



Emergency Care Waiting Time Statistics for Northern Ireland



(October - December 2020)

Published 10th February 2021





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 processes ¹. 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 /wploads/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:

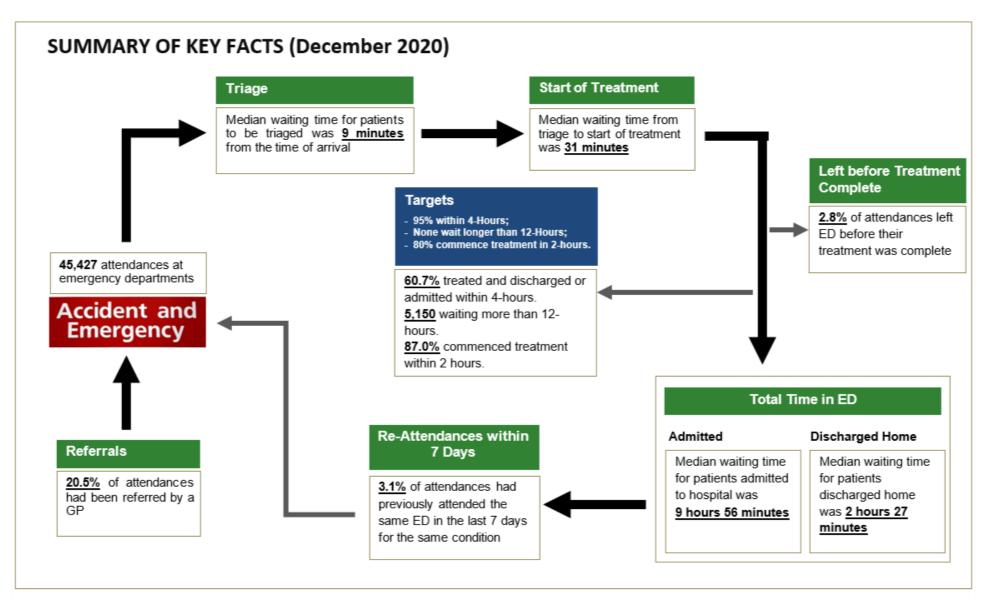
https://www.health-ni.gov.uk/topics/doh-statistics-and-research/official-statistics-and-user-engagement

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 2020, compared with the same month last year. ^{2, 3, 4, 5, 6}

Information for the last three months (October, November and December 2020) is detailed in Table 10A on page 30.

Table 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (December 2019 - December 2020)

Attendances	December 2019	December 2020	Differe	nce
New	61,312	43,192	-18,120	-29.6%
Unplanned Review	3,516	2,235	-1,281	-36.4%
Total Attendances	64,828	45,427	-19,401	-29.9%
Emergency Admissions	12,887	9,987	-2,900	-22.5%

- Total attendances at EDs decreased by 29.9% (19,401) when compared with December 2019, from 64,828 to 45,427 in December 2020 (Table 1, Table 10A).
- Between December 2019 and December 2020, unplanned review attendances decreased by 36.4% (1,281) and new attendances decreased by 29.6% (18,120) (Table 1, Table 10A).
- There were 141,333 attendances at EDs during the quarter ending 31st December 2020, 31.9% (66,242) less than during the same quarter in 2019 (207,575).
- The number of emergency admissions to hospital from EDs decreased by 22.5% (2,900) between December 2019 (12,887) and December 2020 (9,987) (Table 1).

² Information for June 2019 and October, November and December 2020 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.

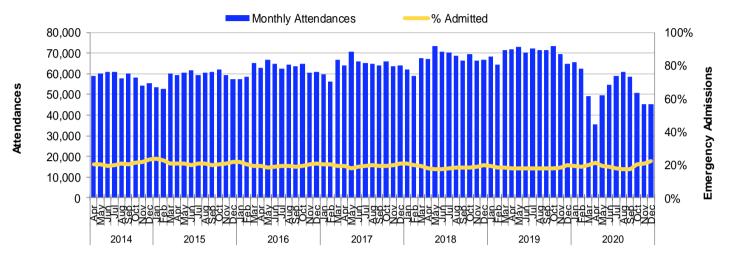
⁵ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

⁶ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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 ⁷ to hospital each month, from April 2014. ^{8, 9, 10}

Figure 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (April 2014 –December 2020)



- During each of the last six 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 all three months of the latest quarter decreased when compared with the same month of the previous year.
 - During October 2020, there were 50,701 attendances at EDs, 31.3% (22,569) less than
 October 2019 (73,270);
 - During November 2020, there were 45,205 attendances at EDs, 34.0% (24,272) less than November 2019 (69,477); and,
 - During December 2020, there were 45,427 attendances at EDs, 27.2% (19,401) less than December 2019 (64,828).

⁷ 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.

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

⁹ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

¹⁰ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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 September 2020 and the same month last year. It also details the total number of attendances at Type 2 and 3 EDs during this period ^{11, 12, 13, 14, 15}

Table 2: Attendances at Emergency Care Departments (December 2019 – December 2020)

Department	New Attendances		Unplanned Review Attendances		Total Attendances	
	Dec 2019	Dec 2020	Dec 2019	Dec 2020	Dec 2019	Dec 2020
Mater	3,671	1,047	118	22	3,789	1,069
Royal Victoria	7,351	5,687	308	84	7,659	5,771
RBHSC	3,261	2,061	344	192	3,605	2,253
Antrim Area	7,064	5,202	383	242	7,447	5,444
Causeway	3,638	2,620	311	128	3,949	2,748
Ulster	7,694	6,579	193	203	7,887	6,782
Craigavon Area	6,156	4,601	481	380	6,637	4,981
Daisy Hill	4,289	2,953	259	234	4,548	3,187
Altnagelvin Area	4,967	3,978	323	298	5,290	4,276
South West Acute	2,954	2,189	225	203	3,179	2,392
Type 1	51,045	36,917	2,945	1,986	53,990	38,903
Type 2	4,774	2,951	236	158	5,010	3,109
Type 3	5,493	3,324	335	91	5,828	3,415
Northern Ireland	61,312	43,192	3,516	2,235	64,828	45,427

- Between December 2019 and December 2020, total attendances decreased at Type 1, Type 2 and Type 3 departments (Table 2, Table 10A).
- The Ulster (6,782) was the busiest EDs during December 2020 (Table 2, Table 10A).
- All 10 Type 1 EDs reported a decrease in attendances during December 2020, compared with December 2019 (Table 2, Table 10A).

¹¹ Information for June 2019 and October, November and December 2020 is detailed in Appendix 4, Table 10A.

¹² Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹³ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

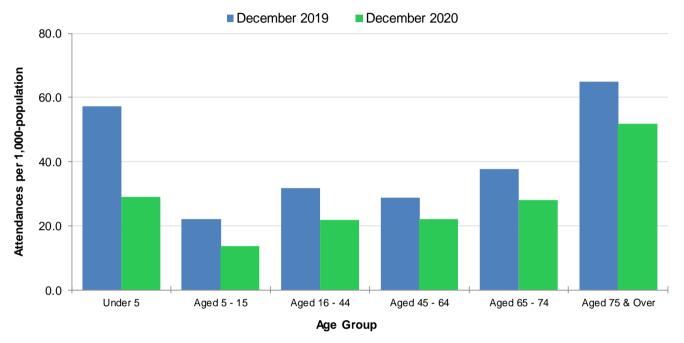
¹⁴ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

¹⁵ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Who Attends EDs?

Figure 2 presents information on the number of attendances at EDs per 1,000-population, broken down by the age group of those attending^{16, 17, 18, 19, 20}

Figure 2: Attendances at Emergency Care Departments per 1,000-population, by Age Group (December 2019 – December 2020)^{21, 22}



- During both December 2019 and December 2020, the highest number of attendances per 1,000-population was recorded for those Aged 75 & Over (65.0 and 51.8 respectively) (Figure 2, Table 10H).
- The lowest number of attendances per 1,000-population was recorded in the Aged 5 15 age group during December 2020 (13.5) (Figure 2, Table 10H).
- The rate of attendances per 1,000-population decreased for all age groups between December 2019 and December 2020. (Figure 2, Table 10H).

¹⁶ Information for June 2019 and October, November and December 2020 is detailed in Appendix 4, Table 10H.

¹⁷ 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.

¹⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁹ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

²⁰ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

²¹ Excludes cases where the DOB could not be determined.

²² Based on the NISRA 2019 mid-year population estimate which was published on 6th May 2020.

