Emergency Care Waiting Time Statistics for Northern Ireland

(July – September 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 processes[1]. 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
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Contact Information:	We invite you to feedback your comments on this publication to: 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-niwts-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 UK Statistics Authority Code of Practice for 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 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-niwts-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:
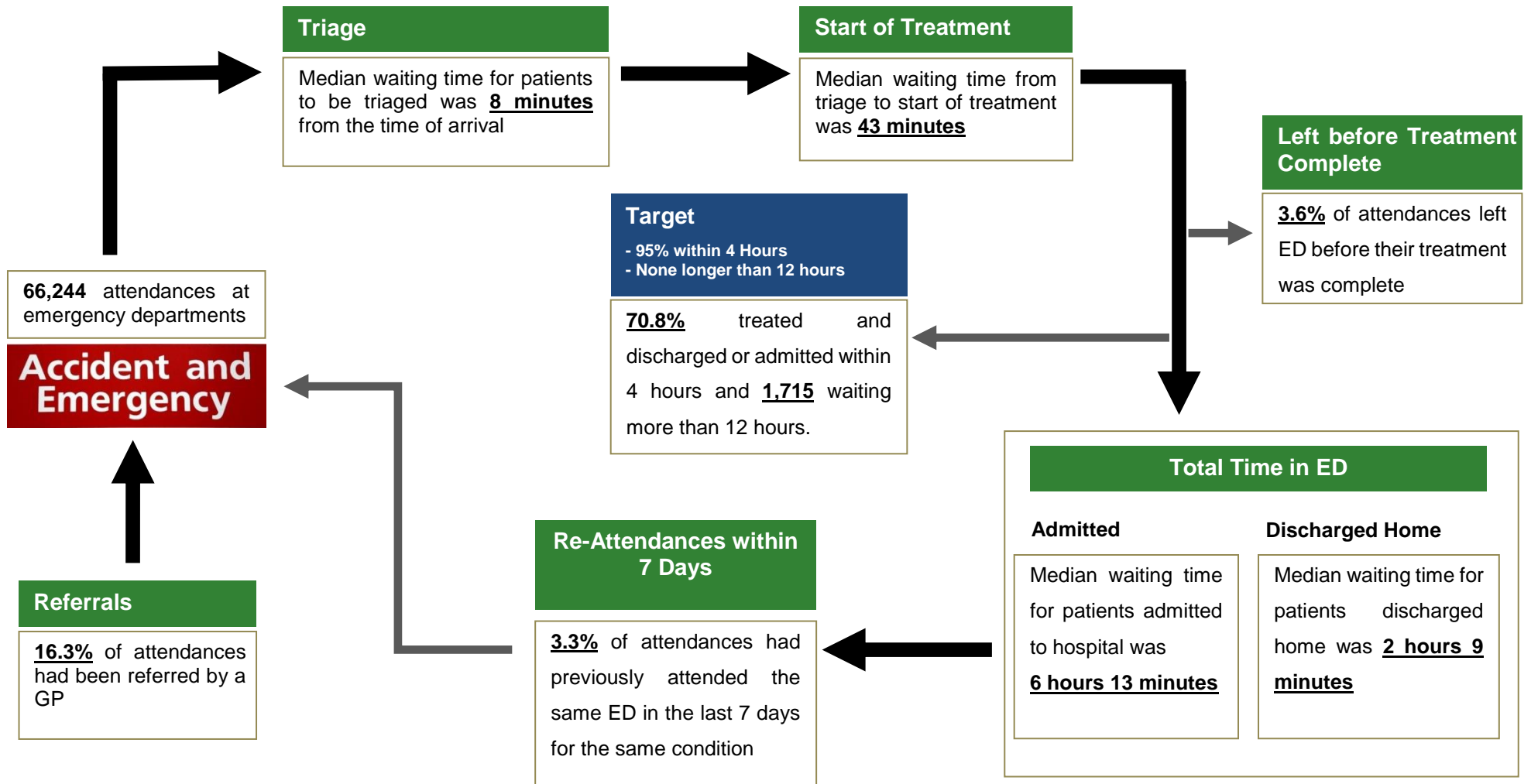https://www.health-ni.gov.uk/topics/doh-statistics-and-research/official-statistics-and-user-engagement

Statistical Charter:
https://www.health-ni.gov.uk/publications/doh-statistics-charter

Contents

SUMMARY OF KEY FACTS (September 2018)

Triage

Median waiting time for patients to be triaged was **8 minutes** from the time of arrival

Start of Treatment

Median waiting time from triage to start of treatment was **43 minutes**

Left before Treatment Complete

3.6% of attendances left ED before their treatment was complete

Target
- 95% within 4 Hours
- None longer than 12 hours

70.8% treated and discharged or admitted within 4 hours and **1,715** waiting more than 12 hours.

66,244 attendances at emergency departments

Accident and Emergency

Referrals

16.3% of attendances had been referred by a GP

Re-Attendances within 7 Days

3.3% of attendances had previously attended the same ED in the last 7 days for the same condition

Total Time in ED

Admitted

Median waiting time for patients admitted to hospital was **6 hours 13 minutes**

Discharged Home

Median waiting time for patients discharged home was **2 hours 9 minutes**

INFORMATION
ANALYSIS
DIRECTORATE

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 September 2018, compared with the same month last year. [2,3,4]

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

Attendances	September 2017	September 2018	Difference	
New	62,432	62,902	470	*0.8%*
Unplanned Review	3,189	3,342	153	*4.8%*
Total Attendances	**65,621**	**66,244**	**623**	***0.9%***
Emergency Admissions	12,168	11,868	-300	*-2.5%*

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances at EDs increased by 0.9% (623) when compared with September 2017, from 65,621 to 66,244 in September 2018 (Table 1, Table 10A).

- Between September 2017 and September 2018, unplanned review attendances increased by 4.8% (153) and new attendances increased by 0.8% (470) (Table 1, Table 10A).

- There were 201,150 attendances at EDs during the quarter ending 30th September 2018, 3.6% (6,978) more than during the same quarter in 2017 (194,172).

- The number of emergency admissions to hospital from EDs decreased by 2.5% (300) between September 2017 (12,168) and September 2018 (11,868) (Table 1).

[2] Information for September 2017 and July, August and September 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 EDs and emergency admissions [5] to hospital each month, from April 2014. [6]

Figure 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (April 2014 – September 2018)
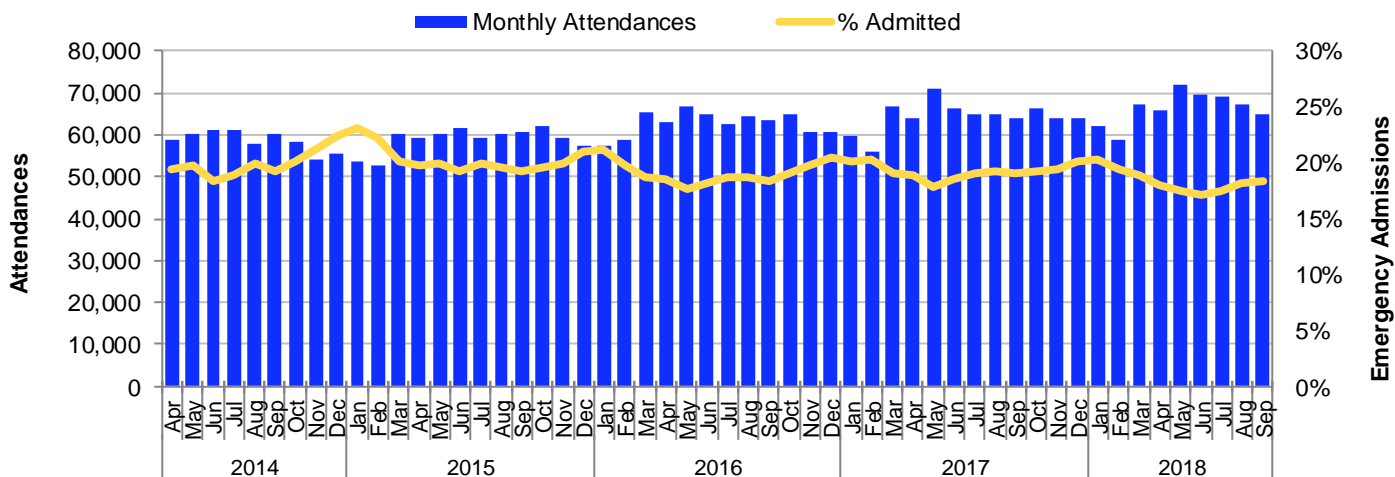
- During each of the last five years, the percentage of ED attendances admitted to hospital was generally highest in December and January and lowest during May (Figure 1).

- The percentage of ED attendances admitted to hospital increase between November and January each year, then decline sharply from February each year (Figure 1).

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[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 September 2018 and the same month last year. It also details the total number of attendances at Type 2 and 3 EDs during this period [7, 8].

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

Department	New Attendances		Unplanned Review Attendances		Total Attendances	
	Sep 2017	Sep 2018	Sep 2017	Sep 2018	Sep 2017	Sep 2018
Mater	3,919	3,999	147	166	4,066	4,165
Royal Victoria	8,019	7,760	284	262	8,303	8,022
RBHSC	2,863	2,767	227	208	3,090	2,975
Antrim Area	6,429	6,762	431	412	6,860	7,174
Causeway	3,364	3,504	245	290	3,609	3,794
Ulster	7,762	7,703	163	201	7,925	7,904
Craigavon Area	6,549	6,459	477	360	7,026	6,819
Daisy Hill	4,274	4,158	253	349	4,527	4,507
Altnagelvin Area	5,083	5,397	335	320	5,418	5,717
South West Acute	2,639	2,871	170	223	2,809	3,094
Type 1	**50,901**	**51,380**	**2,732**	**2,791**	**53,633**	**54,171**
Type 2	**5,193**	**5,025**	**189**	**151**	**5,382**	**5,176**
Type 3	**6,338**	**6,497**	**268**	**400**	**6,606**	**6,897**
Northern Ireland	**62,432**	**62,902**	**3,189**	**3,342**	**65,621**	**66,244**

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances increased at Type 1 and Type 3 departments but decreased at Type 2 departments between September 2017 and September 2018 (Table 2, Table 10A).

- The Royal Victoria (8,022) and the Ulster (7,904) were the busiest EDs during September 2018 (Table 2, Table 10A).

- Of the ten Type 1 EDs, Antrim Area (314), Altnagelvin Area (299) and South West Acute (285) reported the largest increases in attendances during September 2018, compared with September 2017 (Table 2, Table 10A).

