Northern Ireland Hospital Statistics:
Emergency Care
2020/21

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, incidents 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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Reporting Period:	1st April 2020 – 31st March 2021
Issued by:	Hospital Information Branch, Information & Analysis Directorate Department of Health Stormont Estate, Belfast, BT4 3SQ
Contact Information:	We invite you to feedback your comments on this publication to: 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-niwts-ecwt-guidance.pdf
Target Audience:	DoH, Chief Executives of HSC Board and Trusts in Northern Ireland, Health Care Professionals, Academics, HSC Stakeholders, Media & General Public.
Further Copies:	statistics@health-ni.gov.uk
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Contents

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 Ireland[1].

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 Response[2]

Clinical Quality Indicators – Data Warehouse downloads[3]

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.

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.

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[1] Refer to Appendix 1: Definitions.
[2] Refer to Appendix and 5 for further information on changes to the NIAS returns.
[3] Refer to Appendix 3 for further information.
[4] Refer to Appendix 6: Data in the publication for further information.

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

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

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

A National Statistics Publication

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

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

Key Points

593,369
New and Unplanned Review Attendances at EDs

65.0%
of Attendances at EDs were treated and discharged home, or admitted within 4 hours

230,949
Calls were responded to by NIAS

- Almost a quarter (22.9%) of new and unplanned review attendances at emergency care departments (ED) during 2020/21 were in the Belfast Health and Social Care Trust (HSC Trust) (Table 8).

- Over eight in ten (85.9%) patients attending EDs in 2020/21 commenced their treatment within 2 hours of being triaged (Figure 18, Table 11)

Comparison with Previous Year (2019/20 – 2020/21)

- Since 2019/20, the number of new and unplanned review attendances EDs decreased by 220,904 (27.1%), from 814,273 to 593,369 in 2020/21 (Table 8).

- Despite the notable decrease in attendances between 2019/20 and 2020/21, performance against the 4 hour waiting times target remained similar (65.1% to 65.0% respectively) (Table 5).

- Between 2019/20 and 2020/21, performance against the 4 hour waiting times target improved at all department types, Type 1 (59.2% to 60.5%),Type 2 (80.2% to 84.6%) and Type 3 departments (99.6% to 99.7%) (Table 5, Table 6).

- Fewer patients waited longer than 12 hours in 2020/21 (37,884) compared with 2019/20 (45,401), with the exception being at Antrim Area (5,140 to 5,696) (Figure 17, Table 10).

- Due to the implementation of a revised Clinical Response Model (CRM) by the Northern Ireland Ambulance Service (NIAS) on 12th November 2019, it is not possible to provide comparative information for previous years.

Five Year Trends
(2016/17 – 2020/21)

- During the last five years, the number of new and unplanned review attendances at EDs decreased by 176,854 (23.0%), from 770,223 in 2016/17 to 593,369 in 2020/21 (Table 8).

- Since 2016/17, performance against the 4 hour waiting times target declined from 74.4% to 65.0% in 2020/21 (Table 9).

- Between 2016/17 and 2020/21, the number of patients waiting longer than 12 hours increased from 6,494 to 37,884, with the Craigavon Area reporting the most notable increase during this period (621 to 7,638) (Figure 17, Table 10).

- Since 2016/17, the proportion of attendances referred by a GP increased from 16.6% to 17.7% in 2020/21 (Figure 3, Table 20).

- Due to the implementation of a revised Clinical Response Model (CRM) by the Northern Ireland Ambulance Service (NIAS) on 12th November 2019, it is not possible to provide comparative information for previous years.

Attendances at Emergency Care Departments[6]

Readers are asked to note changes to ED service provision when making comparisons over time and across HSC Trusts / Hospitals and Department Type. In particular, changes in the number of attendances during the COVID 19 pandemic, 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 Attendances[7]

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 (2016/17 – 2020/21)
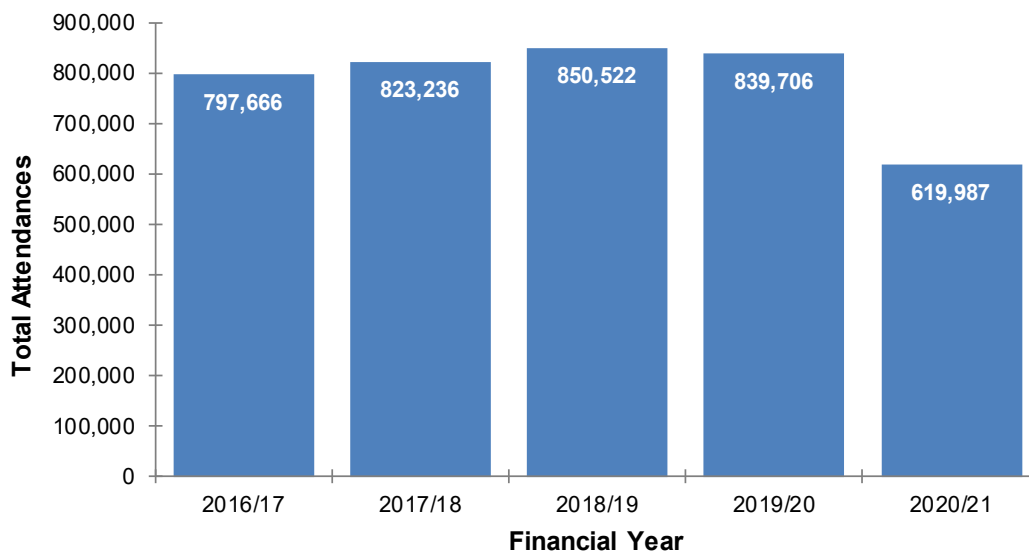
Over the last 5 years, the total number of attendances at EDs decreased by 22.3% (177,679), from 797,666 in 2016/17 to 619,987 in 2020/21 (Figure 1, Table 1).

Between 2016/17 and 2018/19, there had been a steady increase in attendances each year from 2016/17 to 2018/19, however since then attendances decreased by 26.2% (219,719) from 839,706 in 2019/20 to 619,987 in 2020/21 during the period of the COVID pandemic (Figure 1, Table 1).

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[6] Analysis by EDs is detailed in the 'Additional Tables'.
[7] Information refers to new, unplanned & planned review attendances.
[8] Readers should note the reduction in attendances at EDs as a result of the COVID19 pandemic from the start of 2020.

Indicators of Performance[9]

To provide a comprehensive view of emergency care activity in Northern Ireland, information has been included on a number of Clinical Quality indicators[10]; although, this information has not yet been classified as National Statistics. This information is 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 (2016/17 – 2020/21)[11, 12]
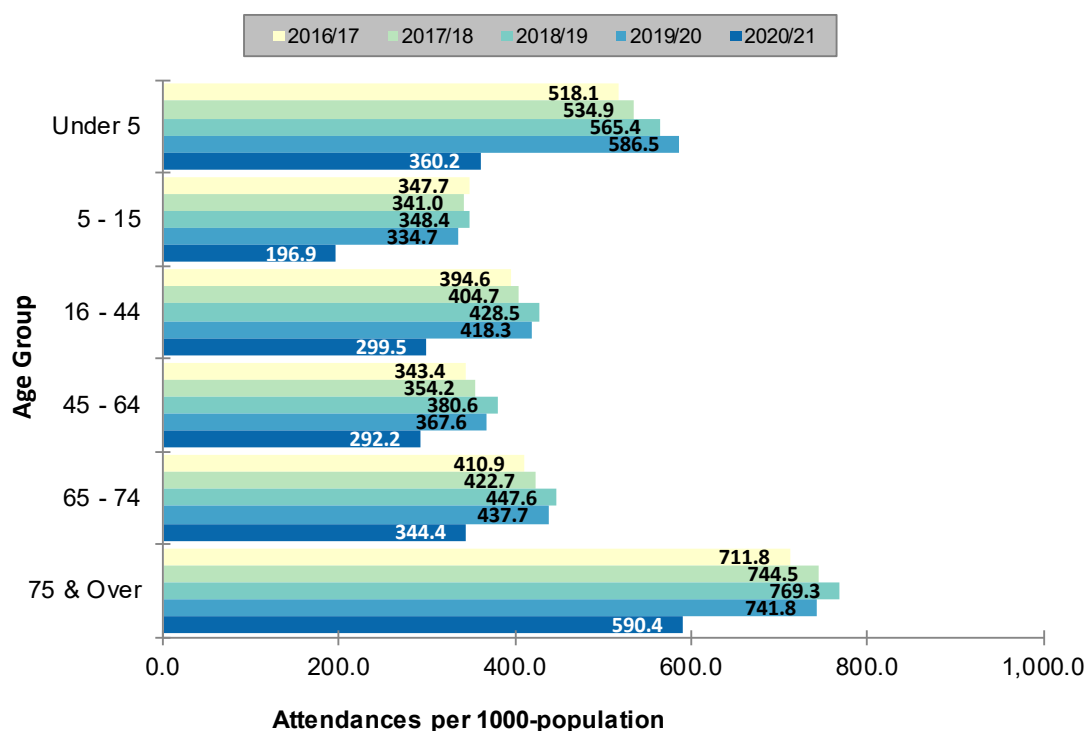
Between 2016/17 and 2019/20, the rate of attendances per 1,000-population increased in almost all age groups, but decreased in 2020/21 in all age groups. (Figure 2).

During each of the last 5 years, the highest number of attendances per 1,000-population was recorded in the 75 & Over age group (Figure 2).

During 2020/21 the highest number of attendances per 1,000-population was recorded for those aged 75 & Over (590.4).

During 2020/21 the lowest number of attendances per 1,000-population was recorded in the 5-15 age group (196.9).

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[9] This information is based on new and unplanned attendances only. Planned reviews are not included.
[10] Refer to Appendix 3 for further information.
[11] Readers should note the reduction in attendances at EDs as a result of the COVID19 pandemic from the start of 2020.
[12] Based on NISRA 2020 mid-year population estimates which was published on 25th June 2021.

GP Referrals [13]

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 (2016/17 – 2020/21)[14]

Since 2016/17, the percentage of attendances referred by a GP increased from 16.6% to 17.7% in 2020/21 (Figure 3, Table 20).

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[13] This information is based on new and unplanned attendances only. Planned reviews are not included.
[14] Readers should note the reduction in attendances at EDs as a result of the COVID19 pandemic from the start of 2020.

Leaving ED before Treatment Complete[15]

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 (2016/17 – 2020/21)[16]
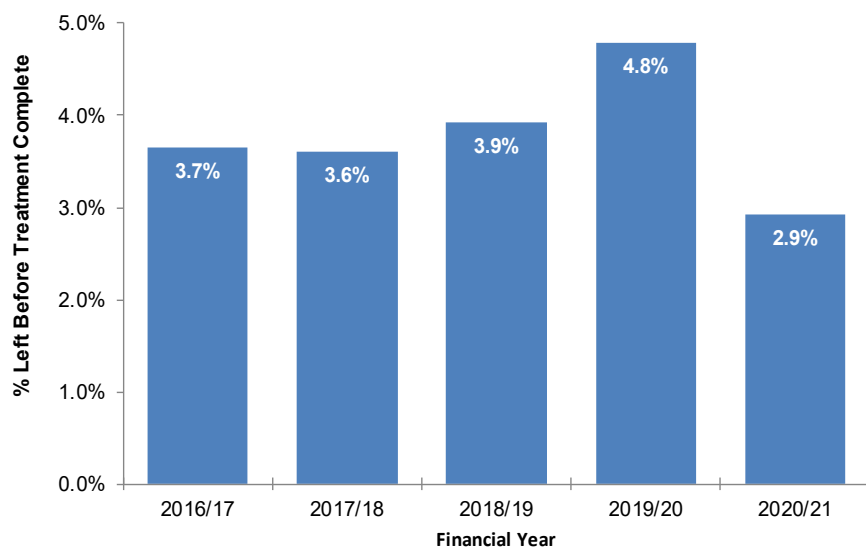
During the last 5 years, the percentage of attendances that left before their treatment was complete was highest in 2019/20 (4.8%) and lowest in 2020/21 (2.9%) (Figure 4, Table 21).

Re-attendances within 7 Days[17]

Figure 5 presents information on the percentage of attendances who returned to the same ED for the same condition within 7 days of their first attendance.

Figure 5: Percentage of Re-attendances at EDs within 7 Days (2016/17 – 2020/21)[18]
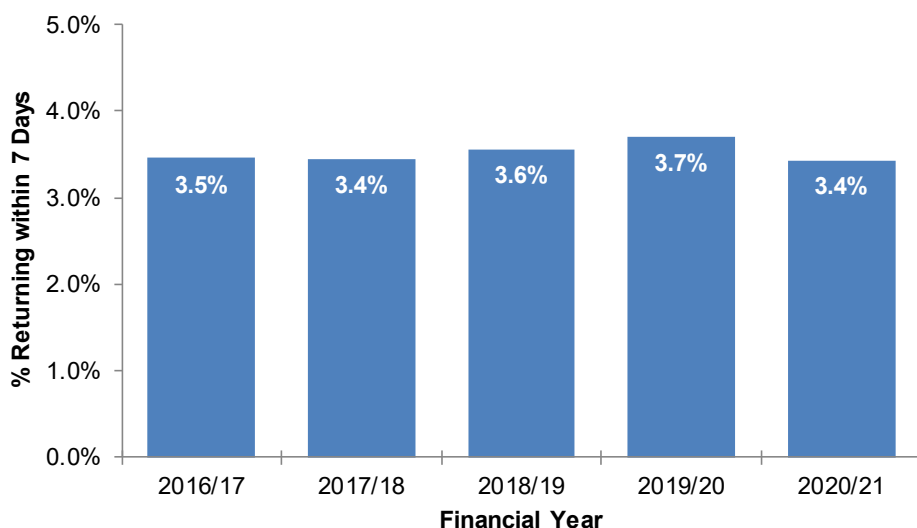
During the last 5 years, patients re-attending within 7 days were highest in 2019/20 (3.7%) and lowest in 2017/18 and 2020/21 (3.4%) (Figure 5, Table 22).

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[15] This information is based on new and unplanned attendances only. Planned reviews are not included.
[16] Readers should note the reduction in attendances at EDs as a result of the COVID19 pandemic from the start of 2020.
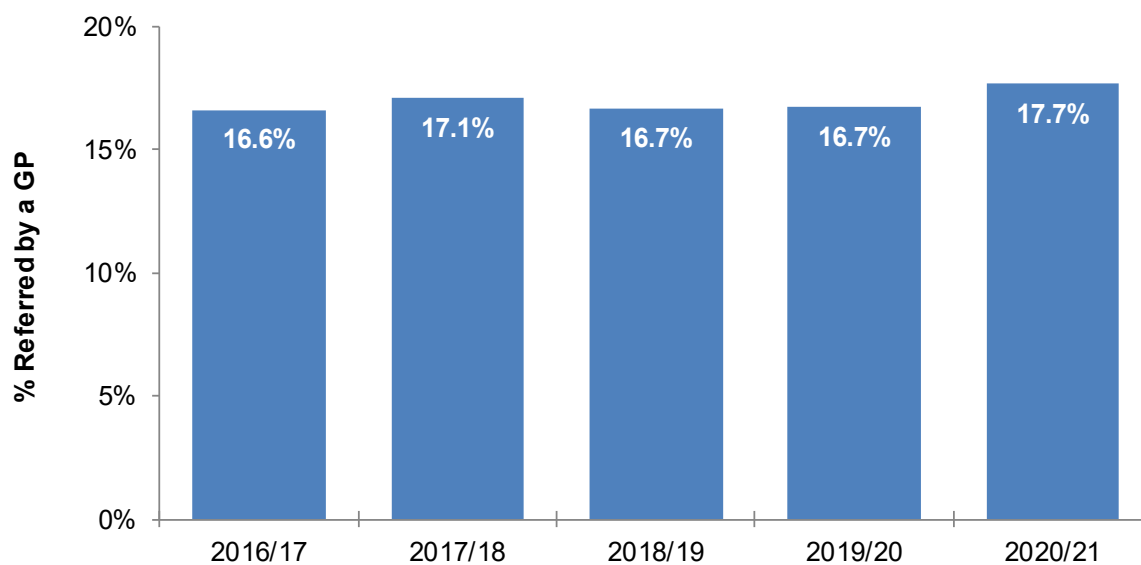[17] This information is based on new and unplanned attendances only. Planned reviews are not included.
[18] Readers should note the reduction in attendances at EDs as a result of the COVID19 pandemic from the start of 2020.

Financial Year 2020/21

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. Additionally, 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 2020/21, there were 619,987 attendances at EDs, of which, 565,612 (91.2%) were new attendances, 31,938 (5.2%) were unplanned review attendances, and 22,437 (3.6%) were planned review attendances (Table 2).

Figure 6 presents information on the total number of ED attendances by HSC Trust during 2020/21.

Figure 6: Attendances at EDs, by HSC Trust (2020/21)[19]
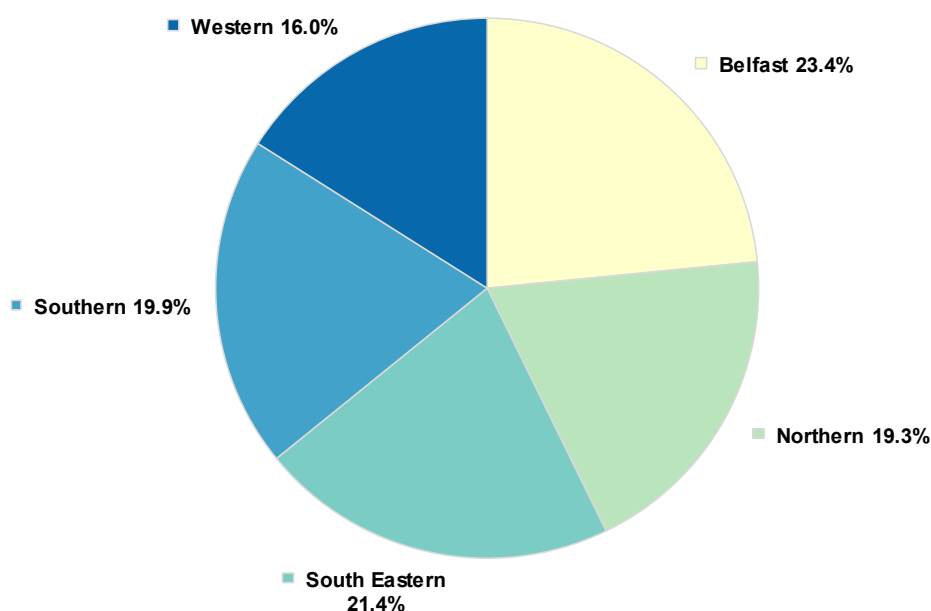
Almost a quarter (23.4 %) of attendances in 2020/21 were at EDs in the Belfast HSC Trust (145,319), 21.4% (132,401) the South Eastern HSC Trust, 19.9% (123,134) the Southern HSC Trust, 19.3% (119,927) the Northern HSC Trust, and 16.0% (99,206) the Western HSC Trust (Figures 6 & 7, Table 2).

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[19] Readers should note the reduction in attendances at EDs as a result of the COVID19 pandemic from the start of 2020.

Figure 7 details the number of new, unplanned and planned review attendances at EDs within each HSC Trust during 2020/21.

Figure 7: Attendances at EDs, by Attendance Type and HSC Trust (2020/21)[20]
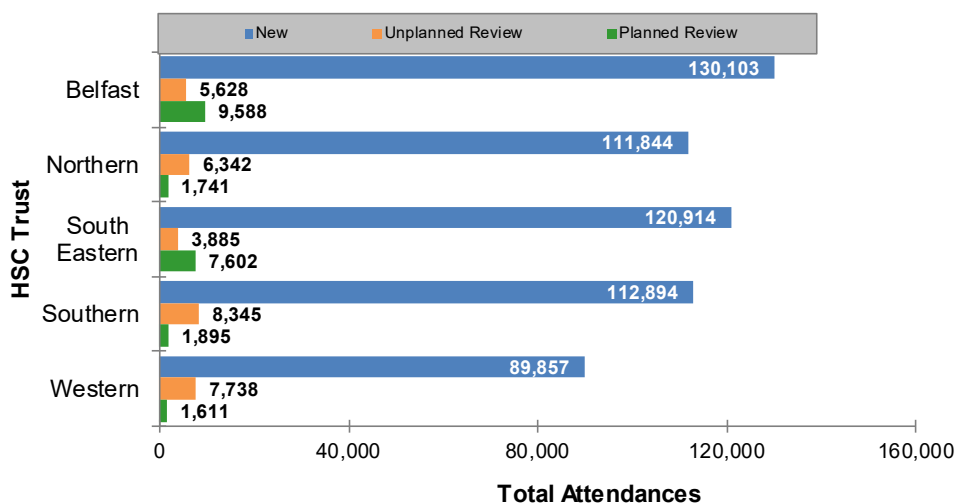
The number of new attendances in 2020/21 was highest in the Belfast HSC Trust (130,103) and lowest in the Western HSC Trust (89,857), whilst the number of unplanned review attendances was highest in the Southern HSC Trust (8,345) and lowest in the South Eastern HSC Trust (3,885) (Figure 7, Table 2).

Figure 8 presents information on the number of ED attendances in each HSC Trust per 1,000-population[21] during 2020/21.

Figure 8: Attendances at EDs per 1,000-Population, by HSC Trust (2020/21)[20]
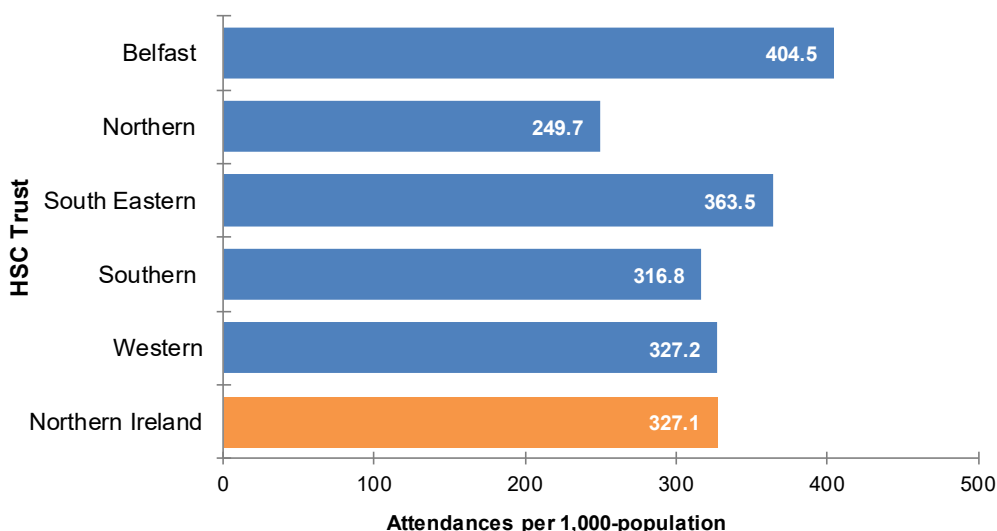
In 2020/21, there were 327.1 attendances at EDs per 1,000-population in Northern Ireland (Figure 8).

The Belfast HSC Trust (404.5) reported the highest number of attendances per 1,000-population during 2020/21, whilst Northern HSC Trust (249.7) reported the lowest (Figure 8).

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[20] Readers should note the reduction in attendances at EDs as a result of the COVID19 pandemic from the start of 2020.
[21] Based on NISRA 2020 mid-year population estimate, published on 25th June 2021.

GP Referrals [22]

Figure 9 details the percentage of ED attendances who had been referred by a GP within each HSC Trust during 2020/21.

Figure 9: Percentage of GP Referrals to ED, by HSC Trust (2020/21)[23]
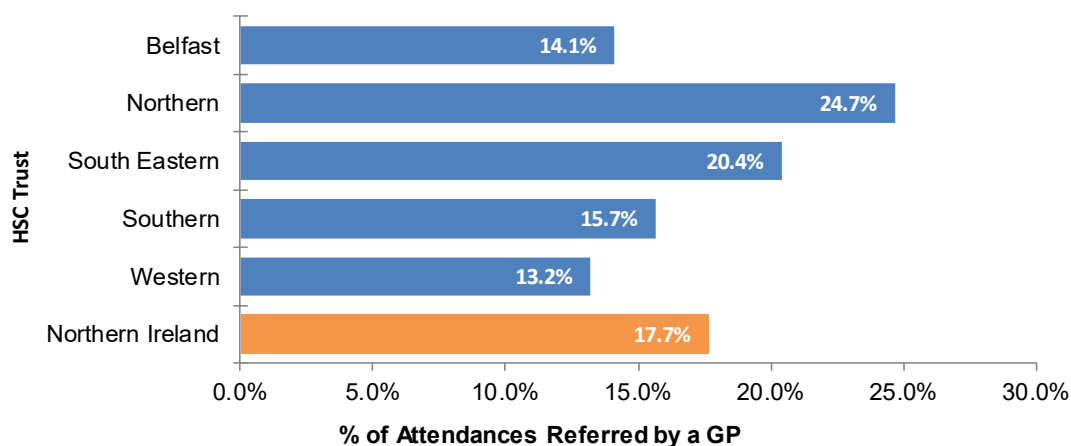
During 2020/21, almost a quarter (24.7%) of attendances in the Northern HSC Trust had been referred by a GP, compared with 13.2% in the Western HSC Trust (Figure 9, Table 20).

Leaving ED before Treatment was Complete[22]

Figure 10 presents information on the proportion of attendances leaving an ED before their treatment was complete during 2020/21.

