

INFORMATION
ANALYSIS
DIRECTORATE



Northern Ireland Hospital Statistics: Emergency Care 2021/22



Published 7 July 2022 (delayed
from 23 June 2022)



Department of
Health

An Roinn Sláinte

Máinnistrie O Poustie

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Reader Information

- Purpose:** This statistical release presents annual information on attendances at emergency care departments (ED) in Northern Ireland and the time spent in EDs. It also reports on activity of the Northern Ireland Ambulance Service (NIAS) including calls received, incidents and response times.
- Guidance:** It is recommended that readers refer to the 'Technical notes' and 'Definitions' detailed in this report, including guidance on using the data in this release.
- Authors:** Sarah Brown, Kieran Taggart and Siobhán Morgan
- Publication Date:** 7 July 2022 (delayed from 23 June 2022)
- Reporting Period:** 1st April 2021 – 31st March 2022
- Issued by:** Hospital Information Branch, Information & Analysis Directorate
Department of Health
Stormont Estate, Belfast, BT4 3SQ
- Contact Information:** We invite you to feedback your comments on this publication to:
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Email: kieran.taggart@health-ni.gov.uk
- Statistical Quality:** Information detailed in this release has been provided by HSC Trusts and was validated by Hospital Information Branch (HIB) prior to release.
- Information on: time to triage, age and time of day for attendances, GP referrals, emergency admissions, left before treatment complete, triage level, time to start of treatment, time waited for patients admitted and not admitted are not National Statistics, but have been included to provide users with a comprehensive view of emergency care activity and waits. Further information on data included in this release is available at:
- <https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-niwts-ecwt-guidance.pdf>
- Target Audience:** DoH, Chief Executives of HSC Trusts in Northern Ireland, Health Care Professionals, Academics, HSC Stakeholders, Media & General Public.
- Further Copies:** statistics@health-ni.gov.uk
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Key Points

Latest Year (2021/22)



169,910

Calls / attendances to PhoneFirst / Urgent Care Centre services

722,950

Attendances at EDs (New & Unplanned Reviews)

54.8%

of ED attendances treated and discharged home, or admitted within 4 hours

226,068

Calls were responded to by the NIAS

- During 2021/22, 848,629 patients attended urgent and emergency care services, of which 722,950 attended an emergency care department (ED), and 125,679 attended PhoneFirst / Urgent Care Centre services (Table B)¹.
- Almost a quarter (22.6%) of ED attendances (new and unplanned review) during 2021/22 were in the Belfast Health and Social Care (HSC) Trust (Table 9).
- Over seven in ten (70.6%) patients attending EDs in 2021/22 commenced their treatment within 2 hours of being triaged (Figure 20, Table 12)

Comparison with Previous Year (2020/21 – 2021/22)

- As PhoneFirst and Urgent Care Centre services were only introduced in October 2020, it is not possible to make a comparison with the previous year.
- Since 2020/21, the number of ED attendances (new and unplanned review) increased by 129,581 (21.8%), from 593,369 to 722,950 in 2021/22 (Table 6).
- Alongside the notable increase in ED attendances between 2020/21 and 2021/22, performance against the 4 hour waiting time target decreased from 65.0% to 54.8% (Table 10).
- Between 2020/21 and 2021/22, performance against the 4 hour waiting time target decreased at all department types, Type 1 decreased from 60.5% to 49.5%, Type 2 decreased from 84.6% to 81.8%, and Type 3 from 99.7% to 99.5% (Table 6).

¹ Refer to pages 6 to 10 for further details on Urgent & Emergency Care Services.

- More patients spent longer than 12 hours in 2021/22 (78,995) compared with 2020/21 (37,884), with the exception being Eye Casualty which remained at 0 (Figure 19, Table 8).
- Due to the implementation of a revised Clinical Response Model (CRM) by the Northern Ireland Ambulance Service (NIAS) on 12 November 2019, and additional changes on 18 October 2021, it is not possible to provide comparative information for previous years.

Five-Year Trends (2017/18 – 2021/22)

- During the last five years, the number of patients attending urgent and emergency care services increased by 54,475 (6.9%), from 794,154 in 2017/18 to 848,629 (urgent and emergency care services) in 2021/22, of which 722,950 attended an emergency care department (ED), and 125,679 attended PhoneFirst / Urgent Care Centre services (Table 6).
- Since 2017/18, performance against the 4 hour waiting time target declined from 73.4% to 54.8% in 2021/22 (Table 6).
- Between 2017/18 and 2021/22, the number of patients spending longer than 12 hours in an ED increased from 17,347 to 78,995, with the Royal Victoria reporting the most notable increase during this period (1,888 to 16,474) (Figure 19, Table 11).
- Since 2017/18, the proportion of attendances referred by a GP decreased from 17.1% to 15.2% in 2021/22 (Figure 5, Table 21).
- Due to the implementation of a revised Clinical Response Model (CRM) by the Northern Ireland Ambulance Service (NIAS) on 12 November 2019, and additional changes on 18 October 2021, it is not possible to provide comparative information for previous years.

New Unscheduled Care Services

Prior to the COVID-19 pandemic, urgent and emergency care services in Northern Ireland were under increased pressure with more patients spending longer periods of time in overcrowded emergency departments (EDs). The impact of the COVID-19 pandemic, and the need to focus on disease prevention and social distancing, increased the need to ensure that we do not allow EDs to reach these levels of overcrowding in the future. To help take this work forward, the Department of Health (DoH) established the 'No More Silos' action plan, which sought to improve urgent and emergency care services and build on the improved co-ordination between primary and secondary care, leading to universal patient triage, virtual consultation and new clinical pathways. It is also important to note that urgent and emergency care services in Northern Ireland perform critical roles in responding to patient need:

Urgent Care: An illness or injury that requires urgent attention but is not a life-threatening situation. Urgent care in Northern Ireland includes: General Practice during weekdays; GP Out of Hours (GP OOH) Services at night and weekends; pharmacies; minor injury units; an urgent treatment centre; Emergency Departments (EDs); and, the Northern Ireland Ambulance Service (NIAS).

Emergency Care: Life threatening illnesses or accidents which require immediate intensive treatment. Emergency Care is currently provided in hospitals with Type 1 and Type 2 Emergency Departments and by NIAS.

As part of the 'No More Silos' action plan, two new urgent care services: (i) PhoneFirst and (ii) Urgent Care Centres, were introduced in late 2020, which aimed to assess patients' needs before arrival at an ED, and ensure they receive the right care, at the right time, and in the right place, outside ED if appropriate. This section will report the number of patients contacting / attending these urgent care services, who may otherwise have attended an ED.

PhoneFirst: PhoneFirst is a telephone triage service for patients considering travelling to an ED, to access alternative assessments, advice, and information and receive appropriate care promptly.

Urgent Care Centre: Urgent Care Centres assess / treat patients who present with illnesses / injuries that require urgent attention but are not life threatening. Patients are given an urgent care appointment / referral to the appropriate service, with patients requiring immediate medical attention being sent to an ED.

PhoneFirst / Urgent Care Centres

The number of (i) calls received by the PhoneFirst service, (ii) attendances at Urgent Care Centres and (iii) patients referred to ED from PhoneFirst / Urgent Care Centres is detailed in the table below for 2020/21 (October 2020 – March 2021) and 2021/22.

Table A: PhoneFirst Calls, Urgent Care Centre Attendance and Referral to EDs

Activity	2020/21 (Oct 2020 - Mar 2021)	2021/22
PhoneFirst	28,623	117,937
Urgent Care Centre	22,687	48,973
Total Calls / Attendances	51,310	166,910
Number Referred to ED	16,136	41,231
% Referred to ED	31.4%	24.7%

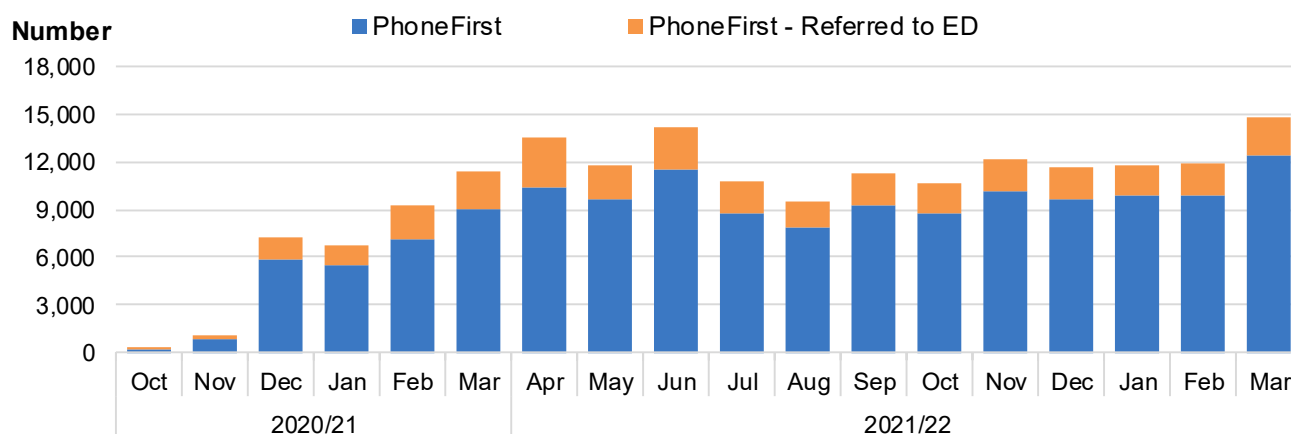
Source: Health and Social Care Trusts

During 2021/22, 166,910 calls / attendances were received by PhoneFirst and Urgent Care Centre services, from patients who may previously have attended an ED. A total of 41,231 (24.7%) resulted in an attendance at an ED, whilst 125,679 patients did not go on to attend an ED (Table A & B).

PhoneFirst

The number of calls received by PhoneFirst and the number of patients referred to an ED from PhoneFirst in each month from October 2020 to March 2022.

Figure 1: PhoneFirst Calls and Referrals to Emergency Departments ²



Source: Health and Social Care Trusts

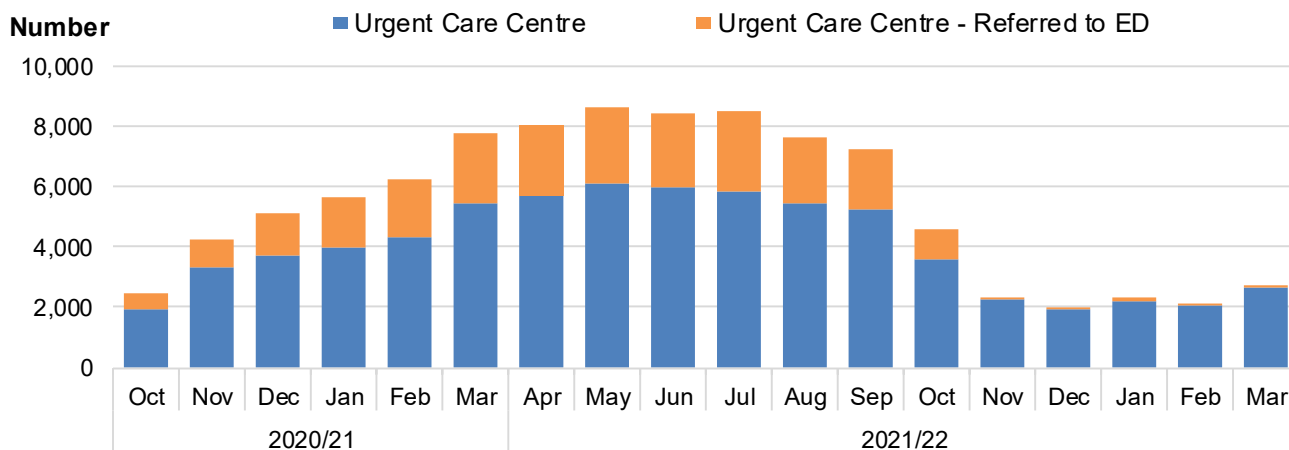
The highest number of PhoneFirst calls were received in March 2022 (12,416), with the highest number of referrals to ED from PhoneFirst in April 2021 (3,087) (Figure 1, Table 1).

² Note these patients may have been managed by an alternative pathway, and may have attended an ED at a later date.

Urgent Care Centre

The number of attendances at Urgent Care Centre services and the number of patients referred to an ED from Urgent Care Centre services is detailed in the figure below for each month from October 2020 to March 2022.

Figure 2: Urgent Care Centre Attendances and Referrals to Emergency Departments ³



Source: Health and Social Care Trusts

The highest number of attendances at Urgent Care Centre services was in May 2021 (9,116), with the highest number of referrals to ED from Urgent Care Centres in July 2021 (2,692) (Figure 2, Table 1).

³ Note these patients may have been managed by an alternative pathway, and may have attended an ED at a later date.

Urgent and Emergency Attendances

How Many Attend Urgent & Emergency Care Services?

The number attending urgent and emergency care services (i) calls to PhoneFirst / attendances at Urgent Care Centre services, and (ii) attendances at EDs is detailed in the table below for 2020/21 and 2021/22. Note that for 2020/21, calls to PhoneFirst / attendances at Urgent Care Centre services refers only to the period October 2020 to March 2021.

Table B: Attendances at Urgent & Emergency Care

Measure	2020/21	2021/22
1. PhoneFirst / Urgent Care Centre <i>(Referred to an ED)</i>	16,136	41,231
2. PhoneFirst / Urgent Care Centre <i>(NOT Referred to an ED)</i>	35,174	125,679
3. Total PhoneFirst / Urgent Care Centre <i>Measure 1 + Measure 2</i>	51,310	166,910
4. Attendances at EDs <i>(New and Unplanned Reviews)</i>	593,369	722,950
5. Attendances at EDs/PhoneFirst/Urgent Care <i>Measure 2 + Measure 4</i>	628,543	848,629

Source: Regional Data Warehouse / Health and Social Care Trusts

During 2021/22, 848,629 patients attended urgent and emergency care services, of which 722,950 attended an ED, and 125,679 attended PhoneFirst / Urgent Care Centre services without being referred on to an ED (Table B).

Almost a quarter (41,231, 24.7%) of the 166,910 attendances / calls at urgent care services were referred to an ED (Table B).

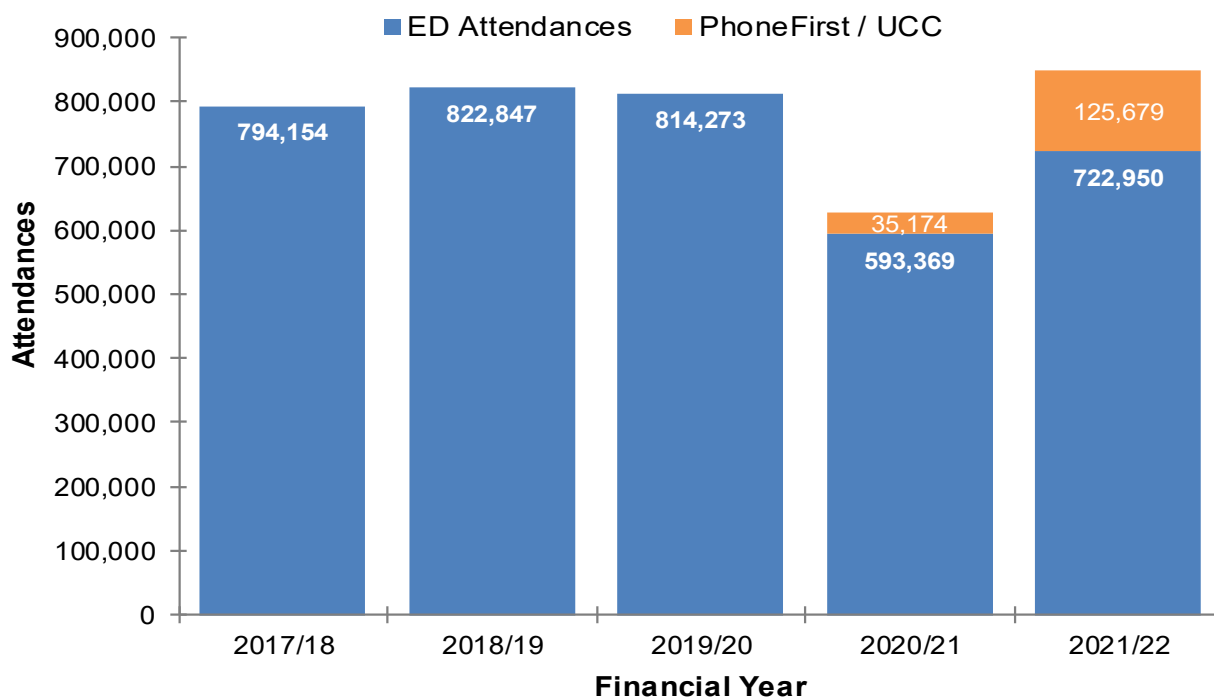
Readers are asked to note changes to ED service provision when making comparisons over time and across HSC Trusts / Hospitals and Department Type. In particular, changes in the number of attendances during the COVID 19 pandemic, the provision of urgent and emergency care services (detailed on page 6), and changes to ED department openings and closures. Further details of the changes in the provision of emergency care service are detailed in Appendix 3.

5 Year Trend

Total Attendances⁴

Figure 3 presents information on the total number of attendances at urgent and emergency care services, including (i) attendances at EDs (new and unplanned review attendances), and (ii) calls to PhoneFirst / attendances at Urgent Care Centre services⁵.

Figure 3: Total Attendances at EDs (2017/18 – 2021/22)



During the last five years, the number of patients attending urgent and emergency care services increased by 57,475 (6.9%), from 794,154 in 2017/18 to 848,629 (urgent and emergency care services) in 2021/22, of which 722,950 attended an ED, and 125,679 attended PhoneFirst / Urgent Care Centre services (Figure 3).

Since 2017/18, the number of ED attendances decreased by 9.0% (71,204) from 794,154 in 2017/18 to 722,950, whilst 125,679 attended new urgent and emergency care services in 2021/22 who may previously have attended an ED (Figure 3, Table 1).

Between 2017/18 and 2019/20, there had been a steady increase in ED attendances, however attendances at urgent and emergency services decreased by 22.8% (185,730) from 814,273 in 2019/20 to 628,543 in 2020/21 during the period of the COVID-19 pandemic. Attendances at urgent and emergency services have however increased by 35.0% (129,581) from 2020/21 (628,543) to 2021/22 (848,629) (Figure 3, Table 1).

⁴ Information refers to ED attendances (new & unplanned review) and PhoneFirst / Urgent Care Centre attendances.

⁵ PhoneFirst / Urgent Care Centre services were introduced in October 2020.

Attendances at Emergency Care Departments

This section refers to attendances at EDs, where the patient physically attended an ED and does not include urgent and emergency care activity (PhoneFirst / Urgent Care Centre) where the patient did not attend an ED.

Last Five Years (2017/18 – 2021/22)

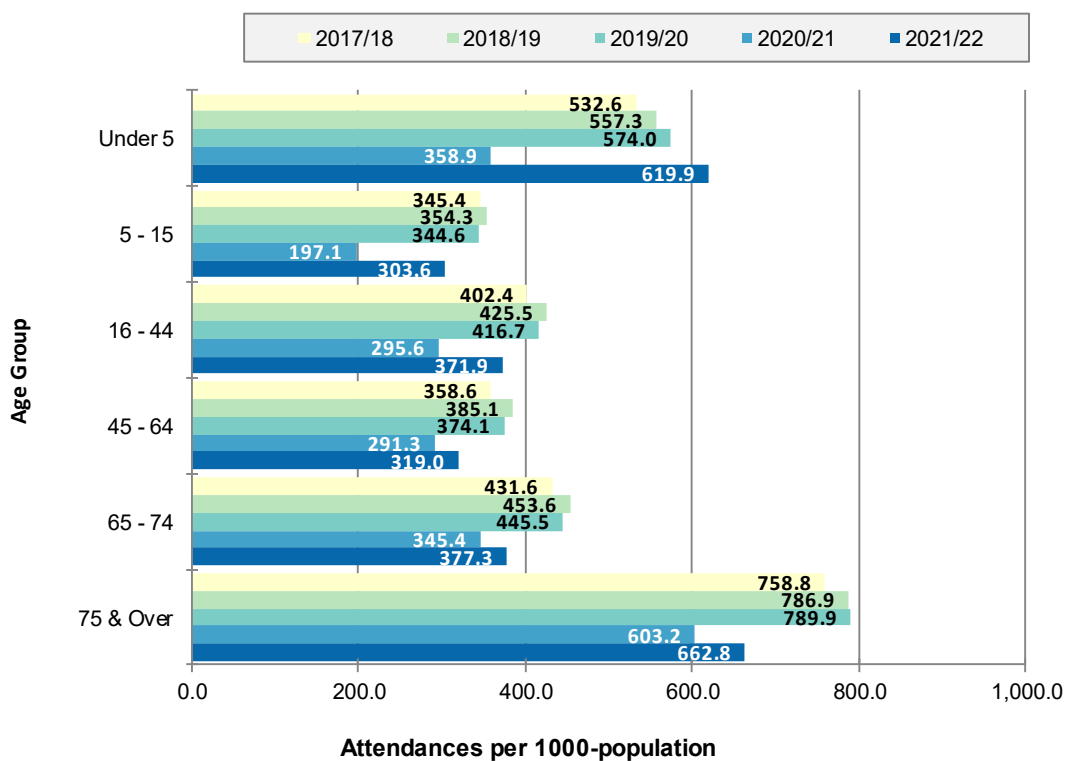
To provide a comprehensive view of emergency care activity in Northern Ireland, information has been included on a number of Clinical Quality indicators⁶; although, this information has not yet been classified as National Statistics. This information is based on new and unplanned attendances only.

Planned reviews are not included.

ED Attendances

Figure 4 presents information on ED attendances per 1,000-population by age group in last five years.

Figure 4: ED Attendances per 1,000-population by Age Group (2017/18 – 2021/22)⁷



- Between 2017/18 and 2019/20, the rate of attendances at an ED per 1,000-population increased in almost all age groups, then decreased in 2020/21 during the COVID-19 pandemic but increased again in 2021/22 (Figure 4).

⁶ Refer to Appendix 3 for further information.

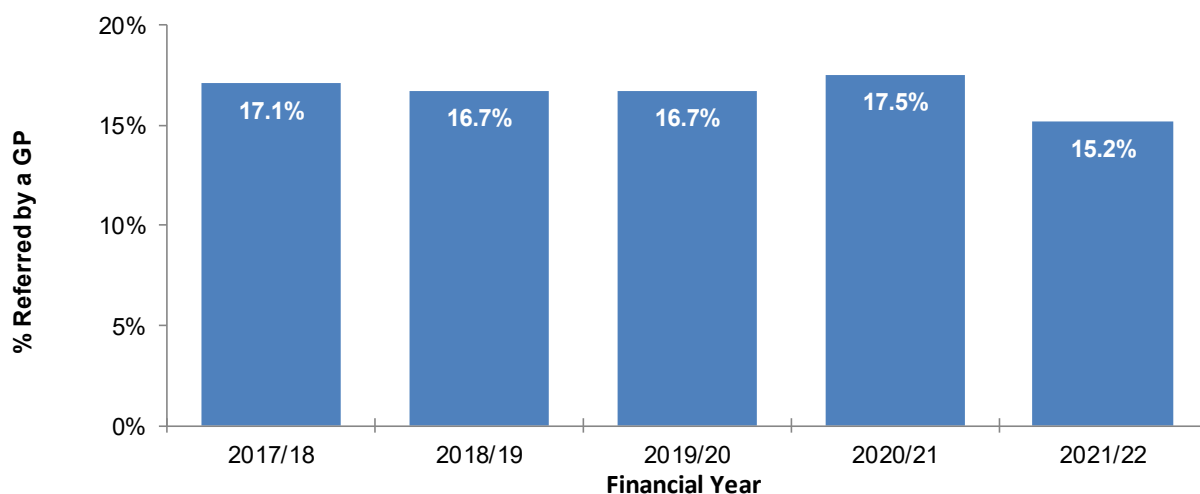
⁷ Based on NISRA 2020 mid-year population estimates which was published on 25th June 2021.

- During each of the last 5 years, the highest number of ED attendances per 1,000-population was in the 75 & Over age group, whilst the lowest was in the 5-15 age group (Figure 4).

GP Referrals ⁸

Figure 5 presents information on the percentage of attendances that were referred to ED by a GP during each of the last five years.

Figure 5: ED Attendances Referred from a GP (2017/18 – 2021/22)

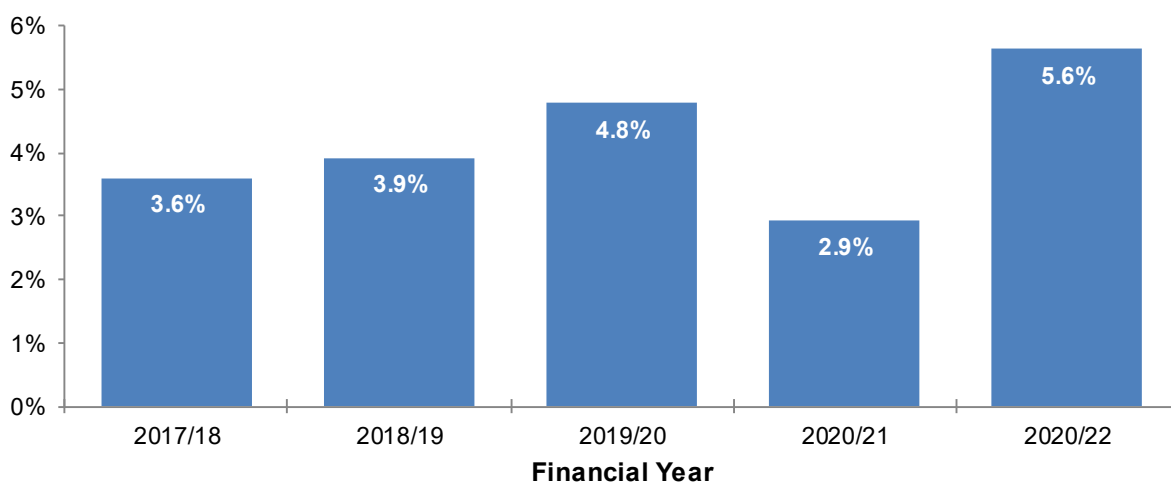


Since 2017/18, the percentage of attendances referred by a GP decreased from 17.1% to 15.2% in 2021/22; this may be as a result of the introduction of new urgent and emergency care services (PhoneFirst / Urgent Care Centre services) in October 2020 (Figure 5, Table 21).

Leaving ED before Treatment Complete⁸

Figure 6 presents information on the percentage of attendances that left an ED before their treatment was complete.

Figure 6: Percentage Leaving ED before their Treatment was Complete (2017/18 – 2021/22)



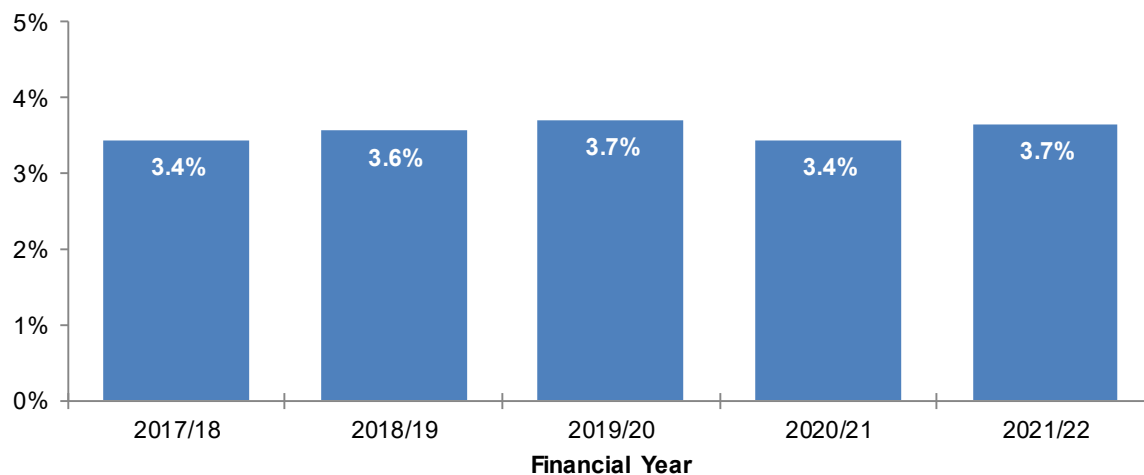
During the last 5 years, the percentage of attendances that left before their treatment was complete was highest in 2021/22 (5.6%) and lowest in 2020/21 (2.9%) (Figure 6, Table 22).

⁸ This information is based on new and unplanned attendances only. Planned reviews are not included.

Re-attendances within 7 Days⁹

Figure 7 presents information on the percentage of attendances who returned to the same ED for the same condition within 7 days of their first attendance.

Figure 7: Percentage of Re-attendances at EDs within 7 Days (2017/18 – 2021/22)



During the last 5 years, the percentage of patients re-attending an ED within 7 days was highest in 2019/20 and 2021/22 (3.7%) and lowest in both 2017/18 and 2020/21 (3.4%) (Figure 7, Table 23).

Financial Year 2021/22

It is important to note that patients are not constrained to attend EDs within their HSC Trust of residence, e.g. it is possible for a person living in the Southern HSC Trust to attend an ED within the Belfast HSC Trust and vice versa. Additionally, each HSC Trust has different configurations of ED types and this should be taken into consideration when comparing overall performance across HSC Trusts.

ED Attendances

Figure 8 overleaf presents information on the total number of ED attendances by HSC Trust during 2021/22.

During 2021/22, there were 762,697 new, unplanned and planned review attendances at EDs, of which, 683,238 (89.6%) were new attendances, 39,826 (5.2%) unplanned reviews, and 39,633 (5.2%) planned reviews (Table 3).

Almost a quarter (24.5 %) of ED attendances in 2021/22 were in the Belfast HSC Trust (186,518), 21.1% (160,593) the Southern HSC Trust, 19.4% (147,747) the South Eastern HSC Trust, 18.9% (143,954) the Northern HSC Trust, and 16.2% (123,885) the Western HSC Trust (Figure 8, Table 3).

⁹ This information is based on new and unplanned attendances only. Planned reviews are not included.

Figure 8: Attendances at EDs, by HSC Trust (2021/22)¹⁰

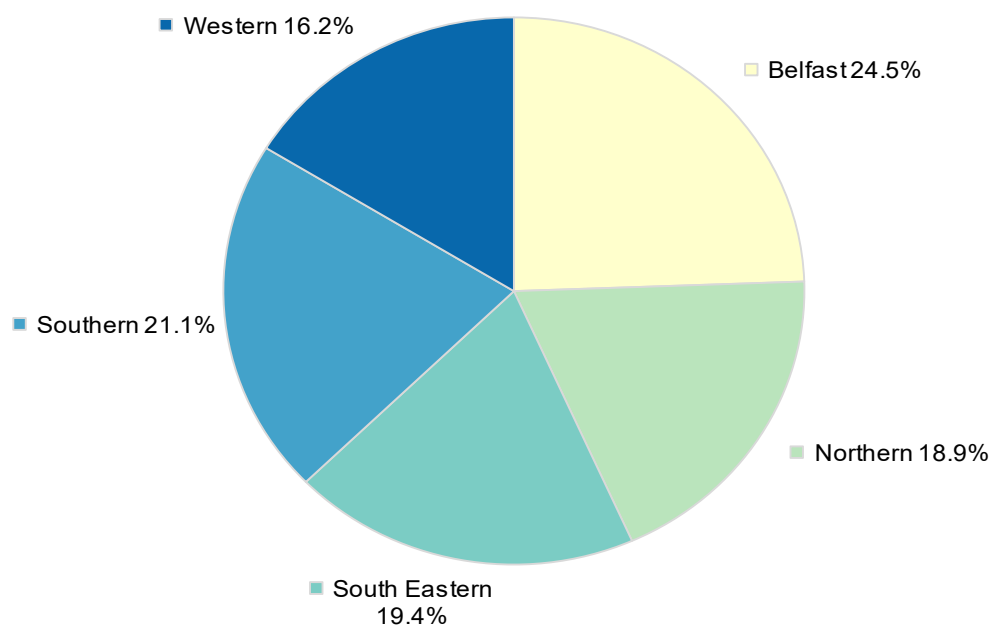
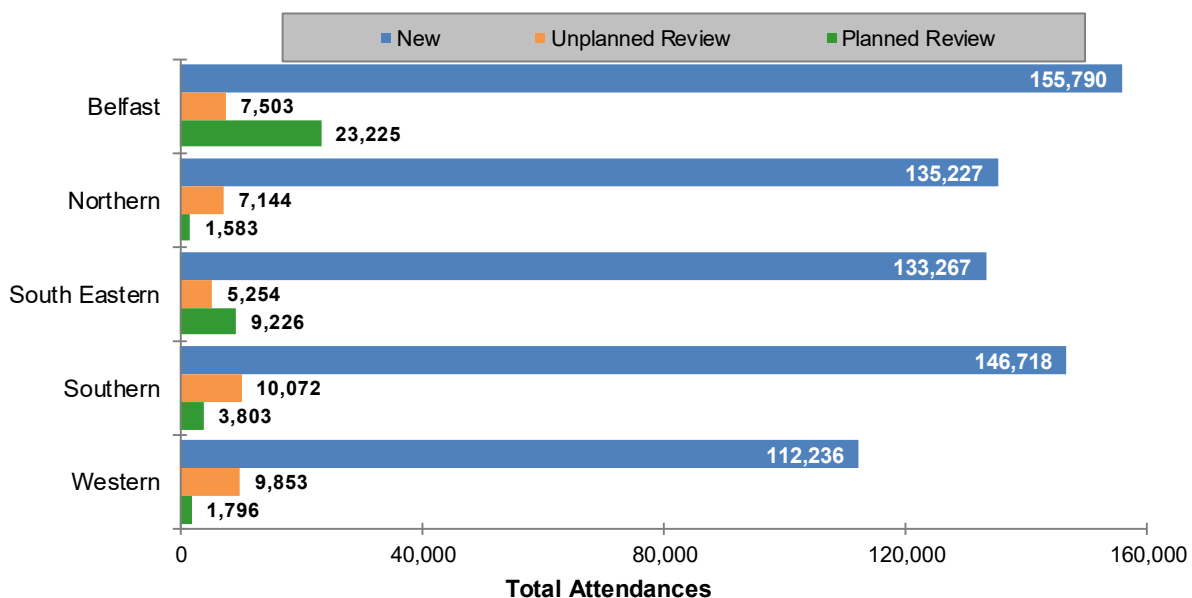


Figure 9 details the number of new, unplanned and planned review attendances at EDs within each HSC Trust during 2021/22.

