

NEWSLETTER

June 2026



*Our research team would like to thank all participating sites for their contributions to this study thus far.
This Newsletter provides updates on each work package and outlines next steps.
We welcome your feedback.*

Phase 1

We are pleased to share our first study publication: [How are handover delays from ambulances to emergency departments being addressed in the United Kingdom? A nationwide survey of ambulance services and emergency departments](#)

[click here to see infographic](#)

Two additional publications are being finalised, focusing on:

- Determinants of ambulance handover delay at NHS Emergency Departments in England: An exploratory analysis of routine aggregate performance data;
- Initiatives to reduce delays between Emergency Department (ED) and admission to inpatient care: a scoping review.

During Phase 1, we also identified our key stakeholders and began engaging with them. Some contributed to another key step in Phase 1: the development of site selection criteria. We decided to select EDs who were not extreme outliers for handover delays but were located within ambulance service areas with distinct variation in handover times. In addition, ED patient volume and throughput were required to be moderate to high to ensure sufficient activity for analysis. Finally, inclusion depended on the feasibility of accessing and linking study data from both ambulance services and hospitals.

Phase 2

We have entered Phase 2 of the study and are actively collaborating with participating sites.

Participating sites - we hit our recruitment target!

We recruited eight sites in England: four where handover delays are relatively low (Group 1) and four where handover delays are higher (Group 2). Approvals to begin study activities at sites were granted between August 2025 and January 2026.



Patient survey

Each site identified a random sample of 700 patients who called 999 and/or attended ED in July or August 2025. A total of 5,600 questionnaires were distributed.

The questionnaire explores care experiences leading up to, during, and following their emergency episode.

So far, we have received 1,123 responses, a response rate of 20%. Around 40% of questionnaire respondents expressed interest in follow-up interviews.



Protocol deviations reported by sites included:

- errors in patient sampling and screening, resulting in sending questionnaires to ineligible patients;
- failure to save sampling worksheets, resulting in lost links between study IDs and identifiable data.

To prevent further sampling errors, we have introduced a checklist within the case note review guidance. Thank you for your support in quality assurance of these important research activities.

Estimated completion date: September 2026

Qualitative work

Interviews / focus groups with professional stakeholders

Recruitment of staff for interviews started in February 2026, with 10 interviews completed so far, across eight trusts. Additional interviews are currently being planned. We will interview 40 professionals, including ED leads/staff, ambulance service leads/commissioners/staff, and key stakeholders across the pathway. Focus groups will be arranged after the interviews. Topics for exploration include initiatives in place to reduce handover delays, structures and processes perceived to underpin/exacerbate/mitigate harms caused by queuing and possible solutions.

Interviews with patients (and/or family/carers/nominee)

Recruitment of patients for interviews started in May 2026. We will interview 40 patients (five from each hospital site). Topics for exploration using a timeline interview approach include experiences of care, handover delay or excessive wait in the ED, and their views on potential mitigation strategies.

Estimated completion date: September 2026

If your site hasn't taken part in an interview yet we would love to hear from you. Please contact us at:

JosephNJ1@cardiff.ac.uk or Hamiltonmr1@cardiff.ac.uk

Case note review

To better understand patient safety incidents linked to delays in EDs and handovers between ambulance services and hospitals, we are carrying out a review of patient records. This will help us understand the kinds of harm patients may experience and the circumstances in which these incidents occur.



Each study site has identified a random sample of 300 patients whose ED records, and ambulance patient records where available, are being reviewed. Eight emergency medicine consultants have been recruited and trained to review records, and we are looking to recruit one more reviewer who is available to travel to Merseyside. If you know someone who may be interested, please contact us (stalled@swansea.ac.uk).

While some sites are still finalising access to reviewers, the review process has already commenced at three hospitals. In cases where ambulance records are not available within ED systems, participating ambulance services will provide them directly. If reviewers identify cases where patients may have experienced healthcare-related harm, research paramedics at each site will help review and interpret these findings to ensure they are understood in context.

Estimated date for ED consultants to complete their review: August 2026

Estimated completion date: November 2026

Routine data analysis and health economics

We are collecting data for people that live within the catchment area of participating hospitals within the ambulance service areas listed above who self-presented to ED or called 999 between September 2024 and August 2025.

Participating ambulance services have started compiling data for patients who called 999 within that period. These data will be transferred to SAIL once permissions are in place. Ambulance services will also transfer key identifiers and study IDs to NHS England for the same cohort, whilst participating hospitals will transfer key identifiers and study IDs to NHS England for patients sampled for the patient survey and the case note review.

Patients who attended participating EDs as walk-ins within the census period will be identified from central NHS England records and will be linked to the same data items as the 999 callers. We will then compare outcomes between Group 1 (sites where handover delays are relatively low) and 2 (sites where handover delays are higher).

We will also develop a Discrete Event Simulation model to assess the costs and impacts of handover management on patient flow and care in EDs. The model will compare strategies, consequences, and explore scenarios across sites. This will provide a transparent, evidence-based tool to guide decisions on optimising handovers and resource use within the EDs and potentially across wider health and social care systems.

Estimated date for data transfer from sites: July 2026 (pending securing approvals)

Estimated completion date: January 2027

Study Within A Project (SWAP)

The SWAP will compare use of on-site hospital records versus anonymised central records (in NHS England) for retrieving outcome data. Data completeness, quality, comprehensiveness, and cost will be compared. Participating sites will transfer this data to SAIL once permissions are in place. Data items will be shared with sites shortly.

Estimated date for data transfer from sites: Autumn 2026

Estimated completion date: February 2027

Patient and Public Involvement (PPI)

Two PPI contributors have been members of the Research Development Group from the study outset. In addition, we have established a Patient and Public Advisory Group, which currently includes 14 members with a diverse range of socio-demographic backgrounds, lived experiences and clinical conditions in waiting in EDs and in ambulances.



Contributions so far have included developing a more inclusive definition of harm, reviewing and testing the patient questionnaire and recruiting materials, as well as providing feedback on the patient interview guides, timeline interview methodology and study website.

We are currently also working closely with all our PPI members to translate their lived experience of waiting in A&E, or for an ambulance, into creative expressions, such as short stories, vignettes, poems, and collages. These creative expressions will draw attention to the human suffering of waiting whilst experiencing a health emergency, which will make our knowledge exchange extra impactful. Soon we will seek their input in interpreting the preliminary survey and interview findings.

Dissemination

We invite you to visit the **study website**: <https://stalledstudy.com/>

Upcoming event: Study webinar **16 July 12:00-13:00** - Phase 1 findings, study progress and next steps.

Ethics - upcoming amendment

We are preparing an amendment to the Confidential Advisory Group (CAG) concerning data items, data flows and data sources for the routine data work package, the case note review and the SWAP, as some details were missing from the original application. Further details will be shared with sites once the amendment is approved.

Study expected end date: 31 March 2027
stalled@swansea.ac.uk

