



Emergency Care Waiting Time Statistics for Northern Ireland



(October - December 2019)

Published January 2020





Reader Information

Purpose: This statistical release presents information on the time waited in emergency

care departments (ED) in Northern Ireland. It reports on the performance against the DoH Ministerial target, including additional information on a number of clinical quality indicators set by the Department of Health (DoH).

Guidance: It is recommended that readers refer to the 'Emergency Care Waiting Time

Statistics - Additional Guidance' booklet, which details technical guidance, definitions and background information on the data used, including the security and confidentiality processes¹. This booklet is updated for each release and

can be found at the following link:

https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-niwts-

ecwt-guidance.pdf

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Statistical Quality: Information detailed in this release has been provided by HSC Trusts and

was validated by Hospital Information Branch (HIB) prior to release. Information on: time to triage, age and time of day for attendances, GP referrals, emergency admissions, left before treatment complete, triage level, time to start of treatment, time waited for patients admitted and not admitted are **not** National Statistics, but have been included to provide users with a comprehensive view of emergency care activity and waits. Further information on data included in this release is available at the link below: https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-niwts-

ecwt-guidance.pdf

Target Audience: DoH, Chief Executives of HSC Board and Trusts in Northern Ireland, Health

Care Professionals, Academics, HSC Stakeholders, Media & General Public.

Further Copies: statistics@health-ni.gov.uk

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any format or medium. Any material used must be acknowledged, and the title

of the publication specified.

¹ Information on Security and Confidentiality Processes is detailed in the Technical Notes on page 3.

Technical Notes

Data Collection

Information presented in this brief is based on a monthly patient-level download from the Regional Data Warehouse on the 8th of each month for all EDs. Data providers are supplied with technical guidance documents outlining the methodologies used in the collection, reporting, and validation of the information collected in this publication. These documents are available at the link below:

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

Currently there are two patient-level administrative systems used by HSC Trusts in Northern Ireland to record emergency care information;

- (i) The electronic Emergency Medicine System (e-EMS); and,
- (ii) SYMPHONY.

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 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.

These statistics last underwent a full assessment against the Code of Practice in 2011: https://www.statisticsauthority.gov.uk/wp-content/uploads/2015/12/images-letterofconfirmationasnationalstatisticsassessmentreport15_tcm97-42663.pdf

Designation was awarded in March 2013: https://www.statisticsauthority.gov.uk/wp-content/
/uploads/2015/12/images-assessmentreport153statisticsonhospitalwaitingtimesinnorthernirelan_tcm97-41176.pdf

Since the assessment, we have continued to comply with the Code of Practice for Statistics. A list of those who received 24-hour pre-release access to this publication is available online with the current quarterly publication found here:

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

Waiting Time Information elsewhere in the United Kingdom (UK)

When comparing emergency care statistics it is important to know the type of department. Emergency care information sometimes refers only to Type 1 departments, and is not comparable with data which refers to all EDs. Two key differences are as follows: (i) waiting times at Type 1 EDs are higher than at other ED Types; (ii) fewer patients are admitted to hospital from Type 2 or 3 EDs.

There are also a number of key differences in how emergency care waiting times are reported in each UK Jurisdiction, and we would ask readers to be cautious when making comparisons across the UK. In particular, readers should avoid making comparisons between Northern Ireland and England on the 12 hour measurement, as these are not equivalent measures. Additional information on comparing emergency care waiting times information for Northern Ireland and England is detailed on pages 10 - 12 of the 'Additional Guidance' document at the link below:

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

DoH statisticians have also liaised with colleagues in England, Scotland and Wales to clarify differences between the emergency care waiting times reported for each administration and have produced a guidance document to provide readers with a clear understanding of these differences (link below).

https://gss.civilservice.gov.uk/wp-content/uploads/2017/01/UK-Comparative-Waiting-Times-AE-final.xlsx

Contextual Information

Readers should be aware that contextual information about Northern Ireland and the health services provided is available to reference while using statistics from this publication.

This includes information on the current and future population, structures within the Health and Social Care system, the vision for the future health services, as well as targets and indicators. This information is available at the following link:

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

Security & Confidentiality Processes

Information on (i) the security and (ii) the confidentiality processes used to produce these and all statistics produced by the DoH, are detailed on our website at the links below:

Official Statistics & User Engagement:

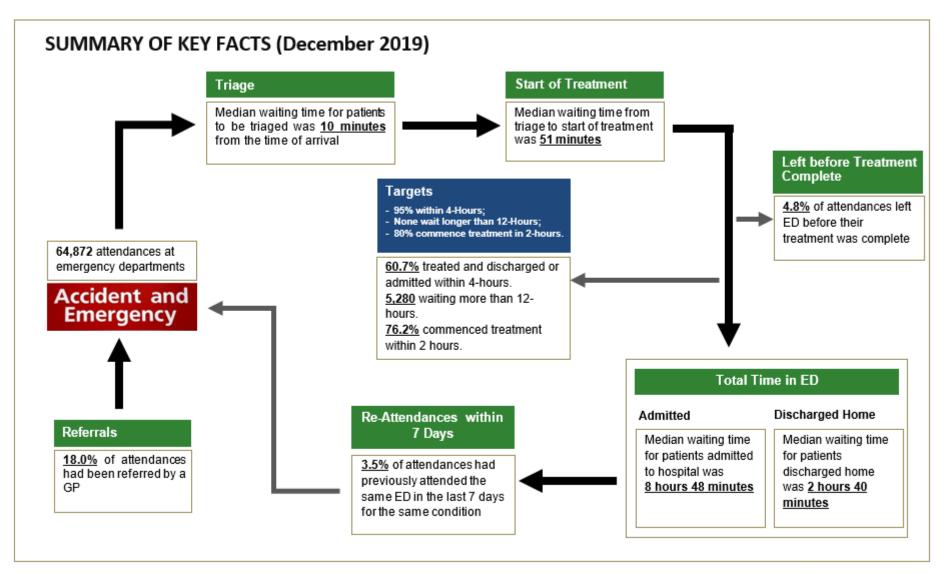
https://www.health-ni.gov.uk/topics/doh-statistics-and-research/official-statistics-and-user-engagement

Statistical Charter:

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

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

How Many Attend EDs?

Table 1 presents information on the number of new and unplanned review attendances at emergency care departments (ED) and the number of emergency admissions to hospital in Northern Ireland during December 2019, compared with the same month last year. ^{2, 3, 4}

Information for the last three months (October, November and December) is detailed in Table 10 A on page 30.

Table 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (December 2018 - December 2019)

Attendances	December 2018	December 2019	Differe	ence
New	63,240	61,355	-1,885	-3.0%
Unplanned Review	3,396	3,517	121	3.6%
Total Attendances	66,636	64,872	-1,764	-2.6%
Emergency Admissions	13,293	12,890	-403	-3.0%

- Total attendances at EDs decreased by 2.6% (1,764) when compared with December 2018, from 66,636 to 64,872 in December 2019 (Table 1, Table 10A).
- Between December 2018 and December 2019, unplanned review attendances increased by 3.6% (121) whilst new attendances decreased by 3.0% (1,885) (Table 1, Table 10A).
- There were 207,715 attendances at EDs during the quarter ending 31st December 2019, 2.5% (5,105) more than during the same quarter in 2018 (202,610).
- The number of emergency admissions to hospital from EDs decreased by 3.0% (403) between December 2018 (13,293) and December 2019 (12,890) (Table 1).

² Information for December 2018 and October, November and December 2019 is detailed in Appendix 4, Table 10A.

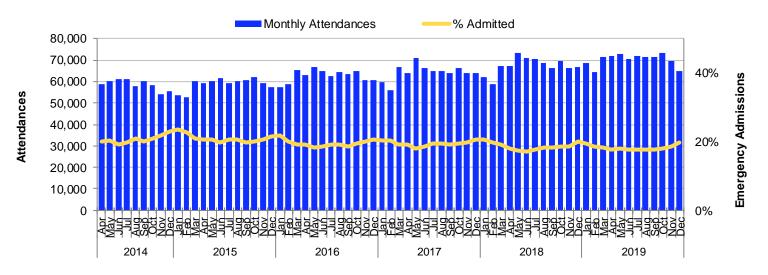
³ Data on emergency admissions are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits. This is sourced from the ED Administrative Systems and will therefore differ slightly from the information included in the Hospital Statistics: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

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

Are More Patients Being Admitted To Hospital?

Figure 1 presents information on the number of new and unplanned review attendances at EDs and emergency admissions ⁵ to hospital each month, from April 2014. ⁶

Figure 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (April 2014 – December 2019)



- During each of the last five years, the percentage of ED attendances admitted to hospital was generally highest in December and January and lowest during May (Figure 1).
- The percentage of ED attendances admitted to hospital increases between November and January each year, then declines sharply from February each year (Figure 1).
 - Attendances during October and November 2019 increased when compared with the same month
 of the previous year, but decreased in December when compared to last year.
 - During October 2019, there were 73,313 attendances at EDs, 5.3% (3,697) more than
 October 2018 (69,616);
 - During November 2019, there were 69,530 attendances at EDs, 4.8% (3,172) more than
 November 2018 (66,358); and,
 - During December 2019, there were 64,872 attendances at EDs, 2.6% (1,764) less than
 December 2018 (66,636).

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

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

Which ED Did People Attend?

Table 2 details a summary of the number of new and unplanned review attendances at each Type 1 ED during December 2019 and the same month last year. It also details the total number of attendances at Type 2 and 3 EDs during this period ^{7,8}.

