

National Ambulance Data – Final

Data to the end of April 2023

Date of Report: May 26th, 2023

2. Summary and Contents

Overview: April 2023 saw improvements across a number of measures, including call answer time, response time for all incident categories and volume of longer handovers: in some cases the figures were some of the most positive seen since mid-2021. Despite this, mean response times for the most serious incidents remain above the national standards, and hours lost to longer handovers continue to greatly exceed those seen two years previously.

Section 1. Contact Volume and Call Answer Time



- Volume of 999 calls decreased in April, reaching 707k, around 150k fewer than the same month last year. The 12-month total also decreased compared with the previous period.
- Mean call answer time dropped to seven seconds - the fastest since April 2021 and a quarter of the time recorded in April 2022.

Section 2. Incidents and Response Time, by Category



- Demand for the most serious incidents remained steady, with the average daily volume of Category 1 and 2 incidents largely unchanged between March and April. Over the same time, volume of Category 3 and 4 incidents both increased.
- Response times for all categories were some of the fastest seen since mid-2021, although mean response for Category 1 and 2 incidents remain above the national standard

Section 3. Incidents by Response Outcome



- Hear and Treat responses contracted slightly in April with 74k incidents recorded, compared with 86k in April 2022.
- Face-to-face responses increased: the average daily data show the number of patients conveyed to an ED has increased every month since December 2022, with See-and-Treat increasing every month since January 2023.

Section 4. Patient Handover Delays



- Handover delays of an hour or longer were at their lowest since mid-2021. However, the hours lost to those delays remain five times greater than seen two years ago.
- **A further three case studies, from hospitals located in three ambulance trusts, show the effective interventions in place that have helped keep longer handover volumes well below the national average.**

Section 1

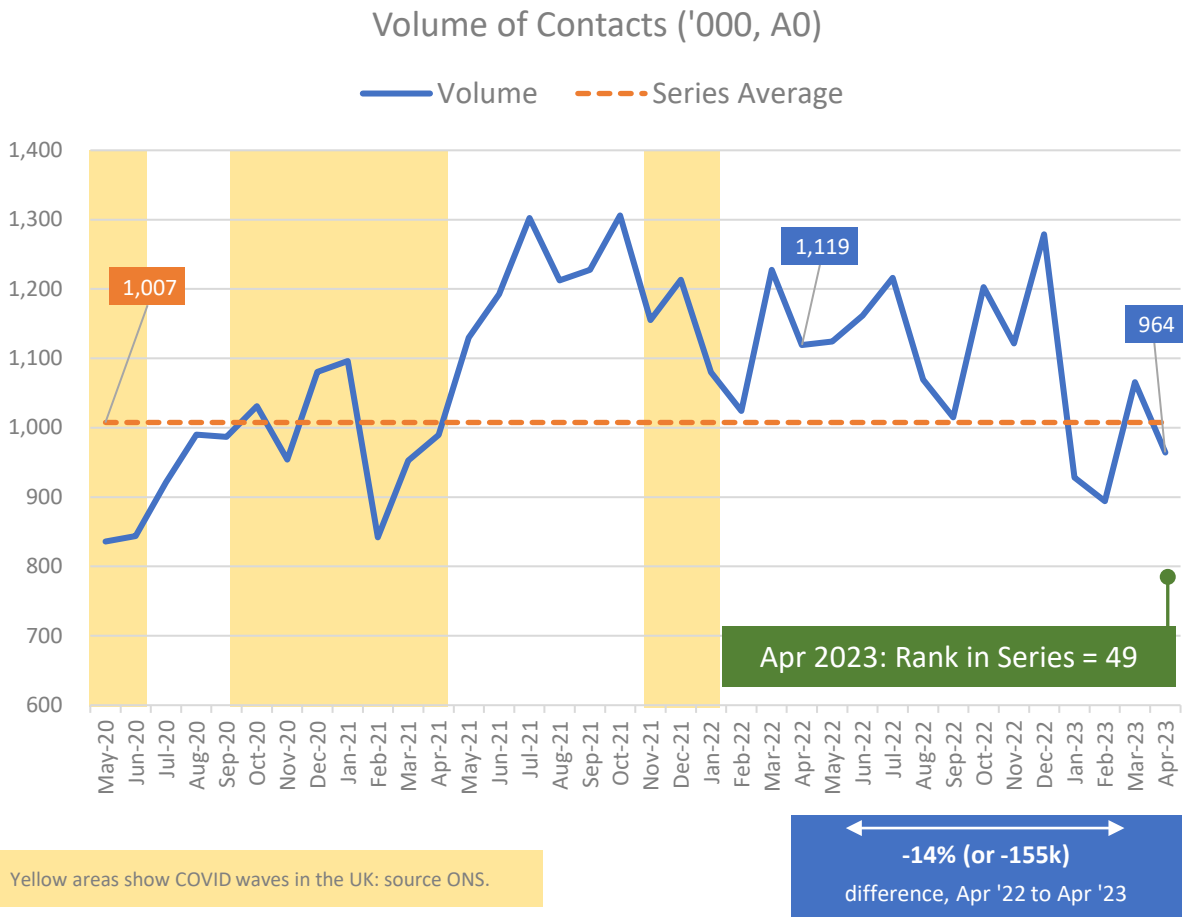
Contact Volume and Call Answer time

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

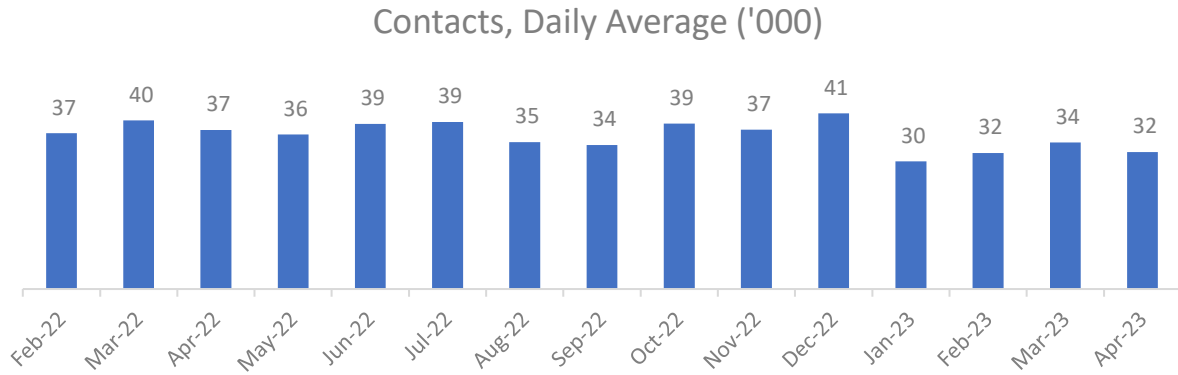
4. Demand: Volume of Contacts to Ambulance Control Rooms (Measure A0)

There was a month-on-month decrease in calls to ambulance control rooms in April 2023. The same trend was seen last year, and is in part due to the slightly shorter month, but the average daily volume shows a less pronounced decrease. Compared with April 2022, however, there were 155k fewer contacts, while the annual data show a slight contraction in the recent 12-months (but still 1.5-million more than in 2021).

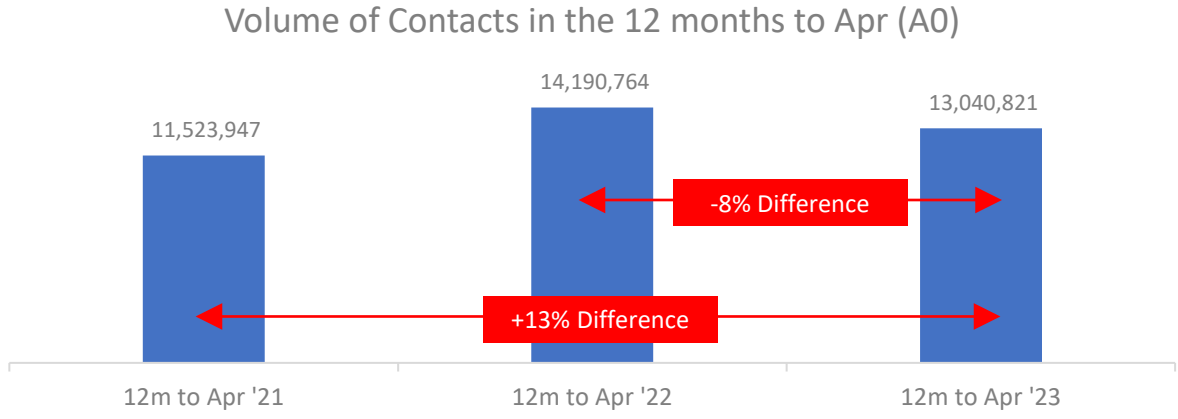
1. Monthly



2. Daily Average



3. Annualised Data

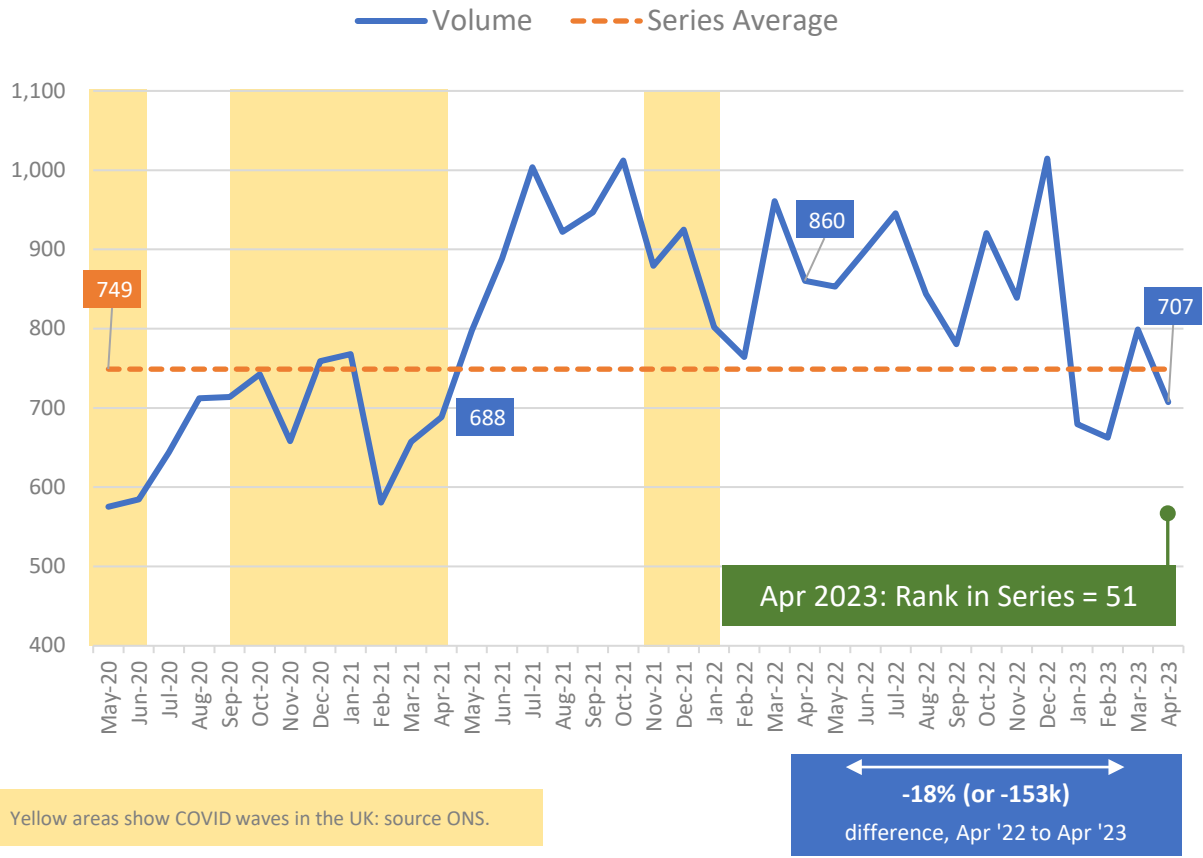


5. Demand: Volume of 999 Calls-Answered (Measure A1)

For the third time in 2023, the volume of 999-calls-answered dropped below the series average. The most recent month shows fewer calls than April 2022, and a drop in the annual volume from 2022. Nonetheless, the number of 999-calls answered remain well above levels seen two years ago.

1. Monthly

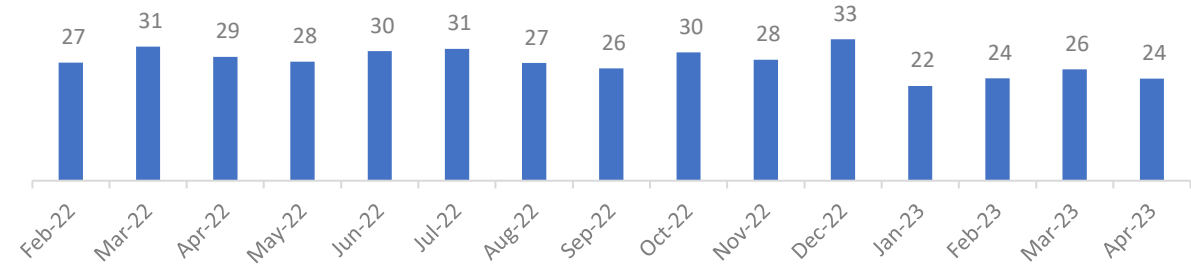
Volume of Calls Answered ('000, A1)



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

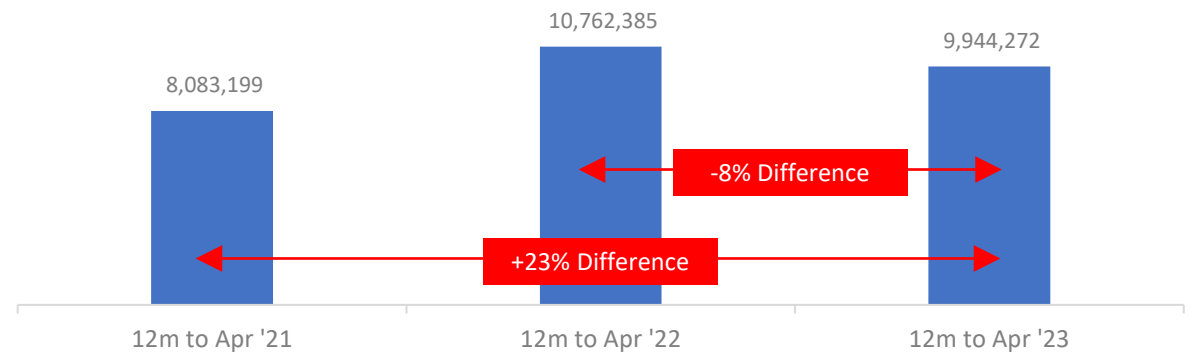
2. Daily Average

Calls Answered, Daily Average ('000)



3. Annualised Data

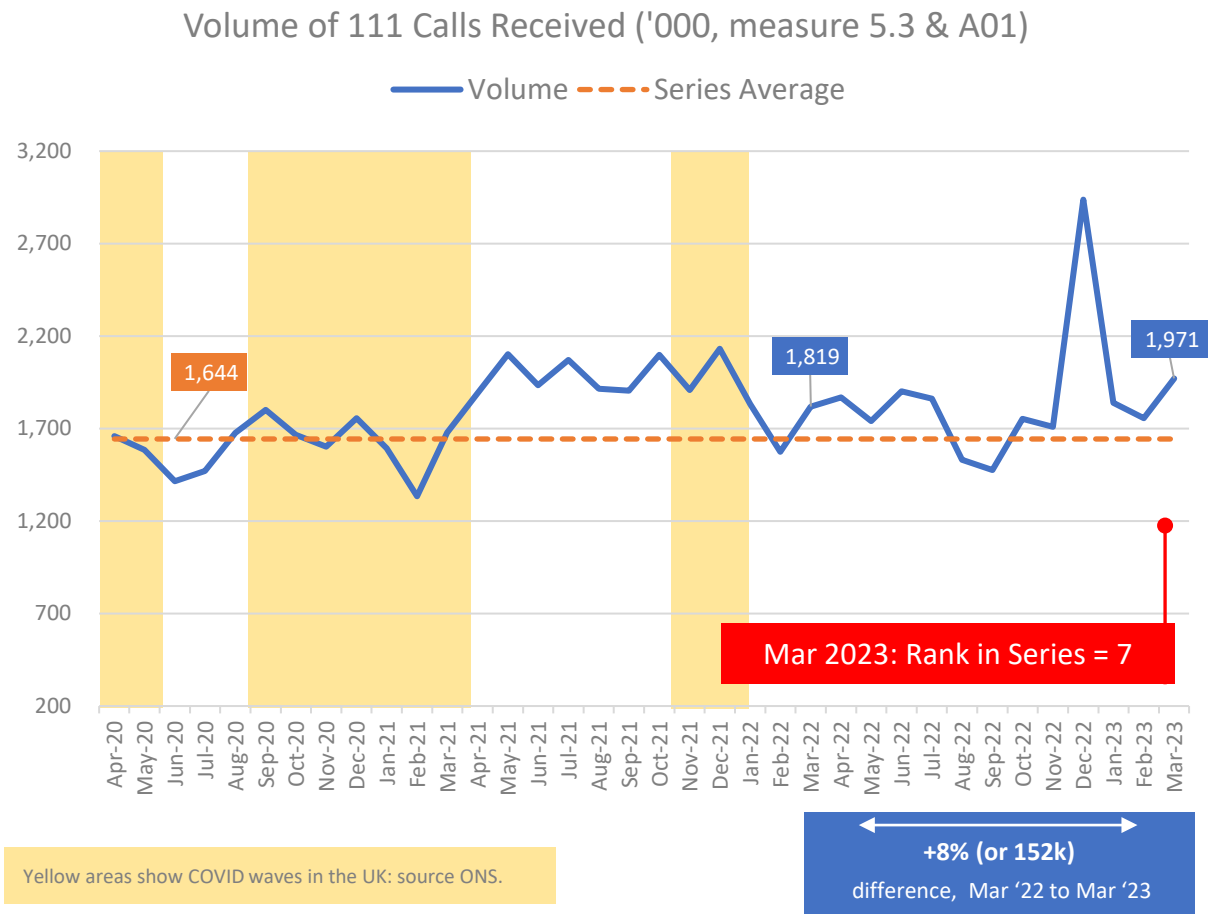
Calls Answered in the 12 months to 12m to Apr '23 (A1)



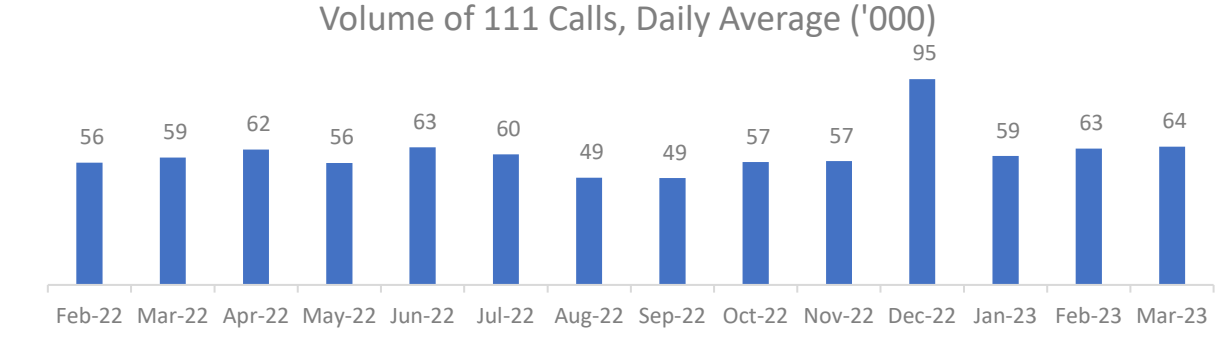
6. Demand: 111 Call Volumes (sources NHS 111 Min Data Set to March 2021 (5.3) then [IUCADC](#) (measure A0))

Running a month behind the AQI data, March saw 111-call-volumes increase (in line with most AQI measures that month). There were 152k more than in March 2022, with the latest results representing the 7th highest volume to-date.

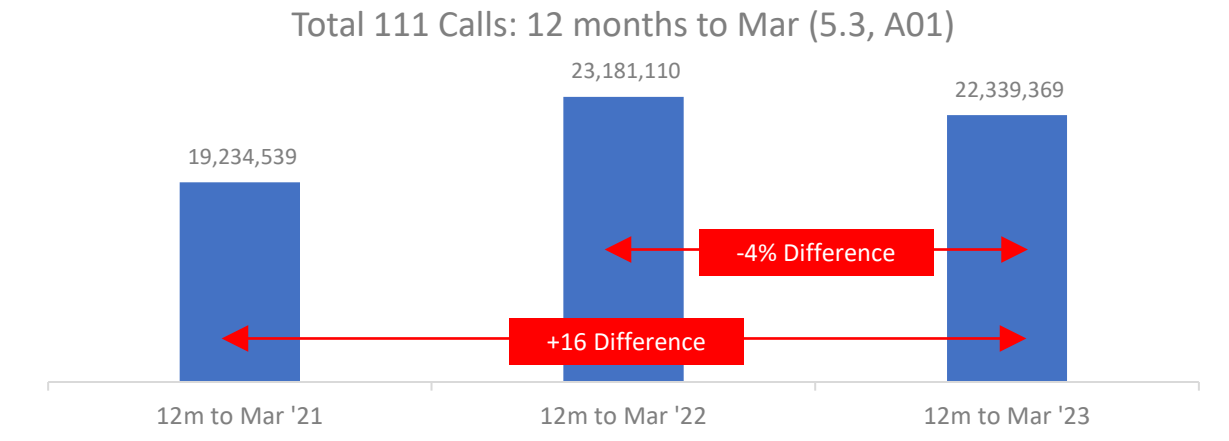
1. Monthly



2. Daily Average



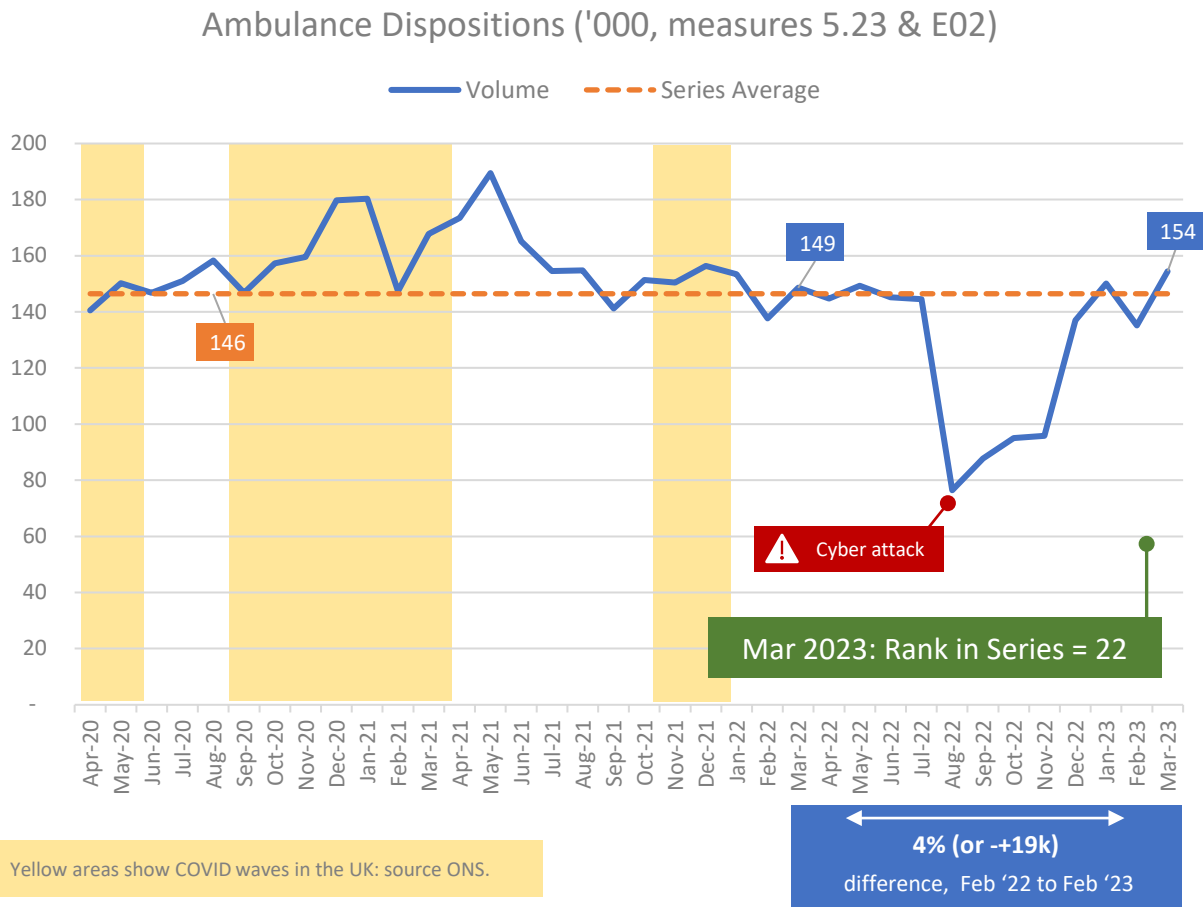
3. Annualised Data



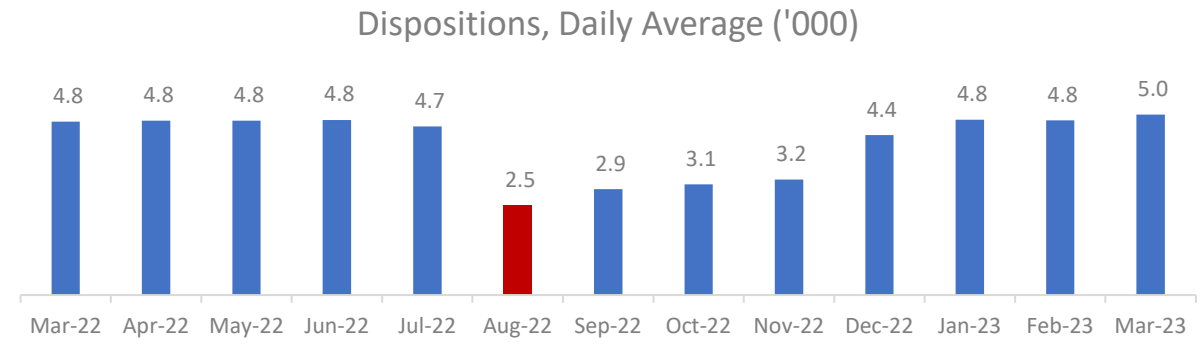
7. Ambulance Dispositions (sources NHS 111 Min Data Set to March 2021 (measure 5.23) then [IUCADC](#) (measure E02))

The monthly volume of 111 calls referred to the ambulance service increased to 154k – the highest since December 2021. The proportion of dispositions as a percentage of 111-calls answered remains relatively flat at just over ten-percent (not shown).

