



# NORTHERN IRELAND HOSPITAL STATISTICS: EMERGENCY CARE (2012/13)

This publication presents information on activity at Emergency Care Departments in Northern Ireland during the year ending 31 March 2013. 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/hospital-stats/emergency\\_care-3/emergency-care-stats.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency-care-stats.htm)

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## Key Points

- Between 2008/09 and 2012/13, the total number of attendances at emergency care departments decreased by 16,273 (2.2%), from 732,022 to 715,749 (Figure 1, Table 1).
- Since 2011/12, the total number of attendances at emergency care departments decreased by 9,453 (1.3%), from 725,202 to 715,749 (Figure 1, Table 1).
- Almost one in four (24.6%) attendances at emergency care departments during 2012/13 were in the Belfast HSC Trust (176,006) (Figure 3, Table 2).
- In 2012/13, 535,891 (78.5%) out of a total of 682,415 new and unplanned review attendances at emergency care departments were either treated and discharged or admitted within four hours of their arrival, compared with 80.2% in 2011/12 and 88.8% in 2008/09 (Figure 7, Table 6).
- In 2012/13, 5,560 (0.8%) new and unplanned review attendances at emergency care departments waited over 12 hours, more than double the number in 2008/09 (2,280, 0.3%), but 4,651 (45.5%) less than the number in 2011/12 (10,211, 1.5%) (Figure 8, Table 6).
- During 2012/13, 92.8% (5,161) of the new and unplanned review emergency care attendances waiting more than 12 hours were in Type 1 emergency care departments, with the remaining 7.2% (399) in Type 2 departments (Table 7).
- Since 2011/12, the proportion of category A (immediately life threatening) calls responded to within 8 minutes has decreased by 4.4 percentage points, from 72.7% to 68.3% in 2012/13 (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](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 Ireland<sup>1</sup>.

### Data Collection

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

- KH09 (ii) – New 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](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 1<sup>st</sup> July 2011, Hospital Information Branch has been downloading patient level data on emergency care waiting times from the Regional Data Warehouse on the 8<sup>th</sup> of each month, for those emergency care departments using the Northern Ireland Regional Accident & Emergency System (NIRAES). Information from emergency care departments, using other administrative systems to record emergency care waiting times, continues to be sourced from the aggregate EC1 return. HSC Trusts have been instructed to generate this information on the 8<sup>th</sup> of each month.

### Rounding

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

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

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

All information presented in this bulletin has been provided by HSC Trusts 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 re-submitted. Once complete, all figures are sent to HSC Trusts for final sign-off.

### 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 is detailed in Appendix 5.

<sup>2</sup> Refer to Appendix 5 for more detailed information.

## A National Statistics Publication

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

Further information on the Code of Practice for National Statistics is available at:

<http://www.statisticsauthority.gov.uk/assessment/code-of-practice/>.

A list of those who received 24-hour pre-release access to this publication is available at:

[http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/emergency\\_care-3/emergency-care-stats.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency-care-stats.htm)

## 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.england.nhs.uk/statistics/ae-waiting-times-and-activity/>

### Scotland

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

### Wales

<http://www.infoandstats.wales.nhs.uk/page.cfm?orgid=869&pid=62956>

## Contextual Information

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

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

[http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/contextual\\_information\\_hospital\\_statistics.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/contextual_information_hospital_statistics.htm)

## Contact Information

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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## 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 and department type.

In particular, the temporary closure of the emergency care department at the Belfast City Hospital on 1<sup>st</sup> November 2011, the temporary reduction in opening hours at the Lagan Valley Hospital on 1<sup>st</sup> 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 4<sup>th</sup> April 2011. In addition, on 21<sup>st</sup> June 2012, the Erne hospital was closed with all emergency care services transferring to the new South West Acute Hospital in Enniskillen.

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

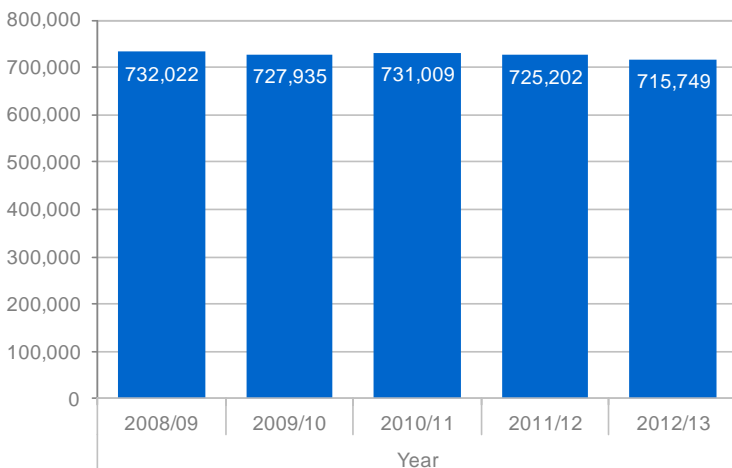
## Attendances at Emergency Care Departments

### 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 with previous years.<sup>3</sup>

Figure 1 presents information on the total number of attendances<sup>4</sup> at emergency care departments in Northern Ireland each year since 2008/09.

**Figure 1: Total Attendances at Emergency Care Departments (2008/09- 2012/13)**



<sup>3</sup> Refer to Appendix 2, point 2.7.

<sup>4</sup> Includes new, unplanned and planned 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 decreased by 16,273 (2.2%), from 732,022 in 2008/09 to 715,749 in 2012/13 (Figure 1, Table 1).

Since 2010/11, the total number of attendances at emergency care departments decreased each year from 731,009 in 2010/11 to 725,202 in 2011/12 and 715,749 in 2012/13 (Figure 1, Table 1).

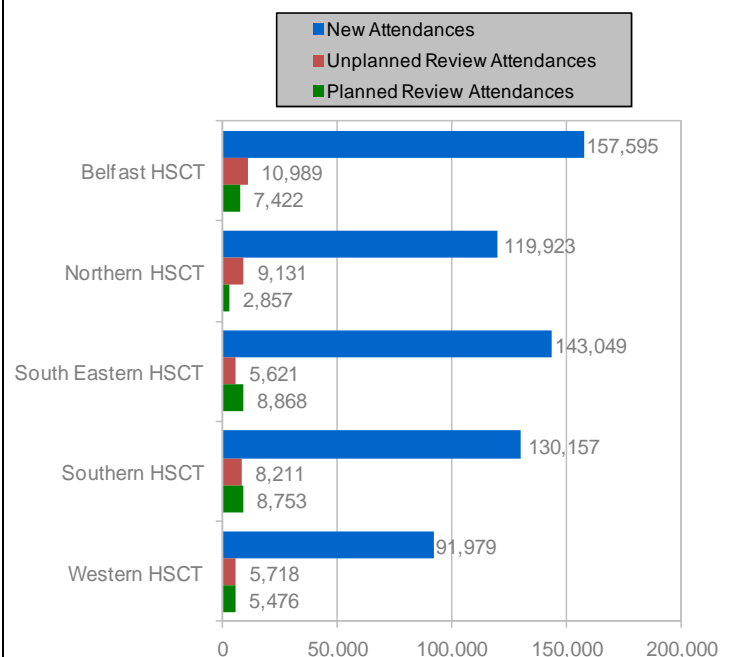
### Financial Year 2012/13

Figure 2 shows attendances (new, unplanned review and planned review) at emergency care departments during the year ending 31<sup>st</sup> March 2013, for each HSC Trust in Northern Ireland.

In 2012/13, there were a total of 715,749 attendances at emergency care departments, of which, 642,703 (89.8%) were new attendances, 39,670 (5.5%) were unplanned review attendances, and 33,376 (4.7%) were planned review attendances (Table 2).

Across HSC Trusts, the number of new attendances at emergency care departments in 2012/13 ranged from 157,595 in the Belfast HSC Trust to 91,979 in the Western HSC Trust (Figure 2).

**Figure 2: Attendances at Emergency Care Departments, by Attendance Type and HSC Trust (2012/13)**



Almost one in four (24.6%) attendances at emergency care departments during 2012/13 were in the Belfast HSC Trust (176,006), with a further 22.0% (157,538) in the South Eastern HSC Trust, 20.6% (147,121) in the Southern HSC Trust, 18.4% (131,911) in the Northern HSC Trust, and 14.4% (103,173) in the Western HSC Trust (Figures 2 and 3, Table 2).

**Figure 3: Attendances at Emergency Care Departments, by HSC Trust (2012/13)**

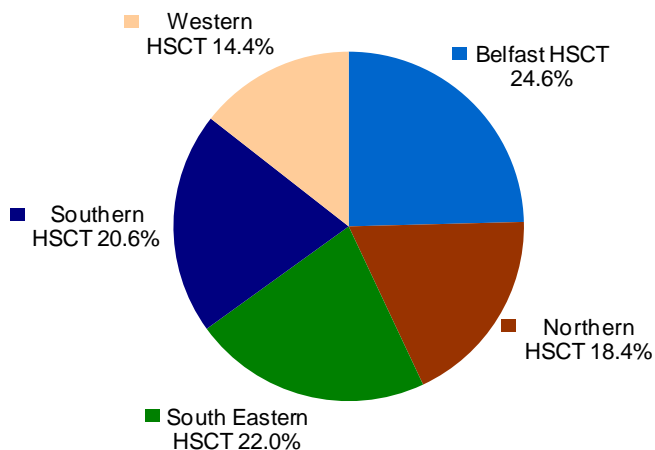


Figure 4 details the number of attendances per 1,000-population<sup>5</sup> in each HSC Trust during 2012/13.

