

INFORMATION
ANALYSIS
DIRECTORATE



Emergency Care Waiting Time Statistics for Northern Ireland (January – March 2016)



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

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Reader Information

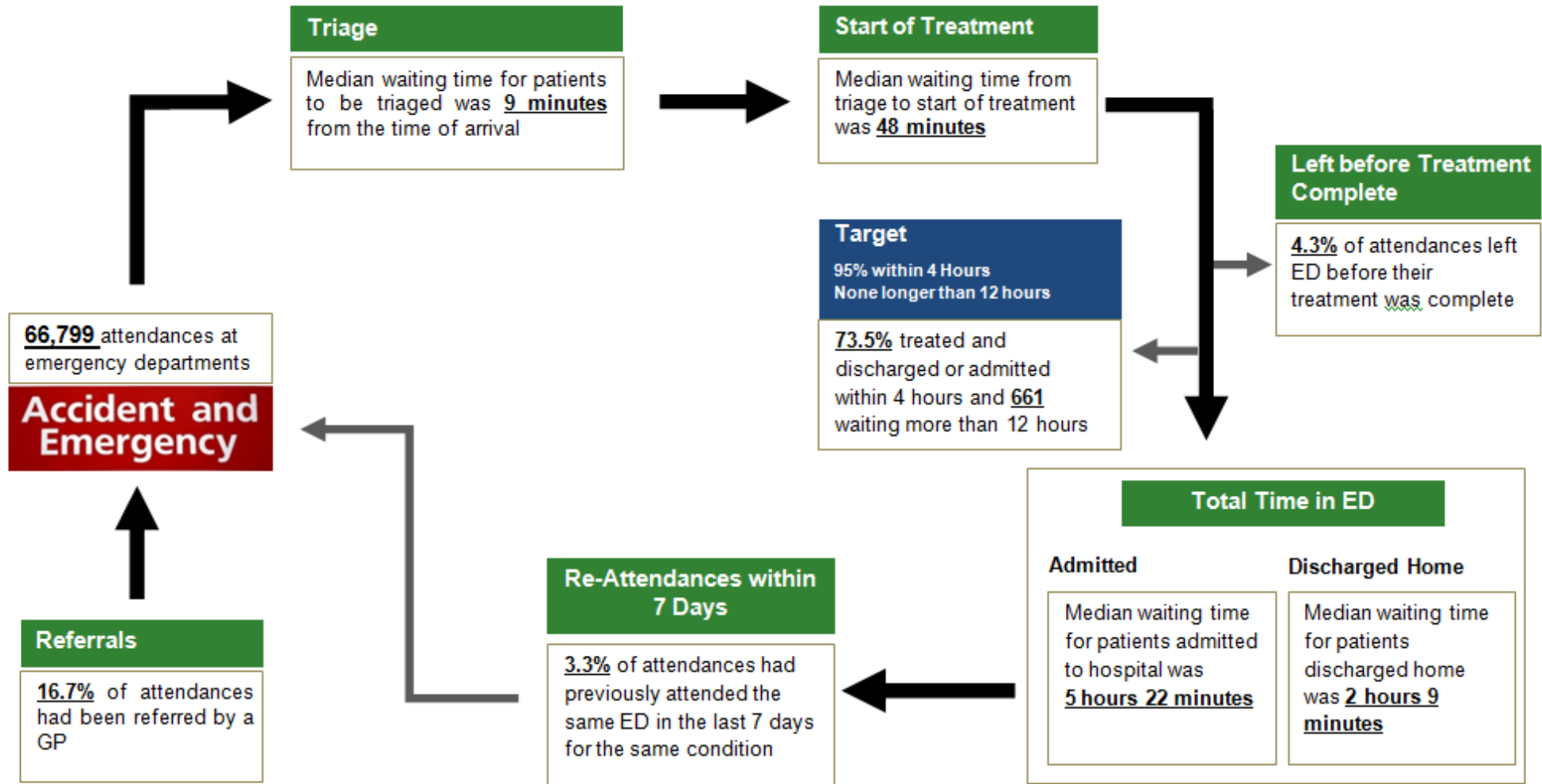
- Purpose:** This statistical release presents information on the time spent waiting in emergency care departments, for both new and unplanned review attendances in Northern Ireland. It reports on the performance of emergency care departments against the DHSSPS Ministerial target, including additional information on the clinical quality indicators set by the DHSSPS.
- Guidance:** It is recommended that readers also refer to the '*Emergency Care Waiting Time Statistics - Additional Guidance*' booklet which details the technical guidance, definitions, as well as background information and comparability of the information detailed in this statistical release. This booklet can be found at the link below:
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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. Information detailed on: time to triage, age and time of day for attendances, GP referrals, emergency admissions, left before treatment complete, time to triage, time to start of treatment, time for patients admitted and not admitted are not National Statistics. These have been published to provide users with a comprehensive view of emergency care activity and waits.
- Target Audience:** DHSSPS, Chief Executives of HSC Board and Trusts in Northern Ireland, healthcare professionals, academics, Health & Social Care stakeholders, media and general public.
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SUMMARY OF KEY FACTS (MARCH 2016)



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

How Many Attend Emergency Care Departments?

Table 1 presents information on the number of new and unplanned review attendances at emergency care departments (ED) and the number of emergency admissions to hospital in Northern Ireland during March 2016, compared with the same month last year^{1, 2}.

Table 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (March 2015 and March 2016)

New and Unplanned Review Attendances	March 2015	March 2016	Difference	
New	57,052	62,161	5,109	9.0%
Unplanned review	2,990	3,098	108	3.6%
Total Attendances	61,488	66,799	5,311	8.6%
Emergency Admissions ³	12,589	12,710	121	1.0%

Source: Regional Data Warehouse

- Total attendances at ED increased by 8.6% (5,311) when compared with March 2015, from 61,488 in March 2015 to 66,799 in March 2016, the highest number of attendances recorded in any month since this information collection began in 2008 (Table 1, Table 8A).
- The number of new attendances increased by 9.0% (5,109) when compared with March 2015, from 57,052 in March 2015 to 62,161 in March 2016 (Table 1, Table 8A)
- Between March 2015 and March 2016, unplanned review attendances increased by 3.6% (108) (Table 1, Table 8A).
- Emergency admissions to hospital did not increase to the same level as ED attendances with a 1.0% (121) increase between March 2015 (12,589) and March 2016 (12,710) (Table 1, Table 8A).

¹ Information for January, February and March 2016 is detailed in Appendix 5, Table 8A.

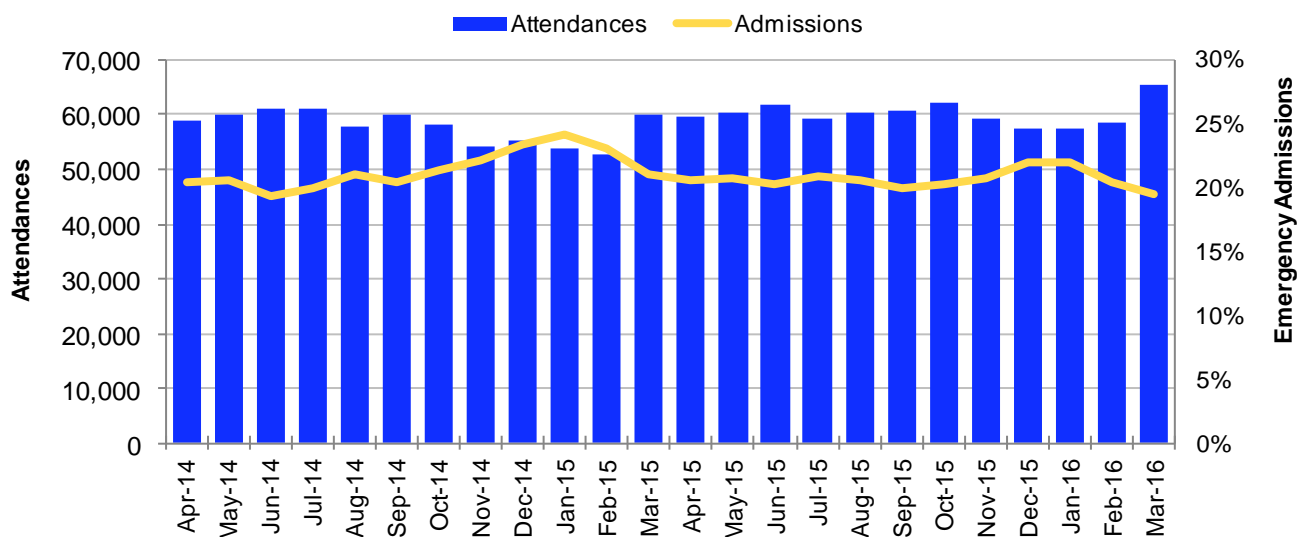
² Data on emergency admissions are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

³ Emergency Admissions (admissions via ED) information 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.

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 admissions⁴ to hospital each month, from April 2014.

Figure 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (April 2014 – March 2016)



- The percentage of ED attendances admitted to hospital was highest during December and January and lowest during the summer months during each year (Figure 1).
- During both 2014/15 and 2015/16, the percentage of ED attendances admitted to hospital increased each month from September to January and declined sharply in February and March to normal levels thereafter (Figure 1).

⁴ Data on emergency admissions are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

Which Emergency Departments Did People Attend?

Table 2 details a summary of the number of new and unplanned review attendances at each Type 1 ED during March 2016 and the same month last year. It also details the total number of attendances at Type 2 and 3 ED's during this period ⁵.

Table 2: Attendances at Emergency Care Departments (March 2015 and March 2016)

Department	New Attendances		Unplanned Review Attendances		Total Attendances	
	Mar-15	Mar-16	Mar-15	Mar-16	Mar-15	Mar-16
Mater	4,053	4,093	105	131	4,158	4,224
Royal Victoria	6,880	7,583	350	267	7,230	7,850
RBHSC	3,090	3,259	200	316	3,290	3,575
Antrim Area	6,259	6,804	250	314	6,509	7,118
Causeway	3,241	3,644	326	309	3,567	3,953
Ulster	7,195	7,740	197	231	7,392	7,971
Craigavon Area	6,553	6,820	474	385	7,027	7,205
Daisy Hill	3,753	4,386	267	232	4,020	4,618
Altnagelvin Area	4,489	5,198	285	340	4,774	5,538
South West Acute	2,486	2,799	136	193	2,622	2,992
Type 1	47,999	52,326	2,590	2,718	50,589	55,044
Type 2	3,307	3,783	115	152	4,868	5,475
Type 3	5,746	6,052	285	228	6,031	6,280
Northern Ireland ⁶	57,052	62,161	2,990	3,098	61,488	66,799

Source: Regional Data Warehouse

- Attendances increased at all ED Types between March 2015 and March 2016 (Table 2, Table 8A).
- The Ulster (7,971) and the Royal Victoria (7,850) were the busiest ED's during March 2016 (Table 2, Table 8A).
- Altnagelvin Area (764) and the Royal Victoria (620) reported the highest increase in the number of total attendances in March 2016, compared with March 2015 (Table 2, Table 8A).

