

INFORMATION
ANALYSIS
DIRECTORATE



Hospital Statistics: Emergency Care 2014/15



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

Reader Information

Purpose	Monitor and report activity at Emergency Care Departments in Northern Ireland.
Authors	Paul Stevenson, Kieran Taggart, Ruth Fulton.
Publication Date	26 th June 2015
Reporting Period	1 st April 2014 – 31 st March 2015
Issued by	Hospital Information Branch Information & Analysis Directorate Department of Health, Social Services & Public Safety Stormont Estate Belfast, BT4 3SQ
Contact Information	As we want to engage with users of our statistics, we invite you to feedback your comments on this publication to: Paul Stevenson Email: Paul.Stevenson@dhsspsni.gov.uk Tel: (028) 90 522504 or Ext. 22504
Email	Paul.Stevenson@dhsspsni.gov.uk
Statistical Quality	Information detailed in this release has been provided by HSC Trusts and has been validated by Hospital Information Branch (HIB) prior to release.
Target audience	DHSSPS, Chief Executives of HSC Board and Trusts in Northern Ireland, healthcare professionals, academics, Health & Social Care stakeholders, media and general public.
Further copies from	statistics@dhsspsni.gov.uk
Internet address	http://www.dhsspsni.gov.uk/index/statistics/hospital/emergency-care/emergency-care-activity.htm
Price	Free
Copyright	This publication is Crown copyright and may be reproduced free of charge in any format or medium. Any material used must be acknowledged, and the title of the publication specified.

	Page
Key Points	4
List of Figures and Tables	6
Technical Notes	7
Section 1: Attendances at Emergency Care Departments	10
5 Year Trend	10
Latest Year	10
Department Type	12
Section 2: Waiting Times at Emergency Care Departments	13
5 Year Trend	13
Latest Year	14
Department Type	14
Section 3: Patient Transport and Emergency Response	15
Emergency Calls	15
Category A Calls	15
Category B Calls	17
Category C Calls	17
Patient Journeys	18
Section 4: Additional Tables	20
Section 5: Appendices	
Appendix 1: Definitions and Background Notes	30
Appendix 2: Emergency Care Attendances (KH09 Part 2)	32
Appendix 3: Emergency Care Waiting Times (EC1)	33
Appendix 4: Patient Transport and Emergency Response (KA34)	36
Appendix 5: Data in the Publication & Guidance on using the Data	37
Appendix 6: Explanatory Notes	44
Appendix 7: About Hospital Information Branch	45
Further Information	46

Key Points

Latest Year (2014/15)



708,480

New and Unplanned
Review Attendances at
Emergency Care
Departments

77.5%

of Attendances at
Emergency Care
Departments were
treated and discharged
home, or admitted within
4 hours

57.7%

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

- One in four (25.0%) attendances at emergency care departments during 2014/15 were in the Belfast Health and Social Care Trust (Figure 3, Table 4).

Comparison with Previous Year

(2013/14 – 2014/15)

- Since 2013/14, the total number of attendances at emergency care departments increased by 11,199 (1.5%), from 727,466 to 738,665 in 2014/15 (Figure 1, Table 1).
- Between 2013/14 and 2014/15, regional performance against the 4 hour waiting times target declined by 0.6 percentage points from 78.1% to 77.5%; with performance at Type 1 departments declining by 0.4 percentage points (74.2% to 73.8%), performance at Type 2 departments improving by 1.0 percentage point (87.7% to 88.7%) and performance at Type 3 departments continuing to be 100.0% (Table 6 & 7).
- A higher number of patients waited longer than 12 hours in 2014/15 (3,170) compared with 2013/14 (3,109), with the Royal Victoria reporting the most notable increase (456 to 1,352) (Figure 8, Table 10).
- Since 2013/14, the proportion of Category A (Immediately Life Threatening) Calls responded to within 8 minutes decreased by 9.9 percentage points, from 67.6% to 57.7% in 2014/15 (Figure 11, Table 14).

Five Year Comparison

(2010/11 – 2014/15)

- Between 2010/11 and 2014/15, the total number of attendances at emergency care departments increased by 7,656 (1.0%), from 731,009 to 738,665 (Figure 1, Table 1).
- Since 2010/11, regional performance against the 4 hour waiting times target declined by 4.5 percentage points from 82.0% to 77.5% in 2014/15 (Table 9).
- Between 2010/11 and 2014/15, the number of patients waiting longer than 12 hours decreased markedly (4,209), from 7,379 to 3,170, with Antrim Area reporting the most notable improvement in performance (2,440 to 663) (Figure 8, Table 10).
- Since 2010/11, the proportion of Category A (Immediately Life Threatening) Calls responded to within 8 minutes decreased by 12.0 percentage points, from 69.7% to 57.7% in 2014/15 (Figure 11, Table 14).

List of Figures

Figure 1: Total Attendances at Emergency Care Departments (2010/11 - 2014/15).....	10
Figure 2: Attendances at Emergency Care Departments, by Attendance Type and HSC Trust (2014/15)	10
Figure 3: Attendances at Emergency Care Departments, by HSC Trust (2014/15).....	11
Figure 4: Attendances at Emergency Care Departments per 1,000-Population, by HSC Trust (2014/15).....	11
Figure 5: Attendances at Emergency Care Departments, by HSC Hospital (2014/15).....	12
Figure 6: Attendances at Emergency Care, by Emergency Care Department Type (2014/15)	12
Figure 7: Attendances at Emergency Care Departments Waiting 12 Hours or Less (2010/11 - 2014/15)	13
Figure 8: Attendances at Emergency Care Departments Waiting Longer Than 12 Hours (2010/11 - 2014/15).....	13
Figure 9: Waiting Times at Emergency Care Departments, by HSC Trust (2014/15).....	14
Figure 10: Emergency Calls Received by the NIAS per 1,000-population, by LCG (2014/15)	15
Figure 11: Percentage of Category A Calls Responded to Within 8 Minutes (2010/11 - 2014/15).....	15
Figure 12: Response Times for Category A Calls (2010/11 - 2014/15)	16
Figure 13: Response Times for Category A Calls, by LCG (2014/15)	16
Figure 14: Summary of Patient Journeys (2010/11 - 2014/15)	18
Figure 15: Summary of Patient Journeys, by LCG (2014/15)	18
Figure 16: Summary of Patient Journeys, by Journey Type and LCG (2014/15)	19

List of Tables

Table 1: Total Attendances at Emergency Care Departments (2010/11 – 2014/15)	20
Table 2: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2014/15).....	20
Table 3: Total Attendances at Emergency Care Departments by Department Type (2014/15).....	21
Table 4: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2010/11 - 2014/15)	21
Table 5: Waiting Times at Emergency Care Departments by HSC Trust / Hospital (2014/15).....	22
Table 6: Waiting Times of Attendances at Emergency Care Departments (2010/11 – 2014/15)	22
Table 7: Waiting Times at Emergency Care Departments by Department Type (2014/15).....	23
Table 8: New & Unplanned Review Attendances by HSC Trust / Hospital (2010/11 - 2014/15)	23
Table 9: New & Unplanned Review Attendances seen within 4 hours by HSC Trust / Hospital (2010/11 - 2014/15).....	24
Table 10: New & Unplanned Review Attendances Waiting Over 12 Hours by HSC Trust/Hospital (2010/11 - 2014/15) ...	25
Table 11: Summary of Emergency Calls & Response by Local Commissioning Group (2014/15).....	26
Table 12: Summary of Emergency Calls & Response by Category of Call (2014/15)	26
Table 13: % of Cat. A Calls Resulting in an Emergency Response Arriving at the Scene by LCG (2014/15).....	27
Table 14: % of Cat. A Calls Resulting in an Emergency Response Arriving at the Scene by Year (2010/11 – 2014/15) ..	27
Table 15: Response Times by Category of Call (2010/11 – 2014/15)	28
Table 16: Summary of Patient Journeys (2010/11 – 2014/15).....	29
Table 17: Summary of Patient Journeys, by Local Commissioning Group (2014/15).....	29

Technical Notes

This statistical release is part of an annual series presenting information on activity at Emergency Care Departments in Northern Ireland ¹.

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 under 'Information Sources' at the following link:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/emergency-care/emergency-care-activity.htm>

During 2014/15, information on emergency care waiting times was downloaded from the Regional Data Warehouse on the 8th of each month for emergency care departments in the Northern, South Eastern and Southern HSC Trusts, whilst information from emergency care departments in the Belfast and Western HSC Trusts continued to be sourced from the aggregate EC1 return and based on the position on the 8th of each month.

Rounding

Percentages have been rounded to one decimal place and as a consequence some percentages may not sum to 100.

Main Uses of Data

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

¹ Refer to Appendix 1: Definitions.

Data Quality ²

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

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

A National Statistics Publication

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.dhspnsni.gov.uk/index/statistics/hospital/emergency-care/emergency-care-activity.htm>

² Refer to Appendix 5: Data in the publication for further information.

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. We would therefore ask readers to be cautious when making comparisons with other UK Jurisdictions.

Preliminary discussion has identified comparability issues between Northern Ireland and England regarding the 12 hour waiting times reported in both jurisdictions. Further information on these issues is detailed in Appendix 5.

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/>

Not comparable with Northern Ireland for 12 Hour waiting times

Scotland <http://www.isdscotland.org/Health-Topics/Emergency-Care/>

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 under '*Information Sources*' at the following link:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/emergency-care/emergency-care-activity.htm>

Attendances at Emergency Care Departments

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, temporary closures of emergency care departments.

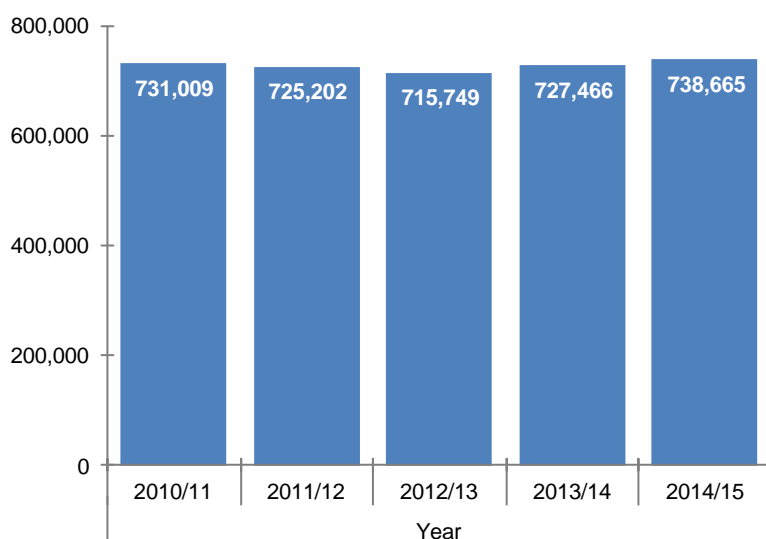
Further details of the changes in emergency care service provision are detailed in Appendix 3.

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 years³.

Figure 1 presents information on the total number of attendances⁴ at emergency care departments each year since 2010/11.

Figure 1: Total Attendances at Emergency Care Departments (2010/11 - 2014/15)



Despite fluctuating over the 5 year period, the total number of attendances at emergency care departments increased slightly (7,656, 1.0%), from 731,009 in 2010/11 to 738,665 in 2014/15 (Figure 1, Table 1).

Between 2010/11 and 2012/13, the total number of attendances at emergency care departments decreased each year from 731,009 to 715,749, but has increased by 22,916 (3.2%) since 2012/13 to 738,665 in 2014/15 (Figure 1, Table 1).

Financial Year 2014/15

Figure 2 shows attendances (new, unplanned and planned reviews) at emergency care departments during the year ending 31st March 2015, for each HSC Trust in Northern Ireland.

