

A&E Activity & Performance

ECDS Technical Specification

Version 1, 11 April 2023

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1. A&E Attendances

1.1 Definition

A count of the number of unplanned attendances at an emergency care department (Types 1- 4).

Attendances should be counted against the date of departure from the emergency care department.

Where a patient is streamed between departments on the same site, only the attendance at the final department should be counted. The arrival date and time should be carried over from the first record to any subsequent records.

Attendances split by Emergency Care Department Type:

Type 1 A&E department (Increasingly referred to as an Emergency Department) = A consultant led 24-hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients.

Type 2 A&E department = A consultant led single service or Emergency Department (e.g. ophthalmology, dental) with designated accommodation for the reception of patients.

Type 3 A&E department = These are now referred to as Urgent Treatment Centres (UTCs). These are GP-led, open at least 12 hours a day, every day, offer appointments that can be booked through NHS 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments for which people attend A&E.

Non-UTC Type 3 or 4 facilities that continue to operate as Minor Injury Units (MIUs), Urgent Care Centres (UCCs), Walk-In Centres (WiCs) because of ongoing service reconfiguration and/or being given a time limited exemption should continue to report as Type 3 facilities until planned changes are implemented.

Note: Type 3 and Type 4 facilities are grouped together as “Other A&E Departments”.

1.1.1 Numerator

Sum of unplanned attendances that left an emergency care department in each month.

1.1.2 Exclusions

Type 5 Department

Department Type excludes:

05 – Ambulatory Emergency Care Service

Patient dead on arrival

Discharge status excludes:

63238001 – Dead on arrival at hospital

Or

Attendance Category excludes:

X – Not applicable, patient dead on arrival

Patient was a planned follow up

Attendance Category excludes:

4 – Planned follow-up attendance within 7 days of 1st attendance at same department

2. Emergency Admissions via A&E

2.1 Definition

A count of unplanned attendances that have a disposal of admitted or transferred.

This is defined using Emergency Care Discharge Destination and consists of the following codes:

1066331000000109 – ED discharge to ED short stay ward

1066341000000100 – ED discharge to ambulatory emergency care service

306706006 – Discharge to ward

1066361000000104 – ED discharge to high dependency unit
1066371000000106 – ED discharge to coronary care unit
1066381000000108 - ED discharge to special care baby unit
1066391000000105 – ED discharge to intensive care unit
1066401000000108 – ED discharge to neonatal intensive care unit
19712007 – Patient transfer to another health care facility
183919006 – Urgent admission to hospice

Emergency Admissions are grouped by Emergency Care Department Type.

2.1.1 Numerator

Sum of unplanned attendances at an emergency care department with an admitted or transferred discharge destination code in each month.

2.1.2 Exclusions

Type 5 Departments

[Department Type](#) excludes:

05 – Ambulatory Emergency Care Service

Patient dead on arrival

[Discharge status](#) excludes:

63238001 – Dead on arrival at hospital

Or

[Attendance Category](#) excludes:

X – Not applicable, patient dead on arrival

Patient was a planned follow up

[Attendance Category](#) excludes:

4 – Planned follow-up attendance within 7 days of 1st attendance at same department

Patient was discharged or unknown disposal

[Discharge Destination](#) excludes:

306689006 - Discharge to home

306691003 - Discharge to residential home

306694006 - Discharge to nursing home

306705005 - Discharge to police custody

50861005 - Patient discharge, to legal custody

305398007 - Admission to the mortuary

3. Proportion of attendances with a total time in department of over 12 hours from arrival

3.1 Definition

The proportion of attendances that spent more than 12 hours in an emergency care department from arrival to departure (admission, transfer or discharge).

Arrival time is the point that the patient is registered on the ED system and should be as close to the point of the patient crossing the threshold of the ED as possible.

For patients discharged, the time of departure is defined as when the patient's clinical episode is finished, unless they are waiting for hospital arranged transport or social care / social service support. In these cases, the time of departure is the time the patient leaves the department. Patients awaiting family or private transport who wish to make their own arrangements should be considered discharged once the clinical episode is complete whether or not they have actually left the department.

