

INFORMATION
ANALYSIS
DIRECTORATE



Hospital Statistics: Emergency Care 2016/17



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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Key Points

Latest Year (2016/17)



770,223

New and Unplanned
Review Attendances at
ED's

74.4%

of Attendances at ED's
were treated and
discharged home, or
admitted within 4 hours

51.0%

of Category A
(Immediately Life
Threatening) Calls
were responded to
within 8 minutes

- One in four (25.2%) attendances at emergency care departments (ED) during 2016/17 were in the Belfast Health and Social Care Trust (Figure 6, Table 2).
- Over four in five (81.6%) patients attending ED's in 2016/17 commenced their treatment within 2 hours of being triaged (Figure 18, Table 19)

Comparison with Previous Year (2015/16 – 2016/17)

- Since 2015/16, the total number of attendances (new, unplanned and planned reviews) at ED's increased by 34,481 (4.5%), from 763,185 to 797,666 in 2016/17 (Figure 1, Table 1).
- Between 2015/16 and 2016/17, performance against the 4 hour waiting times target declined by 1.7 percentage points from 76.1% to 74.4%; with performance at Type 1 and Type 2 departments declining (71.7% to 69.8% and 92.7% to 88.9% respectively), whilst performance at Type 3 departments remained at 100.0% (Table 17).
- A higher number of patients waited longer than 12 hours in 2016/17 (6,494) compared with 2015/16 (3,875), with the most notable increase at the RVH (577 to 1,124) (Figure 17, Table 22).
- Since 2015/16, the proportion of Category A Calls responded to within 8 minutes decreased by 2.5 percentage points, from 53.5% to 51.0% in 2016/17 (Figure 35, Table 26).

Five Year Trends (2012/13 – 2016/17)

- During the last five years, the total number of ED attendances (new, unplanned and planned reviews) has increased by 81,917 (11.4%), from 715,749 in 2012/13 to 797,666 in 2016/17 (Figure 1, Table 1).
- Since 2012/13, performance against the 4 hour waiting times target declined by 4.1 percentage points from 78.5% to 74.4% in 2016/17 (Table 21).
- Between 2012/13 and 2016/17, the number of patients waiting longer than 12 hours increased from 5,560 to 6,494, with the RVH reporting the most notable increase during this period (267 to 1,124) (Figure 17, Table 22).
- Since 2012/13, the proportion of Category A Calls responded to within 8 minutes decreased by 17.3 percentage points, from 68.3% to 51.0% in 2016/17 (Figure 35, Table 26).
- Since 2014/15, the proportion of attendances referred by a GP increased by 1.3 percentage points, from 15.3% to 16.6% in 2016/17 (Figure 3, Table 3) ¹

¹ Only 3 years' data available for GP referrals.

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Technical Notes

This statistical release is part of an annual series presenting information on activity at ED's in Northern Ireland².

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.

- KH09 (ii) – New, Unplanned and Planned Review Attendances at ED's
- EC1 – Waiting times at ED's
- KA34 – Patient Transport & Emergency Response
- Clinical Quality Indicators³

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 the following link:

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

Information on emergency care waiting times is downloaded from the Regional Data Warehouse on the 8th of each month for all ED's, with exception of the Regional Acute Eye Service (RAES) which is sourced from the aggregate EC1 return, and based on the position on the 8th of each month.

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 5.

² Refer to Appendix 1: Definitions.

³ Refer to Appendix 3: Point 3.24 for further information.

Data Quality ⁴

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. 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.

A National Statistics Publication

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

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

It is the DoH responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed. Further information on the Code of Practice for National Statistics is available at: <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/>.

A list of those who received 24-hour pre-release access to this publication is available at: <https://www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics>

⁴ Refer to Appendix 5: Data in the publication for further information.

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 ED's. Two key differences are as follows: first, waiting times at Type 1 departments are higher than at other departments; second, fewer patients are admitted to hospital from Type 2 or 3 departments.

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

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

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

England: <http://www.england.nhs.uk/statistics/ae-waiting-times-and-activity/>⁵

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

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



Contextual Information

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

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

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

⁵ Preliminary discussions have identified comparability issues between Northern Ireland and England regarding the 12 hour waiting time target.

Attendances at Emergency Care Departments ⁶

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, temporary closure of ED's, and changes to both the ENT & RAES ⁷ services at the Royal Victoria Hospital ⁸.

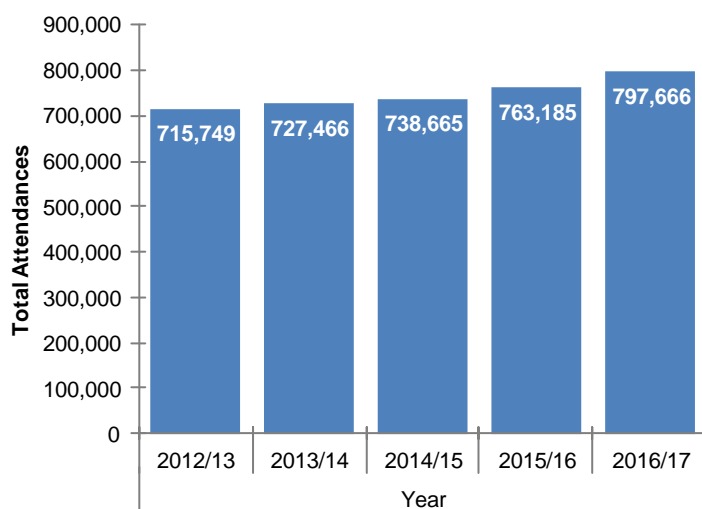
Further details of the changes in emergency care service provision are detailed in Appendix 3.

5 Year Trend

Total Attendances ⁹

Figure 1 presents information on the total number of attendances at ED's.

Figure 1: Total Attendances at ED's (2012/13 - 2016/17)



Over the last 5 years, the total number of attendances at ED's increased by 11.4% (81,917), from 715,749 in 2012/13 to 797,666 in 2016/17 (Figure 1, Table 1).

⁶ Analysis by ED's is detailed in the 'Additional Tables' (Page 27 - 48).

⁷ Refer to Appendix 3: Point 3.20 for further information.

⁸ Refer to Appendix 3: Point 3.23 for further information.

⁹ Information refers to new, unplanned & planned review attendances.

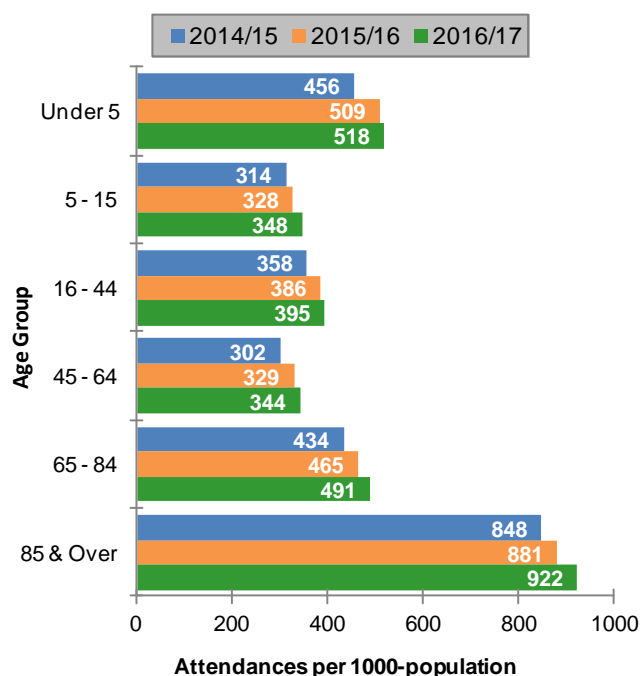
3 Year Trend

Attendances ¹⁰

To provide a comprehensive view of emergency care activity in Northern Ireland, information has been included on a number of Clinical Quality indicators ¹¹; although, this information has not yet been classified as National Statistics.

Unfortunately this information is only available from April 2014, and based on new and unplanned attendances only. **Planned reviews are not included.**

Figure 2: ED Attendances per 1000-population by Age Group (2014/15 – 2016/17)



Since 2014/15, the rate of attendances per 1000-population increased in all age groups (Figure 2).

During each of the last 3 years, the highest number of attendances per 1000-population was recorded for those aged 85 & over (Figure 2).

The lowest number of attendances per 1000-population was recorded in the 45 - 64 age group for the same period (Figure 2).

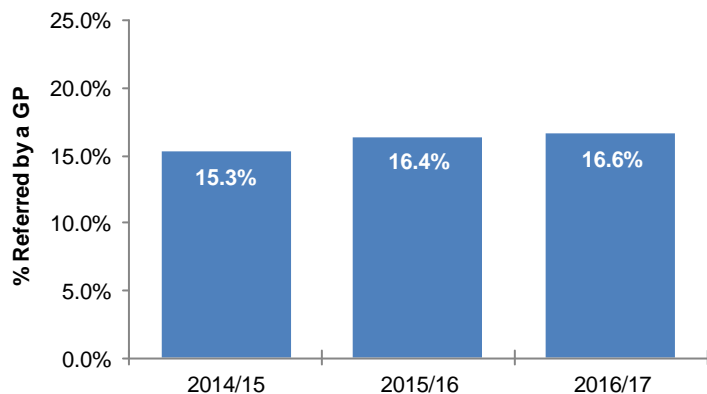
¹⁰ Information refers to new and unplanned review attendances only.

¹¹ Refer to Appendix 3: Point 3.24 for further information.

GP Referrals ¹²

Figure 3 presents information on the percentage of attendances which were referred to ED by a GP during each year.

Figure 3: Percentage of ED Attendances Referred by a GP (2014/15 – 2016/17)

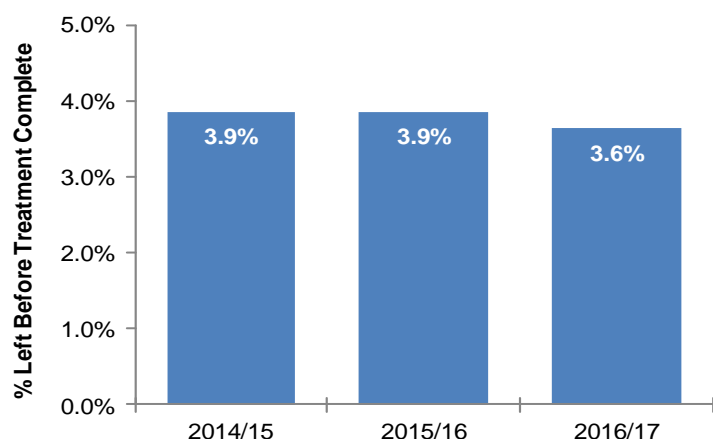


Since 2014/15, the percentage of attendances referred by a GP increased by 1.3 percentage points, from 15.3% to 16.6% in 2016/17 (Figure 3, Table 3).

Leaving ED before Treatment Complete ¹³

Figure 4 presents information on the percentage of attendances that left an ED before their treatment was complete.

Figure 4: Percentage Leaving ED before their Treatment was Complete (2014/15 – 2016/17)



Between 2014/15 and 2016/17, the percentage of attendances who left an ED before their treatment was complete decreased slightly from 3.9% to 3.6% (Figure 4, Table 4).

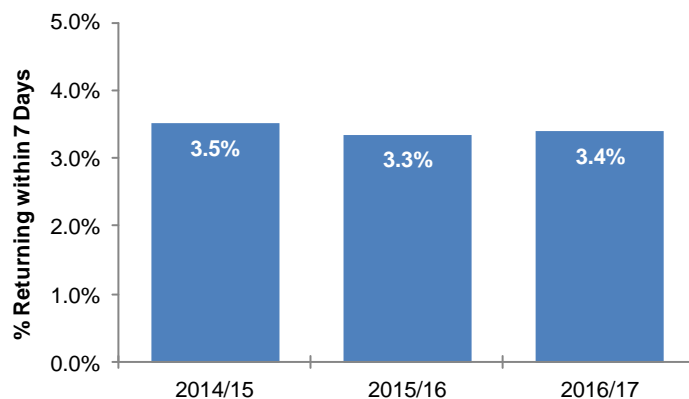
¹² Information refers to new and unplanned review attendances only.

¹³ Information refers to new and unplanned review attendances only.

Re-attendances within 7 Days ¹⁴

Figure 5 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 5: Percentage of Re-attendances at ED's within 7 Days (2014/15 – 2016/17)



Over the last 3 years, the percentage of patients re-attending the same ED within 7 days of the original attendance remained broadly similar. (Figure 5, Table 5).

Financial Year 2016/17

It is important to note that patients are not constrained to attend ED's 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.

It should also be noted that each HSC Trust has different configurations of ED types and this should be taken into consideration when comparing overall performance across HSC Trusts.

Attendances ¹⁵

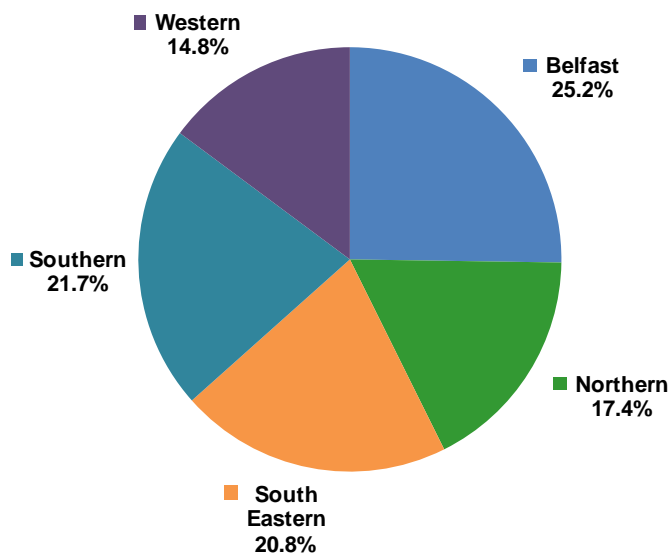
During 2016/17, there were 797,666 attendances at ED's, of which, 733,491 (92.0%) were new attendances, 37,028 (4.6%) were unplanned review attendances, and 27,147 (3.4%) were planned review attendances (Table 2).

Figure 6 presents information on the total number of ED attendances by HSC Trust during 2016/17.

¹⁴ Information refers to unplanned review attendances only.

¹⁵ Information refers to new, unplanned & planned review attendances.

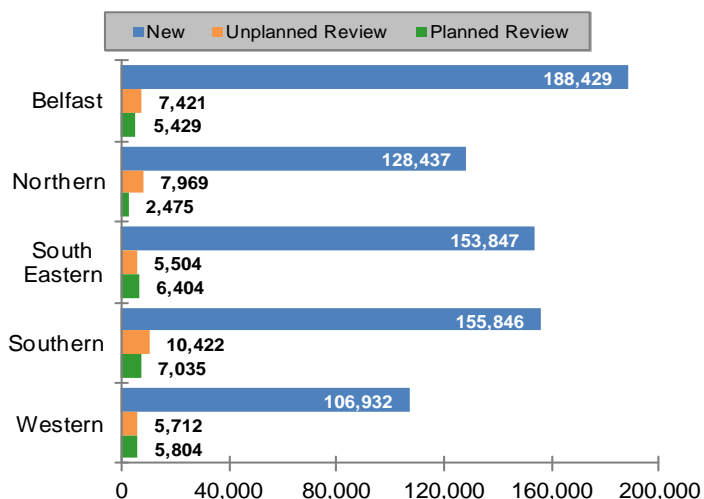
Figure 6: Attendances at ED's, by HSC Trust (2016/17)



A quarter (25.2%) of attendances during 2016/17 attended ED's in the Belfast HSC Trust (201,279), 21.7% (173,303) in the Southern HSC Trust, 20.8% (165,755) in the South Eastern HSC Trust, 17.4% (138,881) in the Northern HSC Trust, and 14.8% (118,448) in the Western HSC Trust (Figures 6 & 7, Table 2).

Figure 7 details the number of new, unplanned and planned review attendances at ED's within each HSC Trust during 2016/17.

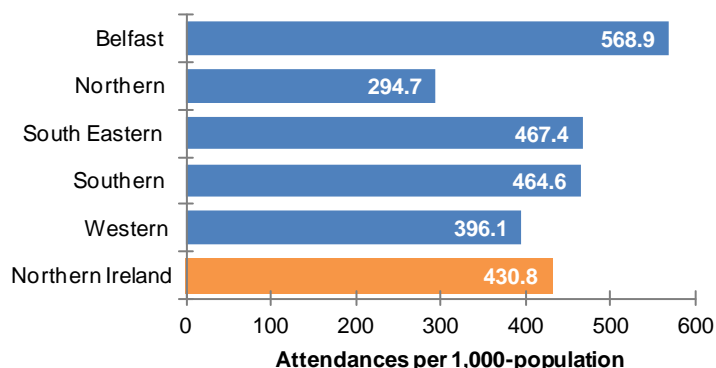
Figure 7: Attendances at ED's, by Attendance Type and HSC Trust (2016/17)



The number of new attendances in 2016/17 was highest in the Belfast HSC Trust (188,429) and lowest in the Western HSC Trust (106,932) (Figure 7, Table 2).

Figure 8 presents information on the number of ED attendances in each HSC Trust per 1,000-population¹⁶ during 2016/17.

