



NORTHERN IRELAND HOSPITAL STATISTICS: EMERGENCY CARE (2011/12)

This publication presents information on activity at Emergency Care Departments in Northern Ireland during the year ending 31 March 2012. It details information on New Attendances, Planned & Unplanned Review Attendances at Emergency Care Departments, Waiting Times in Emergency Care Departments, Patient Transport and Emergency Response.

Alternatively, data detailed in this publication are available in spreadsheet format (Microsoft Excel) to aid secondary analysis, at the link below:

http://www.dhsspsni.gov.uk/index/stats_research/stats-activity_stats-2/emergency_care-3.htm

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Key Points

- Between 2007/08 and 2011/12, the total number of attendances at emergency care departments increased by 7,144 (1.0%), from 718,058 to 725,202 (Figure 1, Table 1).
- Since 2011/12, the total number of attendances at emergency care departments decreased by 5,807 (0.8%), from 731,009 to 725,202 (Figure 1, Table 1).
- Over one in four (26.2%) attendances at emergency care departments during 2011/12 were in the Belfast HSC Trust (189,710) (Figure 3, Table 2).
- In 2011/12, 552,202 (80.2%) out of a total of 688,696 new and unplanned review attendances at emergency care departments were either treated and discharged or admitted within four hours of their arrival, compared with 82.0% in 2010/11 and 88.3% in 2007/08 (Figure 7, Table 6).
- The number of new and unplanned review attendances waiting over 12 hours at emergency care departments in 2011/12 (10,211, 1.5%) was more than 10 times higher than the number in 2007/08 (982, 0.2%), and 2,832 (38.4%) higher than the number in 2010/11 (7,379, 1.1%) (Figure 8, Table 6).
- During 2011/12, 97.3% (9,931) of new and unplanned review emergency care attendances waiting more than 12 hours were in Type 1 emergency care departments, with the remaining 2.7% (280) 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 11 percentage points, from 61.8% in 2007/08 to 72.7% in 2011/12 (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/hospital-stats.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.

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

http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/hib_guidance_manuals.htm

The EC1 information return was set up as an interim measure to monitor waiting times at emergency care departments until such time as a functional patient level dataset becomes available.

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). Information from emergency care departments, using other administrative systems to record emergency care waiting times, continues to be sourced from the aggregate EC1 return. HSC Trusts have been instructed to generate this information on the 8th of each month.

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

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 provided by HSC Trusts and Hospital Information Branch staff, and has been validated and quality assured by Hospital Information Branch (HIB) prior to release.

For each information collection, HSC Trusts are given a set period of time to submit the information. Following submission, HIB perform a series of validation checks to verify that information downloaded / submitted is consistent both within and across returns.

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

A National Statistics Publication

National Statistics are produced to a high professional standard set out in the Code of Practice for Official Statistics (<http://www.statisticsauthority.gov.uk/assessment/code-of-practice/>). 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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² Refer to Appendix 5 for more detailed information.

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.

Further information on the uses of the data contained in this publication are detailed in Appendix 5.

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 due to differing counting rules. 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/Perfomancedataandstatistics/AccidentalEmergency/DH_079085

Scotland

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

Wales

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

Introduction

Readers are asked to note recent changes to emergency care service provision in Northern Ireland when making comparisons over time and across HSC Trusts / hospitals.

In particular, the temporary closure of the emergency care department at the Belfast City Hospital on 1st November 2011, the temporary reduction in opening hours at the Lagan Valley Hospital on 1st August 2011, and the change in the provision of emergency care services at the Downe Hospital from a 24 hour Consultant Led unit to a GP led unit between 10pm and 9am daily on 4th April 2011.

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

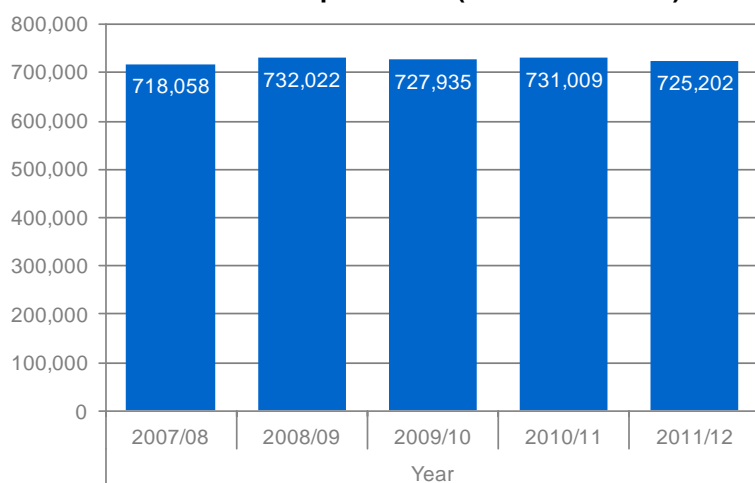
Attendances at Emergency Care Departments

5 Year Trend

It should be noted that the information return used to collect information on attendances at emergency care departments in Northern Ireland was revised in 2011/12, to monitor new, unplanned and planned review attendances, and therefore, it is not possible to provide an annual comparison of attendance type.³

Figure 1 presents information on the total number of attendances⁴ at emergency care departments in Northern Ireland each year since 2007/08.

Figure 1: Total Attendances at Emergency Care Departments (2007/08- 2011/12)



³ Refer to Appendix 2, point 2.7.

⁴ Includes new, planned and unplanned review attendances, refer to Appendix 1: Definitions – points 1.7 – 1.10.

Despite fluctuating over the 5 year period, the total number of attendances at emergency care departments increased by 7,144 (1.0%), from 718,058 in 2007/08 to 725,202 in 2011/12 (Figure 1, Table 1).

However, between 2010/11 and 2011/12, the total number of attendances at emergency care departments decreased by 5,807 (0.8%), from 731,009 to 725,202 (Figure 1, Table 1).

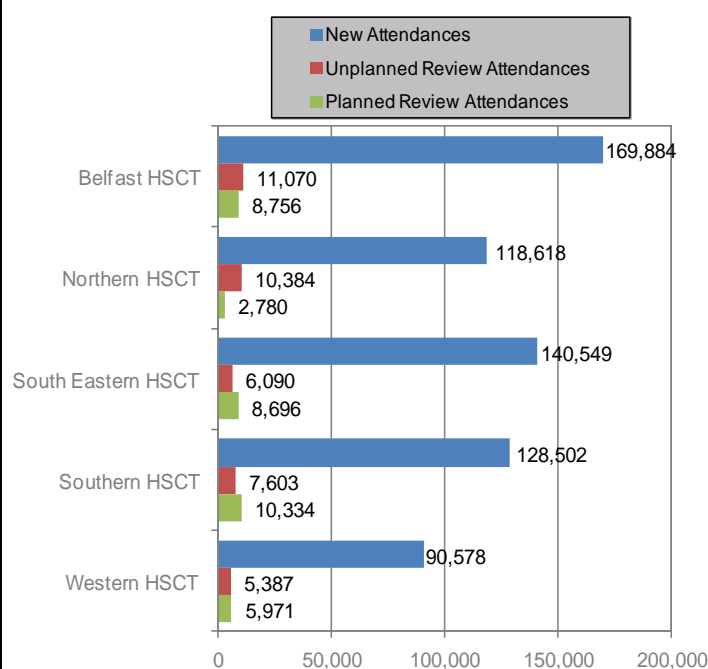
Financial Year 2011/12

Figure 2 shows attendances (new, unplanned review and planned review) at emergency care departments during the year ending 31 March 2012, for each HSC Trust in Northern Ireland.

In 2011/12, there were a total of 725,202 attendances at emergency care departments, of which, 648,131 (89.4%) were new attendances, 40,534 (5.6%) were unplanned review attendances, and 36,537 (5.0%) were planned review attendances (Table 2).

Across HSC Trusts, the number of new attendances at emergency care departments in 2011/12 ranged from 169,884 in the Belfast HSC Trust to 90,578 in the Western HSC Trust (Figure 2).

Figure 2: Attendances at Emergency Care Departments, by Attendance Type and HSC Trust (2011/12)



Over one in four (26.2%) attendances at emergency care departments during 2011/12 were in the Belfast HSC Trust (189,710), with a further 21.4% (155,335) in the South Eastern HSC Trust, 20.2% (146,439) in the Southern HSC Trust, 18.2% (131,782) in the Northern HSC Trust, and 14.1% (101,936) in the Western HSC Trust (Figures 2 and 3, Table 2).