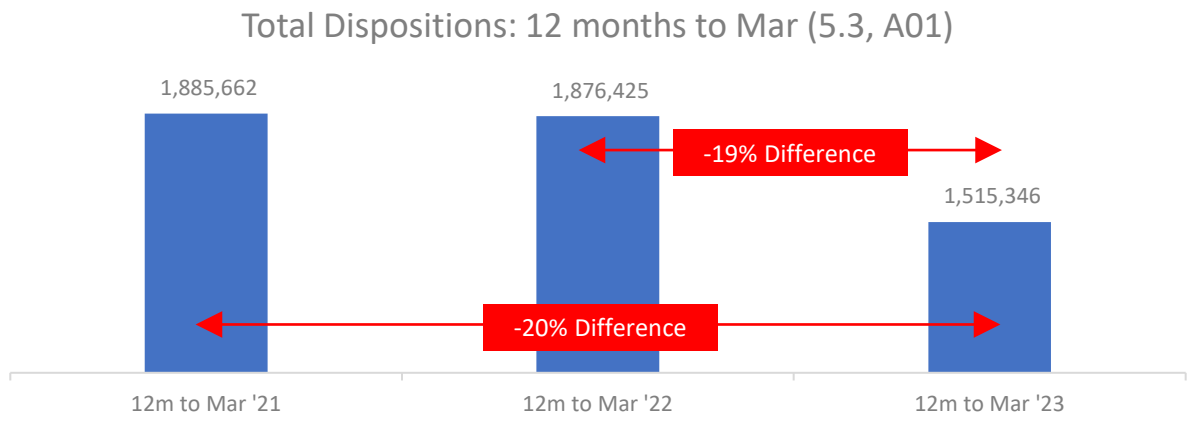
1. Monthly



2. Daily Average



3. Annualised Data



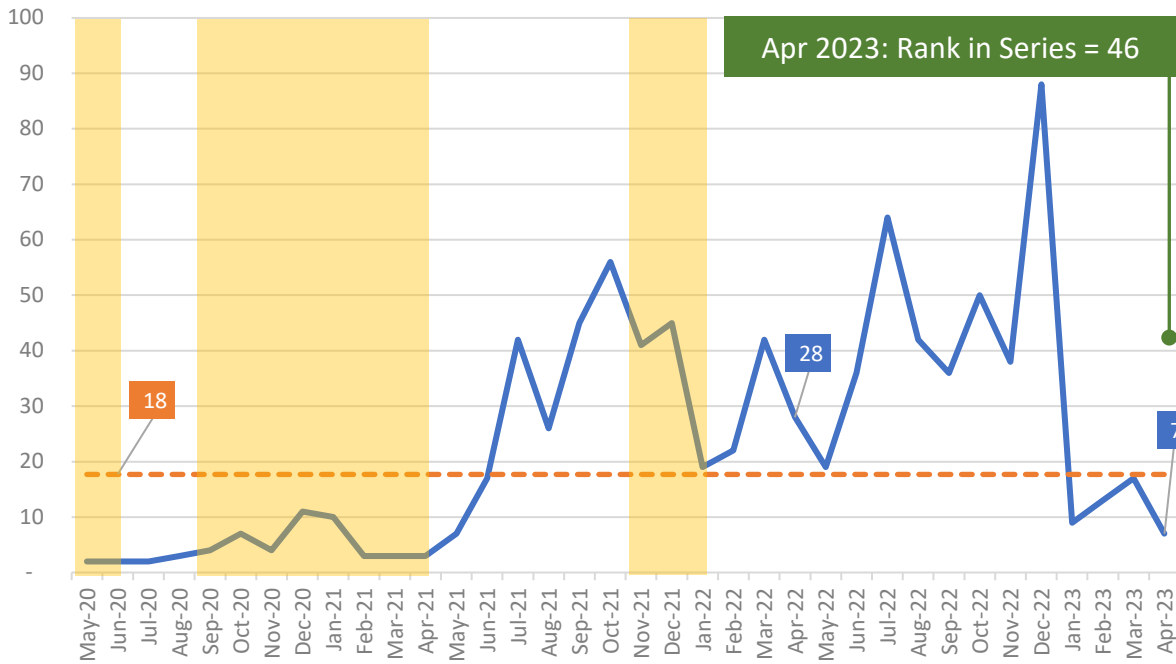
8. Demand: Call Answer Time (999, Measures A3 and A5)

At seven-seconds, Mean-call-answer time was at its fastest since April 2021 (when it was three seconds) and a quarter of the answer-time seen this time last year. The 95th centile followed a similar pattern, with a 43-second answer time being the fastest since May 2021 (13 seconds).

1. Mean

Mean Call Answer Time (A3)

Time (Seconds) Series Average



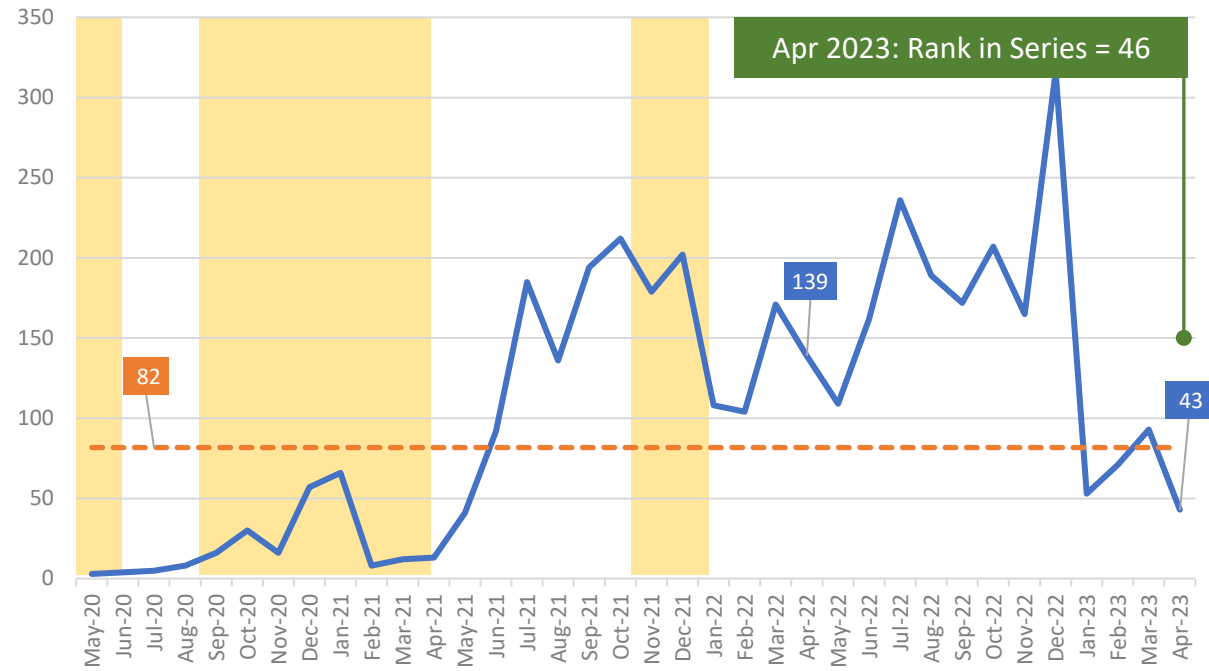
Yellow areas show COVID waves in the UK: source ONS.

-21 seconds
difference, Apr '22 to Apr '23

2. 95th Centile

95th Centile Call Answer Time (A5)

Time (seconds) Series Average



-96 seconds
difference, Apr '22 to Apr '23



Section 2

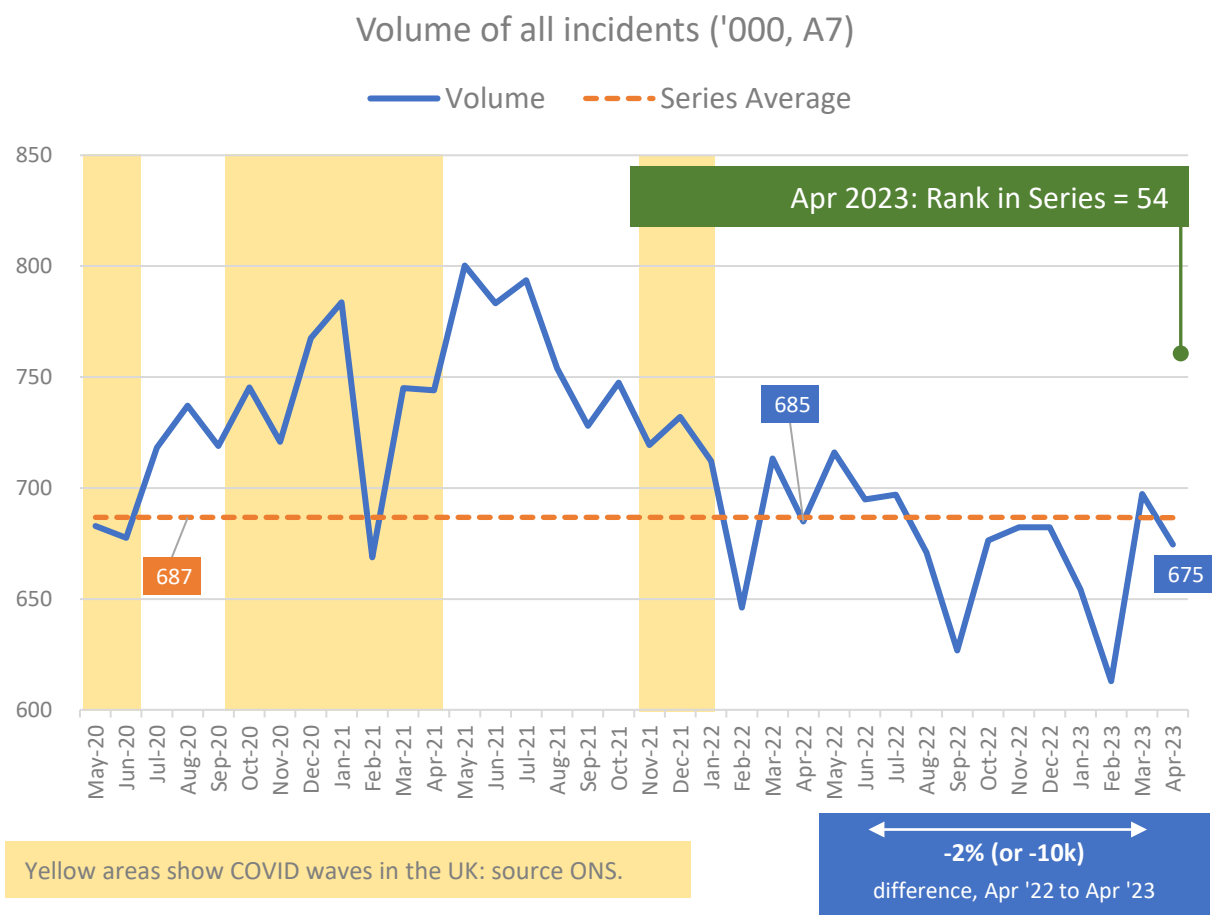
Incidents and Response Time, by Category

- [Demand: All Incidents](#)
- [Share of Incidents by Category](#)
- [Demand: C1 Incidents](#)
- [Demand: C2 Incidents](#)
- [Demand: C3 Incidents](#)
- [Demand: C4 Incidents](#)
- [Demand: C1 Response Times](#)
- [Demand: C2 Response Times](#)
- [Demand: C3 Response Times](#)
- [Demand: C4 Response Times](#)

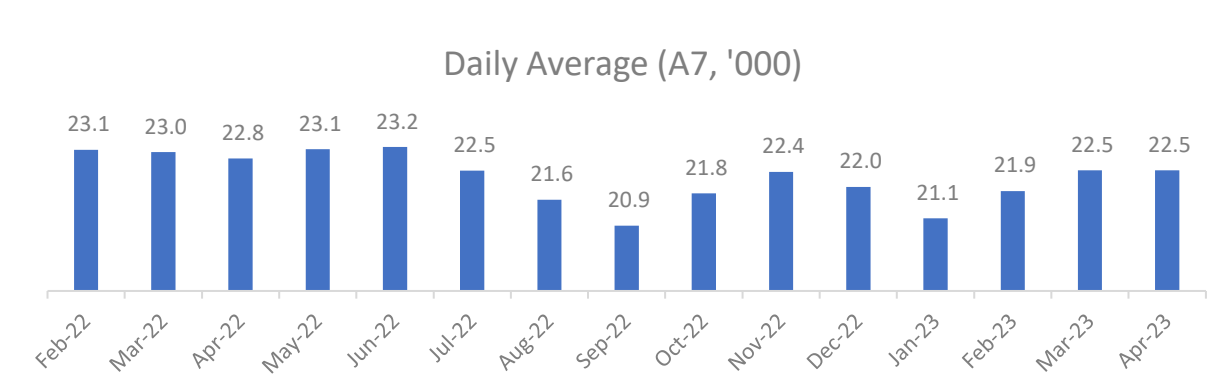
10. Demand: All Incidents (A7)

Despite a drop in the monthly volume of incidents, the daily average remained the same at just over 22 incidents each day. Annual volume for the latest period stood at just over eight-million incidents – around 700k fewer than in the 12-months to April 2021.

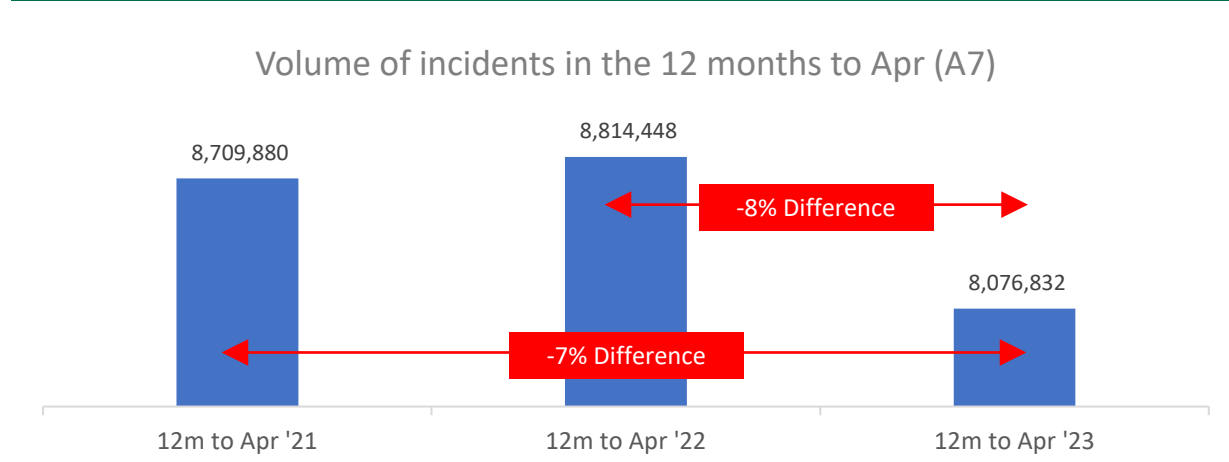
1. Monthly volume of Incidents and Proportion that are C1



2. Daily Average



3. Annualised Data

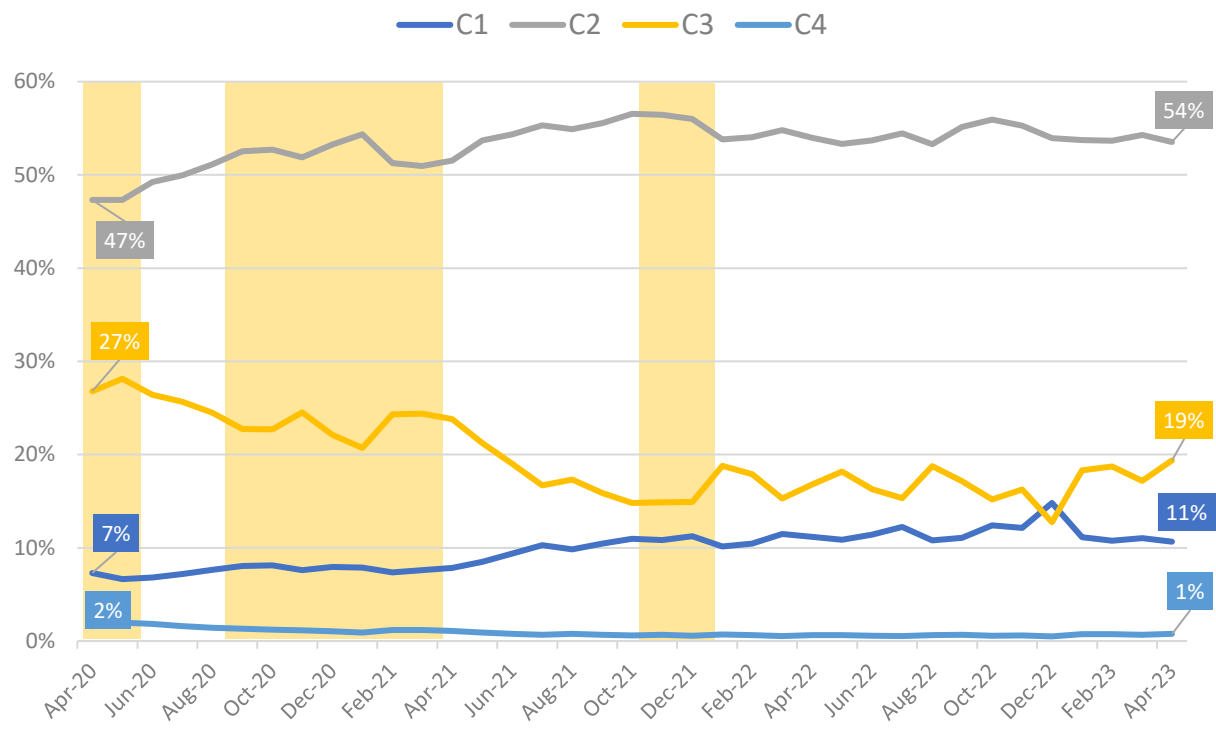


11. Demand: Share of Incidents by Category

In recent months, share of incidents has remained relatively steady across categories. A notable exception is Category-3 which has increased from 13% in December 2022, to 19% in April 2023.

1. Monthly

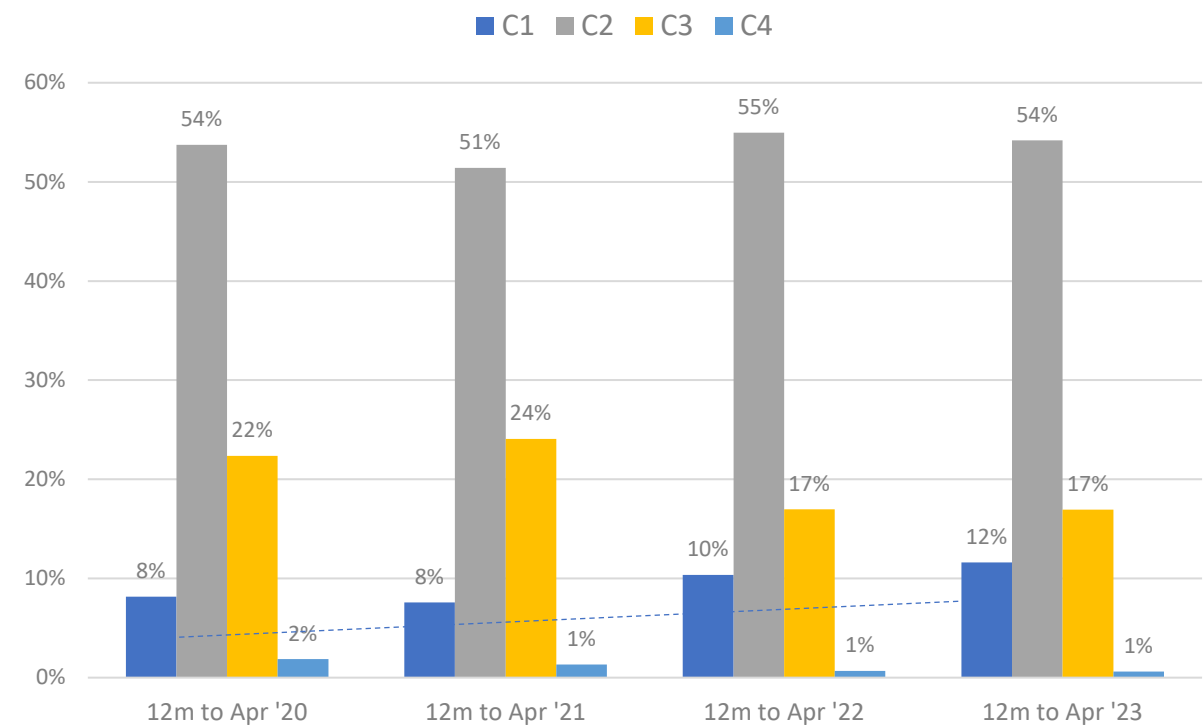
Share of Incidents by Category



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

2. Annualised Data

Share of Incidents by Category (12m to Apr)

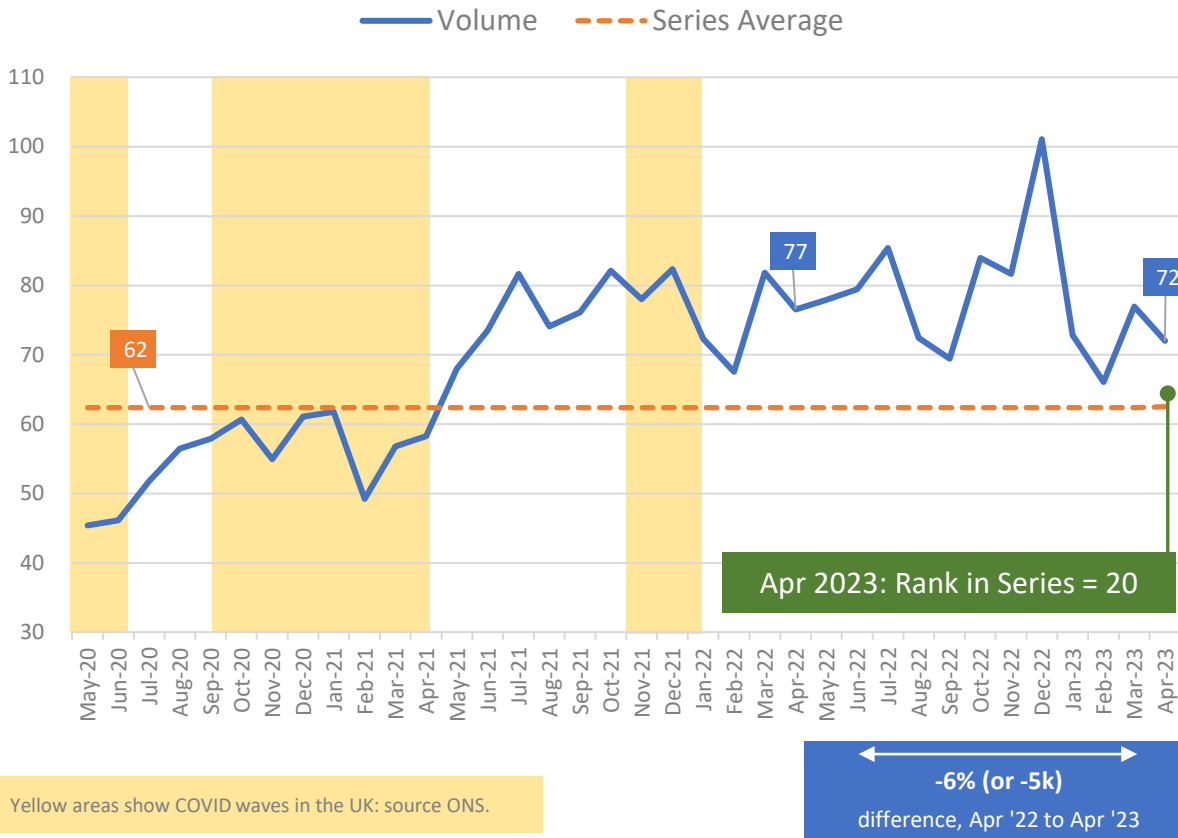


12. Demand: C1 Incidents (A8)

Category-1 demand remained relatively steady: the average daily volume was just 82 fewer than in March. The category continues to grow in volume over time, although less steeply than in previous years: the most recent annual data show 25k (+3%) more incidents than in the same period in 2022, compared with 279k (+42%) more than 2021.

