

INFORMATION
ANALYSIS
DIRECTORATE



Emergency Care Waiting Time Statistics for Northern Ireland



(January – March 2019)

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: 30th April 2019
- Reporting Period:** 1st January 2019 – 31st March 2019
- Issued by:** Hospital Information Branch, Information & Analysis Directorate
Department of Health
Stormont Estate, Belfast, BT4 3SQ
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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 Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is the producer's 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-niwt-ecwt.pdf>

Waiting Time Information elsewhere in the United Kingdom (UK)

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

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

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

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

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

Contextual Information

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

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

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

Security & Confidentiality Processes

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

Official Statistics & User Engagement:

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

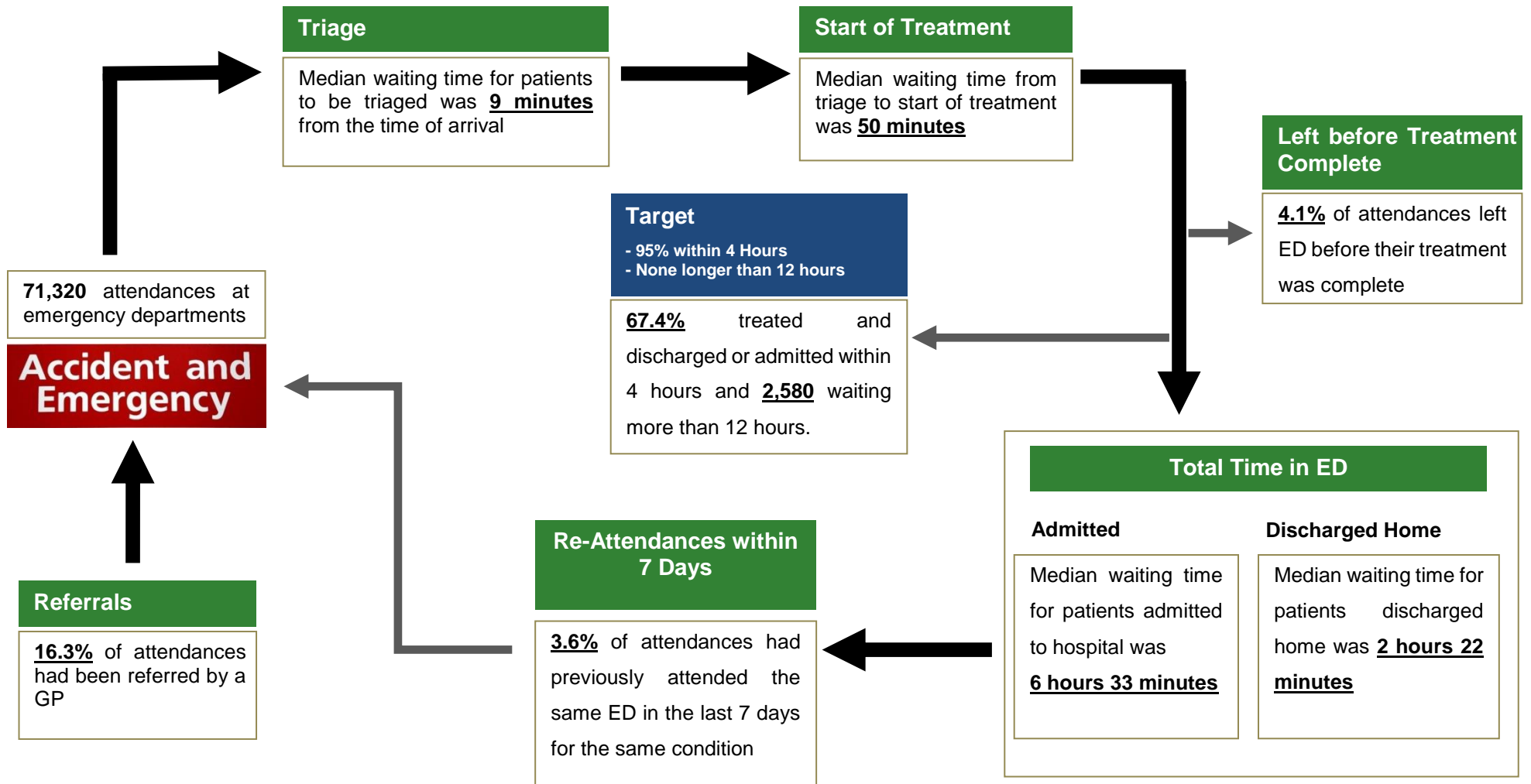
Statistical Charter:

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

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SUMMARY OF KEY FACTS (March 2019)



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 March 2019, compared with the same month last year.^{2, 3, 4}

Table 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (March 2018 - March 2019)

Attendances	March 2018	March 2019	Difference	
New	65,277	67,595	2,318	3.6%
Unplanned Review	3,567	3,725	158	4.4%
Total Attendances	68,844	71,320	2,476	3.6%
Emergency Admissions	12,747	12,860	113	0.9%

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances at EDs increased by 3.6% (2,476) when compared with March 2018, from 68,844 to 71,320 in March 2019 (Table 1, Table 10A).
- Between March 2018 and March 2019, unplanned review attendances increased by 4.4% (158) and new attendances increased by 3.6% (2,318) (Table 1, Table 10A).
- There were 204,170 attendances at EDs during the quarter ending 31st March 2019, 6.2% (11,944) more than during the same quarter in 2018 (192,226).
- The number of emergency admissions to hospital from EDs increased by 0.9% (113) between March 2018 (12,747) and March 2019 (12,860) (Table 1).

² Information for March 2018 and January, February and March 2019 is detailed in Appendix 4, Table 10A.

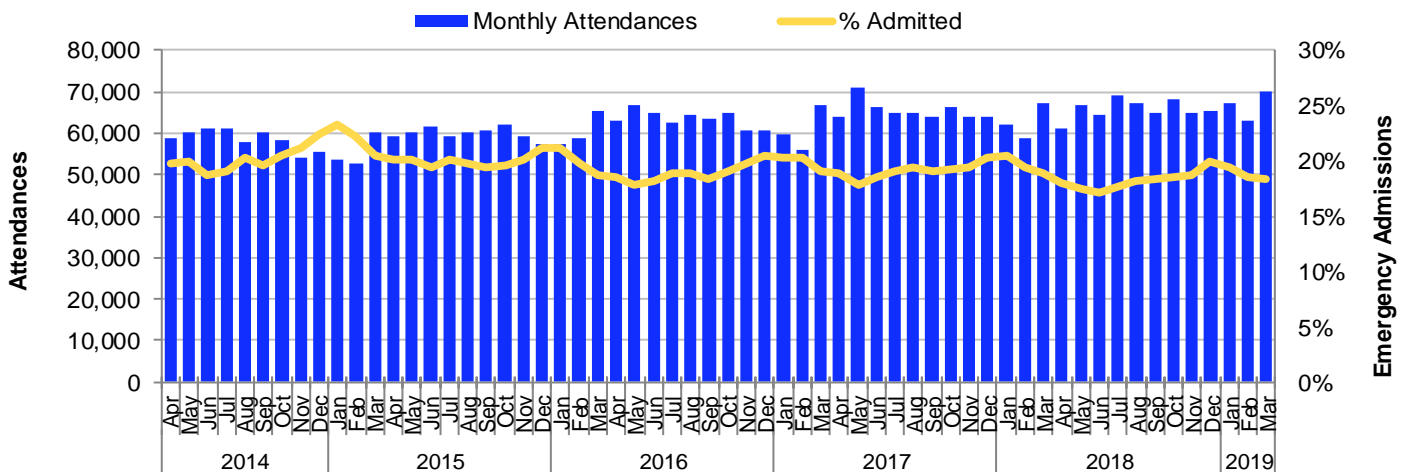
³ Data on emergency admissions are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits. This is sourced from the ED Administrative Systems and will therefore differ slightly from the information included in the Hospital Statistics: 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 – March 2019)



- 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 March 2019 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 (March 2018 - March 2019)

Department	New Attendances		Unplanned Review Attendances		Total Attendances	
	Mar 2018	Mar 2019	Mar 2018	Mar 2019	Mar 2018	Mar 2019
Mater	4,035	4,121	175	139	4,210	4,260
Royal Victoria	7,945	8,048	314	379	8,259	8,427
RBHSC	3,208	3,420	284	293	3,492	3,713
Antrim Area	6,894	7,330	462	489	7,356	7,819
Causeway	3,661	3,911	295	302	3,956	4,213
Ulster	7,901	8,150	204	201	8,105	8,351
Craigavon Area	6,934	6,922	473	540	7,407	7,462
Daisy Hill	4,468	4,620	267	264	4,735	4,884
Altnagelvin Area	5,446	5,782	352	332	5,798	6,114
South West Acute	2,921	2,878	188	220	3,109	3,098
Type 1	53,413	55,182	3,014	3,159	56,427	58,341
Type 2	5,499	5,470	176	174	5,675	5,644
Type 3	6,365	6,943	377	392	6,742	7,335
Northern Ireland	65,277	67,595	3,567	3,725	68,844	71,320

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances increased at Type 1 and Type 3 departments and decreased at Type 2 departments between March 2018 and March 2019 (Table 2, Table 10A).
- The Royal Victoria (8,427) and the Ulster (8,351) were the busiest EDs during March 2019 (Table 2, Table 10A).
- Of the ten Type 1 EDs, Antrim Area (463, 6.3%) and Altnagelvin Area (316, 5.5%) reported the largest increases in attendances during March 2019, compared with March 2018 (Table 2, Table 10A).

