

INFORMATION
ANALYSIS
DIRECTORATE



Emergency Care Waiting Time Statistics for Northern Ireland

(January – March 2018)



Revised: 25th May 2018

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

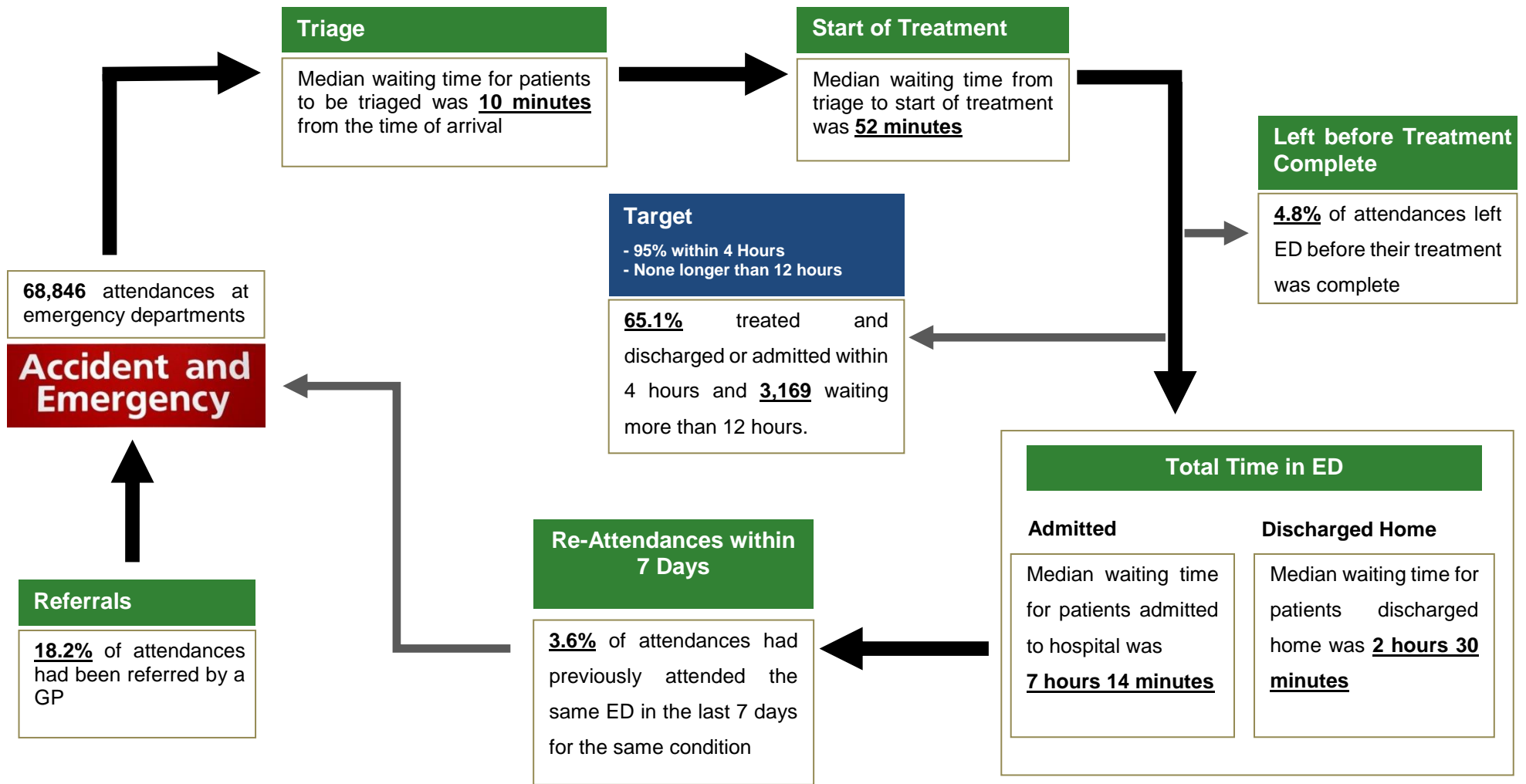
Statistical Charter:

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

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SUMMARY OF KEY FACTS (March 2018)



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

How Many Attend EDs?

Table 1 presents information on the number of new and unplanned review attendances at emergency care departments (ED) and the number of emergency admissions to hospital in Northern Ireland during March 2018, compared with the same month last year.^{2, 3, 4}

Table 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (March 2017 - March 2018)

Attendances	March 2017	March 2018	Difference	
New	65,209	65,278	69	0.1%
Unplanned Review	3,207	3,568	361	11.3%
Total Attendances	68,416	68,846	430	0.6%
Emergency Admissions	12,790	12,686	-104	-0.8%

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances at EDs increased by 0.6% (430) when compared with March 2017, from 68,416 to 68,846 in March 2018, the highest number of attendances recorded in any month to date (Table 1, Table 10A).
- Between March 2017 and March 2018, unplanned review attendances increased by 11.3% (361), whilst the number of new attendances remained similar (65,209 to 65,278 respectively) (Table 1, Table 10A).
- There were 188,081 attendances at EDs during the quarter ending 31 March 2018, 2.9% (5,316) more than during the same quarter in 2017.
- Emergency admissions to hospital decreased by 0.8% (104) between March 2017 (12,790) and March 2018 (12,686) (Table 1).

² Information for March 2017 and January, February and March 2018 is detailed in Appendix 4, Table 10A.

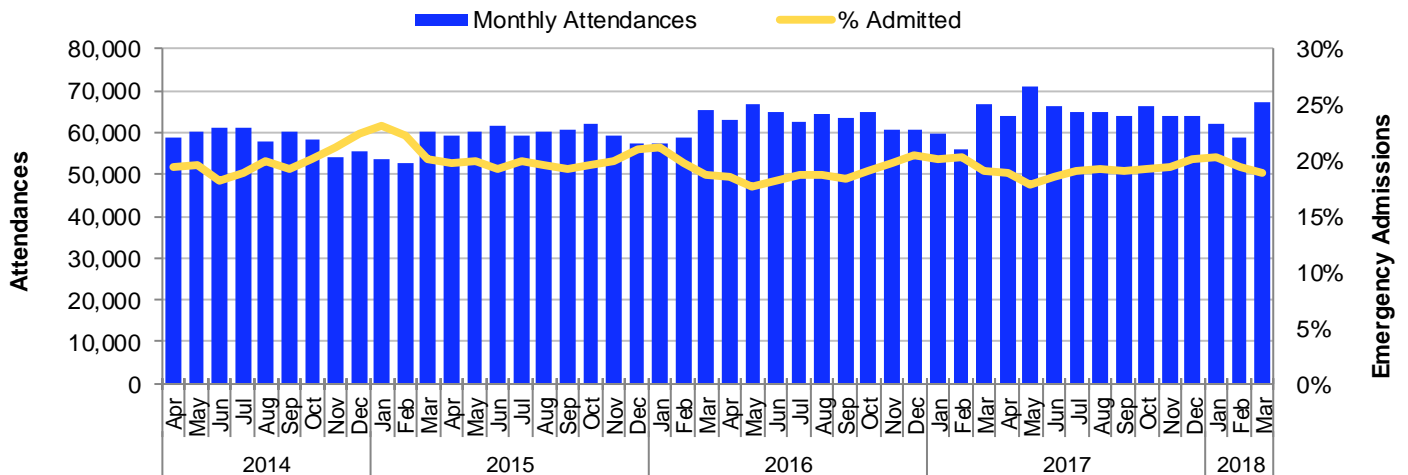
³ Data on emergency admissions are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits. This is sourced from the ED Administrative Systems and will therefore differ slightly from the information included in the Hospital Statistics: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

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

Are More Patients being Admitted to Hospital?

Figure 1 presents information on the number of new and unplanned review attendances at ED's and emergency admissions⁵ to hospital each month, from April 2014.⁶

Figure 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (April 2014 – March 2018)



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

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

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

Which ED Did People Attend?

Table 2 details a summary of the number of new and unplanned review attendances at each Type 1 ED during March 2018 and the same month last year. It also details the total number of attendances at Type 2 and 3 ED's during this period.^{7, 8}

Table 2: Attendances at Emergency Care Departments (March 2017 - March 2018)

Department	New Attendances		Unplanned Review Attendances		Total Attendances	
	Mar 2017	Mar 2018	Mar 2017	Mar 2018	Mar 2017	Mar 2018
Mater	3,955	4,035	135	175	4,090	4,210
Royal Victoria	7,868	7,946	269	314	8,137	8,260
RBHSC	3,346	3,208	261	284	3,607	3,492
Antrim Area	7,069	6,894	352	462	7,421	7,356
Causeway	3,587	3,661	323	295	3,910	3,956
Ulster	7,882	7,901	225	204	8,107	8,105
Craigavon Area	6,938	6,934	481	473	7,419	7,407
Daisy Hill	4,342	4,468	242	267	4,584	4,735
Altnagelvin Area	5,188	5,446	303	352	5,491	5,798
South West Acute	2,615	2,921	141	188	2,756	3,109
Type 1	52,790	53,414	2,732	3,014	55,522	56,428
Type 2	5,495	5,499	167	176	5,662	5,675
Type 3	6,924	6,365	308	378	7,232	6,743
Northern Ireland	65,209	65,278	3,207	3,568	68,416	68,846

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances increased at Type 1 departments, but decreased at Type 3 departments between March 2017 and March 2018 (Table 2, Table 10A).
- The Royal Victoria (8,260) and the Ulster (8,105) were the busiest EDs during March 2018 (Table 2, Table 10A).
- Of the 10 Type 1 EDs, South West Acute (353) and Altnagelvin Area (307) reported the largest increase in attendances in March 2018, compared with March 2017 (Table 2, Table 10A).

