

INFORMATION
ANALYSIS
DIRECTORATE



Emergency Care Waiting Time Statistics for Northern Ireland (July – September 2017)



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

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Reader Information

Purpose: This statistical release presents information on the time waited in emergency care departments (ED) in Northern Ireland. It reports on the performance against the DoH Ministerial target, including additional information on a number of clinical quality indicators set by the Department of Health (DoH).

Guidance: It is recommended that readers refer to the '**Emergency Care Waiting Time Statistics - Additional Guidance**' booklet, which details technical guidance, definitions and background information on the data used, including the security and confidentiality processes¹. This booklet is updated for each release and can be found at the following link:

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

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Statistical Quality: Information detailed in this release has been provided by HSC Trusts and was validated by Hospital Information Branch (HIB) prior to release. Information on: time to triage, age and time of day for attendances, GP referrals, emergency admissions, left before treatment complete, triage level, time to start of treatment, time waited for patients admitted and not admitted are **not** National Statistics, but have been included to provide users with a comprehensive view of emergency care activity and waits. Further information on data included in this release is available at the link below:

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

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.

Further Copies: statistics@health-ni.gov.uk

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¹ Information on Security and Confidentiality Processes is detailed in the Technical Notes on page 4.

Technical Notes

Data Collection

The information presented in this bulletin is collected using an electronic patient-level administrative system and a series of statistical returns provided by HSC Trusts. Data providers are issued with technical guidance documents to be used in the collection, reporting and validation of each of these data returns, and can be accessed at the link below:

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

Information on emergency care waiting times is downloaded on the 8th of each month from the Regional Data Warehouse for all EDs, with exception of the Regional Acute Eye Service (RAES) which is sourced from the aggregate EC1 return.

A National Statistics Publication

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

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the UK Statistics 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/sites/default/files/publications/dhssps/pre-release-access-hs-ni-wts-ecwt.pdf>

Waiting Time Information elsewhere in the United Kingdom (UK)

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

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

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

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

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

Contextual Information

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

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

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

Security & Confidentiality Processes

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

Official Statistics & User Engagement:

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

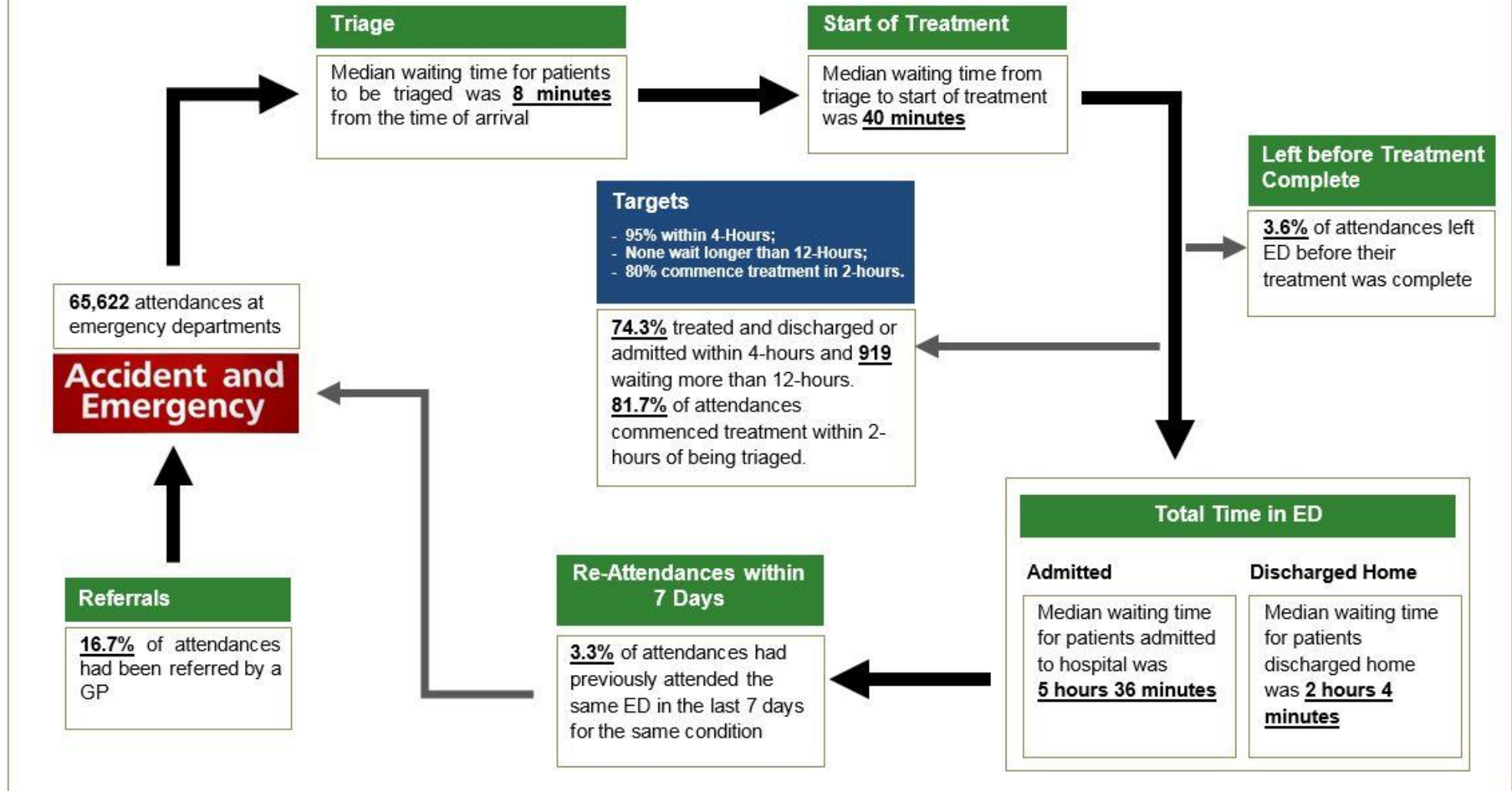
Statistical Charter:

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

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SUMMARY OF KEY FACTS (September 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 September 2017, compared with the same month last year.

Table 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (September 2016 and September 2017)^{2, 3, 4}

Attendances	September 2016	September 2017	Difference	
New	61,895	62,432	537	0.9%
Unplanned Review	3,119	3,190	71	2.3%
Total Attendances	65,014	65,622	608	0.9%
Emergency Admissions	11,356	12,086	730	6.4%

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances at EDs increased by 0.9% (608) when compared with September 2016, from 65,014 to 65,622 in September 2017 (Table 1, Table 10A).
- The number of new attendances increased by 0.9% (537) when compared with September 2016, from 61,895 to 62,432 in September 2017 (Table 1, Table 10A)
- Between September 2016 and September 2017, unplanned review attendances increased by 2.3% (71) (Table 1, Table 10A).
- Emergency admissions to hospital increased by 6.4% (730) between September 2016 (11,356) and September 2017 (12,086) (Table 1).

² Information for September 2016, July, August and September 2017 is detailed in Appendix 4, Table 10A.

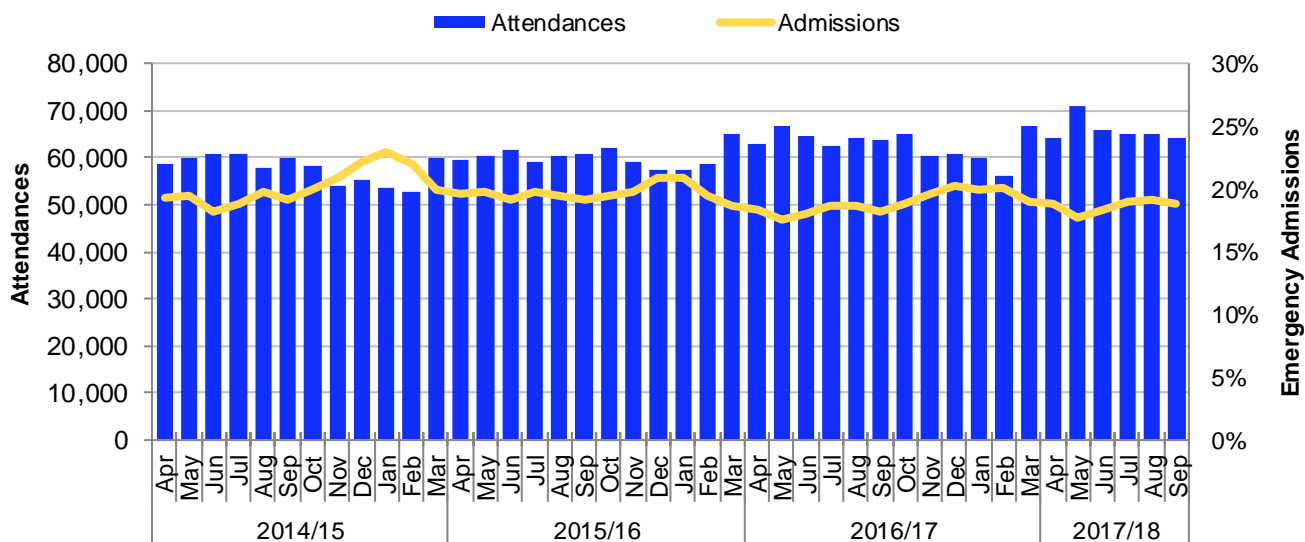
³ Data on emergency admissions are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits. This is sourced from the ED Administrative Systems and will therefore differ slightly from the information included in the Hospital Statistics: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

⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these waiting time statistics.

Are More Patients being Admitted to Hospital?

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

Figure 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (April 2014 – September 2017) ^{5, 6}



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

⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these waiting time statistics.

⁶ 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.

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 September 2017 and the same month last year. It also details the total number of attendances at Type 2 and 3 EDs during this period^{7, 8}.

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

Department	New Attendances		Unplanned Review Attendances		Total Attendances	
	Sep-16	Sep-17	Sep-16	Sep-17	Sep-16	Sep-17
Mater	3,889	3,919	134	147	4,023	4,066
Royal Victoria	7,667	8,019	266	284	7,933	8,303
RBHSC	2,973	2,862	192	227	3,165	3,089
Antrim Area	6,604	6,429	361	431	6,965	6,860
Causeway	3,359	3,364	249	245	3,608	3,609
Ulster	7,597	7,762	220	163	7,817	7,925
Craigavon Area	6,536	6,549	438	477	6,974	7,026
Daisy Hill	4,018	4,274	287	253	4,305	4,527
Altnagelvin Area	4,965	5,083	308	335	5,273	5,418
South West Acute	2,535	2,640	115	170	2,650	2,810
Type 1	50,143	50,901	2,570	2,732	52,713	53,633
Type 2	5,214	5,193	156	189	5,370	5,382
Type 3	6,538	6,338	393	269	6,931	6,607
Northern Ireland	61,895	62,432	3,119	3,190	65,014	65,622

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances increased at both Type 1 and Type 2 EDs between September 2016 and September 2017, whilst attendances decreased at Type 3 EDs during this time (Table 2, Table 10A).
- The Royal Victoria (8,303) and Ulster (7,925) were the busiest EDs during September 2017 (Table 2, Table 10A).
- Of the 10 Type 1 EDs, the Royal Victoria (370) and Daisy Hill (222) reported the highest increase in attendances during September 2017 when compared with September 2016 (Table 2, Table 10A).

