# National Ambulance Data – FINAL

Data to the end of December 2022

## Date of Report: January 26th, 2023

# 2. Summary and Contents

**Overview:** December saw a steep increase in 999 call volume, and an unprecedented number of the most serious incidents. Call answer times slowed significantly, as did response times for all categories, while hospital handover delays also reached previously unseen levels.

## Section 1.
Contact Volume and Call Answer time

- Volume of calls increased sharply in December, with 999 calls-answered exceeding 1 million and reaching the highest number to date.
- Mean call-answer time increased by 50 seconds to reach 88 seconds. This is the slowest answer time to-date, with the previous highest being 64 seconds (in July 2022).

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

- Overall volume of incidents remained steady, but Category 1 (C1) incidents increased to the highest volume to-date, exceeding 100k across the month and accounting for an unprecedented 15% of incidents.
- Response times were the slowest ever recorded for every incident category, with mean C1 response time exceeding 10 minutes. Mean C2 response time reached 90 minutes (vs. a national standard of 18 minutes).

## Section 3.
Incidents by Response Outcome

- Hear-and-Treat responses increased to 14% of the total in December 2022, the highest to-date. The monthly volume increased from 77k in November to 99k in December.
- Face-to-Face responses decreased, although within this group See-and-Treat responses increased slightly. Responses requiring transport to Emergency Departments fell to one of its lowest levels to-date.

## Section 4.
Patient Handover Delays

- The volume of longer patient handovers delays reached unprecedented levels in December, with the 227k hours lost – double that of December 2021 and significantly greater than the previous high of 169k.
- Against a backdrop of increasing handover delays, this report also focuses on two hospitals (Chesterfield Royal and Milton Keynes General) where the number of longer handovers are consistently lower than the national average, highlighting the interventions currently in place that help sustain this performance.

Source of all data is AQI December 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

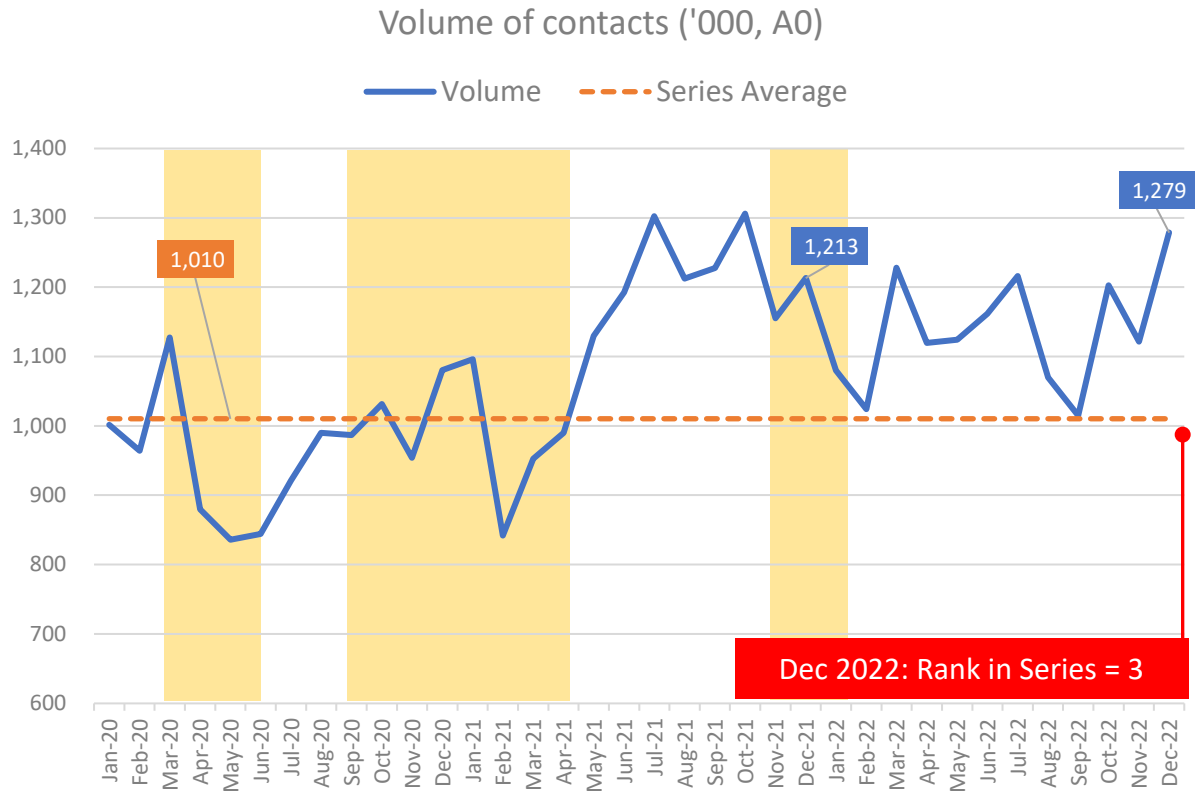
## Contact Volume and Call Answer time

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

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

The monthly volume of contacts to ambulance control rooms reached the third highest on record in December 2022, increasing by 157k to reach 1.3 million (+65k greater than the previous year). The annualised volume of contacts remains relatively unchanged compared with the previous year, but is 17% greater than the same period to December 2020.

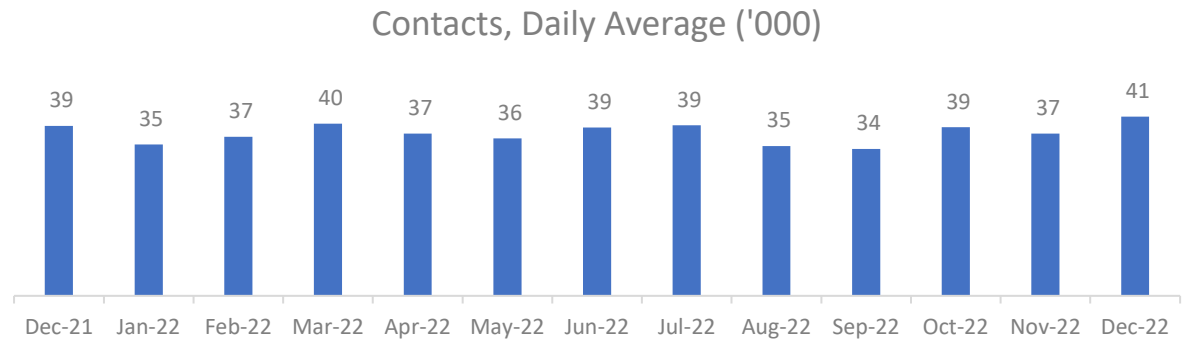
## 1. Monthly



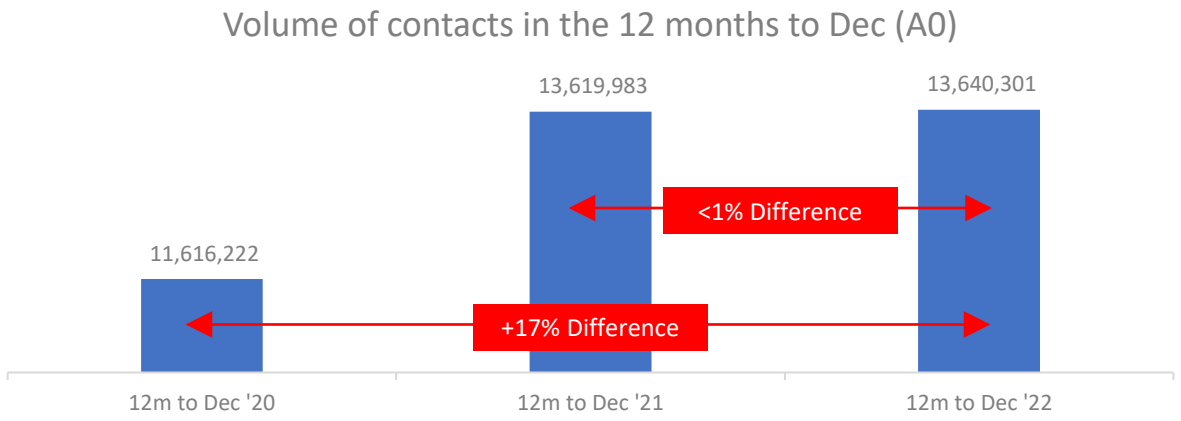

Yellow areas show COVID waves in the UK: source ONS.

**+5.4% (or +65k)**
difference, Dec '21 to Dec '22

## 2. Daily Average



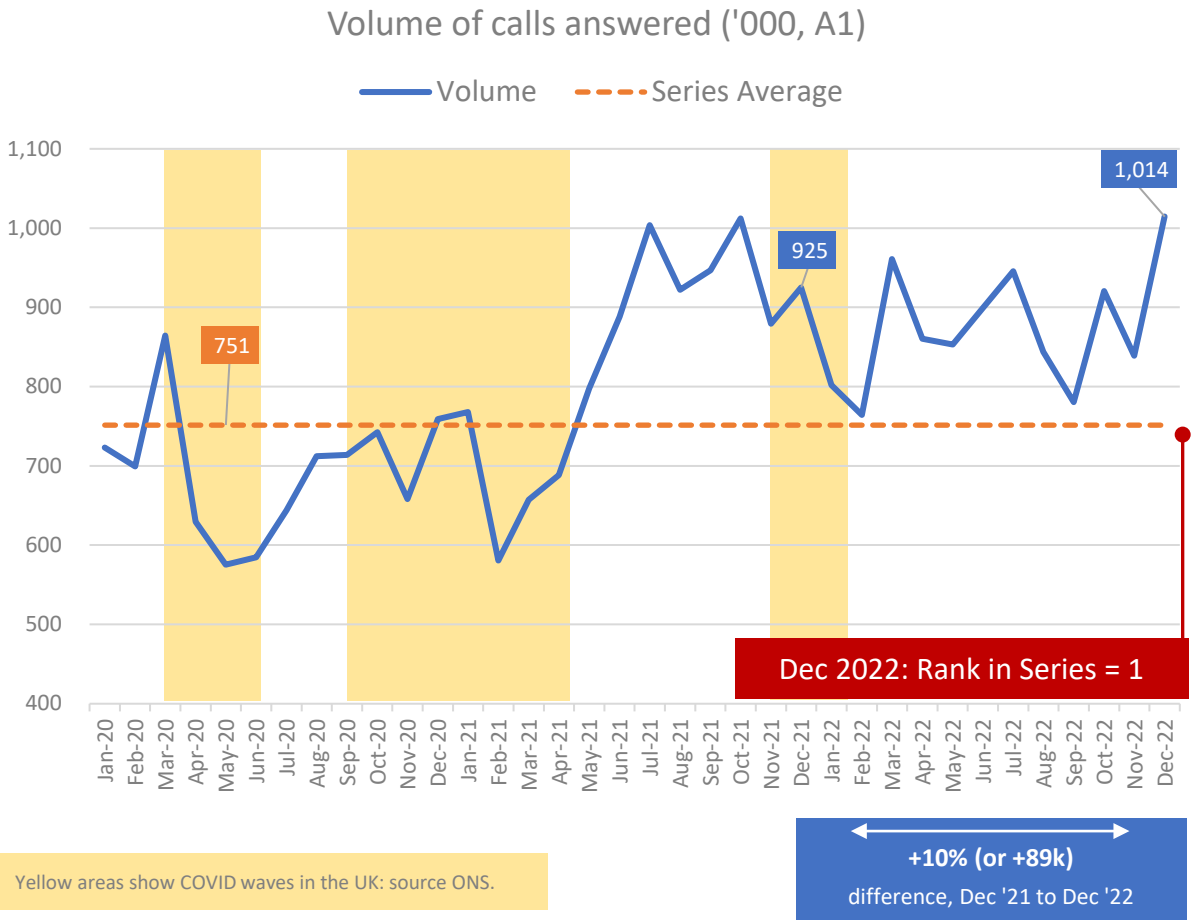

## 3. Annualised Data



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

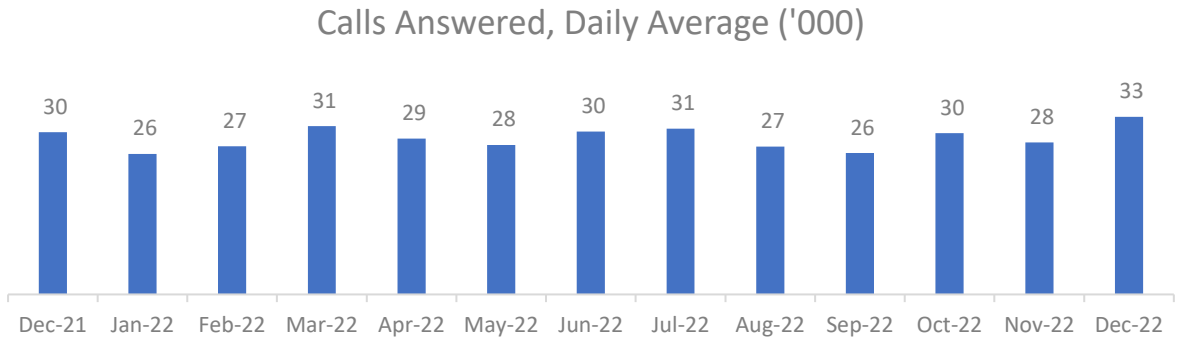
Volume of 999 calls-answered exceeded 1 million in December 2022, only the third time it has ever done so (the previous two examples being July 2021 and October 2021). This represents a month-on-month increase of 175k, and a difference of 89k compared with December 2021.

## 1. Monthly

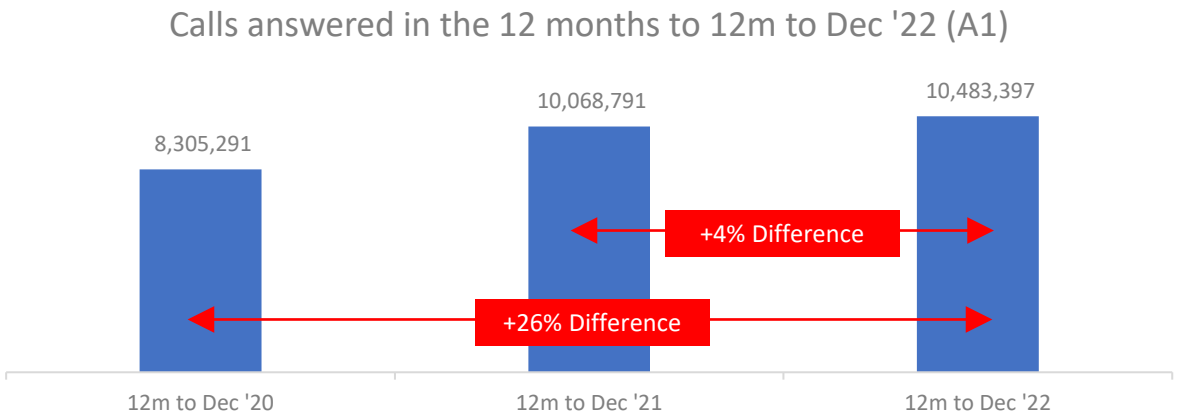



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average



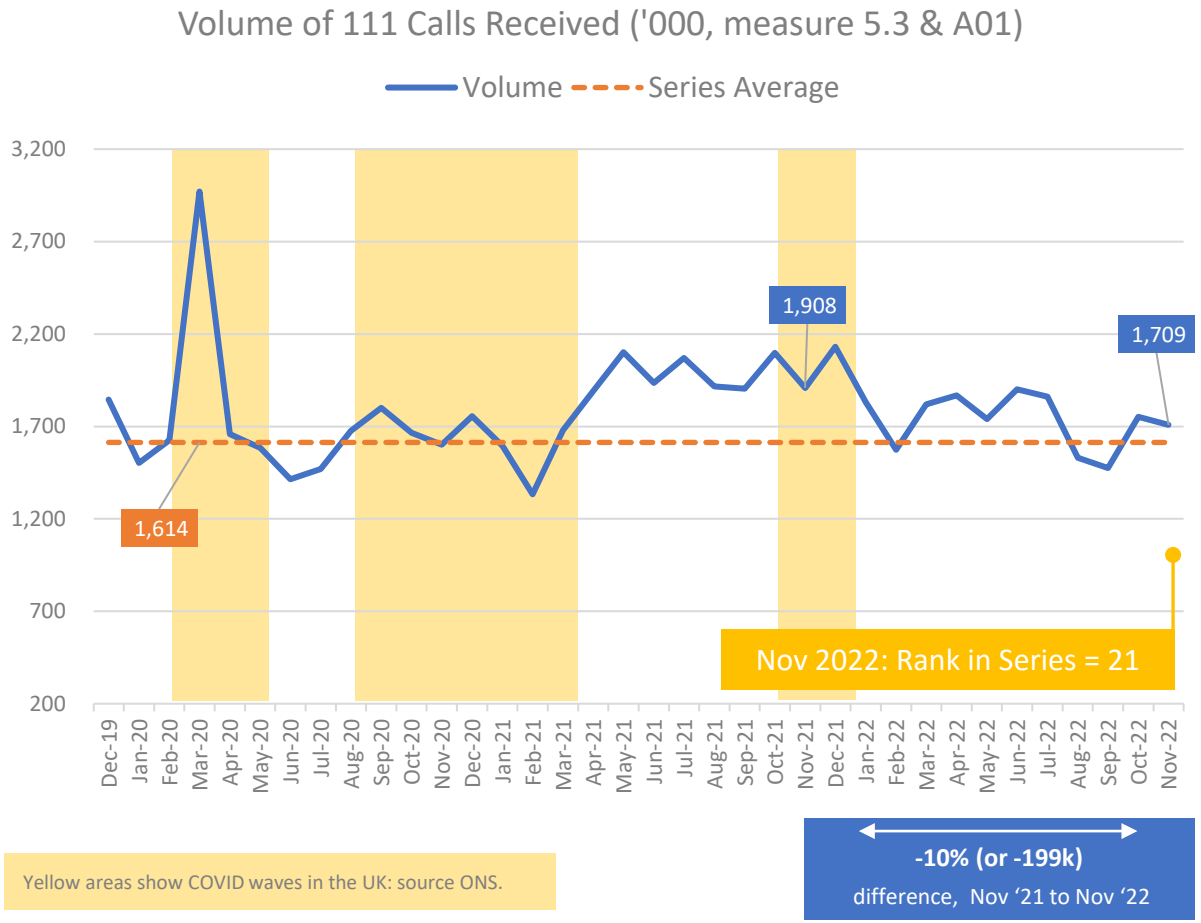

## 3. Annualised Data



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

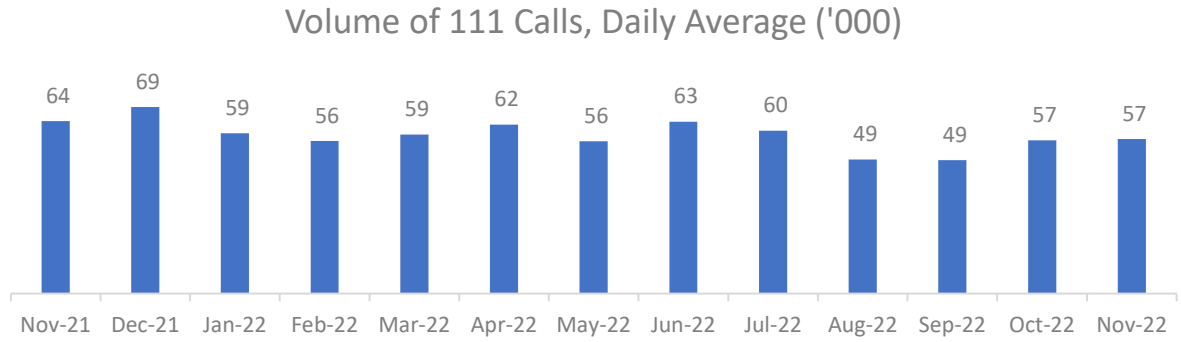
111 call volume decreased between October and November (as it did for 999 calls over this time). The monthly total dropped by 43k to reach 1.7 million. However, the daily average shows demand remained consistent at 57k.

## 1. Monthly

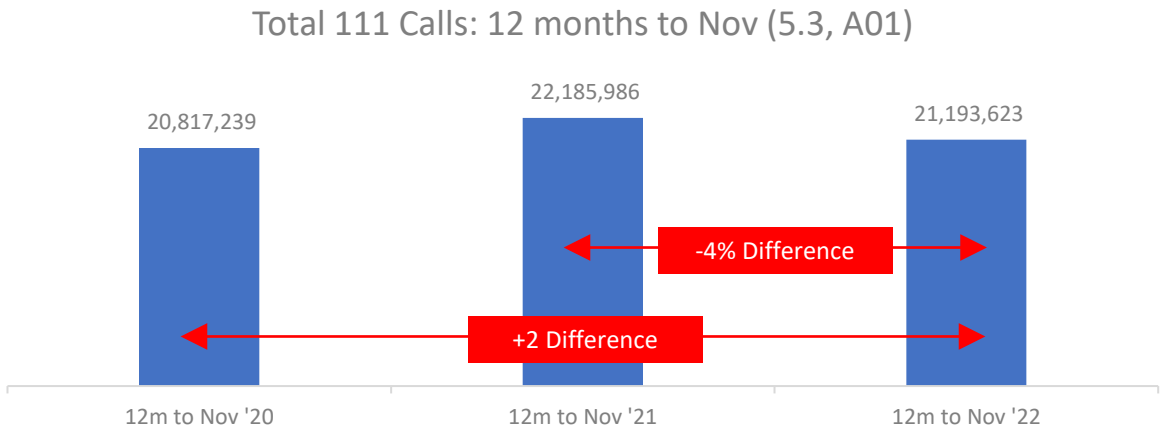



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average




## 3. Annualised Data

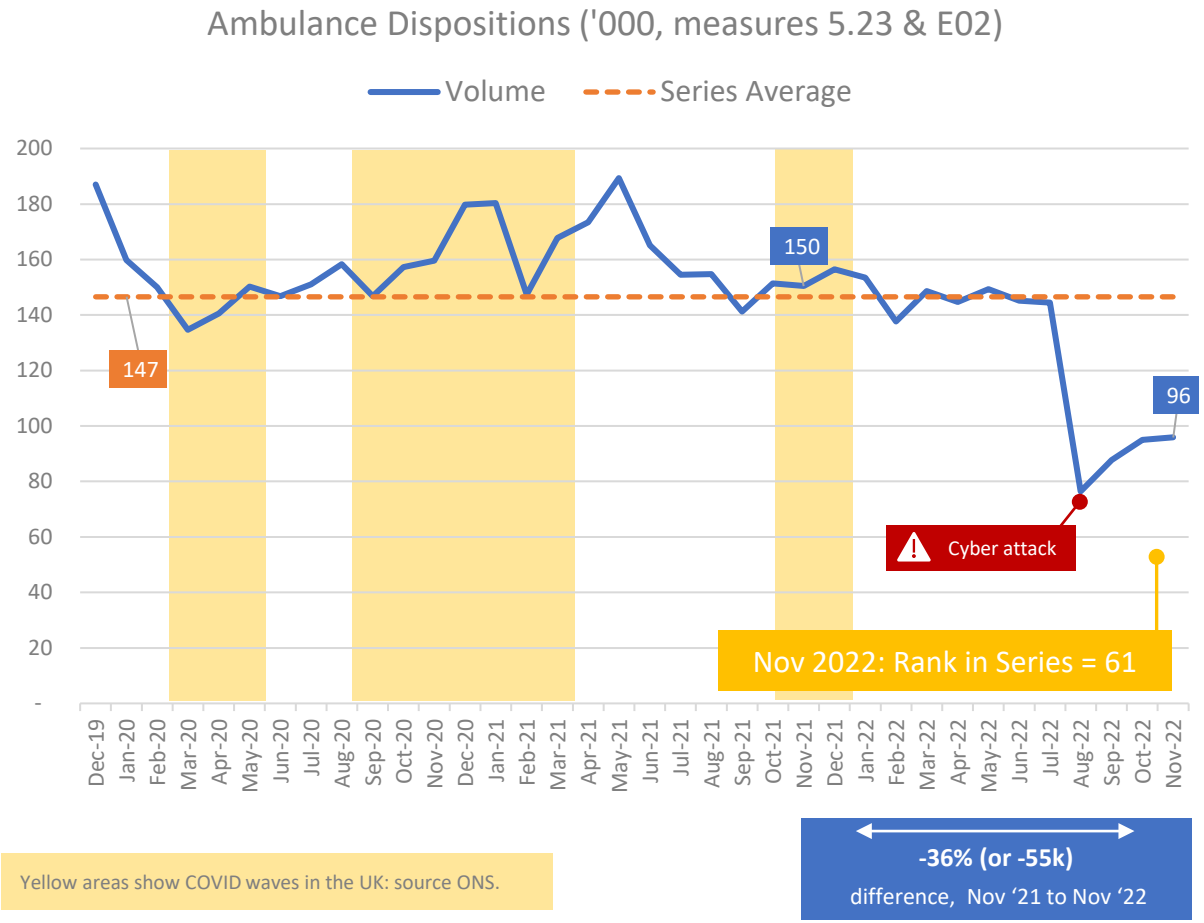


# 7. Ambulance Dispositions (sources NHS 111 Min Data Set to March 2021 (measure 5.23) then IUCADC (measure E02))

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

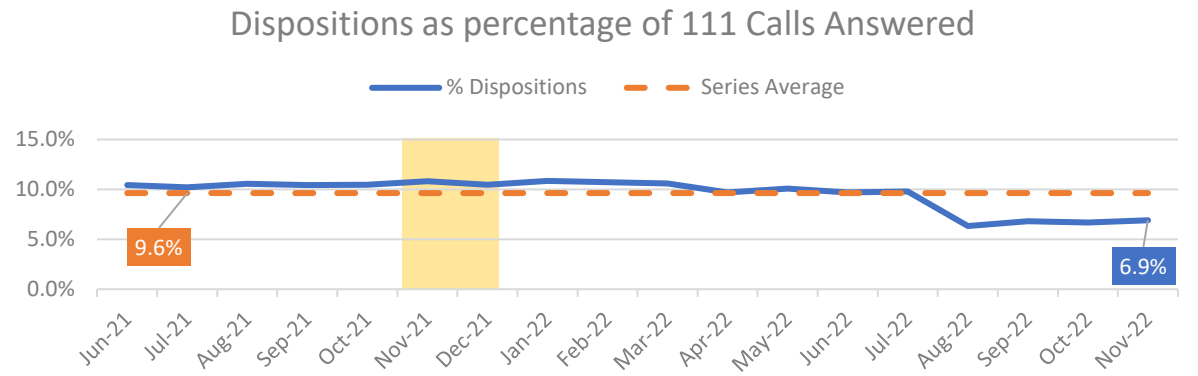
In November, 96k 111 calls were referred to the ambulance service (from 95k in October). As a percentage of 111 calls answered this represents 6.9% - a figure that has remained largely unchanged since August's cyber attack.

