

INFORMATION
ANALYSIS
DIRECTORATE



Emergency Care Waiting Time Statistics for Northern Ireland



(April – June 2019)

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-niwt-ecwt-guidance.pdf>
- Authors:** Sarah Brown, Kieran Taggart and Siobhán Morgan
- Publication Date:** Original edition: 25th July 2019
- Reporting Period:** 1st April 2019 – 30th June 2019
- Issued by:** Hospital Information Branch, Information & Analysis Directorate
Department of Health
Stormont Estate, Belfast, BT4 3SQ
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Email: sarah.brown@health-ni.gov.uk
- 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-niwt-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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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 Official Statistics. They are awarded National Statistics status following an assessment by the Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

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 at:

<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/pre-release-access-hs-niwtsecwt.pdf>

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>

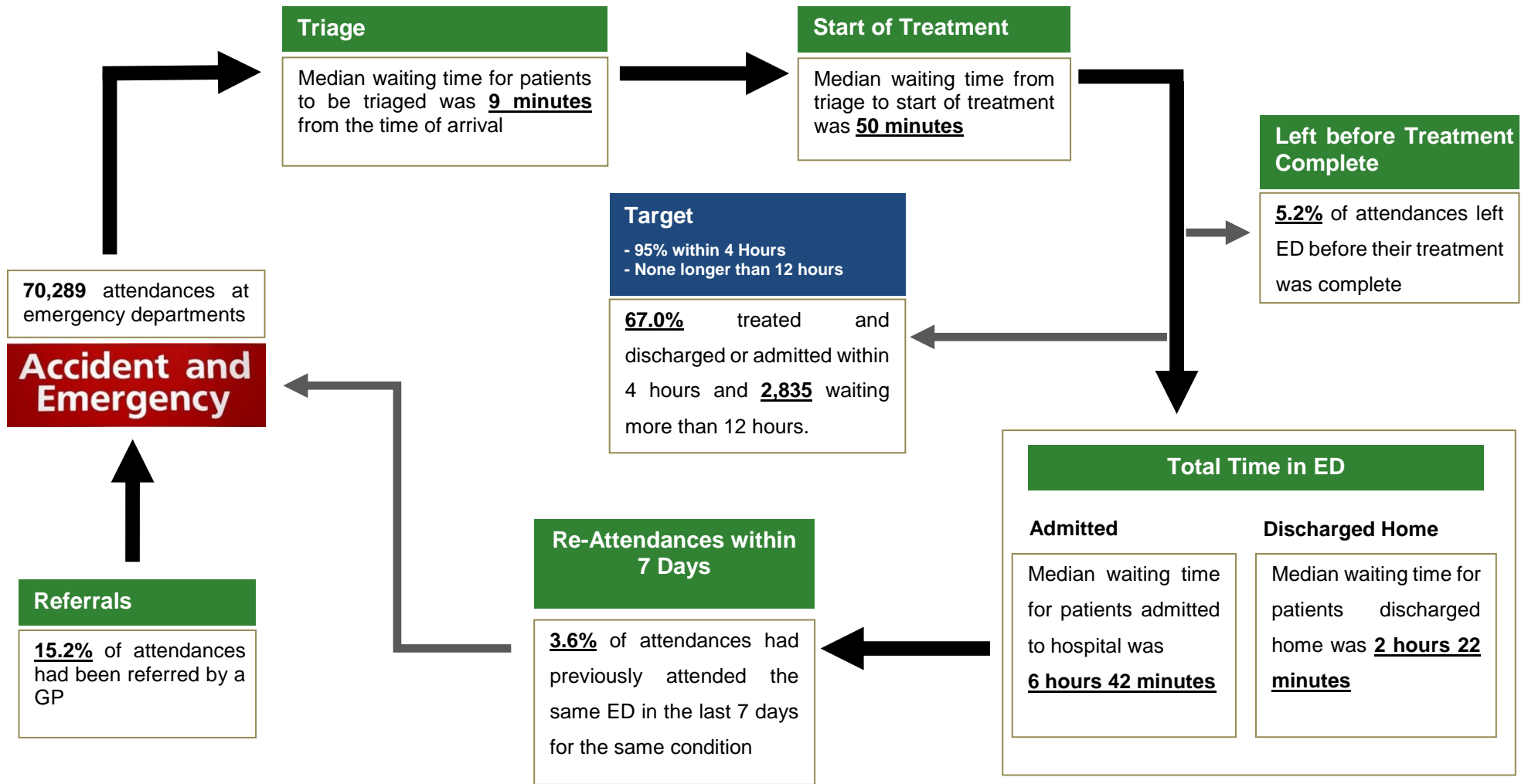
Statistical Charter:

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

Contents

Summary of Key Facts	6
Emergency Care Attendances: Who, Where, When, Why?	7
How many attend EDs?	7
Are more patients being admitted to hospital?	8
Which ED did people attend?	9
Who attends EDs?	10
What triage level do patients present with?	11
When do people attend EDs?	12
How many attendances were referred by a GP?	14
Do patients leave ED before their treatment is complete?	15
How many patients re-attend the same ED within a week?	16
How Long Do Patients Spend in Emergency Departments?	17
How are EDs performing?	18
How long did patients wait to be triaged?	20
How long did patients wait for their treatment to start?	22
What is the waiting time for treatment to start at Type 1 EDs?	23
Do patients admitted spend longer in EDs than those discharged home?	24
How long did patients admitted to hospital spend in an ED?	25
How long did patients discharged home spend in an ED?	26
Appendices	27
Appendix 1: About Hospital Information Branch (HIB)	27
Appendix 2: Emergency Care Departments, Opening Hours & National Statistics	28
Appendix 3: General Guidance on using the Data	30
Appendix 4: Additional Tables	31
Appendix 5: Further Information	42

SUMMARY OF KEY FACTS (June 2019)



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 June 2019, compared with the same month last year.^{2, 3, 4}

Information for the last three months (April, May and June) is detailed in Table 10 A on page 32.

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

Attendances	June 2018	June 2019	Difference	
New	66,812	66,445	-367	-0.5%
Unplanned Review	3,929	3,844	-85	-2.2%
Total Attendances	70,741	70,289	-452	-0.6%
Emergency Admissions	11,923	12,237	314	2.6%

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances at EDs decreased by 0.6% (452) when compared with June 2018, from 70,741 to 70,289 in June 2019 (Table 1, Table 10A).
- Between June 2018 and June 2019, unplanned review attendances decreased by 2.2% (85) and new attendances decreased by 0.5% (367) (Table 1, Table 10A).
- There were 215,209 attendances at EDs during the quarter ending 30th June 2019, 1.9% (3,976) more than during the same quarter in 2018 (211,233).
- The number of emergency admissions to hospital from EDs increased by 2.6% (314) between June 2018 (11,923) and June 2019 (12,237) (Table 1).

² Information for June 2018 and April, May and June 2019 is detailed in Appendix 4, Table 10A.

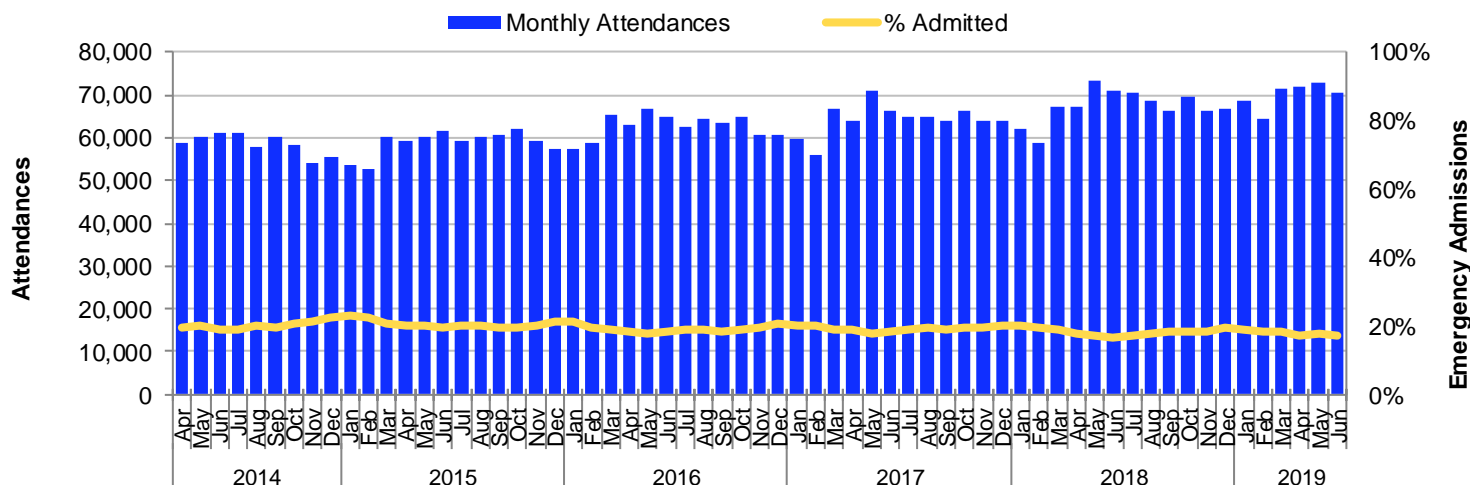
³ Data on emergency admissions are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits. This is sourced from the ED Administrative Systems and will therefore differ slightly from the information included in the Hospital Statistics: 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 admissions⁵ to hospital each month, from April 2014.⁶

