



NORTHERN IRELAND HOSPITAL STATISTICS: EMERGENCY CARE (2010/11)

This publication presents information on activity at Emergency Care Departments in Northern Ireland during the year ending 31 March 2011. It details information on New Attendances, Planned & Unplanned Re-Attendances at Emergency Care Departments, Waiting Times in Emergency Care Departments, Patient Transport and Emergency Response.

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Key Points

- Between 2006/07 and 2010/11, the total number of attendances at emergency care departments increased by 3.1%, from 709,326 to 731,009 (Figure 1, Table 1).
- Over one in four (26.8%) attendances at emergency care departments during 2010/11 were in the Belfast HSC Trust (196,106) (Figure 3, Table 2).
- In 2010/11, 82.0% (574,116) of new and unplanned review attendances were either treated and discharged or admitted within four hours of their arrival in an emergency care department (Table 5).
- The number of new and unplanned review attendances waiting over 12 hours at emergency care departments in 2010/11 (7,379) was more than 7 times higher than the number in 2007/08 (982), and almost double the number in 2009/10 (3,881) (Figure 8, Table 6).
- During 2010/11, 93.8% (6,923) of new and unplanned review emergency care attendances waiting more than 12 hours were in Type 1 emergency care departments, with the remaining 6.2% (456) in Type 2 departments (Table 7).
- During the last 5 years, the proportion of category A (immediately life threatening) calls responded to within 8 minutes has increased by almost 15 percentage points, from 55.3% in 2006/07 to 69.7% in 2010/11 (Figure 14, Table 14).

Reader Information

| | |
|---------------------|---|
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Hospital Information Branch (HIB)

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 system and pre-defined EXCEL survey return templates.

The Head of the Branch is the Principal Statistician, Mrs. Laura Smyth. 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 DHSSPS, 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 and Cancer). A detailed list of these publications is available from:

Website: http://www.dhsspsni.gov.uk/index/stats_research/stats-activity_stats-2.htm

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Technical Notes

This statistical release is part of an annual series presenting information on activity at Emergency Care Departments in Northern Ireland¹. Historically, information on new attendances and planned / unplanned re-attendances were, in addition to patient transport and emergency response, included within the Hospital Statistics publication; although, this publication has since been discontinued.

Data Collection

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

- KH09 (ii) – New and Review Attendances at Emergency Care Departments.
- EC1 – Waiting times at Emergency Care Departments.
- KA34 – Patient Transport & Emergency Response.

Rounding

Percentages have been rounded to whole numbers and as a consequence some percentages may not sum to 100.

Data Quality ²

All information presented in this bulletin has been validated and quality assured by HSC Trusts prior to publication. HSC Trusts are given a set period of time to submit the information to HIB. Following submission, HIB perform a series of validation 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.

Finally, prior to the publication of this information the data is presented to HSC Trusts for final sign-off.

¹ Refer to Appendix 1: Definitions – points 1 - 5.

² Refer to Appendix 5 for more detailed information.

A National Statistics Publication

National Statistics are produced to a high professional standard set out in the Code of Practice for Official Statistics. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference. As we want to engage with users of our statistics, we invite you to feedback your comments on this publication to:

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Main Uses of Data

The main uses of these data are to monitor waiting times at emergency care departments, to help assess Trust performance, for corporate monitoring, to inform and monitor related policy, and to respond to parliamentary / assembly questions and ad-hoc queries from the public.

Emergency Care Information Elsewhere in the United Kingdom

While it is our intention to direct users to emergency care information elsewhere in the UK, users should be aware that emergency care information in other administrations may not always be measured in a comparable manner to those in Northern Ireland. Details of the emergency care information published elsewhere in the UK can be found as detailed below.

England

http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Performancedataandstatistics/AccidentandEmergency/DH_079085

Scotland

<http://www.isdscotland.org/isd/4024.html>

Wales

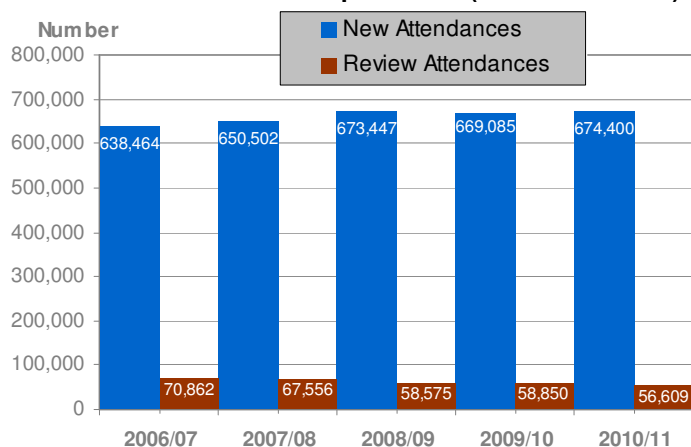
http://data.gov.uk/dataset/time_spent_in_nhs_accident_and_emergency_departments

Attendances at Emergency Care Departments

5 Year Trend

Figure 1 presents information on the number of new and review³ attendances at emergency care departments in Northern Ireland each year since 2006/07.

Figure 1: Total Attendances at Emergency Care Departments (2006/07- 2010/11)



Between 2006/07 and 2010/11, the total number of attendances at emergency care departments increased by 3.1%, from 709,326 to 731,009 (Table 1).

During the last 5 years, the number of new attendances at emergency care departments in Northern Ireland has increased by 5.6%, from 638,464 in 2006/07 to 674,400 in 2010/11. However, during this period, the number of review attendances decreased by 20.1%, from 70,862 to 56,609 (Figure 1, Table 1).

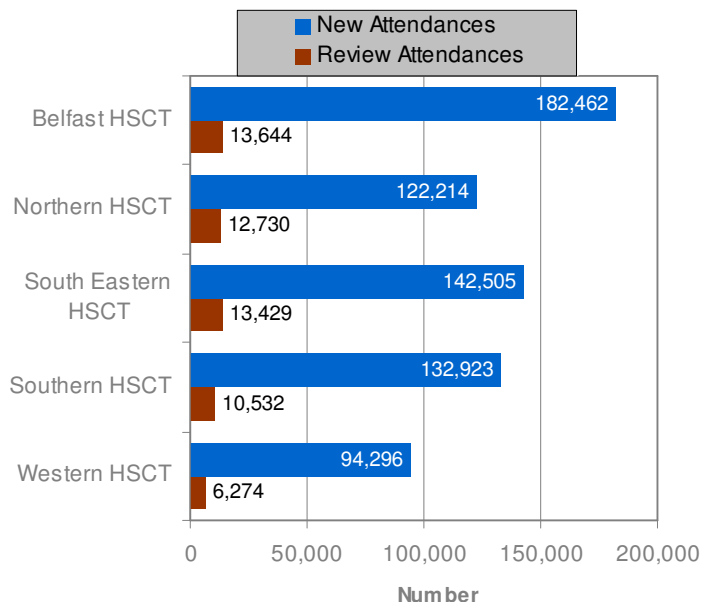
Financial Year 2010/11

Figure 2 shows A&E attendances (new and review) at emergency care departments during the year ending 31 March 2011, for each HSC Trust in Northern Ireland.

In 2010/11, there were a total of 731,009 attendances at emergency care departments, of which, 674,400 (92.3%) were new attendances and 56,609 (7.7%) were review attendances (Table 2).

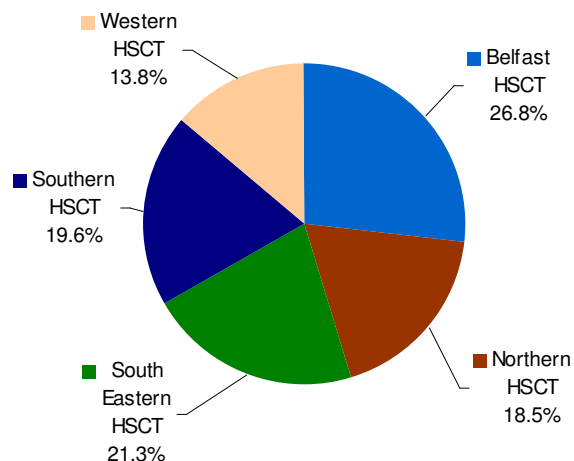
Across HSC Trusts, the number of new attendances at emergency care departments in 2010/11 ranged from 182,462 in the Belfast HSC Trust to 94,296 in the Western HSC Trust (Figure 2).