In 2014/15, there were a total of 738,665 attendances at emergency care departments, of which, 671,590 (90.9%) were new attendances, 36,990 (5.0%) were unplanned review attendances, and 30,085 (4.1%) were planned review attendances (Table 2).

Across HSC Trusts, the number of new attendances at emergency care departments in 2014/15 was highest in the Belfast HSC Trust (169,157) and lowest in the Western HSC Trust (95,260) (Figure 2, Table 2).

Figure 2: Attendances at Emergency Care Departments, by Attendance Type and HSC Trust (2014/15)

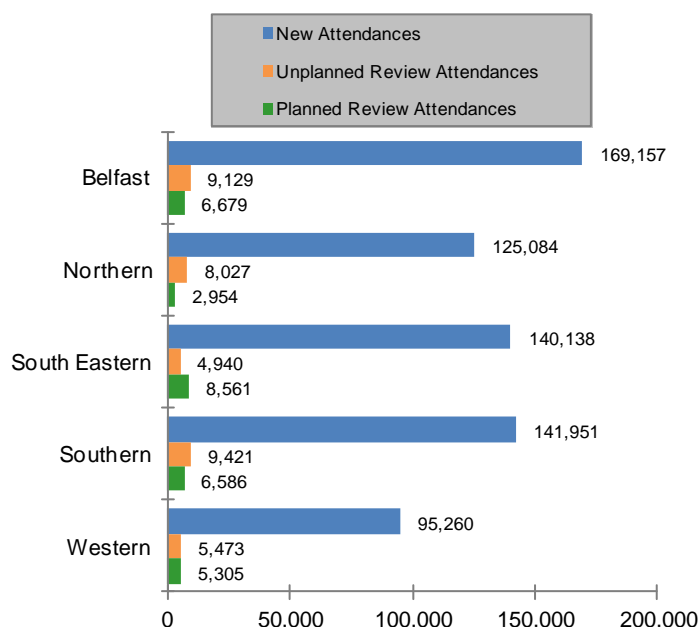


Figure 3 presents information on the percentage of all attendances⁵ at emergency care departments in each HSC Trust during 2014/15.

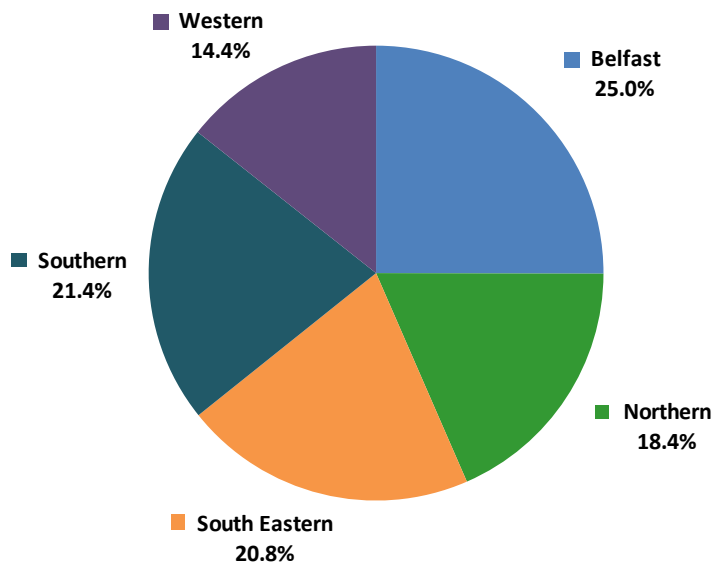
³ Refer to Appendix 2, point 2.6.

⁴ Includes new, unplanned and planned review attendances.

⁵ Includes new, unplanned and planned review attendances.

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.

Figure 3: Attendances at Emergency Care Departments, by HSC Trust (2014/15)



One in four (25.0%) attendances at emergency care departments during 2014/15 were in the Belfast HSC Trust (184,965), with a further 21.4% (157,958) in the Southern HSC Trust, 20.8% (153,639) in the South Eastern HSC Trust, 18.4% (136,065) in the Northern HSC Trust, and 14.4% (106,038) in the Western HSC Trust (Figures 2 and 3, Table 2).

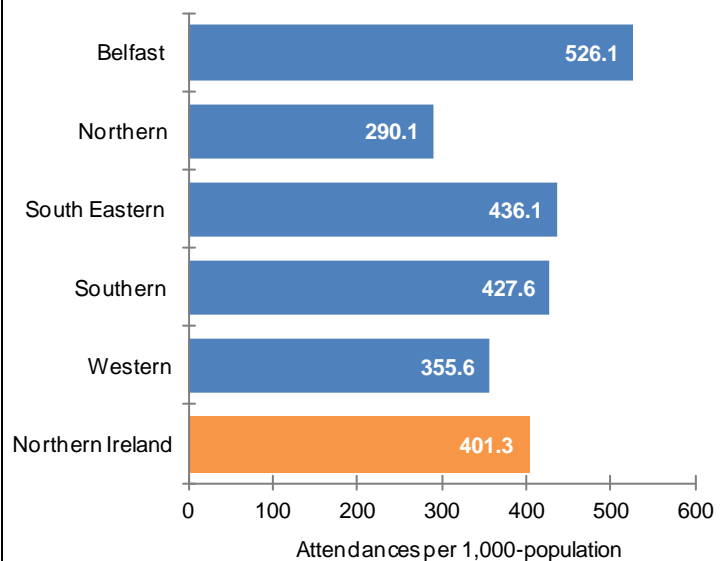
Figure 4 presents information on the number of attendances per 1,000-population⁶ in each HSC Trust during 2014/15.

During 2014/15, there were 401.3 emergency care attendances per 1,000-population in Northern Ireland (Figure 4).

Across HSC Trusts, the total number of attendances per 1,000-population was highest in the Belfast HSC Trust (526.1) and lowest in the Northern HSC Trust (290.1) (Figure 4).

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

Figure 4: Attendances at Emergency Care Departments per 1,000-Population, by HSC Trust (2014/15)



Across HSC Hospitals, the Ulster (83,659), Royal Victoria (77,997), Craigavon Area (72,634) and Antrim Area (71,410) emergency care departments reported the highest number of new attendances in 2014/15 (Table 2).

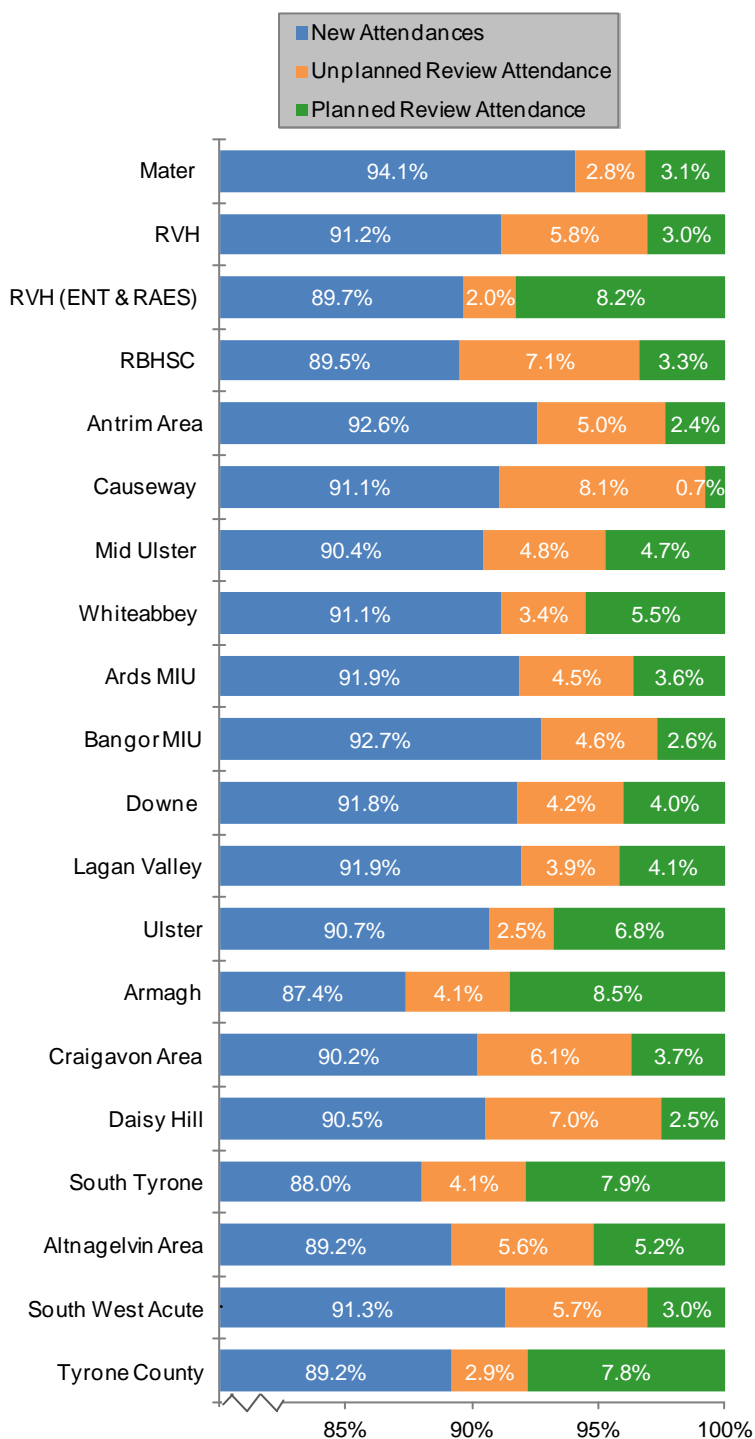
Figure 5 overleaf presents the proportion of new, unplanned and planned review attendances at each emergency care department in Northern Ireland during 2014/15.

The Mater (94.1%, 44,314) emergency care department reported the highest percentage of new attendances, i.e. patients who presented without appointment at the emergency care department for the first time regarding a specific medical complaint (Figure 5, Table 2).

During 2014/15, Causeway (8.1%, 3,502), RBHSC (7.1%, 2,510) and Daisy Hill (7.0%, 3,263) emergency care departments reported the highest percentages of unplanned review attendances, i.e. patients who present without appointment at an emergency care department for the same presenting complaint for which they had previously attended in the last 30 days (Figure 5, Table 2).

Armagh Community (8.5%, 442) and the RVH (ENT & RAES) ⁷ (8.2%, 1,416) emergency care departments reported the highest percentage of planned attendances, i.e. those patients presenting at an emergency care department by written appointment at an agreed date / time (Figure 5, Table 2).

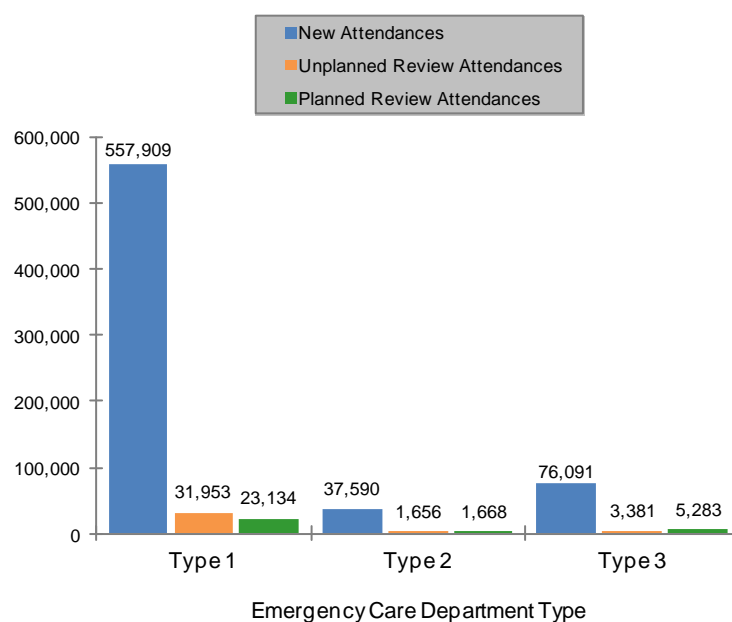
Figure 5: Attendances at Emergency Care Departments, by HSC Hospital (2014/15)



Emergency Care Department Type ⁸

Figure 6 shows the number of new, unplanned review and planned review attendances at emergency care departments during the year ending 31st March 2015, by type of emergency care department.

