

INFORMATION
ANALYSIS
DIRECTORATE



Emergency Care Waiting Time Statistics for Northern Ireland (July - September 2020)



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An Roinn Sláinte

Máinnstríe O Poustie

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NISRA

Northern Ireland
Statistics and Research Agency
Gníomhaireacht Thuaisceart Éireann
um Staitistí agus Taighde

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-niwts-ecwt-guidance.pdf>
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Sarah Brown
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- Statistical Quality:** Information detailed in this release has been provided by HSC Trusts and was validated by Hospital Information Branch (HIB) prior to release. Information on: time to triage, age and time of day for attendances, GP referrals, emergency admissions, left before treatment complete, triage level, time to start of treatment, time waited for patients admitted and not admitted are **not** National Statistics, but have been included to provide users with a comprehensive view of emergency care activity and waits. Further information on data included in this release is available at the link below:
<https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-niwts-ecwt-guidance.pdf>
- Target Audience:** DoH, Chief Executives of HSC Board and Trusts in Northern Ireland, Health Care Professionals, Academics, HSC Stakeholders, Media & General Public.
- Further Copies:** statistics@health-ni.gov.uk
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¹ Information on Security and Confidentiality Processes is detailed in the Technical Notes on page 3.

Technical Notes

Data Collection

Information presented in this brief is based on a monthly patient-level download from the Regional Data Warehouse on the 8th of each month for all EDs. Data providers are supplied with technical guidance documents outlining the methodologies used in the collection, reporting, and validation of the information collected in this publication. These documents are available at the link below:

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

Currently there are two patient-level administrative systems used by HSC Trusts in Northern Ireland to record emergency care information;

- (i) The electronic Emergency Medicine System (e-EMS); and,
- (ii) SYMPHONY.

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 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.

These statistics last underwent a full assessment against the Code of Practice in 2011:

https://www.statisticsauthority.gov.uk/wp-content/uploads/2015/12/images-letterofconfirmationasnationalstatisticsassessmentreport15_tcm97-42663.pdf

Designation was awarded in March 2013: https://www.statisticsauthority.gov.uk/wp-content/uploads/2015/12/images-assessmentreport153statisticsonhospitalwaitingtimesinnorthernirelan_tcm97-41176.pdf

Since the assessment, we have continued to comply with the Code of Practice for Statistics. A list of those who received 24-hour pre-release access to this publication is available online with the current quarterly publication found here:

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

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 10 – 12 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>

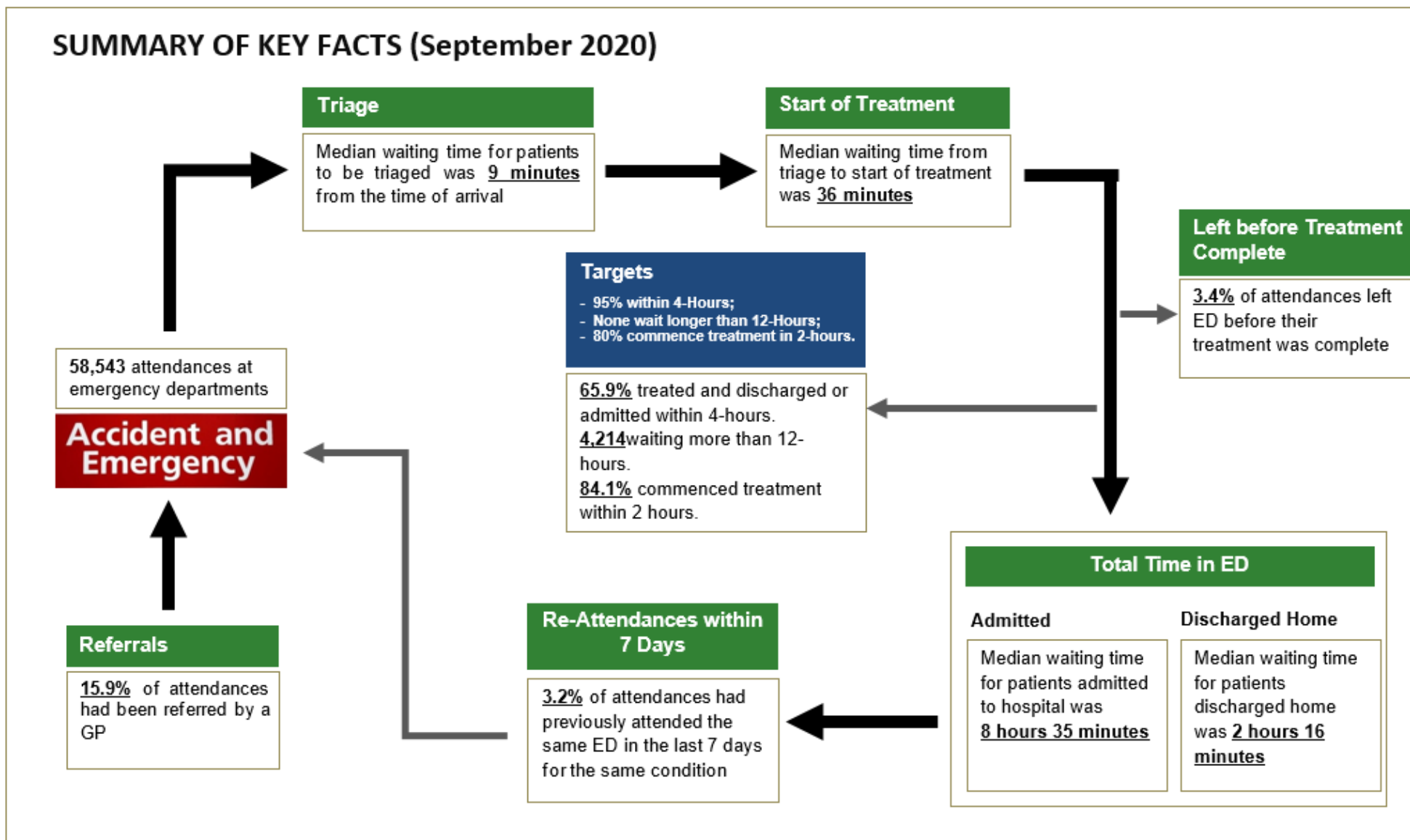
Statistical Charter:

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

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SUMMARY OF KEY FACTS (September 2020)



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

How Many Attend EDs?

Table 1 presents information on the number of new and unplanned review attendances at emergency care departments (ED) and the number of emergency admissions to hospital in Northern Ireland during September 2020, compared with the same month last year.^{2, 3, 4, 5, 6, 7}

Information for the last three months (July, August and September 2020) is detailed in Table 10A on page 30.

Table 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (September 2019 - September 2020)

Attendances	September 2019	September 2020	Difference	
New	67,296	55,526	-11,770	-17.5%
Unplanned Review	4,011	3,017	-994	-24.8%
Total Attendances	71,307	58,543	-12,764	-17.9%
Emergency Admissions	12,588	10,152	-2,436	-19.4%

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances at EDs decreased by 17.9% (12,764) when compared with September 2019, from 71,307 to 58,543 in September 2020 (Table 1, Table 10A).
- Between September 2019 and September 2020, unplanned review attendances decreased by 24.8% (994) and new attendances decreased by 17.5% (11,770) (Table 1, Table 10A).
- There were 178,423 attendances at EDs during the quarter ending 31st September 2020, 16.9% (36,305) less than during the same quarter in 2019 (214,730).
- The number of emergency admissions to hospital from EDs decreased by 19.4% (2,436) between September 2019 (12,588) and September 2020 (10,152) (Table 1).

² Information for June 2019 and July, August and September 2020 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.

⁵ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

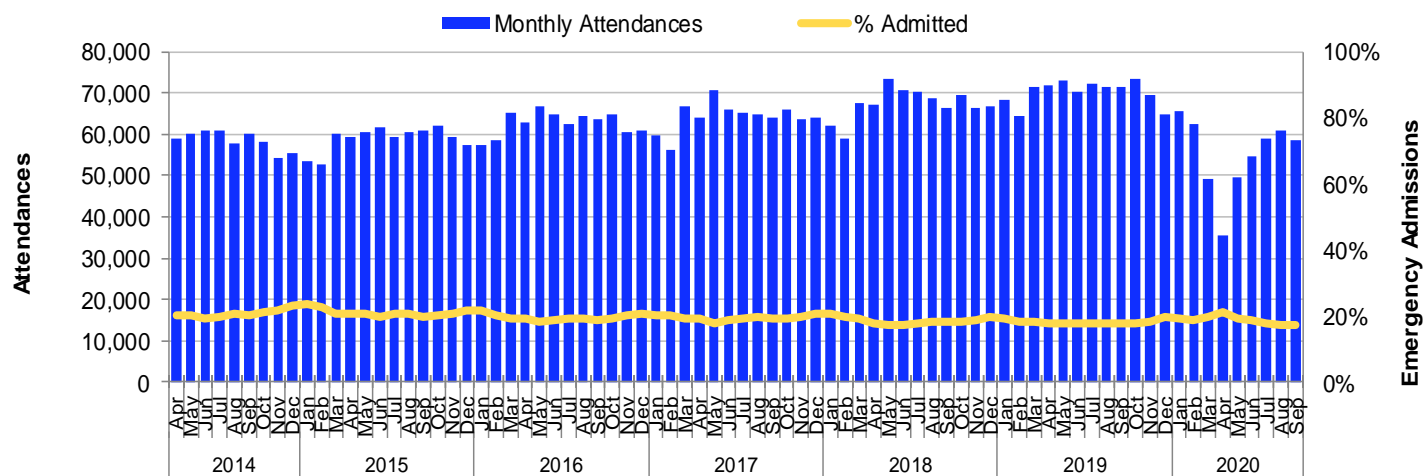
⁶ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

⁷ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Are More Patients Being Admitted To Hospital?

Figure 1 presents information on the number of new and unplanned review attendances at EDs and emergency admissions⁸ to hospital each month, from April 2014.^{9, 10, 11, 12}

Figure 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (April 2014 –September 2020)



- During each of the last six 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 increases between November and January each year, then declines sharply from February each year (Figure 1).
- Attendances during all three months of the latest quarter decreased when compared with the same month of the previous year.
 - During July 2020, there were 58,884 attendances at EDs, 18.2% (13,141) less than July 2019 (72,025);
 - During August 2020, there were 60,996 attendances at EDs, 14.6% (10,402) less than August 2019 (71,398); and,
 - During September 2020, there were 58,543 attendances at EDs, 17.9% (12,764) less than September 2019 (71,307).

⁸ 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.

⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁰ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

¹¹ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

¹² Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Which ED Did People Attend?

