

INFORMATION  
ANALYSIS  
DIRECTORATE



# Hospital Statistics: Emergency Care 2015/16



Department of  
**Health**  
An Roinn  
**Sláinte**

## Reader Information

Purpose	Monitor and report activity at emergency care departments in Northern Ireland.
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Publication Date	24 <sup>th</sup> June 2016
Reporting Period	1 <sup>st</sup> April 2015 – 31 <sup>st</sup> March 2016
Issued by	Hospital Information Branch Information & Analysis Directorate (IAD) Department of Health Stormont Estate Belfast, BT4 3SQ
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Statistical Quality	Information detailed in this release has been provided by HSC Trusts and has been validated by Hospital Information Branch (HIB) prior to release.
Target Audience	DoH, Chief Executives of HSC Board and Trusts in Northern Ireland, Health Care Professionals, Academics, Health & Social Care stakeholders, Media and General Public.
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Internet Address	<a href="https://www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics">https://www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics</a>
Price	Free
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## Key Points

### Latest Year (2015/16)



**739,150**

New and Unplanned  
Review Attendances at  
ED's

**76.2%**

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

**53.5%**

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

- One in four (25.7%) attendances at emergency care departments (ED) during 2015/16 were in the Belfast Health and Social Care Trust (Figure 3, Table 4).

### Comparison with Previous Year (2014/15 – 2015/16)

- Since 2014/15, the total number of attendances (new, unplanned and planned reviews) at ED's increased by 27,434 (3.7%), from 738,665 to 766,099 in 2015/16 (Figure 1, Table 1).
- Between 2014/15 and 2015/16, performance against the 4 hour waiting times target declined by 1.3 percentage points from 77.5% to 76.2%; with performance at Type 1 departments declining by 1.3 percentage points (73.0% to 71.7%), performance at Type 2 departments improving by 1.1 percentage points (91.9% to 93.0%) and performance at Type 3 departments continuing to be 100.0% (Table 6 & 7).
- A higher number of patients waited longer than 12 hours in 2015/16 (3,875) compared with 2014/15 (3,170), with the Ulster reporting the most notable increase (689 to 1,560) (Figure 8, Table 10).
- Since 2014/15, the proportion of Category A (Immediately Life Threatening) Calls responded to within 8 minutes decreased by 4.2 percentage points, from 57.7% to 53.5% in 2015/16 (Figure 11, Table 14).

## Five Year Comparison

(2011/12 – 2015/16)

- Between 2011/12 and 2015/16, the total number of ED attendances (new, unplanned and planned reviews) increased by 40,897 (5.6%), from 725,202 to 766,099 (Figure 1, Table 1).
- During the last five years, performance against the 4 hour waiting times target declined by 4.0 percentage points from 80.2% in 2011/12 to 76.2% in 2015/16 (Table 9).
- Between 2011/12 and 2015/16, the number of patients waiting longer than 12 hours decreased markedly (6,336), from 10,211 to 3,875, with Antrim Area reporting the most notable improvement in performance during this period (3,041 to 1,058) (Figure 8, Table 10).
- Since 2011/12, the proportion of Category A (Immediately Life Threatening) Calls responded to within 8 minutes decreased by 19.2 percentage points, from 72.7% to 53.5% in 2015/16 (Figure 11, Table 14).

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## Technical Notes

This statistical release is part of an annual series presenting information on activity at ED in Northern Ireland <sup>1</sup>.

### Data Collection

The information presented in this bulletin derives from a series of statistical returns (listed below) provided by HSC Trusts.

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

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

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

During 2015/16, information on emergency care waiting times was downloaded from the Regional Data Warehouse on the 8<sup>th</sup> of each month for ED's in each HSC Trust, whilst information for the in the Ear, Nose & Throat and Regional Acute Eye Services at the Royal Victoria Hospital in the Belfast Trust continued to be sourced from the aggregate EC1 return and based on the position on the 8<sup>th</sup> of each month.

### Rounding

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

### Main Uses of Data

Information on the uses of the data contained in this publication is detailed in Appendix 5.

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<sup>1</sup> Refer to Appendix 1: Definitions.

## Data Quality <sup>2</sup>

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

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

## A National Statistics Publication

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

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

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

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

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

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<sup>2</sup> Refer to Appendix 5: Data in the publication for further information.



## Waiting Time Information elsewhere in the United Kingdom (UK)

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

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 readers to be cautious when making comparisons with other UK jurisdictions as they may not always be measured in a comparable manner.

Preliminary discussions have identified comparability issues between Northern Ireland and England regarding the 12 hour waiting times reported in both jurisdictions.

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

**England:** <http://www.england.nhs.uk/statistics/ae-waiting-times-and-activity/><sup>3</sup>

**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>

<sup>3</sup> Preliminary discussions have identified comparability issues between Northern Ireland and England regarding the 12 hour waiting time target.

# Attendances at Emergency Care Departments

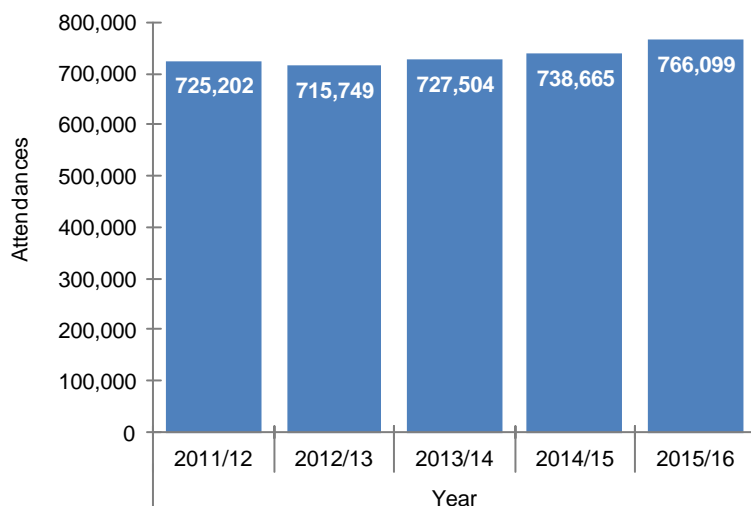
Readers are asked to note of changes to emergency care service provision in Northern Ireland when making comparisons over time and across HSC Trusts / Hospitals and Department Type. In particular, temporary closures of ED's.

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

## 5 Year Trend

Figure 1 presents information on the total number of attendances<sup>4</sup> at ED's each year since 2011/12.

**Figure 1: Total Attendances at ED's (2011/12 - 2015/16)**



Despite fluctuating over the 5 year period, the total number of attendances at ED's increased by 5.6% (40,897) during this period, from 725,202 in 2011/12 to 766,099 in 2015/16 (Figure 1, Table 1).

Between 2011/12 and 2012/13, the total number of attendances at ED's decreased from 725,202 to 715,749, but increased each year to 766,099 in 2015/16 (Figure 1, Table 1).

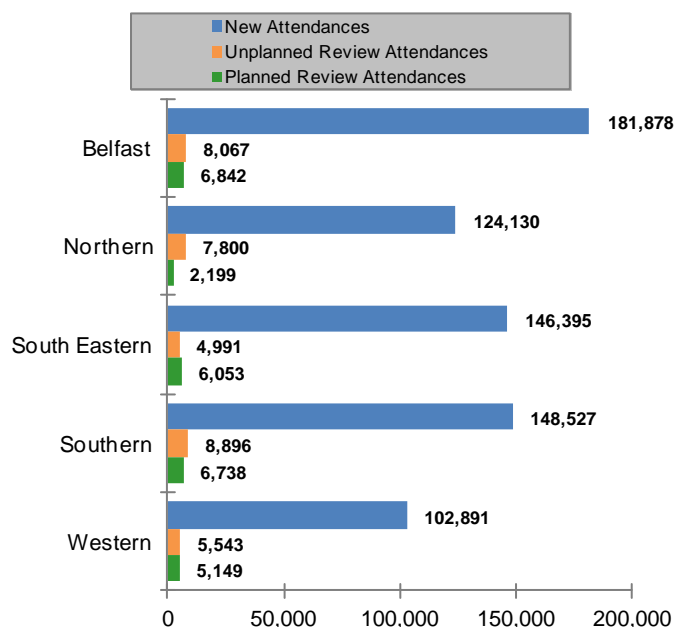
## Financial Year 2015/16

Figure 2 shows the number of attendances<sup>5</sup> at ED's within each HSC Trust during 2015/16.

During 2015/16, there were 766,099 attendances at ED's, of which, 703,821 (91.9%) were new attendances, 35,297 (4.6%) were unplanned review attendances, and 26,981 (3.5%) were planned review attendances (Table 2).

Across HSC Trusts, the number of new attendances at ED's in 2015/16 was highest in the Belfast HSC Trust (181,878) and lowest in the Western HSC Trust (102,891) (Figure 2, Table 2).

**Figure 2: Attendances at ED's, by Attendance Type and HSC Trust (2015/16)**



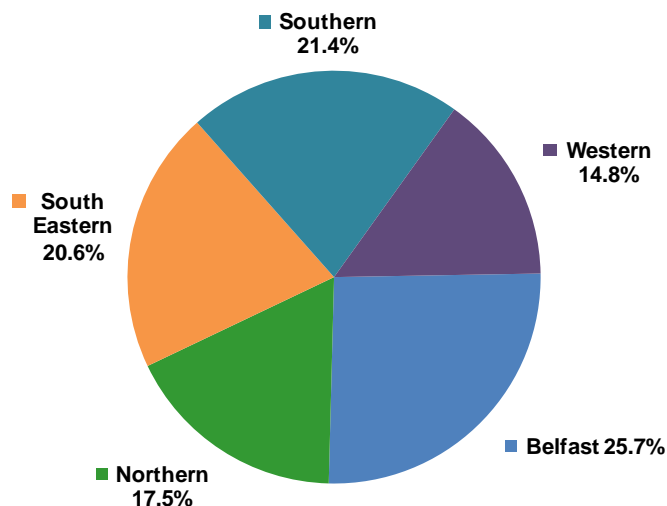
It is important to note that people are not constrained to attend ED's within their HSC Trust of residence, e.g. it is possible for a person living in the Southern HSC Trust to attend an ED within the Belfast HSC Trust and vice versa.

<sup>4</sup> Includes new, unplanned and planned review attendances.

<sup>5</sup> Includes new, unplanned and planned review attendances.

Figure 3 below presents information on the breakdown of all ED attendances<sup>5</sup> by HSC Trust during 2015/16.

**Figure 3: Attendances at ED's, by HSC Trust (2015/16)**



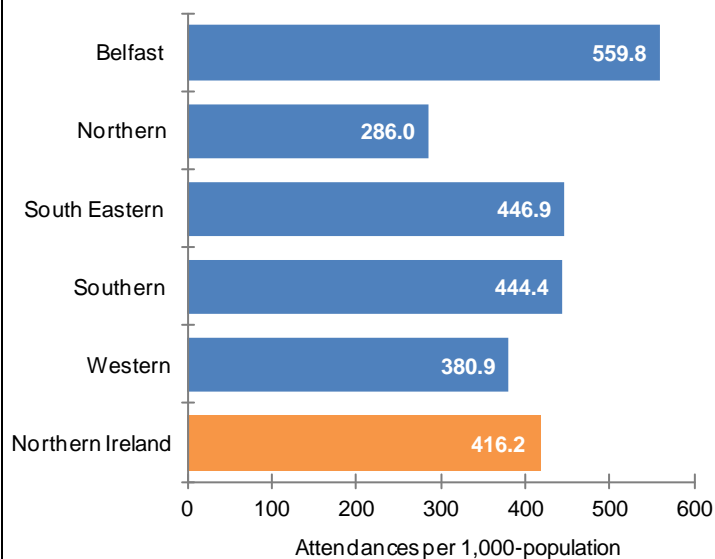
One in four (25.7%) ED attendances during 2015/16 were in the Belfast HSC Trust (196,787), with a further 21.4% (164,161) in the Southern HSC Trust, 20.6% (157,439) in the South Eastern HSC Trust, 17.5% (134,129) in the Northern HSC Trust, and 14.8% (113,583) in the Western HSC Trust (Figures 2 and 3, Table 2).

