

INFORMATION
ANALYSIS
DIRECTORATE



Northern Ireland Hospital Statistics: Emergency Care 2019/20



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An Roinn Sláinte

Máinnystrie O Poustie

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NISRA

Northern Ireland
Statistics and Research Agency

Gníomhaireacht Thuaisceart Éireann
um Staitisticí agus Taighde

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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Sarah Brown
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-niwtse-cwt-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 reported by the HSC Trusts and the Northern Ireland Ambulance Service (NIAS) and 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 and NIAS.

- KH09 (ii) – New, Unplanned and Planned Review Attendances at EDs
- EC1 – Waiting times at EDs
- KA34 / AQI – Patient Transport & Emergency Response²
- Clinical Quality Indicators – Data Warehouse downloads³

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

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

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

Rounding

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

Main Uses of Data

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

¹ Refer to Appendix 1: Definitions.

² Refer to Appendix 5 for further information on changes to the NIAS returns.

³ Refer to Appendix 3 for further information.

Data Quality ⁴

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

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

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

NIAS has provided the following note regarding 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.”

Readers should note that this year's publication does not include information on ambulance response times due to IT issues and pressures associated with the COVID-19 outbreak.

⁴ Refer to Appendix 6: Data in the publication for further information .

A National Statistics Publication

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

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

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

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

Designation was awarded in June 2013:

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

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

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

Waiting Time Information elsewhere in the United Kingdom (UK)

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

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

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

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

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

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

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



Contextual Information

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

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

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

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

Key Points

Latest Year (2019/20)



814,273

New and Unplanned
Review Attendances at
EDs

65.1%

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

45,401

attendances waited
longer than 12 hours
to be treated and
discharged or
admitted

- Almost a quarter (24.6%) of attendances at emergency care departments (ED) during 2019/20 were in the Belfast Health and Social Care Trust (Figure 6, Table 2).
- Almost four in five (76.7%) patients attending EDs in 2019/20 commenced their treatment within 2 hours of being triaged (Figure 18, Table 11)

Comparison with Previous Year (2018/19 – 2019/20)

- Since 2018/19, the total number of attendances (new, unplanned and planned reviews) at EDs decreased by 10,816 (1.3%), from 850,522 to 839,706 in 2019/20 (Figure 1, Table 1).
- Between 2018/19 and 2019/20, performance against the 4 hour waiting times target declined from 69.9% to 65.1%; with performance declining at all department types, Type 1 (64.7% to 59.2%), Type 2 (83.8% to 80.2%) and Type 3 departments (99.8% to 99.6%) (Table 5, Table 6).
- A higher number of patients waited longer than 12 hours in 2019/20 (45,401) compared with 2018/19 (25,326), with the most notable increase at Craigavon Area (4,609 to 9,356) (Figure 17, Table 10).

Five Year Trends (2015/16 – 2019/20)

- During the last five years, the total number of ED attendances (new, unplanned and planned reviews) increased by 76,521 (10.0%), from 763,185 in 2015/16 to 839,706 in 2019/20 (Figure 1, Table 1).
- Since 2015/16, performance against the 4 hour waiting times target declined from 76.1% to 65.1% in 2019/20 (Table 9).
- Between 2015/16 and 2019/20, the number of patients waiting longer than 12 hours increased from 3,875 to 45,401, with Craigavon Area reporting the most notable increase during this period (75 to 9,356) (Figure 17, Table 10).
- Since 2015/16, the proportion of attendances referred by a GP increased from 16.4% to 16.7% in 2019/20 (Figure 3, Table 20)

Attendances at Emergency Care Departments⁶

Readers are asked to note changes to ED service provision when making comparisons over time and across HSC Trusts/ Hospitals and Department Type. In particular, changes in the number of attendances during the COVID 19 outbreak, and ED department openings and closures.

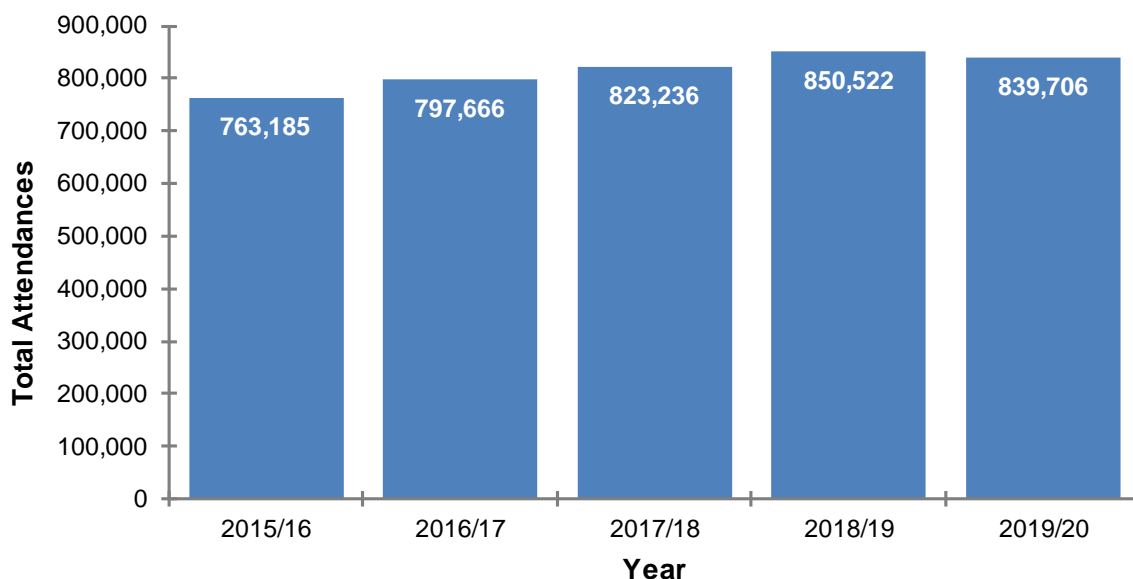
Further details of the changes in emergency care service provision are detailed in Appendix 3.

5 Year Trend

Total Attendances⁷

Figure 1 presents information on the total number of attendances, including new, unplanned and planned review attendances at EDs.⁸

Figure 1: Total Attendances at EDs (2015/16 – 2019/20)



Over the last 5 years, the total number of attendances at EDs increased by 10.0% (76,521), from 763,185 in 2015/16 to 839,706 (Figure 1, Table 1).

There has been a steady increase in attendances each year from 2015/16 to 2018/19, the 2019/20 figures decreased by 1.3% (10,816), from 850,522 in 2018/19 to 839,706 in 2019/20 (Figure 1, Table 1).

⁶ Analysis by EDs is detailed in the 'Additional Tables'.

⁷ Information refers to new, unplanned & planned review attendances.

⁸ Readers should note there was a reduction in attendances at EDs during March 2020, at the start of the COVID19 outbreak.

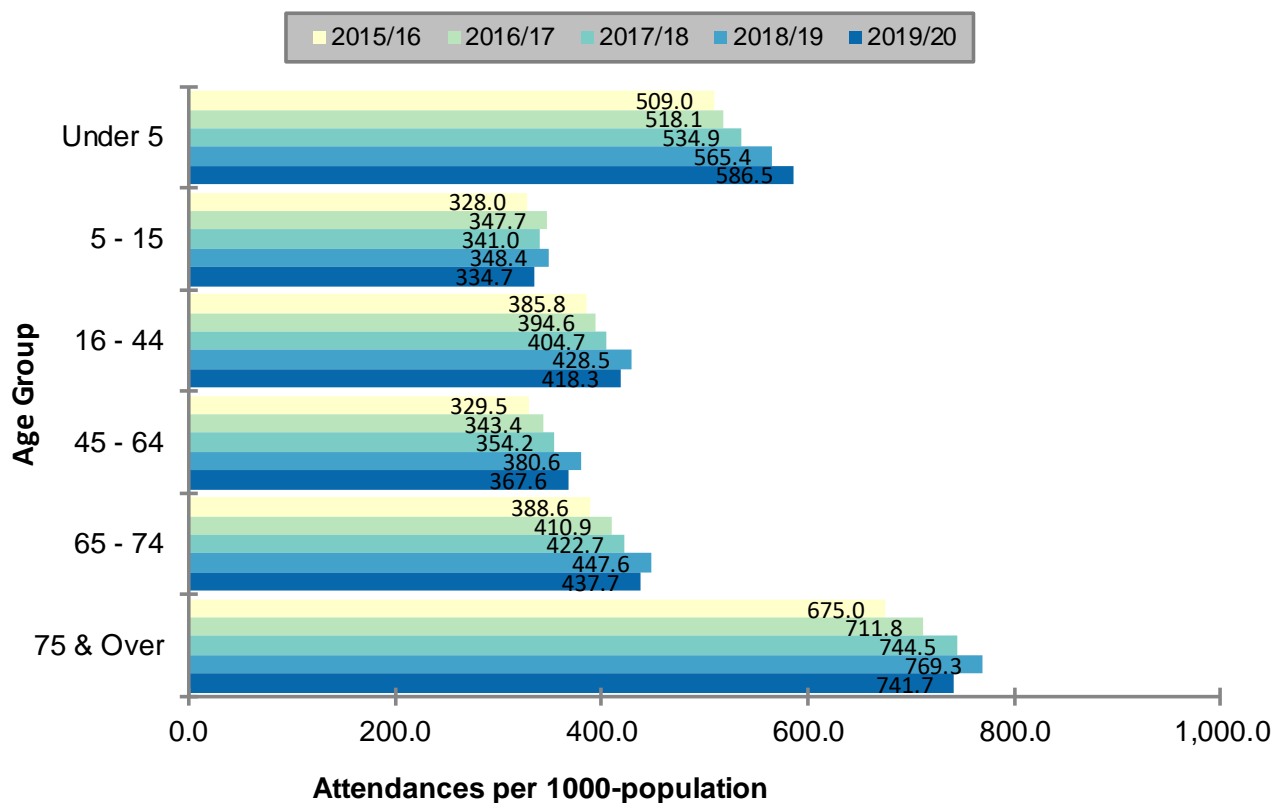
Indicators of Performance⁹

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

Figure 2 presents information on the attendances per 1,000-population in each age group for the last five years.

Figure 2: ED Attendances per 1,000-population by Age Group (2015/16 – 2019/20)¹¹



Since 2015/16, the rate of attendances per 1,000-population increased in all age groups (Figure 2).

During 2019/20 the highest number of attendances per 1,000-population was recorded for those aged 75 & over (741.7), aged 75 & over reported the highest attendances per 1,000-population in each of the last 5 years (Figure 2).

During 2019/20 the lowest number of attendances per 1,000-population was recorded in the 5-15 age group (334.7), this was the age group with the lowest attendances per 1,000-population in each of the last 5 years, excluding 2016/17 which reported the 45-64 age group as the lowest (Figure 2).

⁹ Information refers to new and unplanned review attendances only.

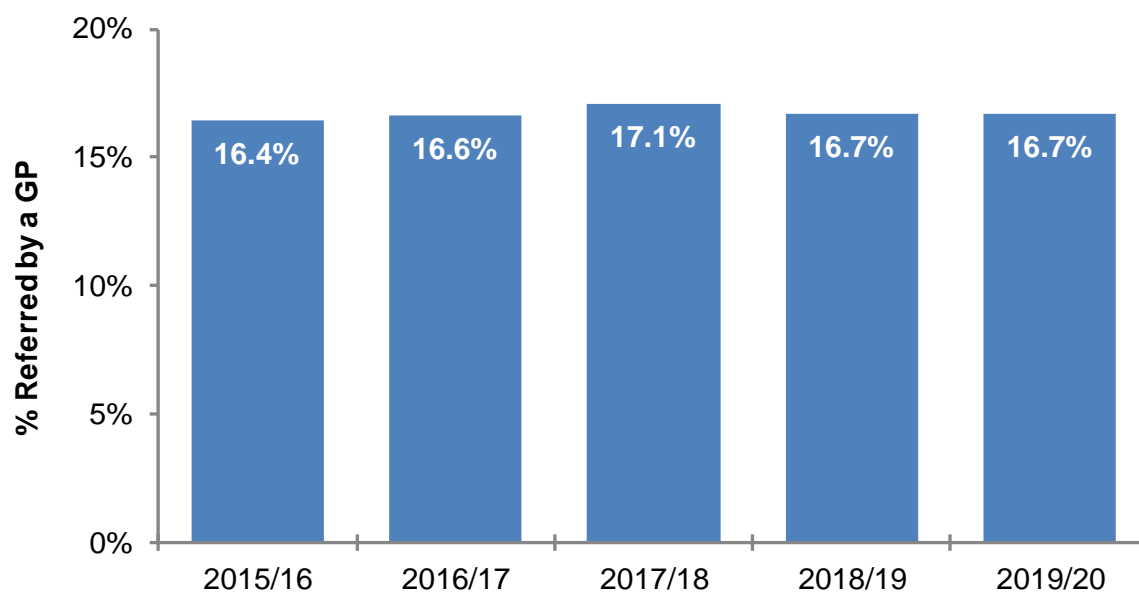
¹⁰ Refer to Appendix 3 for further information.

¹¹ Readers should note there was a reduction in attendances at EDs during March 2020, at the start of the COVID19 outbreak.

GP Referrals ¹²

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

Figure 3: ED Attendances referred from a GP (2015/16 – 2019/20)¹³



Since 2015/16, the percentage of attendances referred by a GP increased from 16.4% to 16.7% in 2019/20 (Figure 3, Table 20).

During the last 5 years, GP referrals were highest in 2017/18 (17.1%) and lowest in 2015/16 (16.4%) (Figure 3, Table 20).

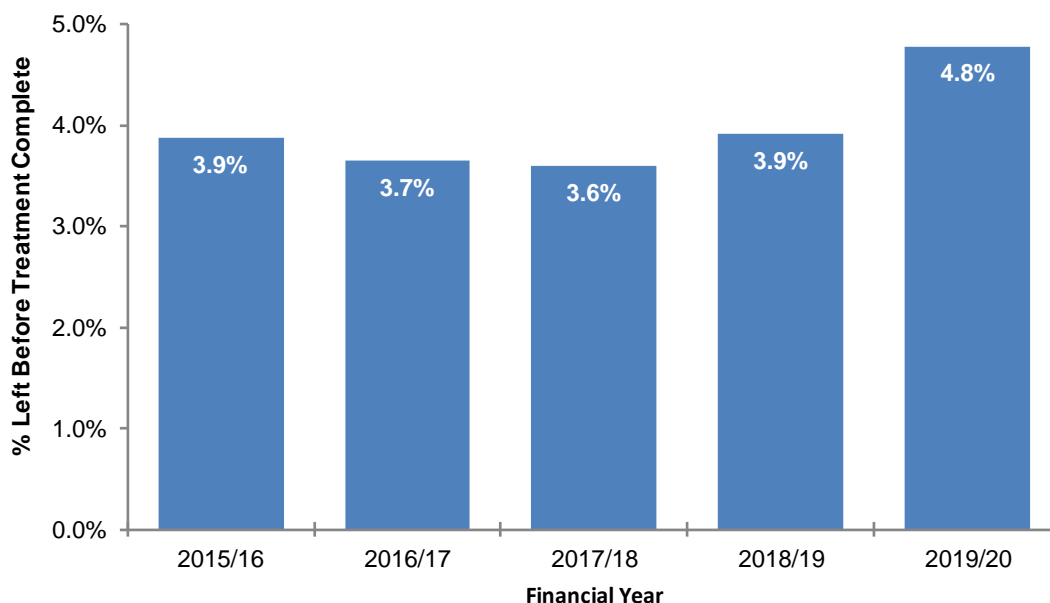
¹² Information refers to new and unplanned review attendances only.

¹³ Readers should note a reduction in attendances at EDs during March 2020, at the start of the COVID19 outbreak.

Leaving ED before Treatment Complete¹⁴

Figure 4 presents information on the percentage of attendances that left an ED before they were seen / before their treatment was complete / refused treatment.

Figure 4: Percentage Leaving ED before their Treatment was Complete (2015/16 – 2019/20)¹⁵



Between 2015/16 and 2019/20, the percentage of attendances who left an ED before their treatment was complete increased from 3.9% to 4.8% (Figure 4, Table 21).

During the last 5 years, the percentage of attendances that left before their treatment was complete was highest in 2019/20 (4.8%) and lowest in 2017/18 (3.6%).

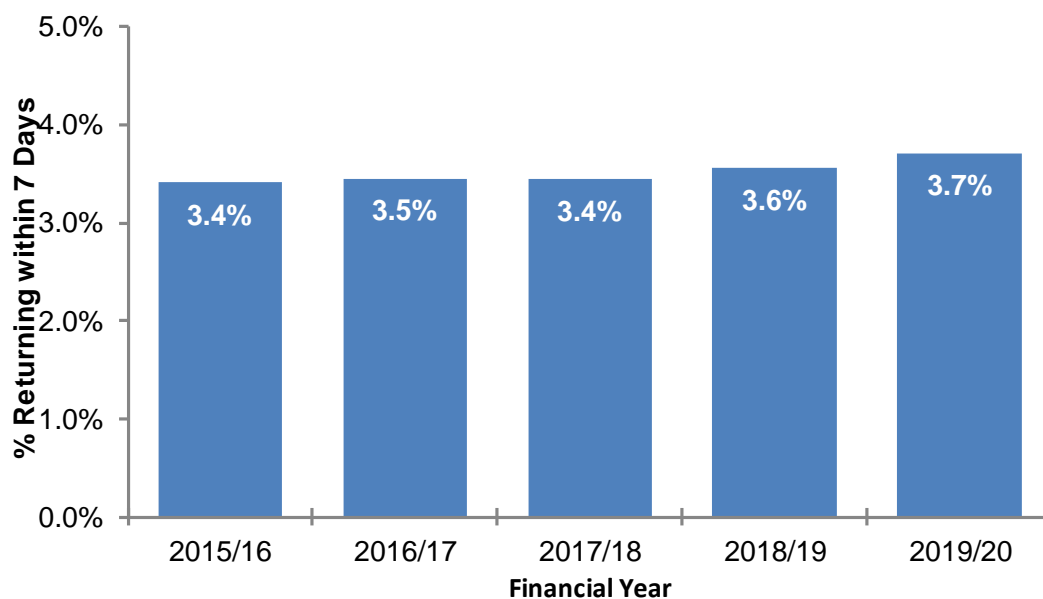
¹⁴ Information refers to new and unplanned review attendances only.