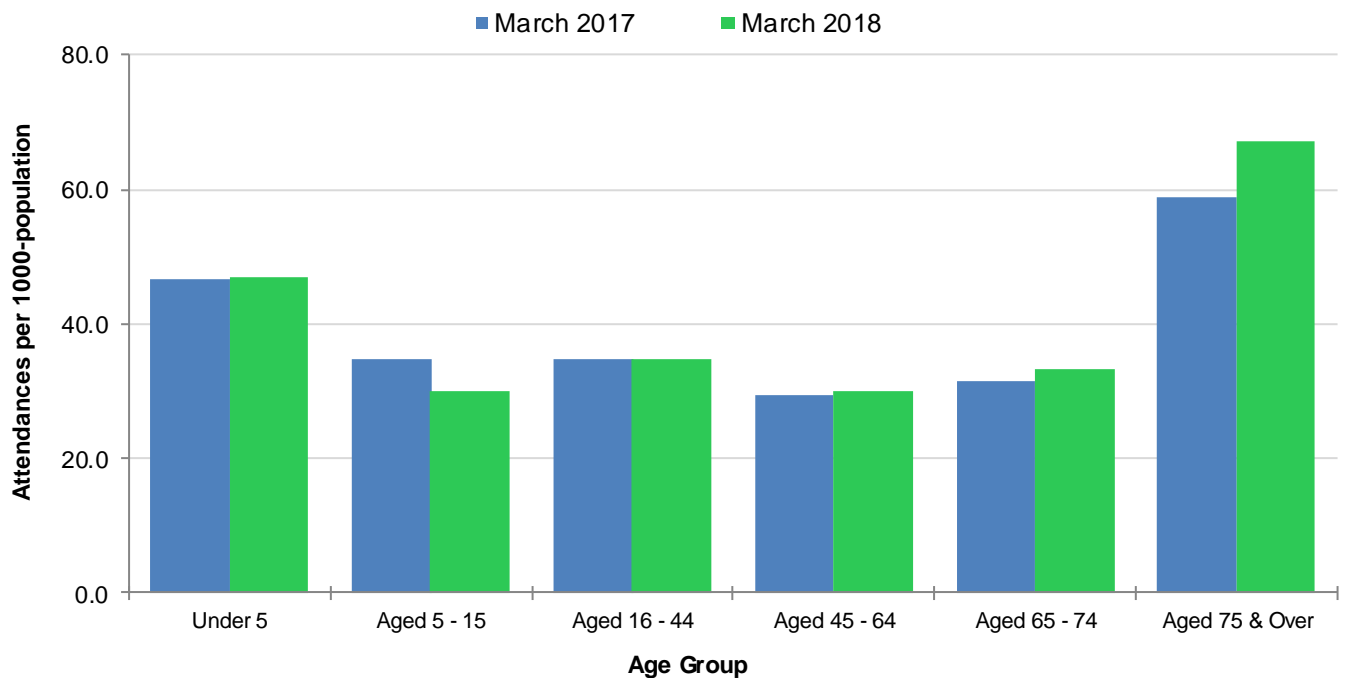
⁷ Information for March 2017 and January, February and March 2018 is detailed in Appendix 4, Table 10A.

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

Who Attends ED?

Figure 2 presents information on the number of attendances at ED's per 1000-population, broken down by the age group of those attending.^{9, 10, 11}

Figure 2: Attendances at Emergency Care Departments per 1,000-population, by Age Group (March 2017 - March 2018)^{12, 13}



- During both March 2017 and March 2018, the highest number of attendances per 1000-population was recorded for those aged 75 & over (58.9 and 67.0 respectively) (Figure 2, Table 10H).
- A high number of attendances per 1000-population aged under 5 was also recorded in both March 2017 and March 2018 (46.6 and 46.9 respectively) (Figure 2, Table 10H).
- The rate of attendances per 1000-population increased or remained similar for all age groups with exception of those aged 5 - 15 between March 2017 and March 2018. (Figure 2, Table 10H).
- The lowest number of attendances per 1000-population was recorded in 5-15 age group during March 2018 (30.0) (Figure 2, Table 10H).

⁹ Information for March 2017 and January, February and March 2018 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 Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹² Excludes cases where the DOB could not be determined.

¹³ Based on the NISRA 2016 mid-year population estimate which was published on 22nd 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.^{14, 15}

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 (March 2017 - March 2018)^{16, 17}

Department	Triage Group			
	Level 1 / 2 / 3		Level 4 / 5	
	Mar 2017	Mar 2018	Mar 2017	Mar 2018
Mater	59.2%	61.2%	40.8%	38.8%
Royal Victoria	63.3%	67.6%	36.7%	32.4%
RBHSC	38.0%	38.9%	62.0%	61.1%
Antrim Area	57.8%	69.0%	42.2%	31.0%
Causeway	67.9%	72.9%	32.1%	27.1%
Ulster	69.2%	72.9%	30.8%	27.1%
Craigavon Area	80.7%	82.1%	19.3%	17.9%
Daisy Hill	81.9%	78.8%	18.1%	21.2%
Altnagelvin Area	63.8%	64.7%	36.2%	35.3%
South West Acute	70.7%	66.7%	29.3%	33.3%
Type 1	66.1%	69.1%	33.9%	30.9%
Type 2	47.2%	49.8%	52.8%	50.2%
Type 3	1.5%	2.7%	98.5%	97.3%
Northern Ireland	57.9%	62.3%	42.1%	37.7%

Source: Regional Data Warehouse, Business Services Organisation

- Almost seven in ten (69.1%) attendances at Type 1 departments in March 2018 were triaged as level 1, 2 or 3, slightly higher than March 2017 (66.1%) (Table 3, Table 10L).

¹⁴ 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.

¹⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

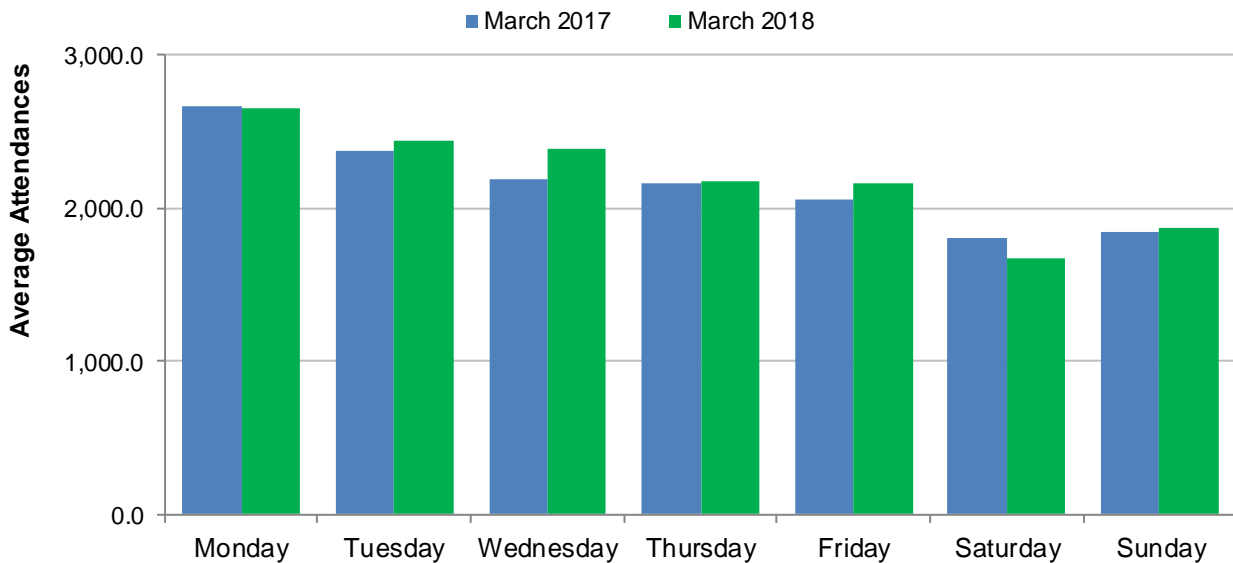
¹⁶ Information for March 2017 and January, February and March 2018 is detailed in Appendix 4: Table 10L.

¹⁷ Information on triage levels for Type 3 EDs in March 2018 does not include data for Tyrone County after 6th March 2018.

When Do People Attend EDs?

Figure 4 presents information on the average number of new and unplanned review attendances at ED's by day of the week during March 2018, compared with March 2017.^{18, 19, 20}

Figure 4: Average Number of Attendances at Emergency Care Departments by Day of Week (March 2017 - March 2018)



- Overall, Monday was the busiest day at ED's during both March 2017 and March 2018, with over 2,600 daily attendances on average each Monday (Figure 4, Table 10I).
- The largest increase in average daily attendances between March 2017 and March 2018 (192) was on a Wednesday (2,194 and 2,386 respectively) (Figure 4, Table 10I).
- The lowest average number of daily attendances was on a Saturday during both March 2017 (1,807) and March 2018 (1,672) (Figure 4, Table 10I).

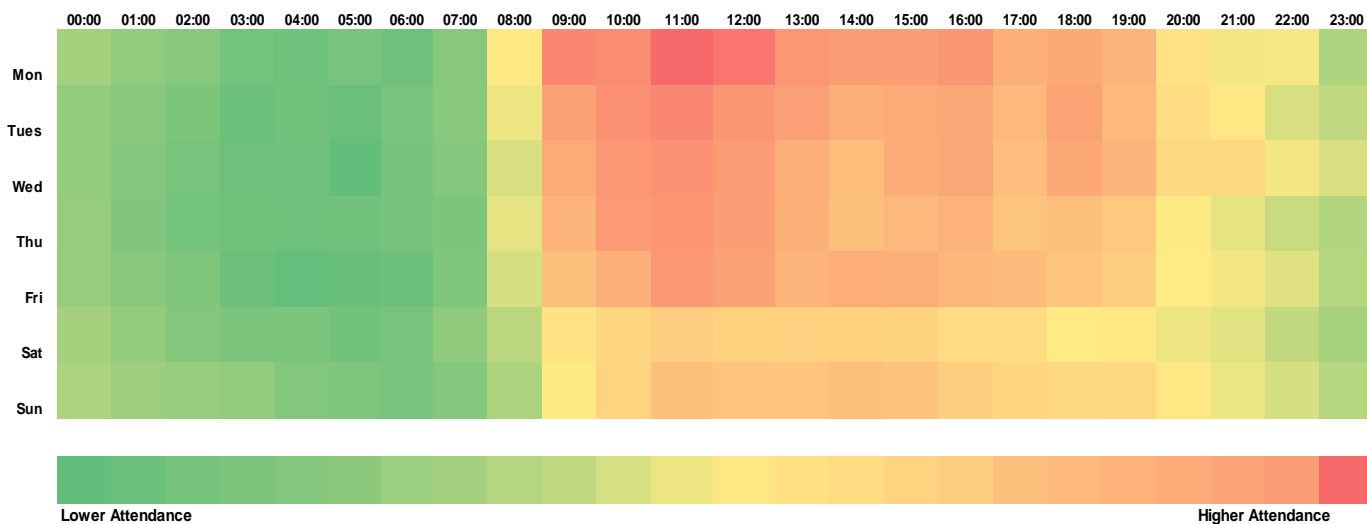
¹⁸ Information for March 2017 and January, February and March 2018 is detailed in Appendix 4, Table 10I.

