

INFORMATION
ANALYSIS
DIRECTORATE



Emergency Care Waiting Time Statistics for Northern Ireland (January – March 2017)



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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Reader Information

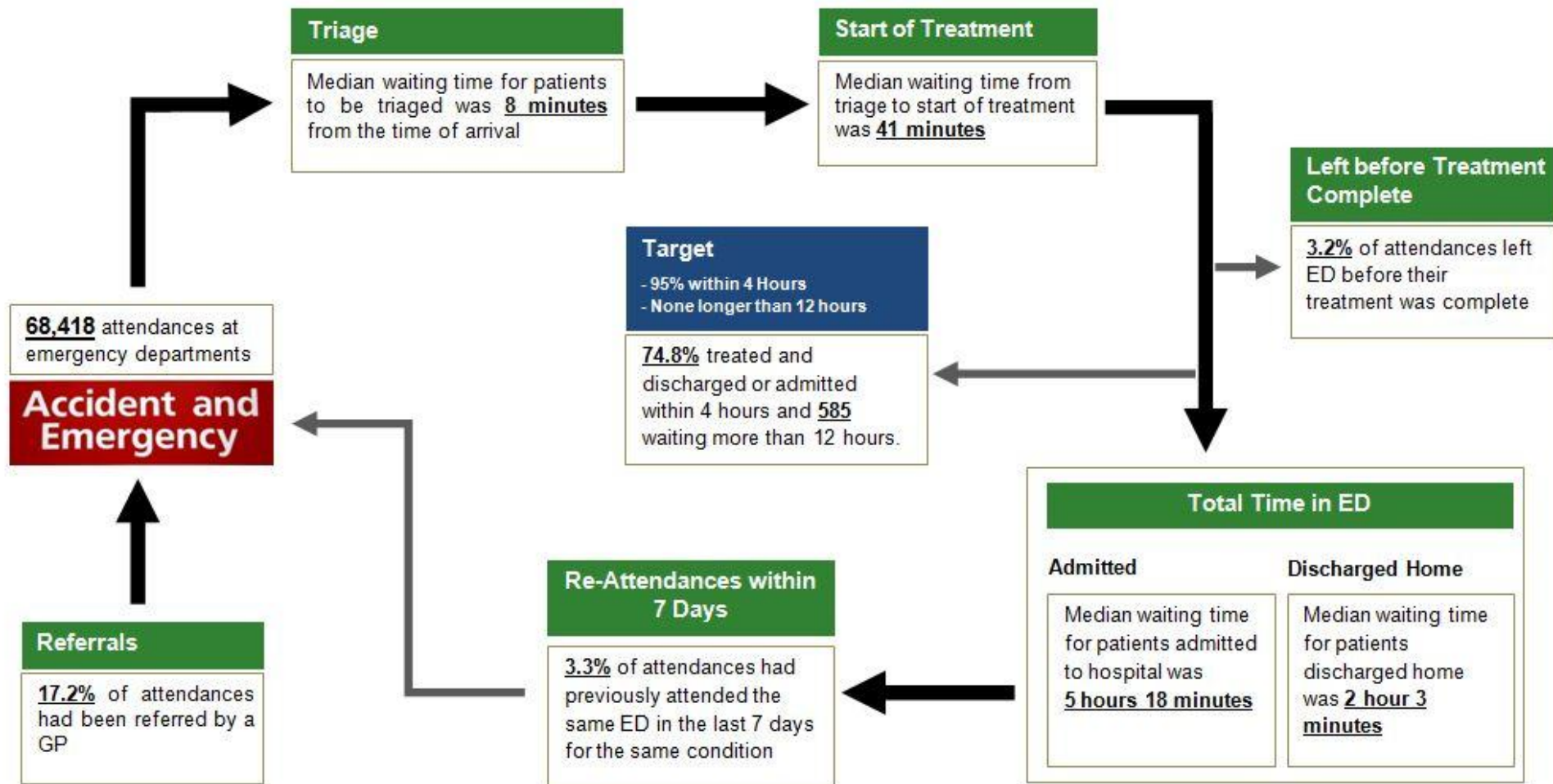
- Purpose:** This statistical release presents information on the time spent waiting in emergency care departments (ED), for both new and unplanned review attendances in Northern Ireland. It reports on the performance of ED's against the DoH Ministerial target, including additional information on the clinical quality indicators set by the DoH.
- Guidance:** It is recommended that readers also refer to the '*Emergency Care Waiting Time Statistics - Additional Guidance*' booklet which details technical guidance and definitions, as well as background information and is updated quarterly. This booklet can be found at the following link:
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- Statistical Quality:** Information detailed in this release has been provided by HSC Trusts and has been validated by Hospital Information Branch (HIB) prior to release. Information detailed on: time to triage, age and time of day for attendances, GP referrals, emergency admissions, left before treatment complete, time to triage, time to start of treatment, time for patients admitted and not admitted are not National Statistics. These have been published to provide users with a comprehensive view of emergency care activity and waits.
- Target Audience:** DoH, Chief Executives of HSC Board and Trusts in Northern Ireland, Health Care Professionals, Academics, Health & Social Care Stakeholders, Media and General Public.
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SUMMARY OF KEY FACTS (March 2017)



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

How Many Attend Emergency Care Departments?

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 2017, compared with the same month last year^{1, 2}.

Table 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (March 2016 and March 2017)

Attendances	March 2016	March 2017	Difference	
New	62,184	63,686	1,502	2.4%
Unplanned Review	3,089	3,203	114	3.7%
Total Attendances^{3, 4}	66,595	68,418	1,823	2.7%
Emergency Admissions	12,244	12,592	348	2.8%

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances at ED's increased by 2.7% (1,823) when compared with March 2016, from 66,595 to 68,418 in March 2017, the highest number of attendances recorded in any month to date (Table 1, Table 8A).
- The number of new attendances increased by 2.4% (1,502) when compared with March 2016, from 62,184 to 63,686 in March 2017 (Table 1, Table 8A)
- Between March 2016 and March 2017, unplanned review attendances increased by 3.7% (114) (Table 1, Table 8A).
- Emergency admissions to hospital increased by 2.8% (348) between March 2016 (12,244) and March 2017 (12,592) (Table 1).

¹ Information for January, February and March 2017 is detailed in Appendix 5, Table 8A.

² 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.

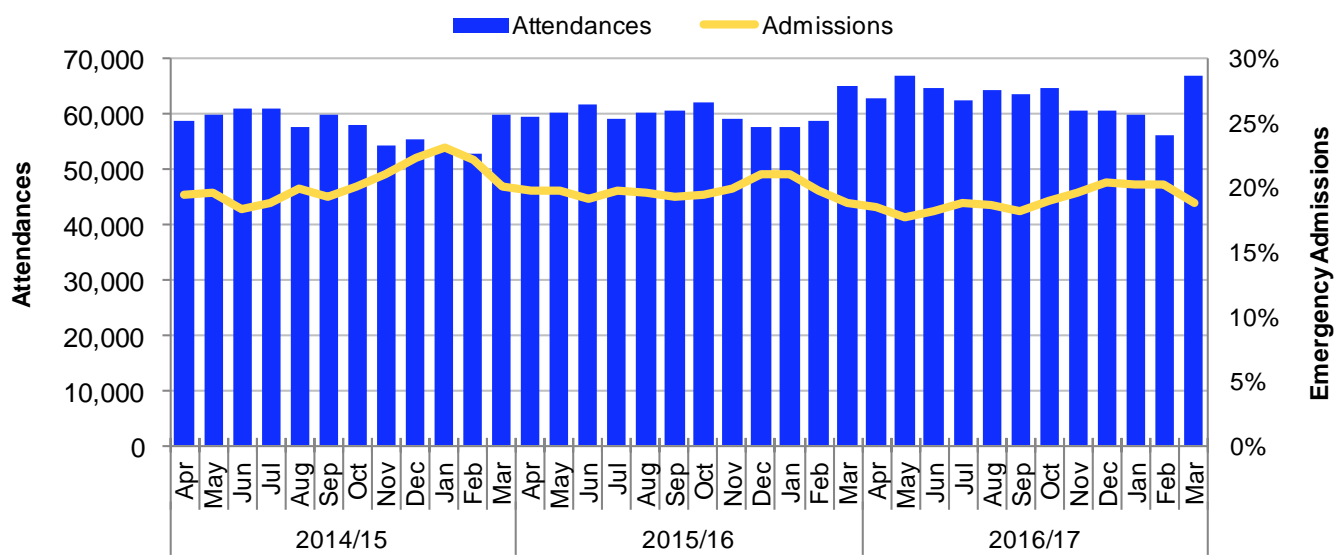
³ The RVH (ENT) service is no longer recorded in the waiting times information as it is an appointment based service. All information from April 2015 has been updated to reflect this change.

⁴ New and unplanned reviews will not sum to the total attendances in Table 1, as the total attendance figure includes attendances at the RVH (RAES), and it is not currently possible to collect detailed information for the RVH (RAES) services.

Are More Patients being Admitted to Hospital?

Figure 1 presents information on the number of new and unplanned review attendances at ED's and emergency admissions⁵ to hospital each month, from April 2014.

Figure 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (April 2014 – March 2017)⁶



- During each of the last three years, the percentage of ED attendances admitted to hospital was generally highest in December, January and February and lowest during the summer months (Figure 1).
- The percentage of ED attendances admitted to hospital increase between November and January each year, then decline sharply from February each year (Figure 1).

⁵ Data on emergency admissions are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these waiting time statistics.

Which Emergency Departments Did People Attend?

Table 2 details a summary of the number of new and unplanned review attendances at each Type 1 ED during March 2017 and the same month last year. It also details the total number of attendances at Type 2 and 3 ED's during this period ^{7, 8, 9}.

Table 2: Attendances at Emergency Care Departments (March 2016 and March 2017)

Department	New Attendances		Unplanned Review Attendances		Total Attendances	
	Mar-16	Mar-17	Mar-16	Mar-17	Mar-16	Mar-17
Mater	4,093	3,955	131	135	4,224	4,090
Royal Victoria	7,586	7,868	267	269	7,853	8,137
RBHSC	3,260	3,345	316	261	3,576	3,606
Antrim Area	6,804	7,070	314	351	7,118	7,421
Causeway	3,644	3,590	309	320	3,953	3,910
Ulster	7,740	7,882	231	225	7,971	8,107
Craigavon Area	6,820	6,940	385	482	7,205	7,422
Daisy Hill	4,386	4,342	232	242	4,618	4,584
Altnagelvin Area	5,205	5,188	338	303	5,543	5,491
South West Acute	2,811	2,615	180	141	2,991	2,756
Type 1	52,349	52,795	2,703	2,729	55,052	55,524
Type 2	3,783	3,966	152	167	5,257	5,662
Type 3	6,052	6,925	234	307	6,286	7,232
Northern Ireland ^{10,11}	62,184	63,686	3,089	3,203	66,595	68,418

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances increased at all department Types between March 2016 and March 2017 (Table 2, Table 8A).
- The Royal Victoria (8,137) and the Ulster (8,107) were the busiest ED's during March 2017 (Table 2, Table 8A).
- Of the 10 Type 1 ED's, Antrim Area (303) and the Royal Victoria (284) reported the highest increase in the number of attendances in March 2017, compared with March 2016 (Table 2, Table 8A).

⁷ Information for January, February and March 2017 is detailed in Appendix 5, Table 8A.

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

⁹ Information for the Western HSC Trust may differ slightly from that published before April 2016, as this information is now based on the patient's date of departure, rather than date of arrival.

