

INFORMATION
ANALYSIS
DIRECTORATE



Northern Ireland Hospital Statistics: Emergency Care 2023/24

Published 19th July 2024



Department of
Health

An Roinn Sláinte

Máinnistrie O Poustie

www.health-ni.gov.uk



NISRA

Northern Ireland
Statistics and Research Agency
Gníomhaireacht Thuaisceart Éireann
um Staitisticí agus Taighde

Reader Information

<i>Purpose:</i>	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.
<i>Guidance:</i>	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.
<i>Authors:</i>	Rebecca Rollins, Liz Graham
<i>Publication Date:</i>	19 th July 2024
<i>Reporting Period:</i>	1 st April 2023 – 31 st March 2024
<i>Issued by:</i>	Hospital Information Branch, Information & Analysis Directorate Department of Health Stormont Estate, Belfast, BT4 3SQ
<i>Contact Information:</i>	We invite you to feedback your comments on this publication to: Email: statistics@health-ni.gov.uk
<i>Statistical Quality:</i>	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 of patients, GP referrals, left before treatment complete, re-attendances within 7 days, time to start of treatment, time waited for patients admitted and not admitted are not Accredited Official 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: Emergency care waiting times – additional guidance Department of Health (health-ni.gov.uk)
<i>Target Audience:</i>	DoH, Strategic Planning and Performance Group (SPPG) and Health and Social Care (HSC) Trusts in Northern Ireland, Health Care Professionals, Academics, HSC Stakeholders, Media & General Public.
<i>Further Copies:</i>	statistics@health-ni.gov.uk
<i>Copyright:</i>	This publication is Crown copyright and may be reproduced free of charge in any format or medium. Any material used must be acknowledged, and the title of the publication specified.

Contents

READER INFORMATION	2
CONTENTS	3
KEY POINTS	4
ENCOMPASS	6
NEW UNSCHEDULED CARE SERVICES	7
PHONEFIRST / URGENT CARE CENTRES	8
HOW MANY ATTEND URGENT & EMERGENCY CARE SERVICES?	10
5 YEAR TREND.....	11
ATTENDANCES AT EMERGENCY CARE DEPARTMENTS	12
LAST FIVE YEARS (2019/20 – 2023/24)	12
FINANCIAL YEAR 2023/24	16
WAITING TIMES AT EMERGENCY CARE DEPARTMENTS	22
5 YEAR TREND.....	22
CLINICAL QUALITY INDICATORS	23
FINANCIAL YEAR 2023/24	27
PATIENT TRANSPORT & EMERGENCY RESPONSE	34
5 YEAR TREND.....	35
FINANCIAL YEAR 2023/24	35
CALLS RECEIVED AND RESPONSE TIMES BY CATEGORY OF CALL	37
INCIDENTS	47
FINANCIAL YEAR 2023/24	47
ADDITIONAL TABLES	49
TECHNICAL NOTES	73
APPENDIX 1: DEFINITIONS	78
APPENDIX 2: EMERGENCY CARE ATTENDANCES - KH09 (II)	81
APPENDIX 3: EMERGENCY CARE WAITING TIMES (EC1 AND ENCOMPASS)	83
APPENDIX 4: PATIENT TRANSPORT & EMERGENCY RESPONSE - REVISED CLINICAL RESPONSE MODEL (CRM)	87
APPENDIX 5: DATA IN THE PUBLICATION	89
APPENDIX 6: EXPLANATORY NOTES	98
APPENDIX 7: ABOUT HOSPITAL INFORMATION BRANCH	99
FURTHER INFORMATION	100

Key Points

Latest Year (2023/24)



136,140

Calls / attendances to PhoneFirst / Urgent Care Centre services

758,645

Attendances at EDs (New & Unplanned Reviews)

47.1%

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

283,244

Calls were responded to by the NIAS

- During 2023/24, 800,889 patients attended urgent and emergency care services, of which 758,645 attended an emergency care department (ED), and 136,140 called PhoneFirst or attended Urgent Care Centre services without further referral to an ED (Table A & B)¹.
- Almost a quarter (23.3%) of ED attendances (new and unplanned review) during 2023/24 were in the Belfast Health and Social Care (HSC) Trust (Table 9).
- Over three fifths (61.4%) of patients attending EDs in 2023/24 commenced their treatment within 2 hours of being triaged (Figure 19, Table 12).

Comparison with Previous Year (2022/23 – 2023/24)

- The total number of calls to PhoneFirst (118,349) and attendances at Urgent Care Centres (42,734) decreased by 3,597 (2.2%), from 164,680 in 2022/23 to 161,083 in 2023/24. Of those 161,083 calls or attendances, 15.5% (24,943) were referred to an emergency care department (Table A).
- Since 2022/23, the number of ED attendances (new and unplanned reviews) increased by 7,973 (1.1%), from 750,672 to 758,645 in 2023/24 (Table 6).
- Between 2022/23 and 2023/24, performance against the 4 hour waiting times target decreased from 50.1% to 47.1%, respectively (Table 10).

¹ Refer to pages 7 to 10 for further details on Urgent & Emergency Care Services.

- During this time, performance against the 4 hour waiting times target decreased at all department types, Type 1 decreased from 44.2% to 40.2%, Type 2 decreased from 79.1% to 76.9%, and Type 3 from 99.4% to 96.3% (Table 7).
- In 2023/24, 121,043 (16.0%) patients spent longer than 12 hours in an emergency department compared with 106,990 (14.3%) in 2022/23 (Table 8, Table 11).
- Due to changes to the revised Clinical Response Model (CRM), introduced by the Northern Ireland Ambulance Service (NIAS) on 18 October 2021, it is not possible to provide comparative information for previous years.

Five-Year Trends (2019/20 – 2023/24)

- During the last five years, the number of patients attending urgent and emergency care services decreased by 13,384 (1.6%), from 814,273 in 2019/20 to 800,889 (urgent and emergency care services) in 2023/24, of which 758,645 attended an emergency care department (new and unplanned reviews), and 136,140 attended called PhoneFirst or attended Urgent Care Centre services (Table 6).
- Since 2019/20, performance against the 4 hour waiting times target declined from 65.1% to 47.1% in 2023/24 (Table 6).
- Between 2019/20 and 2023/24, the number of patients spending longer than 12 hours in an ED increased from 45,401 to 121,043, with the Royal Victoria reporting the most notable increase during this period (6,508 to 24,095) (Figure 18, Table 11).
- Since 2019/20, the proportion of attendances referred by a GP increased from 16.7% to 19.0% in 2023/24 (Figure 5, Table 21).
- Due to changes to the revised Clinical Response Model (CRM), introduced by the Northern Ireland Ambulance Service (NIAS) on 18 October 2021, it is not possible to provide comparative information for previous years.

Encompass

Encompass is a new electronic patient record system that will create a single digital care record for every citizen in Northern Ireland who receives health and social care. It aims to create better experiences for patients, service users and staff by bringing together information from various existing systems that do not currently communicate effectively.

The programme was first introduced in the South Eastern HSC Trust on 9th November 2023, and will be rolled out on a phased basis across the remaining Health and Social Care (HSC) Trusts in Northern Ireland by the end of 2025.

Further information about Encompass can be found at the link below:

[encompass – DHCNI \(hscni.net\)](https://hscni.net/encompass)

Please Note: Figures in this report for South Eastern HSC Trust sourced from the Encompass system are considered to be **‘official statistics in development’**.

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 Centres²

The number of calls received by (i) 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 2022/23 and 2023/24.

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

Activity	2022/23	2023/24
PhoneFirst	124,420	118,349
Urgent Care Centre	40,260	42,734
Total Calls / Attendances	164,680	161,083
Number Referred to ED	27,416	24,943
% Referred to ED	16.6%	15.5%

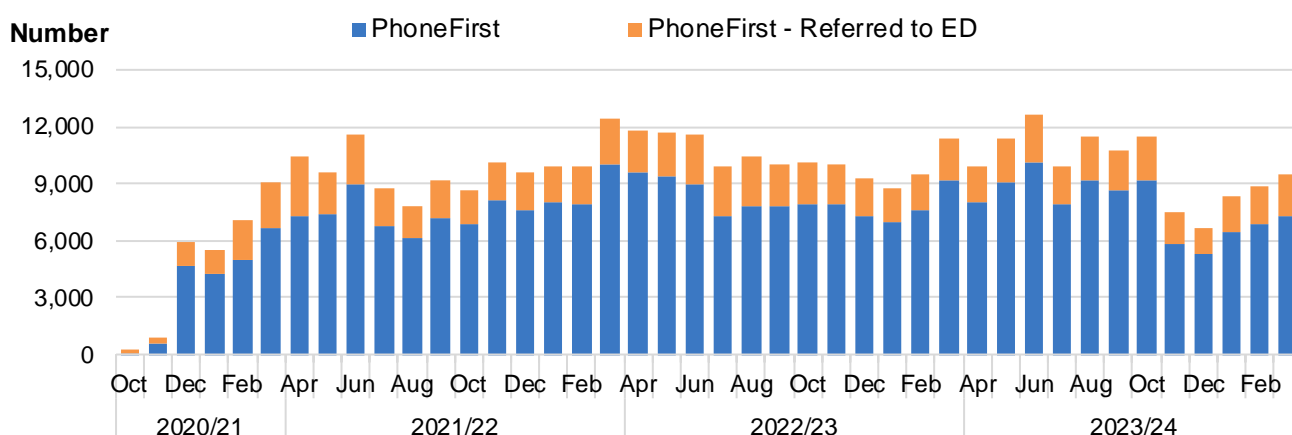
Source: Health and Social Care Trusts

During 2023/24, 161,083 calls / attendances were received by PhoneFirst and Urgent Care Centre services, from patients who may previously have attended an ED. A total of 24,943 (15.5%) resulted in an attendance at an ED, whilst 136,140 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 2024.

Figure 1: PhoneFirst Calls and Referrals to Emergency Departments³



Source: Health and Social Care Trusts

The highest number of PhoneFirst calls were received in June 2023 (12,587), with the highest number of referrals to ED from PhoneFirst in April 2021 (3,087) (Figure 1, Table 1).

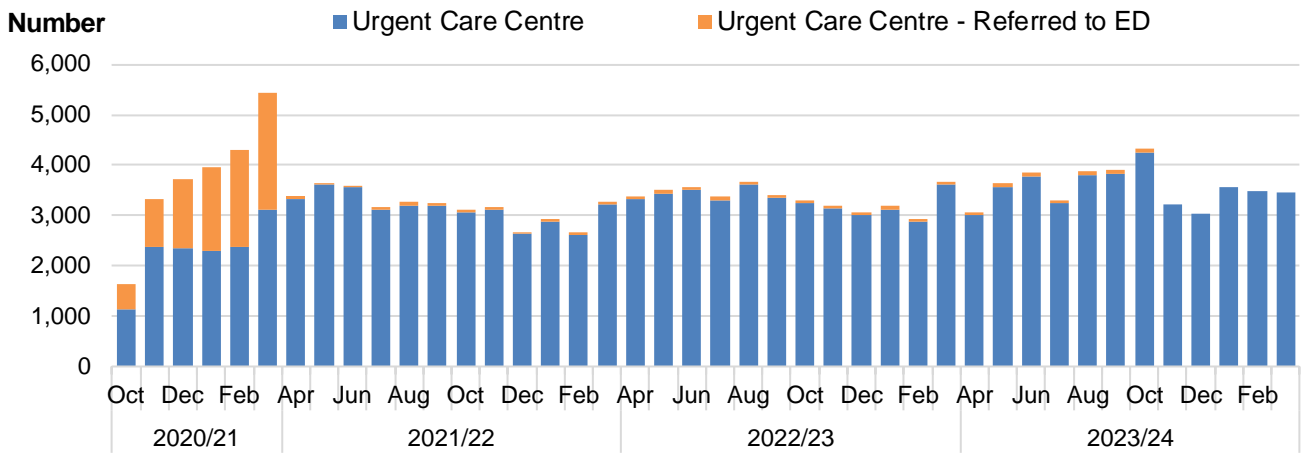
² PhoneFirst and Urgent Care Centre data for South Eastern HSC Trust is not available for November 2023 onwards due to the roll out of the electronic patient record system, Encompass.

³ 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 2024.

Figure 2: Urgent Care Centre Attendances and Referrals to Emergency Departments ⁴



Source: Health and Social Care Trusts

The highest number of attendances at Urgent Care Centre services was in March 2021 (5,441), with the highest number of referrals to ED from Urgent Care Centres also in March 2021 (2,333) (Figure 2, Table 1).

⁴ 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 physically attending urgent and emergency care services (i) attendances at Urgent Care Centre services, and (ii) attendances at EDs is detailed in the table below for 2022/23 and 2023/24.

Table B: Attendances at Urgent & Emergency Care

Measure	2022/23	2023/24	Change (Number)	Change (%)
1. Urgent Care Centre (Referred to an ED)	717	490	-227	-31.7%
2. Urgent Care Centre (NOT Referred to an ED)	39,543	42,244	2,701	6.8%
3. Total Urgent Care Centre <i>Measure 1 + Measure 2</i>	40,260	42,734	2,474	6.1%
4. Attendances at EDs <i>(New and Unplanned Reviews)</i>	750,672	758,645	7,973	1.1%
5. Attendances at EDs/Urgent Care <i>Measure 2 + Measure 4</i>	790,215	800,889	10,674	1.4%

Source: Encompass / Regional Data Warehouse /Health and Social Care Trusts

During 2023/24, 800,889 patients attended urgent and emergency care services, of which 758,645 attended an ED, and 42,734 attended Urgent Care Centre services without being referred on to an ED (Table B).

One in one hundred (490, 1.1%) of the 42,734 attendances at urgent care services were referred to an ED (Table B).

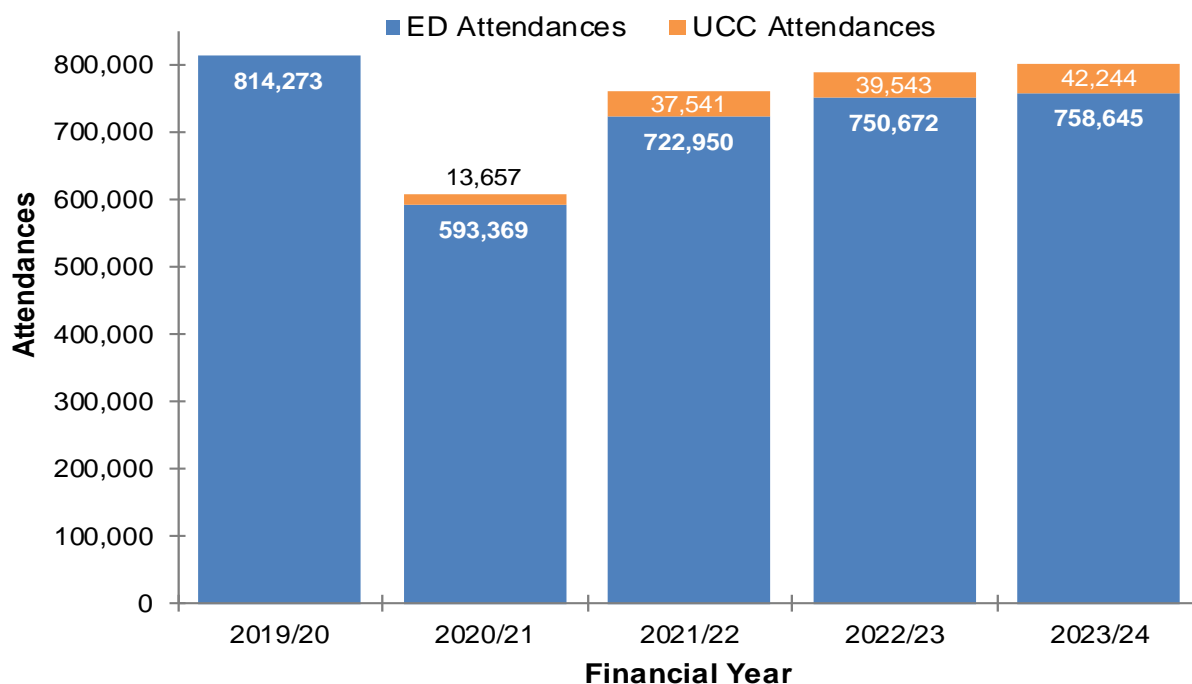
Readers are asked to note changes to ED service provision when making comparisons over time and across HSC Trusts / Hospitals and Department Type. In particular, changes in the number of attendances during the COVID 19 pandemic, the provision of urgent and emergency care services (detailed on page 7), and changes to ED department openings and closures. Further details of the changes in the provision of emergency care services are detailed in Appendix 3.

5 Year Trend

Total Attendances⁵

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) attendances at Urgent Care Centre services⁶.

Figure 3: Total Attendances at EDs (2019/20 – 2023/24)



Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

During the last five years, the number of patients attending urgent and emergency care services decreased by 13,384 (1.6%), from 814,273 in 2019/20 to 800,889 (urgent and emergency care services) in 2023/24, of which 758,645 attended an ED, and 42,244 attended Urgent Care Centre services (Figure 3).

Since 2019/20, the number of ED attendances decreased by 6.8% (55,628) from 814,273 in 2019/20 to 758,645, whilst 42,244 attended urgent care centre services in 2023/24 who may previously have attended an ED (Figure 3, Table 1).

Between 2019/20 and 2023/24, there had been a slight decline in ED attendances, however attendances at urgent and emergency services decreased by 25.5% (207,247) from 814,273 in 2019/20 to 607,026 in 2020/21 during the period of the COVID-19 pandemic. Attendances at urgent and emergency services however increased by 25.3% (153,465) from 2020/21 (607,026) to 2021/22 (760,491) and increased by 3.9% (29,724) from 2021/22 (760,491) to 2022/23 (790,215), and increased by 1.4% (10,674) from 2022/23 (790,215) to 2023/24 (800,889) (Figure 3, Table 1).

⁵ Information refers to ED attendances (new & unplanned review) and Urgent Care Centre attendances.

⁶ 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 care activity (PhoneFirst / Urgent Care Centre) where the patient did not attend an ED.

Please note, patients with lower acuity can attend more appropriate services available at Minor Injury Units (MIU) and avoid potentially longer attendances at a Type 1 Emergency Department (ED). Prior to the introduction of MIUs, these patients would have otherwise attended a Type 1 ED and would have generally been discharged within 4 hours. As such, this will result in an increase to the percentage of patients at Type 1 EDs who wait longer than 4 hours.

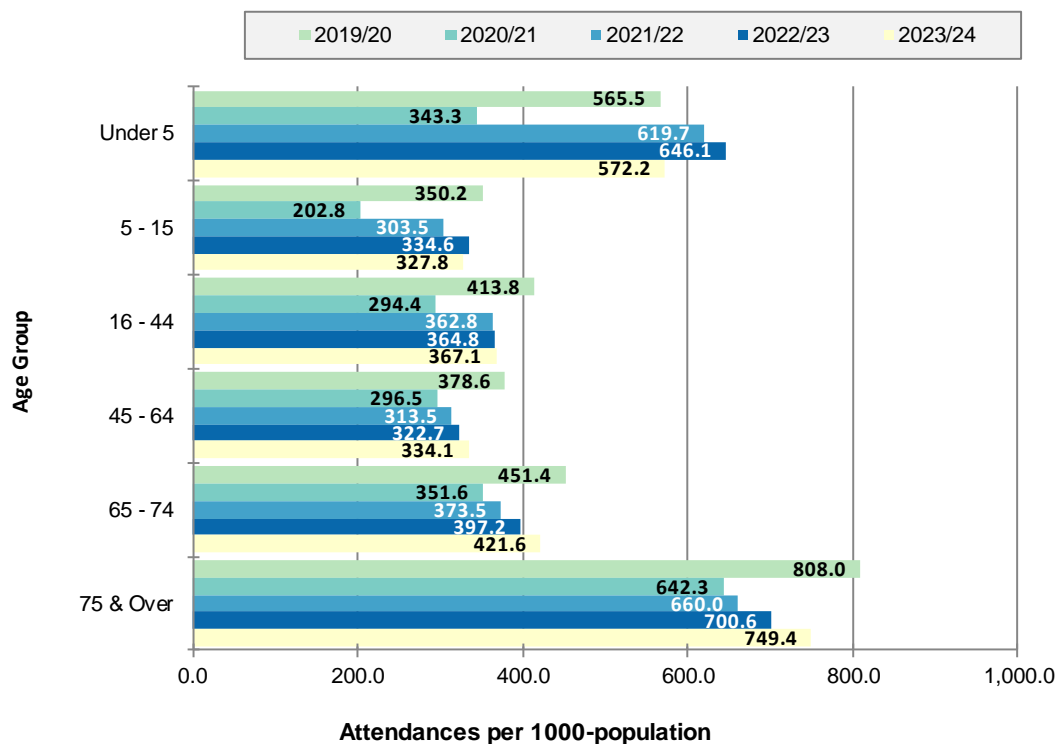
Last Five Years (2019/20 – 2023/24)

To provide a comprehensive view of emergency care activity in Northern Ireland, information has been included on a number of Clinical Quality indicators⁷, although this information has not yet been classified as Accredited Official Statistics. This information is based on new and unplanned review 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 (2019/20 – 2023/24)⁸



Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

⁷ Refer to Appendix 3 for further information.

⁸ Based on NISRA 2020 mid-year population estimates which was published on 25th June 2021.

Between 2019/20 and 2023/24, the rate of attendances at an ED per 1,000-population decreased in almost all age groups, with the exception of the Under 5 age group which increased from 565.5 per 1,000-population in 2019/20 to 572.2 per 1,000-population in 2023/24 (Figure 4).

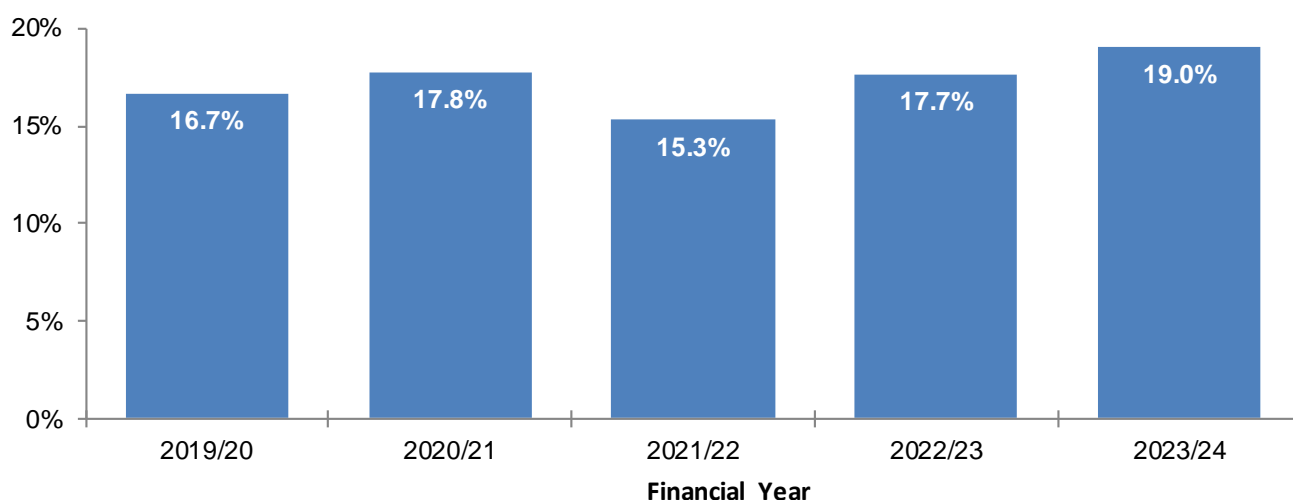
During each of the last 5 years, with the exception of 2022/23, the highest number of ED attendances per 1,000-population was in the 75 & Over age group.

From 2019/20 to 2021/22, and in 2023/24, the lowest number of ED attendances per 1,000-population was in the 5-15 age group, whilst in 2022/23 the lowest number was in the 45 – 64 age group (Figure 4).

GP Referrals⁹

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 (2019/20 – 2023/24)



Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

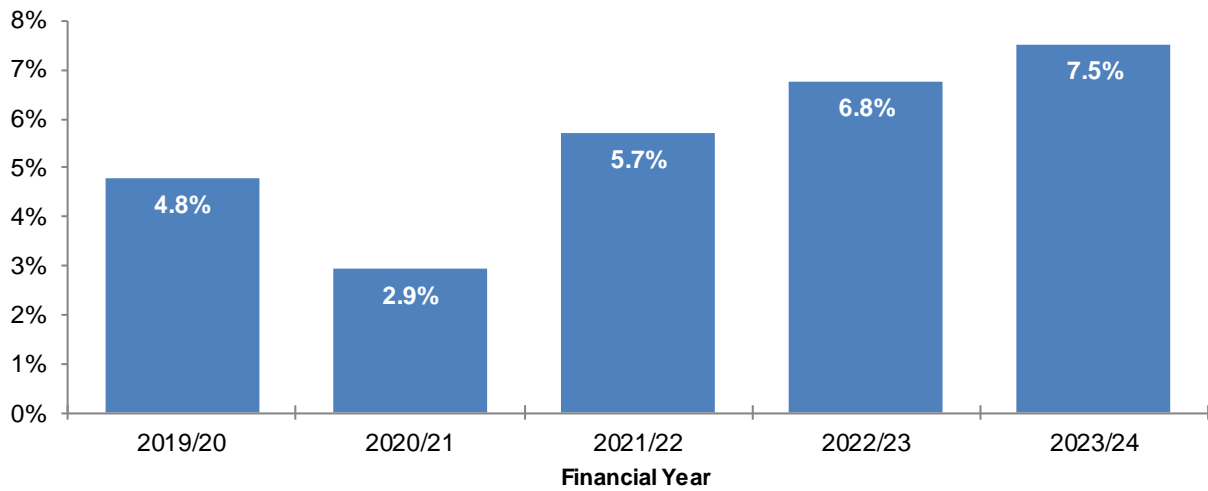
Since 2019/20, the percentage of attendances referred by a GP increased from 16.7% to 19.0% in 2023/24 (Figure 5, Table 21).

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

Leaving ED before Treatment Complete⁹

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 (2019/20 – 2023/24)



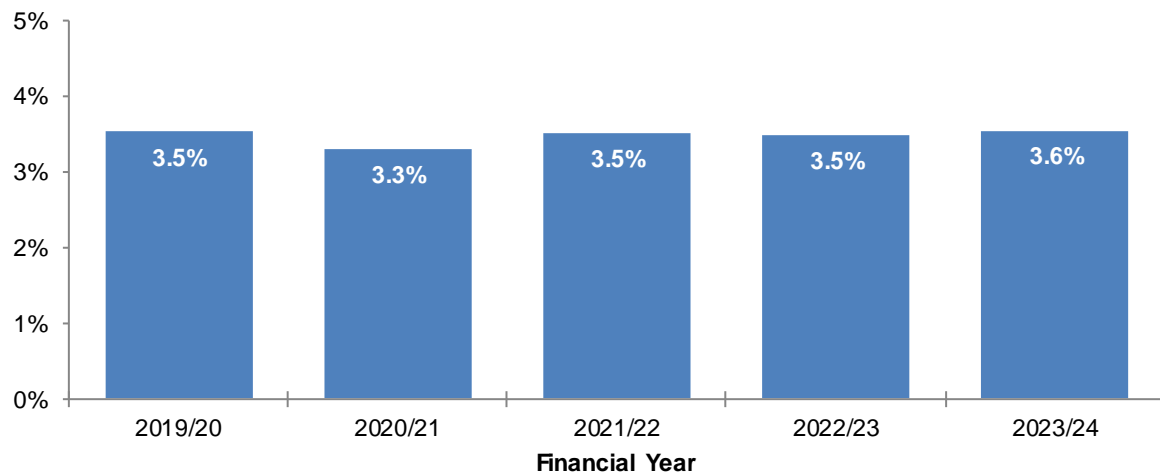
Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

During the last 5 years, the percentage of attendances that left before their treatment was complete was highest in 2023/24 (7.5%) and lowest in 2020/21 (2.9%) (Figure 6, Table 22).