Figure 10: Percentage of Attendances Leaving ED before their Treatment was Complete, by HSC Trust (2020/21)[23]
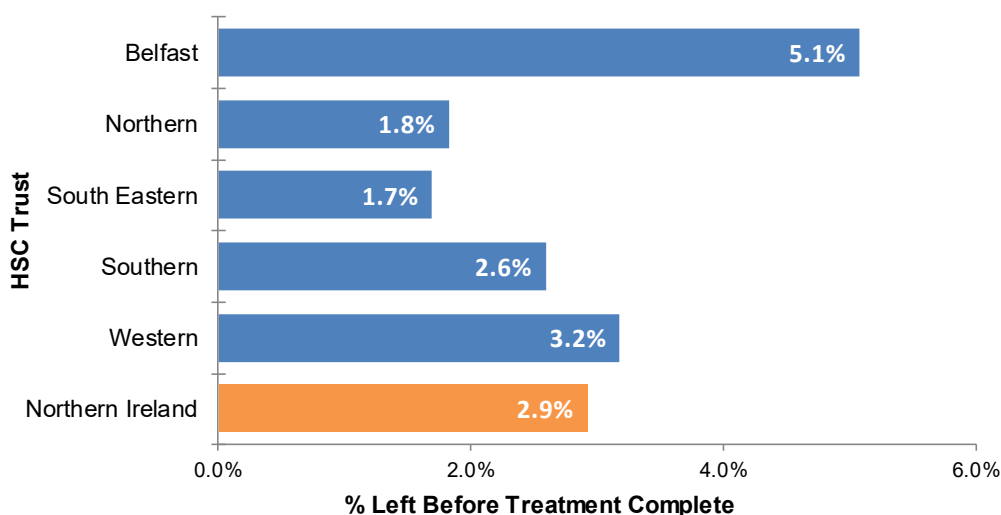
Belfast HSC Trust reported the highest percentage of attendances leaving an ED before their treatment was complete (5.1%) whilst the South Eastern HSC Trust reported the lowest (1.7%) (Figure 10, Table 21).

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[22] This information is based on new and unplanned attendances only. Planned reviews are not included.
[23] Readers should note the reduction in attendances at EDs as a result of the COVID19 pandemic from the start of 2020.

Re-attendance within 7 Days[24]

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 (2020/21)[25]

During 2020/21, the percentage of re-attendances at an ED within 7 days was highest in the Western HSC Trust (5.6%), and lowest in the South Eastern HSC Trust (2.0%) (Figure 11, Table 22).

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[24] This information is based on new and unplanned attendances only. Planned reviews are not included.
[25] Readers should note the reduction in attendances at EDs as a result of the COVID19 pandemic from the start of 2020.

Department Type

Attendances[26]

Figure 12 presents information on the number of new, unplanned and planned review attendances at EDs during 2020/21, by ED Type.

Figure 12: Total Attendances, by ED Type (2020/21)[27]
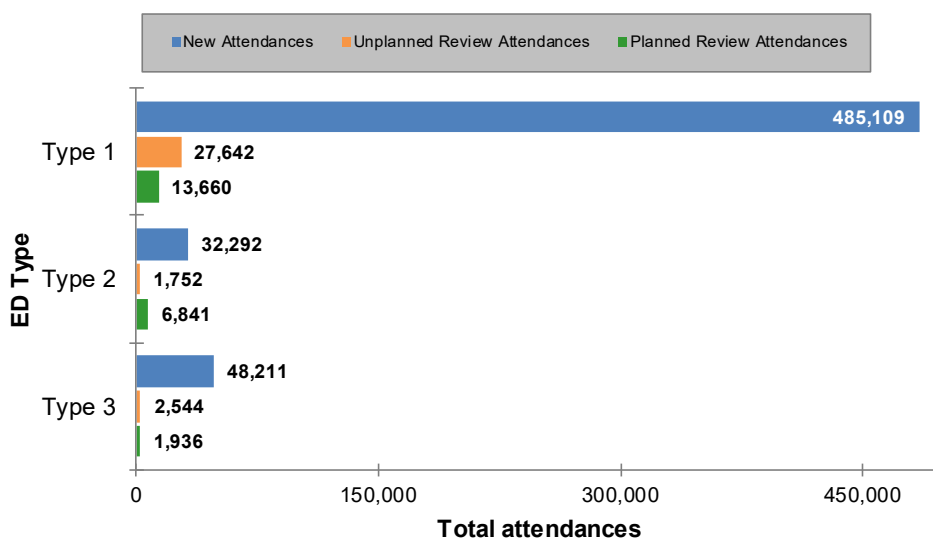
Over eight in ten (526,411, 84.9%) attendances at EDs in 2020/21 were at a Type 1 ED, 40,885 (6.6%) at Type 2 EDs and 52,691 (8.5%) at Type 3 EDs (Figure 12, Table 3).

GP Referrals[26]

Figure 13 presents information on the percentage of patients referred to ED from a GP during 2020/21.

Figure 13: Percentage of GP Referrals, by ED Type (2020/21) Error! Bookmark not defined.
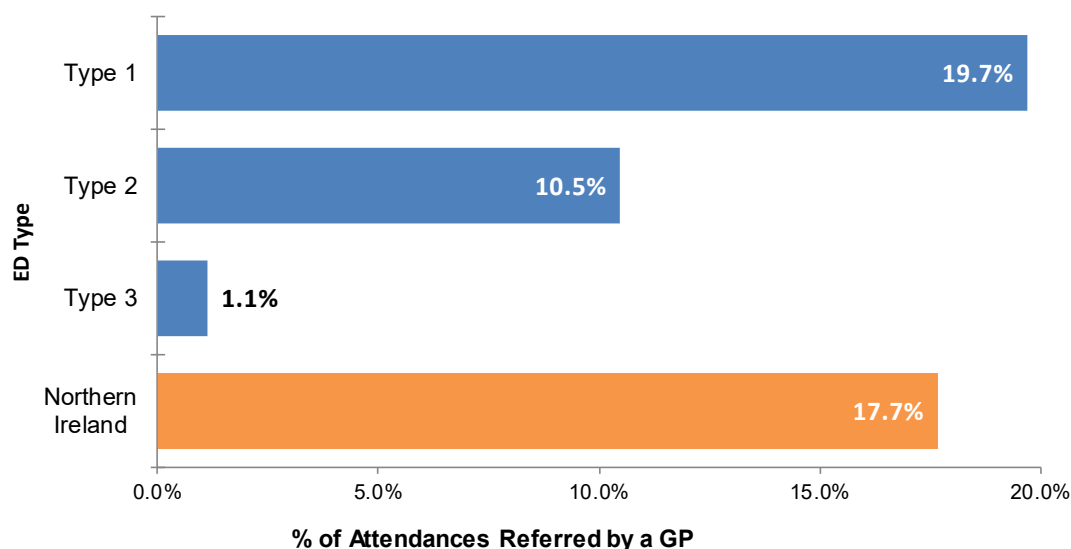
Almost a fifth (19.9%) of attendances at Type 1 EDs during 2020/21 had been referred by a GP, compared with 10.5% at Type 2 EDs and 1.1% at Type 3 EDs (Figure 13, Table 20).

[26] This information is based on new and unplanned attendances only. Planned reviews are not included.
[27] Readers should note the reduction in attendances at EDs as a result of the COVID19 pandemic from the start of 2020.

Leaving ED before Treatment Complete[28]

Figure 14 presents information on the percentage of attendances who left an ED before their treatment was complete, for each ED Type during 2020/21.

Figure 14: Percentage of Attendances Leaving ED before their Treatment was Complete, by ED Type (2020/21)[29]
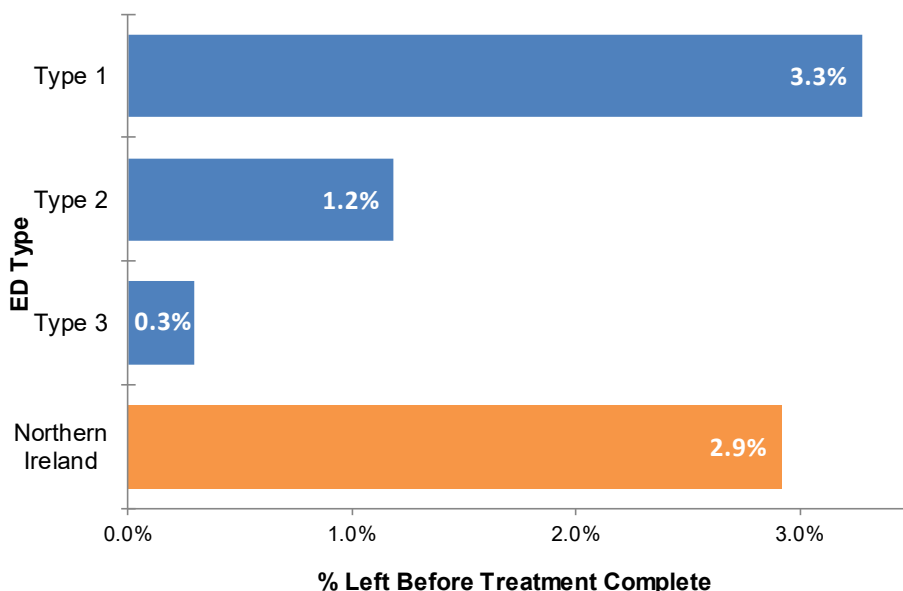
During 202021, 3.3% of attendances left a Type 1 ED before their treatment was complete, compared with 1.2% at Type 2 EDs and 0.3% at Type 3 EDs (Figure 14, Table 21).

Re-attendance within 7 Days[28]

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 2020/21.

Figure 15: Percentage of Re-attendances at an ED within 7 Days, by ED Type (2020/21)[29]
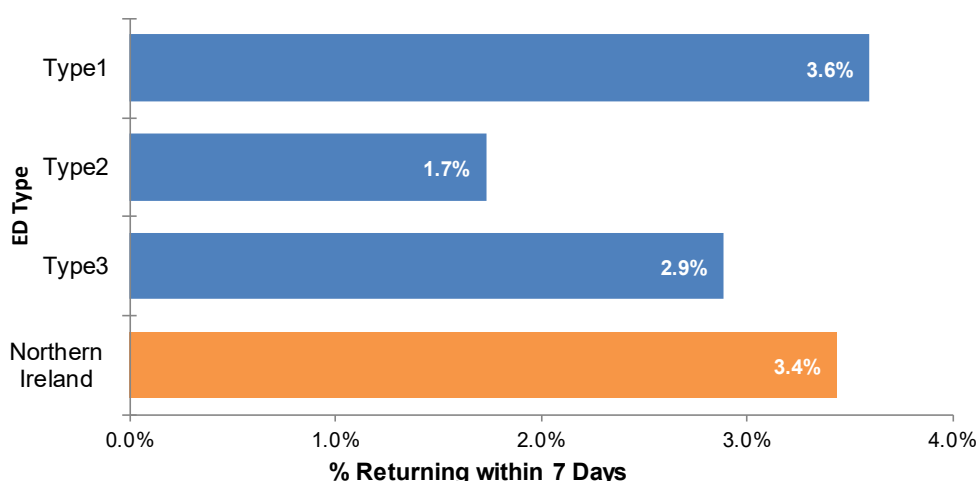
During 2020/21, Type 1 EDs reported the highest percentage (3.6%) of unplanned reviews within 7 days of the original attendance for the same condition, compared with 1.7% at Type 2 EDs and 2.9% at Type 3 EDs (Figure 15, Table 22).
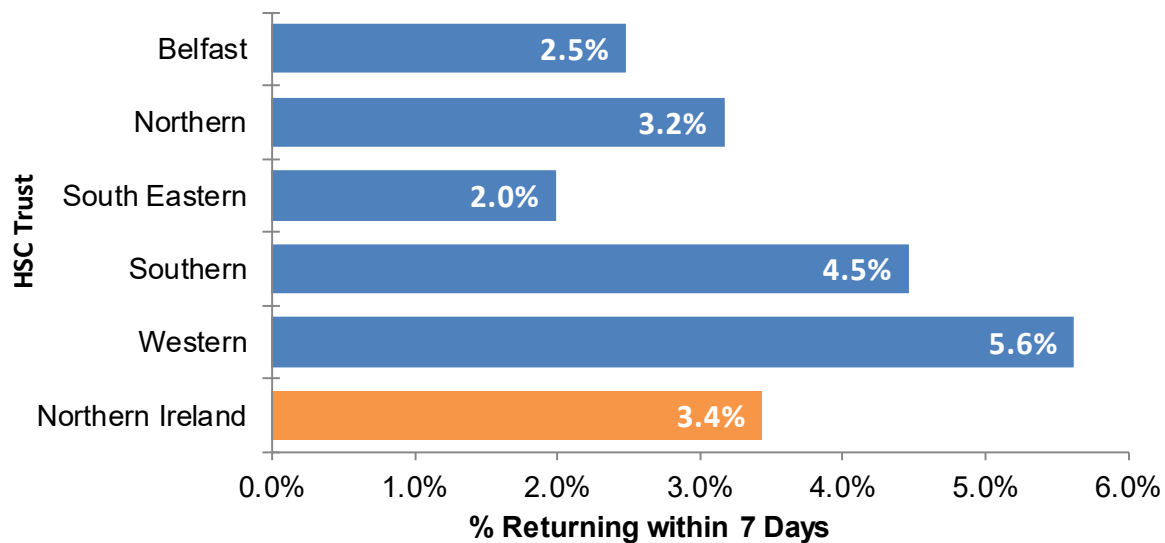
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[28] This information is based on new and unplanned attendances only. Planned reviews are not included.
[29] Readers should note the reduction in attendances at EDs as a result of the COVID19 pandemic from the start of 2020.

Waiting Times at Emergency Care Departments [30]

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

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

5 Year Trend[31]

Since 2016/17, the number of new and unplanned review attendances decreased by 176,854 (23.0%), from 770,223 to 593,369 in 2020/21, with the most notable decrease between 2019/20 and 2020/21 during the COVID pandemic. (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 187,451 (32.7%), from 573,349 in 2016/17 to 385,898 in 2020/21 (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 2016/17.

Figure 16: Attendances at EDs Waiting 12 Hours or Less (2016/17 – 2020/21)[32]
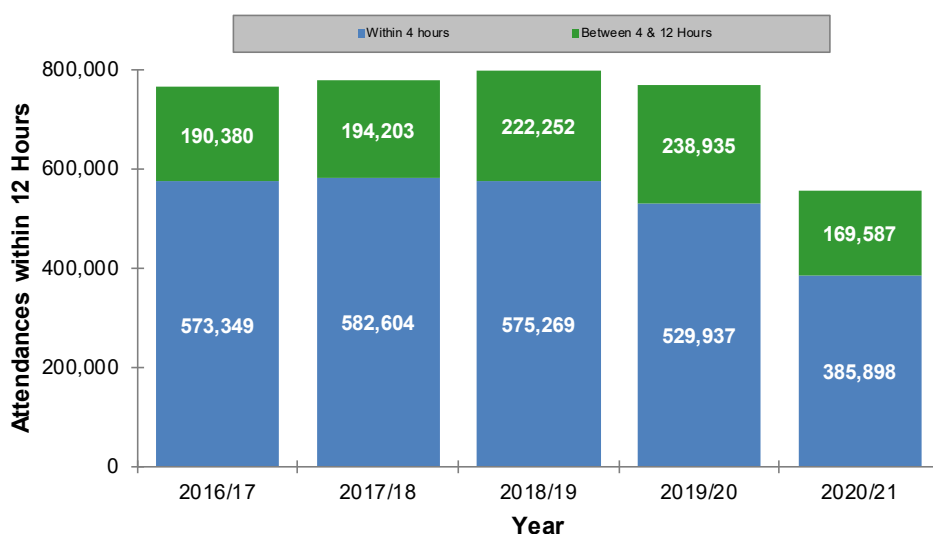
Whilst the number of attendances at EDs decreased notably between 2016/17 and 2020/21, the percentage of attendances treated and discharged, or admitted within 4 hours also decreased during this period, from 74.4% in 2016/17 to 65.0% in 2020/21 (Figure 16, Table 5).

Between 2016/17 and 2020/21, the number waiting between 4 & 12 hours decreased by 20,793 (10.9%), from 190,380 to 169,587 (Figure 16, Table 5).

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[30] For details regarding individual EDs please refer to the 'Additional Tables' Section of this publication.
[31] Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).
[32] Readers should note the reduction in attendances at EDs as a result of the COVID19 pandemic from the start of 2020.

Figure 17 presents information on the number of ED attendances waiting longer than 12 hours during each year since 2016/17.

Figure 17: Attendances at EDs Waiting Longer Than 12 Hours (2016/17 – 2020/21)[33]
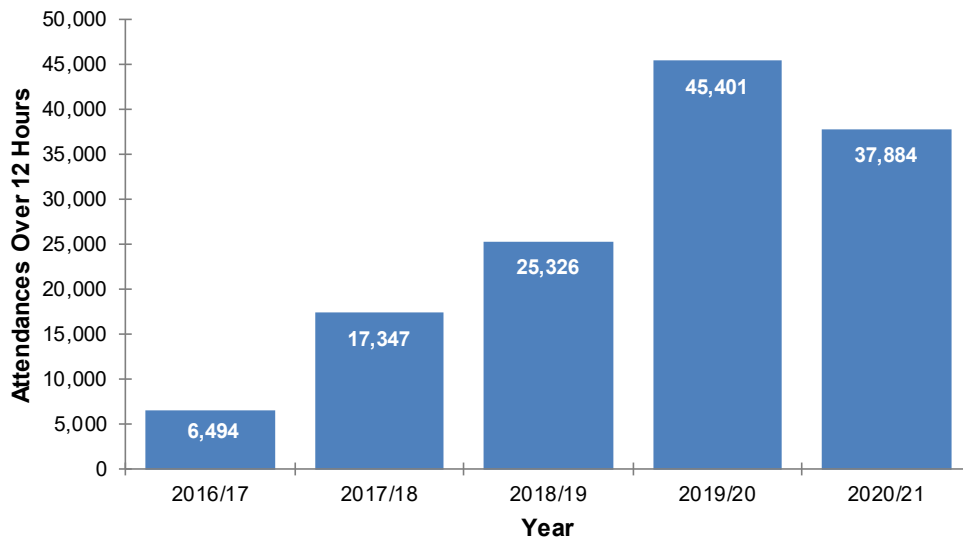
Over 37,000 (37,884, 6.4%) new and unplanned review attendances waited over 12 hours at EDs in 2020/21, over five times more than the number in 2016/17 (6,494) (Figure 17, Table 5).

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[33] Readers should note the reduction in attendances at EDs as a result of the COVID19 pandemic from the start of 2020.

Clinical Quality Indicators[34, 35]

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 Triage[36]

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 (2016/17 – 2020/21)

Between 2016/17 and 2020/21, the percentage of patients commencing treatment within 2 hours of being triaged increased from 81.9% to 85.9% (Figure 18, Table 11).

Waiting Time from Arrival to Triage (Assessment)[37]

Figure 19 details the median and 95th percentile for the length of time patients waited from arrival at an ED to being triaged (initial assessment) by a medical practitioner.

Figure 19: Time from Arrival to Triage (2016/17 – 2020/21)
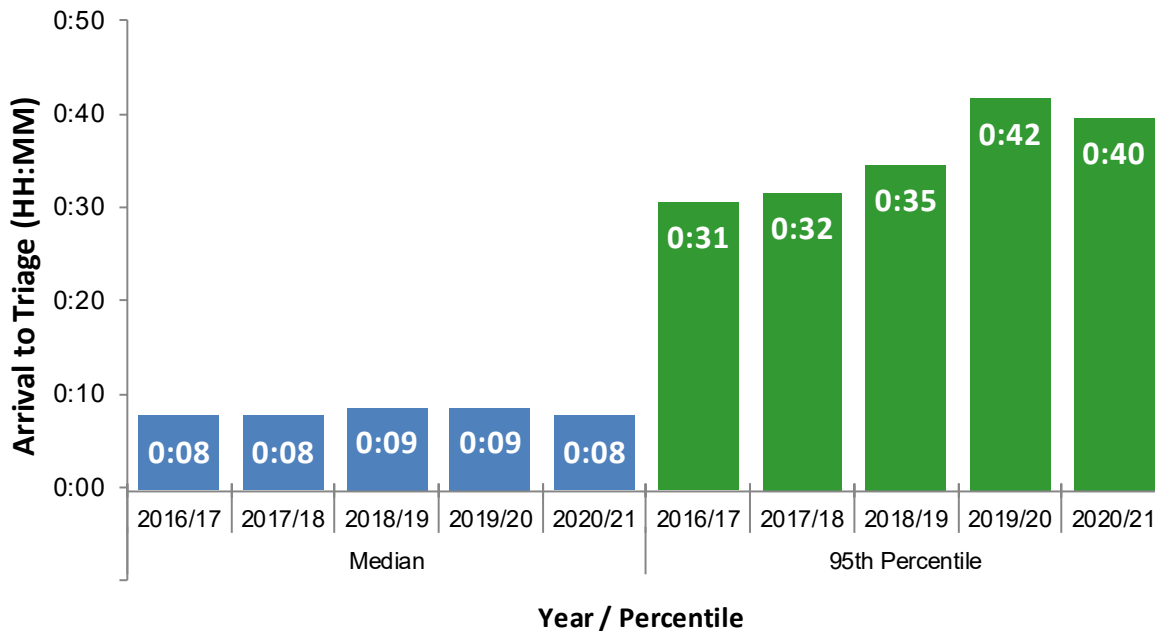
The median waiting time from arrival to triage was 8 minutes in 2020/21, similar to 2016/17 (8 minutes) (Figure 19, Table 12).

During 2020/21, 95 per cent of patients were triaged within 40 minutes of their arrival at an ED, 9 minutes longer than 2016/17 (31 minutes) (Figure 19, Table 13).

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[37] This information is based on new and unplanned attendances only. Planned reviews are not included.

Waiting Time from Triage to Start of Treatment[38]

Figure 20 details the median and 95th percentiles for the length of time patients waited for their treatment to begin following triage by a medical practitioner.

Figure 20: Time from Triage to Treatment (2016/17 – 2020/21)
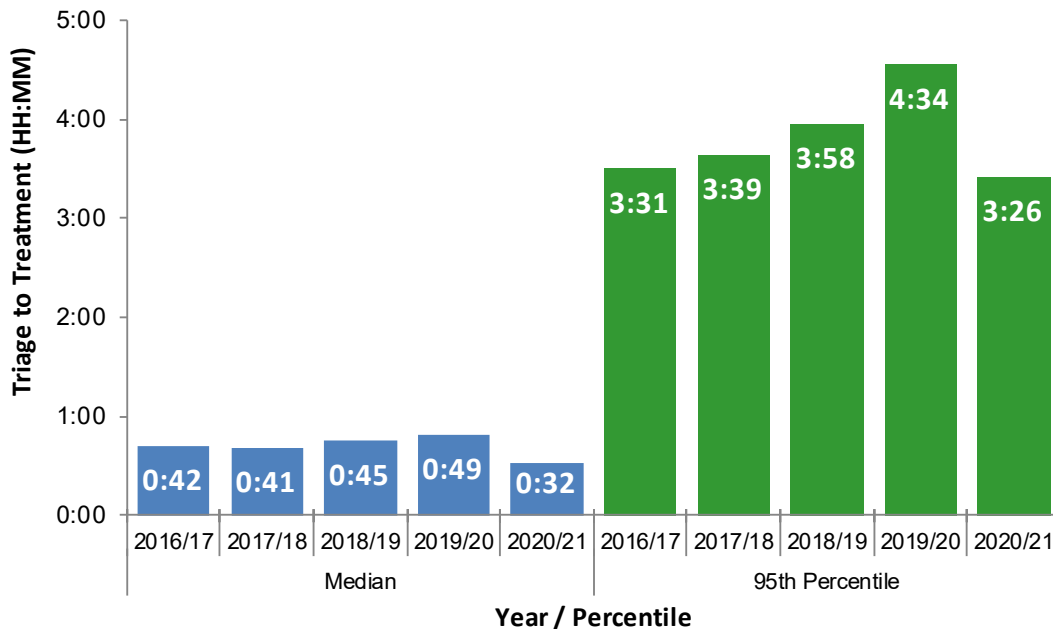
The median waiting time from triage to start of treatment was 32 minutes in 2020/21, 10 minutes less than the time taken in 2016/17 (42 minutes) (Figure 20, Table 14).

During 2020/21, 95 per cent of patients commenced their treatment within 3 hours 26 minute of being triaged at an ED, 5 minutes less than the time taken in 2016/17 (3 hours 31 minutes) (Figure 20, Table 15).

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[38] This information is based on new and unplanned attendances only. Planned reviews are not included.