Table 2 details a summary of the number of new and unplanned review attendances at each Type 1 ED during September 2020 and the same month last year. It also details the total number of attendances at Type 2 and 3 EDs during this period ^{13, 14, 15, 16, 17}

Table 2: Attendances at Emergency Care Departments (September 2019 – September 2020)

Department	New Attendances		Unplanned Review Attendances		Total Attendances	
	Sep 2019	Sep 2020	Sep 2019	Sep 2020	Sep 2019	Sep 2020
Mater	4,198	1,457	136	19	4,334	1,476
Royal Victoria	8,130	8,406	338	183	8,468	8,589
RBHSC	3,141	3,188	252	232	3,393	3,420
Antrim Area	7,364	6,828	396	381	7,760	7,209
Causeway	3,968	3,518	318	272	4,286	3,790
Ulster	8,022	7,935	248	205	8,270	8,140
Craigavon Area	6,553	7,340	551	636	7,104	7,976
Daisy Hill	4,502	-	342	-	4,844	-
Altnagelvin Area	5,507	4,846	433	353	5,940	5,199
South West Acute	2,888	2,741	293	284	3,181	3,025
Type 1	54,273	46,259	3,307	2,565	57,580	48,824
Type 2	5,619	3,570	240	155	5,859	3,725
Type 3	7,404	5,697	464	297	7,868	5,994
Northern Ireland	67,296	55,526	4,011	3,017	71,307	58,543

Source: Regional Data Warehouse, Business Services Organisation

- Between September 2019 and September 2020, total attendances decreased at Type 1, Type 2 and Type 3 departments (Table 2, Table 10A).
- Royal Victoria (8,589) and the Ulster (8,140) were the busiest EDs during September 2020 (Table 2, Table 10A).
- Of the 10 Type 1 EDs, Craigavon Area (872, 12.3%), the Royal Victoria (121, 1.4%) and RBHSC (27, 0.8%) reported the only increases in attendances during September 2020, compared with September 2019 (Table 2, Table 10A).

¹³ Information for June 2019 and July, August and September 2020 is detailed in Appendix 4, Table 10A.

¹⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁵ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

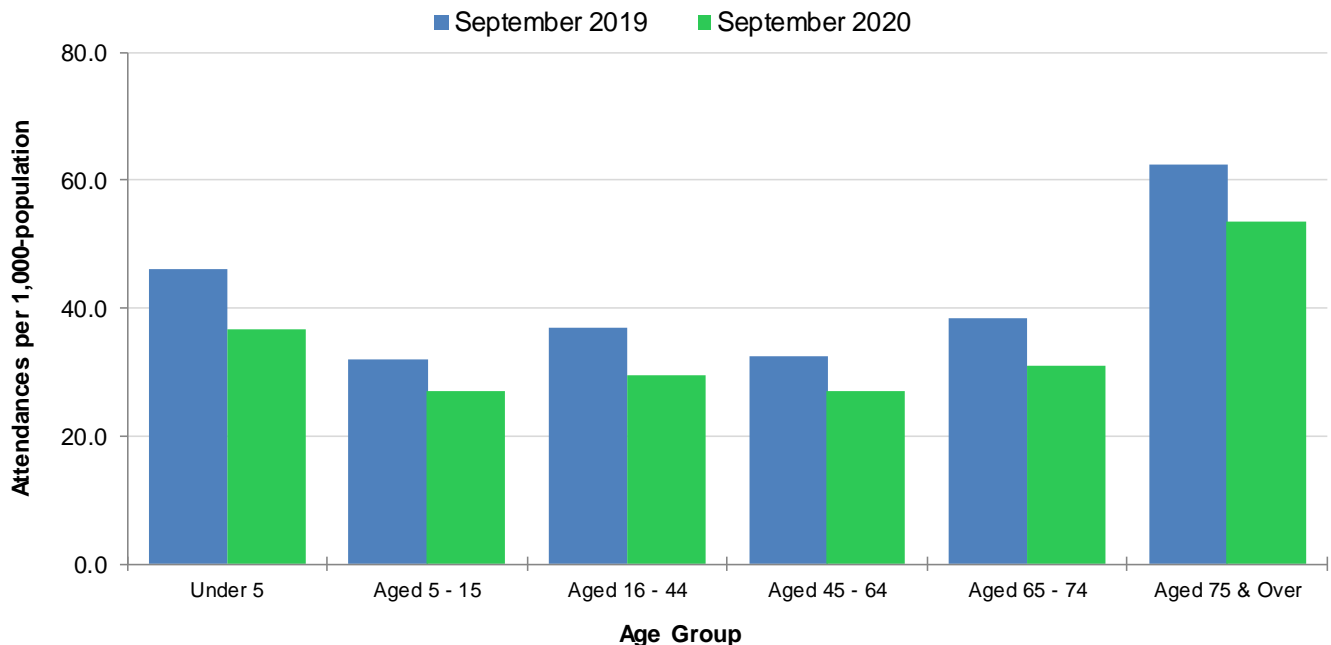
¹⁶ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

¹⁷ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Who Attends EDs?

Figure 2 presents information on the number of attendances at EDs per 1,000-population, broken down by the age group of those attending^{18, 19, 20, 21, 22, 23}

Figure 2: Attendances at Emergency Care Departments per 1,000-population, by Age Group (September 2019 – September 2020)^{24, 25}



- During both September 2019 and September 2020, the highest number of attendances per 1,000-population was recorded for those Aged 75 & Over (62.4 and 53.5 respectively) (Figure 2, Table 10H).
- The lowest number of attendances per 1,000-population was recorded in the Aged 5 - 15 and the Aged 45 – 64 age groups during September 2020 (27.0) (Figure 2, Table 10H).
- The rate of attendances per 1,000-population decreased for all age groups between September 2019 and September 2020. (Figure 2, Table 10H).

¹⁸ Information for June 2019 and July, August and September 2020 is detailed in Appendix 4, Table 10H.

¹⁹ 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.

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

²¹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

²² Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

²³ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

²⁴ Excludes cases where the DOB could not be determined.

²⁵ Based on the NISRA 2019 mid-year population estimate which was published on 6th May 2020.

What Triage Level Do Patients Present With?

The level which patients arriving at the ED were designated following triage by a health care professional is presented below. The five levels on the Manchester Triage Scale (MTS) below, act as a guide for the time within which a patient's treatment should commence.^{26, 27}

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

In this report it is assumed that patients attending EDs triaged as Level 1 / 2 or 3 are in most urgent need of treatment, and those assessed as Level 4 / 5 are in less need of urgent treatment.

Table 3: Percentage Triaged in each Triage Group (September 2019 - September 2020)^{28, 29, 30, 31}

Department	Level 1 / 2		Level 3		Level 4 / 5	
	Sep 2019	Sep 2020	Sep 2019	Sep 2020	Sep 2019	Sep 2020
Mater	14.7%	28.4%	46.2%	43.4%	39.1%	28.2%
Royal Victoria	19.2%	18.4%	47.5%	45.3%	33.3%	36.3%
RBHSC	13.3%	14.5%	22.7%	21.4%	64.0%	64.1%
Antrim Area	18.1%	20.0%	55.2%	51.0%	26.7%	29.0%
Causeway	17.9%	15.5%	49.9%	49.3%	32.3%	35.2%
Ulster	21.7%	21.8%	42.1%	42.3%	36.2%	35.9%
Craigavon Area	31.4%	31.9%	45.1%	40.8%	23.5%	27.3%
Daisy Hill	28.6%	-	49.1%	-	22.3%	-
Altnagelvin Area	33.6%	30.9%	30.4%	32.1%	35.9%	37.0%
South West Acute	17.0%	15.1%	45.7%	41.4%	37.3%	43.5%
Type 1	22.4%	22.5%	44.1%	41.5%	33.5%	36.0%
Type 2	7.3%	5.0%	27.8%	24.7%	64.9%	70.3%
Type 3	0.5%	0.5%	3.0%	2.8%	96.5%	96.7%
Northern Ireland	18.8%	19.4%	38.4%	37.1%	42.7%	43.5%

Source: Regional Data Warehouse, Business Services Organisation

- Almost two thirds (64.0%) of attendances at Type 1 departments in September 2020 were triaged as level 1 / 2 or 3, compared with 66.5% in September 2019 (Table 3, Table 10L).
- Almost a fifth (19.4%) of patients were triaged at level 1 / 2 in September 2020, more than July 2020 (19.0%) and August 2020 (18.8%) (Table 3, Table 10L).
- During September 2020, almost a third of patients attending Craigavon Area (31.9%) were triaged at level 1 / 2, compared with 14.5% of those attending the RBHSC (Table 3, Table 10L).

²⁶ Data 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.

²⁸ Information for June 2019 and July, August and September 2020 is detailed in Appendix 4: Table 10L.

²⁹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

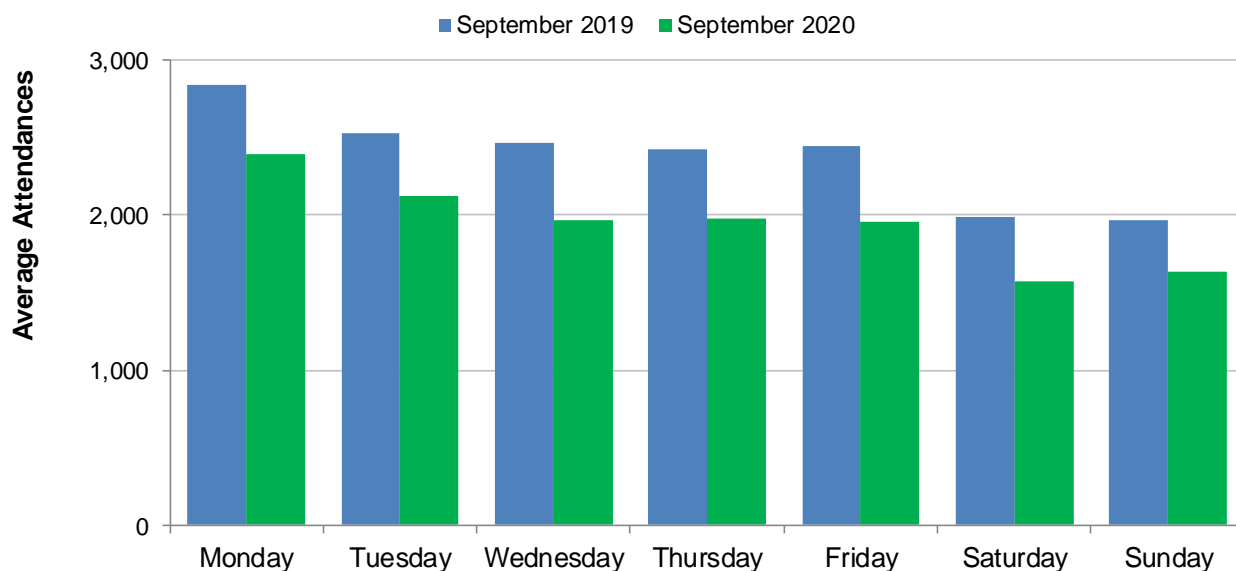
³⁰ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

³¹ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

When Do People Attend EDs?

Figure 3 presents information on the average number of new and unplanned review attendances at EDs by day of the week during September 2019, compared with September 2020. ^{32, 33, 34, 35}

Figure 3: Average Number of Attendances at Emergency Care Departments by Day of Week (September 2019 - September 2020)^{36, 37}



- Overall, Monday was the busiest day at EDs during both September 2019 and September 2020, with over 2,380 daily attendances on average each Monday during September 2020 (Figure 3, Table 10I).
- The largest decrease in average daily attendances between September 2019 and September 2020 (499) was on a Wednesday (2,464 and 1,965 respectively) (Figure 3, Table 10I).
- The lowest average number of daily attendances was on a Sunday during September 2019 (1,971) and on a Saturday during September 2020 (1,570) (Figure 3, Table 10I).

³² Information for June 2019 and July, August and September 2020 is detailed in Appendix 4, Table 10I.

³³ 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.

