



Introduction

It is now over a decade since handover delays were the focus of a major collaborative report by the NHS Confederation and the Association of Ambulance Chief Executives (AACE).

'Zero Tolerance: Making ambulance handover delays a thing of the past' highlighted the detrimental impact of delays on patients and staff across the Urgent and Emergency Care (UEC) system, as well as the resulting drain on finite physical and financial resources.

At the time of its publication, the expectation – stipulated by the Department of Health – was that handovers must occur “within 15 minutes of ambulances’ arrival at the A&E (Accident and Emergency) Department”, and that a “zero tolerance” approach to delays should be embraced.

This was in the context of research undertaken in 2011 which revealed one-in-five handovers were exceeding the expected 15-minutes.

Over the next ten years, delays increased steadily. The upward trend was already established before the 2020 pandemic, but has since accelerated with numbers reaching unprecedented levels: 2022 saw volumes peak in December when around three quarters of handovers in England took 15-minutes or longer, and around one quarter took more than an hour.

Alongside this decade of growth, numerous studies, reports and guidelines have been published, aimed at raising awareness of the issue among regulators as well as providing cross-sector recommendations aiming to bring delays under control.

In 2021, AACE released the results of its clinician-led review of 500 A&E patients across the UK each of whom had experienced handover delays of one-hour or longer. These results quantified the widely understood, if largely unmeasured, reality that the longer patients have to wait in an ambulance as part of the handover process, the greater the risk of them experiencing additional, sometimes serious harm.

Since then, AACE has issued monthly reports detailing handover delay volumes and their broadly felt impact. It has used this insight to engage with regulators, practitioners, sector representatives, staff and patients, as well as the specialist press and main-stream media.

While bringing attention to the growing scale of the harm and loss resulting from delays, AACE has also focused on best practice. It has identified individual hospitals where longer delays are a fraction of the national average, and approached them, with NHS England's support, to understand how this is achieved. Case studies outlining successful initiatives from ten such hospitals have been published to-date, with more to follow.

At the start of the 2023-2024 period, longer delays have shown signs of receding –yet continue to remain significantly higher than just two years ago. Unlike then, however, there is now a greater awareness of the consequences of delays and the need for their control. It is clear today that 'Zero Tolerance' did not result in the immediate “reduction and elimination” of delays, but it has nonetheless helped drive awareness of the problem and its solutions. That report's call for consistent and transparent data resulted in the National Ambulance Information Group (NAIG) developing new metrics, collected across England from 2018 and forming the backbone of the current, ongoing conversation.

Data collection continues to evolve. Delays are a fundamental component of NHS England's new Ambulance Data Set (ADS), which will standardise the way UEC data is gathered. In turn this will allow for better planning, communication and patient care, and is vital to the success of NHS England's *long term plan* to address and eliminate handover delays.

Collectively we move further away from the unprecedented numbers seen in 2022 with a better appreciation of what can be done to finally achieve those goals of reduction and elimination. This report therefore represents a hopeful 'line in the sand' - a reminder of the impact of handover delays over the past decade and the work still to be done to reduce them, but also an opportunity to draw together the positive initiatives from hospitals who have 'bucked-the-trend'. Sharing this learning will shape the journey ahead for ambulance and acute trusts alike, and ultimately reduce the risk of further harm to already vulnerable patients in need of urgent emergency care.