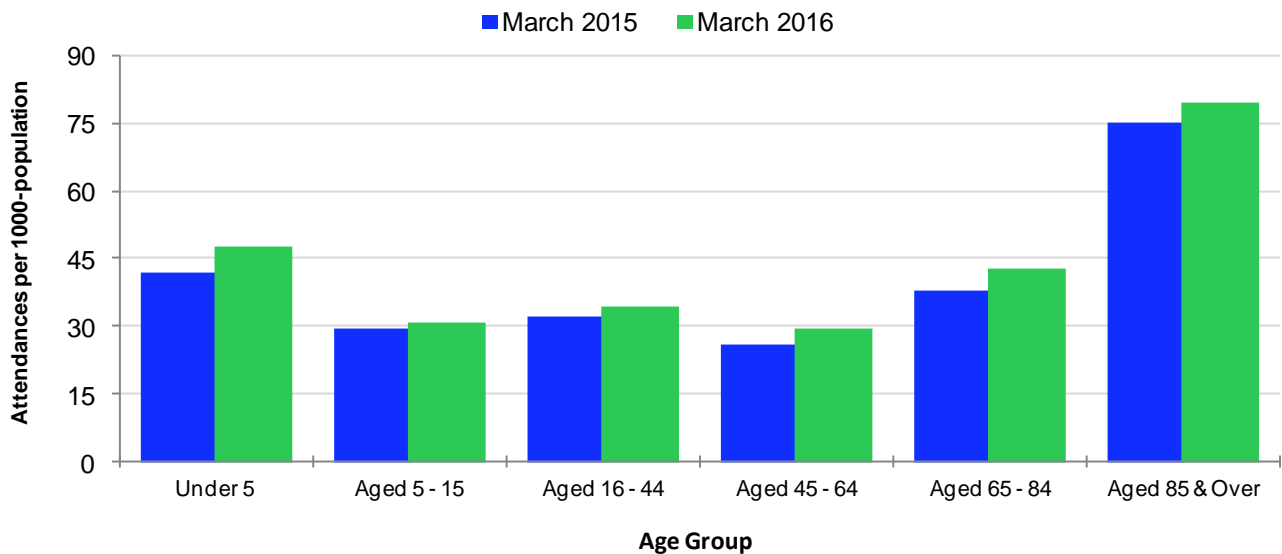
⁵ Information for January, February and March 2016 is detailed in Appendix 5, Table 8A.

⁶ New and unplanned reviews will not sum to the total attendances in Table 2, as the total attendance figure includes attendances at the RVH (ENT & RAES), and it is not currently possible to collect detailed information for the RVH (ENT & RAES) services.

Who Attends Emergency Departments?

Figure 2 presents information on the number of attendances at ED's per 1000-population, broken down by the age group of those attending^{7, 8}.

Figure 2: Attendances at Emergency Care Departments per 1,000-population, by Age Group (March 2015 and March 2016)^{9, 10}



- During both March 2015 and March 2016, the highest number of attendances per 1000-population was recorded for those aged 85 & over (75 and 80 respectively) (Figure 2, Table 8I).
- An increase in the rate of attendances per 1,000-population was recorded in all age groups between March 2015 and March 2016 (Figure 2, Table 8I).
- A high number of attendances per 1000-population aged under 5 was also recorded in both March 2015 and March 2016 (42 and 48 respectively) (Figure 2, Table 8I).
- The lowest number of attendances per 1000-population was recorded in the aged 45 – 64 age group during March 2015 and March 2016 (26 and 29 respectively) (Figure 2, Table 8I).

⁷ Information for January, February and March 2016 is detailed in Appendix 5, Table 8G.

⁸ 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.

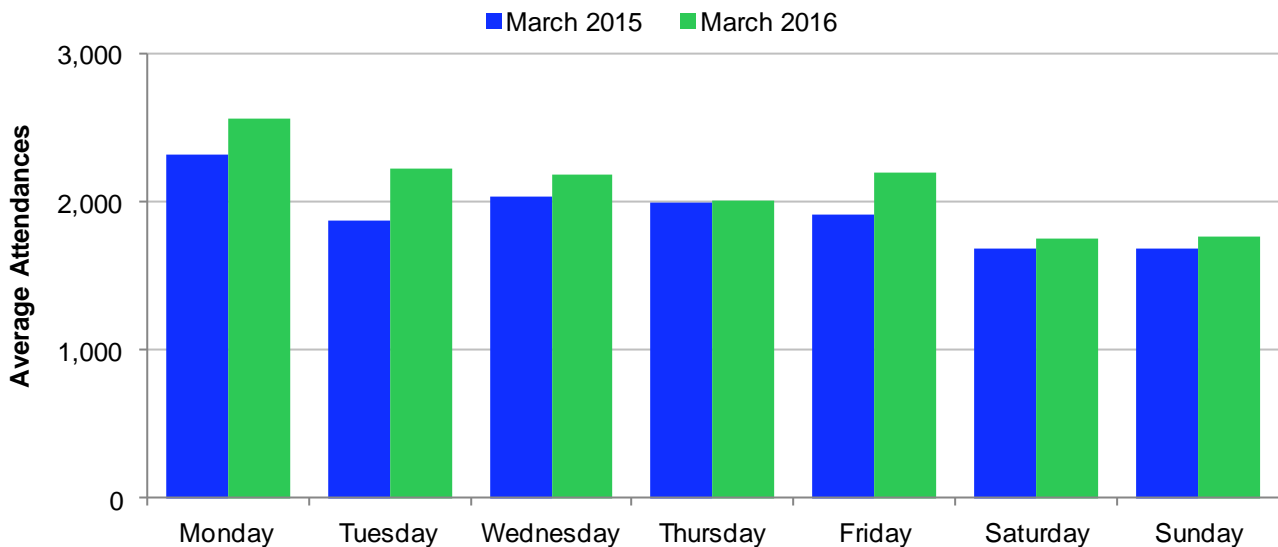
⁹ Excludes cases where the DOB could not be determined.

¹⁰ Based on NISRA 2014 mid-year population estimate which was published on 4th June 2015.

When Do People Attend Emergency Care Departments?

Figure 3 presents information on the average number of new and unplanned review attendances at ED's by day of the week during March 2016, compared with March 2015^{11,12}.

Figure 3: Average Number of Attendances at Emergency Care Departments by Day of Week (March 2015 and March 2016)



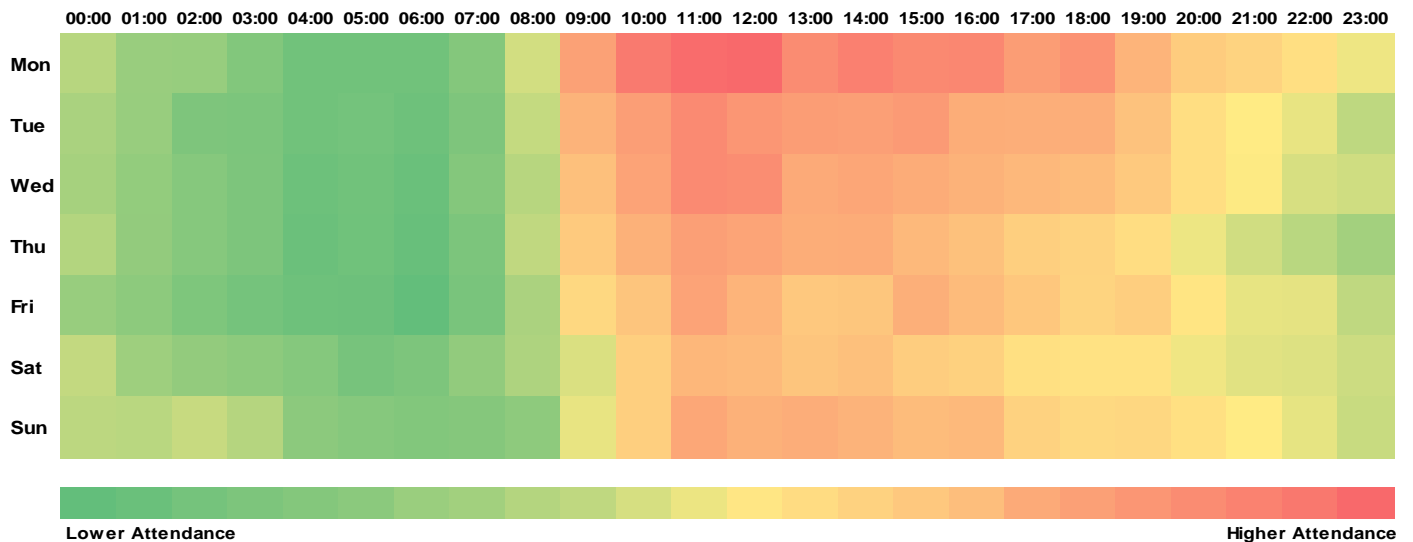
- The average number of attendances at ED increased on each week day in March 2016, compared with March 2015 (Figure 3, Table 8J).
- Overall, Monday was the busiest day at ED's during both March 2015 and March 2016, with on average over 2,200 daily attendances each month (Figure 3, Table 8J).
- The largest increase in average daily attendances was on a Tuesday between March 2015 and March 2016 (1,878 and 2,232 respectively) (Figure 3, Table 8J).
- The lowest average numbers of daily attendances were on a Saturday and Sunday in both months (Figure 3, Table 8J).

¹¹ Information for January, February and March 2016 is detailed in Appendix 5, Table 8H.

¹² Data on when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

Figure 4 presents information on the number of new and unplanned review attendances during each day of the week and hour of the day in March 2016¹³. The time shown refers to the hour of arrival, for example 12:00 are those patients who arrived between 12:00pm (noon) and 12:59pm.