Figure 6: Attendances at Emergency Care, by Emergency Care Department Type (2014/15)



During 2014/15, more than four in five (612,996, 83.0%) emergency care attendances were in Type 1 emergency care departments, 40,914 (5.5%) within Type 2 departments and 84,755 (11.5%) within Type 3 departments (Table 3).

Nine in ten (91.0%, 557,909) attendances at Type 1 emergency care departments were new attendances, similar to Type 2 departments (91.9%, 37,590) and (89.8%, 76,091) Type 3 departments (Figure 6, Table 3).

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

⁸ Refer to Appendix 1: Definitions – points 1.1 – 1.5

Waiting Times at Emergency Care Departments ⁹

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/statistics/hospital/waitingtimes/waitingtimes-emergency.htm>

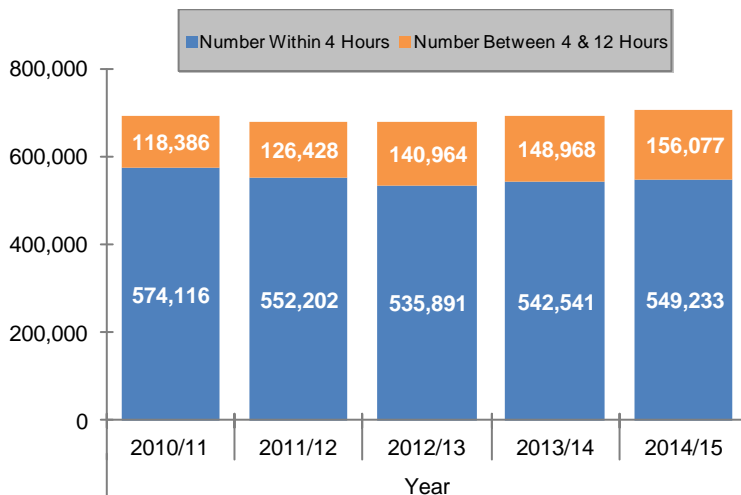
5 Year Trend

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 2010/11.

Between 2010/11 and 2014/15, the percentage of patients treated and discharged or admitted within four hours of their arrival in an emergency care department decreased by 4.5 percentage points, from 82.0% (574,116) to 77.5% (549,233) (Figure 7, Table 6).

Since 2013/14, the percentage of patients treated and discharged or admitted within four hours of their arrival in an emergency care department decreased by 0.6 percentage points from 78.1% (542,541) to 77.5% (549,233) in 2014/15 (Figure 7, Table 6).

Figure 7: Attendances at Emergency Care Departments Waiting 12 Hours or Less (2010/11 - 2014/15)

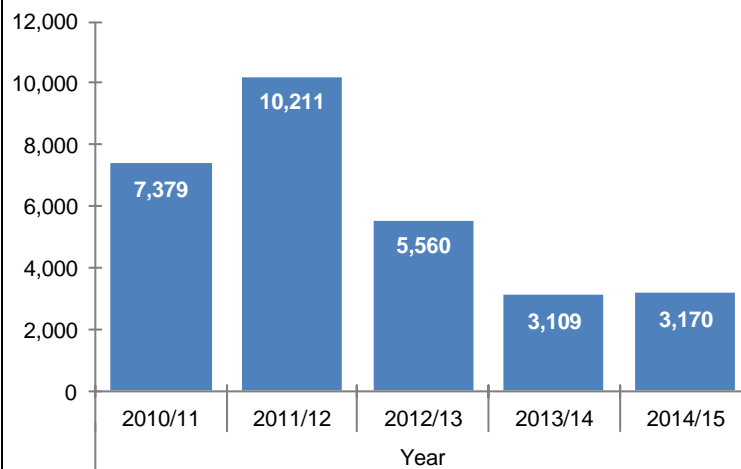


⁹ Information refers to new attendances and unplanned review attendances only (i.e. excludes planned review attendances).

Over the last 5 years, the number of new and unplanned review attendances treated and discharged or admitted within 4 hours at emergency care departments in Northern Ireland decreased by 24,883 (4.3%), from 574,116 in 2010/11 to 549,233 in 2014/15 (Figure 7, Table 6).

During this time, the number of attendances waiting between 4 & 12 hours increased by 37,691 (31.8%), from 118,386 to 156,077 (Figure 7, Table 6).

Figure 8: Attendances at Emergency Care Departments Waiting Longer Than 12 Hours (2010/11 - 2014/15)



In 2014/15, 3,170 (0.4%) new and unplanned review attendances waited over 12 hours at emergency care departments, 4,209 (57.0%) less than the number in 2010/11 (7,379, 1.1%), but 61 (2.0%) more than the number in 2013/14 (3,109, 0.4%) (Figure 8, Table 6).

Since 2010/11, the number of new and unplanned review attendances at emergency care departments increased by 8,599 (1.2%), from 699,881 to 708,480 in 2014/15, and increased by 13,862 (2.0%) when compared with 2013/14 (694,618) (Table 6).

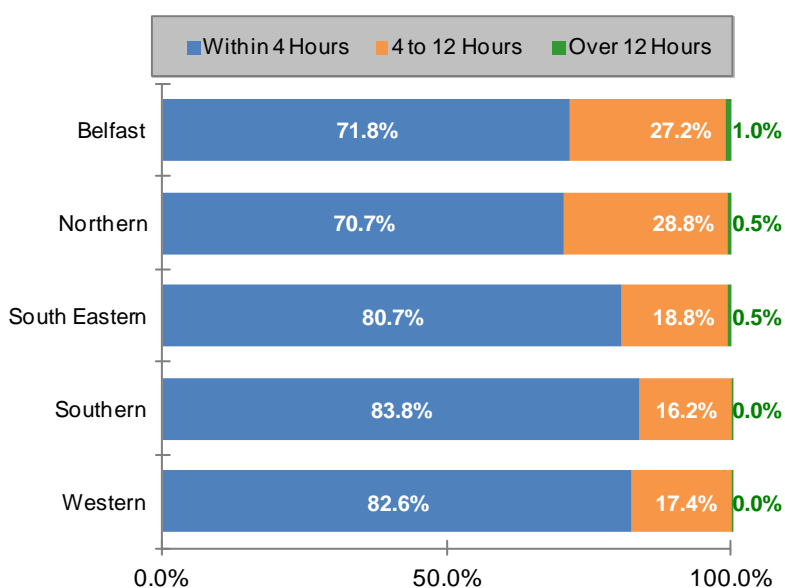
Financial Year 2014/15

Figure 9 shows the annual waiting times for new and unplanned review attendances during 2014/15, for each HSC Trust in Northern Ireland.

In 2014/15, the Southern HSC Trust reported the highest percentage of attendances waiting less than 4 hours (83.8%), whilst the Northern HSC Trust reported the lowest proportion (70.7%) (Figure 9, Table 5).

Across HSC Hospitals, the Royal Victoria Hospital reported the lowest percentage of patients treated, admitted or discharged from emergency care within 4 hours (59.2%), with the Royal Victoria (ENT & RAES), Mid Ulster, Ards, Bangor, Armagh Community and South Tyrone all reporting the highest percentage (100.0%) (Table 5).

Figure 9: Waiting Times at Emergency Care Departments, by HSC Trust (2014/15)¹⁰



In 2014/15, over half (55.4%) of the 3,170 emergency care attendances that waited more than 12 hours were in the Belfast HSC Trust, 22.5% in the South Eastern HSC Trust, 20.9% in the Northern HSC Trust, 0.8% in the Western HSC Trust and 0.4% in the Southern HSC Trust (Table 5).

¹⁰ It should be noted that each HSC Trust have different configurations of emergency care department types and this should be taken into consideration when comparing overall performance across HSC Trusts.

The highest number of emergency care attendances waiting more than 12 hours in 2014/15 was reported by the Royal Victoria (1,352), Ulster (689) and Antrim Area (663) emergency care departments (Table 5).

During 2014/15, no patients waited more than 12 hours at the Royal Victoria (ENT & RAES), RBHSC, Causeway, Mid Ulster, Whiteabbey, Ards, Bangor Armagh Community, South Tyrone and Tyrone County emergency care departments (Table 5).

The Royal Victoria (ENT & RAES) and RBHSC were the only Type 1 departments to achieve the 12-hour standard.

Emergency Care Department Type ¹¹

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 during 2014/15, compared with 88.7% in Type 2 departments and 73.8% in Type 1 departments (Table 7).

During 2014/15, 99.2% (3,146) of emergency care attendances waiting more than 12 hours were in Type 1 emergency care departments, with the remaining 0.8% (24) 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 2014/15 (Table 7).

¹¹ Refer to Appendix 1: Definitions – points 1.1 – 1.5.

Patient Transport & Emergency Response

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

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

Emergency Calls

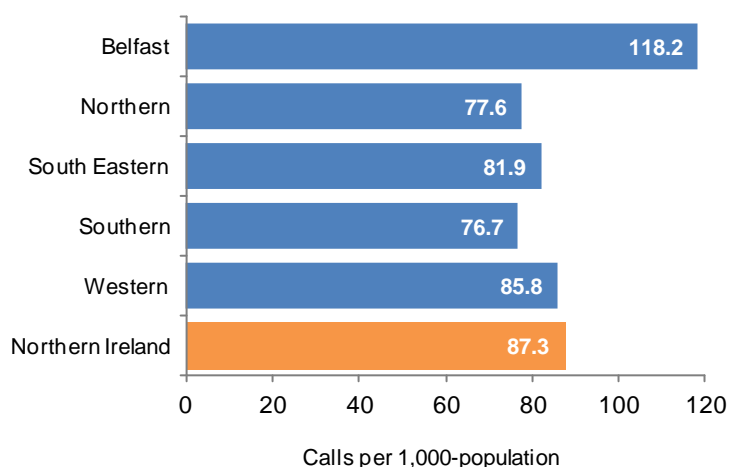
5 Year Trend

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

Financial Year 2014/15

Figure 10 presents information on the number of emergency calls received by the NIAS per 1,000-population ¹³ in each Local Commissioning Group (LCG) in 2014/15.

Figure 10: Emergency Calls Received by the NIAS per 1,000-population, by LCG (2014/15)



Of the 191,727 emergency calls received in 2014/15, 26.4% (50,533) were received in the Belfast LCG, 23.2% (44,460) in the Northern LCG, 18.0% (34,553) in the South Eastern LCG, 17.3% (33,089) in the Southern LCG and 15.2% (29,092) in the Western LCG (Table 11).

During 2014/15, 87.3 emergency calls were received by the NIAS per 1,000-population in Northern Ireland, compared to 84.9 in 2013/14 (Figure 10).

Across LCGs, the number of emergency calls per 1,000-population was highest in the Belfast LCG (118.2) and lowest in the Southern LCG (76.7) (Figure 10).