¹⁵ Readers should note a reduction in attendances at EDs during March 2020, at the start of the COVID19 outbreak.

Re-attendances within 7 Days¹⁶

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 (2015/16 – 2019/20)¹⁷



Over the last 5 years, the percentage of patients re-attending the same ED within 7 days of their original attendance increased from 3.4% in 2015/16 to 3.7% in 2019/20. (Figure 5, Table 22).

During the last 5 years, the proportion of patients re-attending within 7 days was highest in 2019/20 (3.7%) and lowest in 2015/16 and 2017/18 (3.4%) (Figure 5, Table 22).

¹⁶ Information refers to new and unplanned review attendances only.

¹⁷ Readers should note a reduction in attendances at EDs during March 2020, at the start of the COVID19 outbreak.

Financial Year 2019/20

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.

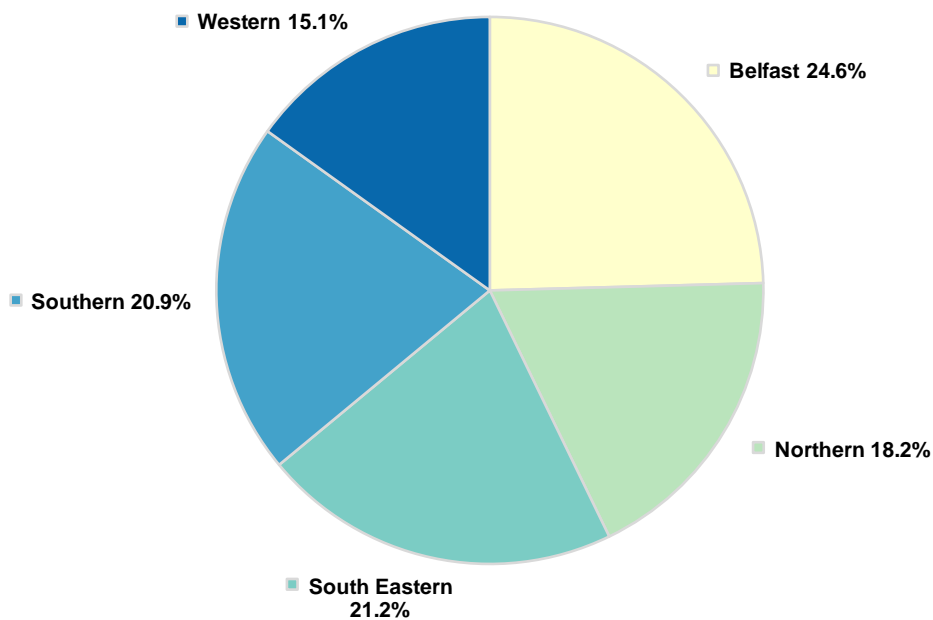
Each HSC Trust has different configurations of ED types and this should be taken into consideration when comparing overall performance across HSC Trusts.

Attendances

During 2019/20, there were 839,706 attendances at EDs, of which, 769,204 (91.6%) were new attendances, 44,815 (5.3%) were unplanned review attendances, and 25,687 (3.1%) were planned review attendances (Table 2).

Figure 6 presents information on the total number of ED attendances by HSC Trust during 2019/20.

Figure 6: Attendances at EDs, by HSC Trust (2019/20)¹⁸

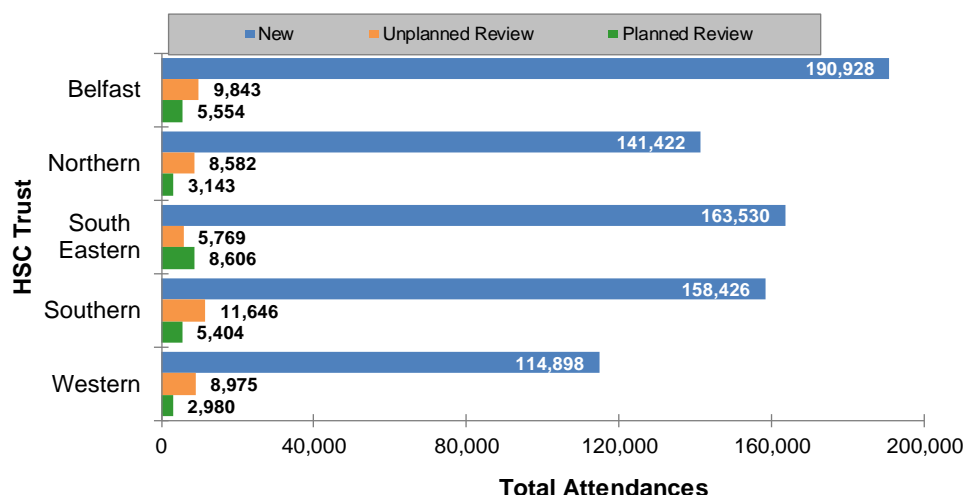


Almost a quarter (24.6%) of attendances in 2019/20 were at EDs in the Belfast HSC Trust (206,325), 21.2% (177,905) in the South Eastern HSC Trust, 20.9% (175,476) the Southern HSC Trust, 18.2% (153,147) the Northern HSC Trust, and 15.1% (126,853) the Western HSC Trust (Figures 6 & 7, Table 2).

¹⁸ Readers should note a reduction in attendances at EDs during March 2020, at the start of the COVID19 outbreak.

Figure 7 details the number of new, unplanned and planned review attendances at EDs within each HSC Trust during 2019/20.

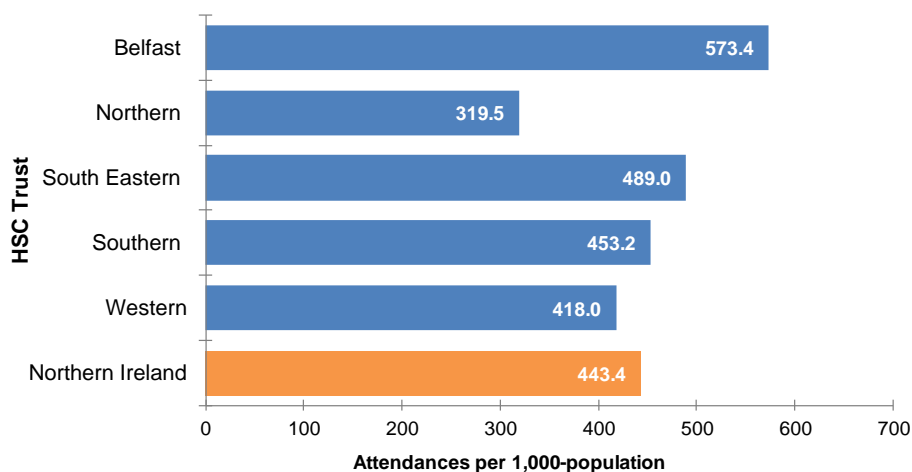
Figure 7: Attendances at EDs, by Attendance Type and HSC Trust (2019/20)¹⁹



The number of new attendances in 2019/20 was highest in the Belfast HSC Trust (190,928) and lowest in the Western HSC Trust (114,898) (Figure 7, Table 2).

Figure 8 presents information on the number of ED attendances in each HSC Trust per 1,000-population²⁰ during 2019/20.

Figure 8: Attendances at EDs per 1,000-Population, by HSC Trust (2019/20)¹⁹



In 2019/20, there were 443.4 attendances at EDs per 1,000-population in Northern Ireland (Figure 8).

The Belfast HSC Trust (573.4) reported the highest number of attendances per 1,000-population during 2019/20, whilst Northern HSC Trust (319.5) reported the lowest (Figure 8).

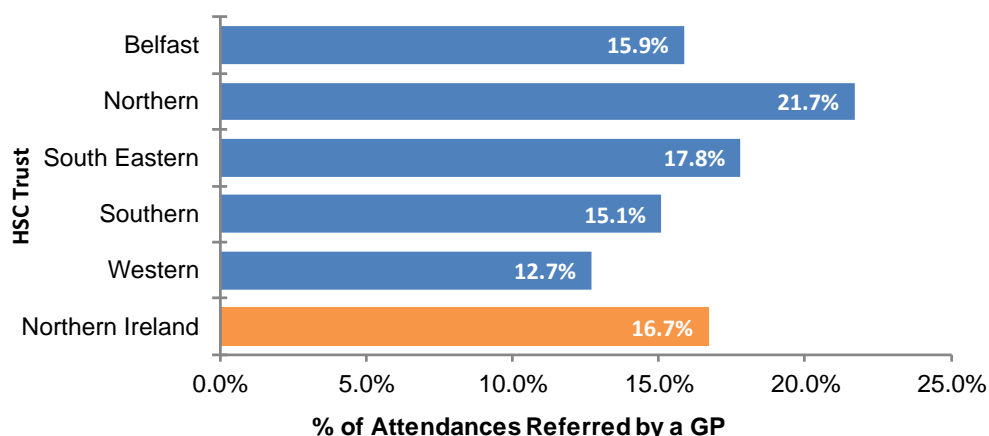
¹⁹ Readers should note a reduction in attendances at EDs during March 2020, at the start of the COVID19 outbreak.

²⁰ Based on NISRA 2019 mid-year population estimate, published on 11th June 2020.

GP Referrals²¹

Figure 9 details the percentage of ED attendances who had been referred by a GP within each HSC Trust during 2019/20.

Figure 9: Percentage of GP Referrals to ED, by HSC Trust (2019/20)²²

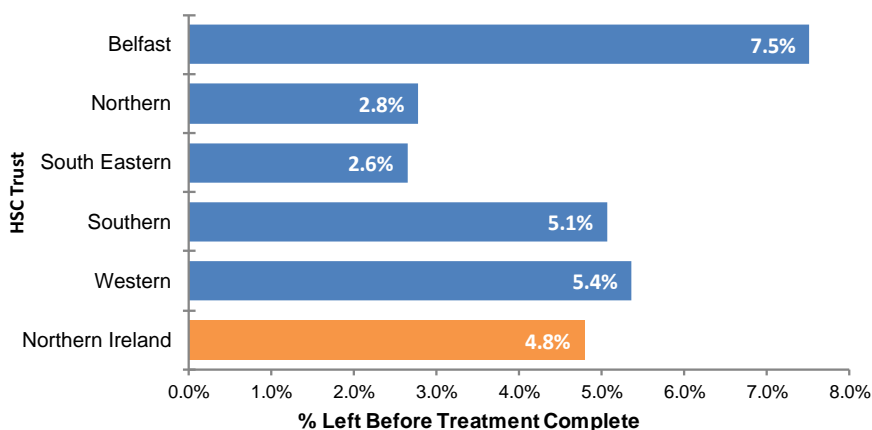


During 2019/20, over 1 in 5 (21.7%) attendances in the Northern HSC Trust had been referred by a GP, compared with 12.7% in the Western HSC Trust (Figure 9, Table 20).

Leaving ED before Treatment was Complete²¹

Figure 10 presents information on the proportion of attendances leaving an ED before their treatment was complete during 2019/20.

Figure 10: Percentage of Attendances Leaving ED before their Treatment was Complete, by HSC Trust (2019/20)²²



Belfast HSC Trust reported the highest percentage of attendances leaving an ED before their treatment was complete (7.5%) whilst the South Eastern HSC Trust reported the lowest (2.6%) (Figure 10, Table 21).

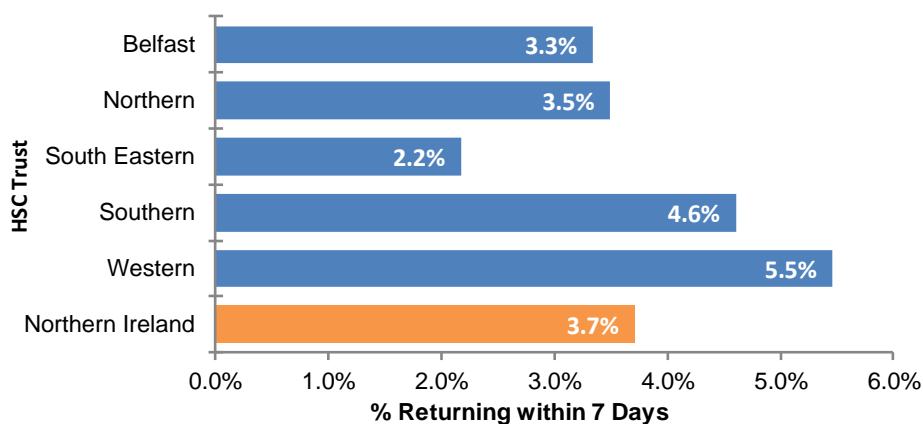
²¹ Information refers to new and unplanned review attendances only.

²² Readers should note a reduction in attendances at EDs during March 2020, at the start of the COVID19 outbreak.

Re-attendance within 7 Days²³

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 (2019/20)²⁴



During 2019/20, the percentage of re-attendances at an ED within 7 days was highest in the Western HSC Trust (5.5%), and lowest in the South Eastern HSC Trust (2.2%) (Figure 11, Table 22).

²³ Information refers to new and unplanned review attendances only.

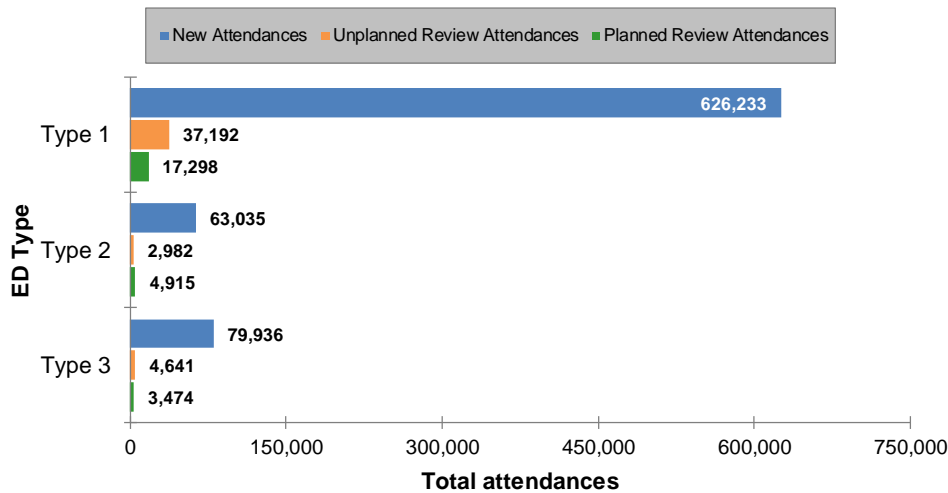
²⁴ Readers should note a reduction in attendances at EDs during March 2020, at the start of the COVID19 outbreak.

Department Type

Attendances²⁶

Figure 12 presents information on the number of new, unplanned and planned review attendances at EDs during 2019/20, by ED Type.

Figure 12: Total Attendances, by ED Type (2019/20)²⁵

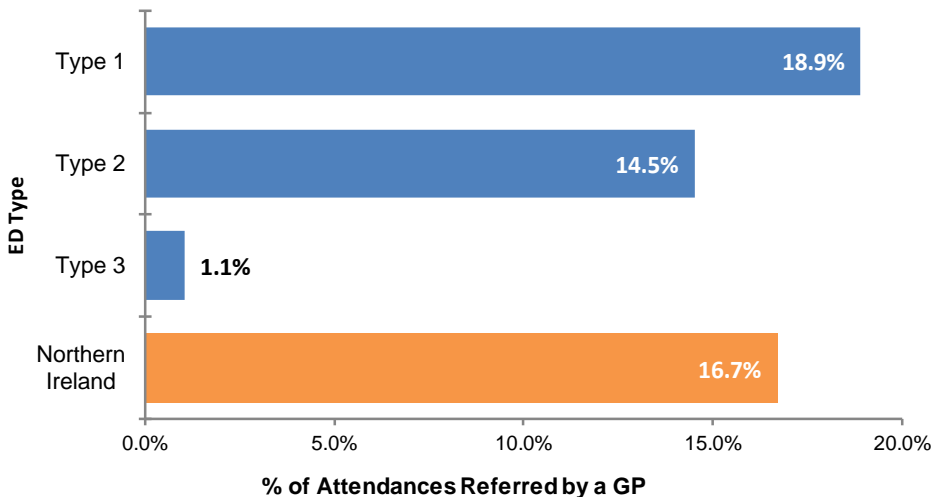


Over four in five (626,233, 81.4%) attendances at EDs in 2019/20 were at Type 1 EDs, 63,035 (8.2%) at Type 2 EDs and 79,936 (10.4%) at Type 3 EDs (Figure 12, Table 3).

GP Referrals²⁶

Figure 13 presents information on the percentage of patients referred to ED from a GP during 2019/20.

Figure 13: Percentage of GP Referrals, by ED Type (2019/20)²⁵



Almost a fifth (18.9%) of attendances at Type 1 EDs during 2019/20 had been referred by a GP, compared with 14.5% at Type 2 EDs and 1.1% at Type 3 EDs (Figure 13, Table 20).