Time Spent in ED for Admitted Patients[39]

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 (2016/17 – 2020/21)
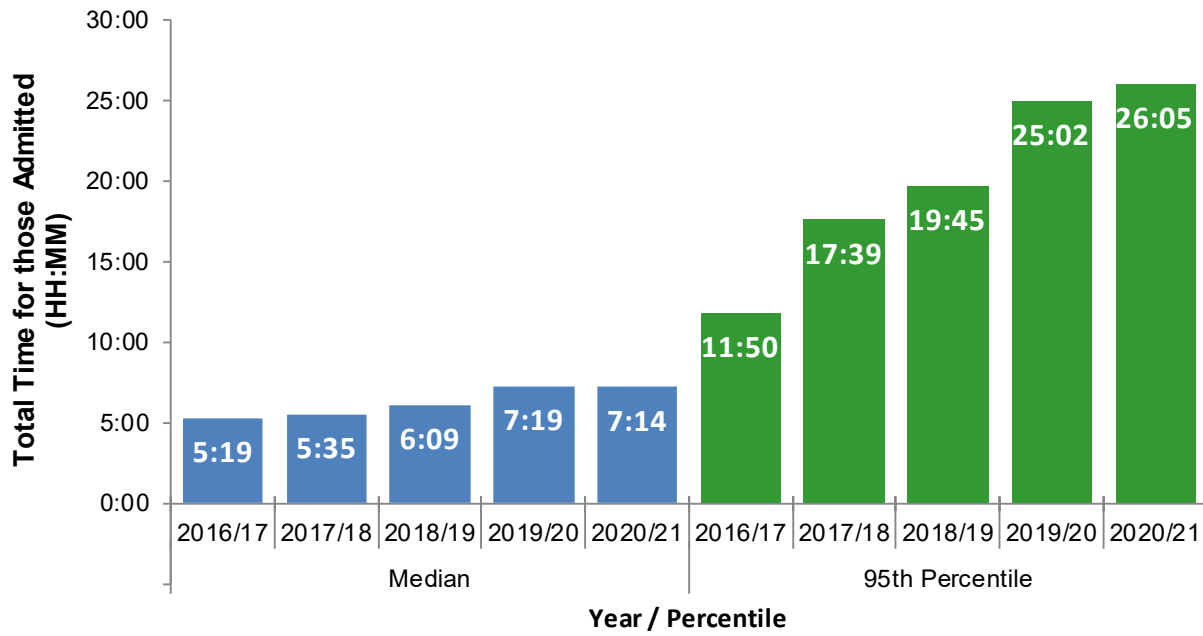
The median time spent in EDs for patients admitted to hospital was 7 hours and 14 minutes in 2020/21, 1 hour 55 minutes longer than in 2016/17 (5 hours 19 minutes) (Figure 21, Table 16).

During 2020/21, 95 per cent of patients were admitted to hospital within 26 hours 5 minutes of their arrival, 14 hours 15 minutes longer than 2016/17 (11 hours 50 mins) (Figure 21, Table 17).

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[39] This information is based on new and unplanned attendances only. Planned reviews are not included.

Time Spent in ED for Patients Not Admitted

Figure 22 details the median and 95th percentiles for the length of time spent in an ED from arrival to discharge for those who were not admitted to hospital.

Figure 22: Total Time Spent in an ED for Non-admitted Patients (2016/17 – 2020/21)
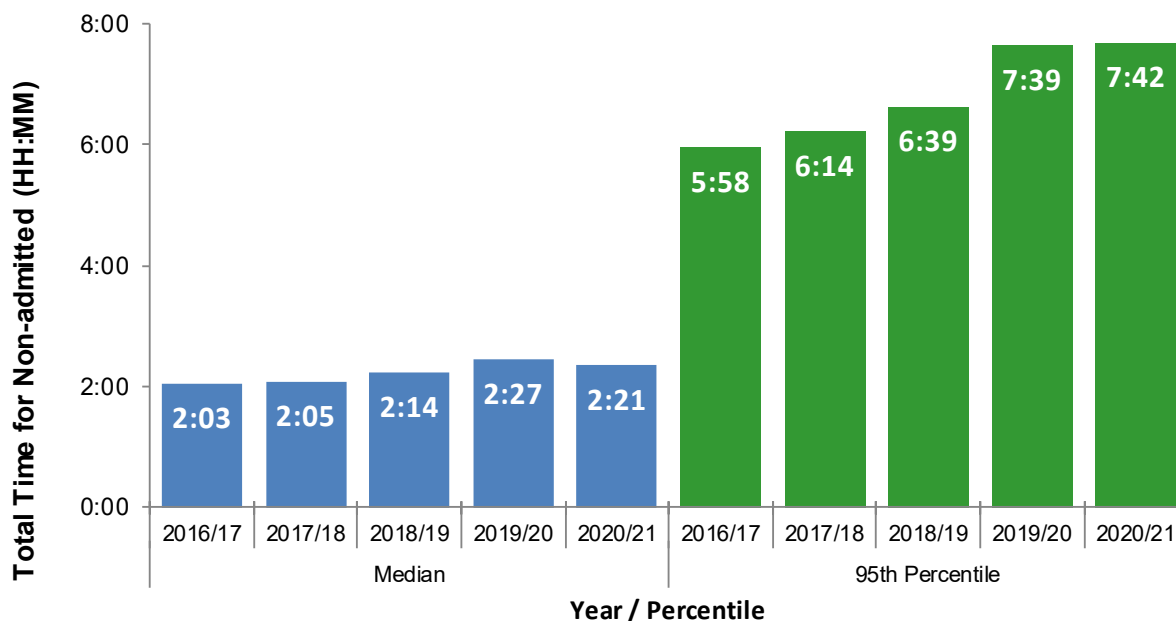
The median time spent in ED for patients not admitted to hospital was 2 hours 21 minutes in 2020/21, 18 minutes longer than 2016/17 (2 hours 3 minutes) (Figure 22, Table 18).

During 2020/21, 95 per cent of patients were discharged home (not admitted) within 7 hours 42 minutes, 1 hour 44 minutes longer than 2016/17 (5 hours 58 minutes) (Figure 22, Table 19).

Financial Year 2020/21[40]

Figure 23 details the annual waiting times for new and unplanned review attendances during 2020/21, for each HSC Trust in Northern Ireland.

Figure 23: Waiting Times at ED, by HSC Trust (2020/21)[41]
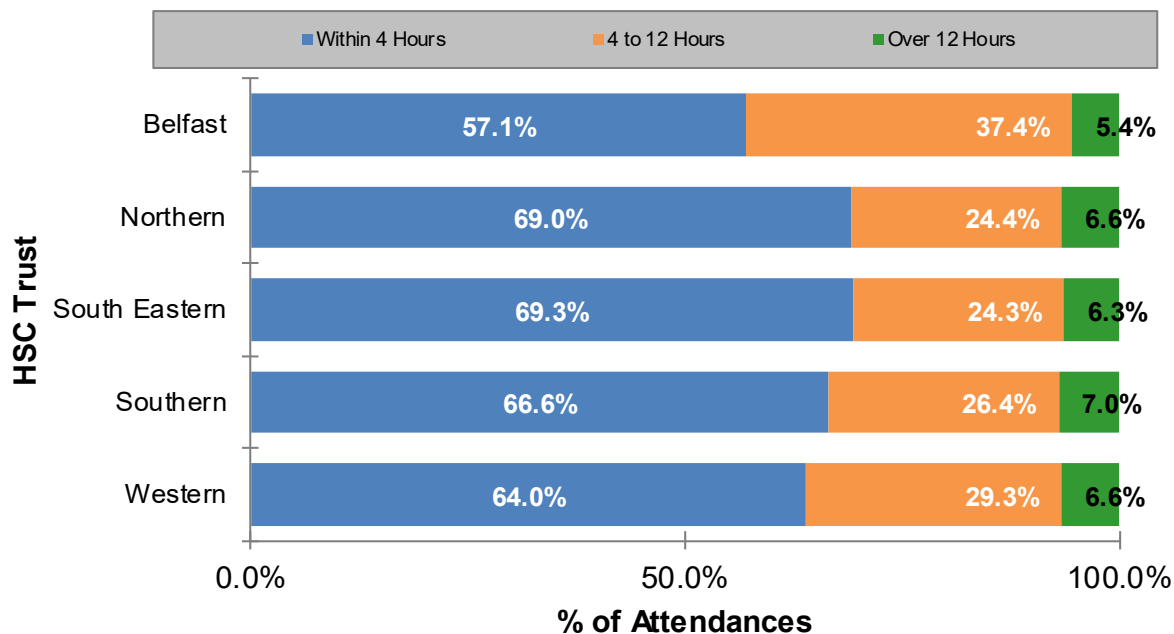
During 2020/21, the South Eastern HSC Trust reported the highest percentage of attendances treated and discharged, or admitted within 4 hours (69.3%), whilst the Belfast HSC Trust reported the lowest (57.1%) (Figure 23, Table 7).

Over four in ten (40.4%) of the 37,884 attendances waiting longer than 12 hours in 2020/21 were in the Ulster (7,657) and Craigavon Area (7,638) EDs (Table 7).

During 2020/21, no patient waited more than 12 hours at Eye Casualty, Mid Ulster, Ards, Downe, South Tyrone or Omagh EDs (Table 16), whilst no Type 1 ED achieved the 12-hour target (Table 7).

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[40] Readers should note the reduction in attendances at EDs as a result of the COVID19 pandemic from the start of 2020.
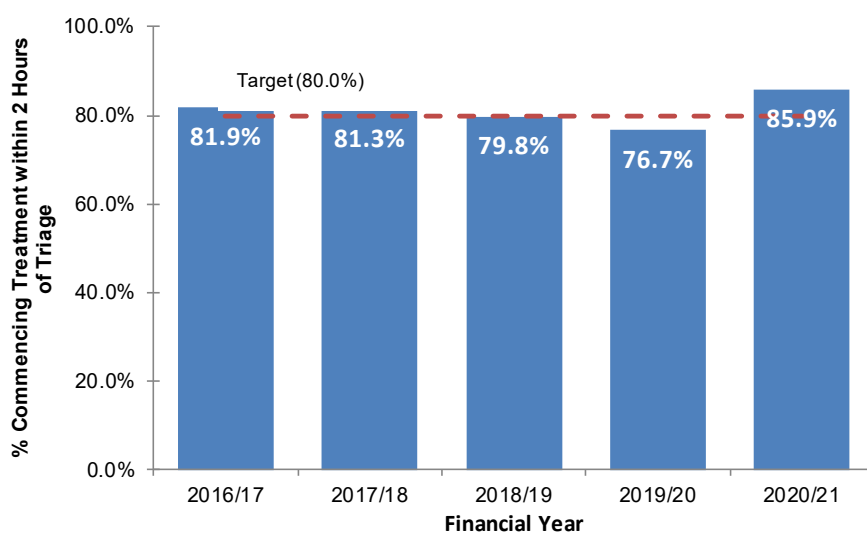[41] This information is based on new and unplanned attendances only. Planned reviews are not included.

Treatment Started within 2 hours of Triage[42]

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 (2020/21)
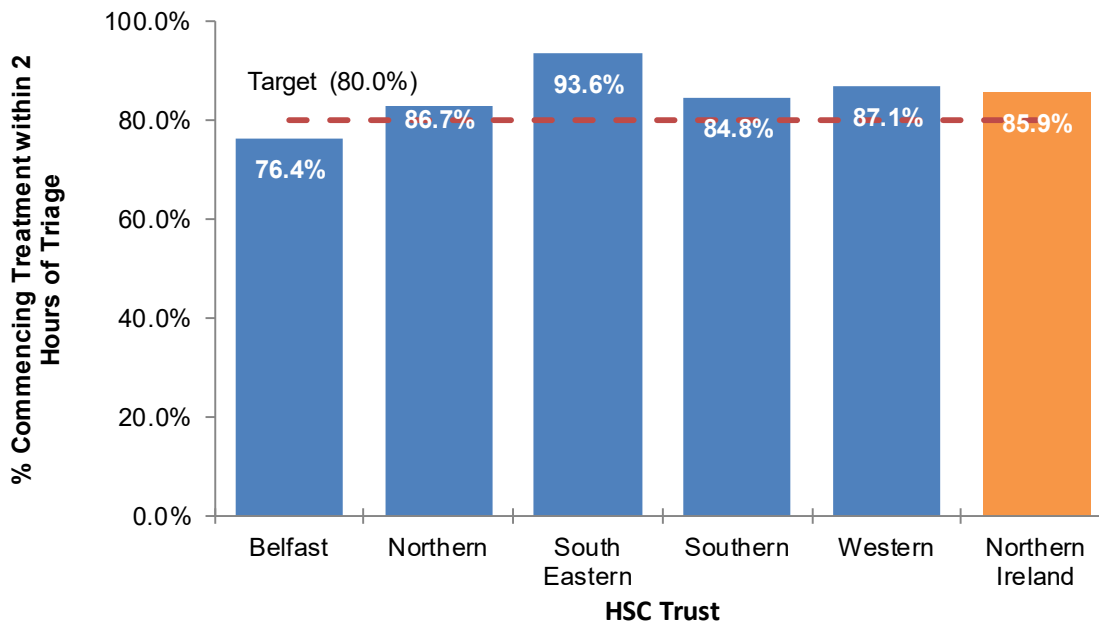
During 2020/21, over eight in ten (85.9%) of patients attending EDs commenced their treatment within 2 hours of being triaged (Figure 24, Table 11).

The South Eastern HSC Trust reported the highest percentage of attendances who commenced their treatment within 2 hours of being triaged (93.6%), 87.1% in the Western HSC Trust, 86.7% in the Northern HSC Trust, and 84.8% in the Southern HSC Trust (Figure 24, Table 11).

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[42] This information is based on new and unplanned attendances only. Planned reviews are not included.

Time from Arrival to Triage (Assessment)[43]

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 (2020/21)
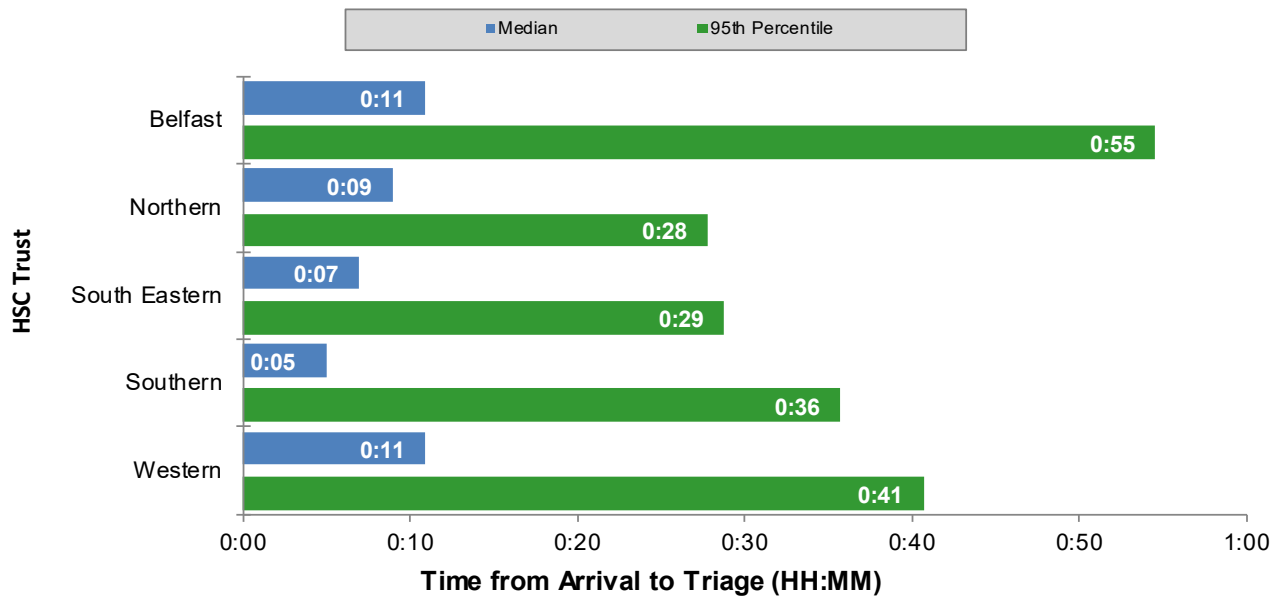
During 2020/21, the median waiting time from arrival at an ED to triage ranged from 5 minutes in the Southern HSC Trust to 11 minutes in the Belfast and Western HSC Trusts (Figure 25, Table 12).

During the same period, 95 per cent of patients were triaged within 28 minutes of their arrival at an ED in the Northern HSC Trust, compared with 55 minutes in the Belfast HSC Trust (Figure 25, Table 13).

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[43] This information is based on new and unplanned attendances only. Planned reviews are not included.

Time from Triage to Start of Treatment[44]

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 (2020/21)
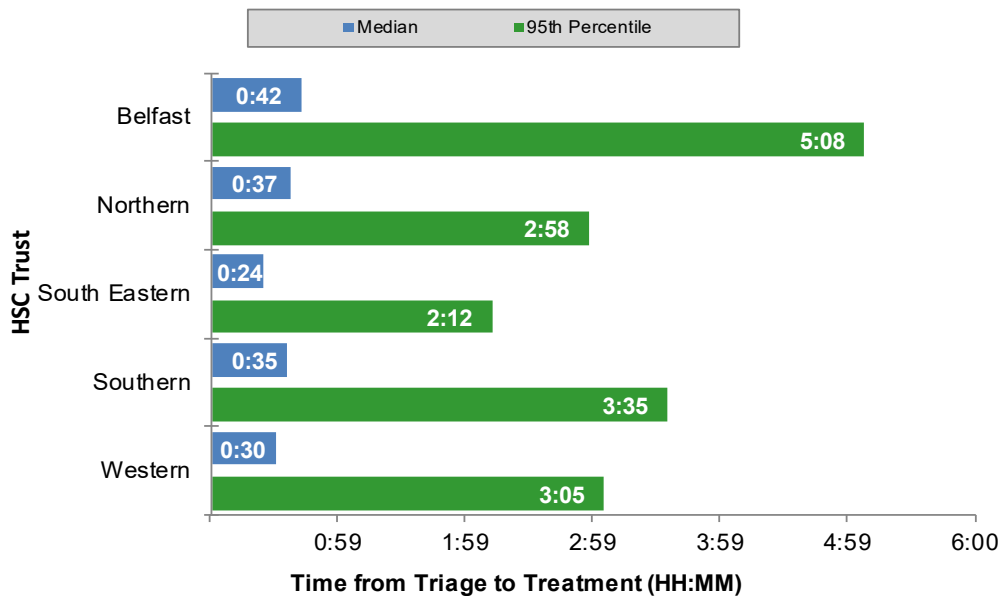
The median waiting time from triage to start of treatment in 2020/21 was lowest in the South Eastern HSC Trust (24 minutes) and highest in the Belfast HSC Trust (42 minutes) (Figure 26, Table 14).

During 2020/21, 95 per cent of patients commenced their treatment within 2 hours 12 minutes of being triaged at an ED in the South Eastern HSC Trust, compared with 5 hours 8 minutes in the Belfast HSC Trust (Figure 26, Table 15).

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[44] This information is based on new and unplanned attendances only. Planned reviews are not included.

Time Spent in ED for Admitted Patients[45]

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 (2020/21)
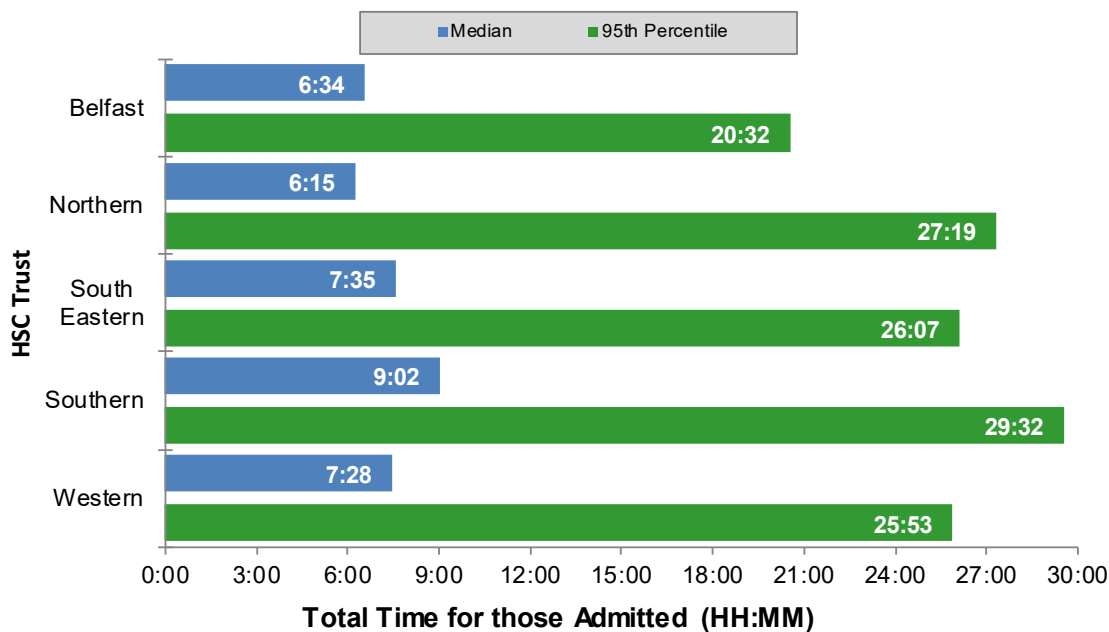
The Northern HSC Trust reported the shortest median waiting time (6 hours 15 minutes) for patients admitted to hospital in 2020/21, whilst the Southern HSC Trust reported the longest (9 hours 2 minutes) (Figure 27, Table 16).

During 2020/21, 95 per cent of patients were admitted to hospital within 20 hours 32 minutes in the Belfast HSC Trust, compared with 29 hours 32 minutes in the Southern HSC Trust. (Figure 27, Table 17).

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[45] This information is based on new and unplanned attendances only. Planned reviews are not included.

Time Spent in ED for Non-admitted Patients[46]

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 (2020/21)
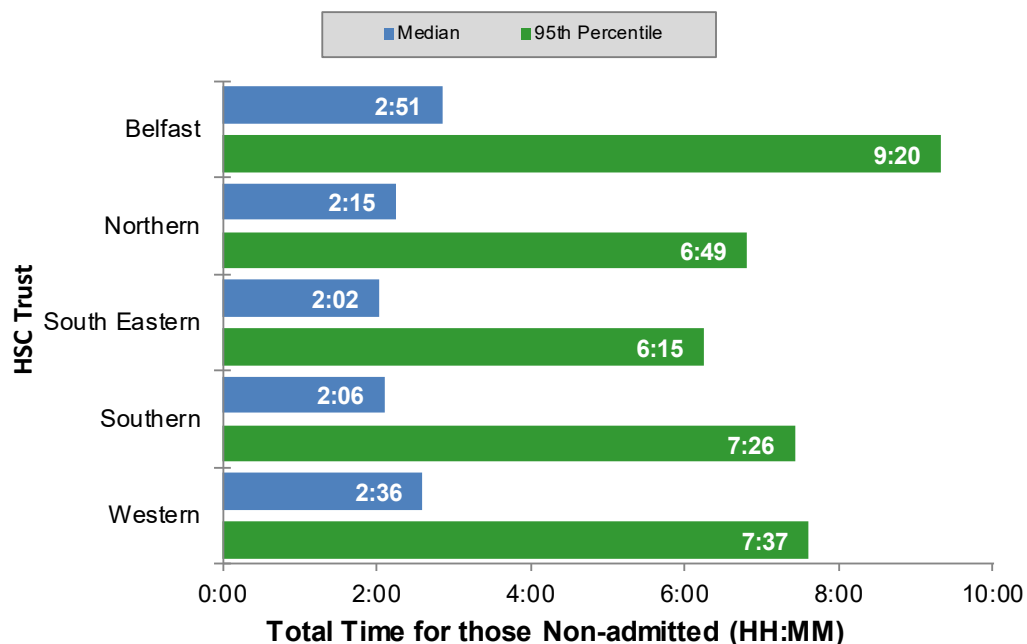
In 2020/21, the median waiting time for patients not admitted to hospital ranged from 2 hours 2 minutes in the South Eastern HSC Trust to 2 hours 51 minutes in the Belfast HSC Trust (Figure 28, Table 18).

During the same period, 95 per cent of patients were discharged home within 6 hours 15 minutes of arrival at EDs in the South Eastern HSC Trust, compared with 9 hours 20 minutes in the Belfast HSC Trust (Figure 28, Table 19).

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[46] This information is based on new and unplanned attendances only. Planned reviews are not included.

Department Type[47, 48]

Almost all (99.7%) attendances at Type 3 EDs were treated, admitted or discharged within 4 hours of their arrival in the ED during 2020/21, compared with 84.6% in Type 2 EDs and 60.5% in Type 1 EDs (Table 6).

During 2020/21, 37,871 of the 37,884 attendances waiting longer than 12 hours were in Type 1 EDs, with the remaining 13 attendances waiting over 12 hours in Type 2 EDs (Table 6).

Time to Start Treatment Following Triage[49]

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 (2020/21)
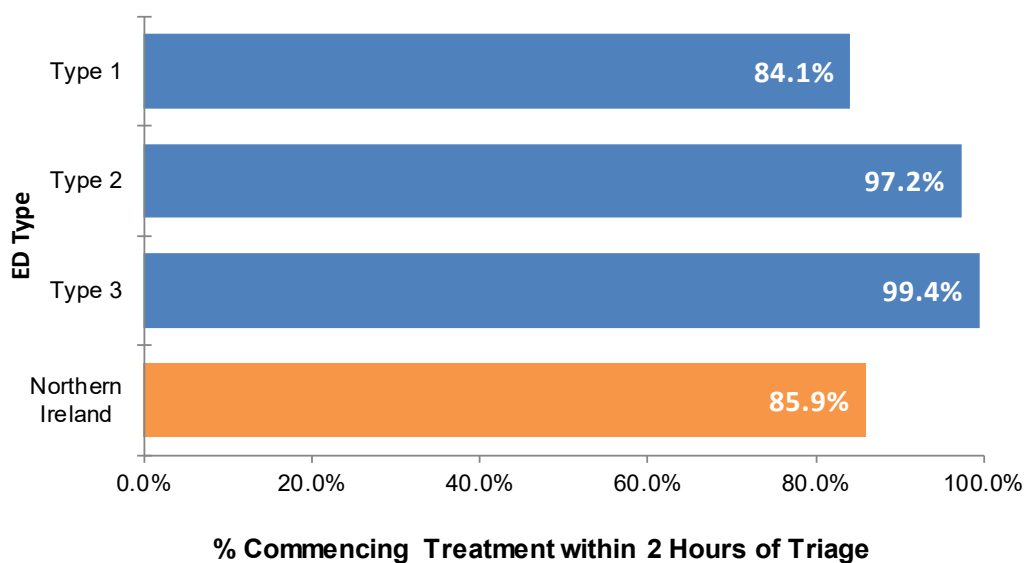
Over eight in ten (84.1%) patients attending Type 1 EDs commenced treatment within 2 hours of being triaged, compared with 97.2% at Type 2 EDs and 99.4% at Type 3 EDs (Figure 29, Table 11).