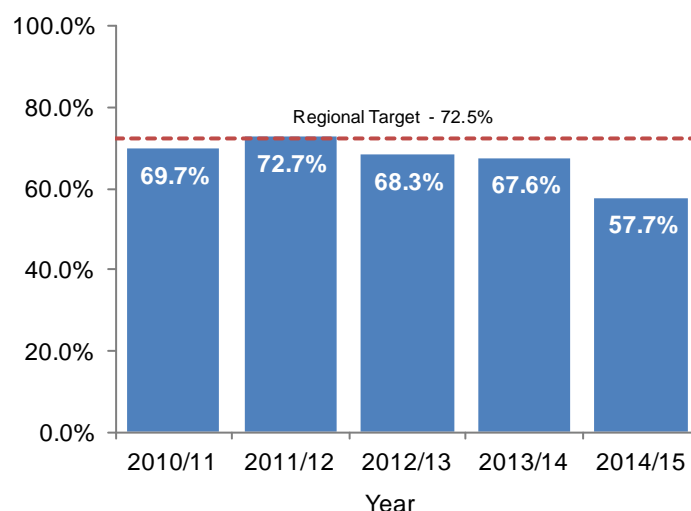
Category A Calls ¹⁴

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

5 Year Trend

Figure 11 presents information on the percentage of Category A calls which resulted in an emergency response vehicle arriving at the scene of the incident within 8 minutes, for the five year period between 2010/11 and 2014/15.

Figure 11: Percentage of Category A Calls Responded to Within 8 Minutes (2010/11 – 2014/15)



¹⁴ Refer to Appendix 1: Definitions – point 1.14.

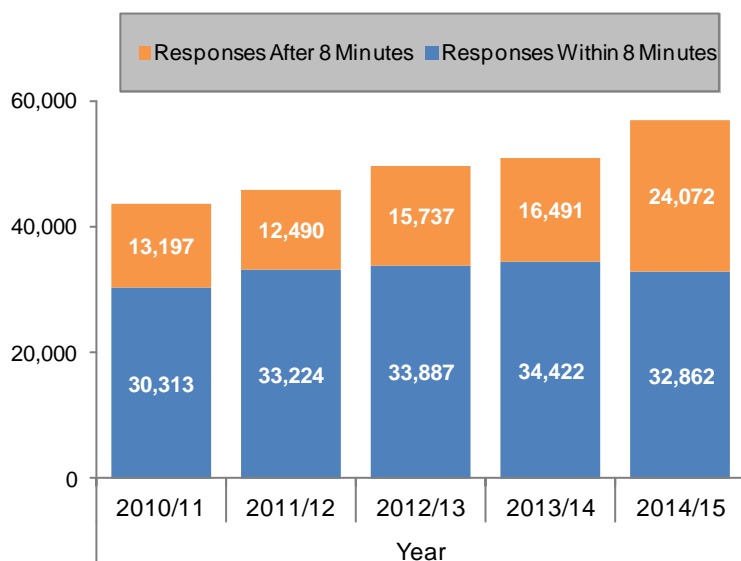
¹² Further information can be found in Appendix 4.

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

During the last five years, the percentage of Category A calls responded to within 8 minutes was highest in 2011/12 (72.7%, 33,224) and lowest in 2014/15 (57.7%, 32,862) (Figures 11 & 12, Table 15).

Figure 12 presents information on the number of Category A calls responded to within 8 minutes, for the five year period between 2010/11 and 2014/15.

Figure 12: Response Times for Category A Calls (2010/11 – 2014/15)



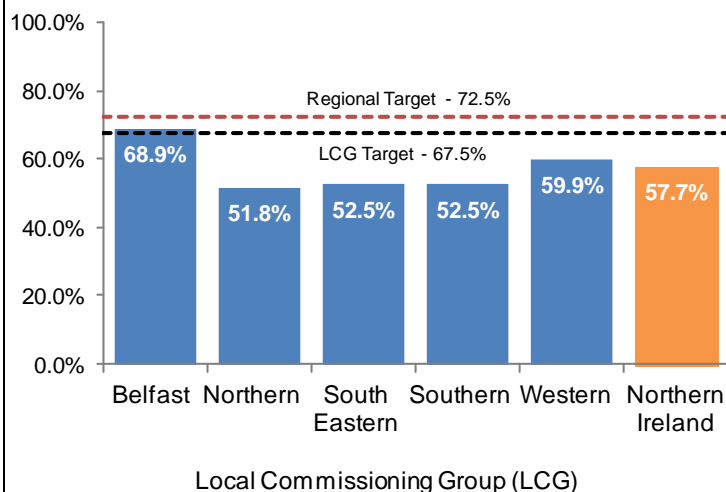
Since 2010/11, the number of Category A calls resulting in an emergency response arriving at the scene of an incident, has increased markedly (30.9%, 13,424), from 43,510 to 56,934 in 2014/15 (Table 15).

Financial Year 2014/15

Of the 60,993 Category A calls received by the NIAS in 2014/15, 93.3% (56,934) resulted in an emergency response vehicle arriving at the scene of the incident, with the remaining 6.7% (4,059) related to multiple calls for the same incident, hoax calls, and / or incident-related enquiries (Table 12).

Figure 13 presents information on the percentage of Category A calls which resulted in an emergency response vehicle arriving at the scene of the incident within 8 minutes, for each LCG in 2014/15.

Figure 13: Response Times for Category A Calls, by LCG (2014/15)



Across LCGs, the percentage of Category A calls responded to within 8 minutes in 2014/15 was highest in the Belfast LCG (68.9%) and lowest in the Northern LCG (51.8%) (Figure 13, Table 11).

Regionally, the highest percentage of Category A calls resulting in an emergency response vehicle arriving at the scene of the incident within 8 minutes was reported in April 2014 (67.0%), with the lowest percentage in February 2015 (49.9%) (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 2014 (81.6%), whilst the lowest percentage was reported in the South Eastern LCG during February 2015 (41.2%) (Table 13).

Category B Calls ¹⁵

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

5 Year Trend

During the last five years, the number of Category B calls received increased by 5,536 (8.1%), from 68,234 in 2010/11 to 73,770 in 2014/15 (Table 15).

During this time, the number of Category B calls which resulted in an emergency response vehicle able to transport a patient, arriving at the scene increased by 3,154 (5.0%), from 62,929 in 2010/11 to 66,083 in 2014/15 (Table 15).

Since 2010/11, the percentage of Category B calls which resulted in an emergency response vehicle able to transport a patient, arriving at the scene decreased by 2.6 percentage points, from 92.2% in 2010/11 to 89.6% in 2014/15 (Table 15).

Financial Year 2014/15

During 2014/15, the NIAS received 73,770 Category B calls, 89.6% (66,083) resulted in an emergency response vehicle able to transport a patient, arriving at the scene (Tables 11 & 12).

Category C Calls ¹⁶

As per previous note, Healthcare Professional (HCP) calls replaced urgent patient journeys from 14th June 2014, and are now classified as Category C calls.

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

1. Non-HCP Category C Calls

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

2. HCP Category C Calls

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

5 Year Trend

It is no longer possible to provide a 5 year comparison due to the changes highlighted above¹⁷.

Financial Year 2014/15

Non- HCP Category C Calls

Of the 25,943 Non-HCP Category C calls received by the NIAS in 2014/15, 91.3% (23,692) resulted in an ambulance arriving at the scene of the incident, 93.9% (22,252) of which arrived within 60 minutes (Table 11).

In 2014/15, the highest percentage of Non-HCP Category C calls responded to within 60 minutes was reported in the Western LCG (97.2%), with the lowest being reported by the Belfast LCG (91.3%) (Table 11).

HCP Category C Calls

During 2014/15 ¹⁸, the NIAS received 31,021 HCP Category C calls, 90.8% (28,169) resulted in an ambulance arriving at the scene of the incident (Table 11).

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

- 55.0% (6,146) of HCP calls assigned a 1 hour response, arrived at the scene within 1 hour;
- 70.6% (7,060) of HCP calls assigned a 2 hour response, arrived at the scene within 2 hours;
- 78.5% (815) of HCP calls assigned a 3 hour response, arrived at the scene within 3 hours; and,
- 82.8% (4,925) of HCP calls assigned a 4 hour response, arrived at the scene within 4 hours.

¹⁷ Further information can be found in Appendix 4.

¹⁸ Figures for 2014/15 refer to the period 14 June 2014 to 31 March 2015 only as information was not recorded prior to this date.

¹⁵ Refer to Appendix 1: Definitions – point 1.15.

¹⁶ Refer to Appendix 1: Definitions – point 1.16.

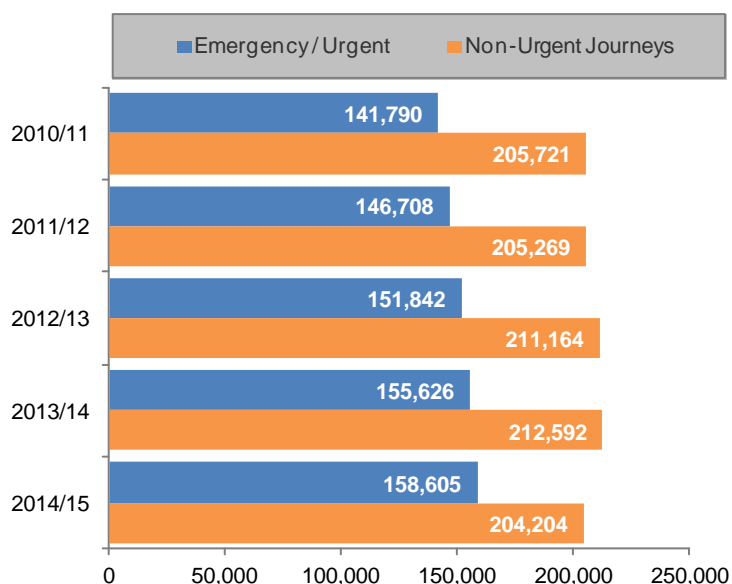
Patient Journeys ¹⁹

5 Year Trend

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

Figure 14 shows the number of emergency/urgent and non-urgent journeys made by the NIAS, each year between 2010/11 and 2014/15.

Figure 14: Summary of Patient Journeys (2010/11 - 2014/15)



Since 2010/11, the total number of patient journeys made by the NIAS increased by 15,298 (4.4%), from 347,511 to 362,809 in 2014/15 (Figure 14, Table 16).

The majority of patient journeys made by the NIAS in each year since 2010/11 were non-urgent (Figure 14, Table 16).

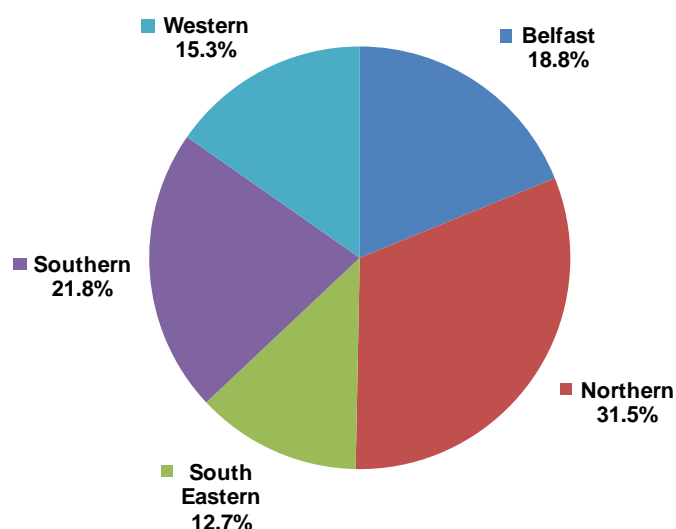
Between 2010/11 and 2014/15, the number of emergency/urgent patient journeys made by the NIAS increased by 16,815 (11.9%), from 141,790 to 158,605 (Figure 14, Table 16).

Although fluctuating over the 5 year period, the number of non-urgent patient journeys made by the NIAS decreased by 1,517 (0.7%), from 205,721 in 2010/11 to 204,204 in 2014/15 (Figure 14, Table 16).