Figure 8: Attendances at ED's per 1,000-Population, by HSC Trust (2016/17)



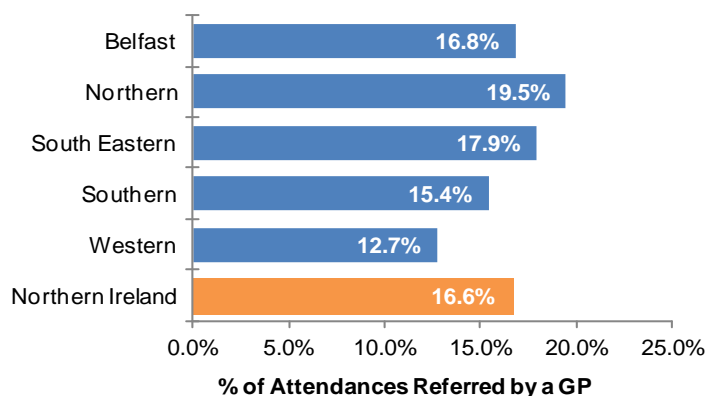
During 2016/17, there were 430.8 attendances at ED's per 1,000-population in Northern Ireland (Figure 8).

Belfast HSC Trust (568.9) reported the highest number of attendances per 1,000-population during 2016/17 whilst the Northern HSC Trust (294.7) reported the lowest (Figure 8).

GP Referrals¹⁷

Figure 9 details the percentage of ED attendances who had been referred by a GP within each HSC Trust during 2016/17.

Figure 9: Percentage of GP Referrals, by HSC Trust (2016/17)



During 2016/17, almost 1 in 5 (19.5%) attendances in the Northern HSC Trust had been referred by a GP, compared with 12.7% in the Western HSC Trust (Figure 9, Table 3).

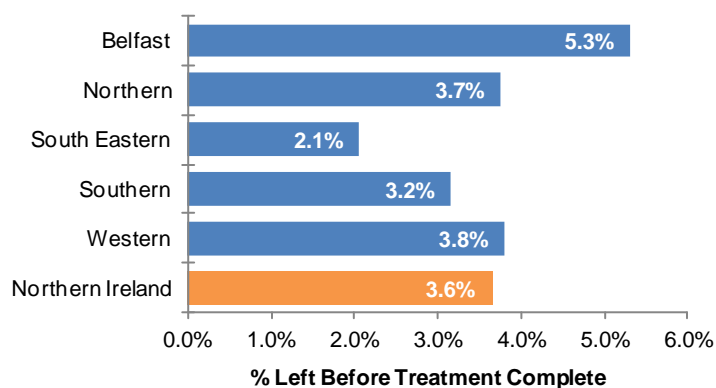
¹⁶ Based on NISRA 2015 mid-year population estimate, published on 31st August 2016.

¹⁷ Information refers to new and unplanned review attendances only.

Leaving ED before Treatment was Complete ¹⁸

Figure 10 presents information on the proportion of attendances which left an ED before their treatment was complete during 2016/17.

Figure 10: Percentage of Attendances Leaving ED before their Treatment was Complete, by HSC Trust (2016/17)

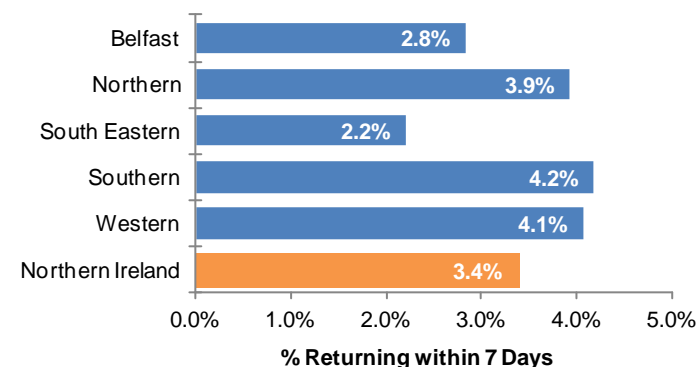


The highest percentage of attendances leaving an ED before their treatment was complete was reported by the Belfast HSC Trust (5.3%) and lowest by the South Eastern HSC Trust (2.1%) (Figure 10, Table 4).

Re-attendance within 7 Days ¹⁹

Figure 11 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 11: Percentage of Re-attendances at ED's within 7 Days, by HSC Trust (2016/17)



During 2016/17, the percentage of re-attendances within 7 days was highest in the Southern HSC Trust (4.2%), and lowest in the South Eastern HSC Trust (2.2%) (Figure 11, Table 5).

¹⁸ Information refers to new and unplanned review attendances only.

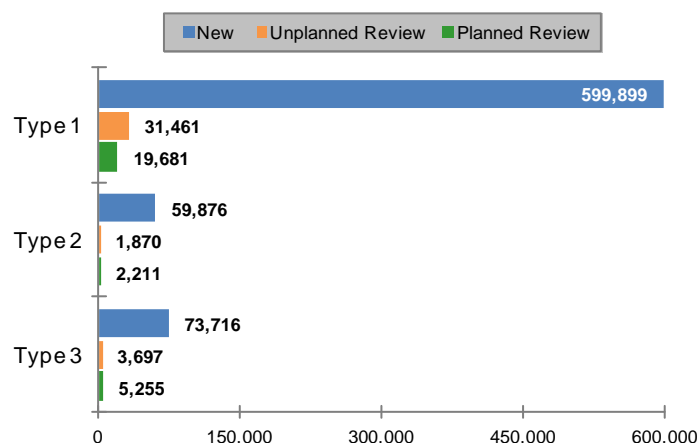
¹⁹ Information refers to unplanned review attendances only.

Department Type ²⁰

Attendances ²¹

Figure 12 shows the number of new, unplanned and planned review attendances at ED's during 2016/17, by ED Type.

Figure 12: Total Attendances, by ED Type (2016/17)

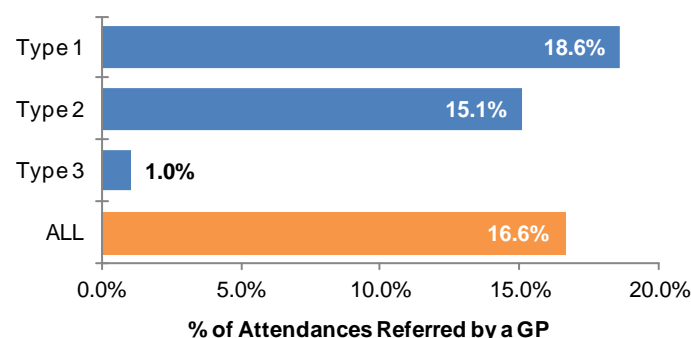


Over four in five (651,041, 81.6%) attendances at ED's in 2016/17 were at Type 1 ED's, 63,957 (8.0%) at Type 2 ED's and 82,668 (10.4%) at Type 3 ED's (Table 14).

GP Referrals ²²

Figure 13 shows the percentage of attendances who had been referred by a GP to each ED Type during 2016/17.

Figure 13: Percentage of GP Referrals, by ED Type (2016/17)



Almost a fifth (18.6%) of attendances at Type 1 ED's during 2016/17 had been referred by a GP, compared with 15.1% at Type 2 ED's and 1.0% at Type 3 ED's (Figure 13, Table 3).

²⁰ Refer to Appendix 1: Definitions – points 1.1 – 1.5

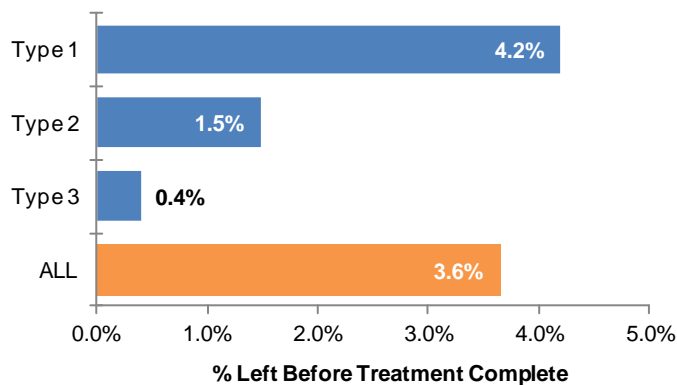
²¹ Information refers to new, unplanned & planned review attendances.

²² Information refers to new and unplanned review attendances only.

Leaving ED before Treatment Complete²³

Figure 14 details the percentage of attendances who left an ED before their treatment was complete, for each ED Type during 2016/17.

Figure 14: Percentage of Attendances Leaving ED before their Treatment was Complete, by ED Type (2016/17)

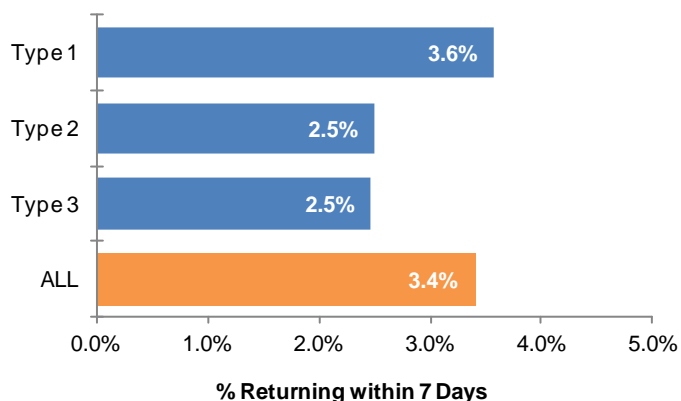


During 2016/17, 4.2% of attendances left a Type 1 ED before their treatment was complete, compared with 1.5% at Type 2 ED's and 0.4% at Type 3 ED's (Figure 14, Table 4).

Re-attendance within 7 Days²⁴

Figure 15 presents information on the percentage of attendances who returned to the same ED for the same condition, within 7 days of their first attendance during 2016/17.

Figure 15: Percentage of Re-attendances at ED's within 7 Days, by ED Type (2016/17)



During 2016/17, Type 1 ED's reported the highest percentage (3.6%) of unplanned reviews within 7 days of the original attendance for the same condition, compared with 2.5% at both Type 2 and 3 ED's (Figure 15, Table 5).

²³ Information refers to new and unplanned review attendances only.

²⁴ Information refers to unplanned review attendances only.

Waiting Times at Emergency Care Departments ²⁵

Information detailed on emergency care waiting times reported in this section is published on a quarterly basis, and is available to view or download from the link below:

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

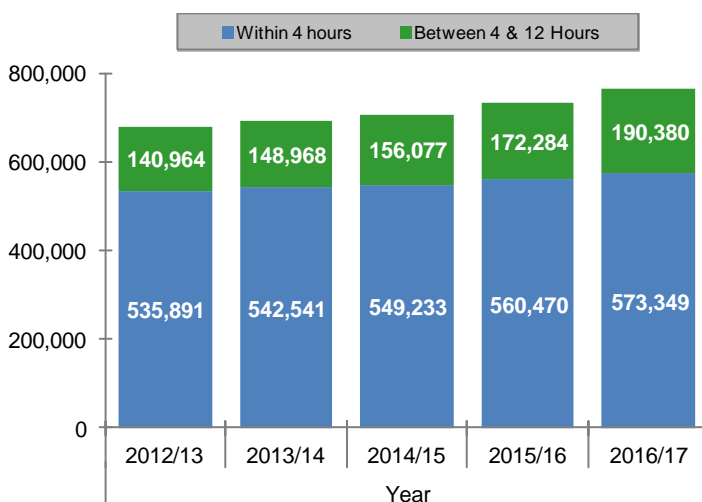
5 Year Trend ²⁶

Figures 16 and 17 present information on the length of time patients spent waiting to be treated at ED's during each year since 2012/13.

Since 2012/13, the number of new and unplanned review attendances increased by 87,808 (12.9%), from 682,415 to 770,223 in 2016/17 (Table 17).

Between 2012/13 and 2016/17, the percentage of patients treated and discharged or admitted within four hours of their arrival in an ED, decreased by 4.1 percentage points from 78.5% (535,891) to 74.4% (573,349) (Figure 16, Table 17).

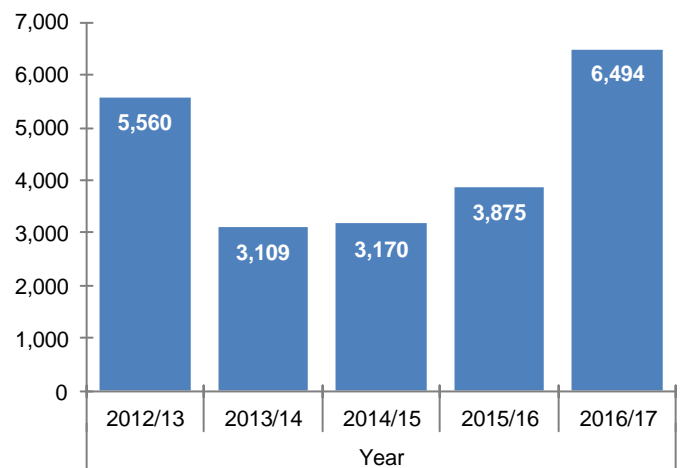
Figure 16: Attendances at ED's Waiting 12 Hours or Less (2012/13 - 2016/17)



Over the last 5 years, the number of new and unplanned review attendances treated and discharged or admitted within 4 hours at ED's in Northern Ireland increased by 37,458 (7.0%), from 535,891 in 2012/13 to 573,349 in 2016/17 (Figure 16, Table 17).

During this time, the number waiting between 4 & 12 hours increased by 49,416 (35.1%), from 140,964 to 190,380 (Figure 16, Table 17).

Figure 17: Attendances at ED's Waiting Longer Than 12 Hours (2012/13 – 2016/17)



Almost 6,500 (6,494, 0.8%) new and unplanned review attendances waited over 12 hours at ED's, 16.8% (934) more than 2012/13 (Figure 17, Table 17).

3 Year Trend

Similar to the previous section data on a number of clinical quality indicators ²⁷ have been provided alongside the waiting times information to provide a more comprehensive view of performance at ED's. This information has not yet been classified as National Statistics.

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

²⁵ For details regarding individual ED's please refer to the 'Additional Tables' Section of this publication.

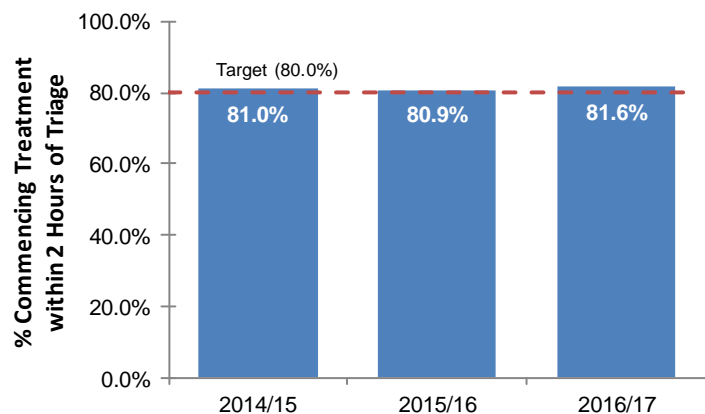
²⁶ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

²⁷ Refer to Appendix 3: Point 3.4 for further information.

Time to Start Treatment following Triage

Figure 18 presents performance against the target to commence treating patients within 2 hours of them being triaged during each of the last three years.

Figure 18: Percentage of Patients Commencing Treatment, following Triage, within 2 Hours (2014/15 - 2016/17)

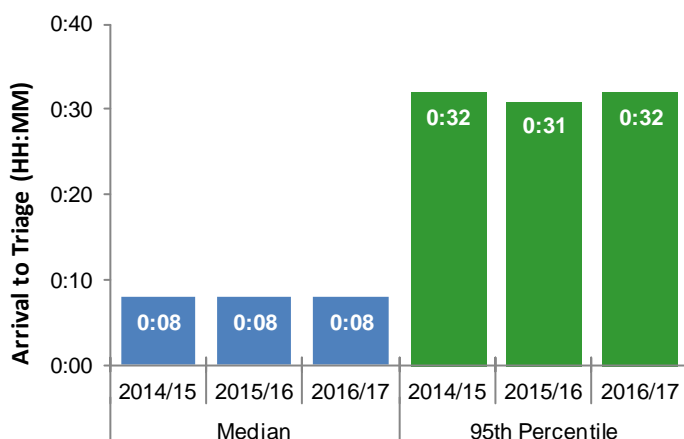


Since 2014/15, the percentage of patients commencing treatment within 2 hours of being triaged increased slightly, from 81.0% to 81.6% in 2016/17 (Figure 18, Table 19).

Waiting Time from Arrival to Triage (Assessment)

Figure 19 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 19: Time from Arrival to Triage (2014/15 - 2016/17)



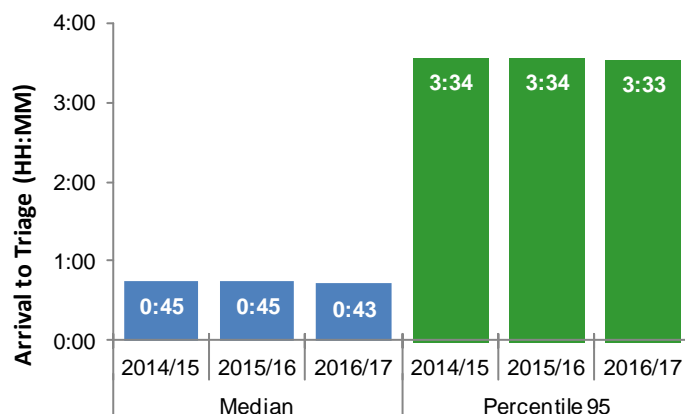
Between 2014/15 and 2016/17, the median waiting time from arrival to triage was 8 minutes, similar to 2016/17 (8 minutes) (Figure 19, Table 6).

During 2016/17, 95 per cent of patients were triaged within 32 minutes of their arrival at an ED, similar to 2014/15 (32 minutes) (Figure 19, Table 7).

