

INFORMATION  
ANALYSIS  
DIRECTORATE



# Emergency Care Waiting Time Statistics for Northern Ireland (October – December 2017)



Revised: 25<sup>th</sup> May 2018

# Reader Information

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- 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 processes<sup>1</sup>. 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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Department of Health  
Stormont Estate, Belfast, BT4 3SQ
- Contact Information:** We invite you to feedback your comments on this publication to:  
Name: Sarah Brown  
Email: [sarah.brown@health-ni.gov.uk](mailto:sarah.brown@health-ni.gov.uk)
- Statistical Quality:** Information detailed in this release has been provided by HSC Trusts and was validated by Hospital Information Branch (HIB) prior to release. Information on: time to triage, age and time of day for attendances, GP referrals, emergency admissions, left before treatment complete, triage level, time to start of treatment, time waited for patients admitted and not admitted are **not** National Statistics, but have been included to provide users with a comprehensive view of emergency care activity and waits. Further information on data included in this release is available at the link below:  
<https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-niwt-ecwt-guidance.pdf>
- Target Audience:** DoH, Chief Executives of HSC Board and Trusts in Northern Ireland, Health Care Professionals, Academics, HSC Stakeholders, Media & General Public.
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<sup>1</sup> Information on Security and Confidentiality Processes is detailed in the Technical Notes on page 4.

# Technical Notes

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## 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 8<sup>th</sup> 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-niwt-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:

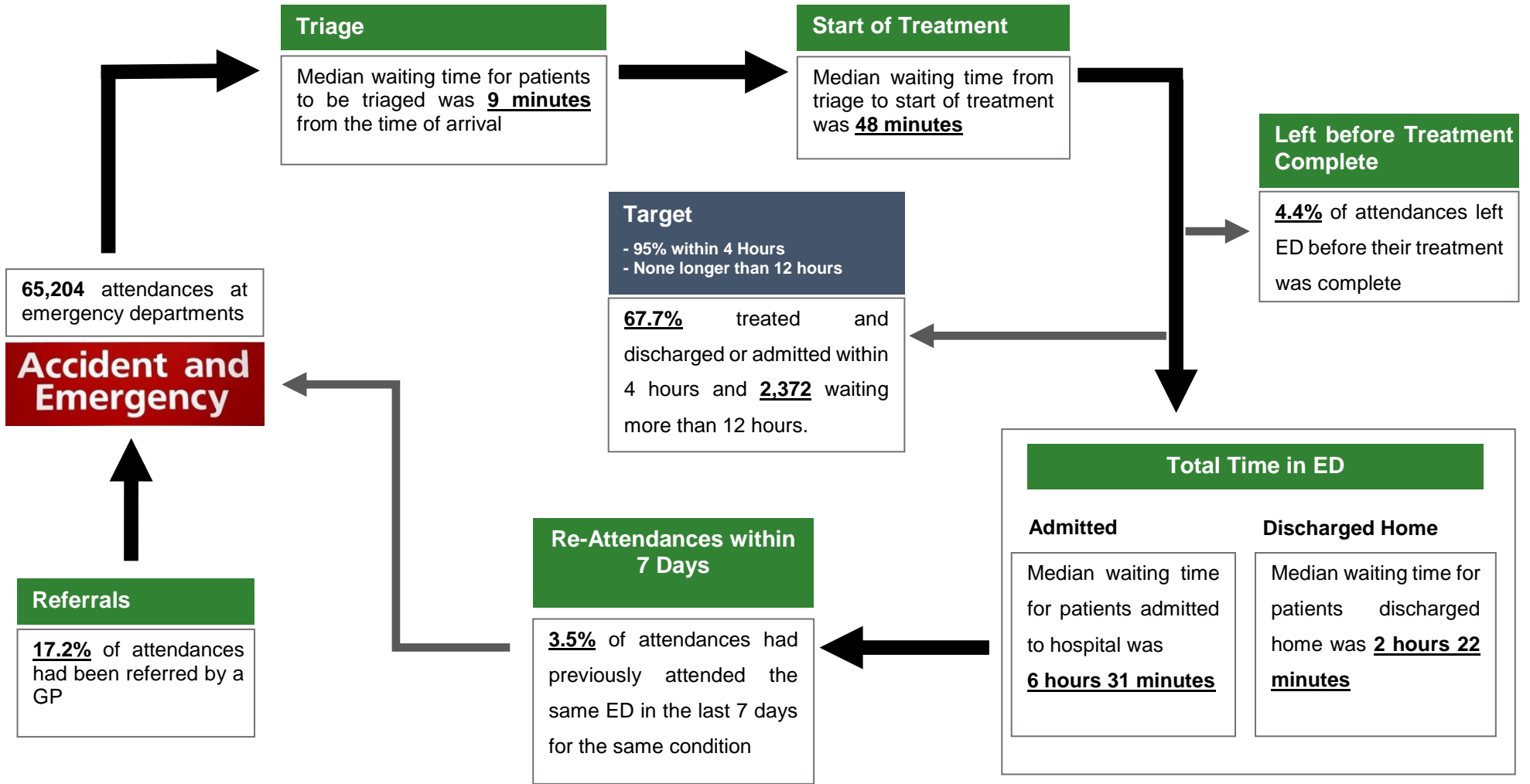
<https://www.health-ni.gov.uk/publications/doh-statistics-charter>

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# SUMMARY OF KEY FACTS (December 2017)



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

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## 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 December 2017, compared with the same month last year.<sup>2,3,4</sup>

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

Attendances	December 2016	December 2017	Difference	
New	59,284	61,989	2,705	4.6%
Unplanned Review	2,809	3,215	406	14.5%
<b>Total Attendances</b>	<b>62,093</b>	<b>65,204</b>	<b>3,111</b>	<b>5.0%</b>
Emergency Admissions	12,417	12,890	473	3.8%

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances at ED's increased by 5.0% (3,111) when compared with December 2016, from 62,093 to 65,204 in December 2017 (Table 1, Table 10A).
- The number of new attendances increased by 4.6% (2,705) when compared with December 2016, from 59,284 to 61,989 in December 2017 (Table 1, Table 10A).
- Between December 2016 and December 2017, unplanned review attendances increased by 14.5% (406) (Table 1, Table 10A).
- Emergency admissions to hospital increased by 3.8% (473) between December 2016 (12,417) and December 2017 (12,890) (Table 1).

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<sup>2</sup> Information for December 2016 and October, November and December 2017 is detailed in Appendix 4, Table 10A.

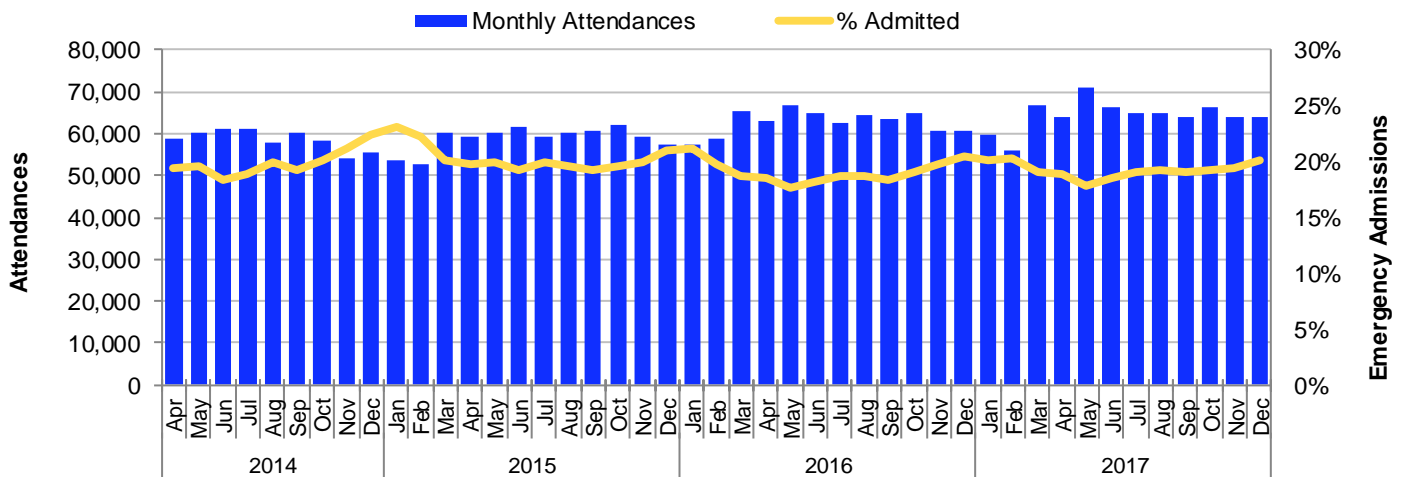
<sup>3</sup> Data on emergency admissions are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits. This is sourced from the ED Administrative Systems and will therefore differ slightly from the information included in the Hospital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

<sup>4</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

## 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 – December 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 December 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 (December 2016 - December 2017)** <sup>9</sup>

Department	New Attendances		Unplanned Review Attendances		Total Attendances	
	Dec 2016	Dec 2017	Dec 2016	Dec 2017	Dec 2016	Dec 2017
Mater	3,671	3,976	130	155	3,801	4,131
Royal Victoria	7,357	7,760	194	253	7,551	8,013
RBHSC	3,002	3,240	333	307	3,335	3,547
Antrim Area	6,415	6,745	346	495	6,761	7,240
Causeway	3,197	3,427	261	288	3,458	3,715
Ulster	7,573	7,710	168	159	7,741	7,869
Craigavon Area	6,578	6,879	405	463	6,983	7,342
Daisy Hill	4,325	4,298	239	220	4,564	4,518
Altnagelvin Area	4,717	5,255	246	321	4,963	5,576
South West Acute	2,688	2,771	121	220	2,809	2,991
<b>Type 1</b>	<b>49,523</b>	<b>52,061</b>	<b>2,443</b>	<b>2,881</b>	<b>51,966</b>	<b>54,942</b>
<b>Type 2</b>	<b>4,644</b>	<b>4,839</b>	<b>146</b>	<b>136</b>	<b>4,790</b>	<b>4,975</b>
<b>Type 3</b>	<b>5,117</b>	<b>5,089</b>	<b>220</b>	<b>198</b>	<b>5,337</b>	<b>5,287</b>
<b>Northern Ireland</b>	<b>59,284</b>	<b>61,989</b>	<b>2,809</b>	<b>3,215</b>	<b>62,093</b>	<b>65,204</b>

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances increased at Type 1 and 2 departments but decreased slightly at Type 3 departments between December 2016 and December 2017 (Table 2, Table 10A).
- The Royal Victoria (8,013) and the Ulster (7,869) were the busiest ED's during December 2017 (Table 2, Table 10A).
- Of the 10 Type 1 ED's, Altnagelvin (613) and Antrim Area (479) reported the highest increase in attendances in December 2017, compared with December 2016 (Table 2, Table 10A).

<sup>7</sup> Information for December 2016 and October, November and December 2017 is detailed in Appendix 4, Table 10A.