Figure 4: Heat Map of Emergency Care Attendances by Day and Time (March 2016)



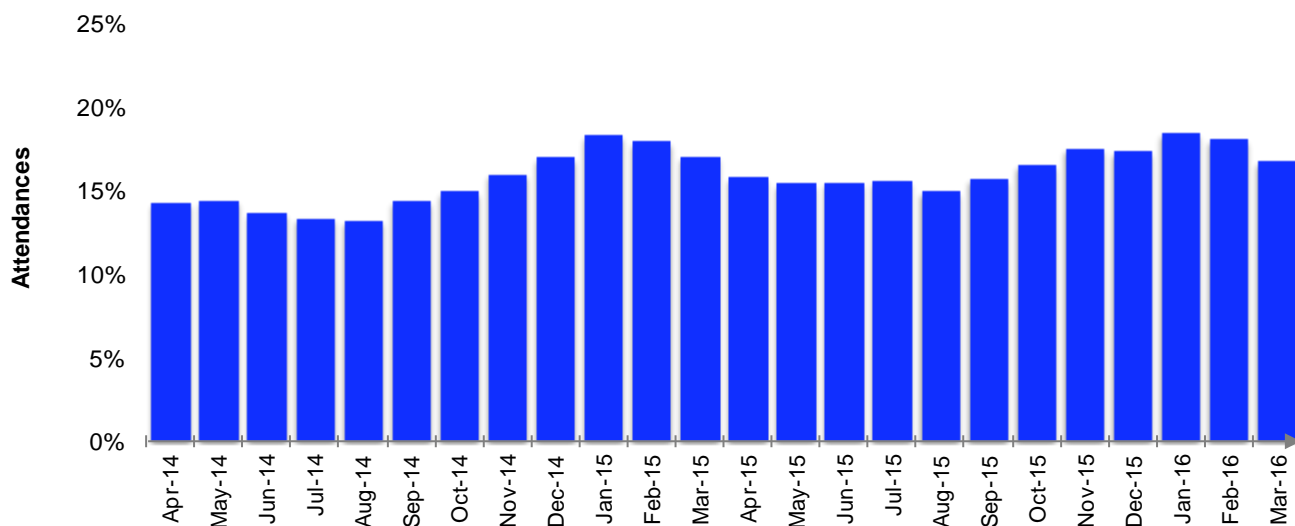
- Monday was the busiest day of the week during March 2016, with the highest number of attendances arriving between 10:00am and 12:59pm (Figure 4).
- Saturday was the least busy day during March 2016, with the highest number of attendances arriving between 11:00am and 11:59am (Figure 4).
- Overall, the busiest hour of the day during March 2016 was between 11am and 11:59pm, whilst the least busiest hour was 6:00am to 6:59am (Figure 4).

¹³ 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.

How Many Attendances Were Referred by a GP?

Figure 5 presents information on the percentage of GP referrals against Attendances at Emergency Care Departments, from April 2014¹⁴,¹⁵.

Figure 5: Number of Attendances at Emergency Care Departments Referred by a GP (April 2014 - March 2016)



- One in six (16.7%) attendances at ED's in March 2016 had been referred by a GP, slightly less than March 2015 (17.0%) (Figure 5, Table 8C).
- Type 1 ED's reported the highest percentage of attendances referred by a GP (18.6%) during March 2016, 0.5 percentage points lower than March 2015 (19.1%) (Figure 5, Table 8C).
- One quarter (25.2%) of attendances at the Ulster had been referred by a GP during March 2016, compared with 12.9% of attendances in Altnagelvin Area (Figure 5, Table 8C).
- The percentage of attendances referred by a GP is usually highest between December and March, and lowest between June and August (Figure 5, Table 8C).

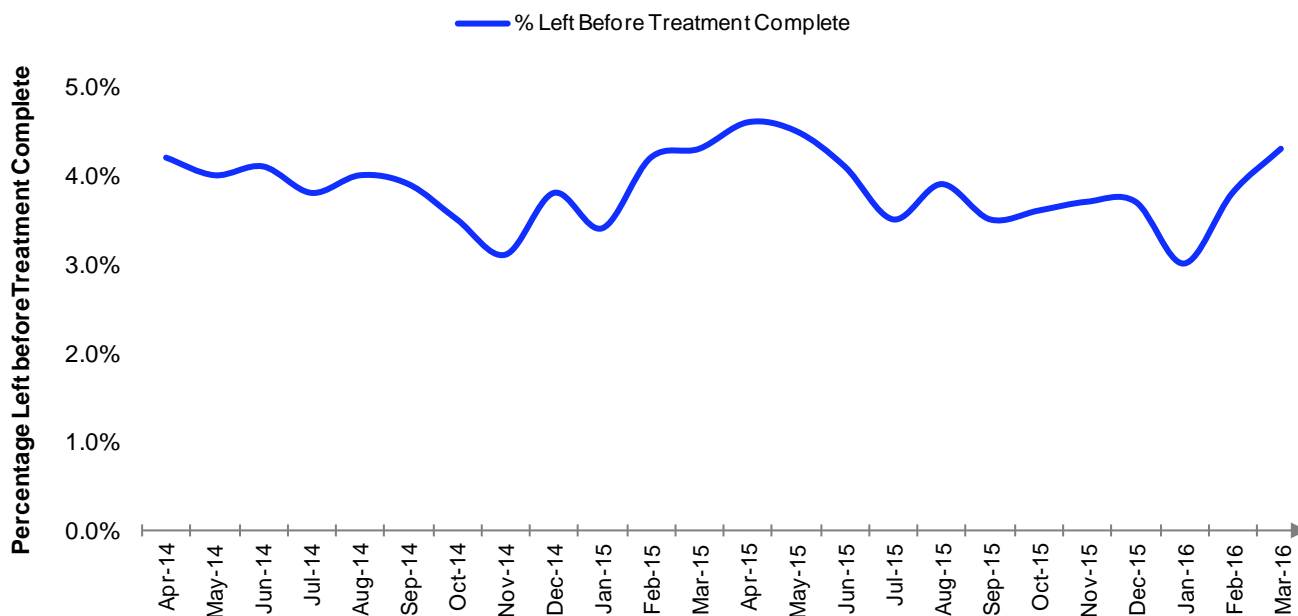
¹⁴ Information for January, February and March 2016 is detailed in Appendix 5, Table 8C.

¹⁵ Data on referrals to ED by GP's are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

Do Patients Leave ED Before Their Treatment is Complete?

Figure 6 presents information on the proportion of attendances which left an ED before their treatment was complete, from April 2014^{16, 17}.

Figure 6: Percentage of Attendances Leaving the Emergency Care Department before their Treatment was Complete (April 2014 - March 2016)



- During March 2016, 4.3% of all ED attendances left before their treatment was complete, similar to the proportion in March 2015 (Figure 5, Table 8C).
- Type 1 (4.9%) ED's reported the highest percentage of patients leaving before their treatment was complete in March 2016, with 2.2% reported for Type 2 ED's and 0.6% for Type 3 ED's (Figure 5, Table 8C).
- The Royal Victoria (8.3%) reported the highest percentage of attendances leaving an ED before their treatment was complete during March 2016, slightly higher than March 2015 (7.2%) (Figure 5, Table 8C).
- During each of the last two years, the percentage of attendances leaving an ED before their treatment was complete was highest in April (Figure 5, Table 8C).

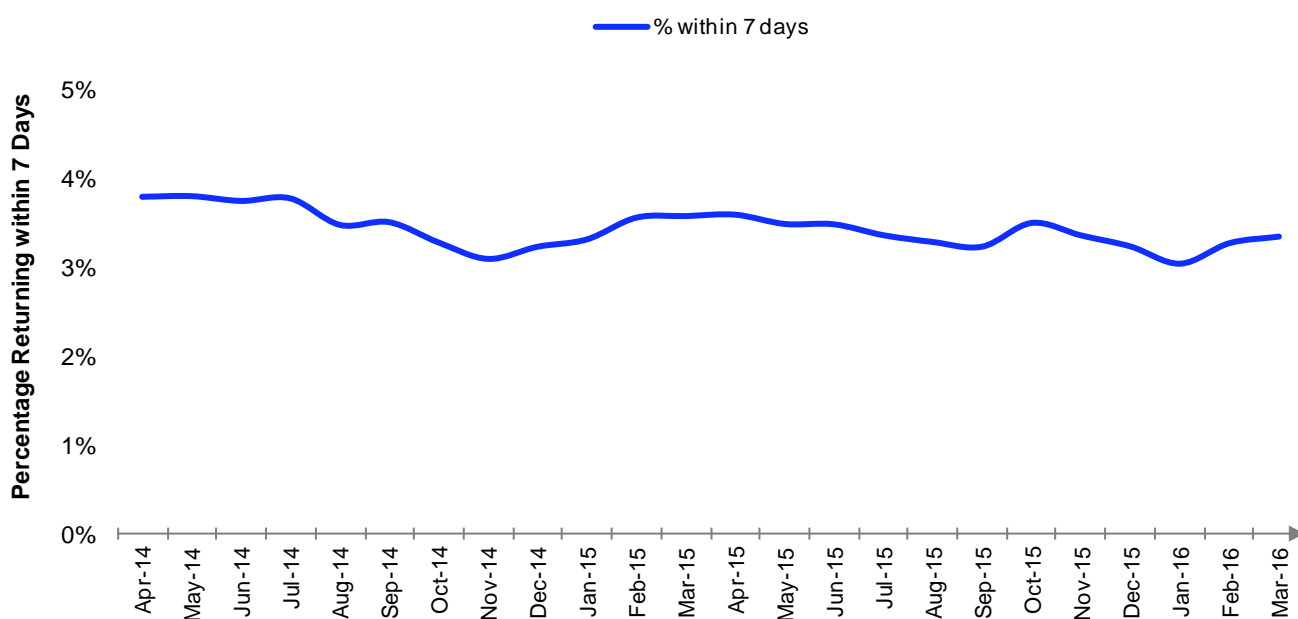
¹⁶ Information for January, February and March 2016 is detailed in Appendix 5, Table 8C.

¹⁷ Data on those leaving ED before their treatment was complete are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

How Many Patients Re-attend ED's within a Week?

Figure 7 presents information on the percentage of unplanned review attendances at ED's within 7 days of their original attendance for the same condition during each of the last two years^{18, 19}.

Figure 7: Percentage of Re-attendances at Emergency Care Departments within 7 Days (April 2014 - March 2016)



- Almost 3.0% of attendances during March 2016 had previously attended the same ED within 7 days of their original attendance for the same condition, similar to March 2015 (Figure 6, Table 8C).
- The South West Acute (6.2%) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during March 2016 (Figure 6, Table 8C).
- The percentage of unplanned review attendances at ED's within 7 days of the original attendance has changed slightly over the last two years, fluctuating between 3.0% and 4.0% of the total number of ED attendances (Figure 6, Table 8C).