Figure 9: Attendances at EDs, by Attendance Type and HSC Trust (2021/22)¹⁰

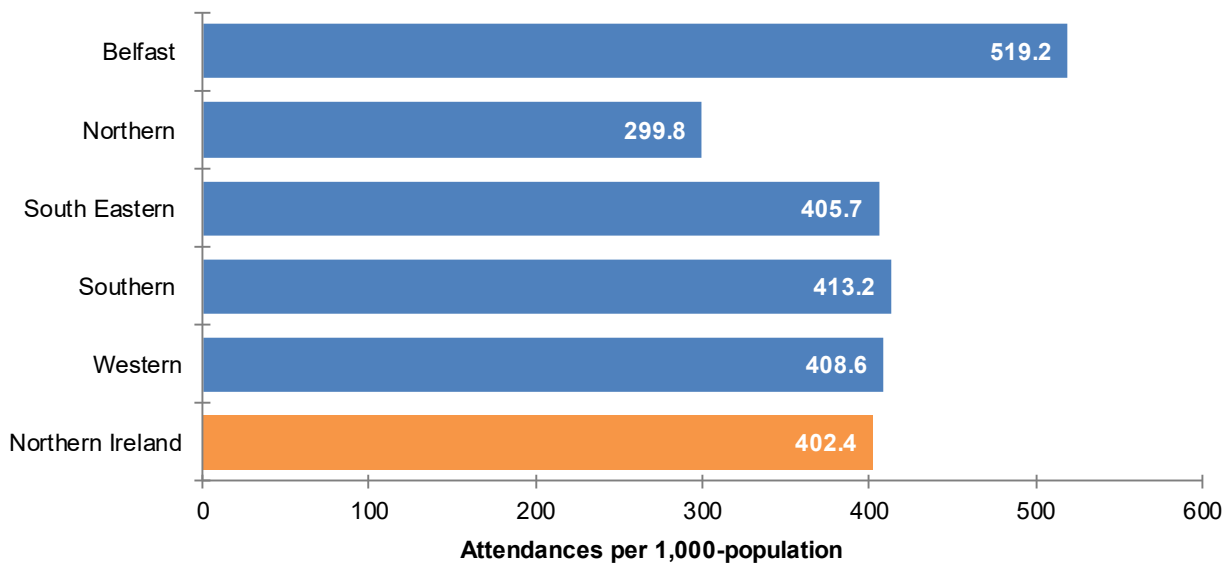


The number of new attendances in 2021/22 was highest in the Belfast HSC Trust (155,790) and lowest in the Western HSC Trust (112,236), whilst the number of unplanned review attendances was highest in the Southern HSC Trust (10,072) and lowest in the South Eastern HSC Trust (5,254) (Figure 9, Table 3).

¹⁰ This information is based on new, unplanned and planned attendances.

Figure 10 presents information on the number of ED attendances in each HSC Trust per 1,000-population during 2021/22¹¹.

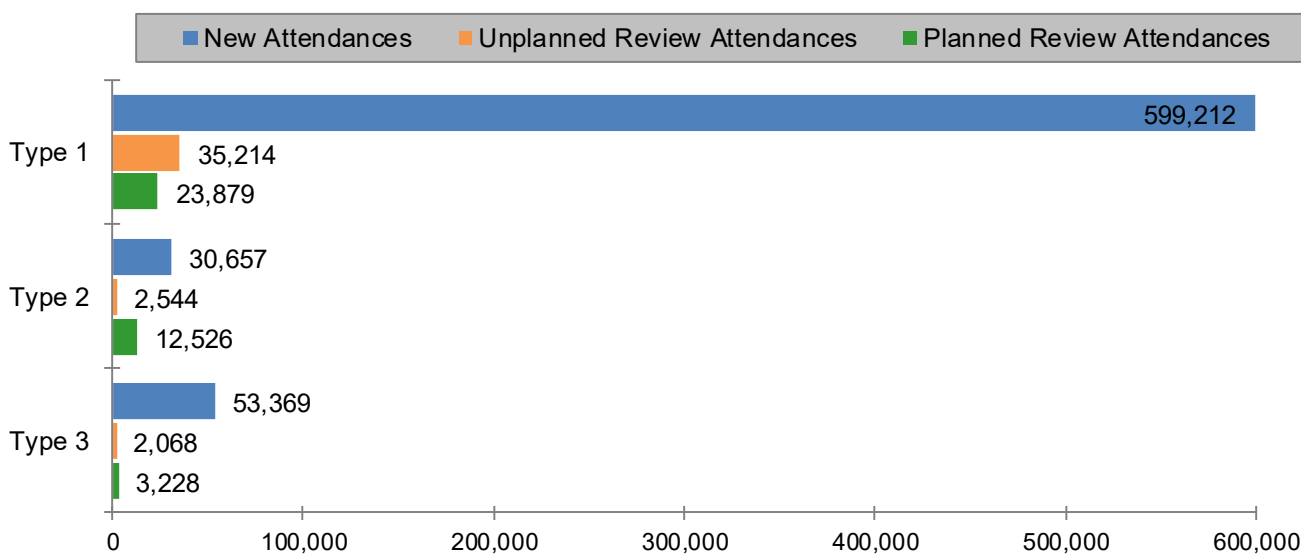
Figure 10: Attendances at EDs per 1,000-Population, by HSC Trust (2021/22) Error! Bookmark not defined.



In 2021/22, there were 402.4 attendances at EDs per 1,000-population in Northern Ireland (Figure 10). Belfast HSC Trust (519.2) reported the highest number of attendances per 1,000-population during 2021/22, whilst Northern HSC Trust (299.8) reported the lowest (Figure 10).

Figure 11 presents information on the number of new, unplanned and planned review attendances at EDs during 2021/22, by ED Type.

Figure 11: Total ED Attendances, by ED Type (2021/22)



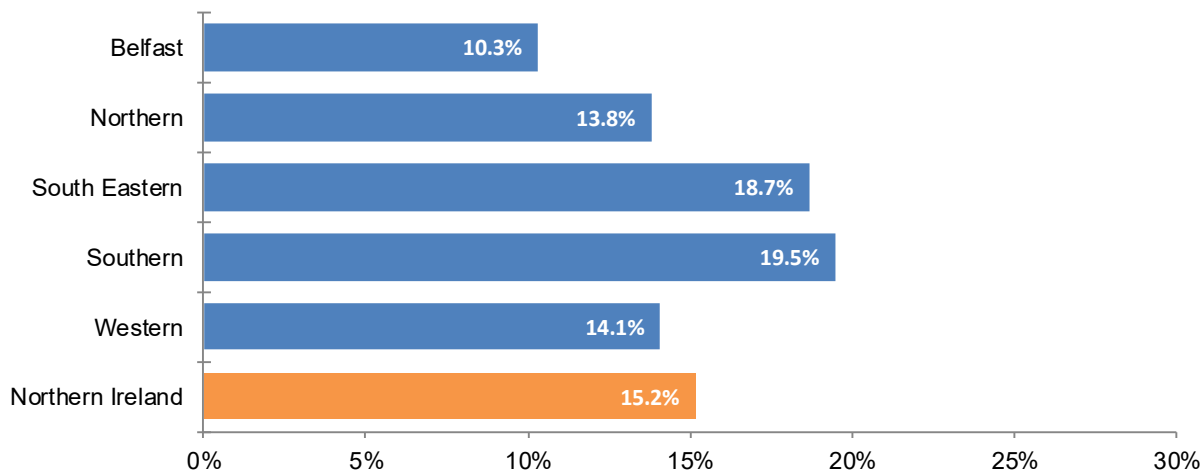
Almost nine in ten (599,212, 87.7%) new attendances at EDs in 2021/22 were at a Type 1 ED, 30,657 (4.5%) at Type 2 EDs and 53,369 (7.8%) at Type 3 EDs (Figure 11, Table 4).

¹¹ Based on NISRA 2020 mid-year population estimate, published on 25th June 2021.

GP Referrals ¹²

Figure 12 details the percentage of ED attendances who had been referred by a GP within each HSC Trust during 2021/22.

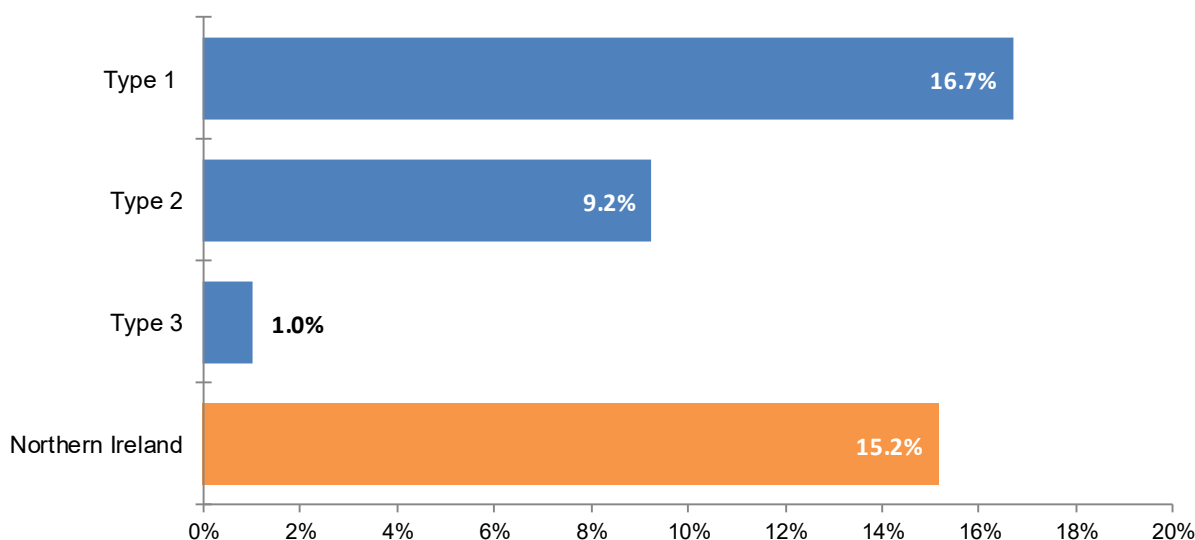
Figure 12: Percentage of GP Referrals to ED, by HSC Trust (2021/22)



During 2021/22, almost a fifth (19.5%) of ED attendances in the Southern HSC Trust had been referred by a GP, compared with 10.3% in the Belfast HSC Trust (Figure 12, Table 21).

Figure 13 presents information on the percentage of patients referred to ED from a GP during 2021/22 by ED type.

Figure 13: Percentage of GP Referrals, by ED Type (2021/22)



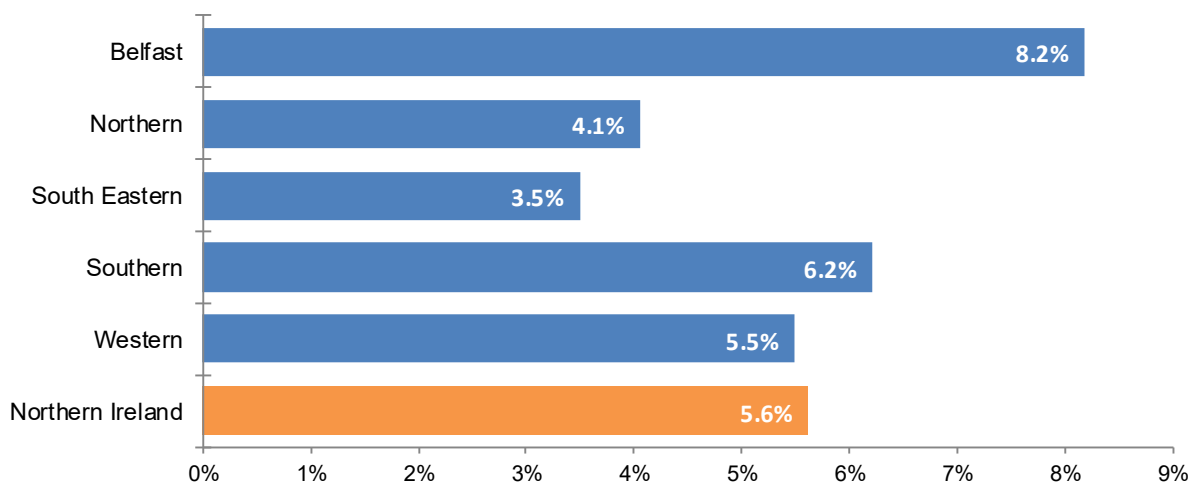
Over a sixth (16.7%) of attendances at Type 1 EDs during 2021/22 had been referred by a GP, compared with 9.2% at Type 2 EDs and 1.0% at Type 3 EDs (Figure 13, Table 21).

¹² This information is based on new and unplanned review attendances only. Planned reviews are not included.

Leaving ED before Treatment was Complete¹²

Figure 14 presents information on the proportion of attendances leaving an ED before their treatment was complete during 2021/22.

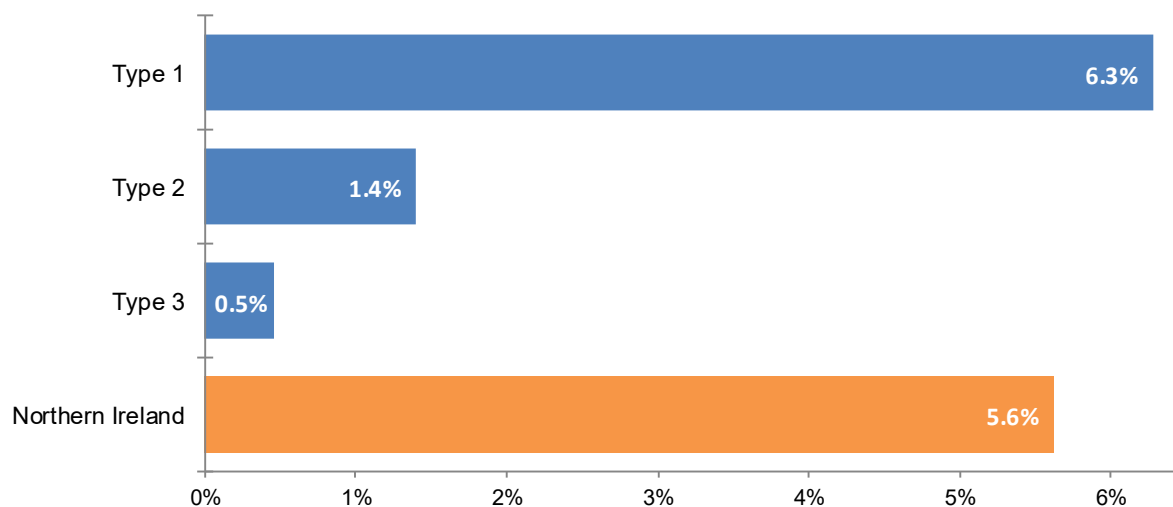
Figure 14: Percentage of Attendances Leaving ED before their Treatment was Complete, by HSC Trust (2021/22)



Belfast HSC Trust (8.2%) reported the highest percentage of ED attendances leaving before their treatment was complete whilst South Eastern HSC Trust had the lowest (3.5%) (Figure 14, Table 22).

Figure 15 presents information on the percentage of attendances who left an ED before their treatment was complete, for each ED Type during 2021/22.

Figure 15: Percentage of Attendances Leaving ED before their Treatment was Complete, by ED Type (2021/22)

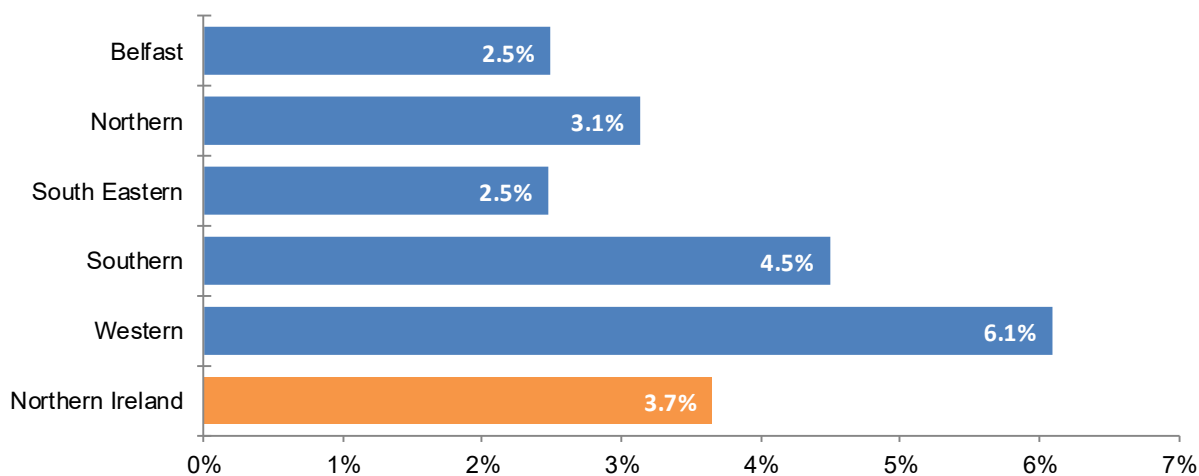


During 2021/22, 6.3% of attendances left a Type 1 ED before their treatment was complete, compared with 1.4% at Type 2 EDs and 0.5% at Type 3 EDs (Figure 15, Table 22).

Re-attendance within 7 Days¹³

Figure 16 presents information on the percentage of attendances who returned to the same ED for the same condition, within 7 days of their first attendance.

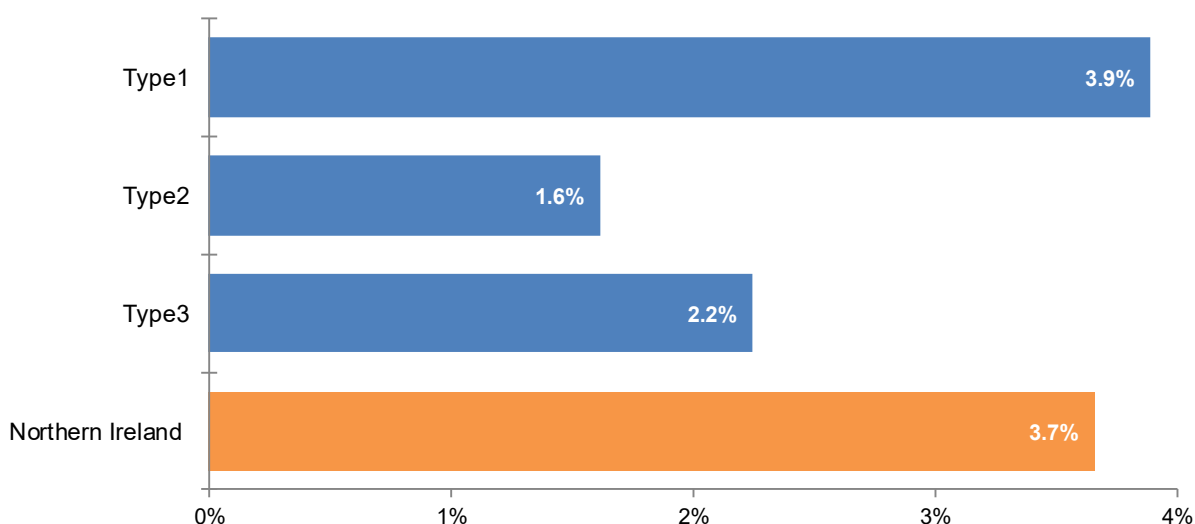
Figure 16: Percentage of Re-attendances at an ED within 7 Days, by HSC Trust (2021/22)



During 2021/22, the percentage of re-attendances at an ED within 7 days was highest in the Western HSC Trust (6.1%), and lowest in both the South Eastern and Belfast HSC Trusts (2.5%) (Figure 16, Table 23).

Figure 17 presents information on the percentage of attendances who returned to the same ED for the same condition, within 7 days of their first attendance, for each ED Type during 2021/22.

Figure 17: Percentage of Re-attendances at an ED within 7 Days, by ED Type (2021/22)



During 2021/22, Type 1 EDs reported the highest percentage (3.9%) of unplanned reviews within 7 days of the original attendance for the same condition, compared with 1.6% at Type 2 EDs and 2.2% at Type 3 EDs (Figure 17, Table 23).

¹³ This information is based on new and unplanned attendances only. Planned reviews are not included.

Waiting Times at Emergency Care Departments¹⁴

This section refers to attendances at EDs, where the patient physically attended an ED and does not include urgent and emergency care activity (PhoneFirst / Urgent Care Centre) where the patient did not attend an ED. Information detailed on emergency care waiting times reported in this section is published on a quarterly basis, and is available to view or download from:

<https://www.health-ni.gov.uk/articles/emergency-care-waiting-times>

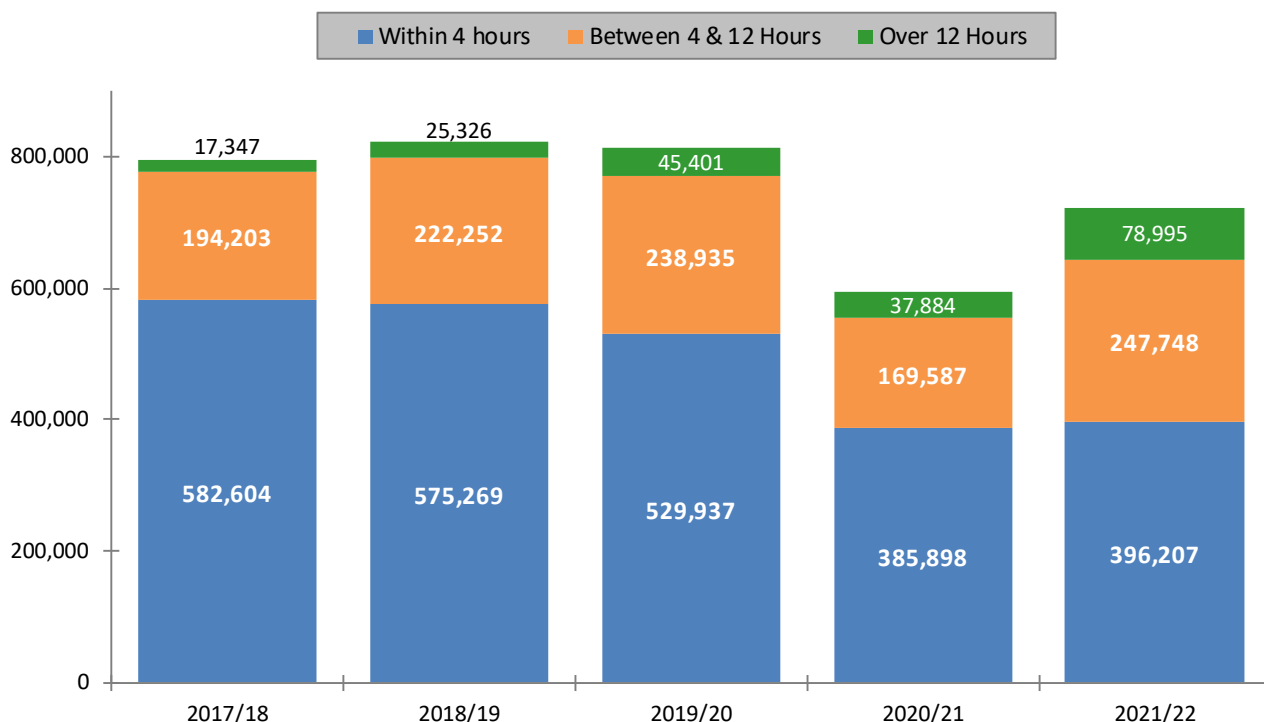
5 Year Trend¹⁵

Since 2017/18, the number of new and unplanned review ED attendances decreased by 71,204 (9.0%), from 794,154 to 722,950 in 2021/22, with the most notable decrease during the COVID-19 pandemic between 2019/20 and 2020/21 (Table 6).

During the last 5 years, the number of new and unplanned review ED attendances treated and discharged or admitted within 4 hours decreased by 186,397 (32.0%), from 582,604 in 2017/18 to 396,207 in 2021/22 (Figure 18, Table 6).

Figure 18 presents information on the length of time patients spent waiting to be treated at EDs during each year since 2017/18.

Figure 18: Attendances at EDs By Time Waiting (2017/18 – 2021/22)



¹⁴ For details regarding individual EDs please refer to the 'Additional Tables' Section of this publication.

¹⁵ This information is based on new and unplanned review attendances only. Planned reviews are not included.

Between 2017/18 and 2021/22, the number of attendances at EDs decreased notably due to the COVID-19 pandemic, and the number and percentage of ED attendances treated and discharged, or admitted within 4 hours also decreased during this period, from 582,604 (73.4%) in 2017/18 to 396,207 (54.8%) in 2021/22 (Figure 18, Table 6).

Since 2017/18, the number waiting between 4 & 12 hours increased by 53,545 (27.6%), from 194,203 in 2017/18 to 247,748 in 2021/22 (Figure 18, Table 6).

Almost 79,000 (78,995, 10.9%) new and unplanned review attendances waited over 12 hours at EDs in 2021/22, over four times the number in 2017/18 (17,347) (Figure 19, Table 6).

Clinical Quality Indicators¹⁶

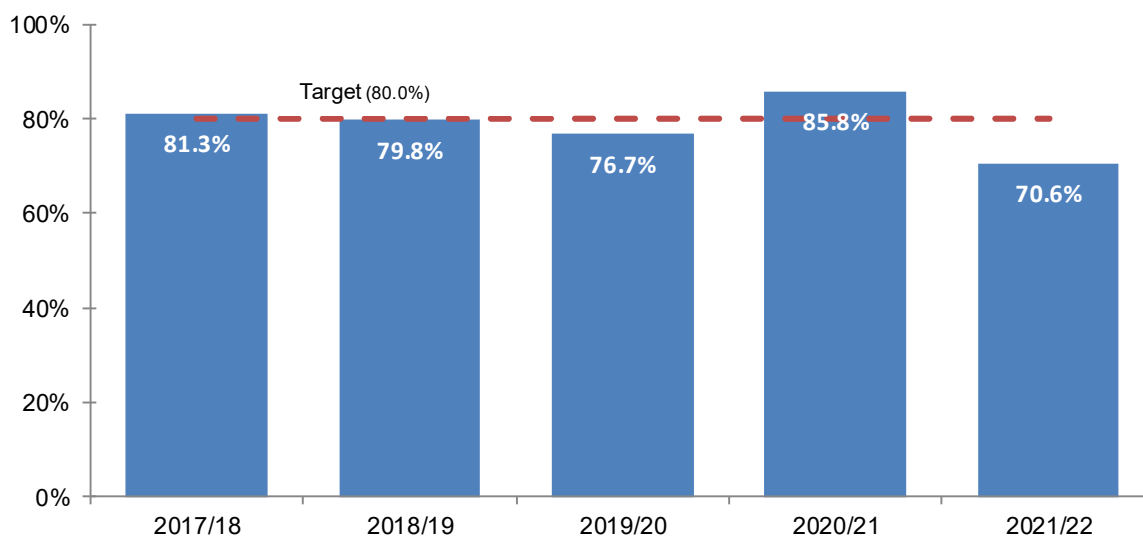
Similar to the previous section, data on a number of clinical quality indicators have been provided alongside the waiting times information to provide a more comprehensive view of performance at EDs. This information has not yet been classified as National Statistics.

For a number of indicators, two aspects of the time waited are reported, including (i) the median waiting time, which is the time below which 50% of patients waited, and (ii) the 95th percentile, which is the time below which 95% of patients waited.

Time to Start Treatment following Triage¹⁷

Figure 19 presents performance against the target to commence treating patients within 2 hours of them being triaged during each of the last five years.

Figure 19: Percentage of Patients Commencing Treatment, following Triage, within 2 Hours (2017/18 – 2021/22)



Between 2017/18 and 2021/22, the percentage of patients commencing treatment within 2 hours of being triaged at an ED decreased from 81.3% to 70.6% (Figure 20, Table 12).

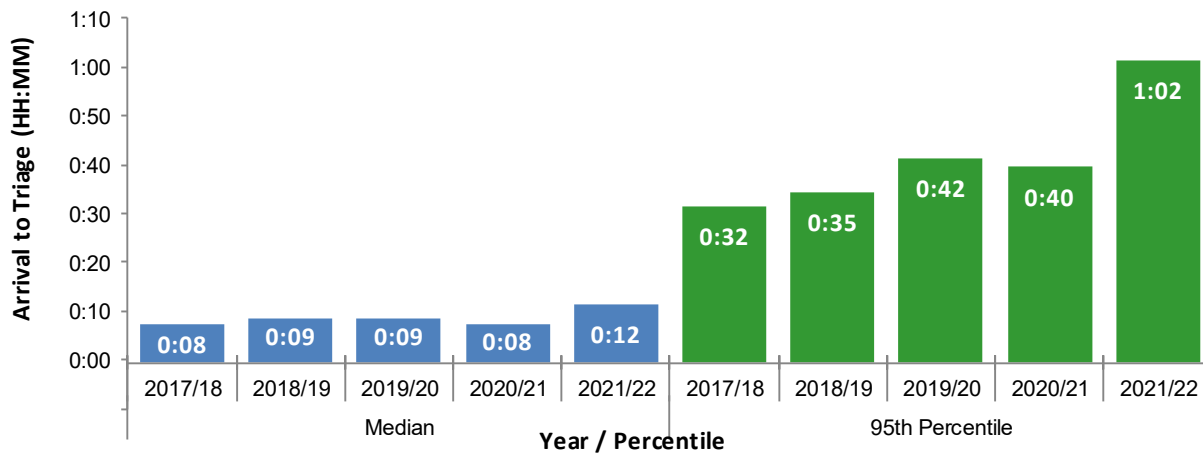
¹⁶ Refer to Appendix 3 for further information.

¹⁷ This information is based on new and unplanned review attendances only. Planned reviews are not included.

Waiting Time from Arrival to Triage (Assessment)¹⁸

Figure 20 details the median and 95th percentile for the length of time patients waited from arrival at an ED to being triaged (initial assessment) by a medical practitioner.

