

INFORMATION
ANALYSIS
DIRECTORATE



Northern Ireland Hospital Statistics: Emergency Care 2018/19



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-niwt-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
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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.

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

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

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

A National Statistics Publication

These statistics were designated as National Statistics 6th March 2013 following a full assessment against the Code of Practice.

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 producer's 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

³ Refer to Appendix 5: Data in the publication for further information.

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 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-waiting-times>

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 (2018/19)



822,847

New and Unplanned
Review Attendances at
EDs

69.9%

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

37.2%

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

- Almost a quarter (24.7%) of attendances at emergency care departments (ED) during 2018/19 were in the Belfast Health and Social Care Trust (Figure 6, Table 2).
- Almost four in five (79.2%) patients attending EDs in 2018/19 commenced their treatment within 2 hours of being triaged (Figure 18, Table 19)

Comparison with Previous Year (2017/18 – 2018/19)

- Since 2017/18, the total number of attendances (new, unplanned and planned reviews) at EDs increased by 27,286 (3.3%), from 823,236 to 850,522 in 2018/19 (Figure 1, Table 1).
- Between 2017/18 and 2018/19, performance against the 4 hour waiting times target declined by 3.5 percentage points from 73.4% to 69.9%; with performance declining at all department types, Type 1 (68.7% to 64.7%), Type 2 (87.9% to 83.8%) and Type 3 departments (99.9% to 99.8%) (Table 17, Table 18).
- A higher number of patients waited longer than 12 hours in 2018/19 (25,326) compared with 2017/18 (17,347), with the most notable increase at Craigavon Area (2,570 to 4,609) and the Ulster (4,553 to 6,486) (Figure 17, Table 22).
- Since 2017/18, the proportion of Category A Calls responded to within 8 minutes decreased by 8.0 percentage points, from 45.2% to 37.2% in 2017/18 (Figure 35, Table 26).

Five Year Trends (2014/15 – 2018/19)

- During the last five years, the total number of ED attendances (new, unplanned and planned reviews) has increased by 111,857 (15.1%), from 738,665 in 2014/15 to 850,522 in 2018/19 (Figure 1, Table 1).
- Since 2014/15, performance against the 4 hour waiting times target declined by 7.6 percentage points from 77.5% to 69.9% in 2018/19 (Table 21).
- Between 2014/15 and 2018/19, the number of patients waiting longer than 12 hours increased from 3,170 to 25,326, with the Ulster reporting the most notable increase during this period (689 to 6,486) (Figure 17, Table 22).
- Since 2014/15, the proportion of Category A Calls responded to within 8 minutes decreased by 20.5 percentage points, from 57.7% to 37.2% in 2018/19 (Figure 35, Table 26).
- Since 2014/15, the proportion of attendances referred by a GP increased by 1.4 percentage points, from 15.3% to 16.7% in 2018/19 (Figure 3, Table 3)

Attendances at Emergency Care Departments ⁵

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 ⁶ services at the Royal Victoria Hospital⁷.

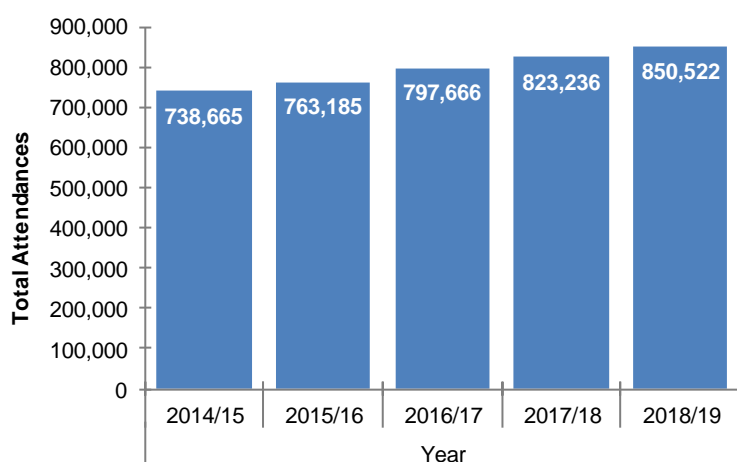
Further details of the changes in emergency care service provision are detailed in Appendix 3.

5 Year Trend

Total Attendances ⁸

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 (2014/15 - 2018/19)



Over the last 5 years, the total number of attendances at EDs increased by 15.1% (111,857), from 738,665 in 2014/15 to 850,522 in 2018/19 (Figure 1, Table 1).

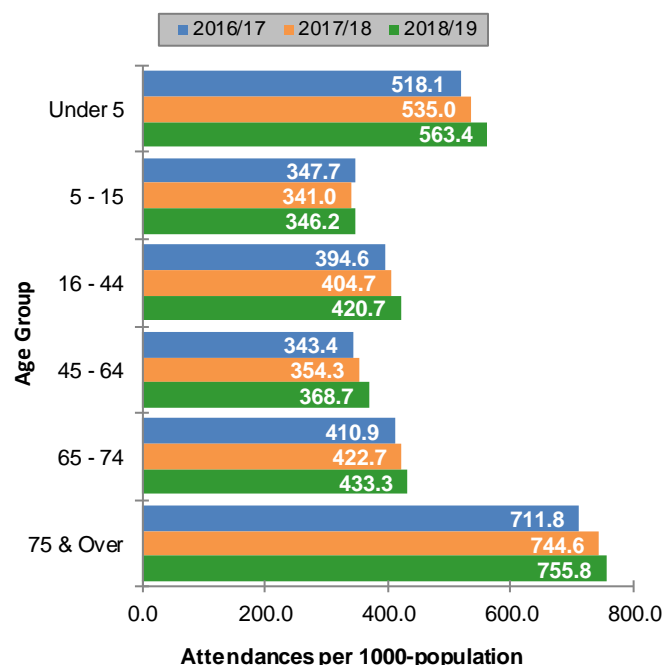
3 Year Trend

Attendances ⁹

To provide a comprehensive view of emergency care activity in Northern Ireland, information has been included on a number of Clinical Quality indicators¹⁰; 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 (2016/17 – 2018/19)



Since 2016/17, the rate of attendances per 1000-population increased in all age groups except the 5-15 age group which decreased by 1.5(Figure 2).

During each of the last 3 years, the highest number of attendances per 1000-population was recorded for those aged 75 & over (755.8) (Figure 2).

The lowest number of attendances per 1000-population was recorded in the 5-15 age group in 2017/18 and 2018/19 (Figure 2).

⁵ Analysis by EDs is detailed in the 'Additional Tables' (Page 27 - 48).

⁶ Refer to Appendix 3: Point 3.20 for further information.

⁷ Refer to Appendix 3: Point 3.23 for further information.

⁸ Information refers to new, unplanned & planned review attendances.

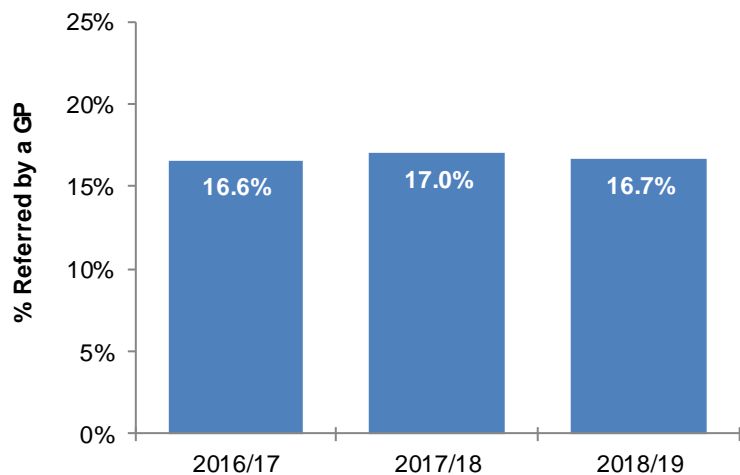
⁹ Information refers to new and unplanned review attendances only.

¹⁰ Refer to Appendix 3: Point 3.24 for further information.

GP Referrals ¹¹

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 (2016/17 – 2018/19)

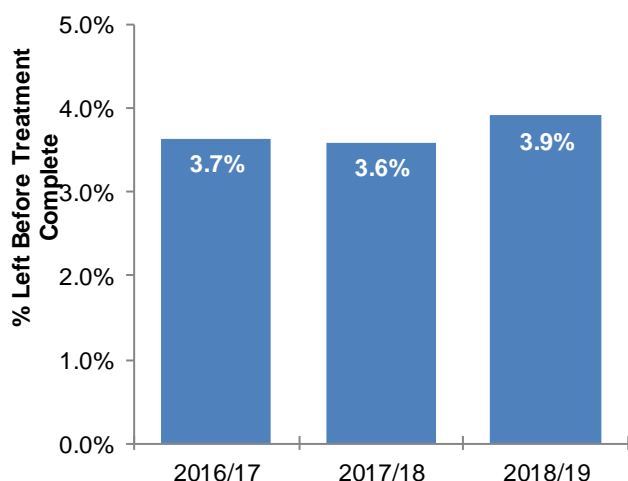


Since 2016/17, the percentage of attendances referred by a GP increased by 0.1 percentage points, from 16.6% to 16.7% in 2018/19 (Figure 3, Table 3).

Leaving ED before Treatment Complete ¹²

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 (2016/17 – 2018/19)

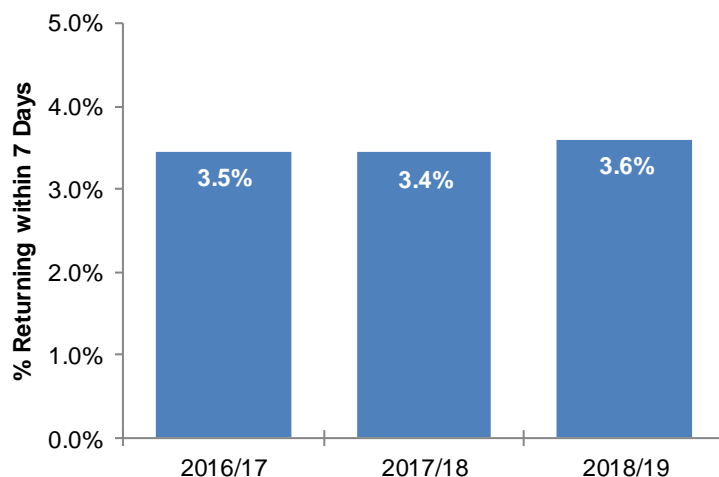


Between 2016/17 and 2018/19, the percentage of attendances who left an ED before their treatment was complete, increased by 0.2 percentage points from 3.7% to 3.9% (Figure 4, Table 4).

Re-attendances within 7 Days ¹³

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 (2016/17 – 2018/19)



Over the last 3 years, the percentage of patients re-attending the same ED within 7 days of their original attendance increased by 0.1 percentage points, from 3.5% in 2016/17 to 3.6% in 2018/19. (Figure 5, Table 5).

Financial Year 2018/19

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 ¹⁴

During 2018/19, there were 850,522 attendances at EDs, of which, 779,463 (91.6%) were new attendances, 43,325 (5.1%) were unplanned review attendances, and 27,734 (3.3%) were planned review attendances (Table 2).

¹¹ Information refers to new and unplanned review attendances only.

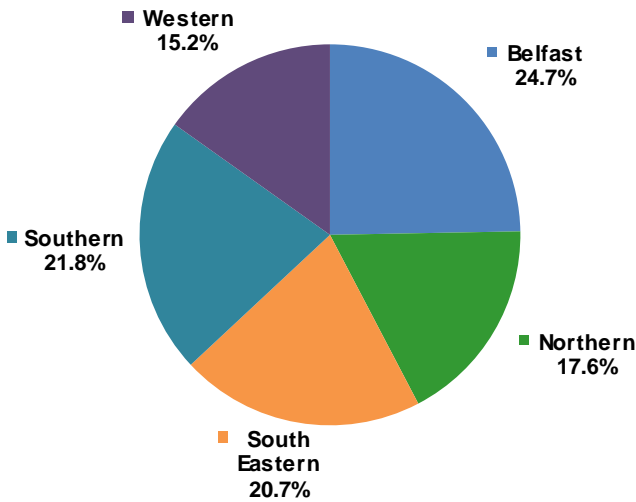
¹² Information refers to new and unplanned review attendances only.

¹³ Information refers to unplanned review attendances only.

¹⁴ Information refers to new, unplanned & planned review attendances.

Figure 6 presents information on the total number of ED attendances by HSC Trust during 2018/19.

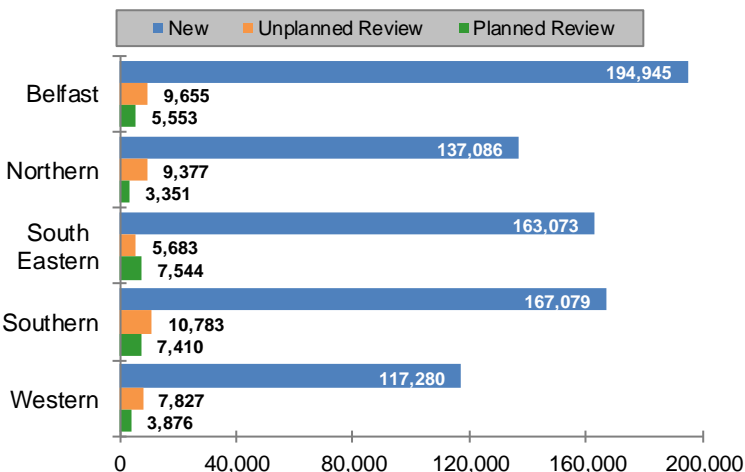
Figure 6: Attendances at EDs, by HSC Trust (2018/19)



Almost a quarter (24.7%) of attendances in 2018/19 were at EDs in the Belfast HSC Trust (210,153), 21.8% (185,272) the Southern HSC Trust, 20.7% (176,300) the South Eastern HSC Trust, 17.6% (149,814) the Northern HSC Trust, and 15.2% (128,983) 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 2018/19.

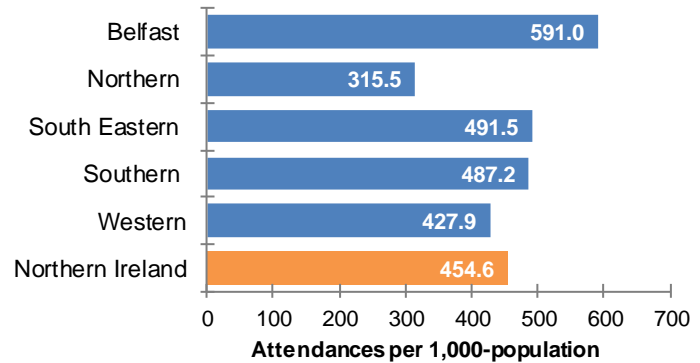
Figure 7: Attendances at EDs, by Attendance Type and HSC Trust (2018/19)



The number of new attendances in 2018/19 was highest in the Belfast HSC Trust (194,945) and lowest in the Western HSC Trust (117,280) (Figure 7, Table 2).

Figure 8 presents information on the number of ED attendances in each HSC Trust per 1,000-population ¹⁵ during 2018/19.

Figure 8: Attendances at EDs per 1,000-Population, by HSC Trust (2018/19)



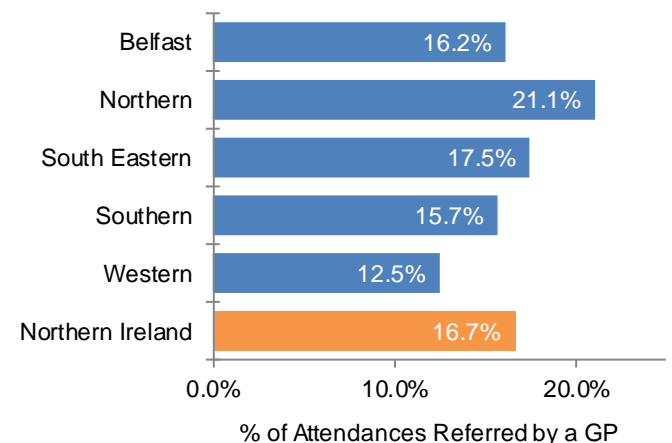
In 2018/19, there were 454.6 attendances at EDs per 1,000-population in Northern Ireland (Figure 8).

Belfast HSC Trust (591.0) reported the highest number of attendances per 1,000-population during 2018/19 whilst the Northern HSC Trust (315.5) reported the lowest (Figure 8).

GP Referrals ¹⁶

Figure 9 details the percentage of ED attendances who had been referred by a GP within each HSC Trust during 2018/19.

Figure 9: Percentage of GP Referrals to ED, by HSC Trust (2018/19)



During 2018/19, over 1 in 5 (21.1%) attendances in the Northern HSC Trust had been referred by a GP, compared with 12.5% in the Western HSC Trust (Figure 9, Table 3).