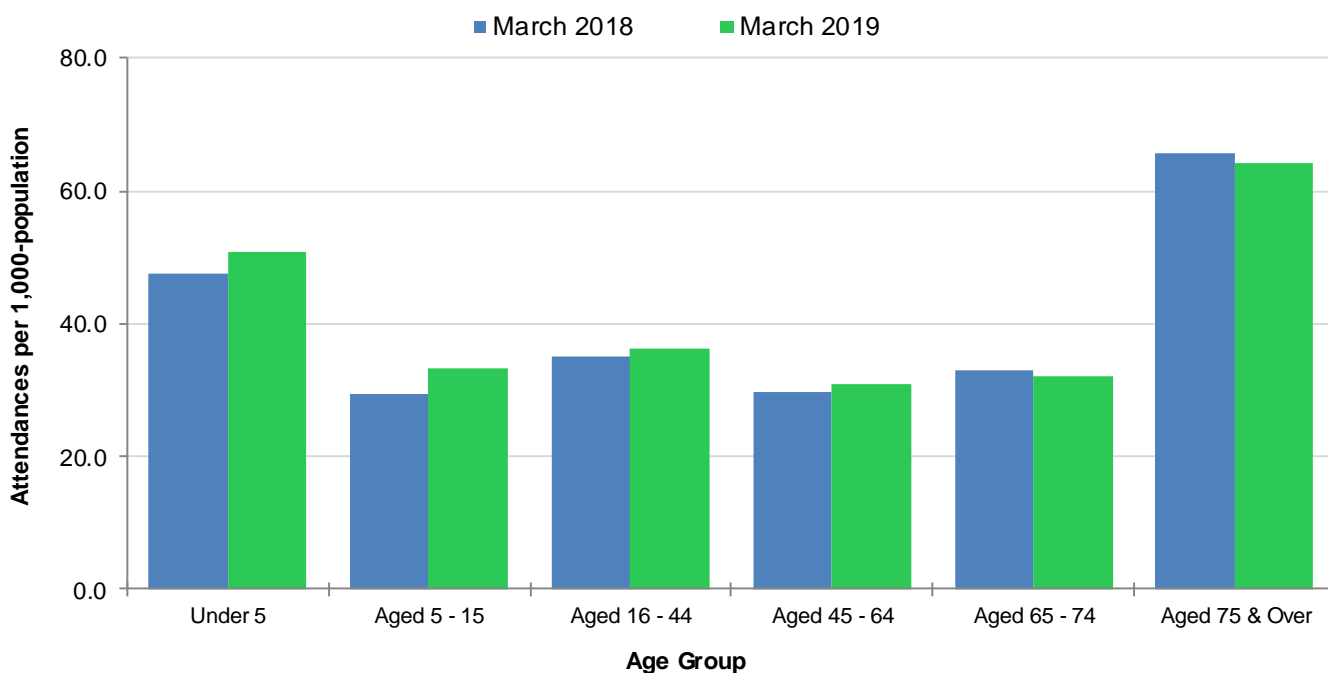
⁷ Information for March 2018 and January, February and March 2019 is detailed in Appendix 4, Table 10A.

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 (March 2018 - March 2019)^{12, 13}



- During both March 2018 and March 2019, the highest number of attendances per 1,000-population was recorded for those Aged 75 & Over (65.5 and 64.3 respectively) (Figure 2, Table 10H).
- A high number of attendances per 1,000-population aged Under 5 was also recorded in both March 2018 and March 2019 (47.5 and 50.8 respectively) (Figure 2, Table 10H).
- The rate of attendances per 1,000-population increased for all groups except those Aged 65 - 74 and those Aged 75 & Over between March 2018 and March 2019. (Figure 2, Table 10H).
- The lowest number of attendances per 1,000-population was recorded in the Aged 45 - 64 age group during March 2019 (30.9) (Figure 2, Table 10H).

⁹ Information for March 2018 and January, February and March 2019 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 (March 2018 - March 2019)¹⁶

Department	Triage Group			
	Level 1 / 2 / 3		Level 4 / 5	
	Mar 2018	Mar 2019	Mar 2018	Mar 2019
Mater	61.2%	57.8%	38.8%	42.2%
Royal Victoria	67.6%	63.9%	32.4%	36.1%
RBHSC	38.9%	38.8%	61.1%	61.2%
Antrim Area	69.0%	72.9%	31.0%	27.1%
Causeway	72.9%	71.5%	27.1%	28.5%
Ulster	72.9%	71.4%	27.1%	28.6%
Craigavon Area	82.1%	77.1%	17.9%	22.9%
Daisy Hill	78.8%	82.3%	21.2%	17.7%
Altnagelvin Area	64.7%	63.5%	35.3%	36.5%
South West Acute	66.7%	64.6%	33.3%	35.4%
Type 1	69.1%	67.8%	30.9%	32.2%
Type 2	49.8%	46.9%	50.2%	53.1%
Type 3	5.7%	4.9%	94.3%	95.1%
Northern Ireland	61.5%	59.7%	38.5%	40.3%

Source: Regional Data Warehouse, Business Services Organisation

- Over two thirds (67.8%) of attendances at Type 1 departments in March 2019 were triaged as level 1, 2 or 3, this is 1.3 percentage points less than March 2018 (69.1%) (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.

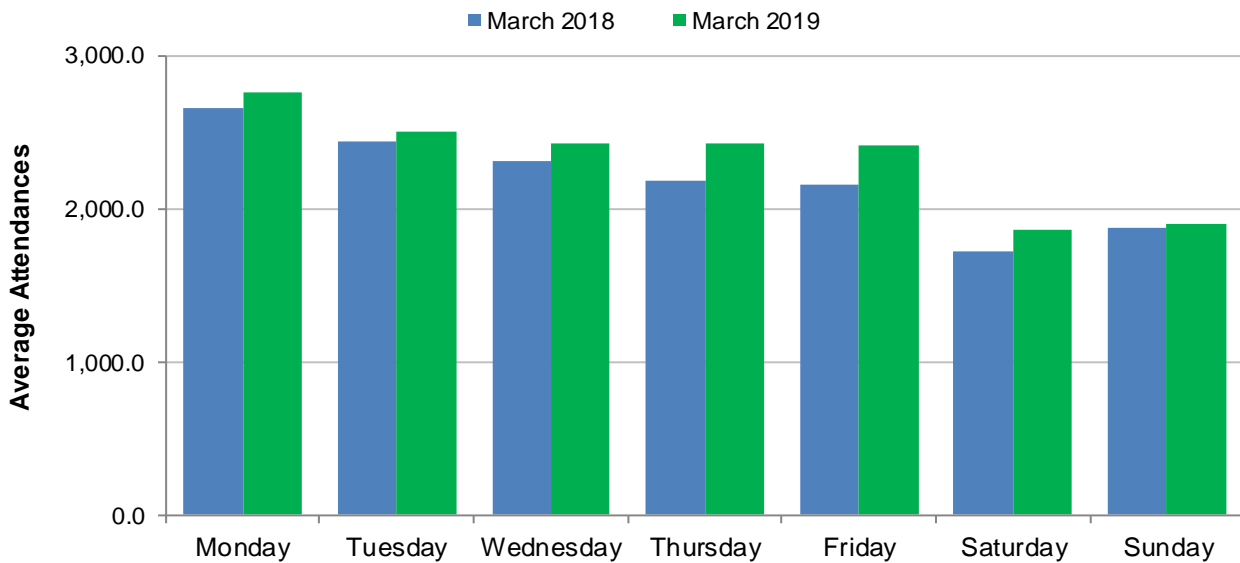
¹⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁶ Information for March 2018 and January, February and March 2019 is detailed in Appendix 4: Table 10L.

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 March 2018, compared with March 2019.^{17, 18, 19}

Figure 4: Average Number of Attendances at Emergency Care Departments by Day of Week (March 2018 - March 2019)



- Overall, Monday was the busiest day at EDs during both March 2018 and March 2019, with over 2,750 daily attendances on average each Monday during March 2019 (Figure 4, Table 10I).
- The largest increase in average daily attendances between March 2018 and March 2019 (258) was on a Friday (2,159 and 2,417 respectively) (Figure 4, Table 10I).
- The lowest average number of daily attendances was on a Saturday during both March 2018 (1,717) and March 2019 (1,865) (Figure 4, Table 10I).

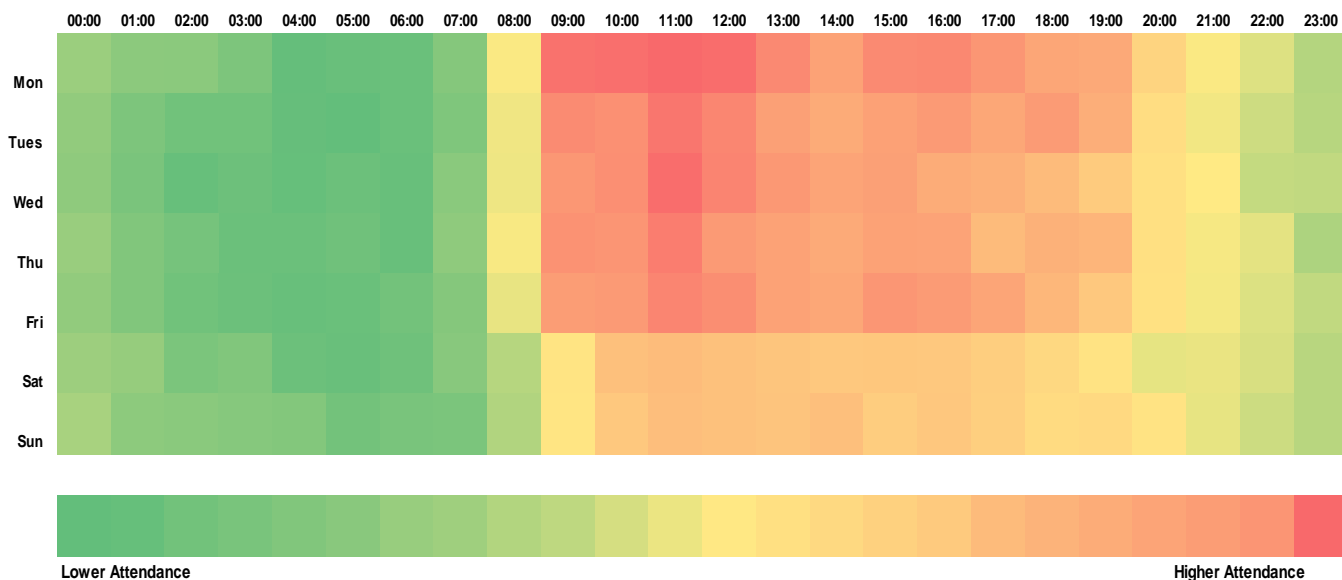
¹⁷ Information for March 2018 and January, February and March 2019 is detailed in Appendix 4, Table 10I.