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

²⁰ 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 March 2018. 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.^{21, 22}

Figure 5: Heat Map of Emergency Care Attendances by Day and Time (March 2018)



- Monday was the busiest day of the week during March 2018, with the highest number of attendances arriving between 11:00am and 11:59am (Figure 5).
- Saturday was the least busy day during March 2018, with the highest number of attendances arriving between 11:00pm and 11:59pm (Figure 5).
- Overall, the busiest hour of the day during March 2018 was between 11:00am and 11:59am, whilst the least busy hour was 5:00am to 5:59am (Figure 5).

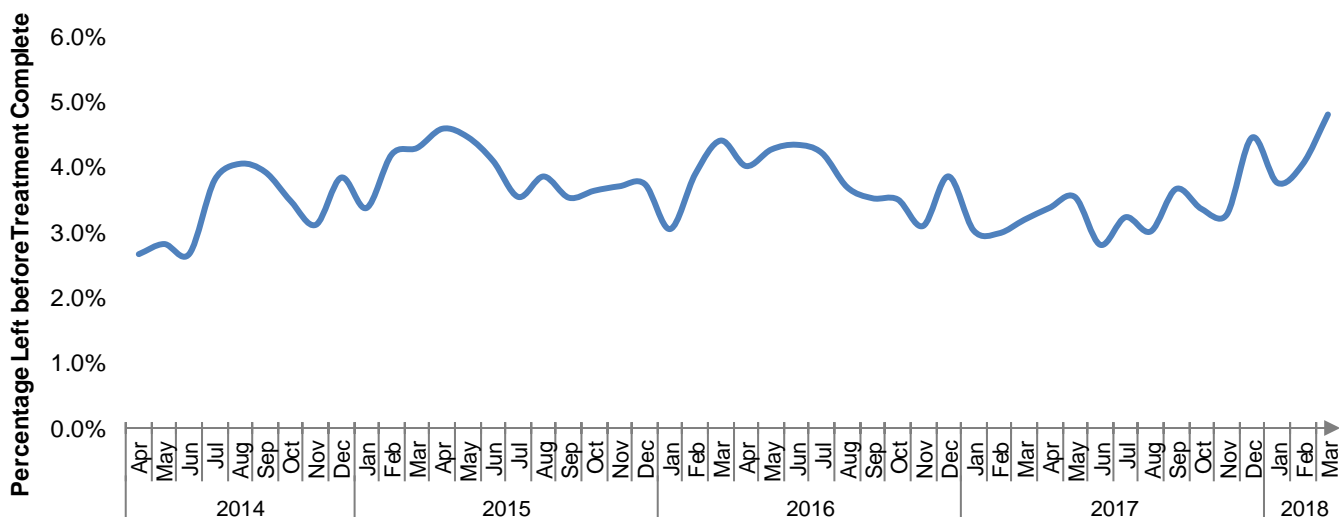
²¹ Data on when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

²² 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.^{26, 27, 28}

Figure 7: Percentage of Attendances Leaving the Emergency Care Department before their Treatment was Complete (April 2014 – March 2018)



- During March 2018, 4.8% of all ED attendances left before their treatment was complete, 1.6 percentage points higher than March 2017 (3.2%) (Figure 7, Table 10C).
- Type 1 EDs reported the highest percentage (5.5%) of patients leaving before their treatment was complete in March 2018, with 1.8% reported for Type 2 ED's and 0.8% for Type 3 ED's (Table 10C).
- The Mater (9.9%) reported the highest percentage of attendances leaving an ED before their treatment was complete during March 2018, 4.5 percentage points higher than March 2017 (5.4%) (Table 10C).
- During the last 12 months, the percentage of attendances leaving ED before their treatment was complete was highest in March 2018 (4.8%) (Figure 7).

²⁶ Information for March 2017 and January, February and March 2018 is detailed in Appendix 4, Table 10C.

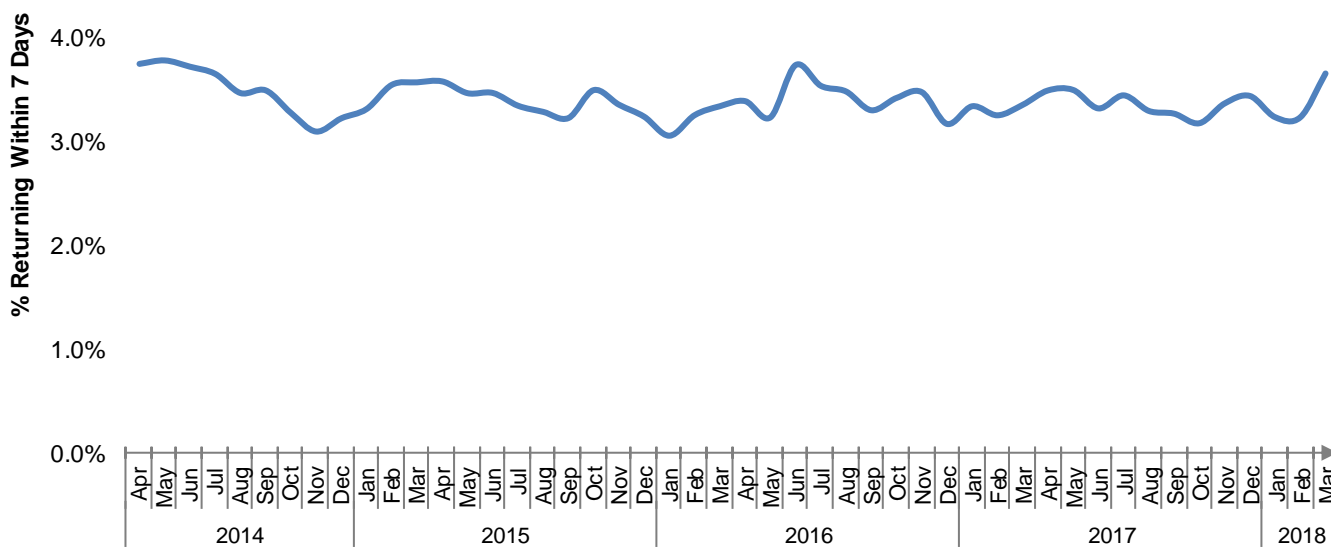
²⁷ Data on those leaving ED before their treatment was complete are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

²⁸ 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 the Same ED 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.^{29, 30, 31}

Figure 8: Percentage of Re-attendances at Emergency Care Departments within 7 Days (April 2014 – March 2018)



- 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 4.6% of the total number of ED attendances (Figure 8).
- During March 2018, 3.7% of attendances had previously attended the same ED within 7 days of their original attendance, 0.3 percentage points higher than March 2017 (3.4%) (Figure 8, Table 10C).
- RBHSC (5.9%) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during March 2018 (Table 10C).

²⁹ Information for March 2017 and January, February and March 2018 is detailed in Appendix 4, Table 10C.

³⁰ 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.

³¹ 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?

Emergency Care Waiting Times Targets

The current DOH targets 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 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. ^{32, 33, 34}

Table 4: Performance against Emergency Care Waiting Times Target (March 2017 - March 2018)

Percentage Within 4 Hours	March 2017	March 2018	Difference	
			No.	% pt
Type 1	70.2%	59.3%	-	-10.9%
Type 2	87.9%	82.2%	-	-5.7%
Type 3	100.0%	99.5%	-	-0.5%
Total	74.8%	65.1%	-	-9.7%
Number Over 12 Hours	March 2017	March 2018	Difference	
			No.	%
Type 1	566	3,047	2,481	-
Type 2	19	122	103	-
Type 3	0	0	0	-
Total	585	3,169	2,584	-
New & Unplanned Review Attendances	March 2017	March 2018	Difference	
			No.	%
Type 1	55,522	56,428	906	1.6%
Type 2	5,662	5,675	13	0.2%
Type 3	7,232	6,743	-489	-6.8%
Total	68,416	68,846	430	0.6%

Source: Regional Data Warehouse, Business Services Organisation

- Almost two thirds (65.1%) of attendances in March 2018 were treated and discharged, or admitted within 4 hours of arrival, 9.7 percentage points lower than March 2017 (74.8%) (Table 10B & 10J).
- Almost three fifths (59.3%) of attendances at Type 1 EDs in March 2018 were treated and discharged, or admitted within 4 hours of their arrival, compared with 82.2% at Type 2 EDs and 99.5% at Type 3 EDs (Table 4, Table 10B & Table 10J).
- Between March 2017 and March 2018, the number waiting longer than 12 hours increased from 585 to 3,169, accounting for 4.6% of all attendances in March 2018 (Table 4, Table 10B & 10J).
- Whilst EDs experienced a 0.6% increase in the number of attendances during this time (68,416 in March 2017 to 68,846 in March 2018), performance against the 4 hour target dropped by 9.7 percentage points (Table 4, Table 10B & Table 10J).
- During the quarter ending 31 March 2018, almost two thirds (65.5%) of patients were treated and discharged or admitted within 4 hours, 8.1 percentage points less than the same quarter in 2017.

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

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

³⁴ 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 March 2018 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.^{35, 36}

Table 5: Performance against the 4 and 12 Hour Components of the Emergency Care Waiting Times Target at Type 1 ED's (March 2017 - March 2018)

Department	4 Hour Performance		12 Hour Performance		Total Attendances	
	Mar 2017	Mar 2018	Mar 2017	Mar 2018	Mar 2017	Mar 2018
Mater	72.4%	61.8%	67	255	4,090	4,210
Royal Victoria	61.6%	49.9%	92	527	8,137	8,260
RBHSC	82.2%	70.5%	0	0	3,607	3,492
Antrim Area	70.7%	59.4%	153	365	7,421	7,356
Causeway	71.7%	66.2%	15	197	3,910	3,956
Ulster	68.3%	56.2%	63	730	8,107	8,105
Craigavon Area	64.8%	53.6%	80	538	7,419	7,407
Daisy Hill	73.6%	66.3%	69	146	4,584	4,735
Altnagelvin Area	69.8%	65.9%	24	141	5,491	5,798
South West Acute	87.5%	58.2%	3	148	2,756	3,109
Type 1	70.2%	59.3%	566	3,047	55,522	56,428
Type 2	87.9%	82.2%	19	122	5,662	5,675
Type 3	100.0%	99.5%	0	0	7,232	6,743
Northern Ireland	74.8%	65.1%	585	3,169	68,416	68,846

Source: Regional Data Warehouse, Business Services Organisation

- During March 2018, RBHSC (70.5%) reported the highest performance of any Type 1 ED against the 4 hour target. The Royal Victoria (49.9%) 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 March 2018 (Table 5, Table 10B).
- The Ulster (730), Craigavon Area (538) and the Royal Victoria (527) reported the highest numbers of patients waiting over the 12 hours in March 2018 (Table 5, Table 10B).
- Between March 2017 and March 2018, performance against the 12 hour target declined at all Type 1 EDs, with the exception of the RBHSC (Table 5, Table 10B).

