

INFORMATION
ANALYSIS
DIRECTORATE



Emergency Care Waiting Time Statistics

(January – March 2015)



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

Reader Information

Purpose	This statistical release presents information on the time spent waiting in emergency care departments in Northern Ireland for both new and unplanned review attendances. It reports on the performance of hospitals against the DHSSPS Ministerial target for emergency care departments in Northern Ireland.
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Statistical Quality	Information detailed in this release has been provided by HSC Trusts and has been validated by Hospital Information Branch (HIB) prior to release.
Target audience	DHSSPS, Chief Executives of HSC Board and Trusts in Northern Ireland, health care professionals, academics, Health & Social Care stakeholders, media and general public.
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Key Points

March 2015



69.7%

of attendances at **Type 1**
Departments were
treated and discharged
home, or admitted within
4 hours

88.6%

of attendances at **Type 2**
Departments were
treated and discharged
home, or admitted within
4 hours

614

attendances waited
longer than 12 hours
to be treated and
discharged home, or
admitted

January to March 2015

Between January and March 2015:

- The percentage of patients attending Type 1 emergency care departments that were treated and discharged home, or admitted within 4 hours decreased, from 71.4% to 69.7% (Figure 1, Table 2).
- In Type 2 emergency care departments, the percentage of patients attending that were either treated and discharged home, or admitted within 4 hours increased, from 87.4% to 88.6% (Figure 1, Table 2).
- The percentage of patients attending Type 3 emergency care departments treated and discharged home, or admitted within 4 hours continued to be 100.0% (Figure 1, Table 2).
- The number of patients waiting longer than 12 hours increased from 379 to 614, with the Royal Victoria reporting the largest decline in performance, from 67 to 221 (Table 2 & Table 3).
- Between January and March 2015, monthly attendances at all emergency care departments increased by 6,582 (12.0%), from 54,909 to 61,491. During this period, attendances increased by 5,008 (10.6%) at Type 1 departments, 394 (13.0%) at Type 2 departments and 1,180 (24.3%) at Type 3 departments (Table 2).

Same month last year

Between March 2014 and March 2015:

- The percentage of patients attending **Type 1 departments** who were treated and discharged home, or admitted within 4 hours decreased by 0.8 percentage points, from 70.5% to 69.7% (Figure 4, Table 4).
- The percentage of patients attending **Type 2 departments** who were treated and discharged home, or admitted within 4 hours increased by 1.6 percentage points, from 87.0% to 88.6% (Figure 7, Table 6).
- The percentage of patients attending **Type 3 departments** who were treated and discharged home, or admitted within 4 hours continued to be 100.0% (Table 8).
- The number of patients waiting longer than 12 hours increased from 408 to 614, with the Royal Victoria reporting the most notable decline in performance, from 125 to 221 (Table 9).
- Between March 2014 and March 2015, monthly attendances at emergency care departments increased by 1,160 (1.9%) from 60,331 to 61,491. During this period attendances increased at Type 1 (2,016, 4.0%) and Type 2 (183, 5.6%) departments, but decreased at Type 3 (1,039, 14.7%) departments (Figure 10, Table 9).

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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. Ruth Fulton. The Branch aims to present information in a meaningful way and provide advice on its uses to customers in the HSC Committee, Professional Advisory Groups, policy branches within the DHSSPS, 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 from:

Website: <http://www.dhsspsni.gov.uk/index/statistics.htm>

Technical Notes

Data Collection

Information presented in this brief is collected monthly using an electronic patient level administrative system and the Emergency Care information return (EC1), which records all new and unplanned review attendances at emergency care departments across Northern Ireland.

Data providers are supplied with technical guidance documents outlining the methodologies that should be used in the collection, reporting and validation of each of these data returns. These documents can be accessed under 'Information Sources' at the following link:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes/waitingtimes-emergency.htm>

For those departments using the Northern Ireland Regional Accident & Emergency System (NIRAES), Hospital Information Branch download patient level data on emergency care waiting times from the Regional Data Warehouse on the 8th of each month. Information from departments, using other administrative systems to record emergency care waiting times, continues to be sourced from the aggregate EC1 return and these HSC Trusts have been instructed to generate this information on the 8th of each month.

Rounding

Percentages have been rounded to one decimal place and therefore percentages may not sum to 100.

Main Uses of Data

Information on the uses of the data contained in this publication is detailed in Appendix 3.

Data Quality

All information presented in this bulletin has been provided by HSC Trusts or downloaded by Hospital Information Branch within an agreed timescale and validated and quality assured by Hospital Information Branch (HIB) prior to release. Following submission, HIB perform a series of validation checks to verify that information downloaded / submitted is consistent both within and across returns.

At the end of the financial year HIB carry out a more detailed series of validations to verify that the information is consistent. Trend analyses are used to monitor annual variations and emerging trends. Queries arising from validation checks are presented to HSC Trusts for clarification and if required returns may be amended and/or re-submitted. Once complete, all figures are sent to HSC Trusts for final sign-off.

Validated information on emergency care waiting time (EC1) statistics are published within the annual 'Northern Ireland Hospital Statistics: Emergency Care' publication. This is available to view or download from:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/emergency-care/emergency-care-activity.htm>

A National Statistics Publication

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

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:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes/waitingtimes-emergency.htm>

Waiting Time Information elsewhere in the United Kingdom

The DHSSPS are currently liaising with colleagues in England, Scotland and Wales to clarify any differences between the emergency care waiting times reported for each administration. We would therefore ask readers to be cautious when making comparisons with other UK Jurisdictions as they may not always be measured in a comparable manner.

Preliminary discussion has identified comparability issues between Northern Ireland and England regarding the 12 hour waiting times reported in both jurisdictions. Further information on these issues are detailed in Appendix 3: Data in the Publication.

Emergency care waiting times published elsewhere in the UK can be found at the links below:

England <http://www.england.nhs.uk/statistics/ae-waiting-times-and-activity/>

Not comparable with Northern Ireland for 12 Hour waiting times

Scotland <http://www.isdscotland.org/Health-Topics/Emergency-Care/>

Wales <http://www.infoandstats.wales.nhs.uk/page.cfm?orgid=869&pid=62956>

Contextual Information

Readers should be aware that contextual information about Northern Ireland and the health services provided is available to read 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 under 'Information Sources' at the following link:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes/waitingtimes-emergency.htm>

Overall Performance against Ministerial Target

To improve access to emergency care departments and standardise performance across Northern Ireland, the Ministerial target below has been agreed for 2014/15:

‘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 12 hours either to be treated and discharged home, or admitted.’

Table 1: Performance against each Component of the Ministerial Target for Emergency Care Waiting Times (January - March 2015)

Target Component		Target Achieved?		
		Jan 2015	Feb 2015	Mar 2015
Type 1	95% within 4 hours	No	No	No
	None longer than 12 hours	No	No	No
Type 2	95% within 4 hours	No	No	No
	None longer than 12 hours	Yes	No	No
Type 3	95% within 4 hours	Yes	Yes	Yes
	None longer than 12 hours	Yes	Yes	Yes

The Ministerial target for emergency care waiting times has **not been achieved** during any of the last 3 months (January - March 2015) as one or more components of the target were not met (Table 1).

However, it should be noted that the 4 hour component and the 12 hour component **was achieved** at all Type 3 emergency care departments each month since January 2014.

Table 2: Performance against each Component of the Ministerial Target for Emergency Care Waiting Times (January - March 2015)

Department Type ¹	% Within 4 Hours			Number Over 12 Hours			Total Attendances (New and Unplanned Review)		
	Jan 2015	Feb 2015	Mar 2015	Jan 2015	Feb 2015	Mar 2015	Jan 2015	Feb 2015	Mar 2015
Type 1	71.4%	67.3%	69.7%	379	624	611	47,030	45,968	52,038
Type 2	87.4%	85.7%	88.6%	0	19	3	3,028	3,042	3,422
Type 3	100.0%	100.0%	100.0%	0	0	0	4,851	5,105	6,031
All Departments	74.8%	71.4%	73.7%	379	643	614	54,909	54,115	61,491

Latest position (March 2015)

During March 2015, over two thirds (69.7%) of attendances at Type 1 emergency care departments were treated and discharged, or admitted within 4 hours of their arrival, compared with 88.6% at Type 2 departments, and 100.0% at Type 3 departments (Figure 1, Table 2).

In March 2015, 614 (1.0%) of the 61,491 attendances at emergency care departments in Northern Ireland waited longer than 12 hours to be either treated and discharged home, or admitted, almost all (611, 99.5%) of which had attended a Type 1 emergency care department (Figure 2, Table 2).

There were a total of 61,491 attendances at emergency care departments during March 2015, of which, 52,038 (84.6%) attended Type 1 departments, 3,422 (5.6%) attended Type 2 departments and 6,031 (9.8%) attended Type 3 departments (Table 2).

Position during last three months (January - March 2015)

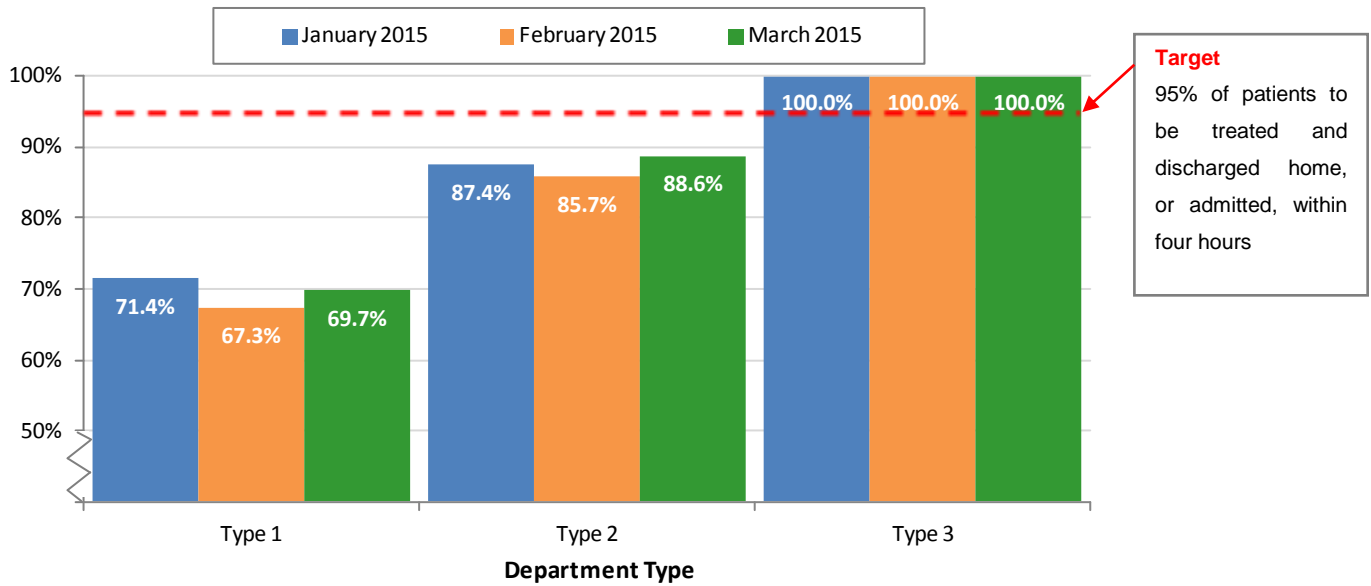
Over the last 3 months, the percentage of attendances at Type 1 departments treated and discharged, or admitted within 4 hours decreased by 1.7 percentage points, from 71.4% in January 2015 to 69.7% in March 2015 (Figure 1, Table 2).

Since January 2015, the percentage of attendances at Type 2 emergency care departments treated and discharged, or admitted within 4 hours increased by 1.2 percentage points, from 87.4% to 88.6% in March 2015 (Figure 1, Table 2).

Between January and March 2015, the percentage of attendances at Type 3 emergency care departments treated within 4 hours continued to be 100.0% (Figure 1, Table 2).

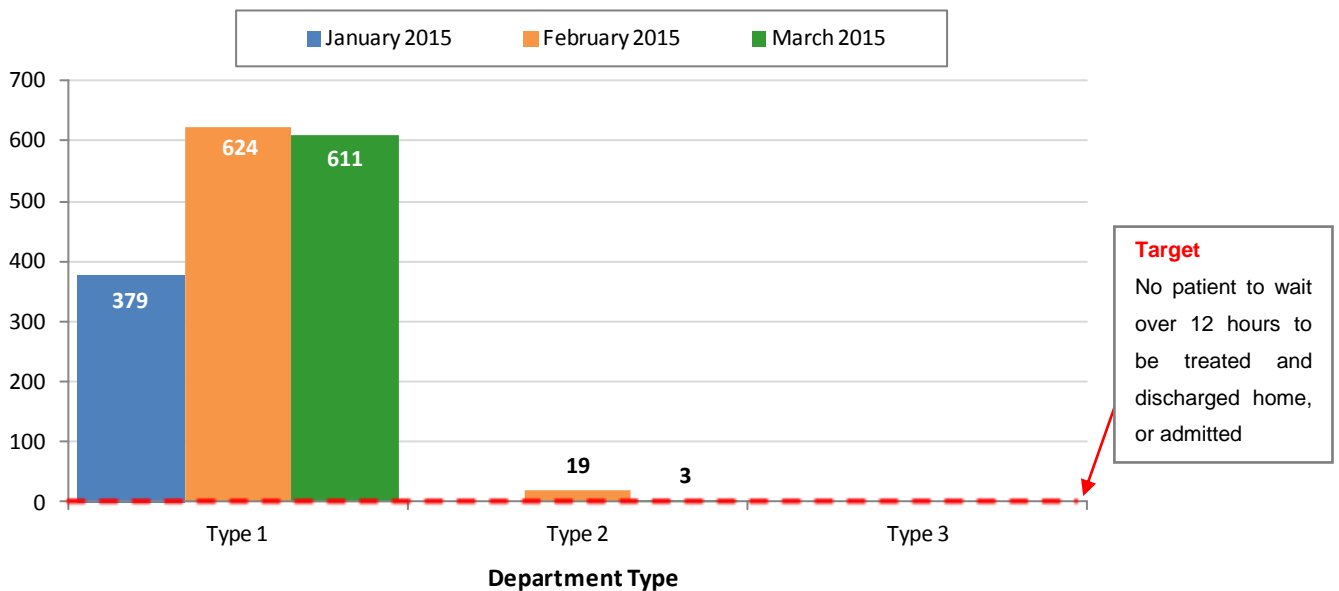
¹ See Appendix 2, Note 10 for list of Department Types, Notes 11, 12 & 20 for reclassifications and Notes 15, 16, 17, 21 & 22 for closures.