Figure 2: Attendances at Emergency Care Departments, by Attendance Type and HSC Trust (2010/11)



Over one in four (26.8%) attendances at emergency care departments during 2010/11 were in the Belfast HSC Trust (196,106), with a further 21.3% (155,934) in the South Eastern HSC Trust, 19.6% (143,455) in the Southern HSC Trust, 18.5% (134,944) in the Northern HSC Trust, and 13.8% (100,570) in the Western HSC Trust (Figures 2 and 3, Table 2).

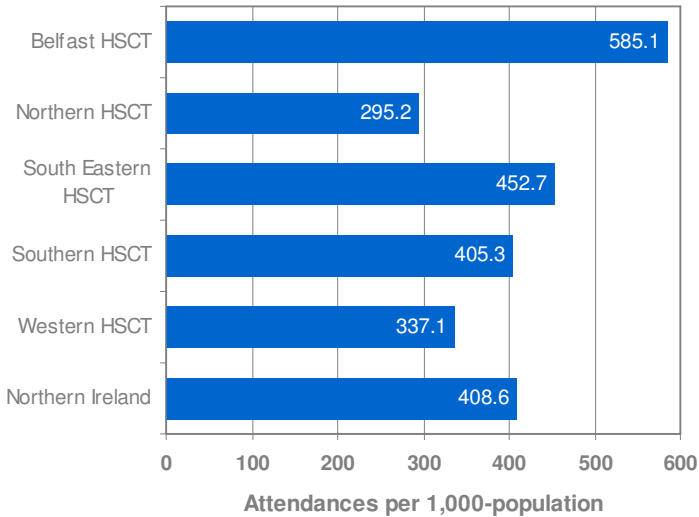
Figure 3: Attendances at Emergency Care Departments, by HSC Trust (2010/11)



³ Refer to Appendix 1: Definitions – points 7 – 10.

Figure 4 details the number of attendances per 1,000-population⁴ in each HSC Trust during 2010/11.

Figure 4: Attendances at Emergency Care Departments per 1,000-Population, by HSC Trust (2010/11)



During 2010/11, there were 408.6 emergency care attendances per 1,000-population in Northern Ireland.

Across HSC Trusts, the total number of attendances per 1,000-population ranged from 585.1 in the Belfast HSC Trust to 295.2 in the Northern HSC Trust.

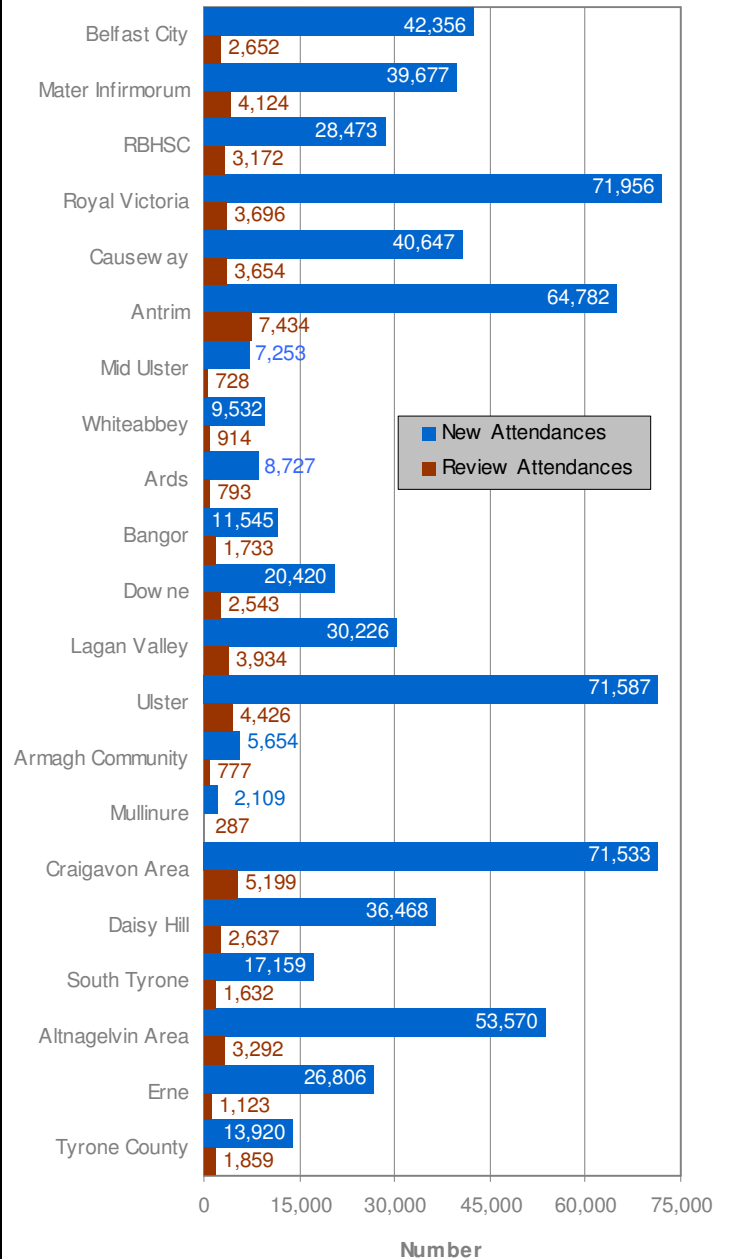
It should be noted that people are not constrained to attend emergency care departments within their HSC Trust of residence, e.g. it is possible for a person living in the Southern HSC Trust to attend an emergency care department within the Belfast HSC Trust and vice versa.

Figure 5 presents emergency care attendances (new and review) at each emergency care department in Northern Ireland in 2010/11.

Across HSC Hospitals, the Royal Victoria (71,956), Ulster (71,587), and Craigavon Area (71,533) emergency care departments reported the highest number of new attendances in 2010/11 (Figure 5, Table 2).

During 2010/11, the highest numbers of review attendances were reported in Antrim Area (7,434), Craigavon Area (5,199), and Ulster (4,426) emergency care departments (Figure 5, Table 2).

Figure 5: Attendances at Emergency Care Departments, by HSC Hospital (2010/11)

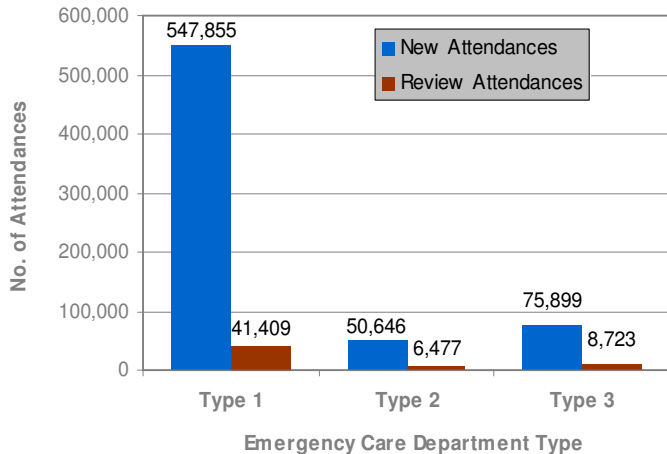


⁴ Based on 2009 mid-year population estimate.

Emergency Care Department Type ^{5, 6}

Figure 6 shows the number of new and review attendances at emergency care departments during the year ending 31 March 2011, by type of emergency care department.

Figure 6: Attendances at Emergency Care, by Emergency Care Department Type (2010/11)



During 2010/11, more than four in five (589,264, 80.6%) of emergency care attendances were in Type 1 emergency care departments, 57,123 (7.8%) within Type 2 departments and 84,622 (11.6%) within Type 3 departments (Figure 6, Table 3).

During 2010/11, 93.0% of all attendances at Type 1 emergency care departments were new attendances, compared with 88.7% at Type 2 departments and 89.7% at Type 3 departments (Table 3).

⁵ Refer to Appendix 1: Definitions – points 3 – 5.