Figure 20: Time from Arrival to Triage (2017/18 – 2021/22)



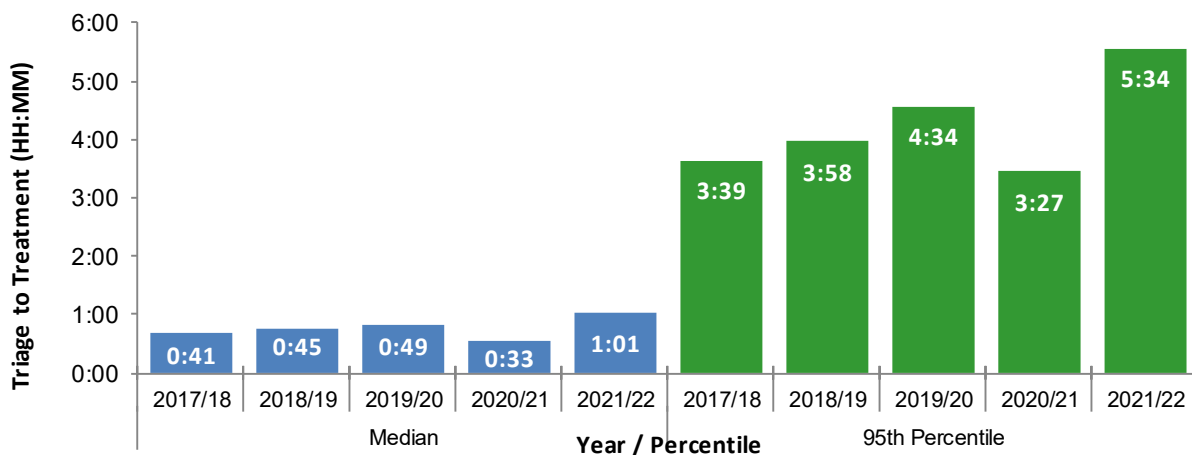
The median waiting time from arrival to triage was 12 minutes in 2021/22, 4 minutes longer than 2017/18 (8 minutes) (Figure 20, Table 13 & 14).

During 2021/22, 95 per cent of patients were triaged within 1 hour 2 minutes of their arrival at an ED, 30 minutes longer than 2017/18 (32 minutes) (Figure 20, Table 13 & 14).

Waiting Time from Triage to Start of Treatment¹⁸

Figure 21 details the median and 95th percentiles for the length of time patients waited for their treatment to begin following triage by a medical practitioner.

Figure 11: Time from Triage to Treatment (2017/18 – 2021/22)



The median waiting time from triage to start of treatment was 1 hour 1 minute in 2021/22, 20 minutes longer than the time taken in 2017/18 (41 minutes) (Figure 21, Table 15 & 16).

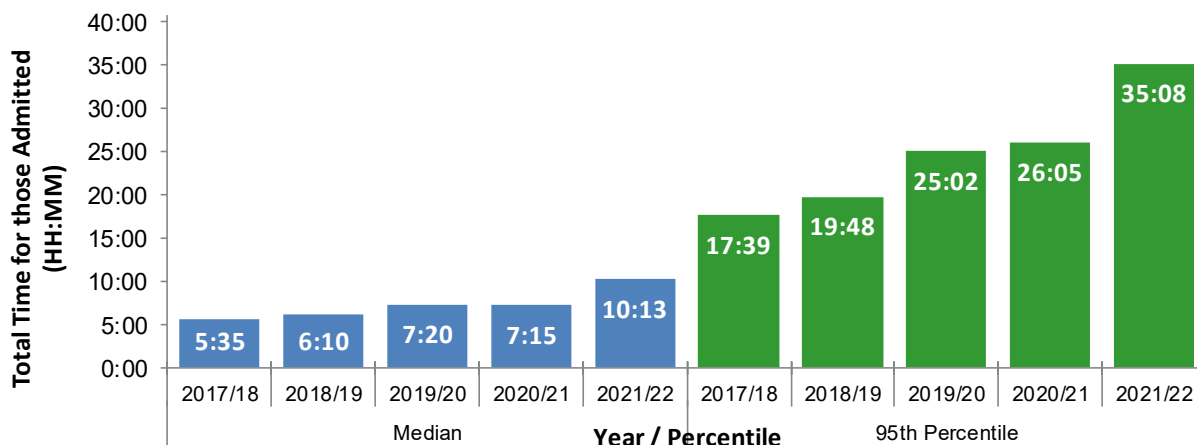
During 2021/22, 95 per cent of patients commenced their treatment within 5 hours 34 minutes of being triaged, 1 hour 55 minutes longer than in 2017/18 (3 hours 39 minutes) (Figure 21, Table 15 & 16).

¹⁸ This information is based on new and unplanned review attendances only. Planned reviews are not included.

Time Spent in ED for Admitted Patients¹⁹

Figure 22 details the median and 95th percentiles for the length of time patients spent in an ED from arrival to admission to hospital.

Figure 22: Total Time Spent in an ED for those Admitted to Hospital (2017/18 – 2021/22)



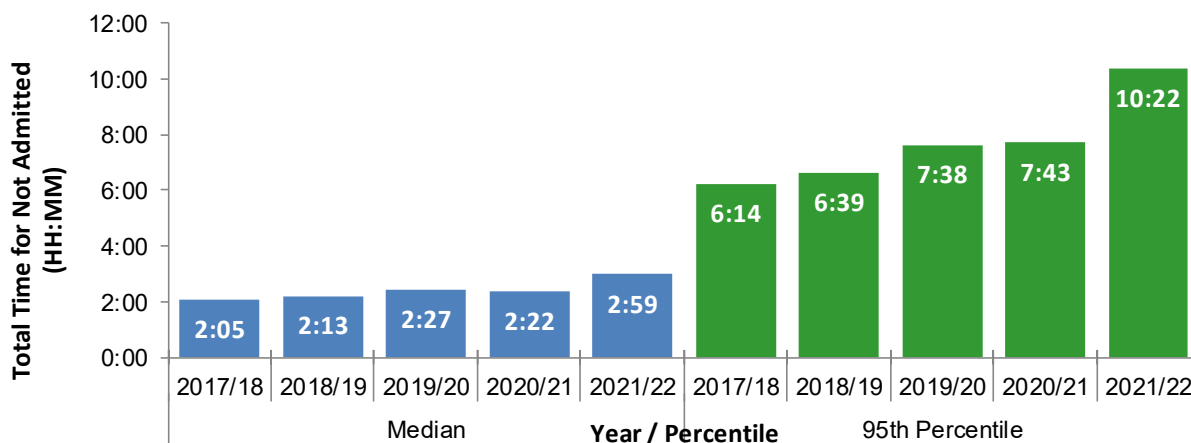
The median time spent in EDs for patients admitted to hospital was 10 hours and 13 minutes in 2021/22, 4 hours 38 minutes longer than in 2017/18 (5 hours 35 minutes) (Figure 22, Table 17 & 18).

During 2021/22, 95 per cent of patients were admitted to hospital within 35 hours 8 minutes of their arrival, 17 hours 29 minutes longer than 2017/18 (17 hours 39 minutes) (Figure 22, Table 17 & 18).

Time Spent in ED for Patients Not Admitted¹⁹

Figure 23 details the median and 95th percentiles for the length of time spent in an ED from arrival to discharge for those who were not admitted to hospital.

Figure 23: Total Time Spent in an ED for Non-admitted Patients (2017/18 – 2021/22)



The median time spent in ED for patients not admitted to hospital was 2 hours 59 minutes in 2021/22, 54 minutes longer than 2017/18 (2 hours 5 minutes) (Figure 23, Table 19 & 20).

During 2021/22, 95 per cent of patients were discharged home (not admitted) within 10 hours 22 minutes, 4 hour 8 minutes longer than 2017/18 (6 hours 14 minutes) (Figure 23, Table 19 & 20).

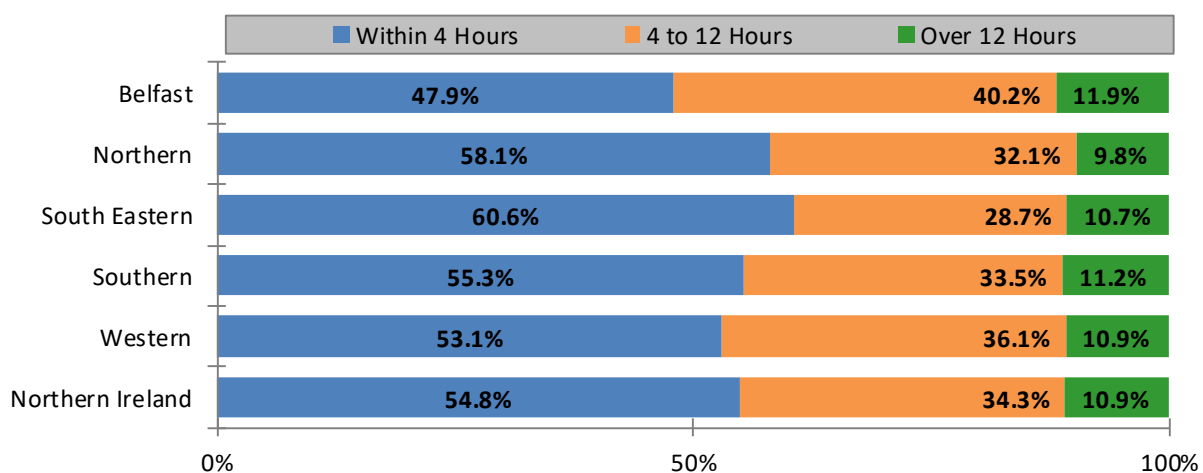
¹⁹ This information is based on new and unplanned review attendances only. Planned reviews are not included.

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ED Attendances

Figure 24 details the annual waiting times for new and unplanned review ED attendances during 2021/22, for each HSC Trust in Northern Ireland.

Figure 24: Waiting Times at ED, by HSC Trust (2021/22)²⁰



During 2021/22, the South Eastern HSC Trust reported the highest percentage of attendances treated and discharged, or admitted within 4 hours (60.6%), whilst the Belfast HSC Trust reported the lowest (47.9%) (Figure 24, Table 8).

Almost four in ten (39.6%) of the 78,995 attendances waiting longer than 12 hours in 2021/22 were in the Royal Victoria (16,474) and the Ulster (14,810) EDs (Table 8).

During 2021/22, no patient waited more than 12 hours at Eye Casualty, Mid Ulster, Ards, or South Tyrone EDs, whilst no Type 1 ED achieved the 12-hour target (Table 8).

Almost all (99.5%) attendances at Type 3 EDs were treated, admitted or discharged within 4 hours of their arrival in the ED during 2021/22, compared with 81.8% in Type 2 EDs and 49.5% in Type 1 EDs (Table 7).

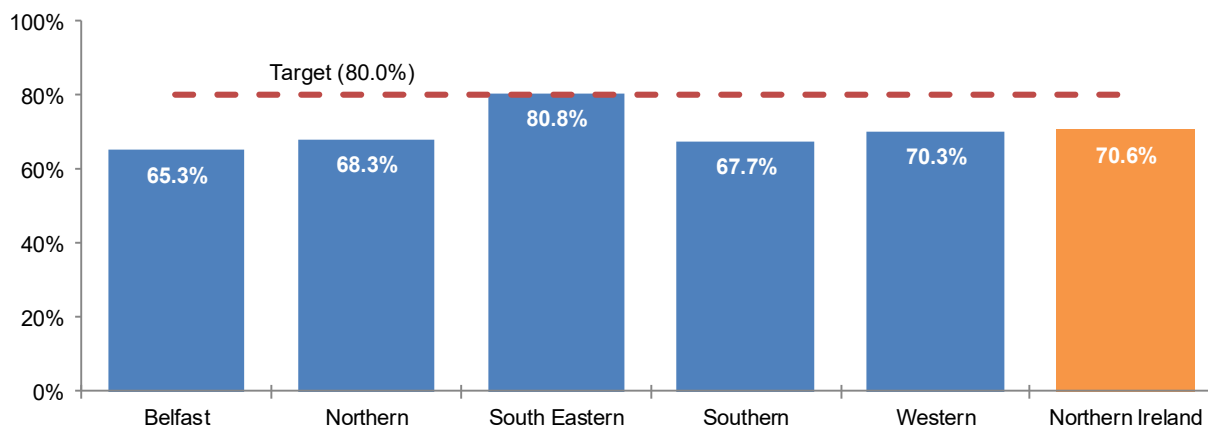
During 2021/22, 78,963 of the 78,995 attendances waiting longer than 12 hours were in Type 1 EDs, with 28 in Type 2 EDs, and 4 in Type 3 EDs (Table 7).

²⁰ This information is based on new and unplanned review attendances only. Planned reviews are not included.

Treatment Started within 2 hours of Triage ²¹

Figure 25 presents performance against the target to commence treating 80% of patients within 2 hours of being triaged at an ED.

Figure 25: Percentage of Patients Commencing Treatment, following Triage, within 2 Hours by HSC Trust (2021/22)

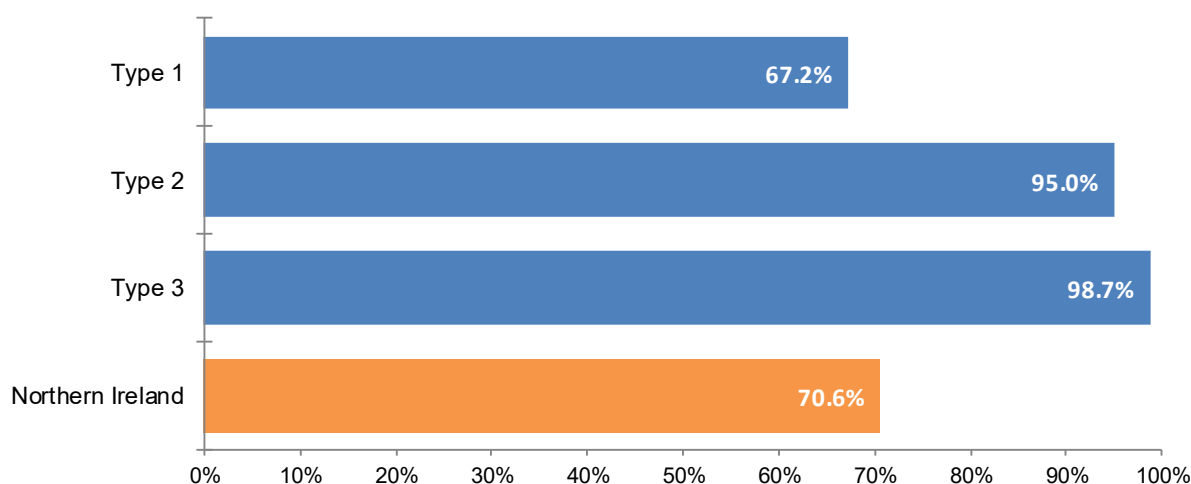


During 2021/22, over seven in ten (70.6%) of patients attending EDs commenced their treatment within 2 hours of being triaged (Figure 25, Table 12).

The South Eastern Trust reported the highest percentage of attendances who commenced their treatment within 2 hours of being triaged (80.8%); 70.3% in the Western Trust, 68.3% in the Northern Trust, 67.7% in the Southern Trust, and 65.3% in the Belfast Trust (Figure 25, Table 12).

Figure 26 presents performance against the target to commence treating 80% of patients within 2 hours of being triaged by a medical practitioner.

Figure 26: Percentage of Patients Commencing Treatment, following Triage, within 2 Hours by ED Type (2021/22)



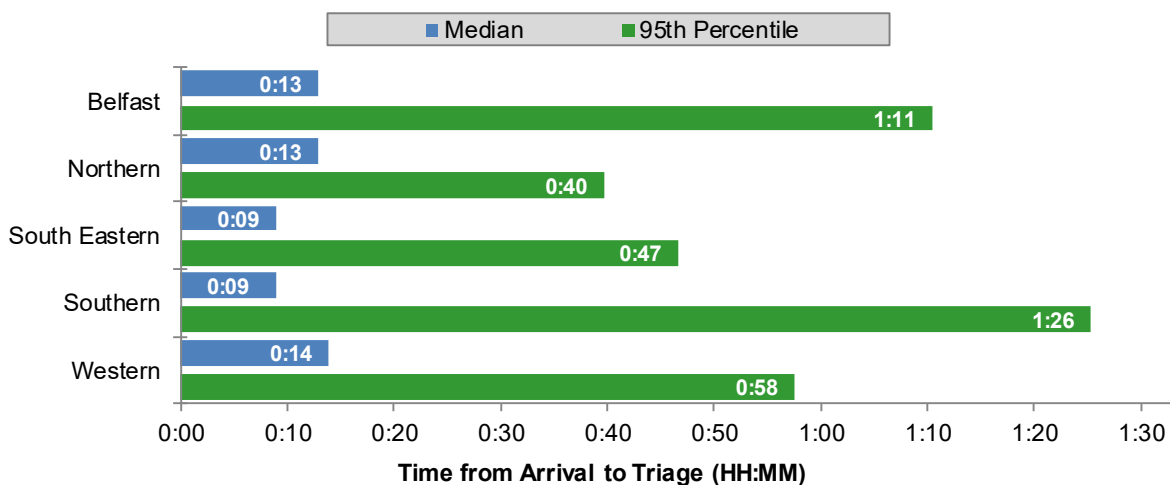
Over two thirds (67.2%) of patients attending Type 1 EDs commenced treatment within 2 hours of being triaged, compared with 95.0% at Type 2 EDs and 98.7% at Type 3 EDs (Figure 26, Table 12).

²¹ This information is based on new and unplanned review attendances only. Planned reviews are not included.

Time from Arrival to Triage (Assessment) ²²

Figure 27 details the median and 95th percentile for the length of time patients waited from arrival at an ED to being triaged (initial assessment) by a medical practitioner, by HSC Trust.

Figure 27: Time from Arrival to Triage, by HSC Trust (2021/22)

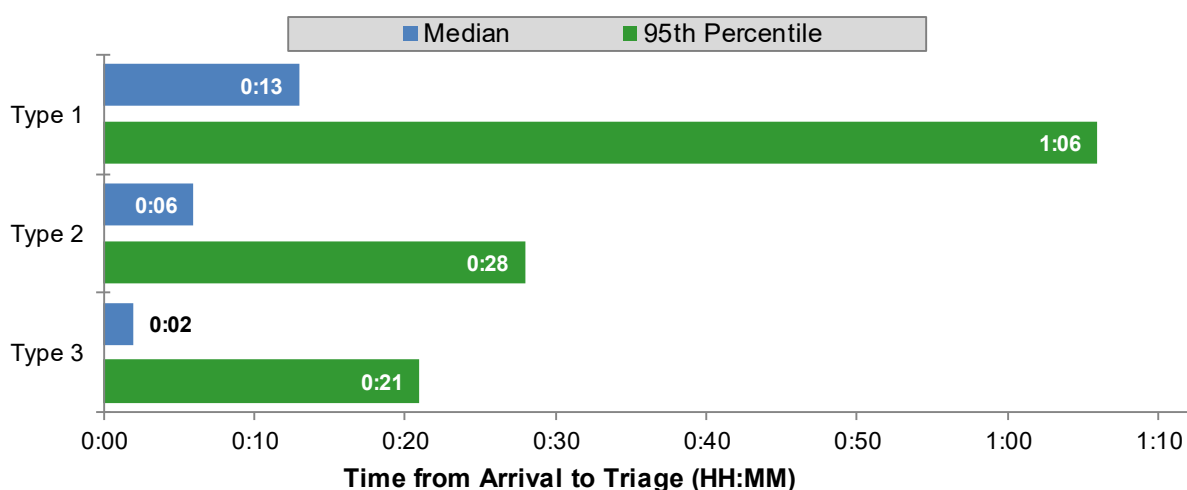


The median waiting time from arrival at an ED to triage in 2021/22 ranged from 9 minutes in the Southern and South Eastern Trusts to 14 minutes in the Western Trust (Figure 27, Table 13 & 14).

In 2021/22, 95 per cent of patients were triaged within 40 minutes of arrival at an ED in the Northern Trust, compared with 1 hour and 26 minutes in the Southern Trust (Figure 27, Table 13 & 14).

Figure 28 details the median and 95th percentiles for the length of time patients waited from their arrival at an ED to being triaged (initial assessment) by a medical practitioner, by ED Type.

Figure 28: Time from Arrival to Triage, by ED Type (2021/22)



During 2021/22, the median waiting time from arrival to triage by a medical practitioner ranged from 2 minutes at Type 3 EDs to 13 minutes at Type 1 EDs (Figure 28, Table 13 & 14).

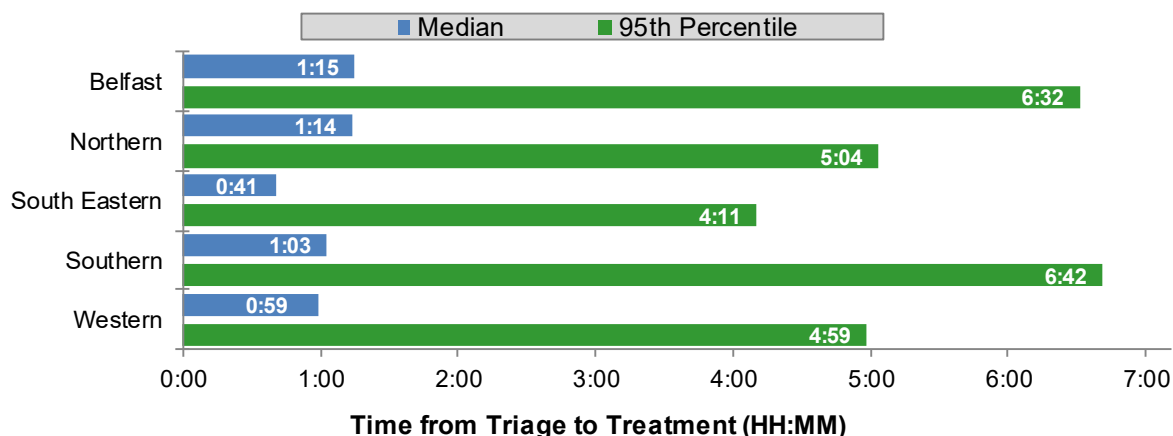
During the same period, 95 per cent of patients were triaged within 21 minutes at Type 3 EDs, compared with 1 hour 6 minutes at Type 1 EDs (Figure 28, Table 13 & 14).

²² This information is based on new and unplanned review attendances only. Planned reviews are not included.

Time from Triage to Start of Treatment ²³

Figure 29 details the median and 95th percentiles for the length of time patients waited for their treatment to begin following triage by a medical practitioner.

Figure 29: Time from Triage to Treatment, by HSC Trust (2021/22)

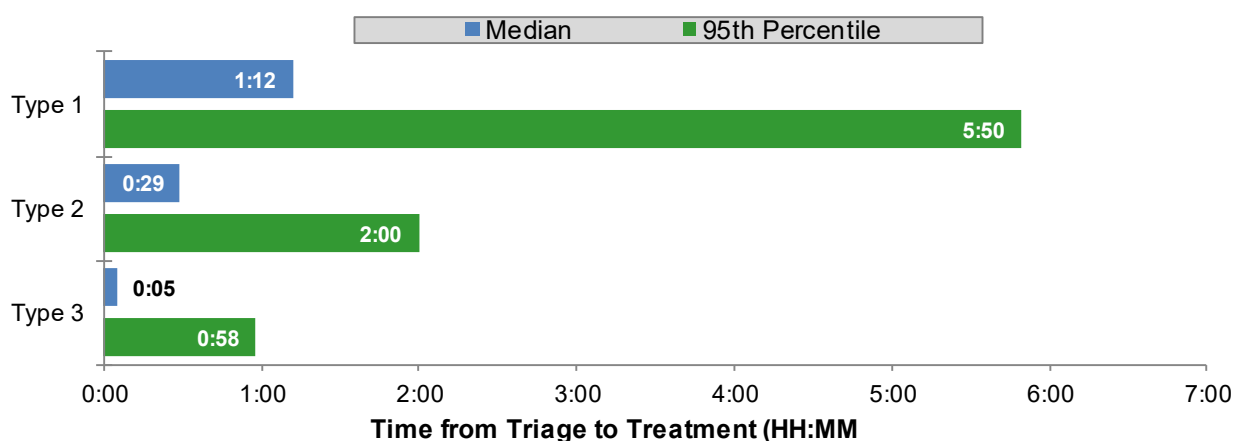


The median waiting time from triage to start of treatment in 2021/22 was lowest in the South Eastern Trust (41 minutes) and highest in the Belfast Trust (1 hour 15 minutes) (Figure 29, Table 15 & 16).

During 2021/22, 95 percent commenced treatment within 4 hours 11 minutes of triage in the South Eastern Trust, compared with 6 hours 42 minutes in the Southern Trust (Figure 29, Table 15 & 16).

Figure 30 details the median and 95th percentiles for the length of time patients waited for their treatment to begin following triage by a medical practitioner by ED type.

Figure 20: Time from Triage to Treatment, by ED Type (2021/22)



The median waiting time from triage to start of treatment in 2021/22 was shortest at Type 3 EDs (5 minutes) and longest at Type 1 EDs (1 hour 12 minutes) (Figure 30, Table 15 & 16).

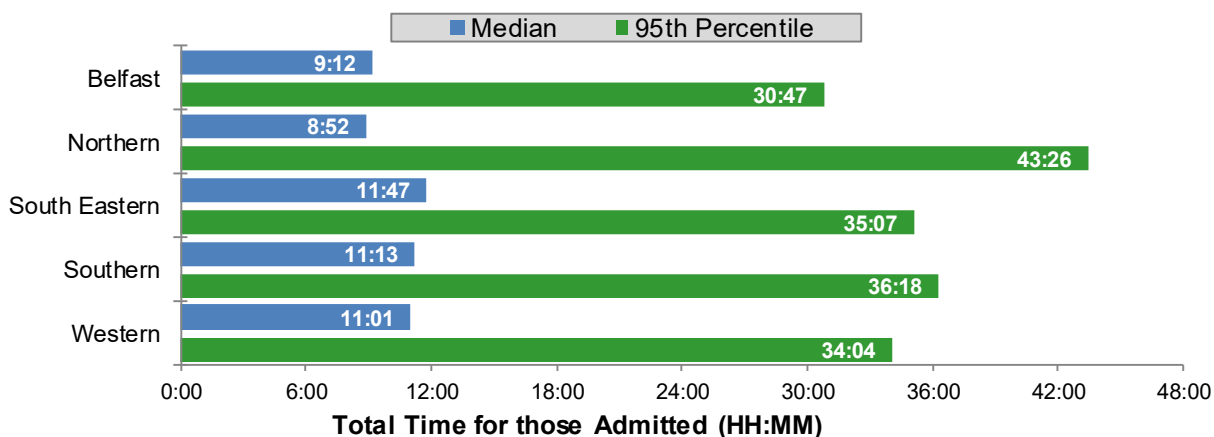
During 2021/22, 95 per cent of patients commenced their treatment within 58 minutes at Type 3 EDs, compared with 5 hours 50 minutes of being triaged at Type 1 EDs (Figure 30, Table 15 & 16).

²³ This information is based on new and unplanned review attendances only. Planned reviews are not included.

Time Spent in ED for Admitted Patients ²⁴

Figure 31 details the median and 95th percentiles for the length of time patients spent in an ED from arrival to admission to hospital.

Figure 31: Total Time Spent in an ED for those Admitted to Hospital, by HSC Trust (2021/22)

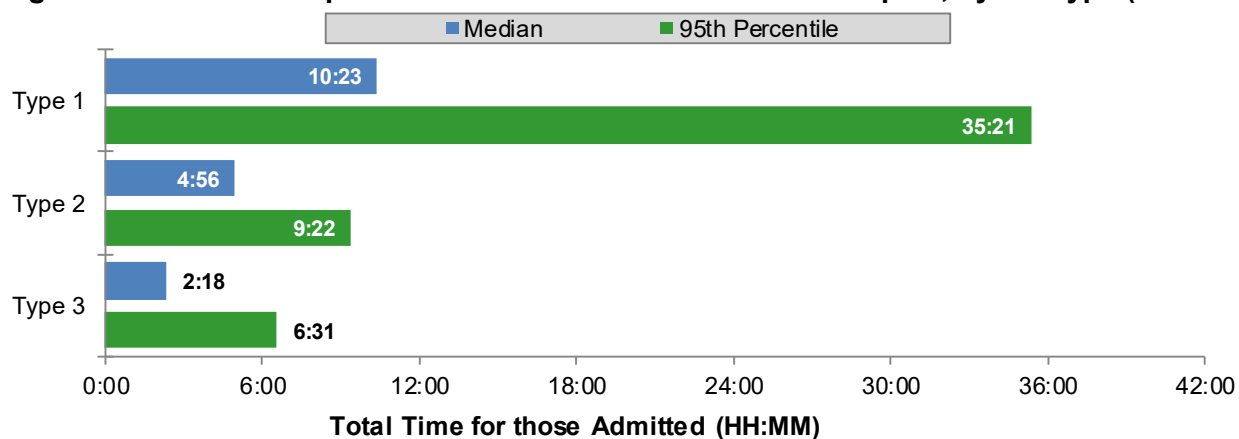


The Northern Trust reported the shortest median waiting time (8 hours 52 minutes) for patients admitted to hospital in 2021/22, whilst the South Eastern Trust reported the longest (11 hours 47 minutes) (Figure 31, Table 17 & 18).

During 2021/22, 95 per cent of patients were admitted to hospital within 30 hours 47 minutes in the Belfast Trust, compared with 43 hours 26 minutes in the Northern Trust. (Figure 31, Table 17 & 18).

Figure 32 details the median and 95th percentiles for the length of time waited from arrival to admission to hospital by ED type.

Figure 32: Total Time Spent in an ED for those Admitted to Hospital, by ED Type (2021/22)



Type 1 EDs reported the highest median waiting time (10 hours 23 minutes) for patients admitted to hospital in 2021/22, compared with 4 hours 56 minutes at Type 2 EDs and 2 hours 18 minutes at Type 3 EDs (Figure 32, Table 17 & 18).

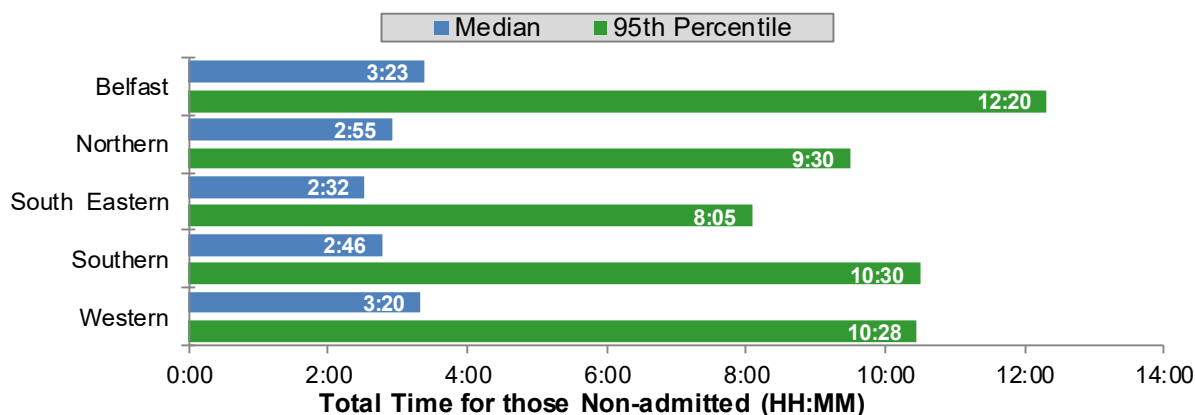
During 2021/22, 95 per cent of patients were admitted to hospital within 6 hours 31 minutes at Type 3 EDs, 9 hours 22 minutes at Type 2 and 35 hours 21 minutes at Type 1 (Figure 32, Table 17 & 18).

²⁴ This information is based on new and unplanned review attendances only. Planned reviews are not included.

Time Spent in ED for Non-admitted Patients²⁵

Figure 33 details the median and 95th percentiles for the length of time patients spent in an ED from arrival to discharge for those not admitted to hospital.

