

INFORMATION
ANALYSIS
DIRECTORATE



Emergency Care Waiting Time Statistics for Northern Ireland (January – March 2021)



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Health

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

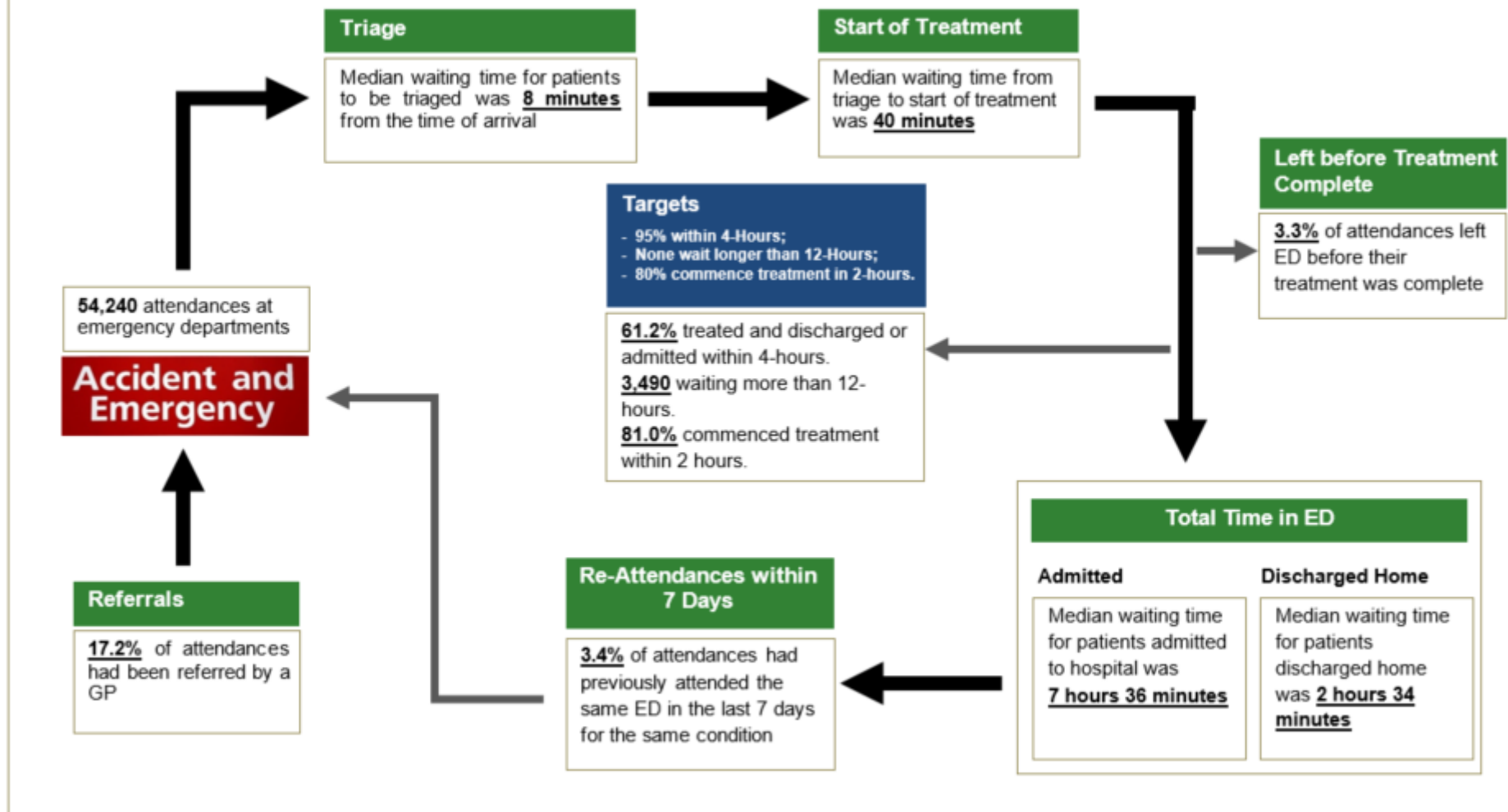
Statistical Charter:

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

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SUMMARY OF KEY FACTS (March 2021)



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 2021, compared with the same month last year. ^{2, 3, 4, 5, 6}

Information for the last three months (January, February and March 2021) is detailed in Table 10A on page 30.

Table 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (March 2020 - March 2021)

Attendances	March 2020	March 2021	Difference	
New	46,683	51,346	4,663	10.0%
Unplanned Review	2,512	2,894	382	15.2%
Total Attendances	49,195	54,240	5,045	10.3%
Emergency Admissions	9,629	11,464	1,835	19.1%

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances at EDs increased by 10.3% (5,045) when compared with March 2020, from 49,195 to 54,240 in March 2021 (Table 1, Table 10A).
- Between March 2020 and March 2021, unplanned review attendances increased by 15.2% (382) and new attendances increased by 10.0% (4,663) (Table 1, Table 10A).
- There were 137,963 attendances at EDs during the quarter ending 31st March 2021, 22.0% (38,944) less than during the same quarter in 2020 (176,907).
- The number of emergency admissions to hospital from EDs increased by 19.1% (1,835) between March 2020 (9,629) and March 2021 (11,464) (Table 1).

² Information for March 2020 and January, February and March 2021 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.

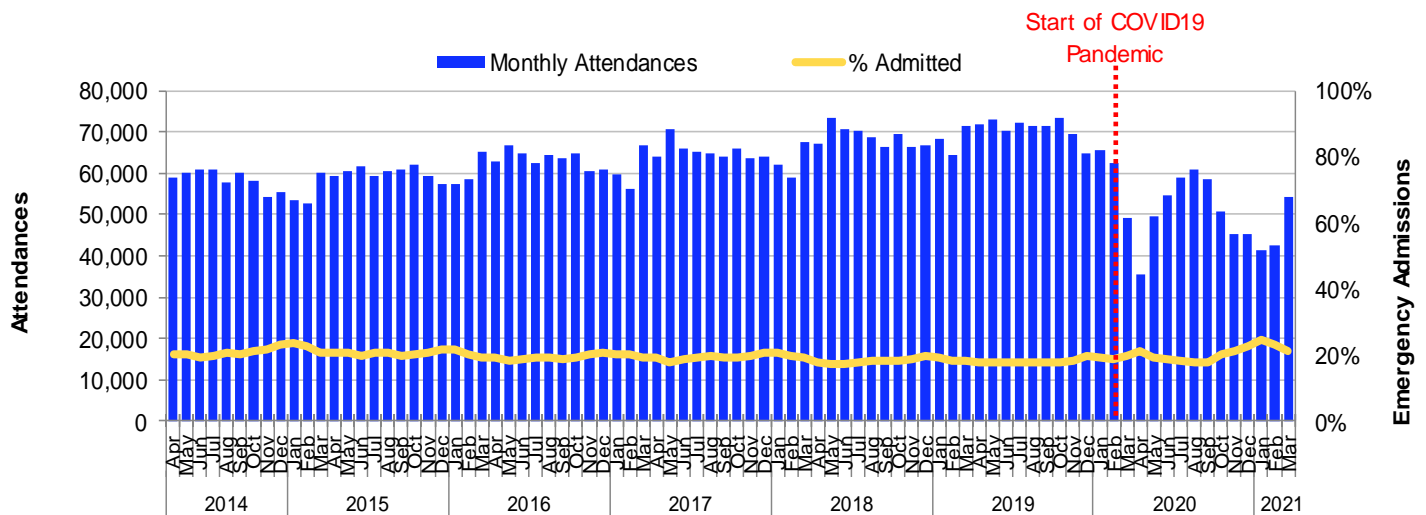
⁵ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

⁶ 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 admissions ⁷ to hospital each month, from April 2014. ^{8, 9, 10}

Figure 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (April 2014 –March 2021)



- During each of the last seven 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 generally increases between November and January each year, then declines sharply from February each year (Figure 1).
- Attendances during January and February 2021 decreased when compared with the same month of the previous year, but increased in March when compared with last year. Attendance numbers were impacted by the COVID-19 pandemic. The full impact of this is still being assessed.
 - During January 2021, there were 41,239 attendances at EDs, 37.0% (24,200) less than January 2020 (65,439);
 - During February 2021, there were 42,848 attendances at EDs, 31.8% (19,789) less than February 2020 (62,273); and,
 - During March 2021, there were 54,240 attendances at EDs, 10.3% (5,045) more than March 2020 (49,195).

⁷ 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.

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

⁹ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

¹⁰ 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 March 2021 and the same month last year. It also details the total number of attendances at Type 2 and 3 EDs during this period ^{11, 12, 13, 14, 15}

Table 2: Attendances at Emergency Care Departments (March 2020 – March 2021)

Department	New Attendances		Unplanned Review Attendances		Total Attendances	
	Mar 2020	Mar 2021	Mar 2020	Mar 2021	Mar 2020	Mar 2021
Mater	2,449	1,311	76	44	2,525	1,355
Royal Victoria	5,713	6,357	196	81	5,909	6,438
RBHSC	2,318	2,452	206	224	2,524	2,676
Antrim Area	5,886	6,462	320	369	6,206	6,831
Causeway	2,658	3,105	160	132	2,818	3,237
Ulster	6,009	7,719	127	323	6,136	8,042
Craigavon Area	4,850	5,722	342	518	5,192	6,240
Daisy Hill	2,848	3,587	161	252	3,009	3,839
Altnagelvin Area	3,807	4,579	267	355	4,074	4,934
South West Acute	2,343	2,548	182	251	2,525	2,799
Type 1	38,881	43,842	2,037	2,549	40,918	46,391
Type 2	3,468	3,363	243	198	3,711	3,561
Type 3	4,334	4,141	232	147	4,566	4,288
Northern Ireland	46,683	51,346	2,512	2,894	49,195	54,240

Source: Regional Data Warehouse, Business Services Organisation

- Between March 2020 and March 2021, total attendances increased at Type 1, but decreased at both Type 2 and Type 3 departments (Table 2, Table 10A).
- The Ulster (8,042) was the busiest ED during March 2021 (Table 2, Table 10A).
- Nine of the ten Type 1 EDs reported an increase in attendances during March 2021, compared with March 2020 (Table 2, Table 10A).

¹¹ Information for March 2020 and January, February and March 2021 is detailed in Appendix 4, Table 10A.

