

INFORMATION
ANALYSIS
DIRECTORATE



Northern Ireland Hospital Statistics: Emergency Care 2017/18



Department of
Health

An Roinn Sláinte
Máinnstríe O Poustie

www.health-ni.gov.uk

Reader Information

- Purpose:** This statistical release presents annual information on attendances at emergency care departments (ED) in Northern Ireland and the time waited in EDs. It also reports on activity of the Northern Ireland Ambulance Service (NIAS) including calls received, journeys made and response times.
- Guidance:** It is recommended that readers refer to the 'Technical notes' and 'Definitions' detailed in this report, including guidance on using the data in this release.
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Email: sarah.brown@health-ni.gov.uk
- Statistical Quality:** Information detailed in this release has been provided by HSC Trusts and was validated by Hospital Information Branch (HIB) prior to release.
- Information on: time to triage, age and time of day for attendances, GP referrals, emergency admissions, left before treatment complete, triage level, time to start of treatment, time waited for patients admitted and not admitted are **not** National Statistics, but have been included to provide users with a comprehensive view of emergency care activity and waits. Further information on data included in this release is available at:
- <https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-niwts-ecwt-guidance.pdf>
- Target Audience:** DoH, Chief Executives of HSC Board and Trusts in Northern Ireland, Health Care Professionals, Academics, HSC Stakeholders, Media & General Public.
- Further Copies:** statistics@health-ni.gov.uk
- Copyright:** This publication is Crown copyright and may be reproduced free of charge in any format or medium. Any material used must be acknowledged, and the title of the publication specified.

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Technical Notes

This statistical release is part of an annual series presenting information on activity at EDs in Northern Ireland¹.

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 EDs
- EC1 – Waiting times at EDs
- KA34 – Patient Transport & Emergency Response
- Clinical Quality Indicators ²

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

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

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

¹ Refer to Appendix 1: Definitions.

² Refer to Appendix 3: Point 3.24 for further information.

Data Quality ³

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>

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

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

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

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

England: <http://www.england.nhs.uk/statistics/ae-waiting-times-and-activity/> ⁴

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>

⁴ Preliminary discussions have identified comparability issues between Northern Ireland and England regarding the 12 hour waiting time target.

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Key Points

Latest Year (2017/18)



794,154⁵
New and Unplanned
Review Attendances at
EDs

73.4%⁵
of Attendances at EDs
were treated and
discharged home, or
admitted within 4 hours

45.2%
of Category A
(Immediately Life
Threatening) Calls
were responded to
within 8 minutes

- One in four (25.1%) attendances at emergency care departments (ED) during 2017/18 were in the Belfast Health and Social Care Trust (Figure 6, Table 2).
- Over four in five (81.1%) patients attending EDs in 2017/18 commenced their treatment within 2 hours of being triaged (Figure 18, Table 19)

Comparison with Previous Year (2016/17 – 2017/18)

- Since 2016/17, the total number of attendances (new, unplanned and planned reviews) at EDs increased by 25,570 (3.2%), from 797,666 to 823,236 in 2017/18 (Figure 1, Table 1).
- Between 2016/17 and 2017/18, performance against the 4 hour waiting times target declined by 1 percentage points from 74.4% to 73.4%; with performance declining at Type 1 (69.8% to 68.7%), Type 2 (90.1% to 87.9%) and Type 3 (100% to 99.9%) departments (Table 17, Table 18)⁵.
- A higher number of patients waited longer than 12 hours in 2017/18 (17,347) compared with 2016/17 (6,494), with the most notable increase at the Ulster (1,279 to 4,553) (Figure 17, Table 22).
- Since 2016/17, the proportion of Category A Calls responded to within 8 minutes decreased by 4.9 percentage points, from 51.0% to 45.2% in 2017/18 (Figure 35, Table 26).

⁵ Refer to Appendix 3: Emergency Care Waiting Times (EC1) – point 25 for explanation of changes

Five Year Trends (2013/14 – 2017/18)

- During the last five years, the total number of ED attendances (new, unplanned and planned reviews) has increased by 95,770 (13.2%), from 727,466 in 2013/14 to 823,236 in 2017/18 (Figure 1, Table 1).
- Since 2013/14, performance against the 4 hour waiting times target declined by 4.7 percentage points from 78.1% to 73.4% in 2017/18 (Table 21)⁶.
- Between 2013/14 and 2017/18, the number of patients waiting longer than 12 hours increased from 3,109 to 17,347, with the Ulster reporting the most notable increase during this period (1,092 to 4,553) (Figure 17, Table 22).
- Since 2013/14, the proportion of Category A Calls responded to within 8 minutes decreased by 22.4 percentage points, from 67.6% to 45.2% in 2017/18 (Figure 35, Table 26).
- Since 2014/15, the proportion of attendances referred by a GP increased by 1.8 percentage points, from 15.3% to 17.1% in 2017/18 (Figure 3, Table 3) ⁷

⁶ Refer to Appendix 3: Emergency Care Waiting Times (EC1) – point 25 for explanation of changes

⁷ Only 4 years' data available for GP referrals.

Attendances at Emergency Care Departments ⁸

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 EDs, and changes to both the ENT & RAES ⁹ services at the Royal Victoria Hospital¹⁰.

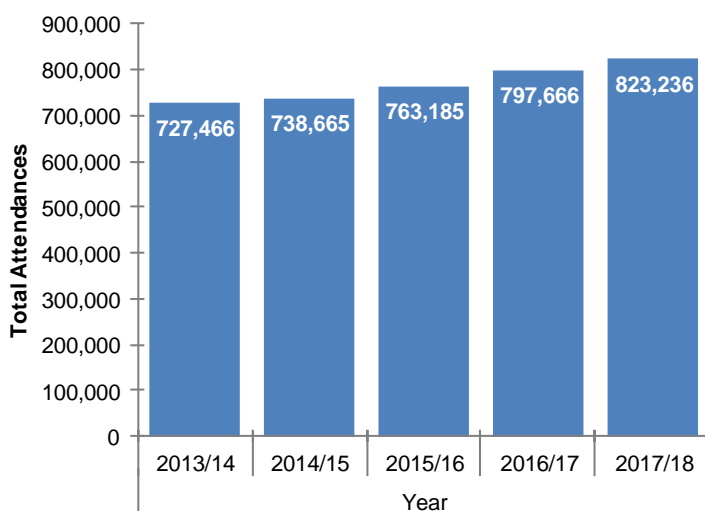
Further details of the changes in emergency care service provision are detailed in Appendix 3.

5 Year Trend

Total Attendances ¹¹

Figure 1 presents information on the total number of attendances, including new, unplanned and planned review attendances at EDs.

Figure 1: Total Attendances at EDs (2013/14 - 2017/18)



Over the last 5 years, the total number of attendances at EDs increased by 13.2% (95,770), from 727,466 in 2013/14 to 823,236 in 2017/18 (Figure 1, Table 1).

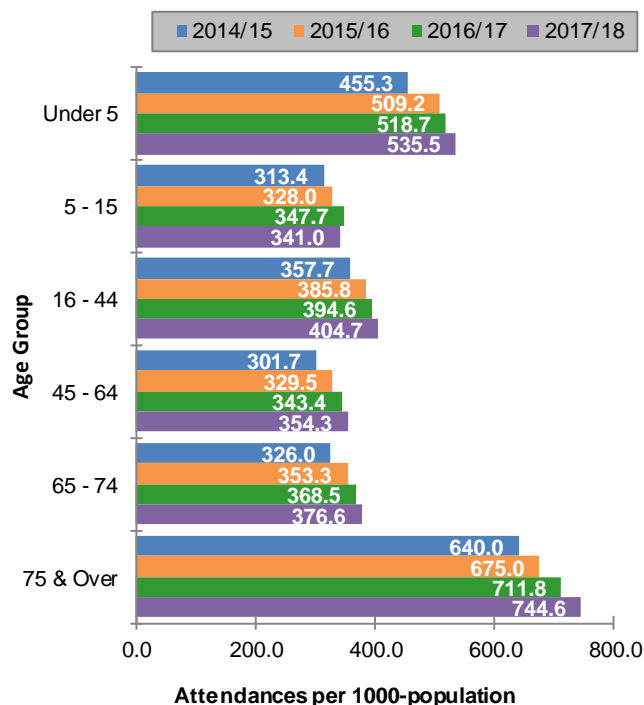
3 Year Trend

Attendances ¹²

To provide a comprehensive view of emergency care activity in Northern Ireland, information has been included on a number of Clinical Quality indicators¹³; although, this information has not yet been classified as National Statistics.

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 – 2017/18)



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

During each of the last 4 years, the highest number of attendances per 1000-population was recorded for those aged 75 & 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).

⁸ Analysis by EDs is detailed in the 'Additional Tables' (Page 27 - 48).

⁹ Refer to Appendix 3: Point 3.20 for further information.

¹⁰ Refer to Appendix 3: Point 3.23 for further information.

¹¹ Information refers to new, unplanned & planned review attendances.

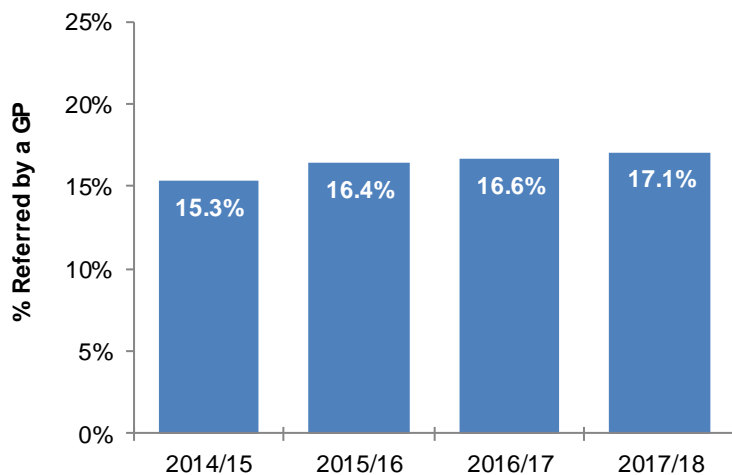
¹² Information refers to new and unplanned review attendances only.

¹³ Refer to Appendix 3: Point 3.24 for further information.

GP Referrals ¹⁴

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 – 2017/18)

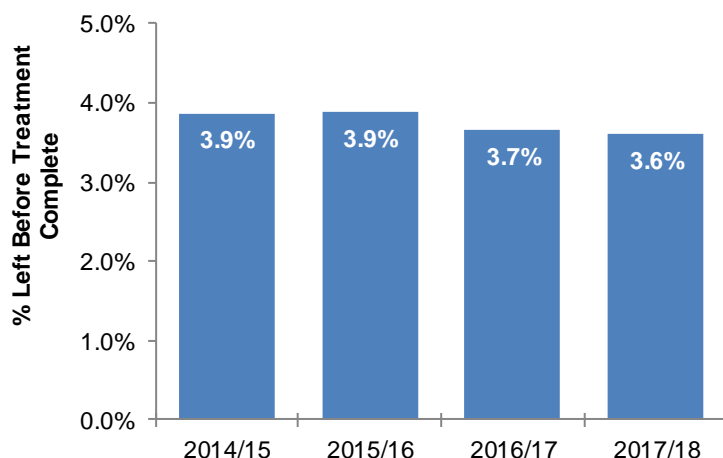


Since 2014/15, the percentage of attendances referred by a GP increased by 1.8 percentage points, from 15.3% to 17.1% in 2017/18 (Figure 3, Table 3).

Leaving ED before Treatment Complete ¹⁵

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 – 2017/18)

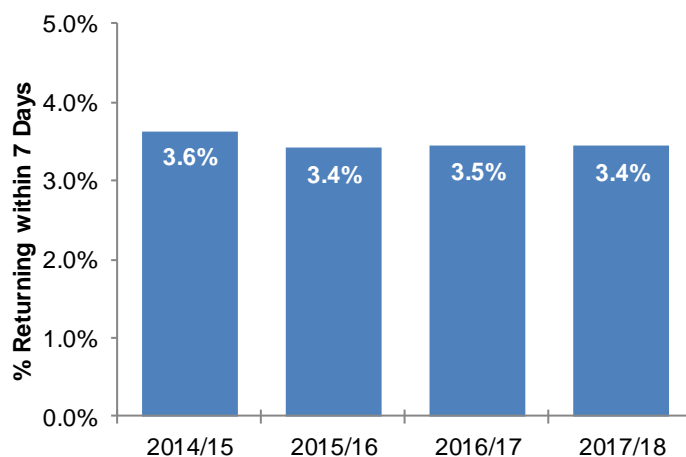


Between 2014/15 and 2017/18, the percentage of attendances who left an ED before their treatment was complete, decreased slightly from 3.9% to 3.6% (Figure 4, Table 4).

Re-attendances within 7 Days ¹⁶

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 EDs within 7 Days (2014/15 – 2017/18)



Over the last 4 years, the percentage of patients re-attending the same ED within 7 days of their original attendance decreased by 0.2 percentage points, from 3.6% in 2014/15 to 3.4% in 2017/18. (Figure 5, Table 5).

Financial Year 2017/18

It is important to note that patients are not constrained to attend EDs within their HSC Trust of residence, e.g. it is possible for a person living in the Southern HSC Trust to attend an ED within the Belfast HSC Trust and vice versa.

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 ¹⁷

During 2017/18, there were 823,236 attendances at EDs, of which, 753,700 (91.6%) were new attendances, 39,791 (4.8%) were unplanned review attendances, and 29,745 (3.6%) were planned review attendances (Table 2).

¹⁴ Information refers to new and unplanned review attendances only.

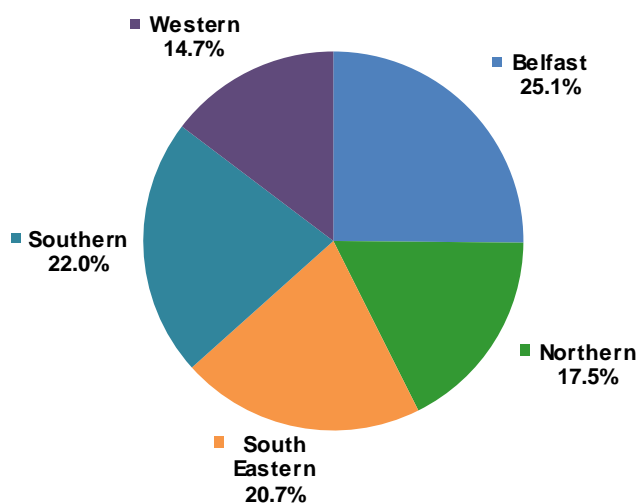
¹⁵ Information refers to new and unplanned review attendances only.

¹⁶ Information refers to unplanned review attendances only.

¹⁷ Information refers to new, unplanned & planned review attendances.

Figure 6 presents information on the total number of ED attendances by HSC Trust during 2017/18.

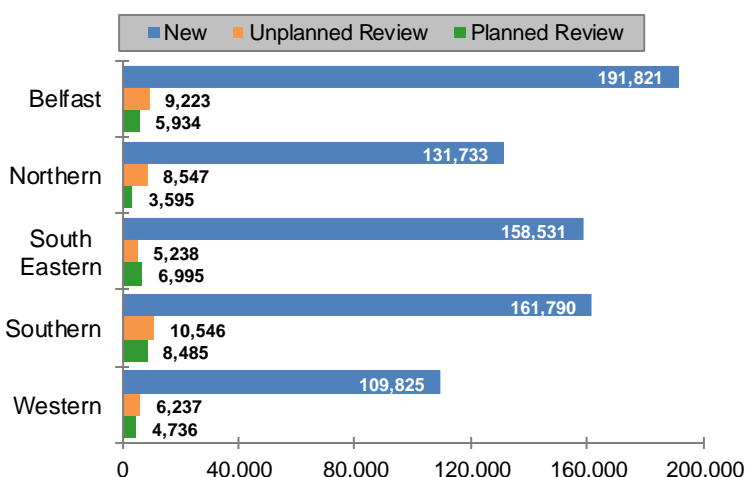
Figure 6: Attendances at EDs, by HSC Trust (2017/18)



A quarter (25.1%) of attendances in 2017/18 were at EDs in the Belfast HSC Trust (206,978), 22.0% (180,821) the Southern HSC Trust, 20.7% (170,764) the South Eastern HSC Trust, 17.5% (143,875) the Northern HSC Trust, and 14.7% (120,798) the Western HSC Trust (Figures 6 & 7, Table 2).