Figure 1: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times by Department Type (January - March 2015)



Since January 2015, the number of patients waiting longer than 12 hours to be either treated and discharged home, or admitted increased notably (235) from 379 to 614 in March 2015, with almost all (99.5%, 611) of these patients attending Type 1 departments (Figure 2, Table 2).

Figure 2: Number of Patients Waiting Over 12 Hours in Emergency Care, by Department Type (January - March 2015)



Between January and March 2015, monthly attendances at all emergency care departments increased by 6,582 (12.0%), from 54,909 to 61,491. During this period, attendances at Type 1 departments increased by 5,008 (10.6%), Type 2 departments increased by 394 (13.0%) and Type 3 departments increased by 1,180 (24.3%) (Table 2).

Performance at Type 1 Emergency Care Departments

Table 3: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments (January - March 2015)

Type 1 Departments	% Within 4 Hours			Number Over 12 Hours			Total Attendances (New and Unplanned Review)		
	Jan 2015	Feb 2015	Mar 2015	Jan 2015	Feb 2015	Mar 2015	Jan 2015	Feb 2015	Mar 2015
Altnagelvin Area	70.5%	65.8%	67.6%	6	3	5	4,285	4,240	4,775
South West Acute	80.1%	79.3%	80.7%	1	8	2	2,336	2,238	2,623
Antrim Area	62.8%	55.0%	57.2%	42	80	194	6,069	5,966	6,509
Causeway	67.2%	67.7%	68.4%	0	0	0	3,151	3,210	3,567
Craigavon Area	79.0%	72.2%	74.7%	9	0	1	6,371	6,103	7,027
Daisy Hill	83.1%	75.9%	79.2%	0	0	0	3,593	3,500	4,020
Royal Victoria	57.3%	52.5%	56.7%	67	243	221	6,506	6,401	7,231
Royal Victoria (ENT & RAES) ²	100.0%	100.0%	100.0%	0	0	0	1,254	1,230	1,446
Mater	67.5%	63.3%	62.4%	17	80	91	3,705	3,757	4,158
RBHSC	91.9%	90.4%	89.4%	0	0	0	2,791	2,836	3,290
Ulster	67.4%	66.6%	71.0%	237	210	97	6,969	6,487	7,392
All Type 1 Depts.	71.4%	67.3%	69.7%	379	624	611	47,030	45,968	52,038

Latest position (March 2015)

In March 2015, no Type 1 emergency care department achieved the 4 hour component of the Ministerial target, with exception to the Royal Victoria (ENT & RAES) ². During this period, four Type 1 emergency care departments (Causeway, Daisy Hill, RBHSC and the Royal Victoria (ENT & RAES)) achieved the 12 hour component of the target (Table 3).

During March 2015, performance against the 4 hour component of the Ministerial target for emergency care waiting times in Type 1 departments ranged from 56.7% in the Royal Victoria to 100.0% in the Royal Victoria (ENT & RAES) (Figure 3, Table 3).

Over two thirds (67.9%, 415) of patients waiting longer than 12 hours in March 2015 had attended the Royal Victoria (221) or Antrim Area (194) emergency care departments (Table 3).

There were 52,038 attendances at Type 1 emergency care departments during March 2015, ranging from 7,392 in the Ulster to 1,446 in the Royal Victoria (ENT & RAES) (Table 3).

² Royal Victoria (ENT & RAES) refers to their Ear, Nose Throat and Regional Acute Eye Services. See Appendix 2, Note 28 for further information.

Position during last three months (January – March 2015)

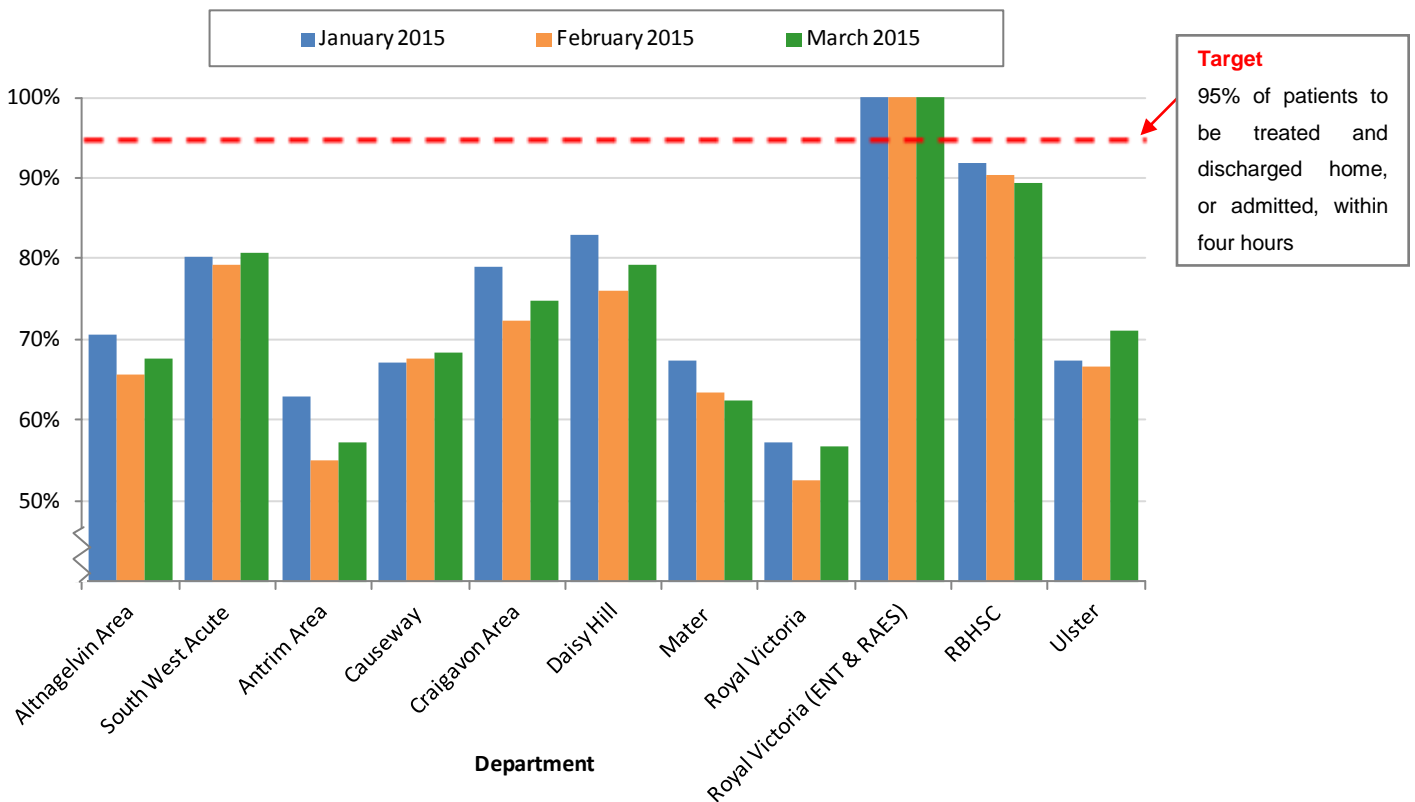
Over the last 3 months, performance against the 4 hour component of the target declined in seven of the eleven Type 1 emergency care departments (Altnagelvin Area, Antrim Area, Craigavon Area, Daisy Hill, Mater, RBHSC and the Royal Victoria) (Figure 3, Table 3).

The largest percentage increase in performance against the 4 hour component was reported by the Ulster (67.4% in January 2015 to 71.0% in March 2015), whilst Antrim Area reported the largest percentage decrease in performance (62.8% in January 2015 to 57.2% in March 2015) (Table 3).

During this period, performance against the 12 hour component improved or remained similar in seven of the eleven Type 1 emergency care departments, with the Ulster reporting the largest improvement in performance from 237 in January 2015 to 97 in March 2015 (Table 3).

Between January and March 2015, attendances increased at all Type 1 emergency care departments. The largest increase in monthly attendances was reported by the Royal Victoria (725) from 6,506 in January 2015 to 7,231 in March 2015 (Table 3).

Figure 3: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments (January - March 2015)



Position during last fifteen months (January 2014 – March 2015)

Table 4: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments (January 2014 – March 2015)³

Month	% Within 4 Hours	Number Over 12 Hours	Total Attendances (New and Unplanned Review)
January 2014	71.8%	156	46,356
February 2014	70.9%	267	43,142
March 2014	70.5%	408	50,022
April 2014	72.6%	240	49,499
May 2014	73.1%	203	50,672
June 2014	75.1%	294	50,599
July 2014	78.9%	40	51,228
August 2014	74.6%	142	48,428
September 2014	75.7%	260	49,856
October 2014	75.4%	141	48,873
November 2014	77.4%	125	46,816
December 2014	73.5%	92	48,867
January 2015	71.4%	379	47,030
February 2015	67.3%	624	45,968
March 2015	69.7%	611	52,038

Between March 2014 and March 2015, monthly attendances at Type 1 emergency care departments increased by 2,016 (4.0%), from 50,022 to 52,038 (Figure 4, Table 4).

When compared with the same month last year, performance against the 4 hour component of the target for Type 1 emergency care departments declined by 0.8 percentage points, from 70.5% in March 2014 to 69.7% in March 2015 (Figure 4, Table 4).

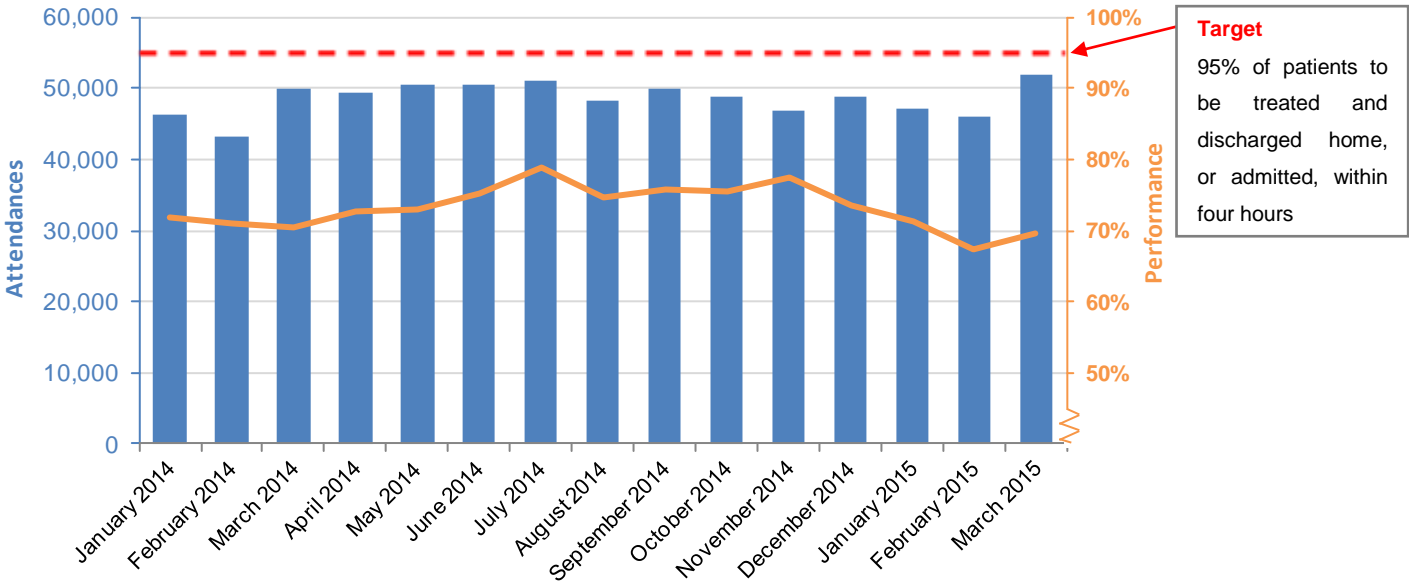
During the last 15 months, performance against the 4 hour component of the target for Type 1 emergency care departments was highest in July 2014 (78.9%) and lowest in February 2015 (67.3%) (Figure 4, Table 4).

Between January 2014 and March 2015, monthly attendances at Type 1 emergency care departments were lowest in February 2014 (43,142) and highest in March 2015 (52,038). It should be noted that the number of new and unplanned attendances recorded in March 2015 (52,038) was the highest number of monthly attendances at Type 1 emergency care departments since the establishment of this information collection in April 2008 (Figure 4, Table 4 and Table 10D).

³ See Appendix 2, Note 23 for information on amendments to historical figures.

Figure 4 below presents information on the number of new and unplanned review attendances each month at Type 1 emergency care departments and the percentage of these attendances which were treated and discharged, or admitted within 4 hours of their arrival at the emergency care department.

