

INFORMATION
ANALYSIS
DIRECTORATE



Emergency Care Waiting Time Statistics for Northern Ireland



(April – June 2018)

Reader Information

- Purpose:** This statistical release presents information on the time waited in emergency care departments (ED) in Northern Ireland. It reports on the performance against the DoH Ministerial target, including additional information on a number of clinical quality indicators set by the Department of Health (DoH).
- Guidance:** It is recommended that readers refer to the '**Emergency Care Waiting Time Statistics - Additional Guidance**' booklet, which details technical guidance, definitions and background information on the data used, including the security and confidentiality processes¹. This booklet is updated for each release and can be found at the following link:
<https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-niwt-ecwt-guidance.pdf>
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Sarah Brown
Email: sarah.brown@health-ni.gov.uk
- Statistical Quality:** Information detailed in this release has been provided by HSC Trusts and was validated by Hospital Information Branch (HIB) prior to release. Information on: time to triage, age and time of day for attendances, GP referrals, emergency admissions, left before treatment complete, triage level, time to start of treatment, time waited for patients admitted and not admitted are **not** National Statistics, but have been included to provide users with a comprehensive view of emergency care activity and waits. Further information on data included in this release is available at the link below:
<https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-niwt-ecwt-guidance.pdf>
- Target Audience:** DoH, Chief Executives of HSC Board and Trusts in Northern Ireland, Health Care Professionals, Academics, HSC Stakeholders, Media & General Public.
- Further Copies:** statistics@health-ni.gov.uk
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¹ Information on Security and Confidentiality Processes is detailed in the Technical Notes on page 4.

Technical Notes

Data Collection

The information presented in this bulletin is collected using an electronic patient-level administrative system and a series of statistical returns provided by HSC Trusts. Data providers are issued with technical guidance documents to be used in the collection, reporting and validation of each of these data returns, and can be accessed at the link below:

<https://www.health-ni.gov.uk/publications/emergency-care-activity-returns-and-guidance>

Information on emergency care waiting times is downloaded on the 8th of each month from the Regional Data Warehouse for all EDs, with exception of the Regional Acute Eye Service (RAES) which is sourced from the aggregate EC1 return.

A National Statistics Publication

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is the DoH responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

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:

<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/pre-release-access-hs-niwt-ecwt.pdf>

Waiting Time Information elsewhere in the United Kingdom (UK)

When comparing emergency care statistics it is important to know the type of department. Emergency care information sometimes refers only to Type 1 departments, and is not comparable with data which refers to all EDs. Two key differences are as follows: (i) waiting times at Type 1 EDs are higher than at other ED Types; (ii) fewer patients are admitted to hospital from Type 2 or 3 EDs.

There are also a number of key differences in how emergency care waiting times are reported in each UK Jurisdiction, and we would ask readers to be cautious when making comparisons across the UK. In particular, readers should avoid making comparisons between Northern Ireland and England on the 12 hour measurement, as these are not equivalent measures. Additional information on comparing emergency care waiting times information for Northern Ireland and England is detailed on pages 6 – 8 of the ‘Additional Guidance’ document at the link below:

<https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-niwts-ecwt-guidance.pdf>

DoH statisticians have also liaised with colleagues in England, Scotland and Wales to clarify differences between the emergency care waiting times reported for each administration and have produced a guidance document to provide readers with a clear understanding of these differences (link below).

<https://gss.civilservice.gov.uk/wp-content/uploads/2017/01/UK-Comparative-Waiting-Times-AE-final.xlsx>

Contextual Information

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

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

<https://www.health-ni.gov.uk/publications/contextual-information-using-hospital-statistics>

Security & Confidentiality Processes

Information on (i) the security and (ii) the confidentiality processes used to produce these and all statistics produced by the DoH, are detailed on our website at the links below:

Official Statistics & User Engagement:

<https://www.health-ni.gov.uk/topics/doh-statistics-and-research/official-statistics-and-user-engagement>

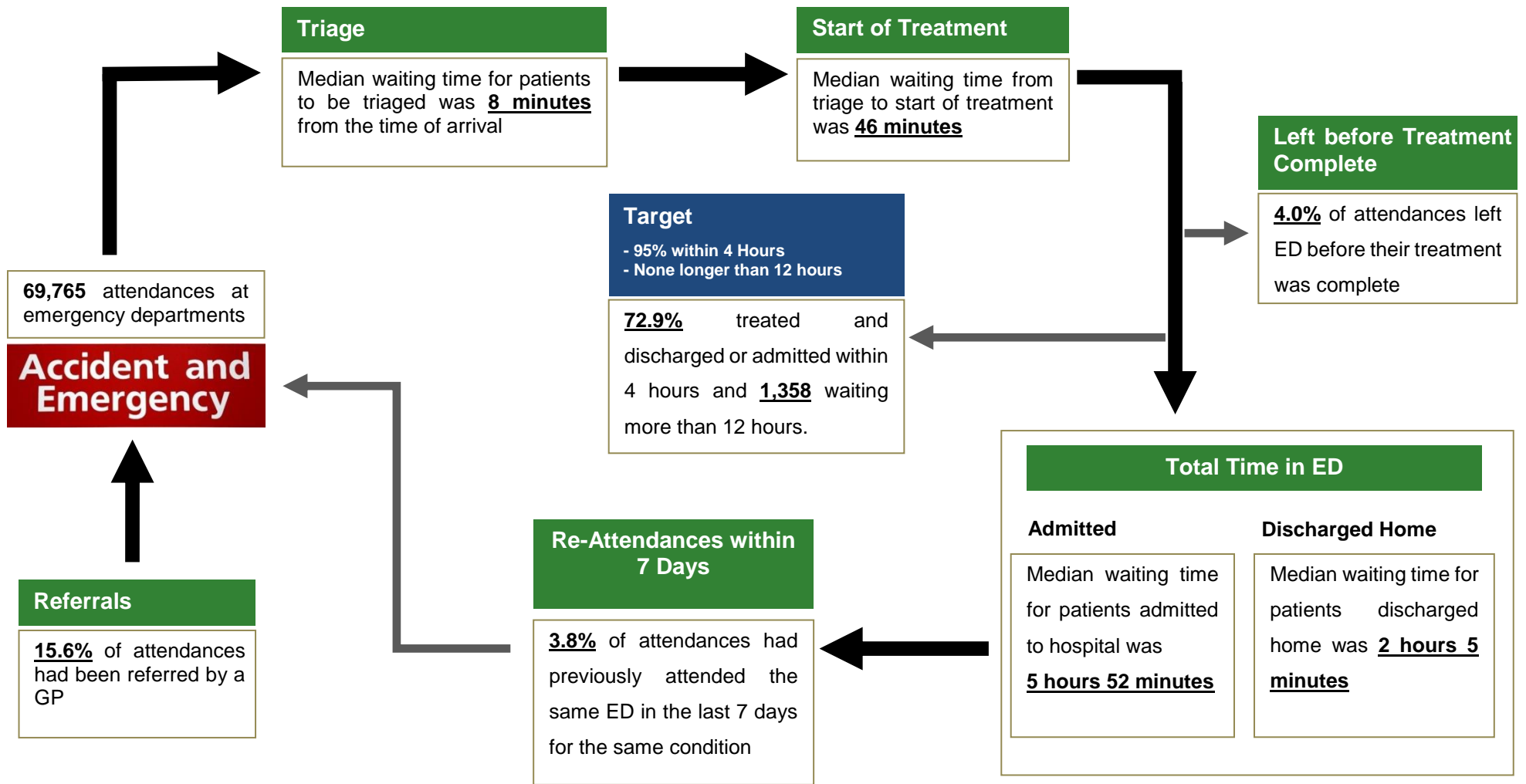
Statistical Charter:

<https://www.health-ni.gov.uk/publications/doh-statistics-charter>

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SUMMARY OF KEY FACTS (June 2018)



Emergency Care Attendances: Who, Where, When, Why?

How Many Attend EDs?

Table 1 presents information on the number of new and unplanned review attendances at emergency care departments (ED) and the number of emergency admissions to hospital in Northern Ireland during June 2018, compared with the same month last year.^{2, 3, 4}

Table 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (June 2017 - June 2018)

Attendances	June 2017	June 2018	Difference	
New	63,570	65,955	2,385	3.8%
Unplanned Review	3,298	3,810	512	15.5%
Total Attendances	66,868	69,765	2,897	4.3%
Emergency Admissions	12,091	11,749	-342	-2.8%

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances at EDs increased by 4.3% (2,897) when compared with June 2017, from 66,868 to 69,765 in June 2018 (Table 1, Table 10A).
- Between June 2017 and June 2018, unplanned review attendances increased by 15.5% (512) and new attendances increased by 3.8% (2,385) (Table 1, Table 10A).
- There were 208,342 attendances at EDs during the quarter ending 30 June 2018, 2.5% (5,040) more than during the same quarter in 2017 (203,302).
- The number of emergency admissions to hospital from EDs decreased by 2.8% (342) between June 2017 (12,091) and June 2018 (11,749) (Table 1).

² Information for June 2017 and April, May and June 2018 is detailed in Appendix 4, Table 10A.

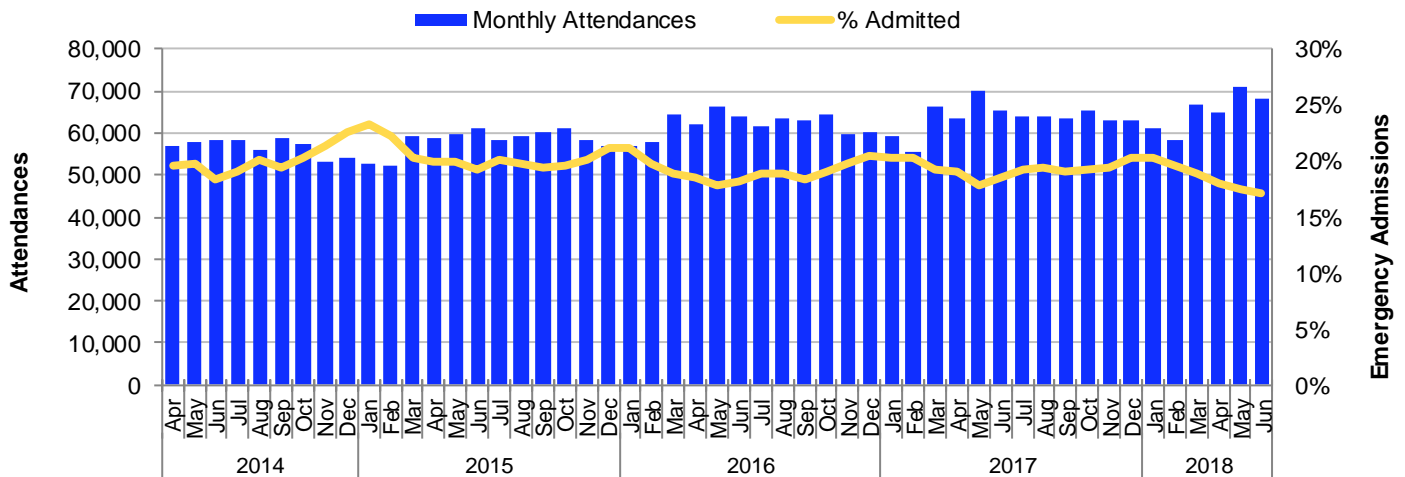
³ Data on emergency admissions are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits. This is sourced from the ED Administrative Systems and will therefore differ slightly from the information included in the Hospital Statistics: Inpatients and Day Case Statistics which are sourced from the Hospital Inpatient System.

⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Are More Patients being Admitted to Hospital?

Figure 1 presents information on the number of new and unplanned review attendances at ED's and emergency admissions⁵ to hospital each month, from April 2014.⁶

Figure 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (April 2014 – June 2018)



- During each of the last three years, the percentage of ED attendances admitted to hospital was generally highest in December and January and lowest during May (Figure 1).
- The percentage of ED attendances admitted to hospital increase between November and January each year, then decline sharply from February each year (Figure 1).

⁵ Data on emergency admissions are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Which ED Did People Attend?

Table 2 details a summary of the number of new and unplanned review attendances at each Type 1 ED during June 2018 and the same month last year. It also details the total number of attendances at Type 2 and 3 ED's during this period ^{7,8}.