Financial Year 2014/15

Figure 15 details the percentage of all journeys ²⁰ made by the NIAS across each Local Commissioning Group in Northern Ireland during 2014/15.

Figure 15: Summary of Patient Journeys, by LCG (2014/15)



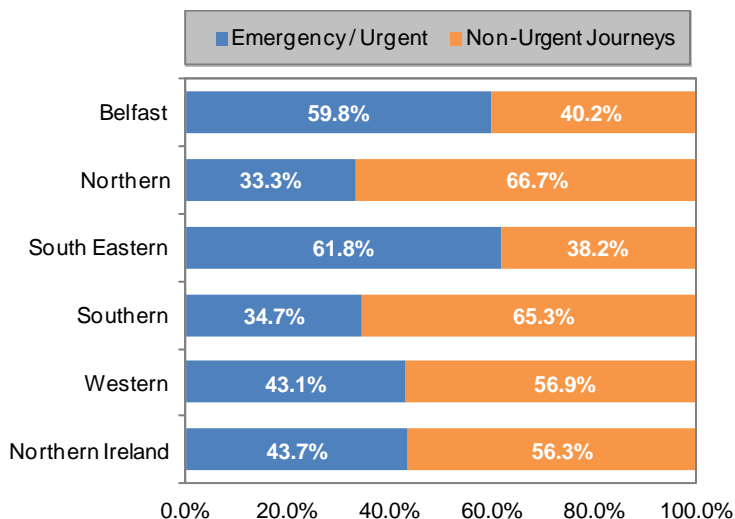
During 2014/15, a total of 362,809 patient journeys were made by the NIAS. Of these, 31.5% (114,221) were in the Northern LCG, 21.8% (78,940) in the Southern LCG, 18.8% (68,299) in the Belfast LCG, 15.3% (55,428) in the Western LCG and 12.7% (45,921) in the South Eastern LCG (Figure 15, Table 17).

¹⁹ Refer to Appendix 1: points 1.10 – 1.12.

²⁰ Includes emergency, urgent and non-urgent patient journeys.

Figure 16 shows the percentage of emergency / urgent and non-urgent journeys made by the NIAS across each LCG during 2014/15.

Figure 16: Summary of Patient Journeys, by Journey Type and LCG (2014/15)



During 2014/15, over two thirds of patient journeys in the Northern LCG (66.7%, 76,210) were non-urgent, similar to the Southern LCG (65.3%, 51,509) (Figure 16, Table 17).

However, within the South Eastern LCG (61.8%, 28,385) the highest percentage of patient journeys made during 2014/15, were emergency/urgent journeys (Figure 16, Table 17).

Additional Tables

Table 1: Total Attendances at Emergency Care Departments (2010/11 – 2014/15) ²¹

Attendance Type	Year					Percentage Change 2013/14 - 2014/15	Percentage Change 2010/11 - 2014/15
	2010/11	2011/12	2012/13	2013/14	2014/15		
New	674,400	648,131	642,703	657,689	671,590	2.1%	-0.4%
Review	56,609	77,071	73,046	69,777	67,075	-3.9%	18.5%
Total	731,009	725,202	715,749	727,466	738,665	1.5%	1.0%

Source: KH09 (ii) Information Return

Table 2: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2014/15) ²²

HSC Trust / Hospital	New		Unplanned Review		Planned Review		Total Attendances
	Number	%	Number	%	Number	%	
Mater	44,314	94.1%	1,307	2.8%	1,482	3.1%	47,103
Royal Victoria	77,997	91.2%	4,962	5.8%	2,609	3.0%	85,568
RVH (ENT & RAES) ²³	15,401	89.7%	350	2.0%	1,416	8.2%	17,167
RBHSC	31,445	89.5%	2,510	7.1%	1,172	3.3%	35,127
Belfast Trust	169,157	91.5%	9,129	4.9%	6,679	3.6%	184,965
Antrim Area	71,410	92.6%	3,858	5.0%	1,831	2.4%	77,099
Causeway	39,193	91.1%	3,502	8.1%	314	0.7%	43,009
Mid Ulster	7,981	90.4%	426	4.8%	418	4.7%	8,825
Whiteabbey	6,500	91.1%	241	3.4%	391	5.5%	7,132
Northern Trust	125,084	91.9%	8,027	5.9%	2,954	2.2%	136,065
Ards MIU	9,714	91.9%	475	4.5%	383	3.6%	10,572
Bangor MIU	9,175	92.7%	459	4.6%	260	2.6%	9,894
Downe	17,064	91.8%	778	4.2%	744	4.0%	18,586
Lagan Valley	20,526	91.9%	878	3.9%	924	4.1%	22,328
Ulster	83,659	90.7%	2,350	2.5%	6,250	6.8%	92,259
South Eastern Trust	140,138	91.2%	4,940	3.2%	8,561	5.6%	153,639
Armagh Community	4,549	87.4%	214	4.1%	442	8.5%	5,205
Craigavon Area	72,634	90.2%	4,893	6.1%	2,970	3.7%	80,497
Daisy Hill	42,175	90.5%	3,263	7.0%	1,152	2.5%	46,590
South Tyrone	22,593	88.0%	1,051	4.1%	2,022	7.9%	25,666
Southern Trust	141,951	89.9%	9,421	6.0%	6,586	4.2%	157,958
Altnagelvin Area	51,609	89.2%	3,219	5.6%	3,009	5.2%	57,837
South West Acute	28,072	91.3%	1,739	5.7%	929	3.0%	30,740
Tyrone County	15,579	89.2%	515	2.9%	1,367	7.8%	17,461
Western Trust	95,260	89.8%	5,473	5.2%	5,305	5.0%	106,038
Northern Ireland	671,590	90.9%	36,990	5.0%	30,085	4.1%	738,665

Source: KH09 (ii) Information Return

²¹ Care should be taken when comparing information on attendance type prior to 2012/13, as some emergency care departments may have been incorrectly recording some unplanned activity as first (new) attendances.

²² See Appendix 3 for further information on changes to provision of emergency care services.

²³ The RVH (ENT & RAES) refers to their Ear, Nose & Throat and Regional Acute Eye Services, refer to Appendix 3 for further information.

Table 3: Total Attendances at Emergency Care Departments by Department Type (2014/15)

Emergency Care Department Type	New Attendances		Unplanned Review Attendances		Planned Review Attendances		Total Attendances
	Number	%	Number	%	Number	%	
Type 1	557,909	91.0%	31,953	5.2%	23,134	3.8%	612,996
Type 2	37,590	91.9%	1,656	4.0%	1,668	4.1%	40,914
Type 3	76,091	89.8%	3,381	4.0%	5,283	6.2%	84,755
Total	671,590	90.9%	36,990	5.0%	30,085	4.1%	738,665

Source: KH09 (ii) Information Return

Table 4: Total Attendances at Emergency Care Departments by HSC Trust / Hospital (2010/11 - 2014/15)²⁴

HSC Trust / Hospital	Total Attendances				
	2010/11	2011/12	2012/13	2013/14	2014/15
Belfast City	45,008	25,408	-	-	-
Mater	43,801	46,253	44,763	46,085	47,103
Royal Victoria ²⁵	75,652	84,235	96,879	82,279	85,568
RVH (ENT & RAES)	-	-	-	15,411	17,167
RBHSC	31,645	33,814	34,364	34,453	35,127
Belfast Trust	196,106	189,710	176,006	178,228	184,965
Antrim Area	72,216	72,298	72,078	73,786	77,099
Causeway	44,301	43,594	43,090	42,152	43,009
Mid Ulster	7,981	6,471	7,487	8,307	8,825
Whiteabbey	10,446	9,419	9,256	9,580	7,132
Northern Trust	134,944	131,782	131,911	133,825	136,065
Ards	9,520	9,438	9,405	10,281	10,572
Bangor	13,278	13,108	10,616	12,288	9,894
Downe	22,963	21,099	21,599	21,161	18,586
Lagan Valley	34,160	28,523	27,374	26,835	22,328
Ulster	76,013	83,167	88,544	89,107	92,259
South Eastern Trust	155,934	155,335	157,538	159,672	153,639
Armagh Community	6,431	6,842	7,367	7,416	5,205
Craigavon Area	76,732	76,721	76,271	76,175	80,497
Daisy Hill	39,105	40,388	41,207	42,716	46,590
Mullinure	2,396	2,168	875	-	-
South Tyrone	18,791	20,320	21,401	23,152	25,666
Southern Trust	143,455	146,439	147,121	149,459	157,958
Altnagelvin Area	56,862	56,419	56,712	58,703	57,837
Erne / South West Acute	27,929	28,515	29,202	30,042	30,740
Tyrone County	15,779	17,002	17,259	17,537	17,461
Western Trust	100,570	101,936	103,173	106,282	106,038
Northern Ireland	731,009	725,202	715,749	727,466	738,665

Source: KH09 (ii) Information Return

²⁴ See Appendix 3 for further information on changes to provision of emergency care services.²⁵ Information for the RVH prior to 2013/14 includes attendances for ENT & RAES.

Table 5: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by HSC Trust / Hospital (2014/15)

HSC Trust / Hospital	Waiting Time at Emergency Care Department						Total (New & Unplanned Reviews)
	Within 4 Hours		4 to 12 Hours		Over 12 Hours		
	Number	%	Number	%	Number	%	
Mater	32,265	70.7%	12,954	28.4%	404	0.9%	45,623
Royal Victoria	49,077	59.2%	32,476	39.2%	1,352	1.6%	82,905
RVH (ENT & RAES)	15,751	100.0%	0	0.0%	0	0.0%	15,751
RBHSC	30,771	90.8%	3,108	9.2%	0	0.0%	33,879
Belfast Trust	127,864	71.8%	48,538	27.2%	1,756	1.0%	178,158
Antrim Area	47,855	63.6%	26,750	35.5%	663	0.9%	75,268
Causeway	31,120	72.9%	11,575	27.1%	0	0.0%	42,695
Mid Ulster	8,406	100.0%	1	0.0%	0	0.0%	8,407
Whiteabbey	6,736	99.9%	5	0.1%	0	0.0%	6,741
Northern Trust	94,117	70.7%	38,331	28.8%	663	0.5%	133,111
Ards MIU	10,189	100.0%	0	0.0%	0	0.0%	10,189
Bangor MIU	9,633	100.0%	1	0.0%	0	0.0%	9,634
Downe	16,118	90.3%	1,705	9.6%	19	0.1%	17,842
Lagan Valley	18,685	87.3%	2,714	12.7%	5	0.0%	21,404
Ulster	62,526	72.7%	22,813	26.5%	689	0.8%	86,028
South Eastern Trust	117,151	80.7%	27,233	18.8%	713	0.5%	145,097
Armagh Community	4,763	100.0%	0	0.0%	0	0.0%	4,763
Craigavon Area	60,756	78.3%	16,783	21.6%	13	0.0%	77,552
Daisy Hill	37,753	83.1%	7,690	16.9%	1	0.0%	45,444
South Tyrone	23,619	100.0%	3	0.0%	0	0.0%	23,622
Southern Trust	126,891	83.8%	24,476	16.2%	14	0.0%	151,381
Altnagelvin Area	40,482	73.8%	14,332	26.1%	14	0.0%	54,828
South West Acute	26,647	89.4%	3,154	10.6%	10	0.0%	29,811
Tyrone County	16,081	99.9%	13	0.1%	0	0.0%	16,094
Western Trust	83,210	82.6%	17,499	17.4%	24	0.0%	100,733
Northern Ireland	549,233	77.5%	156,077	22.0%	3,170	0.4%	708,480

Source: EC1 Information Return & Regional Data Warehouse

Table 6: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments (2010/11 – 2014/15) ²⁶

Waiting Time at Emergency Care Department	Year					Percentage Change 2013/14 - 2014/15	Percentage Change 2010/11 - 2014/15
	2010/11	2011/12	2012/13	2013/14	2014/15		
Number Within 4 Hours	574,116	552,202	535,891	542,541	549,233	1.2%	-4.3%
<i>Percentage Within 4 Hours</i>	82.0%	80.2%	78.5%	78.1%	77.5%		
Number Between 4 & 12 Hours	118,386	126,428	140,964	148,968	156,077	4.8%	31.8%
<i>Percentage Between 4 & 12 Hours</i>	16.9%	18.4%	20.7%	21.4%	22.0%		
Number Over 12 Hours	7,379	10,211	5,560	3,109	3,170	2.0%	-57.0%
<i>Percentage Over 12 Hours</i>	1.1%	1.5%	0.8%	0.4%	0.4%		
Total	699,881	688,841	682,415	694,618	708,480	2.0%	1.2%

Source: EC1 Information Return & Regional Data Warehouse

²⁶ See Appendix 3 for further information on changes to provision of emergency care services.