¹² Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹³ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

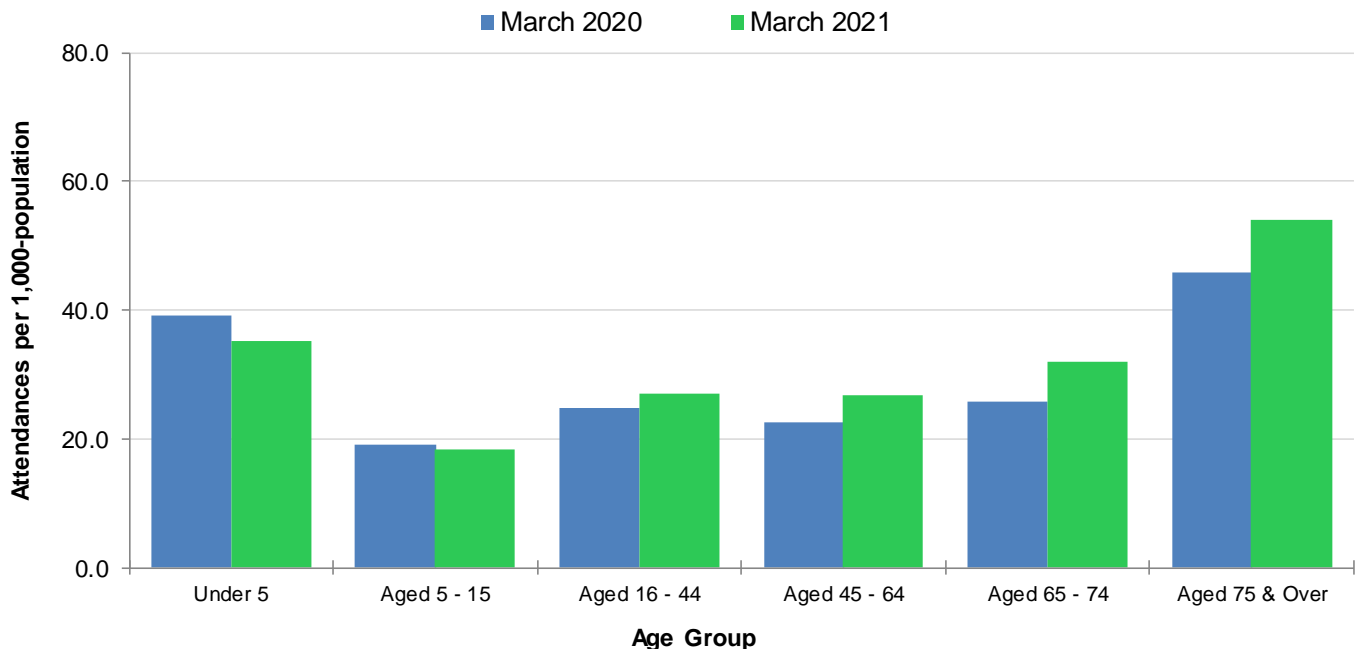
¹⁴ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

¹⁵ 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^{16, 17, 18, 19, 20}

Figure 2: Attendances at Emergency Care Departments per 1,000-population, by Age Group (March 2020 – March 2021)^{21, 22}



- During both March 2020 and March 2021, the highest number of attendances per 1,000-population was recorded for those Aged 75 & Over (45.9 and 54.0 respectively) (Figure 2, Table 10H).
- The lowest number of attendances per 1,000-population was recorded in the Aged 5 - 15 age group during March 2021 (18.3) (Figure 2, Table 10H).
- The rate of attendances per 1,000-population increased for groups Aged 16 - 44, Aged 45 - 64, Aged 65 - 74 and Aged 75 & Over between March 2020 and March 2021. (Figure 2, Table 10H).

¹⁶ Information for March 2020 and January, February and March 2021 is detailed in Appendix 4, Table 10H.

¹⁷ 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.

¹⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁹ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

²⁰ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for detail s.

²¹ Excludes cases where the DOB could not be determined.

²² 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.^{23, 24}

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 (March 2020 - March 2021)^{25, 26, 27,28}

Department	Level 1 / 2		Level 3		Level 4 / 5	
	Mar 2020	Mar 2021	Mar 2020	Mar 2021	Mar 2020	Mar 2021
Mater	18.5%	30.1%	46.3%	47.0%	35.2%	22.9%
Royal Victoria	20.3%	26.1%	48.5%	54.1%	31.2%	19.8%
RBHSC	12.2%	10.2%	23.4%	24.3%	64.4%	65.5%
Antrim Area	16.1%	18.1%	46.8%	52.3%	37.1%	29.7%
Causeway	20.7%	15.8%	50.6%	60.1%	28.7%	24.1%
Ulster	25.2%	25.5%	43.2%	45.2%	31.6%	29.3%
Craigavon Area	34.4%	33.8%	41.4%	39.3%	24.2%	26.9%
Daisy Hill	30.5%	29.0%	46.3%	41.5%	23.2%	29.5%
Altnagelvin Area	32.4%	35.3%	34.6%	32.8%	32.9%	31.9%
South West Acute	20.0%	15.1%	42.0%	46.2%	38.0%	38.7%
Type 1	23.7%	25.1%	42.9%	44.7%	33.4%	30.2%
Type 2	8.5%	6.5%	25.8%	22.4%	65.7%	71.1%
Type 3	0.4%	0.4%	2.4%	2.3%	97.1%	97.3%
Northern Ireland	20.3%	22.3%	37.8%	40.5%	41.8%	37.1%

Source: Regional Data Warehouse, Business Services Organisation

- Almost seven in ten (69.8%) attendances at Type 1 departments in March 2021 were triaged as level 1 / 2 or 3, compared with 66.6% in March 2020 (Table 3, Table 10L).
- Over a fifth (22.3%) of patients were triaged at level 1 / 2 in March 2021, less than January 2021 (24.5%) and February 2021 (23.1%) (Table 3, Table 10L).
- During March 2021, over a third of patients attending Altnagelvin Area (35.3%) were triaged at level 1 / 2, compared with 10.2% of those attending the RBHSC (Table 3, Table 10L).

²³ Data 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.

²⁵ Information for March 2020 and January, February and March 2021 is detailed in Appendix 4: Table 10L.

²⁶ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

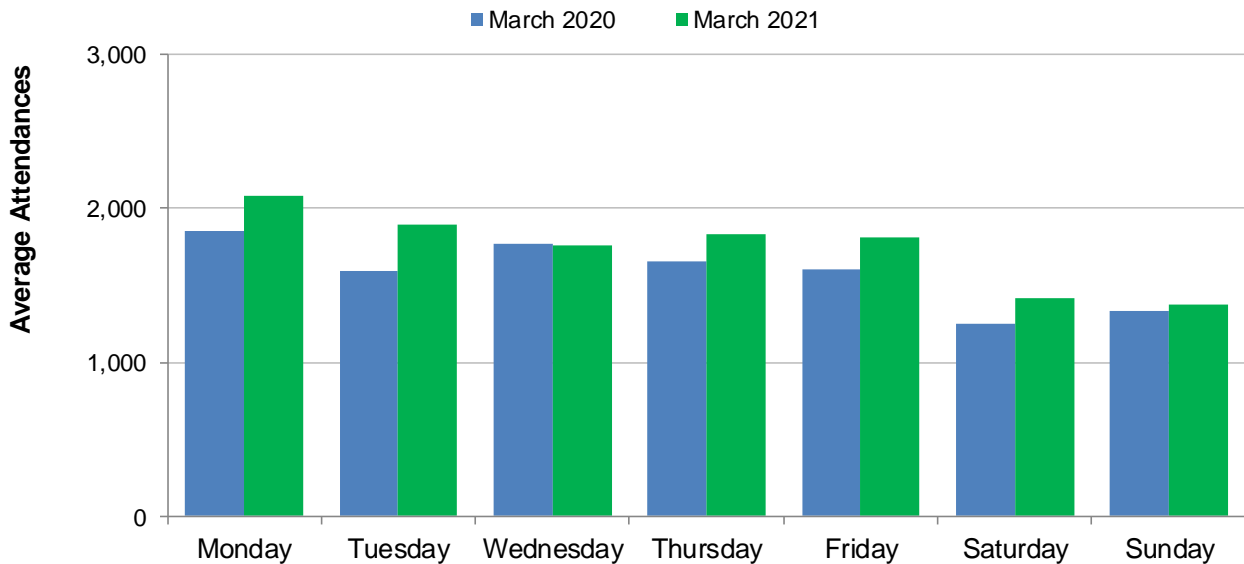
²⁷ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

²⁸ 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 March 2021, compared with March 2020. ^{29, 30, 31, 32}

Figure 3: Average Number of Attendances at Emergency Care Departments by Day of Week (March 2020 - March 2021)³³



- Overall, Monday was the busiest day at EDs during both March 2020 and March 2021, with over 2,000 daily attendances on average each Monday during March 2021 (Figure 3, Table 10I).
- The largest increase in average daily attendances between March 2020 and March 2021 (306) was on a Tuesday (1,592 and 1,898 respectively) (Figure 3, Table 10I).
- The lowest average number of daily attendances was on a Sunday during March 2021 (1,375) and on a Saturday during March 2020 (1,250) (Figure 3, Table 10I).

²⁹ Information for March 2020 and January, February and March 2021 is detailed in Appendix 4, Table 10I.

³⁰ 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.

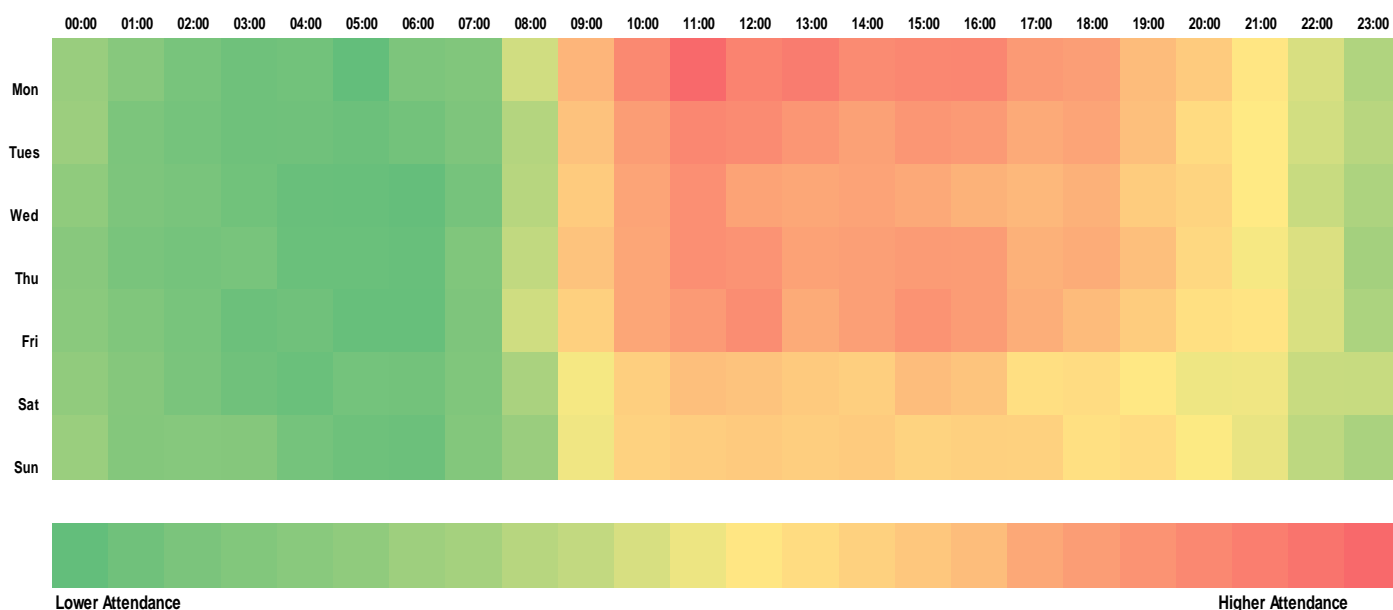
³¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

³² Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

³³ 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 March 2021. 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. ^{34, 35, 36}

Figure 4: Heat Map of Emergency Care Attendances by Day and Time (March 2021)³⁷



- Monday was the busiest day of the week during March 2021, with the highest number of attendances arriving between 11:00am and 11:59am (Figure 4).
- Sunday was the least busy day during March 2021, with the highest number of attendances arriving between 12:00pm and 12:59pm (Figure 4).
- Overall, the busiest hour of the day during March 2021 was between 11:00am and 11:59am, whilst the least busy hour was 5:00am to 5:59am (Figure 4).