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. ^{23, 24}

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 2019 - December 2020)^{25, 26, 27,28}

Donortmont	Level 1	Level 1 / 2		Level 3		Level 4 / 5	
Department	Dec 2019	Dec 2020	Dec 2019	Dec 2020	Dec 2019	Dec 2020	
Mater	19.7%	34.0%	47.8%	45.0%	32.6%	21.1%	
Royal Victoria	21.8%	24.7%	48.1%	52.3%	30.1%	23.0%	
RBHSC	13.2%	11.9%	27.8%	23.9%	58.9%	64.2%	
Antrim Area	19.5%	21.5%	54.0%	49.3%	26.6%	29.2%	
Causeway	19.8%	18.7%	53.1%	58.0%	27.1%	23.3%	
Ulster	25.2%	23.9%	43.8%	45.5%	31.0%	30.5%	
Craigavon Area	36.1%	35.8%	41.9%	38.4%	21.9%	25.8%	
Daisy Hill	36.3%	31.2%	44.3%	41.5%	19.3%	27.4%	
Altnagelvin Area	37.0%	35.4%	32.7%	34.0%	30.3%	30.6%	
South West Acute	21.5%	20.5%	45.4%	43.4%	33.2%	36.1%	
Type 1	25.7%	26.2%	44.3%	43.8%	30.0%	30.0%	
Type 2	8.4%	4.2%	30.2%	28.5%	61.4%	67.2%	
Type 3	0.6%	0.5%	2.7%	4.1%	96.8%	95.4%	
Northern Ireland	22.2%	23.2%	39.6%	40.4%	38.2%	36.4%	

- Seven in ten (70.0%) attendances at Type 1 departments in December 2020 were triaged as level 1
 / 2 or 3, similar to 70.0% in December 2019 (Table 3, Table 10L).
- Almost a quarter (23.2%) of patients were triaged at level 1 / 2 in December 2020, higher than October 2020 (21.4%) and November 2020 (22.4%) (Table 3, Table 10L).
- During December 2020, almost a third of patients attending Craigavon Area (35.8%) were triaged at level 1 / 2, compared with 11.9% of those attending the RBHSC (Table 3, Table 10L).

²³ Data 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.

²⁵ Information for June 2019 and October, November and December 2020 is detailed in Appendix 4: Table 10L.

²⁶ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

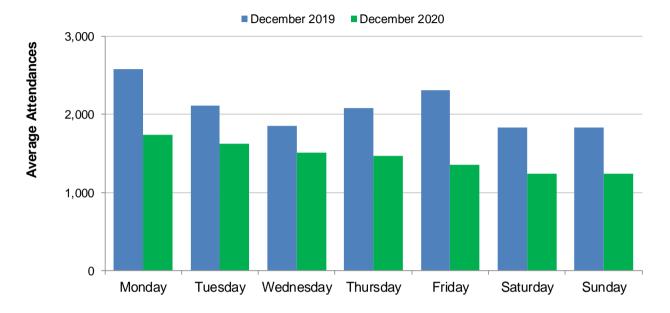
²⁷ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

²⁸ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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 2019, compared with December 2020. ^{29, 30, 31, 32}

Figure 3: Average Number of Attendances at Emergency Care Departments by Day of Week (December 2019 - December 2020)³³



- Overall, Monday was the busiest day at EDs during both December 2019 and December 2020, with over 1,700 daily attendances on average each Monday during December 2020 (Figure 3, Table 10l).
- The largest decrease in average daily attendances between December 2019 and December 2020 (948) was on a Friday (2,305 and 1,357 respectively) (Figure 3, Table 10I).
- The lowest average number of daily attendances was on a Saturday during December 2020 (1,237) and on a Sunday during December 2019 (1,833) (Figure 3, Table 10I).

²⁹ Information for June 2019 and October, November and December 2020 is detailed in Appendix 4, Table 101.

³⁰ 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.

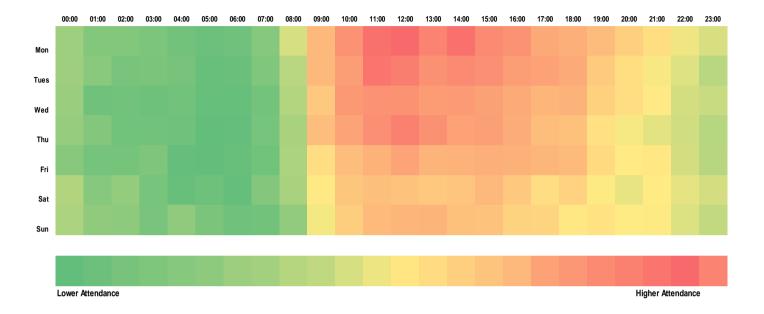
³¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

³² Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

³³ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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 2020. 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. ^{34, 35, 36}

Figure 4: Heat Map of Emergency Care Attendances by Day and Time (December 2020)³⁷



- Monday was the busiest day of the week during December 2020, with the highest number of attendances arriving between 12:00am and 12:59am (Figure 4).
- Saturday was the least busy day during December 2020, with the highest number of attendances arriving between 15:00pm and 15:59pm (Figure 4).
- Overall, the busiest hour of the day during December 2020 was between 12:00am and 12:59am,
 whilst the least busy hour was 6:00am to 6:59am (Figure 4).

³⁴ 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.

³⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

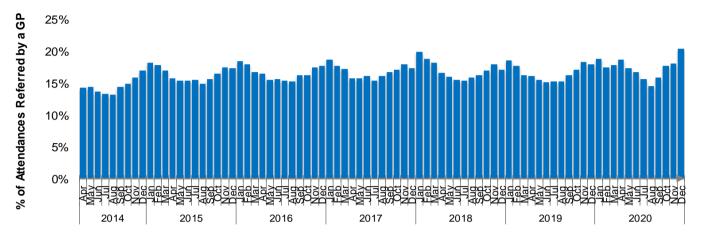
³⁶ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

³⁷ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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. ^{38, 39, 40, 41}

Figure 5: Percentage of Attendances at Emergency Care Departments Referred by a GP (April 2014 – December 2020)⁴²



- In December 2020, over a fifth (20.5%) attendances at EDs had been referred by a GP, compared with 18.0% in December 2019 (Figure 5, Table 10C).
- Type 1 EDs reported the highest percentage of attendances referred by a GP (23.1%) during December 2020, compared to 20.0% in December 2019 (Table 10C).
- Over four in ten (42.9%) attendances at Antrim Area had been referred by a GP during December 2020, compared with 4.6% of attendances in RBHSC (Table 10C).
- The percentage of attendances referred by a GP is generally highest during December each year, and lowest during July and August (Figure 5).

³⁸ Information for June 2019 and October, November and December 2020 is detailed in Appendix 4, Table 10C.

³⁹ 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.

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

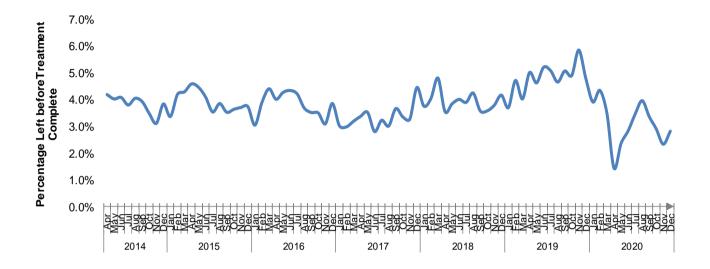
⁴¹ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

⁴² Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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. ^{43, 44, 45, 46}

Figure 6: Percentage of Attendances Leaving the Emergency Care Department before their Treatment was Complete (April 2014 – December 2020)⁴⁷



- During December 2020, 2.8% of all ED attendances left before their treatment was complete, compared with 4.8% in December 2019 (Figure 6, Table 10C).
- Type 1 EDs reported the highest percentage (3.2%) of patients leaving before their treatment was complete in December 2020, with 0.9% reported for Type 2 EDs and 0.2% for Type 3 EDs (Table 10C).
- The Royal Victoria (7.8%) reported the highest percentage of attendances leaving an ED before their treatment was complete during December 2020, compared with 8.4% in December 2019 (Table 10C).
- During the last 12 months, the percentage of attendances leaving ED before their treatment was complete was highest in February 2020 (4.3%) (Figure 6).

 $^{^{43}}$ Information for June 2019 and October, November and December 2020 is detailed in Appendix 4, Table 10C.

⁴⁴ 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.

⁴⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

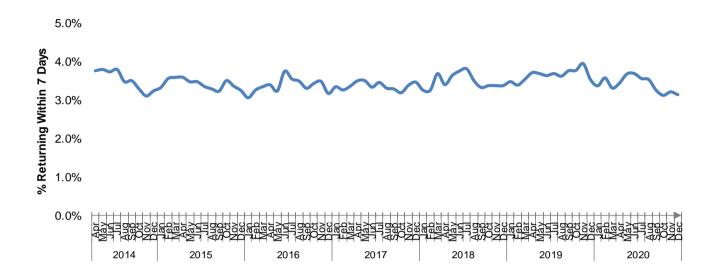
⁴⁶ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

⁴⁷ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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. ^{48, 49, 50, 51}

Figure 7: Percentage of Re-attendances at Emergency Care Departments within 7 Days (April 2014 – December 2020) 52



- 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 2020, 3.1% of attendances had attended the same ED within 7 days of their original attendance, compared with 3.5% in December 2019 (Figure 7, Table 10C).
- South West Acute (6.7%) reported the highest percentage of unplanned review attendances within
 7 days of the original attendance during December 2020 (Table 10C).