Figure 33: Total Time Spent in an ED for Non-admitted Patients, by HSC Trust (2021/22)

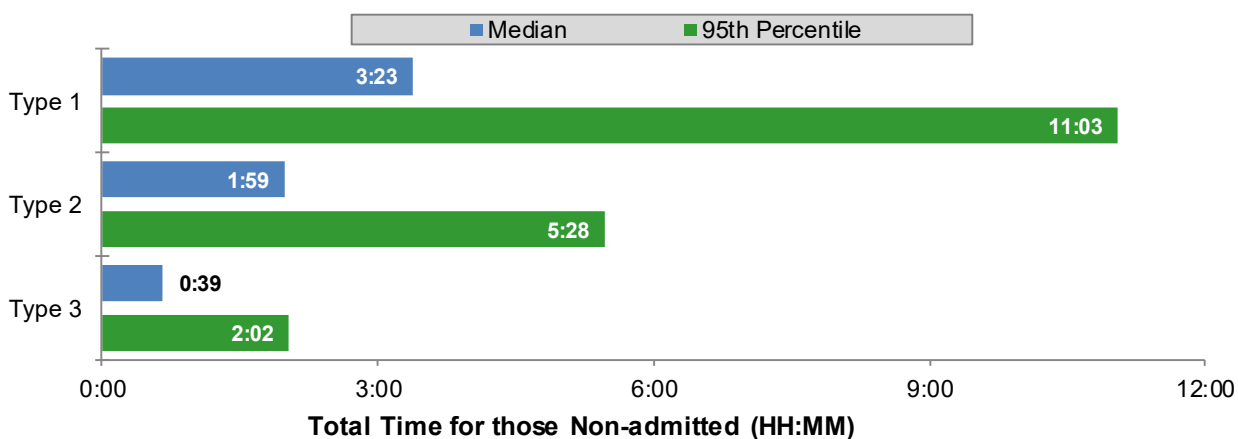


In 2021/22, the median waiting time for patients not admitted to hospital ranged from 2 hours 32 minutes in the South Eastern Trust to 3 hours 23 minutes in Belfast Trust (Figure 33, Table 19 & 20).

During the same period, 95 per cent of patients were discharged home within 8 hours 5 minutes of arrival in the South Eastern Trust, compared with 12 hours 20 minutes in Belfast Trust (Figure 33, Table 19 & 20).

Figure 34 details the median and 95th percentiles for the length of time patients spent in an ED from arrival to discharge for those not admitted to hospital by ED type.

Figure 34: Total Time Spent in an ED for Non-admitted Patients, by ED Type (2021/22)



Type 1 EDs reported the highest median waiting time (3 hours 23 minutes) for patients not admitted to hospital in 2021/22, compared with 1 hour 59 minutes at Type 2 EDs and 39 minutes at Type 3 EDs (Figure 34, Table 19 & 20).

During 2021/22, 95 percent of patients were discharged home within 2 hours 2 minutes at Type 3 EDs, 5 hours 28 minutes at Type 2 EDs and 11 hours 3 minutes at Type 1 EDs (Figure 34, Table 19 & 20).

²⁵ This information is based on new and unplanned review attendances only. Planned reviews are not included.

Patient Transport & Emergency Response²⁶

Following the introduction of the revised Clinical Response Model (CRM) by the Northern Ireland Ambulance Service (NIAS) on 12 November 2019, and changes to the classifications of calls, it is no longer possible to compare aspects of NIAS activity and response times with previous years.

With this in mind, information reported on NIAS activity and response times in this section refers to 2021/22, though where possible trend information is provided. **Readers are asked to note these changes when making comparisons over time and by category of call.**

The Revised CRM categorises calls based on their urgency and target response times. Two aspects of the response time are reported, (i) the mean response time, and (ii) the 90th percentile, which is the time below which 90% of calls were responded to.

The new call categories and targets are as follows.

Call Category	Call Definition	Mean Target	90th Percentile Target
Category 1	999 Immediately life threatening	8 minutes	15 minutes
Category 1 - Transport	999 Immediately life threatening	19 minutes	30 minutes
Category 2	999 Emergency – potentially serious incidents	18 minutes	40 minutes
Category 3	Urgent Problem		120 minutes
Category 4	Less urgent problem		180 minutes

Additional changes came into effect on 18 October 2021, when NIAS implemented the new HCP/IFT data model that has changed how Healthcare Professional calls (HCP) and Inter-facility Transfers (IFT) are reported. The recent changes in how calls are categorised in the new Data Model compared to how they were categorised prior to its implementation, means it may not possible to compare data before and after the changes.

As the changes were implemented mid-year (18 October 2021), some figures for 2021/22 have been split as follows:

- Pre-HCP/IFT figures report on activity from 1 April 2021 to 17 October 2021
- Post HCP/IFT figures report on activity from 20 October 2021 to 31 March 2022.

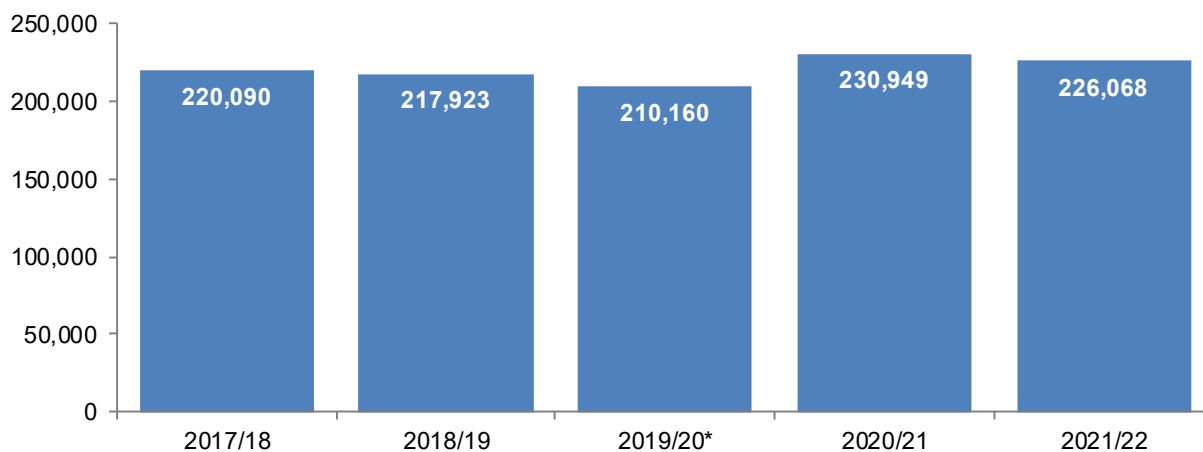
²⁶ See Appendix 4 for further information on the revised Clinical Response Model.

Total Calls Received

5 Year Trend

Figure 35 shows the number of calls (urgent / non-urgent) received by NIAS since 2017/18.

Figure 35: Number of Calls Received by NIAS (2017/18 – 2021/22)²⁷

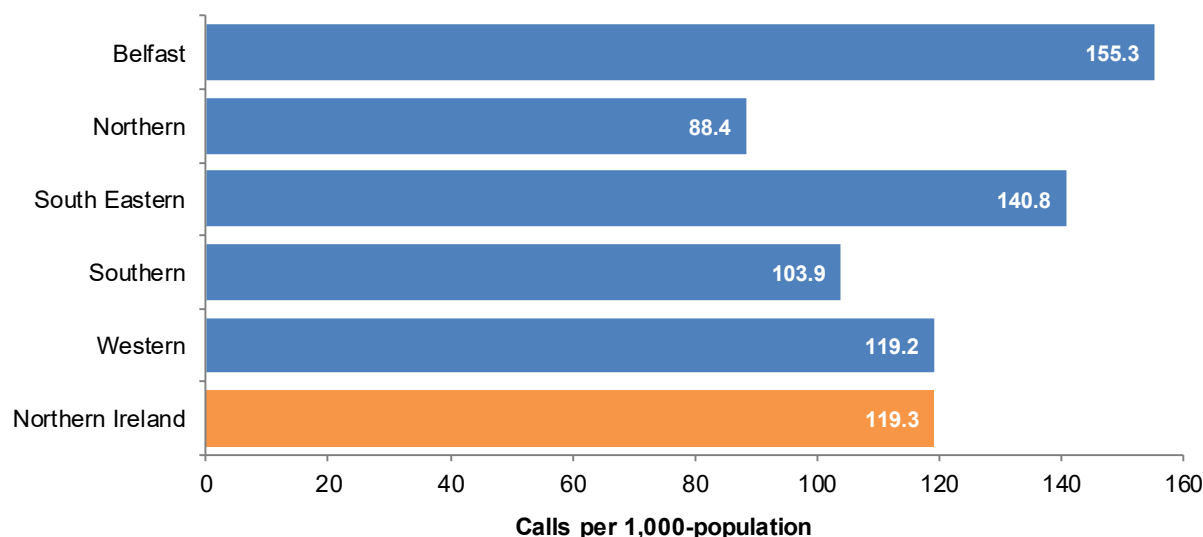


Between 2017/18 and 2021/22, the number of calls received by the NIAS increased by 5,978 (2.7%), from 220,090 to 226,068 (Figure 35, Table 24).

Financial Year 2021/22

Figure 36 presents information on the number of calls received by the NIAS per 1,000-population¹ in each Local Commissioning Group (LCG) in 2021/22.

Figure 36: Calls Received by the NIAS per 1,000-population, by LCG (2021/22)²⁸



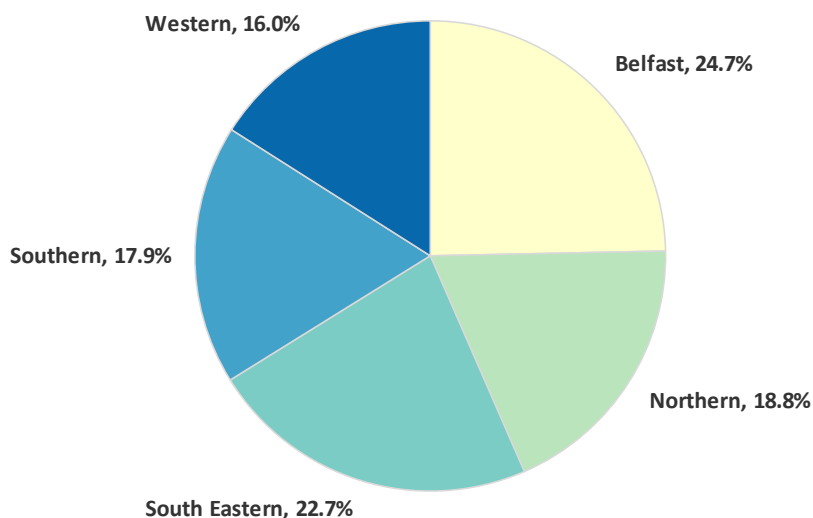
Across LCGs, the number of calls per 1,000-population was highest in the Belfast LCG (155.3) and lowest in the Northern LCG (88.4) (Figure 36).

²⁷ Readers should note that data for 2019/20 does not include November 2019, are not directly comparable to previous years.

²⁸ Based on NISRA 2020 mid-year population estimate which was published on 25th June 2021.

Figure 37 presents information on the number of calls received by the NIAS in each Local Commissioning Group (LCG) in 2021/22.

Figure 37: Calls Received by the NIAS, by LCG (2021/22)



Of the 226,068 calls received in 2021/22, 24.7% (55,786) were received in the Belfast LCG, 22.7% (51,282) in the South Eastern LCG, 18.8% (42,458) in the Northern LCG, 17.9% (40,398) in the Southern LCG and 16.0% (36,144) in the Western LCG (Figure 39, Table 25).

Calls Received and Response Times by Category of Call

Following recent changes to the classification of NIAS calls on 18 October 2021, information reported on calls and response times are presented for each of the following classifications:

- 1 April 2021 to 17 October 2021 – Prior to classification of HCP / IFT calls; and,
- 20 October 2021 to 31 March 2022 - Post classification of HCP / IFT calls.

Response times for each category of call are detailed in this section, with two aspects of the time waited are reported, including:

- (i) the mean response time, which is the mean average response time, and,
- (ii) (ii) the 90th percentile, which is the time below which 90% of responses transported a patient.

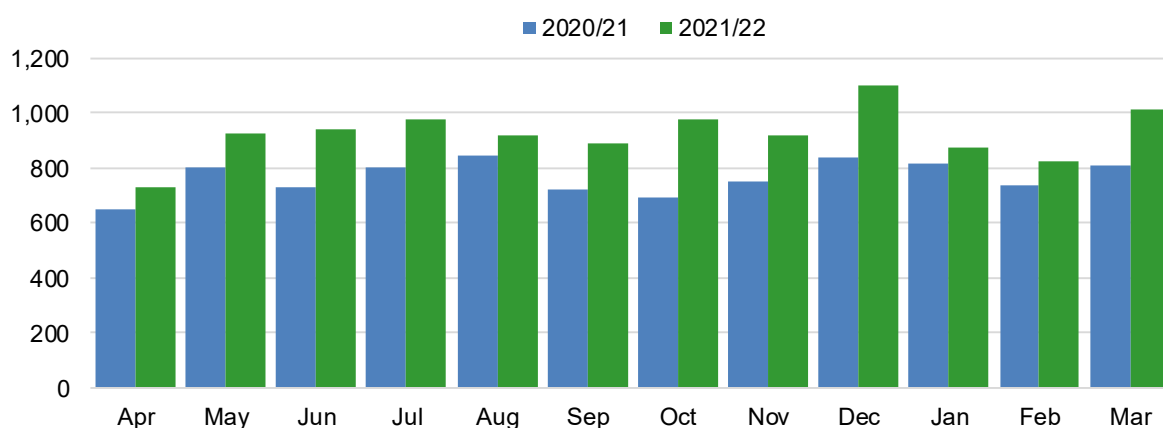
Category 1 Calls

Category 1 calls are defined as **999 Immediately life threatening**, and are broken down into two sub-categories;

- C1 refers to the time it takes for a response to arrive at the scene.
- C1T refers to the time it takes for the vehicle that transports the patient to arrive at the scene, with the waiting time only being stopped when an ambulance able to transport the patient, arrives at the scene.

Figure 38 presents the number of Category 1 calls received during each month since April 2020.

Figure 38: Number of Category 1 Calls Received (2020/21 - 2021/22)



The number of C1 calls received by the NIAS increased in each month in 2021/22 compared with the previous year, with the highest number of C1 calls received in December 2021 (1,102) (Figure 38).

Category 1 Calls and Response Times

Figure 39 overleaf presents the mean, 90th percentile and target response times for Category 1 calls during 2021/22. The mean target response time is 8 minutes and the 90th percentile target response time is 15 minutes. The chart has different shading for months up to and following the change to the classification of HCP / IFT calls on 17 October 2021.

The Mean (8 minutes) and 90th Percentile (15 minutes) target response times were not achieved by the NIAS in any month during 2021/22.

During 2021/22, the shortest mean response time for category 1 calls was reported in May 2021 (9 minutes 40 seconds), whilst the longest mean response time was in August 2021 (13 minutes 12 seconds) (Figure 39, Table 27 & 28).

During the same period, the shortest 90th percentile response time for category 1 calls was in April 2021 (18 minutes 46 seconds), whilst the longest 90th percentile response time was in July 2021 (24 minutes 10 seconds) (Figure 39, Table 27 & 28).

Figure 39: Summary of Category 1 Response Times (2021/22)

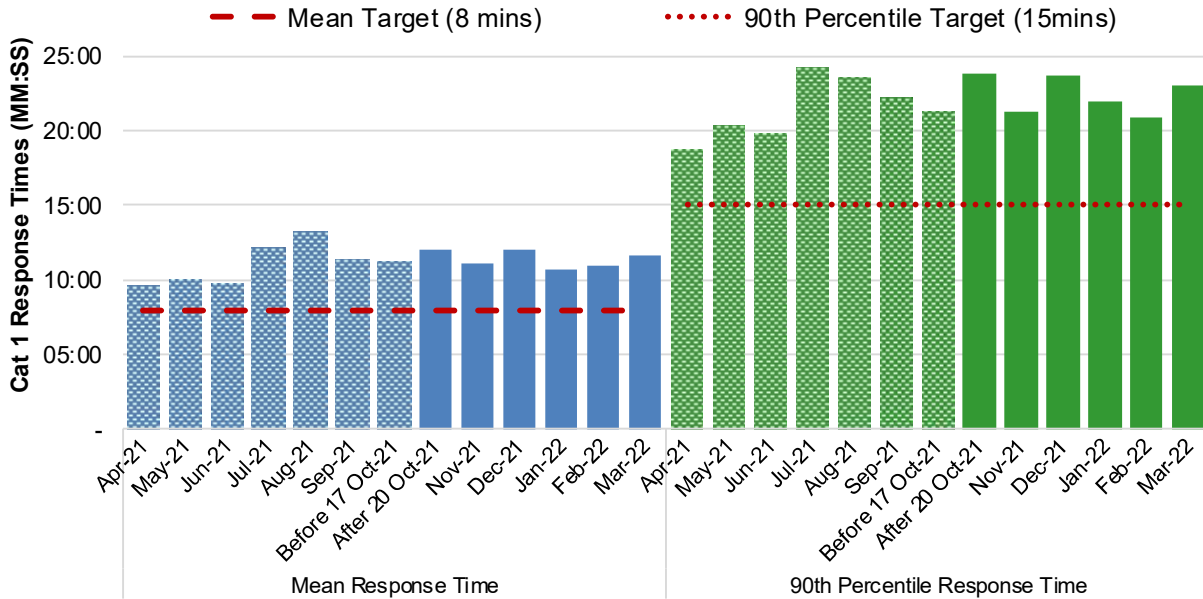
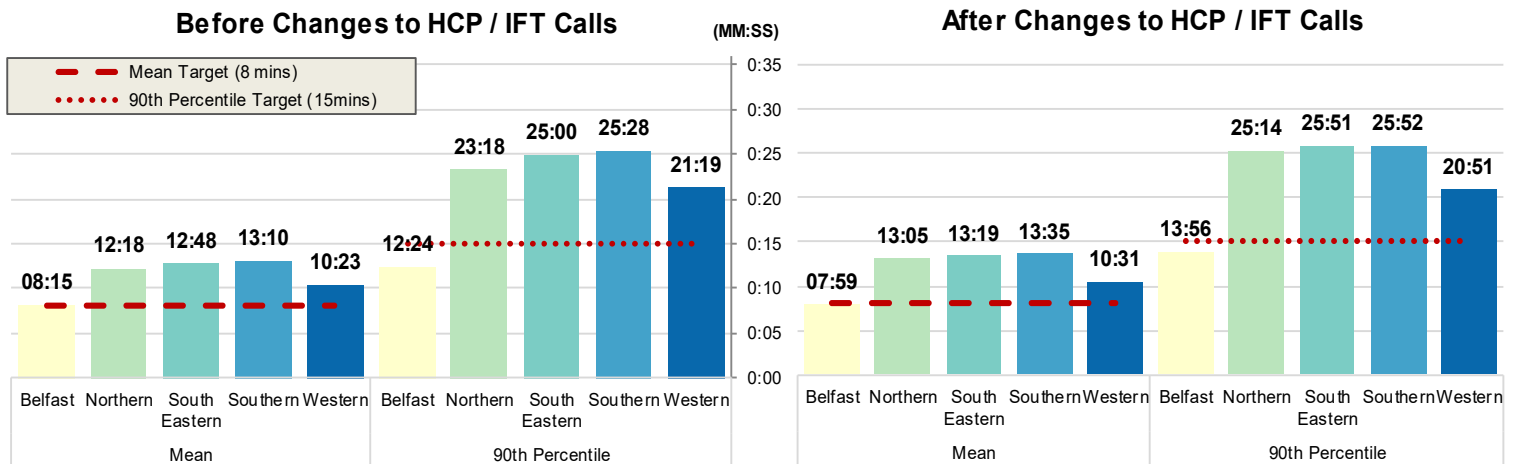


Figure 40 presents the Mean, 90th Percentile and target response times for Category 1 calls in each Local Commissioning Group (LCG). Information is presented for (i) the period before changes to HCP / IFT (1 April 2021 to 17 October 2021) and (ii) after changes (20 October 2021 to 31 March 2022). The mean target response time is 8 minutes and the 90th percentile target response time is 15 minutes.

Figure 40: Summary of Category 1 Response Times, by LCG (2021/22)



From 1 April 2021 to 17 October 2021, the mean target (8 minutes) was not achieved by any LCG, whilst the 90th Percentile target (15 minutes) was achieved by the Belfast LCG (Figure 40).

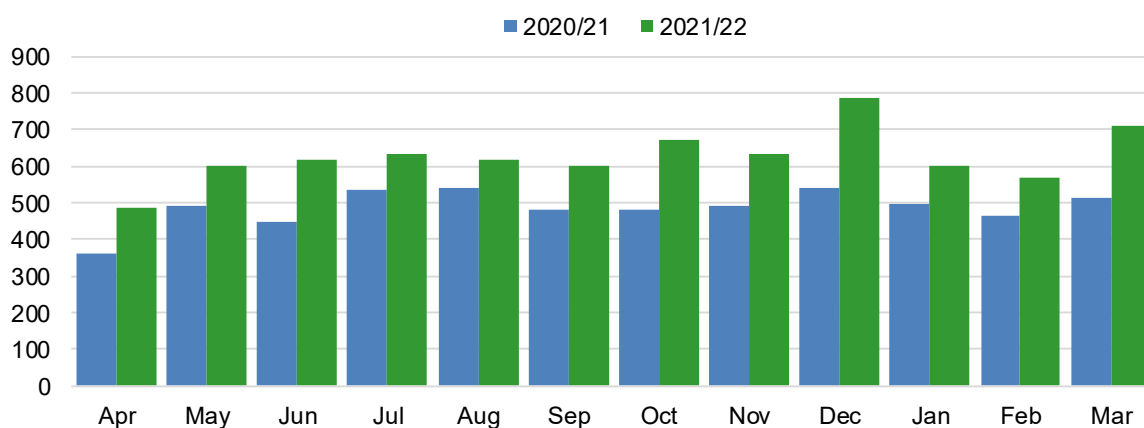
From 20 October 2021 to 31 March 2022, the Mean target (8 minutes) and the 90th Percentile target (15 minutes) were both achieved by the Belfast LCG (Figure 40).

Category C1T Calls and Response Times

Category C1T calls refer to **999 Immediately life threatening** which require a vehicle that transports a patient, to arrive on the scene. The time takes for the vehicle that transports the patient to arrive at the scene, with the waiting time only being stopped when an ambulance able to transport the patient, arrives at the scene.

Figure 41 presents the number of Category 1T calls received during each month since April 2020.

Figure 41: Number of Category 1T Calls Received (2020/21 - 2021/22)



During 2021/22, the NIAS received 7,537 C1T calls, 1,691 more than the number received in 2020/21 (5,846) (Figure 41).

The number of C1T calls received by the NIAS increased in each month in 2021/22 compared with the previous year, with the highest number of C1T calls received in December 2021 (787) (Figure 41).

Figure 42 presents the mean, 90th percentile and target response times for Category 1T calls during 2021/22. The mean target response time is 19 minutes and the 90th percentile target response time is 30 minutes. The chart has different shading for months up to and following the change to the classification of HCP / IFT calls on 17 October 2021.

The Mean (19 minutes) and 90th Percentile (30 minutes) targets were achieved during each month of 2021/22 (Figure 42).

During 2021/22, the shortest mean response time for category C1T calls was reported in June 2021 (11 minutes 37 seconds), whilst the longest mean response time was in August 2021 (14 minutes 41 seconds) (Figure 42, Table 27 & 28).

During the same period, the shortest 90th percentile response time for category C1T calls was in June 2021 (23 minutes 37 seconds), whilst the longest 90th percentile response time was in December 2021 (29 minutes 09 seconds) (Figure 42, Table 27 & 28).

Figure 42: Summary of Category 1T Response Times (2021/22)

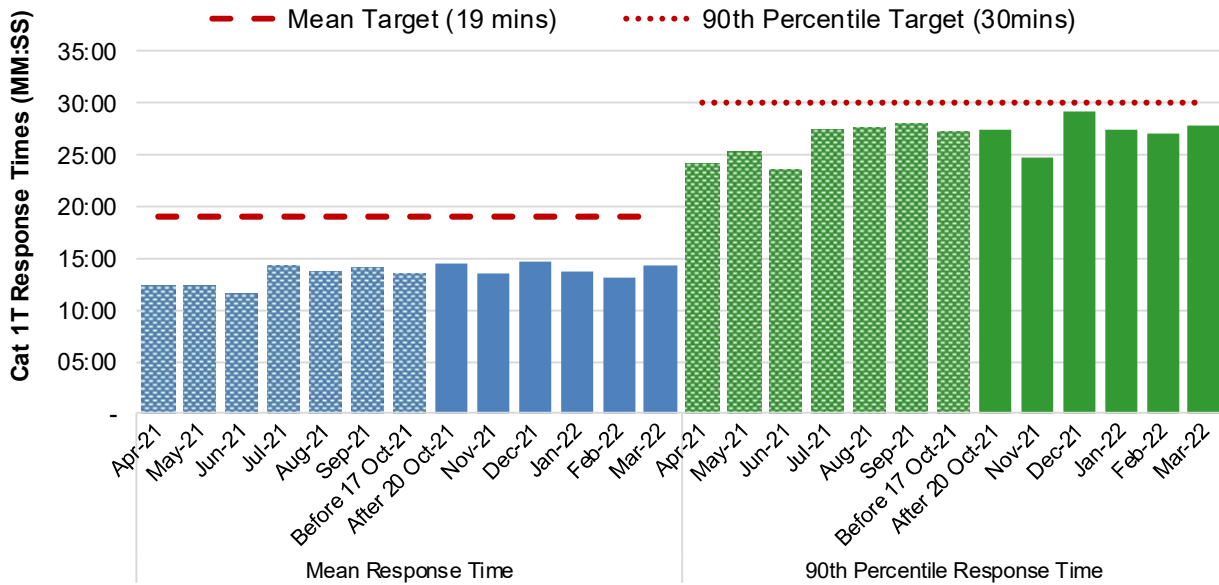
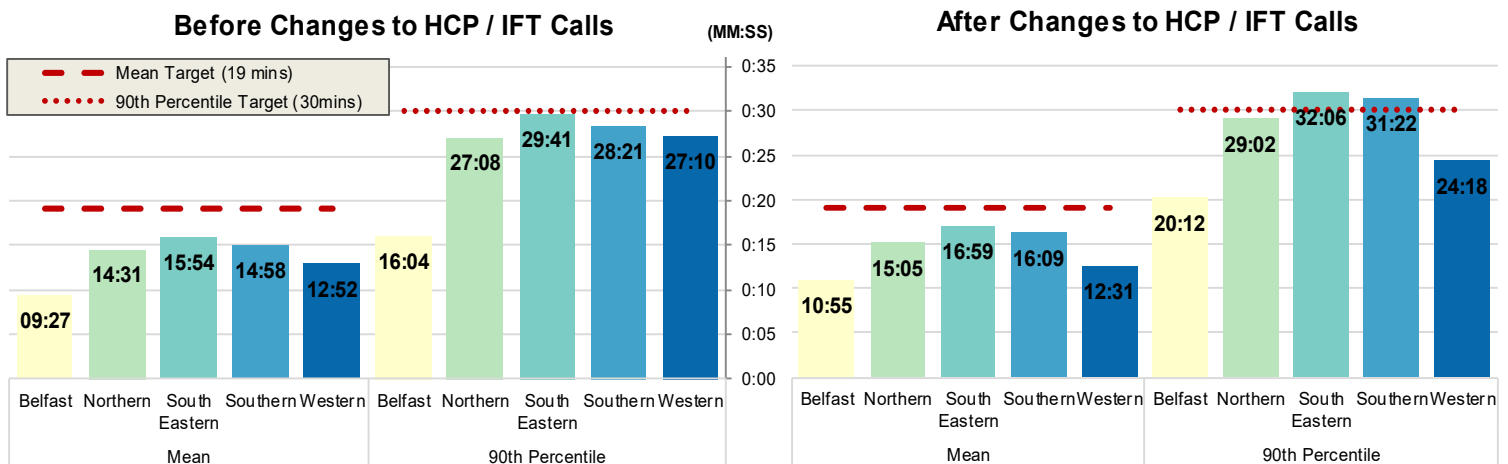


Figure 43 presents the Mean, 90th Percentile and target response times for Category 1T calls in each Local Commissioning Group (LCG). Information is presented for (i) the period before changes to HCP / IFT (1 April 2021 to 17 October 2021) and (ii) after changes (20 October 2021 to 31 March 2022). The mean target response time is 19 minutes and the 90th percentile target response time is 30 minutes.

Figure 43: Summary of Category 1T Response Times, by LCG (2021/22)



From 1 April 2021 to 17 October 2021, both the Mean (19 minutes) and 90th Percentile (30 minutes) targets were achieved by all LCGs (Figure 43).

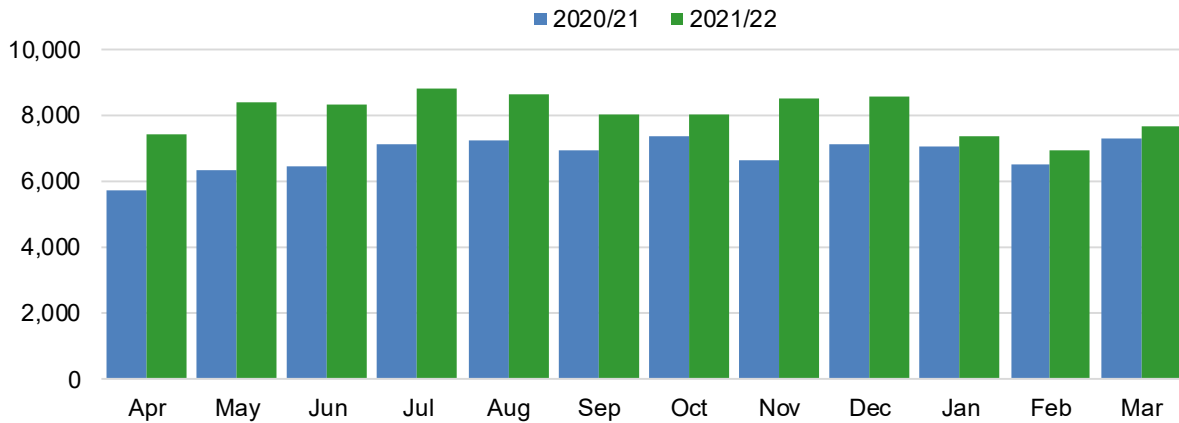
From 20 October 2021 to 31 March 2022, the Mean target (19 minutes) was achieved by all LCGs and the 90th Percentile target (30 minutes) achieved by Belfast, Northern and Western LCGs (Figure 43).

Category 2 Calls

Category 2 calls are defined as **999 Emergency** calls which are potentially serious incidents.

Figure 44 presents the number of Category 2 calls received during each month since April 2020.

Figure 44: Number of Category 2 Calls Received (2020/21 - 2021/22)

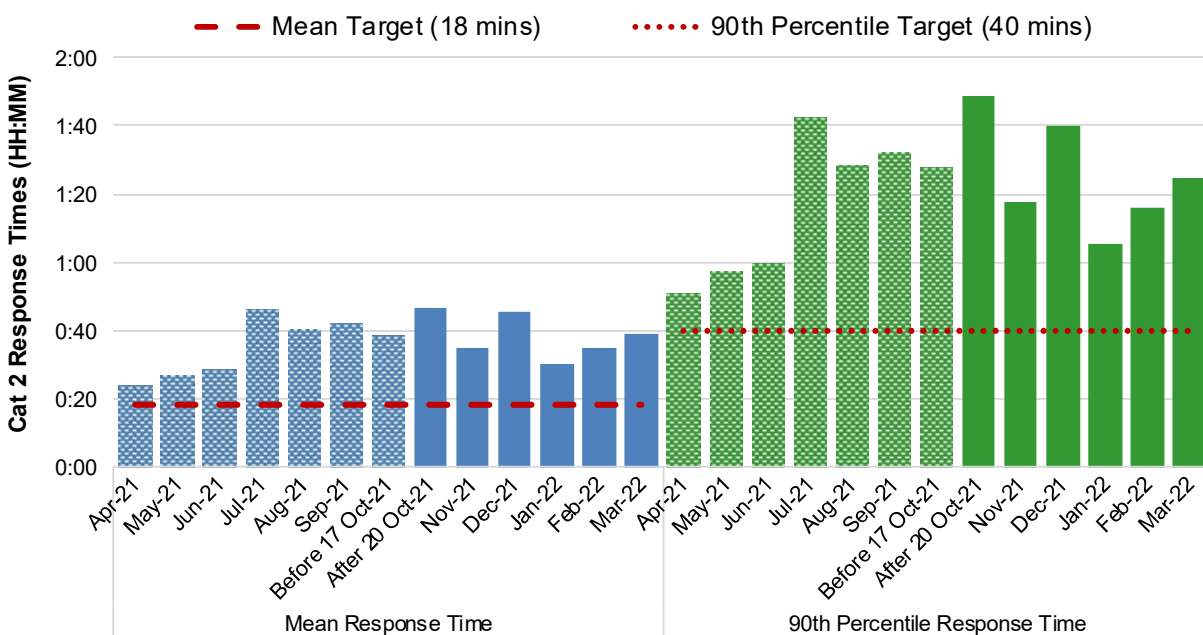


During 2021/22, the NIAS received 96,497 category 2 calls, 14,880 more than the number received in 2020/21 (81,617) (Figure 44).