Figure 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (April 2014 – June 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 increase between November and January each year, then decline sharply from February each year (Figure 1).
- Attendances during each of the last three months have varied when compared with the same month of the previous year:
 - During April 2019, there were 71,973 attendances at EDs, 7.3% (4,889) more than April 2018 (67,084);
 - During May 2019, there were 72,947 attendances at EDs, 0.6% (461) less than May 2018 (73,408); and,
 - During June 2019, there were 70,289 attendances at EDs, 0.6% (452) less than June 2018 (70,741).

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 June 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 (June 2018 - June 2019)

Department	New Attendances		Unplanned Review Attendances		Total Attendances	
	Jun 2018	Jun 2019	Jun 2018	Jun 2019	Jun 2018	Jun 2019
Mater	3,977	4,090	143	143	4,120	4,233
Royal Victoria	7,810	8,020	327	319	8,137	8,339
RBHSC	3,051	3,205	212	276	3,263	3,481
Antrim Area	6,864	7,181	498	392	7,362	7,573
Causeway	3,792	3,855	296	266	4,088	4,121
Ulster	7,929	8,106	249	231	8,178	8,337
Craigavon Area	7,026	6,588	438	606	7,464	7,194
Daisy Hill	4,700	4,330	393	369	5,093	4,699
Altnagelvin Area	5,502	5,559	391	327	5,893	5,886
South West Acute	2,981	3,054	232	280	3,213	3,334
Type 1	53,632	53,988	3,179	3,209	56,811	57,197
Type 2	5,425	5,278	251	229	5,676	5,507
Type 3	7,755	7,179	499	406	8,254	7,585
Northern Ireland	66,812	66,445	3,929	3,844	70,741	70,289

Source: Regional Data Warehouse, Business Services Organisation

- Between June 2018 and June 2019, the total attendances increased at Type 1 departments but decreased at Type 2 and Type 3 departments (Table 2, Table 10A).
- The Royal Victoria (8,339) and Ulster (8,337) were the busiest EDs during June 2019 (Table 2, Table 10A).
- Of the ten Type 1 EDs, the RBHSC (218, 6.7%) and Antrim Area (211, 2.9%) reported the largest increases in attendances during June 2019, compared with June 2018 (Table 2, Table 10A).

