

INFORMATION
ANALYSIS
DIRECTORATE



Emergency Care Waiting Time Statistics for Northern Ireland

(October – December 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>
- Authors:** Sarah Brown, Kieran Taggart and Siobhán Morgan
- Publication Date:** Original edition: 24th January 2019
- Reporting Period:** 1st October 2018 – 31st December 2018
- Issued by:** Hospital Information Branch, Information & Analysis Directorate
Department of Health
Stormont Estate, Belfast, BT4 3SQ
- Contact Information:** We invite you to feedback your comments on this publication to:
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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 3.

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 Eye Casualty (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>

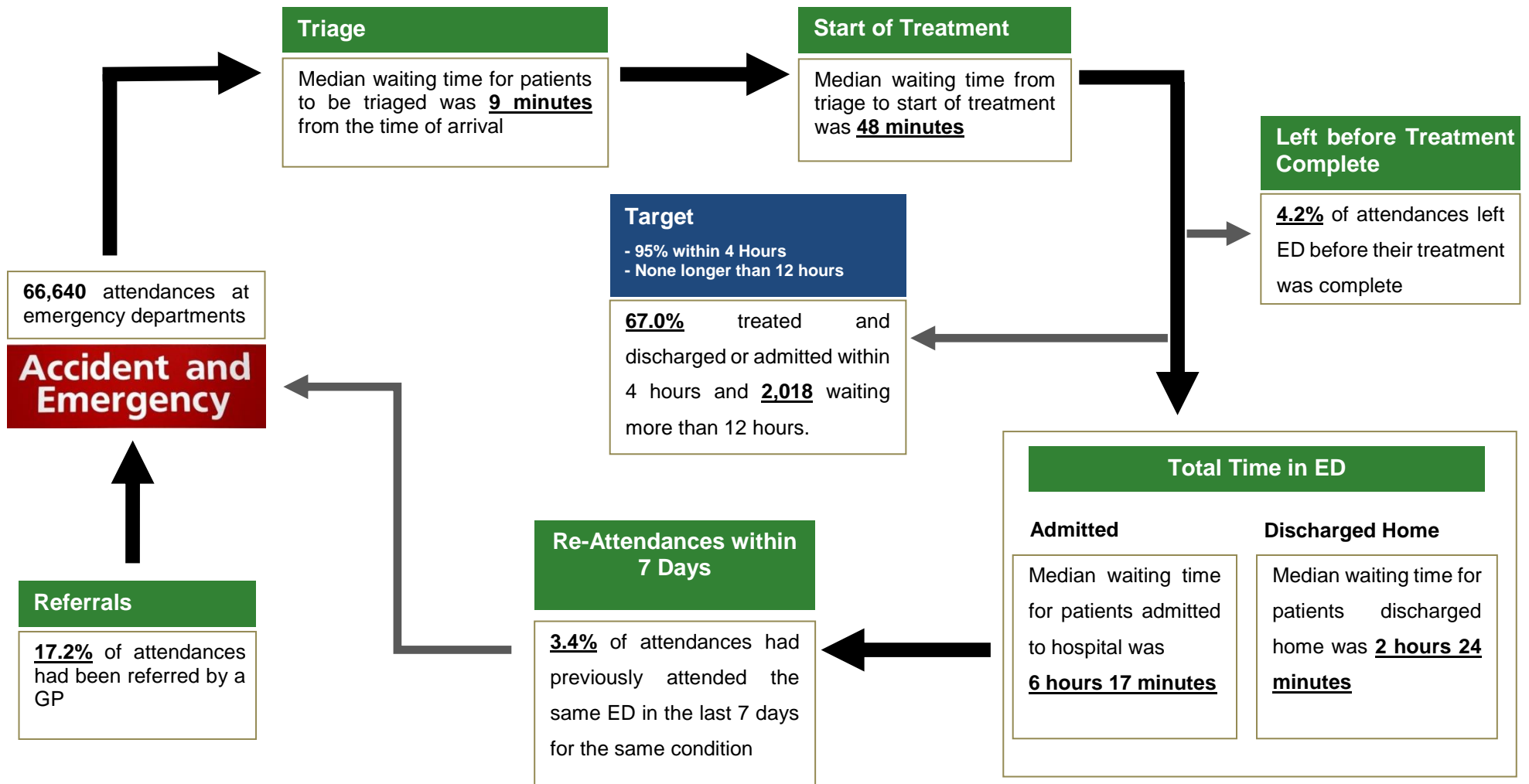
Statistical Charter:

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

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SUMMARY OF KEY FACTS (December 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 December 2018, compared with the same month last year.^{2, 3, 4}

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

Attendances	December 2017	December 2018	Difference	
New	62,006	63,300	1,294	2.1%
Unplanned Review	3,119	3,340	221	7.1%
Total Attendances	65,125	66,640	1,515	2.3%
Emergency Admissions	12,961	13,074	113	0.9%

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances at EDs increased by 2.3% (1,515) when compared with December 2017, from 65,125 to 66,640 in December 2018 (Table 1, Table 10A).
- Between December 2017 and December 2018, unplanned review attendances increased by 7.1% (221) and new attendances increased by 2.1% (1,294) (Table 1, Table 10A).
- There were 202,618 attendances at EDs during the quarter ending 31st December 2018, 2.4% (4,747) more than during the same quarter in 2017 (197,871).
- The number of emergency admissions to hospital from EDs increased by 0.9% (113) between December 2017 (12,961) and December 2018 (13,074) (Table 1).

² Information for December 2017 and October, November and December 2018 is detailed in Appendix 4, Table 10A.

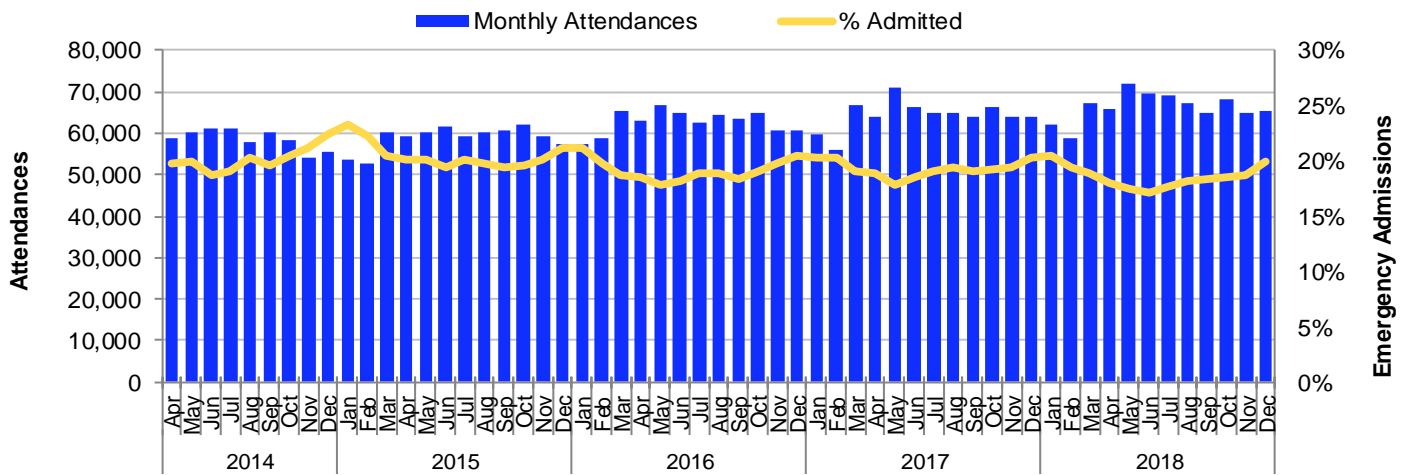
³ Data on emergency admissions are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits. This is sourced from the ED Administrative Systems and will therefore differ slightly from the information included in the Hospital Statistics: 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 admissions⁵ to hospital each month, from April 2014.⁶

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

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 December 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 (December 2017 - December 2018)

Department	New Attendances		Unplanned Review Attendances		Total Attendances	
	Dec 2017	Dec 2018	Dec 2017	Dec 2018	Dec 2017	Dec 2018
Mater	3,976	3,922	155	155	4,131	4,077
Royal Victoria	7,761	7,793	253	332	8,014	8,125
RBHSC	3,240	3,405	307	355	3,547	3,760
Antrim Area	6,745	6,838	435	407	7,180	7,245
Causeway	3,427	3,551	228	240	3,655	3,791
Ulster	7,710	7,997	159	219	7,869	8,216
Craigavon Area	6,880	6,802	463	398	7,343	7,200
Daisy Hill	4,298	4,329	220	261	4,518	4,590
Altnagelvin Area	5,255	5,495	321	293	5,576	5,788
South West Acute	2,771	2,813	220	202	2,991	3,015
Type 1	52,063	52,945	2,761	2,862	54,824	55,807
Type 2	4,839	4,722	136	156	4,975	4,878
Type 3	5,104	5,633	222	322	5,326	5,955
Northern Ireland	62,006	63,300	3,119	3,340	65,125	66,640

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances increased at Type 1 and Type 3 departments and decreased at Type 2 departments between December 2017 and December 2018 (Table 2, Table 10A).
- The Ulster (8,216) and the Royal Victoria (8,125) were the busiest EDs during December 2018 (Table 2, Table 10A).
- Of the ten Type 1 EDs, the Ulster (347), RBHSC (213) and Altnagelvin Area (212) reported the largest increases in attendances during December 2018, compared with December 2017 (Table 2, Table 10A).