¹⁸ Information for January, February and March 2016 is detailed in Appendix 5, Table 8C.

¹⁹ Data on re-attendances within 7 days are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

How Long Do Patients Spend in ED?

This section describes the various data available to measure the length of time patients spend in 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 patients triage by a medical professional for all attendances.

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

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

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

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

Emergency Care Waiting Times Target

The current Ministerial target on emergency care waiting times in Northern Ireland for 2015/16 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.'

How are ED's Performing?

Table 3 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 hospital²⁰.

Table 3: Performance against Emergency Care Waiting Times Target (March 2015 & 2016)

Percentage within 4 Hours	March 2015	March 2016	Difference	
			No.	% pt
Type 1	69.7%	68.6%	-	-1.1
Type 2	92.0%	92.3%	-	0.3
Type 3	100.0%	99.9%	-	-0.1
All Departments	73.7%	73.5%	-	-0.2
Number Over 12 Hours	March 2015	March 2016	Difference	
			No.	%
Type 1	610	661	51	8.4%
Type 2	3	5	2	-
Type 3	0	0	0	-
All Departments	613	666	53	8.6%
New and Unplanned Review Attendances	March 2015	March 2016	Difference	
			No.	%
Type 1	50,589	55,044	4,455	8.8%
Type 2	4,868	5,475	607	12.5%
Type 3	6,031	6,280	249	4.1%
All Departments	61,488	66,799	5,311	8.6%

Source: Regional Data Warehouse

- In March 2016, 73.5% of ED attendances were treated and discharged, or admitted within 4 hours of their arrival, slightly less than March 2015 (73.7%) (Table 3, Table 8B & Table 8K).
- During March 2016, over two thirds (68.6%) of attendances at Type 1 ED's were treated and discharged, or admitted within 4 hours of their arrival, compared with 92.3% at Type 2 ED's and 99.9% at Type 3 ED's (Table 3, Table 8B & Table 8K).
- Between March 2015 and March 2016, performance against the 12 hour target declined from 613 to 666 (Table 3, Table 8B & Table 8K).
- Almost all patients waiting longer than 12 hours had attended a Type 1 ED in both months.
- Whilst, performance against both the 4 and 12 hour targets declined slightly over the last year, ED's experienced an 8.6% increase in the number of attendances during this time (61,488 in March 2015 to 66,799 in March 2016) (Table 3, Table 8B & Table 8K).

²⁰ Further breakdown of ED's can be found in Appendix 5: Table 8B & Table 8K.

Table 4 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 2016 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.

Table 4: Performance against Emergency Care Waiting Times Target at Type 1 ED's (March 2015 and March 2016) ²¹

Department	4-Hour Performance		12-Hour Performance		Total Attendances	
	Mar-15	Mar-16	Mar-15	Mar-16	Mar-15	Mar-16
Mater	62.4%	79.2%	91	22	4,158	4,224
Royal Victoria	56.7%	58.4%	221	49	7,230	7,850
RBHSC	89.4%	84.2%	0	0	3,290	3,575
Antrim Area	57.2%	61.3%	194	297	6,509	7,118
Causeway	68.5%	65.1%	0	0	3,567	3,953
Ulster	71.0%	68.5%	97	231	7,392	7,971
Craigavon Area	74.7%	67.9%	1	8	7,027	7,205
Daisy Hill	79.2%	78.8%	0	2	4,020	4,618
Altnagelvin Area	67.6%	65.8%	5	34	4,774	5,538
South West Acute	80.7%	75.4%	1	18	2,622	2,992
Type 1	69.7%	68.6%	610	661	50,589	55,044
Type 2	92.0%	92.3%	3	5	4,868	5,475
Type 3	100.0%	99.9%	0	0	6,031	6,280
Northern Ireland	73.7%	73.5%	613	666	61,488	66,799

Source: Regional Data Warehouse

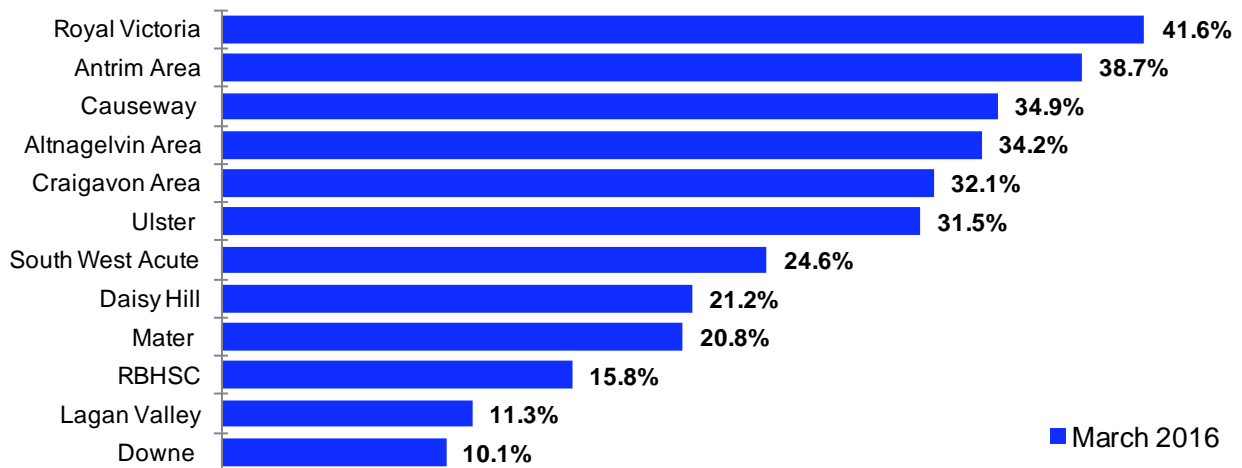
- During March 2016, the RBHSC (84.2%) reported the highest performance of Type 1 ED's against the 4 hour target whilst the Royal Victoria (58.4%) reported the lowest performance (Table 4, Table 8B).
- Two Type 1 ED's (RBHSC and Causeway) achieved the 12-hour component of the target during March 2016 (Table 4, Table 8B).
- The Royal Victoria reported the largest improvement in 12-hour performance (172), from 221 in March 2015 to 49 in March 2016 (Table 4, Table 8B).
- Between March 2015 and March 2016, performance against the 12 hour target declined notably at both the Ulster (97 to 231 respectively) and Antrim Area (194 to 297 respectively) (Table 4, Table 8B).
- The Ulster, whilst having the highest number of patients waiting longer than 12 hours in March 2016, also reported the highest number of attendances in this period of which less than a third waited longer than 4 hours to be treated and discharged, or admitted to hospital (Table 4, Table 8B).

²¹ Information for January, February and March 2016 is detailed in Appendix 5: Table 8B & Table 8K.

How Many ED Attendances Waited Over 4 Hours?

Figure 8 presents information on the percentage of attendances at ED's which waited longer than 4 hours in ED to be treated and discharged, or admitted to hospital ²².

Figure 8: Percentage of Attendances Waiting Longer than Four Hours in Emergency Care Departments (March 2016)



- Almost two fifths of attendances at Royal Victoria (41.6%) and Antrim Area (38.7%) waited longer than 4 hours to be treated and discharged, or admitted to hospital during March 2016 (Figure 8, Table 8K).

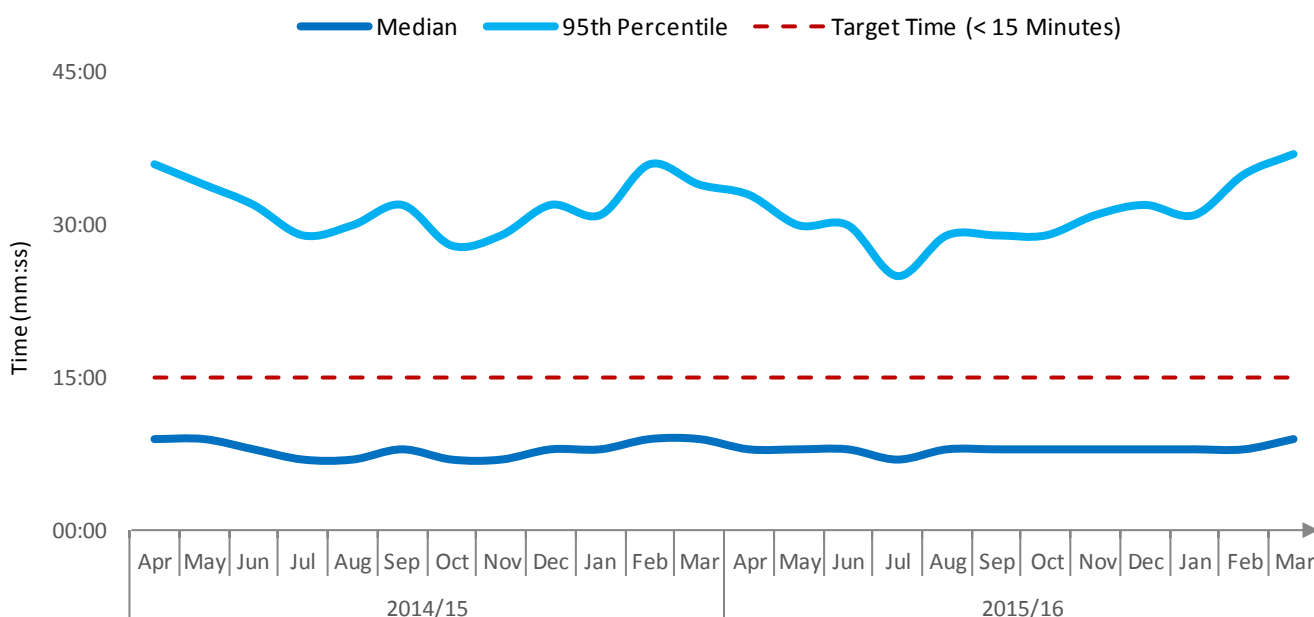
²² Information for January, February and March 2016 is detailed in Appendix 5: Table 8A & Table 8K.

How Long Did Patients Wait to be Triage?

Figure 9 details the length of time patients wait from the time of their arrival at an ED to their triage (initial assessment) by a medical practitioner, which includes a brief history, pain and early warning scores, for all patients²³.