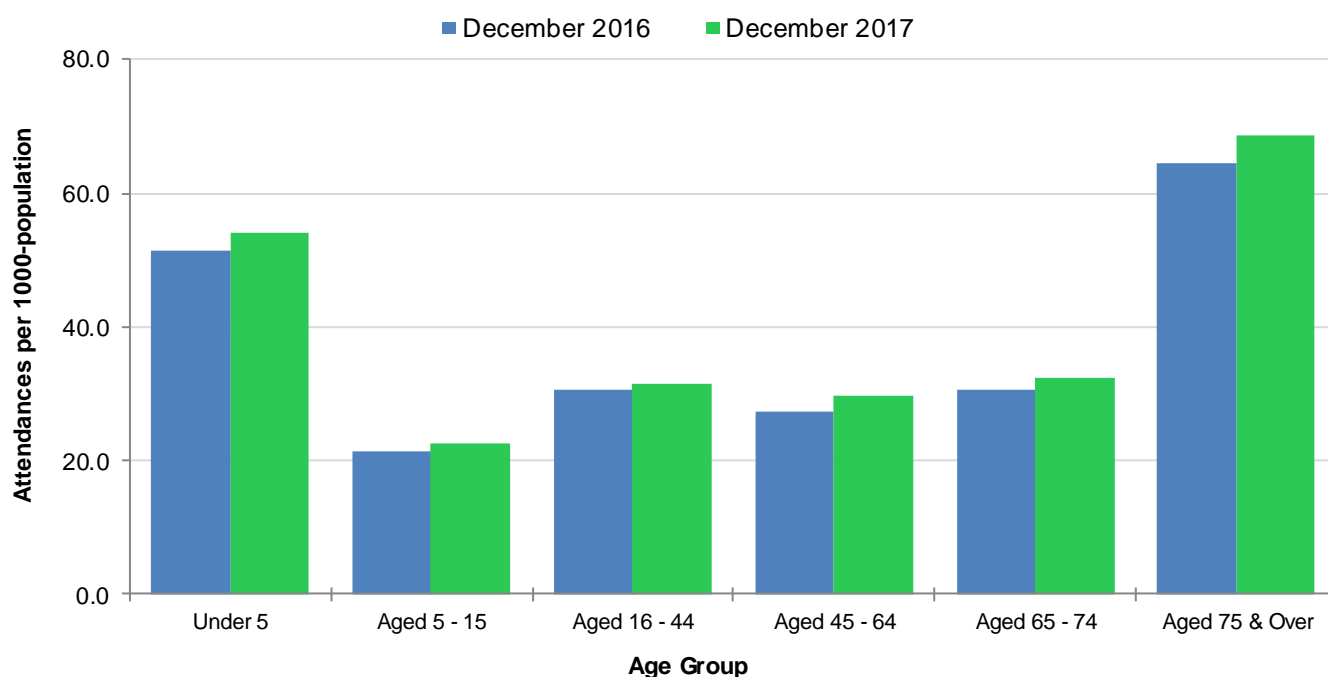
<sup>8</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

<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 1,000-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 (December 2016 - December 2017)**<sup>13, 14</sup>



- During both December 2016 and December 2017, the highest number of attendances per 1,000-population was recorded for those aged 75 & over (64.6 and 68.7 respectively) (Figure 2, Table 10H).
- A high number of attendances per 1,000-population aged under 5 was also recorded in both December 2016 and December 2017 (51.4 and 54.0 respectively) (Figure 2, Table 10H).
- The rate of attendances per 1,000-population increased for all age groups between December 2016 and December 2017. (Figure 2, Table 10H).
- The lowest number of attendances per 1,000-population was recorded in the 5 – 15 age group during December 2016 and December 2017 (21.3 and 22.5 respectively) (Figure 2, Table 10H).

<sup>10</sup> Information for December 2016 and October, November and December 2017 is detailed in Appendix 4, Table 10H.

<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 which 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 is assumed that patients attending ED's triaged as Level 1 / 2 / 3 are in most urgent need of treatment, and those assessed as Level 4 or 5 are in less need of urgent treatment.

**Table 3: Percentage Triaged in each Triage Group (December 2016 - December 2017)<sup>17</sup>**

Department	Triage Group			
	Level 1 / 2 / 3		Level 4 / 5	
	Dec 2016	Dec 2017	Dec 2016	Dec 2017
Mater	61.8%	60.2%	38.2%	39.8%
Royal Victoria	64.1%	66.4%	35.9%	33.6%
RBHSC	40.9%	39.7%	59.1%	60.3%
Antrim Area	65.1%	70.8%	34.9%	29.2%
Causeway	71.3%	75.2%	28.7%	24.8%
Ulster	72.6%	71.7%	27.4%	28.3%
Craigavon Area	82.9%	83.1%	17.1%	16.9%
Daisy Hill	81.2%	77.8%	18.8%	22.2%
Altnagelvin Area	71.2%	65.2%	28.8%	34.8%
South West Acute	75.8%	71.4%	24.2%	28.6%
<b>Type 1</b>	<b>69.7%</b>	<b>69.4%</b>	<b>30.3%</b>	<b>30.6%</b>
<b>Type 2</b>	<b>51.4%</b>	<b>52.5%</b>	<b>48.6%</b>	<b>47.5%</b>
<b>Type 3</b>	<b>3.1%</b>	<b>2.9%</b>	<b>96.9%</b>	<b>97.1%</b>
<b>Northern Ireland</b>	<b>62.7%</b>	<b>62.8%</b>	<b>37.3%</b>	<b>37.2%</b>

Source: Regional Data Warehouse, Business Services Organisation

- Over two thirds (69.4%) of attendances at Type 1 departments in December 2017 were triaged as level 1, 2 or 3, similar to December 2016 (69.7%) (Table 3, Table 10L).

<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.

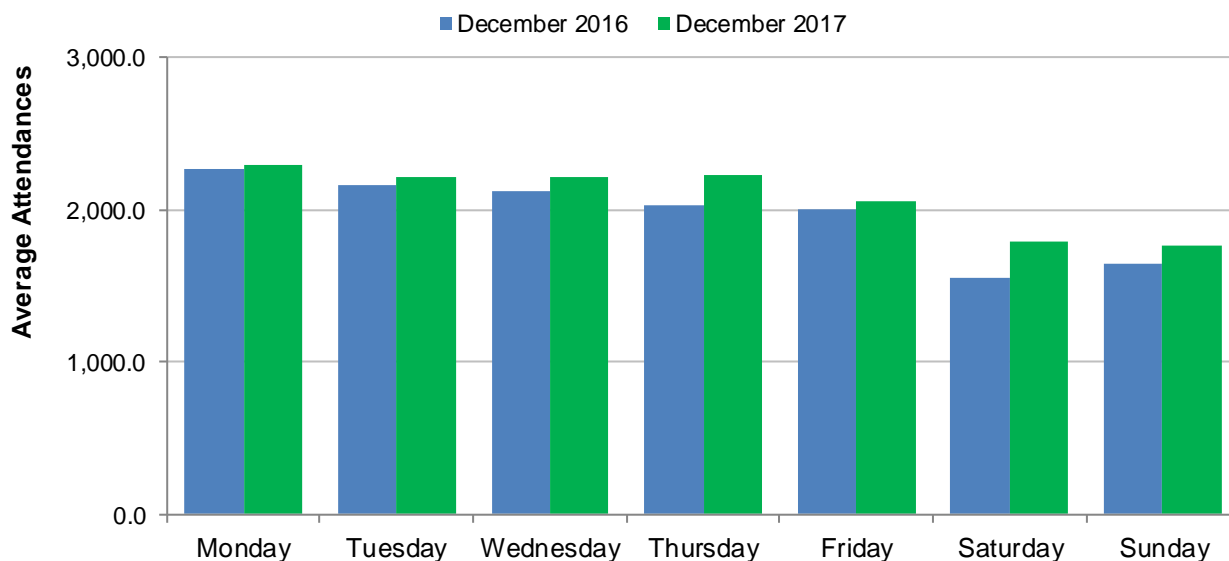
<sup>16</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

<sup>17</sup> Information for December 2016 and October, November and December 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 ED's by day of the week during December 2017, compared with December 2016.<sup>18, 19, 20</sup>

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



- The average number of attendances at ED's increased on each weekday in December 2017 when compared with December 2016 (Figure 4, Table 10I).
- Overall, Monday was the busiest day at ED's during both December 2016 and December 2017, with almost 2,300 daily attendances on average each Monday (Figure 4, Table 10I).
- The largest increase in average daily attendances between December 2016 and December 2017 (238) was on a Saturday (1,553 and 1,791 respectively) (Figure 4, Table 10I).
- The lowest average number of daily attendances was on a Saturday during December 2016 (1,553) and on a Sunday in December 2017 (1,770) (Figure 4, Table 10I).

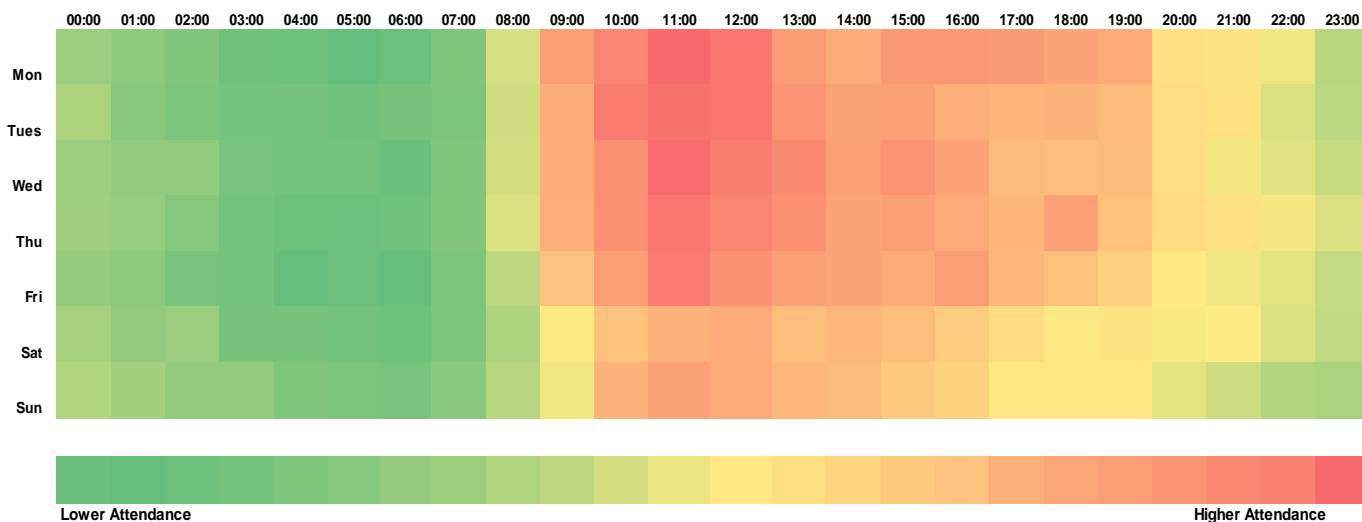
<sup>18</sup> Information for December 2016 and October, November and December 2017 is detailed in Appendix 4, Table 10I.

<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 December 2017. The time shown refers to the hour of arrival, for example, 12:00 covers 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 (December 2017)**



- Monday was the busiest day of the week during December 2017, with the highest number of attendances arriving between 11:00am and 11:59am (Figure 5).
- Sunday was the least busy day during December 2017, with the highest number of attendances arriving between 11:00pm and 11:59pm (Figure 5).
- Overall, the busiest hour of the day during December 2017 was between 11:00am and 11:59am, whilst the least busy hour was 6:00am to 6:59am (Figure 5).