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 2012/13, there were 396.1 emergency care attendances per 1,000-population in Northern Ireland (Figure 4).

Across HSC Trusts, the total number of attendances per 1,000-population ranged from 525.7 in the Belfast HSC Trust to 286.5 in the Northern HSC Trust (Figure 4).

**Figure 4: Attendances at Emergency Care Departments per 1,000-Population, by HSC Trust (2012/13)**

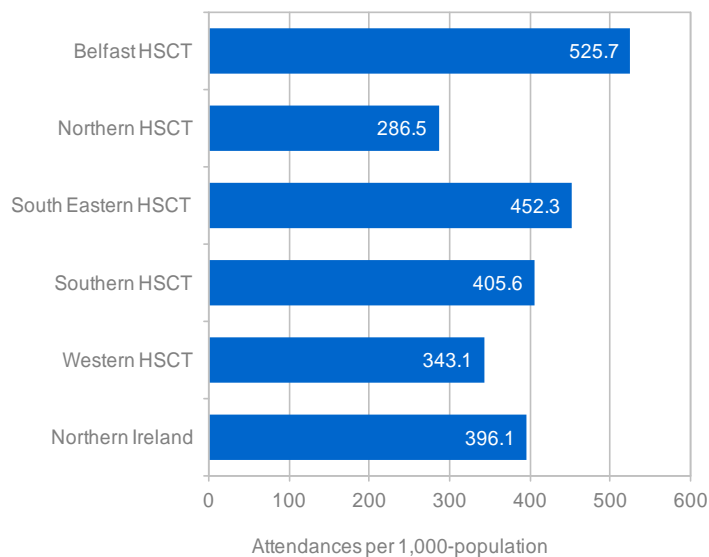


Figure 5 presents emergency care attendances (new, unplanned review and planned review) at each emergency care department in Northern Ireland in 2012/13.

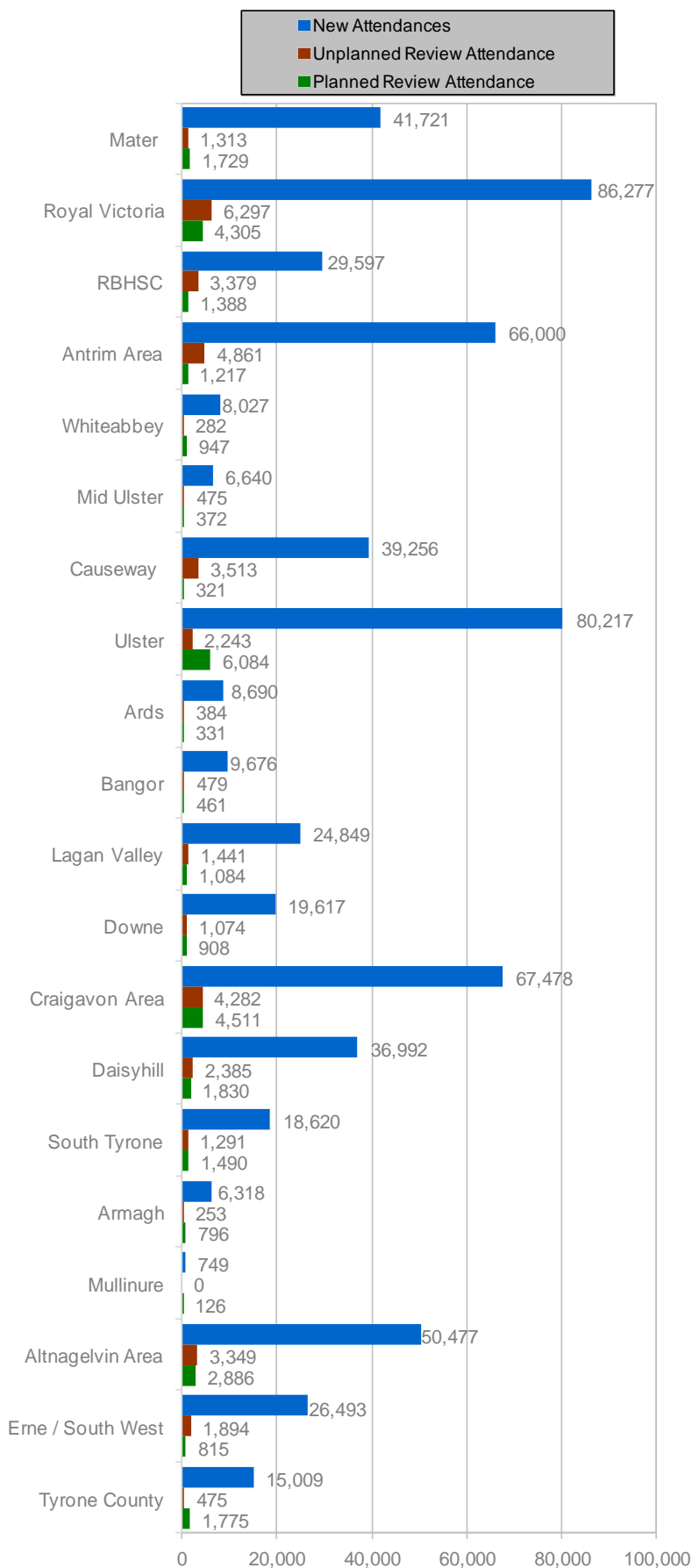
Across HSC Hospitals, the Royal Victoria (86,277), Ulster (80,217), Craigavon Area (67,478) and Antrim Area (66,000) emergency care departments reported the highest number of new attendances in 2012/13 (Figure 5, Table 2).

During 2012/13, the highest numbers of unplanned review attendances were reported in Royal Victoria (6,297), Antrim Area (4,861) and Craigavon Area (4,282) emergency care departments and the highest number of planned review attendances were reported in Ulster (6,084) Craigavon Area (4,511) and Royal Victoria (4,305) emergency care departments (Figure 5, Table 2).

<sup>5</sup> Based on NISRA 2011 mid-year population estimate.



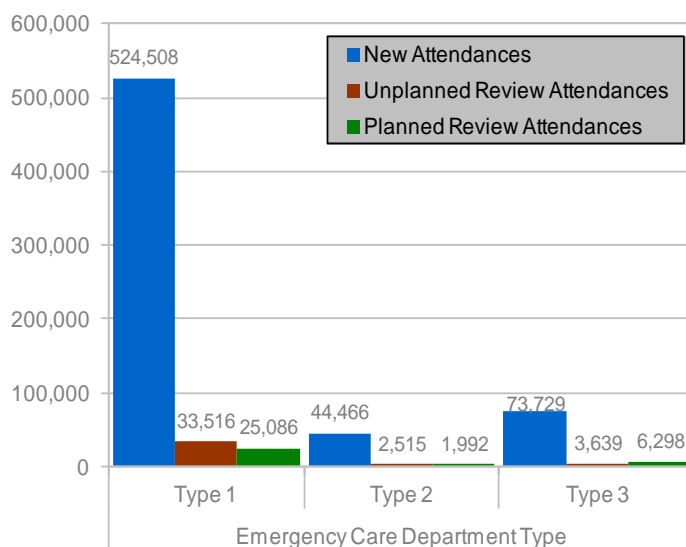
**Figure 5: Attendances at Emergency Care Departments, by HSC Hospital (2012/13)**



### Emergency Care Department Type <sup>6</sup>

Figure 6 shows the number of new, unplanned review and planned review attendances at emergency care departments during the year ending 31<sup>st</sup> March 2013, by type of emergency care department.

**Figure 6: Attendances at Emergency Care, by Emergency Care Department Type (2012/13)**



During 2012/13, more than four in five (583,110, 81.5%) of emergency care attendances were in Type 1 emergency care departments, 48,973 (6.8%) within Type 2 departments and 83,666 (11.7%) within Type 3 departments (Figure 6, Table 3).

During 2012/13, 90.0% (524,508) of all attendances at Type 1 emergency care departments were new attendances, compared with 90.8% (44,466) at Type 2 departments and 88.1% (73,729) at Type 3 departments (Table 3).

<sup>6</sup> Refer to Appendix 1: Definitions – points 1.1 – 1.5.

## Waiting Times at Emergency Care Departments <sup>7</sup>

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

[http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/emergency\\_care-3/emergency\\_care-monthly\\_waiting\\_times.htm](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.