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[47] Refer to Appendix 1: Definitions – points 1.1 – 1.5
[48] Readers should note the reduction in attendances at EDs as a result of the COVID19 pandemic from the start of 2020.
[49] This information is based on new and unplanned attendances only. Planned reviews are not included.

Time from Arrival to Triage (Assessment)[50]

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 (2020/21)
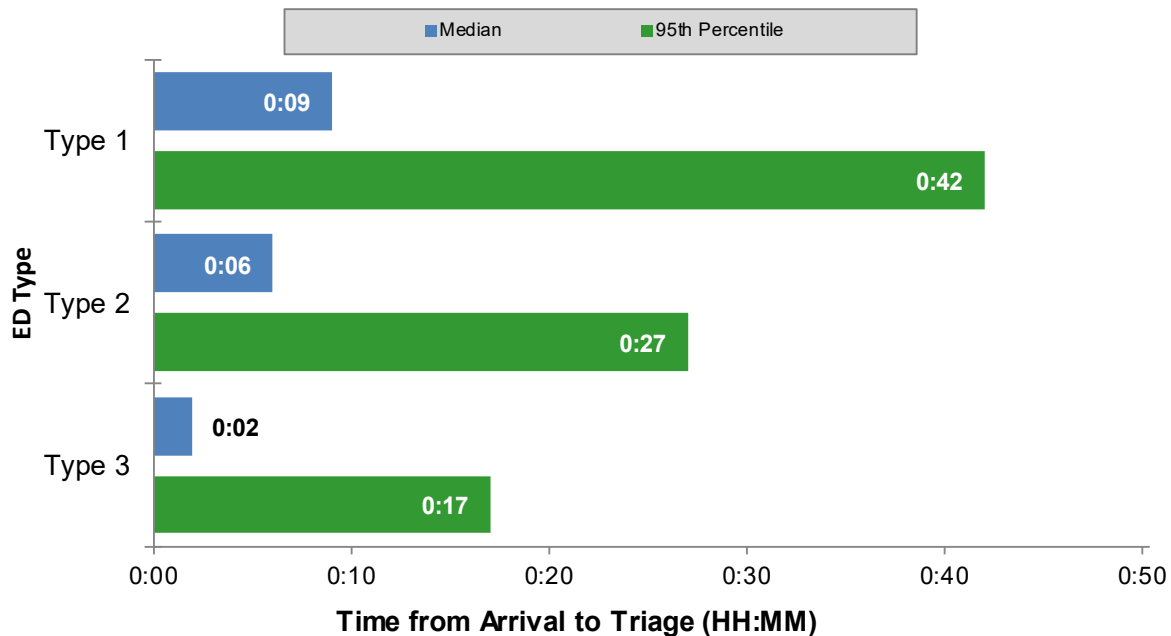
During 2020/21, the median waiting time from arrival to triage by a medical practitioner ranged from 2 minutes at Type 3 EDs to 9 minutes at Type 1 EDs (Figure 30, Table 12).

During the same period, 95 per cent of patients were triaged within 17 minutes at Type 3 EDs, compared with 42 minutes at Type 1 EDs (Figure 30, Table 13).

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[50] This information is based on new and unplanned attendances only. Planned reviews are not included.

Time from Triage to Start of Treatment[51]

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 (2020/21)
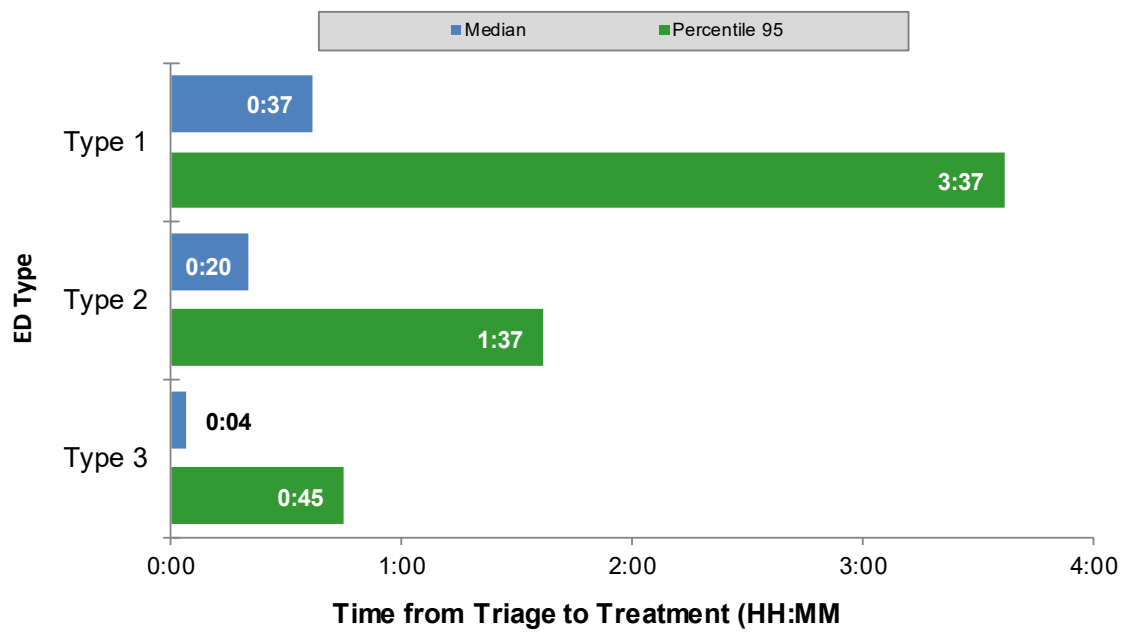
The median waiting time from triage to start of treatment in 2020/21 was shortest at Type 3 EDs (4 minutes) and longest at Type 1 EDs (37 minutes) (Figure 31, Table 14).

During 2020/21, 95 per cent of patients commenced their treatment within 45 minutes at Type 3 EDs, compared with 3 hours 37 minutes of being triaged at Type 1 EDs. (Figure 31, Table 15).

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[51] This information is based on new and unplanned attendances only. Planned reviews are not included.

Time Spent in ED for Admitted Patients[52]

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 (2020/21)
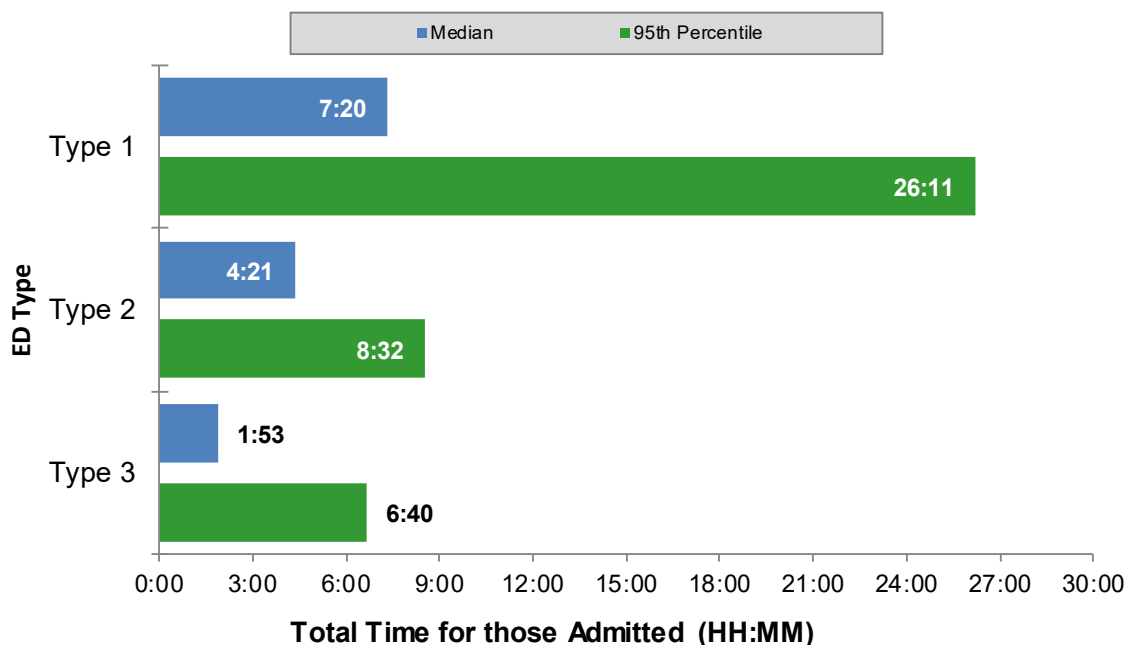
Type 1 EDs reported the highest median waiting time (7 hours 20 minutes) for patients admitted to hospital in 2020/21, compared with 4 hours 21 minutes at Type 2 EDs and 1 hour 53 minutes at Type 3 EDs (Figure 32, Table 16).

During 2020/21, 95 per cent of patients were admitted to hospital within 6 hours 40 minutes at Type 3 EDs, 8 hours 32 minutes at Type 2 EDs and 26 hours 11 minutes at Type 1 EDs (Figure 32, Table 17).

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[52] This information is based on new and unplanned attendances only. Planned reviews are not included.

Time Spent in ED for Non-admitted Patients[53]

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 (2020/21)
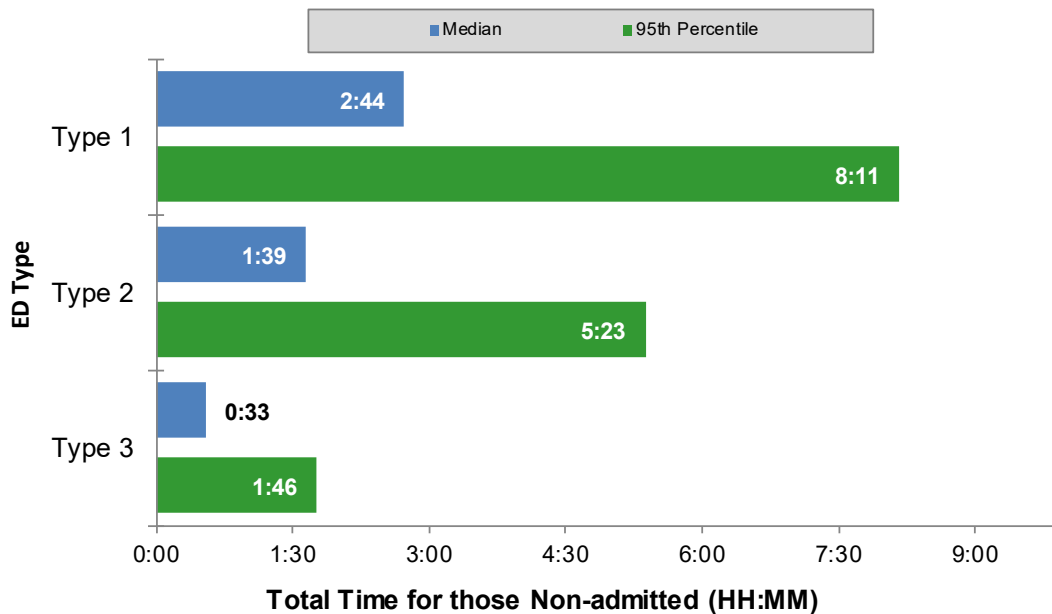
Type 1 EDs reported the highest median waiting time (2 hours 44 minutes) for patients not admitted to hospital in 2020/21, compared with 1 hour 39 minutes at Type 2 EDs and 33 minutes at Type 3 EDs (Figure 33, Table 18).

During 2020/21, 95 percent of patients were discharged home (not admitted) within 1 hour 46 minutes at Type 3 EDs, 5 hours 23 minutes at Type 2 EDs and 8 hours 11 minutes at Type 1 EDs (Figure 33, Table 19).

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[53] This information is based on new and unplanned attendances only. Planned reviews are not included.

Patient Transport & Emergency Response[54]

Following the introduction of the revised Clinical Response Model (CRM) by the Northern Ireland Ambulance Service (NIAS) on 12th November 2019, and the changes to the classifications of the calls they receive, it was no longer possible to continue reporting NIAS activity and response times as in previous years.

With this in mind, information reported on NIAS activity and response times in this section will refer to 2020/21 onwards, though where possible we have continued to provide trend information. **Readers are asked to note changes when making comparisons over time and by category of call.**

The Revised CRM categorises calls based on their urgency and target response times. Two aspects of the response time are reported, (i) the mean response time, and (ii) the 90th percentile, which is the time below which 90% of calls were responded to.

The new call categories and targets are as follows.

Call Category	Call Definition	Mean Target	90th Percentile Target
Category 1	999 Immediately life threatening	8 minutes	15 minutes
Category 1 - Transport	999 Immediately life threatening	19 minutes	30 minutes
Category 2	999 Emergency – potentially serious incidents	18 minutes	40 minutes
Category 3	Urgent Problem		120 minutes
Category 4	Less urgent problem		180 minutes

[54] See Appendix 4 for further information on the revised Clinical Response Model..

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Emergency Calls

5 Year Trend [55]

Readers are asked to note that due to the introduction of the revised Clinical Response Model in November 2019, the NIAS were unable to provide figures for November 2019, and as a result figures for 2019/20 refer to only 11 months and may not be directly comparable to previous years.

Figure 34 shows the number of emergency calls received by NIAS over the five year period from 2016/17 to 2020/21.

Figure 34: Number of Emergency Calls Received by NIAS (2016/17 – 2020/21) Error! Bookmark not defined.**, [56]**
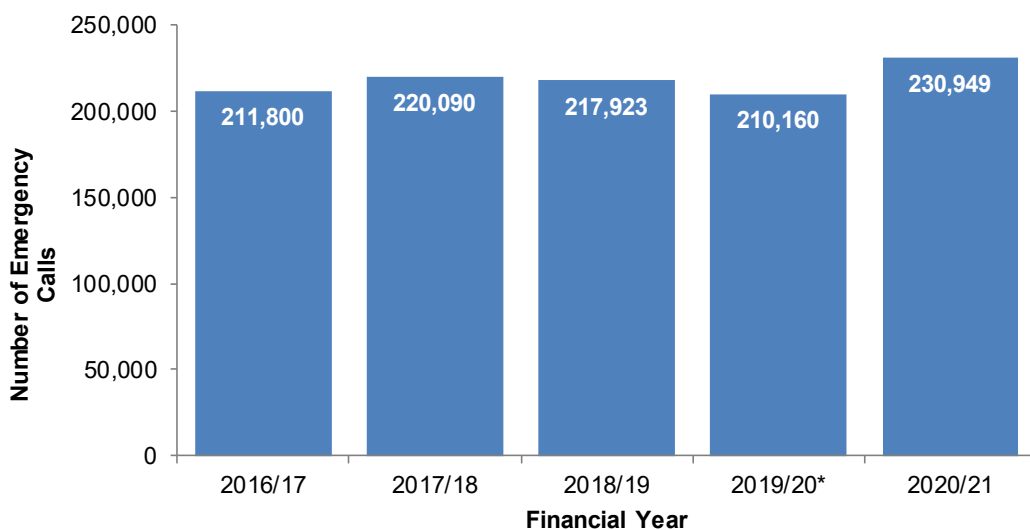
Between 2016/17 to 2020/21, the number of Emergency Calls received by the NIAS increased by 19,149 (9.0%), from 211,800 to 230,949 (Figure 34, Table 23 and Table 24)[1].

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[55] NIAS Data for 2018/19 is provisional
[56] Readers are asked to note that NIAS were unable to provide figures for November 2019, therefore 2019/20 figures report on 11 months of 2019/20 and are not directly comparable to previous years.

Figure 35 shows the number of emergency calls received by NIAS each month over the five year period from April 2015 to March 2021.

Figure 35: Number of Emergency Calls Received by NIAS (April 2015 to March 2021) [57]
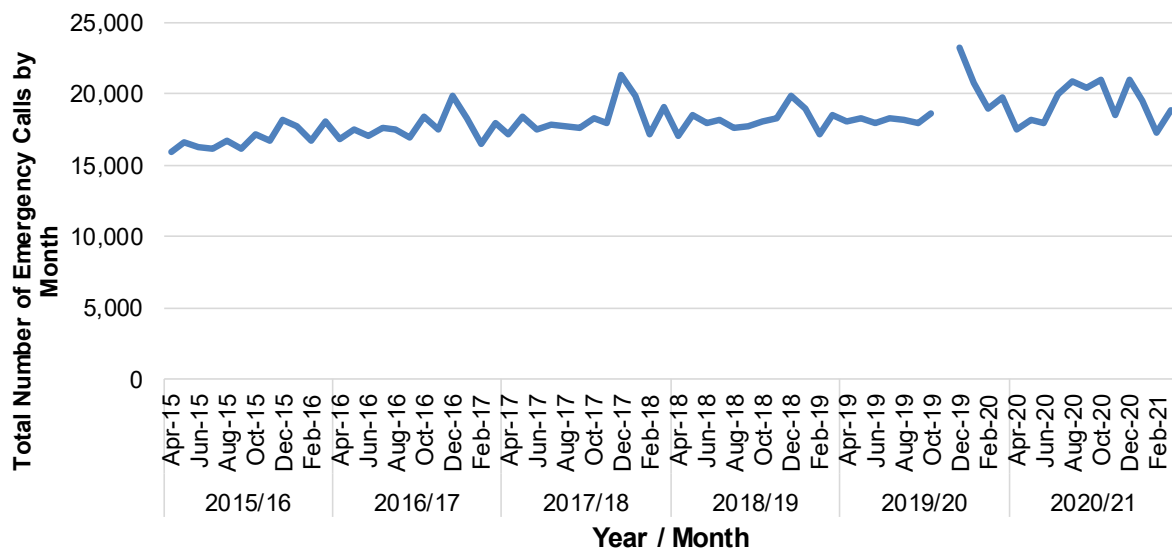
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Figure 36 presents information on the number of emergency calls received by the NIAS per 1,000-population [1] in each Local Commissioning Group (LCG) in 2020/21.

Figure 36: Emergency Calls Received by the NIAS per 1,000-population, by LCG (2020/21) [58]
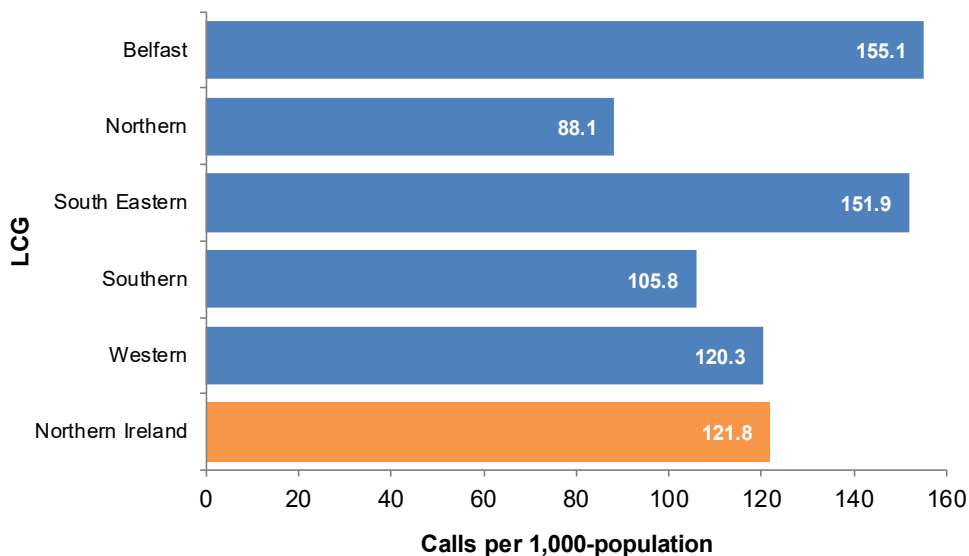
Across LCGs, the number of emergency calls per 1,000-population was highest in the Belfast LCG (155.1) and lowest in the Northern LCG (88.1) (Figure 36).

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[57] Readers are asked to note that NIAS were unable to provide figures for November 2019, therefore 2019/20 figures report on 11 months of 2019/20 and may not be directly comparable to previous years.
[58] Based on NISRA 2020 mid-year population estimate which was published on 25th June 2021.

Figure 37 presents information on the number of emergency calls received by the NIAS in each Local Commissioning Group (LCG) in 2020/21.

Figure 37: Emergency Calls Received by the NIAS, by LCG (2020/21)
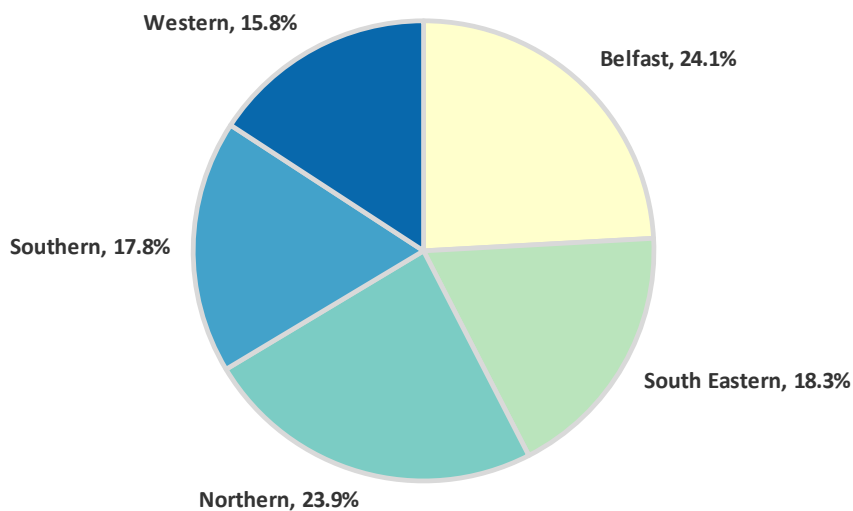
Of the 230,949 emergency calls received in 2020/21, 24.1% (55,730) were received in the Belfast LCG, 23.9% (55,304) in the Northern LCG, 18.3% (42,303) in the South Eastern LCG, 17.8% (41,126) in the Southern LCG and 15.8% (36,486) in the Western LCG (Figure 37, Table 24).

Response Times

Following the introduction of the revised Clinical Response Model (CRM) by the Northern Ireland Ambulance Service (NIAS) on 12th November 2019, and the changes to the classifications of the calls they receive, it was no longer possible to continue reporting NIAS activity and response times as in previous years.

With this in mind, information reported on waiting times in this section refers to the 2020/21 financial year. **Readers are asked to note these changes when making comparisons over time and by category of call.**

Response times for each category are detailed in this section, two aspects of the time waited are reported, including (i) the mean response time, which is the mean average response time, and (ii) the 90th percentile, which is the time below which 90% of responses transported a patient.

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Category 1 Calls

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, with the waiting time only being stopped when an ambulance able to transport the patient, arrives at the scene.

Figure 38 presents the mean, 90th percentile and target response times for Category 1 calls during 2020/21. The mean target response time is 8 minutes and the 90th percentile target response time is 15 minutes.

Figure 38: Summary of Category 1 Response Times (2020/21)
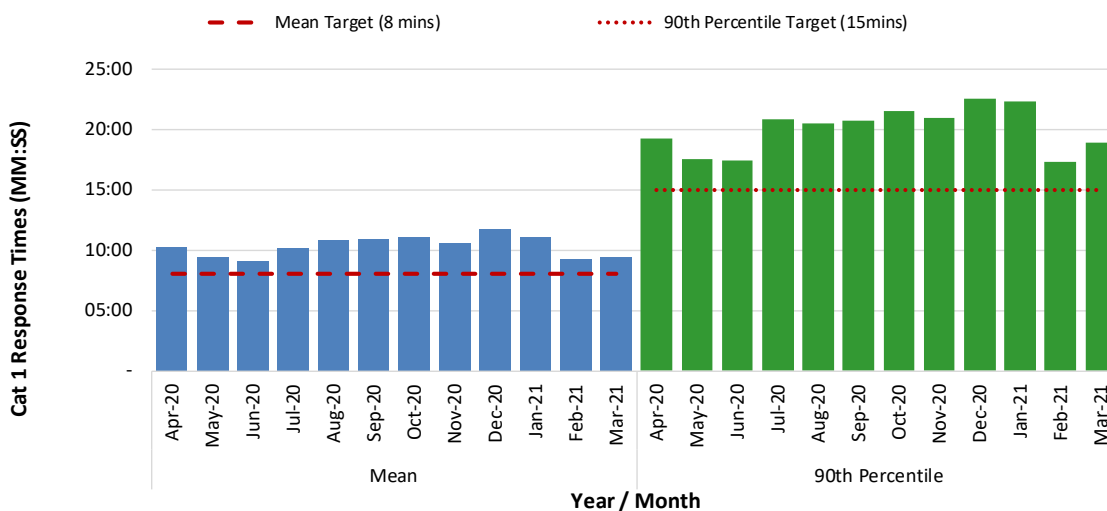
The Mean Target (8 minutes) and the 90th Percentile Target (15 minutes) were not achieved in any month during 2020/21.