Re-attendances within 7 Days¹⁰

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 (2019/20 – 2023/24)



Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

During the last 5 years, patients re-attending an ED within 7 days was highest in 2023/24 (3.6%) and lowest in 2020/21 (3.3%) (Figure 7, Table 23).

¹⁰ This information is based on new and unplanned attendances only. Planned reviews are not included.

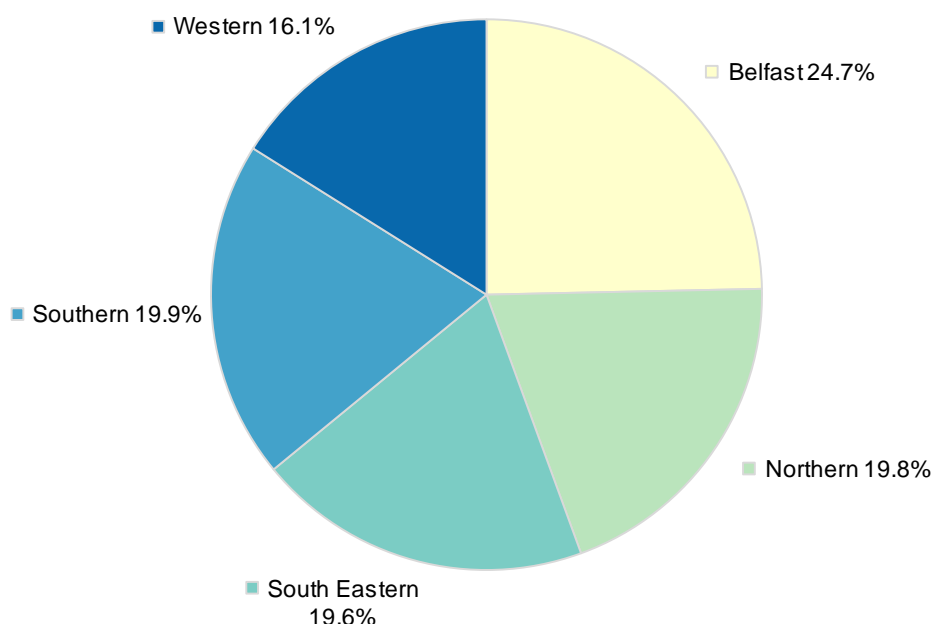
Financial Year 2023/24

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 (New, Unplanned and Planned Reviews)

Figure 8 presents information on the total (new, unplanned and planned reviews) number of ED attendances by HSC Trust during 2023/24.

Figure 8: Attendances at EDs, by HSC Trust (2023/24)¹¹



Source: KH09 Part 2 Return / Health and Social Care Trusts

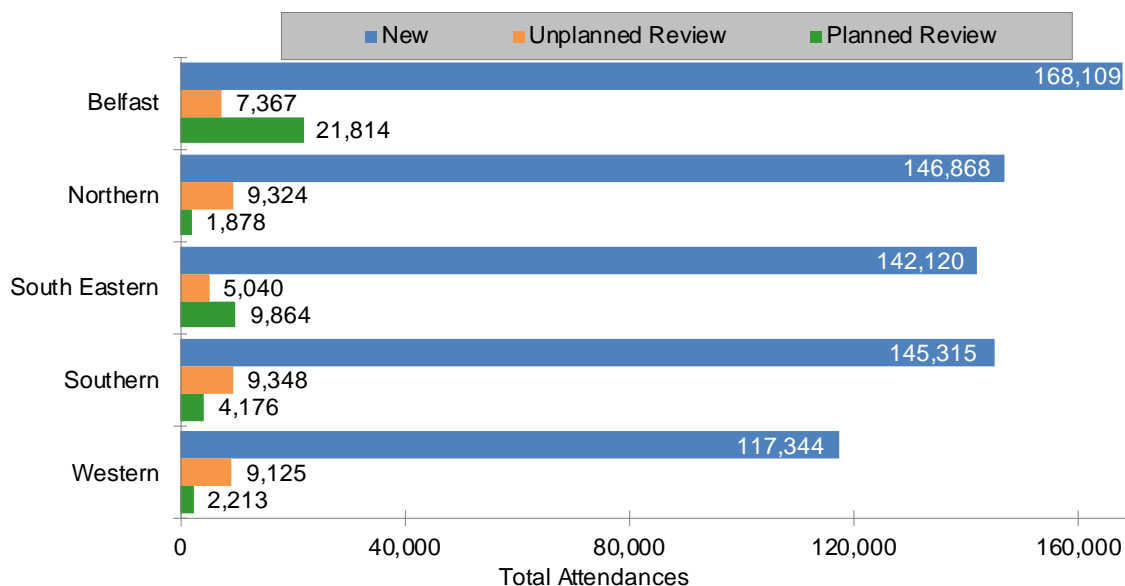
During 2023/24, there were 799,905 new, unplanned and planned review attendances at EDs, of which, 719,756 (90.0%) were new attendances, 40,204 (5.0%) unplanned reviews, and 39,945 (5.0%) planned reviews (Table 5).

Almost a quarter (24.7%) of ED attendances in 2023/24 were in the Belfast HSC Trust (197,290), 19.9% (158,839) in the Southern HSC Trust, 19.8% (158,070) the Northern HSC Trust, 19.6% (157,024) the South Eastern HSC Trust, and 16.1% (128,682) the Western HSC Trust (Figure 8, Table 3).

¹¹ This information is based on new, unplanned and planned attendances.

Figure 9 details the number of new, unplanned, and planned review attendances at EDs within each HSC Trust during 2023/24.

Figure 9: Attendances at EDs, by Attendance Type and HSC Trust (2023/24)¹⁰

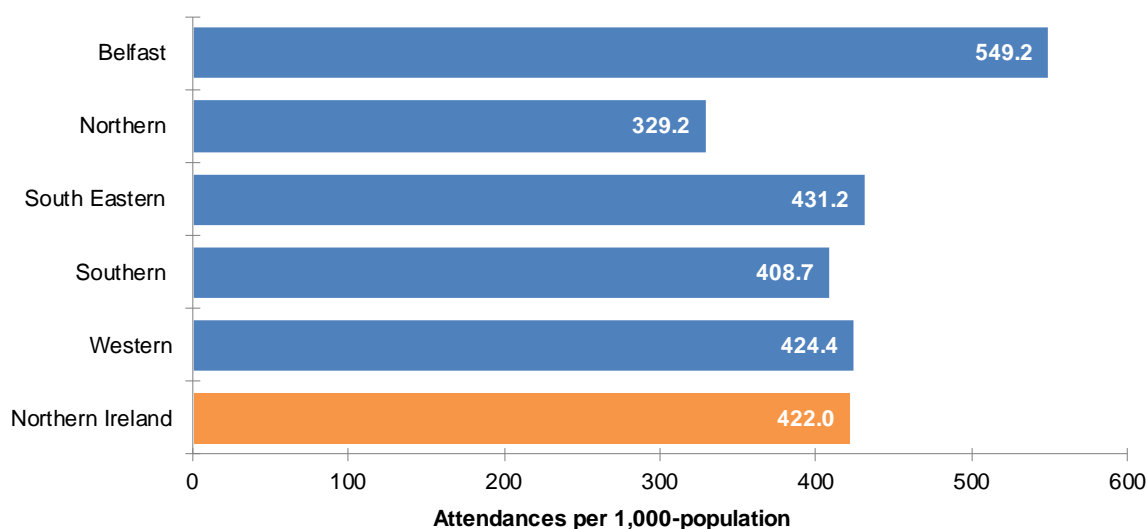


Source: KH09 Part 2 Return / Health and Social Care Trusts

The number of new attendances in 2023/24 was highest in the Belfast HSC Trust (168,109) and lowest in the Western HSC Trust (117,344), whilst the number of unplanned review attendances was highest in the Southern HSC Trust (9,348) and lowest in the South Eastern HSC Trust (5,040) (Figure 9, Table 4).

Figure 10 presents information on the number of new, unplanned, and planned review attendances ED attendances in each HSC Trust per 1,000-population during 2023/24¹².

Figure 10: Attendances at EDs per 1,000-Population, by HSC Trust (2023/24)¹¹



Source:

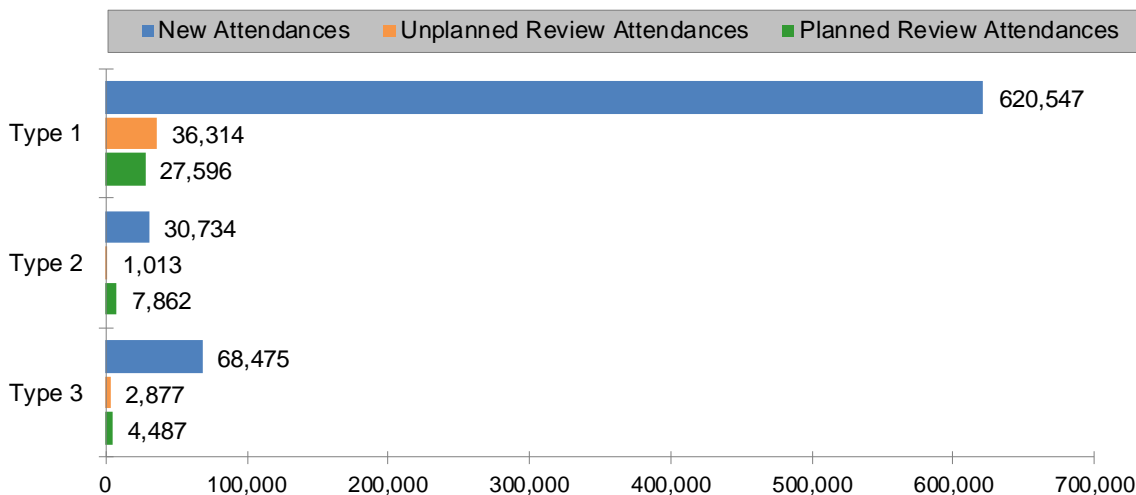
KH09 Part 2 Return / Health and Social Care Trusts

¹² Based on NISRA 2020 mid-year population estimate, published on 25th June 2021.

In 2023/24, there were 422.0 attendances at EDs per 1,000-population in Northern Ireland (Figure 10). Belfast HSC Trust (549.2) reported the highest number of attendances per 1,000-population during 2023/24, whilst Northern HSC Trust (329.2) reported the lowest (Figure 10).

Figure 11 presents information on the number of new, unplanned and planned review attendances at EDs during 2023/24, by ED Type.

Figure 11: Total ED Attendances, by ED Type (2023/24)



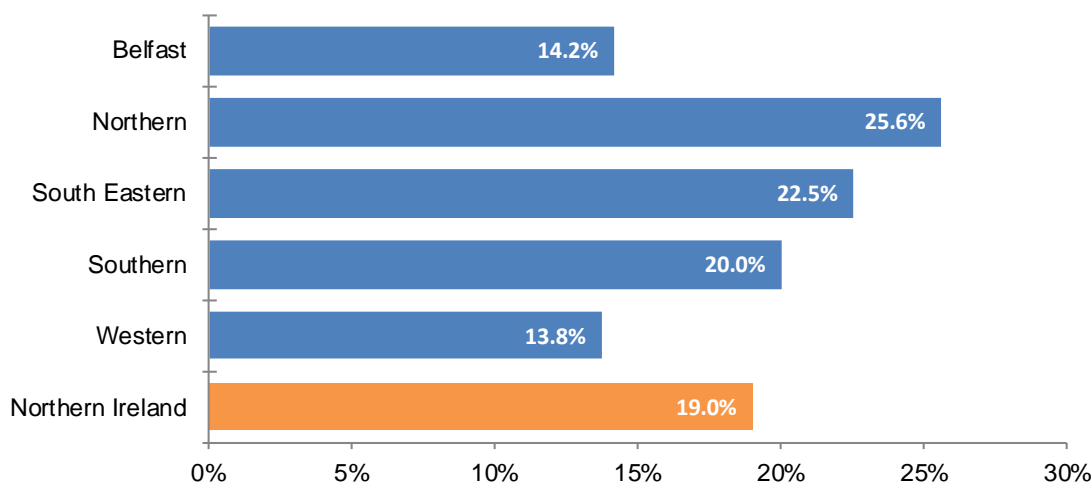
Source: KH09 Part 2 Return / Health and Social Care Trusts

Almost nine in ten (620,547, 86.2%) new attendances at EDs in 2023/24 were at a Type 1 ED, 30,734 (4.3%) at Type 2 EDs and 68,475 (9.5%) at Type 3 EDs (Figure 11, Table 5).

GP Referrals ¹³

Figure 12 details the percentage of ED attendances (new and unplanned reviews) who had been referred by a GP within each HSC Trust during 2023/24.

Figure 12: Percentage of GP Referrals to ED, by HSC Trust (2023/24)



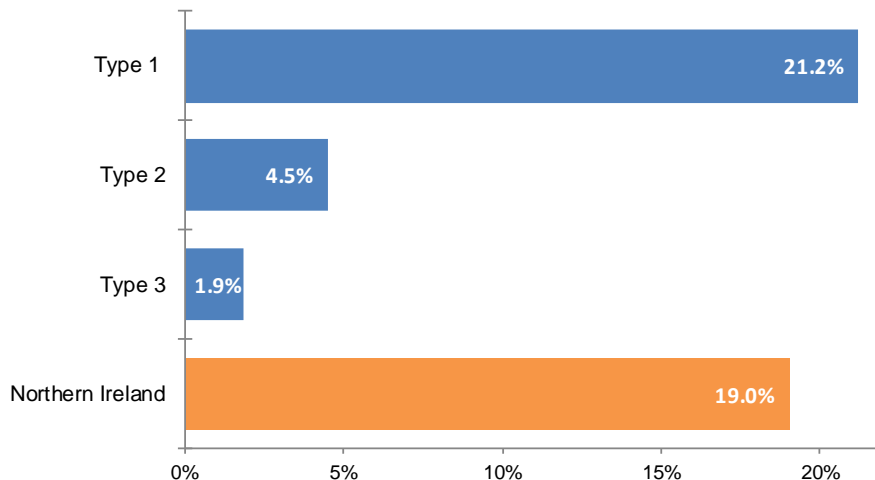
Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

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

During 2023/24, over a quarter (25.6%) of ED attendances in the Northern HSC Trust had been referred by a GP, compared with 13.8% in the Western HSC Trust (Figure 12, Table 21).

Figure 13 presents information on the percentage of patients referred to ED from a GP, for each ED type during 2023/24.

Figure 13: Percentage of GP Referrals, by ED Type (2023/24)



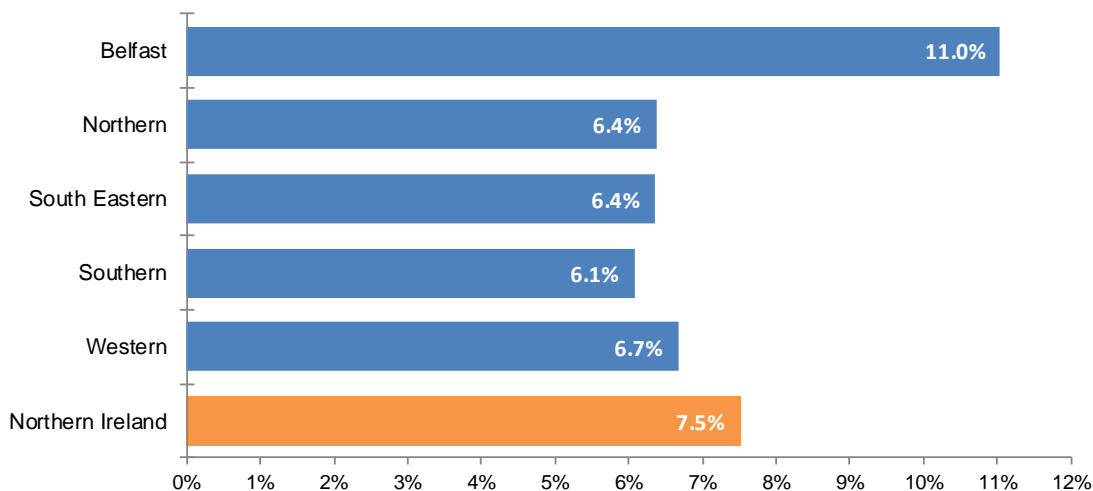
Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

Over a fifth (21.2%) of attendances at Type 1 EDs during 2023/24 had been referred by a GP, compared with 4.5% at Type 2 EDs and 1.9% at Type 3 EDs (Figure 13, Table 21).

Leaving ED before Treatment was Complete¹⁴

Figure 14 presents information on the percentage of attendances (new and unplanned reviews) within each HSC Trust leaving an ED before their treatment was complete during 2023/24.

Figure 14: Percentage of Attendances Leaving ED before their Treatment was Complete, by HSC Trust (2023/24)



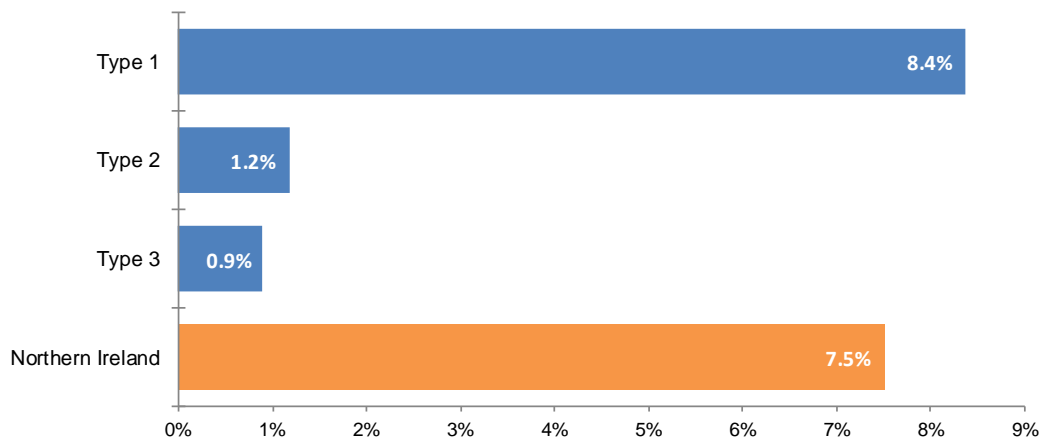
Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

¹⁴ This information is based on new and unplanned attendances only. Planned reviews are not included.

Belfast HSC Trust (11.0%) reported the highest percentage of ED attendances leaving before their treatment was complete whilst Southern HSC Trust had the lowest (6.1%) (Figure 14, Table 22).

Figure 15 presents information on the percentage of attendances (new and unplanned reviews) who left an ED before their treatment was complete, for each ED Type during 2023/24.

Figure 15: Percentage of Attendances Leaving ED before their Treatment was Complete, by ED Type (2023/24)



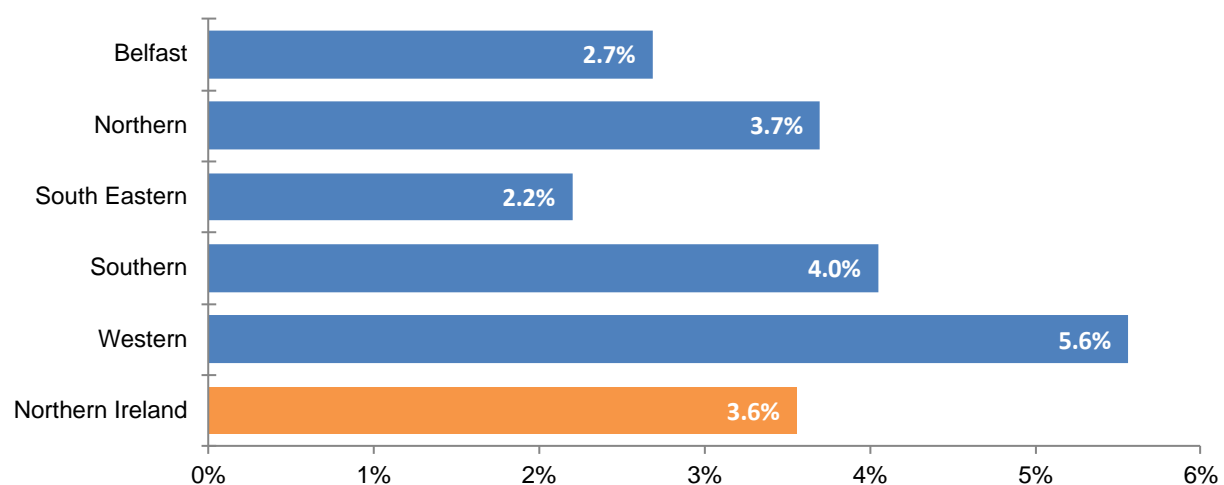
Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

During 2023/24, 8.4% of attendances left a Type 1 ED before their treatment was complete, compared with 1.2% at Type 2 EDs and 0.9% at Type 3 EDs (Figure 15, Table 22).

Re-attendance within 7 Days¹⁵

Figure 16 presents information on the percentage of attendances (new and unplanned reviews) within each HSC Trust 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 (2023/24)



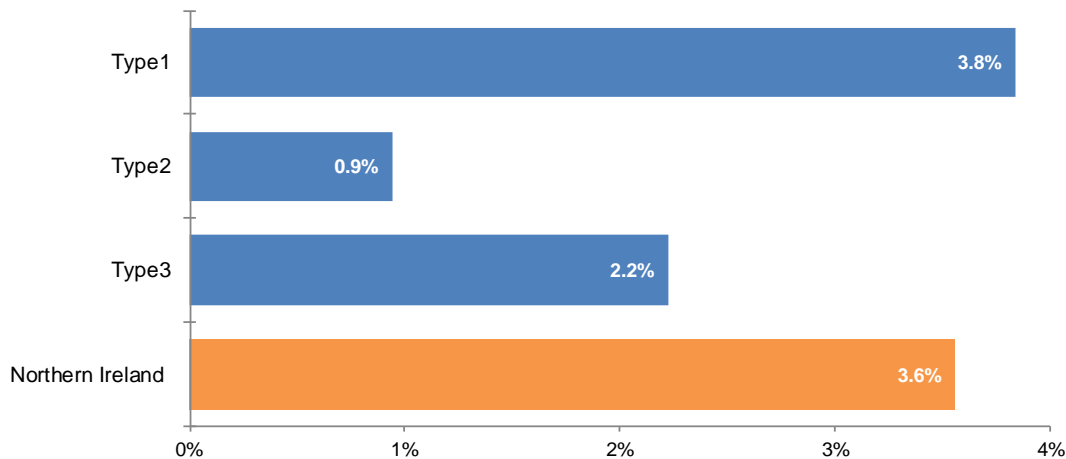
Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

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

During 2023/24, the percentage of re-attendances at an ED within 7 days was highest in the Western HSC Trust (5.6%), and lowest in the South Eastern Trust (2.2%) (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 2023/24.

Figure 17: Percentage of Re-attendances at an ED within 7 Days, by ED Type (2023/24)



Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

During 2023/24, Type 1 EDs reported the highest percentage (3.8%) of unplanned reviews within 7 days of the original attendance for the same condition, compared with 0.9% at Type 2 EDs and 2.2% at Type 3 EDs (Figure 17, Table 23).

Waiting Times at Emergency Care Departments¹⁶

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

Please note, patients with lower acuity can attend more appropriate services available at Minor Injury Units (MIU) and avoid potentially longer attendances at a Type 1 Emergency Department (ED). Prior to the introduction of MIUs, these patients would have otherwise attended a Type 1 ED and would have generally been discharged within 4 hours. As such, this will result in an increase to the percentage of patients at Type 1 EDs who wait longer than 4 hours.

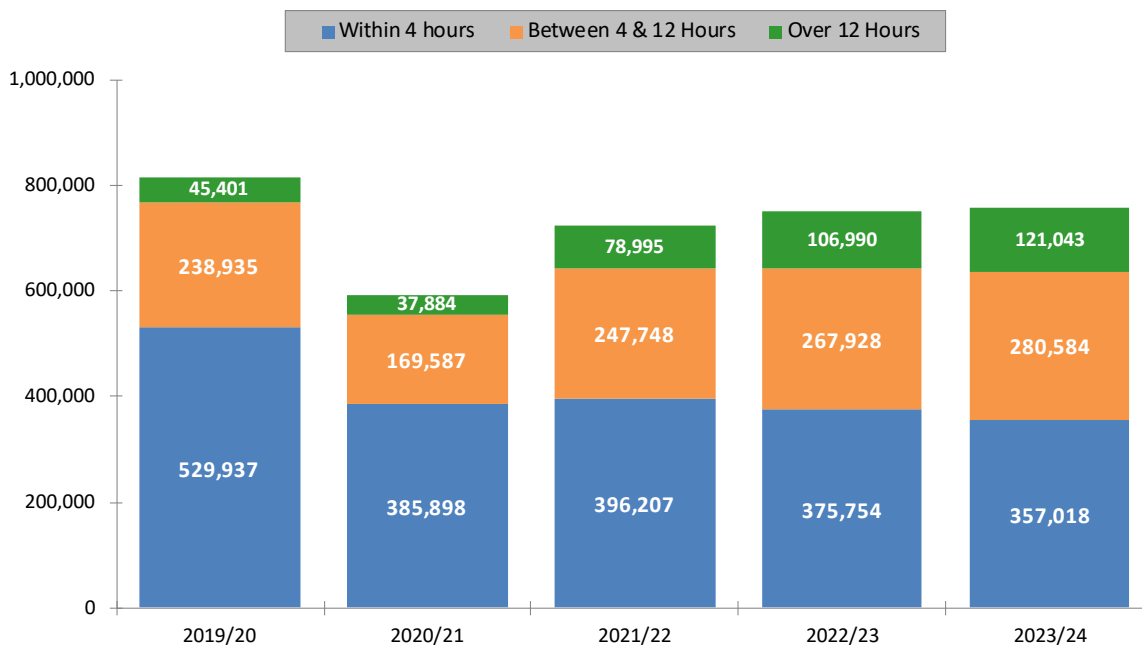
5 Year Trend¹⁷

Since 2019/20, the number of new and unplanned review ED attendances decreased by 55,628 (6.8%), from 814,273 to 758,645 in 2023/24, with the most notable decrease during the COVID 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 172,919 (32.6%), from 529,937 in 2019/20 to 357,018 in 2023/24 (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 2019/20.