Table 2: Attendances at Emergency Care Departments (June 2017 - June 2018)

Department	New Attendances		Unplanned Review Attendances		Total Attendances	
	Jun 2017	Jun 2018	Jun 2017	Jun 2018	Jun 2017	Jun 2018
Mater	3,812	3,889	166	140	3,978	4,029
Royal Victoria	7,380	7,494	258	318	7,638	7,812
RBHSC	2,932	2,997	240	211	3,172	3,208
Antrim Area	6,866	6,787	371	492	7,237	7,279
Causeway	3,474	3,714	241	295	3,715	4,009
Ulster	7,865	7,929	217	249	8,082	8,178
Craigavon Area	6,835	7,027	477	438	7,312	7,465
Daisy Hill	4,290	4,700	351	394	4,641	5,094
Altnagelvin Area	5,046	5,342	302	375	5,348	5,717
South West Acute	2,625	2,894	143	230	2,768	3,124
Type 1	51,125	52,773	2,766	3,142	53,891	55,915
Type 2	5,413	5,502	171	176	5,584	5,678
Type 3	7,032	7,680	361	492	7,393	8,172
Northern Ireland	63,570	65,955	3,298	3,810	66,868	69,765

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances increased at Type 1, 2 and 3 departments between June 2017 and June 2018 (Table 2, Table 10A).
- The Ulster (8,178) and the Royal Victoria (7,812) were the busiest EDs during June 2018 (Table 2, Table 10A).
- Of the 10 Type 1 EDs, Daisy Hill (453), Altnagelvin Area (369) and South West Acute (356) reported the largest increases in attendances during June 2018, compared with June 2017 (Table 2, Table 10A).

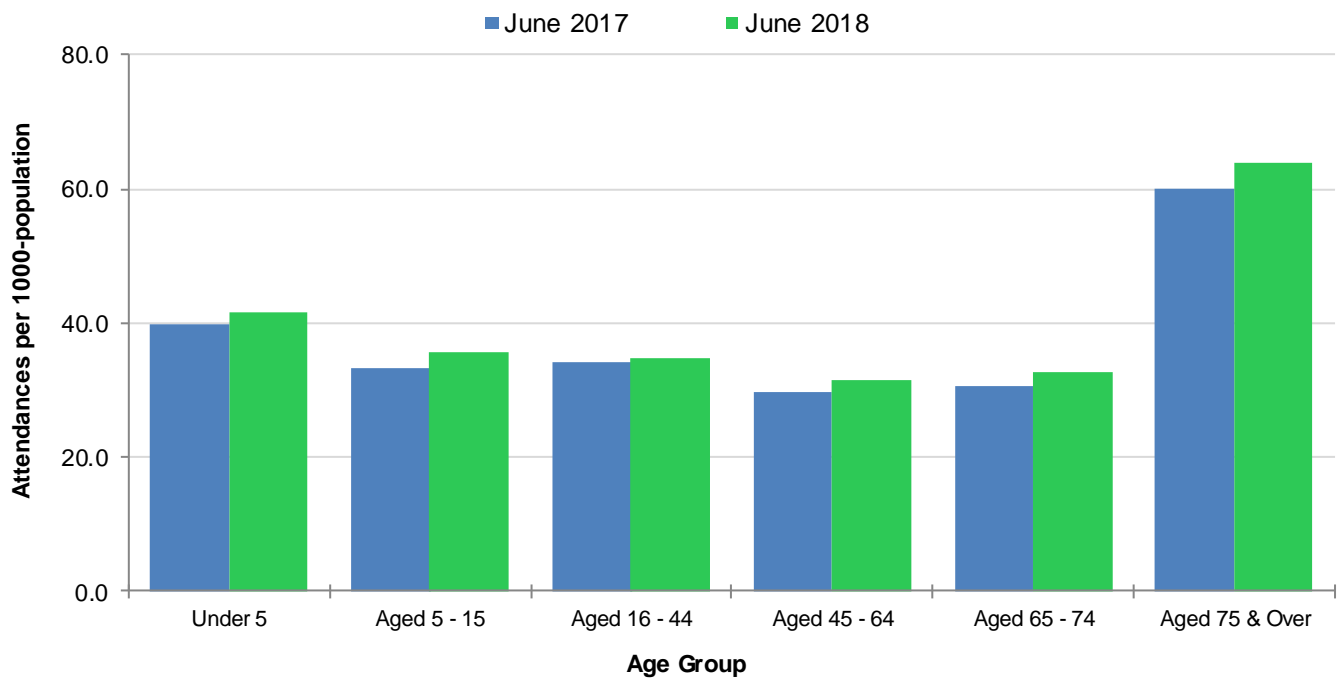
⁷ Information for June 2017 and April, May and June 2018 is detailed in Appendix 4, Table 10A.

⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Who Attends ED?

Figure 2 presents information on the number of attendances at ED's per 1000-population, broken down by the age group of those attending^{9, 10, 11}.

Figure 2: Attendances at Emergency Care Departments per 1,000-population, by Age Group (June 2017 - June 2018)^{12, 13}



- During both June 2017 and June 2018, the highest number of attendances per 1000-population was recorded for those aged 75 & over (60.0 and 63.7 respectively) (Figure 2, Table 10H).
- A high number of attendances per 1000-population aged under 5 was also recorded in both June 2017 and June 2018 (39.9 and 41.6 respectively) (Figure 2, Table 10H).
- The rate of attendances per 1000-population increased for all age groups between June 2017 and June 2018. (Figure 2, Table 10H).
- The lowest number of attendances per 1000-population was recorded in 45-64 age group during June 2018 (31.5) (Figure 2, Table 10H).

⁹ Information for June 2017 and April, May and June 2018 is detailed in Appendix 4, Table 10H.

¹⁰ Data on the age of those attending ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

¹¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹² Excludes cases where the DOB could not be determined.

¹³ Based on the NISRA 2016 mid-year population estimate which was published on 22nd June 2017.

What Triage Level Do Patients Present With?

Figure 3 details information on the priority which patients arriving at the ED will be designated following triage by a health care professional. Each patient is assessed and assigned one of the five levels on the Manchester Triage Scale (MTS) below, which will act as a guide for the time within which a patient's treatment should commence.^{14, 15}

Figure 3: Waiting Time Priority based on the Manchester Triage Scale

Triage Level	Colour	MTS Priority	Waiting Time
Level 1	Red	Immediate	0 Minutes
Level 2	Orange	Very Urgent	10 Minutes
Level 3	Yellow	Urgent	60 Minutes
Level 4	Green	Standard	120 Minutes
Level 5	Blue	Non-Urgent	240 Minutes

For the purposes of this report it is assumed that patients attending ED's triaged as Level 1 / 2 / 3 are in most urgent need of treatment, and those assessed as Level 4 or 5 are in less need of urgent treatment.

Table 3: Percentage Triaged in each Triage Group (June 2017 - June 2018)^{16, 17}

Department	Triage Group			
	Level 1 / 2 / 3		Level 4 / 5	
	Jun 2017	Jun 2018	Jun 2017	Jun 2018
Mater	61.4%	51.8%	38.6%	48.2%
Royal Victoria	61.3%	63.4%	38.7%	36.6%
RBHSC	34.6%	32.2%	65.4%	67.8%
Antrim Area	64.9%	69.4%	35.1%	30.6%
Causeway	67.2%	68.6%	32.8%	31.4%
Ulster	67.3%	69.0%	32.7%	31.0%
Craigavon Area	81.2%	80.1%	18.8%	19.9%
Daisy Hill	78.5%	80.1%	21.5%	19.9%
Altnagelvin Area	59.2%	54.3%	40.8%	45.7%
South West Acute	68.2%	62.7%	31.8%	37.3%
Type 1	65.9%	65.4%	34.1%	34.6%
Type 2	43.2%	41.7%	56.8%	58.3%
Type 3	2.6%	5.5%	97.4%	94.5%
Northern Ireland	57.2%	56.5%	42.8%	43.5%

Source: Regional Data Warehouse, Business Services Organisation

- Almost two thirds (65.4%) of attendances at Type 1 departments in June 2018 were triaged as level 1, 2 or 3, slightly higher than June 2017 (65.9%) (Table 3, Table 10L).

¹⁴ Data on triage level are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

¹⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

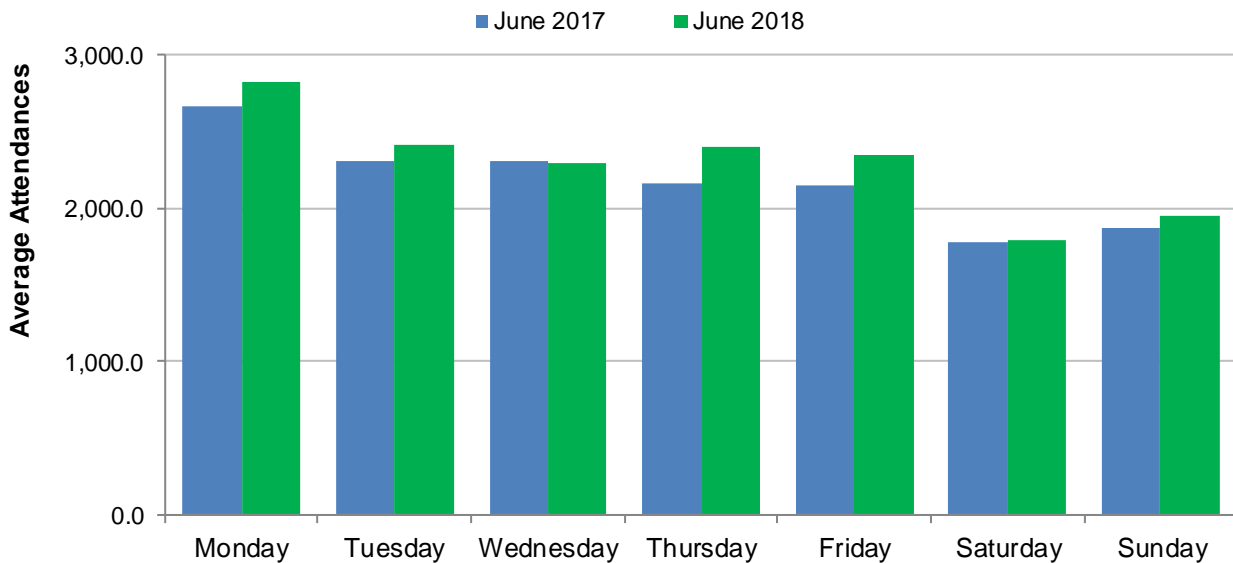
¹⁶ Information for June 2017 and April, May and June 2018 is detailed in Appendix 4: Table 10L.

¹⁷ Information on triage levels for Type 3 EDs in June 2018 does not include data for Tyrone County after 6th March 2018.

When Do People Attend EDs?

Figure 4 presents information on the average number of new and unplanned review attendances at ED's by day of the week during June 2018, compared with June 2017.^{18, 19, 20}

Figure 4: Average Number of Attendances at Emergency Care Departments by Day of Week (June 2017 - June 2018)



- Overall, Monday was the busiest day at ED's during both June 2017 and June 2018, with over 2,800 daily attendances on average each Monday during June 2018 (Figure 4, Table 10I).
- The largest increase in average daily attendances between June 2017 and June 2018 (243) was on a Thursday (2,163 and 2,406 respectively) (Figure 4, Table 10I).
- The lowest average number of daily attendances was on a Saturday during both June 2017 (1,777) and June 2018 (1,797) (Figure 4, Table 10I).