Figure 3: Attendances at Emergency Care Departments, by HSC Trust (2011/12)

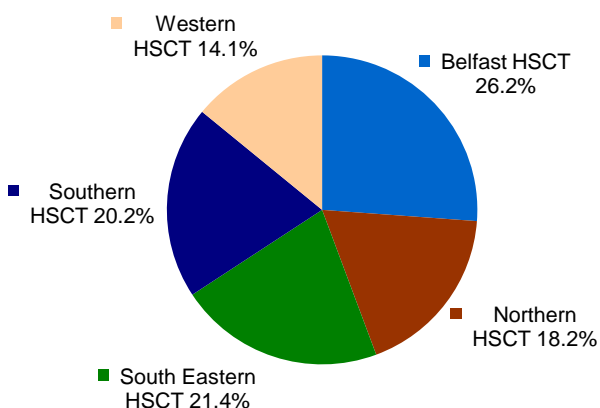


Figure 4 details the number of attendances per 1,000-population⁵ in each HSC Trust during 2011/12.

It is important to note 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.

During 2011/12, there were 403.0 emergency care attendances per 1,000-population in Northern Ireland.

Across HSC Trusts, the total number of attendances per 1,000-population ranged from 565.0 in the Belfast HSC Trust to 287.3 in the Northern HSC Trust.

⁵ Based on NISRA 2010 mid-year population estimate.

Figure 4: Attendances at Emergency Care Departments per 1,000-Population, by HSC Trust (2011/12)

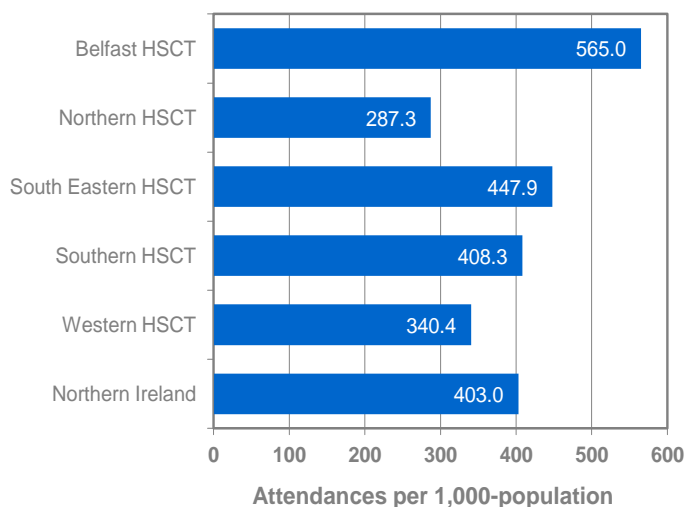
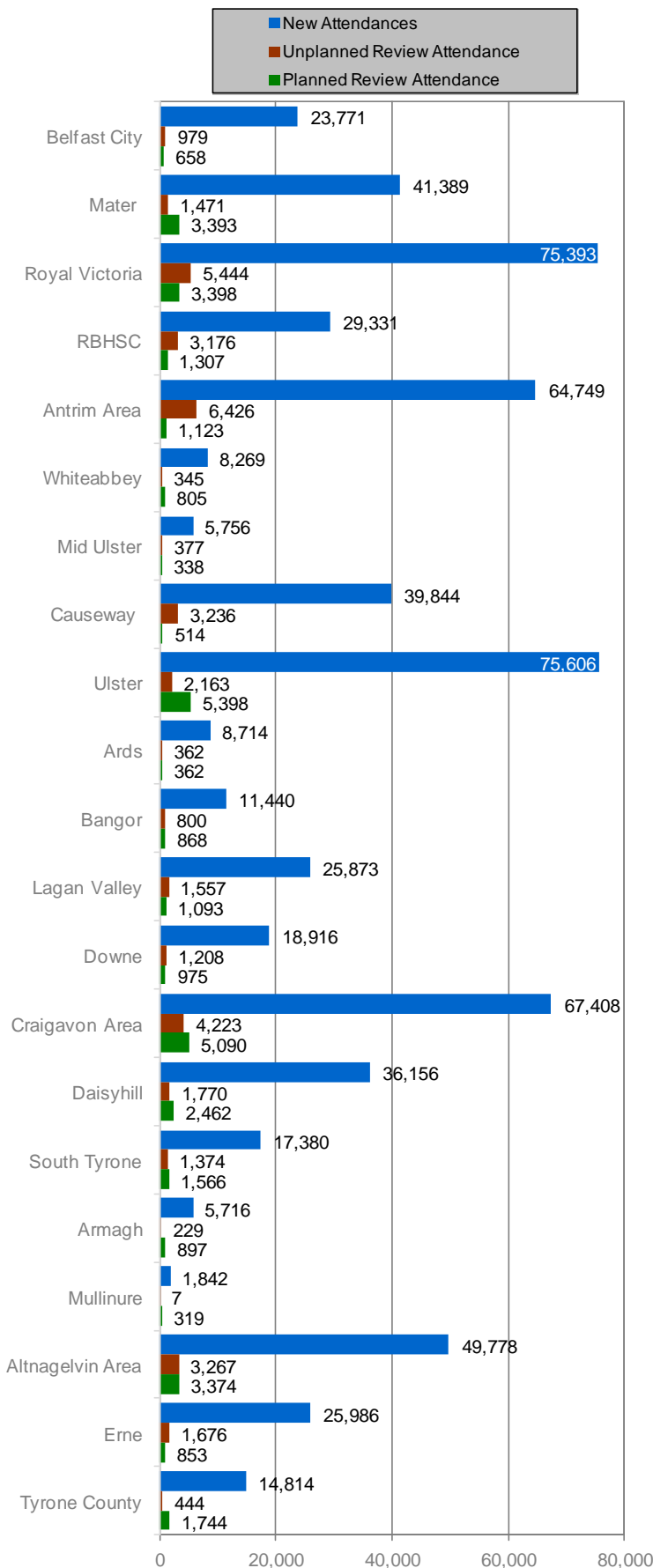


Figure 5 presents emergency care attendances (new, unplanned review and planned review) at each emergency care department in Northern Ireland in 2011/12.

Across HSC Hospitals, the Ulster (75,606), Royal Victoria (75,393), and Craigavon Area (67,408) emergency care departments reported the highest number of new attendances in 2011/12 (Figure 5, Table 2).

During 2011/12, the highest numbers of unplanned review attendances were reported in Antrim Area (6,426) and Royal Victoria (5,444) emergency care departments and the highest number of planned review attendances were reported in Ulster (5,398) and Craigavon Area (5,090) emergency care departments (Figure 5, Table 2).

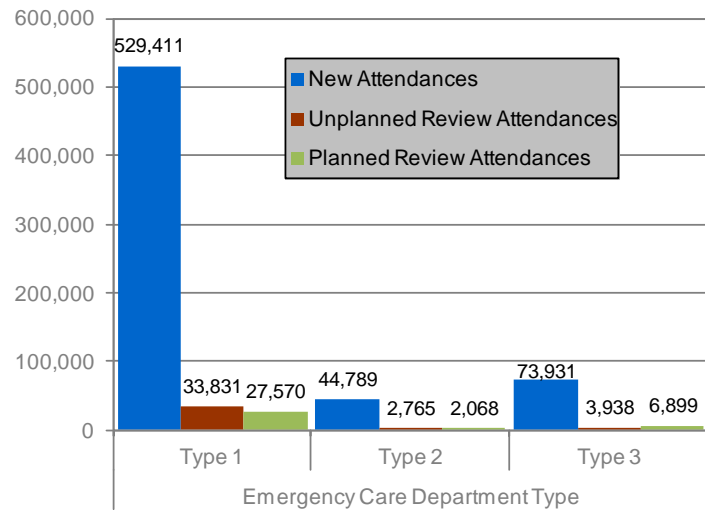
Figure 5: Attendances at Emergency Care Departments, by HSC Hospital (2011/12)



Emergency Care Department Type ⁶

Figure 6 shows the number of new, unplanned review and planned review attendances at emergency care departments during the year ending 31 March 2012, by type of emergency care department.

Figure 6: Attendances at Emergency Care, by Emergency Care Department Type (2011/12)



During 2011/12, more than four in five (590,812, 81.5%) of emergency care attendances were in Type 1 emergency care departments, 49,622 (6.8%) within Type 2 departments and 84,768 (11.7%) within Type 3 departments (Figure 6, Table 3).