Figure 18: Attendances at EDs by Time Waited (2019/20 – 2023/24)



Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

¹⁶ For details regarding individual EDs please refer to the 'Additional Tables' Section of this publication.

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

Since 2019/20, the number waiting between 4 & 12 hours increased by 41,649 (17.4%), from 238,935 in 2019/20 to 280,584 in 2023/24 (Figure 18, Table 6).

Over 120,000 (121,043, 16.0%) new and unplanned review attendances waited over 12 hours at EDs in 2023/24, almost three times the number in 2019/20 (45,401) (Figure 18, Table 6).

Clinical Quality Indicators¹⁸

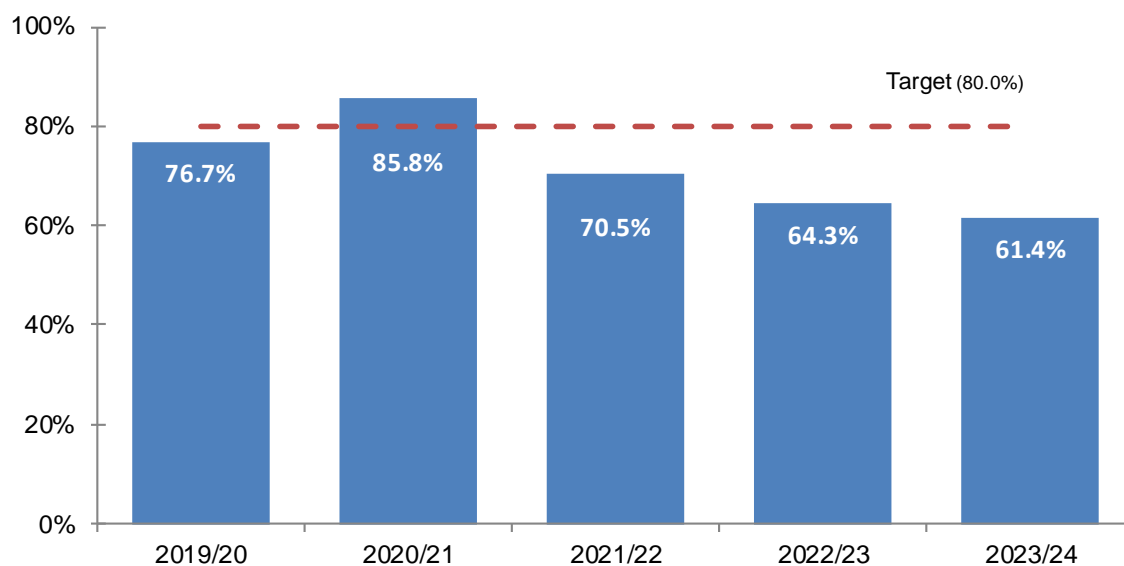
Similar to the previous section, data on a number of clinical quality indicators have been provided alongside the waiting times information to provide a more comprehensive view of performance at EDs. This information has not yet been classified as Accredited Official Statistics.

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 of Treatment following Triage¹⁹

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 within 2 Hours of Triage (2019/20 – 2023/24)



Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

Between 2019/20 and 2023/24, the percentage of patients commencing treatment within 2 hours of being triaged at an ED decreased from 76.7% to 61.4% (Figure 20, Table 12).

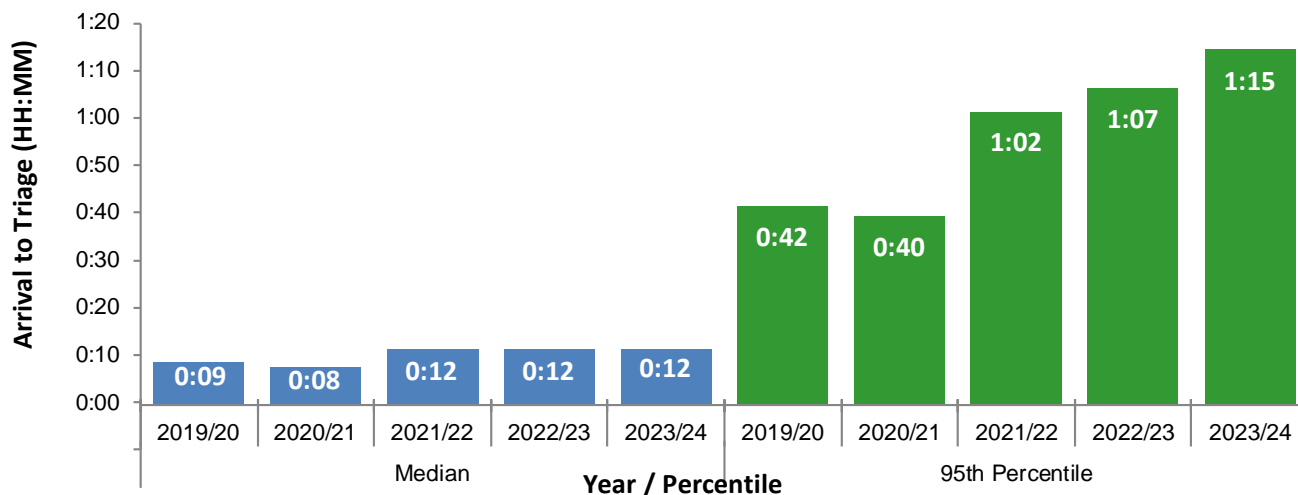
¹⁸ Refer to Appendix 3 for further information.

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

Waiting Time from Arrival to Triage (Assessment)²⁰

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 (2019/20 – 2023/24)



Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

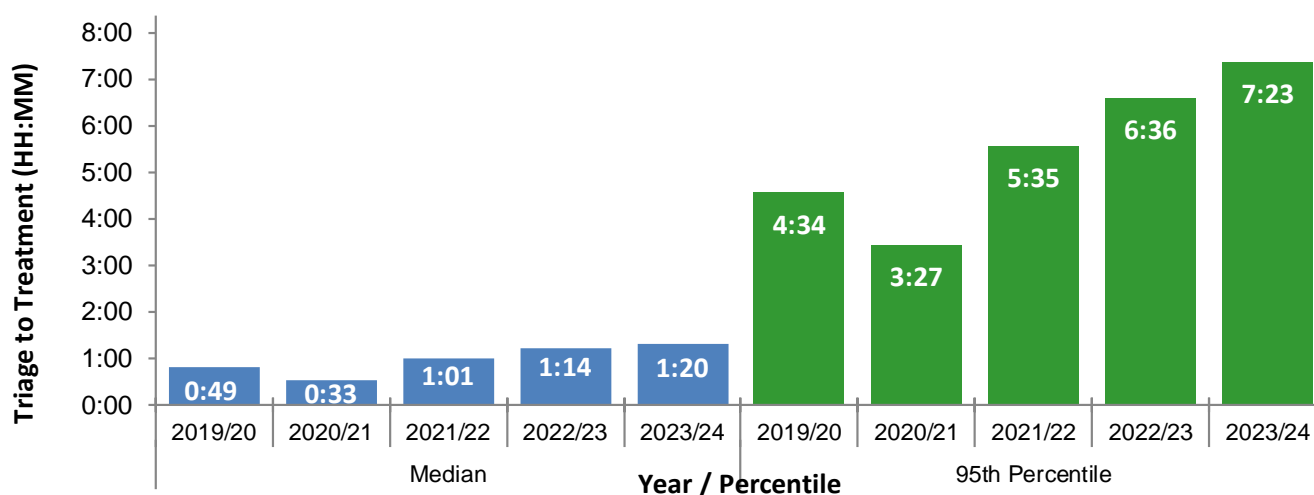
The median waiting time from arrival to triage was 12 minutes in 2023/24, 3 minutes longer than in 2019/20 (9 minutes) (Figure 20, Table 13 & 14).

During 2023/24, 95 percent of patients were triaged within 1 hour 15 minutes of their arrival at an ED, 33 minutes longer than 2019/20 (42 minutes) (Figure 20, Table 13 & 14).

Waiting Time from Triage to Start of Treatment¹⁹

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 21: Time from Triage to Treatment (2019/20 – 2023/24)



Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

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

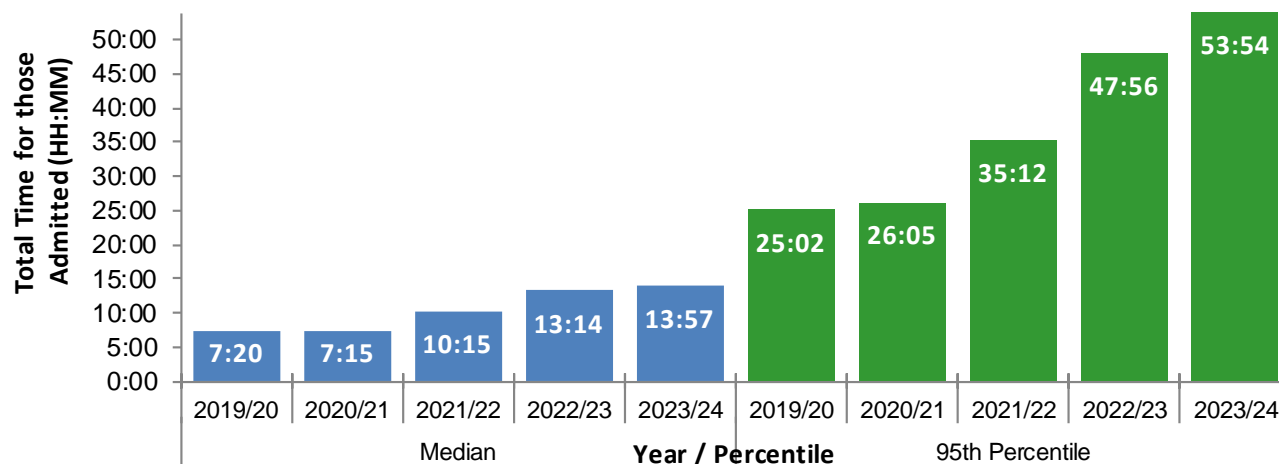
The median waiting time from triage to start of treatment was 1 hour 20 minutes in 2023/24, 31 minutes longer than the time taken in 2019/20 (49 minutes) (Figure 21, Table 15 & 16).

During 2023/24, 95 percent of patients commenced their treatment within 7 hours 23 minutes of being triaged, 2 hours 49 minutes longer than 2019/20 (4 hours 34 minutes) (Figure 21, Table 15 & 16).

Time Spent in ED for Admitted Patients²¹

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 (2019/20 – 2023/24)



Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

The median time spent in EDs for patients admitted to hospital was 13 hours 57 minutes in 2023/24, 6 hours 37 minutes longer than in 2019/20 (7 hours 20 minutes) (Figure 22, Table 17 & 18).

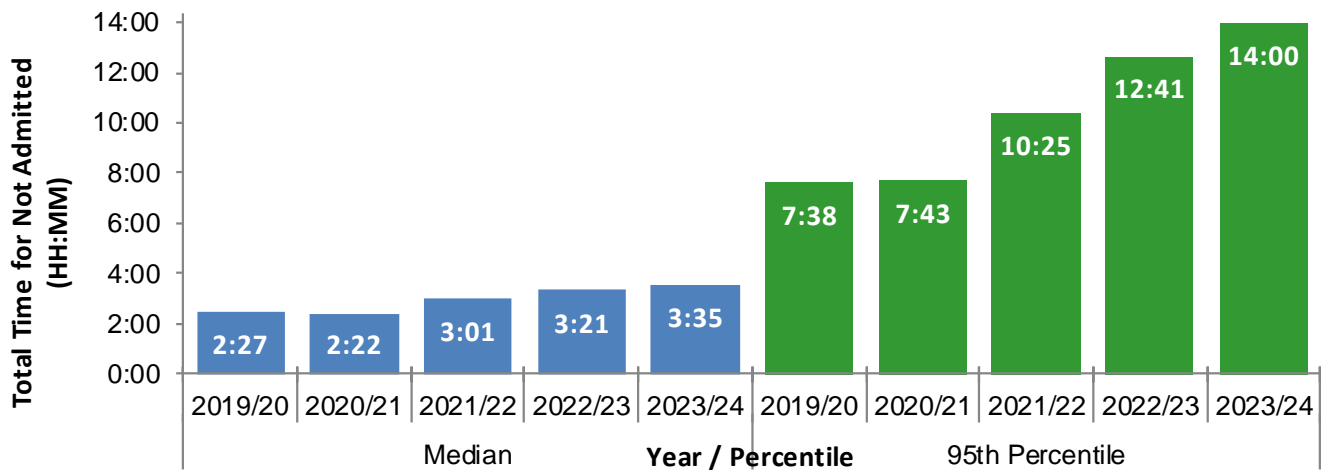
During 2023/24, 95 percent of patients were admitted to hospital within 53 hours 54 minutes of their arrival, 28 hours 52 minutes longer than 2019/20 (25 hours 2 minutes) (Figure 22, Table 17 & 18).

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

Time Spent in ED for Patients Not Admitted ²⁰

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 (2019/20 – 2023/24)



Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

The median time spent in ED for patients not admitted to hospital was 3 hours 35 minutes in 2023/24, 1 hour 8 minutes longer than 2019/20 (2 hours 27 minutes) (Figure 23, Table 19 & 20).

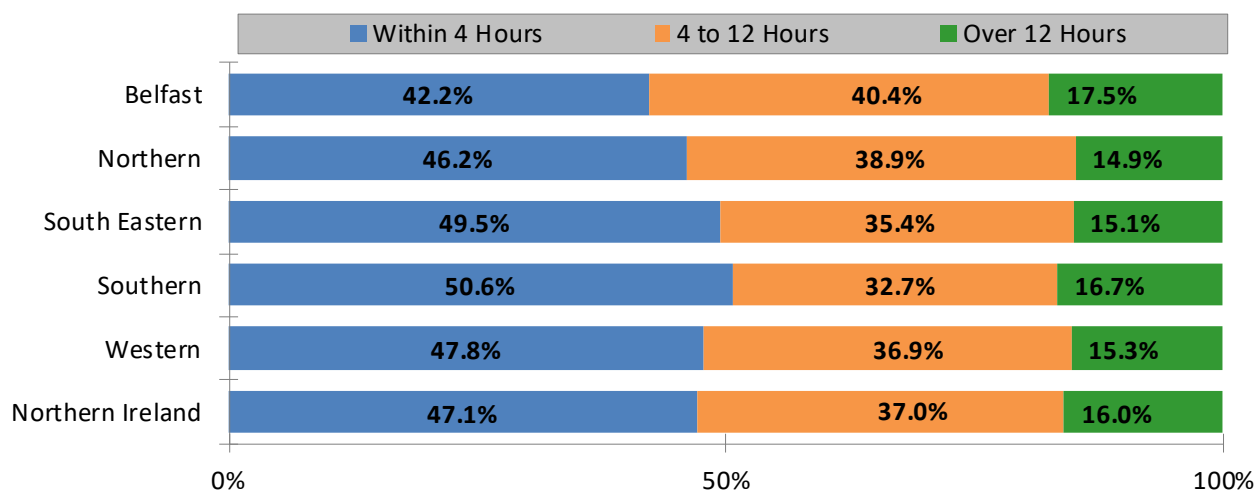
During 2023/24, 95 percent of patients were discharged home (not admitted) within 14 hours, 6 hours 22 minutes longer than 2019/20 (7 hours 38 minutes) (Figure 23, Table 19 & 20).

Financial Year 2023/24

ED Attendances

Figure 24 details the annual waiting times for new and unplanned review ED attendances during 2023/24, for each HSC Trust in Northern Ireland.

Figure 24: Waiting Times at ED, by HSC Trust (2023/24)^{22,23}



Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

During 2023/24, the Southern HSC Trust reported the highest percentage of attendances treated and discharged, or admitted within 4 hours (50.6%), whilst the Belfast HSC Trust reported the lowest (42.2%) (Figure 24, Table 8).

Almost four in ten (37.7%) of the 121,043 attendances waiting longer than 12 hours in 2023/24 were in the Royal Victoria (24,095) and the Ulster (21,569) EDs (Table 8).

During 2023/24, no patient waited more than 12 hours at Eye Casualty, Mid Ulster, Ards, South Tyrone, Altnagelvin MIU, or Omagh EDs, whilst no Type 1 ED achieved the 12-hour target (Table 8).

Almost all (96.3%) attendances at Type 3 EDs were treated, admitted or discharged within 4 hours of their arrival in the ED during 2023/24, compared with 76.9% in Type 2 EDs and 40.2% in Type 1 EDs (Table 7).

During 2023/24, 120,753 of the 121,043 attendances waiting longer than 12 hours were in Type 1 EDs, with 20 in Type 2 EDs, and 270 in Type 3 EDs (Table 7).

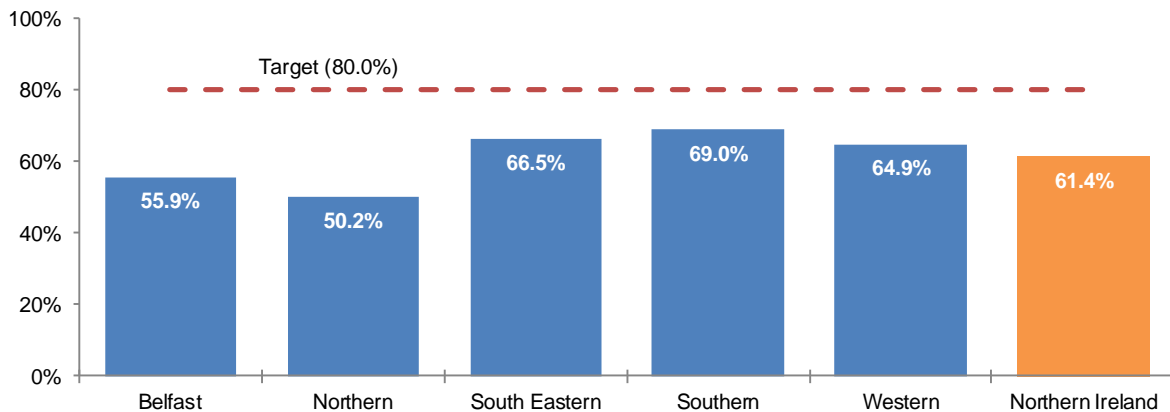
²² This information is based on new and unplanned attendances only. Planned reviews are not included.

²³ Readers should note that a number of patients attending the Ulster MIU spent longer than 12 hours in ED. As the Ulster MIU is only open to 6pm each day, any patients who remain in the MIU at 6pm and continue to require treatment, will be cared for / treated in the main Ulster ED. The total time spent in ED by these patients will be reported against the Ulster MIU.

Treatment Started within 2 hours of Triage ²⁴

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 within 2 Hours of Triage, by HSC Trust (2023/24)



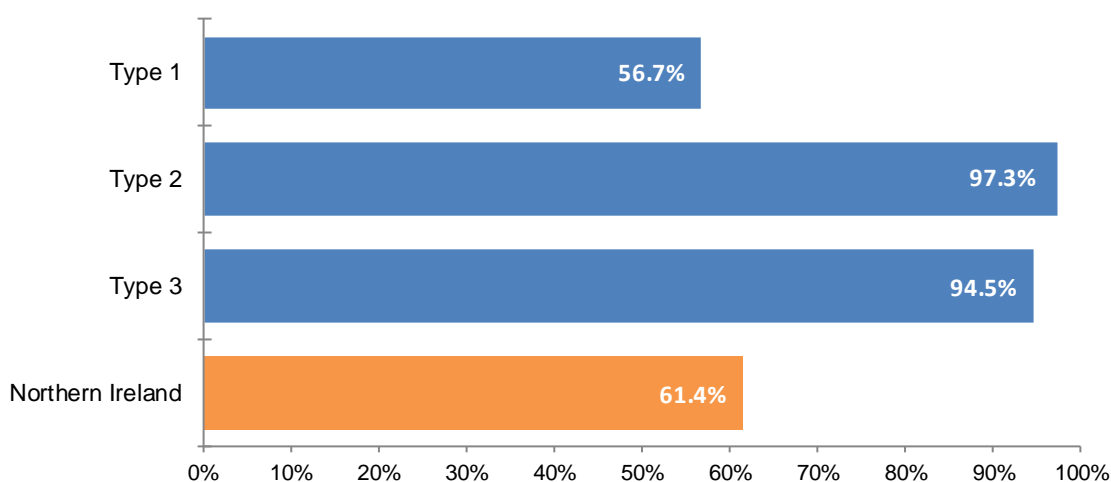
Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

During 2023/24, over two fifths (61.4%) of patients attending EDs commenced their treatment within 2 hours of being triaged (Figure 25, Table 12).

The Southern Trust reported the highest percentage of attendances who commenced their treatment within 2 hours of being triaged (69.0%), 66.5% in the South Eastern Trust, 64.9% in the Western Trust, 55.9% in the Belfast Trust, and 50.2% in the Northern 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, by ED type.

Figure 26: Percentage of Patients Commencing Treatment within 2 Hours of Triage, by ED Type (2023/24)



Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

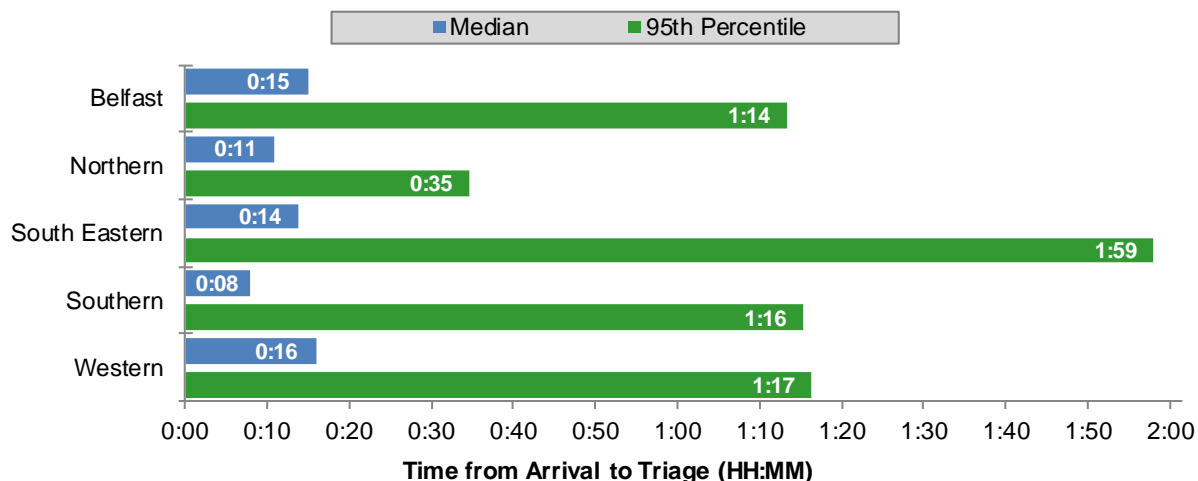
²⁴ This information is based on new and unplanned attendances only. Planned reviews are not included.

Over half (56.7%) patients attending Type 1 EDs commenced treatment within 2 hours of being triaged, compared with 97.3% at Type 2 EDs and 94.5% at Type 3 EDs (Figure 26, Table 12).

Time from Arrival to Triage (Assessment) ²⁵

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 (2023/24)



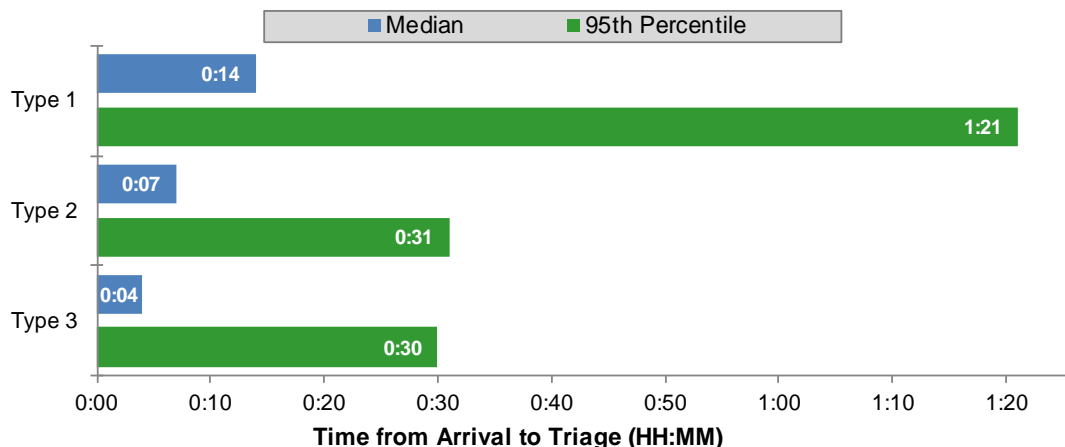
Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

The median waiting time from arrival at an ED to triage in 2023/24 ranged from 8 minutes in the Southern HSC Trust to 16 minutes in the Western HSC Trust (Figure 27, Table 13 & 14).

In 2023/24, 95 percent of patients were triaged within 35 minutes of arrival at an ED in the Northern HSC Trust, compared with 1 hour and 59 minutes in the South Eastern HSC 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 (2023/24)



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

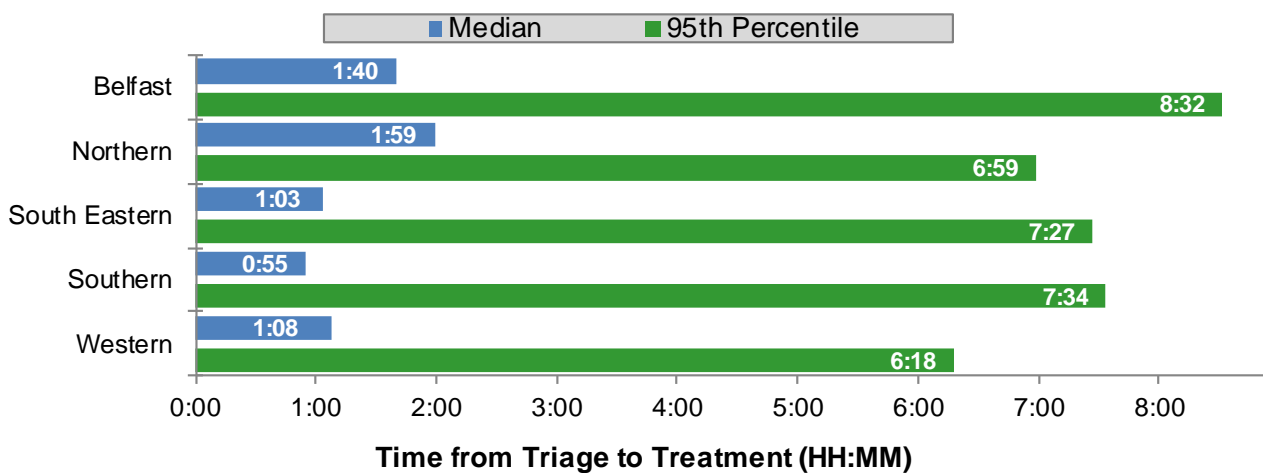
During 2023/24, the median waiting time from arrival to triage by a medical practitioner ranged from 4 minutes at Type 3 EDs to 14 minutes at Type 1 EDs (Figure 28, Table 13 & 14).