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[7] Information for September 2017 and July, August and September 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 EDs per 1,000-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 (September 2017 - September 2018) [12, 13]
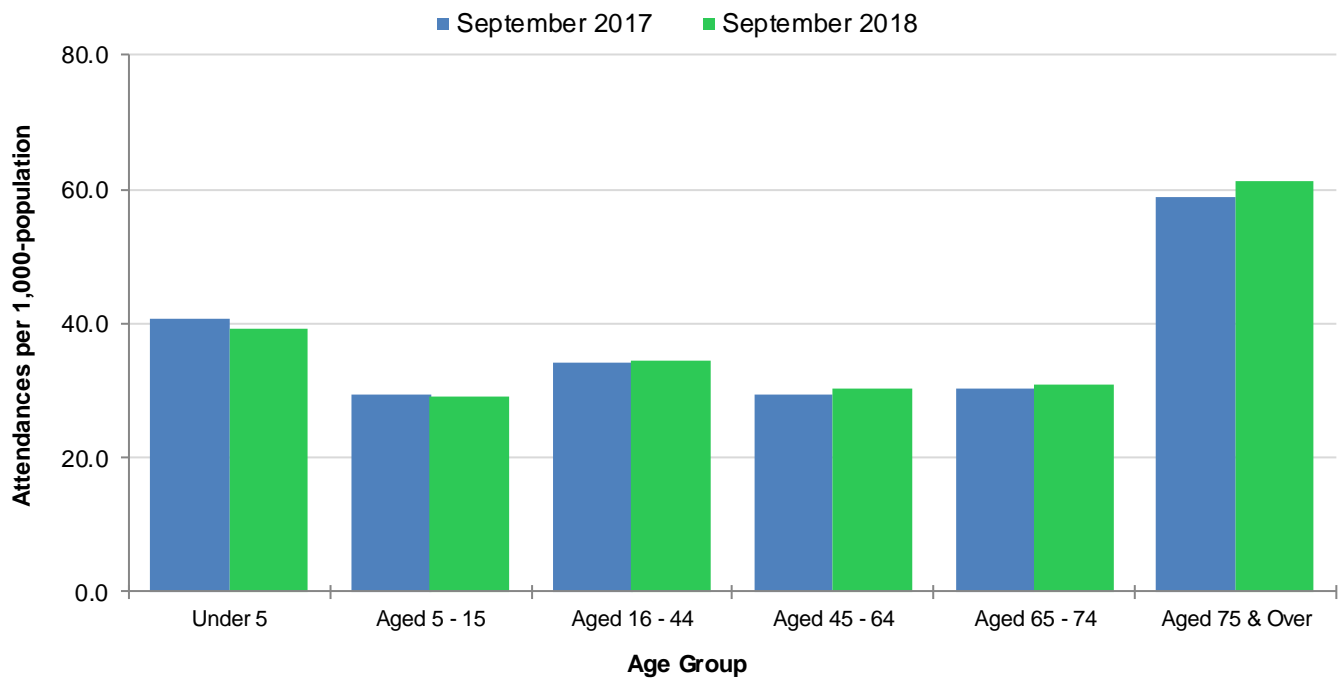
- During both September 2017 and September 2018, the highest number of attendances per 1,000-population was recorded for those aged 75 & over (59.0 and 61.1 respectively) (Figure 2, Table 10H).

- A high number of attendances per 1,000-population aged under 5 was also recorded in both September 2017 and September 2018 (40.6 and 39.2 respectively) (Figure 2, Table 10H).

- The rate of attendances per 1,000-population increased for all groups except those aged Under 5 and aged 5-15 between September 2017 and September 2018. (Figure 2, Table 10H).

- The lowest number of attendances per 1,000-population was recorded in 5-15 age group during September 2018 (29.0) (Figure 2, Table 10H).

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[9] Information for September 2017 and July, August and September 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 EDs 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 (September 2017 - September 2018) [16, 17]

Department	Triage Group			
	Level 1 / 2 / 3		Level 4 / 5	
	Sep 2017	Sep 2018	Sep 2017	Sep 2018
Mater	57.6%	56.3%	42.4%	43.7%
Royal Victoria	61.9%	65.3%	38.1%	34.7%
RBHSC	38.8%	35.5%	61.2%	64.5%
Antrim Area	66.5%	69.3%	33.5%	30.7%
Causeway	66.8%	71.8%	33.2%	28.2%
Ulster	66.3%	68.5%	33.7%	31.5%
Craigavon Area	82.4%	77.9%	17.6%	22.1%
Daisy Hill	75.8%	83.5%	24.2%	16.5%
Altnagelvin Area	62.8%	61.3%	37.2%	38.7%
South West Acute	67.4%	67.2%	32.6%	32.8%
Type 1	**66.0%**	**67.1%**	**34.0%**	**32.9%**
Type 2	**44.2%**	**47.1%**	**55.8%**	**52.9%**
Type 3	**2.5%**	**5.8%**	**97.5%**	**94.2%**
Northern Ireland	**58.1%**	**59.2%**	**41.9%**	**40.8%**

Source: Regional Data Warehouse, Business Services Organisation

- Over two thirds (67.1%) of attendances at Type 1 departments in September 2018 were triaged as level 1, 2 or 3, 1.1 percentage points higher than September 2017 (66.0%) (Table 3, Table 10L).

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[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.
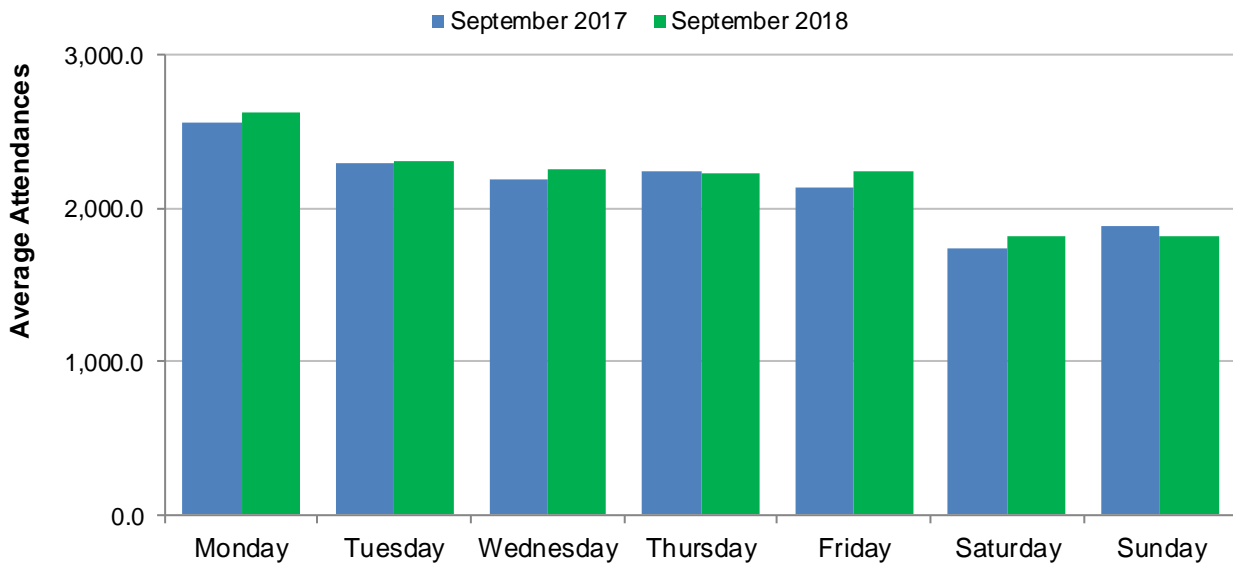
[16] Information for September 2017 and July, August and September 2018 is detailed in Appendix 4: Table 10L.

[17] Information on triage levels for Type 3 EDs in September 2018 does not include data for Omagh UCC after 6th March 2018.

When Do People Attend EDs?

Figure 4 presents information on the average number of new and unplanned review attendances at EDs by day of the week during September 2018, compared with September 2017. [18, 19, 20]

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

- Overall, Monday was the busiest day at EDs during both September 2017 and September 2018, with over 2,600 daily attendances on average each Monday during September 2018 (Figure 4, Table 10I).

- The largest increase in average daily attendances between September 2017 and September 2018 (105) was on a Friday (2,134 and 2,239 respectively) (Figure 4, Table 10I).

- The lowest average number of daily attendances was on a Saturday during both September 2017 (1,746) and September 2018 (1,820) (Figure 4, Table 10I).

[18] Information for September 2017 and July, August and September 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 September 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 (September 2018)
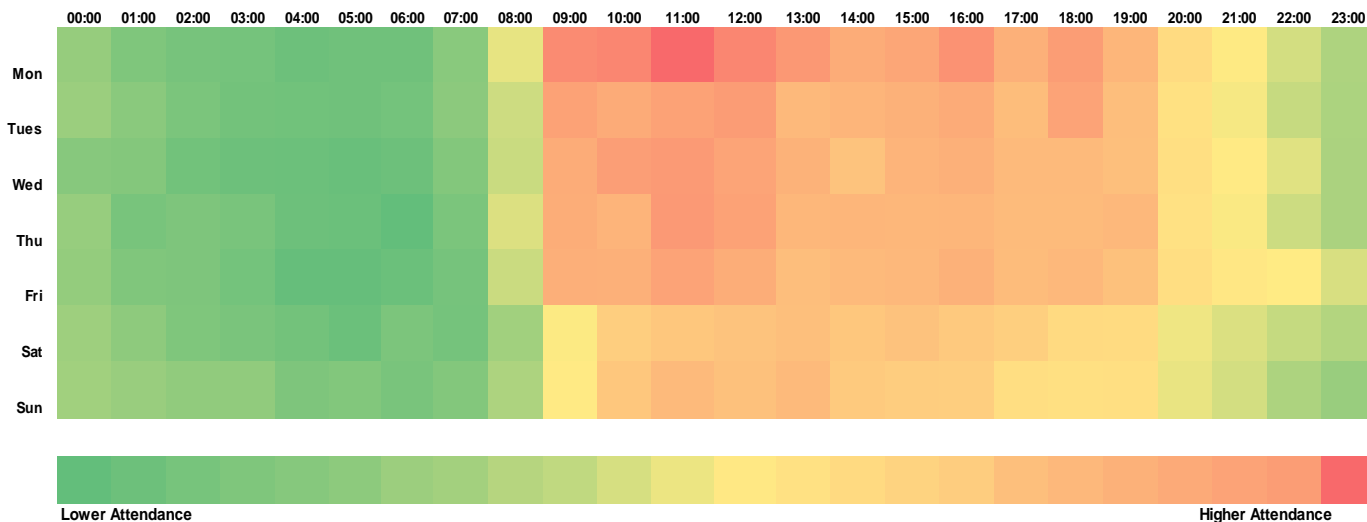
- Monday was the busiest day of the week during September 2018, with the highest number of attendances arriving between 11:00am and 11:59am (Figure 5).