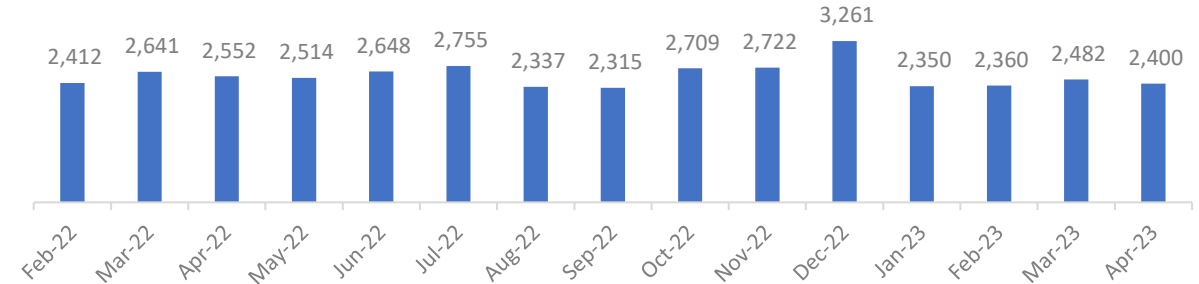
1. Monthly

Volume of C1 Incidents ('000, A8)



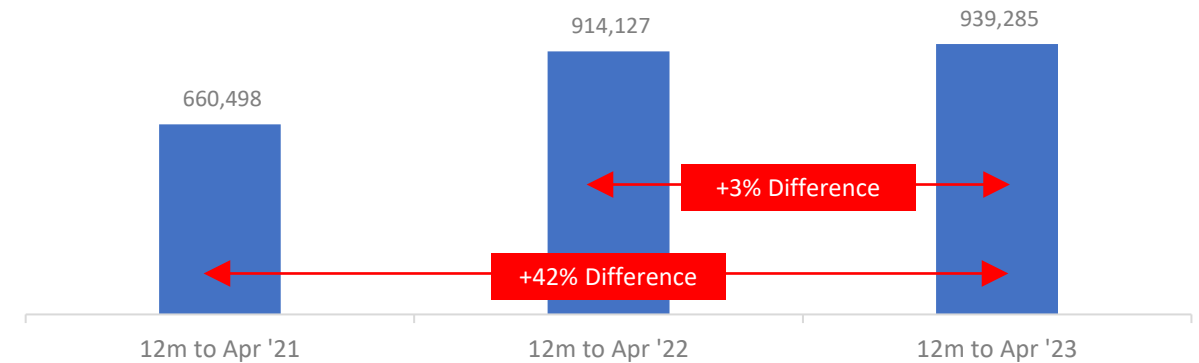
2. Daily Average

C1 Volume, Daily Average



3. Annualised Data

Volume of C1 Incidents in the 12 months to Apr (A8)

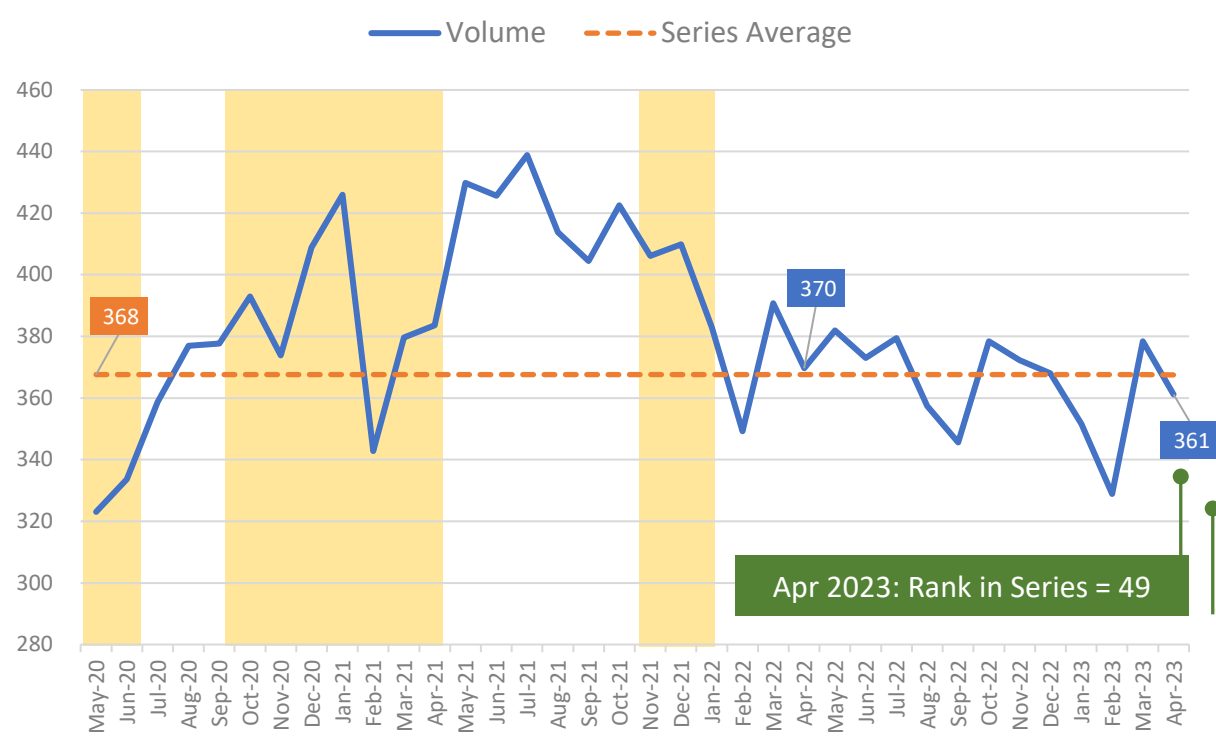


13. Demand: C2 Incidents (A10)

Category-2 demand, like most other measures here, fell slightly in April – although the daily average was the second highest since November 2022. There were around half-a-million fewer incidents in the 12-months to April 2023 compared with the previous annual period.

1. Monthly

Volume of C2 Incidents ('000, A10)

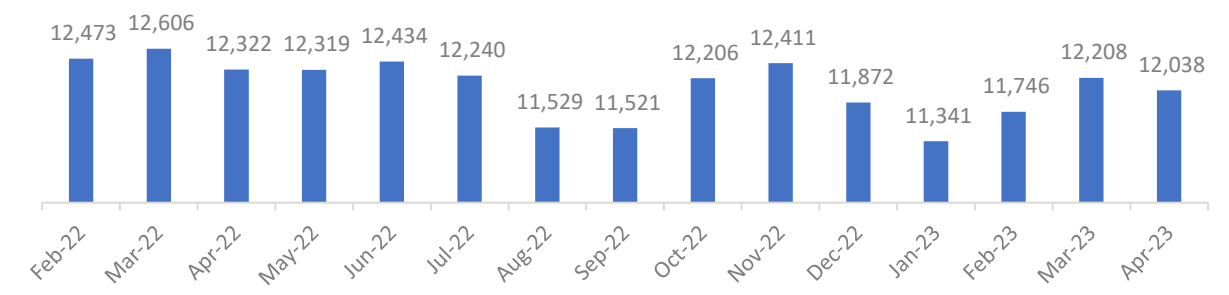


Yellow areas show COVID waves in the UK: source ONS.

-2% (or -9k) difference, Apr '22 to Apr '23

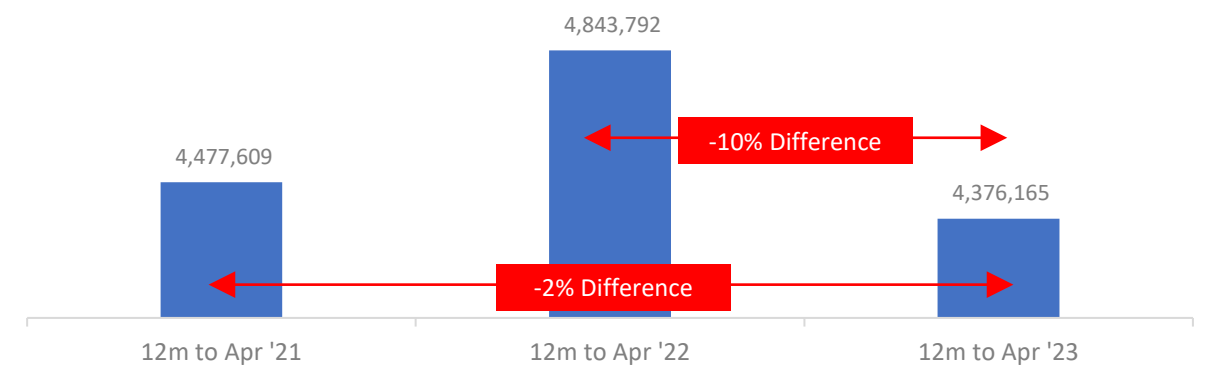
2. Daily Average

C2 Volume, Daily Average



3. Annualised Data

Volume of C2 Incidents in the 12 months to Apr (A10)



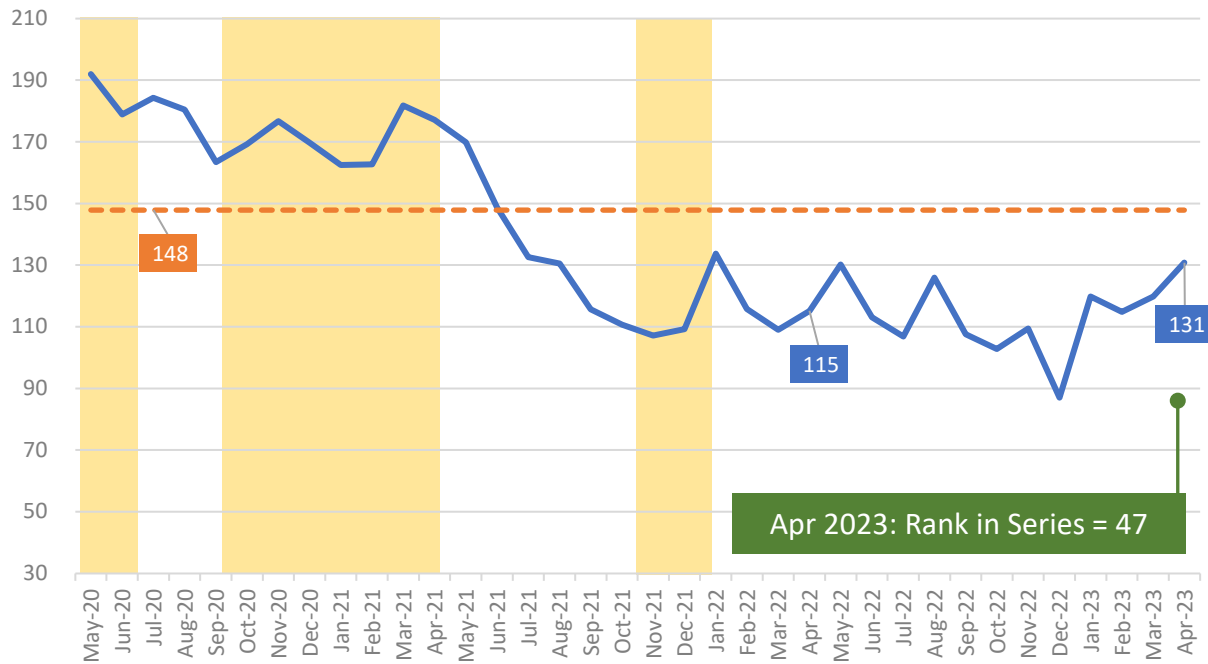
14. Demand: C3 Incidents (A11)

From a series low of 87-thousand in December 2022, Category-3 increased to reach 131k in April, and highest daily average in nearly two years. There were 16k more Category-2 incidents in the most recent month when compared with April 2022. This short-term growth contrasts with a long-term decrease in volume for Category-3.

1. Monthly

Volume of C3 Incidents ('000, A11)

— Volume - - - Series Average

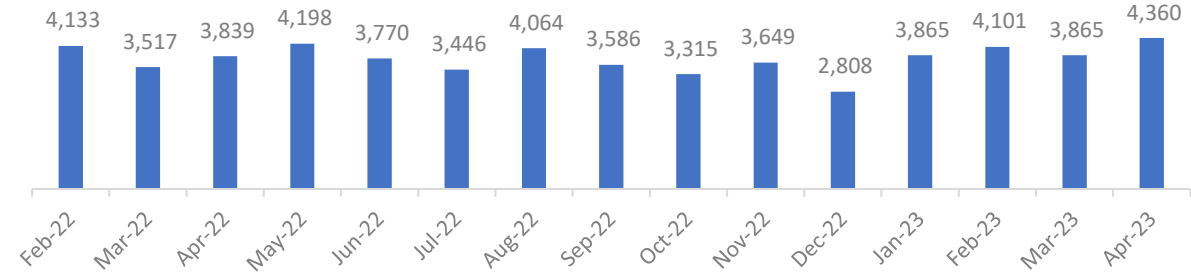


Yellow areas show COVID waves in the UK: source ONS.

+14% (or +16k)
difference, Apr '22 to Apr '23

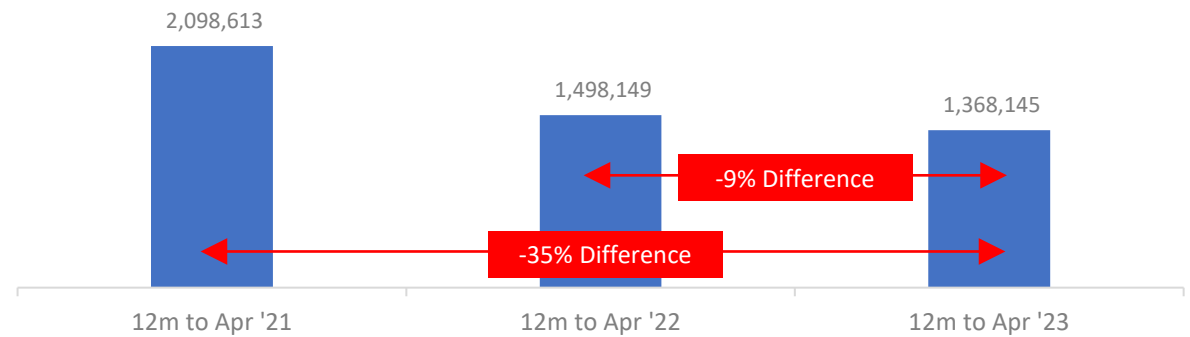
2. Daily Average

C3 Volume, Daily Average



3. Annualised Data

Volume of C3 Incidents in the 12 months to Apr (A11)

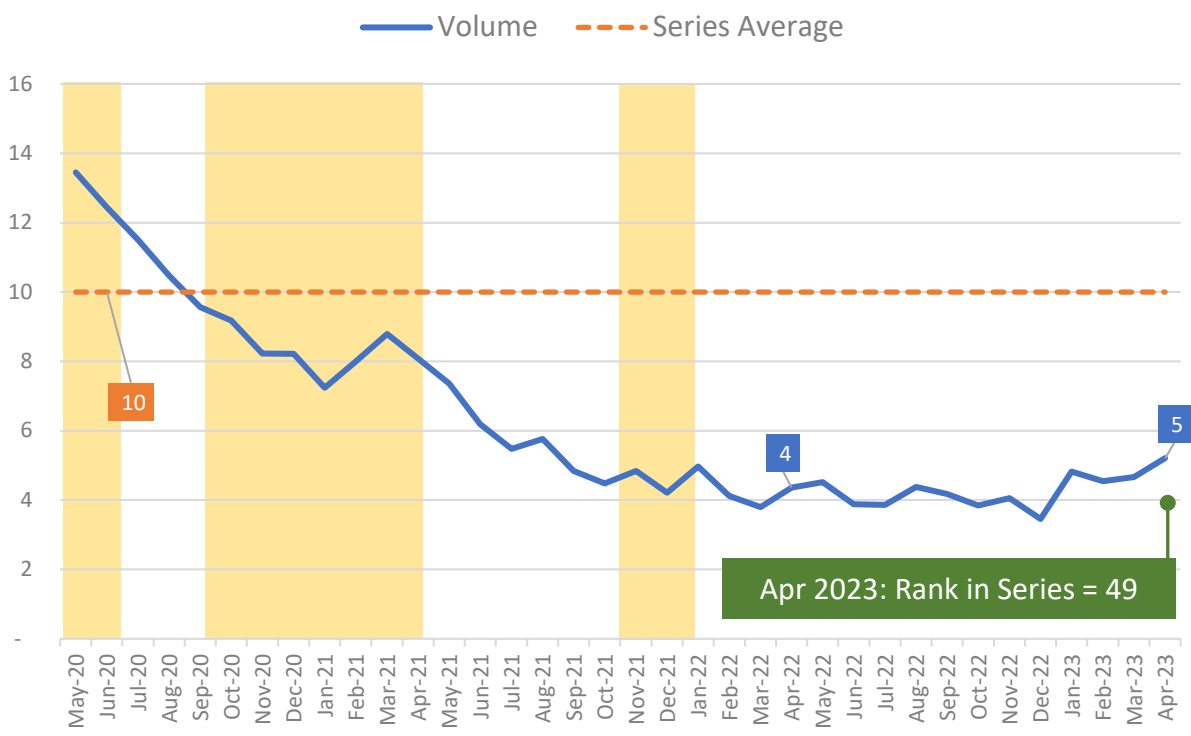


15. Demand: C4 Incidents (A12)

As with Category-3 incidents, average daily Category-4 demand (1) was at its highest in nearly two years, (2) exceeded April 2022's figure by 19%, and (3) shows short term growth set-against a long term contraction established over the past three years.

1. Monthly

Volume of C4 Incidents ('000, A12)

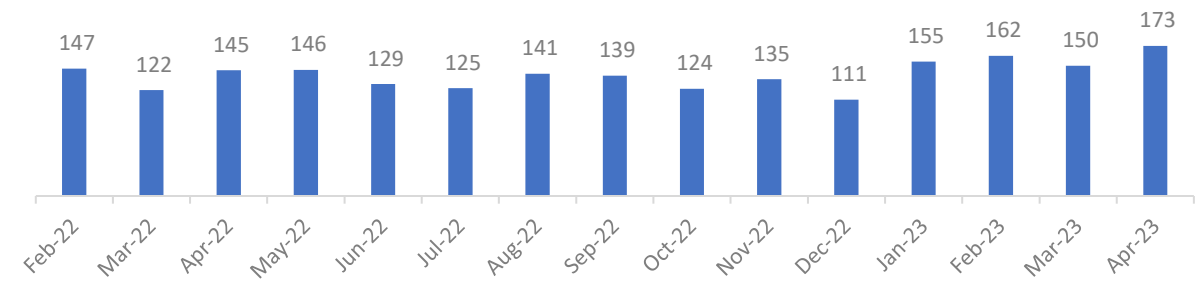


Yellow areas show COVID waves in the UK: source ONS.

+19% (or +841)
difference, Apr '22 to Apr '23

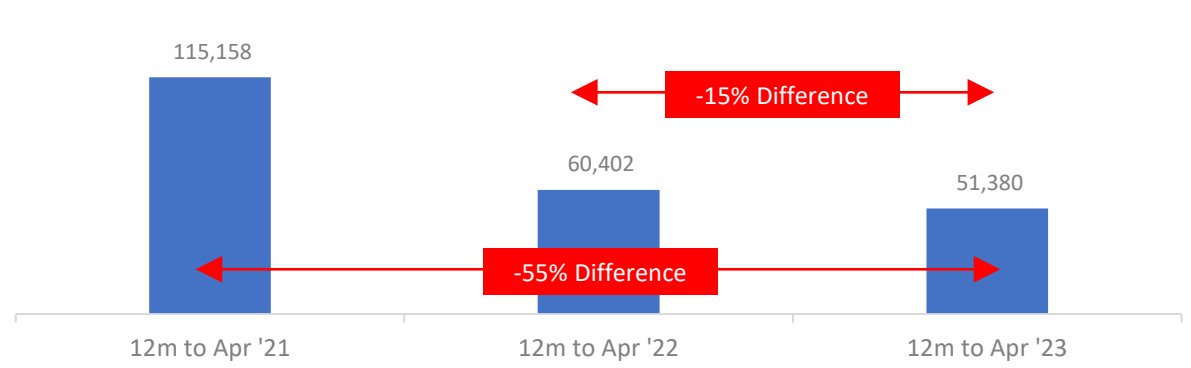
2. Daily Average

C4 Volume, Daily Average



3. Annualised Data

Volume of C4 Incidents in the 12 months to Apr (A12)

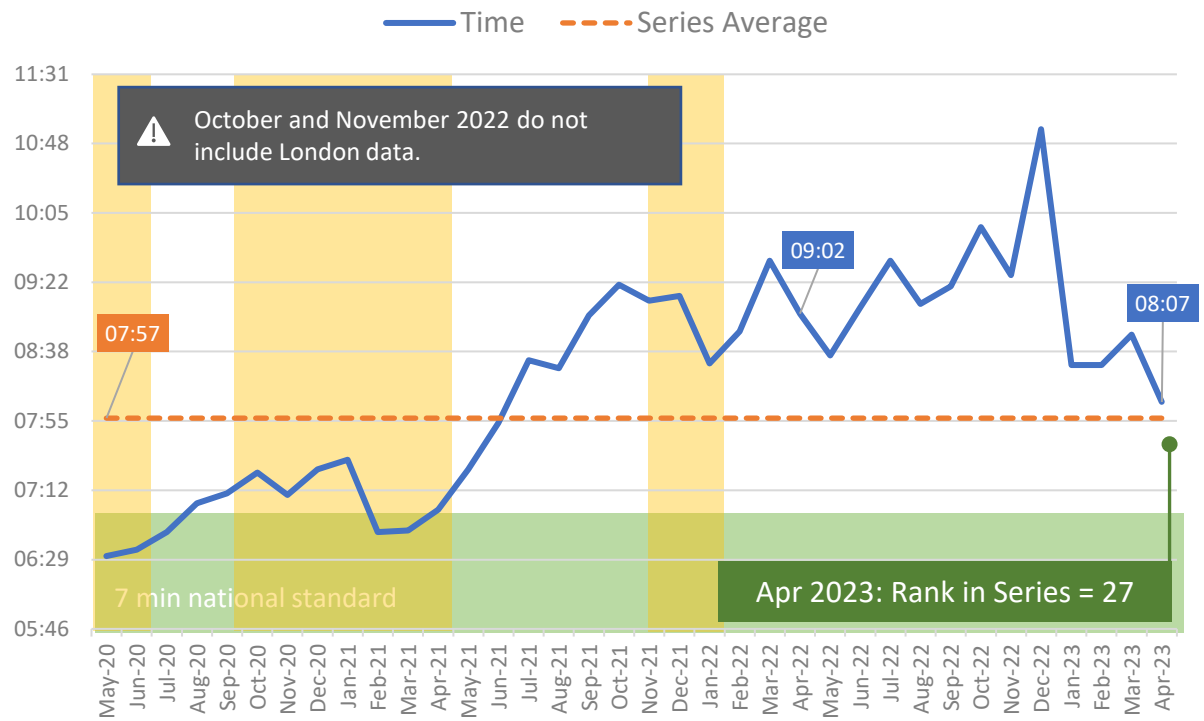


16. Demand: C1 Response Times (Measures A25 and A26)

Both Mean and 90th Centile Category-1 response times were at their fastest since the middle of 2021. Although the Mean time continues to exceed the national standard (by over one-minute) the 90th Centile time dipped below the 15-minute standard - again for the first time since mid-2021.

1. Mean

Mean C1 Response Time (mm:ss, A25)

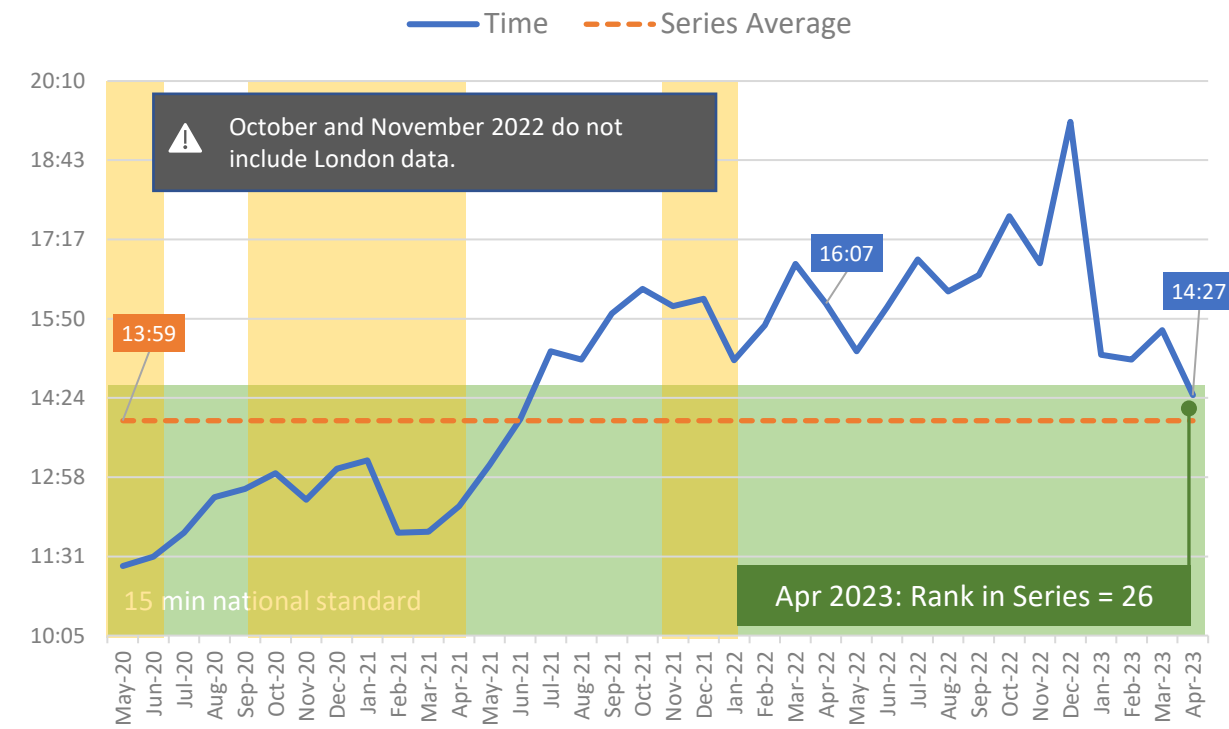


Yellow areas show COVID waves in the UK: source ONS.