The number of category 2 calls received by the NIAS increased in each month in 2021/22 compared with 2020/21, with the highest number of category 2 calls received in July 2021 (8,794) (Figure 44).

Figure 45 presents the mean, 90th percentile and target response times for Category 2 calls during 2021/22. The mean target response time is 18 minutes and the 90th percentile target response time is 40 minutes. The chart has different shading for months up to and following the change to the classification of HCP / IFT calls on 17 October 2021.

Figure 45: Summary of Category 2 Response Times (2021/22)



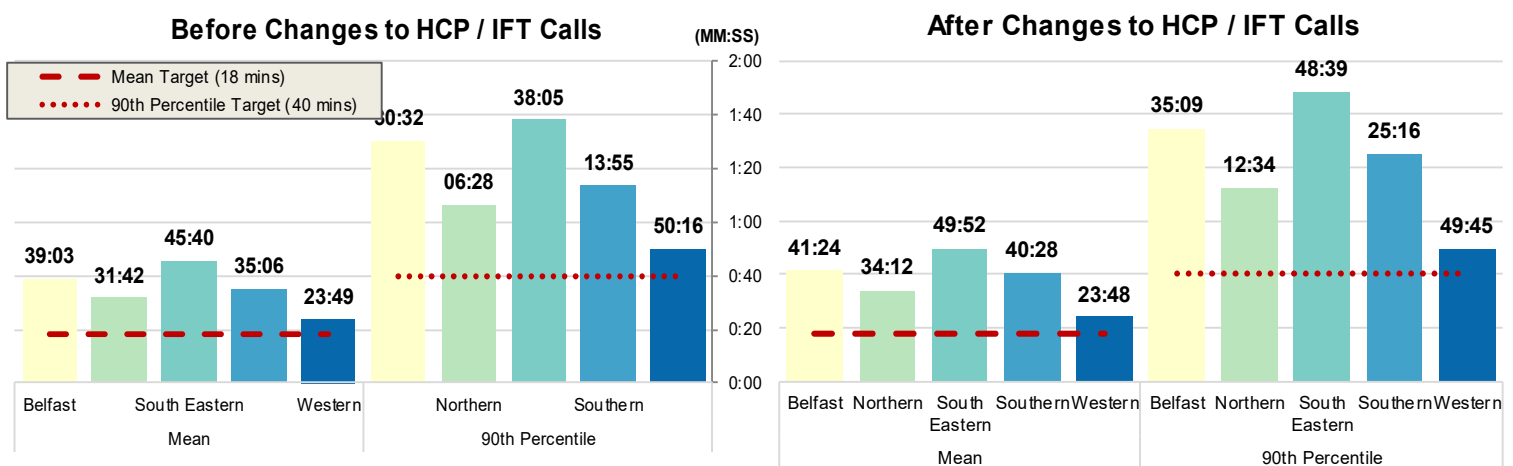
The Mean (18 minutes) and 90th Percentile (40 minutes) targets were not achieved in any month during 2021/22 (Figure 45).

During 2021/22, the shortest mean response time for category 2 calls was reported in April 2021 (23 minutes 59 seconds), whilst the longest mean response time was in October 2021 (46 minutes 30 seconds) following the change to the classification of HCP / IFT calls (Figure 45, Table 27 & 28).

During the same period, the shortest 90th percentile response time for category 2 calls was in April 2021 (50 minutes 38 seconds), whilst the longest 90th percentile response time was in October 2021 (1 hour 48 minutes 42 seconds) following the change to the classification of HCP / IFT calls (Figure 45, Table 27 & 28).

Figure 46 presents the Mean, 90th Percentile and target response times for Category 2 calls in each Local Commissioning Group (LCG). Information is presented for (i) the period before changes to HCP / IFT (1 April 2021 to 17 October 2021) and (ii) after changes (20 October 2021 to 31 March 2022). The mean target response time is 18 minutes and the 90th percentile target response time is 40 minutes.

Figure 46: Summary of Category 2 Response Times, by LCG (2021/22)



From 1 April 2021 to 17 October 2021, the Mean (18 minutes) and 90th Percentile (40 minutes) targets were not achieved by any LCG (Figure 46).

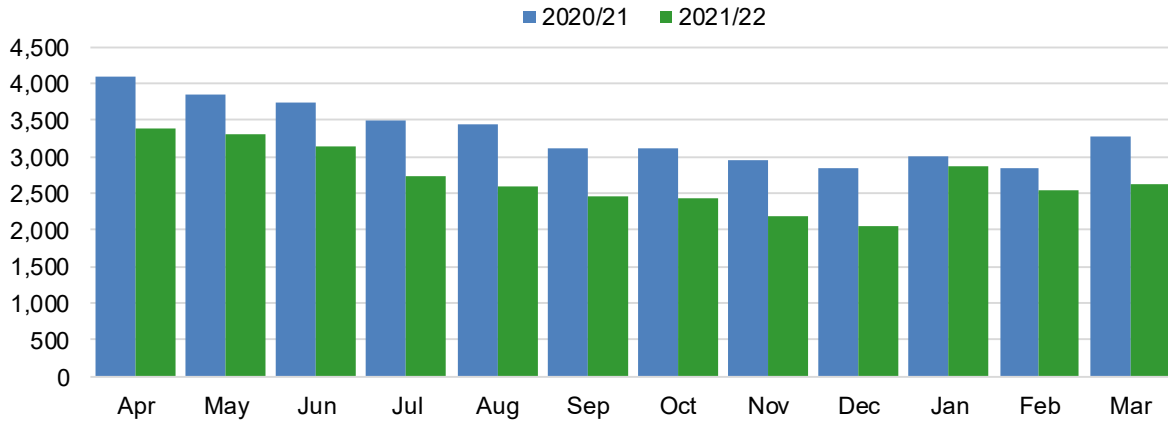
From 20 October 2021 to 31 March 2022, the Mean (18 minutes) and 90th Percentile (40 minutes) targets were not achieved by any LCG (Figure 46).

Category 3 Calls

Category 3 calls are defined as an **Urgent Problem**.

Figure 47 presents the number of Category 3 calls received during each month since April 2020.

Figure 47: Number of Category 3 Calls Received (2020/21 - 2021/22)

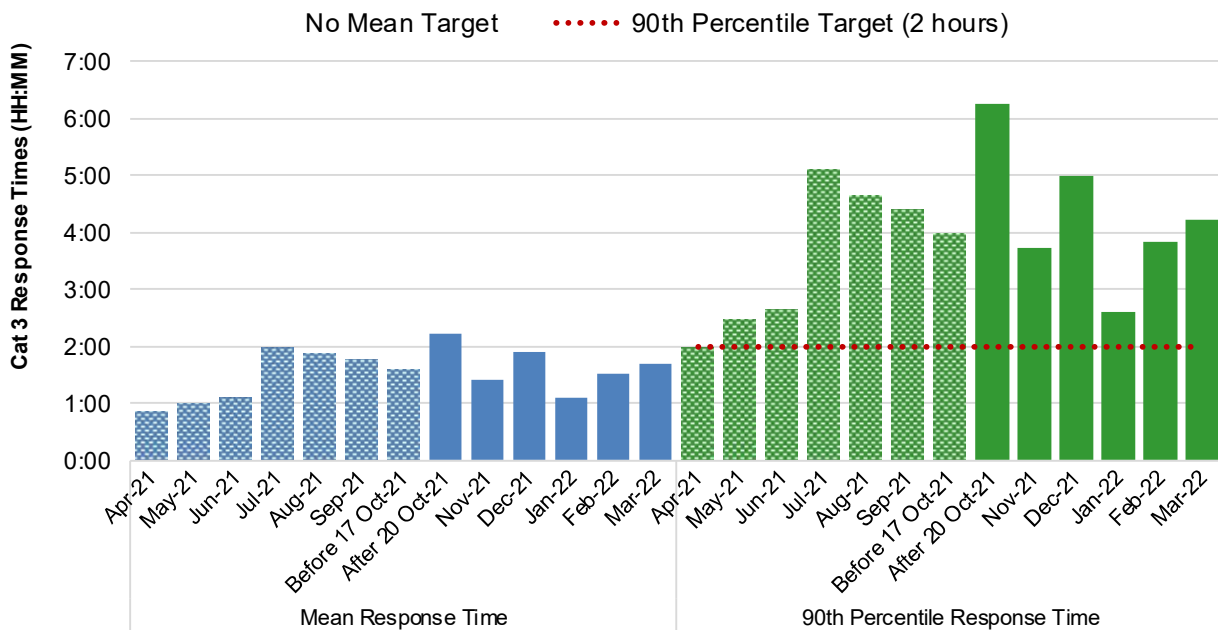


During 2021/22, the NIAS received 32,254 category 3 calls, 7,473 less than the number received in 2020/21 (39,727) (Figure 47).

The number of category 3 calls received by the NIAS decreased in each month in 2021/22 compared with 2020/21, with the highest number of category 3 calls received in April 2021 (3,373) (Figure 47).

Figure 48 presents the mean, 90th percentile and target response times for Category 3 calls during 2021/22. The 90th percentile target response time is 2 hours, whilst there is no mean target for Category 3 calls. The chart has different shading for months up to and following the change to the classification of HCP / IFT calls on 17 October 2021.

Figure 48: Summary of Category 3 Response Times (2021/22)



There is no Mean target response time for category 3 calls. The 90th Percentile target (2 hours) was only achieved in April 2021 (Figure 48).

During 2021/22, the shortest mean response time for category 3 calls was reported in April 2021 (50 minutes 28 seconds), whilst the longest mean response time was in October 2021 (2 hours 14 minutes 14 seconds) following the change to the classification of HCP / IFT calls (Figure 48, Table 27 & 28).

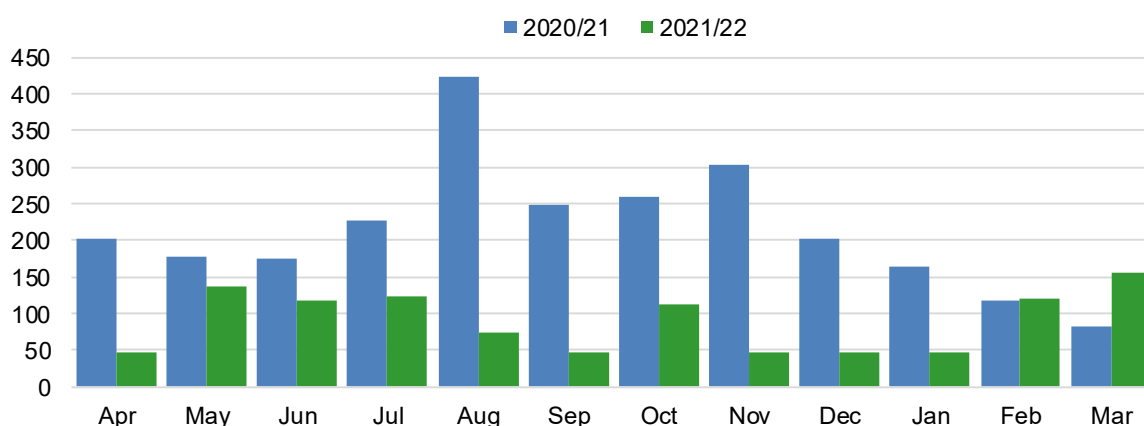
During the same period, the shortest 90th percentile response time for category 3 calls was in April 2021 (1 hour 58 minutes 34 seconds), whilst the longest 90th percentile response time was in October 2021 (6 hours 15 minutes 15 seconds) following the change to the classification of HCP / IFT calls (Figure 48, Table 27 & 28).

Category 4 Calls

Category 4 calls are defined as a **Less Urgent Problem**.

Figure 49 presents the number of Category 4 calls received during each month since April 2020.

Figure 49: Number of Category 4 Calls Received (2020/21 - 2021/22)

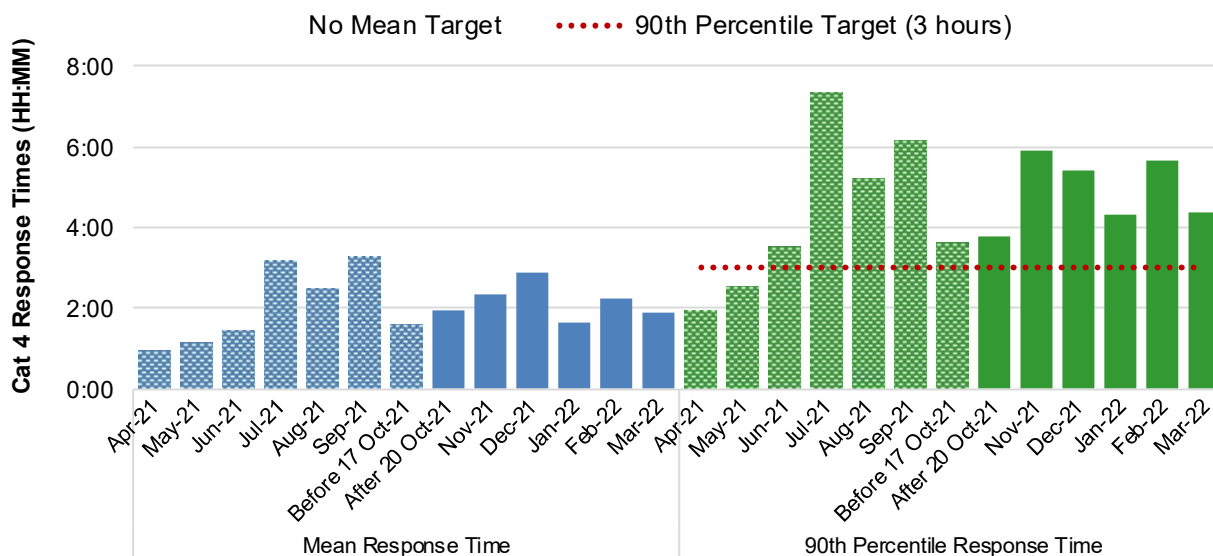


During 2021/22, the NIAS received 1,081 category 4 calls, 1,505 less than the number received in 2020/21 (2,586) (Figure 49).

The number of category 4 calls received by the NIAS decreased during each month in 2021/22 compared with 2020/21, with the exception of February and March 2022. The highest number of category 4 calls were received in August 2021 (123) (Figure 49).

Figure 50 presents the mean, 90th percentile and target response times for Category 4 calls during 2021/22. The 90th percentile target response time is 3 hours, whilst there is no mean target for Category 4 calls.

Figure 50: Summary of Category 4 Response Times (2021/22)²⁹



There is no Mean target response time for category 4 calls. The 90th Percentile target (3 hours) was only achieved in April and May 2021 (Figure 50).

During 2021/22, the shortest mean response time for category 4 calls was reported in April 2021 (58 minutes 46 seconds), whilst the longest mean response time was in September 2021 (3 hours 18 minutes 18 seconds) (Figure 50, Table 27 & 28).

During the same period, the shortest 90th percentile response time for category 4 calls was in April 2021 (1 hour 56 minutes 47 seconds), whilst the longest 90th percentile response time was in July 2021 (7 hours 22 minutes 39 seconds) (Figure 50, Table 27 & 28).

²⁹ NIAS did not provide figures for Cat 4 90th percentile response time for South Eastern LGC in January 2022.

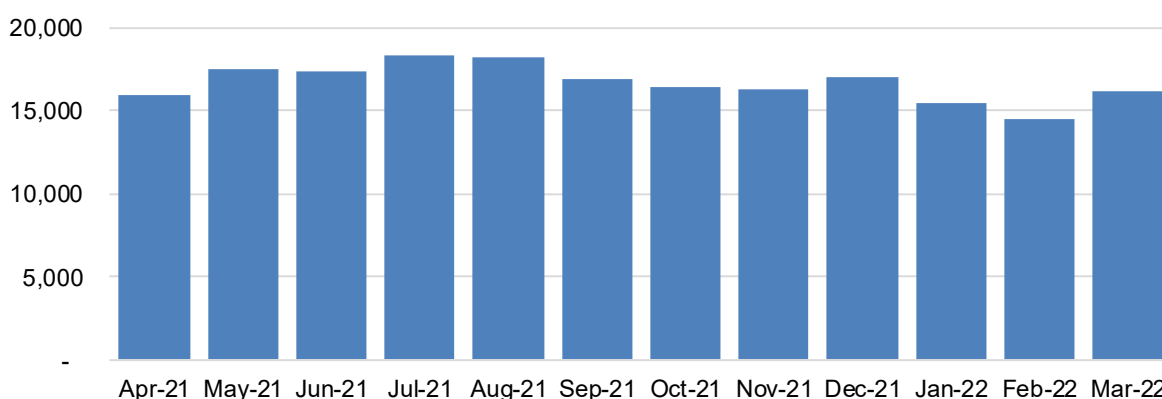
Incidents

The number of incidents reported by NIAS will generally be lower than the number of calls, as a single incident may have multiple callers contacting NIAS to report the incident. It is also important to note that not all incidents are attended by a vehicle, and some calls may be triaged over the phone and redirected to another service. In addition to this, an incident can be attended by a vehicle but the patient may be treated at the scene and not transported.

Financial Year 2021/22

Figure 51 presents information on the number of incidents reported by NIAS in 2021/22.

Figure 51: Number of Incidents (2021/22)

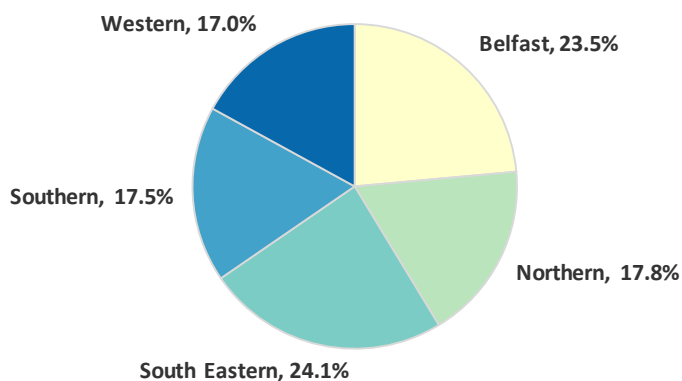


During 2021/22, 199,768 incidents were reported by NIAS, with the lowest number of incidents reported in February 2022 (14,450) and the highest reported in July 2021 (18,317) (Figure 51).

The Western LCG reported the lowest number of incidents in February 2022 (2,458), while the Belfast LCG reported the highest number of incidents in July 2021 (4,461) (Table 26).

Figure 52 presents information on the proportion of incidents reported by NIAS by LCG in 201/22.

Figure 52: Summary of Incidents, by LCG (2021/22)



Of the 199,768 emergency incidents reported by NIAS in 2021/22, 24.1% (48,171) were received in the South Eastern LCG, 23.5% (47,043) in the Belfast LCG, 17.8% (35,490) in the Northern LCG, 17.5% (35,034) in the Southern LCG and 17.0% (34,030) in the Western LCG (Figure 52, Table 25).

Additional Tables

Table 1A: PhoneFirst Activity (2021/22)^{30, 31}

HSC Trust	PhoneFirst											
	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Belfast	-	-	-	-	-	-	-	-	-	-	-	-
Northern	4,797	4,301	4,649	4,045	3,955	3,724	3,262	3,115	2,935	2,988	2,611	3,291
South Eastern	380	393	444	418	459	434	1,162	2,192	2,291	2,244	2,376	2,882
Southern	3,389	3,579	4,808	2,748	2,185	3,944	3,513	3,989	3,638	3,897	4,113	5,372
Western	1,849	1,294	1,642	1,497	1,255	1,112	752	828	765	763	786	871
Northern Ireland	10,415	9,567	11,543	8,708	7,854	9,214	8,689	10,124	9,629	9,892	9,886	12,416

Source: HSC Trusts

Table 2B: Urgent Care Centre Services (2021/22)

HSC Trust	Urgent Care Centre											
	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Belfast	4,750	8,042	4,789	4,668	4,251	4,022	2,531	1,130	1,014	1,111	995	1,262
Northern	-	-	-	-	-	-	-	-	-	-	-	-
South Eastern	878	1,000	1,116	1,120	1,130	1,102	976	1,061	851	966	889	1,236
Southern	60	74	80	31	33	104	99	76	83	144	155	144
Western	-	-	-	-	-	-	-	-	-	-	-	-
Northern Ireland	5,688	9,116	5,985	5,819	5,414	5,228	3,606	2,267	1,948	2,221	2,039	2,642

Source: HSC Trusts

Table 3C: Total Activity at PhoneFirst / Urgent Care Centre Services (2021/22)

HSC Trust	Total Attendances											
	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Belfast	4,750	8,042	4,789	4,668	4,251	4,022	2,531	1,130	1,014	1,111	995	1,262
Northern	4,797	4,301	4,649	4,045	3,955	3,724	3,262	3,115	2,935	2,988	2,611	3,291
South Eastern	1,258	1,393	1,560	1,538	1,589	1,536	2,138	3,253	3,142	3,210	3,265	4,118
Southern	3,449	3,653	4,888	2,779	2,218	4,048	3,612	4,065	3,721	4,041	4,268	5,516
Western	1,849	1,294	1,642	1,497	1,255	1,112	752	828	765	763	786	871
Northern Ireland	16,103	18,683	17,528	14,527	13,268	14,442	12,295	12,391	11,577	12,113	11,925	15,058

Source: HSC Trusts

Table 4D: Patients Referred to an ED from PhoneFirst / Urgent Care Centre Services (2021/22)

HSC Trust	Referral to ED											
	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Belfast	2,317	2,468	2,389	2,648	2,145	1,973	899	25	12	16	16	6
Northern	1,071	345	347	296	297	331	387	221	260	206	175	215
South Eastern	268	269	289	292	343	275	295	314	299	307	312	377
Southern	841	769	1,036	580	416	837	839	1,063	1,047	1,040	1,168	1,377
Western	944	814	948	878	686	604	417	472	422	416	405	507
Northern Ireland	5,441	4,665	5,009	4,694	3,887	4,020	2,837	2,095	2,040	1,985	2,076	2,482

Source: HSC Trusts

³⁰ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

³¹ Data on PhoneFirst Calls, Urgent Care Centre Attendances and subsequent referrals to ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity. Data is sourced from the HSC Trusts.

Table 2: Total Attendances at Emergency Care Departments (2017/18 – 2021/22)³²

Attendance Type	Year					Percentage Change 2020/21 - 2021/22	Percentage Change 2017/18 - 2021/22
	2017/18	2018/19	2019/20	2020/21	2021/22		
New	753,700	779,463	769,204	565,612	683,238	20.8%	-9.3%
Unplanned	39,791	43,325	44,815	31,938	39,826	24.7%	0.1%
Planned	29,745	27,734	25,687	22,437	39,633	76.6%	33.2%
Total Attendances	823,236	850,522	839,706	619,987	762,697	23.0%	-7.4%

Source: KH09 (ii) Information Return

Table 3: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2017/18 – 2021/22)³³

HSC Trust / Hospital	Total Attendances				
	2017/18	2018/19	2019/20	2020/21	2021/22
Mater	50,856	51,326	49,931	15,583	33,013
Royal Victoria	98,480	99,868	96,927	86,930	86,300
Eye Casualty	17,030	18,036	17,546	12,188	19,656
RBHSC	40,612	40,923	41,921	30,618	47,549
Belfast	206,978	210,153	206,325	145,319	186,518
Antrim Area	87,430	89,444	92,063	75,237	92,251
Causeway	46,035	48,998	49,833	37,780	45,634
Mid Ulster	10,410	11,372	11,251	6,910	6,069
Northern	143,875	149,814	153,147	119,927	143,954
Ards	12,367	12,941	13,432	11,470	11,906
Bangor	10,229	11,027	10,692	0	0
Downe	23,710	24,320	25,144	7,606	0
Lagan Valley	25,550	27,112	28,242	21,091	26,071
Ulster	98,908	100,900	100,395	92,234	109,770
South Eastern	170,764	176,300	177,905	132,401	147,747
Craigavon Area	89,570	89,559	85,367	82,835	81,053
Daisy Hill	56,248	58,277	55,642	17,309	55,056
South Tyrone	35,003	37,436	34,467	22,990	24,484
Southern	180,821	185,272	175,476	123,134	160,593
Altnagelvin Area	67,668	71,865	69,962	56,174	68,617
South West Acute	35,809	38,260	38,682	31,711	39,062
Omagh	17,321	18,858	18,209	11,321	16,206
Western	120,798	128,983	126,853	99,206	123,885
Northern Ireland	823,236	850,522	839,706	619,987	762,697

Source: KH09 (ii) Information Return

³² Information refers to new attendances, unplanned review and planned review attendances.

Table 4: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2021/22)³²

HSC Trust / Hospital	New		Unplanned Review		Planned Review		Total Attendances
	Number	%	Number	%	Number	%	
Mater	25,202	76.3%	540	1.6%	7,271	22.0%	33,013
RVH	81,229	94.1%	1,252	1.5%	3,819	4.4%	86,300
Eye Casualty	7,300	37.1%	1,570	8.0%	10,786	54.9%	19,656
RBHSC	42,059	88.5%	4,141	8.7%	1,349	2.8%	47,549
Belfast Trust	155,790	83.5%	7,503	4.0%	23,225	12.5%	186,518
Antrim Area	86,212	93.5%	4,858	5.3%	1,181	1.3%	92,251
Causeway	43,302	94.9%	2,139	4.7%	193	0.4%	45,634
Mid Ulster	5,713	94.1%	147	2.4%	209	3.4%	6,069
Northern Trust	135,227	93.9%	7,144	5.0%	1,583	1.1%	143,954
Ards MIU	10,430	87.6%	33	0.3%	1,443	12.1%	11,906
Bangor MIU	0	0.0%	0	0.0%	0	0.0%	0
Downe	0	0.0%	0	0.0%	0	0.0%	0
Lagan Valley	23,357	89.6%	974	3.7%	1,740	6.7%	26,071
Ulster	99,480	90.6%	4,247	3.9%	6,043	5.5%	109,770
South Eastern Trust	133,267	90.2%	5,254	3.6%	9,226	6.2%	147,747
Craigavon Area	73,061	90.1%	5,953	7.3%	2,039	2.5%	81,053
Daisy Hill	51,197	93.0%	3,668	6.7%	191	0.3%	55,056
South Tyrone	22,460	91.7%	451	1.8%	1,573	6.4%	24,484
Southern Trust	146,718	91.4%	10,072	6.3%	3,803	2.4%	160,593
Altnagelvin Area	62,166	90.6%	5,025	7.3%	1,426	2.1%	68,617
South West Acute	35,304	90.4%	3,391	8.7%	367	0.9%	39,062
Omagh	14,766	91.1%	1,437	8.9%	3	0.0%	16,206
Western Trust	112,236	90.6%	9,853	8.0%	1,796	1.4%	123,885
Northern Ireland	683,238	89.6%	39,826	5.2%	39,633	5.2%	762,697

Source: KH09 (ii) Information Return

Table 5: Total Attendances at Emergency Care Departments by Department Type (2021/22)³³

Emergency Care Department Type	New Attendances		Unplanned Review Attendances		Planned Review Attendances		Total Attendances
	Number	%	Number	%	Number	%	
Type 1	599,212	91.0%	35,214	5.3%	23,879	3.6%	658,305
Type 2	30,657	67.0%	2,544	5.6%	12,526	27.4%	45,727
Type 3	53,369	91.0%	2,068	3.5%	3,228	5.5%	58,665
Total	683,238	89.6%	39,826	5.2%	39,633	5.2%	762,697

Source: KH09 (ii) Information Return

³³ Information refers to new attendances, unplanned review and planned review attendances.

Table 6: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments (2017/18 – 2021/22)³⁴

Waiting Time at Emergency Care Department	Year					Percentage Change 2020/21 - 2021/22	Percentage Change 2017/18 - 2021/22
	2017/18	2018/19	2019/20	2020/21	2021/22		
Number Within 4 Hours	582,604	575,269	529,937	385,898	396,207	2.7%	-32.0%
<i>Percentage Within 4 Hours</i>	73.4%	69.9%	65.1%	65.0%	54.8%	-10.2%	-18.6%
Number Between 4 & 12 Hours	194,203	222,252	238,935	169,587	247,748	46.1%	27.6%
<i>Percentage Between 4 & 12 Hours</i>	24.5%	27.0%	29.3%	28.6%	34.3%	5.7%	9.8%
Number Over 12 Hours	17,347	25,326	45,401	37,884	78,995	108.5%	355.4%
<i>Percentage Over 12 Hours</i>	2.2%	3.1%	5.6%	6.4%	10.9%	4.5%	8.7%
Total	794,154	822,847	814,273	593,369	722,950	21.8%	-9.0%

Source: Regional Data Warehouse & EC1 Information Return

Table 75: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by Department Type (2021/22)³⁴

Emergency Care Department Type	Within 4 Hours		4 to 12 Hours		Over 12 Hours		Total (New and Unplanned Reviews)
	Number	%	Number	%	Number	%	
Type 1	313,875	49.5%	241,478	38.1%	78,963	12.4%	634,316
Type 2	27,153	81.8%	6,016	18.1%	28	0.1%	33,197
Type 3	55,179	99.5%	254	0.5%	4	0.0%	55,437
Total	396,207	54.8%	247,748	34.3%	78,995	10.9%	722,950

Source: Regional Data Warehouse & EC1 Information Return

³⁴ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

Table 8: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by HSC Trust / Hospital (2021/22)³⁵

HSC Trust / Hospital	Waiting Time at Emergency Care Department						Total (New and Unplanned Reviews)
	Within 4 Hours		4 to 12 Hours		Over 12 Hours		
	Number	%	Number	%	Number	%	
Mater	13,322	51.8%	9,604	37.3%	2,803	10.9%	25,729
Royal Victoria	24,431	29.6%	41,557	50.4%	16,474	20.0%	82,462
Eye Casualty	7,881	88.9%	984	11.1%	0	0.0%	8,865
RBHSC	32,534	70.4%	13,518	29.3%	134	0.3%	46,186
Belfast Trust	78,168	47.9%	65,663	40.2%	19,411	11.9%	163,242
Antrim Area	49,434	54.3%	31,449	34.5%	10,159	11.2%	91,042
Causeway	27,402	60.3%	14,280	31.4%	3,752	8.3%	45,434
Mid Ulster	5,858	100.0%	2	0.0%	0	0.0%	5,860
Northern Trust	82,694	58.1%	45,731	32.1%	13,911	9.8%	142,336
Ards MIU	10,462	100.0%	1	0.0%	0	0.0%	10,463
Bangor MIU	0	-	0	-	0	-	0
Downe	0	-	0	-	0	-	0
Lagan Valley	19,272	79.2%	5,032	20.7%	28	0.1%	24,332
Ulster	54,167	52.2%	34,731	33.5%	14,810	14.3%	103,708
South Eastern Trust	83,901	60.6%	39,764	28.7%	14,838	10.7%	138,503
Craigavon Area	32,625	41.3%	33,246	42.1%	13,148	16.6%	79,019
Daisy Hill	31,128	56.8%	19,310	35.2%	4,410	8.0%	54,848
South Tyrone	22,906	100.0%	5	0.0%	0	0.0%	22,911
Southern Trust	86,659	55.3%	52,561	33.5%	17,558	11.2%	156,778
Altnagelvin Area	27,902	41.5%	30,041	44.7%	9,251	13.8%	67,194
South West Acute	20,930	54.1%	13,742	35.5%	4,022	10.4%	38,694
Omagh	15,953	98.5%	246	1.5%	4	0.0%	16,203
Western Trust	64,785	53.1%	44,029	36.1%	13,277	10.9%	122,091
Northern Ireland	396,207	54.8%	247,748	34.3%	78,995	10.9%	722,950

Source: Regional Data Warehouse & EC1 Information Return

³⁵ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

Table 96: New & Unplanned Review Attendances by HSC Trust / Hospital (2017/18 – 2021/22)³⁶