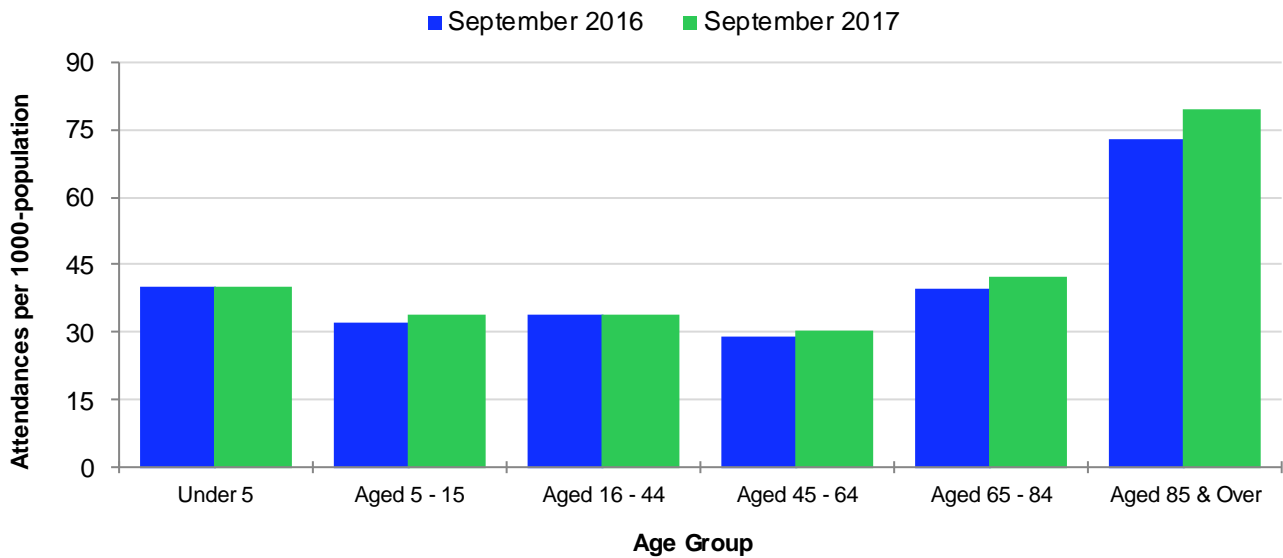
⁷ Information for September 2016, July, August and September 2017 is detailed in Appendix 4, Table 10A.

⁸ 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.

Who Attends Emergency Departments?

Figure 2 presents information on the number of attendances at EDs per 1000-population, broken down by the age group of those attending^{9, 10}.

Figure 2: Attendances at Emergency Care Departments per 1,000-population, by Age Group (September 2016 and September 2017)^{11, 12}



- During both September 2016 and September 2017, the highest number of attendances per 1000-population was recorded for those aged 85 & over (73 & 80 respectively) (Figure 2, Table 10H).
- A high number of attendances per 1000-population aged under 5 was also recorded in both September 2016 and September 2017 (40 for both) (Figure 2, Table 10H).
- The rate of attendances per 1000-population increased or remained similar for all age groups between September 2016 and September 2017 (Figure 2, Table 10H).
- The lowest number of attendances per 1000-population was recorded in the 45 – 64 age group during September 2016 and September 2017 (29 and 30 respectively) (Figure 2, Table 10H).

⁹ Information for September 2016, July, August and September 2017 is detailed in Appendix 4, Table 10H.

¹⁰ Data on the age of those attending ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

¹¹ Excludes cases where the DOB could not be determined.

¹² 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 which a patient's treatment should commence.¹³

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 EDs 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 (September 2016 & September 2017)¹⁴

Department	Triage Group			
	Level 1 / 2 / 3		Level 4 / 5	
	Sep-16	Sep-17	Sep-16	Sep-17
Mater	57.0%	57.6%	43.0%	42.4%
Royal Victoria	60.1%	61.9%	39.9%	38.1%
RBHSC	35.2%	38.8%	64.8%	61.2%
Antrim Area	64.9%	66.5%	35.1%	33.5%
Causeway	65.6%	66.8%	34.4%	33.2%
Ulster	63.9%	66.3%	36.1%	33.7%
Craigavon Area	81.8%	82.4%	18.2%	17.6%
Daisy Hill	75.5%	75.8%	24.5%	24.2%
Altnagelvin Area	62.8%	62.8%	37.2%	37.2%
South West Acute	71.5%	67.4%	28.5%	32.6%
Type 1	64.9%	66.0%	35.1%	34.0%
Type 2	43.3%	44.2%	56.7%	55.8%
Type 3	0.9%	2.5%	99.1%	97.5%
Northern Ireland	56.5%	58.1%	43.5%	41.9%

Source: Regional Data Warehouse, Business Services Organisation

- Almost two thirds (66.0%) of attendances at Type 1 EDs were triaged as level 1, 2 or 3 in September 2017, slightly higher than September 2016 (64.9%) (Table 3, Table 10L).

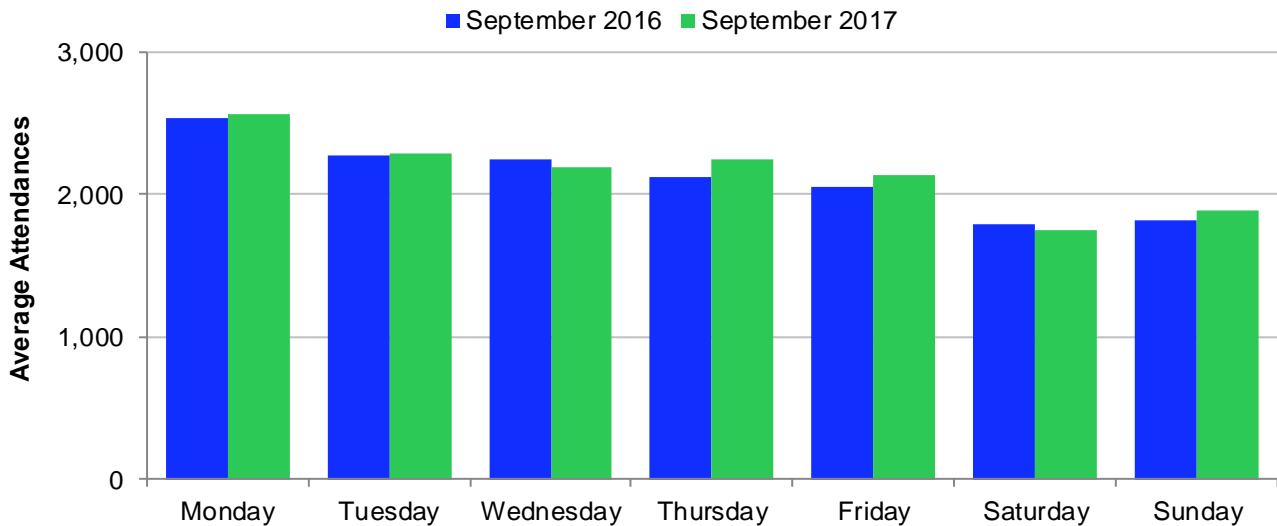
¹³ Data on triage level are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

¹⁴ Information for September 2016, July, August and September 2017 is detailed in Appendix 4: Table 10L.

When Do People Attend Emergency Care Departments?

Figure 4 presents information on the average number of new and unplanned review attendances at EDs by day of the week during September 2017, compared with September 2016^{15, 16}.

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



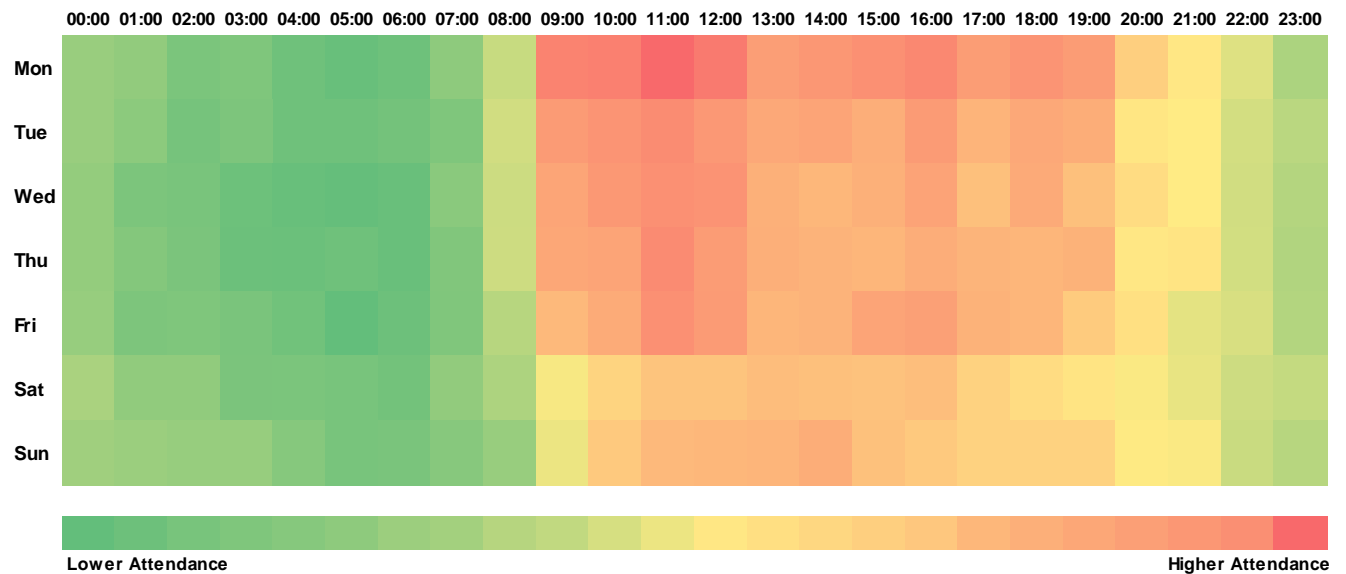
- During September 2017, the average number of attendances at EDs decreased on both Wednesday and Saturday when compared with September 2016, whilst attendances increased for each other day (Figure 4, Table 10I).
- Overall, Monday was the busiest day at EDs during both September 2016 and September 2017, with over 2,500 daily attendances on average each Monday (Figure 4, Table 10I).
- The largest increase in average daily attendances between September 2016 and September 2017 (127) was on a Thursday (2,117 and 2,244 respectively) (Figure 4, Table 10I).
- The lowest average number of daily attendances was on a Saturday during both September 2016 and September 2017 (1,787 and 1,746 respectively) (Figure 4, Table 10I).