← -00:55 →
difference, Apr '22 to Apr '23

2. 90th Centile

90th Centile C1 Response Time (mm:ss, A26)



← -01:40 →
difference, Apr '22 to Apr '23

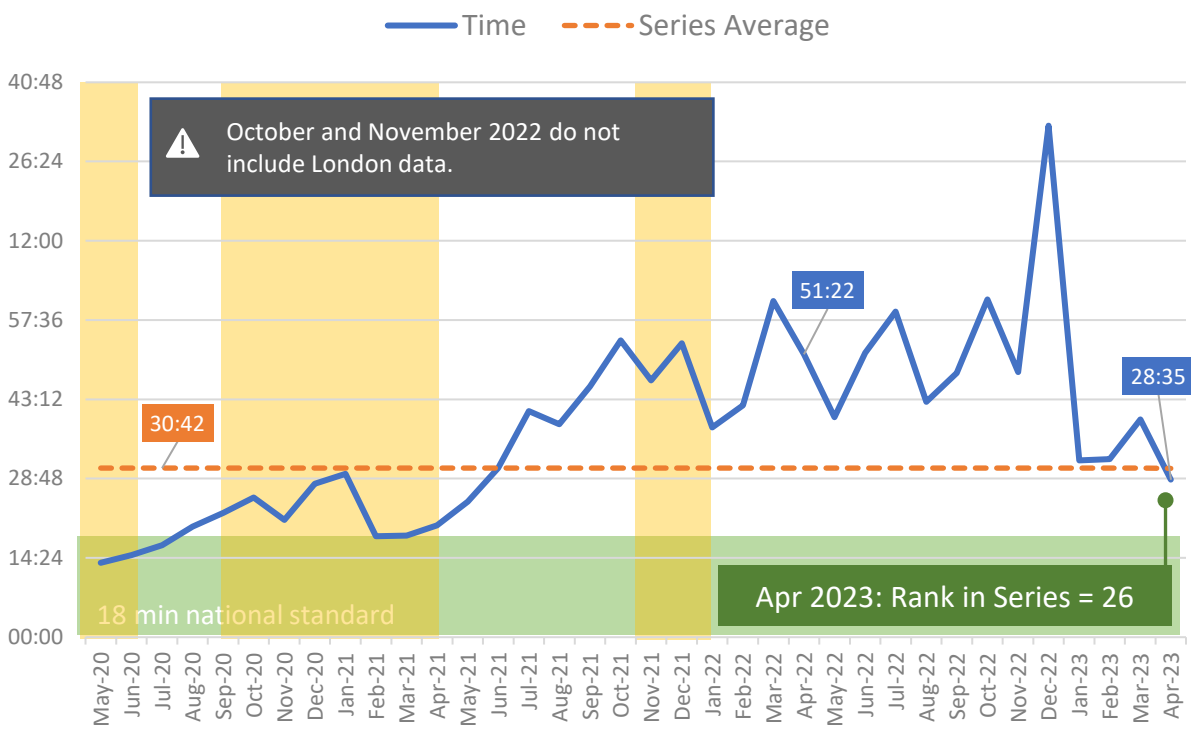


17. Demand: C2 Response Times (Measures A31 and A32)

Both key Category-2 response measures dropped in April 2022, and are faster than the series average for the first time in nearly two-years. Both continue to exceed their respective national standards, for the Mean since July-2020 and for the 90th Centile since March 2021.

1. Mean

Mean C2 Response Time (hh:mm:ss, A31)

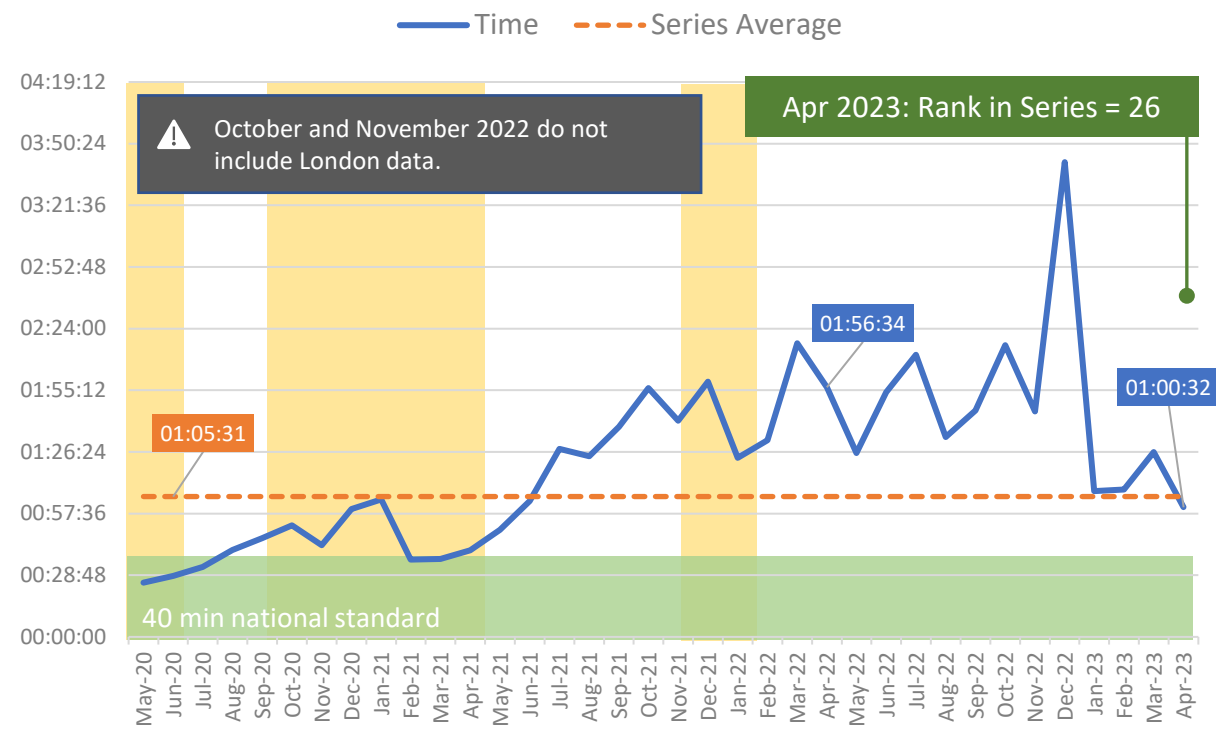


Yellow areas show COVID waves in the UK: source ONS.

← -00:22:47 →
difference, Apr '22 to Apr '23

2. 90th Centile

90th Centile C2 Response Time (hh:mm:ss, A32)



← -00:56:02 →
difference, Apr '22 to Apr '23



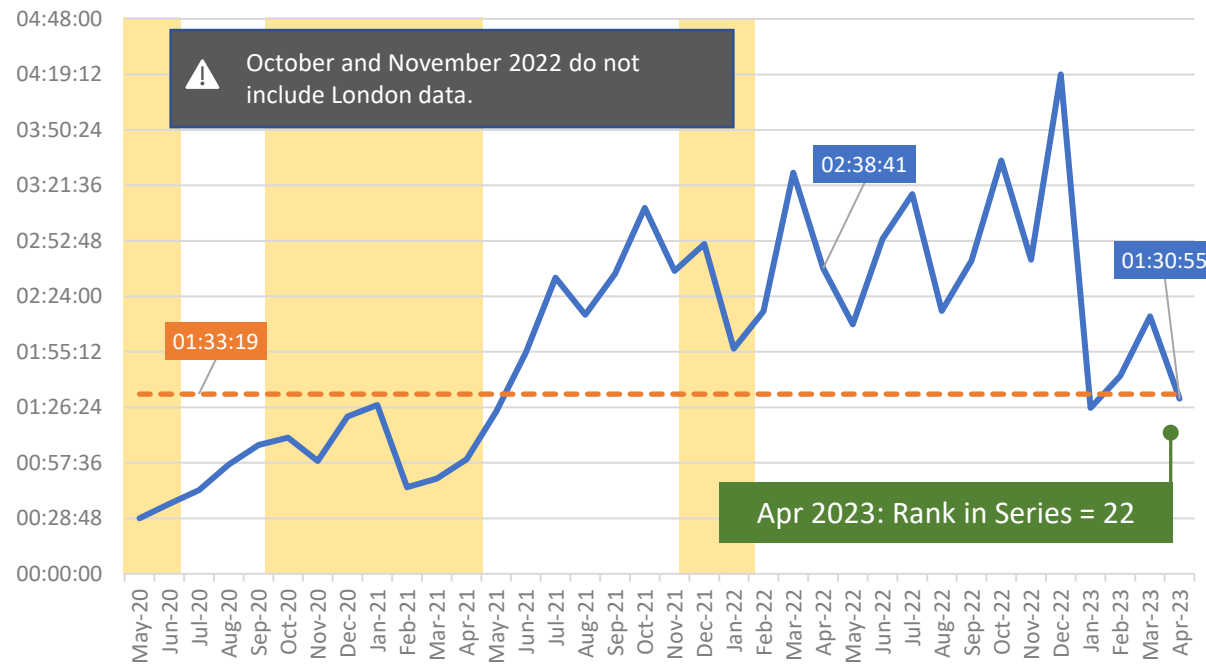
18. Demand: C3 Response Times (Measures A34 and A35)

Following the trend seen above, both key measures dropped for Category-3. Although January 2023 returned faster response times, the latest data are among the fastest since the middle of 2021 – and significantly faster than the same time last year.

1. Mean

Mean C3 Response Time (hh:mm:ss, A34)

— Time - - - Series Average



Apr 2023: Rank in Series = 22

-01:07:46

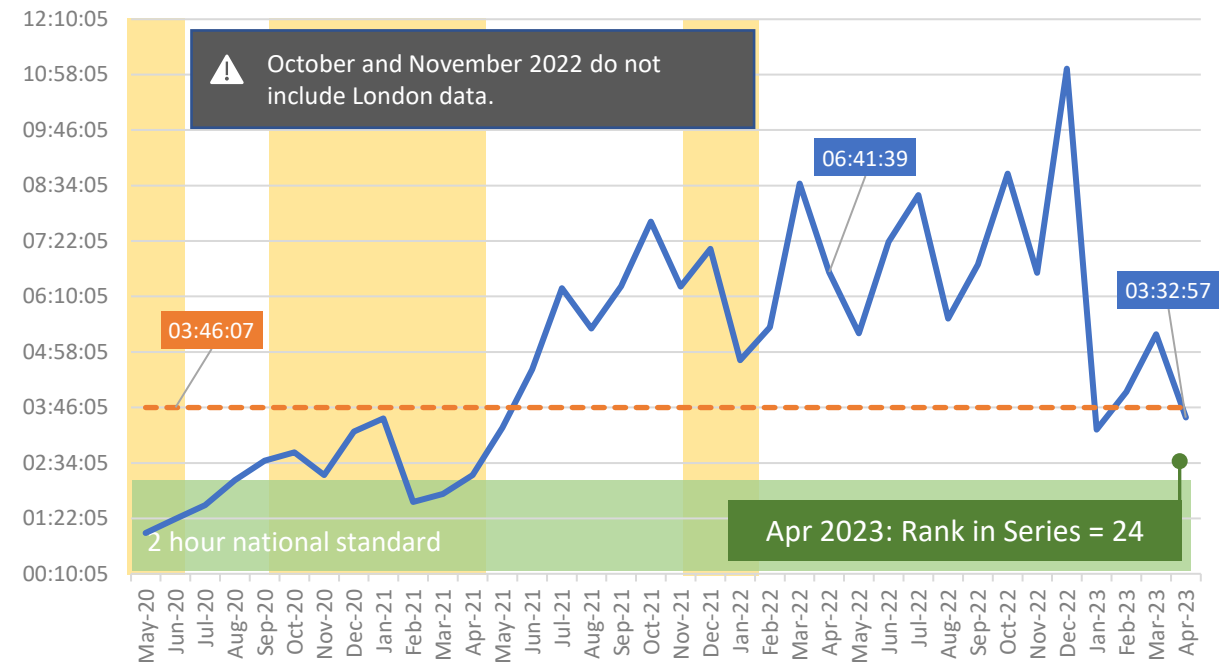
difference, Apr '22 to Apr '23

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

2. 90th Centile

90th Centile C3 Response Time (hh:mm:ss, A35)

— Time - - - Series Average



Apr 2023: Rank in Series = 24

-03:08:42

difference, Apr '22 to Apr '23

2 hour national standard

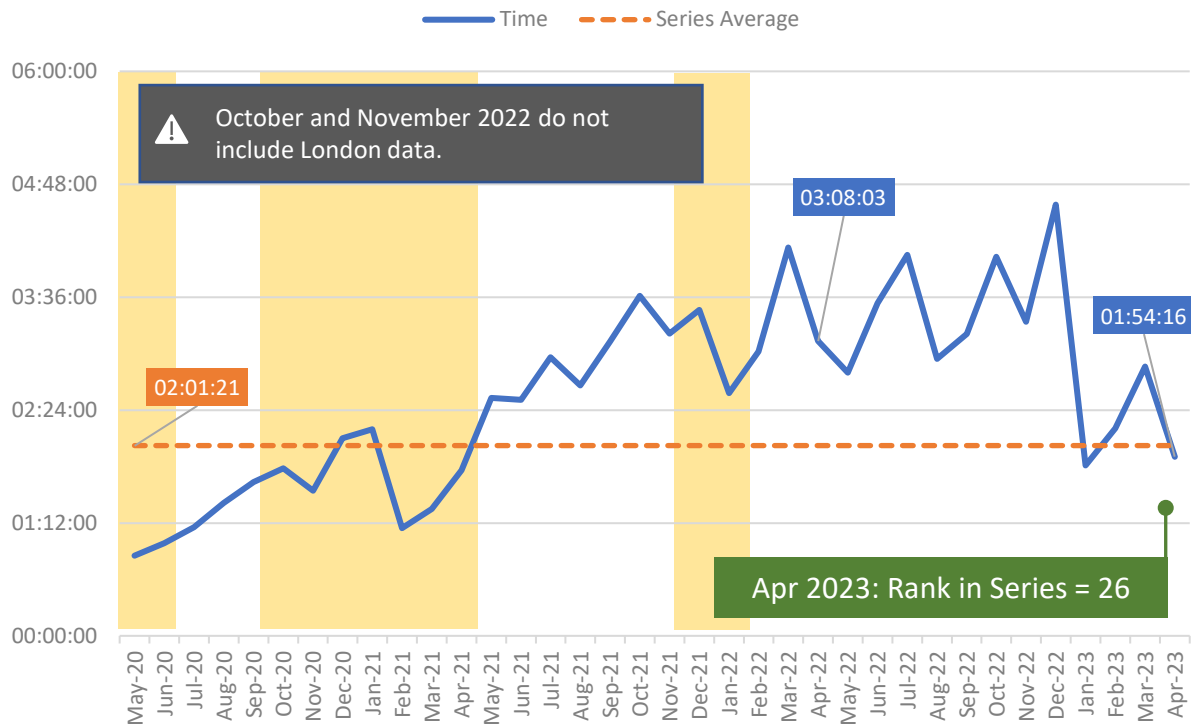


19. Demand: C4 Response Times (Measures A37 and A38)

April's Category-3 response times follow the trend outlined above – some of the fastest seen in several years, and notably faster than the same month last year.

1. Mean

Mean C4 Response Time (hh:mm:ss, A37)

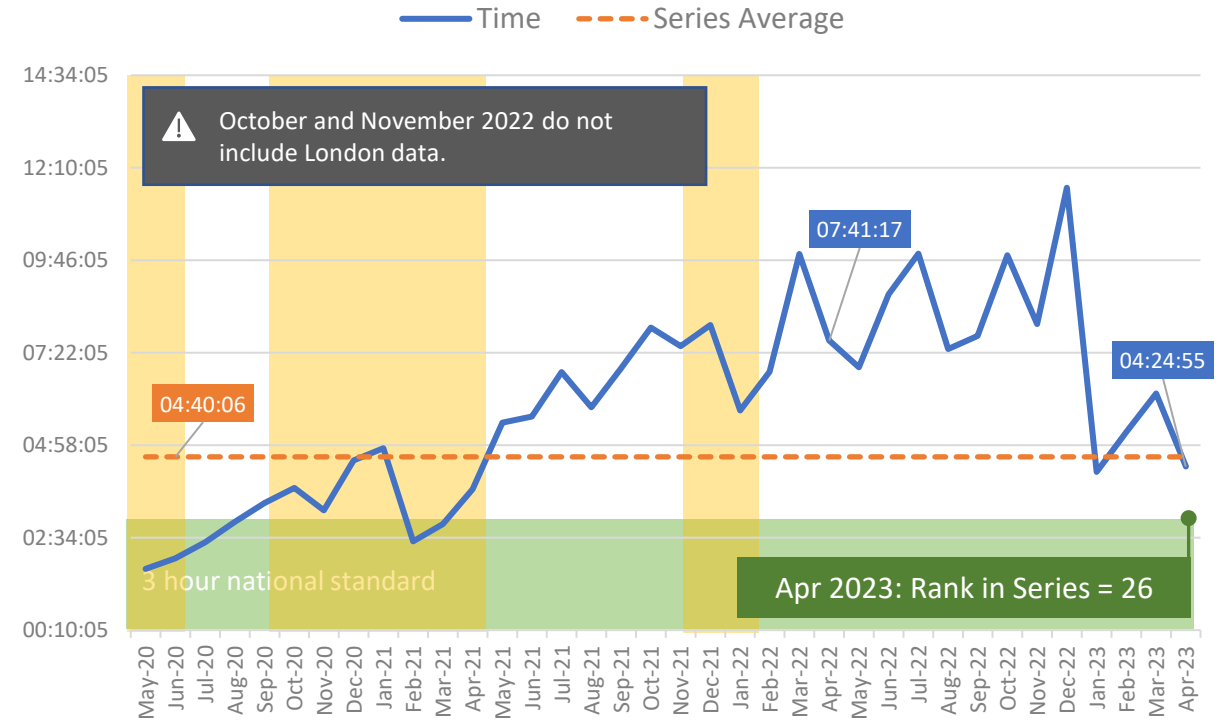


Yellow areas show COVID waves in the UK: source ONS.

-01:13:31
difference, Apr '22 to Apr '23

2. 90th Centile

90th Centile C4 Response Time (hh:mm:ss, A38)



-03:16:22
difference, Apr '22 to Apr '23



Section 3

Incidents by Response Outcome

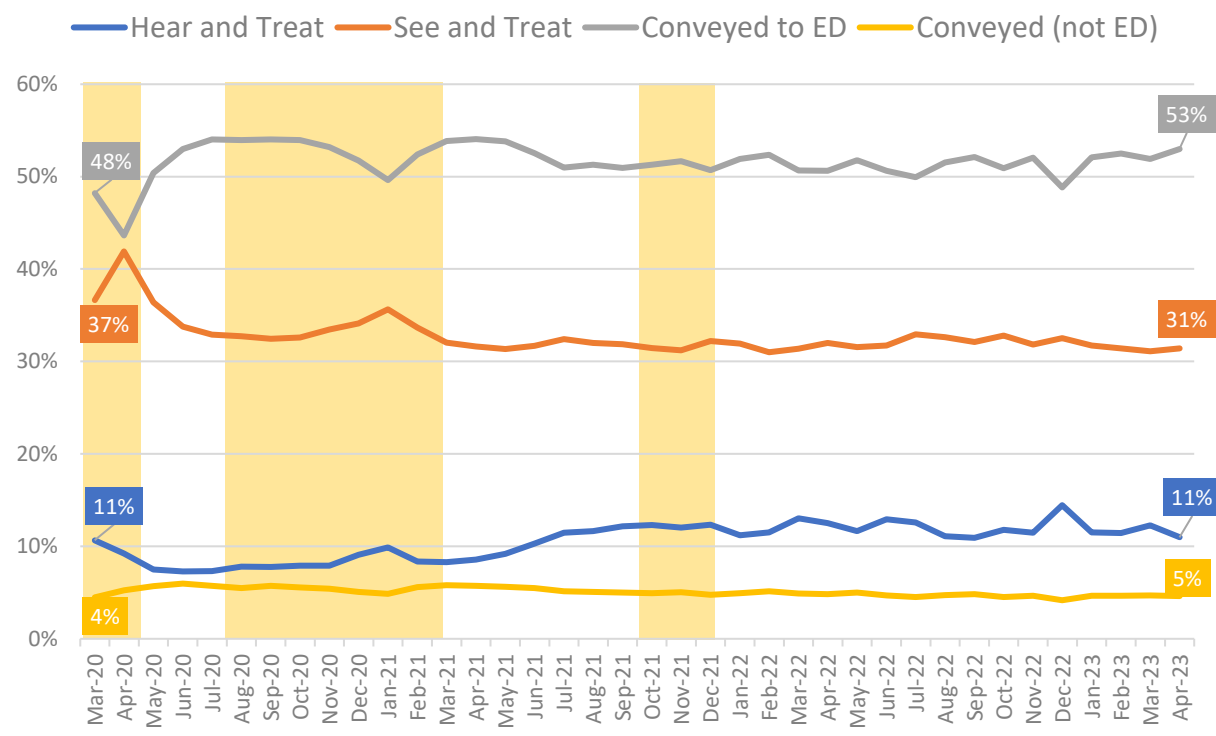
- [Share of Incidents by Response Outcome](#)
- [Hear and Treat](#)
- [Face to Face](#)
- [See and Treat](#)
- [Incidents with Transport to ED](#)
- [Incidents not with Transport to Destination other than ED](#)

21. Share of Incidents by Response Outcome

The proportion of patients conveyed to and Emergency Department (ED) increased by one-percentage point in April 2023. See-and-treat remained steady, as did patients conveyed to a destination other than ED. Hear-and-treat incidents accounted for 11% in April, down from 12% in March, and from a series high of 14% in December 2022.