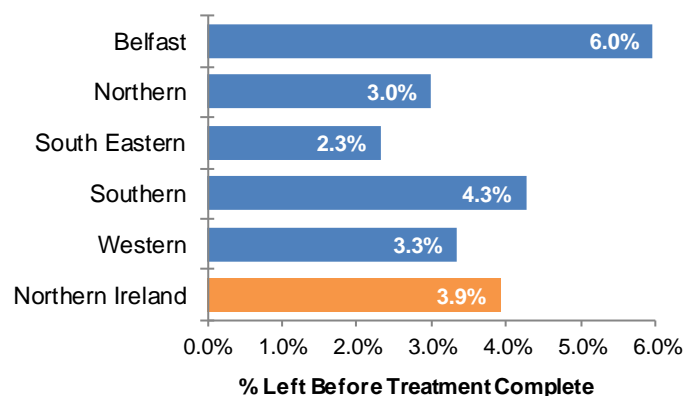
¹⁵ Based on NISRA 2017 mid-year population estimate, published on 28th June 2018.

¹⁶ Information refers to new and unplanned review attendances only.

Leaving ED before Treatment was Complete ¹⁷

Figure 10 presents information on the proportion of attendances leaving an ED before their treatment was complete during 2018/19.

Figure 10: Percentage of Attendances Leaving ED before their Treatment was Complete, by HSC Trust (2018/19)

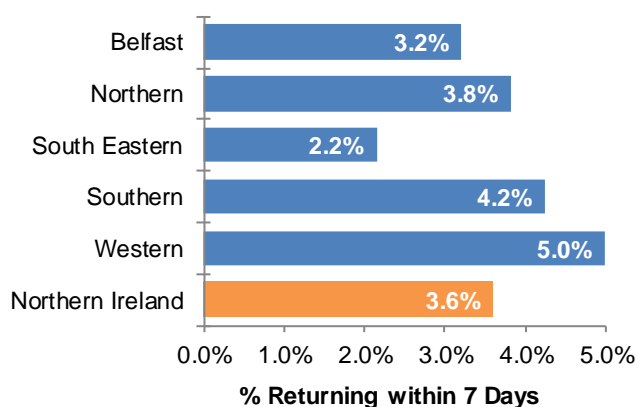


Belfast HSC Trust reported the highest percentage of attendances leaving an ED before their treatment was complete (6.0%) whilst the South Eastern HSC Trust reported the lowest (2.3%) (Figure 10, Table 4).

Re-attendance within 7 Days ¹⁸

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 an ED within 7 Days, by HSC Trust (2018/19)



During 2018/19, the percentage of re-attendances at an ED within 7 days was highest in the Western HSC Trust (5.0%), and lowest in the South Eastern HSC Trust (2.2%) (Figure 11, Table 5).

¹⁷ Information refers to new and unplanned review attendances only.

¹⁸ Information refers to unplanned review attendances only.

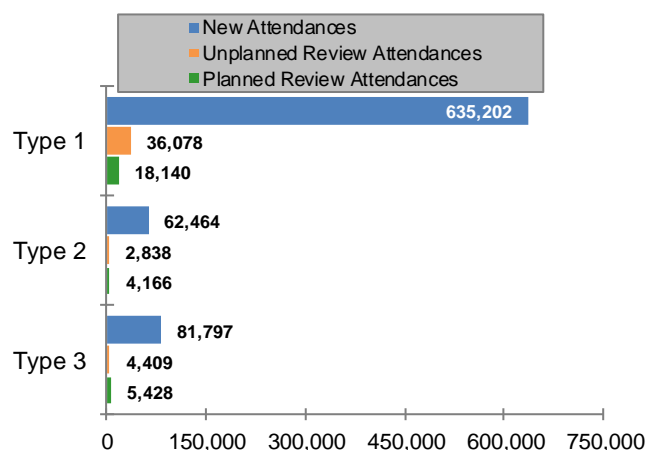
¹⁹ Refer to Appendix 1: Definitions – points 1.1 – 1.5

Department Type ¹⁹

Attendances ²⁰

Figure 12 shows the number of new, unplanned and planned review attendances at EDs during 2018/19, by ED Type.

Figure 12: Total Attendances, by ED Type (2018/19)

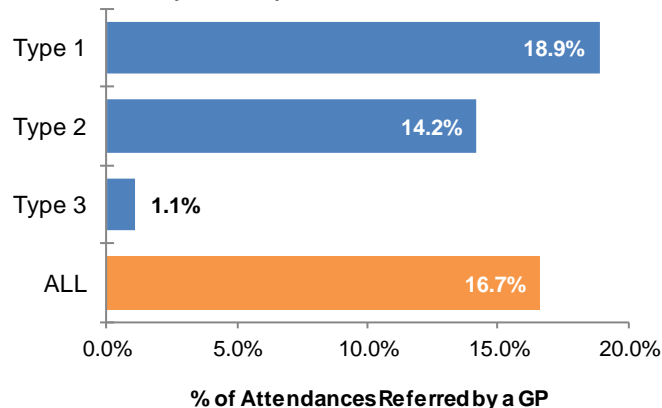


Over four in five (689,420, 81.1%) attendances at EDs in 2018/19 were at Type 1 EDs, 69,468 (8.2%) at Type 2 EDs and 91,634 (10.8%) at Type 3 EDs (Table 14).

GP Referrals ²¹

Figure 13 shows the percentage of attendances who had been referred by a GP to each ED Type during 2018/19.

Figure 13: Percentage of GP Referrals, by ED Type (2018/19)



Over a sixth (18.9%) of attendances at Type 1 EDs during 2018/19 had been referred by a GP, compared with 14.2% at Type 2 EDs and 1.1% at Type 3 EDs (Figure 13, Table 3).

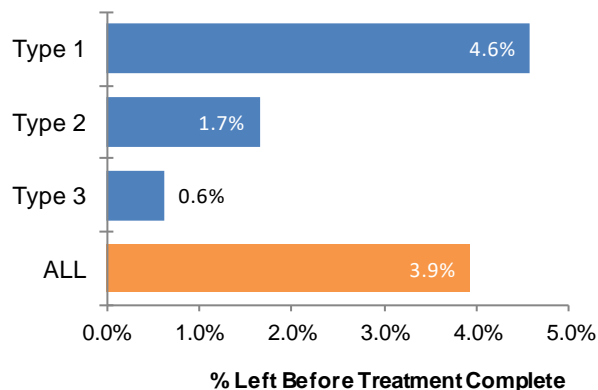
²⁰ Information refers to new, unplanned & planned review attendances.

²¹ Information refers to new and unplanned review attendances only.

Leaving ED before Treatment Complete ²²

Figure 14 details the percentage of attendances who left an ED before their treatment was complete, for each ED Type during 2018/19.

Figure 14: Percentage of Attendances Leaving ED before their Treatment was Complete, by ED Type (2018/19)

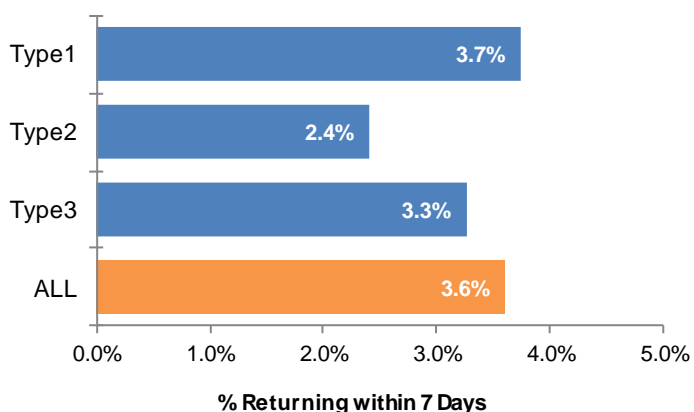


During 2018/19, 4.6% of attendances left a Type 1 ED before their treatment was complete, compared with 1.7% at Type 2 EDs and 0.6% at Type 3 EDs (Figure 14, Table 4).

Re-attendance within 7 Days ²³

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 2018/19.

Figure 15: Percentage of Re-attendances at an ED within 7 Days, by ED Type (2018/19)



During 2018/19, Type 1 EDs reported the highest percentage (3.7%) of unplanned reviews within 7 days of the original attendance for the same condition, compared with 2.4% at Type 2 EDs and 3.3% at Type 3 EDs (Figure 15, Table 5).

²² Information refers to new and unplanned review attendances only.

²³ Information refers to unplanned review attendances only.

Waiting Times at Emergency Care Departments ²⁴

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>

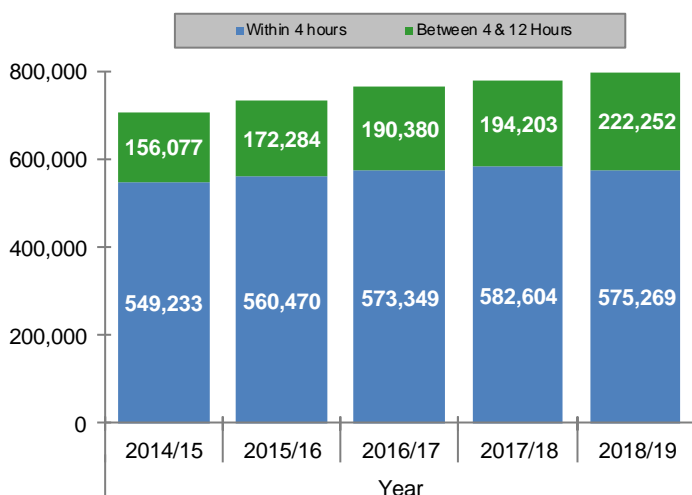
5 Year Trend ²⁵

Figures 16 and 17 present information on the length of time patients spent waiting to be treated at EDs during each year since 2014/15.

Since 2014/15, the number of new and unplanned review attendances increased by 114,367 (16.5%), from 708,480 to 822,847 in 2018/19 (Table 17).

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 26,036 (4.8%), from 549,233 in 2014/15 to 575,269 in 2018/19 (Figure 16, Table 17).

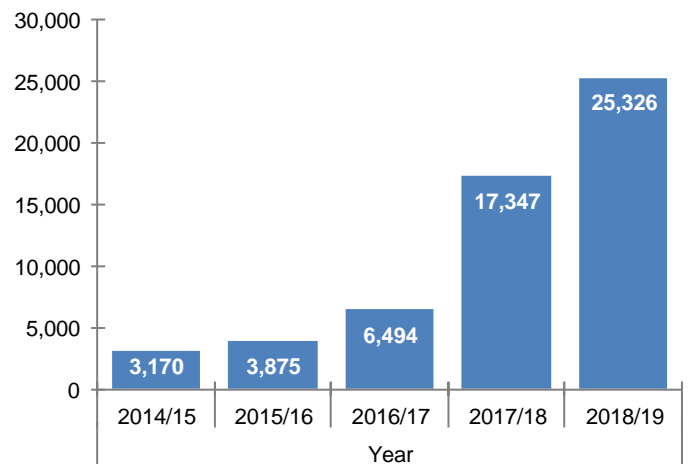
Figure 16: Attendances at EDs Waiting 12 Hours or Less (2014/15 - 2018/19)



Whilst the number treated and discharged, or admitted within 4 hours increased between 2014/15 and 2018/19, the percentage of patients treated and discharged or admitted within four hours decreased by 7.6 percentage points during this time, from 77.5% (549,233) to 69.9% (575,269) (Figure 16, Table 17).

Between 2014/15 and 2018/19, the number waiting between 4 & 12 hours increased by 66,175 (44.4%), from 156,077 to 222,252 (Figure 16, Table 17).

Figure 17: Attendances at EDs Waiting Longer Than 12 Hours (2014/15 – 2018/19)



Over 25,000 (25,326, 2.6%) new and unplanned review attendances waited over 12 hours at EDs in 2018/19, over seven times more than the number in 2014/15 (3,170) (Figure 17, Table 17).

3 Year Trend

Similar to the previous section data on a number of clinical quality indicators²⁶ 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.

²⁴ For details regarding individual EDs please refer to the 'Additional Tables' Section of this publication.

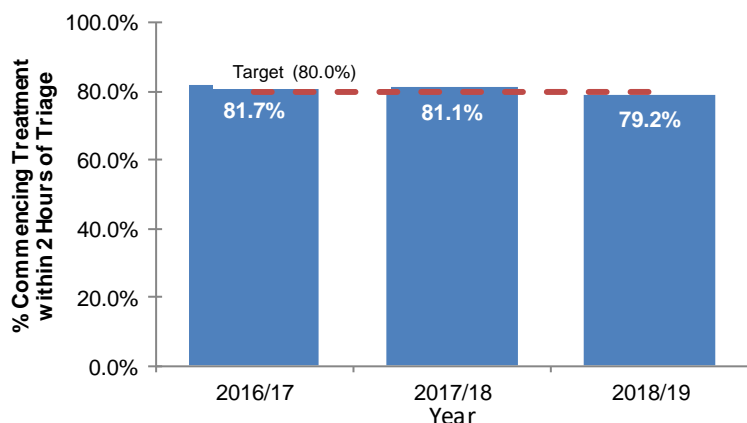
²⁵ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

²⁶ 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 three years.

Figure 18: Percentage of Patients Commencing Treatment, following Triage, within 2 Hours (2016/17 - 2018/19)

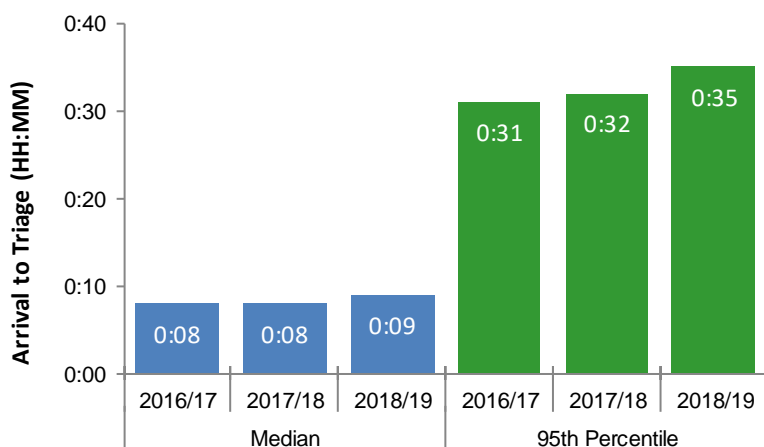


Between 2016/17 and 2018/19, the percentage of patients commencing treatment within 2 hours of being triaged has decreased by 2.5 percentage points from 81.7% to 79.2% (Figure 18, Table 19).

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 (2016/17 - 2018/19)



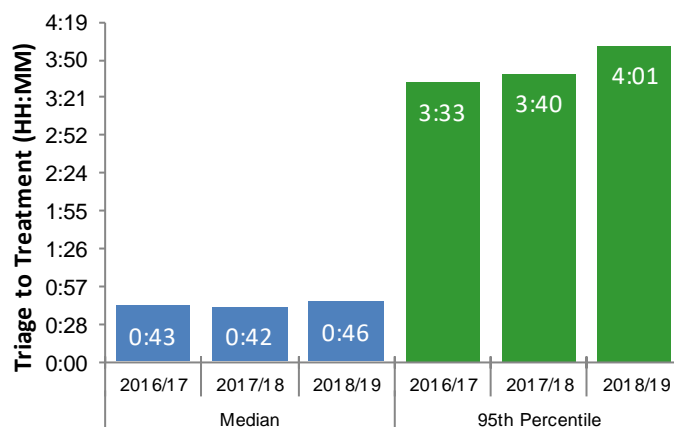
The median waiting time from arrival to triage was 9 minutes in 2018/19, 1 minute more than 2016/17 (8 minutes) (Figure 19, Table 6).

During 2018/19, 95 per cent of patients were triaged within 35 minutes of their arrival at an ED, 4 minutes longer than 2016/17 (31 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 (2016/17 - 2018/19)



The median waiting time from triage to start of treatment was 46 minutes in 2018/19, 3 minutes more than the time taken in 2016/17 (43 minutes) (Figure 20, Table 8).

During 2018/19, 95 per cent of patients commenced their treatment within 4 hours 1 minute of being triaged at an ED, 28 minutes longer than the time taken in 2016/17 (3 hours 33 minutes) (Figure 20, Table 9).

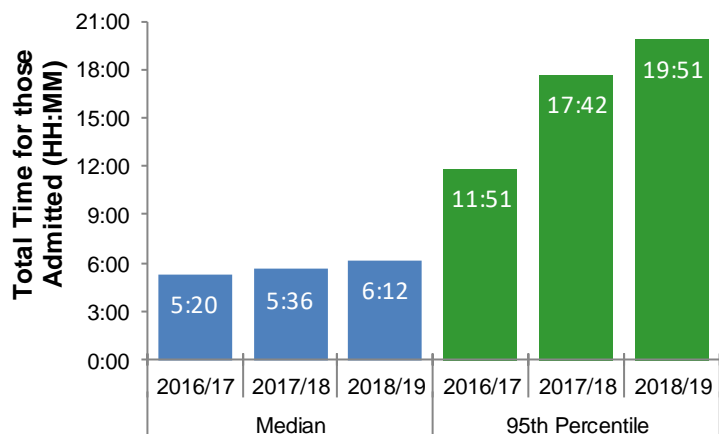
Time Spent in ED for Admitted Patients

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 6 hours and 12 minutes in 2018/19, 52 minutes longer than in 2016/17 (5 hours 20 minutes) (Figure 21, Table 10).