³⁴ 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.

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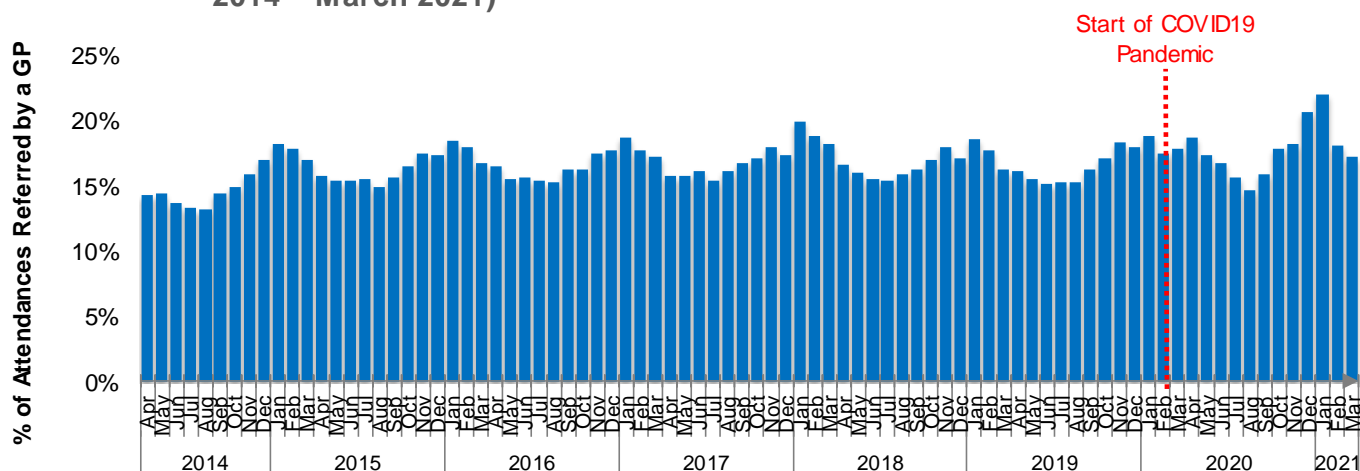
³⁶ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

³⁷ 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.^{38, 39, 40, 41}

Figure 5: Percentage of Attendances at Emergency Care Departments Referred by a GP (April 2014 – March 2021)⁴²



- In March 2021, almost a fifth (17.2%) of attendances at EDs had been referred by a GP, compared with 17.8% in March 2020 (Figure 5, Table 10C).
- Type 1 EDs reported the highest percentage of attendances referred by a GP (19.3%) during March 2021, compared with 19.8% in March 2020 (Table 10C).
- Almost three in ten (28.5%) attendances at Craigavon Area had been referred by a GP during March 2021, compared with 4.0% of attendances in RBHSC (Table 10C).
- The percentage of attendances referred by a GP is generally highest during March each year, and lowest during July and August (Figure 5).

³⁸ Information for March 2020 and January, February and March 2021 is detailed in Appendix 4, Table 10C.

³⁹ 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.

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

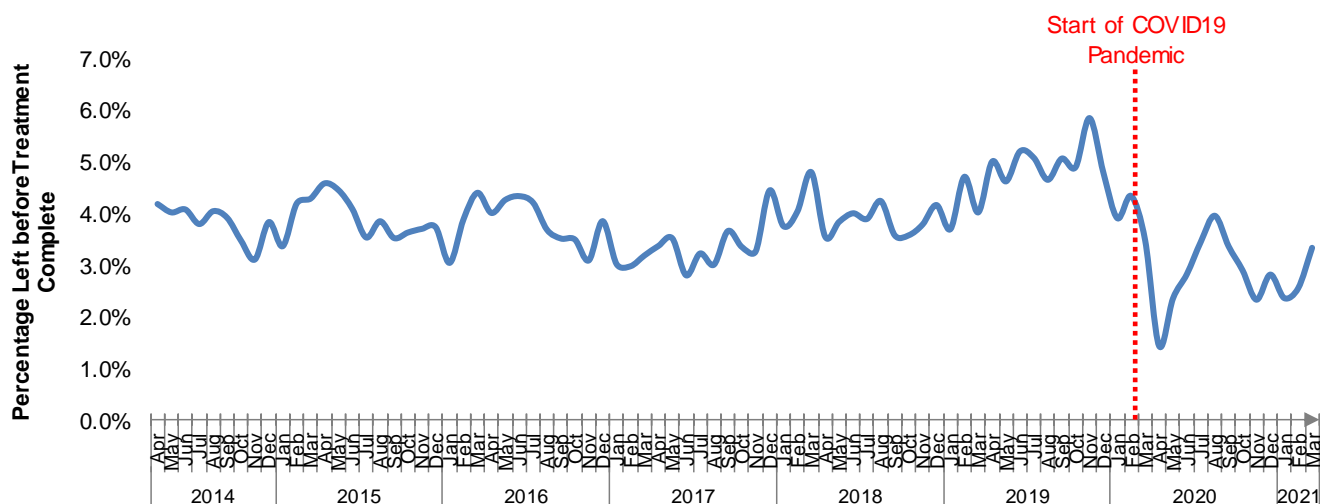
⁴¹ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

⁴² 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. ^{43, 44, 45, 46}

Figure 6: Percentage of Attendances Leaving the Emergency Care Department before their Treatment was Complete (April 2014 – March 2021)⁴⁷



- During March 2021, 3.3% of all ED attendances left before their treatment was complete, compared with 3.5% in March 2020 (Figure 6, Table 10C).
- Type 1 EDs reported the highest percentage (3.8%) of patients leaving before their treatment was complete in March 2021, with 1.0% reported for Type 2 EDs and 0.2% for Type 3 EDs (Table 10C).
- The Royal Victoria (10.0%) reported the highest percentage of attendances leaving an ED before their treatment was complete during March 2021, compared with 5.9% in March 2020 (Table 10C).
- During the last 12 months, the percentage of attendances leaving ED before their treatment was complete was highest in August 2020 (4.0%) (Figure 6).

⁴³ Information for March 2020 and January, February and March 2021 is detailed in Appendix 4, Table 10C.

⁴⁴ 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.

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

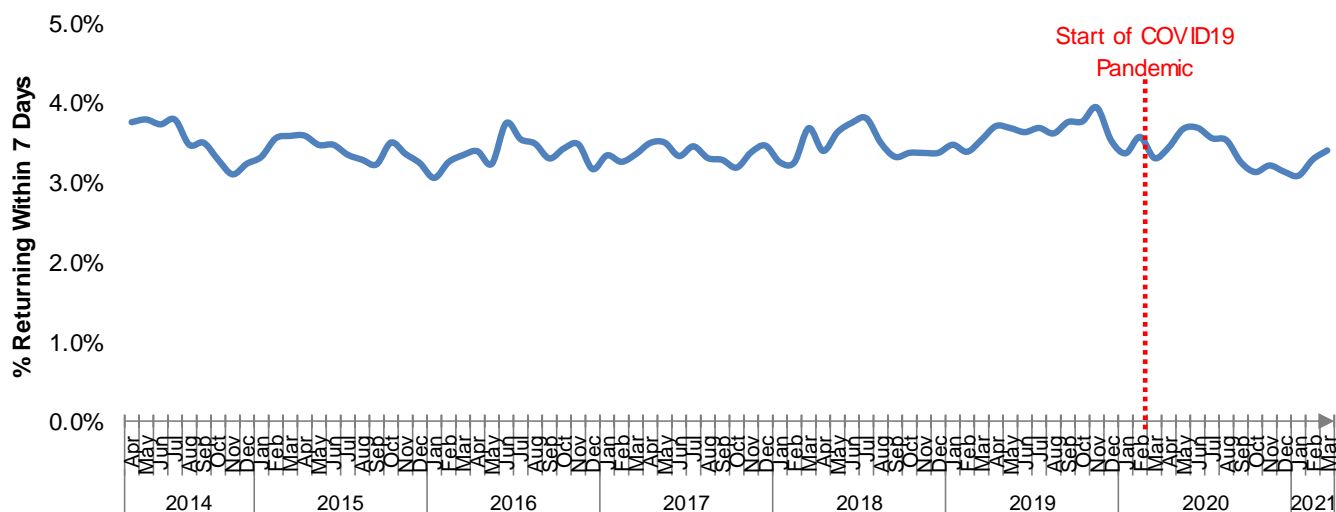
⁴⁶ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

⁴⁷ 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. ^{48, 49, 50, 51}

Figure 7: Percentage of Re-attendances at Emergency Care Departments within 7 Days (April 2014 – March 2021) ⁵²



- 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 March 2021, 3.4% of attendances had attended the same ED within 7 days of their original attendance, compared with 3.3% in March 2020 (Figure 7, Table 10C).
- South West Acute (6.4%) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during March 2021 (Table 10C).

⁴⁸ Information for March 2020 and January, February and March 2021 is detailed in Appendix 4, Table 10C.

⁴⁹ 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.

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

⁵¹ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

⁵² 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 targets⁵³ 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.