During 2011/12, 89.6% (529,411) of all attendances at Type 1 emergency care departments were new attendances, compared with 90.3% (44,789) at Type 2 departments and 87.2% (73,931) at Type 3 departments (Table 3).

⁶ Refer to Appendix 1: Definitions – points 1.3 – 1.5.

Waiting Times at Emergency Care Departments ⁷

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

http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency_care-monthly_waiting_times.htm

It should be noted that only new and unplanned review attendances are included in the measurement of waiting times at emergency care departments.

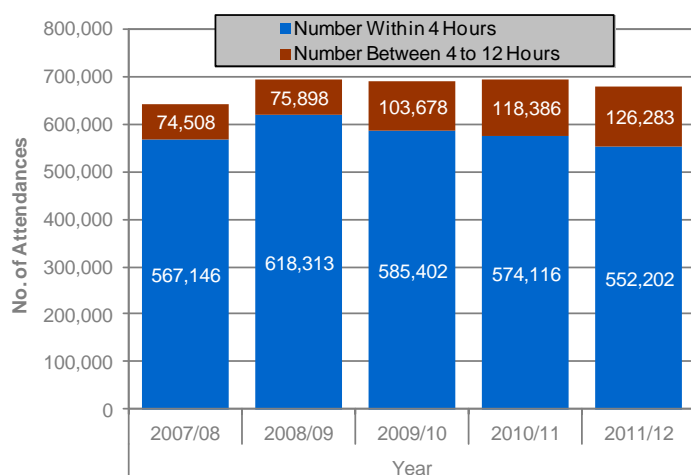
5 Year Trend

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.

Between 2007/08 and 2011/12, 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 8 percentage points, from 88.3% (567,146) to 80.2% (552,202) (Table 6, Figure 7).

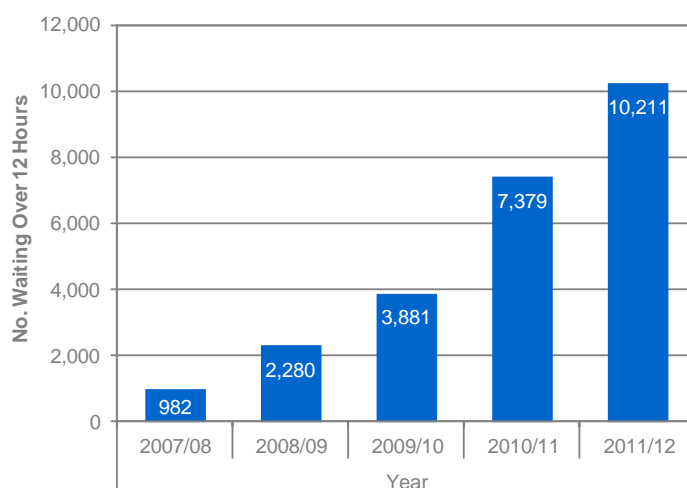
Since 2010/11, the percentage of patients treated and discharged or admitted within four hours of their arrival in an emergency care department has decreased by almost 2 percentage points from 82.0% (574,116) in 2010/11 to 80.2% (552,202) in 2011/12 (Table 6, Figure 7).

Figure 7: Emergency Care Attendances Waiting 12 Hours or Less (2007/08- 2011/12)



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

Figure 8: Emergency Care Attendances Waiting More Than 12 Hours (2007/08 – 2011/12)



Since 2007/08, the number of new and unplanned review attendances at emergency care departments has increased by 46,060 (7.2%), from 642,636 to 688,696 in 2011/12, but decreased by 11,185 (1.6%) since 2010/11 (Figures 7 and 8, Table 6).

Over the last 5 years, the number of new and unplanned review attendances waiting less than 4 hours in emergency care departments in Northern Ireland has decreased by 14,944 (2.6%), from 567,146 in 2007/08 to 552,202 in 2011/12 (Figure 7).

During this time, the number of attendances waiting 4 to 12 hours increased by 51,775 (69.5%), from 74,508 to 126,283 (Figure 7, Table 6).

In 2011/12, 10,211 (1.5%) new and unplanned review attendances waited over 12 hours at emergency care departments, more than 10 times higher than the number in 2007/08 (982, 0.2%). In particular between 2009/10 and 2011/12, this figure almost trebled from 3,881 (0.6%) to 10,211 (1.5%) (Figure 8, Table 6).

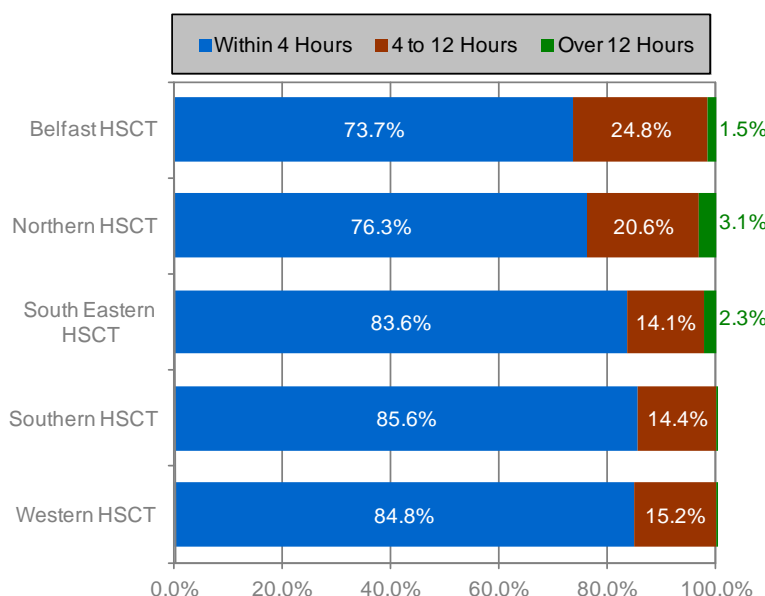
Financial Year 2011/12

Figure 9 shows the waiting times for new and unplanned review attendances during the year ending 31 March 2012, for each HSC Trust in Northern Ireland.

In 2011/12, the Southern HSC Trust reported the highest percentage of attendances waiting less than 4 hours (85.6%), whilst the Belfast HSC Trust reported the lowest proportion (73.7%) (Figure 9, Table 5).

Across HSC Hospitals, the Antrim Area hospital reported the lowest percentage of patients being treated, admitted or discharged from emergency care within 4 hours (68.9%), with Whiteabbey, Mid Ulster, Ards, Bangor, South Tyrone, Armagh & Mullinure all reporting the highest percentage (100.0%) (Table 5).

Figure 9: Waiting Times at Emergency Care Departments, by HSC Trust (2011/12)



In 2011/12, two fifths (39.8%) of the 10,211 emergency care attendances that waited more than 12 hours were in the Northern HSC Trust, 32.9% in the South Eastern HSC Trust, 26.9% in the Belfast HSC Trust, 0.4% in the Western HSC Trust. A further 10 (0.1%) 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 2011/12 was reported by the Ulster hospital (3,082), Antrim Area hospital (3,041), Royal Victoria hospital (1,754) and the Causeway hospital (1,020).

During 2011/12, no patients waited more than 12 hours at Whiteabbey, Mid Ulster, Ards, Bangor, South Tyrone, Armagh & Mullinure, and Tyrone County emergency care departments (Table 5).

⁸ Percentages detailed for the number of attendances waiting over 12 hours in the Southern and Western HSC Trusts have been rounded at 0.0%. However, in 2011/12 10 patients waited over 12 hours in the Southern HSC Trust and 36 waited over 12 hours in the Western HSC Trust.

Emergency Care Department Type⁹

Almost all (100.0%) 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 90.2% in Type 2 departments and 76.6% in Type 1 departments (Table 7).

During 2011/12, 97.3% (9,931) of emergency care attendances waiting more than 12 hours were in Type 1 emergency care departments, with the remaining 2.7% (280) in Type 2 departments (Table 7).

There were no emergency care attendances that waited more than 12 hours at Type 3 emergency care departments during 2011/12 (Table 7).

⁹ Refer to Appendix 3: Emergency Care Waiting Times (EC1) - points 3.10 to 3.14.