Table 2: Attendances at Emergency Care Departments (December 2018 - December 2019)

Department	New Atte	Unplanned Review Attendances		res i lotal Attendanc		ndances
	Dec 2018	Dec 2019	Dec 2018	Dec 2019	Dec 2018	Dec 2019
Mater	3,922	3,671	155	118	4,077	3,789
Royal Victoria	7,792	7,351	332	308	8,124	7,659
RBHSC	3,405	3,261	355	344	3,760	3,605
Antrim Area	6,838	7,068	407	383	7,245	7,451
Causeway	3,551	3,677	240	311	3,791	3,988
Ulster	7,997	7,695	219	193	8,216	7,888
Craigavon Area	6,799	6,156	398	482	7,197	6,638
Daisy Hill	4,329	4,289	261	259	4,590	4,548
Altnagelvin Area	5,495	4,967	293	323	5,788	5,290
South West Acute	2,813	2,954	202	225	3,015	3,179
Type 1	52,941	51,089	2,862	2,946	55,803	54,035
Type 2	4,666	4,773	212	236	4,878	5,009
Type 3	5,633	5,493	322	335	5,955	5,828
Northern Ireland	63,240	61,355	3,396	3,517	66,636	64,872

- Between December 2018 and December 2019, total attendances decreased at Type 1 and Type 3 departments, but increased at Type 2 departments (Table 2, Table 10A).
- The Ulster (7,888) and Royal Victoria (7,659) were the busiest EDs during December 2019 (Table 2, Table 10A).
- Seven of the 10 Type 1 EDs reported a decrease in attendances between December 2018 and December 2019.

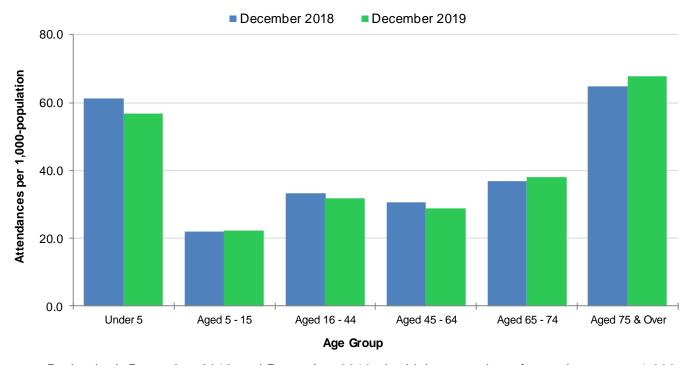
⁷ Information for December 2018 and October, November and December 2019 is detailed in Appendix 4, Table 10A.

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

Who Attends ED?

Figure 2 presents information on the number of attendances at EDs per 1,000-population, broken down by the age group of those attending ^{9, 10, 11}.

Figure 2: Attendances at Emergency Care Departments per 1,000-population, by Age Group (December 2018 - December 2019) 12,13



- During both December 2018 and December 2019, the highest number of attendances per 1,000-population was recorded for those Aged 75 & Over (64.7 and 67.6 respectively) (Figure 2, Table 10H).
- A high number of attendances per 1,000-population aged Under 5 was also recorded in both December 2018 and December 2019 (61.1 and 56.6 respectively) (Figure 2, Table 10H).
- The rate of attendances per 1,000-population increased for Aged 5–15, Aged 65–74 and Aged 75
 & Over between December 2018 and December 2019. (Figure 2, Table 10H).
- The lowest number of attendances per 1,000-population was recorded in the Aged 5 15 age group during December 2019 (22.3) (Figure 2, Table 10H).

⁹ Information for December 2018 and October, November and December 2019 is detailed in Appendix 4, Table 10H.

¹⁰ Data on the age of those attending ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

¹¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹² Excludes cases where the DOB could not be determined.

¹³ Based on the NISRA 2018 mid-year population estimate which was published on 26th June 2019.

What Triage Level Do Patients Present With?

The level which patients arriving at the ED were designated following triage by a health care professional is presented below. The five levels on the Manchester Triage Scale (MTS) below, act as a guide for the time within which a patient's treatment should commence. ^{14, 15}

Triage Level	Colour	MTS Priority	Waiting Time
Level 1	Red	Immediate	0 Minutes
Level 2	Orange	Very Urgent	10 Minutes
Level 3	Yellow	Urgent	60 Minutes
Level 4	Green	Standard	120 Minutes
Level 5	Blue	Non-Urgent	240 Minutes

In this report it is assumed that patients attending EDs triaged as Level 1 / 2 or 3 are in most urgent need of treatment, and those assessed as Level 4 / 5 are in less need of urgent treatment.

Table 3: Percentage Triaged in each Triage Group (December 2018 - December 2019) 16,

Department	Level '	Level 1 / 2		Level 3		Level 4 / 5	
Department	Dec 2018	Dec 2019	Dec 2018	Dec 2019	Dec 2018	Dec 2019	
Mater	16.5%	19.7%	44.4%	47.8%	39.1%	32.6%	
Royal Victoria	18.7%	21.8%	48.7%	48.1%	32.6%	30.1%	
RBHSC	14.4%	13.2%	26.6%	27.8%	59.0%	58.9%	
Antrim Area	22.3%	19.5%	52.6%	54.0%	25.1%	26.6%	
Causeway	19.3%	19.8%	54.7%	53.1%	26.0%	27.1%	
Ulster	23.3%	25.2%	51.1%	43.8%	25.7%	31.0%	
Craigavon Area	32.1%	36.2%	46.4%	41.9%	21.5%	21.9%	
Daisy Hill	37.0%	36.3%	46.3%	44.3%	16.8%	19.3%	
Altnagelvin Area	33.1%	37.0%	32.7%	32.7%	34.2%	30.3%	
South West Acute	18.2%	21.5%	52.7%	45.4%	29.1%	33.2%	
Type 1	24.2%	25.7%	46.1%	44.3%	29.7%	30.0%	
Type 2	6.9%	8.4%	31.6%	30.2%	61.5%	61.4%	
Type 3	0.3%	0.6%	5.6%	2.7%	94.2%	96.8%	
Northern Ireland	20.7%	22.2%	41.3%	39.6%	38.0%	38.2%	

- Seven in ten (70.0%) attendances at Type 1 departments in December 2019 were triaged as level 1
 / 2 or 3, compared with 70.3% in December 2018 (Table 3, Table 10L).
- Over a fifth (22.2%) of patients were triaged at level 1 / 2 in December 2019, higher than October 2019 (19.7%) and November 2019 (21.4%) (Table 3, Table 10L).
- During December 2019, over a third (37.0%) of patients attending Altnagelvin Area were triaged at level 1 / 2, compared with 13.2% of those attending the RBHSC (Table 3, Table 10L).

¹⁴ Data are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

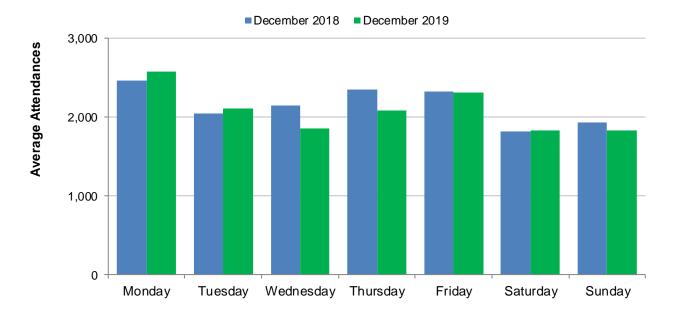
¹⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁶ Information for December 2018 and October, November and December 2019 is detailed in Appendix 4: Table 10L.

When Do People Attend EDs?

Figure 3 presents information on the average number of new and unplanned review attendances at EDs by day of the week during December 2018, compared with December 2019. ^{17, 18, 19}

Figure 3: Average Number of Attendances at Emergency Care Departments by Day of Week (December 2018 - December 2019)



- Overall, Monday was the busiest day at EDs during both December 2018 and December 2019, with over 2,500 daily attendances on average each Monday during December 2019 (Figure 3, Table 10I).
- The largest increase in average daily attendances between December 2018 and December 2019 (118) was on a Monday (2,463 and 2,581 respectively) (Figure 3, Table 10I).
- The lowest average number of daily attendances was on a Saturday during December 2018 (1,824) and a Sunday during December 2019 (1,833) (Figure 3, Table 10I).

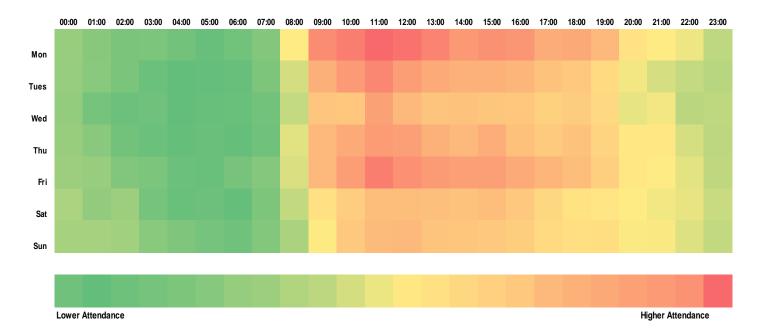
¹⁷ Information for December 2018 and October, November and December 2019 is detailed in Appendix 4, Table 10I.

¹⁸ 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.

¹⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

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 December 2019. 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. ^{20, 21}

Figure 4: Heat Map of Emergency Care Attendances by Day and Time (December 2019)



- Monday was the busiest day of the week during December 2019, with the highest number of attendances arriving between 11:00am and 11:59am (Figure 4).
- Sunday was the least busy day during December 2019, with the highest number of attendances arriving between 12:00am and 12:59am (Figure 4).
- Overall, the busiest hour of the day during December 2019 was between 11:00am and 11:59am,
 whilst the least busy hour was 5:00am to 5:59am (Figure 4).

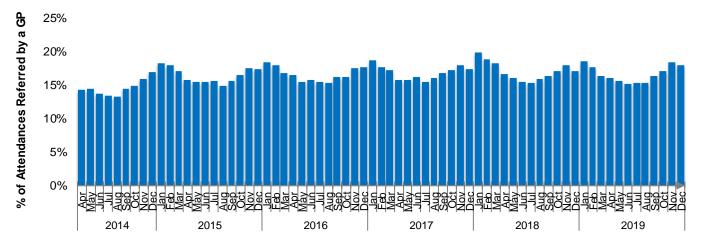
²⁰ Data on when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

²¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

How Many Attendances Were Referred by a GP?