HSC Trust / Hospital	New & Unplanned Review Attendances				
	2017/18	2018/19	2019/20	2020/21	2020/21
Mater	48,323	50,092	48,801	13,133	25,729
Royal Victoria	96,850	98,592	95,888	86,234	82,462
Eye Casualty	17,108	16,229	15,492	7,159	8,865
RBHSC	39,409	39,753	40,706	29,141	46,186
Belfast HSCT	201,690	204,666	200,887	135,667	163,242
Antrim Area	85,198	87,366	90,165	74,098	91,042
Causeway	45,144	48,115	49,026	37,344	45,434
Mid Ulster	9,959	10,960	10,862	6,679	5,860
Northern HSCT	140,301	146,441	150,053	118,121	142,336
Ards	11,935	12,469	12,917	9,078	10,463
Bangor	9,843	10,659	10,240	0	0
Downe	22,579	23,116	23,825	4,930	0
Lagan Valley	24,421	25,956	26,701	19,744	24,332
Ulster	94,984	96,538	95,662	87,066	103,708
South Eastern HSCT	163,762	168,738	169,345	120,818	138,503
Craigavon Area	86,575	86,589	82,710	81,932	79,019
Daisy Hill	54,863	57,246	54,684	17,255	54,848
South Tyrone	30,901	33,994	32,721	21,985	22,911
Southern HSCT	172,339	177,829	170,115	121,172	156,778
Altnagelvin Area	65,241	69,626	67,950	54,885	67,194
Erne / South West Acute	34,831	37,360	38,086	31,409	38,694
Omagh	15,990	18,187	17,837	11,297	16,203
Western HSCT	116,062	125,173	123,873	97,591	122,091
Northern Ireland	794,154	822,847	814,273	593,369	722,950

Source: Regional Data Warehouse & EC1 Information Return

³⁶ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

Table 107: New & Unplanned Review Attendances seen within 4 hours by HSC Trust / Hospital (2017/18 – 2021/22)³⁷

HSC Trust / Hospital	Percentage Seen within 4 hours				
	2017/18	2018/19	2019/20	2020/21	2020/21
Mater	71.6%	69.8%	62.2%	56.3%	51.8%
Royal Victoria	66.8%	56.6%	48.2%	44.3%	29.6%
Eye Casualty	86.7%	80.0%	75.9%	89.2%	88.9%
RBHSC	81.5%	81.0%	80.0%	87.5%	70.4%
Belfast HSCT	72.5%	66.4%	60.2%	57.1%	47.9%
Antrim Area	64.3%	63.0%	62.4%	65.0%	54.3%
Causeway	66.4%	71.3%	70.3%	71.3%	60.3%
Mid Ulster	100.0%	100.0%	100.0%	100.0%	100.0%
Northern HSCT	67.5%	68.5%	67.7%	69.0%	58.1%
Ards	100.0%	100.0%	100.0%	100.0%	100.0%
Bangor	100.0%	100.0%	100.0%	-	-
Downe	90.9%	90.9%	86.8%	99.0%	-
Lagan Valley	86.0%	79.8%	76.7%	79.3%	79.2%
Ulster	65.2%	61.3%	58.0%	62.2%	52.2%
South Eastern HSCT	76.5%	73.5%	70.8%	69.3%	60.6%
Craigavon Area	66.0%	56.4%	48.0%	58.1%	41.3%
Daisy Hill	73.7%	69.3%	66.7%	64.3%	56.8%
South Tyrone	100.0%	100.0%	100.0%	100.0%	100.0%
Southern HSCT	74.5%	68.9%	64.0%	66.6%	55.3%
Altnagelvin Area	70.2%	71.2%	56.5%	56.2%	41.5%
South West Acute	75.3%	66.6%	59.6%	65.2%	54.1%
Omagh	99.7%	99.0%	98.4%	98.9%	98.5%
Western HSCT	75.8%	73.8%	63.5%	64.0%	53.1%
Northern Ireland	73.4%	69.9%	65.1%	65.0%	54.8%

Source: Regional Data Warehouse & EC1 Information Return

³⁷ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

Table 11: New & Unplanned Review Attendances Spending Over 12 hours in an ED by HSC Trust / Hospital (2017/18 – 2021/22)³⁸

HSC Trust / Hospital	Number Waiting Over 12 Hours				
	2017/18	2018/19	2019/20	2020/21	2020/21
Mater	1,156	1,182	2,010	1,220	2,803
Royal Victoria	1,888	3,120	6,508	6,143	16,474
Eye Casualty	0	0	0	0	0
RBHSC	0	0	1	9	134
Belfast HSCT	3,044	4,302	8,519	7,372	19,411
Antrim Area	3,545	4,330	5,140	5,696	10,159
Causeway	943	1,200	2,600	2,142	3,752
Mid Ulster	0	0	0	0	0
Northern HSCT	4,488	5,530	7,740	7,838	13,911
Ards	0	0	0	0	0
Bangor	0	0	0	0	0
Downe	211	105	273	0	0
Lagan Valley	150	89	54	13	28
Ulster	4,553	6,486	9,270	7,657	14,810
South Eastern HSCT	4,914	6,680	9,597	7,670	14,838
Craigavon Area	2,570	4,609	9,356	7,638	13,148
Daisy Hill	1,086	1,474	2,928	877	4,410
South Tyrone	0	0	0	0	0
Southern HSCT	3,656	6,083	12,284	8,515	17,558
Altnagelvin Area	854	1,439	4,743	4,464	9,251
South West Acute	391	1,292	2,518	2,025	4,022
Omagh	0	0	0	0	4
Western HSCT	1,245	2,731	7,261	6,489	13,277
Northern Ireland	17,347	25,326	45,401	37,884	78,995

Source: Regional Data Warehouse & EC1 Information Return

³⁸ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

Table 12: Percentage of New and Unplanned Review Attendances Commencing Treatment within 2 hours of Triage (2017/18– 2021/22)^{39, 40}

HSC Trust / Hospital / Department Type	Percentage of Attendances Commencing Treatment within 2 Hours of Triage				
	2017/18	2018/19	2019/20	2020/21	2021/22
Mater	79.3%	74.6%	70.5%	96.9%	77.9%
Royal Victoria	72.4%	66.1%	62.5%	65.4%	56.5%
Eye Casualty	-	-	-	-	-
RBHSC	84.3%	86.7%	85.5%	96.7%	73.8%
Belfast Trust	77.0%	73.2%	70.5%	76.4%	65.3%
Antrim Area	66.5%	67.7%	68.3%	82.5%	65.1%
Causeway	84.5%	90.5%	90.0%	93.7%	74.3%
Mid Ulster	100.0%	99.9%	99.9%	100.0%	100.0%
Northern Trust	75.4%	78.3%	78.2%	86.7%	68.3%
Ards	100.0%	99.9%	99.9%	100.0%	100.0%
Bangor	100.0%	100.0%	99.9%	-	-
Downe	96.5%	97.3%	94.1%	100.0%	-
Lagan Valley	92.9%	89.9%	89.1%	96.6%	95.0%
Ulster	79.2%	80.8%	80.6%	91.9%	75.3%
South Eastern Trust	86.4%	87.1%	86.5%	93.4%	80.8%
Craigavon Area	67.9%	63.2%	57.1%	80.1%	54.0%
Daisy Hill	88.4%	75.0%	73.1%	90.4%	74.2%
South Tyrone	100.0%	100.0%	100.0%	100.0%	100.0%
Southern Trust	80.0%	74.1%	70.6%	84.8%	67.7%
Altnagelvin Area	87.2%	88.1%	71.8%	82.6%	58.5%
South West Acute	87.3%	84.7%	80.1%	91.7%	80.6%
Omagh	98.9%	97.0%	95.4%	97.6%	96.0%
Western Trust	88.9%	88.4%	77.8%	87.1%	70.3%
Type 1	77.9%	76.0%	72.4%	84.1%	67.2%
Type 2	94.6%	93.3%	91.4%	96.6%	95.0%
Type 3	99.8%	99.4%	99.0%	99.4%	98.7%
Northern Ireland	81.3%	79.8%	76.7%	85.8%	70.6%

Source: Regional Data Warehouse

³⁹ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁴⁰ Information for those commencing treatment within 2 hours is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 13: Median Waiting Time from Arrival to Triage (2017/18 – 2021/22)^{41, 42}

HSC Trust / Hospital / Department Type	Waiting Time from Arrival to Triage (Median) HH:MM				
	2017/18	2018/19	2019/20	2020/21	2021/22
Mater	0:09	0:09	0:10	0:08	0:12
Royal Victoria	0:09	0:13	0:14	0:14	0:17
Eye Casualty	-	-	0:22	0:12	0:10
RBHSC	0:11	0:11	0:10	0:08	0:11
Belfast Trust	0:09	0:11	0:12	0:11	0:13
Antrim Area	0:08	0:08	0:10	0:09	0:12
Causeway	0:10	0:09	0:10	0:09	0:14
Mid Ulster	0:02	0:02	0:02	0:03	0:10
Northern Trust	0:08	0:08	0:09	0:09	0:13
Ards	0:03	0:03	0:03	0:02	0:02
Bangor	0:03	0:04	0:05	-	-
Downe	0:06	0:06	0:06	0:01	-
Lagan Valley	0:08	0:08	0:08	0:06	0:06
Ulster	0:09	0:10	0:11	0:09	0:12
South Eastern Trust	0:08	0:08	0:08	0:07	0:09
Craigavon Area	0:08	0:10	0:11	0:06	0:15
Daisy Hill	0:06	0:05	0:05	0:06	0:09
South Tyrone	0:01	0:01	0:01	0:01	0:01
Southern Trust	0:05	0:06	0:06	0:05	0:09
Altnagelvin Area	0:14	0:11	0:13	0:12	0:15
South West Acute	0:10	0:11	0:12	0:11	0:16
Omagh	0:00	0:10	0:08	0:06	0:07
Western Trust	0:11	0:11	0:12	0:11	0:14
Type 1	0:09	0:10	0:10	0:09	0:13
Type 2	0:07	0:08	0:09	0:07	0:06
Type 3	0:02	0:03	0:03	0:02	0:02
Northern Ireland	0:08	0:09	0:09	0:08	0:12

Source: Regional Data Warehouse

⁴¹ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁴² Information on time to triage is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 14: 95th Percentile Waiting Time from Arrival to Triage (2017/18 – 2021/22)^{43, 44}

HSC Trust / Hospital / Department Type	Waiting Time from Arrival to Triage (95th Percentile) HH:MM				
	2017/18	2018/19	2019/20	2020/21	2021/22
Mater	0:27	0:29	0:38	0:50	0:52
Royal Victoria	0:36	0:49	0:59	1:03	1:27
Eye Casualty	-	-	-	-	-
RBHSC	0:47	0:46	0:50	0:23	0:45
Belfast Trust	0:37	0:46	0:56	0:55	1:11
Antrim Area	0:25	0:25	0:31	0:27	0:38
Causeway	0:31	0:28	0:31	0:29	0:44
Mid Ulster	0:08	0:08	0:08	0:15	0:47
Northern Trust	0:27	0:25	0:30	0:28	0:40
Ards	0:15	0:17	0:16	0:10	0:12
Bangor	0:15	0:18	0:22	-	-
Downe	0:23	0:20	0:23	0:06	-
Lagan Valley	0:22	0:23	0:24	0:19	0:16
Ulster	0:30	0:30	0:32	0:34	1:00
South Eastern Trust	0:27	0:27	0:29	0:30	0:47
Craigavon Area	0:34	0:41	0:51	0:44	1:58
Daisy Hill	0:18	0:16	0:15	0:23	0:39
South Tyrone	0:09	0:10	0:10	0:08	0:08
Southern Trust	0:27	0:32	0:38	0:36	1:26
Altnagelvin Area	0:43	0:33	0:48	0:43	0:57
South West Acute	0:42	0:39	0:44	0:41	1:04
Omagh	0:36	0:49	0:40	0:32	0:33
Western Trust	0:42	0:37	0:46	0:41	0:58
Type 1	0:34	0:36	0:43	0:42	1:06
Type 2	0:23	0:36	0:48	0:28	0:28
Type 3	0:14	0:24	0:21	0:17	0:21
Northern Ireland	0:32	0:35	0:42	0:40	1:02

Source: Regional Data Warehouse

⁴³ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁴⁴ Information on time to triage is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 15: Median Waiting Time from Triage to Start of Treatment (2017/18 – 2021/22)^{45, 46}

HSC Trust / Hospital / Department Type	Waiting Time from Triage to Start of Treatment (Median) HH:MM				
	2017/18	2018/19	2019/20	2020/21	2021/22
Mater	0:50	0:55	1:00	0:14	0:43
Royal Victoria	0:58	1:10	1:15	1:10	1:35
Eye Casualty	-	-	-	-	-
RBHSC	0:45	0:45	0:44	0:23	1:08
Belfast Trust	0:52	0:58	0:59	0:42	1:15
Antrim Area	1:17	1:17	1:18	0:47	1:22
Causeway	0:40	0:36	0:33	0:24	1:00
Mid Ulster	0:04	0:04	0:05	0:05	0:01
Northern Trust	0:53	0:50	0:51	0:37	1:14
Ards	0:06	0:11	0:10	0:05	0:08
Bangor	0:03	0:05	0:07	-	-
Downe	0:28	0:25	0:31	0:06	-
Lagan Valley	0:36	0:38	0:42	0:25	0:29
Ulster	0:52	0:50	0:49	0:29	0:55
South Eastern Trust	0:35	0:36	0:37	0:25	0:41
Craigavon Area	1:18	1:26	1:40	0:48	1:47
Daisy Hill	0:37	1:07	1:06	0:36	1:00
South Tyrone	0:00	0:02	0:03	0:01	0:01
Southern Trust	0:42	0:56	0:59	0:35	1:03
Altnagelvin Area	0:32	0:32	1:07	0:41	1:35
South West Acute	0:31	0:36	0:37	0:21	0:41
Omagh	0:10	0:13	0:13	0:13	0:14
Western Trust	0:28	0:30	0:47	0:30	0:59
Type 1	0:52	0:56	1:01	0:37	1:12
Type 2	0:32	0:31	0:36	0:25	0:29
Type 3	0:04	0:05	0:06	0:04	0:05
Northern Ireland	0:41	0:45	0:49	0:33	1:01

Source: Regional Data Warehouse

⁴⁵ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁴⁶ Information on time to start of treatment is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits

Table 16: 95th Percentile Waiting Time from Triage to Start of Treatment (2017/18 – 2021/22)⁴⁷,

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HSC Trust / Hospital / Department Type	Waiting Time from Triage to Start of Treatment (95th Percentile) HH:MM				
	2017/18	2018/19	2019/20	2020/21	2021/22
Mater	3:55	4:20	5:22	1:35	4:24
Royal Victoria	4:14	4:54	6:34	5:57	8:02
Eye Casualty	-	-	-	-	-
RBHSC	3:06	2:53	2:59	1:43	3:53
Belfast Trust	3:56	4:26	5:41	5:08	6:32
Antrim Area	5:01	4:58	4:38	3:18	5:27
Causeway	3:16	2:34	2:36	2:10	4:12
Mid Ulster	0:26	0:23	0:30	0:23	0:22
Northern Trust	4:24	4:11	3:57	2:58	5:04
Ards	0:35	0:54	0:54	0:28	0:34
Bangor	0:33	0:39	0:53	-	-
Downe	1:48	1:40	2:07	0:27	-
Lagan Valley	2:12	2:29	2:31	1:45	2:00
Ulster	3:33	3:40	4:02	2:24	4:44
South Eastern Trust	3:02	3:02	3:11	2:13	4:11
Craigavon Area	4:37	5:39	6:41	4:02	8:22
Daisy Hill	2:45	3:46	4:01	2:45	4:51
South Tyrone	0:16	0:28	0:29	0:17	0:20
Southern Trust	3:46	4:38	5:17	3:35	6:42
Altnagelvin Area	2:58	2:53	4:12	3:24	5:31
South West Acute	2:59	3:11	4:03	2:36	4:10
Omagh	1:18	1:40	1:55	1:31	1:48
Western Trust	2:50	2:52	3:58	3:05	4:59
Type 1	3:53	4:15	4:56	3:37	5:50
Type 2	2:02	2:11	2:22	1:45	2:00
Type 3	0:40	0:51	0:56	0:44	0:58
Northern Ireland	3:39	3:58	4:34	3:27	5:34

Source: Regional Data Warehouse

⁴⁷ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁴⁸ Information on time to start of treatment is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits

Table 17: Median Time Spent in ED by those Admitted to Hospital (2017/18 – 2021/22)^{49, 50}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Admitted to Hospital (Median) HH:MM				
	2017/18	2018/19	2019/20	2020/21	2021/22
Mater	5:21	5:44	6:45	5:43	9:25
Royal Victoria	6:02	6:58	8:17	7:33	11:08
Eye Casualty	-	-	2:44	2:13	2:37
RBHSC	3:29	3:50	3:55	3:36	4:57
Belfast Trust	5:19	6:02	6:57	6:35	9:12
Antrim Area	5:34	5:51	6:05	6:09	8:55
Causeway	6:27	6:18	7:05	6:28	8:45
Mid Ulster	1:17	0:09	0:52	1:11	0:00
Northern Trust	5:51	6:00	6:22	6:15	8:52
Ards	-	-	-	-	-
Bangor	-	-	-	-	-
Downe	3:46	3:17	4:03	0:00	-
Lagan Valley	4:22	4:45	5:14	4:32	5:06
Ulster	6:14	7:08	8:36	8:00	12:50
South Eastern Trust	5:50	6:29	7:39	7:35	11:47
Craigavon Area	5:35	6:52	9:31	9:36	12:41
Daisy Hill	6:01	5:55	7:08	7:22	9:08
South Tyrone	-	-	-	-	-
Southern Trust	5:44	6:30	8:43	9:02	11:13
Altnagelvin Area	5:59	6:13	8:11	8:39	12:39
South West Acute	3:59	5:19	6:14	6:06	8:21
Omagh	0:18	1:34	1:48	1:57	2:18
Western Trust	5:10	5:51	7:22	7:28	11:01
Type 1	5:39	6:17	7:29	7:20	10:23
Type 2	4:07	4:08	4:42	4:24	4:56
Type 3	0:18	1:33	1:45	1:53	2:18
Northern Ireland	5:35	6:10	7:20	7:15	10:13

Source: Regional Data Warehouse

⁴⁹ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁵⁰ Information for those admitted and discharged home is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 18: 95th Percentile Time Spent in ED by those Admitted to Hospital (2017/18 – 2021/22)⁵¹,

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HSC Trust / Hospital / Department Type	Time Spent in ED by those Admitted to Hospital (95th Percentile) HH:MM				
	2017/18	2018/19	2019/20	2020/21	2021/22
Mater	17:57	17:27	22:07	27:05	32:39
Royal Victoria	14:16	16:26	20:21	20:15	32:16
Eye Casualty	-	-	7:06	5:56	7:04
RBHSC	7:20	7:39	8:06	7:10	10:00
Belfast Trust	14:21	15:51	19:49	20:34	30:47
Antrim Area	20:42	21:24	22:36	28:07	48:04
Causeway	17:52	17:09	24:21	25:50	30:27
Mid Ulster	1:38	0:09	1:26	1:33	0:00
Northern Trust	20:03	20:29	23:11	27:19	43:26
Ards	-	-	-	-	-
Bangor	-	-	-	-	-
Downe	18:10	9:12	20:31	0:00	-
Lagan Valley	13:11	9:23	9:33	8:37	9:27
Ulster	21:52	23:29	29:58	26:32	36:04
South Eastern Trust	21:23	22:45	28:46	26:07	35:07
Craigavon Area	17:09	20:43	28:16	30:46	40:43
Daisy Hill	16:51	18:57	23:23	23:13	28:45
South Tyrone	-	-	-	-	-
Southern Trust	17:04	20:20	26:57	29:32	36:18
Altnagelvin Area	11:57	15:08	24:21	25:56	33:30
South West Acute	11:07	18:15	22:49	25:48	36:37
Omagh	2:37	4:07	6:09	6:40	6:31
Western Trust	11:50	16:17	23:43	25:53	34:04
Type 1	17:41	19:55	25:13	26:11	35:21
Type 2	17:04	9:12	11:31	8:34	9:22
Type 3	2:37	4:07	6:09	6:40	6:31
Northern Ireland	17:39	19:48	25:02	26:05	35:08

Source: Regional Data Warehouse

⁵¹ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁵² Information for those admitted and discharged home is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 19: Median Time Spent in ED by those Not-Admitted (2017/18 – 2021/22)^{53, 54}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Discharged Home (Median) HH:MM				
	2017/18	2018/19	2019/20	2020/21	2021/22
Mater	2:31	2:29	2:50	2:30	3:03
Royal Victoria	2:45	3:12	3:35	3:52	4:41
Eye Casualty	-	-	2:37	2:02	2:11
RBHSC	2:11	2:14	2:16	1:40	2:45
Belfast Trust	2:32	2:41	2:55	2:51	3:23
Antrim Area	2:39	2:44	2:47	2:31	3:10
Causeway	2:21	2:13	2:17	2:15	2:51
Mid Ulster	0:32	0:32	0:35	0:45	0:45
Northern Trust	2:18	2:17	2:22	2:15	2:55
Ards	0:36	0:45	0:45	0:40	0:46
Bangor	0:32	0:35	0:41	-	-
Downe	1:23	1:16	1:31	0:32	-
Lagan Valley	1:47	2:02	2:14	1:51	1:52
Ulster	2:28	2:38	2:47	2:34	3:05
South Eastern Trust	1:41	1:47	1:58	2:07	2:32
Craigavon Area	2:41	3:02	3:27	2:56	3:57
Daisy Hill	2:07	2:32	2:35	2:22	2:58
South Tyrone	0:25	0:27	0:27	0:23	0:29
Southern Trust	1:50	2:07	2:15	2:06	2:46
Altnagelvin Area	2:22	2:22	3:15	3:12	4:05
South West Acute	2:23	2:43	2:55	2:29	3:16
Omagh	0:45	0:52	0:51	0:50	0:54
Western Trust	2:01	2:08	2:42	2:36	3:20
Type 1	2:29	2:39	2:54	2:44	3:23
Type 2	1:35	1:49	2:02	1:55	1:59
Type 3	0:31	0:34	0:35	0:33	0:39
Northern Ireland	2:05	2:13	2:27	2:22	2:59

Source: Regional Data Warehouse

⁵³ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁵⁴ Information for those admitted and discharged home is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 20: 95th Percentile Spent in ED by those Not-Admitted (2017/18 – 2021/22)^{55, 56}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Discharged Home (95th Percentile) HH:MM				
	2017/18	2018/19	2019/20	2020/21	2021/22
Mater	6:32	6:46	8:10	8:58	9:42
Royal Victoria	7:13	8:09	9:59	10:36	15:46
Eye Casualty	-	-	6:19	4:55	5:01
RBHSC	5:26	5:21	5:32	4:40	6:24
Belfast Trust	6:39	7:08	8:37	9:20	12:20
Antrim Area	7:21	7:21	7:28	7:13	10:33
Causeway	7:00	6:34	6:57	6:42	8:29
Mid Ulster	1:20	1:25	1:34	1:53	2:07
Northern Trust	7:02	6:53	7:04	6:49	9:30
Ards	1:27	1:47	1:51	1:29	1:29
Bangor	1:21	1:29	1:43	-	-
Downe	4:07	4:32	5:10	1:17	-
Lagan Valley	4:54	5:38	5:50	5:46	5:36
Ulster	6:16	6:47	7:22	6:49	9:04
South Eastern Trust	5:32	5:59	6:25	6:20	8:05
Craigavon Area	6:55	7:55	9:14	8:13	12:31
Daisy Hill	5:37	6:18	6:31	6:39	8:26
South Tyrone	1:02	1:09	1:10	1:05	1:12
Southern Trust	6:00	6:49	7:43	7:26	10:30
Altnagelvin Area	5:54	5:51	7:56	8:08	11:23
South West Acute	5:59	7:02	8:38	7:53	11:13
Omagh	2:11	2:47	2:56	2:36	2:58
Western Trust	5:39	5:54	7:38	7:37	10:28
Type 1	6:35	7:03	8:11	8:11	11:03
Type 2	4:36	5:28	5:48	5:36	5:28
Type 3	1:30	1:48	1:53	1:45	2:02
Northern Ireland	6:14	6:39	7:38	7:43	10:22

Source: Regional Data Warehouse

⁵⁵ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁵⁶ Information for those admitted and discharged home is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 21: Percentage of Attendances Referred by a GP (2017/18 – 2021/22)^{57, 58}

HSC Trust / Hospital / Department Type	Percentage of GP Referrals				
	2017/18	2018/19	2019/20	2020/21	2021/22
Mater	13.6%	13.4%	12.6%	9.8%	7.6%
Royal Victoria	18.7%	18.6%	19.2%	18.6%	13.3%
Eye Casualty	-	-	12.7%	8.3%	4.2%
RBHSC	15.0%	14.3%	13.2%	4.1%	7.0%
Belfast Trust	16.6%	16.2%	15.9%	14.1%	10.3%
Antrim Area	23.6%	23.5%	24.3%	25.6%	15.2%
Causeway	23.0%	21.8%	21.5%	23.3%	12.7%
Mid Ulster	2.4%	1.3%	1.1%	0.8%	0.8%
Northern Trust	21.9%	21.3%	21.7%	23.4%	13.8%
Ards	1.1%	1.1%	1.6%	1.2%	0.2%
Bangor	1.1%	0.7%	0.7%	-	-
Downe	14.0%	14.8%	16.1%	0.5%	-
Lagan Valley	13.8%	13.7%	14.2%	13.4%	11.1%
Ulster	23.0%	23.1%	23.3%	25.0%	22.3%
South Eastern Trust	17.5%	17.5%	17.8%	20.9%	18.7%
Craigavon Area	22.5%	22.4%	21.9%	19.6%	24.8%
Daisy Hill	14.7%	14.5%	13.4%	16.7%	19.9%
South Tyrone	0.7%	0.7%	0.6%	0.2%	0.0%
Southern Trust	16.1%	15.7%	15.1%	15.7%	19.5%
Altnagelvin Area	13.3%	11.8%	11.7%	9.5%	11.2%
South West Acute	17.5%	19.2%	19.7%	23.3%	23.8%
Omagh	1.6%	2.0%	1.6%	3.1%	3.0%
Western Trust	12.9%	12.5%	12.7%	13.2%	14.1%
Type 1	19.2%	18.9%	18.9%	19.4%	16.7%
Type 2	13.9%	14.2%	14.5%	12.0%	9.2%
Type 3	1.2%	1.1%	1.1%	1.1%	1.0%
Northern Ireland	17.1%	16.7%	16.7%	17.5%	15.2%

Source: Regional Data Warehouse

⁵⁷ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁵⁸ Information on referrals to ED by a GP is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 22: Percentage of Attendances Who Left before Treatment was Complete (2017/18 – 2021/22) ^{59, 60}

HSC Trust / Hospital / Department Type	Left Before Treatment Complete				
	2017/18	2018/19	2019/20	2020/21	2021/22
Mater	7.0%	8.0%	9.7%	3.2%	5.4%
Royal Victoria	5.1%	6.7%	9.0%	7.2%	10.4%
Eye Casualty	-	-	1.5%	0.2%	0.3%
RBHSC	4.5%	3.5%	3.8%	0.8%	6.6%
Belfast Trust	5.4%	6.0%	7.5%	5.1%	8.2%
Antrim Area	3.6%	3.5%	3.1%	1.7%	3.8%
Causeway	4.0%	2.6%	2.8%	2.4%	5.2%
Mid Ulster	0.1%	0.2%	0.1%	0.1%	0.3%
Northern Trust	3.5%	3.0%	2.8%	1.8%	4.1%
Ards	0.5%	0.8%	0.7%	0.2%	0.1%
Bangor	0.7%	0.6%	1.4%	-	-
Downe	1.2%	0.8%	1.4%	0.1%	-
Lagan Valley	1.8%	2.6%	2.8%	1.8%	1.8%
Ulster	2.9%	3.0%	3.3%	1.9%	4.3%
South Eastern Trust	2.2%	2.3%	2.6%	1.7%	3.5%
Craigavon Area	4.3%	5.9%	7.2%	3.3%	8.6%
Daisy Hill	3.1%	4.2%	4.8%	2.4%	5.4%
South Tyrone	0.1%	0.2%	0.2%	0.1%	0.1%
Southern Trust	3.1%	4.3%	5.1%	2.6%	6.2%
Altnagelvin Area	4.2%	3.6%	6.3%	3.9%	6.8%
South West Acute	3.2%	3.7%	5.3%	2.7%	5.0%
Omagh	1.2%	1.5%	1.8%	0.9%	1.2%
Western Trust	3.5%	3.3%	5.4%	3.2%	5.5%
Type 1	4.1%	4.6%	5.6%	3.3%	6.3%
Type 2	1.5%	1.7%	2.0%	1.4%	1.4%
Type 3	0.4%	0.6%	0.7%	0.3%	0.5%
Northern Ireland	3.6%	3.9%	4.8%	2.9%	5.6%

Source: Regional Data Warehouse

⁵⁹ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁶⁰ Information on those who left an ED before treatment was complete is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 23: Percentage of Attendances Who Re-attended within 7 Days (2017/18 – 2021/22) ^{61, 62}

HSC Trust / Hospital /Department Type	Re-attended within 7 days				
	2017/18	2018/19	2019/20	2020/21	2021/22
Mater	2.7%	2.6%	2.5%	1.2%	1.5%
Royal Victoria	2.4%	2.7%	2.9%	2.0%	1.0%
Eye Casualty	-	-	1.1%	0.5%	0.4%
RBHSC	5.5%	5.5%	6.2%	4.9%	6.1%
Belfast Trust	3.2%	3.1%	3.3%	2.5%	2.5%
Antrim Area	3.5%	3.7%	3.1%	3.0%	3.3%
Causeway	4.6%	4.5%	4.6%	3.7%	3.1%
Mid Ulster	1.9%	2.0%	1.7%	1.8%	1.4%
Northern Trust	3.7%	3.9%	3.5%	3.2%	3.1%
Ards	2.1%	2.0%	1.9%	1.1%	0.1%
Bangor	3.0%	2.5%	2.6%	-	-
Downe	2.7%	2.5%	3.0%	1.3%	-
Lagan Valley	2.2%	2.4%	2.1%	2.1%	2.1%
Ulster	1.8%	2.0%	2.0%	2.1%	2.8%
South Eastern Trust	2.1%	2.2%	2.2%	2.0%	2.5%
Craigavon Area	4.2%	4.3%	5.1%	5.0%	5.1%
Daisy Hill	4.6%	5.0%	5.0%	5.1%	4.9%
South Tyrone	2.8%	2.6%	2.7%	2.1%	1.2%
Southern Trust	4.1%	4.2%	4.6%	4.5%	4.5%
Altnagelvin Area	4.5%	4.2%	4.9%	5.0%	5.8%
South West Acute	5.7%	5.7%	6.0%	6.4%	6.8%
Omagh	2.1%	5.9%	6.2%	6.5%	5.4%
Western Trust	4.5%	4.9%	5.5%	5.6%	6.1%
Type 1	3.6%	3.7%	3.9%	3.6%	3.9%
Type 2	2.4%	2.2%	2.2%	1.6%	1.6%
Type 3	2.5%	3.1%	3.2%	2.9%	2.2%
Northern Ireland	3.4%	3.6%	3.7%	3.4%	3.7%

Source: Regional Data Warehouse

⁶¹ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances)

⁶² Information on unplanned re-attendances at EDs within 7 days is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 24: Total Number of Emergency Calls (2017/18 – 2021/22)⁶³

Financial Year	Number of Emergency Calls
2017/18	220,090
2018/19	217,923
2019/20	210,160
2020/21	230,949
2020/22	226,068

Source: Revised CRM Information Return, NIAS

Table 25: Total Number of Emergency Calls, by LCG (2021/22)

Year / Month	LCG					
	Belfast	Northern	South Eastern	Southern	Western	Northern Ireland
Apr 21	3,635	2,886	3,264	2,652	2,598	15,035
May 21	4,300	3,407	4,172	3,274	3,074	18,227
Jun 21	4,759	3,389	4,179	3,412	2,839	18,578
Jul 21	5,749	4,019	5,081	3,848	3,281	21,978
Aug 21	5,373	3,938	5,039	3,979	3,338	21,667
Sep 21	5,046	3,760	4,545	3,462	3,173	19,986
Oct 21	5,082	3,920	4,186	3,361	3,094	19,643
Nov 21	4,557	3,478	4,100	3,257	2,965	18,357
Dec 21	4,994	3,818	4,686	3,743	3,429	20,670
Jan 22	3,990	3,080	3,816	3,113	2,854	16,853
Feb 22	3,879	3,149	3,938	3,086	2,614	16,666
Mar 22	4,422	3,614	4,276	3,211	2,885	18,408
Total	55,786	42,458	51,282	40,398	36,144	226,068

Source: Revised CRM Information Return, NIAS

Table 26: Total Number of Incidents, by LCG (2021/22)

Year / Month	LCG					
	Belfast	Northern	South Eastern	Southern	Western	Northern Ireland
Apr 21	3,789	2,963	3,725	2,720	2,709	15,906
May 21	4,074	3,184	4,188	3,056	2,947	17,449
Jun 21	4,200	3,139	4,130	3,082	2,809	17,360
Jul 21	4,461	3,156	4,418	3,209	3,073	18,317
Aug 21	4,322	3,184	4,366	3,242	3,037	18,151
Sep 21	4,020	2,975	4,096	2,958	2,890	16,939
Oct 21	3,932	2,929	3,914	2,810	2,818	16,403
Nov 21	3,780	2,856	3,961	2,855	2,780	16,232
Dec 21	3,842	2,916	4,186	3,002	3,036	16,982
Jan 22	3,652	2,694	3,705	2,721	2,702	15,474
Feb 22	3,226	2,593	3,540	2,633	2,458	14,450
Mar 22	3,745	2,901	3,942	2,746	2,771	16,105
Total	47,043	35,490	48,171	35,034	34,030	199,768

Source: Revised CRM Information Return, NIAS

⁶³ Readers are asked to note that NIAS were unable to provide figures for November 2019, therefore 2019/20 figures report on 11 months of 2019/20 and are not directly comparable to previous years.