Figure 4 presents information on the number of ED attendances in each HSC Trust per 1,000-population<sup>6</sup> during 2015/16.

During 2015/16, there were 416.2 ED attendances per 1,000-population in Northern Ireland (Figure 4).

Across HSC Trusts, the highest number of attendances per 1,000-population was in the Belfast HSC Trust (559.8) and lowest in the Northern HSC Trust (286.0) (Figure 4).

**Figure 4: Attendances at ED's per 1,000-Population, by HSC Trust (2015/16)**



Across ED's, the Ulster (87,672), Royal Victoria (85,532), Craigavon Area (76,128) and Antrim Area (74,658) reported the highest number of new attendances in 2015/16 (Table 2).

Figure 5 overleaf presents the proportion of new, unplanned and planned review attendances at each ED in Northern Ireland during 2015/16.

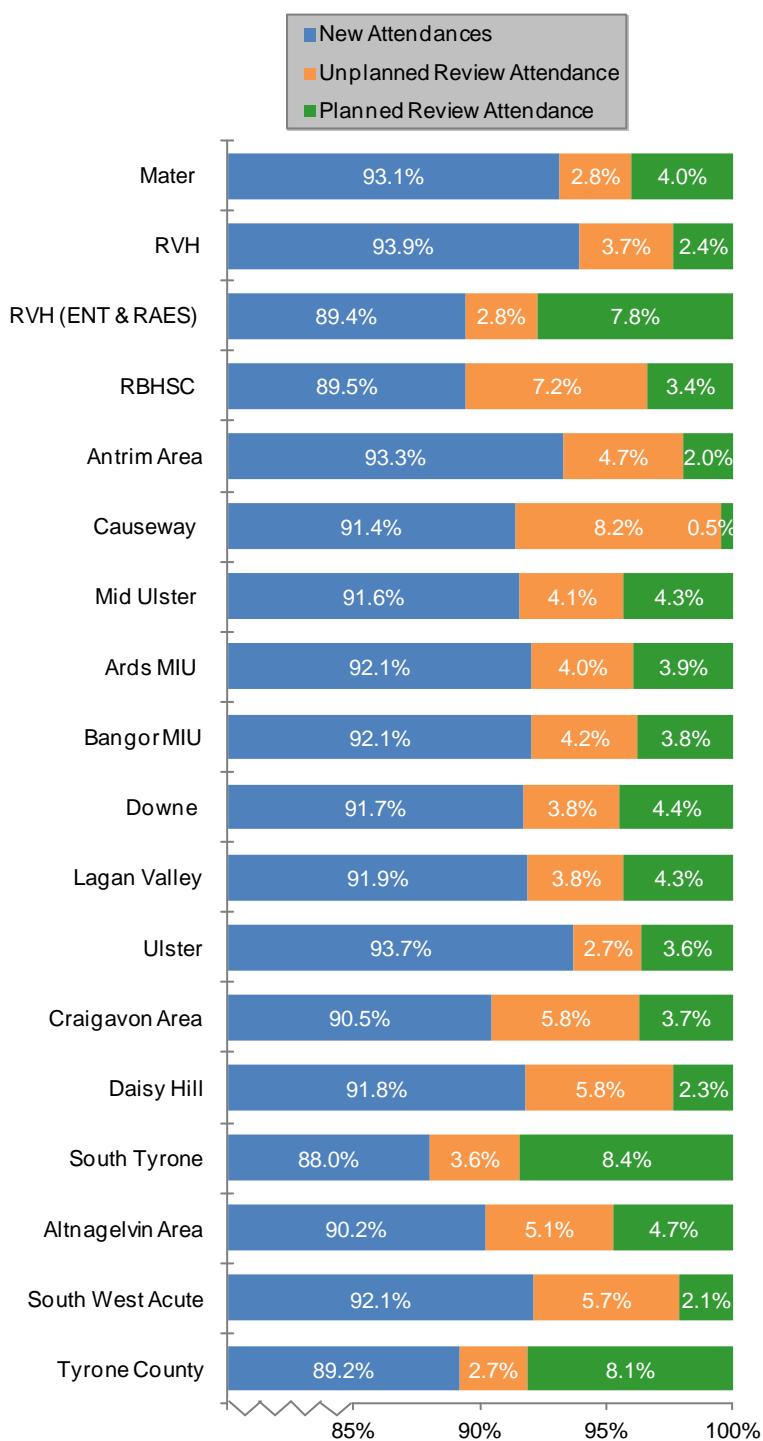
The Royal Victoria (93.9%, 85,532) ED reported the highest percentage of new attendances, i.e. patients who presented without appointment at the ED for the first time regarding a specific medical complaint (Figure 5, Table 2).

During 2015/16, Causeway (8.2%, 3,630) and RBHSC (7.2%, 2,767) ED's reported the highest percentages of unplanned review attendances, i.e. patients who present without appointment at an ED for the same presenting complaint for which they had previously attended in the last 30 days (Figure 5, Table 2).

<sup>6</sup> Based on NISRA 2014 mid-year population estimate, published on 4<sup>th</sup> June 2015.

South Tyrone (8.4%, 2,422), Tyrone County (8.1%, 1,485) and the RVH (ENT & RAES) <sup>7</sup> (7.8%, 1,438) ED's reported the highest percentage of planned attendances, i.e. those patients presenting at an ED by written appointment at an agreed date / time (Figure 5, Table 2).

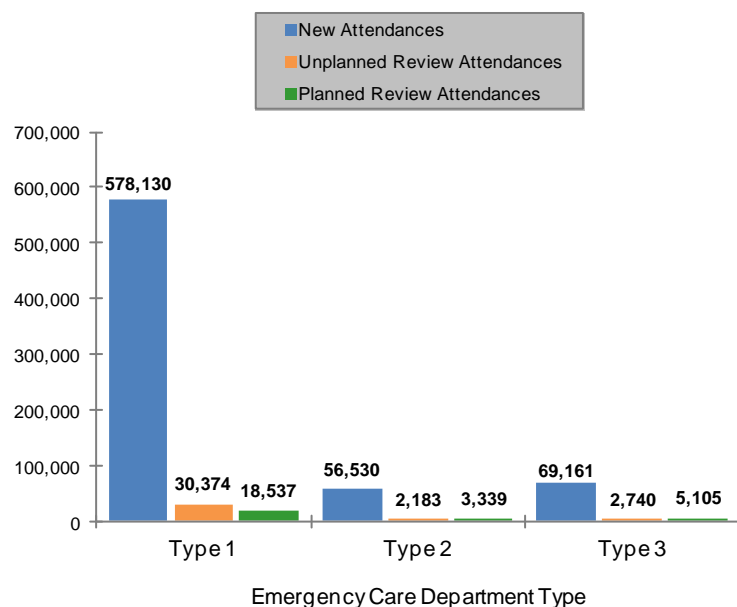
**Figure 5: Attendances at ED's, by HSC Hospital (2015/16)**



## Emergency Care Department Type <sup>8</sup>

Figure 6 shows the number of new, unplanned review and planned review attendances at ED's during the year ending 31<sup>st</sup> March 2016, by type of ED.

**Figure 6: Attendances at Emergency Care, by ED Type (2015/16)**



During 2015/16, more than four in five (627,041, 81.8%) attendances were in Type 1 ED's, 62,052 (8.1%) within Type 2 departments and 77,006 (10.1%) within Type 3 departments (Table 3).

Over nine in ten (92.2%, 578,130) attendances at Type 1 ED's were new attendances, similar to Type 2 departments (91.1%, 56,530) and Type 3 departments (89.8%, 69,161) (Figure 6, Table 3).

<sup>7</sup> The RVH (ENT & RAES) refers to their Ear, Nose & Throat and Regional Acute Eye Services, refer to Appendix 3 for further information.

<sup>8</sup> Refer to Appendix 1: Definitions – points 1.1 – 1.5

# Waiting Times at Emergency Care Departments <sup>9</sup>

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

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

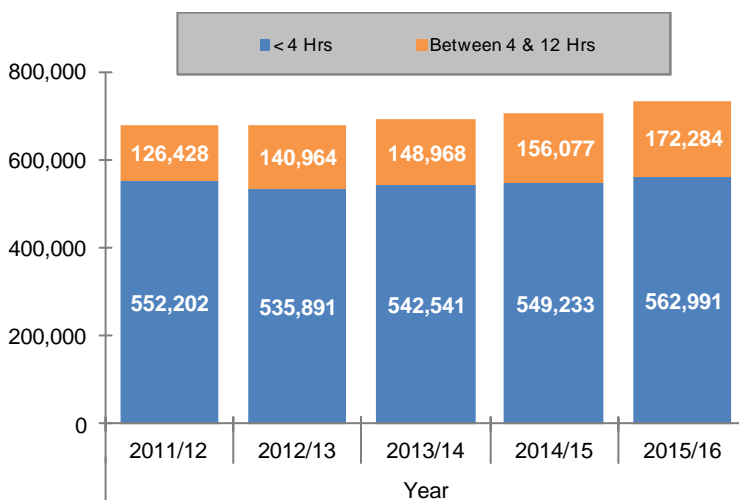
## 5 Year Trend

Figures 7 and 8 present information on the length of time patients spent waiting to be treated at ED's during each year since 2011/12.

Since 2011/12, the number of new and unplanned review attendances at ED's increased by 50,309 (7.3%), from 688,841 to 739,150 in 2015/16, and increased by 30,670 (4.3%) since 2014/15 (708,480) (Table 6).

Between 2011/12 and 2015/16, the percentage of patients treated and discharged or admitted within four hours of their arrival in an ED decreased by 4.0 percentage points, from 80.2% (552,202) to 76.2% (562,991) (Figure 7, Table 6).

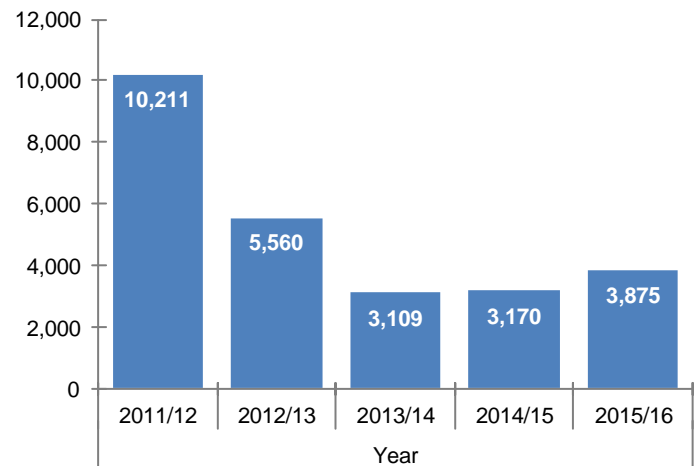
**Figure 7: Attendances at ED's Waiting 12 Hours or Less (2011/12 - 2015/16)**



Over the last 5 years, the number of new and unplanned review attendances treated and discharged or admitted within 4 hours at ED's in Northern Ireland increased by 10,789 (2.0%), from 552,202 in 2011/12 to 562,991 in 2015/16 (Figure 7, Table 6).