¹⁸ 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.

¹⁹ 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 March 2019. 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.^{20, 21}

Figure 5: Heat Map of Emergency Care Attendances by Day and Time (March 2019)



- Monday was the busiest day of the week during March 2019, with the highest number of attendances arriving between 11:00am and 11:59am (Figure 5).
- Saturday was the least busy day during March 2019, with the highest number of attendances arriving between 11:00am and 11:59am (Figure 5).
- Overall, the busiest hour of the day during March 2019 was between 11:00am and 11:59am, whilst the least busy hour was 4:00am to 4:59am (Figure 5).

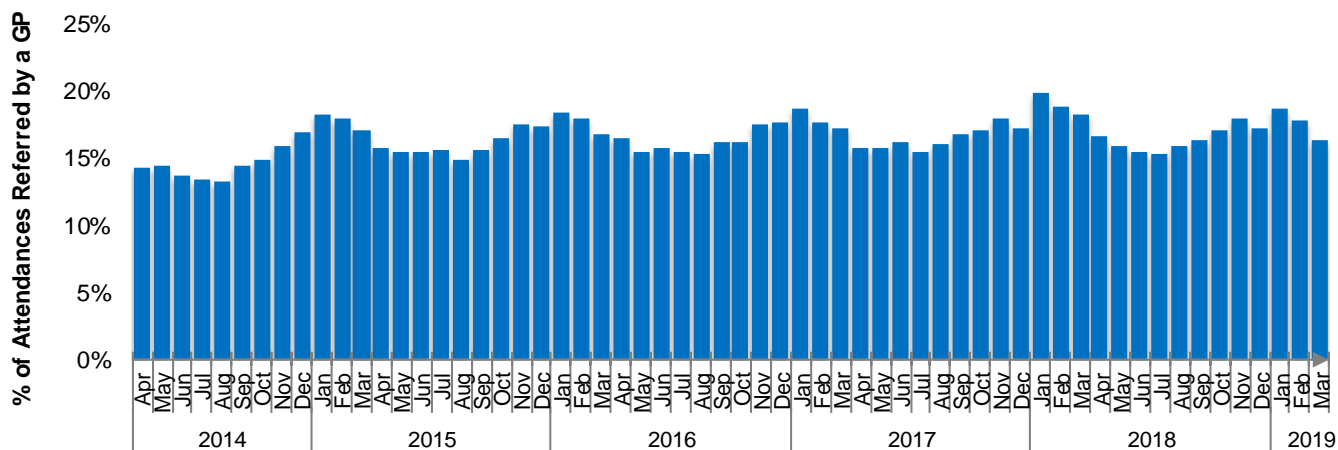
²⁰ Data on when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

²¹ 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.^{22, 23, 24}

Figure 6: Percentage of Attendances at Emergency Care Departments Referred by a GP (April 2014 – March 2019)



- In March 2019, almost one in six (16.3%) attendances at EDs had been referred by a GP, 1.9 percentage points less than March 2018 (18.2%) (Figure 6, Table 10C).
- Type 1 EDs reported the highest percentage of attendances referred by a GP (18.5%) during March 2019, 2 percentage points less than March 2018 (20.5%) (Table 10C).
- Almost a quarter of attendances at Antrim Area (23.1%) had been referred by a GP during March 2019, compared with 9.6% 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).

²² Information for March 2018 and January, February and March 2019 is detailed in Appendix 4, Table 10C.

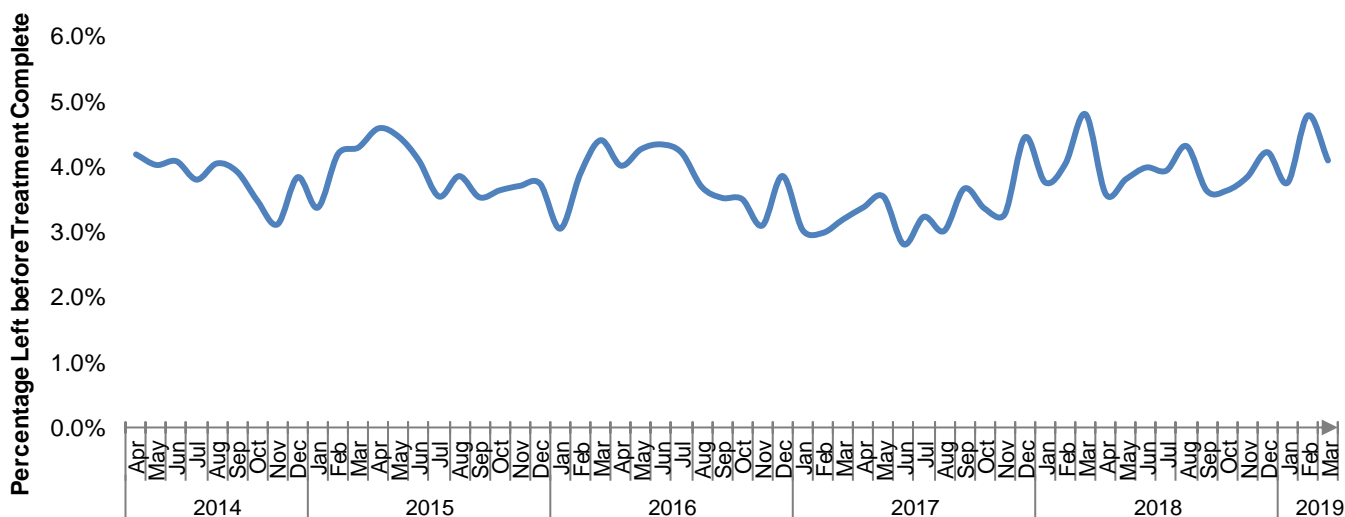
²³ Data on referrals to ED by GP's are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

²⁴ 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.^{25, 26, 27}

Figure 7: Percentage of Attendances Leaving the Emergency Care Department before their Treatment was Complete (April 2014 – March 2019)



- During March 2019, 4.1% of all ED attendances left before their treatment was complete, 0.7 percentage points less than March 2018 (4.8%) (Figure 7, Table 10C).
- Type 1 EDs reported the highest percentage (4.7%) of patients leaving before their treatment was complete in March 2019, with 2.4% reported for Type 2 EDs and 0.5% for Type 3 EDs (Table 10C).
- The Mater (7.7%) and the Royal Victoria (7.7%) reported the highest percentage of attendances leaving an ED before their treatment was complete during March 2019. The Mater reported 2.2 percentage points less than March 2018 (9.9%) and the Royal Victoria reported 0.1 percentage points higher than March 2018 (7.6%) (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%) and February 2019 (4.8%) (Figure 7).

²⁵ Information for March 2018 and January, February and March 2019 is detailed in Appendix 4, Table 10C.

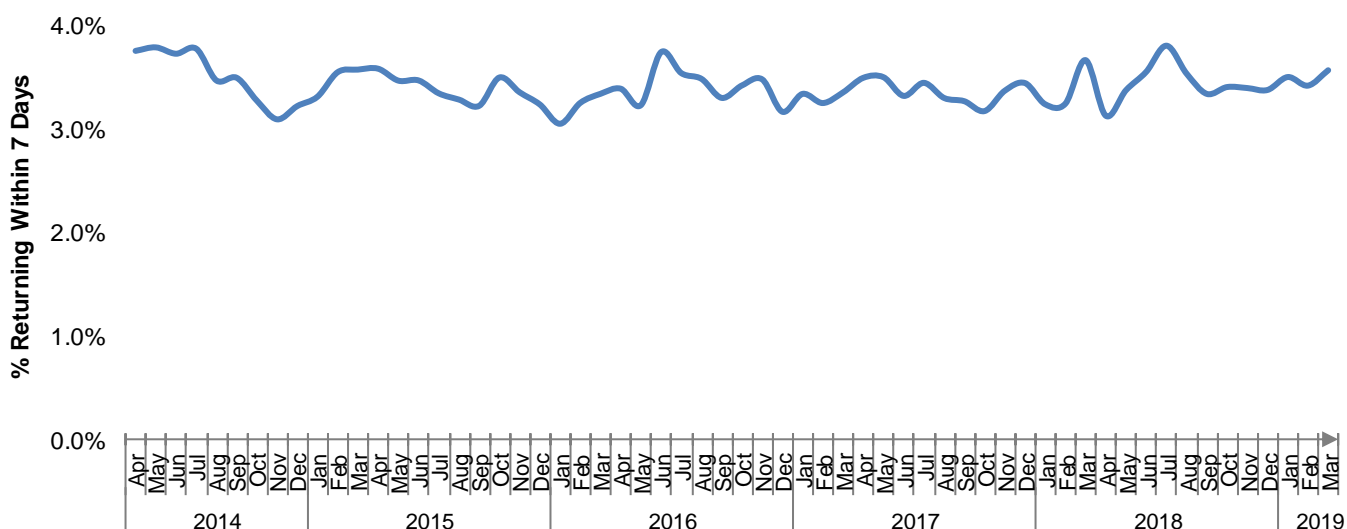
²⁶ Data on those leaving ED before their treatment was complete are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

²⁷ 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.^{28, 29, 30}

Figure 8: Percentage of Re-attendances at Emergency Care Departments within 7 Days (April 2014 – March 2019)



- 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 March 2019, 3.6% of attendances had attended the same ED within 7 days of their original attendance, 0.1 percentage points less than March 2018 (3.7%) (Figure 8, Table 10C).
- RBHSC (5.7%) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during March 2019 (Table 10C).

²⁸ Information for March 2018 and January, February and March 2019 is detailed in Appendix 4, Table 10C.

²⁹ 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.

³⁰ 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 targets³¹ 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.