In 2020/21, Belfast LCG reported the shortest mean response time (6 minutes 30 seconds) in June 2020, while Southern LCG reported the highest mean response time (14 minutes 8 seconds) in January 2021 (Figure 38, Table 26).

During the same period, Belfast LCG reported the shortest 90th percentile response time (10 minutes 40 seconds) in February 2021, while South Eastern LCG reported the highest 90th percentile response time (28 minutes 25 seconds) in January 2021 (Figure 38, Table 27).

Category C1T Calls

Figure 39 presents the mean, 90th percentile and target response times for Category 1T calls during 2020/21. The mean target response time is 19 minutes and the 90th percentile target response time is 30 minutes.

Figure 39: Summary of Category 1T Response Times (2020/21)
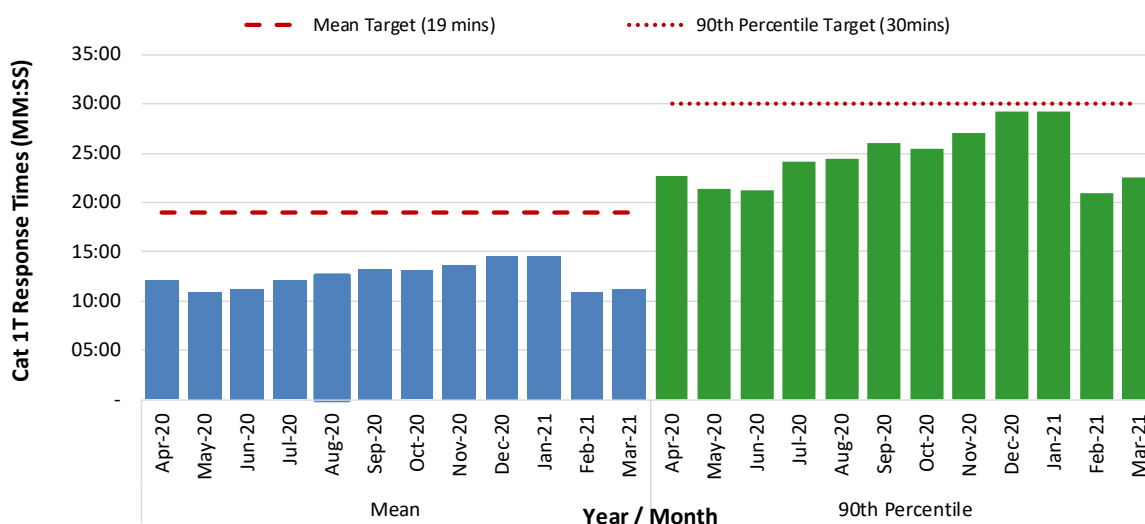
The Mean Target (19 minutes) and the 90th Percentile Target (30 minutes) were achieved during each month of 2020/21.

In 2020/21, Belfast LCG reported the shortest mean response time (7 minutes 34 seconds) in February 2021, whilst the Northern LCG reported the highest mean response time (18 minutes 13 seconds) in December 2020 (Figure 39, Table 26).

During the same period, Belfast LCG reported the shortest 90th percentile response time (11 minutes 30 seconds) in February 2021, whilst the Northern LCG reported the highest 90th percentile response time (34 minutes 50 seconds) in December 2020 (Figure 39, Table 27).

Category 2 Calls

The new CRM defines Category 2 calls as **999 Emergency – potentially serious incidents**.

Figure 40 presents the mean, 90th percentile and target response times for Category 2 calls between April 2020 and March 2021. The mean target response time is 18 minutes and the 90th percentile target response time is 40 minutes.

Figure 40: Summary of Category 2 Response Times (April 2020 – March 2021)
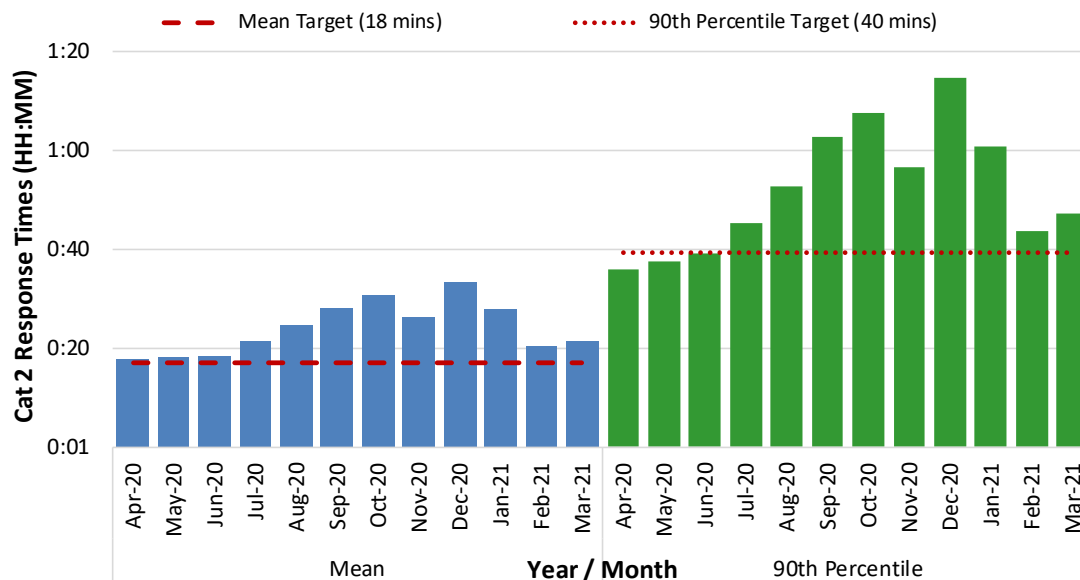
The Mean Target (18 minutes) was not achieved in any month during 2020/21, whilst the 90th Percentile Target (40 minutes) was achieved in April 2020, May 2021 and June 2021.

In 2020/21, the Belfast LCG reported the shortest mean response time (16 minutes 50 seconds) in May 2020, whilst the South Eastern LCG reported the highest mean response time (43 minutes 23 seconds) in October 2020 (Figure 40, Table 26).

During the same period, the Western LCG reported the shortest 90th percentile response time (31 minutes 38 seconds) in April 2020, while South Eastern LCG reported the highest 90th percentile response time (1 hour 31 minutes 53 seconds) in October 2020 (Figure 40, Table 27).

Category 3 Calls

The new CRM defines Category 3 calls as an ***Urgent Problem.***

Figure 41 presents the mean, 90th percentile and target response times for Category 3 calls during 2020/21. The 90th percentile target response time is 2 hours, whilst there is no mean target for Category 3 calls.

Figure 41: Summary of Category 3 Response Times (2020/21)
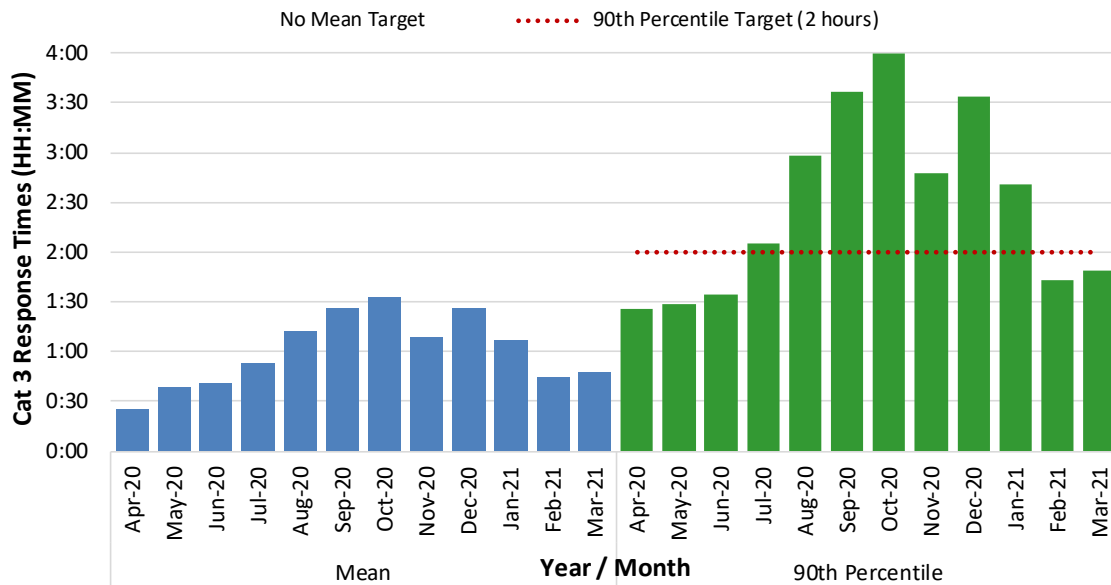
The 90th Percentile Target (2 hours) was achieved April, May, June, February and March 2020/21.

In 2020/21, the Western LCG reported the shortest mean response time (25 minutes 26 seconds) in May 2020, whilst the Belfast LCG reported the highest mean response time (2 hours 33 minutes 57 seconds) in October 2020 (Figure 41, Table 26).

During the same period, the Western LCG reported the shortest percentile response time (53 minutes 12 seconds) in April 2020, while South Eastern LCG reported the highest 90th percentile response time (6 hours 22 minutes 57 seconds) in October 2020 (Figure 41, Table 27).

Category 4 Calls

The new CRM defines Category 4 calls as a *Less Urgent Problem*.

Figure 42 presents the mean, 90th percentile and target response times for Category 4 calls during 2020/21. The 90th percentile target response time is 3 hours, whilst there is no mean target for Category 4 calls.

Figure 42: Summary of Category 4 Response Times (2020/21)
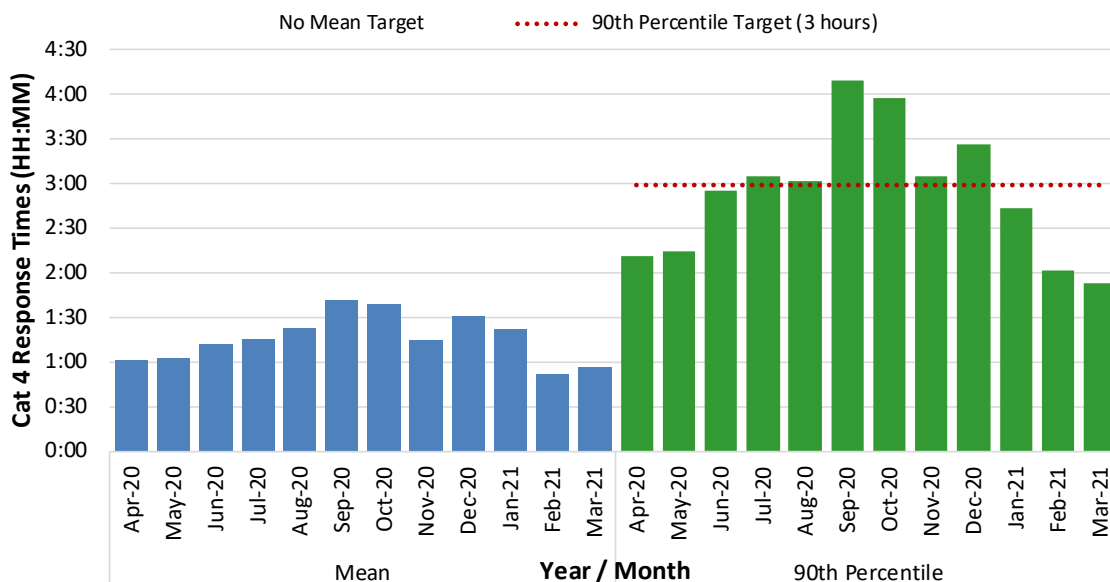
The 90th Percentile Target (3 hours) was achieved April 2020 and May, June, January, February and March 2021.

In 2020/21, the Southern LCG reported the shortest mean response time (24 minutes 3 seconds) in March 2021, whilst the Belfast LCG reported the highest mean response time (2 hours 33 minutes 38 seconds) in September 2020 (Figure 42, Table 26).

During the same period, the Western LCG reported the shortest 90th percentile response time (36 minutes 51 seconds) in March 2021, whilst the South Eastern LCG reported the highest 90th percentile response time (6 hour 37 minutes 41 seconds) in September 2020 (Figure 42, Table 27).

Response Times by LCG

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Figure 43 presents the mean, 90th percentile and target response times for Category 1 calls during 2020/21 for each LCG. The mean target response time is 8 minutes and the 90th percentile target response time is 15 minutes.

Figure 43: Summary of Category 1 Response Times, by LCG (2020/21)
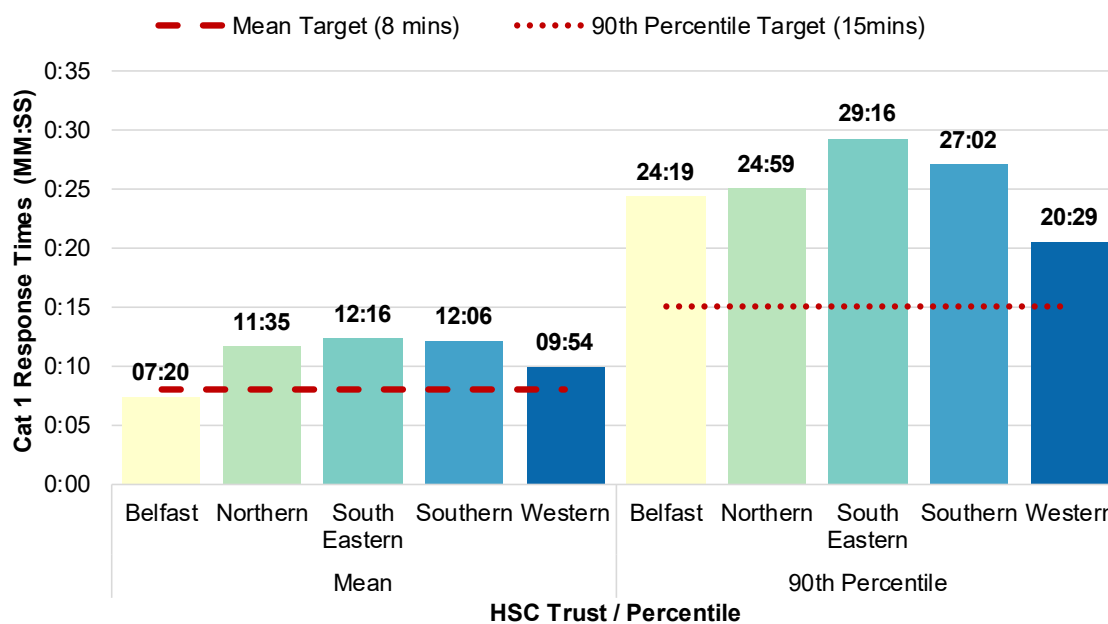
In 2020/21, the Mean Target (8 minutes) was only achieved by the Belfast LCG, whilst the 90th Percentile Target (15 minutes) was not achieved by any LCG.

In 2020/21, the Belfast LCG reported the shortest mean response time (7 minutes 20 seconds), while South Eastern LCG reported the highest mean response time (12 minutes 16 seconds) (Figure 43, Table 28).

During the same period, the Western LCG reported the shortest 90th percentile response time (20 minutes 29 seconds), whilst the South Eastern LCG reported the highest 90th percentile response time (29 minutes 16 seconds) (Figure 43, Table 28).

Figure 44 presents the mean, 90th percentile and target response times for Category 1T calls during 2020/21 for each LCG. The mean target response time is 19 minutes and the 90th percentile target response time is 30 minutes.

Figure 44: Summary of Category 1T Response Times, by LCG (2020/21)
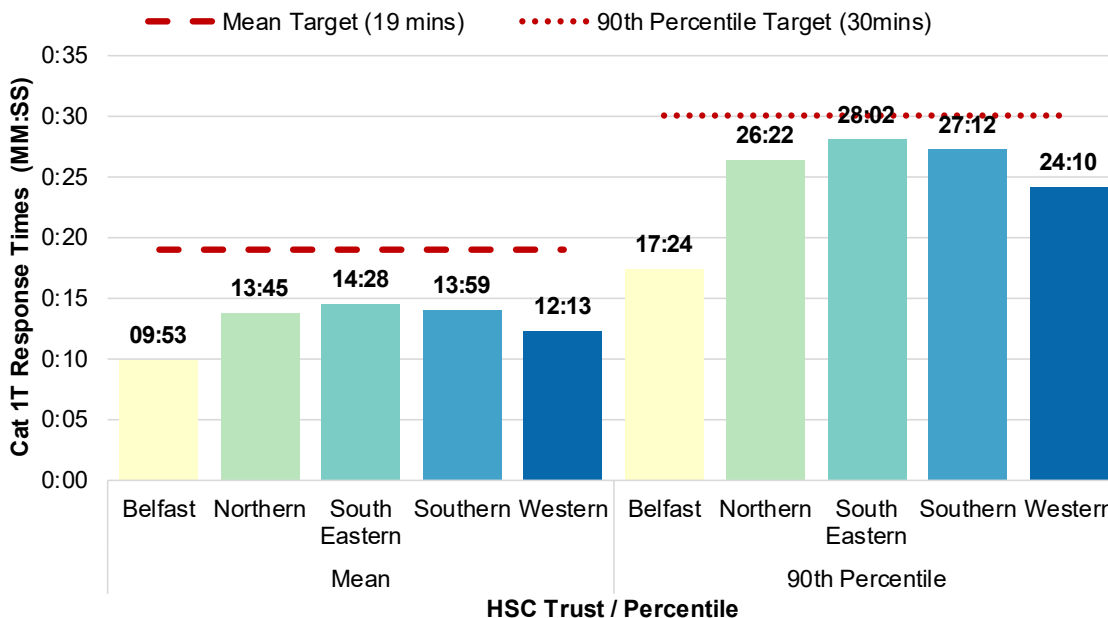
In 2020/21, both the Mean Target (19 minutes) and 90th Percentile Target (30 minutes) were achieved by all LCGs.

In 2020/21, the Belfast LCG reported the shortest mean response time (9 minutes 53 seconds), whilst South Eastern LCG reported the highest mean response time (14 minutes 28 seconds) (Figure 44, Table 28).

During the same period, the Belfast LCG reported the shortest 90th percentile response time (17 minutes 24 seconds), whilst the South Eastern LCG reported the highest 90th percentile response time (28 minutes 2 seconds) (Figure 44, Table 28).

Figure 45 presents the mean, 90th percentile and target response times for Category 2 calls during 2021/21 by LCG. The mean target response time is 18 minutes and the 90th percentile target response time is 40 minutes.

Figure 45: Summary of Category 2 Response Times, by LCG (2020/21)
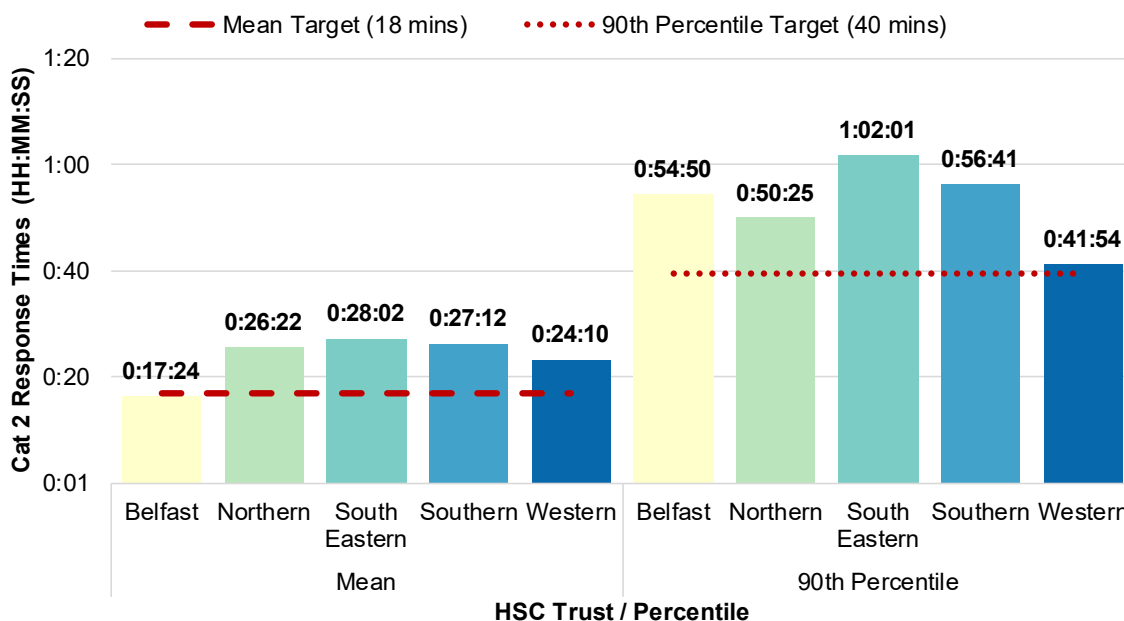
In 2020/21, the Mean Target (18 minutes) was only achieved by Belfast LCG, whilst the 90th Percentile Target (40 minutes) was not achieved by any LCG.

In 2020/21, the Belfast LCG reported the shortest mean response time (17 minutes 24 seconds), whilst South Eastern LCG reported the highest mean response time (28 minutes 2 seconds) (Figure 45, Table 28).

During the same period, the Western LCG reported the shortest 90th percentile response time (41 minutes 54 seconds), whilst the South Eastern LCG reported the highest 90th percentile response time (1 hour 2 minutes 1 second) (Figure 45, Table 28).

Incidents

The number of incidents reported by NIAS will generally be lower than the number of calls, as a single incident may have multiple callers contacting NIAS to report the incident. It is also important to note that not all incidents are attended by a vehicle, and some calls may be triaged over the phone and redirected to another service. In addition to this, an incident can be attended by a vehicle but the patient may be treated at the scene and not transported.

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Figure 46 presents information on the number of incidents reported by NIAS in 2020/21.

Figure 46: Number of Incidents (2020/21)
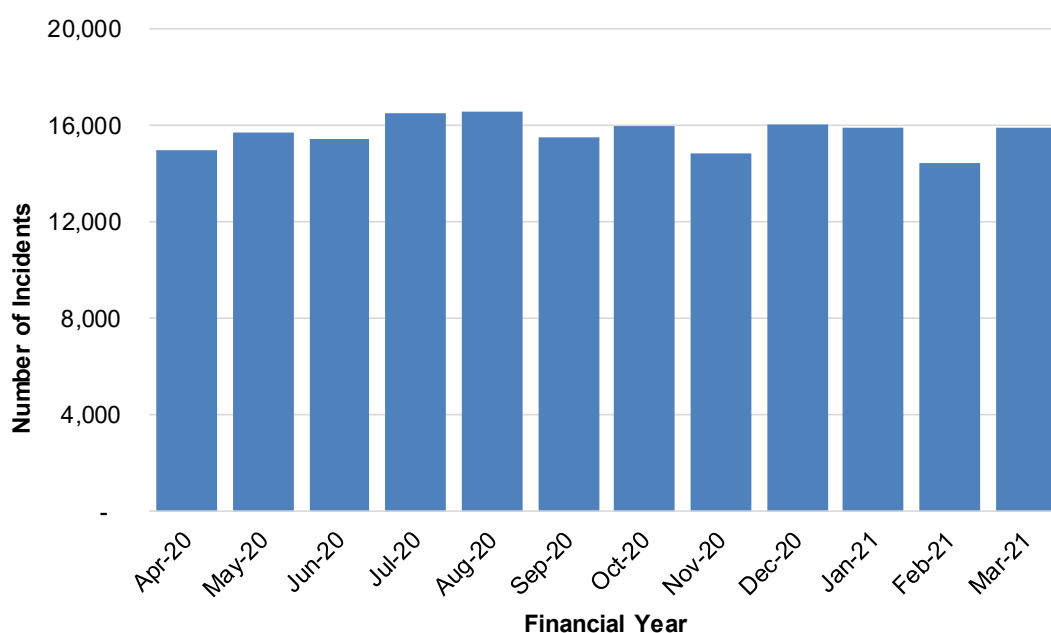
During 2020/21, 187,740 incidents were reported by NIAS, with the lowest number of incidents being reported in February 2021 (14,437) and the highest number of incidents reported in August 2020 (16,550)

The Western LCG reported the lowest number of incidents in April 2020 (2,338), while the Northern Trust reported the highest number of incidents in August 2020 (4,069) (Figure 46, Table 25).

Figure 47 presents information on the proportion of incidents reported by NIAS across each LCGs in Northern Ireland during 2020/21.

Figure 47: Summary of Proportion of incidents, by LCG 2020/21
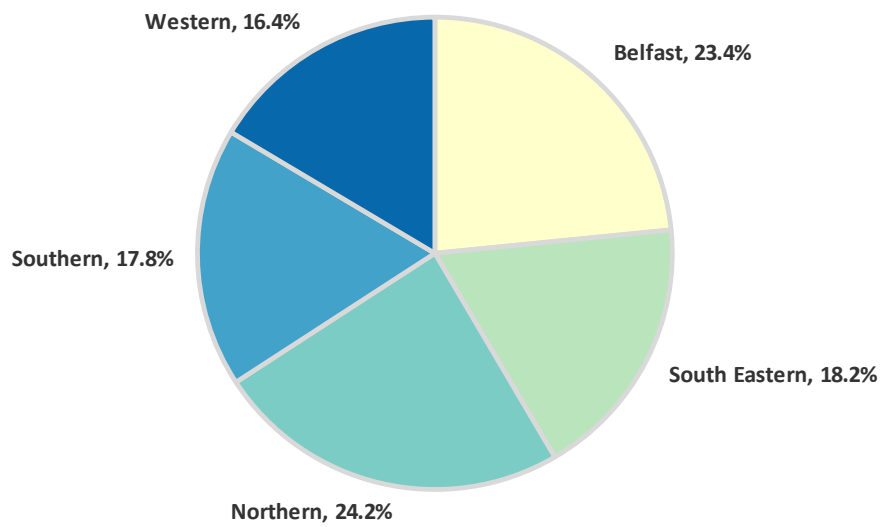
Of the 187,740 emergency incidents reported by NIAS in 2020/21, 24.2% (45,503) were received in the Northern LCG, 23.4% (43,968) in the Belfast LCG, 18.2% (34,079) in the South Eastern LCG, 17.8% (33,350) in the Southern LCG and 16.4% (30,840) in the Western LCG (Figure 47, Table 25).