## 1. Monthly

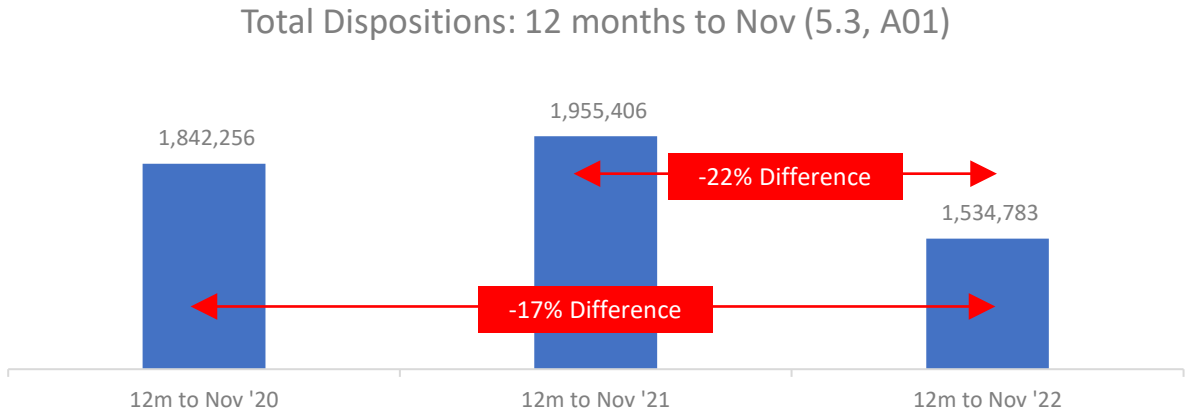



Yellow areas show COVID waves in the UK: source ONS.

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



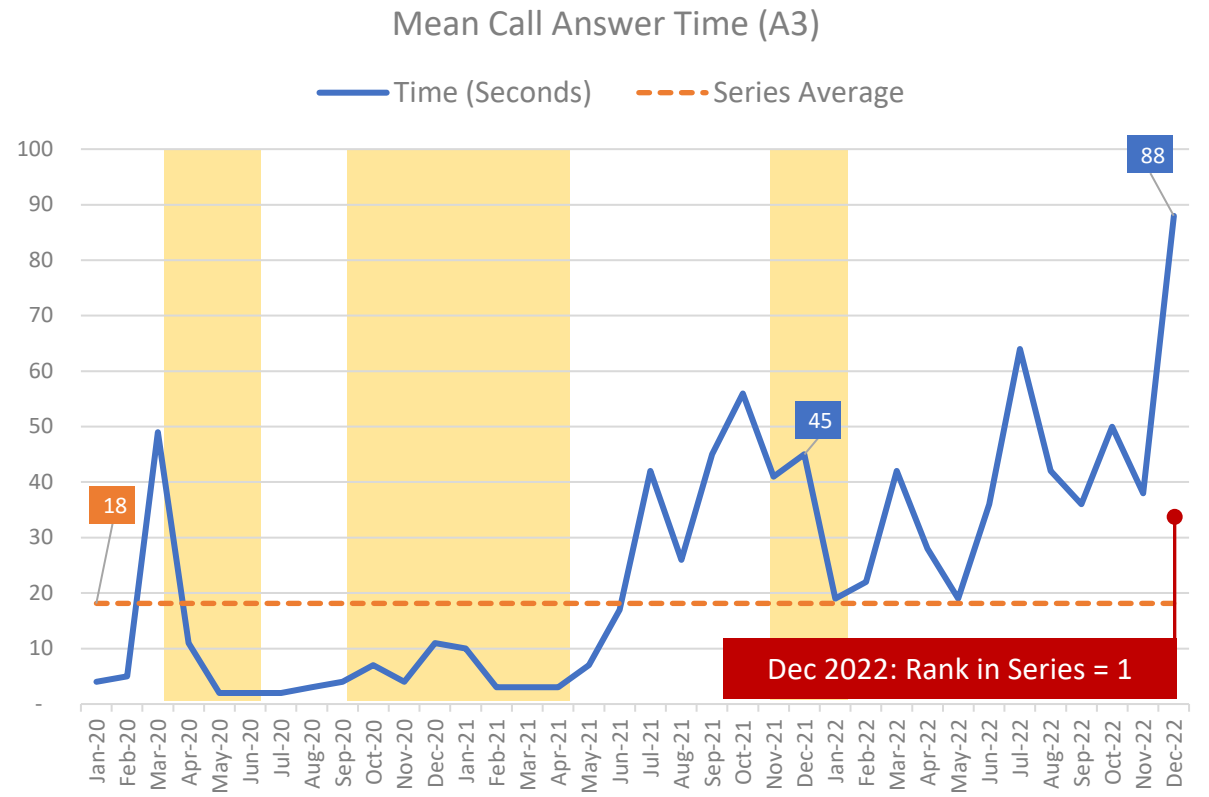

## 3. Annualised Data



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

Mean call-answer time increased by 50 seconds between November and December 2022 to reach 88 seconds – the slowest by a significant margin (the previous being 64 seconds in July 2022). From November, the 95th centile measure increased by 2-and-a-half minutes, taking the total to over 5 minutes - again, the slowest since July 2022, when the figure was close to 4 minutes.

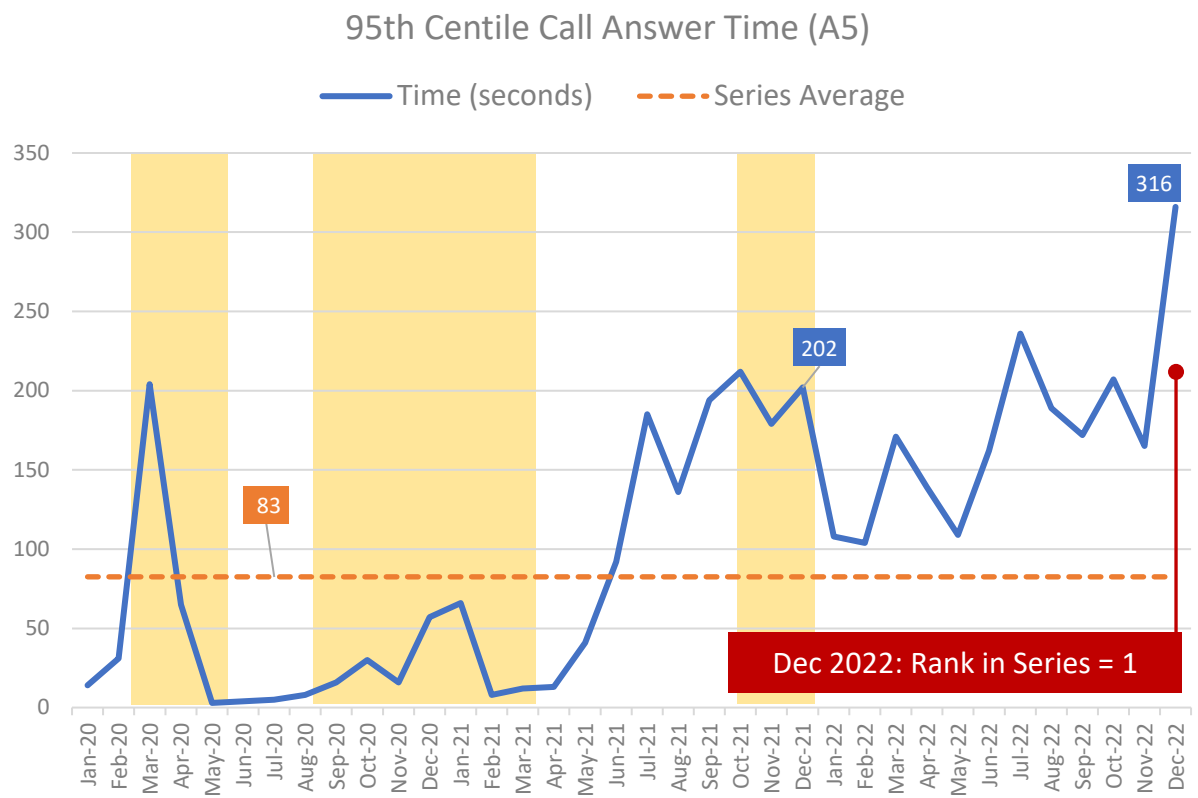
## 1. Mean




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

**+43 seconds**
difference, Dec '21 to Dec '22

## 2. 95th Centile




**+114 seconds**
difference, Dec '21 to Dec '22

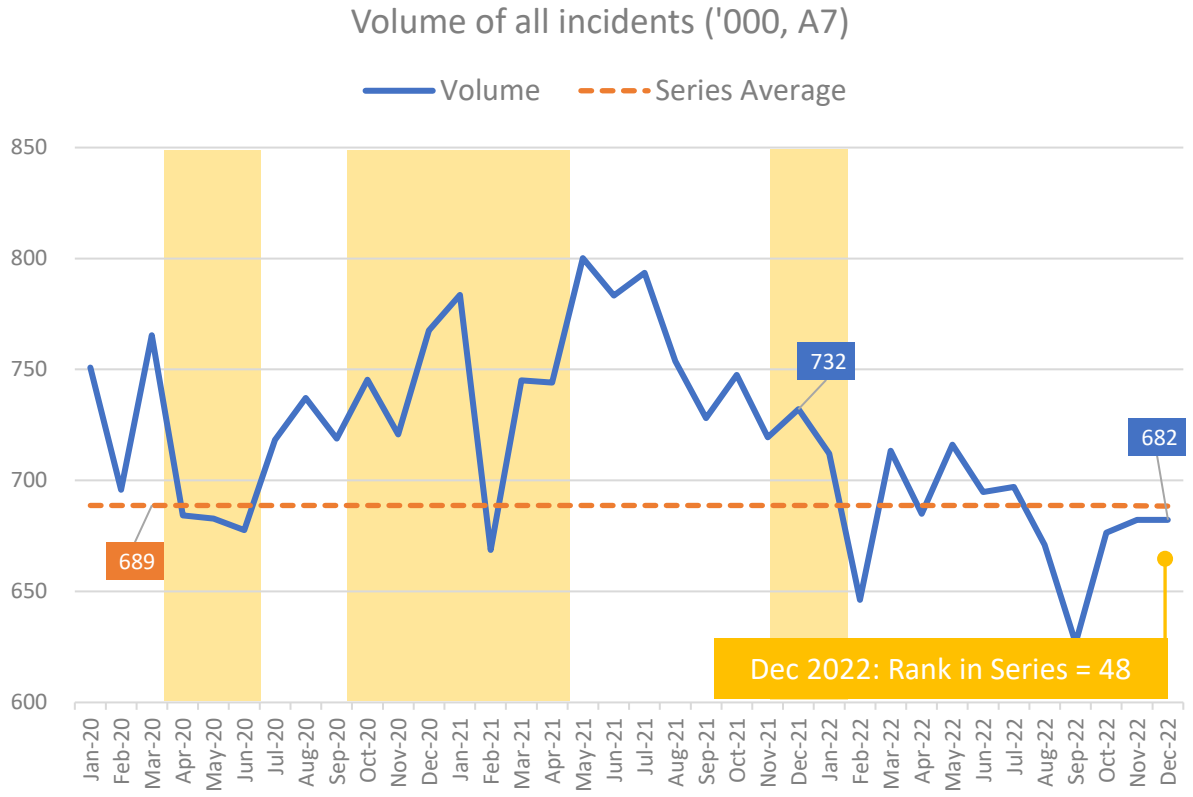
# Section 2

## Incidents and Response Time, by Category

# 10. Demand: All Incidents (A7)

Monthly volume of incidents (which includes all “Hear and Treat” and “Face to Face” responses) remained largely unchanged between November and December 2022, and represented a drop of 50k from December 2022. However (as seen on the next pages) the proportion of the most serious incidents increased sharply in the most recent month.

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

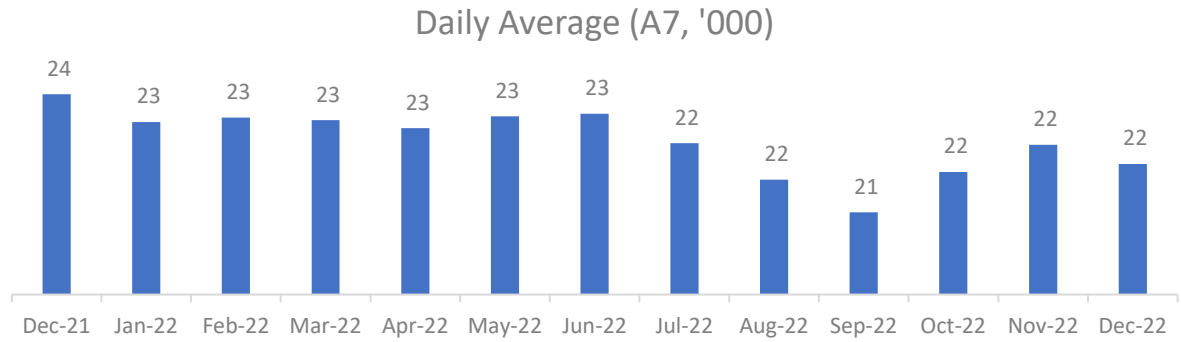



Dec 2022: Rank in Series = 48

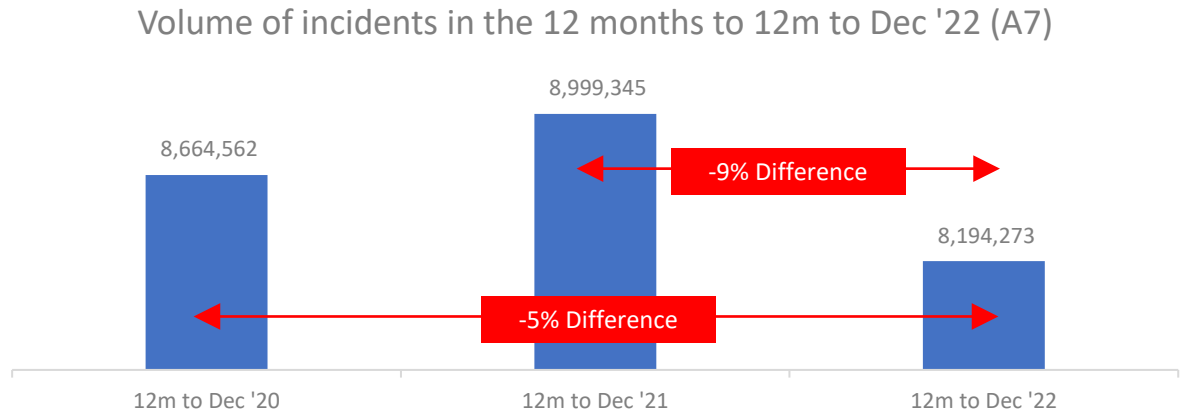
Yellow areas show COVID waves in the UK: source ONS.

**-7% (or -50k)**
difference, Dec '21 to Dec '22

## 2. Daily Average



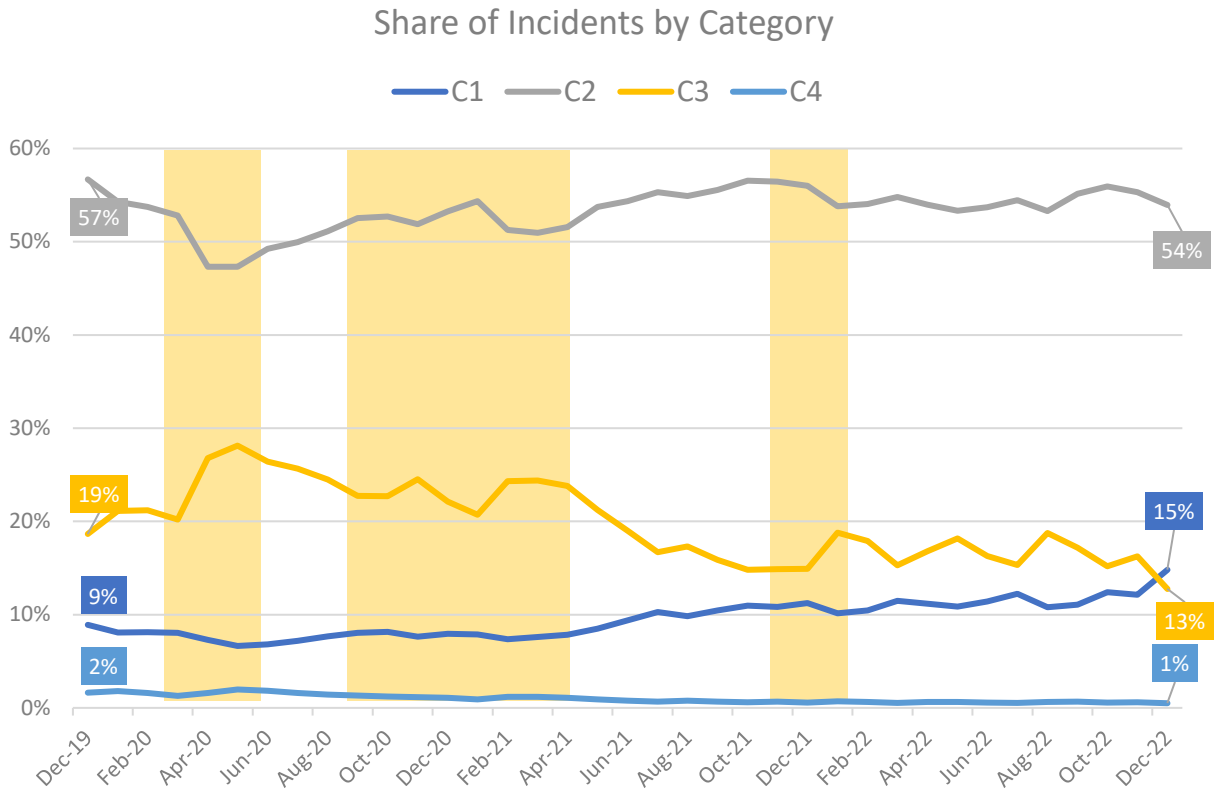

## 3. Annualised Data



# 11. Demand: Share of Incidents by Category

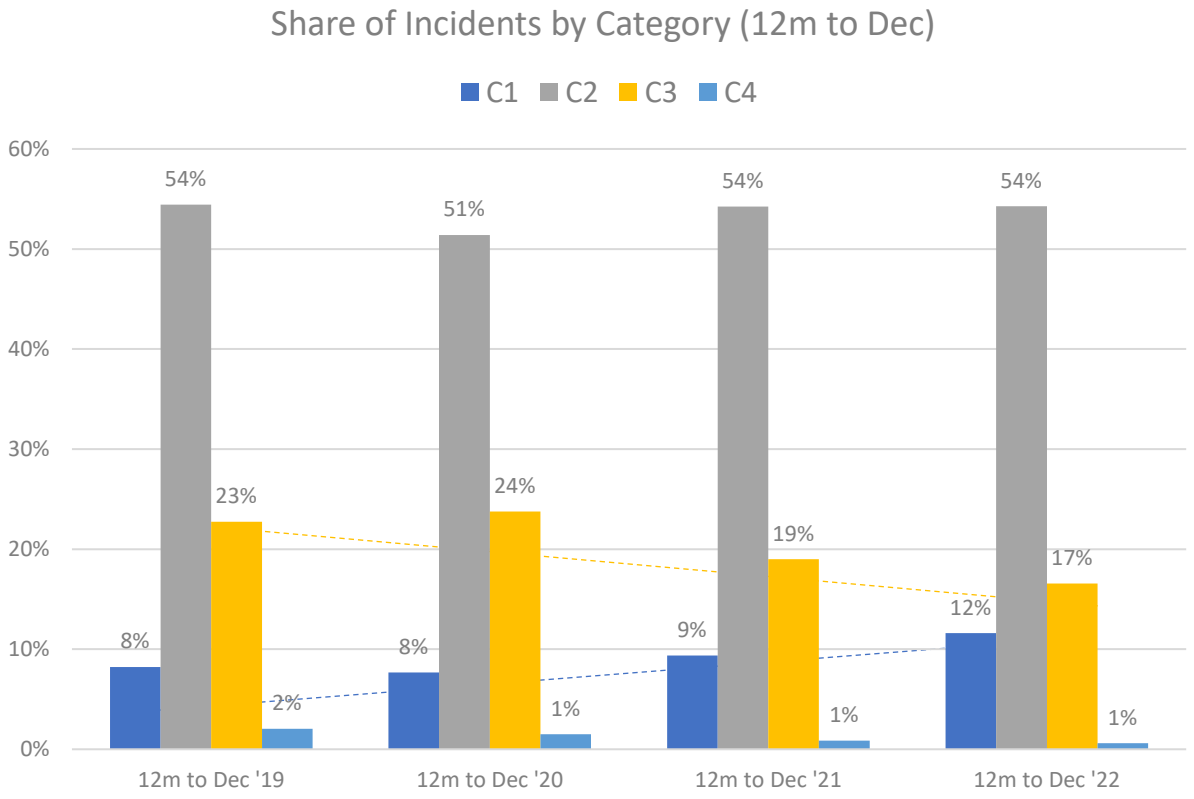
As a proportion of all incidents requiring a face-to-face response, Category 1 increased from 12% in November to 15% in December 2022 – a previously unseen level. Category 2 dropped by 1 percentage point (to 54%). Annualised data show the continuing growth of Category 1 – increasing from 8% in the 12 months to December 2019 to 12% in the most recent period.

## 1. Time Series (monthly, from Oct 2019)




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

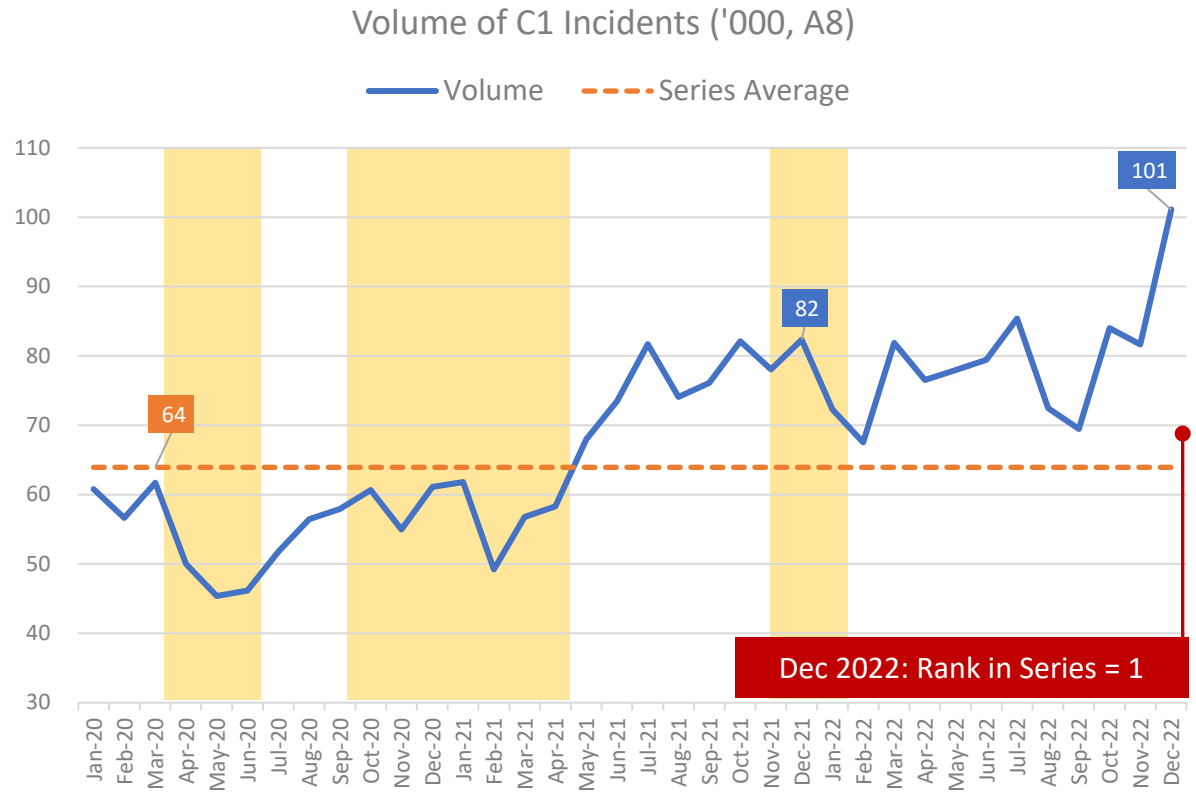
## 2. Annualised Data



# 12. Demand: C1 Incidents (A8)

December saw the highest volume of Category 1 incidents on record, with 101k across the month (compared with the previous greatest volume of 85k in July 2022). The daily average reached the equivalent of 3,261 incidents each day, while the annualised volume shows a steady increase over time.

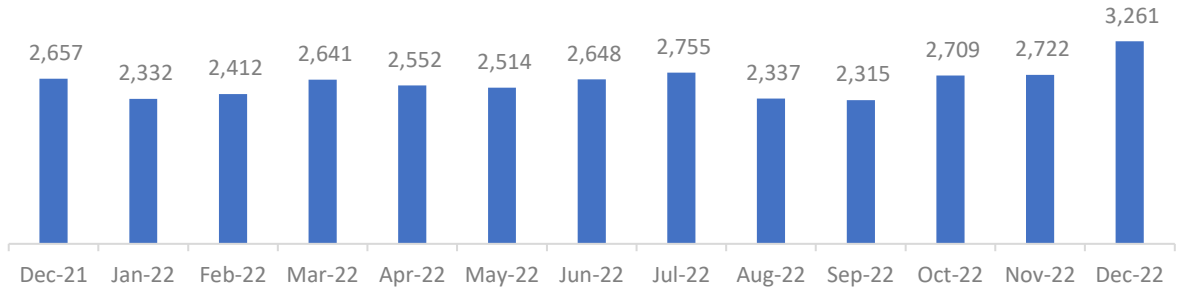
## 1. Monthly



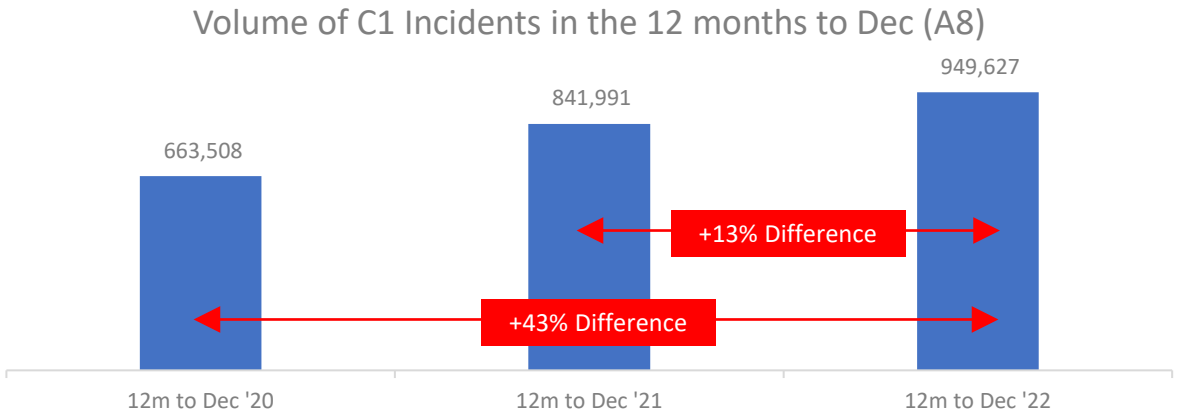

Yellow areas show COVID waves in the UK: source ONS.