¹⁵ Information for September 2016, July, August and September 2017 is detailed in Appendix 4, Table 10I.

¹⁶ 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 September 2017¹⁷. 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 (September 2017)



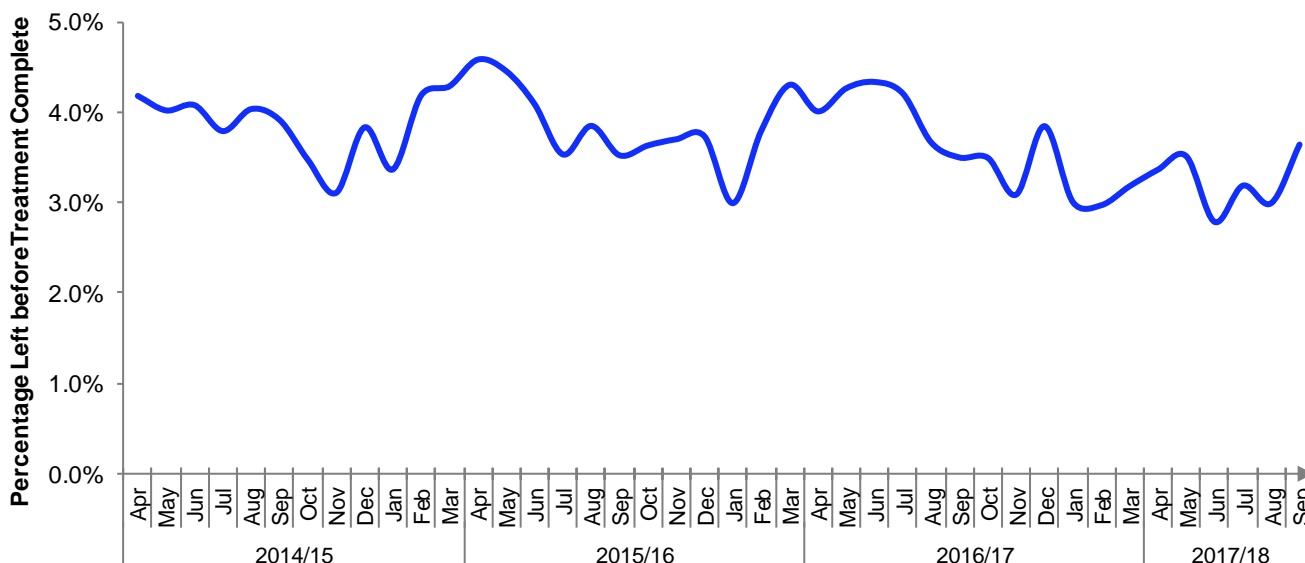
- Monday was the busiest day of the week during September 2017, with the highest number of attendances arriving between 11:00am and 11:59am (Figure 5).
- Saturday was the least busy day during September 2017, with the highest number of attendances arriving between 14:00pm and 14:59pm (Figure 5).
- Overall, the busiest hour of the day during September 2017 was between 11:00am and 11:59am, whilst the least busy hour was 5:00am to 5:59am (Figure 5).

¹⁷ 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.

Do Patients Leave ED Before Their Treatment is Complete?

Figure 7 presents information on the proportion of attendances leaving an ED before their treatment was complete, during each month from April 2014²⁰, ²¹.

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



- During September 2017, 3.6% of all ED attendances left before their treatment was complete, similar to September 2016 (3.5%) (Figure 7, Table 10C).
- Type 1 EDs reported the highest percentage (4.2%) of patients leaving before their treatment was complete in September 2017, compared with 1.8% at Type 2 EDs and 0.2% at Type 3 EDs (Table 10C).
- The Mater (6.8%) reported the highest percentage of attendances leaving an ED before their treatment was complete during September 2017, 1.6 percentage points less than September 2016 (8.4%) (Table 10C).
- During the last 12 months, the percentage of attendances leaving ED before their treatment was complete was highest in December 2016 (3.8%) (Figure 7).

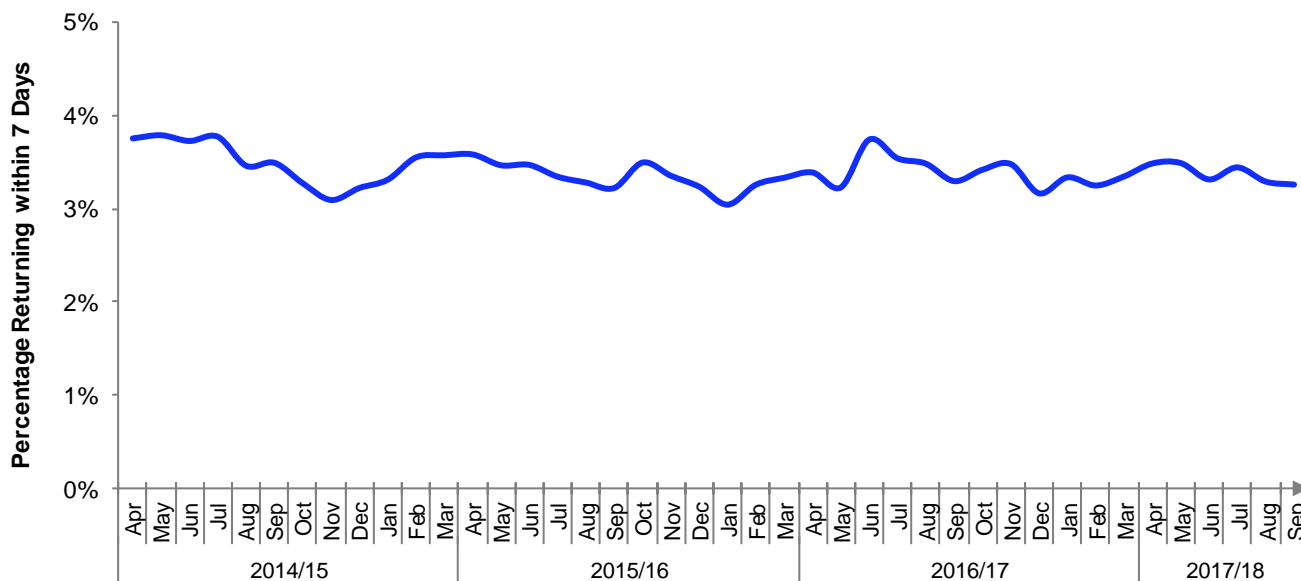
²⁰ Information for September 2016, July, August and September 2017 is detailed in Appendix 4, Table 10C.

²¹ 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 EDs within a Week?

Figure 8 presents information on the percentage of unplanned review attendances at EDs within 7 days of their original attendance for the same condition, during each month from April 2014^{22, 23}.

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



- The percentage of unplanned review attendances at EDs within 7 days of the original attendance for the same condition, fluctuated between 3.0% and 4.0% of the total number of ED attendances from April 2014 (Figure 8).
- During September 2017, 3.3% of attendances had previously attended the same ED within 7 days of their attendance, similar to September 2016 (3.3%) (Figure 8, Table 10C).
- Altnagelvin Area (5.2%) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during September 2017, whilst the Ulster (1.9%) reported the lowest percentage (Table 10C).

²² Information for September 2016, July, August and September 2017 is detailed in Appendix 4, Table 10C.

²³ 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 EDs in Northern Ireland. It outlines these different measures and how they relate to each other. The different measures of the time spent in an ED include:

- **The Four and Twelve Hour Waiting Times Target;**

The most familiar mechanisms for monitoring ED performance are the ‘four and twelve hour’ measures, which report the percentage of patients treated and discharged or admitted from ED within 4 hours of their arrival and the number treated and discharged or admitted from ED within 12 hours of arrival.

- **Time to Triage (Initial Assessment / Triage);**

This refers to the time from arrival at ED to the start of a patient’s triage by a medical professional for all attendances.

- **Time to Start of Treatment; and,**

The time taken to start a patient’s treatment refers to the time from when a patient has been triaged until the start of their definitive treatment by a decision-making clinician.

- **Total Time spent in ED for both Admitted and Non-Admitted Patients.**

Similar to the four and twelve hour measurements, this information refers to the total length of time a patient spends in an ED from arrival to discharge or admission to hospital. However it presents the information separately for those discharged home and those admitted to hospital.

Emergency Care Waiting Times Targets

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

‘From April 2017, 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.’

How are EDs 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 ^{24, 25}.

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

Percentage within 4 Hours	September 2016	September 2017	Difference	
			No.	% pt
Type 1	71.5%	69.4%	-	-2.1%
Type 2	93.4%	90.9%	-	-2.5%
Type 3	100.0%	100.0%	-	0.0%
All Departments	76.4%	74.3%	-	-2.1%
Number Over 12 Hours	September 2016	September 2017	Difference	
			No.	%
Type 1	152	918	766	-
Type 2	2	1	-1	-
Type 3	0	0	0	-
All Departments	154	919	765	-
New and Unplanned Review Attendances	September 2016	September 2017	Difference	
			No.	%
Type 1	52,713	53,633	920	1.7%
Type 2	5,370	5,382	12	0.2%
Type 3	9,931	6,607	-324	-4.7%
All Departments	65,014	65,622	608	0.9%

Source: Regional Data Warehouse, Business Services Organisation

- Almost three quarters (74.3%) of ED attendances were treated and discharged, or admitted within 4 hours of their arrival in September 2017, 2.1 percentage points lower than September 2016 (76.4%) (Table 4, Table 10B & Table 10J).
- During September 2017, over two thirds (69.4%) of attendances at Type 1 EDs were treated and discharged, or admitted within 4 hours of their arrival, compared with 90.9% at Type 2 EDs and 100.0% at Type 3 EDs (Table 4, Table 10B & Table 10J).
- Between September 2016 and September 2017, the number of attendances waiting longer than 12 hours increased from 154 to 919, accounting for 1.4% of all attendances in September 2017 (Table 4, Table 10B & Table 10J).

²⁴ Further breakdown of EDs can be found in Appendix 4: Table 10B & Table 10J.