Figure 7 details the number of new, unplanned and planned review attendances at EDs within each HSC Trust during 2017/18.

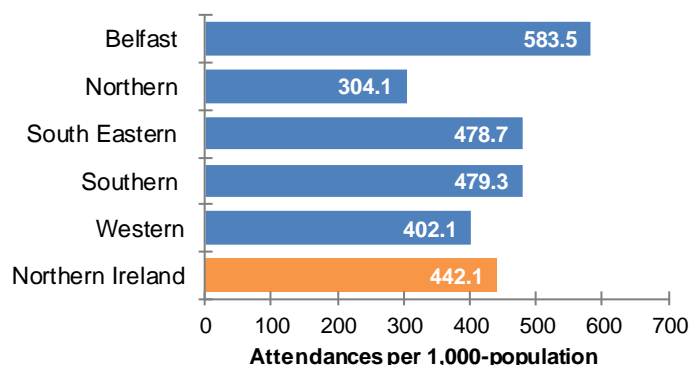
Figure 7: Attendances at EDs, by Attendance Type and HSC Trust (2017/18)



The number of new attendances in 2017/18 was highest in the Belfast HSC Trust (191,821) and lowest in the Western HSC Trust (109,825) (Figure 7, Table 2).

Figure 8 presents information on the number of ED attendances in each HSC Trust per 1,000-population¹⁸ during 2017/18.

Figure 8: Attendances at EDs per 1,000-Population, by HSC Trust (2017/18)



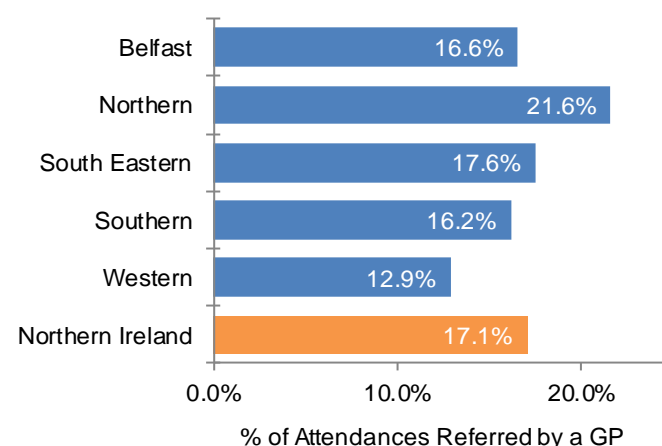
In 2017/18, there were 442.1 attendances at EDs per 1,000-population in Northern Ireland (Figure 8).

Belfast HSC Trust (583.5) reported the highest number of attendances per 1,000-population during 2017/18 whilst the Northern HSC Trust (304.1) reported the lowest (Figure 8).

GP Referrals¹⁹

Figure 9 details the percentage of ED attendances who had been referred by a GP within each HSC Trust during 2017/18.

Figure 9: Percentage of GP Referrals, by HSC Trust (2017/18)



During 2017/18, over 1 in 5 (21.6%) attendances in the Northern HSC Trust had been referred by a GP, compared with 12.9% in the Western HSC Trust (Figure 9, Table 3).

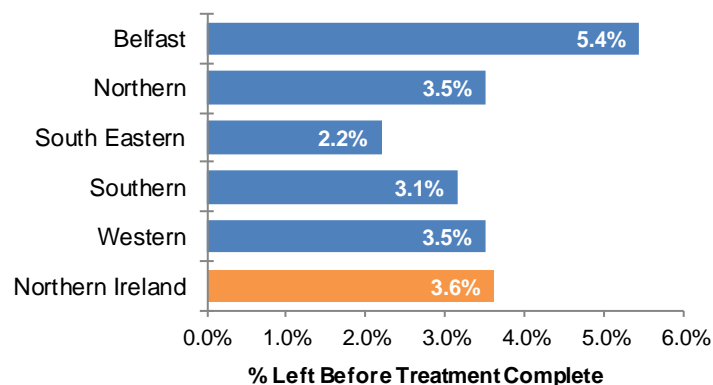
¹⁸ Based on NISRA 2016 mid-year population estimate, published on 31st August 2016.

¹⁹ Information refers to new and unplanned review attendances only.

Leaving ED before Treatment was Complete ²⁰

Figure 10 presents information on the proportion of attendances which left an ED before their treatment was complete during 2017/18.

Figure 10: Percentage of Attendances Leaving ED before their Treatment was Complete, by HSC Trust (2017/18)

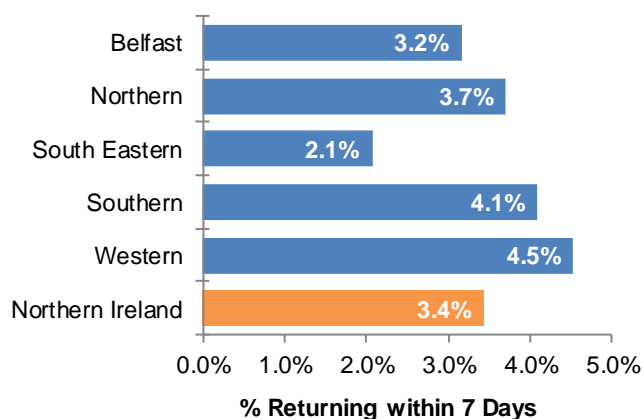


Belfast HSC Trust reported the highest percentage of attendances leaving an ED before their treatment was complete (5.4%) whilst the South Eastern HSC Trust reported the lowest (2.2%) (Figure 10, Table 4).

Re-attendance within 7 Days ²¹

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 EDs within 7 Days, by HSC Trust (2017/18)



During 2017/18, the percentage of re-attendances within 7 days was highest in the Western HSC Trust (4.5%), and lowest in the South Eastern HSC Trust (2.1%) (Figure 11, Table 5).

²⁰ Information refers to new and unplanned review attendances only.

²¹ Information refers to unplanned review attendances only.

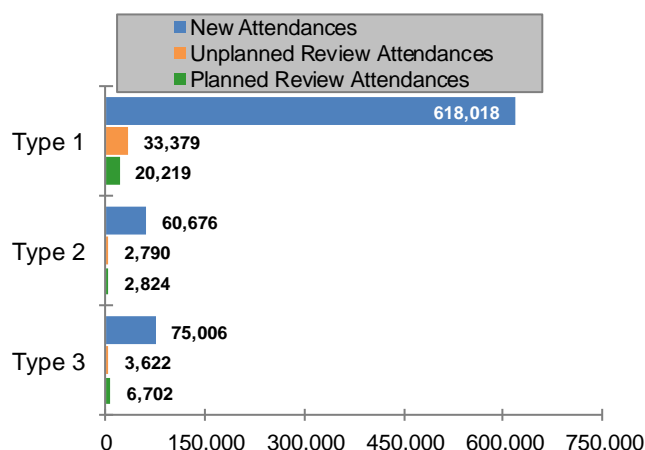
²² Refer to Appendix 1: Definitions – points 1.1 – 1.5

Department Type ²²

Attendances ²³

Figure 12 shows the number of new, unplanned and planned review attendances at EDs during 2017/18, by ED Type.

Figure 12: Total Attendances, by ED Type (2017/18)

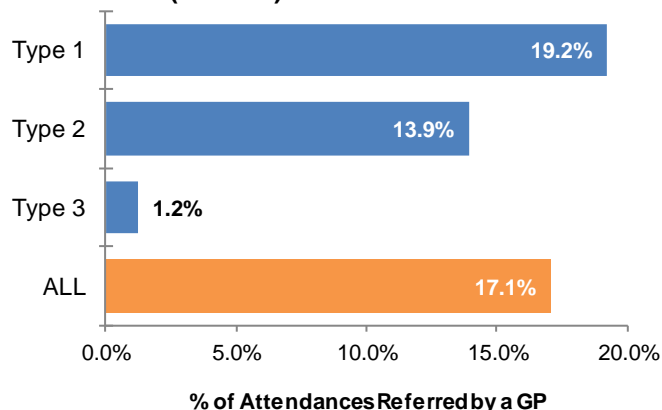


Over four in five (671,616, 81.6%) attendances at EDs in 2017/18 were at Type 1 EDs, 66,290 (8.1%) at Type 2 EDs and 85,330 (10.4%) at Type 3 EDs (Table 14).

GP Referrals ²⁴

Figure 13 shows the percentage of attendances who had been referred by a GP to each ED Type during 2017/18.

Figure 13: Percentage of GP Referrals, by ED Type (2017/18)



Almost a fifth (19.2%) of attendances at Type 1 EDs during 2017/18 had been referred by a GP, compared with 13.9% at Type 2 EDs and 1.2% at Type 3 EDs (Figure 13, Table 3).

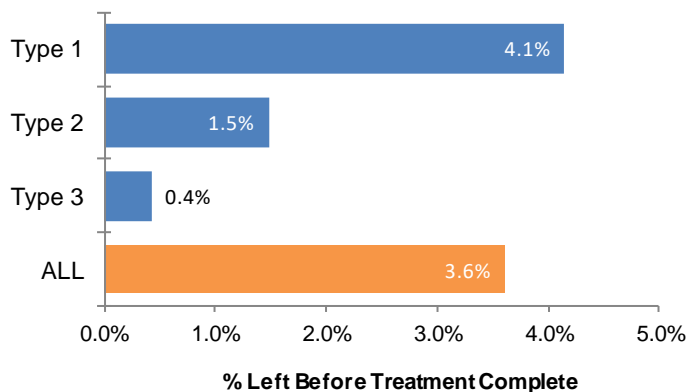
²³ Information refers to new, unplanned & planned review attendances.

²⁴ Information refers to new and unplanned review attendances only.

Leaving ED before Treatment Complete ²⁵

Figure 14 details the percentage of attendances who left an ED before their treatment was complete, for each ED Type during 2017/18.

Figure 14: Percentage of Attendances Leaving ED before their Treatment was Complete, by ED Type (2017/18)

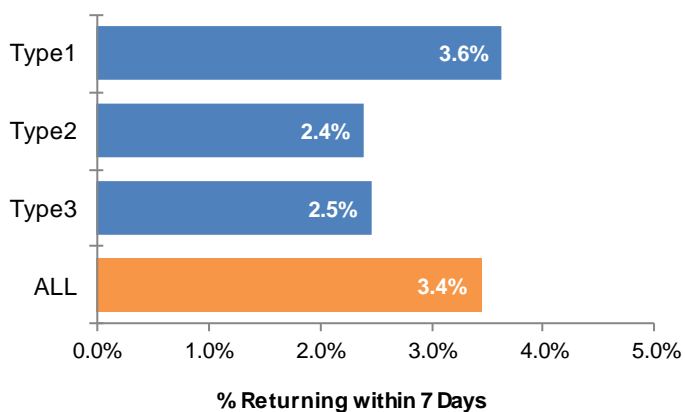


During 2017/18, 4.1% of attendances left a Type 1 ED before their treatment was complete, compared with 1.5% at Type 2 EDs and 0.4% at Type 3 EDs (Figure 14, Table 4).

Re-attendance within 7 Days ²⁶

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 2017/18.

Figure 15: Percentage of Re-attendances at EDs within 7 Days, by ED Type (2017/18)



During 2017/18, Type 1 EDs reported the highest percentage (3.6%) of unplanned reviews within 7 days of the original attendance for the same condition, compared with 2.4% at Type 2 and 2.5% at Type 3 EDs (Figure 15, Table 5).

²⁵ Information refers to new and unplanned review attendances only.

²⁶ Information refers to unplanned review attendances only.

Waiting Times at Emergency Care Departments ²⁷

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

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

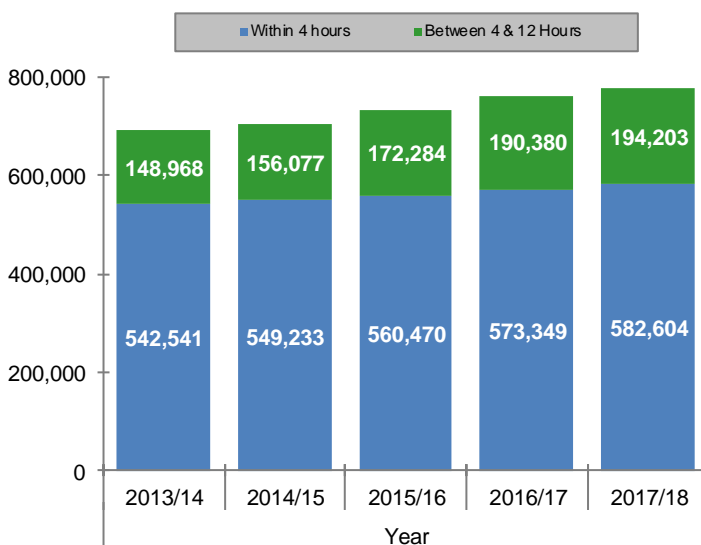
5 Year Trend ²⁸

Figures 16 and 17 present information on the length of time patients spent waiting to be treated at EDs during each year since 2013/14.

Since 2013/14, the number of new and unplanned review attendances increased by 99,536 (14.3%), from 694,618 to 794,154 in 2017/18 (Table 17)²⁹.

Over the last 5 years, the number of new and unplanned review attendances treated and discharged or admitted within 4 hours at EDs in Northern Ireland increased by 40,063 (7.4%), from 542,541 in 2013/14 to 582,604 in 2017/18 (Figure 16, Table 17)²⁹.

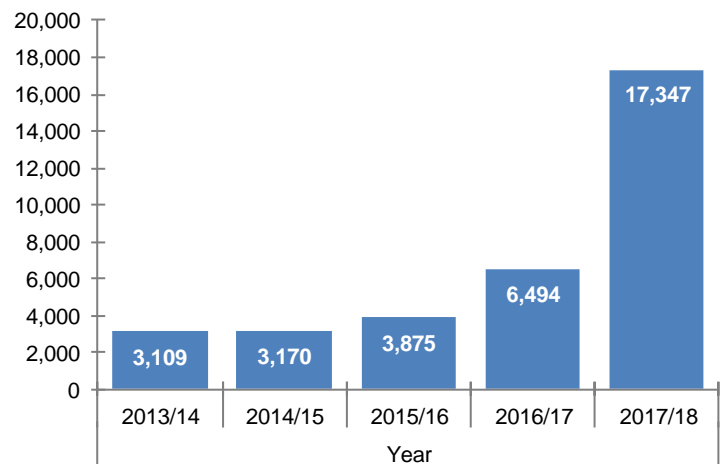
Figure 16: Attendances at EDs Waiting 12 Hours or Less (2013/14 - 2017/18)²⁹



Whilst the number treated and discharged or admitted within 4 hours increased between 2013/14 and 2017/18, the percentage of patients treated and discharged or admitted within four hours decreased by 4.7 percentage points during this time, from 78.1% (542,541) to 73.4% (582,604) (Figure 16, Table 17)²⁹.

Between 2013/4 and 2017/18, the number waiting between 4 & 12 hours increased by 45,235 (30.4%), from 148,968 to 194,203 (Figure 16, Table 17)²⁹.

Figure 17: Attendances at EDs Waiting Longer Than 12 Hours (2013/14 – 2017/18)²⁹



Over 17,000 (17,347, 2.2%) new and unplanned review attendances waited over 12 hours at EDs in 2017/18, over five times more than the number in 2013/14 (3,109) (Figure 17, Table 17).

3 Year Trend

Similar to the previous section data on a number of clinical quality indicators ³⁰ have been provided alongside the waiting times information to provide a more comprehensive view of performance at EDs. This information has not yet been classified as National Statistics.

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

²⁷ For details regarding individual EDs please refer to the 'Additional Tables' Section of this publication.