**+23% (or +19k)**
difference, Dec '21 to Dec '22

## 2. Daily Average



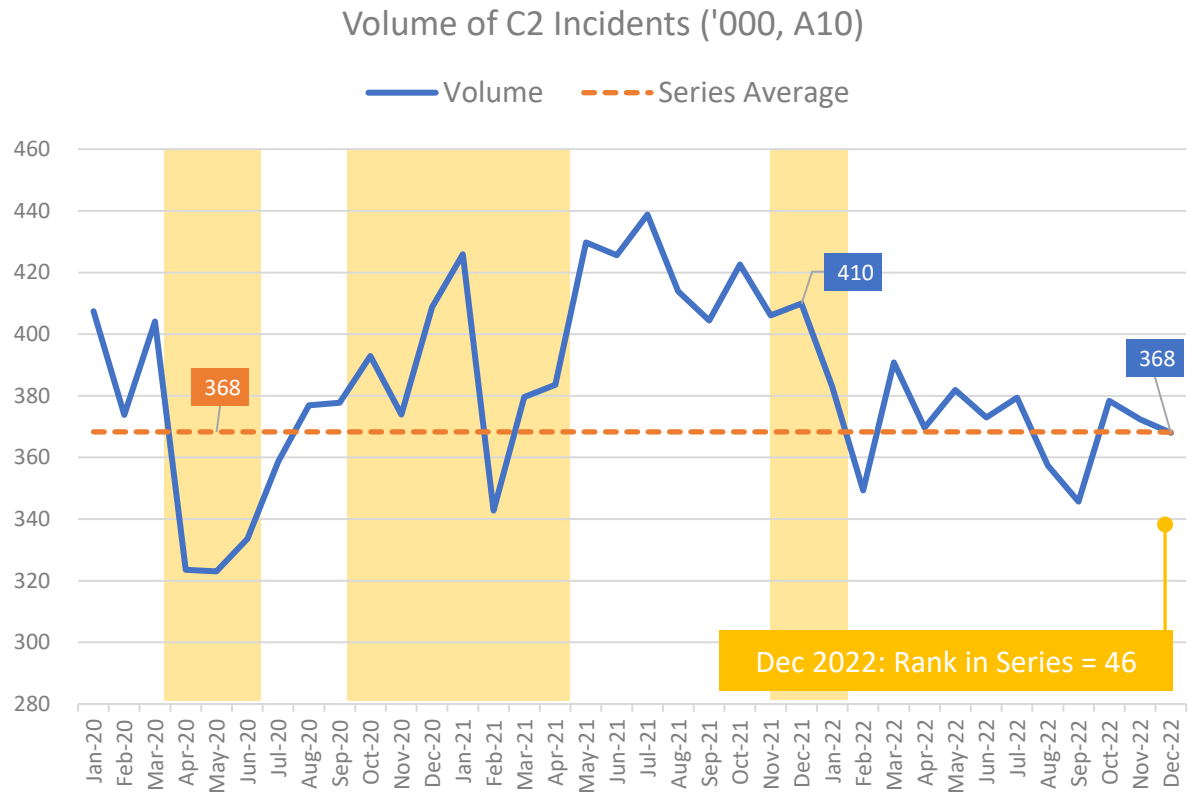

## 3. Annualised Data



# 13. Demand: C2 Incidents (A10)

While Category 1 incidents increased in December, Category 2 incidents decreased – for the second consecutive month – to reach 368k. This is 41k lower than the same time last year, and represents a decrease in annualised volume of 0.4 million between the previous, and most recent period.

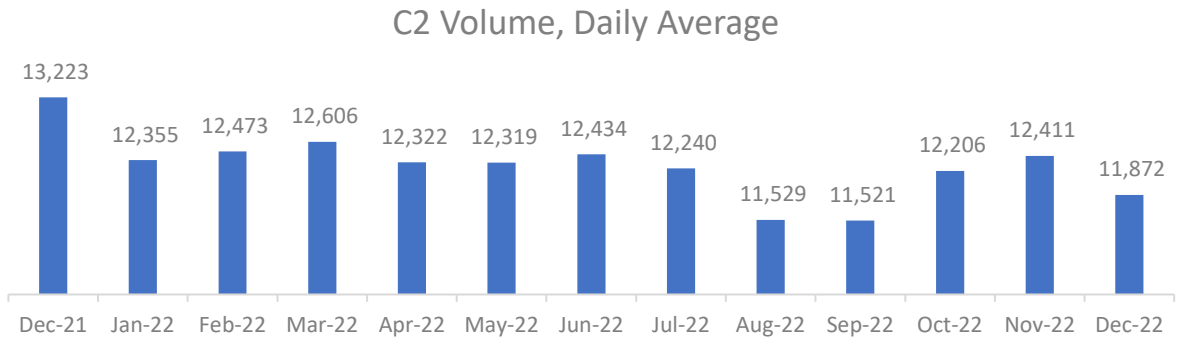
## 1. Monthly



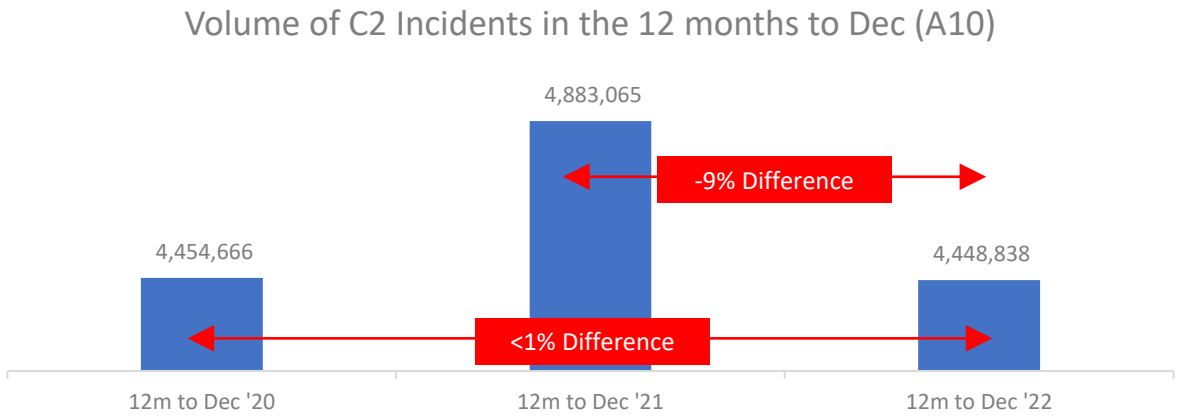

Yellow areas show COVID waves in the UK: source ONS.

**-10% (or -42k)**
difference, Dec '21 to Dec '22

## 2. Daily Average



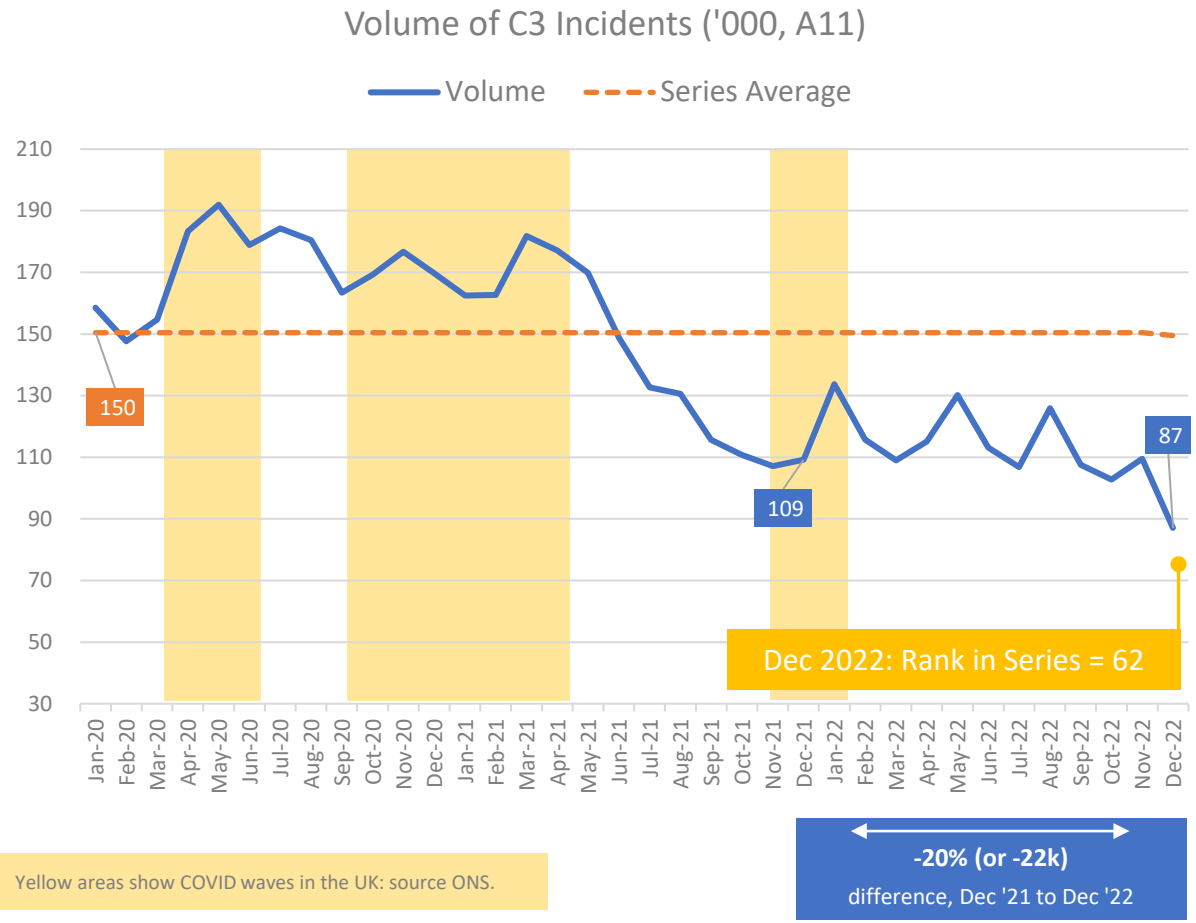

## 3. Annualised Data



# 14. Demand: C3 Incidents (A11)

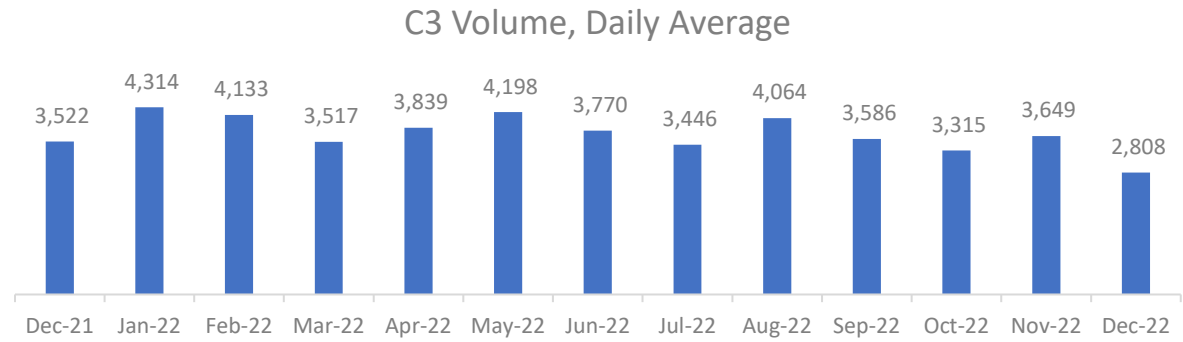
Category 3 incidents dropped to one of its lowest volumes since recording started in 2017, with 22k fewer incidents than the previous month, and 22k fewer incidents than December 2021.

## 1. Monthly

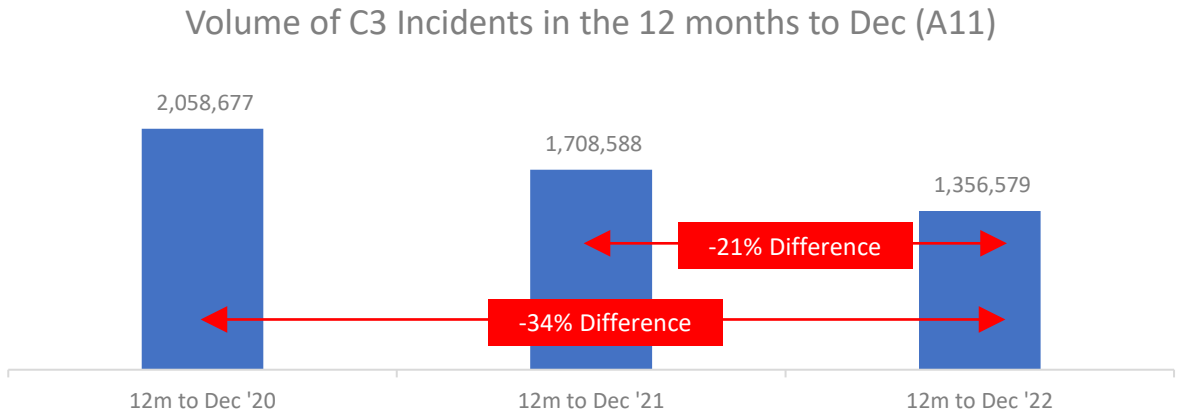



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average



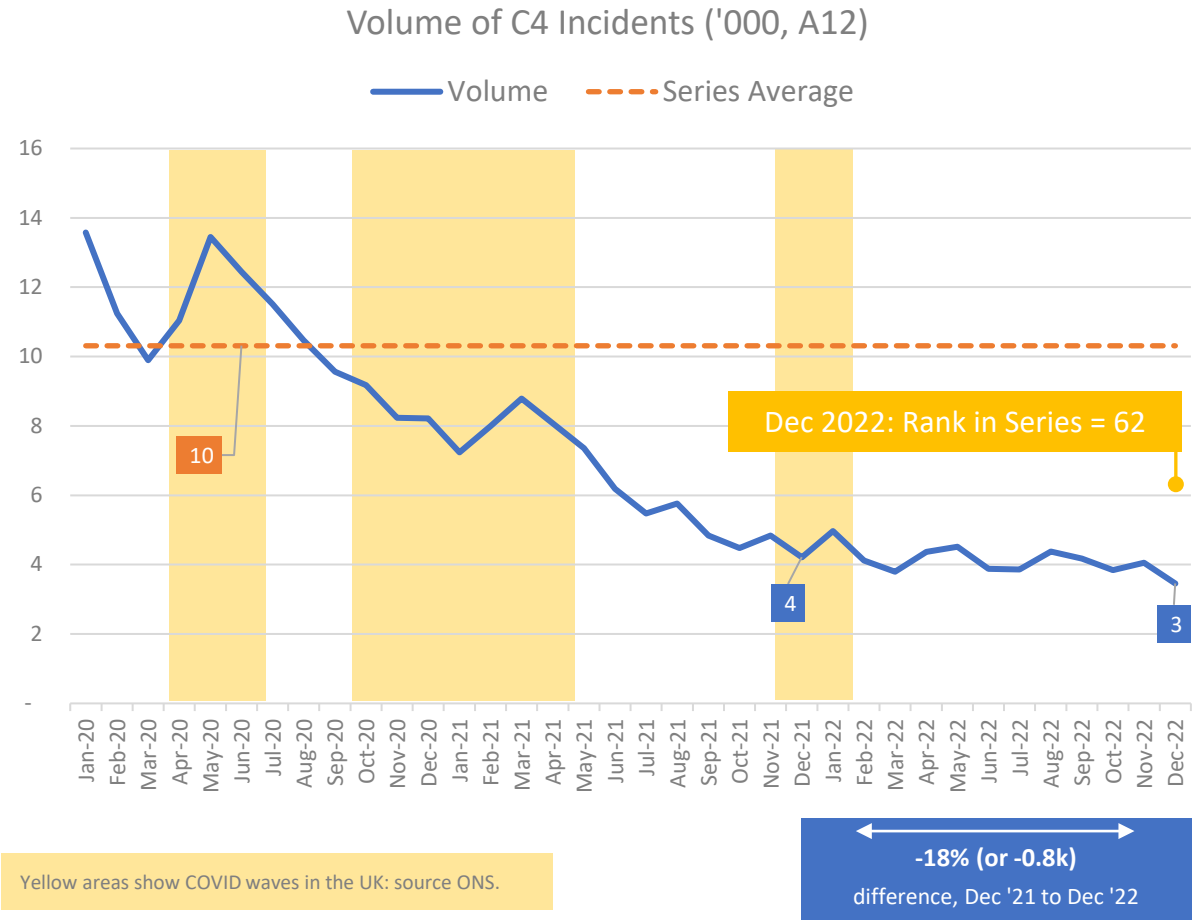

## 3. Annualised Data



# 15. Demand: C4 Incidents (A12)

Category 4 incidents also dropped to one of the lowest volumes to-date, with just over 3k recorded across the month (or an average of 111 every day). The annualised volume of data has more than halved over the past two years, and currently stands at just under 50k

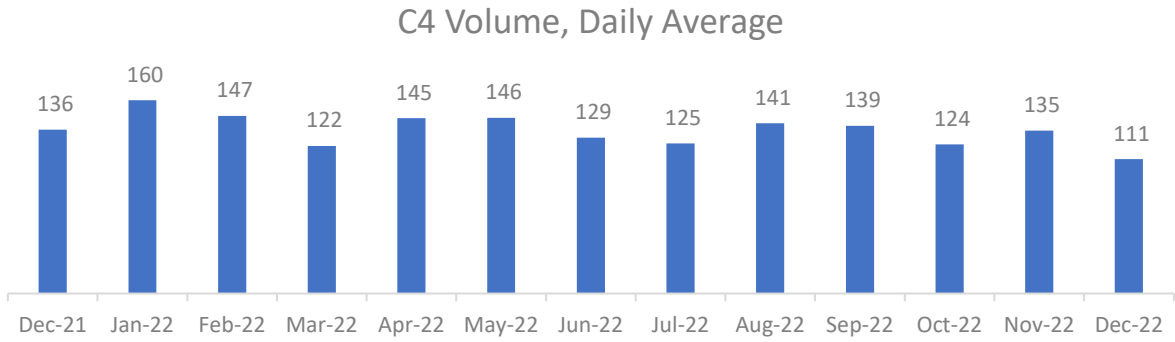
## 1. Monthly



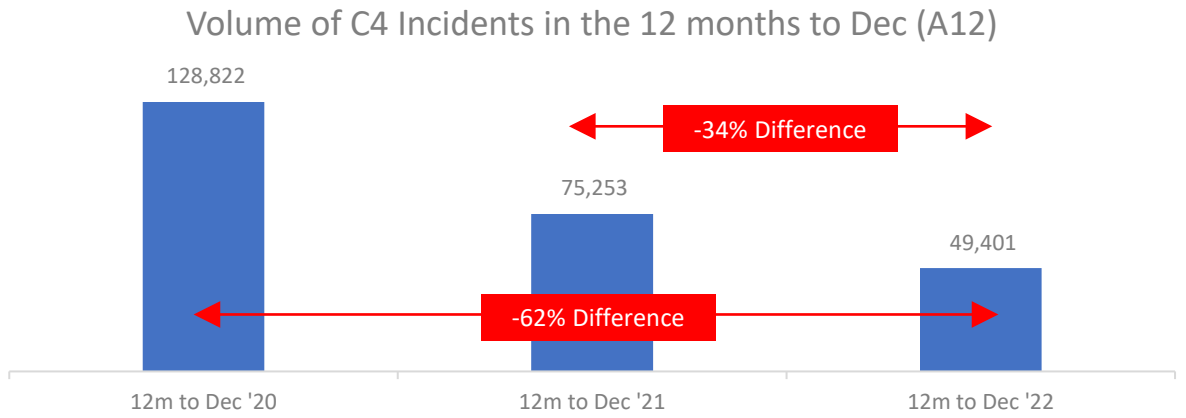

Yellow areas show COVID waves in the UK: source ONS.

**-18% (or -0.8k)**
difference, Dec '21 to Dec '22

## 2. Daily Average



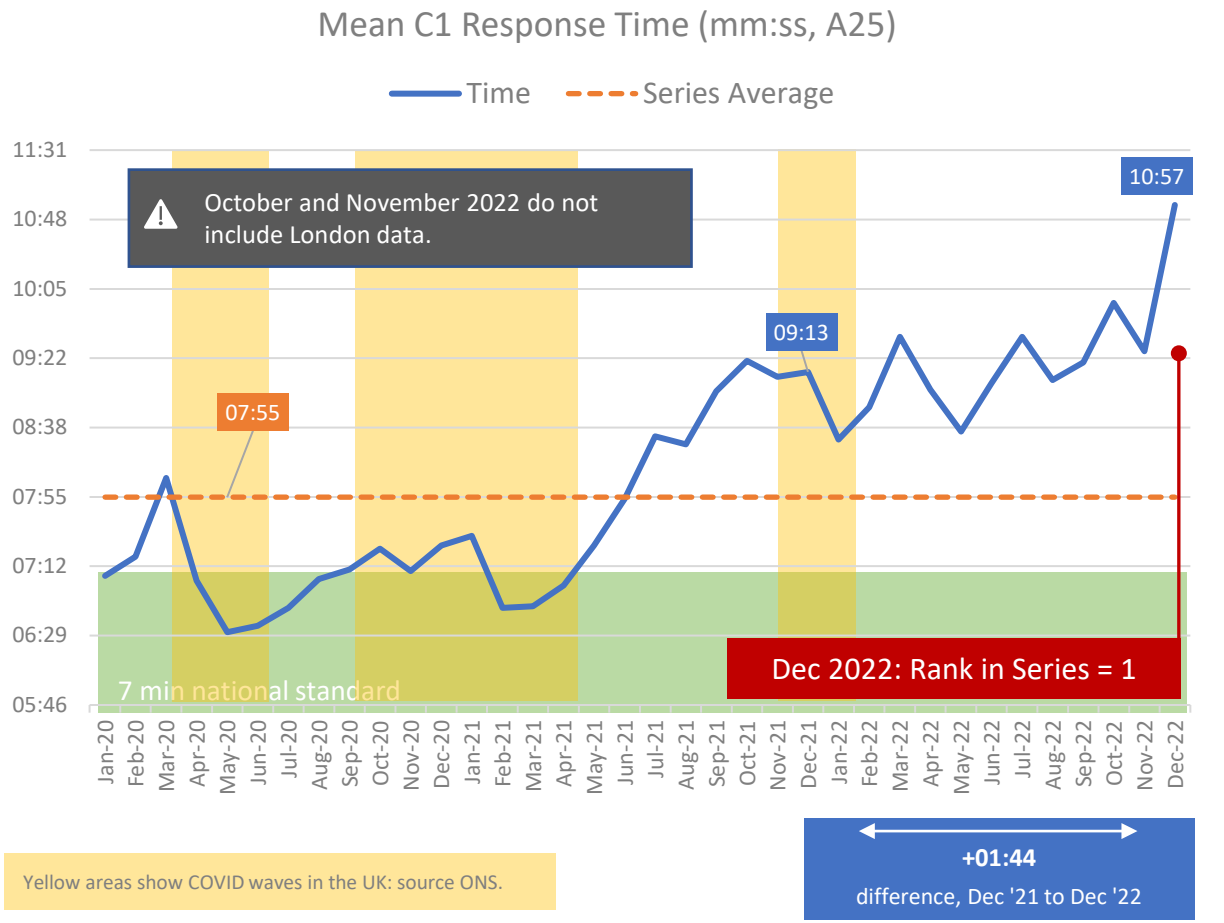

## 3. Annualised Data



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

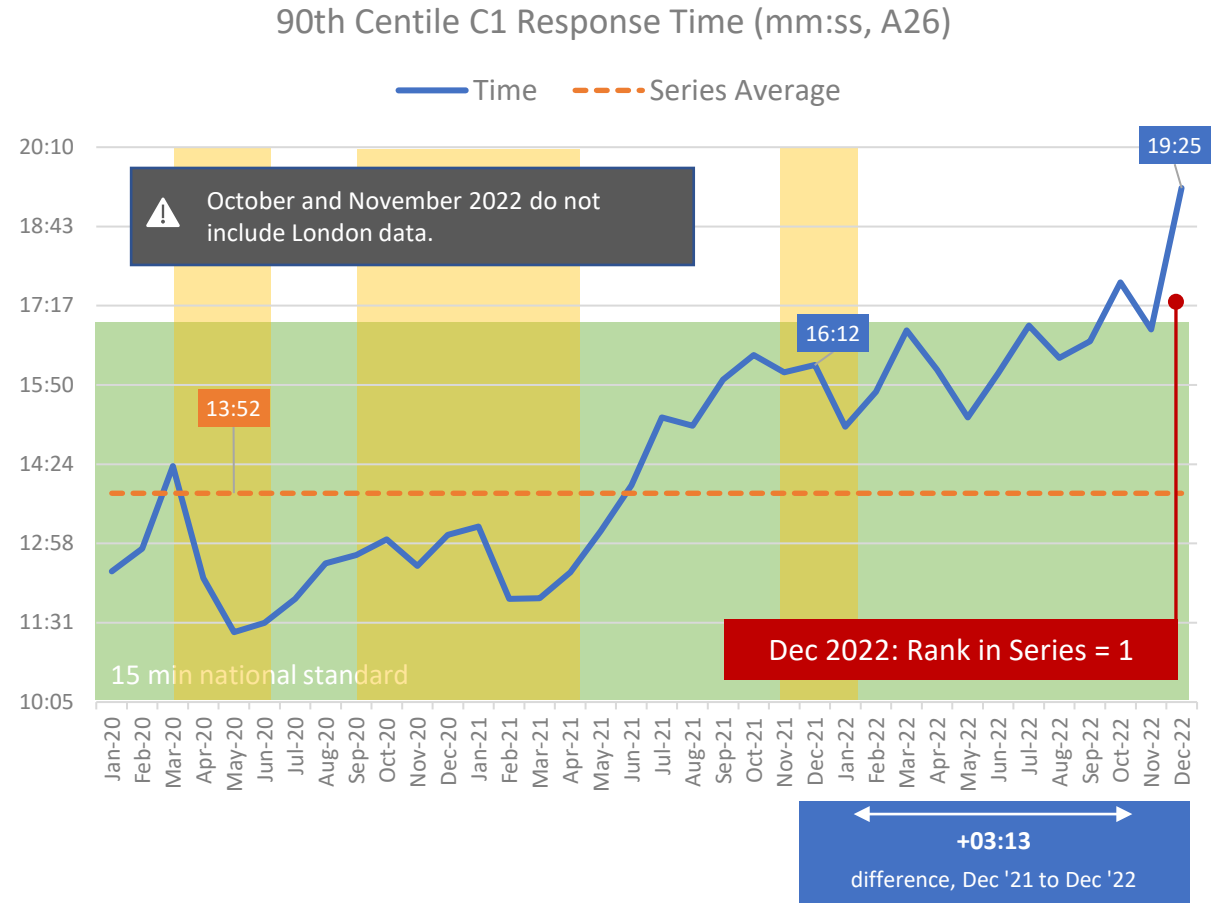
Category 1 response times were the slowest ever seen in December 2022. The mean response time exceeded 10 minutes for the first time, and was nearly 2 minutes slower than in December 2021. The 90th centile measure neared 20 minutes, and was 3 minutes slower than the previous December. Both measures continue to exceed their national standard – with the Category 1 measure having done so since March 2021.