Figure 5 presents information on the percentage of attendances at EDs that had been referred by a GP, from April 2014. ^{22, 23, 24}

Figure 5: Percentage of Attendances at Emergency Care Departments Referred by a GP (April 2014 – December 2019)



- In December 2019, over one in six (18.0%) attendances at EDs had been referred by a GP, compared with 17.1% in December 2018 (Figure 5, Table 10C).
- Type 1 EDs reported the highest percentage of attendances referred by a GP (20.0%) during December 2019, compared to 19.0% in December 2018 (Table 10C).
- One in four (25.0%) attendances at the Ulster had been referred by a GP during December 2019, compared with 13.4% of attendances in Altnagelvin Area (Table 10C).
- The percentage of attendances referred by a GP is generally highest during January each year, and lowest during July and August (Figure 5).

²² Information for December 2018 and October, November and December 2019 is detailed in Appendix 4, Table 10C.

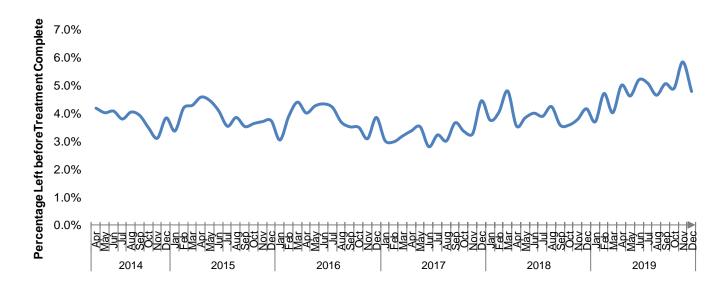
²³ Data on referrals to ED by GP's are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

²⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Do Patients Leave ED Before Their Treatment is Complete?

Figure 6 presents information on the proportion of attendances which left an ED before their treatment was complete, from April 2014. ^{25, 26, 27}

Figure 6: Percentage of Attendances Leaving the Emergency Care Department before their Treatment was Complete (April 2014 – December 2019)



- During December 2019, 4.8% of all ED attendances left before their treatment was complete, compared with 4.2% in December 2018 (Figure 6, Table 10C).
- Type 1 EDs reported the highest percentage (5.5%) of patients leaving before their treatment was complete in December 2019, with 2.1% reported for Type 2 EDs and 0.6% for Type 3 EDs (Table 10C).
- The Mater (10.6%) reported the highest percentage of attendances leaving an ED before their treatment was complete during December 2019, compared with 7.6% in December 2018 (Table 10C).
- During the last 12 months, the percentage of attendances leaving ED before their treatment was complete was highest in November 2019 (5.8%) (Figure 6).

²⁵ Information for December 2018 and October, November and December 2019 is detailed in Appendix 4, Table 10C.

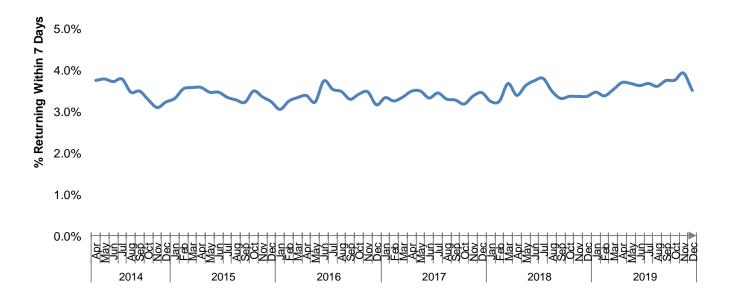
²⁶ Data on those leaving ED before their treatment was complete are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

²⁷ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

How Many Patients Re-attend the Same ED within a Week?

Figure 7 presents information on the percentage of unplanned review attendances at EDs within 7 days of their original attendance for the same condition, from April 2014. ^{28, 29, 30}

Figure 7: Percentage of Re-attendances at Emergency Care Departments within 7 Days (April 2014 – December 2019)



- The percentage of unplanned review attendances at EDs within 7 days of the original attendance for the same condition has changed slightly from April 2014, fluctuating between 3.1% and 3.9% of the total number of ED attendances (Figure 7).
- During December 2019, 3.5% of attendances had attended the same ED within 7 days of their original attendance, compared with 3.4% in December 2018 (Figure 7, Table 10C).
- RBHSC (6.9%) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during December 2019 (Table 10C).

²⁸ Information for December 2018 and October, November and December 2019 is detailed in Appendix 4, Table 10C.

²⁹ 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.

³⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

How Long Do Patients Spend in ED?

Emergency Care Waiting Times Targets

The current DOH targets³¹ on emergency care waiting times in Northern Ireland for 2019/20 state that:

'95% of patients attending any Type 1, 2 or 3 emergency care department are either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any emergency care department should wait longer than twelve hours.'

'By March 2020, at least 80% of patients to have commenced treatment, following triage, within 2 hours.'

This section describes the various data available to measure the length of time patients spend in EDs in Northern Ireland. It outlines these different measures and how they relate to each other. The different measures of the time spent in an ED include:

The Four and Twelve Hour Waiting Times Target;

The most familiar mechanisms for monitoring ED performance are the 'four and twelve hour' measures, which report the percentage of patients treated and discharged or admitted from ED within 4 hours of their arrival and the number treated and discharged or admitted from ED within 12 hours of arrival.

Time to Triage (Initial Assessment / Triage);

This refers to the time from arrival at ED to the start of a patient's triage by a medical professional for all attendances.

• Time to Start of Treatment; and,

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

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

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

³¹ Further breakdown of EDs can be found in Appendix 4: Table 10B & Table 10J.

How are EDs Performing?

Table 4 details performance against the 4 and 12 hour components of the emergency care waiting times target in Northern Ireland. Waiting time is from arrival to discharge or admission to hospital. ³²

Table 4: Performance against Emergency Care Waiting Times Target (December 2018 - December 2019)

%Within 4 Hours	Dec 2018	Oct 2019	Nov 2019	Dec 2019 —	Diff (Dec 2018	- Dec 2019)
70 WILLIIII 4 HOUIS	Dec 2016	0012019	NOV 2019	Dec 2019—	No.	% pt
Type 1	62.2%	59.9%	54.1%	54.8%	-	-6.4%
Type 2	82.7%	76.5%	79.1%	78.9%	-	-3.8%
Туре 3	99.9%	99.8%	99.8%	99.8%	-	-0.1%
Total	67.1%	65.4%	60.4%	60.7%	-	-6.3%
Over 12 Hours	Dec 2018	Oct 2019	Nov 2019	Dec 2019 —	Diff (Dec 2018 ·	- Dec 2019)
Over 12 Hours	Dec 2016	001 2019	NOV 2019	Dec 2019—	No.	%
Type 1	1,980	3,930	4,947	5,230	3,250	-
Type 2	11	24	35	50	39	-
Туре 3						-
Total	1,991	3,954	4,982	5,280	3,289	-
New & Unplanned	Dec 2018	Oct 2019	Nov 2019	Dec 2019 —	Diff (Dec 2018 ·	- Dec 2019)
Review Attendances	Dec 2016	001 2019	NOV 2019	Dec 2019—	No.	%
Type 1	55,803	59,782	57,448	54,035	-1,768	-3.2%
Type 2	4,878	5,923	5,439	5,009	131	2.7%
Type 3	5,955	7,608	6,643	5,828	-127	-2.1%
Total	66,636	73,313	69,530	64,872	-1,764	-2.6%

- Over three fifths (60.7%) of attendances in December 2019 were discharged or admitted within 4 hours, compared with 67.1% in December 2018 (Table 10B & 10J).
- Over half (54.8%) of attendances at Type 1 EDs in December 2019 waited less than 4 hours, compared with 78.9% at Type 2 EDs and 99.8% at Type 3 EDs (Table 4, Table 10B & 10J).
- Between December 2018 and December 2019, the number waiting over 12 hours increased from 1,991 to 5,280, accounting for 8.1% of attendances in December 2019 (Table 4, Table 10B & 10J).
- During this period, EDs experienced a 2.6% decrease in attendances (66,636 to 64,872), whilst 4 hour performance decreased from 67.1% to 60.7% (Table 4, Table 10B & 10J).
- During the quarter ending 31st December 2019, almost two thirds (62.3%) of patients waited less than 4 hours at an ED, compared with 69.4% during the same quarter in 2018.
- Between October 2019 and December 2019, the percentage waiting less than 4 hours was highest in October 2019 (65.4%) and lowest in November 2019 (60.4%), whilst the number waiting over 12 hours was highest in December 2019 (5,280) and lowest in October 2019 (3,954) (Table 4).

³² Information on the comparability of this information with other UK jurisdictions is detailed on pages 6 – 8 of the additional guidance document found at the following link: https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-niwts-ecwt-guidance.pdf

Table 5 details the performance for both the four and twelve hour components of the emergency care waiting times target at each Type 1 ED in December 2019 compared with the same month last year. Information has also been included on the overall performance at Type 2 and 3 EDs during this period. ^{33, 34}

Table 5: Performance against the 4 and 12 Hour Components of the Emergency Care Waiting
Times Target at Type 1 EDs (December 2018 - December 2019)

Department -	4 Hour Perf	ormance	nance 12 Hour Performance		Total Attendances	
Department -	Dec 2018	Dec 2019	Dec 2018	Dec 2019	Dec 2018	Dec 2019
Mater	70.2%	54.7%	50	265	4,077	3,789
Royal Victoria	54.8%	45.7%	209	711	8,124	7,659
RBHSC	76.5%	76.7%	-	1	3,760	3,605
Antrim Area	58.5%	60.7%	380	802	7,245	7,451
Causeway	73.3%	66.8%	72	342	3,791	3,988
Ulster	58.4%	54.9%	610	985	8,216	7,888
Craigavon Area	54.2%	44.5%	282	881	7,197	6,638
Daisy Hill	65.3%	60.2%	114	331	4,590	4,548
Altnagelvin Area	67.2%	46.4%	132	637	5,788	5,290
South West Acute	63.3%	51.1%	131	275	3,015	3,179
Type 1	62.2%	54.8%	1,980	5,230	55,803	54,035
Type 2	82.7%	78.9%	11	50	4,878	5,009
Type 3	99.9%	99.8%	-	-	5,955	5,828
Northern Ireland	67.1%	60.7%	1,991	5,280	66,636	64,872

- During December 2019, the RBHSC (76.7%) reported the highest performance of the four hour target at any Type 1 ED, whilst Craigavon Area (44.5%) reported the lowest (Table 5, Table 10B).
- No Type 1 ED achieved the 12-hour target during December 2019 (Table 5, Table 10B).
- The Ulster (985) reported the highest number of patients waiting over 12 hours during December 2019 (Table 5, Table 10B).
- Between December 2018 and December 2019, performance against the 12 hour target declined at all Type 1 EDs (Table 5, Table 10B).