²⁵ Information on the comparability of this information with other UK jurisdictions is detailed on pages 6 – 8 of the additional guidance document found at the following link: <https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-ni-wts-ecwt-guidance.pdf>

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

Table 5: Performance against the 4 and 12 Hour Components of the Emergency Care Waiting Times Target at Type 1 EDs (September 2016 and September 2017) ^{26, 27, 28}

Department	4-Hour Performance		12-Hour Performance		Total Attendances	
	Sep-16	Sep-17	Sep-16	Sep-17	Sep-16	Sep-17
Mater	70.4%	73.1%	27	40	4,023	4,066
Royal Victoria	69.3%	67.4%	51	64	7,933	8,303
RBHSC	87.6%	84.5%	0	0	3,165	3,089
Antrim Area	65.9%	58.1%	40	325	6,965	6,860
Causeway	62.8%	65.9%	6	30	3,608	3,609
Ulster	74.5%	67.6%	22	249	7,817	7,925
Craigavon Area	67.6%	69.9%	0	73	6,974	7,026
Daisy Hill	79.8%	77.6%	0	42	4,305	4,527
Altnagelvin Area	70.8%	68.1%	6	84	5,273	5,418
South West Acute	77.4%	78.9%	0	11	2,650	2,810
Type 1	71.5%	69.4%	152	918	52,713	53,633
Type 2	93.4%	90.9%	2	1	5,370	5,382
Type 3	100.0%	100.0%	0	0	6,931	6,607
Northern Ireland	76.4%	74.3%	154	919	65,014	65,622

Source: Regional Data Warehouse, Business Services Organisation

- During September 2017, the RBHSC (84.5%) reported the highest performance against the 4 hour target for Type 1 EDs, whilst Antrim Area (58.1%) reported the lowest performance (Table 5, Table 10B).
- The RBHSC was the only Type 1 ED to achieve the 12-hour component of the target during September 2017 (Table 5, Table 10B).
- All Type 1 EDs, with the exception of the RBHSC, reported a decline in 12 hour performance between September 2016 and September 2017 (Table 5, Table 10B).
- Between September 2016 and September 2017, performance against the 12 hour target declined notably at Antrim Area (40 to 325) and the Ulster (22 to 249) (Table 5, Table 10B).

²⁶ Information for September 2016, July, August and September 2017 is detailed in Appendix 4: Table 10B & Table 10J.

²⁷ 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.

²⁸ Information on the comparability of this information with other UK jurisdictions is detailed on pages 6 – 8 of the additional guidance document found at the following link: <https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-ni-wts-ecwt-guidance.pdf>

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

Table 6: Performance against the Target to Commence Treating Patients within 2 Hours of them being Triageed (September 2016 and September 2017) ²⁹

Department	% Commencing Treatment within 2 Hours of Triage	
	Sep-16	Sep-17
Mater	75.0%	80.7%
Royal Victoria	79.5%	71.7%
RBHSC	87.6%	88.4%
Antrim Area	63.1%	56.8%
Causeway	75.4%	83.4%
Ulster	82.0%	80.8%
Craigavon Area	69.9%	68.5%
Daisy Hill	84.8%	96.6%
Altnagelvin Area	86.6%	88.7%
South West Acute	93.4%	89.7%
Type 1	78.4%	78.3%
Type 2	95.7%	94.7%
Type 3	99.9%	99.8%
Northern Ireland	82.1%	81.7%

Source: Regional Data Warehouse, Business Services Organisation

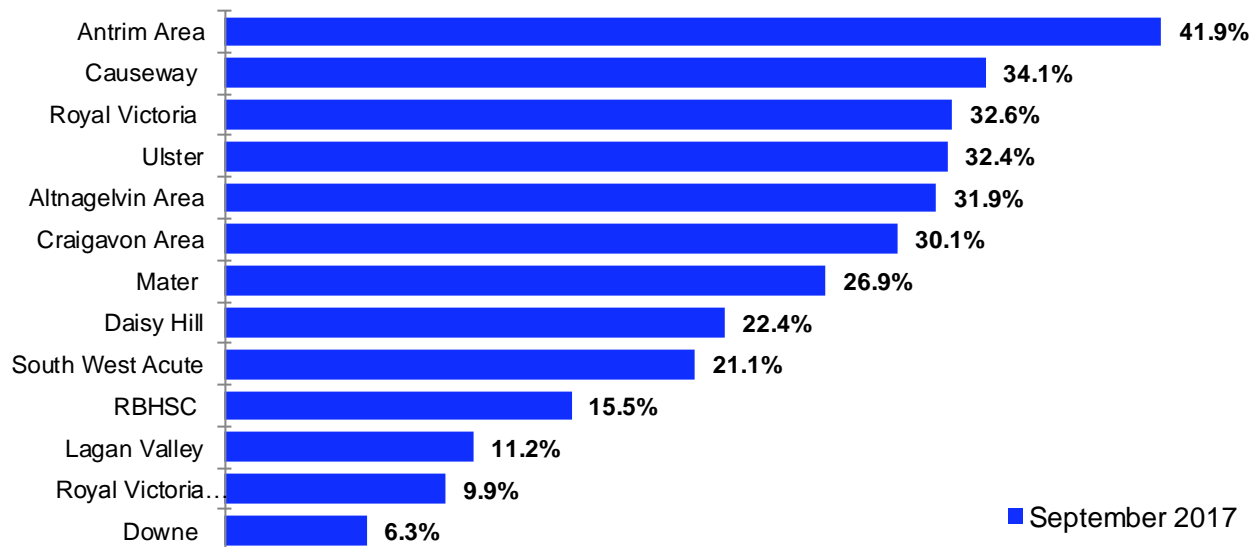
- Over four in five (81.7%) patients attending EDs commenced their treatment within 2 hours of being triaged in September 2017, slightly lower than September 2016 (82.1%) (Table 6, Table 10K).
- During September 2017, almost four in five (78.3%) patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 94.7% at Type 2 EDs and 99.8% at Type 3 EDs (Table 6, Table 10K).
- Seven Type 1 EDs (Mater, RBHSC, Causeway, Ulster, Daisy Hill, Altnagelvin Area and South West Acute) commenced treating 80.0% or more of patients within 2 hours of being triaged during September 2017 (Table 6, Table 10K).
- During September 2017, Daisy Hill (96.6%) reported the highest percentage of patients commencing treatment within 2 hours of being triaged, whilst Antrim Area (56.8%) reported the lowest percentage (Table 6, Table 10K).

²⁹ Information for September 2016, July, August and September 2017 is detailed in Appendix 4: Table 10K.

How Many ED Attendances Waited Over 4 Hours?

Figure 9 presents information on the percentage of attendances at EDs which waited longer than 4 hours in ED to be treated and discharged, or admitted to hospital ³⁰.

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



- Over two fifths of attendances at Antrim Area (41.9%) waited longer than 4 hours to be treated and discharged, or admitted to hospital during September 2017 (Figure 9, Table 10J).

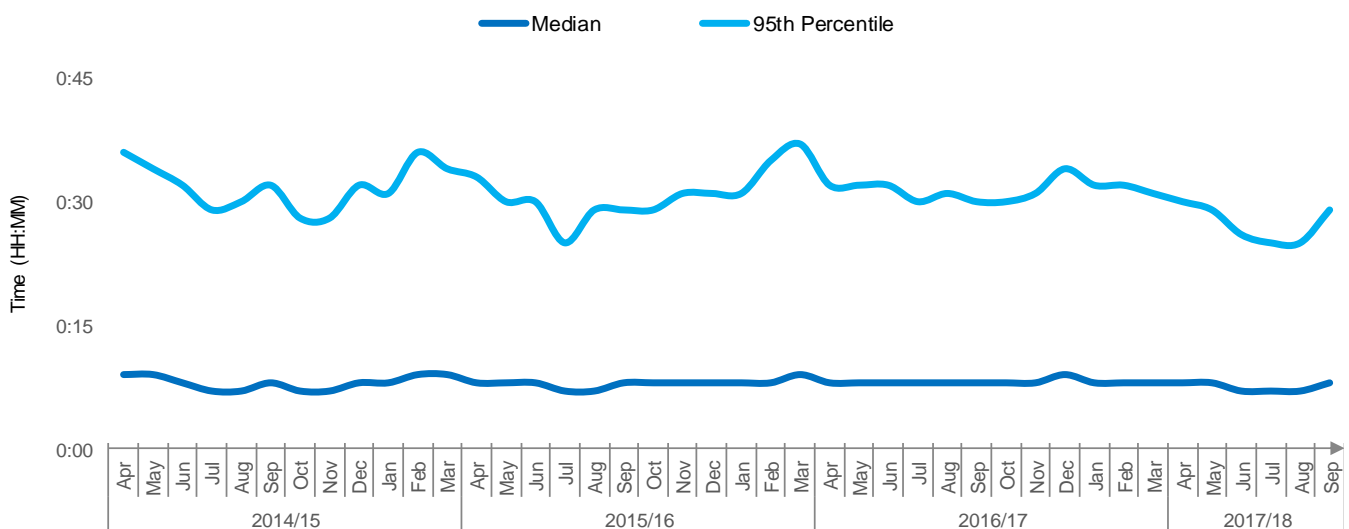
³⁰ Information for September 2016, July, August and September 2017 is detailed in Appendix 4: Table 10J.

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 ³¹.

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 - September 2017) ³²



- During September 2017, the median waiting time from arrival to triage was 8 minutes, similar to the time taken in September 2016 (8 minutes) (Figure 10, Table 8D).
- 95 percent of patients were triaged within 29 minutes of their arrival at an ED in September 2017, similar to time taken in September 2016 (30 minutes) (Figure 10, Table 8D).
- Almost four in five (79.6%) attendances were triaged within 15 minutes of their arrival at an ED during September 2017, slightly higher than September 2016 (79.1%).

³¹ 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.