During this time, the number waiting between 4 & 12 hours increased by 45,856 (36.3%), from 126,428 to 172,284 (Figure 7, Table 6).

**Figure 8: Attendances at ED's Waiting Longer Than 12 Hours (2011/12 – 2015/16)**



In 2015/16, 3,875 (0.5%) new and unplanned review attendances waited over 12 hours at ED's, 6,336 (62.1%) less than the number in 2011/12 (10,211, 1.5%), but 705 (22.2%) more than 2014/15 (3,170, 0.4%) (Figure 8, Table 6).

## Financial Year 2015/16

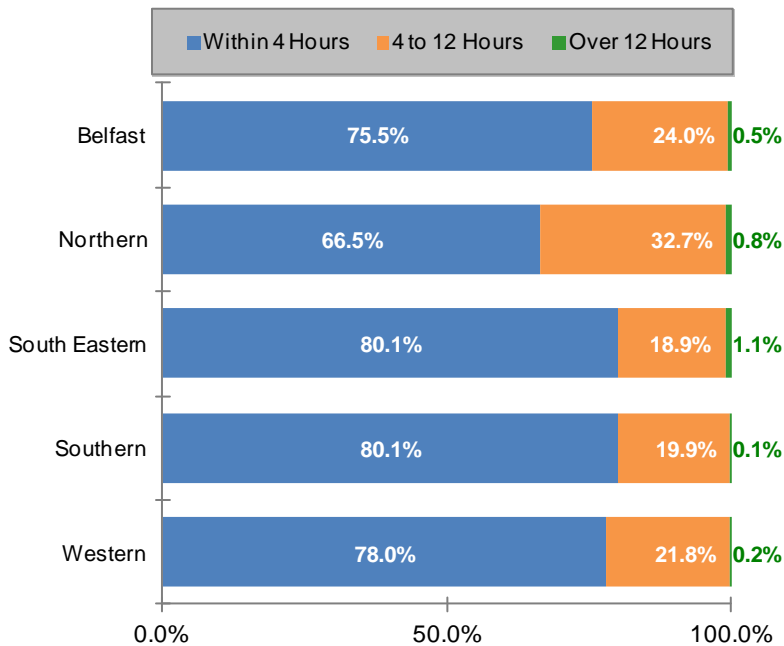
Figure 9 shows the annual waiting times for new and unplanned review attendances during 2015/16, for each HSC Trust in Northern Ireland.

In 2015/16, the South Eastern and Southern HSC Trusts reported the highest percentages of attendances waiting less than 4 hours (80.1%), whilst the Northern HSC Trust reported the lowest proportion (66.5%) (Figure 9, Table 5).

<sup>9</sup> Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

Across Hospitals, Antrim Area reported the lowest percentage of patients treated, admitted or discharged from ED within 4 hours (62.5%), whilst almost all (100%) patients attending the Royal Victoria (ENT & RAES), Mid Ulster, Ards, Bangor, South Tyrone and Tyrone County ED's were treated and discharged within 4 hours (Table 5).

**Figure 9: Waiting Times at ED's, by HSC Trust (2015/16)<sup>10</sup>**



In 2015/16, more than two fifths (41.4%) of the 3,875 attendances waiting longer than 12 hours in ED's were in the South Eastern HSC Trust, 28.1% in the Northern HSC Trust, 23.7% in the Belfast HSC Trust, 4.4% in the Western HSC Trust and 2.4% in the Southern HSC Trust (Table 5).

The highest number of emergency care attendances waiting more than 12 hours in 2015/16 were reported by the Ulster (1,560) and Antrim Area (1,058) ED's (Table 5).

During 2015/16, no patients waited more than 12 hours at the Royal Victoria (ENT & RAES), RBHSC, Mid Ulster, Ards, Bangor, Lagan Valley, South Tyrone and Tyrone County ED's (Table 5).

The RBHSC was the only Type 1 ED to achieve the 12-hour standard.

### Emergency Care Department Type <sup>11</sup>

Almost all (100.0%) attendances at Type 3 ED's were treated, admitted or discharged within 4 hours of their arrival in the ED during 2015/16, compared with 93.0% in Type 2 departments and 71.7% in Type 1 departments (Table 7).

During 2015/16, 98.8% (3,829) of ED attendances that waited more than 12 hours were in Type 1 ED's, with the remaining 1.2% (46) in Type 2 ED's (Table 7).

No ED attendances waited more than 12 hours at a Type 3 ED during 2015/16 (Table 7).

<sup>10</sup> It should be noted that each HSC Trust have different configurations of ED types and this should be taken into consideration when comparing overall performance across HSC Trusts.

<sup>11</sup> Refer to Appendix 1: Definitions – points 1.1 – 1.5.

# Patient Transport & Emergency Response

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

In particular, urgent patient journeys were replaced by Health Care Professional (HCP) calls on the 14<sup>th</sup> June 2014 and classified as Category C. As a consequence, HCP calls are now included in the overall number of emergency calls received. It is therefore not possible to directly compare the number of emergency calls with previous years <sup>12</sup>.

## Emergency Calls

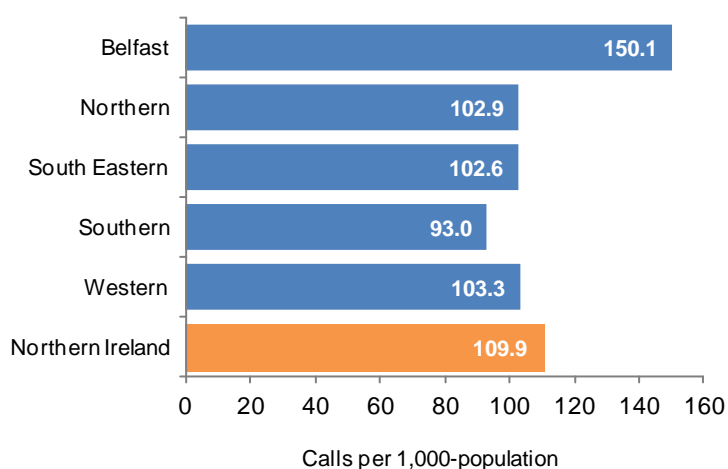
### 5 Year Trend

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

### Financial Year 2015/16

Figure 10 presents information on the number of emergency calls received by the NIAS per 1,000-population <sup>13</sup> in each Local Commissioning Group (LCG) in 2015/16.

**Figure 10: Emergency Calls Received by the NIAS per 1,000-population, by LCG (2015/16)**



Of the 202,325 emergency calls received in 2015/16, 26.1% (52,774) were received in the Belfast LCG, 23.8% (48,242) in the Northern LCG, 17.9% (36,150) in the South Eastern LCG, 17.0% (34,369) in the Southern LCG and 15.2% (30,790) in the Western LCG (Table 11).

Across LCGs, the number of emergency calls per 1,000-population was highest in the Belfast LCG (150.1) and lowest in the Southern LCG (93.0) (Figure 10).

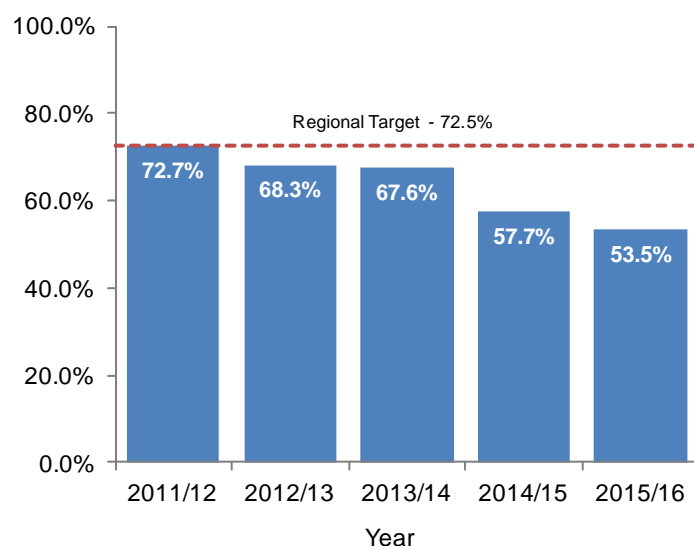
## Category A Calls <sup>14</sup>

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

### 5 Year Trend

Figure 11 presents information on the percentage of Category A calls which resulted in an emergency response vehicle arriving at the scene of the incident within 8 minutes, for the five year period between 2011/12 and 2015/16.

**Figure 11: Percentage of Category A Calls Responded to Within 8 Minutes (2011/12 – 2015/16)**



During the last five years, the percentage of Category A calls responded to within 8 minutes was highest in 2011/12 (72.7%, 33,224) and lowest in 2015/16 (53.5%, 30,101) (Figures 11 & 12, Table 15).

<sup>12</sup> Further information can be found in Appendix 4.

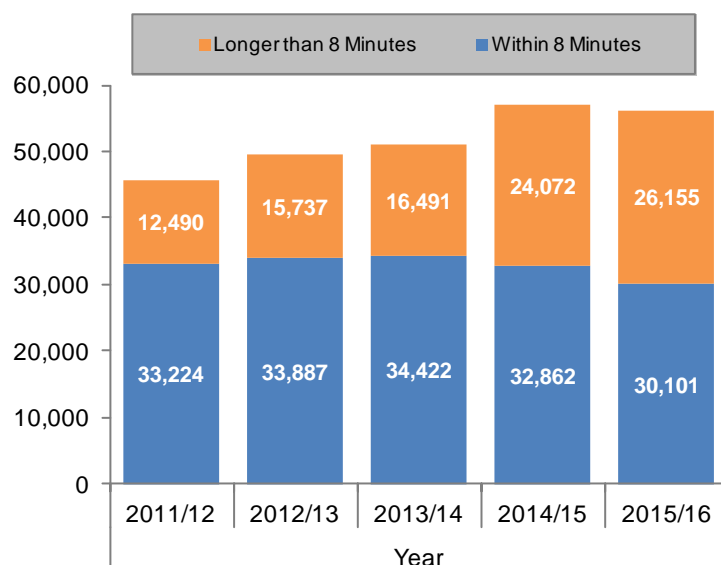
<sup>13</sup> Based on NISRA 2014 mid-year population estimate which was published on 4<sup>th</sup> June 2015.

<sup>14</sup> Refer to Appendix 1: Definitions – point 1.14.



Figure 12 presents information on the number of Category A calls responded to within 8 minutes, for the five year period 2011/12 to 2015/16.

**Figure 12: Response Times for Category A Calls (2011/12 – 2015/16)**



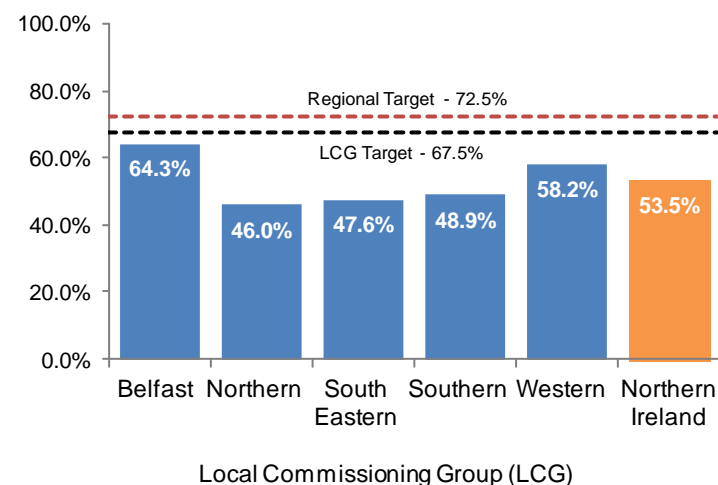
Since 2011/12, the number of Category A calls resulting in an emergency response arriving at the scene of an incident, has increased markedly (23.1%, 10,542), from 45,714 to 56,256 in 2015/16 (Table 15).