⁶ Refer to Appendix 2: Emergency Care Attendances (KH09 (ii)) - point 2.7.

Waiting Times at Emergency Care Departments ⁷

4 Year Trend

Figures 7 and 8 present information on the length of time patients spent waiting to be treated at emergency care departments during each year since 2007/08 (the year this information was first collected).

Between 2007/08 and 2010/11, the percentage of patients treated and discharged or admitted within four hours of their arrival in an emergency care department has decreased by more than 6 percentage points, from 88.3% (567,146) to 82.0% (574,116). Since 2009/10, this percentage decreased by more than 2 percentage points from 84.5% (585,402) in 2009/10 to 82.0% (574,116) in 2010/11.

Figure 7: Emergency Care Attendances Waiting 12 Hours or Less (2007/08- 2010/11)

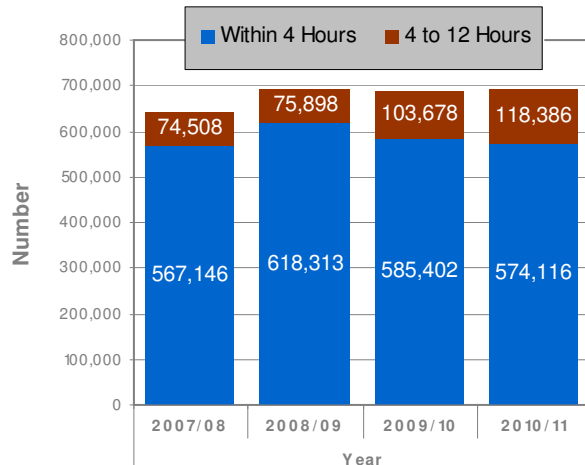
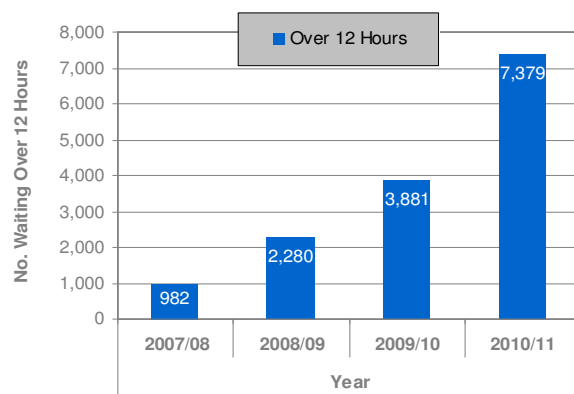


Figure 8: Emergency Care Attendances Waiting More Than 12 Hours (2007/08 – 2010/11)



⁷ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

Only new and unplanned review attendances are included in the measurement of waiting times at emergency care departments.

Since 2007/08, the number of new and unplanned review attendances at emergency care departments has increased by 8.9%, from 642,636 to 699,881 in 2010/11. Between 2009/10 and 2010/11, the number of new and unplanned review attendances increased by 1.0% (Figures 7 and 8, Table 6).

Over the last 4 years, the number of new and unplanned review attendances waiting less than 4 hours in emergency care departments in Northern Ireland has increased by 1.2%, from 567,146 in 2007/08 to 574,116 in 2010/11 (Figure 7).

During this time, the number of attendances waiting 4 to 12 hours increased by 58.9%, from 74,508 to 118,386 (Figure 7, Table 6).

In 2010/11, 7,379 new and unplanned review attendances waited over 12 hours at emergency care departments, more than 7 times higher than the number in 2007/08 (982). In particular between 2009/10 and 2010/11, this figure almost doubled from 3,881 to 7,379 (Figure 8, Table 6).

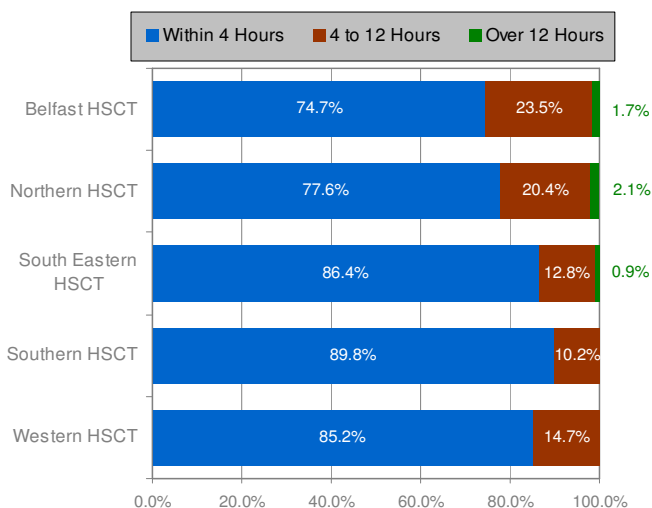
Financial Year 2010/11

Figure 9 shows the waiting times for new and unplanned review attendances during the year ending 31 March 2011, for each HSC Trust in Northern Ireland.

In 2010/11, the Southern HSC Trust reported the highest percentage of attendances waiting less than 4 hours (89.8%), whilst the Belfast HSC Trust reported the lowest proportion (74.7%) (Figure 9, Table 5).

Across HSC Hospitals, the Mater and Antrim Area hospitals reported the lowest percentage of patients being treated, admitted or discharged from emergency care within 4 hours (68.3%) (Table 5).

Figure 9: Waiting Times at Emergency Care Departments, by HSC Trust (2010/11)



In 2010/11, 44.3% of the 7,379 emergency care attendances that waited more than 12 hours were in the Belfast HSC Trust, 37.4% in the Northern HSC Trust, 17.4% in the South Eastern HSC Trust, 0.8% in the Western HSC Trust. A further 7 attendances waited more than 12 hours in the Southern HSC Trust (Table 5).

The highest number of emergency care attendances waiting more than 12 hours in 2010/11 was reported by the Antrim Area Hospital (2,440), Mater Hospital (1,428) and the Royal Victoria hospital (1,216) (Table 5).

Emergency Care Department Type⁹

Almost all (99.9%) attendances at Type 3 emergency care departments were treated, admitted or discharged within 4 hours of their arrival in the emergency care department, compared with 89.7% in Type 2 departments and 78.9% in Type 1 departments (Table 7).

During 2010/11, 93.8% (6,923) of emergency care attendances waiting more than 12 hours were in Type 1 emergency care departments, with the remaining 6.2% (456) in Type 2 departments (Table 7).

⁸ Percentages detailed for the number of attendances waiting over 12 hours in both the Southern and Western HSC Trusts have been rounded at 0%. However, in 2010/11 7 patients waited over 12 hours in the Southern HSC Trust and 56 in the Western HSC Trust.

⁹ Refer to Appendix 3: Emergency Care Waiting Times (EC1) - point 3.9.

Patient Transport & Emergency Response

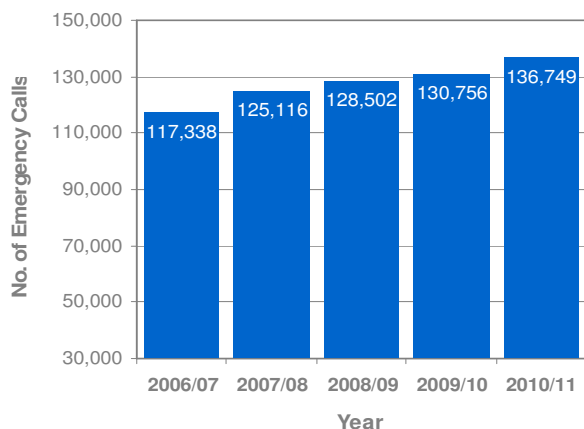
Emergency Calls

5 Year Trend

Figure 10 shows the number of emergency calls received by the Northern Ireland Ambulance Service (NIAS) over the five year period from 2006/07 to 2010/11.

Between 2006/07 and 2010/11, the number of emergency calls received by the NIAS increased by 16.5%, from 117,338 to 136,749 (Figure 10, Table 11).

Figure 10: Number of Emergency Calls Received by the Northern Ireland Ambulance Service (2006/07- 2010/11)



Of the 136,749 emergency calls received in 2010/11, 26.2% (35,839) were received in the Belfast Local Commissioning Group (LCG), 24.5% (33,550) in the Northern, 17.3% (23,617) in the South Eastern, 16.9% (23,154) in the Southern and 15.1% (20,589) in the Western LCG area (Table 11).