³⁵ Information for March 2017 and January, February and March 2018 is detailed in Appendix 4: Table 10B & Table 10I.

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

Table 6 presents information on the percentage of patients commencing treatment, following triage, within 2 hours at Type 1 ED's in March 2018, 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.^{37, 38}

Table 6: Performance against the Target to Commence Treating Patients within 2 Hours of them being Triage (March 2017 - March 2018)³⁹

Department	% Commencing Treatment Within 2 Hours of Triage	
	Mar 2017	Mar 2018
Mater	83.5%	66.3%
Royal Victoria	70.3%	60.8%
RBHSC	84.7%	74.5%
Antrim Area	74.7%	63.0%
Causeway	89.2%	83.2%
Ulster	78.9%	72.6%
Craigavon Area	67.7%	62.2%
Daisy Hill	85.1%	76.7%
Altnagelvin Area	85.4%	85.6%
South West Acute	94.3%	77.6%
Type 1	78.9%	70.8%
Type 2	93.6%	89.4%
Type 3	99.9%	99.7%
Northern Ireland	82.3%	74.7%

Source: Regional Data Warehouse, Business Services Organisation

- Almost three quarters (74.7%) of patients attending EDs commenced their treatment within 2 hours of being triaged, 7.6 percentage points lower than March 2017 (82.3%) (Table 6, Table 10K).
- During March 2018, over two thirds (70.8%) of patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 89.4% at Type 2 ED's and 99.7% at Type 3 ED's (Table 6, Table 10K).
- Two Type 1 EDs (Causeway and Altnagelvin Area) commenced treating over 80% or more of patients within 2 hours of triage during March 2018 (Table 6, Table 10K).
- During March 2018, Altnagelvin Area (85.6%) reported the highest percentage of patients commencing treatment within 2 hours of being triaged, whilst the Royal Victoria (60.8%) reported the lowest percentage (Table 6, Table 10K).

³⁷ Information for March 2017 and January, February and March 2018 is detailed in Appendix 4: Table 10K.

³⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

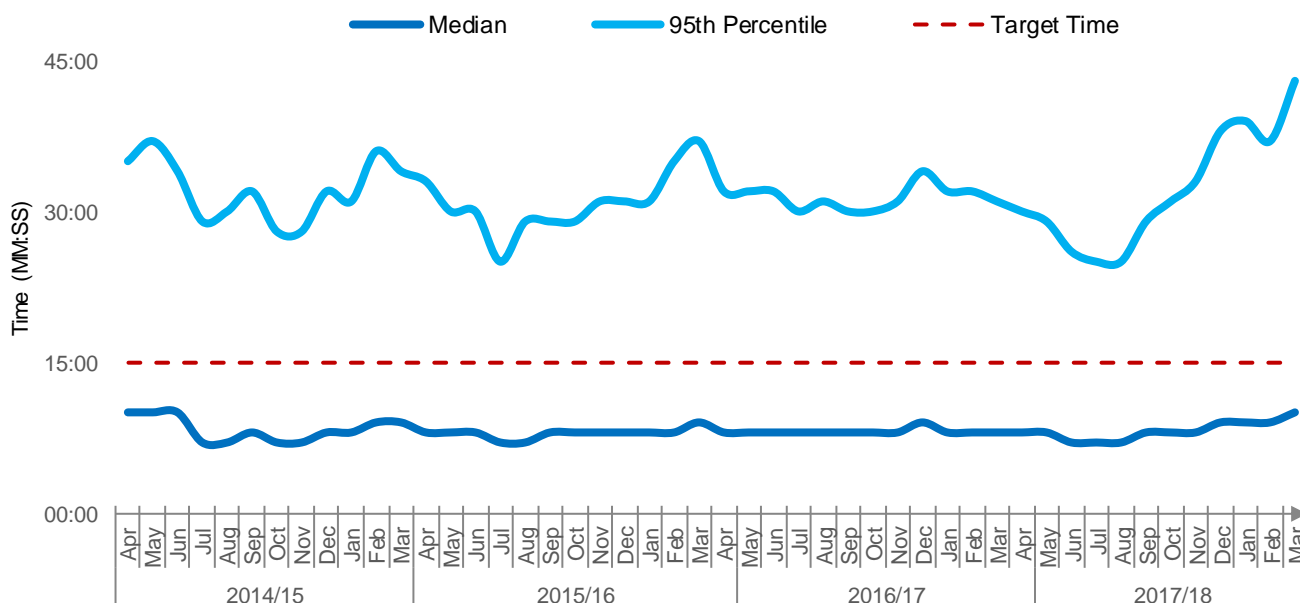
³⁹ Information on start of treatment for Type 3 EDs in March 2018 does not include data for Tyrone County after 6th March 2018.

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.^{40, 41}

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

Figure 10: Time from Arrival to Triage (April 2014 - March 2018)⁴²



- During March 2018, the median waiting time from arrival to triage was 10 minutes, 2 minutes longer than the time taken in March 2017 (8 minutes) (Figure 10, Table 10D).
- 95 per cent of patients were triaged within 43 minutes of their arrival at an ED in March 2018, 12 minutes more than March 2017 (31 minutes) (Figure 10, Table 10D).
- Over two thirds (67.2%) attendances were triaged within 15 minutes of their arrival at an ED during March 2018, 10.7 percentage points less than March 2017 (77.9%).

⁴⁰ 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.

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

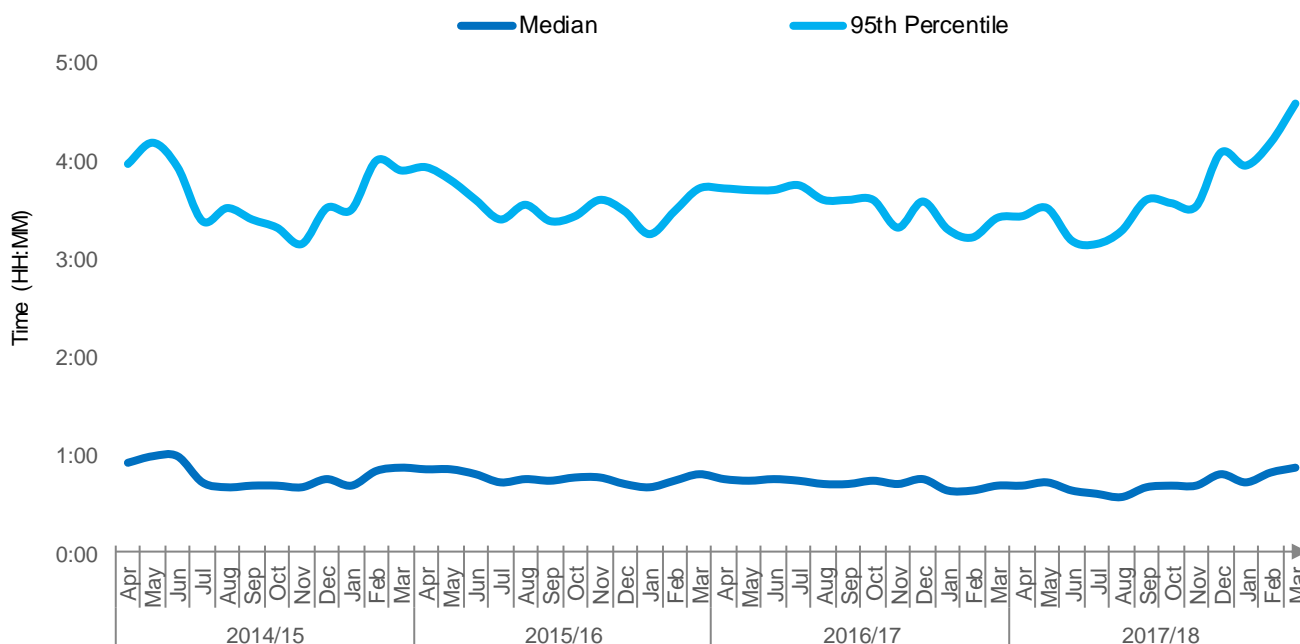
⁴² Additional information on time to triage is detailed in Appendix 4: Table 10D.

How Long Did Patients Wait for Their Treatment to Start?

Figure 11 shows information on the length of time patients waited for their treatment to start following triage (initial assessment) by a medical practitioner. The start of treatment refers to the beginning of a definitive treatment by a decision-making clinician.^{43, 44}

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

Figure 11: Time from Triage to Start of Treatment (April 2014 – March 2018)^{45, 46}



- The median waiting time from triage to start of treatment in March 2018 was 52 minutes, 11 minutes longer than the time taken in March 2017 (41 minutes) (Figure 11, Table 10E).
- During March 2018, 95 percent of patients commenced their treatment within 4 hours 35 minutes of being triaged in an ED, 1 hour 10 minutes longer than the time taken in March 2017 (3 hours 25 minutes) (Figure 11, Table 10E).

⁴³ 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.

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

⁴⁵ Additional information on time to triage is detailed in Appendix 4: Table 10E.

⁴⁶ Information on start of treatment for Type 3 EDs in March 2018 does not include data for Tyrone County after 6th March 2018.

