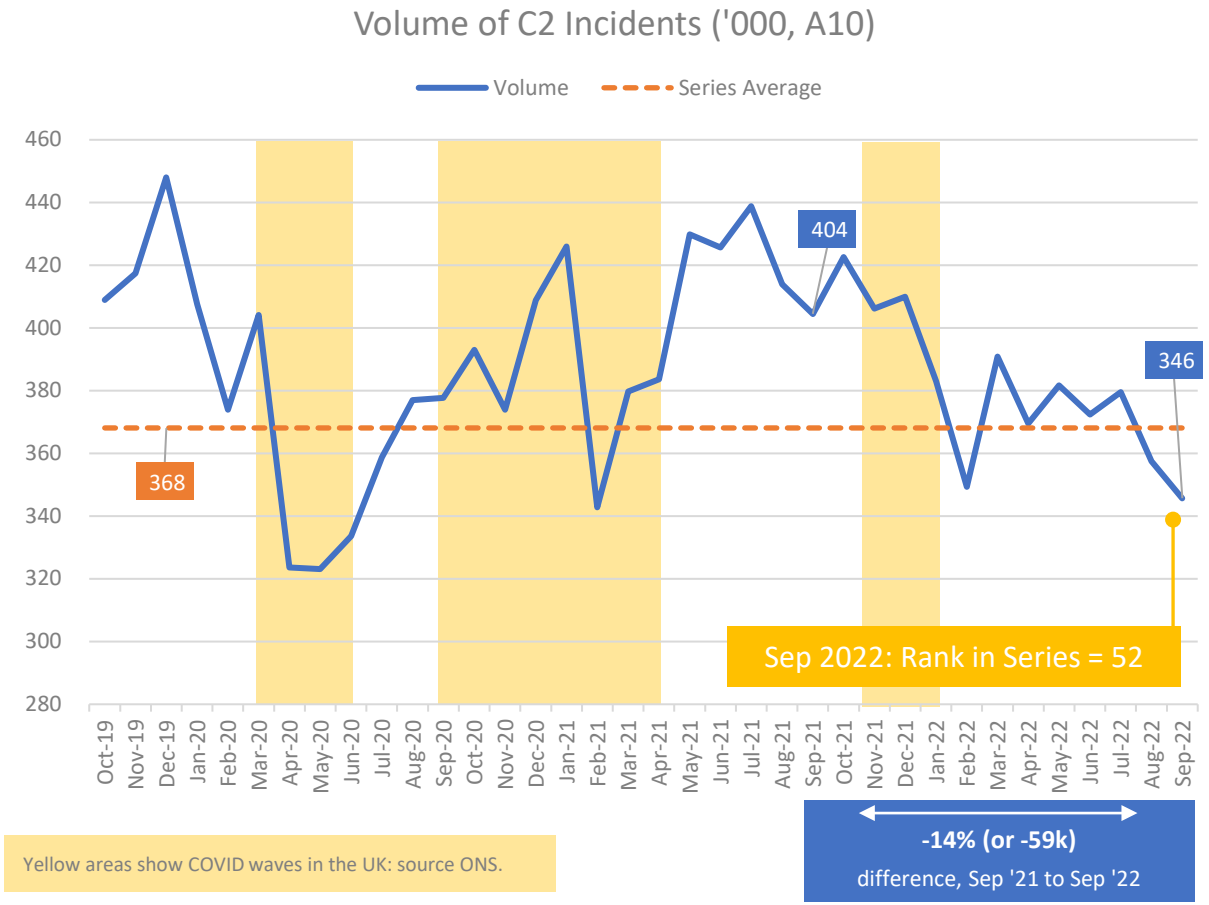
3. Annualised Data



14. Demand: C2 Incidents (A10)

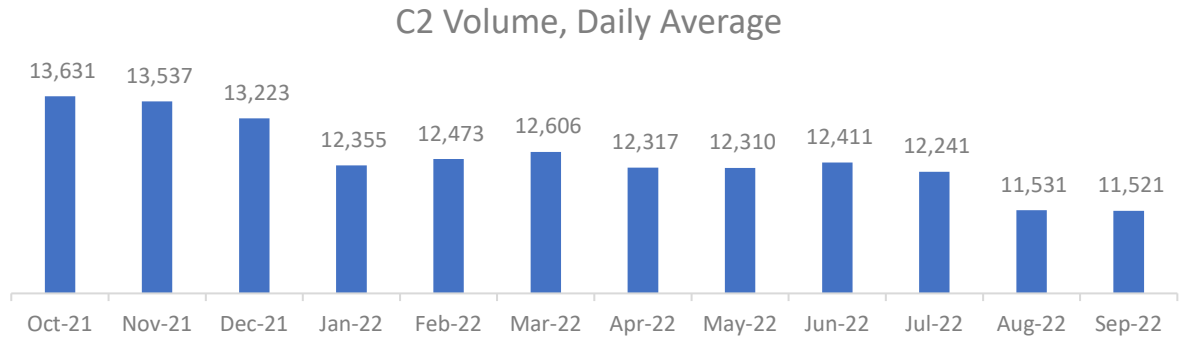
The monthly volume of C2 incidents has peaked and troughed several times over the last few years. In September 2022, C2 incidents decreased for the second consecutive month (by 12k) – although again, the difference in daily average between months was flatter. The volume of C2 incidents has dropped by 59k compared with September 2021, while the most recent annualised volume is marginally higher than the same period in 2020.

1. Monthly

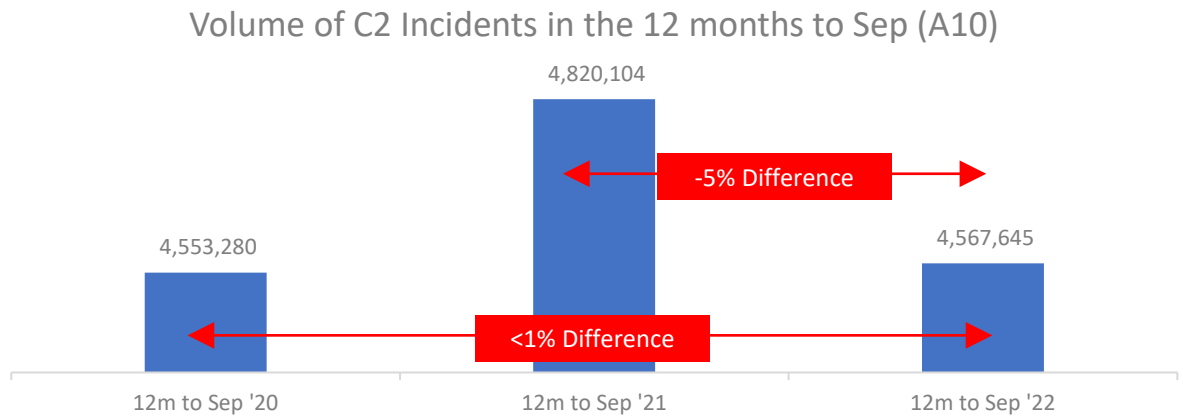


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



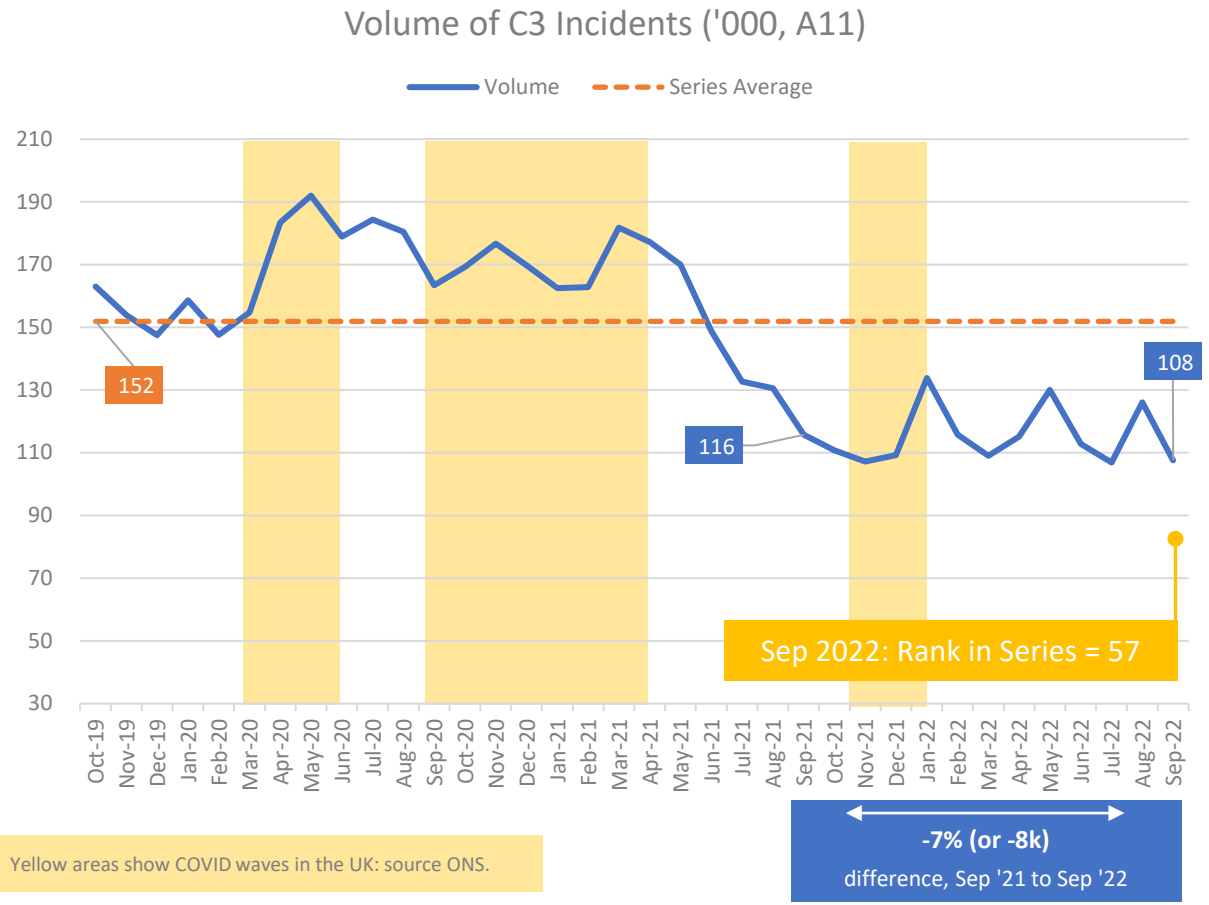
3. Annualised Data



15. Demand: C3 Incidents (A11)

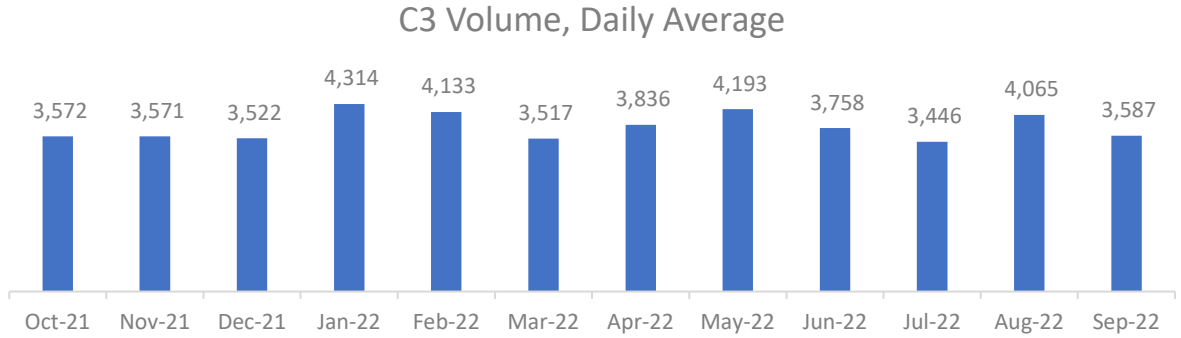
Volume of C3 incidents has been declining for several years, and has trended below the series average since June 2021. There were 600k fewer C3 incidents in the 12 months to September 2022 compared with the same period in 2020.

1. Monthly

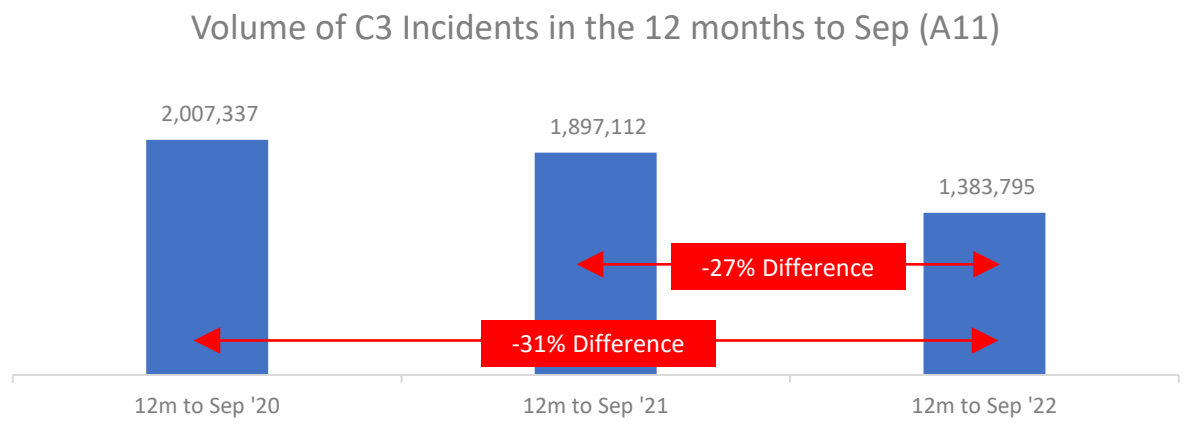


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



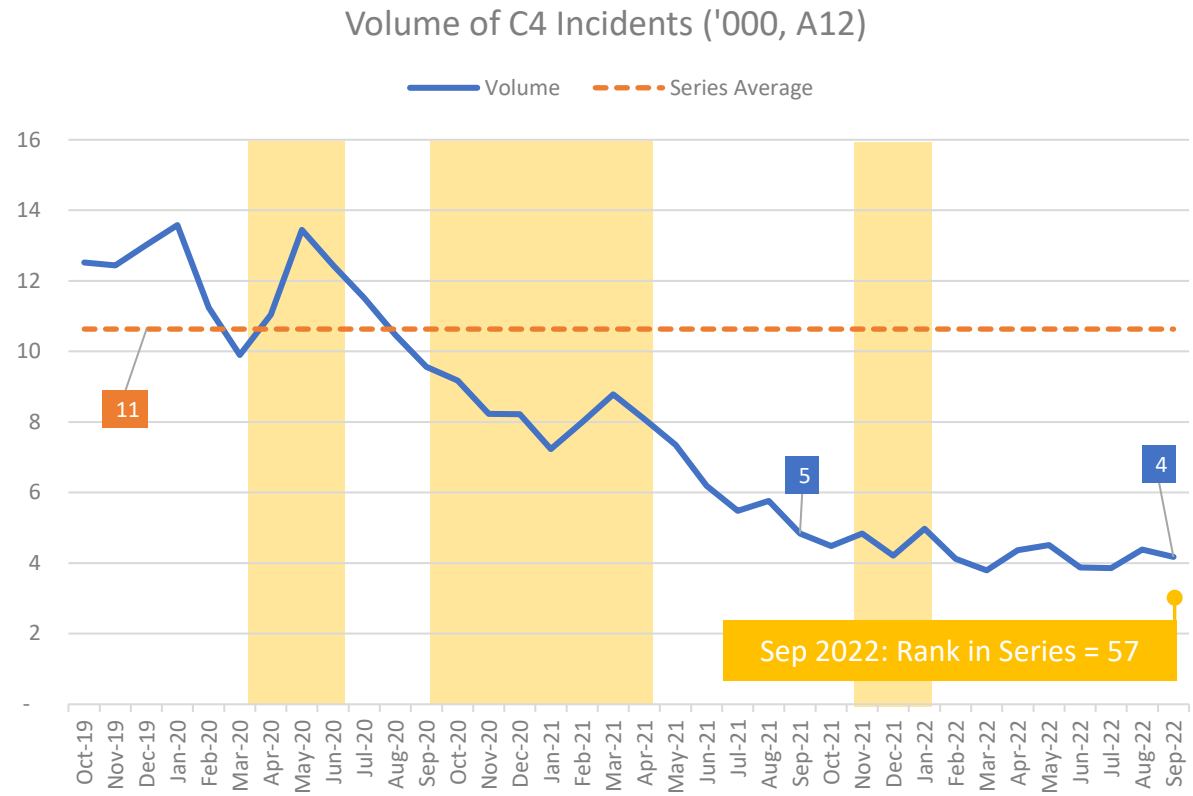
3. Annualised Data



16. Demand: C4 Incidents (A12)

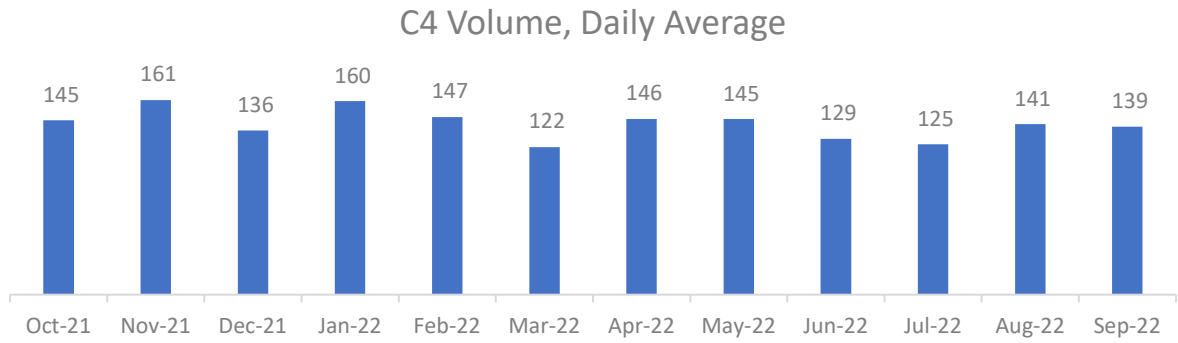
Monthly volume of C4 incidents was at its fifth lowest since December 2017 – the actual lowest month was March 2022. Annualised data show that the most recent period is just under a third of its 2020 equivalent, a difference of -63%.