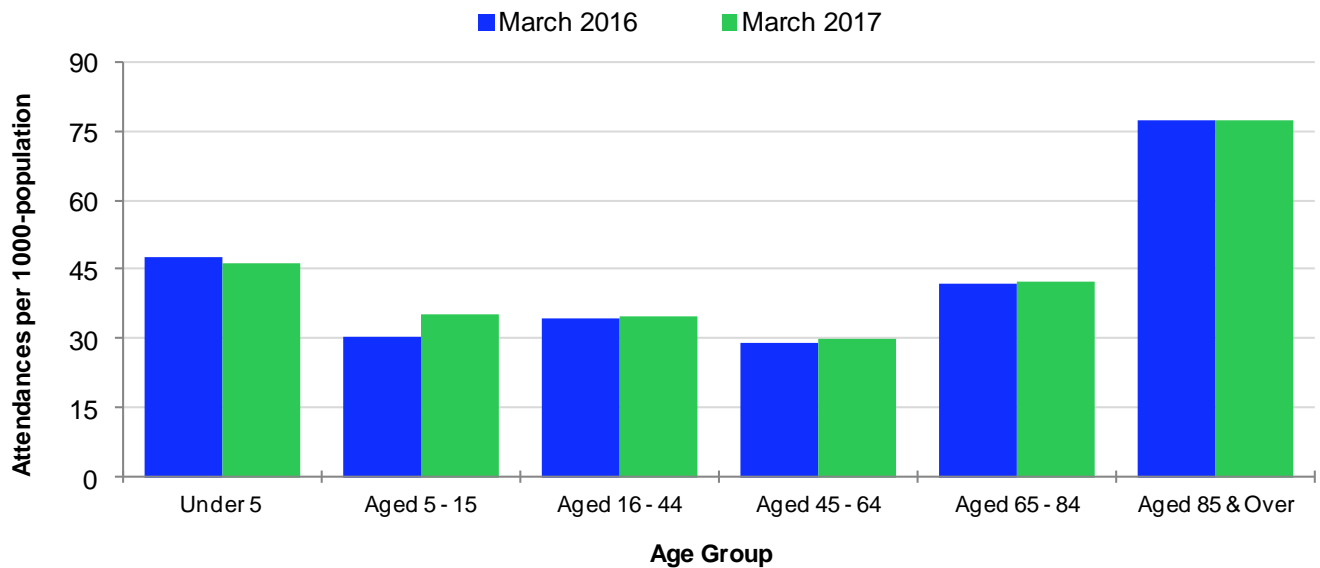
¹⁰ New and unplanned reviews will not sum to the total attendances in Table 2, as the total attendance figure will include attendances at the RVH (RAES), and it is not currently possible to collect detailed information for the RVH (RAES) services.

¹¹ The RVH (ENT) service is no longer recorded in the waiting times information as it is an appointment based service. All information from April 2016 has been updated to reflect this change.

Who Attends Emergency Departments?

Figure 2 presents information on the number of attendances at ED's per 1000-population, broken down by the age group of those attending ^{12, 13}.

Figure 2: Attendances at Emergency Care Departments per 1,000-population, by Age Group (March 2016 and March 2017) ^{14, 15}



- During both March 2016 and March 2017, the highest number of attendances per 1000-population was recorded for those aged 85 & over (77 in both years) (Figure 2, Table 8H).
- A high number of attendances per 1000-population aged under 5 was also recorded in both March 2016 and March 2017 (48 and 46 respectively) (Figure 2, Table 8H).
- The rate of attendances per 1000-population increased or remained similar for the majority of age groups between March 2016 and March 2017, with the exception of the 'Under 5' age group, which decreased slightly compared with the same month last year (Figure 2, Table 8H).
- The lowest number of attendances per 1000-population was recorded in the 45 – 64 age group during March 2016 and March 2017 (29 and 30 respectively) (Figure 2, Table 8H).

¹² Information for January, February and March 2017 is detailed in Appendix 5, Table 8H.

¹³ 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.

¹⁴ Excludes cases where the DOB could not be determined.

¹⁵ Based on the NISRA 2015 mid-year population estimate which was published on 31st August 2016.

What Triage Levels Do Patients Present With?

Figure 3 details information on the priority which patients arriving at the ED will be designated following triage by a health care professional. Each patient is assessed and assigned one of the five levels on the Manchester Triage Scale (MTS) below, which will act as a guide for the time within a patient's treatment should commence.¹⁶

Figure 3: Waiting Time Priority based on the Manchester Triage Scale

Triage Level	Colour	MTS Priority	Waiting Time
Level 1	Red	Immediate	0 Minutes
Level 2	Orange	Very Urgent	10 Minutes
Level 3	Yellow	Urgent	60 Minutes
Level 4	Green	Standard	120 Minutes
Level 5	Blue	Non-Urgent	240 Minutes

For the purposes of this report it has been assumed that patients attending ED's triaged as Level 1, 2 or 3 are those in most urgent need of treatment, and those assessed as Level 4 or 5 are in less need of urgent treatment.

Table 3 presents information on the percentage of patients triaged at level 1, 2 or 3, and triaged at level 4 or 5 by each ED.

Table 3: Percentage Triaged in each Triage Group (March 2016 & March 2017)¹⁷

Department	Triage Group			
	Level 1 / 2 / 3		Level 4 / 5	
	Mar-16	Mar-17	Mar-16	Mar-17
Mater	59.9%	59.2%	40.1%	40.8%
Royal Victoria	61.6%	63.3%	38.4%	36.7%
RBHSC	27.1%	38.0%	72.9%	62.0%
Antrim Area	66.4%	57.8%	33.6%	42.2%
Causeway	63.4%	67.9%	36.6%	32.1%
Ulster	65.3%	69.2%	34.7%	30.8%
Craigavon Area	81.2%	80.7%	18.8%	19.3%
Daisy Hill	78.6%	81.9%	21.4%	18.1%
Altnagelvin Area	67.5%	63.8%	32.5%	36.2%
South West Acute	76.0%	70.7%	24.0%	29.3%
Type 1	65.9%	66.1%	34.1%	33.9%
Type 2	46.1%	47.2%	53.9%	52.8%
Type 3	1.2%	1.5%	98.8%	98.5%
Northern Ireland	58.3%	57.9%	41.7%	42.1%

Source: Regional Data Warehouse, Business Services Organisation

- Almost two thirds (66.1%) of attendances at Type 1 departments in March 2017 were triaged as level 1, 2 or 3, similar to March 2016 (65.9%) (Table 3, Table 8L).

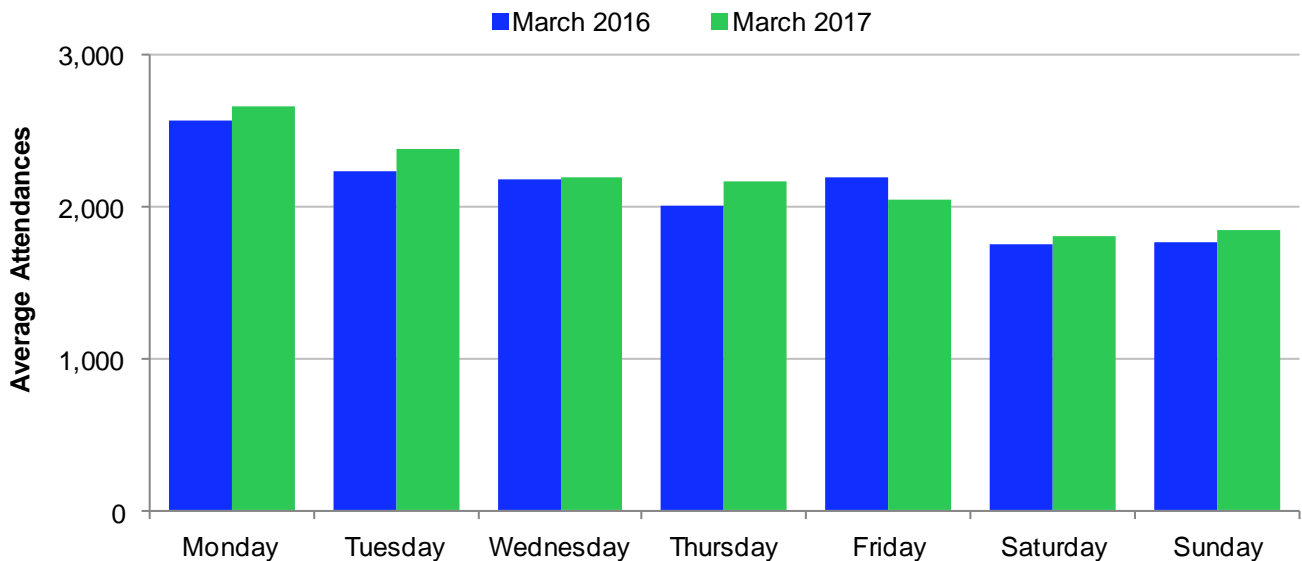
¹⁶ Data on triage level are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

¹⁷ Information for January, February and March 2017 is detailed in Appendix 5: Table 8L.

When Do People Attend Emergency Care Departments?

Figure 4 presents information on the average number of new and unplanned review attendances at ED's by day of the week during March 2017, compared with March 2016^{18,19}.

Figure 4: Average Number of Attendances at Emergency Care Departments by Day of Week (March 2016 and March 2017)



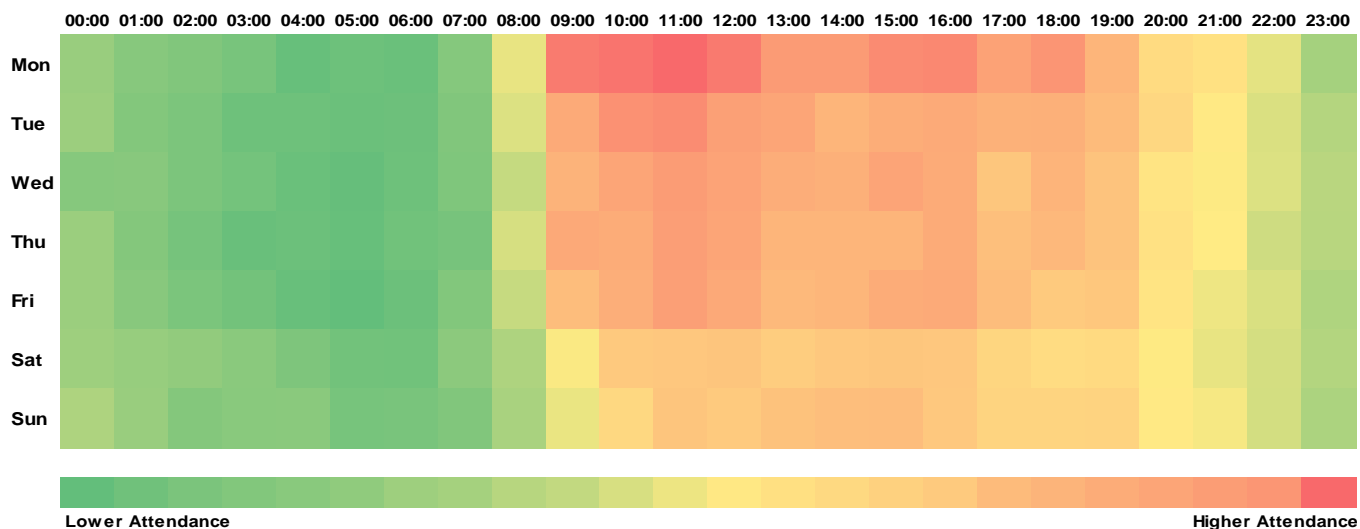
- The average number of attendances at ED's increased on each weekday in March 2017, with exception of Friday which recorded a decrease when compared with March 2016 (Figure 4, Table 8I).
- Overall, Monday was the busiest day at ED's during both March 2016 and March 2017, with over 2,500 daily attendances on average each Monday (Figure 4, Table 8I).
- The largest increase in average daily attendances between March 2016 and March 2017 (155) was on a Thursday (2,014 and 2,169 respectively) (Figure 4, Table 8I).
- The lowest average number of daily attendances was on a Saturday during both March 2016 and March 2017 (1,756 and 1,807 respectively) (Figure 4, Table 8I).

¹⁸ Information for January, February and March 2017 is detailed in Appendix 5, Table 8I.

¹⁹ Data on when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

Figure 5 presents information on the number of new and unplanned review attendances during each day of the week and hour of the day in March 2017²⁰. 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.