³³ Information for December 2018 and October, November and December 2019 is detailed in Appendix 4: Table 10B & Table 10I.

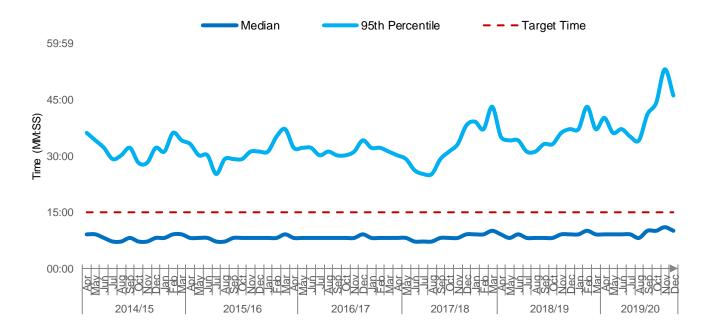
³⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

How Long Did Patients Wait to be Triaged?

Figure 9 details the length of time patients waited from the time of their arrival at an ED to their triage (initial assessment) by a medical practitioner, which includes a brief history, pain assessment and early warning scores, for all patients. ^{35, 36}

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.





- During December 2019, the median waiting time from arrival to triage was 10 minutes, 1 minute more than the time taken in December 2018 (9 minutes) (Figure 9, Table 10D).
- 95 percent of patients were triaged within 46 minutes of their arrival at an ED in December 2019,
 9 minutes more than the time taken in December 2018 (37 minutes) (Figure 9, Table 10D).
- Almost two thirds (65.6%) of attendances were triaged within 15 minutes of their arrival at an ED during December 2019, compared with 71.8% in December 2018.
- During each of the last 3 months, the median waiting time from arrival to triage was longest in November 2019 (11 minutes) and shortest in October and December 2019 (10 minutes), and the time taken to triage 95 percent of patients was also longest during November 2019 (53 minutes) and shortest in October 2019 (44 minutes) (Table 10D).

³⁵ Data on time to triage are not National Statistics, and are included to provide users with a comprehensive view of ED activity and waits.

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

³⁷ Additional information on time to triage is detailed in Appendix 4: Table 10D.

Table 6 presents information on the percentage of patients commencing treatment, following triage, within 2 hours at Type 1 EDs in December 2019, compared with the same month last year. Information has also been included on the overall performance at Type 2 and 3 EDs during this period.³⁸

Table 6: Performance against the Target to Commence Treating Patients within 2 Hours of them being Triaged (December 2018 - December 2019)

Department	Dec 2018	Oct 2019	Nov 2019	Dec 2019
Mater	77.3%	67.2%	66.7%	69.8%
Royal Victoria	65.6%	61.2%	61.8%	68.5%
RBHSC	82.7%	76.6%	69.6%	81.6%
Antrim Area	66.0%	69.5%	61.7%	74.0%
Causeway	96.7%	88.2%	86.9%	91.4%
Ulster	76.8%	83.0%	83.1%	80.9%
Craigavon Area	61.8%	56.7%	46.1%	53.2%
Daisy Hill	71.6%	75.4%	70.6%	68.5%
Altnagelvin Area	87.5%	72.1%	63.0%	68.8%
South West Acute	82.3%	81.3%	68.3%	74.7%
Type 1	74.8%	72.0%	67.2%	72.3%
Type 2	94.1%	88.0%	92.5%	91.7%
Type 3	99.7%	99.7%	99.8%	99.6%
Northern Ireland	78.4%	76.3%	72.3%	76.2%

- Over three quarters (76.2%) of patients attending EDs commenced their treatment within 2 hours of being triaged, compared with 78.4% in December 2018 (Table 6, Table 10K).
- During December 2019, over seven in ten (72.3%) patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 91.7% at Type 2 EDs and 99.6% at Type 3 EDs (Table 6, Table 10K).
- Three Type 1 EDs (Causeway, RBHSC and the Ulster) achieved the 80% target in December 2019 (Table 6, Table 10K).
- During December 2019, Causeway (91.4%) reported the highest percentage commencing treatment within 2 hours, whilst Craigavon Area (53.2%) reported the lowest (Table 6, Table 10K).
- Between October and December 2019, the highest percentage of patients commencing treatment within 2 hours was in October 2019 (76.3%) whilst the lowest was in November 2019 (72.3%), (Table 6).

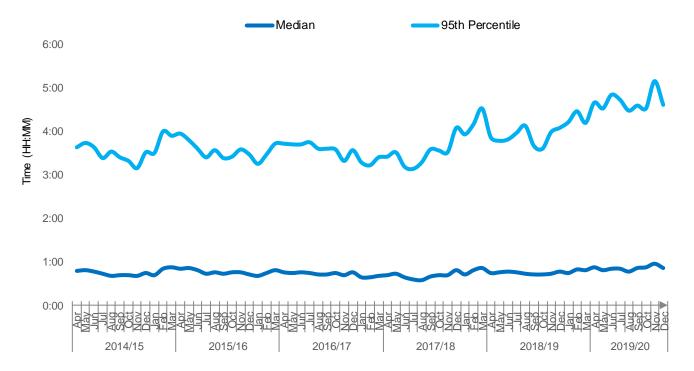
³⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

How Long Did Patients Wait for Their Treatment to Start?

Figure 10 shows information on the length of time patients waited for their treatment to start following triage (initial assessment) by a medical practitioner. The start of treatment refers to the beginning of a definitive treatment by a decision-making clinician. ^{39, 40}

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





- The median waiting time from triage to start of treatment in December 2019 was 51 minutes, 5 minutes more than the time taken in December 2018 (46 minutes) (Figure 10, Table 10E).
- During December 2019, 95 percent of patients commenced treatment within 4 hours 36 minutes of being triaged, 32 minutes more than December 2018 (4 hours 4 minutes) (Figure 10, Table 10E).
- Across each of the last 3 months, the median waiting time to start of treatment was longest in November 2019 (57 minutes) and shortest in December 2019 (51 minutes), whilst the time within which 95 percent of patients started treatment was also longest in November 2019 (5 hours 9 minutes) and shortest in October 2019 (4 hours 31 minutes) (Table 10D).

³⁹ Data on start of treatment are not National Statistics, and are included to provide users with a comprehensive view of ED activity and waits.

⁴⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁴¹ Additional information on time to triage is detailed in Appendix 4: Table 10E.

⁴² Information on start of treatment for Type 3 EDs does not include data for Omagh UCC after 6th March 2018.

What is the Waiting Time for Treatment to Start at Type 1 EDs?

Table 7 details the median and 95th percentile of the length of time waited from triage to the start of treatment at Type 1 EDs during December 2019 compared with December 2018. ^{43, 44}

Table 7: Time from Triage to Start of Treatment (December 2018 and December 2019) 45, 46

Department -	Med	ian	95th Perce	ntile
Department -	December 2018	December 2019	December 2018	December 2019
Mater	0:44	1:00	4:21	6:00
Royal Victoria	1:10	0:59	4:36	6:03
RBHSC	0:55	0:56	3:04	3:12
Antrim Area	1:19	1:10	5:14	3:46
Causeway	0:25	0:34	1:45	2:27
Ulster	0:54	0:49	4:05	4:08
Craigavon Area	1:31	1:50	5:53	7:10
Daisy Hill	1:11	1:13	3:57	4:37
Altnagelvin Area	0:32	1:14	2:57	4:34
South West Acute	0:35	0:49	3:18	4:52
Type 1	0:56	1:02	4:19	4:53
Type 2	0:32	0:33	2:05	2:23
Type 3	0:04	0:05	0:44	0:47
Northern Ireland	0:46	0:51	4:04	4:36

- The median time waited at Type 1 EDs from triage to start of treatment by a medical professional was 1 hour 2 minutes in December 2019, 6 minutes more than December 2018 (56 minutes) (Table 7, Table 10E).
- Craigavon Area (1 hour 50 minutes) reported the longest median waiting time from triage to start of treatment during December 2019, whilst Causeway (34 minutes) reported the shortest median waiting time (Table 7, Table 10E).
- Craigavon Area reported the longest waiting time between triage and start of treatment, with 95 percent of attendances commencing treatment within 7 hours 10 minutes of being triaged; 1 hour 17 minutes more than the time taken in December 2018 (5 hours 53 minutes) (Table 7, Table 10E).
- Causeway reported the shortest time to start of treatment during December 2019, with 95 percent of attendances commencing treatment within 2 hours 27 minutes of being triaged, 42 minutes more than the time taken in December 2018 (1 hour 45 minutes) (Table 7, Table 10E).

⁴³ Data on time to start of treatment are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

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

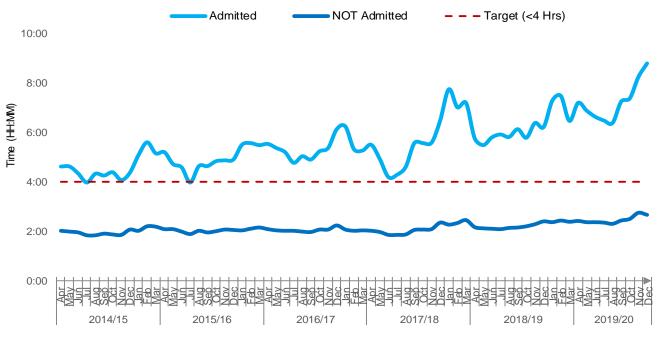
⁴⁵ Information for December 2018 and October, November and December 2019 is detailed in Appendix 4, Table 10E.