³¹ 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.³²

Table 4: Performance against Emergency Care Waiting Times Target (March 2018 - March 2019)

Percentage Within 4 Hours	March 2018	March 2019	Difference	
			No.	% pt
Type 1	59.3%	62.3%	-	3.0%
Type 2	82.2%	77.9%	-	-4.3%
Type 3	99.5%	99.7%	-	0.2%
Total	65.1%	67.4%	-	2.3%
Number Over 12 Hours	March 2018	March 2019	Difference	
			No.	%
Type 1	3,038	2,547	-491	-
Type 2	122	33	-89	-
Type 3	0	0	0	-
Total	3,160	2,580	-580	-
New & Unplanned Review Attendances	March 2018	March 2019	Difference	
			No.	%
Type 1	56,427	58,341	1,914	3.4%
Type 2	5,675	5,644	-31	-0.5%
Type 3	6,742	7,335	593	8.8%
Total	68,844	71,320	2,476	3.6%

Source: Regional Data Warehouse, Business Services Organisation

- Over two thirds (67.4%) of attendances in March 2019 were discharged or admitted within 4 hours, 2.3 percentage points higher than March 2018 (65.1%) (Table 10B & 10J).
- More than six in ten (62.3%) attendances at Type 1 EDs in March 2019 were treated and discharged or admitted within 4 hours of their arrival, compared with 77.9% at Type 2 EDs and 99.7% at Type 3 EDs (Table 4, Table 10B & Table 10J).
- Between March 2018 and March 2019, the number waiting longer than 12 hours decreased from 3,160 to 2,580, accounting for 3.6% of all attendances in March 2019 (Table 4, Table 10B & 10J).
- During this period, EDs experienced a 3.6% increase in attendances (68,844 to 71,320), whilst 4 hour performance improved by 2.3 percentage points (Table 4, Table 10B & Table 10J).
- During the quarter ending 31st March 2019, almost two thirds (66.3%) of patients were either treated and discharged or admitted within 4 hours, 0.3 percentage points higher than the same quarter in 2018 (66.0%).

³² 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 March 2019 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.^{33, 34}

Table 5: Performance against the 4 and 12 Hour Components of the Emergency Care Waiting Times Target at Type 1 EDs (March 2018 - March 2019)

Department	4 Hour Performance		12 Hour Performance		Total Attendances	
	Mar 2018	Mar 2019	Mar 2018	Mar 2019	Mar 2018	Mar 2019
Mater	61.8%	69.9%	255	88	4,210	4,260
Royal Victoria	50.0%	52.8%	524	260	8,259	8,427
RBHSC	70.5%	76.2%	-	-	3,492	3,713
Antrim Area	59.4%	63.6%	365	298	7,356	7,819
Causeway	66.2%	73.6%	197	59	3,956	4,213
Ulster	56.2%	57.0%	726	756	8,105	8,351
Craigavon Area	53.6%	52.4%	536	458	7,407	7,462
Daisy Hill	66.3%	68.1%	146	257	4,735	4,884
Altnagelvin Area	65.9%	65.6%	141	216	5,798	6,114
South West Acute	58.2%	64.4%	148	155	3,109	3,098
Type 1	59.3%	62.3%	3,038	2,547	56,427	58,341
Type 2	82.2%	77.9%	122	33	5,675	5,644
Type 3	99.5%	99.7%	-	-	6,742	7,335
Northern Ireland	65.1%	67.4%	3,160	2,580	68,844	71,320

Source: Regional Data Warehouse, Business Services Organisation

- During March 2019, the RBHSC (76.2%) reported the best performance of any Type 1 ED against the 4 hour target, whilst Craigavon Area (52.4%) reported the lowest (Table 5, Table 10B).
- The RBHSC was the only Type 1 ED to achieve the 12-hour target during March 2019 (Table 5, Table 10B).
- The Ulster (756) and Craigavon Area (458) reported the highest numbers of patients waiting over 12 hours during March 2019 (Table 5, Table 10B).
- Between March 2018 and March 2019, performance against the 12 hour target declined at four Type 1 EDs; Daisy Hill, Altnagelvin Area, the Ulster, and South West Acute (Table 5, Table 10B).

³³ Information for March 2018 and January, February and March 2019 is detailed in Appendix 4: Table 10B & Table 10I.

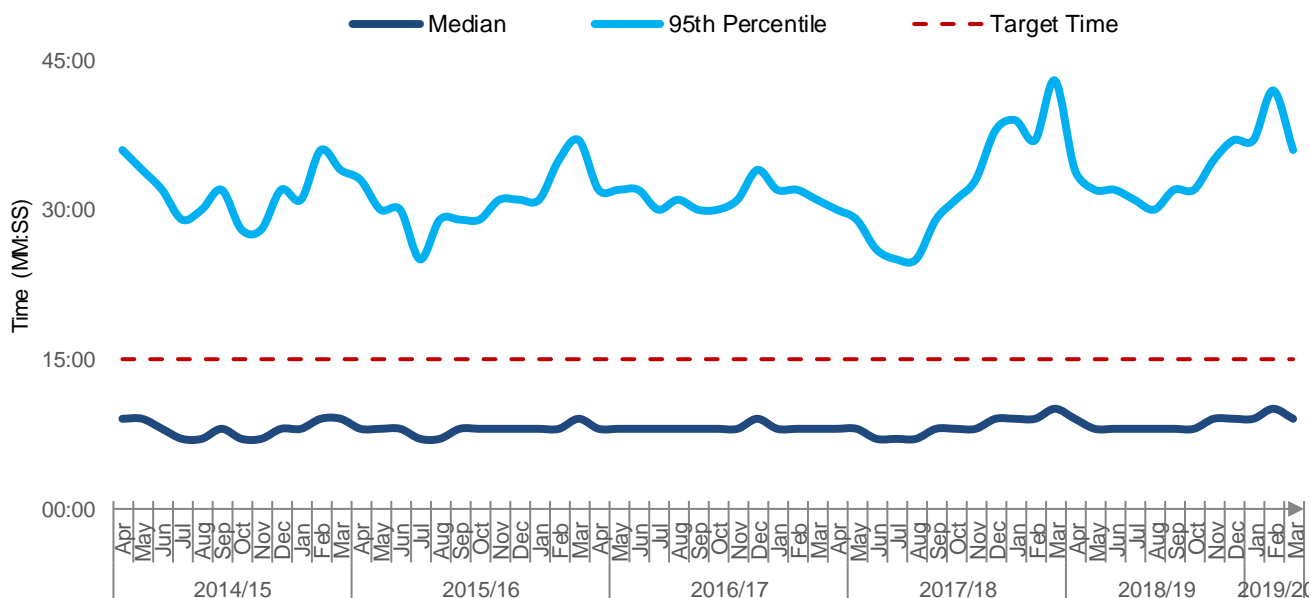
³⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

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.^{35, 36}

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 - March 2019)³⁷



- During March 2019, the median waiting time from arrival to triage was 9 minutes, 1 minute less than the time taken in March 2018 (10 minutes) (Figure 10, Table 10D).
- 95 per cent of patients were triaged within 36 minutes of their arrival at an ED in March 2019, 7 minutes less than the time taken in March 2018 (43 minutes) (Figure 10, Table 10D).
- Almost three quarters (74.5%) of attendances were triaged within 15 minutes of their arrival at an ED during March 2019, 7.3 percentage points higher than March 2018 (67.2%).

³⁵ 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.

³⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

³⁷ 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 March 2019, 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.^{38, 39}

Table 6: Performance against the Target to Commence Treating Patients within 2 Hours of them being Triageed (March 2018 - March 2019)⁴⁰

Department	% Commencing Treatment Within 2 Hours of Triage	
	Mar 2018	Mar 2019
Mater	66.3%	76.1%
Royal Victoria	60.8%	60.6%
RBHSC	74.5%	81.6%
Antrim Area	63.0%	67.1%
Causeway	83.2%	89.9%
Ulster	72.6%	80.0%
Craigavon Area	62.2%	61.5%
Daisy Hill	76.5%	71.9%
Altnagelvin Area	85.6%	80.3%
South West Acute	77.6%	87.2%
Type 1	70.8%	73.7%
Type 2	89.4%	89.0%
Type 3	99.7%	100.0%
Northern Ireland	74.7%	77.1%

Source: Regional Data Warehouse, Business Services Organisation

- Over three quarters (77.1%) of patients attending EDs commenced their treatment within 2 hours of being triaged, 2.4 percentage points higher than March 2018 (74.7%) (Table 6, Table 10K).
- During March 2019, almost three quarters (73.7%) of patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 89.0% at Type 2 EDs and 100.0% at Type 3 EDs (Table 6, Table 10K).
- Five Type 1 EDs (Causeway, South West Acute, RBHSC, Altnagelvin Area, and the Ulster) achieved the 80% target in March 2019 (Table 6, Table 10K).
- During March 2019, Causeway (89.9%) reported the highest percentage of patients commencing treatment within 2 hours of being triaged, whilst the Royal Victoria (60.6%) reported the lowest percentage (Table 6, Table 10K).

³⁸ Information for March 2018 and January, February and March 2019 is detailed in Appendix 4: Table 10K.

³⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

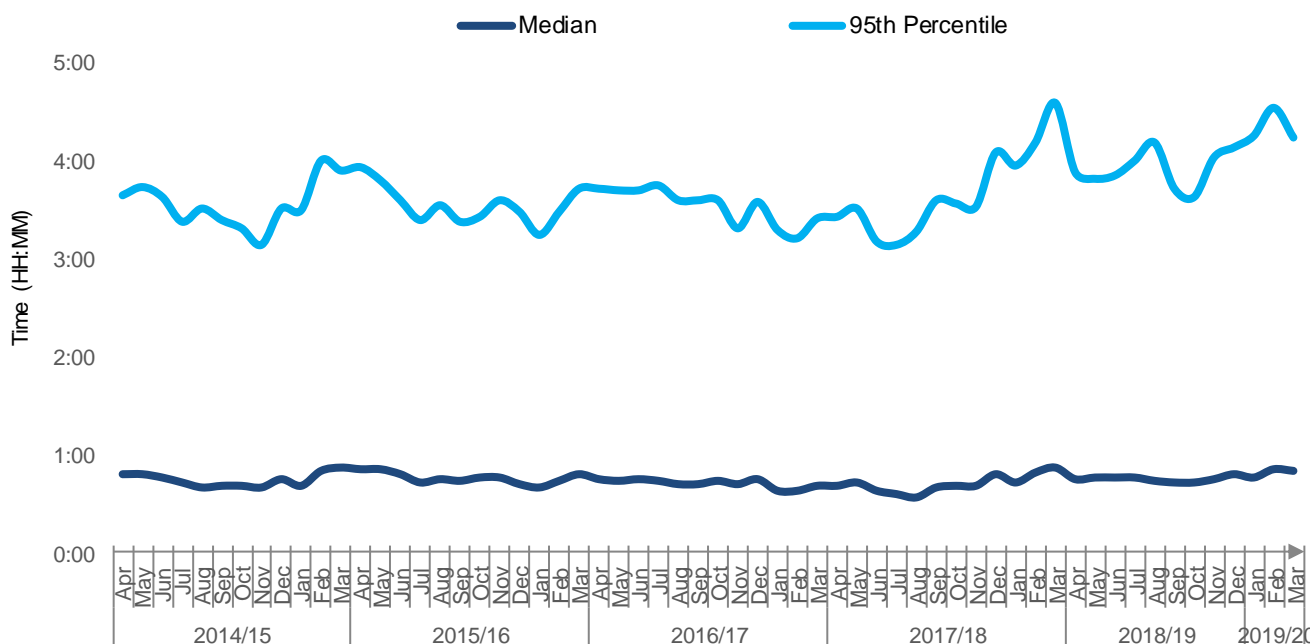
⁴⁰ Information on start of treatment for Type 3 EDs in December 2018 does not include data for Omagh UCC after 6th March 2018.

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. ^{41, 42}

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 – March 2019) ^{43, 44}



- The median waiting time from triage to start of treatment in March 2019 was 50 minutes, 2 minutes less than the time taken in March 2018 (52 minutes) (Figure 11, Table 10E).
- During March 2019, 95 percent of patients commenced their treatment within 4 hours 14 minutes of being triaged in an ED, 21 minutes less than the time taken in March 2018 (4 hours 35 minutes) (Figure 11, Table 10E).

⁴¹ 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.

⁴² Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁴³ Additional information on time to triage is detailed in Appendix 4: Table 10E.

⁴⁴ 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 March 2019 compared with March 2018. ^{45, 46}

Table 7: Time from Triage to Start of Treatment (March 2018 and March 2019) ^{47, 48}

Department	Median		95th Percentile	
	Mar 2018	Mar 2019	Mar 2018	Mar 2019
Mater	1:11	0:51	5:24	4:10
Royal Victoria	1:22	1:26	5:24	5:53
RBHSC	1:05	0:56	4:15	3:13
Antrim Area	1:25	1:21	5:29	4:50
Causeway	0:44	0:32	3:30	2:44
Ulster	1:03	0:50	4:38	3:59
Craigavon Area	1:27	1:29	6:16	5:51
Daisy Hill	0:59	1:14	3:40	3:57
Altnagelvin Area	0:31	0:43	3:02	3:27
South West Acute	0:50	0:33	4:13	3:06
Type 1	1:04	1:00	4:51	4:29
Type 2	0:40	0:42	2:37	2:28
Type 3	0:03	0:04	0:35	0:31
Northern Ireland	0:52	0:50	4:35	4:14

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 1 hour in March 2019, 4 minutes less than March 2018 (1 hour 4 minutes) (Table 7, Table 10E).
- Craigavon Area (1 hour 29 minutes) reported the longest median waiting time from triage to start of treatment during March 2019, whilst Causeway (32 minutes) reported the shortest median waiting time (Table 7, Table 10E).
- The Royal Victoria reported the longest waiting time between triage and start of treatment, with 95 per cent of attendances commencing treatment within 5 hours 53 minutes of being triaged; 29 minutes more than the time taken in March 2018 (5 hours 24 minutes) (Table 7, Table 10E).
- Causeway reported the shortest time to start of treatment during March 2019, with 95 per cent of attendances commencing treatment within 2 hours 44 minutes of being triaged, 46 minutes less than the time taken in March 2018 (3 hours 30 minutes) (Table 7, Table 10E).

⁴⁵ 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.

⁴⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

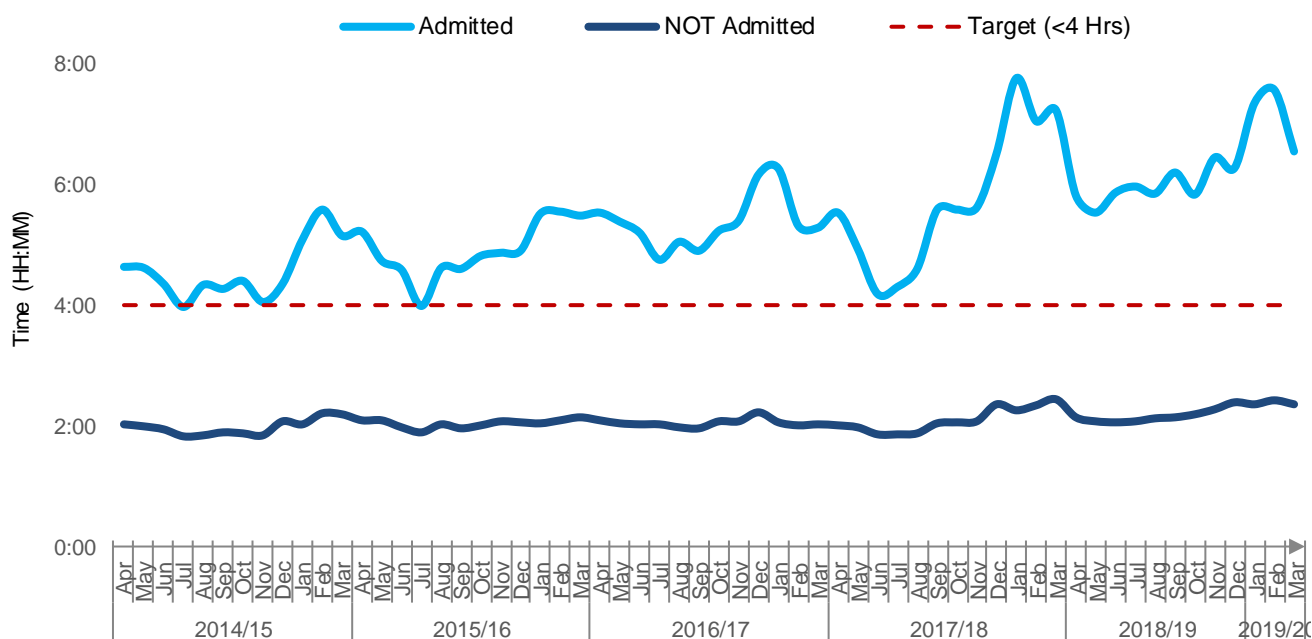
⁴⁷ Information for March 2018 and January, February and March 2019 is detailed in Appendix 4, Table 10E.

⁴⁸ 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.^{49, 50}

Figure 12: Median Time Spent in an Emergency Care Department for those (i) Admitted to Hospital and (ii) Discharged Home (April 2014 to March 2019)⁵¹,



- During March 2019, the median time patients admitted to hospital spent in an ED was 6 hours 33 minutes, compared with 2 hour 22 minutes for those discharged home (Figure 12, Table 10F & 10G).
- During March 2019, 95 per cent of patients admitted to hospital spent over three times as long in an ED (21 hour 40 minutes) than those discharged home (7 hours 3 minutes) (Table 8 & 9).

⁴⁹ 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.

⁵⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵¹ 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.⁵²

Table 8: Total Time Spent in an Emergency Care Department for those Admitted to Hospital (March 2018 - March 2019)^{53, 54}

Department	Median		95th Percentile	
	Mar 2018	Mar 2019	Mar 2018	Mar 2019
Mater	7:53	5:43	25:03	14:27
Royal Victoria	8:20	6:57	19:49	14:48
RBHSC	4:17	4:07	8:27	8:16
Antrim Area	6:19	5:40	22:37	19:20
Causeway	7:09	5:26	24:03	11:57
Ulster	8:21	8:19	26:11	26:08
Craigavon Area	8:16	7:16	21:53	21:39
Daisy Hill	6:31	6:51	19:05	26:09
Altnagelvin Area	7:03	7:08	14:58	18:54
South West Acute	6:42	5:46	19:38	20:36
Type 1	7:17	6:37	22:11	21:45
Type 2	6:24	5:12	24:16	17:18
Type 3	1:41	2:40	4:11	10:42
Northern Ireland	7:14	6:33	22:13	21:40

Source: Regional Data Warehouse, Business Services Organisation

- The median time patients who were admitted to hospital spent in a Type 1 ED was 6 hours 37 minutes in March 2019, 40 minutes less than the same month last year (7 hours 17 minutes) (Table 8, Table 10F).
- During March 2019 the Ulster and Craigavon Area reported the longest median waiting times from arrival to admission (8 hours 19 minutes and 7 Hours 16 minutes respectively), whilst the RBHSC reported the shortest time (4 hours 7 minutes) (Table 8).
- 95 per cent of patients were admitted to hospital within 21 hours 45 minutes at all Type 1 EDs during March 2019, 26 minutes less than the time taken in March 2018 (22 hours 11 minutes) (Table 8).
- Daisy Hill reported the largest increase in the time taken for patients to be admitted to hospital, with 95 percent of attendances admitted within 26 hours 9 minutes of their arrival in March 2019, 7 hours 4 minutes longer than the time taken in March 2018 (19 hours 5 minutes) (Table 8, Table 10F).

⁵² Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵³ Information for March 2018 and January, February and March 2019 is detailed in Appendix 4, Table 10F.

⁵⁴ Readers should note that Type 3 data on time spent in EDs for patients admitted is provided by Omagh only. No other Type 3 ED produces these statistics.