- Saturday was the least busy day during September 2018, with the highest number of attendances arriving between 13:00pm and 15:59pm (Figure 5).

- Overall, the busiest hour of the day during September 2018 was between 11:00am and 11:59am, whilst the least busy hour was 5:00am to 5:59am (Figure 5).

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[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 EDs 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 – September 2018)**
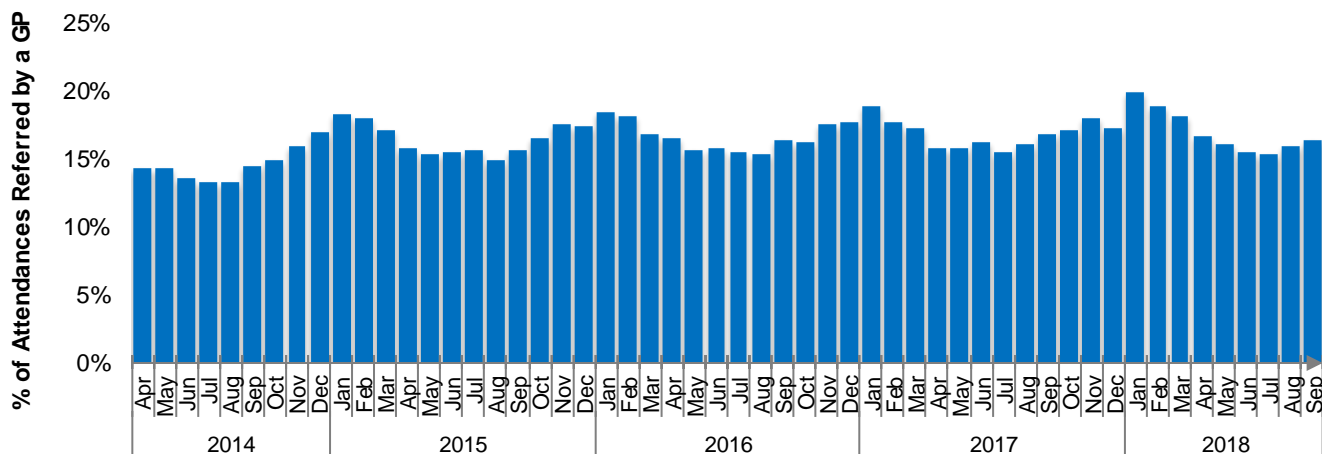
- In September 2018, almost one in six (16.3%) attendances at EDs had been referred by a GP, 0.4 percentage points lower than September 2017 (16.7%) (Figure 6, Table 10C).

- Type 1 EDs reported the highest percentage of attendances referred by a GP (18.4%) during September 2018, 0.5 percentage points lower than September 2017 (18.9%) (Table 10C).

- Over a fifth of attendances at Antrim Area (23.4%), Craigavon Area (22.6%) and the Ulster (21.9%) had been referred by a GP during September 2018, compared with 12.2% 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 September 2017 and July, August and September 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 – September 2018)
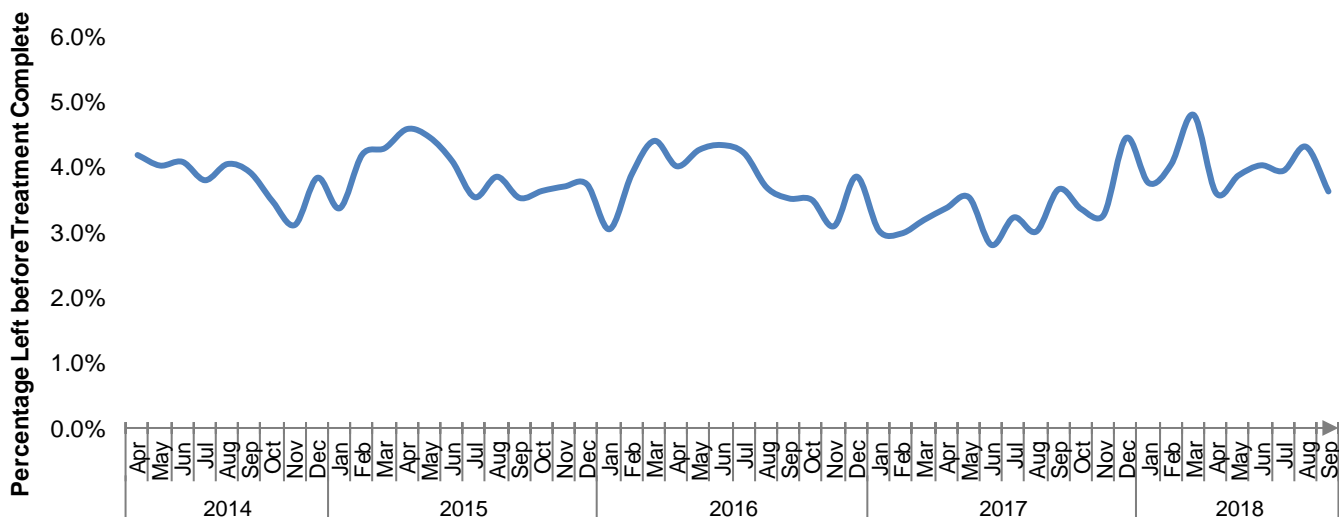
- During September 2018, 3.6% of all ED attendances left before their treatment was complete, 0.1 percentage points lower than September 2017 (3.7%) (Figure 7, Table 10C).

- Type 1 EDs reported the highest percentage (4.2%) of patients leaving before their treatment was complete in September 2018, with 1.4% reported for Type 2 EDs and 0.3% for Type 3 EDs (Table 10C).

- The Mater (9.1%) reported the highest percentage of attendances leaving an ED before their treatment was complete during September 2018, 2.3 percentage points higher than September 2017 (6.8%) (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).

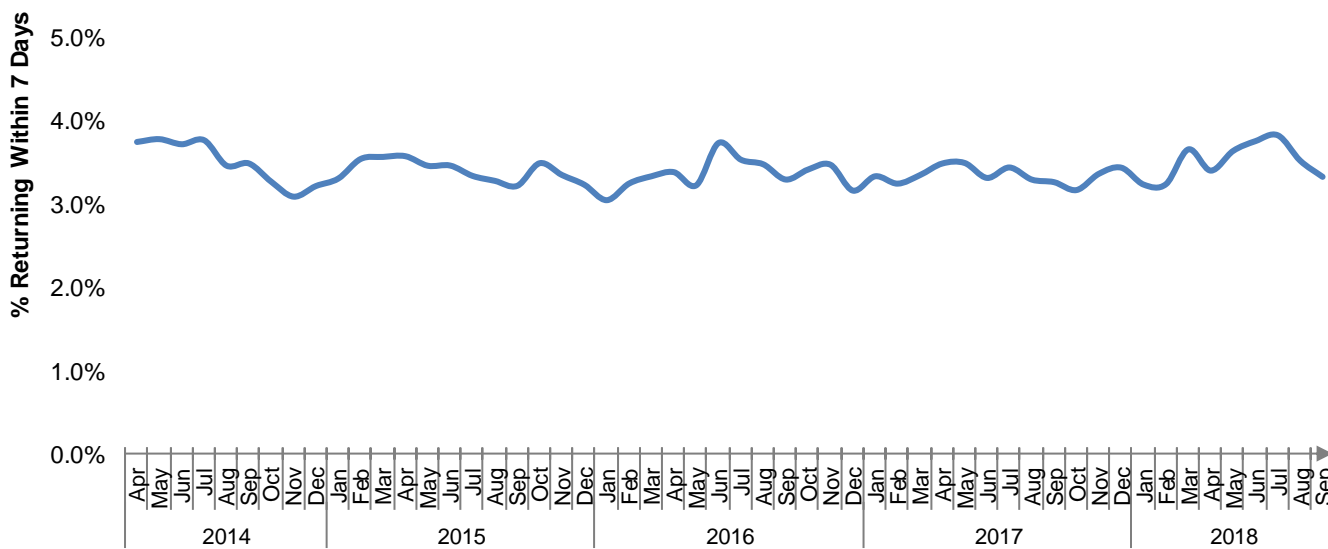[26] Information for September 2017 and July, August and September 2018 is detailed in Appendix 4, Table 10C.

[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 EDs 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 – September 2018)

- The percentage of unplanned review attendances at EDs within 7 days of the original attendance for the same condition has changed slightly from April 2014, fluctuating between 3.0% and 3.8% of the total number of ED attendances (Figure 8).

- During September 2018, 3.3% of attendances had attended the same ED within 7 days of their original attendance, similar to September 2017 (3.3%) (Figure 8, Table 10C).

- Daisy Hill (5.7%) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during September 2018 (Table 10C).

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[29] Information for September 2017 and July, August and September 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[32] 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 EDs 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.

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[32] Further breakdown of EDs can be found in Appendix 4: Table 10B & Table 10J.

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. [33]

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

Percentage Within 4 Hours	September 2017	September 2018	Difference	
			No.	% pt
Type 1	69.4%	66.0%	-	-3.4%
Type 2	90.9%	85.9%	-	-5.0%
Type 3	100.0%	99.9%	-	-0.1%
Total	**74.3%**	**71.1%**	**-**	**-3.2%**

Number Over 12 Hours	September 2017	September 2018	Difference	
			No.	%
Type 1	918	1,712	794	-
Type 2	1	3	2	-
Type 3	0	1	1	-
Total	**919**	**1,716**	**797**	**-**

New & Unplanned Review Attendances	September 2017	September 2018	Difference	
			No.	%
Type 1	53,633	54,171	538	1.0%
Type 2	5,382	5,176	-206	-3.8%
Type 3	6,606	6,897	291	4.4%
Total	**65,621**	**66,244**	**623**	**0.9%**

Source: Regional Data Warehouse, Business Services Organisation

- Over seven in ten (71.1%) attendances in September 2018 were discharged, or admitted within 4 hours, 3.2 percentage points lower than September 2017 (74.3%) (Table 10B & 10J).

- Almost two thirds (66.0%) of attendances at Type 1 EDs in September 2018 were treated and discharged, or admitted within 4 hours of their arrival, compared with 85.9% at Type 2 EDs and 99.9% at Type 3 EDs (Table 4, Table 10B & Table 10J).