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

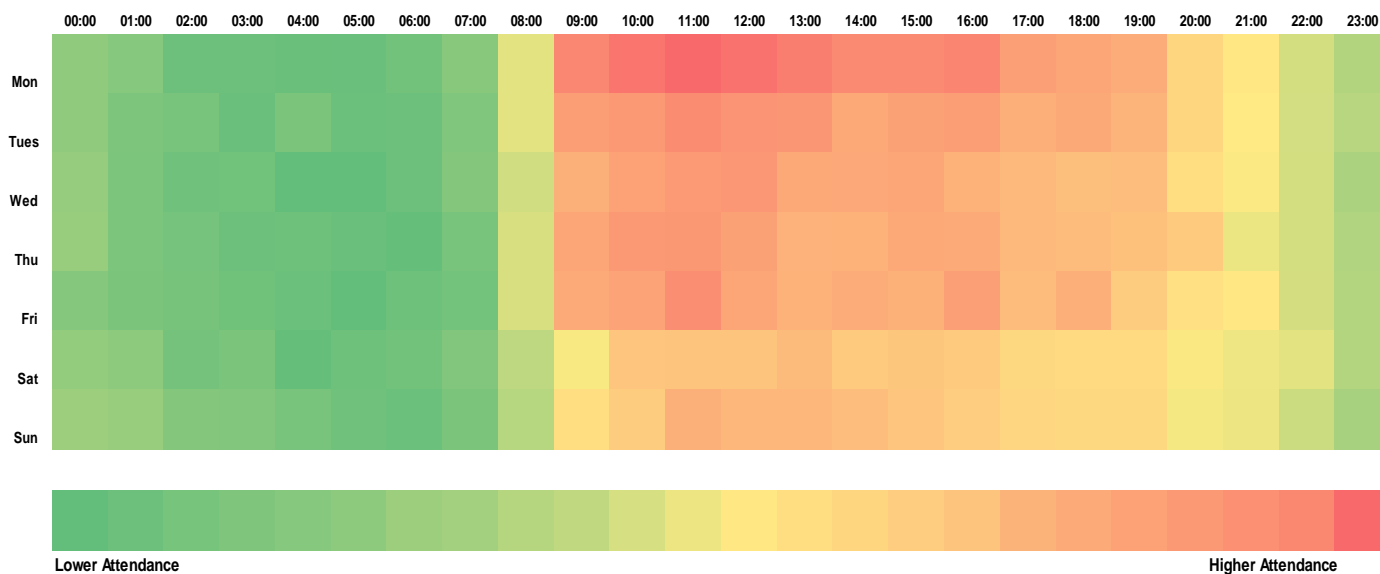
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³⁷ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Figure 4 presents information on the number of new and unplanned review attendances during each day of the week and hour of the day in September 2020. 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. ^{38, 39, 40}

Figure 4: Heat Map of Emergency Care Attendances by Day and Time (September 2020)^{41, 42}



- Monday was the busiest day of the week during September 2020, with the highest number of attendances arriving between 11:00am and 11:59am (Figure 4).
- Saturday was the least busy day during September 2020, with the highest number of attendances arriving between 13:00pm and 13:59pm (Figure 4).
- Overall, the busiest hour of the day during September 2020 was between 11:00am and 11:59am, whilst the least busy hour was 5:00am to 5:59am (Figure 4).

³⁸ 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.

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

⁴⁰ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

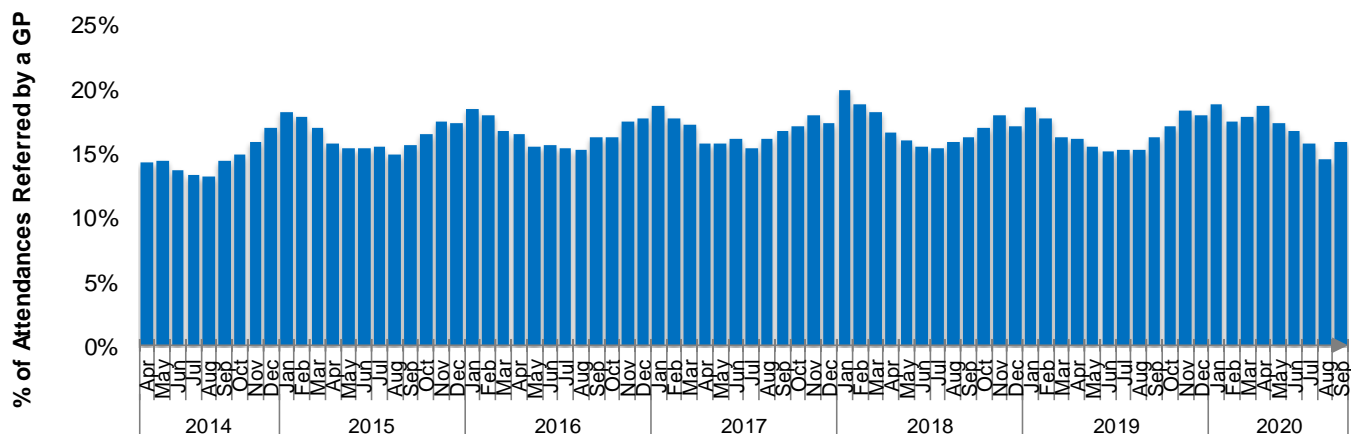
⁴¹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

⁴² Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

How Many Attendances Were Referred by a GP?

Figure 5 presents information on the percentage of attendances at EDs that had been referred by a GP, from April 2014.^{43, 44, 45, 46}

Figure 5: Percentage of Attendances at Emergency Care Departments Referred by a GP (April 2014 – September 2020)^{47, 48}



- In September 2020, over one in six (15.9%) attendances at EDs had been referred by a GP, compared with 16.3% in September 2019 (Figure 5, Table 10C).
- Type 1 EDs reported the highest percentage of attendances referred by a GP (18.4%) during September 2020, compared to 18.8% in September 2019 (Table 10C).
- Almost a quarter (24.3%) of attendances at the Ulster had been referred by a GP during September 2020, compared with 4.3% of attendances in RBHSC (Table 10C).
- The percentage of attendances referred by a GP is generally highest during January each year, and lowest during July and August (Figure 5).

⁴³ Information for June 2019 and July, August and September 2020 is detailed in Appendix 4, Table 10C.

⁴⁴ 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.

⁴⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁴⁶ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

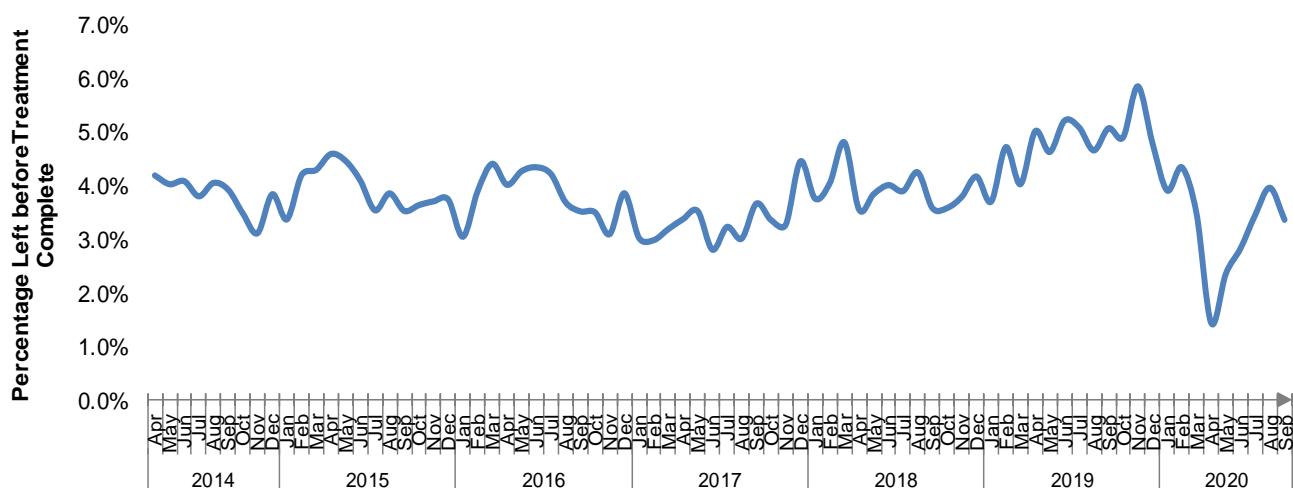
⁴⁷ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

⁴⁸ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Do Patients Leave ED Before Their Treatment is Complete?

Figure 6 presents information on the proportion of attendances which left an ED before their treatment was complete, from April 2014.^{49, 50, 51, 52}

Figure 6: Percentage of Attendances Leaving the Emergency Care Department before their Treatment was Complete (April 2014 – September 2020)^{53, 54}



- During September 2020, 3.4% of all ED attendances left before their treatment was complete, compared with 5.1% in September 2019 (Figure 6, Table 10C).
- Type 1 EDs reported the highest percentage (3.8%) of patients leaving before their treatment was complete in September 2020, with 1.6% reported for Type 2 EDs and 0.6% for Type 3 EDs (Table 10C).
- The Royal Victoria (8.3%) reported the highest percentage of attendances leaving an ED before their treatment was complete during September 2020, compared with 9.4% in September 2019 (Table 10C).
- During the last 12 months, the percentage of attendances leaving ED before their treatment was complete was highest in November 2019 (5.8%) (Figure 6).

⁴⁹ Information for June 2019 and July, August and September 2020 is detailed in Appendix 4, Table 10C.

⁵⁰ 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.

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

⁵² Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

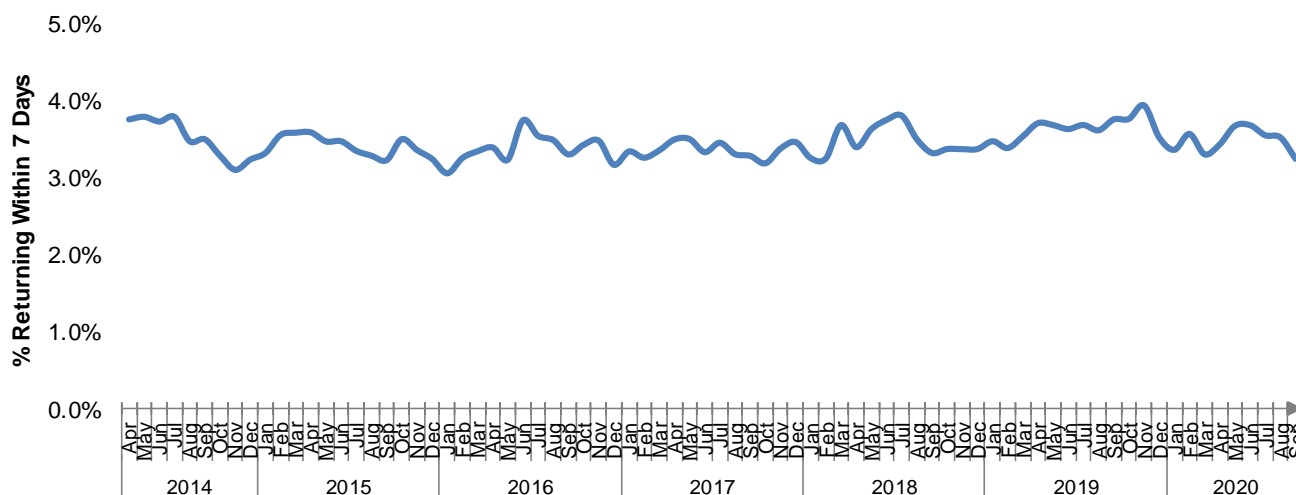
⁵³ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

⁵⁴ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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

Figure 7 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. ^{55, 56, 57, 58}

Figure 7: Percentage of Re-attendances at Emergency Care Departments within 7 Days (April 2014 – September 2020)^{59, 60}



- 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 3.1% and 3.9% of the total number of ED attendances (Figure 7).
- During September 2020, 3.2% of attendances had attended the same ED within 7 days of their original attendance, compared with 3.8% in September 2019 (Figure 7, Table 10C).
- South West Acute (6.6%) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during September 2020 (Table 10C).