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

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

Information detailed in Tables 8 and 9 indicates that patients admitted to hospital generally spend a longer period of time in an ED than those discharged home. 47, 48

Figure 11: Median Time Spent in an Emergency Care Department for those (i) Admitted to Hospital and (ii) Discharged Home (April 2014 to December 2019) ^{49,}



- During December 2019, the median time patients admitted to hospital spent in ED was 8 hours 48 minutes, compared to 2 hours 40 minutes for those discharged home (Figure 11, Table 10F & 10G).
- During December 2019, 95 percent of patients admitted to hospital waited up to 28 hours 2 minutes in ED, over three times longer than the time waited by 95 percent of those discharged home (8 hours 12 minutes) (Table 8 & 9).
- During the last 3 months, the median time patients admitted spent in ED was longest in December 2019 (8 hours 48 minutes) and shortest in October 2019 (7 hours 23 minutes) (Table 10F).
- During this period, the median time waited by patients discharged home was longest in November 2019 (2 hours 45 minutes) and shortest in October 2019 (2 hours 30 minutes) (Table 10G).
- During this period, the longest time waited by up to 95 percent of patients admitted was in December 2019 (28 hours 2 minutes) and shortest in October 2019 (24 hours 37 minutes) (Table 10F).
- During this period, the longest time waited by up to 95 percent of patients discharged home was in November 2019 (8 hours 25 minutes) and shortest in October 2019 (7 hours 32 minutes) (Table 10G).

⁴⁷ Data are not National Statistics, and are included to provide users with a comprehensive view of ED activity and waits.

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

⁴⁹ Further breakdown of EDs can be found in Appendix 4, Table 10F and 10G.

How Long did Patients <u>Admitted</u> to Hospital Spend in an ED?

Table 8 details the median and 95th percentile length of time spent in an ED from arrival to leaving the ED for those who **were admitted** to hospital. ⁵⁰

Table 8: Total Time Spent in an Emergency Care Department for those Admitted to Hospital (December 2018 - December 2019) 51,52

Demontro	Med	ian	95th Percentile		
Department	December 2018	December 2019	December 2018	December 2019	
Mater	5:18	8:13	12:49	27:00	
Royal Victoria	6:53	9:30	14:20	22:32	
RBHSC	4:14	4:11	8:01	9:03	
Antrim Area	6:07	7:41	20:20	30:02	
Causeway	5:59	9:17	13:54	29:13	
Ulster	7:20	10:16	24:29	32:42	
Craigavon Area	6:50	10:22	18:23	29:05	
Daisy Hill	6:06	8:20	18:20	23:26	
Altnagelvin Area	6:29	10:34	15:23	28:17	
South West Acute	5:34	7:25	19:38	24:10	
Type 1	6:21	9:00	19:01	28:15	
Type 2	4:13	5:05	8:53	21:21	
Type 3	0:26	2:45	2:39	6:00	
Northern Ireland	6:13	8:48	18:50	28:02	

- The median time patients who were admitted to hospital spent in a Type 1 ED was 9 hours in December 2019, 2 hours 39 minutes longer than the same month last year (6 hours 21 minutes) (Table 8, Table 10F).
- During December 2019, Altnagelvin Area reported the longest median waiting time from arrival to admission (10 hours 34 minutes), whilst the RBHSC reported the shortest time (4 hours 11 minutes) (Table 8).
- 95 percent of patients were admitted to hospital within 28 hours 15 minutes at Type 1 EDs in December 2019, 9 hours 14 minutes longer than the time taken in December 2018 (19 hours 1 minute) (Table 8).
- Between December 2018 and December 2019, Causeway reported the la rgest increase (from 13 hours 54 minutes to 29 hours 13 minutes) in the time taken for up to 95% of patients to be admitted to hospital (Table 8, Table 10F).

⁵⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵¹ Information for December 2018 and October, November and December 2019 is detailed in Appendix 4, Table 10F.

⁵² Readers should note that Type 3 data on time spent in EDs for patients admitted is provided by Omagh only. No other Type 3 ED produces these statistics.

How Long Did Patients <u>Discharged Home</u> Spend in an ED?

Table 9 details the median and 95th percentile length of time spent in an ED from arrival to leaving the ED for those who **were discharged home**. ⁵³

Table 9: Total Time Spent in Emergency Care Departments for those Discharged Home (December 2018 - December 2019) ^{54,}

Department	Med	ian	95th Percentile		
	December 2018	December 2019	December 2018	December 2019	
Mater	2:27	3:12	6:37	9:06	
Royal Victoria	3:13	3:42	7:40	10:23	
RBHSC	2:34	2:26	5:32	<i>5:45</i>	
Antrim Area	3:00	2:51	7:43	7:59	
Causeway	2:08	2:27	5:59	8:28	
Ulster	2:47	2:56	7:13	7:27	
Craigavon Area	3:09	3:39	8:06	9:25	
Daisy Hill	2:45	2:54	6:35	7:08	
Altnagelvin Area	2:31	3:45	6:15	9:01	
South West Acute	2:56	3:17	7:10	10:24	
Type 1	2:47	3:07	7:07	8:45	
Type 2	1:54	2:01	5:24	5:32	
Type 3	0:32	0:35	1:40	1:46	
Northern Ireland	2:24	2:40	6:49	8:12	

- The median time patients discharged home (not admitted) spent in a Type 1 ED was 3 hours 7 minutes in December 2019, 20 minutes longer than the time taken during the same month last year (2 hour 47 minutes) (Table 9, Table 10G).
- In December 2019, 95 percent of attendances at Type 1 EDs were discharged home within 8 hours 45 minutes of their arrival, 1 hour 38 minutes longer than the time taken in December 2018 (7 hours 7 minutes) (Table 9, Table 10G).

⁵³ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵⁴ Information for December 2018 and October, November and December 2019 is detailed in Appendix 4, Table 10G.

Appendices

Appendix 1: About Hospital Information Branch (HIB)

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



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

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

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

Website: https://www.health-ni.gov.uk/topics/doh-statistics-and-research

Appendix 2: Emergency Care Departments and Opening Hours

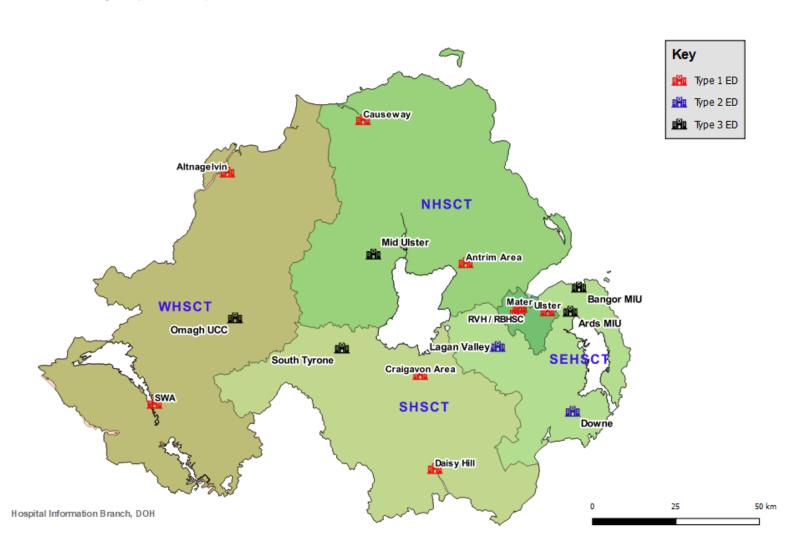
There are three separate categories of emergency care facility included in this publication:

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

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

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

Emergency Care Departments in Northern Ireland



Current Categorisation of Emergency Care Departments 55

HSC Trust	Type 1 (24-hour assess)	Type 2 (Limited opening hours)	Type 3 (Minor Injuries Unit, MIU)
	Belfast City (Closed)		
Belfast	Mater	RVH (Eye Casualty) ⁵⁶ (9-5pm Mon-Fri) (8.30-1pm Sat)	
Donaot	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ⁵⁷ (Closed)
	Causeway		Mid Ulster (9-5pm Mon-Fri)
	Ulster	Lagan Valley (8-8pm Mon-Fri)	Ards MIU (9-5pm Mon-Fri)
South Eastern		Downe ⁵⁸ (8-8pm Mon-Fri) (9-5pm (MIU only) Sat-Sun)	Bangor MIU (9-5pm Mon-Fri)
Southorn	Craigavon Area		South Tyrone (9-9pm Mon-Fri) (10-6pm Sat-Sun)
Southern	Daisy Hill		Armagh Community ⁵⁹ (Closed)
Western	Altnagelvin Area		Tyrone County (Closed)
	South West Acute		Omagh ⁶⁰ (24-hour)

⁵⁵ Opening Hours are as of June 2017.

 $^{^{56}}$ RVH (RAES) refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

⁵⁷ Temporarily closed on 1st December 2014.

 $^{^{58}}$ Currently operates as a Type 3 on Saturday and Sunday, between 9am and 5pm.

⁵⁹ Temporarily closed on 17th November 2014.

⁶⁰ Tyrone County closed on 20th June 2017 and all emergency services were transferred to the new Omagh Hospital and Primary Care Complex on that date.

Appendix 3: General Guidance on using the Data

Guidance on using the Data

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

Northern Ireland. It is recommended that readers refer to the 'Emergency Care Waiting Time Statistics

- Additional Guidance' booklet, which details technical guidance, definitions and background

information on the data used, including the security and confidentiality processes. This booklet is

updated for each release and can be found at the following link:

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

Description of Data

Data on the number of new and unplanned review attendances at EDs in Northern Ireland by the length

of time waited. New and unplanned review attendances at EDs are used to describe unplanned activity

at EDs, with new attendances referring to the first attendance and unplanned reviews referring to any

subsequent unplanned attendances for the same complaint.