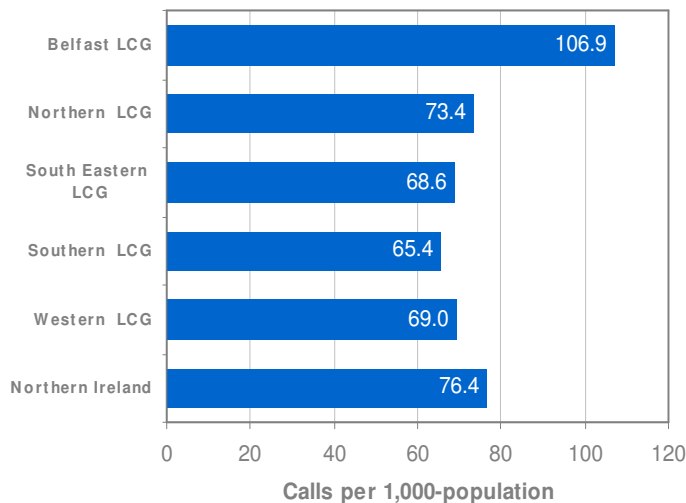
Financial Year 2010/11

Figure 11 presents information on the number of emergency calls received by the NIAS per 1,000-population¹⁰ in each Local Commissioning Group in 2010/11.

During 2010/11, 76.4 emergency calls per 1,000-population were received by the NIAS in Northern Ireland.

Across Local Commissioning Groups, the number of emergency calls per 1,000-population ranged from 106.9 in the Belfast LCG to 65.4 in the Southern LCG.

Figure 11: Emergency Calls Received by the NIAS per 1,000-population, by LCG (2010/11)



There were 2,668 (2.0%) emergency calls received during 2010/11 where, following the arrival of an emergency response vehicle, no ambulance was required (Table 11).

Across LCG's, the number of emergency calls received where, following the arrival of an emergency response vehicle, no ambulance was required ranged from 868 in the Belfast LCG to 203 in the Western LCG (Table 11).

Patient Journeys

5 Year Trend

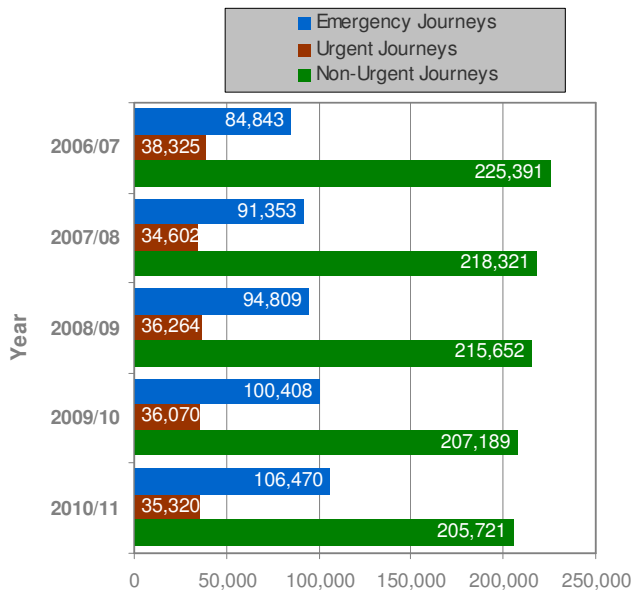
Figure 12 shows the number of emergency, urgent and non-urgent journeys made by the NIAS each year between 2006/07 and 2010/11.

Since 2006/07, the total number of patient journeys made by the NIAS decreased slightly from 348,559 in 2006/07 to 347,551 in 2010/11. However, since 2009/10 the total numbers of patient journeys has increased, from 343,667 in 2009/10 to 347,551 in 2010/11 (Table 15).

The majority of patient journeys made by the NIAS in each year since 2006/07 were non-urgent.

¹⁰ Based on 2009 mid-year population estimate.

Figure 12: Summary of Patient Journeys, Northern Ireland (2006/07- 2010/11)



Between 2006/07 and 2010/11, the number of emergency patient journeys made by the NIAS increased by 25.5%, from 84,843 to 106,470. (Figure 12, Table 15).

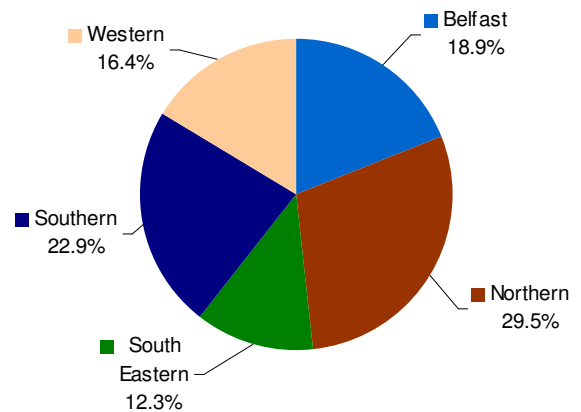
Although fluctuating over the 5 year period, the number of urgent patient journeys made by the NIAS decreased by 7.8%, from 38,325 in 2006/07 to 35,320 in 2010/11 (Figure 12, Table 15).

Financial Year 2010/11

There were 205,721 non-urgent patient journeys made by the NIAS in 2010/11, representing a 8.7% decrease on the number of non-urgent journeys made in 2006/07 (225,391) (Figure 12, Table 15).

During 2010/11, a total of 347,511 patient journeys were made by the NIAS. Of these, 30% (102,464) were in the Northern LCG, 22.9% (79,633) in the Southern LCG, 18.9% (65,507) in the Belfast LCG, 16.4% (57,042) in the Western LCG and 12.3% (42,865) in the South Eastern LCG (Figure 13, Table 11).

Figure 13: Summary of Patient Journeys, by LCG (2010/11)

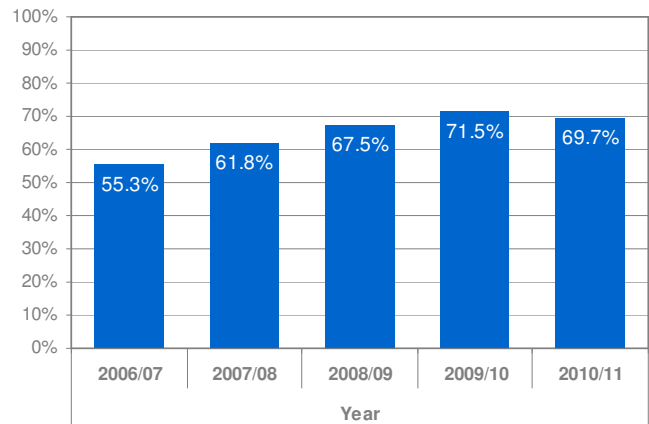


Category A Calls¹¹

5 Year Trend

Category A calls are defined as immediately life-threatening calls which should be responded to within 8 minutes. Figure 14 presents information on the percentage of category A calls which resulted in an emergency response vehicle arriving at the scene of the incident within 8 minutes for the five year period between 2006/07 and 2010/11.

Figure 14: Percentage of Category A Calls Responded to Within 8 Minutes (2006/07 – 2010/11)



Since 2006/07, the percentage of category A calls responded to within 8 minutes has increased by 15 percentage points, from 55.3% in 2006/07 to 69.7% in 2010/11. However between 2009/10 and 2010/11, the percentage of category A calls responded to within 8 minutes decreased by almost 2 percentage points from 71.5% to 69.7% (Figure 14, Table 14).

¹¹ Refer to Appendix 1: Definitions – point 13.

Financial Year 2010/11

Of the 47,759 category A calls received by the NIAS in 2010/11, 91.1% (43,510) resulted in an emergency response vehicle arriving at the scene of the incident.

Across LCGs, the percentage of category A calls responded to within 8 minutes in 2010/11 ranged from 83.6% in the Belfast LCG to 62.2% in the Northern LCG (Table 11).