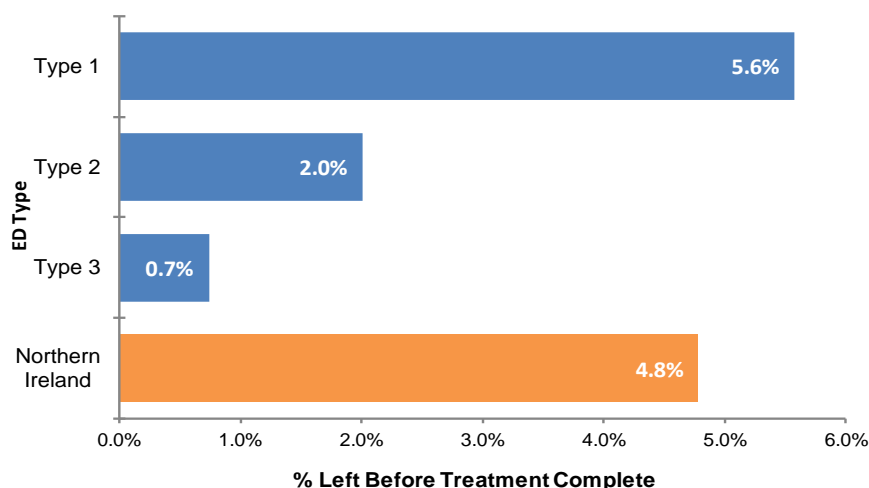
²⁵ Readers should note a reduction in attendances at EDs during March 2020, at the start of the COVID19 outbreak.

²⁶ Information refers to new and unplanned review attendances only.

Leaving ED before Treatment Complete²⁷

Figure 14 presents information on the percentage of attendances who left an ED before their treatment was complete, for each ED Type during 2019/20.

Figure 14: Percentage of Attendances Leaving ED before their Treatment was Complete, by ED Type (2019/20)²⁸

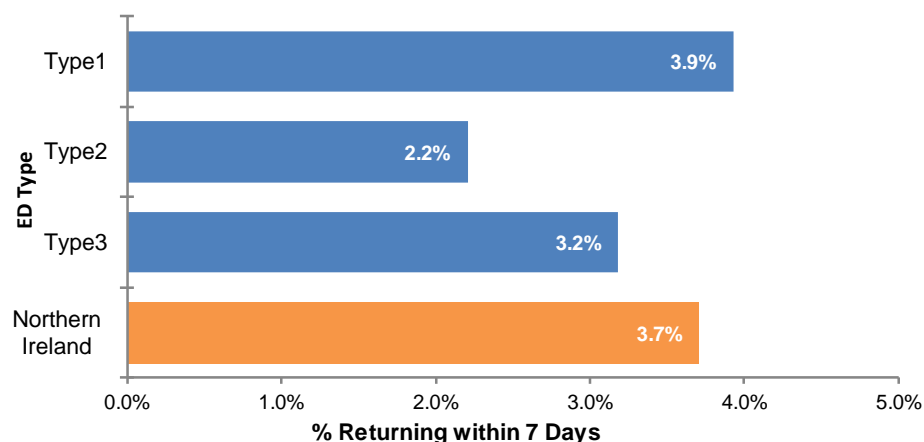


During 2019/20, 5.6% of attendances left a Type 1 ED before their treatment was complete, compared with 2.0% at Type 2 EDs and 0.7% at Type 3 EDs (Figure 14, Table 21)

Re-attendance within 7 Days²⁷

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 2019/20.

Figure 15: Percentage of Re-attendances at an ED within 7 Days, by ED Type (2019/20)²⁸



During 2019/20, Type 1 EDs reported the highest percentage (3.9%) of unplanned reviews within 7 days of the original attendance for the same condition, compared with 2.2% at Type 2 EDs and 3.2% at Type 3 EDs (Figure 15, Table 22).

²⁷ Information refers to new and unplanned review attendances only.

²⁸ Readers should note a reduction in attendances at EDs during March 2020, at the start of the COVID19 outbreak.

Waiting Times at Emergency Care Departments ²⁹

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>

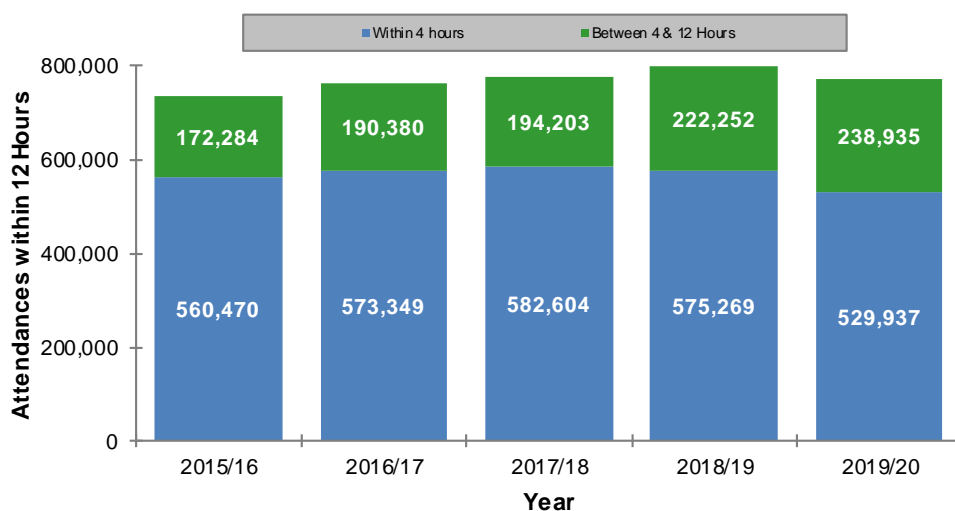
5 Year Trend³⁰

Since 2015/16, the number of new and unplanned review attendances increased by 77,644 (10.5%), from 736,629 to 814,273 in 2019/20 (Table 5).

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 decreased by 30,533 (5.4%), from 560,470 in 2015/16 to 529,937 in 2019/20 (Figure 16, Table 5).

Figure 16 presents information on the length of time patients spent waiting to be treated at EDs during each year since 2015/16.

Figure 16: Attendances at EDs Waiting 12 Hours or Less (2015/16 - 2019/20)



The percentage of patients treated and discharged, or admitted within 4 hours also decreased between 2015/16 and 2019/20, from 76.1% to 65.1% (Figure 16, Table 5).

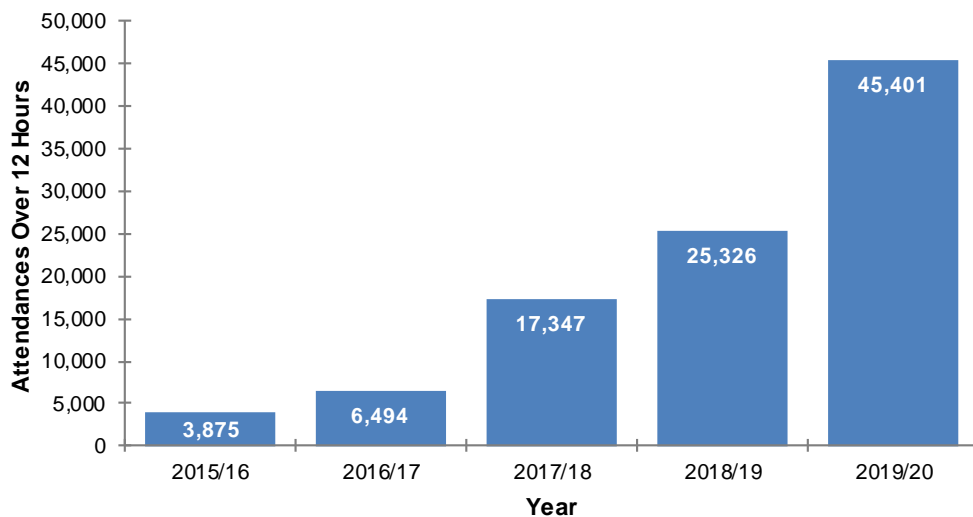
Between 2015/16 and 2019/20, the number waiting between 4 & 12 hours increased by 66,615 (38.7%), from 172,284 to 238,935 (Figure 16, Table 5).

²⁹ For details regarding individual EDs please refer to the 'Additional Tables' Section of this publication.

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

Figure 17 presents information on the number of ED attendances waiting longer than 12 hours during each year since 2015/16.

Figure 17: Attendances at EDs Waiting Longer Than 12 Hours (2015/16 – 2019/20)



Over 45,000 (45,401, 5.6%) new and unplanned review attendances waited over 12 hours at EDs in 2019/20, over eleven times more than the number in 2015/16 (3,875) (Figure 17, Table 5).

Clinical Quality Indicators³¹

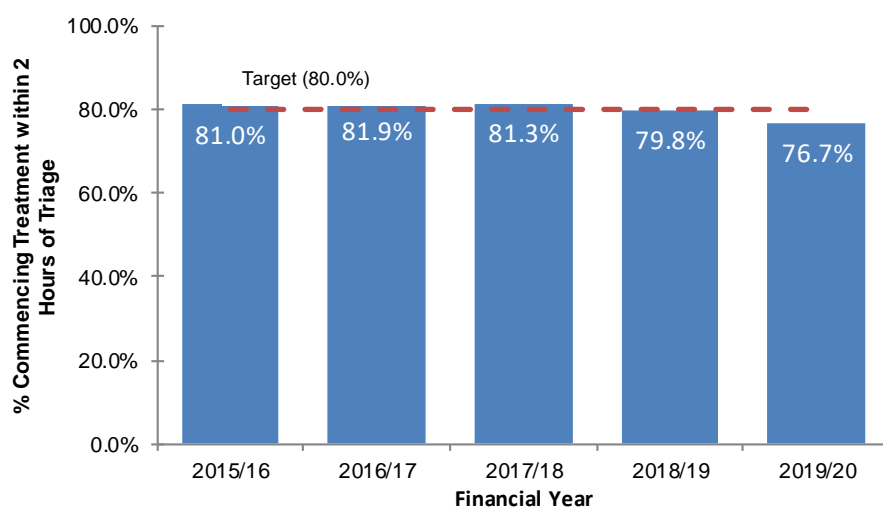
Similar to the previous section data on a number of clinical quality indicators have been provided alongside the waiting times information to provide a more comprehensive view of performance at EDs. This information has not yet been classified as National Statistics.

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

Time to Start Treatment following Triage³²

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

Figure 18: Percentage of Patients Commencing Treatment, following Triage, within 2 Hours (2015/16 – 2019/20)



Between 2015/16 and 2019/20, the percentage of patients commencing treatment within 2 hours of being triaged has decreased from 81.0% to 76.7% (Figure 18, Table 11).

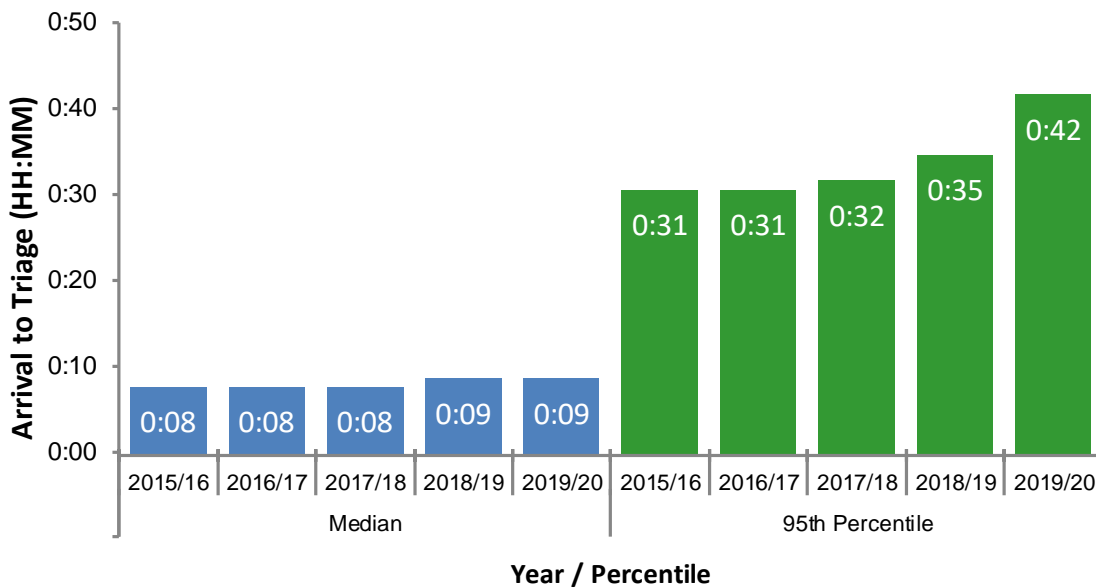
³¹ Refer to Appendix 3: Point 3.24 for further information.

³² Information refers to new and unplanned review attendances only.

Waiting Time from Arrival to Triage (Assessment)³³

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 (2015/16 – 2019/20)



The median waiting time from arrival to triage was 9 minutes in 2019/20, 1 minute more than 2015/16 (8 minutes) (Figure 19, Table 12).

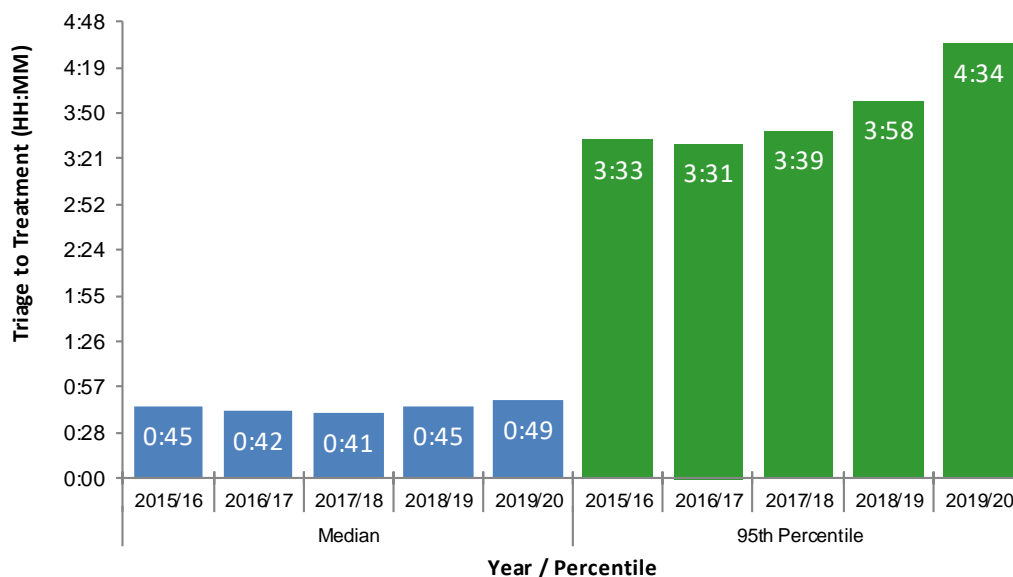
During 2019/20, 95 per cent of patients were triaged within 42 minutes of their arrival at an ED, 11 minutes longer than 2015/16 (31 minutes) (Figure 19, Table 13).

³³ Information refers to new and unplanned review attendances only.

Waiting Time from Triage to Start of Treatment³⁴

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 (2015/16 – 2019/20)



The median waiting time from triage to start of treatment was 49 minutes in 2019/20, 4 minutes more than the time taken in 2015/16 (45 minutes) (Figure 20, Table 14).

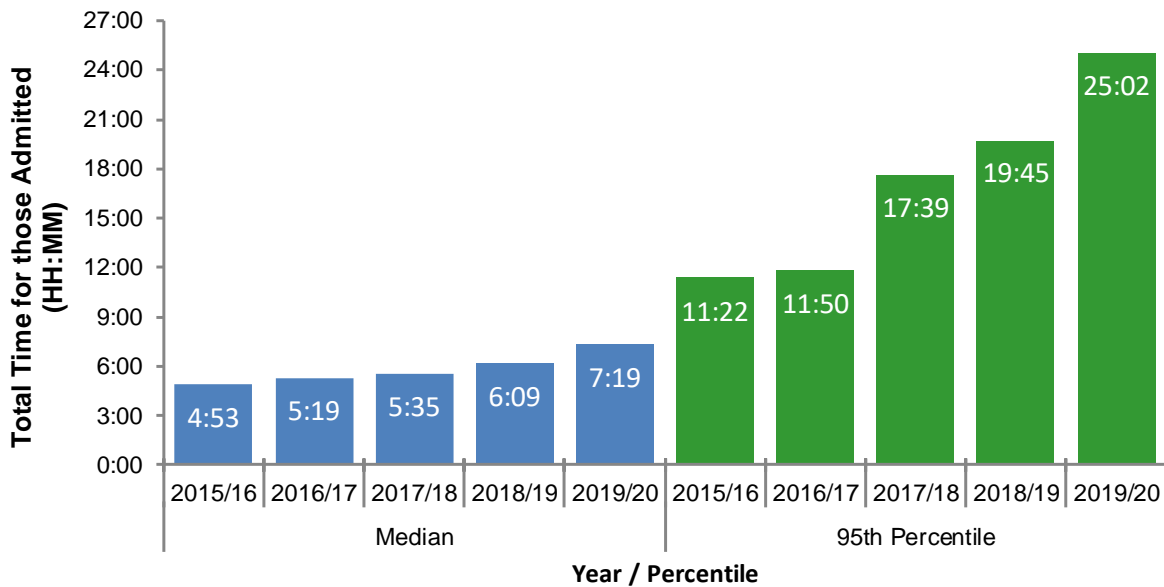
During 2019/20, 95 per cent of patients commenced their treatment within 4 hours 34 minutes of being triaged at an ED, 1 hour 1 minute longer than the time taken in 2015/16 (3 hours 33 minutes) (Figure 20, Table 15).

³⁴ Information refers to new and unplanned review attendances only.