Waiting Time from Triage to Start of Treatment

Figure 20 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 20: Time from Triage to Treatment (2014/15 - 2016/17)



The median waiting time from triage to start of treatment was 43 minutes in 2016/17, 2 minutes less than the time taken in 2014/15 (45 minutes) (Figure 20, Table 8).

During 2016/17, 95 per cent of patients commenced their treatment within 3 hours 33 minutes of being triaged at an ED, similar to the time taken in 2014/15 (3 hours 34 minutes) (Figure 20, Table 9).

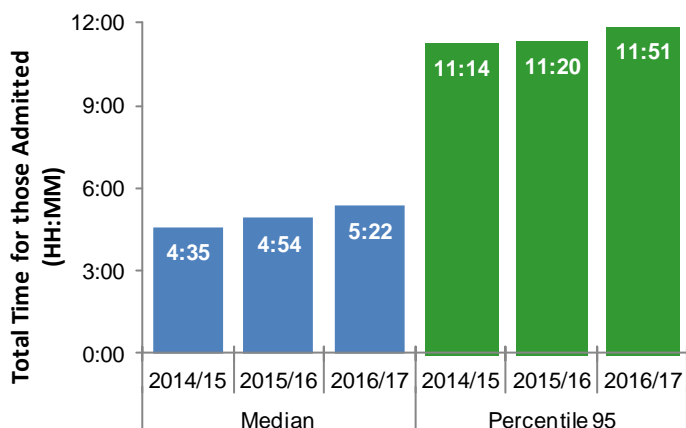
Time Spent in ED for Admitted Patients

Figure 21 details the median and 95th percentiles for the length of time patients spent in an ED from arrival to **admission** to hospital.

The median time spent in ED's for patients admitted to hospital was 5 hours and 22 minutes in 2016/17, 47 minutes longer than in 2014/15 (4 hours 35 minutes) (Figure 21, Table 10)

During 2016/17, 95 per cent of patients were admitted to hospital within 11 hours 51 minutes of their arrival, 37 minutes longer than in 2014/15 (11 hours 14 minutes) (Figure 21, Table 11)

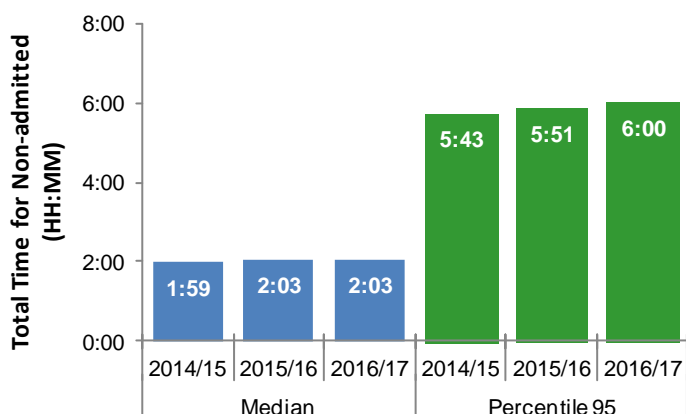
Figure 21: Total Time Spent in an ED for those Admitted to Hospital (2014/15 – 2016/17)



Time Spent in ED for Non-admitted Patients

Figure 22 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 22: Total Time Spent in an ED for Non-admitted Patients (2014/15 – 2016/17)



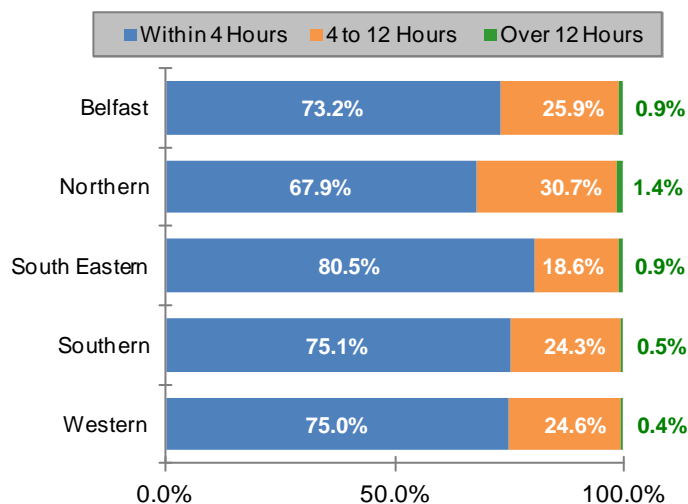
The median time spent in ED for patients not admitted to hospital was 2 hours 3 minutes in 2016/17, 4 minutes longer than 2014/15 (1 hour 59 minutes) (Figure 22, Table 12).

During 2016/17, 95 per cent of patients were discharged home (not admitted) within 6 hours, 17 minutes longer than 2014/15 (5 hours 43 minutes) (Figure 22, Table 13).

Financial Year 2016/17

Figure 23 shows the annual waiting times for new and unplanned review attendances during 2016/17, for each HSC Trust in Northern Ireland.

Figure 23: Waiting Times at ED, by HSC Trust (2016/17)



During 2016/17, the South Eastern HSC Trust reported the highest percentage of attendances waiting less than 4 hours (80.5%), whilst the Northern HSC Trust reported the lowest (67.9%) (Figure 23, Table 16).

Almost a third (29.1%) of the 6,494 attendances waiting longer than 12 hours in 2016/17 were in the Northern HSC Trust, 26.4% in the Belfast HSC Trust, 22.8% in the South Eastern HSC Trust, 14.0% in the Southern HSC Trust and 7.7% in the Western HSC Trust (Table 16).

The highest number of emergency care attendances waiting more than 12 hours in 2016/17 were reported by Antrim Area (1,587) and the Ulster (1,279) ED's (Table 16).

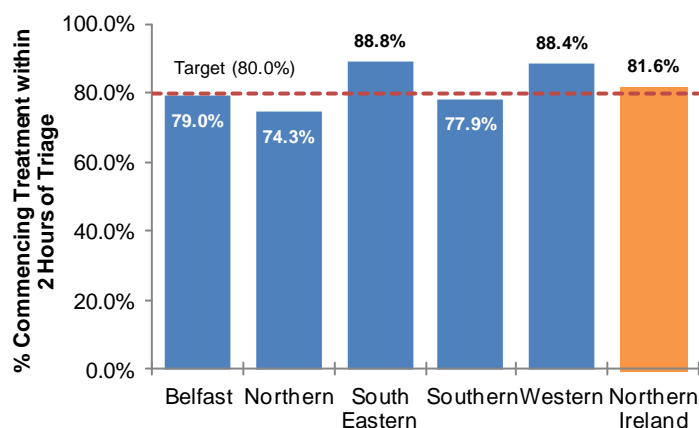
During 2016/17, no patients waited more than 12 hours at the Royal Victoria (RAES), RBHSC, Mid Ulster, Ards, Bangor, South Tyrone and Tyrone County ED's (Table 16).

The RBHSC was the only Type 1 ED to achieve the 12-hour standard (Table 16).

Treatment Started within 2 hours of Triage

Figure 24 presents performance against the target to commence treating 80% of patients within 2 hours of being triaged at an ED.

Figure 24: Percentage of Patients Commencing Treatment, following Triage, within 2 Hours by HSC Trust (2016/17)



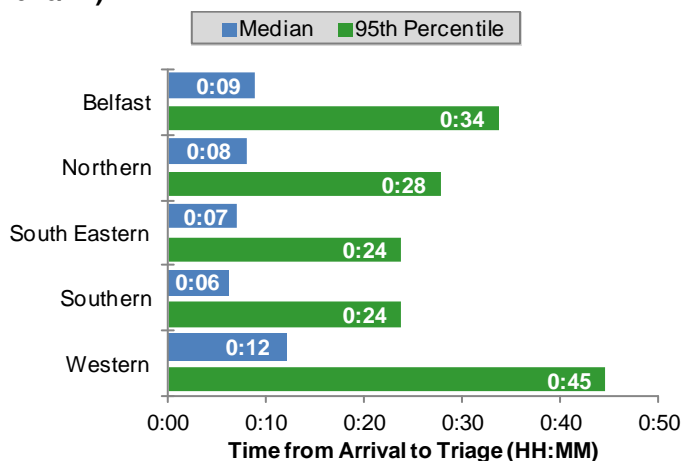
During 2016/17, over four in five (81.6%) patients attending ED's commenced their treatment within 2 hours of being triaged (Figure 24, Table 19).

Both the South Eastern (88.8%) and Western HSC Trusts (88.4%) achieved the Target to commence treating patients within 2 hours of them being triaged (Figure 24, Table 19).

Time from Arrival to Triage (Assessment)

Figure 25 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 HSC Trust.

Figure 25: Time from Arrival to Triage, by HSC Trust (2016/17)



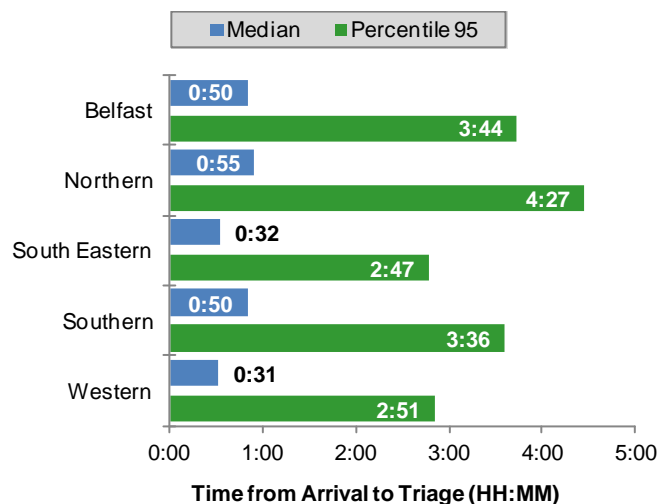
During 2016/17, the median waiting time from arrival at an ED to triage ranged from 6 minutes in the Southern HSC Trust to 12 minutes in the Western HSC Trust (Figure 25, Table 6).

During the same period, 95 per cent of patients were triaged within 24 minutes of their arrival at ED's in both the South Eastern and Southern HSC Trusts, compared with 45 minutes in the Western HSC Trust (Figure 25, Table 7).

Time from Triage to Start of Treatment

Figure 26 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 26: Time from Triage to Treatment, by HSC Trust (2016/17)



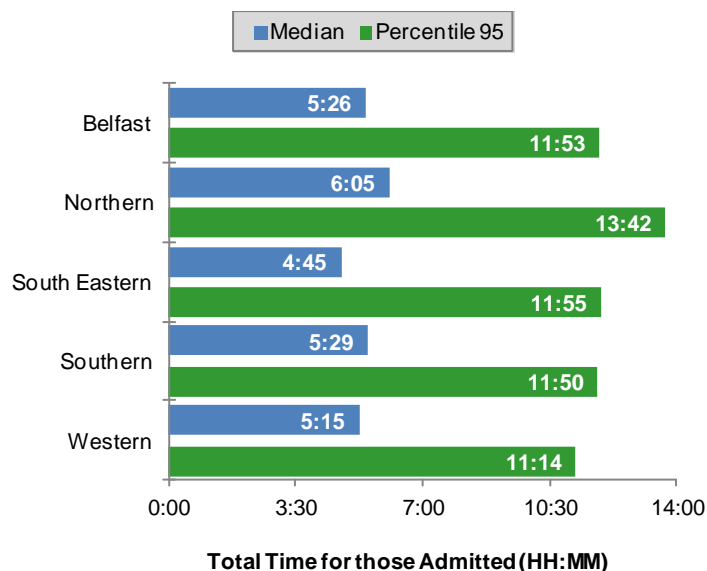
The median waiting time from triage to start of treatment in 2016/17 was lowest in the Western HSC Trust (31 minutes) and highest in the Northern HSC Trust (55 minutes) (Figure 26, Table 8).

During 2016/17, 95 per cent of patients commenced their treatment within 2 hours 47 minutes of being triaged at an ED in the South Eastern HSC Trust, compared with 4 hours 27 minutes in the Northern HSC Trust (Figure 18, Table 9).

Time Spent in ED for Admitted Patients

Figure 27 details the median and 95th percentiles for the length of time patients spent in an ED from arrival to **admission** to hospital.

Figure 27: Total Time Spent in an ED for those Admitted to Hospital, by HSC Trust (2016/17)



The Northern HSC Trust reported the highest median waiting time (6 hours 5 minutes) for patients admitted to hospital in 2016/17, whilst the South Eastern HSC Trust reported the lowest (4 hours 45 minutes) (Figure 27, Table 10).

During 2016/17, all HSC Trusts reported 95 per cent of patients were admitted to hospital in less than 12 hours, with the exception of the Northern HSC Trust (13 hours 42 minutes) (Figure 27, Table 11).

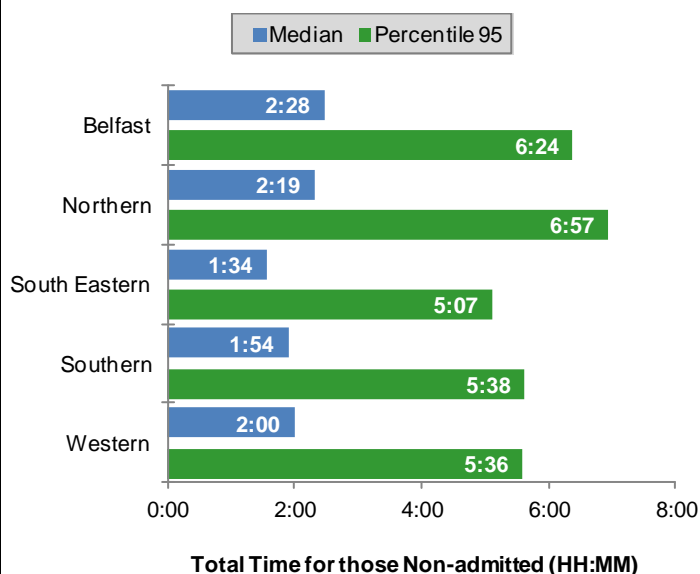
Time Spent in ED for Non-admitted Patients

Figure 28 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.

In 2016/17, the median waiting time for patients not admitted to hospital ranged from 1 hour 34 minutes in the South Eastern HSC Trust to 2 hours 28 minutes in the Belfast HSC Trust (Figure 28, Table 12).

During the same period, 95 per cent of patients were discharged home within 5 hours 7 minutes of arrival at ED's in the South Eastern HSC Trust, compared with 6 hours 57 minutes in the Belfast HSC Trust (Figure 25, Table 13).

Figure 28: Total Time Spent in an ED for Non-admitted Patients, by HSC Trust (2016/17)



Department Type ²⁸

Almost all (100.0%) attendances at Type 3 ED's were treated, admitted or discharged within 4 hours of their arrival in the ED during 2016/17, compared with 90.1% in Type 2 departments and 69.8% in Type 1 departments (Table 18).

During 2016/17, 96.9% (6,295) of attendances waiting longer than 12 hours were in Type 1 ED's, with the remaining 3.1% (199) in Type 2 ED's (Table 18).

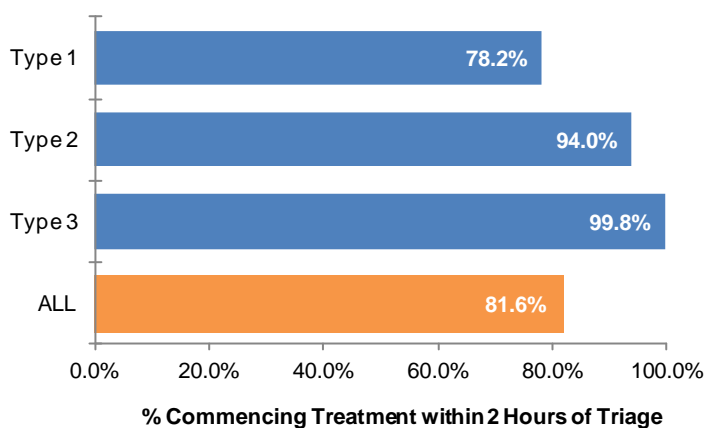
Time to Start Treatment Following Triage

Figure 29 presents performance against the target to commence treating 80% of patients within 2 hours of being triaged by a medical practitioner.

Almost four fifths (78.2%) of patients attending Type 1 ED's commenced their treatment within 2 hours of being triaged, compared with 94.0% at Type 2 ED's and 99.8% at Type 3 ED's (Figure 29, Table 19).

²⁸ Refer to Appendix 1: Definitions – points 1.1 – 1.5.