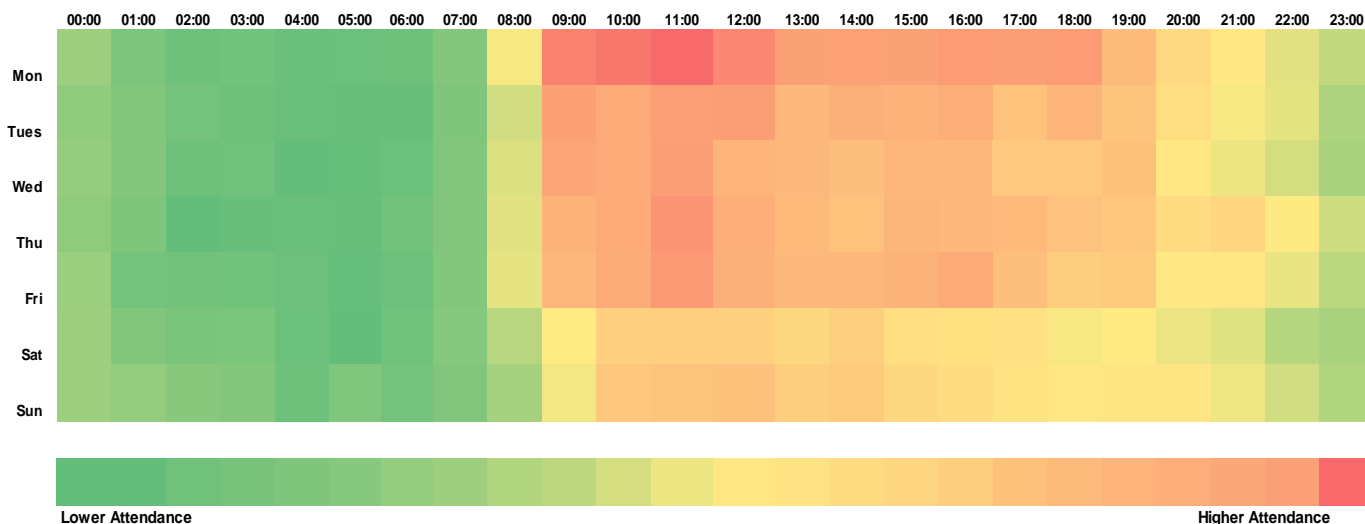
¹⁸ Information for June 2017 and April, May and June 2018 is detailed in Appendix 4, Table 10I.

¹⁹ Data on when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

²⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Figure 5 presents information on the number of new and unplanned review attendances during each day of the week and hour of the day in June 2018. The time shown refers to the hour of arrival, for example, 12:00 are those patients who arrived between 12:00pm (noon) and 12:59pm.^{21, 22}

Figure 5: Heat Map of Emergency Care Attendances by Day and Time (June 2018)



- Monday was the busiest day of the week during June 2018, with the highest number of attendances arriving between 11:00am and 11:59am (Figure 5).
- Saturday was the least busy day during June 2018, with the highest number of attendances arriving between 10:00pm and 12:59pm (Figure 5).
- Overall, the busiest hour of the day during June 2018 was between 11:00am and 11:59am, whilst the least busy hour was 5:00am to 5:59am (Figure 5).

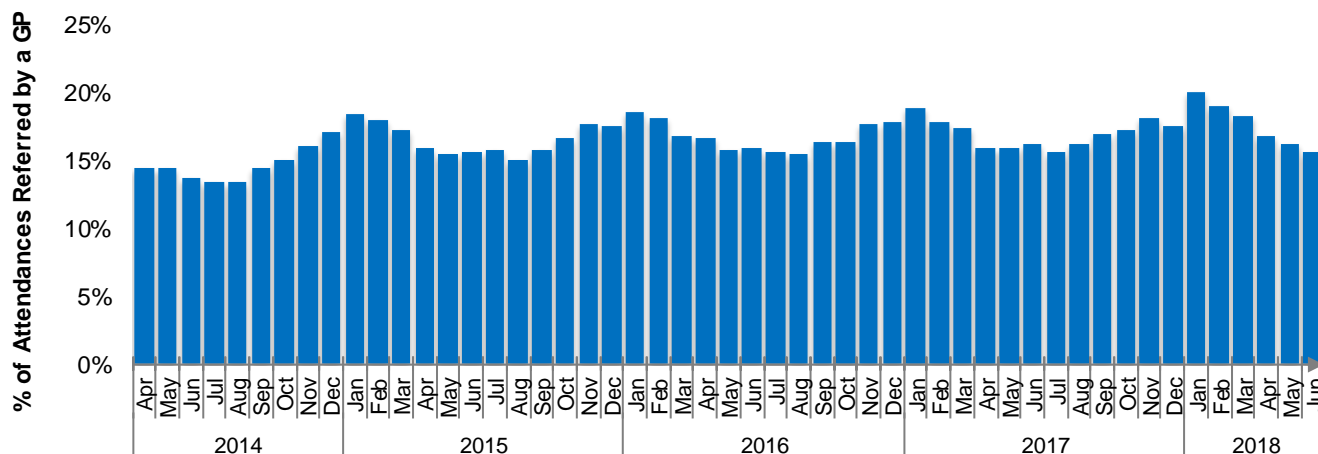
²¹ Data on when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

²² Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

How Many Attendances Were Referred by a GP?

Figure 6 presents information on the percentage of attendances at emergency care departments that had been referred by a GP, from April 2014.^{23, 24, 25}

Figure 6: Percentage of Attendances at Emergency Care Departments Referred by a GP (April 2014 – June 2018)



- In June 2018, almost one in six (15.6%) attendances at ED's had been referred by a GP, 0.7 percentage points lower than June 2017 (16.3%) (Figure 6, Table 10C).
- Type 1 EDs reported the highest percentage of attendances referred by a GP (17.9%) during June 2018, 0.6 percentage points lower than June 2017 (18.5%) (Figure 6, Table 10C).
- More than a fifth of attendances at Antrim Area (22.3%), Causeway (20.6%) and the Ulster (21.2%) had been referred by a GP during June 2018, compared with 10.4% of attendances in Altnagelvin Area (Table 10C).
- The percentage of attendances referred by a GP is generally highest during January each year, and lowest during July and August (Figure 6).

²³ Information for June 2017 and April, May and June 2018 is detailed in Appendix 4, Table 10C.

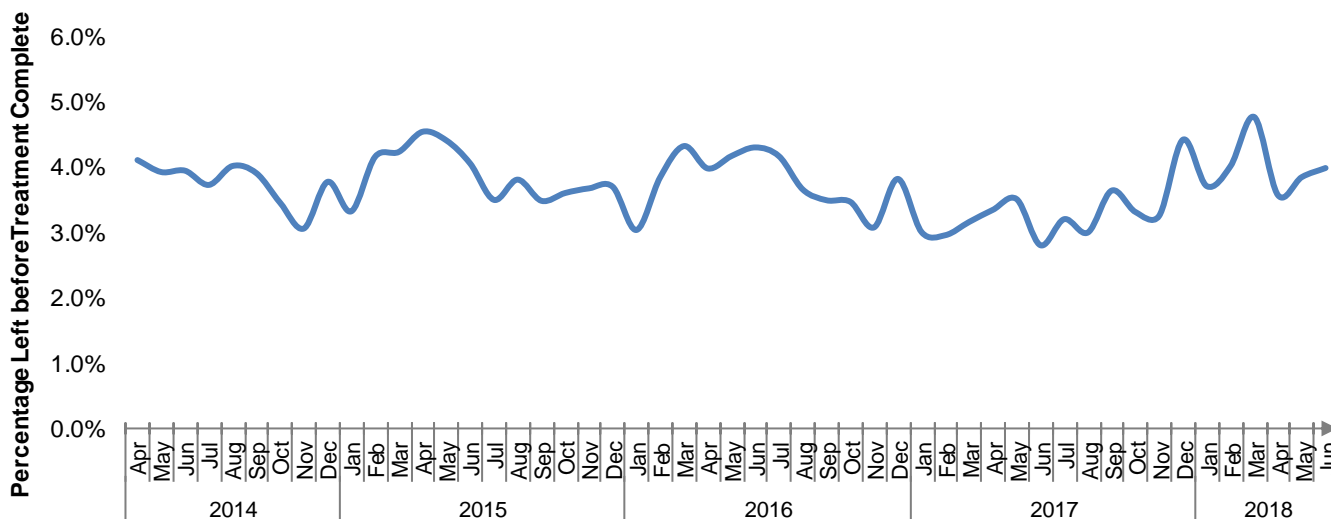
²⁴ Data on referrals to ED by GP's are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

²⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Do Patients Leave ED Before Their Treatment is Complete?

Figure 7 presents information on the proportion of attendances which left an ED before their treatment was complete, from April 2014.^{26, 27, 28}

Figure 7: Percentage of Attendances Leaving the Emergency Care Department before their Treatment was Complete (April 2014 – June 2018)



- During June 2018, 4.0% of all ED attendances left before their treatment was complete, 1.2 percentage points higher than June 2017 (2.8%) (Figure 7, Table 10C).
- Type 1 EDs reported the highest percentage (4.6%) of patients leaving before their treatment was complete in June 2018, with 1.4% reported for Type 2 ED's and 1.1% for Type 3 ED's (Table 10C).
- The Mater (7.4%) reported the highest percentage of attendances leaving an ED before their treatment was complete during June 2018, 1.0 percentage point higher than June 2017 (6.4%) (Table 10C).
- During the last 12 months, the percentage of attendances leaving ED before their treatment was complete was highest in March 2018 (4.8%) (Figure 7).

²⁶ Information for June 2017 and April, May and June 2018 is detailed in Appendix 4, Table 10C.

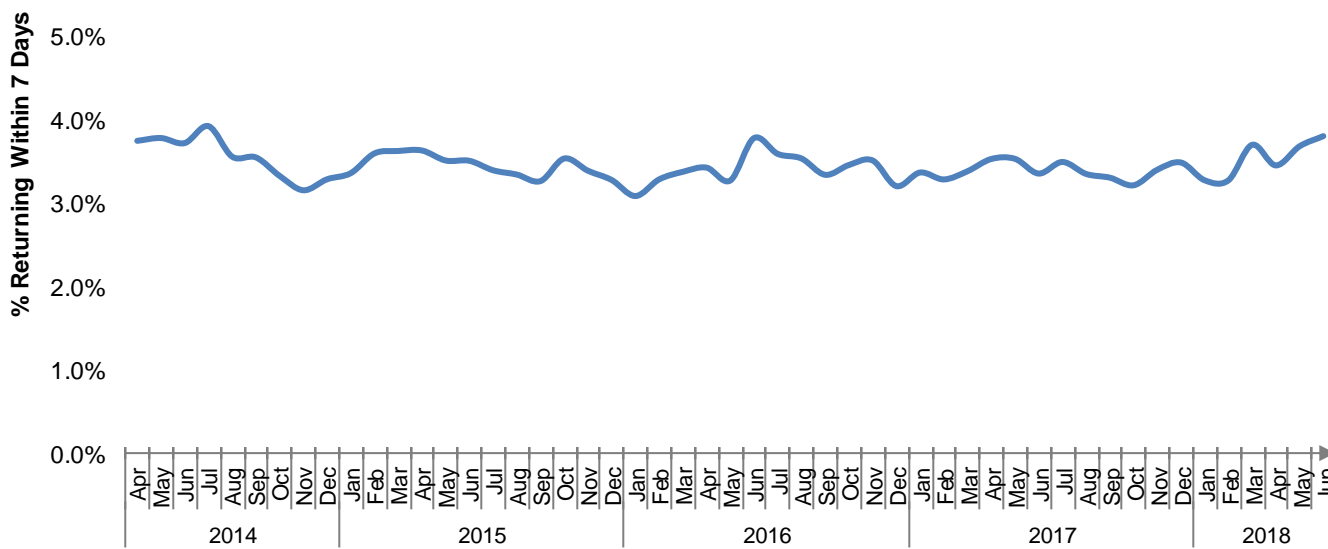
²⁷ Data on those leaving ED before their treatment was complete are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

²⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

How Many Patients Re-attend the Same ED within a Week?

Figure 8 presents information on the percentage of unplanned review attendances at ED's within 7 days of their original attendance for the same condition, from April 2014.^{29, 30, 31}

Figure 8: Percentage of Re-attendances at Emergency Care Departments within 7 Days (April 2014 – June 2018)



- The percentage of unplanned review attendances at ED's within 7 days of the original attendance for the same condition has changed slightly from April 2014, fluctuating between 3.1% and 3.9% of the total number of ED attendances (Figure 8).
- During June 2018, 3.8% of attendances had previously attended the same ED within 7 days of their original attendance, 0.4 percentage points higher than June 2017 (3.4%) (Figure 8, Table 10C).
- South West Acute (6.7%) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during June 2018 (Table 10C).

²⁹ Information for June 2017 and April, May and June 2018 is detailed in Appendix 4, Table 10C.

³⁰ Data on re-attendances within 7 days are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

³¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

How Long Do Patients Spend in ED?

Emergency Care Waiting Times Targets

The current DOH targets on emergency care waiting times in Northern Ireland for 2017/18 state that:

'95% of patients attending any Type 1, 2 or 3 emergency care department are either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any emergency care department should wait longer than twelve hours.'

'By March 2018, at least 80% of patients to have commenced treatment, following triage, within 2 hours.'

