

INFORMATION  
ANALYSIS  
DIRECTORATE



# Emergency Care Waiting Time Statistics for Northern Ireland (April – June 2017)



Department of  
**Health**

An Roinn Sláinte  
Máinnstríe O Poustie

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# Reader Information

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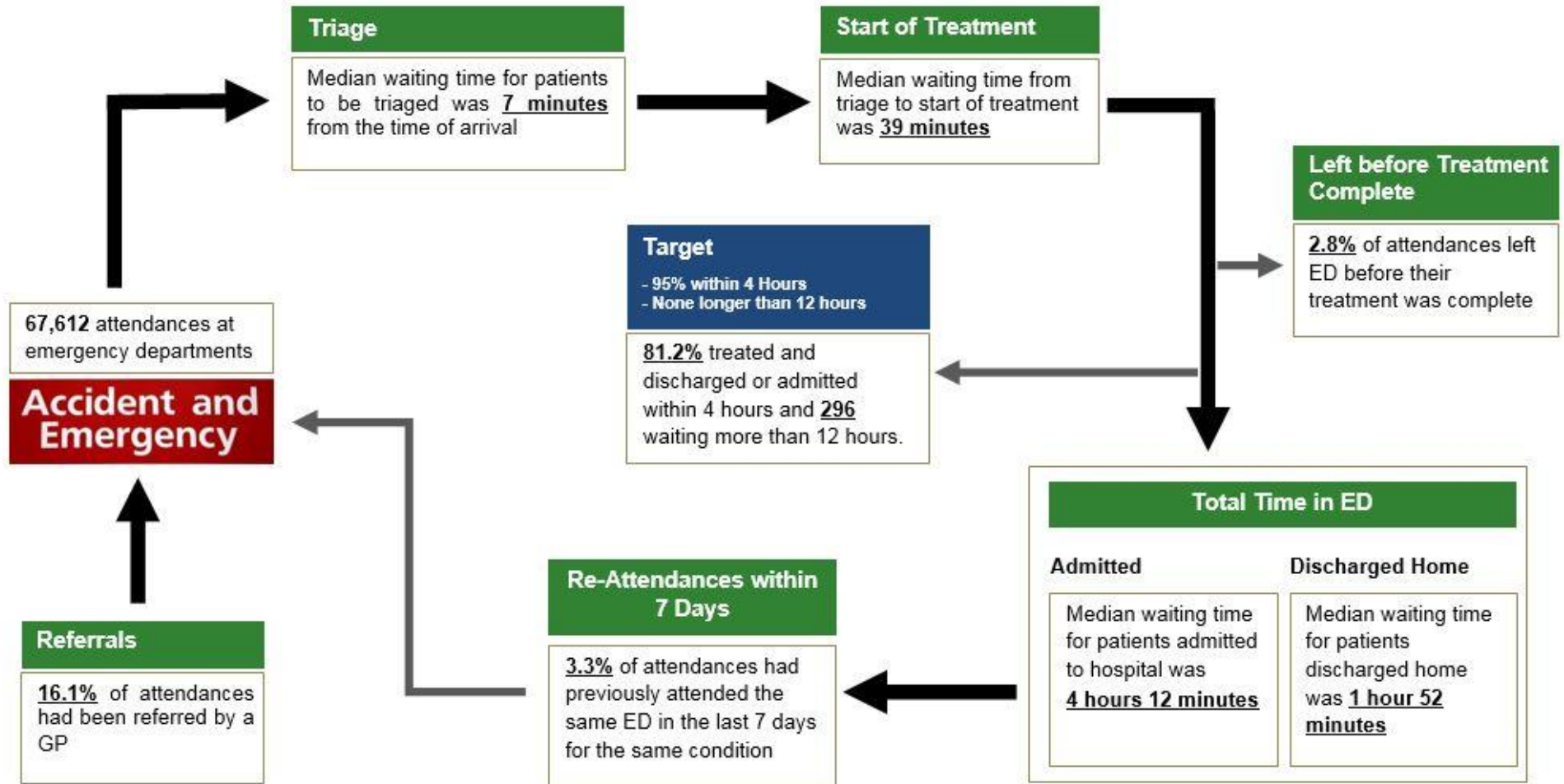
- Purpose:** This statistical release presents information on the time spent waiting in emergency care departments (ED), for both new and unplanned review attendances in Northern Ireland. It reports on the performance of ED's against the DoH Ministerial target, including additional information on the 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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Email: [paul.stevenson@health-ni.gov.uk](mailto:paul.stevenson@health-ni.gov.uk)
- 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 (June 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 June 2017, compared with the same month last year.<sup>1, 2, 3</sup>

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

Attendances	June 2016	June 2017	Difference	
New	61,335	62,776	1,441	2.3%
Unplanned Review	3,476	3,312	-164	-4.7%
<b>Total Attendances<sup>4</sup></b>	<b>66,140</b>	<b>67,612</b>	<b>1,472</b>	<b>2.2%</b>
Emergency Admissions	11,715	12,112	397	3.4%

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances at ED's increased by 2.2% (1,472) when compared with June 2016, from 66,140 to 67,612 in June 2017 (Table 1, Table 8A).
- The number of new attendances increased by 2.3% (1,441) when compared with June 2016, from 61,335 to 62,776 in June 2017 (Table 1, Table 8A).
- Between June 2016 and June 2017, unplanned review attendances decreased by 4.7% (164) (Table 1, Table 8A).
- Emergency admissions to hospital increased by 3.4% (397) between June 2016 (11,775) and June 2017 (12,112) (Table 1).

<sup>1</sup> Information for April, May and June 2017 is detailed in Appendix 5, Table 8A.

<sup>2</sup> 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.

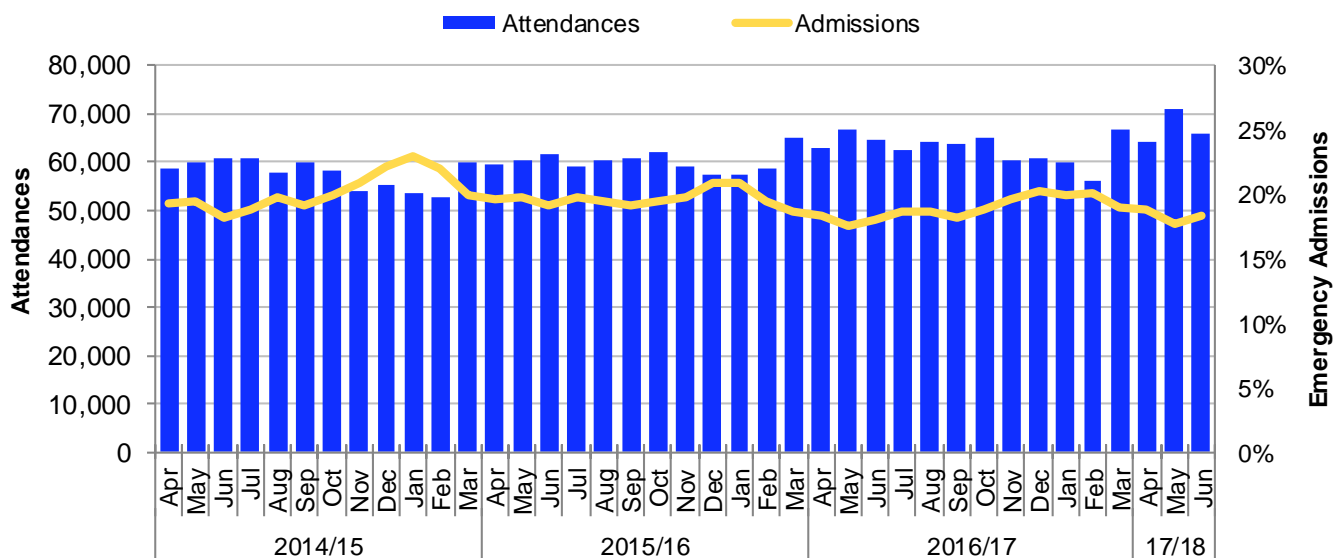
<sup>3</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

<sup>4</sup> 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) service.

## 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 admissions<sup>5</sup> to hospital each month, from April 2014.<sup>6</sup>

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



- 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).

<sup>5</sup> 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.

<sup>6</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these 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 June 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.<sup>7, 8</sup>

**Table 2: Attendances at Emergency Care Departments (June 2016 - June 2017)<sup>9</sup>**

Department	New Attendances		Unplanned Review Attendances		Total Attendances	
	Jun-16	Jun-17	Jun-16	Jun-17	Jun-16	Jun-17
Mater	3,932	3,878	143	166	4,075	4,044
Royal Victoria	7,258	7,625	229	264	7,487	7,889
RBHSC	3,010	2,960	259	241	3,269	3,201
Antrim Area	6,515	6,940	389	372	6,904	7,312
Causeway	3,539	3,562	359	243	3,898	3,805
Ulster	7,657	7,865	235	217	7,892	8,082
Craigavon Area	6,586	6,835	470	477	7,056	7,312
Daisy Hill	4,269	4,290	365	351	4,634	4,641
Altnagelvin Area	5,229	5,196	311	306	5,540	5,502
South West Acute	2,690	2,701	179	143	2,869	2,844
<b>Type 1</b>	<b>50,685</b>	<b>51,852</b>	<b>2,939</b>	<b>2,780</b>	<b>53,624</b>	<b>54,632</b>
<b>Type 2</b>	<b>3,734</b>	<b>3,889</b>	<b>169</b>	<b>171</b>	<b>5,232</b>	<b>5,584</b>
<b>Type 3</b>	<b>6,916</b>	<b>7,035</b>	<b>368</b>	<b>361</b>	<b>7,284</b>	<b>7,396</b>
<b>Northern Ireland</b>	<b>61,335</b>	<b>62,776</b>	<b>3,476</b>	<b>3,312</b>	<b>66,140</b>	<b>67,612</b>

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances increased at all department Types between June 2016 and June 2017 (Table 2, Table 8A).
- The Royal Victoria (7,889) and the Ulster (8,082) were the busiest ED's during June 2017 (Table 2, Table 8A).
- Of the 10 Type 1 ED's, Antrim Area (408) and the Royal Victoria (402) reported the highest increase in the number of attendances in June 2017, compared with June 2016 (Table 2, Table 8A).

<sup>7</sup> Information for April, May and June 2017 is detailed in Appendix 5, Table 8A.

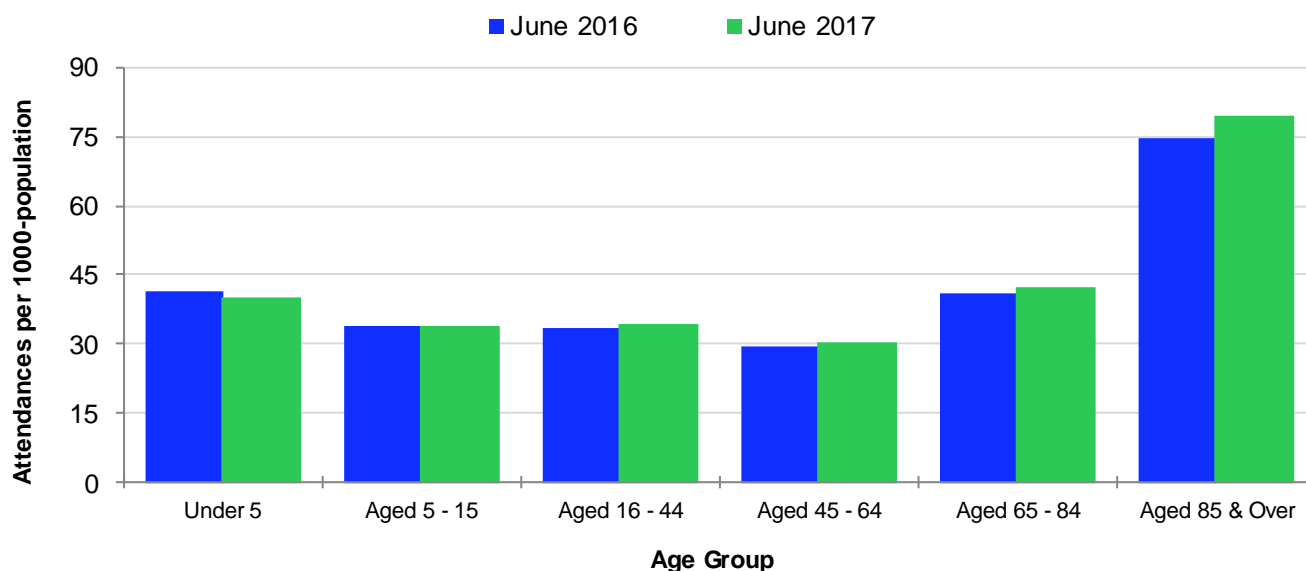
<sup>8</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

<sup>9</sup> New and unplanned reviews will not sum to the total attendances in Table 2, as the total attendance figure for Northern Ireland and Type 2 Departments will include attendances at the RVH (RAES), and it is not currently possible to collect detailed information for the RVH (RAES) services.

