

National Ambulance Handover Delays

Effective Interventions: Hospital Case Studies

Updated: October 2025

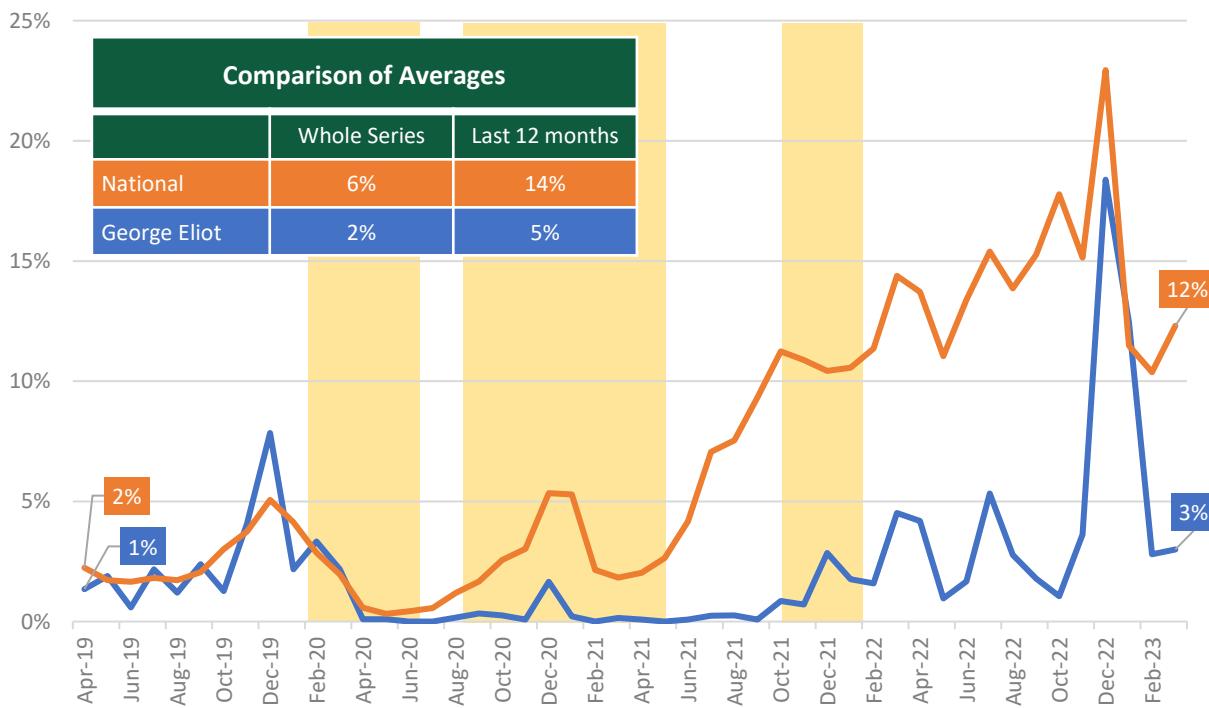
2. Effective Interventions: George Eliot Hospital NHS Trust

Across England, the proportion of handovers exceeding 60 minutes has increased steadily since May 2021, and towards the end of 2022 accounted for more than a fifth of handovers. Over the same time, George Eliot Hospital's share of >60-minute handovers has exceeded five-percent on just two occasions. In March 2023, George Eliot's percentage of handovers in this category was a quarter of the national average.

60-min handovers as percentage of all handovers

George Eliot (WMAS): % Handovers >60 Minutes

— George Eliot (WMAS) — National Average



An overview of George Eliot Hospital's current interventions

- Leadership** – Senior leadership is visible throughout the week supporting emergency flow. There is executive oversight of ambulance delays, with early escalation to Deputy Chief Operating Officer where there are delays approaching 45-minutes with no plan to off load.
- Culture** – Accepting that delaying ambulances compromises community safety of those patients waiting for ambulance responses. Staff at all levels have owned and accepted the problem.
- Flow** – There is a whole hospital response to flow and ambulance delays, close working with ambulatory pathways, and three daily site flow meetings with executive presence. Processes that promote management of variation in ambulance demand are strongly encouraged, including the Fit2Sit initiative.
- Relationships** – The Emergency Department does not function in isolation, working with all specialties, community services, primary care, and ambulance Trusts (WMAS and EMAS) to understand each other's demands and expectations.
- Empowerment and Trust** – Trusting our clinical and operational teams to do the right things by our staff and patients. Staff are empowered to drive change.