## 1. Mean




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

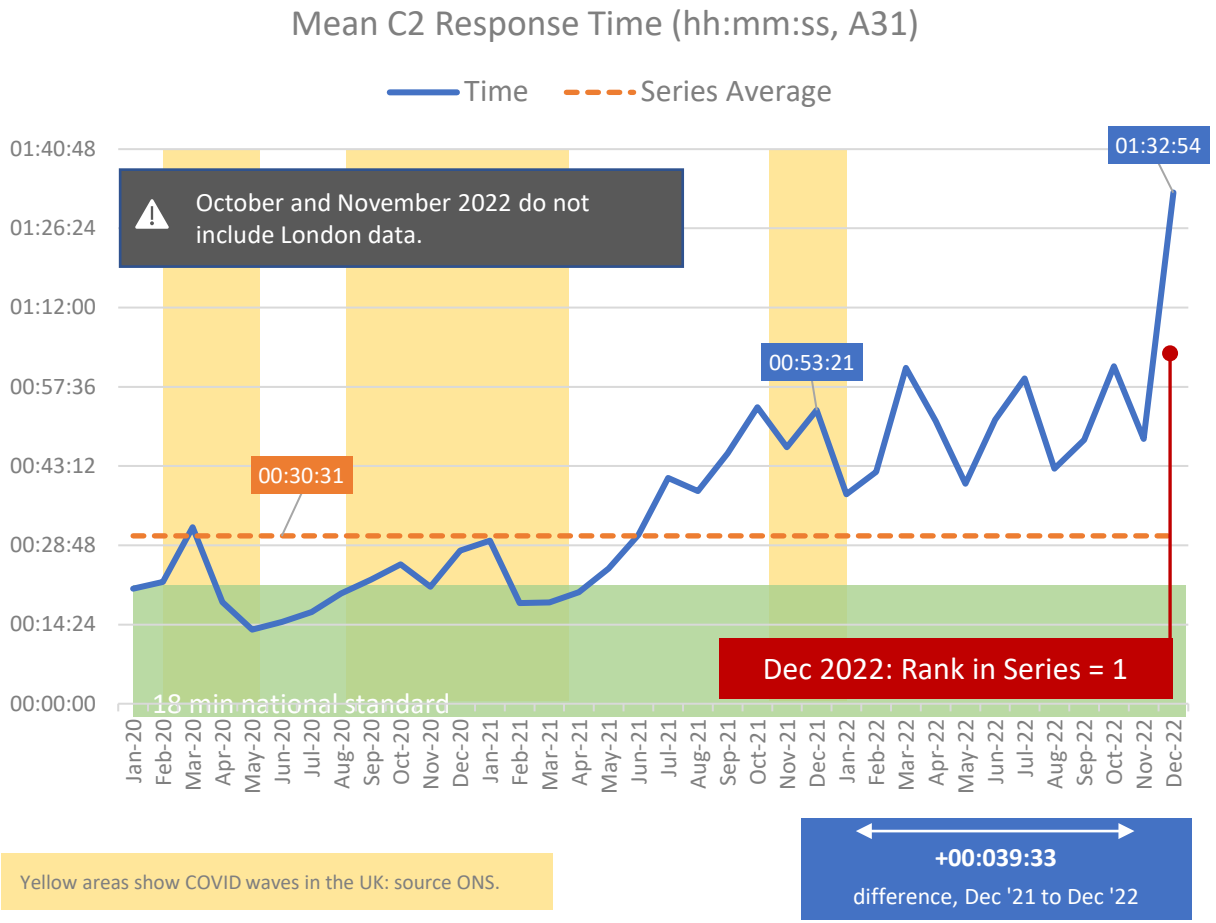
## 2. 90th Centile



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

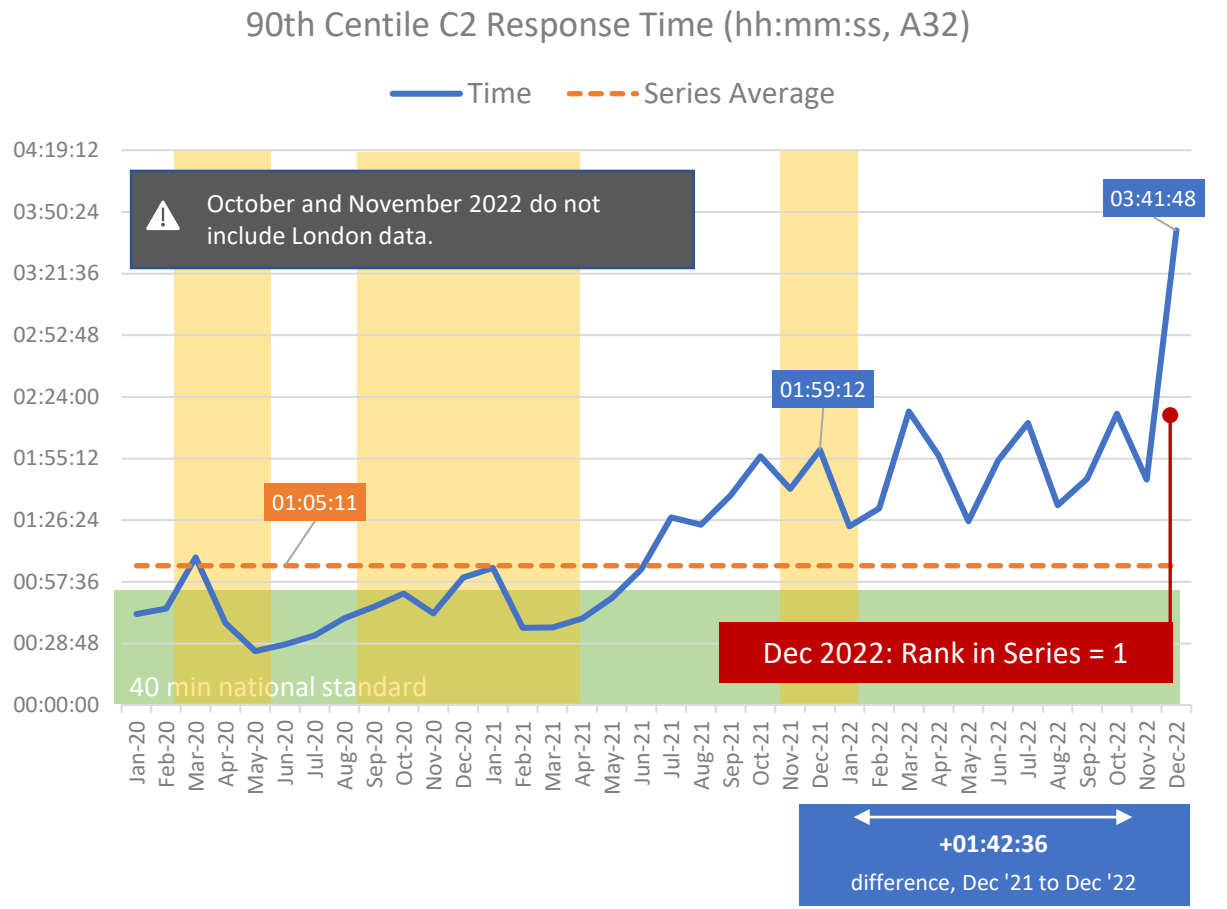
Both key measures for Category 2 response times were the slowest on record. The mean response time was 90 minutes (vs. a 18 minutes national standard) and the 90th centile over three-and-a-half hours (vs. a 40 minute national standard).

## 1. Mean – Example demonstrates impact of LAS on national data




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

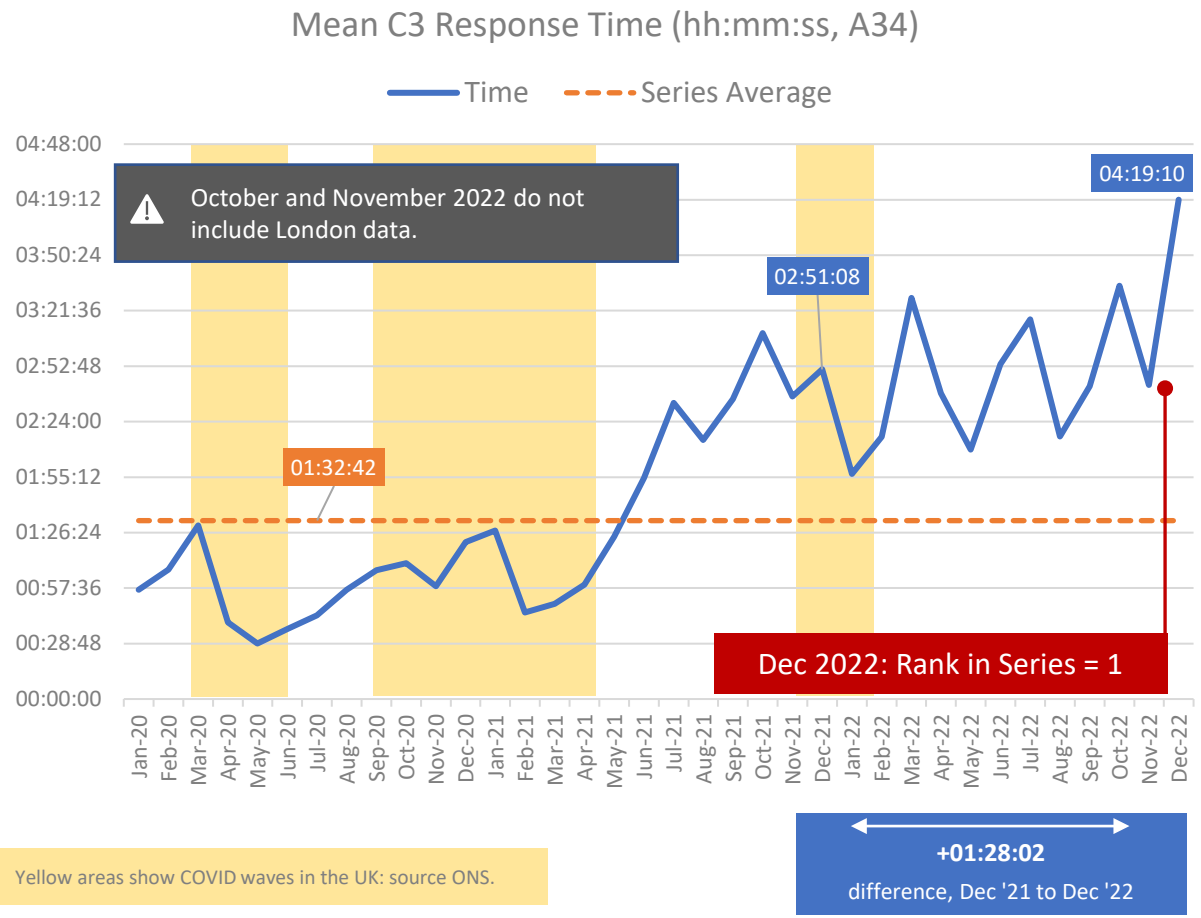
## 2. 90th Centile



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

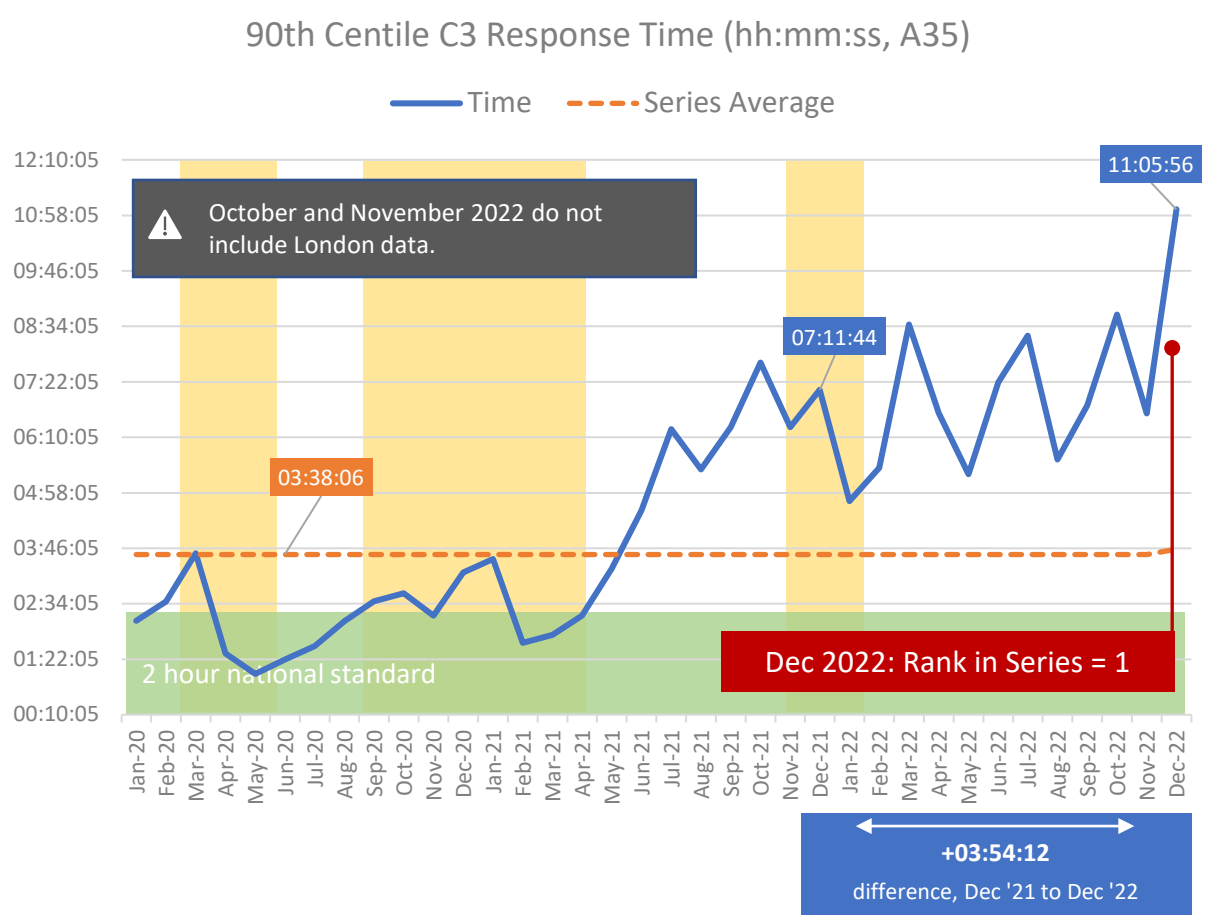
Category 3 mean response time was 90 minutes slower in December 2022 than December 2021, exceeding 4 hours for the first time since recording started. Similarly, the 90th centile measure exceeded 11 hours for the first time, a difference of nearly 4 hours compared with December 2021.

## 1. Mean




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

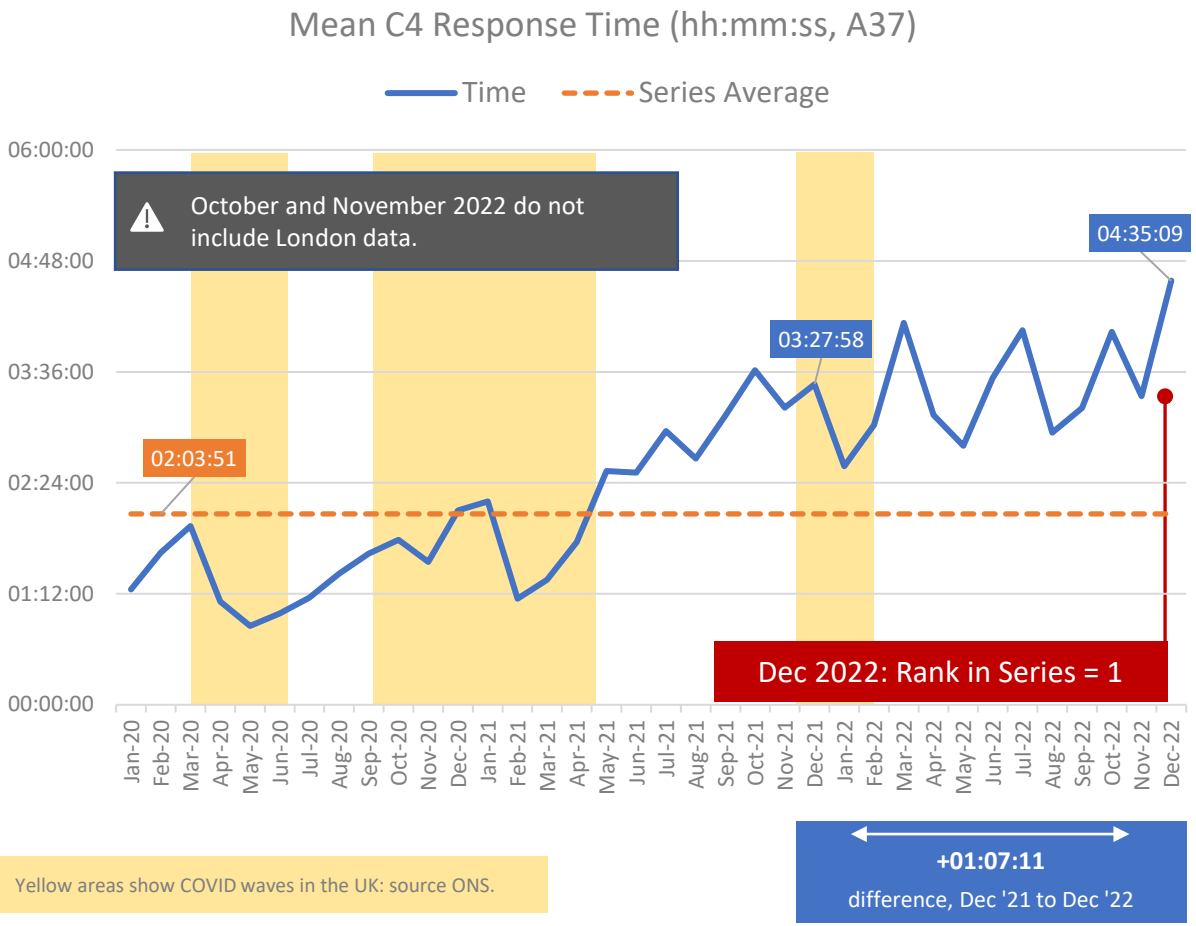
## 2. 90th Centile



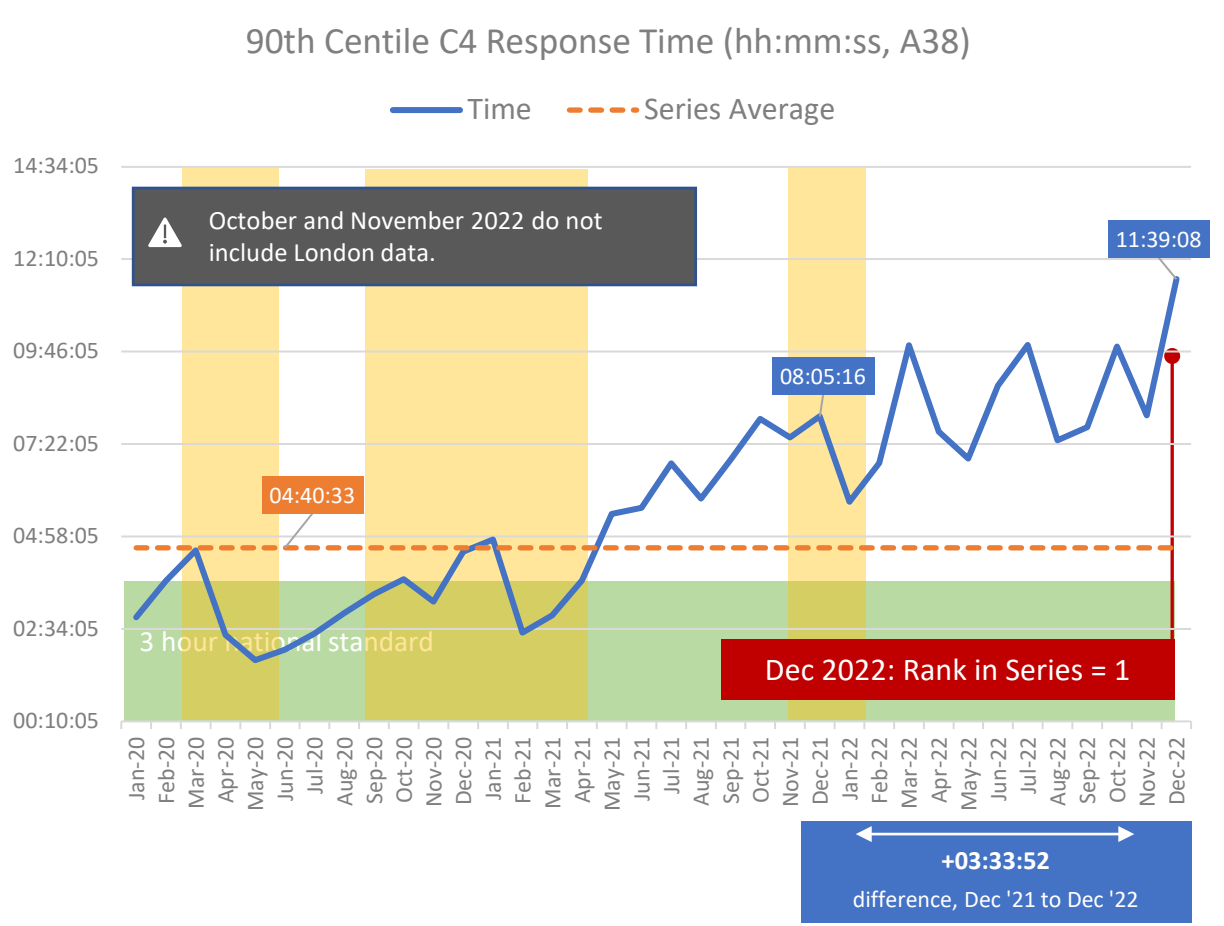
# 19. Demand: C4 Response Times (Measures A37 and A38)

Category 4 response times followed the pattern seen elsewhere, reaching a series-high for both mean and 90th centile measures. The mean response time exceeded 4-and-a-half hours (up 67 minutes compared with December 2021) and the 90th centile measure exceeded 11-and-a-half hours, vs. a national standard of 3 hours.

## 1. Mean




## 2. 90th Centile



# Section 3

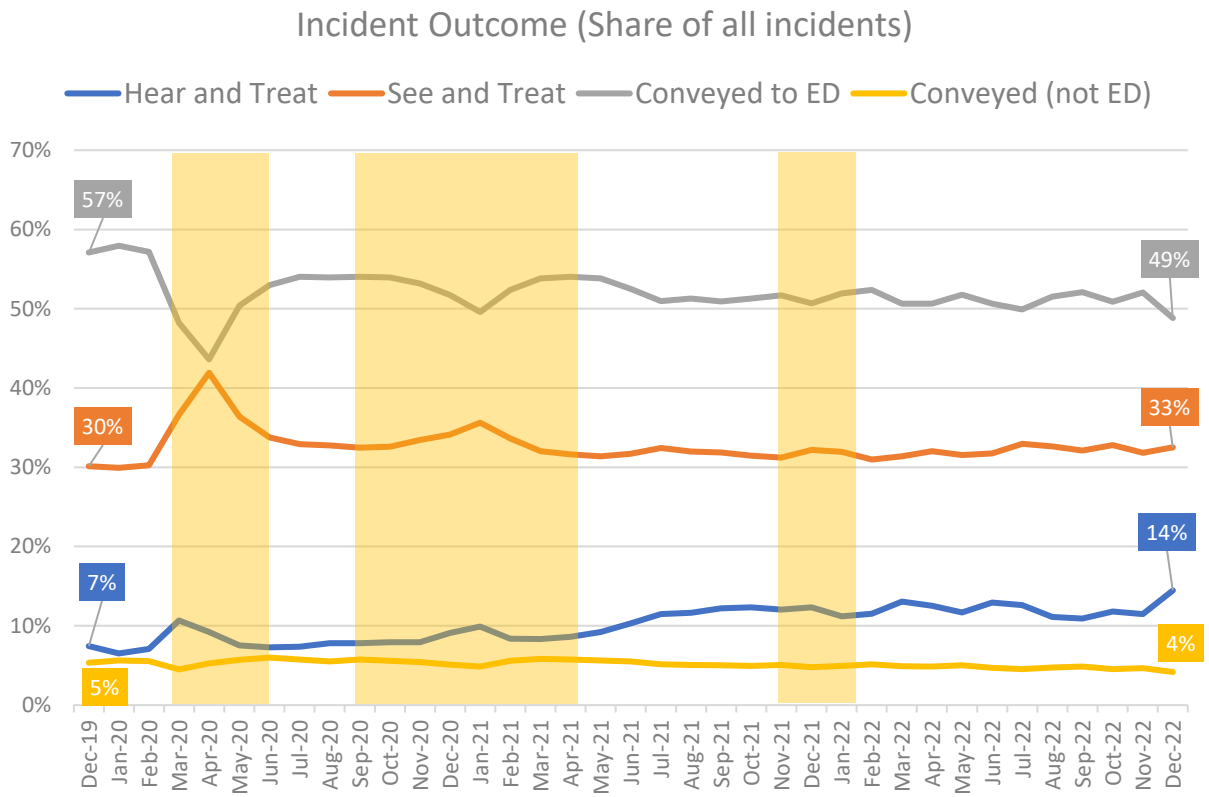
## Incidents by Response Outcome

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

# 21. Share of Incidents by Response Outcome

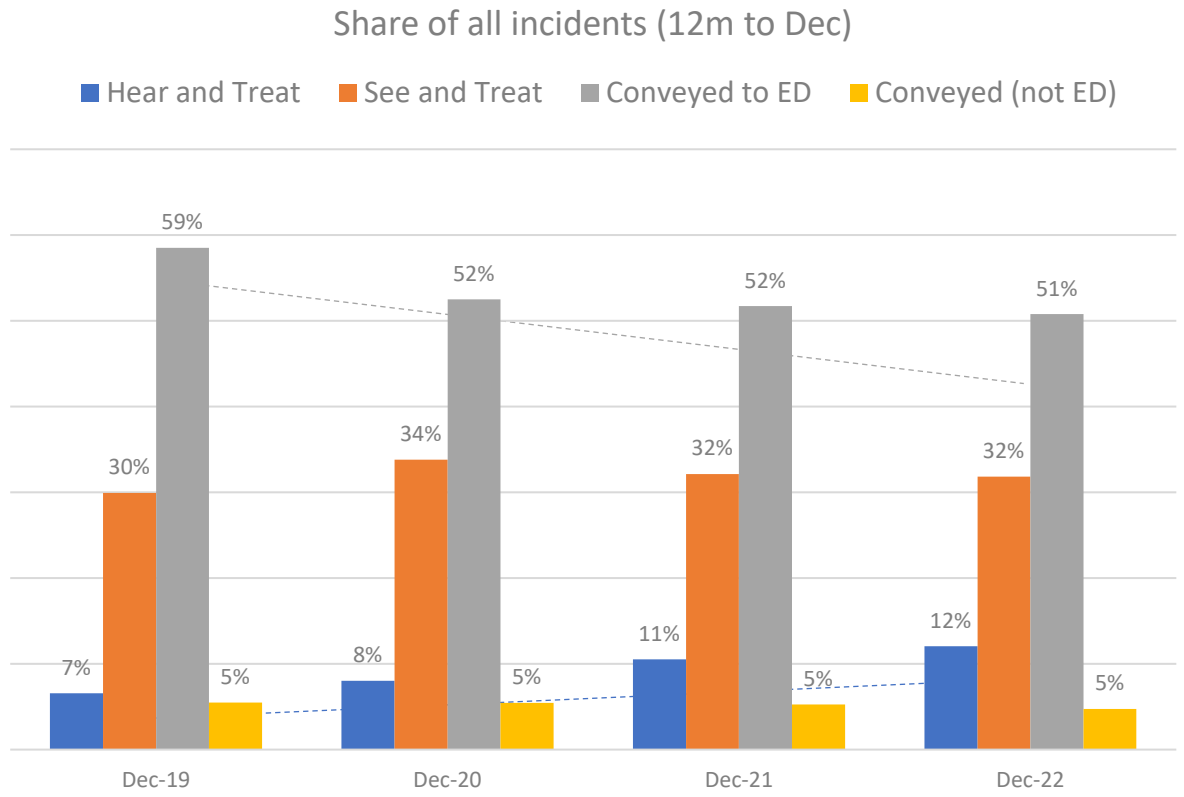
There was a slight jump in the proportion of Hear-and-Treat incidents in December 2022, from 11% to 14% (a series high). There was a similar, opposite decrease in the percentage of incidents conveyed to an Emergency Department (ED) in the month, dropping from 52% to 49%. Over time, the long term trend sees a decrease in the proportion of conveyed incidents, while Hear-and-Treat has grown steadily.