⁵⁵ Information for June 2019 and July, August and September 2020 is detailed in Appendix 4, Table 10C.

⁵⁶ 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.

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

⁵⁸ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

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⁶⁰ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

How Long Do Patients Spend in ED?

Emergency Care Waiting Times Targets

The current DOH targets⁶¹ on emergency care waiting times in Northern Ireland for 2020/21 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 2021, 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.

⁶¹ 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. ^{62, 63}

Table 4: Performance against Emergency Care Waiting Times Target (September 2019 - September 2020)^{64, 65}

% Within 4 Hours	Sep 2019	Jul 2020	Aug 2020	Sep 2020	Diff (Sept 2019 - Sept 2020)	
					No.	%
Type 1	59.6%	62.6%	59.4%	60.4%	-	0.9%
Type 2	78.7%	85.3%	82.9%	83.9%	-	5.2%
Type 3	99.4%	99.9%	99.7%	99.6%	-	0.3%
Total	65.5%	67.1%	64.6%	65.9%	-	0.4%
Over 12 Hours	Sep 2019	Jul 2020	Aug 2020	Sep 2020	Diff (Sept 2019 - Sept 2020)	
					No.	%
Type 1	3,464	2,514	3,765	4,212	748	-
Type 2	17	1	1	2	-15	-
Type 3	.	.	.	.	.	-
Total	3,481	2,515	3,766	4,214	733	-
New & Unplanned Review Attendances	Sep 2019	Jul 2020	Aug 2020	Sep 2020	Diff (Sept 2019 - Sept 2020)	
					No.	%
Type 1	57,580	50,791	51,807	48,824	-8,756	-15.2%
Type 2	5,859	2,624	3,219	3,725	-2,134	-36.4%
Type 3	7,868	5,469	5,970	5,994	-1,874	-23.8%
Total	71,307	58,884	60,996	58,543	-12,764	-17.9%

Source: Regional Data Warehouse, Business Services Organisation

- Almost two thirds (65.9%) of attendances in September 2020 were discharged or admitted within 4 hours, compared with 65.5% in September 2019 (Table 10B & 10J).
- Over six in ten (60.4%) attendances at Type 1 EDs in September 2020 waited less than 4 hours, compared with 83.9% at Type 2 EDs and 99.6% at Type 3 EDs (Table 4, Table 10B & 10J).
- Between September 2019 and September 2020, the number waiting over 12 hours increased from 3,481 to 4,214, accounting for 7.2% of attendances in September 2020 (Table 4, Table 10B & 10J).
- During this period, EDs experienced a 17.9% decrease in attendances (71,307 to 58,543), whilst 4 hour performance remained similar (65.5% to 65.9%) (Table 4, Table 10B & 10J).
- During the quarter ending 30th September 2020, almost two thirds (65.9%) of patients waited less than 4 hours at an ED, compared with 66.9% during the same quarter in 2019.
- Between July 2020 and September 2020, the percentage waiting less than 4 hours was highest in July 2020 (67.1%) and lowest in August 2020 (64.6%), whilst the number waiting over 12 hours was highest in September 2020 (4,214) and lowest in July 2020 (2,515) (Table 4, Table 10B).

⁶² 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>

⁶³ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

⁶⁴ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

⁶⁵ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 5 details the performance for both the four and twelve hour components of the emergency care waiting times target at each Type 1 ED in September 2020 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. ^{66, 67, 68}

Table 5: Performance against the 4 and 12 Hour Components of the Emergency Care Waiting Times Target at Type 1 EDs (September 2019 - September 2020) ^{69, 70}

Department	4 Hour Performance		12 Hour Performance		Total Attendances	
	Sep 2019	Sep 2020	Sep 2019	Sep 2020	Sep 2019	Sep 2020
Mater	57.7%	55.6%	183	182	4,334	1,476
Royal Victoria	48.5%	46.7%	485	794	8,468	8,589
RBHSC	83.0%	81.4%	-	2	3,393	3,420
Antrim Area	64.5%	62.0%	348	550	7,760	7,209
Causeway	70.3%	73.6%	151	84	4,286	3,790
Ulster	59.8%	61.4%	757	941	8,270	8,140
Craigavon Area	49.2%	60.3%	768	962	7,104	7,976
Daisy Hill	66.0%	-	227	-	4,844	-
Altnagelvin Area	53.9%	57.3%	458	423	5,940	5,199
South West Acute	63.7%	61.1%	87	274	3,181	3,025
Type 1	59.6%	60.4%	3,464	4,212	57,580	48,824
Type 2	78.7%	83.9%	17	2	5,859	3,725
Type 3	99.4%	99.6%	-	-	7,868	5,994
Northern Ireland	65.5%	65.9%	3,481	4,214	71,307	58,543

Source: Regional Data Warehouse, Business Services Organisation

- During September 2020, the RBHSC (81.4%) reported the highest performance of the four hour target at any Type 1 ED, whilst the Royal Victoria (46.7%) reported the lowest (Table 5, Table 10B).
- No Type 1 ED achieved the 12-hour target during September 2020 (Table 5, Table 10B).
- Craigavon Area (962) reported the highest number of patients waiting over 12 hours during September 2020 (Table 5, Table 10B).
- Between September 2019 and September 2020, performance against the 12 hour target improved at three of the ten Type 1 EDs. (Table 5, Table 10B).

⁶⁶ Information for June 2019 and July, August and September 2020 is detailed in Appendix 4: Table 10B & Table 10J.

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

⁶⁸ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

⁶⁹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

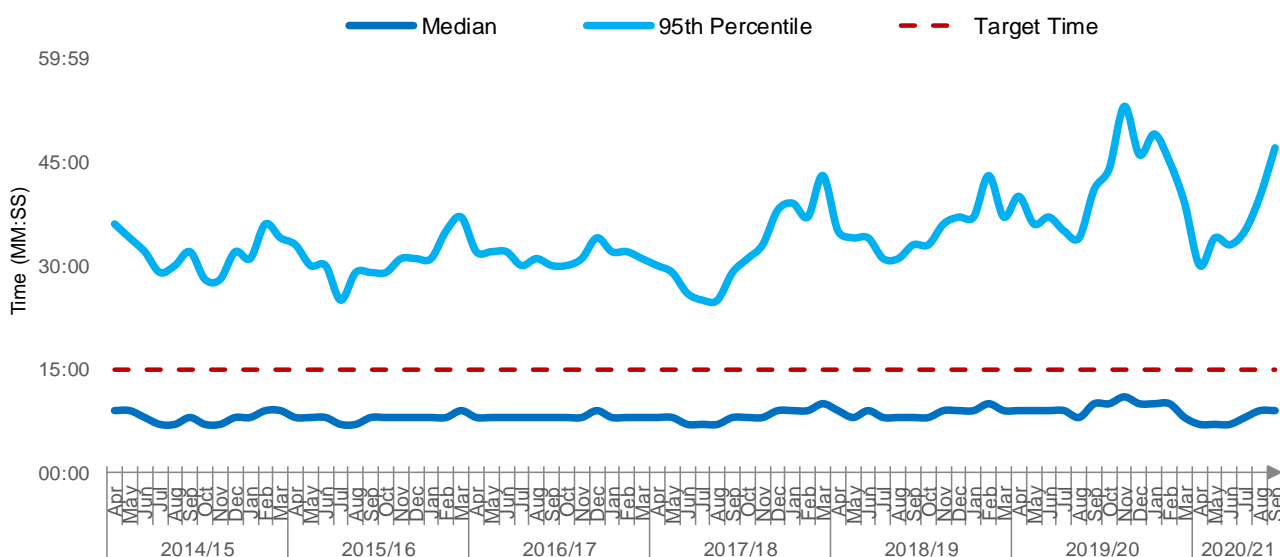
⁷⁰ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

How Long Did Patients Wait to be Triage?

Figure 9 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.^{71, 72}

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 9: Time from Arrival to Triage (April 2014 - September 2020)^{73, 74, 75, 76}



- During September 2020, the median waiting time from arrival to triage was 9 minutes, 1 minute less than the time taken in September 2019 (10 minutes) (Figure 9, Table 10D).
- 95 percent of patients were triaged within 47 minutes of their arrival at an ED in September 2020, 6 minutes more than the time taken in September 2019 (41 minutes) (Figure 9, Table 10D).
- Almost seven in ten (69.3%) attendances were triaged within 15 minutes of their arrival at an ED during September 2020, similar to 69.4% in September 2019.
- During each of the last 3 months, the median time waited to triage was longest in August and September (9 minutes) and shortest in July (8 minutes), and the time taken to triage 95 percent of patients was also longest during September (47 minutes) and shortest in July (35 minutes) (Table 10D).

⁷¹ Data on time to triage are not National Statistics, and are included to provide users with a comprehensive view of ED activity and waits.

⁷² Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁷³ Additional information on time to triage is detailed in Appendix 4: Table 10D.

⁷⁴ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

⁷⁵ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

⁷⁶ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 6 presents information on the percentage of patients commencing treatment, following triage, within 2 hours at Type 1 EDs in September 2020, 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.^{77 78}

Table 6: Performance against the Target to Commence Treating Patients within 2 Hours of them being Triage (September 2019 - September 2020) ^{79, 80, 81}

Department	Sep 2019	Jul 2020	Aug 2020	Sep 2020
Mater	64.7%	97.7%	98.4%	95.7%
Royal Victoria	59.9%	59.4%	57.8%	59.9%
RBHSC	87.7%	99.6%	97.9%	88.0%
Antrim Area	69.4%	77.5%	62.8%	72.1%
Causeway	88.3%	93.7%	87.7%	93.7%
Ulster	81.4%	83.8%	88.4%	92.4%
Craigavon Area	56.3%	79.2%	74.3%	84.8%
Daisy Hill	70.1%	-	-	-
Altnagelvin Area	65.8%	73.3%	74.7%	81.3%
South West Acute	80.1%	91.9%	87.1%	86.3%
Type 1	70.9%	79.5%	76.8%	81.8%
Type 2	89.5%	98.5%	94.7%	93.4%
Type 3	98.7%	99.6%	99.1%	99.2%
Northern Ireland	75.6%	82.0%	79.6%	84.1%

Source: Regional Data Warehouse, Business Services Organisation

- Over eight in ten (84.1%) patients attending EDs commenced their treatment within 2 hours of being triaged, compared with 75.6% in September 2019 (Table 6, Table 10K).
- During September 2020, over eight in ten (81.8%) patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 93.4% at Type 2 EDs and 99.2% at Type 3 EDs (Table 6, Table 10K).
- Seven Type 1 EDs (Mater, Causeway, Ulster, RBHSC, South West Acute, Craigavon Area and Altnagelvin Area) achieved the 80% target in September 2020 (Table 6, Table 10K).
- During September 2020, the Mater (95.7%) reported the highest percentage commencing treatment within 2 hours, whilst the Royal Victoria (59.9%) reported the lowest (Table 6, Table 10K).
- Between July and September 2020, the highest percentage of patients commencing treatment within 2 hours was in September 2020 (84.1%) whilst the lowest was in August 2020 (79.6%), (Table 6).