During 2018/19, 95 per cent of patients were admitted to hospital within 19 hours 51 minutes of their arrival, 8 hours longer than 2016/17 (11 hours 51 mins) (Figure 21, Table 11).

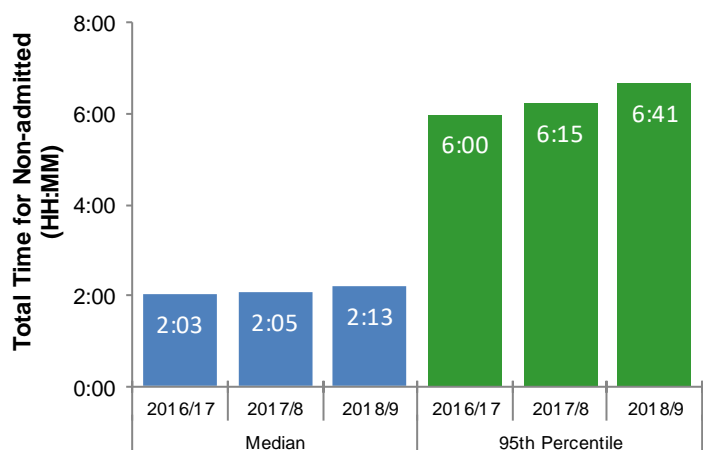
Figure 21: Total Time Spent in an ED for those Admitted to Hospital (2016/17 – 2018/19)



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 (2016/17 – 2018/19)



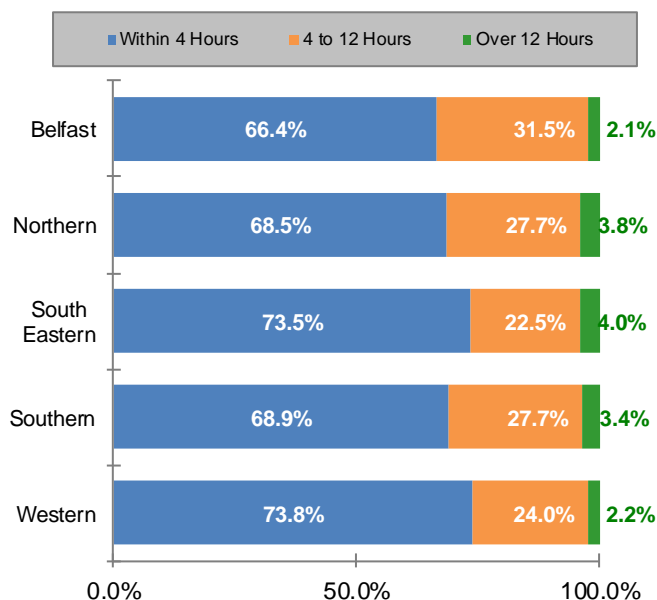
The median time spent in ED for patients not admitted to hospital was 2 hours 13 minutes in 2018/19, 10 minutes longer than 2016/17 (2 hours 3 minutes) (Figure 22, Table 12).

During 2018/19, 95 per cent of patients were discharged home (not admitted) within 6 hours 41 minutes, 41 minutes longer than 2016/17 (6 hours) (Figure 22, Table 13).

Financial Year 2018/19

Figure 23 shows the annual waiting times for new and unplanned review attendances during 2018/19, for each HSC Trust in Northern Ireland.

Figure 23: Waiting Times at ED, by HSC Trust (2018/19)



During 2018/19, the Western HSC Trust reported the highest percentage of attendances waiting up to 4 hours (73.8%), whilst the Belfast HSC Trust reported the lowest (66.4%) (Figure 23, Table 16).

Over four in ten (43.8%) of the 25,326 attendances waiting longer than 12 hours in 2018/19 were in the Ulster (6,486) and Craigavon Area (4,609) EDs (Table 16).

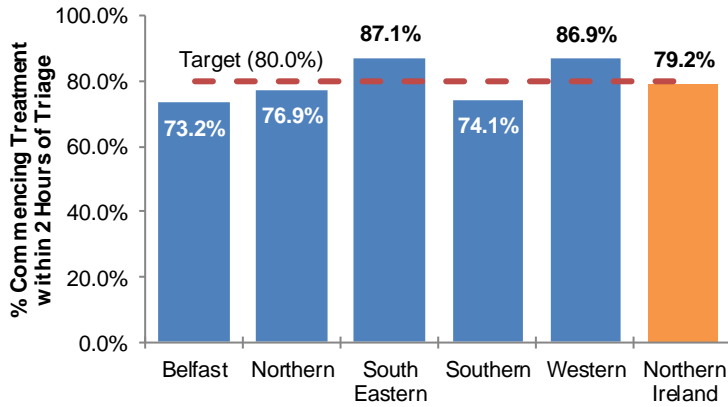
During 2018/19, no patient waited more than 12 hours at the Royal Victoria (Eye Casualty), RBHSC, Mid Ulster, Ards, Bangor, South Tyrone and Omagh EDs (Table 16).

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.

Figure 24: Percentage of Patients Commencing Treatment, following Triage, within 2 Hours by HSC Trust (2018/19)



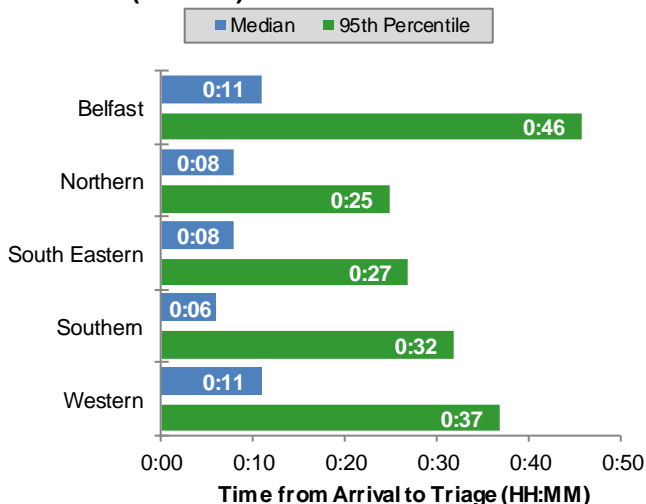
During 2018/19, almost four in five (79.2%) patients attending EDs commenced their treatment within 2 hours of being triaged (Figure 24, Table 19).

The South Eastern (87.1%) and Western (86.9%) HSC Trusts achieved the Target to commence treating patients within 2 hours of them being triaged (Figure 24, Table 19).

Time from Arrival to Triage (Assessment)

Figure 25 details the median and 95th percentiles for the length of time patients waited from 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 (2018/19)



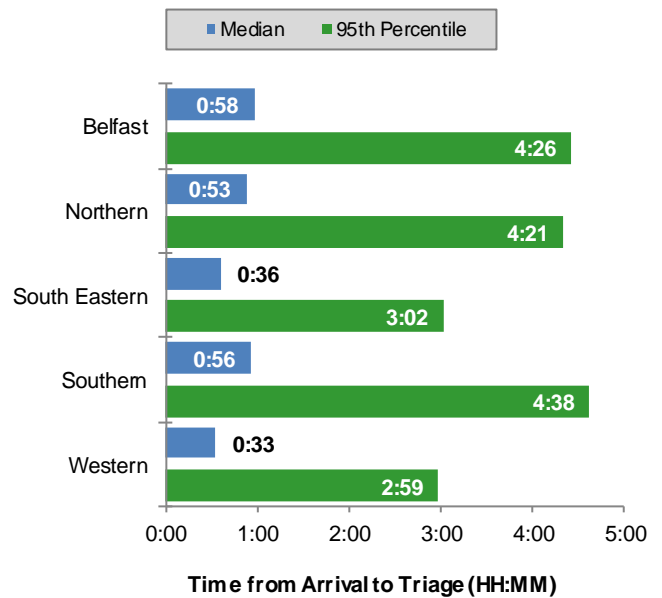
During 2018/19, the median waiting time from arrival at an ED to triage ranged from 6 minutes in the Southern HSC Trust to 11 minutes in the Belfast and Western HSC Trusts (Figure 25, Table 6).

During the same period, 95 per cent of patients were triaged within 25 minutes of their arrival at EDs in the Northern HSC Trust, compared with 46 minutes in the Belfast 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 (2018/19)



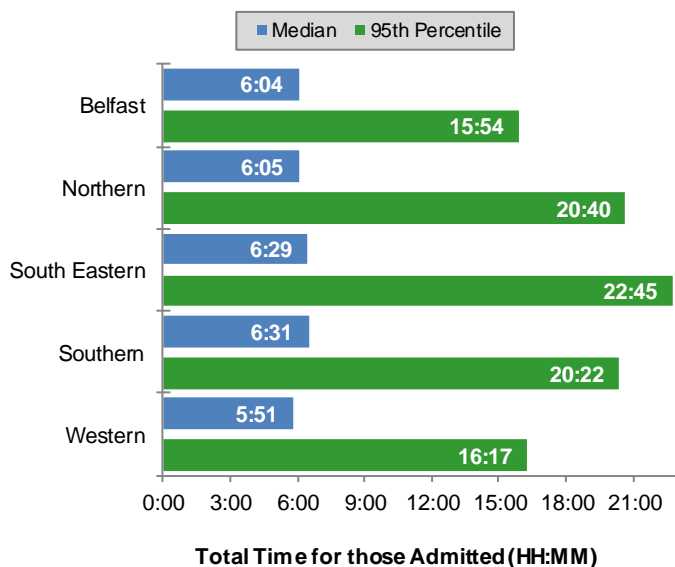
The median waiting time from triage to start of treatment in 2018/19 was lowest in the Western HSC Trust (33 minutes) and highest in the Belfast HSC Trust (58 minutes) (Figure 26, Table 8).

During 2018/19, 95 per cent of patients commenced their treatment within 2 hours 59 minutes of being triaged at an ED in the Western HSC Trust, compared with 4 hours 38 minutes in the Southern 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 (2018/19)



The Southern HSC Trust reported the longest median waiting time (6 hours 31 minutes) for patients admitted to hospital in 2018/19, whilst the Western HSC Trust reported the shortest (5 hours 51 minutes) (Figure 27, Table 10).

During 2018/19, 95 per cent of patients were admitted to hospital in 15 hours 54 minutes in the Belfast HSC Trust, compared, with 22 hours 45 minutes in the South Eastern HSC Trust. (Figure 27, Table 11).

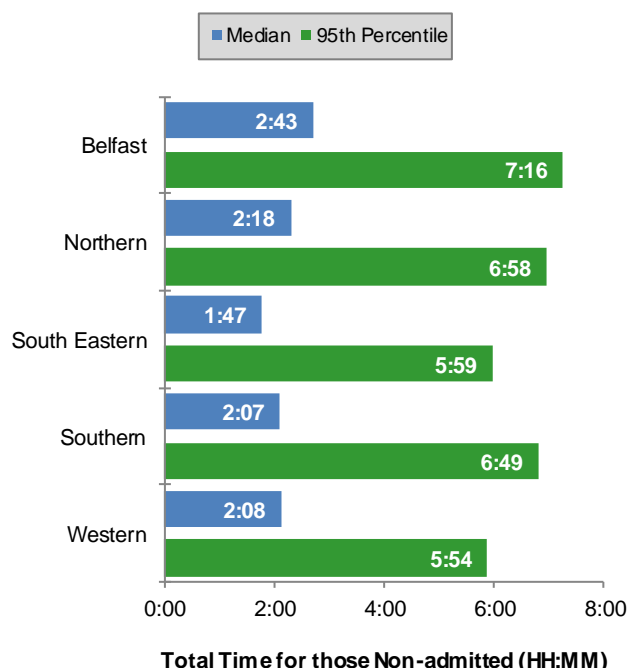
Time Spent in ED for Non-admitted Patients

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 2018/19, the median waiting time for patients not admitted to hospital ranged from 1 hour 47 minutes in the South Eastern HSC Trust to 2 hours 43 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 54 minutes of arrival at EDs in the Western HSC Trust, compared with 7 hours 16 minutes in the Belfast HSC Trust (Figure 28, Table 13).

Figure 28: Total Time Spent in an ED for Non-admitted Patients, by HSC Trust (2018/19)



Department Type ²⁷

Almost all (99.8%) attendances at Type 3 EDs were treated, admitted or discharged within 4 hours of their arrival in the ED during 2018/19, compared with 83.8% in Type 2 EDs and 64.7% in Type 1 EDs (Table 18).

During 2018/19, 99.2% (25,132) of attendances waiting longer than 12 hours were in Type 1 EDs, with 0.8% (194) in Type 2 EDs (Table 18).

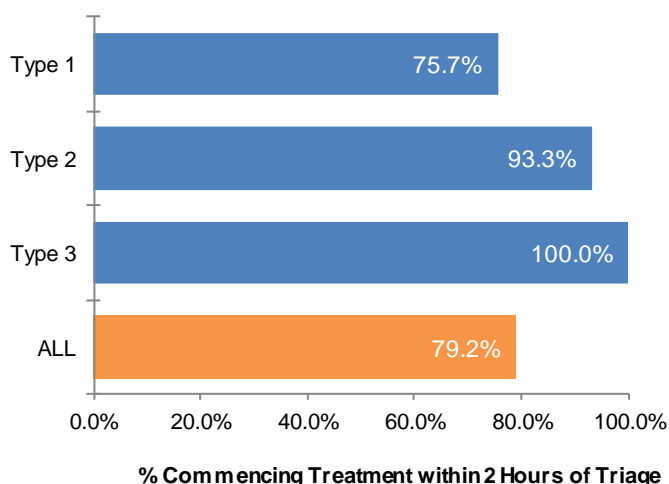
Time to Start Treatment Following Triage

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

Over three quarters (75.7%) of patients attending Type 1 EDs commenced treatment within 2 hours of being triaged, compared with 93.3% at Type 2 EDs and 100.0% at Type 3 EDs (Figure 29, Table 19).

²⁷ Refer to Appendix 1: Definitions – points 1.1 – 1.5.

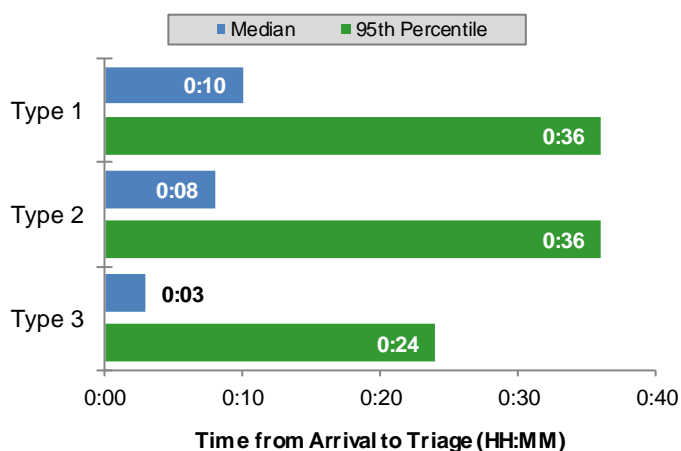
Figure 29: Percentage of Patients Commencing Treatment, following Triage, within 2 Hours by ED Type (2018/19)



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 (2018/19)



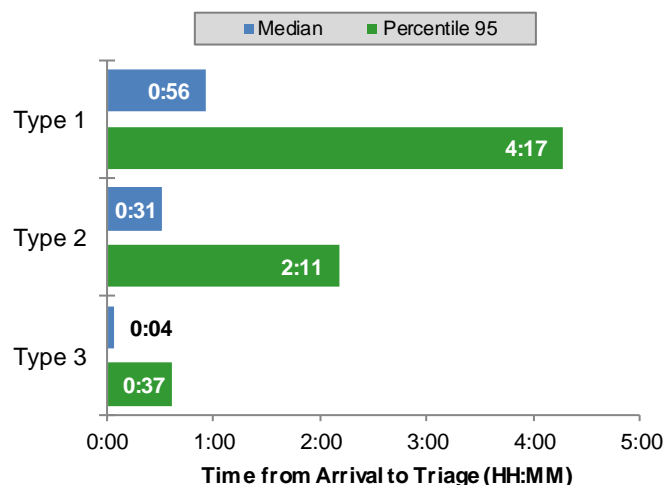
During 2018/19, the median waiting time from arrival to triage by a medical practitioner ranged from 3 minutes at Type 3 EDs to 10 minutes in Type 1 EDs (Figure 30, Table 6).