Additional Tables

Table 1: Total Attendances at Emergency Care Departments (2016/17 – 2020/21)[59]

Attendance Type	Year					Percentage Change 2019/20 - 2020/21	Percentage Change 2016/17 - 2020/21
	2016/17	2017/18	2018/19	2019/20	2020/21		
New	733,491	753,700	779,463	769,204	565,612	-26.5%	-22.9%
Unplanned	37,028	39,791	43,325	44,815	31,938	-28.7%	-13.7%
Planned	27,147	29,745	27,734	25,687	22,437	-12.7%	-17.3%
Total Attendances	**797,666**	**823,236**	**850,522**	**839,706**	**619,987**	**-26.2%**	**-22.3%**

Source: KH09 (ii) Information Return

Table 2: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2020/21)[59]

HSC Trust / Hospital	New		Unplanned Review		Planned Review		Total Attendances
	Number	%	Number	%	Number	%	
Mater	12,920	82.9%	215	1.4%	2,448	15.7%	15,583
RVH	83,899	96.5%	2,447	2.8%	584	0.7%	86,930
Eye Casualty	6,426	52.7%	735	6.0%	5,027	41.2%	12,188
RBHSC	26,858	87.7%	2,231	7.3%	1,529	5.0%	30,618
Belfast Trust	**130,103**	**89.5%**	**5,628**	**3.9%**	**9,588**	**6.6%**	**145,319**
Antrim Area	70,322	93.5%	3,818	5.1%	1,097	1.5%	75,237
Causeway	35,106	92.9%	2,261	6.0%	413	1.1%	37,780
Mid Ulster	6,416	92.9%	263	3.8%	231	3.3%	6,910
Northern Trust	**111,844**	**93.3%**	**6,342**	**5.3%**	**1,741**	**1.5%**	**119,927**
Ards MIU	10,551	92.0%	242	2.1%	677	5.9%	11,470
Bangor MIU	0	0.0%	0	0.0%	0	0.0%	0
Downe	6,884	90.5%	252	3.3%	470	6.2%	7,606
Lagan Valley	18,982	90.0%	765	3.6%	1,344	6.4%	21,091
Ulster	84,497	91.6%	2,626	2.8%	5,111	5.5%	92,234
South Eastern Trust	**120,914**	**91.3%**	**3,885**	**2.9%**	**7,602**	**5.7%**	**132,401**
Craigavon Area	75,714	91.4%	6,263	7.6%	858	1.0%	82,835
Daisy Hill	16,057	92.8%	1,220	7.0%	32	0.2%	17,309
South Tyrone	21,123	91.9%	862	3.7%	1,005	4.4%	22,990
Southern Trust	**112,894**	**91.7%**	**8,345**	**6.8%**	**1,895**	**1.5%**	**123,134**
Altnagelvin Area	51,139	91.0%	3,749	6.7%	1,286	2.3%	56,174
South West Acute	28,597	90.2%	2,812	8.9%	302	1.0%	31,711
Omagh	10,121	89.4%	1,177	10.4%	23	0.2%	11,321
Western Trust	**89,857**	**90.6%**	**7,738**	**7.8%**	**1,611**	**1.6%**	**99,206**
Northern Ireland	**565,612**	**91.2%**	**31,938**	**5.2%**	**22,437**	**3.6%**	**619,987**

Source: KH09 (ii) Information Return

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[59] Information refers to new attendances, unplanned review and planned review attendances.

Table 3: Total Attendances at Emergency Care Departments by Department Type (2020/21)[60]

Emergency Care Department Type	New Attendances		Unplanned Review Attendances		Planned Review Attendances		Total Attendances
	Number	%	Number	%	Number	%	
Type 1	485,109	*92.2%*	27,642	*5.3%*	13,660	*2.6%*	526,411
Type 2	32,292	*79.0%*	1,752	*4.3%*	6,841	*16.7%*	40,885
Type 3	48,211	*91.5%*	2,544	*4.8%*	1,936	*3.7%*	52,691
Total	**565,612**	*91.2%*	**31,938**	*5.2%*	**22,437**	*3.6%*	**619,987**

Source: KH09 (ii) Information Return

Table 4: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2016/17 – 2020/21)[60]

HSC Trust / Hospital	Total Attendances				
	2016/17	2017/18	2018/19	2019/20	2020/21
Mater	50,140	50,856	51,326	49,931	15,583
Royal Victoria	94,422	98,480	99,868	96,927	86,930
Eye Casualty	16,848	17,030	18,036	17,546	12,188
RBHSC	39,869	40,612	40,923	41,921	30,618
Belfast	**201,279**	**206,978**	**210,153**	**206,325**	**145,319**
Antrim Area	84,320	87,430	89,444	92,063	75,237
Causeway	44,444	46,035	48,998	49,833	37,780
Mid Ulster	10,117	10,410	11,372	11,251	6,910
Northern	**138,881**	**143,875**	**149,814**	**153,147**	**119,927**
Ards	11,890	12,367	12,941	13,432	11,470
Bangor	10,223	10,229	11,027	10,692	0
Downe	22,051	23,710	24,320	25,144	7,606
Lagan Valley	25,058	25,550	27,112	28,242	21,091
Ulster	96,533	98,908	100,900	100,395	92,234
South Eastern	**165,755**	**170,764**	**176,300**	**177,905**	**132,401**
Craigavon Area	86,241	89,570	89,559	85,367	82,835
Daisy Hill	54,925	56,248	58,277	55,642	17,309
South Tyrone	32,137	35,003	37,436	34,467	22,990
Southern	**173,303**	**180,821**	**185,272**	**175,476**	**123,134**
Altnagelvin Area	65,995	67,668	71,865	69,962	56,174
Erne / South West Acute	34,152	35,809	38,260	38,682	31,711
Omagh	18,301	17,321	18,858	18,209	11,321
Western	**118,448**	**120,798**	**128,983**	**126,853**	**99,206**
Northern Ireland	**797,666**	**823,236**	**850,522**	**839,706**	**619,987**

Source: KH09 (ii) Information Return

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[60] Information refers to new attendances, unplanned review and planned review attendances.

Table 5: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments (2016/17 – 2020/21)[61]

Waiting Time at Emergency Care Department	Year					Percentage Change 2019/20 - 2020/21	Percentage Change 2016/17 - 2020/21
	2016/17	2017/18	2018/19	2019/20	2020/21		
Number Within 4 Hours	573,349	582,604	575,269	529,937	385,898	-27.2%	-32.7%
Percentage Within 4 Hours	*74.4%*	*73.4%*	*69.9%*	*65.1%*	*65.0%*	*0.0%*	*-9.4%*
Number Between 4 & 12 Hours	190,380	194,203	222,252	238,935	169,587	-29.0%	-10.9%
Percentage Between 4 & 12 Hours	*24.7%*	*24.5%*	*27.0%*	*29.3%*	*28.6%*	*-0.8%*	*3.9%*
Number Over 12 Hours	6,494	17,347	25,326	45,401	37,884	-16.6%	483.4%
Percentage Over 12 Hours	*0.8%*	*2.2%*	*3.1%*	*5.6%*	*6.4%*	*0.8%*	*5.5%*
Total	**770,223**	**794,154**	**822,847**	**814,273**	**593,369**	**-27.1%**	**-23.0%**

Source: Regional Data Warehouse & EC1 Information Return

Table 6: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by Department Type (2020/21)[61]

Emergency Care Department Type	Within 4 Hours		4 to 12 Hours		Over 12 Hours		Total (New and Unplanned Reviews)
	Number	%	Number	%	Number	%	
Type 1	310,069	*60.5%*	164,557	*32.1%*	37,871	*7.4%*	**512,497**
Type 2	26,923	*84.6%*	4,897	*15.4%*	13	*0.0%*	**31,833**
Type 3	48,906	*99.7%*	133	*0.3%*	0	*0.0%*	**49,039**
Total	**385,898**	***65.0%***	**169,587**	***28.6%***	**37,884**	***6.4%***	**593,369**

Source: Regional Data Warehouse & EC1 Information Return

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

Table 7: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by HSC Trust / Hospital (2020/21)[62]

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	7,397	56.3%	4,516	34.4%	1,220	9.3%	13,133
Royal Victoria	38,212	44.3%	41,879	48.6%	6,143	7.1%	86,234
Eye Casualty	6,387	89.2%	772	10.8%	0	0.0%	7,159
RBHSC	25,502	87.5%	3,630	12.5%	9	0.0%	29,141
Belfast Trust	**77,498**	**57.1%**	**50,797**	**37.4%**	**7,372**	**5.4%**	**135,667**
Antrim Area	48,196	65.0%	20,206	27.3%	5,696	7.7%	74,098
Causeway	26,635	71.3%	8,567	22.9%	2,142	5.7%	37,344
Mid Ulster	6,677	100.0%	2	0.0%	0	0.0%	6,679
Northern Trust	**81,508**	**69.0%**	**28,775**	**24.4%**	**7,838**	**6.6%**	**118,121**
Ards MIU	9,078	100.0%	0	0.0%	0	0.0%	9,078
Bangor MIU	0	-	0	-	0	-	0
Downe	4,882	99.0%	48	1.0%	0	0.0%	4,930
Lagan Valley	15,654	79.3%	4,077	20.6%	13	0.1%	19,744
Ulster	54,119	62.2%	25,290	29.0%	7,657	8.8%	87,066
South Eastern Trust	**83,733**	**69.3%**	**29,415**	**24.3%**	**7,670**	**6.3%**	**120,818**
Craigavon Area	47,611	58.1%	26,683	32.6%	7,638	9.3%	81,932
Daisy Hill	11,098	64.3%	5,280	30.6%	877	5.1%	17,255
South Tyrone	21,981	100.0%	4	0.0%	0	0.0%	21,985
Southern Trust	**80,690**	**66.6%**	**31,967**	**26.4%**	**8,515**	**7.0%**	**121,172**
Altnagelvin Area	30,835	56.2%	19,586	35.7%	4,464	8.1%	54,885
South West Acute	20,464	65.2%	8,920	28.4%	2,025	6.4%	31,409
Omagh	11,170	98.9%	127	1.1%	0	0.0%	11,297
Western Trust	**62,469**	**64.0%**	**28,633**	**29.3%**	**6,489**	**6.6%**	**97,591**
Northern Ireland	**385,898**	**65.0%**	**169,587**	**28.6%**	**37,884**	**6.4%**	**593,369**

Source: Regional Data Warehouse & EC1 Information Return

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

Table 8: New & Unplanned Review Attendances by HSC Trust / Hospital (2016/17 – 2020/21)[63]

HSC Trust / Hospital	New & Unplanned Review Attendances				
	2016/17	**2017/18**	**2018/19**	**2019/20**	**2020/21**
Mater	47,771	48,323	50,092	48,801	13,133
Royal Victoria	92,643	96,850	98,592	95,888	86,234
Eye Casualty	16,564	17,108	16,229	15,492	7,159
RBHSC	38,580	39,409	39,753	40,706	29,141
Belfast HSCT	**195,558**	**201,690**	**204,666**	**200,887**	**135,667**
Antrim Area	82,435	85,198	87,366	90,165	74,098
Causeway	44,302	45,144	48,115	49,026	37,344
Mid Ulster	9,665	9,959	10,960	10,862	6,679
Northern HSCT	**136,402**	**140,301**	**146,441**	**150,053**	**118,121**
Ards	11,540	11,935	12,469	12,917	9,078
Bangor	9,982	9,843	10,659	10,240	0
Downe	21,103	22,579	23,116	23,825	4,930
Lagan Valley	23,795	24,421	25,956	26,701	19,744
Ulster	92,967	94,984	96,538	95,662	87,066
South Eastern HSCT	**159,387**	**163,762**	**168,738**	**169,345**	**120,818**
Craigavon Area	83,317	86,575	86,589	82,710	81,932
Daisy Hill	53,477	54,863	57,246	54,684	17,255
South Tyrone	29,438	30,901	33,994	32,721	21,985
Southern HSCT	**166,232**	**172,339**	**177,829**	**170,115**	**121,172**
Altnagelvin Area	62,559	65,241	69,626	67,950	54,885
Erne / South West Acute	33,327	34,831	37,360	38,086	31,409
Omagh	16,758	15,990	18,187	17,837	11,297
Western HSCT	**112,644**	**116,062**	**125,173**	**123,873**	**97,591**
Northern Ireland	**770,223**	**794,154**	**822,847**	**814,273**	**593,369**

Source: Regional Data Warehouse & EC1 Information Return

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

Table 9: New & Unplanned Review Attendances seen within 4 hours by HSC Trust / Hospital (2016/17 – 2020/21)[64]

HSC Trust / Hospital	Percentage Seen within 4 hours				
	2016/17	2017/18	2018/19	2019/20	2020/21
Mater	72.6%	71.6%	69.8%	62.2%	56.3%
Royal Victoria	64.6%	66.8%	56.6%	48.2%	44.3%
Eye Casualty	93.4%	86.7%	80.0%	75.9%	89.2%
RBHSC	86.1%	81.5%	81.0%	80.0%	87.5%
Belfast HSCT	**73.2%**	**72.5%**	**66.4%**	**60.2%**	**57.1%**
Antrim Area	66.8%	64.3%	63.0%	62.4%	65.0%
Causeway	62.8%	66.4%	71.3%	70.3%	71.3%
Mid Ulster	100.0%	100.0%	100.0%	100.0%	100.0%
Northern HSCT	**67.9%**	**67.5%**	**68.5%**	**67.7%**	**69.0%**
Ards	100.0%	100.0%	100.0%	100.0%	100.0%
Bangor	100.0%	100.0%	100.0%	100.0%	-
Downe	89.8%	90.9%	90.9%	86.8%	99.0%
Lagan Valley	88.0%	86.0%	79.8%	76.7%	79.3%
Ulster	71.9%	65.2%	61.3%	58.0%	62.2%
South Eastern HSCT	**80.5%**	**76.5%**	**73.5%**	**70.8%**	**69.3%**
Craigavon Area	66.6%	66.0%	56.4%	48.0%	58.1%
Daisy Hill	74.7%	73.7%	69.3%	66.7%	64.3%
South Tyrone	100.0%	100.0%	100.0%	100.0%	100.0%
Southern HSCT	**75.1%**	**74.5%**	**68.9%**	**64.0%**	**66.6%**
Altnagelvin Area	68.6%	70.2%	71.2%	56.5%	56.2%
Erne / South West Acute	74.4%	75.3%	66.6%	59.6%	65.2%
Omagh	99.8%	99.7%	99.0%	98.4%	98.9%
Western HSCT	**75.0%**	**75.8%**	**73.8%**	**63.5%**	**64.0%**
Northern Ireland	**74.4%**	**73.4%**	**69.9%**	**65.1%**	**65.0%**

Source: Regional Data Warehouse & EC1 Information Return

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

Table 10: New & Unplanned Review Attendances Waiting Over 12 hours by HSC Trust / Hospital (2016/17 – 2020/21)[65]

HSC Trust / Hospital	Number Waiting Over 12 Hours				
	2016/17	2017/18	2018/19	2019/20	2020/21
Mater	590	1,156	1,182	2,010	1,220
Royal Victoria	1,124	1,888	3,120	6,508	6,143
Eye Casualty	0	0	0	0	0
RBHSC	0	0	0	1	9
Belfast HSCT	**1,714**	**3,044**	**4,302**	**8,519**	**7,372**
Antrim Area	1,587	3,545	4,330	5,140	5,696
Causeway	306	943	1,200	2,600	2,142
Mid Ulster	0	0	0	0	0
Northern HSCT	**1,893**	**4,488**	**5,530**	**7,740**	**7,838**
Ards	0	0	0	0	0
Bangor	0	0	0	0	0
Downe	182	211	105	273	0
Lagan Valley	17	150	89	54	13
Ulster	1,279	4,553	6,486	9,270	7,657
South Eastern HSCT	**1,478**	**4,914**	**6,680**	**9,597**	**7,670**
Craigavon Area	621	2,570	4,609	9,356	7,638
Daisy Hill	289	1,086	1,474	2,928	877
South Tyrone	0	0	0	0	0
Southern HSCT	**910**	**3,656**	**6,083**	**12,284**	**8,515**
Altnagelvin Area	304	854	1,439	4,743	4,464
Erne / South West Acute	195	391	1,292	2,518	2,025
Omagh	0	0	0	0	0
Western HSCT	**499**	**1,245**	**2,731**	**7,261**	**6,489**
Northern Ireland	**6,494**	**17,347**	**25,326**	**45,401**	**37,884**

Source: Regional Data Warehouse & EC1 Information Return

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

Table 11: Percentage of New and Unplanned Review Attendances Commencing Treatment within 2 hours of Triage (2016/17– 2020/21)[66], [67]

HSC Trust / Hospital / Department Type	Percentage of Attendances Commencing Treatment within 2 Hours of Triage				
	2016/17	2017/18	2018/19	2019/20	2020/21
Mater	80.1%	79.3%	74.6%	70.5%	96.9%
Royal Victoria	75.7%	72.4%	66.1%	62.5%	65.4%
Eye Casualty	-	-	-	-	-
RBHSC	85.6%	84.3%	86.7%	85.5%	96.7%
Belfast Trust	**79.2%**	**77.0%**	**73.2%**	**70.5%**	**76.4%**
Antrim Area	71.0%	66.5%	67.7%	68.3%	82.5%
Causeway	77.6%	84.5%	90.5%	90.0%	93.7%
Mid Ulster	100.0%	100.0%	99.9%	99.9%	100.0%
Northern Trust	**75.5%**	**75.4%**	**78.3%**	**78.2%**	**86.7%**
Ards	100.0%	100.0%	99.9%	99.9%	100.0%
Bangor	100.0%	100.0%	100.0%	99.9%	-
Downe	94.9%	96.5%	97.3%	94.1%	99.9%
Lagan Valley	93.3%	92.9%	89.9%	89.1%	96.6%
Ulster	83.6%	79.2%	80.8%	80.6%	91.9%
South Eastern Trust	**88.8%**	**86.4%**	**87.1%**	**86.5%**	**93.6%**
Craigavon Area	69.3%	67.9%	63.2%	57.1%	80.1%
Daisy Hill	79.9%	88.4%	75.0%	73.1%	90.4%
South Tyrone	100.0%	100.0%	100.0%	100.0%	100.0%
Southern Trust	**78.0%**	**80.0%**	**74.1%**	**70.6%**	**84.8%**
Altnagelvin Area	83.6%	87.2%	88.1%	71.8%	82.6%
Erne / South West Acute	92.0%	87.3%	84.7%	80.1%	91.7%
Omagh	99.2%	98.9%	97.0%	95.4%	97.6%
Western Trust	**88.4%**	**88.9%**	**88.4%**	**77.8%**	**87.1%**
Type 1	**78.5%**	**77.9%**	**76.0%**	**72.4%**	**84.1%**
Type 2	**94.0%**	**94.6%**	**93.3%**	**91.4%**	**97.2%**
Type 3	**99.8%**	**99.8%**	**99.4%**	**99.0%**	**99.4%**
Northern Ireland	**81.9%**	**81.3%**	**79.8%**	**76.7%**	**85.9%**

Source: Regional Data Warehouse

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[66] Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).
[67] 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 (2016/17 – 2020/21)[68, 69]

HSC Trust / Hospital / Department Type	Waiting Time from Arrival to Triage (Median) HH:MM				
	2016/17	2017/18	2018/19	2019/20	2020/21
Mater	0:08	0:09	0:09	0:10	0:08
Royal Victoria	0:09	0:09	0:13	0:14	0:14
Eye Casualty	-	-	0:15	0:22	0:12
RBHSC	0:11	0:11	0:11	0:10	0:08
Belfast Trust	**0:09**	**0:09**	**0:11**	**0:12**	**0:11**
Antrim Area	0:08	0:08	0:08	0:10	0:09
Causeway	0:11	0:10	0:09	0:10	0:09
Mid Ulster	0:02	0:02	0:02	0:02	0:03
Northern Trust	**0:08**	**0:08**	**0:08**	**0:09**	**0:09**
Ards	0:03	0:03	0:03	0:03	0:02
Bangor	0:03	0:03	0:04	0:05	0:00
Downe	0:06	0:06	0:06	0:06	0:02
Lagan Valley	0:08	0:08	0:08	0:08	0:06
Ulster	0:08	0:09	0:10	0:11	0:09
South Eastern Trust	**0:07**	**0:08**	**0:08**	**0:08**	**0:07**
Craigavon Area	0:08	0:08	0:10	0:11	0:06
Daisy Hill	0:06	0:06	0:05	0:05	0:06
South Tyrone	0:01	0:01	0:01	0:01	0:01
Southern Trust	**0:06**	**0:05**	**0:06**	**0:06**	**0:05**
Altnagelvin Area	0:14	0:14	0:11	0:13	0:12
Erne / South West Acute	0:14	0:10	0:11	0:12	0:11
Omagh	0:00	0:00	0:10	0:08	0:06
Western Trust	**0:12**	**0:11**	**0:11**	**0:12**	**0:11**
Type 1	**0:09**	**0:09**	**0:10**	**0:10**	**0:09**
Type 2	**0:07**	**0:07**	**0:08**	**0:09**	**0:06**
Type 3	**0:01**	**0:02**	**0:03**	**0:03**	**0:02**
Northern Ireland	**0:08**	**0:08**	**0:09**	**0:09**	**0:08**

Source: Regional Data Warehouse

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[68] Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).
[69] 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 (2016/17 – 2020/21)[70, 71]

HSC Trust / Hospital / Department Type	Waiting Time from Arrival to Triage (95th Percentile) HH:MM				
	2016/17	**2017/18**	**2018/19**	**2019/20**	**2020/21**
Mater	0:26	0:27	0:29	0:38	0:50
Royal Victoria	0:32	0:36	0:49	0:59	1:03
Eye Casualty	-	-	-	-	-
RBHSC	0:44	0:47	0:46	0:50	0:23
Belfast Trust	**0:34**	**0:37**	**0:46**	**0:56**	**0:55**
Antrim Area	0:25	0:25	0:25	0:31	0:27
Causeway	0:34	0:31	0:28	0:31	0:29
Mid Ulster	0:08	0:08	0:08	0:08	0:15
Northern Trust	**0:28**	**0:27**	**0:25**	**0:30**	**0:28**
Ards	0:14	0:15	0:17	0:16	0:10
Bangor	0:16	0:15	0:18	0:22	0:00
Downe	0:23	0:23	0:20	0:23	0:09
Lagan Valley	0:22	0:22	0:23	0:24	0:19
Ulster	0:26	0:30	0:30	0:32	0:34
South Eastern Trust	**0:24**	**0:27**	**0:27**	**0:29**	**0:29**
Craigavon Area	0:29	0:34	0:41	0:51	0:44
Daisy Hill	0:18	0:18	0:16	0:15	0:23
South Tyrone	0:10	0:09	0:10	0:10	0:08
Southern Trust	**0:24**	**0:27**	**0:32**	**0:38**	**0:36**
Altnagelvin Area	0:42	0:43	0:33	0:48	0:43
Erne / South West Acute	0:58	0:42	0:39	0:44	0:41
Omagh	0:15	0:36	0:49	0:40	0:32
Western Trust	**0:45**	**0:42**	**0:37**	**0:46**	**0:41**
Type 1	**0:33**	**0:34**	**0:36**	**0:43**	**0:42**
Type 2	**0:22**	**0:23**	**0:36**	**0:48**	**0:27**
Type 3	**0:12**	**0:14**	**0:24**	**0:21**	**0:17**
Northern Ireland	**0:31**	**0:32**	**0:35**	**0:42**	**0:40**

Source: Regional Data Warehouse

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[70] Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).
[71] 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 (2016/17 – 2020/21)[72], [73]

