

INFORMATION
ANALYSIS
DIRECTORATE



Emergency Care Waiting Time Statistics - Additional Guidance

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Ministerial Target and Clinical Quality Indicators

Ministerial Target:

The current Ministerial targets for emergency care waiting times in Northern Ireland for 2016/17 state that:

‘From April 2016, 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.’

‘By March 2017, at least 80% of patients to have commenced treatment, following triage, within 2 hours.’

Clinical Quality Indicators

In addition to the current Ministerial emergency care waiting times target, the Department of Health (DoH) currently monitor a series of emergency care clinical quality indicators which provide a more comprehensive and balanced view of the care delivered by emergency care departments (ED) in Northern Ireland and reflect the experience of patients and the timeliness of the care they received.

A number of clinical quality indicators are published alongside the Ministerial target for emergency care waiting times to present a summary of the key milestones during a patient’s journey, whilst they are being cared for in the ED. The clinical quality indicators that are included are as follows:

- Time to initial assessment (triage) for all arrivals;
- Time to start of treatment;
- Total time in ED’s for (i) patients admitted and (ii) patients not admitted;
- Patients leaving ED’s before their treatment was complete;
- Patients returning to ED within 7 days of their of the original attendance for the same condition; and,
- ED attendances referred by a GP.

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 ED's 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 the information collected in this publication. These documents can be accessed under at the following link:

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

Information on emergency care waiting times was downloaded from the Regional Data Warehouse on the 8th of each month for all ED's, with exception of the Royal Victoria Ear, Nose & Throat and Regional Acute Eye Service (ENT & RAES) which are sourced from the aggregate EC1 return, and based on the position on the 8th of each month. From April 2015, only the RVH (RAES) will be sourced via the EC1 return, as the RVH (ENT) service is no longer an unscheduled service, and therefore should not be included in the emergency care waiting times.

Data Provider

Data on emergency care waiting times is sourced from:

- (i) The electronic Emergency Medicine System (e-EMS) or NIRAES as previously known, via a facility known as the Regional Data Warehouse and,
- (ii) SYMPHONY via the Regional Data Warehouse and,
- (iii) Directly from Belfast HSC Trust using the aggregate EC1 information return for the remaining emergency care department RVH (ENT and RAES) which use independent administrative system. However, these departments will be added to the Regional Data Warehouse at some time in the future.

Rounding

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

Mid-Year Population Estimates

Mid-2015 population estimates were published on 31st August 2016 for Northern Ireland and can be found at the following link: <http://www.nisra.gov.uk/demography/default.asp136.htm>

Data Quality

All information presented in this bulletin has been downloaded by Hospital Information Branch or provided by HSC Trusts within an agreed timescale. Information is validated and quality assured by Hospital Information Branch (HIB) prior to release.

At the end of the financial year, HIB carries out a detailed series of validations to verify that the information downloaded is consistent with HSC Trust information. 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.

This information, including ambulance statistics, is published within the annual '*Northern Ireland Hospital Statistics: Emergency Care*' publication. This is available to view or download from:

Website: <https://www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics>

Contextual Information

Readers should be aware that contextual information about Northern Ireland and the health services provided is available 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 target and indicator information, which is available at the following link:

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

Data Comparisons with other UK Jurisdictions

Waiting Time Information elsewhere in the United Kingdom (UK)

When comparing emergency care statistics it is important to know which types of department are being discussed. Emergency care information sometimes refers only to Type 1 departments, and such data is not comparable with data which refers to all emergency care departments. Two key differences are as follows: first, waiting times at Type 1 departments are higher than at other departments; second, fewer patients are admitted to hospital from type 2 or 3 departments.

The Department of Health (DoH) 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 discussions have identified comparability issues between Northern Ireland and England regarding the 12 hour waiting times reported in both jurisdictions.

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/>¹

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

Wales: <http://www.infoandstats.wales.nhs.uk/page.cfm?orgid=869&pid=40971>



¹ Preliminary discussions have identified comparability issues between Northern Ireland and England regarding the 12 hour waiting time target. Further information can be found on page 7 & 8.

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.