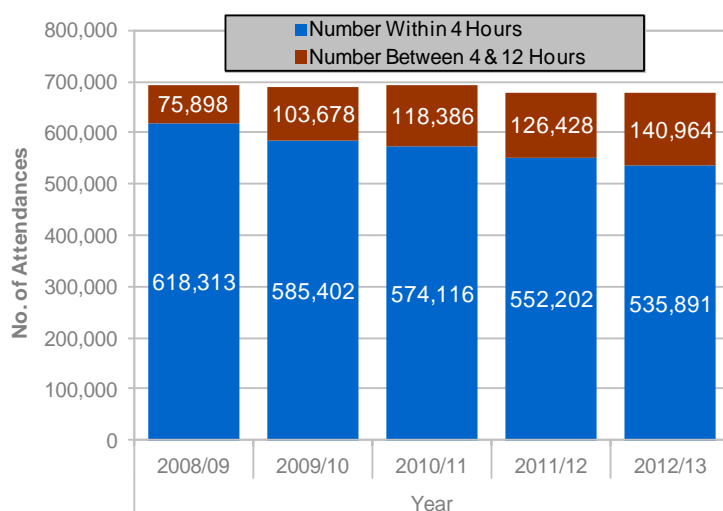
### 5 Year Trend

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 2008/09.

Between 2008/09 and 2012/13, 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 10 percentage points, from 88.8% (618,313) to 78.5% (535,891) (Table 6, Figure 7).

Since 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 almost 2 percentage points from 80.2% (552,202) to 78.5% (535,891) in 2012/13 (Table 6, Figure 7).

**Figure 7: Emergency Care Attendances Waiting 12 Hours or Less (2008/09- 2012/13)**

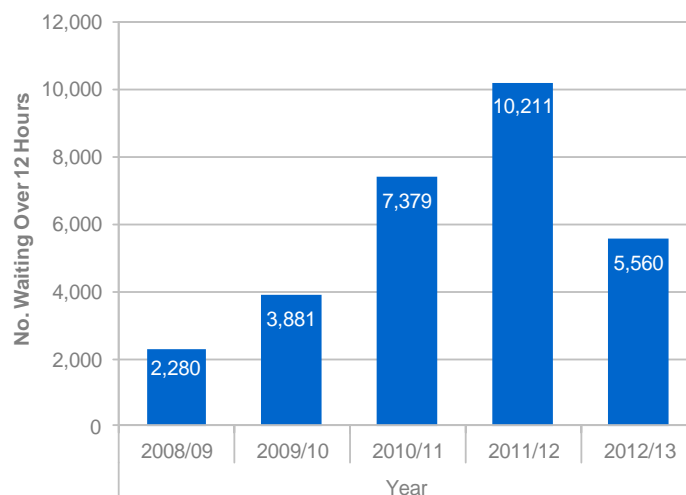


<sup>7</sup> Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

Over the last 5 years, the number of new and unplanned review attendances waiting 4 hours or less in emergency care departments in Northern Ireland has decreased by 82,422 (13.3%), from 618,313 in 2008/09 to 535,891 in 2012/13 (Figure 7).

During this time, the number of attendances waiting 4 to 12 hours increased by 65,066 (85.7%), from 75,898 to 140,964 (Figure 7, Table 6).

**Figure 8: Emergency Care Attendances Waiting More Than 12 Hours (2008/09 – 2012/13)**



In 2012/13, 5,560 (0.8%) new and unplanned review attendances waited over 12 hours at emergency care departments, more than double the number in 2008/09 (2,280, 0.3%), but 4,651 (45.5%) less than the number in 2011/12 (10,211, 1.5%) (Figure 8, Table 6).

Since 2008/09, the number of new and unplanned review attendances at emergency care departments has decreased by 14,076 (2.0%), from 696,491 to 682,415 in 2012/13, and decreased by 6,426 (0.9%) since 2011/12 (688,841) (Figures 7 and 8, Table 6).

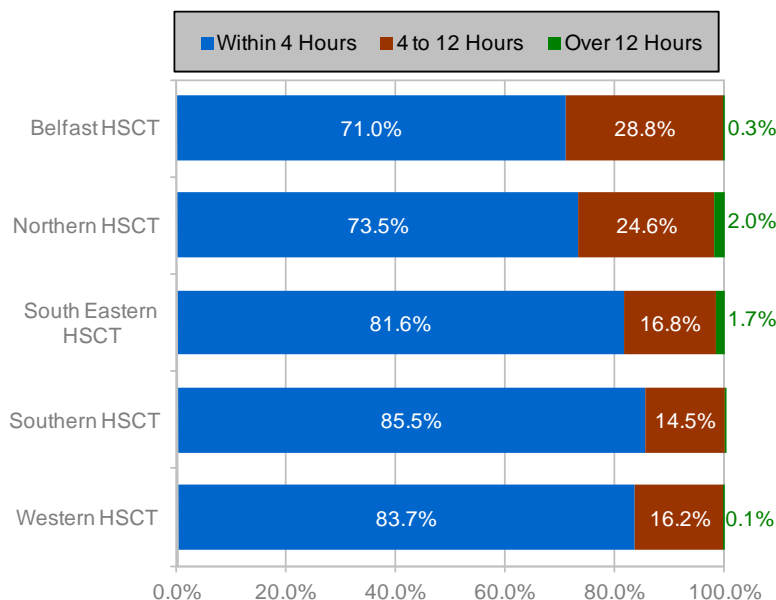
### Financial Year 2012/13

Figure 9 shows the annual waiting times for new and unplanned review attendances during 2012/13, for each HSC Trust in Northern Ireland.

In 2012/13, the Southern HSC Trust reported the highest percentage of attendances waiting less than 4 hours (85.5%), whilst the Belfast HSC Trust reported the lowest proportion (71.0%) (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 (64.5%), with Whiteabbey, Mid Ulster, Ards, Bangor and Armagh & Mullinure<sup>8</sup> all reporting the highest percentage (100.0%) (Table 5).

**Figure 9: Waiting Times at Emergency Care Departments, by HSC Trust (2012/13)<sup>9</sup>**



In 2012/13, over two fifths (45.5%) of the 5,560 emergency care attendances that waited more than 12 hours were in the Northern HSC Trust, over two fifths (44.2%) in the South Eastern HSC Trust, 7.7% in the Belfast HSC Trust, 1.9% in the Western HSC Trust and 0.7% in the Southern HSC Trust (Table 5).

The highest number of emergency care attendances waiting more than 12 hours in 2012/13 was reported by the Ulster hospital (2,058), Antrim Area hospital (1,811), and the Causeway hospital (719).

During 2012/13, 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).

<sup>8</sup> Mullinure emergency care department closed on 3<sup>rd</sup> September 2012, see Appendix 3, Note 3.16 for further information.

<sup>9</sup> It should be noted that each HSC Trust is made up of different configurations of emergency care department types and this should be taken into consideration when comparing overall performance across HSC Trusts.

<sup>10</sup> The percentage detailed for the number of attendances waiting over 12 hours in the Southern HSC Trust has been rounded at 0.0%. However, in 2012/13, 41 patients waited over 12 hours in the Southern HSC Trust.

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

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 88.9% in Type 2 departments and 74.7% in Type 1 departments (Table 7).

During 2012/13, 92.8% (5,161) of emergency care attendances waiting more than 12 hours were in Type 1 emergency care departments, with the remaining 7.2% (399) 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 2012/13 (Table 7).

<sup>11</sup> Refer to Appendix 3: Emergency Care Waiting Times (EC1) - points 3.10 to 3.17.

## Patient Transport & Emergency Response

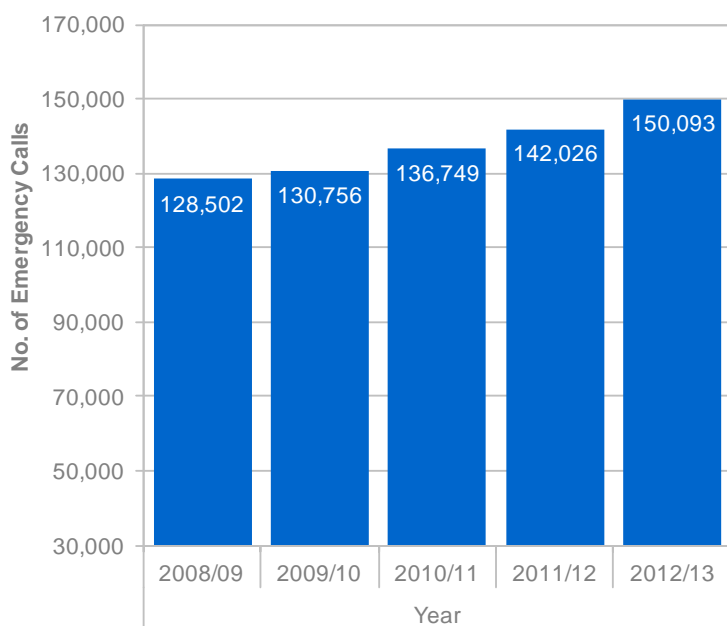
### Emergency Calls

#### 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 2008/09 to 2012/13.

Between 2008/09 and 2012/13, the number of emergency calls received by the NIAS increased by 21,591 (16.8%), from 128,502 to 150,093 (Figure 10, Table 15).

**Figure 10: Number of Emergency Calls Received by the Northern Ireland Ambulance Service (2008/09- 2012/13)**



Of the 150,093 emergency calls received in 2012/13, 25.9% (38,810) were received in the Belfast Local Commissioning Group (LCG), 23.6% (35,391) in the Northern, 18.0% (27,015) in the South Eastern, 17.0% (25,560) in the Southern and 15.5% (23,317) in the Western LCG area (Table 11).