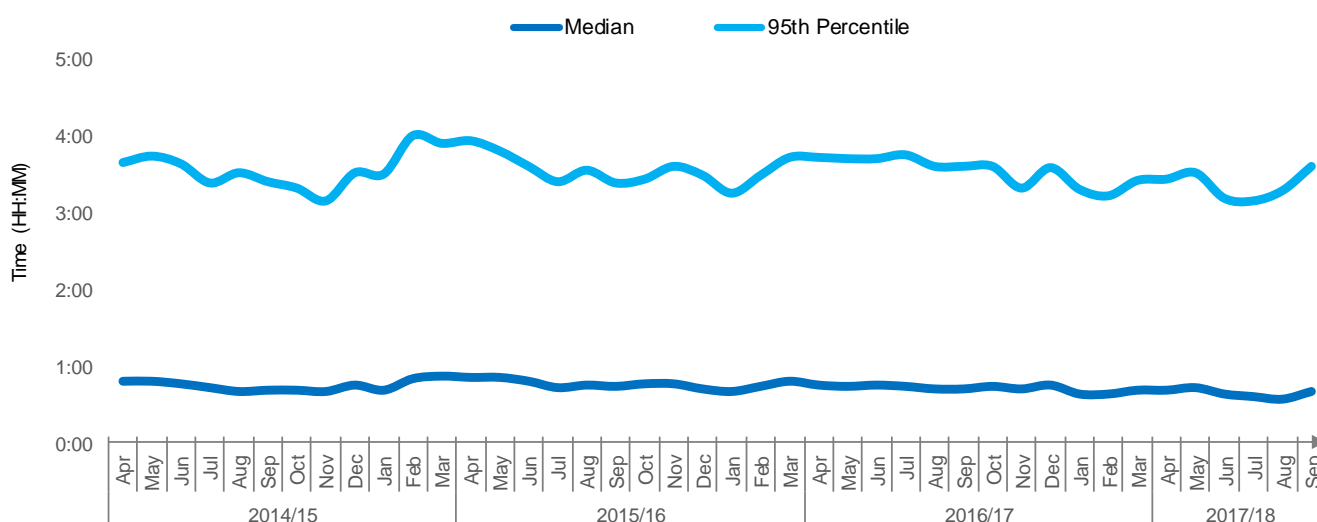
³² Additional information on time to triage is detailed in Appendix 4: Table 10D.

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 ³³.

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 – September 2017) ³⁴



- The median waiting time from triage to start of treatment in September 2017 was 40 minutes, 2 minutes less than the time taken in September 2016 (42 minutes) (Figure 11, Table 10E).
- During September 2017, 95 percent of patients commenced their treatment within 3 hours 36 minutes of being triaged in an ED, similar to the time taken in September 2016 (3 hours 36 minutes in both months) (Figure 11, Table 10E).

³³ 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.

³⁴ Additional information on time to triage is detailed in Appendix 4: Table 10E.

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

Table 7 details the median and 95th percentile of the length of time waited from triage to the start of treatment at Type 1 EDs during September 2017 compared with September 2016 ³⁵.

Table 7: Time from Triage to Start of Treatment (September 2016 and September 2017) ³⁶

Department	Median		95 th Percentile	
	Sep-16	Sep-17	Sep-16	Sep-17
Mater	0:53	0:54	4:30	3:23
Royal Victoria	0:47	1:04	3:27	4:04
RBHSC	0:45	0:43	2:42	2:45
Antrim Area	1:27	1:41	5:02	5:47
Causeway	0:55	0:42	4:23	3:30
Ulster	0:46	0:49	3:16	3:20
Craigavon Area	1:14	1:15	4:07	4:10
Daisy Hill ³⁷	0:55	-	2:53	-
Altnagelvin Area	0:41	0:28	2:58	2:50
South West Acute	0:22	0:30	2:12	2:37
Type 1	0:53	0:50	3:49	3:51
Type 2	0:30	0:33	1:54	2:02
Type 3	0:07	0:03	0:45	0:41
Northern Ireland	0:42	0:40	3:36	3:36

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 EDs during September 2017, 3 minutes less than September 2016 (53 minutes) (Table 7, Table 10E).
- Antrim Area reported the longest median waiting time (1 hour 41 Minutes) from triage to start of treatment during September 2017, whilst Altnagelvin Area (28 minutes) reported the shortest median waiting time (Table 7, Table 10E).
- Antrim Area reported the longest waiting time between triage and start of treatment during September 2017, with 95 percent of attendances commencing treatment within 5 hours 47 minutes of being triaged (Table 7, Table 10E).
- South West Acute reported the shortest time to start of treatment during September 2017, with 95 percent of attendances commencing treatment within 2 hours 37 minutes of being triaged, 25 minutes less than September 2016 (2 hours 12 minutes) (Table 7, Table 10E).

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.

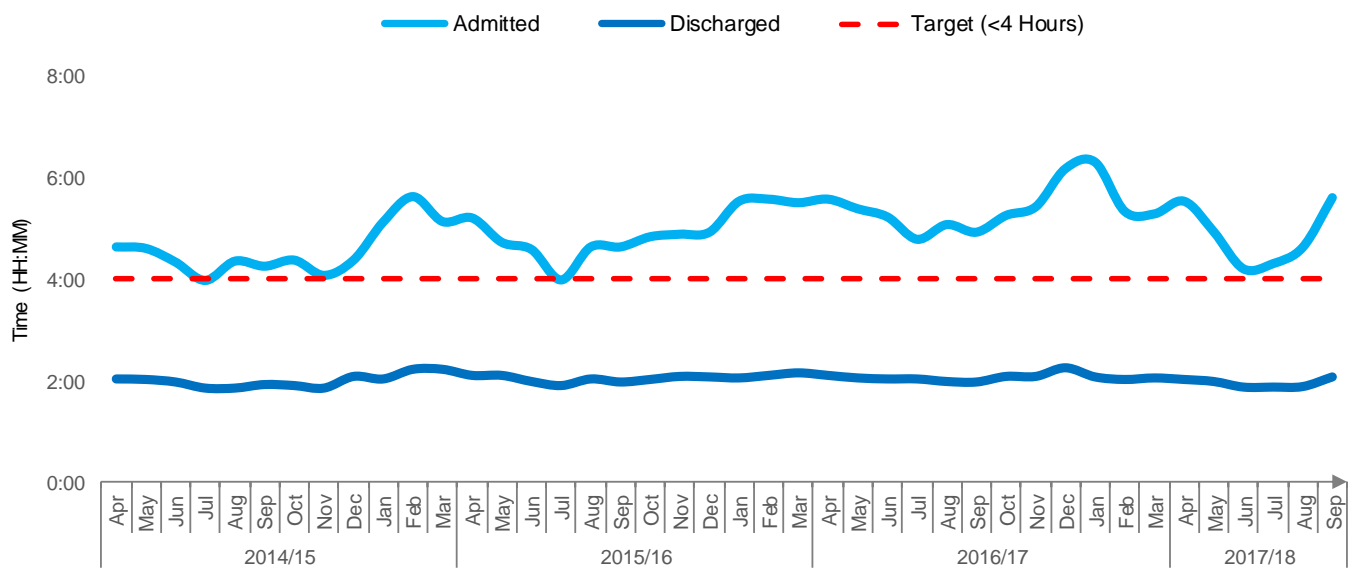
³⁶ Information for September 2016, July, August and September 2017 is detailed in Appendix 4, Table 10E.

³⁷ It has not been possible to produce information on the time between triage and the start of treatment for Daisy Hill ED between July and September 2017. The DoH and the Southern HSC Trust are working to resolve this issue.

Do Patients Admitted Spend Longer in ED than those Discharged Home?

Information detailed in Tables 8 and 9 overleaf presents an analysis of the time waited for patients in ED broken down by whether they were admitted or discharged home. A summary of these tables 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 September 2017) ^{38, 39}



- During September 2017, the median time spent in an ED for patients admitted to hospital was 5 hours 36 minutes, compared with 2 hours 4 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 September 2017, 95 percent of patients admitted to hospital spent more than double the length of time in an ED (13 hour 49 minutes) than those discharged home (6 hours 3 minutes) (Table 8 & 9).

³⁸ Further breakdown of EDs can be found in Appendix 4, Table 10E.

³⁹ 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 EDs?

Table 8 details the median and 95th percentile for 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 (September 2016 and September 2017) ^{40, 41, 42}

Department	Median		95 th Percentile	
	Sep-16	Sep-17	Sep-16	Sep-17
Mater	4:54	5:04	11:13	12:10
Royal Victoria	6:01	6:31	11:31	11:34
RBHSC	3:28	3:21	7:09	6:36
Antrim Area	5:21	6:54	11:09	18:48
Causeway	6:02	6:39	11:13	11:43
Ulster	4:21	5:46	9:33	16:46
Craigavon Area	5:03	4:45	10:19	11:46
Daisy Hill	4:43	5:49	11:28	11:55
Altnagelvin Area	5:51	6:57	11:24	12:40
South West Acute	3:57	3:49	7:37	8:52
Type 1	5:00	5:40	10:52	13:58
Type 2	3:25	3:46	7:27	7:12
Type 3	0:12	0:31	1:00	1:12
Northern Ireland	4:55	5:36	10:49	13:49

Source: Regional Data Warehouse, Business Services Organisation

- The median time spent in a Type 1 ED for patients admitted to hospital was 5 hours 40 minutes in September 2017, 40 minutes longer than the same month last year (5 hours) (Table 8, Table 10F).
- Altnagelvin Area reported the longest median time spent in an ED (6 hours 57 minutes) from arrival to admission to hospital in September 2017, whilst the RBHSC (3 hours 21 minutes) reported the shortest median time (Table 8, Table 10F).
- 95 percent of patients were admitted to hospital within 13 hours 58 minutes of arrival at Type 1 EDs during September 2017, 3 hours 6 minutes longer than September 2016 (10 hours 52 minutes) (Table 8, Table 10F).
- Antrim Area reported the largest increase in the time taken for patients to be admitted to hospital, with 95 percent of attendances admitted to hospital within 18 hours 48 minutes of their arrival during September 2017, 7 hours 39 minutes longer than September 2016 (11 hours 9 minutes) (Table 8, Table 10F).

⁴⁰ Information for September 2016, July, August and September 2017 is detailed in Appendix 4, Table 10F.

⁴¹ 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.

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

How Long Did Patients Discharged Home Spend in EDs?

Table 9 details the median and 95th percentile for 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 (September 2016 and September 2017) ^{43, 44}

Department	Median		95 th Percentile	
	Sep-16	Sep-17	Sep-16	Sep-17
Mater	2:33	2:34	6:21	6:04
Royal Victoria	2:28	2:45	6:25	6:43
RBHSC	2:01	2:10	4:42	4:58
Antrim Area	2:33	2:55	6:52	7:54
Causeway	2:37	2:22	7:25	7:01
Ulster	2:10	2:24	5:42	6:10
Craigavon Area	2:40	2:39	6:03	5:58
Daisy Hill	2:04	1:48	5:07	5:10
Altnagelvin Area	2:19	2:19	5:37	5:57
South West Acute	2:10	2:18	5:16	5:36
Type 1	2:22	2:28	6:07	6:25
Type 2	1:34	1:36	4:24	4:10
Type 3	0:34	0:31	1:30	1:28
Northern Ireland	1:58	2:04	5:48	6:03

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 28 minutes in September 2017, 6 minutes longer than September 2016 (2 hour 22 minutes) (Table 9, Table 10G).
- In September 2017, 95 percent of attendances were discharged home within 6 hours 25 minutes of their arrival at a Type 1 ED, 18 minutes longer than September 2016 (6 hours 7 minutes) (Table 9, Table 10G).