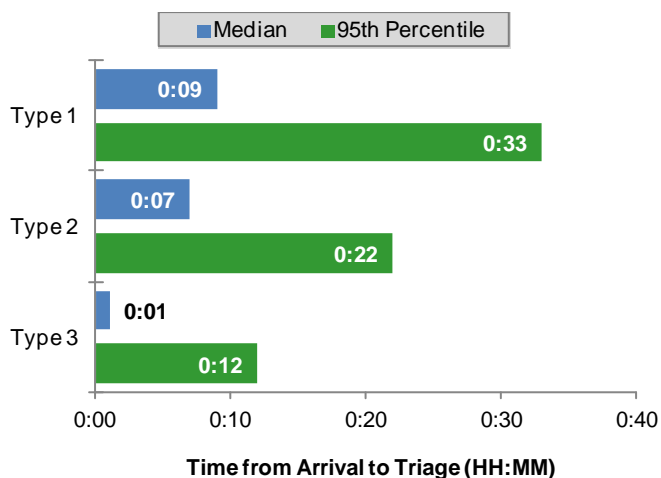
Figure 29: Percentage of Patients Commencing Treatment, following Triage, within 2 Hours by ED Type (2016/17)



Time from Arrival to Triage (Assessment)

Figure 30 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 30: Time from Arrival to Triage, by ED Type (2016/17)



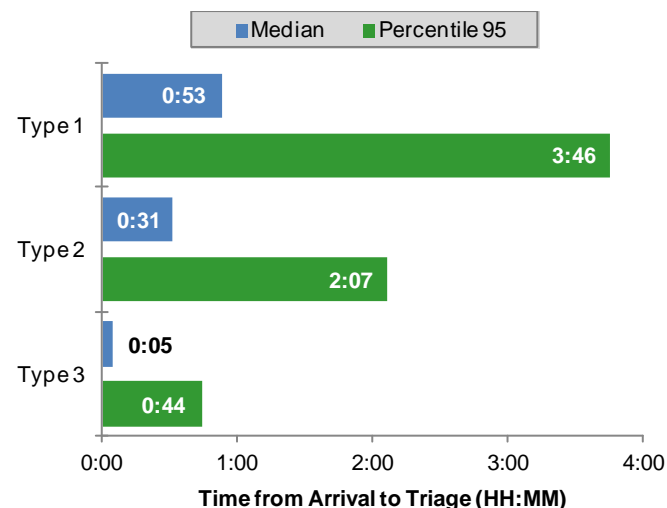
During 2016/17, the median waiting time from arrival to triage by a medical practitioner ranged from 1 minute at Type 3 ED's to 9 minutes in Type 1 ED's (Figure 30, Table 6).

During the same period, 95 per cent of patients were triaged within 12 minutes at Type 3 ED's, compared with 33 minutes at Type 1 ED's (Figure 30, Table 7).

Time from Triage to Start of Treatment

Figure 31 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 31: Time from Triage to Treatment, by ED Type (2016/17)



The median waiting time from triage to start of treatment in 2016/17 was lowest at Type 3 ED's (5 minutes) and highest at Type 1 ED's (53 minutes) (Figure 31, Table 8).

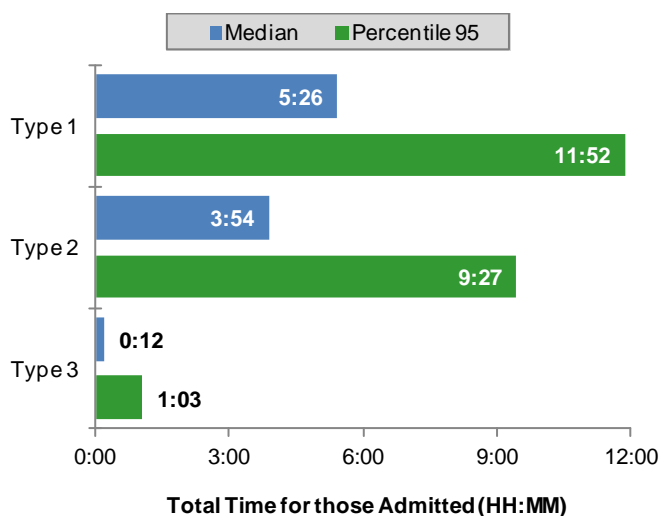
During 2016/17, 95 per cent of patients commenced their treatment within 3 hours 46 minutes of being triaged at Type 1 ED's, compared with 44 minutes at Type 3 ED's (Figure 31, Table 9).

Time Spent in ED for Admitted Patients

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

Type 1 ED's reported the highest median waiting time (5 hours 26 minutes) for patients admitted to hospital in 2016/17, compared with 3 hours 54 minutes at Type 2 ED's and 12 minutes at Type 3 ED's (Figure 32, Table 11).

Figure 32: Total Time Spent in an ED for those Admitted to Hospital, by ED Type (2016/17)

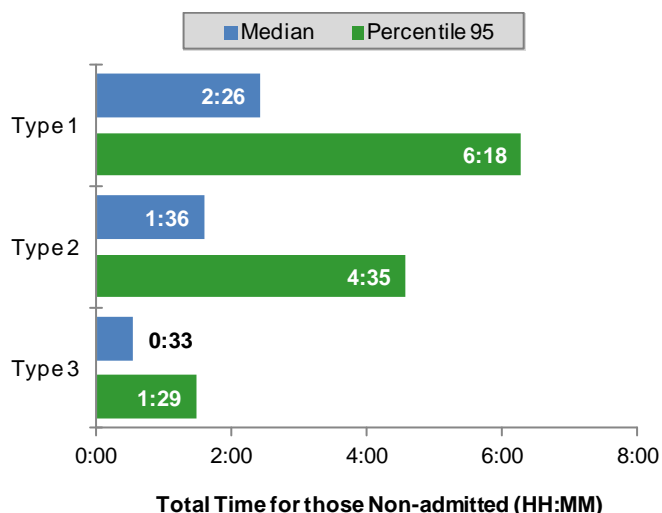


During 2016/17, 95 per cent of patients were admitted to hospital in less than 12 hours at all ED Types (Figure 32, Table 11).

Time Spent in ED for Non-admitted Patients

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 ED Type (2016/17)



In 2016/17, the median time spent in ED's for patients not admitted to hospital ranged from 33 minutes at Type 3 ED's to 2 hours 26 minutes at Type 1 ED's (Figure 33, Table 12).

During the same period, 95 per cent of patients were discharged home (not admitted) within 1 hour 29 minutes at Type 3 ED's, compared with 6 hours 18 minutes at Type 1 ED's (Figure 33, Table 13).

Patient Transport & Emergency Response

Readers are asked to note changes in the way emergency calls are recorded, when making comparisons over time and by category of call.

In particular, urgent patient journeys were replaced by Health Care Professional (HCP) calls on the 14th June 2014 and classified as Category C. As a consequence, HCP calls are now included in the overall number of emergency calls received. It is therefore not possible to directly compare the number of emergency calls with previous years ²⁹.

Emergency Calls

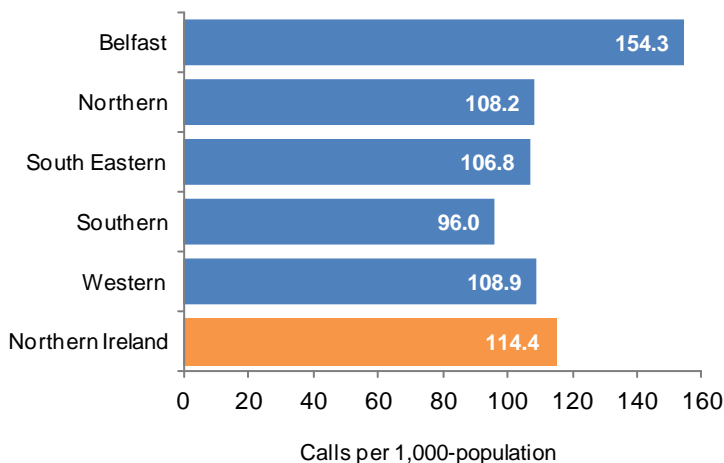
5 Year Trend

It is no longer possible to provide a 5 year comparison due to the changes highlighted above.

Financial Year 2016/17

Figure 34 presents information on the number of emergency calls received by the NIAS per 1,000-population ³⁰ in each Local Commissioning Group (LCG) in 2016/17.

Figure 34: Emergency Calls Received by the NIAS per 1,000-population, by LCG (2016/17)



²⁹ Further information can be found in Appendix 4.

³⁰ Based on NISRA 2016 mid-year population estimate which was published on 31st August 2016.

Of the 211,800 emergency calls received in 2016/17, 25.8% (54,599) were received in the Belfast LCG, 24.1% (50,973) in the Northern LCG, 17.9% (37,861) in the South Eastern LCG, 16.9% (35,812) in the Southern LCG and 15.4% (32,555) in the Western LCG (Table 23).

Across LCGs, the number of emergency calls per 1,000-population was highest in the Belfast LCG (154.3) and lowest in the Southern LCG (96.0) (Figure 34).

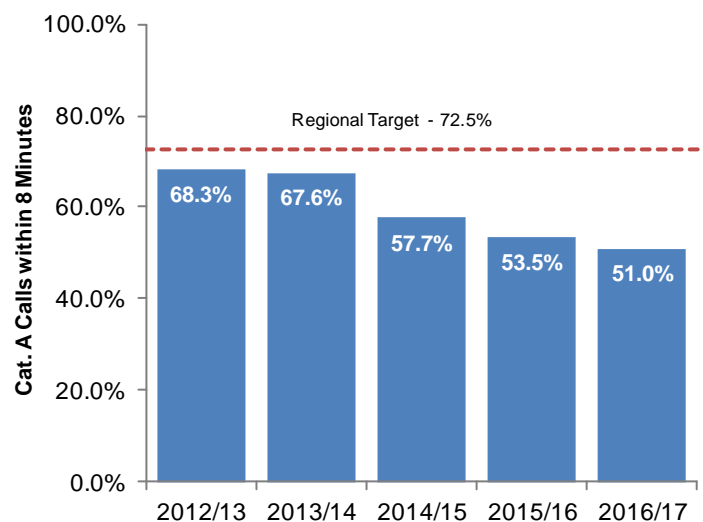
Category A Calls ³¹

Category A calls are defined as immediately life-threatening calls which should be responded to within 8 minutes.

5 Year Trend

Figure 35 presents information on the percentage of Category A calls which resulted in an emergency response vehicle arriving at the scene of the incident within 8 minutes, for the five year period between 2012/13 and 2016/17.

Figure 35: Percentage of Category A Calls Responded to within 8 Minutes (2012/13 – 2016/17)

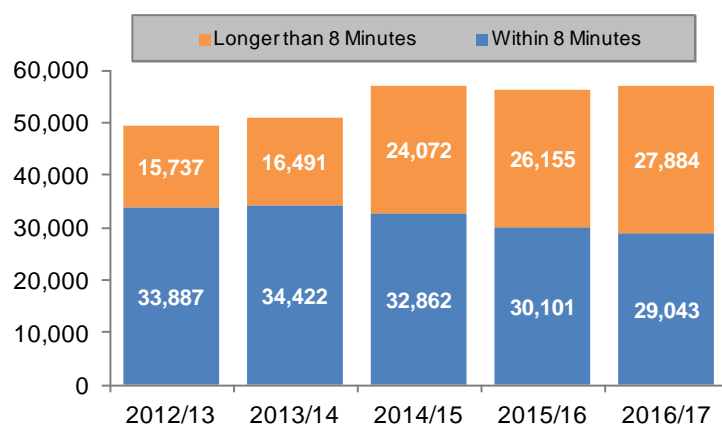


During the last five years, the percentage of Category A calls responded to within 8 minutes decreased from 68.3% in 2012/13 to 51.0% in 2016/17 (Figures 35 & 36, Table 27).

³¹ Refer to Appendix 1: Definitions – point 1.14.

Figure 36 presents information on the number of Category A calls between 2012/13 to 2016/17 and the length of time taken to respond to these calls.

Figure 36: Response Times for Category A Calls (2012/13 – 2016/17)



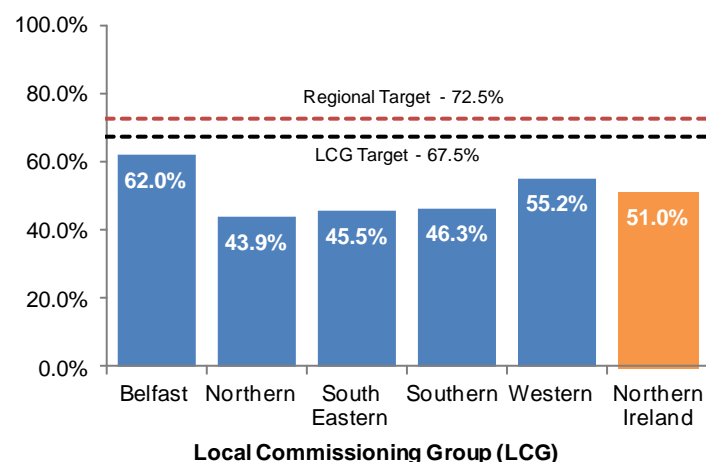
Since 2012/13, the number of Category A calls resulting in an emergency response arriving at the scene of an incident increased by 14.7% (7,303), from 49,624 to 56,927 in 2016/17 (Table 27).

Financial Year 2016/17

Of the 61,402 Category A calls received by the NIAS in 2016/17, 92.7% (56,927) resulted in an emergency response vehicle arriving at the scene of the incident, with the remaining 7.3% (4,475) related to multiple calls for the same incident, hoax calls, and / or incident-related enquiries (Table 24).

Figure 37 presents information on the percentage of Category A calls which resulted in an emergency response vehicle arriving at the scene of the incident within 8 minutes, for each LCG in 2016/17.

Figure 37: Response Times for Category A Calls, by LCG (2016/17)



Across LCGs, the percentage of Category A calls responded to within 8 minutes in 2016/17 was highest in the Belfast LCG (62.0%) and lowest in the Northern LCG (43.9%) (Figure 14, Table 23).

Regionally, the highest percentage of Category A calls resulting in an emergency response vehicle arriving at the scene of the incident within 8 minutes was in October 2016 (52.7%), with the lowest percentage in December 2016 (45.4%) (Table 25).

During the last year, the highest percentage of Category A calls resulting in an emergency response vehicle arriving at the scene of the incident within 8 minutes, was reported in the Belfast LCG during January 2017 (65.3%), whilst the lowest percentage was reported in the Northern LCG during December 2016 (37.0%) (Table 25).

Category B Calls ³²

Category B calls are defined as calls which are serious but not immediately life threatening.

5 Year Trend

During the last five years, the number of Category B calls received increased by 16,162 (22.8%), from 71,035 in 2012/13 to 87,197 in 2016/17 (Table 27).

During this time, the number of Category B calls which resulted in an emergency response vehicle able to transport a patient, arriving at the scene increased by 9,760 (14.9%), from 63,841 in 2012/13 to 75,119 in 2016/17 (Table 27).

Financial Year 2016/17

Of the 87,197 Category B calls received by the NIAS in 2016/17, 86.1% (75,119) resulted in an emergency response vehicle able to transport a patient arriving at the scene (Tables 24).

³² Refer to Appendix 1: Definitions – point 1.15.

Category C Calls ³³

As per previous note, Health Care Professional (HCP) calls replaced urgent patient journeys from 14th June 2014, and are now classified as Category C calls.

Taking this into consideration, the NIAS have recorded two different types of Category C calls from 14th June 2014:

1. Non-HCP Category C Calls

Non-HCP Category C calls are defined as calls which are neither serious nor immediately life threatening and should be responded to within 60 minutes. Generally a Non-HCP call is made by a member of the public via the normal 999 process.

2. HCP Category C Calls

HCP Category C calls are defined as calls which are neither serious nor immediately life threatening and should be responded to within one of four internal NIAS target times (1, 2, 3 or 4 hours), which is agreed with the caller at the point of contact. A list of those responsible for making HCP calls is detailed in Appendix 4.

5 Year Trend

It is no longer possible to provide a 5 year comparison due to the changes highlighted above ³⁴

Financial Year 2016/17

Non- HCP Category C Calls

Of the 22,707 Non-HCP Category C calls received by the NIAS in 2016/17, 90.0% (20,444) resulted in an ambulance arriving at the scene of the incident, 89.5% (18,300) of which arrived within 60 minutes (Table 23).

In 2016/17, the highest percentage of Non-HCP Category C calls responded to within 60 minutes was reported in the Western LCG (94.9%), with the lowest reported by the Belfast and South Eastern LCG (both 85.4%) (Table 23 & 27).

HCP Category C Calls

During 2016/17, the NIAS received 40,494 HCP Category C calls, 94.6% (38,315) resulted in an ambulance arriving at the scene of the incident (Table 23).

HCP calls are assigned a response time by the Healthcare Professional at the time of the call.

- 51.4% (9,936) of HCP calls assigned a 1 hour response arrived at the scene within 1 hour;
- 72.1% (10,489) of HCP calls assigned a 2 hour response arrived at the scene within 2 hours;
- 78.7% (1,622) of HCP calls assigned a 3 hour response arrived at the scene within 3 hours; and,
- 81.8% (1,942) of HCP calls assigned a 4 hour response arrived at the scene within 4 hours.

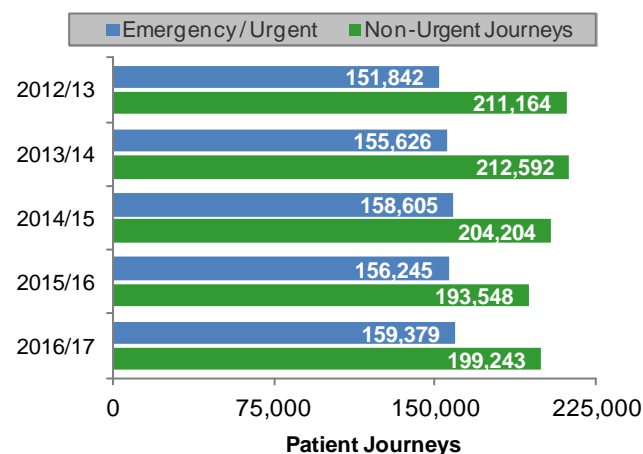
Patient Journeys ³⁵

5 Year Trend

As per previous note on the introduction of HCP calls, it is not possible to directly compare emergency or urgent journeys with previous years. However, to enable comparisons with previous years, information on emergency and urgent journeys has been combined.

Figure 38 shows the number of emergency/urgent and non-urgent journeys made by the NIAS, each year between 2012/13 and 2016/17.

Figure 38: Summary of Patient Journeys (2012/13 - 2016/17)



³⁵ Refer to Appendix 1: points 1.10 – 1.12.

³³ Refer to Appendix 1: Definitions – point 1.16.

³⁴ Further information can be found in Appendix 4.