Time Spent in ED for Admitted Patients³⁵

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

Figure 21: Total Time Spent in an ED for those Admitted to Hospital (2015/16 – 2019/20)



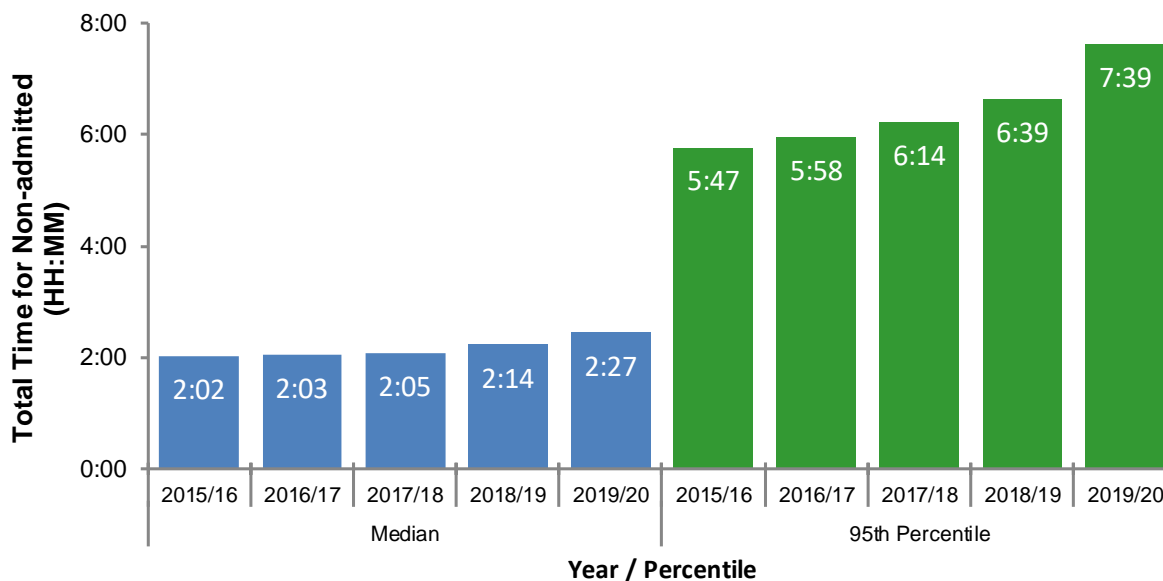
The median time spent in EDs for patients admitted to hospital was 7 hours and 19 minutes in 2019/20, 2 hours 26 minutes longer than in 2015/16 (4 hours 53 minutes) (Figure 21, Table 16).

During 2019/20, 95 per cent of patients were admitted to hospital within 25 hours 2 minutes of their arrival, 13 hours 40 minutes longer than 2015/16 (11 hours 22 mins) (Figure 21, Table 17).

³⁵ Information refers to new and unplanned review attendances only.

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 (2015/16 – 2019/20)



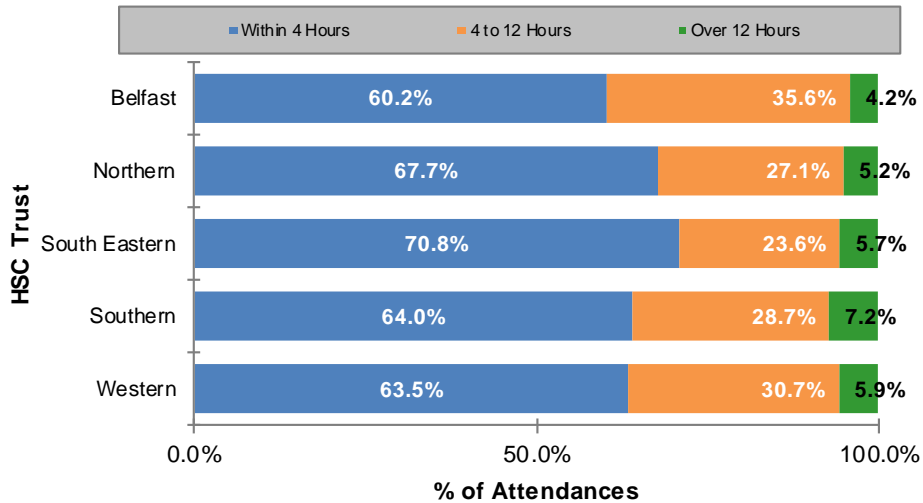
The median time spent in ED for patients not admitted to hospital was 2 hours 27 minutes in 2019/20, 25 minutes longer than 2015/16 (2 hours 2 minutes) (Figure 22, Table 18).

During 2019/20, 95 per cent of patients were discharged home (not admitted) within 7 hours 39 minutes, 1 hour 52 minutes longer than 2015/16 (5 hours 47 minutes) (Figure 22, Table 19).

Financial Year 2019/20

Figure 23 details the annual waiting times for new and unplanned review attendances during 2019/20, for each HSC Trust in Northern Ireland.

Figure 23: Waiting Times at ED, by HSC Trust (2019/20)³⁶



During 2019/20, the South Eastern HSC Trust reported the highest percentage of attendances waiting up to 4 hours (70.8%), whilst the Belfast HSC Trust reported the lowest (60.2%) (Figure 23, Table 7).

Over half (55.4%) of the 45,401 attendances waiting longer than 12 hours in 2019/20 were in Craigavon Area (9,356) and the Ulster (9,270) EDs (Table 10).

During 2019/20, no patient waited more than 12 hours at Eye Casualty, Mid Ulster, Ards, Bangor, South Tyrone and Omagh EDs (Table 16).

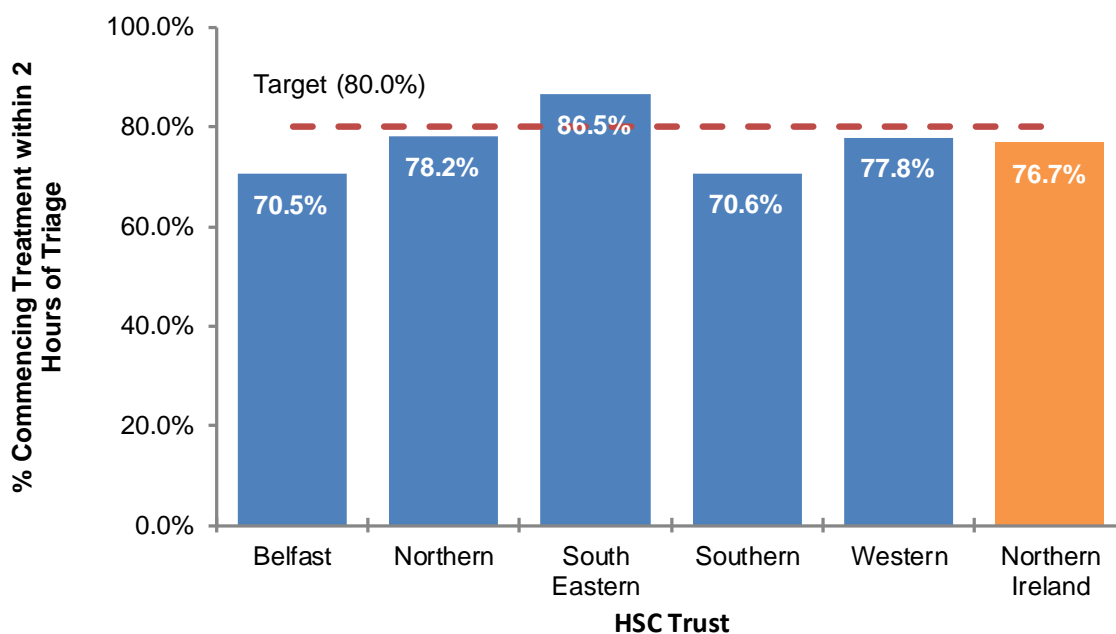
No Type 1 ED achieved the 12-hour target (Table 10).

³⁶ Information refers to new and unplanned review attendances only.

Treatment Started within 2 hours of Triage³⁷

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 (2019/20)



During 2019/20, over three quarters (76.7%) of patients attending EDs commenced their treatment within 2 hours of being triaged (Figure 24, Table 11).

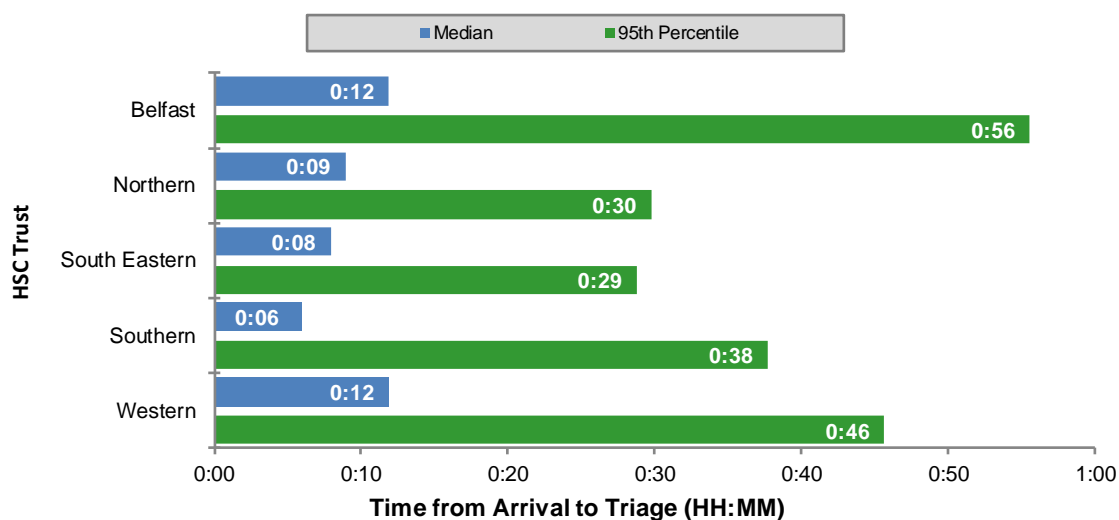
The South Eastern HSC Trust (86.5%) achieved the Target to commence treating patients within 2 hours of them being triaged (Figure 24, Table 11).

³⁷ Information refers to new and unplanned review attendances only.

Time from Arrival to Triage (Assessment)³⁸

Figure 25 details the median and 95th percentile for the length of time patients waited from arrival at an ED to being triaged (initial assessment) by a medical practitioner, by HSC Trust.

Figure 25: Time from Arrival to Triage, by HSC Trust (2019/20)



During 2019/20, the median waiting time from arrival at an ED to triage ranged from 6 minutes in the Southern HSC Trust to 12 minutes in the Belfast and Western HSC Trusts (Figure 25, Table 12).

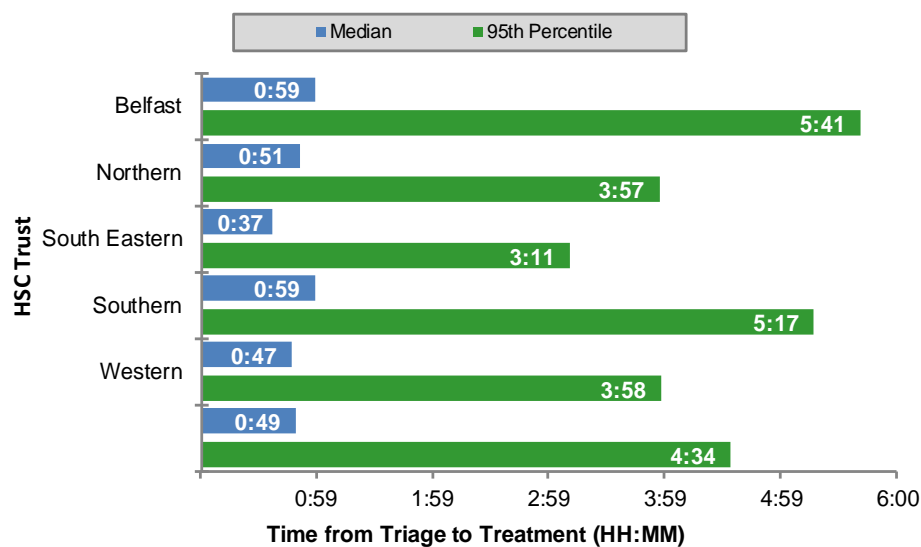
During the same period, 95 per cent of patients were triaged within 29 minutes of their arrival at EDs in the South Eastern HSC Trust, compared with 56 minutes in the Belfast HSC Trust (Figure 25, Table 13).

³⁸ Information refers to new and unplanned review attendances only.

Time from Triage to Start of Treatment³⁹

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 (2019/20)



The median waiting time from triage to start of treatment in 2019/20 was lowest in the South Eastern HSC Trust (37 minutes) and highest in the Belfast and Southern HSC Trusts (59 minutes) (Figure 26, Table 14).

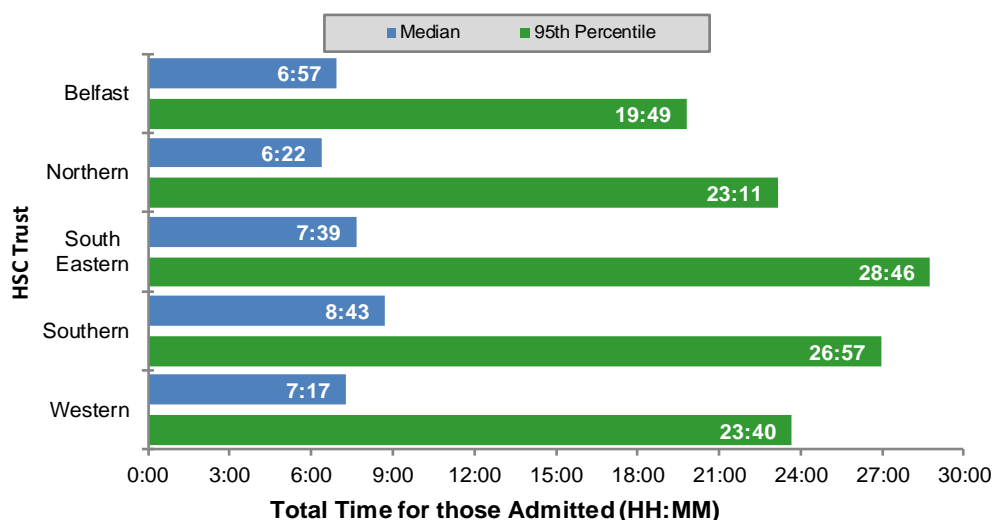
During 2019/20, 95 per cent of patients commenced their treatment within 3 hours 11 minutes of being triaged at an ED in the South Eastern HSC Trust, compared with 5 hours 41 minutes in the Belfast HSC Trust (Figure 26, Table 15).

³⁹ Information refers to new and unplanned review attendances only.

Time Spent in ED for Admitted Patients⁴⁰

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 (2019/20)



The Southern HSC Trust reported the longest median waiting time (8 hours 43 minutes) for patients admitted to hospital in 2019/20, whilst the Northern HSC Trust reported the shortest (6 hours 22 minutes) (Figure 27, Table 16).

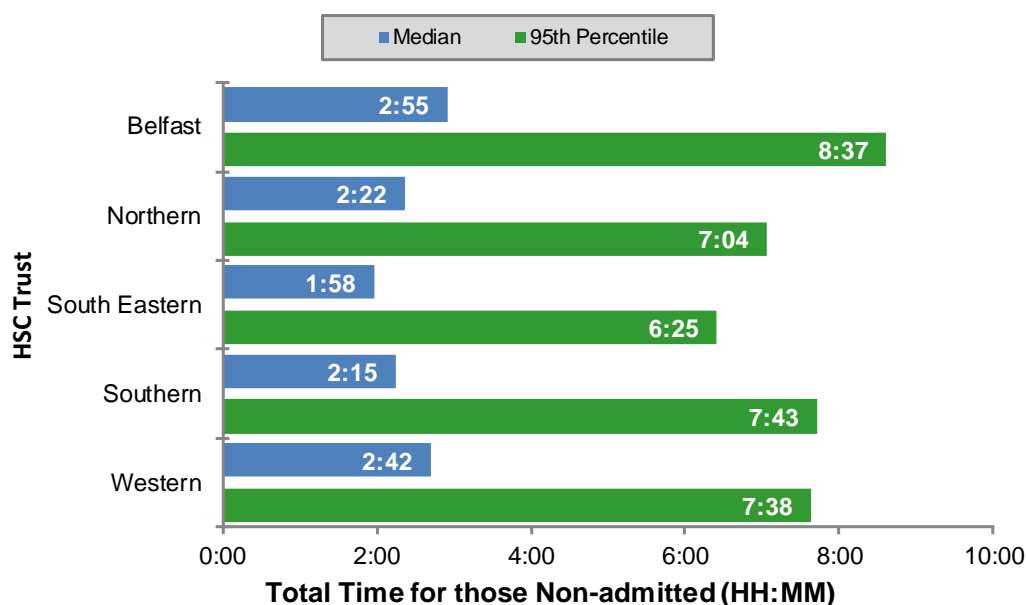
During 2019/20, 95 per cent of patients were admitted to hospital within 19 hours 49 minutes in the Belfast HSC Trust, compared with 28 hours 46 minutes in the South Eastern HSC Trust. (Figure 27, Table 17).

⁴⁰ Information refers to new and unplanned review attendances only.

Time Spent in ED for Non-admitted Patients⁴¹

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.

Figure 28: Total Time Spent in an ED for Non-admitted Patients, by HSC Trust (2019/20)



In 2019/20, the median waiting time for patients not admitted to hospital ranged from 1 hour 58 minutes in the South Eastern HSC Trust to 2 hours 55 minutes in the Belfast HSC Trust (Figure 28, Table 18).

During the same period, 95 per cent of patients were discharged home within 6 hours 25 minutes of arrival at EDs in the South Eastern HSC Trust, compared with 8 hours 37 minutes in the Belfast HSC Trust (Figure 28, Table 19).

⁴¹ Information refers to new and unplanned review attendances only.

Department Type⁴²

Almost all (99.6%) attendances at Type 3 EDs were treated, admitted or discharged within 4 hours of their arrival in the ED during 2019/20, compared with 80.2% in Type 2 EDs and 59.2% in Type 1 EDs (Table 6).