Figure 5: Heat Map of Emergency Care Attendances by Day and Time (March 2017)



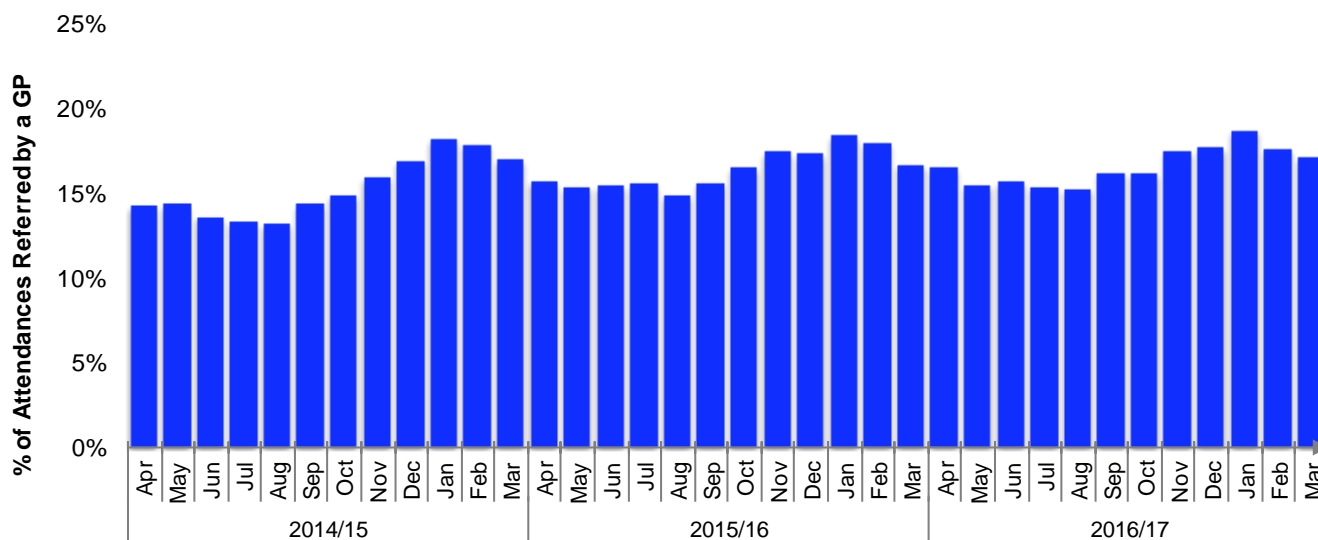
- Monday was the busiest day of the week during March 2017, with the highest number of attendances arriving between 11:00am and 11:59am (Figure 5).
- Saturday was the least busy day during March 2017, with the highest number of attendances arriving between 12:00pm and 12:59pm (Figure 5).
- Overall, the busiest hour of the day during March 2017 was between 11:00am and 11:59am, whilst the least busy hour was 5:00am to 5:59am (Figure 5).

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

How Many Attendances Were Referred by a GP?

Figure 6 presents information on the percentage of GP referrals against attendances at emergency care departments, from April 2014^{21, 22}.

Figure 6: Percentage of Attendances at Emergency Care Departments Referred by a GP (April 2014 – March 2017)



- Over one in six (17.2%) attendances at ED's in March 2017 had been referred by a GP, slightly higher than March 2016 (16.7%) (Figure 6, Table 8C).
- Type 1 ED's reported the highest percentage of attendances referred by a GP (19.4%) during March 2017, 0.8 percentage points higher than March 2016 (18.6%) (Figure 6, Table 8C).
- Almost one quarter (24.3%) of attendances at the Ulster had been referred by a GP during March 2017, compared with 13.7% of attendances in Altnagelvin Area (Table 8C).
- The percentage of attendances referred by a GP is generally highest during January and February each year, and lowest during July and August (Figure 6).

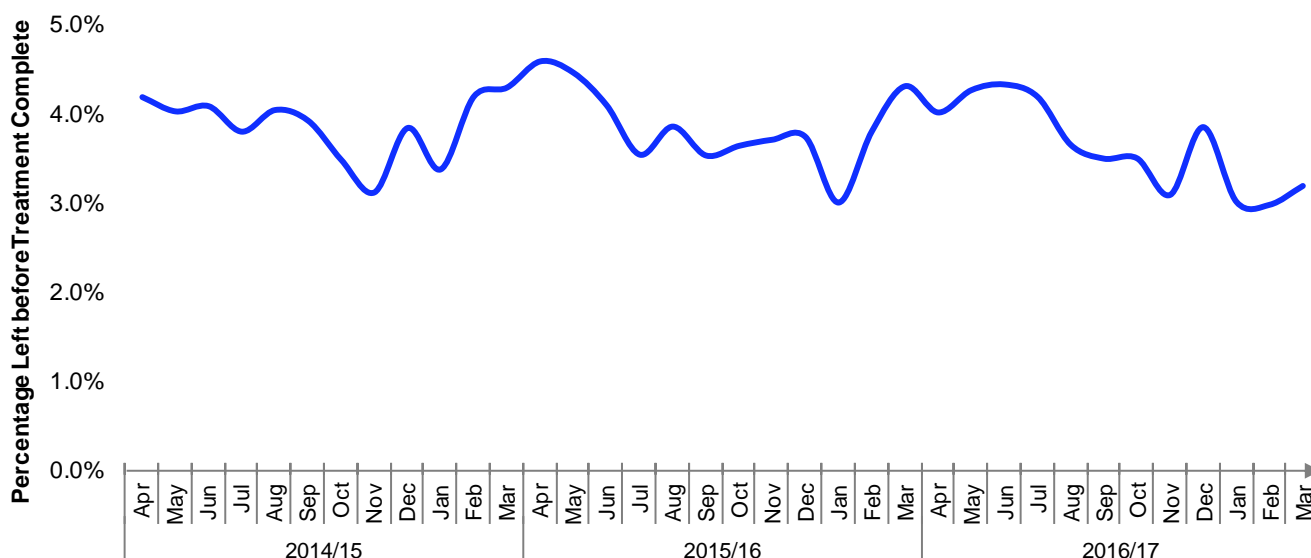
²¹ Information for January, February and March 2017 is detailed in Appendix 5, Table 8C.

²² 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.

Do Patients Leave ED Before Their Treatment is Complete?

Figure 7 presents information on the proportion of attendances which left an ED before their treatment was complete, from April 2014^{23, 24}.

Figure 7: Percentage of Attendances Leaving the Emergency Care Department before their Treatment was Complete (April 2014 – March 2017)



- During March 2017, 3.2% of all ED attendances left before their treatment was complete, 1.1 percentage points less than in March 2016 (4.3%) (Figure 7, Table 8C).
- Type 1 ED's reported the highest percentage (3.7%) of patients leaving before their treatment was complete in March 2017, with 1.6% reported for Type 2 ED's and 0.5% for Type 3 ED's (Table 8C).
- The Royal Victoria (5.9%) reported the highest percentage of attendances leaving an ED before their treatment was complete during March 2017, 2.4 percentage points lower than March 2016 (8.3%) (Table 8C).
- During the last 12 months, the percentage of attendances leaving ED before their treatment was complete was highest in both May and June 2016 (4.3%) (Figure 7).

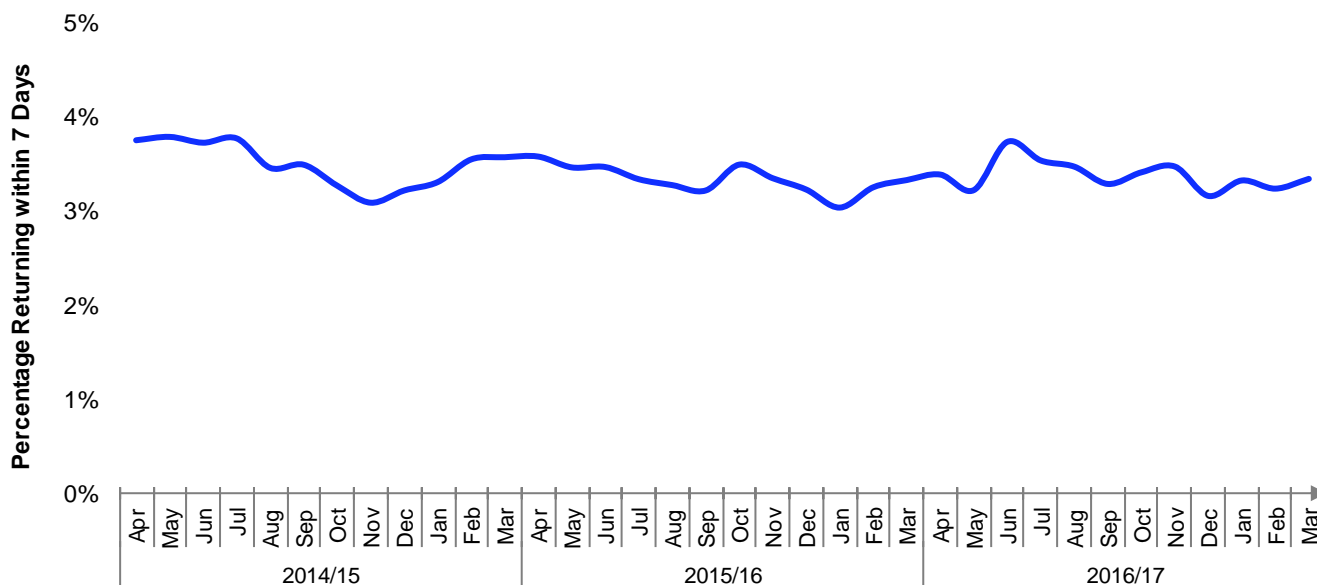
²³ Information for January, February and March 2017 is detailed in Appendix 5, Table 8C.

²⁴ 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.

How Many Patients Re-attend ED's within a Week?

Figure 8 presents information on the percentage of unplanned review attendances at ED's within 7 days of their original attendance for the same condition, from April 2014^{25, 26}.

Figure 8: Percentage of Re-attendances at Emergency Care Departments within 7 Days (April 2014 – March 2017)



- The percentage of unplanned review attendances at ED's within 7 days of the original attendance for the same condition has changed slightly from April 2014, fluctuating between 3.0% and 4.0% of the total number of ED attendances (Figure 8).
- Almost 3.3% of attendances during March 2017 had previously attended the same ED within 7 days of their original attendance, similar to March 2016 (3.3%) (Figure 8, Table 8C).
- Causeway (5.8%) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during March 2017 (Table 8C).

²⁵ Information for January, February and March 2017 is detailed in Appendix 5, Table 8C.

²⁶ 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.

How Long Do Patients Spend in ED?

This section describes the various data available to measure the length of time patients spend in ED's 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.

Emergency Care Waiting Times Targets

The current Ministerial targets on emergency care waiting times in Northern Ireland for 2016/17 state that:

'From April 2016, 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 2017, at least 80% of patients to have commenced treatment, following triage, within 2 hours.'

How are ED's Performing?

Table 4 details the performance against the four and twelve hour components of the emergency care waiting times target in Northern Ireland. The time reported refers to the time from arrival to discharge or admission to hospital ²⁷.

Table 4: Performance against Emergency Care Waiting Times Target (March 2016 & 2017)

Percentage within 4 Hours	March 2016	March 2017	Difference	
			No.	% pt
Type 1	68.6%	70.2%	-	1.6
Type 2	92.3%	87.9%	-	-4.4
Type 3	99.9%	100.0%	-	0.1
All Departments	73.4%	74.8%	-	1.4
Number Over 12 Hours	March 2016	March 2017	Difference	
			No.	%
Type 1	662	566	-96	-
Type 2	5	19	14	-
Type 3	0	0	0	-
All Departments	667	585	-82	-
New and Unplanned Review Attendances	March 2016	March 2017	Difference	
			No.	%
Type 1	55,052	55,524	472	0.9%
Type 2	5,257	5,662	405	7.7%
Type 3	6,286	7,232	946	15.0%
All Departments	66,595	68,418	1,823	2.7%

Source: Regional Data Warehouse, Business Services Organisation

- In March 2017, 74.8% of ED attendances were treated and discharged, or admitted within 4 hours of their arrival, 1.4 percentage points more than March 2016 (73.4%) (Table 4, Table 8B & Table 8J).
- During March 2017, over two thirds (70.2%) of attendances at Type 1 ED's were treated and discharged, or admitted within 4 hours of their arrival, compared with 87.9% at Type 2 ED's and 100.0% at Type 3 ED's (Table 4, Table 8B & Table 8J).
- Between March 2016 and March 2017, the number of attendances waiting longer than 12 hours improved from 667 to 585, accounting for 0.9% of all attendances in March 2017 (Table 4, Table 8B & Table 8J).
- Whilst ED's experienced a 2.7% increase in the number of attendances during this time (66,595 in March 2016 to 68,418 in March 2017) overall performance against both the 4 and 12 hour targets improved (Table 4, Table 8B & Table 8J).