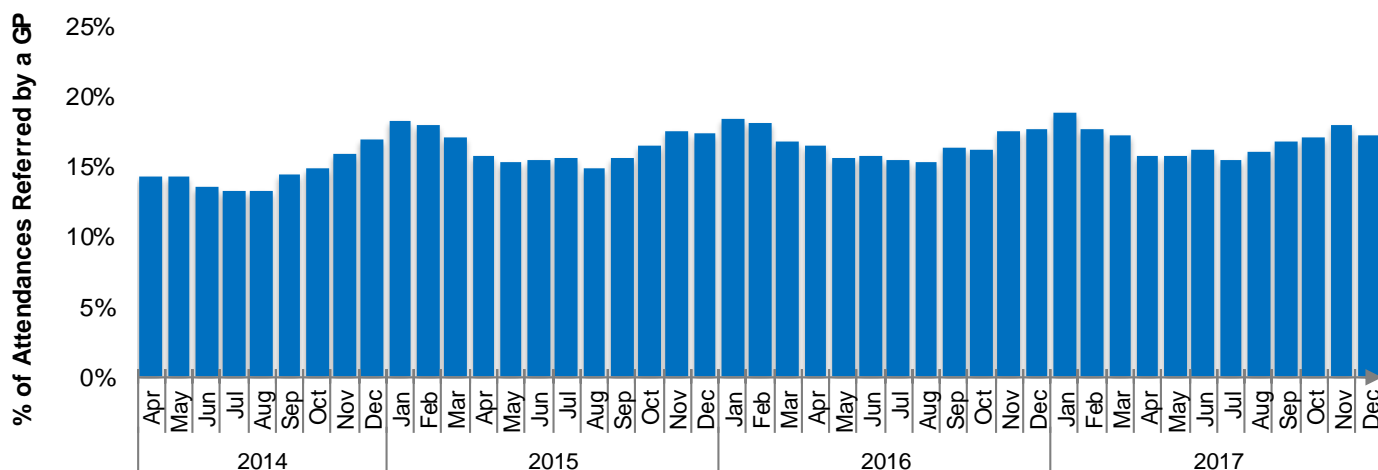
<sup>21</sup> Data on when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

<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 – December 2017)**



- In December 2017, over one in six (17.2%) of attendances at ED's had been referred by a GP, slightly lower than December 2016 (17.7%) (Figure 6, Table 10C).
- Type 1 EDs reported the highest percentage of attendances referred by a GP (18.9%) during December 2017, 0.7 percentage points lower than December 2016 (19.6%) (Figure 6, Table 10C).
- Over one fifth (23.3%) of attendances at both the Ulster and Causeway EDs had been referred by a GP during December 2017, compared with 12.7% of attendances in the Mater (Table 10C).
- 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 December 2016 and October, November and December 2017 is detailed in Appendix 4, Table 10C.

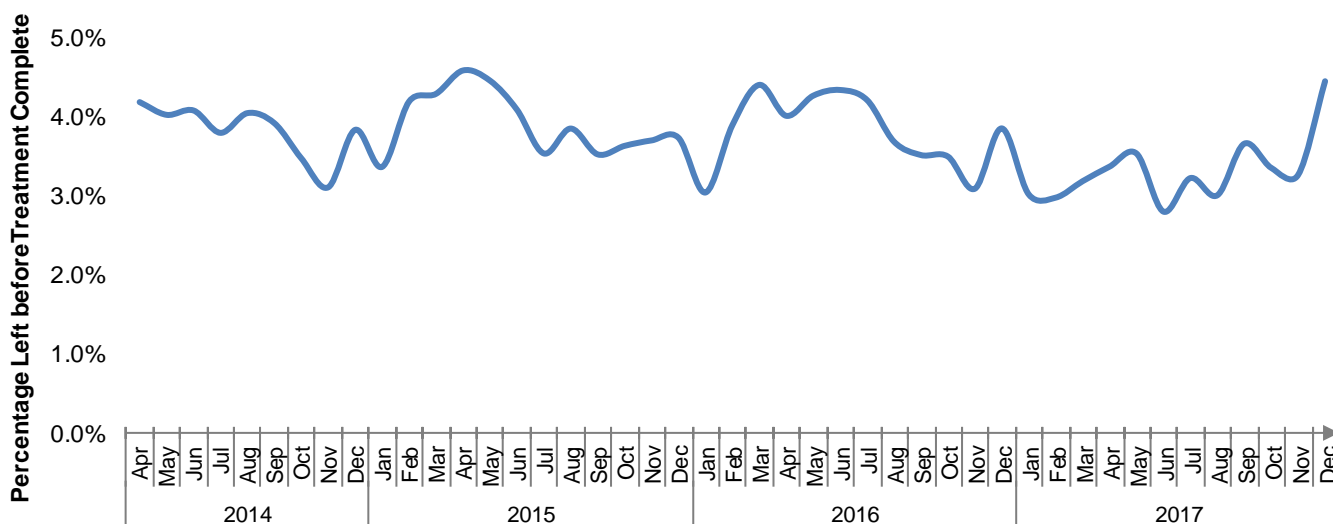
<sup>24</sup> Data on referrals to ED by GP's are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

<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 – December 2017)**



- During December 2017, 4.4% of all ED attendances left before their treatment was complete, 0.5 percentage points higher than December 2016 (3.9%) (Figure 7, Table 10C).
- Type 1 EDs reported the highest percentage (5.0%) of patients leaving before their treatment was complete in December 2017, with 1.5% reported for Type 2 ED's and 0.4% for Type 3 ED's (Table 10C).
- The Mater (7.2%) reported the highest percentage of attendances leaving an ED before their treatment was complete during December 2017, 0.6 percentage points higher than December 2016 (6.6%) (Table 10C).
- During the last 12 months, the percentage of attendances leaving ED before their treatment was complete was highest in December 2017 (4.4%) (Figure 7).

<sup>26</sup> Information for December 2016 and October, November and December 2017 is detailed in Appendix 4, Table 10C.

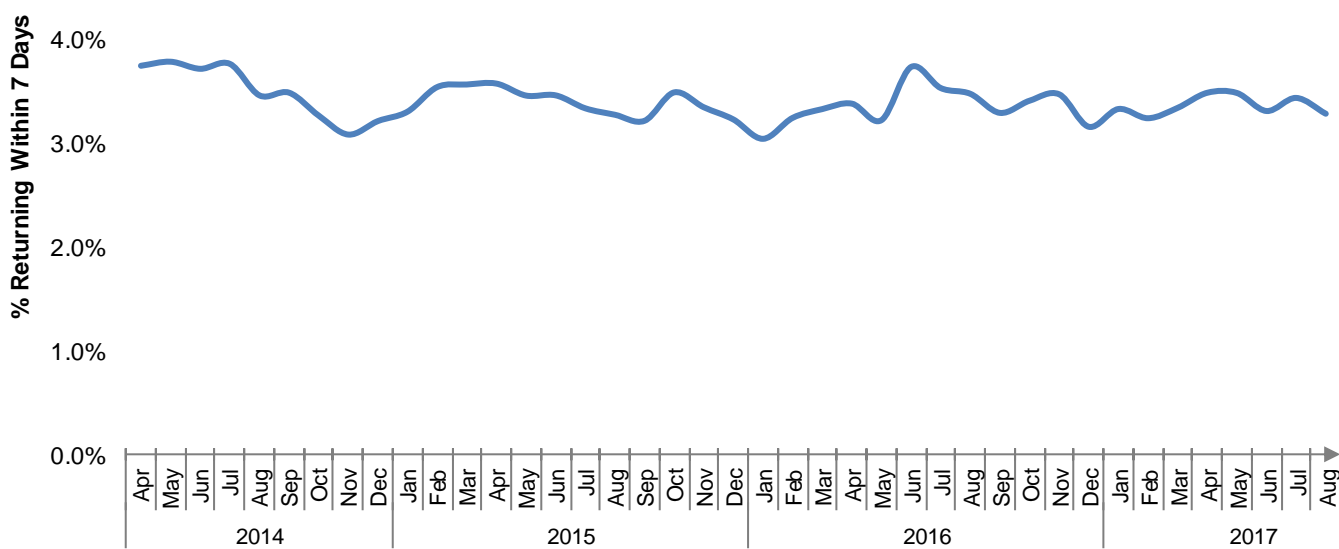
<sup>27</sup> Data on those leaving ED before their treatment was complete are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

<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 – December 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 December 2017, 3.5% of attendances had previously attended the same ED within 7 days of their original attendance, slightly higher than December 2016 (3.2%) (Figure 8, Table 10C).
- South West Acute (6.9%) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during December 2017 (Table 10C).

<sup>29</sup> Information for December 2016 and October, November and December 2017 is detailed in Appendix 4, Table 10C.

<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, 34</sup>.

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

Percentage Within 4 Hours	December 2016	December 2017	Difference	
			No.	% pt
Type 1	65.4%	63.1%	-	-2.4%
Type 2	84.6%	84.5%	-	-0.1%
Type 3	99.9%	99.9%	-	0.0%
<b>Total</b>	<b>69.9%</b>	<b>67.7%</b>	<b>-</b>	<b>-2.2%</b>
Number Over 12 Hours	December 2016	December 2017	Difference	
			No.	%
Type 1	857	2,308	1,451	-
Type 2	31	64	33	-
Type 3	0	0	0	-
<b>Total</b>	<b>888</b>	<b>2,372</b>	<b>1,484</b>	<b>-</b>
New & Unplanned Review Attendances	December 2016	December 2017	Difference	
			No.	%
Type 1	51,966	54,942	2,976	5.7%
Type 2	4,790	4,975	185	3.9%
Type 3	5,337	5,287	-50	-0.9%
<b>Total</b>	<b>62,093</b>	<b>65,204</b>	<b>3,111</b>	<b>5.0%</b>

Source: Regional Data Warehouse, Business Services Organisation

- Over two thirds (67.7%) of ED attendances in December 2017 were treated and discharged, or admitted within 4 hours of their arrival, 2.2 percentage points lower than December 2016 (69.9%) (Table 4, Table 10B & Table 10J).
- Almost two thirds (63.1%) of attendances at Type 1 EDs in December 2017 were treated and discharged, or admitted within 4 hours of their arrival, compared with 84.5% at Type 2 EDs and 99.9% at Type 3 EDs (Table 4, Table 10B & Table 10J).
- Between December 2016 and December 2017, the number of attendances waiting longer than 12 hours increased from 888 to 2,372, accounting for 3.6% of all attendances in December 2017 (Table 4, Table 10B & Table 10J).
- Whilst EDs experienced a 5.0% increase in the number of attendances during this time (62,093 in December 2016 to 65,204 in December 2017), performance against the 4 hour target dropped by 2.2% points (Table 4, Table 10B & Table 10J).

<sup>32</sup> Further breakdown of ED's can be found in Appendix 4: Table 10B & Table 10J.