4-Hour Component:

Flowchart 1: Time Reported for 4 Hour Waiting Time Target

The flowchart illustrates the time reported for the 4-hour waiting time target. It shows a timeline from 'Arrival at Emergency Care' to 'Discharge from Emergency Care'. A vertical line marks the 'Decision to Admit to Hospital'. Two boxes represent the '4 Hour target' for 'Northern Ireland' (orange) and 'England' (blue). Dashed lines indicate the time from arrival to the decision point for each region.

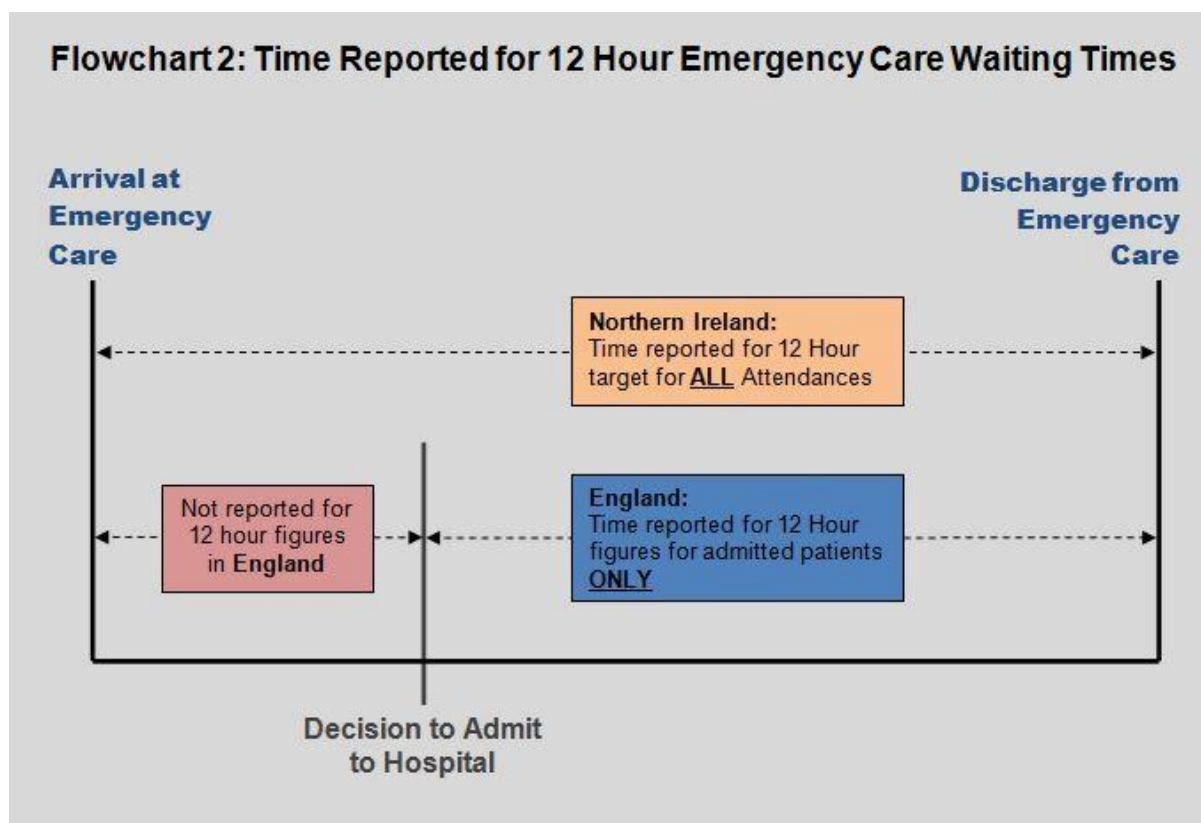
12-Hour Component:

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 to all attendances at emergency care departments.

In contrast, England reports 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.



Definitions & Background Notes

Definitions

1. Information presented in this brief is collected monthly using an electronic patient level administrative system and the Emergency Care information return (EC1).
2. 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>
3. For departments using the e-EMS/NIRAES and Symphony, HIB 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 have been instructed to generate this information on the 8th of each month.
4. 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 (CPD). This information can be viewed at:
<https://www.health-ni.gov.uk/publications/emergency-care-activity-returns-and-guidance>
5. 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.'
6. The current Ministerial target on emergency care waiting times for 2016/17 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'.
7. Definitions for each Indicator of Performance (IOP) detailed in this publication are listed below, including a link to the technical guidance: <https://www.health-ni.gov.uk/publications/emergency-care-activity-returns-and-guidance>
 - *GP Referrals* - This indicator will monitor the number of new and unplanned review attendances at each emergency care department who were referred by a GP.