For patients transferred, it is the time that the patient leaves the department to continue their care at another NHS organisation or other public/private sector agency.

For admitted patients, it is the time when the patient leaves the department and ceases to be under the care of the ED consultant / senior clinician leading the department. The patient may go to:

- An operating theatre
- A bed in a ward
- A diagnostic test or treatment directly en-route to a bed in a ward or operating theatre
- A Same Day Emergency Care (SDEC) unit or similar short stay admission unit

3.1.1 Numerator

Sum of unplanned attendances where the patient waited more than 720 minutes from arrival in the department to departure from the emergency care department in each month.

3.1.2 Denominator

Sum of unplanned attendances that left an emergency care department in each month.

3.1.3 Exclusions

Type 5 Departments

[Department Type](#) excludes:

05 – Ambulatory Emergency Care Service

Patient dead on arrival

[Discharge status](#) excludes:

63238001 – Dead on arrival at hospital

Or

[Attendance Category](#) excludes:

X – Not applicable, patient dead on arrival

Patient was a planned follow up

[Attendance Category](#) excludes:

4 – Planned follow-up attendance within 7 days of 1st attendance at same department

Records with negative or missing departure date/time stamps

[Emergency Care Departure Date](#) excludes:

NULL

<0

Or

[Emergency Care Departure Time](#) excludes:

NULL

<0

4. Patient Characteristics

4.1 Age

Attendances and Emergency Admissions via A&E are broken down by Age using [Age at CDS Activity Date](#) and split into the following year age bands:

- 0 – 4 years
- 5 – 14 years
- 15 – 24years
- 25-44 years
- 45-64 years
- 65-79 years
- 80+ years

Any records without an age record are grouped as NULL/Unknown.

4.2 Gender

Attendances and Emergency Admissions via A&E are broken down by Gender using [Person Stated Gender Code](#) and grouped as follows:

- 1 – Male
- 2 – Female
- 9 – Indeterminate

Any records without a gender recorded are grouped as NULL/Unknown.

4.3 Ethnic Group

Attendances and Emergency Admissions via A&E are broken down by Ethnic Group using [Ethnic Category](#) and grouped as follows:

A, B or C – Any White Background
D, E, F or G – Any Mixed Background
H, J, K, L – Any Asian Background
M, N, P – Any Black Background
R or S – Any Other Ethnic Group
Z – Not Stated

Any records without Ethnic Category report are grouped as NULL/Unknown

4.4 Chief Complaint Group

Attendances and Emergency Admissions via A&E are broken down by Chief Complaint Group using [Emergency Care Chief Complaint](#) and grouped as per the groupings in the [ECDS Technical Output Specification \(v3.1.1\)](#). The Chief Complaint Groups are:

Airway / breathing
Circulation / chest
Environmental
Eye
Gastrointestinal
General / minor / admin
Genitourinary
Head and neck
Neurological
ObGyn
Psychosocial / Behaviour change
Skin
Trauma / musculoskeletal

Any records without a Chief Complaint Recorded as grouped by NULL/Unknown.

5. Data Completeness Requirement

In order the metric or patient breakdown to be calculated for each site the site must achieve a level of field completeness for the month. The criteria for each metric and patient characteristic breakdown are shown below:

Attendances

- Data submitted for every day in the month

Emergency Admissions via A&E

- Data submitted for every day in the month
- At least 90% of records have a valid discharge destination code
- More than one discharge destination code is used throughout the month

12hr Performance

- Data submitted for every day in the month
- At least 90% of records have a valid departure date/time

Age

- Data submitted for every day in the month

Gender

- Data submitted for every day in the month

Ethnic Group

- Data submitted for every day in the month
- At least 90% of records have a valid ethnic group code

Chief Complaint

- Data submitted for every day in the month
- At least 90% of records have a valid chief complaint code
- More than one chief complaint code is used throughout the month

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