## 1. Time Series (monthly, from Oct 2019)




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

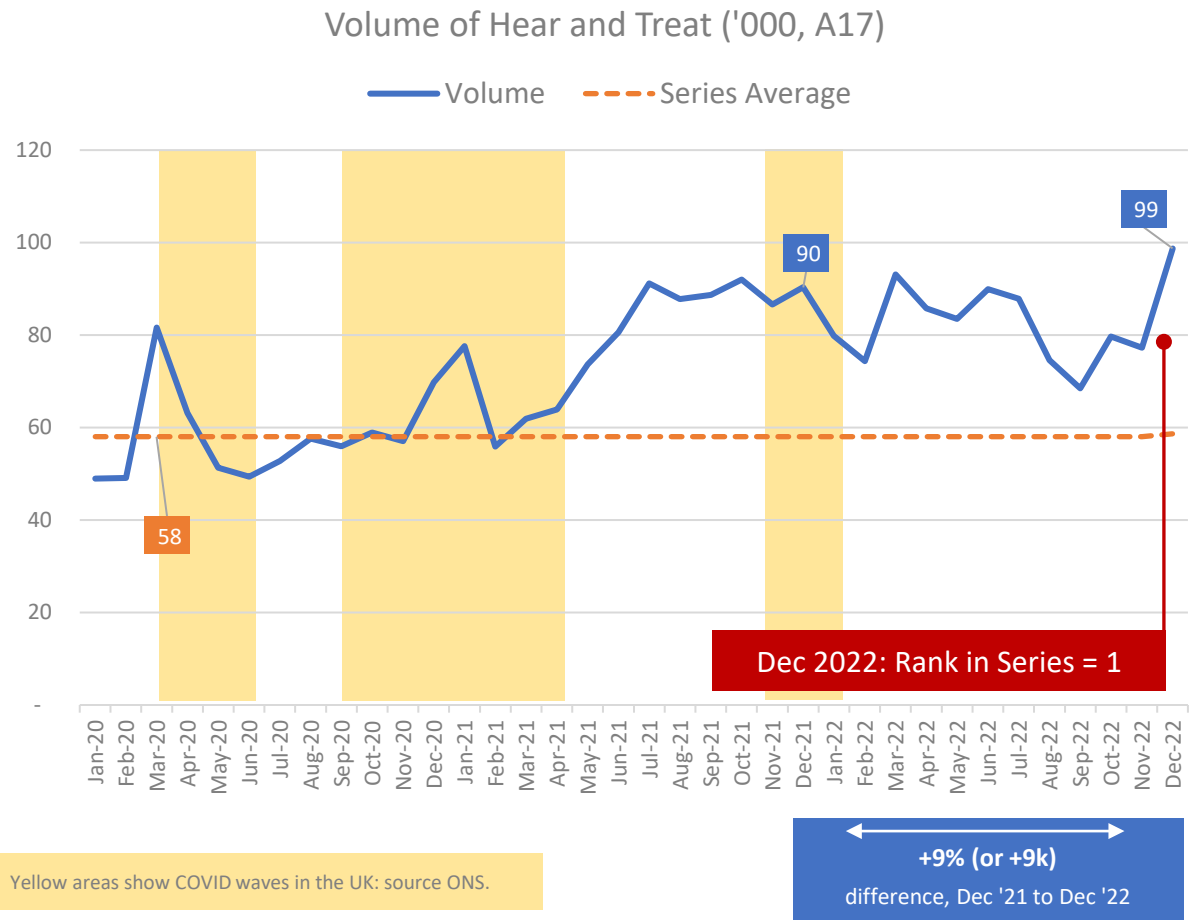
## 2. Annualised Data



# 22. Hear and Treat (measure A17)

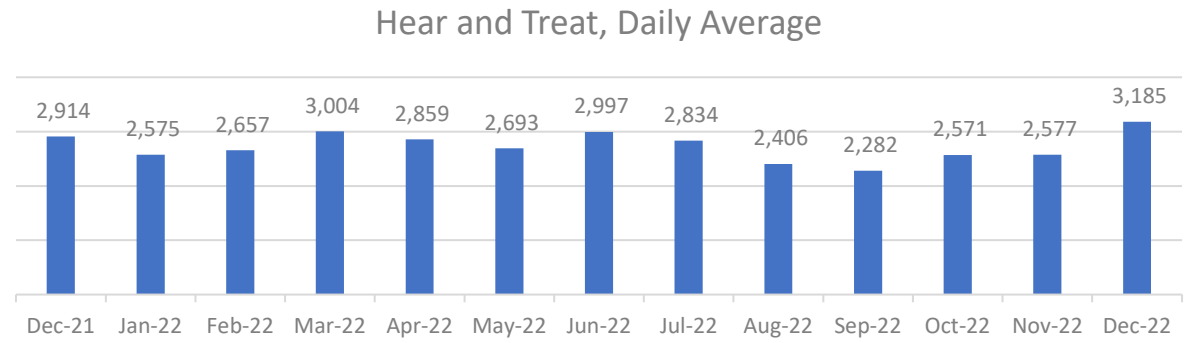
December 2022 saw the highest volume of Hear-and-Treat responses to-date, with 99k across the month (the previous high being 93k in March 2022). Volume is increasing over time, with just under 1 million responses in the 12-months to December 2022 - compared with 0.7m over the same period in 2020.

## 1. Monthly

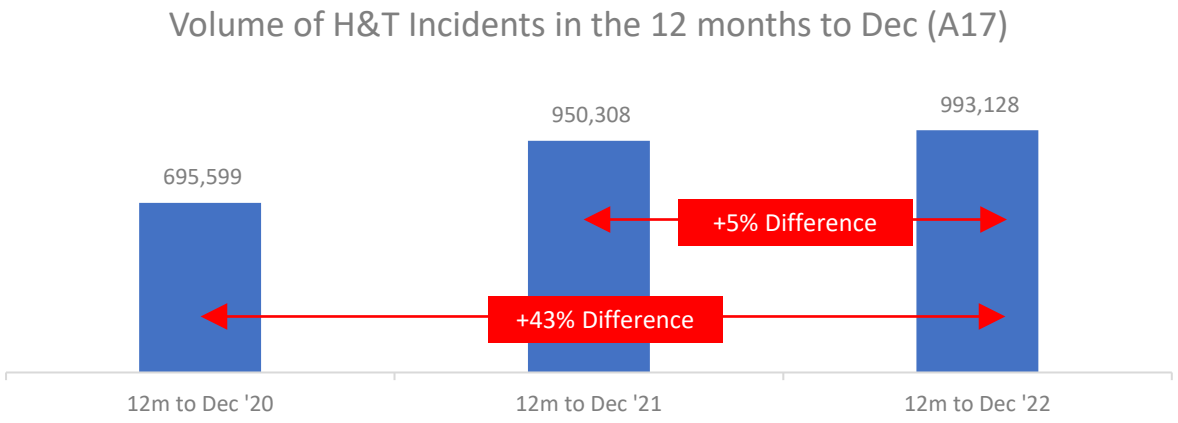



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average



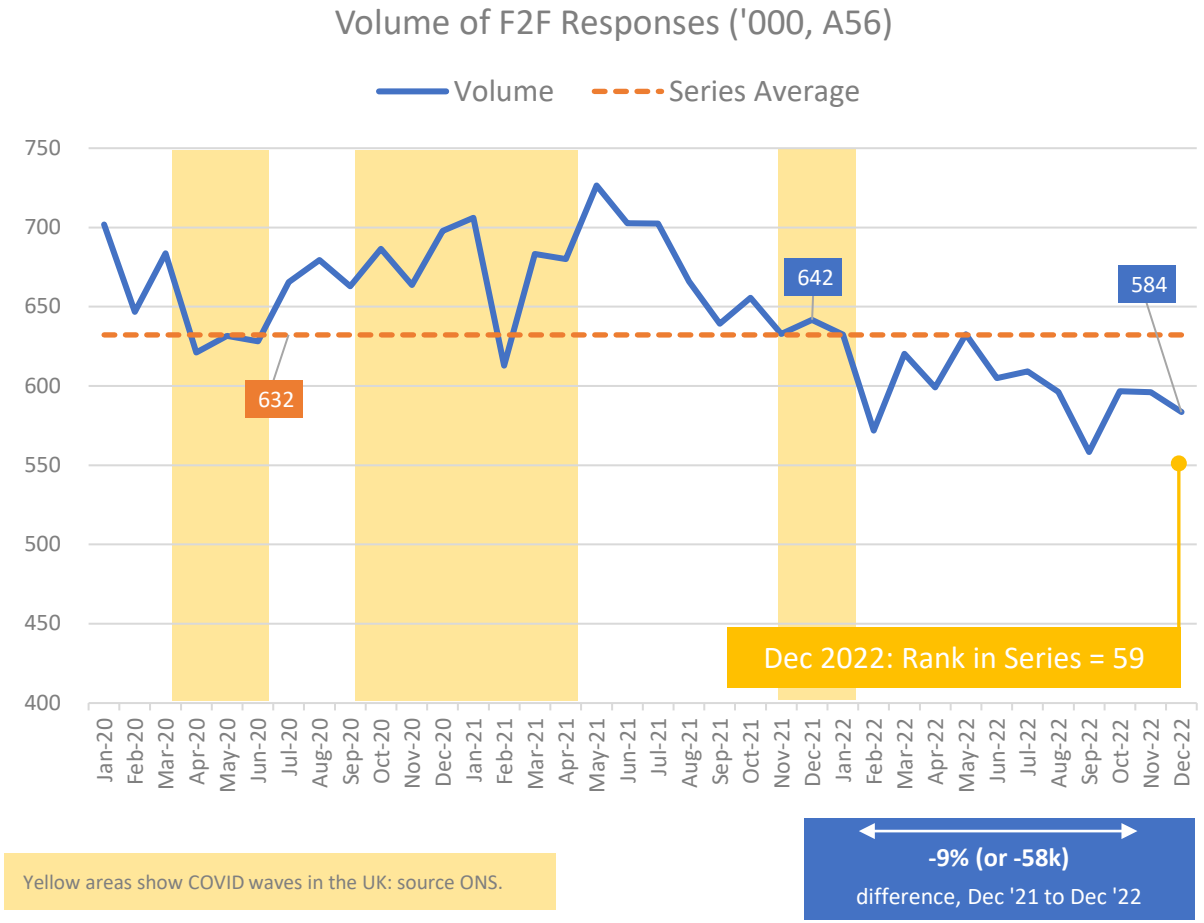

## 3. Annualised Data



# 23. Face to Face (measure A56)

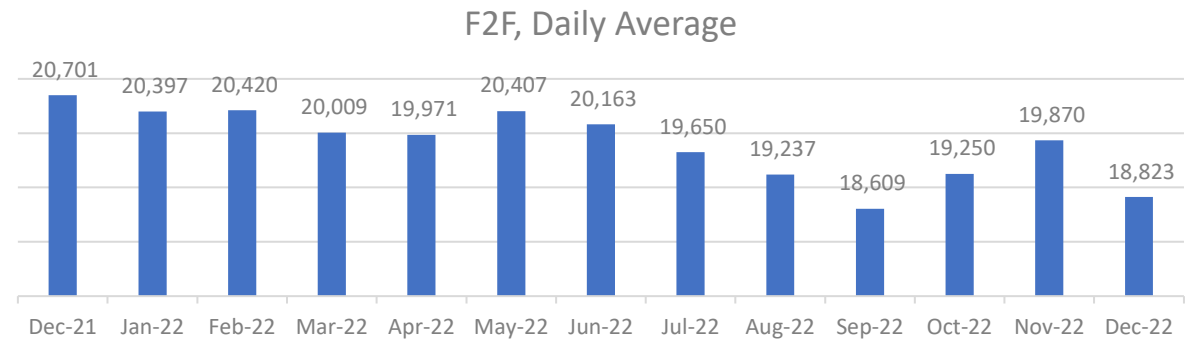
The long-term trend for Face-to-Face responses is declining, and December 2022 saw volume drop around 13k to 584k. This is 58k fewer than December 2021.

## 1. Monthly

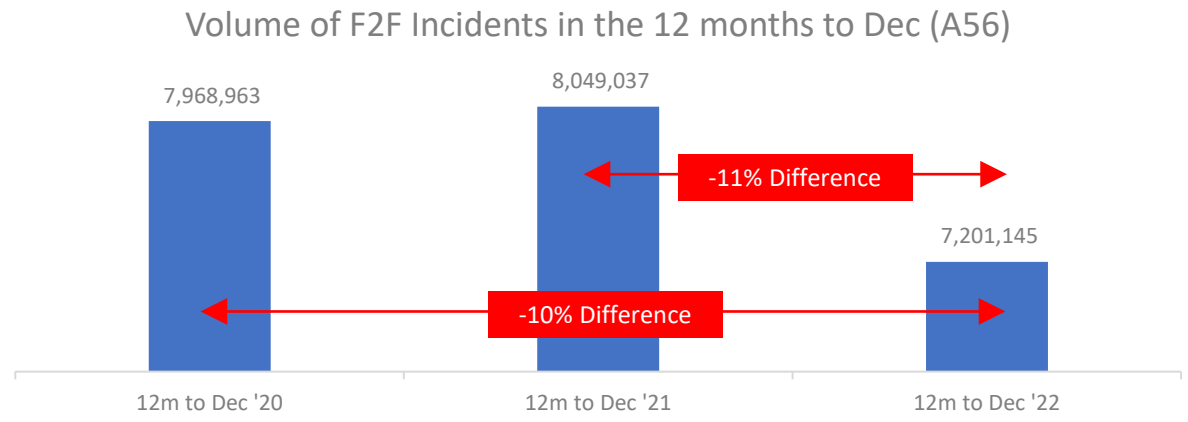



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average



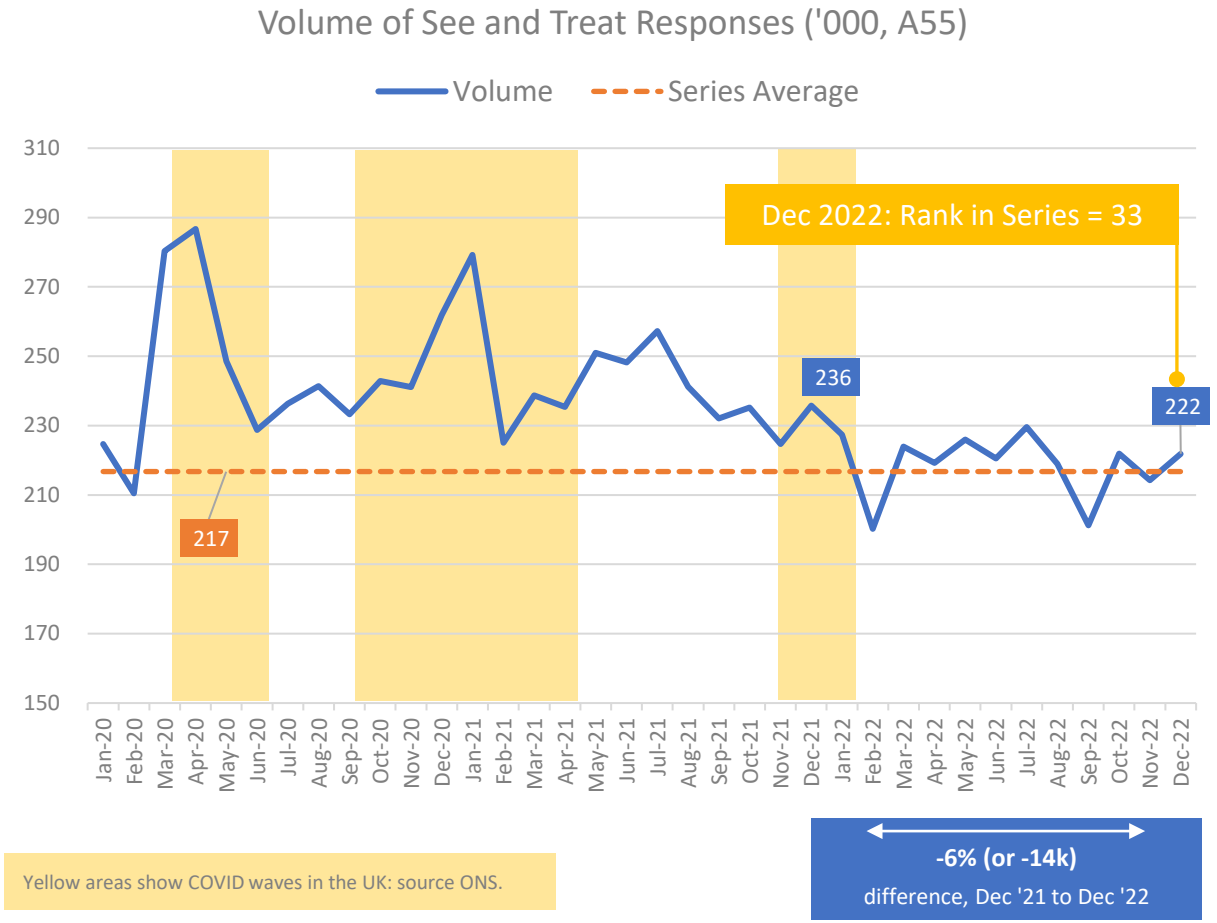

## 3. Annualised Data



# 24. See and Treat (measure A55)

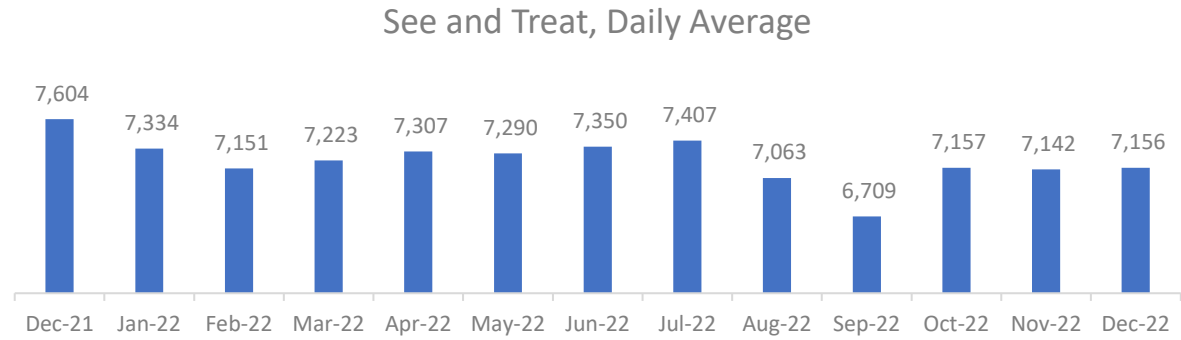
Although decreasing over time, volume of See-and-Treat incidents increased to 222k in December 2022 (up 7.5k on November). This is 14k fewer than December 2021.

## 1. Monthly

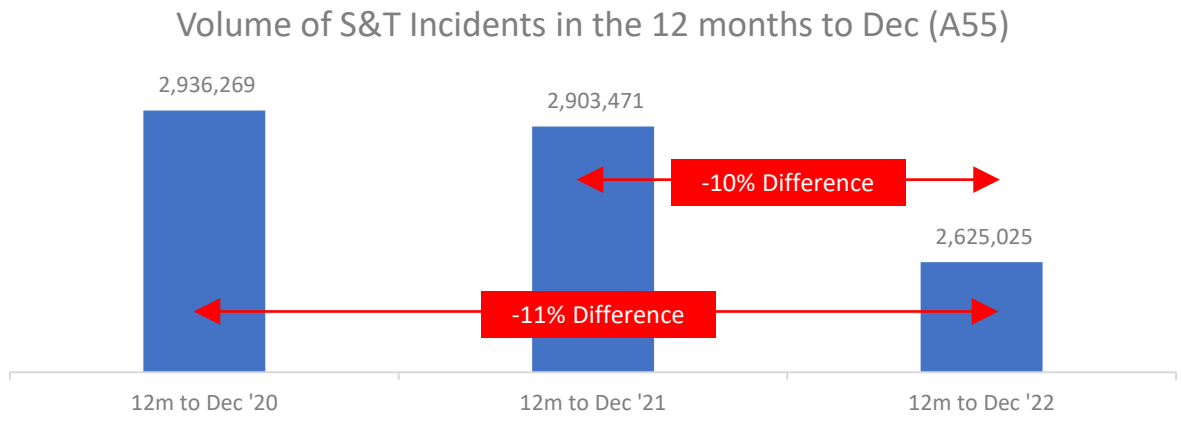



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average



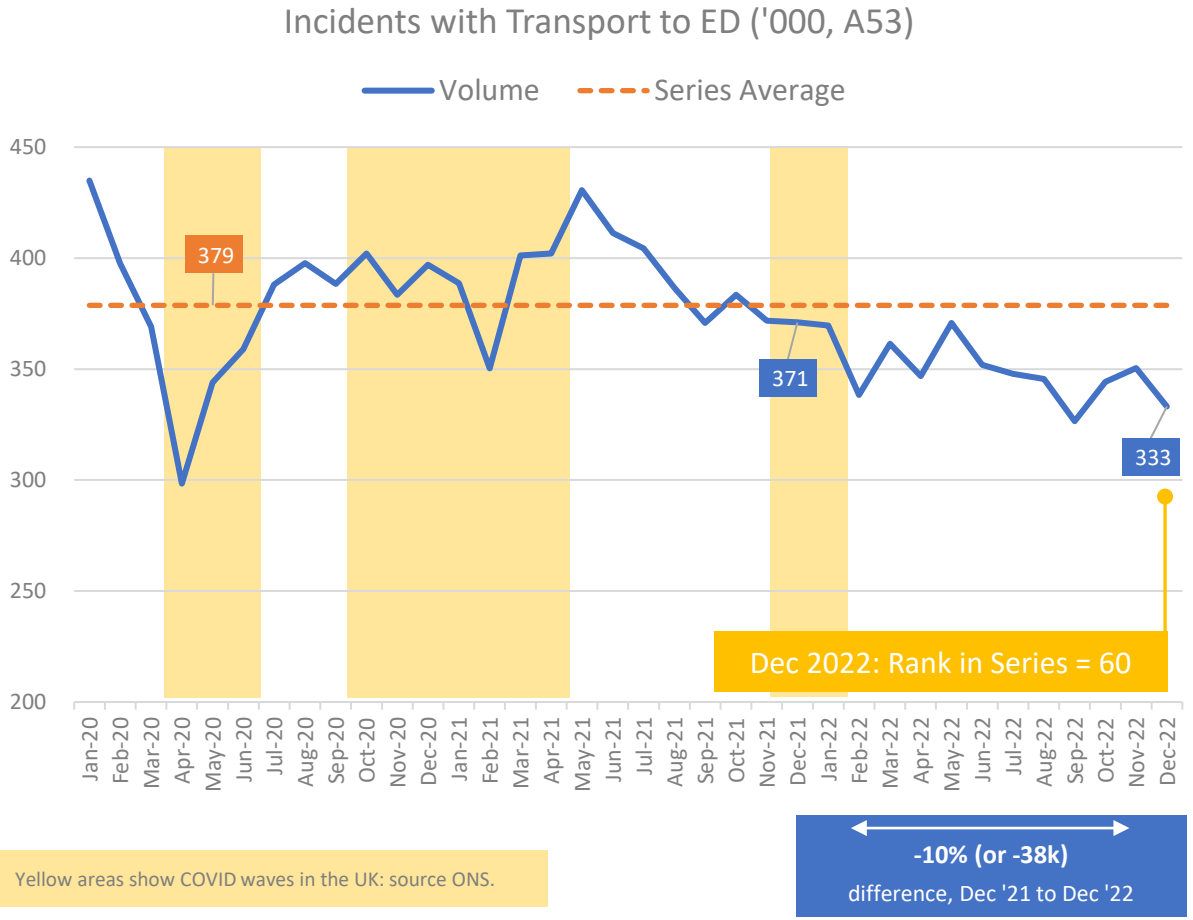

## 3. Annualised Data



# 25. Transport to Emergency Departments (measure A53)

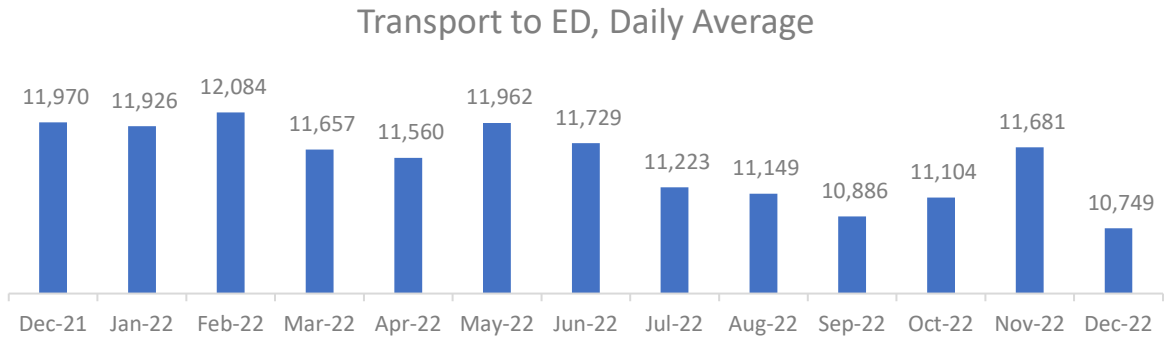
Transport to Emergency Departments dropped to 333k in December, from 350k the previous month and 371k in December 2021. This is one of the lowest monthly (and daily average) volumes to-date.