Regionally, the highest percentage of category A calls resulting in an emergency response vehicle arriving at the scene of the incident within 8 minutes was reported in March 2011 (73.6%), with the lowest percentage in December 2010 (57.6%) (Table 13).

During the last year, the highest percentage of category A calls resulting in an emergency response vehicle arriving at the scene of the incident within 8 minutes, was reported in the Belfast LCG during March 2011 (88.2%), whilst the lowest percentage was reported in the Northern LCG during December 2010 (51.6%) (Table 13).

Category B Calls¹²

Category B calls are defined as calls which are serious but not immediately life threatening and should be responded to within 18/21 minutes.

Of the 68,234 category B calls received by the NIAS in 2010/11, 94.1% (64,237) resulted in an emergency response vehicle arriving at the scene of the incident (Table 12).

In 2010/11, the highest percentage of category B calls responded to within 18/21 was in the Belfast LCG (88.3%), compared with 86.8% in the Western LCG, 84.5% in the Southern LCG and Northern LCGs and 83.1% in the South Eastern LCG (Table 11).

¹² Refer to Appendix 1: Definitions – point 14.

Category C Calls¹³

Category C calls are defined as calls which are neither serious nor immediately life threatening and should be responded to within 18/21 minutes.

Of the 20,756 category C calls received by the NIAS in 2010/11, 90.1% (18,700) resulted in an emergency response vehicle arriving at the scene of the incident (Table 12).

In 2010/11, the highest percentage of category C calls responded to within 18/21 minutes was in the Western LCG (83.8%), compared with 80.0% in the Belfast LCG, 79.3% in the Southern LCG, 78.1% in the Northern LCG and 78.0% in the South Eastern LCG (Table 11).

¹³ Refer to Appendix 1: Definitions – point 15.

Tables

Table 1: Total Attendances at Emergency Care Departments (2006/07 – 2010/11)

| Attendance Type | Year | | | | | Percentage Change 2009/10 - 2010/11 | Percentage Change 2006/07 - 2010/11 |
|--------------------------|----------------|----------------|----------------|----------------|----------------|-------------------------------------|-------------------------------------|
| | 2006/07 | 2007/08 | 2008/09 | 2009/10 | 2010/11 | | |
| New Attendances | 638,464 | 650,502 | 673,447 | 669,085 | 674,400 | 0.8% | 5.6% |
| Review Attendances | 70,862 | 67,556 | 58,575 | 58,850 | 56,609 | -3.8% | -20.1% |
| Total Attendances | 709,326 | 718,058 | 732,022 | 727,935 | 731,009 | 0.4% | 3.1% |

Source: KH09 (ii) Departmental Return

Table 2: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2010/11)

| HSC Trust / Hospital | New Attendances | | Review Attendances | | Total Attendances |
|---------------------------|-----------------|--------------|--------------------|-------------|-------------------|
| | Number | % | Number | % | |
| Belfast City | 42,356 | 94.1% | 2,652 | 5.9% | 45,008 |
| Mater Infirmorum | 39,677 | 90.6% | 4,124 | 9.4% | 43,801 |
| RBHSC | 28,473 | 90.0% | 3,172 | 10.0% | 31,645 |
| Royal Victoria | 71,956 | 95.1% | 3,696 | 4.9% | 75,652 |
| Belfast HSCT | 182,462 | 93.0% | 13,644 | 7.0% | 196,106 |
| Causeway | 40,647 | 91.8% | 3,654 | 8.2% | 44,301 |
| Antrim | 64,782 | 89.7% | 7,434 | 10.3% | 72,216 |
| Mid Ulster | 7,253 | 90.9% | 728 | 9.1% | 7,981 |
| Whiteabbey | 9,532 | 91.3% | 914 | 8.7% | 10,446 |
| Northern HSCT | 122,214 | 90.6% | 12,730 | 9.4% | 134,944 |
| Ards | 8,727 | 91.7% | 793 | 8.3% | 9,520 |
| Bangor | 11,545 | 86.9% | 1,733 | 13.1% | 13,278 |
| Downe | 20,420 | 88.9% | 2,543 | 11.1% | 22,963 |
| Lagan Valley | 30,226 | 88.5% | 3,934 | 11.5% | 34,160 |
| Ulster | 71,587 | 94.2% | 4,426 | 5.8% | 76,013 |
| South Eastern HSCT | 142,505 | 91.4% | 13,429 | 8.6% | 155,934 |
| Armagh Community | 5,654 | 87.9% | 777 | 12.1% | 6,431 |
| Mullinure | 2,109 | 88.0% | 287 | 12.0% | 2,396 |
| Craigavon Area | 71,533 | 93.2% | 5,199 | 6.8% | 76,732 |
| Daisy Hill | 36,468 | 93.3% | 2,637 | 6.7% | 39,105 |
| South Tyrone | 17,159 | 91.3% | 1,632 | 8.7% | 18,791 |
| Southern HSCT | 132,923 | 92.7% | 10,532 | 7.3% | 143,455 |
| Altnagelvin Area | 53,570 | 94.2% | 3,292 | 5.8% | 56,862 |
| Erne | 26,806 | 96.0% | 1,123 | 4.0% | 27,929 |
| Tyrone County | 13,920 | 88.2% | 1,859 | 11.8% | 15,779 |
| Western HSCT | 94,296 | 93.8% | 6,274 | 6.2% | 100,570 |
| Northern Ireland | 674,400 | 92.3% | 56,609 | 7.7% | 731,009 |

Source: KH09 (ii) Departmental Return

Table 3: Total Attendances at Emergency Care Departments by Department Type (2010/11)

| Emergency Care Department Type | New Attendances | | Review Attendances | | Total Attendances |
|--------------------------------|-----------------|--------------|--------------------|-------------|-------------------|
| | Number | % | Number | % | |
| Type 1 | 547,855 | 93.0% | 41,409 | 7.0% | 589,264 |
| Type 2 | 50,646 | 88.7% | 6,477 | 11.3% | 57,123 |
| Type 3 | 75,899 | 89.7% | 8,723 | 10.3% | 84,622 |
| Total | 674,400 | 92.3% | 56,609 | 7.7% | 731,009 |

Source: KH09 (ii) Departmental Return

Table 4: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2008/09 - 2010/11)

| HSC Trust / Hospital | Total Attendances | | |
|---------------------------|-------------------|----------------|----------------|
| | 2008/09 | 2009/10 | 2010/11 |
| Belfast City | 45,967 | 45,018 | 45,008 |
| Mater Infirmorum | 42,754 | 41,298 | 43,801 |
| RBHSC | 31,547 | 31,531 | 31,645 |
| Royal Victoria | 71,163 | 71,081 | 75,652 |
| Belfast HSCT | 191,431 | 188,928 | 196,106 |
| Causeway | 40,987 | 42,012 | 44,301 |
| Antrim | 64,660 | 67,012 | 72,216 |
| Mid Ulster | 19,046 | 18,444 | 7,981 |
| Whiteabbey | 22,547 | 20,084 | 10,446 |
| Northern HSCT | 147,240 | 147,552 | 134,944 |
| Ards | 10,125 | 9,660 | 9,520 |
| Bangor | 11,152 | 12,208 | 13,278 |
| Downe | 25,327 | 24,159 | 22,963 |
| Lagan Valley | 33,828 | 33,627 | 34,160 |
| Ulster | 73,426 | 74,639 | 76,013 |
| South Eastern HSCT | 153,858 | 154,293 | 155,934 |
| Armagh Community | 7,894 | 5,992 | 6,431 |
| Mullinure | 2,689 | 2,488 | 2,396 |
| Craigavon Area | 76,197 | 76,465 | 76,732 |
| Daisy Hill | 36,064 | 37,044 | 39,105 |
| South Tyrone | 16,686 | 17,137 | 18,791 |
| Southern HSCT | 139,530 | 139,126 | 143,455 |
| Altnagelvin Area | 54,116 | 56,910 | 56,862 |
| Erne | 24,632 | 26,430 | 27,929 |
| Tyrone County | 21,215 | 14,696 | 15,779 |
| Western HSCT | 99,963 | 98,036 | 100,570 |
| Northern Ireland | 732,022 | 727,935 | 731,009 |