Since 2012/13, the total number of patient journeys made by the NIAS decreased by 4,384 (1.2%), from 363,006 to 358,622 in 2016/17 (Figure 38, Table 28).

The majority of patient journeys made by the NIAS in each year since 2012/13 were non-urgent (Figure 38, Table 28).

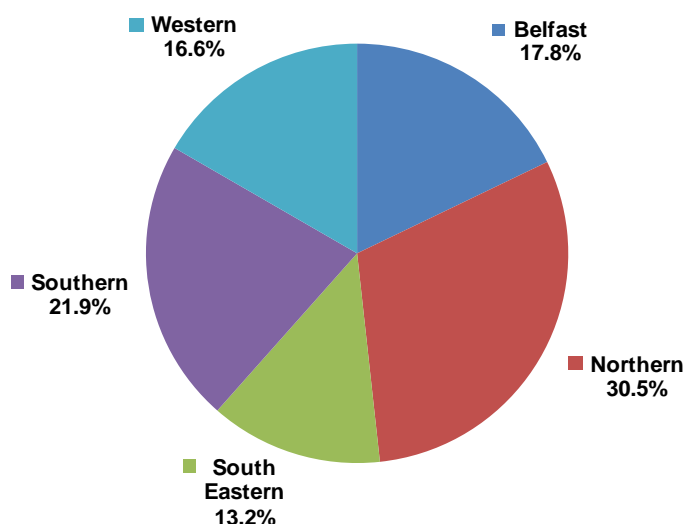
Between 2012/13 and 2016/17 the number of emergency/urgent patient journeys made by the NIAS increased by 7,537 (5.0%), from 151,842 to 159,379 (Figure 38, Table 28).

During this period, the number of non-urgent patient journeys made by the NIAS decreased by 11,921 (5.6%), from 211,164 in 2012/13 to 199,243 in 2016/17 (Figure 38, Table 28).

Financial Year 2016/17

Figure 39 details the percentage of all emergency and non-urgent journeys made by the NIAS across each Local Commissioning Group in Northern Ireland during 2016/17.

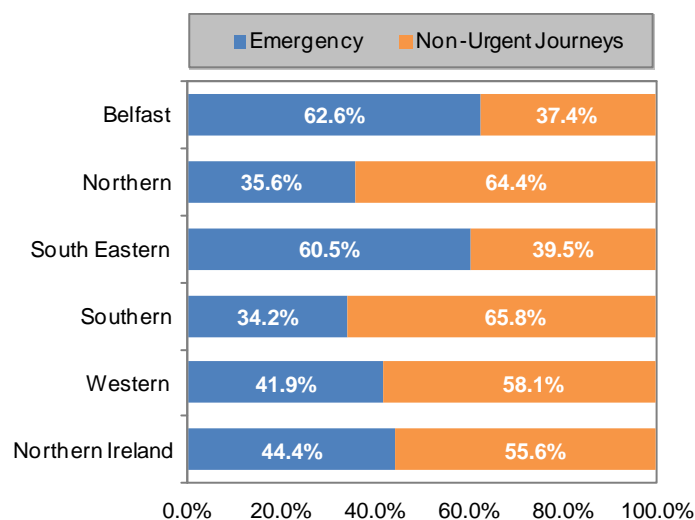
Figure 39: Summary of Patient Journeys, by LCG (2016/17)



Of the 358,622 patient journeys made by the NIAS in 2016/17, 30.5% (109,329) were in the Northern LCG, 21.9% (78,676) in the Southern LCG, 17.8% (63,821) in the Belfast LCG, 16.6% (59,484) in the Western LCG and 13.2% (47,312) in the South Eastern LCG (Figure 39, Table 29).

Figure 40 shows the percentage of emergency and non-urgent journeys made by the NIAS across each LCG during 2016/17.

Figure 40: Summary of Patient Journeys, by Journey Type and LCG (2016/17)



During 2016/17, almost two thirds of patient journeys in the Southern LCG (65.8%, 51,763) were non-urgent (Figure 40, Table 29).

However, almost two thirds (92.6%) of patient journeys in the Belfast LCG during 2016/17, were emergency journeys (Figure 40, Table 29).

Additional Tables

Table 1: Total Attendances at Emergency Care Departments (2012/13 – 2016/17)

Attendance Type	Year					Percentage Change 2015/16 - 2016/17	Percentage Change 2012/13 - 2016/17
	2012/13	2013/14	2014/15	2015/16	2016/17		
New	642,703	657,689	671,590	701,444	733,491	4.6%	14.1%
Unplanned	39,670	37,343	36,990	35,297	37,028	4.9%	-6.7%
Planned	33,376	32,434	30,085	26,559	27,147	2.2%	-18.7%
Total Attendances	715,749	727,466	738,665	763,185	797,666	4.5%	11.4%

Source: KH09 (ii) Information Return

Table 2: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2016/17)

HSC Trust / Hospital	New		Unplanned Review		Planned Review		Total Attendances
	Number	%	Number	%	Number	%	
Mater	46,218	92.2%	1,553	3.1%	2,369	4.7%	50,140
Royal Victoria	89,835	95.1%	2,808	3.0%	1,779	1.9%	94,422
RVH (RAES) ³⁶	16,848	100.0%	0	0.0%	0	0.0%	16,848
RBHSC	35,528	89.1%	3,060	7.7%	1,281	3.2%	39,869
Belfast Trust	188,429	93.6%	7,421	3.7%	5,429	2.7%	201,279
Antrim Area	78,502	93.1%	3,943	4.7%	1,875	2.2%	84,320
Causeway	40,707	91.6%	3,583	8.1%	154	0.3%	44,444
Mid Ulster	9,228	91.2%	443	4.4%	446	4.4%	10,117
Northern Trust	128,437	92.5%	7,969	5.7%	2,475	1.8%	138,881
Ards MIU	10,990	92.4%	550	4.6%	350	2.9%	11,890
Bangor MIU	9,456	92.5%	526	5.1%	241	2.4%	10,223
Downe	20,194	91.6%	910	4.1%	947	4.3%	22,051
Lagan Valley	22,834	91.1%	960	3.8%	1,264	5.0%	25,058
Ulster	90,373	93.6%	2,558	2.6%	3,602	3.7%	96,533
South Eastern Trust	153,847	92.8%	5,504	3.3%	6,404	3.9%	165,755
Craigavon Area	78,055	90.5%	5,270	6.1%	2,916	3.4%	86,241
Daisy Hill	50,008	91.0%	3,473	6.3%	1,444	2.6%	54,925
South Tyrone	27,783	86.5%	1,679	5.2%	2,675	8.3%	32,137
Southern Trust	155,846	89.9%	10,422	6.0%	7,035	4.1%	173,303
Altnagelvin Area	59,121	89.6%	3,438	5.2%	3,436	5.2%	65,995
South West Acute	31,552	92.4%	1,775	5.2%	825	2.4%	34,152
Tyrone County	16,259	88.8%	499	2.7%	1,543	8.4%	18,301
Western Trust	106,932	90.3%	5,712	4.8%	5,804	4.9%	118,448
Northern Ireland	733,491	92.0%	37,028	4.6%	27,147	3.4%	797,666

Source: KH09 (ii) Information Return

³⁶ Due to the information system at the RVH (RAES) migrating to Symphony, it is not yet possible to identify unplanned or planned reviews. As a consequence add attendances have been recorded as new.

Table 3: Percentage of Attendances Referred by a GP (2014/15 – 2016/17) ^{37, 38}

HSC Trust / Hospital / Department Type	Percentage of GP Referrals		
	2014/15	2015/16	2016/17
Mater ³⁹	5.6%	13.4%	14.0%
Royal Victoria	18.8%	18.6%	19.0%
RVH (RAES) ⁴⁰	-	-	-
RBHSC	15.8%	15.7%	15.1%
Belfast Trust	14.4%	16.5%	16.8%
Antrim Area	19.1%	20.0%	21.1%
Causeway	18.3%	19.5%	20.2%
Mid Ulster	2.7%	2.9%	2.5%
Whiteabbey ⁴¹	3.9%	-	-
Northern Trust	17.0%	18.6%	19.5%
Ards MIU	0.8%	0.9%	0.7%
Bangor MIU	0.8%	0.6%	0.4%
Downe	13.9%	14.2%	15.8%
Lagan Valley	14.6%	14.7%	14.5%
Ulster	22.8%	23.7%	23.3%
South Eastern Trust	17.5%	18.2%	17.9%
Armagh Community ⁴²	2.0%	-	-
Craigavon Area	23.0%	21.8%	22.2%
Daisy Hill	13.1%	14.2%	12.9%
South Tyrone	0.9%	0.8%	0.7%
Southern Trust	15.9%	15.9%	15.4%
Altnagelvin Area	11.0%	12.7%	13.0%
South West Acute	13.4%	15.6%	18.0%
Tyrone County	1.7%	1.4%	1.3%
Western Trust	10.2%	11.8%	12.7%
Type 1	17.3%	18.4%	18.6%
Type 2	14.3%	14.4%	15.1%
Type 3	1.5%	1.2%	1.0%
Northern Ireland	15.3%	16.4%	16.6%

Source: Regional Data Warehouse

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

³⁸ Information on referrals to ED by a GP is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

³⁹ Information for the Mater ED is only available from November 2014 onwards.

⁴⁰ It is not currently possible to collect detailed information for the RVH (RAES) service.

⁴¹ Temporarily closed on 1st December 2014.

⁴² Temporarily closed on 17th November 2014.

Table 4: Percentage of Attendances Who Left before Treatment was Complete ^{43, 44}

HSC Trust / Hospital / Department Type	Left Before Treatment Complete		
	2014/15	2015/16	2016/17
Mater ⁴⁵	7.5%	7.1%	6.7%
Royal Victoria	6.5%	5.9%	5.2%
RVH (RAES) ⁴⁶	-	-	-
RBHSC	3.2%	3.9%	3.9%
Belfast Trust	6.1%	5.8%	5.3%
Antrim Area	3.2%	3.2%	2.5%
Causeway	5.3%	5.9%	6.8%
Mid Ulster	0.2%	0.2%	0.2%
Whiteabbey ⁴⁷	0.7%	-	-
Northern Trust	3.6%	3.9%	3.7%
Ards MIU	0.8%	0.3%	0.2%
Bangor MIU	1.0%	0.5%	0.6%
Downe	1.8%	1.5%	1.2%
Lagan Valley	2.5%	2.2%	1.7%
Ulster	2.9%	2.9%	2.7%
South Eastern Trust	2.5%	2.3%	2.1%
Armagh Community ⁴⁸	0.3%	-	-
Craigavon Area	3.0%	3.5%	3.5%
Daisy Hill	4.7%	3.6%	4.3%
South Tyrone	0.2%	0.3%	0.3%
Southern Trust	3.0%	3.0%	3.2%
Altnagelvin Area	5.8%	5.6%	5.2%
South West Acute	2.4%	3.1%	2.6%
Tyrone County	0.7%	1.0%	0.8%
Western Trust	4.0%	4.2%	3.8%
Type 1	4.4%	4.4%	4.2%
Type 2	2.2%	1.9%	1.5%
Type 3	0.5%	0.5%	0.4%
Northern Ireland	3.9%	3.9%	3.6%

Source: Regional Data Warehouse

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

⁴⁴ Information on those who left an ED before treatment was complete is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

⁴⁵ Information for the Mater ED is only available from November 2014 onwards.

⁴⁶ It is currently not possible to collect detailed information for the RVH (RAES) service.

⁴⁷ Temporarily closed on 1st December 2014.

⁴⁸ Temporarily closed on 17th November 2014.

Table 5: Percentage of Attendances Who Re-attended within 7 Days (2014/15 – 2016/17) ^{49, 50}

HSC Trust / Hospital / Department Type	Re-attended within 7 Days		
	2014/15	2015/16	2016/17
Mater ⁵¹	2.1%	2.0%	2.3%
Royal Victoria	3.2%	2.4%	2.0%
RVH (RAES) ⁵²	-	-	-
RBHSC	4.5%	5.0%	5.5%
Belfast Trust	3.1%	2.9%	2.8%
Antrim Area	3.9%	3.4%	3.1%
Causeway	6.1%	6.1%	6.0%
Mid Ulster	1.9%	1.8%	1.6%
Whiteabbey ⁵³	1.5%	-	-
Northern Trust	4.3%	4.2%	3.9%
Ards MIU	2.5%	2.0%	2.2%
Bangor MIU	2.6%	2.3%	2.9%
Downe	2.7%	2.4%	2.6%
Lagan Valley	2.4%	2.3%	2.4%
Ulster	1.9%	2.0%	2.0%
South Eastern Trust	2.2%	2.1%	2.2%
Armagh Community ⁵⁴	2.1%	-	-
Craigavon Area	4.0%	4.0%	4.1%
Daisy Hill	5.2%	4.6%	5.0%
South Tyrone	2.3%	2.1%	3.0%
Southern Trust	4.0%	3.9%	4.2%
Altnagelvin Area	4.2%	4.0%	4.1%
South West Acute	4.9%	5.2%	5.0%
Tyrone County	2.3%	1.9%	2.0%
Western Trust	4.1%	4.0%	4.1%
Type 1	3.8%	3.6%	3.6%
Type 2	2.5%	2.4%	2.5%
Type 3	2.2%	2.1%	2.5%
Northern Ireland	3.5%	3.3%	3.4%

Source: Regional Data Warehouse

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

⁵⁰ Information on unplanned re-attendances at ED's within 7 days is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

⁵¹ Information for the Mater ED is only available from November 2014 onwards.

⁵² It is currently not possible to collect detailed information for the RVH (RAES) service.

⁵³ Temporarily closed on 1st December 2014.

⁵⁴ Temporarily closed on 17th November 2014.

Table 6: Median Waiting Time from Arrival to Triage (2014/15 – 2016/17) ^{55, 56}

HSC Trust / Hospital / Department Type	Waiting Time from Arrival to Triage (Median) HH:MM		
	2014/15	2015/16	2016/17
Mater	0:09	0:08	0:08
Royal Victoria	0:13	0:10	0:09
RVH (RAES) ⁵⁷	-	-	-
RBHSC	0:07	0:10	0:11
Belfast Trust	0:11	0:09	0:09
Antrim Area	0:09	0:08	0:08
Causeway	0:09	0:11	0:11
Mid Ulster	0:02	0:02	0:02
Whiteabbey ⁵⁸	0:00	-	-
Northern Trust	0:08	0:08	0:08
Ards MIU	0:04	0:03	0:03
Bangor MIU	0:04	0:04	0:03
Downe	0:07	0:06	0:06
Lagan Valley	0:07	0:07	0:08
Ulster	0:08	0:09	0:08
South Eastern Trust	0:07	0:07	0:07
Armagh Community ⁵⁹	0:02	-	-
Craigavon Area	0:08	0:08	0:08
Daisy Hill	0:07	0:06	0:06
South Tyrone	0:01	0:01	0:01
Southern Trust	0:06	0:06	0:06
Altnagelvin Area	0:10	0:12	0:14
South West Acute	0:11	0:12	0:14
Tyrone County	0:00	0:00	0:00
Western Trust	0:09	0:10	0:12
Type 1	0:09	0:09	0:09
Type 2	0:07	0:07	0:07
Type 3	0:01	0:01	0:01
Northern Ireland	0:08	0:08	0:08

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

⁵⁷ It is currently not possible to collect detailed information for the RVH (RAES) service.

⁵⁸ Temporarily closed on 1st December 2014.

⁵⁹ Temporarily closed on 17th November 2014.

Table 7: 95th Percentile Waiting Time from Arrival to Triage (2014/15 – 2016/17) ^{60, 61}

HSC Trust / Hospital / Department Type	Waiting Time from Arrival to Triage (95 th Percentile) HH:MM		
	2014/15	2015/16	2016/17
Mater	0:29	0:25	0:26
Royal Victoria	0:46	0:37	0:32
RVH (RAES) ⁶²	-	-	-
RBHSC	0:32	0:44	0:44
Belfast Trust	0:41	0:36	0:34
Antrim Area	0:27	0:23	0:25
Causeway	0:28	0:36	0:34
Mid Ulster	0:09	0:08	0:08
Whiteabbey ⁶³	0:01	-	-
Northern Trust	0:26	0:27	0:28
Ards MIU	0:19	0:15	0:14
Bangor MIU	0:19	0:16	0:16
Downe	0:27	0:19	0:23
Lagan Valley	0:23	0:20	0:22
Ulster	0:28	0:28	0:26
South Eastern Trust	0:27	0:25	0:24
Armagh Community ⁶⁴	0:12	-	-
Craigavon Area	0:30	0:29	0:29
Daisy Hill	0:30	0:20	0:18
South Tyrone	0:08	0:08	0:10
Southern Trust	0:28	0:24	0:24
Altnagelvin Area	0:30	0:37	0:42
South West Acute	0:50	0:51	0:58
Tyrone County	0:18	0:25	0:15
Western Trust	0:35	0:41	0:45
Type 1	0:34	0:33	0:33
Type 2	0:25	0:20	0:22
Type 3	0:14	0:14	0:12
Northern Ireland	0:32	0:31	0:32

Source: Regional Data Warehouse

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

⁶¹ Information on time to triage is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

⁶² It is currently not possible to collect detailed information for the RVH (RAES) service.

⁶³ Temporarily closed on 1st December 2014.

⁶⁴ Temporarily closed on 17th November 2014.