²⁷ Further breakdown of ED's can be found in Appendix 5: Table 8B & Table 8J.

Table 5 details the performance against both the four and twelve hour components of the emergency care waiting times target at each Type 1 ED in March 2017 compared with the same month last year. Information has also been included on the overall performance at Type 2 and 3 ED's during this period.

Table 5: Performance against the 4 and 12 Hour Components of the Emergency Care Waiting Times Target at Type 1 ED's (March 2016 and March 2017)^{28, 29, 30}

Department	4-Hour Performance		12-Hour Performance		Total Attendances	
	Mar-16	Mar-17	Mar-16	Mar-17	Mar-16	Mar-17
Mater	79.2%	72.4%	22	67	4,224	4,090
Royal Victoria	58.4%	61.6%	49	92	7,853	8,137
RBHSC	84.2%	82.2%	0	0	3,576	3,606
Antrim Area	61.3%	70.7%	297	153	7,118	7,421
Causeway	65.1%	71.7%	0	15	3,953	3,910
Ulster	68.5%	68.3%	231	63	7,971	8,107
Craigavon Area	67.9%	64.8%	8	80	7,205	7,422
Daisy Hill	78.8%	73.6%	2	69	4,618	4,584
Altnagelvin Area	65.8%	69.8%	35	24	5,543	5,491
South West Acute	75.4%	87.5%	18	3	2,991	2,756
Type 1	68.6%	70.2%	662	566	55,052	55,524
Type 2	92.3%	87.9%	5	19	5,257	5,662
Type 3	99.9%	100.0%	0	0	6,286	7,232
Northern Ireland	73.4%	74.8%	667	585	66,595	68,418

Source: Regional Data Warehouse, Business Services Organisation

- During March 2017, South West Acute (87.5%) reported the highest performance of Type 1 ED's against the 4 hour target, whilst Royal Victoria (61.6%) reported the lowest performance (Table 5, Table 8B).
- One Type 1 ED (RBHSC) achieved the 12-hour component of the target during March 2017 (Table 5, Table 8B).
- The Ulster reported the largest improvement in 12-hour performance (168), from 231 in March 2016 to 63 in March 2017 (Table 5, Table 8B).
- Between March 2016 and March 2017, performance against the 12 hour target declined notably at Craigavon Area (8 to 80) (Table 5, Table 8B).

²⁸ Information for January, February and March 2017 is detailed in Appendix 5: Table 8B & Table 8I.

²⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these waiting time statistics.

³⁰ Information for the Western HSC Trust may differ slightly from that published before April 2016, as this information is now based on the patient's date of departure, rather than date of arrival.

Table 6 presents information on the percentage of patients commencing treatment, following triage, within 2 hours at Type 1 ED's in March 2017, compared with the same month last year. Information has also been included on the overall performance at Type 2 and 3 ED's during this period.

Table 6: Performance against the Target to Commence Treating Patients within 2 Hours of them being Triage (March 2016 and March 2017) ³¹

Department	% Commencing Treatment within 2 Hours of Triage	
	Mar-16	Mar-17
Mater	84.4%	83.5%
Royal Victoria	69.5%	70.3%
RBHSC	77.5%	84.7%
Antrim Area	60.8%	74.8%
Causeway	76.1%	89.2%
Ulster	82.2%	79.0%
Craigavon Area	70.5%	68.1%
Daisy Hill	79.5%	83.7%
Altnagelvin Area	80.0%	85.4%
South West Acute	92.3%	94.3%
Type 1	75.9%	79.0%
Type 2	92.9%	93.6%
Type 3	99.7%	99.9%
Northern Ireland	79.5%	82.3%

Source: Regional Data Warehouse, Business Services Organisation

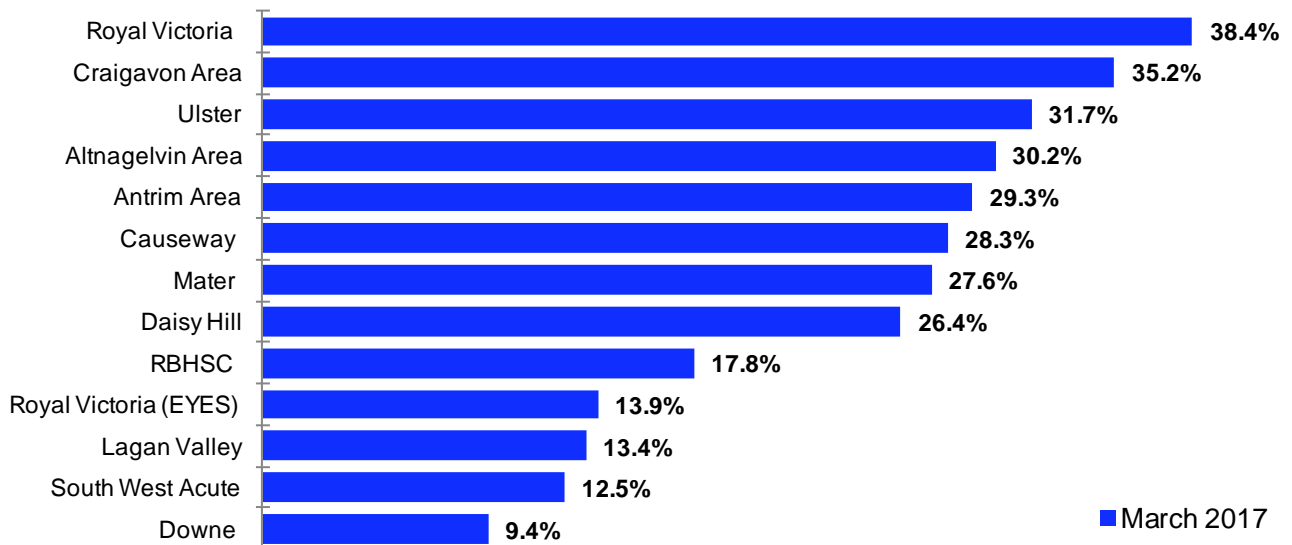
- Over four in five (82.3%) patients attending ED's commenced their treatment within 2 hours of being triaged, 2.8 percentage points higher than March 2016 (79.5%) (Table 6, Table 8K).
- During March 2017, almost four fifths (79.0%) of patients commenced their treatment within 2 hours of being triaged at Type 1 ED's, compared with 93.6% at Type 2 ED's and 99.9% at Type 3 ED's (Table 6, Table 8K).
- Six Type 1 ED's (Mater, RBHSC, Causeway, Daisy Hill, Altnagelvin Area and South West Acute) commenced treating 80.0% or more of patients within 2 hours of being triaged during March 2017 (Table 6, Table 8K).
- During March 2017, South West Acute (94.3%) reported the highest percentage of patients commencing treatment within 2 hours of being triaged, whilst Craigavon Area (68.1%) reported the lowest percentage (Table 6, Table 8K).

³¹ Information for January, February and March 2017 is detailed in Appendix 5: Table 8K.

How Many ED Attendances Waited Over 4 Hours?

Figure 9 presents information on the percentage of attendances at ED's which waited longer than 4 hours in ED to be treated and discharged, or admitted to hospital ³².

Figure 9: Percentage of Attendances Waiting Longer than Four Hours in Emergency Care Departments (March 2017)



- Almost two fifths of attendances at Royal Victoria (38.4%) waited longer than 4 hours to be treated and discharged, or admitted to hospital during March 2017 (Figure 9, Table 8J).

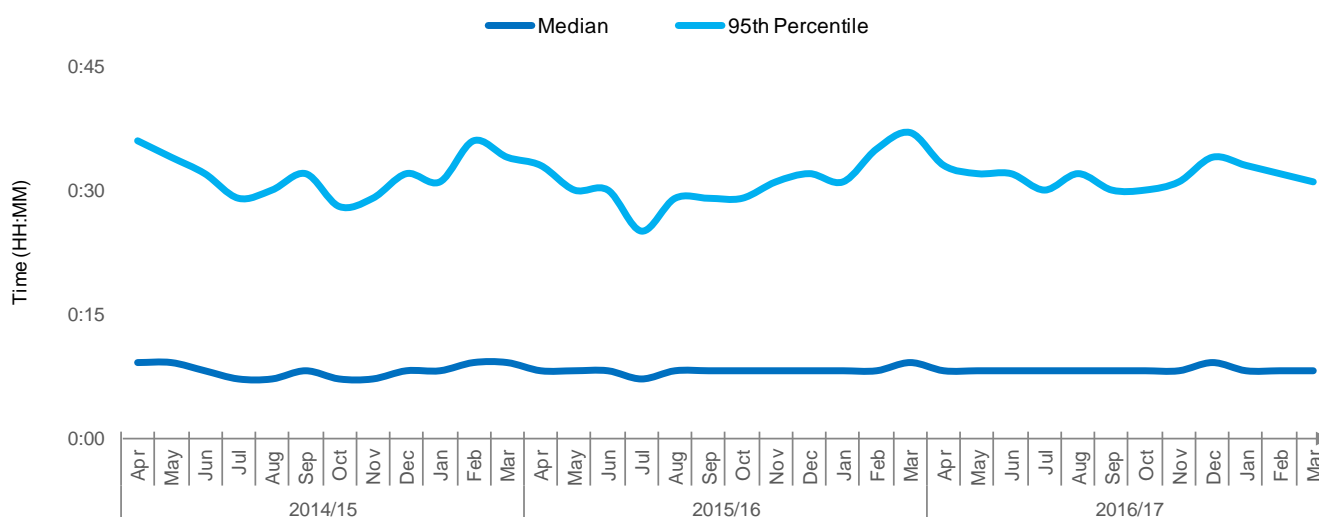
³² Information for January, February and March 2017 is detailed in Appendix 5: Table 8J.

How Long Did Patients Wait to be Triage?

Figure 10 details the length of time patients waited from the time of their arrival at an ED to their triage (initial assessment) by a medical practitioner, which includes a brief history, pain assessment and early warning scores, for all patients ³³.

Two aspects of the time waited are reported, including (i) the 95th percentile which is the time below which 95% of patients were triaged each month, and (ii) the median waiting time, which is the time below which 50% of patients were triaged.

Figure 10: Time from Arrival to Triage (April 2014 - March 2017) ³⁴



- During March 2017, the median waiting time from arrival to triage was 8 minutes, similar to the time taken in March 2016 (9 minutes) (Figure 10, Table 8D).
- 95 per cent of patients were triaged within 31 minutes of their arrival at an ED in March 2017, 6 minutes less than March 2016 (37 minutes) (Figure 10, Table 8D).
- Over three quarters (77.7%) of attendances were triaged within 15 minutes of their arrival at an ED during March 2017, 5.1 percentage points more than March 2016 (72.6%).

³³ 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.