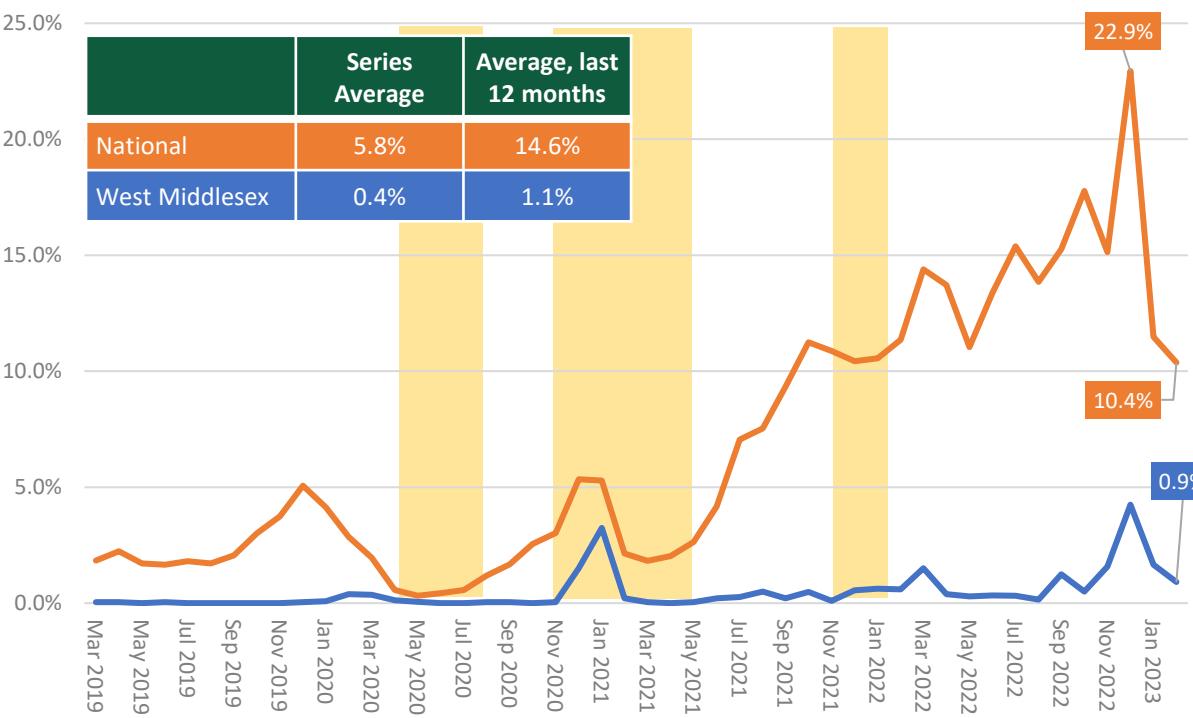
3. Effective Interventions: West Middlesex University Hospital (Chelsea & Westminster)

The proportion of handovers exceeding 60 minutes has increased steadily since May 2021, and towards the end of 2022 accounted for more than a fifth of handovers. Over the same time, West Middlesex Hospitals has not seen its share of >60-minute handovers exceed five-percent, with its average for the most recent 12-months less than a tenth of the national figure.

60-min handovers as percentage of all handovers

West Middlesex (LAS): % Handovers >60 Minutes

— West Middlesex (LAS) — National Average



An overview of West Middlesex's current interventions

- **Senior Leadership.** The Clinical Director is highly visible, and works weekly shifts in the Acute Medical Unit (AMU). Entire corporate teams are highly visible and Executive presence at 4/day bed meetings with handovers being the 1st area for discussion.
- **Nurse experience and leadership.** Many staff have been in post for a long time so there is a large historical knowledge as well as credibility. Patient centric focus with strong values around getting patient to right place first time.
- **Site hub function.** Co-located Urgent Treatment Centre (UTC). This is seen as a strong help to flow, with ambulances having access to the UTC. There is also a robust electronic site model with heavy reliance on data to predict demand and facilitate flow.
- **Community Collaboration.** There is a borough wide six-phase action plan to link all partners (social care and council and health) to deliver on six interventions as a collaborative. Part of this initiative is a strong aim to improve community personal plans and keep patients at home.
- **Empowerment, Trust and Communication.** Staff describe being given permission and are empowered to lead on improvement ideas. Clinicians' views are trusts, and so referrals are accepted rather than debated. WhatsApp is used to communicate operational concerns as well as clinical issues.