During the same period, 95 percent of patients were triaged within 30 minutes at Type 3 EDs, compared with 1 hour 21 minutes at Type 1 EDs (Figure 28, Table 13 & 14).

Time from Triage to Start of Treatment ²⁶

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 (2023/24)



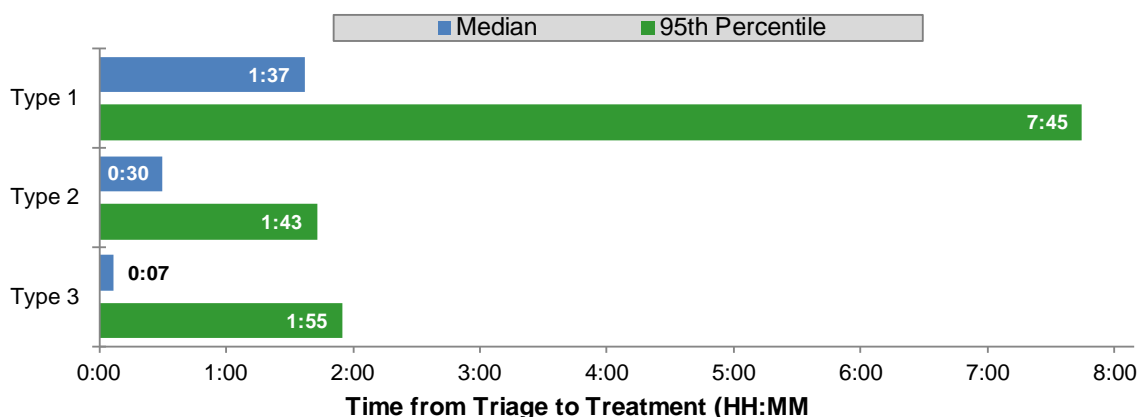
The median waiting time from triage to start of treatment in 2023/24 was lowest in the Southern HSC Trust (55 minutes) and highest in the Northern HSC Trust (1 hour 59 minutes) (Figure 29, Table 15 & 16).

During 2023/24, 95 percent commenced treatment within 6 hours 18 minutes of triage in the Western HSC Trust, compared with 8 hours 32 minutes in the Belfast HSC Trust (Figure 29, Table 15 & 16).

Figure 30 overleaf 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.

²⁶ This information is based on new and unplanned attendances only. Planned reviews are not included.

Figure 30: Time from Triage to Treatment, by ED Type (2023/24)



Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

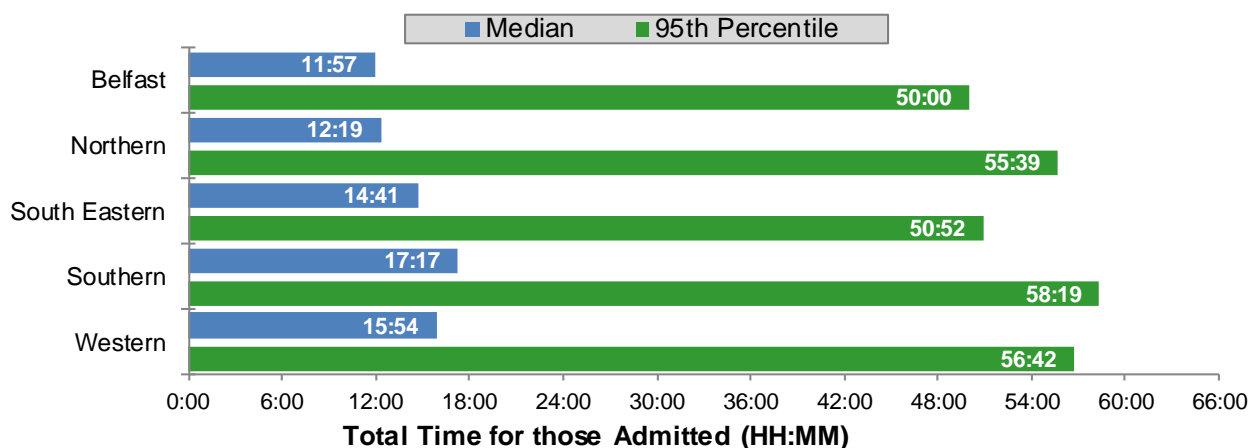
The median waiting time from triage to start of treatment in 2023/24 was shortest at Type 3 EDs (7 minutes) and longest at Type 1 EDs (1 hour 37 minutes) (Figure 30, Table 15 & 16).

During 2023/24, 95 percent of patients commenced their treatment within 1 hour 55 minutes at Type 3 EDs, compared with 7 hours 45 minutes of being triaged at Type 1 EDs (Figure 30, Table 15 & 16).

Time Spent in ED for Admitted Patients ²⁷

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 (2023/24)



Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

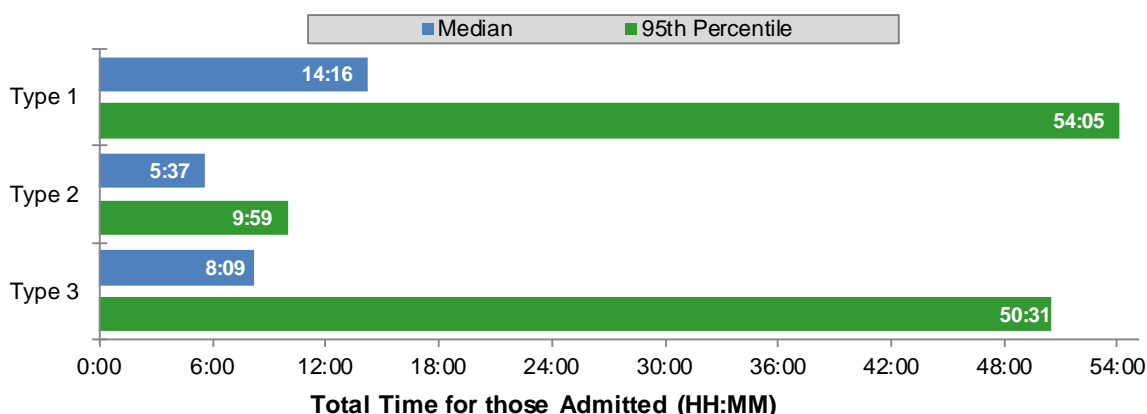
The Belfast HSC Trust reported the shortest median waiting time (11 hours 57 minutes) for patients admitted to hospital in 2023/24, whilst the Southern HSC Trust reported the longest (17 hours 17 minutes) (Figure 31, Table 17 & 18).

During 2023/24, 95 percent of patients were admitted to hospital within 50 hours in the Belfast HSC Trust, compared with 58 hours 19 minutes in the Southern HSC Trust. (Figure 31, Table 17 & 18).

²⁷ This information is based on new and unplanned attendances only. Planned reviews are not included.

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 (2023/24)²⁸



Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

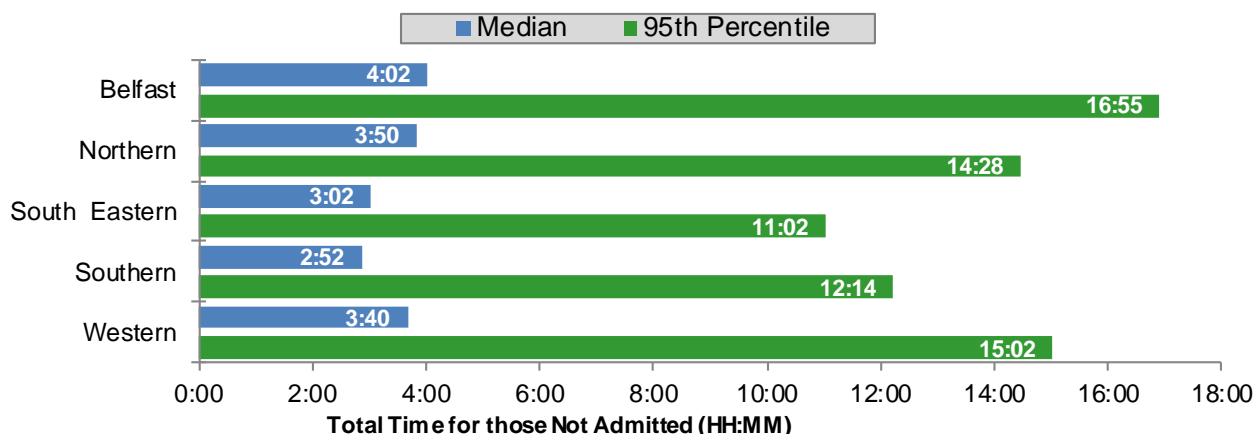
Type 1 EDs reported the longest median waiting time (14 hours 16 minutes) for patients admitted to hospital in 2023/24, compared with 5 hours 37 minutes at Type 2 EDs and 8 hours 9 minutes at Type 3 EDs (Figure 32, Table 17 & 18).

During 2023/24, 95 percent of patients were admitted to hospital within 9 hours 59 minutes at Type 2 EDs, 50 hours 31 minutes at Type 3 EDs and 54 hours 5 minutes at Type 1 EDs (Figure 32, Table 17 & 18).

Time Spent in ED for Non-admitted Patients²⁹

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 (2023/24)



Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

²⁸ Readers should note that a number of patients attending the Ulster MIU spent longer than 12 hours in ED. As the Ulster MIU is only open to 6pm each day, any patients who remain in the MIU at 6pm and continue to require treatment, will be cared for / treated in the main Ulster ED. The total time spent in ED by these patients will be reported against the Ulster MIU.

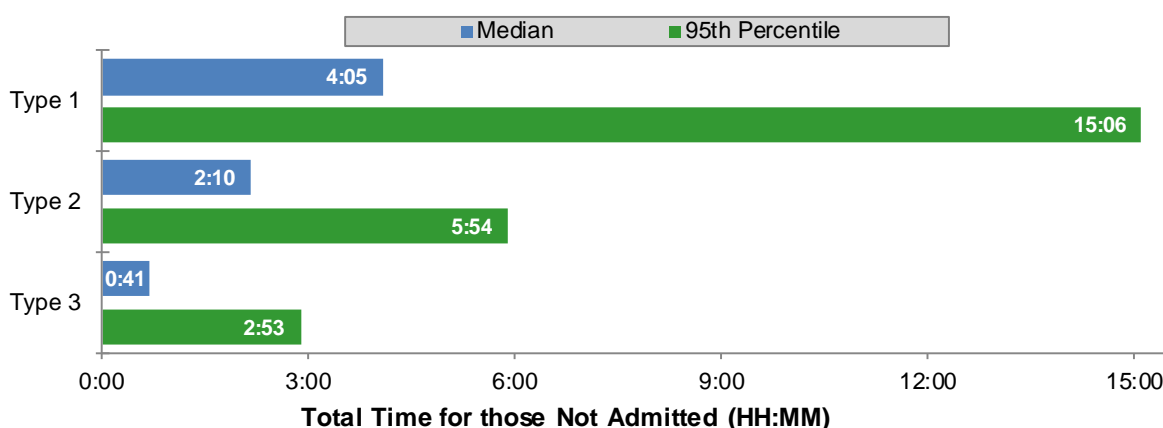
²⁹ This information is based on new and unplanned attendances only. Planned reviews are not included.

In 2023/24, the median waiting time for patients not admitted to hospital ranged from 2 hours 52 minutes in the Southern HSC Trust to 4 hours 2 minutes in Belfast HSC Trust (Figure 33, Table 19 & 20).

During the same period, 95 percent of patients were discharged home within 11 hours 2 minutes of arrival in the South Eastern HSC Trust, compared with 16 hours 55 minutes in Belfast HSC 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 (2023/24)³⁰



Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

Type 1 EDs reported the highest median waiting time (4 hours 5 minutes) for patients not admitted to hospital in 2023/24, compared with 2 hour 10 minutes at Type 2 EDs and 41 minutes at Type 3 EDs (Figure 34, Table 19 & 20).

During 2023/24, 95 percent of patients were discharged home within 2 hours 53 minutes at Type 3 EDs, 5 hours 54 minutes at Type 2 EDs and 15 hours 6 minutes at Type 1 EDs (Figure 34, Table 19 & 20).

³⁰ Readers should note that a number of patients attending the Ulster MIU spent longer than 12 hours in ED. As the Ulster MIU is only open to 6pm each day, any patients who remain in the MIU at 6pm and continue to require treatment, will be cared for / treated in the main Ulster ED. The total time spent in ED by these patients will be reported against the Ulster MIU.

Patient Transport & Emergency Response³¹

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 2023/24, though where possible trend information is provided. 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. **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 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

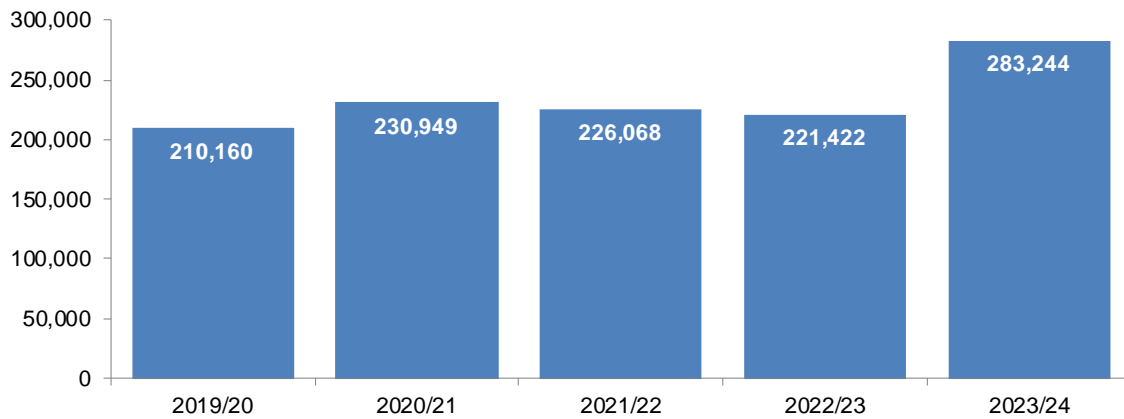
³¹ See Appendix 4 for further information on the revised Clinical Response Model.

Total Calls Received

5 Year Trend

Figure 35 shows the number of calls (urgent / non-urgent) received by NIAS since 2019/20.

Figure 35: Number of Calls Received by NIAS (2019/20 – 2023/24)³²



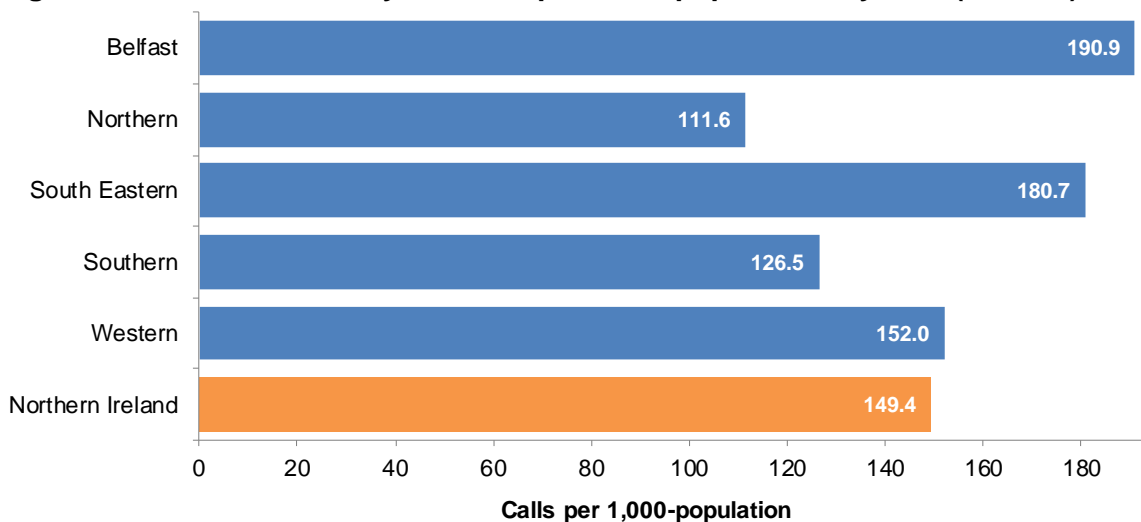
Source: Revised CRM Information Return, NIAS

Between 2019/20 and 2023/24, the number of calls received by the NIAS increased by 73,084 (34.8%), from 210,160 to 283,244 (Figure 35, Table 24).

Financial Year 2023/24

Figure 36 presents information on the number of calls received by the NIAS per 1,000-population²⁹ in each Local Commissioning Group (LCG) in 2023/24.

Figure 36: Calls Received by the NIAS per 1,000-population, by LCG (2023/24)³³



Source: Revised CRM Information Return, NIAS

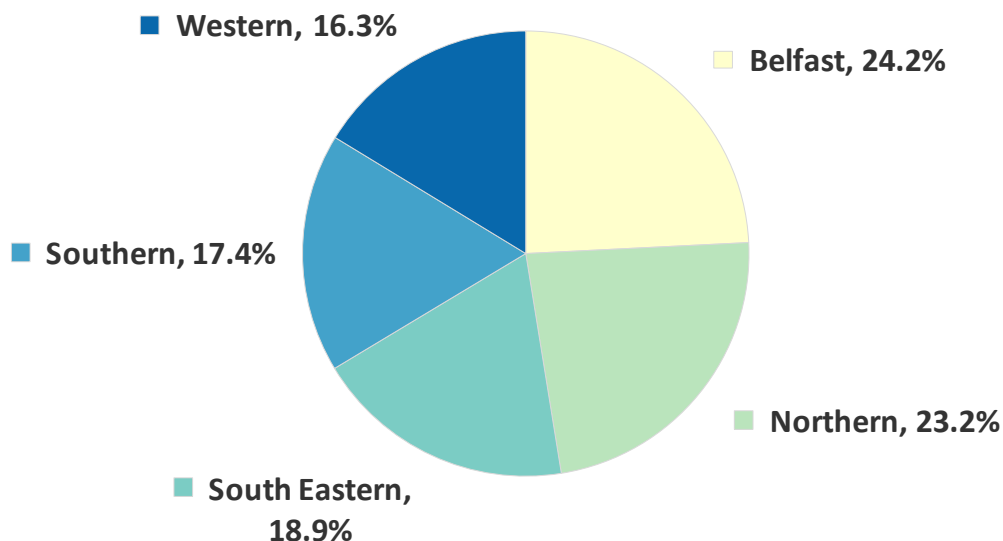
Across LCGs, the number of calls per 1,000-population was highest in the Belfast LCG (190.9) and lowest in the Northern LCG (111.6) (Figure 36).

³² Readers should note that data for 2019/20 does not include November 2019, are not directly comparable to previous years.

³³ 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 2023/24.

Figure 37: Calls Received by the NIAS, by LCG (2023/24)



Source: Revised CRM Information Return, NIAS

Of the 283,244 calls received in 2023/24, 24.2% (65,583) were received in the Belfast LCG, 23.2% (53,824) in the Northern LCG, 18.9% (53,583) in the South Eastern LCG, 17.4% (49,157) in the Southern LCG and 16.3% (46,097) in the Southern LCG (Figure 39, Table 25).

Calls Received and Response Times by Category of Call

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

- (i) the mean response time, which is the mean average response time, and,
- (ii) the 90th percentile, which is the time below which 90% of incidents were responded to.

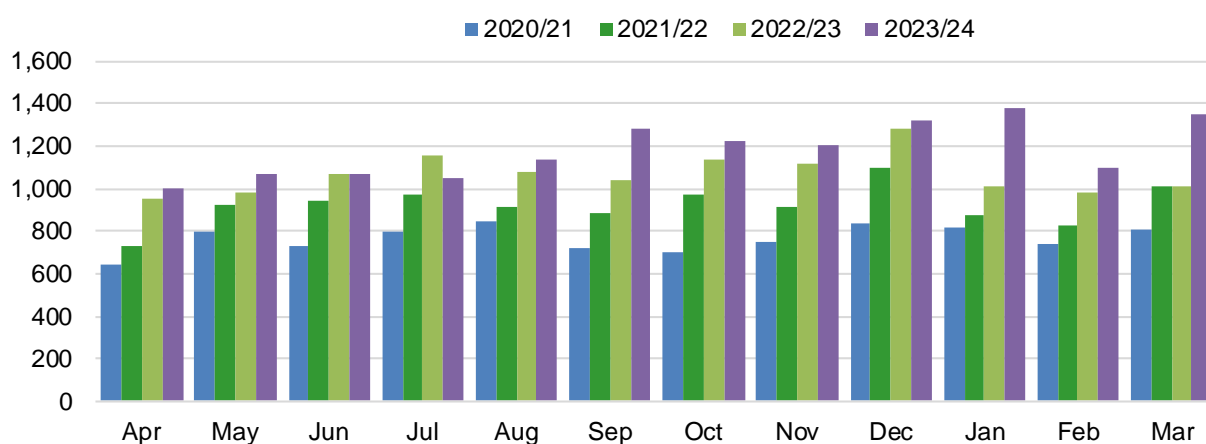
Category 1 Calls

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 present the number of Category 1 calls received during each month since April 2020.

Figure 38: Number of Category 1 Calls Received (2020/21 – 2023/24)



Source: Revised CRM Information Return, NIAS

The number of C1 calls received by the NIAS increased in each month in 2023/24 compared with the previous year, with the exception of June and July 2023, with the highest number of C1 calls received in January 2024 (1,374) (Figure 38).

Category 1 Calls and Response Times

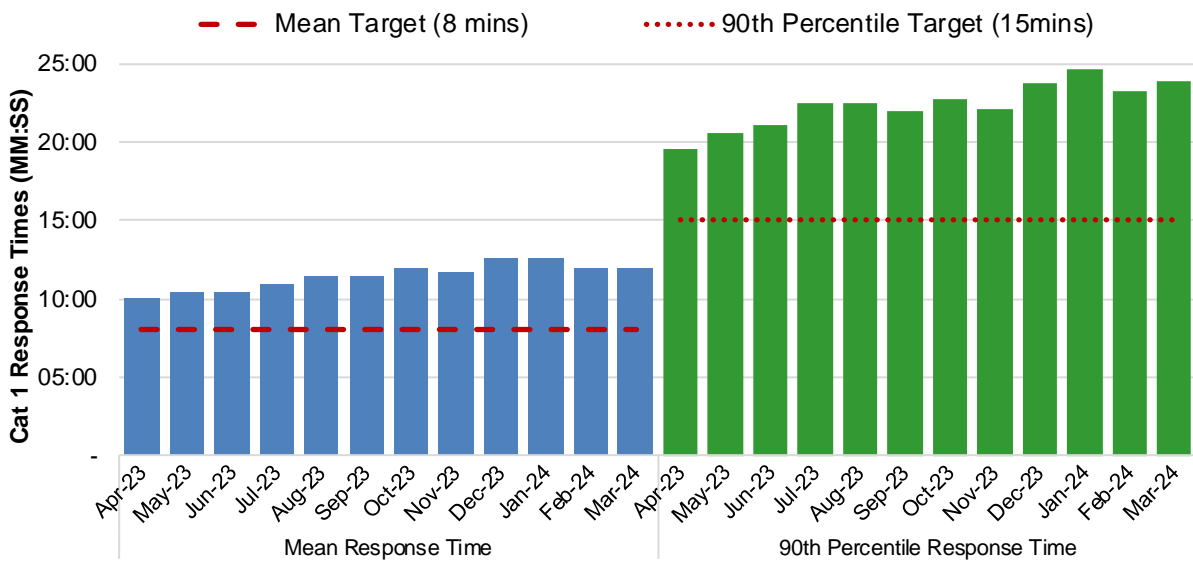
Figure 39 presents the mean, 90th percentile and target response times for Category 1 calls during 2023/24. The mean target response time is 8 minutes and the 90th percentile target response time is 15 minutes.

The mean (8 minutes) and 90th percentile (15 minutes) target response times were not achieved by the NIAS in any month during 2023/24.

During 2023/24, the shortest mean response time for category 1 calls was reported in April 2023 (9 minutes 59 seconds), whilst the longest mean response time was in January 2024 (12 minutes 35 seconds) (Figure 39, Table 27 & 28).

During the same period, the shortest 90th percentile response time for category 1 calls was in April 2023 (19 minutes 34 seconds), whilst the longest 90th percentile response time was in January 2024 (24 minutes 45 seconds) (Figure 39, Table 27 & 28).

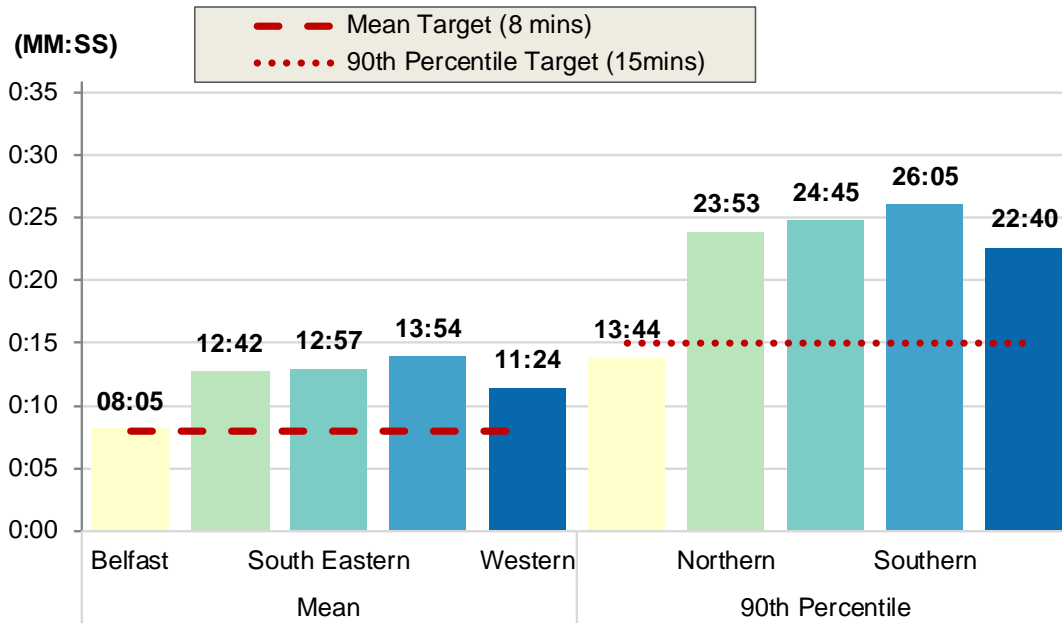
Figure 39: Summary of Category 1 Response Times (2023/24)



Source: Revised CRM Information Return, NIAS

Figure 40 overleaf presents the mean, 90th percentile and target response times for Category 1 calls in each Local Commissioning Group (LCG) in 2023/24. 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 (2023/24)



Source: Revised CRM Information Return, NIAS

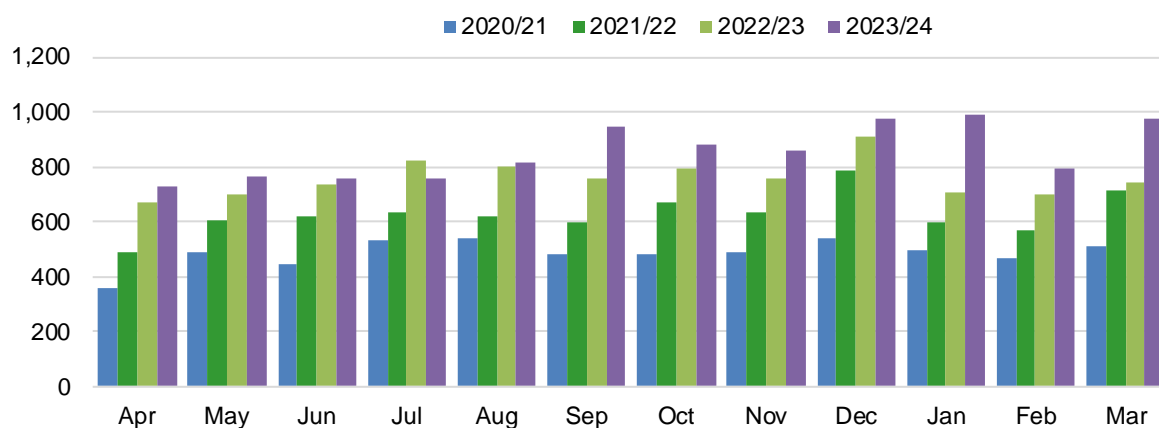
During 2023/24, the mean target (8 minutes) was not achieved by any LCG, whilst the 90th percentile target (15 minutes) was only achieved by Belfast LCG (Figure 39).