Information on the length of time waited is collected and refers to the time waited from arriving at the

ED until the time the patient is treated and discharged, or admitted to hospital.

Number of new and unplanned review attendances at EDs - this is the number of new and

unplanned review attendances at EDs during each calendar month. It does not include planned

review attendances.

The length of time patients wait refers to the time between entering the ED and being logged in at

reception, until leaving the ED (treated and discharged, or admitted to hospital). It should also be

noted that the length of time waiting for patients who are to be admitted to hospital continues until

they have left the ED.

An assessment of both the number of new and unplanned review attendances, and the length of

time patients have waited, when compared with equivalent data for previous months, allow users

to gauge the demand for emergency care services.

Emergency care waiting times by type of department is presented to allow users to compare similar

types of EDs in Northern Ireland, i.e. Type 1, 2 or 3 departments.

Users should take into consideration, changes in the provision of emergency care services at

specific sites in Northern Ireland when making comparisons with previous months. Such changes in

the provision of services can be found in the document 'Emergency Care Waiting Time Statistics -

Additional Guidance' document at the following link:

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

Appendix 4: Additional Tables

Table 10A: New & Unplanned Review Attendances at Emergency Care Departments 61

D		New Atte	ndances			Unplanned	l Reviews			Total Atte	ndances	
Department	Dec 2018	Oct 2019	Nov 2019	Dec 2019	Dec-18	Oct-19	Nov-19	Dec-19	Dec-18	Oct-19	Nov-19	Dec-19
Mater	3,922	4,271	3,913	3,671	155	173	114	118	4,077	4,444	4,027	3,789
Royal Victoria	7,792	8,357	7,699	7,351	332	290	402	308	8,124	8,647	8,101	7,659
RBHSC	3,405	3,819	3,895	3,261	355	415	479	344	3,760	4,234	4,374	3,605
Antrim Area	6,838	7,829	7,338	7,068	407	377	371	383	7,245	8,206	7,709	7,451
Causeway	3,551	4,024	3,802	3,677	240	305	289	311	3,791	4,329	4,091	3,988
Ulster	7,997	8,174	8,072	7,695	219	237	199	193	8,216	8,411	8,271	7,888
Craigavon Area	6,799	6,896	6,683	6,156	398	621	583	482	7,197	7,517	7,266	6,638
Daisy Hill	4,329	4,481	4,439	4,289	261	339	273	259	4,590	4,820	4,712	4,548
Altnagelvin Area	5,495	5,459	5,195	4,967	293	383	350	323	5,788	5,842	5,545	5,290
South West Acute	2,813	3,054	3,078	2,954	202	278	274	225	3,015	3,332	3,352	3,179
Гуре 1	52,941	56,364	54,114	51,089	2,862	3,418	3,334	2,946	55,803	59,782	57,448	54,035
Eye Casualty	1,178	1,311	1,241	1,030	56	42	52	68	1,234	1,353	1,293	1,098
Downe	1,654	1,993	1,769	1,722	79	93	105	100	1,733	2,086	1,874	1,822
Lagan Valley	1,834	2,420	2,201	2,021	77	64	71	68	1,911	2,484	2,272	2,089
Туре 2	4,666	5,724	5,211	4,773	212	199	228	236	4,878	5,923	5,439	5,009
Mid Ulster	718	968	804	671	41	42	33	37	759	1,010	837	708
Ards	807	1,140	962	889	39	52	54	35	846	1,192	1,016	924
Bangor	702	928	758	671	37	63	46	25	739	991	804	696
South Tyrone	2,159	2,667	2,436	2,081	72	144	154	101	2,231	2,811	2,590	2,182
Omagh	1,247	1,443	1,261	1,181	133	161	135	137	1,380	1,604	1,396	1,318
Гуре 3	5,633	7,146	6,221	5,493	322	462	422	335	5,955	7,608	6,643	5,828
Northern Ireland	63,240	69,234	65,546	61,355	3,396	4,079	3,984	3,517	66,636	73,313	69,530	64,872

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

Table 10B: Performance against Emergency Care Waiting Times Target 62, 63

D		4 - Hour Pe	rformance			12 - Hour P	erformance	;	Total Attendances			
Department	Dec 2018	Oct 2019	Nov 2019	Dec 2019	Dec 2018	Oct 2019	Nov 2019	Dec 2019	Dec 2018	Oct 2019	Nov 2019	Dec 2019
Mater	70.2%	59.1%	56.8%	54.7%	50	212	252	265	4,077	4,444	4,027	3,789
Royal Victoria	54.8%	48.4%	44.7%	45.7%	209	550	777	711	8,124	8,647	8,101	7,659
RBHSC	76.5%	75.2%	64.6%	76.7%				1	3,760	4,234	4,374	3,605
Antrim Area	58.5%	68.0%	57.6%	60.7%	380	193	589	802	7,245	8,206	7,709	7,451
Causeway	73.3%	69.3%	66.6%	66.8%	72	253	277	342	3,791	4,329	4,091	3,988
Ulster	58.4%	59.0%	58.1%	54.9%	610	914	914	985	8,216	8,411	8,271	7,888
Craigavon Area	54.2%	47.4%	39.0%	44.5%	282	931	1,072	881	7,197	7,517	7,266	6,638
Daisy Hill	65.3%	67.7%	65.2%	60.2%	114	165	200	331	4,590	4,820	4,712	4,548
Altnagelvin Area	67.2%	57.6%	49.7%	46.4%	132	521	576	637	5,788	5,842	5,545	5,290
South West Acute	63.3%	62.2%	51.6%	51.1%	131	191	290	275	3,015	3,332	3,352	3,179
Type 1	62.2%	59.9%	54.1%	54.8%	1,980	3,930	4,947	5,230	55,803	59,782	57,448	54,035
Eye Casualty	81.0%	75.8%	77.3%	80.1%					1,234	1,353	1,293	1,098
Downe	90.0%	85.5%	85.5%	80.9%	5	15	33	47	1,733	2,086	1,874	1,822
Lagan Valley	77.1%	69.4%	74.9%	76.5%	6	9	2	3	1,911	2,484	2,272	2,089
Type 2	82.7%	76.5%	79.1%	78.9%	11	24	35	50	4,878	5,923	5,439	5,009
Mid Ulster	100.0%	100.0%	100.0%	99.9%					759	1,010	837	708
Ards	100.0%	99.9%	100.0%	100.0%					846	1,192	1,016	924
Bangor	100.0%	100.0%	100.0%	100.0%					739	991	804	696
South Tyrone	100.0%	100.0%	100.0%	99.9%					2,231	2,811	2,590	2,182
Omagh	99.6%	99.3%	98.9%	99.4%					1,380	1,604	1,396	1,318
Type 3	99.9%	99.8%	99.8%	99.8%					5,955	7,608	6,643	5,828
Northern Ireland	67.1%	65.4%	60.4%	60.7%	1,991	3,954	4,982	5,280	66,636	73,313	69,530	64,872

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

⁶³ Information on the comparability of this information with other UK jurisdictions is detailed on pages 6 – 8 of the additional guidance document found at the following link: https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-niwts-ecwt-guidance.pdf

Table 10C: Percentage of Attendances (i) Referred by a GP; (ii) Who Left before Treatment was Complete; and (iii) Re-attended within 7 Days 64, 65

D		GP Re	ferrals			Left Before	Treatment		Unpla	nned revie	ws Within 7	Days
Department	Dec 2018	Oct 2019	Nov 2019	Dec 2019	Dec 2018	Oct 2019	Nov 2019	Dec 2019	Dec 2018	Oct 2019	Nov 2019	Dec 2019
Mater	12.5%	12.1%	13.3%	14.7%	7.6%	9.7%	10.1%	10.6%	2.8%	2.9%	2.0%	2.2%
Royal Victoria	17.3%	18.7%	19.2%	19.4%	6.8%	9.6%	9.7%	8.4%	2.5%	2.4%	3.2%	2.7%
RBHSC	15.8%	14.4%	17.1%	16.0%	5.3%	7.6%	9.5%	4.4%	6.8%	7.4%	8.0%	6.9%
Antrim Area	23.3%	23.7%	25.6%	24.8%	3.8%	2.3%	3.3%	2.1%	3.2%	2.8%	3.0%	3.1%
Causeway	23.6%	20.6%	23.1%	21.3%	1.6%	3.1%	3.0%	2.2%	4.0%	4.2%	4.5%	4.8%
Ulster	23.6%	24.1%	25.3%	25.0%	3.5%	3.1%	3.0%	3.1%	2.1%	2.0%	1.8%	1.7%
Craigavon Area	22.7%	24.0%	24.7%	22.6%	6.1%	6.8%	10.2%	6.8%	3.9%	5.3%	5.5%	4.6%
Daisy Hill	16.0%	14.9%	15.3%	14.3%	4.0%	4.3%	4.9%	5.9%	4.1%	5.6%	4.4%	4.5%
Altnagelvin Area	11.4%	12.8%	14.3%	13.4%	4.3%	5.7%	7.8%	6.4%	3.6%	5.0%	5.1%	4.4%
South West Acute	18.8%	20.1%	20.6%	20.3%	3.7%	4.9%	8.4%	6.9%	5.0%	6.2%	6.5%	5.1%
Type 1	19.0%	19.4%	20.6%	20.0%	4.8%	5.7%	6.8%	5.5%	3.5%	4.0%	4.1%	3.7%
Eye Casualty	13.0%	13.3%	12.8%	12.6%	1.3%	1.6%	1.2%	1.3%	2.1%	0.8%	1.1%	0.4%
Downe	18.4%	18.0%	16.1%	18.1%	0.8%	2.1%	1.4%	2.0%	2.8%	2.7%	3.3%	3.0%
Lagan Valley	12.8%	14.0%	17.2%	16.7%	3.2%	3.6%	3.0%	2.7%	2.3%	1.7%	2.0%	2.0%
Type 2	14.9%	15.2%	15.8%	16.3%	1.9%	2.6%	2.0%	2.1%	2.4%	1.9%	2.2%	2.0%
Mid Ulster	1.6%	1.1%	1.1%	1.6%	0.1%	0.0%	0.2%	0.1%	2.2%	2.1%	1.3%	2.8%
Ards	0.5%	0.9%	0.9%	1.3%	0.2%	0.9%	0.3%	0.6%	3.4%	2.1%	2.3%	1.6%
Bangor	1.1%	0.6%	0.9%	1.0%	0.7%	1.5%	1.1%	1.4%	2.2%	2.6%	2.9%	1.9%
South Tyrone	0.5%	0.6%	0.7%	0.7%	0.0%	0.2%	0.2%	0.1%	1.7%	2.8%	3.9%	2.3%
Omagh	1.7%	1.7%	1.1%	1.9%	0.8%	1.3%	0.5%	1.2%	5.5%	6.5%	6.2%	6.7%
Туре 3	1.0%	0.9%	0.9%	1.2%	0.3%	0.7%	0.4%	0.6%	2.9%	3.4%	3.7%	3.2%
Northern Ireland	17.1%	17.1%	18.4%	18.0%	4.2%	4.9%	5.8%	4.8%	3.4%	3.8%	3.9%	3.5%

⁶⁴ 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.