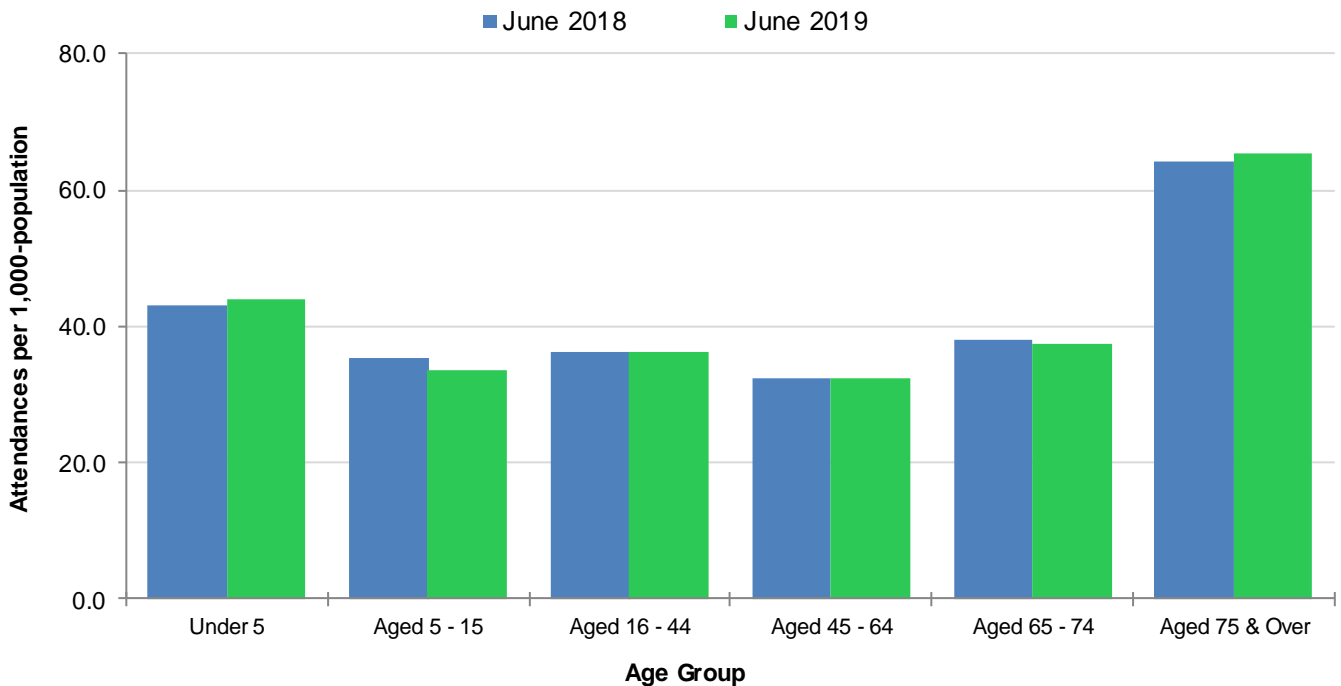
⁷ Information for June 2018 and April, May and June 2019 is detailed in Appendix 4, Table 10A.

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 (June 2018 - June 2019)^{12, 13}



- During both June 2018 and June 2019, the highest number of attendances per 1,000-population was recorded for those Aged 75 & Over (64.2 and 65.4 respectively) (Figure 2, Table 10H).
- A high number of attendances per 1,000-population aged Under 5 was also recorded in both June 2018 and June 2019 (42.9 and 44.0 respectively) (Figure 2, Table 10H).
- The rate of attendances per 1,000-population increased for those Under 5, Aged 16-44 and Aged 75 & Over between June 2018 and June 2019. (Figure 2, Table 10H).
- The lowest number of attendances per 1,000-population was recorded in the Aged 45 - 64 age group during June 2019 (32.4) (Figure 2, Table 10H).

⁹ Information for June 2018 and April, May and June 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 2017 mid-year population estimate which was published on 28th June 2018.

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 (June 2018 - June 2019)¹⁶

Department	Level 1 / 2		Level 3		Level 4 / 5	
	Jun 2018	Jun 2019	Jun 2018	Jun 2019	Jun 2018	Jun 2019
Mater	14.1%	14.4%	37.9%	44.6%	48.0%	41.0%
Royal Victoria	17.7%	18.5%	45.3%	45.4%	37.1%	36.1%
RBHSC	11.1%	11.5%	20.9%	21.5%	68.0%	67.1%
Antrim Area	18.9%	19.5%	50.3%	54.3%	30.8%	26.2%
Causeway	15.5%	17.8%	52.9%	54.4%	31.7%	27.8%
Ulster	17.9%	22.3%	51.1%	45.9%	31.0%	31.8%
Craigavon Area	28.8%	30.2%	51.4%	45.9%	19.9%	23.9%
Daisy Hill	27.7%	28.5%	52.4%	44.2%	19.9%	27.4%
Altnagelvin Area	24.6%	30.9%	29.7%	29.0%	45.7%	40.2%
South West Acute	14.7%	15.9%	47.8%	44.0%	37.5%	40.1%
Type 1	20.1%	21.9%	45.1%	43.6%	34.8%	34.5%
Type 2	6.2%	7.2%	27.3%	28.7%	66.5%	64.1%
Type 3	0.5%	0.3%	5.1%	5.3%	94.4%	94.4%
Northern Ireland	16.6%	18.3%	38.9%	38.2%	44.6%	43.5%

Source: Regional Data Warehouse, Business Services Organisation

- Almost two thirds (65.5%) of attendances at Type 1 departments in June 2019 were triaged as level 1 / 2 or 3, 0.3 percentage points more than June 2018 (65.2%) (Table 3, Table 10L).
- Almost a fifth (18.3%) of patients were triaged at level 1 / 2 in June 2019, lower than April 2019 (18.4%) but higher than May 2019 (17.9%) (Table 3, Table 10L).
- During June 2019, almost one third (30.9%) of patients attending Altnagelvin Area were triaged at level 1 / 2, compared with 11.5% 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.