1. Monthly

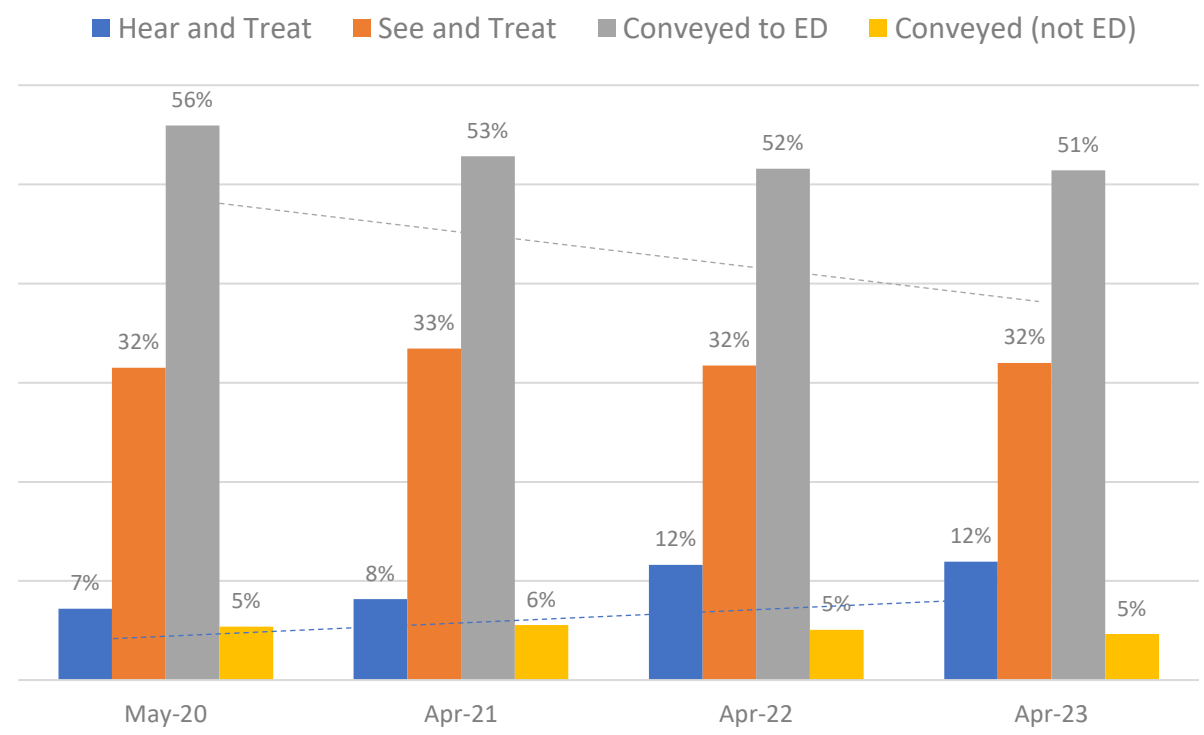
Incident Outcome (Share of all incidents)



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

2. Annualised Data

Share of all incidents (12m to Apr)

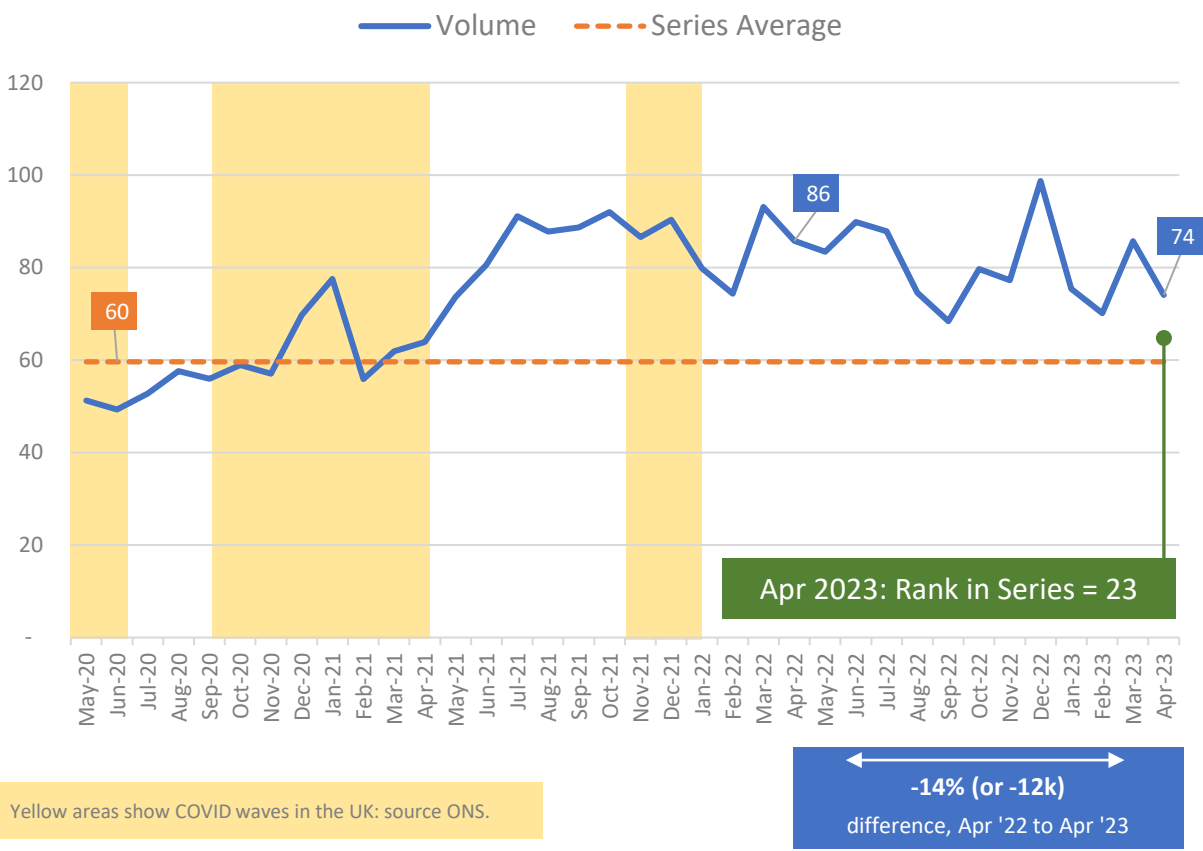


22. Hear and Treat (measure A17)

Incidents with Hear-and-treat responses contracted April 2023, although continue to remain above the series-average by some margin. The annualised data show fewer Hear-and-treat responses during the most recent period than the same time last year, but significantly more (over 250k) than in the 12-months to April 2021.

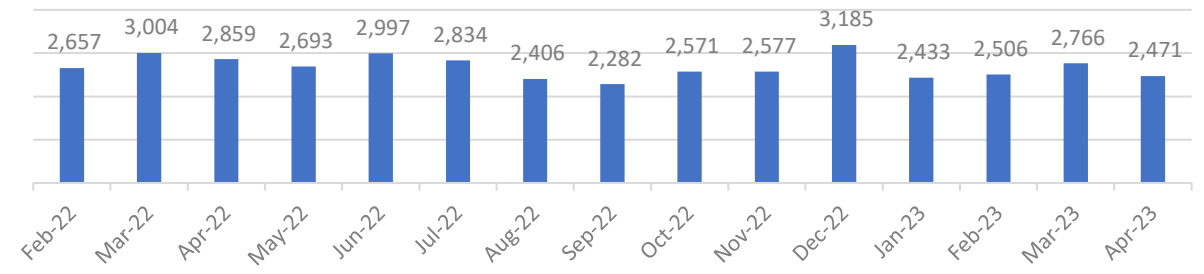
1. Monthly

Volume of Hear and Treat ('000, A17)



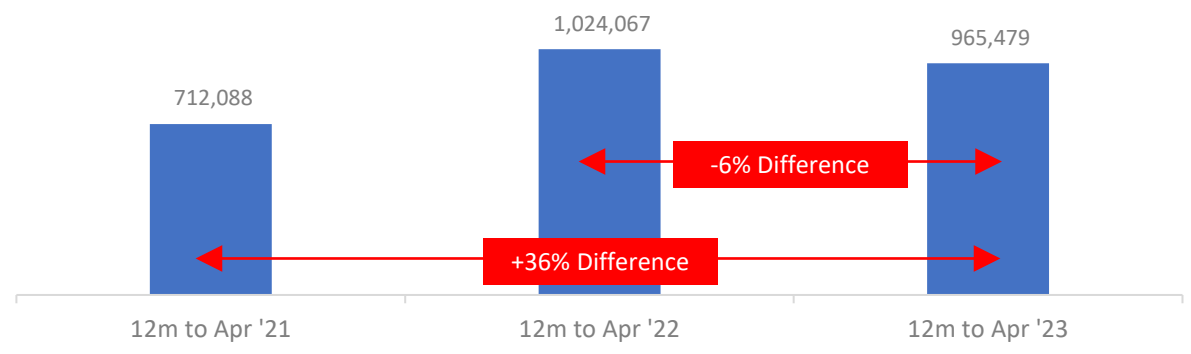
2. Daily Average

Hear and Treat, Daily Average



3. Annualised Data

Volume of H&T Incidents in the 12 months to Apr (A17)

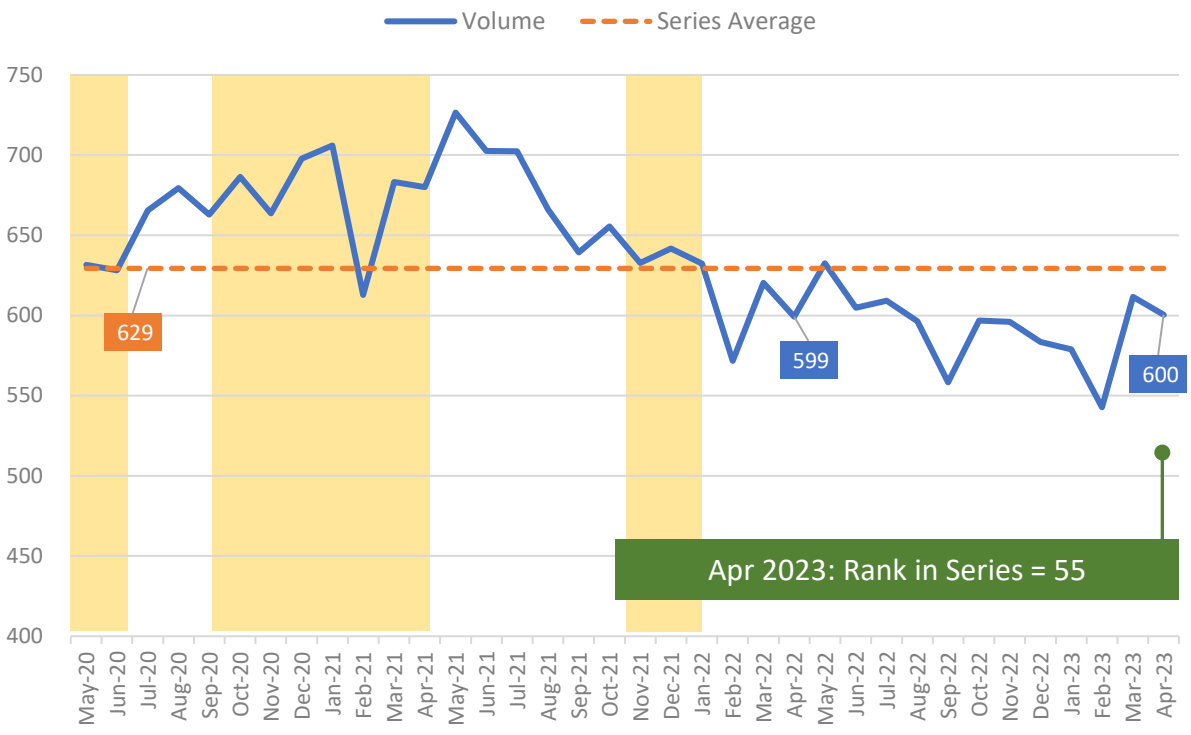


23. Face to Face (measure A56)

Overall volume of Face-to-face responses dropped at a monthly level, but saw the third consecutive increase in the daily average figure. The long term trend, however, continues to show a decrease in Face-to-face responses.

1. Monthly

Volume of F2F Responses ('000, A56)

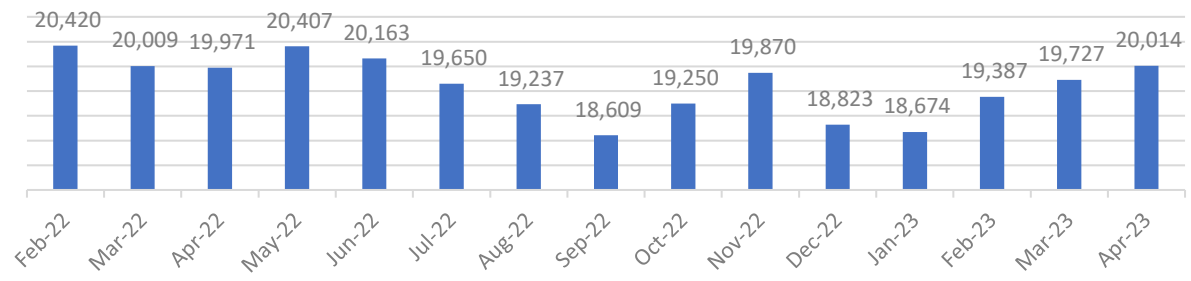


Yellow areas show COVID waves in the UK: source ONS.

<1% (or +1k) difference, Apr '22 to Apr '23

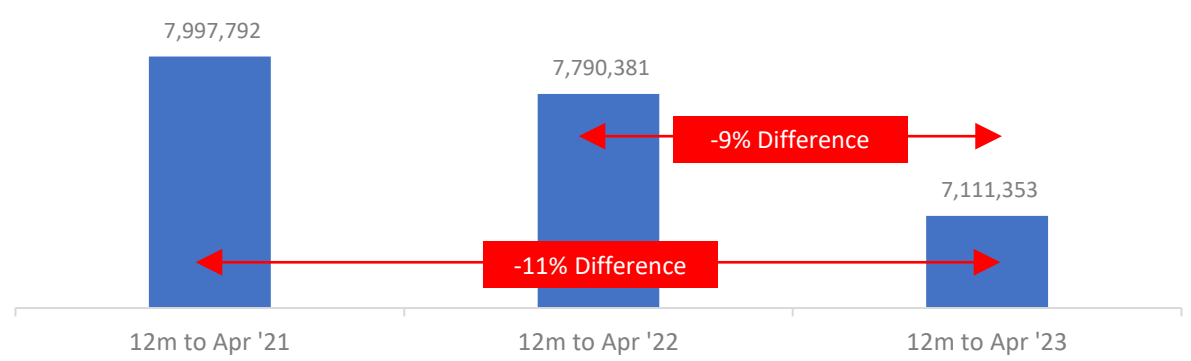
2. Daily Average

F2F, Daily Average



3. Annualised Data

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

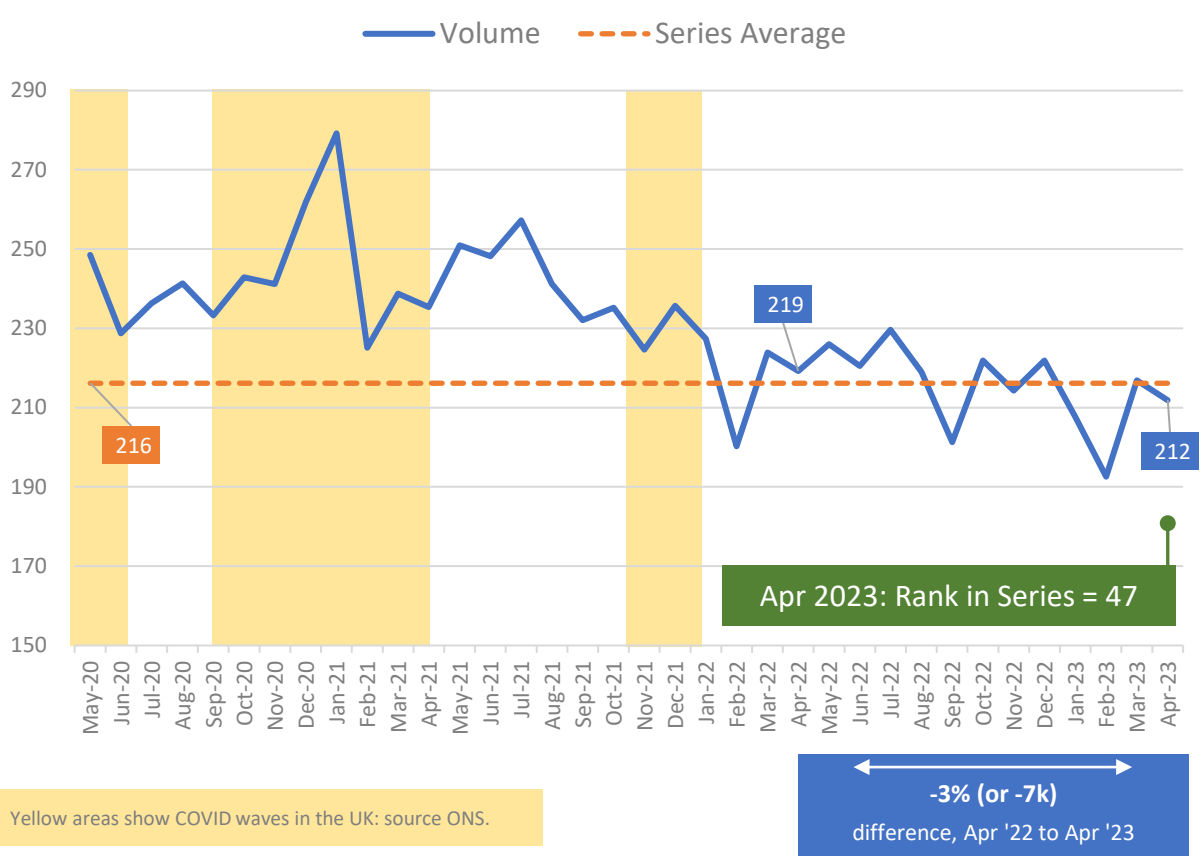


24. See and Treat (measure A55)

The daily average volume of See-and-treat responses increased for the third consecutive month, while the annual data continue to show a decrease in volume.

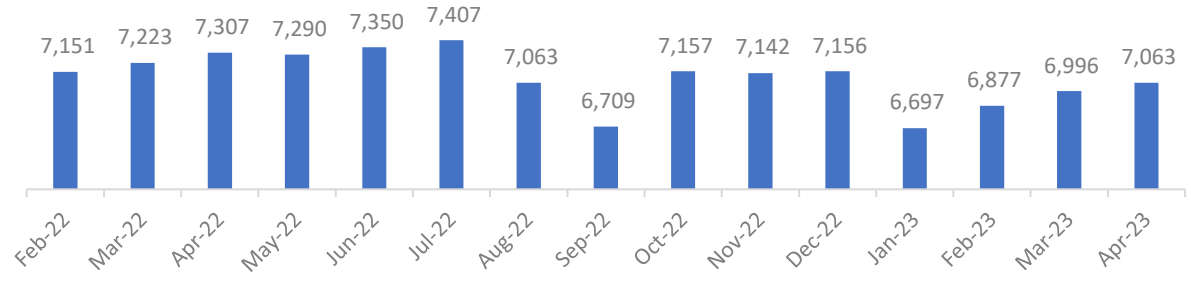
1. Monthly

Volume of See and Treat Responses ('000, A55)



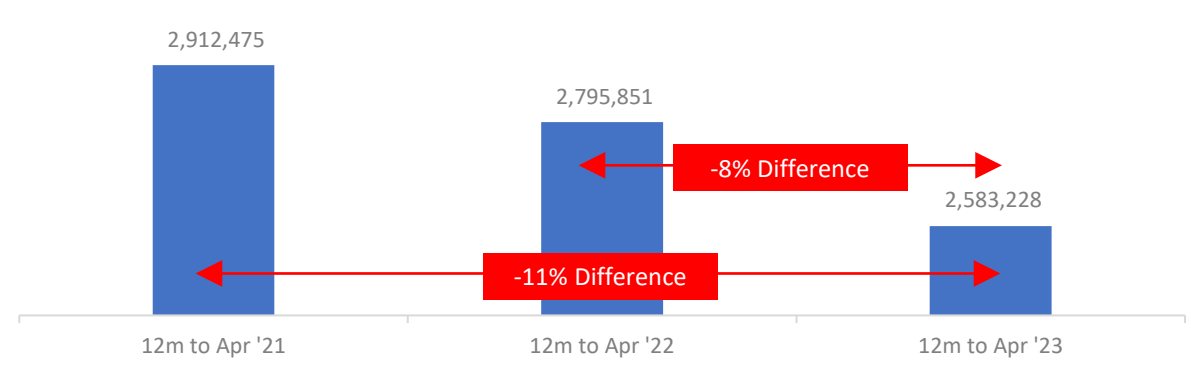
2. Daily Average

See and Treat, Daily Average



3. Annualised Data

Volume of S&T Incidents in the 12 months to Apr (A55)

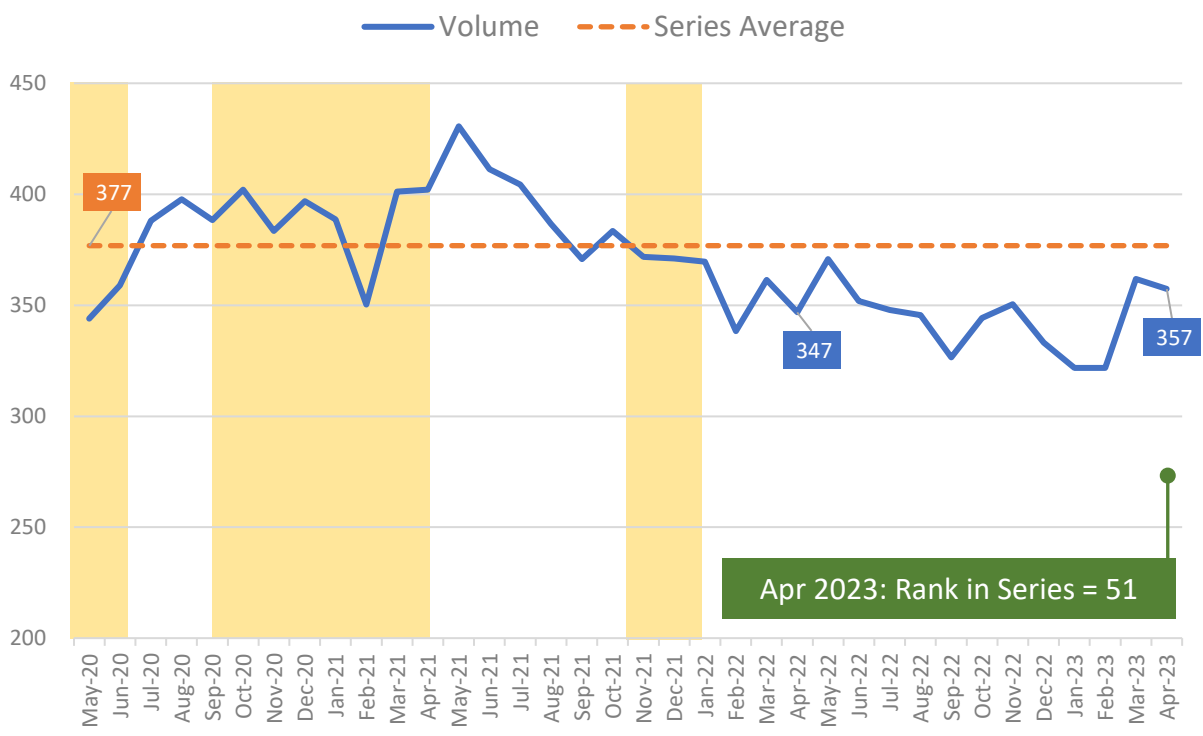


25. Transport to Emergency Departments (measure A53)

The average daily volume of patients requiring transport to an ED has now increased every month since December 2022, and is at its highest in 12-months. The most recent month saw 10k more responses in this group than the same time last year, although the annual data shows a steady decrease in volume.

1. Monthly

Incidents with Transport to ED ('000, A53)

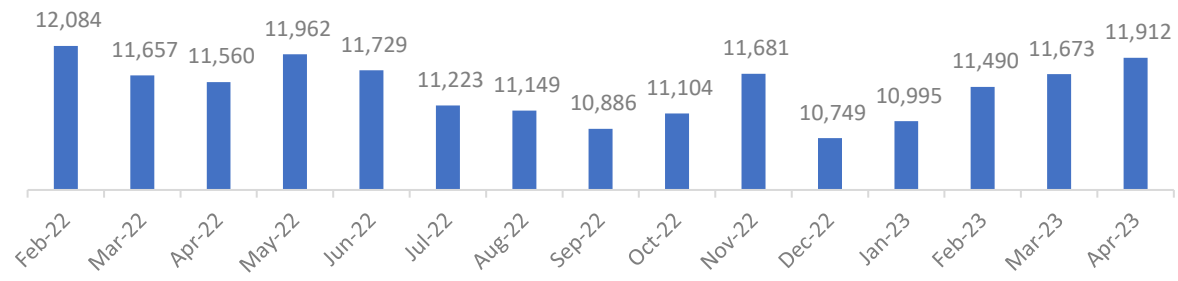


Yellow areas show COVID waves in the UK: source ONS.

+3% (or +10k) difference, Apr '22 to Apr '23

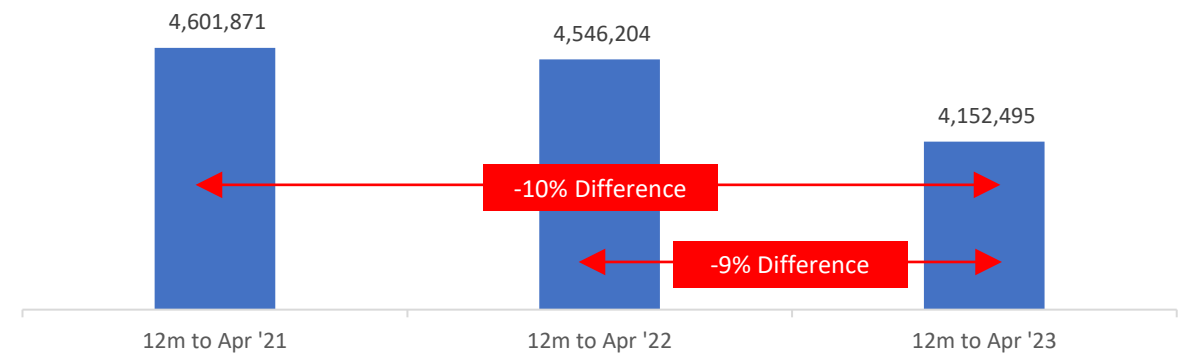
2. Daily Average

Transport to ED, Daily Average



3. Annualised Data

Vol of Transport to ED in the 12 months to Apr (A53)

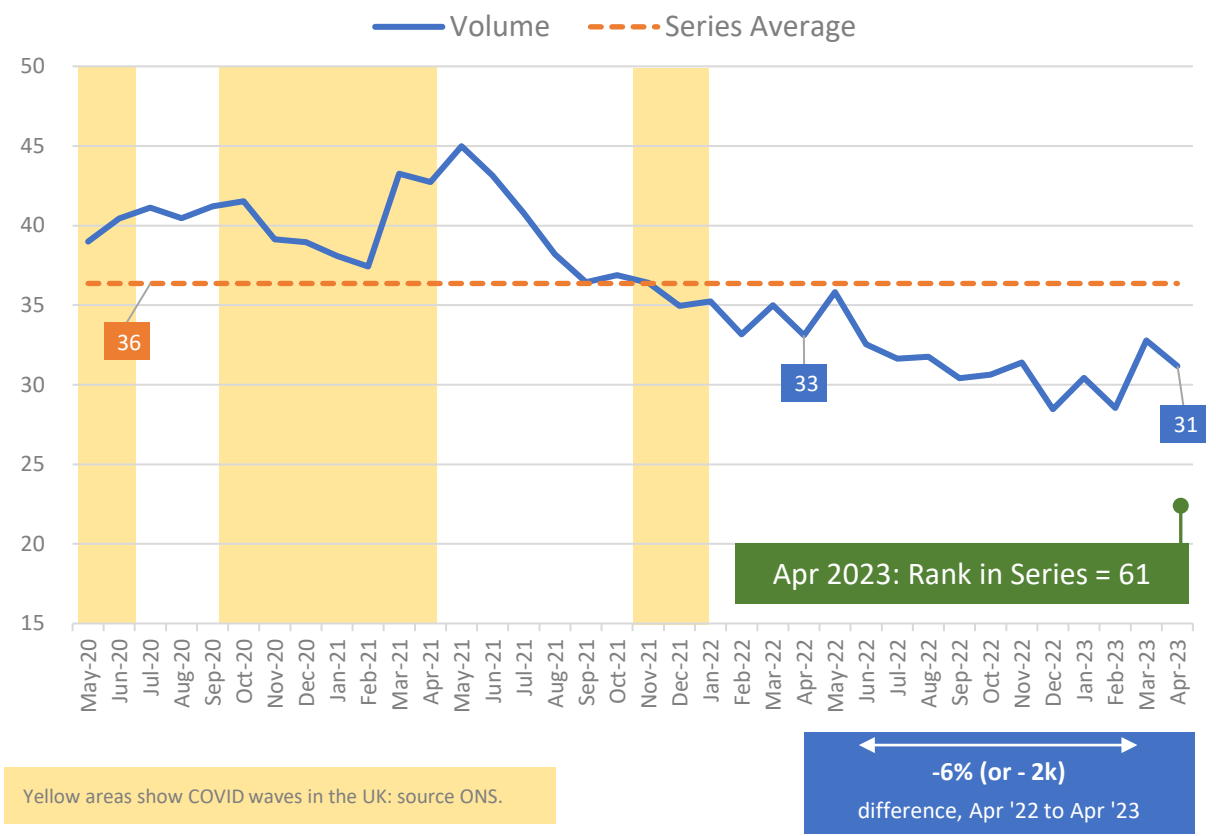


26. Transported to Destination other than ED (measure A54)

The average daily volume of patients requiring transport to destinations other than ED decreased slightly in April 2023, but has otherwise been increasingly slowly since December. Despite this, and as seen with other Face-to-face responses, the annual volume is decreasing.