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

Figure 41: Number of Category 1T Calls Received (2020/21 - 2023/24)



Source: Revised CRM Information Return, NIAS

During 2023/24, the NIAS received 10,246 C1T calls, 1,159 more than the number received in 2022/23 (9,087) (Figure 41).

The number of C1T calls received by the NIAS increased in each month in 2023/24, except from July 2023, compared with the previous year, with the highest number of C1T calls received in January 2024 (992) (Figure 41).

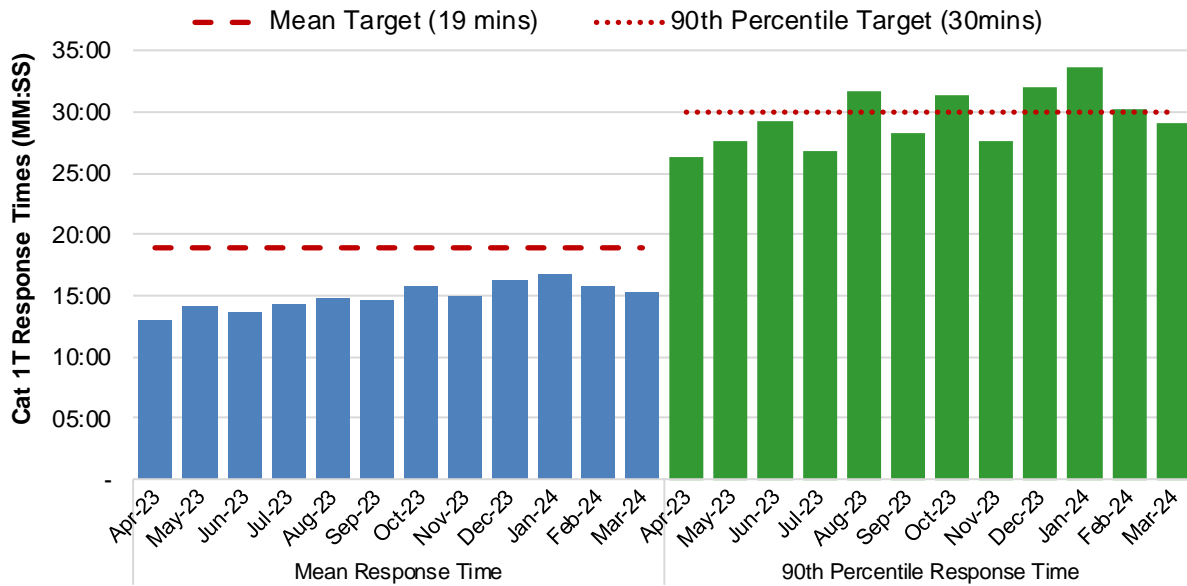
Figure 42 overleaf presents the mean, 90th percentile and target response times for Category 1T calls during 2023/24. The mean target response time is 19 minutes and the 90th percentile target response time is 30 minutes.

The mean (19 minutes) target was achieved in each month of 2023/24, whilst the 90th percentile (30 minutes) target was in achieved in each month with the exception of August, October and December 2023, and January and February 2024 (Figure 42, Table 27 & 28).

During 2023/24, the shortest mean response time for category C1T calls was reported in April 2023 (13 minutes 4 seconds), whilst the longest mean response time was in January 2024 (16 minutes 48 seconds) (Figure 42, Table 27 & 28).

During the same period, the shortest 90th percentile response time for category C1T calls was in April 2023 (26 minutes 21 seconds), whilst the longest 90th percentile response time was in January 2024 (33 minutes 40 seconds) (Figure 42, Table 27 & 28).

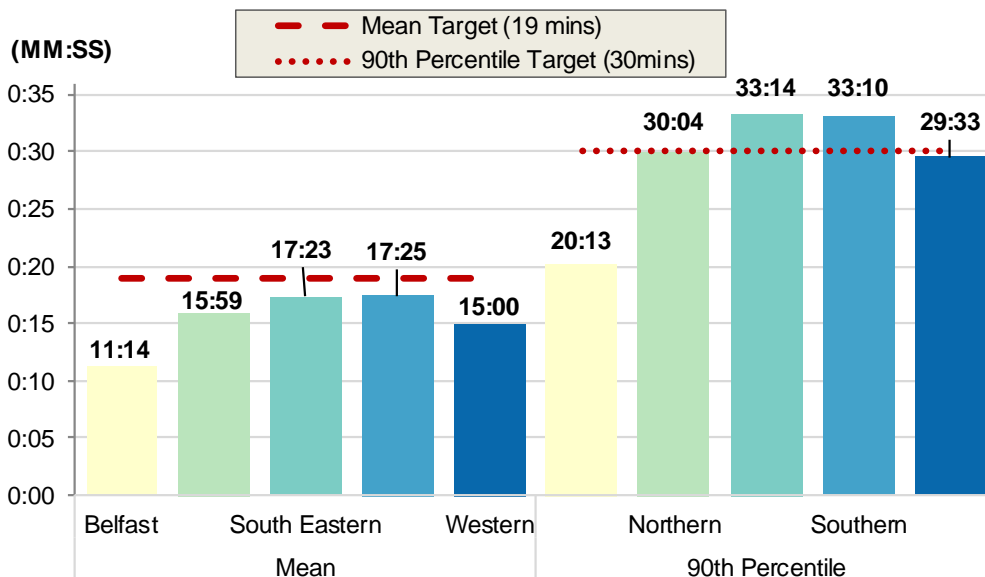
Figure 42: Summary of Category 1T Response Times (2023/24)



Source: Revised CRM Information Return, NIAS

Figure 43 presents the mean, 90th percentile and target response times for Category 1T calls in each Local Commissioning Group (LCG) during 2023/24. 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 (2023/24)



Source: Revised CRM Information Return, NIAS

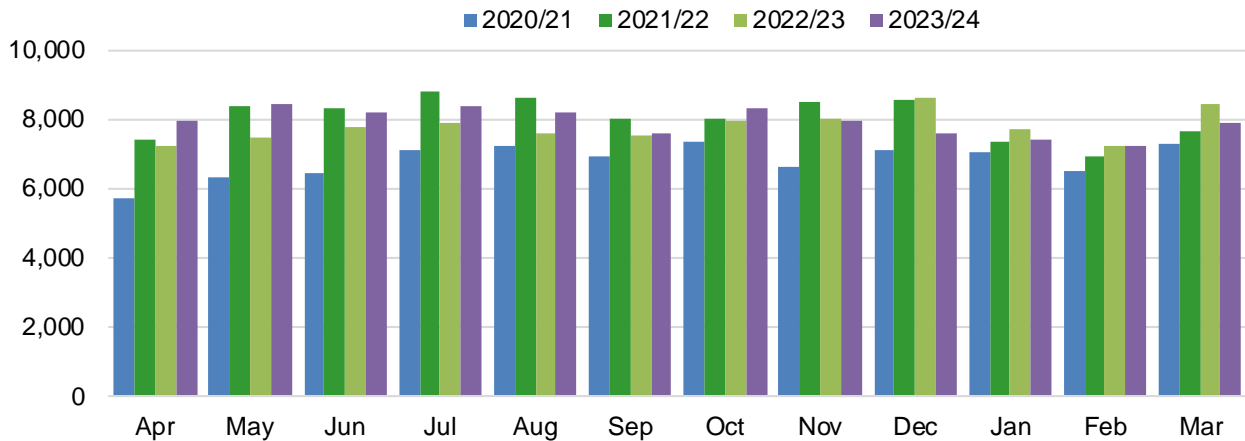
During 2023/24, the mean (19 minutes) target was achieved by each LCG, whilst the 90th percentile (30 minutes) target was achieved by Belfast and Western LCGs (Figure 43).

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 - 2023/24)



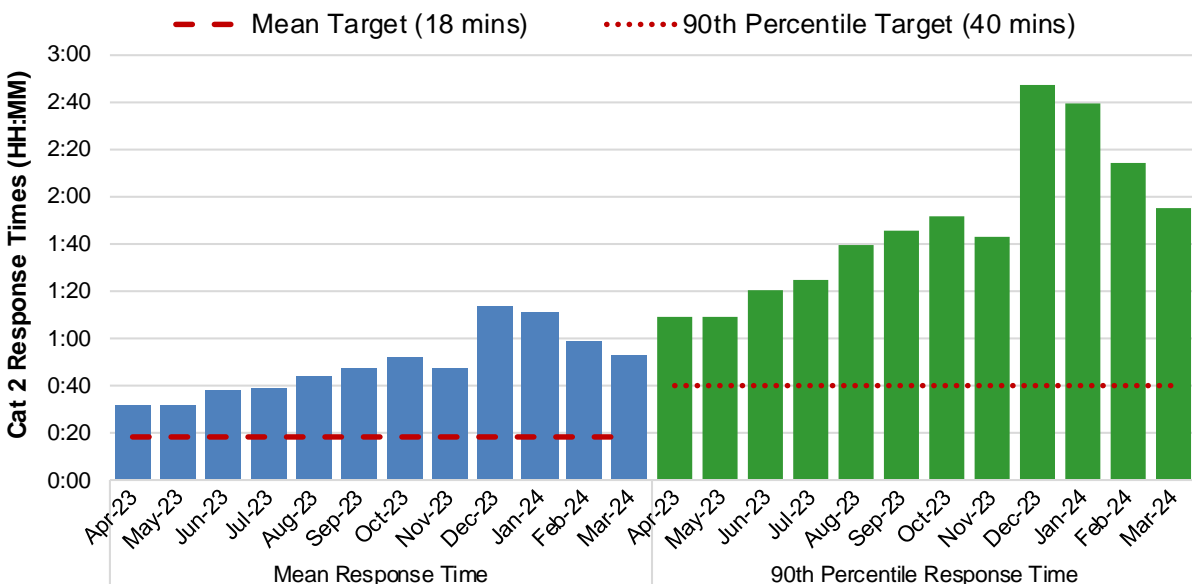
Source: Revised CRM Information Return, NIAS

During 2023/24, the NIAS received 95,034 category 2 calls, 1,647 more than the number received in 2022/23 (93,387) (Figure 44).

The number of category 2 calls received by the NIAS decreased in each month in 2023/24 compared with 2022/23, with the exception of April, May and October 2023 where calls increased. The highest number of category 2 calls were received in May 2023 (8,406) (Figure 44).

Figure 45 presents the mean, 90th percentile and target response times for Category 2 calls during 2022/23. The mean target response time is 18 minutes and the 90th percentile target response time is 40 minutes.

Figure 45: Summary of Category 2 Response Times (2023/24)



Source: Revised CRM Information Return, NIAS

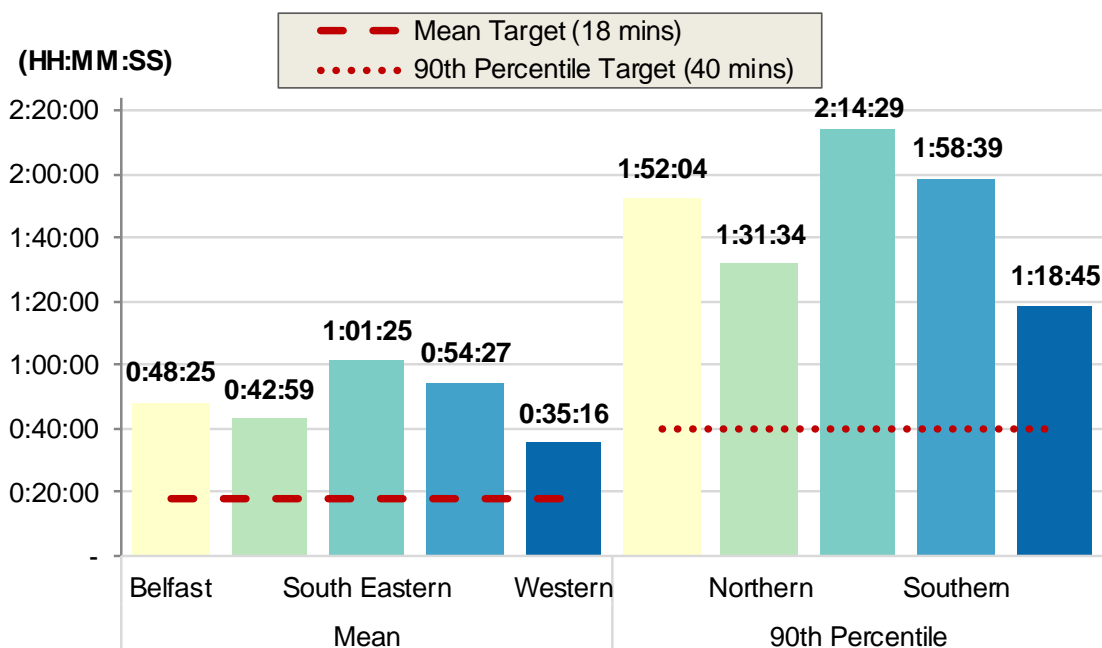
The mean target (18 minutes) and the 90th percentile target (40 minutes) were not achieved in any month during 2022/23 (Figure 45).

During 2023/24, the shortest mean response time for category 2 calls was reported in April 2023 (31 minutes 41 seconds), whilst the longest mean response time was in December 2023 (1 hour 13 minutes 39 seconds) (Figure 45, Table 27 & 28).

During the same period, the shortest 90th percentile response time for category 2 calls was in April 2023 (1 hour 8 minutes 58 seconds), whilst the longest 90th percentile response time was in December 2023 (2 hour 46 minutes 53 seconds) (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). 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 (2023/24)



Source: Revised CRM Information Return, NIAS

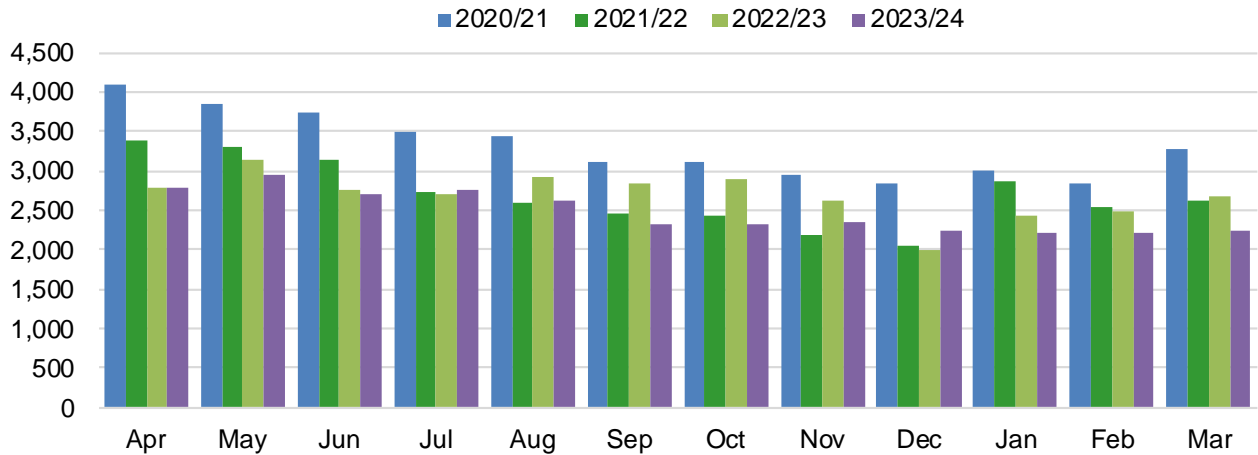
During 2023/24, the mean target (18 minutes) and the 90th percentile target (40 minutes) were not achieved by any LCG (Figure 46).

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 – 2023/24)



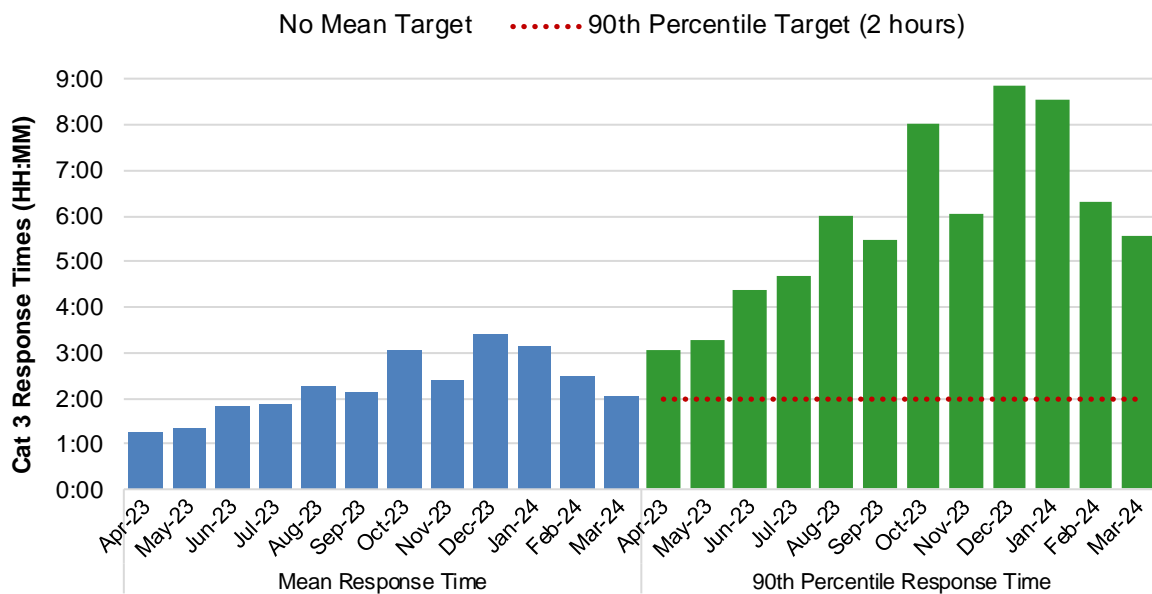
Source: Revised CRM Information Return, NIAS

During 2023/24, the NIAS received 29,741 category 3 calls, 2,543 less than the number received in 2022/23 (32,284) (Figure 47).

The number of category 3 calls received by the NIAS increased in two of the twelve months, compared with 2022/23, with the highest number of category 3 calls received in May 2023 (2,954) (Figure 47).

Figure 48 presents the mean, 90th percentile and target response times for Category 3 calls during 2023/24. The 90th percentile target response time is 2 hours, whilst there is no mean target for Category 3 calls.

Figure 48: Summary of Category 3 Response Times (2022/23)



Source: Revised CRM Information Return, NIAS

The 90th percentile target (2 hours) was not achieved in any month in 2023/24 (Figure 48).

During 2023/24, the shortest mean response time for category 3 calls was reported in April 2023 (1 hour 15 minutes 49 seconds), whilst the longest mean response time was in December 2023 (3 hours 23 minutes 32 seconds) (Figure 48, Table 27 & 28).

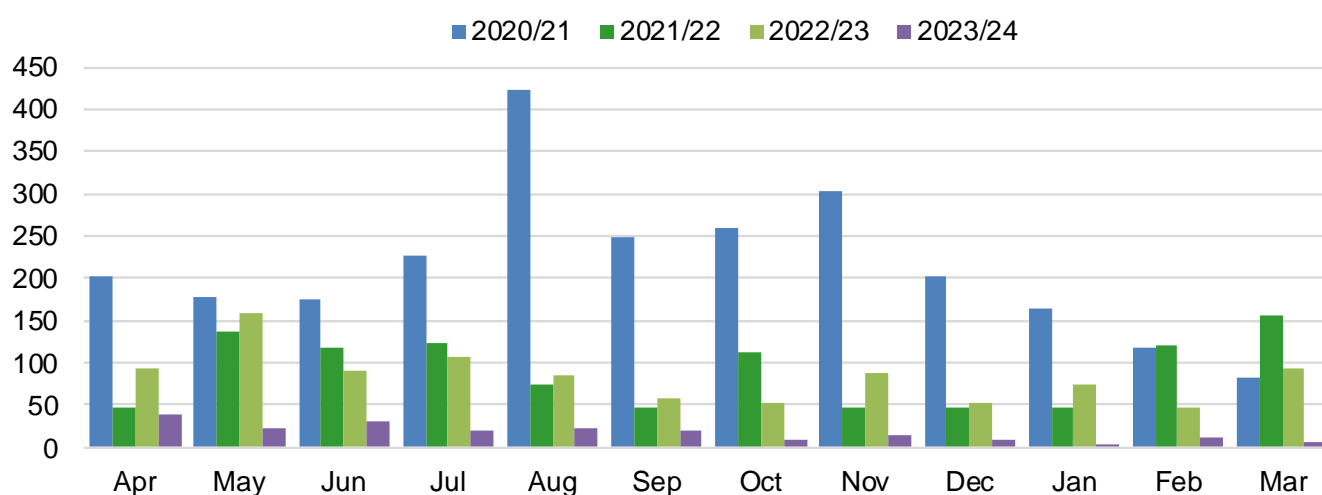
During the same period, the shortest 90th percentile response time for category 3 calls was in April 2023 (3 hour 3 minutes 31 seconds), whilst the longest 90th percentile response time was in December 2023 (8 hour 51 minutes 17 seconds) (Figure 48, Table 27 & 28).

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 – 2023/24)



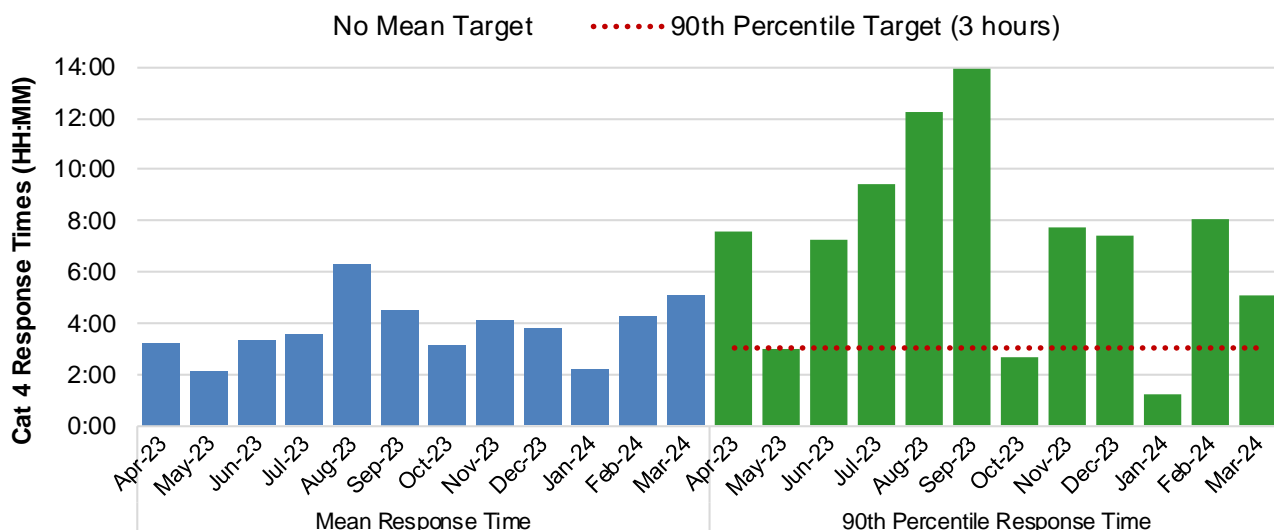
Source: Revised CRM Information Return, NIAS

During 2023/24, the NIAS received 208 category 4 calls, 794 less than the number received in 2022/23 (1,002) (Figure 49).

The number of category 4 calls received by the NIAS decreased in each month during 2023/24 compared with 2022/23. The highest number of category 4 calls were received in April 2023 (38) (Figure 49).

Figure 50 presents the mean, 90th percentile and target response times for Category 4 calls during 2023/24. 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 (2023/24)



Source: Revised CRM Information Return, NIAS

The 90th percentile target (3 hours) was only achieved in October 2023 and January 2024 (Figure 50).

During 2023/24, the shortest mean response time for category 4 calls was reported in May 2023 (2 hours 4 minutes 47 seconds), whilst the longest mean response time was in August 2023 (6 hours 18 minutes 3 seconds) (Figure 50, Table 27 & 28).

During the same period, the shortest 90th percentile response time for category 4 calls was in January 2024 (1 hour 14 minutes 38 seconds), whilst the longest 90th percentile response time was in September 2023 (13 hour 56 minutes 13 seconds) (Figure 50, Table 27 & 28).

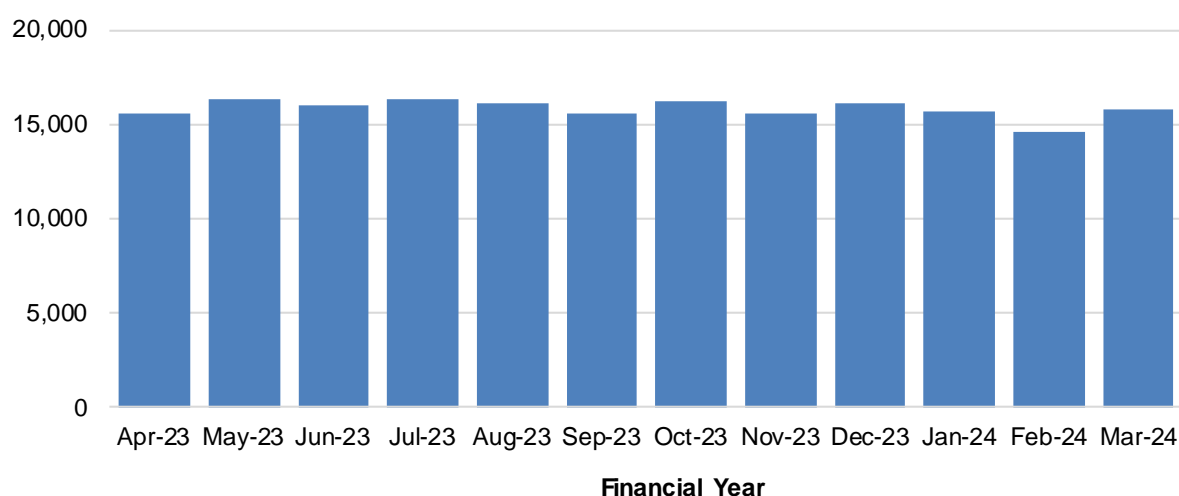
Incidents

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 to an ED.