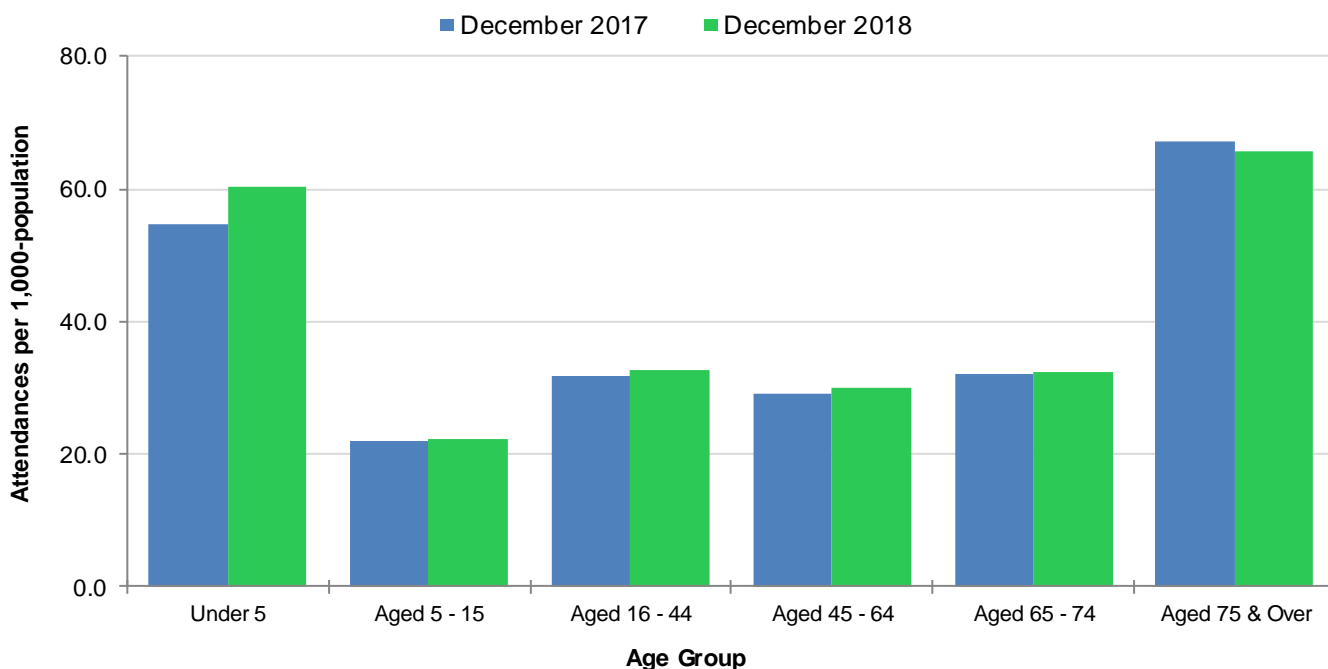
⁷ Information for December 2017 and October, November and December 2018 is detailed in Appendix 4, Table 10A.

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 (December 2017 - December 2018)^{12, 13}



- During both December 2017 and December 2018, the highest number of attendances per 1,000-population was recorded for those Aged 75 & Over (67.1 and 65.5 respectively) (Figure 2, Table 10H).
- A high number of attendances per 1,000-population aged Under 5 was also recorded in both December 2017 and December 2018 (54.6 and 60.3 respectively) (Figure 2, Table 10H).
- The rate of attendances per 1,000-population increased for all groups except those Aged 75 & Over between December 2017 and December 2018. (Figure 2, Table 10H).
- The lowest number of attendances per 1,000-population was recorded in the Aged 5-15 age group during December 2018 (22.3) (Figure 2, Table 10H).

⁹ Information for December 2017 and October, November and December 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 2017 mid-year population estimate which was published on 28th June 2018.

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 (December 2017 - December 2018)^{16, 17}

Department	Triage Group			
	Level 1 / 2 / 3		Level 4 / 5	
	Dec 2017	Dec 2018	Dec 2017	Dec 2018
Mater	60.2%	60.9%	39.8%	39.1%
Royal Victoria	66.4%	67.4%	33.6%	32.6%
RBHSC	39.7%	41.0%	60.3%	59.0%
Antrim Area	70.9%	74.9%	29.1%	25.1%
Causeway	75.9%	73.3%	24.1%	26.7%
Ulster	71.7%	74.3%	28.3%	25.7%
Craigavon Area	83.1%	78.5%	16.9%	21.5%
Daisy Hill	77.8%	83.2%	22.2%	16.8%
Altnagelvin Area	65.2%	65.8%	34.8%	34.2%
South West Acute	71.4%	70.9%	28.6%	29.1%
Type 1	69.4%	70.2%	30.6%	29.8%
Type 2	52.5%	50.4%	47.5%	49.6%
Type 3	2.9%	5.8%	97.1%	94.2%
Northern Ireland	62.8%	63.1%	37.2%	36.9%

Source: Regional Data Warehouse, Business Services Organisation

- Over seven in ten (70.2%) of attendances at Type 1 departments in December 2018 were triaged as level 1, 2 or 3, 0.8 percentage points higher than December 2017 (69.4%) (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.

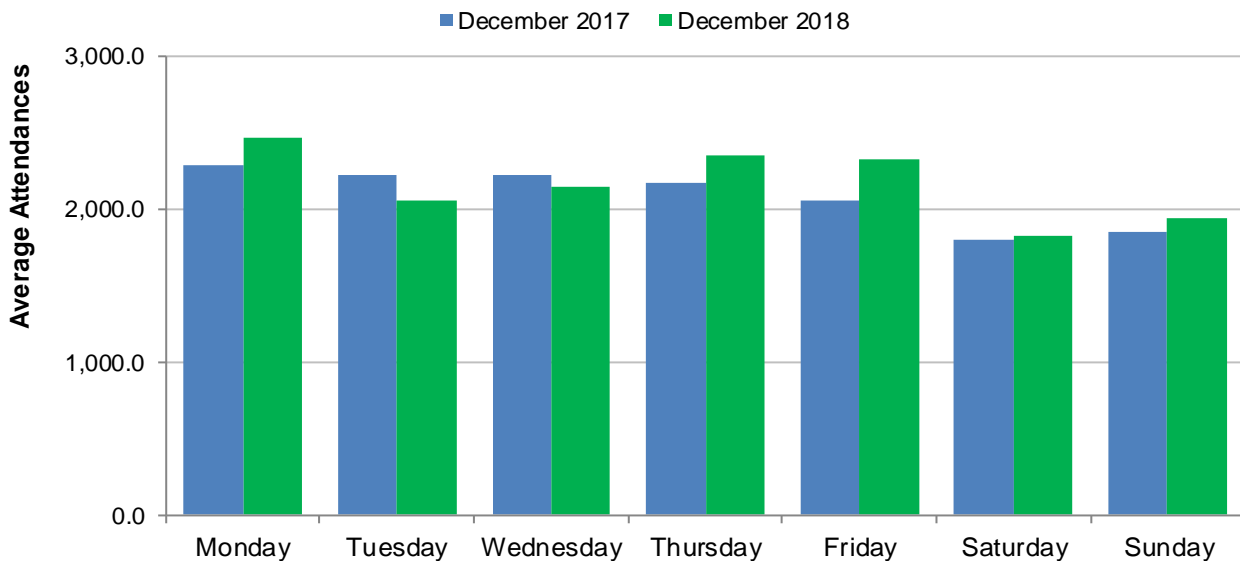
¹⁶ Information for December 2017 and October, November and December 2018 is detailed in Appendix 4: Table 10L.

¹⁷ Information on triage levels for Type 3 EDs in December 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 December 2018, compared with December 2017.^{18, 19, 20}

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



- Overall, Monday was the busiest day at EDs during both December 2017 and December 2018, with over 2,450 daily attendances on average each Monday during December 2018 (Figure 4, Table 10I).
- The largest increase in average daily attendances between December 2017 and December 2018 (268) was on a Friday (2,050 and 2,318 respectively) (Figure 4, Table 10I).
- The lowest average number of daily attendances was on a Saturday during both December 2017 (1,791) and December 2018 (1,824) (Figure 4, Table 10I).

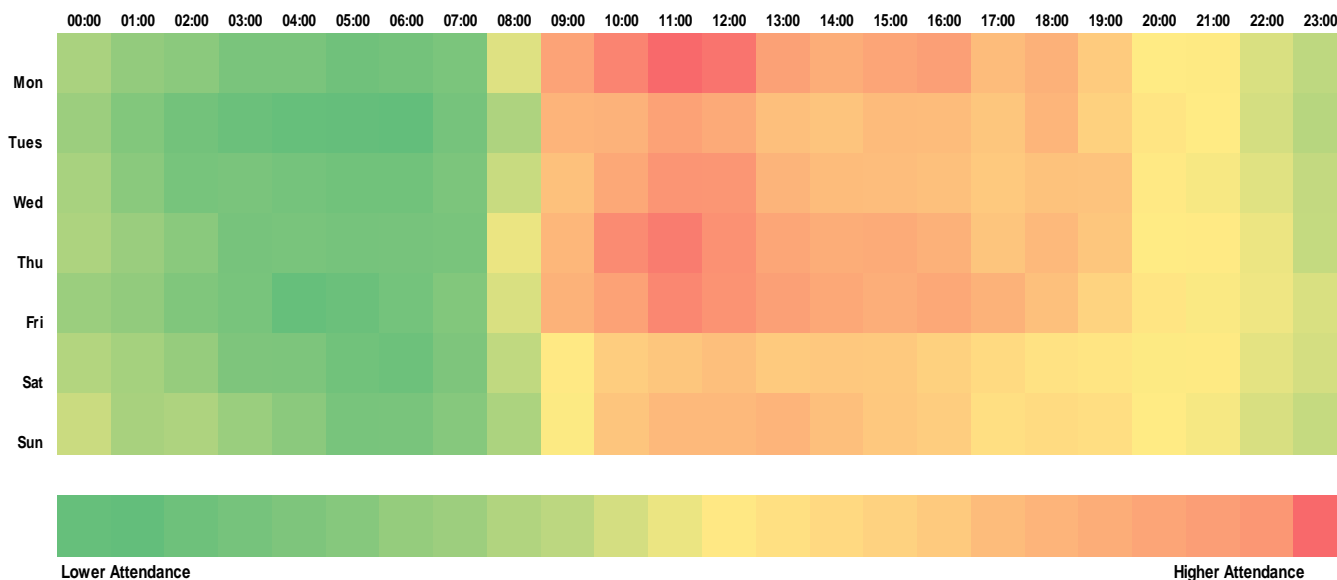
¹⁸ Information for December 2017 and October, November and December 2018 is detailed in Appendix 4, Table 10I.