⁴³ Information for September 2016, July, August and September 2017 is detailed in Appendix 4, Table 10G.

⁴⁴ 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

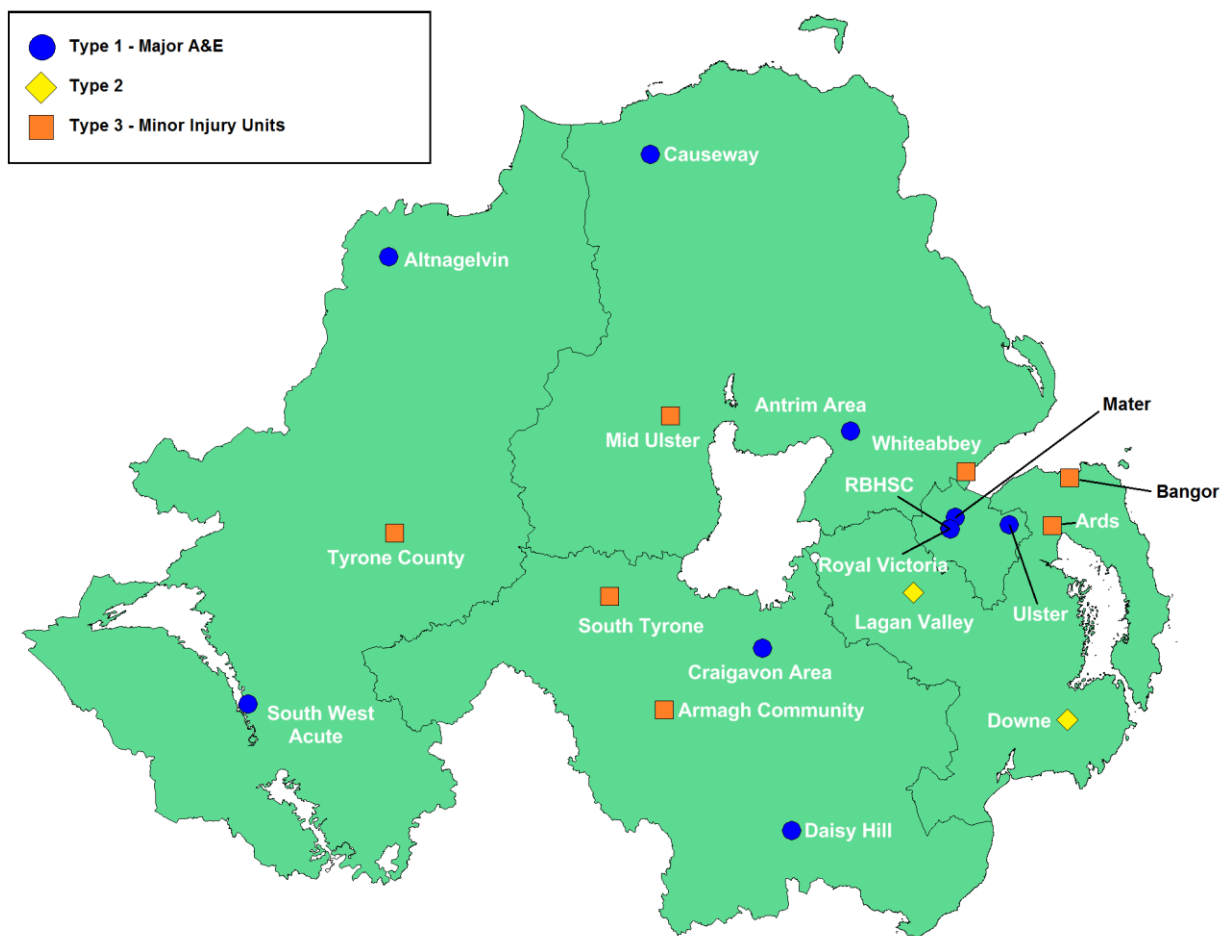
There are three separate categories of emergency care facility included in this publication:

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 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 13: Emergency Care Departments in Northern Ireland



Current Categorisation of Emergency Care Departments ⁴⁵

HSC Trust	Type 1 (24-hour)	Type 2 (Limited opening hours)	Type 3 (Minor Injuries Unit, MIU)
Belfast	Belfast City (Closed)		
	Mater	RVH (RAES) ⁴⁶ (9-5pm Mon-Fri) (8.30-1pm Sat)	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ⁴⁷ (Closed)
	Causeway		Mid Ulster (9-5pm Mon-Fri)
South Eastern	Ulster	Lagan Valley (8-8pm Mon-Fri)	Ards MIU (9-5pm Mon-Fri)
		Downe ⁴⁸ (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 ⁴⁹ (Closed)
Western	Altnagelvin Area		Tyrone County (24-hour)
	South West Acute		

⁴⁵ Opening Hours are as of September 2017.

⁴⁶ RVH (RAES) refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

⁴⁷ Temporarily closed on 1st December 2014.

⁴⁸ Currently operates as a Type 3 on Saturday and Sunday, between 9am and 5pm.

⁴⁹ Temporarily closed on 17th November 2014.

Appendix 3: General Guidance on using the Data

Guidance on using the Data

The data contained in this publication details a monthly analysis of emergency care waiting times in Northern Ireland. It is recommended that readers refer to the '*Emergency Care Waiting Time Statistics - Additional Guidance*' booklet, which details technical guidance, definitions and background information on the data used, including the security and confidentiality processes. This booklet is updated for each release and can be found at the following link:

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

Description of Data

Data on the number of new and unplanned review attendances at EDs in Northern Ireland by the length of time waited. New and unplanned review attendances at EDs are used to describe unplanned activity at EDs, with new attendances referring to the first attendance and unplanned reviews referring to any subsequent unplanned attendances for the same complaint.

Information on the length of time waited is collected and refers to the time waited from arriving at the ED until the time the patient is treated and discharged, or admitted to hospital.

- Number of new and unplanned review attendances at EDs – this is the number of new and unplanned review attendances at EDs during each calendar month. **It does not include planned review attendances.**
- The length of time patients wait refers to the time between entering the ED and being logged in at reception, until leaving the ED (treated and discharged, or admitted to hospital). It should also be noted that the length of time waiting for patients who **are to be** admitted to hospital continues until they have left the ED.
- An assessment of both the number of new and unplanned review attendances, and the length of time patients have waited, when compared with equivalent data for previous months, allow users to gauge the demand for emergency care services.
- Emergency care waiting times by type of department is presented to allow users to compare similar types of EDs in Northern Ireland, i.e. Type 1, 2 or 3 departments.
- Users should take into consideration, changes in the provision of emergency care services at specific sites in Northern Ireland when making comparisons with previous months. Such changes in the provision of services can be found in the document '*Emergency Care Waiting Time Statistics - Additional Guidance*' document at the following link:

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

Appendix 4: Additional Tables

Table 10A: New & Unplanned Review Attendances at Emergency Care Departments⁵⁰

Department	New Attendances				Unplanned Review Attendances				Total Attendances			
	Sep-16	Jul-17	Aug-17	Sep-17	Sep-16	Jul-17	Aug-17	Sep-17	Sep-16	Jul-17	Aug-17	Sep-17
Mater	3,889	3,807	4,003	3,919	134	154	141	147	4,023	3,961	4,144	4,066
Royal Victoria	7,667	7,857	8,071	8,019	266	303	317	284	7,933	8,160	8,388	8,303
RBHSC	2,973	2,474	2,424	2,862	192	182	155	227	3,165	2,656	2,579	3,089
Antrim Area	6,604	6,689	6,694	6,429	361	414	457	431	6,965	7,103	7,151	6,860
Causeway	3,359	3,889	3,594	3,364	249	315	271	245	3,608	4,204	3,865	3,609
Ulster	7,597	7,880	7,885	7,762	220	185	240	163	7,817	8,065	8,125	7,925
Craigavon Area	6,536	6,679	6,575	6,549	438	465	469	477	6,974	7,144	7,044	7,026
Daisy Hill	4,018	4,398	4,274	4,274	287	316	286	253	4,305	4,714	4,560	4,527
Altnagelvin Area	4,965	5,336	5,026	5,083	308	370	331	335	5,273	5,706	5,357	5,418
South West Acute	2,535	2,859	2,893	2,640	115	182	145	170	2,650	3,041	3,038	2,810
Type 1	50,143	51,868	51,439	50,901	2,570	2,886	2,812	2,732	52,713	54,754	54,251	53,633
Downe	1,736	1,767	1,869	1,774	84	73	81	92	1,820	1,840	1,950	1,866
Lagan Valley	2,060	1,812	2,019	1,938	72	75	71	97	2,132	1,887	2,090	2,035
RVH (RAES)	1,418	1,421	1,503	1,481	-	-	-	-	1,418	1,421	1,503	1,481
Type 2	5,214	5,000	5,391	5,193	156	148	152	189	5,370	5,148	5,543	5,382
Mid Ulster	796	770	813	785	33	32	24	31	829	802	837	816
Ards	1,025	984	1,022	956	61	41	46	44	1,086	1,025	1,068	1,000
Bangor	847	754	794	811	43	38	37	36	890	792	831	847
South Tyrone	2,467	2,455	2,493	2,577	208	135	165	122	2,675	2,590	2,658	2,699
Tyrone County	1,403	1,350	1,234	1,209	48	36	37	36	1,451	1,386	1,271	1,245
Type 3	6,538	6,313	6,356	6,338	393	282	309	269	6,931	6,595	6,665	6,607
Northern Ireland	61,895	63,181	63,186	62,432	3,119	3,316	3,273	3,190	65,014	66,497	66,459	65,622

⁵⁰ 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 10B: Performance against Emergency Care Waiting Times Target^{51, 52}