Source: KH09 (ii) Departmental Return

Table 5: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by HSC Trust / Hospital (2010/11)

| HSC Trust / Hospital | Waiting Time at Emergency Care Department | | | | | | Total |
|--------------------------------|---|--------------|----------------|--------------|---------------|-------------|----------------|
| | Within 4 Hours | | 4 to 12 Hours | | Over 12 Hours | | |
| | Number | % | Number | % | Number | % | |
| Belfast City | 31,618 | 71.9% | 11,757 | 26.7% | 615 | 1.4% | 43,990 |
| Mater Infirmorum | 28,291 | 68.3% | 11,686 | 28.2% | 1,428 | 3.4% | 41,405 |
| RBHSC | 25,826 | 81.5% | 5,844 | 18.4% | 13 | 0.0% | 31,683 |
| Royal Victoria | 56,830 | 77.1% | 15,631 | 21.2% | 1,216 | 1.7% | 73,677 |
| Belfast HSC Trust | 142,565 | 74.7% | 44,918 | 23.5% | 3,272 | 1.7% | 190,755 |
| Causeway | 37,142 | 85.0% | 6,234 | 14.3% | 319 | 0.7% | 43,695 |
| Antrim | 47,963 | 67.6% | 20,499 | 28.9% | 2,440 | 3.4% | 70,902 |
| Mid Ulster | 7,489 | 98.7% | 98 | 1.3% | 0 | 0.0% | 7,587 |
| Whiteabbey | 9,807 | 99.5% | 53 | 0.5% | 0 | 0.0% | 9,860 |
| Northern HSC Trust | 102,401 | 77.6% | 26,884 | 20.4% | 2,759 | 2.1% | 132,044 |
| Ards | 9,122 | 100.0% | 0 | 0.0% | 0 | 0.0% | 9,122 |
| Bangor | 12,308 | 100.0% | 0 | 0.0% | 0 | 0.0% | 12,308 |
| Downe | 20,243 | 91.7% | 1,674 | 7.6% | 147 | 0.7% | 22,064 |
| Lagan Valley | 28,387 | 87.2% | 3,863 | 11.9% | 309 | 0.9% | 32,559 |
| Ulster | 59,385 | 80.4% | 13,619 | 18.4% | 829 | 1.1% | 73,833 |
| South Eastern HSC Trust | 129,445 | 86.4% | 19,156 | 12.8% | 1,285 | 0.9% | 149,886 |
| Armagh & Mullinure | 7,763 | 100.0% | 0 | 0.0% | 0 | 0.0% | 7,763 |
| Craigavon Area | 59,609 | 83.3% | 11,906 | 16.6% | 7 | 0.0% | 71,522 |
| Daisy Hill | 34,828 | 95.5% | 1,636 | 4.5% | 0 | 0.0% | 36,464 |
| South Tyrone | 17,151 | 100.0% | 0 | 0.0% | 0 | 0.0% | 17,151 |
| Southern HSC Trust | 119,351 | 89.8% | 13,542 | 10.2% | 7 | 0.0% | 132,900 |
| Altnagelvin Area | 41,579 | 77.6% | 11,940 | 22.3% | 51 | 0.1% | 53,570 |
| Erne | 24,863 | 92.8% | 1,938 | 7.2% | 5 | 0.0% | 26,806 |
| Tyrone County | 13,912 | 99.9% | 8 | 0.1% | 0 | 0.0% | 13,920 |
| Western HSC Trust | 80,354 | 85.2% | 13,886 | 14.7% | 56 | 0.1% | 94,296 |
| Northern Ireland | 574,116 | 82.0% | 118,386 | 16.9% | 7,379 | 1.1% | 699,881 |

Source: EC1 Departmental Return

Table 6: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments (2007/08 – 2010/11)

| Waiting Time at Emergency Care Department | Year | | | | Percentage Change 2009/10 - 2010/11 | Percentage Change 2007/08 - 2010/11 |
|---|----------------|----------------|----------------|----------------|-------------------------------------|-------------------------------------|
| | 2007/08 | 2008/09 | 2009/10 | 2010/11 | | |
| Within 4 Hours | 567,146 | 618,313 | 585,402 | 574,116 | -1.9% | 1.2% |
| 4 to 12 Hours | 74,508 | 75,898 | 103,678 | 118,386 | 14.2% | 58.9% |
| Over 12 Hours | 982 | 2,280 | 3,881 | 7,379 | 90.1% | 651.4% |
| Total | 642,636 | 696,491 | 692,961 | 699,881 | 1.0% | 8.9% |

Source: EC1 Departmental Return

Table 7: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by Department Type (2010/11)

| Emergency Care Department Type | Waiting Time at Emergency Care Department | | | | | | Total |
|--------------------------------|---|--------------|----------------|--------------|---------------|-------------|----------------|
| | Within 4 Hours | | 4 to 12 Hours | | Over 12 Hours | | |
| | Number | % | Number | % | Number | % | |
| Type 1 | 447,934 | 78.9% | 112,690 | 19.9% | 6,923 | 1.2% | 567,547 |
| Type 2 | 53,697 | 89.7% | 5,687 | 9.5% | 456 | 0.8% | 59,840 |
| Type 3 | 72,485 | 100.0% | 9 | 0.0% | 0 | 0.0% | 72,494 |
| Total | 574,116 | 82.0% | 118,386 | 16.9% | 7,379 | 1.1% | 699,881 |

Source: EC1 Departmental Return

Table 8: New & Unplanned Review Attendances by HSC Trust / Hospital (2008/09 - 2010/11)

| HSC Trust / Hospital | New & Unplanned Review Attendances | | |
|---------------------------|------------------------------------|----------------|----------------|
| | 2008/09 | 2009/10 | 2010/11 |
| Belfast City | 44,769 | 42,840 | 43,990 |
| Mater Infirmorum | 41,220 | 39,457 | 41,405 |
| RBHSC | 31,372 | 30,727 | 31,683 |
| Royal Victoria | 68,428 | 67,457 | 73,677 |
| Belfast HSCT | 185,789 | 180,481 | 190,755 |
| Causeway | 40,232 | 41,367 | 43,695 |
| Antrim | 64,612 | 65,594 | 70,902 |
| Mid Ulster | 17,700 | 17,251 | 7,587 |
| Whiteabbey | 20,955 | 19,006 | 9,860 |
| Northern HSCT | 143,499 | 143,218 | 132,044 |
| Ards | 9,545 | 9,144 | 9,122 |
| Bangor | 10,550 | 11,384 | 12,308 |
| Downe | 23,209 | 23,398 | 22,064 |
| Lagan Valley | 31,775 | 32,128 | 32,559 |
| Ulster | 71,301 | 72,110 | 73,833 |
| South Eastern HSCT | 146,380 | 148,164 | 149,886 |
| Armagh / Mullinure | 8,086 | 7,574 | 7,763 |
| Craigavon Area | 70,093 | 71,281 | 71,522 |
| Daisy Hill | 33,411 | 34,269 | 36,464 |
| South Tyrone | 14,946 | 15,491 | 17,151 |
| Southern HSCT | 126,536 | 128,615 | 132,900 |
| Altnagelvin Area | 50,748 | 53,455 | 53,570 |
| Erne | 23,547 | 26,296 | 26,806 |
| Tyrone County | 19,992 | 12,732 | 13,920 |
| Western HSCT | 94,287 | 92,483 | 94,296 |
| Northern Ireland | 696,491 | 692,961 | 699,881 |