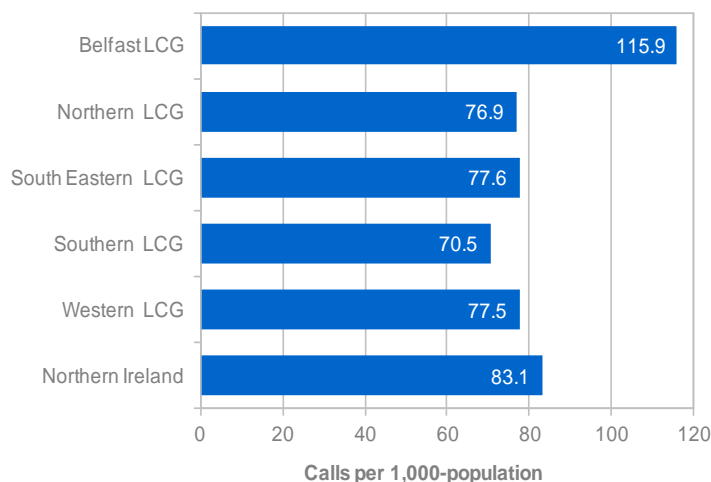
### Financial Year 2012/13

Figure 11 presents information on the number of emergency calls received by the NIAS per 1,000-population<sup>12</sup> in each Local Commissioning Group in 2012/13.

During 2012/13, 83.1 emergency calls were received by the NIAS per 1,000-population in Northern Ireland, compared to 78.9 in 2011/12.

Across Local Commissioning Groups (LCGs), the number of emergency calls per 1,000-population ranged from 115.9 in the Belfast LCG to 70.5 in the Southern LCG.

**Figure 11: Emergency Calls Received by the NIAS per 1,000-population, by LCG (2012/13)**



There were 4,335 (2.9%) emergency calls received during 2012/13 where, following the arrival of an emergency response vehicle, no ambulance was required (Tables 11 & 12).

Across LCGs, the highest number (1,758, 4.5%) 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 891 (3.3%) in the South Eastern LCG, 834 (2.4%) in the Northern LCG, 578 (2.3%) in the Southern LCG and 274 (1.2%) in the Western LCG (Table 11).

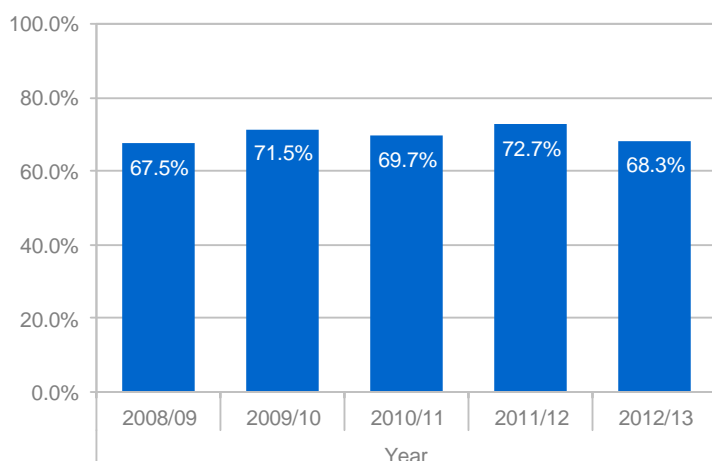
<sup>12</sup> Based on NISRA 2011 mid-year population estimate.

## Category A Calls<sup>13</sup>

### 5 Year Trend

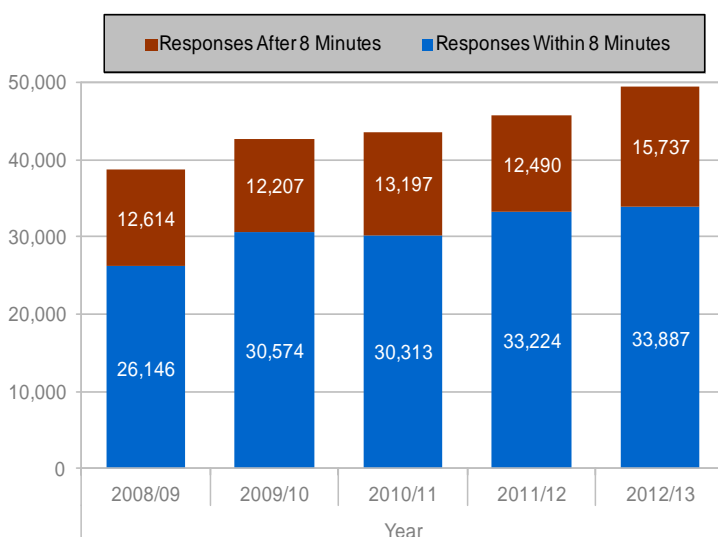
Category A calls are defined as immediately life-threatening calls which should be responded to within 8 minutes. Figure 12 presents information on the percentage of category A calls which resulted in an emergency response vehicle arriving at the scene of the incident within 8 minutes, for the five year period between 2008/09 and 2012/13.

**Figure 12: Percentage of Category A Calls Responded to Within 8 Minutes (2008/09 – 2012/13)**



During the last five years, the percentage of category A calls responded to within 8 minutes ranged from 67.5% (26,146) in 2008/09 to 72.7% (33,224) in 2011/12. (Figures 12 & 13, Table 15).

**Figure 13: Response Times for Category A Calls (2008/09 – 2012/13)**



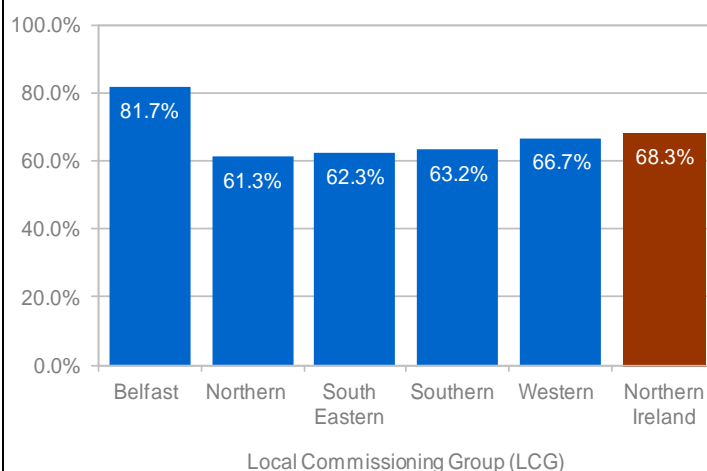
<sup>13</sup> Refer to Appendix 1: Definitions – point 1.13.

Since 2008/09, the number of Category A calls resulting in an emergency response arriving at the scene of an incident increased by 28.0% (10,864) from 38,760 to 49,624 in 2012/13 (Table 15).

### Financial Year 2012/13

Of the 53,574 category A calls received by the NIAS in 2012/13, 92.6% (49,624) resulted in an emergency response vehicle arriving at the scene of the incident, with the remaining 7.4% (3,950) category A calls relating to multiple calls for the same incident, hoax calls, and incident-related enquiries (Table 12).

**Figure 14: Response Times for Category A Calls by LCG (2012/13)**



Across LCGs, the percentage of category A calls responded to within 8 minutes in 2012/13 ranged from 81.7% in the Belfast LCG to 61.3% in the Northern LCG (Figure 14, 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 May 2012 (72.0%), with the lowest percentage in March 2013 (64.0%) (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 April 2012 (85.7%), whilst the lowest percentage was reported in the Southern LCG during March 2013 (55.7%) (Table 13).

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

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 71,035 category B calls received by the NIAS in 2012/13, 92.0% (65,359) resulted in an ambulance able to transport a patient arriving at the scene of the incident, 81.6% (53,311) of which arrived within 21 minutes (Tables 11 & 12).

In 2012/13, the highest percentage of category B calls responded to within 21 minutes was in the Western LCG (85.1%), compared with 82.9% in the Belfast LCG, 82.6% in the Northern LCG, 81.4% in the Southern LCG, and 75.6% in the South Eastern LCG (Table 11).

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

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 25,484 category C calls received by the NIAS in 2012/13, 86.7% (22,087) resulted in an ambulance able to transport a patient arriving at the scene of the incident, 74.7% (16,505) of which arrived within 21 minutes (Tables 11 & 12).

In 2012/13, the highest percentage of category C calls responded to within 21 minutes was in the Western LCG (81.1%), compared with 76.7% in the Southern LCG, 75.7% in the Northern LCG, 72.2% in the Belfast LCG and 70.5% in the South Eastern LCG (Table 11).

## Patient Journeys

### 5 Year Trend

Figure 15 shows the number of emergency, urgent and non-urgent journeys made by the NIAS each year between 2008/09 and 2012/13.