- Between September 2017 and September 2018, the number waiting longer than 12 hours increased from 919 to 1,715, accounting for 2.6% of all attendances in September 2018 (Table 4, Table 10B & 10J).

- During this period, EDs experienced a 0.9% increase in attendances (65,621 to 66,244), whilst 4 hour performance dropped by 3.2 percentage points (Table 4, Table 10B & Table 10J).

- During the quarter ending 30th September 2018, almost three quarters (71.3%) of patients were treated and discharged or admitted within 4 hours, 6.7 percentage points less than the same quarter in 2017 (77.8%).

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[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-niwts-ecwt-guidance.pdf

Table 5 details the performance for both the four and twelve hour components of the emergency care waiting times target at each Type 1 ED in September 2018 compared with the same month last year. Information has also been included on the overall performance at Type 2 and 3 EDs 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 EDs (September 2017 - September 2018)

Department	4 Hour Performance		12 Hour Performance		Total Attendances	
	Sep 2017	Sep 2018	Sep 2017	Sep 2018	Sep 2017	Sep 2018
Mater	73.1%	70.4%	40	58	4,066	4,165
Royal Victoria	67.4%	60.3%	64	203	8,303	8,022
RBHSC	84.5%	84.4%	-	-	3,090	2,975
Antrim Area	58.1%	64.5%	325	410	6,860	7,174
Causeway	65.9%	67.3%	30	152	3,609	3,794
Ulster	67.6%	64.3%	249	394	7,925	7,904
Craigavon Area	69.9%	57.4%	73	243	7,026	6,819
Daisy Hill	77.6%	69.5%	42	67	4,527	4,507
Altnagelvin Area	68.1%	73.4%	84	77	5,418	5,717
South West Acute	78.9%	63.8%	11	108	2,809	3,094
Type 1	**69.4%**	**66.0%**	**918**	**1,712**	**53,633**	**54,171**
Type 2	**90.9%**	**85.9%**	**1**	**3**	**5,382**	**5,176**
Type 3	**100.0%**	**99.9%**	**-**	**1**	**6,606**	**6,897**
Northern Ireland	**74.3%**	**71.1%**	**919**	**1,716**	**65,621**	**66,244**

Source: Regional Data Warehouse, Business Services Organisation

- During September 2018, the RBHSC (84.4%) reported the best performance of any Type 1 ED against the 4 hour target, whilst Craigavon Area (57.4%) 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 September 2018 (Table 5, Table 10B).

- Antrim Area (410) and the Ulster (394) reported the highest numbers of patients waiting over the 12 hours during September 2018 (Table 5, Table 10B).

- Between September 2017 and September 2018, performance against the 12 hour target declined at all Type 1 EDs, with the exception of the RBHSC and Altnagelvin Area (Table 5, Table 10B).

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[34] Information for September 2017 and July, August and September 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.

How Long Did Patients Wait to be Triaged?

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. [36, 37]

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 - September 2018) [38]
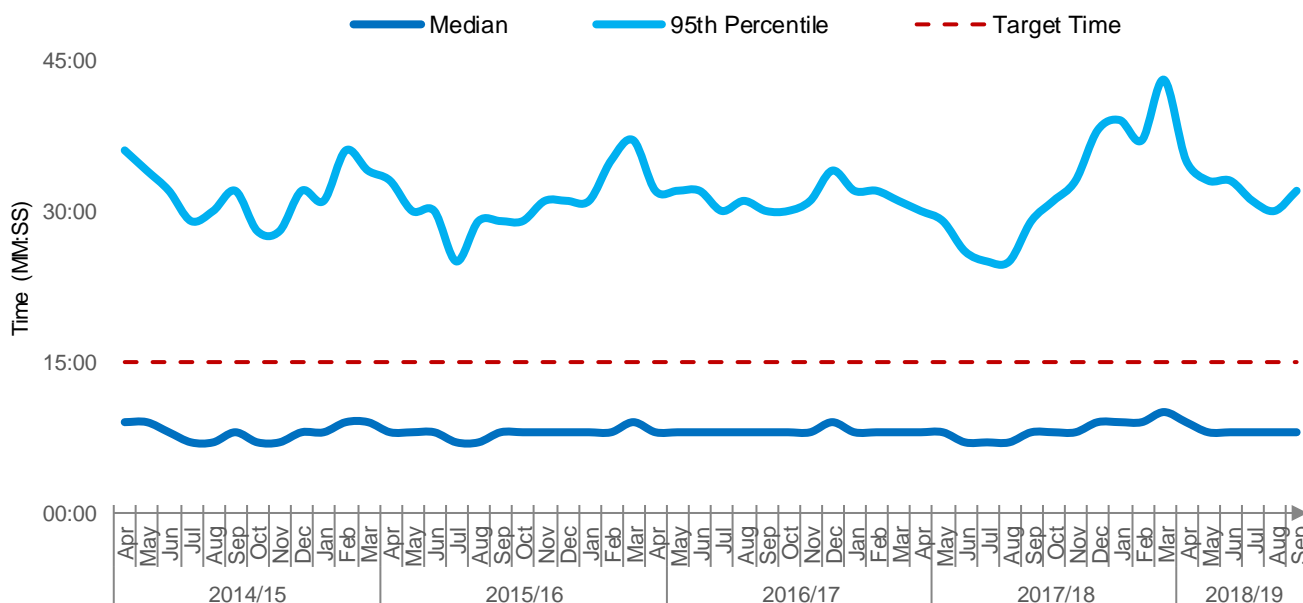
- During September 2018, the median waiting time from arrival to triage was 8 minutes, the same as the time taken in September 2017 (8 minutes) (Figure 10, Table 10D).

- 95 per cent of patients were triaged within 32 minutes of their arrival at an ED in September 2018, 3 minutes more than the time taken in September 2017 (29 minutes) (Figure 10, Table 10D).

- Over three quarters (76.7%) of attendances were triaged within 15 minutes of their arrival at an ED during September 2018, 2.9 percentage points less than September 2017 (79.6%).

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[36] 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.

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

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

Table 6 presents information on the percentage of patients commencing treatment, following triage, within 2 hours at Type 1 EDs in September 2018, compared with the same month last year. Information has also been included on the overall performance at Type 2 and 3 EDs during this period. [39, 40]

Table 6: Performance against the Target to Commence Treating Patients within 2 Hours of them being Triaged (September 2017 - September 2018) [41]

Department	% Commencing Treatment Within 2 Hours of Triage	
	Sep 2017	Sep 2018
Mater	*80.5%*	*72.2%*
Royal Victoria	*71.4%*	*70.0%*
RBHSC	*88.2%*	*89.5%*
Antrim Area	*56.4%*	*69.1%*
Causeway	*83.2%*	*83.0%*
Ulster	*80.4%*	*84.3%*
Craigavon Area	*68.0%*	*63.5%*
Daisy Hill	*96.5%*	*78.5%*
Altnagelvin Area	*88.6%*	*91.5%*
South West Acute	*89.5%*	*86.0%*
Type 1	**78.0%**	**77.5%**
Type 2	**94.6%**	**96.9%**
Type 3	**99.8%**	**100.0%**
Northern Ireland	**81.5%**	**80.9%**

Source: Regional Data Warehouse, Business Services Organisation

- Eight in ten (80.9%) patients attending EDs commenced their treatment within 2 hours of being triaged, 0.6 percentage points lower than September 2017 (81.5%) (Table 6, Table 10K).

- During September 2018, over three quarters (77.5%) of patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 96.9% at Type 2 EDs and 100.0% at Type 3 EDs (Table 6, Table 10K).

- Five Type 1 EDs (Altnagelvin Area, RBHSC, South West Acute, Ulster and Causeway) achieved the 80% target in September 2018 (Table 6, Table 10K).

- During September 2018, Altnagelvin Area (91.5%) reported the highest percentage of patients commencing treatment within 2 hours of being triaged, whilst the Craigavon Area (63.5%) reported the lowest percentage (Table 6, Table 10K).

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[39] Information for September 2017 and July, August and September 2018 is detailed in Appendix 4: Table 10K.
[40] Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.
[41] Information on start of treatment for Type 3 EDs in September 2018 does not include data for Omagh UCC after 6th March 2018.

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 – September 2018) [44, 45]
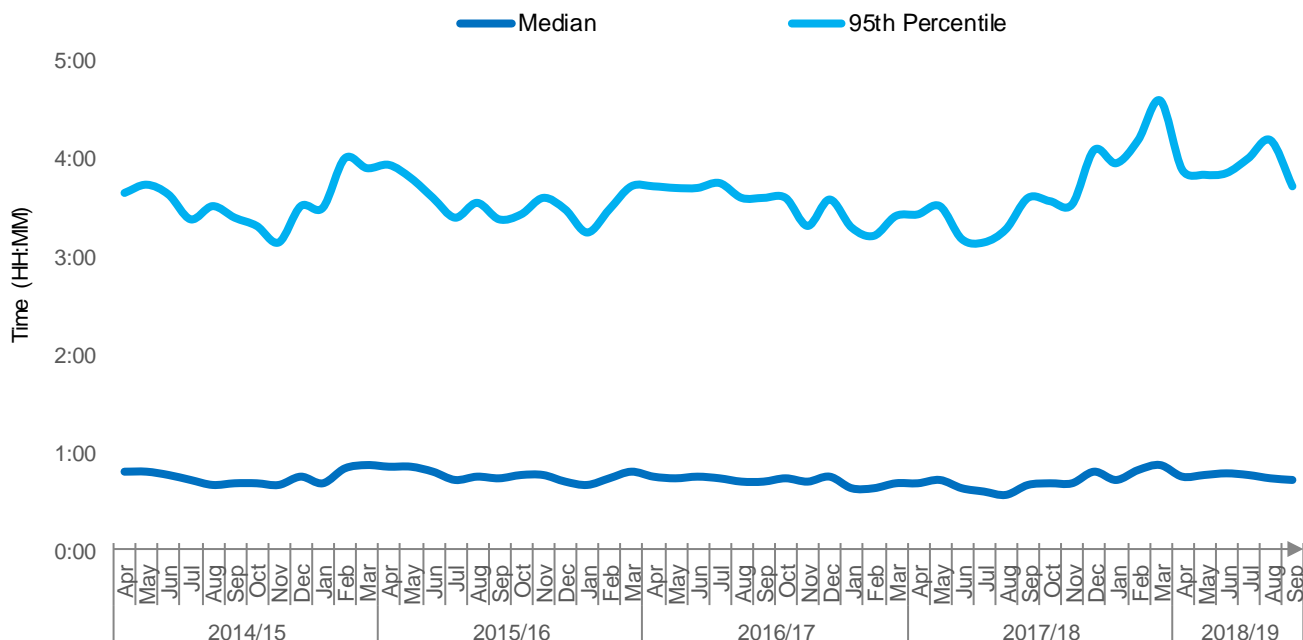
- The median waiting time from triage to start of treatment in September 2018 was 43 minutes, 3 minutes longer than the time taken in September 2017 (40 minutes) (Figure 11, Table 10E).