²⁸ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

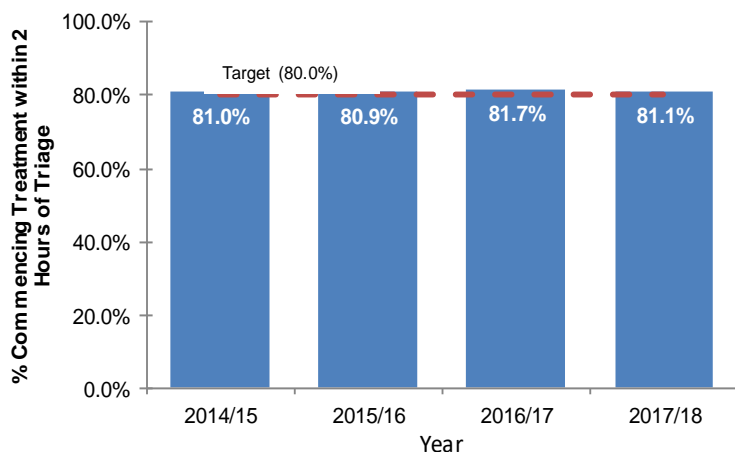
²⁹ Refer to Appendix 3: Emergency Care Waiting Times (EC1) – point 25 for explanation of changes

³⁰ Refer to Appendix 3: Point 3.24 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 four years.

Figure 18: Percentage of Patients Commencing Treatment, following Triage, within 2 Hours (2014/15 - 2017/18)

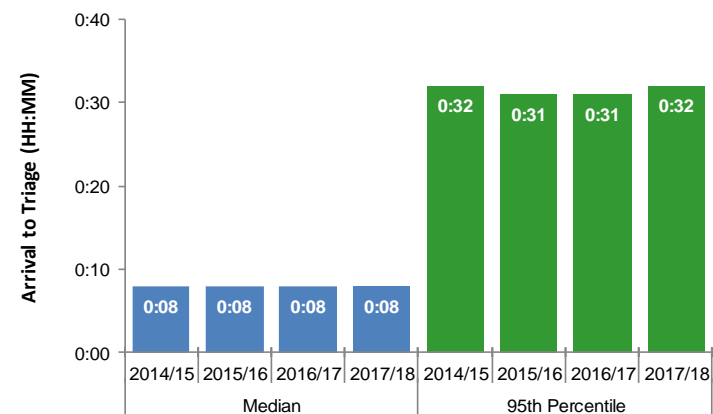


Between 2014/15 and 2017/18, the percentage of patients commencing treatment within 2 hours of being triaged has remained similar (81.0% and 81.1% respectively) (Figure 18, Table 19).

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 - 2017/18)



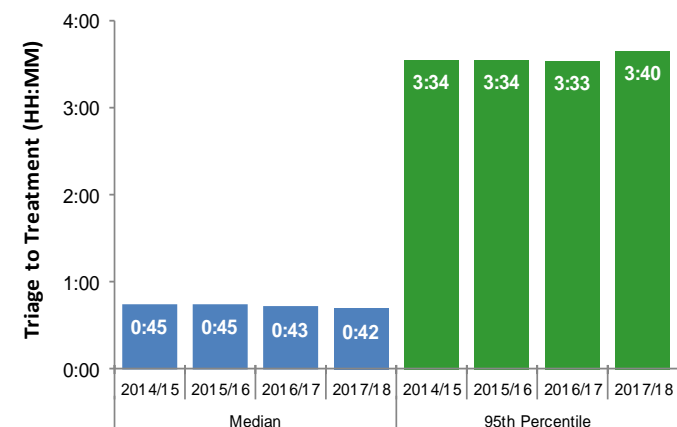
Between 2014/15 and 2017/18, the median waiting time from arrival to triage was 8 minutes, similar to 2017/18 (8 minutes) (Figure 19, Table 6).

During 2017/18, 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 - 2017/18)



The median waiting time from triage to start of treatment was 42 minutes in 2017/18, 3 minutes less than the time taken in 2014/15 (45 minutes) (Figure 20, Table 8).

During 2017/18, 95 per cent of patients commenced their treatment within 3 hours 40 minutes of being triaged at an ED, 6 minutes longer than the time taken in 2014/15 (3 hours 34 minutes) (Figure 20, Table 9).

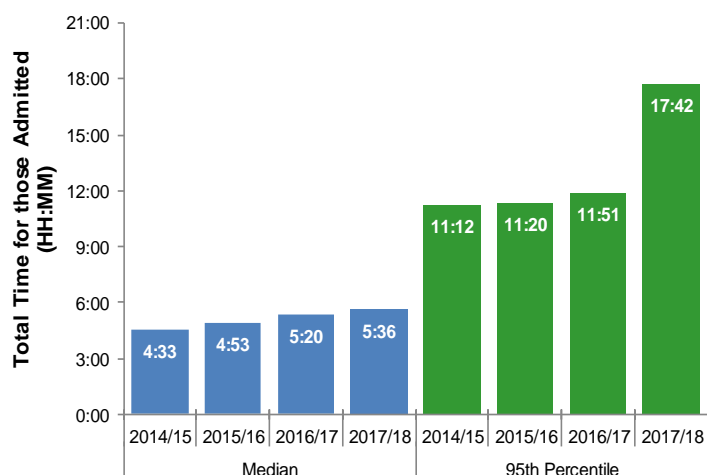
Time Spent in ED for Admitted Patients

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 EDs for patients admitted to hospital was 5 hours and 36 minutes in 2017/18, 1 hour 3 minutes longer than in 2014/15 (4 hours 33 minutes) (Figure 21, Table 10).

During 2017/18, 95 per cent of patients were admitted to hospital within 17 hours 42 minutes of their arrival, 6 hours 30 minutes longer than 2014/15 (11 hours 12 mins) (Figure 21, Table 11).

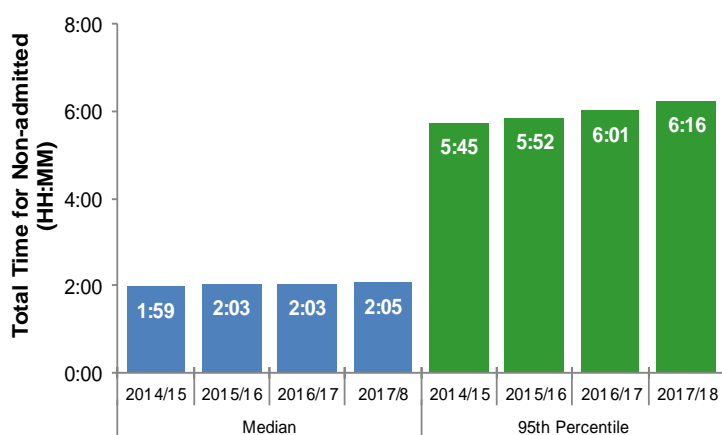
Figure 21: Total Time Spent in an ED for those Admitted to Hospital (2014/15 – 2017/18)



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 – 2017/18)



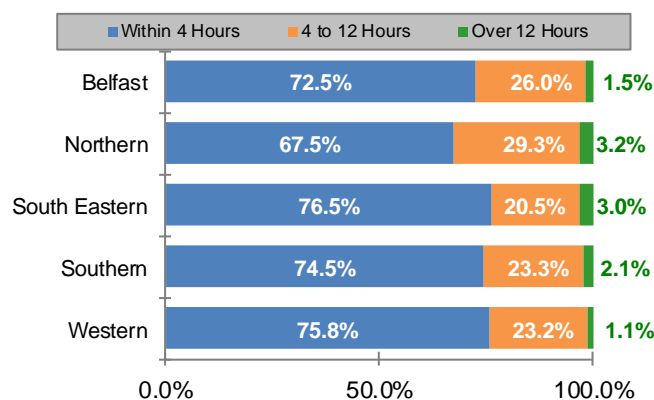
The median time spent in ED for patients not admitted to hospital was 2 hours 5 minutes in 2017/18, 6 minutes longer than 2014/15 (1 hour 59 minutes) (Figure 22, Table 12).

During 2017/18, 95 per cent of patients were discharged home (not admitted) within 6 hours 16 minutes, 31 minutes longer than 2014/15 (5 hours 45 minutes) (Figure 22, Table 13).

Financial Year 2017/18

Figure 23 shows the annual waiting times for new and unplanned review attendances during 2017/18, for each HSC Trust in Northern Ireland.

Figure 23: Waiting Times at ED, by HSC Trust (2017/18)³¹



During 2017/18, the South Eastern HSC Trust reported the highest percentage of attendances waiting up to 4 hours (76.5%), whilst the Northern HSC Trust reported the lowest (67.5%) (Figure 23, Table 16).

Almost half (46.7%) of the 17,347 attendances waiting longer than 12 hours in 2017/18 were in the Ulster (4,553) and Antrim Area (3,545) EDs (Table 16).

During 2017/18, no patients waited more than 12 hours at the Royal Victoria (Eye Casualty), RBHSC, Mid Ulster, Ards, Bangor, South Tyrone and Tyrone County EDs (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

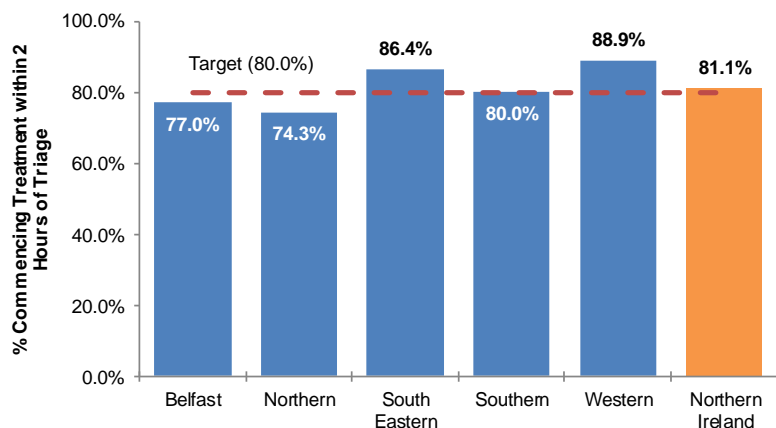
Figure 24 presents performance against the target to commence treating 80% of patients within 2 hours of being triaged at an ED.

During 2017/18, over four in five (81.1%) patients attending EDs commenced their treatment within 2 hours of being triaged (Figure 24, Table 19).

³¹ Refer to Appendix 3: Emergency Care Waiting Times (EC1) – point 25 for explanation of changes

The Western (88.9%), South Eastern (86.4%) and Southern (80.0%) HSC Trusts achieved the Target to commence treating patients within 2 hours of them being triaged (Figure 24, Table 19).

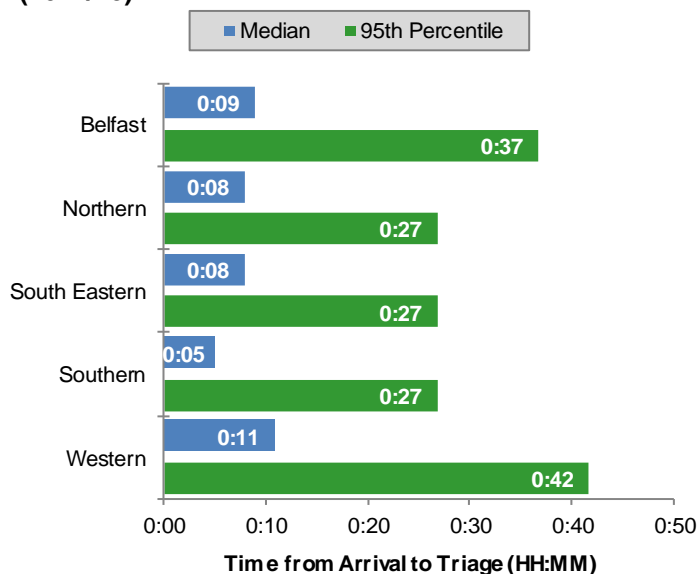
Figure 24: Percentage of Patients Commencing Treatment, following Triage, within 2 Hours by HSC Trust (2017/18)



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 (2017/18)



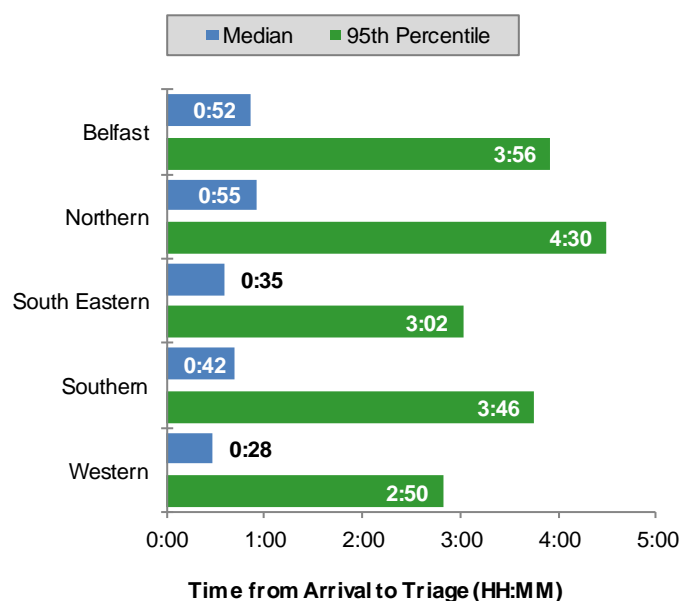
During 2017/18, the median waiting time from arrival at an ED to triage ranged from 5 minutes in the Southern HSC Trust to 11 minutes in the Western HSC Trust (Figure 25, Table 6).

During the same period, 95 per cent of patients were triaged within 27 minutes of their arrival at EDs in the South Eastern, Southern and Northern HSC Trusts, compared with 37 minutes at the Belfast HSC Trust and 42 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 (2017/18)



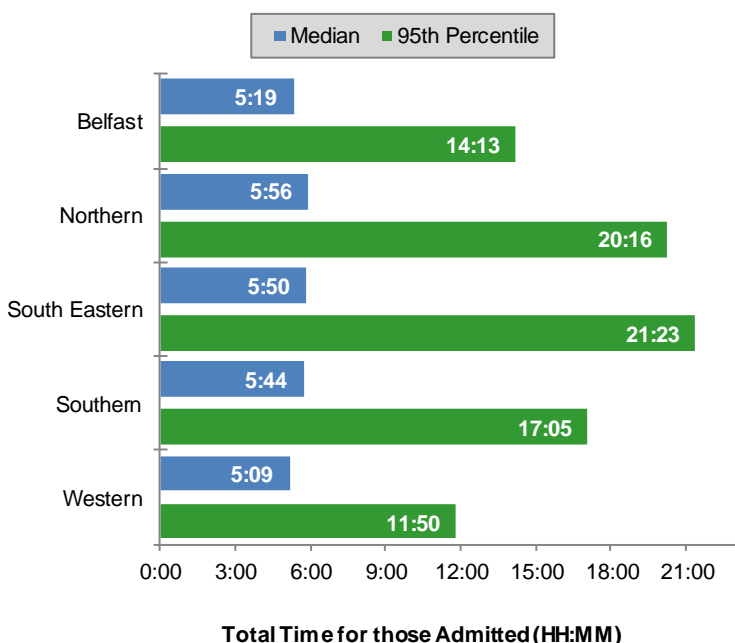
The median waiting time from triage to start of treatment in 2017/18 was lowest in the Western HSC Trust (28 minutes) and highest in the Northern HSC Trust (55 minutes) (Figure 26, Table 8).

During 2017/18, 95 per cent of patients commenced their treatment within 2 hours 50 minutes of being triaged at an ED in the Western HSC Trust, compared with 4 hours 30 minutes in the Northern HSC Trust (Figure 26, 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 (2017/18)



The Northern HSC Trust reported the highest median waiting time (5 hours 56 minutes) for patients admitted to hospital in 2017/18, whilst the Western HSC Trust reported the lowest (5 hours 9 minutes) (Figure 27, Table 10).

During 2017/18, 95 per cent of patients were admitted to hospital in 21 hours 23 minutes in the South Eastern HSC Trust, compared, with 11 hours 50 minutes in the Western HSC Trust (Figure 27, Table 11).