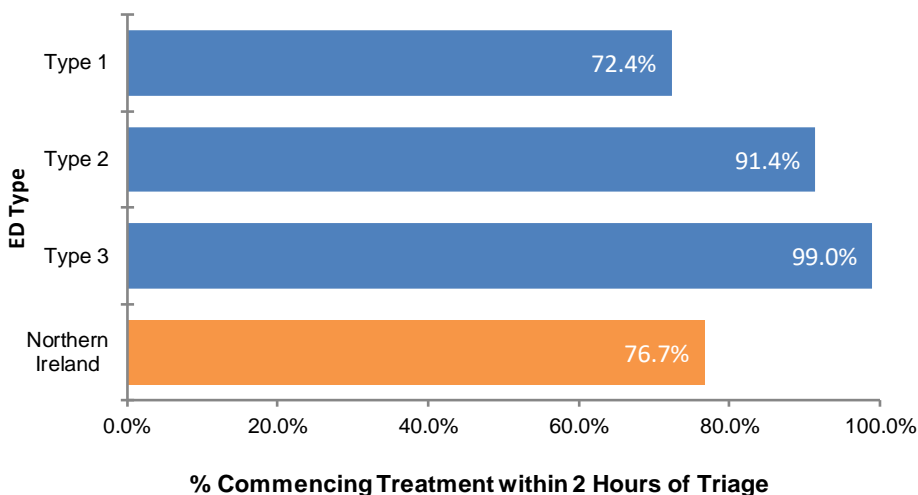
During 2019/20, 99.3% (45,074) of attendances waiting longer than 12 hours were in Type 1 EDs, with 0.7% (327) in Type 2 EDs (Table 18).

No patients waited longer than 12 hours at any Type 3 ED.

Time to Start Treatment Following Triage⁴³

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

Figure 29: Percentage of Patients Commencing Treatment, following Triage, within 2 Hours by ED Type (2019/20)



Almost three quarters (72.4%) of patients attending Type 1 EDs commenced treatment within 2 hours of being triaged, compared with 91.4% at Type 2 EDs and 99.0% at Type 3 EDs (Figure 29, Table 11).

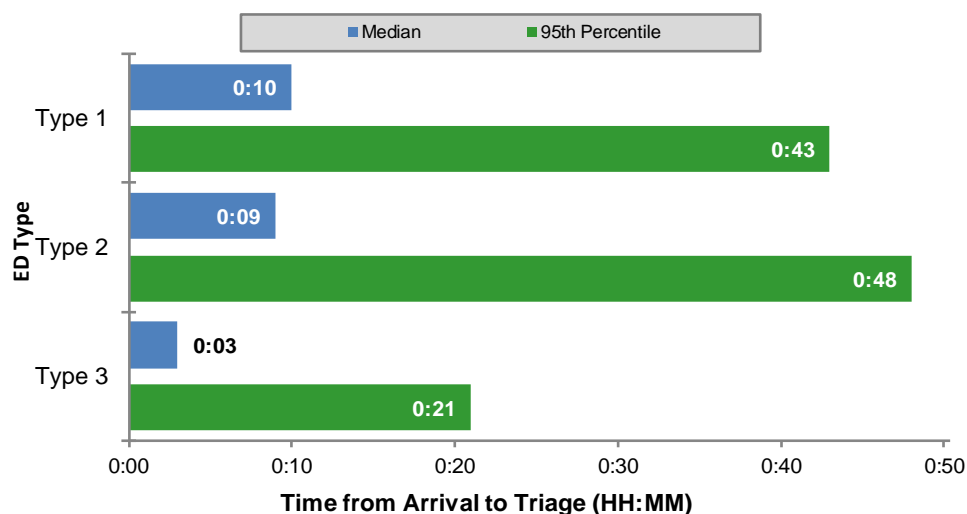
⁴² 7 Refer to Appendix 1: Definitions – points 1.1 – 1.5

⁴³ Information refers to new and unplanned review attendances only.

Time from Arrival to Triage (Assessment)⁴⁴

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 (2019/20)



During 2019/20, 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 12).

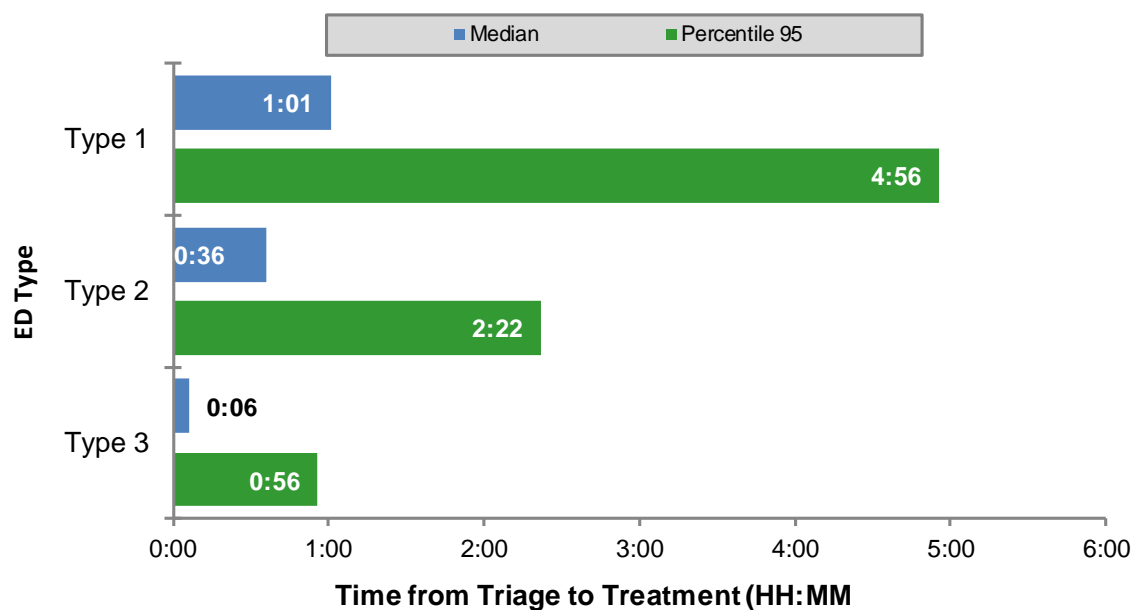
During the same period, 95 per cent of patients were triaged within 21 minutes at Type 3 EDs, compared with 48 minutes at Type 2 EDs (Figure 30, Table 13).

⁴⁴ Information refers to new and unplanned review attendances only.

Time from Triage to Start of Treatment⁴⁵

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 (2019/20)



The median waiting time from triage to start of treatment in 2019/20 was shortest at Type 3 EDs (6 minutes) and longest at Type 1 EDs (1 hour 1 minute) (Figure 31, Table 14).

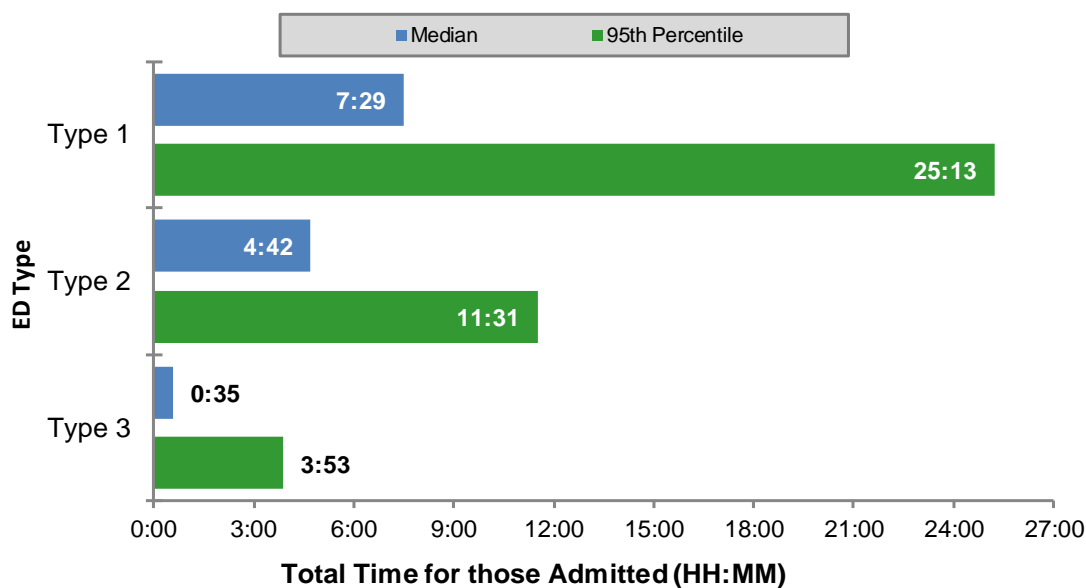
During 2019/20, 95 per cent of patients commenced their treatment within 56 minutes at Type 3 EDs, compared with 4 hours 56 minutes of being triaged at Type 1 EDs. (Figure 31, Table 15).

⁴⁵ Information refers to new and unplanned review attendances only.

Time Spent in ED for Admitted Patients⁴⁶

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

Figure 32: Total Time Spent in an ED for those Admitted to Hospital, by ED Type (2019/20)



Type 1 EDs reported the highest median waiting time (7 hours 29 minutes) for patients admitted to hospital in 2019/20, compared with 4 hours 42 minutes at Type 2 EDs and 35 minutes at Type 3 EDs (Figure 32, Table 16).

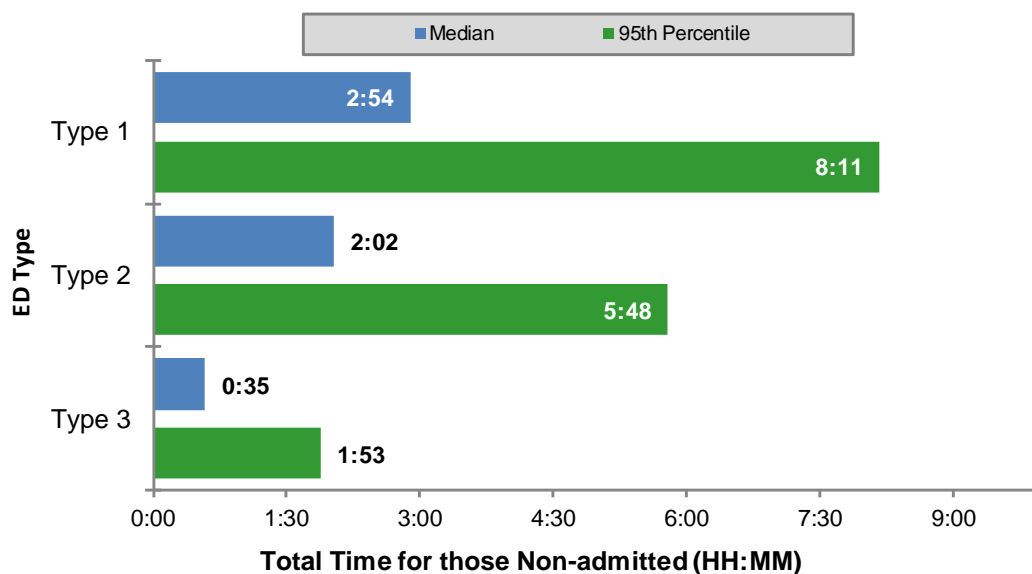
During 2019/20, 95 per cent of patients were admitted to hospital in 3 hours 53 minutes at Type 3 EDs, 11 hours 31 minutes at Type 2 EDs and 25 hours 13 minutes at Type 1 EDs (Figure 32, Table 17).

⁴⁶ Information refers to new and unplanned review attendances only.

Time Spent in ED for Non-admitted Patients⁴⁷

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 (2019/20)



In 2019/20, the median time spent in EDs for patients not admitted to hospital ranged from 35 minutes at Type 3 EDs to 2 hours 54 minutes at Type 1 EDs (Figure 33, Table 18).

During the same period, 95 per cent of patients were discharged home (not admitted) within 1 hour 53 minutes at Type 3 EDs, compared with 8 hours 11 minutes at Type 1 EDs (Figure 33, Table 19).

⁴⁷ Information refers to new and unplanned review attendances only.

Patient Transport & Emergency Response^{48,49}

The Northern Ireland Ambulance Service (NIAS) implemented a revised Clinical Response Model (CRM) on 12th November 2019. However due to issues with IT systems and pressures with COVID-19, they have not been able to provide information on response times for this year's statistical publication.

An outline of revised Clinical Response Model (CRM) is detailed below.

In particular, call classifications have changed and it is therefore not possible to directly compare call categories A, B and C of previous years with the new call classifications.

The previous call categories from the KA34 Return are shown in the table below.

Call Type	Category/ Code
999 Potentially immediately life threatening	Category A (Purple/ Red)
999 Serious but not life threatening	Category B (Amber)
999 Neither life threatening or serious	Category C (Green)
Healthcare Professional Calls (HCP)(GPs who 'book' an ambulance after seeing a patient and deciding they need to be admitted to hospital within a set time frame)	HCP Calls
Routine	Routine

Category A calls

Previously figures were reported on the number of Category A calls and the number of Category A calls responded to within 8 minutes. Category A calls were defined as ***potentially immediately life threatening***.

The previous target was "By March 2020, 72.5% of Category A (life threatening) calls responded to within eight minutes, 67.5% in each LCG area."

Category B calls

Previously figures were reported on the number of Category B calls which arrived at the scene of an incident. Category B calls are defined as calls which are ***serious but not life threatening***.

Category C calls

Previously figures were reported on the number of Category C broken down into Healthcare Professional (HPC) and Non-Healthcare Professional (Non-HCP). Category C calls are defined as calls which are an ***urgent problem***.

⁴⁸ NIAS Data for 2018/19 is provisional

⁴⁹ See Appendix 4 for further information.

- 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 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.

For the purposes of this statistical release Category C calls will be reported as a total number and not broken down into HCP and Non-HCP calls.

The new call categories from the AQI are in the table below.

Call type	Category / code
999 Immediately life threatening	Category 1
999 Emergency – potentially serious incidents	Category 2
Urgent Problem	Category 3
Less urgent problem	Category 4

The new CRM reports two aspects of the response time, (i) the median response time, which is the time below which 50% of calls were responded to, and (ii) the 90th percentile, which is the time below which 95% of calls were responded to.

The new targets are as follows.

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

As the previous CRM reported on the number/percentage of responses within the target time, and the revised CRM reports on the median and 90th percentile time for responses, the figures are not comparable.

The category definitions were redefined therefore the categories are not comparable.

Category 1 calls

The new CRM states, Category 1 calls are defined as **999 Immediately life threatening**. There are two sub-categories;

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

The new targets states that 50% of Category 1 calls should be responded to within 8 minutes, 90% should be responded to within 15 minutes.

The new targets states that 50% of Category 1T calls should be responded to within 19 minutes, 90% should be responded to within 30 minutes.

Category 2 calls

The new CRM states, Category 1 calls are defined as **999 Emergency – potentially serious incidents**.

Category 3 calls

The new CRM states, Category 1 calls are defined as an ***Urgent Problem***.

Category 4 calls

The new CRM states, Category 1 calls are defined as a ***Less Urgent Problem***.

Additional Tables

Table 1: Total Attendances at Emergency Care Departments (2015/16 – 2019/20)

Attendance Type	Year					Percentage Change 2018/19 - 2019/20	Percentage Change 2015/16 - 2018/19
	2015/16	2016/17	2017/18	2018/19	2019/20		
New	701,444	733,491	753,700	779,463	769,204	-1.3%	9.7%
Unplanned	35,297	37,028	39,791	43,325	44,815	3.4%	27.0%
Planned	26,559	27,147	29,745	27,734	25,687	-7.4%	-3.3%
Total Attendances	763,185	797,666	823,236	850,522	839,706	-1.3%	10.0%

Source: KH09 (ii) Information Return

Table 2: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2019/20)

HSC Trust / Hospital	New		Unplanned Review		Planned Review		Total Attendances
	Number	%	Number	%	Number	%	
Mater	47,172	94.5%	1,613	3.2%	1,146	2.3%	49,931
RVH	92,035	95.0%	3,855	4.0%	1,037	1.1%	96,927
Eye Casualty	14,660	83.6%	832	4.7%	2,054	11.7%	17,546
RBHSC	37,061	88.4%	3,543	8.5%	1,317	3.1%	41,921
Belfast Trust	190,928	92.5%	9,843	4.8%	5,554	2.7%	206,325
Antrim Area	85,466	92.8%	4,674	5.1%	1,923	2.1%	92,063
Causeway	45,507	91.3%	3,495	7.0%	831	1.7%	49,833
Mid Ulster	10,449	92.9%	413	3.7%	389	3.5%	11,251
Northern Trust	141,422	92.3%	8,582	5.6%	3,143	2.1%	153,147
Ards MIU	12,375	92.1%	542	4.0%	515	3.8%	13,432
Bangor MIU	9,727	91.0%	513	4.8%	452	4.2%	10,692
Downe	22,630	90.0%	1,195	4.8%	1,319	5.2%	25,144
Lagan Valley	25,745	91.2%	955	3.4%	1,542	5.5%	28,242
Ulster	93,053	92.7%	2,564	2.6%	4,778	4.8%	100,395
South Eastern Trust	163,530	91.9%	5,769	3.2%	8,606	4.8%	177,905
Craigavon Area	76,164	89.2%	6,527	7.6%	2,676	3.1%	85,367
Daisy Hill	51,124	91.9%	3,536	6.4%	982	1.8%	55,642
South Tyrone	31,138	90.3%	1,583	4.6%	1,746	5.1%	34,467
Southern Trust	158,426	90.3%	11,646	6.6%	5,404	3.1%	175,476
Altnagelvin Area	63,600	90.9%	4,350	6.2%	2,012	2.9%	69,962
South West Acute	35,051	90.6%	3,035	7.8%	596	1.5%	38,682
Omagh	16,247	89.2%	1,590	8.7%	372	2.0%	18,209
Western Trust	114,898	90.6%	8,975	7.1%	2,980	2.3%	126,853
Northern Ireland	769,204	91.6%	44,815	5.3%	25,687	3.1%	839,706

Source: KH09 (ii) Information Return

Table 3: Total Attendances at Emergency Care Departments by Department Type (2019/20)

Emergency Care Department Type	New Attendances		Unplanned Review Attendances		Planned Review Attendances		Total Attendances
	Number	%	Number	%	Number	%	
Type 1	626,233	92.0%	37,192	5.5%	17,298	2.5%	680,723
Type 2	63,035	88.9%	2,982	4.2%	4,915	6.9%	70,932
Type 3	79,936	90.8%	4,641	5.3%	3,474	3.9%	88,051
Total	769,204	91.6%	44,815	5.3%	25,687	3.1%	839,706