## 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.<sup>10, 11, 12</sup>

**Figure 2: Attendances at Emergency Care Departments per 1,000-population, by Age Group (June 2016 - June 2017)**<sup>13, 14</sup>



- During both June 2016 and June 2017, the highest number of attendances per 1000-population was recorded for those aged 85 & over (74 and 80 respectively) (Figure 2, Table 8H).
- A high number of attendances per 1000-population aged under 5 was also recorded in both June 2016 and June 2017 (41 and 40 respectively) (Figure 2, Table 8H).
- The rate of attendances per 1000-population increased or remained similar for the majority of age groups between June 2016 and June 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 June 2016 and June 2017 (29 and 30 respectively) (Figure 2, Table 8H).

<sup>10</sup> Information for April, May and June 2017 is detailed in Appendix 5, Table 8H.

<sup>11</sup> 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.

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

<sup>13</sup> Excludes cases where the DOB could not be determined.

<sup>14</sup> Based on the NISRA 2016 mid-year population estimate which was published on 22<sup>nd</sup> June 2017.



## What Triage Level Do Patients Present With?

Figure 3 details information on the priority which patients arriving at the ED will be designated following triage by a health care professional. Each patient is assessed and assigned one of the five levels on the Manchester Triage Scale (MTS) below, which will act as a guide for the time within a patient's treatment should commence.<sup>15, 16</sup>

**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 (June 2016 - June 2017)<sup>17</sup>**

Department	Triage Group			
	Level 1 / 2 / 3		Level 4 / 5	
	Jun-16	Jun-17	Jun-16	Jun-17
Mater	55.0%	61.2%	45.0%	38.8%
Royal Victoria	60.3%	60.8%	39.7%	39.2%
RBHSC	28.9%	34.6%	71.1%	65.4%
Antrim Area	66.3%	64.9%	33.7%	35.1%
Causeway	63.4%	67.0%	36.6%	33.0%
Ulster	62.2%	67.3%	37.8%	32.7%
Craigavon Area	80.7%	81.2%	19.3%	18.8%
Daisy Hill	75.8%	78.5%	24.2%	21.5%
Altnagelvin Area	60.5%	59.1%	39.5%	40.9%
South West Acute	65.8%	67.9%	34.2%	32.1%
<b>Type 1</b>	<b>63.6%</b>	<b>65.7%</b>	<b>36.4%</b>	<b>34.3%</b>
<b>Type 2</b>	<b>41.3%</b>	<b>43.1%</b>	<b>58.7%</b>	<b>56.9%</b>
<b>Type 3</b>	<b>0.8%</b>	<b>2.6%</b>	<b>99.2%</b>	<b>97.4%</b>
<b>Northern Ireland</b>	<b>55.0%</b>	<b>57.1%</b>	<b>45.0%</b>	<b>42.9%</b>

Source: Regional Data Warehouse, Business Services Organisation

- Almost two thirds (65.7%) of attendances at Type 1 departments in June 2017 were triaged as level 1, 2 or 3, higher than June 2016 (63.6%) (Table 3, Table 8L).

<sup>15</sup> 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.

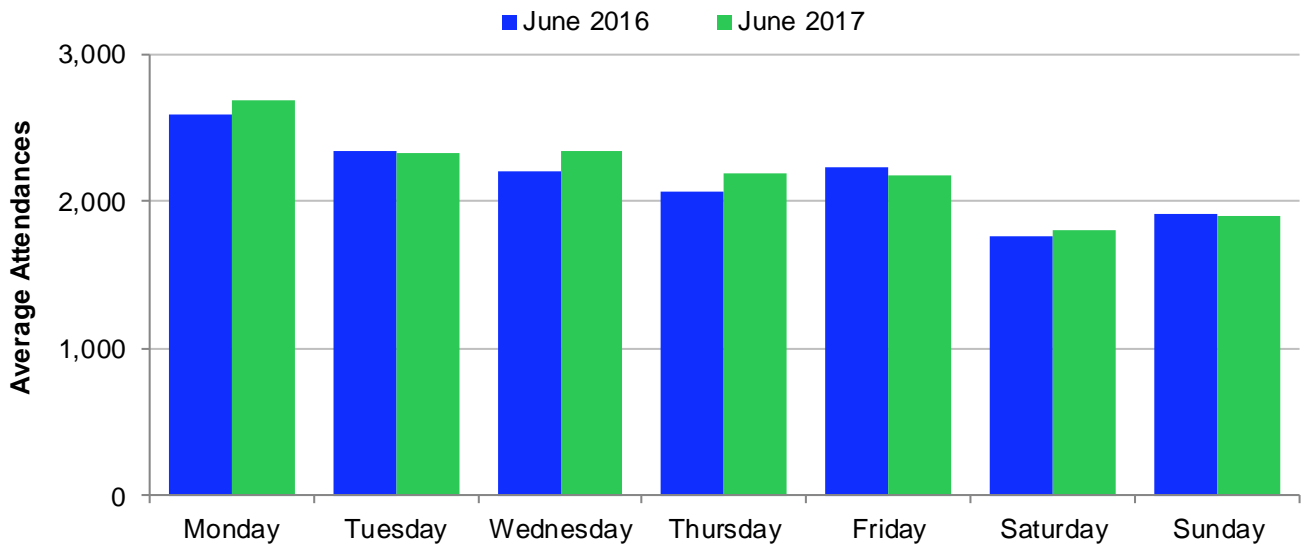
<sup>16</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

<sup>17</sup> Information for April, May and June 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 June 2017, compared with June 2016.<sup>18, 19, 20</sup>

**Figure 4: Average Number of Attendances at Emergency Care Departments by Day of Week (June 2016 - June 2017)**



- The average number of attendances at ED's increased on each weekday in June 2017, with exception of Friday which recorded a decrease when compared with June 2016 (Figure 4, Table 8I).
- Overall, Monday was the busiest day at ED's during both June 2016 and June 2017, with over 2,600 daily attendances on average each Monday (Figure 4, Table 8I).
- The largest increase in average daily attendances between June 2016 and June 2017 (155) was on a Wednesday (2,208 and 2,341 respectively) (Figure 4, Table 8I).
- The lowest average number of daily attendances was on a Saturday during both June 2016 and June 2017 (1,768 and 1,803 respectively) (Figure 4, Table 8I).

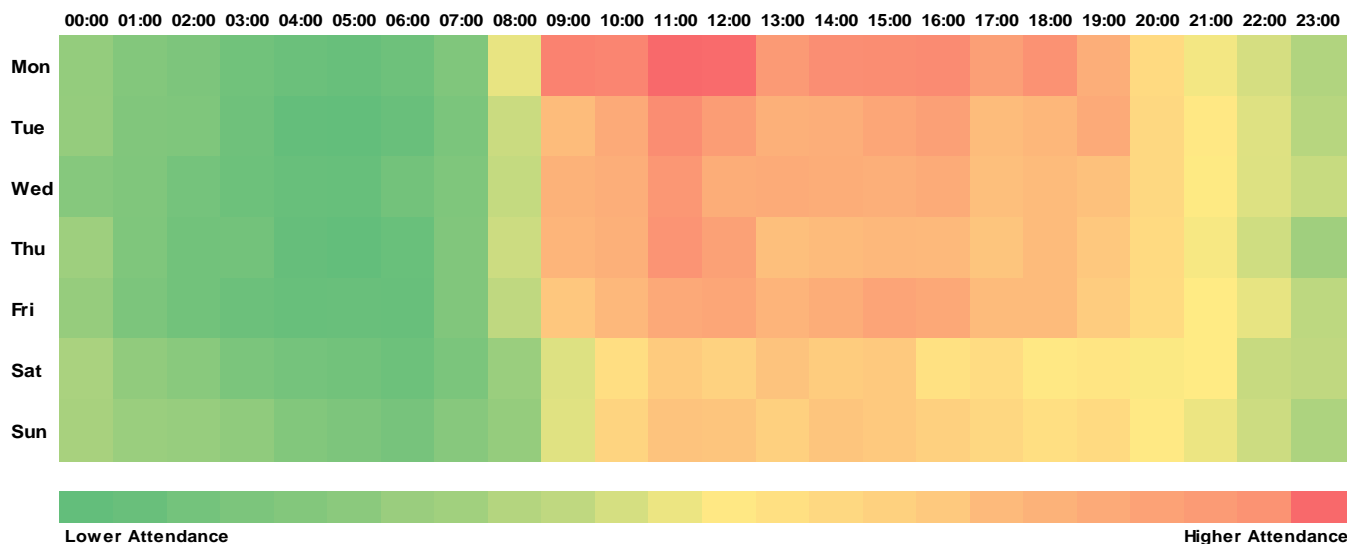
<sup>18</sup> Information for April, May and June 2017 is detailed in Appendix 5, Table 8I.

<sup>19</sup> 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.

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

Figure 5 presents information on the number of new and unplanned review attendances during each day of the week and hour of the day in June 2017. 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.<sup>21, 22</sup>

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



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

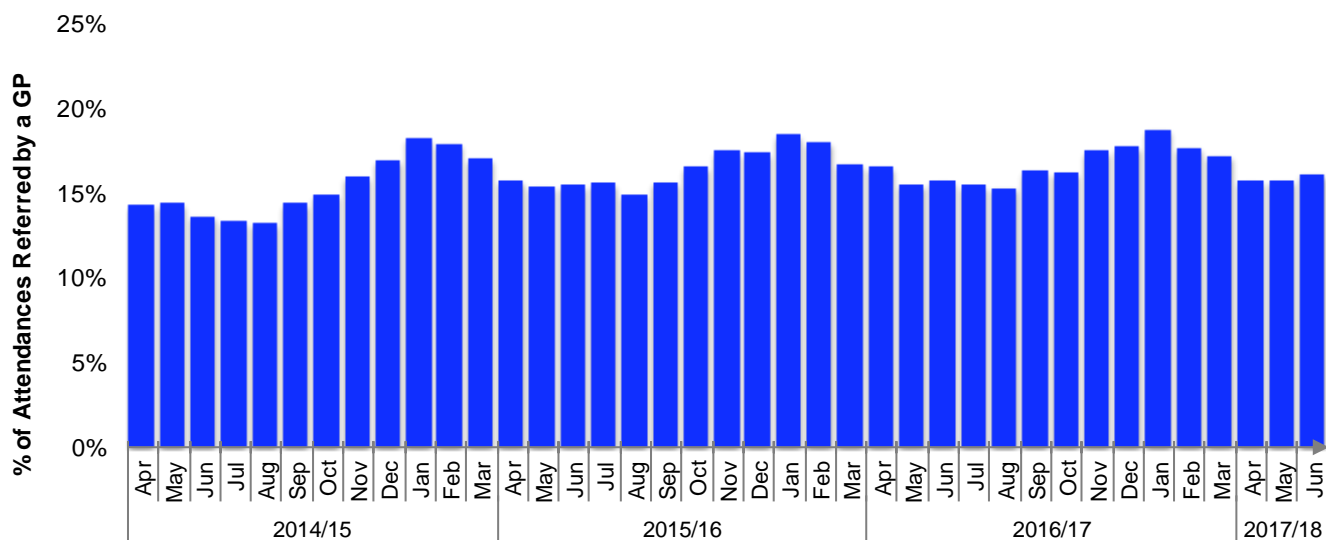
<sup>21</sup> Data on when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

<sup>22</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

## How Many Attendances Were Referred by a GP?

Figure 6 presents information on the percentage of GP referrals against attendances at emergency care departments, from April 2014.<sup>23, 24, 25</sup>

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



- In June 2017, 16.1% of attendances at ED's had been referred by a GP, slightly higher than June 2016 (15.7%) (Figure 6, Table 8C).
- Type 1 ED's reported the highest percentage of attendances referred by a GP (18.3%) during June 2017, 0.4 percentage points higher than June 2016 (17.9%) (Figure 6, Table 8C).
- Over one fifth (22.4%) of attendances at the Ulster had been referred by a GP during June 2017, compared with 12.5% 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).