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 December 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 (December 2018)



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

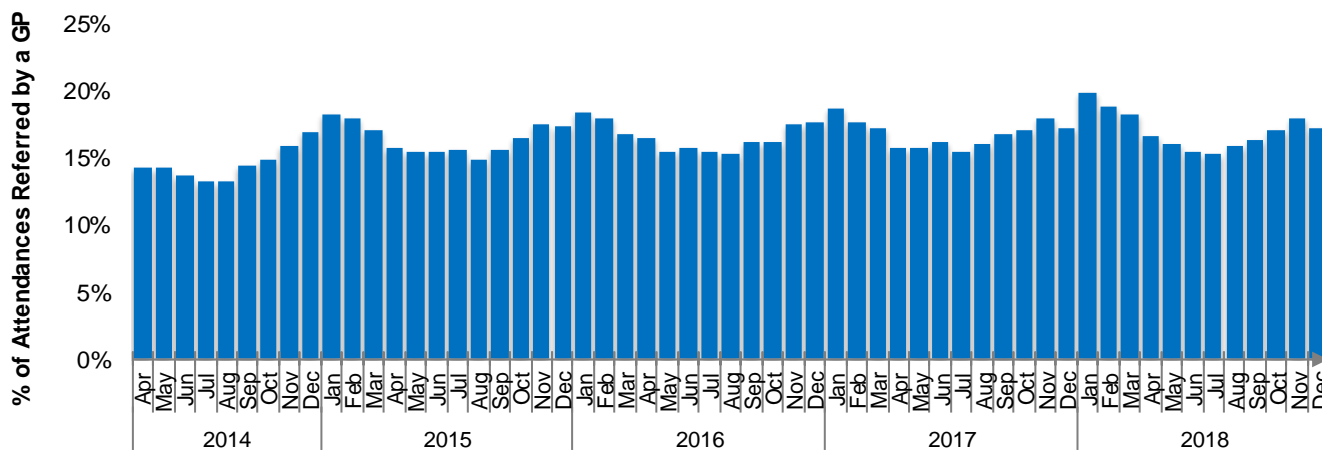
²¹ Data on when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

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 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 – December 2018)



- In December 2018, over one in six (17.2%) attendances at EDs had been referred by a GP, similar to December 2017 (17.2%) (Figure 6, Table 10C).
- Type 1 EDs reported the highest percentage of attendances referred by a GP (19.0%) during December 2018, similar to December 2017 (19.0%) (Table 10C).
- Almost a quarter of attendances at the Ulster (23.6%) and Antrim Area (23.3%) had been referred by a GP during December 2018, compared with 11.4% 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 December 2017 and October, November and December 2018 is detailed in Appendix 4, Table 10C.

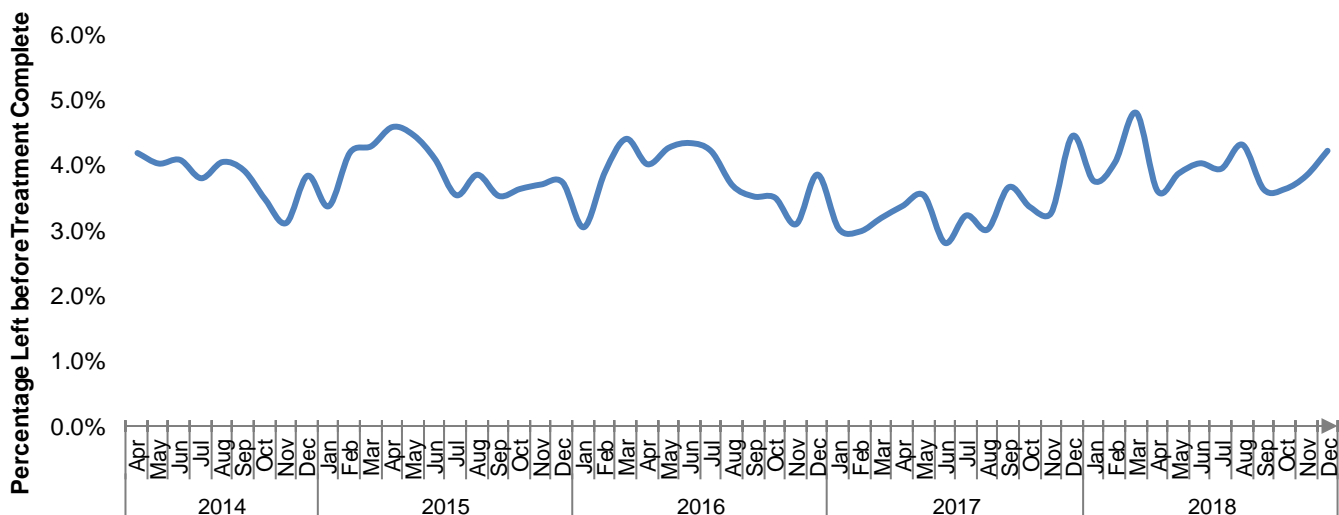
²⁴ Data on referrals to ED by GP's are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

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 – December 2018)



- During December 2018, 4.2% of all ED attendances left before their treatment was complete, 0.2 percentage points lower than December 2017 (4.4%) (Figure 7, Table 10C).
- Type 1 EDs reported the highest percentage (4.8%) of patients leaving before their treatment was complete in December 2018, with 2.1% reported for Type 2 EDs and 0.3% for Type 3 EDs (Table 10C).
- The Mater (7.6%) reported the highest percentage of attendances leaving an ED before their treatment was complete during December 2018, 0.4 percentage points higher than December 2017 (7.2%) (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 December 2017 and October, November and December 2018 is detailed in Appendix 4, Table 10C.

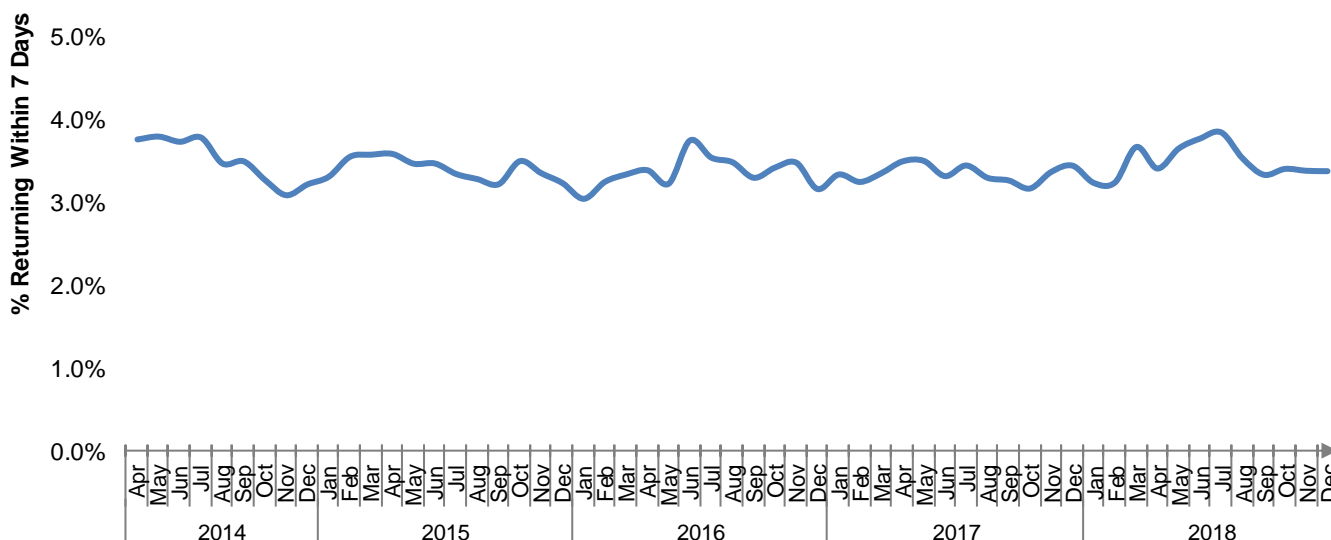
²⁷ Data on those leaving ED before their treatment was complete are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

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 – December 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 December 2018, 3.4% of attendances had attended the same ED within 7 days of their original attendance, similar to December 2017 (3.4%) (Figure 8, Table 10C).
- RBHSC (6.8%) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during December 2018 (Table 10C).

²⁹ Information for December 2017 and October, November and December 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 targets³² 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.

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 (December 2017 - December 2018)

Percentage Within 4 Hours	December 2017	December 2018	Difference	
			No.	% pt
Type 1	63.0%	62.2%	-	-0.8%
Type 2	84.5%	82.7%	-	-1.8%
Type 3	99.9%	99.9%	-	0.0%
Total	67.7%	67.0%	-	-0.7%
Number Over 12 Hours	December 2017	December 2018	Difference	
			No.	%
Type 1	2,305	2,007	-298	-
Type 2	64	11	-53	-
Type 3	0	0	0	-
Total	2,369	2,018	-351	-
New & Unplanned Review Attendances	December 2017	December 2018	Difference	
			No.	%
Type 1	54,824	55,807	983	1.8%
Type 2	4,975	4,878	-97	-1.9%
Type 3	5,326	5,955	629	11.8%
Total	65,125	66,640	1,515	2.3%

Source: Regional Data Warehouse, Business Services Organisation

- Over two thirds (67.0%) attendances in December 2018 were discharged or admitted within 4 hours, 0.7 percentage points lower than December 2017 (67.7%) (Table 10B & 10J).
- Almost two thirds (62.2%) of attendances at Type 1 EDs in December 2018 were treated and discharged or admitted within 4 hours of their arrival, compared with 82.7% at Type 2 EDs and 99.9% at Type 3 EDs (Table 4, Table 10B & Table 10J).
- Between December 2017 and December 2018, the number waiting longer than 12 hours decreased from 2,369 to 2,018, accounting for 3.0% of all attendances in December 2018 (Table 4, Table 10B & 10J).
- During this period, EDs experienced a 2.3% increase in attendances (65,125 to 66,640), whilst 4 hour performance dropped by 0.7 percentage points (Table 4, Table 10B & Table 10J).
- During the quarter ending 31st December 2018, almost three quarters (69.4%) of patients were treated and discharged or admitted within 4 hours, 2.3 percentage points less than the same quarter in 2017 (71.7%).