Source: KH09 (ii) Information Return

Table 4: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2015/16 – 2019/20)

HSC Trust / Hospital	Total Attendances				
	2015/16	2016/17	2017/18	2018/19	2019/20
Mater	48,524	50,140	50,856	51,326	49,931
Royal Victoria	91,080	94,422	98,480	99,868	96,927
Royal Victoria (RAES & ENT)	-	-	-	-	-
Eye Casualty	15,637	16,848	17,030	18,036	17,546
RBHSC	38,632	39,869	40,612	40,923	41,921
Belfast	193,873	201,279	206,978	210,153	206,325
Antrim Area	80,015	84,320	87,430	89,444	92,063
Causeway	44,513	44,444	46,035	48,998	49,833
Mid Ulster	9,601	10,117	10,410	11,372	11,251
Whiteabbey	-	-	-	-	-
Northern	134,129	138,881	143,875	149,814	153,147
Ards	11,096	11,890	12,367	12,941	13,432
Bangor	9,303	10,223	10,229	11,027	10,692
Downe	20,229	22,051	23,710	24,320	25,144
Lagan Valley	23,272	25,058	25,550	27,112	28,242
Ulster	93,539	96,533	98,908	100,900	100,395
South Eastern	157,439	165,755	170,764	176,300	177,905
Armagh Community	-	-	-	-	-
Craigavon Area	84,127	86,241	89,570	89,559	85,367
Daisy Hill	51,268	54,925	56,248	58,277	55,642
South Tyrone	28,766	32,137	35,003	37,436	34,467
Southern	164,161	173,303	180,821	185,272	175,476
Altnagelvin Area	63,103	65,995	67,668	71,865	69,962
Erne / South West Acute	32,240	34,152	35,809	38,260	38,682
Omagh	18,240	18,301	17,321	18,858	18,209
Western	113,583	118,448	120,798	128,983	126,853
Northern Ireland	763,185	797,666	823,236	850,522	839,706

Source: KH09 (ii) Information Return

Table 5: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments (2015/16 – 2019/20)

Waiting Time at Emergency Care Department	Year					Percentage Change 2017/18 - 2018/19	Percentage Change 2015/16 - 2018/19
	2015/16	2016/17	2017/18	2018/19	2019/20		
Number Within 4 Hours	560,470	573,349	582,604	575,269	529,937	-7.9%	-5.4%
<i>Percentage Within 4 Hours</i>	76.1%	74.4%	73.4%	69.9%	65.1%	-4.8%	-11.0%
Number Between 4 & 12 Hours	172,284	190,380	194,203	222,252	238,935	7.5%	38.7%
<i>Percentage Between 4 & 12 Hours</i>	23.4%	24.7%	24.5%	27.0%	29.3%	2.3%	6.0%
Number Over 12 Hours	3,875	6,494	17,347	25,326	45,401	79.3%	1071.6%
<i>Percentage Over 12 Hours</i>	0.5%	0.8%	2.2%	3.1%	5.6%	2.5%	5.0%
Total	736,629	770,223	794,154	822,847	814,273	-1.0%	10.5%

Source: Regional Data Warehouse & EC1 Information Return

Table 63: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by Department Type (2019/20)

Emergency Care Department Type	Within 4 Hours		4 to 12 Hours		Over 12 Hours		Total (New and Unplanned Reviews)
	Number	%	Number	%	Number	%	
Type 1	392,737	59.2%	225,867	34.0%	45,074	6.8%	663,678
Type 2	52,925	80.2%	12,766	19.3%	327	0.5%	66,018
Type 3	84,275	99.6%	302	0.4%	0	0.0%	84,577
Total	529,937	65.1%	238,935	29.3%	45,401	5.6%	814,273

Source: Regional Data Warehouse & EC1 Information Return

Table 7: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by HSC Trust / Hospital (2019/20)

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	30,367	62.2%	16,424	33.7%	2,010	4.1%	48,801
Royal Victoria	46,262	48.2%	43,118	45.0%	6,508	6.8%	95,888
Eye Casualty	11,752	75.9%	3,740	24.1%	0	0.0%	15,492
RBHSC	32,560	80.0%	8,145	20.0%	1	0.0%	40,706
Belfast Trust	120,941	60.2%	71,427	35.6%	8,519	4.2%	200,887
Antrim Area	56,262	62.4%	28,763	31.9%	5,140	5.7%	90,165
Causeway	34,480	70.3%	11,946	24.4%	2,600	5.3%	49,026
Mid Ulster	10,861	100.0%	1	0.0%	0	0.0%	10,862
Northern Trust	101,603	67.7%	40,710	27.1%	7,740	5.2%	150,053
Ards MIU	12,911	100.0%	6	0.0%	0	0.0%	12,917
Bangor MIU	10,238	100.0%	2	0.0%	0	0.0%	10,240
Downe	20,691	86.8%	2,861	12.0%	273	1.1%	23,825
Lagan Valley	20,482	76.7%	6,165	23.1%	54	0.2%	26,701
Ulster	55,523	58.0%	30,869	32.3%	9,270	9.7%	95,662
South Eastern Trust	119,845	70.8%	39,903	23.6%	9,597	5.7%	169,345
Craigavon Area	39,724	48.0%	33,630	40.7%	9,356	11.3%	82,710
Daisy Hill	36,492	66.7%	15,264	27.9%	2,928	5.4%	54,684
South Tyrone	32,715	100.0%	6	0.0%	0	0.0%	32,721
Southern Trust	108,931	64.0%	48,900	28.7%	12,284	7.2%	170,115
Altnagelvin Area	38,367	56.5%	24,840	36.6%	4,743	7.0%	67,950
South West Acute	22,700	59.6%	12,868	33.8%	2,518	6.6%	38,086
Omagh	17,550	98.4%	287	1.6%	0	0.0%	17,837
Western Trust	78,617	63.5%	37,995	30.7%	7,261	5.9%	123,873
Northern Ireland	529,937	65.1%	238,935	29.3%	45,401	5.6%	814,273

Source: Regional Data Warehouse & EC1 Information Return

Table 84: New & Unplanned Review Attendances by HSC Trust / Hospital (2015/16 – 2019/20)

HSC Trust / Hospital	New & Unplanned Review Attendances				
	2015/16	2016/17	2017/18	2018/19	2019/20
Mater	46,565	47,771	48,323	50,092	48,801
Royal Victoria	88,940	92,643	96,850	98,592	95,888
Royal Victoria (ENT & RAES)	-	-	-	-	-
Eye Casualty	14,699	16,564	17,108	16,229	15,492
RBHSC	37,328	38,580	39,409	39,753	40,706
Belfast HSCT	187,532	195,558	201,690	204,666	200,887
Antrim Area	78,426	82,435	85,198	87,366	90,165
Causeway	44,296	44,302	45,144	48,115	49,026
Mid Ulster	9,190	9,665	9,959	10,960	10,862
Whiteabbey	-	-	-	-	-
Northern HSCT	131,912	136,402	140,301	146,441	150,053
Ards	10,660	11,540	11,935	12,469	12,917
Bangor	8,953	9,982	9,843	10,659	10,240
Downe	19,328	21,103	22,579	23,116	23,825
Lagan Valley	22,270	23,795	24,421	25,956	26,701
Ulster	90,146	92,967	94,984	96,538	95,662
South Eastern HSCT	151,357	159,387	163,762	168,738	169,345
Armagh & Mullinure	-	-	-	-	-
Craigavon Area	80,996	83,317	86,575	86,589	82,710
Daisy Hill	50,076	53,477	54,863	57,246	54,684
South Tyrone	26,322	29,438	30,901	33,994	32,721
Southern HSCT	157,394	166,232	172,339	177,829	170,115
Altnagelvin Area	60,126	62,559	65,241	69,626	67,950
Erne / South West Acute	31,553	33,327	34,831	37,360	38,086
Omagh	16,755	16,758	15,990	18,187	17,837
Western HSCT	108,434	112,644	116,062	125,173	123,873
Northern Ireland	736,629	770,223	794,154	822,847	814,273

Source: Regional Data Warehouse & EC1 Information Return

Table 95: New & Unplanned Review Attendances seen within 4 hours by HSC Trust / Hospital (2015/16 – 2019/20)

HSC Trust / Hospital	Percentage Seen within 4 hours				
	2015/16	2016/17	2017/18	2018/19	2019/20
Mater	74.7%	72.6%	71.6%	69.8%	62.2%
Royal Victoria	65.4%	64.6%	66.8%	56.6%	48.2%
Royal Victoria (ENT & RAES)	-	-	-	-	-
Eye Casualty	100.0%	93.4%	86.7%	80.0%	75.9%
RBHSC	89.1%	86.1%	81.5%	81.0%	80.0%
Belfast HSC Trust	75.1%	73.2%	72.5%	66.4%	60.2%
Antrim Area	62.5%	66.8%	64.3%	63.0%	62.4%
Causeway	66.6%	62.8%	66.4%	71.3%	70.3%
Mid Ulster	100.0%	100.0%	100.0%	100.0%	100.0%
Whiteabbey	-	-	-	-	-
Northern HSC Trust	66.5%	67.9%	67.5%	68.5%	67.7%
Ards	100.0%	100.0%	100.0%	100.0%	100.0%
Bangor	100.0%	100.0%	100.0%	100.0%	100.0%
Downe	91.8%	89.8%	90.9%	90.9%	86.8%
Lagan Valley	88.6%	88.0%	86.0%	79.8%	76.7%
Ulster	71.1%	71.9%	65.2%	61.3%	58.0%
South Eastern HSC Trust	80.1%	80.5%	76.5%	73.5%	70.8%
Armagh & Mullinure	-	-	-	-	-
Craigavon Area	72.0%	66.6%	66.0%	56.4%	48.0%
Daisy Hill	82.7%	74.7%	73.7%	69.3%	66.7%
South Tyrone	100.0%	100.0%	100.0%	100.0%	100.0%
Southern HSC Trust	80.1%	75.1%	74.5%	68.9%	64.0%
Altnagelvin Area	70.0%	68.6%	70.2%	71.2%	56.5%
Erne / South West Acute	81.7%	74.4%	75.3%	66.6%	59.6%
Omagh	99.9%	99.8%	99.7%	99.0%	98.4%
Western HSC Trust	78.0%	75.0%	75.8%	73.8%	63.5%
Northern Ireland	76.1%	74.4%	73.4%	69.9%	65.1%

Source: Regional Data Warehouse & EC1 Information Return

Table 10: New & Unplanned Review Attendances Waiting Over 12 hours by HSC Trust / Hospital (2015/16 – 2019/20)

HSC Trust/Hospital	Number Waiting Over 12 Hours				
	2015/16	2016/17	2017/18	2018/19	2019/20
Mater	340	590	1,156	1,182	2,010
Royal Victoria	577	1,124	1,888	3,120	6,508
Royal Victoria (ENT & RAES)	-	-	-	-	-
Eye Casualty	0	0	0	0	0
RBHSC	0	0	0	0	1
Belfast HSCT	917	1,714	3,044	4,302	8,519
Antrim Area	1,058	1,587	3,545	4,330	5,140
Causeway	29	306	943	1,200	2,600
Mid Ulster	0	0	0	0	0
Whiteabbey	0	-	-	-	-
Northern HSCT	1,087	1,893	4,488	5,530	7,740
Ards	0	0	0	0	0
Bangor	0	0	0	0	0
Downe	46	182	211	105	273
Lagan Valley	0	17	150	89	54
Ulster	1,560	1,279	4,553	6,486	9,270
South Eastern HSCT	1,606	1,478	4,914	6,680	9,597
Armagh & Mullinure	0	-	-	-	-
Craigavon Area	75	621	2,570	4,609	9,356
Daisy Hill	18	289	1,086	1,474	2,928
South Tyrone	0	0	0	0	0
Southern HSCT	93	910	3,656	6,083	12,284
Altnagelvin Area	114	304	854	1,439	4,743
Erne / South West Acute	58	195	391	1,292	2,518
Omagh	0	0	0	0	0
Western HSCT	172	499	1,245	2,731	7,261
Northern Ireland	3,875	6,494	17,347	25,326	45,401

Source: Regional Data Warehouse & EC1 Information Return

Table 11: Percentage of New and Unplanned Review Attendances Commencing Treatment within 2 hours of Triage (2015/16 – 2018/19)^{50, 51}

HSC Trust / Hospital / Department Type	Percentage of Attendances Commencing Treatment within 2 Hours of Triage				
	2015/16	2016/17	2017/18	2018/19	2019/20
Mater	79.9%	80.1%	79.3%	74.6%	70.5%
Royal Victoria	75.6%	75.7%	72.4%	66.1%	62.5%
Eye Casualty	-	-	-	-	-
RBHSC	87.4%	85.6%	84.3%	86.7%	85.5%
Belfast Trust	79.5%	79.2%	77.0%	73.2%	70.5%
Antrim Area	66.5%	71.0%	66.5%	67.7%	68.3%
Causeway	78.7%	77.6%	84.5%	90.5%	90.0%
Mid Ulster	100.0%	100.0%	100.0%	99.9%	99.9%
Whiteabbey	-	-	-	-	-
Northern Trust	73.0%	75.5%	75.4%	78.3%	78.2%
Ards	100.0%	100.0%	100.0%	99.9%	99.9%
Bangor	100.0%	100.0%	100.0%	100.0%	99.9%
Downe	92.8%	94.9%	96.5%	97.3%	94.1%
Lagan Valley	90.8%	93.3%	92.9%	89.9%	89.1%
Ulster	81.0%	83.6%	79.2%	80.8%	80.6%
South Eastern Trust	86.5%	88.8%	86.4%	87.1%	86.5%
Armagh/Mullinure	-	-	-	-	-
Craigavon Area	70.9%	69.3%	67.9%	63.2%	57.1%
Daisy Hill	82.6%	79.9%	88.4%	75.0%	73.1%
South Tyrone	100.0%	100.0%	100.0%	100.0%	100.0%
Southern Trust	79.5%	78.0%	80.0%	74.1%	70.6%
Altnagelvin Area	82.2%	83.6%	87.2%	88.1%	71.8%
Erne / South West Acute	90.0%	92.0%	87.3%	84.7%	80.1%
Omagh	99.3%	99.2%	98.9%	97.0%	95.4%
Western Trust	87.2%	88.4%	88.9%	88.4%	77.8%
Type 1	77.9%	78.5%	77.9%	76.0%	72.4%
Type 2	91.7%	94.0%	94.6%	93.3%	91.4%
Type 3	99.8%	99.8%	99.8%	99.4%	99.0%
Northern Ireland	81.0%	81.9%	81.3%	79.8%	76.7%

Source: Regional Data Warehouse

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

⁵¹ Information for those commencing treatment within 2 hours is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 12: Median Waiting Time from Arrival to Triage (2015/16 – 2019/20)^{52, 53}

HSC Trust / Hospital / Department Type	Waiting Time from Arrival to Triage (Median) HH:MM				
	2015/16	2016/17	2017/18	2018/19	2019/20
Mater	0:08	0:08	0:09	0:09	0:10
Royal Victoria	0:10	0:09	0:09	0:13	0:14
Eye Casualty	-	-	-	0:15	0:22
RBHSC	0:10	0:11	0:11	0:11	0:10
Belfast Trust	0:09	0:09	0:09	0:11	0:12
Antrim Area	0:08	0:08	0:08	0:08	0:10
Causeway	0:11	0:11	0:10	0:09	0:10
Mid Ulster	0:02	0:02	0:02	0:02	0:02
Whiteabbey	-	-	-	-	-
Northern Trust	0:08	0:08	0:08	0:08	0:09
Ards	0:03	0:03	0:03	0:03	0:03
Bangor	0:04	0:03	0:03	0:04	0:05
Downe	0:06	0:06	0:06	0:06	0:06
Lagan Valley	0:07	0:08	0:08	0:08	0:08
Ulster	0:09	0:08	0:09	0:10	0:11
South Eastern Trust	0:07	0:07	0:08	0:08	0:08
Armagh/Mullinure	-	-	-	-	-
Craigavon Area	0:08	0:08	0:08	0:10	0:11
Daisy Hill	0:06	0:06	0:06	0:05	0:05
South Tyrone	0:01	0:01	0:01	0:01	0:01
Southern Trust	0:06	0:06	0:05	0:06	0:06
Altnagelvin Area	0:12	0:14	0:14	0:11	0:13
Erne / South West Acute	0:12	0:14	0:10	0:11	0:12
Omagh	0:00	0:00	0:00	0:10	0:08
Western Trust	0:10	0:12	0:11	0:11	0:12
Type 1	0:09	0:09	0:09	0:10	0:10
Type 2	0:07	0:07	0:07	0:08	0:09
Type 3	0:01	0:01	0:02	0:03	0:03
Northern Ireland	0:08	0:08	0:08	0:09	0:09

Source: Regional Data Warehouse

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

⁵³ Information on time to triage 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 Waiting Time from Arrival to Triage (2015/16 – 2019/20)^{54, 55}

HSC Trust / Hospital / Department Type	Waiting Time from Arrival to Triage (95th Percentile) HH:MM				
	2015/16	2016/17	2017/18	2018/19	2019/20
Mater	0:25	0:26	0:27	0:29	0:38
Royal Victoria	0:37	0:32	0:36	0:49	0:59
Eye Casualty	-	-	-	1:06	1:21
RBHSC	0:44	0:44	0:47	0:46	0:50
Belfast Trust	0:36	0:34	0:37	0:46	0:56
Antrim Area	0:23	0:25	0:25	0:25	0:31
Causeway	0:36	0:34	0:31	0:28	0:31
Mid Ulster	0:08	0:08	0:08	0:08	0:08
Whiteabbey	-	-	-	-	-
Northern Trust	0:27	0:28	0:27	0:25	0:30
Ards	0:16	0:14	0:15	0:17	0:16
Bangor	0:16	0:16	0:15	0:18	0:22
Downe	0:19	0:23	0:23	0:20	0:23
Lagan Valley	0:20	0:22	0:22	0:23	0:24
Ulster	0:28	0:26	0:30	0:30	0:32
South Eastern Trust	0:25	0:24	0:27	0:27	0:29
Armagh/Mullinure	-	-	-	-	-
Craigavon Area	0:28	0:29	0:34	0:41	0:51
Daisy Hill	0:20	0:18	0:18	0:16	0:15
South Tyrone	0:09	0:10	0:09	0:10	0:10
Southern Trust	0:24	0:24	0:27	0:32	0:38
Altnagelvin Area	0:37	0:42	0:43	0:33	0:48
Erne / South West Acute	0:51	0:58	0:42	0:39	0:44
Omagh	0:25	0:15	0:36	0:49	0:40
Western Trust	0:41	0:45	0:42	0:37	0:46
Type 1	0:33	0:33	0:34	0:36	0:43
Type 2	0:20	0:22	0:23	0:36	0:48
Type 3	0:14	0:12	0:14	0:24	0:21
Northern Ireland	0:31	0:31	0:32	0:35	0:42