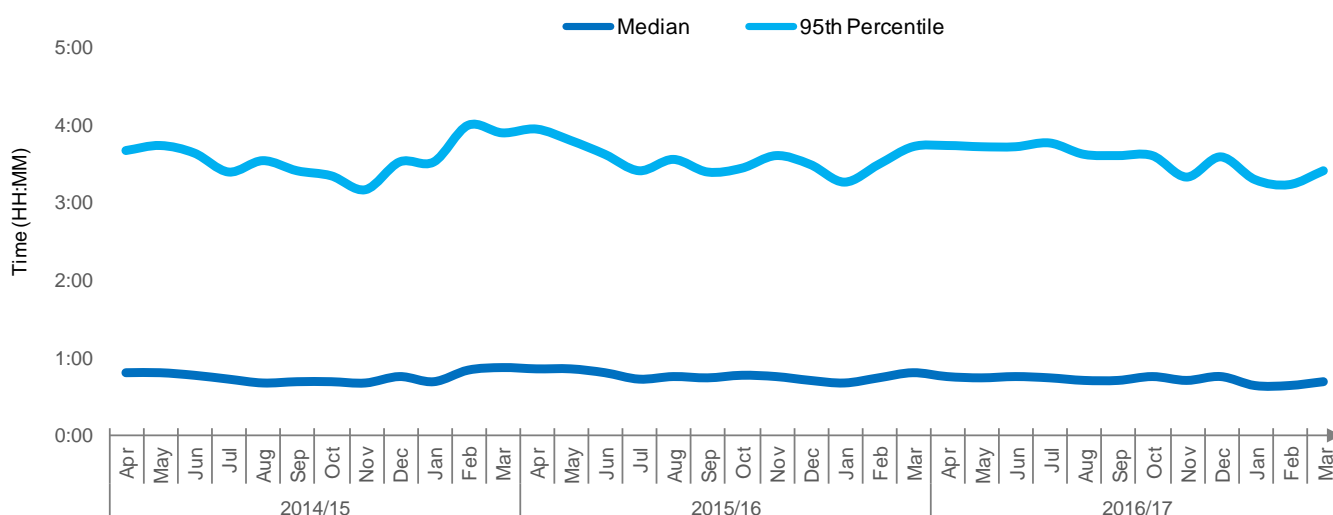
³⁴ Additional information on time to triage is detailed in Appendix 5: Table 8D.

How Long Did Patients Wait for Their Treatment to Start?

Figure 11 shows information on the length of time patients wait 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 ³⁵.

Two aspects of the time waited are reported, including (i) the 95th percentile which is the time below which 95% of patients' commenced treatment each month, and (ii) the median waiting time, which is the time below which 50% of patients' commenced treatment.

Figure 11: Time from Triage to Start of Treatment (April 2014 – March 2017) ³⁶



- The median waiting time from triage to start of treatment in March 2017 was 41 minutes, 7 minutes less than the time taken in March 2016 (48 minutes) (Figure 11, Table 8E).
- During March 2017, 95 per cent of patients commenced their treatment within 3 hours 24 minutes of being triaged in an ED, 19 minutes less than the time taken in March 2016 (3 hours 43 minutes) (Figure 11, Table 8E).

³⁵ 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.

³⁶ Additional information on time to triage is detailed in Appendix 5: Table 8E.

What is the Waiting Time for Treatment to Start at Type 1 ED's?

Table 7 details the median and 95th percentile of the length of time waited from triage to the start of treatment at Type 1 ED's during March 2017 compared with March 2016^{37, 38}.

Table 7: Time from Triage to Start of Treatment (March 2016 and March 2017)³⁹

Department	Median		95 th Percentile	
	Mar-16	Mar-17	Mar-16	Mar-17
Mater	0:42	0:46	3:42	3:26
Royal Victoria	1:04	1:00	4:54	4:23
RBHSC	1:08	0:52	3:18	2:52
Antrim Area	1:32	0:58	4:41	3:41
Causeway	0:59	0:29	4:30	2:51
Ulster	0:47	0:53	3:24	3:24
Craigavon Area	1:17	1:15	3:51	4:00
Daisy Hill	0:58	0:51	3:23	3:17
Altnagelvin Area	0:54	0:38	3:16	3:13
South West Acute	0:26	0:27	2:24	2:10
Type 1	0:59	0:50	3:56	3:36
Type 2	0:34	0:37	2:14	2:10
Type 3	0:04	0:04	0:47	0:40
Northern Ireland	0:48	0:41	3:43	3:24

Source: Regional Data Warehouse, Business Services Organisation

- The median time waited from triage to the start of treatment by a medical professional was 50 minutes at Type 1 ED's during March 2017, 9 minutes less than March 2016 (59 minutes) (Table 7, Table 8E).
- Craigavon Area reported the longest median waiting time (1 hour 15 Minutes) from triage to start of treatment during March 2017, whilst South West Acute (27 minutes) reported the shortest median waiting time (Table 7, Table 8E).
- The Royal Victoria reported the longest waiting time between triage and start of treatment, with 95 per cent of attendances commencing treatment within 4 hours 23 minutes of being triaged; although this was 31 minutes less than March 2016 (4 hours 54 minutes) (Table 7, Table 8E).
- South West Acute reported the shortest time to start of treatment during March 2017, with 95 per cent of attendances commencing treatment within 2 hours 10 minutes of being triaged, 14 minutes less than March 2016 (2 hours 24 minutes) (Table 7, Table 8E).

³⁷ 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.

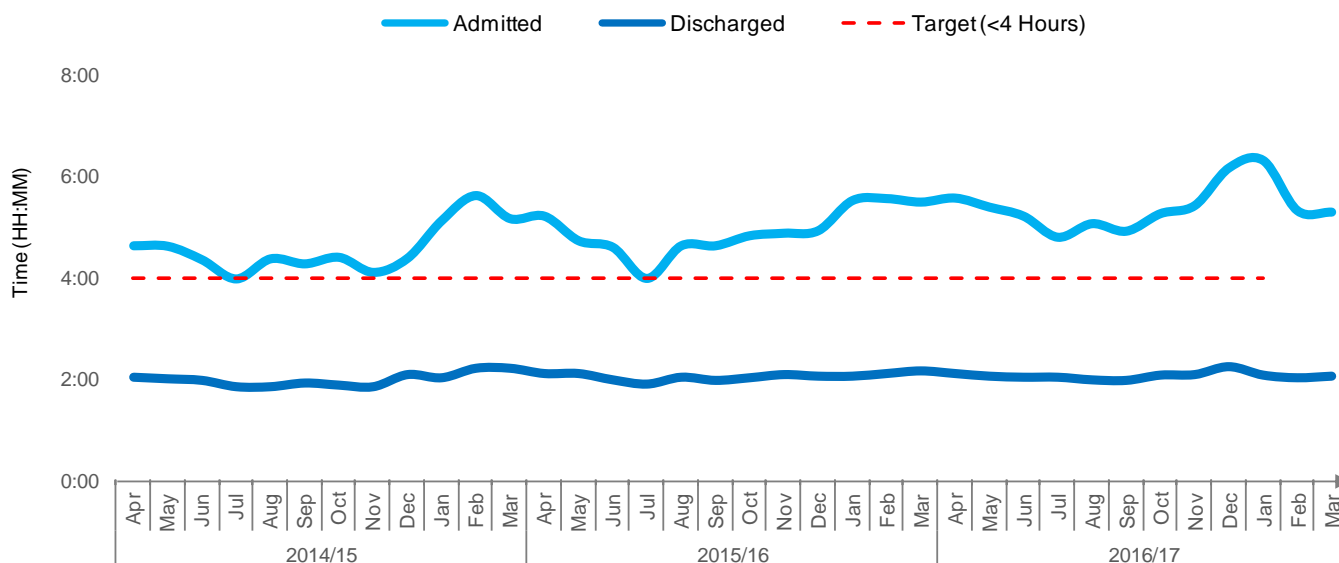
³⁸ Information for the Western HSC Trust may differ slightly from that published before April 2016, as this information is now based on the patient's date of departure, rather than date of arrival.

³⁹ Information for January, February and March 2017 is detailed in Appendix 5, Table 8E.

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.

Figure 12: Median Time Spent in an Emergency Care Department for those (i) Admitted to Hospital and (ii) Discharged Home (April 2014 and March 2017)^{40, 41}



- During March 2017, the median time spent in an ED for patients admitted to hospital was 5 hours 18 minutes, compared with 2 hour 3 minutes for those discharged home (Figure 12).
- Analysis of the 95th percentiles for the length of time spent in an ED for those admitted and discharged home indicates that in March 2017, 95 per cent of patients admitted to hospital spent over twice as long in an ED (11 hour 49 minutes) than those discharged home (5 hours 52 minutes) (Table 8 & 9).

⁴⁰ Further breakdown of ED's can be found in Appendix 5, Table 8E.

⁴¹ 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.

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.

Table 8: Total Time Spent in an Emergency Care Department for those Admitted to Hospital (March 2016 and March 2017) ^{42, 43}

Department	Median		95 th Percentile	
	Mar-16	Mar-17	Mar-16	Mar-17
Mater	4:03	5:25	10:52	13:22
Royal Victoria	5:56	6:45	11:28	11:54
RBHSC	3:25	3:46	7:04	7:13
Antrim Area	7:36	4:54	20:24	15:03
Causeway	6:10	5:45	10:52	11:15
Ulster	5:36	5:10	16:42	10:40
Craigavon Area	5:30	6:12	11:30	12:00
Daisy Hill	4:34	5:54	10:07	14:42
Altnagelvin Area	6:40	5:43	11:40	10:55
South West Acute	4:24	3:28	9:19	6:27
Type 1	5:34	5:22	11:57	11:51
Type 2	3:59	3:55	8:25	9:28
Type 3	0:13	0:15	1:33	0:39
Northern Ireland	5:30	5:18	11:55	11:49

Source: Regional Data Warehouse, Business Services Organisation

- The median time spent in a Type 1 ED for patients admitted to hospital was 5 hours 22 minutes in March 2017, 12 minutes less than the same month last year (5 hours 34 minutes) (Table 8, Table 8F).
- The Royal Victoria reported the longest median time spent in an ED (6 hours 45 minutes) from arrival to admission to hospital, whilst South West Acute (3 hours 28 minutes) reported the shortest median time (Table 8, Table 8F).
- 95 per cent of patients were admitted to hospital within 11 hours 51 minutes of arrival at all Type 1 ED's during March 2017, 6 minutes less than March 2016 (11 hours 57 minutes) (Table 8, Table 8F).
- The Ulster reported the largest decrease in the time taken for patients to be admitted to hospital, with 95 per cent of attendances admitted to hospital within 10 hours 40 minutes of their arrival during March 2017, 6 hours 2 minutes less than March 2016 (16 hours 42 minutes) (Table 8, Table 8F).

⁴² Information for January, February and March 2017 is detailed in Appendix 5, Table 8F.

⁴³ Information for the Western HSC Trust may differ slightly from that published before April 2016, as this information is now based on the patient's date of departure, rather than date of arrival.

How Long Did Patients Discharged Home Spend in ED's?

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**.

Table 9: Total Time Spent in Emergency Care Departments for those Discharged Home (March 2016 and March 2017) ^{44, 45}

Department	Median		95 th Percentile	
	Mar-16	Mar-17	Mar-16	Mar-17
Mater	2:18	2:28	5:46	6:06
Royal Victoria	3:03	2:54	8:16	7:37
RBHSC	2:25	2:15	5:07	5:07
Antrim Area	2:48	2:28	7:25	6:01
Causeway	2:28	2:04	6:46	6:13
Ulster	2:10	2:24	5:55	6:01
Craigavon Area	2:34	2:37	6:00	6:13
Daisy Hill	2:07	2:15	5:15	5:51
Altnagelvin Area	2:37	2:21	6:13	5:49
South West Acute	2:16	2:21	5:46	4:37
Type 1	2:31	2:27	6:27	6:10
Type 2	1:43	1:43	4:21	4:42
Type 3	0:33	0:31	1:34	1:25
Northern Ireland	2:09	2:03	6:09	5:52

Source: Regional Data Warehouse, Business Services Organisation

- The median time spent in a Type 1 ED by patients who were discharged home (not admitted) was 2 hours 27 minutes in March 2017, 4 minutes less than the time spent in an ED during the same month last year (2 hour 31 minutes) (Table 9, Table 8G).
- In March 2017, 95 per cent of attendances were discharged home within 6 hours 10 minutes of their arrival at a Type 1 ED, 17 minutes less than the time spent in an ED in March 2016 (6 hours 27 minutes) (Table 9, Table 8G).

⁴⁴ Information for January, February and March 2017 is detailed in Appendix 5, Table 8G.

⁴⁵ Information for the Western HSC Trust may differ slightly from that published before April 2016, as this information is now based on the patient's date of departure, rather than date of arrival.

