



Handover Delays -Harm in Hospital and the Community

Protecting patients, staff and ambulance availability for the Southern community

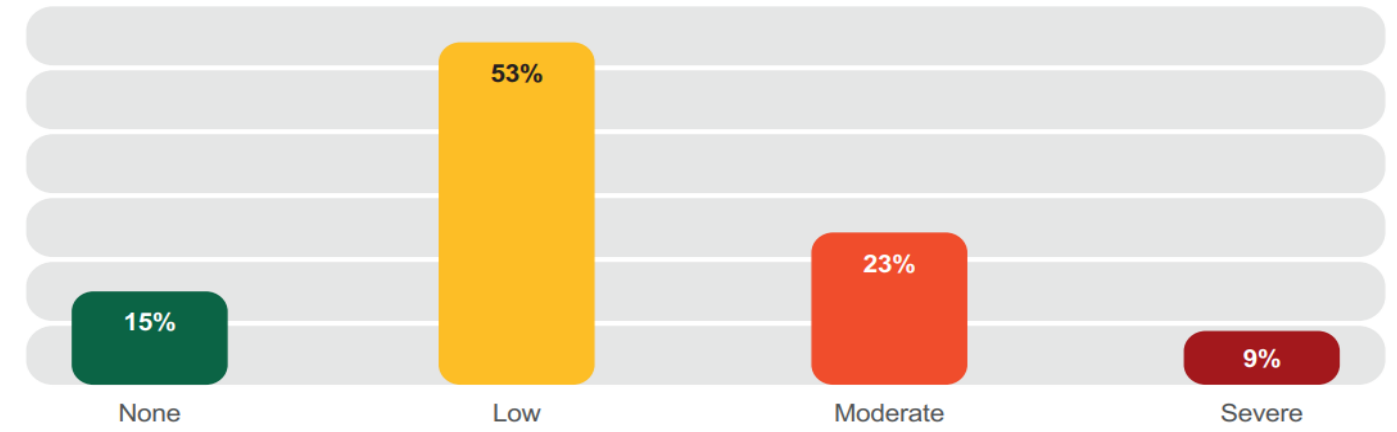
GETTING IT RIGHT FIRST TIME
For Emergency Medicine
The Emergency Departments of Northern Ireland
 Report following visits in June 2023



This report has been produced by the Getting it Right First Time (GIRFT) Project Team at the Royal National Orthopaedic Hospital (RNOH/GIRFT). It aims to enable a rapid improvement in the delivery of urgent and emergency care and the adoption of the GIRFT principles to ensure best outcomes for patients, by reducing unwarranted variation and maximising the use of existing resources and assets.

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Over 8 out of 10 of the patients who had handover delays of more than an hour potentially experienced some level of harm



National Structured Clinical Review (UK Ambulance Services 2021)

What Does Harm Look Like?

- Deterioration / delayed definitive care
- Pain, dehydration, pressure damage
- Distress/confusion (frailty, dementia, vulnerability)

After 60 minutes, harm is not exceptional it is expected.

Every hour lost at ED is an emergency we cannot reach

December 2025 impact (NIAS)

- 11,072 hours lost at ED handover delays
- Equivalent to 30 ambulance shifts per day removed from the community
- 26% of planned emergency capacity lost