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 for both the four and twelve hour components of the emergency care waiting times target at each Type 1 ED in December 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 (December 2017 - December 2018)

Department	4 Hour Performance		12 Hour Performance		Total Attendances	
	Dec 2017	Dec 2018	Dec 2017	Dec 2018	Dec 2017	Dec 2018
Mater	72.4%	70.2%	129	50	4,131	4,077
Royal Victoria	59.3%	54.8%	173	211	8,014	8,125
RBHSC	76.3%	76.5%	-	1	3,547	3,760
Antrim Area	54.9%	58.5%	649	380	7,180	7,245
Causeway	60.3%	73.3%	190	74	3,655	3,791
Ulster	59.1%	58.4%	642	632	7,869	8,216
Craigavon Area	57.0%	54.2%	343	282	7,343	7,200
Daisy Hill	71.6%	65.3%	79	114	4,518	4,590
Altnagelvin Area	67.7%	67.2%	76	132	5,576	5,788
South West Acute	70.6%	63.3%	24	131	2,991	3,015
Type 1	63.0%	62.2%	2,305	2,007	54,824	55,807
Type 2	84.5%	82.7%	64	11	4,975	4,878
Type 3	99.9%	99.9%	-	-	5,326	5,955
Northern Ireland	67.7%	67.0%	2,369	2,018	65,125	66,640

Source: Regional Data Warehouse, Business Services Organisation

- During December 2018, the RBHSC (76.5%) reported the best performance of any Type 1 ED against the 4 hour target, whilst Craigavon Area (54.2%) reported the lowest (Table 5, Table 10B).
- No Type 1 ED achieved the 12-hour target during December 2018 (Table 5, Table 10B).
- The Ulster (632) and Antrim Area (380) reported the highest numbers of patients waiting over the 12 hours during December 2018 (Table 5, Table 10B).
- Between December 2017 and December 2018, performance against the 12 hour target declined at five Type 1 EDs, South West Acute, Altnagelvin Area, Royal Victoria, Daisy Hill and RBHSC (Table 5, Table 10B).

³⁴ Information for December 2017 and October, November and December 2018 is detailed in Appendix 4: Table 10B & Table 10I.

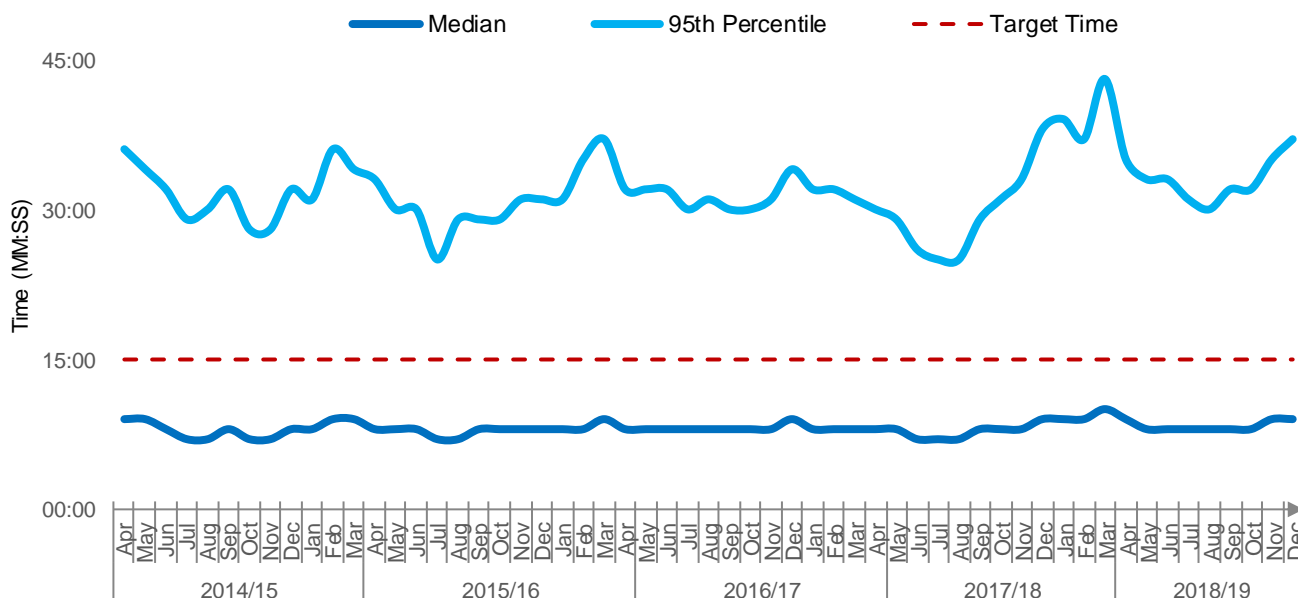
³⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

How Long Did Patients Wait to be 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.^{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 - December 2018)³⁸



- During December 2018, the median waiting time from arrival to triage was 9 minutes, the same as the time taken in December 2017 (9 minutes) (Figure 10, Table 10D).
- 95 per cent of patients were triaged within 37 minutes of their arrival at an ED in December 2018, 1 minute less than the time taken in December 2017 (38 minutes) (Figure 10, Table 10D).
- Almost three quarters (72.1%) of attendances were triaged within 15 minutes of their arrival at an ED during December 2018, 1.1 percentage points less than December 2017 (71.0%).

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 December 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 Triageed (December 2017 - December 2018)⁴¹

Department	% Commencing Treatment Within 2 Hours of Triage	
	Dec 2017	Dec 2018
Mater	79.6%	77.3%
Royal Victoria	68.1%	65.6%
RBHSC	79.0%	82.7%
Antrim Area	61.6%	65.2%
Causeway	79.2%	94.2%
Ulster	77.7%	76.8%
Craigavon Area	63.0%	61.8%
Daisy Hill	86.9%	71.5%
Altnagelvin Area	85.3%	87.5%
South West Acute	85.7%	82.3%
Type 1	74.8%	74.5%
Type 2	93.7%	94.1%
Type 3	99.8%	99.8%
Northern Ireland	78.1%	77.7%

Source: Regional Data Warehouse, Business Services Organisation

- Over three quarters (77.7%) patients attending EDs commenced their treatment within 2 hours of being triaged, 0.4 percentage points lower than December 2017 (78.1%) (Table 6, Table 10K).
- During December 2018, almost three quarters (74.5%) of patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 94.1% at Type 2 EDs and 99.8% at Type 3 EDs (Table 6, Table 10K).
- Four Type 1 EDs (Causeway, Altnagelvin Area, RBHSC, and South West Acute) achieved the 80% target in December 2018 (Table 6, Table 10K).
- During December 2018, Causeway (94.2%) reported the highest percentage of patients commencing treatment within 2 hours of being triaged, whilst Craigavon Area (61.8%) reported the lowest percentage (Table 6, Table 10K).

³⁹ Information for December 2017 and October, November and December 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.

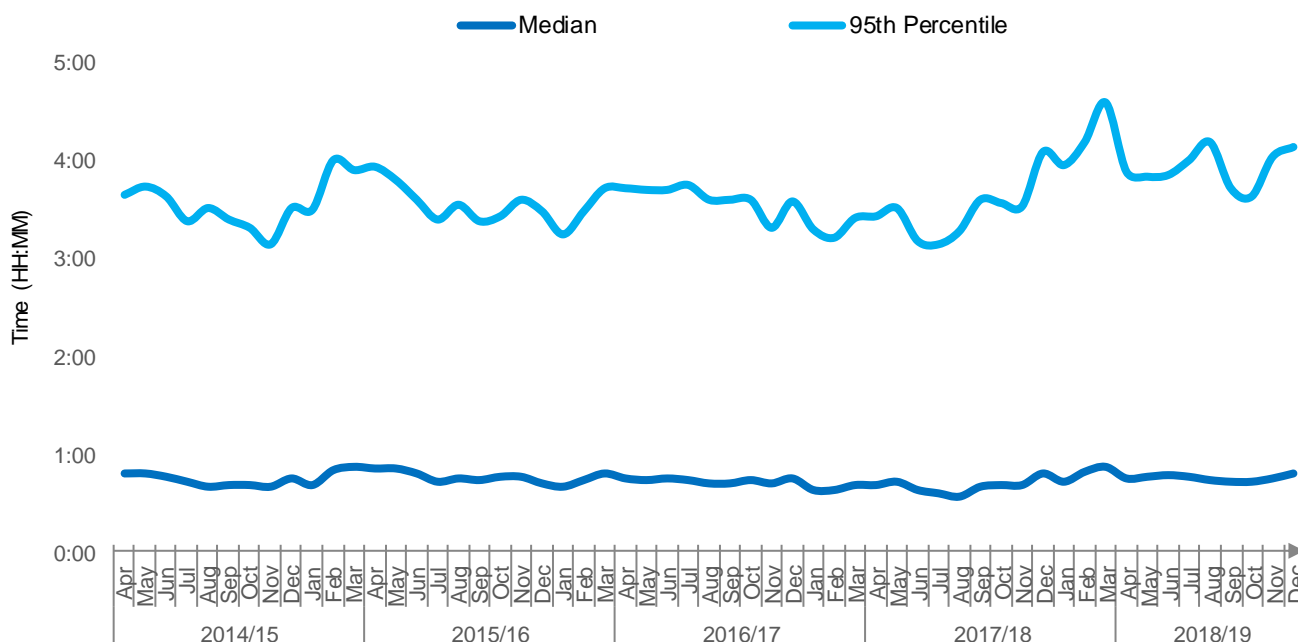
⁴¹ Information on start of treatment for Type 3 EDs in December 2018 does not include data for Omagh UCC after 6th March 2018.