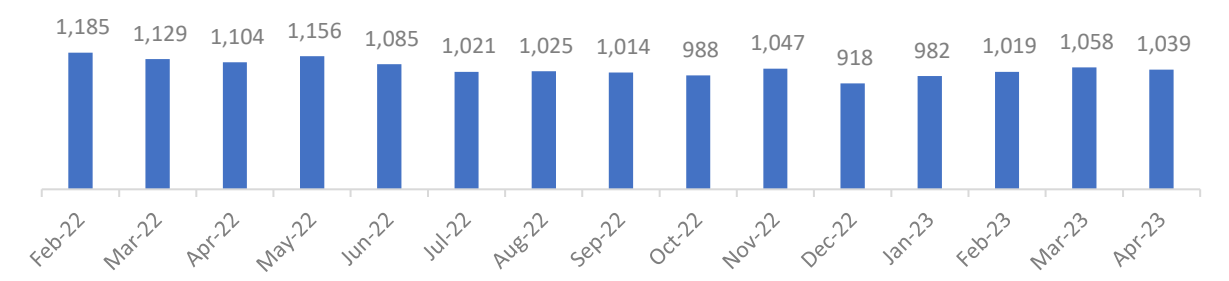
1. Monthly

Transport to Destination not ED ('000, A54)



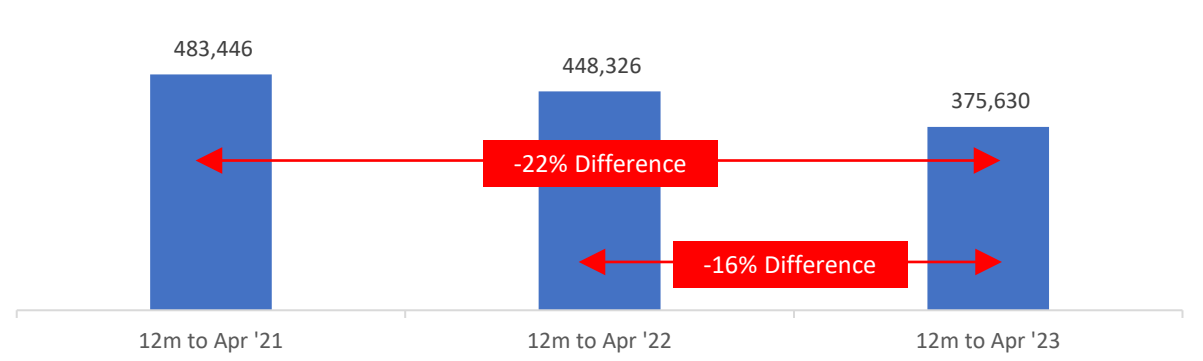
2. Daily Average

Vol of Transport/ Not ED, Daily Average



3. Annualised Data

Vol of Transport/ not ED in the 12 months to Apr (A54)



Section 4

Patient Handover Delays

- [Average Handover Times and Delays as Proportion of All Handovers](#)
- [Handover Delays Over 15 Minutes](#)
- [Handover Delays Over 30 Minutes](#)
- [Handover Delays Over 60 Minutes](#)
- [Handover Delays Over 120 Minutes](#)
- [Handovers Longer Than Three Hours](#)
- [Impact on Patients and Crew](#)
- [Managing Handovers: Three Effective Interventions](#)

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



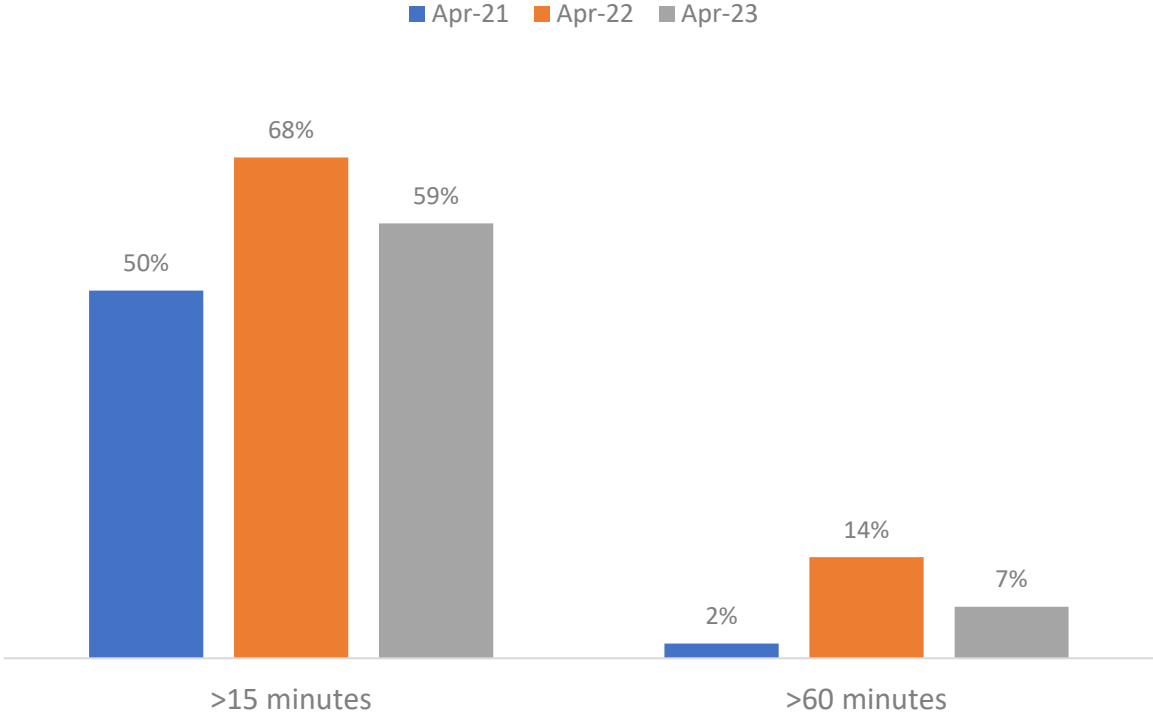
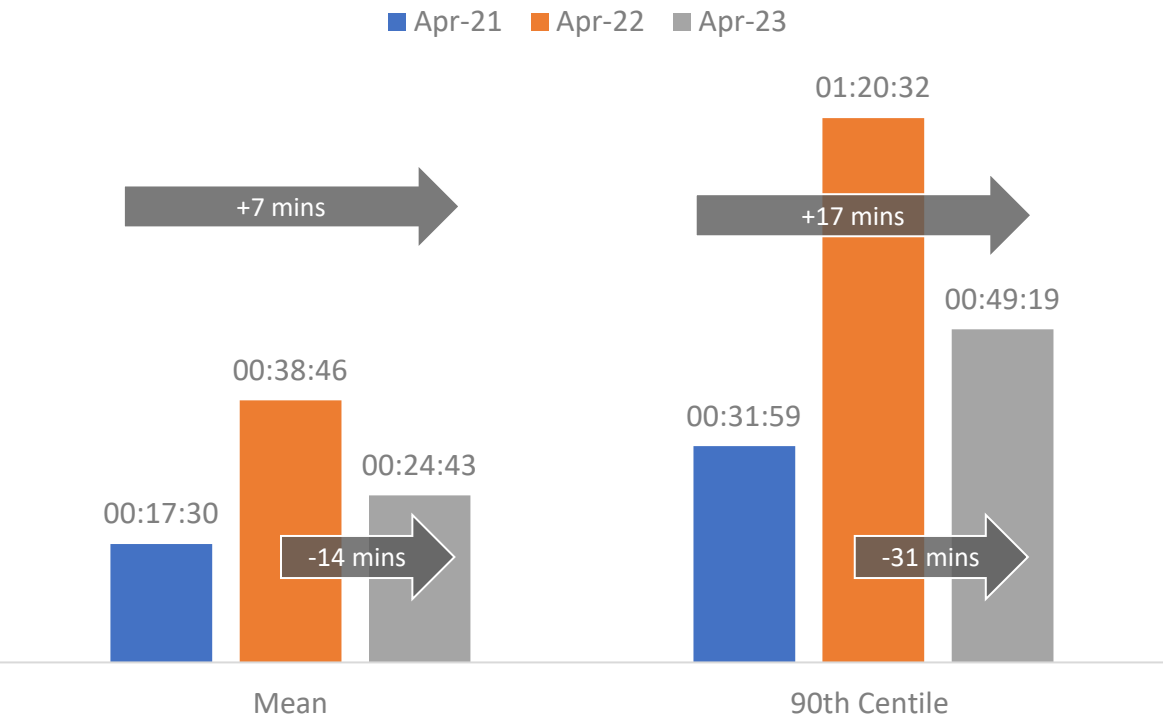
April 2023's handover data show that key figures remain above those seen during same month in 2021. However, compared with 2022 there is a decrease in (1) the average handover time, (2) the proportion of all handovers taking 15-minutes or longer and (3) the proportion of handovers exceeding an hour.

1. Mean and 90th Centile Handover Times

2. Handover Delays as a Percentage of All Handovers

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

Handover Delays as % of All Handovers



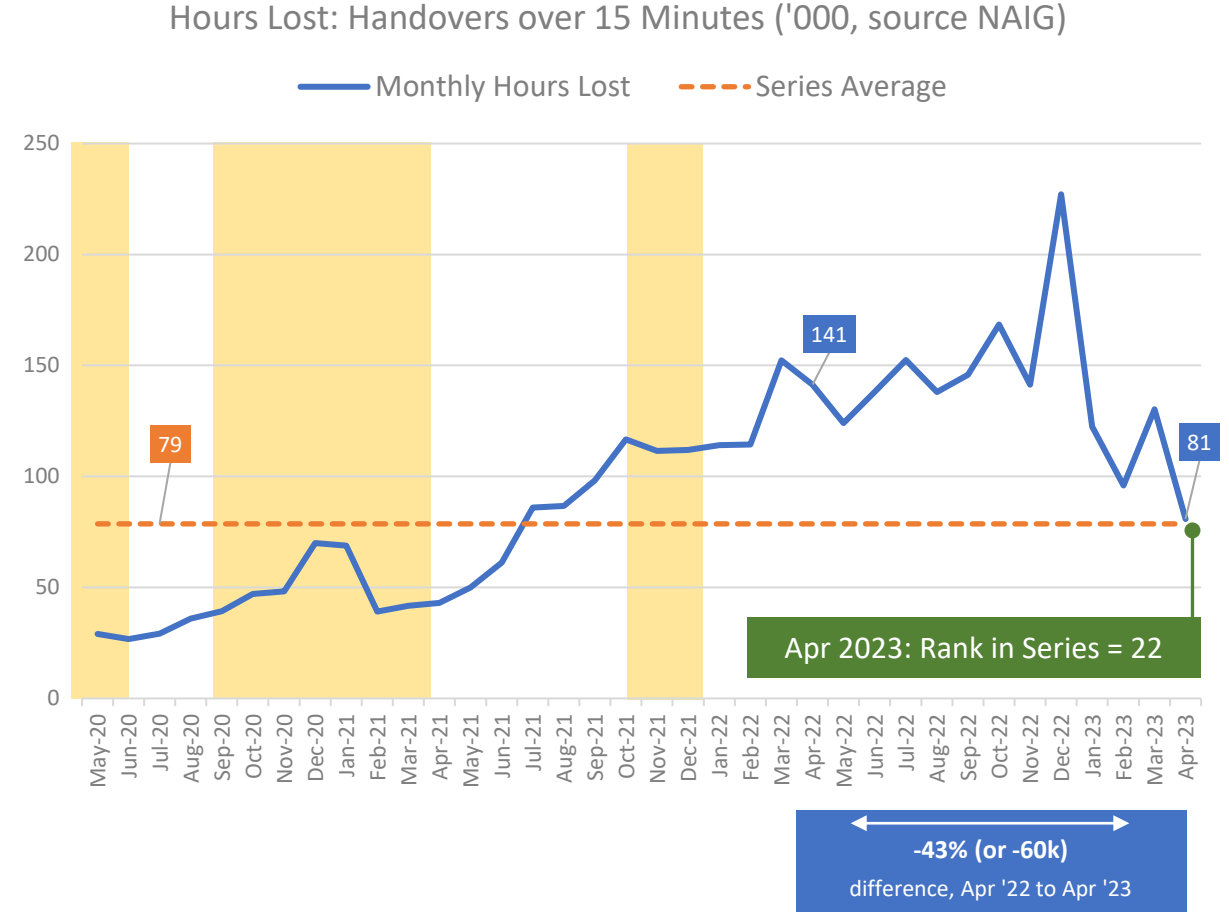
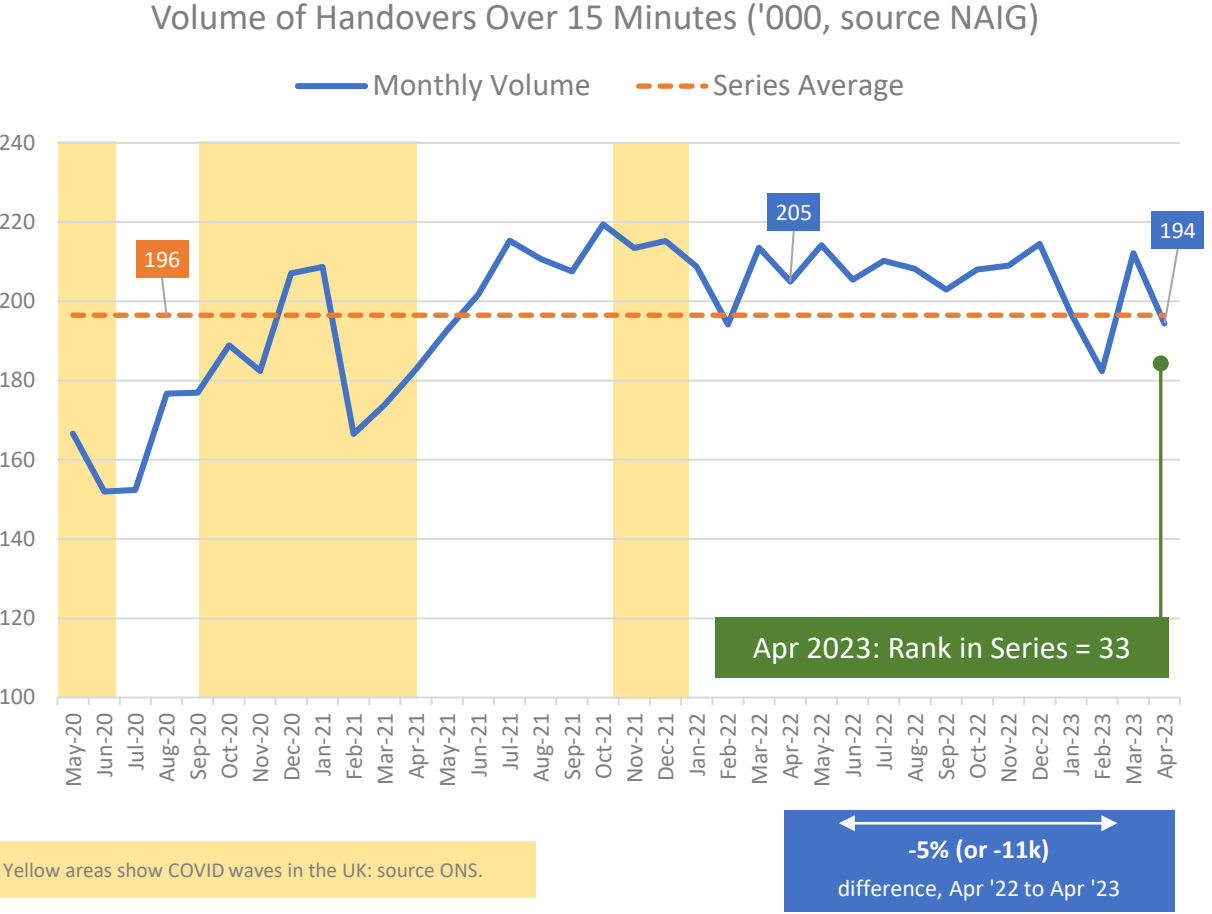
29. Patient Handover Delays over 15 Minutes (source, NAIG)



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

2. Hours lost for Handovers Over 15 Minutes

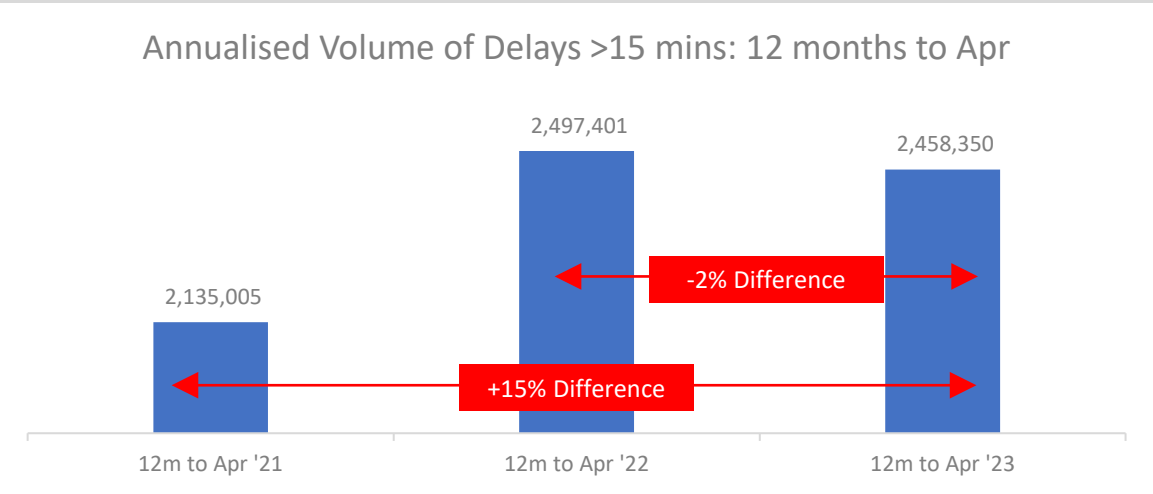
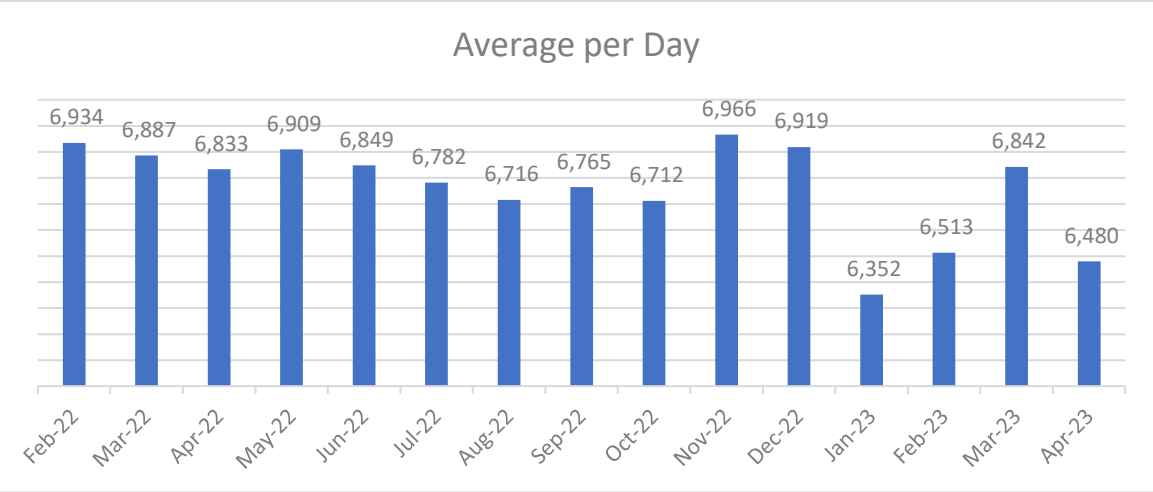


Note: Days on which Industrial Action takes place see a drop in handover delays.

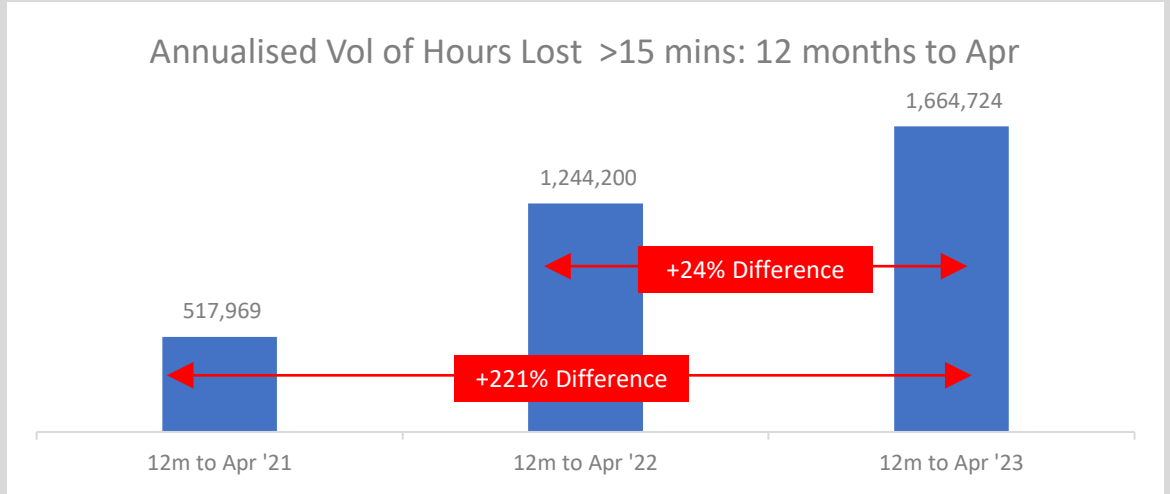
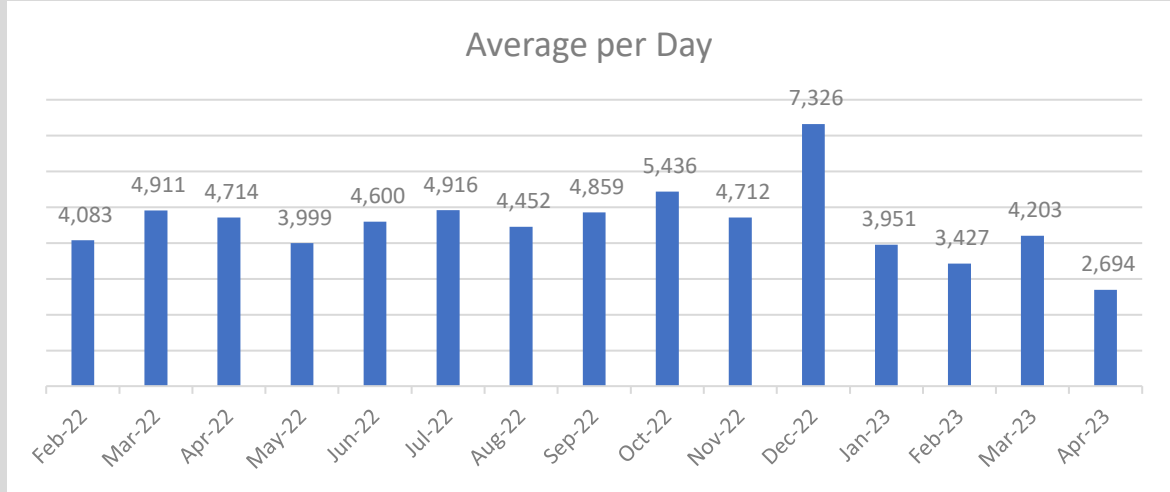