Financial Year 2023/24

Figure 51 presents information on the number of incidents reported by NIAS in 2023/24.

Figure 51: Number of Incidents (2023/24)



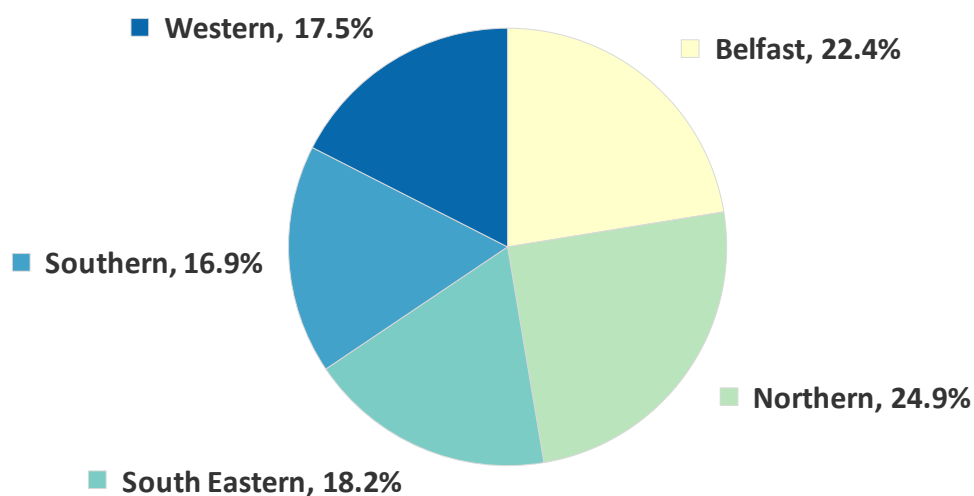
Source: Revised CRM Information Return, NIAS

During 2023/24, 189,865 incidents were reported by NIAS, with the lowest number of incidents reported in February 2024 (14,557) and the highest reported in May 2023 (16,332) (Figure 51).

The Southern LCG reported the lowest number of incidents in February 2024 (2,507), while the Northern LCG reported the highest number of incidents in July 2023 (4,111) (Figure 51, Table 26).

Figure 52 presents information on the proportion of incidents reported by NIAS by LCG in 2023/24.

Figure 52: Summary of Incidents, by LCG (2023/24)



Source: Revised CRM Information Return, NIAS

Of the 189,865 emergency incidents reported by NIAS in 2023/24, 24.9% (47,278) were received in the Northern LCG, 22.4% (42,612) in the Belfast LCG, 18.2% (34,607) in the South Eastern LCG, 17.5% (33,220) in the Western LCG, and 16.9% (32,148) in the Southern LCG (Figure 52, Table 25).

Additional Tables

Table 1A: PhoneFirst Activity (2023/24)^{34, 35}

HSC Trust	PhoneFirst											
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Belfast	-	-	-	-	-	-	-	-	-	-	-	-
Northern	1,333	1,822	2,006	1,537	1,723	1,675	1,827	1,558	1,306	1,688	1,944	1,941
South Eastern	3,125	3,270	3,398	2,874	3,199	3,006	3,193	-	-	-	-	-
Southern	4,807	5,617	6,540	5,019	6,050	5,544	5,906	5,475	4,909	6,145	6,367	6,633
Western	651	698	643	524	542	474	519	439	470	540	545	867
Northern Ireland	9,916	11,407	12,587	9,954	11,514	10,699	11,445	7,472	6,685	8,373	8,856	9,441

Source: HSC Trusts

Table 1B: Urgent Care Centre Services (2023/24)

HSC Trust	Urgent Care Centre											
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Belfast	1,457	1,686	1,838	1,682	2,011	2,009	2,387	2,470	2,308	2,456	2,326	2,228
Northern	-	-	-	-	-	-	-	-	-	-	-	-
South Eastern	1,307	1,536	1,569	1,256	1,440	1,385	1,304	-	-	-	-	-
Southern	300	424	447	362	426	501	645	751	724	1,101	1,157	1,241
Western	-	-	-	-	-	-	-	-	-	-	-	-
Northern Ireland	3,064	3,646	3,854	3,300	3,877	3,895	4,336	3,221	3,032	3,557	3,483	3,469

Source: HSC Trusts

Table 1C: Total Activity at PhoneFirst / Urgent Care Centre Services (2023/24)

HSC Trust	Total Attendances											
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Belfast	1,457	1,686	1,838	1,682	2,011	2,009	2,387	2,470	2,308	2,456	2,326	2,228
Northern	1,333	1,822	2,006	1,537	1,723	1,675	1,827	1,558	1,306	1,688	1,944	1,941
South Eastern	4,432	4,806	4,967	4,130	4,639	4,391	4,497	-	-	-	-	-
Southern	5,107	6,041	6,987	5,381	6,476	6,045	6,551	6,226	5,633	7,246	7,524	7,874
Western	651	698	643	524	542	474	519	439	470	540	545	867
Northern Ireland	12,980	15,053	16,441	13,254	15,391	14,594	15,781	10,693	9,717	11,930	12,339	12,910

Source: HSC Trusts

Table 1D: Patients Referred to an ED from PhoneFirst / Urgent Care Centre Services (2023/24)

HSC Trust	Referral to ED											
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Belfast	-	-	-	-	-	-	-	-	-	-	-	-
Northern	222	312	319	307	360	328	346	336	285	398	451	432
South Eastern	405	441	432	415	465	392	488	0	0	0	0	0
Southern	1,026	1,241	1,438	1,102	1,349	1,144	1,239	1,140	857	1,201	1,273	1,365
Western	339	391	340	257	233	241	284	213	227	277	258	374
Northern Ireland	1,992	2,385	2,529	2,081	2,407	2,105	2,357	1,689	1,369	1,876	1,982	2,171

Source: HSC Trusts

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

³⁵ Data on PhoneFirst Calls, Urgent Care Centre Attendances and subsequent referrals to ED are not Accredited Official 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 (20219/20 – 2023/24)³⁶

Attendance Type	Year					Percentage Change 2022/23 - 2023/24	Percentage Change 2019/20 - 2023/24
	2019/20	2020/21	2021/22	2022/23	2023/24		
New	769,204	565,612	683,238	710,373	719,756	1.3%	-6.4%
Unplanned	44,815	31,938	39,826	40,527	40,204	-0.8%	-10.3%
Planned	25,687	22,437	39,633	41,148	39,945	-2.9%	55.5%
Total Attendances	839,706	619,987	762,697	792,048	799,905	1.0%	-4.7%

Source: KH09 (ii) Information Return

Table 3: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (20219/20 – 2023/24)³⁷

HSC Trust / Hospital	Total Attendances				
	2019/20	2020/21	2021/22	2022/23	2023/24
Mater	49,931	15,583	33,013	44,402	50,794
Royal Victoria	96,927	86,930	86,300	90,971	86,771
Eye Casualty	17,546	12,188	19,656	15,195	13,486
RBHSC	41,921	30,618	47,549	50,516	46,239
Belfast	206,325	145,319	186,518	201,084	197,290
Antrim Area	92,063	75,237	92,251	96,191	101,682
Causeway	49,833	37,780	45,634	47,070	49,764
Mid Ulster	11,251	6,910	6,069	7,296	6,624
Northern	153,147	119,927	143,954	150,557	158,070
Ards	13,432	11,470	11,906	13,657	5,333
Bangor	10,692	-	-	-	-
Downe	25,144	7,606	-	-	-
Lagan Valley	28,242	21,091	26,071	26,056	26,123
Ulster	100,395	92,234	109,770	111,542	104,357
Ulster MIU	-	-	-	-	21,211
South Eastern	177,905	132,401	147,747	151,255	157,024
Craigavon Area	85,367	82,835	81,053	84,404	82,658
Daisy Hill	55,642	17,309	55,056	56,077	54,523
South Tyrone	34,467	22,990	24,484	22,199	21,658
Southern	175,476	123,134	160,593	162,680	158,839
Altnagelvin Area	69,962	56,174	68,617	67,757	68,208
Altnagelvin Area MIU	-	-	-	-	234
South West Acute	38,682	31,711	39,062	39,175	39,461
Omagh	18,209	11,321	16,206	19,540	20,779
Western	126,853	99,206	123,885	126,472	128,682
Northern Ireland	839,706	619,987	762,697	792,048	799,905

Source: KH09 (ii) Information Return

³⁶ Information refers to new attendances, unplanned review and planned review attendances.

Table 4: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2023/24)³⁶

HSC Trust / Hospital	New		Unplanned Review		Planned Review		Total Attendances
	Number	%	Number	%	Number	%	
Mater	41,999	82.7%	1,230	2.4%	7,565	14.9%	50,794
RVH	76,440	88.1%	2,044	2.4%	8,287	9.6%	86,771
Eye Casualty	8,107	60.1%	359	2.7%	5,020	37.2%	13,486
RBHSC	41,563	89.9%	3,734	8.1%	942	2.0%	46,239
Belfast Trust	168,109	85.2%	7,367	3.7%	21,814	11.1%	197,290
Antrim Area	94,578	93.0%	5,568	5.5%	1,536	1.5%	101,682
Causeway	46,017	92.5%	3,683	7.4%	64	0.1%	49,764
Mid Ulster	6,273	94.7%	73	1.1%	278	4.2%	6,624
Northern Trust	146,868	92.9%	9,324	5.9%	1,878	1.2%	158,070
Ards MIU	4,537	85.1%	210	3.9%	586	11.0%	5,333
Bangor MIU	-	-	-	-	-	-	-
Downe	-	-	-	-	-	-	-
Lagan Valley	22,627	86.6%	654	2.5%	2,842	10.9%	26,123
Ulster	96,560	92.5%	3,576	3.4%	4,221	4.0%	104,357
Ulster MIU	18,396	86.7%	600	2.8%	2,215	10.4%	21,211
South Eastern Trust	142,120	90.5%	5,040	3.2%	9,864	6.3%	157,024
Craigavon Area	74,402	90.0%	6,214	7.5%	2,042	2.5%	82,658
Daisy Hill	50,778	93.1%	2,967	5.4%	778	1.4%	54,523
South Tyrone	20,135	93.0%	167	0.8%	1,356	6.3%	21,658
Southern Trust	145,315	91.5%	9,348	5.9%	4,176	2.6%	158,839
Altnagelvin Area	62,444	91.5%	3,964	5.8%	1,800	2.6%	68,208
Altnagelvin Area MIU	177	75.6%	5	2.1%	52	22.2%	234
South West Acute	35,766	90.6%	3,334	8.4%	361	0.9%	39,461
Omagh	18,957	91.2%	1,822	8.8%	0	0.0%	20,779
Western Trust	117,344	91.2%	9,125	7.1%	2,213	1.7%	128,682
Northern Ireland	719,756	90.0%	40,204	5.0%	39,945	5.0%	799,905

Source: KH09 (ii) Information Return

Table 5: Total Attendances at Emergency Care Departments by Department Type (2023/24)³⁷

Emergency Care Department Type	New Attendances		Unplanned Review Attendances		Planned Review Attendances		Total Attendances
	Number	%	Number	%	Number	%	
Type 1	620,547	90.7%	36,314	5.3%	27,596	4.0%	684,457
Type 2	30,734	77.6%	1,013	2.6%	7,862	19.8%	39,609
Type 3	68,475	90.3%	2,877	3.8%	4,487	5.9%	75,839
Total	719,756	90.0%	40,204	5.0%	39,945	5.0%	799,905

Source: KH09 (ii) Information Return

³⁷ 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 (20219/20 – 2023/24)³⁸

Waiting Time at Emergency Care Department	Year					Percentage Change 2022/23 - 2023/24	Percentage Change 2019/20 - 2023/24
	2019/20	2020/21	2021/22	2022/23	2023/24		
Number Within 4 Hours	529,937	385,898	396,207	375,754	357,018	-5.0%	-32.6%
<i>Percentage Within 4 Hours</i>	65.1%	65.0%	54.8%	50.1%	47.1%	-3.0%	-18.0%
Number Between 4 & 12 Hours	238,935	169,587	247,748	267,928	280,584	4.7%	17.4%
<i>Percentage Between 4 & 12 Hours</i>	29.3%	28.6%	34.3%	35.7%	37.0%	1.3%	7.6%
Number Over 12 Hours	45,401	37,884	78,995	106,990	121,043	13.1%	166.6%
<i>Percentage Over 12 Hours</i>	5.6%	6.4%	10.9%	14.3%	16.0%	1.7%	10.4%
Total	814,273	593,369	722,950	750,672	758,645	1.1%	-6.8%

Source: Encompass / Regional Data Warehouse & EC1 Information Return

Table 7: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by Department Type (2023/24)^{38,39}

Emergency Care Department Type	Within 4 Hours		4 to 12 Hours		Over 12 Hours		Total (New and Unplanned Reviews)
	Number	%	Number	%	Number	%	
Type 1	262,991	40.2%	270,663	41.4%	120,753	18.5%	654,407
Type 2	25,315	76.9%	7,587	23.0%	20	0.1%	32,922
Type 3	68,712	96.3%	2,334	3.3%	270	0.4%	71,316
Total	357,018	47.1%	280,584	37.0%	121,043	16.0%	758,645

Source: Encompass / Regional Data Warehouse & EC1 Information Return

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

³⁹ Readers should note that a number of patients attending the Ulster MIU spent longer than 12 hours in ED. As the Ulster MIU is only open to 6pm each day, any patients who remain in the MIU at 6pm and continue to require treatment, will be cared for / treated in the main Ulster ED. The total time spent in ED by these patients will be reported against the Ulster MIU.

Table 8: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by HSC Trust / Hospital (2023/24)^{40,41}

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	19,551	45.2%	17,433	40.3%	6,234	14.4%	43,218
Royal Victoria	19,140	24.4%	35,141	44.8%	24,095	30.7%	78,376
Eye Casualty	7,538	78.1%	2,108	21.9%	0	0.0%	9,646
RBHSC	28,248	62.4%	16,556	36.6%	490	1.1%	45,294
Belfast Trust	74,477	42.2%	71,238	40.4%	30,819	17.5%	176,534
Antrim Area	40,088	40.0%	42,999	42.9%	17,078	17.0%	100,165
Causeway	25,703	51.7%	17,827	35.9%	6,164	12.4%	49,694
Mid Ulster	6,313	99.9%	4	0.1%	0	0.0%	6,317
Northern Trust	72,104	46.2%	60,830	38.9%	23,242	14.9%	156,176
Ards MIU	4,745	100.0%	1	0.0%	0	0.0%	4,746
Bangor MIU	-	-	-	-	-	-	-
Downe	-	-	-	-	-	-	-
Lagan Valley	17,777	76.4%	5,479	23.5%	20	0.1%	23,276
Ulster	32,089	32.8%	44,085	45.1%	21,569	22.1%	97,743
Ulster MIU	17,057	89.8%	1,667	8.8%	270	1.4%	18,994
South Eastern Trust	71,668	49.5%	51,232	35.4%	21,859	15.1%	144,759
Craigavon Area	31,125	38.6%	30,379	37.7%	19,145	23.7%	80,649
Daisy Hill	26,870	50.0%	20,239	37.7%	6,634	12.3%	53,743
South Tyrone	20,295	100.0%	7	0.0%	0	0.0%	20,302
Southern Trust	78,290	50.6%	50,625	32.7%	25,779	16.7%	154,694
Altnagelvin Area	20,583	31.0%	31,890	48.0%	13,944	21.0%	66,417
Altnagelvin Area MIU	182	100.0%	0	0.0%	0	0.0%	182
South West Acute	19,594	50.1%	14,114	36.1%	5,400	13.8%	39,108
Omagh	20,120	96.8%	655	3.2%	0	0.0%	20,775
Western Trust	60,479	47.8%	46,659	36.9%	19,344	15.3%	126,482
Northern Ireland	357,018	47.1%	280,584	37.0%	121,043	16.0%	758,645

Source: Encompass / Regional Data Warehouse & EC1 Information Return

⁴⁰ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁴¹ Readers should note that a number of patients attending the Ulster MIU spent longer than 12 hours in ED. As the Ulster MIU is only open to 6pm each day, any patients who remain in the MIU at 6pm and continue to require treatment, will be cared for / treated in the main Ulster ED. The total time spent in ED by these patients will be reported against the Ulster MIU.

Table 9: New & Unplanned Review Attendances by HSC Trust / Hospital (2019/20 – 2023/24)⁴²

HSC Trust / Hospital	New & Unplanned Review Attendances				
	2019/20	2020/21	2021/22	2022/23	2023/24
Mater	48,801	13,133	25,729	36,421	43,218
Royal Victoria	95,888	86,234	82,462	82,110	78,376
Eye Casualty	15,492	7,159	8,865	9,211	9,646
RBHSC	40,706	29,141	46,186	49,395	45,294
Belfast HSCT	200,887	135,667	163,242	177,137	176,534
Antrim Area	90,165	74,098	91,042	94,898	100,165
Causeway	49,026	37,344	45,434	46,997	49,694
Mid Ulster	10,862	6,679	5,860	7,023	6,317
Northern HSCT	150,053	118,121	142,336	148,918	156,176
Ards	12,917	9,078	10,463	11,835	4,746
Bangor	10,240	-	-	-	-
Downe	23,825	4,930	-	-	-
Lagan Valley	26,701	19,744	24,332	23,896	23,276
Ulster	95,662	87,066	103,708	105,488	97,743
Ulster MIU	-	-	-	-	18,994
South Eastern HSCT	169,345	120,818	138,503	141,219	144,759
Craigavon Area	82,710	81,932	79,019	82,339	80,649
Daisy Hill	54,684	17,255	54,848	55,628	53,743
South Tyrone	32,721	21,985	22,911	20,877	20,302
Southern HSCT	170,115	121,172	156,778	158,844	154,694
Altnagelvin Area	67,950	54,885	67,194	66,149	66,417
Altnagelvin Area MIU	-	-	-	-	182
South West Acute	38,086	31,409	38,694	38,866	39,108
Omagh	17,837	11,297	16,203	19,539	20,775
Western HSCT	123,873	97,591	122,091	124,554	126,482
Northern Ireland	814,273	593,369	722,950	750,672	758,645

Source: Encompass / Regional Data Warehouse & EC1 Information Return

⁴² Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

Table 10: New & Unplanned Review Attendances seen within 4 hours by HSC Trust / Hospital (20219/20 – 2023/24)^{43,44}

HSC Trust / Hospital	Percentage Seen within 4 hours				
	2019/20	2020/21	2021/22	2022/23	2023/24
Mater	62.2%	56.3%	51.8%	49.7%	45.2%
Royal Victoria	48.2%	44.3%	29.6%	26.4%	24.4%
Eye Casualty	75.9%	89.2%	88.9%	82.1%	78.1%
RBHSC	80.0%	87.5%	70.4%	62.3%	62.4%
Belfast HSCT	60.2%	57.1%	47.9%	44.1%	42.2%
Antrim Area	62.4%	65.0%	54.3%	45.7%	40.0%
Causeway	70.3%	71.3%	60.3%	54.1%	51.7%
Mid Ulster	100.0%	100.0%	100.0%	99.9%	99.9%
Northern HSCT	67.7%	69.0%	58.1%	50.9%	46.2%
Ards	100.0%	100.0%	100.0%	100.0%	100.0%
Bangor	100.0%	-	-	-	-
Downe	86.8%	99.0%	-	-	-
Lagan Valley	76.7%	79.3%	79.2%	77.9%	76.4%
Ulster	58.0%	62.2%	52.2%	45.3%	32.8%
Ulster MIU	-	-	-	-	89.8%
South Eastern HSCT	70.8%	69.3%	60.6%	55.4%	49.5%
Craigavon Area	48.0%	58.1%	41.3%	39.2%	38.6%
Daisy Hill	66.7%	64.3%	56.8%	54.2%	50.0%
South Tyrone	100.0%	100.0%	100.0%	100.0%	100.0%
Southern HSCT	64.0%	66.6%	55.3%	52.5%	50.6%
Altnagelvin Area	56.5%	56.2%	41.5%	32.7%	31.0%
Altnagelvin Area MIU	-	-	-	-	100.0%
South West Acute	59.6%	65.2%	54.1%	50.3%	50.1%
Omagh	98.4%	98.9%	98.5%	98.2%	96.8%
Western HSCT	63.5%	64.0%	53.1%	48.5%	47.8%
Northern Ireland	65.1%	65.1%	65.0%	50.1%	47.1%

Source: Encompass / Regional Data Warehouse & EC1 Information Return

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

⁴⁴ Readers should note that a number of patients attending the Ulster MIU spent longer than 12 hours in ED. As the Ulster MIU is only open to 6pm each day, any patients who remain in the MIU at 6pm and continue to require treatment, will be cared for / treated in the main Ulster ED. The total time spent in ED by these patients will be reported against the Ulster MIU.

Table 11: New & Unplanned Review Attendances Spending Over 12 hours in an ED, by HSC Trust / Hospital (20219/20 – 2023/24)^{45,46}

HSC Trust / Hospital	Number Waiting Over 12 Hours				
	2019/20	2020/21	2021/22	2022/23	2023/24
Mater	2,010	1,220	2,803	4,791	6,234
Royal Victoria	6,508	6,143	16,474	22,315	24,095
Eye Casualty	0	0	0	0	0
RBHSC	1	9	134	377	490
Belfast HSCT	8,519	7,372	19,411	27,483	30,819
Antrim Area	5,140	5,696	10,159	14,570	17,078
Causeway	2,600	2,142	3,752	5,912	6,164
Mid Ulster	0	0	0	0	0
Northern HSCT	7,740	7,838	13,911	20,482	23,242
Ards	0	0	0	0	0
Bangor	0	0	-	-	-
Downe	273	0	-	-	-
Lagan Valley	54	13	28	13	20
Ulster	9,270	7,657	14,810	17,851	21,569
Ulster MIU	-	-	-	-	270
South Eastern HSCT	9,597	7,670	14,838	17,864	21,859
Craigavon Area	9,356	7,638	13,148	17,652	19,145
Daisy Hill	2,928	877	4,410	5,574	6,634
South Tyrone	0	0	0	0	0
Southern HSCT	12,284	8,515	17,558	23,226	25,779
Altnagelvin Area	4,743	4,464	9,251	12,558	13,944
Altnagelvin Area MIU	-	-	-	-	0
South West Acute	2,518	2,025	4,022	5,376	5,400
Omagh	0	0	4	1	0
Western HSCT	7,261	6,489	13,277	17,935	19,344
Northern Ireland	45,401	37,884	78,995	106,990	121,043

Source: Encompass / Regional Data Warehouse & EC1 Information Return

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

⁴⁶ Readers should note that a number of patients attending the Ulster MIU spent longer than 12 hours in ED. As the Ulster MIU is only open to 6pm each day, any patients who remain in the MIU at 6pm and continue to require treatment, will be cared for / treated in the main Ulster ED. The total time spent in ED by these patients will be reported against the Ulster MIU.