Time Spent in ED for Non-admitted Patients

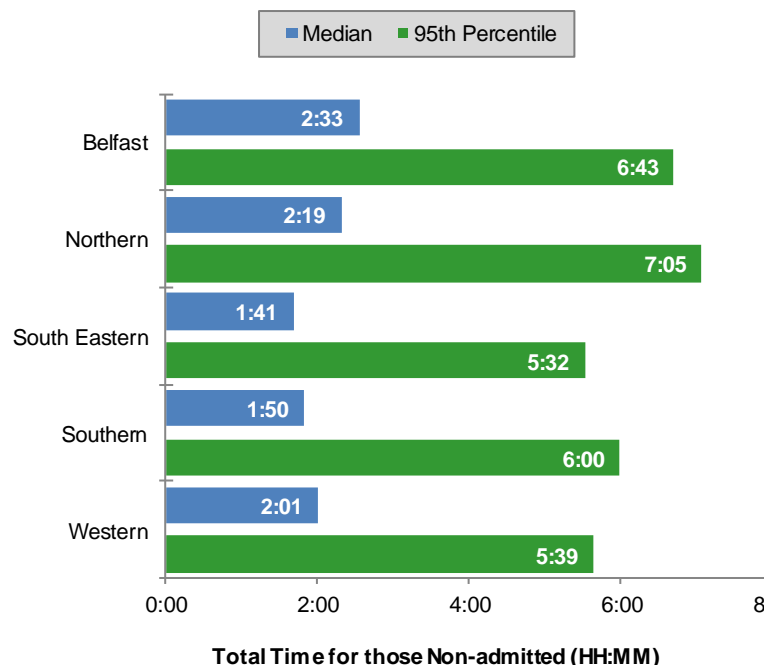
Figure 28 details the median and 95th percentiles for the length of time patients spent in an ED from arrival to discharge for those **not admitted** to hospital.

In 2017/18, the median waiting time for patients not admitted to hospital ranged from 1 hour 41 minutes in the South Eastern HSC Trust to 2 hours 33 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 32 minutes of arrival

at EDs in the South Eastern HSC Trust, compared with 7 hours 5 minutes in the Northern HSC Trust (Figure 25, Table 13).

Figure 28: Total Time Spent in an ED for Non-admitted Patients, by HSC Trust (2017/18)



Department Type ³²

Almost all (99.9%) attendances at Type 3 EDs were treated, admitted or discharged within 4 hours of their arrival in the ED during 2017/18, compared with 87.9% in Type 2 EDs and 68.7% in Type 1 EDs (Table 18).

During 2017/18, 97.9% (16,986) of attendances waiting longer than 12 hours were in Type 1 EDs, with 2.1% (361) in Type 2 EDs (Table 18).

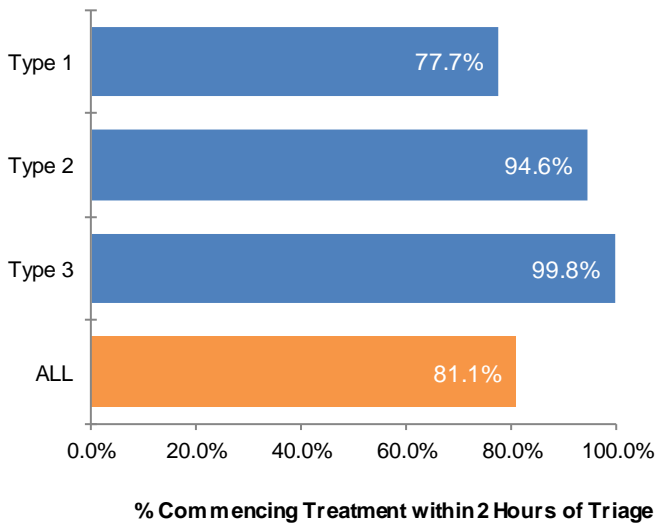
Time to Start Treatment Following Triage

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 (77.7%) of patients attending Type 1 EDs commenced their treatment within 2 hours of being triaged, compared with 94.6% at Type 2 EDs and 99.8% at Type 3 EDs (Figure 29, Table 19).

Figure 29: Percentage of Patients Commencing Treatment, following Triage, within 2 Hours by ED Type (2017/18)

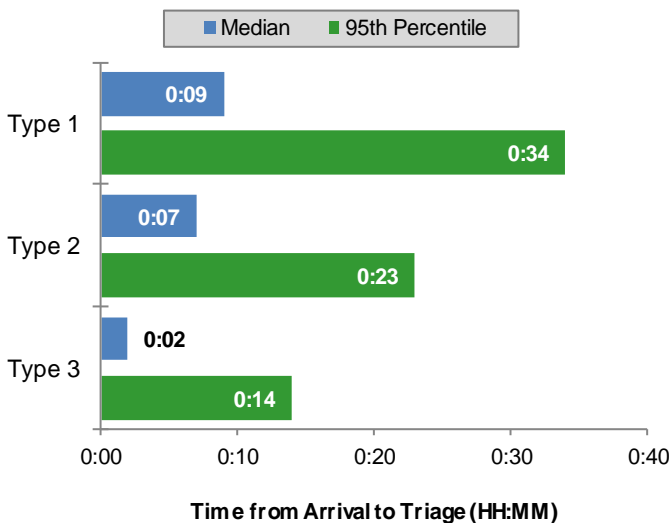
³² Refer to Appendix 1: Definitions – points 1.1 – 1.5.



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 (2017/18)



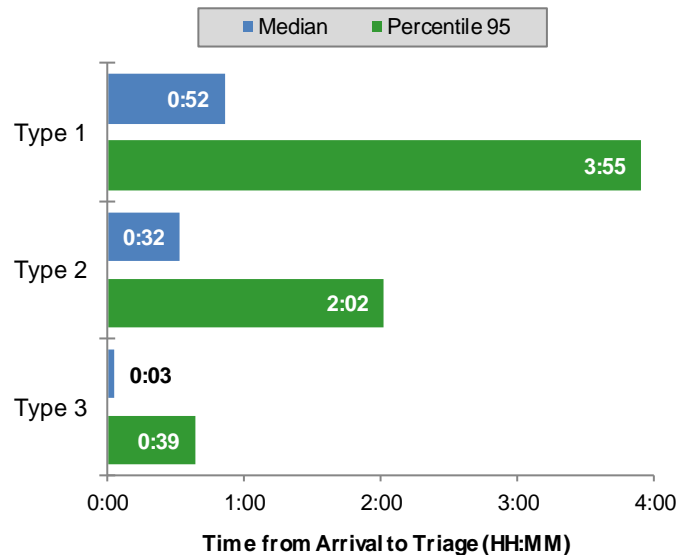
During 2017/18, the median waiting time from arrival to triage by a medical practitioner ranged from 2 minutes at Type 3 EDs to 9 minutes in Type 1 EDs (Figure 30, Table 6).

During the same period, 95 per cent of patients were triaged within 14 minutes at Type 3 EDs, compared with 34 minutes at Type 1 EDs (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 (2017/18)



The median waiting time from triage to start of treatment in 2017/18 was lowest at Type 3 EDs (3 minutes) and highest at Type 1 EDs (52 minutes) (Figure 31, Table 8).

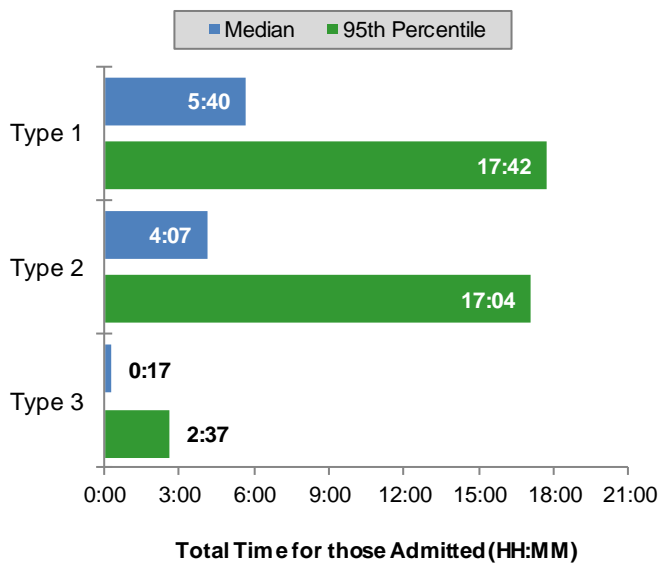
During 2017/18, 95 per cent of patients commenced their treatment within 3 hours 55 minutes of being triaged at Type 1 EDs, compared with 39 minutes at Type 3 EDs (Figure 31, Table 9).

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 EDs reported the highest median waiting time (5 hours 40 minutes) for patients admitted to hospital in 2017/18, compared with 4 hours 7 minutes at Type 2 EDs and 17 minutes at Type 3 EDs (Figure 32, Table 10).

Figure 32: Total Time Spent in an ED for those Admitted to Hospital, by ED Type (2017/18)

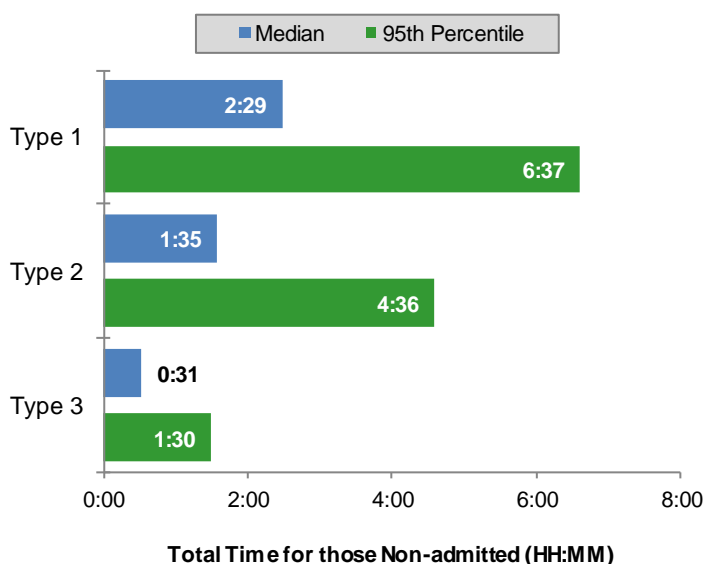


During 2017/18, 95 per cent of patients were admitted to hospital in 17 hours 42 minutes at Type 1 EDs, 17 hours 4 minutes at Type 2 EDs but 2 hours 37 minutes at Type 3 EDs (Figure 32, Table 11).

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 (2017/18)



In 2017/18, the median time spent in EDs for patients not admitted to hospital ranged from 31 minutes at Type 3 EDs to 2 hours 29 minutes at Type 1 EDs (Figure 33, Table 12).

During the same period, 95 per cent of patients were discharged home (not admitted) within 1 hour 30 minutes at Type 3 EDs, compared with 6 hours 37 minutes at Type 1 EDs (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 ³³.

Emergency Calls

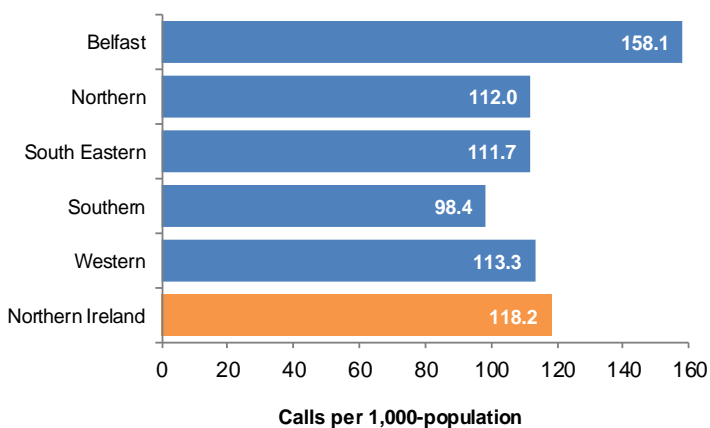
5 Year Trend

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

Financial Year 2017/18

Figure 34 presents information on the number of emergency calls received by the NIAS per 1,000-population ³⁴ in each Local Commissioning Group (LCG) in 2017/18.

Figure 34: Emergency Calls Received by the NIAS per 1,000-population, by LCG (2017/18)



Of the 220,090 emergency calls received in 2017/18, 25.5% (56,083) were received in the Belfast LCG, 24.1% (52,985) in the Northern LCG, 18.1% (39,845) in the South Eastern LCG, 16.9% (37,135) in the Southern LCG and 15.5% (34,042) in the Western LCG (Table 23).

Across LCGs, the number of emergency calls per 1,000-population was highest in the Belfast LCG (158.1) and lowest in the Southern LCG (98.4) (Figure 34).

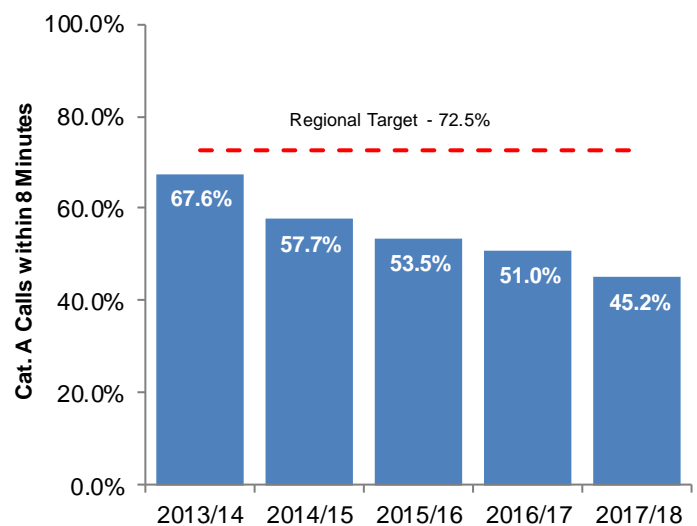
Category A Calls ³⁵

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 2013/14 and 2017/18.

Figure 35: Percentage of Category A Calls Responded to within 8 Minutes (2013/14 – 2017/18)



During the last five years, the percentage of Category A calls responded to within 8 minutes decreased from 67.6% in 2013/14 to 45.2% in 2017/18 (Figures 35 & 36, Table 27).

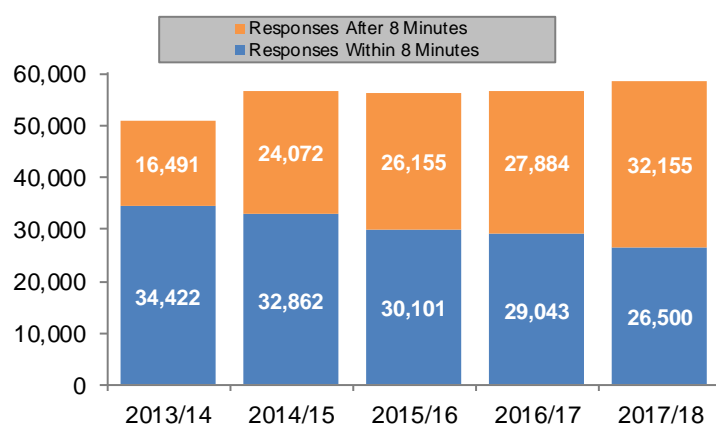
³³ Further information can be found in Appendix 4.

³⁴ Based on NISRA 2016 mid-year population estimate which was published on 31st August 2016.

³⁵ Refer to Appendix 1: Definitions – point 1.14.

Figure 36 presents information on the number of Category A calls between 2013/14 to 2017/18 and the length of time taken to respond to these calls.

Figure 36: Response Times for Category A Calls (2013/14 – 2017/18)



Since 2013/14, the number of Category A calls resulting in an emergency response arriving at the scene of an incident increased by 15.2% (7,742), from 50,913 to 58,655 in 2017/18 (Table 27).

Financial Year 2017/18

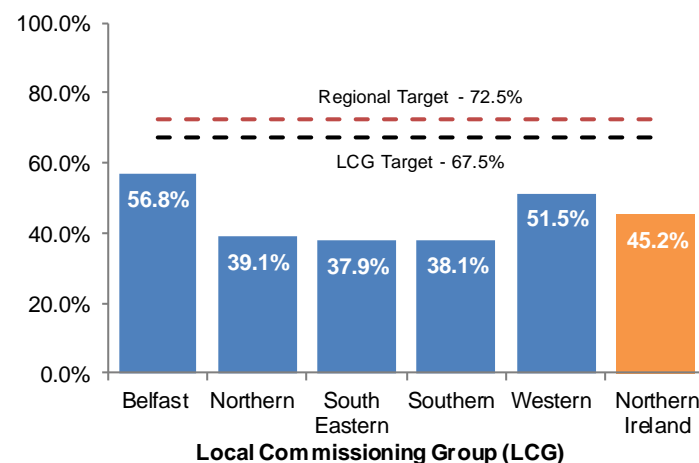
Of the 63,319 Category A calls received by the NIAS in 2017/18, 92.6% (58,655) resulted in an emergency response vehicle arriving at the scene of the incident, with the remaining 7.2% (4,568) related to multiple calls for the same incident, hoax calls, and / or incident-related enquiries (Table 24).