Department	4-Hour Performance				12-Hour Performance				Total Attendances			
	Sep-16	Jul-17	Aug-17	Sep-17	Sep-16	Jul-17	Aug-17	Sep-17	Sep-16	Jul-17	Aug-17	Sep-17
Mater	70.4%	74.4%	81.6%	73.1%	27	9	14	40	4,023	3,961	4,144	4,066
Royal Victoria	69.3%	81.3%	76.1%	67.4%	51	5	8	64	7,933	8,160	8,388	8,303
RBHSC	87.6%	95.3%	91.4%	84.5%	0	0	0	0	3,165	2,656	2,579	3,089
Antrim Area	65.9%	73.5%	67.3%	58.1%	40	79	159	325	6,965	7,103	7,151	6,860
Causeway	62.8%	64.9%	67.4%	65.9%	6	10	0	30	3,608	4,204	3,865	3,609
Ulster	74.5%	75.2%	69.1%	67.6%	22	108	185	249	7,817	8,065	8,125	7,925
Craigavon Area	67.6%	88.6%	80.2%	69.9%	0	12	51	73	6,974	7,144	7,044	7,026
Daisy Hill	79.8%	75.6%	80.1%	77.6%	0	27	5	42	4,305	4,714	4,560	4,527
Altnagelvin Area	70.8%	70.4%	71.1%	68.1%	6	29	15	84	5,273	5,706	5,357	5,418
South West Acute	77.4%	75.7%	74.6%	78.9%	0	13	11	11	2,650	3,041	3,038	2,810
Type 1	71.5%	77.3%	74.7%	69.4%	152	292	448	918	52,713	54,754	54,251	53,633
Downe	89.9%	92.9%	93.7%	93.7%	2	2	1	1	1,820	1,840	1,950	1,866
Lagan Valley	92.1%	92.2%	91.0%	88.8%	0	0	0	0	2,132	1,887	2,090	2,035
RVH (RAES)	100.0%	89.0%	80.4%	90.1%	0	0	0	0	1,418	1,421	1,503	1,481
Type 2	93.4%	91.5%	89.1%	90.9%	2	2	1	1	5,370	5,148	5,543	5,382
Mid Ulster	100.0%	100.0%	100.0%	100.0%	0	0	0	0	829	802	837	816
Ards	100.0%	100.0%	100.0%	100.0%	0	0	0	0	1,086	1,025	1,068	1,000
Bangor	100.0%	100.0%	100.0%	100.0%	0	0	0	0	890	792	831	847
South Tyrone	100.0%	100.0%	100.0%	100.0%	0	0	0	0	2,675	2,590	2,658	2,699
Tyrone County	99.9%	99.9%	99.6%	100.0%	0	0	0	0	1,451	1,386	1,271	1,245
Type 3	100.0%	100.0%	99.9%	100.0%	0	0	0	0	6,931	6,595	6,665	6,607
Northern Ireland	76.4%	80.7%	78.4%	74.3%	154	294	449	919	65,014	66,497	66,459	65,622

⁵¹ 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.

⁵² Information on the comparability of this information with other UK jurisdictions is detailed on pages 6 – 8 of the additional guidance document found at the following link: <https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-niwts-ecwt-guidance.pdf>

Table 10C: Percentage of Attendances (i) Referred by a GP; (ii) Re-attended with 7 Days; and (iii) Who Left before Treatment was Complete ⁵³

Department	GP Referrals				Left before Treatment Complete				Unplanned Re-attendance with 7 Days			
	Sep-16	Jul-17	Aug-17	Sep-17	Sep-16	Jul-17	Aug-17	Sep-17	Sep-16	Jul-17	Aug-17	Sep-17
Mater	14.4%	14.3%	12.5%	13.5%	8.4%	5.8%	6.1%	6.8%	2.5%	2.8%	2.6%	2.7%
Royal Victoria	19.4%	17.5%	18.2%	18.0%	4.5%	4.0%	4.2%	5.5%	2.1%	2.2%	2.5%	2.4%
RBHSC	14.9%	10.9%	12.1%	15.4%	2.8%	0.8%	1.0%	3.8%	4.2%	4.9%	5.2%	4.2%
Antrim Area	19.5%	19.8%	22.3%	24.3%	3.5%	2.6%	3.5%	5.1%	3.5%	3.1%	3.3%	3.8%
Causeway	19.4%	19.9%	22.3%	21.9%	5.6%	6.1%	3.2%	3.1%	5.1%	4.0%	4.9%	4.3%
Ulster	22.0%	20.8%	21.3%	21.8%	2.7%	2.8%	2.6%	3.2%	2.0%	2.0%	1.6%	1.9%
Craigavon Area	22.9%	20.9%	21.7%	21.5%	3.8%	2.1%	2.4%	3.6%	3.9%	3.7%	4.1%	3.9%
Daisy Hill	10.2%	13.3%	12.2%	14.4%	3.5%	4.2%	2.5%	2.7%	5.2%	5.3%	5.0%	4.5%
Altnagelvin Area	14.0%	11.9%	12.3%	13.8%	4.6%	5.6%	4.8%	4.1%	4.3%	4.4%	5.2%	5.2%
South West Acute	18.0%	14.5%	18.3%	18.1%	1.8%	2.9%	3.1%	3.3%	4.0%	4.9%	5.6%	4.1%
Type 1	18.2%	17.3%	18.1%	18.9%	4.1%	3.6%	3.4%	4.2%	3.4%	3.5%	3.7%	3.5%
Downe	18.9%	12.7%	12.8%	13.1%	1.4%	1.1%	0.7%	1.2%	2.3%	3.0%	2.5%	2.2%
Lagan Valley	14.4%	13.2%	13.0%	13.0%	1.2%	1.8%	1.8%	2.3%	2.0%	2.1%	2.2%	2.0%
RVH (RAES)	-	-	-	-	-	-	-	-	-	-	-	-
Type 2	16.5%	12.9%	12.9%	13.1%	1.3%	1.5%	1.3%	1.8%	2.2%	2.6%	2.3%	2.1%
Mid Ulster	3.0%	3.0%	2.6%	3.3%	0.0%	0.0%	0.1%	0.0%	1.6%	2.4%	1.1%	1.2%
Ards	1.1%	1.0%	1.7%	0.9%	0.3%	0.3%	0.2%	0.5%	2.8%	2.5%	1.8%	2.0%
Bangor	0.3%	0.9%	1.1%	1.2%	0.8%	0.4%	0.5%	0.1%	2.5%	3.5%	3.2%	1.8%
South Tyrone	0.8%	0.8%	0.4%	0.8%	0.2%	0.1%	0.0%	0.0%	3.7%	3.0%	2.7%	3.1%
Tyrone County	1.0%	1.4%	1.3%	1.7%	0.6%	1.2%	2.3%	0.6%	1.9%	2.0%	1.9%	2.1%
Type 3	1.1%	1.2%	1.1%	1.3%	0.4%	0.4%	0.6%	0.2%	2.8%	2.7%	2.3%	2.3%
Northern Ireland	16.3%	15.4%	16.1%	16.7%	3.5%	3.2%	3.0%	3.6%	3.3%	3.3%	3.4%	3.3%

⁵³ 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.

Table 10D: Waiting Time from Arrival to Triage (Assessment) ⁵⁴

Department	Median (HH:MM)				95 th Percentile (HH:MM)			
	Sep-16	Jul-17	Aug-17	Sep-17	Sep-16	Jul-17	Aug-17	Sep-17
Mater	0:09	0:08	0:08	0:09	0:24	0:25	0:24	0:27
Royal Victoria	0:10	0:07	0:08	0:09	0:33	0:23	0:26	0:29
RBHSC	0:09	0:06	0:06	0:09	0:39	0:22	0:22	0:33
Antrim Area	0:07	0:07	0:08	0:09	0:22	0:21	0:22	0:27
Causeway	0:12	0:09	0:09	0:10	0:34	0:27	0:26	0:30
Ulster	0:09	0:08	0:08	0:08	0:27	0:23	0:26	0:26
Craigavon Area	0:07	0:05	0:06	0:07	0:24	0:19	0:21	0:26
Daisy Hill	0:06	0:05	0:05	0:05	0:16	0:16	0:15	0:16
Altnagelvin Area	0:14	0:14	0:12	0:14	0:38	0:39	0:38	0:43
South West Acute	0:13	0:11	0:09	0:10	0:58	0:43	0:39	0:35
Type 1	0:09	0:08	0:08	0:09	0:31	0:26	0:26	0:30
Downe	0:06	0:06	0:05	0:06	0:22	0:19	0:18	0:21
Lagan Valley	0:07	0:07	0:07	0:07	0:20	0:18	0:19	0:23
RVH (RAES)	-	-	-	-	-	-	-	-
Type 2	0:07	0:06	0:06	0:07	0:21	0:19	0:18	0:22
Mid Ulster	0:02	0:02	0:02	0:02	0:07	0:08	0:07	0:07
Ards	0:03	0:03	0:02	0:03	0:13	0:12	0:12	0:16
Bangor	0:04	0:03	0:03	0:04	0:16	0:13	0:14	0:15
South Tyrone	0:02	0:01	0:01	0:01	0:13	0:07	0:08	0:08
Tyrone County	0:00	0:00	0:00	0:00	0:15	0:38	0:40	0:30
Type 3	0:02	0:01	0:02	0:02	0:13	0:12	0:12	0:13
Northern Ireland	0:08	0:07	0:07	0:08	0:30	0:25	0:25	0:29

⁵⁴ 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.

Table 10E: Waiting Time from Triage (Assessment) to Start of Treatment ⁵⁵

Department	Median (HH:MM)				95 th Percentile (HH:MM)			
	Sep-16	Jul-17	Aug-17	Sep-17	Sep-16	Jul-17	Aug-17	Sep-17
Mater	0:53	0:46	0:43	0:54	4:30	3:43	3:10	3:23
Royal Victoria	0:47	0:44	0:59	1:04	3:27	3:17	3:38	4:04
RBHSC	0:45	0:22	0:20	0:43	2:42	1:39	1:40	2:45
Antrim Area	1:27	1:08	1:09	1:41	5:02	4:02	5:08	5:47
Causeway	0:55	0:52	0:46	0:42	4:23	4:12	3:34	3:30
Ulster	0:46	0:45	0:45	0:49	3:16	3:02	3:29	3:20
Craigavon Area	1:14	1:03	1:04	1:15	4:07	2:54	3:36	4:10
Daisy Hill ⁵⁶	0:55	-	-	-	2:53	-	-	-
Altnagelvin Area	0:41	0:44	0:24	0:28	2:58	3:26	2:59	2:50
South West Acute	0:22	0:27	0:32	0:30	2:12	3:18	3:10	2:37
Type 1	0:53	0:44	0:42	0:50	3:49	3:20	3:31	3:51
Downe	0:32	0:25	0:30	0:28	2:04	1:38	1:41	1:48
Lagan Valley	0:28	0:27	0:28	0:39	1:50	1:33	2:01	2:09
RVH (RAES)	-	-	-	-	-	-	-	-
Type 2	0:30	0:26	0:29	0:33	1:54	1:35	1:53	2:02
Mid Ulster	0:05	0:04	0:05	0:04	0:47	0:24	0:34	0:28
Ards	0:08	0:05	0:05	0:05	0:37	0:27	0:32	0:35
Bangor	0:03	0:03	0:03	0:03	0:25	0:26	0:25	0:36
South Tyrone	0:08	0:00	0:00	0:00	0:39	0:13	0:14	0:13
Tyrone County	0:10	0:12	0:15	0:11	1:10	1:20	1:32	1:22
Type 3	0:07	0:03	0:03	0:03	0:45	0:38	0:41	0:41
Northern Ireland	0:42	0:36	0:34	0:40	3:36	3:09	3:17	3:36

⁵⁵ 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.