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 – December 2018)^{44, 45}



- The median waiting time from triage to start of treatment in December 2018 was 48 minutes, similar to the time taken in December 2017 (48 minutes) (Figure 11, Table 10E).
- During December 2018, 95 percent of patients commenced their treatment within 4 hours 8 minutes of being triaged in an ED, 3 minutes longer than the time taken in December 2017 (4 hours 5 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 December 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 December 2018 compared with December 2017. ^{46, 47}

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

Department	Median		95th Percentile	
	Dec 2017	Dec 2018	Dec 2017	Dec 2018
Mater	0:43	0:44	3:51	4:21
Royal Victoria	1:05	1:10	4:45	4:36
RBHSC	0:58	0:55	3:39	3:04
Antrim Area	1:28	1:21	6:22	5:20
Causeway	0:54	0:28	3:48	2:06
Ulster	1:00	0:54	3:35	4:05
Craigavon Area	1:26	1:31	5:45	5:52
Daisy Hill	0:46	1:11	2:51	3:56
Altnagelvin Area	0:34	0:32	3:07	2:57
South West Acute	0:34	0:35	3:04	3:18
Type 1	0:58	0:57	4:20	4:21
Type 2	0:37	0:32	2:09	2:05
Type 3	0:03	0:03	0:38	0:32
Northern Ireland	0:48	0:48	4:05	4:08

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 December 2018, 1 minutes less than December 2017 (58 minutes) (Table 7, Table 10E).
- Craigavon Area (1 hour 31 minutes) reported the longest median waiting time from triage to start of treatment during December 2018, whilst Causeway (28 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 52 minutes of being triaged; 7 minutes longer than the time taken in December 2017 (5 hours 45 minutes) (Table 7, Table 10E).
- Causeway reported the shortest time to start of treatment during December 2018, with 95 per cent of attendances commencing treatment within 2 hours 6 minutes of being triaged, 1 hour 42 minutes less than the time taken in December 2017 (3 hours 48 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.

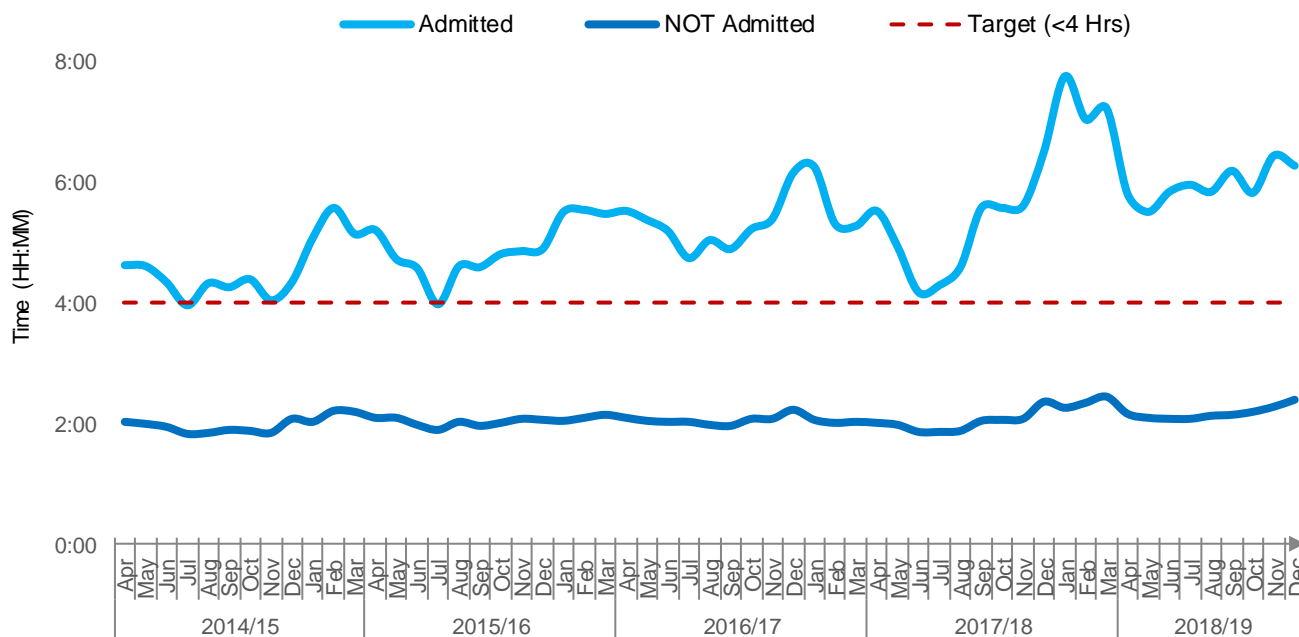
⁴⁸ Information for December 2017 and October, November and December 2018 is detailed in Appendix 4, Table 10E.

⁴⁹ Information on start of treatment for Type 3 EDs in December 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 to December 2018)⁵².



- During December 2018, the median time patients admitted to hospital spent in an ED was 6 hours 17 minutes, compared with 2 hour 24 minutes for those discharged home (Figure 12, Table 10F & 10G).
- During December 2018, 95 per cent of patients admitted to hospital spent almost three times as long in an ED (18 hour 57 minutes) than those discharged home (6 hours 50 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 EDs can be found in Appendix 4, Table 10F and 10G.

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.⁵³

Table 8: Total Time Spent in an Emergency Care Department for those Admitted to Hospital (December 2017 - December 2018)⁵⁴,

Department	Median		95th Percentile	
	Dec 2017	Dec 2018	Dec 2017	Dec 2018
Mater	5:15	5:18	18:35	12:49
Royal Victoria	6:57	6:53	14:23	14:23
RBHSC	3:38	4:15	7:43	8:02
Antrim Area	7:38	6:13	25:21	20:41
Causeway	8:18	6:06	23:37	14:56
Ulster	7:56	7:21	24:11	24:29
Craigavon Area	7:04	6:50	18:46	18:23
Daisy Hill	5:54	6:06	15:36	18:20
Altnagelvin Area	6:15	6:29	11:57	15:23
South West Acute	4:36	5:34	10:45	19:42
Type 1	6:34	6:23	20:52	19:04
Type 2	5:27	4:19	20:54	8:56
Type 3	0:08	2:39	0:10	3:35
Northern Ireland	6:31	6:17	20:53	18:57

Source: Regional Data Warehouse, Business Services Organisation

- The median time patients admitted spent in a Type 1 ED was 6 hours 23 minutes in December 2018, 11 minutes less than the same month last year (6 hours 34 minutes) (Table 8, Table 10F).
- The Ulster and the Royal Victoria reported the longest median waiting times from arrival to admission (7 hours 21 minutes and 6 Hours 53 minutes respectively), whilst the RBHSC reported the shortest time (4 hours 15 minutes) (Table 8).
- 95 per cent of patients were admitted to hospital within 19 hours 4 minutes at all Type 1 EDs during December 2018, 1 hour 48 minutes less than the time taken in December 2017 (20 hours 52 minutes) (Table 8).
- South West Acute reported the largest increase in the time taken for patients to be admitted to hospital, with 95 percent of attendances admitted within 19 hours 42 minutes of their arrival in December 2018, 8 hours 56 minutes longer than the time taken in December 2017 (10 hours 45 minutes) (Table 8, Table 10F).

⁵³ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵⁴ Information for December 2017 and October, November and December 2018 is detailed in Appendix 4, Table 10F.

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**.⁵⁵

Table 9: Total Time Spent in Emergency Care Departments for those Discharged Home (December 2017 - December 2018)⁵⁶.

Department	Median		95th Percentile	
	Dec 2017	Dec 2018	Dec 2017	Dec 2018
Mater	2:24	2:27	6:39	6:37
Royal Victoria	3:01	3:13	7:42	7:40
RBHSC	2:29	2:34	5:47	5:32
Antrim Area	3:08	3:01	9:26	7:45
Causeway	2:35	2:08	7:55	6:01
Ulster	2:46	2:47	6:45	7:15
Craigavon Area	3:00	3:09	7:56	8:06
Daisy Hill	2:17	2:45	5:38	6:35
Altnagelvin Area	2:38	2:31	6:11	6:15
South West Acute	2:33	2:56	6:08	7:11
Type 1	2:44	2:47	7:18	7:08
Type 2	1:44	1:44	5:14	5:16
Type 3	0:29	0:32	1:24	1:40
Northern Ireland	2:22	2:24	6:58	6:50

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 47 minutes in December 2018, 3 minutes longer than the time taken during the same month last year (2 hour 44 minutes) (Table 9, Table 10G).
- In December 2018, 95 per cent of attendances at Type 1 EDs were discharged home within 7 hours 8 minutes of their arrival, 10 minutes less than the time taken in December 2017 (7 hours 18 minutes) (Table 9, Table 10G).

⁵⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵⁶ Information for December 2017 and October, November and December 2018 is detailed in Appendix 4, Table 10G.