### Financial Year 2015/16

Of the 60,609 Category A calls received by the NIAS in 2015/16, 92.8% (56,256) resulted in an emergency response vehicle arriving at the scene of the incident, with the remaining 7.2% (4,353) related to multiple calls for the same incident, hoax calls, and / or incident-related enquiries (Table 12).

Figure 13 presents information on the percentage of Category A calls which resulted in an emergency response vehicle arriving at the scene of the incident within 8 minutes, for each LCG in 2015/16.

**Figure 13: Response Times for Category A Calls, by LCG (2015/16)**



Across LCGs, the percentage of Category A calls responded to within 8 minutes in 2015/16 was highest in the Belfast LCG (64.3%) and lowest in the Northern LCG (46.0%) (Figure 13, Table 11).

Regionally, the highest percentage of Category A calls resulting in an emergency response vehicle arriving at the scene of the incident within 8 minutes was reported in October 2015 (56.6%), with the lowest percentage in December 2015 (49.6%) (Table 13).

During the last year, the highest percentage of Category A calls resulting in an emergency response vehicle arriving at the scene of the incident within 8 minutes, was reported in the Belfast LCG during October 2015 (69.1%), whilst the lowest percentage was reported in the Northern LCG during December 2015 (39.4%) (Table 13).



## Category B Calls <sup>15</sup>

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

### 5 Year Trend

During the last five years, the number of Category B calls received increased by 8,771 (12.6%), from 69,453 in 2011/12 to 78,224 in 2015/16 (Table 15).

During this time, the number of Category B calls which resulted in an emergency response vehicle able to transport a patient, arriving at the scene increased by 5,062 (7.9%), from 63,841 in 2011/12 to 68,903 in 2015/16 (Table 15).

Since 2011/12, the percentage of Category B calls which resulted in an emergency response vehicle able to transport a patient, arriving at the scene increased by 1.7 percentage points, from 97.4% in 2010/11 to 94.1% in 2015/16 (Table 15).

### Financial Year 2015/16

During 2015/16, the NIAS received 78,224 Category B calls, 93.6% (73,204) resulted in an emergency response vehicle able to transport a patient, arriving at the scene (Tables 11 & 12).

## Category C Calls <sup>16</sup>

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

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

### 1. Non-HCP Category C Calls

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

### 2. HCP Category C Calls

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

### 5 Year Trend

It is no longer possible to provide a 5 year comparison due to the changes highlighted above<sup>17</sup>.

### Financial Year 2015/16

#### Non- HCP Category C Calls

Of the 25,288 Non-HCP Category C calls received by the NIAS in 2015/16, 90.3% (22,840) resulted in an ambulance arriving at the scene of the incident, 91.8% (20,958) of which arrived within 60 minutes (Table 11).

In 2015/16, the highest percentage of Non-HCP Category C calls responded to within 60 minutes was reported in the Western LCG (95.6%), with the lowest being reported by the Belfast LCG (88.3%) (Table 11).

#### HCP Category C Calls

During 2015/16, the NIAS received 38,204 HCP Category C calls, 94.2% (36,002) resulted in an ambulance arriving at the scene of the incident (Table 11).

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

- 55.1% (8,852) of HCP calls assigned a 1 hour response, arrived at the scene within 1 hour;
- 72.4% (10,248) of HCP calls assigned a 2 hour response, arrived at the scene within 2 hours;
- 77.9% (1,612) of HCP calls assigned a 3 hour response, arrived at the scene within 3 hours; and,
- 84.6% (3,152) of HCP calls assigned a 4 hour response, arrived at the scene within 4 hours.

<sup>15</sup> Refer to Appendix 1: Definitions – point 1.15.

<sup>16</sup> Refer to Appendix 1: Definitions – point 1.16.

<sup>17</sup> Further information can be found in Appendix 4.

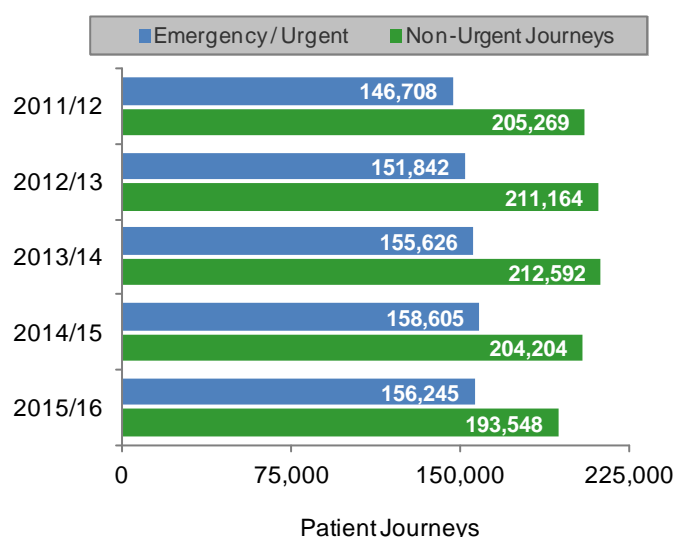
## Patient Journeys <sup>18</sup>

### 5 Year Trend

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

Figure 14 shows the number of emergency/urgent and non-urgent journeys made by the NIAS, each year between 2011/12 and 2015/16.

**Figure 14: Summary of Patient Journeys (2011/12 - 2015/16)**



Since 2011/12, the total number of patient journeys made by the NIAS decreased by 2,184 (0.6%), from 351,977 to 349,793 in 2015/16 (Figure 14, Table 16).

The majority of patient journeys made by the NIAS in each year since 2011/12 were non-urgent (Figure 14, Table 16).

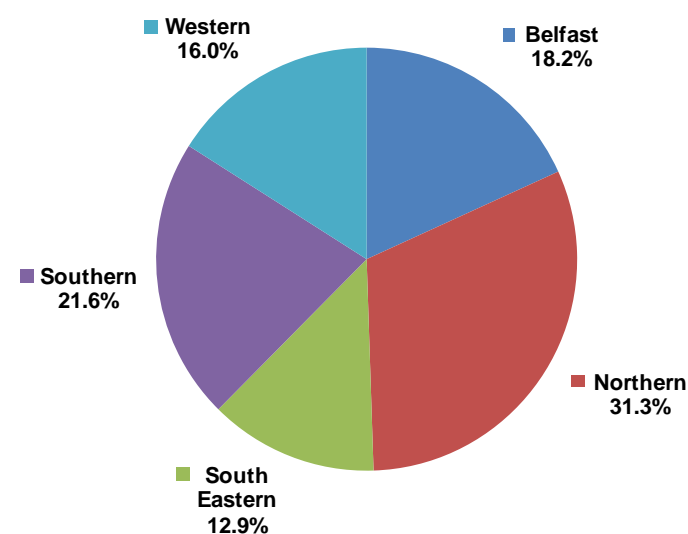
Between 2011/12 and 2015/16 the number of emergency/urgent patient journeys made by the NIAS increased by 9,537 (6.5%), from 146,708 to 156,245 (Figure 14, Table 16).

During this period, the number of non-urgent patient journeys made by the NIAS decreased by 11,721 (5.7%), from 205,269 in 2011/12 to 193,548 in 2015/16 (Figure 14, Table 16).

### Financial Year 2015/16

Figure 15 details the percentage of emergency and non-urgent journeys made by the NIAS across each Local Commissioning Group in Northern Ireland during 2015/16.

**Figure 15: Summary of Patient Journeys, by LCG (2015/16)**

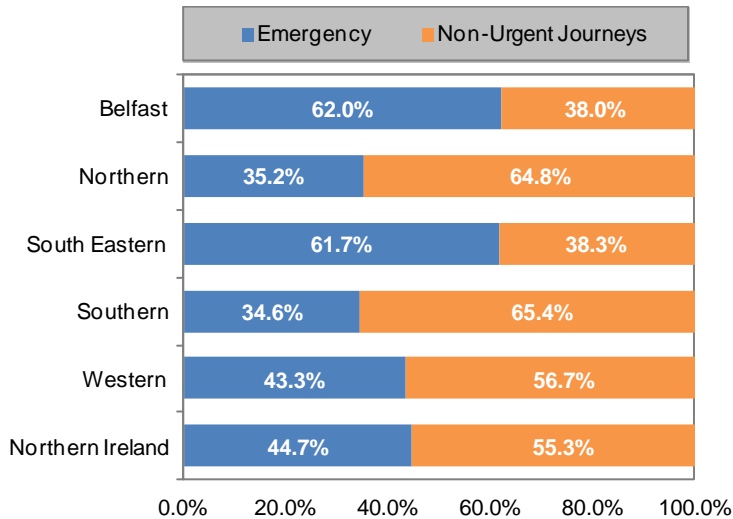


During 2015/16, a total of 349,793 patient journeys were made by the NIAS. Of these, 31.3% (109,495) were in the Northern LCG, 21.6% (75,655) in the Southern LCG, 18.2% (63,579) in the Belfast LCG, 16.0% (55,869) in the Western LCG and 12.9% (45,195) in the South Eastern LCG (Figure 15, Table 17).

<sup>18</sup> Refer to Appendix 1: points 1.10 – 1.12.

Figure 16 shows the percentage of emergency and non-urgent journeys made by the NIAS across each LCG during 2015/16.

**Figure 16: Summary of Patient Journeys, by Journey Type and LCG (2015/16)**



During 2015/16, almost two thirds of patient journeys in the Southern LCG (65.4%, 49,447) were non-urgent, similar to the Northern LCG (64.8%, 70,978) (Figure 16, Table 17).

However, within the South Eastern LCG (61.7%, 27,878) the highest percentage of patient journeys made during 2015/16, were emergency journeys (Figure 16, Table 17).