<sup>23</sup> Information for April, May and June 2017 is detailed in Appendix 5, Table 8C.

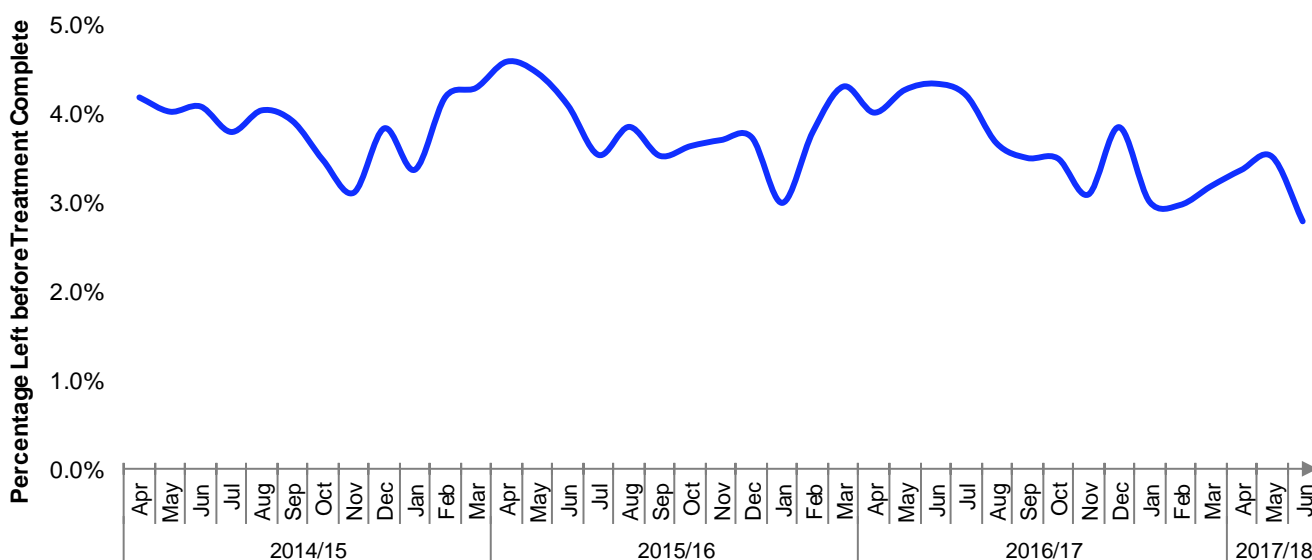
<sup>24</sup> Data on referrals to ED by GP's are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

<sup>25</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

## Do Patients Leave ED Before Their Treatment is Complete?

Figure 7 presents information on the proportion of attendances which left an ED before their treatment was complete, from April 2014.<sup>26, 27, 28</sup>

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



- During June 2017, 2.8% of all ED attendances left before their treatment was complete, 1.5 percentage points less than in June 2016 (4.3%) (Figure 7, Table 8C).
- Type 1 ED's reported the highest percentage (3.2%) of patients leaving before their treatment was complete in June 2017, with 1.3% reported for Type 2 ED's and 0.3% for Type 3 ED's (Table 8C).
- The Mater (6.4%) reported the highest percentage of attendances leaving an ED before their treatment was complete during June 2017, 0.7 percentage points higher than June 2016 (5.7%) (Table 8C).
- During the last 12 months, the percentage of attendances leaving ED before their treatment was complete was highest in June 2016 (4.3%) (Figure 7).

<sup>26</sup> Information for April, May and June 2017 is detailed in Appendix 5, Table 8C.

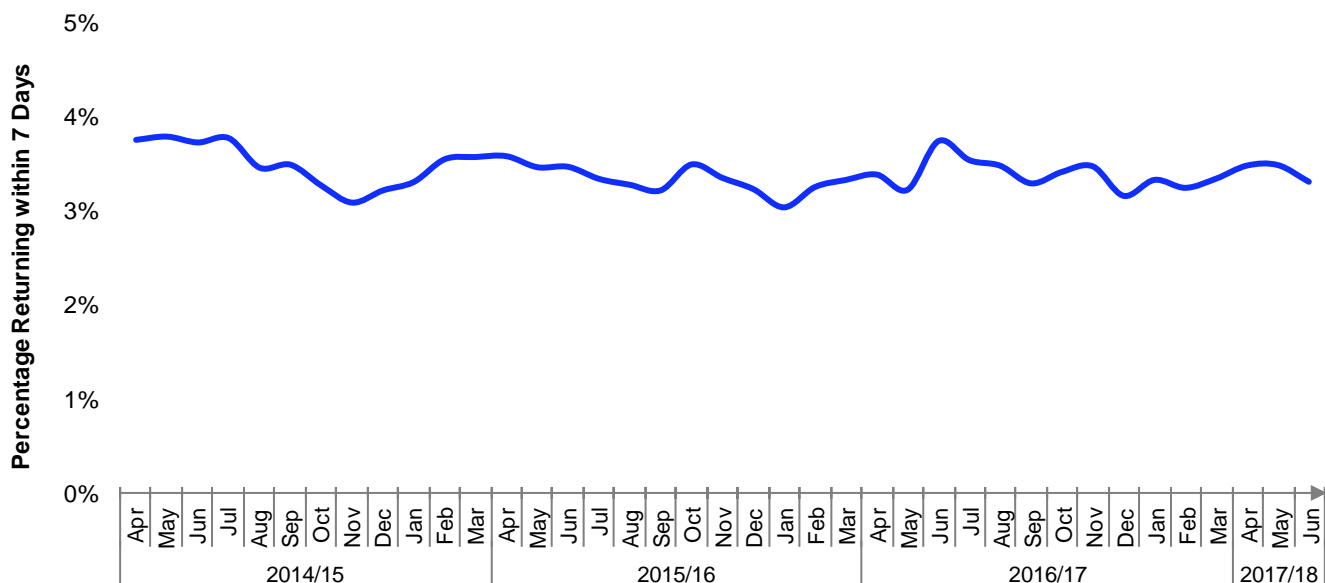
<sup>27</sup> Data on those leaving ED before their treatment was complete are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

<sup>28</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

## How Many Patients Re-attend 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.<sup>29, 30, 31</sup>

**Figure 8: Percentage of Re-attendances at Emergency Care Departments within 7 Days (April 2014 – June 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).
- During June 2017, 3.3% of attendances had previously attended the same ED within 7 days of their original attendance, similar to June 2016 (3.7%) (Figure 8, Table 8C).
- Daisy Hill (5.3%) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during June 2017 (Table 8C).

<sup>29</sup> Information for April, May and June 2017 is detailed in Appendix 5, Table 8C.

<sup>30</sup> 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.

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

# How Long Do Patients Spend in ED?

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## *Emergency Care Waiting Times Targets*

The current DOH target on emergency care waiting times in Northern Ireland for 2017/18 state that:

*'95% of patients attending any Type 1, 2 or 3 emergency care department are either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any emergency care department should wait longer than twelve hours.'*

*'By March 2018, at least 80% of patients to have commenced treatment, following triage, within 2 hours.'*

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

## 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. <sup>32, 33</sup>

**Table 4: Performance against Emergency Care Waiting Times Target (June 2016 - 2017)**

Percentage within 4 Hours	June 2016	June 2017	Difference	
			No.	% pt
Type 1	70.6%	77.8%	-	7.2%
Type 2	92.7%	90.1%	-	-2.6%
Type 3	99.8%	100.0%	-	0.2%
<b>All Departments</b>	<b>75.6%</b>	<b>81.2%</b>	<b>-</b>	<b>5.6%</b>
Number Over 12 Hours	June 2016	June 2017	Difference	
			No.	%
Type 1	268	280	12	-
Type 2	12	16	4	-
Type 3	0	0	0	-
<b>All Departments</b>	<b>280</b>	<b>296</b>	<b>16</b>	<b>-</b>
New and Unplanned Review Attendances	June 2016	June 2017	Difference	
			No.	%
Type 1	53,624	54,632	1,008	1.9%
Type 2	5,232	5,584	352	6.7%
Type 3	7,284	7,396	112	1.5%
<b>All Departments</b>	<b>66,140</b>	<b>67,612</b>	<b>1,472</b>	<b>2.2%</b>

Source: Regional Data Warehouse, Business Services Organisation

- Over four in five (81.2%) ED attendances in June 2017 were treated and discharged, or admitted within 4 hours of their arrival, 5.6 percentage points more than June 2016 (75.6%) (Table 4, Table 8B & Table 8J).
- Over three in four (77.8%) attendances at Type 1 ED's in June 2017 were treated and discharged, or admitted within 4 hours of their arrival, compared with 90.1% at Type 2 ED's and 100.0% at Type 3 ED's (Table 4, Table 8B & Table 8J).
- Between June 2016 and June 2017, the number of attendances waiting longer than 12 hours increased slightly from 280 to 296, accounting for 0.4% of all attendances in June 2017 (Table 4, Table 8B & Table 8J).
- Whilst ED's experienced a 2.2% increase in the number of attendances during this time (66,140 in June 2016 to 67,612 in June 2017), performance against the 4 hour target improved (Table 4, Table 8B & Table 8J).

<sup>32</sup> Further breakdown of ED's can be found in Appendix 5: Table 8B & Table 8J.

<sup>33</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.



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 June 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.<sup>34, 35</sup>

**Table 5: Performance against the 4 and 12 Hour Components of the Emergency Care Waiting Times Target at Type 1 ED's (June 2016 - June 2017)**

Department	4-Hour Performance		12-Hour Performance		Total Attendances	
	Jun-16	Jun-17	Jun-16	Jun-17	Jun-16	Jun-17
Mater	78.0%	72.2%	11	26	4,075	4,044
Royal Victoria	61.8%	83.2%	61	5	7,487	7,889
RBHSC	89.2%	93.2%	0	0	3,269	3,201
Antrim Area	65.7%	75.2%	84	25	6,904	7,312
Causeway	59.6%	66.6%	12	3	3,898	3,805
Ulster	74.2%	71.8%	63	104	7,892	8,082
Craigavon Area	66.6%	80.0%	19	59	7,056	7,312
Daisy Hill	76.5%	77.2%	5	45	4,634	4,641
Altnagelvin Area	75.6%	77.8%	2	9	5,540	5,502
South West Acute	68.8%	86.6%	11	4	2,869	2,844
<b>Type 1</b>	<b>70.6%</b>	<b>77.8%</b>	<b>268</b>	<b>280</b>	<b>53,624</b>	<b>54,632</b>
<b>Type 2</b>	<b>92.7%</b>	<b>90.1%</b>	<b>12</b>	<b>16</b>	<b>5,232</b>	<b>5,584</b>
<b>Type 3</b>	<b>99.8%</b>	<b>100.0%</b>	<b>0</b>	<b>0</b>	<b>7,284</b>	<b>7,396</b>
<b>Northern Ireland</b>	<b>75.6%</b>	<b>81.2%</b>	<b>280</b>	<b>296</b>	<b>66,140</b>	<b>67,612</b>

Source: Regional Data Warehouse, Business Services Organisation

- During June 2017, RBHSC (93.2%) reported the highest performance of Type 1 ED's against the 4 hour target, whilst Causeway (66.6%) reported the lowest performance (Table 5, Table 8B).
- One Type 1 ED (RBHSC) achieved the 12-hour component of the target during June 2017 (Table 5, Table 8B).
- Antrim Area reported the largest improvement in 12-hour performance (59), from 84 in June 2016 to 25 in June 2017 (Table 5, Table 8B).
- Between June 2016 and June 2017, performance against the 12 hour target declined at the Ulster (63 to 104) (Table 5, Table 8B).