⁶⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Table 10D: Waiting Time from Arrival to Triage (Assessment) 66, 67

Do no námo o ná		Med	lian			95 th Pe	rcentile	
Department	Dec 2018	Oct 2019	Nov 2019	Dec 2019	Dec 2018	Oct 2019	Nov 2019	Dec 2019
Mater	0:09	0:11	0:11	0:13	0:27	0:41	0:41	0:48
Royal Victoria	0:14	0:15	0:18	0:17	0:50	1:03	1:10	1:06
RBHSC	0:15	0:17	0:20	0:11	0:57	0:59	1:13	0:49
Antrim Area	0:09	0:10	0:12	0:12	0:26	0:29	0:39	0:38
Causeway	0:09	0:10	0:13	0:11	0:26	0:32	0:39	0:32
Ulster	0:11	0:12	0:12	0:12	0:31	0:36	0:37	0:36
Craigavon Area	0:11	0:10	0:15	0:11	0:46	0:49	1:07	0:52
Daisy Hill	0:05	0:05	0:05	0:05	0:17	0:15	0:15	0:15
Altnagelvin Area	0:11	0:11	0:13	0:18	0:35	0:43	0:51	1:01
South West Acute	0:11	0:11	0:15	0:12	0:38	0:46	1:02	0:43
Type 1	0:10	0:11	0:13	0:12	0:39	0:45	0:55	0:49
Eye Casualty	0:13	0:26	0:23	0:19	0:52	1:19	1:28	1:01
Downe	0:05	0:07	0:06	0:07	0:21	0:23	0:22	0:25
Lagan Valley	0:08	0:09	0:08	0:07	0:22	0:28	0:26	0:22
Type 2	0:08	0:10	0:09	0:08	0:33	0:51	0:51	0:38
Mid Ulster	0:02	0:02	0:02	0:03	0:07	0:07	0:08	0:09
Ards	0:02	0:03	0:02	0:03	0:11	0:14	0:15	0:15
Bangor	0:04	0:04	0:04	0:04	0:17	0:22	0:17	0:22
South Tyrone	0:01	0:01	0:01	0:01	0:10	0:10	0:09	0:11
Omagh	0:08	0:08	0:09	0:07	0:36	0:40	0:48	0:32
Type 3	0:03	0:03	0:02	0:03	0:20	0:20	0:21	0:20
Northern Ireland	0:09	0:10	0:11	0:10	0:37	0:44	0:53	0:46

⁶⁶ 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.

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

Table 10E: Waiting Time from Triage (Assessment) to Start of Treatment 68, 69, 70

Damadaaaat		Med	ian			95 th Per	centile	
Department	Dec 2018	Oct 2019	Nov 2019	Dec 2019	Dec 2018	Oct 2019	Nov 2019	Dec 2019
Mater	0:44	1:05	1:10	1:00	4:21	5:41	5:47	6:00
Royal Victoria	1:10	1:20	1:17	0:59	4:36	6:48	7:03	6:03
RBHSC	0:55	1:03	1:14	0:56	3:04	3:27	4:09	3:12
Antrim Area	1:19	1:21	1:32	1:10	5:14	4:21	4:47	3:46
Causeway	0:25	0:38	0:38	0:34	1:45	2:45	2:50	2:27
Ulster	0:54	0:45	0:48	0:49	4:05	3:44	3:51	4:08
Craigavon Area	1:31	1:41	2:15	1:50	5:53	6:19	8:25	7:10
Daisy Hill	1:11	1:05	1:11	1:13	3:57	3:53	4:03	4:37
Altnagelvin Area	0:32	1:09	1:27	1:14	2:57	3:54	4:54	4:34
South West Acute	0:35	0:40	0:58	0:49	3:18	3:36	5:04	4:52
Type 1	0:56	1:04	1:13	1:02	4:19	4:54	5:30	4:53
Downe	0:24	0:35	0:29	0:29	1:37	2:26	2:01	2:43
Lagan Valley	0:41	0:53	0:40	0:36	2:22	2:46	2:30	2:07
Type 2	0:32	0:44	0:35	0:33	2:05	2:37	2:17	2:23
Mid Ulster	0:04	0:04	0:04	0:05	0:20	0:25	0:23	0:26
Ards	0:08	0:10	0:07	0:11	0:53	0:54	0:41	0:55
Bangor	0:05	0:06	0:05	0:10	0:35	0:50	0:55	1:01
South Tyrone	0:01	0:01	0:02	0:01	0:21	0:23	0:23	0:28
Omagh	0:07	0:10	0:08	0:09	1:19	1:11	1:00	1:07
Type 3	0:04	0:05	0:04	0:05	0:44	0:45	0:38	0:47
Northern Ireland	0:46	0:52	0:57	0:51	4:04	4:31	5:09	4:36

⁶⁸ 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.

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

⁷⁰ Due to a change in how information is recorded at Omagh UCC, data on the start of treatment is not available after 6th March 2018.

Table 10F: Time Spent in an Emergency Care Department by those Admitted to Hospital 71, 72,

Danautusant		Med	lian			95 th Percentile					
Department	Dec 2018	Oct 2019	Nov 2019	Dec 2019	Dec 2018	Oct 2019	Nov 2019	Dec 2019			
Mater	5:18	7:55	7:59	8:13	12:49	23:10	24:38	27:00			
Royal Victoria	6:53	8:36	9:32	9:30	14:20	19:16	21:34	22:32			
RBHSC	4:14	4:16	4:23	4:11	8:01	8:50	9:15	9:03			
Antrim Area	6:07	5:03	7:07	7:41	20:20	15:15	22:53	30:02			
Causeway	5:59	7:21	7:57	9:17	13:54	23:12	23:59	29:13			
Ulster	7:20	9:48	9:43	10:16	24:29	29:51	29:06	32:42			
Craigavon Area	6:50	10:15	11:32	10:22	18:23	27:51	28:45	29:05			
Daisy Hill	6:06	6:30	6:31	8:20	18:20	19:23	20:17	23:26			
Altnagelvin Area	6:29	9:18	9:47	10:34	15:23	25:13	27:27	28:17			
South West Acute	5:34	6:07	7:49	7:25	19:38	21:07	23:20	24:10			
Type 1	6:21	7:31	8:28	9:00	19:01	24:51	26:10	28:15			
Eye Casualty	2:28	3:04	2:40	2:39	4:57	6:11	8:00	7:51			
Downe	3:31	4:03	3:46	5:14	8:45	14:22	21:37	24:44			
Lagan Valley	4:44	6:30	4:55	5:09	9:19	10:19	9:06	9:11			
Type 2	4:13	5:28	4:31	5:05	8:53	10:41	13:52	21:21			
Mid Ulster											
Ards											
Bangor		•									
South Tyrone											
Omagh	0:26	2:11	1:22	2:45	2:39	5:13	5:35	6:00			
Type 3	0:26	1:41	1:22	2:45	2:39	5:13	5:35	6:00			
Northern Ireland	6:13	7:23	8:15	8:48	18:50	24:37	26:00	28:02			

⁷¹ 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.

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

Table 10G: Time Spent in an Emergency Care Department by those Discharged Home 73, 74,

Danasturant		Med	lian			95 th Pe	rcentile	
Department	Dec 2018	Oct 2019	Nov 2019	Dec 2019	Dec 2018	Oct 2019	Nov 2019	Dec 2019
Mater	2:27	3:02	3:10	3:12	6:37	8:34	9:02	9:06
Royal Victoria	3:13	3:33	3:50	3:42	7:40	10:03	10:52	10:23
RBHSC	2:34	2:40	3:02	2:26	5:32	5:54	6:55	5:45
Antrim Area	3:00	2:40	3:06	2:51	7:43	6:38	8:06	7:59
Causeway	2:08	2:20	2:27	2:27	5:59	7:03	7:50	8:28
Ulster	2:47	2:45	2:47	2:56	7:13	7:03	7:35	7:27
Craigavon Area	3:09	3:25	4:09	3:39	8:06	8:53	11:00	9:25
Daisy Hill	2:45	2:33	2:45	2:54	6:35	6:26	6:39	7:08
Altnagelvin Area	2:31	3:15	3:39	3:45	6:15	7:47	8:43	9:01
South West Acute	2:56	2:53	3:27	3:17	7:10	8:01	9:35	10:24
Type 1	2:47	2:55	3:13	3:07	7:07	8:03	9:03	8:45
Eye Casualty	2:18	2:34	2:41	2:31	5:43	6:22	6:01	5:30
Downe	1:17	1:35	1:29	1:32	4:40	5:14	5:24	5:37
Lagan Valley	2:13	2:42	2:11	2:07	5:41	6:12	6:01	5:29
Type 2	1:54	2:16	2:03	2:01	5:24	5:58	5:53	5:32
Mid Ulster	0:32	0:34	0:33	0:40	1:25	1:29	1:22	1:35
Ards	0:40	0:44	0:42	0:47	1:53	1:51	1:40	1:53
Bangor	0:34	0:39	0:40	0:45	1:29	1:42	1:47	1:53
South Tyrone	0:27	0:25	0:26	0:26	1:12	1:04	1:05	1:12
Omagh	0:41	0:44	0:43	0:41	2:22	2:20	2:17	2:27
Type 3	0:32	0:33	0:33	0:35	1:40	1:41	1:37	1:46
Northern Ireland	2:24	2:30	2:45	2:40	6:49	7:32	8:25	8:12

⁷³ 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.