⁴⁸ Information for June 2019 and October, November and December 2020 is detailed in Appendix 4, Table 10C.

⁴⁹ 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.

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

⁵¹ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

⁵² Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

How Long Do Patients Spend in ED?

Emergency Care Waiting Times Targets

The current DOH targets⁵³ on emergency care waiting times in Northern Ireland for 2020/21 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 2021, 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.

⁵³ 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. ^{54, 55}

Table 4: Performance against Emergency Care Waiting Times Target (December 2019 - December 2020)⁵⁶

0/ MG4hin Allauma	Da - 2040	0~4.0000	Nov. 2020	D 2020	Diff (Dec 2019	- Dec 2020)
% Within 4 Hours	Dec 2019	Oct 2020	Nov 2020	Dec 2020—	No.	%
Type 1	54.9%	57.1%	59.2%	55.1%	-	0.3%
Type 2	78.9%	84.7%	88.0%	87.4%	-	8.5%
Type 3	99.8%	99.9%	99.6%	99.5%	-	-0.3%
Total	60.8%	62.8%	65.0%	60.7%	-	-0.1%
Over 12 Hours	Dog 2010	Oct 2020	Nov 2020	Dog 2020	Diff (Dec 2019	- Dec 2020)
Over 12 Hours	Dec 2019	Oct 2020	Nov 2020	Dec 2020—	No.	%
Type 1	5,222	4,856	4,153	5,147	-75	-
Type 2	50	3		3	-47	-
Type 3						-
Total	5,272	4,859	4,153	5,150	-122	-
New & Unplanned	Dec 2019	40 O-4 0000 Nov. 004	Nov. 2020 Doc 2020 Diff (Dec 2	Diff (Dec 2019	- Dec 2020)	
Review Attendances	Dec 2019	Oct 2020	Nov 2020	Dec 2020—	No.	%
Type 1	53,990	42,767	37,825	38,903	-15,087	-27.9%
Type 2	5,010	3,339	3,193	3,109	-1,901	-37.9%
Type 3	5,828	4,595	4,187	3,415	-2,413	-41.4%
Total	64,828	50,701	45,205	45,427	-19,401	-29.9%

- Over six in ten (60.7%) of attendances in December 2020 were discharged or admitted within 4 hours, similar to 60.8% in December 2019 (Table 10B & 10J).
- Over half (55.1%) attendances at Type 1 EDs in December 2020 waited less than 4 hours, compared with 87.4% at Type 2 EDs and 99.5% at Type 3 EDs (Table 4, Table 10B & 10J).
- Between December 2019 and December 2020, the number waiting over 12 hours decreased from 5,272 to 5,150, and accounting for 11.3% of attendances in December 2020 (Table 4, Table 10B &10J).
- During this period, EDs experienced a 29.9% decrease in attendances (64,828 to 45,427), whilst 4 and 12 hour performance remained similar (60.8% to 60.7%) (Table 4, Table 10B & 10J).
- During the quarter ending 31st December 2020, almost two thirds (62.8%) of patients waited less than 4 hours at an ED, similar to 62.3% during the same quarter in 2019.
- Between October 2020 and December 2020, the percentage waiting less than 4 hours was highest in November 2020 (65.0%) and lowest in December 2020 (60.7%), whilst the number waiting over 12 hours was highest in December 2020 (5,150) and lowest in November 2020 (4,153) (Table 4, Table 10B).

⁵⁴ 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-quidance.pdf

⁵⁵ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

⁵⁶ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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 2020 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. ^{57, 58, 59}

Table 5: Performance against the 4 and 12 Hour Components of the Emergency Care Waiting

Times Target at Type 1 EDs (December 2019 - December 2020) 60, 61

Denoutment	4 Hour Peri	4 Hour Performance		12 Hour Performance		Total Attendances	
Department -	Dec 2019	Dec 2020	Dec 2019	Dec 2020	Dec 2019	Dec 2020	
Mater	54.7%	48.1%	265	201	3,789	1,069	
Royal Victoria	45.7%	32.0%	711	922	7,659	5,771	
RBHSC	76.8%	86.9%	-	-	3,605	2,253	
Antrim Area	60.7%	60.7%	801	862	7,447	5,444	
Causeway	67.1%	60.6%	337	340	3,949	2,748	
Ulster	54.9%	61.5%	985	766	7,887	6,782	
Craigavon Area	44.5%	46.1%	880	960	6,637	4,981	
Daisy Hill	60.2%	61.8%	331	200	4,548	3,187	
Altnagelvin Area	46.4%	54.6%	637	544	5,290	4,276	
South West Acute	51.1%	58.0%	275	352	3,179	2,392	
Type 1	54.9%	55.1%	5,222	5,147	53,990	38,903	
Type 2	78.9%	87.4%	50	3	5,010	3,109	
Type 3	99.8%	99.5%	-	-	5,828	3,415	
Northern Ireland	60.8%	60.7%	5,272	5,150	64,828	45,427	

- During December 2020, the RBHSC (86.9%) reported the highest performance of the four hour target at any Type 1 ED, whilst the Royal Victoria (32.0%) reported the lowest (Table 5, Table 10B).
- RBHSC was the only Type 1 ED to achieve the 12-hour target during December 2020 (Table 5, Table 10B).
- Craigavon Area (960) reported the highest number of patients waiting over 12 hours during December 2020 (Table 5, Table 10B).
- Between December 2019 and December 2020, performance against the 12 hour target improved at four of the ten Type 1 EDs. (Table 5, Table 10B).

⁵⁷ Information for June 2019 and October, November and December 2020 is detailed in Appendix 4: Table 10B & Table 10J.

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

⁵⁹ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

⁶⁰ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

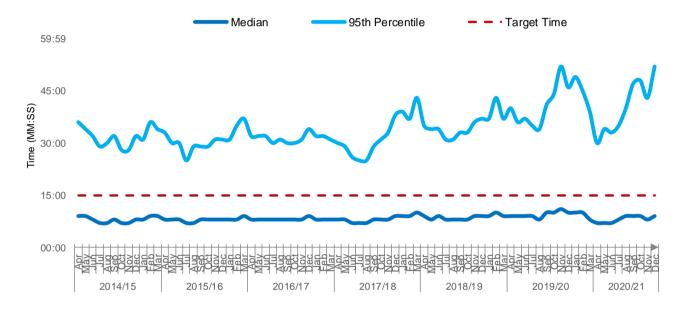
⁶¹ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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. ^{62, 63}

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 2020, the median waiting time from arrival to triage was 9 minutes, 1 minute less than the time taken in December 2019 (10 minutes) (Figure 9, Table 10D).
- 95 percent of patients were triaged within 52 minutes of their arrival at an ED in December 2020, 6 minutes more than the time taken in December 2019 (46 minutes) (Figure 9, Table 10D).
- Almost seven in ten (69.5%) attendances were triaged within 15 minutes of their arrival at an ED during December 2020, compared with 65.6% in December 2019.
- During each of the last 3 months, the median time waited to triage was longest in October and December (9 minutes) and shortest in November (8 minutes), and the time taken to triage 95 percent of patients was also longest during December (52 minutes) and shortest in November (43 minutes) (Table 10D).

⁶² Data on time to triage are not National Statistics, and are included to provide users with a comprehensive view of ED activity and waits.

⁶³ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁶⁴ Additional information on time to triage is detailed in Appendix 4: Table 10D.