## Additional Tables

**Table 1: Total Attendances at Emergency Care Departments (2011/12 – 2015/16) <sup>19</sup>**

Attendance Type	Year					Percentage Change 2014/15 - 2015/16	Percentage Change 2011/12 - 2015/16
	2011/12	2012/13	2013/14	2014/15	2015/16		
New	648,131	642,703	657,689	671,590	703,821	4.8%	8.6%
Unplanned	40,534	39,670	37,381	36,990	35,297	-4.6%	-12.9%
Planned	36,537	33,376	32,434	30,085	26,981	-10.3%	-26.2%
<b>Total Attendances</b>	<b>725,202</b>	<b>715,749</b>	<b>727,504</b>	<b>738,665</b>	<b>766,099</b>	<b>3.7%</b>	<b>5.6%</b>

Source: KH09 (ii) Information Return

**Table 2: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2015/16) <sup>20</sup>**

HSC Trust / Hospital	New		Unplanned Review		Planned Review		Total Attendances
	Number	%	Number	%	Number	%	
Mater	45,199	93.1%	1,371	2.8%	1,954	4.0%	48,524
Royal Victoria	85,532	93.9%	3,403	3.7%	2,145	2.4%	91,080
RVH (ENT & RAES) <sup>21</sup>	16,587	89.4%	526	2.8%	1,438	7.8%	18,551
RBHSC	34,560	89.5%	2,767	7.2%	1,305	3.4%	38,632
<b>Belfast Trust</b>	<b>181,878</b>	<b>92.4%</b>	<b>8,067</b>	<b>4.1%</b>	<b>6,842</b>	<b>3.5%</b>	<b>196,787</b>
Antrim Area	74,658	93.3%	3,772	4.7%	1,585	2.0%	80,015
Causeway	40,681	91.4%	3,630	8.2%	202	0.5%	44,513
Mid Ulster	8,791	91.6%	398	4.1%	412	4.3%	9,601
Whiteabbey	-	-	-	-	-	-	-
<b>Northern Trust</b>	<b>124,130</b>	<b>92.5%</b>	<b>7,800</b>	<b>5.8%</b>	<b>2,199</b>	<b>1.6%</b>	<b>134,129</b>
Ards MIU	10,214	92.1%	446	4.0%	436	3.9%	11,096
Bangor MIU	8,566	92.1%	387	4.2%	350	3.8%	9,303
Downe	18,554	91.7%	776	3.8%	899	4.4%	20,229
Lagan Valley	21,389	91.9%	881	3.8%	1,002	4.3%	23,272
Ulster	87,672	93.7%	2,501	2.7%	3,366	3.6%	93,539
<b>South Eastern Trust</b>	<b>146,395</b>	<b>93.0%</b>	<b>4,991</b>	<b>3.2%</b>	<b>6,053</b>	<b>3.8%</b>	<b>157,439</b>
Armagh Community	-	-	-	-	-	-	-
Craigavon Area	76,128	90.5%	4,879	5.8%	3,120	3.7%	84,127
Daisy Hill	47,078	91.8%	2,994	5.8%	1,196	2.3%	51,268
South Tyrone	25,321	88.0%	1,023	3.6%	2,422	8.4%	28,766
<b>Southern Trust</b>	<b>148,527</b>	<b>90.5%</b>	<b>8,896</b>	<b>5.4%</b>	<b>6,738</b>	<b>4.1%</b>	<b>164,161</b>
Altnagelvin Area	56,918	90.2%	3,208	5.1%	2,977	4.7%	63,103
South West Acute	29,704	92.1%	1,849	5.7%	687	2.1%	32,240
Tyrone County	16,269	89.2%	486	2.7%	1,485	8.1%	18,240
<b>Western Trust</b>	<b>102,891</b>	<b>90.6%</b>	<b>5,543</b>	<b>4.9%</b>	<b>5,149</b>	<b>4.5%</b>	<b>113,583</b>
<b>Northern Ireland</b>	<b>703,821</b>	<b>91.9%</b>	<b>35,297</b>	<b>4.6%</b>	<b>26,981</b>	<b>3.5%</b>	<b>766,099</b>

Source: KH09 (ii) Information Return

<sup>19</sup> Care should be taken when comparing information on attendance type prior to 2012/13, as some ED's may have been incorrectly recording some unplanned activity as first (new) attendances.

<sup>20</sup> See Appendix 3 for further information on changes to provision of emergency care services.

<sup>21</sup> The RVH (ENT & RAES) refers to their Ear, Nose & Throat and Regional Acute Eye Services, refer to Appendix 3 for further information.

**Table 3: Total Attendances at Emergency Care Departments by Department Type (2015/16)**

Emergency Care Department Type	New Attendances		Unplanned Review Attendances		Planned Review Attendances		Total Attendances
	Number	%	Number	%	Number	%	
Type 1	578,130	92.2%	30,374	4.8%	18,537	3.0%	627,041
Type 2	56,530	91.1%	2,183	3.5%	3,339	5.4%	62,052
Type 3	69,161	89.8%	2,740	3.6%	5,105	6.6%	77,006
<b>Total</b>	<b>703,821</b>	<b>91.9%</b>	<b>35,297</b>	<b>4.6%</b>	<b>26,981</b>	<b>3.5%</b>	<b>766,099</b>

Source: KH09 (ii) Information Return

**Table 4: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2011/12 - 2015/16)<sup>22</sup>**

HSC Trust / Hospital	Total Attendances				
	2011/12	2012/13	2013/14	2014/15	2015/16
Belfast City	25,408	-	-	-	-
Mater	46,253	44,763	46,085	47,103	48,524
Royal Victoria <sup>23</sup>	84,235	96,879	82,279	85,568	91,080
RVH (ENT & RAES)	N/A	N/A	15,411	17,167	18,551
RBHSC	33,814	34,364	34,453	35,127	38,632
<b>Belfast Trust</b>	<b>189,710</b>	<b>176,006</b>	<b>178,228</b>	<b>184,965</b>	<b>196,787</b>
Antrim Area	72,298	72,078	73,786	77,099	80,015
Causeway	43,594	43,090	42,152	43,009	44,513
Mid Ulster	6,471	7,487	8,307	8,825	9,601
Whiteabbey	9,419	9,256	9,580	7,132	-
<b>Northern Trust</b>	<b>131,782</b>	<b>131,911</b>	<b>133,825</b>	<b>136,065</b>	<b>134,129</b>
Ards	9,438	9,405	10,281	10,572	11,096
Bangor	13,108	10,616	12,288	9,894	9,303
Downe	21,099	21,599	21,161	18,586	20,229
Lagan Valley	28,523	27,374	26,835	22,328	23,272
Ulster	83,167	88,544	89,107	92,259	93,539
<b>South Eastern Trust</b>	<b>155,335</b>	<b>157,538</b>	<b>159,672</b>	<b>153,639</b>	<b>157,439</b>
Armagh/Mullinure	6,842	7,367	7,416	5,205	-
Craigavon Area	76,721	76,271	76,175	80,497	84,127
Daisy Hill	40,388	41,207	42,716	46,590	51,268
Mullinure	2,168	875	-	-	-
South Tyrone	20,320	21,401	23,152	25,666	28,766
<b>Southern Trust</b>	<b>146,439</b>	<b>147,121</b>	<b>149,459</b>	<b>157,958</b>	<b>164,161</b>
Altnagelvin Area	56,419	56,712	58,703	57,837	63,103
Erne / South West Acute	28,515	29,202	30,042	30,740	32,240
Tyrone County	17,002	17,259	17,537	17,461	18,240
<b>Western Trust</b>	<b>101,936</b>	<b>103,173</b>	<b>106,282</b>	<b>106,038</b>	<b>113,583</b>
<b>Northern Ireland</b>	<b>725,202</b>	<b>715,749</b>	<b>727,466</b>	<b>738,665</b>	<b>766,099</b>

Source: KH09 (ii) Information Return

<sup>22</sup> See Appendix 3 for further information on changes to provision of emergency care services.<sup>23</sup> Information for the RVH prior to 2013/14 includes attendances for ENT & RAES.

**Table 5: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by HSC Trust / Hospital (2015/16)**

HSC Trust / Hospital	Waiting Time at Emergency Care Department						Total (New & Unplanned Reviews)
	Within 4 Hours		4 to 12 Hours		Over 12 Hours		
	Number	%	Number	%	Number	%	
Mater	34,780	74.7%	11,445	24.6%	340	0.7%	46,565
Royal Victoria	58,184	65.4%	30,179	33.9%	577	0.6%	88,940
RVH (ENT & RAES)	17,220	100.0%	0	0.0%	0	0.0%	17,220
RBHSC	33,261	89.1%	4,067	10.9%	0	0.0%	37,328
<b>Belfast Trust</b>	<b>143,445</b>	<b>75.5%</b>	<b>45,691</b>	<b>24.0%</b>	<b>917</b>	<b>0.5%</b>	<b>190,053</b>
Antrim Area	49,003	62.5%	28,365	36.2%	1,058	1.3%	78,426
Causeway	29,507	66.6%	14,760	33.3%	29	0.1%	44,296
Mid Ulster	9,189	100.0%	1	0.0%	0	0.0%	9,190
Whiteabbey	-	-	-	-	-	-	-
<b>Northern Trust</b>	<b>87,699</b>	<b>66.5%</b>	<b>43,126</b>	<b>32.7%</b>	<b>1,087</b>	<b>0.8%</b>	<b>131,912</b>
Ards MIU	10,659	100.0%	1	0.0%	0	0.0%	10,660
Bangor MIU	8,953	100.0%	0	0.0%	0	0.0%	8,953
Downe	17,745	91.8%	1,537	8.0%	46	0.2%	19,328
Lagan Valley	19,740	88.6%	2,530	11.4%	0	0.0%	22,270
Ulster	64,095	71.1%	24,491	27.2%	1,560	1.7%	90,146
<b>South Eastern Trust</b>	<b>121,192</b>	<b>80.1%</b>	<b>28,559</b>	<b>18.9%</b>	<b>1,606</b>	<b>1.1%</b>	<b>151,357</b>
Armagh Community	-	-	-	-	-	-	-
Craigavon Area	58,310	72.0%	22,611	27.9%	75	0.1%	80,996
Daisy Hill	41,419	82.7%	8,639	17.3%	18	0.0%	50,076
South Tyrone	26,315	100.0%	7	0.0%	0	0.0%	26,322
<b>Southern Trust</b>	<b>126,044</b>	<b>80.1%</b>	<b>31,257</b>	<b>19.9%</b>	<b>93</b>	<b>0.1%</b>	<b>157,394</b>
Altnagelvin Area	42,102	70.0%	17,910	29.8%	114	0.2%	60,126
South West Acute	25,779	81.7%	5,716	18.1%	58	0.2%	31,553
Tyrone County	16,730	99.9%	25	0.1%	0	0.0%	16,755
<b>Western Trust</b>	<b>84,611</b>	<b>78.0%</b>	<b>23,651</b>	<b>21.8%</b>	<b>172</b>	<b>0.2%</b>	<b>108,434</b>
<b>Northern Ireland</b>	<b>562,991</b>	<b>76.2%</b>	<b>172,284</b>	<b>23.3%</b>	<b>3,875</b>	<b>0.5%</b>	<b>739,150</b>

Source: EC1 Information Return & Regional Data Warehouse

**Table 6: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments (2011/12 – 2015/16) <sup>24</sup>**

Waiting Time at Emergency Care Department	Year					Percentage Change 2014/15 - 2015/16	Percentage Change 2011/12 - 2015/16
	2011/12	2012/13	2013/14	2014/15	2015/16		
Number Within 4 Hours	552,202	535,891	542,541	549,233	562,991	2.5%	2.0%
<i>Percentage Within 4 Hours</i>	80.2%	78.5%	78.1%	77.5%	76.2%	-	-
Number Between 4 & 12 Hours	126,428	140,964	148,968	156,077	172,284	10.4%	36.3%
<i>Percentage Between 4 &amp; 12 Hours</i>	18.4%	20.7%	21.4%	22.0%	23.3%	-	-
Number Over 12 Hours	10,211	5,560	3,109	3,170	3,875	22.2%	-62.1%
<i>Percentage Over 12 Hours</i>	1.5%	0.8%	0.4%	0.4%	0.5%	-	-
<b>Total</b>	<b>688,841</b>	<b>682,415</b>	<b>694,618</b>	<b>708,480</b>	<b>739,150</b>	<b>4.3%</b>	<b>7.3%</b>

Source: EC1 Information Return & Regional Data Warehouse

<sup>24</sup> See Appendix 3 for further information on changes to provision of emergency care services.