- *Unplanned Re-Attendance with 7 days* - Patients who return to the same emergency care department within seven (7) days of the original attendance are known as an 'unplanned re-attender', i.e. the number of unplanned review attendances which occur within 7 days of the first attendance.
 - *Left before Treatment Complete* - The number of patients who leave the emergency care department before their treatment is complete as a proportion of the total number of new and unplanned review attendances.
 - *Time of Arrival to Initial Assessment* - The indicator will monitor the length of time spent waiting from arrival at emergency care department to start of initial assessment, including a brief history, pain and early warning scores, for all attendances.
 - *Time from Initial Assessment to Start of Treatment* - The indicator will monitor the length of time spent waiting from initial assessment (triage) at emergency care department to start of treatment, including a brief history, pain and early warning scores, for all new and unplanned review patients.
 - *Median time spent waiting from initial assessment (triage) at emergency care department to start of treatment* - This refers to the time below which 50% of new and unplanned review attendances within each month were treated.
 - *95th Percentile of times waited from initial assessment (triage) at emergency care department to start of treatment* - This refers to the time below which 95% of new and unplanned review attendances were treated.
 - *Total Time in Emergency Care Departments* - This indicator will monitor the total length of time spent waiting in emergency care departments for: (i) patients admitted and (ii) patients not admitted to hospital.
 - *Median time spent waiting from arrival at emergency care department to admission, or discharge from department* - This refers to the time below which 50% of new and unplanned review attendances within each month were admitted or discharged.
 - *95th Percentile of times waited from arrival at emergency care department to admission, or discharge from the department* - This refers to the time below which 95% of new and unplanned review attendances were admitted or discharged.
8. The 4-hour and 12-hour performance information detailed in this statistical release represent the total time spent in an ED from arrival until admission, transfer or discharge. All new attendances and all unplanned review attendances at ED's with a departure time, per calendar month, are included. **The figures do not include planned review attendances.**

9. Time is measured from when a patient arrives at the ED (time of arrival is recorded at registration or triage whichever is earlier (clock starts)) until the patient departs from the ED (time of departure is defined as when the patient's clinical care episode is completed within the ED (clock stops)).
10. The figures in this release relate to all patients, including paediatric patients.
11. 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.

Background Notes

12. 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.
13. 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 24th May and 31st May 2010. This should be taken into consideration when drawing historic comparisons between Type 2 and Type 3 emergency care departments.
14. 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.
15. 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.
16. 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.
17. 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.

18. 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.
19. 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.
20. 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.
21. 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.
22. 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.
23. 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.
24. 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.
25. From 1st January 2015, 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 information for the Royal Victoria emergency care department and the Royal Victoria (ENT & RAES) service is now reported separately.

26. The Royal Victoria (ENT & RAES) refers to the Ear, Nose & Throat (ENT) and Regional Acute Eye Services (RAES) based at the Royal Victoria Hospital (RVH). These are separate services from the RVH emergency care department and operate on a weekday basis from 9am – 5pm, closing at weekends.
27. Following consultation with the Belfast HSC Trust and HSCB, it was agreed to redesignate the Royal Victoria (ENT & RAES) service as a Type 2 department, rather than a Type 1, as the service has time-limited opening hours.
28. Some historical figures may have been updated to reflect returns re-submitted by HSC Trusts as part of the end of year validations.
29. From 27th April 2016, the format of the emergency care waiting time publication changed to reflect the addition of the clinical quantity indicators.
30. The Belfast HSC Trust indicated that the Ear, Nose & Throat (ENT) service at the Royal Victoria Hospital should no longer be reported within the ED waiting times information, as this service is no longer operating as an unscheduled service. As this came into effect from 1st April 2016 we have removed all information for the RVH (ENT) from this publication to aid comparisons with previous months.