⁶⁵ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

⁶⁶ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 6 presents information on the percentage of patients commencing treatment, following triage, within 2 hours at Type 1 EDs in December 2020, 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.⁶⁷

Table 6: Performance against the Target to Commence Treating Patients within 2 Hours of them being Triaged (December 2019 - December 2020) ⁶⁹, ^{70, 71}

Department	Dec 2019	Oct 2020	Nov 2020	Dec 2020
Mater	69.8%	90.8%	98.0%	98.4%
Royal Victoria	68.5%	61.7%	66.3%	63.3%
RBHSC	81.6%	96.6%	96.9%	97.6%
Antrim Area	74.0%	80.9%	91.2%	90.1%
Causeway	91.4%	93.8%	96.0%	92.0%
Ulster	80.9%	93.6%	97.0%	93.7%
Craigavon Area	53.3%	79.3%	83.7%	71.5%
Daisy Hill	68.5%	89.7%	94.1%	89.1%
Altnagelvin Area	68.8%	84.7%	89.6%	89.1%
South West Acute	74.7%	92.2%	94.7%	91.4%
Type 1	72.3%	84.0%	89.1%	85.3%
Type 2	91.7%	96.2%	98.8%	99.1%
Type 3	99.6%	99.4%	98.9%	99.5%
Northern Ireland	76.2%	85.9%	90.5%	87.0%

- Almost nine in ten (87.0%) patients attending EDs commenced their treatment within 2 hours of being triaged, compared with 76.2% in December 2019 (Table 6, Table 10K).
- During December 2020, over eight in ten (85.3%) patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 99.1% at Type 2 EDs and 99.5% at Type 3 EDs (Table 6, Table 10K).
- Eight Type 1 EDs (Mater, RBHSC, Ulster, Causeway, South West Acute, Antrim Area, Altnagelvin Area and Daisy Hill) achieved the 80% target in December 2020 (Table 6, Table 10K).
- During December 2020, the Mater (98.4%) reported the highest percentage commencing treatment within 2 hours, whilst the Royal Victoria (63.3%) reported the lowest (Table 6, Table 10K).
- Between October and December 2020, the highest percentage of patients commencing treatment within 2 hours was in November 2020 (90.5%) whilst the lowest was in October 2020 (85.9%), (Table 6)...

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

⁶⁸ Additional information on the percentage of patients commencing treatment within 2 hours of triage is detailed in Appendix 4: Table 10K.

⁶⁹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

⁷⁰ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak

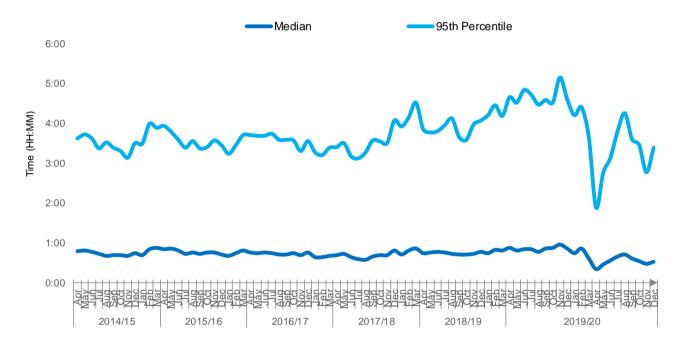
⁷¹ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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. ^{72, 73}

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 2020 was 31 minutes, 20 minutes less than the time taken in December 2019 (51 minutes) (Figure 10, Table 10E).
- During December 2020, 95 percent of patients commenced treatment within 3 hours 23 minutes of being triaged, 1 hour 13 minutes less than December 2019 (4 hours 36 minutes) (Figure 10, Table 10E).
- Across each of the last 3 months, the median waiting time to start of treatment was longest in October 2020 (32 minutes) and shortest in November 2020 (28 minutes), whilst the time within which 95 percent of patients started treatment was also longest in October 2020 (3 hours 27 minutes) and shortest in November 2020 (2 hours 46 minutes) (Table 10D).

⁷² Data on start of treatment are not National Statistics, and are included to provide users with a comprehensive view of ED activity and waits

⁷³ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁷⁴ Additional information on time to triage is detailed in Appendix 4: Table 10E.

⁷⁵ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

⁷⁶ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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 2020 compared with December 2019. ^{77, 78}

Table 7: Time from Triage to Start of Treatment (December 2019 and December 2020) 79, 80, 81, 82

Danastmant	Med	dian	95th Percentile		
Department	December 2019	December 2020	December 2019	December 2020	
Mater	1:00	0:15	6:00	1:16	
Royal Victoria	0:59	1:15	6:03	6:03	
RBHSC	0:56	0:21	3:12	1:31	
Antrim Area	1:10	0:36	3:46	2:39	
Causeway	0:34	0:25	2:27	2:24	
Ulster	0:49	0:26	4:08	2:10	
Craigavon Area	1:50	1:08	7:10	4:33	
Daisy Hill	1:12	0:37	4:37	2:58	
Altnagelvin Area	1:14	0:34	4:34	2:49	
South West Acute	0:49	0:20	4:52	2:35	
Type 1	1:02	0:35	4:53	3:34	
Type 2	0:33	0:17	2:23	1:12	
Type 3	0:05	0:02	0:47	0:47	
Northern Ireland	0:51	0:31	4:36	3:23	

- The median time waited at Type 1 EDs from triage to start of treatment by a medical professional was 35 minutes in December 2020, 27 minutes less than December 2019 (1 hour 2 minutes) (Table 7, Table 10E).
- The Royal Victoria (1 hour 15 minutes) reported the longest median waiting time from triage to start of treatment during December 2020, whilst the Mater (15 minutes) reported the shortest median waiting time (Table 7, Table 10E).
- The Royal Victoria reported the longest waiting time between triage and start of treatment, with 95 percent of attendances commencing treatment within 6 hours 3 minutes of being triaged; similar to the time taken in December 2019 (6 hours 3 minutes) (Table 7, Table 10E).
- The Mater reported the shortest time to start of treatment during December 2020, with 95 percent of attendances commencing treatment within 1 hour 16 minutes of being triaged, 4 hours 44 minutes less than the time taken in December 2019 (6 hours) (Table 7, Table 10E).

⁷⁷ 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.

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

⁷⁹ Information for June 2019 and October, November and December 2020 is detailed in Appendix 4, Table 10E.

⁸⁰ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

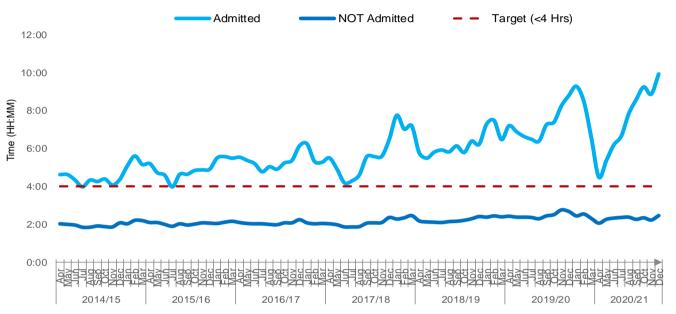
⁸¹ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

⁸² Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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. ^{83, 84, 85}

Figure 11: Median Time Spent in an Emergency Care Department for those (i) Admitted to Hospital and (ii) Discharged Home (April 2014 to December 2020) 86, 87



- During December 2020, the median time patients admitted to hospital spent in ED was 9 hours 56 minutes, compared to 2 hours 27 minutes for those discharged home (Figure 11, Table 10F & 10G).
- During December 2020, 95 percent of attendances were admitted to hospital within 32 hours 7 minutes of their arrival, over three times longer than the time waited by 95 percent of those discharged home (9 hours 6 minutes) (Table 8 & 9).
- During the last 3 months, the median time patients admitted spent in ED was longest in December 2020 (9 hours 56 minutes) and shortest in November 2020 (8 hours 52 minutes) (Table 10F).
- During this period, the median time waited by patients discharged home was longest in December 2020 (2 hours 27 minutes) and shortest in November 2020 (2 hours 13 minutes) (Table 10G).
- During this period, the longest time waited by up to 95 percent of patients admitted was in December 2020 (32 hours 7 minutes) and shortest in October 2020 (30 hours 2 minutes) (Table 10F).
- During this period, the longest time waited by up to 95 percent of patients discharged home was in December 2020 (9 hours 6 minutes) and shortest in November 2020 (7 hours 55 minutes) (Table 10G).

⁸³ Data are not National Statistics, and are included to provide users with a comprehensive view of ED activity and waits.

⁸⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁸⁵ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

⁸⁶ Further breakdown of EDs can be found in Appendix 4, Table 10F and 10G.

⁸⁷ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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. 88

Table 8: Total Time Spent in an Emergency Care Department for those Admitted to Hospital (December 2019 - December 2020)^{89, 90, 91, 92, 93}

Department	Med	dian	95th Percentile		
Department	December 2019	December 2020	December 2019	December 2020	
Mater	8:13	9:56	27:00	30:22	
Royal Victoria	9:29	10:22	22:32	25:50	
RBHSC	4:11	<i>3:4</i> 3	9:03	7:31	
Antrim Area	7:41	10:21	30:02	4 6:11	
Causeway	9:17	9:58	29:13	35:07	
Ulster	10:16	8:31	32:42	29:36	
Craigavon Area	10:22	14:47	29:06	34:02	
Daisy Hill	8:20	8:11	23:26	24:42	
Altnagelvin Area	10:34	11:08	28:17	30:06	
South West Acute	7:25	9:20	24:10	43:37	
Type 1	9:00	10:05	28:15	32:16	
Type 2	5:05	4:11	21:21	8:50	
Type 3	2:45	3:04	6:00	9:56	
Northern Ireland	8:48	9:56	28:02	32:07	

- The median time patients who were admitted to hospital spent in a Type 1 ED was 10 hours 5 minutes in December 2020, 1 hour 5 minutes more than the same month last year (9 hours) (Table 8, Table 10F).
- During December 2020, Craigavon Area reported the longest median waiting time from arrival to admission (14 hours 47 minutes), whilst the RBHSC reported the shortest time (3 hours 43 minutes) (Table 8, Table 10F).
- 95 percent of patients were admitted to hospital within 32 hours 16 minutes at Type 1 EDs in December 2020, 4 hours 1 minute more than in December 2019 (28 hours 15 minutes) (Table 8, Table 10F).
- Between December 2019 and December 2020, South West Acute reported the largest increase (from 24 hours 10 minutes to 43 hours 37 minutes) in the time taken for up to 95% of patients to be admitted to hospital (Table 8, Table 10F).