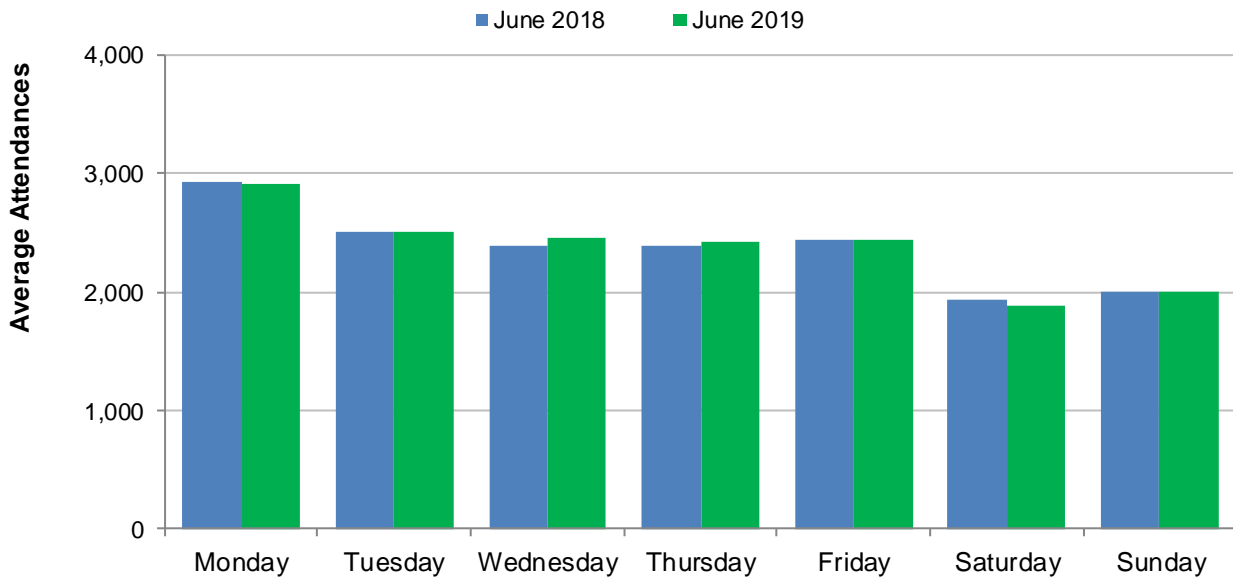
¹⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁶ Information for June 2018 and April, May and June 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 June 2018, compared with June 2019.^{17, 18, 19}

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



- Overall, Monday was the busiest day at EDs during both June 2018 and June 2019, with over 2,900 daily attendances on average each Monday during June 2019 (Figure 3, Table 10I).
- The largest increase in average daily attendances between June 2018 and June 2019 (74) was on a Wednesday (2,384 and 2,458 respectively) (Figure 3, Table 10I).
- The lowest average number of daily attendances was on a Saturday during both June 2018 (1,929) and June 2019 (1,877) (Figure 3, Table 10I).