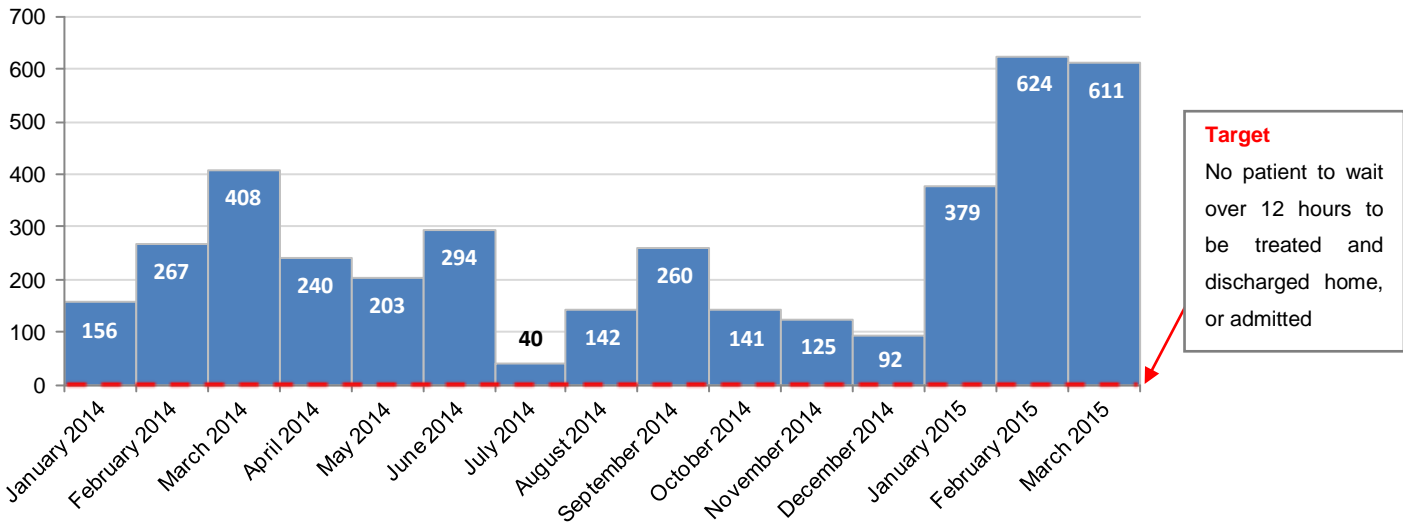
Figure 4: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments (January 2014 - March 2015)



Performance against the 12 hour component at Type 1 emergency care departments declined notably (203) when compared with the same month last year, from 408 in March 2014 to 611 in March 2015 (Figure 5, Table 4).

Between January 2014 and March 2014, performance against the 12 hour target declined from 156 to 408, but broadly improved during the following months to 92 in December 2014. However, performance against the 12 hour target at Type 1 departments has subsequently declined to 611 in March 2015 (Figure 5, Table 4).

Figure 5: Performance against the 12 Hour Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments (January 2014 - March 2015)



Performance at Type 2 Emergency Care Departments

Table 5: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (January - March 2015)

Type 2 Departments ⁴	% Within 4 Hours			Number Over 12 Hours			Total Attendances (New and Unplanned Review)		
	Jan 2015	Feb 2015	Mar 2015	Jan 2015	Feb 2015	Mar 2015	Jan 2015	Feb 2015	Mar 2015
Downe	90.3%	86.5%	89.0%	0	16	2	1,397	1,352	1,513
Lagan Valley	84.9%	85.1%	88.2%	0	3	1	1,631	1,690	1,909
All Type 2 Depts.	87.4%	85.7%	88.6%	0	19	3	3,028	3,042	3,422

Latest position (March 2015)

During March 2015, performance against the 4 hour component of the emergency care waiting times target was not achieved in either Type 2 department (Downe (89.0%) or Lagan Valley (88.2%)) (Figure 6, Table 5).

In March 2015, 3 patients attending Type 2 emergency care departments waited longer than 12 hours (2 in Downe and 1 in Lagan Valley) (Table 5).

There were 3,422 attendances at Type 2 emergency care departments in March 2015 (1,513 in Downe and 1,909 in Lagan Valley) (Table 5).

Position during last three months (January – March 2015)

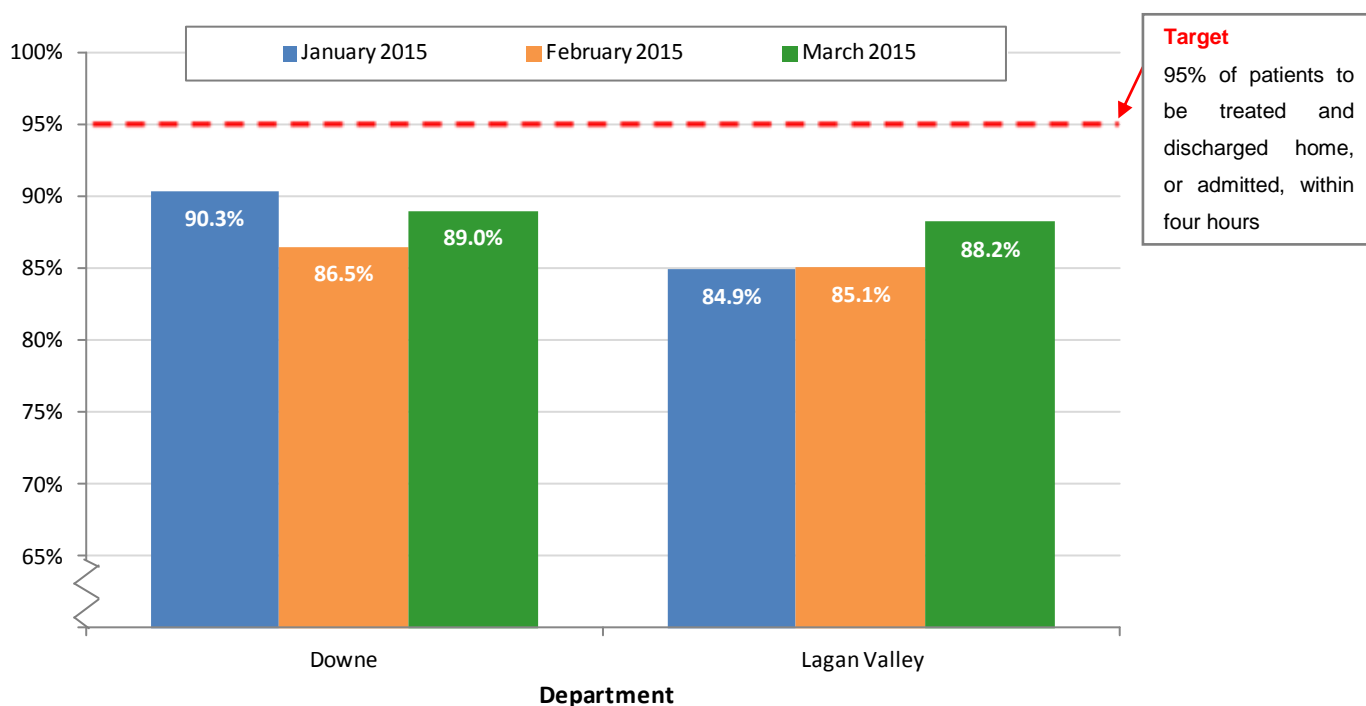
Between January and March 2015, performance against the 4 hour target improved by 3.3 percentage points in Lagan Valley, from 84.9% to 88.2%, whilst performance in the Downe declined by 0.7 percentage points, from 90.3% to 89.0% (Figure 6, Table 5).

Between January and February 2015, performance against the 12 hour component of the target declined at Type 2 departments, from 0 to 19, but subsequently improved to 3 in March 2015 (Table 5).

During the last 3 months, attendances at Type 2 emergency care departments increased by 394 (13.0%), from 3,028 in January 2015 to 3,422 in March 2015 (Figure 7, Table 5).

⁴ See Appendix 2, Note 20 for reclassification at weekends.

Figure 6: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (January - March 2015)



Position during last fifteen months (January 2014 – March 2015)

Table 6: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (January 2014 - March 2015) ⁵

Month	% Within 4 Hours	Number Over 12 Hours	Total Attendances (New and Unplanned Review)
January 2014	86.2%	0	2,979
February 2014	86.3%	1	2,769
March 2014	87.0%	0	3,239
April 2014	87.2%	1	3,397
May 2014	87.4%	1	3,400
June 2014	87.4%	0	3,418
July 2014	89.0%	0	3,444
August 2014	89.5%	0	3,225
September 2014	87.8%	0	3,587
October 2014	91.2%	0	3,424
November 2014	91.8%	0	2,835
December 2014	91.5%	0	3,024
January 2015	87.4%	0	3,028
February 2015	85.7%	19	3,042
March 2015	88.6%	3	3,422

⁵ See Appendix 2, Note 23 for information on amendments to historical figures.

Between March 2014 and March 2015, monthly attendances at Type 2 emergency care departments increased by 183 (5.6%) from 3,239 to 3,422 (Figure 7, Table 6).

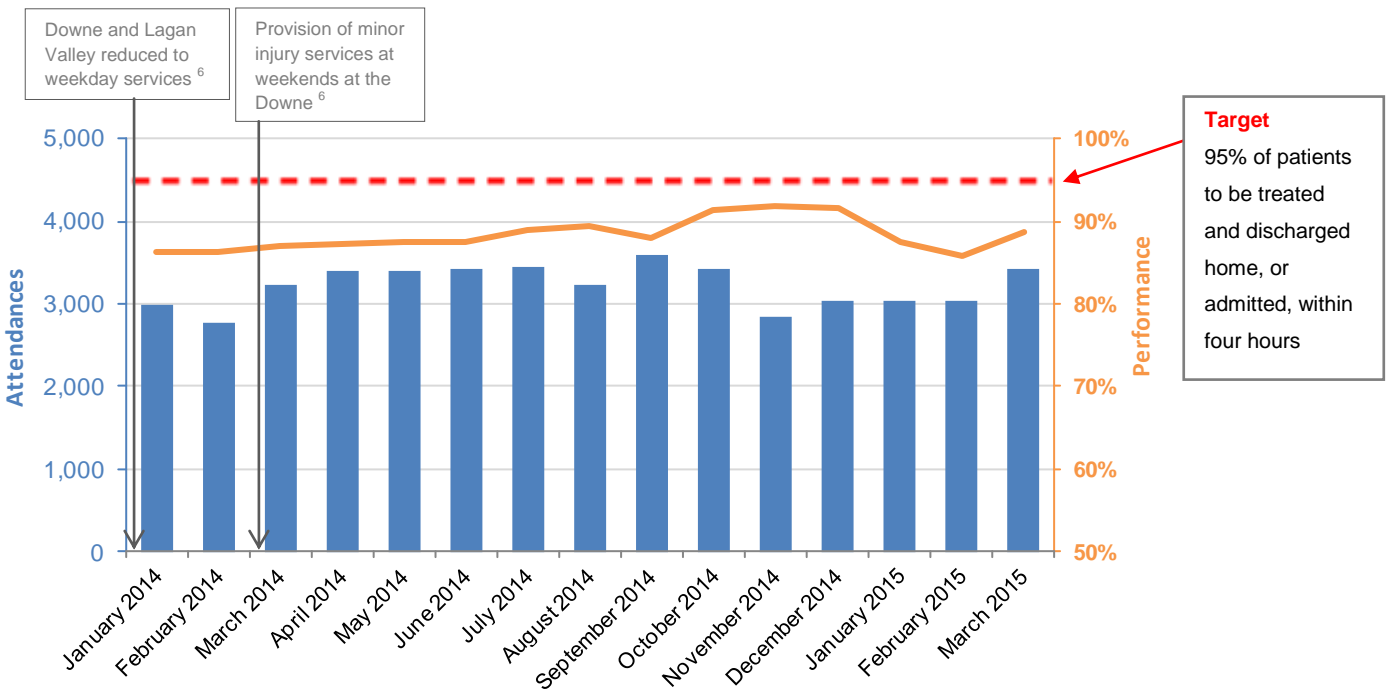
When compared with the same month last year, performance against the 4 hour component of the target at Type 2 emergency care departments improved by 1.6 percentage points, from 87.0% in March 2014 to 88.6% in March 2015 (Figure 7, Table 6).

During the last 15 months, performance against the 4 hour component of the target at Type 2 emergency care departments was highest in November 2014 (91.8%) and lowest in February 2015 (85.7%) (Figure 7, Table 6).

Since January 2014, monthly attendances at Type 2 departments ranged from 2,769 in February 2014 to 3,587 in September 2014 (Figures 7, Table 6).

Figure 7 below presents information on the number of new and unplanned review attendances each month at Type 2 emergency care departments and the percentage of these attendances which were treated and discharged, or admitted within 4 hours of their arrival at the emergency care department.

Figure 7: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (January 2014 – March 2015)

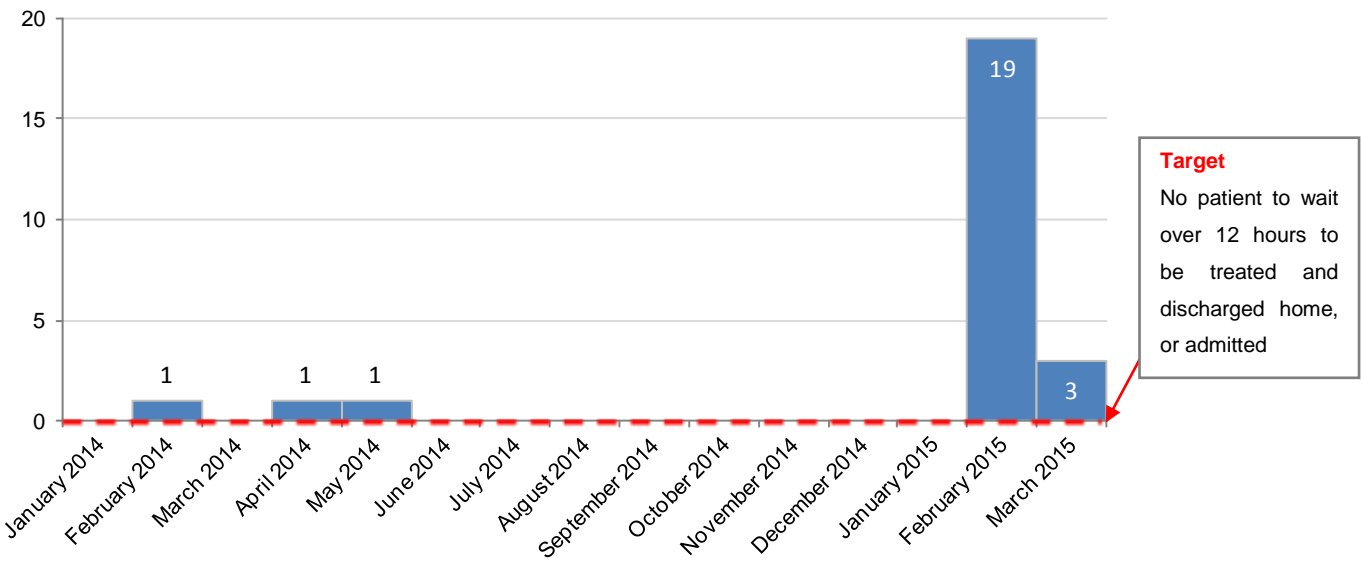


⁶ See Appendix 2, Notes 19 – 20 for information on changes in provision at Downe and Lagan Valley.