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 9: Time from Arrival to Triage (April 2014 - March 2016) ²⁴



- During March 2016, the median waiting time from arrival to triage was 9 minutes, similar to time taken in March 2015 (Figure 9, Table 8D).
- 95 per cent of patients were triaged within 37 minutes of their arrival at an ED in March 2016, slightly longer than March 2015 (34 minutes). The slight increase in the time taken to triage 95 per cent of patients may in part be due to the 8.6% increase in the number of patients attending ED's during this period (Figure 9, Table 8D).
- Almost three quarters (72.6%) of attendances were triaged within 15 minutes of their arrival at an ED during March 2016, slightly lower than March 2015 (74.9%).

²³ 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.

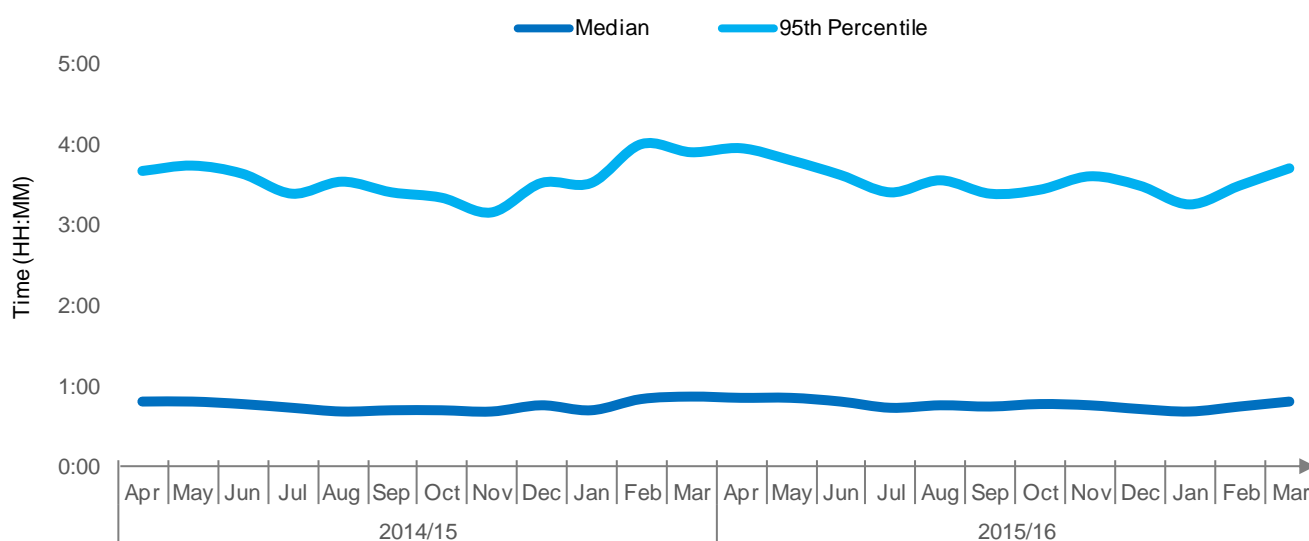
²⁴ Additional information on time to triage is detailed in Appendix 5: Table 8D.

How Long Did Patients Wait for Their Treatment to Start?

Figure 10 shows information on the length of time patients wait for their treatment to start following triage (initial assessment) by a medical practitioner. The start of treatment is referred to the beginning of a definitive treatment by a decision-making clinician²⁵.

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 patient's commenced treatment.

Figure 10: Time from Triage to Start of Treatment (April 2014 - March 2016) 26



- The median waiting time from triage to start of treatment in March 2016 was 48 minutes, a slight improvement on the time taken in March 2015 (52 minutes) (Figure 10, Table 8E).
- During March 2016, 95 per cent of patients commenced their treatment within 3 hours 42 minutes of being triaged in an ED, a slight improvement from March 2015 (3 hours 54 minutes) (Figure 10, Table 8E).
- Almost four in five (79.4%) patients attending ED's commenced their treatment within 2 hours of being triaged.

²⁵ 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.

²⁶ Additional information on time to triage is detailed in Appendix 5: Table 8E.

What is the Waiting Time for Treatment to Start at Type 1 ED's?

Table 5 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 2016 compared with March 2015 ²⁷.

Table 5: Time from Triage to Start of Treatment (March 2015 and March 2016) ²⁸

Department	Median		95 th Percentile	
	Mar-15	Mar-16	Mar-15	Mar-16
Mater	1:17	0:42	5:03	3:42
Royal Victoria	1:11	1:04	4:36	4:54
RBHSC	0:48	1:08	2:37	3:18
Antrim Area	1:27	1:32	5:06	4:41
Causeway	0:39	0:59	3:50	4:30
Ulster	0:51	0:47	3:09	3:24
Craigavon Area	1:18	1:15	3:46	3:44
Daisy Hill	1:08	0:58	3:35	3:23
Altnagelvin Area	1:14	0:54	3:46	3:16
South West Acute	0:31	0:26	2:32	2:24
Type 1	1:04	0:58	4:07	3:55
Type 2	0:40	0:34	2:37	2:14
Type 3	0:05	0:04	0:42	0:47
Northern Ireland	0:52	0:48	3:54	3:42

Source: Regional Data Warehouse

- The median time waited from triage to the start of treatment by a medical professional was 58 minutes at Type 1 ED's during March 2016, an improvement of 6 minutes when compared with March 2015 (Table 5, Table 8E).
- Antrim Area reported the longest median waiting time (1 hour 32 Minutes) from triage to start of treatment during March 2016, whilst South West Acute (26 minutes) reported the shortest median waiting time (Table 5, Table 8E).
- The Royal Victoria reported the longest waiting time between triage and start of treatment, with 95 per cent of attendances commencing treatment within 4 hours and 54 minutes of being triaged (Table 5, Table 8E).
- South West Acute reported the shortest time to start of treatment, with 95 per cent of attendances commencing treatment within 2 hours 24 minutes of being triaged during March 2016 (Table 5, Table 8E).

²⁷ 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.

²⁸ Information for January, February and March 2016 is detailed in Appendix 5, Table 8E.

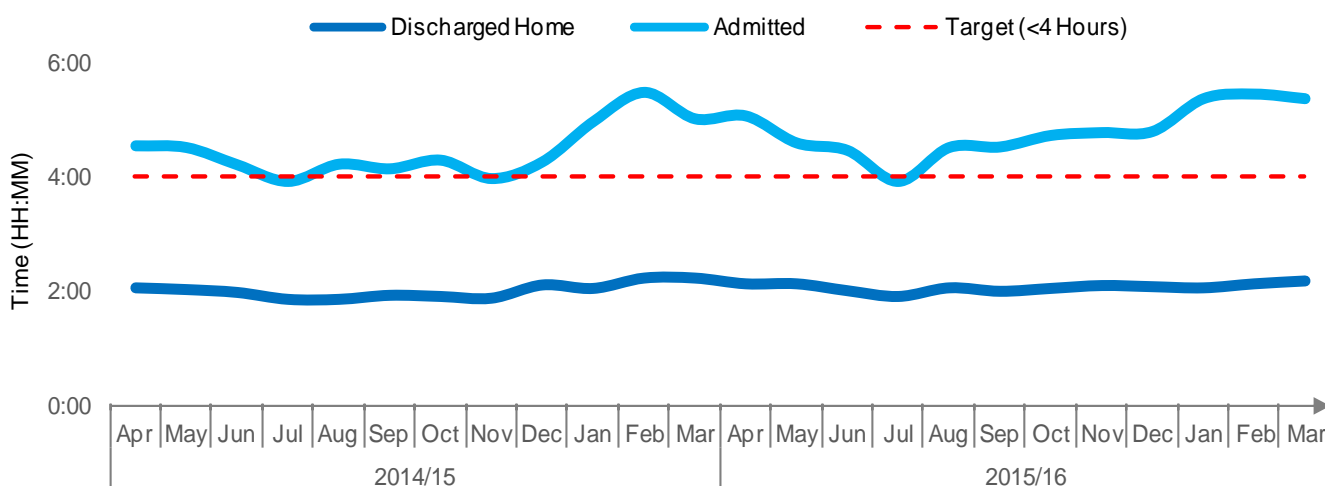
Do Patients Admitted Spend Longer in ED than Those Discharged Home?

Information detailed in Tables 6 and 7 indicates that patients admitted to hospital generally spend a longer period of time in an ED than those discharged home.

During March 2016, the median time spent in an ED for patients admitted to hospital was 5 hours 22 minutes compared with 2 hours 9 minutes for those discharged home (Table 6 and Figure 11)²⁹.

Analysis of the 95th percentiles for the length of time spent in an ED for those admitted and discharged home indicates that in March 2016, 95 per cent of patients admitted to hospital spent almost twice as long in an ED (11 hour 52 minutes) than those discharged home (6 hours 10 minutes) (Table 7 and Figure 11).

Figure 11: Median Time Spent in an Emergency Care Department for those (i) Admitted to Hospital and (ii) Discharged Home (April 2014 and March 2016)³⁰



²⁹ 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.

³⁰ Further breakdown of ED's can be found in Appendix 5, Table 8E.

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

Table 6 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.

Table 6: Total Time Spent in an Emergency Care Department for those Admitted to Hospital (March 2015 and March 2016) ³¹

Department	Median		95 th Percentile	
	Mar-15	Mar-16	Mar-15	Mar-16
Mater	6:43	4:03	14:22	10:52
Royal Victoria	6:49	5:46	14:19	11:25
RBHSC	3:13	3:25	6:46	7:04
Antrim Area	6:45	7:10	16:55	20:03
Causeway	5:52	6:03	11:01	10:52
Ulster	5:25	5:32	11:52	16:31
Craigavon Area	3:58	5:30	8:34	11:30
Daisy Hill	3:54	4:28	8:15	10:04
Altnagelvin Area	5:23	6:40	10:12	11:40
South West Acute	3:51	4:22	7:33	9:25
Type 1	5:07	5:29	11:52	11:55
Type 2	3:53	3:58	8:00	8:26
Type 3	0:19	0:23	1:40	1:40
Northern Ireland	5:01	5:22	11:51	11:52

Source: Regional Data Warehouse

- The median time spent in a Type 1 ED for patients admitted to hospital was 5 hours 29 minutes in March 2016, 22 minutes longer than the same month last year (Table 6 and Figure 9).
- Antrim Area reported the longest median time spent in an ED (7 hours 10 minutes) from arrival to admission to hospital, whilst RBHSC reported the shortest median time of 3 hours 25 minutes (Table 6 and Figure 9).
- 95 per cent of patients were admitted to hospital within 11 hours 55 minutes of arrival at all Type 1 departments during March 2016 (Table 6 and Figure 9).
- Antrim Area reported that 95 per cent of attendances were admitted to hospital within 20 hours and 3 minutes of their arrival during March 2016, 3 hours and 8 minutes longer than March 2015 (Table 6 and Figure 9).