During the same period, 95 per cent of patients were triaged within 24 minutes at Type 3 EDs, compared with 36 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 (2018/19)



The median waiting time from triage to start of treatment in 2018/19 was shortest at Type 3 EDs (4 minutes) and longest at Type 1 EDs (56 minutes) (Figure 31, Table 8).

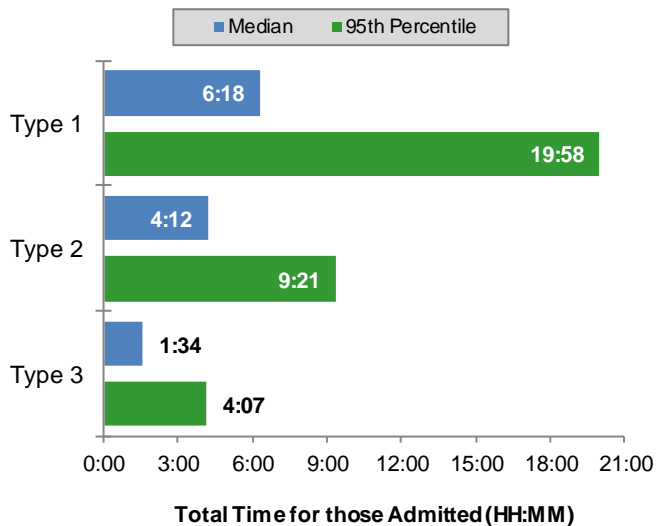
During 2018/19, 95 per cent of patients commenced their treatment within 37 minutes at Type 3 EDs, compared, with 4 hours 17 minutes of being triaged at Type 1 EDs. (Figure 31, Table 9).

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 (6 hours 18 minutes) for patients admitted to hospital in 2018/19, compared with 4 hours 12 minutes at Type 2 EDs and 1 hour 34 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 (2018/19)

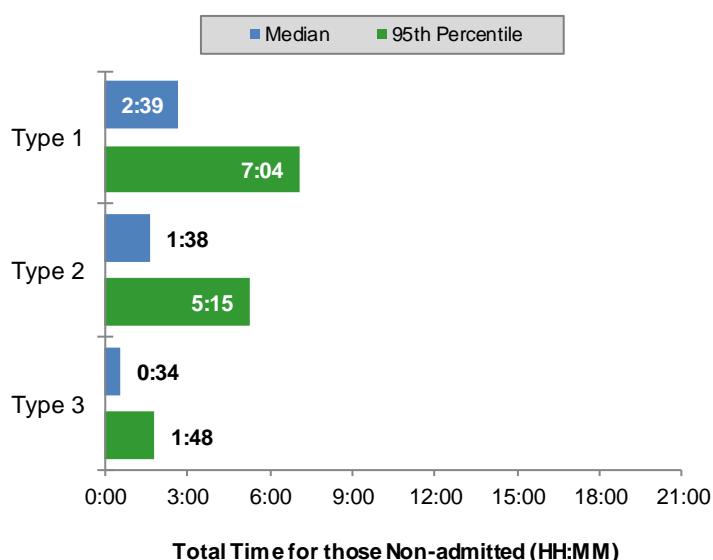


During 2018/19, 95 per cent of patients were admitted to hospital in 4 hours 7 minutes at Type 3 EDs, 9 hours 21 minutes at Type 2 EDs but 19 hours 58 minutes at Type 1 EDs (Figure 32, Table 11).

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 (2018/19)



In 2018/19, the median time spent in EDs for patients not admitted to hospital ranged from 34 minutes at Type 3 EDs to 2 hours 39 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 48

minutes at Type 3 EDs, compared with 7 hours 4 minutes at Type 1 EDs (Figure 33, Table 13).

Patient Transport & Emergency Response²⁸

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 years²⁹.

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

“Please note that due to system issues the data provided may be subject to change at a later stage. Please use in a cautionary manner at this time.”

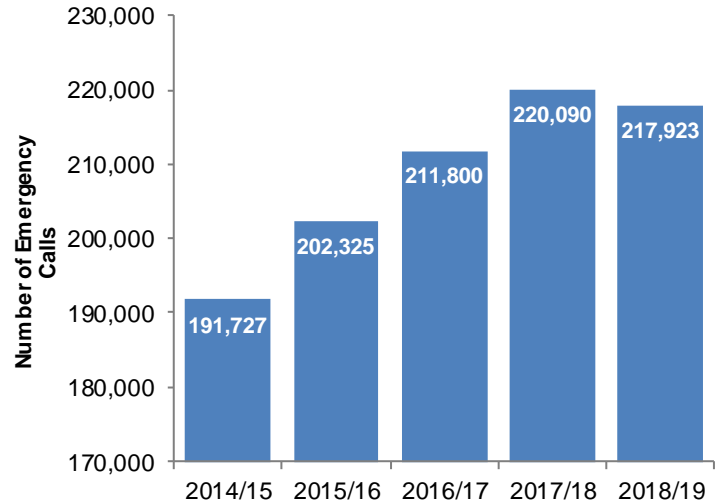
Emergency Calls

5 Year Trend

Figure 34 shows the number of emergency calls received by the Northern Ireland Ambulance Service (NIAS) over the five year period from 2014/15 to 2018/19.

Between 2014/15 and 2018/19, the number of Emergency Calls received by the NIAS increased by 26,196 (13.7%), from 191,727 to 217,923 (Figure 34, Table 27).

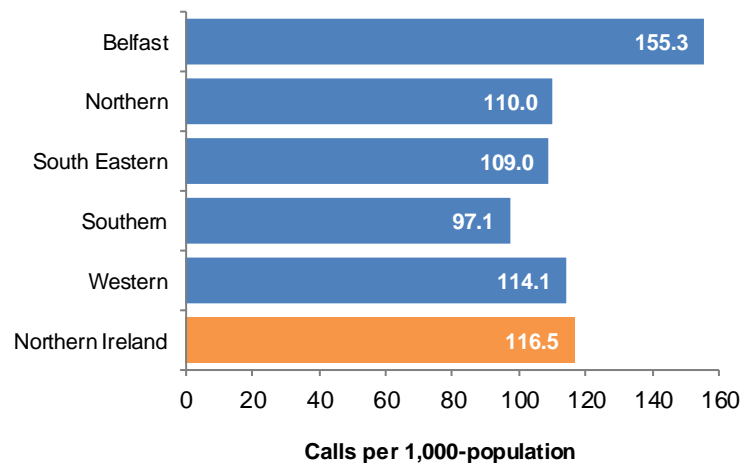
Figure 34: Number of Emergency Calls Received by NIAS (2014/15 - 2018/19)



Financial Year 2018/19

Figure 35 presents information on the number of emergency calls received by the NIAS per 1,000-population³⁰ in each Local Commissioning Group (LCG) in 2018/19.

Figure 35: Emergency Calls Received by the NIAS per 1,000-population, by LCG (2018/19)



Of the 217,923 emergency calls received in 2018/19, 25.3% (55,229) were received in the Belfast LCG, 24.0% (52,248) in the Northern LCG, 17.9% (39,100) in the South Eastern LCG, 17.0% (36,947) in the Southern LCG and 15.8% (34,399) in the Western LCG (Table 23).

Across LCGs, the number of emergency calls per 1,000-population was highest in the Belfast LCG

²⁸ NIAS Data for 2018/19 is provisional

²⁹ Further information can be found in Appendix 4.

³⁰ Based on NISRA 2017 mid-year population estimate which was published on 28th June 2018.

(155.3) and lowest in the Southern LCG (97.1) (Figure 35).

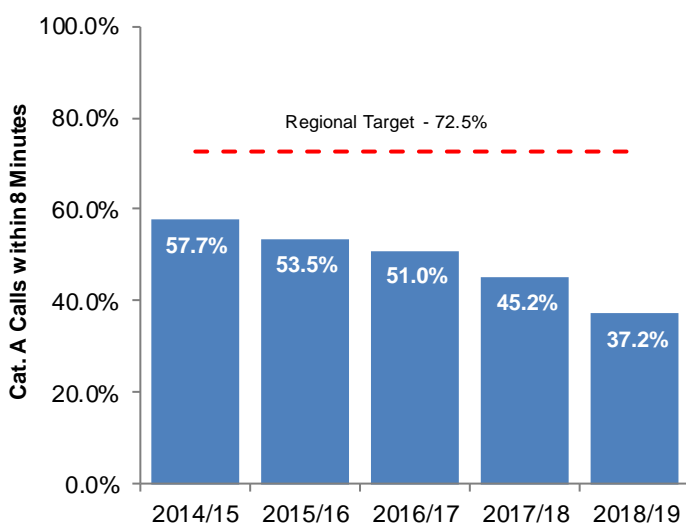
Category A Calls ³¹

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

5 Year Trend

Figure 36 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 2014/15 and 2018/19.

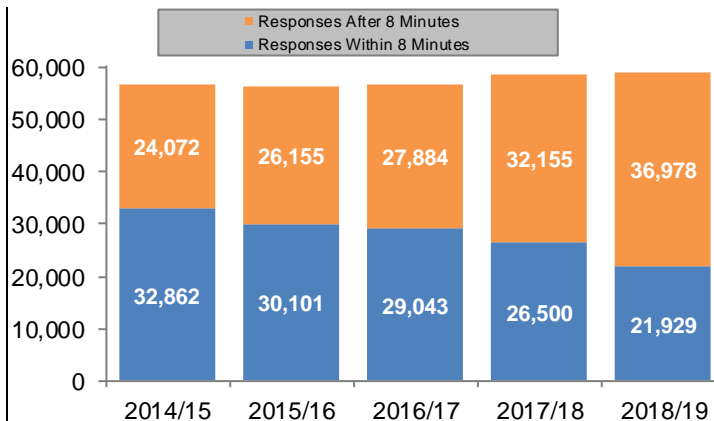
Figure 36: Percentage of Category A Calls Responded to within 8 Minutes (2014/15 – 2018/19)



During the last five years, the percentage of Category A calls responded to within 8 minutes decreased from 57.7% in 2014/15 to 37.2% in 2018/19 (Figures 36 & 37, Table 27).

Figure 37 presents information on the number of Category A calls between 2014/15 to 2018/19 and the length of time taken to respond to these calls.

Figure 37: Response Times for Category A Calls (2014/15 – 2018/19)



Since 2014/15, the number of Category A calls resulting in an emergency response arriving at the scene of an incident increased by 3.5% (1,973), from 56,934 to 58,907 in 2018/19 (Table 27).

Financial Year 2018/19

Of the 63,355 Category A calls received by the NIAS in 2018/19, 93.0% (58,907) resulted in an emergency response vehicle arriving at the scene of the incident, with the remaining 7.0% (4,448) related to multiple calls for the same incident, hoax calls, and / or incident-related enquiries (Table 24).

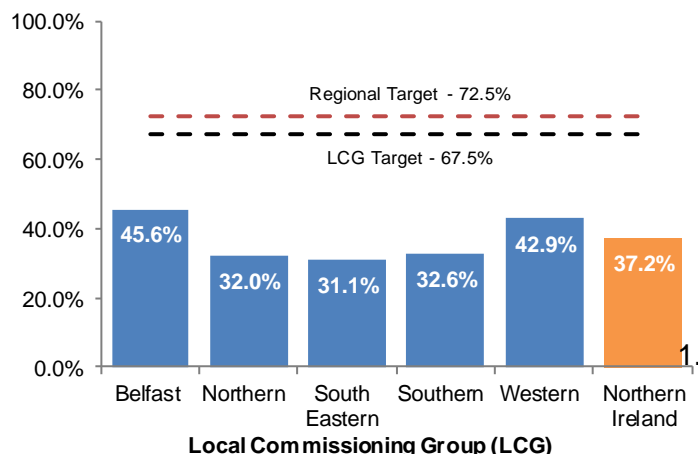
Figure 38 presents information on the percentage of Category A calls which resulted in an emergency response vehicle arriving at the scene of the incident within 8 minutes, for each LCG in 2018/19.

Across LCGs, the percentage of Category A calls responded to within 8 minutes in 2018/19 was highest in the Belfast LCG (45.6%) and lowest in the South Eastern LCG (31.1%) (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 2018 (54.2%), with the lowest percentage in December 2018 (34.6%) (Table 25).

Figure 38: Response Times for Category A Calls, by LCG (2018/19)

³¹ Refer to Appendix 1: Definitions – point 1.14.



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 2018 (71.2%), whilst the lowest percentage was reported in the South Eastern LCG during December 2018 (24.8%) (Table 25).

Category B Calls ³²

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

5 Year Trend

During the last five years, the number of Category B calls received increased by 26,645 (36.1%), from 73,770 in 2014/15 to 100,415 in 2018/19 (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 16,685 (25.2%), from 66,083 in 2014/15 to 82,768 in 2018/19 (Table 27).

Financial Year 2018/19

Of the 100,415 Category B calls received by the NIAS in 2018/19, 82.4% (82,768) resulted in an emergency response vehicle able to transport a patient arriving at the scene (Tables 24 & 27).

Category C Calls ³³

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

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

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.

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

During the last five years, the total number of Category C calls received decreased by 2,811 (4.9%) from 56,964 in 2014/15 to 54,153 in 2018/19 (Table 27).

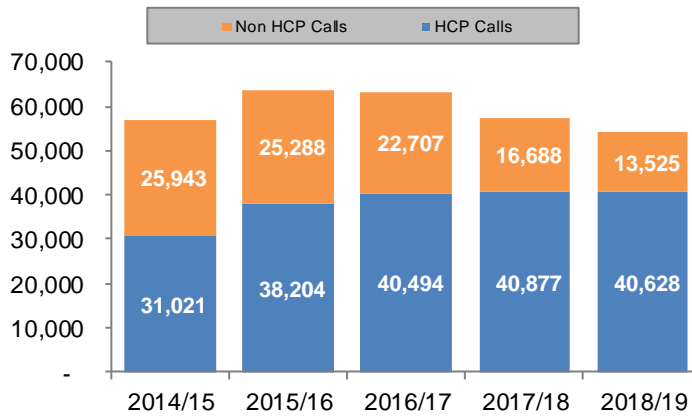
During this time, the number of HCP Calls increased by 9,607 (31.0%) from 31,021 in 2014/15 to 40,628 in 2018/19, while the number of NON-HCP Calls has decreased by 12,418 (47.9%) from 25,943 in 2014/15 to 13,525 in 2018/19 (Figure 39, Table 27).

Figure 39 presents information on the number of HCP and NON-HCP Calls received by NIAS from 2014/15 to 2018/19.

Figure 39: Summary of HCP and NON-HCP Category C Calls (2014/15 - 2018/19)

³² Refer to Appendix 1: Definitions – point 1.15.

³³ Refer to Appendix 1: Definitions – point 1.16.



Financial Year 2018/19

Non- HCP Category C Calls

Of the 13,525 Non-HCP Category C calls received by the NIAS in 2018/19, 66.5% (8,996) resulted in an ambulance arriving at the scene of the incident, 76.9% (6,916) of which arrived within 60 minutes (Table 27).

In 2018/19, the highest percentage of Non-HCP Category C calls responded to within 60 minutes was reported in the Western LCG (86.0%), with the lowest reported by the Belfast LCG (70.9%) (Tables 23 & 27).

HCP Category C Calls

During 2018/19, the NIAS received 40,628 HCP Category C calls, of which 93.0% (37,792) 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.

- 43.3% (8,961) of HCP calls assigned a 1 hour response arrived at the scene within 1 hour;
- 64.7% (7,930) of HCP calls assigned a 2 hour response arrived at the scene within 2 hours;
- 75.2% (1,257) of HCP calls assigned a 3 hour response arrived at the scene within 3 hours; and,
- 80.7% (2,563) of HCP calls assigned a 4 hour response arrived at the scene within 4 hours.

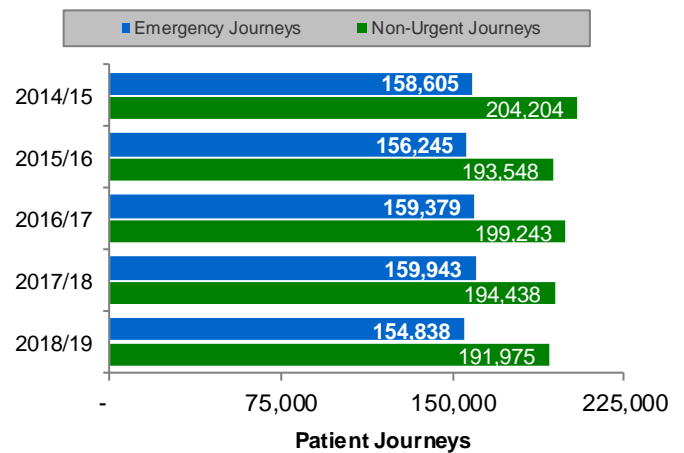
Patient Journeys ³⁴

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 40 shows the number of emergency/urgent and non-urgent journeys made by the NIAS, each year between 2014/15 and 2018/19.