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 ED's during March 2018 compared with March 2017.^{47, 48}

Table 7: Time from Triage to Start of Treatment (March 2017 and March 2018)^{49, 50}

Department	Median		95th Percentile	
	Mar 2017	Mar 2018	Mar 2017	Mar 2018
Mater	0:46	1:11	3:26	5:24
Royal Victoria	1:00	1:22	4:23	5:24
RBHSC	0:52	1:04	2:52	4:15
Antrim Area	0:58	1:25	3:41	5:29
Causeway	0:29	0:44	2:51	3:29
Ulster	0:53	1:03	3:24	4:38
Craigavon Area	1:16	1:26	4:02	6:16
Daisy Hill	0:44	0:58	3:12	3:39
Altnagelvin Area	0:38	0:31	3:13	3:02
South West Acute	0:27	0:50	2:10	4:14
Type 1	0:50	1:04	3:36	4:51
Type 2	0:36	0:40	2:10	2:36
Type 3	0:04	0:03	0:40	0:35
Northern Ireland	0:41	0:52	3:25	4:35

Source: Regional Data Warehouse, Business Services Organisation

- The median time waited at Type 1 EDs from triage to start of treatment by a medical professional was 1 hour 4 minutes in March 2018, 14 minutes longer than March 2017 (50 minutes) (Table 7, Table 10E).
- Craigavon Area (1 hour 26 minutes) and Antrim Area (1 hour 25 minutes) reported the longest median waiting time from triage to start of treatment during March 2018, whilst Altnagelvin Area (31 minutes) reported the shortest median waiting time (Table 7, Table 10E).
- Craigavon Area reported the longest waiting time between triage and start of treatment, with 95 per cent of attendances commencing treatment within 6 hours 16 minutes of being triaged; this was 2 hours 14 minutes longer than March 2017 (4 hours 2 minutes) (Table 7, Table 10E).
- Altnagelvin Area reported the shortest time to start of treatment during March 2018, with 95 per cent of attendances commencing treatment within 3 hours 2 minutes of being triaged, 11 minutes less than March 2017 (3 hours 13 minutes) (Table 7, Table 10E).

⁴⁷ 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.

⁴⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

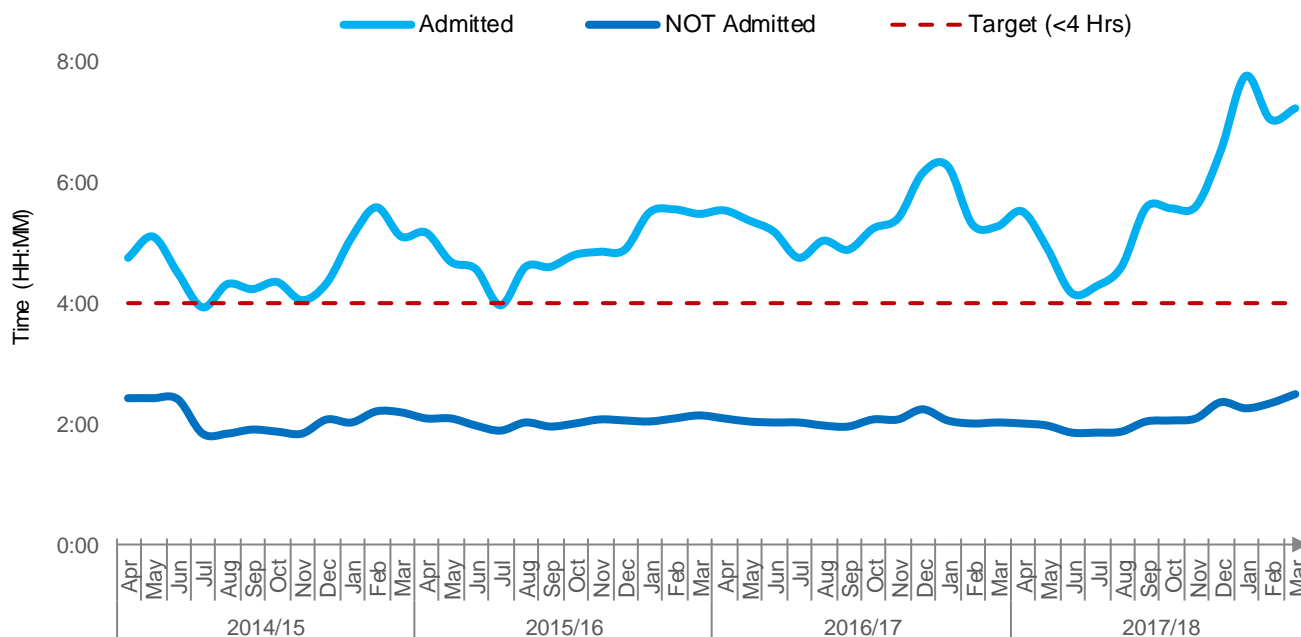
⁴⁹ Information for March 2017 and January, February and March 2018 is detailed in Appendix 4, Table 10E.

⁵⁰ Information on start of treatment for Type 3 EDs in March 2018 does not include data for Tyrone County after 6th March 2018.

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.^{51, 52}

Figure 12: Median Time Spent in an Emergency Care Department for those (i) Admitted to Hospital and (ii) Discharged Home (April 2014 and March 2018)^{53, 54}



- During March 2018, the median time patients admitted to hospital spent in an ED was 7 hours 14 minutes, compared with 2 hour 30 minutes for those discharged home (Figure 12, Table 10F & 10G).
- During March 2018, 95 per cent of patients admitted to hospital spent almost three times as long in an ED (22 hour 20 minutes) than those discharged home (7 hours 29 minutes) (Table 8 & 9).

⁵¹ 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.

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

⁵³ Further breakdown of ED's can be found in Appendix 4, Table 10E.

⁵⁴ Due to a change in how information is recorded at Tyrone County, it is not possible to determine waiting times for patients admitted / discharged home after 6th March 2018.

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

Table 8 details the median and 95th percentile length of time spent in an ED from arrival to leaving the ED for those who **were admitted** to hospital.⁵⁵

Table 8: Total Time Spent in an Emergency Care Department for those Admitted to Hospital (March 2017 - March 2018)^{56, 57}

Department	Median		95th Percentile	
	Mar 2017	Mar 2018	Mar 2017	Mar 2018
Mater	5:26	7:59	13:23	25:30
Royal Victoria	6:34	8:20	11:53	19:51
RBHSC	3:46	4:18	7:11	8:23
Antrim Area	4:53	6:19	15:01	22:37
Causeway	5:45	7:09	11:15	24:03
Ulster	5:11	8:21	10:41	26:11
Craigavon Area	6:12	8:16	12:00	21:53
Daisy Hill	5:54	6:31	14:42	19:05
Altnagelvin Area	5:44	7:04	10:56	14:58
South West Acute	3:30	6:41	6:32	19:31
Type 1	5:21	7:16	11:50	22:14
Type 2	3:56	6:20	9:29	24:16
Type 3	0:15	0:00	0:39	0:00
Northern Ireland	5:17	7:14	11:50	22:20

Source: Regional Data Warehouse, Business Services Organisation

- The median time patients admitted spent in a Type 1 ED for was 7 hours 16 minutes in March 2018, 1 hour 55 minutes longer than the same month last year (5 hours 21 minutes) (Table 8, Table 10F).
- The Ulster and Royal Victoria reported the longest median waiting times (8 hours 21 minutes and 8 Hours 20 minutes respectively) from arrival to admission, whilst the RBHSC (4 hours 18 minutes) reported the shortest (Table 8).
- 95 per cent of patients were admitted to hospital within 22 hours 14 minutes at all Type 1 EDs during March 2018, 10 hours 24 minutes more than March 2017 (11 hours 50 minutes) (Table 8).
- The Ulster reported the largest increase in the time taken for patients to be admitted to hospital, with 95 percent of attendances admitted within 26 hours 11 minutes of their arrival in March 2018, 15 hours 30 minutes longer than March 2017 (10 hours 41 minutes) (Table 8, Table 10F).

⁵⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵⁶ Information for March 2017 and January, February and March 2018 is detailed in Appendix 4, Table 10F.

⁵⁷ Due to a change in how information is recorded at Tyrone County, it is not possible to determine waiting times for patients admitted / discharged home after 6th March 2018.

How Long Did Patients Discharged Home Spend in an ED?

Table 9 details the median and 95th percentile length of time spent in an ED from arrival to leaving the ED for those who **were discharged home**.⁵⁸

Table 9: Total Time Spent in Emergency Care Departments for those Discharged Home (March 2017 - March 2018)^{59, 60}

Department	Median		95th Percentile	
	Mar 2017	Mar 2018	Mar 2017	Mar 2018
Mater	2:28	2:55	6:05	8:06
Royal Victoria	2:53	3:36	7:33	9:16
RBHSC	2:14	2:43	5:07	6:27
Antrim Area	2:27	2:51	5:58	7:40
Causeway	2:05	2:22	6:13	7:31
Ulster	2:24	2:49	6:01	7:34
Craigavon Area	2:38	3:07	6:12	8:49
Daisy Hill	2:15	2:29	5:51	6:24
Altnagelvin Area	2:21	2:34	5:49	6:27
South West Acute	2:21	3:05	4:34	8:26
Type 1	2:27	2:53	6:08	7:52
Type 2	1:44	1:50	4:42	5:33
Type 3	0:31	0:30	1:25	1:26
Northern Ireland	2:02	2:30	5:51	7:29

Source: Regional Data Warehouse, Business Services Organisation

- The median time patients who were discharged home (not admitted) spent in a Type 1 ED was 2 hours 53 minutes in March 2018, 26 minutes longer than the time spent in an ED during the same month last year (2 hour 27 minutes) (Table 9, Table 10G).
- In March 2018, 95 per cent of attendances at Type 1 EDs were discharged home within 7 hours 52 minutes of their arrival, 1 hour 44 minutes longer than March 2017 (6 hours 8 minutes) (Table 9, Table 10G).

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

⁵⁹ Information for March 2017 and January, February and March 2018 is detailed in Appendix 4, Table 10G.

⁶⁰ Due to a change in how information is recorded at Tyrone County, it is not possible to determine waiting times for patients admitted / discharged home after 6th March 2018.