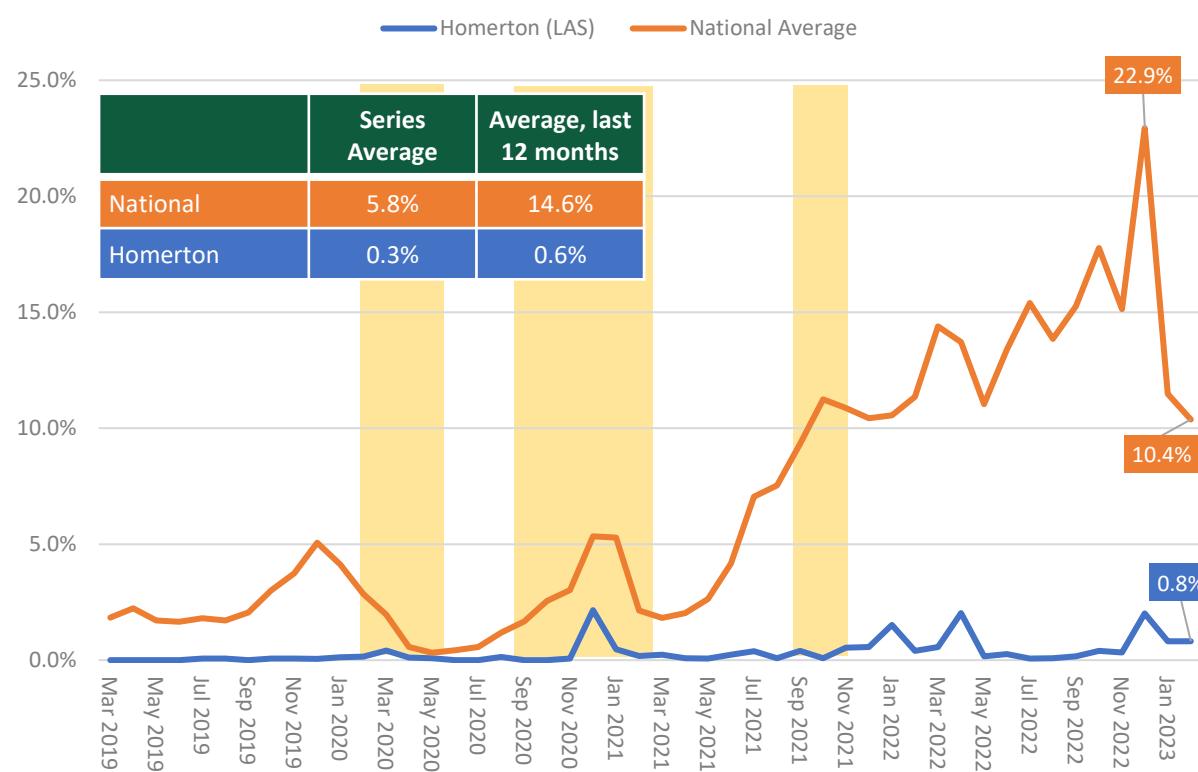


4. Effective Interventions: Homerton University Hospital

The proportion of handovers exceeding 60 minutes has increased steadily since May 2021, and towards the end of 2022 accounted for more than a fifth of handovers. Homerton's share of these handovers has only exceeded one-percent four times since April 2018, and for the last 12-months has a series average of less than one-percent, compared with the national average of nearly 15-percent.