⁸⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁸⁹ Information for June 2019 and October, November and December 2020 is detailed in Appendix 4, Table 10F.

⁹⁰ Readers should note that Type 3 data on time spent in EDs for patients admitted is provided by Omaghonly. No other Type 3 ED produces these statistics.

⁹¹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

⁹² Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

⁹³ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

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**. ^{94,95}

Table 9: Total Time Spent in Emergency Care Departments for those Discharged Home (December 2019 - December 2020)^{96, 97, 98}

_	Мес	dian	95th Percentile	
Department	December 2019	December 2020	December 2019	December 2020
Mater	3:12	2:36	9:06	13:06
Royal Victoria	3:42	4:54	10:23	14:41
RBHSC	2:26	1:41	5:45	<i>4</i> :37
Antrim Area	2:51	2:27	7:57	12:53
Causeway	2:25	2:44	8:21	9:23
Ulster	2:56	2:31	7:27	7:16
Craigavon Area	3:39	3:23	9:24	8:53
Daisy Hill	2:54	2:29	7:08	6:45
Altnagelvin Area	3:45	3:10	9:01	9:25
South West Acute	3:17	2:44	10:24	12:41
Type 1	3:07	2:54	8:45	10:00
Type 2	2:01	1:25	5:32	4:58
Type 3	0:35	0:31	1:46	1:48
Northern Ireland	2:40	2:27	8:12	9:06

- The median time patients discharged home (not admitted) spent in a Type 1 ED was 2 hours 54 minutes in December 2020, 13 minutes less than the time taken during the same month last year (3 hour 7 minutes) (Table 9, Table 10G).
- In December 2020, 95 percent of attendances at Type 1 EDs were discharged home within 10 hours of their arrival, 1 hour 15 minutes more than the time taken in December 2019 (8 hours 45 minutes) (Table 9, Table 10G).

⁹⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁹⁵ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

⁹⁶ Information for June 2019 and October, November and December 2020 is detailed in Appendix 4, Table 10G.

⁹⁷ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

⁹⁸ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

Appendices



Appendix 1: 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

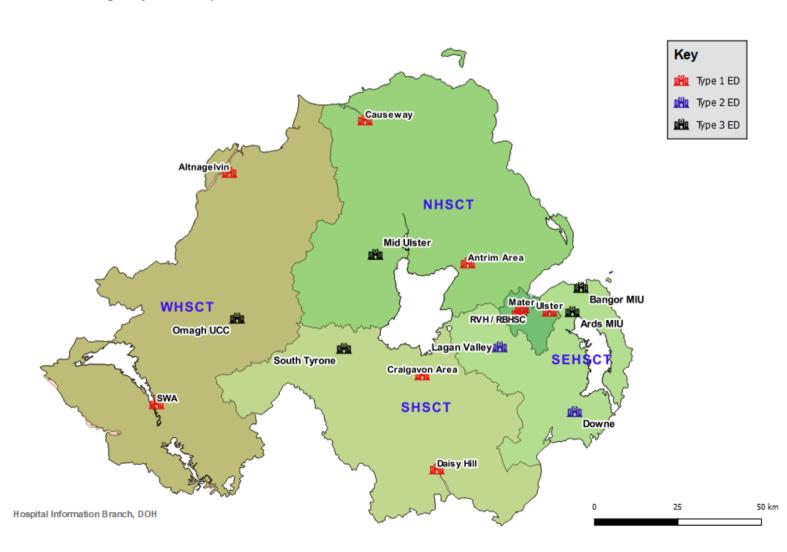
There are three separate categories of emergency care facility included in this publication:

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 99

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) 100 (9-5pm Mon-Fri) (8.30-1pm Sat)	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ¹⁰¹ (Closed)
	Causeway		Mid Ulster (9-5pm Mon-Fri)
South Eastern	Ulster	Lagan Valley (8-8pm Mon-Fri)	Ards MIU (9-5pm Mon-Fri)
		Downe ¹⁰² (Closed)	Bangor MIU ¹⁰³ (Closed)
	Craigavon Area		South Tyrone (9-9pm Mon-Fri) (10-6pm Sat-Sun)
Cavithana	Daisy Hill ¹⁰⁴ (Closed)		Armagh Community 105 (Closed)
Southern			Craigavon Respiratory ED (Covid-19) 106
			Craigavon Paediatric ED
Western	Altnagelvin Area		Tyrone County (Closed)
	South West Acute		Omagh ¹⁰⁸ (24-hour)

⁹⁹ Opening Hours are as of June 2017.

¹⁰⁰ RVH (RAES) refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

¹⁰¹ Temporarily closed on 1st December 2014.

¹⁰² Temporarily closed 30th March 2020, reopened as a MIU 10th August 2020, reopened as an Urgent Care Centre 19th October 2020.

¹⁰³ Temporarily closed 12th March 2020.

¹⁰⁴ Temporarily closed between 28th March 2020 and 19th October 2020.

¹⁰⁵ Temporarily closed on 17th November 2014.

¹⁰⁶ Temporarily opened on 29th March 2020 and closed on 19th October 2020.

¹⁰⁷ Temporarily opened on 31st March 2020 and closed on 12th June 2020.

¹⁰⁸ 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 109, 110, 111, 112, 113

Danastasast		New Atte	endances			Unplanne	d Reviews			Total Atte	endances	
Department	Dec 2019	Oct 2020	Nov 2020	Dec 2020	Dec 2019	Oct 2020	Nov 2020	Dec 2020	Dec 2019	Oct 2020	Nov 2020	Dec 2020
Mater	3,671	1,401	994	1,047	118	16	18	22	3,789	1,417	1,012	1,069
Royal Victoria	7,351	7,096	5,657	5,687	308	158	93	84	7,659	7,254	5,750	5,771
RBHSC	3,261	2,367	2,379	2,061	344	190	227	192	3,605	2,557	2,606	2,253
Antrim Area	7,064	5,783	5,100	5,202	383	308	260	242	7,447	6,091	5,360	5,444
Causeway	3,638	3,041	2,603	2,620	311	184	123	128	3,949	3,225	2,726	2,748
Ulster	7,694	7,190	6,237	6,579	193	220	187	203	7,887	7,410	6,424	6,782
Craigavon Area	6,156	6,140	4,216	4,601	481	488	319	380	6,637	6,628	4,535	4,981
Daisy Hill	4,289	1,271	2,833	2,953	259	78	243	234	4,548	1,349	3,076	3,187
Altnagelvin Area	4,967	3,905	3,658	3,978	323	223	263	298	5,290	4,128	3,921	4,276
South West Acute	2,954	2,443	2,201	2,189	225	265	214	203	3,179	2,708	2,415	2,392
Type 1	51,045	40,637	35,878	36,917	2,945	2,130	1,947	1,986	53,990	42,767	37,825	38,903
Eye Casualty	1,031	609	539	561	68	72	73	50	1,099	681	612	611
Downe	1,722	812	925	933	100	21	32	36	1,822	833	957	969
Lagan Valley	2,021	1,745	1,571	1,457	68	80	53	72	2,089	1,825	1,624	1,529
Type 2	4,774	3,166	3,035	2,951	236	173	158	158	5,010	3,339	3,193	3,109
Mid Ulster	671	582	530	379	37	28	28	16	708	610	558	395
Ards	889	925	994	957	35	35	12	2	924	960	1,006	959
Bangor	671				25				696			
South Tyrone	2,081	1,978	1,706	1,256	101	91	72	24	2,182	2,069	1,778	1,280
Omagh	1,181	851	755	732	137	105	90	49	1,318	956	845	781
Type 3	5,493	4,336	3,985	3,324	335	259	202	91	5,828	4,595	4,187	3,415
Northern Ireland	61,312	48,139	42,898	43,192	3,516	2,562	2,307	2,235	64,828	50,701	45,205	45,427

¹⁰⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

CAH Paediatric ED C-19 and CAH Respiratory ED C-19 were opened in March 2020 in response to Covid-19 pandemic.
Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

¹¹² Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

¹¹³ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 10B: Performance against Emergency Care Waiting Times Target 114, 115, 116, 117, 118