<sup>34</sup> Information for April, May and June 2017 is detailed in Appendix 5: Table 8B & Table 8I.

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

Table 6 presents information on the percentage of patients commencing treatment, following triage, within 2 hours at Type 1 ED's in June 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.<sup>36, 37</sup>

**Table 6: Performance against the Target to Commence Treating Patients within 2 Hours of them being Triaged (June 2016 - June 2017)**

Department	% Commencing Treatment within 2 Hours of Triage	
	Jun-16	Jun-17
Mater	85.1%	80.3%
Royal Victoria	73.2%	87.1%
RBHSC	61.3%	71.6%
Antrim Area	84.2%	86.1%
Causeway	65.8%	80.7%
Ulster	83.3%	78.8%
Craigavon Area	76.1%	87.5%
Daisy Hill	91.9%	92.9%
Altnagelvin Area	58.7%	57.8%
South West Acute	52.5%	78.0%
<b>Type 1</b>	<b>75.0%</b>	<b>80.9%</b>
<b>Type 2</b>	<b>89.3%</b>	<b>89.9%</b>
<b>Type 3</b>	<b>96.5%</b>	<b>96.8%</b>
<b>Northern Ireland</b>	<b>78.3%</b>	<b>83.3%</b>

Source: Regional Data Warehouse, Business Services Organisation

- Over four in five (83.3%) patients attending ED's commenced their treatment within 2 hours of being triaged, 5.0 percentage points higher than June 2016 (78.3%) (Table 6, Table 8K).
- During June 2017, over four fifths (80.9%) of patients commenced their treatment within 2 hours of being triaged at Type 1 ED's, compared with 89.9% at Type 2 ED's and 96.8% at Type 3 ED's (Table 6, Table 8K).
- Six Type 1 ED's (Mater, Royal Victoria, Antrim Area, Causeway, Craigavon Area and Daisy Hill) commenced treating 80.0% or more of patients within 2 hours of being triaged during June 2017 (Table 6, Table 8K).
- During June 2017, Daisy Hill (92.9%) reported the highest percentage of patients commencing treatment within 2 hours of being triaged, whilst Altnagelvin Area (57.8%) reported the lowest percentage (Table 6, Table 8K).

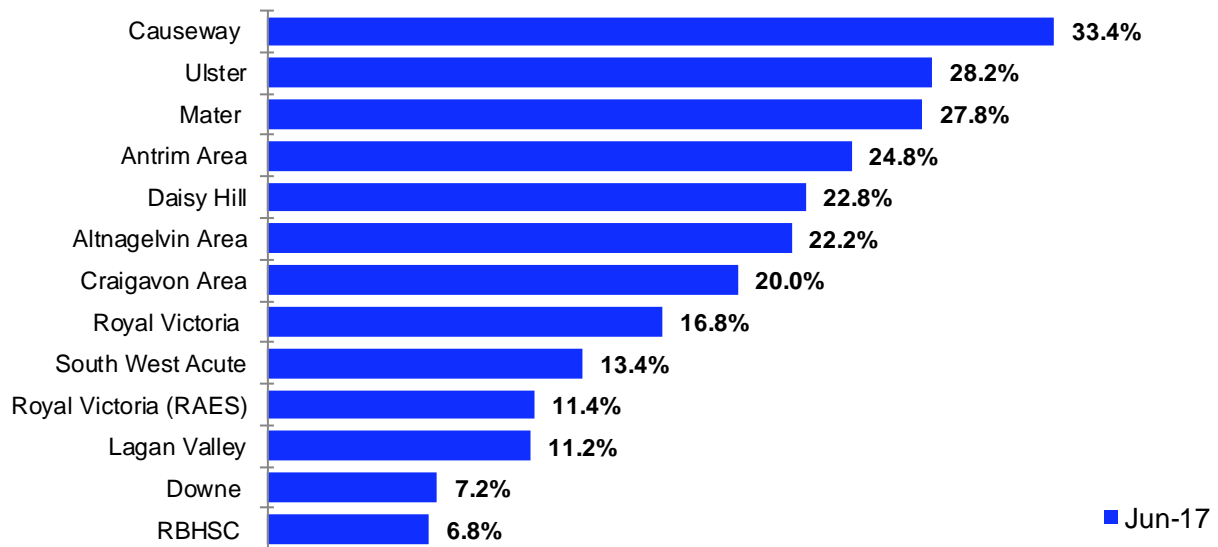
<sup>36</sup> Information for April, May and June 2017 is detailed in Appendix 5: Table 8K.

<sup>37</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

## 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.<sup>38, 39</sup>

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



- A third of attendances at Causeway (33.4%) waited longer than 4 hours to be treated and discharged, or admitted to hospital during June 2017 (Figure 9).

<sup>38</sup> Information for April, May and June 2017 is detailed in Appendix 5: Table 8J.

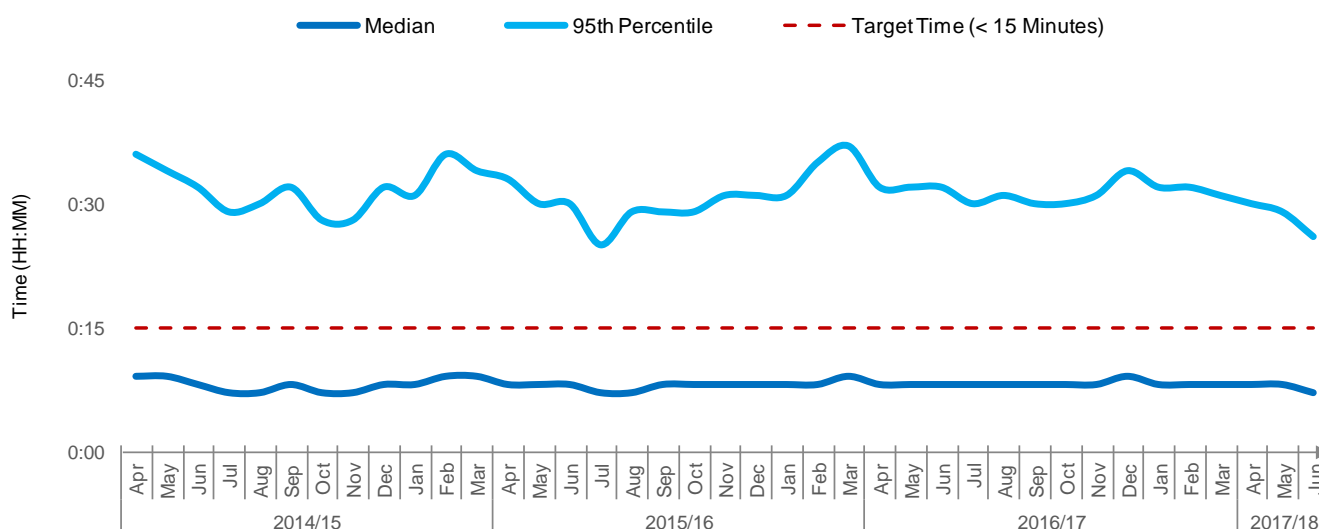
<sup>39</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

## How Long Did Patients Wait to be Triage?

Figure 10 details the length of time patients waited from the time of their arrival at an ED to their triage (initial assessment) by a medical practitioner, which includes a brief history, pain assessment and early warning scores, for all patients.<sup>40, 41</sup>

Two aspects of the time waited are reported, including (i) the 95<sup>th</sup> 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 - June 2017)<sup>42</sup>**



- During June 2017, the median waiting time from arrival to triage was 7 minutes, a slight improvement on the time taken in June 2016 (8 minutes) (Figure 10, Table 8D).
- 95 per cent of patients were triaged within 26 minutes of their arrival at an ED in June 2017, 6 minutes less than June 2016 (32 minutes) (Figure 10, Table 8D).
- Over four in five (83.3%) attendances were triaged within 15 minutes of their arrival at an ED during June 2017, 5.0 percentage points more than June 2016 (78.3%).

<sup>40</sup> 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.

<sup>41</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

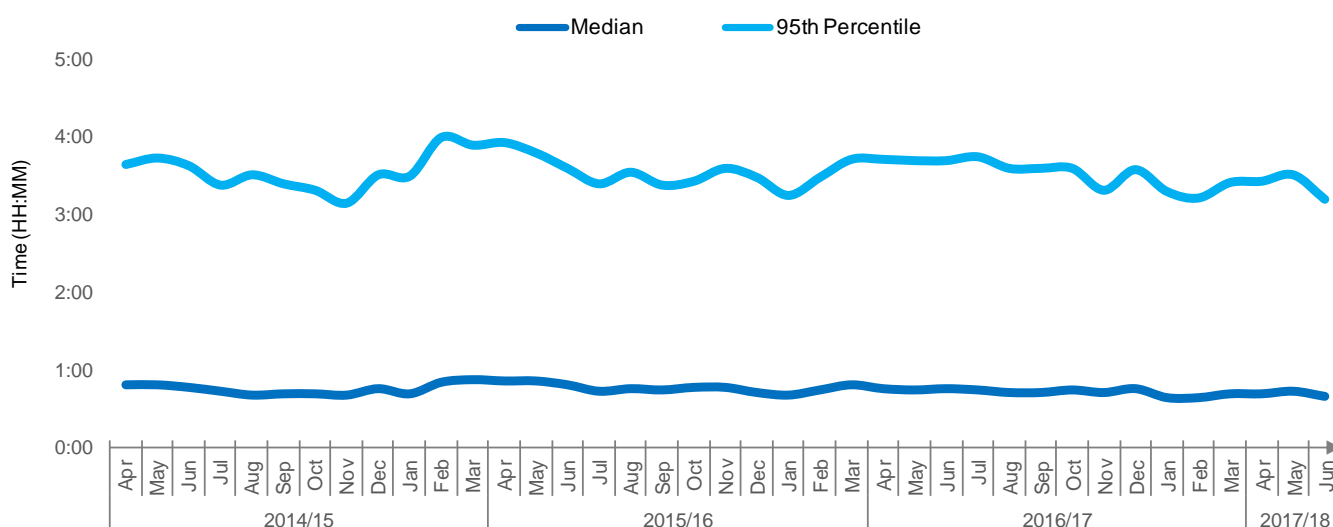
<sup>42</sup> Additional information on time to triage is detailed in Appendix 5: Table 8D.

## 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.<sup>43, 44</sup>

Two aspects of the time waited are reported, including (i) the 95<sup>th</sup> 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 – June 2017)**<sup>45</sup>



- The median waiting time from triage to start of treatment in June 2017 was 39 minutes, 6 minutes less than the time taken in June 2016 (45 minutes) (Figure 11, Table 8E).
- During June 2017, 95 per cent of patients commenced their treatment within 3 hours 12 minutes of being triaged in an ED, 30 minutes less than the time taken in June 2016 (3 hours 42 minutes) (Figure 11, Table 8E).

<sup>43</sup> 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.