60-min handovers as percentage of all handovers

Homerton (LAS): % Handovers >60 Minutes



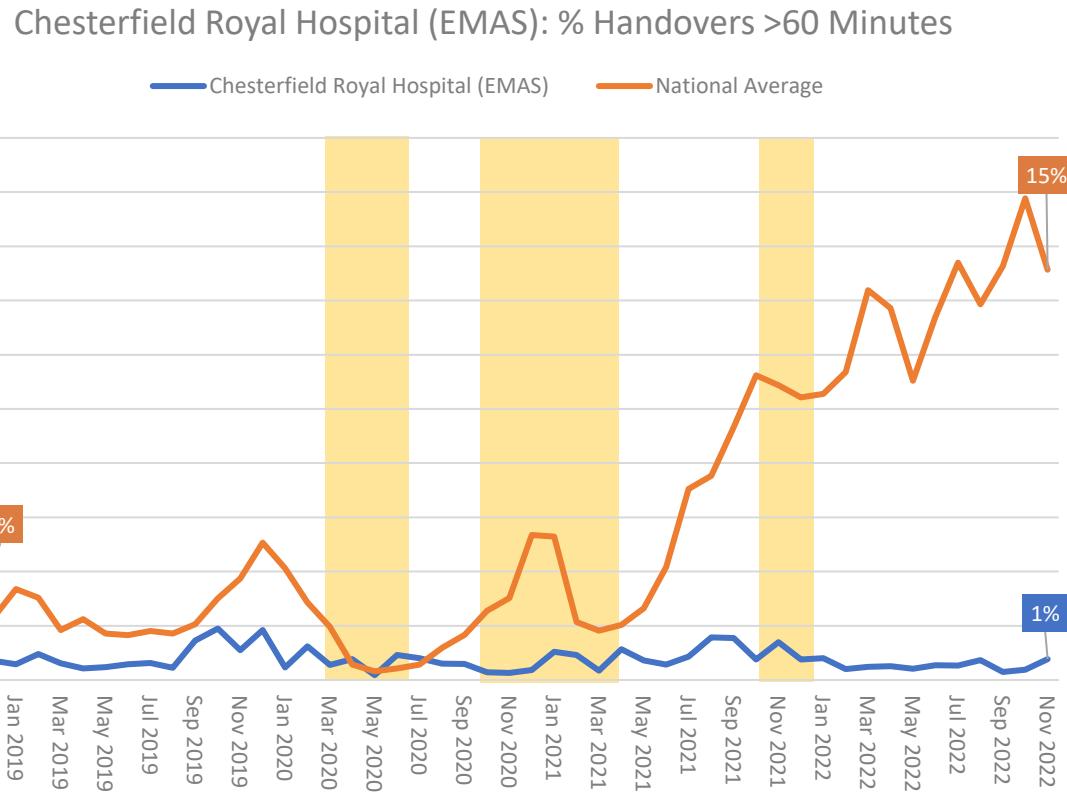
An overview of Homerton's current interventions

- **Integration.** There is a strong Integrated Care System (ICS) and London Ambulance Service (LAS) partnering in monitoring and growing alt to hospital pathways and activity along those pathways with a strong focus on hospital avoidance. LAS have low conveyance-rate linking with multiple alternative pathways and community services, rather than conveying to Emergency Departments (ED).
- **Leadership.** There is clear clinician and nursing team leadership, coupled with longevity of service. Nursing in ED is particularly empowered with heavy competency and development performed on senior staff to enable trusted assessor decisions. This frees up medical staff and encourages nurses to guard flow and use of resources. There is a strong team ethos which helps ensure queues and crowding does not occur.
- **Flexibility.** There is a zero tolerance to corridor care or boarding, mitigated through collaboration between department practitioners and clinicians early in the day. An escalation area is used and is prioritised to flex down once used so that Trust always has a flexible cohorting / bedding area.