Figure 40: Summary of Patient Journeys (2014/15 - 2018/19)



Since 2014/15, the total number of patient journeys made by the NIAS decreased by 15,996 (4.4%), from 362,809 to 346,813 in 2018/19 (Figure 40, Table 28).

The majority of patient journeys made by the NIAS in each year since 2014/15 were non-urgent (Figure 40, Table 28).

Between 2014/15 and 2018/19 the number of emergency/urgent patient journeys made by the NIAS decreased by 3,767 (2.4%), from 158,605 to 154,838 (Figure 40, Table 28).

During this period, the number of non-urgent patient journeys made by the NIAS decreased by 12,229 (6.0%), from 204,204 in 2014/15 to 191,975 in 2018/19 (Figure 40, Table 28).

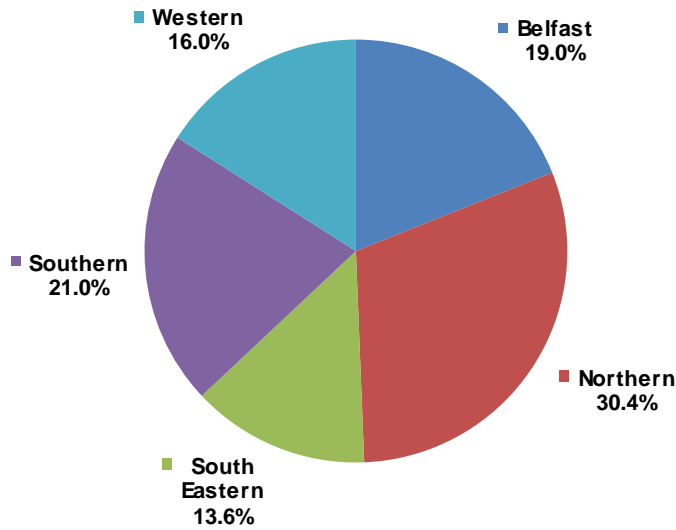
Financial Year 2018/19

Figure 41 details the percentage of all emergency and non-urgent journeys made by the NIAS across

³⁴ Refer to Appendix 1: points 1.10 – 1.12.

each Local Commissioning Group in Northern Ireland during 2018/19.

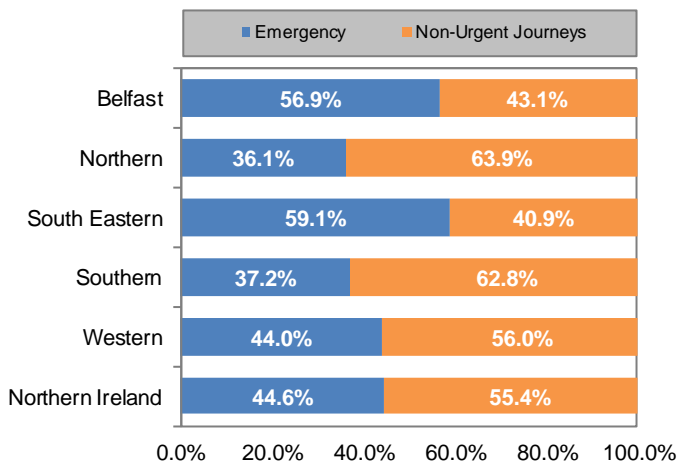
Figure 41: Summary of Patient Journeys, by LCG (2018/19)



Of the 346,813 patient journeys made by the NIAS in 2018/19, 30.4% (105,497) were in the Northern LCG, 21.0% (72,867) in the Southern LCG, 19.0% (65,737) in the Belfast LCG, 16.0% (55,457) in the Western LCG and 13.6% (47,255) in the South Eastern LCG (Figure 41, Table 29).

Figure 42 shows the percentage of emergency and non-urgent journeys made by the NIAS across each LCG during 2018/19.

Figure 42: Summary of Patient Journeys, by Journey Type and LCG (2018/19)



During 2018/19, almost two thirds of patient journeys in the Northern LCG (63.9%, 67,437) were non-urgent (Figure 42, Table 29).

However, more than half (59.1%, 27,075) of patient journeys in the South Eastern LCG during 2018/19, were emergency journeys (Figure 42, Table 29).

Additional Tables

Table 1: Total Attendances at Emergency Care Departments (2014/15 – 2018/19)

Attendance Type	Year					Percentage Change 2017/18 - 2018/19	Percentage Change 2014/15 - 2018/19
	2014/15	2015/16	2016/17	2017/18	2018/19		
New	671,590	701,444	733,491	753,700	779,463	3.4%	16.1%
Unplanned	36,990	35,297	37,028	39,791	43,325	8.9%	17.1%
Planned	30,085	26,559	27,147	29,745	27,734	-6.8%	-7.8%
Total Attendances	738,665	763,185	797,666	823,236	850,522	3.3%	15.1%

Source: KH09 (ii) Information Return

Table 2: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2018/19)

HSC Trust / Hospital	New		Unplanned Review		Planned Review		Total Attendances
	Number	%	Number	%	Number	%	
Mater	48,334	94.2%	1,766	3.4%	1,226	2.4%	51,326
RVH	94,598	94.7%	4,054	4.1%	1,216	1.2%	99,868
Eye Casualty	15,439	85.6%	793	4.4%	1,804	10.0%	18,036
RBHSC	36,574	89.4%	3,042	7.4%	1,307	3.2%	40,923
Belfast Trust	194,945	92.8%	9,655	4.6%	5,553	2.6%	210,153
Antrim Area	81,870	91.5%	5,509	6.2%	2,065	2.3%	89,444
Causeway	44,719	91.3%	3,405	6.9%	874	1.8%	48,998
Mid Ulster	10,497	92.3%	463	4.1%	412	3.6%	11,372
Northern Trust	137,086	91.5%	9,377	6.3%	3,351	2.2%	149,814
Ards MIU	11,957	92.4%	512	4.0%	472	3.6%	12,941
Bangor MIU	10,114	91.7%	545	4.9%	368	3.3%	11,027
Downe	22,140	91.0%	974	4.0%	1,206	5.0%	24,320
Lagan Valley	24,885	91.8%	1,071	4.0%	1,156	4.3%	27,112
Ulster	93,977	93.1%	2,581	2.6%	4,342	4.3%	100,900
South Eastern Trust	163,073	92.5%	5,683	3.2%	7,544	4.3%	176,300
Craigavon Area	81,188	90.7%	5,410	6.0%	2,961	3.3%	89,559
Daisy Hill	53,554	91.9%	3,713	6.4%	1,010	1.7%	58,277
South Tyrone	32,337	86.4%	1,660	4.4%	3,439	9.2%	37,436
Southern Trust	167,079	90.2%	10,783	5.8%	7,410	4.0%	185,272
Altnagelvin Area	65,753	91.5%	3,873	5.4%	2,239	3.1%	71,865
South West Acute	34,635	90.5%	2,725	7.1%	900	2.4%	38,260
Omagh	16,892	89.6%	1,229	6.5%	737	3.9%	18,858
Western Trust	117,280	90.9%	7,827	6.1%	3,876	3.0%	128,983
Northern Ireland	779,463	91.6%	43,325	5.1%	27,734	3.3%	850,522

Source: KH09 (ii) Information Return

Table 3: Percentage of Attendances Referred by a GP (2014/15 – 2018/19) ^{35, 36}

HSC Trust / Hospital / Department Type	Percentage of GP Referrals				
	2014/15	2015/16	2016/17	2017/18	2018/19
Mater	5.6%	13.4%	14.0%	13.6%	13.4%
Royal Victoria	18.8%	18.6%	19.0%	18.7%	18.6%
Eye Casualty	-	-	-	-	14.2%
RBHSC	15.8%	15.7%	15.1%	15.0%	14.3%
Belfast Trust	14.4%	16.5%	16.8%	16.6%	16.2%
Antrim Area	19.1%	20.0%	21.1%	23.6%	23.5%
Causeway	18.3%	19.5%	20.4%	22.3%	21.2%
Mid Ulster	2.7%	2.9%	2.5%	2.4%	1.3%
Whiteabbey	3.9%	-	-	-	-
Northern Trust	17.0%	18.6%	19.5%	21.6%	21.1%
Ards	0.8%	0.9%	0.7%	1.1%	1.1%
Bangor	0.8%	0.6%	0.4%	1.1%	0.7%
Downe	13.9%	14.2%	15.8%	14.0%	14.8%
Lagan Valley	14.6%	14.7%	14.5%	13.8%	13.7%
Ulster	22.8%	23.7%	23.3%	23.0%	23.1%
South Eastern Trust	17.5%	18.2%	17.9%	17.5%	17.5%
Armagh Community	2.0%	-	-	-	-
Craigavon Area	23.0%	21.8%	22.2%	22.5%	22.4%
Daisy Hill	13.1%	14.2%	12.9%	14.7%	14.5%
South Tyrone	0.9%	0.8%	0.7%	0.7%	0.7%
Southern Trust	15.9%	15.9%	15.4%	16.1%	15.7%
Altnagelvin Area	11.0%	12.7%	13.0%	13.3%	11.8%
Erne / South West Acute	13.4%	15.6%	18.0%	17.5%	19.2%
Omagh	1.7%	1.4%	1.3%	1.6%	2.0%
Western Trust	10.2%	11.8%	12.7%	12.9%	12.5%
Type 1	17.3%	18.4%	18.6%	19.2%	18.9%
Type 2	14.3%	14.4%	15.1%	13.9%	14.2%
Type 3	1.5%	1.2%	1.0%	1.2%	1.1%
Northern Ireland	15.3%	16.4%	16.6%	17.0%	16.7%

Source: Regional Data Warehouse

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

³⁶ 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 (2014/15 – 2018/19)^{37, 38}

HSC Trust / Hospital / Department Type	Left Before Treatment Complete				
	2014/15	2015/16	2016/17	2017/18	2018/19
Mater	7.5%	7.1%	6.7%	7.0%	8.0%
Royal Victoria	6.5%	5.9%	5.2%	5.1%	6.7%
Eye Casualty	-	-	-	-	1.4%
RBHSC	3.2%	3.9%	3.9%	4.5%	3.5%
Belfast Trust	6.1%	5.8%	5.3%	5.4%	6.0%
Antrim Area	3.2%	3.2%	2.5%	3.6%	3.5%
Causeway	5.3%	6.2%	7.0%	4.0%	2.6%
Mid Ulster	0.2%	0.2%	0.2%	0.1%	0.2%
Whiteabbey	0.7%	-	-	-	-
Northern Trust	3.6%	4.0%	3.8%	3.5%	3.0%
Ards	0.8%	0.3%	0.2%	0.5%	0.8%
Bangor	1.0%	0.5%	0.6%	0.7%	0.6%
Downe	1.8%	1.5%	1.2%	1.2%	0.8%
Lagan Valley	2.5%	2.2%	1.7%	1.8%	2.6%
Ulster	2.9%	2.9%	2.7%	2.9%	3.0%
South Eastern Trust	2.5%	2.3%	2.1%	2.2%	2.3%
Armagh/Mullinure	0.3%	-	-	-	-
Craigavon Area	3.0%	3.5%	3.5%	4.3%	5.9%
Daisy Hill	4.7%	3.6%	4.3%	3.1%	4.2%
South Tyrone	0.2%	0.3%	0.3%	0.1%	0.2%
Southern Trust	3.0%	3.0%	3.2%	3.1%	4.3%
Altnagelvin Area	5.8%	5.6%	5.2%	4.2%	3.6%
Erne / South West Acute	2.4%	3.1%	2.6%	3.2%	3.7%
Omagh	0.7%	1.0%	0.8%	1.2%	1.5%
Western Trust	4.0%	4.2%	3.8%	3.5%	3.3%
Type 1	4.4%	4.4%	4.2%	4.1%	4.6%
Type 2	2.2%	1.9%	1.5%	1.5%	1.7%
Type 3	0.5%	0.5%	0.4%	0.4%	0.6%
Northern Ireland	3.9%	3.9%	3.7%	3.6%	3.9%

Source: Regional Data Warehouse

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

³⁸ 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 – 2018/19) ^{39, 40}

HSC Trust / Hospital /Department Type	Re-attended within 7 days				
	2014/15	2015/16	2016/17	2017/18	2018/19
Mater	2.2%	2.1%	2.3%	2.7%	2.7%
Royal Victoria	3.5%	2.5%	2.1%	2.4%	2.6%
Eye Casualty	-	-	-	-	-
RBHSC	5.3%	5.1%	5.6%	5.5%	5.3%
Belfast Trust	3.4%	2.9%	2.9%	3.2%	3.2%
Antrim Area	3.9%	3.5%	3.2%	3.5%	3.7%
Causeway	6.2%	6.2%	6.1%	4.4%	4.4%
Mid Ulster	1.9%	1.9%	1.7%	1.9%	2.1%
Whiteabbey	1.6%	-	-	-	-
Northern Trust	4.4%	4.3%	4.0%	3.7%	3.8%
Ards	2.6%	2.1%	2.3%	2.1%	2.1%
Bangor	2.6%	2.3%	2.9%	3.0%	2.5%
Downe	2.8%	2.5%	2.7%	2.7%	2.4%
Lagan Valley	2.5%	2.4%	2.4%	2.2%	2.4%
Ulster	2.0%	2.0%	2.0%	1.8%	2.0%
South Eastern Trust	2.2%	2.1%	5.4%	2.1%	2.2%
Armagh/Mullinure	2.2%	-	-	-	-
Craigavon Area	4.1%	4.1%	4.2%	4.2%	4.2%
Daisy Hill	5.3%	4.7%	5.1%	4.6%	5.1%
South Tyrone	2.4%	2.2%	3.0%	2.8%	2.8%
Southern Trust	4.1%	4.0%	4.3%	4.1%	4.2%
Altnagelvin Area	4.3%	4.1%	4.2%	4.5%	4.2%
Erne / South West Acute	5.2%	5.4%	5.2%	5.7%	5.9%
Tyrone County	2.3%	2.0%	2.0%	2.1%	6.0%
Western Trust	4.3%	4.1%	4.2%	4.5%	5.0%
Type 1	3.9%	3.6%	3.6%	3.6%	3.7%
Type 2	2.6%	2.4%	2.5%	2.4%	2.4%
Type 3	2.4%	2.1%	2.5%	2.5%	3.3%
Northern Ireland	3.6%	3.4%	3.5%	3.4%	3.6%

Source: Regional Data Warehouse

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

⁴⁰ 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 – 2018/19) ^{41, 42}

HSC Trust / Hospital / Department Type	Waiting Time from Arrival to Triage (Median) HH:MM				
	2014/15	2015/16	2016/17	2017/18	2018/19
Mater	0:09	0:08	0:08	0:09	0:09
Royal Victoria	0:13	0:10	0:09	0:09	0:13
Eye Casualty	-	-	-	-	0:15
RBHSC	0:07	0:10	0:11	0:11	0:11
Belfast Trust	0:11	0:09	0:09	0:09	0:11
Antrim Area	0:09	0:08	0:08	0:08	0:08
Causeway	0:09	0:11	0:11	0:10	0:09
Mid Ulster	0:02	0:02	0:02	0:02	0:02
Whiteabbey	0:00	-	-	-	-
Northern Trust	0:08	0:08	0:08	0:08	0:08
Ards	0:04	0:03	0:03	0:03	0:03
Bangor	0:04	0:04	0:03	0:03	0:04
Downe	0:07	0:06	0:06	0:06	0:06
Lagan Valley	0:07	0:07	0:08	0:08	0:08
Ulster	0:08	0:09	0:08	0:09	0:10
South Eastern Trust	0:07	0:07	0:07	0:08	0:08
Armagh/Mullinure	0:02	-	-	-	-
Craigavon Area	0:08	0:08	0:08	0:08	0:10
Daisy Hill	0:07	0:06	0:06	0:06	0:05
South Tyrone	0:01	0:01	0:01	0:01	0:01
Southern Trust	0:06	0:06	0:06	0:05	0:06
Altnagelvin Area	0:10	0:12	0:14	0:14	0:11
Erne / South West Acute	0:11	0:12	0:14	0:10	0:11
Omagh	0:00	0:00	0:00	0:00	0:10
Western Trust	0:09	0:10	0:12	0:11	0:11
Type 1	0:09	0:09	0:09	0:09	0:10
Type 2	0:07	0:07	0:07	0:07	0:08
Type 3	0:01	0:01	0:01	0:02	0:03
Northern Ireland	0:08	0:08	0:08	0:08	0:09

Source: Regional Data Warehouse

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

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

Table 7: 95th Percentile Waiting Time from Arrival to Triage (2014/15 – 2018/19) ^{43, 44}

