This is a high level summary report of NHS Accident and Emergency activity and performance of hospitals in England, during 2016-17 and as a comparison over time.

This is a joint publication between NHS Digital and NHS England providing a collective and coherent message between the two organisations. This enables a wider set of breakdowns and measures in the detailed reports. This annual publication is earlier than previous years, in advance of the winter period.

The data sources for this publication are:
• Hospital Episode Statistics (HES) and
• A&E Attendances and Emergency Admissions Monthly Situation Reports (MSitAE)

Both sets of data are received monthly by NHS Digital and NHS England respectively. MSitAE are submitted data and are used at aggregate level, to a quick timetable, to monitor performance and activity growth. Coverage is more complete for MSitAE than HES, though HES holds the data at patient level from hospital systems. The gap between the two datasets is narrowing over time as the coverage in HES improves. All data excludes planned attendances, unless otherwise stated.
In 2016-17 there were **23.4 million** attendances in Accident and Emergency.

This is an increase of **2 per cent** compared with 2015-16 and **22 per cent** since 2007-08.

The average growth per year over the period since 2007-08 is **2.3 per cent**, compared with the England population average growth of 0.8 per cent per year over a similar period.

For more information: Summary Report 1, Hospital Accident and Emergency Activity, 2016-17
The proportion of attendances at minor injury units and walk in centres is slowly increasing over time, compared with total attendances.

In 2007-08 the minor injury units and walk in centres proportion was 26 per cent; this has grown to 32 per cent in 2016-17.

Source: MSitAE
Major A&E Consultant Led Departments (Types 1 and 2); Minor Injury Units and Walk In Centres (Types 3 and 4)
The volume of attendances is increasing over time. As a proportion of all attendances the biggest growth is for age band 65 to 79 increasing from 10.2 per cent of attendances in 2007-08 to 11.9 per cent in 2016-17.

The biggest reduction, as a proportion of all attendances, is for age band 15 to 34 decreasing from 31.4 per cent of attendances in 2007-08 to 28.3 per cent in 2016-17.
Performance Times and Waits for Admission

This section focuses on the performance of time to departure against the four hour national standard, and patients waiting over twelve hours from decision made by a clinician to admit the patient to their admission. There are two different measures of A&E waiting times, which should not be confused.

1. Total time spent in A&E from arrival to discharge, transfer or admission

This is collected in monthly MSitAE and measures the 4 hour total time standard.

It can also be calculated from HES which can be used to measure total time in A&E, for example 4 hours and 12 hours are shown in this report.

2. Waiting time from decision to admit a patient to admission to a ward

This is sometimes referred to as a ‘trolley wait’ and is collected in monthly MSitAE as over 4 hour and over 12 hour waits; any 12 hour waits may be subject to fines from commissioners.

These numbers are much lower than total time waits as only patients who are admitted are included. The equivalent figures cannot be calculated from HES because the decision to admit time is not available.
For 2016-17: 89 per cent of patient attendances spent 4 hours or less in A&E. At a national level, the standard has not been met annually since 2013-14, although it has been met in some individual months since then.

Note: The standard set in the NHS Constitution is the percentage of attendances discharged, admitted or transferred spending four hours or less in A&E. This was 98% up to quarter 1 (end June) 2010; from quarter 2 (July) 2010 this was reduced to 95%.

Source: MSitAE

For more information: Summary Report 4, Hospital Accident and Emergency Activity, 2016-17
The number of attendances per day spending 4 hours or under in A&E has been relatively stable over since 2011.

The 12 month rolling average shows very little variation with a low of 56,454 and a high 58,044 attendances per day.

**For more information:** Summary Report 5, Hospital Accident and Emergency Activity, 2016-17
The number of attendances per day spending over 4 hours in A&E has been increasing steadily.

There was a steady increase from April 2011 to April 2014 with a 12 month rolling average increasing from 1,770 to 2,498.

However, since that point there has been a significant increase where the average number of attendances over 4 hours has almost trebled.
Percentage of Patients Spending 4 Hours or Less in A&E by Provider

Year: 2016-17
Source: MSitAE
Major A&E Departments only (Type 1)

This displays a map of England, with a coloured ‘pin’ for every major A&E Provider, of which only 5 met the standard of 95 per cent and above for all attendances in 2016-17.

For more information: Summary Report 7, Hospital Accident and Emergency Activity, 2016-17
The three hours between 08:00 and 11:00 have the lowest per cent of attendances spending over 4 hours (10%) in A&E and highest per cent spending one hour or less (16%)

The early (six) hours between 00:00 and 06:00 have the highest per cent of attendances spending over 4 hours (average of 27%) in A&E

Year: 2016-17
Source: HES
Major A&E Consultant Led Departments (Types 1 and 2)
Excludes unknown time in A&E

For more information: Summary Report 8, Hospital Accident and Emergency Activity, 2016-17
Patients Spending Over 12 Hours in A&E From Arrival

The number of patient attendances waiting over 12 hours from arrival to being transferred, admitted or discharged is **262,367** for 2016-17.

The number of such patients has been increasing since 2011-12.

For more information: Summary Report 9, Hospital Accident and Emergency Activity, 2016-17
The number of patient admissions waiting over 12 hours is **3,502** in 2016-17 (from decision to admit to being admitted).

This is higher than in previous years, but is only **0.06 per cent** of all admissions.

These figures are not comparable with the previous slide, as they are reporting on two different measures.