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

<sup>34</sup> 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 December 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>35, 36</sup>

**Table 5: Performance against the 4 and 12 Hour Components of the Emergency Care Waiting Times Target at Type 1 ED's (December 2016 - December 2017<sup>37</sup>)**

Department	4 Hour Performance		12 Hour Performance		Total Attendances	
	Dec 2016	Dec 2017	Dec 2016	Dec 2017	Dec 2016	Dec 2017
Mater	68.7%	72.4%	80	129	3,801	4,131
Royal Victoria	65.0%	59.3%	79	173	7,551	8,013
RBHSC	79.2%	76.3%	-	-	3,335	3,547
Antrim Area	63.3%	55.0%	272	652	6,761	7,240
Causeway	61.4%	60.9%	4	190	3,458	3,715
Ulster	66.3%	59.1%	177	642	7,741	7,869
Craigavon Area	63.6%	57.0%	123	343	6,983	7,342
Daisy Hill	66.1%	71.6%	20	79	4,564	4,518
Altnagelvin Area	60.3%	67.7%	80	76	4,963	5,576
South West Acute	66.3%	70.6%	22	24	2,809	2,991
<b>Type 1</b>	<b>65.4%</b>	<b>63.1%</b>	<b>857</b>	<b>2,308</b>	<b>51,966</b>	<b>54,942</b>
<b>Type 2</b>	<b>84.6%</b>	<b>84.5%</b>	<b>31</b>	<b>64</b>	<b>4,790</b>	<b>4,975</b>
<b>Type 3</b>	<b>99.9%</b>	<b>99.9%</b>	<b>-</b>	<b>-</b>	<b>5,337</b>	<b>5,287</b>
<b>Northern Ireland</b>	<b>69.9%</b>	<b>67.7%</b>	<b>888</b>	<b>2,372</b>	<b>62,093</b>	<b>65,204</b>

Source: Regional Data Warehouse, Business Services Organisation

- During December 2017, RBHSC (76.3%) reported the highest performance of Type 1 EDs against the 4 hour target, whilst Antrim Area (55.0%) reported the lowest performance (Table 5, Table 10B).
- One Type 1 ED (RBHSC) achieved the 12-hour component of the target during December 2017 (Table 5, Table 10B).
- Between December 2016 and December 2017, performance against the 12 hour target declined at 8 of the 10 Type 1 EDs (Table 5, Table 10B).

<sup>35</sup> Information for December 2016 and October, November and December 2017 is detailed in Appendix 4: Table 10B & Table 10I.

<sup>36</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

<sup>37</sup> The total number of patients waiting over 12 hours on Table 5 during December 2017 was amended on Friday 26<sup>th</sup> January 2018, from 2,374 to 2,372.

Table 6 presents information on the percentage of patients commencing treatment, following triage, within 2 hours at Type 1 ED's in December 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>38, 39</sup>

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

Department	% Commencing Treatment Within 2 Hours of Triage	
	Dec 2016	Dec 2017
Mater	81.9%	79.6%
Royal Victoria	76.0%	68.1%
RBHSC	79.9%	79.0%
Antrim Area	76.1%	61.7%
Causeway	80.8%	79.3%
Ulster	78.0%	77.7%
Craigavon Area	71.2%	63.1%
Daisy Hill	76.3%	86.9%
Altnagelvin Area	76.3%	85.3%
South West Acute	88.8%	85.7%
<b>Type 1</b>	<b>77.4%</b>	<b>74.8%</b>
<b>Type 2</b>	<b>91.7%</b>	<b>93.7%</b>
<b>Type 3</b>	<b>99.7%</b>	<b>99.8%</b>
<b>Northern Ireland</b>	<b>80.3%</b>	<b>78.2%</b>

Source: Regional Data Warehouse, Business Services Organisation

- Almost four fifths (78.2%) of patients attending ED's commenced their treatment within 2 hours of being triaged, 2.1 percentage points lower than December 2016 (80.3%) (Table 6, Table 10K).
- During December 2017, almost three quarters (74.8%) of patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 93.7% at Type 2 ED's and 99.8% at Type 3 ED's (Table 6, Table 10K).
- Three Type 1 ED's (Daisy Hill, Altnagelvin Area and South West Acute) commenced treating over 85.0% or more of patients within 2 hours of being triaged during December 2017 (Table 6, Table 10K).
- During December 2017, Daisy Hill (86.9%) reported the highest percentage of patients commencing treatment within 2 hours of being triaged, whilst Antrim Area (61.7%) reported the lowest percentage (Table 6, Table 10K).

<sup>38</sup> Information for December 2016 and October, November and December 2017 is detailed in Appendix 4: Table 10K.

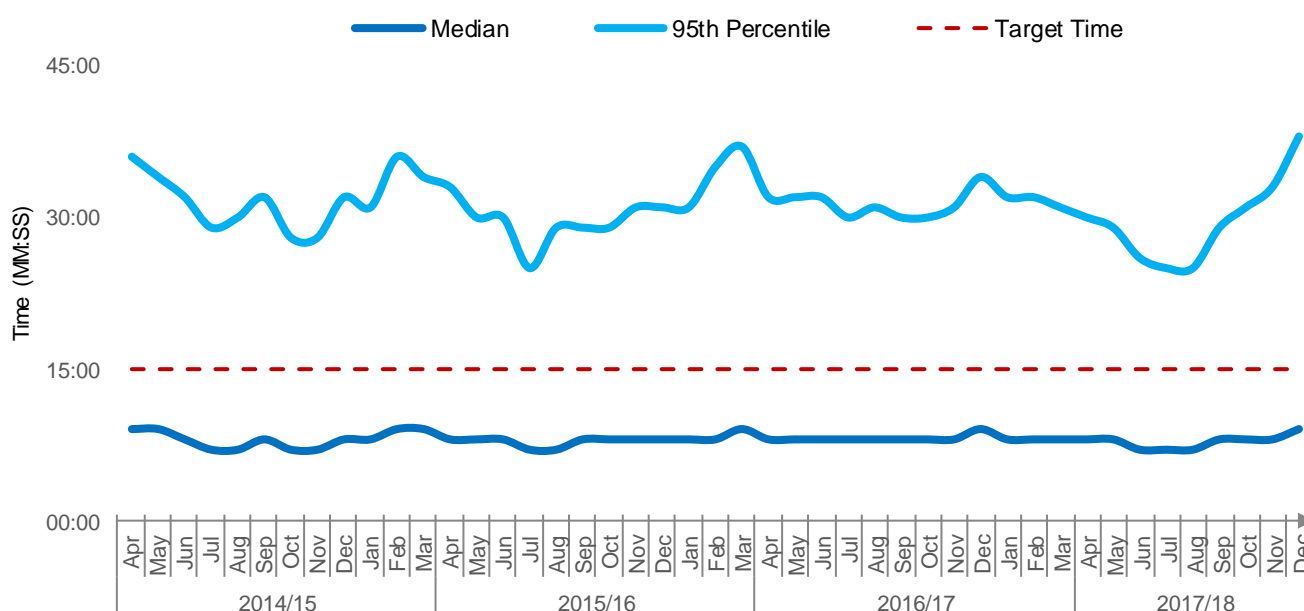
<sup>39</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

## 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>

Three 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, (ii) the median waiting time, which is the time below which 50% of patients were triaged, and (iii) the percentage of attendances triaged within 15 minutes of arrival at an ED.

**Figure 10: Time from Arrival to Triage (April 2014 - December 2017)**<sup>42</sup>



- During December 2017, the median waiting time from arrival to triage was 9 minutes, the same as the time taken in December 2016 (9 minutes) (Figure 10, Table 10D).
- 95 per cent of patients were triaged within 38 minutes of their arrival at an ED in December 2017, 4 minutes more than December 2016 (34 minutes) (Figure 10, Table 10D).
- Over seven in ten (70.9%) attendances were triaged within 15 minutes of their arrival at an ED during December 2017, 4.8 percentage points less than December 2016 (75.7%).

<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.

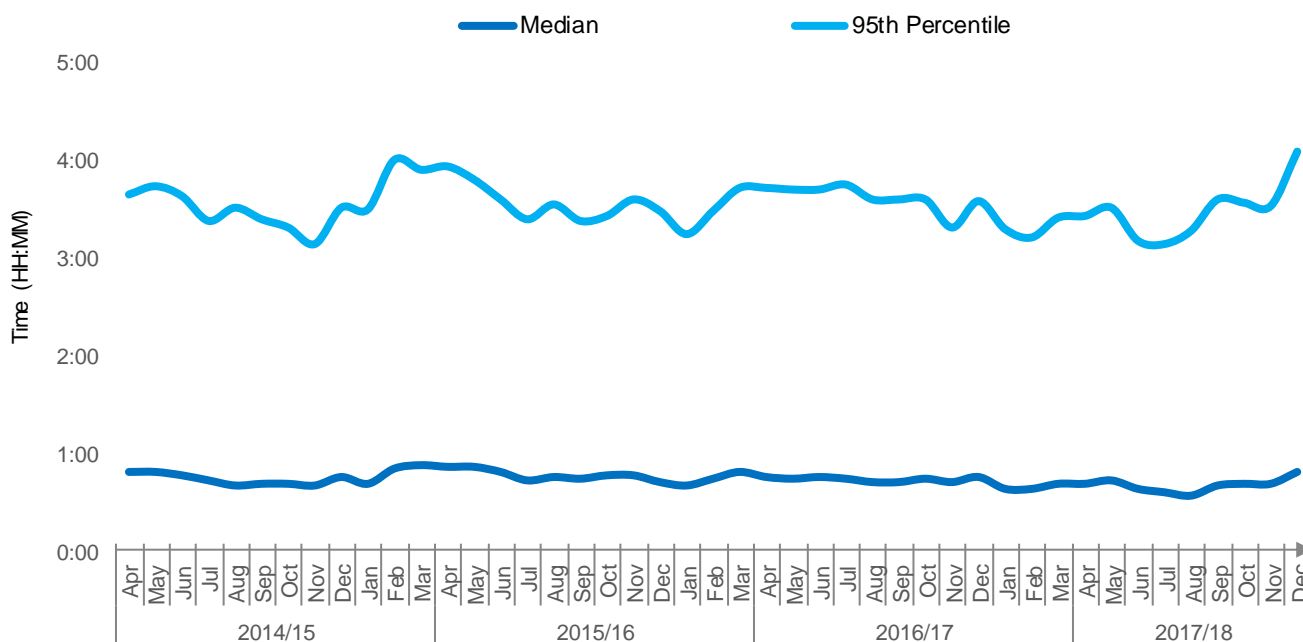
<sup>42</sup> Additional information on time to triage is detailed in Appendix 4: Table 10D.

## 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.<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 – December 2017)<sup>45</sup>**



- The median waiting time from triage to start of treatment in December 2017 was 48 minutes, 3 minutes longer than the time taken in December 2016 (45 minutes) (Figure 11, Table 10E).
- During December 2017, 95 percent of patients commenced their treatment within 4 hours 5 minutes of being triaged in an ED, 30 minutes longer than the time taken in December 2016 (3 hours 35 minutes) (Figure 11, Table 10E).

<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 4: Table 10E.