**Table 7: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by Department Type (2015/16) <sup>27</sup>**

Emergency Care Department Type	Waiting Time at Emergency Care Department						Total (New & Unplanned Reviews)
	Within 4 Hours		4 to 12 Hours		Over 12 Hours		
	Number	%	Number	%	Number	%	
Type 1	436,440	71.7%	168,183	27.6%	3,829	0.6%	608,452
Type 2	54,705	93.0%	4,067	6.9%	46	0.1%	58,818
Type 3	71,846	100.0%	34	0.0%	0	0.0%	71,880
<b>Total</b>	<b>562,991</b>	<b>76.2%</b>	<b>172,284</b>	<b>23.3%</b>	<b>3,875</b>	<b>0.5%</b>	<b>739,150</b>

Source: EC1 Information Return & Regional Data Warehouse

**Table 8: New & Unplanned Review Attendances by HSC Trust / Hospital (2011/12 - 2015/16) <sup>25</sup>**

HSC Trust / Hospital	New & Unplanned Review Attendances				
	2011/12	2012/13	2013/14	2014/15	2015/16
Belfast City	24,701	-	-	-	-
Mater	42,845	43,087	44,397	45,623	46,565
Royal Victoria <sup>26</sup>	81,094	92,618	79,678	82,905	88,940
RVH (ENT & RAES)	-	-	13,985	15,751	17,220
RBHSC	32,478	32,976	33,153	33,879	37,328
<b>Belfast Trust</b>	<b>181,118</b>	<b>168,681</b>	<b>171,213</b>	<b>178,158</b>	<b>190,053</b>
Antrim Area	71,175	70,859	72,037	75,268	78,426
Causeway	43,080	42,771	41,798	42,695	44,296
Mid Ulster	6,133	7,115	7,978	8,407	9,190
Whiteabbey	8,614	8,306	8,643	6,741	-
<b>Northern Trust</b>	<b>129,002</b>	<b>129,051</b>	<b>130,456</b>	<b>133,111</b>	<b>131,912</b>
Ards MIU	9,076	9,071	9,852	10,189	10,660
Bangor MIU	12,240	10,154	11,670	9,634	8,953
Downe	20,124	20,697	20,250	17,842	19,328
Lagan Valley	27,443	26,297	25,786	21,404	22,270
Ulster	77,757	82,436	82,692	86,028	90,146
<b>South Eastern Trust</b>	<b>146,640</b>	<b>148,655</b>	<b>150,250</b>	<b>145,097</b>	<b>151,357</b>
Armagh & Mullinure	7,793	7,320	6,789	4,763	-
Craigavon Area	71,645	71,746	72,976	77,552	80,996
Daisy Hill	37,927	39,373	41,198	45,444	50,076
South Tyrone	18,751	19,902	21,089	23,622	26,322
<b>Southern Trust</b>	<b>136,116</b>	<b>138,341</b>	<b>142,052</b>	<b>151,381</b>	<b>157,394</b>
Altnagelvin Area	53,045	53,826	55,543	54,828	60,126
Erne / South West Acute	27,662	28,387	29,182	29,811	31,553
Tyrone County	15,258	15,474	15,922	16,094	16,755
<b>Western Trust</b>	<b>95,965</b>	<b>97,687</b>	<b>100,647</b>	<b>100,733</b>	<b>108,434</b>
<b>Northern Ireland</b>	<b>688,841</b>	<b>682,415</b>	<b>694,618</b>	<b>708,480</b>	<b>739,150</b>

Source: EC1 Information Return & Regional Data Warehouse

<sup>25</sup> See Appendix 3 for further information on changes to provision of emergency care services.

<sup>26</sup> Information for the RVH prior to 2013/14 includes attendances for ENT & RAES.



**Table 9: New & Unplanned Review Attendances seen within 4 hours by HSC Trust / Hospital (2011/12 - 2015/16) <sup>27</sup>**

HSC Trust / Hospital	Percentage seen within 4 hours				
	2011/12	2012/13	2013/14	2014/15	2015/16
Belfast City	77.3%	-	-	-	-
Mater	71.0%	68.1%	72.2%	70.7%	74.7%
Royal Victoria <sup>28</sup>	71.1%	68.3%	60.8%	59.2%	65.4%
RVH (ENT & RAES)	-	-	100%	100.0%	100.0%
RBHSC	81.1%	82.2%	89.8%	90.8%	89.1%
<b>Belfast Trust</b>	<b>73.7%</b>	<b>71.0%</b>	<b>72.6%</b>	<b>71.8%</b>	<b>75.5%</b>
Antrim Area	68.9%	64.5%	70.7%	63.6%	62.5%
Causeway	80.3%	78.7%	78.2%	72.9%	66.6%
Mid Ulster	100.0%	100.0%	100.0%	100.0%	100.0%
Whiteabbey	100.0%	100.0%	99.9%	99.9%	-
<b>Northern Trust</b>	<b>76.3%</b>	<b>73.5%</b>	<b>76.8%</b>	<b>70.7%</b>	<b>66.5%</b>
Ards MIU	100.0%	100.0%	100.0%	100.0%	100.0%
Bangor MIU	100.0%	100.0%	100.0%	100.0%	100.0%
Downe	89.7%	87.0%	86.8%	90.3%	91.8%
Lagan Valley	90.1%	90.4%	88.3%	87.3%	88.6%
Ulster	75.0%	73.1%	70.5%	72.7%	71.1%
<b>South Eastern Trust</b>	<b>83.5%</b>	<b>81.6%</b>	<b>80.0%</b>	<b>80.7%</b>	<b>80.1%</b>
Armagh & Mullinure	100.0%	100.0%	100.0%	100.0%	-
Craigavon Area	75.6%	76.5%	72.9%	78.3%	72.0%
Daisy Hill	94.6%	91.9%	86.7%	83.1%	82.7%
South Tyrone	100.0%	99.9%	100.0%	100.0%	100.0%
<b>Southern Trust</b>	<b>85.6%</b>	<b>85.5%</b>	<b>82.2%</b>	<b>83.8%</b>	<b>80.1%</b>
Altnagelvin Area	75.6%	75.2%	70.2%	73.8%	70.0%
Erne / South West Acute	94.1%	91.2%	90.0%	89.4%	81.7%
Tyrone County	99.9%	99.9%	99.9%	99.9%	99.9%
<b>Western Trust</b>	<b>84.8%</b>	<b>83.7%</b>	<b>80.7%</b>	<b>82.6%</b>	<b>78.0%</b>
<b>Northern Ireland</b>	<b>80.2%</b>	<b>78.5%</b>	<b>78.1%</b>	<b>77.5%</b>	<b>76.2%</b>

Source: EC1 Information Return & Regional Data Warehouse

<sup>27</sup> See Appendix 3 for further information on changes to provision of emergency care services.

<sup>28</sup> Information for the RVH prior to 2013/14 includes attendances for ENT & RAES.



**Table 10: New & Unplanned Review Attendances Waiting Over 12 hours by HSC Trust / Hospital (2011/12 - 2015/16) <sup>29</sup>**

HSC Trust / Hospital	Number Waiting Over 12 Hours				
	2011/12	2012/13	2013/14	2014/15	2015/16
Belfast City	105	-	-	-	-
Mater	872	147	61	404	340
Royal Victoria <sup>30</sup>	1,754	267	456	1,352	577
Royal Victoria (ENT & RAES)	-	-	0	0	0
RBHSC	11	12	0	0	0
<b>Belfast Trust</b>	<b>2,742</b>	<b>426</b>	<b>517</b>	<b>1,756</b>	<b>917</b>
Antrim Area	3,041	1,811	871	663	1,058
Causeway	1,020	719	156	0	29
Mid Ulster	0	0	0	0	0
Whiteabbey	0	0	0	0	-
<b>Northern Trust</b>	<b>4,061</b>	<b>2,530</b>	<b>1,027</b>	<b>663</b>	<b>1,087</b>
Ards MIU	0	0	0	0	0
Bangor MIU	0	0	0	0	0
Downe	67	157	63	19	46
Lagan Valley	213	242	69	5	0
Ulster	3,082	2,058	1,092	689	1,560
<b>South Eastern Trust</b>	<b>3,362</b>	<b>2,457</b>	<b>1,224</b>	<b>713</b>	<b>1,606</b>
Armagh & Mullinure	0	0	0	0	-
Craigavon Area	7	34	68	13	75
Daisy Hill	3	7	28	1	18
South Tyrone	0	0	0	0	0
<b>Southern Trust</b>	<b>10</b>	<b>41</b>	<b>96</b>	<b>14</b>	<b>93</b>
Altnagelvin Area	34	103	231	14	114
Erne / South West Acute	2	3	14	10	58
Tyrone County	0	0	0	0	0
<b>Western Trust</b>	<b>36</b>	<b>106</b>	<b>245</b>	<b>24</b>	<b>172</b>
<b>Northern Ireland</b>	<b>10,211</b>	<b>5,560</b>	<b>3,109</b>	<b>3,170</b>	<b>3,875</b>

Source: EC1 Information Return & Regional Data Warehouse

<sup>29</sup> See Appendix 3 for further information on changes to provision of emergency care services.

<sup>30</sup> Information for the RVH prior to 2013/14 includes attendances for ENT & RAES.

**Table 11: Summary of Emergency Calls & Response by Local Commissioning Group (2015/16)**

Performance Measure	Local Commissioning Group (LCG)					Northern Ireland
	Belfast	Northern	South Eastern	Southern	Western	
Number of emergency calls <sup>31</sup>	52,774	48,242	36,150	34,369	30,790	<b>202,325</b>
<i>% of Category A calls responded to within 8 minutes</i>	64.3%	46.0%	47.6%	48.9%	58.2%	<b>53.5%</b>
Number of Category B calls resulting in an emergency response which arrives at the scene of the incident	18,309	17,065	13,126	12,822	11,882	<b>73,204</b>
Number of (Non-HCP) Category C calls, resulting in an emergency response which arrives at the scene of the incident	5,665	5,040	4,391	4,115	3,629	<b>22,840</b>
<i>% of (Non-HCP) Category C calls responded to within 60 minutes</i>	88.3%	92.9%	88.9%	94.9%	95.6%	<b>91.8%</b>
Number of (HCP) Category C calls, resulting in an emergency response which arrives at the scene of the incident	9,891	10,076	6,282	5,511	4,242	<b>36,002</b>
<i>% of (HCP) Category C calls responded to within the agreed 1 Hour response time</i>	54.1%	57.6%	47.1%	55.8%	62.0%	<b>55.1%</b>
<i>% of (HCP) Category C calls responded to within the agreed 2 Hour response time</i>	71.4%	74.6%	66.4%	71.3%	78.9%	<b>72.4%</b>
<i>% of (HCP) Category C calls responded to within the agreed 3 Hour response time</i>	75.2%	81.1%	72.7%	80.0%	86.2%	<b>77.9%</b>
<i>% of (HCP) Category C calls responded to within the agreed 4 Hour response time</i>	78.0%	89.1%	78.3%	89.7%	93.2%	<b>84.6%</b>
Number of emergency calls, <b>excluding HCP calls</b>	41,953	37,687	29,512	28,595	26,374	<b>164,121</b>

Source: KA34 Information Return

**Table 12: Summary of Emergency Calls & Response by Category of Call (2015/16) <sup>32</sup>**

Emergency Calls & Response	Category A: Immediately life threatening calls	Category B: Serious but not immediately life threatening	Category C: Not immediately life threatening or serious	TOTAL
Total Calls	60,609	78,224	63,492	<b>202,325</b>
Calls resulting in an emergency response	56,256	73,204	58,842	<b>188,302</b>
Response within 8 minutes	30,101	30,847	-	<b>60,948</b>
Calls resulting in an emergency response which is able to transport a patient	53,164	68,903	57,338	<b>179,405</b>

Source: KA34 Information Return

<sup>31</sup> Information includes HCP calls; see Appendix 4 for further information.