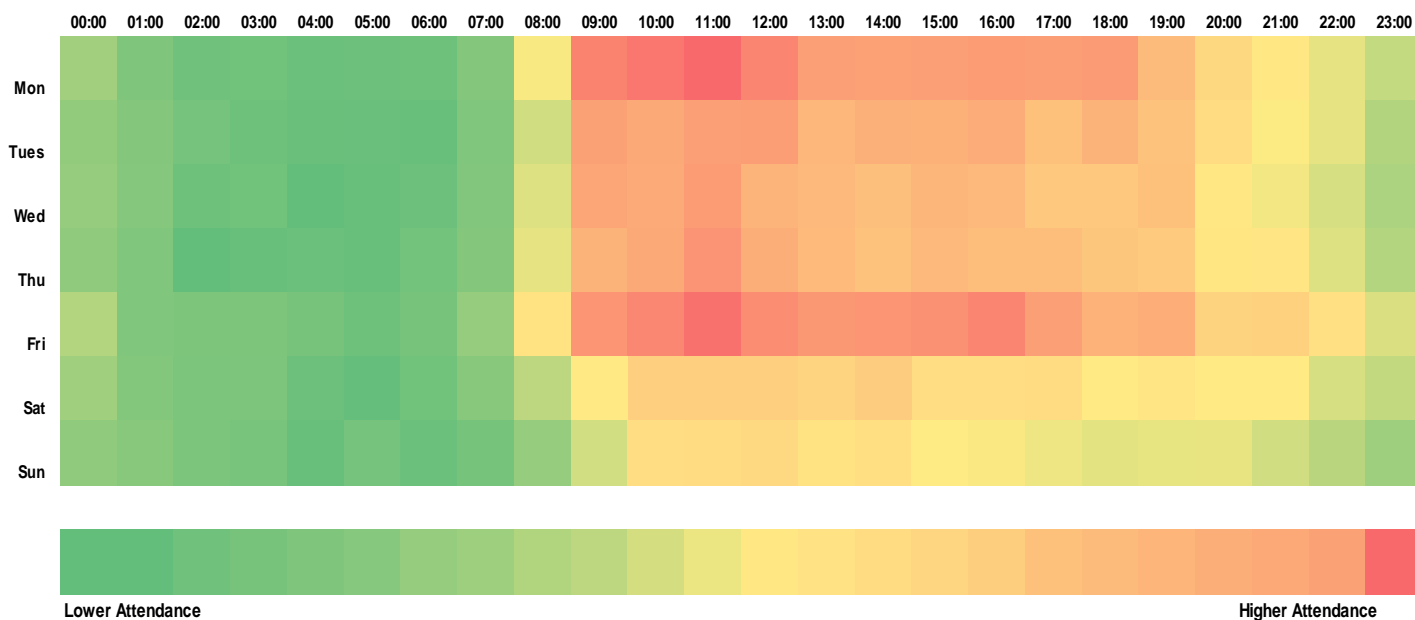
¹⁷ Information for June 2018 and April, May and June 2019 is detailed in Appendix 4, Table 10I.

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 June 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 (June 2019)



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

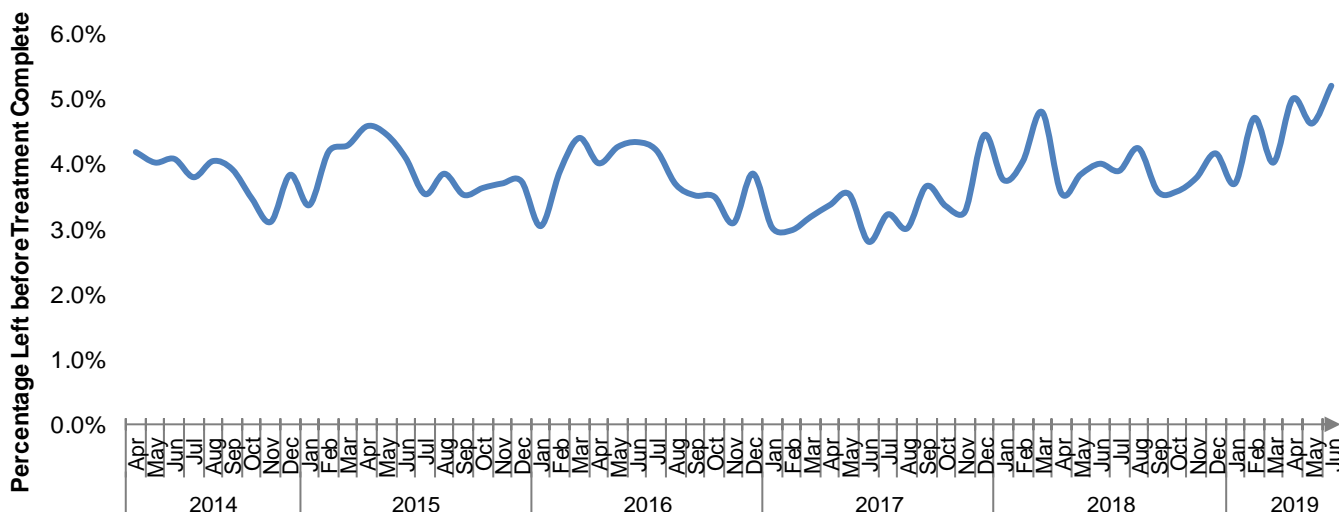
²⁰ Data on when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