Source: EC1 Departmental Return

Table 9: New & Unplanned Review Attendances seen within 4 hours by HSC Trust / Hospital (2008/09 - 2010/11)

| HSC Trust / Hospital | Percentage seen within 4 hours | | |
|---------------------------|--------------------------------|--------------|--------------|
| | 2008/09 | 2009/10 | 2010/11 |
| Belfast City | 71.4% | 71.4% | 71.9% |
| Mater Infirmorum | 79.2% | 79.2% | 68.3% |
| RBHSC | 84.0% | 84.0% | 81.5% |
| Royal Victoria | 77.8% | 77.8% | 77.1% |
| Belfast HSCT | 83.0% | 77.8% | 74.7% |
| Causeway | 89.0% | 89.0% | 85.0% |
| Antrim | 74.0% | 74.0% | 67.6% |
| Mid Ulster | 98.0% | 98.0% | 98.7% |
| Whiteabbey | 99.0% | 99.0% | 99.5% |
| Northern HSCT | 88.0% | 84.0% | 77.6% |
| Ards | 100.0% | 100.0% | 100.0% |
| Bangor | 100.0% | 100.0% | 100.0% |
| Downe | 93.7% | 94.0% | 91.7% |
| Lagan Valley | 88.0% | 88.0% | 87.2% |
| Ulster | 78.0% | 78.0% | 80.4% |
| South Eastern HSCT | 91.0% | 85.0% | 86.4% |
| Armagh / Mullinure | 100.0% | 100.0% | 100.0% |
| Craigavon Area | 90.0% | 90.0% | 83.3% |
| Daisy Hill | 94.0% | 94.0% | 95.5% |
| South Tyrone | 100.0% | 100.0% | 100.0% |
| Southern HSCT | 94.0% | 93.0% | 89.8% |
| Altnagelvin Area | 77.6% | 77.6% | 77.6% |
| Erne | 92.6% | 92.6% | 92.8% |
| Tyrone County | 99.9% | 99.9% | 99.9% |
| Western HSCT | 90.9% | 84.9% | 85.2% |
| Northern Ireland | 89.0% | 84.0% | 82.0% |

Source: EC1 Departmental Return

Table 10: New & Unplanned Review Attendances waiting over 12 hours by HSC Trust / Hospital (2008/09 - 2010/11)

| HSC Trust / Hospital | Number Waiting Over 12 Hours | | |
|---------------------------|------------------------------|--------------|--------------|
| | 2008/09 | 2009/10 | 2010/11 |
| Belfast City | 316 | 293 | 615 |
| Mater Infirmorum | 239 | 446 | 1,428 |
| RBHSC | 4 | 3 | 13 |
| Royal Victoria | 336 | 601 | 1,216 |
| Belfast HSCT | 895 | 1,343 | 3,272 |
| Causeway | 95 | 99 | 319 |
| Antrim | 417 | 720 | 2,440 |
| Mid Ulster | 0 | 0 | 0 |
| Whiteabbey | 0 | 0 | 0 |
| Northern HSCT | 512 | 819 | 2,759 |
| Ards | 0 | 0 | 0 |
| Bangor | 0 | 0 | 0 |
| Downe | 7 | 30 | 147 |
| Lagan Valley | 67 | 270 | 309 |
| Ulster | 778 | 1,337 | 829 |
| South Eastern HSCT | 852 | 1,637 | 1,285 |
| Armagh / Mullinure | 0 | 0 | 0 |
| Craigavon Area | 1 | 4 | 7 |
| Daisy Hill | 0 | 0 | 0 |
| South Tyrone | 0 | 0 | 0 |
| Southern HSCT | 1 | 4 | 7 |
| Altnagelvin Area | 15 | 76 | 51 |
| Erne | 4 | 2 | 5 |
| Tyrone County | 1 | 0 | 0 |
| Western HSCT | 20 | 78 | 56 |
| Northern Ireland | 2,280 | 3,881 | 7,379 |

Source: EC1 Departmental Return

Table 11: Patient Transport – Quality of Service and Summary of Patient Journeys (2010/11)

| Performance Measure | Local Commissioning Group | | | | | Northern Ireland |
|---|---------------------------|----------------|---------------|---------------|---------------|------------------|
| | Belfast | Northern | South Eastern | Southern | Western | |
| Emergency Calls: | | | | | | |
| Total number of emergency calls | 35,839 | 33,550 | 23,617 | 23,154 | 20,589 | 136,749 |
| Number of calls where following the arrival of an emergency response no ambulance is required | 868 | 606 | 560 | 431 | 203 | 2,668 |
| Percentage of Category A calls responded to within 8 minutes (%) | 83.6% | 62.2% | 68.0% | 62.8% | 64.9% | 69.7% |
| Percentage of Category B calls responded to within 18/21 minutes (%) | 88.3% | 84.5% | 83.1% | 84.5% | 86.8% | 85.5% |
| Percentage of Category C calls responded to within 18/21 minutes (%) | 80.0% | 78.1% | 78.0% | 79.3% | 83.8% | 79.6% |
| Emergency Journeys: | | | | | | |
| Total Patient Journeys | 27,142 | 26,456 | 18,533 | 17,876 | 16,463 | 106,470 |
| Urgent Journeys: | | | | | | |
| Total Patient Journeys | 8,822 | 9,175 | 7,173 | 6,011 | 4,139 | 35,320 |
| Number arrived not more than 15 minutes late | 4,891 | 5,371 | 3,858 | 3,286 | 2,270 | 19,676 |
| Non-Urgent Journeys: | | | | | | |
| Total Patient Journeys | 29,543 | 66,833 | 17,159 | 55,746 | 36,440 | 205,721 |
| Total of All Patient Journeys | 65,507 | 102,464 | 42,865 | 79,633 | 57,042 | 347,511 |

Source: KA34 Departmental Return

Table 12: Patient Transport – Emergency Calls and Responses by Category (2010/11)

| Definition | Category A: Immediately life threatening calls | Category B: Serious but not immediately life threatening | Category C: Not immediately life threatening or serious | TOTAL |
|---|---|---|--|---------|
| Total number of emergency calls | 47,759 | 68,234 | 20,756 | 136,749 |
| Number of calls resulting in an emergency response which arrives at the scene of the incident | 43,510 | 64,237 | 18,700 | 126,447 |
| Number of calls resulting in an emergency response which arrive at the scene of the incident within 8 minutes | 30,313 | 34,945 | 10,077 | 75,335 |
| Number of calls where following the arrival of an emergency response no ambulance is required | 723 | 1,308 | 637 | 2,668 |
| Number of calls resulting in an ambulance arriving at the scene of an accident, which is able to transport a patient | 42,787 | 62,929 | 18,063 | 123,779 |
| Number of calls resulting in an ambulance arriving at the scene of an accident, which is able to transport a patient, within 21 minutes | 39,077 | 54,941 | 14,886 | 108,904 |

Source: KA34 Departmental Return

Table 13: Patient Transport – Performance of Category A Response (2010/11)

| Month | Percentage of Category A (Immediately life threatening) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes | | | | | |
|--------|---|----------|---------------|----------|---------|------------------|
| | Local Commissioning Group (LCG) | | | | | Northern Ireland |
| | Belfast | Northern | South Eastern | Southern | Western | |
| Apr-10 | 87.3% | 65.8% | 70.4% | 63.6% | 61.7% | 71.6% |
| May-10 | 85.0% | 64.4% | 68.4% | 62.4% | 62.9% | 70.2% |
| Jun-10 | 86.4% | 66.8% | 71.2% | 65.3% | 67.0% | 73.0% |
| Jul-10 | 84.4% | 63.8% | 71.8% | 66.7% | 65.3% | 71.5% |
| Aug-10 | 86.8% | 63.1% | 69.1% | 64.0% | 65.7% | 71.1% |
| Sep-10 | 86.3% | 63.9% | 73.1% | 65.3% | 66.4% | 72.0% |
| Oct-10 | 82.8% | 60.7% | 69.4% | 62.4% | 68.7% | 70.0% |
| Nov-10 | 83.5% | 61.2% | 72.3% | 62.6% | 67.2% | 70.6% |
| Dec-10 | 69.1% | 51.6% | 54.3% | 52.4% | 55.4% | 57.6% |
| Jan-11 | 80.6% | 61.9% | 64.3% | 61.0% | 65.4% | 67.8% |
| Feb-11 | 85.3% | 59.1% | 66.5% | 65.4% | 62.6% | 69.3% |
| Mar-11 | 88.2% | 66.0% | 69.5% | 66.4% | 71.2% | 73.6% |

Source: KA34 Departmental Return

Table 14: Patient Transport – Performance of Category A Response (2006/07– 2010/11)

| Year | Percentage of Category A (Immediately life threatening) calls resulting in an emergency response arriving at the scene of the incident within 8 minutes, Northern Ireland (%) |
|-------------|--|
| 2006/07 | 55.3% |
| 2007/08 | 61.8% |
| 2008/09 | 67.5% |
| 2009/10 | 71.5% |
| 2010/11 | 69.7% |

Source: KA34 Departmental Return

Table 15: Summary of Patient Journeys (2006/07– 2010/11)

| Year | Total number of emergency calls | Emergency Journeys | Urgent Journeys | Non-Urgent Journeys | Total Patient Journeys |
|-------------|--|---------------------------|------------------------|----------------------------|-------------------------------|
| 2006/07 | 117,338 | 84,843 | 38,325 | 225,391 | 348,559 |
| 2007/08 | 125,116 | 91,353 | 34,602 | 218,321 | 344,276 |
| 2008/09 | 128,502 | 94,809 | 36,264 | 215,652 | 346,725 |
| 2009/10 | 130,756 | 100,408 | 36,070 | 207,189 | 343,667 |
| 2010/11 | 136,749 | 106,470 | 35,320 | 205,721 | 347,511 |

Source: KA34 Departmental Return

Appendix 1: Definitions

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.