<sup>32</sup> Information includes HCP calls; see Appendix 4 for further information.

**Table 13: Percentage of Category A Calls Resulting in an Emergency Response Arriving at the Scene of the Incident within 8 Minutes, by LCG (2015/16)**

Month	Local Commissioning Group (LCG)					Northern Ireland
	Belfast	Northern	South Eastern	Southern	Western	
April 2015	64.7%	46.7%	46.3%	48.9%	57.5%	<b>53.5%</b>
May 2015	58.7%	42.0%	43.5%	51.1%	53.8%	<b>50.0%</b>
June 2015	63.8%	47.7%	42.5%	47.0%	61.2%	<b>52.9%</b>
July 2015	66.7%	47.0%	49.9%	49.5%	59.8%	<b>55.0%</b>
August 2015	64.2%	46.6%	44.8%	49.0%	57.3%	<b>53.1%</b>
September 2015	66.1%	47.1%	50.1%	49.9%	60.3%	<b>55.3%</b>
October 2015	69.1%	48.6%	54.2%	50.6%	56.6%	<b>56.6%</b>
November 2015	65.3%	48.5%	50.1%	53.9%	59.4%	<b>55.6%</b>
December 2015	59.3%	39.4%	44.1%	45.8%	58.0%	<b>49.6%</b>
January 2016	62.2%	44.4%	45.6%	43.0%	59.2%	<b>51.1%</b>
February 2016	63.4%	47.3%	49.1%	47.5%	57.9%	<b>53.8%</b>
March 2016	68.3%	47.7%	50.6%	50.8%	57.9%	<b>55.7%</b>

Source: KA34 Information Return

**Table 14: Percentage of Category A Calls Resulting in an Emergency Response Arriving at the Scene of the Incident within 8 Minutes, by Year (2011/12 – 2015/16)**

Year	% Within 8 Minutes
2011/12	72.7%
2012/13	68.3%
2013/14	67.6%
2014/15	57.7%
2015/16	53.5%

Source: KA34 Information Return

**Table 15: Response Times by Category of Call (2011/12 – 2015/16)** <sup>33</sup>

Category of Call	Emergency Response	2011/12	2012/13	2013/14	2014/15 <sup>34</sup>	2015/16
<b>Category A</b>	<b>Number arriving at the scene of the incident</b>	<b>45,714</b>	<b>49,624</b>	<b>50,913</b>	<b>56,934</b>	<b>56,256</b>
	Number arriving within 8 minutes	33,224	33,887	34,422	32,862	30,101
	<i>% arriving within 8 minutes</i>	<i>72.7%</i>	<i>68.3%</i>	<i>67.6%</i>	<i>57.7%</i>	<i>53.5%</i>
<b>Category B</b>	<b>Number of calls received</b>	<b>69,453</b>	<b>71,035</b>	<b>73,945</b>	<b>73,770</b>	<b>78,224</b>
	Number arriving at the scene of the incident	65,538	67,429	70,106	69,555	73,204
	Number arriving at the scene of the incident able to transport a patient	63,841	65,359	68,083	66,083	68,903
<b>Category C (Non-HCP)</b>	<b>Number arriving at the scene of the incident</b>	-	-	-	<b>23,692</b>	<b>22,840</b>
	Number arriving within 60 minutes	-	-	-	22,252	20,958
	<i>% arriving within 60 minutes</i>	-	-	-	<i>93.9%</i>	<i>91.8%</i>
<b>Category C (HCP)</b>	<b>Number Requiring a 1 Hour response</b>	-	-	-	<b>11,183</b>	<b>16,051</b>
	Number arriving within the agreed 1 Hour	-	-	-	6,146	8,852
	<i>% arriving within the agreed 1 Hour</i>	-	-	-	<i>55.0%</i>	<i>55.1%</i>
	<b>Number Requiring a 2 Hour response</b>	-	-	-	<b>10,001</b>	<b>14,158</b>
	Number arriving within the agreed 2 Hours	-	-	-	7,060	10,248
	<i>% arriving within the agreed 2 Hours</i>	-	-	-	<i>70.6%</i>	<i>72.4%</i>
	<b>Number Requiring a 3 Hour response</b>	-	-	-	<b>1,038</b>	<b>2,068</b>
	Number arriving within the agreed 3 Hours	-	-	-	815	1,612
	<i>% arriving within the agreed 3 Hours</i>	-	-	-	<i>78.5%</i>	<i>77.9%</i>
	<b>Number Requiring a 4 Hour response</b>	-	-	-	<b>5,946</b>	<b>3,725</b>
	Number arriving within the agreed 4 Hours	-	-	-	4,925	3,152
	<i>% arriving within the agreed 4 Hours</i>	-	-	-	<i>82.8%</i>	<i>84.6%</i>
<b>Total Emergency Calls</b>		-	-	-	<b>191,727</b>	<b>202,325</b>
<b>Total Emergency Calls (excluding HCP Calls)</b>		<b>142,026</b>	<b>150,093</b>	<b>154,755</b>	<b>160,706</b>	<b>164,121</b>

Source: KA34 Information Return

<sup>33</sup> Refer to Appendix 4 for more detailed information.

<sup>34</sup> Figures for Category C Calls during 2014/15 refer to the period 14<sup>th</sup> June 2014 to 31<sup>st</sup> March 2015.

**Table 16: Summary of Patient Journeys (2011/12 – 2015/16)**

Year	Emergency / Urgent Journeys	Non-Urgent Journeys	Total Patient Journeys
2011/12	146,708	205,269	<b>351,977</b>
2012/13	151,842	211,164	<b>363,006</b>
2013/14	155,626	212,592	<b>368,218</b>
2014/15	158,605	204,204	<b>362,809</b>
2015/16	156,245	193,548	<b>349,793</b>

Source: KA34 Information Return

**Table 17: Summary of Patient Journeys by Local Commissioning Group (2015/16)**

Local Commissioning Group (LCG)	Emergency Journeys	Non-Urgent Journeys	Total Patient Journeys
Belfast	39,433	24,146	<b>63,579</b>
Northern	38,517	70,978	<b>109,495</b>
South Eastern	27,878	17,317	<b>45,195</b>
Southern	26,208	49,447	<b>75,655</b>
Western	24,209	31,660	<b>55,869</b>
<b>Northern Ireland</b>	<b>156,245</b>	<b>193,548</b>	<b>349,793</b>

Source: KA34 Information Return

## Appendix 1: Definitions

### 1.1 Emergency Care Department

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

### 1.2 Type 1 Emergency Care Department

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

### 1.3 Type 2 Emergency Care Department

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

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

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

### 1.5 A&E / Review Clinic

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

### 1.6 New Attendance (Emergency Care)

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

### 1.7 Review Attendance (Emergency Care)

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

### **1.8 Unplanned Review Attendance (Emergency Care)**

This relates to any patient who returns to the emergency care department without written instruction, with the same presenting complaint, within 30 days of the initial attendance. (Any patient where the initial intention at first attendance was not to bring the patient back to the emergency care department, but where subsequently the patient is recalled by a member of staff to attend the emergency care department within 30 days should be recorded as an unplanned re-attender).

### **1.9 Planned Review Attendance (Emergency Care)**

This relates to any patient given a written appointment, date and time to return to the emergency care department planned review clinic.

### **1.10 Patient Journeys**

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

### **1.11 Emergency Journey**

The definition of an emergency journey was amended on 14<sup>th</sup> June 2014<sup>35</sup>. 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.

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<sup>35</sup> Refer to Appendix 4 for further information.

## Appendix 2: Emergency Care Attendances - KH09 (ii)

- 2.1 All information regarding Emergency Care attendances included in this publication has been sourced from the KH09 (ii) Information Return provided by the Health & Social Care Trusts of Northern Ireland.
- 2.2 The KH09 (ii) return is collected by the Department on a quarterly basis and includes aggregate attendance totals for each quarter broken down by the type of attendance i.e. new or review (planned and unplanned). Since 1<sup>st</sup> March 2011, the KH09 (ii) return splits review attendances by planned and unplanned.
- 2.3 Attendance totals include all emergency care attendances at Type 1, 2 and 3 emergency care departments in Northern Ireland.
- 2.4 Attendances relate to all new, unplanned review and planned review attendances.
- 2.5 Planned review attendances include only planned review attendances at A&E / Review clinics, and exclude appointments at Outpatient clinics.
- 2.6 Following a review of this return in March 2011, a revised KH09(ii) return was issued for the quarter ending June 2011 to collect information on new, unplanned and planned review attendances, as opposed to 'First' and 'Review' which was collected on the previous version (up to and including 31 March 2011).
- 2.7 During the review, it was identified that a number of emergency care departments may have been incorrectly recording some unplanned activity as first (new) attendances. It is therefore not possible to directly compare information on attendance type with any year prior to 2012/13.
- 2.8 It should also be noted that there has been a slight change in the way new, unplanned and planned attendance information is presented for the Royal Victoria emergency care department, as information for the Royal Victoria emergency care department and the Royal Victoria (ENT & RAES) service is now reported separately.

### Categorisation of Emergency Care Departments <sup>36</sup>

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

<sup>36</sup> See Appendix 3 for recent changes to reclassifications and operating hours.



## Appendix 3: Emergency Care Waiting Times (EC1)

- 3.1 Information on waiting times at emergency care departments detailed in this publication is collected monthly in the Emergency Care (EC1) information return. The EC1 return records all new and unplanned review attendances in each emergency care department across Northern Ireland; including the length of time they waited from arrival in the emergency care department until treatment, admission or discharge. It does not include planned review attendances.
- 3.2 It should be noted that since 1<sup>st</sup> July 2011, Hospital Information Branch has been downloading patient level data on emergency care waiting times from the Regional Data Warehouse on the 8<sup>th</sup> of each month, for those emergency care departments using the Northern Ireland Regional Accident & Emergency System (NIRAES) and SYMPHONY. Information from emergency care departments, using other administrative systems to record emergency care waiting times, continues to be sourced from the aggregate EC1 return. HSC Trusts have been instructed to generate this information on the 8<sup>th</sup> 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 target for Northern Ireland on emergency care waiting times for 2014/15 states that,  
*'From April 2014, 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 Department should wait longer than 12 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 24<sup>th</sup> May 2010, Mid-Ulster and Whiteabbey emergency care departments were reconfigured from consultant-led treatment services (Type 2 - emergency care departments) to minor injury units with designated accommodation for the reception of patients with minor injuries and/or illnesses (Type 3 - emergency care departments). On this basis, 2010/11 figures presented in this bulletin for Type 2 emergency care departments are inclusive of all Type 2 emergency care departments and all activity within Mid-Ulster and Whiteabbey emergency care departments between 1<sup>st</sup> May and 23<sup>rd</sup> May 2010. Similarly, 2010/11 figures presented for Type 3 emergency care departments are inclusive of all Type 3 emergency care departments and all activity within Mid-Ulster and Whiteabbey emergency care departments between May 24<sup>th</sup> and May 31<sup>st</sup> 2010. This should be taken into consideration when drawing historic comparisons between Type 2 and Type 3 emergency care departments.