³¹ Information for January, February and March 2016 is detailed in Appendix 5, Table 8F.

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

Table 7 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**.

Table 7: Total Time Spent in Emergency Care Departments for those Discharged Home (March 2015 and March 2016) ³²

Department	Median		95 th Percentile	
	Mar-15	Mar-16	Mar-15	Mar-16
Mater	2:55	2:18	6:52	5:45
Royal Victoria	3:10	3:06	7:49	8:21
RBHSC	2:07	2:25	4:28	5:07
Antrim Area	3:03	2:49	8:24	7:39
Causeway	2:03	2:28	6:31	6:46
Ulster	2:10	2:10	5:37	5:54
Craigavon Area	2:37	2:34	5:43	5:55
Daisy Hill	2:15	2:07	5:22	5:10
Altnagelvin Area	2:40	2:37	6:07	6:13
South West Acute	2:04	2:16	5:01	5:40
Type 1	2:34	2:31	6:31	6:29
Type 2	1:50	1:41	4:26	4:05
Type 3	0:35	0:33	1:35	1:35
Northern Ireland	2:12	2:09	6:09	6:10

Source: Regional Data Warehouse

- The median time spent in a Type 1 ED by patients who were discharged home (not admitted) was 2 hours 31 minutes in March 2016, similar to the time spent in an ED during the same month last year (2 hours 34 minutes) (Table 7 and Figure 9).
- In March 2016, 95 per cent of attendances were discharged home within 6 hours 29 minutes of their arrival at the Type 1 ED, similar to the time spent in an ED in March 2015 (6 hours 31 minutes) (Table 7 and Figure 9).

³² Information for January, February and March 2016 is detailed in Appendix 5, Table 8G.

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 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 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 to view or download at the following link:

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

Appendix 2: Types of Emergency Care Department in Northern Ireland

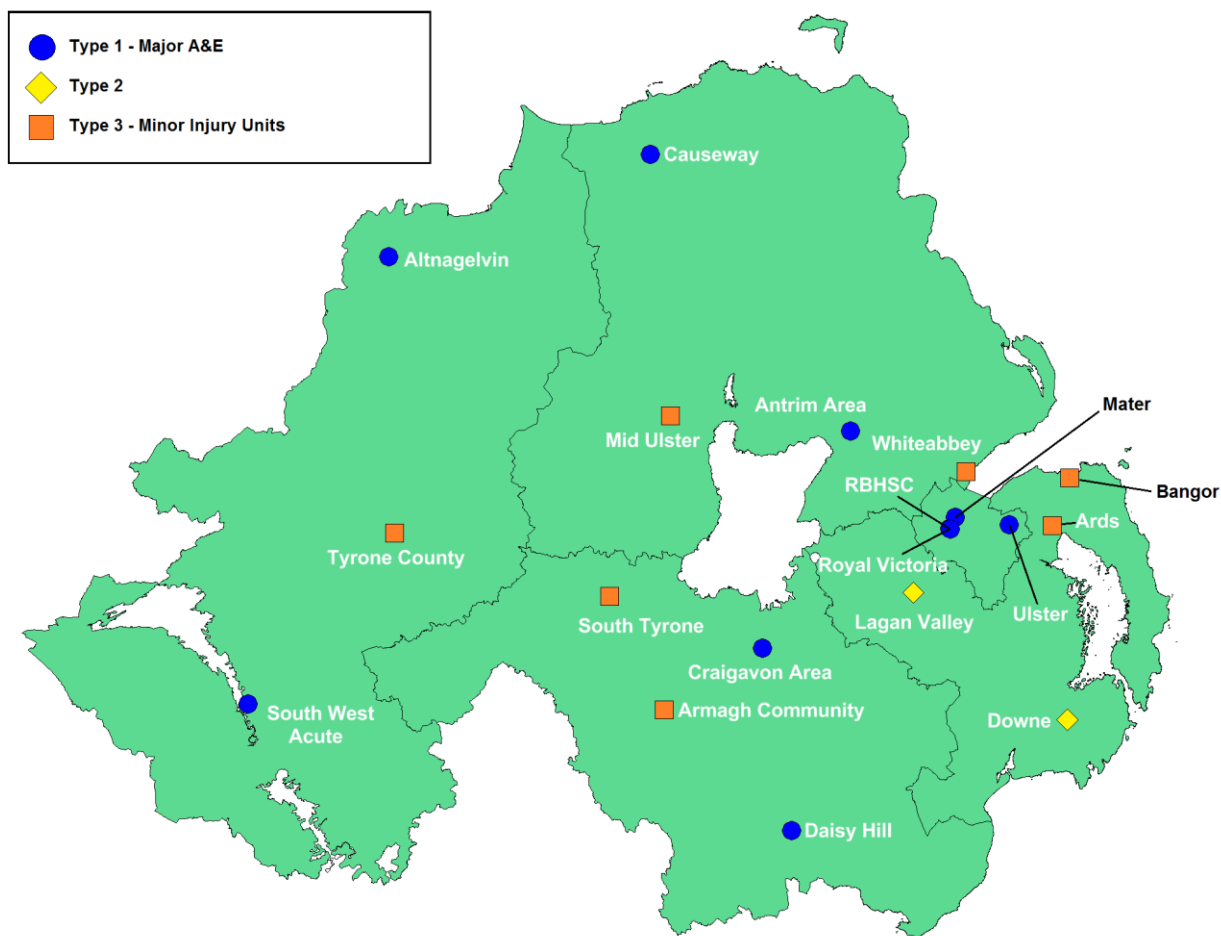
There are three separate categories of emergency care facility included in this publication:

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 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: Northern Ireland Emergency Care Department Locations



Current Categorisation of Emergency Care Departments ³³

HSC Trust	Type 1 (24-hour assess)	Type 2 (Limited opening hours)	Type 3 (Limited opening hours)
	Mater	RVH (ENT & RAES) ³⁴ (9-5pm Mon-Fri)	
Belfast	Royal Victoria		
	RBHSC		
Northern	Antrim Area		Whiteabbey ³⁵
	Causeway		Mid Ulster (9-5pm Mon-Fri)
South Eastern	Ulster	Lagan Valley (8-8pm Mon-Fri)	Ards MIU (9-5pm Mon-Fri)
		Downe ³⁶ (8-8pm Mon-Fri)	Bangor MIU (9-5pm Mon-Fri)
Southern	Craigavon Area		South Tyrone (9-9pm Mon-Fri) (10-6pm Sat-Sun)
	Daisy Hill		Armagh Community ³⁷
Western	Altnagelvin Area		Tyrone County (24-hour)
	South West Acute		

³³ Opening Hours are as of March 2016.

³⁴ RVH (ENT & RAES) refers to the Ear, Nose & Throat and Regional Acute Eye Services at the Royal Victoria Hospital.

³⁵ Temporarily closed on 1st December 2014.

³⁶ Currently operates as a Type 3 on Saturday and Sunday, between 9am and 5pm.

³⁷ 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 DHSSPS 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.dhsspsni.gov.uk/articles/emergency-care-waiting-times>

Appendix 3: General Guidance on using the Data

Guidance on using the Data

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

Description of Data

Data on the number of new and unplanned review attendances at 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 and refers to the time waited from arriving at the emergency care department until the time the patient is treated and discharged, or admitted to hospital.

- 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). 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.
- 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.dhsspsni.gov.uk/articles/emergency-care-waiting-times>

Appendix 4: Additional Tables

Table 8A: New & Unplanned Review Attendances at Emergency Care Departments

Department	New Attendances				Unplanned Review Attendances				Total Attendances			
	Mar-15	Jan-16	Feb-16	Mar-16	Mar-15	Jan-16	Feb-16	Mar-16	Mar-15	Jan-16	Feb-16	Mar-16
Mater	4,053	3,596	3,552	4,093	105	98	117	131	4,158	3,694	3,669	4,224
Royal Victoria	6,880	7,096	6,908	7,583	350	270	301	267	7,230	7,366	7,209	7,850
RBHSC	3,090	2,745	2,968	3,259	200	269	245	316	3,290	3,014	3,213	3,575
Antrim Area	6,259	6,172	6,086	6,804	250	233	288	314	6,509	6,405	6,374	7,118
Causeway	3,241	3,125	3,130	3,644	326	243	252	309	3,567	3,368	3,382	3,953
Ulster	7,195	7,031	7,087	7,740	197	191	232	231	7,392	7,222	7,319	7,971
Craigavon Area	6,553	6,299	6,226	6,820	474	350	394	385	7,027	6,649	6,620	7,205
Daisy Hill	3,753	3,918	3,846	4,386	267	188	215	232	4,020	4,106	4,061	4,618
Altnagelvin Area	4,489	4,727	4,821	5,198	285	259	244	340	4,774	4,986	5,065	5,538
South West Acute	2,486	2,460	2,507	2,799	136	128	144	193	2,622	2,588	2,651	2,992
Type 1	47,999	47,169	47,131	52,326	2,590	2,229	2,432	2,718	50,589	49,398	49,563	55,044
Downe	1,449	1,360	1,553	1,809	64	68	63	73	1,513	1,428	1,616	1,882
Lagan Valley	1,858	1,634	1,757	1,974	51	48	56	79	1,909	1,682	1,813	2,053
RVH (ENT & RAES)	-	-	-	-	-	-	-	-	1,446	1,413	1,482	1,540
Type 2	3,307	2,994	3,310	3,783	115	116	119	152	4,868	4,523	4,911	5,475
Mid Ulster	690	558	751	815	29	20	26	26	719	578	777	841
Ards	856	748	870	912	36	31	40	39	892	779	910	951
Bangor	688	587	723	769	28	27	27	43	716	614	750	812
South Tyrone	2,111	1,821	1,896	2,221	146	36	74	84	2257	1857	1970	2305
Tyrone County	1,401	1,168	1,201	1,335	46	24	44	36	1447	1192	1245	1371
Type 3	5,746	4,882	5,441	6,052	285	138	211	228	6,031	5,020	5,652	6,280
Northern Ireland	57,052	55,045	55,882	62,161	2,990	2,483	2,762	3,098	61,488	58,941	60,126	66,799