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 2017/18.

Across LCGs, the percentage of Category A calls responded to within 8 minutes in 2017/18 was highest in the Belfast LCG (52.2%) and lowest in the Southern LCG (35.1%) (Figure 37, 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 June 2017 (54.2%), with the lowest percentage in March 2018 (37.4%) (Table 25).

Figure 37: Response Times for Category A Calls, by LCG (2017/18)



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 June 2017 (71.2%), whilst the lowest percentage was reported in the Southern LCG during January 2018 (28.7%) (Table 25).

Category B Calls ³⁶

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 25,261 (34.2%), from 73,945 in 2013/14 to 99,206 in 2017/18 (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 15,704 (23.1%), from 68,083 in 2013/14 to 83,787 in 2017/18 (Table 27).

Financial Year 2017/18

Of the 99,206 Category B calls received by the NIAS in 2017/18, 84.5% (83,787) resulted in an emergency response vehicle able to transport a patient arriving at the scene (Tables 24 & 27).

Category C Calls ³⁷

³⁶ Refer to Appendix 1: Definitions – point 1.15.

³⁷ Refer to Appendix 1: Definitions – point 1.16.

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 ³⁸

Financial Year 2017/18

Non- HCP Category C Calls

Of the 16,688 Non-HCP Category C calls received by the NIAS in 2017/18, 79.7% (13,308) resulted in an ambulance arriving at the scene of the incident, 85.2% (11,341) of which arrived within 60 minutes (Table 23).

In 2017/18, the highest percentage of Non-HCP Category C calls responded to within 60 minutes was reported in the Western LCG (90.8%), with the lowest reported by the South Eastern LCG (80.7%) (Tables 23 & 27).

HCP Category C Calls

During 2017/18, the NIAS received 40,877 HCP Category C calls, of which 93.4% (38,169) 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.

- 47.3% (9,174) of HCP calls assigned a 1 hour response arrived at the scene within 1 hour;
- 67.7% (9,463) of HCP calls assigned a 2 hour response arrived at the scene within 2 hours;
- 73.4% (1,331) of HCP calls assigned a 3 hour response arrived at the scene within 3 hours; and,
- 78.2% (2,338) of HCP calls assigned a 4 hour response arrived at the scene within 4 hours.

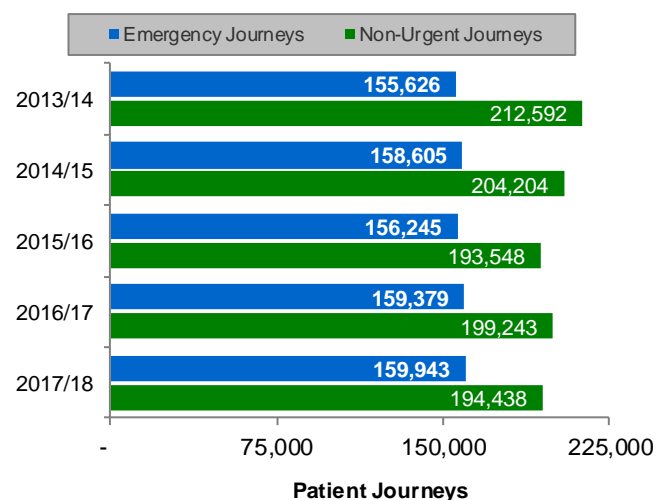
Patient Journeys ³⁹

5 Year Trend

As per previous note on introduction of HCP calls, it is not possible to directly compare emergency / urgent journeys with previous years. 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 2013/14 and 2017/18.

Figure 38: Summary of Patient Journeys (2013/14 - 2017/18)



³⁸ Further information can be found in Appendix 4.

³⁹ Refer to Appendix 1: points 1.10 – 1.12.

Since 2013/14, the total number of patient journeys made by the NIAS decreased by 13,837 (3.8%), from 368,218 to 354,381 in 2017/18 (Figure 38, Table 28).

The majority of patient journeys made by the NIAS in each year since 2013/14 were non-urgent (Figure 38, Table 28).

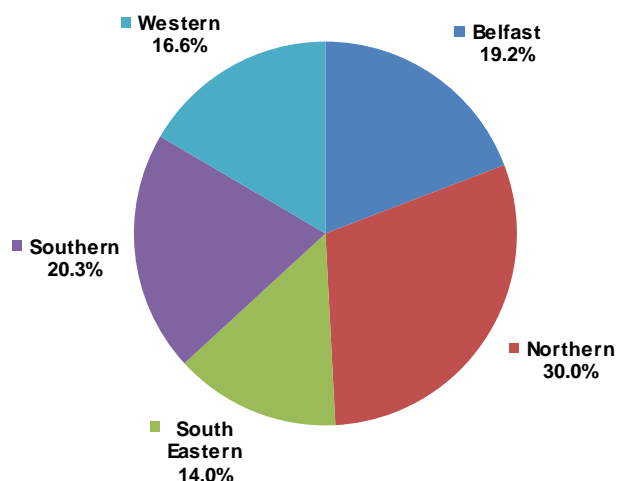
Between 2013/14 and 2017/18 the number of emergency/urgent patient journeys made by the NIAS increased by 4,317 (2.8%), from 155,626 to 159,943 (Figure 38, Table 28).

During this period, the number of non-urgent patient journeys made by the NIAS decreased by 18,154 (8.5%), from 212,592 in 2013/14 to 194,438 in 2017/18 (Figure 38, Table 28).

Financial Year 2017/18

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 2017/18.

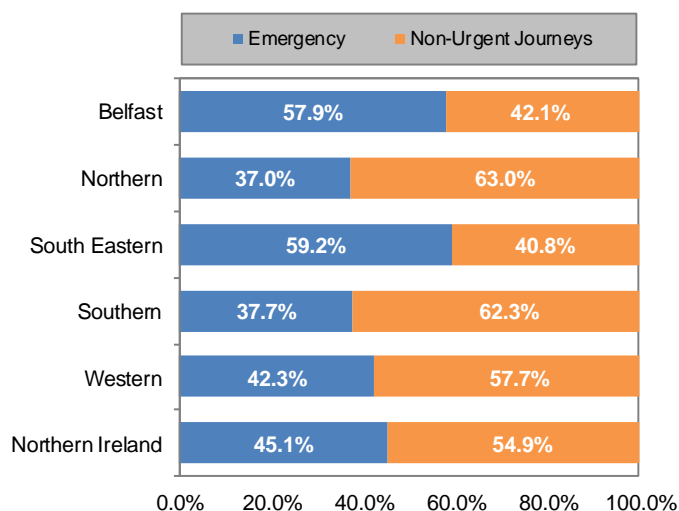
Figure 39: Summary of Patient Journeys, by LCG (2017/18)



Of the 354,381 patient journeys made by the NIAS in 2017/18, 30.0% (106,217) were in the Northern LCG, 20.3% (71,822) in the Southern LCG, 19.2% (68,030) in the Belfast LCG, 16.6% (58,681) in the Western LCG and 14.0% (49,631) 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 2017/18.

Figure 40: Summary of Patient Journeys, by Journey Type and LCG (2017/18)



During 2017/18, almost two thirds of patient journeys in the Northern LCG (63.0%, 66,939) were non-urgent (Figure 40, Table 29).

However, almost two thirds (59.2%, 29,365) of patient journeys in the South Eastern LCG during 2017/18, were emergency journeys (Figure 40, Table 29).

Additional Tables

Table 1: Total Attendances at Emergency Care Departments (2013/14 – 2017/18)

Attendance Type	Year					Percentage Change 2016/17 - 2017/18	Percentage Change 2013/14 - 2017/18
	2013/14	2014/15	2015/16	2016/17	2017/18		
New	657,689	671,590	701,444	733,491	753,700	2.8%	14.6%
Unplanned	37,343	36,990	35,297	37,028	39,791	7.5%	6.6%
Planned	32,434	30,085	26,559	27,147	29,745	9.6%	-8.3%
Total Attendances	727,466	738,665	763,185	797,666	823,236	3.2%	13.2%

Source: KH09 (ii) Information Return

Table 2: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2017/18)

HSC Trust / Hospital	New		Unplanned Review		Planned Review		Total Attendances
	Number	%	Number	%	Number	%	
Mater	46,493	91.4%	1,830	3.6%	2,533	5.0%	50,856
RVH	93,402	94.8%	3,445	3.5%	1,633	1.7%	98,480
RVH (RAES)	15,524	91.2%	946	5.6%	560	3.3%	17,030
RBHSC	36,402	89.6%	3,002	7.4%	1,208	3.0%	40,612
Belfast Trust	191,821	92.7%	9,223	4.5%	5,934	2.9%	206,978
Antrim Area	80,170	91.7%	5,010	5.7%	2,250	2.6%	87,430
Causeway	42,033	91.3%	3,108	6.8%	894	1.9%	46,035
Mid Ulster	9,530	91.5%	429	4.1%	451	4.3%	10,410
Northern Trust	131,733	91.6%	8,547	5.9%	3,595	2.5%	143,875
Ards MIU	11,396	92.1%	539	4.4%	432	3.5%	12,367
Bangor MIU	9,345	91.4%	498	4.9%	386	3.8%	10,229
Downe	21,619	91.2%	956	4.0%	1,135	4.8%	23,710
Lagan Valley	23,533	92.1%	888	3.5%	1,129	4.4%	25,550
Ulster	92,638	93.7%	2,357	2.4%	3,913	4.0%	98,908
South Eastern Trust	158,531	92.8%	5,238	3.1%	6,995	4.1%	170,764
Craigavon Area	81,016	90.4%	5,560	6.2%	2,994	3.3%	89,570
Daisy Hill	51,569	91.7%	3,290	5.8%	1,389	2.5%	56,248
South Tyrone	29,205	83.4%	1,696	4.8%	4,102	11.7%	35,003
Southern Trust	161,790	89.5%	10,546	5.8%	8,485	4.7%	180,821
Altnagelvin Area	61,505	90.9%	3,736	5.5%	2,427	3.6%	67,668
South West Acute	32,790	91.6%	2,041	5.7%	978	2.7%	35,809
Tyrone County	15,530	89.7%	460	2.7%	1,331	7.7%	17,321
Western Trust	109,825	90.9%	6,237	5.2%	4,736	3.9%	120,798
Northern Ireland	753,700	91.6%	39,791	4.8%	29,745	3.6%	823,236

Source: KH09 (ii) Information Return

Table 3: Percentage of Attendances Referred by a GP (2014/15 – 2017/18) ^{40, 41}

HSC Trust / Hospital / Department Type	Percentage of GP Referrals			
	2014/15	2015/16	2016/17	2017/18
Mater	5.6%	13.4%	14.0%	13.6%
Royal Victoria	18.7%	18.6%	19.0%	18.7%
RVH (RAES)	-	-	-	-
RBHSC	15.8%	15.7%	15.1%	15.0%
Belfast Trust	14.4%	16.5%	16.8%	16.6%
Antrim Area	19.2%	20.0%	21.1%	23.6%
Causeway	18.3%	19.5%	20.4%	22.3%
Mid Ulster	2.7%	2.9%	2.5%	2.4%
Whiteabbey	3.9%	-	-	-
Northern Trust	17.1%	18.6%	19.5%	21.6%
Ards	0.8%	0.9%	0.7%	1.1%
Bangor	0.8%	0.6%	0.4%	1.1%
Downe	14.0%	14.2%	15.9%	14.1%
Lagan Valley	14.7%	14.7%	14.5%	13.8%
Ulster	22.9%	23.9%	23.4%	23.1%
South Eastern Trust	17.6%	18.3%	18.0%	17.6%
Armagh Community	2.0%	-	-	-
Craigavon Area	23.1%	21.9%	22.3%	22.7%
Daisy Hill	13.1%	14.2%	12.9%	14.7%
South Tyrone	0.9%	0.8%	0.7%	0.7%
Southern Trust	16.0%	15.9%	15.4%	16.2%
Altnagelvin Area	11.0%	12.7%	13.0%	13.3%
Erne / South West Acute	13.4%	15.6%	18.0%	17.5%
Tyrone County	1.7%	1.4%	1.3%	1.6%
Western Trust	10.2%	11.8%	12.7%	12.9%
Type 1	17.3%	18.4%	18.7%	19.2%
Type 2	14.3%	14.5%	15.1%	13.9%
Type 3	1.5%	1.2%	1.0%	1.2%
Northern Ireland	15.3%	16.4%	16.6%	17.1%

Source: Regional Data Warehouse

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

⁴¹ Information on referrals to ED by a GP is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 4: Percentage of Attendances Who Left before Treatment was Complete ^{42, 43}

HSC Trust / Hospital / Department Type	Left Before Treatment Complete			
	2014/15	2015/16	2016/17	2017/18
Mater	7.5%	7.1%	6.7%	7.0%
Royal Victoria	6.5%	5.9%	5.2%	5.1%
RVH (RAES)	-	-	-	-
RBHSC	3.2%	3.9%	3.9%	4.5%
Belfast Trust	6.1%	5.8%	5.3%	5.4%
Antrim Area	3.2%	3.2%	2.5%	3.6%
Causeway	5.3%	6.2%	7.0%	4.0%
Mid Ulster	0.2%	0.2%	0.2%	0.1%
Whiteabbey	0.7%	-	-	-
Northern Trust	3.6%	4.0%	3.8%	3.5%
Ards	0.8%	0.3%	0.2%	0.5%
Bangor	1.0%	0.5%	0.6%	0.7%
Downe	1.8%	1.5%	1.2%	1.2%
Lagan Valley	2.5%	2.2%	1.7%	1.8%
Ulster	2.9%	2.9%	2.7%	2.9%
South Eastern Trust	2.5%	2.3%	2.1%	2.2%
Armagh/Mullinure	0.3%	-	-	-
Craigavon Area	3.0%	3.5%	3.5%	4.3%
Daisy Hill	4.7%	3.6%	4.3%	3.1%
South Tyrone	0.2%	0.3%	0.3%	0.1%
Southern Trust	3.0%	3.0%	3.2%	3.1%
Altnagelvin Area	5.8%	5.6%	5.2%	4.2%
Erne / South West Acute	2.4%	3.1%	2.6%	3.2%
Tyrone County	0.7%	1.0%	0.8%	1.2%
Western Trust	4.0%	4.2%	3.8%	3.5%
Type 1	4.4%	4.4%	4.2%	4.1%
Type 2	2.2%	1.9%	1.5%	1.5%
Type 3	0.5%	0.5%	0.4%	0.4%
Northern Ireland	3.9%	3.9%	3.7%	3.6%

Source: Regional Data Warehouse

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

⁴³ Information on those who left an ED before treatment was complete is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 5: Percentage of Attendances Who Re-attended within 7 Days (2014/15 – 2017/18) ^{44, 45}

HSC Trust / Hospital /Department Type	Re-attended within 7 days			
	2014/15	2015/16	2016/17	2017/18
Mater	2.2%	2.1%	2.3%	2.7%
Royal Victoria	3.5%	2.5%	2.1%	2.4%
RVH (RAES)	-	-	-	-
RBHSC	5.3%	5.1%	5.6%	5.5%
Belfast Trust	3.4%	2.9%	2.9%	3.2%
Antrim Area	3.9%	3.5%	3.2%	3.5%
Causeway	6.2%	6.2%	6.1%	4.4%
Mid Ulster	1.9%	1.9%	1.7%	1.9%
Whiteabbey	1.6%	-	-	-
Northern Trust	4.4%	4.3%	4.0%	3.7%
Ards	2.6%	2.1%	2.3%	2.1%
Bangor	2.6%	2.3%	2.9%	3.0%
Downe	2.8%	2.5%	2.7%	2.7%
Lagan Valley	2.5%	2.4%	2.4%	2.2%
Ulster	2.0%	2.0%	2.0%	1.8%
South Eastern Trust	2.2%	2.1%	5.4%	2.1%
Armagh/Mullinure	2.2%	-	-	-
Craigavon Area	4.1%	4.1%	4.2%	4.2%
Daisy Hill	5.3%	4.7%	5.1%	4.6%
South Tyrone	2.4%	2.2%	3.0%	2.8%
Southern Trust	4.1%	4.0%	4.3%	4.1%
Altnagelvin Area	4.3%	4.1%	4.2%	4.5%
Erne / South West Acute	5.2%	5.4%	5.2%	5.6%
Tyrone County	2.3%	2.0%	2.0%	2.1%
Western Trust	4.3%	4.1%	4.2%	4.5%
Type 1	3.9%	3.6%	3.6%	3.6%
Type 2	2.6%	2.4%	2.5%	2.4%
Type 3	2.4%	2.1%	2.5%	2.5%
Northern Ireland	3.6%	3.4%	3.5%	3.4%