⁵³ 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. ^{54, 55}

Table 4: Performance against Emergency Care Waiting Times Target (March 2020 - March 2021)⁵⁶

% Within 4 Hours	Mar 2020	Jan 2021	Feb 2021	Mar 2021	Diff (Mar 2020 - Mar 2021)	
					No.	%
Type 1	61.6%	55.6%	55.9%	55.8%	-	-5.8%
Type 2	84.6%	86.7%	86.2%	85.1%	-	0.5%
Type 3	99.6%	99.7%	99.7%	99.8%	-	0.2%
Total	66.9%	60.7%	61.1%	61.2%	-	-5.7%
Over 12 Hours	Mar 2020	Jan 2021	Feb 2021	Mar 2021	Diff (Mar 2020 - Mar 2021)	
					No.	%
Type 1	2,512	4,097	2,772	3,489	977	-
Type 2	19	.	1	1	-18	-
Type 3	.	.	.	.	.	-
Total	2,531	4,097	2,773	3,490	959	-
New & Unplanned Review Attendances	Mar 2020	Jan 2021	Feb 2021	Mar 2021	Diff (Mar 2020 - Mar 2021)	
					No.	%
Type 1	40,918	35,617	36,619	46,391	5,473	13.4%
Type 2	3,711	2,675	2,699	3,561	-150	-4.0%
Type 3	4,566	2,947	3,166	4,288	-278	-6.1%
Total	49,195	41,239	42,484	54,240	5,045	10.3%

Source: Regional Data Warehouse, Business Services Organisation

- Over six in ten (61.2%) attendances in March 2021 were discharged or admitted within 4 hours, compared with 66.9% in March 2020 (Table 10B & 10J).
- Over half (55.8%) of attendances at Type 1 EDs in March 2021 waited less than 4 hours, compared with 85.1% at Type 2 EDs and 99.8% at Type 3 EDs (Table 4, Table 10B & 10J).
- Between March 2020 and March 2021, the number waiting over 12 hours increased from 2,531 to 3,490, accounting for 6.4% of attendances in March 2021 (Table 4, Table 10B & 10J).
- During this period, EDs experienced a 10.3% increase in attendances (49,195 to 54,240), and 4 hour performance decreased from 66.9% to 61.1% (Table 4, Table 10B & 10J).
- During the quarter ending 31st March 2021, over six in ten (61.0%) patients waited less than 4 hours at an ED, compared with 64.4% during the same quarter in 2020.
- Between January 2021 and March 2021, the percentage waiting less than 4 hours was highest in March 2021 (61.2%) and lowest in January 2021 (60.7%), whilst the number waiting over 12 hours was highest in January 2021 (4,097) and lowest in February 2021 (2,773) (Table 4, Table 10B).

⁵⁴ 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>

⁵⁵ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

⁵⁶ 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 March 2021 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. ^{57, 58, 59}

Table 5: Performance against the 4 and 12 Hour Components of the Emergency Care Waiting Times Target at Type 1 EDs (March 2020 - March 2021) ^{60, 61}

Department	4 Hour Performance		12 Hour Performance		Total Attendances	
	Mar 2020	Mar 2021	Mar 2020	Mar 2021	Mar 2020	Mar 2021
Mater	63.2%	57.0%	100	35	2,525	1,355
Royal Victoria	54.1%	29.4%	337	761	5,909	6,438
RBHSC	82.0%	84.9%	-	1	2,524	2,676
Antrim Area	67.0%	62.0%	275	583	6,206	6,831
Causeway	71.8%	65.9%	189	189	2,818	3,237
Ulster	60.3%	58.5%	495	747	6,136	8,042
Craigavon Area	52.1%	47.7%	506	465	5,192	6,240
Daisy Hill	70.3%	62.9%	185	165	3,009	3,839
Altnagelvin Area	52.5%	54.1%	319	356	4,074	4,934
South West Acute	59.8%	64.7%	106	187	2,525	2,799
Type 1	61.6%	55.8%	2,512	3,489	40,918	46,391
Type 2	84.6%	85.1%	19	1	3,711	3,561
Type 3	99.6%	99.8%	-	-	4,566	4,288
Northern Ireland	66.9%	61.2%	2,531	3,490	49,195	54,240

Source: Regional Data Warehouse, Business Services Organisation

- During March 2021, the RBHSC (84.9%) reported the highest performance of the four hour target at any Type 1 ED, whilst the Royal Victoria (29.4%) reported the lowest (Table 5, Table 10B).
- No Type 1 ED achieved the 12-hour target during March 2021 (Table 5, Table 10B).
- Royal Victoria (761) reported the highest number of patients waiting over 12 hours during March 2021 (Table 5, Table 10B).
- Between March 2020 and March 2021, performance against the 12 hour target improved at three of the ten Type 1 EDs. (Table 5, Table 10B).

⁵⁷ Information for March 2020 and January, February and March 2021 is detailed in Appendix 4: Table 10B & Table 10J.

⁵⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵⁹ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

⁶⁰ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

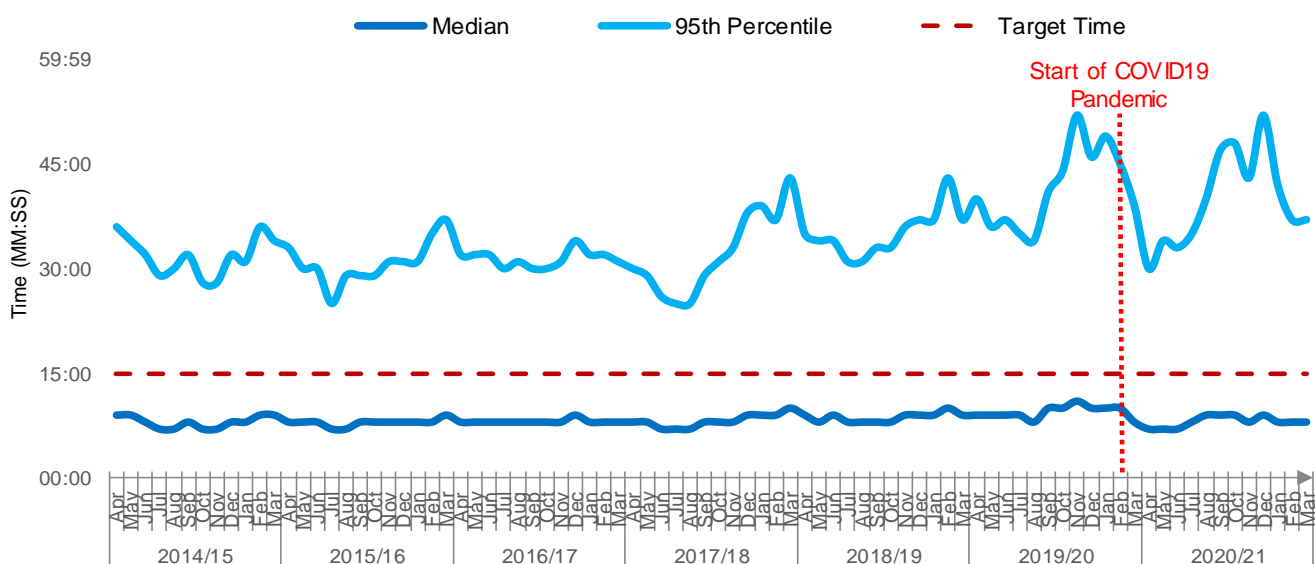
⁶¹ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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.^{62, 63}

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 - March 2021)^{64, 65, 66}



- During March 2021, the median waiting time from arrival to triage was 8 minutes, similar to the time taken in March 2020 (8 minutes)(Figure 9, Table 10D).
- 95 percent of patients were triaged within 37 minutes of their arrival at an ED in March 2021, 2 minutes less than the time taken in March 2020 (39 minutes) (Figure 9, Table 10D).
- Almost three quarters (74.1%) of attendances were triaged within 15 minutes of their arrival at an ED during March 2021, compared with 72.9% in March 2020.
- During each of the last 3 months, the median time waited to triage was similar during January, February and March (8 minutes), and the time taken to triage 95 percent of patients was longest during January (42 minutes) and shortest in February and March (37 minutes) (Table 10D).

⁶² Data on time to triage are not National Statistics, and are included to provide users with a comprehensive view of ED activity and waits.

⁶³ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁶⁴ Additional information on time to triage is detailed in Appendix 4: Table 10D.

⁶⁵ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

⁶⁶ 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 March 2021, 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.^{67 68}

Table 6: Performance against the Target to Commence Treating Patients within 2 Hours of them being Triaged (March 2020 - March 2021)^{69, 70, 71}

Department	Mar 2020	Jan 2021	Feb 2021	Mar 2021
Mater	79.3%	98.9%	99.0%	93.4%
Royal Victoria	76.9%	70.8%	64.9%	58.9%
RBHSC	90.4%	97.8%	97.5%	94.2%
Antrim Area	78.1%	94.9%	86.9%	78.3%
Causeway	95.8%	93.5%	94.0%	89.4%
Ulster	85.8%	96.4%	91.8%	88.9%
Craigavon Area	72.3%	76.5%	70.2%	59.7%
Daisy Hill	89.0%	93.4%	91.4%	85.8%
Altnagelvin Area	74.9%	87.7%	80.8%	77.0%
South West Acute	83.6%	96.3%	93.5%	91.8%
Type 1	81.3%	88.6%	83.9%	78.5%
Type 2	93.6%	99.4%	98.5%	96.3%
Type 3	99.3%	99.5%	99.8%	99.6%
Northern Ireland	83.9%	89.9%	85.7%	81.0%

Source: Regional Data Warehouse, Business Services Organisation

- Over eight in ten (81.0%) patients attending EDs in March 2021 commenced their treatment within 2 hours of being triaged, compared with 83.9% in March 2020 (Table 6, Table 10K).
- During March 2021, almost eight in ten (78.5%) patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 96.3% at Type 2 EDs and 99.6% at Type 3 EDs (Table 6, Table 10K).
- Six Type 1 EDs (RBHSC, Mater, South West Acute, Causeway, Ulster and Daisy Hill) achieved the 80% target in March 2021 (Table 6, Table 10K).
- During March 2021, RBHSC (94.2%) reported the highest percentage commencing treatment within 2 hours, whilst the Royal Victoria (58.9%) reported the lowest (Table 6, Table 10K).
- Between January and March 2020, the highest percentage of patients commencing treatment within 2 hours was in January 2021 (89.9%) whilst the lowest was in March 2021 (81.0%), (Table 6).

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

⁶⁸ Additional information on the percentage of patients commencing treatment within 2 hours of triage is detailed in Appendix 4: Table 10K.