Table 8B: Performance against Emergency Care Waiting Times Target

Department	4-Hour Performance				12-Hour Performance				Total Attendances			
	Mar-15	Jan-16	Feb-16	Mar-16	Mar-15	Jan-16	Feb-16	Mar-16	Mar-15	Jan-16	Feb-16	Mar-16
Mater	62.4%	76.2%	81.5%	79.2%	91	40	13	22	4,158	3,694	3,669	4,224
Royal Victoria	56.7%	61.8%	60.0%	58.4%	221	88	55	49	7,230	7,366	7,209	7,850
RBHSC	89.4%	93.2%	85.1%	84.2%	0	0	0	0	3,290	3,014	3,213	3,575
Antrim Area	57.2%	67.7%	65.4%	61.3%	194	112	140	297	6,509	6,405	6,374	7,118
Causeway	68.5%	66.1%	61.4%	65.1%	0	12	4	0	3,567	3,368	3,382	3,953
Ulster	71.0%	68.9%	67.8%	68.5%	97	197	219	231	7,392	7,222	7,319	7,971
Craigavon Area	74.7%	66.7%	69.1%	67.9%	1	43	12	8	7,027	6,649	6,620	7,205
Daisy Hill	79.2%	78.5%	78.4%	78.8%	0	5	10	2	4,020	4,106	4,061	4,618
Altnagelvin Area	67.6%	68.0%	66.0%	65.8%	5	8	35	34	4,774	4,986	5,065	5,538
South West Acute	80.7%	73.2%	73.4%	75.4%	1	25	7	18	2,622	2,588	2,651	2,992
Type 1	69.7%	70.1%	69.2%	68.6%	610	530	495	661	50,589	49,398	49,563	55,044
Downe	89.0%	89.7%	91.6%	89.9%	2	15	2	5	1,513	1,428	1,616	1,882
Lagan Valley	88.2%	86.4%	90.0%	88.7%	1	0	0	0	1,909	1,682	1,813	2,053
RVH (ENT & RAES)	100.0%	100.0%	100.0%	100.0%	0	0	0	0	1,446	1,413	1,482	1,540
Type 2	92.0%	91.7%	93.5%	92.3%	3	15	2	5	4,868	4,523	4,911	5,475
Mid Ulster	100.0%	100.0%	100.0%	99.9%	0	0	0	0	719	578	777	841
Ards	100.0%	100.0%	100.0%	100.0%	0	0	0	0	892	779	910	951
Bangor	100.0%	100.0%	100.0%	100.0%	0	0	0	0	716	614	750	812
South Tyrone	100.0%	100.0%	100.0%	100.0%	0	0	0	0	2,257	1,857	1,970	2,305
Tyrone County	100.0%	99.8%	99.8%	99.9%	0	0	0	0	1,447	1,192	1,245	1,371
Type 3	100.0%	100.0%	99.9%	99.9%	0	0	0	0	6,031	5,020	5,652	6,280
Northern Ireland	73.7%	74.3%	74.1%	73.5%	613	545	497	666	61,488	58,941	60,126	66,799

Table 8C: Percentage of Attendances (i) Referred by a GP; (ii) Re-attended with 7 Days; and (iii) Who Left before Treatment was Complete ³⁸

Department	GP Referrals				Left before Treatment Complete				Unplanned Re-attendance with 7 Days			
	Mar-15	Jan-16	Feb-16	Mar-16	Mar-15	Jan-16	Feb-16	Mar-16	Mar-15	Jan-16	Feb-16	Mar-16
Mater	13.2%	15.8%	14.0%	14.4%	9.1%	4.9%	5.5%	6.0%	1.9%	2.1%	2.2%	2.2%
Royal Victoria	19.9%	19.9%	19.9%	17.9%	7.2%	5.2%	6.7%	8.3%	2.8%	2.2%	2.6%	1.9%
RBHSC	17.1%	16.5%	16.4%	15.5%	3.6%	1.6%	4.7%	6.5%	4.2%	6.1%	5.0%	5.7%
Antrim Area	21.2%	21.7%	21.8%	20.1%	3.5%	1.7%	2.5%	2.7%	3.8%	2.4%	2.9%	3.2%
Causeway	20.0%	22.0%	21.2%	19.3%	4.5%	4.2%	6.7%	6.1%	7.1%	5.3%	5.5%	6.0%
Ulster	23.9%	26.1%	26.9%	25.2%	2.5%	2.4%	2.7%	3.1%	2.1%	1.9%	2.2%	2.0%
Craigavon Area	24.2%	22.4%	22.9%	22.0%	3.6%	3.3%	3.6%	3.8%	4.4%	3.8%	4.2%	3.7%
Daisy Hill	13.3%	16.1%	15.2%	13.8%	5.6%	3.2%	3.9%	3.9%	5.1%	3.8%	4.2%	3.9%
Altnagelvin Area	12.0%	15.5%	14.0%	12.9%	6.8%	4.1%	5.9%	6.1%	4.4%	3.7%	3.8%	4.6%
South West Acute	16.9%	18.7%	20.5%	16.9%	3.2%	2.6%	1.6%	2.5%	4.9%	4.3%	5.2%	6.2%
Type 1	19.1%	20.2%	20.0%	18.6%	4.9%	3.4%	4.4%	4.9%	3.8%	3.2%	3.5%	3.6%
Downe	14.8%	16.0%	15.3%	16.6%	2.5%	1.2%	0.9%	2.4%	2.4%	2.9%	2.0%	2.6%
Lagan Valley	14.0%	16.5%	17.0%	15.2%	1.3%	1.7%	1.4%	2.0%	1.8%	2.1%	1.8%	2.0%
RVH (ENT & RAES)	-	-	-	-	-	-	-	-	-	-	-	-
Type 2	14.3%	16.3%	16.2%	15.9%	1.8%	1.4%	1.2%	2.2%	2.1%	2.5%	1.9%	2.3%
Mid Ulster	3.3%	6.2%	3.3%	3.0%	0.0%	0.0%	0.0%	0.8%	2.1%	1.0%	1.5%	1.8%
Ards	0.2%	1.3%	0.2%	0.6%	0.8%	0.1%	0.0%	0.3%	1.5%	2.3%	1.5%	2.0%
Bangor	1.0%	0.3%	0.4%	0.2%	1.1%	0.7%	0.4%	0.4%	1.8%	2.9%	2.0%	2.7%
South Tyrone	0.6%	1.6%	0.5%	0.5%	0.2%	0.1%	0.3%	0.3%	3.5%	1.2%	2.2%	2.0%
Tyrone County	1.2%	2.1%	1.0%	2.0%	0.9%	0.9%	1.4%	1.4%	2.3%	1.3%	2.4%	1.8%
Type 3	1.0%	2.1%	0.9%	1.1%	0.5%	0.4%	0.5%	0.6%	2.5%	1.6%	2.0%	2.0%
Northern Ireland	17.0%	18.4%	18.0%	16.7%	4.3%	3.0%	3.8%	4.3%	3.6%	3.0%	3.3%	3.3%

³⁸ Data on referrals to ED by GP's, Left before treatment complete and unplanned re-attendances are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

Table 8D: Waiting Time from Arrival to Triage (Assessment)³⁹

Department	Median				95 th Percentile			
	Mar-15	Jan-16	Feb-16	Mar-16	Mar-15	Jan-16	Feb-16	Mar-16
Mater	0:09	0:08	0:08	0:08	0:29	0:24	0:25	0:25
Royal Victoria	0:16	0:09	0:09	0:10	0:52	0:31	0:32	0:36
RBHSC	0:11	0:09	0:13	0:15	0:43	0:38	0:55	0:59
Antrim Area	0:09	0:07	0:08	0:08	0:26	0:21	0:23	0:27
Causeway	0:09	0:10	0:12	0:12	0:28	0:34	0:39	0:44
Ulster	0:09	0:10	0:10	0:10	0:28	0:31	0:33	0:33
Craigavon Area	0:08	0:08	0:09	0:09	0:28	0:31	0:29	0:33
Daisy Hill	0:07	0:05	0:05	0:05	0:21	0:17	0:18	0:19
Altnagelvin Area	0:12	0:13	0:16	0:17	0:35	0:38	0:50	0:49
South West Acute	0:14	0:13	0:13	0:15	1:02	1:04	0:57	0:59
Type 1	0:10	0:09	0:10	0:10	0:37	0:32	0:37	0:40
Downe	0:05	0:06	0:06	0:07	0:18	0:19	0:20	0:20
Lagan Valley	0:06	0:09	0:08	0:08	0:18	0:24	0:22	0:21
RVH (ENT & RAES)	-	-	-	-	-	-	-	-
Type 2	0:06	0:07	0:07	0:07	0:18	0:22	0:21	0:20
Mid Ulster	0:02	0:03	0:03	0:03	0:09	0:09	0:08	0:09
Ards	0:04	0:03	0:03	0:03	0:17	0:12	0:15	0:12
Bangor	0:04	0:03	0:04	0:04	0:17	0:14	0:15	0:21
South Tyrone	0:01	0:01	0:01	0:01	0:10	0:06	0:06	0:08
Tyrone County	0:00	0:00	0:00	0:00	0:15	0:15	0:20	0:15
Type 3	0:01	0:01	0:01	0:01	0:14	0:11	0:12	0:12
Northern Ireland	0:09	0:08	0:11	0:12	0:34	0:31	0:35	0:37

³⁹ Data on time to triage are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

Table 8E: Waiting Time from Triage (Assessment) to Start of Treatment ⁴⁰

Department	Median				95 th Percentile			
	Mar-15	Jan-16	Feb-16	Mar-16	Mar-15	Jan-16	Feb-16	Mar-16
Mater	1:17	0:37	0:40	0:42	5:03	3:17	3:04	3:42
Royal Victoria	1:11	0:49	1:01	1:04	4:36	3:50	4:10	4:54
RBHSC	0:48	0:31	0:47	1:08	2:37	1:58	2:57	3:18
Antrim Area	1:27	1:01	1:11	1:32	5:06	4:06	4:48	4:41
Causeway	0:39	0:44	0:58	0:59	3:50	4:04	4:53	4:30
Ulster	0:51	0:44	0:50	0:47	3:09	3:04	3:26	3:24
Craigavon Area	1:18	1:18	1:15	1:15	3:46	3:44	3:33	3:44
Daisy Hill	1:08	0:55	0:59	0:58	3:35	3:07	3:25	3:23
Altnagelvin Area	1:14	0:40	0:55	0:54	3:46	2:44	3:02	3:16
South West Acute	0:31	0:34	0:18	0:26	2:32	2:49	2:01	2:24
Type 1	1:04	0:48	0:54	0:58	4:07	3:25	3:41	3:55
Downe	0:43	0:26	0:36	0:39	2:54	2:01	2:08	2:33
Lagan Valley	0:38	0:29	0:28	0:30	2:20	1:59	1:41	1:59
RVH (ENT & RAES)	-	-	-	-	-	-	-	-
Type 2	0:40	0:28	0:31	0:34	2:37	2:00	1:54	2:14
Mid Ulster	0:05	0:03	0:06	0:09	0:35	0:23	0:35	0:46
Ards	0:10	0:05	0:05	0:05	0:39	0:29	0:29	0:27
Bangor	0:04	0:00	0:02	0:02	0:29	0:18	0:25	0:24
South Tyrone	0:01	0:01	0:01	0:01	0:35	0:15	0:17	0:27
Tyrone County	0:10	0:10	0:07	0:10	1:04	1:10	1:05	1:25
Type 3	0:05	0:03	0:03	0:04	0:42	0:35	0:38	0:47
Northern Ireland	0:52	0:40	0:44	0:48	3:54	3:15	3:29	3:42

⁴⁰ 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.