- During September 2018, 95 percent of patients commenced their treatment within 3 hours 43 minutes of being triaged in an ED, 7 minutes longer than the time taken in September 2017 (3 hours 36 minutes) (Figure 11, Table 10E).

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[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 September 2018 does not include data for Omagh UCC 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 EDs during September 2018 compared with September 2017. [46, 47]

Table 7: Time from Triage to Start of Treatment (September 2017 and September 2018) [48, 49]

Department	Median		95th Percentile	
	Sep 2017	Sep 2018	Sep 2017	Sep 2018
Mater	0:54	1:00	3:23	4:07
Royal Victoria	1:04	1:00	4:04	4:09
RBHSC	0:43	0:42	2:45	2:30
Antrim Area	1:41	1:12	5:47	4:40
Causeway	0:42	0:48	3:30	3:31
Ulster	0:49	0:47	3:20	3:14
Craigavon Area	1:15	1:27	4:10	5:13
Daisy Hill	0:00	1:01	1:45	3:39
Altnagelvin Area	0:28	0:31	2:50	2:25
South West Acute	0:30	0:41	2:37	3:05
Type 1	**0:50**	**0:54**	**3:51**	**3:56**
Type 2	**0:33**	**0:25**	**2:02**	**1:44**
Type 3	**0:03**	**0:04**	**0:41**	**0:31**
Northern Ireland	**0:40**	**0:43**	**3:36**	**3:43**

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 54 minutes in September 2018, 4 minutes longer than September 2017 (50 minutes) (Table 7, Table 10E).

- Craigavon Area (1 hour 27 minutes) reported the longest median waiting time from triage to start of treatment during September 2018, whilst Altnagelvin Area (31 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 13 minutes of being triaged; 1 hour 3 minutes longer than the time taken in September 2017 (4 hours 10 minutes) (Table 7, Table 10E).

- Altnagelvin Area reported the shortest time to start of treatment during September 2018, with 95 per cent of attendances commencing treatment within 2 hours 25 minutes of being triaged, 25 minutes less than the time taken in September 2017 (2 hours 50 minutes) (Table 7, Table 10E).

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[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 September 2017 and July, August and September 2018 is detailed in Appendix 4, Table 10E.

[49] Information on start of treatment for Type 3 EDs in September 2018 does not include data for Omagh UCC 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 September 2018) [52, 53]
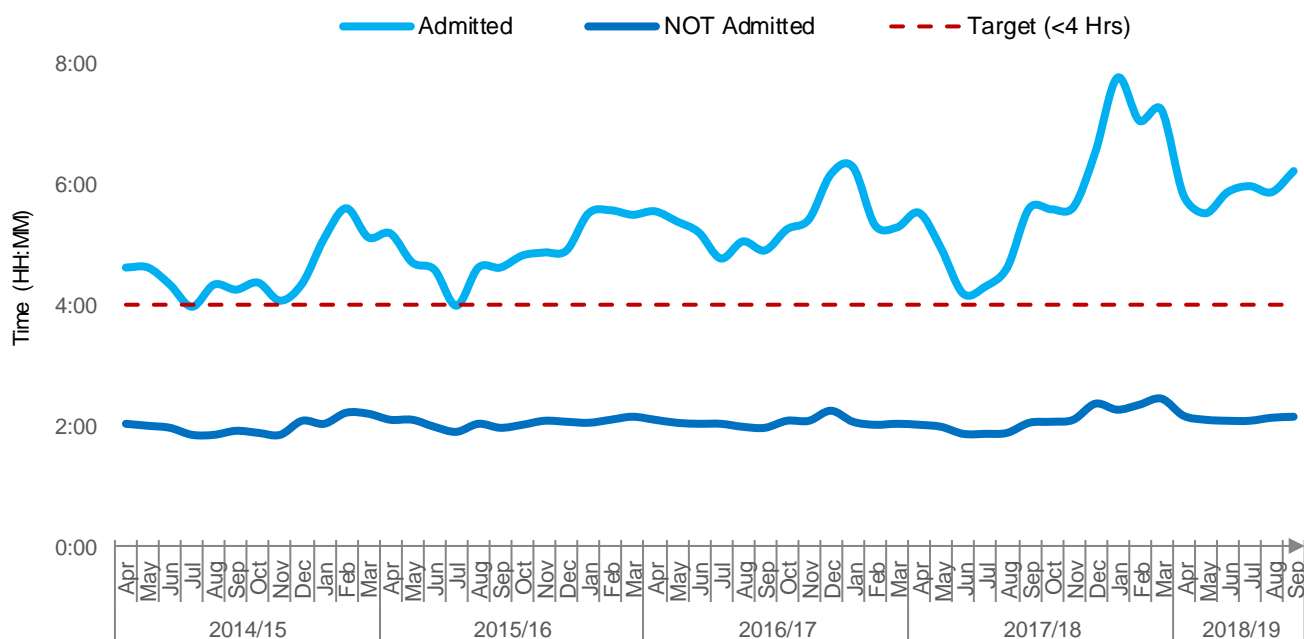
- During September 2018, the median time patients admitted to hospital spent in an ED was 6 hours 13 minutes, compared with 2 hour 9 minutes for those discharged home (Figure 12, Table 10F & 10G).

- During September 2018, 95 per cent of patients admitted to hospital spent almost three times as long in an ED (17 hour 30 minutes) than those discharged home (6 hours 29 minutes) (Table 8 & 9).

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[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 EDs can be found in Appendix 4, Table 10E.

[53] Due to a change in how information is recorded at Omagh UCC, 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 (September 2017 - September 2018) [55, 56]

Department	Median		95th Percentile	
	Sep 2017	Sep 2018	Sep 2017	Sep 2018
Mater	5:05	5:20	12:10	14:26
Royal Victoria	6:28	6:51	11:42	14:07
RBHSC	3:21	3:39	6:36	7:03
Antrim Area	6:54	6:36	18:48	22:19
Causeway	6:39	6:55	11:44	20:48
Ulster	5:47	6:32	16:47	19:10
Craigavon Area	4:45	6:45	11:46	18:34
Daisy Hill	5:50	5:47	11:56	14:34
Altnagelvin Area	6:57	6:06	12:40	12:22
South West Acute	3:48	6:03	8:54	16:01
Type 1	**5:41**	**6:19**	**13:59**	**17:46**
Type 2	**3:46**	**4:00**	**7:12**	**8:19**
Type 3	**0:31**	**2:11**	**1:12**	**4:02**
Northern Ireland	**5:36**	**6:13**	**13:50**	**17:30**

Source: Regional Data Warehouse, Business Services Organisation

- The median time patients admitted spent in a Type 1 ED was 6 hours 19 minutes in September 2018, 38 minutes longer than the same month last year (5 hours 41 minutes) (Table 8, Table 10F).

- Causeway and the Royal Victoria reported the longest median waiting times from arrival to admission (6 hours 55 minutes and 6 Hours 51 minutes respectively), whilst the RBHSC reported the shortest time (3 hours 39 minutes) (Table 8).

- 95 per cent of patients were admitted to hospital within 17 hours 46 minutes at all Type 1 EDs during September 2018, 3 hours 47 minutes more than the time taken in September 2017 (13 hours 59 minutes) (Table 8).

- Causeway reported the largest increase in the time taken for patients to be admitted to hospital, with 95 percent of attendances admitted within 20 hours 48 minutes of their arrival in September 2018, 9 hours 4 minutes longer than the time taken in September 2017 (11 hours 44 minutes) (Table 8, Table 10F).

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[54] Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.
[55] Information for September 2017 and July, August and September 2018 is detailed in Appendix 4, Table 10F.
[56] Due to a change in how information is recorded at Omagh UCC, 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 (September 2017 - September 2018) [58, 59]

Department	Median		95th Percentile	
	Sep 2017	Sep 2018	Sep 2017	Sep 2018
Mater	2:33	2:35	6:04	6:52
Royal Victoria	2:44	3:04	6:37	7:48
RBHSC	2:09	2:03	4:58	5:03
Antrim Area	2:56	2:37	7:51	6:58
Causeway	2:22	2:27	7:01	7:45
Ulster	2:24	2:28	6:10	6:25
Craigavon Area	2:39	3:00	5:58	7:19
Daisy Hill	1:48	2:23	5:10	6:22
Altnagelvin Area	2:19	2:19	5:57	5:33
South West Acute	2:18	2:47	5:35	7:04
Type 1	**2:27**	**2:35**	**6:24**	**6:51**
Type 2	**1:36**	**1:30**	**4:10**	**4:57**
Type 3	**0:31**	**0:33**	**1:29**	**1:37**
Northern Ireland	**2:03**	**2:09**	**6:02**	**6:29**

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 35 minutes in September 2018, 8 minutes longer than the time taken during the same month last year (2 hour 27 minutes) (Table 9, Table 10G).

- In September 2018, 95 per cent of attendances at Type 1 EDs were discharged home within 6 hours 51 minutes of their arrival, 27 minutes more than the time taken in September 2017 (6 hours 24 minutes) (Table 9, Table 10G).

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

[58] Information for September 2017 and July, August and September 2018 is detailed in Appendix 4, Table 10G.

[59] Due to a change in how information is recorded at Omagh UCC, 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).