Table 27: Median Waiting Times, by LCG and Call Category (2021/22)

Category of Call	LCG	Median Response Times by LCG, Call Category and Month 2021/22 (HH:MM:SS)												
		Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	01 - 17 Oct 21*	20 - 31 Oct 21*	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Category 1	Belfast	0:06:27	0:06:18	0:07:02	0:08:12	0:13:54	0:07:39	0:08:16	0:08:33	0:07:49	0:08:18	0:07:44	0:07:46	0:07:56
	Northern	0:09:54	0:11:20	0:11:08	0:14:13	0:14:07	0:12:25	0:11:37	0:15:05	0:12:30	0:14:13	0:12:16	0:11:48	0:13:13
	South Eastern	0:10:51	0:11:35	0:12:35	0:13:51	0:12:48	0:14:47	0:13:34	0:16:05	0:12:28	0:14:06	0:11:35	0:13:19	0:13:38
	Southern	0:12:07	0:13:15	0:11:30	0:14:53	0:13:21	0:13:54	0:12:09	0:11:38	0:13:54	0:14:11	0:12:35	0:13:51	0:13:54
	Western	0:10:29	0:09:32	0:08:50	0:11:29	0:11:03	0:10:16	0:12:02	0:10:17	0:10:26	0:10:47	0:10:23	0:09:54	0:10:52
	Northern Ireland	0:09:40	0:10:02	0:09:45	0:12:12	0:13:12	0:11:23	0:11:09	0:12:00	0:11:05	0:11:59	0:10:39	0:10:59	0:11:38
Category 1T	Belfast	0:09:37	0:08:39	0:08:05	0:10:21	0:09:36	0:09:55	0:10:25	0:10:19	0:10:25	0:11:30	0:10:48	0:11:14	0:10:45
	Northern	0:12:13	0:13:36	0:12:52	0:17:12	0:16:26	0:14:38	0:12:59	0:19:15	0:13:20	0:16:53	0:13:32	0:13:12	0:15:41
	South Eastern	0:13:50	0:15:43	0:15:21	0:16:22	0:16:10	0:17:28	0:16:27	0:19:42	0:17:08	0:17:34	0:17:50	0:14:25	0:16:29
	Southern	0:13:57	0:13:57	0:13:25	0:16:29	0:14:44	0:17:51	0:13:52	0:13:21	0:16:38	0:15:51	0:16:17	0:16:12	0:16:55
	Western	0:12:40	0:11:51	0:11:17	0:12:43	0:13:21	0:13:26	0:16:36	0:12:28	0:11:51	0:13:14	0:12:05	0:12:28	0:12:44
	Northern Ireland	0:12:18	0:12:21	0:11:37	0:14:23	0:13:46	0:14:11	0:13:36	0:14:35	0:13:31	0:14:41	0:13:47	0:13:10	0:14:13
Category 2	Belfast	0:23:18	0:25:27	0:28:06	0:59:50	0:42:29	0:49:05	0:45:53	0:52:27	0:38:47	0:52:22	0:31:44	0:37:50	0:40:34
	Northern	0:22:21	0:24:19	0:27:13	0:38:31	0:37:21	0:39:21	0:29:51	0:39:55	0:31:03	0:38:18	0:27:24	0:34:57	0:36:06
	South Eastern	0:28:52	0:34:20	0:33:25	1:02:13	0:51:26	0:56:50	0:56:33	1:03:56	0:46:04	1:01:40	0:39:15	0:44:22	0:49:57
	Southern	0:25:30	0:29:36	0:30:20	0:42:28	0:44:17	0:36:28	0:34:32	0:50:58	0:34:55	0:49:47	0:33:24	0:36:03	0:42:24
	Western	0:20:16	0:22:00	0:22:06	0:25:43	0:25:41	0:26:44	0:23:36	0:26:44	0:23:00	0:26:29	0:20:21	0:21:52	0:25:11
	Northern Ireland	0:23:59	0:26:57	0:28:17	0:46:21	0:40:16	0:42:00	0:38:29	0:46:30	0:34:42	0:45:14	0:30:21	0:35:15	0:38:55
Category 3	Belfast	1:05:10	1:16:56	1:23:45	3:25:45	2:37:43	2:49:33	3:12:27	3:45:51	2:26:39	3:02:21	1:33:09	2:21:02	2:45:27
	Northern	0:42:27	0:55:02	0:59:55	1:48:59	1:57:41	1:47:33	1:08:37	1:27:03	1:10:04	1:42:26	0:59:38	1:32:23	1:26:14
	South Eastern	1:03:22	1:11:52	1:24:55	2:39:20	2:29:40	2:34:32	2:53:10	3:30:08	1:58:01	2:34:59	1:30:41	1:58:04	2:24:01
	Southern	0:47:59	1:02:30	1:08:35	1:50:57	1:56:06	1:29:15	1:25:14	2:03:30	1:17:04	2:02:07	1:09:20	1:30:15	1:39:10
	Western	0:36:03	0:41:45	0:38:58	0:55:14	0:58:55	0:53:41	0:46:28	1:16:42	0:39:23	0:59:59	0:33:06	0:41:22	0:48:51
	Northern Ireland	0:50:28	1:00:20	1:05:57	1:58:48	1:52:48	1:46:07	1:36:02	2:14:14	1:25:22	1:55:04	1:06:31	1:31:40	1:41:18
Category 4	Belfast	0:55:13	1:28:43	1:36:23	4:23:50	4:48:32	7:35:06	2:12:35	3:50:45	3:07:00	5:12:22	1:18:12	3:48:42	2:08:14
	Northern	1:08:54	1:08:21	1:09:27	4:44:45	2:11:18	2:29:06	1:25:13	1:55:45	2:25:23	2:21:34	1:57:59	1:54:02	2:12:03
	South Eastern	1:45:06	1:10:57	1:10:13	4:30:34	2:07:44	4:07:07	2:16:01	1:54:08	3:49:38	5:10:52	4:47:22	3:30:52	2:09:37
	Southern	1:01:12	1:28:32	2:06:17	2:10:35	2:58:07	2:36:13	1:48:15	2:19:32	2:08:11	4:40:42	2:25:06	2:07:10	2:20:17
	Western	0:29:18	0:49:01	0:56:12	1:27:50	1:26:33	1:32:53	0:53:40	0:52:57	1:29:08	0:45:10	1:09:12	1:19:52	0:46:17
	Northern Ireland	0:58:46	1:09:48	1:26:45	3:12:20	2:29:05	3:18:18	1:37:06	1:55:48	2:19:56	2:54:09	1:39:10	2:14:23	1:53:22

Source: Revised CRM Information Return, NIAS

Table 28: 90th Percentile Waiting Times, by LCG and Call Category (2021/22)

Category of Call	LCG	90th Percentile Response Times by LCG, Call Category and Month 2021/22 (HH:MM:SS)												
		Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	01 - 17 Oct 21*	20 - 31 Oct 21*	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Category 1	Belfast	0:09:42	0:11:07	0:11:18	0:13:26	0:13:17	0:12:40	0:14:16	0:15:39	0:13:12	0:13:30	0:13:11	0:12:55	0:14:33
	Northern	0:19:18	0:21:25	0:20:31	0:26:00	0:25:45	0:23:06	0:19:54	0:27:23	0:23:18	0:26:32	0:26:28	0:21:56	0:25:04
	South Eastern	0:18:46	0:22:51	0:22:43	0:25:29	0:23:16	0:27:29	0:25:26	0:29:08	0:22:44	0:26:03	0:21:55	0:22:30	0:25:04
	Southern	0:22:02	0:24:29	0:24:14	0:27:13	0:26:13	0:26:11	0:21:24	0:21:47	0:25:17	0:27:11	0:25:12	0:27:54	0:25:23
	Western	0:21:38	0:18:42	0:18:43	0:20:52	0:21:56	0:20:44	0:24:35	0:18:25	0:20:31	0:20:16	0:19:56	0:20:02	0:22:14
	Northern Ireland	0:18:46	0:20:19	0:19:44	0:24:10	0:23:34	0:22:10	0:21:16	0:23:45	0:21:12	0:23:43	0:21:56	0:20:51	0:22:57
Category 1T	Belfast	0:15:22	0:14:41	0:12:35	0:17:46	0:15:38	0:19:34	0:19:05	0:18:52	0:18:47	0:22:48	0:18:27	0:19:39	0:18:55
	Northern	0:23:16	0:26:06	0:22:35	0:31:43	0:29:47	0:24:02	0:23:17	0:29:23	0:23:42	0:31:12	0:27:25	0:24:57	0:28:53
	South Eastern	0:27:54	0:32:27	0:29:35	0:27:43	0:29:38	0:30:13	0:25:19	0:32:51	0:29:08	0:32:05	0:37:11	0:28:46	0:30:00
	Southern	0:25:50	0:25:10	0:25:04	0:32:37	0:29:00	0:33:09	0:25:27	0:22:36	0:31:39	0:31:20	0:31:04	0:31:45	0:31:21
	Western	0:23:16	0:25:54	0:23:55	0:25:55	0:27:51	0:27:51	0:34:09	0:24:18	0:21:01	0:26:41	0:22:37	0:21:38	0:25:14
	Northern Ireland	0:24:12	0:25:22	0:23:37	0:27:29	0:27:38	0:28:06	0:27:10	0:27:30	0:24:47	0:29:09	0:27:25	0:26:58	0:27:55
Category 2	Belfast	0:51:37	0:57:37	1:03:31	2:28:59	1:37:32	1:57:19	1:46:07	2:02:46	1:30:00	2:00:40	1:11:30	1:25:30	1:28:54
	Northern	0:46:22	0:48:29	0:54:25	1:22:26	1:18:23	1:22:13	1:05:10	1:31:08	1:04:51	1:22:19	0:54:16	1:12:52	1:14:30
	South Eastern	1:01:47	1:08:55	1:10:09	2:17:17	1:53:11	2:00:32	1:56:24	2:19:01	1:40:38	2:10:40	1:25:13	1:35:45	1:46:31
	Southern	0:51:45	1:02:49	1:01:05	1:32:57	1:33:41	1:12:59	1:09:36	1:53:25	1:14:00	1:46:41	1:09:20	1:12:56	1:33:27
	Western	0:42:03	0:46:14	0:46:22	0:55:59	0:55:15	0:56:52	0:46:41	0:58:32	0:49:06	0:56:55	0:41:17	0:44:44	0:52:50
	Northern Ireland	0:50:38	0:57:03	0:59:46	1:42:32	1:28:36	1:32:42	1:27:51	1:48:42	1:17:45	1:40:08	1:05:33	1:16:13	1:25:03
Category 3	Belfast	2:41:24	3:34:46	3:31:49	8:04:57	6:37:41	8:18:15	7:10:25	9:24:49	6:44:19	7:05:16	3:59:50	5:46:47	6:39:56
	Northern	1:28:51	2:05:41	2:12:01	4:52:10	4:41:08	4:14:55	2:49:25	3:20:27	2:47:05	4:36:21	2:21:13	3:52:04	3:46:37
	South Eastern	2:23:01	2:55:00	3:52:46	6:59:04	5:44:18	6:58:30	7:13:25	8:19:54	5:05:13	6:03:52	4:05:50	4:44:27	6:24:17
	Southern	1:49:21	2:31:07	2:40:14	4:34:02	4:54:12	3:20:46	3:08:18	5:21:41	3:22:24	5:11:44	2:49:16	3:23:49	4:03:50
	Western	1:26:45	1:33:19	1:33:34	2:19:15	2:28:18	2:15:14	1:49:17	2:57:55	1:35:21	2:44:08	1:19:57	1:41:42	1:52:07
	Northern Ireland	1:58:34	2:28:54	2:38:41	5:07:05	4:39:12	4:24:47	3:58:47	6:15:15	3:43:30	4:59:32	2:35:41	3:49:28	4:14:28
Category 4	Belfast	1:24:03	2:35:58	2:56:43	6:31:57	7:23:16	9:45:59	3:36:57	9:09:18	5:40:07	5:13:22	2:23:06	7:04:47	3:16:26
	Northern	1:18:24	2:28:40	2:27:35	9:06:43	3:23:49	5:31:48	1:11:40	3:48:37	6:06:07	4:39:20	2:22:47	4:50:38	4:43:43
	South Eastern	1:42:32	2:00:03	2:18:59	9:13:02	3:33:45	6:37:52	3:32:08	2:36:41	4:52:11	3:49:33	-	5:42:26	3:52:52
	Southern	2:58:08	2:39:46	4:16:59	4:22:08	4:38:22	5:09:23	2:08:48	3:06:13	4:54:15	5:27:01	4:51:18	4:13:07	5:27:42
	Western	0:38:49	2:24:26	1:48:27	3:31:13	2:15:13	3:19:53	1:23:24	1:50:43	3:57:17	1:10:36	1:46:47	3:10:03	1:48:58
	Northern Ireland	1:56:47	2:31:44	3:32:03	7:22:39	5:14:43	6:11:25	3:36:57	3:48:37	5:53:57	5:27:01	4:21:25	5:41:58	4:23:05

Source: Revised CRM Information Return, NIAS

Table 29: Pre-HCP/IFT Response Times, by LCG and Call Category (01/04/2021 - 17/10/2021)

LCG	Mean			90th Percentile		
	Category 1	Category 1T	Category 2	Category 1	Category 1T	Category 2
Belfast	0:08:15	0:09:27	0:39:03	0:12:24	0:16:04	1:30:32
Northern	0:12:18	0:14:31	0:31:42	0:23:18	0:27:08	1:06:28
South Eastern	0:12:48	0:15:54	0:45:40	0:25:00	0:29:41	1:38:05
Southern	0:13:10	0:14:58	0:35:06	0:25:28	0:28:21	1:13:55
Western	0:10:23	0:12:52	0:23:49	0:21:19	0:27:10	0:50:16
Northern Ireland	0:11:06	0:13:11	0:35:14	0:21:47	0:26:09	1:17:06

Source: Revised CRM Information Return, NIAS

Table 30: Post-HCP/IFT Response Times, by LCG and Call Category (20/10/2021 - 31/03/2022)

LCG	Mean			90th Percentile		
	Category 1	Category 1T	Category 2	Category 1	Category 1T	Category 2
Belfast	0:07:59	0:10:55	0:41:24	0:13:56	0:20:12	1:35:09
Northern	0:13:05	0:15:05	0:34:12	0:25:14	0:29:02	1:12:34
South Eastern	0:13:19	0:16:59	0:49:52	0:25:51	0:32:06	1:48:39
Southern	0:13:35	0:16:09	0:40:28	0:25:52	0:31:22	1:25:16
Western	0:10:31	0:12:31	0:23:48	0:20:51	0:24:18	0:49:45
Northern Ireland	0:11:23	0:13:59	0:37:53	0:22:23	0:27:52	1:24:29

Source: Revised CRM Information Return, NIAS

Technical Notes

This statistical release is part of an annual series presenting information on activity reported by the HSC Trusts and the Northern Ireland Ambulance Service (NIAS) and activity at EDs in Northern Ireland⁶⁴.

Data Collection

The information presented in this bulletin is collected using an electronic patient-level administrative system and a series of statistical returns (listed below) provided by HSC Trusts and NIAS.

KH09 (ii) – New, Unplanned and Planned Review Attendances at EDs

EC1 – Waiting times at EDs

KA34 / AQI – Patient Transport & Emergency Response⁶⁵

Clinical Quality Indicators – Data Warehouse downloads⁶⁶

Data providers are supplied with technical guidance documents outlining the methodologies that should be used in the collection, reporting and validation of each of these data returns. These documents can be accessed at:

<https://www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics>

Information on emergency care waiting times is downloaded from the Regional Data Warehouse on the 8th of each month for all EDs.

Rounding

Percentages have been rounded to one decimal place and therefore totals may not sum to 100.

Main Uses of Data

Information on the uses of the data contained in this publication is detailed in Appendix 6.

Data Quality ⁶⁷

All information presented in this bulletin has been provided by HSC Trusts or downloaded by Hospital Information Branch (HIB) within an agreed timescale and validated / quality assured by HIB prior to release. Following submission, HIB perform a series of validation checks to verify that information downloaded / submitted is consistent both within and across information returns / downloads.

⁶⁴ Refer to Appendix 1: Definitions.

⁶⁵ Refer to Appendix 5 for further information on changes to the NIAS returns.

⁶⁶ Refer to Appendix 3 for further information.

⁶⁷ Refer to Appendix 6: Data in the publication for further information.

At the end of the financial year HIB carry out a more detailed series of validations to verify that the information is consistent. Trend analyses are used to monitor annual variations and emerging trends. Queries arising from validation checks are presented to HSC Trusts for clarification and if required returns may be amended and/or re-submitted. Once complete, all figures are sent to HSC Trusts for final sign-off.

All information pertaining to Ambulance data presented in this bulletin has been provided by NIAS. At the end of the financial year HIB carry out a detailed series of validations to verify that the information is consistent. Queries arising from validation checks are presented to NIAS for clarification and if required returns may be amended and/or re-submitted. Once complete, all figures are sent to NIAS for final sign-off.

NIAS has issued the Hospital Information Branch with a disclaimer for the data provided for 2018/19 that states:

“Unfortunately due to technical system changes an error has been identified in relation to category of calls for some months during the 2018/19 financial year. This will also mean that monthly reports issued in 2018/19 to yourselves (DoH) may also be subject to this issue. This does not impact on totals etc...but on categories only. At this time our software supplier has been unable to complete a necessary upgrade to rectify the issue. The reports are therefore being issued with a disclaimer.

As you appreciate this is very disappointing for the Trust and for us as the Information Team but at this time all measures have been exhausted to rectify the issue and we do not wish to delay the issue of the data for 2018/19 but we do appreciate it is incorrect.”

NIAS has issued the Hospital Information Branch with a disclaimer for the data provided for 2021/22 that states:

“Please use this data in a cautionary manner. Please also note that there are a number of indicators which are yet to be finalised in accordance with the Technical Guidance”.

A National Statistics Publication

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Statistics. They are awarded National Statistics status following an assessment by the Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

These statistics last underwent a full assessment against the Code of Practice in 2012:

https://www.statisticsauthority.gov.uk/wp-content/uploads/2012/06/images-letterofconfirmationasnationalstatisticsassessmentreport22_tcm97-43048.pdf

Designation was awarded in June 2013:

https://www.statisticsauthority.gov.uk/wp-content/uploads/2015/12/images-assessmentreport222statisticsonhospitalsinnorthernirelan_tcm97-41971.pdf

Since the assessment, we have continued to comply with the Code of Practice for Statistics. A list of those who received 24-hour pre-release access to the latest publication is available online here:

<https://www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics>

Waiting Time Information elsewhere in the United Kingdom (UK)

When comparing emergency care statistics it is important to know which types of department are being discussed. Emergency care information sometimes refers only to Type 1 departments, and such data is not comparable with data which refers to all EDs. Two key differences are as follows: first, waiting times at Type 1 departments are higher than at other departments; second, fewer patients are admitted to hospital from Type 2 or 3 departments.

There are also a number of key differences in how emergency care waiting times are reported in each UK Jurisdiction, and we would ask readers to be cautious when making comparisons across the UK as they may not always be measured in a comparable manner. The DoH have liaised with colleagues in England, Scotland and Wales to clarify any differences between the emergency care waiting times reported for each administration and have produced a guidance document to provide readers with a clear understanding of these differences (link below).

<https://gss.civilservice.gov.uk/wp-content/uploads/2017/01/UK-Comparative-Waiting-Times-AE-final.xlsx>

Emergency care waiting times published elsewhere in the UK can be found at:

England: <http://www.england.nhs.uk/statistics/ae-waiting-times-and-activity/> ⁶⁸

Scotland: <http://www.isdscotland.org/Health-Topics/Emergency-Care/>

Wales: <http://www.infoandstats.wales.nhs.uk/page.cfm?orgid=869&pid=40971>



Contextual Information

Readers should be aware that contextual information about Northern Ireland and the health services provided is available to read while using statistics from this publication.

This includes information on the current and future population, structures within the Health and Social Care system, the vision for the future health services as well as targets and indicators. This information is available at the following link:

<https://www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics>

⁶⁸ Preliminary discussions have identified comparability issues between Northern Ireland and England regarding the 12 hour waiting time target.

Appendix 1: Definitions

1.1 Emergency Care Department

The main function of an emergency care department is to provide a service which offers care for patients who arrive with urgent problems and who have not been seen previously by a general practitioner. In the case of a serious illness or accident the treatment provided in the department will usually be initial resuscitation only before the patient is admitted to a hospital bed. However, a small proportion of patients are referred by general practitioners who request help either with diagnosis or treatment. The departments may be either major units which provide 24 hour service, 7 days a week, or small 'casualty department' units or 'Minor Injury Units'. Emergency Care Departments are classified into 3 categories: Type 1, Type 2 and Type 3.

1.2 Type 1 Emergency Care Department

A consultant-led service with designated accommodation for the reception of emergency care patients, providing both emergency medicine and emergency surgical services on a round the clock basis.

1.3 Type 2 Emergency Care Department

A consultant-led service with designated accommodation for the reception of emergency care patients, but which does not provide both emergency medicine and emergency surgical services and/or has time-limited opening hours.

1.4 Type 3 Emergency Care Department / Minor Injury Unit (MIU)

A Type 3 emergency care department is a minor injury unit with designated accommodation for the reception of patients with a minor injury and/or illness. It may be doctor or nurse-led. A defining characteristic of this service is that it treats at least minor injuries and/or illnesses and can be routinely accessed without appointment.

1.5 A&E / Review Clinic

Emergency care attendees are increasingly being given appointments for re-attendances at an A&E clinic. A&E clinics are used for review (follow-up) appointments for those who have attended A&E with an emergency care related condition and should not be confused with attendances at an out-patient clinic of a consultant in the A&E specialty (e.g. Fracture Clinic, Trauma Clinic etc). A review clinic is defined as any clinic held within the emergency care department irrespective of where the medical input is outsourced from.

1.6 New Attendance (Emergency Care)

A new attendance, or 'first' attendance, relates to any patient who presents without appointment to the Emergency Care Department / Minor Injuries Unit, the exception to this being unplanned review attendances.

1.7 Review Attendance (Emergency Care)

A review attendance, or 'follow-up' attendance, is any subsequent attendance for the same condition at the same emergency care department. Review attendances should be inclusive of both planned re-attendances (excluding non-A&E outpatient clinic attendances) and unplanned re-attendances.

1.8 Unplanned Review Attendance (Emergency Care)

This relates to any patient who returns to the Emergency Care Department / Minor Injuries Unit without written instruction, with the same presenting complaint, within 30 days of the initial attendance.

1.9 Planned Review Attendance (Emergency Care)

This relates to any patient given a written appointment date and time to return to the Emergency Care Department / Minor Injuries Unit planned review clinic. (Any patient where the initial intention at first attendance was not to bring the patient back to the emergency care department, but where subsequently the patient is recalled by a member of staff to attend the Emergency Care Department / Minor Injuries Unit within 30 days should be recorded as a planned review attendance).

1.10 Healthcare Professional (HCP) Calls

A healthcare professional call refers to calls specifically from a healthcare professional when a definitive time limit is imposed at the point of call, in that the vehicle and crew must be despatched to collect a patient within the agreed target time made at the point of contact, for admission to hospital.

1.11 Calls

Includes calls answered after being presented to switchboard on 999 and 112 emergency lines. Also includes calls through other numbers, such as Police, Fire or HCP calling direct line numbers (not 999), even where an incident is not created. Do not include calls abandoned by the caller before being answered by NIAS.

1.12 Category 1 Call

Presenting conditions **999 Immediately life threatening**.

There are two sub-categories;

- C1 refers to the time it takes for a response to arrive at the scene.
- C1T refers to the time it takes for the vehicle that transports the patient to arrive at the scene, for example the timer would not stop if a car response arrived first, but would stop when the ambulance which transports the patient arrives at the scene

1.13 Category 2 Call

Presenting conditions which are **999 Emergency – potentially serious incidents**.

1.14 Category 3 Call

Presenting conditions which are defined as an **Urgent Problem**.

1.15 Category 4 Call

Presenting conditions which are defined as a **Less Urgent Problem**.

1.16 Incidents

Incidents include calls that receive a face-to-face response from the ambulance service at the scene of the incident, and calls that are successfully resolved with telephone advice with any appropriate action agreed with the patient. If there are multiple calls for a single incident, only one incident is counted.

1.17 Response Times

Response times are measured from a pre-defined start time and stop time. Clock start is the earliest of:

- the call is coded; or
- the first resource is allocated; or
- 30 seconds from call connect (C1 and C1T), or 240 seconds from call connect (C2, C3 and C4).

Clock stop is dependent on the call categorisation.

- C1 – The vehicle assigned arrives at the scene and confirms arrival at the scene via the Mobile Data Terminal (MDT), or verbally to the Emergency Ambulance Control (EAC) that they are on the scene.
- C1T – The clock stops at the arrival of the first vehicle of the type which transports the patient.
- C2, C3 and C4 – If the patient is not transported by emergency vehicle the clock stops at the arrival of the first of the assigned vehicles. If a patient is transported, the clock stops at the arrival of the first vehicle of the type which transports the patient.
- HCP - The clock stops at the arrival of the first vehicle of the type which transports the patient.

1.18 Resources

Resources allocated refers to all resources assigned to incidents regardless of whether they arrived on the scene. Resources arriving is the count of all resources arriving at the scene. Not all resources allocated arrive at the scene, for example if a Rapid Response Vehicle (RRV) arrives at the scene first and decides the patient does not need to be transported by NIAS, then any ambulance assigned to that incident will be redirected and will not arrive at the scene.

Appendix 2: Emergency Care Attendances - KH09 (ii)

- 2.1 All information regarding Emergency Care attendances included in this publication has been sourced from the KH09 (ii) Information Return provided by the Health & Social Care Trusts of Northern Ireland.
- 2.2 The KH09 (ii) return is collected by the Department on a quarterly basis and includes aggregate attendance totals for each quarter broken down by the type of attendance i.e. new or review (planned and unplanned). Since 1st March 2011, the KH09 (ii) return splits review attendances by planned and unplanned.
- 2.3 Attendance totals include all emergency care attendances at Type 1, 2 and 3 emergency care departments in Northern Ireland.
- 2.4 Attendances relate to all new, unplanned review and planned review attendances.
- 2.5 Planned review attendances include only planned review attendances at A&E / Review clinics, and exclude appointments at Outpatient clinics.
- 2.6 Following a review of this return in March 2011, a revised KH09(ii) return was issued for the quarter ending June 2011 to collect information on new, unplanned and planned review attendances, as opposed to 'First' and 'Review' which was collected on the previous version (up to and including 31 March 2011).
- 2.7 During the review, it was identified that a number of emergency care departments may have been incorrectly recording some unplanned activity as first (new) attendances. It is therefore not possible to directly compare information on attendance type with any year prior to 2013/14.
- 2.8 It should also be noted that there has been a slight change in the way new, unplanned and planned attendance information is presented for the Royal Victoria emergency care department, as information for the Royal Victoria emergency care department and the Royal Victoria (RAES) service is now reported separately.

Categorisation of Emergency Care Departments ⁶⁹

HSC Trust	Type 1 (24-hour assess)	Type 2 (Limited opening hours)	Type 3 (Minor Injuries Unit, MIU)
Belfast	Belfast City (Closed)		
	Mater	RVH (Eye Casualty) ⁷⁰ (9-5pm Mon-Fri) (8.30-1pm Sat)	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ⁷¹ (Closed)
	Causeway		Mid Ulster (9-5pm Mon-Fri)
South Eastern	Ulster	Lagan Valley (8-8pm Mon-Fri)	Ards MIU (9-5pm Mon-Fri)
		Downe ⁷² (ED Closed)	Bangor MIU ⁷³ (Closed)
Southern	Craigavon Area		South Tyrone (9-9pm Mon-Fri) (10-6pm Sat-Sun)
	Daisy Hill ⁷⁴		Armagh Community ⁷⁵ (Closed)
			Craigavon Respiratory ED (Covid-19) ⁷⁶
			Craigavon Paediatric ED ⁷⁷
Western	Altnagelvin Area		Tyrone County ⁷⁸ (Closed)
	South West Acute		Omagh ⁷⁸ (24-hour)

⁶⁹ Opening Hours are as of June 2017.

⁷⁰ Eye Casualty refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

⁷¹ Whiteabbey Temporarily closed on 1st December 2014.

⁷² Downe temporarily closed 30th March 2020, reopened as a MIU 10th August 2020, reopened as an Urgent Care Centre 19th October 2020.

⁷³ Bangor temporarily closed 12th March 2020.

⁷⁴ Daisy Hill temporarily closed between 28th March 2020 and 19th October 2020.

⁷⁵ Armagh Community temporarily closed on 17th November 2014.

⁷⁶ Craigavon Respiratory ED (COVID) temporarily opened on 29th March 2020 and closed on 19th October 2020.

⁷⁷ Craigavon Paediatric ED temporarily opened on 31st March 2020 and closed on 12th June 2020.

⁷⁸ Tyrone County closed on 20th June 2017 and all emergency services were transferred to the new Omagh Hospital and Primary Care Complex on that date.

Appendix 3: Emergency Care Waiting Times (EC1)

- 3.1 Information on waiting times at emergency care departments detailed in this publication is downloaded from the Regional Data Warehouse on the 8th of each month for all EDs, with exception of the Regional Acute Eye Service (RAES) which was sourced from the aggregate EC1 return. Up to 31st March 2018 the EC1 return records all new and unplanned review attendances in each emergency care department across Northern Ireland; including the length of time they waited from arrival in the emergency care department until treatment, admission or discharge. It does not include planned review attendances.
- 3.2 It should be noted that since 1st July 2011, Hospital Information Branch has been downloading patient level data on emergency care waiting times from the Regional Data Warehouse on the 8th of each month, for those emergency care departments using the Northern Ireland Regional Accident & Emergency System (NIRAES) and SYMPHONY. Information from emergency care departments, using other administrative systems to record emergency care waiting times, continues to be sourced from the EC1 return. HSC Trusts are asked to generate this information on 8th of each month.
- 3.3 Waiting time figures are representative of all new and unplanned review emergency care attendances in Northern Ireland including Type 1, Type 2 and Type 3 emergency care departments.
- 3.4 The Ministerial targets for Northern Ireland on emergency care waiting times for 2018/19 state that:
- '95% of patients attending any Type 1, 2 or 3 Emergency Department should be either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any Emergency Care Department should wait longer than 12 hours'*
- 'By March 2017, at least 80% of patients to have commenced treatment, following triage, within 2 hours.'*
- 3.5 Figures represent the total time spent in a hospital emergency care department from arrival until admission, transfer or discharge.
- 3.6 Figures relate to all new attendances and all unplanned review attendances at emergency care departments. They do not include planned review attendances.
- 3.7 Time is measured from when a patient arrives into the emergency care department; the time of arrival is recorded at registration or triage whichever is earlier (clock starts). The 'clock stops' when the patient departs from the emergency care department. The time of departure is defined as when the patient's clinical care episode is completed within the emergency care department.
- 3.8 The figures in this release relate to all patients, including paediatric patients.
- 3.9 From 24th May 2010, Mid-Ulster and Whiteabbey emergency care departments were reconfigured from consultant-led treatment services (Type 2) to minor injury units with designated accommodation for the reception of patients with minor injuries and/or illnesses (Type 3/MIU).
- 3.10 On 4th April 2011, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at the Downe Hospital resulting in the reduction of consultant-led emergency care services, from a 24 hours based service to 8am to 10pm daily, with services provided from 10pm

to 8am by an enhanced GP Out of Hours (GPOOH) service. The GPOOH's provides the urgent care response supported by an appropriate handover period and the appropriate services within the hospital. After 10pm all 999 ambulances go directly to the Ulster or nearest appropriate emergency care department.