Table 8: Median Waiting Time from Triage to Start of Treatment (2014/15 – 2016/17) ^{65, 66}

HSC Trust / Hospital / Department Type	Waiting Time from Triage to Start of Treatment (Median) HH:MM		
	2014/15	2015/16	2016/17
Mater	0:58	0:48	0:49
Royal Victoria	1:00	0:54	0:51
RVH (RAES) ⁶⁷	-	-	-
RBHSC	0:41	0:45	0:49
Belfast Trust	0:53	0:50	0:50
Antrim Area	1:15	1:18	1:10
Causeway	0:46	0:46	0:52
Mid Ulster	0:04	0:04	0:05
Whiteabbey ⁶⁸	0:09	-	-
Northern Trust	0:54	0:59	0:55
Ards MIU	0:07	0:06	0:05
Bangor MIU	0:05	0:03	0:03
Downe	0:36	0:33	0:28
Lagan Valley	0:41	0:37	0:32
Ulster	0:54	0:53	0:45
South Eastern Trust	0:39	0:38	0:32
Armagh Community ⁶⁹	0:02	-	-
Craigavon Area	1:06	1:14	1:15
Daisy Hill	0:50	0:54	0:59
South Tyrone	0:01	0:01	0:02
Southern Trust	0:43	0:48	0:50
Altnagelvin Area	0:56	0:51	0:45
South West Acute	0:25	0:29	0:24
Tyrone County	0:10	0:10	0:10
Western Trust	0:34	0:35	0:31
Type 1	0:55	0:55	0:53
Type 2	0:39	0:35	0:31
Type 3	0:03	0:03	0:05
Northern Ireland	0:45	0:45	0:43

Source: Regional Data Warehouse

⁶⁵ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁶⁶ Information on time to start of treatment is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

⁶⁷ It is currently not possible to collect detailed information for the RVH (RAES) service.

⁶⁸ Temporarily closed on 1st December 2014.

⁶⁹ Temporarily closed on 17th November 2014.

Table 9: 95th Percentile Waiting Time from Triage to Start of Treatment (2014/15 – 2016/17) ^{70, 71}

HSC Trust / Hospital / Department Type	Waiting Time from Triage to Start of Treatment (95 th Percentile) HH:MM		
	2014/15	2015/16	2016/17
Mater	4:35	4:09	3:51
Royal Victoria	4:16	3:52	3:59
RVH (RAES) ⁷²	-	-	-
RBHSC	2:33	2:45	2:53
Belfast Trust	3:59	3:42	3:44
Antrim Area	4:49	5:02	4:34
Causeway	3:53	4:21	4:34
Mid Ulster	0:37	0:33	0:39
Whiteabbey ⁷³	0:58	-	-
Northern Trust	4:24	4:44	4:27
Ards MIU	0:41	0:33	0:34
Bangor MIU	0:44	0:28	0:29
Downe	2:22	2:15	2:01
Lagan Valley	2:34	2:24	2:11
Ulster	3:25	3:19	3:12
South Eastern Trust	3:01	2:55	2:47
Armagh Community ⁷⁴	0:21	-	-
Craigavon Area	3:25	3:40	3:57
Daisy Hill	3:12	3:08	3:27
South Tyrone	0:18	0:24	0:31
Southern Trust	3:10	3:21	3:36
Altnagelvin Area	3:31	3:10	3:11
South West Acute	2:14	2:35	2:28
Tyrone County	1:10	1:10	1:10
Western Trust	3:04	2:52	2:51
Type 1	3:48	3:46	3:46
Type 2	2:30	2:20	2:07
Type 3	0:45	0:41	0:44
Northern Ireland	3:34	3:34	3:33

Source: Regional Data Warehouse

⁷⁰ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁷¹ Information on time to start of treatment is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

⁷² It is currently not possible to collect detailed information for the RVH (RAES) service.

⁷³ Temporarily closed on 1st December 2014.

⁷⁴ Temporarily closed on 17th November 2014.

Table 10: Median Time Spent in ED by those Admitted to Hospital (2014/15 – 2016/17) ^{75, 76}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Admitted to Hospital (Median) HH:MM		
	2014/15	2015/16	2016/17
Mater	4:41	4:16	4:55
Royal Victoria	6:35	5:33	6:29
RVH (RAES) ⁷⁷	-	-	-
RBHSC	2:57	3:10	3:22
Belfast Trust	5:26	4:47	5:26
Antrim Area	5:28	6:03	5:49
Causeway	5:19	6:00	6:29
Mid Ulster	0	0	0
Whiteabbey ⁷⁸	0	-	-
Northern Trust	5:25	6:02	6:05
Ards MIU	0	0	0
Bangor MIU	0	0	0
Downe	3:56	3:43	3:39
Lagan Valley	3:51	3:52	3:59
Ulster	4:55	5:15	4:56
South Eastern Trust	4:41	4:56	4:45
Armagh Community ⁷⁹	0	-	-
Craigavon Area	3:54	4:38	5:38
Daisy Hill	3:40	3:45	5:14
South Tyrone	0	0	0
Southern Trust	3:51	4:18	5:29
Altnagelvin Area	4:33	5:35	6:05
South West Acute	3:19	3:44	4:16
Tyrone County	0:10	0:10	0:12
Western Trust	3:54	4:43	5:15
Type 1	4:38	4:58	5:26
Type 2	3:53	3:50	3:54
Type 3	0:10	0:10	0:12
Northern Ireland	4:35	4:54	5:22

Source: Regional Data Warehouse

⁷⁵ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁷⁶ Information for those admitted and discharged home is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

⁷⁷ It is currently not possible to collect detailed information for the RVH (RAES) service.

⁷⁸ Temporarily closed on 1st December 2014.

⁷⁹ Temporarily closed on 17th November 2014.

Table 11: 95th Percentile Time Spent in ED by those Admitted to Hospital (2014/15 – 2016/17) ^{80, 81}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Admitted to Hospital (95 th Percentile) HH:MM		
	2014/15	2015/16	2016/17
Mater	11:34	11:26	12:14
Royal Victoria	12:01	11:30	11:58
RVH (RAES) ⁸²	-	-	-
RBHSC	6:24	6:48	7:06
Belfast Trust	11:54	11:18	11:53
Antrim Area	11:43	11:55	15:30
Causeway	10:34	11:17	11:43
Mid Ulster	0	0	0
Whiteabbey ⁸³	0	-	-
Northern Trust	11:29	11:44	13:42
Ards MIU	0	0	0
Bangor MIU	0	0	0
Downe	7:58	8:11	16:43
Lagan Valley	7:29	7:23	8:01
Ulster	11:26	14:00	12:00
South Eastern Trust	11:11	12:54	11:55
Armagh Community ⁸⁴	0	-	-
Craigavon Area	8:55	10:45	11:52
Daisy Hill	8:41	8:29	11:44
South Tyrone	0	0	0
Southern Trust	8:50	10:14	11:50
Altnagelvin Area	9:21	10:40	11:30
South West Acute	6:37	8:01	9:54
Tyrone County	0:50	0:58	1:03
Western Trust	8:50	10:10	11:14
Type 1	11:17	11:23	11:52
Type 2	7:41	7:38	9:27
Type 3	0:50	0:58	1:03
Northern Ireland	11:14	11:20	11:51

Source: Regional Data Warehouse

⁸⁰ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁸¹ Information for those admitted and discharged home is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

⁸² It is currently not possible to collect detailed information for the RVH (RAES) service.

⁸³ Temporarily closed on 1st December 2014.

⁸⁴ Temporarily closed on 17th November 2014.

Table 12: Median Time Spent in ED by those Discharged Home (2014/15 – 2016/17) ^{85, 86}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Discharged Home (Median) HH:MM		
	2014/15	2015/16	2016/17
Mater	2:36	2:26	2:29
Royal Victoria	2:51	2:43	2:41
RVH (RAES) ⁸⁷	-	-	-
RBHSC	1:52	1:59	2:07
Belfast Trust	2:31	2:27	2:28
Antrim Area	2:47	2:44	2:32
Causeway	2:07	2:18	2:37
Mid Ulster	0:31	0:31	0:35
Whiteabbey ⁸⁸	0:41	-	-
Northern Trust	2:09	2:20	2:19
Ards MIU	0:38	0:36	0:36
Bangor MIU	0:34	0:31	0:31
Downe	1:31	1:26	1:22
Lagan Valley	2:05	1:58	1:48
Ulster	2:13	2:12	2:12
South Eastern Trust	1:41	1:39	1:34
Armagh Community ⁸⁹	0:32	-	-
Craigavon Area	2:24	2:34	2:38
Daisy Hill	2:04	2:02	2:15
South Tyrone	0:27	0:27	0:30
Southern Trust	1:43	1:49	1:54
Altnagelvin Area	2:21	2:24	2:24
South West Acute	1:46	2:03	2:19
Tyrone County	0:37	0:40	0:40
Western Trust	1:45	1:54	2:00
Type 1	2:22	2:23	2:26
Type 2	1:50	1:44	1:36
Type 3	0:32	0:31	0:33
Northern Ireland	1:59	2:03	2:03

Source: Regional Data Warehouse

⁸⁵ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁸⁶ Information for those admitted and discharged home is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

⁸⁷ It is currently not possible to collect detailed information for the RVH (RAES) service.

⁸⁸ Temporarily closed on 1st December 2014.

⁸⁹ Temporarily closed on 17th November 2014.

Table 13: 95th Percentile Spent in ED by those Discharged Home (2014/15 – 2016/17) ^{90, 91}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Discharged Home (95th Percentile) HH:MM		
	2014/15	2015/16	2016/17
Mater	6:33	6:17	6:11
Royal Victoria	6:50	6:46	7:08
RVH (RAES) ⁹²	-	-	-
RBHSC	4:28	4:41	4:53
Belfast Trust	6:23	6:12	6:24
Antrim Area	7:14	7:31	6:53
Causeway	6:02	6:40	7:31
Mid Ulster	1:21	1:14	1:28
Whiteabbey ⁹³	1:48	-	-
Northern Trust	6:31	7:04	6:57
Ards MIU	1:36	1:29	1:26
Bangor MIU	1:29	1:17	1:20
Downe	4:14	4:03	4:30
Lagan Valley	4:47	4:39	4:40
Ulster	5:43	5:42	5:41
South Eastern Trust	5:06	5:05	5:07
Armagh Community ⁹⁴	1:26	-	-
Craigavon Area	5:30	5:46	6:06
Daisy Hill	5:09	5:05	5:42
South Tyrone	1:15	1:12	1:15
Southern Trust	5:02	5:16	5:38
Altnagelvin Area	5:40	5:46	5:58
South West Acute	4:21	5:15	5:57
Tyrone County	1:51	1:59	1:55
Western Trust	5:03	5:18	5:36
Type 1	6:03	6:09	6:18
Type 2	4:34	4:26	4:35
Type 3	1:33	1:29	1:29
Northern Ireland	5:43	5:51	6:00

Source: Regional Data Warehouse

⁹⁰ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁹¹ Information for those admitted and discharged home is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

⁹² It is currently not possible to collect detailed information for the RVH (RAES) service.

⁹³ Temporarily closed on 1st December 2014.

⁹⁴ Temporarily closed on 17th November 2014.

Table 14: Total Attendances at Emergency Care Departments by Department Type (2016/17)

Emergency Care Department Type	New Attendances		Unplanned Review Attendances		Planned Review Attendances		Total Attendances
	Number	%	Number	%	Number	%	
Type 1	599,899	92.1%	31,461	4.8%	19,681	3.0%	651,041
Type 2	59,876	93.6%	1,870	2.9%	2,211	3.5%	63,957
Type 3	73,716	89.2%	3,697	4.5%	5,255	6.4%	82,668
Total	733,491	92.0%	37,028	4.6%	27,147	3.4%	797,666

Source: KH09 (ii) Information Return

Table 15: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2012/13 - 2016/17)⁹⁵

HSC Trust / Hospital	Total Attendances				
	2012/13	2013/14	2014/15	2015/16	2016/17
Mater	44,763	46,085	47,103	48,524	50,140
Royal Victoria ⁹⁶	96,879	82,279	85,568	91,080	94,422
RVH (RAES & ENT)	-	15,411	17,167	-	-
RVH (RAES)	-	-	-	15,637	16,848
RBHSC	34,364	34,453	35,127	38,632	39,869
Belfast Trust	176,006	178,228	184,965	193,873	201,279
Antrim Area	72,078	73,786	77,099	80,015	84,320
Causeway	43,090	42,152	43,009	44,513	44,444
Mid Ulster	7,487	8,307	8,825	9,601	10,117
Whiteabbey ⁹⁷	9,256	9,580	7,132	-	-
Northern Trust	131,911	133,825	136,065	134,129	138,881
Ards MIU	9,405	10,281	10,572	11,096	11,890
Bangor MIU	10,616	12,288	9,894	9,303	10,223
Downe	21,599	21,161	18,586	20,229	22,051
Lagan Valley	27,374	26,835	22,328	23,272	25,058
Ulster	88,544	89,107	92,259	93,539	96,533
South Eastern Trust	157,538	159,672	153,639	157,439	165,755
Armagh & Mullinure ⁹⁸	8,242	7,416	5,205	-	-
Craigavon Area	76,271	76,175	80,497	84,127	86,241
Daisy Hill	41,207	42,716	46,590	51,268	54,925
South Tyrone	21,401	23,152	25,666	28,766	32,137
Southern Trust	147,121	149,459	157,958	164,161	173,303
Altnagelvin Area	56,712	58,703	57,837	63,103	65,995
Erne / South West Acute	29,202	30,042	30,740	32,240	34,152
Tyrone County	17,259	17,537	17,461	18,240	18,301
Western Trust	103,173	106,282	106,038	113,583	118,448
Northern Ireland	715,749	727,466	738,665	763,185	797,666

Source: KH09 (ii) Information Return

⁹⁵ See Appendix 3 for further information on changes to provision of emergency care services.⁹⁶ Information for the RVH prior to 2013/14 includes attendances for RAES.⁹⁷ Temporarily closed on 17th November 2014.⁹⁸ Mullinure closed on 3rd September 2012 & Armagh Community closed on 1st December 2014.

Table 16: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by HSC Trust / Hospital (2016/17)

HSC Trust / Hospital	Waiting Time at Emergency Care Departments						Total (New & Unplanned Reviews)
	Within 4 Hours		4 to 12 Hours		Over 12 Hours		
	Number	%	Number	%	Number	%	
Mater	34,690	72.6%	12,491	26.1%	590	1.2%	47,771
Royal Victoria	59,834	64.6%	31,685	34.2%	1,124	1.2%	92,643
RVH (RAES)	15,477	93.4%	1,087	6.6%	0	0.0%	16,564
RBHSC	33,213	86.1%	5,367	13.9%	0	0.0%	38,580
Belfast Trust	143,214	73.2%	50,630	25.9%	1,714	0.9%	195,558
Antrim Area	55,094	66.8%	25,754	31.2%	1,587	1.9%	82,435
Causeway	27,815	62.8%	16,181	36.5%	306	0.7%	44,302
Mid Ulster	9,662	100.0%	3	0.0%	0	0.0%	9,665
Northern Trust	92,571	67.9%	41,938	30.7%	1,893	1.4%	136,402
Ards MIU	11,540	100.0%	0	0.0%	0	0.0%	11,540
Bangor MIU	9,982	100.0%	0	0.0%	0	0.0%	9,982
Downe	18,960	89.8%	1,961	9.3%	182	0.9%	21,103
Lagan Valley	20,948	88.0%	2,830	11.9%	17	0.1%	23,795
Ulster	66,808	71.9%	24,880	26.8%	1,279	1.4%	92,967
South Eastern Trust	128,238	80.5%	29,671	18.6%	1,478	0.9%	159,387
Craigavon Area	55,497	66.6%	27,199	32.6%	621	0.7%	83,317
Daisy Hill	39,950	74.7%	13,238	24.8%	289	0.5%	53,477
South Tyrone	29,438	100.0%	0	0.0%	0	0.0%	29,438
Southern Trust	124,885	75.1%	40,437	24.3%	910	0.5%	166,232
Altnagelvin Area	42,935	68.6%	19,320	30.9%	304	0.5%	62,559
South West Acute	24,783	74.4%	8,349	25.1%	195	0.6%	33,327
Tyrone County	16,723	99.8%	35	0.2%	0	0.0%	16,758
Western Trust	84,441	75.0%	27,704	24.6%	499	0.4%	112,644
Northern Ireland	573,349	74.4%	190,380	24.7%	6,494	0.8%	770,223

Source: Regional Data Warehouse & EC1 Information Return

Table 17: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments (2012/13 – 2016/17) ⁹⁹

Waiting Time at Emergency Care Department	Year					Percentage Change 2015/16 - 2016/17	Percentage Change 2012/13 - 2016/17
	2012/13	2013/14	2014/15	2015/16	2016/17		
Number Within 4 Hours	535,891	542,541	549,233	560,470	573,349	2.3%	7.0%
Percentage Within 4 Hours	78.5%	78.1%	77.5%	76.1%	74.4%	-	-
Number Between 4 & 12 Hours	140,964	148,968	156,077	172,284	190,380	10.5%	35.1%
Percentage Between 4 & 12 Hours	20.7%	21.4%	22.0%	23.4%	24.7%	-	-
Number Over 12 Hours	5,560	3,109	3,170	3,875	6,494	67.6%	16.8%
Percentage Over 12 Hours	0.8%	0.4%	0.4%	0.5%	0.8%	-	-
Total	682,415	694,618	708,480	736,629	770,223	4.6%	12.9%

Source: Regional Data Warehouse & EC1 Information Return

⁹⁹ See Appendix 3 for further information on changes to provision of emergency care services.