HSC Trust / Hospital / Department Type	Waiting Time from Arrival to Triage (95th Percentile) HH:MM				
	2014/15	2015/16	2016/17	2017/18	2018/19
Mater	0:29	0:25	0:26	0:27	0:29
Royal Victoria	0:46	0:37	0:32	0:36	0:49
Eye Casualty	-	-	-	-	1:06
RBHSC	0:32	0:44	0:44	0:47	0:46
Belfast Trust	0:41	0:36	0:34	0:37	0:46
Antrim Area	0:27	0:23	0:25	0:25	0:25
Causeway	0:28	0:36	0:34	0:31	0:28
Mid Ulster	0:09	0:08	0:08	0:08	0:08
Whiteabbey	0:01	-	-	-	-
Northern Trust	0:26	0:27	0:28	0:27	0:25
Ards	0:19	0:16	0:14	0:15	0:17
Bangor	0:18	0:16	0:16	0:15	0:18
Downe	0:27	0:19	0:23	0:23	0:20
Lagan Valley	0:24	0:20	0:22	0:22	0:23
Ulster	0:28	0:28	0:26	0:30	0:30
South Eastern Trust	0:27	0:25	0:24	0:27	0:27
Armagh/Mullinure	0:13	-	-	-	-
Craigavon Area	0:30	0:28	0:29	0:34	0:41
Daisy Hill	0:30	0:20	0:18	0:18	0:16
South Tyrone	0:09	0:09	0:10	0:09	0:10
Southern Trust	0:28	0:24	0:24	0:27	0:32
Altnagelvin Area	0:30	0:37	0:42	0:43	0:33
Erne / South West Acute	0:50	0:51	0:58	0:42	0:39
Omagh	0:18	0:25	0:15	0:36	0:49
Western Trust	0:35	0:41	0:45	0:42	0:37
Type 1	0:34	0:33	0:33	0:34	0:36
Type 2	0:25	0:20	0:22	0:23	0:36
Type 3	0:14	0:14	0:12	0:14	0:24
Northern Ireland	0:32	0:31	0:31	0:32	0:35

Source: Regional Data Warehouse

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

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

Table 8: Median Waiting Time from Triage to Start of Treatment (2014/15 – 2018/19) ^{45, 46, 47}

HSC Trust / Hospital / Department Type	Waiting Time from Triage to Start of Treatment (Median) HH:MM				
	2014/15	2015/16	2016/17	2017/18	2018/19
Mater	0:58	0:48	0:49	0:50	0:55
Royal Victoria	1:00	0:54	0:51	0:58	1:10
Eye Casualty	-	-	-	-	-
RBHSC	0:41	0:45	0:49	0:45	0:45
Belfast Trust	0:53	0:50	0:50	0:52	0:58
Antrim Area	1:15	1:18	1:10	1:19	1:19
Causeway	0:46	0:46	0:52	0:42	0:39
Mid Ulster	0:04	0:04	0:05	0:04	0:04
Whiteabbey	0:09	-	-	-	-
Northern Trust	0:54	0:59	0:55	0:55	0:53
Ards	0:07	0:06	0:05	0:06	0:11
Bangor	0:05	0:03	0:03	0:03	0:05
Downe	0:36	0:33	0:29	0:28	0:25
Lagan Valley	0:41	0:37	0:32	0:36	0:38
Ulster	0:54	0:53	0:45	0:52	0:50
South Eastern Trust	0:39	0:38	0:32	0:35	0:36
Armagh/Mullinure	0:02	-	-	-	-
Craigavon Area	1:06	1:14	1:15	1:18	1:26
Daisy Hill	0:50	0:53	0:58	0:37	1:07
South Tyrone	0:01	0:01	0:02	0:00	0:02
Southern Trust	0:43	0:49	0:50	0:42	0:56
Altnagelvin Area	0:56	0:51	0:45	0:32	0:32
Erne / South West Acute	0:25	0:29	0:24	0:31	0:36
Omagh	0:10	0:10	0:10	0:10	-
Western Trust	0:34	0:35	0:31	0:28	0:33
Type 1	0:56	0:55	0:53	0:52	0:56
Type 2	0:39	0:35	0:30	0:32	0:31
Type 3	0:03	0:03	0:05	0:03	0:04
Northern Ireland	0:45	0:45	0:43	0:42	0:46

Source: Regional Data Warehouse

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

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

⁴⁷ Due to a change in how information is recorded at Omagh UCC, data on the start of treatment is not available after 6th March 2018.

Table 9: 95th Percentile Waiting Time from Triage to Start of Treatment (2014/15 – 2018/19) ^{48, 49, 50}

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	2018/19
Mater	4:35	4:09	3:51	3:55	4:20
Royal Victoria	4:16	3:52	3:59	4:14	4:54
Eye Casualty	-	-	-	-	-
RBHSC	2:33	2:45	2:53	3:06	2:53
Belfast Trust	3:59	3:42	3:44	3:56	4:26
Antrim Area	4:49	5:02	4:34	5:06	5:02
Causeway	3:53	4:21	4:34	3:31	2:53
Mid Ulster	0:37	0:33	0:39	0:26	0:23
Whiteabbey	0:58	-	-	-	-
Northern Trust	4:24	4:44	4:27	4:30	4:21
Ards	0:41	0:33	0:34	0:35	0:54
Bangor	0:44	0:28	0:29	0:33	0:39
Downe	2:22	2:15	2:01	1:48	1:40
Lagan Valley	2:34	2:24	2:11	2:12	2:29
Ulster	3:26	3:19	3:12	3:33	3:40
South Eastern Trust	3:00	2:55	2:46	3:02	3:02
Armagh/Mullinure	0:21	-	-	-	-
Craigavon Area	3:25	3:40	3:57	4:37	5:39
Daisy Hill	3:12	3:07	3:26	2:45	3:46
South Tyrone	0:19	0:24	0:30	0:16	0:28
Southern Trust	3:10	3:21	3:36	3:46	4:38
Altnagelvin Area	3:31	3:10	3:11	2:58	2:53
Erne / South West Acute	2:14	2:35	2:28	2:59	3:11
Omagh	1:10	1:10	1:10	1:15	-
Western Trust	3:04	2:52	2:51	2:50	2:59
Type 1	3:47	3:46	3:46	3:55	4:17
Type 2	2:30	2:20	2:07	2:02	2:11
Type 3	0:45	0:41	0:44	0:39	0:37
Northern Ireland	3:34	3:34	3:33	3:40	4:01

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

⁵⁰ Due to a change in how information is recorded at Omagh UCC, data on the start of treatment is not available after 6th March 2018.

Table 10: Median Time Spent in ED by those Admitted to Hospital (2014/15 – 2018/19) ^{51, 52}

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	2018/19
Mater	4:41	4:12	4:51	5:21	5:44
Royal Victoria	6:26	5:27	6:20	6:02	6:58
Eye Casualty	-	-	-	-	-
RBHSC	2:57	3:10	3:21	3:28	3:50
Belfast Trust	5:18	4:42	5:18	5:19	6:04
Antrim Area	5:28	6:03	5:49	5:40	5:56
Causeway	5:19	6:00	6:28	6:32	6:22
Mid Ulster	-	-	-	-	-
Whiteabbey	-	-	-	-	-
Northern Trust	5:25	6:02	6:04	5:56	6:05
Ards	-	-	-	-	-
Bangor	-	-	-	-	-
Downe	3:56	3:43	3:39	3:46	3:16
Lagan Valley	3:51	3:52	3:59	4:22	4:45
Ulster	4:55	5:15	4:56	6:14	7:08
South Eastern Trust	4:41	4:56	4:45	5:50	6:29
Armagh/Mullinure	-	-	-	-	-
Craigavon Area	3:54	4:38	5:38	5:35	6:52
Daisy Hill	3:40	3:45	5:14	6:01	5:56
South Tyrone	-	-	-	-	-
Southern Trust	3:51	4:18	5:29	5:44	6:31
Altnagelvin Area	4:33	5:35	6:05	5:59	6:13
Erne / South West Acute	3:19	3:45	4:16	3:59	5:19
Omagh	0:10	0:10	0:12	0:17	1:34
Western Trust	3:54	4:43	5:15	5:10	5:51
Type 1	4:37	4:57	5:24	5:40	6:18
Type 2	3:53	3:50	3:54	4:07	4:12
Type 3	0:10	0:10	0:12	0:17	1:34
Northern Ireland	4:34	4:53	5:20	5:36	6:12

Source: Regional Data Warehouse

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

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

Table 11: 95th Percentile Time Spent in ED by those Admitted to Hospital (2014/15 – 2018/19) ^{53, 54}

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	2018/19
Mater	11:35	11:25	12:09	17:57	17:27
Royal Victoria	11:58	11:33	11:56	14:16	16:26
Eye Casualty	-	-	-	-	-
RBHSC	6:24	6:48	7:05	7:20	7:39
Belfast Trust	11:51	11:21	11:51	14:21	15:54
Antrim Area	11:43	11:55	15:29	20:56	21:35
Causeway	10:34	11:17	11:43	18:09	17:17
Mid Ulster	-	-	-	-	-
Whiteabbey	-	-	-	-	-
Northern Trust	11:29	11:44	13:37	20:16	20:40
Ards	-	-	-	-	-
Bangor	-	-	-	-	-
Downe	7:58	8:11	16:43	18:10	9:12
Lagan Valley	7:29	7:23	8:01	13:11	9:23
Ulster	11:26	14:00	12:00	21:52	23:29
South Eastern Trust	11:11	12:53	11:55	21:23	22:45
Armagh/Mullinure	-	-	-	-	-
Craigavon Area	8:55	10:45	11:52	17:09	20:43
Daisy Hill	8:41	8:29	11:44	16:51	19:04
South Tyrone	-	-	-	-	-
Southern Trust	8:50	10:14	11:50	17:04	20:22
Altnagelvin Area	9:21	10:40	11:30	11:57	15:08
Erne / South West Acute	6:39	8:03	9:59	11:07	18:15
Omagh	0:50	0:58	1:03	2:37	4:07
Western Trust	8:50	10:11	11:14	11:50	16:17
Type 1	11:16	11:23	11:51	17:42	19:58
Type 2	7:41	7:38	9:27	17:04	9:21
Type 3	0:50	0:58	1:03	2:37	4:07
Northern Ireland	11:13	11:21	11:51	17:42	19:51

Source: Regional Data Warehouse

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

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

Table 12: Median Time Spent in ED by those Not-Admitted (2014/15 – 2018/19) ^{55, 56}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Discharged Home (Median) HH:MM				
	2014/15	2015/16	2016/17	2017/18	2018/19
Mater	2:34	2:26	2:29	2:31	2:29
Royal Victoria	2:52	2:44	2:42	2:45	3:12
Eye Casualty	-	-	-	-	-
RBHSC	1:52	1:59	2:08	2:11	2:14
Belfast Trust	2:31	2:27	2:29	2:32	2:43
Antrim Area	2:47	2:44	2:32	2:40	2:44
Causeway	2:07	2:18	2:36	2:23	2:14
Mid Ulster	0:31	0:31	0:35	0:32	0:32
Whiteabbey	0:41	-	-	-	-
Northern Trust	2:09	2:20	2:19	2:19	2:18
Ards	0:38	0:36	0:36	0:36	0:45
Bangor	0:34	0:31	0:31	0:32	0:35
Downe	1:31	1:26	1:22	1:23	1:16
Lagan Valley	2:05	1:58	1:48	1:47	2:02
Ulster	2:13	2:12	2:12	2:28	2:38
South Eastern Trust	1:41	1:39	1:34	1:41	1:47
Armagh/Mullinure	0:32	-	-	-	-
Craigavon Area	2:24	2:34	2:38	2:41	3:02
Daisy Hill	2:04	2:02	2:15	2:07	2:32
South Tyrone	0:27	0:27	0:30	0:25	0:27
Southern Trust	1:43	1:49	1:54	1:50	2:07
Altnagelvin Area	2:21	2:24	2:24	2:22	2:22
Erne / South West Acute	1:46	2:03	2:18	2:23	2:43
Omagh	0:37	0:40	0:40	0:45	0:52
Western Trust	1:45	1:54	2:00	2:01	2:08
Type 1	2:22	2:23	2:26	2:29	2:39
Type 2	1:50	1:44	1:36	1:35	1:38
Type 3	0:32	0:31	0:33	0:31	0:34
Northern Ireland	1:59	2:03	2:03	2:05	2:13

Source: Regional Data Warehouse

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

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

Table 13: 95th Percentile Spent in ED by those Not-Admitted (2014/15 – 2018/19) ^{57, 58}

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	2018/19
Mater	6:17	6:16	6:10	6:32	6:46
Royal Victoria	6:56	6:44	7:17	7:13	8:09
Eye Casualty	-	-	-	-	-
RBHSC	4:28	4:41	4:54	5:26	5:21
Belfast Trust	6:21	6:12	6:28	6:39	7:16
Antrim Area	7:14	7:31	6:53	7:23	7:25
Causeway	6:02	6:40	7:30	7:03	6:40
Mid Ulster	1:21	1:14	1:28	1:20	1:25
Whiteabbey	1:48	-	-	-	-
Northern Trust	6:31	7:04	6:56	7:05	6:58
Ards	1:36	1:29	1:26	1:27	1:47
Bangor	1:29	1:17	1:20	1:21	1:29
Downe	4:14	4:03	4:30	4:07	4:32
Lagan Valley	4:47	4:39	4:40	4:54	5:38
Ulster	5:43	5:42	5:41	6:16	6:47
South Eastern Trust	5:06	5:05	5:07	5:32	5:59
Armagh/Mullinure	1:26		-	-	-
Craigavon Area	5:30	5:46	6:06	6:55	7:55
Daisy Hill	5:09	5:05	5:42	5:37	6:18
South Tyrone	1:15	1:12	1:15	1:02	1:09
Southern Trust	5:02	5:16	5:38	6:00	6:49
Altnagelvin Area	5:40	5:46	5:58	5:54	5:51
Erne / South West Acute	4:19	5:12	5:52	5:59	7:02
Omagh	1:51	1:58	1:55	2:11	2:47
Western Trust	5:03	5:18	5:35	5:39	5:54
Type 1	6:02	6:09	6:19	6:35	7:04
Type 2	4:34	4:26	4:35	4:36	5:15
Type 3	1:33	1:29	1:29	1:30	1:48
Northern Ireland	5:43	5:51	6:00	6:15	6:41

Source: Regional Data Warehouse

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

⁵⁸ Information for those admitted and discharged home is not 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 (2018/19)

Emergency Care Department Type	New Attendances		Unplanned Review Attendances		Planned Review Attendances		Total Attendances
	Number	%	Number	%	Number	%	
Type 1	635,202	92.1%	36,078	5.2%	18,140	2.6%	689,420
Type 2	62,464	89.9%	2,838	4.1%	4,166	6.0%	69,468
Type 3	81,797	89.3%	4,409	4.8%	5,428	5.9%	91,634
Total	779,463	91.6%	43,325	5.1%	27,734	3.3%	850,522

Source: KH09 (ii) Information Return

Table 15: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2014/15 - 2018/19)⁵⁹

HSC Trust / Hospital	Total Attendances				
	2014/15	2015/16	2016/17	2017/18	2018/19
Mater	47,103	48,524	50,140	50,856	51,326
Royal Victoria	85,568	91,080	94,422	98,480	99,868
Royal Victoria (RAES & ENT)	17,167	-	-	-	-
Eye Casualty	-	15,637	16,848	17,030	18,036
RBHSC	35,127	38,632	39,869	40,612	40,923
Belfast	184,965	193,873	201,279	206,978	210,153
Antrim Area	77,099	80,015	84,320	87,430	89,444
Causeway	43,009	44,513	44,444	46,035	48,998
Mid Ulster	8,825	9,601	10,117	10,410	11,372
Whiteabbey	7,132	-	-	-	-
Northern	136,065	134,129	138,881	143,875	149,814
Ards	10,572	11,096	11,890	12,367	12,941
Bangor	9,894	9,303	10,223	10,229	11,027
Downe	18,586	20,229	22,051	23,710	24,320
Lagan Valley	22,328	23,272	25,058	25,550	27,112
Ulster	92,259	93,539	96,533	98,908	100,900
South Eastern	153,639	157,439	165,755	170,764	176,300
Armagh Community	5,205	-	-	-	-
Craigavon Area	80,497	84,127	86,241	89,570	89,559
Daisy Hill	46,590	51,268	54,925	56,248	58,277
South Tyrone	25,666	28,766	32,137	35,003	37,436
Southern	157,958	164,161	173,303	180,821	185,272
Altnagelvin Area	57,837	63,103	65,995	67,668	71,865
Erne / South West Acute	30,740	32,240	34,152	35,809	38,260
Omagh	17,461	18,240	18,301	17,321	18,858
Western	106,038	113,583	118,448	120,798	128,983
Northern Ireland	738,665	763,185	797,666	823,236	850,522

Source: KH09 (ii) Information Return

⁵⁹ 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 (2018/19)