Patient Transport & Emergency Response

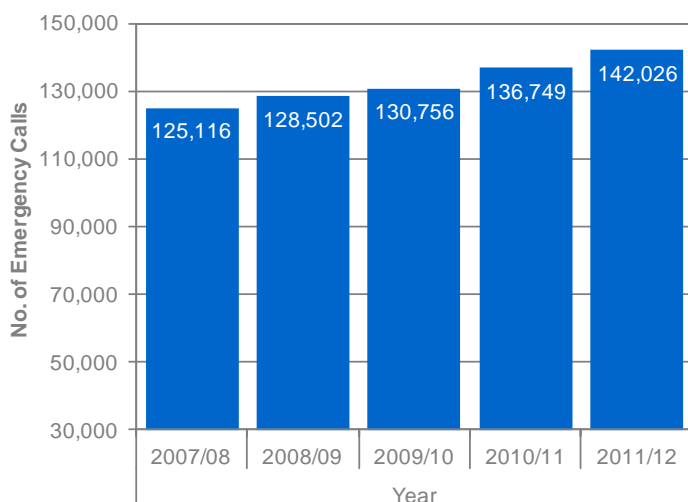
Emergency Calls

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 2007/08 to 2011/12.

Between 2007/08 and 2011/12, the number of emergency calls received by the NIAS increased by 16,910 (13.5%), from 125,116 to 142,026 (Figure 10, Table 15).

Figure 10: Number of Emergency Calls Received by the Northern Ireland Ambulance Service (2007/08- 2011/12)



Of the 142,026 emergency calls received in 2011/12, 26.1% (37,082) were received in the Belfast Local Commissioning Group (LCG), 23.6% (33,477) in the Northern, 18.0% (25,597) in the South Eastern, 17.1% (24,248) in the Southern and 15.2% (21,622) in the Western LCG area (Table 11).

Financial Year 2011/12

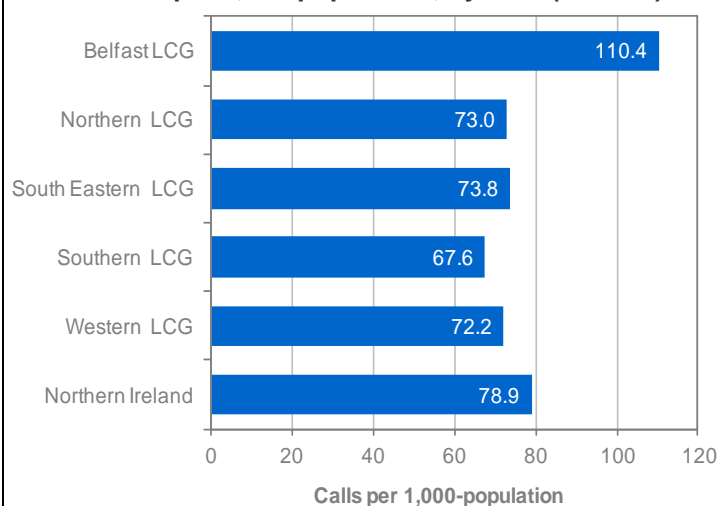
Figure 11 presents information on the number of emergency calls received by the NIAS per 1,000-population¹⁰ in each Local Commissioning Group in 2011/12.

¹⁰ Based on NISRA 2010 mid-year population estimate.

During 2011/12, 78.9 emergency calls were received by the NIAS per 1,000-population in Northern Ireland.

Across Local Commissioning Groups (LCGs), the number of emergency calls per 1,000-population ranged from 110.4 in the Belfast LCG to 67.6 in the Southern LCG.

Figure 11: Emergency Calls Received by the NIAS per 1,000-population, by LCG (2011/12)



There were 3,391 (2.4%) emergency calls received during 2011/12 where, following the arrival of an emergency response vehicle, no ambulance was required (Tables 11 & 12).

Across LCGs, the highest number (1,367, 3.7%) of emergency calls received where, following the arrival of an emergency response vehicle, no ambulance was required was reported by the Belfast LCG, compared with 699 (2.7%) in the South Eastern LCG, 632 (1.9%) in the Northern LCG, 472 (1.9%) in the Southern LCG and 221 (1.0%) in the Western LCG (Table 11).

Patient Journeys

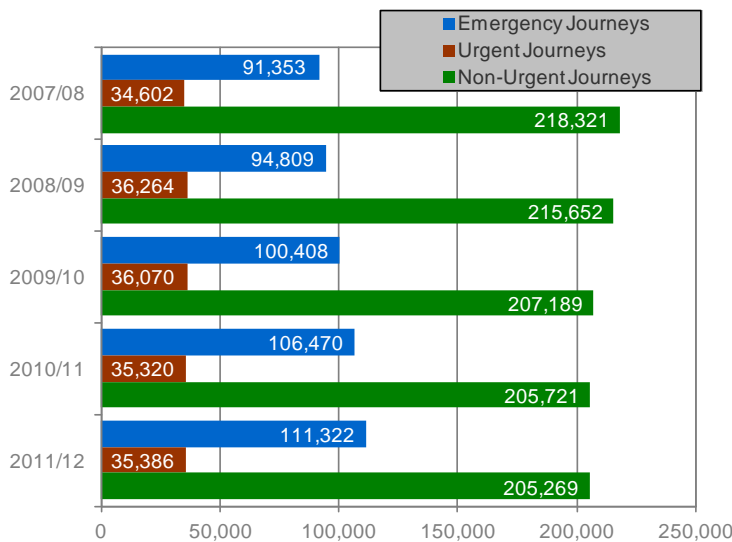
5 Year Trend

Figure 12 shows the number of emergency, urgent and non-urgent journeys made by the NIAS each year between 2007/08 and 2011/12.

Since 2007/08, the total number of patient journeys made by the NIAS increased by 7,701 (2.2%), from 344,276 to 351,997 in 2011/12 (Figure 12, Table 16).

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

Figure 12: Summary of Patient Journeys, Northern Ireland (2007/08 - 2011/12)



Between 2007/08 and 2011/12, the number of emergency patient journeys made by the NIAS increased by 19,969 (21.9%), from 91,353 to 111,322. (Figure 12, Table 16).

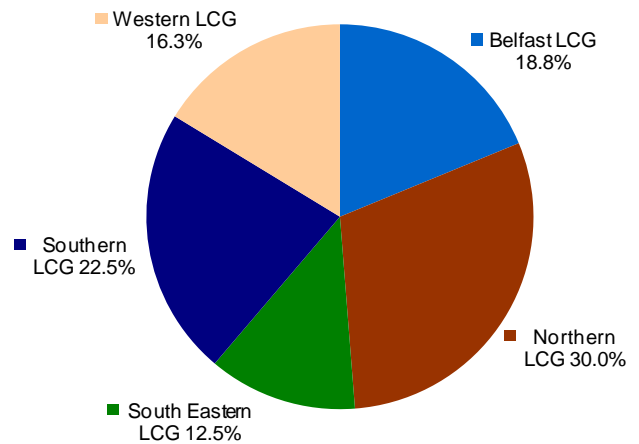
Although fluctuating over the 5 year period, the number of urgent patient journeys made by the NIAS increased by 784 (2.3%), from 34,602 in 2007/08 to 35,386 in 2011/12 (Figure 12, Table 16).

There were 205,269 non-urgent patient journeys made by the NIAS in 2011/12, representing a 6.0% (13,052) decrease on the number of non-urgent journeys made in 2007/08 (218,321) (Figure 12, Table 16).

Financial Year 2011/12

During 2011/12, a total of 351,977 patient journeys were made by the NIAS. Of these, 30.0% (105,491) were in the Northern LCG, 22.5% (79,107) in the Southern LCG, 18.8% (66,116) in the Belfast LCG, 16.3% (57,348) in the Western LCG and 12.5% (43,915) in the South Eastern LCG (Figure 13, Table 17).

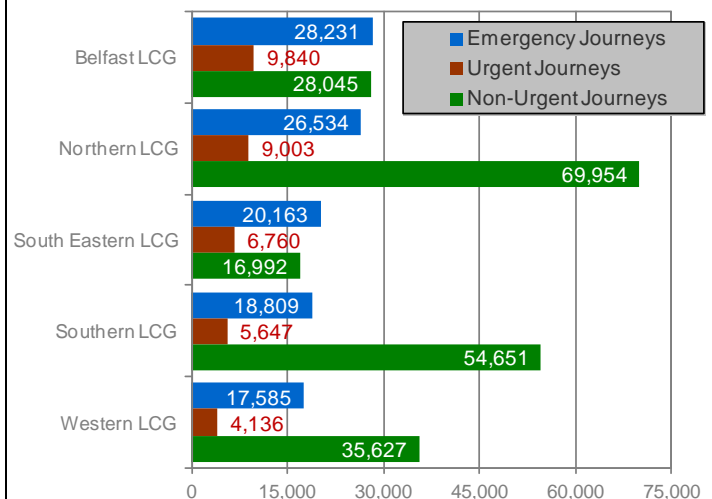
Figure 13: Summary of Patient Journeys, by LCG (2011/12)



Within the Western LCG (62.1%, 35,627), Southern LCG (69.1%, 54,651) and Northern LCG (66.3%, 69,954) the majority of patient journeys during 2011/12 were non-urgent (Figure 14, Table 17).