⁵⁶ It has not been possible to produce information on the time between triage and the start of treatment for Daisy Hill ED between July and September 2017. The DoH and the Southern HSC Trust are working to resolve this issue.

Table 10F: Time Spent in an Emergency Care Department by those Admitted to Hospital ⁵⁷

Department	Median (Admitted) (HH:MM)				95 th Percentile (Admitted) (HH:MM)			
	Sep-16	Jul-17	Aug-17	Sep-17	Sep-16	Jul-17	Aug-17	Sep-17
Mater	4:54	4:27	3:58	5:04	11:13	10:04	10:21	12:10
Royal Victoria	6:01	3:58	4:20	6:31	11:31	9:01	9:10	11:34
RBHSC	3:28	2:33	2:46	3:21	7:09	5:30	5:57	6:36
Antrim Area	5:21	4:30	5:26	6:54	11:09	11:36	16:10	18:48
Causeway	6:02	6:15	6:07	6:39	11:13	11:31	11:07	11:43
Ulster	4:21	5:03	5:12	5:46	9:33	11:57	15:45	16:46
Craigavon Area	5:03	3:40	3:52	4:45	10:19	9:21	11:13	11:46
Daisy Hill	4:43	5:13	4:50	5:49	11:28	11:37	10:40	11:55
Altnagelvin Area	5:51	5:54	5:39	6:57	11:24	10:58	10:31	12:40
South West Acute	3:57	3:58	4:08	3:49	7:37	8:58	8:40	8:52
Type 1	5:00	4:21	4:40	5:40	10:52	11:00	11:28	13:58
Downe	3:16	3:15	2:49	3:16	8:45	7:31	7:16	7:22
Lagan Valley	3:34	3:40	3:46	3:55	6:07	6:45	6:58	7:06
RVH (RAES)	-	-	-	-	-	-	-	-
Type 2	3:25	3:30	3:25	3:46	7:27	7:01	7:04	7:12
Mid Ulster	-	-	-	-	-	-	-	-
Ards	-	-	-	-	-	-	-	-
Bangor	-	-	-	-	-	-	-	-
South Tyrone	-	-	-	-	-	-	-	-
Tyrone County	0:12	0:15	0:16	0:31	1:00	1:45	1:31	1:12
Type 3	0:12	0:15	0:16	0:31	1:00	1:45	1:31	1:12
Northern Ireland	4:55	4:18	4:37	5:36	10:49	10:57	11:22	13:49

⁵⁷ 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.

Table 10G: Time Spent in an Emergency Care Department by those Discharged Home ⁵⁸

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

⁵⁸ 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.

Table 10H: Attendances at Emergency Care Departments per 1000-Population by Age Group⁵⁹

Age Group	Sep-16	Jul-17	Aug-17	Sep-17
Under 5	40	45	46	40
Aged 5 - 15	32	32	40	34
Aged 16 - 44	34	33	36	34
Aged 45 - 64	29	29	32	30
Aged 65 - 84	40	41	46	42
Aged 85 & Over	73	76	84	80
Northern Ireland	34	35	35	35

Table 10I: Average Number of Attendances by Day of Week⁶⁰

Day of Week	Sep-16	Jul-17	Aug-17	Sep-17
Monday	2,542	2,434	2,523	2,567
Tuesday	2,276	2,226	2,231	2,294
Wednesday	2,253	2,135	2,150	2,189
Thursday	2,117	2,182	2,051	2,244
Friday	2,055	2,234	2,134	2,134
Saturday	1,787	1,749	1,708	1,746
Sunday	1,826	2,264	1,836	1,892

⁵⁹ 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.

⁶⁰ 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 10J: Attendances at Emergency Care Departments, by Time Waited from Arrival to Discharge ⁶¹

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Sep-16	Jul-17	Aug-17	Sep-17	Sep-16	Jul-17	Aug-17	Sep-17	Sep-16	Jul-17	Aug-17	Sep-17
Mater	2,832	2,947	3,383	2,972	1,164	1,005	747	1,054	27	9	14	40
Royal Victoria	5,494	6,630	6,387	5,598	2,388	1,525	1,993	2,641	51	5	8	64
RBHSC	2,771	2,531	2,357	2,610	394	125	222	479	0	0	0	0
Antrim Area	4,589	5,218	4,814	3,983	2,336	1,806	2,178	2,552	40	79	159	325
Causeway	2,267	2,729	2,604	2,380	1,335	1,465	1,261	1,199	6	10	0	30
Ulster	5,822	6,066	5,612	5,361	1,973	1,891	2,328	2,315	22	108	185	249
Craigavon Area	4,711	6,332	5,649	4,910	2,263	800	1,344	2,043	0	12	51	73
Daisy Hill	3,435	3,563	3,652	3,513	870	1,124	903	972	0	27	5	42
Altnagelvin Area	3,735	4,015	3,809	3,692	1,532	1,662	1,533	1,642	6	29	15	84
South West Acute	2,052	2,303	2,265	2,218	598	725	762	581	0	13	11	11
Type 1	37,708	42,334	40,532	37,237	14,853	12,128	13,271	15,478	152	292	448	918
Downe	1,637	1,709	1,827	1,748	181	129	122	117	2	2	1	1
Lagan Valley	1,963	1,739	1,901	1,808	169	148	189	227	0	0	0	0
RVH (RAES)	1,418	1,264	1,209	1,335	0	157	294	146	0	0	0	0
Type 2	5,018	4,712	4,937	4,891	350	434	605	490	2	2	1	1
Mid Ulster	829	802	837	816	0	0	0	0	0	0	0	0
Ards	1,086	1,025	1,068	1,000	0	0	0	0	0	0	0	0
Bangor	890	792	831	847	0	0	0	0	0	0	0	0
South Tyrone	2,675	2,590	2,658	2,699	0	0	0	0	0	0	0	0
Tyrone County	1,450	1,385	1,266	1,245	1	1	5	0	0	0	0	0
Type 3	6,930	6,594	6,660	6,607	1	1	5	0	0	0	0	0
Northern Ireland	49,656	53,640	52,129	48,735	15,204	12,563	13,881	15,968	154	294	449	919

⁶¹ 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 10K: Percentage of Patients Commencing Treatment, Following Triage, within 2 Hours

Department	% Commencing Treatment, Following Triage, within 2 Hours			
	Sep-16	Jul-17	Aug-17	Sep-17
Mater	75.0%	81.6%	86.0%	80.7%
Royal Victoria	79.5%	80.5%	74.7%	71.7%
RBHSC	87.6%	96.8%	97.1%	88.4%
Antrim Area	63.1%	72.5%	69.9%	56.8%
Causeway	75.4%	77.6%	83.3%	83.4%
Ulster	82.0%	85.0%	82.9%	80.8%
Craigavon Area	69.9%	80.3%	76.6%	68.5%
Daisy Hill	84.8%	93.2%	98.0%	96.6%
Altnagelvin Area	86.6%	82.6%	88.5%	88.7%
South West Acute	93.4%	85.8%	87.6%	89.7%
Type 1	78.4%	82.5%	82.5%	78.3%
Downe	94.3%	98.6%	97.5%	96.7%
Lagan Valley	96.8%	98.4%	94.9%	92.9%
RVH (RAES)	-	-	-	-
Type 2	95.7%	98.5%	96.1%	94.7%
Mid Ulster	99.8%	100.0%	100.0%	100.0%
Ards	100.0%	100.0%	100.0%	100.0%
Bangor	100.0%	100.0%	100.0%	100.0%
South Tyrone	99.8%	100.0%	100.0%	100.0%
Tyrone County	99.9%	98.9%	97.8%	99.1%
Type 3	99.9%	99.8%	99.6%	99.8%
Northern Ireland	82.1%	85.3%	85.2%	81.7%

Table 10L: Percentage Triage'd in each Triage Group ⁶²

Department	Triage Level (1/2/3)				Triage Level (4/5)			
	Sep-16	Jul-17	Aug-17	Sep-17	Sep-16	Jul-17	Aug-17	Sep-17
Mater	57.0%	60.2%	59.3%	57.6%	43.0%	39.8%	40.7%	42.4%
Royal Victoria	60.1%	61.3%	61.5%	61.9%	39.9%	38.7%	38.5%	38.1%
RBHSC	35.2%	31.3%	34.2%	38.8%	64.8%	68.7%	65.8%	61.2%
Antrim Area	64.9%	64.7%	63.7%	66.5%	35.1%	35.3%	36.4%	33.5%
Causeway	65.6%	64.1%	65.9%	66.8%	34.4%	35.9%	34.1%	33.2%
Ulster	63.9%	65.9%	67.7%	66.3%	36.1%	34.1%	32.3%	33.7%
Craigavon Area	81.8%	80.6%	83.9%	82.4%	18.2%	19.4%	16.1%	17.6%
Daisy Hill	75.5%	75.1%	73.4%	75.8%	24.5%	24.9%	26.6%	24.2%
Altnagelvin Area	62.8%	61.4%	62.9%	62.8%	37.2%	38.6%	37.1%	37.2%
South West Acute	71.5%	70.0%	69.9%	67.4%	28.5%	30.0%	30.1%	32.6%
Type 1	64.9%	65.3%	66.1%	66.0%	35.1%	34.7%	33.9%	34.0%
Downe	43.1%	41.8%	41.2%	42.9%	56.9%	58.2%	58.8%	57.1%
Lagan Valley	43.6%	44.7%	44.9%	45.4%	56.4%	55.3%	55.1%	54.6%
RVH (RAES)	-	-	-	-	-	-	-	-
Type 2	43.3%	43.3%	43.1%	44.2%	56.7%	56.7%	56.9%	55.8%
Mid Ulster	2.1%	2.2%	1.7%	3.3%	97.9%	97.8%	98.3%	96.7%
Ards	0.9%	1.1%	1.1%	0.9%	99.1%	98.9%	98.9%	99.1%
Bangor	0.9%	1.8%	1.7%	2.3%	99.1%	98.2%	98.3%	97.7%
South Tyrone	1.0%	3.0%	4.4%	4.0%	99.0%	97.0%	95.6%	96.0%
Tyrone County	0.3%	0.1%	0.7%	0.2%	99.7%	99.9%	99.3%	99.8%
Type 3	0.9%	1.9%	2.5%	2.5%	99.1%	98.1%	97.5%	97.5%
Northern Ireland	56.5%	57.5%	58.0%	58.1%	43.5%	42.5%	42.0%	41.9%

⁶² 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.

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>