## 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 December 2017 compared with December 2016. <sup>46, 47</sup>

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

Department	Median		95th Percentile	
	Dec 2016	Dec 2017	Dec 2016	Dec 2017
Mater	0:47	0:43	3:58	3:51
Royal Victoria	0:50	1:05	3:40	4:45
RBHSC	0:53	0:58	3:24	3:39
Antrim Area	0:59	1:28	4:19	6:22
Causeway	0:43	0:54	3:57	3:47
Ulster	0:52	1:00	3:29	3:35
Craigavon Area	1:10	1:26	3:57	5:48
Daisy Hill	1:07	0:46	3:43	2:51
Altnagelvin Area	0:57	0:34	3:43	3:07
South West Acute	0:22	0:34	3:28	3:04
<b>Type 1</b>	<b>0:54</b>	<b>0:58</b>	<b>3:45</b>	<b>4:20</b>
<b>Type 2</b>	<b>0:33</b>	<b>0:37</b>	<b>2:25</b>	<b>2:09</b>
<b>Type 3</b>	<b>0:05</b>	<b>0:03</b>	<b>0:40</b>	<b>0:37</b>
<b>Northern Ireland</b>	<b>0:45</b>	<b>0:48</b>	<b>3:35</b>	<b>4:05</b>

Source: Regional Data Warehouse, Business Services Organisation

- The median time waited from triage to start of treatment by a medical professional was 58 minutes at Type 1 EDs in December 2017, 4 minutes longer than December 2016 (54 minutes) (Table 7, Table 10E).
- Antrim Area reported the longest median waiting time (1 hour 28 Minutes) from triage to start of treatment during December 2017, whilst both Altnagelvin Area and South West Acute (34 minutes) reported the shortest median waiting time (Table 7, Table 10E).
- Antrim Area reported the longest waiting time between triage and start of treatment, with 95 per cent of attendances commencing treatment within 6 hours 22 minutes of being triaged; this was 2 hours 3 minutes longer than December 2016 (4 hours 19 minutes) (Table 7, Table 10E).
- Daisy Hill reported the shortest time to start of treatment during December 2017, with 95 per cent of attendances commencing treatment within 2 hours 51 minutes of being triaged, 52 minutes less than December 2016 (3 hours 43 minutes) (Table 7, Table 10E).

<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.

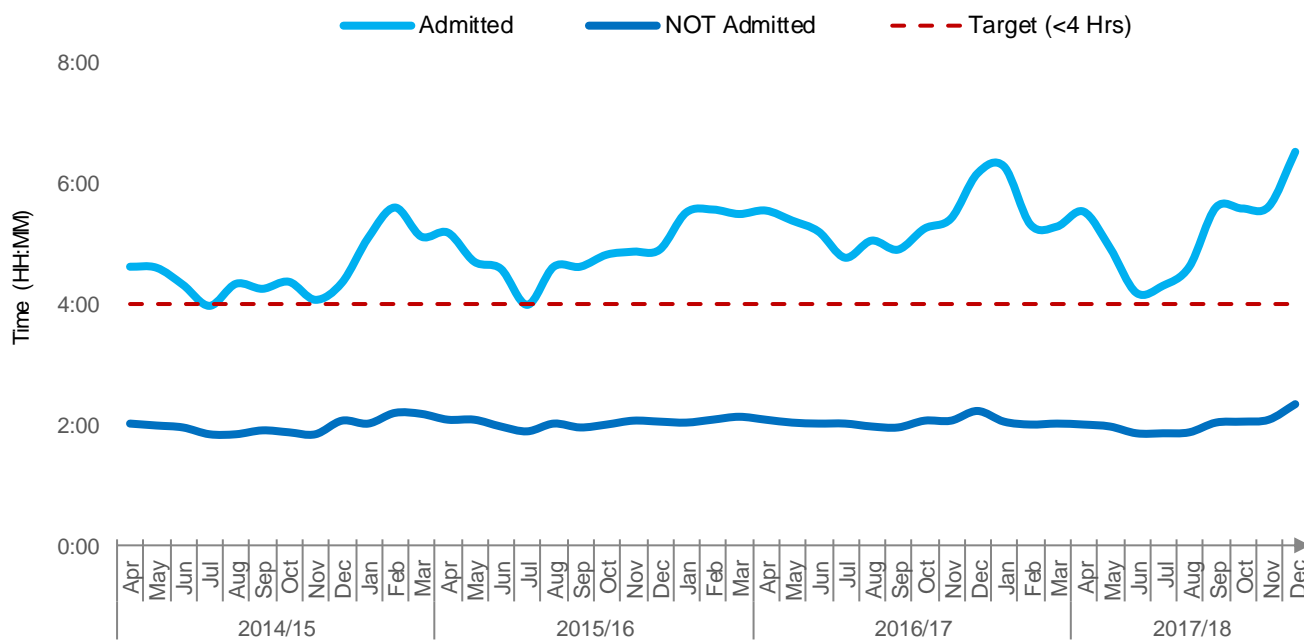
<sup>47</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

<sup>48</sup> Information for December 2016 and October, November and December 2017 is detailed in Appendix 4, Table 10E.

## 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 December 2017)<sup>51</sup>**



- During December 2017, the median time spent in an ED for patients admitted to hospital was 6 hours 31 minutes, compared with 2 hours 22 minutes for those discharged home (Figure 12, Table 10F & 10G).
- During December 2017, 95 per cent of patients admitted to hospital spent over three times as long in an ED (20 hours 54 minutes) than those discharged home (6 hours 59 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 4, Table 10E.



## 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 (December 2016 - December 2017)**<sup>53</sup>

Department	Median		95th Percentile	
	Dec 2016	Dec 2017	Dec 2016	Dec 2017
Mater	5:44	5:25	14:59	19:17
Royal Victoria	6:18	6:57	11:57	14:23
RBHSC	3:31	3:38	7:34	7:43
Antrim Area	7:29	7:37	20:02	25:21
Causeway	7:07	8:18	11:39	23:37
Ulster	5:41	7:56	15:54	24:11
Craigavon Area	6:45	7:04	14:20	18:48
Daisy Hill	6:15	5:54	11:55	15:36
Altnagelvin Area	7:18	6:15	12:15	11:57
South West Acute	4:54	4:36	11:14	10:45
<b>Type 1</b>	<b>6:16</b>	<b>6:35</b>	<b>13:53</b>	<b>20:53</b>
<b>Type 2</b>	<b>4:28</b>	<b>5:27</b>	<b>15:35</b>	<b>20:54</b>
<b>Type 3</b>	<b>0:15</b>	<b>0:08</b>	<b>1:11</b>	<b>0:10</b>
<b>Northern Ireland</b>	<b>6:10</b>	<b>6:31</b>	<b>13:54</b>	<b>20:54</b>

Source: Regional Data Warehouse, Business Services Organisation

- The median time spent in a Type 1 ED for patients admitted was 6 hours 35 minutes in December 2017, 19 minutes longer than the same month last year (6 hours 16 minutes) (Table 8, Table 10F).
- Causeway reported the longest median waiting time (8 hours 18 minutes) from arrival to admission to hospital, whilst the RBHSC (3 hours 38 minutes) reported the shortest (Table 8, Table 10F).
- 95 per cent of patients were admitted to hospital within 20 hours 53 minutes of arrival at all Type 1 EDs during December 2017, 7 hours more than December 2016 (13 hours 53 minutes) (Table 8, Table 10F).
- Causeway reported the largest increase in the time taken for patients to be admitted to hospital, with 95 per cent of attendances admitted within 23 hours 37 minutes of their arrival in December 2017, 11 hours 58 minutes longer than the time taken in December 2016 (11 hours 39 minute) (Table 8, Table 10F).

<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 December 2016 and October, November and December 2017 is detailed in Appendix 4, Table 10F.

## 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 (December 2016 - December 2017)**<sup>55</sup>

Department	Median		95th Percentile	
	Dec 2016	Dec 2017	Dec 2016	Dec 2017
Mater	2:37	2:27	6:33	6:54
Royal Victoria	2:40	3:01	6:59	7:43
RBHSC	2:22	2:29	5:25	5:47
Antrim Area	2:32	3:07	7:10	9:26
Causeway	2:30	2:33	7:31	7:54
Ulster	2:30	2:46	5:59	6:45
Craigavon Area	2:38	3:00	6:23	7:57
Daisy Hill	2:41	2:17	6:16	5:38
Altnagelvin Area	2:43	2:38	6:49	6:11
South West Acute	2:28	2:33	6:47	6:08
<b>Type 1</b>	<b>2:35</b>	<b>2:44</b>	<b>6:34</b>	<b>7:19</b>
<b>Type 2</b>	<b>1:46</b>	<b>1:44</b>	<b>5:20</b>	<b>5:14</b>
<b>Type 3</b>	<b>0:30</b>	<b>0:29</b>	<b>1:21</b>	<b>1:24</b>
<b>Northern Ireland</b>	<b>2:15</b>	<b>2:22</b>	<b>6:19</b>	<b>6:59</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 44 minutes in December 2017, 9 minutes longer than the time spent in an ED during the same month last year (2 hour 35 minutes) (Table 9, Table 8G).
- In December 2017, 95 per cent of attendances were discharged home within 7 hours 19 minutes of their arrival at a Type 1 ED, 45 minutes longer than the time spent in an ED in December 2016 (6 hours 34 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 December 2016 and October, November and December 2017 is detailed in Appendix 4, Table 10G.

# 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

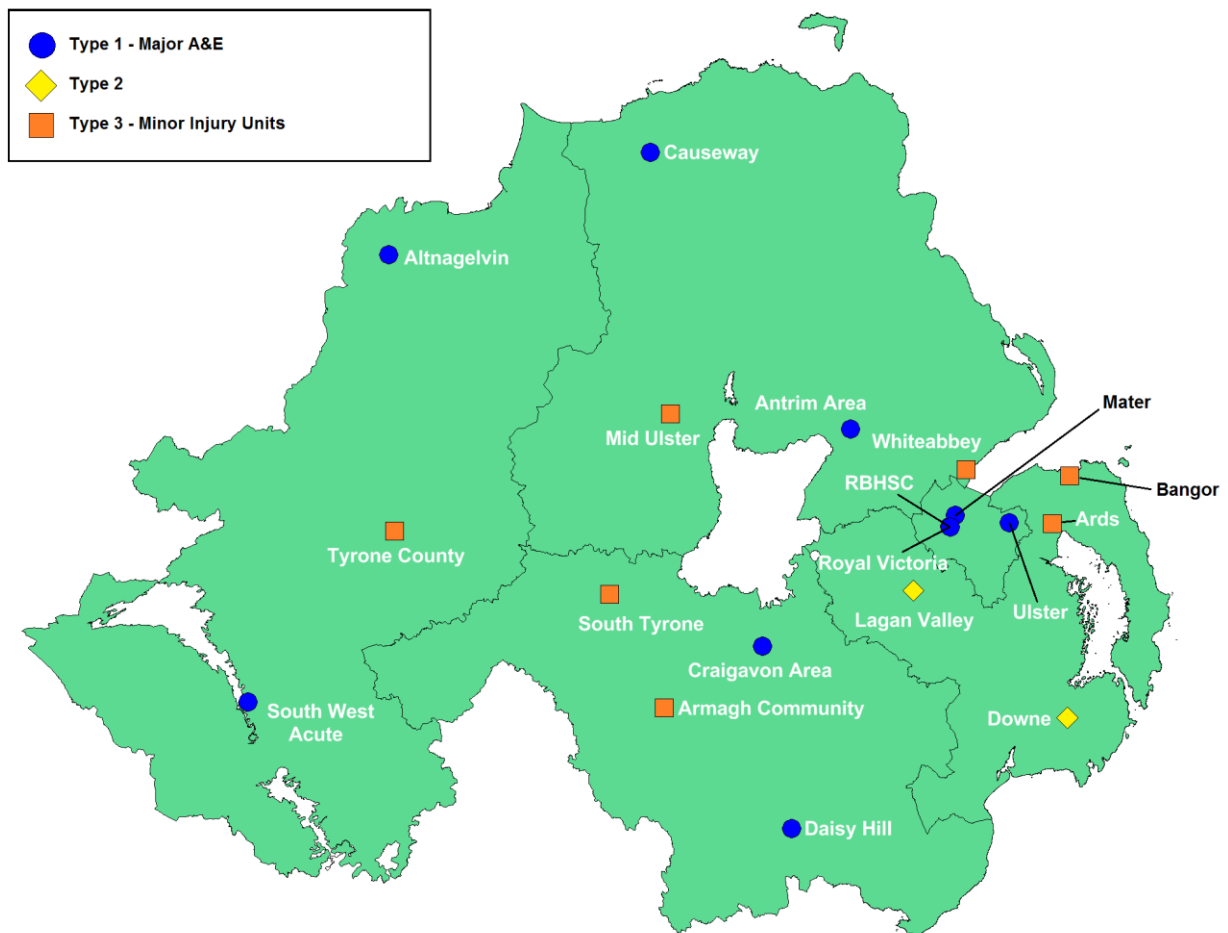
There are three separate categories of emergency care facility included in this publication:

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

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

### Description of Data

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

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

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

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

Appendix 4: Additional Tables

**Table 10A: New & Unplanned Review Attendances at Emergency Care Departments <sup>61</sup>**

Department	New Attendances				Unplanned Reviews				Total Attendances			
	Dec 2016	Oct 2017	Nov 2017	Dec 2017	Dec 2016	Oct 2017	Nov 2017	Dec 2017	Dec 2016	Oct 2017	Nov 2017	Dec 2017
Mater	3,671	3,970	3,697	3,976	130	159	140	155	3,801	4,129	3,837	4,131
Royal Victoria	7,357	8,133	7,572	7,760	194	298	294	253	7,551	8,431	7,866	8,013
RBHSC	3,002	3,350	3,481	3,240	333	290	336	307	3,335	3,640	3,817	3,547
Antrim Area	6,415	6,725	6,622	6,745	346	455	538	495	6,761	7,180	7,160	7,240
Causeway	3,197	3,514	3,193	3,427	261	205	285	288	3,458	3,719	3,478	3,715
Ulster	7,573	8,025	7,795	7,710	168	205	226	159	7,741	8,230	8,021	7,869
Craigavon Area	6,578	6,881	6,874	6,879	405	435	432	463	6,983	7,316	7,306	7,342
Daisy Hill	4,325	4,429	4,230	4,298	239	249	250	220	4,564	4,678	4,480	4,518
Altnagelvin Area	4,717	4,942	4,971	5,255	246	306	267	321	4,963	5,248	5,238	5,576
South West Acute	2,688	2,673	2,560	2,771	121	160	146	220	2,809	2,833	2,706	2,991
<b>Type 1</b>	<b>49,523</b>	<b>52,642</b>	<b>50,995</b>	<b>52,061</b>	<b>2,443</b>	<b>2,762</b>	<b>2,914</b>	<b>2,881</b>	<b>51,966</b>	<b>55,404</b>	<b>53,909</b>	<b>54,942</b>
Downe	1,554	1,835	1,689	1,760	77	69	79	69	1,631	1,904	1,768	1,829
Lagan Valley	1,789	1,998	1,976	1,820	69	82	79	67	1,858	2,080	2,055	1,887
RAES	1,301	1,503	1,395	1,259	-	-	-	-	1,301	1,503	1,395	1,259
<b>Type 2</b>	<b>4,644</b>	<b>5,336</b>	<b>5,060</b>	<b>4,839</b>	<b>146</b>	<b>151</b>	<b>158</b>	<b>136</b>	<b>4,790</b>	<b>5,487</b>	<b>5,218</b>	<b>4,975</b>
Mid Ulster	577	788	785	594	20	41	4	0	597	829	789	594
Ards	781	1,018	947	725	44	57	40	27	825	1,075	987	752
Bangor	605	869	763	579	34	46	44	31	639	915	807	610
South Tyrone	1,998	2,476	2,219	2,008	88	147	130	109	2,086	2,623	2,349	2,117
Tyrone County	1,156	1,226	1,164	1,183	34	33	33	31	1,190	1,259	1,197	1,214
<b>Type 3</b>	<b>5,117</b>	<b>6,377</b>	<b>5,878</b>	<b>5,089</b>	<b>220</b>	<b>324</b>	<b>251</b>	<b>198</b>	<b>5,337</b>	<b>6,701</b>	<b>6,129</b>	<b>5,287</b>
<b>Northern Ireland</b>	<b>59,284</b>	<b>64,355</b>	<b>61,933</b>	<b>61,989</b>	<b>2,809</b>	<b>3,237</b>	<b>3,323</b>	<b>3,215</b>	<b>62,093</b>	<b>67,592</b>	<b>65,256</b>	<b>65,204</b>

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



**Table 10B: Performance against Emergency Care Waiting Times Target<sup>62, 63</sup>**

Department	4 - Hour Performance				12 - Hour Performance				Total Attendances			
	Dec 2016	Oct 2017	Nov 2017	Dec 2017	Dec 2016	Oct 2017	Nov 2017	Dec 2017	Dec 2016	Oct 2017	Nov 2017	Dec 2017
Mater	68.7%	74.7%	78.0%	72.4%	80	71	50	129	3,801	4,129	3,837	4,131
Royal Victoria	65.0%	67.3%	70.8%	59.3%	79	82	81	173	7,551	8,431	7,866	8,013
RBHSC	79.2%	80.7%	75.4%	76.3%	.	.	.	.	3,335	3,640	3,817	3,547
Antrim Area	63.3%	61.1%	59.5%	55.0%	272	268	259	652	6,761	7,180	7,160	7,240
Causeway	61.4%	67.2%	68.5%	60.9%	4	25	44	190	3,458	3,719	3,478	3,715
Ulster	66.3%	66.2%	64.3%	59.1%	177	300	403	642	7,741	8,230	8,021	7,869
Craigavon Area	63.6%	68.2%	64.1%	57.0%	123	120	175	343	6,983	7,316	7,306	7,342
Daisy Hill	66.1%	75.1%	71.3%	71.6%	20	94	137	79	4,564	4,678	4,480	4,518
Altnagelvin Area	60.3%	68.3%	73.7%	67.7%	80	39	17	76	4,963	5,248	5,238	5,576
South West Acute	66.3%	77.9%	84.1%	70.6%	22	7	7	24	2,809	2,833	2,706	2,991
<b>Type 1</b>	<b>65.4%</b>	<b>69.2%</b>	<b>69.1%</b>	<b>63.1%</b>	<b>857</b>	<b>1,006</b>	<b>1,173</b>	<b>2,308</b>	<b>51,966</b>	<b>55,404</b>	<b>53,909</b>	<b>54,942</b>
Downe	85.2%	92.6%	90.6%	85.7%	31	3	17	40	1,631	1,904	1,768	1,829
Lagan Valley	81.9%	89.8%	88.0%	80.4%	.	.	1	24	1,858	2,080	2,055	1,887
RVH (RAES)	87.7%	80.9%	86.7%	88.7%	.	.	.	.	1,301	1,503	1,395	1,259
<b>Type 2</b>	<b>84.6%</b>	<b>88.3%</b>	<b>88.5%</b>	<b>84.5%</b>	<b>31</b>	<b>3</b>	<b>18</b>	<b>64</b>	<b>4,790</b>	<b>5,487</b>	<b>5,218</b>	<b>4,975</b>
Mid Ulster	100.0%	100.0%	100.0%	100.0%	.	.	.	.	597	829	789	594
Ards	100.0%	100.0%	100.0%	100.0%	.	.	.	.	825	1,075	987	752
Bangor	100.0%	100.0%	100.0%	100.0%	.	.	.	.	639	915	807	610
South Tyrone	100.0%	100.0%	100.0%	100.0%	.	.	.	.	2,086	2,623	2,349	2,117
Tyrone County	99.6%	99.8%	99.9%	99.8%	.	.	.	.	1,190	1,259	1,197	1,214
<b>Type 3</b>	<b>99.9%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>99.9%</b>	<b>.</b>	<b>.</b>	<b>.</b>	<b>.</b>	<b>5,337</b>	<b>6,701</b>	<b>6,129</b>	<b>5,287</b>
<b>Northern Ireland</b>	<b>69.9%</b>	<b>73.8%</b>	<b>73.6%</b>	<b>67.7%</b>	<b>888</b>	<b>1,009</b>	<b>1,191</b>	<b>2,372</b>	<b>62,093</b>	<b>67,592</b>	<b>65,256</b>	<b>65,204</b>

<sup>62</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

<sup>63</sup> 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** <sup>64, 65</sup>

Department	GP Referrals				Left Before Treatment				Unplanned Within 7 Days			
	Dec 2016	Oct 2017	Nov 2017	Dec 2017	Dec 2016	Oct 2017	Nov 2017	Dec 2017	Dec 2016	Oct 2017	Nov 2017	Dec 2017
Mater	14.9%	13.4%	13.1%	12.7%	6.6%	6.4%	5.1%	7.2%	2.4%	2.5%	2.6%	2.3%
Royal Victoria	18.1%	18.0%	18.9%	17.5%	4.3%	4.6%	4.0%	5.4%	1.6%	2.1%	2.2%	2.1%
RBHSC	17.8%	15.8%	18.6%	16.5%	5.8%	5.5%	6.4%	6.5%	6.4%	6.0%	6.5%	5.6%
Antrim Area	23.5%	24.6%	25.8%	22.8%	2.0%	4.6%	4.4%	5.2%	3.3%	3.4%	4.5%	4.2%
Causeway	22.2%	22.4%	23.3%	23.3%	5.0%	2.6%	2.7%	5.1%	5.3%	3.3%	5.5%	5.4%
Ulster	24.4%	23.6%	23.0%	23.3%	3.5%	2.7%	2.4%	3.3%	1.5%	1.8%	2.0%	1.7%
Craigavon Area	21.8%	22.2%	23.7%	22.8%	3.6%	3.8%	4.0%	6.6%	3.8%	3.8%	4.3%	4.5%
Daisy Hill	13.2%	14.3%	18.6%	14.3%	5.5%	2.9%	2.8%	2.9%	4.5%	3.9%	4.1%	4.0%
Altnagelvin Area	14.4%	14.5%	13.4%	12.8%	6.3%	3.0%	3.4%	4.5%	3.8%	4.0%	3.9%	4.5%
South West Acute	19.9%	16.8%	13.9%	17.1%	3.7%	2.3%	2.2%	4.0%	4.2%	4.9%	4.9%	6.9%
<b>Type 1</b>	<b>19.6%</b>	<b>19.3%</b>	<b>20.1%</b>	<b>18.9%</b>	<b>4.4%</b>	<b>3.9%</b>	<b>3.7%</b>	<b>5.0%</b>	<b>3.3%</b>	<b>3.3%</b>	<b>3.8%</b>	<b>3.8%</b>
Downe	16.8%	13.6%	12.8%	16.7%	1.7%	1.3%	1.5%	1.2%	2.9%	2.2%	2.4%	2.8%
Lagan Valley	14.9%	12.7%	14.2%	13.0%	2.0%	1.5%	1.5%	1.7%	1.8%	2.0%	1.8%	2.4%
<b>Type 2</b>	<b>15.8%</b>	<b>13.1%</b>	<b>13.5%</b>	<b>14.8%</b>	<b>1.8%</b>	<b>1.4%</b>	<b>1.5%</b>	<b>1.5%</b>	<b>2.3%</b>	<b>2.1%</b>	<b>2.1%</b>	<b>2.6%</b>
Mid Ulster	2.8%	2.9%	2.2%	2.7%	0.0%	0.0%	0.0%	0.3%	1.2%	2.2%	0.1%	-
Ards	0.5%	0.7%	1.1%	0.8%	0.1%	0.5%	0.6%	0.5%	2.9%	2.7%	1.6%	1.5%
Bangor	0.9%	1.3%	0.7%	0.8%	0.0%	0.4%	0.7%	0.0%	3.3%	3.4%	2.4%	2.8%
South Tyrone	0.7%	0.9%	0.9%	0.6%	0.1%	0.0%	0.1%	0.1%	2.3%	3.0%	2.6%	2.7%
Tyrone County	0.6%	1.4%	2.2%	1.3%	0.8%	0.8%	0.7%	1.1%	1.7%	1.4%	1.6%	1.9%
<b>Type 3</b>	<b>0.9%</b>	<b>1.3%</b>	<b>1.3%</b>	<b>1.0%</b>	<b>0.2%</b>	<b>0.3%</b>	<b>0.4%</b>	<b>0.4%</b>	<b>2.2%</b>	<b>2.6%</b>	<b>1.9%</b>	<b>2.1%</b>
<b>Northern Ireland</b>	<b>17.7%</b>	<b>17.1%</b>	<b>17.9%</b>	<b>17.2%</b>	<b>3.9%</b>	<b>3.4%</b>	<b>3.3%</b>	<b>4.4%</b>	<b>3.2%</b>	<b>3.2%</b>	<b>3.5%</b>	<b>3.5%</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.