Daniel 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4 - Hour Pe	erformance			12 - Hour P	erformance			Total Atte	endances	
Department	Dec 2019	Oct 2020	Nov 2020	Dec 2020	Dec 2019	Oct 2020	Nov 2020	Dec 2020	Dec 2019	Oct 2020	Nov 2020	Dec 2020
Mater	54.7%	41.8%	50.4%	48.1%	265	323	212	201	3,789	1,417	1,012	1,069
Royal Victoria	45.7%	41.2%	37.8%	32.0%	711	940	707	922	7,659	7,254	5,750	5,77
RBHSC	76.8%	86.1%	84.8%	86.9%		2			3,605	2,557	2,606	2,253
Antrim Area	60.7%	60.4%	65.4%	60.7%	801	666	596	862	7,447	6,091	5,360	5,44
Causeway	67.1%	68.9%	66.5%	60.6%	337	304	272	340	3,949	3,225	2,726	2,748
Ulster	54.9%	60.0%	61.4%	61.5%	985	882	930	766	7,887	7,410	6,424	6,782
Craigavon Area	44.5%	53.4%	53.0%	46.1%	880	1,011	757	960	6,637	6,628	4,535	4,98
Daisy Hill	60.2%	63.2%	67.7%	61.8%	331	69	137	200	4,548	1,349	3,076	3,18
Altnagelvin Area	46.4%	52.3%	56.8%	54.6%	637	503	282	544	5,290	4,128	3,921	4,27
South West Acute	51.1%	64.1%	63.1%	58.0%	275	156	260	352	3,179	2,708	2,415	2,392
ype 1	54.9%	57.1%	59.2%	55.1%	5,222	4,856	4,153	5,147	53,990	42,767	37,825	38,90
Eye Casualty	80.1%	87.7%	89.4%	85.1%					1,099	681	612	61 ⁻
Downe	80.9%	99.6%	98.6%	99.4%	47				1,822	833	957	969
Lagan Valley	76.5%	76.8%	81.3%	80.8%	3	3		3	2,089	1,825	1,624	1,52
ype 2	78.9%	84.7%	88.0%	87.4%	50	3		3	5,010	3,339	3,193	3,10
Mid Ulster	99.9%	100.0%	100.0%	100.0%					708	610	558	39
Ards	100.0%	100.0%	100.0%	100.0%					924	960	1,006	959
Bangor	100.0%								696			
South Tyrone	99.9%	100.0%	100.0%	100.0%					2,182	2,069	1,778	1,280
Omagh	99.4%	99.6%	97.9%	98.0%					1,318	956	845	78 ⁻
Гуре 3	99.8%	99.9%	99.6%	99.5%					5,828	4,595	4,187	3,41
Northern Ireland	60.8%	62.8%	65.0%	60.7%	5,272	4,859	4,153	5,150	64,828	50,701	45,205	45,427

¹¹⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

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

¹¹⁶ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

¹¹⁷ Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

¹¹⁸ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 10C: Percentage of Attendances (i) Referred by a GP; (ii) Who Left before Treatment was Complete; and (iii) Re-attended within 7 Days 119, 120, 121, 122, 123

		GP Re	ferrals			Left Before	Treatment		Unpla	anned reviev	vs Within 7	Days
Department	Dec 2019	Oct 2020	Nov 2020	Dec 2020	Dec 2019	Oct 2020	Nov 2020	Dec 2020	Dec 2019	Oct 2020	Nov 2020	Dec 2020
Mater	14.7%	11.4%	9.9%	8.2%	10.6%	4.7%	3.2%	3.3%	2.2%	0.9%	1.2%	1.2%
Royal Victoria	19.4%	19.7%	17.9%	13.6%	8.4%	7.6%	7.0%	7.8%	2.7%	1.8%	1.1%	0.9%
RBHSC	16.0%	7.0%	6.3%	4.6%	4.4%	0.9%	0.7%	0.4%	6.9%	4.0%	5.7%	5.5%
Antrim Area	24.8%	26.5%	28.7%	42.9%	2.1%	1.5%	1.0%	1.1%	3.1%	2.8%	2.9%	2.6%
Causeway	21.5%	22.7%	27.8%	36.6%	2.2%	2.0%	2.1%	2.7%	4.9%	3.0%	2.7%	3.1%
Ulster	25.0%	26.6%	28.1%	26.8%	3.1%	2.0%	1.5%	2.0%	1.7%	2.1%	2.1%	2.1%
Craigavon Area	22.6%	20.8%	23.3%	26.1%	6.8%	3.1%	2.4%	4.0%	4.6%	4.8%	4.4%	4.6%
Daisy Hill	14.3%	13.1%	12.3%	15.4%	5.9%	2.4%	2.1%	2.9%	4.5%	5.4%	5.8%	4.9%
Altnagelvin Area	13.4%	8.1%	9.6%	11.2%	6.4%	3.6%	3.0%	2.9%	4.4%	4.0%	4.6%	4.7%
South West Acute	20.3%	23.4%	25.0%	23.7%	6.9%	3.0%	2.9%	2.8%	5.2%	6.6%	5.9%	6.7%
Гуре 1	20.0%	20.2%	20.7%	23.1%	5.5%	3.3%	2.7%	3.2%	3.7%	3.3%	3.4%	3.3%
Eye Casualty	12.6%	4.4%	3.8%	5.4%	1.3%	0.6%	0.5%	0.2%	0.4%	0.7%	0.3%	0.2%
Downe	18.1%	2.4%	5.7%	4.1%	2.0%	0.2%	0.1%	0.0%	3.0%	1.3%	1.9%	2.3%
Lagan Valley	16.7%	14.5%	15.1%	13.6%	2.7%	1.8%	1.4%	1.8%	2.0%	2.1%	1.6%	2.8%
Туре 2	16.3%	9.4%	10.1%	9.0%	2.1%	1.2%	0.8%	0.9%	2.0%	1.6%	1.4%	2.1%
Mid Ulster	1.6%	0.8%	0.2%	3.0%	0.1%	0.0%	0.4%	0.0%	2.8%	1.3%	2.0%	1.8%
Ards	1.3%	2.8%	0.4%	0.7%	0.6%	0.1%	0.0%	0.2%	1.6%	1.3%	0.6%	
Bangor	1.0%	-	-	-	1.4%	-	-	-	1.9%	-	-	
South Tyrone	0.7%	0.2%	0.4%	0.2%	0.1%	0.2%	0.0%	0.0%	2.3%	2.2%	2.1%	0.9%
Omagh	1.9%	3.1%	2.4%	2.8%	1.2%	1.2%	1.1%	0.6%	6.7%	6.7%	7.2%	4.7%
Гуре 3	1.2%	1.4%	0.8%	1.3%	0.6%	0.4%	0.3%	0.2%	3.2%	2.8%	2.7%	1.6%
Northern Ireland	18.0%	17.7%	18.1%	20.5%	4.8%	2.9%	2.3%	2.8%	3.5%	3.1%	3.2%	3.1%

¹¹⁹ 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.

¹²⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹²¹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.
Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 10D: Waiting Time from Arrival to Triage (Assessment)^{124, 125, 126, 127, 128}

Department		Med	dian			95 th Pe	rcentile	
Department	Dec 2019	Oct 2020	Nov 2020	Dec 2020	Dec 2019	Oct 2020		Dec 2020
Mater	0:13	0:17	0:11	0:10	0:48	1:56	1:20	0:51
Royal Victoria	0:17	0:16	0:14	0:14	1:06	1:19	1:18	1:23
RBHSC	0:11	0:07	0:07	0:07	0:49	0:25	0:22	0:22
Antrim Area	0:12	0:11	0:10	0:11	0:38	0:32	0:27	0:32
Causeway	0:11	0:10	0:09	0:10	0:31	0:31	0:29	0:29
Ulster	0:12	0:09	0:09	0:09	0:36	0:43	0:44	0:45
Craigavon Area	0:11	0:08	0:12	0:15	0:52	1:07	1:06	1:46
Daisy Hill	0:05	0:06	0:06	0:06	0:15	0:26	0:21	0:25
Altnagelvin Area	0:18	0:12	0:11	0:12	1:01	0:40	0:37	0:41
South West Acute	0:12	0:12	0:12	0:14	0:43	0:40	0:44	0:55
Type 1	0:12	0:10	0:10	0:10	0:49	0:52	0:47	0:57
Eye Casualty	0:19	0:11	0:13	0:14	1:01	0:41	0:44	0:42
Downe	0:07	0:01	0:01	0:01	0:25	0:06	0:08	0:11
Lagan Valley	0:07	0:06	0:05	0:06	0:22	0:19	0:16	0:16
Type 2	0:08	0:05	0:04	0:04	0:38	0:25	0:24	0:26
Mid Ulster	0:03	0:03	0:06	0:08	0:09	0:34	0:38	0:32
Ards	0:03	0:02	0:01	0:01	0:15	0:11	0:07	0:09
Bangor	0:04	-	-	-	0:22	-	-	-
South Tyrone	0:01	0:01	0:01	0:01	0:11	0:08	0:08	0:07
Omagh	0:07	0:07	0:05	0:06	0:32	0:31	0:28	0:30
Type 3	0:03	0:02	0:02	0:02	0:20	0:17	0:15	0:17
Northern Ireland	0:10	0:09	0:08	0:09	0:46	0:48	0:43	0:52

¹²⁴ 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.