<sup>44</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

<sup>45</sup> 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 95<sup>th</sup> percentile of the length of time waited from triage to the start of treatment at Type 1 ED's during June 2017 compared with June 2016.<sup>46, 47</sup>

**Table 7: Time from Triage to Start of Treatment (June 2016 and June 2017)<sup>48</sup>**

Department	Median		95 <sup>th</sup> Percentile	
	Jun-16	Jun-17	Jun-16	Jun-17
Mater	0:44	0:55	3:39	4:05
Royal Victoria	0:55	0:44	4:35	3:05
RBHSC	0:55	0:31	2:40	1:58
Antrim Area	1:19	1:11	5:03	4:11
Causeway	1:20	0:46	5:15	4:00
Ulster	0:48	0:56	3:07	3:19
Craigavon Area	1:30	1:05	4:02	3:32
Daisy Hill	0:54	0:40	3:48	2:38
Altnagelvin Area	0:47	0:42	2:47	2:46
South West Acute	0:32	0:23	3:01	2:16
<b>Type 1</b>	<b>0:57</b>	<b>0:49</b>	<b>3:57</b>	<b>3:24</b>
<b>Type 2</b>	<b>0:29</b>	<b>0:29</b>	<b>2:08</b>	<b>1:40</b>
<b>Type 3</b>	<b>0:05</b>	<b>0:04</b>	<b>0:51</b>	<b>0:38</b>
<b>Northern Ireland</b>	<b>0:45</b>	<b>0:39</b>	<b>3:42</b>	<b>3:12</b>

Source: Regional Data Warehouse, Business Services Organisation

- The median time waited from triage to the start of treatment by a medical professional was 49 minutes at Type 1 ED's during June 2017, 8 minutes less than June 2016 (57 minutes) (Table 7, Table 8E).
- Antrim Area reported the longest median waiting time (1 hour 11 Minutes) from triage to start of treatment during June 2017, whilst South West Acute (23 minutes) reported the shortest median waiting time (Table 7, Table 8E).
- Antrim Area reported the longest waiting time between triage and start of treatment, with 95 per cent of attendances commencing treatment within 4 hours 11 minutes of being triaged; although this was 52 minutes less than June 2016 (5 hours 3 minutes) (Table 7, Table 8E).
- RBHSC reported the shortest time to start of treatment during June 2017, with 95 per cent of attendances commencing treatment within 1 hours 58 minutes of being triaged, 42 minutes less than June 2016 (2 hours 40 minutes) (Table 7, Table 8E).

<sup>46</sup> 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.

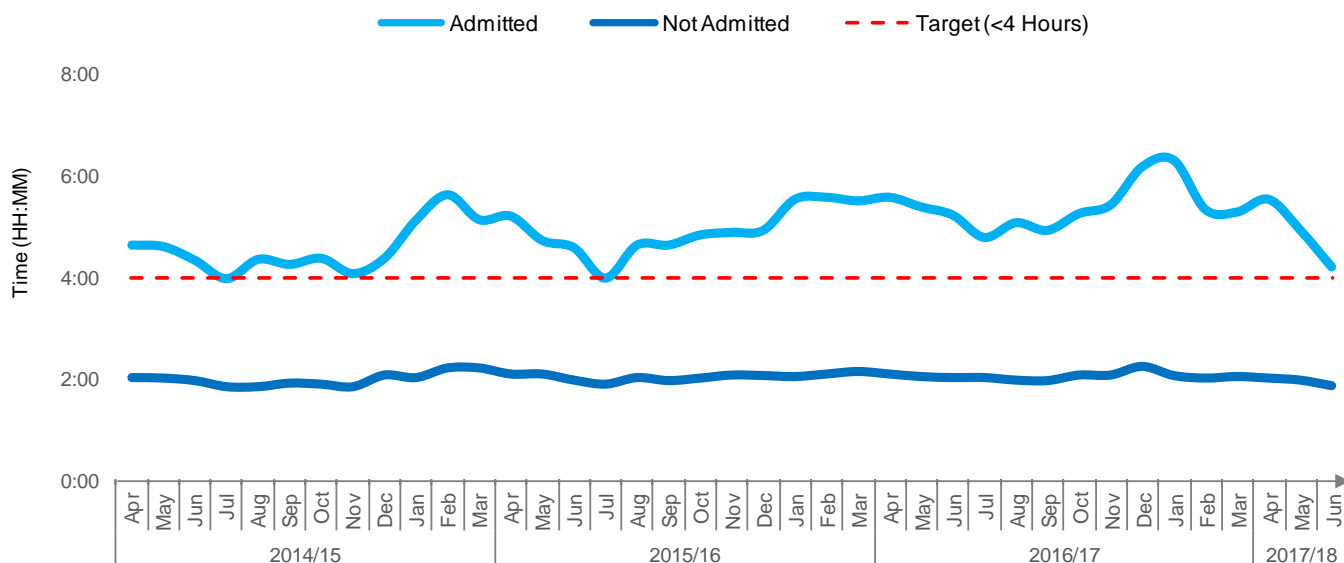
<sup>47</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

<sup>48</sup> Information for April, May and June 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.<sup>49, 50</sup>

**Figure 12: Median Time Spent in an Emergency Care Department for those (i) Admitted to Hospital and (ii) Discharged Home (April 2014 and June 2017)<sup>51</sup>**



- During June 2017, the median time spent in an ED for patients admitted to hospital was 4 hours 12 minutes, compared with 1 hour 52 minutes for those discharged home (Figure 12, Table 8F & 8G).
- Analysis of the 95<sup>th</sup> percentiles for the length of time spent in an ED for those admitted and discharged home indicates that in June 2017, 95 per cent of patients admitted to hospital spent over twice as long in an ED (10 hour 55 minutes) than those discharged home (5 hours 19 minutes) (Table 8 & 9).

<sup>49</sup> 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.

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

<sup>51</sup> Further breakdown of ED's can be found in Appendix 5, Table 8E.

## How Long did Patients Admitted to Hospital Spend in an ED?

Table 8 details the median and 95<sup>th</sup> percentile length of time spent in an ED from arrival to leaving the ED for those who **were admitted** to hospital.<sup>52</sup>

**Table 8: Total Time Spent in an Emergency Care Department for those Admitted to Hospital (June 2016 - June 2017)**<sup>53</sup>

Department	Median		95 <sup>th</sup> Percentile	
	Jun-16	Jun-17	Jun-16	Jun-17
Mater	4:00	4:51	9:52	11:43
Royal Victoria	6:28	3:55	11:43	9:28
RBHSC	3:22	2:48	6:40	5:40
Antrim Area	6:21	4:00	11:55	9:19
Causeway	6:32	5:40	11:31	11:06
Ulster	4:42	4:51	11:22	11:55
Craigavon Area	5:28	3:52	11:48	11:42
Daisy Hill	5:01	5:37	11:24	12:37
Altnagelvin Area	5:04	4:46	10:04	9:22
South West Acute	4:46	3:33	10:01	6:39
<b>Type 1</b>	<b>5:16</b>	<b>4:13</b>	<b>11:28</b>	<b>10:58</b>
<b>Type 2</b>	<b>3:52</b>	<b>3:51</b>	<b>8:31</b>	<b>8:59</b>
<b>Type 3</b>	<b>0:10</b>	<b>0:10</b>	<b>0:34</b>	<b>1:16</b>
<b>Northern Ireland</b>	<b>5:13</b>	<b>4:12</b>	<b>11:28</b>	<b>10:55</b>

Source: Regional Data Warehouse, Business Services Organisation

- The median time spent in a Type 1 ED for patients admitted to hospital was 4 hours 13 minutes in June 2017, 1 hour 3 minutes less than the same month last year (5 hours 16 minutes) (Table 8, Table 8F).
- Causeway reported the longest median time spent in an ED (5 hours 40 minutes) from arrival to admission to hospital, whilst the RBHSC (2 hours 48 minutes) reported the shortest median time (Table 8, Table 8F).
- 95 per cent of patients were admitted to hospital within 10 hours 58 minutes of arrival at all Type 1 ED's during June 2017, 30 minutes less than June 2016 (11 hours 28 minutes) (Table 8, Table 8F).
- South West Acute 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 6 hours 39 minutes of their arrival during June 2017, 3 hours 22 minutes less than June 2016 (10 hours 1 minute) (Table 8, Table 8F).

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

<sup>53</sup> Information for April, May and June 2017 is detailed in Appendix 5, Table 8F.



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

Table 9 details the median and 95<sup>th</sup> percentile length of time spent in an ED from arrival to leaving the ED for those who **were discharged home**.<sup>54</sup>

**Table 9: Total Time Spent in Emergency Care Departments for those Discharged Home (June 2016 - June 2017)**<sup>55</sup>

Department	Median		95 <sup>th</sup> Percentile	
	Jun-16	Jun-17	Jun-16	Jun-17
Mater	2:13	2:39	5:40	6:10
Royal Victoria	2:55	2:21	7:49	5:31
RBHSC	2:09	1:36	4:24	4:00
Antrim Area	2:31	2:18	7:16	5:46
Causeway	2:55	2:31	7:36	6:52
Ulster	2:04	2:19	5:22	5:45
Craigavon Area	2:46	2:16	6:04	5:22
Daisy Hill	2:07	2:01	5:45	5:28
Altnagelvin Area	2:16	2:13	5:00	4:54
South West Acute	2:31	2:01	7:03	4:39
<b>Type 1</b>	<b>2:25</b>	<b>2:13</b>	<b>6:21</b>	<b>5:37</b>
<b>Type 2</b>	<b>1:34</b>	<b>1:31</b>	<b>4:22</b>	<b>4:10</b>
<b>Type 3</b>	<b>0:37</b>	<b>0:30</b>	<b>1:39</b>	<b>1:25</b>
<b>Northern Ireland</b>	<b>2:01</b>	<b>1:52</b>	<b>5:58</b>	<b>5:19</b>

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 13 minutes in June 2017, 12 minutes less than the time spent in an ED during the same month last year (2 hour 25 minutes) (Table 9, Table 8G).
- In June 2017, 95 per cent of attendances were discharged home within 5 hours 37 minutes of their arrival at a Type 1 ED, 44 minutes less than the time spent in an ED in June 2016 (6 hours 21 minutes) (Table 9, Table 8G).

<sup>54</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

<sup>55</sup> Information for April, May and June 2017 is detailed in Appendix 5, Table 8G.

# Appendices

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## *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

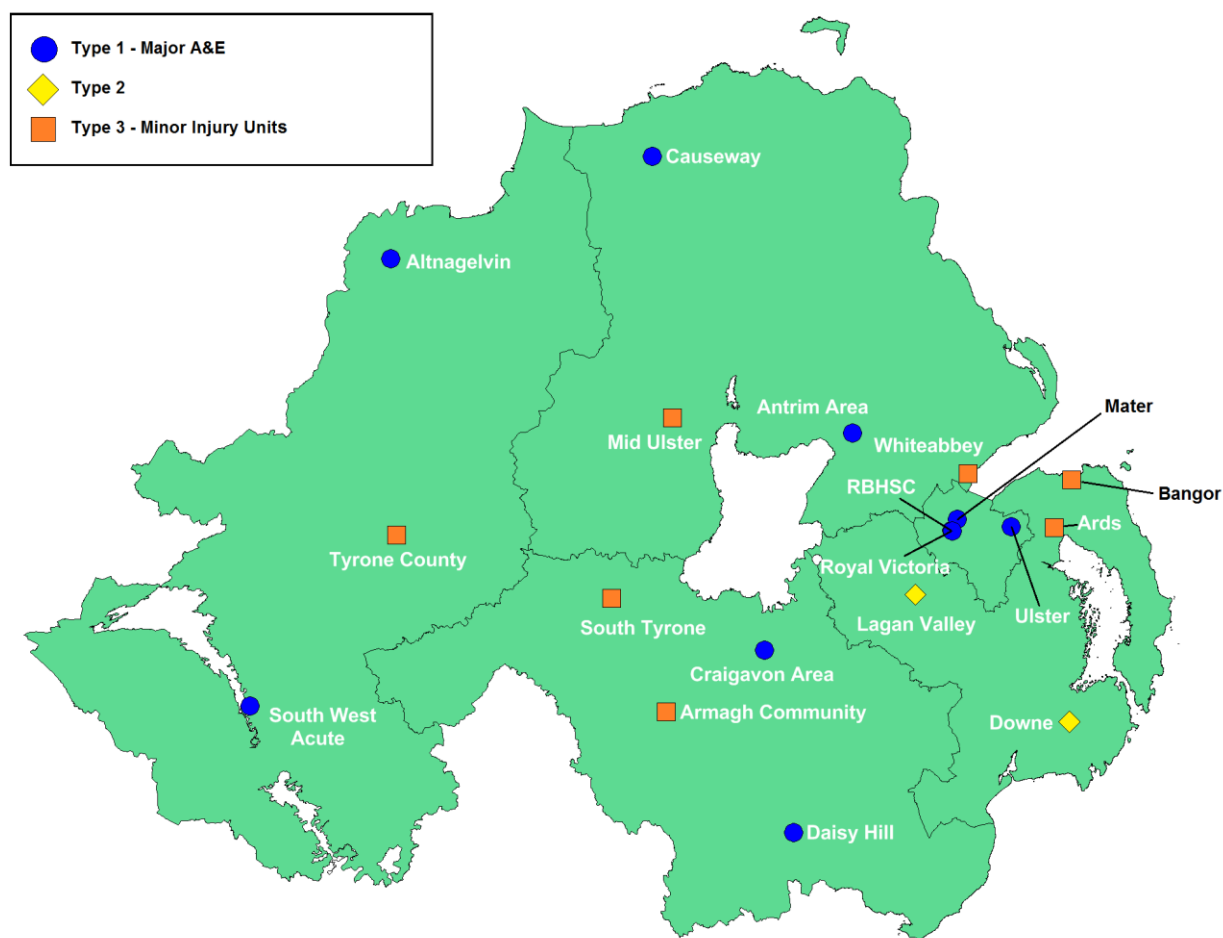
There are three separate categories of emergency care facility included in this publication:

