



Oifig anStiúrthóir
An tSeirbhís Náisiúnta,

Foirgneamh Aibhneacha, Crosbhóthar
Thamhlachta, Tamhlacht,
Baile Átha Cliath D24 XNP2

Office of the Director
National Ambulance Service

Rivers Building, Tallaght Cross
Tallaght, Dublin, D24 XNP2

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Ref: RM/PQ25/24717/2025/05/23

27 May 2025

Deputy Ivana Bacik TD
Dáil Éireann
Leinster House
Dublin 2

PQ 24717/25

**211. To ask the Minister for Health the total number of ambulances that were awaited handover in hospital for a period exceeding one hour in each of the past five years; the number of instances where a patient had died subsequent to 999 call being made but prior to handover at hospital in each of the past five years; the average waiting time for ambulance arrival in each of the past five years, broken down by destination hospital; the average handover period in each of the past five years, broken down by destination hospital; and if she will make a statement on the matter. — Ivana Bacik. [24717/25]*

Dear Deputy Bacik,

The Health Service Executive (HSE) National Ambulance Service (NAS) has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response.

The HSE National Service Plan for 2023 and 2024 set out a new Key Performance Indicator as follows:

Responsibility of NAS - Patient Handover at ED to Clear

% of ambulance crews who are ready and mobile to receive another 999 call within 20 minutes of clinically and physically handing over their patient at an ED or hospital – Target is 75%

The collection of the associated data in 2023 was affected for a considerable period by industrial action by ForSa members.

The HSE National Service Plan for 2025 sets out the following Key Performance Indicator for NAS:

NAS76 - Patient Handover at ED to Clear

% of ambulance crews who are ready and mobile to receive another 999 call within 20 minutes of clinically and physically handing over their patient at an ED or hospital – Target is 75%

These targets are national aggregate targets and do not apply at individual hospital level. Therefore, I regret to advise we do not have the Clerical/Administrative capacity required to create the report as this is not required for either National Service Plan reporting or for operational reasons.





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We can provide the following data in relation to KPI NAS76 for 2024, noting that the collection of the associated data is currently impacted by a withdrawal of cooperation by SIPTU and Unite:

	Q1	Q2	Q3	Q4
2024	44%	51%	51%	49%

NAS is unable to identify the timing of death of patients who are not already in cardiac arrest (clinical death) or whose injuries are incompatible with life, e.g. blunt force trauma in a road traffic collision at the time of a 999 call.

In cases where a decision is made by attending clinicians to convey a patient to an Emergency Department, resuscitation attempts will continue up to and including after clinical handover at the Emergency Department.

I hope you find this information helpful

Yours sincerely

Robert Morton
Director
National Ambulance Service