5. 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



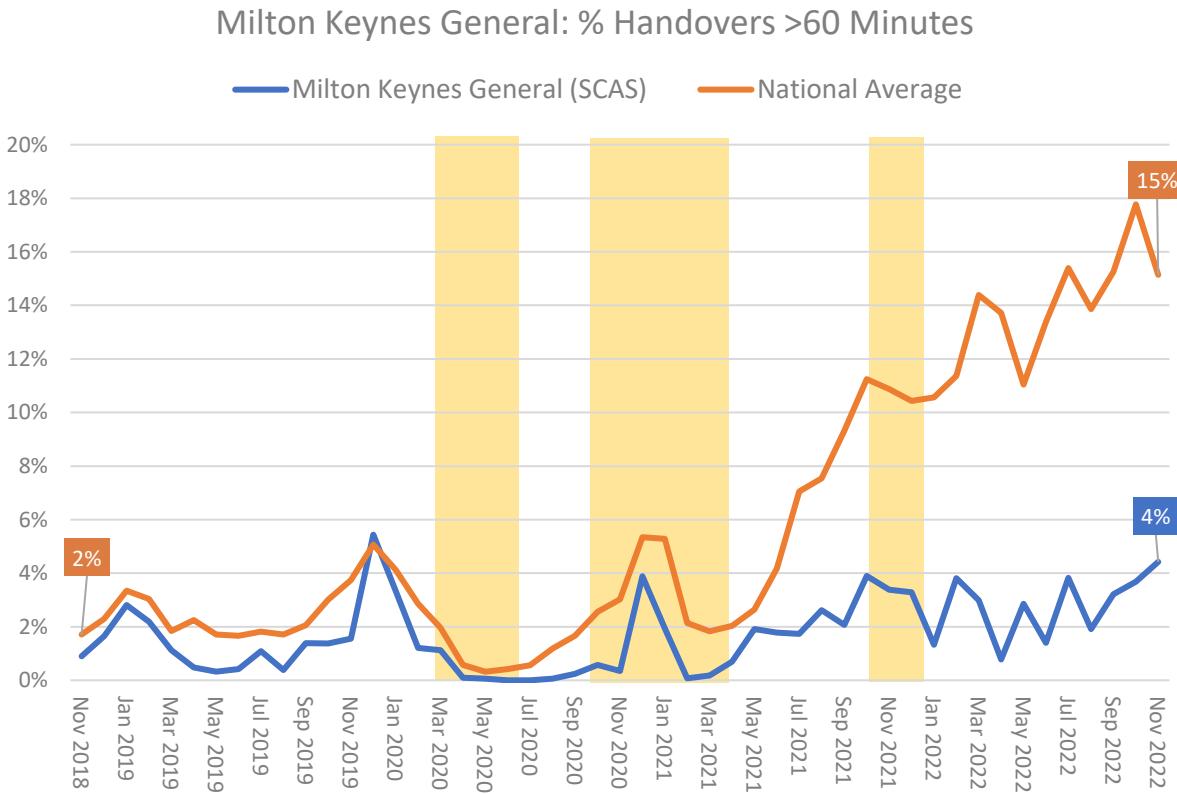
An overview of Chesterfield's current interventions

- **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.

6. 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.

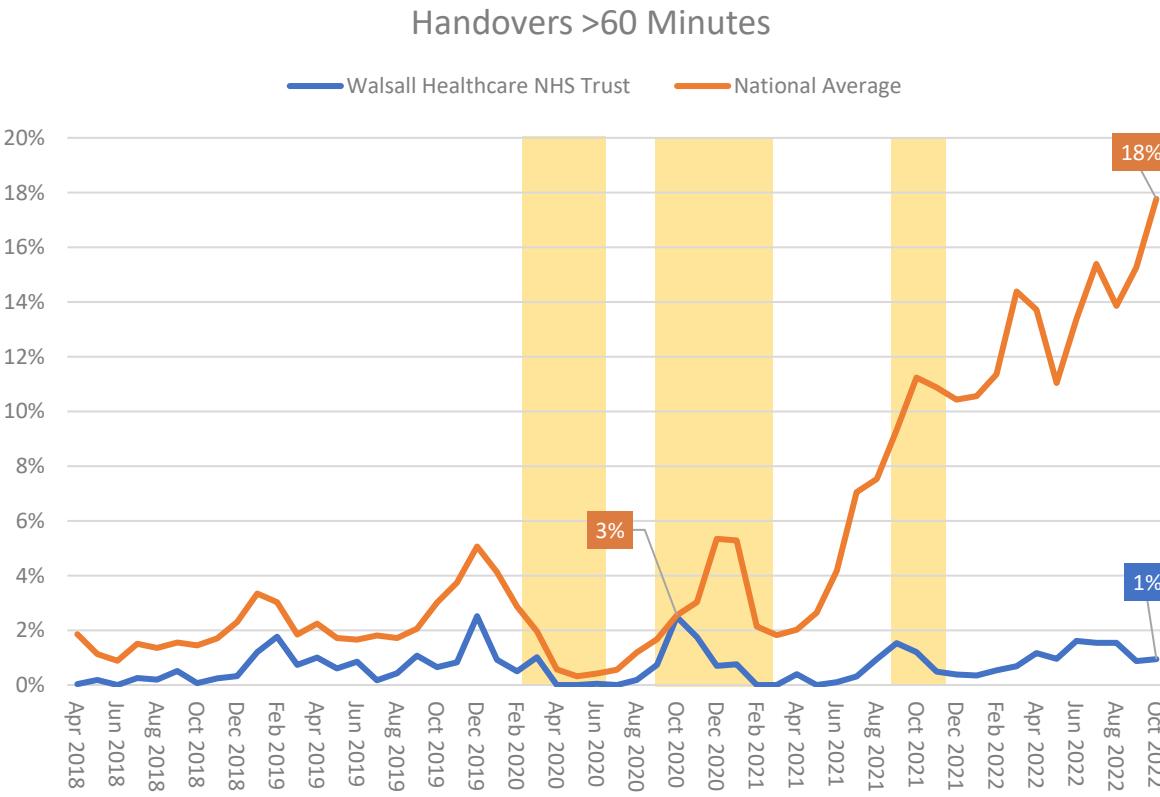
An overview of Milton Keynes' current interventions