Table 18: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by Department Type (2016/17) ²⁷

Emergency Care Department Type	Waiting Time at Emergency Care Department						Total (New & Unplanned Reviews)
	Within 4 Hours		4 to 12 Hours		Over 12 Hours		
	Number	%	Number	%	Number	%	
Type 1	440,619	69.8%	184,464	29.2%	6,295	1.0%	631,378
Type 2	55,385	90.1%	5,878	9.6%	199	0.3%	61,462
Type 3	77,345	100.0%	38	0.0%	0	0.0%	77,383
Total	573,349	74.4%	190,380	24.7%	6,494	0.8%	770,223

Source: Regional Data Warehouse & EC1 Information Return

Table 19: Percentage of New and Unplanned Review Attendances Commencing Treatment within 2 hours of Triage (2012/13 – 2016/17)

HSC Trust / Hospital / Department Type	Percentage of Attendances Commencing Treatment within 2 Hours of Triage		
	2014/15	2015/16	2016/17
Mater	74.0%	79.9%	79.9%
Royal Victoria ¹⁰⁰	72.5%	75.6%	75.4%
RVH (RAES) ¹⁰¹	-	-	-
RBHSC	89.9%	87.4%	85.6%
Belfast Trust	77.2%	79.5%	79.0%
Antrim Area	67.8%	66.0%	70.0%
Causeway	78.6%	77.4%	75.7%
Mid Ulster	99.9%	100.0%	99.9%
Whiteabbey ¹⁰²	99.5%	-	-
Northern Trust	74.6%	72.3%	74.3%
Ards MIU	100.0%	100.0%	100.0%
Bangor MIU	100.0%	100.0%	100.0%
Downe	91.6%	92.8%	94.8%
Lagan Valley	88.5%	90.8%	93.3%
Ulster	80.1%	81.0%	83.6%
South Eastern Trust	85.5%	86.5%	88.8%
Armagh Community ¹⁰³	100.0%	-	-
Craigavon Area	75.9%	70.8%	69.3%
Daisy Hill	82.3%	82.3%	79.7%
South Tyrone	100.0%	100.0%	100.0%
Southern Trust	82.4%	79.5%	77.9%
Altnagelvin Area	77.5%	82.2%	83.6%
South West Acute	93.4%	90.0%	92.0%
Tyrone County	99.3%	99.3%	99.2%
Western Trust	85.8%	87.2%	88.4%
Type 1	77.5%	77.7%	78.2%
Type 2	89.9%	91.7%	94.0%
Type 3	99.8%	99.8%	99.8%
Northern Ireland	81.0%	80.9%	81.6%

Source: Regional Data Warehouse

¹⁰⁰ Information for the RVH prior to 2013/14 includes attendances for RAES.

¹⁰¹ It is currently not possible to collect detailed information for the RVH (RAES) service.

¹⁰² Temporarily closed on 1st December 2014.

¹⁰³ Temporarily closed on 17th November 2014.

Table 20: New & Unplanned Review Attendances by HSC Trust / Hospital (2012/13 - 2016/17) ¹⁰⁴

HSC Trust / Hospital	New & Unplanned Review Attendances				
	2012/13	2013/14	2014/15	2015/16	2016/17
Mater	43,087	44,397	45,623	46,565	47,771
Royal Victoria ¹⁰⁵	92,618	79,678	82,905	88,940	92,643
RVH (RAES & ENT)	-	13,985	15,751	-	-
RVH (RAES)	-	-	-	14,699	16,564
RBHSC	32,976	33,153	33,879	37,328	38,580
Belfast Trust	168,681	171,213	178,158	187,532	195,558
Antrim Area	70,859	72,037	75,268	78,426	82,435
Causeway	42,771	41,798	42,695	44,296	44,302
Mid Ulster	7,115	7,978	8,407	9,190	9,665
Whiteabbey ¹⁰⁶	8,306	8,643	6,741	-	-
Northern Trust	129,051	130,456	133,111	131,912	136,402
Ards MIU	9,071	9,852	10,189	10,660	11,540
Bangor MIU	10,154	11,670	9,634	8,953	9,982
Downe	20,697	20,250	17,842	19,328	21,103
Lagan Valley	26,297	25,786	21,404	22,270	23,795
Ulster	82,436	82,692	86,028	90,146	92,967
South Eastern Trust	148,655	150,250	145,097	151,357	159,387
Armagh & Mullinure ¹⁰⁷	7,320	6,789	4,763	-	-
Craigavon Area	71,746	72,976	77,552	80,996	83,317
Daisy Hill	39,373	41,198	45,444	50,076	53,477
South Tyrone	19,902	21,089	23,622	26,322	29,438
Southern Trust	138,341	142,052	151,381	157,394	166,232
Altnagelvin Area	53,826	55,543	54,828	60,126	62,559
South West Acute	28,387	29,182	29,811	31,553	33,327
Tyrone County	15,474	15,922	16,094	16,755	16,758
Western Trust	97,687	100,647	100,733	108,434	112,644
Northern Ireland	682,415	694,618	708,480	736,629	770,223

Source: Regional Data Warehouse & EC1 Information Return

¹⁰⁴ See Appendix 3 for further information on changes to provision of emergency care services.

¹⁰⁵ Information for the RVH prior to 2013/14 includes attendances for RAES.

¹⁰⁶ Temporarily closed on 1st December 2014.

¹⁰⁷ Mullinure closed on 3rd September 2012 & Armagh Community closed on 1st December 2014.

Table 21: New & Unplanned Review Attendances seen within 4 hours by HSC Trust / Hospital (2012/13 - 2016/17) ¹⁰⁸

HSC Trust / Hospital	Percentage Seen within 4 Hours				
	2012/13	2013/14	2014/15	2015/16	2016/17
Mater	68.1%	72.2%	70.7%	74.7%	72.6%
Royal Victoria ¹⁰⁹	68.3%	60.8%	59.2%	65.4%	64.6%
RVH (RAES & ENT)	-	100.0%	100.0%	-	-
RVH (RAES)	-	-	-	100.0%	93.4%
RBHSC	82.2%	89.8%	90.8%	89.1%	86.1%
Belfast Trust	71.0%	72.6%	71.8%	75.1%	73.2%
Antrim Area	64.5%	70.7%	63.6%	62.5%	66.8%
Causeway	78.7%	78.2%	72.9%	66.6%	62.8%
Mid Ulster	100.0%	100.0%	100.0%	100.0%	100.0%
Whiteabbey	100.0%	99.9%	99.9%	-	-
Northern Trust	73.5%	76.8%	70.7%	66.5%	67.9%
Ards MIU	100.0%	100.0%	100.0%	100.0%	100.0%
Bangor MIU	100.0%	100.0%	100.0%	100.0%	100.0%
Downe	87.0%	86.8%	90.3%	91.8%	89.8%
Lagan Valley	90.4%	88.3%	87.3%	88.6%	88.0%
Ulster	73.1%	70.5%	72.7%	71.1%	71.9%
South Eastern Trust	81.6%	80.0%	80.7%	80.1%	80.5%
Armagh & Mullinure	100.0%	100.0%	100.0%	-	-
Craigavon Area	76.5%	72.9%	78.3%	72.0%	66.6%
Daisy Hill	91.9%	86.7%	83.1%	82.7%	74.7%
South Tyrone	99.9%	100.0%	100.0%	100.0%	100.0%
Southern Trust	85.5%	82.2%	83.8%	80.1%	75.1%
Altnagelvin Area	75.2%	70.2%	73.8%	70.0%	68.6%
South West Acute	91.2%	90.0%	89.4%	81.7%	74.4%
Tyrone County	99.9%	99.9%	99.9%	99.9%	99.8%
Western Trust	83.7%	80.7%	82.6%	78.0%	75.0%
Northern Ireland	78.5%	78.1%	77.5%	76.1%	74.4%

Source: Regional Data Warehouse & EC1 Information Return

¹⁰⁸ See Appendix 3 for further information on changes to provision of emergency care services.

¹⁰⁹ Information for the RVH prior to 2013/14 includes attendances for RAES.

Table 22: New & Unplanned Review Attendances Waiting Over 12 hours by HSC Trust / Hospital (2012/13 - 2016/17) ¹¹⁰

HSC Trust / Hospital	Number Waiting Over 12 Hours				
	2012/13	2013/14	2014/15	2015/16	2016/17
Mater	147	61	404	340	590
Royal Victoria ¹¹¹	267	456	1,352	577	1,124
Royal Victoria (RAES & ENT)	-	0	0	-	-
Royal Victoria (RAES)	-	-	0	0	0
RBHSC	12	0	0	0	0
Belfast Trust	426	517	1,756	917	1,714
Antrim Area	1,811	871	663	1,058	1,587
Causeway	719	156	0	29	306
Mid Ulster	0	0	0	0	0
Whiteabbey ¹¹²	0	0	0	-	-
Northern Trust	2,530	1,027	663	1,087	1,893
Ards MIU	0	0	0	0	0
Bangor MIU	0	0	0	0	0
Downe	157	63	19	46	182
Lagan Valley	242	69	5	0	17
Ulster	2,058	1,092	689	1,560	1,279
South Eastern Trust	2,457	1,224	713	1,606	1,478
Armagh & Mullinure ¹¹³	0	0	0	-	-
Craigavon Area	34	68	13	75	621
Daisy Hill	7	28	1	18	289
South Tyrone	0	0	0	0	0
Southern Trust	41	96	14	93	910
Altnagelvin Area	103	231	14	114	304
South West Acute	3	14	10	58	195
Tyrone County	0	0	0	0	0
Western Trust	106	245	24	172	499
Northern Ireland	5,560	3,109	3,170	3,875	6,494

Source: Regional Data Warehouse & EC1 Information Return

¹¹⁰ See Appendix 3 for further information on changes to provision of emergency care services.

¹¹¹ Information for the RVH prior to 2013/14 includes attendances for RAES.

¹¹² Temporarily closed on 1st December 2014.

¹¹³ Mullinure closed on 3rd September 2012 & Armagh Community closed on 1st December 2014.

Table 23: Summary of Emergency Calls & Response by Local Commissioning Group (2016/17)

Performance Measure	Local Commissioning Group (LCG)					Northern Ireland
	Belfast	Northern	South Eastern	Southern	Western	
Number of emergency calls ¹¹⁴	54,599	50,973	37,861	35,812	32,555	211,800
<i>% of Category A calls responded to within 8 minutes</i>	62.0%	43.9%	45.5%	46.3%	55.2%	51.0%
Number of Category B calls resulting in an emergency response which arrives at the scene of the incident	19,899	19,107	14,620	13,928	13,401	80,955
Number of (Non-HCP) Category C calls, resulting in an emergency response which arrives at the scene of the incident	5,082	4,498	3,792	3,715	3,357	20,444
<i>% of (Non-HCP) Category C calls responded to within 60 minutes</i>	85.4%	91.2%	85.4%	92.5%	94.9%	89.5%
Number of (HCP) Category C calls, resulting in an emergency response which arrives at the scene of the incident	10,675	10,626	6,676	5,765	4,573	38,315
<i>% of (HCP) Category C calls responded to within the agreed 1 Hour response time</i>	52.1%	52.5%	42.9%	50.7%	57.9%	51.4%
<i>% of (HCP) Category C calls responded to within the agreed 2 Hour response time</i>	74.2%	71.9%	71.6%	66.9%	77.0%	72.1%
<i>% of (HCP) Category C calls responded to within the agreed 3 Hour response time</i>	77.7%	79.5%	78.9%	70.3%	89.5%	78.7%
<i>% of (HCP) Category C calls responded to within the agreed 4 Hour response time</i>	78.6%	84.0%	80.2%	80.8%	87.3%	81.8%
Number of emergency calls, excluding HCP calls	43,174	39,823	30,819	29,730	27,760	171,306

Source: KA34 Information Return, NIAS

Table 24: Summary of Emergency Calls & Response by Category of Call (2016/17) ¹¹⁵

Emergency Calls & Response	Category A: Immediately life threatening calls	Category B: Serious but not immediately life threatening	Category C: Not immediately life threatening or serious	TOTAL
Total Calls	61,402	87,197	63,201	211,800
Calls resulting in an emergency response	56,927	80,955	58,760	196,642
Response within 8 minutes	29,043	-	-	29,043
Calls resulting in an emergency response which is able to transport a patient	53,080	75,119	57,296	185,495

Source: KA34 Information Return, NIAS

¹¹⁴ Information includes HCP calls; see Appendix 4 for further information.

¹¹⁵ Information includes HCP calls; see Appendix 4 for further information.

Table 25: Percentage of Category A Calls Resulting in an Emergency Response Arriving at the Scene of the Incident within 8 Minutes, by LCG (2016/17)

Month	Local Commissioning Group (LCG)					Northern Ireland
	Belfast	Northern	South Eastern	Southern	Western	
April 2016	60.1%	44.7%	43.1%	54.5%	55.3%	52.0%
May 2016	57.7%	45.9%	41.2%	43.9%	56.7%	49.5%
June 2016	62.7%	45.1%	45.1%	47.5%	56.9%	51.9%
July 2016	64.0%	44.5%	48.2%	45.9%	59.4%	52.8%
August 2016	63.6%	40.7%	44.6%	47.2%	57.5%	51.2%
September 2016	63.9%	44.8%	50.5%	48.6%	57.4%	53.4%
October 2016	65.0%	44.2%	50.1%	48.2%	54.6%	52.7%
November 2016	63.0%	42.7%	46.5%	43.3%	54.0%	50.2%
December 2016	56.9%	37.0%	40.1%	40.8%	49.7%	45.4%
January 2017	65.3%	42.4%	47.6%	45.0%	48.5%	50.5%
February 2017	60.1%	45.7%	45.6%	44.5%	56.0%	50.7%
March 2017	62.3%	49.5%	43.3%	47.7%	57.6%	52.6%

Source: KA34 Information Return, NIAS

Table 26: Percentage of Category A Calls Resulting in an Emergency Response Arriving at the Scene of the Incident within 8 Minutes, by Year (2012/13 – 2016/17)

Year	% Within 8 Minutes
2012/13	68.3%
2013/14	67.6%
2014/15	57.7%
2015/16	53.5%
2016/17	51.0%

Source: KA34 Information Return, NIAS

Table 27: Response Times by Category of Call (2012/13 – 2016/17) ¹¹⁶

Category of Call	Emergency Response	2012/13	2013/14	2014/15	2015/16	2016/17
Category A	Number arriving at the scene of the incident	49,624	50,913	56,934	56,256	56,927
	Number arriving within 8 minutes	33,887	34,422	32,862	30,101	29,043
	<i>% arriving within 8 minutes</i>	<i>68.3%</i>	<i>67.6%</i>	<i>57.7%</i>	<i>53.5%</i>	<i>51.0%</i>
Category B	Number of calls received	71,035	73,945	73,770	78,224	87,197
	Number arriving at the scene of the incident	67,429	70,106	69,555	73,204	80,955
	Number arriving at the scene of the incident able to transport a patient	65,359	68,083	66,083	68,903	75,119
Category C (Non-HCP) ¹¹⁷	Number arriving at the scene of the incident	-	-	23,692	22,840	20,444
	Number arriving within 60 minutes	-	-	22,252	20,958	18,300
	<i>% arriving within 60 minutes</i>	-	-	<i>93.9%</i>	<i>91.8%</i>	<i>89.5%</i>
Category C (HCP) ¹¹⁷	Number Requiring a 1 Hour response	-	-	11,183	16,051	19,341
	Number arriving within the agreed 1 Hour	-	-	6,146	8,852	9,936
	<i>% arriving within the agreed 1 Hour</i>	-	-	<i>55.0%</i>	<i>55.1%</i>	<i>51.4%</i>
	Number Requiring a 2 Hour response	-	-	10,001	14,158	14,538
	Number arriving within the agreed 2 Hours	-	-	7,060	10,248	10,489
	<i>% arriving within the agreed 2 Hours</i>	-	-	<i>70.6%</i>	<i>72.4%</i>	<i>72.1%</i>
	Number Requiring a 3 Hour response	-	-	1,038	2,068	2,062
	Number arriving within the agreed 3 Hours	-	-	815	1,612	1,622
	<i>% arriving within the agreed 3 Hours</i>	-	-	<i>78.5%</i>	<i>77.9%</i>	<i>78.7%</i>
	Number Requiring a 4 Hour response	-	-	5,946	3,725	2,374
	Number arriving within the agreed 4 Hours	-	-	4,925	3,152	1,942
	<i>% arriving within the agreed 4 Hours</i>	-	-	<i>82.8%</i>	<i>84.6%</i>	<i>81.8%</i>
Total Emergency Calls		-	-	191,727	202,325	211,800
Total Emergency Calls (excluding HCP Calls)		150,093	154,755	160,706	164,121	171,306

Source: KA34 Information Return, NIAS

¹¹⁶ Refer to Appendix 4 for more detailed information.

¹¹⁷ Figures for Category C Calls during 2014/15 refer to the period 14th June 2014 to 31st March 2015.

Table 28: Summary of Patient Journeys (2012/13 – 2016/17)

Year	Emergency / Urgent Journeys	Non-Urgent Journeys	Total Patient Journeys
2012/13	151,842	211,164	363,006
2013/14	155,626	212,592	368,218
2014/15	158,605	204,204	362,809
2015/16	156,245	193,548	349,793
2016/17	159,379	199,243	358,622

Source: KA34 Information Return, NIAS

Table 29: Summary of Patient Journeys by LCG (2016/17)

Local Commissioning Group (LCG)	Emergency Journeys	Non-Urgent Journeys	Total Patient Journeys
Belfast	39,946	23,875	63,821
Northern	38,963	70,366	109,329
South Eastern	28,614	18,698	47,312
Southern	26,913	51,763	78,676
Western	24,943	34,541	59,484
Northern Ireland	159,379	199,243	358,622

Source: KA34 Information Return, NIAS

Appendix 1: Definitions

1.1 Emergency Care Department

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

1.2 Type 1 Emergency Care Department

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

1.3 Type 2 Emergency Care Department

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

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

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

1.5 A&E / Review Clinic

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

1.6 New Attendance (Emergency Care)

A new attendance, or 'first' attendance, relates to any patient who presents without appointment to the emergency care department, the exception to this being unplanned re-attenders.