HSC Trust / Hospital / Department Type	Waiting Time from Triage to Start of Treatment (Median) HH:MM				
	2016/17	2017/18	2018/19	2019/20	2020/21
Mater	0:49	0:50	0:55	1:00	0:14
Royal Victoria	0:51	0:58	1:10	1:15	1:10
Eye Casualty	-	-	-	-	-
RBHSC	0:49	0:45	0:45	0:44	0:23
Belfast Trust	**0:50**	**0:52**	**0:58**	**0:59**	**0:42**
Antrim Area	1:08	1:17	1:17	1:18	0:47
Causeway	0:49	0:40	0:36	0:33	0:24
Mid Ulster	0:05	0:04	0:04	0:05	0:05
Northern Trust	**0:53**	**0:53**	**0:50**	**0:51**	**0:37**
Ards	0:05	0:06	0:11	0:10	0:05
Bangor	0:03	0:03	0:05	0:07	0:00
Downe	0:29	0:28	0:25	0:31	0:08
Lagan Valley	0:32	0:36	0:38	0:42	0:25
Ulster	0:45	0:52	0:50	0:49	0:29
South Eastern Trust	**0:32**	**0:35**	**0:36**	**0:37**	**0:24**
Craigavon Area	1:15	1:18	1:26	1:40	0:48
Daisy Hill	0:58	0:37	1:07	1:06	0:36
South Tyrone	0:02	0:00	0:02	0:03	0:01
Southern Trust	**0:50**	**0:42**	**0:56**	**0:59**	**0:35**
Altnagelvin Area	0:45	0:32	0:32	1:07	0:41
Erne / South West Acute	0:24	0:31	0:36	0:37	0:21
Omagh	0:10	0:10	0:13	0:13	0:13
Western Trust	**0:31**	**0:28**	**0:30**	**0:47**	**0:30**
Type 1	**0:52**	**0:52**	**0:56**	**1:01**	**0:37**
Type 2	**0:30**	**0:32**	**0:31**	**0:36**	**0:20**
Type 3	**0:05**	**0:04**	**0:05**	**0:06**	**0:04**
Northern Ireland	**0:42**	**0:41**	**0:45**	**0:49**	**0:32**

Source: Regional Data Warehouse

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[72] Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).
[73] 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 (2016/17 – 2020/21)[74, 75]

HSC Trust / Hospital / Department Type	Waiting Time from Triage to Start of Treatment (95th Percentile) HH:MM				
	2016/17	2017/18	2018/19	2019/20	2020/21
Mater	3:51	3:55	4:20	5:22	1:35
Royal Victoria	3:59	4:14	4:54	6:34	5:57
Eye Casualty	-	-	-	-	-
RBHSC	2:53	3:06	2:53	2:59	1:43
Belfast Trust	**3:44**	**3:56**	**4:26**	**5:41**	**5:08**
Antrim Area	4:29	5:01	4:58	4:38	3:18
Causeway	4:21	3:16	2:34	2:36	2:10
Mid Ulster	0:39	0:26	0:23	0:30	0:23
Northern Trust	**4:19**	**4:24**	**4:11**	**3:57**	**2:58**
Ards	0:34	0:35	0:54	0:54	0:28
Bangor	0:29	0:33	0:39	0:53	0:00
Downe	2:01	1:48	1:40	2:07	0:36
Lagan Valley	2:11	2:12	2:29	2:31	1:45
Ulster	3:12	3:33	3:40	4:02	2:24
South Eastern Trust	**2:46**	**3:02**	**3:02**	**3:11**	**2:12**
Craigavon Area	3:57	4:37	5:39	6:41	4:02
Daisy Hill	3:26	2:45	3:46	4:01	2:45
South Tyrone	0:30	0:16	0:28	0:29	0:17
Southern Trust	**3:36**	**3:46**	**4:38**	**5:17**	**3:35**
Altnagelvin Area	3:11	2:58	2:53	4:12	3:24
Erne / South West Acute	2:28	2:59	3:11	4:03	2:36
Omagh	1:10	1:18	1:40	1:55	1:31
Western Trust	**2:51**	**2:50**	**2:52**	**3:58**	**3:05**
Type 1	**3:44**	**3:53**	**4:15**	**4:56**	**3:37**
Type 2	**2:07**	**2:02**	**2:11**	**2:22**	**1:37**
Type 3	**0:44**	**0:40**	**0:51**	**0:56**	**0:45**
Northern Ireland	**3:31**	**3:39**	**3:58**	**4:34**	**3:26**

Source: Regional Data Warehouse

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[74] Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).
[75] 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 (2016/17 – 2020/21)[76, 77]

HSC Trust / Hospital / Department Type	Time Spent in ED by those Admitted to Hospital (Median) HH:MM				
	2016/17	2017/18	2018/19	2019/20	2020/21
Mater	4:51	5:21	5:44	6:45	5:43
Royal Victoria	6:20	6:02	6:58	8:17	7:33
Eye Casualty	-	-	2:39	2:44	2:13
RBHSC	3:21	3:29	3:50	3:55	3:36
Belfast Trust	**5:18**	**5:19**	**6:02**	**6:57**	**6:34**
Antrim Area	5:44	5:34	5:51	6:05	6:09
Causeway	6:22	6:27	6:18	7:05	6:28
Mid Ulster	1:19	1:17	0:09	0:52	1:11
Northern Trust	**5:58**	**5:51**	**6:00**	**6:22**	**6:15**
Ards	-	-	-	-	-
Bangor	-	-	-	-	-
Downe	3:39	3:46	3:17	4:03	1:36
Lagan Valley	3:59	4:22	4:45	5:14	4:32
Ulster	4:56	6:14	7:08	8:36	8:00
South Eastern Trust	**4:45**	**5:50**	**6:29**	**7:39**	**7:35**
Craigavon Area	5:38	5:35	6:52	9:31	9:36
Daisy Hill	5:14	6:01	5:55	7:08	7:22
South Tyrone	-	-	-	-	-
Southern Trust	**5:29**	**5:44**	**6:30**	**8:43**	**9:02**
Altnagelvin Area	6:05	5:59	6:13	8:11	8:39
Erne / South West Acute	4:16	3:59	5:19	6:14	6:06
Omagh	0:12	0:25	0:34	0:35	1:57
Western Trust	**5:15**	**5:09**	**5:42**	**7:17**	**7:28**
Type 1	**5:24**	**5:39**	**6:17**	**7:29**	**7:20**
Type 2	**3:54**	**4:07**	**4:08**	**4:42**	**4:21**
Type 3	**0:13**	**0:25**	**0:34**	**0:35**	**1:53**
Northern Ireland	**5:19**	**5:35**	**6:09**	**7:19**	**7:14**

Source: Regional Data Warehouse

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[76] Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).
[77] 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 (2016/17 – 2020/21)[78, 79]

HSC Trust / Hospital / Department Type	Time Spent in ED by those Admitted to Hospital (95th Percentile) HH:MM				
	2016/17	2017/18	2018/19	2019/20	2020/21
Mater	12:09	17:57	17:27	22:07	26:58
Royal Victoria	11:56	14:16	16:26	20:21	20:14
Eye Casualty	-	-	6:08	7:06	5:56
RBHSC	7:05	7:20	7:39	8:06	7:10
Belfast Trust	**11:51**	**14:21**	**15:51**	**19:49**	**20:32**
Antrim Area	15:02	20:42	21:24	22:36	28:07
Causeway	11:42	17:52	17:09	24:21	25:50
Mid Ulster	2:59	1:38	0:09	1:26	1:33
Northern Trust	**13:08**	**20:03**	**20:29**	**23:11**	**27:19**
Ards	-	-	-	-	-
Bangor	-	-	-	-	-
Downe	16:43	18:10	9:12	20:31	4:35
Lagan Valley	8:01	13:11	9:23	9:33	8:37
Ulster	12:00	21:52	23:29	29:58	26:32
South Eastern Trust	**11:55**	**21:23**	**22:45**	**28:46**	**26:07**
Craigavon Area	11:52	17:09	20:43	28:16	30:46
Daisy Hill	11:44	16:51	18:57	23:23	23:13
South Tyrone	-	-	-	-	-
Southern Trust	**11:50**	**17:04**	**20:20**	**26:57**	**29:32**
Altnagelvin Area	11:30	11:57	15:08	24:21	25:56
Erne / South West Acute	9:59	11:08	18:15	22:49	25:48
Omagh	1:03	2:38	2:37	3:53	6:40
Western Trust	**11:14**	**11:50**	**16:01**	**23:40**	**25:53**
Type 1	**11:51**	**17:41**	**19:55**	**25:13**	**26:11**
Type 2	**9:27**	**17:04**	**9:12**	**11:31**	**8:32**
Type 3	**1:10**	**2:38**	**2:37**	**3:53**	**6:40**
Northern Ireland	**11:50**	**17:39**	**19:45**	**25:02**	**26:05**

Source: Regional Data Warehouse

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[78] Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).
[79] 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 (2016/17 – 2020/21)[80], [81]

HSC Trust / Hospital / Department Type	Time Spent in ED by those Discharged Home (Median) HH:MM				
	2016/17	2017/18	2018/19	2019/20	2020/21
Mater	2:29	2:31	2:29	2:50	2:30
Royal Victoria	2:42	2:45	3:12	3:35	3:52
Eye Casualty	-	-	2:22	2:37	2:02
RBHSC	2:08	2:11	2:14	2:16	1:40
Belfast Trust	**2:29**	**2:32**	**2:41**	**2:55**	**2:51**
Antrim Area	2:29	2:39	2:44	2:47	2:31
Causeway	2:35	2:21	2:13	2:17	2:15
Mid Ulster	0:35	0:32	0:32	0:35	0:45
Northern Trust	**2:17**	**2:18**	**2:17**	**2:22**	**2:15**
Ards	0:36	0:36	0:45	0:45	0:40
Bangor	0:31	0:32	0:35	0:41	-
Downe	1:22	1:23	1:16	1:31	0:41
Lagan Valley	1:48	1:47	2:02	2:14	1:51
Ulster	2:12	2:28	2:38	2:47	2:34
South Eastern Trust	**1:34**	**1:41**	**1:47**	**1:58**	**2:02**
Craigavon Area	2:38	2:41	3:02	3:27	2:56
Daisy Hill	2:15	2:07	2:32	2:35	2:22
South Tyrone	0:30	0:25	0:27	0:27	0:23
Southern Trust	**1:54**	**1:50**	**2:07**	**2:15**	**2:06**
Altnagelvin Area	2:24	2:22	2:22	3:15	3:12
Erne / South West Acute	2:18	2:23	2:43	2:55	2:29
Omagh	0:40	0:45	0:54	0:52	0:50
Western Trust	**2:00**	**2:01**	**2:09**	**2:42**	**2:36**
Type 1	**2:26**	**2:29**	**2:39**	**2:54**	**2:44**
Type 2	**1:36**	**1:35**	**1:49**	**2:02**	**1:39**
Type 3	**0:33**	**0:31**	**0:34**	**0:35**	**0:33**
Northern Ireland	**2:03**	**2:05**	**2:14**	**2:27**	**2:21**

Source: Regional Data Warehouse

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[80] Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).
[81] Information for those admitted and discharged home is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 19: 95th Percentile Spent in ED by those Not-Admitted (2016/17 – 2020/21)[82, 83]

HSC Trust / Hospital / Department Type	Time Spent in ED by those Discharged Home (95th Percentile) HH:MM				
	2016/17	**2017/18**	**2018/19**	**2019/20**	**2020/21**
Mater	6:10	6:32	6:46	8:10	8:58
Royal Victoria	7:17	7:13	8:09	9:59	10:36
Eye Casualty	-	-	5:51	6:19	4:55
RBHSC	4:54	5:26	5:21	5:32	4:40
Belfast Trust	**6:28**	**6:39**	**7:08**	**8:37**	**9:20**
Antrim Area	6:33	7:21	7:21	7:28	7:13
Causeway	7:26	7:00	6:34	6:57	6:42
Mid Ulster	1:28	1:20	1:25	1:34	1:53
Northern Trust	**6:43**	**7:02**	**6:53**	**7:04**	**6:49**
Ards	1:26	1:27	1:47	1:51	1:29
Bangor	1:20	1:21	1:29	1:43	-
Downe	4:30	4:07	4:32	5:10	2:16
Lagan Valley	4:40	4:54	5:38	5:50	5:46
Ulster	5:41	6:16	6:47	7:22	6:49
South Eastern Trust	**5:07**	**5:32**	**5:59**	**6:25**	**6:15**
Craigavon Area	6:06	6:55	7:55	9:14	8:13
Daisy Hill	5:42	5:37	6:18	6:31	6:39
South Tyrone	1:15	1:02	1:09	1:10	1:05
Southern Trust	**5:38**	**6:00**	**6:49**	**7:43**	**7:26**
Altnagelvin Area	5:58	5:54	5:51	7:56	8:08
Erne / South West Acute	5:52	5:59	7:01	8:38	7:53
Omagh	1:55	2:11	2:48	2:57	2:36
Western Trust	**5:35**	**5:38**	**5:54**	**7:38**	**7:37**
Type 1	**6:16**	**6:35**	**7:03**	**8:11**	**8:11**
Type 2	**4:35**	**4:36**	**5:28**	**5:48**	**5:23**
Type 3	**1:29**	**1:30**	**1:48**	**1:53**	**1:46**
Northern Ireland	**5:58**	**6:14**	**6:39**	**7:39**	**7:42**

Source: Regional Data Warehouse

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[82] Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).
[83] 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 (2016/17 – 2020/21)[84, 85]

HSC Trust / Hospital / Department Type	Percentage of GP Referrals				
	2016/17	2017/18	2018/19	2019/20	2020/21
Mater	14.0%	13.6%	13.4%	12.6%	9.8%
Royal Victoria	19.0%	18.7%	18.6%	19.2%	18.6%
Eye Casualty	-	-	14.2%	12.7%	8.3%
RBHSC	15.1%	15.0%	14.3%	13.2%	4.1%
Belfast Trust	**16.8%**	**16.6%**	**16.2%**	**15.9%**	**14.1%**
Antrim Area	21.1%	23.6%	23.5%	24.3%	27.1%
Causeway	20.4%	23.0%	21.8%	21.5%	24.2%
Mid Ulster	2.5%	2.4%	1.3%	1.1%	0.8%
Northern Trust	**19.5%**	**21.9%**	**21.3%**	**21.7%**	**24.7%**
Ards	0.7%	1.1%	1.1%	1.6%	1.2%
Bangor	0.4%	1.1%	0.7%	0.7%	-
Downe	15.8%	14.0%	14.8%	16.1%	1.9%
Lagan Valley	14.5%	13.8%	13.7%	14.2%	13.4%
Ulster	23.3%	23.0%	23.1%	23.3%	25.0%
South Eastern Trust	**17.9%**	**17.5%**	**17.5%**	**17.8%**	**20.4%**
Craigavon Area	22.2%	22.5%	22.4%	21.9%	19.6%
Daisy Hill	12.9%	14.7%	14.5%	13.4%	16.7%
South Tyrone	0.7%	0.7%	0.7%	0.6%	0.2%
Southern Trust	**15.4%**	**16.1%**	**15.7%**	**15.1%**	**15.7%**
Altnagelvin Area	13.0%	13.3%	11.8%	11.7%	9.5%
Erne / South West Acute	18.0%	17.5%	19.2%	19.7%	23.3%
Omagh	1.3%	1.6%	2.0%	1.6%	3.1%
Western Trust	**12.7%**	**12.9%**	**12.5%**	**12.7%**	**13.2%**
Type 1	**18.6%**	**19.2%**	**18.9%**	**18.9%**	**19.7%**
Type 2	**15.1%**	**13.9%**	**14.2%**	**14.5%**	**10.5%**
Type 3	**1.0%**	**1.2%**	**1.1%**	**1.1%**	**1.1%**
Northern Ireland	**16.6%**	**17.1%**	**16.7%**	**16.7%**	**17.7%**

Source: Regional Data Warehouse

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[84] Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).
[85] 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 (2016/17 – 2020/21) [86], [87]

HSC Trust / Hospital / Department Type	Left Before Treatment Complete				
	2016/17	2017/18	2018/19	2019/20	2020/21
Mater	6.7%	7.0%	8.0%	9.7%	3.2%
Royal Victoria	5.2%	5.1%	6.7%	9.0%	7.2%
Eye Casualty	-	-	1.4%	1.5%	0.2%
RBHSC	3.9%	4.5%	3.5%	3.8%	0.8%
Belfast Trust	**5.3%**	**5.4%**	**6.0%**	**7.5%**	**5.1%**
Antrim Area	2.5%	3.6%	3.5%	3.1%	1.7%
Causeway	7.0%	4.0%	2.6%	2.8%	2.4%
Mid Ulster	0.2%	0.1%	0.2%	0.1%	0.1%
Northern Trust	**3.8%**	**3.5%**	**3.0%**	**2.8%**	**1.8%**
Ards	0.2%	0.5%	0.8%	0.7%	0.2%
Bangor	0.6%	0.7%	0.6%	1.4%	-
Downe	1.2%	1.2%	0.8%	1.4%	0.1%
Lagan Valley	1.7%	1.8%	2.6%	2.8%	1.8%
Ulster	2.7%	2.9%	3.0%	3.3%	1.9%
South Eastern Trust	**2.1%**	**2.2%**	**2.3%**	**2.6%**	**1.7%**
Craigavon Area	3.5%	4.3%	5.9%	7.2%	3.3%
Daisy Hill	4.3%	3.1%	4.2%	4.8%	2.4%
South Tyrone	0.3%	0.1%	0.2%	0.2%	0.1%
Southern Trust	**3.2%**	**3.1%**	**4.3%**	**5.1%**	**2.6%**
Altnagelvin Area	5.2%	4.2%	3.6%	6.3%	3.9%
Erne / South West Acute	2.6%	3.2%	3.7%	5.3%	2.7%
Omagh	0.8%	1.2%	1.5%	1.8%	0.9%
Western Trust	**3.8%**	**3.5%**	**3.3%**	**5.4%**	**3.2%**
Type 1	**4.2%**	**4.1%**	**4.6%**	**5.6%**	**3.3%**
Type 2	**1.5%**	**1.5%**	**1.7%**	**2.0%**	**1.2%**
Type 3	**0.4%**	**0.4%**	**0.6%**	**0.7%**	**0.3%**
Northern Ireland	**3.7%**	**3.6%**	**3.9%**	**4.8%**	**2.9%**

Source: Regional Data Warehouse

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[86] Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).
[87] 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 (2016/17 – 2020/21) [88], [89]

HSC Trust / Hospital /Department Type	Re-attended within 7 days				
	2016/17	2017/18	2018/19	2019/20	2020/21
Mater	2.3%	2.7%	2.6%	2.5%	1.2%
Royal Victoria	2.1%	2.4%	2.7%	2.9%	2.0%
Eye Casualty	-	-	1.6%	1.1%	0.5%
RBHSC	5.6%	5.5%	5.5%	6.3%	4.9%
Belfast Trust	**2.9%**	**3.2%**	**3.1%**	**3.3%**	**2.5%**
Antrim Area	3.2%	3.5%	3.7%	3.1%	3.0%
Causeway	6.1%	4.6%	4.5%	4.6%	3.7%
Mid Ulster	1.7%	1.9%	2.0%	1.7%	1.8%
Northern Trust	**4.0%**	**3.7%**	**3.9%**	**3.5%**	**3.2%**
Ards	2.3%	2.1%	2.0%	1.9%	1.1%
Bangor	2.9%	3.0%	2.5%	2.6%	-
Downe	2.7%	2.7%	2.5%	3.0%	2.1%
Lagan Valley	2.4%	2.2%	2.4%	2.1%	2.1%
Ulster	2.0%	1.8%	2.0%	2.0%	2.1%
South Eastern Trust	**2.2%**	**2.1%**	**2.2%**	**2.2%**	**2.0%**
Craigavon Area	4.2%	4.2%	4.3%	5.1%	5.0%
Daisy Hill	5.1%	4.6%	5.0%	5.0%	5.1%
South Tyrone	3.0%	2.8%	2.6%	2.7%	2.1%
Southern Trust	**4.3%**	**4.1%**	**4.2%**	**4.6%**	**4.5%**
Altnagelvin Area	4.2%	4.5%	4.2%	4.9%	5.0%
Erne / South West Acute	5.2%	5.7%	5.7%	6.0%	6.4%
Omagh	2.0%	2.1%	5.9%	6.2%	6.5%
Western Trust	**4.2%**	**4.5%**	**4.9%**	**5.5%**	**5.6%**
Type 1	**3.6%**	**3.6%**	**3.7%**	**3.9%**	**3.6%**
Type 2	**2.5%**	**2.4%**	**2.2%**	**2.2%**	**1.7%**
Type 3	**2.5%**	**2.5%**	**3.1%**	**3.2%**	**2.9%**
Northern Ireland	**3.5%**	**3.4%**	**3.6%**	**3.7%**	**3.4%**

Source: Regional Data Warehouse

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[88] Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances)
[89] Information on unplanned re-attendances at EDs within 7 days is not National Statistics, but has been published to provide users with a comprehensive view of emergency care activity and waits.

Table 23: Total Number of Emergency Calls (2016/17 – 2020/21)[90]

Total Number of Emergency Calls (2016/17 - 2020/21)	
Financial Year	Number of Emergency Calls
2016/17	211,800
2017/18	220,090
2018/19	217,923
2019/20	210,160
2020/21	230,949

Source: Revised CRM Information Return, NIAS

Table 24: Total Number of Emergency Calls, by LCG (2020/21)

Total Number of Emergency Calls 2020/21						
Year / Month	LCG					
	Belfast	Northern	South Eastern	Southern	Western	Northern Ireland
Apr 20	4,469	3,984	3,044	3,277	2,680	17,454
May 20	4,392	4,331	3,471	3,092	2,929	18,215
Jun 20	4,166	4,399	3,263	3,108	3,007	17,943
Jul 20	4,660	4,802	3,753	3,614	3,099	19,928
Aug 20	4,930	5,001	3,870	3,740	3,391	20,932
Sep 20	4,867	4,915	3,840	3,696	3,102	20,420
Oct 20	5,156	4,903	4,134	3,546	3,222	20,961
Nov 20	4,665	4,409	3,367	3,143	2,914	18,498
Dec 20	4,845	5,263	3,752	3,781	3,299	20,940
Jan 21	4,503	4,658	3,464	3,883	3,059	19,567
Feb 21	4,266	4,238	2,932	3,006	2,810	17,252
Mar 21	4,811	4,401	3,413	3,240	2,974	18,839
Total	55,730	55,304	42,303	41,126	36,486	230,949

Source: Revised CRM Information Return, NIAS

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[90] Readers are asked to note that NIAS were unable to provide figures for November 2019, therefore 2019/20 figures report on 11 months of 2019/20 and are not directly comparable to previous years.