¹²⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹²⁶ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 10E: Waiting Time from Triage (Assessment) to Start of Treatment^{129, 130, 131, 132, 133}

Department		Med	lian			95 th Per	centile	
Department	Dec 2019	Oct 2020	Nov 2020	Dec 2020	Dec 2019	Oct 2020	Nov 2020	Dec 2020
Mater	1:00	0:23	0:14	0:15	6:00	2:36	1:17	1:16
Royal Victoria	0:59	1:19	1:08	1:15	6:03	6:27	6:05	6:03
RBHSC	0:56	0:24	0:27	0:21	3:12	1:40	1:44	1:31
Antrim Area	1:10	0:50	0:38	0:36	3:46	3:26	2:24	2:39
Causeway	0:34	0:23	0:22	0:25	2:27	2:08	1:49	2:24
Ulster	0:49	0:27	0:23	0:26	4:08	2:12	1:42	2:10
Craigavon Area	1:50	0:52	0:49	1:08	7:10	3:43	3:22	4:33
Daisy Hill	1:12	0:41	0:35	0:37	4:37	2:59	2:08	2:58
Altnagelvin Area	1:14	0:39	0:31	0:34	4:34	3:18	2:40	2:49
South West Acute	0:49	0:21	0:17	0:20	4:52	2:27	2:02	2:35
Type 1	1:02	0:37	0:32	0:35	4:53	3:39	2:58	3:34
Downe	0:29	0:07	0:09	0:08	2:43	0:29	0:35	0:40
Lagan Valley	0:36	0:32	0:23	0:22	2:07	1:59	1:29	1:20
Type 2	0:33	0:24	0:18	0:17	2:23	1:49	1:15	1:12
Mid Ulster	0:05	0:00	0:00	0:00	0:26	0:02	0:10	0:30
Ards	0:11	0:05	0:01	0:02	0:55	0:30	0:20	0:22
Bangor	0:10	-	-	-	1:01	-	-	-
South Tyrone	0:01	0:01	0:01	0:00	0:28	0:23	0:16	0:09
Omagh	0:09	0:14	0:18	0:13	1:07	1:19	1:58	1:30
Type 3	0:05	0:04	0:02	0:02	0:47	0:43	0:50	0:47
Northern Ireland	0:51	0:32	0:28	0:31	4:36	3:27	2:46	3:23

¹²⁹ 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.

¹³⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹³¹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

133 Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 10F: Time Spent in an Emergency Care Department by those Admitted to Hospital^{134, 135, 136, 137, 138}

Department		Med	dian			95 th Pe	rcentile	
Department	Dec 2019	Oct 2020	Nov 2020	Dec 2020	Dec 2019	Oct 2020	Nov 2020	Dec 2020
Mater	8:13	13:20	12:29	9:56	27:00	39:01	43:02	30:22
Royal Victoria	9:29	10:22	9:28	10:22	22:32	25:42	24:56	25:50
RBHSC	4:11	3:43	3:54	3:43	9:03	7:15	6:29	7:31
Antrim Area	7:41	7:18	7:13	10:21	30:02	32:02	36:34	46:11
Causeway	9:17	8:52	8:33	9:58	29:13	30:23	29:34	35:07
Ulster	10:16	9:29	11:13	8:31	32:42	26:51	32:16	29:36
Craigavon Area	10:22	14:57	12:58	14:47	29:06	43:08	36:54	34:02
Daisy Hill	8:20	7:53	7:21	8:11	23:26	20:34	23:17	24:42
Altnagelvin Area	10:34	10:28	8:11	11:08	28:17	29:23	24:11	30:06
South West Acute	7:25	6:21	8:05	9:20	24:10	23:54	29:53	43:37
Type 1	9:00	9:26	9:02	10:05	28:15	30:12	30:42	32:16
Eye Casualty	2:39	2:56	2:14	2:47	7:51	5:28	7:08	4:29
Downe	5:14	0:52	1:21	2:13	24:44	3:20	4:41	5:03
Lagan Valley	5:09	5:01	4:14	4:25	9:11	9:31	8:07	8:52
Type 2	5:05	4:43	3:55	4:11	21:21	9:27	7:37	8:50
Mid Ulster								
Ards								
Bangor								
South Tyrone								
Omagh	2:45	1:40	1:29	6:14	6:00	3:51	4:47	9:56
Type 3	2:45	1:40	1:29	3:04	6:00	3:51	4:47	9:56
Northern Ireland	8:48	9:15	8:52	9:56	28:02	30:02	30:36	32:07

¹³⁴ 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

¹³⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹³⁶ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 10G: Time Spent in an Emergency Care Department by those Discharged Home^{139, 140, 141, 142, 143}

Department		Med	dian			95 th Pe	rcentile	
Department	Dec 2019	Oct 2020	Nov 2020	Dec 2020	Dec 2019	Oct 2020	Nov 2020	Dec 2020
Mater	3:12	3:21	2:33	2:36	9:06	15:14	11:32	13:06
Royal Victoria	3:42	4:09	4:21	4:54	10:23	13:18	13:03	14:41
RBHSC	2:26	1:40	1:47	1:41	5:45	4:55	5:00	4:37
Antrim Area	2:51	2:36	2:19	2:27	7:57	8:38	8:39	12:53
Causeway	2:25	2:24	2:32	2:44	8:21	7:08	7:35	9:23
Ulster	2:56	2:29	2:28	2:31	7:27	6:49	6:41	7:16
Craigavon Area	3:39	3:06	2:57	3:23	9:24	8:57	7:30	8:53
Daisy Hill	2:54	2:26	2:10	2:29	7:08	7:12	6:10	6:45
Altnagelvin Area	3:45	3:17	3:02	3:10	9:01	9:52	8:03	9:25
South West Acute	3:17	2:38	2:32	2:44	10:24	7:52	10:25	12:41
Type 1	3:07	2:48	2:41	2:54	8:45	9:25	8:45	10:00
Eye Casualty	2:31	2:03	2:02	2:16	5:30	5:14	5:01	5:04
Downe	1:32	0:27	0:31	0:33	5:37	1:25	2:20	2:11
Lagan Valley	2:07	2:03	1:46	1:45	5:29	5:53	5:34	5:38
Type 2	2:01	1:34	1:23	1:25	5:32	5:25	5:06	4:58
Mid Ulster	0:40	0:45	0:48	0:47	1:35	2:08	2:03	1:44
Ards	0:47	0:38	0:23	0:29	1:53	1:33	1:19	1:20
Bangor	0:45	-	-	-	1:53	-	-	-
South Tyrone	0:26	0:24	0:24	0:22	1:12	1:12	1:03	0:59
Omagh	0:41	0:48	0:51	0:54	2:27	2:23	2:59	2:56
Туре 3	0:35	0:32	0:30	0:31	1:46	1:44	1:46	1:48
Northern Ireland	2:40	2:20	2:13	2:27	8:12	8:33	7:55	9:06

¹³⁹ 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

¹⁴⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁴¹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

Readers should note the reduction in attendances at EDs from March 2020, at the start of the COVID19 outbreak.

143 Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 10H: Attendances at Emergency Care Departments per 1000-Population by Age Group^{144, 145, 146, 147, 148, 149}

Age Group	Dec 2019	Oct 2020	Nov 2020	Dec 2020
Under 5	57.2	30.9	28.2	28.9
Aged 5 - 15	22.0	17.7	17.7	13.5
Aged 16 - 44	31.8	25.3	22.5	21.9
Aged 45 - 64	28.7	24.6	21.4	22.1
Aged 65 - 74	37.6	28.8	24.6	28.0
Aged 75 & Over	65.0	52.4	46.2	51.8
Northern Ireland	34.2	26.8	23.9	24.0

Table 10l: Average Number of Attendances by Day of Week^{148, 149}

Day of Week	Dec 2019	Oct 2020	Nov 2020	Dec 2020
Monday	2,579.0	1,991.3	1,818.6	1,740.8
Tuesday	2,112.0	1,688.8	1,663.3	1,628.8
Wednesday	1,856.5	1,657.5	1,548.3	1,507.0
Thursday	2,077.5	1,704.4	1,562.0	1,473.0
Friday	2,304.5	1,722.6	1,572.0	1,357.0
Saturday	1,835.3	1,301.8	1,212.3	1,236.8
Sunday	1,833.2	1,401.5	1,205.0	1,243.8

¹⁴⁴ Based on the NISRA 2019 mid-year population estimate which was published on 6th May 2020.