⁶⁹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

⁷⁰ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak

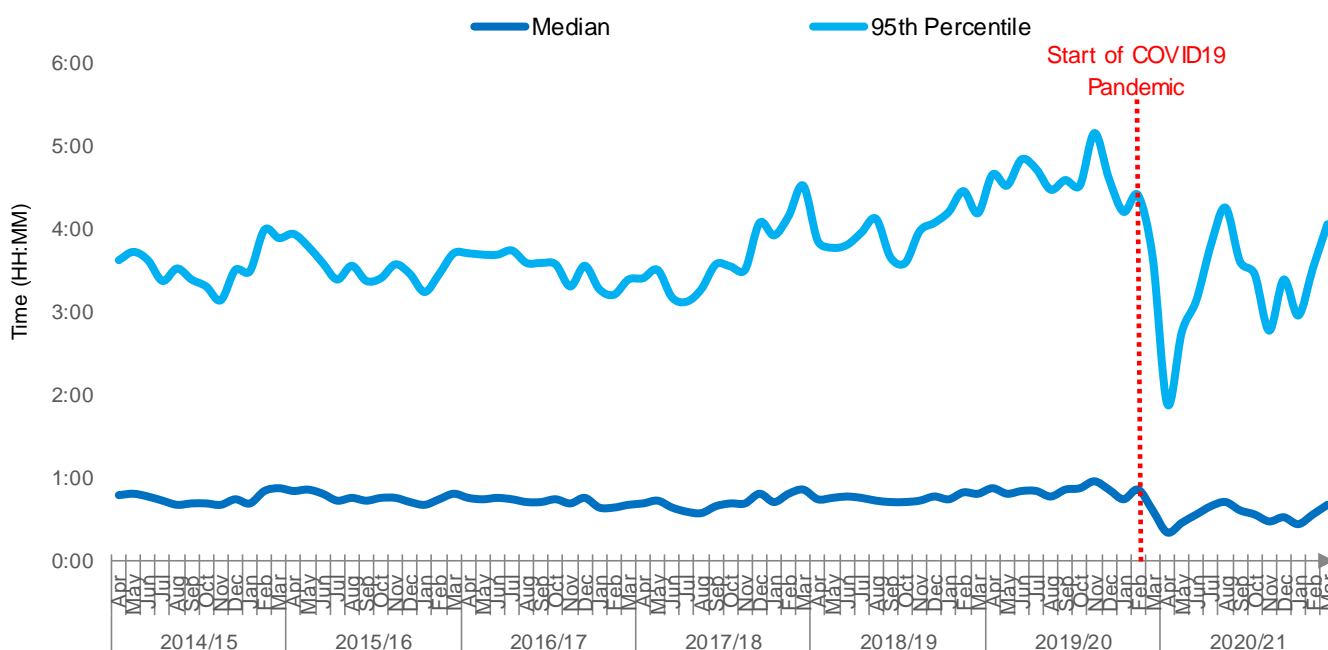
⁷¹ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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.^{72, 73}

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 – March 2021)^{74, 75, 76}



- The median waiting time from triage to start of treatment in March 2021 was 40 minutes, 4 minutes more than the time taken in March 2020 (36 minutes) (Figure 10, Table 10E).
- During March 2021, 95 percent of patients commenced treatment within 4 hours 3 minutes of being triaged, 24 minutes more than March 2020 (3 hours 39 minutes) (Figure 10, Table 10E).
- Across each of the last 3 months, the median waiting time to start of treatment was longest in March 2021 (40 minutes) and shortest in January 2021 (26 minutes), whilst the time within which 95 percent of patients started treatment was also longest in March 2021 (4 hours 3 minutes) and shortest in January 2021 (2 hours 57 minutes) (Table 10D).

⁷² Data on start of treatment are not National Statistics, and are included to provide users with a comprehensive view of ED activity and waits

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

⁷⁴ Additional information on time to triage is detailed in Appendix 4: Table 10E.

⁷⁵ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

⁷⁶ 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 March 2021, compared with March 2020. ^{77, 78}

Table 7: Time from Triage to Start of Treatment (March 2020 and March 2021) ^{79, 80, 81, 82}

Department	Median		95th Percentile	
	March 2020	March 2021	March 2020	March 2021
Mater	0:34	0:21	4:05	2:11
Royal Victoria	0:47	1:26	4:11	7:20
RBHSC	0:35	0:33	2:35	2:04
Antrim Area	0:57	0:58	3:30	3:29
Causeway	0:18	0:37	1:51	2:38
Ulster	0:37	0:34	3:24	2:46
Craigavon Area	1:03	1:32	5:46	5:59
Daisy Hill	0:38	0:42	2:55	3:23
Altnagelvin Area	0:49	0:49	4:44	3:34
South West Acute	0:26	0:18	4:16	2:35
Type 1	0:42	0:47	3:54	4:17
Type 2	0:30	0:22	2:08	1:47
Type 3	0:05	0:02	1:00	0:42
Northern Ireland	0:36	0:40	3:39	4:03

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 47 minutes in March 2021, 5 minutes more than March 2020 (42 minutes) (Table 7, Table 10E).
- Craigavon Area (1 hour 32 minutes) reported the longest median waiting time from triage to start of treatment during March 2021, whilst South West Acute (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 7 hours 20 minutes of being triaged; 3 hours 9 minutes more than the time taken in March 2020 (4 hours 11 minutes) (Table 7, Table 10E).
- RBHSC reported the shortest time to start of treatment during March 2021, with 95 percent of attendances commencing treatment within 2 hours 4 minutes of being triaged, 31 minutes less than the time taken in March 2020 (2 hours 35 minutes) (Table 7, Table 10E).

⁷⁷ 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.

⁷⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁷⁹ Information for March 2020 and January, February and March 2021 is detailed in Appendix 4, Table 10E.

⁸⁰ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

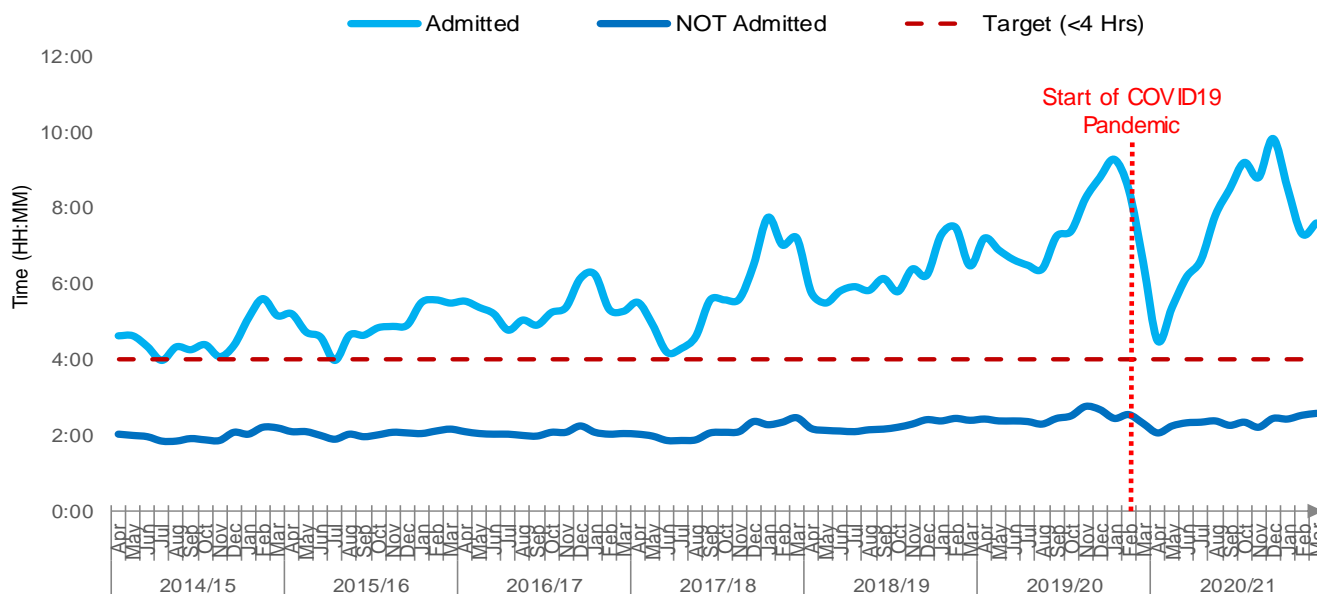
⁸¹ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

⁸² 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.^{83, 84, 85}

Figure 11: Median Time Spent in an Emergency Care Department for those (i) Admitted to Hospital and (ii) Discharged Home (April 2014 to March 2021)^{86, 87}



- During March 2021, the median time patients admitted to hospital spent in ED was 7 hours 36 minutes, compared to 2 hours 34 minutes for those discharged home (Figure 11, Table 10F & 10G).
- During March 2021, 95 percent of attendances were admitted to hospital within 23 hours 27 minutes of their arrival, almost three times longer than the time waited by 95 percent of those discharged home (8 hours 22 minutes) (Table 8 & 9).
- During the last 3 months, the median time patients admitted spent in ED was longest in January 2021 (8 hours 32 minutes) and shortest in February 2021 (7 hours 19 minutes) (Table 10F).
- During this period, the median time waited by patients discharged home was longest in March 2021 (2 hours 34 minutes) and shortest in January 2021 (2 hours 25 minutes) (Table 10G).
- During this period, the longest time waited by up to 95 percent of patients admitted was in January 2021 (30 hours 18 minutes) and shortest in March 2021 (23 hours 27 minutes) (Table 10F).
- During this period, the longest time waited by up to 95 percent of patients discharged home was in January and March 2021 (8 hours 22 minutes) and shortest in February 2021 (8 hours 13 minutes) (Table 10G).

⁸³ Data are not National Statistics, and are included to provide users with a comprehensive view of ED activity and waits.

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

⁸⁵ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

⁸⁶ Further breakdown of EDs can be found in Appendix 4, Table 10F and 10G.

⁸⁷ 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. ⁸⁸

Table 8: Total Time Spent in an Emergency Care Department for those Admitted to Hospital (March 2020 - March 2021)^{89, 90, 91, 92, 93}

Department	Median		95th Percentile	
	March 2020	March 2021	March 2020	March 2021
Mater	6:50	5:36	19:51	12:54
Royal Victoria	6:34	8:48	21:53	20:54
RBHSC	3:59	4:00	7:47	7:38
Antrim Area	5:35	7:26	19:31	28:23
Causeway	6:32	6:58	29:10	22:22
Ulster	7:12	8:25	35:47	23:57
Craigavon Area	7:58	8:06	36:23	25:01
Daisy Hill	6:09	6:52	24:56	21:41
Altnagelvin Area	8:08	8:16	25:12	23:55
South West Acute	6:10	6:02	22:07	24:26
Type 1	6:40	7:40	27:01	23:32
Type 2	4:03	4:24	10:07	8:05
Type 3	6:04	1:44	11:20	4:03
Northern Ireland	6:34	7:36	26:45	23:27

Source: Regional Data Warehouse, Business Services Organisation

- The median time patients who were admitted to hospital spent in a Type 1 ED was 7 hours 40 minutes in March 2021, 1 hour more than the same month last year (6 hours 40 minutes) (Table 8, Table 10F).
- During March 2020, the Royal Victoria reported the longest median waiting time from arrival to admission (8 hours 48 minutes), whilst the RBHSC reported the shortest time (4 hours) (Table 8, Table 10F).
- 95 percent of patients were admitted to hospital within 23 hours 32 minutes at Type 1 EDs in March 2021, 3 hours 29 minutes less than in March 2020 (27 hours 1 minutes) (Table 8, Table 10F).
- Between March 2020 and March 2021, Causeway reported the largest increase (from 19 hours 31 minutes to 28 hours 23 minutes) in the time taken for up to 95% of patients to be admitted to hospital (Table 8, Table 10F).