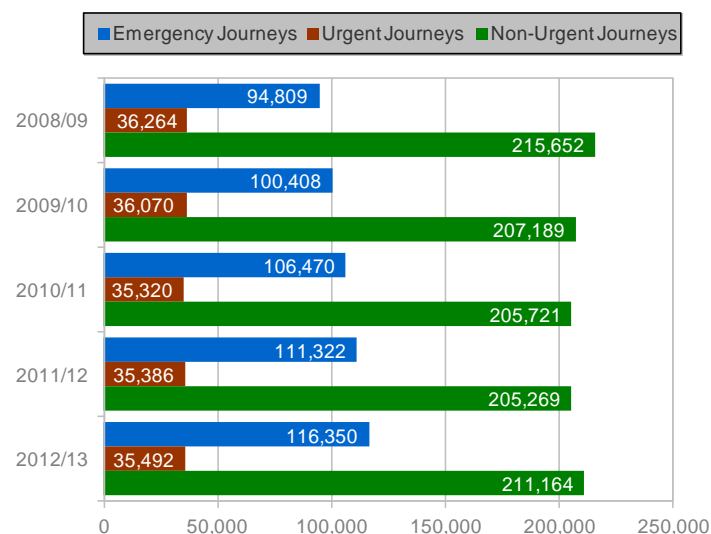
Since 2008/09, the total number of patient journeys made by the NIAS increased by 16,281 (4.7%), from 346,725 to 363,006 in 2012/13 (Figure 15, Table 16).

The majority of patient journeys made by the NIAS in each year since 2008/09 were non-urgent (Figure 15, Table 17).

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

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

**Figure 15: Summary of Patient Journeys, Northern Ireland (2008/09 - 2012/13)**



Between 2008/09 and 2012/13, the number of emergency patient journeys made by the NIAS increased by 21,541 (22.7%), from 94,809 to 116,350. (Figure 15, Table 16).

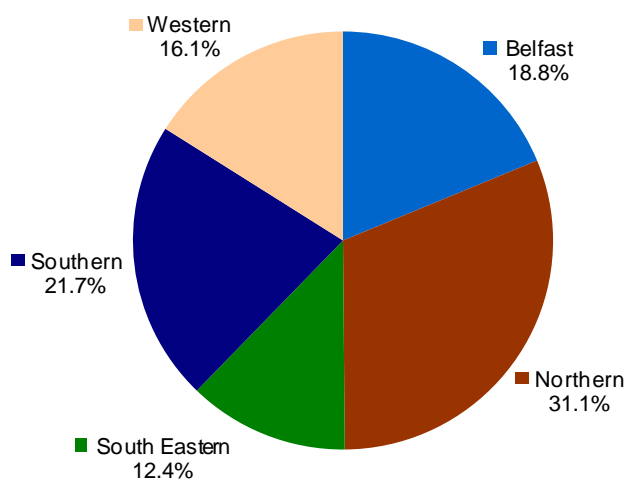
Although fluctuating over the 5 year period, the number of urgent patient journeys made by the NIAS decreased by 772 (2.1%), from 36,264 in 2008/09 to 35,492 in 2012/13 (Figure 15, Table 16).

There were 211,164 non-urgent patient journeys made by the NIAS in 2012/13, representing a 2.1% (4,488) decrease on the number of non-urgent journeys made in 2008/09 (215,652) (Figure 15, Table 16).

### Financial Year 2012/13

During 2012/13, a total of 363,006 patient journeys were made by the NIAS. Of these, 31.1% (112,852) were in the Northern LCG, 21.7% (78,605) in the Southern LCG, 18.8% (68,164) in the Belfast LCG, 16.1% (58,299) in the Western LCG and 12.4% (45,086) in the South Eastern LCG (Figure 16, Table 17).

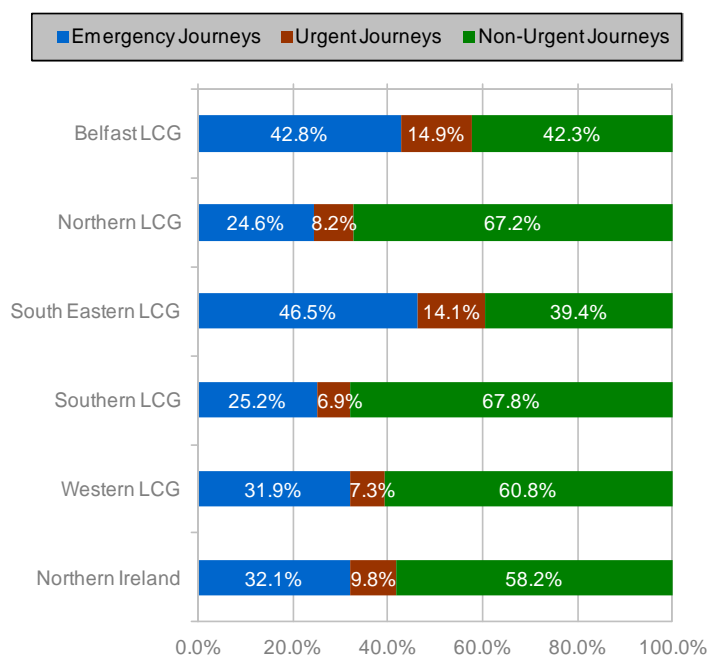
**Figure 16: Summary of Patient Journeys, by LCG (2012/13)**



During 2012/13, over two thirds of patient journeys in the Southern LCG (67.8%, 53,319) and Western LCG (67.2%, 75,820) were non-urgent.

However, within the South Eastern LCG (46.5%, 20,959) and Belfast LCG (42.8%, 29,201) the highest percentage of patient journeys made during 2012/13, were emergency journeys (Figure 17, Table 17).

**Figure 17: Summary of Patient Journeys, by Journey Type and LCG (2012/13)**



## Tables

**Table 1: Total Attendances at Emergency Care Departments (2008/09– 2012/13)** <sup>16</sup>

Attendance Type	Year					Percentage Change 2011/12 - 2012/13	Percentage Change 2008/09 - 2012/13
	2008/09	2009/10	2010/11	2011/12	2012/13		
New Attendances	673,447	669,085	674,400	648,131	642,703	-0.8%	-4.6%
Review Attendances	58,575	58,850	56,609	77,071	73,046	-5.2%	24.7%
<b>Total Attendances</b>	<b>732,022</b>	<b>727,935</b>	<b>731,009</b>	<b>725,202</b>	<b>715,749</b>	<b>-1.3%</b>	<b>-2.2%</b>

Source: KH09 (ii) Departmental Return

**Table 2: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2012/13)**

HSC Trust / Hospital	New Attendances		Unplanned Review Attendances		Planned Review Attendances		Total Attendances
	Number	%	Number	%	Number	%	
Mater	41,721	93.2%	1,313	2.9%	1,729	3.9%	44,763
Royal Victoria	86,277	89.1%	6,297	6.5%	4,305	4.4%	96,879
RBHSC	29,597	86.1%	3,379	9.8%	1,388	4.0%	34,364
<b>Belfast HSCT</b>	<b>157,595</b>	<b>89.5%</b>	<b>10,989</b>	<b>6.2%</b>	<b>7,422</b>	<b>4.2%</b>	<b>176,006</b>
Antrim Area	66,000	91.6%	4,861	6.7%	1,217	1.7%	72,078
Whiteabbey	8,027	86.7%	282	3.0%	947	10.2%	9,256
Mid Ulster	6,640	88.7%	475	6.3%	372	5.0%	7,487
Causeway	39,256	91.1%	3,513	8.2%	321	0.7%	43,090
<b>Northern HSCT</b>	<b>119,923</b>	<b>90.9%</b>	<b>9,131</b>	<b>6.9%</b>	<b>2,857</b>	<b>2.2%</b>	<b>131,911</b>
Ulster	80,217	90.6%	2,243	2.5%	6,084	6.9%	88,544
Ards	8,690	92.4%	384	4.1%	331	3.5%	9,405
Bangor <sup>17</sup>	9,676	91.1%	479	4.5%	461	4.3%	10,616
Lagan Valley	24,849	90.8%	1,441	5.3%	1,084	4.0%	27,374
Downe	19,617	90.8%	1,074	5.0%	908	4.2%	21,599
<b>South Eastern HSCT</b>	<b>143,049</b>	<b>90.8%</b>	<b>5,621</b>	<b>3.6%</b>	<b>8,868</b>	<b>5.6%</b>	<b>157,538</b>
Craigavon Area	67,478	88.5%	4,282	5.6%	4,511	5.9%	76,271
Daisyhill	36,992	89.8%	2,385	5.8%	1,830	4.4%	41,207
South Tyrone	18,620	87.0%	1,291	6.0%	1,490	7.0%	21,401
Armagh	6,318	85.8%	253	3.4%	796	10.8%	7,367
Mullinure <sup>16</sup>	749	85.6%	0	0.0%	126	14.4%	875
<b>Southern HSCT</b>	<b>130,157</b>	<b>88.5%</b>	<b>8,211</b>	<b>5.6%</b>	<b>8,753</b>	<b>5.9%</b>	<b>147,121</b>
Altnagelvin Area	50,477	89.0%	3,349	5.9%	2,886	5.1%	56,712
Erne/South West <sup>16</sup>	26,493	90.7%	1,894	6.5%	815	2.8%	29,202
Tyrone County	15,009	87.0%	475	2.8%	1,775	10.3%	17,259
<b>Western HSCT</b>	<b>91,979</b>	<b>89.2%</b>	<b>5,718</b>	<b>5.5%</b>	<b>5,476</b>	<b>5.3%</b>	<b>103,173</b>
<b>Northern Ireland</b>	<b>642,703</b>	<b>89.8%</b>	<b>39,670</b>	<b>5.5%</b>	<b>33,376</b>	<b>4.7%</b>	<b>715,749</b>

Source: KH09 (ii) Departmental Return

<sup>16</sup> 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.