**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 <sup>56</sup>

HSC Trust	Type 1 (24-hour assess)	Type 2 (Limited opening hours)	Type 3 (Minor Injuries Unit, MIU)
<b>Belfast</b>	Belfast City (Closed)		
	Mater	RVH (RAES) <sup>57</sup> (9-5pm Mon-Fri) (8.30-1pm Sat)	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
<b>Northern</b>	Antrim Area		Whiteabbey <sup>58</sup> (Closed)
	Causeway		Mid Ulster (9-5pm Mon-Fri)
<b>South Eastern</b>	Ulster	Lagan Valley (8-8pm Mon-Fri)	Ards MIU (9-5pm Mon-Fri)
		Downe <sup>59</sup> (8-8pm Mon-Fri) (9-5pm (MIU only) Sat-Sun)	Bangor MIU (9-5pm Mon-Fri)
<b>Southern</b>	Craigavon Area		South Tyrone (9-9pm Mon-Fri) (10-6pm Sat-Sun)
	Daisy Hill		Armagh Community <sup>60</sup> (Closed)
<b>Western</b>	Altnagelvin Area		Tyrone County (24-hour)
	South West Acute		

<sup>56</sup> Opening Hours are as of June 2017.

<sup>57</sup> RVH (RAES) refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

<sup>58</sup> Temporarily closed on 1<sup>st</sup> December 2014.

<sup>59</sup> Currently operates as a Type 3 on Saturday and Sunday, between 9am and 5pm.

<sup>60</sup> Temporarily closed on 17<sup>th</sup> 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 <sup>61</sup>**

Department	New Attendances				Unplanned Review Attendances				Total Attendances			
	Jun-16	Apr-17	May-17	Jun-17	Jun-16	Apr-17	May-17	Jun-17	Jun-16	Apr-17	May-17	Jun-17
Mater	3,932	3,763	4,096	3,878	143	151	147	166	4,075	3,914	4,243	4,044
Royal Victoria	7,258	7,519	8,131	7,625	229	256	317	264	7,487	7,775	8,448	7,889
RBHSC	3,010	3,111	3,466	2,960	259	262	279	241	3,269	3,373	3,745	3,201
Antrim Area	6,515	6,875	7,490	6,940	389	376	413	372	6,904	7,251	7,903	7,312
Causeway	3,539	3,641	3,784	3,562	359	365	264	243	3,898	4,006	4,048	3,805
Ulster	7,657	7,574	8,235	7,865	235	209	231	217	7,892	7,783	8,466	8,082
Craigavon Area	6,586	6,749	7,201	6,835	470	499	551	477	7,056	7,248	7,752	7,312
Daisy Hill	4,269	4,186	4,654	4,290	365	274	388	351	4,634	4,460	5,042	4,641
Altnagelvin Area	5,229	5,064	5,620	5,196	311	262	315	306	5,540	5,326	5,935	5,502
South West Acute	2,690	2,726	2,995	2,701	179	135	163	143	2,869	2,861	3,158	2,844
<b>Type 1</b>	<b>50,685</b>	<b>51,208</b>	<b>55,672</b>	<b>51,852</b>	<b>2,939</b>	<b>2,789</b>	<b>3,068</b>	<b>2,780</b>	<b>53,624</b>	<b>53,997</b>	<b>58,740</b>	<b>54,632</b>
Downe	1,734	1,795	1,995	1,821	67	79	84	93	1,801	1,874	2,079	1,914
Lagan Valley	2,000	1,735	2,147	2,068	102	59	91	78	2,102	1,794	2,238	2,146
RVH (RAES) <sup>62</sup>	-	-	-	-	-	-	-	-	1,329	1,386	1,488	1,524
<b>Type 2</b>	<b>3,734</b>	<b>3,530</b>	<b>4,142</b>	<b>3,889</b>	<b>169</b>	<b>138</b>	<b>175</b>	<b>171</b>	<b>5,232</b>	<b>5,054</b>	<b>5,805</b>	<b>5,584</b>
Mid Ulster	888	696	953	981	67	16	56	44	955	712	1,009	1,025
Ards	1,007	841	1,133	1,081	61	41	63	59	1,068	882	1,196	1,140
Bangor	876	710	947	867	57	38	53	46	933	748	1,000	913
South Tyrone	2,635	2,482	2,878	2,641	127	137	180	169	2,762	2,619	3,058	2,810
Tyrone County	1,510	1,387	1,549	1,465	56	33	58	43	1,566	1,420	1,607	1,508
<b>Type 3</b>	<b>6,916</b>	<b>6,116</b>	<b>7,460</b>	<b>7,035</b>	<b>368</b>	<b>265</b>	<b>410</b>	<b>361</b>	<b>7,284</b>	<b>6,381</b>	<b>7,870</b>	<b>7,396</b>
<b>Northern Ireland</b>	<b>61,335</b>	<b>60,854</b>	<b>67,274</b>	<b>62,776</b>	<b>3,476</b>	<b>3,192</b>	<b>3,653</b>	<b>3,312</b>	<b>66,140</b>	<b>65,432</b>	<b>72,415</b>	<b>67,612</b>

<sup>61</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

<sup>62</sup> It is not currently possible to collect detailed information for the RVH (RAES) service.

**Table 8B: Performance against Emergency Care Waiting Times Target<sup>63</sup>**

Department	4-Hour Performance				12-Hour Performance				Total Attendances			
	Jun-16	Apr-17	May-17	Jun-17	Jun-16	Apr-17	May-17	Jun-17	Jun-16	Apr-17	May-17	Jun-17
Mater	78.0%	66.5%	68.5%	72.2%	11	50	84	26	4,075	3,914	4,243	4,044
Royal Victoria	61.8%	65.7%	67.2%	83.2%	61	13	68	5	7,487	7,775	8,448	7,889
RBHSC	89.2%	84.9%	84.8%	93.2%	0	0	0	0	3,269	3,373	3,745	3,201
Antrim Area	65.7%	68.0%	78.7%	75.2%	84	163	38	25	6,904	7,251	7,903	7,312
Causeway	59.6%	71.3%	69.1%	66.6%	12	23	0	3	3,898	4,006	4,048	3,805
Ulster	74.2%	67.3%	66.6%	71.8%	63	203	177	104	7,892	7,783	8,466	8,082
Craigavon Area	66.6%	60.9%	63.6%	80.0%	19	203	132	59	7,056	7,248	7,752	7,312
Daisy Hill	76.5%	78.1%	75.3%	77.2%	5	19	25	45	4,634	4,460	5,042	4,641
Altnagelvin Area	75.6%	69.8%	80.4%	77.8%	2	25	24	9	5,540	5,326	5,935	5,502
South West Acute	68.8%	89.1%	85.1%	86.6%	11	3	2	4	2,869	2,861	3,158	2,844
<b>Type 1</b>	<b>70.6%</b>	<b>69.9%</b>	<b>72.5%</b>	<b>77.8%</b>	<b>268</b>	<b>702</b>	<b>550</b>	<b>280</b>	<b>53,624</b>	<b>53,997</b>	<b>58,740</b>	<b>54,632</b>
Downe	92.3%	93.2%	93.2%	92.8%	12	1	3	16	1,801	1,874	2,079	1,914
Lagan Valley	88.3%	89.7%	89.7%	88.8%	0	0	2	0	2,102	1,794	2,238	2,146
RVH (RAES)	100.0%	90.0%	87.2%	88.6%	0	0	0	0	1,329	1,386	1,488	1,524
<b>Type 2</b>	<b>92.7%</b>	<b>91.1%</b>	<b>90.3%</b>	<b>90.1%</b>	<b>12</b>	<b>1</b>	<b>5</b>	<b>16</b>	<b>5,232</b>	<b>5,054</b>	<b>5,805</b>	<b>5,584</b>
Mid Ulster	100.0%	100.0%	100.0%	100.0%	0	0	0	0	955	712	1,009	1,025
Ards	100.0%	100.0%	100.0%	100.0%	0	0	0	0	1,068	882	1,196	1,140
Bangor	100.0%	100.0%	99.9%	100.0%	0	0	0	0	933	748	1,000	913
South Tyrone	100.0%	100.0%	100.0%	100.0%	0	0	0	0	2,762	2,619	3,058	2,810
Tyrone County	99.2%	99.9%	99.9%	100.0%	0	0	0	0	1,566	1,420	1,607	1,508
<b>Type 3</b>	<b>99.8%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,284</b>	<b>6,381</b>	<b>7,870</b>	<b>7,396</b>
<b>Northern Ireland</b>	<b>75.6%</b>	<b>74.5%</b>	<b>76.9%</b>	<b>81.2%</b>	<b>280</b>	<b>703</b>	<b>555</b>	<b>296</b>	<b>66,140</b>	<b>65,432</b>	<b>72,415</b>	<b>67,612</b>

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



**Table 8C: Percentage of Attendances (i) Referred by a GP; (ii) Re-attended with 7 Days; and (iii) Who Left before Treatment was Complete** <sup>64, 65</sup>