- **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 wide 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.

7. Managing Hospital Handovers – Effective Interventions: Walsall Healthcare NHS Trust

The volume of handover delays exceeding 60 minutes has seen significant growth over the past few years. Nationally, the proportion of 60 minute handovers has increased from 3% in October 2020 to 18% in October 2022 (as seen on the next page). By contrast, the proportion of 60 minute handovers at Walsall has rarely risen above 2%, and for the last 12 months has averaged 1% - compared with a national average of 13%. Furthermore, Walsall has delivered the highest proportion of ambulance handovers within 30 minutes in the West Midlands region for 20 out of the last 21 months.

1. 60-min handovers as percentage of all handovers (source: NAIG)



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

2. Walsall has implemented measures which enable timely handovers

- **Culture & leadership:** the patient who has dialled 999 in our community and needs conveying to hospital is our patient. It is our responsibility to ensure they are promptly handed over by ambulance clinicians to the Emergency Department (ED)
- **Alternatives to ED:**
 - Strong community Care Navigation Centre & Rapid Response Team service
 - Direct conveyance to Same Day Emergency Care (SDEC) units - Ambulatory Emergency Care (AEC), Frail Elderly Service (FES), Gynae Assessment Unit (GAU) and Surgical Ambulatory Care Unit (SACU)
 - Integrated Front Door (Community-led, hospital-based service)
 - Co-located Urgent Treatment Centre
- **Rapid Assessment & Treatment (RAT) function** for ambulance arrivals in ED with Emergency Care Assessment Practitioner workforce (drawn from both Registered Nurse and Paramedic professions). Installation of additional ED cubicles (2020) to facilitate Infection Prevention & Control segregation.
- **Comparatively good patient flow out of ED:**
 - Multiple SDEC units: AEC, FES, GAU, PAU, SACU
 - Proactive pull of overnight inpatients from Acute Medical Unit by both AEC and FES
 - Highly functional discharge lounge (07:00-22:00)
 - Comparatively low Medically Stable For Discharge inpatients (Walsall Together impact)