Source: Regional Data Warehouse

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

⁵⁵ Information on time to triage is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 14: Median Waiting Time from Triage to Start of Treatment (2015/16 – 2019/20)^{56, 57}

HSC Trust / Hospital / Department Type	Waiting Time from Triage to Start of Treatment (Median) HH:MM				
	2015/16	2016/17	2017/18	2018/19	2019/20
Mater	0:48	0:49	0:50	0:55	1:00
Royal Victoria	0:54	0:51	0:58	1:10	1:15
Eye Casualty	-	-	-	-	-
RBHSC	0:45	0:49	0:45	0:45	0:44
Belfast Trust	0:50	0:50	0:52	0:58	0:59
Antrim Area	1:17	1:08	1:17	1:17	1:18
Causeway	0:44	0:49	0:40	0:36	0:33
Mid Ulster	0:04	0:05	0:04	0:04	0:05
Whiteabbey	-	-	-	-	-
Northern Trust	0:57	0:53	0:53	0:50	0:51
Ards	0:06	0:05	0:06	0:11	0:10
Bangor	0:03	0:03	0:03	0:05	0:07
Downe	0:33	0:29	0:28	0:25	0:31
Lagan Valley	0:37	0:32	0:36	0:38	0:42
Ulster	0:53	0:45	0:52	0:50	0:49
South Eastern Trust	0:38	0:32	0:35	0:36	0:37
Armagh/Mullinure	-	-	-	-	-
Craigavon Area	1:14	1:15	1:18	1:26	1:40
Daisy Hill	0:53	0:58	0:37	1:07	1:06
South Tyrone	0:01	0:02	0:00	0:02	0:03
Southern Trust	0:49	0:50	0:42	0:56	0:59
Altnagelvin Area	0:51	0:45	0:32	0:32	1:07
Erne / South West Acute	0:29	0:24	0:31	0:36	0:37
Omagh	0:10	0:10	0:10	0:13	0:13
Western Trust	0:35	0:31	0:28	0:30	0:47
Type 1	0:55	0:52	0:52	0:56	1:01
Type 2	0:35	0:30	0:32	0:31	0:36
Type 3	0:03	0:05	0:04	0:05	0:06
Northern Ireland	0:45	0:42	0:41	0:45	0:49

Source: Regional Data Warehouse

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

⁵⁷ Information on time to start of treatment is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits

Table 15: 95th Percentile Waiting Time from Triage to Start of Treatment (2015/16 – 2019/20)^{58, 59}

HSC Trust / Hospital / Department Type	Waiting Time from Triage to Start of Treatment (95th Percentile) HH:MM				
	2015/16	2016/17	2017/18	2018/19	2019/20
Mater	4:09	3:51	3:55	4:20	5:21
Royal Victoria	3:52	3:59	4:14	4:54	6:34
Eye Casualty	-	-	-	-	-
RBHSC	2:45	2:53	3:06	2:53	2:59
Belfast Trust	3:42	3:44	3:56	4:26	5:41
Antrim Area	4:59	4:29	5:01	4:58	4:38
Causeway	4:11	4:21	3:16	2:34	2:36
Mid Ulster	0:33	0:39	0:26	0:23	0:30
Whiteabbey	-	-	-	-	-
Northern Trust	4:40	4:19	4:24	4:11	3:57
Ards	0:33	0:34	0:35	0:54	0:54
Bangor	0:28	0:29	0:33	0:39	0:53
Downe	2:15	2:01	1:48	1:40	2:07
Lagan Valley	2:24	2:11	2:12	2:29	2:31
Ulster	3:19	3:12	3:33	3:40	4:02
South Eastern Trust	2:55	2:46	3:02	3:02	3:11
Armagh/Mullinure	-	-	-	-	-
Craigavon Area	3:40	3:57	4:37	5:39	6:41
Daisy Hill	3:07	3:26	2:45	3:46	4:01
South Tyrone	0:24	0:30	0:16	0:28	0:29
Southern Trust	3:21	3:36	3:46	4:38	5:17
Altnagelvin Area	3:10	3:11	2:58	2:53	4:12
Erne / South West Acute	2:35	2:28	2:59	3:11	4:03
Omagh	1:10	1:10	1:18	1:40	1:55
Western Trust	2:52	2:51	2:50	2:52	3:58
Type 1	3:44	3:44	3:53	4:15	4:56
Type 2	2:20	2:07	2:02	2:11	2:22
Type 3	0:41	0:44	0:40	0:51	0:56
Northern Ireland	3:33	3:31	3:39	3:58	4:34

Source: Regional Data Warehouse

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

⁵⁹ Information on time to start of treatment is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits

Table 16: Median Time Spent in ED by those Admitted to Hospital (2015/16 – 2019/20)^{60, 61}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Admitted to Hospital (Median) HH:MM				
	2015/16	2016/17	2017/18	2018/19	2019/20
Mater	4:12	4:51	5:21	5:44	6:45
Royal Victoria	5:27	6:20	6:02	6:58	8:17
Eye Casualty	-	-	-	2:38	2:44
RBHSC	3:10	3:21	3:28	3:50	3:55
Belfast Trust	4:42	5:18	5:19	6:02	6:57
Antrim Area	5:58	5:44	5:34	5:50	6:05
Causeway	5:52	6:22	6:27	6:17	7:05
Mid Ulster	1:32	1:18	1:17	0:09	0:52
Whiteabbey	-	-	-	-	-
Northern Trust	5:56	5:58	5:51	6:00	6:22
Ards	-	-	-	-	-
Bangor	-	-	-	-	-
Downe	3:43	3:39	3:46	3:16	4:03
Lagan Valley	3:52	3:59	4:22	4:45	5:14
Ulster	5:15	4:56	6:14	7:08	8:36
South Eastern Trust	4:56	4:45	5:50	6:29	7:39
Armagh/Mullinure	-	-	-	-	-
Craigavon Area	4:38	5:38	5:35	6:52	9:31
Daisy Hill	3:45	5:14	6:01	5:55	7:08
South Tyrone	-	-	-	-	-
Southern Trust	4:18	5:29	5:44	6:30	8:43
Altnagelvin Area	5:35	6:05	5:59	6:13	8:11
Erne / South West Acute	3:45	4:16	3:59	5:19	6:14
Omagh	0:10	0:12	0:25	0:34	0:35
Western Trust	4:43	5:15	5:09	5:42	7:17
Type 1	4:57	5:24	5:39	6:17	7:29
Type 2	3:50	3:54	4:07	4:08	4:42
Type 3	0:11	0:13	0:25	0:34	0:35
Northern Ireland	4:53	5:19	5:35	6:09	7:19

Source: Regional Data Warehouse

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

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

Table 17: 95th Percentile Time Spent in ED by those Admitted to Hospital (2015/16 – 2019/20)^{62, 63}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Admitted to Hospital (95th Percentile) HH:MM				
	2015/16	2016/17	2017/18	2018/19	2019/20
Mater	11:25	12:09	17:57	17:27	22:07
Royal Victoria	11:33	11:56	14:16	16:26	20:21
Eye Casualty	-	-	-	6:07	7:06
RBHSC	6:48	7:05	7:20	7:39	8:06
Belfast Trust	11:21	11:51	14:21	15:51	19:49
Antrim Area	11:55	15:02	20:42	21:24	22:36
Causeway	11:13	11:42	17:51	17:09	24:21
Mid Ulster	2:05	2:59	1:38	0:09	1:26
Whiteabbey	-	-	-	-	-
Northern Trust	11:44	13:08	20:03	20:29	23:11
Ards	-	-	-	-	-
Bangor	-	-	-	-	-
Downe	8:11	16:43	18:10	9:12	20:31
Lagan Valley	7:23	8:01	13:11	9:23	9:33
Ulster	14:00	12:00	21:52	23:29	29:58
South Eastern Trust	12:53	11:55	21:23	22:45	28:46
Armagh/Mullinure	-	-	-	-	-
Craigavon Area	10:45	11:52	17:09	20:43	28:16
Daisy Hill	8:29	11:44	16:51	18:57	23:23
South Tyrone	-	-	-	-	-
Southern Trust	10:14	11:50	17:04	20:20	26:57
Altnagelvin Area	10:40	11:30	11:57	15:08	24:21
Erne / South West Acute	8:03	9:59	11:08	18:15	22:49
Omagh	0:58	1:03	2:38	2:37	3:53
Western Trust	10:11	11:14	11:50	16:01	23:40
Type 1	11:24	11:51	17:41	19:55	25:13
Type 2	7:38	9:27	17:04	9:12	11:31
Type 3	1:10	1:10	2:38	2:37	3:53
Northern Ireland	11:22	11:50	17:39	19:45	25:02

Source: Regional Data Warehouse

⁶² Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁶³ Information for those admitted and discharged home is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 18: Median Time Spent in ED by those Not-Admitted (2015/16 – 2019/20)^{64, 65}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Discharged Home (Median) HH:MM				
	2015/16	2016/17	2017/18	2018/19	2019/20
Mater	2:26	2:29	2:31	2:29	2:50
Royal Victoria	2:44	2:42	2:45	3:12	3:35
Eye Casualty	-	-	-	2:22	2:37
RBHSC	1:59	2:08	2:11	2:14	2:16
Belfast Trust	2:27	2:29	2:32	2:41	2:55
Antrim Area	2:40	2:29	2:39	2:44	2:47
Causeway	2:17	2:35	2:21	2:13	2:17
Mid Ulster	0:31	0:35	0:32	0:32	0:35
Whiteabbey	-	-	-	-	-
Northern Trust	2:17	2:17	2:18	2:17	2:22
Ards	0:36	0:36	0:36	0:45	0:45
Bangor	0:31	0:31	0:32	0:35	0:41
Downe	1:26	1:22	1:23	1:16	1:31
Lagan Valley	1:58	1:48	1:47	2:02	2:14
Ulster	2:12	2:12	2:28	2:38	2:47
South Eastern Trust	1:39	1:34	1:41	1:47	1:58
Armagh/Mullinure	-	-	-	-	-
Craigavon Area	2:34	2:38	2:41	3:02	3:27
Daisy Hill	2:02	2:15	2:07	2:32	2:35
South Tyrone	0:27	0:30	0:25	0:27	0:27
Southern Trust	1:49	1:54	1:50	2:07	2:15
Altnagelvin Area	2:24	2:24	2:22	2:22	3:15
Erne / South West Acute	2:03	2:18	2:23	2:43	2:55
Omagh	0:40	0:40	0:45	0:54	0:52
Western Trust	1:54	2:00	2:01	2:09	2:42
Type 1	2:23	2:26	2:29	2:39	2:54
Type 2	1:44	1:36	1:35	1:49	2:02
Type 3	0:31	0:33	0:31	0:34	0:35
Northern Ireland	2:02	2:03	2:05	2:14	2:27

Source: Regional Data Warehouse

⁶⁴ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁶⁵ Information for those admitted and discharged home is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 19: 95th Percentile Spent in ED by those Not-Admitted (2015/16 – 2019/20)^{66, 67}

HSC Trust / Hospital / Department Type	Time Spent in ED by those Discharged Home (95th Percentile) HH:MM				
	2015/16	2016/17	2017/18	2018/19	2019/20
Mater	6:16	6:10	6:32	6:46	8:10
Royal Victoria	6:44	7:17	7:13	8:09	9:59
Eye Casualty	-	-	-	5:51	6:19
RBHSC	4:41	4:54	5:26	5:21	5:32
Belfast Trust	6:12	6:28	6:39	7:08	8:37
Antrim Area	7:02	6:33	7:21	7:21	7:29
Causeway	6:38	7:26	7:00	6:34	6:57
Mid Ulster	1:13	1:28	1:20	1:25	1:34
Whiteabbey	-	-	-	-	-
Northern Trust	6:44	6:43	7:02	6:53	7:04
Ards	1:29	1:26	1:27	1:47	1:51
Bangor	1:17	1:20	1:21	1:29	1:43
Downe	4:03	4:30	4:07	4:32	5:10
Lagan Valley	4:39	4:40	4:54	5:38	5:50
Ulster	5:42	5:41	6:16	6:47	7:22
South Eastern Trust	5:05	5:07	5:32	5:59	6:25
Armagh/Mullinure	-	-	-	-	-
Craigavon Area	5:46	6:06	6:55	7:55	9:14
Daisy Hill	5:05	5:42	5:37	6:18	6:31
South Tyrone	1:12	1:15	1:02	1:09	1:10
Southern Trust	5:16	5:38	6:00	6:49	7:43
Altnagelvin Area	5:46	5:58	5:54	5:51	7:56
Erne / South West Acute	5:12	5:52	5:59	7:01	8:38
Omagh	1:58	1:55	2:11	2:48	2:57
Western Trust	5:18	5:35	5:38	5:54	7:38
Type 1	6:04	6:16	6:35	7:03	8:11
Type 2	4:26	4:35	4:36	5:28	5:48
Type 3	1:29	1:29	1:30	1:48	1:53
Northern Ireland	5:47	5:58	6:14	6:39	7:39

Source: Regional Data Warehouse

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

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

Table 20: Percentage of Attendances Referred by a GP (2015/16 – 2019/20)^{68, 69}

HSC Trust / Hospital / Department Type	Percentage of GP Referrals				
	2015/16	2016/17	2017/18	2018/19	2019/20
Mater	13.4%	14.0%	13.6%	13.4%	12.6%
Royal Victoria	18.6%	19.0%	18.7%	18.6%	19.2%
Eye Casualty	-	-	-	14.2%	12.7%
RBHSC	15.7%	15.1%	15.0%	14.3%	13.2%
Belfast Trust	16.5%	16.8%	16.6%	16.2%	15.9%
Antrim Area	20.0%	21.1%	23.6%	23.5%	24.3%
Causeway	19.5%	20.4%	23.0%	21.8%	21.4%
Mid Ulster	2.9%	2.5%	2.4%	1.3%	1.1%
Whiteabbey	-	-	-	-	-
Northern Trust	18.7%	19.5%	21.9%	21.3%	21.7%
Ards	0.9%	0.7%	1.1%	1.1%	1.6%
Bangor	0.6%	0.4%	1.1%	0.7%	0.7%
Downe	14.2%	15.8%	14.0%	14.8%	16.1%
Lagan Valley	14.7%	14.5%	13.8%	13.7%	14.2%
Ulster	23.7%	23.3%	23.0%	23.1%	23.3%
South Eastern Trust	18.2%	17.9%	17.5%	17.5%	17.8%
Armagh Community	-	-	-	-	-
Craigavon Area	21.8%	22.2%	22.5%	22.4%	28.1%
Daisy Hill	14.2%	12.9%	14.7%	14.5%	13.4%
South Tyrone	0.8%	0.7%	0.7%	0.7%	0.6%
Southern Trust	15.9%	15.4%	16.1%	15.7%	15.1%
Altnagelvin Area	12.7%	13.0%	13.3%	11.8%	11.7%
Erne / South West Acute	15.6%	18.0%	17.5%	19.2%	19.7%
Omagh	1.4%	1.3%	1.6%	2.0%	1.6%
Western Trust	11.8%	12.7%	12.9%	12.5%	12.7%
Type 1	18.4%	18.6%	19.2%	18.9%	18.9%
Type 2	14.4%	15.1%	13.9%	14.2%	14.5%
Type 3	1.2%	1.0%	1.2%	1.1%	1.1%
Northern Ireland	16.4%	16.6%	17.1%	16.7%	16.7%

Source: Regional Data Warehouse

⁶⁸ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁶⁹ 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 21: Percentage of Attendances Who Left before Treatment was Complete (2015/16 – 2019/20)^{70, 71}

HSC Trust / Hospital / Department Type	Left Before Treatment Complete				
	2015/16	2016/17	2017/18	2018/19	2019/20
Mater	7.1%	6.7%	7.0%	8.0%	9.7%
Royal Victoria	5.9%	5.2%	5.1%	6.7%	9.0%
Eye Casualty	-	-	-	1.4%	1.5%
RBHSC	3.9%	3.9%	4.5%	3.5%	3.8%
Belfast Trust	5.8%	5.3%	5.4%	6.0%	7.5%
Antrim Area	3.2%	2.5%	3.6%	3.5%	3.1%
Causeway	6.2%	7.0%	4.0%	2.6%	2.8%
Mid Ulster	0.2%	0.2%	0.1%	0.2%	0.1%
Whiteabbey	-	-	-	-	-
Northern Trust	4.0%	3.8%	3.5%	3.0%	2.8%
Ards	0.3%	0.2%	0.5%	0.8%	0.7%
Bangor	0.5%	0.6%	0.7%	0.6%	1.4%
Downe	1.5%	1.2%	1.2%	0.8%	1.4%
Lagan Valley	2.2%	1.7%	1.8%	2.6%	2.8%
Ulster	2.9%	2.7%	2.9%	3.0%	3.3%
South Eastern Trust	2.3%	2.1%	2.2%	2.3%	2.6%
Armagh/Mullinure	-	-	-	-	-
Craigavon Area	3.5%	3.5%	4.3%	5.9%	7.2%
Daisy Hill	3.6%	4.3%	3.1%	4.2%	4.8%
South Tyrone	0.3%	0.3%	0.1%	0.2%	0.2%
Southern Trust	3.0%	3.2%	3.1%	4.3%	5.1%
Altnagelvin Area	5.6%	5.2%	4.2%	3.6%	6.3%
Erne / South West Acute	3.1%	2.6%	3.2%	3.7%	5.3%
Omagh	1.0%	0.8%	1.2%	1.5%	1.8%
Western Trust	4.2%	3.8%	3.5%	3.3%	5.4%
Type 1	4.4%	4.2%	4.1%	4.6%	5.6%
Type 2	1.9%	1.5%	1.5%	1.7%	2.0%
Type 3	0.5%	0.4%	0.4%	0.6%	0.7%
Northern Ireland	3.9%	3.7%	3.6%	3.9%	4.8%