**Table 10D: Waiting Time from Arrival to Triage (Assessment)<sup>66, 67</sup>**

Department	Median				95 <sup>th</sup> Percentile			
	Dec 2016	Oct 2017	Nov 2017	Dec 2017	Dec 2016	Oct 2017	Nov 2017	Dec 2017
Mater	0:09	0:09	0:08	0:08	0:28	0:26	0:24	0:30
Royal Victoria	0:08	0:09	0:09	0:10	0:28	0:29	0:32	0:40
RBHSC	0:12	0:12	0:17	0:12	0:45	0:44	1:00	0:48
Antrim Area	0:09	0:09	0:10	0:10	0:31	0:25	0:28	0:34
Causeway	0:11	0:10	0:09	0:12	0:29	0:32	0:30	0:37
Ulster	0:09	0:09	0:11	0:11	0:28	0:28	0:33	0:36
Craigavon Area	0:09	0:08	0:08	0:10	0:36	0:30	0:33	0:47
Daisy Hill	0:06	0:06	0:06	0:06	0:20	0:19	0:21	0:18
Altnagelvin Area	0:15	0:16	0:13	0:15	0:45	0:48	0:39	0:45
South West Acute	0:16	0:10	0:08	0:12	1:08	0:37	0:30	0:49
<b>Type 1</b>	<b>0:10</b>	<b>0:09</b>	<b>0:10</b>	<b>0:10</b>	<b>0:36</b>	<b>0:33</b>	<b>0:34</b>	<b>0:40</b>
Downe	0:08	0:06	0:06	0:10	0:30	0:24	0:24	0:29
Lagan Valley	0:09	0:08	0:09	0:09	0:25	0:22	0:24	0:26
<b>Type 2</b>	<b>0:09</b>	<b>0:07</b>	<b>0:08</b>	<b>0:09</b>	<b>0:27</b>	<b>0:23</b>	<b>0:24</b>	<b>0:27</b>
Mid Ulster	0:02	0:02	0:02	0:02	0:08	0:08	0:07	0:08
Ards	0:02	0:04	0:04	0:03	0:14	0:17	0:17	0:14
Bangor	0:02	0:03	0:03	0:03	0:13	0:18	0:11	0:14
South Tyrone	0:01	0:01	0:01	0:01	0:11	0:08	0:09	0:10
Tyrone County	0:00	0:00	0:00	0:00	0:01	0:10	0:21	0:19
<b>Type 3</b>	<b>0:01</b>	<b>0:01</b>	<b>0:01</b>	<b>0:01</b>	<b>0:10</b>	<b>0:12</b>	<b>0:12</b>	<b>0:12</b>
<b>Northern Ireland</b>	<b>0:09</b>	<b>0:08</b>	<b>0:08</b>	<b>0:09</b>	<b>0:34</b>	<b>0:31</b>	<b>0:33</b>	<b>0:38</b>

<sup>66</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>67</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

**Table 10E: Waiting Time from Triage (Assessment) to Start of Treatment**<sup>68, 69</sup>

Department	Median				95 <sup>th</sup> Percentile			
	Dec 2016	Oct 2017	Nov 2017	Dec 2017	Dec 2016	Oct 2017	Nov 2017	Dec 2017
Mater	0:47	0:49	0:37	0:43	3:58	3:16	3:06	3:51
Royal Victoria	0:50	1:01	0:55	1:05	3:40	3:59	3:34	4:45
RBHSC	0:53	0:54	1:02	0:58	3:24	3:14	3:24	3:39
Antrim Area	0:59	1:27	1:31	1:28	4:19	6:26	5:31	6:22
Causeway	0:43	0:38	0:34	0:54	3:57	2:51	2:55	3:47
Ulster	0:52	0:52	0:49	1:00	3:29	3:27	3:28	3:35
Craigavon Area	1:10	1:18	1:31	1:26	3:57	4:05	4:23	5:48
Daisy Hill	1:07	0:35	0:45	0:46	3:43	2:22	2:39	2:51
Altnagelvin Area	0:57	0:22	0:23	0:34	3:43	2:43	2:35	3:07
South West Acute	0:22	0:27	0:28	0:34	3:28	2:46	2:25	3:04
<b>Type 1</b>	<b>0:54</b>	<b>0:51</b>	<b>0:52</b>	<b>0:58</b>	<b>3:45</b>	<b>3:47</b>	<b>3:45</b>	<b>4:20</b>
Downe	0:30	0:25	0:25	0:33	2:28	1:46	1:40	2:00
Lagan Valley	0:35	0:32	0:33	0:41	2:23	1:53	1:58	2:20
<b>Type 2</b>	<b>0:33</b>	<b>0:29</b>	<b>0:29</b>	<b>0:37</b>	<b>2:25</b>	<b>1:50</b>	<b>1:52</b>	<b>2:09</b>
Mid Ulster	0:04	0:04	0:03	0:04	0:18	0:32	0:21	0:22
Ards	0:04	0:09	0:06	0:03	0:32	0:39	0:36	0:25
Bangor	0:02	0:04	0:03	0:02	0:25	0:34	0:27	0:24
South Tyrone	0:04	0:00	0:00	0:01	0:27	0:12	0:13	0:18
Tyrone County	0:10	0:11	0:11	0:10	1:08	1:21	1:06	1:10
<b>Type 3</b>	<b>0:05</b>	<b>0:04</b>	<b>0:03</b>	<b>0:03</b>	<b>0:40</b>	<b>0:42</b>	<b>0:38</b>	<b>0:37</b>
<b>Northern Ireland</b>	<b>0:45</b>	<b>0:41</b>	<b>0:41</b>	<b>0:48</b>	<b>3:35</b>	<b>3:34</b>	<b>3:32</b>	<b>4:05</b>

<sup>68</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>69</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

**Table 10F: Time Spent in an Emergency Care Department by those Admitted to Hospital <sup>70, 71</sup>**

Department	Median				95 <sup>th</sup> Percentile			
	Dec 2016	Oct 2017	Nov 2017	Dec 2017	Dec 2016	Oct 2017	Nov 2017	Dec 2017
Mater	5:44	5:09	4:52	5:25	14:59	16:11	13:18	19:17
Royal Victoria	6:18	6:23	6:21	6:57	11:57	11:54	11:56	14:23
RBHSC	3:31	3:31	4:05	3:38	7:34	7:44	7:51	7:43
Antrim Area	7:29	5:54	6:20	7:37	20:02	17:27	19:28	25:21
Causeway	7:07	6:46	6:49	8:18	11:39	11:47	11:55	23:37
Ulster	5:41	5:57	6:19	7:56	15:54	18:42	21:26	24:11
Craigavon Area	6:45	5:16	5:27	7:04	14:20	13:23	16:04	18:48
Daisy Hill	6:15	6:18	7:03	5:54	11:55	16:50	18:18	15:36
Altnagelvin Area	7:18	6:15	5:15	6:15	12:15	11:37	10:59	11:57
South West Acute	4:54	3:53	3:31	4:36	11:14	7:52	7:20	10:45
<b>Type 1</b>	<b>6:16</b>	<b>5:41</b>	<b>5:43</b>	<b>6:35</b>	<b>13:53</b>	<b>14:39</b>	<b>16:46</b>	<b>20:53</b>
Downe	3:54	2:48	3:36	5:33	21:05	7:41	17:58	22:27
Lagan Valley	4:39	3:36	4:01	5:27	8:57	7:22	8:06	20:20
<b>Type 2</b>	<b>4:28</b>	<b>3:16</b>	<b>3:55</b>	<b>5:27</b>	<b>15:35</b>	<b>7:31</b>	<b>9:22</b>	<b>20:54</b>
Mid Ulster	.	.	.	.	.	.	.	.
Ards	.	.	.	.	.	.	.	.
Bangor	.	.	.	.	.	.	.	.
South Tyrone	.	.	.	.	.	.	.	.
Tyrone County	0:15	0:15	0:45	0:08	1:11	1:30	1:44	0:10
<b>Type 3</b>	<b>0:15</b>	<b>0:15</b>	<b>0:45</b>	<b>0:08</b>	<b>1:11</b>	<b>1:30</b>	<b>1:44</b>	<b>0:10</b>
<b>Northern Ireland</b>	<b>6:10</b>	<b>5:35</b>	<b>5:37</b>	<b>6:31</b>	<b>13:54</b>	<b>14:32</b>	<b>16:39</b>	<b>20:54</b>

<sup>70</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>71</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

**Table 10G: Time Spent in an Emergency Care Department by those Discharged Home <sup>72, 73</sup>**

Department	Median				95 <sup>th</sup> Percentile			
	Dec 2016	Oct 2017	Nov 2017	Dec 2017	Dec 2016	Oct 2017	Nov 2017	Dec 2017
Mater	2:37	2:34	2:17	2:27	6:33	6:16	5:51	6:54
Royal Victoria	2:40	2:41	2:32	3:01	6:59	6:25	6:16	7:43
RBHSC	2:22	2:24	2:34	2:29	5:25	5:18	5:42	5:47
Antrim Area	2:32	2:45	2:57	3:07	7:10	8:07	7:28	9:26
Causeway	2:30	2:14	2:05	2:33	7:31	6:41	6:30	7:54
Ulster	2:30	2:27	2:30	2:46	5:59	6:05	6:18	6:45
Craigavon Area	2:38	2:41	2:54	3:00	6:23	6:01	6:38	7:57
Daisy Hill	2:41	1:59	2:05	2:17	6:16	5:21	5:52	5:38
Altnagelvin Area	2:43	2:17	2:10	2:38	6:49	5:54	5:26	6:11
South West Acute	2:28	2:11	2:09	2:33	6:47	5:25	5:04	6:08
<b>Type 1</b>	<b>2:35</b>	<b>2:28</b>	<b>2:29</b>	<b>2:44</b>	<b>6:34</b>	<b>6:19</b>	<b>6:19</b>	<b>7:19</b>
Downe	1:32	1:21	1:19	1:31	5:16	3:59	4:12	4:54
Lagan Valley	1:55	1:37	1:44	1:59	5:24	4:27	4:37	5:37
<b>Type 2</b>	<b>1:46</b>	<b>1:31</b>	<b>1:34</b>	<b>1:44</b>	<b>5:20</b>	<b>4:13</b>	<b>4:27</b>	<b>5:14</b>
Mid Ulster	0:31	0:34	0:30	0:30	1:13	1:26	1:12	1:16
Ards	0:35	0:42	0:37	0:30	1:20	1:31	1:29	1:15
Bangor	0:28	0:35	0:29	0:27	1:17	1:24	1:13	1:09
South Tyrone	0:27	0:22	0:24	0:26	1:05	0:56	1:03	1:02
Tyrone County	0:35	0:47	0:40	0:42	1:48	2:14	1:52	2:11
<b>Type 3</b>	<b>0:30</b>	<b>0:31</b>	<b>0:30</b>	<b>0:29</b>	<b>1:21</b>	<b>1:32</b>	<b>1:24</b>	<b>1:24</b>
<b>Northern Ireland</b>	<b>2:15</b>	<b>2:04</b>	<b>2:06</b>	<b>2:22</b>	<b>6:19</b>	<b>5:58</b>	<b>6:00</b>	<b>6:59</b>