<sup>17</sup> See Appendix 3, notes 3.15 to 3.17 for details of changes to provision of emergency care services at Bangor, Mullinure and Erne.



**Table 3: Total Attendances at Emergency Care Departments by Department Type (2012/13)**

Emergency Care Department Type	New Attendances		Unplanned Review Attendances		Planned Review Attendances		Total Attendances
	Number	%	Number	%	Number	%	
Type 1	524,508	90.0%	33,516	5.7%	25,086	4.3%	583,110
Type 2	44,466	90.8%	2,515	5.1%	1,992	4.1%	48,973
Type 3	73,729	88.1%	3,639	4.3%	6,298	7.5%	83,666
<b>Total</b>	<b>642,703</b>	<b>89.8%</b>	<b>39,670</b>	<b>5.5%</b>	<b>33,376</b>	<b>4.7%</b>	<b>715,749</b>

Source: KH09 (ii) Departmental Return

**Table 4: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2008/09 - 2012/13)**

HSC Trust / Hospital	Total Attendances				
	2008/09	2009/10	2010/11	2011/12	2012/13
Belfast City <sup>18</sup>	45,967	45,018	45,008	25,408	N/A
Mater	42,754	41,298	43,801	46,253	44,763
Royal Victoria	71,163	71,081	75,652	84,235	96,879
RBHSC	31,547	31,531	31,645	33,814	34,364
<b>Belfast HSCT</b>	<b>191,431</b>	<b>188,928</b>	<b>196,106</b>	<b>189,710</b>	<b>176,006</b>
Antrim Area	64,660	67,012	72,216	72,298	72,078
Whiteabbey	22,547	20,084	10,446	9,419	9,256
Mid Ulster	19,046	18,444	7,981	6,471	7,487
Causeway	40,987	42,012	44,301	43,594	43,090
<b>Northern HSCT</b>	<b>147,240</b>	<b>147,552</b>	<b>134,944</b>	<b>131,782</b>	<b>131,911</b>
Ulster	73,426	74,639	76,013	83,167	88,544
Ards	10,125	9,660	9,520	9,438	9,405
Bangor <sup>18</sup>	11,152	12,208	13,278	13,108	10,616
Lagan Valley <sup>19</sup>	33,828	33,627	34,160	28,523	27,374
Downe <sup>18</sup>	25,327	24,159	22,963	21,099	21,599
<b>South Eastern HSCT</b>	<b>153,858</b>	<b>154,293</b>	<b>155,934</b>	<b>155,335</b>	<b>157,538</b>
Craigavon Area	76,197	76,465	76,732	76,721	76,271
Daisy Hill	36,064	37,044	39,105	40,388	41,207
South Tyrone	16,686	17,137	18,791	20,320	21,401
Armagh	7,894	5,992	6,431	6,842	7,367
Mullinure <sup>18</sup>	2,689	2,488	2,396	2,168	875
<b>Southern HSCT</b>	<b>139,530</b>	<b>139,126</b>	<b>143,455</b>	<b>146,439</b>	<b>147,121</b>
Altnagelvin Area	54,116	56,910	56,862	56,419	56,712
Erne/South West <sup>18</sup>	24,632	26,430	27,929	28,515	29,202
Tyrone County	21,215	14,696	15,779	17,002	17,259
<b>Western HSCT</b>	<b>99,963</b>	<b>98,036</b>	<b>100,570</b>	<b>101,936</b>	<b>103,173</b>
<b>Northern Ireland</b>	<b>732,022</b>	<b>727,935</b>	<b>731,009</b>	<b>725,202</b>	<b>715,749</b>

Source: KH09 (ii) Departmental Return

<sup>18</sup> Belfast City emergency care department closed on 1<sup>st</sup> November 2011, see Appendix 3, note 3.14.<sup>19</sup> See Appendix 3, notes 3.12 & 3.17 for details of changes to provision of emergency care services at Lagan Valley, Downe, Bangor, Mullinure and Erne.

**Table 5: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by HSC Trust / Hospital (2012/13)**

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	%	
Mater	29,330	68.1%	13,610	31.6%	147	0.3%	43,087
Royal Victoria	63,285	68.3%	29,066	31.4%	267	0.3%	92,618
RBHSC	27,114	82.2%	5,850	17.7%	12	0.0%	32,976
<b>Belfast HSC Trust</b>	<b>119,729</b>	<b>71.0%</b>	<b>48,526</b>	<b>28.8%</b>	<b>426</b>	<b>0.3%</b>	<b>168,681</b>
Antrim Area	45,722	64.5%	23,326	32.9%	1,811	2.6%	70,859
Whiteabbey	8,303	100.0%	3	0.0%	0	0.0%	8,306
Mid Ulster	7,115	100.0%	0	0.0%	0	0.0%	7,115
Causeway	33,657	78.7%	8,395	19.6%	719	1.7%	42,771
<b>Northern HSC Trust</b>	<b>94,797</b>	<b>73.5%</b>	<b>31,724</b>	<b>24.6%</b>	<b>2,530</b>	<b>2.0%</b>	<b>129,051</b>
Ulster	60,292	73.1%	20,086	24.4%	2,058	2.5%	82,436
Ards	9,071	100.0%	0	0.0%	0	0.0%	9,071
Bangor <sup>20</sup>	10,154	100.0%	0	0.0%	0	0.0%	10,154
Lagan Valley	23,780	90.4%	2,275	8.7%	242	0.9%	26,297
Downe	17,998	87.0%	2,542	12.3%	157	0.8%	20,697
<b>South Eastern HSC Trust</b>	<b>121,295</b>	<b>81.6%</b>	<b>24,903</b>	<b>16.8%</b>	<b>2,457</b>	<b>1.7%</b>	<b>148,655</b>
Craigavon Area	54,901	76.5%	16,811	23.4%	34	0.0%	71,746
Daisy Hill	36,173	91.9%	3,193	8.1%	7	0.0%	39,373
South Tyrone	19,892	99.9%	10	0.1%	0	0.0%	19,902
Armagh & Mullinure <sup>19</sup>	7,317	100.0%	3	0.0%	0	0.0%	7,320
<b>Southern HSC Trust</b>	<b>118,283</b>	<b>85.5%</b>	<b>20,017</b>	<b>14.5%</b>	<b>41</b>	<b>0.0%</b>	<b>138,341</b>
Altnagelvin Area	40,457	75.2%	13,266	24.6%	103	0.2%	53,826
Erne/South West <sup>19</sup>	25,878	91.2%	2,506	8.8%	3	0.0%	28,387
Tyrone County	15,452	99.9%	22	0.1%	0	0.0%	15,474
<b>Western HSC Trust</b>	<b>81,787</b>	<b>83.7%</b>	<b>15,794</b>	<b>16.2%</b>	<b>106</b>	<b>0.1%</b>	<b>97,687</b>
<b>Northern Ireland</b>	<b>535,891</b>	<b>78.5%</b>	<b>140,964</b>	<b>20.7%</b>	<b>5,560</b>	<b>0.8%</b>	<b>682,415</b>

Source: EC1 Departmental Return

**Table 6: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments (2008/09 – 2012/13)**

Waiting Time at Emergency Care Department	Year					Percentage Change 2011/12 - 2012/13	Percentage Change 2008/09 - 2012/13
	2008/09	2009/10	2010/11	2011/12	2012/13		
Number Within 4 Hours	618,313	585,402	574,116	552,202	535,891	-3.0%	-13.3%
<i>Percentage Within 4 Hours</i>	88.8%	84.5%	82.0%	80.2%	78.5%		
Number Between 4 & 12 Hours	75,898	103,678	118,386	126,428	140,964	11.5%	85.7%
<i>Percentage Between 4 &amp; 12 Hours</i>	10.9%	15.0%	16.9%	18.4%	20.7%		
Number Over 12 Hours	2,280	3,881	7,379	10,211	5,560	-45.5%	143.9%
<i>Percentage Over 12 Hours</i>	0.3%	0.6%	1.1%	1.5%	0.8%		
<b>Total</b>	<b>696,491</b>	<b>692,961</b>	<b>699,881</b>	<b>688,841</b>	<b>682,415</b>	<b>-0.9%</b>	<b>-2.0%</b>

Source: EC1 Departmental Return

<sup>20</sup> See Appendix 3, notes 3.15 to 3.17 for details of changes to provision of emergency care services at Bangor, Mullinure and Erne.