Appendices

Appendix 1: About Hospital Information Branch (HIB)

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

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

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



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

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

Appendix 2: Types of Emergency Care Department in Northern Ireland

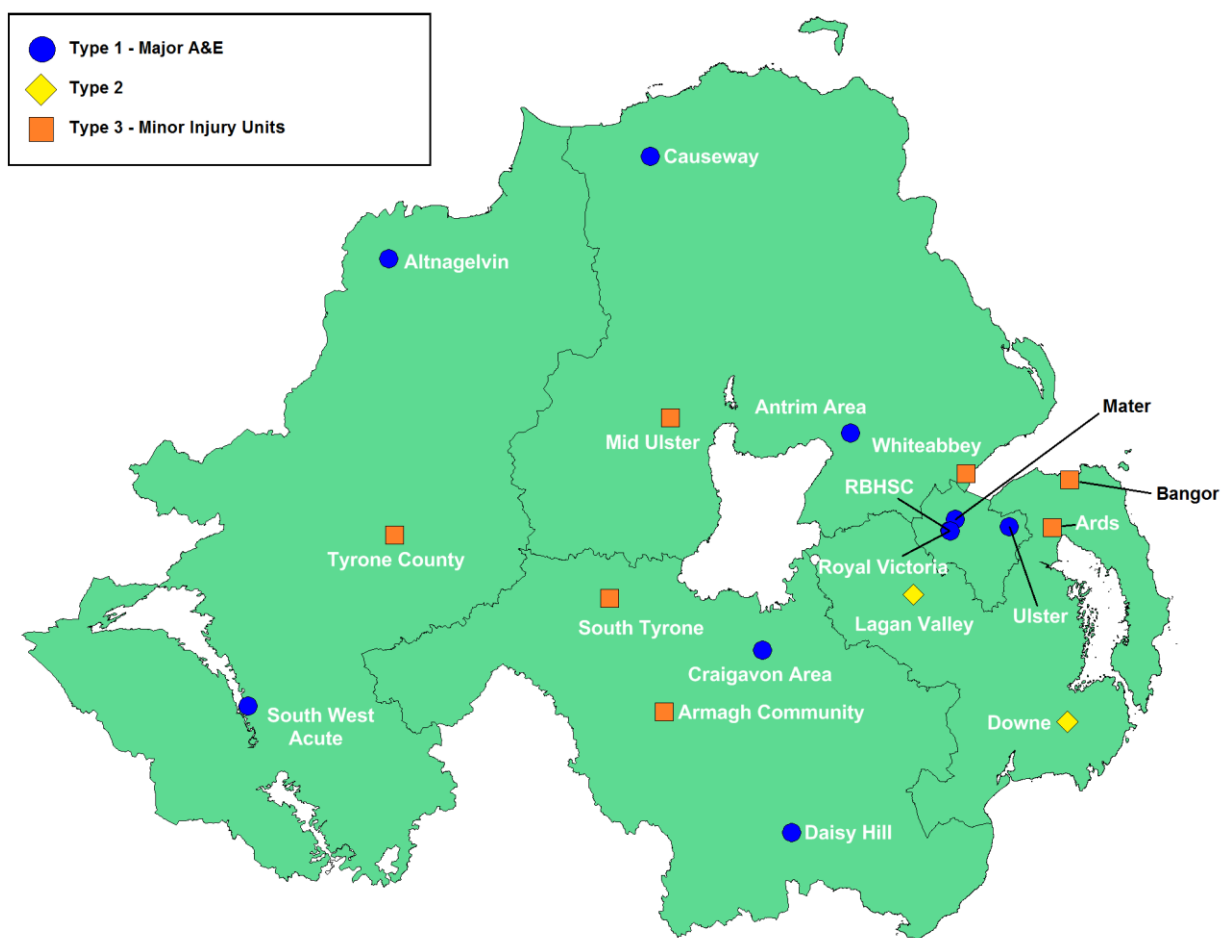
There are three separate categories of emergency care facility included in this publication:

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

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

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

Figure 12: Emergency Care Departments in Northern Ireland



Current Categorisation of Emergency Care Departments ⁶¹

HSC Trust	Type 1 (24-hour assess)	Type 2 (Limited opening hours)	Type 3 (Minor Injuries Unit, MIU)
Belfast	Belfast City (Closed)		
	Mater	RVH (RAES) ⁶² (9-5pm Mon-Fri) (8.30-1pm Sat)	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ⁶³ (Closed)
	Causeway		Mid Ulster (9-5pm Mon-Fri)
South Eastern	Ulster	Lagan Valley (8-8pm Mon-Fri)	Ards MIU (9-5pm Mon-Fri)
		Downe ⁶⁴ (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 ⁶⁵ (Closed)
Western	Altnagelvin Area		Tyrone County (24-hour)
	South West Acute		

⁶¹ Opening Hours are as of June 2017.

⁶² RVH (RAES) refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

⁶³ Temporarily closed on 1st December 2014.

⁶⁴ Currently operates as a Type 3 on Saturday and Sunday, between 9am and 5pm.

⁶⁵ Temporarily closed on 17th November 2014.

A National Statistics Publication

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

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

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

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

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

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

Appendix 3: General Guidance on using the Data

Guidance on using the Data

The data contained in this publication details a monthly analysis of emergency care waiting times in Northern Ireland. 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 ⁶⁶

Department	New Attendances				Unplanned Reviews				Total Attendances			
	Mar 2017	Jan 2018	Feb 2018	Mar 2018	Mar-17	Jan-18	Feb-18	Mar-18	Mar-17	Jan-18	Feb-18	Mar-18
Mater	3,955	3,755	3,594	4,035	135	145	149	175	4,090	3,900	3,743	4,210
Royal Victoria	7,868	7,754	7,018	7,946	269	288	254	314	8,137	8,042	7,272	8,260
RBHSC	3,346	2,936	2,892	3,208	261	198	241	284	3,607	3,134	3,133	3,492
Antrim Area	7,069	6,097	5,980	6,894	352	388	345	462	7,421	6,485	6,325	7,356
Causeway	3,587	3,298	3,109	3,661	323	236	213	295	3,910	3,534	3,322	3,956
Ulster	7,882	7,223	6,761	7,901	225	174	144	204	8,107	7,397	6,905	8,105
Craigavon Area	6,938	6,619	6,242	6,934	481	411	407	473	7,419	7,030	6,649	7,407
Daisy Hill	4,342	4,110	3,963	4,468	242	217	219	267	4,584	4,327	4,182	4,735
Altnagelvin Area	5,188	4,901	4,666	5,446	303	325	246	352	5,491	5,226	4,912	5,798
South West Acute	2,615	2,615	2,436	2,921	141	212	177	188	2,756	2,827	2,613	3,109
Type 1	52,790	49,308	46,661	53,414	2,732	2,594	2,395	3,014	55,522	51,902	49,056	56,428
Downe	1,879	1,793	1,611	1,912	85	74	70	94	1,964	1,867	1,681	2,006
Lagan Valley	2,087	1,979	1,878	2,163	82	59	48	82	2,169	2,038	1,926	2,245
RAES	1,529	1,397	1,327	1,424	-	-	-	-	1,529	1,397	1,327	1,424
Type 2	5,495	5,169	4,816	5,499	167	133	118	176	5,662	5,302	4,934	5,675
Mid Ulster	961	733	812	820	35	35	33	49	996	768	845	869
Ards	1,033	872	860	957	37	40	37	44	1,070	912	897	1,001
Bangor	889	782	713	756	66	38	44	47	955	820	757	803
South Tyrone	2,539	2,230	2,298	2,448	136	122	130	150	2,675	2,352	2,428	2,598
Tyrone County	1,502	1,213	1,154	1,384	34	17	26	88	1,536	1,230	1,180	1,472
Type 3	6,924	5,830	5,837	6,365	308	252	270	378	7,232	6,082	6,107	6,743
Northern Ireland	65,209	60,307	57,314	65,278	3,207	2,979	2,783	3,568	68,416	63,286	60,097	68,846

⁶⁶ 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^{67, 68}

Department	4 - Hour Performance				12 - Hour Performance				Total Attendances			
	Mar 2017	Jan 2018	Feb 2018	Mar 2018	Mar 2017	Jan 2018	Feb 2018	Mar 2018	Mar 2017	Jan 2018	Feb 2018	Mar 2018
Mater	72.4%	69.2%	66.2%	61.8%	67	275	154	255	4,090	3,900	3,743	4,210
Royal Victoria	61.6%	56.8%	55.6%	49.9%	92	542	320	527	8,137	8,042	7,272	8,260
RBHSC	82.2%	79.2%	68.2%	70.5%	.	.	.	.	3,607	3,134	3,133	3,492
Antrim Area	70.7%	55.2%	57.6%	59.4%	153	744	473	365	7,421	6,485	6,325	7,356
Causeway	71.7%	59.3%	69.7%	66.2%	15	357	61	197	3,910	3,534	3,322	3,956
Ulster	68.3%	58.8%	58.9%	56.2%	63	732	724	730	8,107	7,397	6,905	8,105
Craigavon Area	64.8%	50.8%	54.4%	53.6%	80	499	365	538	7,419	7,030	6,649	7,407
Daisy Hill	73.6%	66.4%	69.6%	66.3%	69	347	120	146	4,584	4,327	4,182	4,735
Altnagelvin Area	69.8%	62.8%	64.8%	65.9%	24	240	157	141	5,491	5,226	4,912	5,798
South West Acute	87.5%	60.9%	61.4%	58.2%	3	127	33	148	2,756	2,827	2,613	3,109
Type 1	70.2%	60.1%	61.2%	59.3%	566	3,863	2,407	3,047	55,522	51,902	49,056	56,428
Downe	90.6%	87.4%	88.2%	86.9%	19	28	34	65	1,964	1,867	1,681	2,006
Lagan Valley	86.6%	80.2%	77.9%	76.1%	.	40	26	57	2,169	2,038	1,926	2,245
RVH (RAES)	86.1%	89.7%	83.7%	85.3%	.	.	.	.	1,529	1,397	1,327	1,424
Type 2	87.9%	85.2%	83.0%	82.2%	19	68	60	122	5,662	5,302	4,934	5,675
Mid Ulster	100.0%	100.0%	100.0%	100.0%	.	.	.	.	996	768	845	869
Ards	100.0%	100.0%	100.0%	100.0%	.	.	.	.	1,070	912	897	1,001
Bangor	100.0%	100.0%	100.0%	100.0%	.	.	.	.	955	820	757	803
South Tyrone	100.0%	100.0%	99.9%	100.0%	.	.	.	.	2,675	2,352	2,428	2,598
Tyrone County	100.0%	99.8%	99.6%	97.7%	.	.	.	.	1,536	1,230	1,180	1,472
Type 3	100.0%	100.0%	99.9%	99.5%	.	.	.	.	7,232	6,082	6,107	6,743
Northern Ireland	74.8%	66.1%	66.9%	65.1%	585	3,931	2,467	3,169	68,416	63,286	60,097	68,846