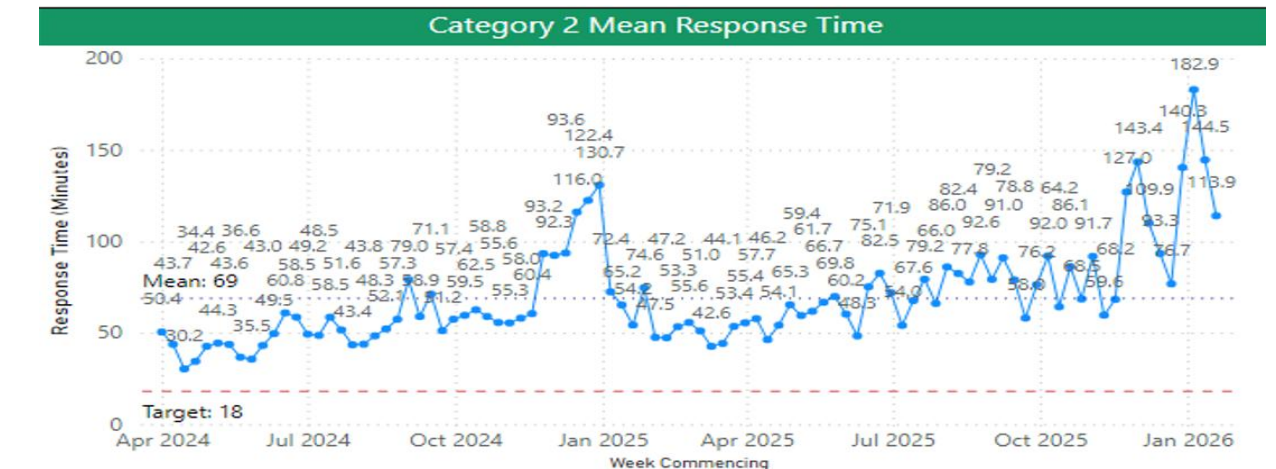
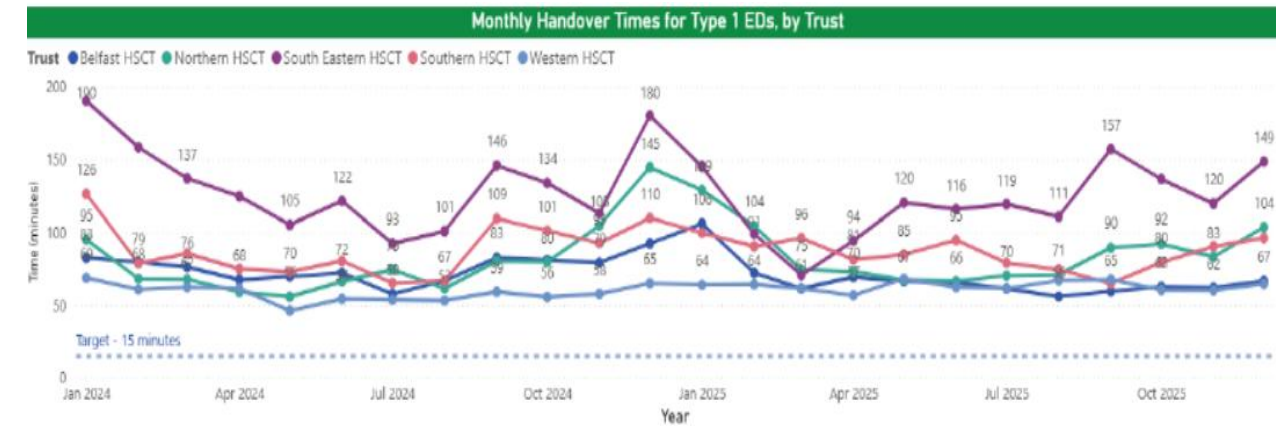
What this means for the public

- Longer waits for 999 responses in homes and care settings
- Delayed access for time-critical emergencies
- Increased risk and distress for patients and families

Craigavon alone: 1.9k hours lost (93% >15 mins; 40% >1 hour)

Community impact is NIAS-wide (not site-specific), because every delayed ambulance reduces regional response availability.

Arrival at Hospital to Patient Handover								
Hospital Attended	Total Attendances	Total Handovers	Total Handovers Over 15mins	% Over 15mins	Total Handovers over 60mins	% Over 60mins	Total Time Lost (Hours)	Average Handover Time (Minutes)
ULSTER	1273	1273	1197	94.03%	749	58.84%	2,835.72	148.37
ANTRIM AREA	1511	1511	1406	93.05%	601	39.77%	2,290.83	105.71
CRAIGAVON AREA	1257	1257	1166	92.76%	503	40.02%	1,990.63	109.71
ROYAL GROUP	1843	1843	1648	89.42%	767	41.62%	1,734.31	70.90
ALTNAGELVIN	1136	1136	1065	93.75%	457	40.23%	981.30	66.63
CAUSEWAY	581	581	544	93.63%	274	47.16%	815.54	98.99
SOUTH WEST	641	641	610	95.16%	225	35.10%	497.15	61.31
DAISYHILL	551	551	518	94.01%	202	36.66%	470.17	65.97
MATER	455	455	410	90.11%	111	24.40%	314.47	56.03
RBSC	95	95	60	63.16%	8	8.42%	23.57	27.89
LAGAN VALLEY	34	34	27	79.41%	2	5.88%	7.48	26.86
DOWNE	27	27	21	77.78%	0	0.00%	5.74	26.49
BELFAST CITY	32	32	26	81.25%	1	3.13%	5.51	24.97
Total	9436	9436	8698	92.18%	3900	41.33%	11,972.42	90.78