When compared with the same month last year, performance against the 12 hour component at Type 2 emergency care departments declined slightly, from zero (0) in March 2014 to 3 in March 2015 (Figure 8, Table 6).

During the last 15 months, performance against the 12 hour component in Type 2 departments was achieved or almost achieved in every month since January 2014, with the exception of February 2015 (19) and March 2015 (3) (Figure 8, Table 6).

Figure 8: Performance against the 12 Hour Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (January 2014 - March 2015)



Performance at Type 3 Emergency Care Departments

Table 7: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 3 Emergency Care Departments (January 2015 – March 2015)

Type 3 Departments	% Within 4 Hours			Number Over 12 Hours			Total Attendances (New and Unplanned Review)		
	Jan 2015	Feb 2015	Mar 2015	Jan 2015	Feb 2015	Mar 2015	Jan 2015	Feb 2015	Mar 2015
Whiteabbey ⁷	-	-	-	-	-	-	-	-	-
Mid Ulster	100.0%	100.0%	100.0%	0	0	0	576	599	719
Tyrone County	100.0%	100.0%	99.9%	0	0	0	1,082	1,178	1,447
South Tyrone	100.0%	100.0%	100.0%	0	0	0	1,735	1,917	2,257
Armagh Community ⁸	-	-	-	-	-	-	-	-	-
Ards MIU	100.0%	100.0%	100.0%	0	0	0	762	706	892
Bangor MIU	100.0%	100.0%	100.0%	0	0	0	696	705	716
All Type 3 Depts.	100.0%	100.0%	100.0%	0	0	0	4,851	5,105	6,031

Latest position (March 2015)

During March 2015, both the 4 and 12 hour components of the Ministerial target were achieved by all Type 3 departments (Table 7).

There were a total of 6,031 attendances at Type 3 emergency care departments in March 2015, ranging from 716 in Bangor to 2,257 in South Tyrone (Table 7).

Position during last three months (January – March 2015)

During each of the last 3 months, both the 4 and 12 hour components of the Ministerial target were achieved by all Type 3 departments (Table 7).

Between January and March 2015, attendances at Type 3 emergency care departments increased by 1,180 (24.3%), from 4,851 to 6,031 (Table 7).

⁷ Whiteabbey closed temporarily on 1st December 2014; see Appendix 2, Note 22.

⁸ Armagh Community closed temporarily on 17th November 2014; see Appendix 2, Note 21.

Position during last fifteen months (January 2014 – March 2015)

Table 8: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 3 Emergency Care Departments (January 2014 - March 2015)⁹

Month	% Within 4 Hours	Number Over 12 Hours	Total Attendances (New and Unplanned Review)
January 2014	100.0%	0	5,967
February 2014	100.0%	0	5,800
March 2014	100.0%	0	7,070
April 2014	100.0%	0	7,241
May 2014	100.0%	0	7,294
June 2014	99.9%	0	8,175
July 2014	100.0%	0	7,692
August 2014	100.0%	0	7,303
September 2014	99.9%	0	7,850
October 2014	100.0%	0	7,316
November 2014	99.9%	0	5,826
December 2014	100.0%	0	4,765
January 2015	100.0%	0	4,851
February 2015	100.0%	0	5,105
March 2015	100.0%	0	6,031

Between March 2014 and March 2015, monthly attendances at Type 3 emergency care departments decreased by 1,039 (14.7%) from 7,070 to 6,031. This is most likely in part due to the closure of Whiteabbey and Armagh Community minor injuries units (Figure 9, Table 8).

When compared to the same month last year, performance against both the 4 and 12 hour component of the target for Type 3 emergency care departments continued to be 100.0% and zero (0) respectively (Figure 9, Table 8).

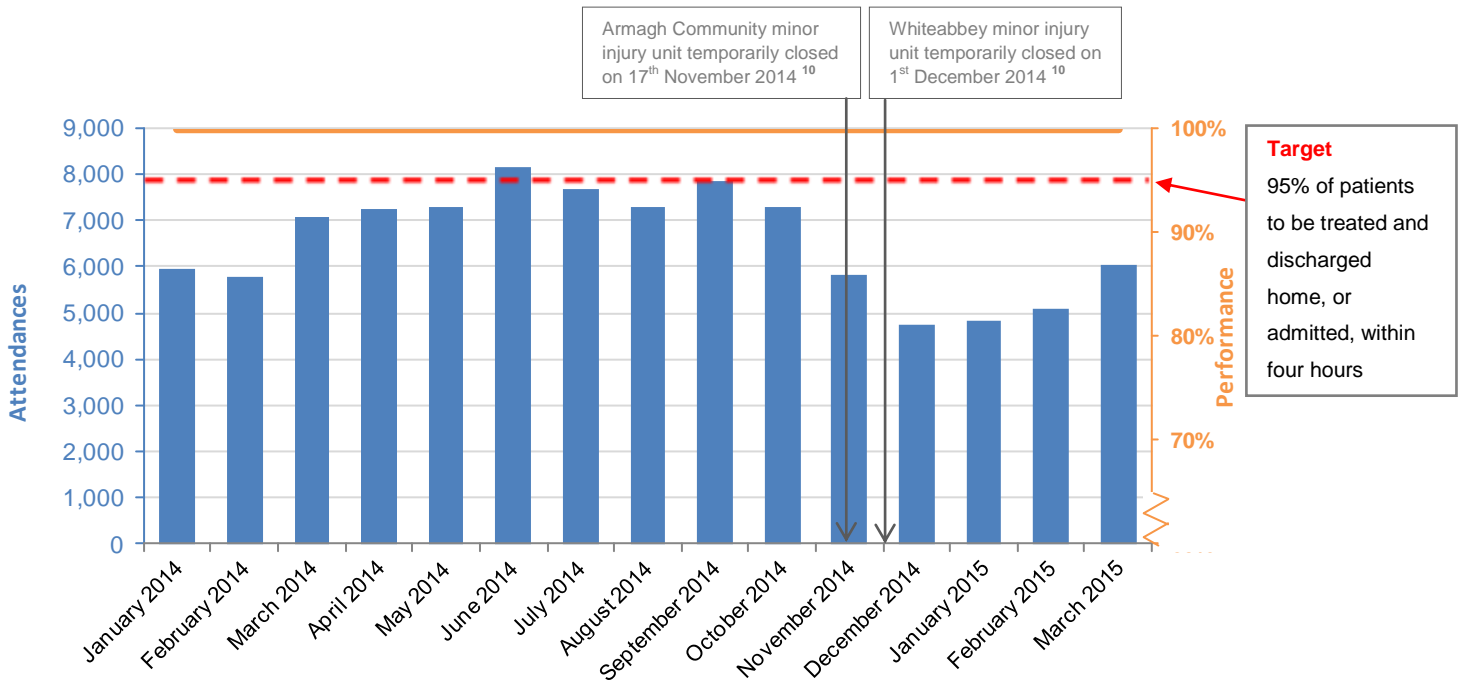
No patient waited longer than 12 hours to be either treated and discharged home, or admitted in Type 3 departments in any of the last 15 months (Table 8).

During the last 15 months, attendances at Type 3 emergency care departments were highest in June 2014 (8,175) and lowest in December 2014 (4,765) (Figure 9, Table 8).

⁹ See Appendix 2, Note 23 for information on amendments to historical figures.

Figure 9 below presents information on the number of new and unplanned review attendances each month at Type 3 emergency care departments and the percentage of these attendances which were treated and discharged, or admitted within 4 hours of their arrival at the emergency care department.

Figure 9: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 3 Emergency Care Departments (January 2014 – March 2015)



¹⁰ See Appendix 2, Notes 21 – 22 for information on changes in provision at Armagh Community and Whiteabbey

Performance at All Emergency Care Departments

Latest position (March 2015)

During March 2015, there were 61,491 attendances at emergency care departments in Northern Ireland, of which, 73.7% (45,332) were treated and discharged or admitted within 4 hours of their arrival, and 614 (1.0%) waited longer than 12 hours (Figures 10 and 11, Table 9).

Position during last three months (January – March 2015)

During the last 3 months, the percentage of patients treated and discharged or admitted within 4 hours of their arrival decreased by 1.1 percentage points, from 74.8% in January 2015 to 73.7% in March 2015 (Figure 10, Table 9).

During this time, the number of patients waiting longer than 12 hours increased notably (235), from 379 in January 2015 to 614 in March 2015 (Figure 11, Table 9).

Between January and March 2015, attendances at emergency care departments increased by 6,582 (12.0%), from 54,909 to 61,491 (Figure 10, Table 9).

Position during last fifteen months (January 2014 – March 2015)

Table 9: Performance against the Ministerial Target for Emergency Care Waiting Times at all Emergency Care Departments (January 2014 – March 2015) ¹¹

Month	% Within 4 Hours	Number Over 12 Hours	Total Attendances (New and Unplanned Review)
January 2014	75.6%	156	55,302
February 2014	75.0%	268	51,711
March 2014	74.8%	408	60,331
April 2014	76.7%	241	60,137
May 2014	77.1%	204	61,366
June 2014	79.0%	294	62,192
July 2014	82.1%	40	62,364
August 2014	78.6%	142	58,956
September 2014	79.5%	260	61,293
October 2014	79.3%	141	59,613
November 2014	80.5%	125	55,477
December 2014	76.7%	92	56,656
January 2015	74.8%	379	54,909
February 2015	71.4%	643	54,115
March 2015	73.7%	614	61,491

¹¹ See Appendix 2, Notes 11 – 23 for information on changes to emergency care departments and amendments to historical figures.

Between March 2014 and March 2015, monthly attendances at emergency care departments increased by 1,160 (1.9%) from 60,331 to 61,491 in March 2015 (Figure 10, Table 9).

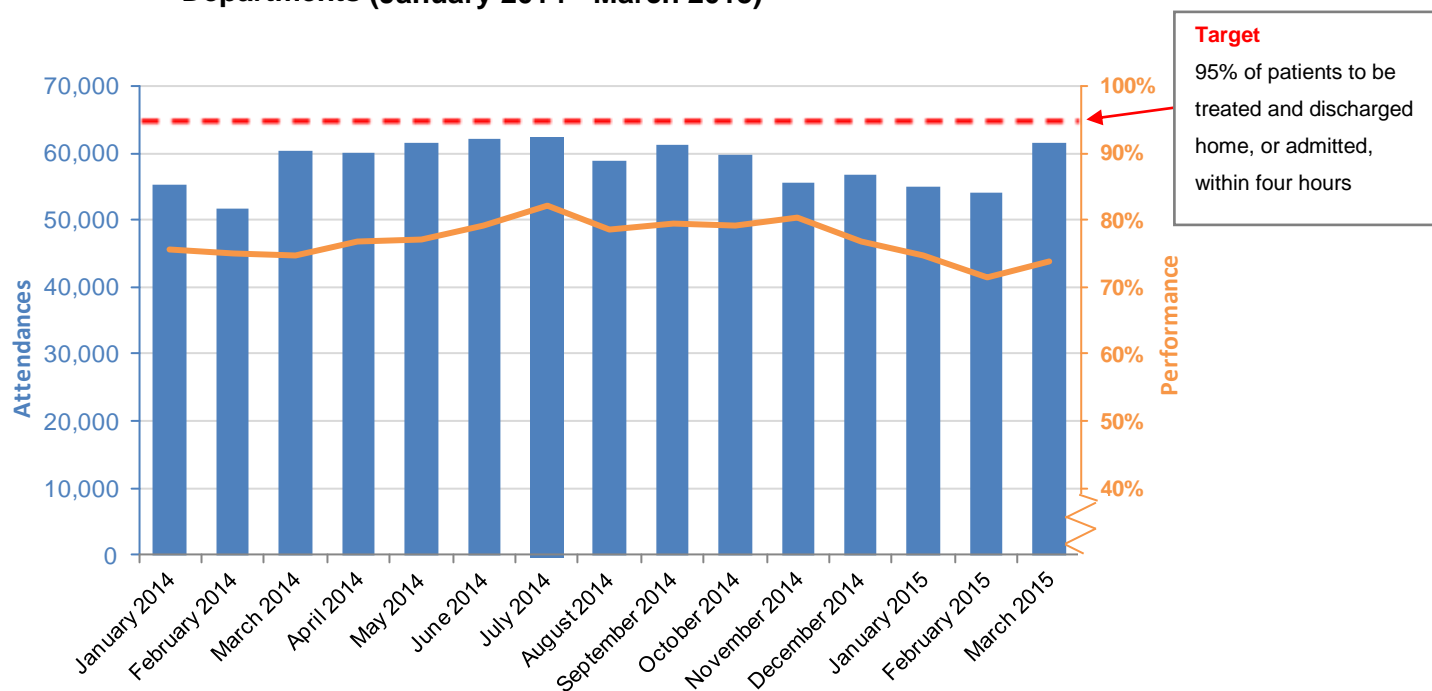
When compared to the same month last year, performance against the 4 hour component of the target declined by 1.1 percentage points, from 74.8% in March 2014 to 73.7% in March 2015 (Figure 10, Table 9).