- 3.10 On 4<sup>th</sup> 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 1<sup>st</sup> 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 1<sup>st</sup> 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 21<sup>st</sup> 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 3<sup>rd</sup> 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 16<sup>th</sup> 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 4<sup>th</sup> 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 1<sup>st</sup> 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 17<sup>th</sup> 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 1<sup>st</sup> 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 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.
- 3.21 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.

## Appendix 4: Patient Transport & Emergency Response (KA34)

- 4.1 Information on patient transport and emergency response times detailed in this publication has been sourced from the KA34 Information Return provided by the Northern Ireland Ambulance Service (NIAS) Health & Social Care Trust.
- 4.2 From 14<sup>th</sup> June 2014, the NIAS ceased recording urgent patient journeys and instead recorded calls from Healthcare Professionals (HCP) <sup>37</sup>, to improve the timeliness of responding to urgent transport requests from HCP's.
- 4.3 The target time for HCP calls is agreed with the caller at the point of contact, and should be responded to within one of the following time periods: 1, 2, 3, or 4 hours. As a consequence, HCP calls are included in the overall number of emergency calls received and are referred to as Category C HCP calls. Some healthcare professional calls may also be designated as a Category A or B response, and will in these cases be responded to in the time periods agreed for these types of calls.
- 4.4 Healthcare Professionals who can request urgent transport are: Approved Social Worker, District Nurse, Doctor, General Practitioner, Midwife/Health Visitor, Nurse, Paramedic, Dentist, Hospitals (Including Community Hospitals). All other callers are managed via the normal 999 process.
- 4.5 Historically, Category C calls detailed in the KA34 were based on calls made by members of the public. However, as of 14<sup>th</sup> June 2014, the number of Category C calls will also include calls made by HCP's, meaning that information on Category C emergency response times is not comparable with previous years.
- 4.6 Response times are calculated on the basis that the 'clock starts' when the following details of a call have been ascertained: caller's telephone number, exact location of incident, and the nature of the chief complaint (this may be prior to allocation of the despatch code). The 'clock stops' when an emergency response vehicle arrives at the scene of the incident.
- 4.7 An emergency response refers to all responses made by emergency ambulances, a rapid response vehicles (equipped with a defibrillator to provide treatment at the scene), and any approved first responders equipped with a defibrillator, despatched by and accountable to the ambulance service).
- 4.8 In 2015/16, ambulance response times were monitored as one of the Ministers Commissioning Plan Direction targets, which stated that:

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

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<sup>37</sup> Refer to Appendix 1: Definitions – point 1.13.

## Appendix 5: Data in the publication

### General guidance on using the data

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

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

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

#### Description of data

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

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

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

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 emergency care Department 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 2011/12 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 which use an independent administrative system.

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

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

## Guidance on using data

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

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

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

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

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

## Data Comparisons with other UK Jurisdictions

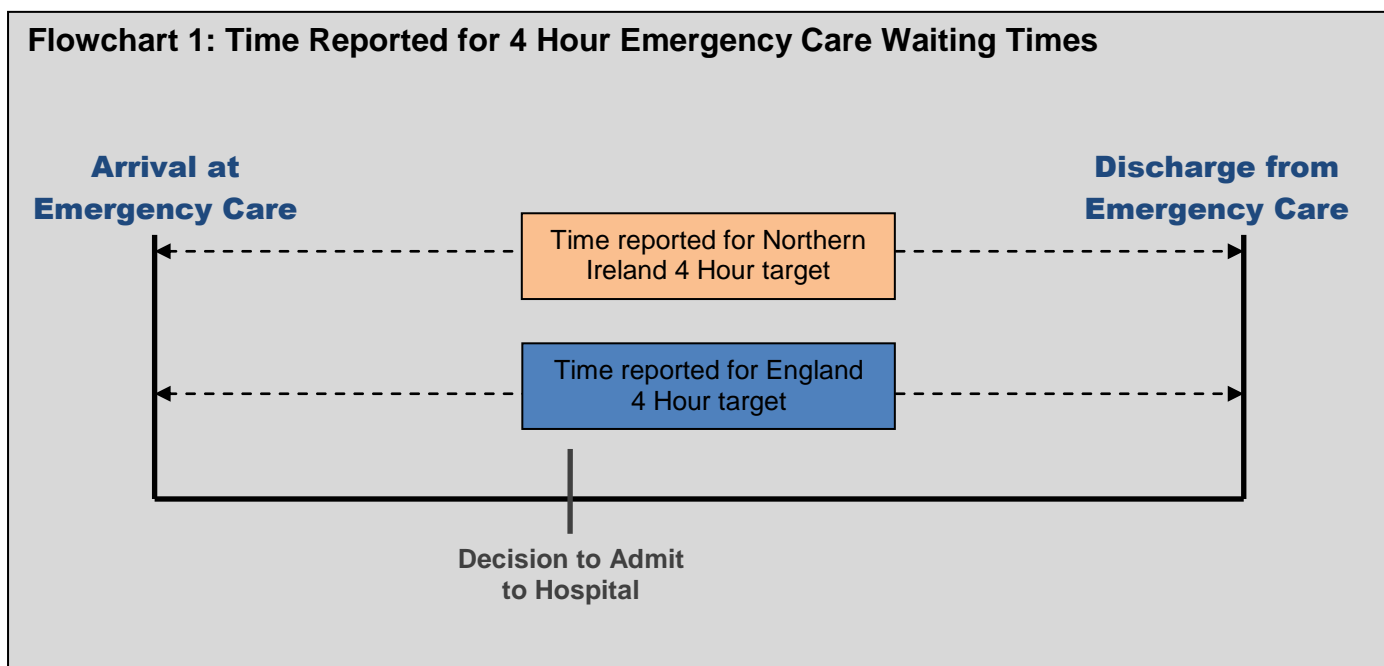
The DoH are currently liaising with colleagues in England, Scotland and Wales to clarify any differences between the emergency care waiting times reported for each administration. We would therefore ask users to be cautious when making direct comparisons between Northern Ireland and other UK Jurisdictions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

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

## Northern Ireland Compared with England:

### 4 Hour

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



### 12 Hour

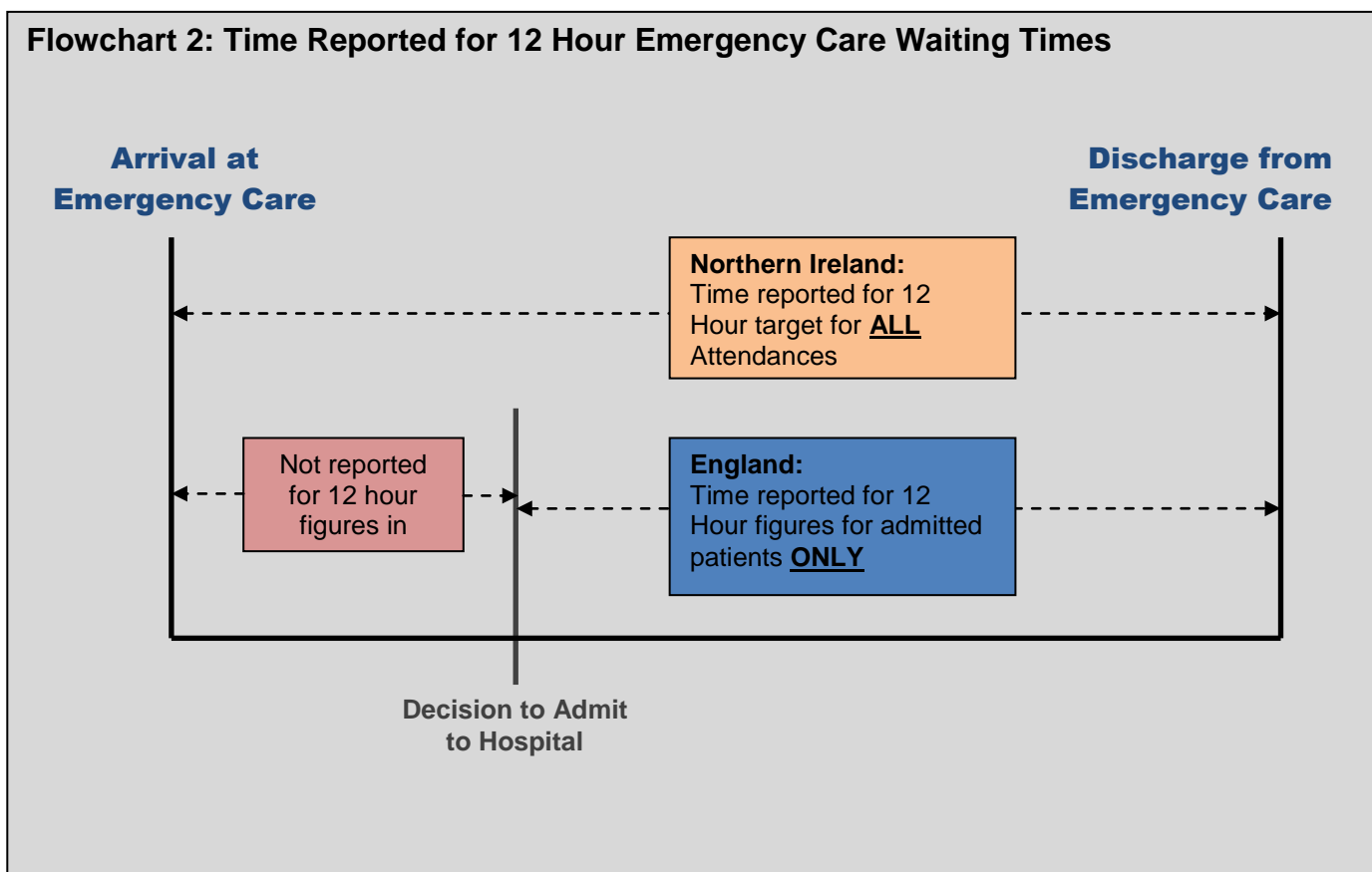
Although England and Northern Ireland both produce information on a 12 hour basis, this information is not equivalent and should not be compared (Flowchart 2). Comparable information to that produced in Northern Ireland is not available for England.

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



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

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



### (iii) Patient Transport and Emergency Response Times

#### Description of data

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

- Category A refers to calls where the presenting conditions may be life threatening. These calls should be responded to by an emergency response vehicle within 8 minutes.
- Category B refers to calls where the presenting conditions though serious are not immediately life threatening. These calls should be responded to by an emergency response vehicle within 21 minutes.

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

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

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

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

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

## Data Provider

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

## Data Quality Assessment

Data is solely derived from an administrative system (Alert C3) updated and maintained by the NIAS.

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

## Guidance on using data

Number of emergency calls – refers to the number of emergency calls categorised as Category A, Category B and Category C (HCP & Non-HCP) received during the financial year 1<sup>st</sup> April to 31<sup>st</sup> 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 <sup>38</sup> (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.

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<sup>38</sup> Refer to Appendix 4 – point 4.5.

## Appendix 6: Explanatory Notes

### Providers:

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

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

### Data Availability / Format:

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

### Data Quality:

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

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

### Stage 1:

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

### Stage 2:

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

### Stage 3:

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

## Appendix 7: About Hospital Information Branch

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

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

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

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

## Further Information

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

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

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✉ Email: [Paul.Stevenson@health-ni.gov.uk](mailto:Paul.Stevenson@health-ni.gov.uk)

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

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