Table 7: Waiting Times of New and Unplanned Review Attendances at Emergency Care Departments by Department Type (2014/15) ²⁷

Emergency Care Department Type	Waiting Time at Emergency Care Department						Total (New & Unplanned Reviews)
	Within 4 Hours		4 to 12 Hours		Over 12 Hours		
	Number	%	Number	%	Number	%	
Type 1	435,003	73.8%	151,635	25.7%	3,146	0.5%	589,784
Type 2	34,803	88.7%	4,419	11.3%	24	0.1%	39,246
Type 3	79,427	100.0%	23	0.0%	0	0.0%	79,450
Total	549,233	77.5%	156,077	22.0%	3,170	0.4%	708,480

Source: EC1 Information Return & Regional Data Warehouse

Table 8: New & Unplanned Review Attendances by HSC Trust / Hospital (2010/11 - 2014/15) ²⁷

HSC Trust / Hospital	New & Unplanned Review Attendances				
	2010/11	2011/12	2012/13	2013/14	2014/15
Belfast City	43,990	24,701	-	-	-
Mater	41,405	42,845	43,087	44,397	45,623
Royal Victoria ²⁸	73,677	81,094	92,618	79,678	82,905
RVH (ENT & RAES)	-	-	-	13,985	15,751
RBHSC	31,683	32,478	32,976	33,153	33,879
Belfast Trust	190,755	181,118	168,681	171,213	178,158
Antrim Area	70,902	71,175	70,859	72,037	75,268
Causeway	43,695	43,080	42,771	41,798	42,695
Mid Ulster	7,587	6,133	7,115	7,978	8,407
Whiteabbey	9,860	8,614	8,306	8,643	6,741
Northern Trust	132,044	129,002	129,051	130,456	133,111
Ards MIU	9,122	9,076	9,071	9,852	10,189
Bangor MIU	12,308	12,240	10,154	11,670	9,634
Downe	22,064	20,124	20,697	20,250	17,842
Lagan Valley	32,559	27,443	26,297	25,786	21,404
Ulster	73,833	77,757	82,436	82,692	86,028
South Eastern Trust	149,886	146,640	148,655	150,250	145,097
Armagh & Mullinure	7,763	7,793	7,320	6,789	4,763
Craigavon Area	71,522	71,645	71,746	72,976	77,552
Daisy Hill	36,464	37,927	39,373	41,198	45,444
South Tyrone	17,151	18,751	19,902	21,089	23,622
Southern Trust	132,900	136,116	138,341	142,052	151,381
Altnagelvin Area	53,570	53,045	53,826	55,543	54,828
Erne / South West Acute	26,806	27,662	28,387	29,182	29,811
Tyrone County	13,920	15,258	15,474	15,922	16,094
Western Trust	94,296	95,965	97,687	100,647	100,733
Northern Ireland	699,881	688,841	682,415	694,618	708,480

Source: EC1 Information Return & Regional Data Warehouse

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

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

Table 9: New & Unplanned Review Attendances seen within 4 hours by HSC Trust / Hospital (2010/11 - 2014/15) ²⁹

HSC Trust / Hospital	Percentage seen within 4 hours				
	2010/11	2011/12	2012/13	2013/14	2014/15
Belfast City	71.9%	77.3%	-	-	-
Mater	68.3%	71.0%	68.1%	72.2%	70.7%
Royal Victoria ³⁰	77.1%	71.1%	68.3%	60.8%	59.2%
RVH (ENT & RAES)	-	-	-	100.0%	100.0%
RBHSC	81.5%	81.1%	82.2%	89.8%	90.8%
Belfast Trust	74.7%	73.7%	71.0%	72.6%	71.8%
Antrim Area	67.6%	68.9%	64.5%	70.7%	63.6%
Causeway	85.0%	80.3%	78.7%	78.2%	72.9%
Mid Ulster	98.7%	100.0%	100.0%	100.0%	100.0%
Whiteabbey	99.5%	100.0%	100.0%	99.9%	99.9%
Northern Trust	77.6%	76.3%	73.5%	76.8%	70.7%
Ards MIU	100.0%	100.0%	100.0%	100.0%	100.0%
Bangor MIU	100.0%	100.0%	100.0%	100.0%	100.0%
Downe	91.7%	89.7%	87.0%	86.8%	90.3%
Lagan Valley	87.2%	90.1%	90.4%	88.3%	87.3%
Ulster	80.4%	75.0%	73.1%	70.5%	72.7%
South Eastern Trust	86.4%	83.5%	81.6%	80.0%	80.7%
Armagh & Mullinure	100.0%	100.0%	100.0%	100.0%	100.0%
Craigavon Area	83.3%	75.6%	76.5%	72.9%	78.3%
Daisy Hill	95.5%	94.6%	91.9%	86.7%	83.1%
South Tyrone	100.0%	100.0%	99.9%	100.0%	100.0%
Southern Trust	89.8%	85.6%	85.5%	82.2%	83.8%
Altnagelvin Area	77.6%	75.6%	75.2%	70.2%	73.8%
Erne / South West Acute	92.8%	94.1%	91.2%	90.0%	89.4%
Tyrone County	99.9%	99.9%	99.9%	99.9%	99.9%
Western Trust	85.2%	84.8%	83.7%	80.7%	82.6%
Northern Ireland	82.0%	80.2%	78.5%	78.1%	77.5%

Source: EC1 Information Return & Regional Data Warehouse

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

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

Table 10: New & Unplanned Review Attendances Waiting Over 12 hours by HSC Trust / Hospital (2010/11 - 2014/15) ³¹

HSC Trust / Hospital	Number Waiting Over 12 Hours				
	2010/11	2011/12	2012/13	2013/14	2014/15
Belfast City	615	105	-	-	-
Mater	1,428	872	147	61	404
Royal Victoria ³²	1,216	1,754	267	456	1,352
Royal Victoria (ENT & RAES)	-	-	-	0	0
RBHSC	13	11	12	0	0
Belfast Trust	3,272	2,742	426	517	1,756
Antrim Area	2,440	3,041	1,811	871	663
Causeway	319	1,020	719	156	0
Mid Ulster	0	0	0	0	0
Whiteabbey	0	0	0	0	0
Northern Trust	2,759	4,061	2,530	1,027	663
Ards MIU	0	0	0	0	0
Bangor MIU	0	0	0	0	0
Downe	147	67	157	63	19
Lagan Valley	309	213	242	69	5
Ulster	829	3,082	2,058	1,092	689
South Eastern Trust	1,285	3,362	2,457	1,224	713
Armagh & Mullinure	0	0	0	0	0
Craigavon Area	7	7	34	68	13
Daisy Hill	0	3	7	28	1
South Tyrone	0	0	0	0	0
Southern Trust	7	10	41	96	14
Altnagelvin Area	51	34	103	231	14
Erne / South West Acute	5	2	3	14	10
Tyrone County	0	0	0	0	0
Western Trust	56	36	106	245	24
Northern Ireland	7,379	10,211	5,560	3,109	3,170

Source: EC1 Information Return & Regional Data Warehouse

³¹ See Appendix 3 for further information on changes to provision of emergency care services.

³² Information for the RVH prior to 2013/14 includes attendances for ENT & RAES.

Table 11: Summary of Emergency Calls & Response by Local Commissioning Group (2014/15)

Performance Measure	Local Commissioning Group (LCG)					Northern Ireland
	Belfast	Northern	South Eastern	Southern	Western	
Number of emergency calls ³³	50,533	44,460	34,553	33,089	29,092	191,727
<i>% of Category A calls responded to within 8 minutes</i>	68.9%	51.8%	52.5%	52.5%	59.9%	57.7%
Number of Category B calls resulting in an emergency response which arrives at the scene of the incident	17,784	15,760	12,692	12,334	10,985	69,555
Number of (Non-HCP) Category C calls, resulting in an emergency response which arrives at the scene of the incident	6,420	5,143	4,479	4,060	3,590	23,692
<i>% of (Non-HCP) Category C calls responded to within 60 minutes</i>	91.3%	95.6%	91.4%	95.8%	97.2%	93.9%
Number of (HCP) Category C calls, resulting in an emergency response which arrives at the scene of the incident	7,870	7,570	5,098	4,437	3,194	28,169
<i>% of (HCP) Category C calls responded to within the agreed 1 Hour response time</i>	51.9%	59.1%	44.0%	60.1%	64.6%	55.0%
<i>% of (HCP) Category C calls responded to within the agreed 2 Hour response time</i>	65.6%	74.4%	65.0%	71.7%	77.3%	70.6%
<i>% of (HCP) Category C calls responded to within the agreed 3 Hour response time</i>	77.0%	81.8%	72.7%	79.7%	80.8%	78.5%
<i>% of (HCP) Category C calls responded to within the agreed 4 Hour response time</i>	76.4%	88.4%	75.5%	87.0%	92.2%	82.8%
Number of emergency calls, excluding HCP calls	41,540	36,386	28,847	28,350	25,583	160,706

Source: KA34 Information Return

Table 12: Summary of Emergency Calls & Response by Category of Call (2014/15) ³⁴

Emergency Calls & Response	Category A: Immediately life threatening calls	Category B: Serious but not immediately life threatening	Category C: Not immediately life threatening or serious	TOTAL
Total Calls	60,993	73,770	56,964	191,727
Calls resulting in an emergency response	56,934	69,555	51,861	178,350
Response within 8 minutes	32,862	30,890		73,156
Calls resulting in an emergency response which is able to transport a patient	54,543	66,083	51,159	171,785
Response within 21 minutes, which is able to transport a patient	41,956	46,006		105,385

Source: KA34 Information Return

³³ Information includes HCP calls; see Appendix 4 for further information.

³⁴ Information includes HCP calls; see Appendix 4 for further information.