Table 25: Total Number of Incidents, by LCG (2020/21)

Year / Month	LCG					
	Belfast	Northern	South Eastern	Southern	Western	Northern Ireland
Apr 20	3,736	3,477	2,635	2,785	2,338	**14,971**
May 20	3,757	3,721	2,925	2,693	2,603	**15,699**
Jun 20	3,500	3,828	2,832	2,685	2,604	**15,449**
Jul 20	3,805	3,995	3,122	2,971	2,629	**16,522**
Aug 20	3,766	4,069	3,043	2,949	2,723	**16,550**
Sep 20	3,542	3,875	2,842	2,724	2,531	**15,514**
Oct 20	3,632	3,914	3,007	2,759	2,666	**15,978**
Nov 20	3,543	3,618	2,646	2,564	2,451	**14,822**
Dec 20	3,615	3,966	2,849	2,906	2,681	**16,017**
Jan 21	3,667	3,758	2,848	3,028	2,612	**15,913**
Feb 21	3,502	3,492	2,481	2,544	2,418	**14,437**
Mar 21	3,903	3,790	2,849	2,742	2,584	**15,868**
Total	**43,968**	**45,503**	**34,079**	**33,350**	**30,840**	**187,740**

Source: Revised CRM Information Return, NIAS

Table 26: Median Waiting Times, by LCG and Call Category (2020/21)

LCG	Median Response Times by LCG, Call Category and Month 2020/21 (HH:MM:SS)											
	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Category 1												
Belfast	0:07:26	0:07:09	0:06:30	0:07:16	0:07:50	0:07:54	0:08:05	0:07:19	0:08:15	0:06:59	0:06:31	0:06:39
Northern	0:11:41	0:09:53	0:09:55	0:11:52	0:11:57	0:12:22	0:12:27	0:11:45	0:14:03	0:11:55	0:10:34	0:10:14
South Eastern	0:12:50	0:11:57	0:09:49	0:10:47	0:13:01	0:12:18	0:13:22	0:12:37	0:13:05	0:13:53	0:10:42	0:12:09
Southern	0:10:21	0:10:09	0:10:54	0:11:43	0:12:22	0:13:21	0:13:07	0:13:20	0:13:24	0:14:08	0:10:35	0:10:58
Western	0:11:00	0:09:31	0:09:27	0:10:43	0:10:25	0:09:50	0:09:33	0:09:45	0:10:22	0:10:00	0:08:56	0:09:22
Northern Ireland	**0:10:15**	**0:09:25**	**0:09:07**	**0:10:10**	**0:10:48**	**0:10:54**	**0:11:02**	**0:10:34**	**0:11:45**	**0:11:07**	**0:09:12**	**0:09:31**
Category 1T												
Belfast	0:09:31	0:09:08	0:08:18	0:09:06	0:10:13	0:10:46	0:11:18	0:10:14	0:12:29	0:11:05	0:07:34	0:08:43
Northern	0:13:22	0:12:06	0:12:34	0:12:16	0:13:00	0:14:51	0:13:05	0:13:52	0:18:13	0:16:16	0:12:36	0:11:44
South Eastern	0:14:30	0:12:50	0:11:04	0:12:32	0:14:31	0:13:52	0:15:57	0:15:42	0:16:10	0:18:00	0:13:38	0:13:39
Southern	0:12:06	0:11:12	0:13:08	0:13:56	0:12:56	0:15:20	0:14:52	0:17:31	0:14:28	0:16:50	0:11:48	0:12:11
Western	0:12:32	0:10:29	0:12:15	0:14:36	0:14:12	0:12:46	0:11:37	0:12:04	0:11:18	0:12:02	0:10:51	0:12:01
Northern Ireland	**0:12:05**	**0:10:58**	**0:11:13**	**0:12:02**	**0:12:35**	**0:13:18**	**0:13:04**	**0:13:38**	**0:14:37**	**0:14:34**	**0:10:58**	**0:11:16**
Category 2												
Belfast	0:18:31	0:16:50	0:17:33	0:19:07	0:24:49	0:31:14	0:35:02	0:29:11	0:32:20	0:25:27	0:18:21	0:21:43
Northern	0:18:50	0:20:03	0:19:22	0:22:22	0:23:45	0:25:54	0:27:21	0:25:49	0:39:49	0:28:58	0:22:13	0:21:11
South Eastern	0:20:00	0:21:32	0:21:03	0:25:18	0:29:45	0:34:25	0:43:23	0:32:32	0:39:05	0:30:05	0:22:09	0:26:42
Southern	0:19:41	0:19:27	0:21:09	0:24:28	0:27:27	0:31:16	0:28:20	0:26:24	0:35:24	0:36:34	0:25:40	0:23:38
Western	0:16:52	0:17:50	0:19:23	0:20:12	0:22:24	0:22:00	0:21:50	0:19:59	0:22:49	0:21:10	0:20:04	0:19:59
Northern Ireland	**0:18:48**	**0:19:04**	**0:19:33**	**0:22:14**	**0:25:32**	**0:29:05**	**0:31:38**	**0:27:00**	**0:34:15**	**0:28:40**	**0:21:32**	**0:22:32**
Category 3												
Belfast	0:37:36	0:44:26	0:47:49	1:05:46	1:39:39	2:11:30	2:33:57	1:48:17	1:58:55	1:13:48	0:45:22	0:59:25
Northern	0:47:01	0:38:54	0:38:46	0:52:28	1:03:19	1:08:51	1:13:04	0:56:40	1:30:06	1:10:03	0:46:50	0:41:32
South Eastern	0:48:25	0:50:42	0:49:59	1:01:04	1:36:53	2:02:58	2:30:05	1:36:16	1:47:15	1:12:36	0:50:50	0:57:35
Southern	0:31:10	0:34:48	0:37:24	0:53:45	1:04:06	1:23:51	1:17:22	0:56:39	1:20:29	1:16:59	0:46:09	0:44:29
Western	0:35:56	0:25:26	0:30:27	0:37:03	0:48:00	0:45:40	0:49:06	0:36:57	0:46:09	0:40:25	0:32:22	0:35:04
Northern Ireland	**0:24:57**	**0:38:47**	**0:40:43**	**0:53:26**	**1:12:24**	**1:25:57**	**1:33:19**	**1:08:21**	**1:26:14**	**1:06:21**	**0:44:17**	**0:47:10**
Category 4												
Belfast	1:25:06	1:26:30	1:18:48	1:15:56	1:26:02	2:33:38	2:23:43	1:16:13	1:43:54	1:29:19	1:01:11	1:08:42
Northern	0:55:59	0:50:44	1:38:06	1:28:05	1:30:16	1:48:13	1:38:52	1:14:01	1:40:20	1:19:24	0:58:06	1:17:50
South Eastern	1:02:16	1:46:38	0:59:45	1:25:21	1:47:44	2:22:57	2:06:13	1:37:04	1:47:37	1:20:56	0:55:27	0:56:59
Southern	1:02:47	0:38:08	1:11:56	1:29:10	1:13:44	1:23:31	1:27:33	1:29:14	1:46:18	1:28:16	0:57:08	0:24:03
Western	0:43:00	0:30:35	0:53:20	0:38:52	0:58:56	0:42:27	0:59:49	0:49:03	0:46:34	1:10:38	0:34:48	0:31:49
Northern Ireland	**1:01:23**	**1:02:21**	**1:11:59**	**1:15:43**	**1:22:35**	**1:41:31**	**1:39:14**	**1:14:41**	**1:30:15**	**1:21:39**	**0:51:26**	**0:56:00**

Source: Revised CRM Information Return, NIAS

Table 27: 90th Percentile Waiting Times, by LCG and Call Category (2020/21)

LCG	90th Percentile Response Times by LCG, Call Category and Month 2020/21 (HH:MM:SS)											
	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
Category 1												
Belfast	0:12:19	0:11:34	0:11:16	0:11:53	0:13:34	0:12:28	0:13:16	0:12:26	0:13:29	0:11:44	0:10:40	0:10:55
Northern	0:20:06	0:17:20	0:19:04	0:24:10	0:21:42	0:21:23	0:21:15	0:24:01	0:26:16	0:23:00	0:19:07	0:20:18
South Eastern	0:22:44	0:22:20	0:18:28	0:20:16	0:24:48	0:23:48	0:23:28	0:24:28	0:23:57	0:28:25	0:18:06	0:23:54
Southern	0:20:40	0:18:37	0:19:13	0:21:46	0:24:05	0:24:56	0:27:56	0:25:21	0:23:49	0:26:28	0:19:51	0:21:24
Western	0:20:09	0:17:42	0:17:30	0:23:25	0:18:42	0:20:16	0:17:38	0:19:47	0:21:37	0:21:09	0:17:07	0:18:09
Northern Ireland	**0:19:19**	**0:17:33**	**0:17:26**	**0:20:54**	**0:20:30**	**0:20:45**	**0:21:34**	**0:20:58**	**0:22:35**	**0:22:21**	**0:17:19**	**0:18:54**
Category 1T												
Belfast	0:15:54	0:14:56	0:14:46	0:14:57	0:17:23	0:18:24	0:21:34	0:19:47	0:25:46	0:19:08	0:11:30	0:13:07
Northern	0:21:49	0:24:26	0:21:00	0:23:08	0:23:11	0:26:53	0:21:48	0:25:55	0:34:50	0:30:29	0:21:16	0:22:02
South Eastern	0:22:44	0:24:04	0:20:57	0:25:24	0:25:40	0:26:18	0:26:34	0:28:44	0:25:58	0:32:44	0:28:02	0:25:56
Southern	0:21:23	0:22:06	0:24:49	0:26:49	0:24:54	0:25:43	0:29:38	0:34:47	0:25:11	0:31:07	0:24:00	0:23:24
Western	0:22:33	0:20:05	0:22:18	0:29:48	0:25:44	0:26:09	0:20:55	0:22:49	0:23:44	0:22:09	0:18:31	0:21:20
Northern Ireland	**0:22:39**	**0:21:22**	**0:21:18**	**0:24:05**	**0:24:23**	**0:26:02**	**0:25:30**	**0:27:06**	**0:29:13**	**0:29:10**	**0:21:00**	**0:22:30**
Category 2												
Belfast	0:38:17	0:36:03	0:36:52	0:39:59	0:56:30	1:10:14	1:17:52	1:04:19	1:15:15	0:56:28	0:39:58	0:48:02
Northern	0:35:29	0:39:43	0:37:46	0:43:09	0:46:03	0:51:41	0:56:30	0:52:22	1:24:42	0:58:49	0:45:22	0:42:08
South Eastern	0:39:25	0:41:19	0:41:57	0:53:15	1:00:28	1:12:04	1:31:53	1:07:16	1:20:43	1:03:53	0:45:53	0:56:42
Southern	0:36:44	0:37:17	0:41:51	0:50:46	0:56:59	1:07:00	0:56:52	0:54:45	1:16:13	1:19:05	0:52:26	0:48:54
Western	0:31:38	0:34:57	0:38:34	0:41:01	0:47:06	0:44:20	0:46:32	0:42:00	0:47:48	0:43:03	0:39:43	0:41:21
Northern Ireland	**0:36:40**	**0:38:05**	**0:39:40**	**0:45:57**	**0:53:17**	**1:02:56**	**1:07:39**	**0:57:06**	**1:14:38**	**1:00:59**	**0:44:25**	**0:47:36**
Category 3												
Belfast	1:51:45	1:42:36	1:53:13	2:45:58	4:17:35	5:25:02	6:15:39	4:25:35	5:00:22	2:58:46	1:42:13	2:26:10
Northern	1:11:40	1:30:56	1:30:57	2:01:11	2:35:37	2:48:45	2:45:33	2:07:02	3:24:05	2:52:58	1:50:26	1:30:42
South Eastern	1:45:01	1:57:29	1:59:16	2:38:13	3:56:06	4:50:56	6:22:57	3:48:49	4:09:35	2:39:24	1:52:49	2:04:18
Southern	1:20:01	1:20:13	1:20:27	1:51:02	2:28:01	3:39:37	2:58:48	2:05:23	3:12:01	3:07:38	1:48:36	1:35:30
Western	0:53:12	0:58:19	1:08:14	1:24:11	1:55:48	1:46:53	1:59:58	1:31:13	1:50:17	1:37:56	1:07:38	1:28:13
Northern Ireland	**1:26:32**	**1:29:19**	**1:34:24**	**2:05:30**	**2:58:28**	**3:37:00**	**4:00:44**	**2:48:20**	**3:34:32**	**2:41:42**	**1:43:22**	**1:49:27**
Category 4												
Belfast	2:57:19	2:54:54	2:38:46	3:43:02	3:00:05	5:31:02	4:26:44	2:55:18	4:08:50	2:45:19	2:25:42	1:36:16
Northern	2:06:54	1:59:31	4:19:03	3:05:42	3:17:49	4:14:33	3:38:19	2:41:39	3:27:20	2:14:35	1:32:43	2:22:18
South Eastern	2:02:09	3:58:02	1:53:04	2:38:11	3:11:27	6:37:41	4:22:39	3:20:06	4:45:42	2:21:18	2:02:05	1:05:10
Southern	2:11:21	1:22:21	2:39:42	3:27:23	2:47:54	3:01:54	3:17:55	3:18:43	3:02:40	2:13:47	1:28:23	0:36:52
Western	1:34:16	0:54:42	1:41:34	1:23:13	2:28:23	1:41:20	2:05:15	1:38:46	1:46:33	1:59:02	1:20:59	0:36:51
Northern Ireland	**2:11:53**	**2:15:07**	**2:55:51**	**3:05:42**	**3:01:51**	**4:09:49**	**3:58:27**	**3:05:49**	**3:27:20**	**2:43:28**	**2:02:05**	**1:53:18**

Source: Revised CRM Information Return, NIAS

Table 28: Response Times, by LCG and Call Category (2020/21)

LCG	Mean			90th Percentile		
	Category 1	Category 1T	Category 2	Category 1	Category 1T	Category 2
Belfast	0:07:20	0:09:53	0:17:24	0:24:19	0:17:24	0:54:50
Northern	0:11:35	0:13:45	0:26:22	0:24:59	0:26:22	0:50:25
South Eastern	0:12:16	0:14:28	0:28:02	0:29:16	0:28:02	1:02:01
Southern	0:12:06	0:13:59	0:27:12	0:27:02	0:27:12	0:56:41
Western	0:09:54	0:12:13	0:24:10	0:20:29	0:24:10	0:41:54
Northern Ireland	**0:10:20**	**0:12:34**	**0:25:02**	**0:25:13**	**0:25:02**	**0:53:31**

Source: Revised CRM Information Return, NIAS

Appendix 1: Definitions

1.1 Emergency Care Department

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

1.2 Type 1 Emergency Care Department

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

1.3 Type 2 Emergency Care Department

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

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

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

1.5 A&E / Review Clinic

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

1.6 New Attendance (Emergency Care)

A new attendance, or 'first' attendance, relates to any patient who presents without appointment to the Emergency Care Department / 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   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.

1.11   Calls

Includes calls answered after being presented to switchboard on 999 and 112 emergency lines. Also includes calls through other numbers, such as Police, Fire or HCP calling direct line numbers (not 999), even where an incident is not created. Do not include calls abandoned by the caller before being answered by NIAS.

1.12   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.

- 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

1.13   Category 2 Call

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

1.14   Category 3 Call

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

1.15   Category 4 Call

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

1.16   Incidents

Incidents include calls that receive a face-to-face response from the ambulance service at the scene of the incident, and calls that are successfully resolved with telephone advice with any appropriate action agreed with the patient. If there are multiple calls for a single incident, only one incident is counted.

1.17   Response Times

Response times are measured from a pre-defined stop time and stop time. Clock start is the earliest of:
- the call is coded; or
- the first resource is allocated; or
- 30 seconds from call connect (C1 and C1T), or 240 seconds from call connect (C2, C3 and C4).

Clock stop is dependent on the call categorisation.
- C1 – The vehicle assigned arrives at the scene and confirms arrival at the scene via the Mobile Data Terminal (MDT), or verbally to the Emergency Ambulance Control (EAC) that they are on the scene.
- C1T – The clock stops at the arrival of the first vehicle of the type which transports the patient.
- C2, C3 and C4 – If the patient is not transported by emergency vehicle the clock stops at the arrival of the first of the assigned vehicles. If a patient is transported, the clock stops at the arrival of the first vehicle of the type which transports the patient.
- HCP - The clock stops at the arrival of the first vehicle of the type which transports the patient.

1.18 Resources

Resources allocated refers to all resources assigned to incidents regardless of whether they arrived on the scene. Resources arriving is the count of all resources arriving at the scene. Not all resources allocated arrive at the science, for example if a Rapid Response Vehicle (RRV) arrives at the scene first and decides the patients does not need to be transported by NIAS, then any ambulance assigned to that incident will be redirected and will not arrive at the scene.

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 [91]

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) [92] (9-5pm Mon-Fri) (8.30-1pm Sat)	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey [93] (Closed)
	Causeway		Mid Ulster (9-5pm Mon-Fri)
South Eastern	Ulster	Lagan Valley (8-8pm Mon-Fri)	Ards MIU (9-5pm Mon-Fri)
		Downe [94]	Bangor MIU[95] (Closed)
Southern	Craigavon Area		South Tyrone (9-9pm Mon-Fri) (10-6pm Sat-Sun)
	Daisy Hill[96]		Armagh Community [97] (Closed)
			Craigavon Respiratory ED (Covid-19) [98]
			Craigavon Paediatric ED [99]
Western	Altnagelvin Area		Tyrone County[100] (Closed)
	South West Acute		Omagh[100] (24-hour)

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[91] Opening Hours are as of June 2017.
[92] Eye Casualty refers to the Regional Acute Eye Services at the Royal Victoria Hospital.
[93] Whiteabbey Temporarily closed on 1st December 2014.
[94] Downe temporarily closed 30th March 2020, reopened as a MIU 10th August 2020, reopened as an Urgent Care Centre 19th October 2020.
[95] Bangor temporarily closed 12th March 2020.
[96] Daisy Hill temporarily closed between 28th March 2020 and 19th October 2020.
[97] Armagh Community temporarily closed on 17th November 2014.
[98] Craigavon Respiratory ED (COVID) temporarily opened on 29th March 2020 and closed on 19th October 2020.
[99] Craigavon Paediatric ED temporarily opened on 31st March 2020 and closed on 12th June 2020.
[100] 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 possibly 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 of the 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) temporarily opened on 29th March 2020 and closed on 19th October 2020.

3.27   Craigavon Paediatric Emergency Department temporarily opened on 31st March 2020 and closed on 12th June 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   The South Eastern HSC Trust temporarily closed the Downe Emergency Department and Minor Injuries Unit on 30th March 2020, the Downe ED reopened as a MIU 10th August 2020, reopened as an Urgent Care Centre 19th October 2020.

3.30   Daisy Hill Emergency Department temporarily closed between 28th March 2020 and 19th October 2020.

3.31   Bangor MUI temporarily closed 12th March 2020.

Appendix 4: Patient Transport & Emergency Response - Revised Clinical Response Model (CRM)

5.1   Information on patient transport and emergency response times detailed in this publication has been sourced from the KA34 Information Return and the Revised Clinical Response Model (CRM) Information Return provided by the Northern Ireland Ambulance Service (NIAS) Health & Social Care Trust.

5.2   From 12th November 2019, the NIAS ceased reporting through the KA34 Return and moved to a new Clinical Response Model (CRM) Return.

5.3   The new CRM records the time taken for a response to attend the scene of an incident, it reports on the mean and 90 percentile. It also reports on the number of incidents, number of calls, number of resources allocated per call, and the number of HCP responses with non-emergency conveyance.

5.4   The Category of calls has been redefined and the Revised CRM Return reports on Category 1, 1T, 2, 3 and 4 calls.

5.5   Healthcare professionals can request a 1, 2, 4 or 4 hour response. 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.

5.6   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, although in the case of CT1 calls the 'clock stops' when the emergency response vehicle *which transports the patient* arrives at the scene.

5.7   An emergency response refers to all responses made by emergency ambulances, 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).

5.8   From 2019/20, ambulance response times were monitored as one of the Ministers Commissioning Plan Direction targets, the new CRM targets are:

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

5.9   The total number of calls is to provide a measure of overall demand on NIAS. It includes all 999/112 calls, and calls through other numbers, such as by HCPs, fire, police and coastguard, even where an incident is not created. Do not include calls abandoned by the caller or internal calls within NIAS.

5.10 Incidents comprise not only calls that receive a face-to-face response from the Ambulance Service at the scene of the incident, but also calls that are successfully resolved with telephone advice with any appropriate action agreed with the patient. Include incidents initiated by a call from the fire service or police. If there have been multiple calls to a single incident, only one incident is counted.

Appendix 5: Data in the publication

General guidance on using the data

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

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

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

Description of data

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

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

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

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

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

Data Provider

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

Data Quality Assessment

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

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

Guidance on using data

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

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

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

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

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

Description of data

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

Data Provider

Data on emergency care waiting times is sourced from:

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

Data Quality Assessment

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

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

Guidance on using data

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

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

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

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

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

Data Comparisons with other UK Jurisdictions

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

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

and differences between emergency care waiting times reported in both Northern Ireland and England are detailed below.

Northern Ireland Compared with England:

4 Hour

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

Flowchart 1: Time Reported for 4 Hour Emergency Care Waiting Times
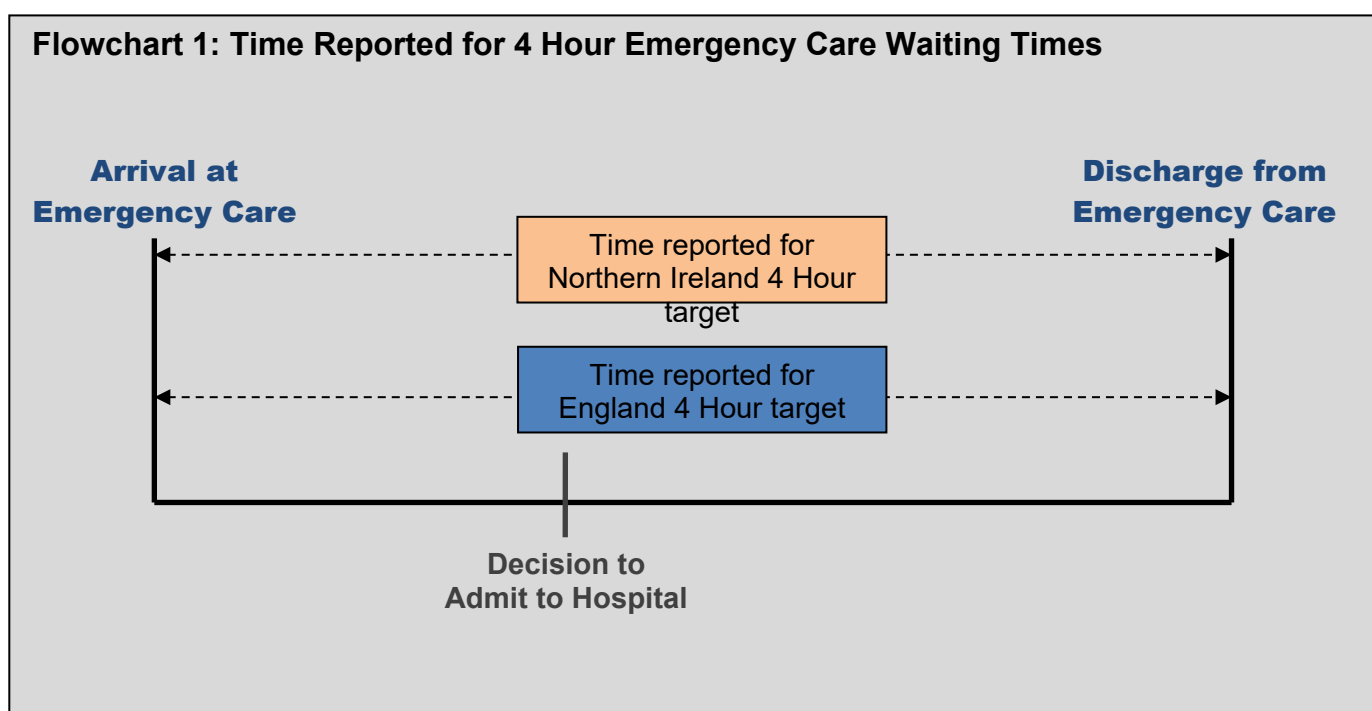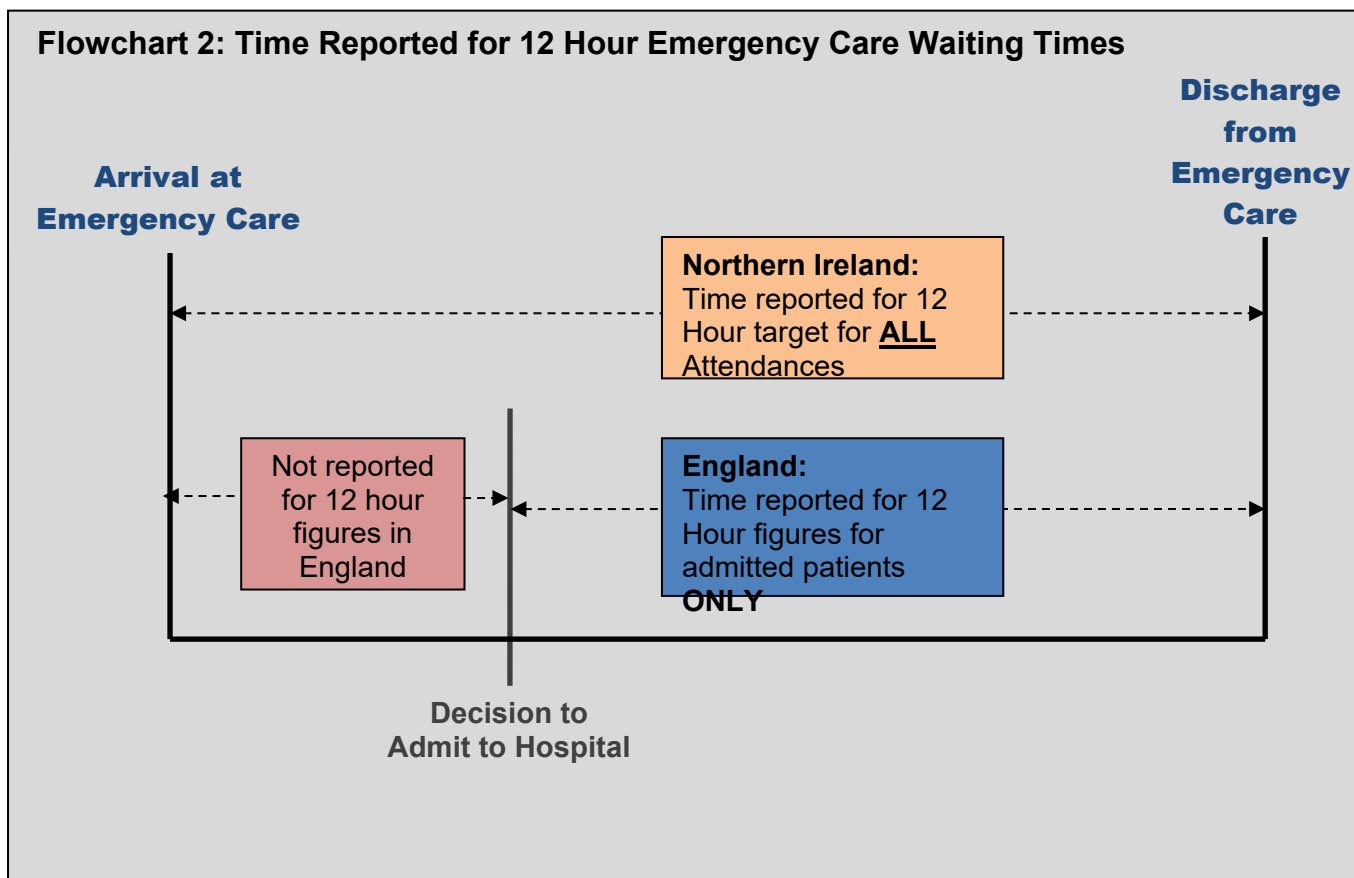

12 Hour

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

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

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

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

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

Discharge from Emergency Care

Arrival at Emergency Care

Northern Ireland: Time reported for 12 Hour target for **ALL** Attendances

Not reported for 12 hour figures in England

England: Time reported for 12 Hour figures for admitted patients **ONLY**

Decision to Admit to Hospital

(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 [1] (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.

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, the mean target response time is 8 minutes and the 90th percentile target response time is 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, the mean target response time is 19 minutes and the 90th percentile target response time is 30 minutes.

- Category 2 refers to calls which are **999 Emergency – potentially serious incidents**. There are two targets, the mean target response time is 18 minutes and the 90th percentile target response time is 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 HCP incidents with non-emergency conveyance.
- Response times of HCP incidents.
- Number of incidents.
- 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 CRM 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 mean 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 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 & 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 7: About Hospital Information Branch

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

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

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

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

Further Information

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

Sarah Brown

Hospital Information Branch

Information & Analysis Directorate

Department of Health

Stormont Estate

Belfast, BT4 3SQ

☎ Tel: 028 90 522504 (Internal 22504)

✉ Email: Sarah.Brown@health-ni.gov.uk

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