Between January 2014 and March 2015, the percentage of patients treated and discharged or admitted within 4 hours of their arrival at emergency care was highest in July 2014 (82.1%) and lowest in February 2015 (71.4%) (Figure 10, Table 9).

Between January 2014 and March 2015, the lowest number of attendances at emergency care departments was reported in February 2014 (51,711) and the highest in July 2014 (62,364) (Figure 10, Table 9).

Figure 10 below presents information on the number of new and unplanned review attendances each month at emergency care departments in Northern Ireland and the percentage of these attendances which were treated and discharged, or admitted within 4 hours of their arrival at the emergency care department.

Figure 10: Performance against the 4 Hour Ministerial Target for all Emergency Care Departments (January 2014 - March 2015) ¹²



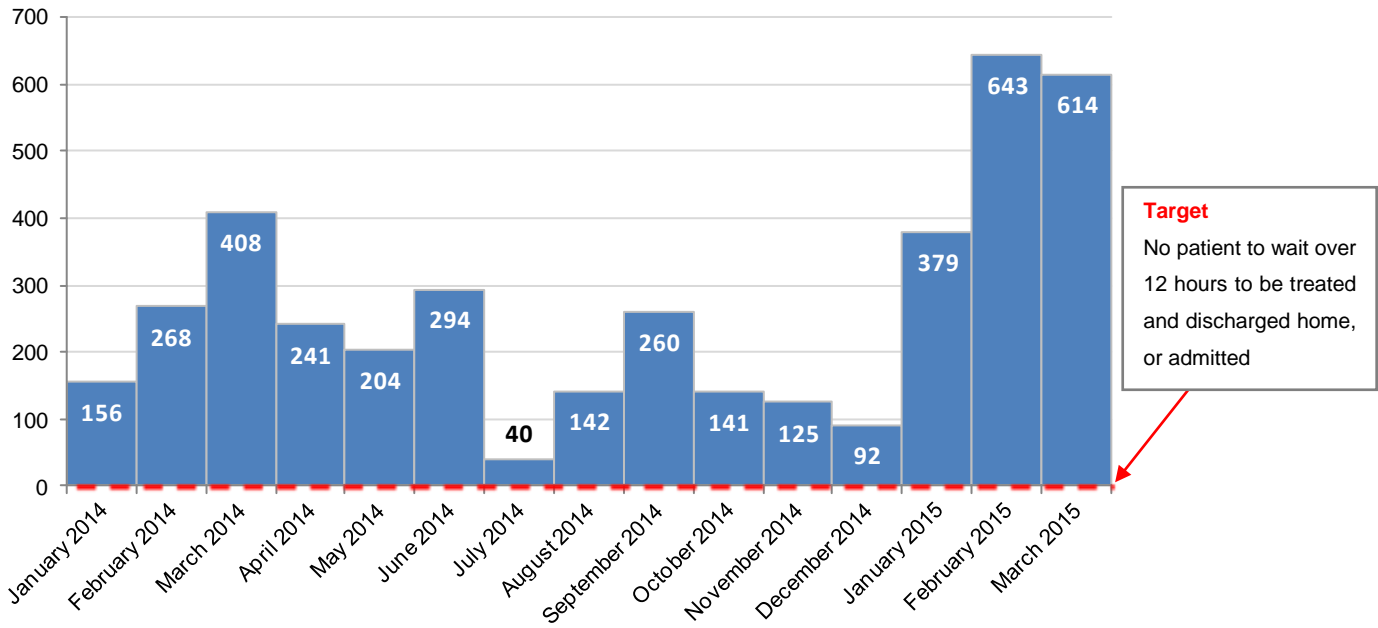
¹² See Appendix 2, Notes 11 – 23 for information on changes to emergency care departments and amendments to historical figures.

Performance against the 12 hour component declined notably when compared to the same month last year (206), from 408 in March 2014 to 614 in March 2015 (Figure 11, Table 9).

Between January 2014 and March 2015, the lowest number of patients waiting over 12 hours at emergency care was reported in July 2014 (40), whilst the highest number was reported during February 2015 (643), (Figure 11, Table 9).

Between January 2014 and March 2014, performance against the 12 hour target declined, from 156 to 408, but broadly improved during the next eight months to 92 in December 2014. However, performance against the 12 hour target subsequently declined to 614 in March 2015 (Figure 11, Table 9).

Figure 11: Performance against the 12 Hour Ministerial Target for Emergency Care Waiting Times at all Emergency Care Departments (January 2014 – March 2015)



Waiting Times since April 2008 ¹³

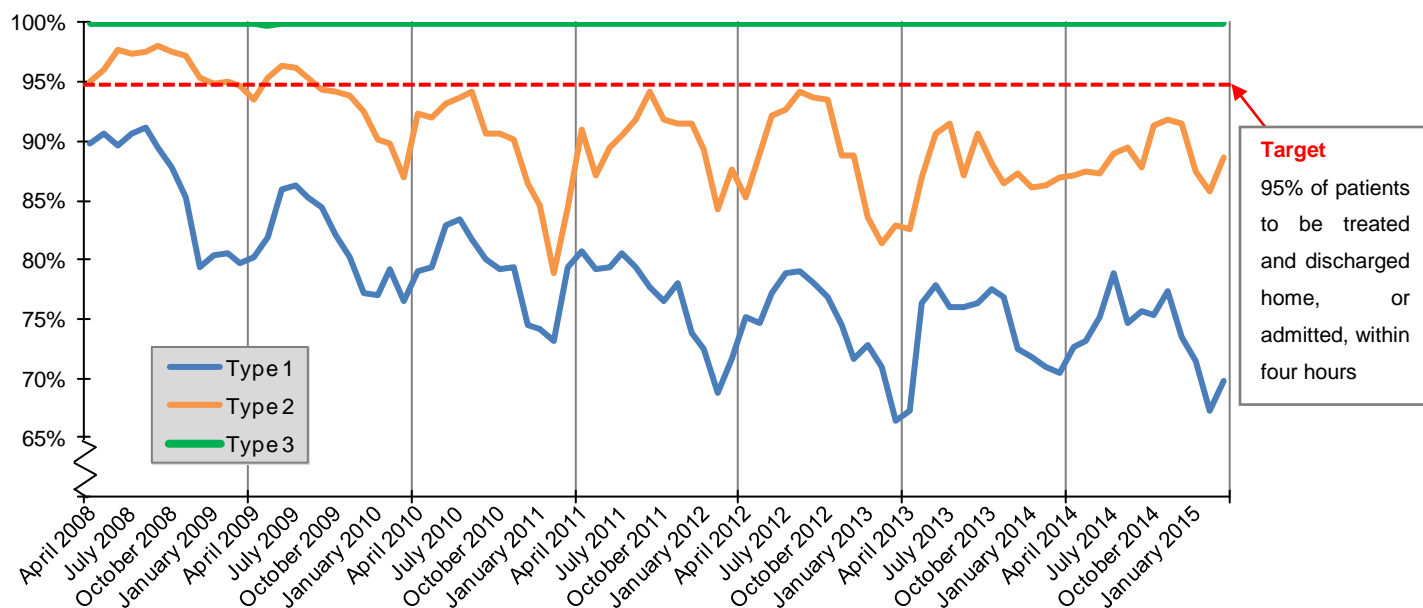
Four Hour Performance

Between April 2008 and March 2015, the percentage of patients treated and discharged or admitted within 4 hours of their arrival at Type 1 emergency care departments was highest in August 2008 (91.1%) and lowest in March 2013 (66.5%) (Figure 12).

Since April 2008, the percentage of patients treated and discharged or admitted within 4 hours of their arrival at Type 2 emergency care departments was lowest in February 2011 (78.9%) and highest in September 2008 (98.1%) (Figure 12).

During this time, the percentage of patients treated and discharged or admitted within 4 hours of their arrival at Type 3 emergency care departments remained similar, ranging from 99.8% to 100.0% (Figure 12).

Figure 12: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times, by Emergency Care Department Type (April 2008 – March 2015)



¹³ See Appendix 1, Tables 10D – 10G

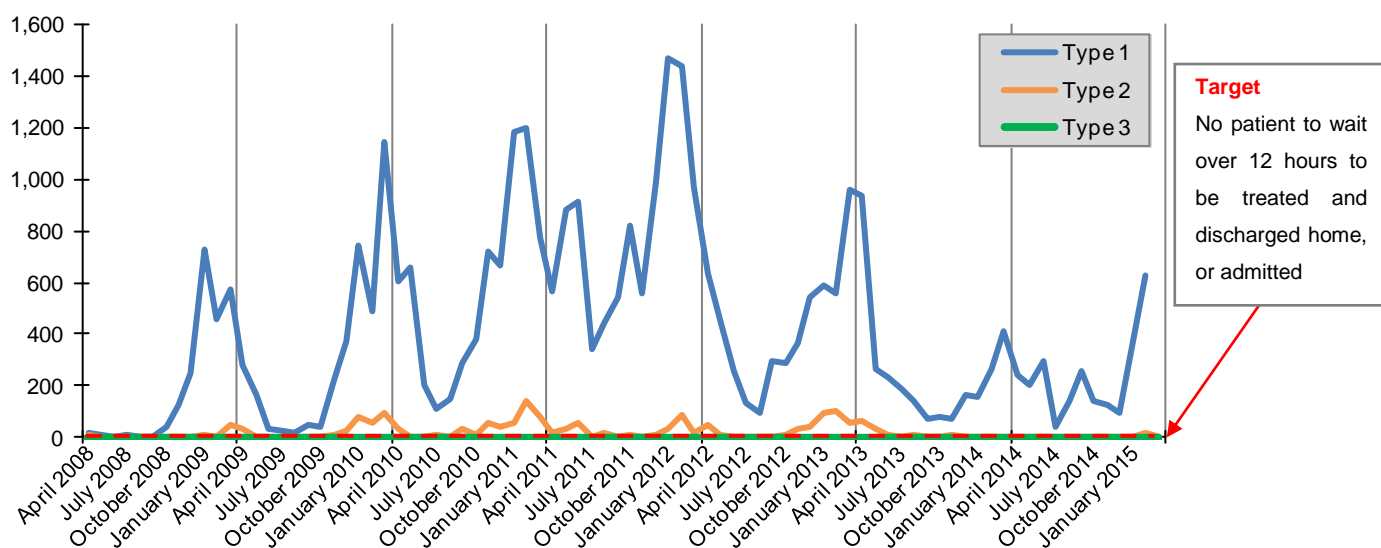
Twelve Hour Performance

Between April 2008 and March 2015, the number of patients waiting over 12 hours at Type 1 emergency care departments ranged from 1 in September 2008 to 1,468 in January 2012 (Figure 13).

During this time, the number of patients waiting over 12 hours at Type 2 emergency care departments was highest between January and March each year, and the lowest between June and August (Figure 13).

Since April 2008, the 12 hour component of the target was achieved by Type 3 emergency care departments in every month (Figure 13).

Figure 13: Performance against the 12 Hour Ministerial Target for Emergency Care Waiting Times, by Emergency Care Department Type (April 2008 – March 2015)



Attendances at Emergency Care Departments since April 2008 ¹⁴

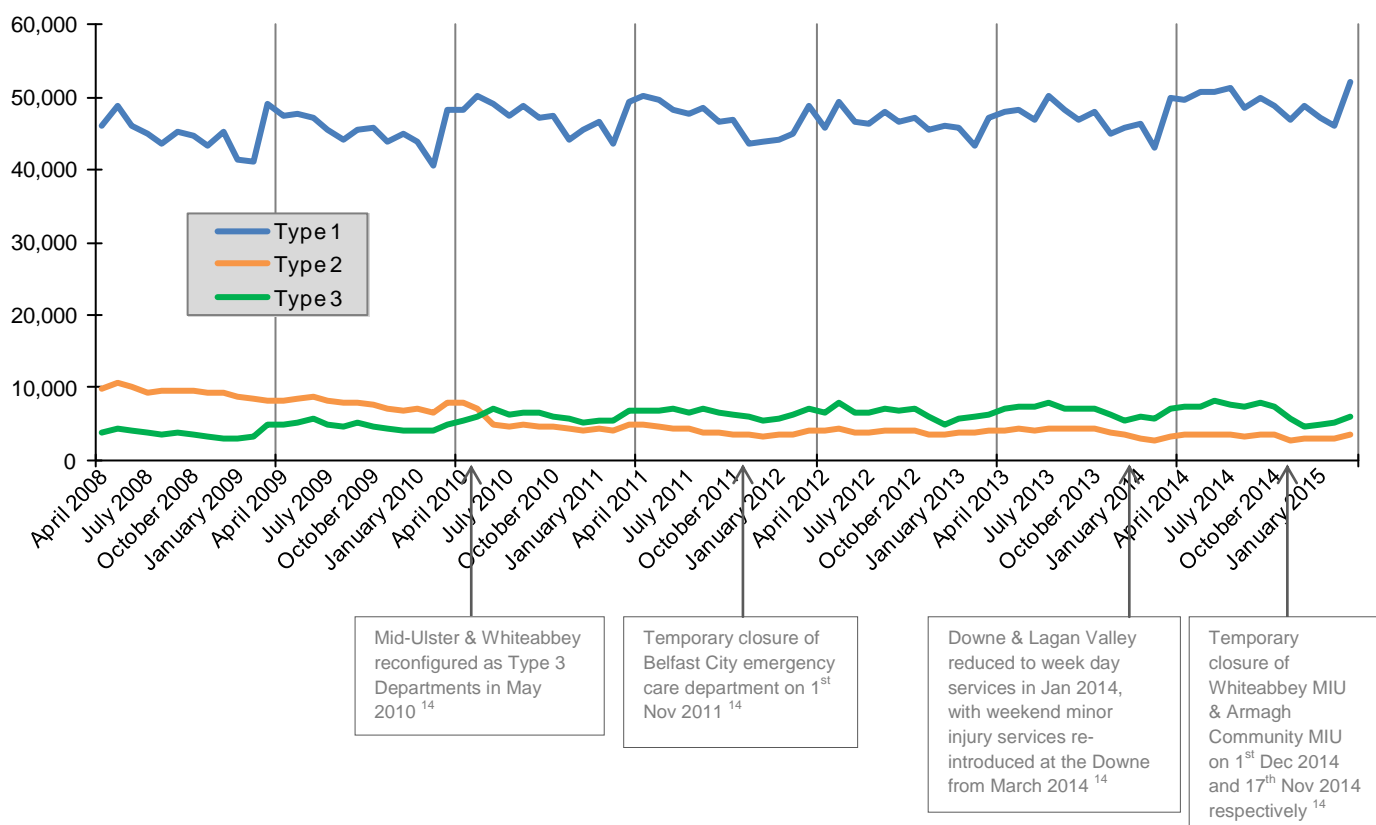
When analysing attendances by emergency care department type over time, it is important to note that a number of departments have been reclassified, closed, or changed opening hours. Refer to Appendix 3, notes 10 to 22, for further information.