⁸⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁸⁹ Information for March 2020 and January, February and March 2021 is detailed in Appendix 4, Table 10F.

⁹⁰ 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.

⁹¹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

⁹² Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

⁹³ 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**.^{94, 95}

Table 9: Total Time Spent in Emergency Care Departments for those Discharged Home (March 2020 - March 2021)^{96, 97, 98}

Department	Median		95th Percentile	
	March 2020	March 2021	March 2020	March 2021
Mater	2:40	2:47	7:13	7:54
Royal Victoria	3:15	5:09	9:09	12:56
RBHSC	1:54	1:57	5:17	4:51
Antrim Area	2:31	2:38	6:35	7:30
Causeway	2:04	2:34	7:18	6:59
Ulster	2:43	2:46	7:22	7:27
Craigavon Area	3:12	3:35	8:53	8:59
Daisy Hill	2:09	2:29	6:01	6:47
Altnagelvin Area	3:18	3:21	9:15	8:25
South West Acute	2:50	2:37	8:04	9:26
Type 1	2:43	3:00	7:50	8:58
Type 2	1:49	1:30	5:17	5:17
Type 3	0:34	0:31	1:53	1:41
Northern Ireland	2:18	2:34	7:18	8:22

Source:

Regional Data Warehouse, Business Services Organisation

- The median time patients discharged home (not admitted) spent in a Type 1 ED was 3 hours in March 2021, 17 minutes more than the time taken during the same month last year (2 hour 43 minutes) (Table 9, Table 10G).
- In March 2021, 95 percent of attendances at Type 1 EDs were discharged home within 8 hours 58 minutes of their arrival, 1 hour 8 minutes more than the time taken in March 2020 (7 hours 50 minutes) (Table 9, Table 10G).

⁹⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁹⁵ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

⁹⁶ Information for March 2020 and January, February and March 2021 is detailed in Appendix 4, Table 10G.

⁹⁷ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

⁹⁸ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

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 ⁹⁹

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) ¹⁰⁰ (9-5pm Mon-Fri) (8.30-1pm Sat)	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ¹⁰¹ (Closed)
	Causeway		Mid Ulster (9-5pm Mon-Fri)
South Eastern	Ulster	Lagan Valley (8-8pm Mon-Fri)	Ards MIU (9-5pm Mon-Fri)
		Downe ¹⁰² (Closed)	Bangor MIU ¹⁰³ (Closed)
Southern	Craigavon Area		South Tyrone (9-9pm Mon-Fri) (10-6pm Sat-Sun)
	Daisy Hill ¹⁰⁴ (Closed)		Armagh Community ¹⁰⁵ (Closed)
			Craigavon Respiratory ED (Covid-19) ¹⁰⁶
			Craigavon Paediatric ED ¹⁰⁷
Western	Altnagelvin Area		Tyrone County (Closed)
	South West Acute		Omagh ¹⁰⁸ (24-hour)

⁹⁹ Opening Hours are as of June 2017.

¹⁰⁰ RVH (RAES) refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

¹⁰¹ Temporarily closed on 1st December 2014.

¹⁰² Temporarily closed 30th March 2020, reopened as a MIU 10th August 2020, reopened as an Urgent Care Centre 19th October 2020.

¹⁰³ Temporarily closed 12th March 2020.

¹⁰⁴ Temporarily closed between 28th March 2020 and 19th October 2020.

¹⁰⁵ Temporarily closed on 17th November 2014.

¹⁰⁶ Temporarily opened on 29th March 2020 and closed on 19th October 2020.

¹⁰⁷ Temporarily opened on 31st March 2020 and closed on 12th June 2020.

¹⁰⁸ 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 ^{109, 110, 111, 112, 113}

Department	New Attendances				Unplanned Reviews				Total Attendances			
	Mar 2020	Jan 2021	Feb 2021	Mar 2021	Mar 2020	Jan 2021	Feb 2021	Mar 2021	Mar 2020	Jan 2021	Feb 2021	Mar 2021
Mater	2,449	1,216	954	1,311	76	22	18	44	2,525	1,238	972	1,355
Royal Victoria	5,713	5,217	5,428	6,357	196	101	59	81	5,909	5,318	5,487	6,438
RBHSC	2,318	1,795	1,879	2,452	206	168	154	224	2,524	1,963	2,033	2,676
Antrim Area	5,886	4,798	5,014	6,462	320	216	233	369	6,206	5,014	5,247	6,831
Causeway	2,658	2,446	2,528	3,105	160	71	106	132	2,818	2,517	2,634	3,237
Ulster	6,009	6,133	6,202	7,719	127	188	281	323	6,136	6,321	6,483	8,042
Craigavon Area	4,850	4,162	4,319	5,722	342	339	403	518	5,192	4,501	4,722	6,240
Daisy Hill	2,848	2,597	2,794	3,587	161	200	213	252	3,009	2,797	3,007	3,839
Altnagelvin Area	3,807	3,544	3,531	4,579	267	255	255	355	4,074	3,799	3,786	4,934
South West Acute	2,343	1,980	2,049	2,548	182	169	199	251	2,525	2,149	2,248	2,799
Type 1	38,881	33,888	34,698	43,842	2,037	1,729	1,921	2,549	40,918	35,617	36,619	46,391
Eye Casualty	694	466	478	535	110	83	23	62	804	549	501	597
Downe	1,275	787	833	1,077	75	26	28	52	1,350	813	861	1,129
Lagan Valley	1,499	1,246	1,278	1,751	58	67	59	84	1,557	1,313	1,337	1,835
Type 2	3,468	2,499	2,589	3,363	243	176	110	198	3,711	2,675	2,699	3,561
Mid Ulster	540	276	347	422	25	6	13	7	565	282	360	429
Ards	858	791	835	1,138	30	10	6	7	888	801	841	1,145
Bangor	372				9				381			
South Tyrone	1,738	1,121	1,205	1,704	97	38	49	55	1,835	1,159	1,254	1,759
Omagh	826	640	635	877	71	65	76	78	897	705	711	955
Type 3	4,334	2,828	3,022	4,141	232	119	144	147	4,566	2,947	3,166	4,288
Northern Ireland	46,683	39,215	40,309	51,346	2,512	2,024	2,175	2,894	49,195	41,239	42,484	54,240

¹⁰⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹¹⁰ CAH Paediatric ED C-19 and CAH Respiratory ED C-19 were opened in March 2020 in response to Covid-19 pandemic.

¹¹¹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

¹¹² Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

¹¹³ 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 ^{114, 115, 116, 117, 118}

Department	4 - Hour Performance				12 - Hour Performance				Total Attendances			
	Mar 2020	Jan 2021	Feb 2021	Mar 2021	Mar 2020	Jan 2021	Feb 2021	Mar 2021	Mar 2020	Jan 2021	Feb 2021	Mar 2021
Mater	63.2%	47.1%	52.9%	57.0%	100	173	22	35	2,525	1,238	972	1,355
Royal Victoria	54.1%	33.8%	32.1%	29.4%	337	594	461	761	5,909	5,318	5,487	6,438
RBHSC	82.0%	86.8%	86.2%	84.9%	.	1	1	1	2,524	1,963	2,033	2,676
Antrim Area	67.0%	62.2%	61.7%	62.0%	275	730	497	583	6,206	5,014	5,247	6,831
Causeway	71.8%	63.3%	67.8%	65.9%	189	320	134	189	2,818	2,517	2,634	3,237
Ulster	60.3%	59.9%	59.6%	58.5%	495	545	365	747	6,136	6,321	6,483	8,042
Craigavon Area	52.1%	47.3%	47.3%	47.7%	506	814	567	465	5,192	4,501	4,722	6,240
Daisy Hill	70.3%	64.0%	66.2%	62.9%	185	199	108	165	3,009	2,797	3,007	3,839
Altnagelvin Area	52.5%	52.4%	50.7%	54.1%	319	516	415	356	4,074	3,799	3,786	4,934
South West Acute	59.8%	60.5%	62.5%	64.7%	106	205	202	187	2,525	2,149	2,248	2,799
Type 1	61.6%	55.6%	55.9%	55.8%	2,512	4,097	2,772	3,489	40,918	35,617	36,619	46,391
Eye Casualty	84.6%	91.3%	86.2%	83.1%	.	.	.	.	804	549	501	597
Downe	86.9%	99.5%	99.4%	98.5%	18	.	.	.	1,350	813	861	1,129
Lagan Valley	82.6%	76.8%	77.7%	77.4%	1	.	1	1	1,557	1,313	1,337	1,835
Type 2	84.6%	86.7%	86.2%	85.1%	19	.	1	1	3,711	2,675	2,699	3,561
Mid Ulster	100.0%	100.0%	99.7%	100.0%	.	.	.	.	565	282	360	429
Ards	99.9%	100.0%	100.0%	100.0%	.	.	.	.	888	801	841	1,145
Bangor	100.0%	.	.	.	.	.	.	.	381	.	.	.
South Tyrone	100.0%	99.9%	99.9%	100.0%	.	.	.	.	1,835	1,159	1,254	1,759
Omagh	98.3%	98.9%	98.7%	99.3%	.	.	.	.	897	705	711	955
Type 3	99.6%	99.7%	99.7%	99.8%	.	.	.	.	4,566	2,947	3,166	4,288
Northern Ireland	66.9%	60.7%	61.1%	61.2%	2,531	4,097	2,773	3,490	49,195	41,239	42,484	54,240

¹¹⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹¹⁵ 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>

¹¹⁶ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

¹¹⁷ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

¹¹⁸ 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 ^{119, 120, 121, 122, 123}