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 without written instruction, with the same presenting complaint, within 30 days of the initial attendance. (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 within 30 days should be recorded as an unplanned re-attender).

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 planned review clinic.

1.10 Patient Journeys

Each patient conveyed is counted as an individual patient journey. A patient journey should be reported for each patient carried (i.e. two patients in one vehicle counts as two).

1.11 Emergency Journey

The definition of an emergency journey was amended on 14th June 2014¹¹⁸. From this date, an emergency journey refers to any conveyance made by an emergency response vehicle in response to any emergency call, i.e. Category A, Category B or Category C.

1.12 Urgent Patient Journey

Those resulting from an urgent transport request. An urgent transport request is defined as a request when a definite time limit is imposed such that the vehicle and crew must be despatched quickly, although not necessarily immediately, to collect a patient, perhaps seriously ill, on the advice of a doctor for admission to hospital. Urgent patient journeys are no longer recorded by the NIAS.

1.13 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. These may be designated as Category A, Category B or Category C.

1.14 Category A Call

Presenting conditions which may be immediately life threatening.

1.15 Category B Call

Presenting conditions which though serious are not immediately life threatening.

1.16 Category C Call (Non-HCP and HCP)

Presenting conditions which are not immediately life threatening or serious.

¹¹⁸ Refer to Appendix 4 for further information.

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 2012/13.
- 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 ¹¹⁹

HSC Trust	Type 1	Type 2	Type 3
Belfast	Mater		
	Royal Victoria		
	RBHSC	Royal Victoria (RAES)	
Northern	Antrim Area		Whiteabbey
	Causeway		Mid Ulster
South Eastern	Ulster	Lagan Valley	Ards
		Downe	Bangor
Southern	Craigavon Area		South Tyrone
	Daisyhill		Armagh Community
Western	Altnagelvin		Tyrone County
	South West Acute		

¹¹⁹ See Appendix 3 for recent changes to reclassifications and operating hours.

Appendix 3: Emergency Care Waiting Times (EC1)

- 3.1 Information on waiting times at emergency care departments detailed in this publication is downloaded from the Regional Data Warehouse on the 8th of each month for all ED's, with exception of the Regional Acute Eye Service (RAES) which is sourced from the aggregate EC1 return. 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 aggregate EC1 return. HSC Trusts have been instructed to generate this information on the 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 2016/17 state that:
- '95% of patients attending any Type 1, 2 or 3 Emergency Department should be either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any Emergency Care Department should wait longer than 12 hours'*
- 'By March 2017, at least 80% of patients to have commenced treatment, following triage, within 2 hours.'*
- 3.5 Figures represent the total time spent in a hospital emergency care department from arrival until admission, transfer or discharge.
- 3.6 Figures relate to all new attendances and all unplanned review attendances at emergency care departments. They do not include planned review attendances.
- 3.7 Time is measured from when a patient arrives into the emergency care department; the time of arrival is recorded at registration or triage whichever is earlier (clock starts). The 'clock stops' when the patient departs from the emergency care department. The time of departure is defined as when the patient's clinical care episode is completed within the emergency care department.
- 3.8 The figures in this release relate to all patients, including paediatric patients.
- 3.9 From 24th May 2010, Mid-Ulster and Whiteabbey emergency care departments were reconfigured from consultant-led treatment services (Type 2) to minor injury units with designated accommodation for the reception of patients with minor injuries and/or illnesses (Type 3/MIU).
- 3.10 On 4th April 2011, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at the Downe Hospital resulting in the reduction of consultant-led emergency care services, from a 24 hours based service to 8am to 10pm daily, with services provided from 10pm to 8am by an enhanced GP Out of Hours (GPOOH) service. The GPOOH's provides the urgent care

response supported by an appropriate handover period and the appropriate services within the hospital. After 10pm all 999 ambulances go directly to the Ulster or nearest appropriate emergency care department.

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

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

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

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

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

Appendix 4: Patient Transport & Emergency Response (KA34)

- 4.1 Information on patient transport and emergency response times detailed in this publication has been sourced from the KA34 Information Return provided by the Northern Ireland Ambulance Service (NIAS) Health & Social Care Trust.
- 4.2 From 14th June 2014, the NIAS ceased recording urgent patient journeys and instead recorded calls from Healthcare Professionals (HCP) ¹²⁰, to improve the timeliness of responding to urgent transport requests from HCP`s.
- 4.3 The target time for HCP calls is agreed with the caller at the point of contact, and should be responded to within one of the following time periods: 1, 2, 3, or 4 hours. As a consequence, HCP calls are included in the overall number of emergency calls received and are referred to as Category C HCP calls. Some healthcare professional calls may also be designated as a Category A or B response, and will in these cases be responded to in the time periods agreed for these types of calls.
- 4.4 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.
- 4.5 Historically, Category C calls detailed in the KA34 were based on calls made by members of the public. However, as of 14th June 2014, the number of Category C calls will also include calls made by HCP`s, meaning that information on Category C emergency response times is not comparable with previous years.
- 4.6 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.
- 4.7 An emergency response refers to all responses made by emergency ambulances, a 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).
- 4.8 In 2016/17, ambulance response times were monitored as one of the Ministers Commissioning Plan Direction targets, which stated that:

'An average of 72.5% of Category A (life threatening) calls should be responded to within eight minutes, 67.5% in each Local Commissioning Group (LCG) Area'

¹²⁰ Refer to Appendix 1: Definitions – point 1.13.

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 ED's 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 2012/13 onwards. However, it is possible to compare total attendances at emergency care departments with previous years, to allow users to gauge the total level of activity for emergency care services.

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

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

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

Description of data

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

Data Provider

Data on emergency care waiting times is sourced from:

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

Data Quality Assessment

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

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

Guidance on using data

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

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

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

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

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

Data Comparisons with other UK Jurisdictions

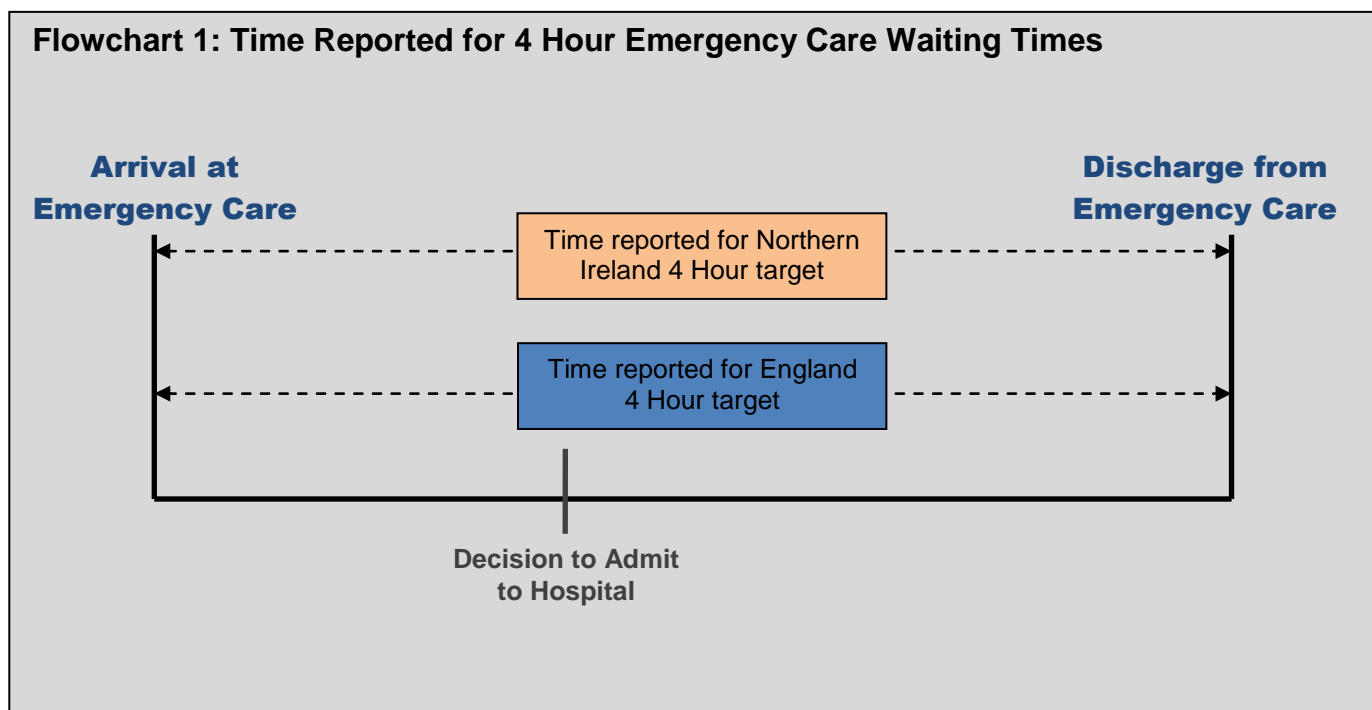
The DoH are currently liaising with colleagues in England, Scotland and Wales to clarify any differences between the emergency care waiting times reported for each administration. We would therefore ask users to be cautious when making direct comparisons between Northern Ireland and other UK Jurisdictions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

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

Northern Ireland Compared with England:

4 Hour

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



12 Hour

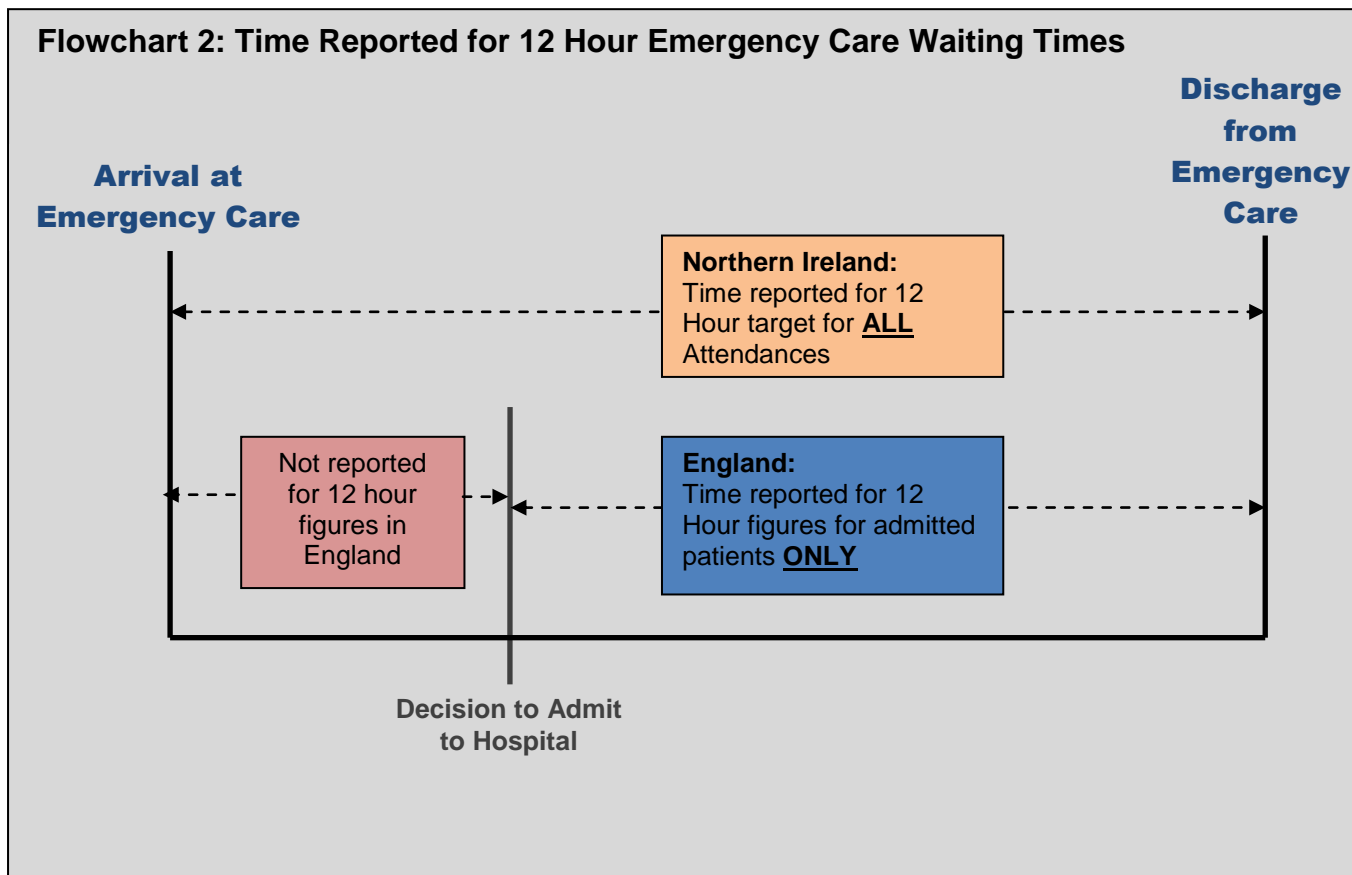
Although England and Northern Ireland both produce information on a 12 hour basis, this information is not equivalent and should not be compared (Flowchart 2). Comparable information to that produced in Northern Ireland is not available for England.

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

In contrast England reports the number of attendances who, having had a decision to admit, waited longer than 12 hours to be admitted to hospital. This is only part of the time waited by patients in

emergency care departments and excludes the time waited between arrival and the 'Decision to Admit'. Patients who are not admitted to hospital from emergency care departments are also excluded.

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



(iii) Patient Transport and Emergency Response Times

Description of data

Details data on the number of emergency calls for (i) Category A, (ii) Category B, and (iii) Category C calls. Data refers to all emergency calls, including multiple calls for one incident.

- Category A refers to calls where the presenting conditions may be life threatening. These calls should be responded to by an emergency response vehicle within 8 minutes.
- Category B refers to calls where the presenting conditions though serious are not immediately life threatening. These calls should be responded to by an emergency response vehicle within 21 minutes.
- Category C (Non – HCP) refers to calls where the presenting conditions are not immediately life threatening or serious. These calls should be responded to by an emergency response vehicle within 60 minutes.
- Category C (HCP) refers to calls where the presenting conditions are not immediately life threatening or serious. These calls should be responded to by an emergency response vehicle within one of four target times set that the NIAS (1, 2, 3, 4 hours), the target time will be agreed with the call handler and HCP at the point of contact.

Data on the number of calls resulting in an emergency response arriving at the scene and the number resulting in an emergency response arriving at the scene within 8 minutes of the call being received, allows the user to monitor the proportion of emergency responses which arrived at the scene within 8 minutes. This is calculated by:

$$\frac{\text{Number of emergency response arriving at scene of the incident within 8 minutes}}{\text{Number of emergency response arriving at scene of the incident}} \times 100$$

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

- Total number of calls for each.
- Number of calls resulting in an emergency response arriving at the scene of the incident.
- Number of calls resulting in an emergency response arriving at the scene of the incident in 8 minutes.
- Number of calls resulting in an ambulance arriving at the scene, able to transport a patient.
- Number of calls resulting in an ambulance arriving at the scene, able to transport a patient within 21 minutes.
- Number of Non-HCP calls resulting in an emergency response arriving at the scene.
- Number of Non-HCP calls resulting in an emergency response arriving at the scene, within 60 minutes.
- Number of HCP calls resulting in an emergency response arriving at the scene.
- Number of HCP calls resulting in an emergency response arriving at the scene, within 1, 2, 3 or 4 hours.

Data Provider

Data on emergency calls and response times is sourced from the Northern Ireland Ambulance Service (NIAS) on a monthly basis using the KA34 information return. NIAS are currently reviewing the KA34.

Data Quality Assessment

Data is solely derived from an administrative system (Alert C3) 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

Number of emergency calls – refers to the number of emergency calls categorised as Category A, Category B and Category C (HCP & Non-HCP) received during the financial year 1st April to 31st March.

An assessment of both the number of emergency calls and the length of time taken to respond to the different types of calls when 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 dispatch a vehicle ¹²¹ (for those calls resulting in an emergency response which arrives at the scene of the incident) until the emergency response arrives at the scene of the incident.

An assessment of the proportion of Category A calls being responded to within 8 minutes and the number of Category B calls responded to, by an emergency ambulance able to transport the patient, within 21 minutes when compared with equivalent data for previous years, allow users to assess the performance of the NIAS. With this data presented by Local Commissioning Group (LCG) area, users can gauge how performance varies across different geographical areas in Northern Ireland.

Information on the number of emergency patient journeys inclusive of: all Category A, B and C calls and the total number of non-urgent journeys allows users to further gauge the demand for ambulance services.

¹²¹ Refer to Appendix 4 – point 4.5.

(iv) Clinical Quality Indicators

Description of Data

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

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

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

Data Provider

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

Data Quality Assessment

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

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

Guidance on using the data

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

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

Appendix 6: Explanatory Notes

Providers:

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

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

Data Availability / Format:

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

Data Quality:

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

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

Stage 1:

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

Stage 2:

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

Stage 3:

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

Appendix 7: About Hospital Information Branch

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

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

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

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

Further Information

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

Mr. Paul Stevenson

Hospital Information Branch

Information & Analysis Directorate

Department of Health

Stormont Estate

Belfast, BT4 3SQ

☎ Tel: 028 90 522504 (Internal 22504)

✉ Email: Paul.Stevenson@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>