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 (March 2018 - March 2019)⁵⁶,

Department	Median		95th Percentile	
	Mar 2018	Mar 2019	Mar 2018	Mar 2019
Mater	2:53	2:27	7:39	6:31
Royal Victoria	3:36	3:23	9:15	8:58
RBHSC	2:44	2:31	6:29	5:47
Antrim Area	2:51	2:49	7:40	7:12
Causeway	2:22	2:10	7:31	6:22
Ulster	2:49	2:48	7:34	7:27
Craigavon Area	3:07	3:13	8:48	8:13
Daisy Hill	2:29	2:32	6:24	6:36
Altnagelvin Area	2:33	2:44	6:27	6:30
South West Acute	3:05	2:47	8:25	7:31
Type 1	2:53	2:47	7:50	7:24
Type 2	1:50	1:58	5:33	5:54
Type 3	0:33	0:33	1:56	1:39
Northern Ireland	2:27	2:22	7:24	7:03

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 March 2019, 6 minutes less than the time taken during the same month last year (2 hour 53 minutes) (Table 9, Table 10G).
- In March 2019, 95 per cent of attendances at Type 1 EDs were discharged home within 7 hours 24 minutes of their arrival, 26 minutes less than the time taken in March 2018 (7 hours 50 minutes) (Table 9, Table 10G).

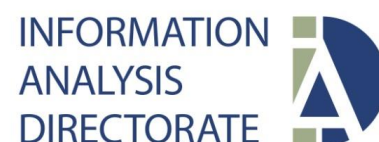
⁵⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵⁶ Information for March 2018 and January, February and March 2019 is detailed in Appendix 4, Table 10G.

Appendices

Appendix 1: About Hospital Information Branch (HIB)

Hospital Information Branch within Information Analysis Directorate (IAD) 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: Emergency Care Departments, Opening Hours & National Statistics

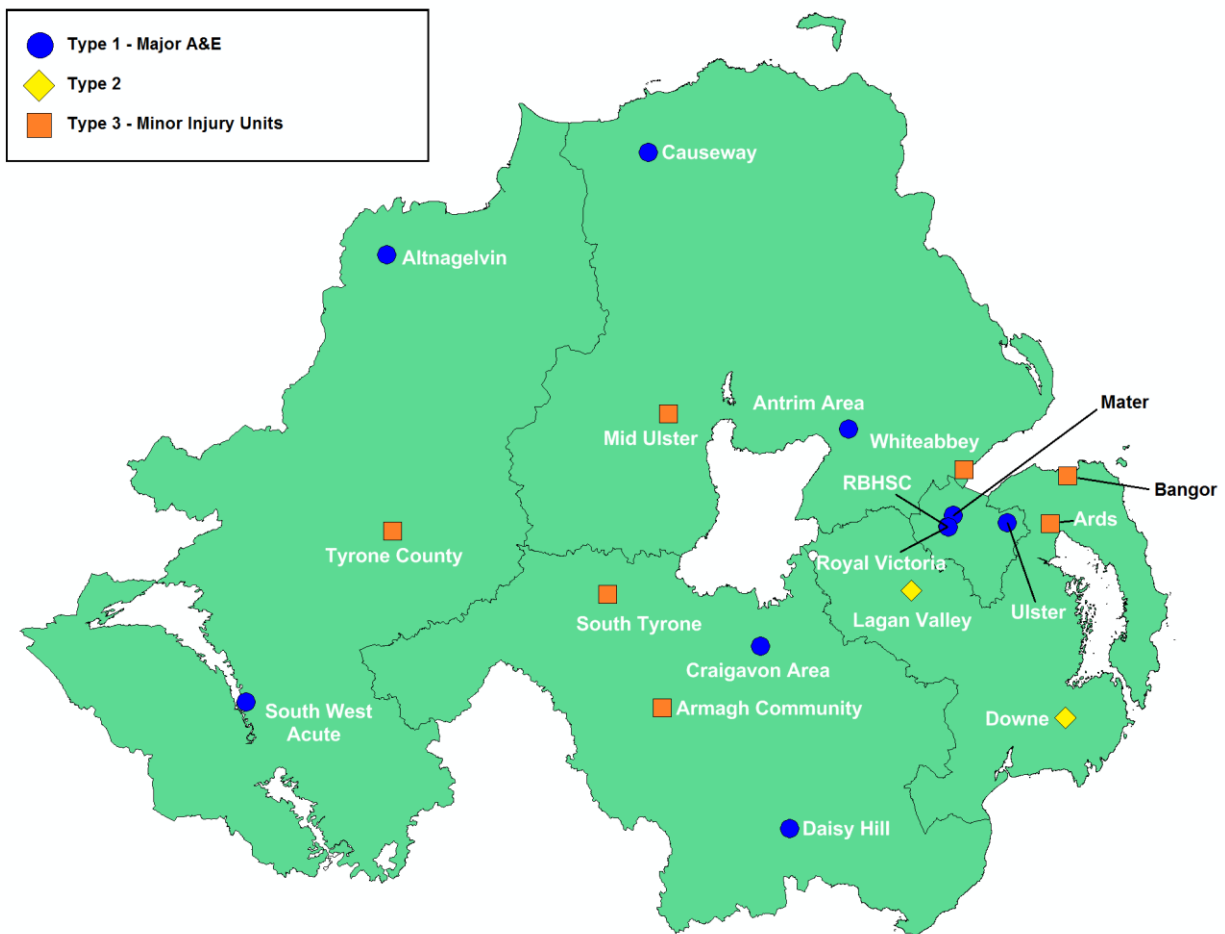
There are three separate categories of emergency care facility included in this publication:

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

It is the producer's 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			
	Mar 2018	Jan 2019	Feb 2019	Mar 2019	Mar-18	Jan-19	Feb-19	Mar-19	Mar-18	Jan-19	Feb-19	Mar-19
Mater	4,035	4,074	3,850	4,121	175	146	141	139	4,210	4,220	3,991	4,260
Royal Victoria	7,945	8,050	7,522	8,048	314	291	333	379	8,259	8,341	7,855	8,427
RBHSC	3,208	3,140	3,188	3,420	284	322	286	293	3,492	3,462	3,474	3,713
Antrim Area	6,894	6,816	6,449	7,330	462	440	424	489	7,356	7,256	6,873	7,819
Causeway	3,661	3,616	3,426	3,911	295	287	292	302	3,956	3,903	3,718	4,213
Ulster	7,901	7,987	7,363	8,150	204	210	189	201	8,105	8,197	7,552	8,351
Craigavon Area	6,934	6,977	6,351	6,922	473	530	410	540	7,407	7,507	6,761	7,462
Daisy Hill	4,468	4,506	4,094	4,620	267	269	252	264	4,735	4,775	4,346	4,884
Altnagelvin Area	5,446	5,360	4,998	5,782	352	333	283	332	5,798	5,693	5,281	6,114
South West Acute	2,921	2,928	2,662	2,878	188	180	192	220	3,109	3,108	2,854	3,098
Type 1	53,413	53,454	49,903	55,182	3,014	3,008	2,802	3,159	56,427	56,462	52,705	58,341
Downe	1,912	1,895	1,722	1,875	94	98	74	74	2,006	1,993	1,796	1,949
Lagan Valley	2,163	2,121	2,028	2,171	82	92	89	100	2,245	2,213	2,117	2,271
Eye Casualty	1,424	1,352	1,299	1,424	-	-	-	-	1,424	1,352	1,299	1,424
Type 2	5,499	5,368	5,049	5,470	176	190	163	174	5,675	5,558	5,212	5,644
Mid Ulster	820	794	824	915	49	28	35	39	869	822	859	954
Ards	957	942	892	995	43	34	28	33	1,000	976	920	1,028
Bangor	756	818	743	816	47	31	38	52	803	849	781	868
South Tyrone	2,448	2,375	2,461	2,758	150	80	75	129	2,598	2,455	2,536	2,887
Omagh	1,384	1,248	1,242	1,459	88	125	100	139	1,472	1,373	1,342	1,598
Type 3	6,365	6,177	6,162	6,943	377	298	276	392	6,742	6,475	6,438	7,335
Northern Ireland	65,277	64,999	61,114	67,595	3,567	3,496	3,241	3,725	68,844	68,495	64,355	71,320

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			
	Mar 2018	Jan 2019	Feb 2019	Mar 2019	Mar 2018	Jan 2019	Feb 2019	Mar 2019	Mar 2018	Jan 2019	Feb 2019	Mar 2019
Mater	61.8%	65.5%	64.9%	69.9%	255	156	218	88	4,210	4,220	3,991	4,260
Royal Victoria	50.0%	54.4%	50.4%	52.8%	524	538	709	260	8,259	8,341	7,855	8,427
RBHSC	70.5%	79.4%	74.1%	76.2%	.	.	.	.	3,492	3,462	3,474	3,713
Antrim Area	59.4%	58.5%	55.2%	63.6%	365	663	602	298	7,356	7,256	6,873	7,819
Causeway	66.2%	70.7%	70.8%	73.6%	197	147	90	59	3,956	3,903	3,718	4,213
Ulster	56.2%	59.0%	56.3%	57.0%	726	706	890	756	8,105	8,197	7,552	8,351
Craigavon Area	53.6%	51.8%	49.8%	52.4%	536	687	561	458	7,407	7,507	6,761	7,462
Daisy Hill	66.3%	65.5%	65.8%	68.1%	146	259	308	257	4,735	4,775	4,346	4,884
Altnagelvin Area	65.9%	64.7%	65.5%	65.6%	141	272	236	216	5,798	5,693	5,281	6,114
South West Acute	58.2%	57.9%	62.8%	64.4%	148	362	160	155	3,109	3,108	2,854	3,098
Type 1	59.3%	60.9%	59.3%	62.3%	3,038	3,790	3,774	2,547	56,427	56,462	52,705	58,341
Downe	86.9%	87.8%	89.3%	86.4%	65	25	18	22	2,006	1,993	1,796	1,949
Lagan Valley	76.1%	71.9%	73.7%	73.8%	57	24	25	11	2,245	2,213	2,117	2,271
Eye Casualty	85.3%	82.3%	80.4%	72.8%	.	.	.	.	1,424	1,352	1,299	1,424
Type 2	82.2%	80.1%	80.8%	77.9%	122	49	43	33	5,675	5,558	5,212	5,644
Mid Ulster	100.0%	100.0%	99.9%	99.9%	.	.	.	.	869	822	859	954
Ards	100.0%	100.0%	100.0%	100.0%	.	.	.	.	1,000	976	920	1,028
Bangor	100.0%	100.0%	100.0%	100.0%	.	.	.	.	803	849	781	868
South Tyrone	100.0%	100.0%	100.0%	100.0%	.	.	.	.	2,598	2,455	2,536	2,887
Omagh	97.7%	99.7%	99.8%	98.9%	.	.	.	.	1,472	1,373	1,342	1,598
Type 3	99.5%	99.9%	99.9%	99.7%	.	.	.	.	6,742	6,475	6,438	7,335
Northern Ireland	65.1%	66.2%	65.1%	67.4%	3,160	3,839	3,817	2,580	68,844	68,495	64,355	71,320