Table 12: Percentage of New and Unplanned Review Attendances Commencing Treatment within 2 hours of Triage (2019/20 – 2023/24)^{47, 48}

HSC Trust / Hospital / Department Type	Percentage of Attendances Commencing Treatment within 2 Hours of Triage				
	2019/20	2020/21	2021/22	2022/23	2023/24
Mater	70.5%	96.9%	77.9%	64.6%	59.1%
Royal Victoria	62.5%	65.4%	54.7%	46.6%	43.8%
Eye Casualty	-	-	-	-	-
RBHSC	85.5%	96.7%	73.8%	65.6%	69.7%
Belfast Trust	70.5%	76.4%	64.6%	56.5%	55.9%
Antrim Area	68.3%	82.5%	65.1%	51.0%	46.4%
Causeway	90.0%	93.7%	74.3%	64.8%	57.1%
Mid Ulster	99.9%	100.0%	100.0%	100.0%	100.0%
Northern Trust	78.2%	86.7%	68.3%	56.0%	50.2%
Ards	99.9%	100.0%	100.0%	100.0%	100.0%
Bangor	99.9%	-	-	-	-
Downe	94.1%	100.0%	-	-	-
Lagan Valley	89.1%	96.6%	95.0%	96.2%	97.3%
Ulster	80.6%	91.9%	75.3%	67.9%	54.6%
Ulster MIU	-	-	-	-	88.2%
South Eastern Trust	86.5%	93.4%	80.8%	75.5%	66.5%
Craigavon Area	57.1%	80.1%	54.0%	52.4%	57.2%
Daisy Hill	73.1%	90.4%	74.2%	72.0%	73.4%
South Tyrone	100.0%	100.0%	100.0%	100.0%	100.0%
Southern Trust	70.6%	84.8%	67.7%	65.7%	69.0%
Altnagelvin Area	71.8%	82.6%	58.5%	50.7%	48.9%
Altnagelvin Area MIU	-	-	-	-	88.2%
South West Acute	80.1%	91.7%	80.6%	78.4%	76.3%
Omagh	95.4%	97.6%	96.0%	96.0%	93.0%
Western Trust	77.8%	87.1%	70.3%	66.4%	64.9%
Type 1	72.4%	84.1%	67.1%	60.0%	56.7%
Type 2	91.4%	96.6%	95.0%	96.2%	97.3%
Type 3	99.0%	99.4%	98.7%	98.5%	94.5%
Northern Ireland	76.7%	85.8%	70.5%	64.3%	61.4%

Source: Encompass / Regional Data Warehouse

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

⁴⁸ Information for those commencing treatment within 2 hours is not Accredited Official 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 (20219/20 – 2023/24)^{49, 50}

HSC Trust / Hospital / Department Type	Waiting Time from Arrival to Triage (Median) HH:MM				
	2019/20	2020/21	2021/22	2022/23	2023/24
Mater	0:10	0:08	0:12	0:14	0:16
Royal Victoria	0:14	0:14	0:17	0:18	0:18
Eye Casualty	0:22	0:12	0:10	0:12	0:09
RBHSC	0:10	0:08	0:11	0:12	0:11
Belfast Trust	0:12	0:11	0:13	0:14	0:15
Antrim Area	0:10	0:09	0:12	0:13	0:11
Causeway	0:10	0:09	0:14	0:14	0:12
Mid Ulster	0:02	0:03	0:10	0:08	0:05
Northern Trust	0:09	0:09	0:13	0:14	0:11
Ards	0:03	0:02	0:02	0:02	0:02
Bangor	0:05	-	-	-	-
Downe	0:06	0:01	-	-	-
Lagan Valley	0:08	0:06	0:06	0:05	0:07
Ulster	0:11	0:09	0:12	0:15	0:21
Ulster MIU	-	-	-	-	0:09
South Eastern Trust	0:08	0:07	0:09	0:11	0:14
Craigavon Area	0:11	0:06	0:15	0:13	0:12
Daisy Hill	0:05	0:06	0:09	0:08	0:08
South Tyrone	0:01	0:01	0:01	0:01	0:01
Southern Trust	0:06	0:05	0:09	0:08	0:08
Altnagelvin Area	0:13	0:12	0:15	0:19	0:24
Altnagelvin Area MIU	-	-	-	-	0:26
South West Acute	0:12	0:11	0:16	0:16	0:13
Omagh	0:08	0:06	0:07	0:08	0:07
Western Trust	0:12	0:11	0:14	0:16	0:16
Type 1	0:10	0:09	0:13	0:14	0:14
Type 2	0:09	0:07	0:06	0:06	0:07
Type 3	0:03	0:02	0:02	0:03	0:04
Northern Ireland	0:09	0:08	0:12	0:12	0:12

Source: Encompass / Regional Data Warehouse

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

⁵⁰ Information on time to triage is not Accredited Official 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 (2021/20 – 2023/24)^{51, 52}

HSC Trust / Hospital / Department Type	Waiting Time from Arrival to Triage (95th Percentile) HH:MM				
	2019/20	2020/21	2021/22	2022/23	2023/24
Mater	0:38	0:50	0:52	0:55	1:06
Royal Victoria	0:59	1:03	1:29	1:30	1:30
Eye Casualty	1:21	0:44	0:46	0:52	0:47
RBHSC	0:50	0:23	0:45	0:57	0:52
Belfast Trust	0:56	0:55	1:11	1:15	1:14
Antrim Area	0:31	0:27	0:38	0:41	0:32
Causeway	0:31	0:29	0:44	0:48	0:40
Mid Ulster	0:08	0:15	0:47	0:36	0:20
Northern Trust	0:30	0:28	0:40	0:43	0:35
Ards	0:16	0:10	0:12	0:11	0:11
Bangor	0:22	-	-	-	-
Downe	0:23	0:06	-	-	-
Lagan Valley	0:24	0:19	0:16	0:16	0:21
Ulster	0:32	0:34	1:00	1:44	2:40
Ulster MIU	-	-	-	-	0:42
South Eastern Trust	0:29	0:30	0:47	1:16	1:59
Craigavon Area	0:51	0:44	1:58	1:48	1:54
Daisy Hill	0:15	0:23	0:39	0:36	0:36
South Tyrone	0:10	0:08	0:08	0:07	0:07
Southern Trust	0:38	0:36	1:26	1:15	1:16
Altnagelvin Area	0:48	0:43	0:57	1:14	1:32
Altnagelvin Area MIU	-	-	-	-	1:14
South West Acute	0:44	0:41	1:04	1:04	0:49
Omagh	0:40	0:32	0:33	0:32	0:34
Western Trust	0:46	0:41	0:58	1:07	1:17
Type 1	0:43	0:42	1:06	1:11	1:21
Type 2	0:48	0:28	0:28	0:33	0:31
Type 3	0:21	0:17	0:21	0:22	0:30
Northern Ireland	0:42	0:40	1:02	1:07	1:15

Source: Encompass / Regional Data Warehouse

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

⁵² Information on time to triage is not Accredited Official 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 (2021/20 – 2023/24)^{53, 54}

HSC Trust / Hospital / Department Type	Waiting Time from Triage to Start of Treatment (Median) HH:MM				
	2019/20	2020/21	2021/22	2022/23	2023/24
Mater	1:00	0:14	0:43	1:15	1:30
Royal Victoria	1:15	1:10	1:42	2:14	2:24
Eye Casualty	-	-	-	-	-
RBHSC	0:44	0:23	1:08	1:21	1:07
Belfast Trust	0:59	0:42	1:16	1:38	1:40
Antrim Area	1:18	0:47	1:22	1:56	2:10
Causeway	0:33	0:24	1:00	1:21	1:40
Mid Ulster	0:05	0:05	0:01	0:02	0:01
Northern Trust	0:51	0:37	1:14	1:42	1:59
Ards	0:10	0:05	0:08	0:06	0:06
Bangor	0:07	-	-	-	-
Downe	0:31	0:06	-	-	-
Lagan Valley	0:42	0:25	0:29	0:26	0:30
Ulster	0:49	0:29	0:55	1:10	1:41
Ulster MIU	-	-	-	-	0:24
South Eastern Trust	0:37	0:25	0:41	0:48	1:03
Craigavon Area	1:40	0:48	1:47	1:50	1:31
Daisy Hill	1:06	0:36	1:00	1:03	1:00
South Tyrone	0:03	0:01	0:01	0:01	0:00
Southern Trust	0:59	0:35	1:03	1:04	0:55
Altnagelvin Area	1:07	0:41	1:35	1:57	2:03
Altnagelvin Area MIU	-	-	-	-	
South West Acute	0:37	0:21	0:41	0:46	0:48
Omagh	0:13	0:13	0:14	0:14	0:15
Western Trust	0:47	0:30	0:59	1:07	1:08
Type 1	1:01	0:37	1:12	1:29	1:37
Type 2	0:36	0:25	0:29	0:26	0:30
Type 3	0:06	0:04	0:05	0:05	0:07
Northern Ireland	0:49	0:33	1:01	1:14	1:20

Source: Encompass / Regional Data Warehouse

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

⁵⁴ Information on time to start of treatment is not Accredited Official 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

(2021/20 – 2023/24)^{55, 56}

HSC Trust / Hospital / Department Type	Waiting Time from Triage to Start of Treatment (95th Percentile) HH:MM				
	2019/20	2020/21	2021/22	2022/23	2023/24
Mater	5:22	1:35	4:24	6:05	7:33
Royal Victoria	6:34	5:57	8:09	9:29	10:30
Eye Casualty	-	-	-	-	-
RBHSC	2:59	1:43	3:53	4:41	4:50
Belfast Trust	5:41	5:08	6:37	7:38	8:32
Antrim Area	4:38	3:18	5:28	7:30	7:47
Causeway	2:36	2:10	4:12	4:59	5:27
Mid Ulster	0:30	0:23	0:22	0:37	0:12
Northern Trust	3:57	2:58	5:04	6:43	6:59
Ards	0:54	0:28	0:34	0:26	0:25
Bangor	0:53	-	-	-	-
Downe	2:07	0:27	-	-	-
Lagan Valley	2:31	1:45	2:00	1:48	1:43
Ulster	4:02	2:24	4:44	5:48	8:35
Ulster MIU	-	-	-	-	2:38
South Eastern Trust	3:11	2:13	4:11	5:05	7:27
Craigavon Area	6:41	4:02	8:22	9:52	10:14
Daisy Hill	4:01	2:45	4:51	5:10	5:08
South Tyrone	0:29	0:17	0:20	0:15	0:13
Southern Trust	5:17	3:35	6:42	7:41	7:34
Altnagelvin Area	4:12	3:24	5:31	6:26	7:25
Altnagelvin Area MIU	-	-	-	-	0:53
South West Acute	4:03	2:36	4:10	4:05	4:29
Omagh	1:55	1:31	1:48	1:48	2:18
Western Trust	3:58	3:05	4:59	5:33	6:18
Type 1	4:56	3:37	5:51	6:55	7:45
Type 2	2:22	1:45	2:00	1:48	1:43
Type 3	0:56	0:44	0:58	1:02	1:55
Northern Ireland	4:34	3:27	5:35	6:36	7:23

Source: Encompass / Regional Data Warehouse

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

⁵⁶ Information on time to start of treatment is not Accredited Official 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 (2021/20 – 2023/24)^{57, 58, 59}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Admitted to Hospital (Median) HH:MM				
	2019/20	2020/21	2021/22	2022/23	2023/24
Mater	6:45	5:43	9:25	12:42	14:22
Royal Victoria	8:17	7:33	11:18	14:37	13:47
Eye Casualty	2:44	2:13	2:37	3:33	3:43
RBHSC	3:55	3:36	4:57	5:05	5:16
Belfast Trust	6:57	6:35	9:18	11:27	11:57
Antrim Area	6:05	6:09	8:55	11:10	12:25
Causeway	7:05	6:28	8:45	12:33	11:56
Mid Ulster	0:52	1:11	0:00	0:12	0:52
Northern Trust	6:22	6:15	8:52	11:32	12:19
Ards	-	-	-	-	-
Bangor	-	-	-	-	-
Downe	4:03	-	-	-	-
Lagan Valley	5:14	4:32	5:06	5:31	5:46
Ulster	8:36	8:00	12:50	15:23	16:27
Ulster MIU	-	-	-	-	11:14
South Eastern Trust	7:39	7:35	11:47	13:47	14:41
Craigavon Area	9:31	9:36	12:41	16:34	18:58
Daisy Hill	7:08	7:22	9:08	12:30	14:21
South Tyrone	-	-	-	-	-
Southern Trust	8:43	9:02	11:13	15:31	17:17
Altnagelvin Area	8:11	8:39	12:39	18:42	19:06
Altnagelvin Area MIU	-	-	-	-	-
South West Acute	6:14	6:06	8:20	10:21	10:55
Omagh	1:48	1:57	2:18	2:42	2:11
Western Trust	7:22	7:28	11:01	15:41	15:54
Type 1	7:29	7:20	10:25	13:32	14:16
Type 2	4:42	4:24	4:56	5:26	5:37
Type 3	1:45	1:53	2:18	2:34	8:09
Northern Ireland	7:20	7:15	10:15	13:14	13:57

Source: Encompass / Regional Data Warehouse

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

⁵⁸ Information for those admitted and discharged home is not Accredited Official Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

⁵⁹ Readers should note that a number of patients attending the Ulster MIU spent longer than 12 hours in ED. As the Ulster MIU is only open to 6pm each day, any patients who remain in the MIU at 6pm and continue to require treatment, will be cared for / treated in the main Ulster ED. The total time spent in ED by these patients will be reported against the Ulster MIU.

Table 18: 95th Percentile Time Spent in ED by those Admitted to Hospital

(2019/20 – 2023/24)^{60, 61, 62}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Admitted to Hospital (95th Percentile) HH:MM				
	2019/20	2020/21	2021/22	2022/23	2023/24
Mater	22:07	27:05	32:39	44:39	46:52
Royal Victoria	20:21	20:15	32:37	50:07	53:33
Eye Casualty	7:06	5:56	7:04	7:35	7:44
RBHSC	8:06	7:10	10:00	11:06	12:26
Belfast Trust	19:49	20:34	31:02	46:57	50:00
Antrim Area	22:36	28:07	48:04	61:36	55:35
Causeway	24:21	25:50	30:27	48:00	55:50
Mid Ulster	1:26	1:33	0:00	1:21	1:05
Northern Trust	23:11	27:19	43:26	54:59	55:39
Ards	-	-	-	-	-
Bangor	-	-	-	-	-
Downe	20:31	0:00	-	-	-
Lagan Valley	9:33	8:37	9:27	9:33	10:05
Ulster	29:58	26:32	36:04	45:54	51:32
Ulster MIU	-	-	-	-	53:44
South Eastern Trust	28:46	26:07	35:07	45:08	50:52
Craigavon Area	28:16	30:46	40:43	49:52	64:30
Daisy Hill	23:23	23:13	28:45	38:57	45:30
South Tyrone	-	-	-	-	-
Southern Trust	26:57	29:32	36:18	47:42	58:19
Altnagelvin Area	24:21	25:56	33:30	46:22	60:42
Altnagelvin Area MIU	-	-	-	-	-
South West Acute	22:49	25:48	36:37	45:10	48:27
Omagh	6:09	6:40	6:31	6:54	6:57
Western Trust	23:43	25:53	34:04	46:00	56:42
Type 1	25:13	26:11	35:26	48:06	54:05
Type 2	11:31	8:34	9:22	9:31	9:59
Type 3	6:09	6:40	6:31	6:54	50:31
Northern Ireland	25:02	26:05	35:12	47:56	53:54

Source: Encompass / Regional Data Warehouse

⁶⁰ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁶¹ Information for those admitted and discharged home is not Accredited Official Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

⁶² Readers should note that a number of patients attending the Ulster MIU spent longer than 12 hours in ED. As the Ulster MIU is only open to 6pm each day, any patients who remain in the MIU at 6pm and continue to require treatment, will be cared for / treated in the main Ulster ED. The total time spent in ED by these patients will be reported against the Ulster MIU.

Table 19: Median Time Spent in ED by those Not-Admitted (2021/20 – 2023/24) ^{63, 64, 65}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Discharged Home (Median) HH:MM				
	2019/20	2020/21	2021/22	2022/23	2023/24
Mater	2:50	2:30	3:01	3:23	3:47
Royal Victoria	3:35	3:52	5:19	6:04	6:27
Eye Casualty	2:37	2:02	2:08	2:29	2:37
RBHSC	2:16	1:40	2:45	3:09	3:05
Belfast Trust	2:55	2:51	3:35	3:56	4:02
Antrim Area	2:47	2:31	3:10	3:50	4:17
Causeway	2:17	2:15	2:51	3:15	3:32
Mid Ulster	0:35	0:45	0:45	0:39	0:34
Northern Trust	2:22	2:15	2:55	3:25	3:50
Ards	0:45	0:40	0:46	0:41	0:42
Bangor	0:41	-	-	-	-
Downe	1:31	0:32	-	-	-
Lagan Valley	2:14	1:51	1:52	1:42	1:52
Ulster	2:47	2:34	3:05	3:30	4:04
Ulster MIU	-	-	-	-	1:35
South Eastern Trust	1:58	2:07	2:32	2:43	3:02
Craigavon Area	3:27	2:56	3:57	4:06	4:08
Daisy Hill	2:35	2:22	2:58	3:10	3:16
South Tyrone	0:27	0:23	0:29	0:29	0:29
Southern Trust	2:15	2:06	2:46	2:55	2:52
Altnagelvin Area	3:15	3:12	4:05	4:51	5:07
Altnagelvin Area MIU	-	-	-	-	1:05
South West Acute	2:55	2:29	3:16	3:34	3:36
Omagh	0:51	0:50	0:54	0:54	0:57
Western Trust	2:42	2:36	3:20	3:39	3:40
Type 1	2:54	2:44	3:26	3:50	4:05
Type 2	2:02	1:55	1:58	1:57	2:10
Type 3	0:35	0:33	0:39	0:38	0:41
Northern Ireland	2:27	2:22	3:01	3:21	3:35

Source: Encompass / Regional Data Warehouse

⁶³ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁶⁴ Information for those admitted and discharged home is not Accredited Official Statistics but has been published to provide users with a comprehensive view of emergency care activity and waits.

⁶⁵ Readers should note that a number of patients attending the Ulster MIU spent longer than 12 hours in ED. As the Ulster MIU is only open to 6pm each day, any patients who remain in the MIU at 6pm and continue to require treatment, will be cared for / treated in the main Ulster ED. The total time spent in ED by these patients will be reported against the Ulster MIU.

Table 20: 95th Percentile Spent in ED by those Not-Admitted (2019/20 – 2023/24) ^{66, 67, 68}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Discharged Home (95th Percentile) HH:MM				
	2019/20	2020/21	2021/22	2022/23	2023/24
Mater	8:10	8:58	9:41	11:55	12:47
Royal Victoria	9:59	10:36	16:58	22:59	24:06
Eye Casualty	6:19	4:54	4:58	5:43	6:11
RBHSC	5:32	4:40	6:24	7:18	7:29
Belfast Trust	8:37	9:20	12:36	15:52	16:55
Antrim Area	7:28	7:13	10:33	16:42	16:27
Causeway	6:57	6:42	8:29	10:32	11:30
Mid Ulster	1:34	1:53	2:07	2:04	1:42
Northern Trust	7:04	6:49	9:30	13:52	14:28
Ards	1:51	1:29	1:29	1:19	1:18
Bangor	1:43	-	-	-	-
Downe	5:10	1:17	-	-	-
Lagan Valley	5:50	5:46	5:36	5:45	5:43
Ulster	7:22	6:49	9:04	10:13	12:32
Ulster MIU	-	-	-	-	4:19
South Eastern Trust	6:25	6:20	8:05	9:08	11:02
Craigavon Area	9:14	8:13	12:31	14:11	14:58
Daisy Hill	6:31	6:39	8:26	9:24	9:23
South Tyrone	1:10	1:05	1:12	1:08	1:08
Southern Trust	7:43	7:26	10:30	11:56	12:14
Altnagelvin Area	7:56	8:08	11:23	16:03	18:57
Altnagelvin Area MIU	-	-	-	-	2:29
South West Acute	8:38	7:53	11:13	14:55	14:38
Omagh	2:56	2:36	2:58	2:58	3:31
Western Trust	7:38	7:37	10:28	13:22	15:02
Type 1	8:11	8:11	11:07	13:47	15:06
Type 2	5:48	5:36	5:27	5:45	5:54
Type 3	1:53	1:45	2:02	2:06	2:53
Northern Ireland	7:38	7:43	10:25	12:41	14:00

Source: Encompass / Regional Data Warehouse

⁶⁶ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁶⁷ Information for those admitted and discharged home is not Accredited Official Statistics but has been published to provide users with a comprehensive view of emergency care activity and waits.

⁶⁸ Readers should note that a number of patients attending the Ulster MIU spent longer than 12 hours in ED. As the Ulster MIU is only open to 6pm each day, any patients who remain in the MIU at 6pm and continue to require treatment, will be cared for / treated in the main Ulster ED. The total time spent in ED by these patients will be reported against the Ulster MIU.

Table 21: Percentage of Attendances Referred by a GP (2021/20 – 2023/24)^{69, 70}

HSC Trust / Hospital / Department Type	Percentage of GP Referrals				
	2019/20	2020/21	2021/22	2022/23	2023/24
Mater	12.6%	9.8%	7.6%	8.7%	10.3%
Royal Victoria	19.2%	18.6%	12.4%	16.2%	16.8%
Eye Casualty	12.7%	8.3%	4.2%	3.3%	2.9%
RBHSC	13.2%	4.1%	7.0%	12.0%	15.8%
Belfast Trust	15.9%	14.1%	9.7%	12.8%	14.2%
Antrim Area	24.3%	27.1%	16.3%	29.6%	29.3%
Causeway	21.5%	24.2%	13.8%	21.6%	21.3%
Mid Ulster	1.1%	0.8%	0.8%	0.8%	0.3%
Northern Trust	21.7%	24.7%	14.9%	25.7%	25.6%
Ards	1.6%	1.2%	0.2%	0.2%	0.2%
Bangor	0.7%	-	-	-	-
Downe	16.1%	0.5%	-	-	-
Lagan Valley	14.2%	13.4%	11.1%	6.1%	5.5%
Ulster	23.3%	25.0%	22.3%	20.8%	29.0%
Ulster MIU	-	-	-	-	8.1%
South Eastern Trust	17.8%	20.9%	18.7%	16.6%	22.5%
Craigavon Area	21.9%	19.6%	24.8%	23.9%	24.4%
Daisy Hill	13.4%	16.7%	19.9%	21.2%	21.0%
South Tyrone	0.6%	0.2%	0.0%	0.0%	0.0%
Southern Trust	15.1%	15.7%	19.5%	19.8%	20.0%
Altnagelvin Area	11.7%	9.5%	11.2%	11.8%	13.8%
Altnagelvin Area MIU	-	-	-	-	0.0%
South West Acute	19.7%	23.3%	23.8%	21.6%	19.6%
Omagh	1.6%	3.1%	3.0%	2.8%	2.6%
Western Trust	12.7%	13.2%	14.1%	13.4%	13.8%
Type 1	18.9%	19.7%	16.9%	19.8%	21.2%
Type 2	14.5%	12.0%	9.2%	5.3%	4.5%
Type 3	1.1%	1.1%	1.0%	1.1%	1.9%
Northern Ireland	16.7%	17.8%	15.3%	17.7%	19.0%

Source: Encompass / Regional Data Warehouse

⁶⁹ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁷⁰ Information on referrals to ED by a GP is not Accredited Official 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
(2019/20 – 2023/24) ^{71, 72}**

HSC Trust / Hospital / Department Type	Left Before Treatment Complete				
	2019/20	2020/21	2021/22	2022/23	2023/24
Mater	9.7%	3.2%	5.6%	8.7%	12.1%
Royal Victoria	9.0%	7.2%	11.4%	11.7%	14.2%
Eye Casualty	1.5%	0.2%	0.2%	0.6%	0.5%
RBHSC	3.8%	0.8%	6.6%	8.3%	6.8%
Belfast Trust	7.5%	5.1%	8.5%	9.6%	11.0%
Antrim Area	3.1%	1.7%	3.8%	5.8%	6.9%
Causeway	2.8%	2.4%	5.2%	6.1%	6.1%
Mid Ulster	0.1%	0.1%	0.3%	0.3%	0.1%
Northern Trust	2.8%	1.8%	4.1%	5.6%	6.4%
Ards	0.7%	0.2%	0.1%	0.1%	0.0%
Bangor	1.4%	-	-	-	-
Downe	1.4%	0.1%	-	-	-
Lagan Valley	2.8%	1.8%	1.8%	1.1%	1.6%
Ulster	3.3%	1.9%	4.3%	5.8%	8.0%
Ulster MIU	-	-	-	-	2.8%
South Eastern Trust	2.6%	1.7%	3.5%	4.5%	6.4%
Craigavon Area	7.2%	3.3%	8.7%	9.4%	8.6%
Daisy Hill	4.8%	2.4%	5.7%	6.5%	4.5%
South Tyrone	0.2%	0.1%	0.1%	0.0%	0.0%
Southern Trust	5.1%	2.6%	6.4%	7.2%	6.1%
Altnagelvin Area	6.3%	3.9%	6.8%	8.7%	9.9%
Altnagelvin Area MIU	-	-	-	-	0.5%
South West Acute	5.3%	2.7%	5.0%	4.2%	3.9%
Omagh	1.8%	0.9%	1.2%	1.3%	1.6%
Western Trust	5.4%	3.2%	5.5%	6.2%	6.7%
Type 1	5.6%	3.3%	6.4%	7.6%	8.4%
Type 2	2.0%	1.4%	1.4%	0.9%	1.2%
Type 3	0.7%	0.3%	0.5%	0.5%	0.9%
Northern Ireland	4.8%	2.9%	5.7%	6.8%	7.5%

Source: Encompass / Regional Data Warehouse

⁷¹ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁷² Information on those who left an ED before treatment was complete is not Accredited Official 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 (2021/20 – 2023/24)^{73, 74}

HSC Trust / Hospital / Department Type	Re-attended within 7 days				
	2019/20	2020/21	2021/22	2022/23	2023/24
Mater	2.4%	1.1%	1.4%	1.5%	2.0%
Royal Victoria	2.7%	2.0%	0.9%	1.5%	1.7%
Eye Casualty	1.0%	0.4%	0.4%	0.3%	0.0%
RBHSC	6.0%	4.8%	5.9%	6.2%	5.7%
Belfast Trust	3.2%	2.4%	2.4%	2.8%	2.7%
Antrim Area	2.9%	2.9%	3.1%	3.0%	3.5%
Causeway	4.4%	3.5%	3.0%	4.2%	4.5%
Mid Ulster	1.6%	1.7%	1.3%	1.0%	0.3%
Northern Trust	3.3%	3.0%	3.0%	3.3%	3.7%
Ards	1.8%	1.0%	0.1%	0.1%	0.8%
Bangor	2.3%	-	-	-	-
Downe	2.8%	1.0%	-	-	-
Lagan Valley	2.1%	2.0%	2.0%	1.5%	1.3%
Ulster	1.9%	2.0%	2.7%	2.6%	2.5%
Ulster MIU	-	-	-	-	2.0%
South Eastern Trust	2.0%	1.9%	2.4%	2.2%	2.2%
Craigavon Area	4.9%	4.7%	5.0%	5.2%	4.9%
Daisy Hill	4.9%	5.0%	4.8%	3.5%	4.1%
South Tyrone	2.5%	2.0%	1.1%	0.6%	0.4%
Southern Trust	4.4%	4.3%	4.3%	4.0%	4.0%
Altnagelvin Area	4.8%	4.9%	5.7%	5.2%	5.3%
Altnagelvin Area MIU	-	-	-	-	0.0%
South West Acute	5.7%	6.2%	6.6%	6.7%	6.3%
Omagh	5.6%	6.2%	5.1%	4.9%	5.1%
Western Trust	5.2%	5.4%	5.9%	5.6%	5.6%
Type 1	3.8%	3.5%	3.8%	3.8%	3.8%
Type 2	2.1%	1.5%	1.5%	1.2%	0.9%
Type 3	2.9%	2.7%	2.1%	2.0%	2.2%
Northern Ireland	3.5%	3.3%	3.5%	3.5%	3.6%

Source: Encompass / Regional Data Warehouse

⁷³ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances)

⁷⁴ Information on unplanned re-attendances at EDs within 7 days is not Accredited Official 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 (2019/20 – 2023/24)⁷⁵

Total Number of Emergency Calls (2019/20 - 2023/24)	
Financial Year	Number of Emergency Calls
2019/20	210,160
2020/21	230,949
2021/22	226,068
2022/23	221,422
2023/24	283,244

Source: Revised CRM Information Return, NIAS

Table 25: Total Number of Emergency Calls, by LCG (2023/24)

Total Number of Emergency Calls 2023/24						
Year / Month	LCG					
	Belfast	Northern	South Eastern	Southern	Western	Northern Ireland
Apr 23	5,045	4,801	4,069	3,406	3,373	20,694
May 23	5,195	5,195	4,212	3,706	3,816	22,124
Jun 23	5,440	5,387	4,543	3,953	3,791	23,114
Jul 23	5,616	5,422	4,426	4,139	3,916	23,519
Aug 23	6,102	5,554	4,544	4,390	3,982	24,572
Sep 23	6,004	5,474	4,522	4,143	3,732	23,875
Oct 23	6,099	5,903	4,712	4,489	3,956	25,159
Nov 23	5,707	5,524	4,288	3,882	3,706	23,107
Dec 23	6,470	6,240	4,858	4,682	4,307	26,557
Jan 24	5,975	5,856	4,682	4,563	4,113	25,189
Feb 24	5,406	5,098	4,365	3,809	3,570	22,248
Mar 24	5,524	5,370	4,362	3,995	3,835	23,086
Total	68,583	65,824	53,583	49,157	46,097	283,244

Source: Revised CRM Information Return, NIAS

Table 26: Total Number of Incidents, by LCG (2023/24)

Total Number of Incidents 2023/24						
Year / Month	LCG					
	Belfast	Northern	South Eastern	Southern	Western	Northern Ireland
Apr 23	3,547	3,831	2,903	2,645	2,694	15,620
May 23	3,648	3,982	3,088	2,719	2,895	16,332
Jun 23	3,587	3,994	2,976	2,711	2,780	16,048
Jul 23	3,699	4,111	2,951	2,726	2,831	16,318
Aug 23	3,730	3,996	2,921	2,690	2,764	16,101
Sep 23	3,504	3,925	2,797	2,632	2,671	15,529
Oct 23	3,694	4,099	2,888	2,692	2,814	16,187
Nov 23	3,511	3,916	2,817	2,611	2,702	15,557
Dec 23	3,552	3,978	2,828	2,825	2,925	16,108
Jan 24	3,396	3,936	2,840	2,691	2,824	15,687
Feb 24	3,239	3,602	2,687	2,507	2,522	14,557
Mar 24	3,505	3,908	2,911	2,699	2,798	15,821
Total	42,612	47,278	34,607	32,148	33,220	189,865

Source: Revised CRM Information Return, NIAS

⁷⁵ 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: Mean Response Times, by LCG and Call Category (2023/24)