Ambulance Handovers in Northern Ireland

Report by the Comptroller
and Auditor General

Published
11 March 2025



We are paying scarce emergency resources to stand still

Handover delays are a productivity and public value problem

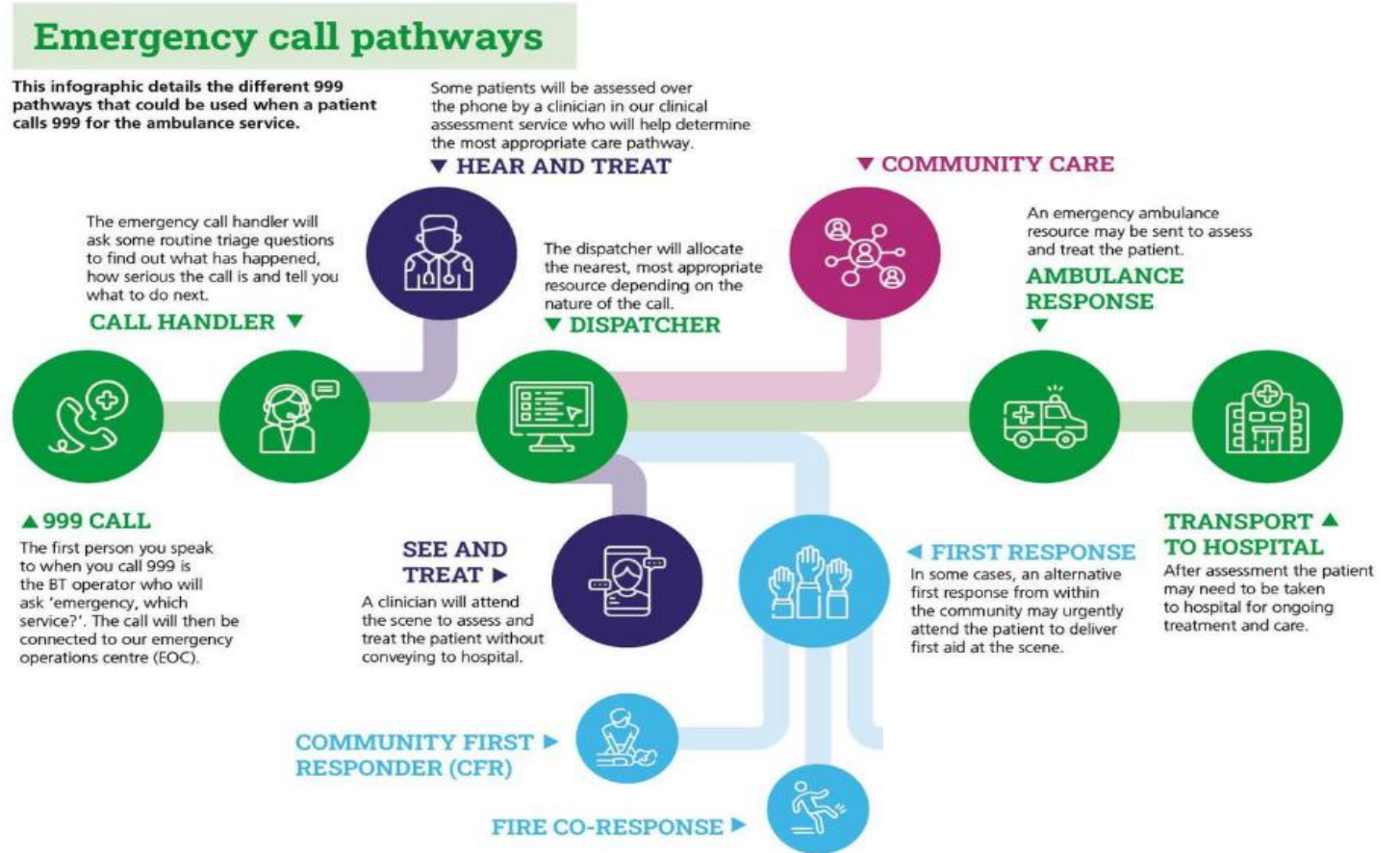
NIAO evidence

- **25%** of NIAS operational capacity lost (2023/24)
- **£50m** cost of lost operational capacity (last 5 years)
£13.2m in **2023/24**
- **£3.6m** Independent Sector cost (2023/24)
- **£37.8m** overtime cost (last 5 years)

This level of waste is not sustainable for patients, staff or the public purse.

NIAS is changing the model — not just reporting the problem

- Safely reducing ED demand and protecting community response capacity
- More care delivered without ED attendance
- Hear & Treat ~18% | See & Treat ~25%
- Conveyance reducing 98% → ~72% → ~60%*
- Advanced practice impact- Non-conveyance ~63% | 77% no double crew ambulance back-up required.



We will keep shifting demand — but flow must improve too.



Southern Trust Innovation

Our partnership with SHSCT is already building appropriate alternatives

- ✓ **Hospital at Home (HaH) CSM screening** - direct handover to HaH for assessment
- ✓ **Mental Health Crisis Response Home Treatment**- referral pathway in final stages
- ✓ **Craigavon: Medical Ambulatory Unit (MAU)** NIAS can refer for acute assessment & treatment (avoid ED)
- ✓ **Daisy Hill: Direct Assessment Unit (DAU)** NIAS/GP referral for acute assessment & treatment (avoid ED)
- ✓ **End of Life Care (pilot development)** Person-centred care for terminal/life-limiting illness

High Intensity Users

- ✓ Joint CAH ED frequent attender work (NIAS/MH/Social Services)
Breaking the “revolving door” cycle

Right care, right place — protecting ambulances for 999 emergencies.





Our Ask

- ✓ Flow & discharge grip
Earlier decisions • predictable discharge • full-capacity escalation
- ✓ Protect handover improvement as patient safety focus
Board visibility • senior ownership • consistent escalation
- ✓ Scale alternatives to admission
HaH • frailty pathways • urgent assessment routes

Every minute an ambulance waits, a patient waits.