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

⁷⁸ Additional information on the percentage of patients commencing treatment within 2 hours of triage is detailed in Appendix 4: Table 10K.

⁷⁹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

⁸⁰ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak

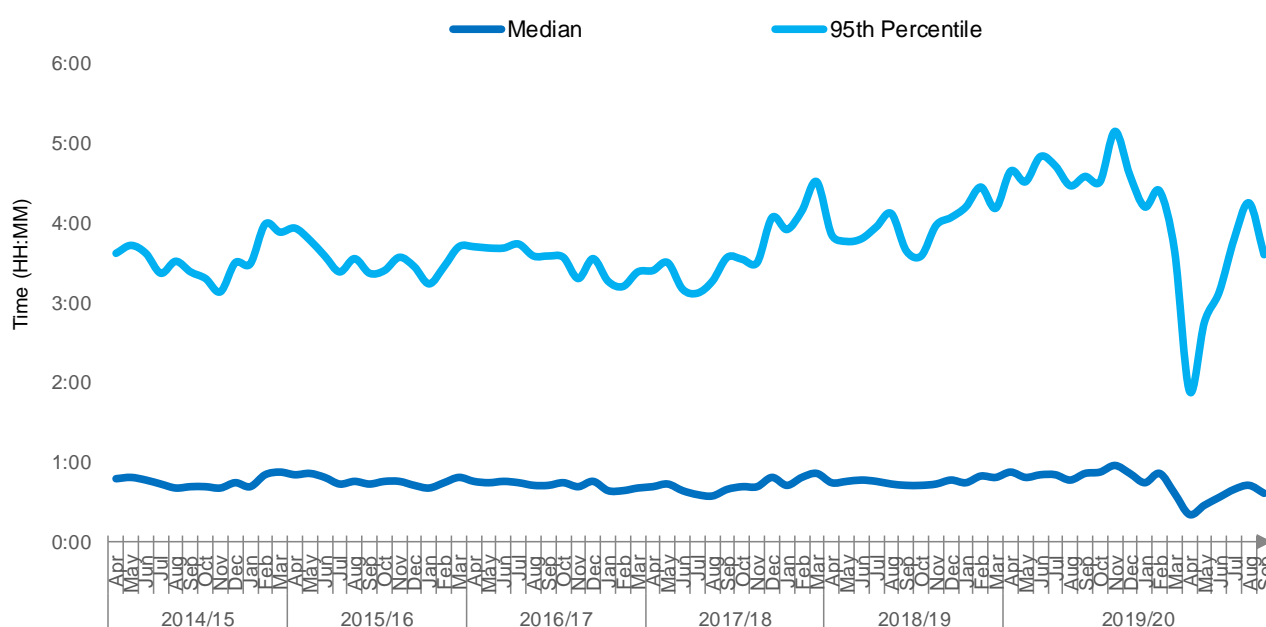
⁸¹ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

How Long Did Patients Wait for Their Treatment to Start?

Figure 10 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.^{82, 83}

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 10: Time from Triage to Start of Treatment (April 2014 – September 2020)^{84, 85, 86, 87}



- The median waiting time from triage to start of treatment in September 2020 was 36 minutes, 15 minutes less than the time taken in September 2019 (51 minutes) (Figure 10, Table 10E).
- During September 2020, 95 percent of patients commenced treatment within 3 hours 36 minutes of being triaged, 59 minutes less than September 2019 (4 hours 35 minutes) (Figure 10, Table 10E).
- Across each of the last 3 months, the median waiting time to start of treatment was longest in August 2020 (42 minutes) and shortest in September 2020 (36 minutes), whilst the time within which 95 percent of patients started treatment was also longest in August 2020 (4 hours 15 minutes) and shortest in September 2020 (3 hours 36 minutes) (Table 10D).

⁸² Data on start of treatment are not National Statistics, and are included to provide users with a comprehensive view of ED activity and waits

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

⁸⁴ Additional information on time to triage is detailed in Appendix 4: Table 10E.

⁸⁵ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

⁸⁶ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

⁸⁷ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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

Table 7 details the median and 95th percentile of the length of time waited from triage to the start of treatment at Type 1 EDs during September 2020 compared with September 2019. ^{88, 89}

Table 7: Time from Triage to Start of Treatment (September 2019 and September 2020) ^{90, 91, 92, 93}

Department	Median		95th Percentile	
	September 2019	September 2020	September 2019	September 2020
Mater	1:14	0:18	5:32	1:52
Royal Victoria	1:20	1:22	6:46	6:30
RBHSC	0:44	0:39	2:48	2:50
Antrim Area	1:18	1:08	4:29	4:06
Causeway	0:42	0:29	2:41	2:07
Ulster	0:48	0:29	3:41	2:21
Craigavon Area	1:42	0:42	6:04	3:22
Daisy Hill	1:07	-	4:12	-
Altnagelvin Area	1:19	0:49	4:40	3:26
South West Acute	0:43	0:28	3:48	3:21
Type 1	1:05	0:42	4:55	3:51
Type 2	0:38	0:28	2:38	2:10
Type 3	0:06	0:05	1:00	0:50
Northern Ireland	0:51	0:36	4:35	3:36

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 42 minutes in September 2020, 23 minutes less than September 2019 (1 hour 5 minutes) (Table 7, Table 10E).
- The Royal Victoria (1 hour 22 minutes) reported the longest median waiting time from triage to start of treatment during September 2020, whilst the Mater (18 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 percent of attendances commencing treatment within 6 hours 30 minutes of being triaged; 16 minutes less than the time taken in September 2019 (6 hours 46 minutes) (Table 7, Table 10E).
- The Mater reported the shortest time to start of treatment during September 2020, with 95 percent of attendances commencing treatment within 1 hour 52 minutes of being triaged, 3 hours 40 minutes less than the time taken in September 2019 (5 hour 32 minutes) (Table 7, Table 10E).

⁸⁸ 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.

⁸⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁹⁰ Information for June 2019 and July, August and September 2020 is detailed in Appendix 4, Table 10E.

⁹¹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

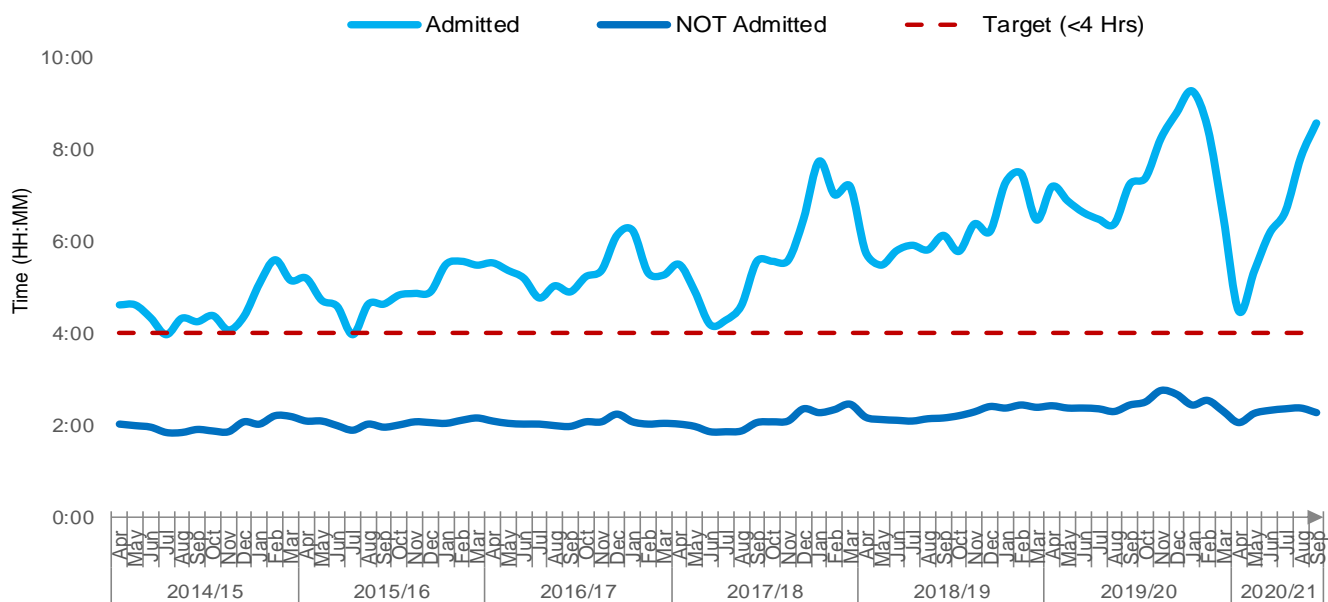
⁹² Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

⁹³ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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. ^{94, 95, 96}

Figure 11: Median Time Spent in an Emergency Care Department for those (i) Admitted to Hospital and (ii) Discharged Home (April 2014 to September 2020) ^{97, 98, 99}



- During September 2020, the median time patients admitted to hospital spent in ED was 8 hours 35 minutes, compared to 2 hours 16 minutes for those discharged home (Figure 11, Table 10F & 10G).
- During September 2020, 95 percent of attendances were admitted to hospital within 27 hours 19 minutes of their arrival, over three times longer than the time waited by 95 percent of those discharged home (7 hours 51 minutes) (Table 8 & 9).
- During the last 3 months, the median time patients admitted spent in ED was longest in September 2020 (8 hours 35 minutes) and shortest in July 2020 (6 hours 39 minutes) (Table 10F).
- During this period, the median time waited by patients discharged home was longest in August 2020 (2 hours 22 minutes) and shortest in September 2020 (2 hours 16 minutes) (Table 10G).
- During this period, the longest time waited by up to 95 percent of patients admitted was in September 2020 (27 hours 19 minutes) and shortest in July 2020 (22 hours 35 minutes) (Table 10F).
- During this period, the longest time waited by up to 95 percent of patients discharged home was in August 2020 (8 hours 2 minutes) and shortest in July 2020 (7 hours 14 minutes) (Table 10G).

⁹⁴ Data are not National Statistics, and are included to provide users with a comprehensive view of ED activity and waits.

⁹⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁹⁶ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

⁹⁷ Further breakdown of EDs can be found in Appendix 4, Table 10F and 10G.