## 1. Monthly

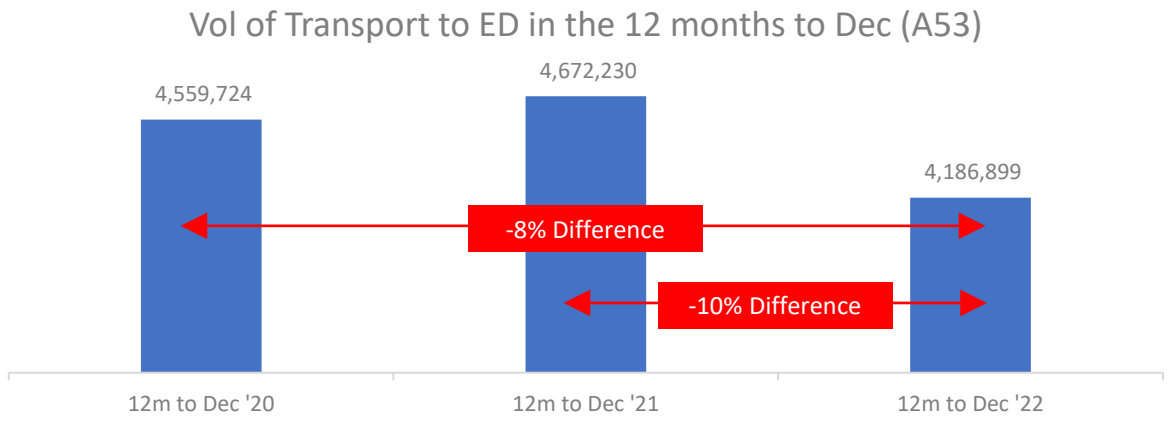



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average



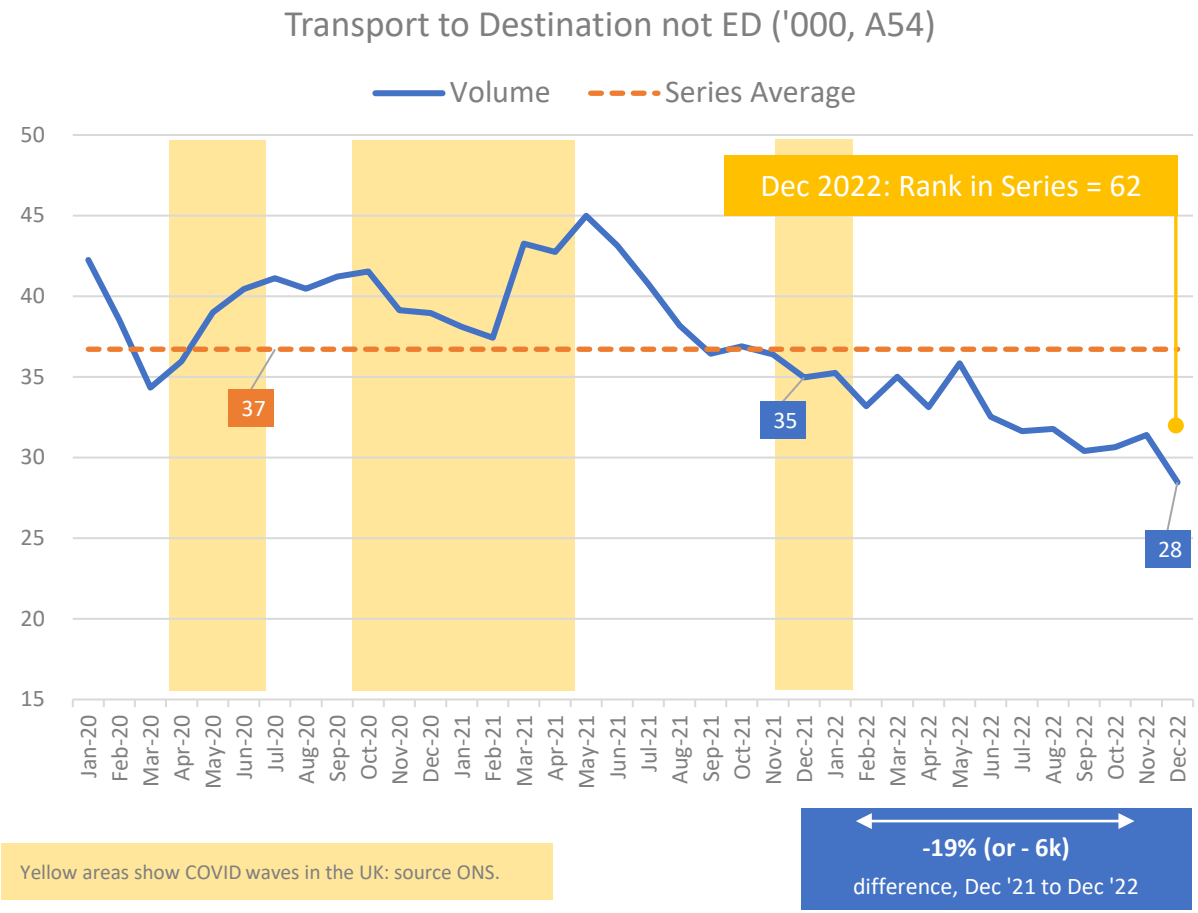

## 3. Annualised Data



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

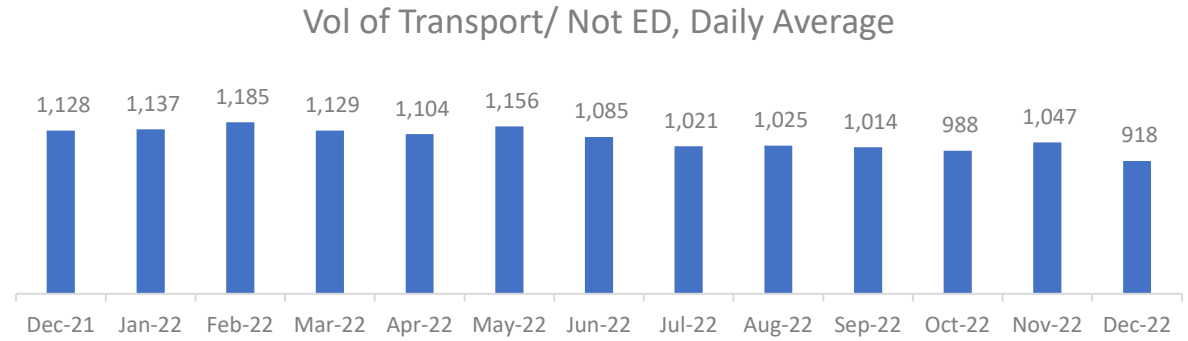
Conveyance by ambulance to destinations other than an Emergency Department reached one of the lowest monthly volumes to-date (reflected also in the daily average figures). There were 28k such responses in December 2022 compared with 35k the previous December.

## 1. Monthly

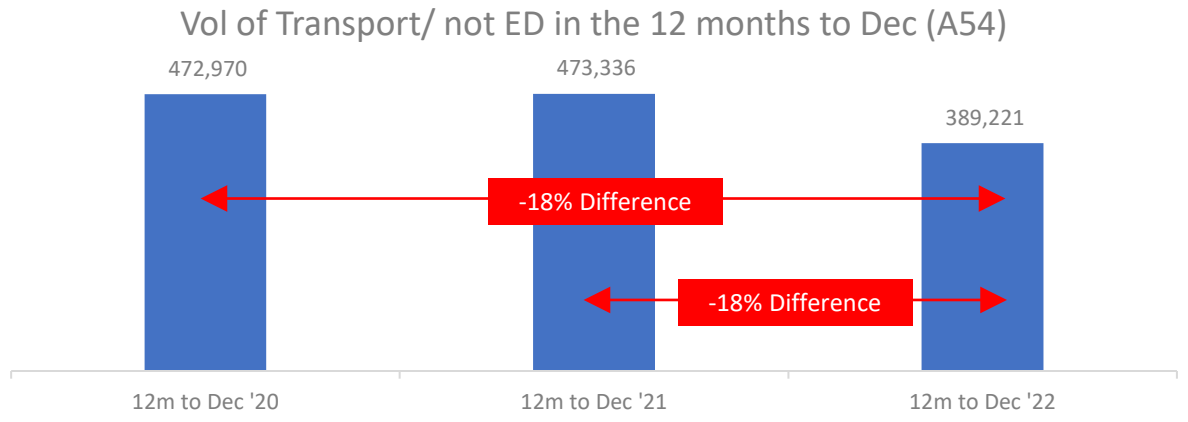



Yellow areas show COVID waves in the UK: source ONS.

## 2. Daily Average




## 3. Annualised Data



# Section 4

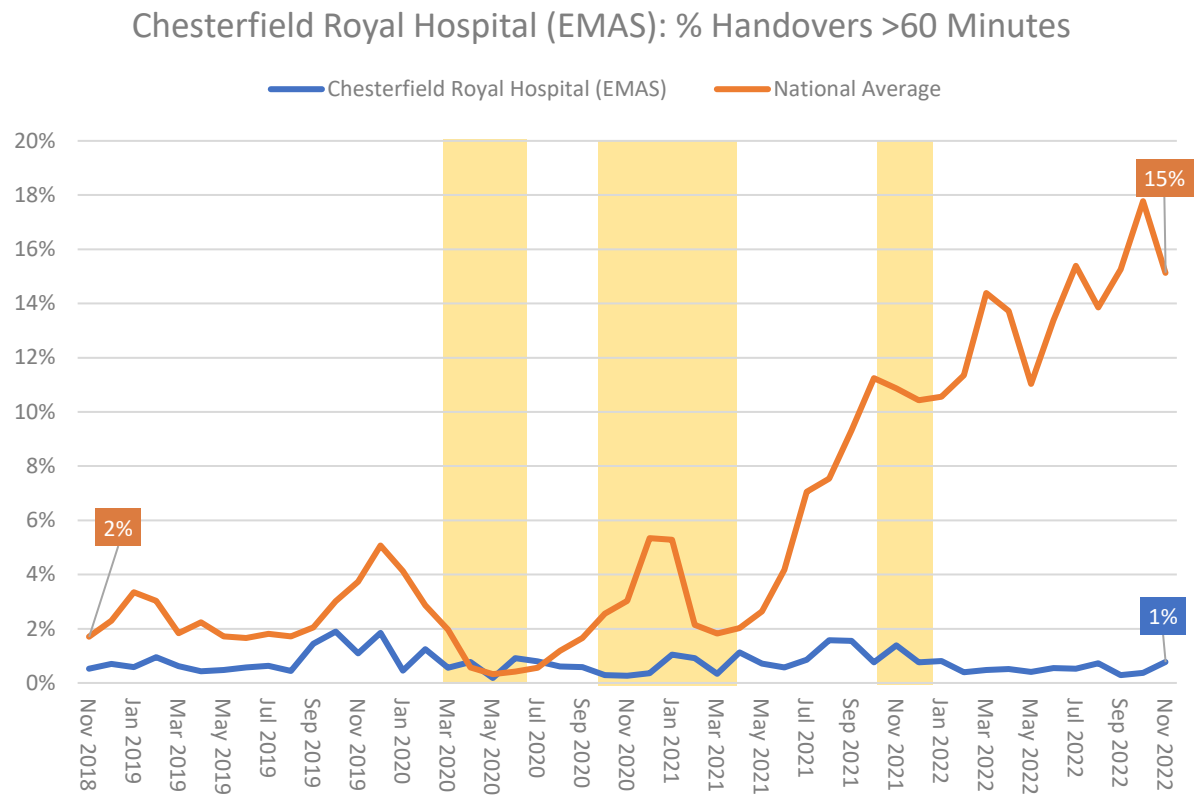
## Patient Handover Delays

- Managing Hospital Handovers – Effective Interventions (2 case studies)
- 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
- Supplementary Data

# 28. Managing Hospital Handovers – Effective Interventions: Chesterfield Royal Hospital

Nationally the proportion of handovers exceeding 60 minutes is more than ten-times that seen at the end of 2018. Having increased steeply since the start of 2021, these account for around 1 in 6 of all handovers at the end of 2022. Over this time, Chesterfield Royal Hospital's proportion of these longer handovers has not exceeded 3% of its total, averaging 1% over the last 6 months compared with a national average of 15%. The hospital has a number of measures in place which reduce pressure on its ED, increasing through-flow and keeping longer handover times to a minimum.

## 60-min handovers as percentage of all handovers




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

## An overview of Chesterfield's current interventions

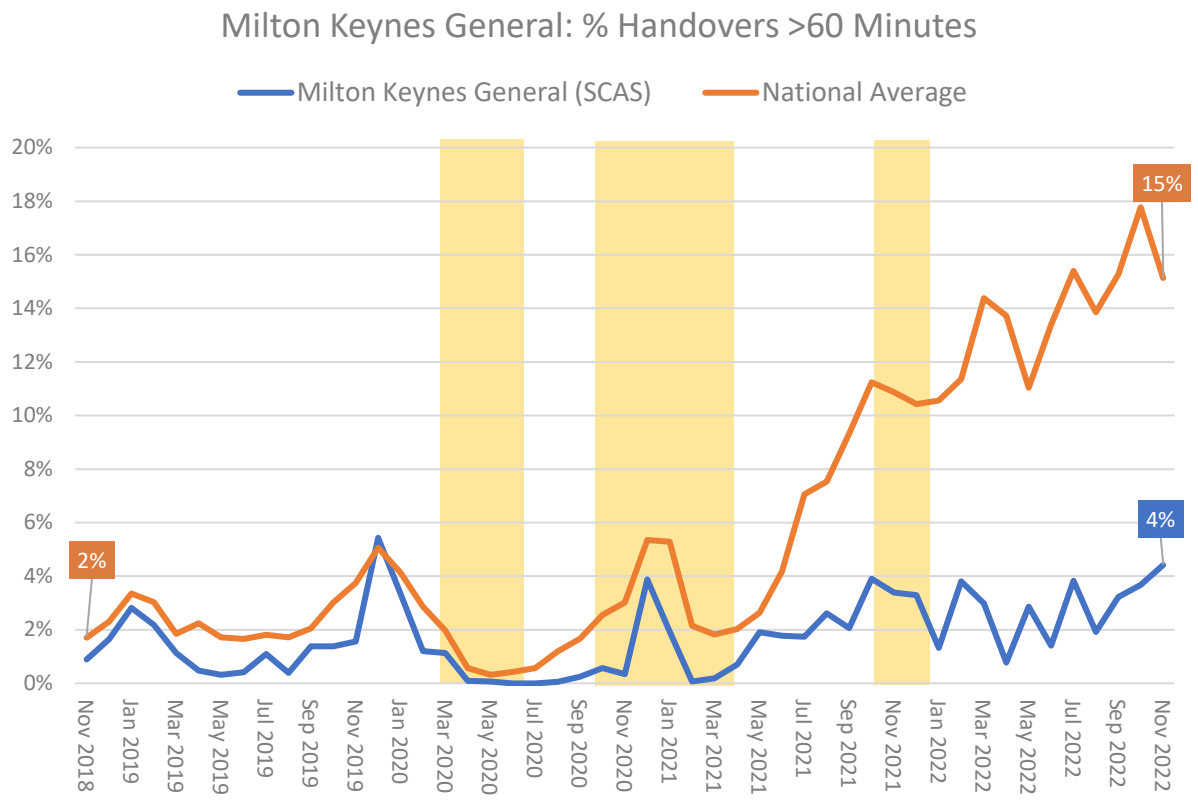
- **Integrated Care System (ICS).** The local ICS, of which the hospital is part, has a community strategy involving the education of Primary Care Networks and a Direct Clinical Care strategy for avoidable admissions. This has seen a reduction in avoidable conveyance.
- **Technology.** The hospital's Emergency Department (ED) has digital-tablets in place that new (walk-in) arrivals are encouraged to use. Mobile technology is therefore used to navigate patients to the right point of care, thus redirecting some away from the ED, freeing-up resource for ambulance arrivals.
- **Clinical Assessment.** There has been a strong investment in the community clinical assessment services to validate C3 and C4 calls. DHU (111 provider) and EMAS also run a programme called 'winter connect' which supports the reduction of conveyancing generally.
- **Leadership.** The hospital's leadership adopts the "Patient First" ideology and use patient stories with staff to influence cultural change with effect.
- **Specialties Support.** Specialties proactively link into the ED, and during challenging times will in-reach to ED to support them. They will proactively pull patients from the queue, again freeing up resource which helps the flow of ambulance handovers.
- **Urgent Treatment Centres**. Chesterfield are working in collaboration with DHU towards building a sustainable Urgent Treatment Centre (UTC), using audit to prove the principle. While Chesterfield is not finished in this process, the hospital's experience may be helpful in identifying the first steps of building a UTC service co-located with a private partner when there is no long-term contract in place.

For more information please contact: zoenotley@nhs.net

# 29. Managing Hospital Handovers – Effective Interventions: Milton Keynes General Hospital

Milton Keynes General Hospital's proportion of these handovers is currently under a third of the national figure. For the last 6 months it has averaged 3% against the national figure of 15%. Collaboration, providing patients with practical health-care information, sound and ongoing risk assessment and a new Emergency Care facility work together to help the hospital minimise handover delays.

## 60-min handovers as percentage of all handovers




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

## An overview of Milton Keynes' current interventions

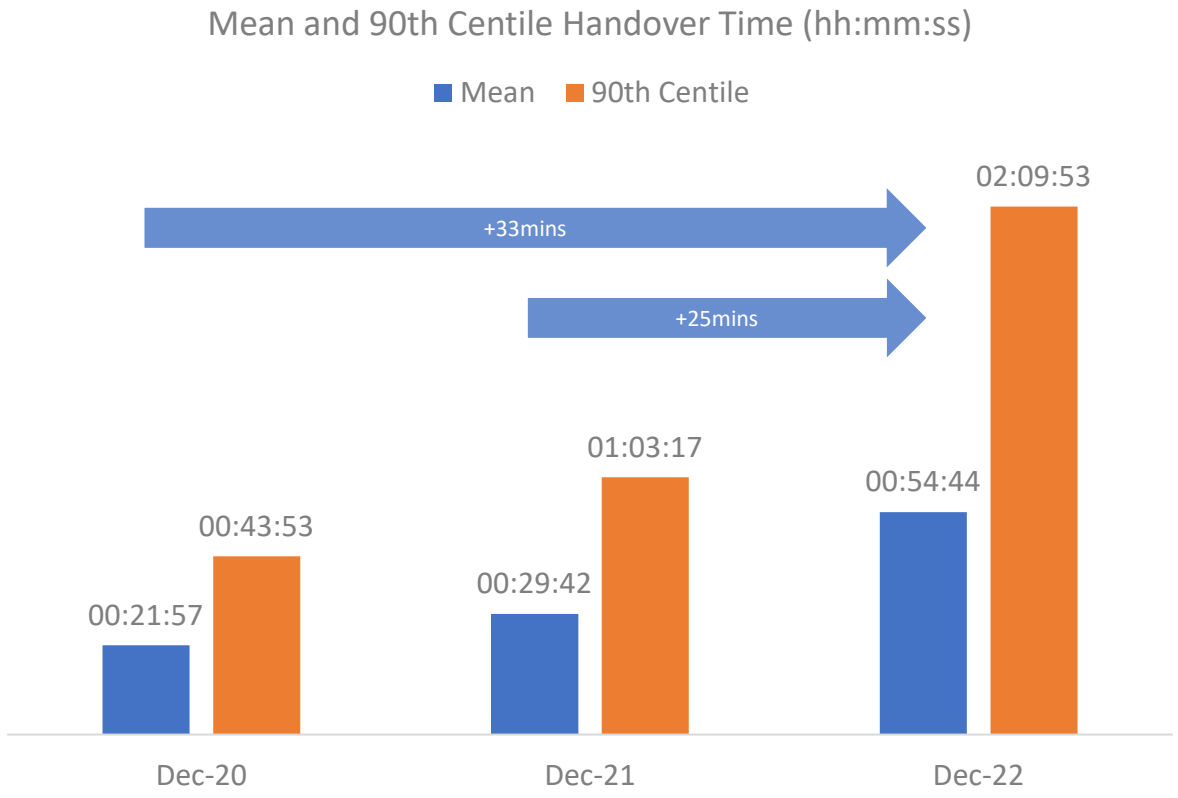
- **Home First Team.** This team is based in the hospital's Emergency Department (ED) alongside a roving frailty team, which operates across Urgent and Emergency Care pathways.
- **Patient Access to Information.** SCAS make excellent use of the MiDOS system (a directory of information that allows patients to search for a wide range of health, community and voluntary services). This helps keeps people at home rather than hospital, and frees up resource keeping patient flow moving.
- **Risk Assessment**. The hospital has developed a RAG rated Integrated Care System dashboard that evidences risk on the day and is used as a tool to balance risk. They've adapted some ward spaces well to make them safer.
- **Cross-site collaboration.** Regular site meetings, including a side range of staff, look at risk and challenge, working together to establish the path of least harm.
- **Hospital Ambulance Liaison Officer (HALO)**. Strong HALO in place who maintains the relationship between organisations. Excellent teacher of his own staff, bringing patient stories to the Trust to empower the release of ambulances back into the community.
- **Same Day Emergency Care (SDEC) Village.** The hospital has just built a large SDEC village. It has collated a wealth of information that can be used to help other Trusts understand the relevance of backing SDECs and creating super estates for the future.
- **Rapid Access Therapy Team (RATT).** A good RATT model in ED.

For more information please contact: emma.livesley@mkuh.nhs.uk

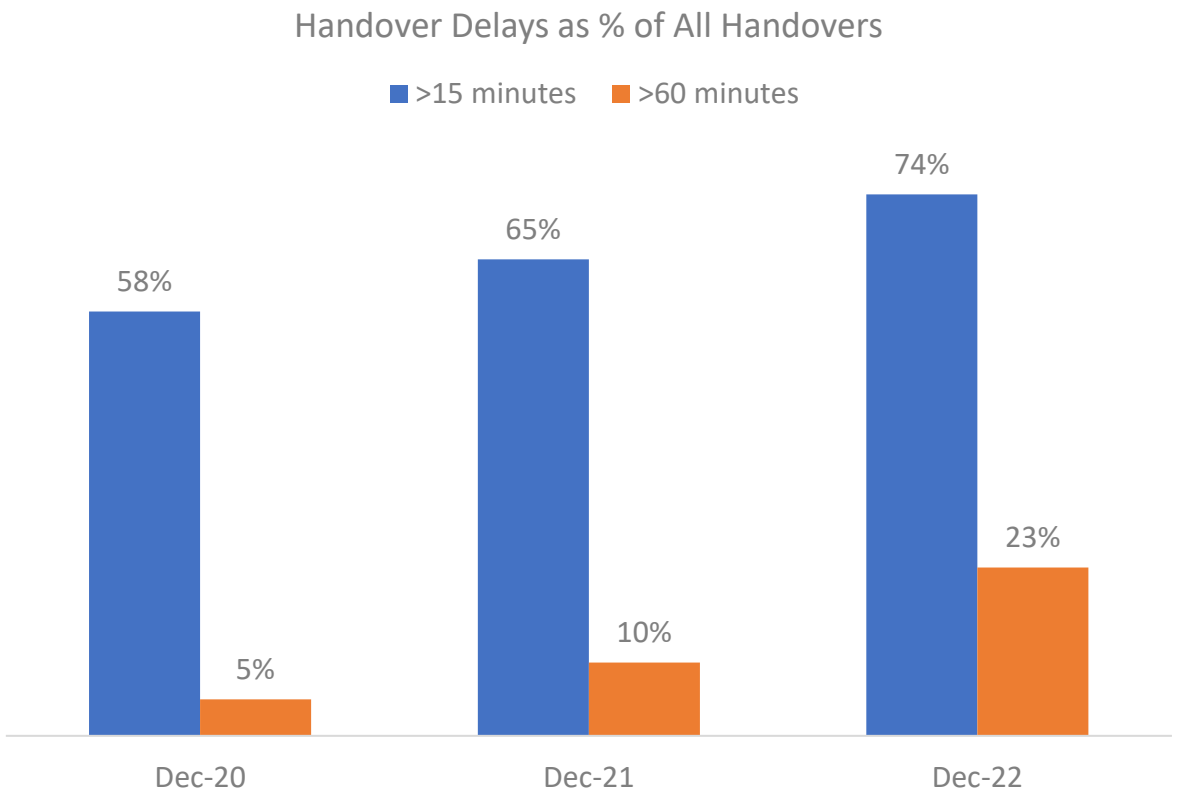
# 30. Average Handover Times and Delays as Proportion of All Handovers (source, NAIG)

The mean (average) handover time has nearly doubled over the past year, increasing from 29 minutes in December 2021 to 55 minutes in December 2022. Over the same time, the proportion of handovers exceeding 60 minutes has more than doubled – increasing from 10% to 23%.

## 1. Mean and 90th Centile Handover Times



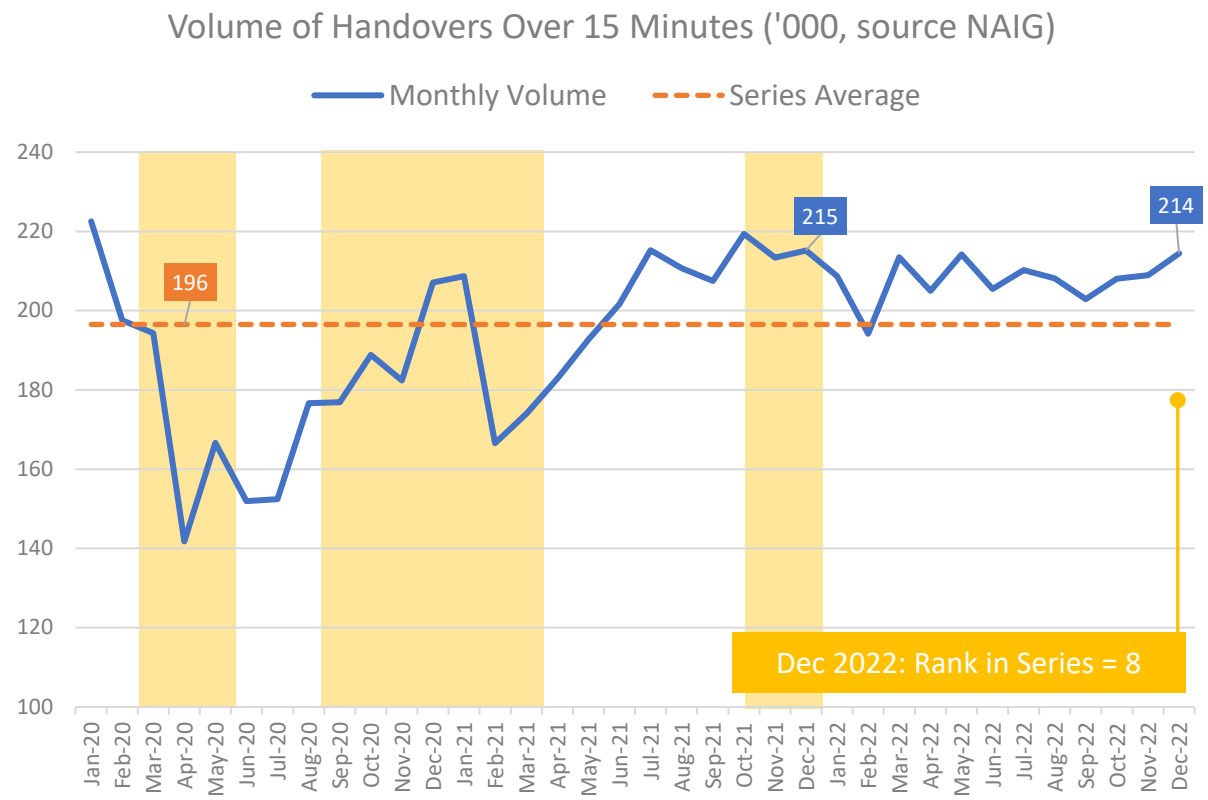

## 2. Handover Delays as a Percentage of All Handovers



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

A month-on-month increase of 5k took the volume of all handovers exceeding 15 minutes to 214k in December – slightly lower than December 2021. This relatively flat trend belies a very steep increase in the hours lost to patient handovers delays. In December 2022, 227k hours were lost – more than twice the time recorded in December 2021, and a monthly increase of 86k. This is the highest to date by a significant margin.