Appendices

Appendix 1: About Hospital Information Branch (HIB)

Hospital Information Branch is responsible for the collection, quality assurance, analysis and publication of timely and accurate information derived from a wide range of statistical information returns supplied by the Health & Social Care (HSC) Trusts and the HSC Board. Statistical information is collected routinely from a variety of electronic patient level administrative systems and pre-defined EXCEL survey return templates.

The Head of Branch is Principal Statistician, Ms. Siobhán Morgan. The Branch aims to present information in a meaningful way and provide advice on its use to customers in the HSC Committee, Professional Advisory Groups, policy branches within the DoH, other Health organisations, academia, private sector organisations, charity/voluntary organisations as well as the general public. The statistical information collected is used to contribute to major exercises such as reporting on the performance of the HSC system, other comparative performance exercises, target setting and monitoring, development of service frameworks as well as policy formulation and evaluation. In addition, the information is used in response to a significantly high volume of Parliamentary / Assembly questions and ad-hoc queries each year.

Information is disseminated through a number of key statistical publications, including: Inpatient Activity, Outpatient Activity, Emergency Care, Mental Health & Learning Disability and Waiting Time Statistics (Inpatient, Outpatient, Diagnostics, Cancer and Emergency Care).



A detailed list of these publications is available to view or download at the following link:

Website: <https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research>

Appendix 2: Types of Emergency Care Department in Northern Ireland

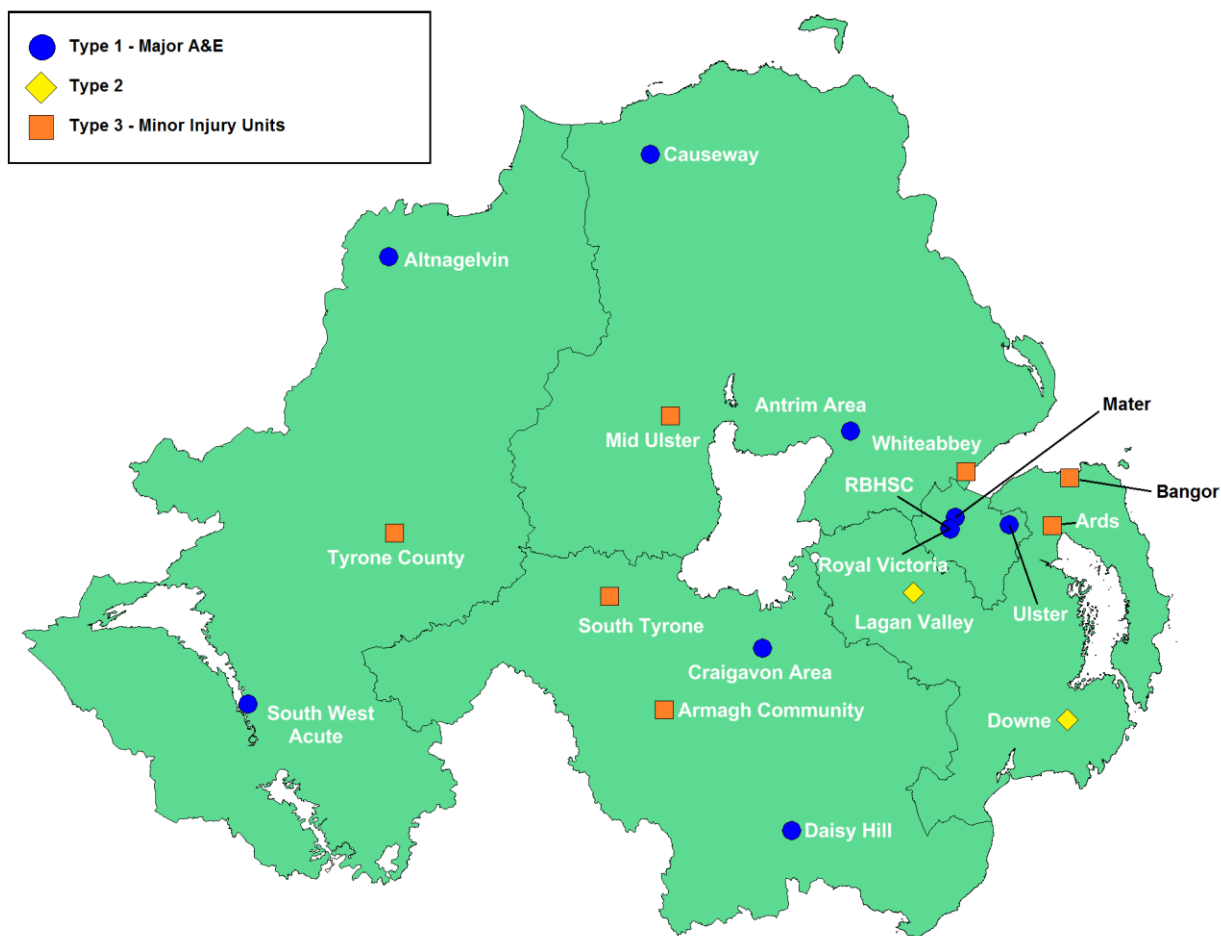
There are three separate categories of emergency care facility included in this publication:

Type 1 departments are defined as those with a consultant-led service with designated accommodation for the reception of emergency care patients, providing both emergency medicine and emergency surgical services on a round the clock basis.

Type 2 departments are consultant-led service with designated accommodation for the reception of emergency care patients, but which does not provide both emergency medicine and emergency surgical services and/or has time-limited opening hours.

Type 3 departments are minor injury units (MIU) with designated accommodation for the reception of patients with a minor injury and/or illness. It may be doctor or nurse-led. A defining characteristic of this service is that it treats at least minor injuries and/or illnesses and can be routinely accessed without appointment.

Figure 12: Emergency Care Departments in Northern Ireland



Current Categorisation of Emergency Care Departments ⁴⁶

HSC Trust	Type 1 (24-hour assess)	Type 2 (Limited opening hours)	Type 3 (Minor Injuries Unit, MIU)
Belfast	Belfast City (Closed)		
	Mater	RVH (RAES) ⁴⁷ (9-5pm Mon-Fri) (8.30-1pm Sat)	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ⁴⁸ (Closed)
	Causeway		Mid Ulster (9-5pm Mon-Fri)
South Eastern	Ulster	Lagan Valley (8-8pm Mon-Fri)	Ards MIU (9-5pm Mon-Fri)
		Downe ⁴⁹ (8-8pm Mon-Fri) (9-5pm (MIU only) Sat-Sun)	Bangor MIU (9-5pm Mon-Fri)
Southern	Craigavon Area		South Tyrone (9-9pm Mon-Fri) (10-6pm Sat-Sun)
	Daisy Hill		Armagh Community ⁵⁰ (Closed)
Western	Altnagelvin Area		Tyrone County (24-hour)
	South West Acute		

⁴⁶ Opening Hours are as of March 2017.

⁴⁷ RVH (RAES) refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

⁴⁸ Temporarily closed on 1st December 2014.

⁴⁹ Currently operates as a Type 3 on Saturday and Sunday, between 9am and 5pm.

⁵⁰ Temporarily closed on 17th November 2014.

A National Statistics Publication

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

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

It is the DoH responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed. Further information on the Code of Practice for National Statistics is available at: <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/>.

A list of those who received 24-hour pre-release access to this publication is available at:

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

Appendix 3: General Guidance on using the Data

Guidance on using the Data

The data contained in this publication details a monthly analysis of emergency care waiting times in Northern Ireland.

Description of Data

Data on the number of new and unplanned review attendances at ED's in Northern Ireland by the length of time waited. New and unplanned review attendances at ED's are used to describe unplanned activity at ED's, 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 ED's – this is the number of new and unplanned review attendances at ED's 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 ED's 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 8A: New & Unplanned Review Attendances at Emergency Care Departments ^{51, 52}

Department	New Attendances				Unplanned Review Attendances				Total Attendances			
	Mar-16	Jan-17	Feb-17	Mar-17	Mar-16	Jan-17	Feb-17	Mar-17	Mar-16	Jan-17	Feb-17	Mar-17
Mater	4,093	3,761	3,471	3,955	131	133	131	135	4,224	3,894	3,602	4,090
Royal Victoria	7,586	7,320	6,800	7,868	267	211	192	269	7,853	7,531	6,992	8,137
RBHSC	3,260	2,724	2,664	3,345	316	207	227	261	3,576	2,931	2,891	3,606
Antrim Area	6,804	6,415	5,975	7,070	314	285	282	351	7,118	6,700	6,257	7,421
Causeway	3,644	3,149	2,919	3,590	309	309	283	320	3,953	3,458	3,202	3,910
Ulster	7,740	7,368	6,683	7,882	231	207	195	225	7,971	7,575	6,878	8,107
Craigavon Area	6,820	6,360	5,835	6,940	385	423	395	482	7,205	6,783	6,230	7,422
Daisy Hill	4,386	3,999	3,688	4,342	232	243	193	242	4,618	4,242	3,881	4,584
Altnagelvin Area	5,205	4,503	4,354	5,188	338	234	272	303	5,543	4,737	4,626	5,491
South West Acute	2,811	2,524	2,249	2,615	180	144	111	141	2,991	2,668	2,360	2,756
Type 1	52,349	48,123	44,638	52,795	2,703	2,396	2,281	2,729	55,052	50,519	46,919	55,524
Downe	1,809	1,636	1,514	1,879	73	69	69	85	1,882	1,705	1,583	1,964
Lagan Valley	1,974	1,823	1,744	2,087	79	74	72	82	2,053	1,897	1,816	2,169
RVH (RAES) ⁵³	-	-	-	-	-	-	-	-	1,322	1,361	1,362	1,529
Type 2	3,783	3,459	3,258	3,966	152	143	141	167	5,257	4,963	4,761	5,662
Mid Ulster	815	676	709	961	32	29	25	34	847	705	734	995
Ards	912	912	796	1,033	39	49	38	37	951	961	834	1,070
Bangor	769	716	658	889	43	47	34	66	812	763	692	955
South Tyrone	2,221	1,992	2,155	2,539	84	124	111	136	2,305	2,116	2,266	2,675
Tyrone County	1,335	1,176	1,126	1,503	36	33	37	34	1,371	1,209	1,163	1,537
Type 3	6,052	5,472	5,444	6,925	234	282	245	307	6,286	5,754	5,689	7,232
Northern Ireland	62,184	57,054	53,340	63,686	3,089	2,821	2,667	3,203	66,595	61,236	57,369	68,418

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

⁵² Information for the Western HSC Trust may differ slightly from that published before April 2016, as this information is now based on the patient's date of departure, rather than date of arrival.

⁵³ To aid comparison with previous months, where possible, RVH (ENT) attendances have been removed from months prior to April 2015.