**Table 7: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by Department Type (2012/13)**

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	416,809	74.7%	136,109	24.4%	5,161	0.9%	558,079
Type 2	41,778	88.9%	4,817	10.3%	399	0.8%	46,994
Type 3	77,304	100.0%	38	0.0%	0	0.0%	77,342
<b>Total</b>	<b>535,891</b>	<b>78.5%</b>	<b>140,964</b>	<b>20.7%</b>	<b>5,560</b>	<b>0.8%</b>	<b>682,415</b>

Source: EC1 Departmental Return

**Table 8: New & Unplanned Review Attendances by HSC Trust / Hospital (2008/09 - 2012/13)**

HSC Trust / Hospital	New & Unplanned Review Attendances				
	2008/09	2009/10	2010/11	2011/12	2012/13
Belfast City <sup>21</sup>	44,769	42,840	43,990	24,701	N/A
Mater	41,220	39,457	41,405	42,845	43,087
Royal Victoria	68,428	67,457	73,677	81,094	92,618
RBHSC	31,372	30,727	31,683	32,478	32,976
<b>Belfast HSCT</b>	<b>185,789</b>	<b>180,481</b>	<b>190,755</b>	<b>181,118</b>	<b>168,681</b>
Antrim Area	64,612	65,594	70,902	71,175	70,859
Whiteabbey	20,955	19,006	9,860	8,614	8,306
Mid Ulster	17,700	17,251	7,587	6,133	7,115
Causeway	40,232	41,367	43,695	43,080	42,771
<b>Northern HSCT</b>	<b>143,499</b>	<b>143,218</b>	<b>132,044</b>	<b>129,002</b>	<b>129,051</b>
Ulster	71,301	72,110	73,833	77,757	82,436
Ards	9,545	9,144	9,122	9,076	9,071
Bangor	10,550	11,384	12,308	12,240	10,154
Lagan Valley <sup>22</sup>	31,775	32,128	32,559	27,280	26,297
Downe <sup>21</sup>	23,209	23,398	22,064	20,142	20,697
<b>South Eastern HSCT</b>	<b>146,380</b>	<b>148,164</b>	<b>149,886</b>	<b>146,640</b>	<b>148,655</b>
Craigavon Area	70,093	71,281	71,522	71,645	71,746
Daisy Hill	33,411	34,269	36,464	37,927	39,373
South Tyrone	14,946	15,491	17,151	18,751	19,902
Armagh & Mullinure <sup>21</sup>	8,086	7,574	7,763	7,793	7,320
<b>Southern HSCT</b>	<b>126,536</b>	<b>128,615</b>	<b>132,900</b>	<b>136,116</b>	<b>138,341</b>
Altnagelvin Area	50,748	53,455	53,570	53,045	53,826
Erne/South West	23,547	26,296	26,806	27,662	28,387
Tyrone County	19,992	12,732	13,920	15,258	15,474
<b>Western HSCT</b>	<b>94,287</b>	<b>92,483</b>	<b>94,296</b>	<b>95,965</b>	<b>97,687</b>
<b>Northern Ireland</b>	<b>696,491</b>	<b>692,961</b>	<b>699,881</b>	<b>688,841</b>	<b>682,415</b>

Source: EC1 Departmental Return

<sup>21</sup> Belfast City emergency care department closed on 1<sup>st</sup> November 2011, see Appendix 3, note 3.14.

<sup>22</sup> See Appendix 3, notes 3.12 & 3.17 for details of changes to provision of emergency care services at Lagan Valley, Downe, Bangor, Mullinure and Erne.

**Table 9: New & Unplanned Review Attendances seen within 4 hours by HSC Trust / Hospital (2008/09- 2012/13)**

HSC Trust / Hospital	Percentage seen within 4 hours				
	2008/09	2010/11	2010/11	2011/12	2012/13
Belfast City	82.4%	71.4%	71.9%	77.3%	N/A
Mater	82.5%	79.2%	68.3%	71.0%	68.1%
Royal Victoria	81.9%	77.8%	77.1%	71.1%	68.3%
RBHSC	87.1%	84.0%	81.5%	81.1%	82.2%
<b>Belfast HSCT</b>	<b>83.0%</b>	<b>77.8%</b>	<b>74.7%</b>	<b>73.7%</b>	<b>71.0%</b>
Antrim Area	80.6%	74.0%	67.6%	68.9%	64.5%
Whiteabbey	98.9%	99.0%	99.5%	100.0%	100.0%
Mid Ulster	96.6%	98.0%	98.7%	100.0%	100.0%
Causeway	90.2%	89.0%	85.0%	80.3%	78.7%
<b>Northern HSCT</b>	<b>87.9%</b>	<b>84.0%</b>	<b>77.6%</b>	<b>76.3%</b>	<b>73.5%</b>
Ulster	85.2%	78.0%	80.4%	75.0%	73.1%
Ards	100.0%	100.0%	100.0%	100.0%	100.0%
Bangor	100.0%	100.0%	100.0%	100.0%	100.0%
Lagan Valley	94.5%	88.0%	87.2%	90.1%	90.4%
Downe	94.1%	94.0%	91.7%	89.7%	87.0%
<b>South Eastern HSCT</b>	<b>90.7%</b>	<b>85.0%</b>	<b>86.4%</b>	<b>83.5%</b>	<b>81.6%</b>
Craigavon Area	91.5%	90.0%	83.3%	75.6%	76.5%
Daisy Hill	96.8%	94.0%	95.5%	94.6%	91.9%
South Tyrone	100.0%	100.0%	100.0%	100.0%	99.9%
Armagh & Mullinure	100.0%	100.0%	100.0%	100.0%	100.0%
<b>Southern HSCT</b>	<b>94.4%</b>	<b>93.0%</b>	<b>89.8%</b>	<b>85.6%</b>	<b>85.5%</b>
Altnagelvin Area	85.1%	77.6%	77.6%	75.6%	75.2%
Erne/South West	95.8%	92.6%	92.8%	94.1%	91.2%
Tyrone County	99.5%	99.9%	99.9%	99.9%	99.9%
<b>Western HSCT</b>	<b>90.9%</b>	<b>84.9%</b>	<b>85.2%</b>	<b>84.8%</b>	<b>83.7%</b>
<b>Northern Ireland</b>	<b>88.8%</b>	<b>84.0%</b>	<b>82.0%</b>	<b>80.2%</b>	<b>78.5%</b>

Source: EC1 Departmental Return

**Table 10: New & Unplanned Review Attendances waiting over 12 hours by HSC Trust / Hospital (2008/09- 2012/13)**

HSC Trust / Hospital	Number Waiting Over 12 Hours				
	2008/09	2009/10	2010/11	2011/12	2012/13
Belfast City	316	293	615	105	N/A
Mater	239	446	1,428	872	147
Royal Victoria	336	601	1,216	1,754	267
RBHSC	4	3	13	11	12
<b>Belfast HSCT</b>	<b>895</b>	<b>1,343</b>	<b>3,272</b>	<b>2,742</b>	<b>426</b>
Antrim Area	417	720	2,440	3,041	1,811
Whiteabbey	0	0	0	0	0
Mid Ulster	0	0	0	0	0
Causeway	95	99	319	1,020	719
<b>Northern HSCT</b>	<b>512</b>	<b>819</b>	<b>2,759</b>	<b>4,061</b>	<b>2,530</b>
Ulster	778	1,337	829	3,082	2,058
Ards	0	0	0	0	0
Bangor	0	0	0	0	0
Lagan Valley	67	270	309	213	242
Downe	7	30	147	67	157
<b>South Eastern HSCT</b>	<b>852</b>	<b>1,637</b>	<b>1,285</b>	<b>3,362</b>	<b>2,457</b>
Craigavon Area	1	4	7	7	34
Daisy Hill	0	0	0	3	7
South Tyrone	0	0	0	0	0
Armagh & Mullinure	0	0	0	0	0
<b>Southern HSCT</b>	<b>1</b>	<b>4</b>	<b>7</b>	<b>10</b>	<b>41</b>
Altnagelvin Area	15	76	51	34	103
Erne/South West	4	2	5	2	3
Tyrone County	1	0	0	0	0
<b>Western HSCT</b>	<b>20</b>	<b>78</b>	<b>56</b>	<b>36</b>	<b>106</b>
<b>Northern Ireland</b>	<b>2,280</b>	<b>3,881</b>	<b>7,379</b>	<b>10,211</b>	<b>5,560</b>

Source: EC1 Departmental Return

**Table 11: Summary of Emergency Calls & Response by Local Commissioning Group (2012/13)**

Performance Measure	Local Commissioning Group					Northern Ireland
	Belfast	Northern	South Eastern	Southern	Western	
Total number of emergency calls	38,810	35,391	27,015	25,560	23,317	150,093
Number of calls where following the arrival of an emergency response no ambulance is required	1,758	834	891	578	274	4,335
Percentage of Category A calls responded to within 8 minutes	81.7%	61.3%	62.3%	63.2%	66.7%	68.3%
Percentage of Category B calls responded to within 21 minutes	82.9%	82.6%	75.6%	81.4%	85.1%	81.6%
Percentage of Category C calls responded to within 21 minutes	72.2%	75.7%	70.5%	76.7%	81.1%	74.7%

Source: KA34 Departmental Return

**Table 12: Summary of Emergency Calls & Response by Category of Call (2012/13)**

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	53,574	71,035	25,484	150,093
Calls resulting in an emergency response	49,624	67,429	23,314	140,367
Response within 8 minutes	33,887	35,487	11,852	81,226
Arrival of emergency response, but no ambulance was required	1,038	2,070	1,227	4,335
Calls resulting in an emergency response which is able to transport a patient	48,586	65,359	22,087	136,032
Response within 21 minutes	42,866	53,311	16,505	112,682