However, within the South Eastern LCG (45.9%, 20,163) and Belfast LCG (42.7%, 28,231) the highest percentage of patient journeys made during 2011/12, were emergency journeys (Figure 14, Table 17).

Figure 14: Summary of Patient Journeys, by Journey Type and LCG (2011/12)



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, that arrived within 8 minutes for the five year period between 2007/08 and 2011/12.

Figure 15: Percentage of Category A Calls Responded to Within 8 Minutes (2007/08 – 2011/12)

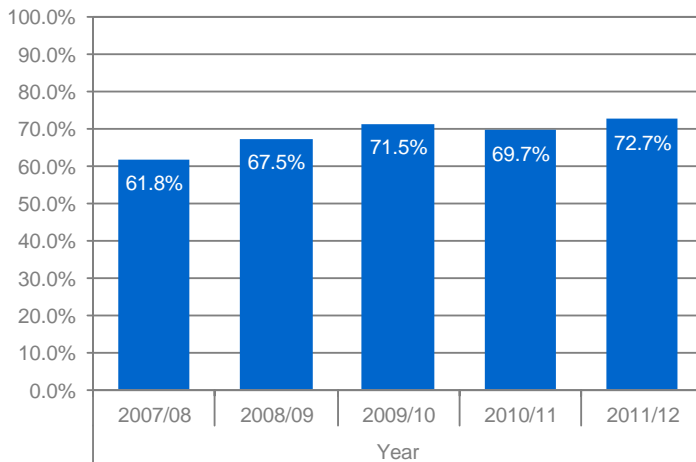
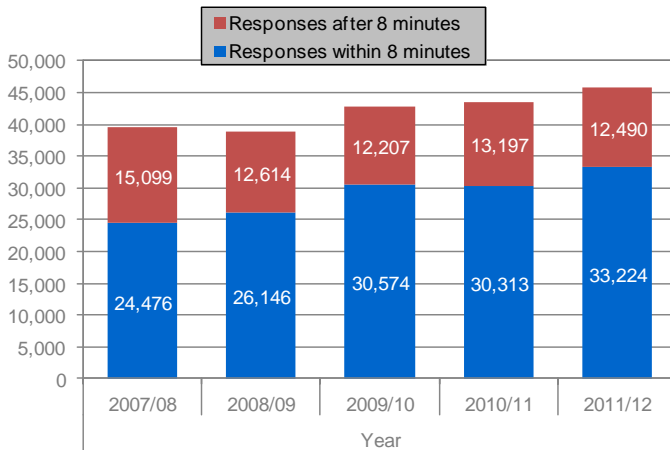


Figure 16: Response Times for Category A Calls (2007/08 – 2011/12)



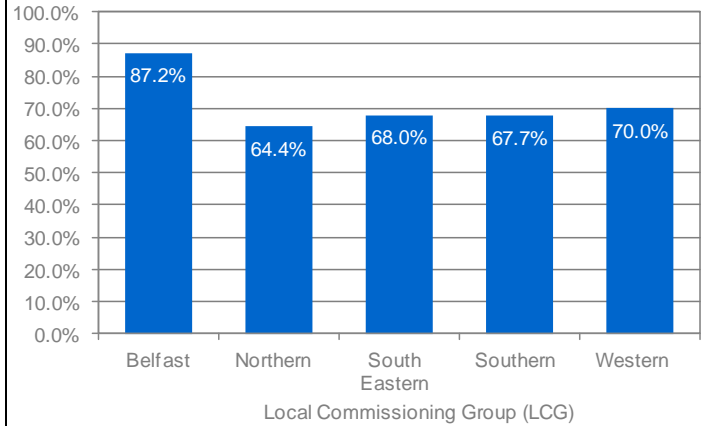
Since 2007/08, the total number of calls resulting in an emergency response arriving at the scene of an incident increased by 15.5% (6,139) from 39,575 to 45,714 in 2011/12. During this time, the percentage of category A calls responded to within 8 minutes has increased by almost 11 percentage points, from 61.8% (24,476) to 72.7% (33,224) in 2011/12. (Figures 15 & 16, Table 15).

¹¹ Refer to Appendix 1: Definitions – point 1.13.

Financial Year 2011/12

Of the 49,265 category A calls received by the NIAS in 2011/12, 92.8% (45,714) resulted in an emergency response vehicle arriving at the scene of the incident (Table 12).

Figure 17: Response Times for Category A Calls by LCG (2011/12)



Across LCGs, the percentage of category A calls responded to within 8 minutes in 2011/12 ranged from 87.2% in the Belfast LCG to 64.4% in the Northern LCG (Figure 17, 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 July 2011 (76.2%), with the lowest percentage in December 2011 (66.8%) (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 June 2011 (91.5%), whilst the lowest percentage was reported in the Northern LCG during December 2011 (57.9%) (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 21 minutes.

Of the 69,453 category B calls received by the NIAS in 2011/12, 94.4% (65,538) resulted in an emergency response vehicle arriving at the scene of the incident, 86.1% of which arrived within 21 minutes (Tables 11 & 12).

In 2011/12, the highest percentage of category B calls responded to within 21 minutes was in the Western LCG (88.2%), compared with 86.9% in the Southern and Belfast LCGs, 85.8% in the Northern LCG, and 83.0% in the South Eastern LCG (Table 11).

Category C Calls¹³

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

Of the 23,308 category C calls received by the NIAS in 2011/12, 90.9% (21,195) resulted in an emergency response vehicle arriving at the scene of the incident, 79.8% of which arrived within 21 minutes (Tables 11 & 12).

In 2011/12, the highest percentage of category C calls responded to within 21 minutes was in the Western LCG (84.7%), compared with 83.5% in the Southern LCG, 78.3% in the Belfast LCG, 77.8% in the Northern LCG and 77.5% in the South Eastern LCG (Table 11).

¹² Refer to Appendix 1: Definitions – point 1.14.

¹³ Refer to Appendix 1: Definitions – point 1.15.

Tables

Table 1: Total Attendances at Emergency Care Departments (2007/08 – 2011/12) ¹⁴

Attendance Type	Year					Percentage Change 2010/11 - 2011/12	Percentage Change 2007/08 - 2011/12
	2007/08	2008/09	2009/10	2010/11	2011/12		
New Attendances	650,502	673,447	669,085	674,400	648,131	-3.9%	-0.4%
Review Attendances	67,556	58,575	58,850	56,609	77,071	36.1%	14.1%
Total Attendances	718,058	732,022	727,935	731,009	725,202	-0.8%	1.0%

Source: KH09 (ii) Departmental Return

Table 2: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2011/12)