1. Monthly

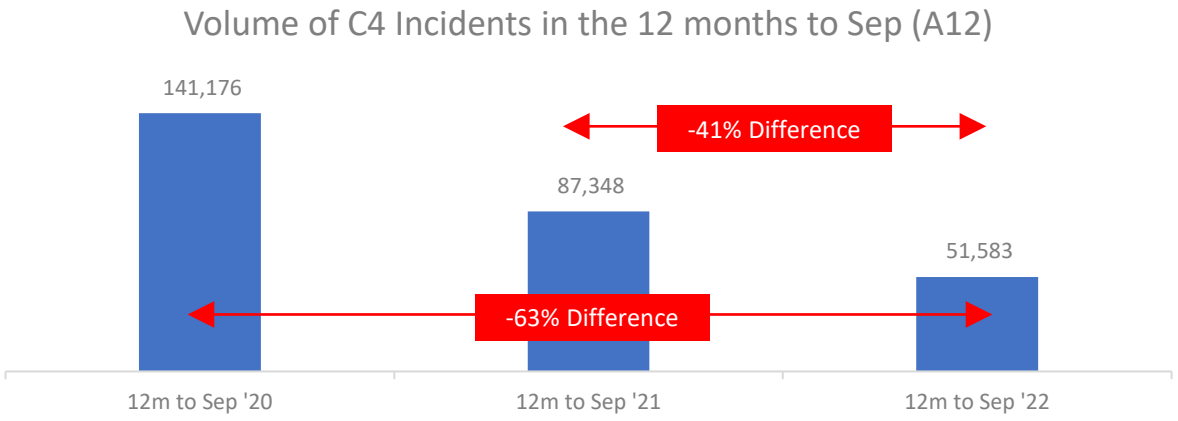


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



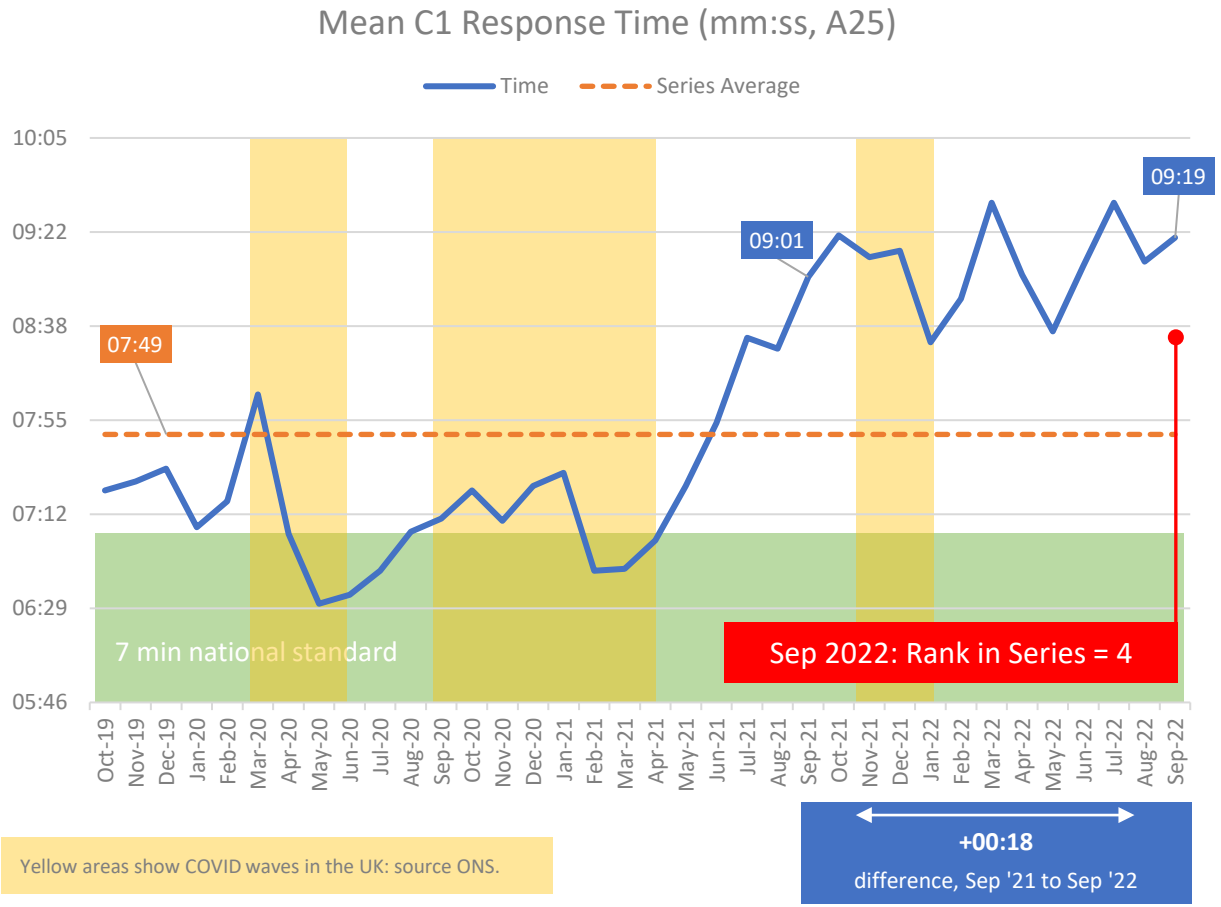
3. Annualised Data



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

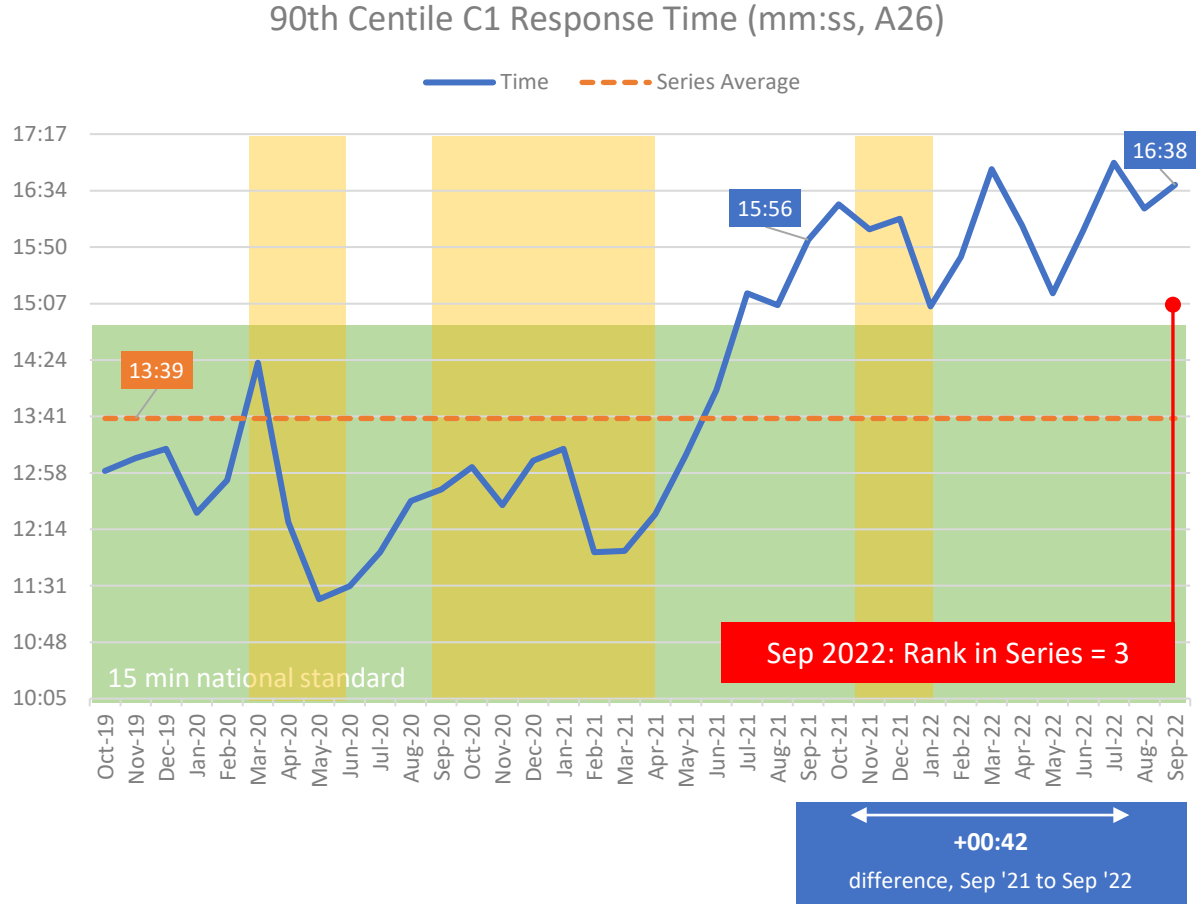
C1 mean response time increased by 11 seconds between August and September 2022 – this is the fourth slowest time since December 2017 and remains well over 2 minutes slower than the 7 minute national standard. The 90th centile response time also increased (by 18 seconds), its third slowest to-date.

1. Mean



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

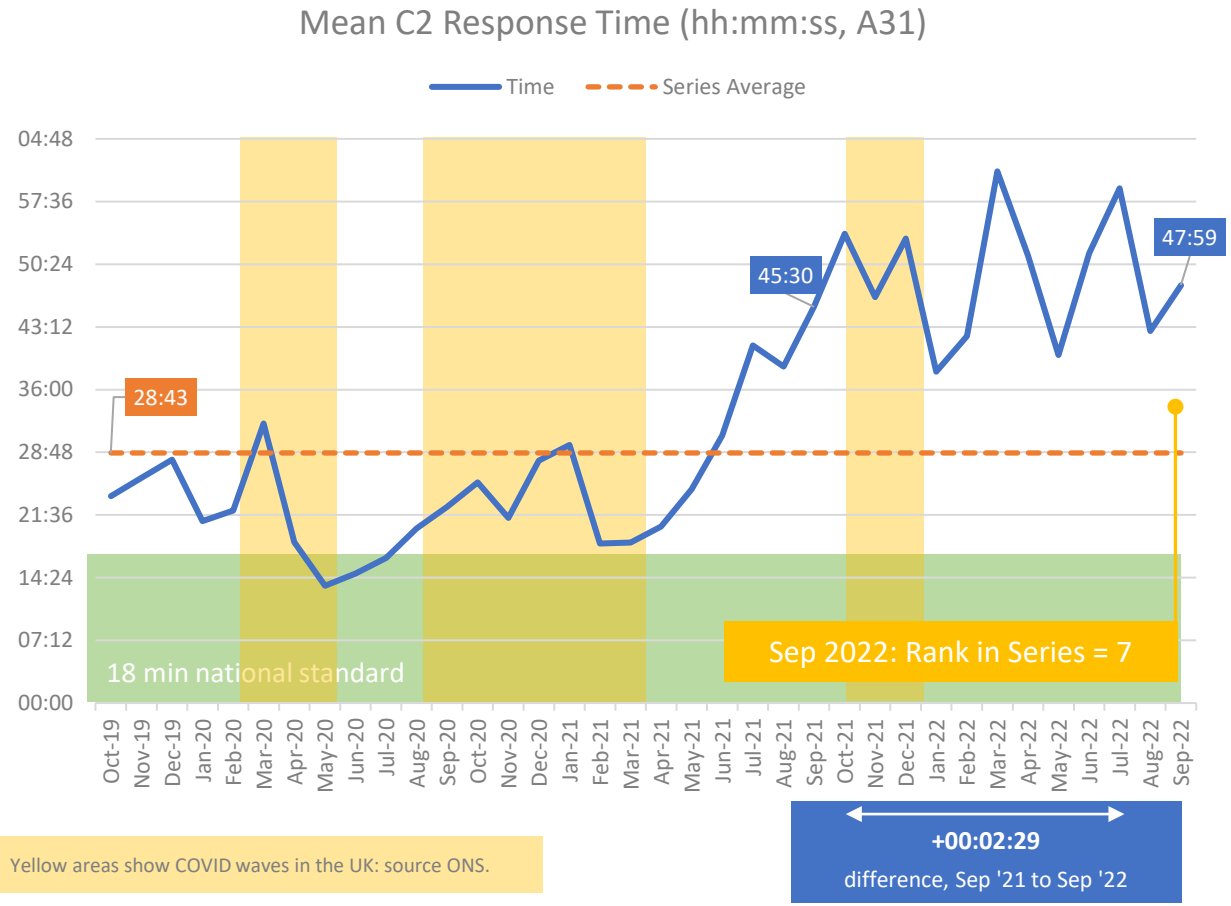
2. 90th Centile



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

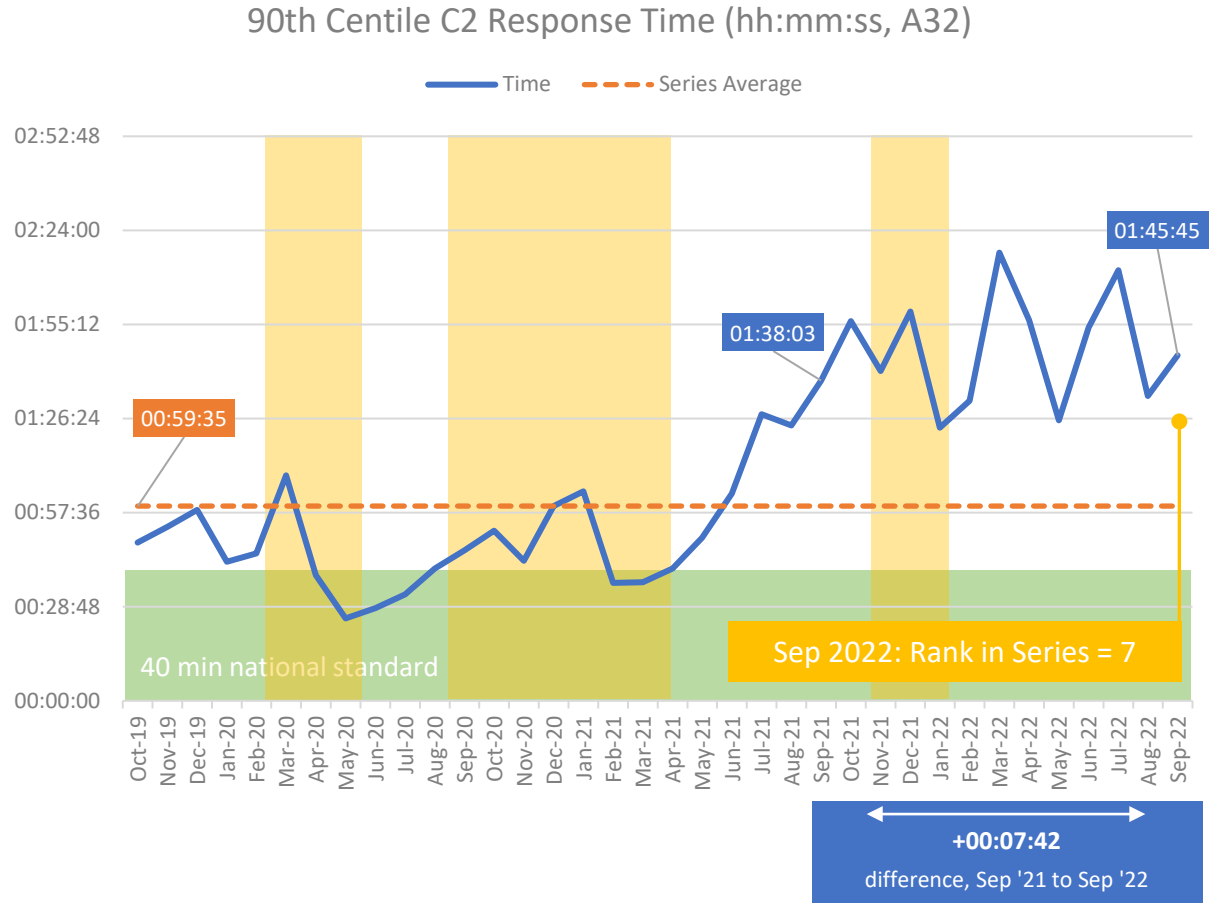
Mean C2 response time slowed by over 5 minutes between August and September, with the 90th centile measure adding over 12 minutes. Both have trended above their national standard for well over 12 months - and in the case of the mean response time, since July 2020.