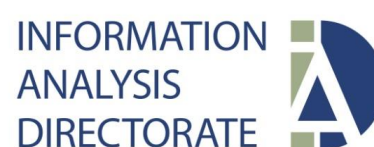
Appendices

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

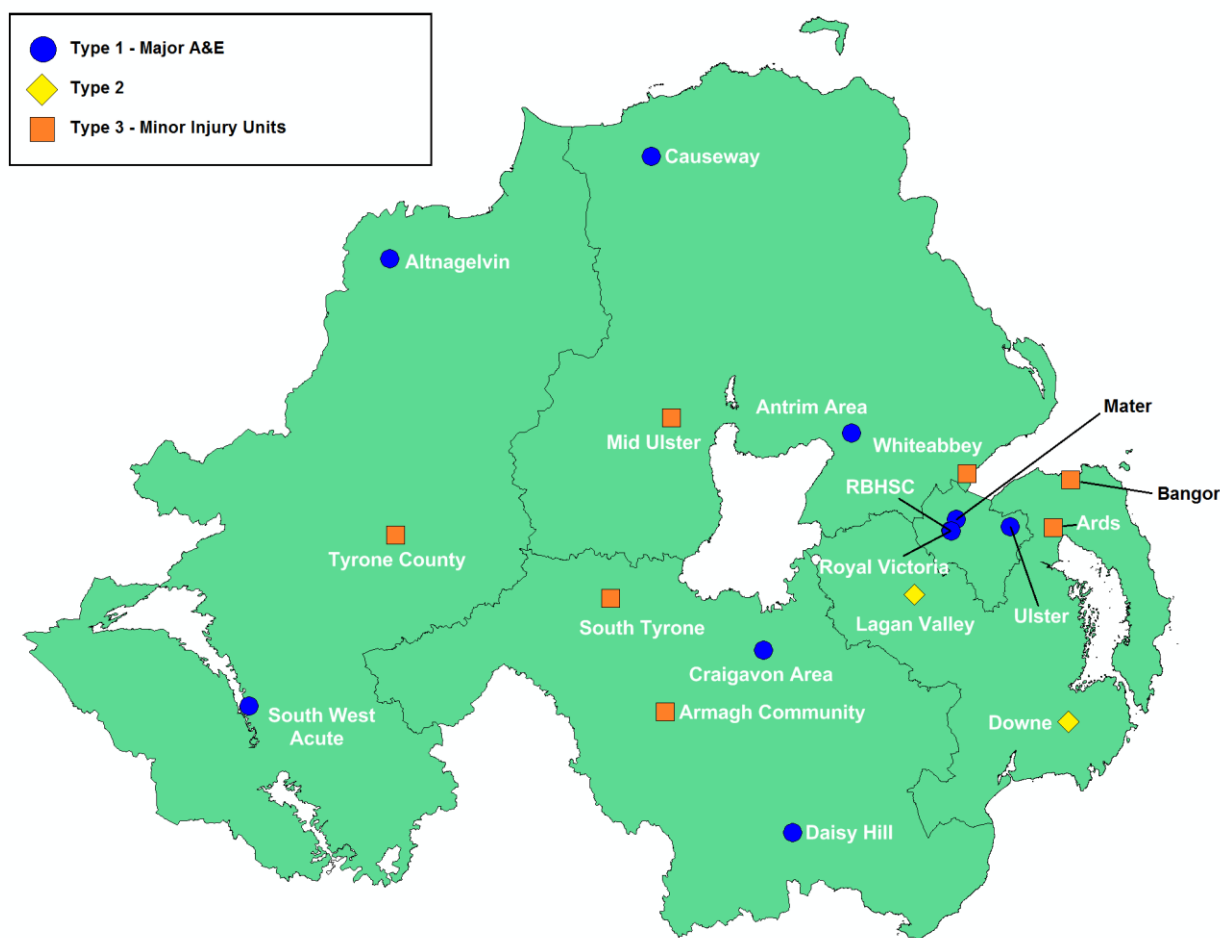
There are three separate categories of emergency care facility included in this publication:

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.

Emergency Care Departments in Northern Ireland



Current Categorisation of Emergency Care Departments ⁵⁷

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) ⁵⁸ (9-5pm Mon-Fri) (8.30-1pm Sat)	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ⁵⁹ (Closed)
	Causeway		Mid Ulster (9-5pm Mon-Fri)
South Eastern	Ulster	Lagan Valley (8-8pm Mon-Fri)	Ards MIU (9-5pm Mon-Fri)
		Downe ⁶⁰ (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 ⁶¹ (Closed)
Western	Altnagelvin Area		Tyrone County (Closed)
	South West Acute		Omagh ⁶² (24-hour)

⁵⁷ Opening Hours are as of June 2017.

⁵⁸ RVH (RAES) refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

⁵⁹ Temporarily closed on 1st December 2014.

⁶⁰ Currently operates as a Type 3 on Saturday and Sunday, between 9am and 5pm.

⁶¹ Temporarily closed on 17th November 2014.

⁶² 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 ⁶³

Department	New Attendances				Unplanned Reviews				Total Attendances			
	Dec 2017	Oct 2018	Nov 2018	Dec 2018	Dec-17	Oct-18	Nov-18	Dec-18	Dec-17	Oct-18	Nov-18	Dec-18
Mater	3,976	4,104	3,752	3,922	155	132	129	155	4,131	4,236	3,881	4,077
Royal Victoria	7,761	8,111	7,764	7,793	253	384	316	332	8,014	8,495	8,080	8,125
RBHSC	3,240	3,012	3,258	3,405	307	254	295	355	3,547	3,266	3,553	3,760
Antrim Area	6,745	6,931	6,803	6,838	435	446	428	407	7,180	7,377	7,231	7,245
Causeway	3,427	3,597	3,396	3,551	228	295	240	240	3,655	3,892	3,636	3,791
Ulster	7,710	7,849	7,896	7,997	159	203	260	219	7,869	8,052	8,156	8,216
Craigavon Area	6,880	6,930	6,540	6,802	463	467	422	398	7,343	7,397	6,962	7,200
Daisy Hill	4,298	4,486	4,234	4,329	220	281	259	261	4,518	4,767	4,493	4,590
Altnagelvin Area	5,255	5,617	5,336	5,495	321	306	291	293	5,576	5,923	5,627	5,788
South West Acute	2,771	2,835	2,746	2,813	220	236	222	202	2,991	3,071	2,968	3,015
Type 1	52,063	53,472	51,725	52,945	2,761	3,004	2,862	2,862	54,824	56,476	54,587	55,807
Downe	1,760	1,826	1,694	1,654	69	68	72	79	1,829	1,894	1,766	1,733
Lagan Valley	1,820	2,285	2,056	1,834	67	97	84	77	1,887	2,382	2,140	1,911
Eye Casualty	1,259	1,365	1,314	1,234	-	-	-	-	1,259	1,365	1,314	1,234
Type 2	4,839	5,476	5,064	4,722	136	165	156	156	4,975	5,641	5,220	4,878
Mid Ulster	594	916	852	718	23	38	23	41	617	954	875	759
Ards	725	1,036	974	807	27	45	51	39	752	1,081	1,025	846
Bangor	579	982	741	702	31	56	40	37	610	1,038	781	739
South Tyrone	2,008	2,767	2,425	2,159	109	130	119	72	2,117	2,897	2,544	2,231
Omagh	1,198	1,387	1,211	1,247	32	144	117	133	1,230	1,531	1,328	1,380
Type 3	5,104	7,088	6,203	5,633	222	413	350	322	5,326	7,501	6,553	5,955
Northern Ireland	62,006	66,036	62,992	63,300	3,119	3,582	3,368	3,340	65,125	69,618	66,360	66,640

⁶³ 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^{64, 65}

Department	4 - Hour Performance				12 - Hour Performance				Total Attendances			
	Dec 2017	Oct 2018	Nov 2018	Dec 2018	Dec 2017	Oct 2018	Nov 2018	Dec 2018	Dec 2017	Oct 2018	Nov 2018	Dec 2018
Mater	72.4%	71.9%	71.0%	70.2%	129	56	120	50	4,131	4,236	3,881	4,077
Royal Victoria	59.3%	58.2%	56.3%	54.8%	173	174	248	211	8,014	8,495	8,080	8,125
RBHSC	76.3%	87.1%	80.1%	76.5%	.	.	.	1	3,547	3,266	3,553	3,760
Antrim Area	54.9%	69.4%	62.0%	58.5%	649	218	488	380	7,180	7,377	7,231	7,245
Causeway	60.3%	74.1%	71.4%	73.3%	190	58	91	74	3,655	3,892	3,636	3,791
Ulster	59.1%	66.1%	62.0%	58.4%	642	303	507	632	7,869	8,052	8,156	8,216
Craigavon Area	57.0%	54.5%	52.6%	54.2%	343	594	583	282	7,343	7,397	6,962	7,200
Daisy Hill	71.6%	70.1%	69.0%	65.3%	79	47	81	114	4,518	4,767	4,493	4,590
Altnagelvin Area	67.7%	73.9%	70.1%	67.2%	76	107	177	132	5,576	5,923	5,627	5,788
South West Acute	70.6%	67.3%	63.3%	63.3%	24	66	157	131	2,991	3,071	2,968	3,015
Type 1	63.0%	67.2%	63.9%	62.2%	2,305	1,623	2,452	2,007	54,824	56,476	54,587	55,807
Downe	85.7%	90.4%	88.9%	90.0%	40	1	7	5	1,829	1,894	1,766	1,733
Lagan Valley	80.4%	77.5%	80.3%	77.1%	24	.	1	6	1,887	2,382	2,140	1,911
RVH (Eye Casualty)	88.7%	84.4%	80.4%	81.0%	.	.	.	.	1,259	1,365	1,314	1,234
Type 2	84.5%	83.5%	83.3%	82.7%	64	1	8	11	4,975	5,641	5,220	4,878
Mid Ulster	100.0%	100.0%	100.0%	100.0%	.	.	.	.	617	954	875	759
Ards	100.0%	99.9%	100.0%	100.0%	.	.	.	.	752	1,081	1,025	846
Bangor	100.0%	100.0%	100.0%	100.0%	.	.	.	.	610	1,038	781	739
South Tyrone	100.0%	100.0%	100.0%	100.0%	.	.	.	.	2,117	2,897	2,544	2,231
Omagh	99.8%	99.7%	99.8%	99.6%	.	.	.	.	1,230	1,531	1,328	1,380
Type 3	99.9%	99.9%	100.0%	99.9%	.	.	.	.	5,326	7,501	6,553	5,955
Northern Ireland	67.7%	72.1%	69.0%	67.0%	2,369	1,624	2,460	2,018	65,125	69,618	66,360	66,640

⁶⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁶⁵ 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 within 7 Days^{66, 67}