<sup>72</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>73</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

**Table 10H: Attendances at Emergency Care Departments per 1000-Population by Age Group <sup>74, 75</sup>**

Age Group	Dec 2016	Oct 2017	Nov 2017	Dec 2017
Under 5	51.4	48.9	56.5	54.0
Aged 5 - 15	21.3	28.9	27.3	22.5
Aged 16 - 44	30.7	34.8	32.6	31.5
Aged 45 - 64	27.3	30.0	28.0	29.5
Aged 65 - 74	30.6	31.1	30.0	32.5
Aged 75 & Over	64.6	59.9	59.7	68.7
<b>Northern Ireland</b>	<b>32.6</b>	<b>35.5</b>	<b>34.3</b>	<b>34.3</b>

**Table 10I: Average Number of Attendances by Day of Week**

Day of Week	Dec 2016	Oct 2017	Nov 2017	Dec 2017
Monday	2,270.8	2,467.4	2,595.0	2,292.3
Tuesday	2,159.8	2,140.0	2,341.5	2,221.8
Wednesday	2,127.0	2,231.8	2,173.0	2,222.0
Thursday	2,037.6	2,162.5	2,134.0	2,231.5
Friday	2,008.6	2,143.0	2,116.5	2,053.8
Saturday	1,553.6	1,830.8	1,713.8	1,791.4
Sunday	1,640.8	1,916.0	1,814.8	1,769.8

<sup>74</sup> Data on age and when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

<sup>75</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

**Table 10J: Attendances at Emergency Care Departments, by Time Waited from Arrival to Discharge <sup>76</sup>**

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Dec 2016	Oct 2017	Nov 2017	Dec 2017	Dec 2016	Oct 2017	Nov 2017	Dec 2017	Dec 2016	Oct 2017	Nov 2017	Dec 2017
Mater	2,613	3,084	2,994	2,989	1,108	974	793	1,013	71	71	50	129
Royal Victoria	4,905	5,670	5,567	4,754	2,567	2,679	2,218	3,086	82	82	81	173
RBHSC	2,642	2,936	2,877	2,705	693	704	940	842	.	.	.	.
Antrim Area	4,281	4,385	4,263	3,982	2,208	2,527	2,638	2,606	268	268	259	652
Causeway	2,123	2,501	2,382	2,261	1,331	1,193	1,052	1,264	25	25	44	190
Ulster	5,129	5,452	5,161	4,654	2,435	2,478	2,457	2,573	300	300	403	642
Craigavon Area	4,441	4,993	4,681	4,188	2,419	2,203	2,450	2,811	120	120	175	343
Daisy Hill	3,017	3,513	3,194	3,235	1,527	1,071	1,149	1,204	94	94	137	79
Altnagelvin Area	2,991	3,584	3,860	3,773	1,892	1,625	1,361	1,727	39	39	17	76
South West Acute	1,862	2,207	2,276	2,111	925	619	423	856	7	7	7	24
<b>Type 1</b>	<b>34,004</b>	<b>38,325</b>	<b>37,255</b>	<b>34,652</b>	<b>17,105</b>	<b>16,073</b>	<b>15,481</b>	<b>17,982</b>	<b>1,006</b>	<b>1,006</b>	<b>1,173</b>	<b>2,308</b>
RAES	1,141	1,216	1,210	1,117	160	287	185	142	0	0	0	0
Downe	1,389	1,763	1,601	1,567	211	138	150	222	3	3	17	40
Lagan Valley	1,521	1,867	1,808	1,518	337	213	246	345	.	.	1	24
<b>Type 2</b>	<b>4,051</b>	<b>4,846</b>	<b>4,619</b>	<b>4,202</b>	<b>708</b>	<b>638</b>	<b>581</b>	<b>709</b>	<b>3</b>	<b>3</b>	<b>18</b>	<b>64</b>
Mid Ulster	597	829	789	594	.	.	.	.	.	.	.	.
Ards	825	1,075	987	752	.	.	.	.	.	.	.	.
Bangor	639	915	807	610	.	.	.	.	.	.	.	.
South Tyrone	2,086	2,623	2,349	2,116	.	.	.	1	.	.	.	.
Tyrone County	1,185	1,256	1,196	1,211	5	3	1	3	.	.	.	.
<b>Type 3</b>	<b>5,332</b>	<b>6,698</b>	<b>6,128</b>	<b>5,283</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Northern Ireland</b>	<b>43,387</b>	<b>49,869</b>	<b>48,002</b>	<b>44,137</b>	<b>17,818</b>	<b>16,714</b>	<b>16,063</b>	<b>18,695</b>	<b>1,009</b>	<b>1,009</b>	<b>1,191</b>	<b>2,372</b>

<sup>76</sup> Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.



**Table 10K: Percentage of Patients Commencing Treatment, Following Triage, within 2 Hours <sup>77</sup>**

Department	% Commenced Treatment, Following Triage, within 2 Hours			
	Dec 2016	Oct 2017	Nov 2017	Dec 2017
Mater	81.9%	82.6%	85.5%	79.6%
Royal Victoria	76.0%	72.1%	77.4%	68.1%
RBHSC	79.9%	80.5%	76.4%	79.0%
Antrim Area	76.1%	61.3%	60.0%	61.7%
Causeway	80.8%	87.5%	88.6%	79.3%
Ulster	78.0%	80.1%	80.1%	77.7%
Craigavon Area	71.2%	68.9%	62.3%	63.1%
Daisy Hill	76.3%	91.6%	88.5%	86.9%
Altnagelvin Area	76.3%	90.3%	91.1%	85.3%
South West Acute	88.8%	90.6%	90.4%	85.7%
<b>Type 1</b>	<b>77.4%</b>	<b>78.5%</b>	<b>77.8%</b>	<b>74.8%</b>
Downe	91.2%	97.1%	97.3%	95.0%
Lagan Valley	92.1%	96.3%	95.2%	92.5%
<b>Type 2</b>	<b>91.7%</b>	<b>96.7%</b>	<b>96.1%</b>	<b>93.7%</b>
Mid Ulster	100.0%	100.0%	100.0%	100.0%
Ards	100.0%	100.0%	100.0%	100.0%
Bangor	100.0%	99.9%	100.0%	100.0%
South Tyrone	99.9%	100.0%	100.0%	100.0%
Tyrone County	98.9%	99.3%	99.9%	99.0%
<b>Type 3</b>	<b>99.7%</b>	<b>99.8%</b>	<b>100.0%</b>	<b>99.8%</b>
<b>Northern Ireland</b>	<b>80.3%</b>	<b>82.0%</b>	<b>81.2%</b>	<b>78.2%</b>

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

**Table 10L: Percentage Triage'd in each Triage Group** <sup>78, 79</sup>

Department	Triage'd Level (1/2/3)				Triage'd Level (4/5)			
	Dec 2016	Oct 2017	Nov 2017	Dec 2017	Dec 2016	Oct 2017	Nov 2017	Dec 2017
Mater	61.8%	58.8%	59.4%	60.2%	38.2%	41.2%	40.6%	39.8%
Royal Victoria	64.1%	62.8%	65.5%	66.4%	35.9%	37.2%	34.5%	33.6%
RBHSC	40.9%	40.0%	39.2%	39.7%	59.1%	60.0%	60.8%	60.3%
Antrim Area	65.1%	68.0%	69.2%	70.8%	34.9%	32.0%	30.8%	29.2%
Causeway	71.3%	65.8%	66.4%	75.2%	28.7%	34.2%	33.6%	24.8%
Ulster	72.6%	68.8%	71.4%	71.7%	27.4%	31.2%	28.6%	28.3%
Craigavon Area	82.9%	83.7%	83.0%	83.1%	17.1%	16.3%	17.0%	16.9%
Daisy Hill	81.2%	74.2%	77.5%	77.8%	18.8%	25.8%	22.5%	22.2%
Altnagelvin Area	71.2%	66.3%	61.6%	65.2%	28.8%	33.7%	38.4%	34.8%
South West Acute	75.8%	69.4%	70.2%	71.4%	24.2%	30.6%	29.8%	28.6%
<b>Type 1</b>	<b>69.7%</b>	<b>67.2%</b>	<b>67.8%</b>	<b>69.4%</b>	<b>30.3%</b>	<b>32.8%</b>	<b>32.2%</b>	<b>30.6%</b>
Downe	48.2%	47.8%	48.3%	51.5%	51.8%	52.2%	51.7%	48.5%
Lagan Valley	54.1%	48.9%	50.6%	53.3%	45.9%	51.1%	49.4%	46.7%
<b>Type 2</b>	<b>51.4%</b>	<b>48.4%</b>	<b>49.5%</b>	<b>52.5%</b>	<b>48.6%</b>	<b>51.6%</b>	<b>50.5%</b>	<b>47.5%</b>
Mid Ulster	3.0%	3.0%	1.7%	2.2%	97.0%	97.0%	98.3%	97.8%
Ards	1.9%	1.5%	1.2%	1.9%	98.1%	98.5%	98.8%	98.1%
Bangor	3.9%	2.2%	1.4%	1.1%	96.1%	97.8%	98.6%	98.9%
South Tyrone	4.7%	3.6%	4.8%	5.2%	95.3%	96.4%	95.2%	94.8%
Tyrone County	0.4%	0.5%	-	0.7%	99.6%	99.5%	100.0%	99.3%
<b>Type 3</b>	<b>3.1%</b>	<b>2.4%</b>	<b>2.4%</b>	<b>2.9%</b>	<b>96.9%</b>	<b>97.6%</b>	<b>97.6%</b>	<b>97.1%</b>
<b>Northern Ireland</b>	<b>62.7%</b>	<b>59.4%</b>	<b>60.3%</b>	<b>62.8%</b>	<b>37.3%</b>	<b>40.6%</b>	<b>39.7%</b>	<b>37.2%</b>

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

<sup>79</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.

## Appendix 5: Further Information

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

**Miss Sarah Brown**

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

☎ Tel: 028 90 522504

✉ Email: [sarah.brown@health-ni.gov.uk](mailto:sarah.brown@health-ni.gov.uk)

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

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