HSC Trust / Hospital	New Attendances		Unplanned Review Attendances		Planned Review Attendances		Total Attendances
	Number	%	Number	%	Number	%	
Belfast City ¹⁵	23,771	93.6%	979	3.9%	658	2.6%	25,408
Mater	41,389	89.5%	1,471	3.2%	3,393	7.3%	46,253
Royal Victoria	75,393	89.5%	5,444	6.5%	3,398	4.0%	84,235
RBHSC	29,331	86.7%	3,176	9.4%	1,307	3.9%	33,814
Belfast HSCT	169,884	89.5%	11,070	5.8%	8,756	4.6%	189,710
Antrim Area	64,749	89.6%	6,426	8.9%	1,123	1.6%	72,298
Whiteabbey	8,269	87.8%	345	3.7%	805	8.5%	9,419
Mid Ulster	5,756	89.0%	377	5.8%	338	5.2%	6,471
Causeway	39,844	91.4%	3,236	7.4%	514	1.2%	43,594
Northern HSCT	118,618	90.0%	10,384	7.9%	2,780	2.1%	131,782
Ulster	75,606	90.9%	2,163	2.6%	5,398	6.5%	83,167
Ards	8,714	92.3%	362	3.8%	362	3.8%	9,438
Bangor	11,440	87.3%	800	6.1%	868	6.6%	13,108
Lagan Valley ¹⁶	25,873	90.7%	1,557	5.5%	1,093	3.8%	28,523
Downe ¹⁴	18,916	89.7%	1,208	5.7%	975	4.6%	21,099
South Eastern HSCT	140,549	90.5%	6,090	3.9%	8,696	5.6%	155,335
Craigavon Area	67,408	87.9%	4,223	5.5%	5,090	6.6%	76,721
Daisyhill	36,156	89.5%	1,770	4.4%	2,462	6.1%	40,388
South Tyrone	17,380	85.5%	1,374	6.8%	1,566	7.7%	20,320
Armagh	5,716	83.5%	229	3.3%	897	13.1%	6,842
Mullinure	1,842	85.0%	7	0.3%	319	14.7%	2,168
Southern HSCT	128,502	87.8%	7,603	5.2%	10,334	7.1%	146,439
Altnagelvin Area	49,778	88.2%	3,267	5.8%	3,374	6.0%	56,419
Erne	25,986	91.1%	1,676	5.9%	853	3.0%	28,515
Tyrone County	14,814	87.1%	444	2.6%	1,744	10.3%	17,002
Western HSCT	90,578	88.9%	5,387	5.3%	5,971	5.9%	101,936
Northern Ireland	648,131	89.4%	40,534	5.6%	36,537	5.0%	725,202

Source: KH09 (ii) Departmental Return

¹⁴ Note that the KH09(ii) information return was amended in June 2011 to collect information on new, unplanned and planned review attendances. With this in mind, care should be taken when making comparisons of attendance type for previous years.

¹⁵ Belfast City emergency care department closed on 1st November 2011, see Appendix 3, note 3.14.

¹⁶ See Appendix 3, notes 3.12 & 3.13 for details of changes to provision of emergency care services at Lagan Valley and Downe.

Table 3: Total Attendances at Emergency Care Departments by Department Type (2011/12)

Emergency Care Department Type	New Attendances		Unplanned Review Attendances		Planned Review Attendances		Total Attendances
	Number	%	Number	%	Number	%	
Type 1	529,411	89.6%	33,831	5.7%	27,570	4.7%	590,812
Type 2	44,789	90.3%	2,765	5.6%	2,068	4.2%	49,622
Type 3	73,931	87.2%	3,938	4.6%	6,899	8.1%	84,768
Total	648,131	89.4%	40,534	5.6%	36,537	5.0%	725,202

Source: KH09 (ii) Departmental Return

Table 4: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2009/10 - 2011/12)

HSC Trust / Hospital	Total Attendances		
	2009/10	2010/11	2011/12
Belfast City ¹⁷	45,018	45,008	25,408
Mater	41,298	43,801	46,253
Royal Victoria	71,081	75,652	84,235
RBHSC	31,531	31,645	33,814
Belfast HSCT	188,928	196,106	189,710
Antrim Area	67,012	72,216	72,298
Whiteabbey	20,084	10,446	9,419
Mid Ulster	18,444	7,981	6,471
Causeway	42,012	44,301	43,594
Northern HSCT	147,552	134,944	131,782
Ulster	74,639	76,013	83,167
Ards	9,660	9,520	9,438
Bangor	12,208	13,278	13,108
Lagan Valley ¹⁸	33,627	34,160	28,523
Downe ¹⁶	24,159	22,963	21,099
South Eastern HSCT	154,293	155,934	155,335
Craigavon Area	76,465	76,732	76,721
Daisy Hill	37,044	39,105	40,388
South Tyrone	17,137	18,791	20,320
Armagh	5,992	6,431	6,842
Mullinure	2,488	2,396	2,168
Southern HSCT	139,126	143,455	146,439
Altnagelvin Area	56,910	56,862	56,419
Erne	26,430	27,929	28,515
Tyrone County	14,696	15,779	17,002
Western HSCT	98,036	100,570	101,936
Northern Ireland	727,935	731,009	725,202

Source: KH09 (ii) Departmental Return

¹⁷ Belfast City emergency care department closed on 1st November 2011, see Appendix 3, note 3.14.¹⁸ See Appendix 3, notes 3.12 & 3.13 for details of changes to provision of emergency care services at Lagan Valley and Downe.

Table 5: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by HSC Trust / Hospital (2011/12)

HSC Trust / Hospital	Waiting Time at Emergency Care Department						Total (New & Unplanned Review)
	Within 4 Hours		4 to 12 Hours		Over 12 Hours		
	Number	%	Number	%	Number	%	
Belfast City	19,083	77.3%	5,513	22.3%	105	0.4%	24,701
Mater	30,416	71.0%	11,557	27.0%	872	2.0%	42,845
Royal Victoria	57,655	71.1%	21,685	26.7%	1,754	2.2%	81,094
RBHSC	26,334	81.1%	6,133	18.9%	11	0.0%	32,478
Belfast HSC Trust	133,488	73.7%	44,888	24.8%	2,742	1.5%	181,118
Antrim Area	49,045	68.9%	19,089	26.8%	3,041	4.3%	71,175
Whiteabbey	8,611	100.0%	3	0.0%	0	0.0%	8,614
Mid Ulster	6,133	100.0%	0	0.0%	0	0.0%	6,133
Causeway	34,580	80.3%	7,480	17.4%	1,020	2.4%	43,080
Northern HSC Trust	98,369	76.3%	26,572	20.6%	4,061	3.1%	129,002
Ulster	58,335	75.0%	16,340	21.0%	3,082	4.0%	77,757
Ards	9,076	100.0%	0	0.0%	0	0.0%	9,076
Bangor	12,240	100.0%	0	0.0%	0	0.0%	12,240
Lagan Valley	24,728	90.6%	2,339	8.6%	213	0.8%	27,280
Downe	18,057	89.6%	2,018	10.0%	67	0.3%	20,142
South Eastern HSC Trust	122,436	83.6%	20,697	14.1%	3,362	2.3%	146,495
Craigavon Area	54,139	75.6%	17,499	24.4%	7	0.0%	71,645
Daisy Hill	35,876	94.6%	2,048	5.4%	3	0.0%	37,927
South Tyrone	18,748	100.0%	3	0.0%	0	0.0%	18,751
Armagh & Mullinure	7,793	100.0%	0	0.0%	0	0.0%	7,793
Southern HSC Trust	116,556	85.6%	19,550	14.4%	10	0.0%	136,116
Altnagelvin Area	40,089	75.6%	12,922	24.4%	34	0.1%	53,045
Erne	26,020	94.1%	1,640	5.9%	2	0.0%	27,662
Tyrone County	15,244	99.9%	14	0.1%	0	0.0%	15,258
Western HSC Trust	81,353	84.8%	14,576	15.2%	36	0.0%	95,965
Northern Ireland	552,202	80.2%	126,283	18.3%	10,211	1.5%	688,696

Source: EC1 Departmental Return

Table 6: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments (2007/08 – 2011/12)

Waiting Time at Emergency Care Department	Year					Percentage Change 2010/11 - 2011/12	Percentage Change 2007/08 - 2011/12
	2007/08	2008/09	2009/10	2010/11	2011/12		
Number Within 4 Hours	567,146	618,313	585,402	574,116	552,202	-3.8%	-2.6%
Percentage Within 4 Hours	88.3%	88.8%	84.5%	82.0%	80.2%		
Number Between 4 to 12 Hours	74,508	75,898	103,678	118,386	126,283	6.7%	69.5%
Percentage Between 4 to 12 Hours	11.6%	10.9%	15.0%	16.9%	18.3%		
Number Over 12 Hours	982	2,280	3,881	7,379	10,211	38.4%	939.8%
Percentage Over 12 Hours	0.2%	0.3%	0.6%	1.1%	1.5%		
Total	642,636	696,491	692,961	699,881	688,696	-1.6%	7.2%

Source: EC1 Departmental Return

Table 7: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by Department Type (2011/12)

Emergency Care Department Type	Waiting Time at Emergency Care Department						Total (New & Unplanned Review)
	Within 4 Hours		4 to 12 Hours		Over 12 Hours		
	Number	%	Number	%	Number	%	
Type 1	431,572	76.6%	121,906	21.6%	9,931	1.8%	563,409
Type 2	42,785	90.2%	4,357	9.2%	280	0.6%	47,422
Type 3	77,845	100.0%	20	0.0%	0	0.0%	77,865
Total	552,202	80.2%	126,283	18.3%	10,211	1.5%	688,696