1. Mean



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

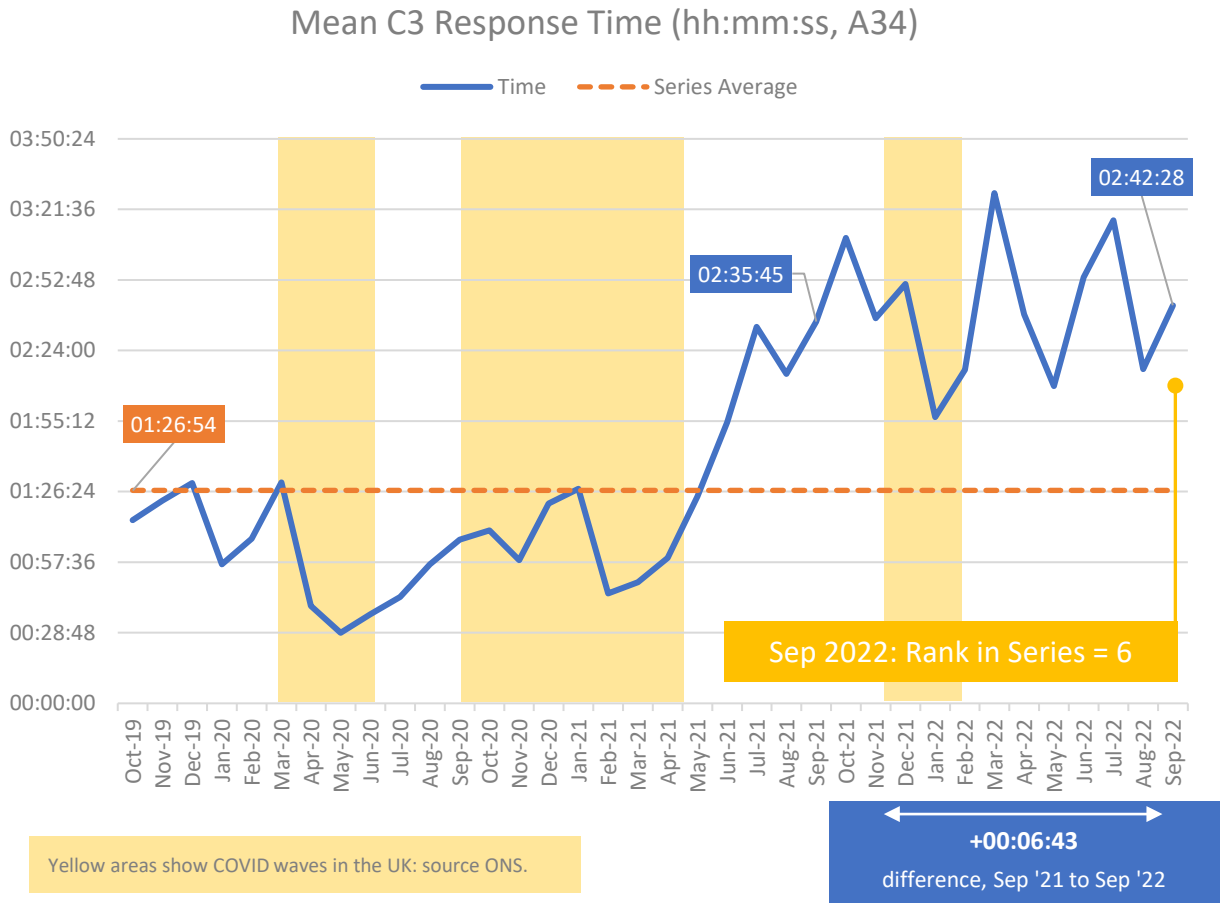
2. 90th Centile



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

Both the mean and 90th centile response times increased for C3 incidents in September 2022. Mean response was 26 minutes slower than August 2022, while the 90th centile measure was slower by over an hour.

1. Mean



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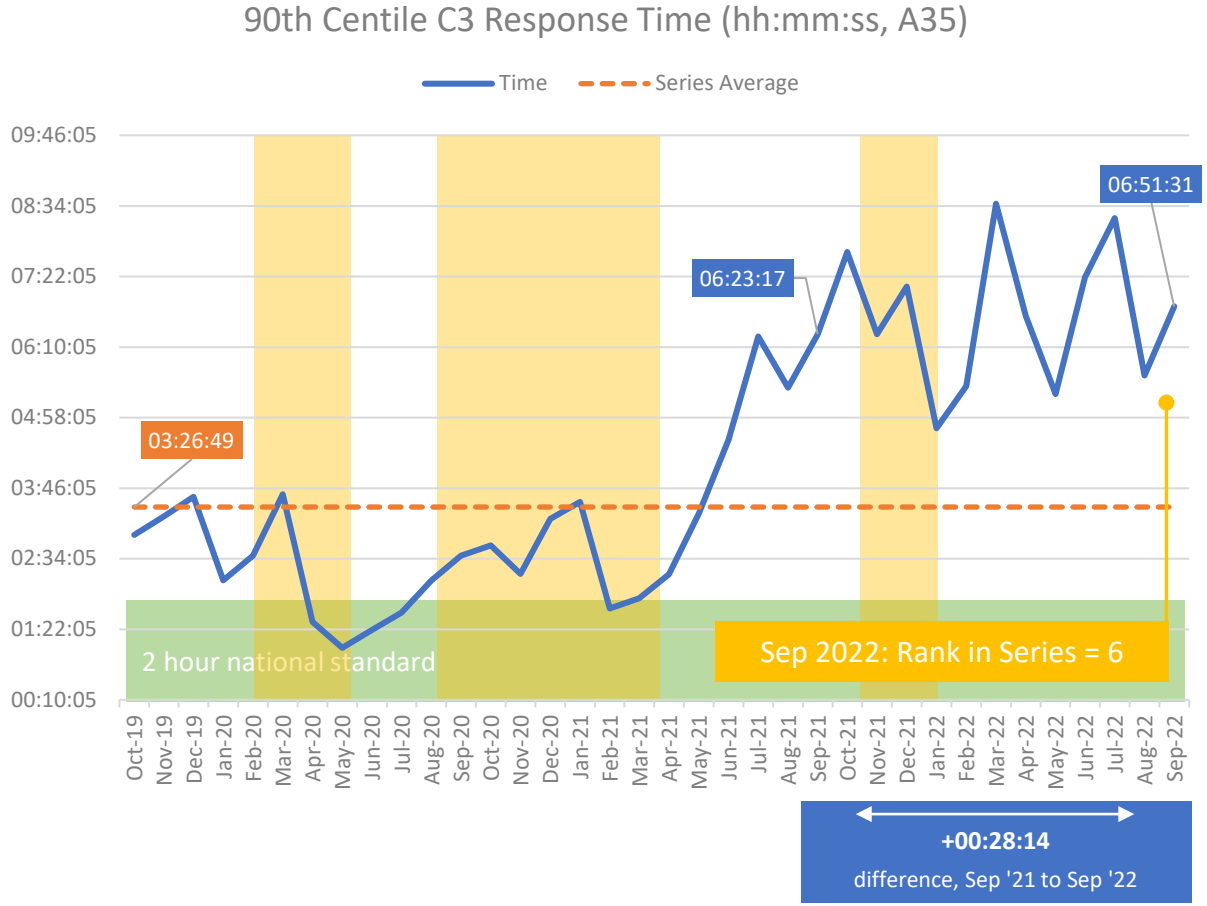
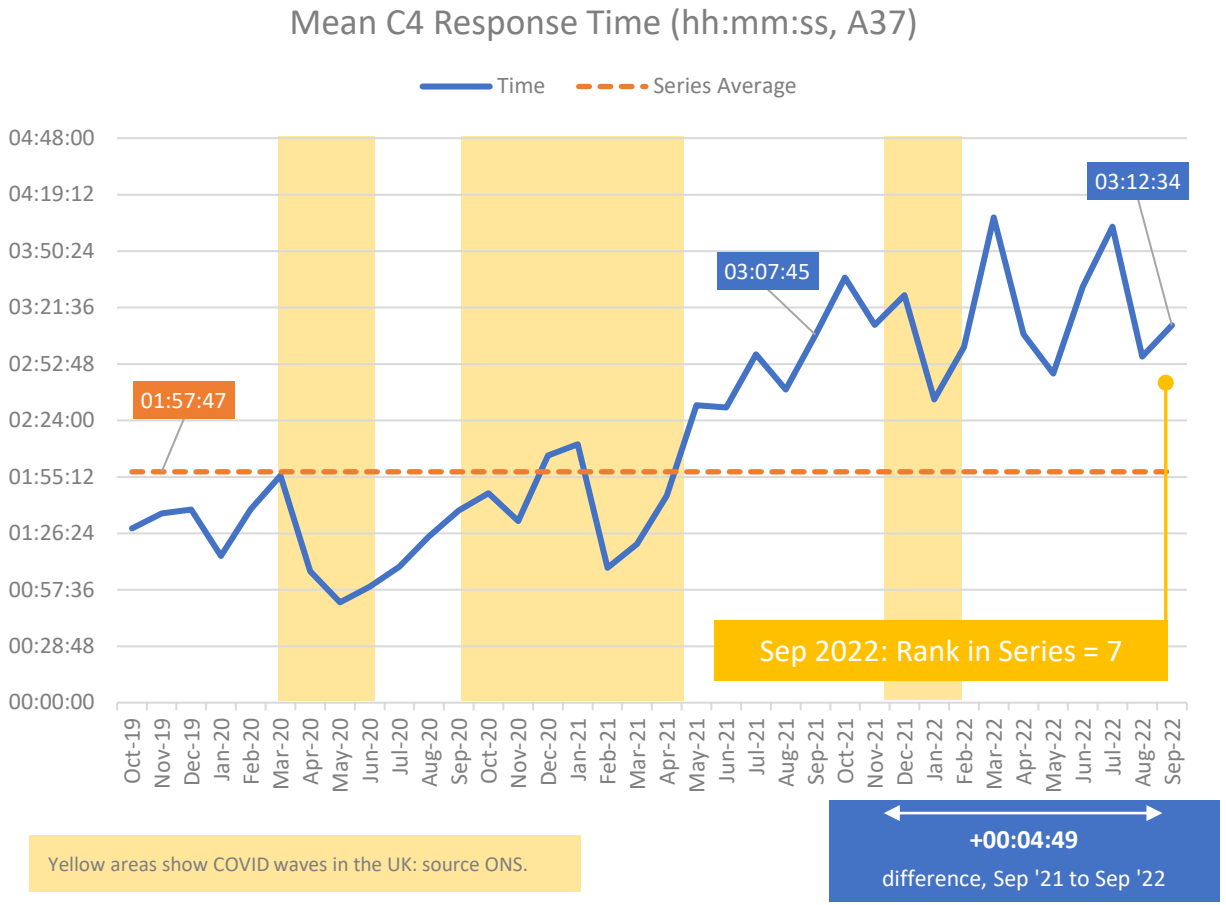
2. 90th Centile



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

As with all other response times in September, both C4 measures slowed, mean response by nearly 16 minutes and 90th centile by 20 minutes. The latter measure was 10 minutes short of 8 hours in September, 50 minutes slower than the same time last year.

1. Mean



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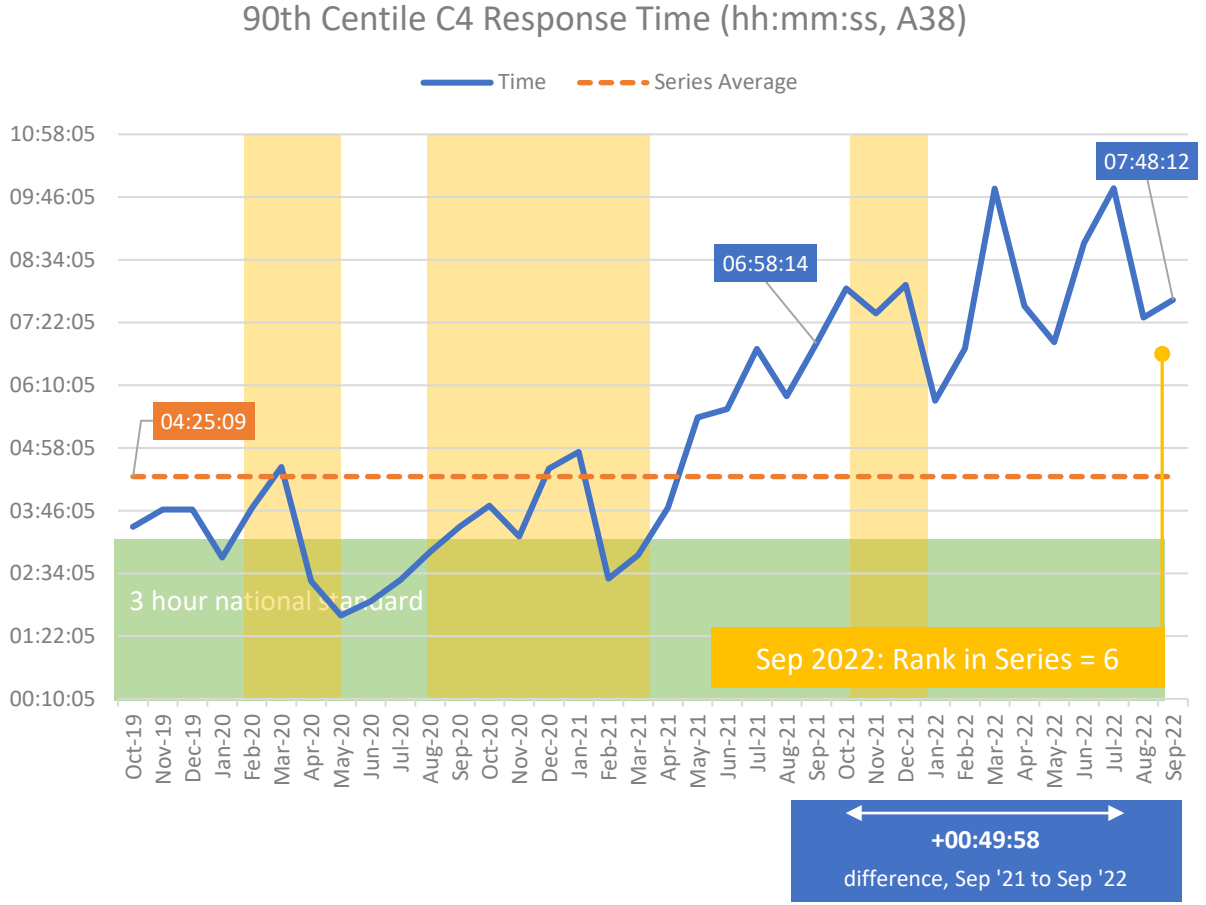
2. 90th Centile