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			
	Mar 2018	Jan 2019	Feb 2019	Mar 2019	Mar 2018	Jan 2019	Feb 2019	Mar 2019	Mar 2018	Jan 2019	Feb 2019	Mar 2019
Mater	14.0%	14.9%	14.2%	13.8%	9.9%	7.5%	9.2%	7.7%	3.0%	2.5%	2.7%	2.4%
Royal Victoria	19.5%	19.6%	19.9%	18.6%	7.6%	5.6%	8.8%	7.7%	2.7%	2.3%	2.6%	3.0%
RBHSC	15.4%	16.3%	15.6%	13.8%	6.6%	2.2%	7.1%	3.8%	5.9%	7.0%	5.8%	5.7%
Antrim Area	25.6%	25.2%	24.1%	23.1%	4.2%	3.3%	4.6%	3.2%	3.9%	3.4%	3.7%	3.8%
Causeway	21.8%	24.0%	23.1%	20.1%	4.1%	1.0%	2.1%	2.4%	4.7%	4.6%	4.9%	4.0%
Ulster	24.8%	25.6%	25.8%	22.5%	3.7%	2.5%	3.4%	3.4%	1.8%	1.9%	2.0%	1.9%
Craigavon Area	25.0%	25.1%	23.1%	21.4%	6.6%	6.7%	6.5%	5.5%	4.2%	5.0%	3.7%	4.8%
Daisy Hill	15.7%	16.8%	17.1%	14.8%	3.3%	3.9%	4.8%	4.2%	4.4%	4.5%	4.2%	4.6%
Altnagelvin Area	14.0%	13.7%	10.2%	9.6%	4.1%	4.2%	3.8%	4.1%	4.8%	4.0%	3.9%	4.0%
South West Acute	20.7%	20.9%	20.2%	21.6%	5.6%	4.0%	2.9%	3.2%	5.7%	4.4%	5.3%	5.0%
Type 1	20.5%	20.9%	20.0%	18.5%	5.5%	4.2%	5.5%	4.7%	3.8%	3.7%	3.6%	3.7%
Downe	14.4%	16.6%	16.7%	16.6%	1.5%	0.9%	0.8%	1.1%	3.0%	2.8%	2.5%	2.1%
Lagan Valley	16.0%	14.2%	13.6%	11.4%	2.1%	3.4%	3.4%	3.5%	2.3%	2.6%	2.6%	2.5%
Type 2	15.2%	15.3%	15.0%	13.8%	1.8%	2.2%	2.2%	2.4%	2.6%	2.7%	2.6%	2.3%
Mid Ulster	0.9%	1.7%	1.3%	0.7%	0.0%	0.1%	0.0%	0.0%	2.3%	1.3%	1.7%	1.9%
Ards	1.3%	0.3%	0.9%	0.7%	0.6%	0.7%	0.3%	0.7%	1.8%	1.9%	1.2%	1.7%
Bangor	1.5%	0.6%	0.3%	0.8%	1.2%	0.1%	1.0%	0.5%	3.4%	1.5%	2.9%	3.2%
South Tyrone	0.5%	0.7%	0.8%	0.5%	0.1%	0.1%	0.2%	0.2%	2.7%	2.0%	1.7%	2.4%
Omagh	2.3%	1.8%	1.6%	2.3%	2.6%	1.4%	1.9%	1.3%	4.8%	5.3%	5.3%	5.5%
Type 3	1.2%	1.0%	1.0%	1.0%	0.8%	0.5%	0.6%	0.5%	3.1%	2.5%	2.5%	3.0%
Northern Ireland	18.2%	18.6%	17.8%	16.3%	4.8%	3.8%	4.8%	4.1%	3.7%	3.5%	3.4%	3.6%

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 (Minutes)				95 th Percentile (Minutes)			
	Mar 2018	Jan 2019	Feb 2019	Mar 2019	Mar 2018	Jan 2019	Feb 2019	Mar 2019
Mater	0:11	0:10	0:11	0:09	0:36	0:33	0:34	0:28
Royal Victoria	0:16	0:13	0:18	0:12	1:03	0:54	1:10	0:49
RBHSC	0:13	0:11	0:16	0:13	0:58	0:46	1:04	0:53
Antrim Area	0:09	0:09	0:09	0:08	0:25	0:25	0:28	0:24
Causeway	0:11	0:09	0:09	0:09	0:37	0:26	0:24	0:25
Ulster	0:11	0:11	0:11	0:10	0:38	0:31	0:34	0:33
Craigavon Area	0:13	0:12	0:12	0:11	0:47	0:48	0:46	0:44
Daisy Hill	0:07	0:05	0:05	0:05	0:22	0:17	0:17	0:15
Altnagelvin Area	0:14	0:11	0:11	0:11	0:44	0:38	0:37	0:40
South West Acute	0:14	0:12	0:10	0:10	1:15	0:42	0:36	0:35
Type 1	0:11	0:10	0:11	0:10	0:45	0:39	0:45	0:38
Downe	0:07	0:05	0:06	0:06	0:27	0:19	0:21	0:20
Lagan Valley	0:09	0:08	0:10	0:09	0:27	0:25	0:27	0:25
Type 2	0:08	0:07	0:08	0:08	0:27	0:22	0:25	0:23
Mid Ulster	0:02	0:02	0:02	0:02	0:07	0:06	0:07	0:07
Ards	0:04	0:03	0:03	0:03	0:17	0:13	0:17	0:12
Bangor	0:03	0:03	0:04	0:04	0:16	0:14	0:14	0:20
South Tyrone	0:01	0:01	0:01	0:01	0:09	0:09	0:09	0:08
Omagh	0:16	0:08	0:08	0:09	1:34	0:33	0:37	0:36
Type 3	0:03	0:03	0:03	0:02	0:34	0:17	0:20	0:20
Northern Ireland	0:10	0:09	0:10	0:09	0:43	0:37	0:42	0:36

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 (HH:MM)				95 th Percentile (HH:MM)			
	Mar 2018	Jan 2019	Feb 2019	Mar 2019	Mar 2018	Jan 2019	Feb 2019	Mar 2019
Mater	1:11	0:48	1:01	0:51	5:24	4:34	5:07	4:10
Royal Victoria	1:22	1:01	1:17	1:26	5:24	5:20	5:39	5:53
RBHSC	1:05	0:46	1:01	0:56	4:15	2:38	3:20	3:13
Antrim Area	1:25	1:15	1:34	1:21	5:29	5:08	5:57	4:50
Causeway	0:44	0:27	0:32	0:32	3:30	2:07	2:44	2:44
Ulster	1:03	0:49	0:51	0:50	4:38	3:51	3:43	3:59
Craigavon Area	1:27	1:32	1:41	1:29	6:16	6:34	6:15	5:51
Daisy Hill	0:59	1:02	1:17	1:14	3:40	3:51	3:48	3:57
Altnagelvin Area	0:31	0:36	0:45	0:43	3:02	3:14	3:03	3:27
South West Acute	0:50	0:36	0:32	0:33	4:13	3:23	3:19	3:06
Type 1	1:04	0:55	1:02	1:00	4:51	4:32	4:50	4:29
Downe	0:33	0:24	0:23	0:31	2:10	1:52	1:27	2:03
Lagan Valley	0:47	0:43	0:46	0:51	3:02	3:00	2:55	2:42
Type 2	0:40	0:31	0:32	0:42	2:37	2:38	2:36	2:28
Mid Ulster	0:04	0:04	0:04	0:05	0:21	0:18	0:21	0:23
Ards	0:10	0:08	0:10	0:10	0:48	0:38	0:55	0:44
Bangor	0:04	0:04	0:04	0:05	0:41	0:31	0:29	0:31
South Tyrone	0:01	0:03	0:02	0:03	0:22	0:25	0:28	0:27
Omagh	0:11	0:00	0:00	0:00	2:23	0:00	0:00	0:00
Type 3	0:03	0:04	0:04	0:04	0:35	0:28	0:34	0:31
Northern Ireland	0:52	0:46	0:51	0:50	4:35	4:15	4:32	4:14

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 (HH:MM)				95 th Percentile (HH:MM)			
	Mar 2018	Jan 2019	Feb 2019	Mar 2019	Mar 2018	Jan 2019	Feb 2019	Mar 2019
Mater	7:53	6:44	7:52	5:43	25:03	20:30	25:10	14:27
Royal Victoria	8:20	8:12	9:49	6:57	19:49	19:58	22:59	14:48
RBHSC	4:17	4:12	4:21	4:07	8:27	7:47	8:36	8:16
Antrim Area	6:19	7:25	7:39	5:40	22:37	25:42	26:30	19:20
Causeway	7:09	6:44	6:14	5:26	24:03	20:35	15:47	11:57
Ulster	8:21	7:42	9:25	8:19	26:11	25:07	27:08	26:08
Craigavon Area	8:16	8:18	7:57	7:16	21:53	22:37	22:57	21:39
Daisy Hill	6:31	7:32	8:40	6:51	19:05	21:46	24:06	26:09
Altnagelvin Area	7:03	7:29	7:19	7:08	14:58	19:58	19:07	18:54
South West Acute	6:42	7:53	5:37	5:46	19:38	25:27	21:35	20:36
Type 1	7:17	7:28	7:46	6:37	22:11	23:12	23:59	21:45
Downe	6:36	3:42	3:01	4:08	25:16	19:23	13:37	21:33
Lagan Valley	6:21	5:16	5:32	5:33	22:01	17:26	19:10	10:00
Type 2	6:24	4:51	4:55	5:12	24:16	18:23	17:32	17:18
Mid Ulster	.	.	.	.	.	.	.	.
Ards	.	.	.	.	.	.	.	.
Bangor	.	.	.	.	.	.	.	.
South Tyrone	.	.	.	.	.	.	.	.
Omagh	1:41	1:09	2:10	2:40	4:11	3:24	4:38	10:42
Type 3	1:41	1:09	2:10	2:40	4:11	3:24	4:38	10:42
Northern Ireland	7:14	7:21	7:34	6:33	22:13	23:08	23:56	21:40