Source: EC1 Departmental Return

Table 8: New & Unplanned Review Attendances by HSC Trust / Hospital (2009/10 - 2011/12)

HSC Trust / Hospital	New & Unplanned Review Attendances		
	2009/10	2010/11	2011/12
Belfast City ¹⁹	42,840	43,990	24,701
Mater	39,457	41,405	42,845
Royal Victoria	67,457	73,677	81,094
RBHSC	30,727	31,683	32,478
Belfast HSCT	180,481	190,755	181,118
Antrim Area	65,594	70,902	71,175
Whiteabbey	19,006	9,860	8,614
Mid Ulster	17,251	7,587	6,133
Causeway	41,367	43,695	43,080
Northern HSCT	143,218	132,044	129,002
Ulster	72,110	73,833	77,757
Ards	9,144	9,122	9,076
Bangor	11,384	12,308	12,240
Lagan Valley ²⁰	32,128	32,559	27,280
Downe	23,398	22,064	20,142
South Eastern HSCT	148,164	149,886	146,495
Craigavon Area	71,281	71,522	71,645
Daisy Hill	34,269	36,464	37,927
South Tyrone	15,491	17,151	18,751
Armagh & Mullinure	7,574	7,763	7,793
Southern HSCT	128,615	132,900	136,116
Altnagelvin Area	53,455	53,570	53,045
Erne	26,296	26,806	27,662
Tyrone County	12,732	13,920	15,258
Western HSCT	92,483	94,296	95,965
Northern Ireland	692,961	699,881	688,696

Source: EC1 Departmental Return

¹⁹ Belfast City emergency care department closed on 1st November 2011, see Appendix 3, note 3.14.

²⁰ See Appendix 3, notes 3.12 & 3.13 for details of changes to provision of emergency care services at Lagan Valley and Downe.

Table 9: New & Unplanned Review Attendances seen within 4 hours by HSC Trust / Hospital (2009/10 - 2011/12)

HSC Trust / Hospital	Percentage seen within 4 hours		
	2009/10	2010/11	2011/12
Belfast City	71.4%	71.9%	77.3%
Mater	79.2%	68.3%	71.0%
Royal Victoria	77.8%	77.1%	71.1%
RBHSC	84.0%	81.5%	81.1%
Belfast HSCT	77.8%	74.7%	73.7%
Antrim Area	74.0%	67.6%	68.9%
Whiteabbey	99.0%	99.5%	100.0%
Mid Ulster	98.0%	98.7%	100.0%
Causeway	89.0%	85.0%	80.3%
Northern HSCT	84.0%	77.6%	76.3%
Ulster	78.0%	80.4%	75.0%
Ards	100.0%	100.0%	100.0%
Bangor	100.0%	100.0%	100.0%
Lagan Valley	88.0%	87.2%	90.6%
Downe	94.0%	91.7%	89.6%
South Eastern HSCT	85.0%	86.4%	83.6%
Craigavon Area	90.0%	83.3%	75.6%
Daisy Hill	94.0%	95.5%	94.6%
South Tyrone	100.0%	100.0%	100.0%
Armagh & Mullinure	100.0%	100.0%	100.0%
Southern HSCT	93.0%	89.8%	85.6%
Altnagelvin Area	77.6%	77.6%	75.6%
Erne	92.6%	92.8%	94.1%
Tyrone County	99.9%	99.9%	99.9%
Western HSCT	84.9%	85.2%	84.8%
Northern Ireland	84.0%	82.0%	80.2%

Source: EC1 Departmental Return

Table 10: New & Unplanned Review Attendances waiting over 12 hours by HSC Trust / Hospital (2009/10 - 2011/12)

HSC Trust / Hospital	Number Waiting Over 12 Hours		
	2009/10	2010/11	2011/12
Belfast City	293	615	105
Mater	446	1,428	872
Royal Victoria	601	1,216	1,754
RBHSC	3	13	11
Belfast HSCT	1,343	3,272	2,742
Antrim Area	720	2,440	3,041
Whiteabbey	0	0	0
Mid Ulster	0	0	0
Causeway	99	319	1,020
Northern HSCT	819	2,759	4,061
Ulster	1,337	829	3,082
Ards	0	0	0
Bangor	0	0	0
Lagan Valley	270	309	213
Downe	30	147	67
South Eastern HSCT	1,637	1,285	3,362
Craigavon Area	4	7	7
Daisy Hill	0	0	3
South Tyrone	0	0	0
Armagh & Mullinure	0	0	0
Southern HSCT	4	7	10
Altnagelvin Area	76	51	34
Erne	2	5	2
Tyrone County	0	0	0
Western HSCT	78	56	36
Northern Ireland	3,881	7,379	10,211

Source: EC1 Departmental Return

Table 11: Summary of Emergency Calls & Response by Local Commissioning Group (2011/12)

Performance Measure	Local Commissioning Group					Northern Ireland
	Belfast	Northern	South Eastern	Southern	Western	
Total number of emergency calls	37,082	33,477	25,597	24,248	21,622	142,026
Number of calls where following the arrival of an emergency response no ambulance is required	1,367	632	699	472	221	3,391
Percentage of Category A calls responded to within 8 minutes	87.2%	64.4%	68.0%	67.7%	70.0%	72.7%
Percentage of Category B calls responded to within 21 minutes	86.9%	85.8%	83.0%	86.9%	88.2%	86.1%
Percentage of Category C calls responded to within 21 minutes	78.3%	77.8%	77.5%	83.5%	84.7%	79.8%

Source: KA34 Departmental Return

Table 12: Summary of Emergency Calls & Response by Category of Call (2011/12)

Emergency Calls & Response	Category A: Immediately life threatening calls	Category B: Serious but not immediately life threatening	Category C: Not immediately life threatening or serious	TOTAL
Total Calls	49,265	69,453	23,308	142,026
Calls resulting in an emergency response	45,714	65,538	21,195	132,447
Response within 8 minutes	33,224	37,737	11,826	82,787
Arrival of emergency response, but no ambulance was required	765	1,697	929	3,391
Calls resulting in an emergency response which is able to transport a patient	44,949	63,841	20,266	129,056
Response within 21 minutes	40,907	54,977	16,175	112,059

Source: KA34 Departmental Return

Table 13: Patient Transport – Performance of Category A Response (2011/12)

Month	Percentage of Category A 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-11	88.3%	61.7%	70.1%	63.0%	69.3%	71.8%
May-11	90.3%	65.1%	67.6%	69.3%	68.4%	73.6%
Jun-11	91.5%	67.0%	70.2%	70.7%	71.0%	75.3%
Jul-11	91.1%	67.1%	70.0%	75.1%	73.2%	76.2%
Aug-11	89.6%	66.1%	70.5%	69.1%	69.5%	74.2%
Sep-11	89.0%	69.2%	70.9%	69.1%	74.1%	75.7%
Oct-11	87.6%	66.7%	67.0%	67.1%	75.4%	73.9%
Nov-11	86.8%	64.6%	68.4%	69.2%	68.0%	72.5%
Dec-11	79.3%	57.9%	60.9%	65.3%	65.9%	66.8%
Jan-12	84.1%	62.0%	66.9%	64.3%	71.0%	70.8%
Feb-12	86.9%	66.0%	68.8%	66.6%	70.9%	73.1%
Mar-12	84.1%	60.3%	65.9%	64.9%	65.4%	69.6%

Source: KA34 Departmental Return

Table 14: Patient Transport – Performance of Category A Response (2007/08– 2011/12)

Year	Percentage of Category A calls resulting in an emergency response arriving at the scene of the incident within 8 minutes
2007/08	61.8%
2008/09	67.5%
2009/10	71.5%
2010/11	69.7%
2011/12	72.7%

Source: KA34 Departmental Return

Table 15: Response Times by Category of Call (2007/08– 2011/12)

Category of Call	Emergency Response	2007/08	2008/09	2009/10	2010/11	2011/12
Category A	No. arriving at the scene of the incident	39,575	38,760	42,781	43,510	45,714
	No. arriving at the scene of the incident within 8 minutes	24,476	26,146	30,574	30,313	33,224
	Percentage arriving at the scene of the incident within 8 minutes	61.8%	67.5%	71.5%	69.7%	72.7%
Category B	No. arriving at the scene of the incident, which is able to transport a patient	43,609	60,293	63,097	62,929	63,841
	No. arriving at the scene of the incident within 21 minutes	40,228	55,742	57,379	54,941	54,977
	Percentage arriving at the scene of the incident within 21 minutes	92.2%	92.5%	90.9%	87.3%	86.1%
Category C	No. arriving at the scene of the incident, which is able to transport a patient	24,644	13,822	14,129	18,063	20,266
	No. arriving at the scene of the incident within 21 minutes	22,530	12,303	12,203	14,886	16,175
	Percentage arriving at the scene of the incident within 21 minutes	91.4%	89.0%	86.4%	82.4%	79.8%
Total Emergency Calls		125,116	128,502	130,756	136,749	142,026