2. Minor Injury Unit (MIU)

A MIU is a Type 3 emergency care department 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.

3. 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.

4. 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.

5. Type 3 Emergency Care Department

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.

6. 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.

7. New Attendance (Emergency Care)

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

8. 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 – see note 6) and unplanned re-attendances.

9. Unplanned Re-Attendance (Emergency Care)

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

10. Planned Re-Attendance (Emergency Care)

This relates to any patient given a written appointment, date and time to return to the emergency care department planned review clinic. A review clinic is defined as any clinic held within the emergency care department irrespective of where the medical input is outsourced from.

11. Patient Journeys

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

12. Urgent Patient Journey

Those resulting from an urgent transport request. An urgent transport request is defined as a request when a definite time limit is imposed such that the vehicle and crew must be despatched quickly, although not necessarily immediately, to collect a patient, perhaps seriously ill, on the advice of a doctor for admission to hospital.

13. Category A Calls

Presenting conditions which may be immediately life threatening.

14. Category B Calls

Presenting conditions which though serious are not immediately life threatening.

15. Category C Calls

Presenting conditions which are not immediately life threatening or serious.

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) Departmental 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).
- 2.3** Attendance totals are representative of all emergency care attendances at Type 1, Type 2 and Type 3 emergency care departments in Northern Ireland.
- 2.4** Attendances relate to all new and review attendances (excluding non-A&E outpatient clinic attendances).
- 2.5** Planned review attendances include only planned re-attendances at A&E / Review clinics, and exclude appointments at Outpatient clinics.
- 2.6** KH09 (ii) figures for the Royal Victoria Hospital include both the Eye and ENT (Ear, Nose & Throat) emergency department attendances in addition to ordinary Emergency Care attendances.
- 2.7** From 24th May 2010, Mid-Ulster and Whiteabbey emergency care departments were reconfigured from Type 2 emergency care departments to Type 3 emergency care departments. On this basis, KH09 (ii) figures presented for Mid-Ulster and Whiteabbey emergency care departments are recorded as Type 3 emergency care departments.

Categorisation of Emergency Care Departments 2010/11

| HSC Trust | Emergency Care Department | | |
|----------------------|---------------------------|--|---|
| | Type 1 | Type 2 | Type 3 |
| Belfast | Belfast City | | |
| | Royal Victoria | | |
| | Mater Infirmorum | | |
| | RBHSC | | |
| Northern | Antrim | Whiteabbey (up to and including May 23 rd 2010) | Whiteabbey (from May 24 th 2010) |
| | Causeway | Mid Ulster (up to and including May 23 rd 2010) | Mid Ulster (from May 24 th 2010) |
| South Eastern | Ulster | Lagan Valley | Ards MIU |
| | | Downe | Bangor MIU |
| Southern | Craigavon | | South Tyrone |
| | | | Mullinure |
| | Daisy hill | | Armagh |
| Western | Altnagelvin | | Tyrone County |
| | Erne | | |

Appendix 3: Emergency Care Waiting Times (EC1)

- 3.1** Information on waiting times at emergency care departments detailed in this publication is collected monthly in the Emergency Care (EC1) information return. The EC1 return records all new and unplanned review attendances in each emergency care department across Northern Ireland; including the length of time they waited from arrival in the emergency care department until treatment, admission or discharge. They do not include planned review attendances
- 3.2** Waiting time figures are representative of all emergency care attendances in Northern Ireland including Type 1, Type 2 and Type 3 emergency care departments.
- 3.3** The Priorities for Action (PfA) target for Northern Ireland for 2010/11 requires that,
'from April 2010, HSC Board and Trusts should ensure 95% of patients attending any A&E department are either treated and discharged home, or admitted within four hours of their arrival in the department. No patient should wait longer than 12 hours.'
- 3.4** Figures represent the total time spent in a hospital emergency care department from arrival until admission, transfer or discharge.
- 3.5** Figures relate to all new attendances and all unplanned re-attendances at emergency care departments. They do not include planned review attendances.
- 3.6** Time is measured from when a patient arrives into the emergency care site; 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.
- 3.7** The figures in this release relate to all patients, including paediatric patients.
- 3.8** EC1 figures for the Royal Victoria Hospital include both the Eye and ENT (Ear, Nose & Throat) emergency department attendances in addition to ordinary Emergency Care attendances.
- 3.9** From 24th May 2010, Mid-Ulster and Whiteabbey emergency care departments were reconfigured from Type 2 emergency care departments to Type 3 emergency care departments. On this basis, EC1 figures presented in this publication for Type 2 emergency care departments are inclusive of all Type 2 emergency care departments and all activity within Mid-Ulster and Whiteabbey emergency care departments between 1st April 2010 and 23rd May 2010. Similarly, figures presented for Type 3 emergency care departments are inclusive of all Type 3 emergency care departments and all activity within Mid-Ulster and Whiteabbey emergency care departments between 24th May 2010 and 31st March 2011. This should be taken into consideration when drawing historic comparisons between Type 2 and Type 3 emergency care departments.

Appendix 4: Patient Transport & Emergency Response (KA34)

- 4.1 Information on patient transport and emergency response times detailed in this publication has been sourced from the KA34 Departmental Return in the Northern Ireland Ambulance Service (NIAS) Health & Social Care Trust.
- 4.2 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 the emergency response vehicle arrives at the scene of the incident.
- 4.3 An emergency response refers to all responses made by emergency ambulances, a rapid response vehicles (equipped with a defibrillator to provide treatment at the scene), and any approved first responders equipped with a defibrillator, despatched by and accountable to the ambulance service).
- 4.4 Although the initial emergency response may be to send a rapid response vehicle or approved first responder, a fully equipped ambulance is still required to attend the incident within 18/21 minutes of the initial call, not within 18/21 minutes from arrival of initial responder.
- 4.5 The Public Service Agreement (PSA) target for Northern Ireland for 2010-11 requires that,
'from April 2010, the HSC Board and NIAS should ensure an average of 72.5% of Category A (life-threatening) calls are responded to within eight minutes, increasing to an average of 75% by March 2011 (and not less than 67.5 % in any LCG area).'

Appendix 5: Explanatory Notes

Source: The data contained in this publication have been compiled from:

- Quarterly Korner Aggregate Returns (KAR), which were introduced from 1 April 1988. KARs are returned by the Health & Social Care Trusts of Northern Ireland on a quarterly basis to the DHSSPS. All information included in this publication in relation to A&E attendances has been sourced from the KH09 (ii) KAR and all information in relation to patient transport and emergency response has been sourced from the KA34 KAR.
- The monthly Emergency Care Waiting Times Return (EC1). The EC1 return was introduced by the Department in April 2007 as a method of capturing aggregated totals for time spent waiting by patients in emergency care departments within Northern Ireland.

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 http://www.dhsspsni.gov.uk/index/stats_research/stats-activity_stats-2/emergency_care-3.htm 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 all emergency care attendance data (KH09 (ii)) emergency care waiting times data (EC1) and patient transport / emergency response data (KA34) included in this publication.

STAGE 1

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

STAGE 2

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

STAGE 3

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

Appendix 6: Additional Information

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

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

Internet address: http://www.dhsspsni.gov.uk/index/stats_research/stats-activity_stats-2.htm