30. Average Daily and Annualised Data for >15 minute delays (source, NAIG)

1. Volume of Handover Delays over 15 minutes



2. Hours Lost for Handover Delays over 15 minutes

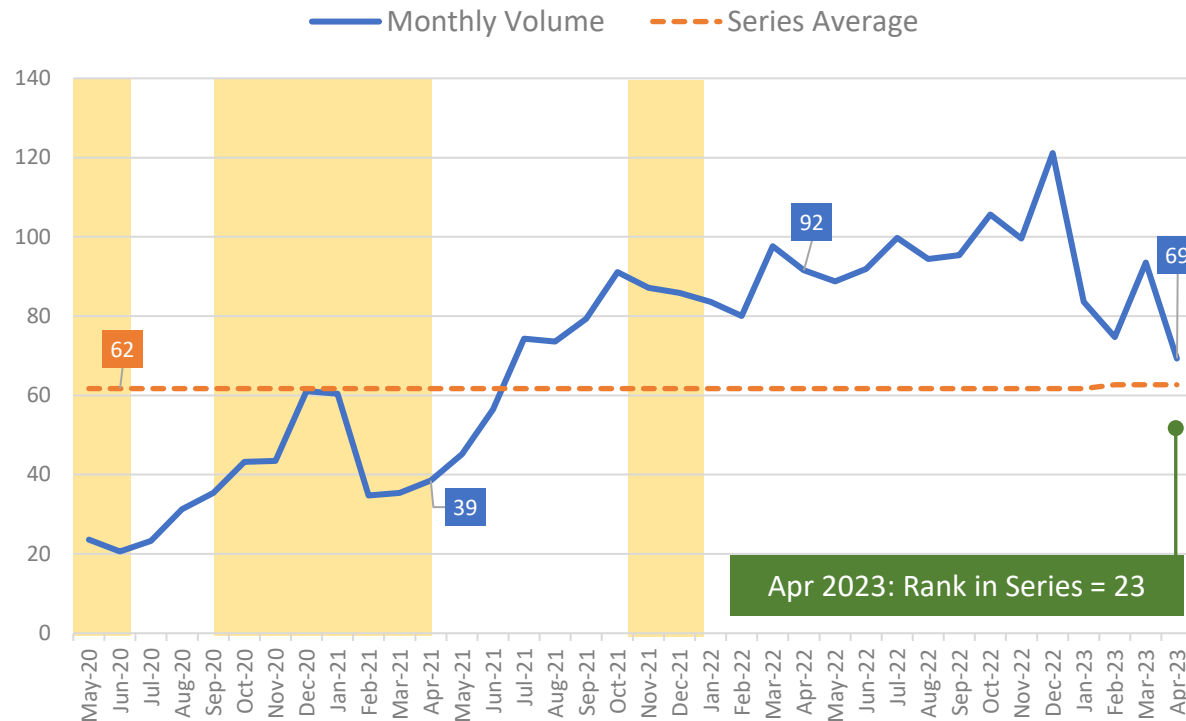


31. Patient Handover Delays over 30 Minutes (source, NAIG)

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)

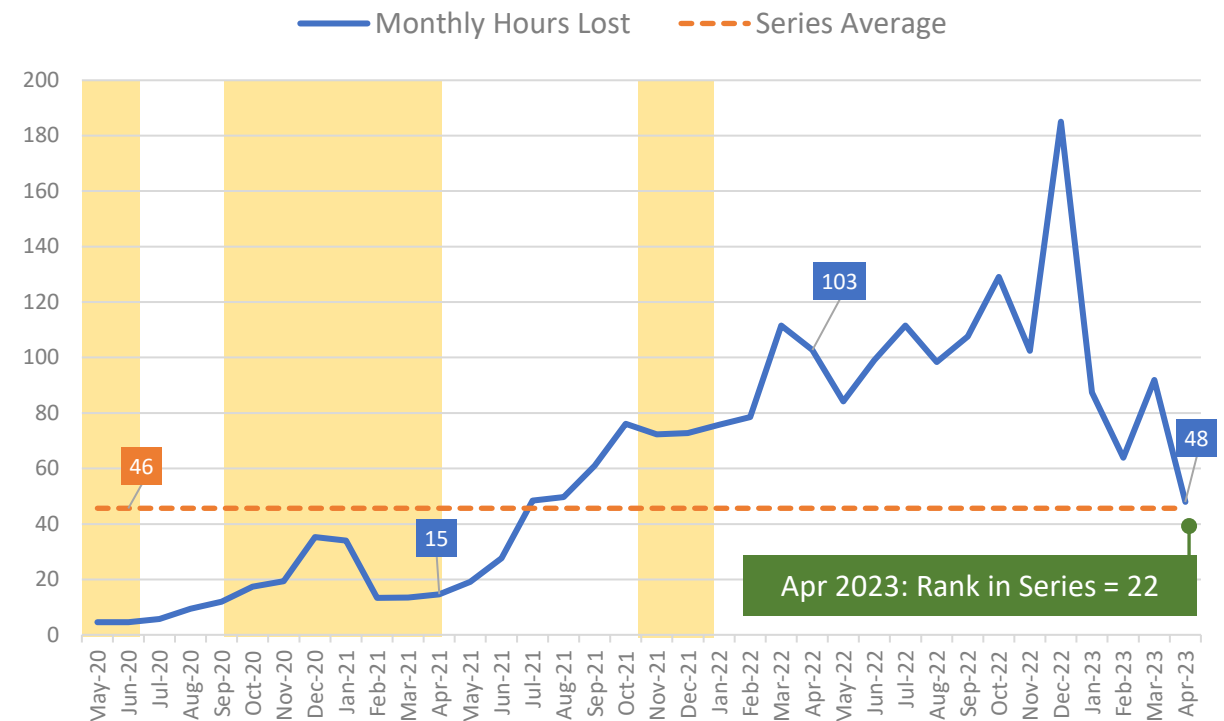


Yellow areas show COVID waves in the UK: source ONS.

← -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 →

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

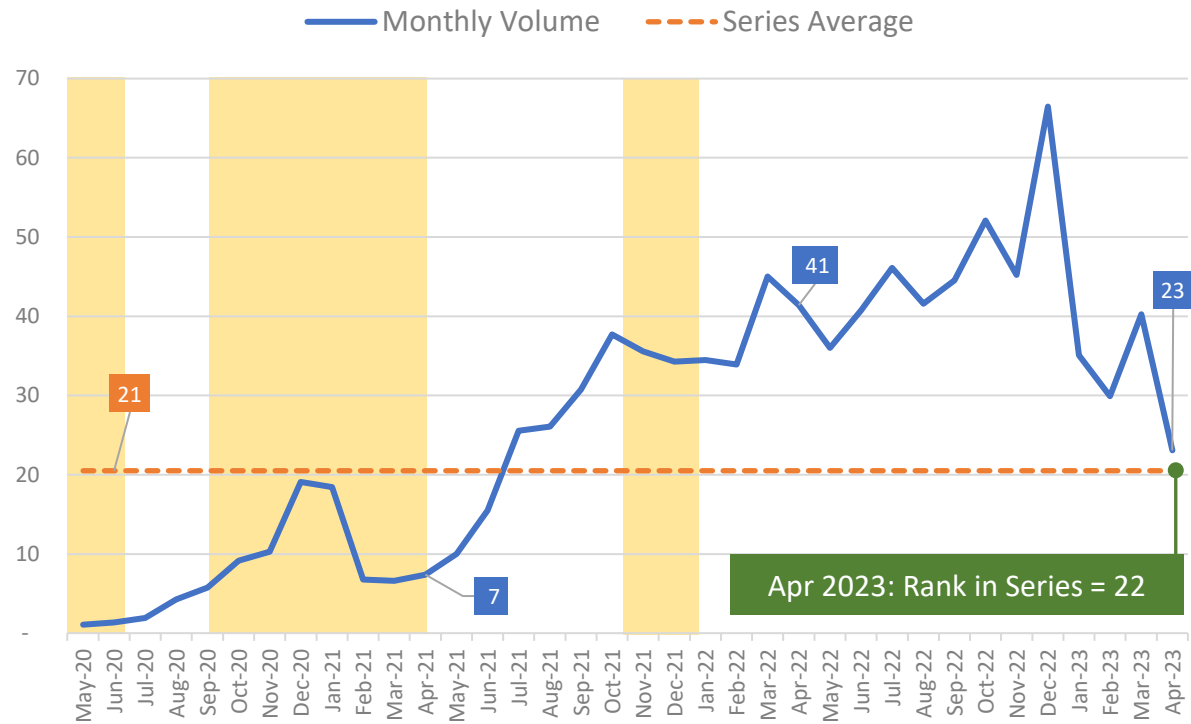


32. Patient Handover Delays over 60 Minutes (source, NAIG)

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)

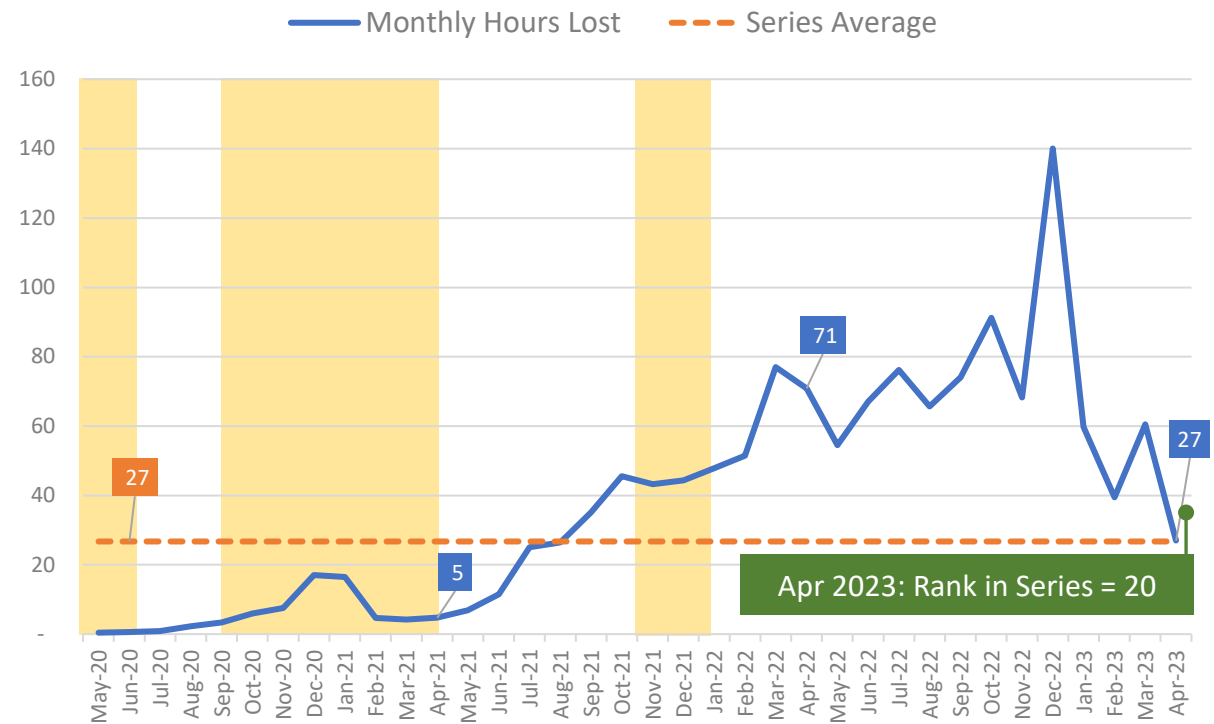


Yellow areas show COVID waves in the UK: source ONS.

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

2. Hours lost for Handovers Over 60 Minutes

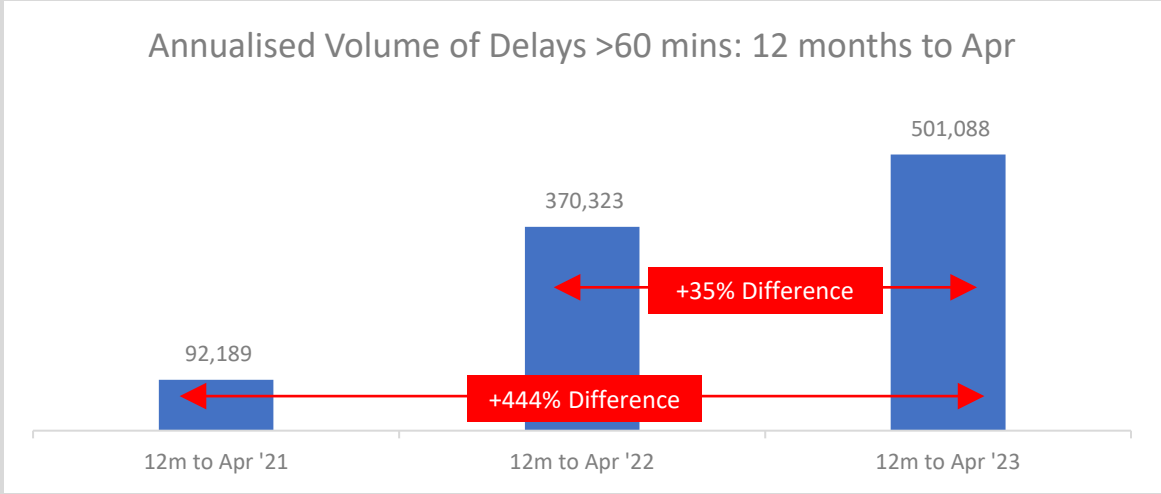
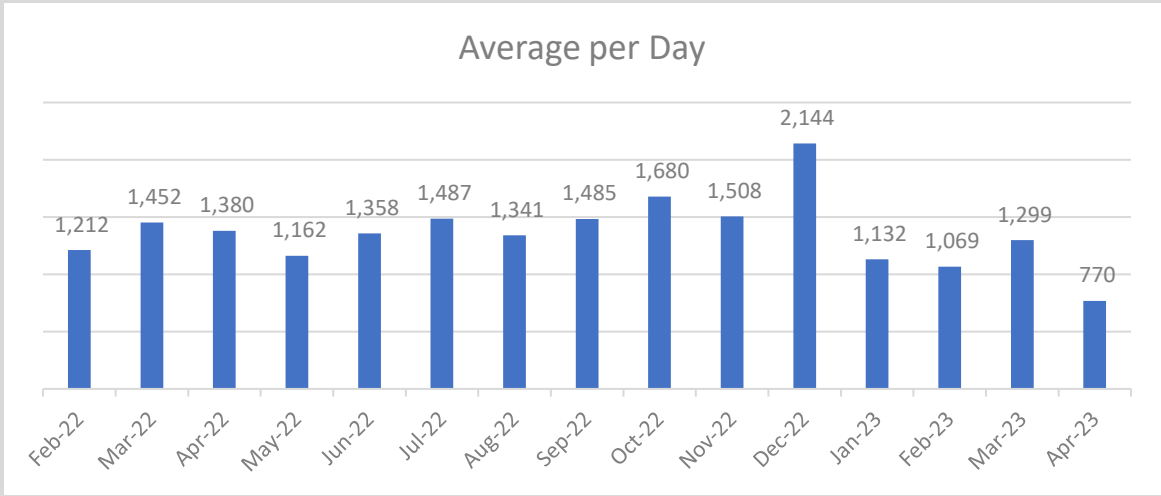
Hours Lost: Handovers over 60 Minutes ('000, source NAIG)



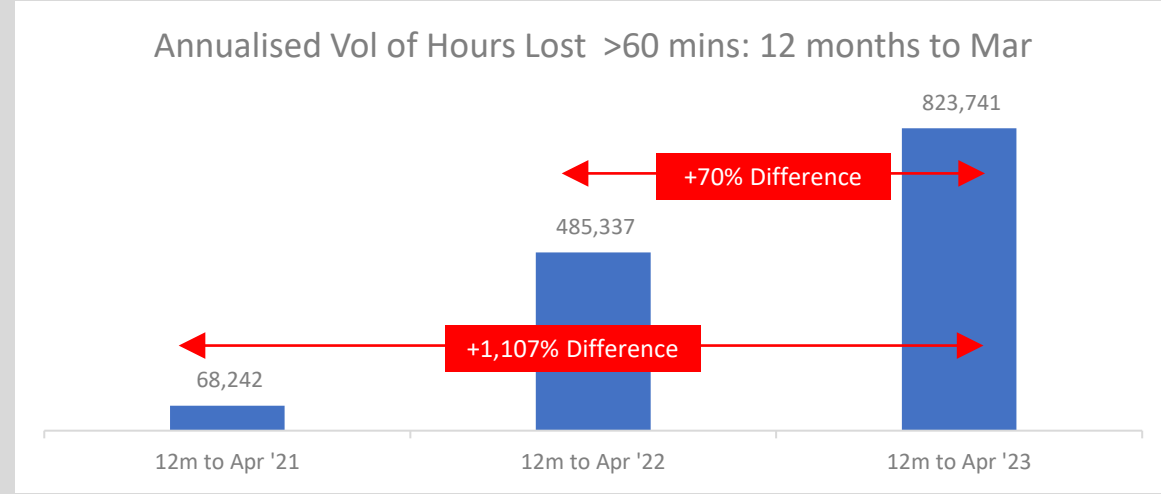
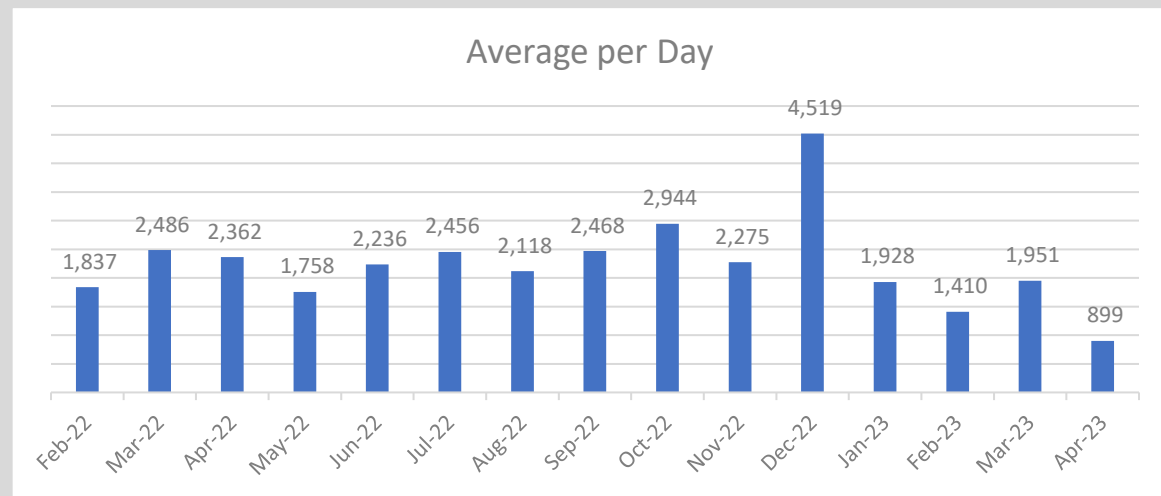
← -62% (or -44k) →
difference, Apr '22 to Apr '23

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

1. Volume of Handover Delays over 60 minutes



2. Hours Lost for Handover Delays over 60 minutes



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

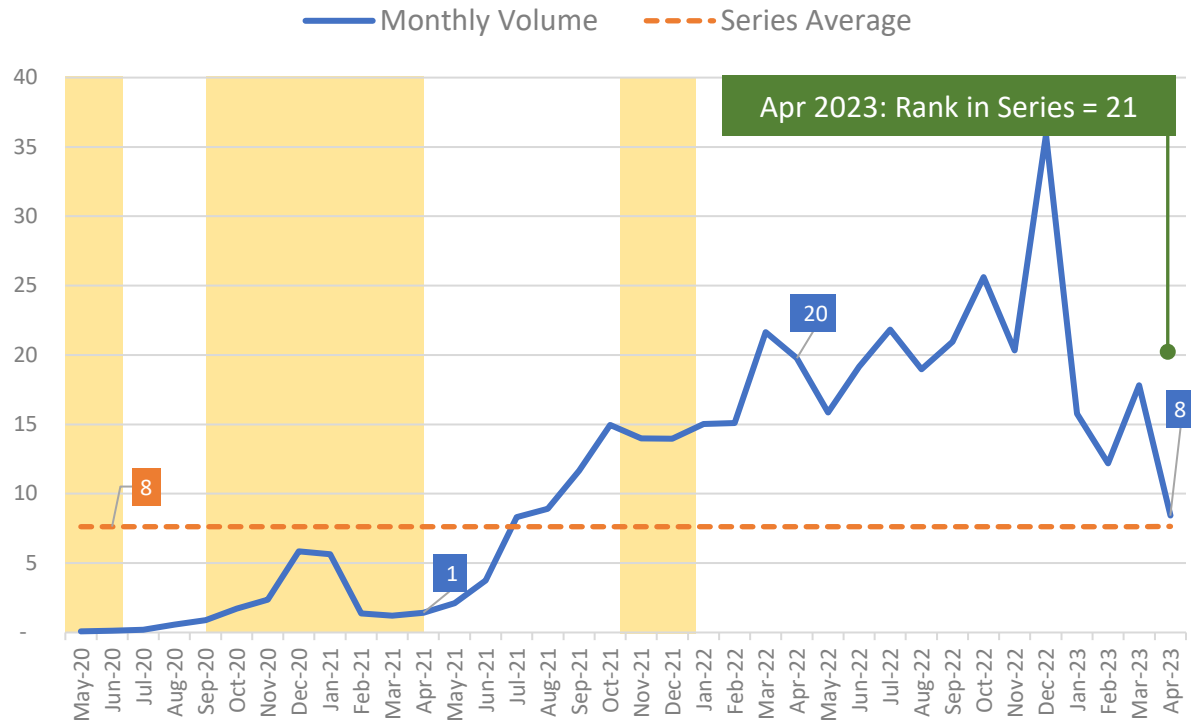


34. Patient Handover Delays over 120 Minutes (source, NAIG)

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

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

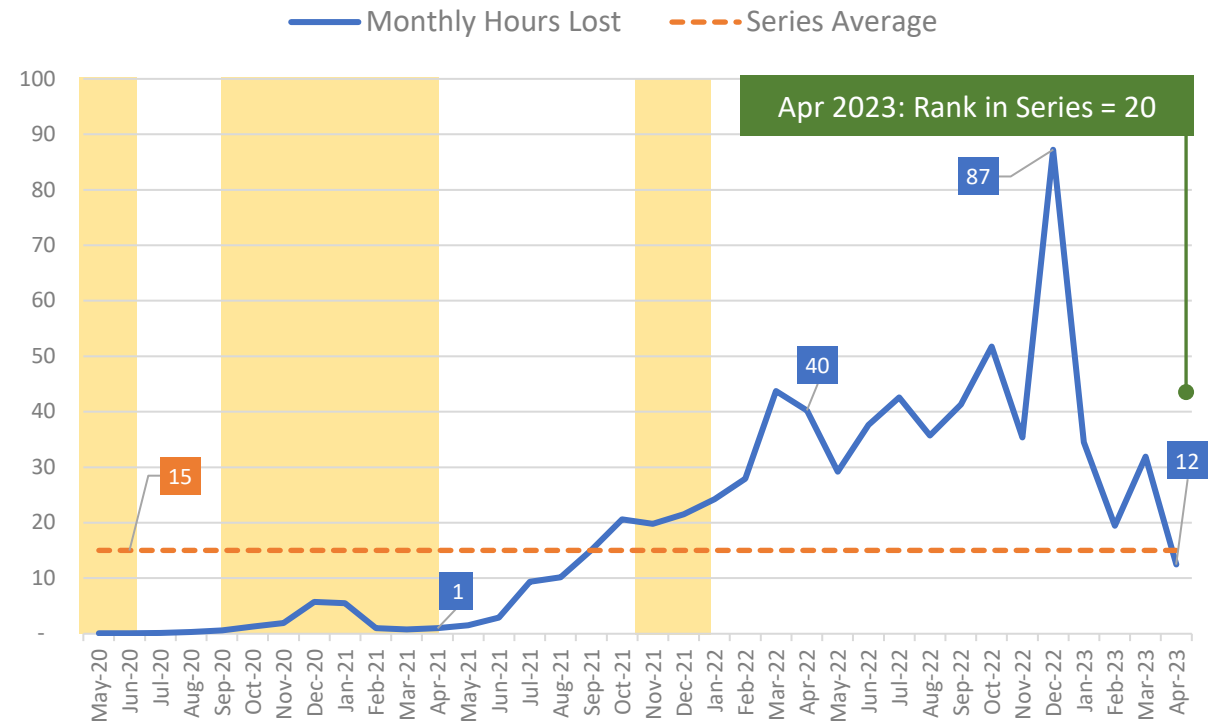


Yellow areas show COVID waves in the UK: source ONS.