INFORMATION ANALYSIS DIRECTORATE

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

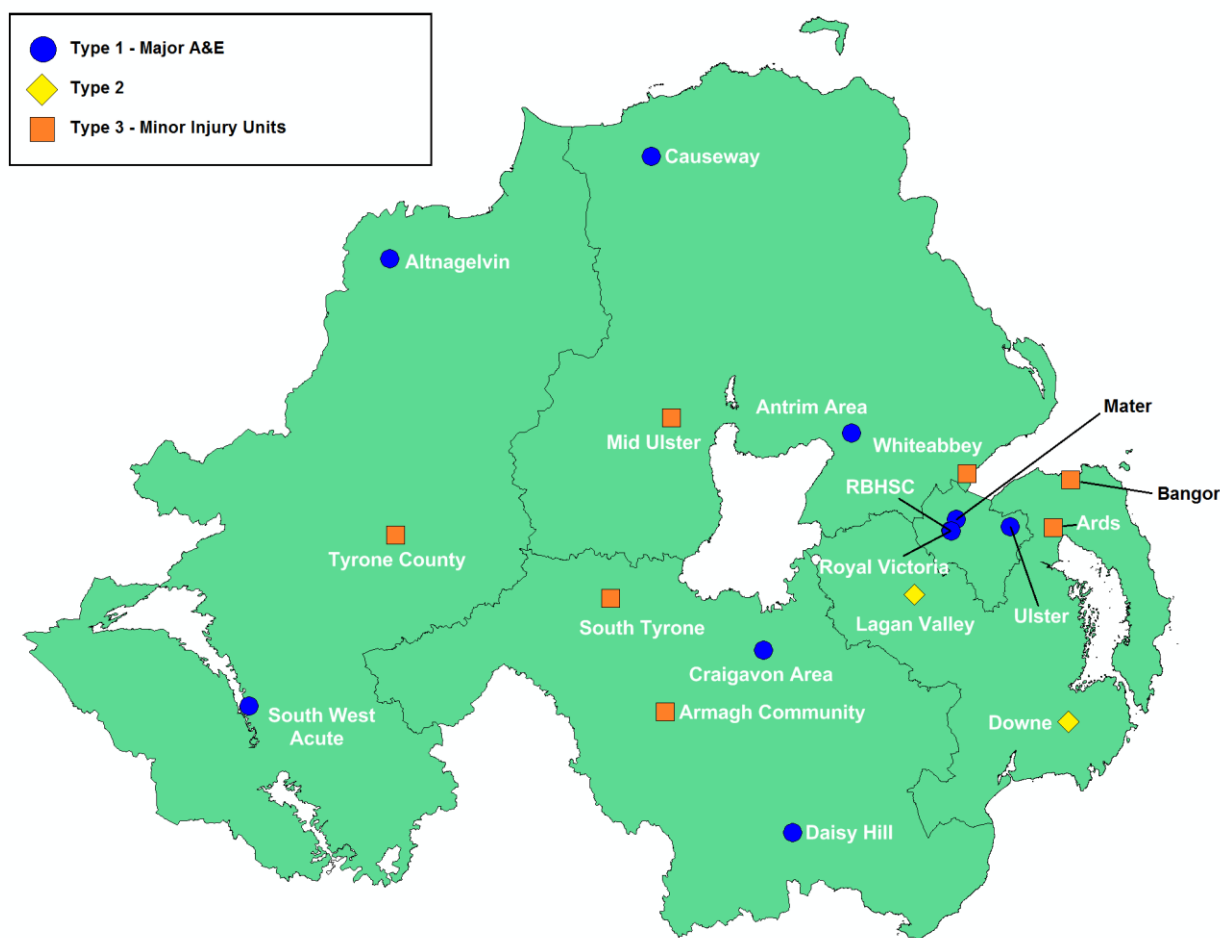## Appendix 2: Types of Emergency Care Department in Northern Ireland

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.

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 (Eye Casualty) [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 (Closed)
	South West Acute		Omagh[65] (24-hour)

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[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.

[65] Tyrone County closed on 20th June 2017 and all emergency services were transferred to the new Omagh Hospital and Primary Care Complex on that date.

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 UK Statistics Authority Code of Practice for 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 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 [66]

Department	New Attendances				Unplanned Reviews				Total Attendances			
	Sep 2017	Jul 2018	Aug 2018	Sep 2018	Sep-17	Jul-18	Aug-18	Sep-18	Sep-17	Jul-18	Aug-18	Sep-18
Mater	3,919	4,228	4,170	3,999	147	171	145	166	4,066	4,399	4,315	4,165
Royal Victoria	8,019	7,971	7,922	7,760	284	342	412	262	8,303	8,313	8,334	8,022
RBHSC	2,863	2,553	2,422	2,767	227	175	146	208	3,090	2,728	2,568	2,975
Antrim Area	6,429	6,648	6,696	6,762	431	518	498	412	6,860	7,166	7,194	7,174
Causeway	3,364	4,097	3,978	3,504	245	300	294	290	3,609	4,397	4,272	3,794
Ulster	7,762	7,713	7,720	7,703	163	205	218	201	7,925	7,918	7,938	7,904
Craigavon Area	6,549	6,731	6,534	6,459	477	460	414	360	7,026	7,191	6,948	6,819
Daisy Hill	4,274	4,641	4,454	4,158	253	462	334	349	4,527	5,103	4,788	4,507
Altnagelvin Area	5,083	5,666	5,491	5,397	335	347	352	320	5,418	6,013	5,843	5,717
South West Acute	2,639	3,160	2,854	2,871	170	330	280	223	2,809	3,490	3,134	3,094
Type 1	**50,901**	**53,408**	**52,241**	**51,380**	**2,732**	**3,310**	**3,093**	**2,791**	**53,633**	**56,718**	**55,334**	**54,171**
Downe	1,774	1,989	1,980	1,781	92	82	107	83	1,866	2,071	2,087	1,864
Lagan Valley	1,938	2,065	2,116	1,904	97	82	96	68	2,035	2,147	2,212	1,972
Eye Casualty	1,481	1,307	1,449	1,340	-	-	-	-	1,481	1,307	1,449	1,340
Type 2	**5,193**	**5,361**	**5,545**	**5,025**	**189**	**164**	**203**	**151**	**5,382**	**5,525**	**5,748**	**5,176**
Mid Ulster	785	975	943	856	31	48	55	27	816	1,023	998	883
Ards	956	1,066	1,161	979	43	47	51	54	999	1,113	1,212	1,033
Bangor	811	895	874	824	36	40	47	42	847	935	921	866
South Tyrone	2,577	2,982	2,703	2,584	122	179	175	166	2,699	3,161	2,878	2,750
Omagh	1,209	1,660	1,420	1,254	36	196	160	111	1,245	1,856	1,580	1,365
Type 3	**6,338**	**7,578**	**7,101**	**6,497**	**268**	**510**	**488**	**400**	**6,606**	**8,088**	**7,589**	**6,897**
Northern Ireland	**62,432**	**66,347**	**64,887**	**62,902**	**3,189**	**3,984**	**3,784**	**3,342**	**65,621**	**70,331**	**68,671**	**66,244**

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[66] 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 [67, 68]

Department	4 - Hour Performance				12 - Hour Performance				Total Attendances			
	Sep 2017	Jul 2018	Aug 2018	Sep 2018	Sep 2017	Jul 2018	Aug 2018	Sep 2018	Sep 2017	Jul 2018	Aug 2018	Sep 2018
Mater	73.1%	72.2%	69.6%	70.4%	40	83	80	58	4,066	4,399	4,315	4,165
Royal Victoria	67.4%	58.4%	56.0%	60.3%	64	179	163	203	8,303	8,313	8,334	8,022
RBHSC	84.5%	87.2%	88.9%	84.4%	.	.	.	.	3,090	2,728	2,568	2,975
Antrim Area	58.1%	64.1%	60.5%	64.5%	325	326	374	410	6,860	7,166	7,194	7,174
Causeway	65.9%	70.5%	66.1%	67.3%	30	110	185	152	3,609	4,397	4,272	3,794
Ulster	67.6%	61.5%	63.4%	64.3%	249	544	340	394	7,925	7,918	7,938	7,904
Craigavon Area	69.9%	60.8%	58.2%	57.4%	73	384	178	243	7,026	7,191	6,948	6,819
Daisy Hill	77.6%	70.3%	68.0%	69.5%	42	116	104	67	4,527	5,103	4,788	4,507
Altnagelvin Area	68.1%	75.2%	72.8%	73.4%	84	86	42	77	5,418	6,013	5,843	5,717
South West Acute	78.9%	73.3%	70.7%	63.8%	11	42	28	108	2,809	3,490	3,134	3,094
Type 1	**69.4%**	**67.0%**	**64.9%**	**66.0%**	**918**	**1,870**	**1,494**	**1,712**	**53,633**	**56,718**	**55,334**	**54,171**
Downe	93.7%	93.3%	92.4%	92.4%	1	.	4	2	1,866	2,071	2,087	1,864
Lagan Valley	88.8%	87.4%	79.9%	81.1%	.	1	1	1	2,035	2,147	2,212	1,972
RVH (Eye Casualty)	90.1%	78.2%	77.5%	84.0%	.	.	.	.	1,481	1,307	1,449	1,340
Type 2	**90.9%**	**87.4%**	**83.8%**	**85.9%**	**1**	**1**	**5**	**3**	**5,382**	**5,525**	**5,748**	**5,176**
Mid Ulster	100.0%	100.0%	100.0%	99.9%	.	.	.	1	816	1,023	998	883
Ards	100.0%	100.0%	100.0%	100.0%	.	.	.	.	999	1,113	1,212	1,033
Bangor	100.0%	100.0%	100.0%	100.0%	.	.	.	.	847	935	921	866
South Tyrone	100.0%	100.0%	100.0%	100.0%	.	.	.	.	2,699	3,161	2,878	2,750
Omagh	100.0%	97.8%	99.3%	99.4%	.	.	.	.	1,245	1,856	1,580	1,365
Type 3	**100.0%**	**99.5%**	**99.8%**	**99.9%**	**.**	**.**	**.**	**1**	**6,606**	**8,088**	**7,589**	**6,897**
Northern Ireland	**74.3%**	**72.4%**	**70.4%**	**71.1%**	**919**	**1,871**	**1,499**	**1,716**	**65,621**	**70,331**	**68,671**	**66,244**

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

[68] 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) Who Left before Treatment was Complete; and (iii) Re-attended with 7 Days [69, 70]