Section 3

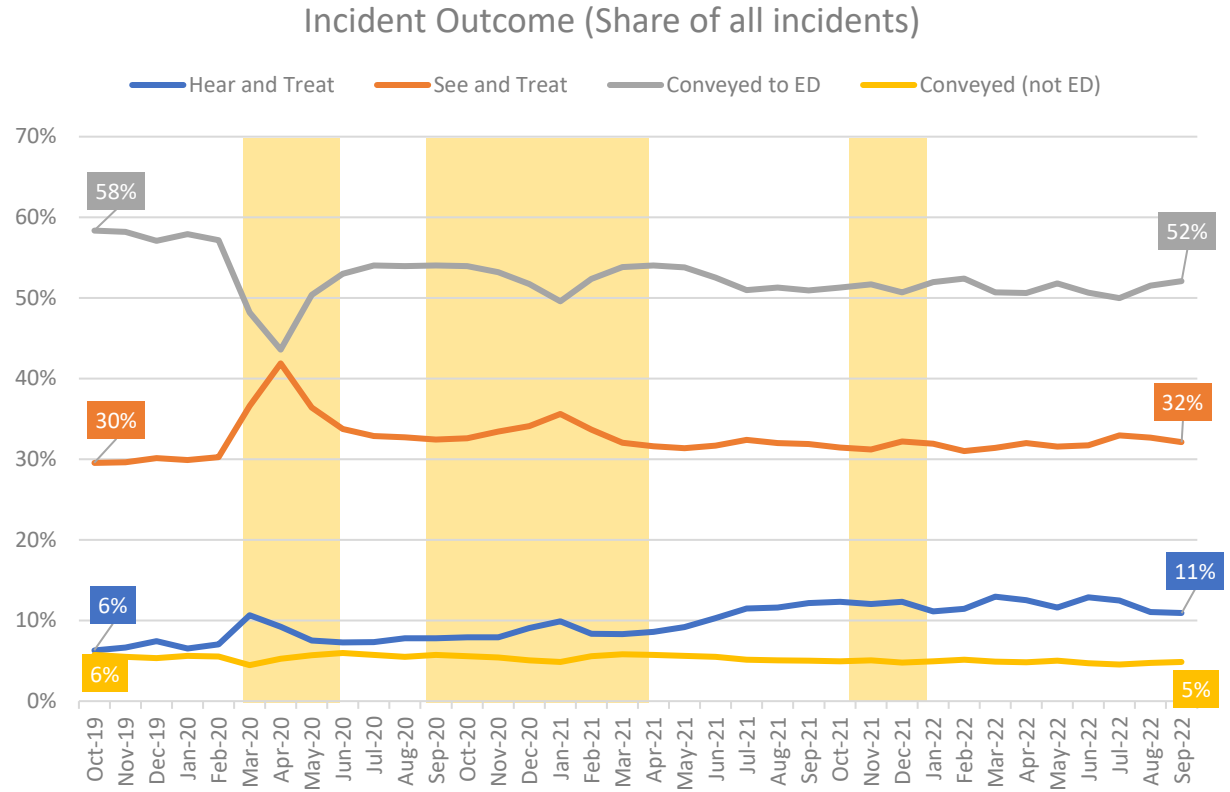
Incidents by Response Outcome

- 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

22. Share of Incidents by Response Outcome

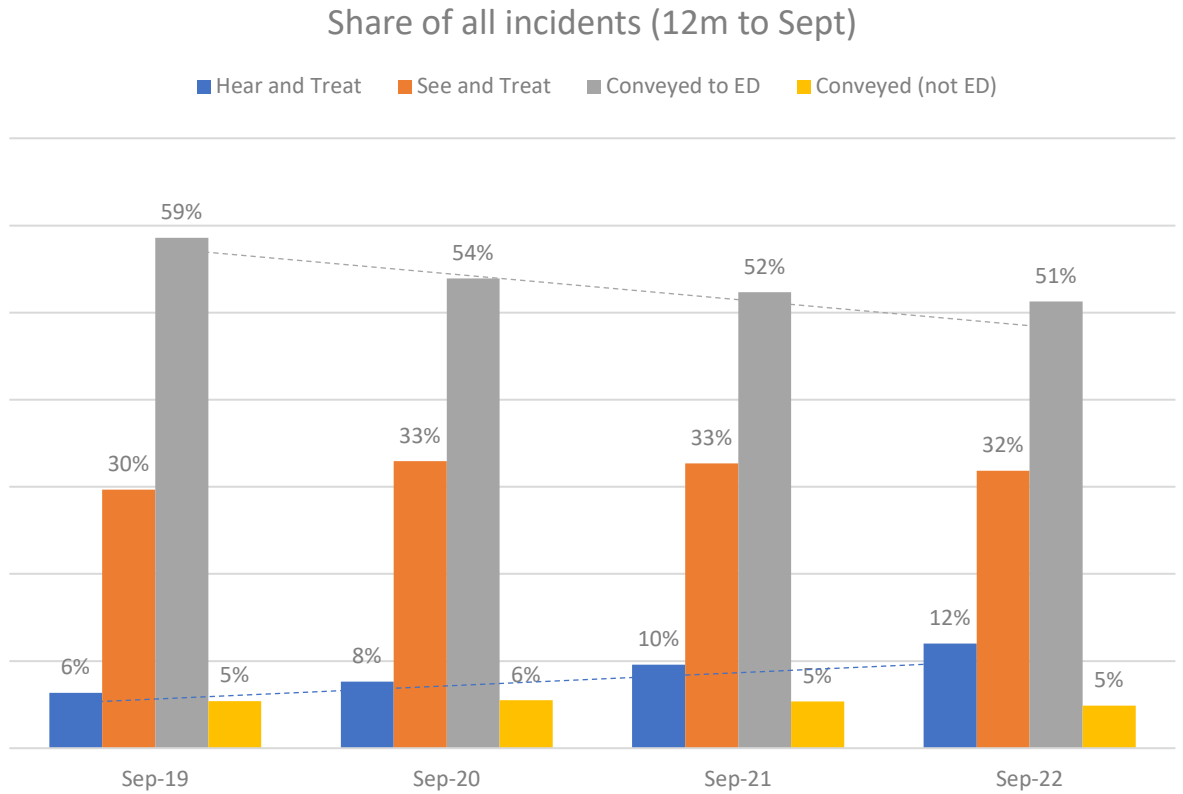
Distribution of incidents by their eventual response outcome has changed steadily over the past few years. Those where a patient is conveyed to an emergency department has decreased from 59% in the 12 months to September 2019 to 51% in the most recent period. Over the same time, remotely assessed "Hear-and-Treat" responses have doubled their share, from 6% in 2019 to 12% today.

1. Time Series (monthly, from Oct 2019)



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

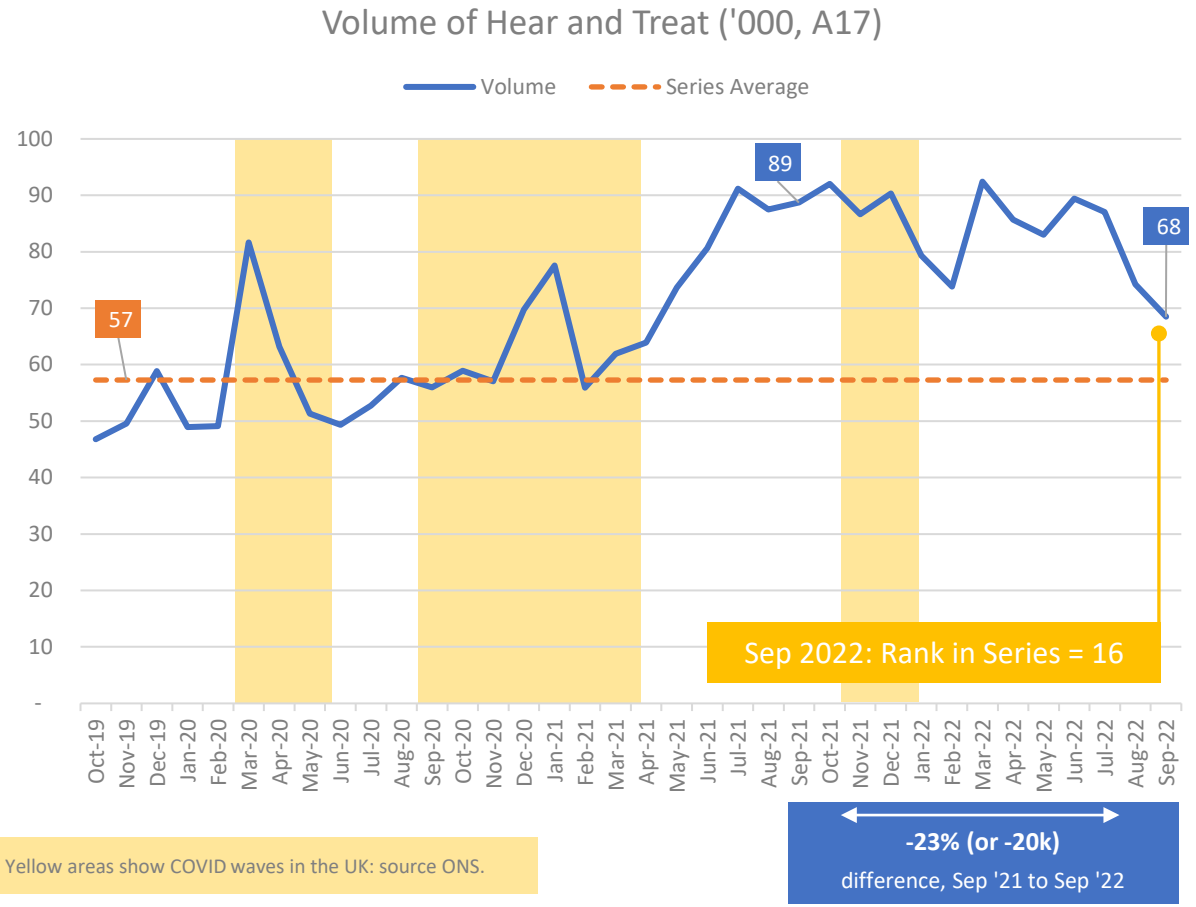
2. Annualised Data



23. Hear and Treat (measure A17)

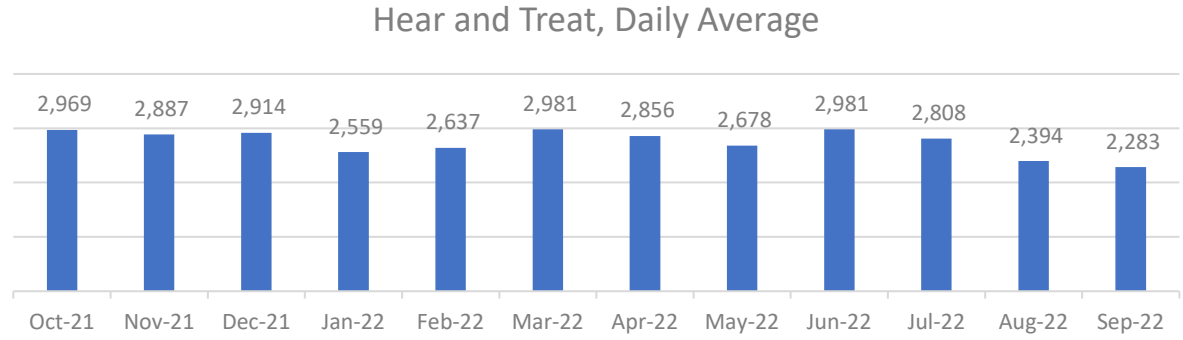
The annualised volume of Hear-and-Treat responses (and the share of the total this represents) continues to increase, with over 300k more incidents in the 12 months to September 2022 compared with the same period in 2020. The monthly trend has been less steady: there were 68k responses in September 2022, compared with 89k the same moth last year, and the volume has now decreased for three consecutive months.

1. Monthly

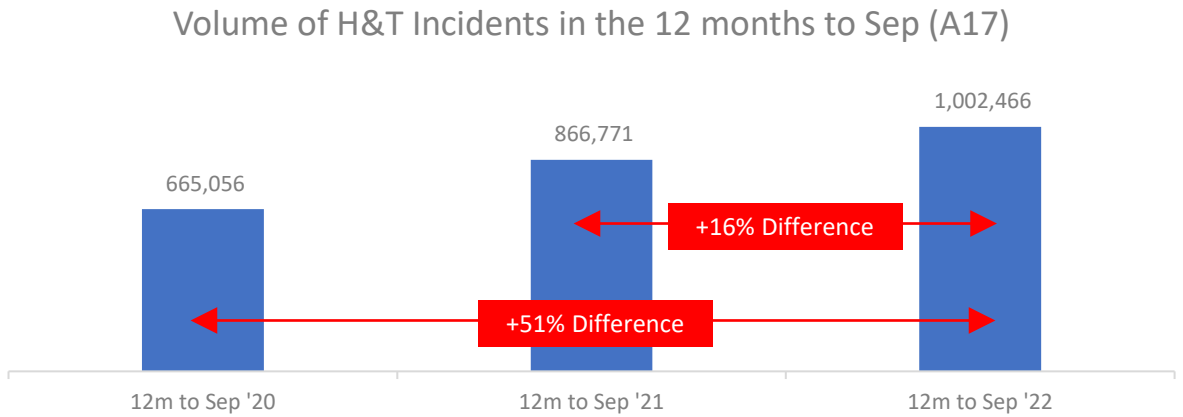


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



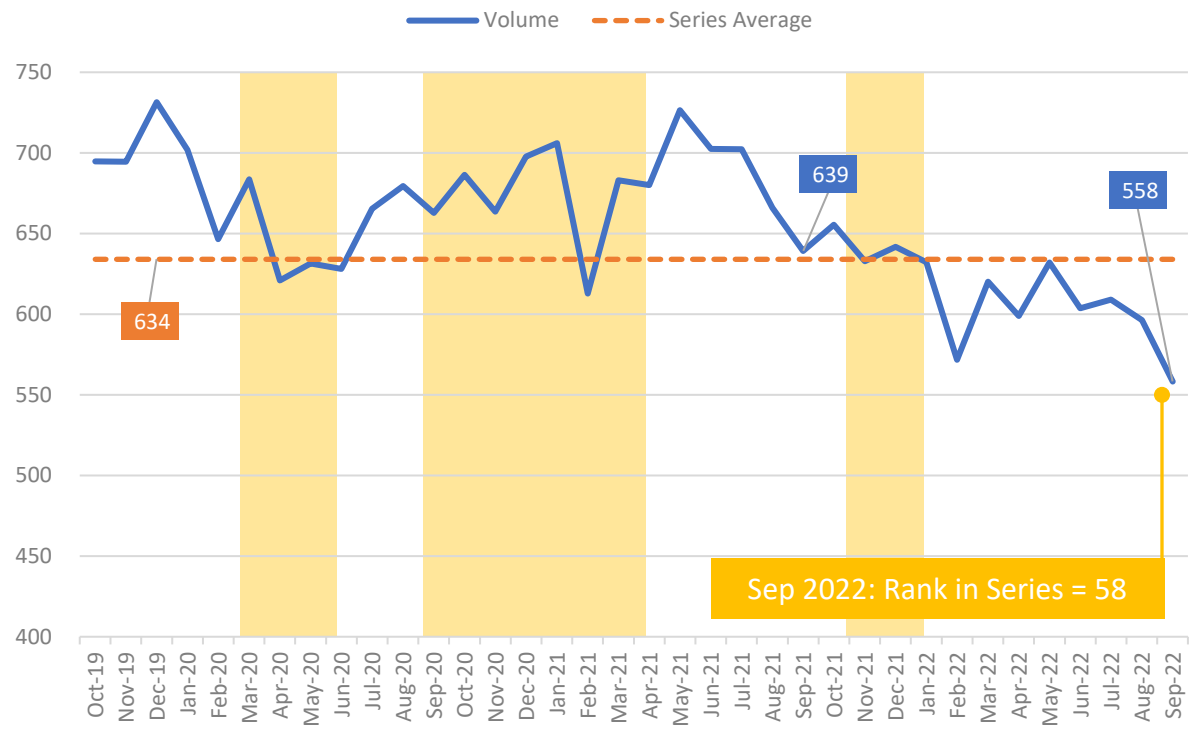
3. Annualised Data



24. Face to Face (measure A56)

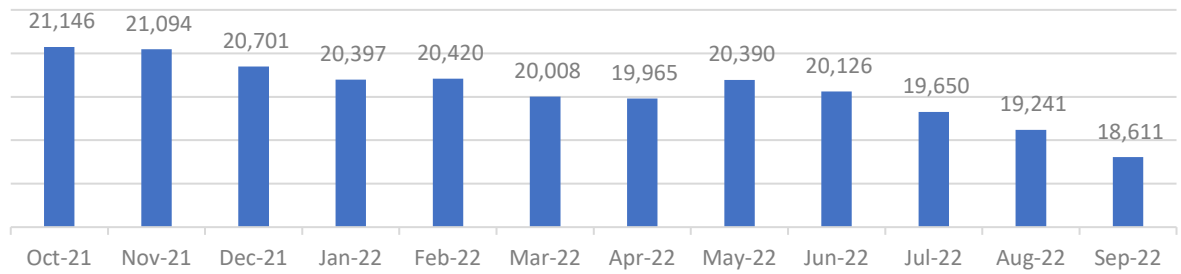
In September, the monthly volume of Face-to-Face responses dropped the lowest since recording began. There were 81k fewer responses than in September 2021, and a month-on-month decrease of 38k, taking the total to 558k.