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	34,977	69.8%	13,933	27.8%	1,182	2.4%	50,092
Royal Victoria	55,795	56.6%	39,677	40.2%	3,120	3.2%	98,592
Eye Casualty	12,991	80.0%	3,238	20.0%	0	0.0%	16,229
RBHSC	32,186	81.0%	7,567	19.0%	0	0.0%	39,753
Belfast Trust	135,949	66.4%	64,415	31.5%	4,302	2.1%	204,666
Antrim Area	55,070	63.0%	27,966	32.0%	4,330	5.0%	87,366
Causeway	34,299	71.3%	12,616	26.2%	1,200	2.5%	48,115
Mid Ulster	10,957	100.0%	3	0.0%	0	0.0%	10,960
Northern Trust	100,326	68.5%	40,585	27.7%	5,530	3.8%	146,441
Ards MIU	12,468	100.0%	1	0.0%	0	0.0%	12,469
Bangor MIU	10,659	100.0%	0	0.0%	0	0.0%	10,659
Downe	21,008	90.9%	2,003	8.7%	105	0.5%	23,116
Lagan Valley	20,724	79.8%	5,143	19.8%	89	0.3%	25,956
Ulster	59,212	61.3%	30,840	31.9%	6,486	6.7%	96,538
South Eastern Trust	124,071	73.5%	37,987	22.5%	6,680	4.0%	168,738
Craigavon Area	48,821	56.4%	33,159	38.3%	4,609	5.3%	86,589
Daisy Hill	39,688	69.3%	16,084	28.1%	1,474	2.6%	57,246
South Tyrone	33,991	100.0%	3	0.0%	0	0.0%	33,994
Southern Trust	122,500	68.9%	49,246	27.7%	6,083	3.4%	177,829
Altnagelvin Area	49,543	71.2%	18,644	26.8%	1,439	2.1%	69,626
South West Acute	24,877	66.6%	11,191	30.0%	1,292	3.5%	37,360
Omagh	18,003	99.0%	184	1.0%	0	0.0%	18,187
Western Trust	92,423	73.8%	30,019	24.0%	2,731	2.2%	125,173
Northern Ireland	575,269	69.9%	222,252	27.0%	25,326	3.1%	822,847

Source: Regional Data Warehouse & EC1 Information Return

Table 17: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments (2014/15 – 2018/19) ⁶⁰

Waiting Time at Emergency Care Department	Year					Percentage Change 2017/18 - 2018/19	Percentage Change 2014/15 - 2018/19
	2014/15	2015/16	2016/17	2017/18	2018/19		
Number Within 4 Hours	549,233	560,470	573,349	582,604	575,269	-1.3%	4.8%
Percentage Within 4 Hours	77.5%	76.1%	74.4%	73.4%	69.9%	-3.4%	-7.6%
Number Between 4 & 12 Hours	156,077	172,284	190,380	194,203	222,252	14.4%	44.4%
Percentage Between 4 & 12 Hours	22.0%	23.4%	24.7%	24.5%	27.0%	2.6%	5.0%
Number Over 12 Hours	3,170	3,875	6,494	17,347	25,326	46.0%	698.9%
Percentage Over 12 Hours	0.4%	0.5%	0.8%	2.2%	3.1%	0.9%	2.6%
Total	708,480	736,629	770,223	794,154	822,847	3.6%	16.5%

Source: Regional Data Warehouse & EC1 Information Return

⁶⁰ 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 (2018/19) ²⁷

Emergency Care Department Type	Within 4 Hours		4 to 12 Hours		Over 12 Hours		Total (New and Unplanned Reviews)
	Number	%	Number	%	Number	%	
Type 1	434,468	64.7%	211,677	31.5%	25,132	3.7%	671,277
Type 2	54,723	83.8%	10,384	15.9%	194	0.3%	65,301
Type 3	86,078	99.8%	191	0.2%	0	0.0%	86,269
Total	575,269	69.9%	222,252	27.0%	25,326	3.1%	822,847

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 – 2018/19)

HSC Trust / Hospital / Department Type	Percentage of Attendances Commencing Treatment within 2 Hours of Triage				
	2014/15	2015/16	2016/17	2017/18	2018/19
Mater	74.0%	79.9%	80.1%	79.3%	74.6%
Royal Victoria	72.5%	75.6%	75.7%	72.4%	66.1%
Eye Casualty	-	-	-	-	-
RBHSC	89.9%	87.4%	85.6%	84.3%	86.7%
Belfast Trust	77.2%	79.5%	79.2%	77.0%	73.2%
Antrim Area	67.8%	66.0%	70.0%	65.7%	66.8%
Causeway	78.6%	77.4%	75.9%	82.7%	88.3%
Mid Ulster	99.9%	100.0%	100.0%	100.0%	99.9%
Whiteabbey	99.5%	-	-	-	-
Northern Trust	74.6%	72.3%	74.4%	74.3%	76.9%
Ards	100.0%	100.0%	100.0%	100.0%	99.9%
Bangor	100.0%	100.0%	100.0%	100.0%	100.0%
Downe	91.7%	92.8%	94.9%	96.5%	97.3%
Lagan Valley	88.6%	90.8%	93.3%	92.9%	89.9%
Ulster	80.1%	81.0%	83.6%	79.2%	80.8%
South Eastern Trust	85.6%	86.5%	88.8%	86.4%	87.1%
Armagh/Mullinure	100.0%	-	-	-	-
Craigavon Area	75.9%	70.9%	69.3%	67.9%	63.2%
Daisy Hill	82.4%	82.6%	79.9%	88.4%	75.0%
South Tyrone	100.0%	100.0%	100.0%	100.0%	100.0%
Southern Trust	82.3%	79.5%	78.0%	80.0%	74.1%
Altnagelvin Area	77.5%	82.2%	83.6%	87.2%	88.1%
Erne / South West Acute	93.4%	90.0%	92.0%	87.3%	84.7%
Omagh	99.3%	99.3%	99.2%	99.1%	-
Western Trust	85.8%	87.2%	88.4%	88.9%	86.9%
Type 1	77.5%	77.7%	78.3%	77.7%	75.7%
Type 2	89.9%	91.7%	94.0%	94.6%	93.3%
Type 3	99.8%	99.8%	99.8%	99.8%	100.0%
Northern Ireland	81.0%	80.9%	81.7%	81.1%	79.2%

Source: Regional Data Warehouse

Table 20: New & Unplanned Review Attendances by HSC Trust / Hospital (2014/15 - 2018/19) ⁶¹

HSC Trust / Hospital	New & Unplanned Review Attendances				
	2014/15	2015/16	2016/17	2017/18	2018/19
Mater	45,623	46,565	47,771	48,323	50,092
Royal Victoria	82,905	88,940	92,643	96,850	98,592
Royal Victoria (ENT & RAES)	15,751	-	-	-	-
Eye Casualty	-	14,699	16,564	17,108	16,229
RBHSC	33,879	37,328	38,580	39,409	39,753
Belfast HSCT	178,158	187,532	195,558	201,690	204,666
Antrim Area	75,268	78,426	82,435	85,198	87,366
Causeway	42,695	44,296	44,302	45,144	48,115
Mid Ulster	8,407	9,190	9,665	9,959	10,960
Whiteabbey	6,741	-	-	-	-
Northern HSCT	133,111	131,912	136,402	140,301	146,441
Ards	10,189	10,660	11,540	11,935	12,469
Bangor	9,634	8,953	9,982	9,843	10,659
Downe	17,842	19,328	21,103	22,579	23,116
Lagan Valley	21,404	22,270	23,795	24,421	25,956
Ulster	86,028	90,146	92,967	94,984	96,538
South Eastern HSCT	145,097	151,357	159,387	163,762	168,738
Armagh & Mullinure	4,763	-	-	-	-
Craigavon Area	77,552	80,996	83,317	86,575	86,589
Daisy Hill	45,444	50,076	53,477	54,863	57,246
South Tyrone	23,622	26,322	29,438	30,901	33,994
Southern HSCT	151,381	157,394	166,232	172,339	177,829
Altnagelvin Area	54,828	60,126	62,559	65,241	69,626
Erne / South West Acute	29,811	31,553	33,327	34,831	37,360
Omagh	16,094	16,755	16,758	15,990	18,187
Western HSCT	100,733	108,434	112,644	116,062	125,173
Northern Ireland	708,480	736,629	770,223	794,154	822,847

Source: Regional Data Warehouse & EC1 Information Return

⁶¹ See Appendix 3 for further information on changes to provision of emergency care services.

Table 21: New & Unplanned Review Attendances seen within 4 hours by HSC Trust / Hospital (2014/15 - 2018/19) ⁶²

HSC Trust / Hospital	Percentage Seen within 4 hours				
	2014/15	2015/16	2016/17	2017/18	2018/19
Mater	70.7%	74.7%	72.6%	71.6%	69.8%
Royal Victoria	59.2%	65.4%	64.6%	66.8%	56.6%
Royal Victoria (ENT & RAES)	100.0%	-	-	-	-
Eye Casualty	-	100.0%	93.4%	86.7%	80.0%
RBHSC	90.8%	89.1%	86.1%	81.5%	81.0%
Belfast HSCT	71.8%	75.1%	73.2%	72.5%	66.4%
Antrim Area	63.6%	62.5%	66.8%	64.3%	63.0%
Causeway	72.9%	66.6%	62.8%	66.4%	71.3%
Mid Ulster	100.0%	100.0%	100.0%	100.0%	100.0%
Whiteabbey	99.9%	-	-	-	-
Northern HSCT	70.7%	66.5%	67.9%	67.5%	68.5%
Ards	100.0%	100.0%	100.0%	100.0%	100.0%
Bangor	100.0%	100.0%	100.0%	100.0%	100.0%
Downe	90.3%	91.8%	89.8%	90.9%	90.9%
Lagan Valley	87.3%	88.6%	88.0%	86.0%	79.8%
Ulster	72.7%	71.1%	71.9%	65.2%	61.3%
South Eastern HSCT	80.7%	80.1%	80.5%	76.5%	73.5%
Armagh & Mullinure	100.0%	-	-	-	-
Craigavon Area	78.3%	72.0%	66.6%	66.0%	56.4%
Daisy Hill	83.1%	82.7%	74.7%	73.7%	69.3%
South Tyrone	100.0%	100.0%	100.0%	100.0%	100.0%
Southern HSCT	83.8%	80.1%	75.1%	74.5%	68.9%
Altnagelvin Area	73.8%	70.0%	68.6%	70.2%	71.2%
Erne / South West Acute	89.4%	81.7%	74.4%	75.3%	66.6%
Omagh	99.9%	99.9%	99.8%	99.7%	99.0%
Western HSCT	82.6%	78.0%	75.0%	75.8%	73.8%
Northern Ireland	77.5%	76.1%	74.4%	73.4%	69.9%

Source: Regional Data Warehouse & EC1 Information Return

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

Table 22: New & Unplanned Review Attendances Waiting Over 12 hours by HSC Trust / Hospital (2014/15 - 2018/19) ⁶³

HSC Trust / Hospital	Number Waiting Over 12 Hours				
	2014/15	2015/16	2016/17	2017/18	2018/19
Mater	404	340	590	1,156	1,182
Royal Victoria	1,352	577	1,124	1,888	3,120
Royal Victoria (ENT & RAES)	0	-	-	-	-
Eye Casualty	0	0	0	0	0
RBHSC	0	0	0	0	0
Belfast HSCT	1,756	917	1,714	3,044	4,302
Antrim Area	663	1,058	1,587	3,545	4,330
Causeway	0	29	306	943	1,200
Mid Ulster	0	0	0	0	0
Whiteabbey	0	0	-	-	-
Northern HSCT	663	1,087	1,893	4,488	5,530
Ards	0	0	0	0	0
Bangor	0	0	0	0	0
Downe	19	46	182	211	105
Lagan Valley	5	0	17	150	89
Ulster	689	1,560	1,279	4,553	6,486
South Eastern HSCT	713	1,606	1,478	4,914	6,680
Armagh & Mullinure	0	0	-	-	-
Craigavon Area	13	75	621	2,570	4,609
Daisy Hill	1	18	289	1,086	1,474
South Tyrone	0	0	0	0	0
Southern HSCT	14	93	910	3,656	6,083
Altnagelvin Area	14	114	304	854	1,439
Erne / South West Acute	10	58	195	391	1,292
Omagh	0	0	0	0	0
Western HSCT	24	172	499	1,245	2,731
Northern Ireland	3,170	3,875	6,494	17,347	25,326

Source: Regional Data Warehouse & EC1 Information Return

⁶³ 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 (2018/19)

Performance Measure	Local Commissioning Group					Northern Ireland
	Belfast	Northern	South Eastern	Southern	Western	
Number of emergency calls ¹	55,229	52,248	39,100	36,947	34,399	217,923
% of Category A calls responded to within 8 minutes	45.6%	32.0%	31.1%	32.6%	42.9%	37.2%
Number of Category B calls resulting in an emergency response which arrives at the scene of the incident	20,972	20,891	16,115	15,689	15,557	89,224
Number of (Non-HCP) Category C calls, resulting in an emergency response which arrives at the scene of the incident	2,013	1,937	1,593	1,698	1,755	8,996
% of Category C calls responded (Non-HCP) to within 60 minutes	70.9%	76.4%	71.0%	80.6%	86.0%	76.9%
Number of Category C (HCP) calls, resulting in an emergency response which arrives at the scene of the incident	9,851	10,619	6,786	5,844	4,692	37,792
% of HCP Category C calls responded to within the agreed 1 Hour response time	48.4%	40.0%	40.3%	43.3%	42.2%	43.3%
% of HCP Category C calls responded to within the agreed 2 Hour response time	72.8%	58.6%	68.8%	62.4%	62.9%	64.7%
% of HCP Category C calls responded to within the agreed 3 Hour response time	80.9%	66.8%	80.9%	73.6%	77.9%	75.2%
% of HCP Category C calls responded to within the agreed 4 Hour response time	81.3%	75.6%	83.8%	82.4%	83.6%	80.7%
Number of emergency calls, excluding HCP calls	44,453	40,895	31,832	30,746	29,369	177,295

Source: KA34 Information Return, NIAS

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

NIAS Data for 2018/19 is provisional

Table 24: Summary of Emergency Calls & Response by Category of Call (2018/19) ⁶⁴

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	63,355	100,415	54,153	217,923
Calls resulting in an emergency response	58,907	89,224	46,788	194,919
Cat A response within 8 minutes	21,929			21,929
Calls resulting in an emergency response able to transport a patient	54,846	82,768	45,983	183,597

Source: KA34 Information Return, NIAS

NIAS Data for 2018/19 is provisional

⁶⁴ 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 (2018/19)

Month	Local Commissioning Group (LCG)					Northern Ireland
	Belfast	Northern	South Eastern	Southern	Western	
April 2018	51.0%	35.3%	35.7%	36.8%	44.4%	41.2%
May 2018	49.9%	33.0%	34.8%	36.4%	47.4%	40.7%
June 2018	47.3%	35.6%	33.9%	33.3%	46.5%	39.4%
July 2018	44.3%	32.6%	27.4%	33.4%	44.1%	36.6%
August 2018	46.6%	30.4%	29.4%	32.3%	42.1%	36.6%
September 2018	51.6%	27.5%	34.5%	35.9%	47.7%	39.7%
October 2018	53.9%	36.5%	38.5%	35.0%	42.1%	42.0%
November 2018	45.6%	32.9%	31.4%	35.6%	45.6%	38.6%
December 2018	39.4%	31.7%	23.4%	27.2%	40.9%	33.0%
January 2019	39.6%	33.2%	30.0%	31.9%	41.8%	35.5%
February 2019	38.8%	28.4%	25.6%	29.3%	36.4%	31.9%
March 2019	41.9%	28.4%	29.6%	25.5%	36.0%	32.7%

Source: KA34 Information Return, NIAS
 NIAS Data for 2018/19 is provisional

Table 26: Percentage of Category A Calls Resulting in an Emergency Response Arriving at the Scene of the Incident within 8 Minutes, by Year (2014/15 – 2018/19)

Year	% within 8 minutes
2014/15	57.7%
2015/16	53.5%
2016/17	51.0%
2017/18	45.2%
2018/19	37.2%