Department	GP Referrals				Left Before Treatment				Unplanned reviews Within 7 Days			
	Sep 2017	Jul 2018	Aug 2018	Sep 2018	Sep 2017	Jul 2018	Aug 2018	Sep 2018	Sep 2017	Jul 2018	Aug 2018	Sep 2018
Mater	13.5%	12.7%	13.2%	12.7%	6.8%	8.0%	9.7%	9.1%	2.6%	2.6%	2.6%	2.7%
Royal Victoria	18.0%	18.6%	18.5%	18.4%	5.5%	6.1%	7.4%	5.8%	2.2%	2.7%	2.9%	2.1%
RBHSC	15.4%	12.1%	12.1%	12.3%	3.8%	1.8%	1.1%	1.6%	5.6%	4.6%	3.7%	5.1%
Antrim Area	24.3%	22.5%	23.4%	23.4%	5.1%	3.4%	4.8%	3.0%	3.6%	4.2%	3.9%	3.1%
Causeway	21.9%	18.6%	20.1%	20.8%	3.4%	3.4%	4.7%	3.7%	4.1%	4.3%	4.2%	4.6%
Ulster	21.8%	21.4%	21.6%	21.9%	3.2%	3.1%	3.0%	2.4%	1.4%	1.9%	1.9%	1.7%
Craigavon Area	21.5%	20.6%	21.3%	22.6%	3.6%	6.2%	5.5%	5.3%	4.2%	4.5%	3.7%	3.8%
Daisy Hill	14.4%	11.9%	12.1%	13.5%	2.7%	4.5%	4.7%	3.6%	3.9%	6.7%	4.8%	5.7%
Altnagelvin Area	13.8%	12.2%	11.1%	12.2%	4.1%	3.8%	3.5%	3.4%	4.7%	4.6%	4.2%	4.0%
South West Acute	18.1%	16.7%	18.7%	17.9%	3.3%	4.0%	3.0%	3.8%	5.7%	6.7%	5.7%	4.8%
Type 1	**18.9%**	**17.6%**	**18.0%**	**18.4%**	**4.2%**	**4.6%**	**5.0%**	**4.2%**	**3.5%**	**4.0%**	**3.6%**	**3.4%**
Downe	13.1%	11.6%	12.3%	13.8%	1.2%	0.8%	0.9%	0.7%	2.8%	2.3%	2.9%	2.3%
Lagan Valley	13.0%	13.9%	16.5%	15.5%	2.3%	1.9%	2.8%	2.0%	2.9%	2.5%	2.9%	2.0%
Type 2	**13.1%**	**12.8%**	**14.4%**	**14.7%**	**1.8%**	**1.3%**	**1.8%**	**1.4%**	**2.8%**	**2.4%**	**2.9%**	**2.1%**
Mid Ulster	3.3%	2.0%	1.1%	1.4%	0.0%	0.3%	1.7%	0.0%	1.7%	2.2%	2.8%	1.8%
Ards	0.9%	1.4%	0.7%	0.8%	0.5%	0.8%	1.2%	0.7%	1.9%	1.5%	2.1%	2.3%
Bangor	1.2%	0.4%	0.3%	0.5%	0.1%	1.1%	0.7%	0.5%	1.7%	2.2%	2.0%	2.7%
South Tyrone	0.8%	0.6%	0.5%	0.8%	0.0%	0.3%	0.2%	0.1%	2.0%	3.2%	3.1%	3.1%
Omagh	1.7%	1.4%	1.8%	1.4%	0.6%	1.9%	1.6%	0.7%	1.8%	5.6%	6.8%	5.1%
Type 3	**1.3%**	**1.1%**	**0.9%**	**1.0%**	**0.2%**	**0.8%**	**0.9%**	**0.3%**	**1.9%**	**3.3%**	**3.5%**	**3.1%**
Northern Ireland	**16.7%**	**15.4%**	**15.9%**	**16.3%**	**3.7%**	**3.9%**	**4.3%**	**3.6%**	**3.3%**	**3.8%**	**3.5%**	**3.3%**

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[69] 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.

[70] 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) [71, 72]

Department	Median				95th Percentile			
	Sep 2017	Jul 2018	Aug 2018	Sep 2018	Sep 2017	Jul 2018	Aug 2018	Sep 2018
Mater	0:09	0:09	0:09	0:09	0:27	0:27	0:28	0:29
Royal Victoria	0:09	0:12	0:13	0:12	0:29	0:40	0:43	0:47
RBHSC	0:09	0:07	0:07	0:09	0:33	0:31	0:30	0:33
Antrim Area	0:09	0:08	0:08	0:09	0:27	0:23	0:26	0:26
Causeway	0:10	0:10	0:10	0:10	0:30	0:31	0:32	0:32
Ulster	0:08	0:09	0:09	0:10	0:26	0:29	0:27	0:26
Craigavon Area	0:07	0:09	0:08	0:09	0:26	0:35	0:31	0:36
Daisy Hill	0:05	0:05	0:05	0:05	0:16	0:17	0:15	0:15
Altnagelvin Area	0:14	0:10	0:09	0:10	0:43	0:29	0:28	0:30
South West Acute	0:10	0:10	0:10	0:11	0:35	0:36	0:37	0:43
Type 1	**0:09**	**0:09**	**0:09**	**0:09**	**0:30**	**0:31**	**0:31**	**0:33**
Downe	0:05	0:05	0:05	0:05	0:21	0:18	0:18	0:18
Lagan Valley	0:07	0:08	0:07	0:07	0:23	0:21	0:23	0:23
Type 2	**0:07**	**0:06**	**0:06**	**0:06**	**0:22**	**0:20**	**0:20**	**0:21**
Mid Ulster	0:03	0:02	0:02	0:02	0:07	0:09	0:09	0:08
Ards	0:03	0:04	0:03	0:03	0:16	0:18	0:20	0:15
Bangor	0:04	0:04	0:04	0:04	0:15	0:19	0:22	0:22
South Tyrone	0:01	0:02	0:01	0:01	0:08	0:10	0:11	0:09
Omagh	0:13	0:09	0:09	0:09	0:30	0:58	0:37	0:36
Type 3	**0:02**	**0:03**	**0:03**	**0:03**	**0:13**	**0:30**	**0:23**	**0:22**
Northern Ireland	**0:08**	**0:08**	**0:08**	**0:08**	**0:29**	**0:31**	**0:30**	**0:32**

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[71] 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.

[72] 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 [73, 74, 75]

Department	Median				95th Percentile			
	Sep 2017	Jul 2018	Aug 2018	Sep 2018	Sep 2017	Jul 2018	Aug 2018	Sep 2018
Mater	0:54	1:02	0:56	1:00	3:23	4:03	4:24	4:07
Royal Victoria	1:04	1:15	1:09	1:00	4:04	4:51	5:05	4:09
RBHSC	0:43	0:31	0:23	0:42	2:45	2:10	1:46	2:30
Antrim Area	1:41	1:28	1:21	1:12	5:47	4:49	5:37	4:40
Causeway	0:42	0:54	0:56	0:48	3:30	3:05	3:49	3:31
Ulster	0:49	0:58	0:49	0:47	3:20	4:04	3:39	3:14
Craigavon Area	1:15	1:18	1:22	1:27	4:10	5:21	5:36	5:13
Daisy Hill	.	1:08	1:10	1:01	.	4:01	4:01	3:39
Altnagelvin Area	0:28	0:32	0:30	0:31	2:50	2:40	2:47	2:25
South West Acute	0:30	0:40	0:30	0:41	2:37	3:05	2:51	3:05
Type 1	**0:50**	**0:58**	**0:55**	**0:54**	**3:51**	**4:15**	**4:27**	**3:56**
Downe	0:28	0:24	0:27	0:23	1:48	1:31	1:36	1:33
Lagan Valley	0:39	0:32	0:38	0:27	2:09	2:17	2:21	1:55
Type 2	**0:33**	**0:28**	**0:32**	**0:25**	**2:02**	**1:52**	**2:05**	**1:44**
Mid Ulster	0:04	0:05	0:05	0:04	0:28	0:23	0:57	0:20
Ards	0:05	0:14	0:12	0:09	0:35	1:00	0:54	0:41
Bangor	0:03	0:06	0:05	0:05	0:36	0:56	0:47	0:37
South Tyrone	0:00	0:02	0:02	0:02	0:13	0:30	0:27	0:26
Omagh	0:11	0:00	0:00	0:00	1:22	0:00	0:00	0:00
Type 3	**0:03**	**0:05**	**0:05**	**0:04**	**0:41**	**0:43**	**0:42**	**0:31**
Northern Ireland	**0:40**	**0:46**	**0:44**	**0:43**	**3:36**	**4:00**	**4:11**	**3:43**

[73] 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.

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

[75] Due to a change in how information is recorded at Omagh UCC, 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 [76, 77, 78]

Department	Median				95th Percentile			
	Sep 2017	Jul 2018	Aug 2018	Sep 2018	Sep 2017	Jul 2018	Aug 2018	Sep 2018
Mater	5:05	5:40	5:30	5:20	12:10	16:06	14:34	14:26
Royal Victoria	6:28	6:41	6:41	6:51	11:42	13:54	12:40	14:07
RBHSC	3:21	3:13	3:10	3:39	6:36	6:57	6:25	7:03
Antrim Area	6:54	5:50	6:17	6:36	18:48	20:14	21:08	22:19
Causeway	6:39	6:45	8:16	6:55	11:44	17:59	20:24	20:48
Ulster	5:47	7:11	6:07	6:32	16:47	22:56	19:10	19:10
Craigavon Area	4:45	6:22	6:06	6:45	11:46	20:25	16:09	18:34
Daisy Hill	5:50	5:47	5:43	5:47	11:56	16:29	16:29	14:34
Altnagelvin Area	6:57	5:51	5:48	6:06	12:40	13:02	11:43	12:22
South West Acute	3:48	4:31	4:45	6:03	8:54	11:35	9:57	16:01
Type 1	**5:41**	**6:05**	**5:59**	**6:19**	**13:59**	**18:59**	**16:53**	**17:46**
Downe	3:16	2:52	3:03	3:00	7:22	7:11	6:32	7:11
Lagan Valley	3:55	3:58	4:25	4:39	7:06	7:17	7:58	8:40
Type 2	**3:46**	**3:29**	**3:44**	**4:00**	**7:12**	**7:11**	**7:40**	**8:19**
Mid Ulster	.	.	.	.	.	.	.	.
Ards	.	.	.	.	.	.	.	.
Bangor	.	.	.	.	.	.	.	.
South Tyrone	.	.	.	.	.	.	.	.
Omagh	0:31	1:54	1:51	2:11	1:12	6:47	4:55	4:02
Type 3	**0:31**	**1:54**	**1:51**	**2:11**	**1:12**	**6:47**	**4:55**	**4:02**
Northern Ireland	**5:36**	**5:58**	**5:52**	**6:13**	**13:50**	**18:48**	**16:41**	**17:30**

[76] 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.