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 (HH:MM)				95 th Percentile (HH:MM)			
	Mar 2018	Jan 2019	Feb 2019	Mar 2019	Mar 2018	Jan 2019	Feb 2019	Mar 2019
Mater	2:53	2:33	2:38	2:27	7:39	7:02	7:21	6:31
Royal Victoria	3:36	3:11	3:29	3:23	9:15	9:08	9:59	8:58
RBHSC	2:44	2:19	2:37	2:31	6:29	5:21	5:45	5:47
Antrim Area	2:51	2:55	3:10	2:49	7:40	8:08	9:00	7:12
Causeway	2:22	2:04	2:12	2:10	7:31	6:25	6:40	6:22
Ulster	2:49	2:44	2:48	2:48	7:34	6:57	7:42	7:27
Craigavon Area	3:07	3:15	3:25	3:13	8:48	8:43	8:45	8:13
Daisy Hill	2:29	2:41	2:44	2:32	6:24	6:37	6:29	6:36
Altnagelvin Area	2:33	2:41	2:42	2:44	6:27	6:40	6:22	6:30
South West Acute	3:05	3:02	2:43	2:47	8:25	11:22	7:24	7:31
Type 1	2:53	2:47	2:53	2:47	7:50	7:45	8:02	7:24
Downe	1:33	1:16	1:17	1:30	4:48	5:13	5:00	5:21
Lagan Valley	2:07	2:21	2:17	2:25	5:48	6:08	6:06	6:20
Type 2	1:50	1:45	1:44	1:58	5:33	5:55	5:43	5:54
Mid Ulster	0:30	0:32	0:31	0:31	1:25	1:23	1:20	1:24
Ards	0:41	0:40	0:47	0:40	1:42	1:31	1:48	1:38
Bangor	0:33	0:29	0:30	0:35	1:30	1:19	1:19	1:29
South Tyrone	0:26	0:28	0:27	0:27	1:04	1:04	1:07	1:07
Omagh	1:01	0:41	0:47	0:47	3:22	2:18	2:23	2:33
Type 3	0:33	0:32	0:33	0:33	1:56	1:33	1:40	1:39
Northern Ireland	2:27	2:22	2:26	2:22	7:24	7:18	7:32	7:03

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	Mar 2018	Jan 2019	Feb 2019	Mar 2019
Under 5	47.5	49.9	47.2	50.8
Aged 5 - 15	29.5	26.0	27.1	33.2
Aged 16 - 44	34.9	34.5	32.2	36.1
Aged 45 - 64	29.8	31.1	28.2	30.9
Aged 65 - 74	32.9	32.6	30.8	32.2
Aged 75 & Over	65.5	66.2	61.2	64.3
Northern Ireland	36.0	35.9	33.7	37.4

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

Day of Week	Mar 2018	Jan 2019	Feb 2019	Mar 2019
Monday	2,652.0	2,645.0	2,754.8	2,757.0
Tuesday	2,436.5	2,196.6	2,413.5	2,499.0
Wednesday	2,308.5	2,296.4	2,399.0	2,425.5
Thursday	2,175.2	2,297.2	2,348.3	2,418.3
Friday	2,159.4	2,305.8	2,368.0	2,417.0
Saturday	1,717.2	1,840.3	1,881.0	1,864.6
Sunday	1,873.0	1,858.5	1,928.3	1,900.6

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			
	Mar 2018	Jan 2019	Feb 2019	Mar 2019	Mar 2018	Jan 2019	Feb 2019	Mar 2019	Mar 2018	Jan 2019	Feb 2019	Mar 2019
Mater	2,603	2,763	2,589	2,978	1,352	1,301	1,184	1,194	255	156	218	88
Royal Victoria	4,126	4,538	3,960	4,449	3,609	3,265	3,186	3,718	524	538	709	260
RBHSC	2,461	2,750	2,573	2,830	1,031	712	901	883	.	.	.	.
Antrim Area	4,367	4,247	3,793	4,975	2,624	2,346	2,478	2,546	365	663	602	298
Causeway	2,618	2,761	2,631	3,100	1,141	995	997	1,054	197	147	90	59
Ulster	4,556	4,835	4,254	4,762	2,823	2,656	2,408	2,833	726	706	890	756
Craigavon Area	3,968	3,887	3,367	3,913	2,903	2,933	2,833	3,091	536	687	561	458
Daisy Hill	3,139	3,128	2,860	3,327	1,450	1,388	1,178	1,300	146	259	308	257
Altnagelvin Area	3,819	3,685	3,460	4,009	1,838	1,736	1,585	1,889	141	272	236	216
South West Acute	1,809	1,801	1,792	1,996	1,152	945	902	947	148	362	160	155
Type 1	33,466	34,395	31,279	36,339	19,923	18,277	17,652	19,455	3,038	3,790	3,774	2,547
Downe	1,743	1,749	1,604	1,684	198	219	174	243	65	25	18	22
Lagan Valley	1,708	1,591	1,561	1,677	480	598	531	583	57	24	25	11
Eye Casualty	1,215	1,113	1,044	1,036	209	239	255	388	.	.	.	.
Type 2	4,666	4,453	4,209	4,397	887	1,056	960	1,214	122	49	43	33
Mid Ulster	869	822	858	953	.	.	1	1	.	.	.	.
Ards	1,000	976	920	1,028	.	.	.	.	.	.	.	.
Bangor	803	849	781	868	.	.	.	.	.	.	.	.
South Tyrone	2,598	2,455	2,536	2,887	.	.	.	.	.	.	.	.
Omagh	1,438	1,369	1,339	1,580	34	4	3	18	.	.	.	.
Type 3	6,708	6,471	6,434	7,316	34	4	4	19	0	0	0	0
Northern Ireland	44,840	45,319	41,922	48,052	20,844	19,337	18,616	20,688	3,160	3,839	3,817	2,580

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			
	Mar 2018	Jan 2019	Feb 2019	Mar 2019
Mater	66.3%	73.3%	69.8%	76.1%
Royal Victoria	60.8%	67.5%	62.0%	60.6%
RBHSC	74.5%	88.1%	79.3%	81.6%
Antrim Area	63.0%	67.5%	59.8%	67.1%
Causeway	83.2%	94.0%	90.5%	89.9%
Ulster	72.6%	81.7%	82.3%	80.0%
Craigavon Area	62.2%	60.2%	56.2%	61.5%
Daisy Hill	76.5%	75.4%	71.3%	71.9%
Altnagelvin Area	85.6%	84.2%	84.8%	80.3%
South West Acute	77.6%	84.5%	85.4%	87.2%
Type 1	70.8%	75.6%	72.4%	73.7%
Downe	93.5%	96.0%	98.1%	94.5%
Lagan Valley	85.9%	82.1%	84.5%	84.3%
Type 2	89.4%	88.7%	90.7%	89.0%
Mid Ulster	100.0%	100.0%	100.0%	100.0%
Ards	100.0%	100.0%	99.9%	100.0%
Bangor	100.0%	100.0%	100.0%	99.9%
South Tyrone	100.0%	100.0%	100.0%	100.0%
Omagh	92.5%	-	-	-
Type 3	99.7%	100.0%	100.0%	100.0%
Northern Ireland	74.7%	78.6%	76.1%	77.1%

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)			
	Mar 2018	Jan 2019	Feb 2019	Mar 2019	Mar 2018	Jan 2019	Feb 2019	Mar 2019
Mater	61.2%	61.1%	58.8%	57.8%	38.8%	38.9%	41.2%	42.2%
Royal Victoria	67.6%	66.6%	64.9%	63.9%	32.4%	33.4%	35.1%	36.1%
RBHSC	38.9%	38.7%	36.7%	38.8%	61.1%	61.3%	63.3%	61.2%
Antrim Area	69.0%	72.3%	70.5%	72.9%	31.0%	27.7%	29.5%	27.1%
Causeway	72.9%	74.9%	72.9%	71.5%	27.1%	25.1%	27.1%	28.5%
Ulster	72.9%	73.0%	72.9%	71.4%	27.1%	27.0%	27.1%	28.6%
Craigavon Area	82.1%	80.7%	77.1%	77.1%	17.9%	19.3%	22.9%	22.9%
Daisy Hill	78.8%	81.0%	81.0%	82.3%	21.2%	19.0%	19.0%	17.7%
Altnagelvin Area	64.7%	66.2%	62.4%	63.5%	35.3%	33.8%	37.6%	36.5%
South West Acute	66.7%	65.7%	64.8%	64.6%	33.3%	34.3%	35.2%	35.4%
Type 1	69.1%	69.6%	67.5%	67.8%	30.9%	30.4%	32.5%	32.2%
Downe	46.5%	41.9%	37.9%	39.8%	53.5%	58.1%	62.1%	60.2%
Lagan Valley	52.7%	53.7%	53.2%	53.0%	47.3%	46.3%	46.8%	47.0%
Type 2	49.8%	48.1%	46.2%	46.9%	50.2%	51.9%	53.8%	53.1%
Mid Ulster	2.0%	2.8%	2.3%	1.0%	98.0%	97.2%	97.7%	99.0%
Ards	1.2%	1.3%	1.5%	1.2%	98.8%	98.7%	98.5%	98.8%
Bangor	1.6%	0.8%	1.7%	0.7%	98.4%	99.2%	98.3%	99.3%
South Tyrone	4.0%	4.0%	4.9%	4.2%	96.0%	96.0%	95.1%	95.8%
Omagh	17.4%	13.9%	13.8%	13.5%	82.6%	86.1%	86.2%	86.5%
Type 3	5.7%	5.1%	5.5%	4.9%	94.3%	94.9%	94.5%	95.1%
Northern Ireland	61.5%	61.9%	59.7%	59.7%	38.5%	38.1%	40.3%	40.3%

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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Information & Analysis Directorate
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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>