Source: Regional Data Warehouse

⁴⁴ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁴⁵ Information on unplanned re-attendances at EDs within 7 days is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 6: Median Waiting Time from Arrival to Triage (2014/15 – 2017/18) ^{46, 47}

HSC Trust / Hospital / Department Type	Waiting Time from Arrival to Triage (Median) HH:MM			
	2014/15	2015/16	2016/17	2017/18
Mater	0:09	0:08	0:08	0:09
Royal Victoria	0:13	0:10	0:09	0:09
RVH (RAES)	-	-	-	-
RBHSC	0:07	0:10	0:11	0:11
Belfast Trust	0:11	0:09	0:09	0:09
Antrim Area	0:09	0:08	0:08	0:08
Causeway	0:09	0:11	0:11	0:10
Mid Ulster	0:02	0:02	0:02	0:02
Whiteabbey	0:00	-	-	-
Northern Trust	0:08	0:08	0:08	0:08
Ards	0:04	0:03	0:03	0:03
Bangor	0:04	0:04	0:03	0:03
Downe	0:07	0:06	0:06	0:06
Lagan Valley	0:07	0:07	0:08	0:08
Ulster	0:08	0:09	0:08	0:09
South Eastern Trust	0:07	0:07	0:07	0:08
Armagh/Mullinure	0:02	-	-	-
Craigavon Area	0:08	0:08	0:08	0:08
Daisy Hill	0:07	0:06	0:06	0:06
South Tyrone	0:01	0:01	0:01	0:01
Southern Trust	0:06	0:06	0:06	0:05
Altnagelvin Area	0:10	0:12	0:14	0:14
Erne / South West Acute	0:11	0:12	0:14	0:10
Tyrone County	0:00	0:00	0:00	0:00
Western Trust	0:09	0:10	0:12	0:11
Type 1	0:09	0:09	0:09	0:09
Type 2	0:07	0:07	0:07	0:07
Type 3	0:01	0:01	0:01	0:02
Northern Ireland	0:08	0:08	0:08	0:08

Source: Regional Data Warehouse

⁴⁶ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁴⁷ Information on time to triage is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 7: 95th Percentile Waiting Time from Arrival to Triage (2014/15 – 2017/18) ^{48, 49}

HSC Trust / Hospital / Department Type	Waiting Time from Arrival to Triage (95th Percentile)			
	HH:MM			
	2014/15	2015/16	2016/17	2017/18
Mater	0:29	0:25	0:26	0:27
Royal Victoria	0:46	0:37	0:32	0:36
RVH (RAES)	-	-	-	-
RBHSC	0:32	0:44	0:44	0:47
Belfast Trust	0:41	0:36	0:34	0:37
Antrim Area	0:27	0:23	0:25	0:25
Causeway	0:28	0:36	0:34	0:31
Mid Ulster	0:09	0:08	0:08	0:08
Whiteabbey	0:01	-	-	-
Northern Trust	0:26	0:27	0:28	0:27
Ards	0:19	0:16	0:14	0:15
Bangor	0:18	0:16	0:16	0:15
Downe	0:27	0:19	0:23	0:23
Lagan Valley	0:24	0:20	0:22	0:22
Ulster	0:28	0:28	0:26	0:30
South Eastern Trust	0:27	0:25	0:24	0:27
Armagh/Mullinure	0:13	-	-	-
Craigavon Area	0:30	0:28	0:29	0:34
Daisy Hill	0:30	0:20	0:18	0:18
South Tyrone	0:09	0:09	0:10	0:09
Southern Trust	0:28	0:24	0:24	0:27
Altnagelvin Area	0:30	0:37	0:42	0:43
Erne / South West Acute	0:50	0:51	0:58	0:42
Tyrone County	0:18	0:25	0:15	0:36
Western Trust	0:35	0:41	0:45	0:42
Type 1	0:34	0:33	0:33	0:34
Type 2	0:25	0:20	0:22	0:23
Type 3	0:14	0:14	0:12	0:14
Northern Ireland	0:32	0:31	0:31	0:32

Source: Regional Data Warehouse

⁴⁸ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁴⁹ Information on time to triage is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 8: Median Waiting Time from Triage to Start of Treatment (2014/15 – 2017/18) ^{50, 51}

HSC Trust / Hospital / Department Type	Waiting Time from Triage to Start of Treatment (Median) HH:MM			
	2014/15	2015/16	2016/17	2017/18
Mater	0:58	0:48	0:49	0:50
Royal Victoria	1:00	0:54	0:51	0:58
RVH (RAES)	-	-	-	-
RBHSC	0:41	0:45	0:49	0:45
Belfast Trust	0:53	0:50	0:50	0:52
Antrim Area	1:15	1:18	1:10	1:19
Causeway	0:46	0:46	0:52	0:42
Mid Ulster	0:04	0:04	0:05	0:04
Whiteabbey	0:09	-	-	-
Northern Trust	0:54	0:59	0:55	0:55
Ards	0:07	0:06	0:05	0:06
Bangor	0:05	0:03	0:03	0:03
Downe	0:36	0:33	0:29	0:28
Lagan Valley	0:41	0:37	0:32	0:36
Ulster	0:54	0:53	0:45	0:52
South Eastern Trust	0:39	0:38	0:32	0:35
Armagh/Mullinure	0:02	-	-	-
Craigavon Area	1:06	1:14	1:15	1:18
Daisy Hill	0:50	0:53	0:58	0:37
South Tyrone	0:01	0:01	0:02	0:00
Southern Trust	0:43	0:49	0:50	0:42
Altnagelvin Area	0:56	0:51	0:45	0:32
Erne / South West Acute	0:25	0:29	0:24	0:31
Tyrone County	0:10	0:10	0:10	0:10
Western Trust	0:34	0:35	0:31	0:28
Type 1	0:56	0:55	0:53	0:52
Type 2	0:39	0:35	0:30	0:32
Type 3	0:03	0:03	0:05	0:03
Northern Ireland	0:45	0:45	0:43	0:42

Source: Regional Data Warehouse

⁵⁰ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁵¹ Information on time to start of treatment is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 9: 95th Percentile Waiting Time from Triage to Start of Treatment (2014/15 – 2017/18) ^{52, 53}

HSC Trust / Hospital / Department Type	Waiting Time from Triage to Start of Treatment (95th Percentile) HH:MM			
	2014/15	2015/16	2016/17	2017/18
Mater	4:35	4:09	3:51	3:55
Royal Victoria	4:16	3:52	3:59	4:14
RVH (RAES)	-	-	-	-
RBHSC	2:33	2:45	2:53	3:06
Belfast Trust	3:59	3:42	3:44	3:56
Antrim Area	4:49	5:02	4:34	5:06
Causeway	3:53	4:21	4:34	3:31
Mid Ulster	0:37	0:33	0:39	0:26
Whiteabbey	0:58	-	-	-
Northern Trust	4:24	4:44	4:27	4:30
Ards	0:41	0:33	0:34	0:35
Bangor	0:44	0:28	0:29	0:33
Downe	2:22	2:15	2:01	1:48
Lagan Valley	2:34	2:24	2:11	2:12
Ulster	3:26	3:19	3:12	3:33
South Eastern Trust	3:00	2:55	2:46	3:02
Armagh/Mullinure	0:21	-	-	-
Craigavon Area	3:25	3:40	3:57	4:37
Daisy Hill	3:12	3:07	3:26	2:45
South Tyrone	0:19	0:24	0:30	0:16
Southern Trust	3:10	3:21	3:36	3:46
Altnagelvin Area	3:31	3:10	3:11	2:58
Erne / South West Acute	2:14	2:35	2:28	2:59
Tyrone County	1:10	1:10	1:10	1:15
Western Trust	3:04	2:52	2:51	2:50
Type 1	3:47	3:46	3:46	3:55
Type 2	2:30	2:20	2:07	2:02
Type 3	0:45	0:41	0:44	0:39
Northern Ireland	3:34	3:34	3:33	3:40

Source: Regional Data Warehouse

⁵² Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁵³ Information on time to start of treatment is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 10: Median Time Spent in ED by those Admitted to Hospital (2014/15 – 2017/18) ^{54, 55}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Admitted to Hospital (Median) HH:MM			
	2014/15	2015/16	2016/17	2017/18
Mater	4:41	4:15	4:55	5:27
Royal Victoria	6:25	5:27	6:22	6:01
RVH (RAES)	-	-	-	-
RBHSC	2:57	3:10	3:21	3:29
Belfast Trust	5:19	4:42	5:20	5:19
Antrim Area	5:28	6:03	5:49	5:40
Causeway	5:19	6:00	6:28	6:32
Mid Ulster	0:00	0:00	0:00	0:00
Whiteabbey	0:00	-	-	-
Northern Trust	5:25	6:02	6:04	5:56
Ards	0:00	0:00	0:00	0:00
Bangor	0:00	0:00	0:00	0:00
Downe	3:56	3:43	3:39	3:46
Lagan Valley	3:51	3:52	3:59	4:22
Ulster	4:55	5:15	4:56	6:14
South Eastern Trust	4:41	4:56	4:45	5:50
Armagh/Mullinure	0:00	0:00	0:00	0:00
Craigavon Area	2:24	4:38	5:38	5:35
Daisy Hill	3:40	3:45	5:14	6:01
South Tyrone	0:00	0:00	0:00	0:00
Southern Trust	3:51	4:18	5:29	5:44
Altnagelvin Area	4:33	5:35	6:05	5:59
Erne / South West Acute	3:19	3:45	4:16	3:59
Tyrone County	0:10	0:10	0:12	0:17
Western Trust	3:54	4:43	5:15	5:09
Type 1	4:36	4:57	5:25	5:40
Type 2	3:53	3:50	3:54	4:07
Type 3	0:10	0:10	0:12	0:17
Northern Ireland	4:33	4:53	5:20	5:36

Source: Regional Data Warehouse

⁵⁴ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁵⁵ Information for those admitted and discharged home is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 11: 95th Percentile Time Spent in ED by those Admitted to Hospital (2014/15 – 2017/18) ^{56, 57}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Admitted to Hospital (95th Percentile) HH:MM			
	2014/15	2015/16	2016/17	2017/18
Mater	11:34	11:25	12:13	17:50
Royal Victoria	11:58	11:28	11:56	14:15
RVH (RAES)	-	-	-	-
RBHSC	6:24	6:48	7:05	7:20
Belfast Trust	11:51	11:16	11:51	14:13
Antrim Area	11:43	11:55	15:29	20:56
Causeway	10:34	11:17	11:43	18:09
Mid Ulster	-	-	-	-
Whiteabbey	-	-	-	-
Northern Trust	11:29	11:44	13:37	20:16
Ards	-	-	-	-
Bangor	-	-	-	-
Downe	7:58	8:11	16:43	18:10
Lagan Valley	7:29	7:23	8:01	13:11
Ulster	11:26	14:00	12:00	21:52
South Eastern Trust	11:11	12:54	11:55	21:23
Armagh/Mullinure	-	-	-	-
Craigavon Area	8:55	10:45	11:52	17:09
Daisy Hill	8:41	8:29	11:44	16:51
South Tyrone	-	-	-	-
Southern Trust	8:50	10:14	11:50	17:05
Altnagelvin Area	9:21	10:40	11:30	11:57
Erne / South West Acute	6:39	8:03	9:59	11:06
Tyrone County	0:50	0:58	1:03	2:37
Western Trust	8:50	10:11	11:14	11:50
Type 1	11:15	11:22	11:51	17:42
Type 2	7:41	7:38	9:27	17:04
Type 3	0:50	0:58	1:03	2:37
Northern Ireland	11:12	11:20	11:51	17:42

Source: Regional Data Warehouse

⁵⁶ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁵⁷ Information for those admitted and discharged home is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 12: Median Time Spent in ED by those Not-Admitted (2014/15 – 2017/18) ^{58, 59}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Discharged Home (Median) HH:MM			
	2014/15	2015/16	2016/17	2017/18
Mater	2:36	2:26	2:29	2:33
Royal Victoria	2:53	2:45	2:42	2:45
RVH (RAES)	-	-	-	-
RBHSC	1:52	1:59	2:08	2:11
Belfast Trust	2:31	2:27	2:29	2:33
Antrim Area	2:47	2:44	2:32	2:40
Causeway	2:07	2:18	2:36	2:23
Mid Ulster	0:31	0:31	0:35	0:32
Whiteabbey	0:41	-	-	-
Northern Trust	2:09	2:20	2:19	2:19
Ards	0:38	0:36	0:36	0:36
Bangor	0:34	0:31	0:31	0:32
Downe	1:31	1:26	1:22	1:23
Lagan Valley	2:05	1:58	1:48	1:47
Ulster	2:13	2:12	2:12	2:28
South Eastern Trust	1:41	1:39	1:34	1:41
Armagh/Mullinure	0:32	-	-	-
Craigavon Area	2:24	2:34	2:38	2:41
Daisy Hill	2:04	2:02	2:15	2:07
South Tyrone	0:27	0:27	0:30	0:25
Southern Trust	1:43	1:49	1:54	1:50
Altnagelvin Area	2:21	2:24	2:24	2:22
Erne / South West Acute	1:46	2:07	2:18	2:23
Tyrone County	0:37	0:40	0:40	0:45
Western Trust	1:45	1:54	2:00	2:01
Type 1	2:22	2:23	2:26	2:29
Type 2	1:50	1:44	1:36	1:35
Type 3	0:32	0:31	0:33	0:31
Northern Ireland	1:59	2:03	2:03	2:05

Source: Regional Data Warehouse

⁵⁸ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁵⁹ Information for those admitted and discharged home is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 13: 95th Percentile Spent in ED by those Not-Admitted (2014/15 – 2017/18) ^{60, 61}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Discharged Home (95th Percentile) HH:MM			
	2014/15	2015/16	2016/17	2017/18
Mater	6:33	6:16	6:10	6:45
Royal Victoria	7:03	6:53	7:17	7:13
RVH (RAES)	-	-	-	-
RBHSC	4:28	4:41	4:54	5:26
Belfast Trust	6:29	6:16	6:29	6:43
Antrim Area	7:14	7:31	6:53	7:24
Causeway	6:02	6:40	7:30	7:03
Mid Ulster	1:21	1:14	1:28	1:20
Whiteabbey	1:48		-	-
Northern Trust	6:31	7:04	6:56	7:05
Ards	1:36	1:29	1:26	1:27
Bangor	1:29	1:17	1:20	1:21
Downe	4:14	4:03	4:30	4:07
Lagan Valley	4:47	4:39	4:40	4:54
Ulster	5:43	5:42	5:41	6:16
South Eastern Trust	5:06	5:05	5:07	5:32
Armagh/Mullinure	1:26		-	-
Craigavon Area	5:30	5:46	6:06	6:55
Daisy Hill	5:09	5:05	5:42	5:37
South Tyrone	1:15	1:12	1:15	1:02
Southern Trust	5:02	5:16	5:38	6:00
Altnagelvin Area	5:40	5:46	5:58	5:54
Erne / South West Acute	4:19	5:12	5:53	5:59
Tyrone County	1:51	1:58	1:55	2:10
Western Trust	5:03	5:18	5:35	5:39
Type 1	6:04	6:10	6:19	6:37
Type 2	4:34	4:26	4:35	4:36
Type 3	1:33	1:29	1:29	1:30
Northern Ireland	5:45	5:52	6:01	6:16

Source: Regional Data Warehouse

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

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

Table 14: Total Attendances at Emergency Care Departments by Department Type (2017/18)

Emergency Care Department Type	New Attendances		Unplanned Review Attendances		Planned Review Attendances		Total Attendances
	Number	%	Number	%	Number	%	
Type 1	618,018	92.0%	33,379	5.0%	20,219	3.0%	671,616
Type 2	60,676	91.5%	2,790	4.2%	2,824	4.3%	66,290
Type 3	75,006	87.9%	3,622	4.2%	6,702	7.9%	85,330
Total	753,700	91.6%	39,791	4.8%	29,745	3.6%	823,236

Source: KH09 (ii) Information Return

Table 15: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2013/14 - 2017/18)⁶²

HSC Trust / Hospital	Total Attendances				
	2013/14	2014/15	2015/16	2016/17	2017/18
Mater	46,085	47,103	48,524	50,140	50,856
Royal Victoria	82,279	85,568	91,080	94,422	98,480
Royal Victoria (RAES & ENT)	15,411	17,167	-	-	-
Royal Victoria (RAES)	-	-	15,637	16,848	17,030
RBHSC	34,453	35,127	38,632	39,869	40,612
Belfast	178,228	184,965	193,873	201,279	206,978
Antrim Area	73,786	77,099	80,015	84,320	87,430
Causeway	42,152	43,009	44,513	44,444	46,035
Mid Ulster	8,307	8,825	9,601	10,117	10,410
Whiteabbey	9,580	7,132	-	-	-
Northern	133,825	136,065	134,129	138,881	143,875
Ards	10,281	10,572	11,096	11,890	12,367
Bangor	12,288	9,894	9,303	10,223	10,229
Downe	21,161	18,586	20,229	22,051	23,710
Lagan Valley	26,835	22,328	23,272	25,058	25,550
Ulster	89,107	92,259	93,539	96,533	98,908
South Eastern	159,672	153,639	157,439	165,755	170,764
Armagh Community	7,416	5,205	-	-	-
Craigavon Area	76,175	80,497	84,127	86,241	89,570
Daisy Hill	42,716	46,590	51,268	54,925	56,248
Mullinure	-	-	-	-	-
South Tyrone	23,152	25,666	28,766	32,137	35,003
Southern	149,459	157,958	164,161	173,303	180,821
Altnagelvin Area	58,703	57,837	63,103	65,995	67,668
Erne / South West Acute	30,042	30,740	32,240	34,152	35,809
Tyrone County	17,537	17,461	18,240	18,301	17,321
Western	106,282	106,038	113,583	118,448	120,798
Northern Ireland	727,466	738,665	763,185	797,666	823,236

Source: KH09 (ii) Information Return

⁶² See Appendix 3 for further information on changes to provision of emergency care services.