Between April 2008 and March 2015, the highest number of attendances at Type 1 emergency care departments was reported during March 2015 (52,038) whilst the lowest number of attendances was reported during February 2010 (40,590) (Figure 14).

During this time, the highest number of attendances at Type 2 emergency care departments was reported during May 2008 (10,718) whilst the lowest number of attendances was reported during February 2014 (2,769) (Figure 14).

Since April 2008, the highest number of attendances at Type 3 emergency care departments was reported during June 2014 (8,175) whilst the lowest number of attendances was reported during December 2008 (2,862) (Figure 14).

Figure 14: Number of New and Unplanned Review Attendances at Emergency Care Departments, by Department Type (April 2008 – March 2015)



¹⁴ See Appendix 2, Notes 11 – 23 for information on changes to emergency care departments and amendments to historical figures.

APPENDICES

Appendix 1: Additional Tables

Table 10A: Performance against the 4 hour Ministerial Target for Emergency Care Waiting Times, by Emergency Care Department (January – March 2015)

Emergency Care Department ¹⁵	% Within 4 Hours		
	January 2015	February 2015	March 2015
Mater (Type 1)	67.5%	63.3%	62.4%
Royal Victoria (Type 1)	57.3%	52.5%	56.7%
Royal Victoria (ENT & RAES) (Type 1)	100.0%	100.0%	100.0%
RBHSC (Type 1)	91.9%	90.4%	89.4%
North West			
Antrim Area (Type 1)	62.8%	55.0%	57.2%
Causeway (Type 1)	67.2%	67.7%	68.4%
Mid Ulster (Type 3)	100.0%	100.0%	100.0%
Whiteabbey (Type 3)	-	-	-
North East			
Ards MIU (Type 3)	100.0%	100.0%	100.0%
Bangor MIU (Type 3)	100.0%	100.0%	100.0%
Downe (Type 2)	90.3%	86.5%	89.0%
Lagan Valley (Type 2)	84.9%	85.1%	88.2%
Ulster (Type 1)	67.4%	66.6%	71.0%
South			
Armagh Community (Type 3)	-	-	-
Craigavon Area (Type 1)	79.0%	72.2%	74.7%
Daisy Hill (Type 1)	83.1%	75.9%	79.2%
South Tyrone (Type 3)	100.0%	100.0%	100.0%
West			
Altnagelvin Area (Type 1)	70.5%	65.8%	67.6%
South West Acute (Type 1)	80.1%	79.3%	80.7%
Tyrone County (Type 3)	100.0%	100.0%	99.9%
All Departments			
All Type 1	71.4%	67.3%	69.7%
All Type 2	87.4%	85.7%	88.6%
All Type 3	100.0%	100.0%	100.0%
Northern Ireland	74.8%	71.4%	73.7%

¹⁵ Emergency Care Department Type is indicated within the brackets following each emergency care department name. Note that this is based on the current classification of the department (See Appendix 2, Notes 11 - 22 for reclassifications and closures).

Table 10B: Performance against the 12 hour Ministerial Target for Emergency Care Waiting Times, by Emergency Care Department (January – March 2015)

Emergency Care Department	Number Over 12 Hours		
	January 2015	February 2015	March 2015
Mater (Type 1)	17	80	91
Royal Victoria (Type 1)	67	243	221
Royal Victoria (ENT & RAES) (Type 1)	0	0	0
RBHSC (Type 1)	0	0	0
Belfast HSC Trust	84	323	312
Antrim Area (Type 1)	42	80	194
Causeway (Type 1)	0	0	0
Mid Ulster (Type 3)	0	0	0
Whiteabbey (Type 3)	-	-	-
Northern HSC Trust	42	80	194
Ards MIU (Type 3)	0	0	0
Bangor MIU (Type 3)	0	0	0
Downe (Type 2)	0	16	2
Lagan Valley (Type 2)	0	3	1
Ulster (Type 1)	237	210	97
South Eastern HSC Trust	237	229	100
Armagh Community (Type 3)	-	-	-
Craigavon Area (Type 1)	9	0	1
Daisy Hill (Type 1)	0	0	0
South Tyrone (Type 3)	0	0	0
Southern HSC Trust	9	0	1
Altnagelvin Area (Type 1)	6	3	5
South West Acute (Type 1)	1	8	2
Tyrone County (Type 3)	0	0	0
Western HSC Trust	7	11	7
Northern Ireland	379	643	614

Table 10C: New and Unplanned Review Attendances at by Emergency Care Departments (January – March 2015)

Emergency Care Department	Total Attendances (New and Unplanned Review)		
	January 2015	February 2015	March 2015
Mater (Type 1)	3,705	3,757	4,158
Royal Victoria (Type 1)	6,506	6,401	7,231
Royal Victoria (ENT & RAES) (Type 1)	1,254	1,230	1,446
RBHSC (Type 1)	2,791	2,836	3,290
Belfast HSC Trust	14,256	14,224	16,125
Antrim Area (Type 1)	6,069	5,966	6,509
Causeway (Type 1)	3,151	3,210	3,567
Mid Ulster (Type 3)	576	599	719
Whiteabbey (Type 3)	-	-	-
Northern HSC Trust	9,796	9,775	10,795
Ards MIU (Type 3)	762	706	892
Bangor MIU (Type 3)	696	705	716
Downe (Type 2)	1,397	1,352	1,513
Lagan Valley (Type 2)	1,631	1,690	1,909
Ulster (Type 1)	6,969	6,487	7,392
South Eastern HSC Trust	11,455	10,940	12,422
Armagh Community (Type 3)	-	-	-
Craigavon Area (Type 1)	6,371	6,103	7,027
Daisy Hill (Type 1)	3,593	3,500	4,020
South Tyrone (Type 3)	1,735	1,917	2,257
Southern HSC Trust	11,699	11,520	13,304
Altnagelvin Area (Type 1)	4,285	4,240	4,775
South West Acute (Type 1)	2,336	2,238	2,623
Tyrone County (Type 3)	1,082	1,178	1,447
Western HSC Trust	7,703	7,656	8,845
Northern Ireland	54,909	54,115	61,491

Table 10D: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments (April 2008 – March 2015)

Month	% Within 4 Hours	Number Over 12 Hours	Total Attendances (New and Unplanned Review)
April 2008	89.9%	14	46,017
May 2008	90.7%	8	48,716
June 2008	89.6%	4	46,118
July 2008	90.6%	8	44,900
August 2008	91.1%	3	43,566
September 2008	89.5%	1	45,239
October 2008	87.8%	38	44,728
November 2008	85.2%	122	43,454
December 2008	79.3%	250	45,206
January 2009	80.4%	728	41,488
February 2009	80.6%	456	41,254
March 2009	79.7%	573	49,047
April 2009	80.3%	277	47,404
May 2009	82.0%	164	47,620
June 2009	85.9%	30	47,076
July 2009	86.3%	22	45,485
August 2009	85.3%	20	44,138
September 2009	84.4%	45	45,542
October 2009	82.1%	41	45,862
November 2009	80.2%	229	43,949
December 2009	77.2%	375	45,013
January 2010	77.1%	746	43,975
February 2010	79.1%	486	40,590
March 2010	76.6%	1,146	48,199
April 2010	79.0%	602	48,250
May 2010	79.4%	657	50,317
June 2010	82.8%	205	49,130
July 2010	83.5%	112	47,519
August 2010	81.7%	147	48,785
September 2010	80.0%	289	47,084
October 2010	79.3%	377	47,392
November 2010	79.3%	722	44,053
December 2010	74.5%	664	45,471
January 2011	74.1%	1,180	46,549
February 2011	73.2%	1,196	43,551
March 2011	79.3%	772	49,446
April 2011	80.7%	563	50,259
May 2011	79.2%	883	49,701
June 2011	79.3%	917	48,370
July 2011	80.6%	344	47,713
August 2011	79.4%	439	48,456
September 2011	77.7%	539	46,650
October 2011	76.6%	822	46,976
November 2011	78.0%	559	43,530
December 2011	73.8%	987	43,938
January 2012	72.5%	1,468	44,228
February 2012	68.7%	1,441	44,838
March 2012	71.6%	969	48,750

Month	% Within 4 Hours	Number Over 12 Hours	Total Attendances (New and Unplanned Review)
April 2012	75.2%	633	45,848
May 2012	74.7%	456	49,422
June 2012	77.1%	253	46,617
July 2012	78.8%	131	46,345
August 2012	79.0%	96	48,013
September 2012	78.0%	294	46,649
October 2012	76.8%	291	47,042
November 2012	74.5%	362	45,585
December 2012	71.7%	541	45,998
January 2013	72.7%	587	45,851
February 2013	71.0%	556	43,418
March 2013	66.5%	961	47,291
April 2013	67.2%	936	48,099
May 2013	76.4%	265	48,229
June 2013	77.8%	234	46,891
July 2013	76.1%	190	50,217
August 2013	76.0%	141	48,284
September 2013	76.4%	72	46,769
October 2013	77.5%	76	47,876
November 2013	76.8%	69	44,912
December 2013	72.5%	163	45,842
January 2014	71.8%	156	46,356
February 2014	70.9%	267	43,142
March 2014	70.5%	408	50,022
April 2014	72.6%	240	49,499
May 2014	73.1%	203	50,672
June 2014	75.1%	294	50,599
July 2014	78.9%	40	51,228
August 2014	74.6%	142	48,428
September 2014	75.7%	260	49,856
October 2014	75.4%	141	48,873
November 2014	77.4%	125	46,816
December 2014	73.5%	92	48,867
January 2015	71.4%	379	47,030
February 2015	67.3%	624	45,968
March 2015	69.7%	611	52,038

Table 10E: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (April 2008 – March 2015)

Month	% Within 4 Hours	Number Over 12 Hours	Total Attendances (New and Unplanned Review)
April 2008	95.0%	7	9,811
May 2008	96.1%	4	10,718
June 2008	97.7%	0	10,010
July 2008	97.4%	0	9,223
August 2008	97.6%	0	9,601
September 2008	98.1%	0	9,500
October 2008	97.5%	0	9,559
November 2008	97.2%	0	9,181
December 2008	95.4%	3	9,344
January 2009	94.9%	6	8,810
February 2009	95.0%	5	8,509
March 2009	94.7%	50	8,320
April 2009	93.6%	32	8,085
May 2009	95.3%	5	8,357
June 2009	96.3%	1	8,630
July 2009	96.2%	1	8,101
August 2009	95.3%	0	7,855
September 2009	94.4%	3	7,827
October 2009	94.2%	5	7,667
November 2009	93.8%	7	7,090
December 2009	92.5%	24	6,862
January 2010	90.2%	77	6,975
February 2010	89.8%	52	6,475
March 2010	86.9%	93	7,859
April 2010	92.4%	33	7,843
May 2010	91.9%	4	7,161
June 2010	93.2%	4	4,862
July 2010	93.7%	12	4,663
August 2010	94.2%	0	4,853
September 2010	90.7%	31	4,507
October 2010	90.6%	8	4,569
November 2010	90.1%	52	4,283
December 2010	86.5%	38	4,022
January 2011	84.6%	55	4,342
February 2011	78.9%	142	3,950
March 2011	84.5%	77	4,785
April 2011	91.0%	14	4,814
May 2011	87.2%	36	4,694
June 2011	89.5%	53	4,465
July 2011	90.5%	2	4,356
August 2011	91.9%	14	3,828
September 2011	94.2%	0	3,748
October 2011	91.8%	11	3,639
November 2011	91.6%	5	3,405
December 2011	91.5%	6	3,317
January 2012	89.3%	34	3,591
February 2012	84.2%	87	3,610
March 2012	87.5%	18	4,100

Month	% Within 4 Hours	Number Over 12 Hours	Total Attendances (New and Unplanned Review)
April 2012	85.3%	48	3,982
May 2012	89.0%	13	4,269
June 2012	92.1%	2	3,940
July 2012	92.7%	5	3,810
August 2012	94.3%	1	4,075
September 2012	93.6%	0	4,120
October 2012	93.4%	8	4,064
November 2012	88.9%	35	3,581
December 2012	88.7%	38	3,665
January 2013	83.5%	91	3,833
February 2013	81.4%	102	3,703
March 2013	82.9%	56	3,952
April 2013	82.6%	62	4,178
May 2013	87.0%	29	4,271
June 2013	90.6%	10	4,002
July 2013	91.5%	1	4,322
August 2013	87.1%	9	4,357
September 2013	90.7%	4	4,220
October 2013	88.2%	1	4,233
November 2013	86.4%	13	3,833
December 2013	87.3%	2	3,633
January 2014	86.2%	0	2,979
February 2014	86.3%	1	2,769
March 2014	87.0%	0	3,239
April 2014	87.2%	1	3,397
May 2014	87.4%	1	3,400
June 2014	87.4%	0	3,418
July 2014	89.0%	0	3,444
August 2014	89.5%	0	3,225
September 2014	87.8%	0	3,587
October 2014	91.2%	0	3,424
November 2014	91.8%	0	2,835
December 2014	91.5%	0	3,024
January 2015	87.4%	0	3,028
February 2015	85.7%	19	3,042
March 2015	88.6%	3	3,422