Source: Regional Data Warehouse

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

⁷¹ 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 22: Percentage of Attendances Who Re-attended within 7 Days (2015/16 – 2019/20)^{72, 73}

HSC Trust / Hospital /Department Type	Re-attended within 7 days				
	2015/16	2016/17	2017/18	2018/19	2019/20
Mater	2.1%	2.3%	2.7%	2.6%	2.5%
Royal Victoria	2.5%	2.1%	2.4%	2.7%	2.9%
Eye Casualty	-	-	-	1.6%	1.1%
RBHSC	5.1%	5.6%	5.5%	5.5%	6.3%
Belfast Trust	2.9%	2.9%	3.2%	3.1%	3.3%
Antrim Area	3.5%	3.2%	3.5%	3.7%	3.1%
Causeway	6.2%	6.1%	4.6%	4.5%	4.6%
Mid Ulster	1.9%	1.7%	1.9%	2.0%	1.7%
Whiteabbey	-	-	-	-	-
Northern Trust	4.3%	4.0%	3.7%	3.9%	3.5%
Ards	2.1%	2.3%	2.1%	2.0%	1.9%
Bangor	2.3%	2.9%	3.0%	2.5%	2.6%
Downe	2.5%	2.7%	2.7%	2.5%	3.0%
Lagan Valley	2.4%	2.4%	2.2%	2.4%	2.1%
Ulster	2.0%	2.0%	1.8%	2.0%	2.0%
South Eastern Trust	2.1%	2.2%	2.1%	2.2%	2.2%
Armagh/Mullinure	-	-	-	-	-
Craigavon Area	4.1%	4.2%	4.2%	4.3%	5.1%
Daisy Hill	4.7%	5.1%	4.6%	5.0%	5.0%
South Tyrone	2.2%	3.0%	2.8%	2.6%	2.7%
Southern Trust	4.0%	4.3%	4.1%	4.2%	4.6%
Altnagelvin Area	4.1%	4.2%	4.5%	4.2%	4.9%
Erne / South West Acute	5.4%	5.2%	5.7%	5.7%	6.0%
Omagh	2.0%	2.0%	2.1%	5.9%	6.2%
Western Trust	4.1%	4.2%	4.5%	4.9%	5.5%
Type 1	3.6%	3.6%	3.6%	3.7%	3.9%
Type 2	2.4%	2.5%	2.4%	2.2%	2.2%
Type 3	2.1%	2.5%	2.5%	3.1%	3.2%
Northern Ireland	3.4%	3.5%	3.4%	3.6%	3.7%

Source: Regional Data Warehouse

⁷² Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

⁷³ 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.

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 2014⁷⁴. 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***.

1.17 Category 1 Call

Presenting conditions ***999 Immediately life threatening***.

There are two sub-categories;

- C1 refers to the time it takes for a response to arrive at the scene.

⁷⁴ Refer to Appendix 4 for further information.

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

1.18 Category 2 Call

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

1.19 Category 3 Call

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

1.20 Category 4 Call

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

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 ⁷⁵

HSC Trust	Type 1 (24-hour assess)	Type 2 (Limited opening hours)	Type 3 (Minor Injuries Unit, MIU)
Belfast	Belfast City (Closed)		
	Mater	RVH (Eye Casualty) ⁷⁶ (9-5pm Mon-Fri) (8.30-1pm Sat)	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ⁷⁷ (Closed)
	Causeway		Mid Ulster (9-5pm Mon-Fri)
South Eastern	Ulster	Lagan Valley (8-8pm Mon-Fri)	Ards MIU (9-5pm Mon-Fri)
		Downe ⁷⁸ (Closed)	Bangor MIU (9-5pm Mon-Fri)
Southern	Craigavon Area		South Tyrone (9-9pm Mon-Fri) (10-6pm Sat-Sun)
	Daisy Hill ⁷⁹ (Closed)		Armagh Community ⁸⁰ (Closed)
			Craigavon Respiratory ED (Covid-19) ⁸¹
			Craigavon Paediatric ED ⁸²
Western	Altnagelvin Area		Tyrone County ⁸³ (Closed)
	South West Acute		Omagh ⁸³ (24-hour)

⁷⁵ See Appendix 3 for recent changes to reclassifications and operating hours.

⁷⁶ RVH (RAES) refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

⁷⁷ Whiteabbey closed on 1st December 2014.

⁷⁸ Downe temporarily closed 30th March 2020.

⁷⁹ Daisy Hill temporarily closed 28th March 2020.

⁸⁰ Armagh Community closed on 17th November 2014.

⁸¹ Craigavon Respiratory opened on 29th March 2020.

⁸² Craigavon Paediatric opened on 31st March 2020.

⁸³ Tyrone County closed on 20th June 2017 and all emergency services were transferred to the new Omagh Hospital and Primary Care Complex on that date.

Appendix 3: Emergency Care Waiting Times (EC1)

- 3.1 Information on waiting times at emergency care departments detailed in this publication is downloaded from the Regional Data Warehouse on the 8th of each month for all EDs, with exception of the Regional Acute Eye Service (RAES) which was sourced from the aggregate EC1 return. Up to 31st March 2018 the EC1 return records all new and unplanned review attendances in each emergency care department across Northern Ireland; including the length of time they waited from arrival in the emergency care department until treatment, admission or discharge. It does not include planned review attendances.
- 3.2 It should be noted that since 1st July 2011, Hospital Information Branch has been downloading patient level data on emergency care waiting times from the Regional Data Warehouse on the 8th of each month, for those emergency care departments using the Northern Ireland Regional Accident & Emergency System (NIRAES) and SYMPHONY. Information from emergency care departments, using other administrative systems to record emergency care waiting times, continues to be sourced from the EC1 return. HSC Trusts are asked to generate this information on 8th of each month.
- 3.3 Waiting time figures are representative of all new and unplanned review emergency care attendances in Northern Ireland including Type 1, Type 2 and Type 3 emergency care departments.
- 3.4 The Ministerial targets for Northern Ireland on emergency care waiting times for 2018/19 state that:
'95% of patients attending any Type 1, 2 or 3 Emergency Department should be either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any Emergency Care Department should wait longer than 12 hours'

'By March 2017, at least 80% of patients to have commenced treatment, following triage, within 2 hours.'
- 3.5 Figures represent the total time spent in a hospital emergency care department from arrival until admission, transfer or discharge.
- 3.6 Figures relate to all new attendances and all unplanned review attendances at emergency care departments. They do not include planned review attendances.
- 3.7 Time is measured from when a patient arrives into the emergency care department; the time of arrival is recorded at registration or triage whichever is earlier (clock starts). The 'clock stops' when the patient departs from the emergency care department. The time of departure is defined as when the patient's clinical care episode is completed within the emergency care department.
- 3.8 The figures in this release relate to all patients, including paediatric patients.
- 3.9 From 24th May 2010, Mid-Ulster and Whiteabbey emergency care departments were reconfigured from consultant-led treatment services (Type 2) to minor injury units with designated accommodation for the reception of patients with minor injuries and/or illnesses (Type 3/MIU).
- 3.10 On 4th April 2011, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at the Downe Hospital resulting in the reduction of consultant-led emergency care services, from a 24 hours based service to 8am to 10pm daily, with services provided from 10pm

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

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

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

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

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

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

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

- 3.29 On 30th March 2020, the South Eastern HSC Trust temporarily closed the Downe Emergency Department and Minor Injuries Unit. It is not known how long this temporary closure will be in place.
- 3.30 On 28th March 2020, the Southern HSC Trust temporarily closed the Daisy Hill Emergency Department. It is not known how long this temporary closure will be in place.

Appendix 4: Data in the publication

General guidance on using the data

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

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

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

Description of data

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

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

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

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

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

Data Provider

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

Data Quality Assessment

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

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

Guidance on using data

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

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

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

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

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

Description of data

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

Data Provider

Data on emergency care waiting times is sourced from:

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

Data Quality Assessment

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

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

Guidance on using data

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

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

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

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

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

Data Comparisons with other UK Jurisdictions

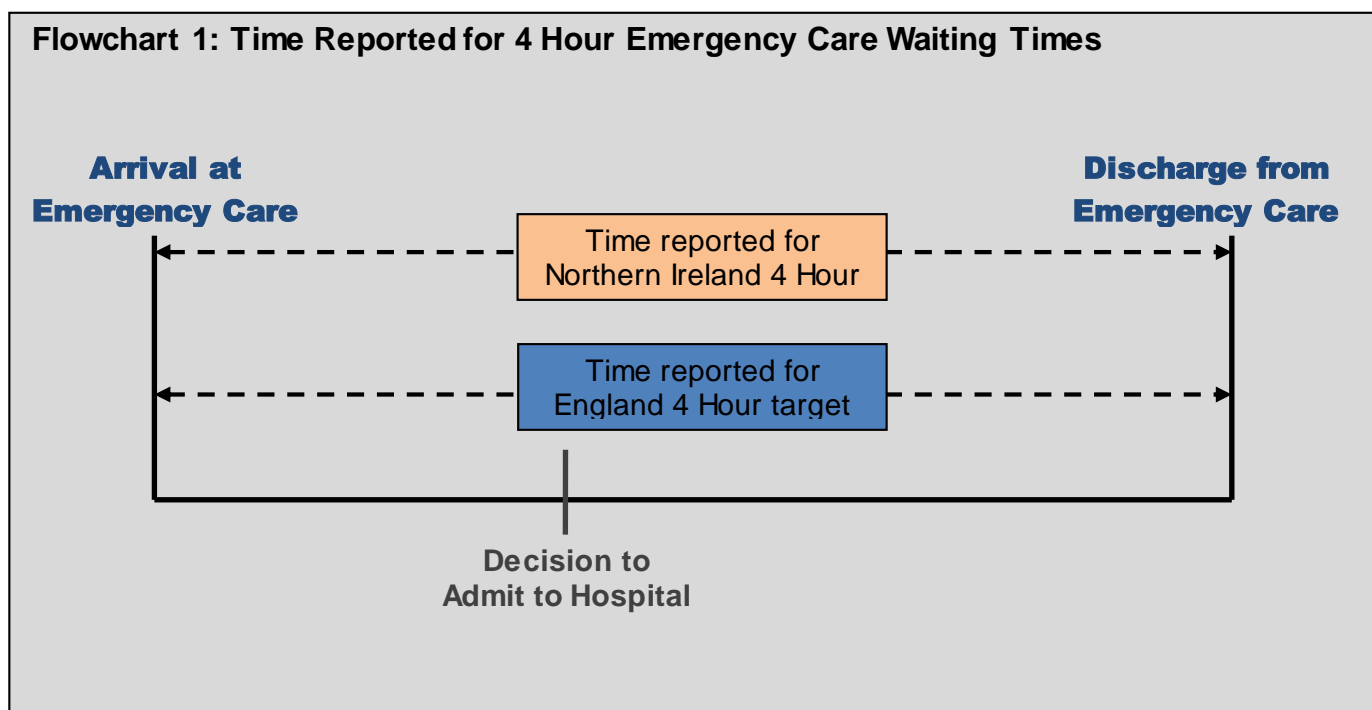
The DoH are currently liaising with colleagues in England, Scotland and Wales to clarify any differences between the emergency care waiting times reported for each administration. We would therefore ask users to be cautious when making direct comparisons between Northern Ireland and other UK Jurisdictions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

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

Northern Ireland Compared with England:

4 Hour

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



12 Hour

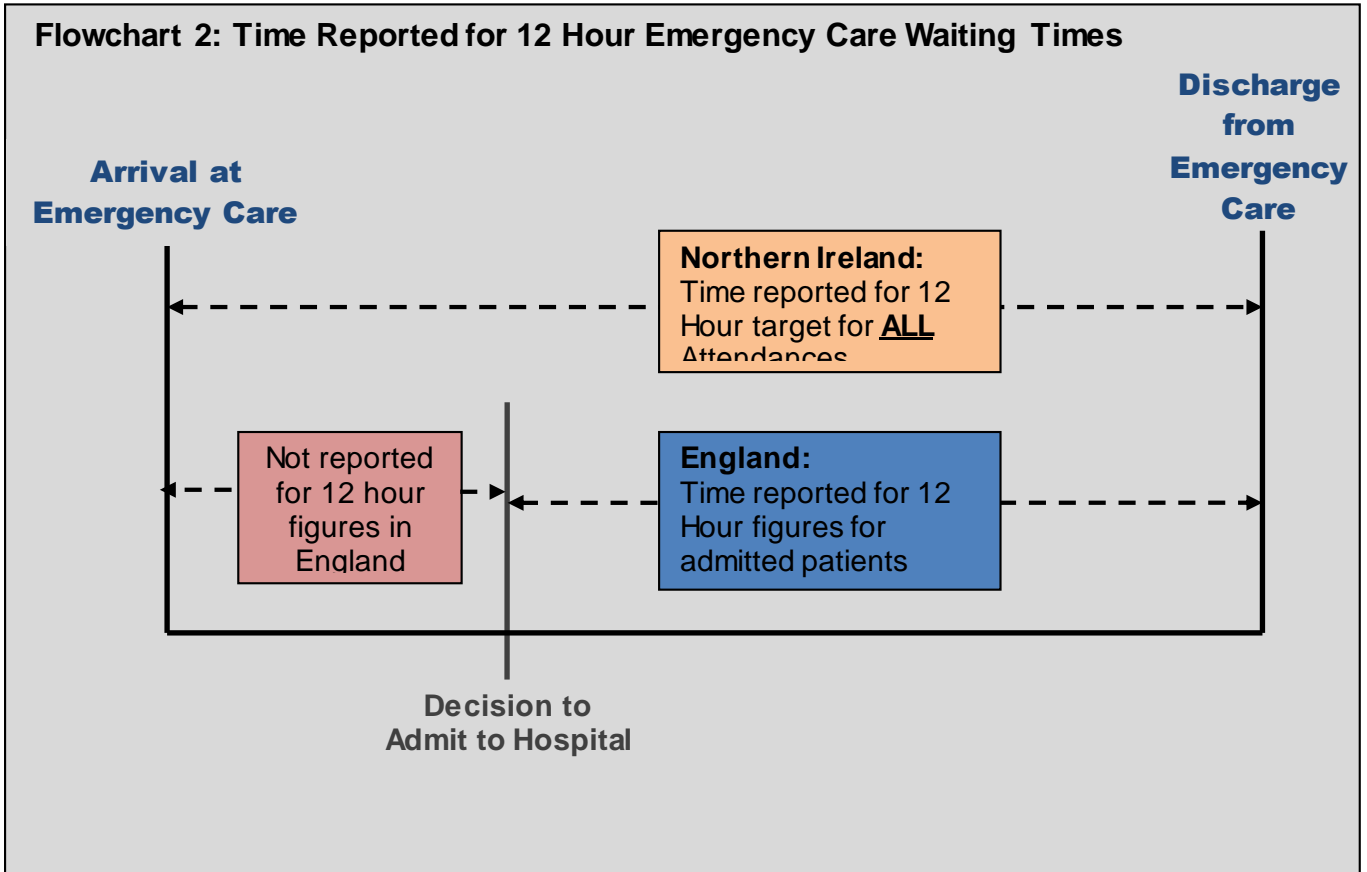
Although England and Northern Ireland both produce information on a 12 hour basis, this information is not equivalent and should not be compared (Flowchart 2). Comparable information to that produced in Northern Ireland is not available for England.

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

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

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

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



(iii) Patient Transport and Emergency Response Times

Description of KA34 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 ⁸⁴ (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.

⁸⁴ Refer to Appendix 4 – point 4.5.

Description of AQI data

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

- Category 1 refers to calls where the presenting conditions which are **999 Immediately life threatening**. There are two sub-categories;
 - C1 refers to the time it takes for a response to arrive at the scene. There are two targets, 50% of responses should be within 8 minutes, 90% of responses should be responded to within 15 minutes.
 - C1T refers to the time it takes for the vehicle that transports the patient to arrive at the scene, for example the timer would not stop if a car response arrived first, but would stop when the ambulance which transports the patient arrives at the scene. There are two targets, 50% of responses should be within 19 minutes, 90% of responses should be responded to within 30 minutes.
- Category 2 refers to calls which are **999 Emergency – potentially serious incidents**. There are two targets, 50% of responses should be within 18 minutes, 90% of responses should be responded to within 40 minutes.
- Category 3 refers to calls which are defined as an **Urgent Problem**. The target is that 90% of responses should be responded to within 120 minutes.
- Category 4 refers to calls which are defined as an **Urgent Problem**. The target is that 90% of responses should be responded to within 180 minutes.

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

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

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

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

Data Provider

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

Data Quality Assessment

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

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

Guidance on using data

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

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

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

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

(iv) Clinical Quality Indicators

Description of Data

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

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

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

Data Provider

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

Data Quality Assessment

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

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

Guidance on using the data

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

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

Appendix 5: Explanatory Notes

Providers:

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

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

Data Availability / Format:

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

Data Quality:

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

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

Stage 1:

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

Stage 2:

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

Stage 3:

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

Appendix 6: About Hospital Information Branch

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

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

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

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

Further Information

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

Sarah Brown

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

☎ Tel: 028 90 522504 (Internal 22504)

✉ Email: Sarah.Brown@health-ni.gov.uk

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

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

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