This section describes the various data available to measure the length of time patients spend in ED's in Northern Ireland. It outlines these different measures and how they relate to each other. The different measures of the time spent in an ED include:

- **The Four and Twelve Hour Waiting Times Target;**

The most familiar mechanisms for monitoring ED performance are the 'four and twelve hour' measures, which report the percentage of patients treated and discharged or admitted from ED within 4 hours of their arrival and the number treated and discharged or admitted from ED within 12 hours of arrival.

- **Time to Triage (Initial Assessment / Triage);**

This refers to the time from arrival at ED to the start of a patient's triage by a medical professional for all attendances.

- **Time to Start of Treatment; and,**

The time taken to start a patient's treatment refers to the time from when a patient has been triaged until the start of their definitive treatment by a decision-making clinician.

- **Total Time spent in ED for both Admitted and Non-Admitted Patients.**

Similar to the four and twelve hour measurements, this information refers to the total length of time a patient spends in an ED from arrival to discharge or admission to hospital. However it presents the information separately for those discharged home and those admitted to hospital.

How are EDs Performing?

Table 4 details performance against the 4 and 12 hour components of the emergency care waiting times target in Northern Ireland. Waiting time is from arrival to discharge or admission to hospital. ^{32, 33}

Table 4: Performance against Emergency Care Waiting Times Target (June 2017 - June 2018)

Percentage Within 4 Hours	June 2017	June 2018	Difference	
			No.	% pt
Type 1	77.7%	67.7%	-	-9.9%
Type 2	90.1%	84.8%	-	-5.3%
Type 3	100.0%	99.6%	-	-0.4%
Total	81.2%	72.9%	-	-8.3%

Number Over 12 Hours	June 2017	June 2018	Difference	
			No.	%
Type 1	278	1,357	1,079	-
Type 2	16	1	-15	-
Type 3	0	0	0	-
Total	294	1,358	1,064	-

New & Unplanned Review Attendances	June 2017	June 2018	Difference	
			No.	%
Type 1	53,891	55,915	2,024	3.8%
Type 2	5,584	5,678	94	1.7%
Type 3	7,393	8,172	779	10.5%
Total	66,868	69,765	2,897	4.3%

Source: Regional Data Warehouse, Business Services Organisation

- Almost three quarters (72.9%) of attendances in June 2018 were treated and discharged, or admitted within 4 hours, 8.3 percentage points lower than June 2017 (81.2%) (Table 10B & 10J).
- Over two thirds (67.7%) of attendances at Type 1 EDs in June 2018 were treated and discharged, or admitted within 4 hours of their arrival, compared with 84.8% at Type 2 EDs and 99.6% at Type 3 EDs (Table 4, Table 10B & Table 10J).
- Between June 2017 and June 2018, the number waiting longer than 12 hours increased from 294 to 1,359, accounting for 1.9% of all attendances in June 2018 (Table 4, Table 10B & 10J).
- Between June 2017 and June 2018, EDs experienced a 4.3% increase in the number of attendances (66,868 to 69,765), whilst performance against the 4 hour target dropped by 8.3 percentage points (Table 4, Table 10B & Table 10J).
- During the quarter ending 30 June 2018, almost three quarters (72.6%) of patients were treated and discharged or admitted within 4 hours, 4.9 percentage points less than the same quarter in 2017.

³² Further breakdown of ED's can be found in Appendix 4: Table 10B & Table 10J.

³³ Information on the comparability of this information with other UK jurisdictions is detailed on pages 6 – 8 of the additional guidance document found at the following link: <https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-ni-wts-ecwt-guidance.pdf>

Table 5 details the performance against both the four and twelve hour components of the emergency care waiting times target at each Type 1 ED in June 2018 compared with the same month last year. Information has also been included on the overall performance at Type 2 and 3 ED's during this Period.^{34, 35}

Table 5: Performance against the 4 and 12 Hour Components of the Emergency Care Waiting Times Target at Type 1 ED's (June 2017 - June 2018)

Department	4 Hour Performance		12 Hour Performance		Total Attendances	
	Jun 2017	Jun 2018	Jun 2017	Jun 2018	Jun 2017	Jun 2018
Mater	72.1%	73.7%	25	59	3,978	4,029
Royal Victoria	83.0%	60.3%	5	107	7,638	7,812
RBHSC	93.2%	84.3%	-	-	3,172	3,208
Antrim Area	75.2%	65.4%	24	165	7,237	7,279
Causeway	66.4%	72.7%	3	127	3,715	4,009
Ulster	71.8%	62.4%	104	550	8,082	8,178
Craigavon Area	80.0%	59.7%	59	268	7,312	7,465
Daisy Hill	77.2%	73.3%	45	18	4,641	5,094
Altnagelvin Area	77.8%	76.9%	9	36	5,348	5,717
South West Acute	86.5%	68.2%	4	27	2,768	3,124
Type 1	77.7%	67.7%	278	1,357	53,891	55,915
Type 2	90.1%	84.8%	16	1	5,584	5,678
Type 3	100.0%	99.6%	-	-	7,393	8,172
Northern Ireland	81.2%	72.9%	294	1,358	66,868	69,765

Source: Regional Data Warehouse, Business Services Organisation

- During June 2018, the RBHSC (84.3%) reported the best performance of any Type 1 ED against the 4 hour target, whilst Craigavon Area (59.7%) reported the lowest (Table 5, Table 10B).
- The RBHSC was the only Type 1 ED to achieve the 12-hour component of the target during June 2018 (Table 5, Table 10B).
- The Ulster (550) and Craigavon Area (268) reported the highest numbers of patients waiting over the 12 hours during June 2018 (Table 5, Table 10B).
- Between June 2017 and June 2018, performance against the 12 hour target declined at all Type 1 EDs, with the exception of the RBHSC and Daisy Hill (Table 5, Table 10B).

³⁴ Information for June 2017 and April, May and June 2018 is detailed in Appendix 4: Table 10B & Table 10I.

³⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Table 6 presents information on the percentage of patients commencing treatment, following triage, within 2 hours at Type 1 ED's in June 2018, compared with the same month last year. Information has also been included on the overall performance at Type 2 and 3 ED's during this period.^{36, 37}

Table 6: Performance against the Target to Commence Treating Patients within 2 Hours of them being Triageed (June 2017 - June 2018)³⁸

Department	% Commencing Treatment Within 2 Hours of Triage	
	Jun 2017	Jun 2018
Mater	77.0%	76.9%
Royal Victoria	82.6%	67.7%
RBHSC	95.4%	89.7%
Antrim Area	71.3%	62.6%
Causeway	77.6%	87.4%
Ulster	78.2%	77.8%
Craigavon Area	76.8%	66.5%
Daisy Hill	90.7%	74.8%
Altnagelvin Area	88.3%	90.7%
South West Acute	92.8%	80.7%
Type 1	81.4%	75.7%
Type 2	97.5%	95.1%
Type 3	99.9%	100.0%
Northern Ireland	84.7%	79.7%

Source: Regional Data Warehouse, Business Services Organisation

- Almost eight in ten (79.7%) patients attending EDs commenced their treatment within 2 hours of being triaged, 5.0 percentage points lower than June 2017 (84.7%) (Table 6, Table 10K).
- During June 2018, over three quarters (75.7%) of patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 95.1% at Type 2 EDs and 100.0% at Type 3 EDs (Table 6, Table 10K).
- Four Type 1 EDs (Altnagelvin Area, RBHSC, Causeway and South West Acute) achieved the target to commence treating 80% of patients within 2 hours of triage in June 2018 (Table 6, Table 10K).
- During June 2018, Altnagelvin Area (90.7%) reported the highest percentage of patients commencing treatment within 2 hours of being triaged, whilst Antrim Area (62.6%) reported the lowest percentage (Table 6, Table 10K).

³⁶ Information for June 2017 and April, May and June 2018 is detailed in Appendix 4: Table 10K.

³⁷ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

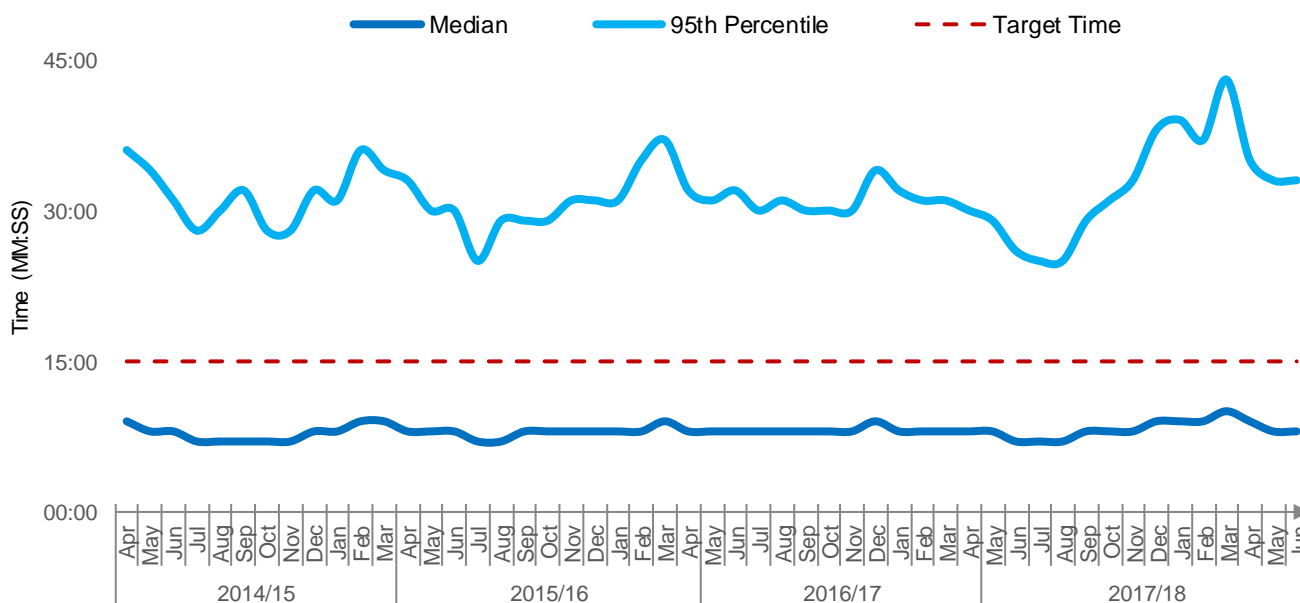
³⁸ Information on start of treatment for Type 3 EDs in June 2018 does not include data for Tyrone County after 6th March 2018.

How Long Did Patients Wait to be Triage?

Figure 10 details the length of time patients waited from the time of their arrival at an ED to their triage (initial assessment) by a medical practitioner, which includes a brief history, pain assessment and early warning scores, for all patients.^{39, 40}

Two aspects of the time waited are reported, including (i) the 95th percentile which is the time below which 95% of patients were triaged each month, and (ii) the median waiting time, which is the time below which 50% of patients were triaged.

Figure 10: Time from Arrival to Triage (April 2014 - June 2018)⁴¹



- During June 2018, the median waiting time from arrival to triage was 8 minutes, 1 minute longer than the time taken in June 2017 (7 minutes) (Figure 10, Table 10D).
- 95 per cent of patients were triaged within 33 minutes of their arrival at an ED in June 2018, 7 minutes more than the time taken in June 2017 (26 minutes) (Figure 10, Table 10D).
- Over three quarters (76.2%) attendances were triaged within 15 minutes of their arrival at an ED during June 2018, 7.1 percentage points less than June 2017 (83.3%).