Source: KA34 Departmental Return

Table 16: Summary of Patient Journeys (2007/08– 2011/12)

Year	Emergency Journeys	Urgent Journeys	Non-Urgent Journeys	Total Patient Journeys
2007/08	91,353	34,602	218,321	344,276
2008/09	94,809	36,264	215,652	346,725
2009/10	100,408	36,070	207,189	343,667
2010/11	106,470	35,320	205,721	347,511
2011/12	111,322	35,386	205,269	351,977

Source: KA34 Departmental Return

Table 17: Summary of Patient Journeys by Local Commissioning Group (2011/12)

Local Commissioning Group (LCG)	Emergency Journeys	Urgent Journeys	Non-Urgent Journeys	Total Patient Journeys
Belfast	28,231	9,840	28,045	66,116
Northern	26,534	9,003	69,954	105,491
South Eastern	20,163	6,760	16,992	43,915
Southern	18,809	5,647	54,651	79,107
Western	17,585	4,136	35,627	57,348
Northern Ireland	111,322	35,386	205,269	351,977

Source: KA34 Departmental Return

Appendix 1: Definitions

1.1 Emergency Care Department

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

1.2 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.

1.3 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.

1.4 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.

1.5 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.

1.6 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.

1.7 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.

1.8 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 1.6) and unplanned re-attendances.

1.9 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).

1.10 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.

1.11 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).

1.12 Urgent Patient Journey

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

1.13 Category A Calls

Presenting conditions which may be immediately life threatening.

1.14 Category B Calls

Presenting conditions which though serious are not immediately life threatening.

1.15 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). Since 1st March 2011, the KH09 (ii) return splits review attendances by 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, unplanned review and planned review attendances (excluding non-A&E outpatient clinic attendances).
- 2.5** Planned review attendances include only planned review 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** 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). With this in mind, information on the type of attendance for 2011/12 is not directly comparable with the information collected for previous years.

Categorisation of Emergency Care Departments 2011/12

HSC Trust	Emergency Care Department		
	Type 1	Type 2	Type 3
Belfast	Belfast City		
	Mater		
	Royal Victoria		
	RBHSC		
Northern	Antrim Area		Whiteabbey
	Causeway		Mid Ulster
South Eastern	Ulster	Lagan Valley	Ards
		Downe	Bangor
Southern	Craigavon Area		South Tyrone
	Daisyhill		Armagh/Mullinure
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** 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). Information from emergency care departments, using other administrative systems to record emergency care waiting times, continues to be sourced from the aggregate EC1 return. HSC Trusts have been instructed to generate this information on the 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 target for Northern Ireland on emergency care waiting times for 2011/12 states that,
'95% of patients attending Types 1, 2 or 3 A&E departments are either treated and discharged home, or admitted, within four hours of their arrival in the department, and; no patient attending any A&E department should wait longer than 12 hours either to be treated and discharged home, or admitted.'
- 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 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.
- 3.8** The figures in this release relate to all patients, including paediatric patients.
- 3.9** 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.
- 3.10** From 2nd March 2009, Tyrone County emergency care department was reconfigured from a consultant-led treatment service (Type 2 - emergency care department) to a minor injury unit with designated accommodation for the reception of patients with minor injuries and/or illnesses (Type 3 - emergency care department). This should be taken into consideration when drawing historic comparisons between Type 2 and Type 3 emergency care departments.

- 3.11** From 24th May 2010, Mid-Ulster and Whiteabbey emergency care departments were reconfigured from consultant-led treatment services (Type 2 - emergency care departments) to minor injury units with designated accommodation for the reception of patients with minor injuries and/or illnesses (Type 3 - emergency care departments). On this basis, figures presented in this bulletin for Type 2 emergency care departments are inclusive of all Type 2 emergency care departments and all activity within Mid-Ulster and Whiteabbey emergency care departments between 1st May 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 May 24th and May 31st 2010. This should be taken into consideration when drawing historic comparisons between Type 2 and Type 3 emergency care departments.
- 3.12** 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.
- 3.13** 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 is a temporary change due to a shortage of medical staff but the change is expected to be in place for a number of months.
- 3.14** 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.

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 21 minutes of the initial call, not within 21 minutes from arrival of initial responder.
- 4.5** The Ministerial target for Northern Ireland on ambulance response times for 2011/12 states that,

'An average of 72.5% of Category A (life threatening) calls are responded to within eight minutes regionally and not less than 65% of Category A (life threatening) calls are responded to within eight minutes in any Local Commissioning Group (LCG) Area.'

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.

While seasonal impact should be minimal, it is advisable that users refer to the trend analysis provided which presents information for the previous 15 months.

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

Description of data

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

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

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

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

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

Data Provider

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

Data Quality Assessment

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

http://www.dhsspsni.gov.uk/kh09_guidance_jun_11.pdf

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 recent 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 for 2011/12 with previous years. However, it is possible to compare total attendances at emergency care departments in 2011/12 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 all users to compare similar types of emergency care departments in Northern Ireland, i.e. Type 1, 2 or 3 departments. Explanatory note nine (Appendix 2, note 2.7) outlines 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. Directly from HSC Trusts using the aggregate EC1 information return for the remaining emergency care departments which use the SYMPHONY/Independent administrative systems.

It should be noted that Hospital Information Branch (HIB) intend to source patient level data from the SYMPHONY/Independent administrative systems once it has been added to the HSC Data Warehouse facility and has been fully tested.

Data Quality Assessment

Data is of 'Very good' quality, and is solely derived from administrative systems (NIRAES/SYMPHONY/Independent); although, it should be noted that for NIRAES sites we access this information directly from the Data Warehouse, whilst sites using SYMPHONY / 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 six (Appendix 1) outlines in more detail how these waiting times are measured. It should also be noted that the length of time waiting 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 for all 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 1.5 (Appendix 1) outlines 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 months. Such changes in provision of services are footnoted in the body of the bulletin as appropriate.

(iii) Patient Transport and Emergency Response Times

Description of data

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

- Category A refers to calls where the presenting conditions may be life threatening. These calls should be responded to 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 within 21 minutes.
- Category C refers to calls where the presenting conditions are not immediately life threatening or series. These calls should be responded to within 21 minutes.

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 / 21 minutes of the call being received, allows the user to monitor the proportion of emergency responses which arrived at the scene within 8 or 21 minutes. This is calculated by:

$$\frac{\text{Number of emergency response arriving at scene of the incident within 8 / 21 minutes}}{\text{Number of emergency response arriving at scene of the incident}} \times 100$$

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 which arrives at the scene of the incident.
- Number of calls resulting in an emergency response which arrive at the scene of the incident within 8 minutes.
- Number of calls where following the arrival of an emergency response no ambulance is required.
- Number of calls resulting in an ambulance arriving at the scene of an accident, which is able to transport a patient.
- Number of calls resulting in an ambulance arriving at the scene of an accident, which is able to transport a patient, within 21 minutes.

Additional data on patient journeys is included: total number of emergency patient journeys is inclusive of: all category A, B and C calls, total urgent patient journeys, number of urgent patient journey transport that arrives no longer than 15 minutes late, and total number of non-urgent journeys. Non-urgent journeys refer to special or planned journeys.

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.

Data Quality Assessment

Data is of 'Very good' quality, and 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 – this is the number of emergency calls categorised as category A, category B and category C received during the financial year 1 April to 31 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 length of time from the emergency call being logged (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 proportion of Category B and C calls being responded to 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, total urgent patient journeys, and total number of non-urgent journeys allows users to further gauge the demand for ambulance services.

Appendix 6: 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.
- Regional Data Warehouse. Hospital Information Branch has been downloading patient level data on emergency care waiting times from the Regional Data Warehouse since 1st July 2011, for those emergency care departments using the Northern Ireland Regional Accident & Emergency System (NIRAES).

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 NIRAES data downloaded from regional data warehouse) 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, and also NIRAES 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: 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