Source: KA34 Departmental Return

**Table 13: Patient Transport – Performance of Category A Response (2012/13)**

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-12	85.7%	62.2%	63.4%	63.5%	68.8%	<b>70.1%</b>
May-12	83.9%	65.0%	66.1%	65.4%	73.1%	<b>72.0%</b>
Jun-12	85.4%	63.5%	64.4%	67.0%	67.9%	<b>71.1%</b>
Jul-12	85.0%	58.7%	64.9%	68.1%	69.3%	<b>70.3%</b>
Aug-12	81.7%	59.8%	62.1%	66.8%	67.3%	<b>68.5%</b>
Sep-12	81.7%	62.0%	62.9%	62.8%	66.8%	<b>68.6%</b>
Oct-12	84.4%	65.1%	63.7%	69.9%	68.3%	<b>71.4%</b>
Nov-12	84.6%	65.2%	61.5%	66.7%	63.9%	<b>69.8%</b>
Dec-12	77.3%	57.2%	59.2%	58.3%	63.6%	<b>64.3%</b>
Jan-13	80.2%	60.4%	62.3%	57.8%	62.7%	<b>66.2%</b>
Feb-13	77.0%	58.5%	59.4%	59.3%	63.9%	<b>64.7%</b>
Mar-13	75.8%	58.8%	59.0%	55.7%	66.0%	<b>64.0%</b>

Source: KA34 Departmental Return

**Table 14: Patient Transport – Performance of Category A Response (2008/09– 2012/13)**

Year	Percentage of Category A calls resulting in an emergency response arriving at the scene of the incident within 8 minutes
2008/09	67.5%
2009/10	71.5%
2010/11	69.7%
2011/12	72.7%
2012/13	68.3%

Source: KA34 Departmental Return

**Table 15: Response Times by Category of Call (2008/09– 2012/13)**

Category of Call	Emergency Response	2008/09	2009/10	2010/11	2011/12	2012/13
Category A	No. arriving at the scene of the incident	38,760	42,781	43,510	45,714	49,624
	No. arriving at the scene of the incident within 8 minutes	26,146	30,574	30,313	33,224	33,887
	Percentage arriving at the scene of the incident within 8 minutes	67.5%	71.5%	69.7%	72.7%	68.3%
Category B	No. arriving at the scene of the incident, which is able to transport a patient	60,293	63,097	62,929	63,841	65,359
	No. arriving at the scene of the incident within 21 minutes	55,742	57,379	54,941	54,977	53,311
	Percentage arriving at the scene of the incident within 21 minutes	92.5%	90.9%	87.3%	86.1%	81.6%
Category C	No. arriving at the scene of the incident, which is able to transport a patient	13,822	14,129	18,063	20,266	22,087
	No. arriving at the scene of the incident within 21 minutes	12,303	12,203	14,886	16,175	16,505
	Percentage arriving at the scene of the incident within 21 minutes	89.0%	86.4%	82.4%	79.8%	74.7%
<b>Total Emergency Calls</b>		<b>128,502</b>	<b>130,756</b>	<b>136,749</b>	<b>142,026</b>	<b>150,093</b>

Source: KA34 Departmental Return

**Table 16: Summary of Patient Journeys (2008/09– 2012/13)**

Year	Emergency Journeys	Urgent Journeys	Non-Urgent Journeys	Total Patient Journeys
2008/09	94,809	36,264	215,652	<b>346,725</b>
2009/10	100,408	36,070	207,189	<b>343,667</b>
2010/11	106,470	35,320	205,721	<b>347,511</b>
2011/12	111,322	35,386	205,269	<b>351,977</b>
2012/13	116,350	35,492	211,164	<b>363,006</b>

Source: KA34 Departmental Return

**Table 17: Summary of Patient Journeys by Local Commissioning Group (2012/13)**

Local Commissioning Group (LCG)	Emergency Journeys	Urgent Journeys	Non-Urgent Journeys	Total Patient Journeys
Belfast	29,201	10,147	28,816	<b>68,164</b>
Northern	27,740	9,292	75,820	<b>112,852</b>
South Eastern	20,959	6,360	17,767	<b>45,086</b>
Southern	19,842	5,444	53,319	<b>78,605</b>
Western	18,608	4,249	35,442	<b>58,299</b>
<b>Northern Ireland</b>	<b>116,350</b>	<b>35,492</b>	<b>211,164</b>	<b>363,006</b>

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 Review Attendance (Emergency Care)**

This relates to any patient who returns to the emergency care department without written instruction, with the same presenting complaint, within 30 days of the initial attendance. (Any patient where the initial intention at first attendance was not to bring the patient back to the emergency care department, but 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 Review Attendance (Emergency Care)**

This relates to any patient given a written appointment, date and time to return to the emergency care department planned review clinic. 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 1<sup>st</sup> 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 2012/13 is not directly comparable with the information collected for previous years.

### Categorisation of Emergency Care Departments 2012/13

HSC Trust	Emergency Care Department		
	Type 1	Type 2	Type 3
<b>Belfast</b>	Mater		
	Royal Victoria		
	RBHSC		
<b>Northern</b>	Antrim Area		Whiteabbey
	Causeway		Mid Ulster
<b>South Eastern</b>	Ulster	Lagan Valley	Ards
		Downe	Bangor <sup>23</sup>
<b>Southern</b>	Craigavon Area		South Tyrone
	Daisyhill		Armagh & Mullinure <sup>22</sup>
<b>Western</b>	Altnagelvin		Tyrone County
	Erne/South West Acute <sup>22</sup>		

<sup>23</sup> See Appendix 3, notes 3.15 & 3.17 for details of recent changes to provision of emergency care services at Bangor, Mullinure and 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 1<sup>st</sup> July 2011, Hospital Information Branch has been downloading patient level data on emergency care waiting times from the Regional Data Warehouse on the 8<sup>th</sup> of each month, for those emergency care departments using the Northern Ireland Regional Accident & Emergency System (NIRAES). Information from emergency care departments, using other administrative systems to record emergency care waiting times, continues to be sourced from the aggregate EC1 return. HSC Trusts have been instructed to generate this information on the 8<sup>th</sup> of each month.
- 3.3** Waiting time figures are representative of all new and unplanned review emergency care attendances in Northern Ireland including Type 1, Type 2 and Type 3 emergency care departments.
- 3.4** The Ministerial target for Northern Ireland on emergency care waiting times for 2012/13 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 2<sup>nd</sup> 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 4<sup>th</sup> April 2011, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at the Downe Hospital resulting in the reduction of consultant-led emergency care services, from a 24 hours based service to 8am to 10pm daily, with services provided from 10pm to 8am by an enhanced GP Out of Hours (GPOOH) service. The GPOOH's provides the urgent care response supported by an appropriate handover period and the appropriate services within the hospital. After 10pm all 999 ambulances go directly to the Ulster or nearest appropriate emergency care department.
- 3.13** On 1<sup>st</sup> August 2011, the South Eastern HSC Trust introduced new temporary arrangements for the provision of emergency care services at the Lagan Valley hospital resulting in the closure of the emergency care department from 8pm to 9am daily. This 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 1<sup>st</sup> November 2011, the Belfast HSC Trust closed the emergency care department at the Belfast City hospital. This is a temporary change due to a shortage of senior staff but the change is expected to be in place for the foreseeable future.
- 3.15** On 21<sup>st</sup> June 2012, the Western HSC Trust closed the Erne hospital with services (including emergency care) immediately transferred to the new South West Acute Hospital in Enniskillen.
- 3.16** On 3<sup>rd</sup> September 2012, the Southern HSC Trust closed the Minor Injuries Unit at the Mullinure hospital, with opening hours at the Armagh Community hospital Minor Injuries Unit temporarily extended to 7pm until the end of March 2013. Previously, Armagh and Mullinure provided a joint 24-hour emergency care service with Armagh emergency care department operating Monday to Friday 9am-5pm, and Mullinure emergency care department operating from 5pm-9am on weekdays, and 24 hours on Saturday, Sunday and Bank Holidays.
- 3.17** On 16<sup>th</sup> February 2013, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at Bangor Minor Injuries Unit resulting in re-opening at weekends (9am to 5pm on Saturdays and Sundays), 10 months after they were closed due to staff shortages.

## 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 2012/13 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 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](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 and 2012/13 with previous years. However, it is possible to compare total attendances at emergency care departments in 2012/13 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 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:

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

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 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<sup>st</sup> April to 31<sup>st</sup> March.

An assessment of both the number of emergency calls and the length of time taken to respond to the different types of calls when compared with equivalent data for previous years, allow users to gauge the demand for ambulance services.

Response time refers to 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 1<sup>st</sup> 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](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:

**Mr. Caolan Lavery**

Hospital Information Branch

Information & Analysis Directorate

Department of Health, Social Services & Public Safety

Stormont Estate

Belfast, BT4 3SQ

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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](http://www.dhsspsni.gov.uk/index/stats_research/stats-activity_stats-2.htm)