Table 16: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by HSC Trust / Hospital (2017/18)⁶³

HSC Trust / Hospital	Waiting Time at Emergency Care Department						Total (New and Unplanned Reviews)
	Within 4 Hours		4 to 12 Hours		Over 12 Hours		
	Number	%	Number	%	Number	%	
Mater	34,579	71.6%	12,588	26.0%	1,156	2.4%	48,323
Royal Victoria	64,689	66.8%	30,273	31.3%	1,888	1.9%	96,850
Royal Victoria (RAES)	14,826	86.7%	2,282	13.3%	0	0.0%	17,108
RBHSC	32,116	81.5%	7,293	18.5%	0	0.0%	39,409
Belfast Trust	146,210	72.5%	52,436	26.0%	3,044	1.5%	201,690
Antrim Area	54,797	64.3%	26,856	31.5%	3,545	4.2%	85,198
Causeway	29,962	66.4%	14,239	31.5%	943	2.1%	45,144
Mid Ulster	9,959	100.0%	0	0.0%	0	0.0%	9,959
Northern Trust	94,718	67.5%	41,095	29.3%	4,488	3.2%	140,301
Ards MIU	11,935	100.0%	0	0.0%	0	0.0%	11,935
Bangor MIU	9,842	100.0%	1	0.0%	0	0.0%	9,843
Downe	20,531	90.9%	1,837	8.1%	211	0.9%	22,579
Lagan Valley	21,006	86.0%	3,265	13.4%	150	0.6%	24,421
Ulster	61,966	65.2%	28,465	30.0%	4,553	4.8%	94,984
South Eastern Trust	125,280	76.5%	33,568	20.5%	4,914	3.0%	163,762
Craigavon Area	57,110	66.0%	26,895	31.1%	2,570	3.0%	86,575
Daisy Hill	40,452	73.7%	13,325	24.3%	1,086	2.0%	54,863
South Tyrone	30,897	100.0%	4	0.0%	0	0.0%	30,901
Southern Trust	128,459	74.5%	40,224	23.3%	3,656	2.1%	172,339
Altnagelvin Area	45,788	70.2%	18,599	28.5%	854	1.3%	65,241
South West Acute	26,213	75.3%	8,227	23.6%	391	1.1%	34,831
Tyrone County	15,936	99.7%	54	0.3%	0	0.0%	15,990
Western Trust	87,937	75.8%	26,880	23.2%	1,245	1.1%	116,062
Northern Ireland	582,604	73.4%	194,203	24.5%	17,347	2.2%	794,154

Source: Regional Data Warehouse & EC1 Information Return

Table 17: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments (2013/14 – 2017/18) ^{63 64}

Waiting Time at Emergency Care Department	Year					Percentage Change 2016/17 - 2017/18	Percentage Change 2013/14 - 2017/18
	2013/14	2014/15	2015/16	2016/17	2017/18		
Number Within 4 Hours	542,541	549,233	560,470	573,349	582,604	1.6%	7.4%
<i>Percentage Within 4 Hours</i>	78.1%	77.5%	76.1%	74.4%	73.4%	-	-
Number Between 4 & 12 Hours	148,968	156,077	172,284	190,380	194,203	2.0%	30.4%
<i>Percentage Between 4 & 12 Hours</i>	21.4%	22.0%	23.4%	24.7%	24.5%	-	-
Number Over 12 Hours	3,109	3,170	3,875	6,494	17,347	167.1%	458.0%
<i>Percentage Over 12 Hours</i>	0.4%	0.4%	0.5%	0.8%	2.2%	-	-
Total	694,618	708,480	736,629	770,223	794,154	3.1%	14.3%

Source: Regional Data Warehouse & EC1 Information Return

⁶³ Refer to Appendix 3: Emergency Care Waiting Times (EC1) – point 25 for explanation of changes

⁶⁴ 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 (2017/18)⁶⁵

Emergency Care Department Type	Within 4 Hours		4 to 12 Hours		Over 12 Hours		Total (New and Unplanned Reviews)
	Number	%	Number	%	Number	%	
Type 1	447,672	68.7%	186,760	28.7%	16,986	2.6%	651,418
Type 2	56,363	87.9%	7,384	11.5%	361	0.6%	64,108
Type 3	78,569	99.9%	59	0.1%	0	0.0%	78,628
Total	582,604	73.4%	194,203	24.5%	17,347	2.2%	794,154

Source: Regional Data Warehouse & EC1 Information Return

Table 19: Percentage of New and Unplanned Review Attendances Commencing Treatment within 2 hours of Triage (2014/15 – 2017/18)

HSC Trust / Hospital / Department Type	2014/15	2015/16	2016/17	2017/18
Mater	74.0%	79.9%	80.1%	79.3%
Royal Victoria	72.5%	75.6%	75.7%	72.4%
RVH (RAES)	-	-	-	-
RBHSC	89.9%	87.4%	85.6%	84.3%
Belfast Trust	77.2%	79.5%	79.2%	77.0%
Antrim Area	67.8%	66.0%	70.0%	65.7%
Causeway	78.6%	77.4%	75.9%	82.7%
Mid Ulster	99.9%	100.0%	100.0%	100.0%
Whiteabbey	99.5%	-	-	-
Northern Trust	74.6%	72.3%	74.4%	74.3%
Ards	100.0%	100.0%	100.0%	100.0%
Bangor	100.0%	100.0%	100.0%	100.0%
Downe	91.7%	92.8%	94.9%	96.5%
Lagan Valley	88.6%	90.8%	93.3%	92.9%
Ulster	80.1%	81.0%	83.6%	79.2%
South Eastern Trust	85.6%	86.5%	88.8%	86.4%
Armagh/Mullinure	100.0%	-	-	-
Craigavon Area	75.9%	70.9%	69.3%	67.9%
Daisy Hill	82.4%	82.6%	79.9%	88.4%
South Tyrone	100.0%	100.0%	100.0%	100.0%
Southern Trust	82.3%	79.5%	78.0%	80.0%
Altnagelvin Area	77.5%	82.2%	83.6%	87.2%
Erne / South West Acute	93.4%	90.0%	92.0%	87.3%
Tyrone County	99.3%	99.3%	99.2%	99.1%
Western Trust	85.8%	87.2%	88.4%	88.9%
Type 1	77.5%	77.7%	78.3%	77.7%
Type 2	89.9%	91.7%	94.0%	94.6%
Type 3	99.8%	99.8%	99.8%	99.8%
Northern Ireland	81.0%	80.9%	81.7%	81.1%

Source: Regional Data Warehouse

⁶⁵ Refer to Appendix 3: Emergency Care Waiting Times (EC1) – point 25 for explanation of changes

Table 20: New & Unplanned Review Attendances by HSC Trust / Hospital (2013/14 - 2017/18) ^{66 67}

HSC Trust / Hospital	New & Unplanned Review Attendances				
	2013/14	2014/15	2015/16	2016/17	2017/18
Mater	44,397	45,623	46,565	47,771	48,323
Royal Victoria	79,678	82,905	88,940	92,643	96,850
Royal Victoria (ENT & RAES)	13,985	15,751	-	-	-
Royal Victoria (RAES)	-	-	14,699	16,564	17,108
RBHSC	33,153	33,879	37,328	38,580	39,409
Belfast HSCT	171,213	178,158	187,532	195,558	201,690
Antrim Area	72,037	75,268	78,426	82,435	85,198
Causeway	41,798	42,695	44,296	44,302	45,144
Mid Ulster	7,978	8,407	9,190	9,665	9,959
Whiteabbey	8,643	6,741	-	-	-
Northern HSCT	130,456	133,111	131,912	136,402	140,301
Ards	9,852	10,189	10,660	11,540	11,935
Bangor	11,670	9,634	8,953	9,982	9,843
Downe	20,250	17,842	19,328	21,103	22,579
Lagan Valley	25,786	21,404	22,270	23,795	24,421
Ulster	82,692	86,028	90,146	92,967	94,984
South Eastern HSCT	150,250	145,097	151,357	159,387	163,762
Armagh & Mullinure	6,789	4,763	-	-	-
Craigavon Area	72,976	77,552	80,996	83,317	86,575
Daisy Hill	41,198	45,444	50,076	53,477	54,863
South Tyrone	21,089	23,622	26,322	29,438	30,901
Southern HSCT	142,052	151,381	157,394	166,232	172,339
Altnagelvin Area	55,543	54,828	60,126	62,559	65,241
Erne / South West Acute	29,182	29,811	31,553	33,327	34,831
Tyrone County	15,922	16,094	16,755	16,758	15,990
Western HSCT	100,647	100,733	108,434	112,644	116,062
Northern Ireland	694,618	708,480	736,629	770,223	794,154

Source: Regional Data Warehouse & EC1 Information Return

⁶⁶ See Appendix 3 for further information on changes to provision of emergency care services.

⁶⁷ Refer to Appendix 3: Emergency Care Waiting Times (EC1) – point 25 for explanation of changes

Table 21: New & Unplanned Review Attendances seen within 4 hours by HSC Trust / Hospital (2013/14 - 2017/18) ^{68 69}

HSC Trust / Hospital	Percentage Seen within 4 hours				
	2013/14	2014/15	2015/16	2016/17	2017/18
Mater	72.2%	70.7%	74.7%	72.6%	71.6%
Royal Victoria	60.8%	59.2%	65.4%	64.6%	66.8%
Royal Victoria (ENT & RAES)	100.0%	100.0%	-	-	-
Royal Victoria (RAES)	-	-	100.0%	93.4%	86.7%
RBHSC	89.8%	90.8%	89.1%	86.1%	81.5%
Belfast HSCT	72.6%	71.8%	75.1%	73.2%	72.5%
Antrim Area	70.7%	63.6%	62.5%	66.8%	64.3%
Causeway	78.2%	72.9%	66.6%	62.8%	66.4%
Mid Ulster	100.0%	100.0%	100.0%	100.0%	100.0%
Whiteabbey	99.9%	99.9%	-	-	-
Northern HSCT	76.8%	70.7%	66.5%	67.9%	67.5%
Ards	100.0%	100.0%	100.0%	100.0%	100.0%
Bangor	100.0%	100.0%	100.0%	100.0%	100.0%
Downe	86.8%	90.3%	91.8%	89.8%	90.9%
Lagan Valley	88.3%	87.3%	88.6%	88.0%	86.0%
Ulster	70.5%	72.7%	71.1%	71.9%	65.2%
South Eastern HSCT	80.0%	80.7%	80.1%	80.5%	76.5%
Armagh & Mullinure	100.0%	100.0%	-	-	-
Craigavon Area	72.9%	78.3%	72.0%	66.6%	66.0%
Daisy Hill	86.7%	83.1%	82.7%	74.7%	73.7%
South Tyrone	100.0%	100.0%	100.0%	100.0%	100.0%
Southern HSCT	82.2%	83.8%	80.1%	75.1%	74.5%
Altnagelvin Area	70.2%	73.8%	70.0%	68.6%	70.2%
Erne / South West Acute	90.0%	89.4%	81.7%	74.4%	75.3%
Tyrone County	99.9%	99.9%	99.9%	99.8%	99.7%
Western HSCT	80.7%	82.6%	78.0%	75.0%	75.8%
Northern Ireland	78.1%	77.5%	76.1%	74.4%	73.4%

Source: Regional Data Warehouse & EC1 Information Return

⁶⁸ See Appendix 3 for further information on changes to provision of emergency care services.

⁶⁹ Refer to Appendix 3: Emergency Care Waiting Times (EC1) – point 25 for explanation of changes

Table 22: New & Unplanned Review Attendances Waiting Over 12 hours by HSC Trust / Hospital (2013/14 - 2017/18) ⁷⁰

HSC Trust / Hospital	Number Waiting Over 12 Hours				
	2013/14	2014/15	2015/16	2016/17	2017/18
Mater	61	404	340	590	1,156
Royal Victoria	456	1,352	577	1,124	1,888
Royal Victoria (ENT & RAES)	0	0	-	-	-
Royal Victoria (RAES)	-	0	0	0	0
RBHSC	0	0	0	0	0
Belfast HSCT	517	1,756	917	1,714	3,044
Antrim Area	871	663	1,058	1,587	3,545
Causeway	156	0	29	306	943
Mid Ulster	0	0	0	0	0
Whiteabbey	0	0	0	-	-
Northern HSCT	1,027	663	1,087	1,893	4,488
Ards	0	0	0	0	0
Bangor	0	0	0	0	0
Downe	63	19	46	182	211
Lagan Valley	69	5	0	17	150
Ulster	1,092	689	1,560	1,279	4,553
South Eastern HSCT	1,224	713	1,606	1,478	4,914
Armagh & Mullinure	0	0	0	-	-
Craigavon Area	68	13	75	621	2,570
Daisy Hill	28	1	18	289	1,086
South Tyrone	0	0	0	0	0
Southern HSCT	96	14	93	910	3,656
Altnagelvin Area	231	14	114	304	854
Erne / South West Acute	14	10	58	195	391
Tyrone County	0	0	0	0	0
Western HSCT	245	24	172	499	1,245
Northern Ireland	3,109	3,170	3,875	6,494	17,347

Source: Regional Data Warehouse & EC1 Information Return

⁷⁰ See Appendix 3 for further information on changes to provision of emergency care services.