King George Hospital – Patient Handover Case Study Updated

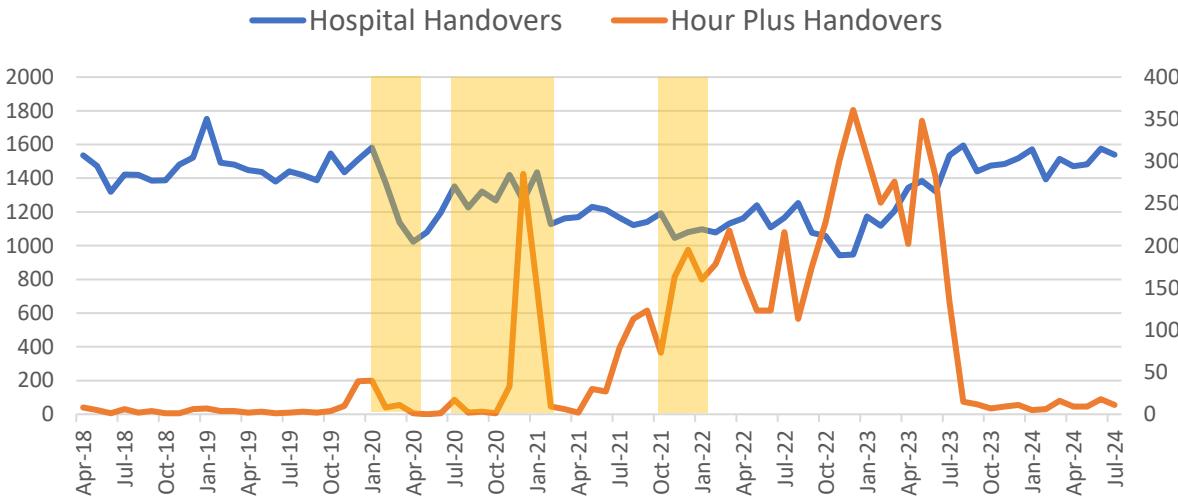
Draft 1

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1. King George Hospital and Patient Handovers

Summary. From mid-2023, King George Hospital has seen its proportion of hour-plus patient handovers decrease from well above the national average to well below - a position it has sustained well into 2024. This case study reiterates the measures and initiatives that have helped achieve this transformation.

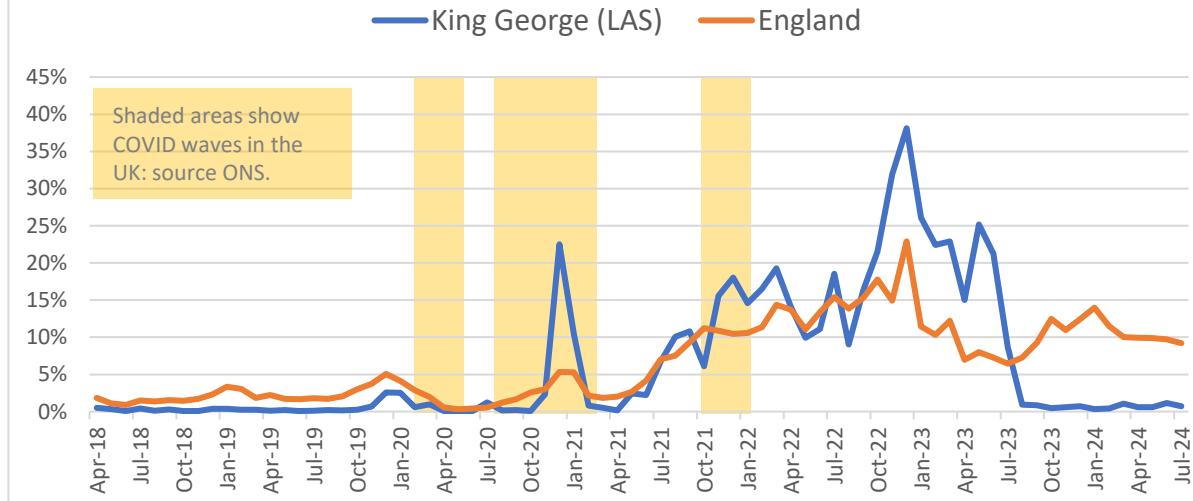
King George Hospital - Volume of Handovers and Hour Plus Delays



About King George Hospital

- Located in Ilford, London, the hospital is part of the Barking, Havering and Redbridge University Hospitals NHS Trust.
- The hospital has 333 beds.
- Volume of patient handovers has grown steadily, averaging 32 handovers a day across the last three months of 2022, to 50 a day in the three months to July 2024 (see line graph, above). This latter figure is same as the daily average for England (source NDOG/NAIG).
- Over the same period, hour-plus delays at the hospital have dropped from an average of ten each day to less than one each day.

Hour-Plus Handover Delays as Proportion of Hospital Handovers



Context: 2. Hour-plus Handovers at King George Hospital

- The proportion of King George's hospital handovers taking an hour or longer tracked alongside the average for England until the second half of 2022 (see line graph, above).
- Between August and December 2022, the proportion of hour-plus handovers increased sharply. They peaked at 38% in December 2022, while the national average was 23%.
- Since August 2023, the hospital's hour-plus delays have dropped sharply and currently account for under one-percent of handovers.
- The equivalent figure for England over the same period was 11-percent.