Table 10F: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 3 Emergency Care Departments (April 2008 – March 2015)

Month	% Within 4 Hours	Number Over 12 Hours	Total Attendances (New and Unplanned Review)
April 2008	100.0%	0	3,897
May 2008	100.0%	0	4,286
June 2008	100.0%	0	4,011
July 2008	100.0%	0	3,675
August 2008	100.0%	0	3,566
September 2008	100.0%	0	3,797
October 2008	100.0%	0	3,619
November 2008	100.0%	0	3,343
December 2008	100.0%	0	2,862
January 2009	100.0%	0	3,015
February 2009	100.0%	0	3,126
March 2009	99.9%	0	4,975
April 2009	100.0%	0	4,870
May 2009	99.8%	0	5,095
June 2009	100.0%	0	5,644
July 2009	99.9%	0	4,919
August 2009	100.0%	0	4,711
September 2009	100.0%	0	5,045
October 2009	100.0%	0	4,653
November 2009	100.0%	0	4,253
December 2009	99.9%	0	4,007
January 2010	100.0%	0	4,081
February 2010	100.0%	0	4,067
March 2010	100.0%	0	4,980
April 2010	99.9%	0	5,378
May 2010	100.0%	0	6,000
June 2010	100.0%	0	6,965
July 2010	99.9%	0	6,185
August 2010	100.0%	0	6,641
September 2010	100.0%	0	6,635
October 2010	100.0%	0	6,039
November 2010	100.0%	0	5,639
December 2010	100.0%	0	5,112
January 2011	100.0%	0	5,584
February 2011	100.0%	0	5,420
March 2011	100.0%	0	6,896
April 2011	100.0%	0	6,834
May 2011	100.0%	0	6,870
June 2011	99.9%	0	7,092
July 2011	100.0%	0	6,600
August 2011	100.0%	0	6,994
September 2011	100.0%	0	6,658
October 2011	100.0%	0	6,347
November 2011	100.0%	0	5,978
December 2011	100.0%	0	5,397
January 2012	100.0%	0	5,831
February 2012	100.0%	0	6,145
March 2012	100.0%	0	7,119

Month	% Within 4 Hours	Number Over 12 Hours	Total Attendances (New and Unplanned Review)
April 2012	100.0%	0	6,509
May 2012	99.9%	0	7,804
June 2012	99.9%	0	6,662
July 2012	100.0%	0	6,668
August 2012	100.0%	0	7,196
September 2012	99.9%	0	6,724
October 2012	99.9%	0	7,002
November 2012	99.9%	0	6,045
December 2012	100.0%	0	4,943
January 2013	100.0%	0	5,629
February 2013	100.0%	0	5,894
March 2013	100.0%	0	6,266
April 2013	100.0%	0	6,979
May 2013	99.9%	0	7,447
June 2013	100.0%	0	7,420
July 2013	99.9%	0	7,854
August 2013	100.0%	0	7,214
September 2013	100.0%	0	7,129
October 2013	100.0%	0	7,187
November 2013	100.0%	0	6,294
December 2013	100.0%	0	5,582
January 2014	100.0%	0	5,967
February 2014	100.0%	0	5,800
March 2014	100.0%	0	7,070
April 2014	100.0%	0	7,241
May 2014	100.0%	0	7,294
June 2014	99.9%	0	8,175
July 2014	100.0%	0	7,692
August 2014	100.0%	0	7,303
September 2014	99.9%	0	7,850
October 2014	100.0%	0	7,316
November 2014	99.9%	0	5,826
December 2014	100.0%	0	4,765
January 2015	100.0%	0	4,851
February 2015	100.0%	0	5,105
March 2015	100.0%	0	6,031

Table 10G: Performance against the Ministerial Target for Emergency Care Waiting Times at All Emergency Care Departments (April 2008 – March 2015)

Month	% Within 4 Hours	Number Over 12 Hours	Total Attendances (New and Unplanned Review)
April 2008	91.4%	21	59,725
May 2008	92.2%	12	63,720
June 2008	91.6%	4	60,139
July 2008	92.3%	8	57,798
August 2008	92.7%	3	56,733
September 2008	91.6%	1	58,536
October 2008	90.1%	38	57,906
November 2008	88.1%	122	55,978
December 2008	83.0%	253	57,412
January 2009	83.9%	734	53,313
February 2009	84.1%	461	52,889
March 2009	83.3%	623	62,342
April 2009	83.7%	309	60,359
May 2009	85.3%	169	61,072
June 2009	88.6%	31	61,350
July 2009	88.8%	23	58,505
August 2009	87.9%	20	56,704
September 2009	87.1%	48	58,414
October 2009	85.1%	46	58,182
November 2009	83.5%	236	55,292
December 2009	80.7%	399	55,882
January 2010	80.4%	823	55,031
February 2010	82.1%	538	51,132
March 2010	79.8%	1,239	61,038
April 2010	82.5%	635	61,471
May 2010	82.8%	661	63,478
June 2010	85.6%	209	60,957
July 2010	86.1%	124	58,367
August 2010	84.7%	147	60,279
September 2010	83.1%	320	58,226
October 2010	82.3%	385	58,000
November 2010	82.3%	774	53,975
December 2010	77.8%	702	54,605
January 2011	77.5%	1,235	56,475
February 2011	76.4%	1,338	52,921
March 2011	82.0%	849	61,127
April 2011	83.6%	577	61,907
May 2011	82.2%	919	61,265
June 2011	82.5%	970	59,927
July 2011	83.5%	346	58,669
August 2011	82.7%	453	59,278
September 2011	81.3%	539	57,056
October 2011	80.1%	833	56,962
November 2011	81.3%	564	52,913
December 2011	77.6%	993	52,652
January 2012	76.6%	1,502	53,650
February 2012	73.2%	1,528	54,593
March 2012	76.0%	987	59,969

Month	% Within 4 Hours	Number Over 12 Hours	Total Attendances (New and Unplanned Review)
April 2012	78.8%	681	56,339
May 2012	78.9%	469	61,495
June 2012	80.8%	255	57,219
July 2012	82.2%	136	56,823
August 2012	82.6%	97	59,284
September 2012	81.7%	294	57,493
October 2012	80.7%	299	58,108
November 2012	78.2%	397	55,211
December 2012	75.4%	579	54,606
January 2013	76.3%	678	55,313
February 2013	74.9%	658	53,015
March 2013	71.3%	1,017	57,509
April 2013	72.1%	998	59,256
May 2013	80.1%	294	59,947
June 2013	81.5%	244	58,313
July 2013	80.1%	191	62,393
August 2013	79.7%	150	59,855
September 2013	80.3%	76	58,118
October 2013	81.0%	77	59,296
November 2013	80.1%	82	55,039
December 2013	76.3%	165	55,057
January 2014	75.6%	156	55,302
February 2014	75.0%	268	51,711
March 2014	74.8%	408	60,331
April 2014	76.7%	241	60,137
May 2014	77.1%	204	61,366
June 2014	79.0%	294	62,192
July 2014	82.1%	40	62,364
August 2014	78.6%	142	58,956
September 2014	79.5%	260	61,293
October 2014	79.3%	141	59,613
November 2014	80.5%	125	55,477
December 2014	76.7%	92	56,656
January 2015	74.8%	379	54,909
February 2015	71.4%	643	54,115
March 2015	73.7%	614	61,491

Appendix 2: Definitions & Background Notes

1. Information presented in this brief is collected monthly using an electronic patient level administrative system and the Emergency Care information return (EC1), which records all new and unplanned review attendances at emergency care departments across Northern Ireland.
2. For those departments using the Northern Ireland Regional Accident & Emergency System (NIRAES), Hospital Information Branch download patient level data on emergency care waiting times from the Regional Data Warehouse on the 8th of each month,. Information from departments, using other administrative systems to record emergency care waiting times, continues to be sourced from the aggregate EC1 return and these HSC Trusts have been instructed to generate this information on the 8th of each month.
3. The EC1 information return was introduced in April 2007 to measure a new Priorities for Action (Ministerial) target, stating that: *'From April 2007, no patient should wait longer than 12 hours in A&E and, by March 2008, 95% of patients who attend A&E should be either treated and discharged home, or admitted within four hours of their arrival in the department.'*
4. The current Ministerial target on emergency care waiting times for 2014/15 states 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 12 hours either to be treated and discharged home, or admitted.'*
5. On 6th March 2013 the UK Statistics Authority confirmed the designation of the Emergency Care Waiting Time Statistics. The letter of confirmation can be viewed at:
<http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/confirmation-of-designation-letters/letter-of-confirmation-as-national-statistics---assessment-report-153.pdf>
6. The figures detailed in this statistical release represent the total time spent in an emergency care department from arrival until admission, transfer or discharge. All new attendances and all unplanned review attendances at emergency care departments with a departure time, per calendar month are included. The figures do not include planned review attendances.
7. Time is measured from when a patient arrives at the emergency care department (time of arrival is recorded at registration or triage whichever is earlier (clock starts)) until the patient departs from the emergency care department (time of departure is defined as when the patient's clinical care episode is completed within the emergency care department (clock stops)).
8. The figures in this release relate to all patients, including pediatric patients.
9. In accordance with the Review of Public Administration, with effect from the 1st April 2007, five new integrated Health and Social Care Trusts (Belfast, Northern, South Eastern, Southern and Western) replaced the previous eighteen provider Trusts in Northern Ireland. Where appropriate, figures have been presented based on the new Trust Areas.

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

Type 1 Department	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 Department	A 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 Department	A minor injury unit 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.

Categorisation of Emergency Care Departments ¹⁶

HSC Trust	Type 1	Type 2	Type 3
Belfast	Mater		
	Royal Victoria		
	Royal Victoria (ENT & RAES)		
	RBHSC		
Northern	Antrim Area		Whiteabbey
	Causeway		Mid Ulster
South Eastern	Ulster	Lagan Valley	Ards
		Downe	Bangor
Southern	Craigavon Area		South Tyrone
	Daisy Hill		Armagh Community
Western	Altnagelvin Area		Tyrone County
	South West Acute		

11. On 2nd March 2009, Tyrone County emergency care department was reconfigured from a consultant-led treatment service (Type 2 - emergency care department) to a minor injury unit with designated accommodation for the reception of patients with minor injuries and/or illnesses (Type 3 - emergency care department). This should be taken into consideration when drawing historic comparisons between Type 2 and Type 3 emergency care departments.

¹⁶ See Appendix 2, Notes 11 – 22 for information on changes to emergency care departments.

12. On 24th May 2010, Mid Ulster and Whiteabbey emergency care departments were reconfigured from consultant-led treatment services (Type 2 - emergency care departments) to minor injury units with designated accommodation for the reception of patients with minor injuries and/or illnesses (Type 3 - emergency care departments). On this basis, figures presented in this bulletin for Type 2 emergency care departments are inclusive of all Type 2 emergency care departments and all activity within Mid Ulster and Whiteabbey emergency care departments between 1st May and 23rd May 2010. Similarly, figures presented for Type 3 emergency care departments are inclusive of all Type 3 emergency care departments and all activity within Mid Ulster and Whiteabbey emergency care departments between May 24th and May 31st 2010. This should be taken into consideration when drawing historic comparisons between Type 2 and Type 3 emergency care departments.
13. On 4th April 2011, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at the Downe Hospital resulting in the reduction of consultant-led emergency care services, from a 24 hours based service to 8am - 10pm daily, with services provided from 10pm - 8am by an enhanced GP Out of Hours (GP OOH) service. The GP OOH's provides the urgent care response supported by an appropriate handover period and the appropriate services within the hospital. After 10pm all 999 ambulances go directly to the Ulster or nearest appropriate emergency care department.
14. On 1st August 2011, the South Eastern HSC Trust introduced new temporary arrangements for the provision of emergency care services at the Lagan Valley hospital resulting in the closure of the emergency care department from 8pm to 9am daily. This is a temporary change due to a shortage of medical staff but the change is expected to be in place for a number of months.
15. On 1st November 2011, the Belfast HSC Trust closed the emergency care department at the Belfast City hospital. This is a temporary change due to a shortage of senior staff but the change is expected to be in place for the foreseeable future.
16. On 21st June 2012, the Western HSC Trust closed the Erne hospital with services (including emergency care) immediately transferred to the new South West Acute Hospital in Enniskillen.
17. On 3rd September 2012, the Southern HSC Trust closed the Minor Injuries Unit at the Mullinure hospital, with opening hours at the Armagh Community hospital Minor Injuries Unit temporarily extended to 7pm until the end of March 2013. Previously Armagh and Mullinure provided a joint 24-hour emergency care service with Armagh emergency care department operating Monday to Friday 9am - 5pm, and Mullinure emergency care department operating from 5pm - 9am on weekdays, and 24-hour on Saturday, Sunday and Bank Holidays.
18. On 16th February 2013, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at Bangor Minor Injuries Unit resulting in re-opening at weekends (9am to 5pm on Saturdays and Sundays), 10 months after they were closed due to staff shortages.