Department	GP Referrals				Left Before Treatment				Unplanned reviews Within 7 Days			
	Mar 2020	Jan 2021	Feb 2021	Mar 2021	Mar 2020	Jan 2021	Feb 2021	Mar 2021	Mar 2020	Jan 2021	Feb 2021	Mar 2021
Mater	9.6%	12.8%	7.4%	9.0%	8.5%	2.3%	3.5%	3.8%	2.3%	1.0%	1.2%	2.4%
Royal Victoria	21.1%	12.8%	13.9%	14.7%	5.9%	6.5%	7.0%	10.0%	2.3%	1.2%	0.5%	0.8%
RBHSC	9.2%	5.5%	5.4%	4.0%	2.5%	0.4%	0.3%	1.1%	5.7%	5.0%	4.8%	5.3%
Antrim Area	31.8%	49.3%	21.4%	18.7%	1.8%	0.7%	1.6%	1.9%	3.2%	2.5%	2.7%	3.2%
Causeway	23.8%	35.6%	17.8%	17.0%	1.6%	2.3%	2.1%	3.1%	3.8%	1.9%	2.7%	2.8%
Ulster	21.9%	28.3%	28.7%	25.8%	2.4%	1.5%	1.4%	2.2%	1.6%	2.0%	2.9%	2.7%
Craigavon Area	22.2%	26.3%	29.4%	28.5%	5.4%	3.7%	4.2%	5.0%	4.3%	5.1%	5.2%	5.5%
Daisy Hill	9.9%	16.2%	16.5%	19.6%	2.6%	2.2%	2.0%	2.8%	3.8%	5.0%	5.3%	4.2%
Altnagelvin Area	11.7%	11.5%	12.2%	11.4%	5.4%	2.8%	2.8%	3.3%	4.9%	4.6%	4.7%	5.0%
South West Acute	19.1%	27.6%	28.1%	28.4%	4.8%	2.0%	2.4%	2.1%	4.8%	5.9%	6.5%	6.4%
Type 1	19.8%	24.6%	20.1%	19.3%	4.0%	2.7%	2.9%	3.8%	3.4%	3.2%	3.5%	3.6%
Eye Casualty	11.1%	7.3%	5.8%	4.5%	0.6%	0.2%	0.2%	0.2%	1.0%	0.7%	0.2%	0.5%
Downe	15.6%	3.0%	2.9%	2.6%	1.6%	0.0%	0.0%	0.2%	3.6%	1.5%	1.6%	2.7%
Lagan Valley	12.5%	15.1%	17.9%	14.5%	1.8%	1.2%	1.0%	1.9%	2.4%	2.7%	2.1%	2.3%
Type 2	13.3%	9.8%	10.9%	9.0%	1.5%	0.6%	0.5%	1.0%	2.5%	1.9%	1.6%	2.1%
Mid Ulster	1.2%	0.7%	1.1%	1.2%	0.0%	0.4%	0.3%	0.0%	2.3%	-	2.2%	0.5%
Ards	12.4%	1.2%	0.7%	0.3%	0.8%	0.0%	0.0%	0.0%	1.6%	0.6%	0.4%	0.1%
Bangor	0.8%	-	-	-	1.0%	0.0%	0.0%	0.0%	1.6%	-	-	-
South Tyrone	0.4%	0.1%	0.2%	0.1%	0.2%	0.1%	0.0%	0.0%	2.8%	1.5%	2.2%	1.8%
Omagh	3.6%	3.3%	3.2%	2.4%	1.3%	0.1%	0.3%	0.7%	5.8%	6.3%	6.6%	5.7%
Type 3	3.5%	1.2%	1.1%	0.7%	0.6%	0.1%	0.1%	0.2%	3.0%	2.2%	2.7%	2.1%
Northern Ireland	17.8%	22.0%	18.1%	17.2%	3.5%	2.4%	2.6%	3.3%	3.3%	3.1%	3.3%	3.4%

¹¹⁹ 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.

¹²⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹²¹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

¹²² Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

¹²³ 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)^{124, 125, 126, 127, 128}

Department	Median				95 th Percentile			
	Mar 2020	Jan 2021	Feb 2021	Mar 2021	Mar 2020	Jan 2021	Feb 2021	Mar 2021
Mater	0:10	0:11	0:08	0:09	0:40	0:56	0:30	0:38
Royal Victoria	0:13	0:11	0:12	0:11	0:57	1:04	0:56	0:59
RBHSC	0:08	0:07	0:06	0:07	0:35	0:18	0:18	0:22
Antrim Area	0:08	0:09	0:11	0:10	0:29	0:27	0:31	0:29
Causeway	0:09	0:11	0:10	0:10	0:30	0:32	0:29	0:33
Ulster	0:08	0:08	0:09	0:10	0:27	0:37	0:31	0:36
Craigavon Area	0:10	0:11	0:10	0:08	0:47	1:35	0:56	0:47
Daisy Hill	0:05	0:06	0:06	0:06	0:15	0:28	0:21	0:22
Altnagelvin Area	0:13	0:10	0:10	0:11	0:50	0:34	0:37	0:39
South West Acute	0:13	0:12	0:10	0:11	0:54	0:41	0:41	0:38
Type 1	0:09	0:09	0:09	0:10	0:41	0:45	0:39	0:39
Eye Casualty	0:14	0:12	0:16	0:14	1:09	0:39	0:45	0:48
Downe	0:08	0:01	0:01	0:01	0:28	0:11	0:13	0:11
Lagan Valley	0:08	0:06	0:05	0:06	0:24	0:18	0:16	0:17
Type 2	0:08	0:05	0:04	0:04	0:39	0:25	0:28	0:26
Mid Ulster	0:02	0:04	0:06	0:08	0:07	0:17	0:32	0:29
Ards	0:03	0:01	0:01	0:01	0:19	0:09	0:09	0:10
Bangor	0:04	-	-	-	0:19	-	-	-
South Tyrone	0:01	0:01	0:01	0:01	0:09	0:07	0:06	0:07
Omagh	0:07	0:04	0:05	0:04	0:28	0:23	0:26	0:24
Type 3	0:02	0:02	0:02	0:02	0:18	0:13	0:13	0:13
Northern Ireland	0:08	0:08	0:08	0:08	0:39	0:42	0:37	0:37

¹²⁴ 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.

¹²⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹²⁶ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

¹²⁷ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

¹²⁸ 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^{129, 130, 131, 132, 133}

Department	Median				95 th Percentile			
	Mar 2020	Jan 2021	Feb 2021	Mar 2021	Mar 2020	Jan 2021	Feb 2021	Mar 2021
Mater	0:34	0:13	0:13	0:21	4:05	1:14	1:09	2:11
Royal Victoria	0:47	0:56	1:10	1:26	4:11	5:32	6:48	7:20
RBHSC	0:35	0:21	0:25	0:33	2:35	1:34	1:36	2:04
Antrim Area	0:57	0:29	0:44	0:58	3:30	2:00	2:49	3:29
Causeway	0:18	0:22	0:20	0:37	1:51	2:13	2:06	2:38
Ulster	0:37	0:23	0:31	0:34	3:24	1:45	2:19	2:46
Craigavon Area	1:03	0:54	1:08	1:32	5:46	4:46	5:19	5:59
Daisy Hill	0:38	0:31	0:34	0:42	2:55	2:16	2:38	3:23
Altnagelvin Area	0:49	0:34	0:40	0:49	4:44	2:52	3:23	3:34
South West Acute	0:26	0:15	0:20	0:18	4:16	1:43	2:17	2:35
Type 1	0:42	0:30	0:38	0:47	3:54	3:06	3:44	4:17
Downe	0:31	0:08	0:08	0:10	2:15	0:36	0:38	0:48
Lagan Valley	0:30	0:20	0:27	0:30	2:02	1:17	1:38	1:59
Type 2	0:30	0:16	0:19	0:22	2:08	1:10	1:27	1:47
Mid Ulster	0:03	0:00	0:01	0:00	0:22	0:28	0:14	1:00
Ards	0:13	0:01	0:01	0:02	1:08	0:18	0:16	0:21
Bangor	0:08	-	-	-	0:50	-	-	-
South Tyrone	0:03	0:00	0:00	0:00	0:26	0:08	0:10	0:10
Omagh	0:13	0:09	0:11	0:13	1:50	1:18	1:11	1:23
Type 3	0:05	0:02	0:02	0:02	1:00	0:34	0:35	0:42
Northern Ireland	0:36	0:26	0:33	0:40	3:39	2:57	3:31	4:03

¹²⁹ 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.

¹³⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹³¹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

¹³² Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

¹³³ 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^{134, 135, 136, 137, 138}

Department	Median				95 th Percentile			
	Mar 2020	Jan 2021	Feb 2021	Mar 2021	Mar 2020	Jan 2021	Feb 2021	Mar 2021
Royal Victoria	6:50	6:29	5:13	5:36	19:51	25:32	11:45	12:54
RBHSC	6:34	8:26	8:03	8:48	21:53	19:40	17:20	20:54
Antrim Area	3:59	3:41	3:57	4:00	7:47	7:14	7:46	7:38
Causeway	5:35	9:22	7:17	7:26	19:31	48:19	26:19	28:23
Ulster	6:32	9:46	6:06	6:58	29:10	32:49	23:02	22:22
Craigavon Area	7:12	7:34	6:54	8:25	35:47	23:08	20:00	23:57
Daisy Hill	7:58	13:12	9:47	8:06	36:23	39:48	29:20	25:01
Altnagelvin Area	6:09	8:09	6:29	6:52	24:56	26:22	21:04	21:41
South West Acute	8:08	10:58	9:36	8:16	25:12	29:39	26:58	23:55
Eye Casualty	6:10	7:20	6:24	6:02	22:07	30:32	27:18	24:26
Type 1	6:40	8:39	7:23	7:40	27:01	30:27	23:55	23:32
Eye Casualty	2:13	2:17	4:23	1:49	6:16	4:25	6:35	5:56
Downe	3:45	2:23	1:07	2:57	19:05	2:55	1:47	4:35
Lagan Valley	4:17	4:46	4:25	4:29	8:39	9:10	8:40	8:09
Type 2	4:03	4:25	4:20	4:24	10:07	8:29	8:37	8:05
Mid Ulster	.	.	.	.	.	.	.	.
Ards	.	.	.	.	.	.	.	.
Bangor	.	.	.	.	.	.	.	.
South Tyrone	.	.	.	.	.	.	.	.
Omagh	6:04	2:02	3:53	1:44	11:20	4:18	6:40	4:03
Type 3	6:04	2:02	3:53	1:44	11:20	4:18	6:40	4:03
Northern Ireland	6:34	8:32	7:19	7:36	26:45	30:18	23:48	23:27

¹³⁴ 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

¹³⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹³⁶ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

¹³⁷ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

¹³⁸ 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^{139, 140, 141, 142, 143}