Table 13: Percentage of Category A Calls Resulting in an Emergency Response Arriving at the Scene of the Incident within 8 Minutes, by LCG (2014/15)

Month	Local Commissioning Group (LCG)					Northern Ireland
	Belfast	Northern	South Eastern	Southern	Western	
April 2014	81.6%	60.7%	63.5%	59.3%	63.9%	67.0%
May 2014	77.8%	57.4%	60.2%	62.8%	66.1%	65.6%
June 2014	74.9%	55.5%	58.6%	57.5%	64.3%	62.7%
July 2014	72.1%	55.0%	53.7%	52.8%	59.7%	59.3%
August 2014	69.1%	51.0%	52.0%	54.4%	60.3%	57.6%
September 2014	71.1%	53.4%	53.1%	53.5%	61.7%	59.0%
October 2014	68.8%	53.7%	53.3%	55.5%	61.4%	59.0%
November 2014	68.1%	51.4%	51.8%	51.0%	58.0%	56.8%
December 2014	58.7%	45.9%	46.4%	46.5%	57.1%	51.3%
January 2015	65.5%	47.1%	48.5%	44.7%	56.5%	53.3%
February 2015	60.1%	45.9%	41.2%	44.6%	55.0%	49.9%
March 2015	60.0%	45.3%	49.4%	47.8%	54.8%	51.9%

Source: KA34 Information Return

Table 14: Percentage of Category A Calls Resulting in an Emergency Response Arriving at the Scene of the Incident within 8 Minutes, by Year (2010/11 – 2014/15)

Year	% Within 8 Minutes
2010/11	69.7%
2011/12	72.7%
2012/13	68.3%
2013/14	67.6%
2014/15	57.7%

Source: KA34 Information Return

Table 15: Response Times by Category of Call (2010/11 – 2014/15) ³⁵

Category of Call	Emergency Response	2010/11	2011/12	2012/13	2013/14	2014/15
Category A	Number arriving at the scene of the incident	43,510	45,714	49,624	50,913	56,934
	Number arriving within 8 minutes	30,313	33,224	33,887	34,422	32,862
	<i>% arriving within 8 minutes</i>	<i>69.7%</i>	<i>72.7%</i>	<i>68.3%</i>	<i>67.6%</i>	<i>57.7%</i>
Category B	Number of calls received	68,234	69,453	71,035	73,945	73,770
	Number arriving at the scene of the incident	64,237	65,538	67,429	70,106	69,555
	Number arriving at the scene of the incident able to transport a patient	62,929	63,841	65,359	68,083	66,083
Category C (Non-HCP)	Number arriving at the scene of the incident	-	-	-	-	23,692
	Number arriving within 60 minutes	-	-	-	-	22,252
	<i>% arriving within 60 minutes</i>	-	-	-	-	<i>93.9%</i>
Category C (HCP)	Number Requiring a 1 Hour response	-	-	-	-	11,183
	Number arriving within the agreed 1 Hour	-	-	-	-	6,146
	<i>% arriving within the agreed 1 Hour</i>	-	-	-	-	<i>55.0%</i>
	Number Requiring a 2 Hour response	-	-	-	-	10,001
	Number arriving within the agreed 2 Hours	-	-	-	-	7,060
	<i>% arriving within the agreed 2 Hours</i>	-	-	-	-	<i>70.6%</i>
	Number Requiring a 3 Hour response	-	-	-	-	1,038
	Number arriving within the agreed 3 Hours	-	-	-	-	815
	<i>% arriving within the agreed 3 Hours</i>	-	-	-	-	<i>78.5%</i>
	Number Requiring a 4 Hour response	-	-	-	-	5,946
	Number arriving within the agreed 4 Hours	-	-	-	-	4,925
	<i>% arriving within the agreed 4 Hours</i>	-	-	-	-	<i>82.8%</i>
Total Emergency Calls		-	-	-	-	191,727
Total Emergency Calls (excluding HCP Calls)		136,749	142,026	150,093	154,755	160,706

Source: KA34 Information Return

³⁵ Refer to Appendix 4 for more detailed information.

Table 16: Summary of Patient Journeys (2010/11 – 2014/15)

Year	Emergency / Urgent Journeys	Non-Urgent Journeys	Total Patient Journeys
2010/11	141,790	205,721	347,511
2011/12	146,708	205,269	351,977
2012/13	151,842	211,164	363,006
2013/14	155,626	212,592	368,218
2014/15	158,605	204,204	362,809

Source: KA34 Information Return

Table 17: Summary of Patient Journeys by Local Commissioning Group (2014/15)

Local Commissioning Group (LCG)	Emergency / Urgent Journeys	Non-Urgent Journeys	Total Patient Journeys
Belfast	40,863	27,436	68,299
Northern	38,011	76,210	114,221
South Eastern	28,385	17,536	45,921
Southern	27,431	51,509	78,940
Western	23,915	31,513	55,428
Northern Ireland	158,605	204,204	362,809

Source: KA34 Information Return

Appendix 1: Definitions

1.1 Emergency Care Department

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

1.2 Type 1 Emergency Care Department

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

1.3 Type 2 Emergency Care Department

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

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

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

1.5 A&E / Review Clinic

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

1.6 New Attendance (Emergency Care)

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

1.7 Review Attendance (Emergency Care)

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

1.8 Unplanned Review Attendance (Emergency Care)

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

1.9 Planned Review Attendance (Emergency Care)

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

1.10 Patient Journeys

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

1.11 Emergency Journey

The definition of an emergency journey was amended on 14th June 2014³⁶. From this date, an emergency journey refers to any conveyance made by an emergency response vehicle in response to any emergency call, i.e. Category A, Category B or Category C.

1.12 Urgent Patient Journey

Those resulting from an urgent transport request. An urgent transport request is defined as a request when a definite time limit is imposed such that the vehicle and crew must be despatched quickly, although not necessarily immediately, to collect a patient, perhaps seriously ill, on the advice of a doctor for admission to hospital. Urgent patient journeys are no longer recorded by the NIAS.

1.13 Healthcare Professional (HCP) Calls

A healthcare professional call refers to calls specifically from a healthcare professional when a definitive time limit is imposed at the point of call, in that the vehicle and crew must be despatched to collect a patient within the agreed target time made at the point of contact, for admission to hospital. These may be designated as Category A, Category B or Category C.

1.14 Category A Call

Presenting conditions which may be immediately life threatening.

1.15 Category B Call

Presenting conditions which though serious are not immediately life threatening.

1.16 Category C Call (Non-HCP and HCP)

Presenting conditions which are not immediately life threatening or serious.

³⁶ Refer to Appendix 4 for further information.

Appendix 2: Emergency Care Attendances - KH09 (ii)

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

Categorisation of Emergency Care Departments ³⁷

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

³⁷ See Appendix 3 for recent changes to reclassifications and operating hours.

Appendix 3: Emergency Care Waiting Times (EC1)

- 3.1 Information on waiting times at emergency care departments detailed in this publication is collected monthly in the Emergency Care (EC1) information return. The EC1 return records all new and unplanned review attendances in each emergency care department across Northern Ireland; including the length of time they waited from arrival in the emergency care department until treatment, admission or discharge. It does not include planned review attendances.
- 3.2 It should be noted that since 1st July 2011, Hospital Information Branch has been downloading patient level data on emergency care waiting times from the Regional Data Warehouse on the 8th of each month, for those emergency care departments using the Northern Ireland Regional Accident & Emergency System (NIRAES) and SYMPHONY. Information from emergency care departments, using other administrative systems to record emergency care waiting times, continues to be sourced from the 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 2014/15 states that,
'From April 2014, 95% of patients attending any Type 1, 2 or 3 Emergency Department should be either treated and discharged home, or admitted, within four hours of their arrival in the Department; and no patient attending any Emergency Department should wait longer than 12 hours'
- 3.5 Figures represent the total time spent in a hospital emergency care department from arrival until admission, transfer or discharge.
- 3.6 Figures relate to all new attendances and all unplanned review attendances at emergency care departments. They do not include planned review attendances.
- 3.7 Time is measured from when a patient arrives into the emergency care department; the time of arrival is recorded at registration or triage whichever is earlier (clock starts). The 'clock stops' when the patient departs from the emergency care department. The time of departure is defined as when the patient's clinical care episode is completed within the emergency care department.
- 3.8 The figures in this release relate to all patients, including paediatric patients.
- 3.9 From 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, 2010/11 figures presented in this bulletin for Type 2 emergency care departments are inclusive of all Type 2 emergency care departments and all activity within Mid-Ulster and Whiteabbey emergency care departments between 1st May and 23rd May 2010. Similarly, 2010/11 figures presented for Type 3 emergency care departments are inclusive of all Type 3 emergency care departments and all activity within Mid-Ulster and Whiteabbey emergency care departments between May 24th and May 31st 2010. This should be taken into consideration when drawing historic comparisons between Type 2 and Type 3 emergency care departments.

- 3.10 On 4th April 2011, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at the Downe Hospital resulting in the reduction of consultant-led emergency care services, from a 24 hours based service to 8am to 10pm daily, with services provided from 10pm to 8am by an enhanced GP Out of Hours (GPOOH) service. The GPOOH's provides the urgent care response supported by an appropriate handover period and the appropriate services within the hospital. After 10pm all 999 ambulances go directly to the Ulster or nearest appropriate emergency care department.
- 3.11 On 1st August 2011, the South Eastern HSC Trust introduced new temporary arrangements for the provision of emergency care services at the Lagan Valley hospital resulting in the closure of the emergency care department from 8pm to 9am daily. This was a temporary change due to a shortage of medical staff but the change is expected to be in place for a number of months.
- 3.12 On 1st November 2011, the Belfast HSC Trust closed the emergency care department at the Belfast City hospital. This is a temporary change due to a shortage of senior staff but the change is expected to be in place for the foreseeable future.
- 3.13 On 21st June 2012, the Western HSC Trust closed the Erne hospital with services (including emergency care) immediately transferred to the new South West Acute Hospital in Enniskillen.
- 3.14 On 3rd September 2012, the Southern HSC Trust closed the Minor Injuries Unit at the Mullinure hospital, with opening hours at the Armagh Community hospital Minor Injuries Unit temporarily extended to 7pm until the end of March 2013. Previously, Armagh and Mullinure provided a joint 24-hour emergency care service with Armagh emergency care department operating Monday to Friday 9am-5pm, and Mullinure emergency care department operating from 5pm-9am on weekdays, and 24 hours on Saturday, Sunday and Bank Holidays.
- 3.15 On 16th February 2013, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at Bangor Minor Injuries Unit resulting in re-opening at weekends (9am to 5pm on Saturdays and Sundays), 10 months after they were closed due to staff shortages.
- 3.16 On 4th January 2014, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at the Downe and Lagan Valley Hospitals resulting in the reduction of consultant-led emergency care services, from a daily service, operating from 8am - 10pm and 8am - 8pm respectively, to both hospitals operating a weekday service from 8am - 8pm and closing at weekends, with the enhanced GP Out of Hours (GPOOH) service running as normal.
- 3.17 On 1st March 2014, the South Eastern HSC Trust introduced new arrangements for the temporary provision of emergency care services at Downe Hospital resulting in it re-opening as a minor injuries unit at weekends (9am to 5pm on Saturdays and Sundays), two months after the removal of weekend services due to staff shortages.
- 3.18 On 17th November 2014, the Southern HSC Trust temporarily closed the Minor Injuries Unit at Armagh Community Hospital. It is not known how long this temporary closure will be in place.
- 3.19 On 1st December 2014, the Northern HSC Trust temporarily closed the Minor Injuries Unit at Whiteabbey Hospital. It is not known how long this temporary closure will be in place.

3.20 It should also be noted that there has been a slight change in the way waiting time information is presented for the Royal Victoria emergency care department, as information for the Royal Victoria emergency care department and the Royal Victoria (ENT & RAES) service is now reported separately.