2. Effective Interventions at King George Hospital

Summary. A number of ongoing initiatives have resulted in the reduction of handover delays at the hospital. These include close collaboration with the ambulance trust, pre-emptive information sharing, roles dedicated to improving patients' handover experience and integration of W45 into standard practice.

Culture and Leadership

- The hospital has recently appointed a new Managing Director who has embraced close working with the ambulance trust as well as taking a whole hospital approach – from admission to discharge – in reducing the risks held in the community, with LAS and within their ED.
- This has helped infuse a culture of collaboration and proactive intervention, designed to reduce patient handover delays while also focusing on the broader patient journey.

Communication

- Regular meetings between the hospital's MD and LAS' Associate Director of Ambulance Operations have fostered a collaborative approach to reducing delays, ensuring resources from both sources are deployed efficiently and directly related to demand.
- Early-alerts are communicated via a specifically created WhatsApp group, in addition the management teams from the emergency department and local ambulance station also meet on a regular basis to talk through issues and solutions.

Pre-emptive information sharing

- The hospital has adopted the Cambridge Model for rapid handover, combined with the approach used by Homerton Hospital (also featured in AACE's case studies).
- This helps ensure the hospital has a clear understanding of the patient's medical needs pre-arrival, resulting in a more effective handover once the ambulance arrives.

Dedicated role-allocation

- There are four (ICB funded) Improvement Managers now in place, dedicated to focus on improving patient handover experience.

Integration of W45 into standard practice

- The hospital has embraced the practice, launched nationally in January 2023, which sees complete and safe patient handover within 45-minutes of the ambulance's arrival at the emergency department.
- The hospital has also considered moving to a 30-minute target.

Focus on patient wellbeing

- The demographic profile of the population served by King George hospital means that they are - by necessity - reliant on a high degree of social care.
- Diverting local patients to hospitals other than King George will delay patient discharge, and reducing handover delays at the hospital ensures patients are treated in their local ED, that patient flow is improved and that individuals are discharged appropriately.

To read other hospital case-studies in this ongoing series, please visit the link below:

<https://aace.org.uk/hospital-handovers/>

Other case-studies cover the following hospitals:

- Chesterfield Royal Hospital
- George Eliot Hospital
- Homerton University Hospital
- John Radcliffe Hospital
- Milton Keynes General Hospital
- North Tees Hospital
- Royal Berkshire
- Salford Royal Hospital
- Walsall Healthcare NHS Trust
- West Middlesex University Hospital (Chelsea and Westminster)

Queen Alexandra Hospital – (Portsmouth Hospitals University NHS Trust) Hospital Handover Case Study – October 2025

Published – October 2025

1. Queen Alexandra Hospital and Patient Handovers

Background: Queen Alexandra Hospital opened its newly built Emergency Department (ED) in late 2024. The previous ED had been in use since 1979, and the new building was designed to reflect the increase in demand, and improve the experience of those in need of emergency care. Since opening, the hospital has seen a notable reduction in handover time, and the time lost as a result of handover delays.

- **Mean handover time** in the three months to July 2025 was 15-minutes at the new ED, compared with 52-minutes in the three months to July 2024. For England overall, the equivalent times were 27-minutes (2025) and 31-minutes (2024).
- **Time lost to handover delays** exceeding 15-minutes has dropped from a daily average of 4,390-minutes (or 73-hours) in the three months to July 2024, to 290-minutes (or five-hours) in the three-months to July 2025.
- **The power behind the change**, and therefore the improvement, was driven by partnership and collective effort, with staff working together for communities and collectively leading teams to the same objective.
- **Focus on delivery for patients was key**, as was management of risk to patient safety and experience, through visible leadership and building a focus on continuous flow and a whole hospital approach to urgent care
- **Design and planning was crucial**. Rapid Assessment and Treatment (RAT) models are used across the ED. Redesigned, continuous patient flow has been implemented across the whole pathway, distributing risk from ED. Patients are moved to the right place first time in anticipation of capacity, maintaining flow and not allowing static queues to build while complying with internal professional standards. Optimisation of Same Day Emergency Care (SDEC) areas and other alternatives to bedded services such as use of discharge lounge and early birds, have been maximized.