⁹⁸ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

⁹⁹ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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. ¹⁰⁰

Table 8: Total Time Spent in an Emergency Care Department for those Admitted to Hospital (September 2019 - September 2020)^{101, 102, 103, 104, 105}

Department	Median		95th Percentile	
	September 2019	September 2020	September 2019	September 2020
Mater	7:01	8:34	20:26	23:50
Royal Victoria	8:19	9:44	18:14	23:22
RBHSC	3:45	4:10	7:40	7:42
Antrim Area	6:07	6:44	20:48	26:20
Causeway	6:59	5:30	20:12	18:00
Ulster	8:20	10:31	26:12	30:00
Craigavon Area	9:33	13:46	26:22	32:04
Daisy Hill	7:44	-	22:40	-
Altnagelvin Area	8:39	9:33	24:00	25:40
South West Acute	5:01	7:42	15:41	26:32
Type 1	7:22	8:45	23:15	27:27
Type 2	4:44	4:55	10:01	9:07
Type 3	3:20	2:01	5:37	3:03
Northern Ireland	7:15	8:35	23:08	27:19

Source: Regional Data Warehouse, Business Services Organisation

- The median time patients who were admitted to hospital spent in a Type 1 ED was 8 hours 45 minutes in September 2020, 1 hour 23 minutes more than the same month last year (7 hours 22 minutes) (Table 8, Table 10F).
- During September 2020, Craigavon Area reported the longest median waiting time from arrival to admission (13 hours 46 minutes), whilst the RBHSC reported the shortest time (4 hours 10 minutes) (Table 8, Table 10F).
- 95 percent of patients were admitted to hospital within 27 hours 27 minutes at Type 1 EDs in September 2020, 4 hours 12 minutes more than in September 2019 (23 hours 15 minutes) (Table 8, Table 10F).
- Between September 2019 and September 2020, South West Acute reported the largest increase (from 15 hours 41 minutes to 26 hours 32 minutes) in the time taken for up to 95% of patients to be admitted to hospital (Table 8, Table 10F).

¹⁰⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁰¹ Information for June 2019 and July, August and September 2020 is detailed in Appendix 4, Table 10F.

¹⁰² 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.

¹⁰³ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

¹⁰⁴ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

¹⁰⁵ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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**.^{106, 107}

Table 9: Total Time Spent in Emergency Care Departments for those Discharged Home (September 2019 - September 2020)^{108, 109, 110}

Department	Median		95th Percentile	
	September 2019	September 2020	September 2019	September 2020
Mater	3:08	1:41	8:26	11:32
Royal Victoria	3:29	3:44	9:54	10:59
RBHSC	2:11	2:05	5:10	5:23
Antrim Area	2:39	2:47	6:50	7:34
Causeway	2:23	2:12	6:35	6:12
Ulster	2:41	2:27	7:06	6:48
Craigavon Area	3:25	2:45	8:42	8:10
Daisy Hill	2:35	-	6:25	-
Altnagelvin Area	3:28	3:08	8:02	8:20
South West Acute	2:50	2:42	7:25	8:30
Type 1	2:54	2:43	7:59	8:23
Type 2	2:07	1:37	6:01	5:41
Type 3	0:37	0:37	1:57	1:49
Northern Ireland	2:26	2:16	7:28	7:51

Source: Regional Data Warehouse, Business Services Organisation

- The median time patients discharged home (not admitted) spent in a Type 1 ED was 2 hours 43 minutes in September 2020, 11 minutes less than the time taken during the same month last year (2 hour 54 minutes) (Table 9, Table 10G).
- In September 2020, 95 percent of attendances at Type 1 EDs were discharged home within 8 hours 23 minutes of their arrival, 24 minutes more than the time taken in September 2019 (7 hours 59 minutes) (Table 9, Table 10G).

¹⁰⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁰⁷ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

¹⁰⁸ Information for June 2019 and July, August and September 2020 is detailed in Appendix 4, Table 10G.

¹⁰⁹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

¹¹⁰ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

Appendix 1: 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/doh-statistics-and-research>

Appendix 2: Emergency Care Departments and Opening Hours

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 ¹¹¹

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) ¹¹² (9-5pm Mon-Fri) (8.30-1pm Sat)	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ¹¹³ (Closed)
	Causeway		Mid Ulster (9-5pm Mon-Fri)
South Eastern	Ulster	Lagan Valley (8-8pm Mon-Fri)	Ards MIU (9-5pm Mon-Fri)
		Downe ¹¹⁴ (Closed)	Bangor MIU ¹¹⁵ (Closed)
Southern	Craigavon Area		South Tyrone (9-9pm Mon-Fri) (10-6pm Sat-Sun)
	Daisy Hill ¹¹⁶ (Closed)		Armagh Community ¹¹⁷ (Closed)
			Craigavon Respiratory ED (Covid-19) ¹¹⁸
			Craigavon Paediatric ED ¹¹⁹
Western	Altnagelvin Area		Tyrone County (Closed)
	South West Acute		Omagh ¹²⁰ (24-hour)

¹¹¹ Opening Hours are as of June 2017.

¹¹² RVH (RAES) refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

¹¹³ Temporarily closed on 1st December 2014.

¹¹⁴ Temporarily closed 30th March 2020, reopened as a MIU 10th August 2020, reopened as an Urgent Care Centre 19th October 2020.

¹¹⁵ Temporarily closed 12th March 2020.

¹¹⁶ Temporarily closed between 28th March 2020 and 19th October 2020.

¹¹⁷ Temporarily closed on 17th November 2014.

¹¹⁸ Temporarily opened on 29th March 2020 and closed on 19th October 2020.

¹¹⁹ Temporarily opened on 31st March 2020 and closed on 12th June 2020.

¹²⁰ 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.

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 ^{121, 122, 123, 124, 125}

Department	New Attendances				Unplanned Reviews				Total Attendances			
	Sep 2019	Jul 2020	Aug 2020	Sep 2020	Sep 2019	Jul 2020	Aug 2020	Sep 2020	Sep 2019	Jul 2020	Aug 2020	Sep 2020
Mater	4,198	1,325	1,355	1,457	136	20	23	19	4,334	1,345	1,378	1,476
Royal Victoria	8,130	8,649	8,859	8,406	338	364	261	183	8,468	9,013	9,120	8,589
RBHSC	3,141	2,283	2,680	3,188	252	182	235	232	3,393	2,465	2,915	3,420
Antrim Area	7,364	6,892	7,034	6,828	396	410	400	381	7,760	7,302	7,434	7,209
Causeway	3,968	3,704	3,918	3,518	318	275	288	272	4,286	3,979	4,206	3,790
Ulster	8,022	8,202	8,375	7,935	248	244	252	205	8,270	8,446	8,627	8,140
Craigavon Area	6,553	8,911	8,735	7,340	551	762	719	636	7,104	9,673	9,454	7,976
Daisy Hill	4,502	.	.	.	342	.	.	.	4,844	.	.	.
Altnagelvin Area	5,507	5,060	5,160	4,846	433	376	393	353	5,940	5,436	5,553	5,199
South West Acute	2,888	2,856	2,863	2,741	293	276	257	284	3,181	3,132	3,120	3,025
Type 1	54,273	47,882	48,979	46,259	3,307	2,909	2,828	2,565	57,580	50,791	51,807	48,824
Eye Casualty	1,400	604	556	579	48	68	81	56	1,448	672	637	635
Downe	1,953	.	596	920	97	.	31	27	2,050	.	627	947
Lagan Valley	2,266	1,890	1,902	2,071	95	62	53	72	2,361	1,952	1,955	2,143
Type 2	5,619	2,494	3,054	3,570	240	130	165	155	5,859	2,624	3,219	3,725
Mid Ulster	1,001	745	776	843	38	24	29	36	1,039	769	805	879
Ards	1,082	956	1,002	1,188	55	29	36	44	1,137	985	1,038	1,232
Bangor	973	.	.	.	52	.	.	.	1,025	.	.	.
South Tyrone	2,907	2,398	2,648	2,590	174	114	125	108	3,081	2,512	2,773	2,698
Omagh	1,441	1,078	1,249	1,076	145	125	105	109	1,586	1,203	1,354	1,185
Type 3	7,404	5,177	5,675	5,697	464	292	295	297	7,868	5,469	5,970	5,994
Northern Ireland	67,296	55,553	57,708	55,526	4,011	3,331	3,288	3,017	71,307	58,884	60,996	58,543

¹²¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹²² CAH Paediatric ED C-19 and CAH Respiratory ED C-19 were opened in March 2020 in response to Covid-19 pandemic.

¹²³ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

¹²⁴ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

¹²⁵ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 10B: Performance against Emergency Care Waiting Times Target ^{126, 127, 128, 129, 130}

Department	4 - Hour Performance				12 - Hour Performance				Total Attendances			
	Sep 2019	Jul 2020	Aug 2020	Sep 2020	Sep 2019	Jul 2020	Aug 2020	Sep 2020	Sep 2019	Jul 2020	Aug 2020	Sep 2020
Mater	57.7%	69.0%	60.4%	55.6%	183	15	51	182	4,334	1,345	1,378	1,476
Royal Victoria	48.5%	46.6%	46.9%	46.7%	485	193	531	794	8,468	9,013	9,120	8,589
RBHSC	83.0%	93.5%	90.5%	81.4%	.	2	1	2	3,393	2,465	2,915	3,420
Antrim Area	64.5%	68.7%	59.7%	62.0%	348	211	532	550	7,760	7,302	7,434	7,209
Causeway	70.3%	75.2%	71.4%	73.6%	151	152	179	84	4,286	3,979	4,206	3,790
Ulster	59.8%	61.1%	59.6%	61.4%	757	859	947	941	8,270	8,446	8,627	8,140
Craigavon Area	49.2%	61.5%	58.3%	60.3%	768	619	795	962	7,104	9,673	9,454	7,976
Daisy Hill	66.0%	.	.	.	227	.	.	.	4,844	.	.	.
Altnagelvin Area	53.9%	56.0%	52.4%	57.3%	458	384	502	423	5,940	5,436	5,553	5,199
South West Acute	63.7%	70.2%	65.0%	61.1%	87	79	227	274	3,181	3,132	3,120	3,025
Type 1	59.6%	62.6%	59.4%	60.4%	3,464	2,514	3,765	4,212	57,580	50,791	51,807	48,824
Eye Casualty	71.2%	93.5%	87.0%	87.9%	.	.	.	.	1,448	672	637	635
Downe	87.8%	.	99.4%	99.8%	13	.	.	.	2,050	.	627	947
Lagan Valley	75.3%	82.5%	76.4%	75.6%	4	1	1	2	2,361	1,952	1,955	2,143
Type 2	78.7%	85.3%	82.9%	83.9%	17	1	1	2	5,859	2,624	3,219	3,725
Mid Ulster	100.0%	100.0%	99.9%	100.0%	.	.	.	.	1,039	769	805	879
Ards	100.0%	100.0%	100.0%	100.0%	.	.	.	.	1,137	985	1,038	1,232
Bangor	100.0%	.	.	.	.	.	.	.	1,025	.	.	.
South Tyrone	100.0%	100.0%	99.9%	100.0%	.	.	.	.	3,081	2,512	2,773	2,698
Omagh	97.0%	99.3%	98.7%	98.2%	.	.	.	.	1,586	1,203	1,354	1,185
Type 3	99.4%	99.9%	99.7%	99.6%	.	.	.	.	7,868	5,469	5,970	5,994
Northern Ireland	65.5%	67.1%	64.6%	65.9%	3,481	2,515	3,766	4,214	71,307	58,884	60,996	58,543

¹²⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹²⁷ 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>

¹²⁸ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

¹²⁹ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

¹³⁰ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 10C: Percentage of Attendances (i) Referred by a GP; (ii) Who Left before Treatment was Complete; and (iii) Re-attended within 7 Days ^{131, 132, 133, 134, 135}