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.

 $^{^{146}}$ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁴⁷ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

¹⁴⁸ Due to the COVID-19 outbreak, readers should note that the reduction in attendances at EDs during March 2020.

¹⁴⁹ Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 10J: Attendances at Emergency Care Departments, by Time Waited from Arrival to Discharge^{150, 151, 152, 153}

Domontonont		Under 4	Hours		١	Between 4 a	nd 12 Hours	;		Over 12	? Hours	
Department	Dec 2019	Oct 2020	Nov 2020	Dec 2020	Dec 2019	Oct 2020	Nov 2020	Dec 2020	Dec 2019	Oct 2020	Nov 2020	Dec 2020
Mater	2,072	593	510	514	1,452	501	290	354	265	323	212	20
Royal Victoria	3,502	2,990	2,171	1,849	3,446	3,324	2,872	3,000	711	940	707	92:
RBHSC	2,767	2,201	2,209	1,957	838	354	397	296		2		
Antrim Area	4,521	3,677	3,508	3,302	2,125	1,748	1,256	1,280	801	666	596	862
Causeway	2,651	2,222	1,814	1,665	961	699	640	743	337	304	272	34
Ulster	4,332	4,445	3,944	4,171	2,570	2,083	1,550	1,845	985	882	930	766
Craigavon Area	2,954	3,542	2,404	2,298	2,803	2,075	1,374	1,723	880	1,011	757	960
Daisy Hill	2,740	853	2,083	1,969	1,477	427	856	1,018	331	69	137	200
Altnagelvin Area	2,457	2,157	2,226	2,335	2,196	1,468	1,413	1,397	637	503	282	54
South West Acute	1,624	1,737	1,524	1,388	1,280	815	631	652	275	156	260	352
Гуре 1	29,620	24,417	22,393	21,448	19,148	13,494	11,279	12,308	5,222	4,856	4,153	5,147
Eye Casualty	880	597	547	520	219	84	65	91				
Downe	1,474	830	944	963	301	3	13	6	47			
Lagan Valley	1,599	1,402	1,320	1,235	487	420	304	291	3	3		;
Гуре 2	3,953	2,829	2,811	2,718	1,007	507	382	388	50	3		;
Mid Ulster	707	610	558	395	1							
Ards	924	960	1,006	959								
Bangor	696	-	-	-		-	-	-		-	-	
South Tyrone	2,180	2,069	1,778	1,280	2							
Omagh	1,310	952	827	765	8	4	18	16				
Гуре 3	5,817	4,591	4,169	3,399	11	4	18	16	. <u> </u>	. <u> </u>	. <u> </u>	
Northern Ireland	39,390	31,837	29,373	27,565	20,166	14,005	11,679	12,712	5,272	4,859	4,153	5,150

¹⁵⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁵¹ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

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153 Readers should note the temporary closure of Bangor, Downe and Daisy Hill EDs in March 2020, see Appendix 2 for details.

Table 10K: Percentage of Patients Commencing Treatment, Following Triage, within 2 Hours^{154, 155, 156, 157, 158}

Daniel	% Commenced	Treatment, Follo	owing Triage, w	ithin 2 Hours
Department	Dec 2019	Oct 2020	Nov 2020	Dec 2020
Mater	69.8%	90.8%	98.0%	98.4%
Royal Victoria	68.5%	61.7%	66.3%	63.3%
RBHSC	81.6%	96.6%	96.9%	97.6%
Antrim Area	74.0%	80.9%	91.2%	90.1%
Causeway	91.4%	93.8%	96.0%	92.0%
Ulster	80.9%	93.6%	97.0%	93.7%
Craigavon Area	53.3%	79.3%	83.7%	71.5%
Daisy Hill	68.5%	89.7%	94.1%	89.1%
Altnagelvin Area	68.8%	84.7%	89.6%	89.1%
South West Acute	74.7%	92.2%	94.7%	91.4%
Type 1	72.3%	84.0%	89.1%	85.3%
Downe	89.9%	100.0%	100.0%	99.8%
Lagan Valley	93.1%	95.0%	98.3%	98.7%
Type 2	91.7%	96.2%	98.8%	99.1%
Mid Ulster	100.0%	100.0%	100.0%	100.0%
Ards	99.9%	100.0%	99.9%	100.0%
Bangor	99.7%	-	-	-
South Tyrone	99.9%	100.0%	100.0%	100.0%
Omagh	98.6%	97.6%	95.2%	98.0%
Type 3	99.6%	99.4%	98.9%	99.5%
Northern Ireland	76.2%	85.9%	90.5%	87.0%

¹⁵⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.
155 Information on time to treatment is not recorded at Eye Casualty.

¹⁵⁶ Readers should note Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED, between 29 March and 19 October 2020.

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Table 10L: Percentage Triaged in each Triage Group^{159, 160, 161, 162, 163}

Danastanast		Triaged L	evel (1/2)			Triaged L	.evel (3)			Triaged L	evel (4/5)	
Department	Dec 2019	Oct 2020	Nov 2020	Dec 2020	Dec 2019	Oct 2020	Nov 2020	Dec 2020	Dec 2019	Oct 2020	Nov 2020	Dec 2020
Mater	19.7%	31.6%	28.5%	34.0%	47.8%	47.5%	48.3%	45.0%	32.6%	20.9%	23.2%	21.1%
Royal Victoria	21.8%	20.4%	24.1%	24.7%	48.1%	49.5%	51.1%	52.3%	30.1%	30.1%	24.8%	23.0%
RBHSC	13.2%	12.2%	11.0%	11.9%	27.8%	22.0%	23.3%	23.9%	58.9%	65.7%	65.7%	64.2%
Antrim Area	19.5%	21.1%	21.2%	21.5%	54.0%	51.6%	54.7%	49.3%	26.6%	27.3%	24.1%	29.2%
Causeway	19.8%	17.4%	20.5%	18.7%	53.1%	49.5%	51.9%	58.0%	27.1%	33.2%	27.6%	23.3%
Ulster	25.2%	24.0%	24.4%	23.9%	43.8%	45.2%	46.4%	45.5%	31.0%	30.8%	29.2%	30.5%
Craigavon Area	36.1%	33.3%	36.8%	35.8%	41.9%	41.0%	39.0%	38.4%	21.9%	25.7%	24.2%	25.8%
Daisy Hill	36.3%	28.9%	30.7%	31.2%	44.3%	43.4%	43.0%	41.5%	19.3%	27.7%	26.3%	27.4%
Altnagelvin Area	37.0%	37.0%	36.7%	35.4%	32.7%	32.9%	33.4%	34.0%	30.3%	30.1%	29.9%	30.6%
South West Acute	21.5%	17.2%	16.6%	20.5%	45.4%	44.4%	46.3%	43.4%	33.2%	38.4%	37.1%	36.1%
Type 1	25.7%	24.6%	25.7%	26.2%	44.3%	43.7%	44.4%	43.8%	30.0%	31.7%	29.9%	30.0%
Eye Casualty	1.2%	1.2%	2.0%	3.4%	4.6%	21.7%	32.4%	31.1%	94.2%	77.1%	65.7%	65.5%
Downe	12.2%	0.9%	1.0%	2.6%	37.1%	6.5%	14.6%	14.8%	50.7%	92.6%	84.4%	82.6%
Lagan Valley	9.0%	7.2%	7.0%	5.2%	37.6%	34.0%	32.5%	33.4%	53.4%	58.7%	60.4%	61.3%
Type 2	8.4%	4.7%	4.6%	4.2%	30.2%	26.1%	28.3%	28.5%	61.4%	69.2%	67.2%	67.2%
Mid Ulster	0.1%	7.7%	2.5%	3.0%	3.4%	84.6%	62.5%	75.8%	96.5%	7.7%	35.0%	21.2%
Ards	0.1%		0.2%	0.2%	0.5%	1.0%		0.2%	99.4%	99.0%	99.8%	99.7%
Bangor	0.4%				1.2%				98.4%			
South Tyrone	0.7%	0.3%	0.8%	0.5%	3.6%	4.8%	3.8%	5.2%	95.7%	94.9%	95.4%	94.3%
Omagh	1.1%	0.6%	0.8%	0.7%	3.2%	1.3%	2.4%	2.5%	95.7%	98.1%	96.8%	96.8%
Туре 3	0.6%	0.3%	0.7%	0.5%	2.7%	3.4%	3.5%	4.1%	96.8%	96.3%	95.9%	95.4%
Northern Ireland	22.2%	21.4%	22.4%	23.2%	39.6%	39.4%	40.2%	40.4%	38.2%	39.3%	37.4%	36.4%

¹⁵⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁶⁰ 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

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Appendix 5: Further Information

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

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