³⁹ Data on time to triage are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

⁴⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

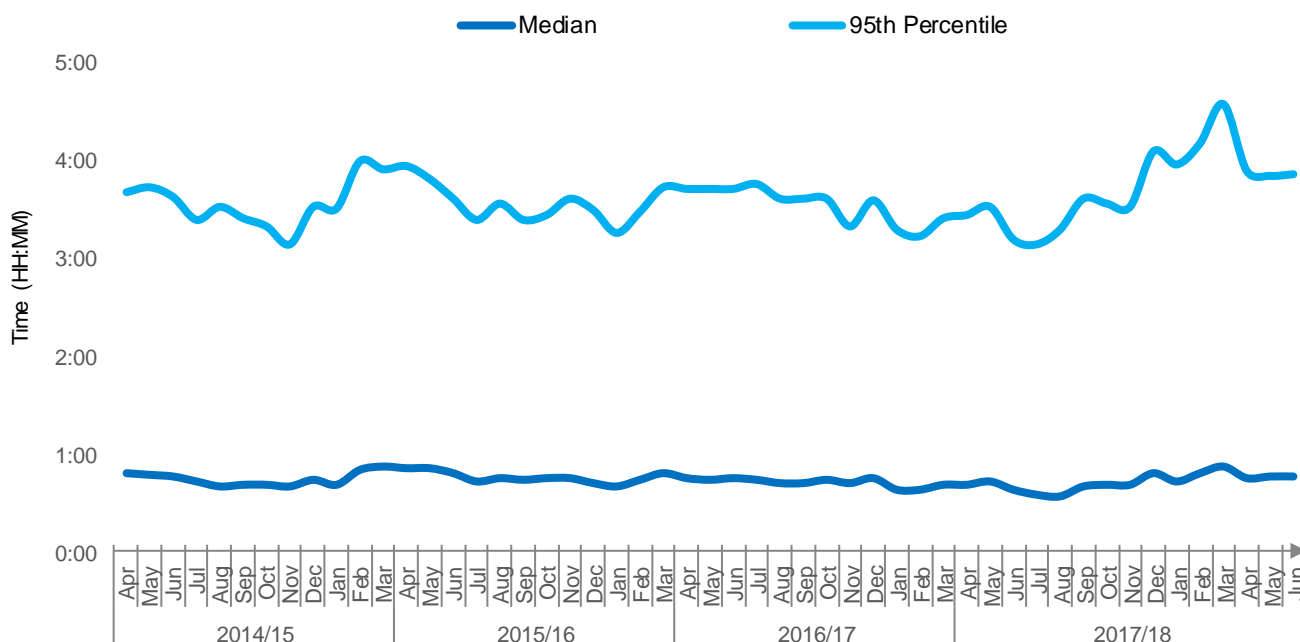
⁴¹ Additional information on time to triage is detailed in Appendix 4: Table 10D.

How Long Did Patients Wait for Their Treatment to Start?

Figure 11 shows information on the length of time patients waited for their treatment to start following triage (initial assessment) by a medical practitioner. The start of treatment refers to the beginning of a definitive treatment by a decision-making clinician.^{42, 43}

Two aspects of the time waited are reported, including (i) the 95th percentile which is the time below which 95% of patients commenced treatment each month, and (ii) the median waiting time, which is the time below which 50% of patients commenced treatment.

Figure 11: Time from Triage to Start of Treatment (April 2014 – June 2018)^{44, 45}



- The median waiting time from triage to start of treatment in June 2018 was 46 minutes, 8 minutes longer than the time taken in June 2017 (38 minutes) (Figure 11, Table 10E).
- During June 2018, 95 percent of patients commenced their treatment within 3 hours 51 minutes of being triaged in an ED, 40 minutes longer than the time taken in June 2017 (3 hours 11 minutes) (Figure 11, Table 10E).

⁴² Data on time to start of treatment are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

⁴³ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁴⁴ Additional information on time to triage is detailed in Appendix 4: Table 10E.

⁴⁵ Information on start of treatment for Type 3 EDs in June 2018 does not include data for Tyrone County after 6th March 2018.

What is the Waiting Time for Treatment to Start at Type 1 EDs?

Table 7 details the median and 95th percentile of the length of time waited from triage to the start of treatment at Type 1 ED's during March 2018 compared with June 2017. ^{46, 47}

Table 7: Time from Triage to Start of Treatment (June 2017 and June 2018) ^{48, 49}

Department	Median		95th Percentile	
	Jun 2017	Jun 2018	Jun 2017	Jun 2018
Mater	0:55	0:57	4:05	3:59
Royal Victoria	0:44	1:08	3:04	4:50
RBHSC	0:31	0:44	1:58	2:33
Antrim Area	1:11	1:26	4:11	4:51
Causeway	0:46	0:43	4:04	2:56
Ulster	0:56	0:55	3:19	3:33
Craigavon Area	1:05	1:20	3:32	5:15
Daisy Hill	0:29	1:06	2:28	3:45
Altnagelvin Area	0:42	0:30	2:46	2:29
South West Acute	0:24	0:38	2:17	3:33
Type 1	0:48	0:57	3:23	4:06
Type 2	0:29	0:33	1:40	1:58
Type 3	0:04	0:06	0:38	0:50
Northern Ireland	0:38	0:46	3:11	3:51

Source: Regional Data Warehouse, Business Services Organisation

- The median time waited at Type 1 EDs from triage to start of treatment by a medical professional was 57 minutes in June 2018, 9 minutes longer than June 2017 (48 minutes) (Table 7, Table 10E).
- Antrim Area (1 hour 26 minutes) and Craigavon Area (1 hour 20 minutes) reported the longest median waiting time from triage to start of treatment during June 2018, whilst Altnagelvin Area (30 minutes) reported the shortest median waiting time (Table 7, Table 10E).
- Craigavon Area reported the longest waiting time between triage and start of treatment, with 95 per cent of attendances commencing treatment within 5 hours 15 minutes of being triaged; this was 1 hour 43 minutes longer than the time taken in June 2017 (3 hours 32 minutes) (Table 7, Table 10E).
- Altnagelvin Area reported the shortest time to start of treatment during June 2018, with 95 per cent of attendances commencing treatment within 2 hours 29 minutes of being triaged, 17 minutes less than the time taken in June 2017 (2 hours 46 minutes) (Table 7, Table 10E).

⁴⁶ Data on time to start of treatment are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

⁴⁷ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

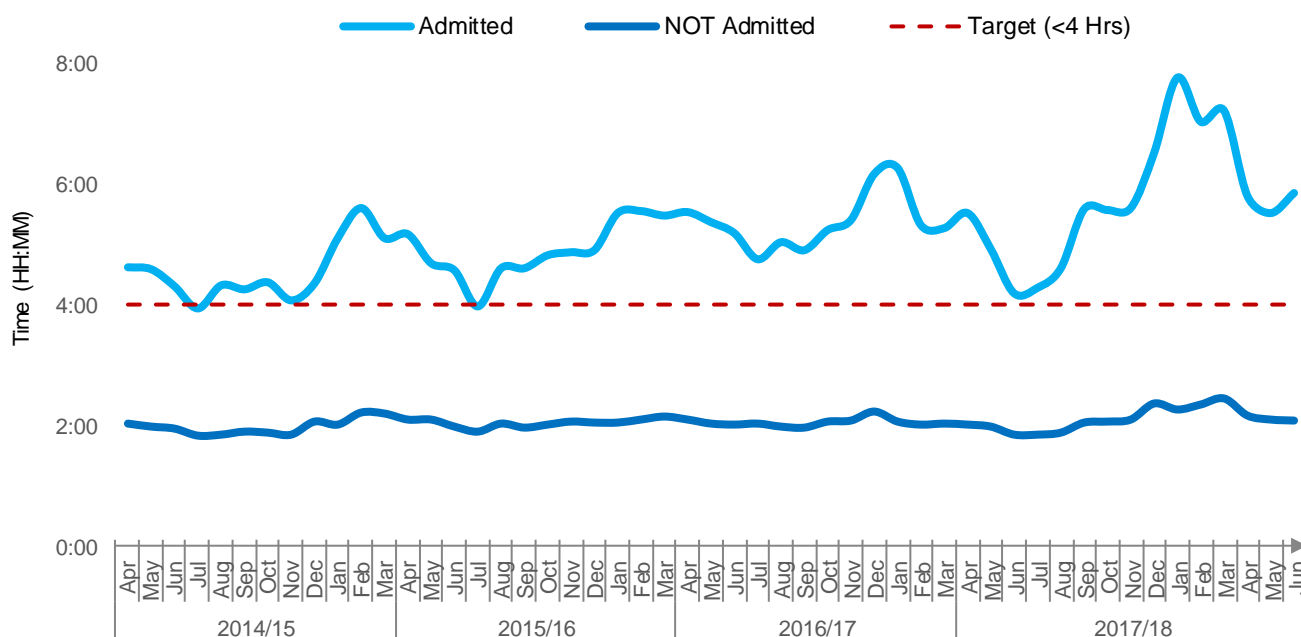
⁴⁸ Information for June 2017 and April, May and June 2018 is detailed in Appendix 4, Table 10E.

⁴⁹ Information on start of treatment for Type 3 EDs in June 2018 does not include data for Tyrone County after 6th March 2018.

Do Patients Admitted Spend Longer in ED than Those Discharged Home?

Information detailed in Tables 8 and 9 indicates that patients admitted to hospital generally spend a longer period of time in an ED than those discharged home.^{50, 51}

Figure 12: Median Time Spent in an Emergency Care Department for those (i) Admitted to Hospital and (ii) Discharged Home (April 2014 and June 2018)^{52, 53}



- During June 2018, the median time patients admitted to hospital spent in an ED was 5 hours 52 minutes, compared with 2 hour 5 minutes for those discharged home (Figure 12, Table 10F & 10G).
- During June 2018, 95 per cent of patients admitted to hospital spent almost three times as long in an ED (16 hour 59 minutes) than those discharged home (6 hours 14 minutes) (Table 8 & 9).

⁵⁰ Data on time spent in ED for those admitted and those discharged home are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

⁵¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵² Further breakdown of ED's can be found in Appendix 4, Table 10E.

⁵³ Due to a change in how information is recorded at Tyrone County, it is not possible to determine waiting times for patients admitted / discharged home after 6th March 2018.

How Long did Patients Admitted to Hospital Spend in an ED?

Table 8 details the median and 95th percentile length of time spent in an ED from arrival to leaving the ED for those who **were admitted** to hospital.⁵⁴

Table 8: Total Time Spent in an Emergency Care Department for those Admitted to Hospital (June 2017 - June 2018)^{55, 56}

Department	Median		95th Percentile	
	Jun 2017	Jun 2018	Jun 2017	Jun 2018
Mater	4:55	4:59	11:43	14:06
Royal Victoria	3:55	6:19	9:37	11:58
RBHSC	2:48	3:52	5:40	7:32
Antrim Area	4:03	5:40	9:20	15:30
Causeway	5:41	7:14	11:06	19:29
Ulster	4:51	7:44	11:55	22:08
Craigavon Area	3:53	6:17	11:42	17:19
Daisy Hill	5:37	5:07	12:38	10:57
Altnagelvin Area	4:47	5:40	9:19	11:35
South West Acute	3:34	4:50	6:40	10:43
Type 1	4:14	5:57	11:00	17:14
Type 2	3:51	3:44	8:59	7:23
Type 3	0:10	1:28	1:17	5:22
Northern Ireland	4:12	5:52	10:57	16:59

Source: Regional Data Warehouse, Business Services Organisation

- The median time patients admitted spent in a Type 1 ED was 5 hours 57 minutes in June 2018, 1 hour 43 minutes longer than the same month last year (4 hours 14 minutes) (Table 8, Table 10F).
- The Ulster and Causeway reported the longest median waiting times (7 hours 44 minutes and 7 Hours 14 minutes respectively) from arrival to admission, whilst the RBHSC (3 hours 52 minutes) reported the shortest time (Table 8).
- 95 per cent of patients were admitted to hospital within 17 hours 14 minutes at all Type 1 EDs during June 2018, 6 hours 14 minutes more than the time taken in June 2017 (11 hours) (Table 8).
- The Ulster reported the largest increase in the time taken for patients to be admitted to hospital, with 95 percent of attendances admitted within 22 hours 8 minutes of their arrival in June 2018, 10 hours 13 minutes longer than the time taken in June 2017 (11 hours 55 minutes) (Table 8, Table 10F).

⁵⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵⁵ Information for June 2017 and April, May and June 2018 is detailed in Appendix 4, Table 10F.

⁵⁶ Due to a change in how information is recorded at Tyrone County, it is not possible to determine waiting times for patients admitted / discharged home after 6th March 2018.

How Long Did Patients Discharged Home Spend in an ED?