Department	GP Referrals				Left Before Treatment				Unplanned reviews Within 7 Days			
	Sep 2019	Jul 2020	Aug 2020	Sep 2020	Sep 2019	Jul 2020	Aug 2020	Sep 2020	Sep 2019	Jul 2020	Aug 2020	Sep 2020
Mater	12.9%	7.8%	7.1%	5.5%	11.9%	3.8%	3.7%	3.3%	2.5%	1.0%	1.3%	0.9%
Royal Victoria	19.6%	20.8%	18.6%	21.2%	9.4%	7.6%	8.3%	8.3%	2.8%	2.8%	2.2%	1.6%
RBHSC	13.2%	2.4%	2.5%	4.3%	2.5%	0.3%	0.5%	2.7%	5.3%	5.1%	4.9%	4.4%
Antrim Area	24.1%	23.6%	22.1%	23.9%	2.8%	2.0%	3.2%	2.3%	2.9%	3.4%	3.3%	3.2%
Causeway	21.1%	19.9%	19.4%	18.4%	3.6%	2.9%	4.3%	2.2%	4.7%	3.9%	4.4%	3.9%
Ulster	23.0%	22.3%	22.0%	24.3%	3.1%	2.6%	2.6%	2.3%	2.1%	1.9%	2.0%	1.8%
Craigavon Area	20.7%	14.5%	14.4%	17.8%	6.5%	3.5%	4.4%	2.9%	4.8%	4.9%	5.0%	5.0%
Daisy Hill	13.3%	-	-	-	5.5%	-	-	-	5.4%	-	-	-
Altnagelvin Area	12.4%	9.3%	6.9%	7.9%	8.3%	5.9%	6.0%	4.6%	5.6%	5.3%	5.3%	5.1%
South West Acute	19.0%	20.4%	19.8%	23.5%	5.2%	2.7%	4.0%	3.9%	6.8%	6.1%	5.8%	6.6%
Type 1	18.8%	17.7%	16.6%	18.4%	5.9%	3.9%	4.5%	3.8%	3.9%	3.7%	3.7%	3.4%
Eye Casualty	10.4%	5.7%	8.2%	6.8%	1.2%	0.0%	0.0%	0.6%	1.6%	0.3%	0.8%	0.5%
Downe	15.3%	-	1.0%	0.3%	1.4%	-	0.3%	0.0%	2.6%	-	4.5%	1.4%
Lagan Valley	12.4%	8.7%	10.2%	10.7%	3.7%	2.0%	2.4%	2.5%	2.5%	1.4%	1.7%	2.0%
Type 2	12.9%	7.9%	8.0%	7.4%	2.3%	1.5%	1.5%	1.6%	2.3%	1.1%	2.1%	1.6%
Mid Ulster	0.5%	0.4%	0.6%	0.8%	0.2%	0.1%	0.2%	0.1%	1.8%	1.8%	1.4%	2.4%
Ards	0.5%	1.1%	2.2%	1.1%	0.6%	0.2%	0.2%	0.6%	2.1%	1.4%	1.8%	1.6%
Bangor	0.5%	-	-	-	1.3%	-	-	-	3.0%	-	-	-
South Tyrone	0.6%	0.2%	0.3%	0.1%	0.3%	0.1%	0.2%	0.2%	3.3%	2.5%	2.5%	1.8%
Omagh	1.9%	3.3%	3.1%	3.8%	2.5%	1.2%	1.1%	1.7%	6.0%	5.8%	5.5%	5.7%
Type 3	0.8%	1.1%	1.3%	1.2%	0.9%	0.4%	0.4%	0.6%	3.4%	3.0%	2.9%	2.6%
Northern Ireland	16.3%	15.7%	14.6%	15.9%	5.1%	3.5%	4.0%	3.4%	3.8%	3.5%	3.5%	3.2%

¹³¹ 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.

¹³² Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹³³ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

¹³⁴ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

¹³⁵ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 10D: Waiting Time from Arrival to Triage (Assessment)^{136, 137, 138, 139, 140}

Department	Median				95 th Percentile			
	Sep 2019	Jul 2020	Aug 2020	Sep 2020	Sep 2019	Jul 2020	Aug 2020	Sep 2020
Mater	0:11	0:06	0:07	0:09	0:39	0:25	0:31	0:50
Royal Victoria	0:15	0:14	0:13	0:19	0:56	0:54	0:56	1:14
RBHSC	0:09	0:08	0:08	0:09	0:42	0:19	0:24	0:37
Antrim Area	0:10	0:08	0:10	0:10	0:29	0:22	0:27	0:29
Causeway	0:11	0:09	0:10	0:09	0:33	0:26	0:29	0:30
Ulster	0:11	0:08	0:10	0:11	0:33	0:32	0:36	0:44
Craigavon Area	0:12	0:05	0:06	0:05	0:54	0:22	0:29	0:32
Daisy Hill	0:05	-	-	-	0:15	-	-	-
Altnagelvin Area	0:14	0:13	0:14	0:12	0:48	0:45	0:58	0:47
South West Acute	0:11	0:10	0:11	0:14	0:41	0:33	0:39	0:51
Type 1	0:11	0:09	0:09	0:10	0:42	0:37	0:42	0:50
Eye Casualty	0:19	0:12	0:12	0:14	1:08	0:51	0:47	0:50
Downe	0:06	-	0:01	0:01	0:23	-	0:05	0:05
Lagan Valley	0:08	0:06	0:07	0:07	0:23	0:19	0:21	0:20
Type 2	0:08	0:07	0:06	0:05	0:44	0:29	0:27	0:26
Mid Ulster	0:03	0:03	0:02	0:12	0:08	0:13	0:11	0:23
Ards	0:03	0:02	0:02	0:02	0:17	0:12	0:11	0:10
Bangor	0:05	-	-	-	0:23	-	-	-
South Tyrone	0:02	0:01	0:01	0:02	0:13	0:07	0:08	0:11
Omagh	0:09	0:09	0:09	0:09	0:42	0:39	0:41	0:44
Type 3	0:03	0:02	0:02	0:02	0:22	0:20	0:24	0:21
Northern Ireland	0:10	0:08	0:09	0:09	0:41	0:35	0:40	0:47

¹³⁶ 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.

¹³⁷ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹³⁸ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

¹³⁹ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

¹⁴⁰ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 10E: Waiting Time from Triage (Assessment) to Start of Treatment^{141, 142, 143, 144, 145}

Department	Median				95 th Percentile			
	Sep 2019	Jul 2020	Aug 2020	Sep 2020	Sep 2019	Jul 2020	Aug 2020	Sep 2020
Mater	1:14	0:11	0:13	0:18	5:32	1:22	1:16	1:52
Royal Victoria	1:20	1:23	1:30	1:22	6:46	5:42	7:27	6:30
RBHSC	0:44	0:18	0:22	0:39	2:48	1:11	1:37	2:50
Antrim Area	1:18	0:59	1:29	1:08	4:29	3:27	4:28	4:06
Causeway	0:42	0:29	0:38	0:29	2:41	2:08	2:49	2:07
Ulster	0:48	0:44	0:33	0:29	3:41	3:07	2:56	2:21
Craigavon Area	1:42	0:50	0:59	0:42	6:04	3:59	4:47	3:22
Daisy Hill	1:07	-	-	-	4:12	-	-	-
Altnagelvin Area	1:19	1:01	0:57	0:49	4:40	4:07	3:55	3:26
South West Acute	0:43	0:27	0:26	0:28	3:48	2:33	3:12	3:21
Type 1	1:05	0:46	0:49	0:42	4:55	3:59	4:30	3:51
Downe	0:31	-	0:06	0:06	2:09	-	0:20	0:29
Lagan Valley	0:46	0:19	0:38	0:40	2:52	1:24	2:10	2:21
Type 2	0:38	0:19	0:30	0:28	2:38	1:24	2:02	2:10
Mid Ulster	0:04	0:05	0:02	0:02	0:23	0:25	0:14	0:09
Ards	0:12	0:07	0:05	0:06	1:11	0:36	0:34	0:30
Bangor	0:07	-	-	-	0:50	-	-	-
South Tyrone	0:03	0:01	0:01	0:02	0:31	0:16	0:22	0:28
Omagh	0:16	0:14	0:17	0:17	2:30	1:26	1:51	1:53
Type 3	0:06	0:05	0:04	0:05	1:00	0:47	1:03	0:50
Northern Ireland	0:51	0:39	0:42	0:36	4:35	3:48	4:15	3:36

¹⁴¹ 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.

¹⁴² Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁴³ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

¹⁴⁴ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

¹⁴⁵ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 10F: Time Spent in an Emergency Care Department by those Admitted to Hospital^{146, 147, 148, 149, 150}

Department	Median				95 th Percentile			
	Sep 2019	Jul 2020	Aug 2020	Sep 2020	Sep 2019	Jul 2020	Aug 2020	Sep 2020
Mater	7:01	4:32	5:28	8:34	20:26	9:37	12:55	23:50
Royal Victoria	8:19	6:45	7:49	9:44	18:14	13:31	17:36	23:22
RBHSC	3:45	2:44	3:27	4:10	7:40	5:46	7:04	7:42
Antrim Area	6:07	5:00	6:41	6:44	20:48	15:32	24:36	26:20
Causeway	6:59	6:22	6:53	5:30	20:12	21:05	24:18	18:00
Ulster	8:20	9:13	9:48	10:31	26:12	26:35	27:49	30:00
Craigavon Area	9:33	8:06	9:49	13:46	26:22	23:58	29:08	32:04
Daisy Hill	7:44	-	-	-	22:40	-	-	-
Altnagelvin Area	8:39	9:00	9:58	9:33	24:00	24:14	26:22	25:40
South West Acute	5:01	5:18	6:39	7:42	15:41	15:24	24:11	26:32
Type 1	7:22	6:43	7:56	8:45	23:15	22:38	25:32	27:27
Eye Casualty	2:49	1:53	2:24	2:59	7:41	5:03	5:21	8:39
Downe	3:49	-	-	-	18:16	-	-	-
Lagan Valley	5:20	4:26	4:53	5:12	9:55	7:51	8:44	9:09
Type 2	4:44	4:23	4:46	4:55	10:01	7:47	8:44	9:07
Mid Ulster	.	.	.	.	.	.	.	.
Ards	.	.	.	.	.	.	.	.
Bangor	.	-	-	-	.	-	-	-
South Tyrone	.	.	.	.	.	.	.	.
Omagh	3:20	2:09	2:09	2:01	5:37	3:05	4:05	3:03
Type 3	3:20	2:09	2:09	2:01	5:37	3:05	4:05	3:03
Northern Ireland	7:15	6:39	7:50	8:35	23:08	22:35	25:25	27:19

¹⁴⁶ 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

¹⁴⁷ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁴⁸ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

¹⁴⁹ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

¹⁵⁰ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 10G: Time Spent in an Emergency Care Department by those Discharged Home^{151, 152, 153, 154, 155}