Table 8F: Time Spent in an Emergency Care Department by those Admitted to Hospital ⁴¹

Department	Median (Admitted)				95 th Percentile (Admitted)			
	Mar-15	Jan-16	Feb-16	Mar-16	Mar-15	Jan-16	Feb-16	Mar-16
Mater	6:43	4:43	3:52	4:03	14:22	11:52	11:04	10:52
Royal Victoria	6:49	6:36	6:49	5:46	14:19	11:55	11:51	11:25
RBHSC	3:13	2:58	3:31	3:25	6:46	6:33	7:01	7:04
Antrim Area	6:45	5:49	6:58	7:10	16:55	12:00	16:37	20:03
Causeway	5:52	6:02	5:54	6:03	11:01	11:35	11:12	10:52
Ulster	5:25	5:49	6:01	5:32	11:52	16:10	17:31	16:31
Craigavon Area	3:58	5:30	5:16	5:30	8:34	11:43	11:19	11:30
Daisy Hill	3:54	4:27	4:16	4:28	8:15	10:27	9:54	10:04
Altnagelvin Area	5:23	6:10	6:19	6:40	10:12	11:07	11:31	11:40
South West Acute	3:51	4:13	4:37	4:22	7:33	10:25	10:00	9:25
Type 1	5:07	5:29	5:35	5:29	11:52	11:50	11:50	11:55
Downe	3:40	3:58	3:55	4:05	7:34	23:01	8:00	9:40
Lagan Valley	3:55	4:19	3:45	3:58	8:16	7:58	7:22	7:43
RVH (ENT & RAES)	-	-	-	-	-	-	-	-
Type 2	3:53	4:05	3:49	3:58	8:00	9:17	7:25	8:26
Mid Ulster	-	1:28	0:22	1:33	-	1:49	1:25	2:04
Ards	-	-	-	-	-	-	-	-
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:31	0:14	0:28	0:34	1:19	3:22	2:30	1:01
Tyrone County	0:18	0:19	0:21	0:19	1:40	1:25	1:40	1:33
Type 3	0:19	0:20	0:23	0:23	1:40	1:50	1:43	1:40
Northern Ireland	5:01	5:22	5:27	5:22	11:51	11:49	11:48	11:52

⁴¹ Data on time spent in ED for those admitted and those discharged home are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

Table 8G: Time Spent in an Emergency Care Department by those Discharged Home ⁴²

Department	Median (Non-Admitted)				95 th Percentile (Non-Admitted)			
	Mar-15	Jan-16	Feb-16	Mar-16	Mar-15	Jan-16	Feb-16	Mar-16
Mater	2:55	2:16	2:15	2:18	6:52	5:55	5:10	5:45
Royal Victoria	3:10	2:52	3:00	3:06	7:49	7:40	7:46	8:21
RBHSC	2:07	1:40	2:10	2:25	4:28	3:58	4:58	5:07
Antrim Area	3:03	2:24	2:34	2:49	8:24	7:18	7:40	7:39
Causeway	2:03	2:12	2:34	2:28	6:31	6:27	7:13	6:46
Ulster	2:10	2:12	2:10	2:10	5:37	5:25	5:46	5:54
Craigavon Area	2:37	2:40	2:37	2:34	5:43	5:52	5:34	5:55
Daisy Hill	2:15	2:06	2:06	2:07	5:22	4:55	5:15	5:10
Altnagelvin Area	2:40	2:22	2:37	2:37	6:07	5:46	6:09	6:13
South West Acute	2:04	2:19	2:00	2:16	5:01	5:58	5:52	5:40
Type 1	2:34	2:21	2:28	2:31	6:31	6:10	6:21	6:29
Downe	1:43	1:13	1:30	1:27	4:30	3:58	3:46	3:58
Lagan Valley	1:57	1:49	1:46	1:52	4:21	4:28	4:09	4:13
RVH (ENT & RAES)	-	-	-	-	-	-	-	-
Type 2	1:50	1:34	1:40	1:41	4:26	4:13	3:57	4:05
Mid Ulster	0:34	0:33	0:40	0:43	1:24	1:12	1:22	1:34
Ards	0:37	0:36	0:34	0:33	1:36	1:28	1:18	1:18
Bangor	0:32	0:25	0:31	0:28	1:19	1:04	1:15	1:16
South Tyrone	0:33	0:24	0:25	0:28	1:30	1:07	1:04	1:22
Tyrone County	0:37	0:40	0:37	0:40	1:49	2:04	1:57	2:04
Type 3	0:35	0:30	0:32	0:33	1:35	1:28	1:24	1:35
Northern Ireland	2:12	2:01	2:06	2:09	6:09	5:52	6:01	6:10

⁴² Data on time spent in ED for those admitted and those discharged home are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

Table 8H: Attendances at Emergency Care Departments by Gender and Age Group ^{43, 44}

Age Group	March 2015		January 2016		February 2016		March 2016	
	Female	Male	Female	Male	Female	Male	Female	Male
Under 5	2,341	2,955	2,187	2,810	2,329	2,921	2,649	3,338
Aged 5 - 15	3,448	4,135	2,923	3,286	3,238	3,714	3,708	4,211
Aged 16 - 44	10,769	12,084	10,668	10,891	10,646	11,452	11,691	12,579
Aged 45 - 64	5,882	6,207	6,065	6,278	6,194	6,166	6,675	6,866
Aged 65 - 84	5,074	4,495	4,960	4,720	4,928	4,525	5,667	5,124
Aged 85 & Over	1,698	892	1,720	981	1,621	885	1,711	1,035
Unknown	2	4	2	2	2	4	1	5
Northern Ireland	29,214	30,772	28,525	28,968	28,958	29,667	32,102	33,158

⁴³ Excludes RVH (ENT & RAES) attendances.

⁴⁴ Data on the age and gender 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.

**Table 8I: Attendances at Emergency Care Departments
per 1000-Population by Age Group^{45, 46}**

Age Group	March 2015	January 2016	February 2016	March 2016
Under 5	42	40	42	48
Aged 5 - 15	29	24	27	31
Aged 16 - 44	32	30	31	34
Aged 45 - 64	26	27	27	29
Aged 65 - 84	38	38	38	43
Aged 85 & Over	75	78	73	80
Northern Ireland	33	31	32	35

Table 8J: Average Number of Attendances by Day of Week⁴⁷

Age Group	March 2015	January 2016	February 2016	March 2016
Monday	2,324	2,570	2,232	2,353
Tuesday	1,878	2,232	1,931	2,093
Wednesday	2,039	2,181	1,928	2,093
Thursday	2,001	2,014	1,954	2,066
Friday	1,912	2,194	1,880	2,118
Saturday	1,690	1,756	1,591	2,005
Sunday	1,685	1,766	1,596	1,640

⁴⁵ Excludes RVH (ENT & RAES) attendances.

⁴⁶ 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.

⁴⁷ Data on when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

Table 8K: Attendances at Emergency Care Departments, by Time Waited from Arrival to Discharge

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Mar-15	Jan-16	Feb-16	Mar-16	Mar-15	Jan-16	Feb-16	Mar-16	Mar-15	Jan-16	Feb-16	Mar-16
Mater	2,596	2,816	2,989	3,346	1,471	838	667	856	91	40	13	22
Royal Victoria	4,097	4,549	4,326	4,585	2,912	2,729	2,828	3,216	221	88	55	49
RBHSC	2,941	2,810	2,734	3,010	349	204	479	565	0	0	0	0
Antrim Area	3,721	4,333	4,166	4,361	2,594	1,960	2,068	2,460	194	112	140	297
Causeway	2,442	2,227	2,078	2,572	1,125	1,129	1,300	1,381	0	12	4	0
Ulster	5,249	4,975	4,964	5,463	2,046	2,050	2,136	2,277	97	197	219	231
Craigavon Area	5,251	4,434	4,575	4,894	1,775	2,172	2,033	2,303	1	43	12	8
Daisy Hill	3,183	3,223	3,183	3,639	837	878	868	977	0	5	10	2
Altnagelvin Area	3,228	3,390	3,342	3,643	1,541	1,588	1,688	1,861	5	8	35	34
South West Acute	2,116	1,895	1,945	2,257	505	668	699	717	1	25	7	18
Type 1	34,824	34,652	34,302	37,770	15,155	14,216	14,766	16,613	610	530	495	661
Downe	1,347	1,281	1,481	1,692	164	132	133	185	2	15	2	5
Lagan Valley	1,684	1,454	1,631	1,821	224	228	182	232	1	0	0	0
RVH (ENT & RAES)	1,446	1,413	1,482	1,540	0	0	0	0	0	0	0	0
Type 2	4,477	4,148	4,594	5,053	388	360	315	417	3	15	2	5
Mid Ulster	719	578	777	840	0	0	0	1	0	0	0	0
Ards	892	779	910	951	0	0	0	0	0	0	0	0
Bangor	716	614	750	812	0	0	0	0	0	0	0	0
South Tyrone	2,257	1,857	1,970	2,304	0	0	0	1	0	0	0	0
Tyrone County	1,447	1,190	1,242	1,369	0	2	3	2	0	0	0	0
Type 3	6,031	5,018	5,649	6,276	0	2	3	4	0	0	0	0
Northern Ireland	45,332	43,818	44,545	49,099	15,543	14,578	15,084	17,034	613	545	497	666

Appendix 5: Further Information

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

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