Table 9 details the median and 95th percentile length of time spent in an ED from arrival to leaving the ED for those who **were discharged home**.⁵⁷

Table 9: Total Time Spent in Emergency Care Departments for those Discharged Home (June 2017 - June 2018)^{58, 59}

Department	Median		95th Percentile	
	Jun 2017	Jun 2018	Jun 2017	Jun 2018
Mater	2:40	2:26	6:11	6:38
Royal Victoria	2:20	3:02	5:30	7:27
RBHSC	1:36	2:04	3:59	4:59
Antrim Area	2:18	2:38	5:46	6:46
Causeway	2:32	2:11	6:53	6:38
Ulster	2:20	2:36	5:45	6:21
Craigavon Area	2:16	2:53	5:22	7:24
Daisy Hill	2:02	2:28	5:28	5:47
Altnagelvin Area	2:14	2:05	4:52	5:20
South West Acute	2:02	2:38	4:38	6:49
Type 1	2:14	2:31	5:36	6:37
Type 2	1:32	1:36	4:10	4:47
Type 3	0:30	0:39	1:25	2:03
Northern Ireland	1:51	2:05	5:18	6:14

Source: Regional Data Warehouse, Business Services Organisation

- The median time patients who were discharged home (not admitted) spent in a Type 1 ED was 2 hours 31 minutes in June 2018, 17 minutes longer than the time spent in a Type 1 ED during the same month last year (2 hour 14 minutes) (Table 9, Table 10G).
- In June 2018, 95 per cent of attendances at Type 1 EDs were discharged home within 6 hours 37 minutes of their arrival, 1 hour 1 minute more than the time taken in June 2017 (5 hours 36 minutes) (Table 9, Table 10G).

⁵⁷ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵⁸ Information for June 2017 and April, May and June 2018 is detailed in Appendix 4, Table 10G.

⁵⁹ Due to a change in how information is recorded at Tyrone County, it is not possible to determine waiting times for patients admitted / discharged home after 6th March 2018.

Appendices

Appendix 1: About Hospital Information Branch (HIB)

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

The Head of Branch is Principal Statistician, Ms. Siobhán Morgan. The Branch aims to present information in a meaningful way and provide advice on its use to customers in the HSC Committee, Professional Advisory Groups, policy branches within the DoH, 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 to view or download at the following link:

Website: <https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research>

Appendix 2: Types of Emergency Care Department in Northern Ireland

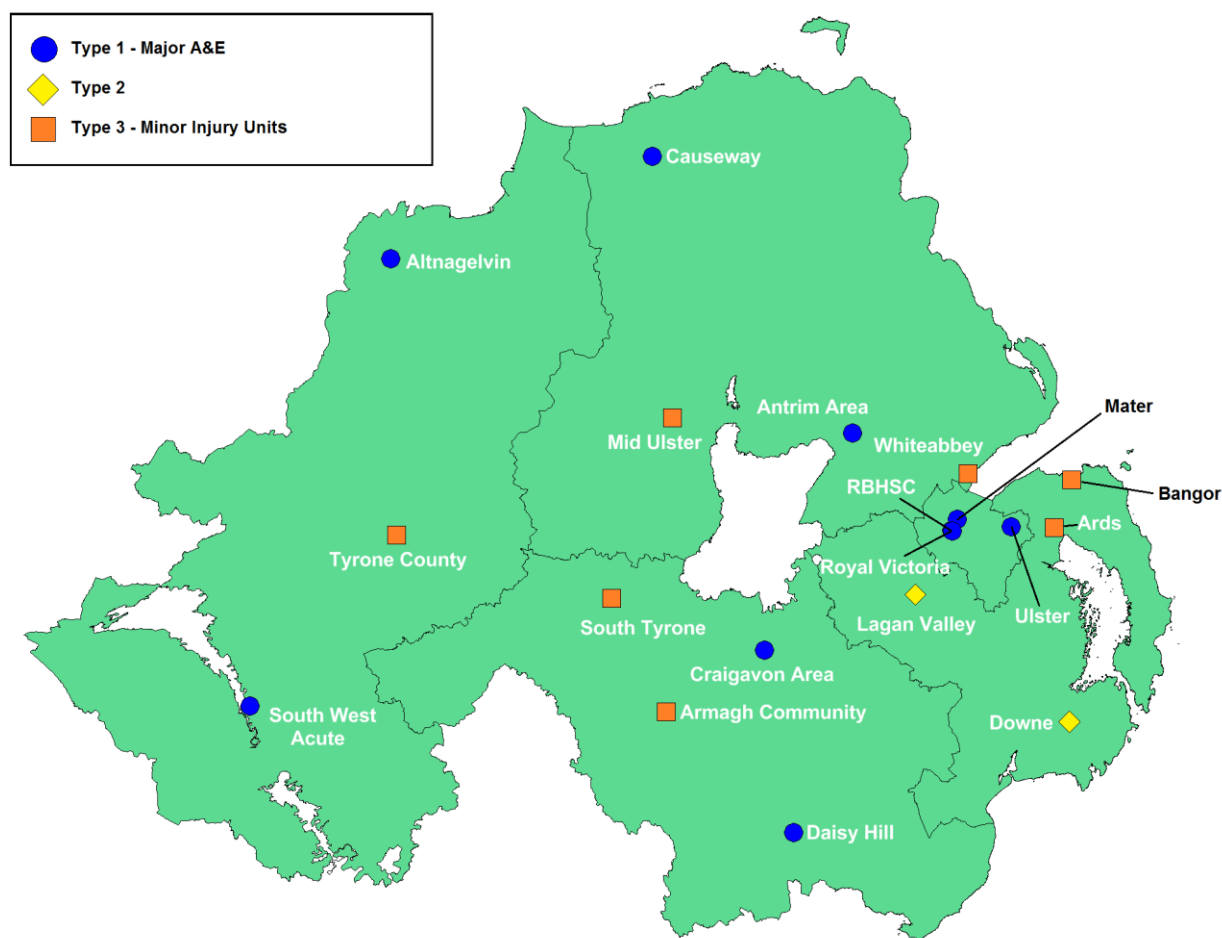
There are three separate categories of emergency care facility included in this publication:

Type 1 departments are defined as those with 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.

Type 2 departments are 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.

Type 3 departments are minor injury units (MIU) 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.

Figure 12: Emergency Care Departments in Northern Ireland



Current Categorisation of Emergency Care Departments ⁶⁰

HSC Trust	Type 1 (24-hour assess)	Type 2 (Limited opening hours)	Type 3 (Minor Injuries Unit, MIU)
Belfast	Belfast City (Closed)		
	Mater	RVH (RAES) ⁶¹ (9-5pm Mon-Fri) (8.30-1pm Sat)	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ⁶² (Closed)
	Causeway		Mid Ulster (9-5pm Mon-Fri)
South Eastern	Ulster	Lagan Valley (8-8pm Mon-Fri)	Ards MIU (9-5pm Mon-Fri)
		Downe ⁶³ (8-8pm Mon-Fri) (9-5pm (MIU only) Sat-Sun)	Bangor MIU (9-5pm Mon-Fri)
Southern	Craigavon Area		South Tyrone (9-9pm Mon-Fri) (10-6pm Sat-Sun)
	Daisy Hill		Armagh Community ⁶⁴ (Closed)
Western	Altnagelvin Area		Tyrone County (24-hour)
	South West Acute		

⁶⁰ Opening Hours are as of June 2017.

⁶¹ RVH (RAES) refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

⁶² Temporarily closed on 1st December 2014.

⁶³ Currently operates as a Type 3 on Saturday and Sunday, between 9am and 5pm.

⁶⁴ Temporarily closed on 17th November 2014.

A National Statistics Publication

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of code compliance, including the value they add to public decisions and debate.

It is the DoH responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

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:

<https://www.health-ni.gov.uk/articles/emergency-care-waiting-times>

Appendix 3: General Guidance on using the Data

Guidance on using the Data

The data contained in this publication details a monthly analysis of emergency care waiting times in Northern Ireland. It is recommended that readers refer to the '*Emergency Care Waiting Time Statistics - Additional Guidance*' booklet, which details technical guidance, definitions and background information on the data used, including the security and confidentiality processes. This booklet is updated for each release and can be found at the following link:

<https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-niwts-ecwt-guidance.pdf>

Description of Data

Data on the number of new and unplanned review attendances at EDs in Northern Ireland by the length of time waited. New and unplanned review attendances at EDs are used to describe unplanned activity at EDs, 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 and refers to the time waited from arriving at the ED until the time the patient is treated and discharged, or admitted to hospital.

- Number of new and unplanned review attendances at EDs – this is the number of new and unplanned review attendances at EDs during each calendar month. **It does not include planned review attendances.**
- The length of time patients wait refers to the time between entering the ED and being logged in at reception, until leaving the ED (treated and discharged, or admitted to hospital). It should also be noted that the length of time waiting for patients who **are to be** admitted to hospital continues until they have left the ED.
- 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 EDs in Northern Ireland, i.e. Type 1, 2 or 3 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 the provision of services can be found in the document '*Emergency Care Waiting Time Statistics - Additional Guidance*' document at the following link:

Website: <https://www.health-ni.gov.uk/articles/emergency-care-waiting-times>

Appendix 4: Additional Tables

Table 10A: New & Unplanned Review Attendances at Emergency Care Departments ⁶⁵

Department	New Attendances				Unplanned Reviews				Total Attendances			
	Jun 2017	Apr 2018	May 2018	Jun 2018	Jun-17	Apr-18	May-18	Jun-18	Jun-17	Apr-18	May-18	Jun-18
Mater	3,812	3,852	4,084	3,889	166	123	175	140	3,978	3,975	4,259	4,029
Royal Victoria	7,380	7,437	7,764	7,494	258	286	364	318	7,638	7,723	8,128	7,812
RBHSC	2,932	2,959	3,390	2,997	240	241	263	211	3,172	3,200	3,653	3,208
Antrim Area	6,866	6,429	7,132	6,787	371	419	518	492	7,237	6,848	7,650	7,279
Causeway	3,474	3,610	4,055	3,714	241	287	277	295	3,715	3,897	4,332	4,009
Ulster	7,865	7,494	8,153	7,929	217	205	220	249	8,082	7,699	8,373	8,178
Craigavon Area	6,835	6,717	7,199	7,027	477	456	513	438	7,312	7,173	7,712	7,465
Daisy Hill	4,290	4,521	4,793	4,700	351	256	329	394	4,641	4,777	5,122	5,094
Altnagelvin Area	5,046	5,128	5,670	5,342	302	305	303	375	5,348	5,433	5,973	5,717
South West Acute	2,625	2,758	2,966	2,894	143	168	231	230	2,768	2,926	3,197	3,124
Type 1	51,125	50,905	55,206	52,773	2,766	2,746	3,193	3,142	53,891	53,651	58,399	55,915
Downe	1,821	1,764	2,033	1,927	93	69	81	87	1,914	1,833	2,114	2,014
Lagan Valley	2,068	1,949	2,203	2,153	78	93	105	89	2,146	2,042	2,308	2,242
Eye Casualty	1,524	1,337	1,387	1,422	-	-	-	-	1,524	1,337	1,387	1,422
Type 2	5,413	5,050	5,623	5,502	171	162	186	176	5,584	5,212	5,809	5,678
Mid Ulster	977	849	936	897	44	26	55	47	1,021	875	991	944
Ards	1,081	958	1,058	1,089	59	48	40	42	1,140	1,006	1,098	1,131
Bangor	867	842	922	955	46	58	48	56	913	900	970	1,011
South Tyrone	2,641	2,787	3,138	3,196	169	149	192	193	2,810	2,936	3,330	3,389
Tyrone County	1,466	1,434	1,696	1,543	43	123	147	154	1,509	1,557	1,843	1,697
Type 3	7,032	6,870	7,750	7,680	361	404	482	492	7,393	7,274	8,232	8,172
Northern Ireland	63,570	62,825	68,579	65,955	3,298	3,312	3,861	3,810	66,868	66,137	72,440	69,765

⁶⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Table 10B: Performance against Emergency Care Waiting Times Target^{66, 67}