Table 8B: Performance against Emergency Care Waiting Times Target^{54, 55}

Department	4-Hour Performance				12-Hour Performance				Total Attendances			
	Mar-16	Jan-17	Feb-17	Mar-17	Mar-16	Jan-17	Feb-17	Mar-17	Mar-16	Jan-17	Feb-17	Mar-17
Mater	79.2%	66.2%	71.7%	72.4%	22	145	102	67	4,224	3,894	3,602	4,090
Royal Victoria	58.4%	64.7%	62.3%	61.6%	49	316	210	92	7,853	7,531	6,992	8,137
RBHSC	84.2%	84.6%	84.9%	82.2%	0	0	0	0	3,576	2,931	2,891	3,606
Antrim Area	61.3%	73.9%	79.4%	70.7%	297	339	87	153	7,118	6,700	6,257	7,421
Causeway	65.1%	62.3%	63.1%	71.7%	0	162	71	15	3,953	3,458	3,202	3,910
Ulster	68.5%	68.8%	72.3%	68.3%	231	351	74	63	7,971	7,575	6,878	8,107
Craigavon Area	67.9%	61.4%	64.7%	64.8%	8	181	54	80	7,205	6,783	6,230	7,422
Daisy Hill	78.8%	69.2%	70.9%	73.6%	2	104	76	69	4,618	4,242	3,881	4,584
Altnagelvin Area	65.8%	61.6%	66.4%	69.8%	35	101	13	24	5,543	4,737	4,626	5,491
South West Acute	75.4%	67.5%	79.2%	87.5%	18	74	4	3	2,991	2,668	2,360	2,756
Type 1	68.6%	67.4%	70.5%	70.2%	662	1,773	691	566	55,052	50,519	46,919	55,524
Downe	89.9%	88.9%	88.8%	90.6%	5	27	23	19	1,882	1,705	1,583	1,964
Lagan Valley	88.7%	84.4%	86.6%	86.6%	0	14	1	0	2,053	1,897	1,816	2,169
RVH (RAES) ⁵⁶	100.0%	85.7%	83.7%	86.1%	0	0	0	0	1,322	1,361	1,362	1,529
Type 2	92.3%	86.3%	86.5%	87.9%	5	41	24	19	5,257	4,963	4,761	5,662
Mid Ulster	99.9%	100.0%	100.0%	100.0%	0	0	0	0	847	705	734	995
Ards	100.0%	100.0%	100.0%	100.0%	0	0	0	0	951	961	834	1,070
Bangor	100.0%	100.0%	100.0%	100.0%	0	0	0	0	812	763	692	955
South Tyrone	100.0%	100.0%	100.0%	100.0%	0	0	0	0	2,305	2,116	2,266	2,675
Tyrone County	99.9%	100.0%	100.0%	100.0%	0	0	0	0	1,371	1,209	1,163	1,537
Type 3	99.9%	100.0%	100.0%	100.0%	0	0	0	0	6,286	5,754	5,689	7,232
Northern Ireland	73.4%	72.0%	74.8%	74.8%	667	1,814	715	585	66,595	61,236	57,369	68,418

⁵⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these waiting time statistics.

⁵⁵ Information for the Western HSC Trust may differ slightly from that published before April 2016, as this information is now based on the patient's date of departure, rather than date of arrival.

⁵⁶ To aid comparison with previous months, where possible, RVH (ENT) attendances have been removed from months prior to April 2015.

Table 8C: Percentage of Attendances (i) Referred by a GP; (ii) Re-attended with 7 Days; and (iii) Who Left before Treatment was Complete ⁵⁷

Department	GP Referrals				Left before Treatment Complete				Unplanned Re-attendance with 7 Days			
	Mar-16	Jan-17	Feb-17	Mar-17	Mar-16	Jan-17	Feb-17	Mar-17	Mar-16	Jan-17	Feb-17	Mar-17
Mater	14.4%	15.4%	14.9%	14.1%	6.0%	6.4%	6.9%	5.4%	2.2%	2.3%	2.6%	2.6%
Royal Victoria	17.9%	20.0%	19.0%	19.9%	8.3%	3.9%	4.5%	5.9%	1.9%	2.1%	3.7%	2.2%
RBHSC	15.5%	17.3%	15.2%	15.4%	6.5%	2.4%	2.9%	4.1%	5.7%	4.8%	5.8%	5.1%
Antrim Area	20.1%	24.6%	24.5%	22.7%	2.7%	1.4%	1.0%	1.9%	3.2%	2.4%	2.6%	3.0%
Causeway	19.3%	23.0%	23.5%	20.4%	6.1%	4.0%	4.4%	2.6%	6.0%	6.5%	6.0%	5.8%
Ulster	25.2%	26.1%	22.7%	24.3%	3.1%	2.3%	2.1%	2.8%	2.0%	2.1%	2.1%	2.1%
Craigavon Area	22.0%	22.4%	22.6%	22.2%	3.8%	3.3%	2.6%	3.4%	3.7%	4.1%	3.8%	4.5%
Daisy Hill	13.8%	16.7%	15.0%	14.7%	3.9%	4.2%	3.6%	3.1%	3.9%	4.6%	4.2%	4.2%
Altnagelvin Area	12.9%	15.6%	14.9%	13.7%	6.1%	5.4%	5.3%	4.8%	4.6%	4.1%	4.7%	4.2%
South West Acute	17.0%	20.3%	19.6%	17.7%	2.5%	2.4%	2.1%	1.7%	5.8%	5.2%	4.4%	4.9%
Type 1	18.6%	20.9%	19.8%	19.4%	4.9%	3.4%	3.4%	3.7%	3.6%	3.4%	3.4%	3.6%
Downe	16.6%	18.3%	14.5%	15.4%	2.4%	1.2%	1.1%	0.9%	2.6%	2.9%	2.5%	2.5%
Lagan Valley	15.2%	15.5%	16.5%	14.9%	2.0%	1.2%	1.9%	2.2%	2.0%	2.2%	2.4%	2.5%
RVH (RAES) ⁵⁸	-	-	-	-	-	-	-	-	-	-	-	-
Type 2	15.9%	16.8%	15.6%	15.1%	2.2%	1.2%	1.6%	1.6%	2.3%	2.5%	2.4%	2.5%
Mid Ulster	3.0%	2.3%	2.9%	2.7%	0.8%	0.1%	0.0%	0.1%	2.1%	1.7%	1.1%	1.4%
Ards	0.6%	1.2%	0.4%	0.6%	0.3%	0.0%	0.8%	0.4%	2.0%	2.6%	2.0%	1.6%
Bangor	0.2%	0.5%	0.3%	0.2%	0.4%	0.3%	0.3%	1.2%	2.7%	3.7%	2.5%	3.2%
South Tyrone	0.5%	0.7%	1.0%	1.3%	0.3%	0.2%	0.2%	0.1%	2.0%	3.6%	2.3%	2.5%
Tyrone County	2.0%	2.1%	1.1%	1.5%	1.4%	0.7%	0.1%	1.1%	1.8%	1.7%	2.0%	1.3%
Type 3	1.1%	1.3%	1.1%	1.3%	0.6%	0.3%	0.2%	0.5%	2.1%	2.8%	2.1%	2.1%
Northern Ireland	16.7%	18.7%	17.7%	17.2%	4.3%	3.0%	3.0%	3.2%	3.3%	3.3%	3.2%	3.3%

⁵⁷ Data on referrals to ED by GPs, 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.

⁵⁸ To aid comparison with previous months, where possible, RVH (ENT) attendances have been removed from months prior to April 2015.

Table 8D: Waiting Time from Arrival to Triage (Assessment)⁵⁹

Department	Median				95 th Percentile			
	Mar-16	Jan-17	Feb-17	Mar-17	Mar-16	Jan-17	Feb-17	Mar-17
Mater	0:08	0:09	0:09	0:09	0:25	0:29	0:28	0:28
Royal Victoria	0:10	0:09	0:09	0:10	0:36	0:32	0:35	0:34
RBHSC	0:15	0:09	0:12	0:13	0:59	0:36	0:41	0:51
Antrim Area	0:08	0:08	0:08	0:09	0:27	0:31	0:30	0:34
Causeway	0:12	0:11	0:11	0:09	0:44	0:35	0:36	0:28
Ulster	0:10	0:08	0:08	0:09	0:33	0:25	0:26	0:27
Craigavon Area	0:09	0:07	0:07	0:07	0:33	0:30	0:27	0:26
Daisy Hill	0:05	0:06	0:05	0:05	0:19	0:18	0:18	0:19
Altnagelvin Area	0:17	0:15	0:14	0:13	0:49	0:48	0:42	0:39
South West Acute	0:15	0:14	0:10	0:11	0:59	1:04	0:41	0:37
Type 1	0:10	0:09	0:09	0:09	0:40	0:34	0:33	0:33
Downe	0:07	0:07	0:07	0:06	0:20	0:33	0:29	0:22
Lagan Valley	0:08	0:09	0:09	0:09	0:21	0:25	0:25	0:24
RVH (RAES) ⁶⁰	-	-	-	-	-	-	-	-
Type 2	0:07	0:08	0:09	0:08	0:20	0:28	0:27	0:23
Mid Ulster	0:03	0:02	0:02	0:02	0:09	0:08	0:08	0:09
Ards	0:03	0:02	0:03	0:02	0:12	0:12	0:14	0:11
Bangor	0:04	0:02	0:02	0:03	0:21	0:09	0:11	0:14
South Tyrone	0:01	0:01	0:01	0:01	0:08	0:10	0:10	0:09
Tyrone County	0:00	0:00	0:00	0:00	0:15	0:10	0:22	0:35
Type 3	0:01	0:01	0:02	0:02	0:12	0:10	0:12	0:13
Northern Ireland	0:09	0:08	0:08	0:08	0:37	0:33	0:32	0:31

⁵⁹ 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.

⁶⁰ To aid comparison with previous months, where possible, RVH (ENT) attendances have been removed from months prior to April 2015.

Table 8E: Waiting Time from Triage (Assessment) to Start of Treatment ⁶¹

Department	Median				95 th Percentile			
	Mar-16	Jan-17	Feb-17	Mar-17	Mar-16	Jan-17	Feb-17	Mar-17
Mater	0:42	0:52	0:52	0:46	3:42	3:38	3:30	3:26
Royal Victoria	1:04	0:47	0:48	1:00	4:54	3:21	3:59	4:23
RBHSC	1:08	0:44	0:39	0:52	3:18	2:48	2:47	2:52
Antrim Area	1:32	0:44	0:46	0:58	4:41	3:17	3:12	3:41
Causeway	0:59	0:29	0:46	0:29	4:30	3:43	3:37	2:51
Ulster	0:47	0:43	0:40	0:53	3:24	2:54	2:47	3:24
Craigavon Area	1:17	1:15	1:12	1:15	3:51	4:18	3:59	4:00
Daisy Hill	0:58	1:01	0:50	0:51	3:23	3:30	3:12	3:17
Altnagelvin Area	0:54	0:38	0:43	0:38	3:16	3:46	3:18	3:13
South West Acute	0:26	0:20	0:17	0:27	2:24	2:43	1:59	2:10
Type 1	0:59	0:46	0:46	0:50	3:56	3:29	3:24	3:36
Downe	0:39	0:27	0:25	0:32	2:33	1:58	1:46	1:43
Lagan Valley	0:30	0:29	0:38	0:42	1:59	2:04	2:10	2:22
RVH (RAES) ⁶²	-	-	-	-	-	-	-	-
Type 2	0:34	0:28	0:32	0:37	2:14	2:00	2:02	2:10
Mid Ulster	0:09	0:05	0:05	0:06	0:46	0:21	0:39	0:38
Ards	0:05	0:04	0:05	0:06	0:27	0:30	0:30	0:44
Bangor	0:02	0:02	0:03	0:04	0:24	0:21	0:20	0:39
South Tyrone	0:01	0:02	0:03	0:01	0:27	0:24	0:26	0:19
Tyrone County	0:10	0:10	0:10	0:10	1:25	1:18	1:01	1:00
Type 3	0:04	0:04	0:04	0:04	0:47	0:36	0:39	0:40
Northern Ireland	0:48	0:38	0:38	0:41	3:43	3:17	3:13	3:24

⁶¹ 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.

⁶² To aid comparison with previous months, where possible, RVH (ENT) attendances have been removed from months prior to April 2015.