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

Table 10H: Attendances at Emergency Care Departments per 1000-Population by Age Group 75, 76

Age Group	Dec 2018	Oct 2019	Nov 2019	Dec 2019
Under 5	61.1	62.6	67.0	56.6
Aged 5 - 15	22.1	31.2	29.8	22.3
Aged 16 - 44	33.3	36.3	34.3	31.8
Aged 45 - 64	30.6	32.4	29.3	28.9
Aged 65 - 74	36.9	39.7	35.6	38.0
Aged 75 & Over	64.7	68.9	66.6	67.6
Northern Ireland	35.4	39.0	37.0	34.5

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

Day of Week	Dec 2018	Oct 2019	Nov 2019	Dec 2019
Monday	2,463.4	2,868.8	2,810.8	2,581.2
Tuesday	2,052.0	2,503.8	2,528.5	2,113.6
Wednesday	2,148.0	2,454.4	2,473.0	1,858.0
Thursday	2,351.3	2,346.6	2,313.0	2,080.0
Friday	2,318.3	2,442.8	2,360.8	2,306.5
Saturday	1,824.2	1,902.3	1,872.8	1,835.5
Sunday	1,931.2	1,952.3	1,962.5	1,833.2

⁷⁵ Data on age and when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

 $^{^{76}}$ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Table 10J: Attendances at Emergency Care Departments, by Time Waited from Arrival to Discharge 77

D		Under 4	4 Hours		E	Between 4 a	nd 12 Hours	5		Over 12	2 Hours	
Department -	Dec 2018	Oct 2019	Nov 2019	Dec 2019	Dec 2018	Oct 2019	Nov 2019	Dec 2019	Dec 2018	Oct 2019	Nov 2019	Dec 2019
Mater	2,863	2,625	2,287	2,072	1,164	1,607	1,488	1,452	50	212	252	265
Royal Victoria	4,454	4,187	3,620	3,502	3,461	3,910	3,704	3,446	209	550	777	711
RBHSC	2,877	3,185	2,825	2,766	883	1,049	1,549	838				1
Antrim Area	4,235	5,578	4,443	4,524	2,630	2,435	2,677	2,125	380	193	589	802
Causeway	2,778	3,002	2,723	2,665	941	1,074	1,091	981	72	253	277	342
Ulster	4,797	4,963	4,802	4,333	2,809	2,534	2,555	2,570	610	914	914	985
Craigavon Area	3,900	3,563	2,832	2,954	3,015	3,023	3,362	2,803	282	931	1,072	881
Daisy Hill	2,998	3,264	3,074	2,740	1,478	1,391	1,438	1,477	114	165	200	331
Altnagelvin Area	3,889	3,366	2,756	2,457	1,767	1,955	2,213	2,196	132	521	576	637
South West Acute	1,908	2,072	1,728	1,624	976	1,069	1,334	1,280	131	191	290	275
Type 1	34,699	35,805	31,090	29,637	19,124	20,047	21,411	19,168	1,980	3,930	4,947	5,230
Eye Casualty	1,000	1,025	1,000	879	234	328	293	219				
Downe	1,560	1,784	1,602	1,474	168	287	239	301	5	15	33	47
Lagan Valley	1,474	1,723	1,701	1,599	431	752	569	487	6	9	2	3
Type 2	4,034	4,532	4,303	3,952	833	1,367	1,101	1,007	11	24	35	50
Mid Ulster	759	1,010	837	707				1				
Ards	846	1,191	1,016	924		1						
Bangor	739	991	804	696								
South Tyrone	2,231	2,810	2,590	2,180		1		2				
Omagh	1,374	1,593	1,380	1,310	6	11	16	8				
Type 3	5,949	7,595	6,627	5,817	6	13	16	11	0	0	0	0
Northern Ireland	44,682	47,932	42,020	39,406	19,963	21,427	22,528	20,186	1,991	3,954	4,982	5,280

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

Table 10K: Percentage of Patients Commencing Treatment, Following Triage, within 2 Hours 78,

Department	% Commenced	Treatment, Fol	lowing Triage,	within 2 Hours
	Dec 2018	Oct 2019	Nov 2019	Dec 2019
Mater	77.3%	67.2%	66.7%	69.8%
Royal Victoria	65.6%	61.2%	61.8%	68.5%
RBHSC	82.7%	76.6%	69.6%	81.6%
Antrim Area	66.0%	69.5%	61.7%	74.0%
Causeway	96.7%	88.2%	86.9%	91.4%
Ulster	76.8%	83.0%	83.1%	80.9%
Craigavon Area	61.8%	56.7%	46.1%	53.2%
Daisy Hill	71.6%	75.4%	70.6%	68.5%
Altnagelvin Area	87.5%	72.1%	63.0%	68.8%
South West Acute	82.3%	81.3%	68.3%	74.7%
Type 1	74.8%	72.0%	67.2%	72.3%
Downe	98.2%	91.7%	94.8%	89.9%
Lagan Valley	90.5%	85.0%	90.6%	93.1%
Type 2	94.1%	88.0%	92.5%	91.7%
Mid Ulster	100.0%	100.0%	100.0%	100.0%
Ards	99.2%	99.4%	100.0%	99.9%
Bangor	100.0%	100.0%	99.6%	99.7%
South Tyrone	100.0%	100.0%	100.0%	99.9%
Omagh	99.0%	98.8%	99.3%	98.6%
Type 3	99.7%	99.7%	99.8%	99.6%
Northern Ireland	78.4%	76.3%	72.3%	76.2%

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

Table 10L: Percentage Triaged in each Triage Group 79,80,

Daniel and a series		Triaged L	evel (1/2)			Triaged l	_evel (3)		Triaged Level (4/5)			
Department	Dec 2018	Oct 2019	Nov 2019	Dec 2019	Dec 2018	Oct 2019	Nov 2019	Dec 2019	Dec 2018	Oct 2019	Nov 2019	Dec 2019
Mater	16.5%	16.5%	17.2%	19.7%	44.4%	47.1%	50.1%	47.8%	39.1%	36.4%	32.7%	32.6%
Royal Victoria	18.7%	19.0%	20.9%	21.8%	48.7%	47.9%	47.8%	48.1%	32.6%	33.1%	31.3%	30.1%
RBHSC	14.4%	15.1%	15.9%	13.2%	26.6%	25.1%	26.6%	27.8%	59.0%	59.8%	57.6%	58.9%
Antrim Area	22.3%	17.9%	18.4%	19.5%	52.6%	54.2%	56.6%	54.0%	25.1%	27.9%	25.0%	26.6%
Causeway	19.3%	18.7%	18.1%	19.8%	54.7%	51.7%	57.2%	53.1%	26.0%	29.6%	24.7%	27.1%
Ulster	23.3%	22.4%	24.4%	25.2%	51.1%	42.9%	42.7%	43.8%	25.7%	34.7%	32.9%	31.0%
Craigavon Area	32.1%	33.0%	36.4%	36.2%	46.4%	44.7%	41.3%	41.9%	21.5%	22.4%	22.4%	21.9%
Daisy Hill	37.0%	32.8%	35.1%	36.3%	46.3%	46.1%	45.4%	44.3%	16.8%	21.1%	19.5%	19.3%
Altnagelvin Area	33.1%	34.2%	36.9%	37.0%	32.7%	31.5%	31.3%	32.7%	34.2%	34.3%	31.8%	30.3%
South West Acute	18.2%	17.5%	19.7%	21.5%	52.7%	46.3%	46.9%	45.4%	29.1%	36.3%	33.4%	33.2%
Type 1	24.2%	23.3%	25.0%	25.7%	46.1%	44.1%	44.5%	44.3%	29.7%	32.6%	30.5%	30.0%
Eye Casualty	0.7%	2.1%	2.8%	1.2%	2.6%	5.9%	4.9%	4.6%	96.7%	91.9%	92.3%	94.2%
Downe	9.8%	9.8%	11.1%	12.2%	36.2%	29.6%	31.0%	37.1%	54.1%	60.6%	58.0%	50.7%
Lagan Valley	8.2%	8.3%	8.3%	9.0%	46.2%	40.0%	41.7%	37.6%	45.5%	51.7%	50.0%	53.4%
Type 2	6.9%	7.4%	7.9%	8.4%	31.6%	28.5%	29.2%	30.2%	61.5%	64.0%	62.8%	61.4%
Mid Ulster	0.3%	0.1%	0.4%	0.1%	2.4%	3.9%	3.2%	3.4%	97.4%	96.0%	96.4%	96.5%
Ards	0.1%	0.1%	-	0.1%	0.7%	0.9%	1.1%	0.5%	99.2%	99.0%	98.9%	99.4%
Bangor	0.1%	0.3%	0.4%	0.4%	1.1%	1.9%	0.6%	1.2%	98.8%	97.8%	99.0%	98.4%
South Tyrone	0.3%	0.5%	0.4%	0.7%	3.6%	3.8%	4.0%	3.6%	96.1%	95.7%	95.6%	95.7%
Omagh	0.4%	1.1%	1.8%	1.1%	16.0%	5.3%	3.2%	3.2%	83.5%	93.6%	95.1%	95.7%
Type 3	0.3%	0.4%	0.5%	0.6%	5.6%	3.2%	2.8%	2.7%	94.2%	96.3%	96.6%	96.8%
Northern Ireland	20.7%	19.7%	21.4%	22.2%	41.3%	38.8%	39.5%	39.6%	38.0%	41.5%	39.1%	38.2%

⁷⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁸⁰ Data on the triage level of those attending ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits

Appendix 5: Further Information

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

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

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