Department	4 - Hour Performance				12 - Hour Performance				Total Attendances			
	Jun 2017	Apr 2018	May 2018	Jun 2018	Jun 2017	Apr 2018	May 2018	Jun 2018	Jun 2017	Apr 2018	May 2018	Jun 2018
Mater	72.1%	68.6%	69.9%	73.7%	25	120	92	59	3,978	3,975	4,259	4,029
Royal Victoria	83.0%	57.3%	58.9%	60.3%	5	174	155	107	7,638	7,723	8,128	7,812
RBHSC	93.2%	80.1%	78.5%	84.3%	.	.	.	.	3,172	3,200	3,653	3,208
Antrim Area	75.2%	65.0%	68.5%	65.4%	24	269	137	165	7,237	6,848	7,650	7,279
Causeway	66.4%	73.9%	70.9%	72.7%	3	63	36	127	3,715	3,897	4,332	4,009
Ulster	71.8%	62.3%	63.3%	62.4%	104	436	450	550	8,082	7,699	8,373	8,178
Craigavon Area	80.0%	62.1%	62.5%	59.7%	59	166	208	268	7,312	7,173	7,712	7,465
Daisy Hill	77.2%	73.3%	72.6%	73.3%	45	71	32	18	4,641	4,777	5,122	5,094
Altnagelvin Area	77.8%	69.1%	77.8%	76.9%	9	45	12	36	5,348	5,433	5,973	5,717
South West Acute	86.5%	68.6%	72.6%	68.2%	4	38	17	27	2,768	2,926	3,197	3,124
Type 1	77.7%	66.3%	68.1%	67.7%	278	1,382	1,139	1,357	53,891	53,651	58,399	55,915
Downe	92.8%	92.8%	92.5%	93.8%	16	6	14	1	1,914	1,833	2,114	2,014
Lagan Valley	88.8%	82.3%	87.3%	85.4%	.	20	.	.	2,146	2,042	2,308	2,242
RVH (Eye Casualty)	88.6%	87.9%	81.5%	71.2%	.	.	.	.	1,524	1,337	1,387	1,422
Type 2	90.1%	87.4%	87.8%	84.8%	16	26	14	1	5,584	5,212	5,809	5,678
Mid Ulster	100.0%	100.0%	100.0%	99.9%	.	.	.	.	1,021	875	991	944
Ards	100.0%	100.0%	100.0%	100.0%	.	.	.	.	1,140	1,006	1,098	1,131
Bangor	100.0%	100.0%	100.0%	100.0%	.	.	.	.	913	900	970	1,011
South Tyrone	100.0%	100.0%	100.0%	100.0%	.	.	.	.	2,810	2,936	3,330	3,389
Tyrone County	100.0%	98.3%	98.6%	98.2%	.	.	.	.	1,509	1,557	1,843	1,697
Type 3	100.0%	99.6%	99.7%	99.6%	.	.	.	.	7,393	7,274	8,232	8,172
Northern Ireland	81.2%	71.6%	73.2%	72.9%	294	1,408	1,153	1,358	66,868	66,137	72,440	69,765

⁶⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁶⁷ Information on the comparability of this information with other UK jurisdictions is detailed on pages 6 – 8 of the additional guidance document found at the following link: <https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-niwts-ecwt-guidance.pdf>

Table 10C: Percentage of Attendances (i) Referred by a GP; (ii) Re-attended with 7 Days; and (iii) Who Left before Treatment was Complete^{68, 69}

Department	GP Referrals				Left Before Treatment				Unplanned reviews Within 7 Days			
	Jun 2017	Apr 2018	May 2018	Jun 2018	Jun 2017	Apr 2018	May 2018	Jun 2018	Jun 2017	Apr 2018	May 2018	Jun 2018
Mater	15.3%	13.5%	13.4%	13.7%	6.4%	7.4%	8.5%	7.4%	2.9%	2.2%	3.2%	2.4%
Royal Victoria	19.2%	18.9%	18.8%	18.9%	3.3%	5.8%	6.7%	6.8%	2.3%	2.5%	2.8%	2.6%
RBHSC	12.2%	14.1%	13.1%	12.3%	1.5%	3.6%	5.1%	2.8%	4.9%	4.9%	5.2%	4.8%
Antrim Area	22.3%	24.3%	22.9%	22.3%	2.3%	3.4%	2.9%	3.8%	3.1%	3.8%	3.9%	4.0%
Causeway	21.1%	21.3%	19.9%	20.6%	4.4%	2.4%	3.0%	2.9%	4.1%	4.5%	4.2%	4.7%
Ulster	22.4%	22.2%	22.9%	21.2%	2.8%	2.3%	2.8%	3.4%	2.0%	1.9%	1.9%	2.3%
Craigavon Area	21.3%	22.4%	22.0%	20.7%	2.7%	5.1%	5.0%	5.8%	3.7%	4.3%	4.3%	4.0%
Daisy Hill	13.2%	14.2%	13.4%	13.2%	3.4%	3.2%	4.1%	4.7%	5.3%	4.1%	4.7%	6.0%
Altnagelvin Area	12.8%	12.9%	11.9%	10.4%	4.0%	4.0%	3.3%	2.9%	4.5%	4.5%	4.0%	4.9%
South West Acute	16.5%	21.1%	18.2%	18.8%	2.3%	4.4%	4.1%	4.4%	5.0%	5.5%	6.7%	6.7%
Type 1	18.5%	19.1%	18.5%	17.9%	3.2%	4.1%	4.5%	4.6%	3.5%	3.6%	3.8%	4.0%
Downe	13.9%	13.5%	13.3%	13.3%	0.7%	0.8%	0.7%	0.9%	3.0%	1.9%	2.6%	2.7%
Lagan Valley	13.2%	14.3%	12.9%	13.4%	1.9%	1.4%	1.7%	1.8%	2.1%	2.2%	2.4%	2.3%
Type 2	13.5%	13.9%	13.1%	13.3%	1.3%	1.1%	1.2%	1.4%	2.6%	2.0%	2.5%	2.5%
Mid Ulster	2.4%	1.1%	0.8%	0.7%	0.2%	0.0%	0.0%	0.2%	2.4%	1.7%	3.1%	1.7%
Ards	1.3%	1.6%	1.6%	2.3%	0.4%	1.1%	1.2%	1.6%	2.5%	1.9%	1.8%	1.9%
Bangor	1.2%	1.1%	0.8%	0.7%	0.4%	0.3%	0.2%	1.2%	3.5%	2.6%	2.1%	3.6%
South Tyrone	0.6%	0.5%	0.6%	0.7%	0.0%	0.3%	0.3%	0.4%	3.0%	2.5%	3.1%	3.0%
Tyrone County	1.6%	2.4%	2.3%	2.2%	0.7%	1.2%	2.0%	2.8%	2.1%	6.6%	6.4%	6.2%
Type 3	1.2%	1.2%	1.2%	1.3%	0.3%	0.6%	0.8%	1.1%	2.7%	3.2%	3.6%	3.4%
Northern Ireland	16.3%	16.8%	16.1%	15.6%	2.8%	3.6%	3.8%	4.0%	3.4%	3.5%	3.7%	3.8%

⁶⁸ Data on referrals to ED by GP's, Left before treatment complete and unplanned re-attendances are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

⁶⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Table 10D: Waiting Time from Arrival to Triage (Assessment) ^{70, 71}

Department	Median				95 th Percentile			
	Jun 2017	Apr 2018	May 2018	Jun 2018	Jun 2017	Apr 2018	May 2018	Jun 2018
Mater	0:09	0:09	0:08	0:09	0:26	0:28	0:28	0:26
Royal Victoria	0:06	0:12	0:12	0:11	0:22	0:43	0:45	0:43
RBHSC	0:09	0:11	0:13	0:10	0:37	0:42	0:52	0:43
Antrim Area	0:07	0:08	0:08	0:08	0:21	0:23	0:23	0:23
Causeway	0:09	0:09	0:10	0:11	0:25	0:26	0:31	0:29
Ulster	0:09	0:10	0:09	0:11	0:26	0:31	0:29	0:32
Craigavon Area	0:05	0:10	0:09	0:09	0:24	0:37	0:33	0:39
Daisy Hill	0:05	0:06	0:05	0:05	0:18	0:19	0:17	0:16
Altnagelvin Area	0:13	0:12	0:11	0:10	0:38	0:38	0:30	0:30
South West Acute	0:09	0:12	0:11	0:13	0:32	0:49	0:37	0:44
Type 1	0:08	0:10	0:09	0:09	0:27	0:35	0:33	0:34
Downe	0:06	0:05	0:06	0:05	0:20	0:21	0:22	0:20
Lagan Valley	0:07	0:08	0:08	0:08	0:19	0:22	0:23	0:22
Type 2	0:07	0:07	0:07	0:07	0:19	0:21	0:23	0:21
Mid Ulster	0:02	0:02	0:02	0:02	0:09	0:07	0:07	0:08
Ards	0:02	0:04	0:05	0:05	0:11	0:18	0:23	0:20
Bangor	0:03	0:04	0:03	0:05	0:14	0:15	0:14	0:21
South Tyrone	0:01	0:01	0:02	0:02	0:09	0:11	0:10	0:12
Tyrone County	0:00	0:20	0:17	0:14	0:40	1:17	1:16	0:53
Type 3	0:02	0:03	0:03	0:04	0:12	0:35	0:35	0:28
Northern Ireland	0:07	0:09	0:08	0:08	0:26	0:35	0:33	0:33

⁷⁰ Data on time to triage are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

⁷¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Table 10E: Waiting Time from Triage (Assessment) to Start of Treatment^{72, 73, 74}

Department	Median				95 th Percentile			
	Jun 2017	Apr 2018	May 2018	Jun 2018	Jun 2017	Apr 2018	May 2018	Jun 2018
Mater	0:55	0:59	1:04	0:57	4:05	4:13	4:57	3:59
Royal Victoria	0:44	1:12	1:15	1:08	3:04	4:44	4:31	4:50
RBHSC	0:31	0:51	0:55	0:44	1:58	2:58	3:20	2:33
Antrim Area	1:11	1:12	1:19	1:26	4:11	4:48	4:43	4:51
Causeway	0:46	0:41	0:46	0:43	4:04	2:38	2:57	2:56
Ulster	0:56	0:51	0:52	0:55	3:19	3:23	3:30	3:33
Craigavon Area	1:05	1:16	1:19	1:20	3:32	5:10	5:09	5:15
Daisy Hill	0:29	0:58	1:06	1:06	2:28	3:16	3:40	3:45
Altnagelvin Area	0:42	0:33	0:23	0:30	2:46	3:09	2:30	2:29
South West Acute	0:24	0:39	0:32	0:38	2:17	3:30	2:56	3:33
Type 1	0:48	0:56	0:57	0:57	3:23	4:07	4:05	4:06
Downe	0:24	0:23	0:26	0:27	1:29	1:27	1:40	1:35
Lagan Valley	0:34	0:35	0:33	0:41	1:49	2:15	2:04	2:10
Type 2	0:29	0:28	0:30	0:33	1:40	1:56	1:55	1:58
Mid Ulster	0:05	0:05	0:05	0:05	0:24	0:31	0:21	0:26
Ards	0:05	0:14	0:13	0:20	0:31	0:54	1:03	1:12
Bangor	0:03	0:04	0:05	0:11	0:27	0:34	0:34	0:51
South Tyrone	0:01	0:02	0:01	0:03	0:17	0:28	0:27	0:36
Tyrone County	0:10	-	-	-	-	-	-	-
Type 3	0:04	0:04	0:04	0:06	0:38	0:37	0:37	0:50
Northern Ireland	0:38	0:45	0:46	0:46	3:11	3:53	3:50	3:51

⁷² Data on time to start of treatment are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

⁷³ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁷⁴ Due to a change in how information is recorded at Tyrone County, data on the start of treatment is not available after 6th March 2018.

Table 10F: Time Spent in an Emergency Care Department by those Admitted to Hospital ^{75, 76, 77}

Department	Median				95 th Percentile			
	Jun 2017	Apr 2018	May 2018	Jun 2018	Jun 2017	Apr 2018	May 2018	Jun 2018
Mater	4:55	6:03	5:32	4:59	11:43	22:04	16:16	14:06
Royal Victoria	3:55	6:37	6:29	6:19	9:37	15:05	14:23	11:58
RBHSC	2:48	3:48	3:48	3:52	5:40	7:14	7:46	7:32
Antrim Area	4:03	5:36	4:54	5:40	9:20	20:29	13:57	15:30
Causeway	5:41	5:41	6:10	7:14	11:06	15:01	11:44	19:29
Ulster	4:51	7:01	6:51	7:44	11:55	22:28	21:32	22:08
Craigavon Area	3:53	5:50	5:42	6:17	11:42	15:15	16:05	17:19
Daisy Hill	5:37	5:26	5:13	5:07	12:38	15:44	11:40	10:57
Altnagelvin Area	4:47	6:13	5:15	5:40	9:19	11:48	10:24	11:35
South West Acute	3:34	4:36	4:31	4:50	6:40	11:22	9:00	10:43
Type 1	4:14	5:53	5:36	5:57	11:00	17:39	15:38	17:14
Downe	3:26	3:03	3:41	2:54	17:13	9:02	14:27	7:00
Lagan Valley	4:01	4:50	4:12	4:07	7:42	23:21	7:52	7:29
Type 2	3:51	4:07	4:01	3:44	8:59	18:16	8:59	7:23
Mid Ulster	.	.	.	.	.	.	.	.
Ards	.	.	.	.	.	.	.	.
Bangor	.	.	.	.	.	.	.	.
South Tyrone	.	.	.	.	.	.	.	.
Tyrone County	0:10	0:44	1:38	1:28	1:17	5:06	2:34	5:22
Type 3	0:10	0:44	1:38	1:28	1:17	5:06	2:34	5:22
Northern Ireland	4:12	5:49	5:32	5:52	10:57	17:39	15:27	16:59

⁷⁵ Data on time spent in ED for those admitted and those discharged home are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

⁷⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁷⁷ Due to a change in how information is recorded at Tyrone County, it is not possible to determine waiting times for patients admitted / discharged home after 6th March 2018.