1. Monthly

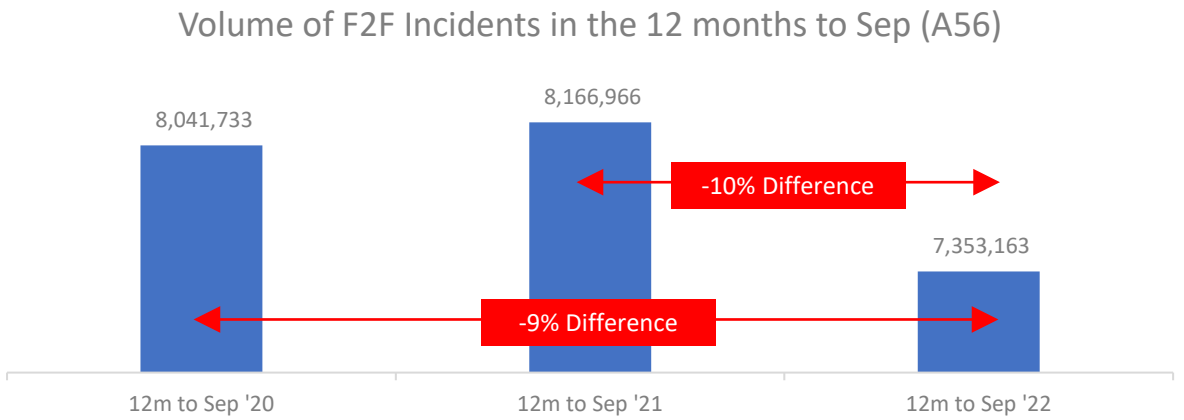


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



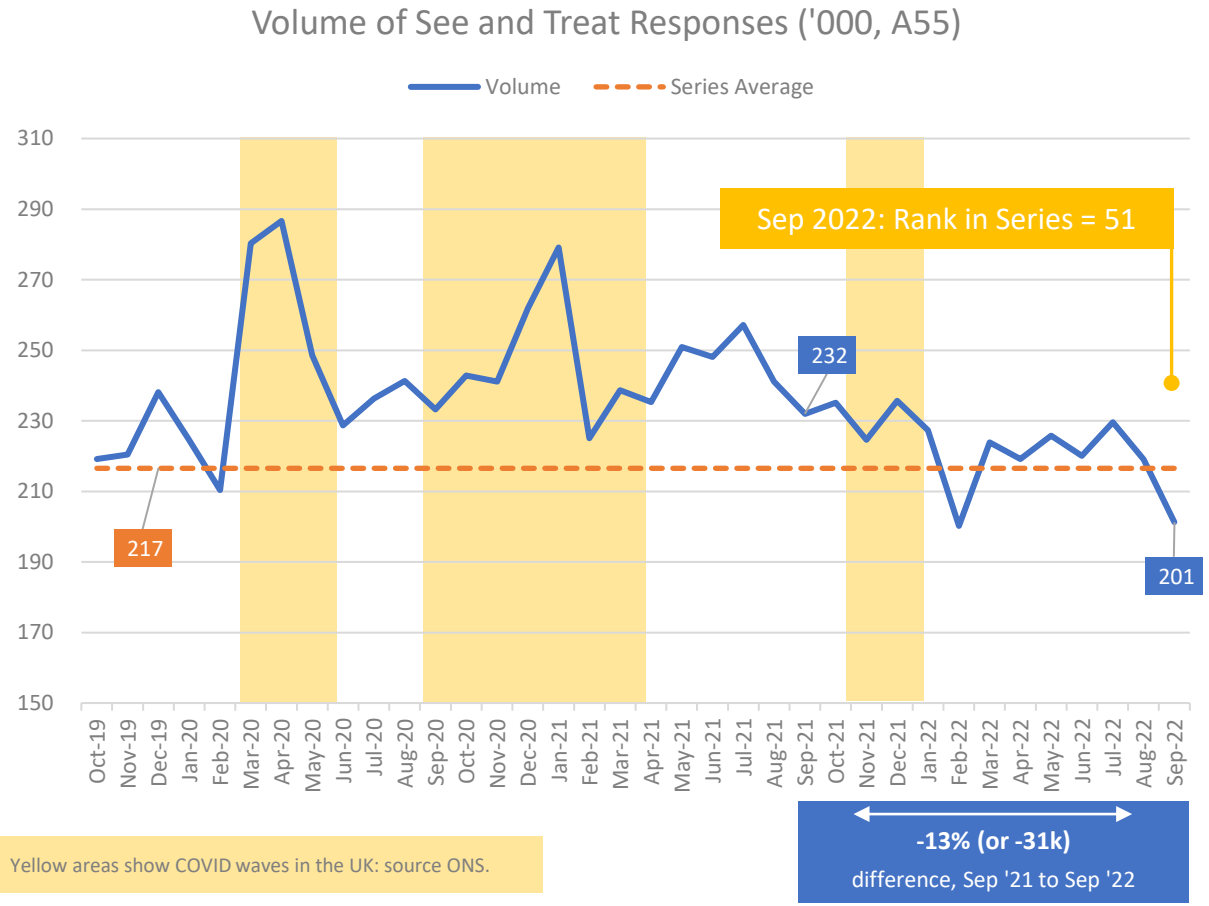
3. Annualised Data



25. See and Treat (measure A55)

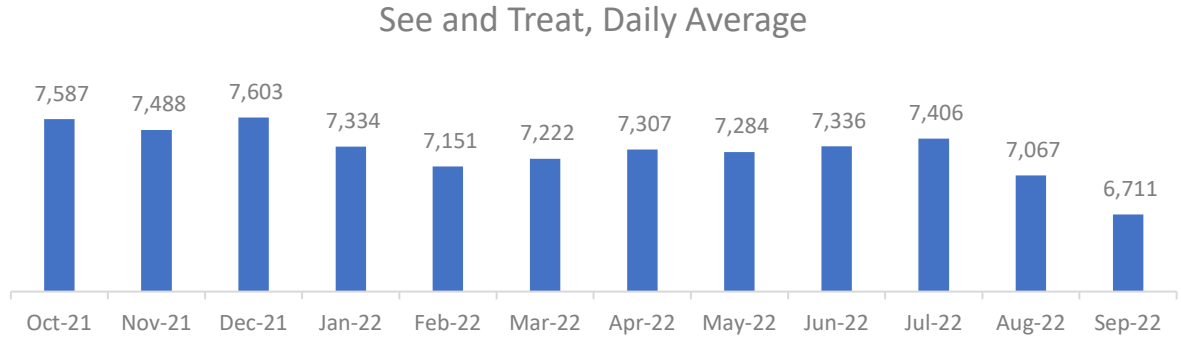
See-and-Treat responses dropped for the second consecutive month to reach 201k in September 2022. This is one of the lowest monthly volumes since December 2017, and below the series average of 217k.

1. Monthly

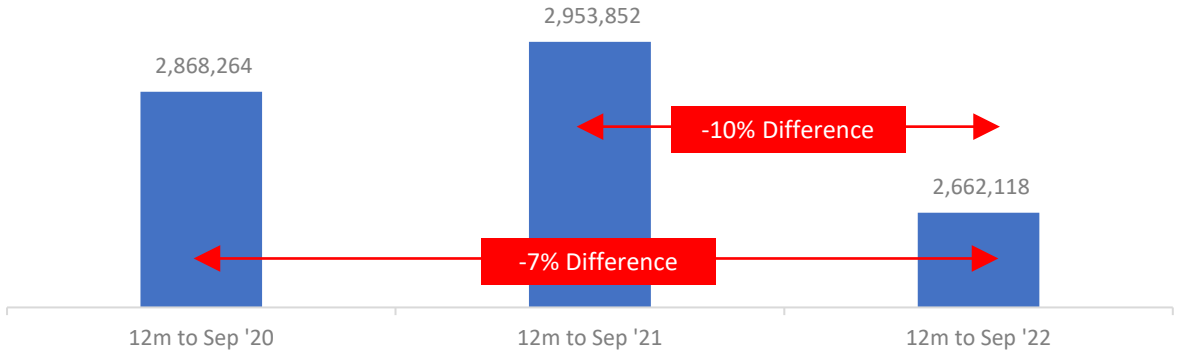


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



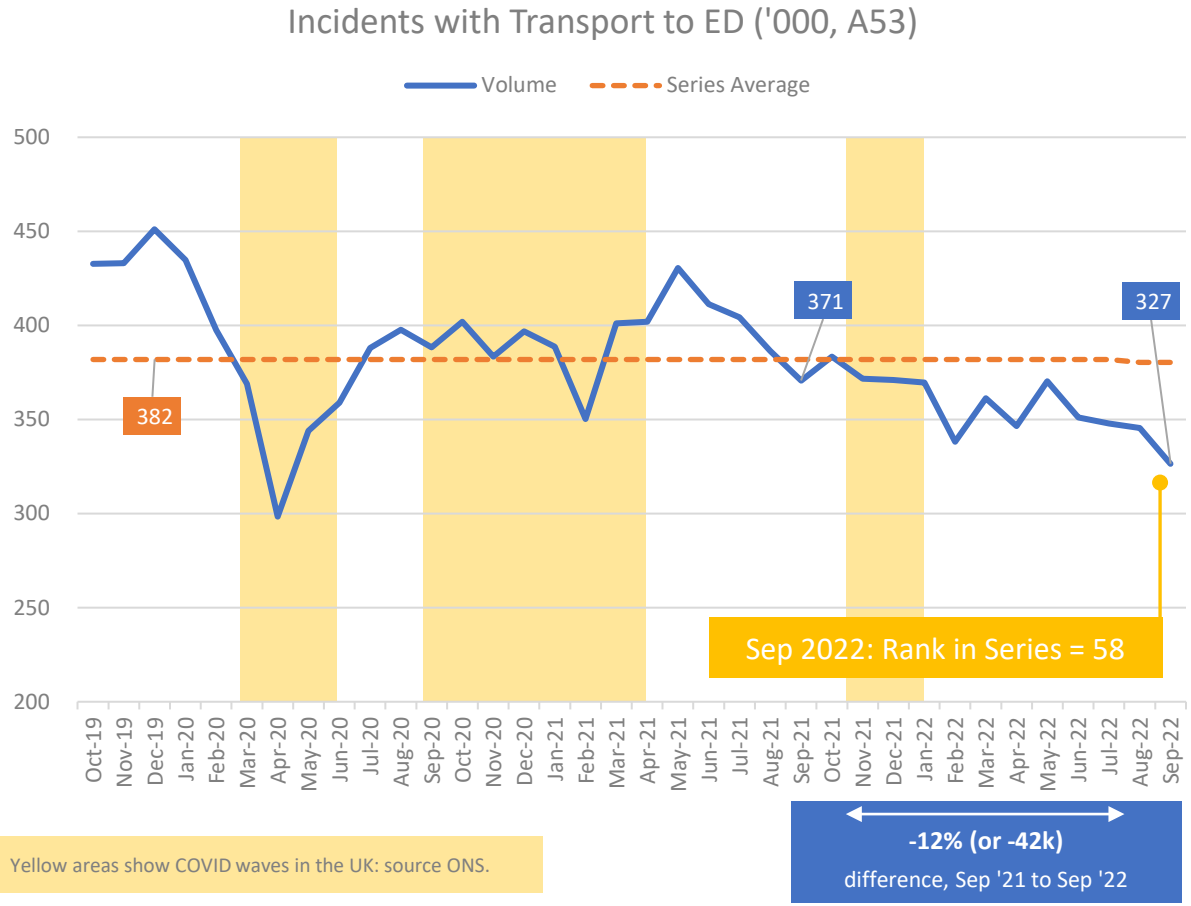
3. Annualised Data



26. Transport to Emergency Departments (measure A53)

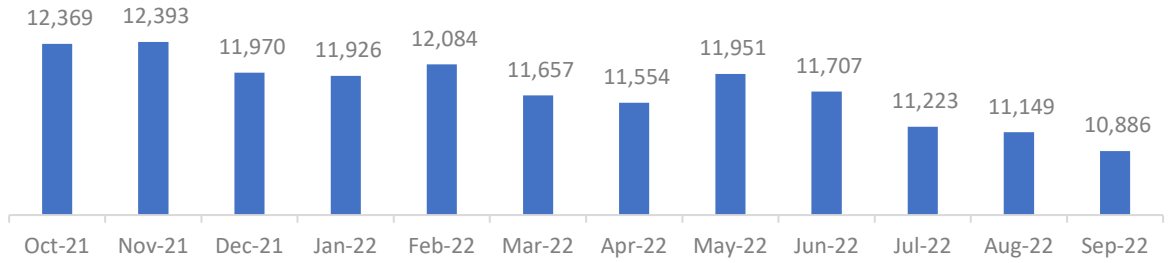
Reponses where patients were transported to emergency departments was its second lowest since December 2017 (the lowest being April 2020, during the first lockdown). There were 327k of these outcomes in September 2022, 42k fewer than September 2021.

1. Monthly

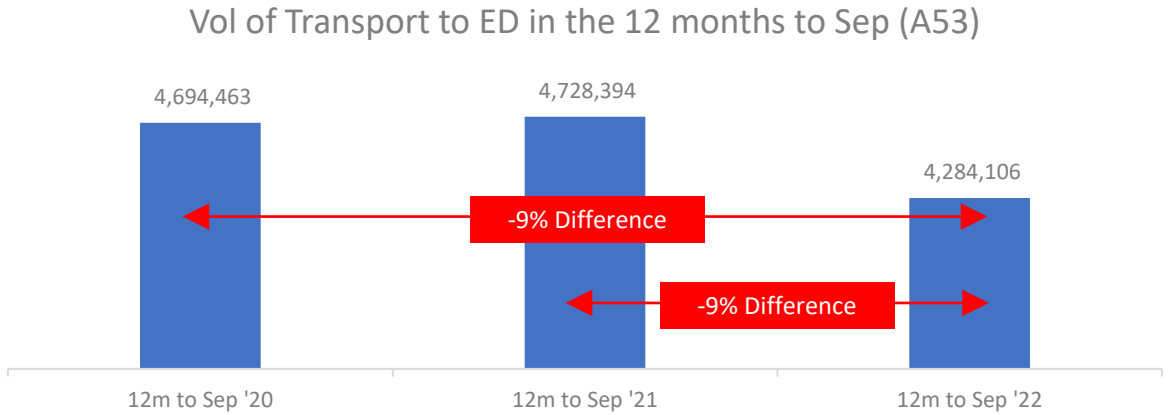


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



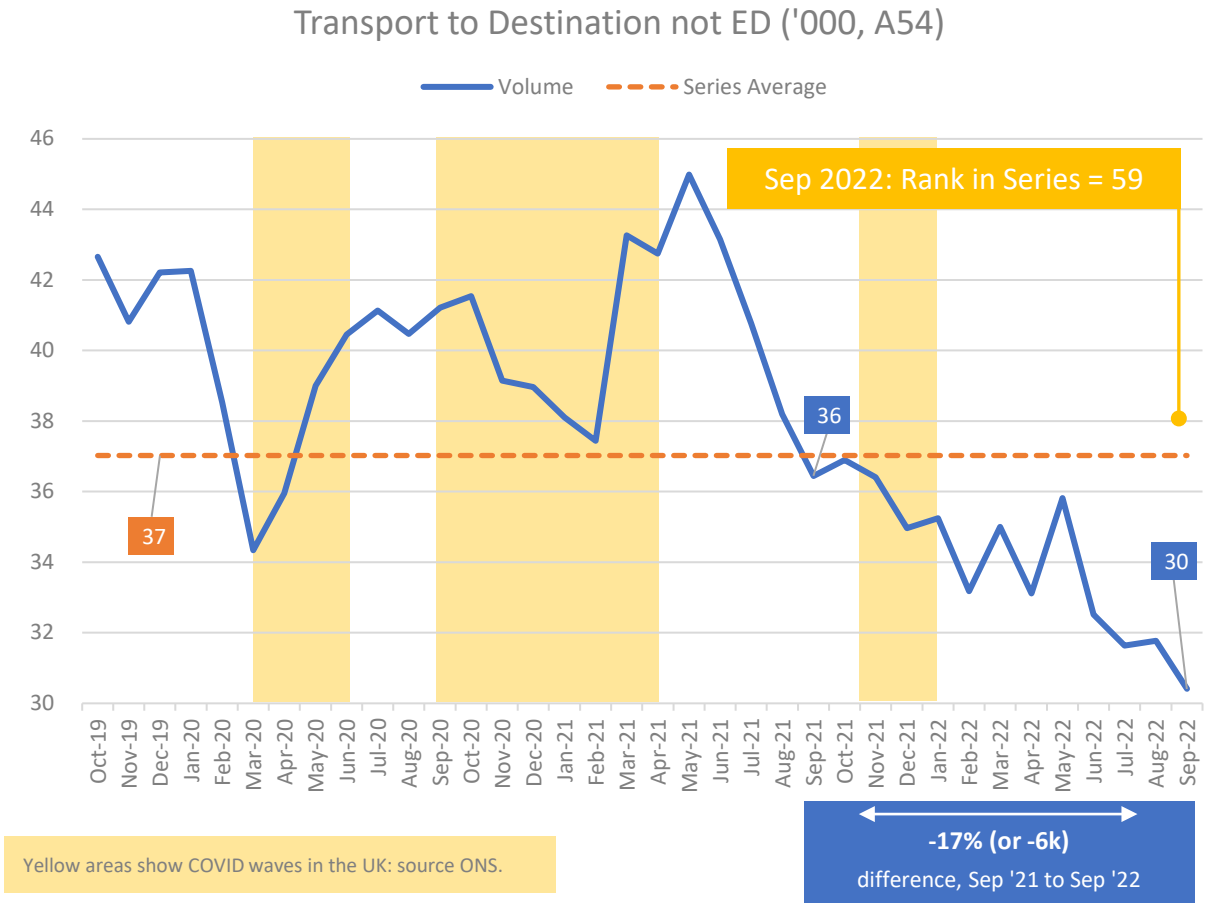
3. Annualised Data



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

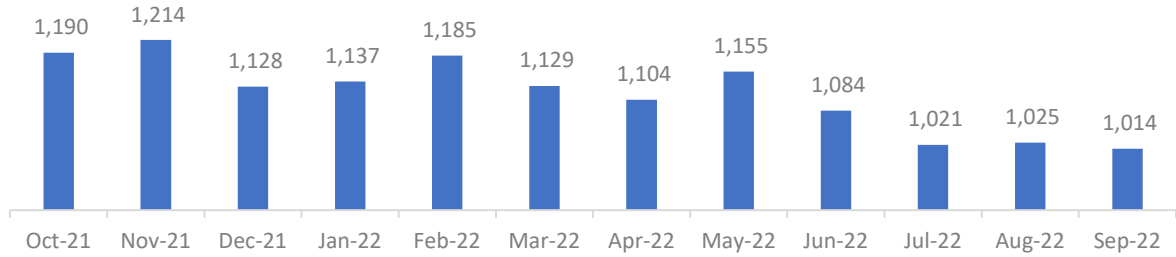
Volume of patients conveyed to destinations other than ED decreased to 30k in September 2022. This is the lowest volume to date.

1. Monthly

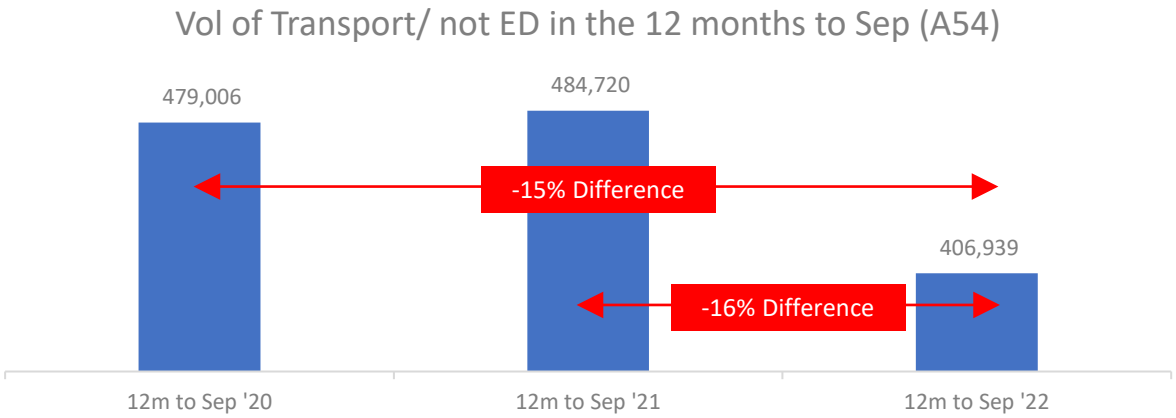


Yellow areas show COVID waves in the UK: source ONS.