Department	GP Referrals				Left Before Treatment				Unplanned reviews Within 7 Days			
	Dec 2017	Oct 2018	Nov 2018	Dec 2018	Dec 2017	Oct 2018	Nov 2018	Dec 2018	Dec 2017	Oct 2018	Nov 2018	Dec 2018
Mater	12.7%	14.1%	12.7%	12.5%	7.2%	7.3%	6.8%	7.6%	2.3%	2.2%	2.6%	2.8%
Royal Victoria	17.5%	18.7%	18.6%	17.3%	5.4%	6.1%	6.1%	6.8%	2.1%	2.7%	2.3%	2.5%
RBHSC	16.5%	15.6%	17.7%	15.8%	6.5%	1.6%	4.2%	5.3%	5.7%	5.2%	6.0%	6.8%
Antrim Area	23.0%	23.0%	24.7%	23.3%	5.3%	2.6%	3.9%	3.8%	3.6%	3.7%	3.4%	3.1%
Causeway	23.6%	21.8%	22.9%	22.9%	5.2%	1.8%	2.0%	1.6%	4.2%	4.1%	4.3%	3.7%
Ulster	23.3%	23.9%	25.0%	23.6%	3.3%	2.5%	3.3%	3.5%	1.7%	1.8%	2.2%	2.1%
Craigavon Area	22.8%	22.9%	24.0%	22.7%	6.5%	6.8%	6.3%	6.1%	4.5%	4.6%	4.3%	3.9%
Daisy Hill	14.3%	14.9%	16.7%	16.0%	2.9%	4.2%	4.0%	4.0%	4.0%	4.7%	4.2%	4.1%
Altnagelvin Area	12.8%	13.1%	13.2%	11.4%	4.5%	3.4%	3.1%	4.3%	4.5%	3.6%	3.6%	3.6%
South West Acute	17.1%	18.5%	20.8%	18.8%	4.0%	2.9%	3.6%	3.7%	7.0%	5.1%	5.5%	5.0%
Type 1	19.0%	19.3%	20.3%	19.0%	5.0%	4.1%	4.4%	4.8%	3.6%	3.6%	3.6%	3.5%
Downe	16.7%	16.1%	16.6%	18.4%	1.2%	0.8%	0.6%	0.8%	2.8%	1.9%	2.2%	2.8%
Lagan Valley	13.0%	13.5%	12.5%	12.8%	1.7%	3.4%	2.1%	3.2%	2.4%	2.6%	1.8%	2.3%
Type 2	14.8%	14.6%	14.4%	15.5%	1.5%	2.3%	1.4%	2.1%	2.6%	2.3%	2.0%	2.5%
Mid Ulster	2.6%	1.9%	1.7%	1.6%	0.3%	0.1%	0.0%	0.1%	2.1%	1.8%	1.4%	2.2%
Ards	0.8%	1.4%	1.0%	0.5%	0.5%	0.5%	0.7%	0.2%	1.5%	2.1%	2.3%	3.4%
Bangor	0.8%	1.0%	1.2%	1.1%	0.0%	0.9%	0.4%	0.7%	2.8%	2.7%	2.0%	2.2%
South Tyrone	0.6%	0.9%	1.0%	0.5%	0.1%	0.2%	0.2%	0.0%	2.7%	2.1%	2.6%	1.7%
Omagh	1.3%	2.9%	1.7%	1.7%	1.1%	1.4%	0.2%	0.8%	1.9%	5.7%	4.8%	5.6%
Type 3	1.0%	1.5%	1.2%	1.0%	0.4%	0.6%	0.3%	0.3%	2.3%	2.9%	2.8%	3.0%
Northern Ireland	17.2%	17.1%	18.0%	17.2%	4.4%	3.6%	3.8%	4.2%	3.4%	3.4%	3.4%	3.4%

⁶⁶ 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.

⁶⁷ 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)^{68, 69}

Department	Median				95 th Percentile			
	Dec 2017	Oct 2018	Nov 2018	Dec 2018	Dec 2017	Oct 2018	Nov 2018	Dec 2018
Mater	0:08	0:09	0:10	0:09	0:30	0:29	0:31	0:27
Royal Victoria	0:10	0:13	0:15	0:14	0:40	0:47	0:50	0:50
RBHSC	0:12	0:09	0:12	0:15	0:48	0:37	0:43	0:57
Antrim Area	0:10	0:09	0:09	0:09	0:33	0:24	0:26	0:26
Causeway	0:12	0:09	0:09	0:09	0:37	0:26	0:27	0:26
Ulster	0:11	0:09	0:09	0:11	0:36	0:26	0:27	0:31
Craigavon Area	0:10	0:10	0:11	0:11	0:47	0:44	0:46	0:46
Daisy Hill	0:06	0:05	0:05	0:05	0:18	0:15	0:16	0:17
Altnagelvin Area	0:15	0:10	0:11	0:11	0:45	0:27	0:34	0:35
South West Acute	0:12	0:10	0:11	0:11	0:49	0:38	0:38	0:38
Type 1	0:10	0:09	0:10	0:10	0:40	0:34	0:37	0:39
Downe	0:10	0:05	0:05	0:05	0:29	0:19	0:19	0:21
Lagan Valley	0:09	0:08	0:07	0:08	0:26	0:21	0:20	0:22
Type 2	0:09	0:07	0:06	0:07	0:27	0:20	0:19	0:21
Mid Ulster	0:02	0:02	0:02	0:02	0:08	0:07	0:07	0:07
Ards	0:03	0:03	0:03	0:02	0:14	0:15	0:15	0:11
Bangor	0:03	0:05	0:03	0:04	0:14	0:19	0:17	0:17
South Tyrone	0:01	0:02	0:01	0:01	0:10	0:10	0:09	0:10
Omagh	0:00	0:08	0:08	0:08	0:19	0:35	0:33	0:36
Type 3	0:01	0:03	0:03	0:03	0:12	0:19	0:18	0:20
Northern Ireland	0:09	0:08	0:09	0:09	0:38	0:32	0:35	0:37

⁶⁸ 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.

⁶⁹ 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^{70, 71, 72}

Department	Median				95 th Percentile			
	Dec 2017	Oct 2018	Nov 2018	Dec 2018	Dec 2017	Oct 2018	Nov 2018	Dec 2018
Mater	0:43	0:52	0:49	0:44	3:51	4:18	3:51	4:21
Royal Victoria	1:05	1:05	1:08	1:10	4:45	4:19	4:49	4:36
RBHSC	0:58	0:35	0:49	0:55	3:39	2:01	3:21	3:04
Antrim Area	1:28	1:07	1:13	1:21	6:22	4:08	5:27	5:20
Causeway	0:54	0:37	0:36	0:28	3:48	2:31	2:23	2:06
Ulster	1:00	0:43	0:49	0:54	3:35	3:07	3:56	4:05
Craigavon Area	1:26	1:33	1:34	1:31	5:45	6:07	5:33	5:52
Daisy Hill	0:46	1:10	1:03	1:11	2:51	3:26	3:50	3:56
Altnagelvin Area	0:34	0:27	0:30	0:32	3:07	2:36	2:37	2:57
South West Acute	0:34	0:36	0:41	0:35	3:04	3:04	3:06	3:18
Type 1	0:58	0:52	0:55	0:57	4:20	3:53	4:18	4:21
Downe	0:33	0:25	0:23	0:24	2:00	1:43	1:33	1:37
Lagan Valley	0:41	0:48	0:35	0:41	2:20	2:44	2:18	2:22
Type 2	0:37	0:35	0:29	0:32	2:09	2:29	2:08	2:05
Mid Ulster	0:04	0:04	0:04	0:04	0:22	0:21	0:21	0:20
Ards	0:03	0:09	0:09	0:08	0:25	0:46	0:48	0:53
Bangor	0:02	0:06	0:03	0:05	0:24	0:43	0:27	0:35
South Tyrone	0:01	0:01	0:01	0:01	0:18	0:25	0:24	0:21
Omagh	0:10	0:00	0:00	0:00	1:09	0:00	0:00	0:00
Type 3	0:03	0:04	0:03	0:03	0:38	0:33	0:31	0:32
Northern Ireland	0:48	0:43	0:45	0:48	4:05	3:38	4:02	4:08

⁷⁰ 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.

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

⁷² 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 ^{73, 74,}

Department	Median				95 th Percentile			
	Dec 2017	Oct 2018	Nov 2018	Dec 2018	Dec 2017	Oct 2018	Nov 2018	Dec 2018
Mater	5:15	5:28	6:23	5:18	18:35	14:38	19:44	12:49
Royal Victoria	6:57	6:51	7:02	6:53	14:23	13:43	16:00	14:23
RBHSC	3:38	3:32	3:46	4:15	7:43	6:56	7:39	8:02
Antrim Area	7:38	5:00	6:19	6:13	25:21	17:55	23:57	20:41
Causeway	8:18	5:32	6:46	6:06	23:37	11:58	18:08	14:56
Ulster	7:56	5:51	6:57	7:21	24:11	18:28	21:49	24:29
Craigavon Area	7:04	8:07	8:12	6:50	18:46	21:43	22:43	18:23
Daisy Hill	5:54	5:38	5:30	6:06	15:36	11:52	15:31	18:20
Altnagelvin Area	6:15	6:06	6:44	6:29	11:57	14:32	17:40	15:23
South West Acute	4:36	5:24	6:13	5:34	10:45	13:00	20:00	19:42
Type 1	6:34	5:57	6:36	6:23	20:52	17:56	20:55	19:04
Downe	5:33	3:12	3:16	3:31	22:27	7:38	7:56	8:45
Lagan Valley	5:27	4:28	4:29	4:44	20:20	8:02	7:53	9:19
Type 2	5:27	4:12	4:13	4:19	20:54	7:54	7:54	8:56
Mid Ulster	.	.	.	.	.	.	.	.
Ards	.	.	.	.	.	.	.	.
Bangor	.	.	.	.	.	.	.	.
South Tyrone	.	.	.	.	.	.	.	.
Omagh	.	.	.	.	.	.	.	.
Type 3	0:08	1:42	1:28	2:39	0:10	3:22	1:51	3:35
Northern Ireland	6:31	5:50	6:27	6:17	20:53	17:43	20:47	18:57

⁷³ 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.