Department	Median				95 th Percentile			
	Sep 2019	Jul 2020	Aug 2020	Sep 2020	Sep 2019	Jul 2020	Aug 2020	Sep 2020
Mater	3:08	1:56	1:41	1:41	8:26	7:13	7:59	11:32
Royal Victoria	3:29	3:52	3:44	3:44	9:54	8:48	10:40	10:59
RBHSC	2:11	1:24	1:34	2:05	5:10	4:01	4:15	5:23
Antrim Area	2:39	2:34	3:00	2:47	6:50	6:15	7:27	7:34
Causeway	2:23	2:04	2:18	2:12	6:35	6:27	6:38	6:12
Ulster	2:41	2:39	2:36	2:27	7:06	7:00	7:19	6:48
Craigavon Area	3:25	2:55	3:00	2:45	8:42	7:57	8:53	8:10
Daisy Hill	2:35	-	-	-	6:25	-	-	-
Altnagelvin Area	3:28	3:18	3:23	3:08	8:02	7:48	8:19	8:20
South West Acute	2:50	2:19	2:21	2:42	7:25	6:44	7:52	8:30
Type 1	2:54	2:45	2:49	2:43	7:59	7:36	8:36	8:23
Eye Casualty	2:45	1:57	2:09	2:15	6:31	4:20	5:00	5:09
Downe	1:30	-	0:24	0:22	5:25	-	1:11	1:12
Lagan Valley	2:22	1:32	2:11	2:12	5:59	5:47	6:12	6:27
Type 2	2:07	1:42	1:43	1:37	6:01	5:26	5:38	5:41
Mid Ulster	0:33	0:49	0:39	0:41	1:28	1:56	1:39	1:44
Ards	0:47	0:45	0:41	0:40	1:56	1:34	1:39	1:35
Bangor	0:42	-	-	-	1:43	-	-	-
South Tyrone	0:30	0:22	0:25	0:29	1:14	1:00	1:12	1:13
Omagh	0:57	0:57	0:55	0:58	3:21	2:33	2:58	2:48
Type 3	0:37	0:34	0:34	0:37	1:57	1:48	1:58	1:49
Northern Ireland	2:26	2:21	2:22	2:16	7:28	7:14	8:02	7:51

¹⁵¹ 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

¹⁵² Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁵³ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

¹⁵⁴ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

¹⁵⁵ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 10H: Attendances at Emergency Care Departments per 1000-Population by Age Group^{156, 157, 158, 159, 160, 161}

Age Group	Sep 2019	Jul 2020	Aug 2020	Sep 2020
Under 5	46.2	29.9	35.0	36.8
Aged 5 - 15	31.9	20.3	22.3	27.0
Aged 16 - 44	36.9	31.0	32.2	29.5
Aged 45 - 64	32.4	28.7	29.2	27.0
Aged 65 - 74	38.5	34.0	34.0	31.1
Aged 75 & Over	62.4	58.1	56.7	53.5
Northern Ireland	37.7	31.1	32.2	30.9

Table 10I: Average Number of Attendances by Day of Week^{160, 161}

Day of Week	Sep 2019	Jul 2020	Aug 2020	Sep 2020
Monday	2,837.8	2,223.5	2,288.8	2,387.8
Tuesday	2,531.5	2,063.3	2,071.3	2,124.6
Wednesday	2,464.0	1,943.0	2,021.0	1,964.6
Thursday	2,424.0	1,944.8	2,056.0	1,978.5
Friday	2,441.5	1,974.0	2,045.0	1,956.8
Saturday	1,987.3	1,528.5	1,616.4	1,570.3
Sunday	1,970.6	1,593.5	1,730.6	1,637.0

¹⁵⁶ Based on the NISRA 2019 mid-year population estimate which was published on 6th May 2020.

¹⁵⁷ 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.

¹⁵⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁵⁹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

¹⁶⁰ Due to the COVID-19 outbreak, readers should note that the reduction in attendances at EDs during March 2020.

¹⁶¹ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 10J: Attendances at Emergency Care Departments, by Time Waited from Arrival to Discharge^{162, 163, 164, 165}

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Sep 2019	Jul 2020	Aug 2020	Sep 2020	Sep 2019	Jul 2020	Aug 2020	Sep 2020	Sep 2019	Jul 2020	Aug 2020	Sep 2020
Mater	2,501	928	832	820	1,650	402	495	474	183	15	51	182
Royal Victoria	4,105	4,201	4,278	4,008	3,878	4,619	4,311	3,787	485	193	531	794
RBHSC	2,815	2,304	2,639	2,785	578	159	275	633		2	1	2
Antrim Area	5,002	5,013	4,438	4,473	2,410	2,078	2,464	2,186	348	211	532	550
Causeway	3,011	2,994	3,002	2,791	1,124	833	1,025	915	151	152	179	84
Ulster	4,946	5,163	5,140	4,997	2,567	2,424	2,540	2,202	757	859	947	941
Craigavon Area	3,492	5,951	5,507	4,808	2,844	3,103	3,152	2,206	768	619	795	962
Daisy Hill	3,196	-	-	-	1,421	-	-	-	227	-	-	-
Altnagelvin Area	3,203	3,046	2,908	2,981	2,279	2,006	2,143	1,795	458	384	502	423
South West Acute	2,027	2,200	2,028	1,849	1,067	853	865	902	87	79	227	274
Type 1	34,298	31,800	30,772	29,512	19,818	16,477	17,270	15,100	3,464	2,514	3,765	4,212
Eye Casualty	1,031	628	554	558	417	44	83	77				
Downe	1,800	-	623	945	237	-	4	2	13	-	-	-
Lagan Valley	1,779	1,610	1,493	1,621	578	341	461	520	4	1	1	2
Type 2	4,610	2,238	2,670	3,124	1,232	385	548	599	17	1	1	2
Mid Ulster	1,039	769	804	879			1					
Ards	1,137	985	1,038	1,232								
Bangor	1,025	-	-	-								
South Tyrone	3,080	2,512	2,771	2,698	1		2					
Omagh	1,539	1,195	1,337	1,164	47	8	17	21				
Type 3	7,820	5,461	5,950	5,973	48	8	20	21				
Northern Ireland	46,728	39,499	39,392	38,609	21,098	16,870	17,838	15,720	3,481	2,515	3,766	4,214

¹⁶² Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁶³ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

¹⁶⁴ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

¹⁶⁵ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 10K: Percentage of Patients Commencing Treatment, Following Triage, within 2 Hours^{166, 167, 168, 169, 170}

Department	% Commenced Treatment, Following Triage, within 2 Hours			
	Sep 2019	Jul 2020	Aug 2020	Sep 2020
Mater	64.7%	97.7%	98.4%	95.7%
Royal Victoria	59.9%	59.4%	57.8%	59.9%
RBHSC	87.7%	99.6%	97.9%	88.0%
Antrim Area	69.4%	77.5%	62.8%	72.1%
Causeway	88.3%	93.7%	87.7%	93.7%
Ulster	81.4%	83.8%	88.4%	92.4%
Craigavon Area	56.3%	79.2%	74.3%	84.8%
Daisy Hill	70.1%	-	-	-
Altnagelvin Area	65.8%	73.3%	74.7%	81.3%
South West Acute	80.1%	91.9%	87.1%	86.3%
Type 1	70.9%	79.5%	76.8%	81.8%
Downe	93.7%	-	100.0%	100.0%
Lagan Valley	86.0%	98.5%	93.6%	91.3%
Type 2	89.5%	98.5%	94.7%	93.4%
Mid Ulster	100.0%	100.0%	100.0%	100.0%
Ards	99.7%	100.0%	100.0%	100.0%
Bangor	100.0%	-	-	-
South Tyrone	100.0%	100.0%	100.0%	100.0%
Omagh	93.4%	98.4%	96.7%	96.0%
Type 3	98.7%	99.6%	99.1%	99.2%
Northern Ireland	75.6%	82.0%	79.6%	84.1%

¹⁶⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁶⁷ Information on time to treatment is not recorded at Eye Casualty.

¹⁶⁸ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

¹⁶⁹ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

¹⁷⁰ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 10L: Percentage Triage'd in each Triage Group^{171, 172, 173, 174, 175}

Department	Triage'd Level (1/2)				Triage'd Level (3)				Triage'd Level (4/5)			
	Sep 2019	Jul 2020	Aug 2020	Sep 2020	Sep 2019	Jul 2020	Aug 2020	Sep 2020	Sep 2019	Jul 2020	Aug 2020	Sep 2020
Mater	14.7%	28.1%	29.9%	28.4%	46.2%	45.9%	46.1%	43.4%	39.1%	26.0%	23.9%	28.2%
Royal Victoria	19.2%	16.8%	16.0%	18.4%	47.5%	46.8%	47.0%	45.3%	33.3%	36.4%	37.0%	36.3%
RBHSC	13.3%	7.0%	9.4%	14.5%	22.7%	18.8%	19.6%	21.4%	64.0%	74.2%	71.0%	64.1%
Antrim Area	18.1%	17.8%	19.4%	20.0%	55.2%	52.2%	52.0%	51.0%	26.7%	30.0%	28.7%	29.0%
Causeway	17.9%	16.2%	15.9%	15.5%	49.9%	44.8%	43.7%	49.3%	32.3%	39.1%	40.4%	35.2%
Ulster	21.7%	22.2%	22.5%	21.8%	42.1%	41.4%	40.5%	42.3%	36.2%	36.4%	37.1%	35.9%
Craigavon Area	31.4%	29.0%	29.7%	31.9%	45.1%	42.1%	40.1%	40.8%	23.5%	28.9%	30.2%	27.3%
Daisy Hill	28.6%	-	-	-	49.1%	-	-	-	22.3%	-	-	-
Altnagelvin Area	33.6%	30.8%	28.6%	30.9%	30.4%	32.4%	34.4%	32.1%	35.9%	36.8%	37.0%	37.0%
South West Acute	17.0%	15.2%	14.8%	15.1%	45.7%	41.9%	40.9%	41.4%	37.3%	42.9%	44.4%	43.5%
Type 1	22.4%	21.5%	21.4%	22.5%	44.1%	42.2%	41.6%	41.5%	33.5%	36.3%	37.0%	36.0%
Eye Casualty	2.1%	4.3%	1.6%	2.4%	8.4%	6.7%	21.5%	29.8%	89.5%	89.0%	76.9%	67.9%
Downe	7.9%	-	0.7%	0.7%	28.7%	-	0.2%	1.3%	63.4%	-	99.1%	97.9%
Lagan Valley	10.0%	8.5%	7.8%	7.1%	39.0%	28.9%	33.0%	30.6%	51.0%	62.6%	59.2%	62.3%
Type 2	7.3%	7.4%	5.4%	5.0%	27.8%	23.2%	25.8%	24.7%	64.9%	69.4%	68.8%	70.3%
Mid Ulster	0.3%	0.2%	8.3%	27.3%	2.1%	3.9%	25.0%	36.4%	97.6%	95.9%	66.7%	36.4%
Ards	0.4%	0.2%	0.2%	-	0.6%	0.4%	0.5%	0.4%	99.0%	99.4%	99.3%	99.6%
Bangor	0.1%	-	-	-	0.9%	-	-	-	99.0%	-	-	-
South Tyrone	0.5%	0.3%	0.5%	0.5%	4.5%	2.7%	4.3%	3.9%	95.1%	97.0%	95.2%	95.7%
Omagh	1.5%	0.7%	0.5%	0.7%	4.8%	2.2%	2.4%	2.5%	93.7%	97.1%	97.1%	96.7%
Type 3	0.5%	0.4%	0.5%	0.5%	3.0%	2.3%	3.1%	2.8%	96.5%	97.4%	96.4%	96.7%
Northern Ireland	18.8%	19.0%	18.8%	19.4%	38.4%	37.8%	37.5%	37.1%	42.7%	43.3%	43.8%	43.5%

¹⁷¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁷² 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

¹⁷³ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED.

¹⁷⁴ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

¹⁷⁵ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Appendix 5: Further Information

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

Sarah Brown

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

☎ Tel: 028 90 522504

✉ Email: sarah.brown@health-ni.gov.uk

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

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