

## Purpose

To provide high-level context on ambulance handover and response standards, to support Board understanding of the system issues discussed.

### 1. Why ambulance handover matters

Ambulance handover delay is a recognised patient safety, workforce and system resilience issue. When ambulance crews are unable to hand patients over promptly:

- patient care and dignity may be compromised,
- ambulance response capacity in the community is reduced,
- workforce fatigue and moral distress increase,
- and risk escalates across urgent and emergency care.

This is a whole-system issue, shaped by hospital flow, discharge, escalation and access to alternative pathways **not an Emergency Department issue alone**.

### 2. National ambulance handover standards

Across the UK, there is clear clinical consensus that prolonged ambulance handover increases risk.

- 15 minutes is the long-standing professional expectation for ambulance handover.
- Delays beyond 60 minutes are associated with a significantly increased likelihood of patient harm.
- Many systems, including Northern Ireland, have adopted a two-hour maximum handover as a *safety backstop*, not a performance target.

The two-hour position reflects risk containment, not acceptable care.

### 3. National ambulance response standards

Call Category	What this includes (examples)	Response time standard	Why this matters?
Category 1 Life-threatening	Cardiac or respiratory arrest Unconscious and not breathing Choking Major trauma	Mean: 8 minutes 90th percentile: 15 minutes	Minutes matter. Loss of ambulance availability directly increases the risk of death or severe harm.
Category 2 Emergency, potentially life-threatening	Suspected heart attack Suspected stroke Sepsis Severe breathing difficulty	Mean: 18 minutes 90th percentile: 40 minutes	Represents a significant proportion of emergency demand. Timely response materially affects outcomes. Ambulance handover delays are a major driver of extended response times in this category.
Category 3 Urgent, not immediately life-threatening	Frail or elderly patients following falls Abdominal pain Acute illness without immediate threat	90th percentile: 120 minutes	Although not immediately life-threatening, prolonged waits increase the risk of deterioration, distress and avoidable ED attendance where alternative pathways are unavailable.

#### Why this matters for handover and flow?

Ambulance handover delays reduce available crews across all call categories, with the greatest safety impact on:

- Category 1, where minutes are critical, and
- Category 2, where early intervention prevents deterioration.

Improving hospital flow and reducing handover delay is therefore one of the most direct levers to improve ambulance response and protect community outcomes.

#### **4. Why this is a Board-level issue**

Ambulance handover performance is shaped by:

- hospital flow and discharge pace,
- access to assessment and alternative pathways,
- escalation and decision-making authority,
- and system risk appetite.

As such, it sits squarely within Board oversight of patient safety, quality, workforce wellbeing and corporate risk, rather than being an operational performance issue alone.

#### **5. Why NIAS is raising this now**

NIAS has implemented significant changes to reduce avoidable ED demand safely and manage risk in the community. However, without consistent improvement in hospital flow and ambulance handover, the benefits of demand management cannot be fully realised.

Sustained Board-level focus is therefore essential to protect patients, staff and community access to emergency care.

#### **6. Governance and accountability**

Ambulance handover delay sits within shared professional accountability across ambulance services, hospital teams and Trust leadership.

Boards are not expected to manage individual incidents, but to maintain appropriate oversight of systems, escalation and risk, supported by sustained senior visibility.

#### **7. Why this feels more visible now**

Several factors have combined to make ambulance delays more visible and more impactful:

- increasing volumes of frail and complex patients,
- reduced community and social care capacity,
- longer hospital stays once patients are admitted, and
- increased scrutiny through Serious Adverse Incident reviews, coronial processes and public reporting.

As a result, the system's capacity to absorb delay has been reduced. Delays that may previously have been managed within the system are now felt more directly by patients, families and staff.

This does not indicate system failure but it does underline the need for active grip, prioritisation and leadership to prevent further harm.