- 3.11 On 1st August 2011, the South Eastern HSC Trust introduced new temporary arrangements for the provision of emergency care services at the Lagan Valley hospital resulting in the closure of the emergency care department from 8pm to 9am daily. This was a temporary change due to a shortage of medical staff but the change is expected to be in place for a number of months.
- 3.12 On 1st November 2011, the Belfast HSC Trust closed the emergency care department at the Belfast City hospital. This is a temporary change due to a shortage of senior staff but the change is expected to be in place for the foreseeable future.
- 3.13 On 21st June 2012, the Western HSC Trust closed the Erne hospital with services (including emergency care) immediately transferred to the new South West Acute Hospital in Enniskillen.
- 3.14 On 3rd September 2012, the Southern HSC Trust closed the Minor Injuries Unit at the Mullinure hospital, with opening hours at the Armagh Community hospital Minor Injuries Unit temporarily extended to 7pm until the end of March 2013. Previously, Armagh and Mullinure provided a joint 24-hour emergency care service with Armagh emergency care department operating Monday to Friday 9am-5pm, and Mullinure emergency care department operating from 5pm-9am on weekdays, and 24 hours on Saturday, Sunday and Bank Holidays.
- 3.15 On 16th February 2013, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at Bangor Minor Injuries Unit resulting in re-opening at weekends (9am to 5pm on Saturdays and Sundays), 10 months after they were closed due to staff shortages.
- 3.16 On 4th January 2014, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at the Downe and Lagan Valley Hospitals resulting in the reduction of consultant-led emergency care services, from a daily service, operating from 8am - 10pm and 8am - 8pm respectively, to both hospitals operating a weekday service from 8am - 8pm and closing at weekends, with the enhanced GP Out of Hours (GPOOH) service running as normal.
- 3.17 On 1st March 2014, the South Eastern HSC Trust introduced new arrangements for the temporary provision of emergency care services at Downe Hospital resulting in it re-opening as a minor injuries unit at weekends (9am to 5pm on Saturdays and Sundays), two months after the removal of weekend services due to staff shortages.
- 3.18 On 17th November 2014, the Southern HSC Trust temporarily closed the Minor Injuries Unit at Armagh Community Hospital. It is not known how long this temporary closure will be in place.
- 3.19 On 1st December 2014, the Northern HSC Trust temporarily closed the Minor Injuries Unit at Whiteabbey Hospital. It is not known how long this temporary closure will be in place.
- 3.20 The Royal Victoria (ENT & RAES) refers to the Ear, Nose & Throat (ENT) and Regional Acute Eye Services (RAES) based at the Royal Victoria Hospital (RVH). These are separate services from the RVH emergency care department.
- 3.21 From 1st January 2015, it should also be noted that there has been a slight change in the way waiting time information is presented for the Royal Victoria emergency care department, as information for

the Royal Victoria emergency care department and the Royal Victoria (ENT & RAES) service is now reported separately.

- 3.22 Following consultation with the Belfast HSC Trust and HSCB, it was agreed to redesignate the Royal Victoria (ENT & RAES) service as a Type 2 department, rather than a Type 1, as the service has time limited opening hours.
- 3.23 From 1st April 2016, the Belfast HSC Trust indicated that the Ear, Nose & Throat (ENT) service at the Royal Victoria Hospital should no longer be reported within the ED waiting times information, as this service is no longer operating as an unscheduled service. As this came into effect from 1st April 2016, where possible, we have removed all information for the RVH (ENT) from this publication to aid comparisons with previous years. Currently it is only possible to remove RVH (ENT) information from 2015/16 onwards.
- 3.24 In addition to the current Ministerial emergency care waiting times target, the Department of Health (DoH) currently monitor a series of emergency care clinical quality indicators which provide a more comprehensive and balanced view of the care delivered by emergency care departments (ED) in Northern Ireland and reflect the experience of patients and the timeliness of the care they received.

A number of clinical quality indicators are published alongside the Ministerial target for emergency care waiting times to present a summary of the key milestones during a patient's journey, whilst they are being cared for in the ED. The clinical quality indicators that are included are as follows:

- Time to initial assessment (triage) for all arrivals;
- Time from triage to start of treatment;
- Total time in EDs for (i) patients admitted and (ii) patients not admitted;
- Patients leaving EDs before their treatment was complete;
- Patients returning to ED within 7 days of their original attendance for the same condition; and,
- ED attendances referred by a GP.

Definitions for each Indicator of Performance (IOP) detailed in this publication are listed below, including a link to the technical guidance: <https://www.health-ni.gov.uk/publications/emergency-care-activity-returns-and-guidance>

- 3.25 From the 1st April 2018 Eye Casualty figures are being reported through the Regional Data Warehouse downloads and will no longer be reported through EC1 returns.
- 3.26 Craigavon Respiratory Emergency Department (Covid-19) temporarily opened on 29th March 2020 and closed on 19th October 2020.
- 3.27 Craigavon Paediatric Emergency Department temporarily opened on 31st March 2020 and closed on 12th June 2020.
- 3.28 It should be noted that for the purposes of publication Craigavon Respiratory Emergency Department (Covid-19) and Craigavon Paediatric Emergency Department are reported under Craigavon Area in quarterly and annual Emergency Care publications from May 2020.

- 3.29 The South Eastern HSC Trust temporarily closed the Downe Emergency Department and Minor Injuries Unit on 30th March 2020, the Downe ED reopened as a MIU 10th August 2020 and became an Urgent Care Centre 19th October 2020. As a result of becoming an Urgent Care centre, it was no longer recorded as an emergency department.
- 3.30 Daisy Hill Emergency Department temporarily closed between 28th March 2020 and 19th October 2020.
- 3.31 Bangor MUI temporarily closed 12th March 2020.

Appendix 4: Patient Transport & Emergency Response - Revised Clinical Response Model (CRM)

- 5.1 Information on patient transport and emergency response times detailed in this publication has been sourced from the KA34 Information Return and the Revised Clinical Response Model (CRM) Information Return provided by the Northern Ireland Ambulance Service (NIAS) Health & Social Care Trust.
- 5.2 From 12th November 2019, the NIAS ceased reporting through the KA34 Return and moved to a new Clinical Response Model (CRM) Return.
- 5.3 The new CRM records the time taken for a response to attend the scene of an incident, it reports on the mean and 90 percentile. It also reports on the number of incidents, number of calls, number of resources allocated per call, and the number of HCP responses with non-emergency conveyance.
- 5.4 The Category of calls has been redefined and the Revised CRM Return reports on Category 1, 1T, 2, 3 and 4 calls.
- 5.5 Healthcare professionals can request a 1, 2, 4 or 4 hour response. Healthcare Professionals who can request urgent transport are: Approved Social Worker, District Nurse, Doctor, General Practitioner, Midwife/Health Visitor, Nurse, Paramedic, Dentist, Hospitals (Including Community Hospitals). All other callers are managed via the normal 999 process.
- 5.6 Response times are calculated on the basis that the 'clock starts' when the following details of a call have been ascertained: caller's telephone number, exact location of incident, and the nature of the chief complaint (this may be prior to allocation of the despatch code). The 'clock stops' when an emergency response vehicle arrives at the scene of the incident, although in the case of CT1 calls the 'clock stops' when the emergency response vehicle *which transports the patient* arrives at the scene.
- 5.7 An emergency response refers to all responses made by emergency ambulances, rapid response vehicles (equipped with a defibrillator to provide treatment at the scene), and any approved first responders (equipped with a defibrillator, despatched by and accountable to the ambulance service).
- 5.8 From 2019/20, ambulance response times were monitored as one of the Ministers Commissioning Plan Direction targets, the new CRM targets are:

Category	Mean standard	90th centile standard
C1	8 min	15 min
C1T (indicator *)	19 min	30 min
C2	18 min	40 min
C3		120 min
C4		180 min

- 5.9 The total number of calls is to provide a measure of overall demand on NIAS. It includes all 999/112 calls, and calls through other numbers, such as by HCPs, fire, police and coastguard, even where an incident is not created. Do not include calls abandoned by the caller or internal calls within NIAS.

5.10 Incidents comprise not only calls that receive a face-to-face response from the Ambulance Service at the scene of the incident, but also calls that are successfully resolved with telephone advice with any appropriate action agreed with the patient. Include incidents initiated by a call from the fire service or police. If there have been multiple calls to a single incident, only one incident is counted.

5.11 Additional changes came into effect on 18 October 2021, when NIAS implemented the new HCP/IFT data model that has changed how Healthcare Professional calls and Inter-facility Transfers are reported. Due to these changes in how calls are categorised in the new Data Model compared to how they were categorised prior to its implementation, it is not possible to compare data before and after the changes.

Due the changes being implemented mid-year, some figures for 2021/22 have been split as follows:

- Pre-HCP/IFT figures report on activity from 1 April 2021 to 17 October 2021
- Post HCP/IFT figures report on activity from 20 October 2021 to 31 March 2022.

Appendix 5: Data in the publication

General guidance on using the data

The data contained in this publication detail an annual analysis of:

- (i) Emergency care waiting times for new and unplanned review attendances in Northern Ireland;
- (ii) Attendances (new, unplanned and planned review) at emergency care departments; and,
- (iii) Patient transport and emergency response times for the Northern Ireland Ambulance Service;
- (iv) Clinical Quality Indicators.

(i) Attendances (New, Unplanned and Planned Reviews) at Emergency Care Departments

Description of data

Data refers to the number of new, unplanned and planned review attendances at EDs in Northern Ireland.

A 'New' attendance refers to any patient who presents without appointment to the ED, the exception to this being unplanned re-attenders. This may be the first of a series or the only attendance at an ED in the hospital.

An 'Unplanned Review' attendance refers to any patient who returns to the ED without written instruction, with the same presenting complaint, within 30 days of the initial attendance.

A 'Planned Review' attendance refers to any patient given a written appointment, date and time to return to the emergency care department planned review clinic. A review clinic is defined as any clinic held within the emergency care department irrespective of where the medical input is outsourced from. It is important to note that planned review attendances should exclude non-A&E outpatient clinic attendances.

For the purpose of the KH09 (ii) return, a planned review attendance at an ED is a review attendance where the patient sees a nurse, or the patient is seen by an A&E consultant but the attendance is not within a clinic session with a recognised clinic purpose. Hence, the fact that a patient is given a specific appointment time for a review attendance does not determine that the attendance should be automatically recorded as an outpatient attendance (rather than a planned review emergency care attendance).

Data Provider

Data on emergency care waiting times is sourced directly from HSC Trusts using the aggregate KH09(ii) information return, and is completed for emergency care departments in Northern Ireland.

Data Quality Assessment

Data is solely derived from administrative systems (NIRAES/SYMPHONY/Independent). In-depth guidance has been provided for the recording, collection and submission of data.

In addition, across all data regardless of source, variance checks are employed as an integral part of the production process with large discrepancies between the current quarter and both the previous quarter, and the corresponding quarter in the previous year, being queried with the data provider.

Guidance on using data

Number of attendances at emergency care departments – this is the number of new, unplanned and planned review attendances at emergency care departments during each year. It does not equate to the number of attendances detailed for emergency care waiting times as it includes planned review attendances.

Users should note the change in the collection of information on the type of attendance at emergency care departments, from 'First and Review' to 'New, Unplanned and Planned Review'. With this in mind, it is not possible to compare information on attendance type with previous years from 2013/14 onwards. However, it is possible to compare total attendances at emergency care departments with previous years, to allow users to gauge the total level of activity for emergency care services.

Emergency care waiting times by type of department is presented to allow users to compare similar types of emergency care departments in Northern Ireland, i.e. Type 1, 2 or 3 departments. Explanatory notes 1.1 – 1.4 (Appendix 1) outline in more detail the three separate categories of emergency care departments.

Users should also take into consideration, recent changes in the provision of emergency care services at specific sites in Northern Ireland, when making comparisons with previous years. Such changes in provision of services are detailed in Appendix 3 of this publication.

(ii) Emergency Care Waiting Times (New and Unplanned Review Attendances)

Description of data

Data on the number of new and unplanned review attendances at emergency care departments in Northern Ireland by the length of time waited. New and unplanned review attendances at emergency care departments are used to describe unplanned activity at emergency care departments, with new attendances referring to the first attendance and unplanned reviews referring to any subsequent unplanned attendances for the same complaint. Information on the length of time waited is collected according to pre-specified time bands, and refers to the time waited from entering the emergency care department until the time the patient is treated and discharged or admitted to hospital (leaves emergency care department).

Data Provider

Data on emergency care waiting times is sourced from:

- i. The Northern Ireland Accident & Emergency Administrative System (NIRAES) via a facility known as the Regional Data Warehouse and,
- ii. SYMPHONY via the Regional Data Warehouse and,
- iii. Directly from HSC Trusts using the aggregate EC1 information return for the remaining emergency care departments not fully available on the Regional Data Warehouse.

Data Quality Assessment

Data is solely derived from administrative systems (NIRAES/SYMPHONY/Independent); although, it should be noted that for NIRAES and SYMPHONY sites we access this information directly from the Regional Data Warehouse, whilst some sites using SYMPHONY and all sites using Independent systems complete the EC1 template on our behalf.

For those sites completing the EC1 information return, in-depth guidance has been provided for the recording, collection and submission of data. In addition, across all data regardless of source, variance checks are employed as an integral part of the production process with large discrepancies between the current quarter and both the previous quarter, and the corresponding quarter in the previous year, being queried with the data provider.

Guidance on using data

Number of new and unplanned review attendances at emergency care departments – this is the number of new and unplanned review attendances at emergency care departments during each calendar month. It does not include planned review attendances.

Lengths of time patients wait refers to the time between entering the emergency care department and being logged in at reception until leaving the emergency care department (treated and discharged or admitted to hospital). Explanatory note 3.7 (Appendix 3) outlines in more detail how these waiting times are measured. It should also be noted that the waiting time for patients who **are to be** admitted to hospital continues until they have left the emergency care department.

An assessment of both the number of new and unplanned review attendances and the length of time patients have waited, when compared with equivalent data for previous months, allow users to gauge the demand for emergency care services.

Emergency care waiting times by type of department is presented to allow users to compare similar types of emergency care departments in Northern Ireland, i.e. Type 1, 2 or 3 departments. Explanatory notes 1.1 to 1.4 (Appendix 1) outlines in more detail the three separate categories of emergency care departments.

Users should take into consideration, changes in the provision of emergency care services at specific sites in Northern Ireland, when making comparisons with previous months. Such changes in provision of services are detailed in Appendix 3 of this publication.

Data Comparisons with other UK Jurisdictions

The DoH are currently liaising with colleagues in England, Scotland and Wales to clarify any differences between the emergency care waiting times reported for each administration. We would therefore ask users to be cautious when making direct comparisons between Northern Ireland and other UK Jurisdictions as waiting times may not be measured in a comparable manner. It should also be noted that the way in which emergency care services are delivered differs between UK jurisdictions. This means that the number and types of patients included in the figures may differ between countries.

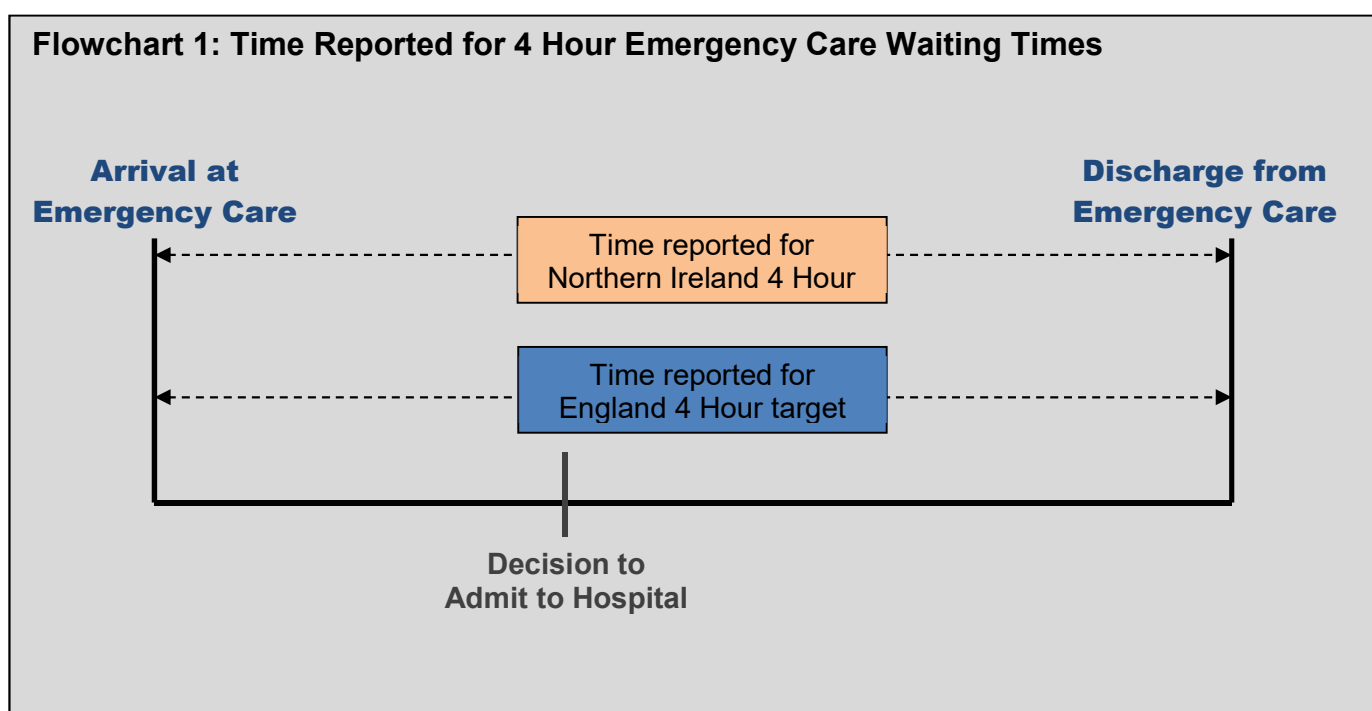
Preliminary discussion has identified comparability issues between Northern Ireland and England regarding the 12 hour waiting times reported in both jurisdictions. Further information on the key similarities

and differences between emergency care waiting times reported in both Northern Ireland and England are detailed below.

Northern Ireland Compared with England:

4 Hour

Northern Ireland and England both have a similar 4 hour emergency care waiting time target, which monitors the total length of time patients spend in emergency care departments from arrival to discharge home, or admission (Flowchart 1). It should be noted however that whilst they measure the same time, there is a slightly different model of emergency care service provision in England to Northern Ireland. For example, England include walk in / Urgent care centres where almost all patients are seen and treated within 4 hours. This may result in England recording a higher proportion of patients treated and discharged within 4 hours.



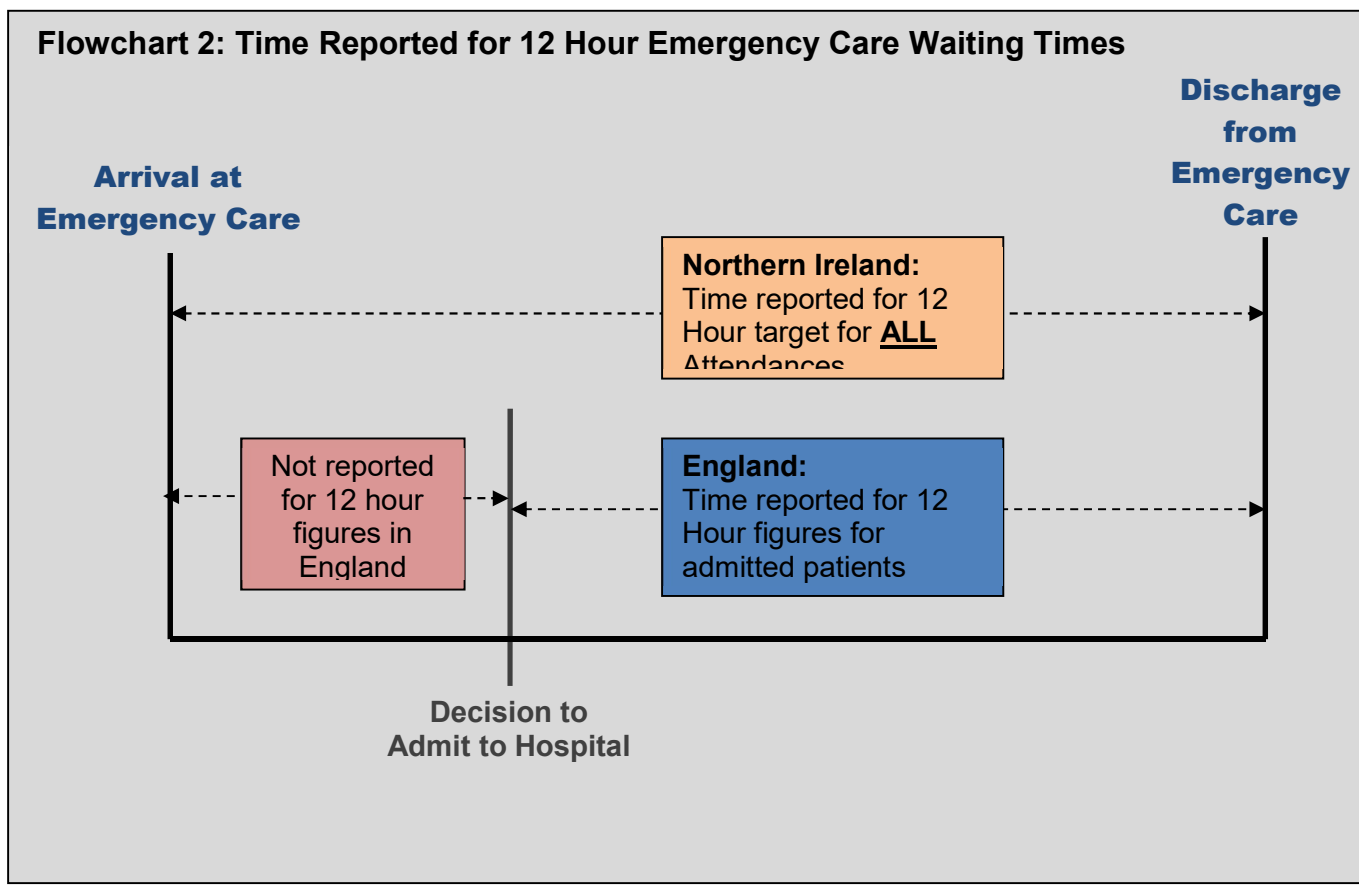
12 Hour

Although England and Northern Ireland both produce information on a 12 hour basis, this information is not equivalent and should not be compared (Flowchart 2). Comparable information to that produced in Northern Ireland is not available for England.

In Northern Ireland the 12 hour emergency care waiting time target monitors the total length of time spent in emergency care departments from arrival to discharge home, or admission for all attendances at emergency care departments.

In contrast England reports the number of attendances who, having had a decision to admit, waited longer than 12 hours to be admitted to hospital. This is only part of the time waited by patients in emergency care departments and excludes the time waited between arrival and the 'Decision to Admit'. Patients who are not admitted to hospital from emergency care departments are also excluded.

With this in mind, we would strongly advise readers against making any comparisons between Northern Ireland and England on their respective 12 hour measurements.



(iii) Patient Transport and Emergency Response Times

Description of Clinical Response Model (CRM) data

Details data on the number of emergency calls and response times for (i) Category 1, (ii) Category 1T, (iii) Category 2 calls, (iv) Category 3 calls, and (v) Category 4 calls. Data refers to all emergency calls, including multiple calls for one incident.

- Category 1 refers to calls where the presenting conditions which are **999 Immediately life threatening**. There are two sub-categories;
 - C1 refers to the time it takes for a response to arrive at the scene. There are two targets, the mean target response time is 8 minutes and the 90th percentile target response time is 15 minutes.
 - C1T refers to the time it takes for the vehicle that transports the patient to arrive at the scene, for example the timer would not stop if a car response arrived first, but would stop when the ambulance which transports the patient arrives at the scene. There are two targets, the mean target response time is 19 minutes and the 90th percentile target response time is 30 minutes.
- Category 2 refers to calls which are **999 Emergency – potentially serious incidents**. There are two targets, the mean target response time is 18 minutes and the 90th percentile target response time is 40 minutes
- Category 3 refers to calls which are defined as an **Urgent Problem**. The target is that 90% of responses should be responded to within 120 minutes.
- Category 4 refers to calls which are defined as an **Urgent Problem**. The target is that 90% of responses should be responded to within 180 minutes.

Information is available on each of the following for each Category of call:

- Response times (mean and 90th percentile).
- Resources allocated.
- Resources arriving.

Information is also available on each of the following for each LCG:

- Number of HCP incidents with non-emergency conveyance.
- Response times of HCP incidents.
- Number of incidents.
- Number of Incidents with no face to face response.
- Number of calls answered.

Data Provider

Data on emergency calls and response times is sourced from the Northern Ireland Ambulance Service (NIAS) on a monthly basis using the CRM information return from November 11th 2019.

Data Quality Assessment

Data is solely derived from an administrative system updated and maintained by the NIAS.

The NIAS is provided with in-depth guidance for the recording, collection and submission of this data. In addition, variance checks are employed as an integral part of the production process with large discrepancies between the current quarter and both the previous quarter, and the corresponding quarter in the previous year, being queried with the data provider.

Guidance on using data

Total Number of emergency calls – refers to the number of emergency calls categorised as Category 1, Category 2, Category 3, and Category 4 received from December 2019 to March 2020.

An assessment of the number of emergency calls compared with equivalent data for previous years, allow users to gauge the demand for ambulance services.

Response time - refers to the length of time from when the call handler has sufficient details to make a decision on the priority of the call and the vehicle arrives at the scene, in the case of C1T the time it takes for the vehicle that transports the patient to arrive at the scene. Response times report on the mean and 90th percentile.

Collection of response times commenced this year therefore cannot be compared to previous years.

(iv) Clinical Quality Indicators

Description of Data

A complete list of the clinical quality indicators included in this publication is detailed below, with additional information for each indicator available from the link below:

<https://www.health-ni.gov.uk/publications/emergency-care-activity-returns-and-guidance>

- **GP Referrals** - This indicator monitors the number of new and unplanned review attendances at each ED who were referred by a GP.
- **Unplanned Re-Attendance with 7 days** – Refers to patients who return to the same ED within seven (7) days of the original attendance.
- **Left before Treatment Complete** – This relates to the number of patients who left an ED before their treatment was complete as a proportion of the total number of new and unplanned review attendances at that ED.
- **Time of Arrival to Initial Assessment** - The indicator monitors the length of time waiting from arrival at an ED to triage by a medical practitioner, i.e. the start of their initial assessment which includes a brief history, pain and early warning scores for all attendances.
- **Time from Initial Assessment to Start of Treatment** – Refers to the length of time waiting from triage (initial assessment) at an ED to the start of treatment, for all new and unplanned review patients.
- **Median time spent waiting from initial assessment (triage) at emergency care department to start of treatment** - This refers to the time below which 50% of new and unplanned review attendances waited for their treatment to start after being triaged.
- **95th Percentile of times waited from initial assessment (triage) at emergency care department to start of treatment** - This refers to the time below which 95% of new and unplanned review attendances waited for their treatment to start after being triaged.
- **Total Time in Emergency Care Departments** - This indicator monitors the total length of time spent in an ED for: (i) patients admitted and (ii) patients not admitted to hospital.
- **Median time spent waiting from arrival at emergency care department to admission, or discharge from department** - This refers to the time below which 50% of new and unplanned review attendances waited in an ED from arrival to discharge or admission to hospital.
- **95th Percentile of times waited from arrival at emergency care department to admission, or discharge from the department** - This refers to the time below which 95% of new and unplanned review attendances waited in an ED from arrival to discharge or admission to hospital.

Data Provider

- i. The Northern Ireland Accident & Emergency Administrative System (NIRAES) via a facility known as the Regional Data Warehouse and,
- ii. SYMPHONY via the Regional Data Warehouse.

Data Quality Assessment

Data is solely derived from administrative systems (NIRAES/SYMPHONY). In-depth guidance has been provided for the recording, collection and submission of data.

In addition, routine data quality audits are carried out as an integral part of the production process with large discrepancies being queried with the data provider.

Guidance on using the data

Definitions and guidance for each indicator detailed in this publication can be found in the link below:

<https://www.health-ni.gov.uk/publications/emergency-care-activity-returns-and-guidance>

Appendix 6: Explanatory Notes

Providers:

In accordance with the Review of Public Administration, with effect from the 1st April 2007, five new integrated Health and Social Care Trusts (Belfast, Northern, South Eastern, Southern and Western) replaced the previous eighteen provider Trusts in Northern Ireland. Tables have been presented based on the new HSC Trust Areas.

This bulletin presents data broken down by individual hospitals and/or HSC Trust where possible. A small number of analyses have not been broken down in this way but rather have been disaggregated by Local Commissioning Group (LCG) area, due to the nature of the return on which the analysis is based.

Data Availability / Format:

All of the data contained in the tables are also available on a quarterly basis and can be supplied by individual hospital / provider if this level of detail is required. In addition, data can be supplied in spreadsheet format (Microsoft Excel) in order to aid secondary analysis. The tables are also available at <https://www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics> for those with internet access.

Data Quality:

All information presented in this bulletin has been validated and quality assured by HSC Trust and Hospitals prior to publication.

HIB perform a three stage validation process on emergency care attendance data (KH09 Part 2), emergency care waiting times data (EC1, NIRAES & SYMPHONY) and patient transport & emergency response data (KA34 & AQI) included in this publication.

Stage 1:

Following the submission of the monthly KA34/AQI, EC1 and quarterly KH09 (ii) returns, including NIRAES and Symphony data downloaded from regional data warehouse, HIB perform internal checks to ensure that all figures sum correctly and that totals compare against the position in previous months. Any irregularities are queried with HSC Trusts who respond with confirmation of figures (including explanation) or a re-submission of the return with any necessary corrections/amendments. Once Stage 1 has been performed, the approved data are entered into internal databases.

Stage 2:

At the end of the financial year HIB re-check all data held within internal databases against approved returns to ensure that the correct data has been processed accurately. HIB also carries out a series of checks to verify that information is consistent both within and across returns. Trend analyses are used to monitor annual variations and emerging trends. Queries arising from validation checks are presented to HSC Trusts for clarification and if required returns may be amended and/or re-submitted.

Stage 3:

HIB circulate the finalised figures to each HSC Trust for a final sign-off. Once final sign-off is received the data is then used for publication creation.

Appendix 7: About Hospital Information Branch

Hospital Information Branch is responsible for the collection, quality assurance, analysis and publication of timely and accurate information derived from a wide range of statistical information returns supplied by the Health & Social Care (HSC) Trusts and the HSC Board. Statistical information is collected routinely from a variety of electronic patient level administrative systems and pre-defined EXCEL survey return templates.

The Head of Branch is Principal Statistician, Ms. Siobhán Morgan. The Branch aims to present information in a meaningful way and provide advice on its uses to customers in the HSC Committee, Professional Advisory Groups, policy branches within the DoH, other Health organisations, academia, private sector organisations, charity/voluntary organisations as well as the general public. The statistical information collected is used to contribute to major exercises such as reporting on the performance of the HSC system, other comparative performance exercises, target setting and monitoring, development of service frameworks as well as policy formulation and evaluation. In addition, the information is used in response to a significantly high volume of Parliamentary / Assembly questions and ad-hoc queries each year.

Information is disseminated through a number of key statistical publications, including: Inpatient Activity, Outpatient Activity, Emergency Care, Mental Health & Learning Disability and Waiting Time Statistics (Inpatient, Outpatient, Diagnostics, Cancer and Emergency Care). A detailed list of these publications is available from:

Website: <https://www.health-ni.gov.uk/topics/doh-statistics-and-research>

Further Information

Further information on Emergency Care Activity in Northern Ireland, is available from:

Kieran Taggart

Hospital Information Branch

Information & Analysis Directorate

Department of Health

Stormont Estate

Belfast, BT4 3SQ

☎ Tel: 028 90 522566 (Internal 22566)

✉ Email: kieran.taggart@health-ni.gov.uk

Further information on Emergency Care Activity in Northern Ireland, is available from:

This Statistical bulletin and others published by Hospital Information Branch are available to download from the DoH Internet site at:

Internet address: <https://www.health-ni.gov.uk/topics/doh-statistics-and-research>