Table 23: Summary of Emergency Calls & Response by Local Commissioning Group (2017/18)

Performance Measure	Local Commissioning Group					Northern Ireland
	Belfast	Northern	South Eastern	Southern	Western	
Number of emergency calls ¹	56,083	52,985	39,845	37,135	34,042	220,090
% of Category A calls responded to within 8 minutes	56.8%	39.1%	37.9%	38.1%	51.5%	45.2%
Number of Category B calls resulting in an emergency response which arrives at the scene of the incident	21,867	21,713	16,670	15,981	15,145	91,376
Number of (Non-HCP) Category C calls, resulting in an emergency response which arrives at the scene of the incident	3,034	2,935	2,612	2,419	2,308	13,308
% of Category C calls responded (Non-HCP) to within 60 minutes	81.1%	88.0%	80.7%	86.6%	90.8%	85.2%
Number of Category C (HCP) calls, resulting in an emergency response which arrives at the scene of the incident	10,524	10,679	6,670	5,552	4,744	38,169
% of HCP Category C calls responded to within the agreed 1 Hour response time	50.2%	46.2%	40.3%	46.3%	51.1%	47.3%
% of HCP Category C calls responded to within the agreed 2 Hour response time	71.0%	66.2%	67.3%	63.4%	71.9%	67.7%
% of HCP Category C calls responded to within the agreed 3 Hour response time	74.1%	73.7%	71.3%	69.4%	82.7%	73.4%
% of HCP Category C calls responded to within the agreed 4 Hour response time	75.5%	80.4%	73.9%	78.9%	86.9%	78.2%
Number of emergency calls, excluding HCP calls	44,507	41,735	32,725	31,220	29,026	179,213

Source: KA34 Information Return, NIAS

¹ Information includes HCP calls; see Appendix 4 for further information.

Table 24: Summary of Emergency Calls & Response by Category of Call (2017/18) ⁷¹

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	63,319	99,206	57,565	220,090
Calls resulting in an emergency response	58,655	91,376	51,477	201,508
Cat A response within 8 minutes	26,500			26,500
Calls resulting in an emergency response able to transport a patient	54,087	83,787	50,378	188,252

Source: KA34 Information Return, NIAS

⁷¹ 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 (2017/18)

Month	Local Commissioning Group (LCG)					Northern Ireland
	Belfast	Northern	South Eastern	Southern	Western	
April 2017	61.5%	41.0%	43.3%	44.5%	54.3%	49.4%
May 2017	65.7%	43.2%	41.2%	46.9%	56.5%	51.6%
June 2017	71.2%	44.4%	49.8%	45.1%	56.0%	54.2%
July 2017	66.0%	42.7%	44.3%	39.4%	52.0%	49.7%
August 2017	62.1%	42.2%	40.7%	39.5%	48.6%	47.6%
September 2017	62.0%	41.6%	42.7%	42.2%	53.5%	49.2%
October 2017	59.3%	41.8%	43.9%	40.3%	51.9%	48.1%
November 2017	58.7%	41.2%	43.1%	38.2%	55.8%	47.7%
December 2017	41.2%	47.2%	24.8%	31.2%	47.2%	38.0%
January 2018	44.6%	36.6%	28.7%	34.6%	49.3%	38.8%
February 2018	51.3%	33.8%	32.4%	31.7%	46.0%	39.3%
March 2018	46.0%	34.5%	28.9%	29.0%	47.6%	37.4%

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 (2013/14 – 2017/18)

Year	% within 8 minutes
2013/14	67.6%
2014/15	57.7%
2015/16	53.5%
2016/17	51.0%
2017/18	45.2%

Source: KA34 Information Return, NIAS

Table 27: Response Times by Category of Call (2013/14 – 2017/18) ⁷²,

Category of Call	Emergency Response	2013/14	2014/15	2015/16	2016/17	2017/18
Category A	Number arriving at the scene of the incident	50,913	56,934	56,256	56,927	58,655
	Number arriving within 8 minutes	34,422	32,862	30,101	29,043	26,500
	<i>% arriving within 8 minutes</i>	<i>67.6%</i>	<i>57.7%</i>	<i>53.5%</i>	<i>51.0%</i>	<i>45.2%</i>
Category B	Number of calls received	73,945	73,770	78,224	87,197	99,206
	Number arriving at the scene of the incident	70,106	69,555	73,204	80,955	91,376
	Number arriving at the scene of the incident able to transport a patient	68,083	66,083	68,903	75,119	83,787
Category C (Non-HCP) ¹	Number arriving at the scene of the incident	-	23,692	22,840	20,444	13,308
	Number arriving within 60 minutes	-	22,252	20,958	18,300	11,341
	<i>% arriving within 60 minutes</i>	-	<i>93.9%</i>	<i>91.8%</i>	<i>89.5%</i>	<i>85.2%</i>
Category C (HCP) ¹	Number Requiring a 1 Hour response	-	11,183	16,051	19,341	19,380
	Number arriving within the agreed 1 Hour	-	6,146	8,852	9,936	9,174
	<i>% arriving within the agreed 1 Hour</i>	-	<i>55.0%</i>	<i>55.1%</i>	<i>51.4%</i>	<i>47.3%</i>
	Number Requiring a 2 Hour response	-	10,001	14,158	14,538	13,985
	Number arriving within the agreed 2 Hours	-	7,060	10,248	10,489	9,463
	<i>% arriving within the agreed 2 Hours</i>	-	<i>70.6%</i>	<i>72.4%</i>	<i>72.1%</i>	<i>67.7%</i>
	Number Requiring a 3 Hour response	-	1,038	2,068	2,062	1,814
	Number arriving within the agreed 3 Hours	-	815	1,612	1,622	1,331
	<i>% arriving within the agreed 3 Hours</i>	-	<i>78.5%</i>	<i>77.9%</i>	<i>78.7%</i>	<i>73.4%</i>
	Number Requiring a 4 Hour response	-	5,946	3,725	2,374	2,990
	Number arriving within the agreed 4 Hours	-	4,925	3,152	1,942	2,338
	<i>% arriving within the agreed 4 Hours</i>	-	<i>82.8%</i>	<i>84.6%</i>	<i>81.8%</i>	<i>78.2%</i>
Total Emergency Calls		-	191,727	202,325	211,800	220,090
Total Emergency Calls (excluding HCP Calls)		154,755	160,706	164,121	171,306	179,213

Source: KA34 Information Return, NIAS

¹ 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 (2013/14 – 2017/18)

⁷² Refer to Appendix 4 for more detailed information.

Year	Emergency / Urgent Journeys	Non-Urgent Journeys	Total Patient Journeys
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
2017/18	159,943	194,438	354,381

Source: KA34 Information Return, NIAS

Table 29: Summary of Patient Journeys by LCG (2017/18)

Local Commissioning Group (LCG)	Emergency / Urgent Journeys	Non-Urgent Journeys	Total Patient Journeys
Belfast	39,369	28,661	68,030
Northern	39,278	66,939	106,217
South Eastern	29,365	20,266	49,631
Southern	27,085	44,737	71,822
Western	24,846	33,835	58,681
Northern Ireland	159,943	194,438	354,381

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 2014 ⁷³. 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.

⁷³ 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 2013/14.
- 2.8 It should also be noted that there has been a slight change in the way new, unplanned and planned attendance information is presented for the Royal Victoria emergency care department, as information for the Royal Victoria emergency care department and the Royal Victoria (RAES) service is now reported separately.

Categorisation of Emergency Care Departments ⁷⁴

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		

⁷⁴ 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 EDs, 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 EC1 return. HSC Trusts are asked to generate this information on 8th of each month.
- 3.3 Waiting time figures are representative of all new and unplanned review emergency care attendances in Northern Ireland including Type 1, Type 2 and Type 3 emergency care departments.
- 3.4 The Ministerial targets for Northern Ireland on emergency care waiting times for 2017/18 state that:
- '95% of patients attending any Type 1, 2 or 3 Emergency Department should be either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any Emergency Care Department should wait longer than 12 hours'*
- 'By March 2017, at least 80% of patients to have commenced treatment, following triage, within 2 hours.'*
- 3.5 Figures represent the total time spent in a hospital emergency care department from arrival until admission, transfer or discharge.
- 3.6 Figures relate to all new attendances and all unplanned review attendances at emergency care departments. They do not include planned review attendances.
- 3.7 Time is measured from when a patient arrives into the emergency care department; the time of arrival is recorded at registration or triage whichever is earlier (clock starts). The 'clock stops' when the patient departs from the emergency care department. The time of departure is defined as when the patient's clinical care episode is completed within the emergency care department.
- 3.8 The figures in this release relate to all patients, including paediatric patients.
- 3.9 From 24th May 2010, Mid-Ulster and Whiteabbey emergency care departments were reconfigured from consultant-led treatment services (Type 2) to minor injury units with designated accommodation for the reception of patients with minor injuries and/or illnesses (Type 3/MIU).
- 3.10 On 4th April 2011, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at the Downe Hospital resulting in the reduction of consultant-led emergency care services, from a 24 hours based service to 8am to 10pm daily, with services provided from 10pm to 8am by an enhanced GP Out of Hours (GPOOH) service. The GPOOH's provides the urgent care response supported by an appropriate handover period and the appropriate services within the hospital. After 10pm all 999 ambulances go directly to the Ulster or nearest appropriate emergency care department.

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

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

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

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

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

- 3.25 Following additional validation amendments have been made to the number of attendances at the Royal Victoria Eye Casualty for 2017/18. Changes were also made to figures 16 and 23, and tables 16, 17, 18, 20 and 21.

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) ⁷⁵, 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 2017/18, 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'

⁷⁵ 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 EDs in Northern Ireland.

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

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

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

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

Data Provider

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

Data Quality Assessment

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

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

Guidance on using data

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

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

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

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

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

Description of data

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

Data Provider

Data on emergency care waiting times is sourced from:

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

Data Quality Assessment

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

Regional Data Warehouse, whilst some sites using SYMPHONY and all sites using Independent systems complete the EC1 template on our behalf.

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

Guidance on using data

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

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

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

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

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

Data Comparisons with other UK Jurisdictions

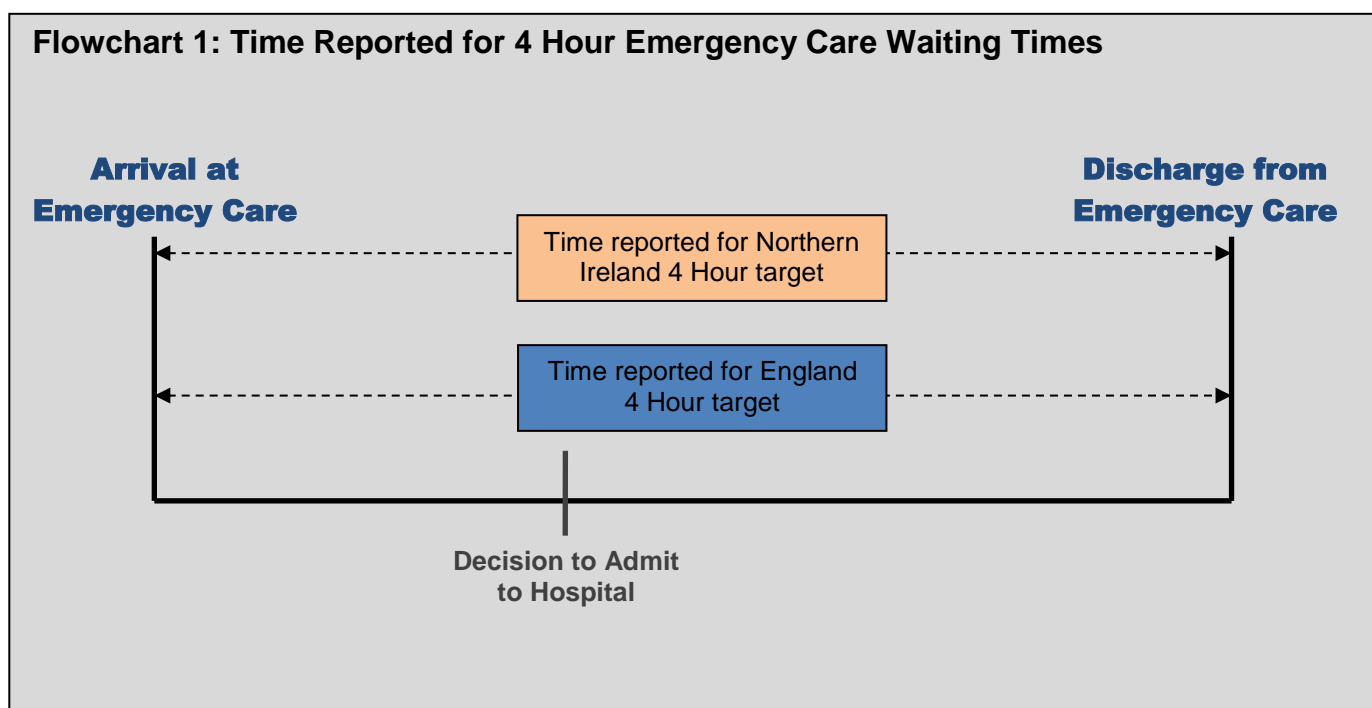
The DoH are currently liaising with colleagues in England, Scotland and Wales to clarify any differences between the emergency care waiting times reported for each administration. We would therefore ask users to be cautious when making direct comparisons between Northern Ireland and other UK Jurisdictions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

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

Northern Ireland Compared with England:

4 Hour

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



12 Hour

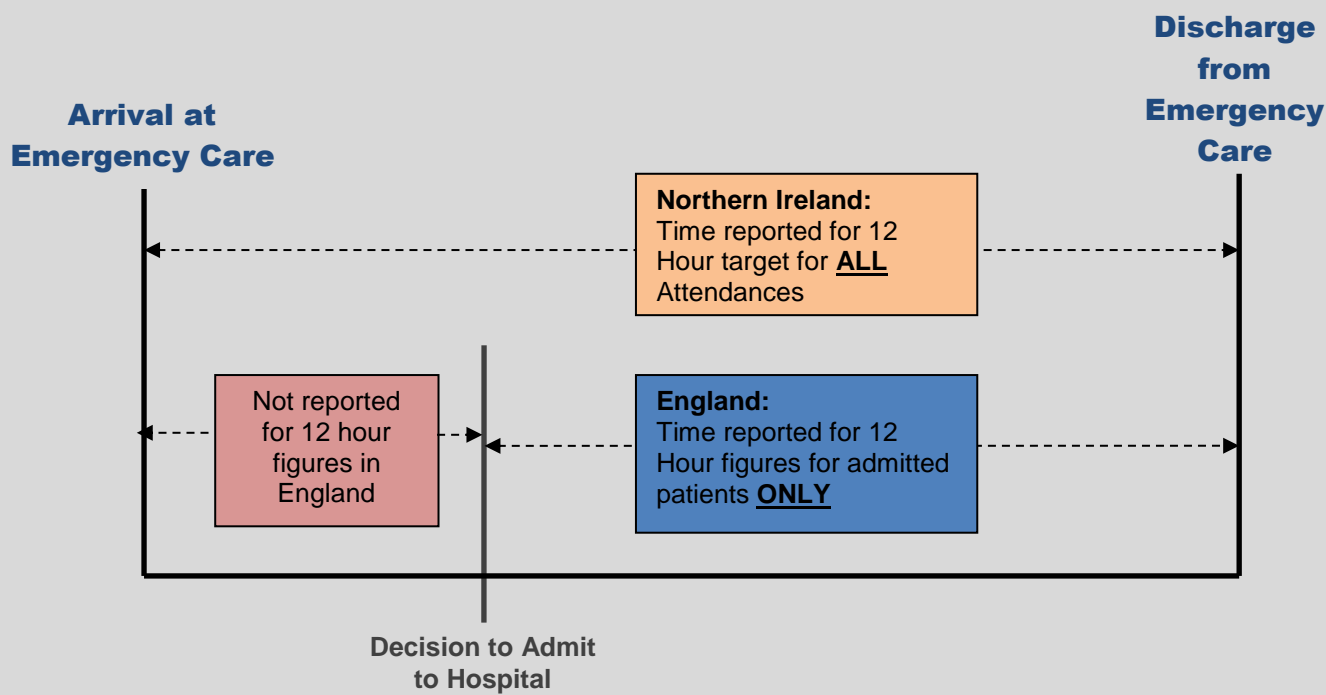
Although England and Northern Ireland both produce information on a 12 hour basis, this information is not equivalent and should not be compared (Flowchart 2). Comparable information to that produced in Northern Ireland is not available for England.

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

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

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

Flowchart 2: Time Reported for 12 Hour Emergency Care Waiting Times



(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 ⁷⁶ (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.

⁷⁶ 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:

Sarah Brown

Hospital Information Branch

Information & Analysis Directorate

Department of Health

Stormont Estate

Belfast, BT4 3SQ

☎ Tel: 028 90 522504 (Internal 22504)

✉ Email: Sarah.Brown@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>