## 1. Delays over 15 Minutes




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

**-2% (or -1k)**
difference, Dec 2021 to Dec 2022

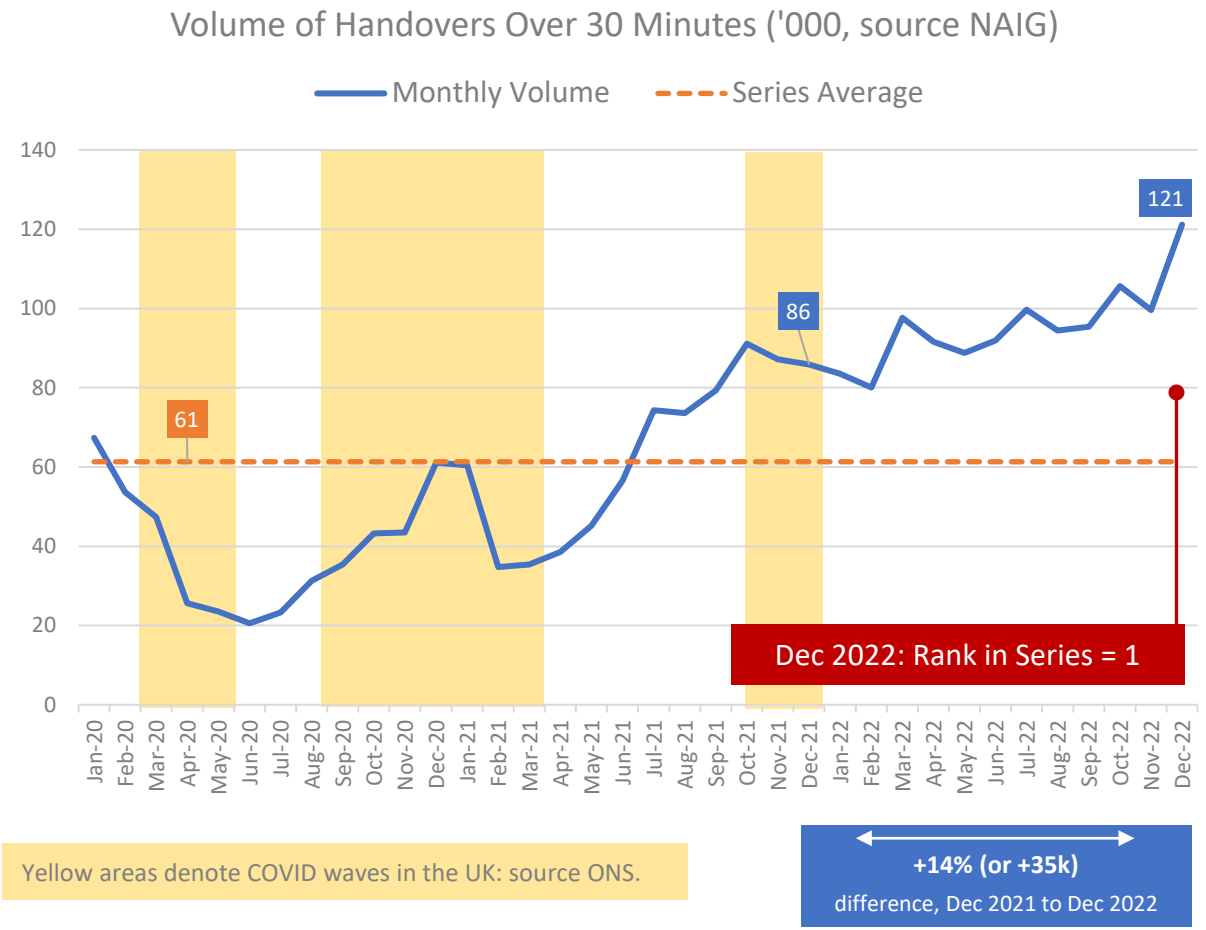
## 2. Hours lost for Handovers Over 15 Minutes


**+27% (or +115k)**
difference, Dec 2021 to Dec 2022

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

Volume of handovers exceeding 30 minutes reached a series high in December 2022, with 21k more than November and 35k more than December 2021. Compared with the same time last year the month's lost hours more than doubled, taking the total to 185k.

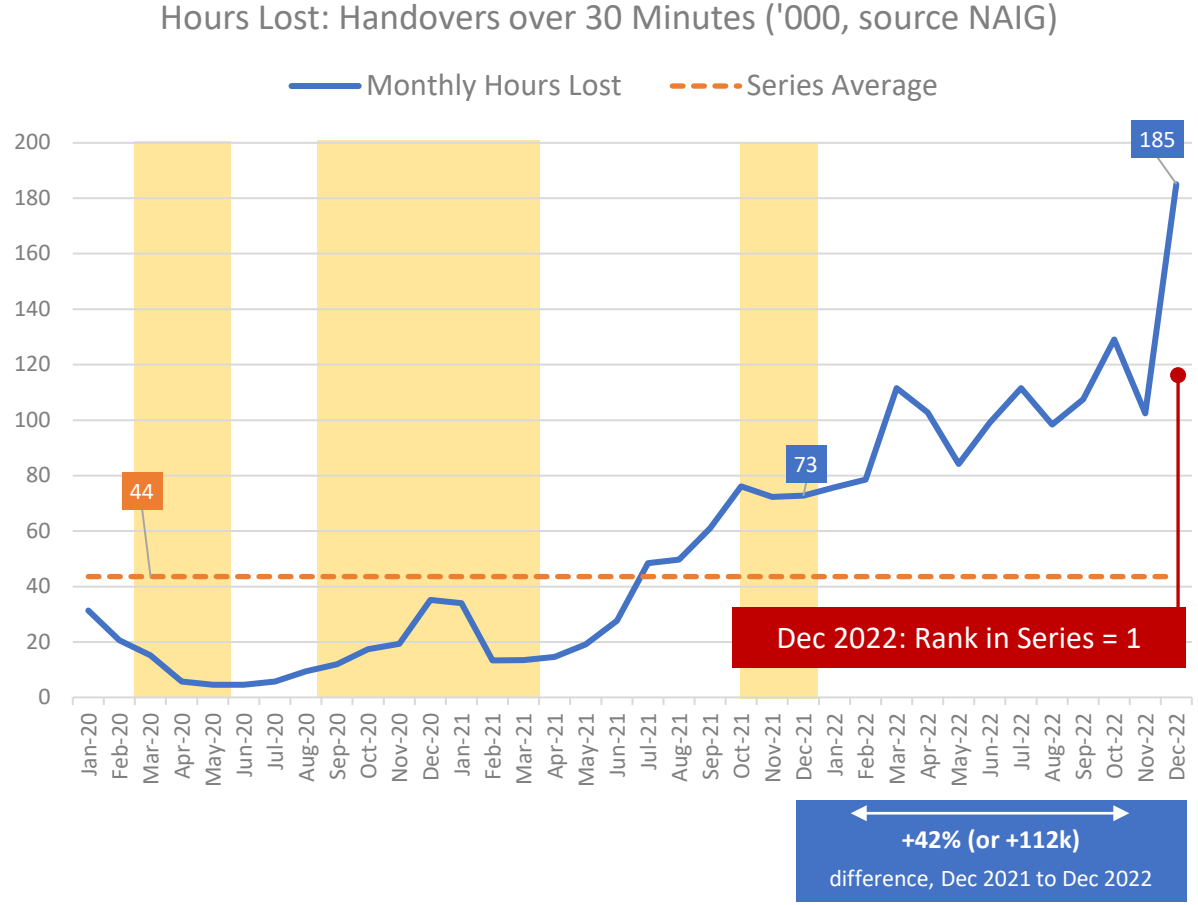
## 1. Delays over 30 Minutes




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

**+14% (or +35k)**
difference, Dec 2021 to Dec 2022

## 2. Hours lost for Handovers Over 30 Minutes

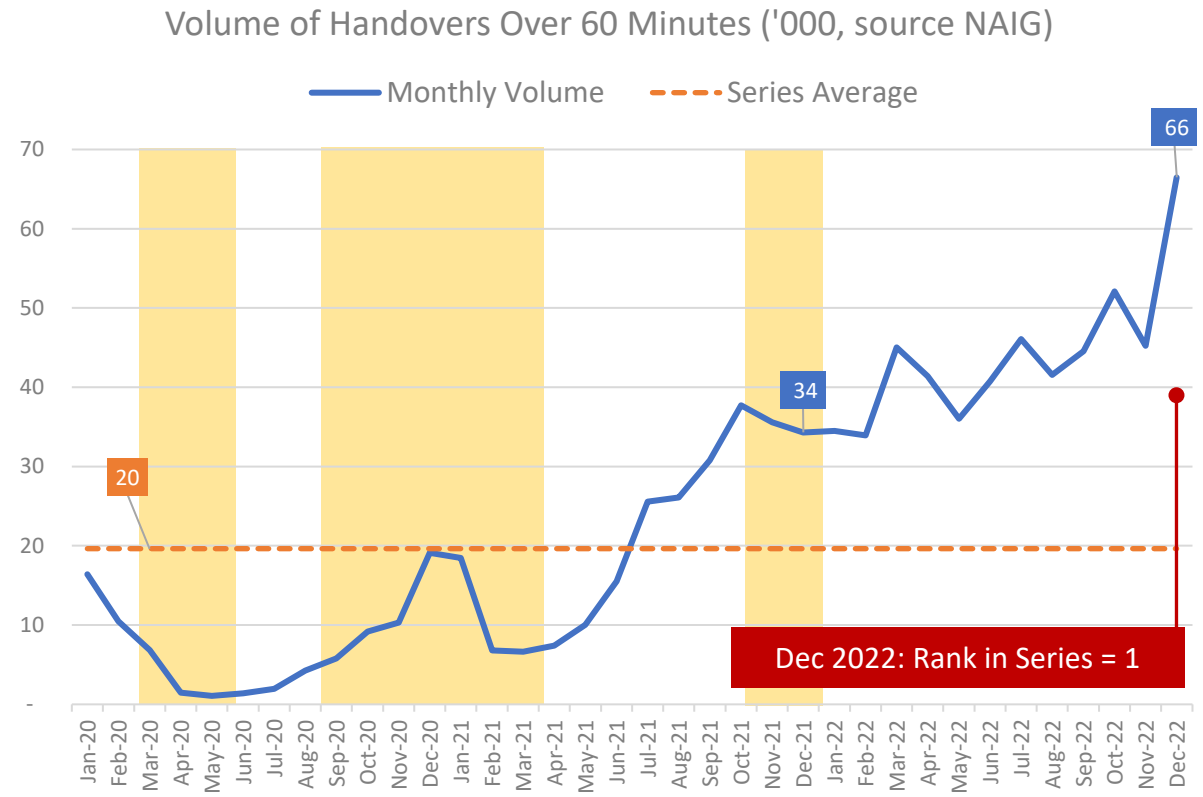



**+42% (or +112k)**
difference, Dec 2021 to Dec 2022

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

The volume of handovers exceeding 60 minutes has nearly doubled since December 2021. Time lost to these handovers has more than trebled over the same time, with 140k hours lost in the most recent month.

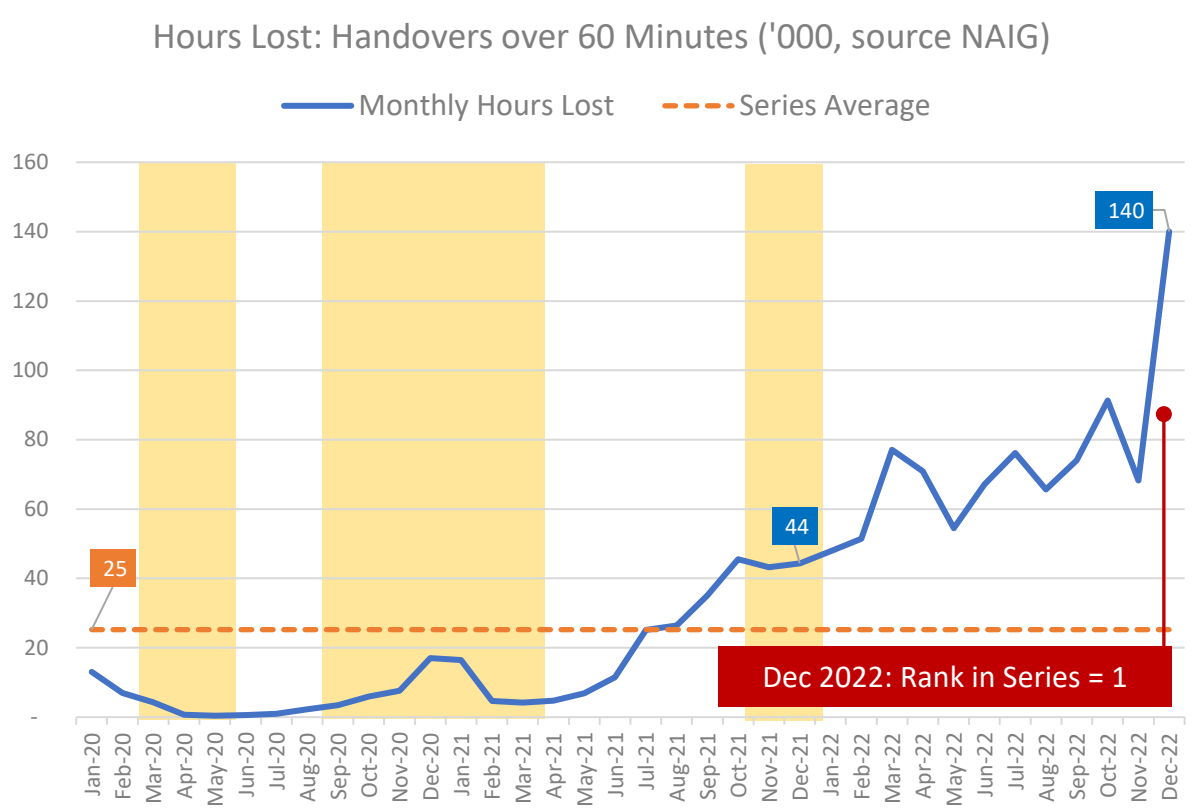
## 1. Delays over 60 Minutes




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

**+27% (or +32k)**
difference, Dec 2021 to Dec 2022

## 2. Hours lost for Handovers Over 60 Minutes

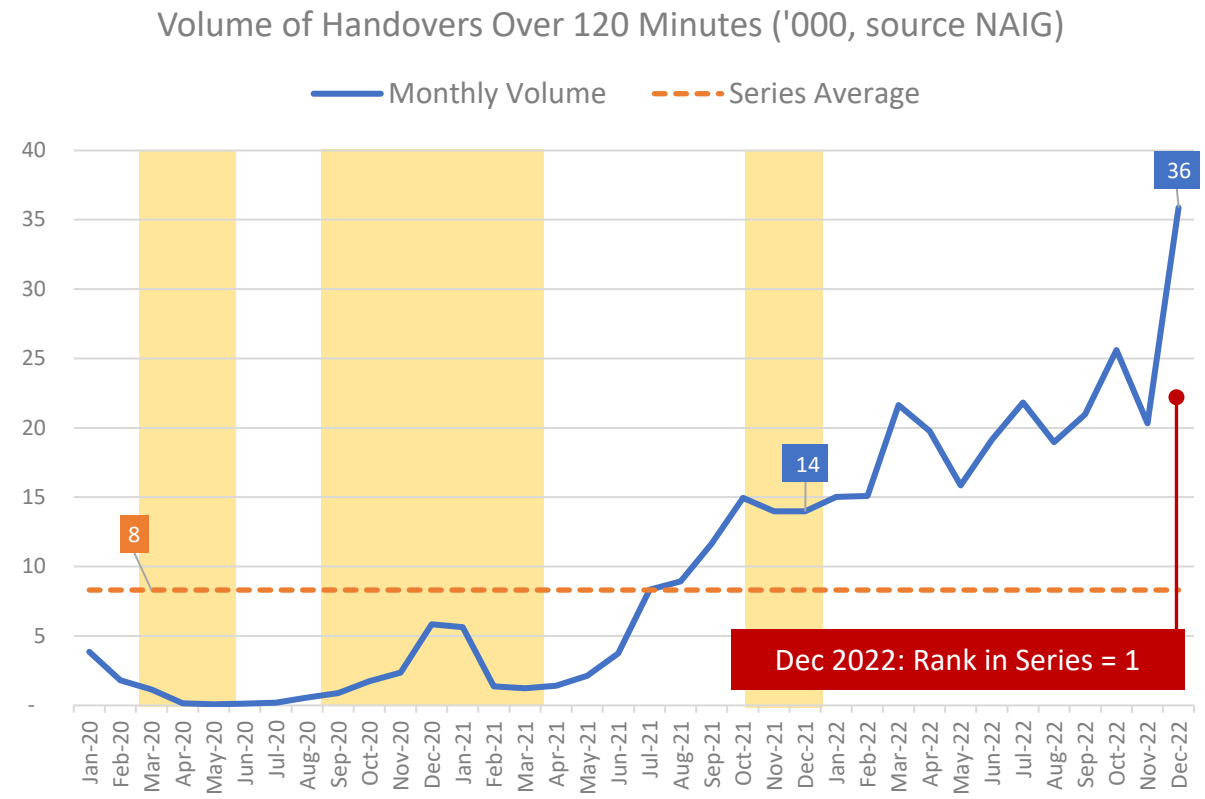



**+58% (or +93k)**
difference, Dec 2021 to Dec 2022

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

Delays exceeding 2 hours reflect the trends seen elsewhere in December 2022: the overall volume has doubled since December 2021 to 36k, while the hours lost has quadrupled to 87k.

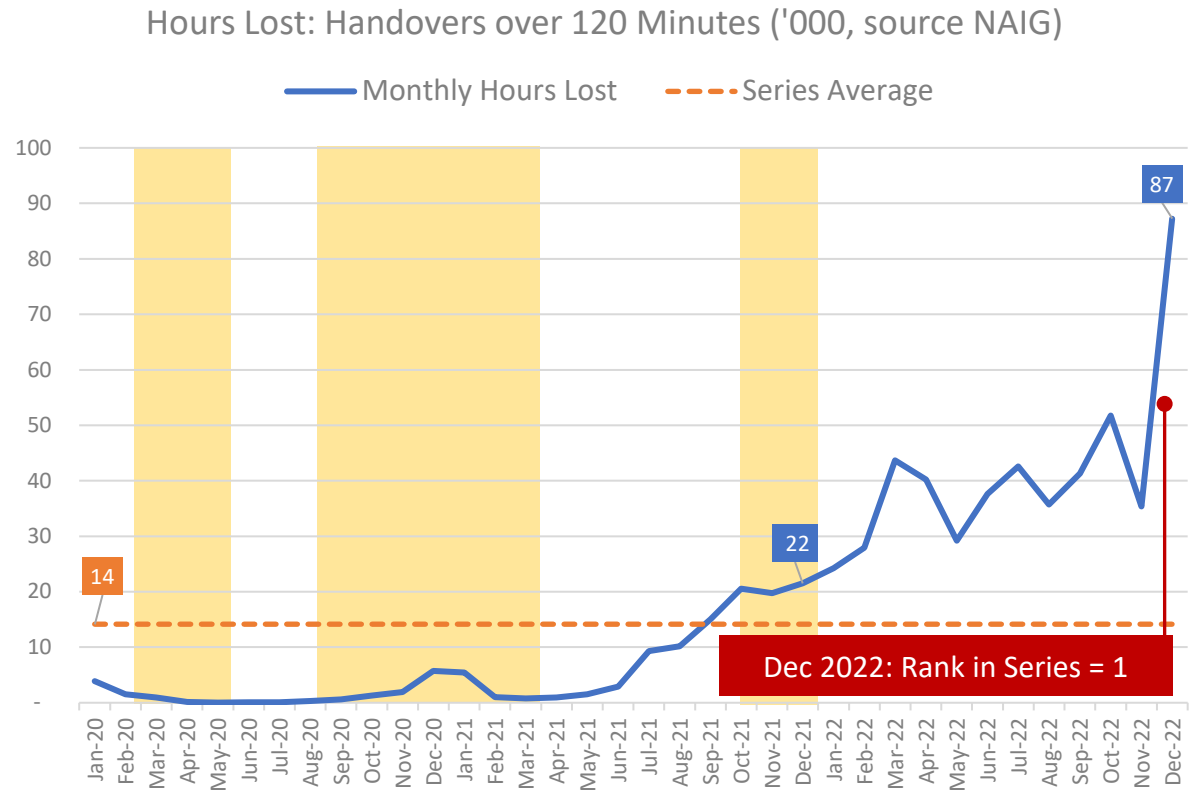
## 1. Delays over 120 Minutes




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

**+45% (or +22k)**
difference, Dec 2021 to Dec 2022

## 2. Hours lost for Handovers Over 120 Minutes

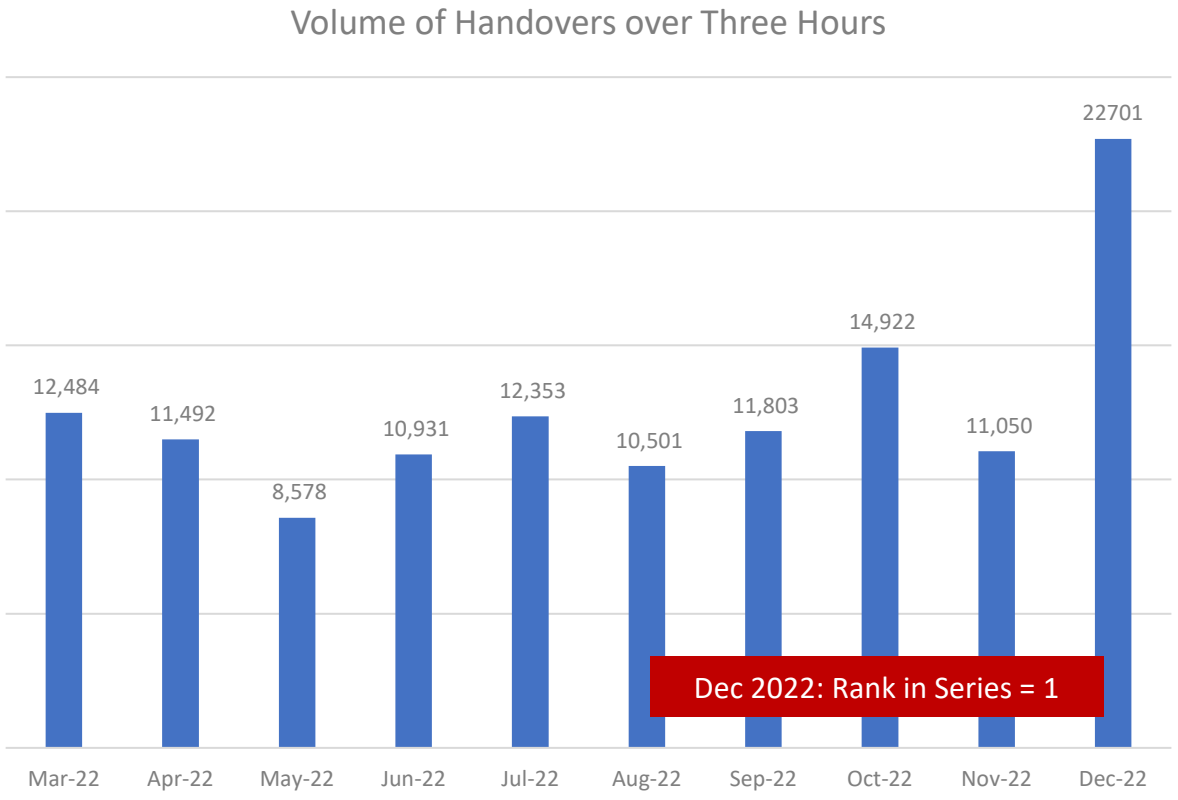



**+79% (or +66k)**
difference, Dec 2021 to Dec 2022

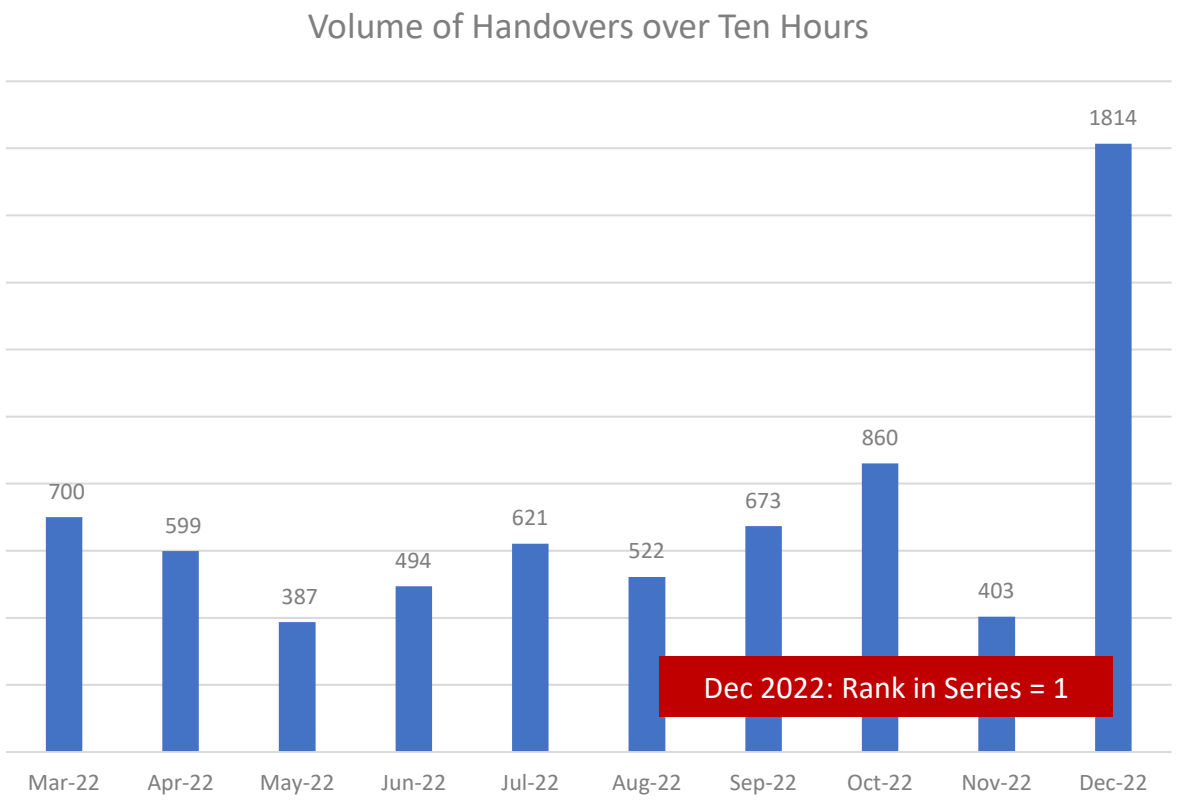
# 35. Patient Handovers Longer than Three Hours (source, NAIG)

The volume of handovers exceeding three hours doubled between November and December 2022 to reach 23k. Over the same time, the volume exceeding ten hours more than quadrupled, reaching nearly 2k – a series high by a significant margin.