Department	Median				95 th Percentile			
	Mar 2020	Jan 2021	Feb 2021	Mar 2021	Mar 2020	Jan 2021	Feb 2021	Mar 2021
Mater	2:40	3:08	2:47	2:47	7:13	8:52	7:14	7:54
Royal Victoria	3:15	4:28	4:44	5:09	9:09	12:13	11:37	12:56
RBHSC	1:54	1:34	1:50	1:57	5:17	4:33	4:35	4:51
Antrim Area	2:31	2:20	2:33	2:38	6:35	9:16	7:45	7:30
Causeway	2:04	2:38	2:27	2:34	7:18	8:09	7:14	6:59
Ulster	2:43	2:33	2:46	2:46	7:22	6:49	6:45	7:27
Craigavon Area	3:12	3:09	3:19	3:35	8:53	9:14	9:00	8:59
Daisy Hill	2:09	2:20	2:18	2:29	6:01	6:38	6:38	6:47
Altnagelvin Area	3:18	3:18	3:27	3:21	9:15	10:06	9:24	8:25
South West Acute	2:50	2:32	2:40	2:37	8:04	9:12	10:12	9:26
Type 1	2:43	2:49	2:56	3:00	7:50	9:06	8:52	8:58
Eye Casualty	2:04	2:03	2:18	2:23	5:22	4:37	5:30	5:39
Downe	1:34	0:30	0:32	0:33	5:13	1:59	2:10	2:28
Lagan Valley	1:55	1:54	1:57	2:02	5:17	5:50	5:31	5:44
Type 2	1:49	1:24	1:28	1:30	5:17	5:03	5:03	5:17
Mid Ulster	0:39	0:45	0:43	0:46	1:43	1:55	2:00	1:57
Ards	0:48	0:26	0:25	0:29	1:58	1:20	1:11	1:20
Bangor	0:39	-	-	-	1:47	-	-	-
South Tyrone	0:24	0:23	0:23	0:24	1:13	1:00	1:00	0:58
Omagh	0:47	0:50	0:51	0:51	2:39	2:29	2:26	2:19
Type 3	0:34	0:30	0:30	0:31	1:53	1:42	1:38	1:41
Northern Ireland	2:18	2:25	2:31	2:34	7:18	8:22	8:13	8:22

¹³⁹ 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

¹⁴⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁴¹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

¹⁴² Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

¹⁴³ 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^{144, 145, 146, 147, 148, 149}

Age Group	Mar 2020	Jan 2021	Feb 2021	Mar 2021
Under 5	39.2	24.7	24.6	35.2
Aged 5 - 15	19.1	9.8	11.8	18.3
Aged 16 - 44	24.7	20.5	21.2	27.0
Aged 45 - 64	22.6	21.2	21.6	26.7
Aged 65 - 74	25.8	24.7	25.9	32.0
Aged 75 & Over	45.9	46.8	45.8	54.0
Northern Ireland	26.0	21.8	22.4	28.6

Table 10I: Average Number of Attendances by Day of Week^{148, 149}

Day of Week	Mar 2020	Jan 2021	Feb 2021	Mar 2021
Monday	1,853.8	1,579.8	1,793.3	2,084.0
Tuesday	1,592.0	1,385.3	1,584.8	1,897.6
Wednesday	1,764.0	1,366.3	1,555.0	1,754.0
Thursday	1,650.5	1,386.8	1,592.0	1,834.8
Friday	1,604.3	1,424.8	1,627.5	1,806.8
Saturday	1,250.0	1,145.4	1,239.3	1,412.3
Sunday	1,333.6	1,083.6	1,241.0	1,375.0

¹⁴⁴ Based on the NISRA 2019 mid-year population estimate which was published on 6th May 2020.

¹⁴⁵ 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.

¹⁴⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁴⁷ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

¹⁴⁸ Due to the COVID-19 outbreak, readers should note that the reduction in attendances at EDs during March 2020.

¹⁴⁹ 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^{150, 151, 152, 153}

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Mar 2020	Jan 2021	Feb 2021	Mar 2021	Mar 2020	Jan 2021	Feb 2021	Mar 2021	Mar 2020	Jan 2021	Feb 2021	Mar 2021
Mater	1,596	583	514	773	829	482	436	547	100	173	22	35
Royal Victoria	3,197	1,800	1,763	1,895	2,375	2,924	3,263	3,782	337	594	461	761
RBHSC	2,070	1,704	1,752	2,273	454	258	280	402		1	1	1
Antrim Area	4,161	3,120	3,235	4,238	1,770	1,164	1,515	2,010	275	730	497	583
Causeway	2,022	1,593	1,787	2,134	607	604	713	914	189	320	134	189
Ulster	3,702	3,787	3,862	4,702	1,939	1,989	2,256	2,593	495	545	365	747
Craigavon Area	2,705	2,128	2,234	2,977	1,981	1,559	1,921	2,798	506	814	567	465
Daisy Hill	2,114	1,789	1,990	2,414	710	809	909	1,260	185	199	108	165
Altnagelvin Area	2,137	1,990	1,918	2,669	1,618	1,293	1,453	1,909	319	516	415	356
South West Acute	1,510	1,300	1,406	1,812	909	644	640	800	106	205	202	187
Type 1	25,214	19,794	20,461	25,887	13,192	11,726	13,386	17,015	2,512	4,097	2,772	3,489
Eye Casualty	680	501	432	496	124	48	69	101				
Downe	1,173	809	856	1,112	159	4	5	17	18			
Lagan Valley	1,286	1,008	1,039	1,421	270	305	297	413	1		1	1
Type 2	3,139	2,318	2,327	3,029	553	357	371	531	19		1	1
Mid Ulster	565	282	359	429			1					
Ards	887	801	841	1,145	1							
Bangor	381											
South Tyrone	1,835	1,158	1,253	1,759		1	1					
Omagh	882	697	702	948	15	8	9	7				
Type 3	4,550	2,938	3,155	4,281	16	9	11	7				
Northern Ireland	32,903	25,050	25,943	33,197	13,761	12,092	13,768	17,553	2,531	4,097	2,773	3,490

¹⁵⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁵¹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

¹⁵² Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

¹⁵³ 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^{154, 155, 156, 157, 158}

Department	% Commenced Treatment, Following Triage, within 2 Hours			
	Mar 2020	Jan 2021	Feb 2021	Mar 2021
Mater	79.3%	98.9%	99.0%	93.4%
Royal Victoria	76.9%	70.8%	64.9%	58.9%
RBHSC	90.4%	97.8%	97.5%	94.2%
Antrim Area	78.1%	94.9%	86.9%	78.3%
Causeway	95.8%	93.5%	94.0%	89.4%
Ulster	85.8%	96.4%	91.8%	88.9%
Craigavon Area	72.3%	76.5%	70.2%	59.7%
Daisy Hill	89.0%	93.4%	91.4%	85.8%
Altnagelvin Area	74.9%	87.7%	80.8%	77.0%
South West Acute	83.6%	96.3%	93.5%	91.8%
Type 1	81.3%	88.6%	83.9%	78.5%
Downe	92.2%	99.8%	100.0%	99.3%
Lagan Valley	94.8%	99.2%	97.9%	95.0%
Type 2	93.6%	99.4%	98.5%	96.3%
Mid Ulster	100.0%	100.0%	100.0%	100.0%
Ards	99.7%	100.0%	100.0%	100.0%
Bangor	100.0%	-	-	-
South Tyrone	99.9%	100.0%	100.0%	100.0%
Omagh	96.7%	98.2%	99.0%	98.6%
Type 3	99.3%	99.5%	99.8%	99.6%
Northern Ireland	83.9%	89.9%	85.7%	81.0%

¹⁵⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁵⁵ Information on time to treatment is not recorded at Eye Casualty.

¹⁵⁶ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

¹⁵⁷ Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

¹⁵⁸ 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^{159, 160, 161, 162, 163}

Department	Triage'd Level (1/2)				Triage'd Level (3)				Triage'd Level (4/5)			
	Mar 2020	Jan 2021	Feb 2021	Mar 2021	Mar 2020	Jan 2021	Feb 2021	Mar 2021	Mar 2020	Jan 2021	Feb 2021	Mar 2021
Mater	18.5%	39.6%	36.3%	30.1%	46.3%	44.1%	44.6%	47.0%	35.2%	16.3%	19.1%	22.9%
Royal Victoria	20.3%	25.9%	25.7%	26.1%	48.5%	54.4%	56.2%	54.1%	31.2%	19.6%	18.2%	19.8%
RBHSC	12.2%	10.4%	9.5%	10.2%	23.4%	24.6%	23.1%	24.3%	64.4%	65.0%	67.4%	65.5%
Antrim Area	16.1%	19.8%	19.3%	18.1%	46.8%	51.6%	53.5%	52.3%	37.1%	28.6%	27.2%	29.7%
Causeway	20.7%	20.1%	18.8%	15.8%	50.6%	57.7%	56.7%	60.1%	28.7%	22.1%	24.5%	24.1%
Ulster	25.2%	26.2%	25.6%	25.5%	43.2%	46.1%	47.6%	45.2%	31.6%	27.6%	26.7%	29.3%
Craigavon Area	34.4%	37.2%	33.9%	33.8%	41.4%	38.9%	40.1%	39.3%	24.2%	23.9%	26.0%	26.9%
Daisy Hill	30.5%	32.6%	28.0%	29.0%	46.3%	41.2%	41.0%	41.5%	23.2%	26.2%	31.0%	29.5%
Altnagelvin Area	32.4%	38.5%	38.2%	35.3%	34.6%	34.3%	35.2%	32.8%	32.9%	27.3%	26.6%	31.9%
South West Acute	20.0%	19.1%	17.9%	15.1%	42.0%	45.9%	46.3%	46.2%	38.0%	35.0%	35.8%	38.7%
Type 1	23.7%	27.4%	25.9%	25.1%	42.9%	44.9%	45.8%	44.7%	33.4%	27.7%	28.3%	30.2%
Eye Casualty	1.4%	2.9%	1.6%	1.0%	9.5%	19.0%	11.8%	6.9%	89.2%	78.1%	86.6%	92.1%
Downe	10.5%	1.9%	0.8%	2.8%	32.7%	9.0%	8.4%	10.8%	56.7%	89.1%	90.7%	86.5%
Lagan Valley	10.4%	7.6%	8.7%	9.9%	28.4%	37.6%	34.4%	32.3%	61.2%	54.8%	56.9%	57.8%
Type 2	8.5%	5.2%	5.3%	6.5%	25.8%	27.0%	23.4%	22.4%	65.7%	67.7%	71.3%	71.1%
Mid Ulster	0.2%	-	6.3%	-	4.6%	50.0%	37.5%	25.0%	95.2%	50.0%	56.3%	75.0%
Ards	0.1%	-	-	-	0.6%	0.2%	0.2%	0.1%	99.3%	99.8%	99.8%	99.9%
Bangor	0.5%	-	-	-	-	-	-	-	99.5%	-	-	-
South Tyrone	0.5%	0.4%	0.6%	0.6%	2.9%	4.8%	6.1%	3.1%	96.5%	94.7%	93.3%	96.3%
Omagh	0.6%	0.2%	0.5%	0.5%	2.9%	2.3%	2.4%	1.7%	96.5%	97.6%	97.1%	97.8%
Type 3	0.4%	0.3%	0.5%	0.4%	2.4%	3.3%	4.1%	2.3%	97.1%	96.4%	95.5%	97.3%
Northern Ireland	20.3%	24.5%	23.1%	22.3%	37.8%	41.4%	42.0%	40.5%	41.8%	34.2%	34.9%	37.1%

¹⁵⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁶⁰ 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

¹⁶¹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

¹⁶² Readers should note the reduction in attendances at EDs as a result of the COVID19 outbreak from the start of 2020.

¹⁶³ 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:

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