Department	GP Referrals				Left before Treatment Complete				Unplanned Re-attendance with 7 Days			
	Jun-16	Apr-17	May-17	Jun-17	Jun-16	Apr-17	May-17	Jun-17	Jun-16	Apr-17	May-17	Jun-17
Mater	12.8%	12.1%	12.8%	15.0%	5.7%	8.3%	7.4%	6.4%	2.5%	3.0%	2.5%	2.8%
Royal Victoria	18.3%	17.7%	17.5%	18.8%	7.1%	4.9%	5.9%	3.3%	2.1%	2.2%	2.5%	2.2%
RBHSC	12.9%	15.0%	13.2%	12.1%	4.1%	3.7%	4.8%	1.5%	5.6%	5.4%	5.6%	4.9%
Antrim Area	19.0%	21.5%	21.0%	22.1%	3.8%	2.3%	2.2%	2.3%	3.9%	3.4%	3.3%	3.1%
Causeway	20.2%	21.6%	21.4%	20.9%	10.2%	3.7%	5.0%	4.1%	7.2%	6.5%	3.9%	4.0%
Ulster	23.6%	21.3%	21.8%	22.4%	2.6%	2.8%	3.0%	2.8%	2.2%	2.0%	1.9%	2.0%
Craigavon Area	22.5%	19.5%	20.6%	21.3%	4.6%	4.3%	3.6%	2.7%	4.6%	4.4%	4.6%	3.7%
Daisy Hill	12.2%	13.5%	15.6%	13.2%	5.4%	2.9%	3.4%	3.4%	6.0%	4.7%	5.7%	5.3%
Altnagelvin Area	11.7%	12.8%	12.6%	12.5%	4.9%	4.5%	4.4%	4.0%	4.1%	3.8%	4.1%	4.4%
South West Acute	17.5%	14.2%	15.3%	16.2%	3.8%	1.3%	2.8%	2.3%	6.0%	4.5%	5.0%	4.9%
<b>Type 1</b>	<b>17.9%</b>	<b>17.7%</b>	<b>17.9%</b>	<b>18.3%</b>	<b>5.1%</b>	<b>3.9%</b>	<b>4.1%</b>	<b>3.2%</b>	<b>4.0%</b>	<b>3.7%</b>	<b>3.7%</b>	<b>3.5%</b>
Downe	13.8%	11.3%	13.2%	13.9%	0.9%	1.3%	0.8%	0.7%	2.1%	2.5%	2.4%	3.0%
Lagan Valley	13.8%	12.8%	12.6%	13.2%	1.6%	1.3%	1.3%	1.9%	2.8%	2.3%	2.4%	2.1%
RVH (RAES) <sup>66</sup>	-	-	-	-	-	-	-	-	-	-	-	-
<b>Type 2</b>	<b>13.8%</b>	<b>12.0%</b>	<b>12.9%</b>	<b>13.5%</b>	<b>1.3%</b>	<b>1.3%</b>	<b>1.0%</b>	<b>1.3%</b>	<b>2.5%</b>	<b>2.4%</b>	<b>2.4%</b>	<b>2.6%</b>
Mid Ulster	2.3%	3.4%	2.3%	2.4%	0.5%	0.1%	0.1%	0.2%	2.2%	1.0%	2.6%	2.4%
Ards	0.5%	1.1%	0.8%	1.3%	0.1%	0.0%	0.3%	0.4%	2.5%	2.8%	2.9%	2.5%
Bangor	0.5%	0.5%	0.4%	1.2%	0.8%	0.5%	1.4%	0.4%	2.6%	3.1%	3.3%	3.5%
South Tyrone	0.4%	0.7%	0.8%	0.6%	0.5%	0.1%	0.1%	0.0%	2.4%	3.0%	2.7%	3.0%
Tyrone County	1.4%	1.3%	2.2%	1.6%	1.4%	1.1%	0.8%	0.7%	2.6%	1.6%	2.6%	2.0%
<b>Type 3</b>	<b>0.9%</b>	<b>1.2%</b>	<b>1.2%</b>	<b>1.2%</b>	<b>0.7%</b>	<b>0.4%</b>	<b>0.5%</b>	<b>0.3%</b>	<b>2.4%</b>	<b>2.5%</b>	<b>2.8%</b>	<b>2.7%</b>
<b>Northern Ireland</b>	<b>15.7%</b>	<b>15.7%</b>	<b>15.7%</b>	<b>16.1%</b>	<b>4.3%</b>	<b>3.4%</b>	<b>3.5%</b>	<b>2.8%</b>	<b>3.7%</b>	<b>3.5%</b>	<b>3.5%</b>	<b>3.3%</b>

<sup>64</sup> 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.

<sup>65</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

<sup>66</sup> It is not currently possible to collect detailed information for the RVH (RAES) service.

**Table 8D: Waiting Time from Arrival to Triage (Assessment)<sup>67, 68</sup>**

Department	Median				95 <sup>th</sup> Percentile			
	Jun-16	Apr-17	May-17	Jun-17	Jun-16	Apr-17	May-17	Jun-17
Mater	0:07	0:08	0:09	0:09	0:23	0:26	0:26	0:26
Royal Victoria	0:09	0:08	0:09	0:06	0:32	0:30	0:30	0:22
RBHSC	0:11	0:13	0:13	0:09	0:48	0:50	0:50	0:37
Antrim Area	0:07	0:08	0:08	0:07	0:23	0:25	0:23	0:21
Causeway	0:11	0:10	0:09	0:09	0:39	0:27	0:28	0:25
Ulster	0:08	0:09	0:09	0:09	0:25	0:27	0:26	0:26
Craigavon Area	0:09	0:07	0:07	0:05	0:30	0:29	0:30	0:24
Daisy Hill	0:06	0:05	0:05	0:05	0:19	0:17	0:16	0:18
Altnagelvin Area	0:13	0:13	0:13	0:13	0:44	0:40	0:41	0:38
South West Acute	0:15	0:08	0:10	0:09	1:17	0:30	0:34	0:32
<b>Type 1</b>	<b>0:09</b>	<b>0:09</b>	<b>0:09</b>	<b>0:08</b>	<b>0:34</b>	<b>0:31</b>	<b>0:31</b>	<b>0:27</b>
Downe	0:06	0:06	0:06	0:06	0:19	0:21	0:20	0:20
Lagan Valley	0:08	0:07	0:07	0:07	0:21	0:18	0:20	0:19
RVH (RAES) <sup>69</sup>	-	-	-	-	-	-	-	-
<b>Type 2</b>	<b>0:07</b>	<b>0:06</b>	<b>0:07</b>	<b>0:07</b>	<b>0:20</b>	<b>0:20</b>	<b>0:20</b>	<b>0:19</b>
Mid Ulster	0:03	0:02	0:02	0:02	0:09	0:08	0:09	0:09
Ards	0:03	0:03	0:02	0:02	0:14	0:13	0:13	0:11
Bangor	0:04	0:03	0:03	0:03	0:17	0:12	0:16	0:14
South Tyrone	0:02	0:01	0:01	0:01	0:12	0:09	0:09	0:09
Tyrone County	0:00	0:00	0:00	0:00	0:20	0:25	0:35	0:40
<b>Type 3</b>	<b>0:02</b>	<b>0:01</b>	<b>0:02</b>	<b>0:02</b>	<b>0:13</b>	<b>0:11</b>	<b>0:14</b>	<b>0:12</b>
<b>Northern Ireland</b>	<b>0:08</b>	<b>0:08</b>	<b>0:08</b>	<b>0:07</b>	<b>0:32</b>	<b>0:30</b>	<b>0:29</b>	<b>0:26</b>

<sup>67</sup> 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.

<sup>68</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

<sup>69</sup> It is not currently possible to collect detailed information for the RVH (RAES) service.

**Table 8E: Waiting Time from Triage (Assessment) to Start of Treatment** <sup>70, 71</sup>

Department	Median				95 <sup>th</sup> Percentile			
	Jun-16	Apr-17	May-17	Jun-17	Jun-16	Apr-17	May-17	Jun-17
Mater	0:44	1:00	0:55	0:55	3:39	4:36	3:59	4:05
Royal Victoria	0:55	0:58	0:54	0:44	4:35	3:46	4:35	3:05
RBHSC	0:55	0:48	0:51	0:31	2:40	2:49	2:52	1:58
Antrim Area	1:19	1:13	1:07	1:11	5:03	3:57	3:50	4:11
Causeway	1:20	0:33	0:41	0:46	5:15	3:13	3:53	4:00
Ulster	0:48	0:48	0:54	0:56	3:07	3:29	3:51	3:19
Craigavon Area	1:30	1:23	1:23	1:05	4:02	4:27	4:12	3:32
Daisy Hill	0:54	0:45	0:58	0:40	3:48	2:30	3:14	2:38
Altnagelvin Area	0:47	0:38	0:39	0:42	2:47	3:04	2:55	2:46
South West Acute	0:32	0:21	0:29	0:23	3:01	2:14	2:34	2:16
<b>Type 1</b>	<b>0:57</b>	<b>0:52</b>	<b>0:55</b>	<b>0:49</b>	<b>3:57</b>	<b>3:38</b>	<b>3:46</b>	<b>3:24</b>
Downe	0:27	0:32	0:25	0:24	1:47	2:08	1:23	1:29
Lagan Valley	0:31	0:28	0:33	0:34	2:23	1:57	2:02	1:49
RVH (RAES) <sup>72</sup>	-	-	-	-	-	-	-	-
<b>Type 2</b>	<b>0:29</b>	<b>0:29</b>	<b>0:29</b>	<b>0:29</b>	<b>2:08</b>	<b>2:01</b>	<b>1:44</b>	<b>1:40</b>
Mid Ulster	0:07	0:05	0:06	0:05	0:56	0:31	0:37	0:24
Ards	0:07	0:04	0:05	0:05	0:34	0:21	0:34	0:31
Bangor	0:03	0:03	0:05	0:03	0:30	0:29	0:50	0:27
South Tyrone	0:01	0:01	0:01	0:01	0:32	0:15	0:17	0:17
Tyrone County	0:14	0:08	0:10	0:10	1:29	0:55	1:08	1:08
<b>Type 3</b>	<b>0:05</b>	<b>0:03</b>	<b>0:04</b>	<b>0:04</b>	<b>0:51</b>	<b>0:32</b>	<b>0:42</b>	<b>0:38</b>
<b>Northern Ireland</b>	<b>0:45</b>	<b>0:41</b>	<b>0:43</b>	<b>0:39</b>	<b>3:42</b>	<b>3:26</b>	<b>3:31</b>	<b>3:12</b>

<sup>70</sup> 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.

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

<sup>72</sup> It is not currently possible to collect detailed information for the RVH (RAES) service.

**Table 8F: Time Spent in an Emergency Care Department by those Admitted to Hospital** <sup>73, 74</sup>

Department	Median (Admitted)				95 <sup>th</sup> Percentile (Admitted)			
	Jun-16	Apr-17	May-17	Jun-17	Jun-16	Apr-17	May-17	Jun-17
Mater	4:00	5:27	5:45	4:51	9:52	11:51	14:30	11:43
Royal Victoria	6:28	5:46	5:55	3:55	11:43	10:48	11:46	9:28
RBHSC	3:22	3:10	3:31	2:48	6:40	7:06	7:10	5:40
Antrim Area	6:21	5:46	3:55	4:00	11:55	15:55	9:52	9:19
Causeway	6:32	5:42	5:34	5:40	11:31	11:22	10:31	11:06
Ulster	4:42	5:56	5:48	4:51	11:22	16:00	14:55	11:55
Craigavon Area	5:28	6:54	6:28	3:52	11:48	17:43	15:25	11:42
Daisy Hill	5:01	5:16	5:21	5:37	11:24	11:42	11:39	12:37
Altnagelvin Area	5:04	6:06	3:58	4:46	10:04	11:25	9:07	9:22
South West Acute	4:46	3:24	3:37	3:33	10:01	6:13	7:22	6:39
<b>Type 1</b>	<b>5:16</b>	<b>5:37</b>	<b>4:58</b>	<b>4:13</b>	<b>11:28</b>	<b>12:42</b>	<b>11:48</b>	<b>10:58</b>
Downe	3:10	3:21	3:11	3:25	16:06	7:04	7:16	17:13
Lagan Valley	4:25	3:43	4:25	4:01	8:22	6:42	8:03	7:42
RVH (RAES) <sup>75</sup>	-	-	-	-	-	-	-	-
<b>Type 2</b>	<b>3:52</b>	<b>3:34</b>	<b>3:57</b>	<b>3:51</b>	<b>8:31</b>	<b>6:54</b>	<b>7:52</b>	<b>8:59</b>
Mid Ulster	-	-	-	-	-	-	-	-
Ards	-	-	-	-	-	-	-	-
Bangor	-	-	-	-	-	-	-	-
South Tyrone	-	-	-	-	-	-	-	-
Tyrone County	0:10	0:10	0:24	0:10	0:34	0:40	1:04	1:16
<b>Type 3</b>	<b>0:10</b>	<b>0:10</b>	<b>0:24</b>	<b>0:10</b>	<b>0:34</b>	<b>0:40</b>	<b>1:04</b>	<b>1:16</b>
<b>Northern Ireland</b>	<b>5:13</b>	<b>5:31</b>	<b>4:55</b>	<b>4:12</b>	<b>11:28</b>	<b>12:33</b>	<b>11:46</b>	<b>10:55</b>

<sup>73</sup> 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.

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

<sup>75</sup> It is not currently possible to collect detailed information for the RVH (RAES) service.