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



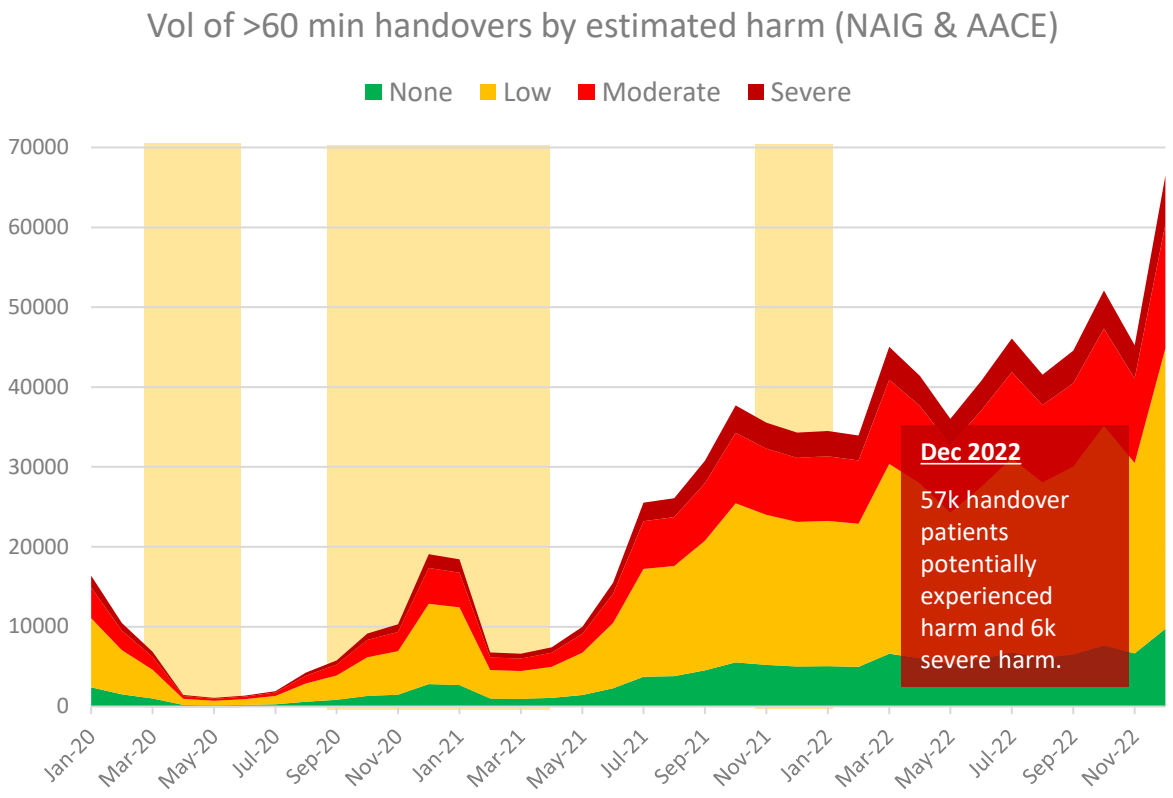

## 2. Longer Handover Delays: All Over Ten Hours



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

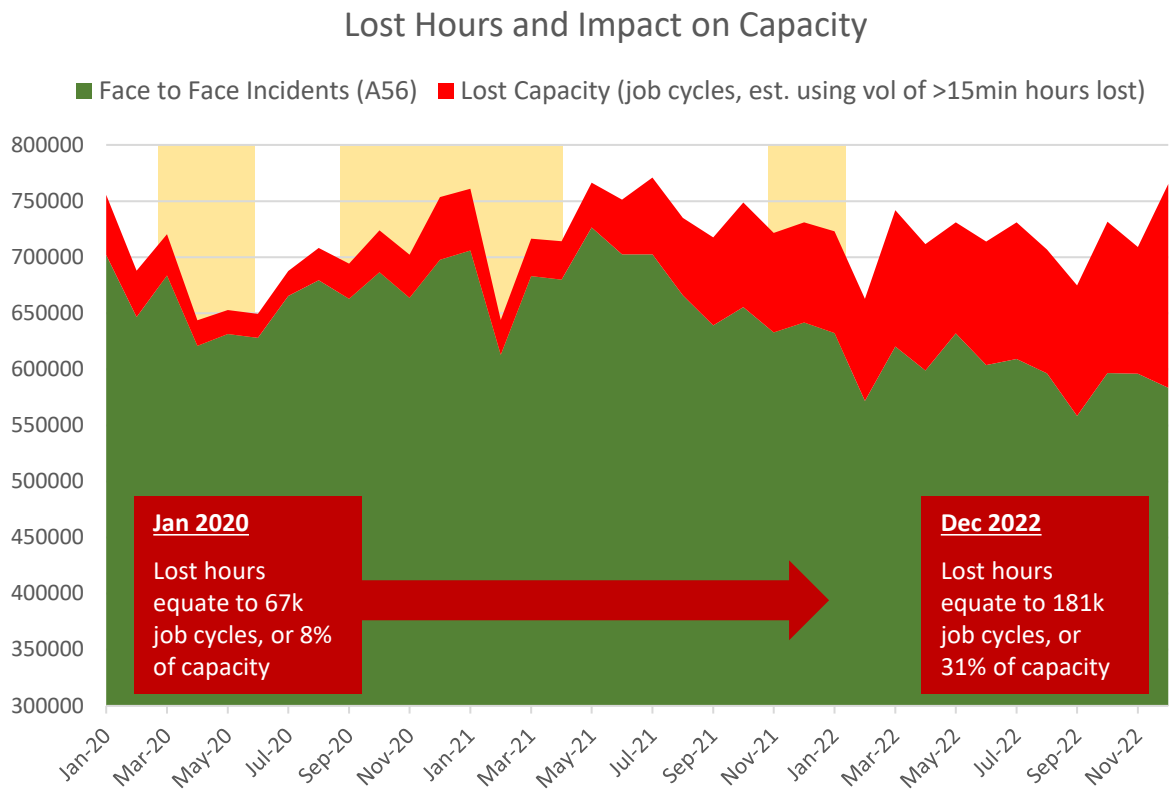
Around 57k patients experienced potential harm as a result of long handover delays in December 2022, with around 6k of these experiencing severe harm*. Looking at the total hours lost to handover delays in December, the sector lost the equivalent of 181k job cycles. Using Face-to-Face AQI data, this equates to 31% of potential ambulance capacity across the month –compared with 8% at the start of 2020.

## 1. Estimated number of patients experiencing potential harm




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

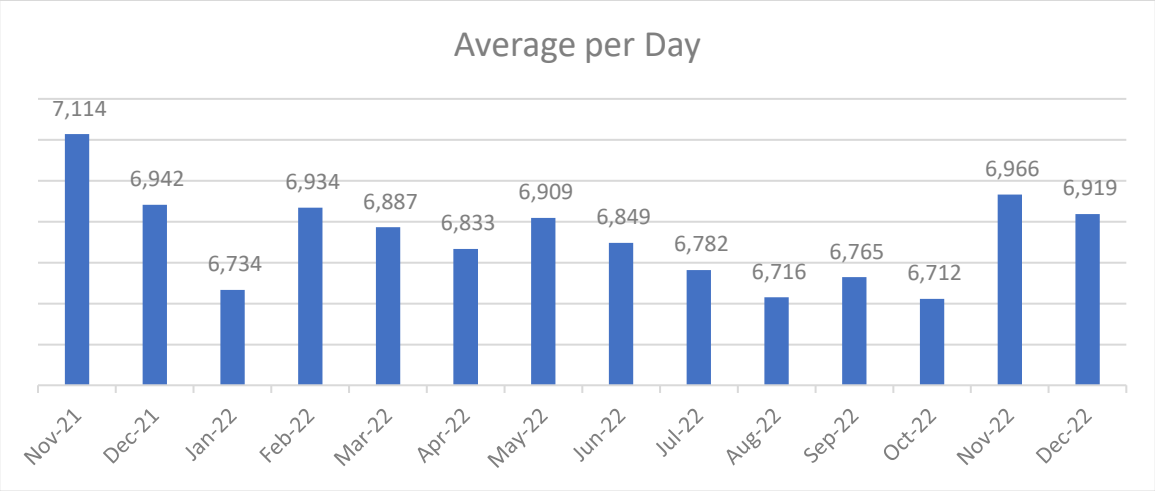
## 2. Estimated impact of lost hours on capacity

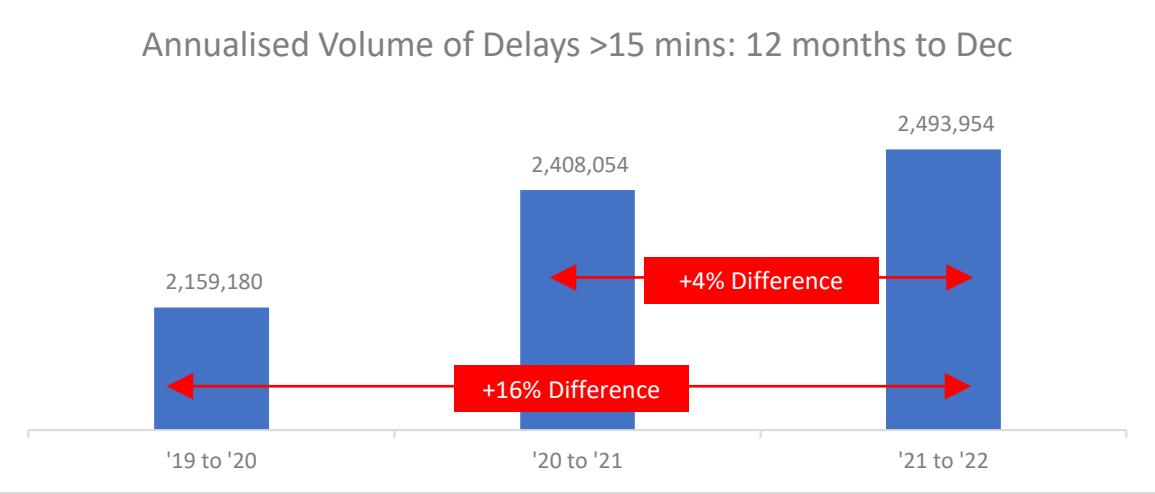



Yellow areas denote COVID waves in the UK: source ONS.

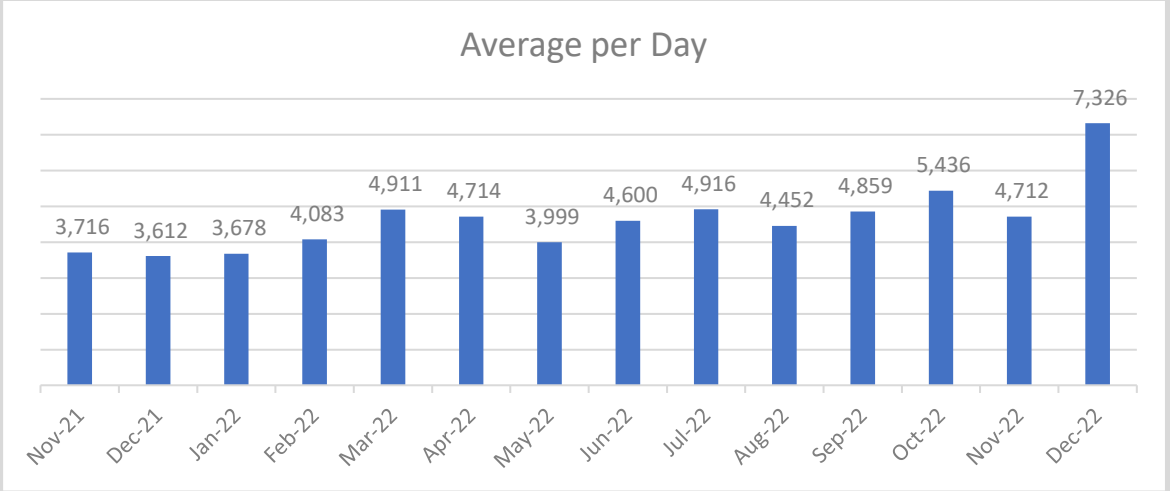
# 37. Appendix (i): Average Daily and Annualised Data for >15 minute delays (source, NAIG)

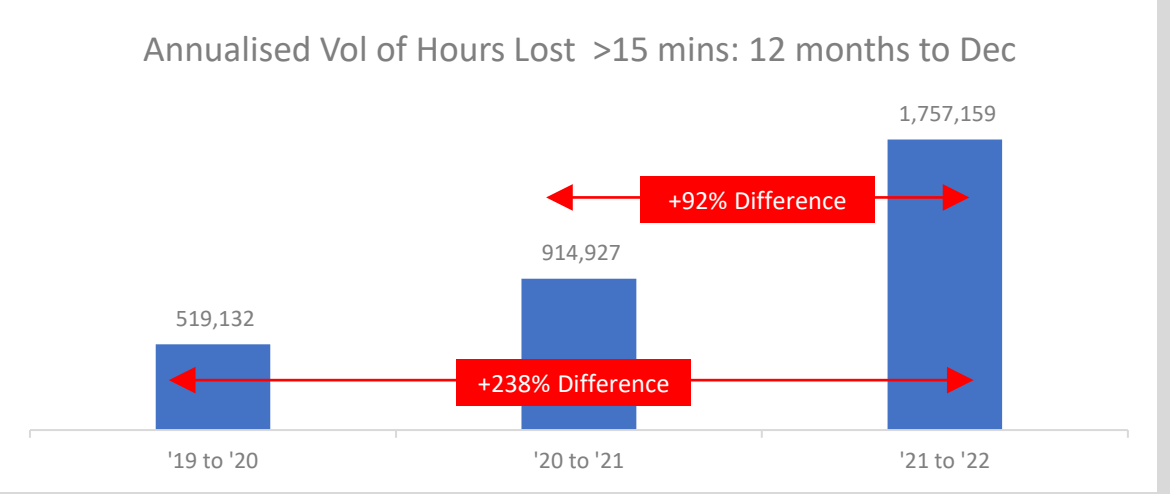
## 1. Volume of Handover Delays over 15 minutes



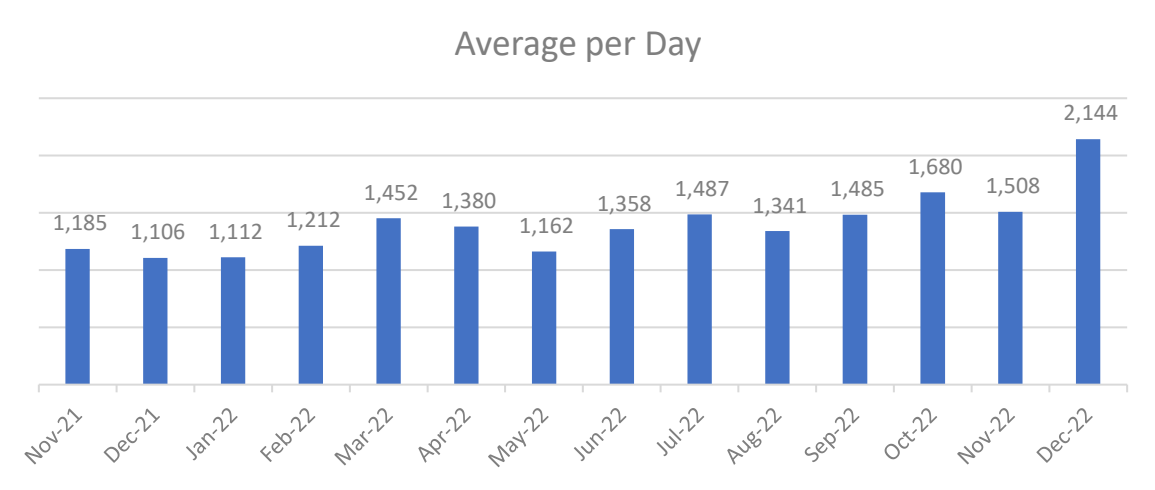

## 2. Hours Lost for Handover Delays over 15 minutes

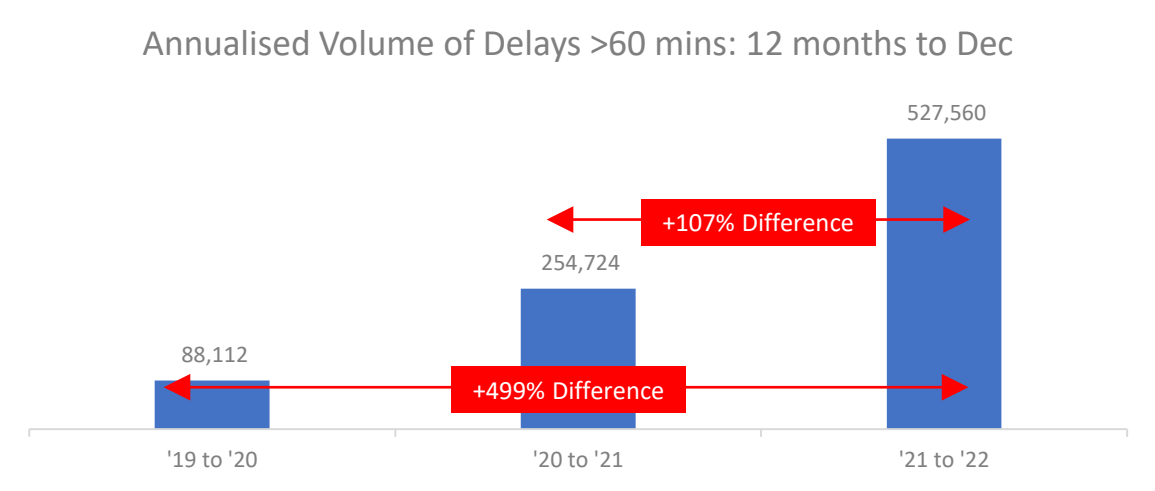


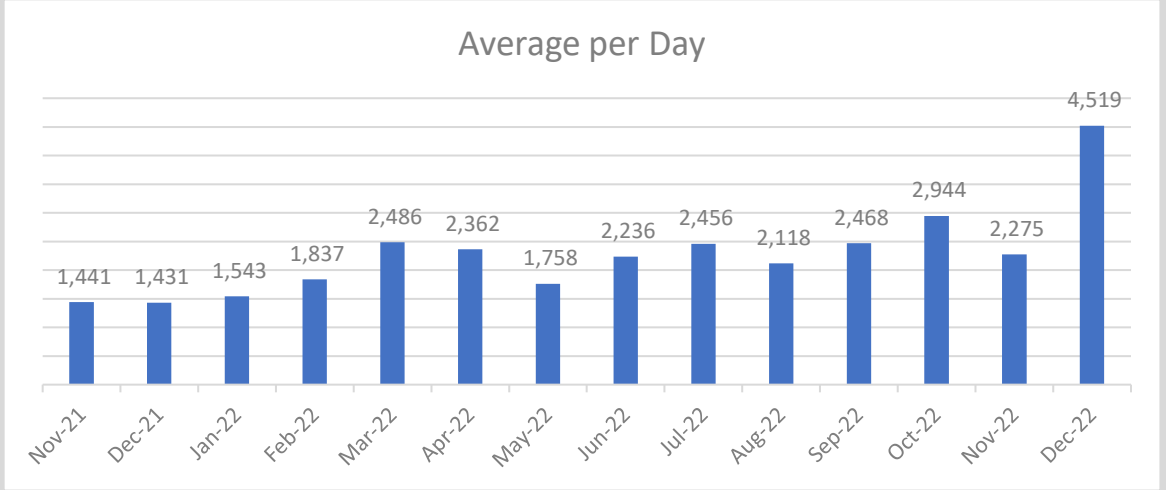
# 38. Appendix (ii): Average Daily and Annualised Data for >60 minute delays (source, NAIG)

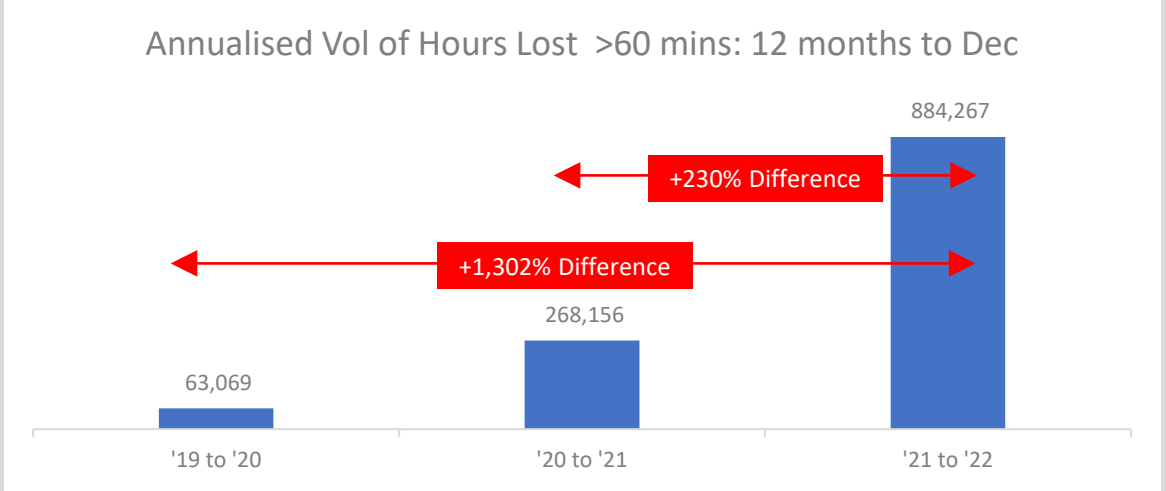
## 1. Volume of Handover Delays over 60 minutes



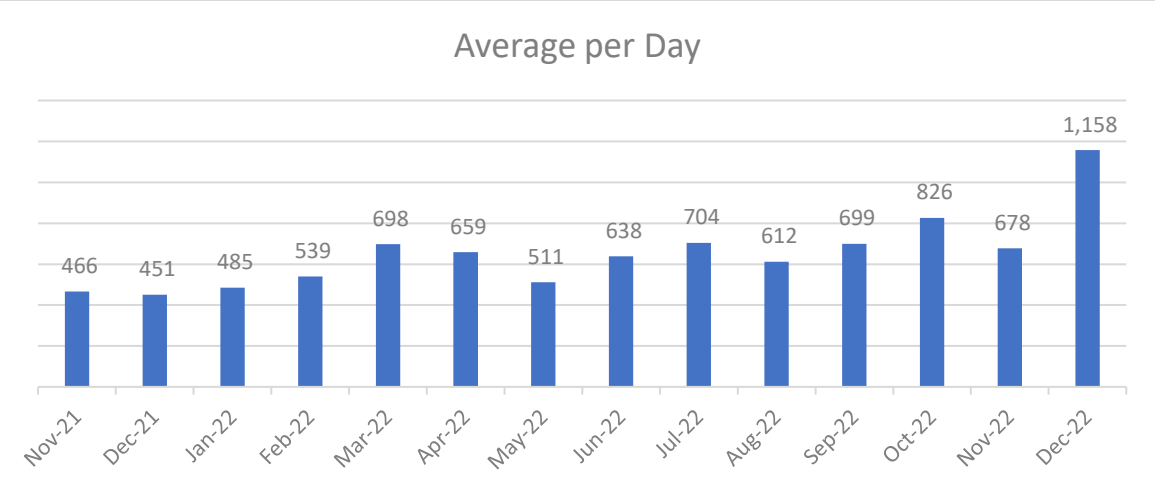

## 2. Hours Lost for Handover Delays over 60 minutes

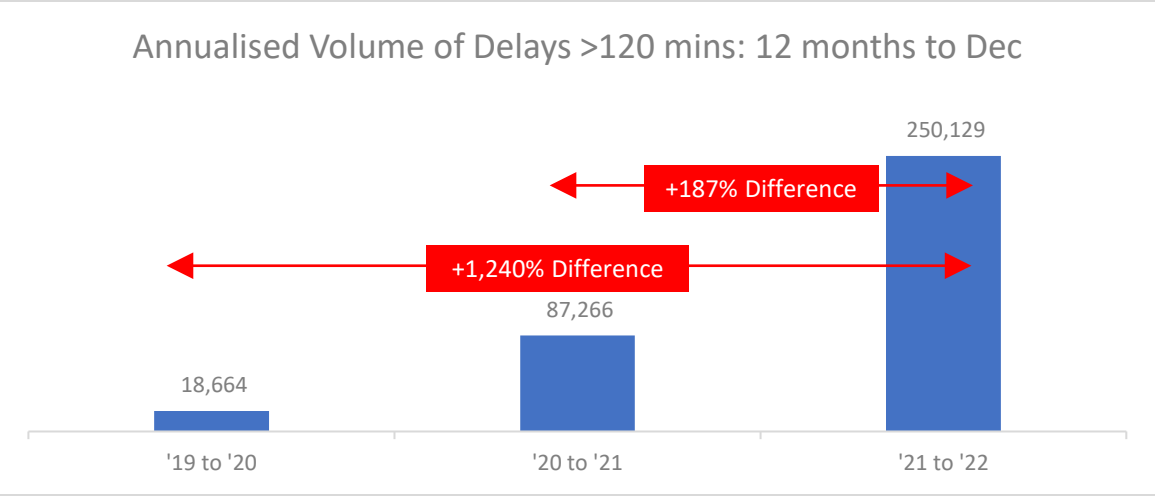


# 39. Appendix (iii): Average Daily and Annualised Data for >120 minute delays (source, NAIG)

## 1. Volume of Handover Delays over 120 minutes




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