2. Daily Average



3. Annualised Data



Section 4

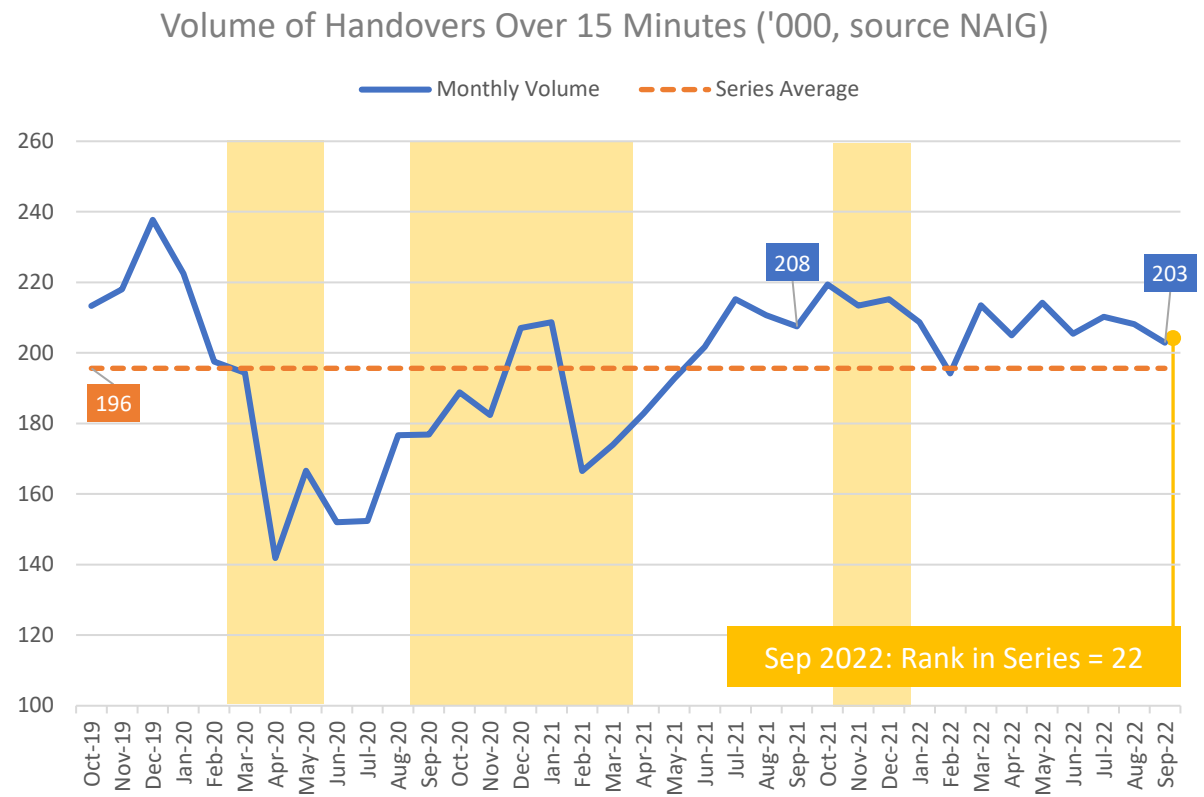
Patient Handover Delays

- Handover Delays Over 15 Minutes
- Handover Delays Over 60 Minutes
- Handover Delays Over 120 Minutes
- Handovers Longer Than Three Hours
- Impact on Patients and Crew
- Supplementary Handover Data

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

While the overall volume of patient handover delays remained relatively steady (decreasing by 5k month-on-month) the hours lost to these delays increased to its third highest level on record. All three of these series-highs have occurred since March 2022, with the highest in July. This month's data shows a decrease of 4k handover delays compared with September 2021, but an increase of 48k hours lost.

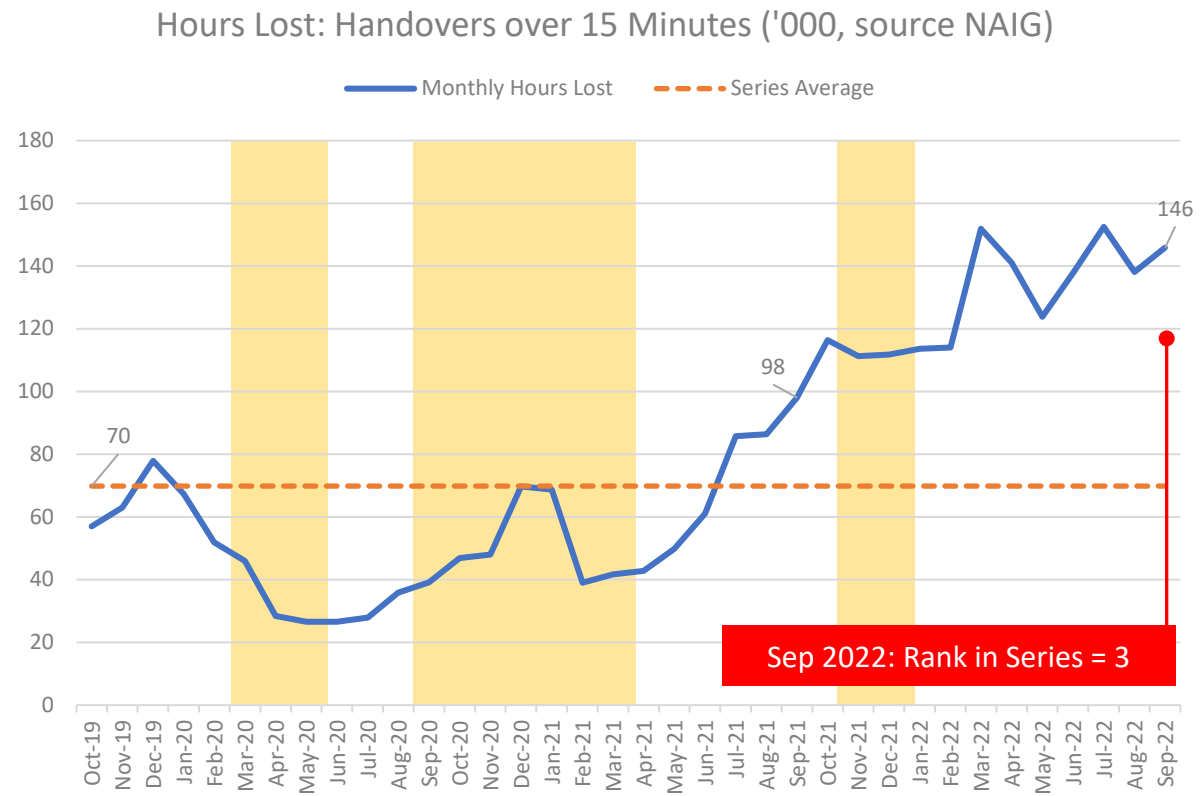
1. Delays over 15 Minutes



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

-2% (or -4k)
difference, Sep 2021 to Sep 2022

2. Hours lost for Handovers Over 15 Minutes



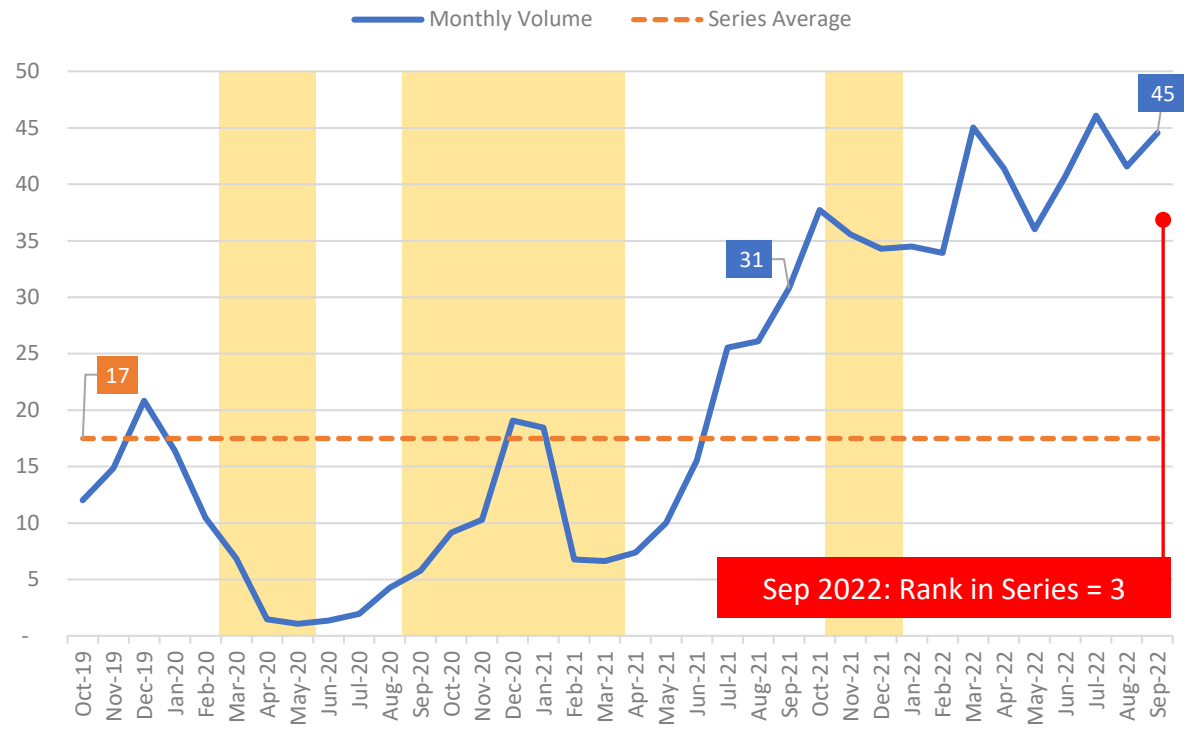
+49% (or +48k)
difference, Sep 2021 to Sep 2022

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

Handovers taking an hour or longer also reached their third highest level in September, as did the hours lost associated with those delays. Number of delays reached 45k, against a series average of 17k: hours lost reached 74k against a series average of 21k. Both measures are considerably greater than the same time last year.

1. Delays over 60 Minutes

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

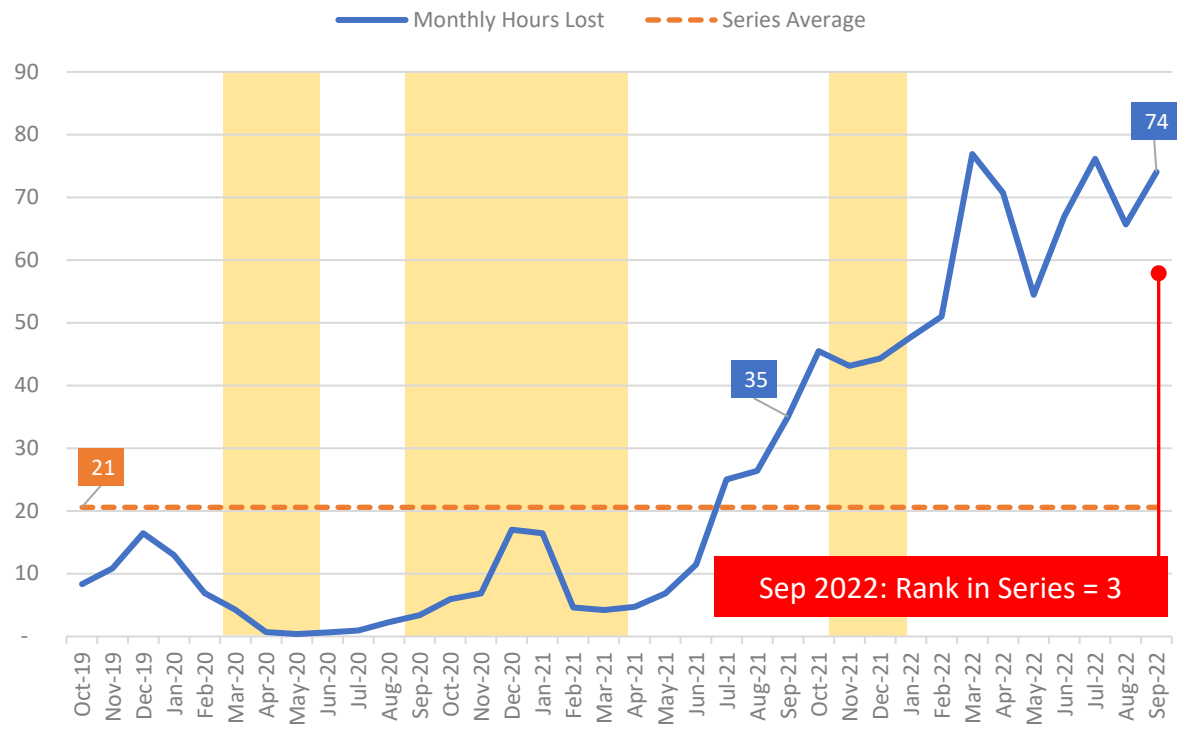


Yellow areas denote COVID waves in the UK: source ONS.

+45% (or +14k)
difference, Sep 2021 to Sep 2022

2. Hours lost for Handovers Over 60 Minutes

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

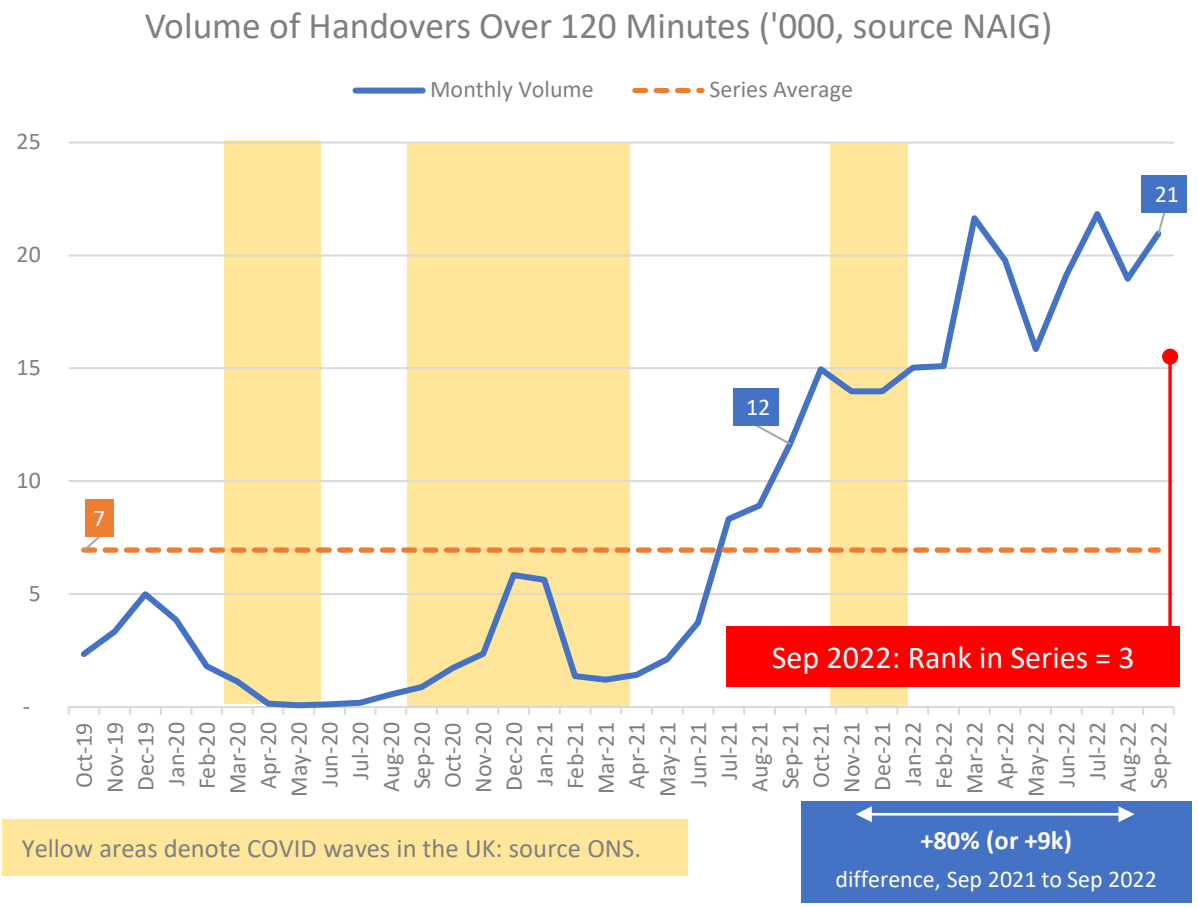


+111% (or +39k)
difference, Sep 2021 to Sep 2022

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

For two-hour delays, volume and hours lost both recorded an increase taking them to their third highest level to date. The volume of these delays is 9k greater than the same time last year, while hours lost is well over double its equivalent from September 2021.