Table 8F: Time Spent in an Emergency Care Department by those Admitted to Hospital ⁶³

Department	Median (Admitted)				95 th Percentile (Admitted)			
	Mar-16	Jan-17	Feb-17	Mar-17	Mar-16	Jan-17	Feb-17	Mar-17
Mater	4:03	7:07	5:55	5:25	10:52	22:22	19:46	13:22
Royal Victoria	5:56	8:19	7:42	6:45	11:28	20:36	16:43	11:54
RBHSC	3:25	3:24	3:20	3:46	7:04	7:25	7:06	7:13
Antrim Area	7:36	4:35	3:55	4:54	20:24	25:24	11:49	15:03
Causeway	6:10	8:22	6:43	5:45	10:52	22:37	18:01	11:15
Ulster	5:36	5:52	4:49	5:10	16:42	20:03	11:31	10:40
Craigavon Area	5:30	7:07	6:13	6:12	11:30	17:25	11:55	12:00
Daisy Hill	4:34	5:49	6:40	5:54	10:07	20:16	16:43	14:42
Altnagelvin Area	6:40	7:21	6:13	5:43	11:40	14:07	11:21	10:55
South West Acute	4:24	5:07	3:55	3:28	9:19	17:13	8:55	6:27
Type 1	5:34	6:25	5:24	5:22	11:57	20:15	12:24	11:51
Downe	3:49	3:41	3:58	3:31	10:12	17:07	19:13	15:58
Lagan Valley	4:10	4:21	4:18	4:07	7:33	11:43	8:22	8:04
RVH (RAES) ⁶⁴	-	-	-	-	-	-	-	-
Type 2	3:59	4:10	4:07	3:55	8:25	16:34	15:04	9:28
Mid Ulster	-	-	-	-	-	-	-	-
Ards	-	-	-	-	-	-	-	-
Bangor	-	-	-	-	-	-	-	-
South Tyrone	-	-	-	-	-	-	-	-
Tyrone County	0:13	0:13	0:15	0:15	1:33	1:04	1:03	0:39
Type 3	0:13	0:13	0:15	0:15	1:33	1:04	1:03	0:39
Northern Ireland	5:30	6:19	5:19	5:18	11:55	20:09	12:25	11:49

⁶³ 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.

⁶⁴ To aid comparison with previous months, where possible, RVH (ENT) attendances have been removed from months prior to April 2015.

Table 8G: Time Spent in an Emergency Care Department by those Discharged Home⁶⁵

Department	Median (Non-admitted)				95 th Percentile (Non-admitted)			
	Mar-16	Jan-17	Feb-17	Mar-17	Mar-16	Jan-17	Feb-17	Mar-17
Mater	2:18	2:46	2:36	2:28	5:46	7:04	6:25	6:06
Royal Victoria	3:03	2:34	2:40	2:54	8:16	7:22	8:03	7:37
RBHSC	2:25	2:06	2:01	2:15	5:07	4:52	5:01	5:07
Antrim Area	2:48	2:15	2:15	2:28	7:25	6:22	5:13	6:01
Causeway	2:28	2:24	2:40	2:04	6:46	7:55	7:31	6:13
Ulster	2:10	2:15	2:09	2:24	5:55	5:55	5:34	6:01
Craigavon Area	2:34	2:42	2:37	2:37	6:00	6:34	6:10	6:13
Daisy Hill	2:07	2:25	2:12	2:15	5:15	6:16	5:45	5:51
Altnagelvin Area	2:37	2:34	2:31	2:21	6:13	7:16	6:15	5:49
South West Acute	2:16	2:10	2:03	2:21	5:46	6:37	5:16	4:37
Type 1	2:31	2:25	2:22	2:27	6:27	6:39	6:16	6:10
Downe	1:31	1:28	1:21	1:30	4:16	4:34	4:25	4:19
Lagan Valley	1:54	1:44	1:57	1:55	4:28	4:49	4:48	4:57
RVH (RAES) ⁶⁶	-	-	-	-	-	-	-	-
Type 2	1:43	1:37	1:40	1:43	4:21	4:43	4:43	4:42
Mid Ulster	0:43	0:31	0:34	0:33	1:34	1:04	1:39	1:24
Ards	0:33	0:34	0:34	0:36	1:18	1:25	1:28	1:36
Bangor	0:28	0:28	0:27	0:33	1:16	1:10	1:09	1:25
South Tyrone	0:28	0:25	0:28	0:25	1:22	1:01	1:09	1:04
Tyrone County	0:40	0:37	0:36	0:40	2:04	1:55	1:45	1:45
Type 3	0:33	0:30	0:31	0:31	1:34	1:24	1:25	1:25
Northern Ireland	2:09	2:04	2:01	2:03	6:09	6:18	5:57	5:52

⁶⁵ 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.

⁶⁶ To aid comparison with previous months, where possible, RVH (ENT) attendances have been removed from months prior to April 2015.

**Table 8H: Attendances at Emergency Care Departments
per 1000-Population by Age Group^{67, 68}**

Age Group	Mar-16	Jan-17	Feb-17	Mar-17
Under 5	48	38	38	46
Aged 5 - 15	30	24	25	35
Aged 16 - 44	34	31	29	35
Aged 45 - 64	29	28	26	30
Aged 65 - 84	42	41	36	42
Aged 85 & Over	77	83	75	77
Northern Ireland	35	32	30	36

Table 8I: Average Number of Attendances by Day of Week⁶⁹

Day of Week	Mar-16	Jan-17	Feb-17	Mar-17
Monday	2,569	2,816	2,030	2,666
Tuesday	2,232	2,531	2,127	2,381
Wednesday	2,181	2,531	2,504	2,194
Thursday	2,014	2,000	2,019	2,169
Friday	2,194	1,925	1,963	2,055
Saturday	1,756	1,952	1,676	1,807
Sunday	1,766	1,654	1,408	1,846

⁶⁷ Excludes RVH (ENT) attendances.

⁶⁸ 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.

⁶⁹ 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.

Table 8J: Attendances at Emergency Care Departments, by Time Waited from Arrival to Discharge^{70, 71}

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Mar-16	Jan-17	Feb-17	Mar-17	Mar-16	Jan-17	Feb-17	Mar-17	Mar-16	Jan-17	Feb-17	Mar-17
Mater	3,346	2,577	2,584	2,961	856	1,172	916	1,062	22	145	102	67
Royal Victoria	4,585	4,876	4,357	5,014	3,219	2,339	2,425	3,031	49	316	210	92
RBHSC	3,011	2,480	2,454	2,963	565	451	437	643	0	0	0	0
Antrim Area	4,361	4,949	4,969	5,247	2,460	1,412	1,201	2,021	297	339	87	153
Causeway	2,572	2,154	2,021	2,804	1,381	1,142	1,110	1,091	0	162	71	15
Ulster	5,463	5,208	4,974	5,535	2,277	2,016	1,830	2,509	231	351	74	63
Craigavon Area	4,894	4,166	4,029	4,812	2,303	2,436	2,147	2,530	8	181	54	80
Daisy Hill	3,639	2,937	2,751	3,376	977	1,201	1,054	1,139	2	104	76	69
Altnagelvin Area	3,644	2,918	3,071	3,831	1,864	1,718	1,542	1,636	35	101	13	24
South West Acute	2,245	1,800	1,869	2,412	728	794	487	341	18	74	4	3
Type 1	37,760	34,065	33,079	38,955	16,630	14,681	13,149	16,003	662	1,773	691	566
Downe	1,692	1,515	1,406	1,780	185	163	154	165	5	27	23	19
Lagan Valley	1,821	1,602	1,573	1,879	232	281	242	290	0	14	1	0
RVH (RAES) ⁷²	1,322	1,167	1,140	1,317	0	194	222	212	0	0	0	0
Type 2	4,835	4,284	4,119	4,976	417	638	618	667	5	41	24	19
Mid Ulster	846	705	734	995	1	0	0	0	0	0	0	0
Ards	951	961	834	1,070	0	0	0	0	0	0	0	0
Bangor	812	763	692	955	0	0	0	0	0	0	0	0
South Tyrone	2,304	2,116	2,266	2,675	1	0	0	0	0	0	0	0
Tyrone County	1,369	1,209	1,163	1,537	2	0	0	0	0	0	0	0
Type 3	6,282	5,754	5,689	7,232	4	0	0	0	0	0	0	0
Northern Ireland	48,877	44,103	42,887	51,163	17,051	15,319	13,767	16,670	667	1,814	715	585

⁷⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these waiting time statistics.

⁷¹ Information for the Western HSC Trust may differ slightly from that published before April 2016, as this information is now based on the patient's date of departure, rather than date of arrival.

⁷² To aid comparison with previous months, where possible, RVH (ENT) attendances have been removed from months prior to April 2015.

Table 8K: Percentage of Patients Commencing Treatment, Following Triage, within 2 Hours

Department	% Commencing Treatment, Following Triage, within 2 Hours			
	Mar-16	Jan-17	Feb-17	Mar-17
Mater	84.4%	79.6%	81.1%	83.5%
Royal Victoria	69.5%	79.0%	77.2%	70.3%
RBHSC	77.5%	87.0%	89.3%	84.7%
Antrim Area	60.8%	82.5%	83.7%	74.8%
Causeway	76.1%	85.2%	79.8%	89.2%
Ulster	82.2%	85.9%	88.3%	79.0%
Craigavon Area	70.5%	68.6%	70.3%	68.1%
Daisy Hill	79.5%	78.8%	84.3%	83.7%
Altnagelvin Area	80.0%	83.0%	82.1%	85.4%
South West Acute	92.3%	91.1%	95.1%	94.3%
Type 1	75.9%	81.1%	82.1%	79.0%
Downe	90.2%	95.4%	96.8%	97.1%
Lagan Valley	95.1%	94.7%	92.8%	90.6%
RVH (RAES)	-	-	-	-
Type 2	92.9%	95.0%	94.6%	93.6%
Mid Ulster	100.0%	100.0%	100.0%	100.0%
Ards	99.9%	100.0%	100.0%	100.0%
Bangor	100.0%	100.0%	100.0%	100.0%
South Tyrone	100.0%	99.9%	100.0%	100.0%
Tyrone County	98.6%	99.5%	99.9%	99.7%
Type 3	99.7%	99.9%	100.0%	99.9%
Northern Ireland	79.5%	83.8%	84.8%	82.3%

Table 8L: Percentage Triageed in each Triage Group

Department	Triage Level (1/2/3)				Triage Level (4/5)			
	Mar-16	Jan-17	Feb-17	Mar-17	Mar-16	Jan-17	Feb-17	Mar-17
Mater	59.9%	62.0%	60.0%	59.2%	40.1%	38.0%	40.0%	40.8%
Royal Victoria	61.6%	62.4%	64.2%	63.3%	38.4%	37.6%	35.8%	36.7%
RBHSC	27.1%	38.4%	38.6%	38.0%	72.9%	61.6%	61.4%	62.0%
Antrim Area	66.4%	59.7%	58.7%	57.8%	33.6%	40.3%	41.3%	42.2%
Causeway	63.4%	70.2%	70.2%	67.9%	36.6%	29.8%	29.8%	32.1%
Ulster	65.3%	71.2%	69.9%	69.2%	34.7%	28.8%	30.1%	30.8%
Craigavon Area	81.2%	83.4%	82.0%	80.7%	18.8%	16.6%	18.0%	19.3%
Daisy Hill	78.6%	82.2%	83.1%	81.9%	21.4%	17.8%	16.9%	18.1%
Altnagelvin Area	67.5%	69.7%	67.9%	63.8%	32.5%	30.3%	32.1%	36.2%
South West Acute	76.0%	74.4%	73.6%	70.7%	24.0%	25.6%	26.4%	29.3%
Type 1	65.9%	68.3%	67.6%	66.1%	34.1%	31.7%	32.4%	33.9%
Downe	43.4%	45.3%	45.2%	43.4%	56.6%	54.7%	54.8%	56.6%
Lagan Valley	48.5%	50.3%	49.3%	50.6%	51.5%	49.7%	50.7%	49.4%
RVH (RAES) ⁷³	-	-	-	-	-	-	-	-
Type 2	46.1%	47.9%	47.4%	47.2%	53.9%	52.1%	52.6%	52.8%
Mid Ulster	2.7%	2.0%	3.4%	2.9%	97.3%	98.0%	96.6%	97.1%
Ards	1.2%	1.4%	1.3%	1.2%	98.8%	98.6%	98.7%	98.8%
Bangor	2.0%	2.2%	1.4%	0.6%	98.0%	97.8%	98.6%	99.4%
South Tyrone	0.8%	2.4%	2.0%	2.2%	99.2%	97.6%	98.0%	97.8%
Tyrone County	0.3%	0.4%	0.3%	0.2%	99.7%	99.6%	99.7%	99.8%
Type 3	1.2%	1.7%	1.7%	1.5%	98.8%	98.3%	98.3%	98.5%
Northern Ireland	58.3%	60.6%	59.7%	57.9%	41.7%	39.4%	40.3%	42.1%

⁷³ To aid comparison with previous months, where possible, RVH (ENT) attendances have been removed from months prior to April 2015.

Appendix 5: Further Information

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

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

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