Table 10G: Time Spent in an Emergency Care Department by those Discharged Home ^{78, 79, 80}

Department	Median				95 th Percentile			
	Jun 2017	Apr 2018	May 2018	Jun 2018	Jun 2017	Apr 2018	May 2018	Jun 2018
Mater	2:40	2:37	2:34	2:26	6:11	6:57	7:14	6:38
Royal Victoria	2:20	3:13	3:05	3:02	5:30	7:47	7:36	7:27
RBHSC	1:36	2:20	2:23	2:04	3:59	5:27	5:30	4:59
Antrim Area	2:18	2:39	2:28	2:38	5:46	7:11	6:31	6:46
Causeway	2:32	2:06	2:19	2:11	6:53	6:03	6:44	6:38
Ulster	2:20	2:38	2:36	2:36	5:45	6:31	6:19	6:21
Craigavon Area	2:16	2:47	2:47	2:53	5:22	7:19	7:12	7:24
Daisy Hill	2:02	2:19	2:30	2:28	5:28	5:58	5:56	5:47
Altnagelvin Area	2:14	2:27	2:02	2:05	4:52	5:51	5:05	5:20
South West Acute	2:02	2:47	2:29	2:38	4:38	6:51	6:06	6:49
Type 1	2:14	2:37	2:32	2:31	5:36	6:48	6:36	6:37
Downe	1:17	1:12	1:18	1:15	3:49	3:52	3:52	3:47
Lagan Valley	1:45	1:52	1:46	1:57	4:24	5:05	4:46	5:17
Type 2	1:32	1:32	1:32	1:36	4:10	4:44	4:25	4:47
Mid Ulster	0:32	0:34	0:31	0:33	1:15	1:20	1:13	1:23
Ards	0:34	0:48	0:49	0:57	1:22	1:48	1:50	2:07
Bangor	0:30	0:35	0:32	0:45	1:20	1:25	1:20	1:39
South Tyrone	0:25	0:29	0:27	0:29	1:02	1:09	1:10	1:16
Tyrone County	0:45	1:05	1:12	1:05	1:57	3:00	3:13	3:12
Type 3	0:30	0:37	0:36	0:39	1:25	1:56	2:04	2:03
Northern Ireland	1:51	2:10	2:06	2:05	5:18	6:27	6:16	6:14

⁷⁸ Data on time spent in ED for those admitted and those discharged home are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

⁷⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁸⁰ Due to a change in how information is recorded at Tyrone County, it is not possible to determine waiting times for patients admitted / discharged home after 6th March 2018.

Table 10H: Attendances at Emergency Care Departments per 1000-Population by Age Group^{81, 82}

Age Group	Jun 2017	Apr 2018	May 2018	Jun 2018
Under 5	39.9	43.6	48.3	41.6
Aged 5 - 15	33.4	31.7	37.5	35.5
Aged 16 - 44	34.0	32.9	35.7	34.7
Aged 45 - 64	29.7	29.6	32.0	31.5
Aged 65 - 74	30.5	31.4	33.6	32.8
Aged 75 & Over	60.0	61.0	65.5	63.7
Northern Ireland	35.1	34.8	38.2	36.7

Table 10I: Average Number of Attendances by Day of Week

Day of Week	Jun 2017	Apr 2018	May 2018	Jun 2018
Monday	2,669.0	2,467.4	2,677.0	2,826.3
Tuesday	2,312.3	2,270.3	2,573.8	2,413.5
Wednesday	2,313.5	2,271.8	2,344.2	2,302.3
Thursday	2,162.8	2,209.5	2,264.6	2,405.8
Friday	2,148.4	2,259.3	2,312.8	2,353.2
Saturday	1,777.3	1,804.8	1,799.5	1,796.6
Sunday	1,875.0	1,840.2	1,995.8	1,950.8

⁸¹ Data on age and when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

⁸² Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Table 10J: Attendances at Emergency Care Departments, by Time Waited from Arrival to Discharge⁸³

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Jun 2017	Apr 2018	May 2018	Jun 2018	Jun 2017	Apr 2018	May 2018	Jun 2018	Jun 2017	Apr 2018	May 2018	Jun 2018
Mater	2,870	2,728	2,975	2,968	1,083	1,127	1,192	1,002	25	120	92	59
Royal Victoria	6,340	4,429	4,789	4,708	1,293	3,120	3,184	2,997	5	174	155	107
RBHSC	2,957	2,564	2,868	2,704	215	636	785	504	.	.	.	.
Antrim Area	5,441	4,449	5,241	4,761	1,772	2,130	2,272	2,353	24	269	137	165
Causeway	2,466	2,881	3,072	2,915	1,246	953	1,224	967	3	63	36	127
Ulster	5,803	4,799	5,298	5,104	2,175	2,464	2,625	2,524	104	436	450	550
Craigavon Area	5,853	4,456	4,817	4,459	1,400	2,551	2,687	2,738	59	166	208	268
Daisy Hill	3,581	3,501	3,718	3,736	1,015	1,205	1,372	1,340	45	71	32	18
Altnagelvin Area	4,159	3,754	4,648	4,394	1,180	1,634	1,313	1,287	9	45	12	36
South West Acute	2,394	2,006	2,320	2,130	370	882	860	967	4	38	17	27
Type 1	41,864	35,567	39,746	37,879	11,749	16,702	17,514	16,679	278	1,382	1,139	1,357
Eye Casualty	1,351	1,175	1,130	1,013	173	162	257	409	0	0	0	0
Downe	1,776	1,701	1,955	1,889	122	126	145	124	16	6	14	1
Lagan Valley	1,906	1,681	2,016	1,915	240	341	292	327	.	20	.	.
Type 2	5,033	4,557	5,101	4,817	535	629	694	860	16	26	14	1
Mid Ulster	1,021	875	991	943	.	.	.	1	.	.	.	.
Ards	1,140	1,006	1,098	1,131	.	.	.	.	.	.	.	.
Bangor	913	900	970	1,011	.	.	.	.	.	.	.	.
South Tyrone	2,810	2,936	3,329	3,389	.	.	1	.	.	.	.	.
Tyrone County	1,509	1,531	1,817	1,667	.	26	26	30	.	.	.	.
Type 3	7,393	7,248	8,205	8,141	.	26	27	31	.	.	.	.
Northern Ireland	54,290	47,372	53,052	50,837	12,284	17,357	18,235	17,570	294	1,408	1,153	1,358

⁸³ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Table 10K: Percentage of Patients Commencing Treatment, Following Triage, within 2 Hours ^{84, 85}

Department	% Commenced Treatment, Following Triage, within 2 Hours			
	Jun 2017	Apr 2018	May 2018	Jun 2018
Mater	77.0%	73.7%	74.1%	76.9%
Royal Victoria	82.6%	64.6%	66.0%	67.7%
RBHSC	95.4%	83.4%	82.2%	89.7%
Antrim Area	71.3%	70.9%	68.1%	62.6%
Causeway	77.6%	89.1%	85.6%	87.4%
Ulster	78.2%	79.8%	79.2%	77.8%
Craigavon Area	76.8%	68.7%	65.9%	66.5%
Daisy Hill	90.7%	82.3%	76.7%	74.8%
Altnagelvin Area	88.3%	86.3%	91.7%	90.7%
South West Acute	92.8%	81.0%	87.3%	80.7%
Type 1	81.4%	76.6%	76.2%	75.7%
Downe	98.3%	97.4%	97.4%	98.0%
Lagan Valley	96.9%	93.5%	94.0%	92.5%
Type 2	97.5%	95.3%	95.6%	95.1%
Mid Ulster	100.0%	100.0%	100.0%	100.0%
Ards	100.0%	99.7%	100.0%	99.8%
Bangor	100.0%	100.0%	100.0%	100.0%
South Tyrone	100.0%	100.0%	100.0%	100.0%
Tyrone County	99.6%	-	-	-
Type 3	99.9%	99.9%	100.0%	100.0%
Northern Ireland	84.7%	80.1%	79.9%	79.7%

⁸⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁸⁵ Due to a change in how information is recorded at Tyrone County, data on the start of treatment is not available after 6th March 2018.

Table 10L: Percentage Triage'd in each Triage Group ^{86, 87, 88}

Department	Triage'd Level (1/2/3)				Triage'd Level (4/5)			
	Jun 2017	Apr 2018	May 2018	Jun 2018	Jun 2017	Apr 2018	May 2018	Jun 2018
Mater	61.4%	60.1%	57.0%	51.8%	38.6%	39.9%	43.0%	48.2%
Royal Victoria	61.3%	64.6%	64.8%	63.4%	38.7%	35.4%	35.2%	36.6%
RBHSC	34.6%	34.2%	33.9%	32.2%	65.4%	65.8%	66.1%	67.8%
Antrim Area	64.9%	69.0%	68.9%	69.4%	35.1%	31.0%	31.1%	30.6%
Causeway	67.2%	73.5%	70.2%	68.6%	32.8%	26.5%	29.8%	31.4%
Ulster	67.3%	70.8%	69.2%	69.0%	32.7%	29.2%	30.8%	31.0%
Craigavon Area	81.2%	79.7%	80.9%	80.1%	18.8%	20.3%	19.1%	19.9%
Daisy Hill	78.5%	74.8%	76.8%	80.1%	21.5%	25.2%	23.2%	19.9%
Altnagelvin Area	59.2%	60.5%	56.9%	54.3%	40.8%	39.5%	43.1%	45.7%
South West Acute	68.2%	67.1%	64.4%	62.7%	31.8%	32.9%	35.6%	37.3%
Type 1	65.9%	67.1%	66.1%	65.4%	34.1%	32.9%	33.9%	34.6%
Downe	41.1%	43.2%	38.9%	37.1%	58.9%	56.8%	61.1%	62.9%
Lagan Valley	45.1%	48.7%	48.1%	45.8%	54.9%	51.3%	51.9%	54.2%
Type 2	43.2%	46.1%	43.7%	41.7%	56.8%	53.9%	56.3%	58.3%
Mid Ulster	2.4%	3.4%	2.6%	2.3%	97.6%	96.6%	97.4%	97.7%
Ards	1.0%	1.1%	1.1%	1.6%	99.0%	98.9%	98.9%	98.4%
Bangor	1.0%	1.3%	2.0%	2.1%	99.0%	98.7%	98.0%	97.9%
South Tyrone	5.1%	3.9%	3.5%	3.3%	94.9%	96.1%	96.5%	96.7%
Tyrone County	0.1%	17.0%	16.5%	16.5%	99.9%	83.0%	83.5%	83.5%
Type 3	2.6%	5.5%	5.6%	5.5%	97.4%	94.5%	94.4%	94.5%
Northern Ireland	57.2%	58.9%	57.5%	56.5%	42.8%	41.1%	42.5%	43.5%

⁸⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁸⁷ Data on the triage level of those attending ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits

⁸⁸ Information on triage levels for Type 3 EDs in March 2018 does not include data for Tyrone County after 6th March 2018.

Appendix 5: Further Information

Further information on Emergency Care Waiting Time Statistics, is available from:

Miss Sarah Brown

Hospital Information Branch
Information & Analysis Directorate
Department of Health
Stormont Estate
Belfast, BT4 3SQ

☎ Tel: 028 90 522504

✉ Email: sarah.brown@health-ni.gov.uk

This Statistical bulletin and others published by Information and Analysis Directorate (IAD) are available to view or download from the DoH Internet site at:

Internet address: <https://www.health-ni.gov.uk/topics/doh-statistics-and-research>