Appendix 4: Patient Transport & Emergency Response (KA34)

- 4.1 Information on patient transport and emergency response times detailed in this publication has been sourced from the KA34 Information Return provided by the Northern Ireland Ambulance Service (NIAS) Health & Social Care Trust.
- 4.2 From 14th June 2014, the NIAS ceased recording urgent patient journeys and instead recorded calls from Healthcare Professionals (HCP) ³⁸, to improve the timeliness of responding to urgent transport requests from HCP's.
- 4.3 The target time for HCP calls is agreed with the caller at the point of contact, and should be responded to within one of the following time periods: 1, 2, 3, or 4 hours. As a consequence, HCP calls are included in the overall number of emergency calls received and are referred to as Category C HCP calls. Some healthcare professional calls may also be designated as a Category A or B response, and will in these cases be responded to in the time periods agreed for these types of calls.
- 4.4 Healthcare Professionals who can request urgent transport are: Approved Social Worker, District Nurse, Doctor, General Practitioner, Midwife/Health Visitor, Nurse, Paramedic, Dentist, Hospitals (Including Community Hospitals). All other callers are managed via the normal 999 process.
- 4.5 Historically, Category C calls detailed in the KA34 were based on calls made by members of the public. However, as of 14th June 2014, the number of Category C calls will also include calls made by HCP's, meaning that information on Category C emergency response times is not comparable with previous years.
- 4.6 Response times are calculated on the basis that the 'clock starts' when the following details of a call have been ascertained: caller's telephone number, exact location of incident, and the nature of the chief complaint (this may be prior to allocation of the despatch code). The 'clock stops' when an emergency response vehicle arrives at the scene of the incident.
- 4.7 An emergency response refers to all responses made by emergency ambulances, a rapid response vehicles (equipped with a defibrillator to provide treatment at the scene), and any approved first responders equipped with a defibrillator, despatched by and accountable to the ambulance service).
- 4.8 In 2014/15, ambulance response times were monitored as one of the Ministers Commissioning Plan Direction targets, which stated that:

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

³⁸ Refer to Appendix 1: Definitions – point 1.13.

Appendix 5: Data in the publication

General guidance on using the data

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

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

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

Description of data

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

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

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

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

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

Data Provider

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

Data Quality Assessment

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

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

Guidance on using data

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

Users should note the change in the collection of information on the type of attendance at emergency care departments, from 'First and Review' to 'New, Unplanned and Planned Review'. With this in mind, it is not possible to compare information on attendance type with previous years from 2011/12 onwards. However, it is possible to compare total attendances at emergency care departments with previous years, to allow users to gauge the total level of activity for emergency care services.

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

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

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

Description of data

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

Data Provider

Data on emergency care waiting times is sourced from:

- i. The Northern Ireland Accident & Emergency Administrative System (NIRAES) via a facility known as the Regional Data Warehouse and,
- ii. SYMPHONY via the Regional Data Warehouse and,
- iii. Directly from HSC Trusts using the aggregate EC1 information return for the remaining emergency care departments which use an independent administrative system.

Data Quality Assessment

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

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

Guidance on using data

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

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

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

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

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

Data Comparisons with other UK Jurisdictions

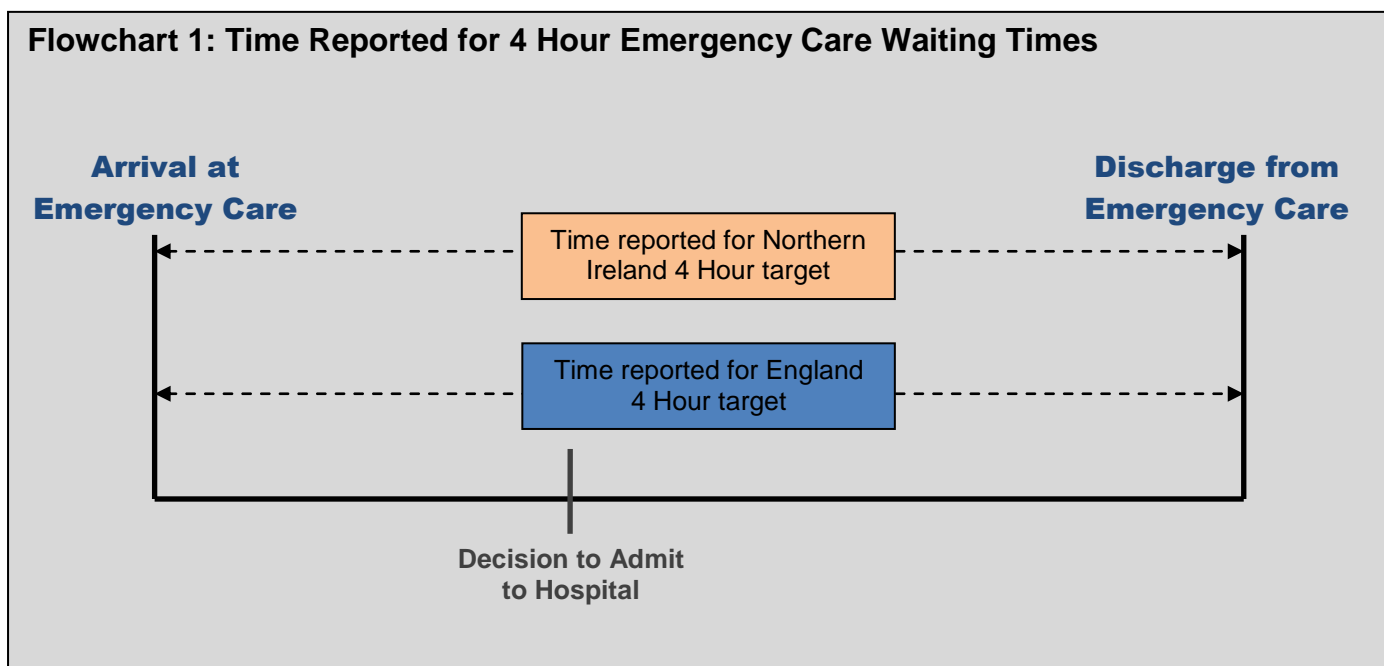
The DHSSPS are currently liaising with colleagues in England, Scotland and Wales to clarify any differences between the emergency care waiting times reported for each administration. We would therefore ask users to be cautious when making direct comparisons between Northern Ireland and other UK Jurisdictions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

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

Northern Ireland Compared with England:

4 Hour

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



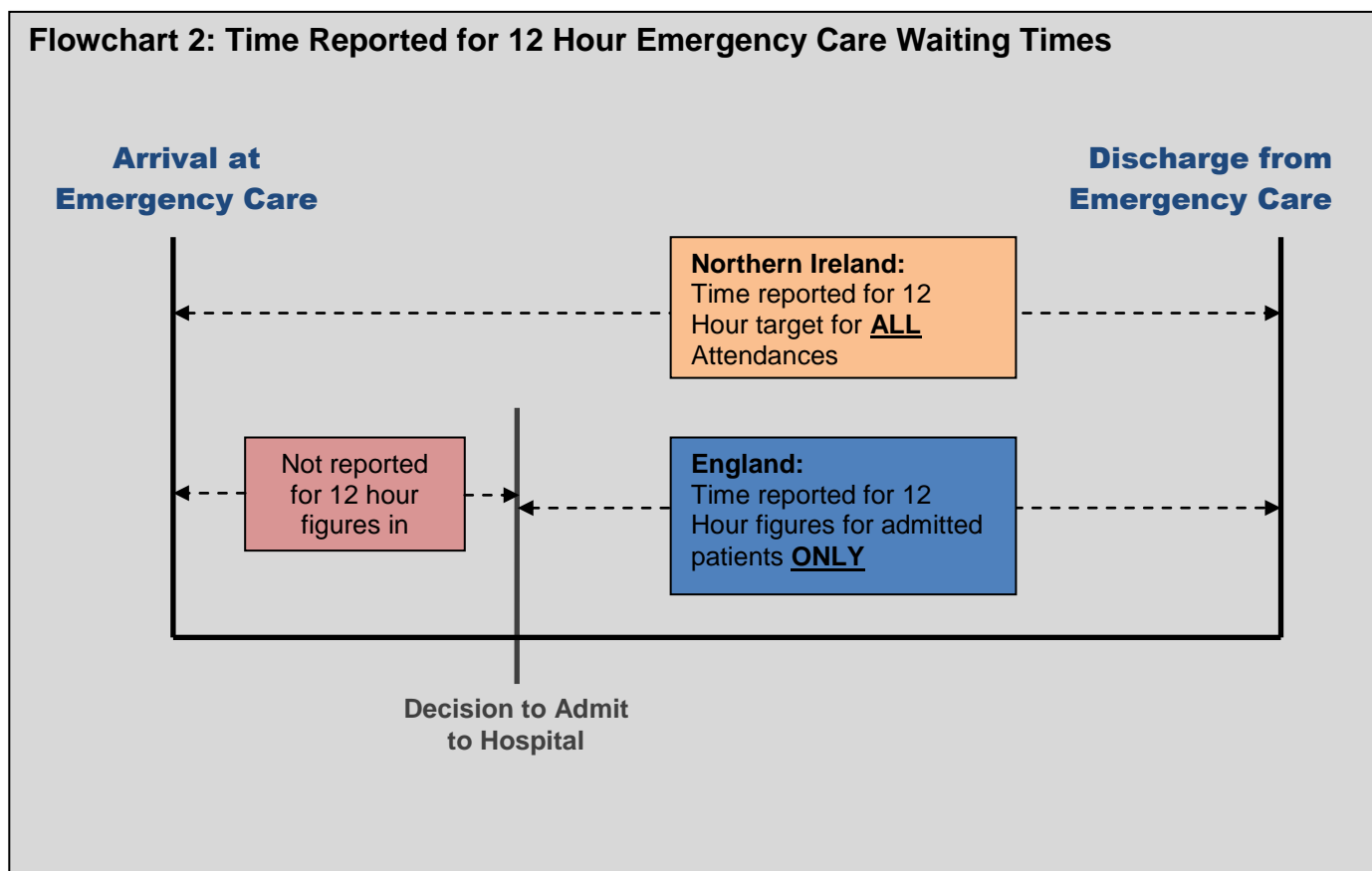
12 Hour

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

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

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

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



(iii) Patient Transport and Emergency Response Times

Description of data

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

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

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

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

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

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

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

Data Provider

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

Data Quality Assessment

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

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

Guidance on using data

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

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

Response time - refers to the length of time from when the call handler has sufficient details to make a decision on the priority of the call and dispatch a vehicle ³⁹ (for those calls resulting in an emergency response which arrives at the scene of the incident) until the emergency response arrives at the scene of the incident.

An assessment of the proportion of Category A calls being responded to within 8 minutes and the number of Category B calls responded to, by an emergency ambulance able to transport the patient, within 21 minutes when compared with equivalent data for previous years, allow users to assess the performance of the NIAS. With this data presented by Local Commissioning Group (LCG) area, users can gauge how performance varies across different geographical areas in Northern Ireland.

Information on the number of emergency patient journeys inclusive of: all Category A, B and C calls and the total number of non-urgent journeys allows users to further gauge the demand for ambulance services.

³⁹ Refer to Appendix 4 – point 4.5.

Appendix 6: Explanatory Notes

Providers:

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

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

Data Availability / Format:

All of the data contained in the tables are also available on a quarterly basis and can be supplied by individual hospital / provider if this level of detail is required. In addition, data can be supplied in spreadsheet format (Microsoft Excel) in order to aid secondary analysis. The tables are also available at <http://www.dhsspsni.gov.uk/index/statistics/hospital/emergency-care/emergency-care-activity.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 emergency care attendance data (KH09 Part 2), emergency care waiting times data (EC1, NIRAES & SYMPHONY) and patient transport & emergency response data (KA34) included in this publication.

Stage 1:

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

Stage 2:

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

Stage 3:

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

Appendix 7: About Hospital Information Branch

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

The Head of Branch is Principal Statistician, Ms. Ruth Fulton. 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, Cancer and Emergency Care). A detailed list of these publications is available from:

Website: <http://www.dhsspsni.gov.uk/index/statistics.htm>

Further Information

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

Mr. Paul Stevenson

Hospital Information Branch

Information & Analysis Directorate

Department of Health, Social Services & Public Safety

Stormont Estate

Belfast, BT4 3SQ

☎ Tel: 028 905 22504

☎ Fax: 028 905 23288

✉ Email: Paul.Stevenson@dhsspsni.gov.uk

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/statistics.htm>