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

Table 10G: Time Spent in an Emergency Care Department by those Discharged Home ^{75, 76,}

Department	Median				95 th Percentile			
	Dec 2017	Oct 2018	Nov 2018	Dec 2018	Dec 2017	Oct 2018	Nov 2018	Dec 2018
Mater	2:24	2:21	2:27	2:27	6:39	6:30	6:35	6:37
Royal Victoria	3:01	3:16	3:12	3:13	7:42	7:41	8:03	7:40
RBHSC	2:29	1:58	2:17	2:34	5:47	4:51	5:29	5:32
Antrim Area	3:08	2:30	2:46	3:01	9:26	6:29	7:43	7:45
Causeway	2:35	2:07	2:13	2:08	7:55	6:06	6:36	6:01
Ulster	2:46	2:30	2:41	2:47	6:45	6:08	6:52	7:15
Craigavon Area	3:00	3:06	3:18	3:09	7:56	8:16	8:04	8:06
Daisy Hill	2:17	2:34	2:33	2:45	5:38	6:07	6:26	6:35
Altnagelvin Area	2:38	2:19	2:27	2:31	6:11	5:33	5:51	6:15
South West Acute	2:33	2:44	2:52	2:56	6:08	7:06	7:17	7:11
Type 1	2:44	2:35	2:43	2:47	7:18	6:44	7:06	7:08
Downe	1:31	1:18	1:16	1:17	4:54	4:35	5:05	4:40
Lagan Valley	1:59	2:17	1:58	2:13	5:37	6:00	5:40	5:41
Type 2	1:44	1:48	1:36	1:44	5:14	5:35	5:26	5:16
Mid Ulster	0:30	0:29	0:33	0:32	1:16	1:19	1:25	1:25
Ards	0:30	0:42	0:44	0:40	1:15	1:42	1:46	1:53
Bangor	0:27	0:41	0:31	0:34	1:09	1:31	1:14	1:29
South Tyrone	0:26	0:27	0:27	0:27	1:02	1:09	1:08	1:12
Omagh	0:42	0:49	0:43	0:39	2:10	2:33	2:06	2:21
Type 3	0:29	0:34	0:32	0:32	1:24	1:42	1:33	1:40
Northern Ireland	2:22	2:12	2:17	2:24	6:58	6:24	6:44	6:50

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.

Table 10H: Attendances at Emergency Care Departments per 1000-Population by Age Group^{77, 78}

Age Group	Dec 2017	Oct 2018	Nov 2018	Dec 2018
Under 5	54.6	45.9	53.4	60.3
Aged 5 - 15	22.1	29.8	26.7	22.3
Aged 16 - 44	31.7	35.8	33.3	32.6
Aged 45 - 64	29.2	31.8	28.9	29.8
Aged 65 - 74	32.0	31.7	31.2	32.4
Aged 75 & Over	67.1	62.6	62.1	65.5
Northern Ireland	34.1	36.5	34.8	35.0

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

Day of Week	Dec 2017	Oct 2018	Nov 2018	Dec 2018
Monday	2,287.8	2,684.4	2,700.0	2,463.8
Tuesday	2,219.3	2,351.2	2,361.0	2,052.0
Wednesday	2,218.8	2,328.8	2,284.3	2,148.3
Thursday	2,166.5	2,287.5	2,247.4	2,351.3
Friday	2,050.0	2,219.8	2,226.2	2,318.3
Saturday	1,790.8	1,778.3	1,782.8	1,824.2
Sunday	1,847.4	1,900.8	1,898.0	1,931.4

⁷⁷ 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.

⁷⁸ 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 Discharge⁷⁹

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Dec 2017	Oct 2018	Nov 2018	Dec 2018	Dec 2017	Oct 2018	Nov 2018	Dec 2018	Dec 2017	Oct 2018	Nov 2018	Dec 2018
Mater	2,989	3,045	2,756	2,863	1,013	1,135	1,005	1,164	129	56	120	50
Royal Victoria	4,755	4,945	4,546	4,453	3,086	3,376	3,286	3,461	173	174	248	211
RBHSC	2,705	2,844	2,845	2,876	842	422	708	883	.	.	.	1
Antrim Area	3,939	5,117	4,482	4,235	2,592	2,042	2,261	2,630	649	218	488	380
Causeway	2,205	2,884	2,595	2,777	1,260	950	950	940	190	58	91	74
Ulster	4,653	5,323	5,057	4,795	2,574	2,426	2,592	2,789	642	303	507	632
Craigavon Area	4,188	4,031	3,664	3,903	2,812	2,772	2,715	3,015	343	594	583	282
Daisy Hill	3,235	3,341	3,100	2,999	1,204	1,379	1,312	1,477	79	47	81	114
Altnagelvin Area	3,773	4,378	3,946	3,889	1,727	1,438	1,504	1,767	76	107	177	132
South West Acute	2,111	2,066	1,878	1,908	856	939	933	976	24	66	157	131
Type 1	34,553	37,974	34,869	34,698	17,966	16,879	17,266	19,102	2,305	1,623	2,452	2,007
Eye Casualty	1,117	1,152	1,057	1,000	142	213	256	234	0	0	0	0
Downe	1,567	1,712	1,570	1,560	222	181	189	168	40	1	7	5
Lagan Valley	1,518	1,847	1,719	1,474	345	535	420	431	24	.	1	6
Type 2	4,202	4,711	4,346	4,034	709	929	865	833	64	1	8	11
Mid Ulster	617	954	875	759	.	.	.	.	.	.	.	.
Ards	752	1,080	1,025	846	.	1	.	.	.	.	.	.
Bangor	610	1,038	781	739	.	.	.	.	.	.	.	.
South Tyrone	2,116	2,897	2,544	2,231	1	.	.	.	.	.	.	.
Omagh	1,227	1,526	1,325	1,374	3	5	3	6	.	.	.	.
Type 3	5,322	7,495	6,550	5,949	4	6	3	6	0	0	0	0
Northern Ireland	44,077	50,180	45,765	44,681	18,679	17,814	18,134	19,941	2,369	1,624	2,460	2,018

⁷⁹ 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^{80, 81}

Department	% Commenced Treatment, Following Triage, within 2 Hours			
	Dec 2017	Oct 2018	Nov 2018	Dec 2018
Mater	79.6%	76.5%	76.8%	77.3%
Royal Victoria	68.1%	71.6%	67.0%	65.6%
RBHSC	79.0%	94.5%	84.1%	82.7%
Antrim Area	61.6%	74.2%	69.7%	65.2%
Causeway	79.2%	91.0%	92.6%	94.2%
Ulster	77.7%	86.1%	81.4%	76.8%
Craigavon Area	63.0%	61.9%	59.7%	61.8%
Daisy Hill	86.9%	74.6%	75.7%	71.5%
Altnagelvin Area	85.3%	90.3%	90.2%	87.5%
South West Acute	85.7%	84.0%	83.6%	82.3%
Type 1	74.8%	78.8%	76.3%	74.5%
Downe	95.0%	96.9%	97.1%	98.2%
Lagan Valley	92.5%	85.9%	91.4%	90.5%
Type 2	93.7%	90.7%	93.9%	94.1%
Mid Ulster	100.0%	100.0%	100.0%	100.0%
Ards	100.0%	100.0%	100.0%	99.2%
Bangor	100.0%	100.0%	100.0%	100.0%
South Tyrone	100.0%	100.0%	100.0%	100.0%
Omagh	99.2%	-	-	-
Type 3	99.8%	100.0%	100.0%	99.8%
Northern Ireland	78.1%	81.7%	79.6%	77.7%

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, data on the start of treatment is not available after 6th March 2018.

Table 10L: Percentage Triage'd in each Triage Group ^{82, 83,}

Department	Triage'd Level (1/2/3)				Triage'd Level (4/5)			
	Dec 2017	Oct 2018	Nov 2018	Dec 2018	Dec 2017	Oct 2018	Nov 2018	Dec 2018
Mater	60.2%	60.3%	58.1%	60.9%	39.8%	39.7%	41.9%	39.1%
Royal Victoria	66.4%	63.6%	64.7%	67.4%	33.6%	36.4%	35.3%	32.6%
RBHSC	39.7%	34.5%	39.8%	41.0%	60.3%	65.5%	60.2%	59.0%
Antrim Area	70.9%	71.3%	72.2%	74.9%	29.1%	28.7%	27.8%	25.1%
Causeway	75.9%	71.4%	74.4%	73.3%	24.1%	28.6%	25.6%	26.7%
Ulster	71.7%	72.4%	71.9%	74.3%	28.3%	27.6%	28.1%	25.7%
Craigavon Area	83.1%	79.8%	78.0%	78.5%	16.9%	20.2%	22.0%	21.5%
Daisy Hill	77.8%	83.0%	84.0%	83.2%	22.2%	17.0%	16.0%	16.8%
Altnagelvin Area	65.2%	62.4%	65.1%	65.8%	34.8%	37.6%	34.9%	34.2%
South West Acute	71.4%	67.2%	70.3%	70.9%	28.6%	32.8%	29.7%	29.1%
Type 1	69.4%	68.2%	68.9%	70.2%	30.6%	31.8%	31.1%	29.8%
Downe	51.5%	43.0%	44.4%	45.9%	48.5%	57.0%	55.6%	54.1%
Lagan Valley	53.3%	49.6%	48.9%	54.5%	46.7%	50.4%	51.1%	45.5%
Type 2	52.5%	46.7%	46.9%	50.4%	47.5%	53.3%	53.1%	49.6%
Mid Ulster	2.1%	3.5%	4.1%	2.6%	97.9%	96.5%	95.9%	97.4%
Ards	1.9%	1.2%	1.1%	0.8%	98.1%	98.8%	98.9%	99.2%
Bangor	1.1%	2.0%	1.9%	1.2%	98.9%	98.0%	98.1%	98.8%
South Tyrone	5.2%	5.4%	5.4%	3.9%	94.8%	94.6%	94.6%	96.1%
Omagh	0.7%	12.3%	14.1%	16.5%	99.3%	87.7%	85.9%	83.5%
Type 3	2.9%	5.5%	5.9%	5.8%	97.1%	94.5%	94.1%	94.2%
Northern Ireland	62.8%	59.8%	61.0%	63.1%	37.2%	40.2%	39.0%	36.9%

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

⁸³ 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

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:

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