**Table 8G: Time Spent in an Emergency Care Department by those Discharged Home <sup>76, 77</sup>**

Department	Median (Non-admitted)				95 <sup>th</sup> Percentile (Non-admitted)			
	Jun-16	Apr-17	May-17	Jun-17	Jun-16	Apr-17	May-17	Jun-17
Mater	2:13	2:43	2:40	2:39	5:40	7:10	6:48	6:10
Royal Victoria	2:55	2:46	2:40	2:21	7:49	7:03	7:37	5:31
RBHSC	2:09	2:07	2:10	1:36	4:24	5:00	4:55	4:00
Antrim Area	2:31	2:30	2:16	2:18	7:16	6:06	5:37	5:46
Causeway	2:55	2:07	2:28	2:31	7:36	6:25	6:43	6:52
Ulster	2:04	2:18	2:21	2:19	5:22	6:01	5:52	5:45
Craigavon Area	2:46	2:46	2:40	2:16	6:04	7:00	6:33	5:22
Daisy Hill	2:07	2:00	2:18	2:01	5:45	5:10	5:36	5:28
Altnagelvin Area	2:16	2:25	2:12	2:13	5:00	5:51	4:55	4:54
South West Acute	2:31	1:58	2:07	2:01	7:03	4:19	4:52	4:39
<b>Type 1</b>	<b>2:25</b>	<b>2:25</b>	<b>2:25</b>	<b>2:13</b>	<b>6:21</b>	<b>6:16</b>	<b>6:10</b>	<b>5:37</b>
Downe	1:19	1:28	1:13	1:16	4:00	3:57	3:36	3:49
Lagan Valley	1:48	1:34	1:42	1:45	4:31	4:28	4:01	4:24
RVH (RAES) <sup>78</sup>	-	-	-	-	-	-	-	-
<b>Type 2</b>	<b>1:34</b>	<b>1:31</b>	<b>1:28</b>	<b>1:31</b>	<b>4:22</b>	<b>4:15</b>	<b>3:58</b>	<b>4:10</b>
Mid Ulster	0:40	0:34	0:34	0:31	1:36	1:28	1:25	1:15
Ards	0:37	0:31	0:34	0:34	1:27	1:24	1:22	1:22
Bangor	0:34	0:30	0:34	0:30	1:18	1:13	1:31	1:19
South Tyrone	0:34	0:24	0:25	0:25	1:24	1:01	1:03	1:01
Tyrone County	0:43	0:34	0:40	0:45	2:25	1:40	1:55	1:57
<b>Type 3</b>	<b>0:37</b>	<b>0:28</b>	<b>0:31</b>	<b>0:30</b>	<b>1:39</b>	<b>1:19</b>	<b>1:25</b>	<b>1:25</b>
<b>Northern Ireland</b>	<b>2:01</b>	<b>2:01</b>	<b>1:58</b>	<b>1:52</b>	<b>5:58</b>	<b>5:58</b>	<b>5:51</b>	<b>5:19</b>

<sup>76</sup> 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.

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

<sup>78</sup> It is not currently possible to collect detailed information for the RVH (RAES) service.

**Table 8H: Attendances at Emergency Care Departments per 1000-  
Population by Age Group <sup>79, 80</sup>**

Age Group	Jun-16	Apr-17	May-17	Jun-17
Under 5	41	45	46	40
Aged 5 - 15	34	32	40	34
Aged 16 - 44	34	33	36	34
Aged 45 - 64	29	29	32	30
Aged 65 - 84	41	41	46	42
Aged 85 & Over	74	76	84	80
<b>Northern Ireland</b>	<b>35</b>	<b>35</b>	<b>38</b>	<b>36</b>

**Table 8I: Average Number of Attendances by Day of Week <sup>81, 82</sup>**

Day of Week	Jun-16	Apr-17	May-17	Jun-17
Monday	2,586	1,983	3,271	2,690
Tuesday	2,348	1,825	3,101	2,335
Wednesday	2,208	1,825	2,925	2,341
Thursday	2,066	2,247	2,309	2,187
Friday	2,240	2,202	2,316	2,173
Saturday	1,768	2,287	1,451	1,803
Sunday	1,917	2,229	1,597	1,903

<sup>79</sup> 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.

<sup>80</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

<sup>81</sup> 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.

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

**Table 8J: Attendances at Emergency Care Departments, by Time Waited from Arrival to Discharge**<sup>83</sup>

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Jun-16	Apr-17	May-17	Jun-17	Jun-16	Apr-17	May-17	Jun-17	Jun-16	Apr-17	May-17	Jun-17
Mater	3,179	2,604	2,906	2,920	885	1,260	1,253	1,098	11	50	84	26
Royal Victoria	4,629	5,105	5,676	6,565	2,797	2,657	2,704	1,319	61	13	68	5
RBHSC	2,915	2,862	3,174	2,982	354	511	571	219	0	0	0	0
Antrim Area	4,539	4,934	6,221	5,501	2,281	2,154	1,644	1,786	84	163	38	25
Causeway	2,325	2,858	2,797	2,535	1,561	1,125	1,251	1,267	12	23	0	3
Ulster	5,854	5,238	5,642	5,803	1,975	2,342	2,647	2,175	63	203	177	104
Craigavon Area	4,702	4,416	4,934	5,853	2,335	2,629	2,686	1,400	19	203	132	59
Daisy Hill	3,544	3,485	3,795	3,581	1,085	956	1,222	1,015	5	19	25	45
Altnagelvin Area	4,191	3,720	4,769	4,279	1,347	1,581	1,142	1,214	2	25	24	9
South West Acute	1,975	2,548	2,687	2,463	883	310	469	377	11	3	2	4
<b>Type 1</b>	<b>37,853</b>	<b>37,770</b>	<b>42,601</b>	<b>42,482</b>	<b>15,503</b>	<b>15,525</b>	<b>15,589</b>	<b>11,870</b>	<b>268</b>	<b>702</b>	<b>550</b>	<b>280</b>
Downe	1,663	1,746	1,937	1,776	126	127	139	122	12	1	3	16
Lagan Valley	1,856	1,609	2,007	1,906	246	185	229	240	0	0	2	0
RVH (RAES)	1,329	1,248	1,297	1,351	0	138	191	173	0	0	0	0
<b>Type 2</b>	<b>4,848</b>	<b>4,603</b>	<b>5,241</b>	<b>5,033</b>	<b>372</b>	<b>450</b>	<b>559</b>	<b>535</b>	<b>12</b>	<b>1</b>	<b>5</b>	<b>16</b>
Mid Ulster	955	712	1,009	1,025	0	0	0	0	0	0	0	0
Ards	1,068	882	1,196	1,140	0	0	0	0	0	0	0	0
Bangor	933	748	999	913	0	0	1	0	0	0	0	0
South Tyrone	2,762	2,619	3,058	2,810	0	0	0	0	0	0	0	0
Tyrone County	1,554	1,419	1,605	1,508	12	1	2	0	0	0	0	0
<b>Type 3</b>	<b>7,272</b>	<b>6,380</b>	<b>7,867</b>	<b>7,396</b>	<b>12</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Northern Ireland</b>	<b>49,973</b>	<b>48,753</b>	<b>55,709</b>	<b>54,911</b>	<b>15,887</b>	<b>15,976</b>	<b>16,151</b>	<b>12,405</b>	<b>280</b>	<b>703</b>	<b>555</b>	<b>296</b>

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

**Table 8K: Percentage of Patients Commencing Treatment, Following Triage, within 2 Hours <sup>84</sup>**

Department	% Commencing Treatment, Following Triage, within 2 Hours			
	Jun-16	Apr-17	May-17	Jun-17
Mater	85.1%	82.6%	82.6%	80.3%
Royal Victoria	73.2%	75.4%	76.1%	87.1%
RBHSC	61.3%	56.8%	56.3%	71.6%
Antrim Area	84.2%	81.5%	82.2%	86.1%
Causeway	65.8%	77.9%	79.6%	80.7%
Ulster	83.3%	79.1%	78.8%	78.8%
Craigavon Area	76.1%	79.1%	78.0%	87.5%
Daisy Hill	91.9%	93.8%	93.9%	92.9%
Altnagelvin Area	58.7%	58.7%	57.6%	57.8%
South West Acute	52.5%	79.9%	72.8%	78.0%
<b>Type 1</b>	<b>75.0%</b>	<b>76.8%</b>	<b>76.4%</b>	<b>80.9%</b>
Downe	90.2%	88.2%	89.8%	90.4%
Lagan Valley	88.5%	92.0%	89.3%	89.6%
RVH (RAES) <sup>85</sup>	-	-	-	-
<b>Type 2</b>	<b>89.3%</b>	<b>90.0%</b>	<b>89.6%</b>	<b>89.9%</b>
Mid Ulster	99.4%	99.7%	99.4%	99.3%
Ards	96.2%	96.8%	96.0%	98.9%
Bangor	94.3%	97.9%	94.5%	96.5%
South Tyrone	97.1%	99.2%	98.4%	98.7%
Tyrone County	95.0%	93.0%	89.4%	89.7%
<b>Type 3</b>	<b>96.5%</b>	<b>97.4%</b>	<b>95.9%</b>	<b>96.8%</b>
<b>Northern Ireland</b>	<b>78.3%</b>	<b>79.7%</b>	<b>79.4%</b>	<b>83.3%</b>

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

<sup>85</sup> It is not currently possible to collect detailed information for the RVH (RAES) service.



**Table 8L: Percentage Triageed in each Triage Group** <sup>86, 87</sup>

Department	Triage Level (1/2/3)				Triage Level (4/5)			
	Jun-16	Apr-17	May-17	Jun-17	Jun-16	Apr-17	May-17	Jun-17
Mater	55.0%	60.2%	59.7%	61.2%	45.0%	39.8%	40.3%	38.8%
Royal Victoria	60.3%	62.5%	60.1%	60.8%	39.7%	37.5%	39.9%	39.2%
RBHSC	28.9%	36.9%	35.9%	34.6%	71.1%	63.1%	64.1%	65.4%
Antrim Area	66.3%	63.6%	64.1%	64.9%	33.7%	36.4%	35.9%	35.1%
Causeway	63.4%	68.3%	62.8%	67.0%	36.6%	31.7%	37.2%	33.0%
Ulster	62.2%	68.1%	66.1%	67.3%	37.8%	31.9%	33.9%	32.7%
Craigavon Area	80.7%	82.3%	82.6%	81.2%	19.3%	17.7%	17.4%	18.8%
Daisy Hill	75.8%	81.4%	78.3%	78.5%	24.2%	18.6%	21.7%	21.5%
Altnagelvin Area	60.5%	61.5%	60.6%	59.1%	39.5%	38.5%	39.4%	40.9%
South West Acute	65.8%	68.6%	67.8%	67.9%	34.2%	31.4%	32.2%	32.1%
<b>Type 1</b>	<b>63.6%</b>	<b>66.6%</b>	<b>65.1%</b>	<b>65.7%</b>	<b>36.4%</b>	<b>33.4%</b>	<b>34.9%</b>	<b>34.3%</b>
Downe	39.6%	41.4%	41.4%	41.0%	60.4%	58.6%	58.6%	59.0%
Lagan Valley	42.7%	47.9%	46.0%	45.1%	57.3%	52.1%	54.0%	54.9%
RVH (RAES) <sup>88</sup>	-	-	-	-	-	-	-	-
<b>Type 2</b>	<b>41.3%</b>	<b>44.6%</b>	<b>43.8%</b>	<b>43.1%</b>	<b>58.7%</b>	<b>55.4%</b>	<b>56.2%</b>	<b>56.9%</b>
Mid Ulster	1.9%	1.7%	2.2%	2.3%	98.1%	98.3%	97.8%	97.7%
Ards	0.6%	1.2%	0.8%	1.0%	99.4%	98.8%	99.2%	99.0%
Bangor	1.2%	1.6%	1.4%	1.0%	98.8%	98.4%	98.6%	99.0%
South Tyrone	0.7%	3.0%	4.2%	5.1%	99.3%	97.0%	95.8%	94.9%
Tyrone County	0.3%	0.3%	0.1%	0.1%	99.7%	99.7%	99.9%	99.9%
<b>Type 3</b>	<b>0.8%</b>	<b>1.9%</b>	<b>2.3%</b>	<b>2.6%</b>	<b>99.2%</b>	<b>98.1%</b>	<b>97.7%</b>	<b>97.4%</b>
<b>Northern Ireland</b>	<b>55.0%</b>	<b>58.8%</b>	<b>56.8%</b>	<b>57.1%</b>	<b>45.0%</b>	<b>41.2%</b>	<b>43.2%</b>	<b>42.9%</b>

<sup>86</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

<sup>87</sup> 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.

<sup>88</sup> It is not currently possible to collect detailed information for the RVH (RAES) service.

## Appendix 5: Further Information

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

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Information & Analysis Directorate

Department of Health

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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>