For more information: Summary Report 10, Hospital Accident and Emergency Activity, 2016-17
Time of Day / Calendar Distribution

This section reports how the distribution of A&E attendances varies with the time of day, day of the week and the month of arrival for 2016-17.

The results are presented as:
- All attendances by time of day compared with the day of the week
- Attendances brought in by ambulance by time of day
- Average attendances per day for each month
A&E Attendances by Time of Arrival and Day of Week

Monday is the busiest day of the week.
The most popular time of arrival is the two hours between **10:00 and 12:00**

For more information: Summary Report 11, Hospital Accident and Emergency Activity, 2016-17
Night time has the lowest number of ambulance attendances; however the proportion of people to arrive by ambulance is at its highest.

Daytime has the highest total of ambulance attendances; however the vast majority of people arrive by other means.

For more information: Summary Report 12, Hospital Accident and Emergency Activity, 2016-17
For 2016-17:
The average number of attendances per day is slightly higher compared with previous two years, with the exceptions of January to April.

May and July have the highest average number of attendances per day, for 2016-17, indicating winter was not the period with the highest volume.

For more information: Summary Report 13, Hospital Accident and Emergency Activity, 2016-17
Whilst winter does not have the highest volumes of A&E attendances, generally a higher proportion of these are admitted to hospital.

Source: MSitAE
The per cent of A&E attendances who are admitted shows a slight increase over the past ten years from just over 16 per cent to around 18 per cent.

For more information: Summary Report 15, Hospital Accident and Emergency Activity, 2016-17
This section reports how the distribution of re-attendances varies with the day of the week, age and sex for 2016-17. All re-attendances are defined to be within 7 days of the patient’s first attendance, either to the same or another A&E department, and over 4 hours to exclude transfers between organisations. The reason for the initial and re-attendances have not been compared to assess whether they are related or not.

The results are presented as:

- Annual total of patients who have re-attended A&E over the last 10 years
- Day of the week of the patient’s first attendance of those that have re-attended
- Age and sex of patients who have re-attended
The trend for the number of re-attendances is increasing each year. This is at a higher rate than total attendances. The average growth in the percentage of re-attendances per year over the period since 2007-08 is 0.15 percentage points.

For more information: Summary Report 16, Hospital Accident and Emergency Activity, 2016-17
**Percentage of Re-attendances by Day of Week of First Attendance**

Saturday and Sunday have the highest proportion of attendances of patients who re-attend A&E within 7 days, with Saturday highest at **9.0 per cent**. Monday to Thursday are very consistent with the proportion of re-attendances ranging between **8.0** and **8.1 per cent**.

*For more information: Summary Report 17, Hospital Accident and Emergency Activity, 2016-17*
Women have a higher proportion of re-attendances up to age group 20-29. For older age groups this switches to men.

From age group 40+ the trend steadily decreases for both sexes with age.

These trends could be linked to patterns of admissions, for example older people may be more likely to be admitted and conversely less likely to need to return to A&E within seven days.
Additional Information

Further guidance and associated documentation
Hospital Episode Statistics (HES)

HES is extracted from Secondary Uses Service (SUS). It holds patient level details of all admissions, outpatient appointments and accident and emergency (A&E) attendances at National Health Service (NHS) hospitals in England. HES data are the source for a wide range of healthcare analyses for the NHS, Government and many other organisations and individuals. It includes private patients treated in NHS hospitals, patients resident outside of England and care delivered by treatment centres (including those in the independent sector) funded by the NHS. Further information about HES is available at: http://digital.nhs.uk/hes

A&E Attendances and Emergency Admissions Monthly reports (MSitAE)

The collection process used for MSitAE data is very different from the process used for HES. MSitAE are based on counts made in local NHS and Independent Sector organisations and submitted to NHS England in aggregate form, rather than from patient level data. These are still the official source of A&E information and should be used in preference to A&E HES where information is held in both data sets. MSitAE data are available at: http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/
The Emergency Care Data Set (ECDS) is a new national dataset for urgent and emergency care which will replace the current HES A&E dataset used to collect information from Emergency Departments across England. It will enable more detailed analysis and enhanced understanding of emergency services.

The new dataset will be implemented from October 2017 to eventually include all Emergency Department types, including A&E, Minor Injury Units, Urgent Care Centres and Walk in Centres. During the Interim period to April 2018, ECDS data will be mapped back to HES. Hence 2017–18 annual statistics will use HES A&E data as one of the sources; 2018–19 onwards annual statistics are expected to use ECDS data.

More information, including the mapping methodology, is available at: http://content.digital.nhs.uk/ECDS
Caveats and Data Quality

• The first HES A&E submission from providers in England was for the 2007-08 financial year; these reports were experimental until 2012-13. During these early years data completeness was known to be an issue.

• Detailed information about HES data quality of data items, and completeness of provider data submissions can be accessed via the following link: http://content.digital.nhs.uk/article/1825/The-processing-cycle-and-HES-data-quality

• MSitAE figures are higher than HES, predominantly due to higher coverage for minor injury units and walk in centres (department types 3 and 4)

• Further information on data sources and data quality is available in the supporting documentation http://digital.nhs.uk/catalogue/PUB30112
We would welcome feedback from users on the content and style of this report. Feedback on this publication can be provided to NHS Digital via email to enquiries@nhsdigital.nhs.uk or via telephone on 0300 303 5678.

NHS Digital welcomes all feedback relating to any aspect of this publication. In particular we would welcome feedback on:

- the usefulness of the content to different users
- the ways in which the information is used
- any further suggestions you may have for additional content that you would find useful
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