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

⁶⁸ 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^{69, 70}

Department	GP Referrals				Left Before Treatment				Unplanned reviews Within 7 Days			
	Mar 2017	Jan 2018	Feb 2018	Mar 2018	Mar 2017	Jan 2018	Feb 2018	Mar 2018	Mar 2017	Jan 2018	Feb 2018	Mar 2018
Mater	14.1%	15.4%	15.1%	14.0%	5.4%	6.4%	7.5%	9.9%	2.6%	2.6%	2.8%	3.0%
Royal Victoria	19.9%	22.0%	21.1%	19.5%	5.9%	5.5%	5.8%	7.6%	2.2%	2.2%	2.3%	2.7%
RBHSC	15.4%	16.6%	17.1%	15.4%	4.1%	3.4%	7.2%	6.6%	5.1%	4.5%	5.5%	5.9%
Antrim Area	22.7%	27.6%	25.8%	25.6%	1.9%	3.8%	3.8%	4.2%	3.0%	3.5%	3.3%	3.8%
Causeway	20.7%	26.5%	22.4%	21.8%	2.7%	3.5%	1.7%	4.1%	5.8%	4.1%	3.9%	4.7%
Ulster	24.3%	27.1%	25.9%	24.8%	2.8%	2.8%	3.0%	3.7%	2.1%	1.8%	1.6%	1.8%
Craigavon Area	22.2%	26.3%	25.0%	25.0%	3.4%	6.1%	5.7%	6.6%	4.5%	4.0%	4.1%	4.2%
Daisy Hill	14.7%	16.4%	15.3%	15.7%	3.1%	3.2%	3.0%	3.3%	4.2%	3.7%	4.1%	4.4%
Altnagelvin Area	13.7%	14.4%	14.4%	14.0%	4.8%	3.9%	4.4%	4.1%	4.2%	4.5%	3.8%	4.8%
South West Acute	17.7%	22.7%	22.3%	20.7%	1.7%	3.4%	4.6%	5.6%	4.9%	6.8%	6.4%	5.7%
Type 1	19.4%	22.3%	21.2%	20.5%	3.7%	4.3%	4.6%	5.5%	3.6%	3.5%	3.4%	3.8%
Downe	15.4%	17.2%	16.8%	14.4%	0.9%	1.2%	1.7%	1.5%	2.5%	2.6%	2.8%	3.0%
Lagan Valley	14.9%	15.8%	16.1%	16.0%	2.2%	1.7%	2.3%	2.1%	2.5%	1.4%	1.6%	2.2%
Type 2	15.1%	16.5%	16.4%	15.2%	1.6%	1.5%	2.0%	1.8%	2.5%	2.0%	2.2%	2.6%
Mid Ulster	2.7%	2.6%	0.9%	0.9%	0.1%	0.0%	0.0%	0.0%	1.4%	2.3%	1.3%	2.3%
Ards	0.6%	1.2%	1.0%	1.3%	0.4%	0.4%	1.1%	0.6%	1.6%	1.5%	1.3%	1.9%
Bangor	0.2%	1.8%	1.8%	1.5%	1.2%	1.1%	0.7%	1.2%	3.2%	3.3%	3.2%	3.4%
South Tyrone	1.3%	0.7%	0.6%	0.5%	0.1%	0.0%	0.1%	0.1%	2.6%	2.5%	2.8%	2.7%
Tyrone County	1.5%	1.9%	0.8%	2.3%	1.1%	1.1%	0.9%	2.6%	1.3%	1.1%	1.5%	4.8%
Type 3	1.3%	1.4%	0.9%	1.2%	0.5%	0.4%	0.5%	0.8%	2.1%	2.2%	2.2%	3.1%
Northern Ireland	17.2%	19.9%	18.8%	18.2%	3.2%	3.8%	4.0%	4.8%	3.4%	3.2%	3.2%	3.7%

⁶⁹ 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.

⁷⁰ 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)^{71, 72}

Department	Median				95 th Percentile			
	Mar 2017	Jan 2018	Feb 2018	Mar 2018	Mar 2017	Jan 2018	Feb 2018	Mar 2018
Mater	0:09	0:09	0:09	0:11	0:28	0:30	0:28	0:36
Royal Victoria	0:10	0:13	0:12	0:16	0:34	0:52	0:46	1:03
RBHSC	0:13	0:10	0:15	0:13	0:51	0:40	0:57	0:58
Antrim Area	0:09	0:09	0:08	0:09	0:34	0:27	0:24	0:25
Causeway	0:09	0:13	0:10	0:11	0:28	0:42	0:31	0:37
Ulster	0:09	0:10	0:10	0:11	0:27	0:33	0:32	0:38
Craigavon Area	0:07	0:10	0:10	0:13	0:26	0:47	0:43	0:47
Daisy Hill	0:05	0:06	0:07	0:07	0:19	0:22	0:20	0:22
Altnagelvin Area	0:13	0:15	0:15	0:14	0:39	0:47	0:48	0:44
South West Acute	0:11	0:13	0:13	0:14	0:37	0:59	0:50	1:15
Type 1	0:09	0:10	0:10	0:11	0:33	0:41	0:39	0:45
Downe	0:07	0:07	0:07	0:07	0:22	0:26	0:23	0:27
Lagan Valley	0:09	0:09	0:09	0:09	0:23	0:25	0:25	0:27
Type 2	0:08	0:08	0:08	0:08	0:23	0:25	0:24	0:27
Mid Ulster	0:02	0:02	0:02	0:02	0:09	0:08	0:08	0:07
Ards	0:02	0:04	0:04	0:04	0:12	0:16	0:17	0:17
Bangor	0:03	0:04	0:04	0:03	0:14	0:17	0:17	0:16
South Tyrone	0:01	0:01	0:01	0:01	0:09	0:10	0:10	0:09
Tyrone County	0:00	0:00	0:00	0:16	0:35	0:15	0:01	0:02
Type 3	0:02	0:01	0:01	0:03	0:13	0:13	0:13	0:13
Northern Ireland	0:08	0:09	0:09	0:10	0:31	0:39	0:37	0:43

⁷¹ 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.

⁷² 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 ^{73, 74, 75}

Department	Median				95 th Percentile			
	Mar 2017	Jan 2018	Feb 2018	Mar 2018	Mar 2017	Jan 2018	Feb 2018	Mar 2018
Mater	0:46	0:38	0:56	1:11	3:26	3:59	4:53	5:24
Royal Victoria	1:00	0:58	1:17	1:22	4:23	4:52	4:48	5:24
RBHSC	0:52	0:46	1:04	1:04	2:52	3:09	4:11	4:15
Antrim Area	0:58	1:18	1:22	1:25	3:41	5:07	5:36	5:29
Causeway	0:29	0:43	0:37	0:44	2:51	3:31	2:51	3:29
Ulster	0:53	0:48	1:01	1:03	3:24	3:27	3:32	4:38
Craigavon Area	1:16	1:26	1:25	1:26	4:02	5:45	5:54	6:16
Daisy Hill	0:44	0:48	0:58	0:58	3:12	2:58	3:00	3:39
Altnagelvin Area	0:38	0:30	0:31	0:31	3:13	3:10	2:54	3:02
South West Acute	0:27	0:44	0:49	0:50	2:10	3:13	3:22	4:14
Type 1	0:50	0:53	1:00	1:04	3:36	4:13	4:28	4:51
Downe	0:32	0:29	0:30	0:33	1:43	1:59	1:54	2:10
Lagan Valley	0:42	0:44	0:58	0:47	2:23	2:25	2:56	3:02
Type 2	0:36	0:36	0:41	0:40	2:10	2:16	2:37	2:36
Mid Ulster	0:06	0:04	0:04	0:04	0:38	0:20	0:22	0:21
Ards	0:06	0:06	0:09	0:10	0:43	0:35	0:41	0:47
Bangor	0:04	0:03	0:04	0:04	0:39	0:31	0:38	0:41
South Tyrone	0:01	0:01	0:01	0:01	0:19	0:19	0:21	0:22
Tyrone County	0:10	0:10	0:15	0:11	1:00	1:14	1:21	2:25
Type 3	0:04	0:04	0:04	0:03	0:40	0:39	0:42	0:35
Northern Ireland	0:41	0:43	0:49	0:52	3:25	3:57	4:11	4:35

⁷³ 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.

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

⁷⁵ Due to a change in how information is recorded at Tyrone County, data on the start of treatment is not available after 6th March 2018.

Table 10F: Time Spent in an Emergency Care Department by those Admitted to Hospital ^{76, 77, 78}

Department	Median				95 th Percentile			
	Mar 2017	Jan 2018	Feb 2018	Mar 2018	Mar 2017	Jan 2018	Feb 2018	Mar 2018
Mater	5:26	9:09	7:10	7:59	13:23	28:09	21:26	25:30
Royal Victoria	6:34	8:44	8:28	8:20	11:53	21:39	17:14	19:51
RBHSC	3:46	3:34	4:26	4:18	7:11	7:31	8:48	8:23
Antrim Area	4:53	8:57	7:26	6:19	15:01	40:29	25:07	22:37
Causeway	5:45	8:52	5:55	7:09	11:15	30:22	15:12	24:03
Ulster	5:11	8:35	9:00	8:21	10:41	28:48	27:44	26:11
Craigavon Area	6:12	7:30	7:24	8:16	12:00	20:52	19:42	21:53
Daisy Hill	5:54	9:34	6:11	6:31	14:42	23:29	16:20	19:05
Altnagelvin Area	5:44	7:45	7:23	7:04	10:56	19:37	17:56	14:58
South West Acute	3:30	6:06	5:33	6:41	6:32	17:45	11:40	19:31
Type 1	5:21	7:56	7:08	7:17	11:50	25:55	21:38	22:12
Downe	3:31	4:24	4:29	6:36	15:59	19:35	21:40	25:16
Lagan Valley	4:07	5:27	5:37	1:41	8:04	24:37	24:17	4:11
Type 2	3:56	5:02	5:10	6:24	9:29	23:02	23:05	24:16
Mid Ulster	.	.	.	.	.	.	.	.
Ards	.	.	.	.	.	.	.	.
Bangor	.	.	.	.	.	.	.	.
South Tyrone	.	.	.	.	.	.	.	.
Tyrone County	0:15	0:15	0:15	0:00	0:39	0:18	1:24	0:00
Type 3	0:15	0:15	0:15	0:00	0:39	0:18	1:24	0:00
Northern Ireland	5:17	7:46	7:03	7:14	11:50	25:44	21:43	22:20

⁷⁶ 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.

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

⁷⁸ Due to a change in how information is recorded at Tyrone County, it is not possible to determine waiting times for patients admitted / discharged home after 6th March 2018.