19. On 4th January 2014, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at the Downe and Lagan Valley Hospitals resulting in the reduction of consultant-led emergency care services, from a daily service, operating from 8am - 10pm and 8am - 8pm respectively, to both hospitals operating a weekday service from 8am - 8pm and closing at weekends, with the enhanced GP Out of Hours (GP OOH) service running as normal.
20. On 1st March 2014, the South Eastern HSC Trust introduced new arrangements for the temporary provision of emergency care services at Downe Hospital resulting in it re-opening as a minor injuries unit at weekends (9am to 5pm on Saturdays and Sundays), two months after the removal of weekend services due to staff shortages.
21. On 17th November 2014, the Southern HSC Trust temporarily closed the Minor Injuries Unit at Armagh Community Hospital. It is not known how long this temporary closure will be in place.
22. On 1st December 2014, the Northern HSC Trust temporarily closed the Minor Injuries Unit at Whiteabbey Hospital. It is not known how long this temporary closure will be in place.
23. Some historical figures may have been updated to reflect returns re-submitted by HSC Trusts as part of end of year validations.
24. Figures included within this document are accurate as at 23rd April 2015, any changes to these figures will be reflected in subsequent issues of this publication.
25. Between July 2008 and March 2011, the emergency care waiting times statistical bulletin was published on a monthly basis. However, from 1st April 2011 this statistical bulletin has been published on a quarterly basis, with the new quarterly publication including similar details to the previous monthly publication.
26. Provisional information on waiting times at emergency care departments in Northern Ireland is released between 15th and 18th of each month and available to view or download from the link below:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes/waitingtimes-emergency.htm>
27. The Ministerial target, for emergency care waiting times, is detailed in the schedule which is an addendum to the requirement set out in the body of the Department of Health, Social Services and Public Safety Commissioning Plan direction.
28. It should also be noted that there has been a slight change in the way waiting time information is presented for the Royal Victoria emergency care department, as we now separately report information for the Royal Victoria emergency care department and the Royal Victoria (ENT & RAES) service.

Appendix 3: Data in the publication

General guidance on using the data

The data contained in this publication detail a monthly analysis of emergency care waiting times in Northern Ireland. While seasonal impact should be minimal, it is advisable that users refer to the trend analysis provided which presents information for the previous 15 months.

Number of New and Unplanned Review Attendances at Emergency Care Departments by Length of Time Waited

Description of data

Data on the number of new and unplanned review attendances at emergency care departments in Northern Ireland by the length of time waited. New and unplanned review attendances at emergency care departments are used to describe unplanned activity at emergency care departments, 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 according to pre-specified time bands, and refers to the time waited from entering the emergency care department until the time the patient is treated and discharged or admitted to hospital (leaves emergency care department).

Data Provider

Data on emergency care waiting times is sourced from:

- (i) The Northern Ireland Accident & Emergency Administrative System (NIRAES) via a facility known as the Regional Data Warehouse and,
- (ii) Directly from HSC Trusts using the aggregate EC1 information return for the remaining emergency care departments which use the SYMPHONY/Independent administrative systems.

It should be noted that Hospital Information Branch (HIB) intend to source patient level data directly from the SYMPHONY/Independent administrative systems once they have been added to the HSC Data Warehouse facility and have been fully tested.

Data Quality Assessment

Data is solely derived from administrative systems (NIRAES/SYMPHONY/Independent); although, it should be noted that for NIRAES sites we access this information directly from the Data Warehouse, whilst sites using SYMPHONY complete the EC1 template on our behalf.

For those sites completing the EC1 information return, in-depth guidance has been provided for the recording, collection and submission of data. In addition, across all data regardless of source, variance checks are employed as an integral part of the production process with large discrepancies between the current quarter and both the previous quarter, and the corresponding quarter in the previous year, being queried with the data provider.

Guidance on using data

- Number of new and unplanned review attendances at emergency care departments – this is the number of new and unplanned review attendances at emergency care departments during each calendar month. It does not include planned review attendances.
- Lengths of time patients wait refers to the time between entering the emergency care department and being logged in at reception until leaving the emergency care department (treated and discharged or admitted to hospital). Explanatory note 7 (Appendix 2) outlines in more detail how these waiting times are measured. 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 emergency care department.
- 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 emergency care departments in Northern Ireland, i.e. Type 1, 2 or 3 departments. Explanatory note 10 (Appendix 2) outlines in more detail the three separate categories of emergency care 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 provision of services are footnoted in the body of the bulletin as appropriate and listed in the definitions and background notes (Appendix 2).

Data Comparisons with other UK Jurisdictions

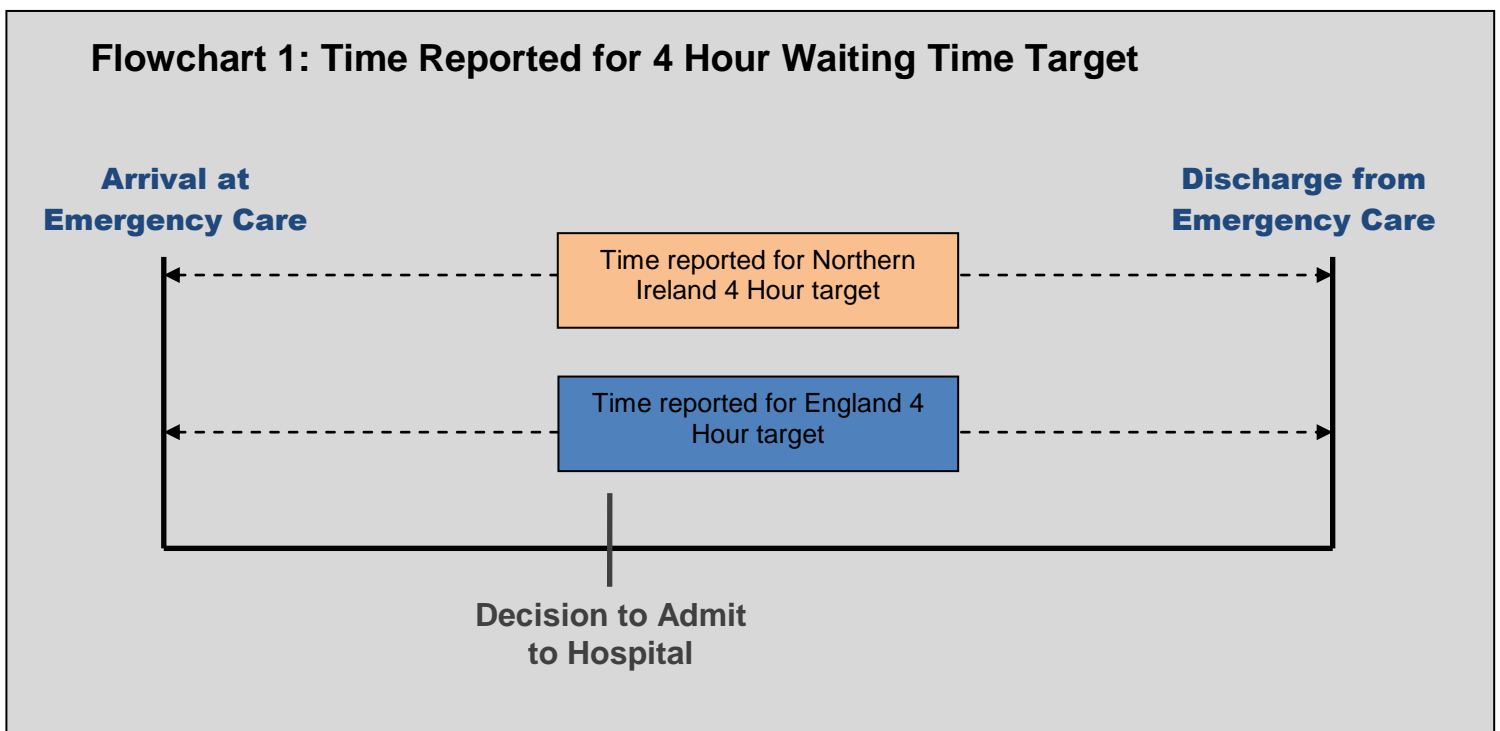
The DHSSPS are currently liaising with colleagues in England, Scotland and Wales to clarify any differences between the emergency care waiting times reported for each administration. We would therefore ask users to be cautious when making direct comparisons between Northern Ireland and other UK Jurisdictions as waiting times may not be measured in a comparable manner. It should also be noted that the way in which emergency care services are delivered differs between UK jurisdictions. This means that the number and types of patients included in the figures may differ between countries.

Preliminary discussion has identified comparability issues between Northern Ireland and England regarding the 12 hour waiting times reported in both jurisdictions. Further information on the key similarities and differences between emergency care waiting times reported in both Northern Ireland and England are detailed below.

Northern Ireland Compared with England:

4 Hour

Northern Ireland and England both have a similar 4 hour emergency care waiting time target, which monitors the total length of time patients spend in emergency care departments from arrival to discharge home, or admission (Flowchart 1). It should be noted however that whilst they measure the same time, there is a slightly different model of emergency care service provision in England to Northern Ireland. For example, England include walk in / Urgent care centres where almost all patients are seen and treated within 4 hours. This may result in England recording a higher proportion of patients treated and discharged within 4 hours.



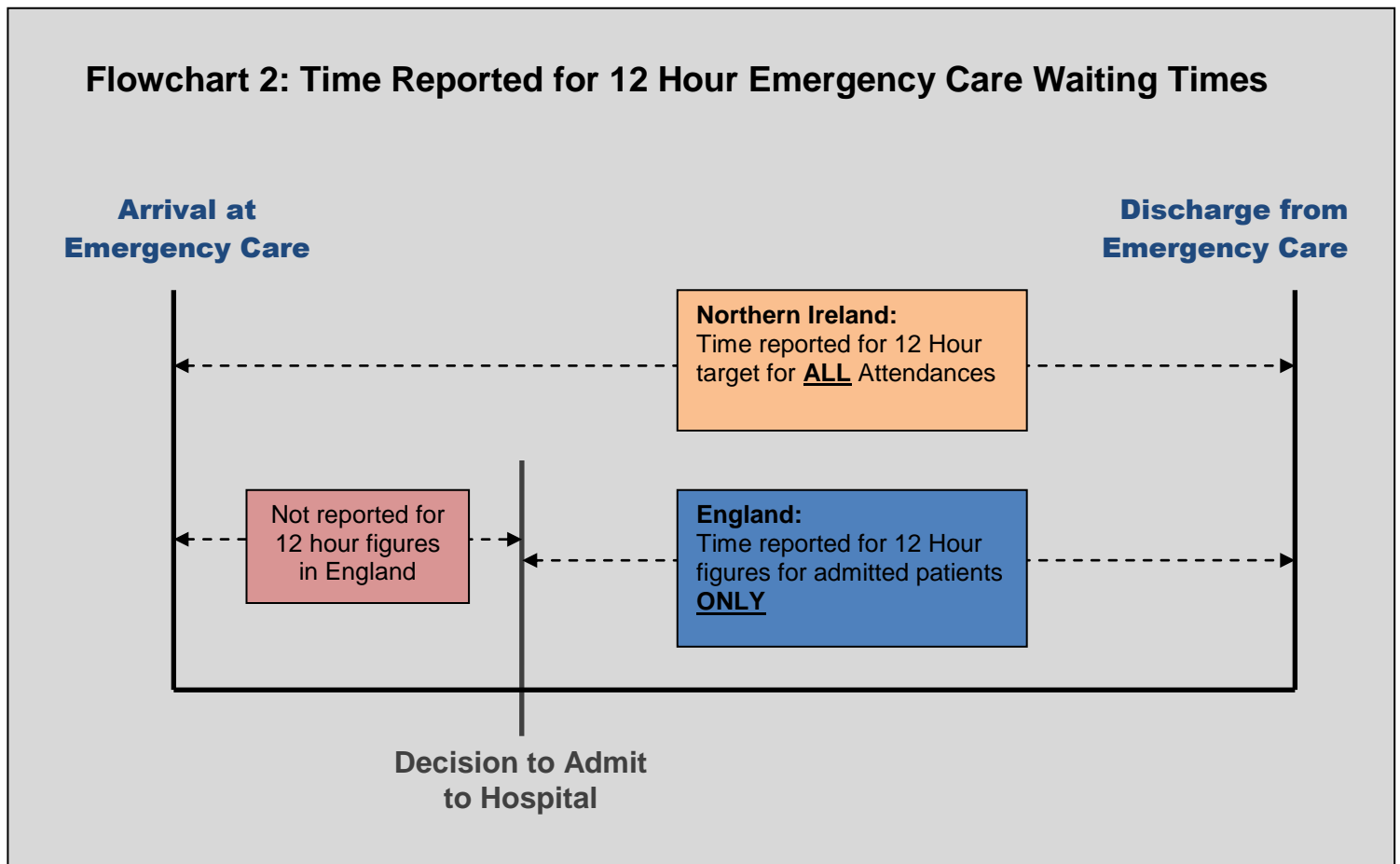
12 Hour

Although England and Northern Ireland both produce information on a 12 hour basis, this information is not equivalent and should not be compared (Flowchart 2). Comparable information to that produced in Northern Ireland is not available for England.

In Northern Ireland the 12 hour emergency care waiting time target monitors the total length of time spent in emergency care departments from arrival to discharge home, or admission for all attendances at emergency care departments.

In contrast England report the number of attendances who, having had a decision to admit, waited longer than 12 hours to be admitted to hospital. This is only part of the time waited by patients in emergency care departments and excludes the time waited between arrival and the 'Decision to Admit'. Patients who are not admitted to hospital from emergency care departments are also excluded.

With this in mind, we would strongly advise readers against making any comparisons between Northern Ireland and England on their respective 12 hour measurements.



Appendix 4: Further Information

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

Mr. Paul Stevenson

Hospital Information Branch

Information & Analysis

Directorate

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Stormont Estate

Belfast, BT4 3SQ

☎ Tel: 028 905 22504

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✉ Email: Paul.Stevenson@dhsspsni.gov.uk

This Statistical bulletin and others published by Information and Analysis Directorate are available to download from the DHSSPS Internet site at:

Internet address: <http://www.dhsspsni.gov.uk/index/statistics.htm>