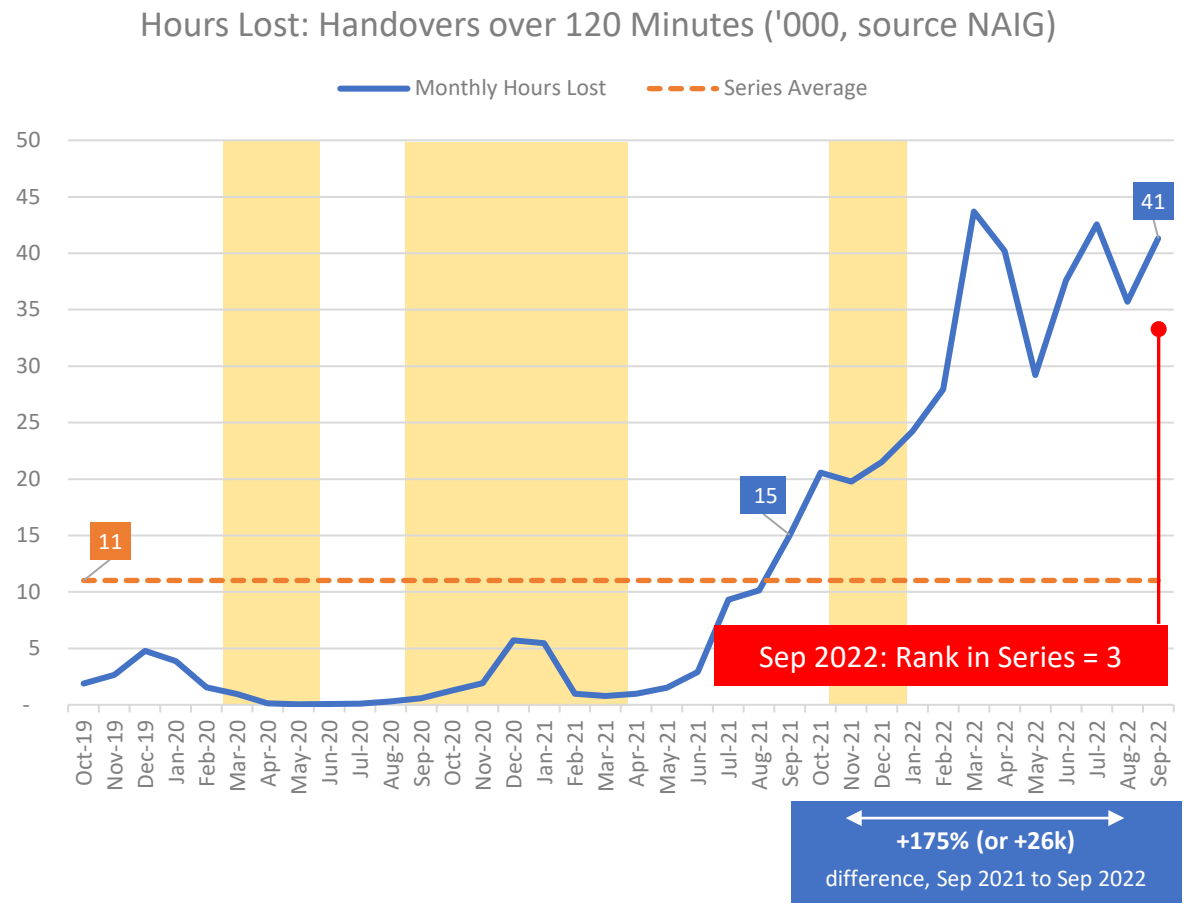
1. Delays over 120 Minutes



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

+80% (or +9k)
difference, Sep 2021 to Sep 2022

2. Hours lost for Handovers Over 120 Minutes

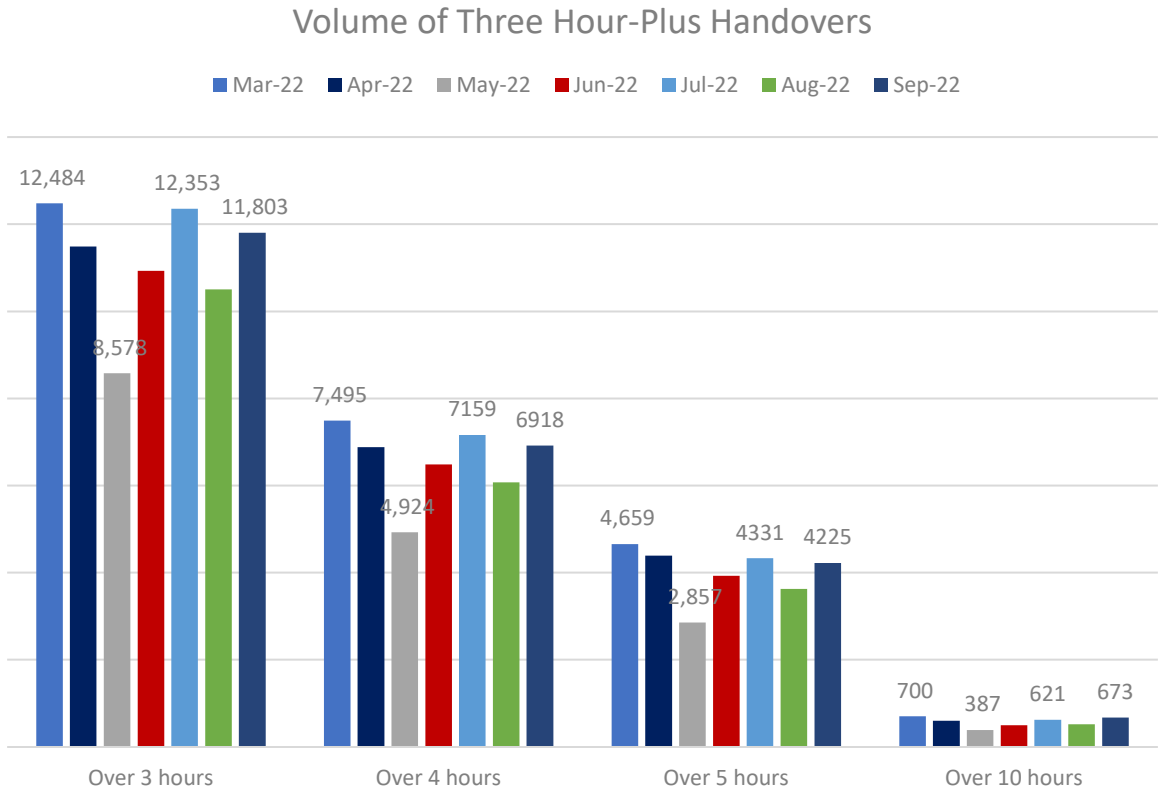


+175% (or +26k)
difference, Sep 2021 to Sep 2022

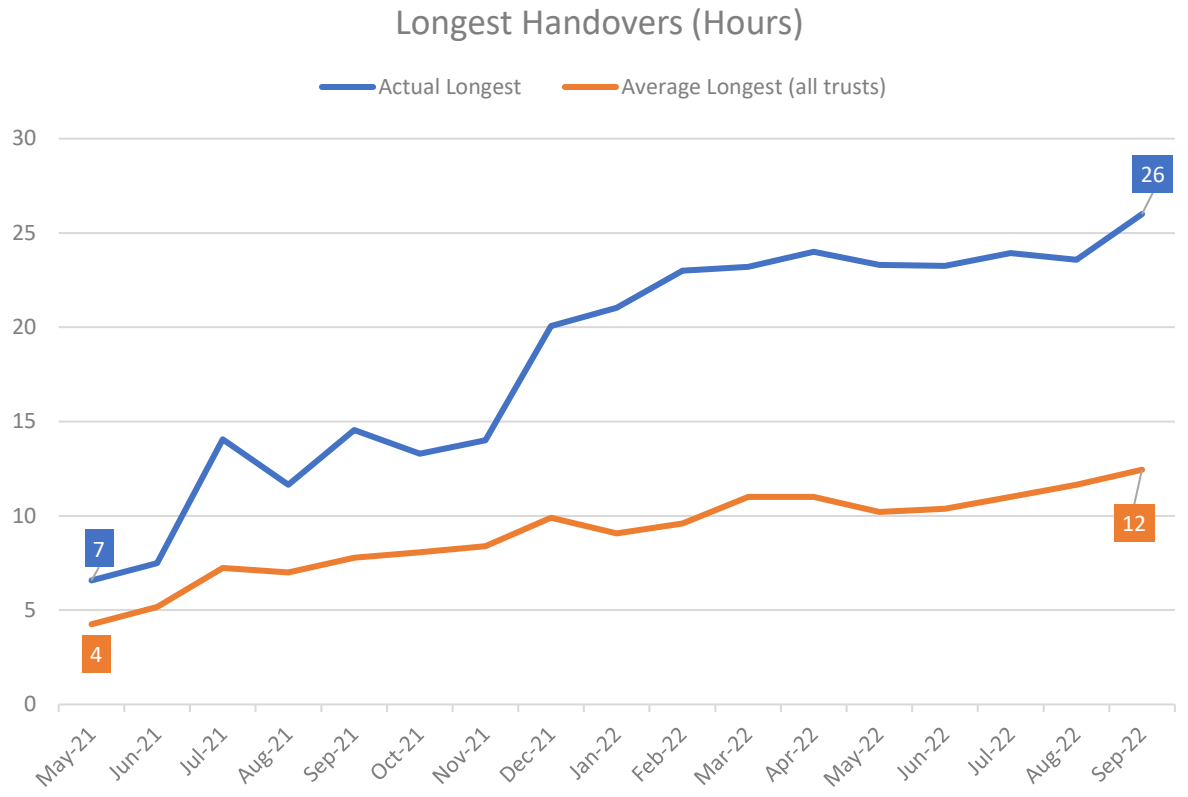
32. Patient Handovers Longer than Three Hours (source, NAIG)

Handovers exceeding three hours increased in September. Those exceeding ten hours reaching their second highest level since this measure started recording in March. One trust recorded a patient handover delay reaching 26 hours – a series high – while the average longest-handover across all trusts was 12 hours.

1. Breakdown of delays over three hours



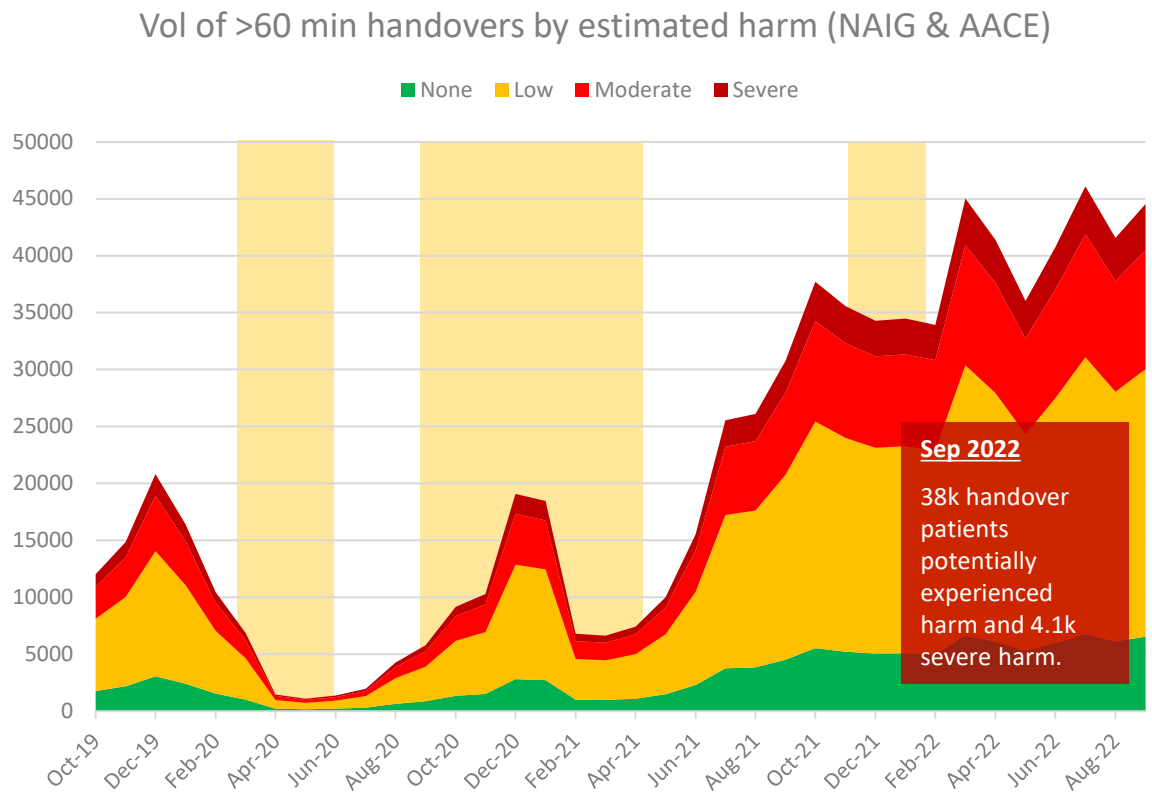
2. Longest individual handover delays



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

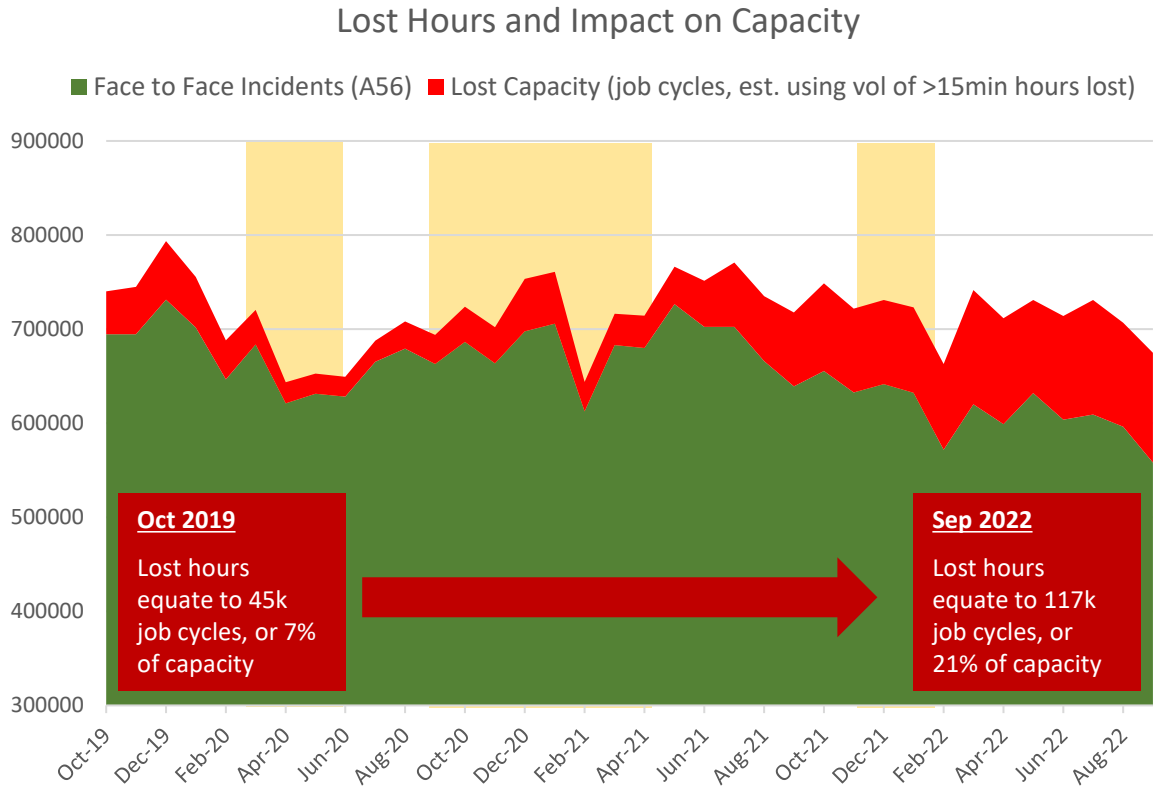
Around 38k patients experienced potential harm as a result of long handover delays in September, with over 4k of these experiencing severe harm*. Taking the total hours lost to handover delays in September, the sector lost the equivalent of 117k job cycles. Using Face-to-Face AQI data, this equates to 21% of potential capacity – this compares with 5% in September 2019.