Source: KA34 Information Return, NIAS
 NIAS Data for 2018/19 is provisional

Table 27: Response Times by Category of Call (2014/15 – 2018/19) ⁶⁵,

Category of Call	Emergency Response	2014/15	2015/16	2016/17	2017/18	2018/19
Category A	Number arriving at the scene of the incident	56,934	56,256	56,927	58,655	58,907
	Number arriving within 8 minutes	32,862	30,101	29,043	26,500	21,929
	<i>% arriving within 8 minutes</i>	<i>57.7%</i>	<i>53.5%</i>	<i>51.0%</i>	<i>45.2%</i>	<i>37.2%</i>
Category B	Number of calls received	73,770	78,224	87,197	99,206	100,415
	Number arriving at the scene of the incident	69,555	73,204	80,955	91,376	89,224
	Number arriving at the scene of the incident able to transport a patient	66,083	68,903	75,119	83,787	82,768
Category C (Non-HCP) ¹	Number arriving at the scene of the incident	23,692	22,840	20,444	13,308	8,996
	Number arriving within 60 minutes	22,252	20,958	18,300	11,341	6,916
	<i>% arriving within 60 minutes</i>	<i>93.9%</i>	<i>91.8%</i>	<i>89.5%</i>	<i>85.2%</i>	<i>76.9%</i>
Category C (HCP) ¹	Number Requiring a 1 Hour response	11,183	16,051	19,341	19,380	20,687
	Number arriving within the agreed 1 Hour	6,146	8,852	9,936	9,174	8,961
	<i>% arriving within the agreed 1 Hour</i>	<i>55.0%</i>	<i>55.1%</i>	<i>51.4%</i>	<i>47.3%</i>	<i>43.3%</i>
	Number Requiring a 2 Hour response	10,001	14,158	14,538	13,985	12,256
	Number arriving within the agreed 2 Hours	7,060	10,248	10,489	9,463	7,930
	<i>% arriving within the agreed 2 Hours</i>	<i>70.6%</i>	<i>72.4%</i>	<i>72.1%</i>	<i>67.7%</i>	<i>64.7%</i>
	Number Requiring a 3 Hour response	1,038	2,068	2,062	1,814	1,672
	Number arriving within the agreed 3 Hours	815	1,612	1,622	1,331	1,257
	<i>% arriving within the agreed 3 Hours</i>	<i>78.5%</i>	<i>77.9%</i>	<i>78.7%</i>	<i>73.4%</i>	<i>75.2%</i>
	Number Requiring a 4 Hour response	5,946	3,725	2,374	2,990	3,177
	Number arriving within the agreed 4 Hours	4,925	3,152	1,942	2,338	2,563
	<i>% arriving within the agreed 4 Hours</i>	<i>82.8%</i>	<i>84.6%</i>	<i>81.8%</i>	<i>78.2%</i>	<i>80.7%</i>
Category C	Total number of HCP Calls	31,021	38,204	40,494	40,877	40,628
	Total number of NON HCP Calls	25,943	25,288	22,707	16,688	13,525
	Total Number of Category C Calls	56,964	63,492	63,201	57,565	54,153
Total Emergency Calls		191,727	202,325	211,800	220,090	217,923
Total Emergency Calls (excluding HCP Calls)		160,706	164,121	171,306	179,213	177,295

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.

NIAS Data for 2018/19 is provisional

⁶⁵ Refer to Appendix 4 for more detailed information.

Table 28: Summary of Patient Journeys (2014/15 – 2018/19)

Year	Emergency / Urgent Journeys	Non-Urgent Journeys	Total Patient Journeys
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
2018/19	154,838	191,975	346,813

Source: KA34 Information Return, NIAS
 NIAS Data for 2018/19 is provisional

Table 29: Summary of Patient Journeys by LCG (2018/19)

Local Commissioning Group (LCG)	Emergency / Urgent Journeys	Non-Urgent Journeys	Total Patient Journeys
Belfast	37,380	28,357	65,737
Northern	38,060	67,437	105,497
South Eastern	27,907	19,348	47,255
Southern	27,075	45,792	72,867
Western	24,416	31,041	55,457
Northern Ireland	154,838	191,975	346,813

Source: KA34 Information Return, NIAS
 NIAS Data for 2018/19 is provisional

Appendix 1: Definitions

1.1 Emergency Care Department

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

1.2 Type 1 Emergency Care Department

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

1.3 Type 2 Emergency Care Department

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

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

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

1.5 A&E / Review Clinic

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

1.6 New Attendance (Emergency Care)

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

1.7 Review Attendance (Emergency Care)

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

1.8 Unplanned Review Attendance (Emergency Care)

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

1.9 Planned Review Attendance (Emergency Care)

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

1.10 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 2014⁶⁶. 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.

⁶⁶ 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 ⁶⁷

HSC Trust	Type 1	Type 2	Type 3
Belfast	Mater		
	Royal Victoria		
	RBHSC	Eye Casualty	
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		Omagh
	South West Acute		

⁶⁷ 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 was sourced from the aggregate EC1 return. Up to 31st March 2018 the EC1 return records all new and unplanned review attendances in each emergency care department across Northern Ireland; including the length of time they waited from arrival in the emergency care department until treatment, admission or discharge. It does not include planned review attendances.
- 3.2 It should be noted that since 1st July 2011, Hospital Information Branch has been downloading patient level data on emergency care waiting times from the Regional Data Warehouse on the 8th of each month, for those emergency care departments using the Northern Ireland Regional Accident & Emergency System (NIRAES) and SYMPHONY. Information from emergency care departments, using other administrative systems to record emergency care waiting times, continues to be sourced from the EC1 return. HSC Trusts are asked to generate this information on 8th of each month.
- 3.3 Waiting time figures are representative of all new and unplanned review emergency care attendances in Northern Ireland including Type 1, Type 2 and Type 3 emergency care departments.
- 3.4 The Ministerial targets for Northern Ireland on emergency care waiting times for 2018/19 state that:
- '95% of patients attending any Type 1, 2 or 3 Emergency Department should be either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any Emergency Care Department should wait longer than 12 hours'*
- 'By March 2017, at least 80% of patients to have commenced treatment, following triage, within 2 hours.'*
- 3.5 Figures represent the total time spent in a hospital emergency care department from arrival until admission, transfer or discharge.
- 3.6 Figures relate to all new attendances and all unplanned review attendances at emergency care departments. They do not include planned review attendances.
- 3.7 Time is measured from when a patient arrives into the emergency care department; the time of arrival is recorded at registration or triage whichever is earlier (clock starts). The 'clock stops' when the patient departs from the emergency care department. The time of departure is defined as when the patient's clinical care episode is completed within the emergency care department.
- 3.8 The figures in this release relate to all patients, including paediatric patients.
- 3.9 From 24th May 2010, Mid-Ulster and Whiteabbey emergency care departments were reconfigured from consultant-led treatment services (Type 2) to minor injury units with designated accommodation for the reception of patients with minor injuries and/or illnesses (Type 3/MIU).
- 3.10 On 4th April 2011, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at the Downe Hospital resulting in the reduction of consultant-led emergency care services, from a 24 hours based service to 8am to 10pm daily, with services provided from 10pm to 8am by an enhanced GP Out of Hours (GPOOH) service. The GPOOH's provides the urgent care response supported by an appropriate handover period and the appropriate services within the hospital.

- After 10pm all 999 ambulances go directly to the Ulster or nearest appropriate emergency care department.
- 3.11 On 1st August 2011, the South Eastern HSC Trust introduced new temporary arrangements for the provision of emergency care services at the Lagan Valley hospital resulting in the closure of the emergency care department from 8pm to 9am daily. This was a temporary change due to a shortage of medical staff but the change is expected to be in place for a number of months.
- 3.12 On 1st November 2011, the Belfast HSC Trust closed the emergency care department at the Belfast City hospital. This is a temporary change due to a shortage of senior staff but the change is expected to be in place for the foreseeable future.
- 3.13 On 21st June 2012, the Western HSC Trust closed the Erne hospital with services (including emergency care) immediately transferred to the new South West Acute Hospital in Enniskillen.
- 3.14 On 3rd September 2012, the Southern HSC Trust closed the Minor Injuries Unit at the Mullinure hospital, with opening hours at the Armagh Community hospital Minor Injuries Unit temporarily extended to 7pm until the end of March 2013. Previously, Armagh and Mullinure provided a joint 24-hour emergency care service with Armagh emergency care department operating Monday to Friday 9am-5pm, and Mullinure emergency care department operating from 5pm-9am on weekdays, and 24 hours on Saturday, Sunday and Bank Holidays.
- 3.15 On 16th February 2013, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at Bangor Minor Injuries Unit resulting in re-opening at weekends (9am to 5pm on Saturdays and Sundays), 10 months after they were closed due to staff shortages.
- 3.16 On 4th January 2014, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at the Downe and Lagan Valley Hospitals resulting in the reduction of consultant-led emergency care services, from a daily service, operating from 8am - 10pm and 8am - 8pm respectively, to both hospitals operating a weekday service from 8am - 8pm and closing at weekends, with the enhanced GP Out of Hours (GPOOH) service running as normal.
- 3.17 On 1st March 2014, the South Eastern HSC Trust introduced new arrangements for the temporary provision of emergency care services at Downe Hospital resulting in it re-opening as a minor injuries unit at weekends (9am to 5pm on Saturdays and Sundays), two months after the removal of weekend services due to staff shortages.
- 3.18 On 17th November 2014, the Southern HSC Trust temporarily closed the Minor Injuries Unit at Armagh Community Hospital. It is not known how long this temporary closure will be in place.
- 3.19 On 1st December 2014, the Northern HSC Trust temporarily closed the Minor Injuries Unit at Whiteabbey Hospital. It is not known how long this temporary closure will be in place.
- 3.20 The Royal Victoria (ENT & RAES) refers to the Ear, Nose & Throat (ENT) and Regional Acute Eye Services (RAES) based at the Royal Victoria Hospital (RVH). These are separate services from the RVH emergency care department.

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

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

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

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

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) ⁶⁸, 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 2018/19, 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'

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

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

⁶⁸ Refer to Appendix 1: Definitions – point 1.13.

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

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

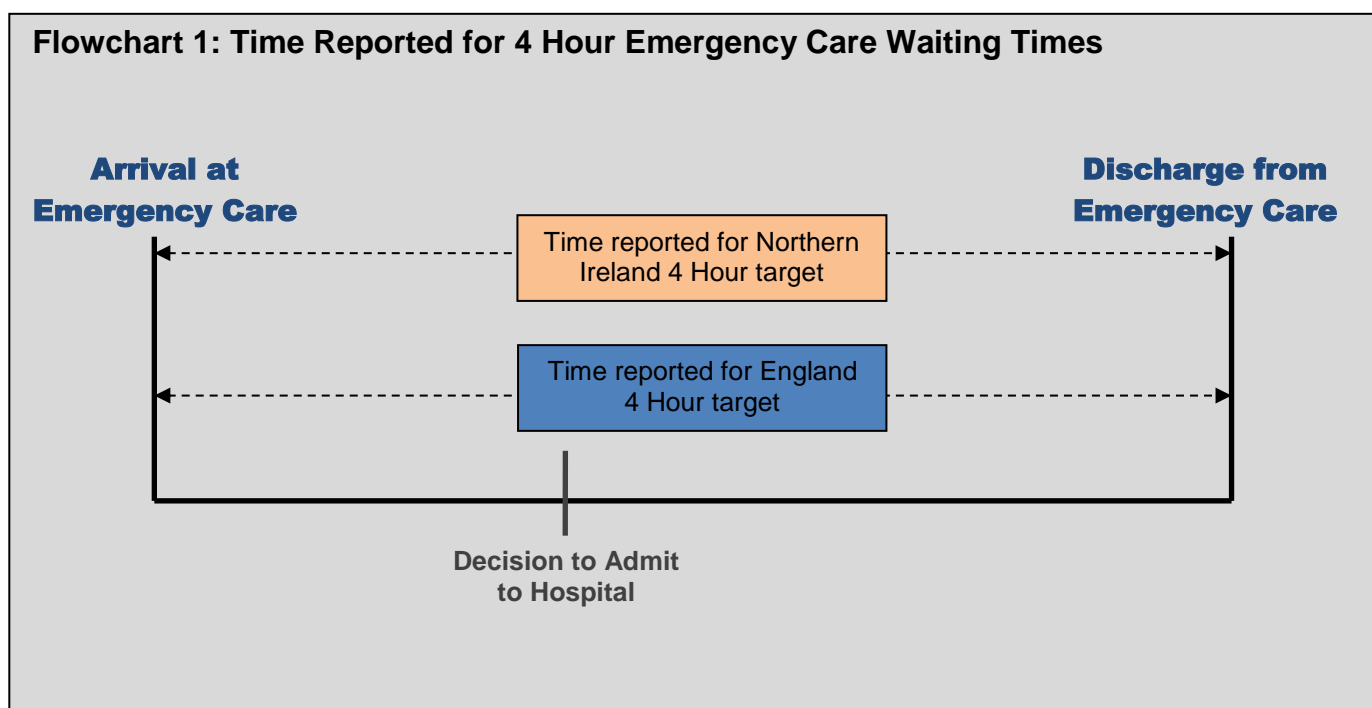
The DoH are currently liaising with colleagues in England, Scotland and Wales to clarify any differences between the emergency care waiting times reported for each administration. We would therefore ask users to be cautious when making direct comparisons between Northern Ireland and other UK Jurisdictions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

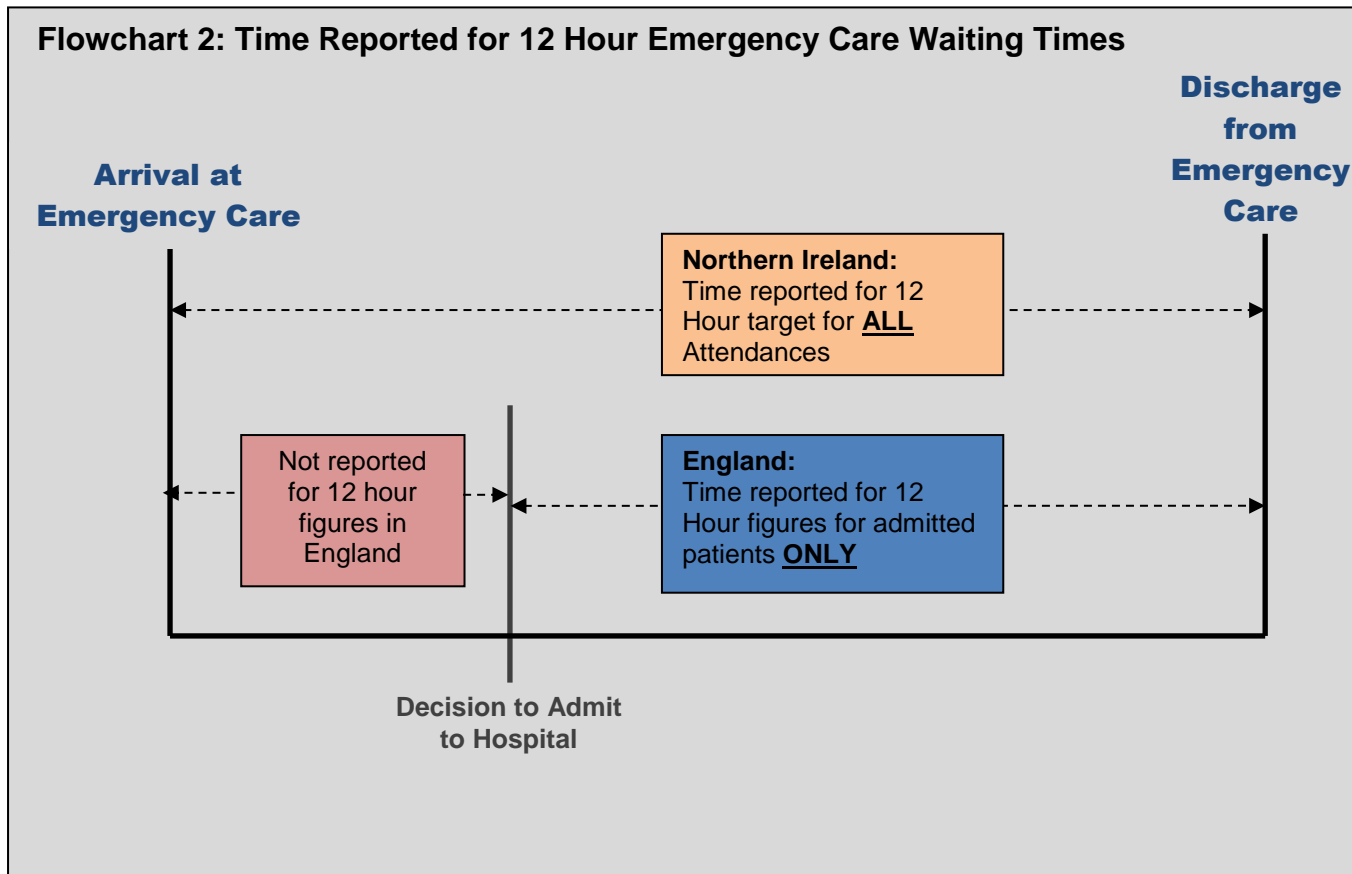
Although England and Northern Ireland both produce information on a 12 hour basis, this information is not equivalent and should not be compared (Flowchart 2). Comparable information to that produced in Northern Ireland is not available for England.

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 by 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 ⁶⁹ (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.

⁶⁹ 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:

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Hospital Information Branch

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☎ 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>