Table 10G: Time Spent in an Emergency Care Department by those Discharged Home ^{79, 80, 81}

Department	Median				95 th Percentile			
	Mar 2017	Jan 2018	Feb 2018	Mar 2018	Mar 2017	Jan 2018	Feb 2018	Mar 2018
Mater	2:28	2:23	2:32	2:55	6:05	8:11	7:53	8:06
Royal Victoria	2:53	3:05	3:14	3:36	7:33	8:36	8:24	9:16
RBHSC	2:14	2:17	2:50	2:43	5:07	5:23	6:41	6:27
Antrim Area	2:27	3:01	2:55	2:51	5:58	9:13	8:12	7:40
Causeway	2:05	2:32	2:09	2:22	6:13	8:50	6:43	7:31
Ulster	2:24	2:39	2:46	2:49	6:01	6:32	6:41	7:34
Craigavon Area	2:38	3:12	3:02	3:07	6:12	8:13	8:26	8:49
Daisy Hill	2:15	2:15	2:21	2:29	5:51	6:05	5:50	6:24
Altnagelvin Area	2:21	2:40	2:37	2:34	5:49	7:02	6:43	6:27
South West Acute	2:21	2:52	3:02	3:05	4:34	7:22	6:59	8:26
Type 1	2:27	2:44	2:47	2:53	6:08	7:42	7:25	7:52
Downe	1:30	1:29	1:30	1:33	4:20	4:38	4:55	4:48
Lagan Valley	1:55	2:02	2:20	2:07	4:57	5:36	6:00	5:48
Type 2	1:44	1:45	1:53	1:50	4:42	5:17	5:34	5:33
Mid Ulster	0:33	0:32	0:30	0:30	1:24	1:16	1:10	1:25
Ards	0:36	0:38	0:45	0:41	1:36	1:29	1:37	1:42
Bangor	0:33	0:32	0:34	0:33	1:25	1:22	1:28	1:30
South Tyrone	0:25	0:27	0:27	0:26	1:05	1:03	1:04	1:04
Tyrone County	0:40	0:42	0:49	0:45	1:45	2:07	2:12	2:55
Type 3	0:31	0:32	0:33	0:30	1:25	1:29	1:33	1:26
Northern Ireland	2:02	2:16	2:21	2:30	5:51	7:15	7:03	7:29

⁷⁹ 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.

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

⁸¹ Due to a change in how information is recorded at Tyrone County, it is not possible to determine waiting times for patients admitted / discharged home after 6th March 2018.

Table 10H: Attendances at Emergency Care Departments per 1000-Population by Age Group^{82, 83}

Age Group	Mar 2017	Jan 2018	Feb 2018	Mar 2018
Under 5	46.6	40.8	40.0	46.9
Aged 5 - 15	34.6	23.3	26.0	30.0
Aged 16 - 44	34.8	32.0	30.2	34.7
Aged 45 - 64	29.4	28.7	26.6	30.1
Aged 65 - 74	31.4	30.5	29.4	33.3
Aged 75 & Over	58.9	67.7	58.2	67.0
Northern Ireland	35.9	33.2	31.6	36.2

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

Day of Week	Mar 2017	Jan 2018	Feb 2018	Mar 2018
Monday	2,666.5	2,329.6	2,558.3	2,652.5
Tuesday	2,380.8	2,121.6	2,211.3	2,436.5
Wednesday	2,194.0	1,942.2	2,105.5	2,386.0
Thursday	2,168.8	2,019.3	2,139.5	2,175.2
Friday	2,054.4	2,060.3	2,152.0	2,159.2
Saturday	1,806.8	1,629.3	1,704.8	1,671.6
Sunday	1,846.3	1,771.8	1,821.3	1,873.0

⁸² 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.

⁸³ 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 Discharge⁸⁴

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Mar 2017	Jan 2018	Feb 2018	Mar 2018	Mar 2017	Jan 2018	Feb 2018	Mar 2018	Mar 2017	Jan 2018	Feb 2018	Mar 2018
Mater	2,961	2,700	2,477	2,603	1,062	925	1,112	1,352	67	275	154	255
Royal Victoria	5,014	4,567	4,044	4,124	3,031	2,933	2,908	3,609	92	542	320	527
RBHSC	2,964	2,482	2,136	2,461	643	652	997	1,031	.	.	.	.
Antrim Area	5,247	3,577	3,645	4,367	2,021	2,164	2,207	2,624	153	744	473	365
Causeway	2,804	2,094	2,315	2,618	1,091	1,083	946	1,141	15	357	61	197
Ulster	5,535	4,346	4,068	4,554	2,509	2,319	2,113	2,821	63	732	724	730
Craigavon Area	4,811	3,570	3,619	3,967	2,528	2,961	2,665	2,902	80	499	365	538
Daisy Hill	3,376	2,873	2,910	3,139	1,139	1,107	1,152	1,450	69	347	120	146
Altnagelvin Area	3,831	3,284	3,183	3,819	1,636	1,702	1,572	1,838	24	240	157	141
South West Acute	2,412	1,722	1,604	1,809	341	978	976	1,152	3	127	33	148
Type 1	38,955	31,215	30,001	33,461	16,001	16,824	16,648	19,920	566	3,863	2,407	3,047
RAES	1,317	1,253	1,111	1,215	212	144	216	209	0	0	0	0
Downe	1,780	1,631	1,482	1,743	165	208	165	198	19	28	34	65
Lagan Valley	1,879	1,635	1,500	1,708	290	363	400	480	.	40	26	57
Type 2	4,976	4,519	4,093	4,666	667	715	781	887	19	68	60	122
Mid Ulster	996	768	845	869	.	.	.	.	.	.	.	.
Ards	1,070	912	897	1,001	.	.	.	.	.	.	.	.
Bangor	955	820	757	803	.	.	.	.	.	.	.	.
South Tyrone	2,675	2,352	2,426	2,597	.	.	2	1	.	.	.	.
Tyrone County	1,536	1,228	1,175	1,438	.	2	5	34	.	.	.	.
Type 3	7,232	6,080	6,100	6,708	.	2	7	35	.	.	.	.
Northern Ireland	51,163	41,814	40,194	44,835	16,668	17,541	17,436	20,842	585	3,931	2,467	3,169

⁸⁴ 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 ^{85, 86}

Department	% Commenced Treatment, Following Triage, within 2 Hours			
	Mar 2017	Jan 2018	Feb 2018	Mar 2018
Mater	83.5%	84.4%	74.5%	66.3%
Royal Victoria	70.3%	69.7%	63.9%	60.8%
RBHSC	84.7%	83.3%	75.0%	74.5%
Antrim Area	74.7%	65.2%	63.5%	63.0%
Causeway	89.2%	82.1%	87.3%	83.2%
Ulster	78.9%	80.9%	75.3%	72.6%
Craigavon Area	67.7%	61.6%	62.8%	62.2%
Daisy Hill	85.1%	85.9%	82.8%	76.7%
Altnagelvin Area	85.4%	85.8%	88.1%	85.6%
South West Acute	94.3%	83.0%	81.3%	77.6%
Type 1	78.9%	76.2%	73.5%	70.8%
Downe	97.1%	95.1%	96.1%	93.5%
Lagan Valley	90.6%	89.0%	83.8%	85.9%
Type 2	93.6%	91.8%	89.3%	89.4%
Mid Ulster	100.0%	100.0%	100.0%	100.0%
Ards	100.0%	99.9%	100.0%	99.9%
Bangor	100.0%	100.0%	100.0%	100.0%
South Tyrone	100.0%	100.0%	100.0%	100.0%
Tyrone County	99.7%	99.2%	99.1%	92.5%
Type 3	99.9%	99.8%	99.8%	99.7%
Northern Ireland	82.3%	79.8%	77.6%	74.7%

⁸⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁸⁶ Due to a change in how information is recorded at Tyrone County, data on the start of treatment is not available after 6th March 2018.

Table 10L: Percentage Triage'd in each Triage Group ^{87, 88, 89}

Department	Triage'd Level (1/2/3)				Triage'd Level (4/5)			
	Mar 2017	Jan 2018	Feb 2018	Mar 2018	Mar 2017	Jan 2018	Feb 2018	Mar 2018
Mater	59.2%	61.9%	61.3%	61.2%	40.8%	38.1%	38.7%	38.8%
Royal Victoria	63.3%	67.1%	68.4%	67.6%	36.7%	32.9%	31.6%	32.4%
RBHSC	38.0%	38.7%	40.0%	38.9%	62.0%	61.3%	60.0%	61.1%
Antrim Area	57.8%	71.8%	69.7%	69.0%	42.2%	28.2%	30.3%	31.0%
Causeway	67.9%	78.6%	76.4%	72.9%	32.1%	21.4%	23.6%	27.1%
Ulster	69.2%	72.9%	70.3%	72.9%	30.8%	27.1%	29.7%	27.1%
Craigavon Area	80.7%	83.5%	81.9%	82.1%	19.3%	16.5%	18.1%	17.9%
Daisy Hill	81.9%	79.0%	75.3%	78.8%	18.1%	21.0%	24.7%	21.2%
Altnagelvin Area	63.8%	67.2%	64.8%	64.7%	36.2%	32.8%	35.2%	35.3%
South West Acute	70.7%	71.1%	70.5%	66.7%	29.3%	28.9%	29.5%	33.3%
Type 1	66.1%	70.5%	69.1%	69.1%	33.9%	29.5%	30.9%	30.9%
Downe	43.4%	51.2%	48.1%	46.5%	56.6%	48.8%	51.9%	53.5%
Lagan Valley	50.6%	54.1%	52.8%	52.7%	49.4%	45.9%	47.2%	47.3%
Type 2	47.2%	52.7%	50.6%	49.8%	52.8%	47.3%	49.4%	50.2%
Mid Ulster	2.9%	1.0%	2.0%	2.0%	97.1%	99.0%	98.0%	98.0%
Ards	1.2%	2.1%	2.2%	1.2%	98.8%	97.9%	97.8%	98.8%
Bangor	0.6%	3.8%	1.6%	1.6%	99.4%	96.2%	98.4%	98.4%
South Tyrone	2.2%	3.8%	5.3%	4.0%	97.8%	96.2%	94.7%	96.0%
Tyrone County	0.2%	0.7%	0.2%	0.5%	99.8%	99.3%	99.8%	99.5%
Type 3	1.5%	2.6%	2.9%	2.7%	98.5%	97.4%	97.1%	97.3%
Northern Ireland	57.9%	62.7%	61.0%	62.3%	42.1%	37.3%	39.0%	37.7%

⁸⁷ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁸⁸ 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

⁸⁹ Information on triage levels for Type 3 EDs in March 2018 does not include data for Tyrone County after 6th March 2018.

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>