1. Estimated number of patients experiencing potential harm



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

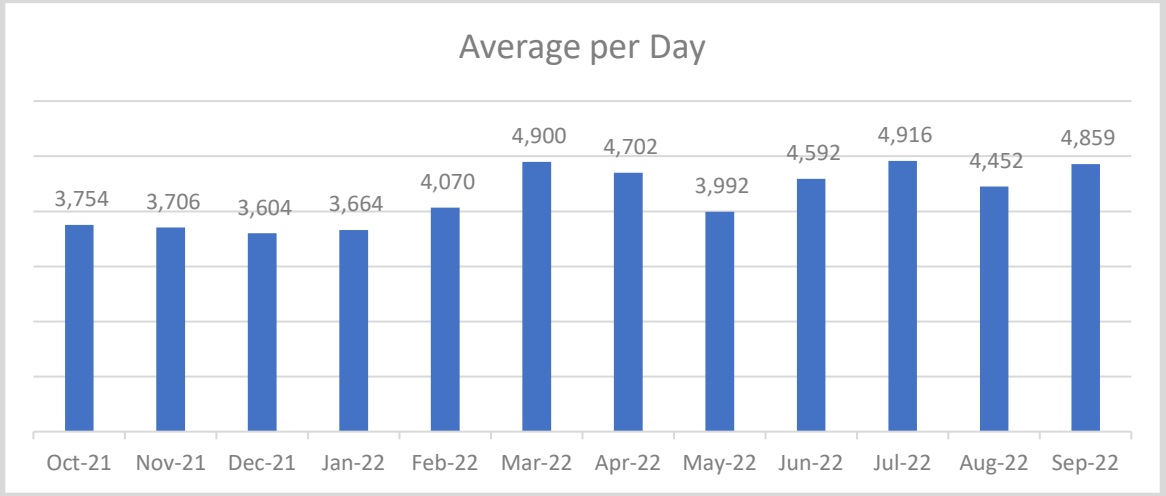
2. Estimated impact of lost hours on capacity

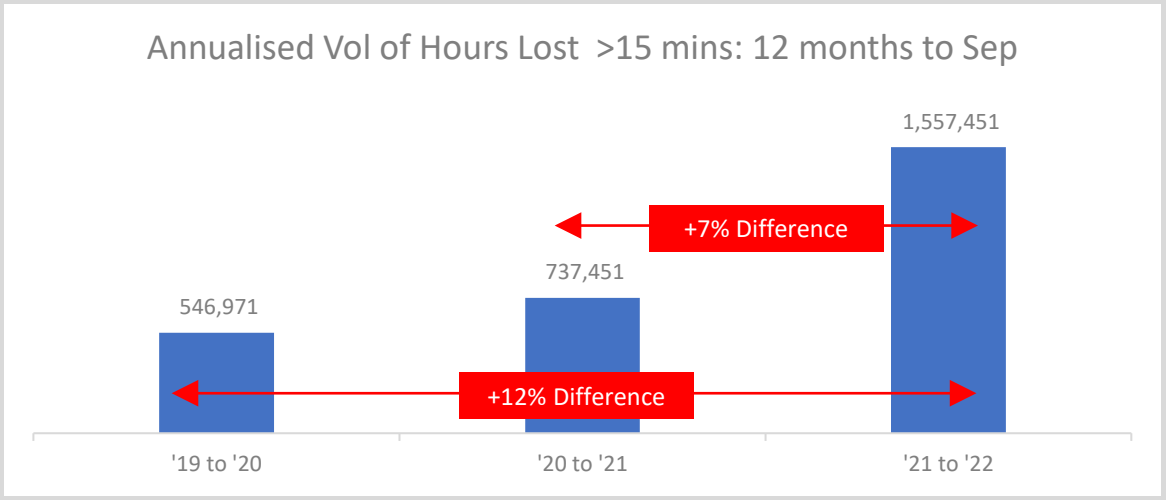


Yellow areas denote COVID waves in the UK: source ONS.

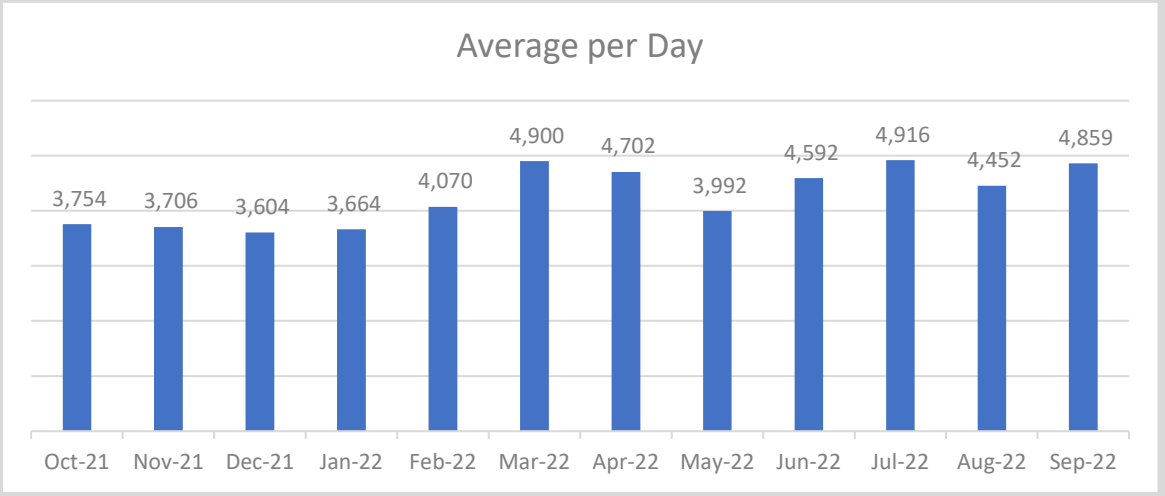
34. Appendix (i): Average Daily and Annualised Data for >15 minute delays (source, NAIG)

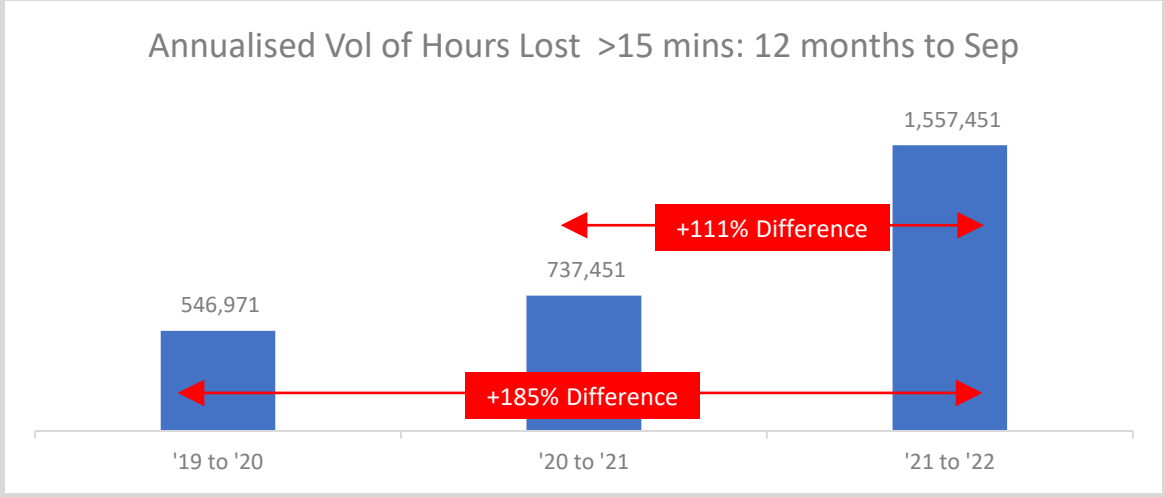
1. Volume of Handover Delays over 15 minutes





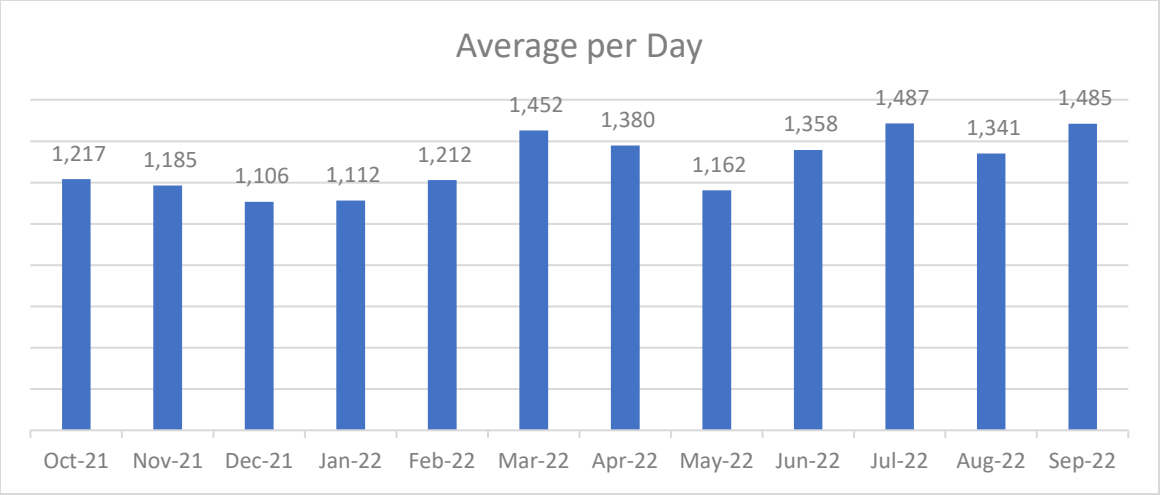
2. Hours Lost for Handover Delays over 15 minutes

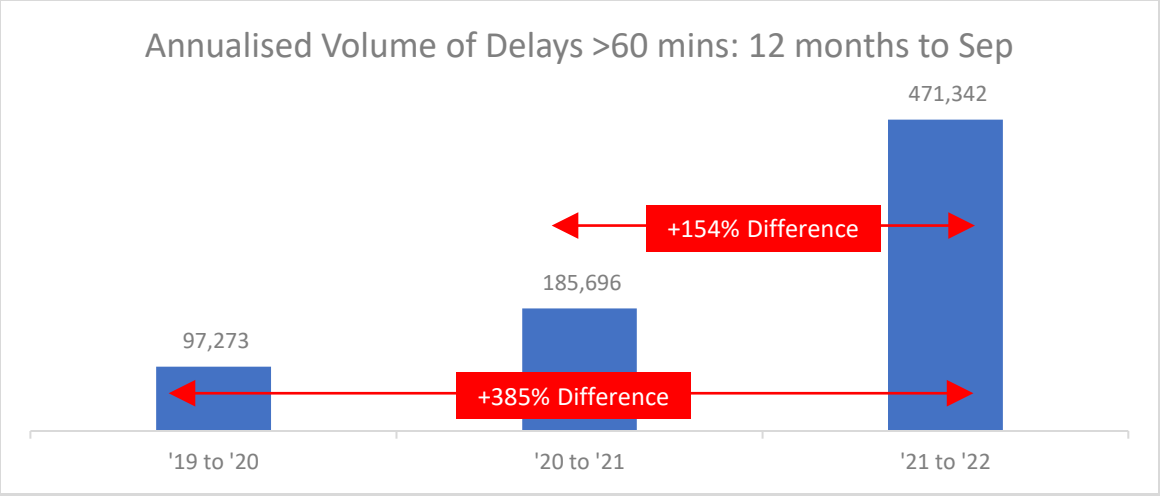




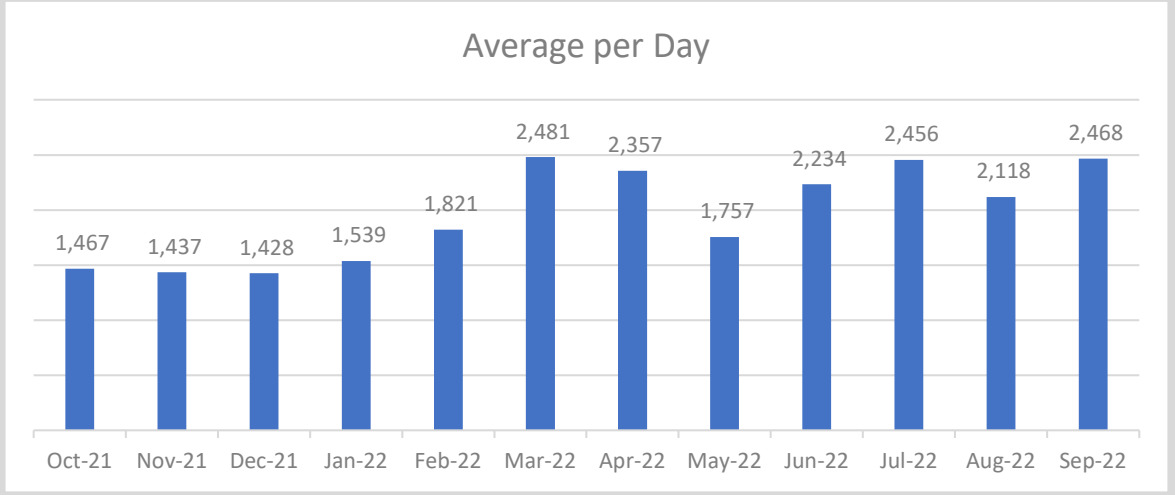
35. Appendix (ii): Average Daily and Annualised Data for >60 minute delays (source, NAIG)

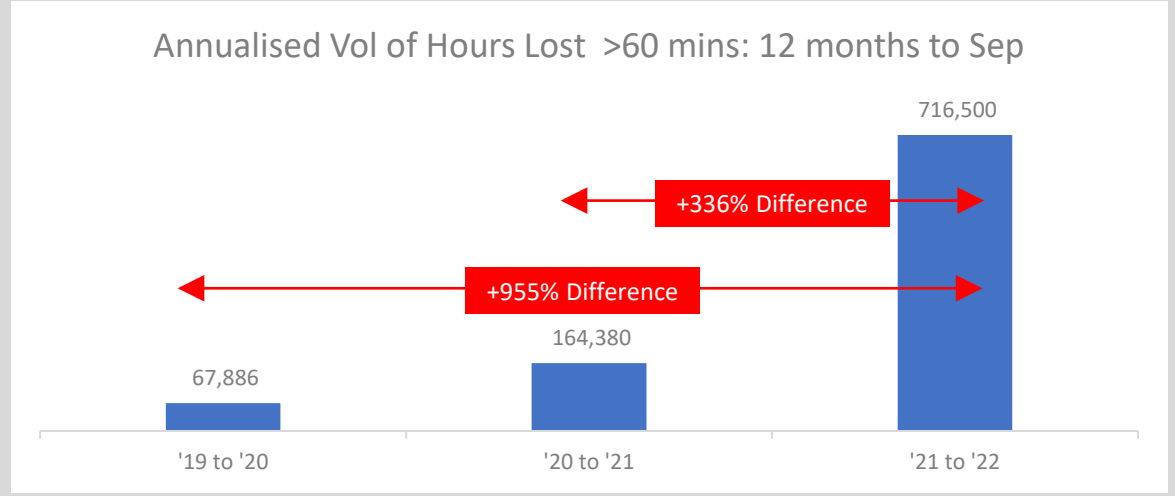
1. Volume of Handover Delays over 60 minutes





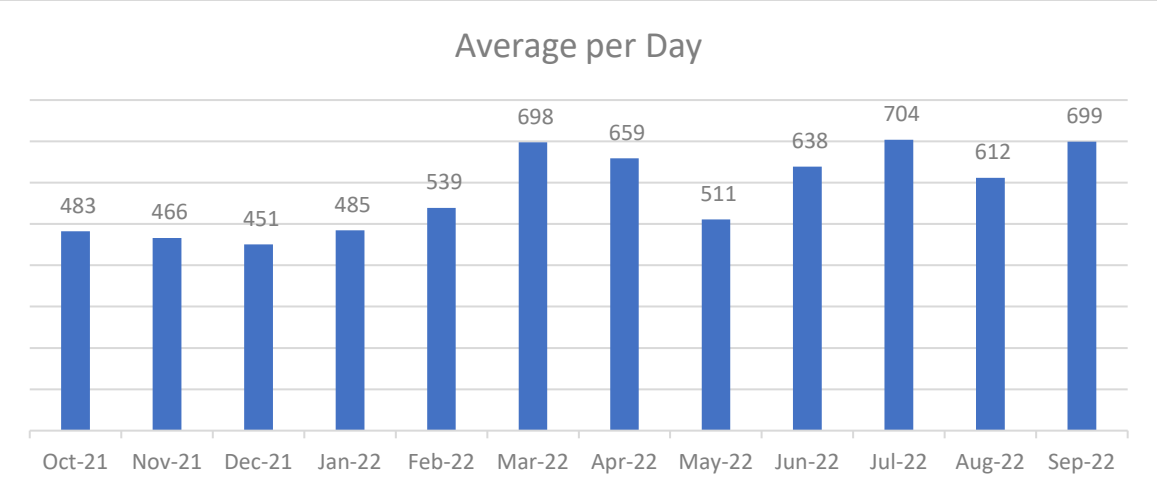
2. Hours Lost for Handover Delays over 60 minutes

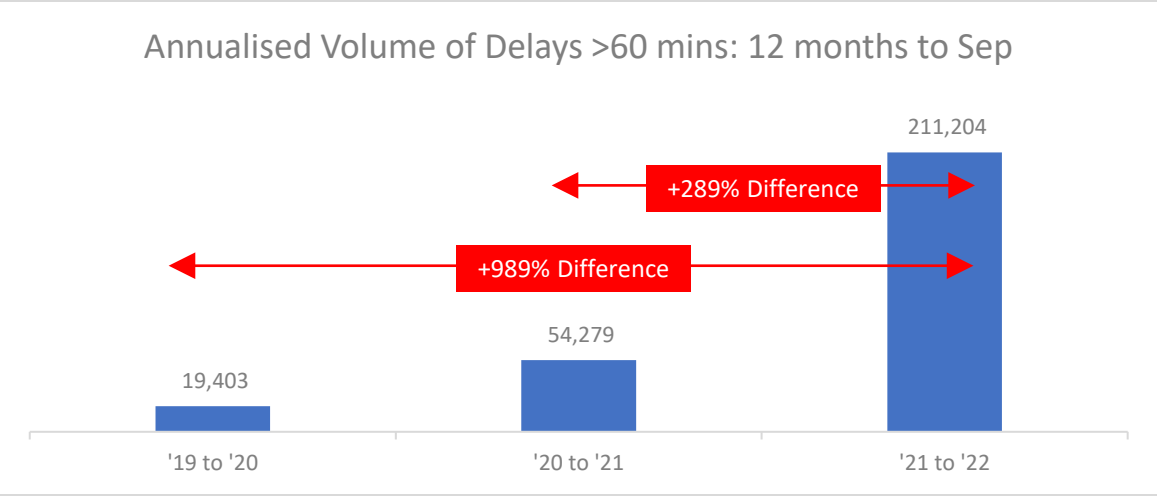




36. Appendix (iii): Average Daily and Annualised Data for >120 minute delays (source, NAIG)

1. Volume of Handover Delays over 120 minutes





2. Hours Lost for Handover Delays over 120 minutes