Category of Call	LCG	Mean Response Times by LCG, Call Category and Month 2023/24 (HH:MM:SS)											
		Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Category 1	Belfast	0:07:08	0:06:40	0:07:16	0:07:18	0:07:50	0:08:44	0:07:46	0:08:17	0:09:14	0:09:10	0:08:16	0:08:28
	Northern	0:11:14	0:11:21	0:10:50	0:10:53	0:12:33	0:12:04	0:13:35	0:13:14	0:14:33	0:13:16	0:13:52	0:13:58
	South Eastern	0:10:44	0:11:20	0:12:43	0:12:02	0:13:42	0:12:38	0:12:14	0:13:35	0:13:14	0:14:44	0:14:24	0:13:30
	Southern	0:11:31	0:12:58	0:11:39	0:14:59	0:14:32	0:13:31	0:15:38	0:12:41	0:14:14	0:15:57	0:13:37	0:14:05
	Western	0:10:40	0:11:02	0:11:12	0:11:32	0:11:04	0:11:04	0:11:18	0:12:08	0:12:44	0:11:28	0:11:03	0:11:07
	Northern Ireland	0:09:59	0:10:22	0:10:24	0:10:58	0:11:24	0:11:22	0:11:52	0:11:38	0:12:37	0:12:35	0:11:59	0:11:57
Category 1T	Belfast	0:09:32	0:11:32	0:10:51	0:10:50	0:10:07	0:12:19	0:10:28	0:10:47	0:12:04	0:11:33	0:12:05	0:11:59
	Northern	0:13:56	0:15:07	0:12:33	0:13:36	0:15:50	0:15:16	0:17:39	0:17:37	0:19:35	0:15:55	0:16:55	0:16:24
	South Eastern	0:15:39	0:14:10	0:19:03	0:17:11	0:19:42	0:16:36	0:16:19	0:16:48	0:16:49	0:20:26	0:18:32	0:17:13
	Southern	0:13:51	0:15:35	0:13:59	0:17:32	0:16:32	0:16:11	0:21:10	0:16:06	0:18:33	0:21:34	0:17:40	0:17:45
	Western	0:13:43	0:15:22	0:13:37	0:13:56	0:14:56	0:13:49	0:15:08	0:15:56	0:15:28	0:17:14	0:15:26	0:14:20
	Northern Ireland	0:13:04	0:14:11	0:13:41	0:14:15	0:14:45	0:14:35	0:15:48	0:14:59	0:16:16	0:16:48	0:15:50	0:15:12
Category 2	Belfast	0:30:27	0:28:42	0:37:01	0:34:36	0:38:37	0:50:26	0:45:37	0:49:07	1:23:44	1:13:33	1:09:15	0:55:17
	Northern	0:32:07	0:30:32	0:30:21	0:32:12	0:38:18	0:37:42	0:48:27	0:43:45	1:11:38	0:59:53	0:46:42	0:46:35
	South Eastern	0:38:23	0:37:32	0:47:44	0:47:23	0:51:38	1:03:55	1:01:02	1:02:19	1:35:26	1:25:58	1:21:36	1:12:33
	Southern	0:32:34	0:36:00	0:42:20	0:48:32	0:59:38	0:51:46	1:07:33	0:46:23	1:14:05	1:30:58	0:56:56	0:49:03
	Western	0:24:36	0:27:26	0:30:40	0:31:58	0:34:40	0:32:17	0:38:26	0:36:04	0:44:41	0:46:07	0:39:25	0:37:41
	Northern Ireland	0:31:41	0:31:46	0:37:14	0:38:14	0:43:51	0:46:45	0:51:37	0:47:27	1:13:39	1:10:23	0:58:32	0:51:58
Category 3	Belfast	1:40:14	1:41:01	2:23:06	2:22:02	2:57:27	3:23:38	4:12:54	4:03:26	4:45:48	5:06:43	4:54:58	2:51:04
	Northern	1:11:01	1:05:13	1:16:05	1:20:34	1:52:04	1:36:27	2:30:17	2:10:11	3:05:18	2:28:18	2:06:08	1:52:52
	South Eastern	1:36:10	1:44:21	2:39:27	2:31:50	2:38:02	3:22:08	4:10:37	3:29:19	4:47:31	4:13:28	4:15:06	3:10:04
	Southern	1:13:42	1:23:04	2:01:39	2:23:31	3:15:18	2:18:29	3:59:50	1:56:12	4:03:32	4:24:18	2:06:20	1:56:03
	Western	0:48:01	0:53:06	1:15:33	1:06:48	1:17:25	1:05:53	1:39:15	1:21:37	1:44:00	1:38:40	1:11:25	1:08:37
	Northern Ireland	1:15:49	1:19:44	1:48:42	1:51:24	2:17:04	2:07:52	3:02:41	2:23:40	3:23:32	3:09:48	2:29:24	2:03:00
Category 4	Belfast	3:25:10	1:57:22	2:38:32	4:54:45	9:38:02	6:41:09	21:34:54	4:53:59	14:31:24	-	9:25:59	2:40:38
	Northern	3:16:38	3:07:35	3:52:01	1:36:11	5:53:42	5:41:09	0:42:19	6:01:12	2:55:40	4:45:24	2:51:01	2:36:13
	South Eastern	4:52:12	0:47:49	1:56:37	5:24:46	4:48:30	10:16:37	0:30:26	2:56:33	4:40:32	1:14:38	1:04:24	0:46:43
	Southern	2:24:16	1:08:53	9:46:12	0:37:03	5:36:14	1:29:42	1:13:15	2:25:59	0:51:46	0:37:13	0:11:56	0:03:21
	Western	1:49:17	2:19:20	2:20:44	1:27:48	4:51:34	0:48:20	1:33:07	5:07:17	0:42:25	-	5:01:36	-
	Northern Ireland	3:15:05	2:04:47	3:18:02	3:32:12	6:18:03	4:30:42	3:06:56	4:06:25	3:46:56	2:12:25	4:16:45	5:04:00

Source: Revised CRM Information Return, NIAS

Table 28: 90th Percentile Response Times, by LCG and Call Category (2023/24)

Category of Call	LCG	90th Percentile Response Times by LCG, Call Category and Month 2023/24 (HH:MM:SS)											
		Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Category 1	Belfast	0:12:00	0:11:26	0:11:57	0:12:55	0:12:55	0:14:49	0:13:28	0:13:38	0:15:58	0:16:11	0:13:12	0:13:45
	Northern	0:21:30	0:21:24	0:20:16	0:20:25	0:22:55	0:22:08	0:24:10	0:23:19	0:27:25	0:25:35	0:26:46	0:27:22
	South Eastern	0:20:00	0:21:46	0:22:53	0:22:44	0:26:17	0:24:42	0:22:47	0:22:47	0:25:12	0:27:05	0:25:17	0:26:16
	Southern	0:21:14	0:23:34	0:25:56	0:25:38	0:25:38	0:26:08	0:30:36	0:25:11	0:24:36	0:29:57	0:25:26	0:26:25
	Western	0:20:52	0:22:24	0:21:38	0:20:52	0:20:52	0:21:37	0:21:37	0:24:32	0:24:07	0:22:40	0:23:10	0:24:09
	Northern Ireland	0:19:34	0:20:37	0:21:07	0:22:32	0:22:32	0:22:02	0:22:47	0:22:05	0:23:46	0:24:45	0:23:20	0:23:58
Category 1T	Belfast	0:18:48	0:23:53	0:21:50	0:19:00	0:19:15	0:20:52	0:19:05	0:19:58	0:20:24	0:20:14	0:23:10	0:18:13
	Northern	0:26:55	0:27:06	0:23:41	0:23:49	0:33:16	0:28:58	0:31:33	0:32:02	0:35:57	0:31:21	0:31:44	0:29:39
	South Eastern	0:35:06	0:29:19	0:35:20	0:36:45	0:38:01	0:28:30	0:30:50	0:27:38	0:33:10	0:37:31	0:29:53	0:30:53
	Southern	0:23:19	0:26:43	0:23:52	0:31:52	0:34:21	0:31:00	0:42:11	0:28:31	0:34:32	0:40:17	0:31:06	0:32:44
	Western	0:24:16	0:30:11	0:28:47	0:24:31	0:31:25	0:25:12	0:29:35	0:27:39	0:31:52	0:32:49	0:29:37	0:29:03
	Northern Ireland	0:26:21	0:27:41	0:29:14	0:26:51	0:31:47	0:28:22	0:31:28	0:27:39	0:32:07	0:33:40	0:30:17	0:29:09
Category 2	Belfast	1:11:12	1:07:48	1:21:42	1:19:23	1:33:08	1:56:03	1:42:30	1:48:24	3:17:06	2:55:45	2:45:50	2:06:37
	Northern	1:03:22	1:02:42	1:04:34	1:06:03	1:23:43	1:17:20	1:44:07	1:30:12	2:48:44	2:11:44	1:42:14	1:41:42
	South Eastern	1:21:51	1:23:32	1:41:02	1:46:46	1:56:40	2:25:01	2:07:38	2:11:26	3:55:23	3:02:22	3:02:34	2:35:45
	Southern	1:08:53	1:15:44	1:27:26	1:42:10	2:12:00	1:47:27	2:18:51	1:38:55	2:41:05	3:31:08	2:03:38	1:47:35
	Western	0:52:02	0:58:21	1:05:45	1:06:11	1:17:25	1:12:07	1:26:02	1:21:07	1:40:07	1:41:40	1:26:08	1:23:04
	Northern Ireland	1:08:58	1:09:09	1:20:34	1:24:10	1:39:39	1:45:12	1:51:19	1:42:28	2:46:53	2:39:35	2:13:46	1:54:51
Category 3	Belfast	4:33:55	4:05:02	6:01:00	6:05:05	8:25:32	9:34:12	10:26:54	9:48:33	12:23:30	14:07:18	13:18:28	8:35:59
	Northern	2:56:54	2:40:46	2:58:40	3:17:35	5:02:28	3:51:05	6:44:01	5:33:49	7:55:33	5:48:02	5:48:48	5:29:03
	South Eastern	4:16:06	3:48:08	6:26:02	6:54:10	6:32:50	9:01:45	9:30:06	8:49:16	14:04:51	11:37:08	12:32:31	8:42:38
	Southern	2:34:18	3:27:24	4:56:29	5:45:33	8:06:07	5:35:37	10:10:38	4:34:57	9:55:01	12:06:35	5:05:13	3:53:57
	Western	1:56:49	2:03:01	2:42:38	2:47:31	3:11:35	2:33:29	4:06:34	3:20:40	4:14:50	3:39:27	2:44:49	2:55:45
	Northern Ireland	3:03:31	3:16:25	4:21:41	4:40:00	5:59:45	5:28:06	8:03:05	6:03:00	8:51:17	8:32:55	6:19:16	5:33:01
Category 4	Belfast	6:58:10	2:55:20	5:11:12	6:02:19	12:52:23	8:42:28	-	2:23:32	-	-	11:24:56	0:17:16
	Northern	7:34:52	1:05:46	1:54:07	9:23:57	8:04:30	0:02:06	-	1:09:44	-	-	0:19:31	-
	South Eastern	1:33:49	5:26:48	11:00:28	-	12:13:45	3:14:34	0:17:33	5:20:27	1:00:09	-	1:41:57	0:59:54
	Southern	2:56:20	1:08:24	7:10:05	0:33:48	7:06:20	0:34:01	1:32:03	0:43:58	-	-	-	-
	Western	2:29:23	2:32:31	2:01:24	2:09:43	5:14:50	1:28:50	-	2:28:08	0:00:38	-	-	-
	Northern Ireland	7:34:52	3:00:44	7:13:46	9:23:57	12:13:45	13:56:13	2:39:40	7:46:25	7:23:15	1:14:38	8:03:09	5:04:00

Source: Revised CRM Information Return, NIAS

Table 29: Response Times, by LCG and Call Category (2023/24)

Response Times by LCG and Call Category 2023/24						
LCG	Mean			90th Percentile		
	Category 1	Category 1T	Category 2	Category 1	Category 1T	Category 2
Belfast	0:08:05	0:11:14	0:48:25	0:13:44	0:20:13	1:52:04
Northern	0:12:42	0:15:59	0:42:59	0:23:53	0:30:04	1:31:34
South Eastern	0:12:57	0:17:23	1:01:25	0:24:45	0:33:14	2:14:29
Southern	0:13:54	0:17:25	0:54:27	0:26:05	0:33:10	1:58:39
Western	0:11:24	0:15:00	0:35:16	0:22:40	0:29:33	1:18:45
Northern Ireland	0:11:30	0:15:02	0:48:09	0:22:23	0:29:46	1:46:31

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 Ireland ⁷⁶.

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 & Encompass – Waiting times at EDs

Clinical Response Model (CRM) – Ambulance response data

Clinical Quality Indicators – Data Warehouse downloads and Encompass downloads ⁷⁷.

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 and Encompass 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 ⁷⁸

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.

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.

⁷⁶ Refer to Appendix 1: Definitions.

⁷⁷ Refer to Appendix 3 for further information.

⁷⁸ Refer to Appendix 6: Data in the publication for further information.

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 the 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.

Accredited Official Statistics

[Accredited Official Statistics](#) are official statistics that have been independently reviewed by Office for Statistics Regulation (OSR) and confirmed to comply with the standards of trustworthiness, quality and value in the [Code of Practice for Statistics](#). Producers of accredited official statistics are legally required to ensure they maintain compliance with the Code. Accredited official statistics are called Accredited Official Statistics in the Statistics and Registration Service Act 2007.

These accredited official statistics were independently reviewed by OSR in 2012 in the [Assessment of Northern Ireland Hospital Statistics: Emergency Care](#), with [accreditation confirmed](#) in June 2013. They comply with the standards of trustworthiness, quality and value in the Code of Practice and should be labelled Accredited Official Statistics (or 'accredited official statistics').

Our statistical practice is regulated by OSR. They set the standards of trustworthiness, quality and value in the Code of Practice for Statistics that all producers of official statistics should adhere to. You are welcome to contact us directly with any comments about how we meet these standards. Alternatively, you can contact OSR by emailing regulation@statistics.gov.uk or via the [OSR website](#).

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).

[Emergency care waiting times – additional guidance | Department of Health \(health-ni.gov.uk\)](#)

DoH have also collaborated with the Office for Accredited Official Statistics (ONS), together with colleagues in England, Scotland and Wales to produce a summary report of the cross-UK comparability of emergency care waiting time statistics from January 2013 to September 2023. The report can be viewed or downloaded using the link below.

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/article/s/accidentandemergencywaittimesacrosstheuk/2024-02-28>

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/>⁷⁹

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

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



⁷⁹ Preliminary discussions have identified comparability issues between Northern Ireland and England regarding the 12 hour waiting time target.

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:

[Contextual information for using hospital statistics | Department of Health \(health-ni.gov.uk\)](#)

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 24 hour service with full resuscitation facilities and designated accommodation for the reception of emergency care patients.

1.3 Type 2 Emergency Care Department

A consultant-led mono specialty emergency care service (e.g. ophthalmology, dental) with designated accommodation for the reception of patients.

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

Other types of ED/minor injury activity with designated accommodation for the reception of emergency care patients. The department may be doctor-led, General Practitioner-led or nurse-led and treats at least minor injuries and illnesses and can be routinely accessed without appointment. A service mainly or entirely appointment based (for example a GP practice or out-patient clinic) is excluded even though it may treat a number of patients with minor illness or injury. Includes urgent treatment centres.

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 stop 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

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) ⁸⁰	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ⁸¹ (Closed)
	Causeway		Mid Ulster (9-5pm Mon-Fri)
South Eastern	Ulster	Lagan Valley	Ards MIU ⁸² (Closed)
		Downe ⁸³ (Currently Operating as an Urgent Care Centre)	Bangor MIU ⁸⁴ (Closed)
			Ulster MIU ⁸⁵
Southern	Craigavon Area		South Tyrone
	Daisy Hill ⁸⁶		Armagh Community ⁸⁷ (Closed)
			Craigavon Respiratory ED (Covid-19) ⁸⁸ (Closed)
			Craigavon Paediatric ED ⁸⁹ (Closed)
Western	Altnagelvin Area		Tyrone County ⁹⁰ (Closed)
	South West Acute		Omagh ⁹⁰
			Altnagelvin Area MIU ⁹¹

⁸⁰ Eye Casualty refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

⁸¹ Whiteabbey Temporarily closed on 1st December 2014.

⁸² Ards MIU closed on 1st September 2023.

⁸³ Downe temporarily closed 30th March 2020, reopened as a MIU 10th August 2020, reopened as an Urgent Care Centre 19th October 2020.

⁸⁴ Bangor temporarily closed 12th March 2020 and has since permanently closed.

⁸⁵ Ulster MIU opened 6th September 2023.

⁸⁶ Daisy Hill temporarily closed between 28th March 2020 and 19th October 2020.

⁸⁷ Armagh Community temporarily closed on 17th November 2014.

⁸⁸ Craigavon Respiratory ED (COVID) temporarily opened on 29th March 2020 and closed on 19th October 2020.

⁸⁹ Craigavon Paediatric ED temporarily opened on 31st March 2020 and closed on 12th June 2020.

⁹⁰ Tyrone County closed on 20th June 2017 and all emergency services were transferred to the new Omagh Hospital and Primary Care Complex.

⁹¹ Altnagelvin Area MIU opened 25th March 2024.

Appendix 3: Emergency Care Waiting Times (EC1 and Encompass)

- 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 2023/24 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 2024, 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 of the 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 and has since close permanently.
- 3.32 In Belfast HSC Trust, the Urgent Care Centre opened on 14th October 2020.
- 3.33 In Northern HSC Trust, PhoneFirst services started on 17th November 2020.
- 3.34 In South Eastern HSC Trust, Downe PhoneFirst started on 1st October 2020, Downe Urgent Care Centre opened on 19th October 2020, Lagan Valley PhoneFirst started on 18th October 2021.
- 3.35 In Southern HSC Trust, PhoneFirst and the Urgent Care Centre opened on 30th November 2020.
- 3.36 In Western HSC Trust, PhoneFirst started on 25th January 2021.
- 3.37 Ards MIU closed on 1st September 2023.
- 3.38 Ulster MIU opened on 6th September 2023.
- 3.39 In September 2023, the definitions used to determine the designation of Type 1, 2, and 3 Emergency Departments (EDs) in Northern Ireland were revised to bring these in line with definitions used by NHS England. Each HSC Trust reviewed the revised definitions to determine if the information currently being reported for their HSC Trust was presented in the appropriate ED type, or if a change in designation type was required. Following this exercise, no change in designation was required.
- 3.40 On 9th November 2023, South Eastern HSC Trust implemented a new electronic patient record system known as Encompass.
- 3.41 Altnagelvin Area MIU opened on 25th March 2024.

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 Return and 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 90th 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, figures for 2021/22 were 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. Encompass

Data Quality Assessment

Data is solely derived from administrative systems (NIRAES/SYMPHONY/Encompass); although, it should be noted that for NIRAES and SYMPHONY sites we access this information directly from the Regional Data Warehouse, and for Encompass sites we access this information directly from the Encompass system.

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

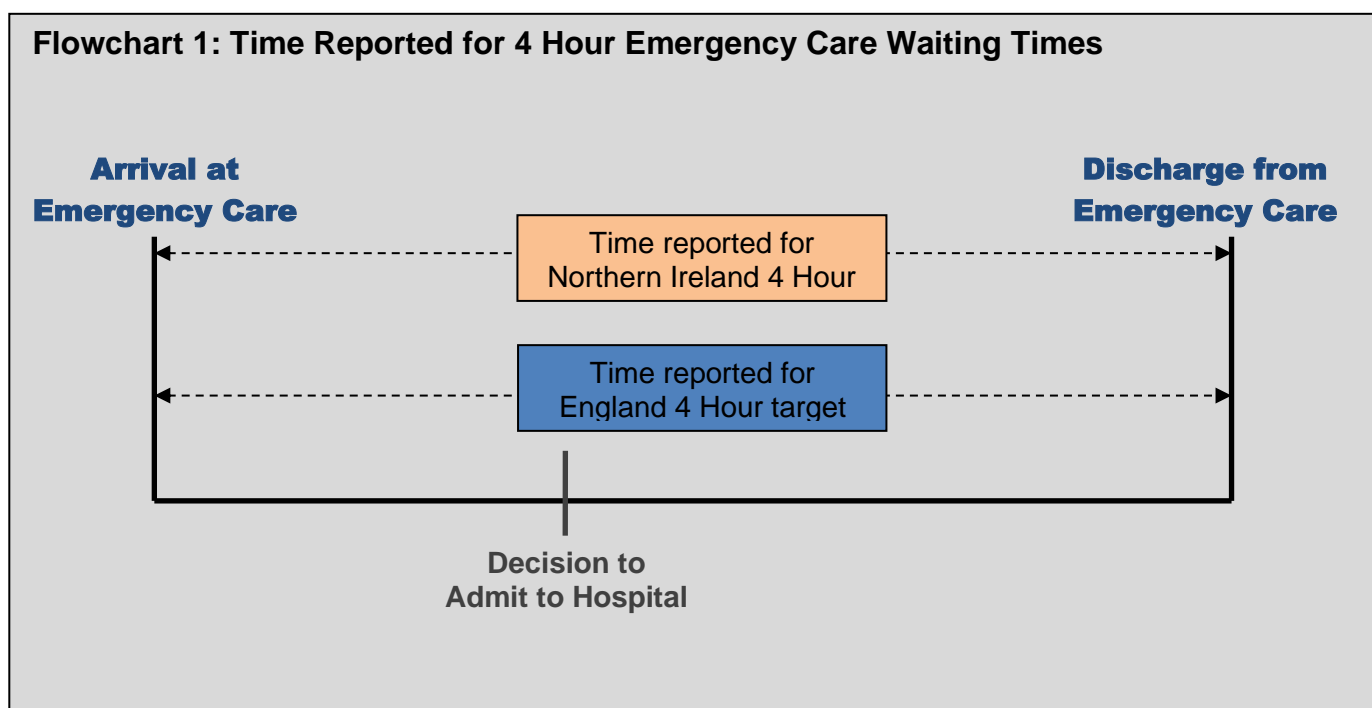
The DoH are currently liaising with colleagues in England, Scotland and Wales to clarify any differences between the emergency care waiting times reported for each administration. We would therefore ask users to be cautious when making direct comparisons between Northern Ireland and other UK Jurisdictions 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.



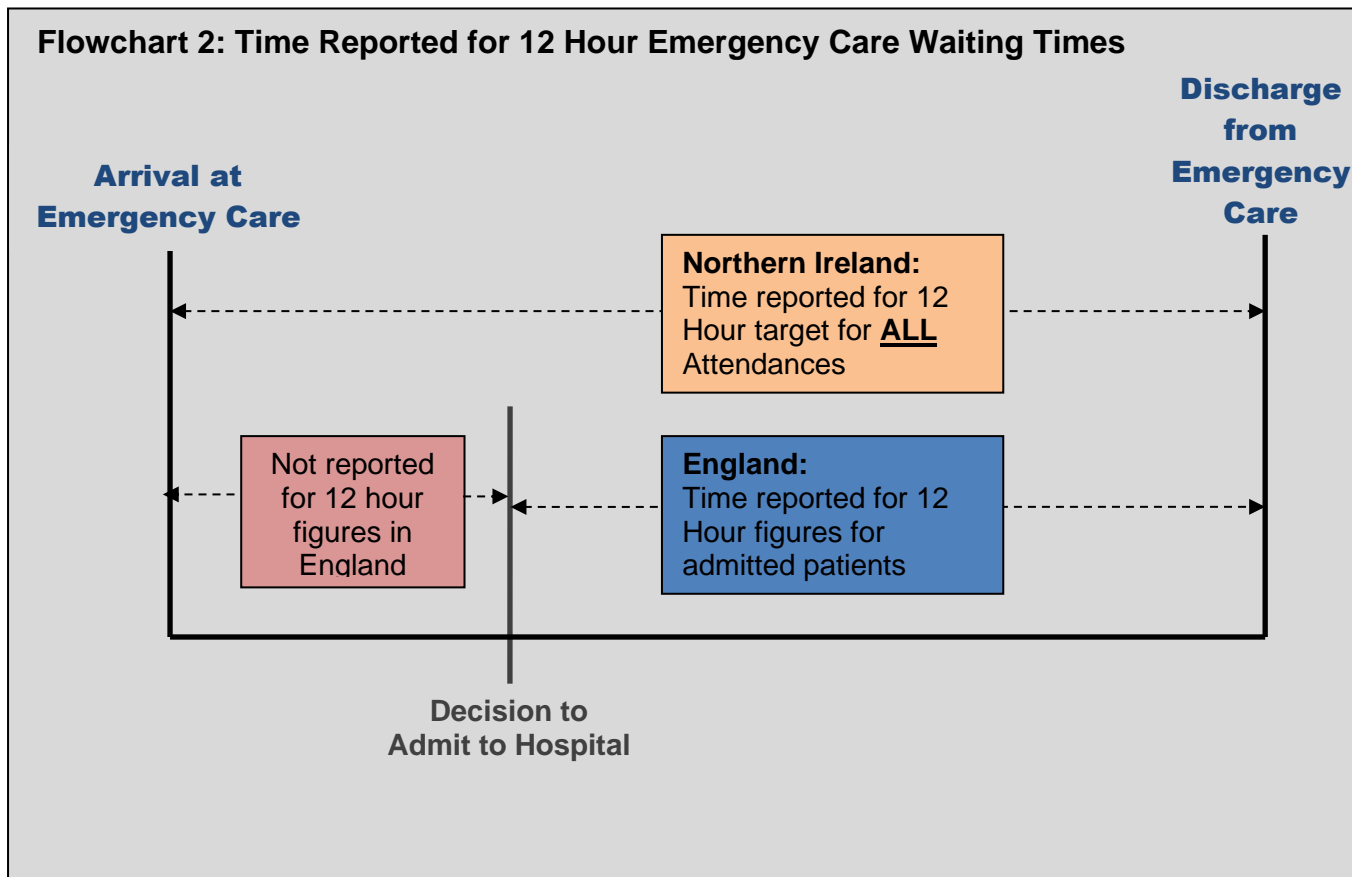
12 Hour

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.



DoH have collaborated with the Office for Accredited Official Statistics (ONS), together with colleagues in England, Scotland and Wales to produce a summary report of the cross-UK comparability of emergency care waiting time statistics from January 2013 to September 2023. The report can be viewed or downloaded using the link below.

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/ccidentandemergencywaittimesacrosstheuk/2024-02-28>

(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 2024.

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.

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.

(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.
- iii. Encompass

Data Quality Assessment

Data is solely derived from administrative systems (NIRAES/SYMPHONY/Encompass). 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, Encompass) and patient transport & emergency response data (CRM) included in this publication.

Stage 1:

Following the submission of the monthly CRM, EC1 and quarterly KH09 (ii) returns, including NIRAES and Symphony data downloaded from regional data warehouse, and data downloaded directly from Encompass, 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 Strategic Planning and Performance Group (SPPG). 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, Liz Graham. 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:

Hospital Information Branch
Information & Analysis Directorate
Department of Health
Stormont Estate
Belfast, BT4 3SQ

✉ Email: statistics@health-ni.gov.uk

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>