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

2. Hours lost for Handovers Over 120 Minutes

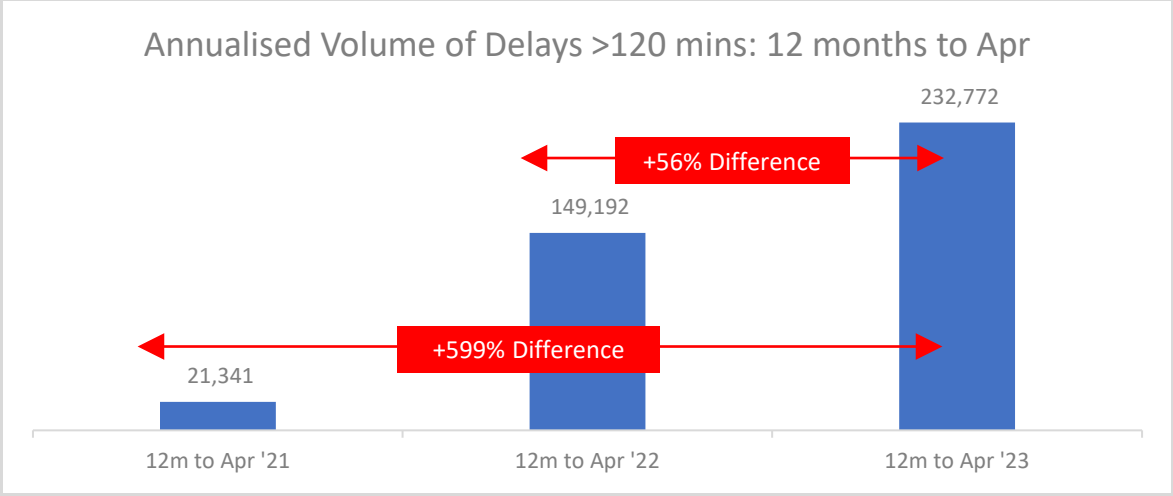
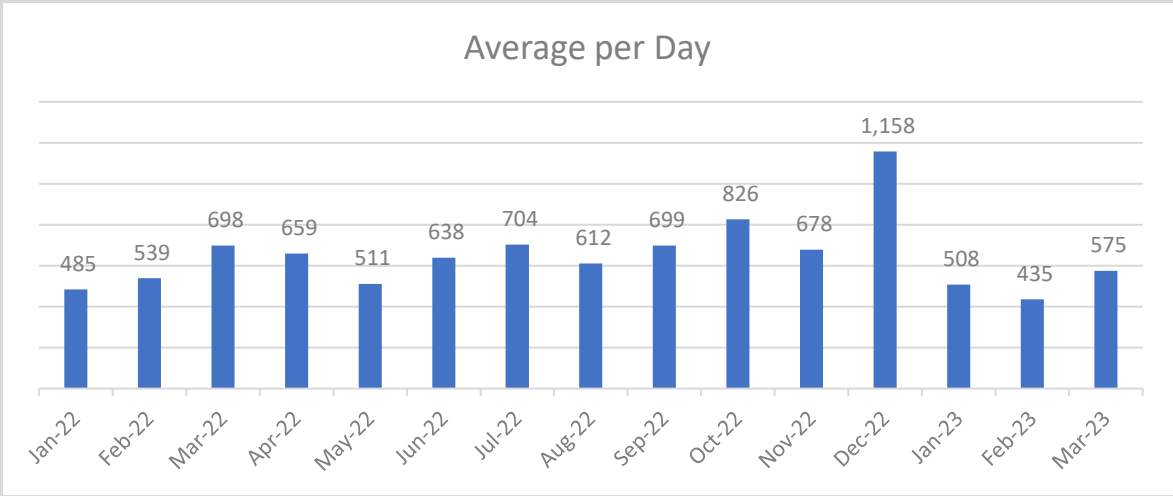
Hours Lost: Handovers over 120 Minutes ('000, source NAIG)



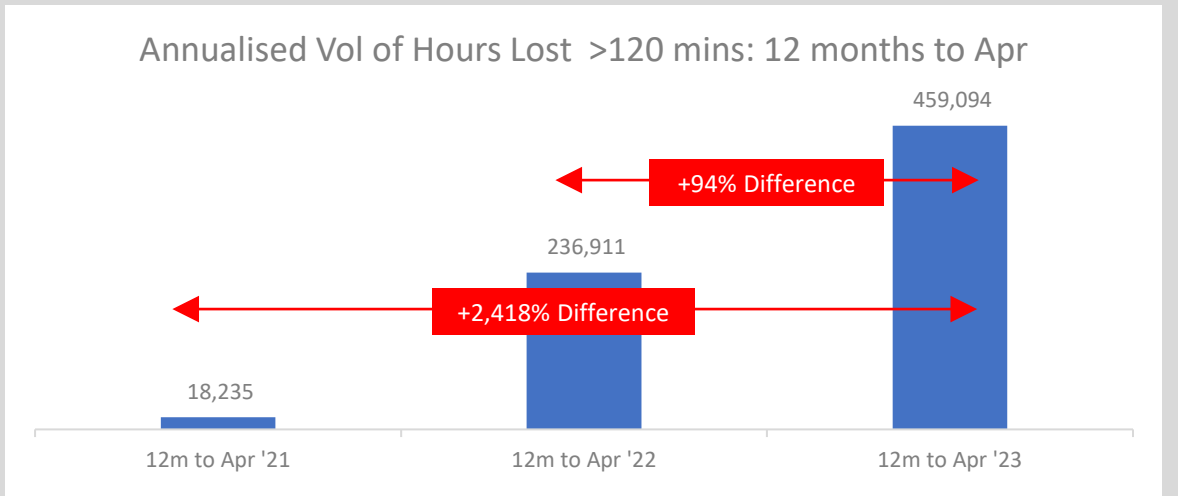
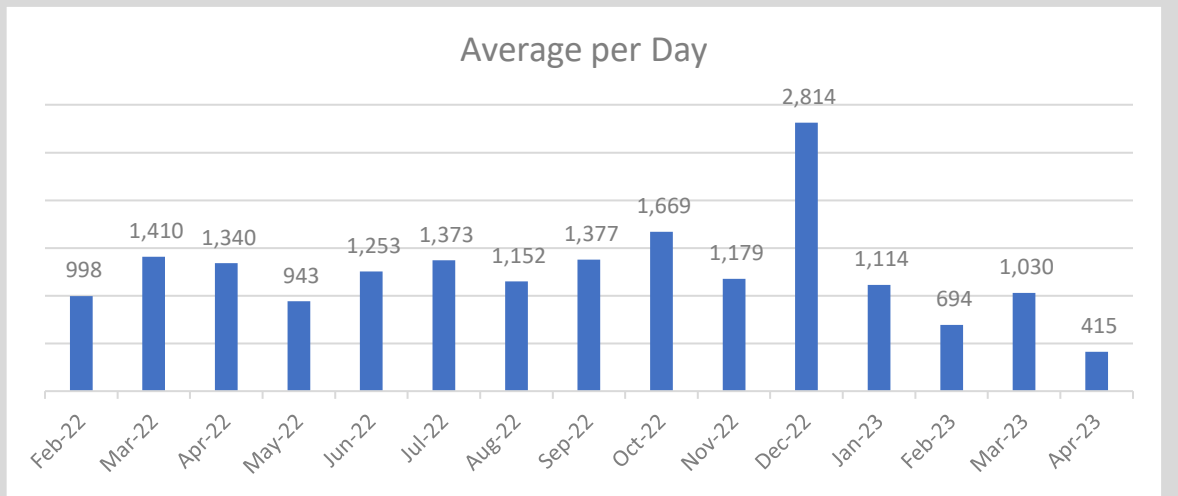
-69% (or -28k)
difference, Apr '22 to Apr '23

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

1. Volume of Handover Delays over 120 minutes



2. Hours Lost for Handover Delays over 120 minutes



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



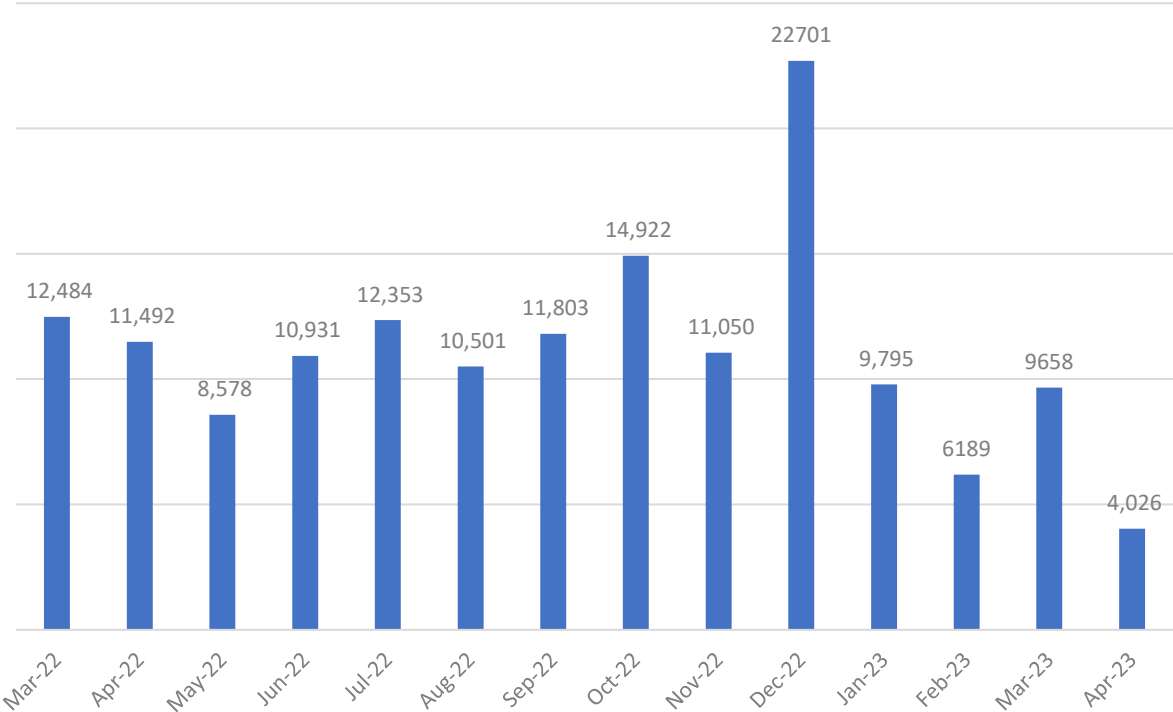
36. Patient Handovers Longer than Three Hours (source, NAIG)



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.

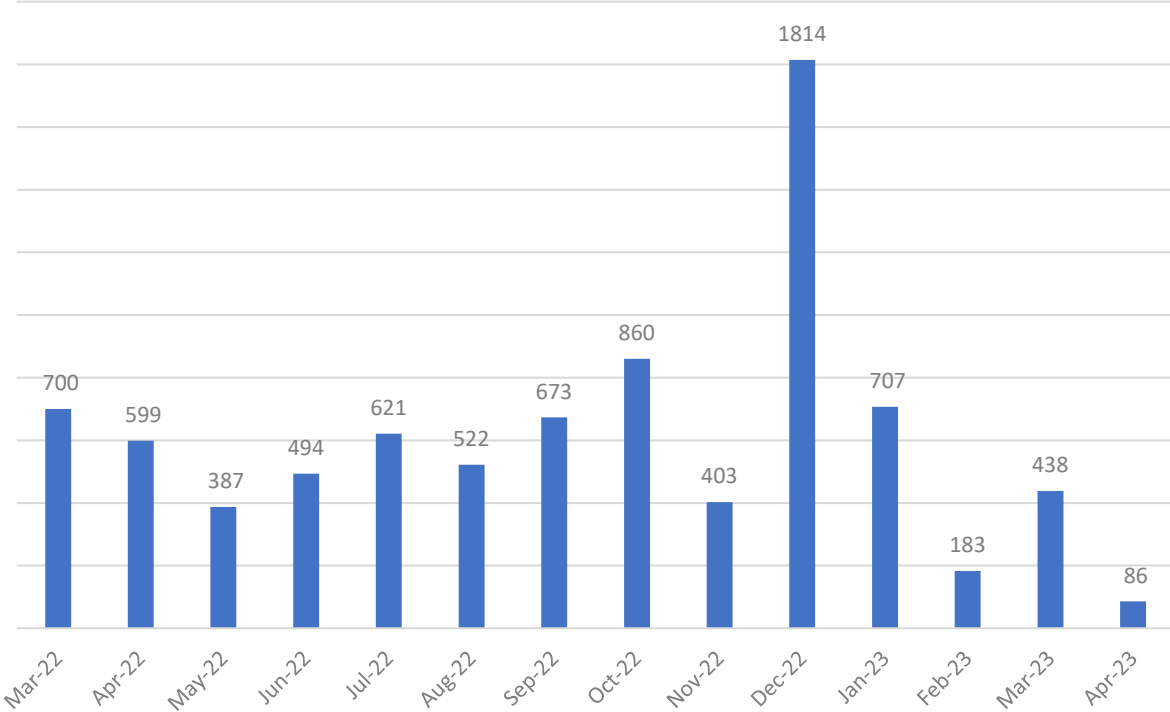
1. Longer Handover Delays: All Over Three Hours

Volume of Handovers over Three Hours



2. Longer Handover Delays: All Over Ten Hours

Volume of Handovers over Ten Hours



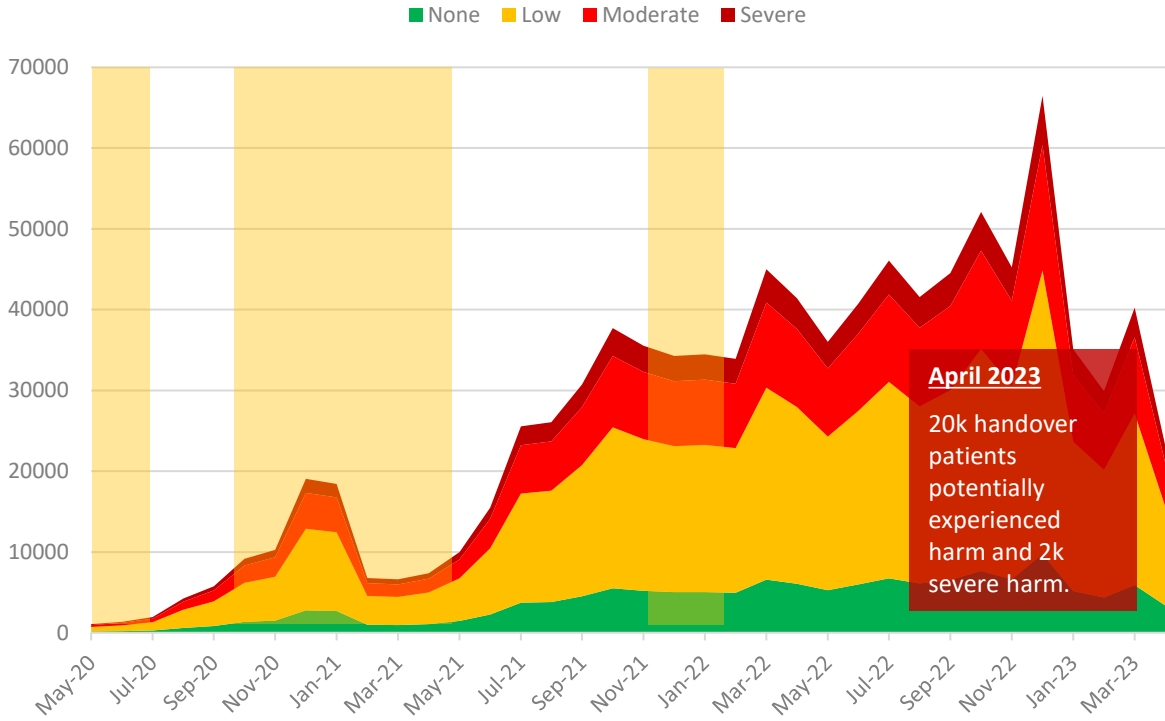
37. Impact on Patients and Crew (source, NAIG, [AQI Data](#) and [AACE](#))



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.

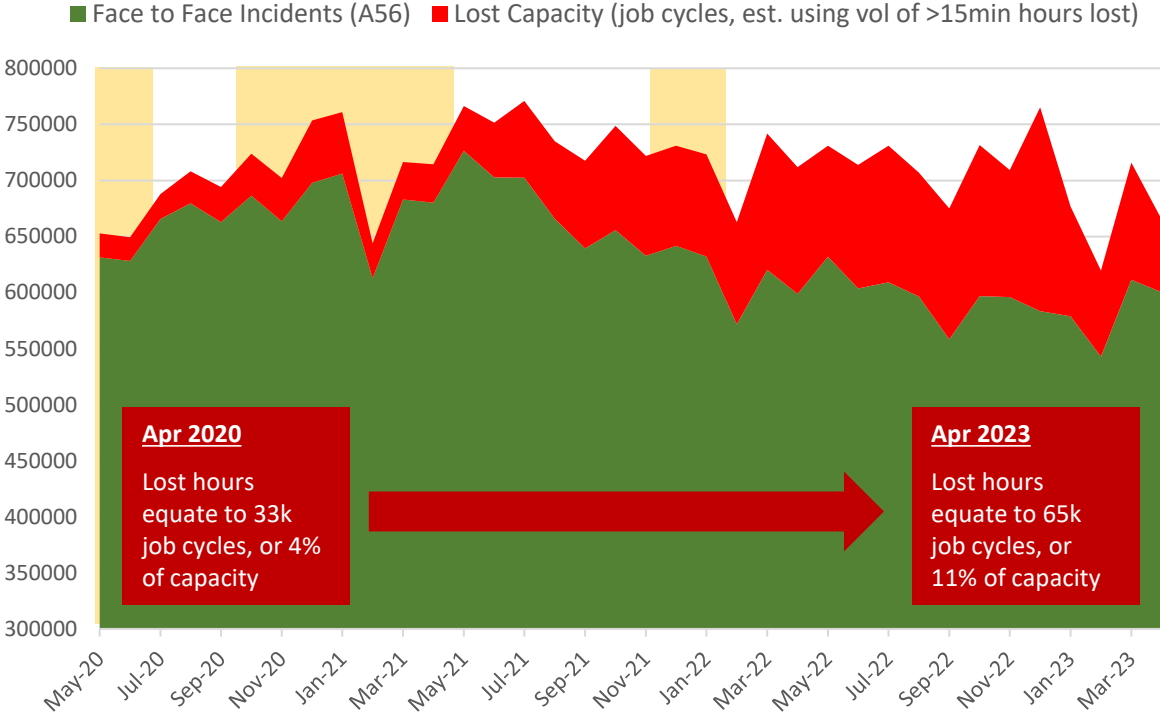
1. Estimated number of patients experiencing potential harm

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.

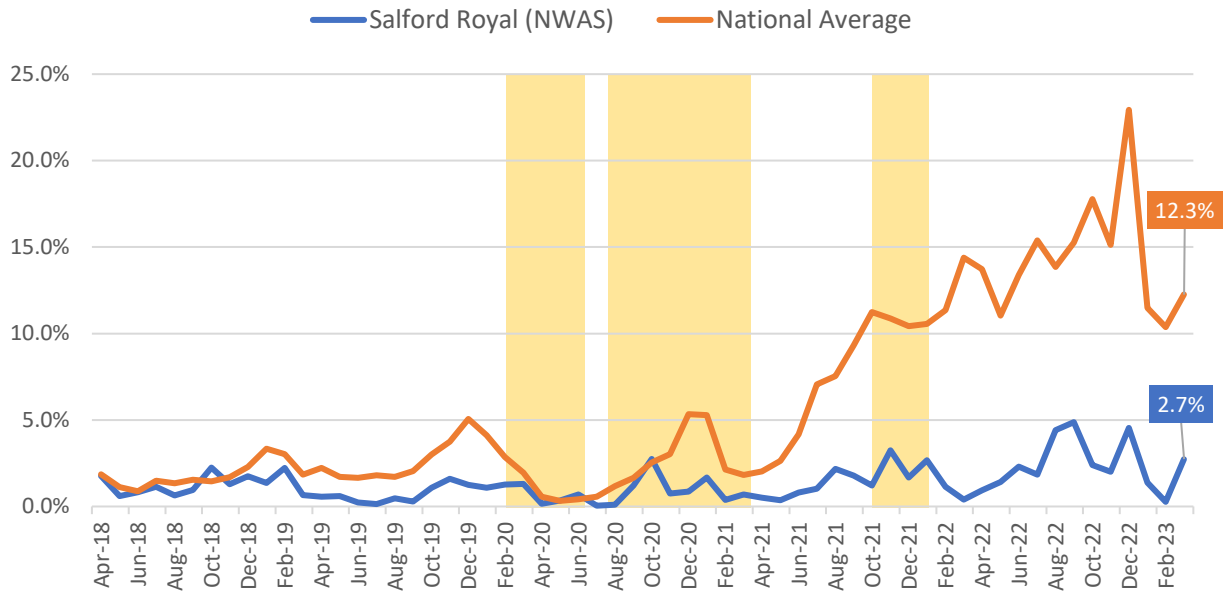
*Estimates based on clinical review of patients waiting >60 minutes in 2021

38. Salford Royal Hospital (NWS Region) – 1 of 3

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)		Percent of handovers <60 mins (av. last 12 months)	
Salford = 1.4%	National = 5.9%	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.

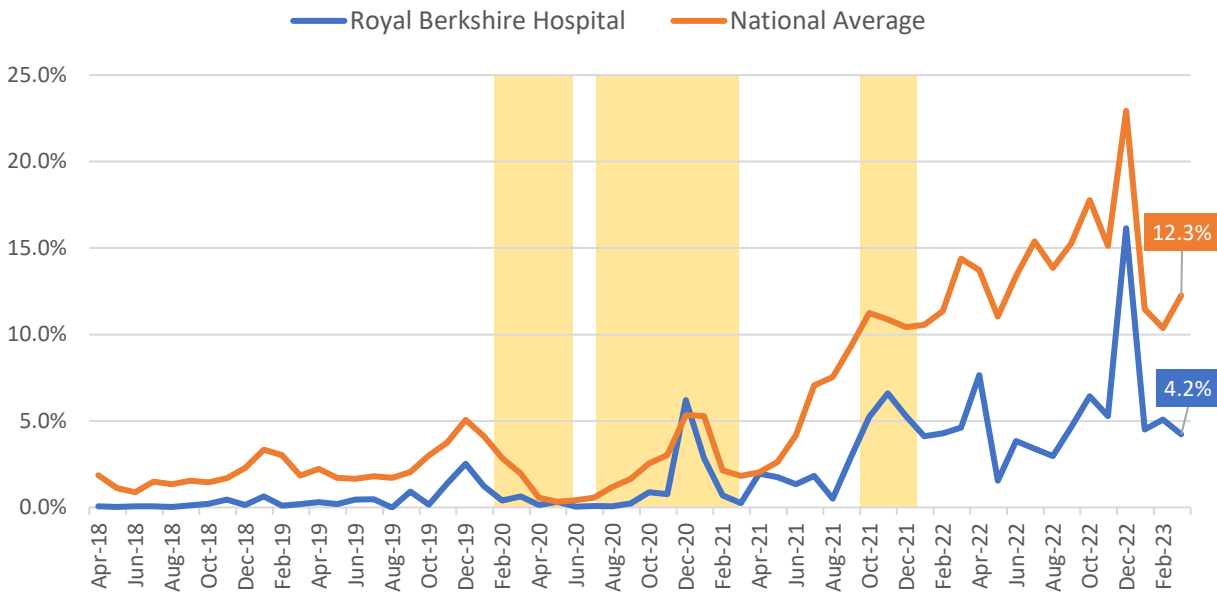
39. Royal Berkshire Hospital (SCAS Region) – 2 of 3

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)

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

Royal Berks' = 5.5%	National = 14.4%
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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.

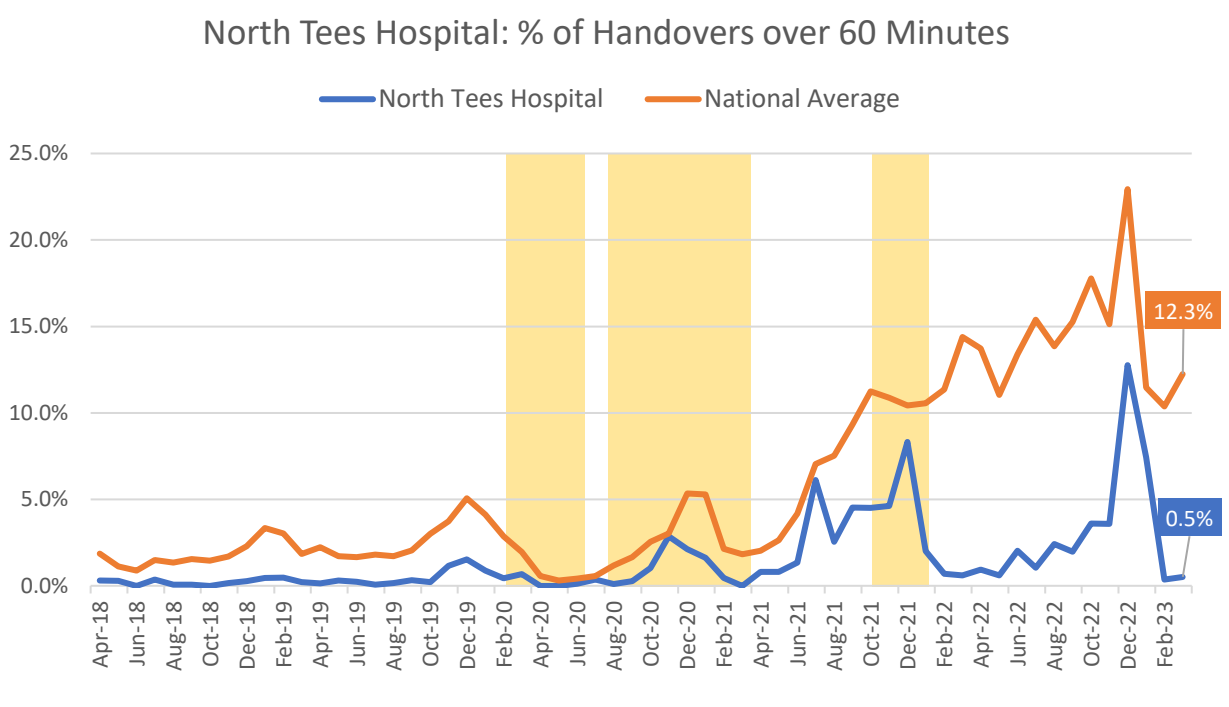


40. North Tees Hospital (NEAS Region) – 3 of 3

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



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.