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

[78] Due to a change in how information is recorded at Omagh UCC, 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 [79, 80, 81]

Department	Median				95th Percentile			
	Sep 2017	Jul 2018	Aug 2018	Sep 2018	Sep 2017	Jul 2018	Aug 2018	Sep 2018
Mater	2:33	2:29	2:34	2:35	6:04	6:53	6:53	6:52
Royal Victoria	2:44	3:07	3:12	3:04	6:37	7:38	8:02	7:48
RBHSC	2:09	1:45	1:39	2:03	4:58	4:44	4:30	5:03
Antrim Area	2:56	2:40	2:44	2:37	7:51	7:05	8:01	6:58
Causeway	2:22	2:22	2:29	2:27	7:01	6:43	7:29	7:45
Ulster	2:24	2:34	2:30	2:28	6:10	6:43	6:40	6:25
Craigavon Area	2:39	2:46	2:54	3:00	5:58	7:33	7:50	7:19
Daisy Hill	1:48	2:31	2:32	2:23	5:10	6:16	6:33	6:22
Altnagelvin Area	2:19	2:07	2:17	2:19	5:57	5:21	5:38	5:33
South West Acute	2:18	2:32	2:36	2:47	5:35	6:07	6:14	7:04
Type 1	**2:27**	**2:32**	**2:34**	**2:35**	**6:24**	**6:47**	**7:11**	**6:51**
Downe	1:21	1:12	1:16	1:09	3:34	3:53	4:15	4:30
Lagan Valley	1:52	1:40	2:08	1:50	4:38	4:45	5:38	5:18
Type 2	**1:36**	**1:27**	**1:40**	**1:30**	**4:10**	**4:25**	**5:04**	**4:57**
Mid Ulster	0:30	0:32	0:34	0:32	1:14	1:25	2:01	1:20
Ards	0:36	0:49	0:46	0:41	1:27	1:54	1:48	1:35
Bangor	0:31	0:37	0:35	0:39	1:19	1:43	1:38	1:29
South Tyrone	0:25	0:27	0:27	0:26	1:04	1:09	1:14	1:04
Omagh	0:48	1:02	0:52	0:47	2:03	3:16	2:44	2:17
Type 3	**0:31**	**0:36**	**0:35**	**0:33**	**1:29**	**2:06**	**1:54**	**1:37**
Northern Ireland	**2:03**	**2:05**	**2:08**	**2:09**	**6:02**	**6:24**	**6:44**	**6:29**

[79] 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.

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

[81] Due to a change in how information is recorded at Omagh UCC, 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 [82], [83]

Age Group	Sep 2017	Jul 2018	Aug 2018	Sep 2018
Under 5	40.6	40.4	37.4	39.2
Aged 5 - 15	29.5	25.6	23.9	29.0
Aged 16 - 44	34.0	37.5	37.2	34.5
Aged 45 - 64	29.5	33.0	32.6	30.3
Aged 65 - 74	30.3	35.0	34.2	30.9
Aged 75 & Over	59.0	66.3	63.5	61.1
Northern Ireland	**34.4**	**37.1**	**36.1**	**34.9**

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

Day of Week	Sep 2017	Jul 2018	Aug 2018	Sep 2018
Monday	2,566.8	2,669.0	2,562.5	2,628.5
Tuesday	2,293.5	2,288.8	2,465.8	2,314.3
Wednesday	2,188.8	2,230.8	2,199.4	2,256.0
Thursday	2,244.3	2,190.3	2,177.8	2,233.8
Friday	2,134.0	2,317.8	2,141.6	2,238.8
Saturday	1,746.2	1,879.8	1,746.3	1,819.6
Sunday	1,891.5	1,952.2	1,882.5	1,824.2

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[82] 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.
[83] 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 Discharge [84]

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Sep 2017	Jul 2018	Aug 2018	Sep 2018	Sep 2017	Jul 2018	Aug 2018	Sep 2018	Sep 2017	Jul 2018	Aug 2018	Sep 2018
Mater	2,972	3,176	3,005	2,934	1,054	1,140	1,230	1,173	40	83	80	58
Royal Victoria	5,598	4,854	4,670	4,841	2,641	3,280	3,501	2,978	64	179	163	203
RBHSC	2,611	2,380	2,283	2,510	479	348	285	465	.	.	.	.
Antrim Area	3,984	4,592	4,353	4,630	2,551	2,248	2,467	2,134	325	326	374	410
Causeway	2,380	3,098	2,824	2,552	1,199	1,189	1,263	1,090	30	110	185	152
Ulster	5,361	4,868	5,031	5,082	2,315	2,506	2,567	2,428	249	544	340	394
Craigavon Area	4,911	4,375	4,042	3,913	2,042	2,432	2,728	2,663	73	384	178	243
Daisy Hill	3,513	3,589	3,258	3,133	972	1,398	1,426	1,307	42	116	104	67
Altnagelvin Area	3,692	4,522	4,253	4,199	1,642	1,405	1,548	1,441	84	86	42	77
South West Acute	2,217	2,559	2,215	1,975	581	889	891	1,011	11	42	28	108
Type 1	**37,239**	**38,013**	**35,934**	**35,769**	**15,476**	**16,835**	**17,906**	**16,690**	**918**	**1,870**	**1,494**	**1,712**
Eye Casualty	1,335	1,022	1,123	1,126	146	285	326	214	0	0	0	0
Downe	1,748	1,932	1,928	1,722	117	139	155	140	1	.	4	2
Lagan Valley	1,808	1,876	1,768	1,599	227	270	443	372	.	1	1	1
Type 2	**4,891**	**4,830**	**4,819**	**4,447**	**490**	**694**	**924**	**726**	**1**	**1**	**5**	**3**
Mid Ulster	816	1,023	998	882	.	.	.	.	.	.	.	1
Ards	999	1,113	1,212	1,033	.	.	.	.	.	.	.	.
Bangor	847	935	921	866	.	.	.	.	.	.	.	.
South Tyrone	2,699	3,160	2,877	2,750	.	1	1	.	.	.	.	.
Omagh	1,245	1,815	1,569	1,357	.	41	11	8	.	.	.	.
Type 3	**6,606**	**8,046**	**7,577**	**6,888**	**0**	**42**	**12**	**8**	**0**	**0**	**0**	**1**
Northern Ireland	**48,736**	**50,889**	**48,330**	**47,104**	**15,966**	**17,571**	**18,842**	**17,424**	**919**	**1,871**	**1,499**	**1,716**

[84] 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 [85, 86]

Department	% Commenced Treatment, Following Triage, within 2 Hours			
	Sep 2017	Jul 2018	Aug 2018	Sep 2018
Mater	80.5%	74.4%	74.4%	72.2%
Royal Victoria	71.4%	64.7%	65.1%	70.0%
RBHSC	88.2%	93.8%	96.3%	89.5%
Antrim Area	56.4%	63.9%	63.4%	69.1%
Causeway	83.2%	83.3%	78.8%	83.0%
Ulster	80.4%	78.4%	82.3%	84.3%
Craigavon Area	68.0%	67.8%	64.4%	63.5%
Daisy Hill	96.5%	73.1%	73.5%	78.5%
Altnagelvin Area	88.6%	90.3%	89.0%	91.5%
South West Acute	89.5%	85.3%	88.2%	86.0%
Type 1	**78.0%**	**75.6%**	**75.5%**	**77.5%**
Downe	96.7%	98.3%	97.9%	98.2%
Lagan Valley	92.8%	93.5%	91.2%	95.7%
Type 2	**94.6%**	**95.8%**	**94.4%**	**96.9%**
Mid Ulster	100.0%	100.0%	99.2%	100.0%
Ards	100.0%	99.9%	100.0%	100.0%
Bangor	100.0%	99.9%	100.0%	100.0%
South Tyrone	100.0%	100.0%	100.0%	100.0%
Omagh	99.0%	-	-	-
Type 3	**99.8%**	**99.9%**	**99.9%**	**100.0%**
Northern Ireland	**81.5%**	**79.5%**	**79.3%**	**80.9%**

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

[86] Due to a change in how information is recorded at Omagh UCC, data on the start of treatment is not available after 6th March 2018.

Table 10L: Percentage Triaged in each Triage Group [87, 88, 89]

Department	Triaged Level (1/2/3)				Triaged Level (4/5)			
	Sep 2017	Jul 2018	Aug 2018	Sep 2018	Sep 2017	Jul 2018	Aug 2018	Sep 2018
Mater	57.6%	53.1%	58.0%	56.3%	42.4%	46.9%	42.0%	43.7%
Royal Victoria	61.9%	62.2%	63.6%	65.3%	38.1%	37.8%	36.4%	34.7%
RBHSC	38.8%	32.1%	33.0%	35.5%	61.2%	67.9%	67.0%	64.5%
Antrim Area	66.5%	68.6%	68.2%	69.3%	33.5%	31.4%	31.8%	30.7%
Causeway	66.8%	70.7%	70.0%	71.8%	33.2%	29.3%	30.0%	28.2%
Ulster	66.3%	69.7%	69.0%	68.5%	33.7%	30.3%	31.0%	31.5%
Craigavon Area	82.4%	79.3%	81.1%	77.9%	17.6%	20.7%	18.9%	22.1%
Daisy Hill	75.8%	80.4%	83.7%	83.5%	24.2%	19.6%	16.3%	16.5%
Altnagelvin Area	62.8%	57.0%	59.5%	61.3%	37.2%	43.0%	40.5%	38.7%
South West Acute	67.4%	64.0%	66.5%	67.2%	32.6%	36.0%	33.5%	32.8%
Type 1	**66.0%**	**65.8%**	**67.2%**	**67.1%**	**34.0%**	**34.2%**	**32.8%**	**32.9%**
Downe	42.9%	38.8%	41.6%	42.0%	57.1%	61.2%	58.4%	58.0%
Lagan Valley	45.4%	47.1%	51.4%	52.0%	54.6%	52.9%	48.6%	48.0%
Type 2	**44.2%**	**43.0%**	**46.7%**	**47.1%**	**55.8%**	**57.0%**	**53.3%**	**52.9%**
Mid Ulster	3.3%	3.1%	2.8%	3.7%	96.7%	96.9%	97.2%	96.3%
Ards	0.9%	1.2%	1.0%	0.8%	99.1%	98.8%	99.0%	99.2%
Bangor	2.2%	1.8%	2.0%	1.0%	97.8%	98.2%	98.0%	99.0%
South Tyrone	4.0%	3.7%	4.5%	5.1%	96.0%	96.3%	95.5%	94.9%
Omagh	0.2%	13.0%	13.9%	15.7%	99.8%	87.0%	86.1%	84.3%
Type 3	**2.5%**	**5.1%**	**5.3%**	**5.8%**	**97.5%**	**94.9%**	**94.7%**	**94.2%**
Northern Ireland	**58.1%**	**57.1%**	**58.7%**	**59.2%**	**41.9%**	**42.9%**	**41.3%**	**40.8%**

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

[88] 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

[89] Information on triage levels for Type 3 EDs in March 2018 does not include data for Omagh UCC after 6th March 2018.

Appendix 5: Further Information

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

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

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