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

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 – June 2019)



- During June 2019, 5.2% of all ED attendances left before their treatment was complete, 1.2 percentage points more than June 2018 (4.0%) (Figure 6, Table 10C).
- Type 1 EDs reported the highest percentage (6.1%) of patients leaving before their treatment was complete in June 2019, with 1.9% reported for Type 2 EDs and 1.0% for Type 3 EDs (Table 10C).
- The Royal Victoria (10.9%) reported the highest percentage of attendances leaving an ED before their treatment was complete during June 2019, 4.0 percentage points higher than June 2018 (6.9%) (Table 10C).
- During the last 12 months, the percentage of attendances leaving ED before their treatment was complete was highest in June 2019 (5.2%) (Figure 6).

²⁵ Information for June 2018 and April, May and June 2019 is detailed in Appendix 4, Table 10C.

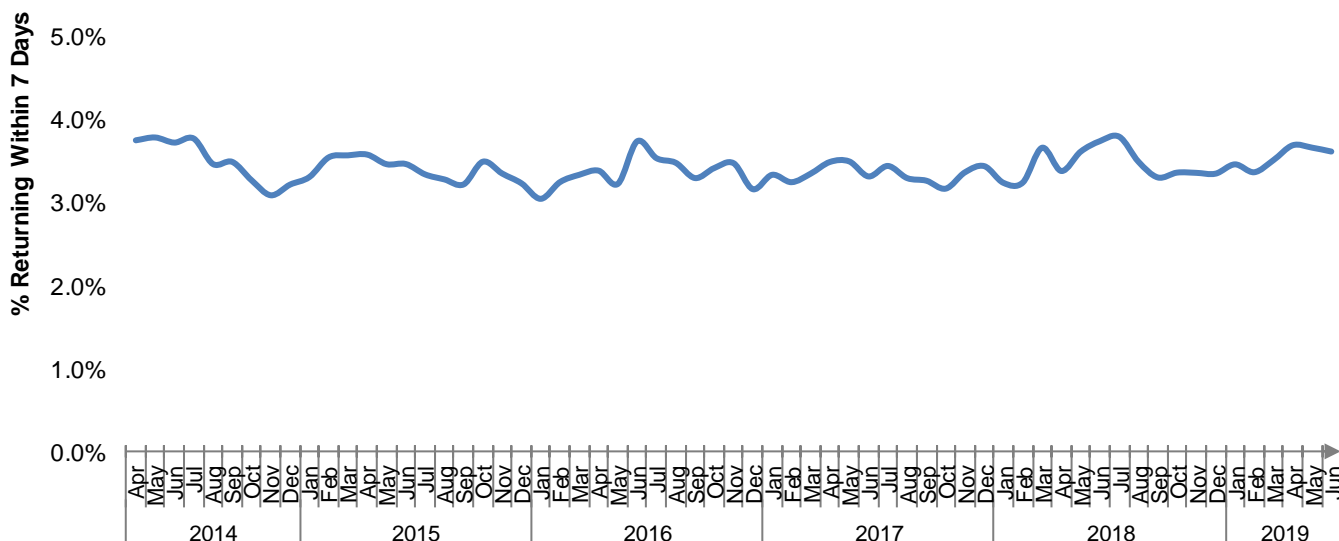
²⁶ Data on those leaving ED before their treatment was complete are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

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 – June 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 3.0% and 3.8% of the total number of ED attendances (Figure 7).
- During June 2019, 3.6% of attendances had attended the same ED within 7 days of their original attendance, 0.1 percentage points less than June 2018 (3.7%) (Figure 7, Table 10C).
- South West Acute (6.4%) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during June 2019 (Table 10C).

²⁸ Information for June 2018 and April, May and June 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 2017/18 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 June 2018, 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 (June 2018 - June 2019)

% Within 4 Hours	Jun 2018	Apr 2019	May 2019	Jun 2019	Diff (Mar 2018 - Mar 2019)	
					No.	% pt
Type 1	67.9%	59.9%	60.9%	61.3%	-	-6.5%
Type 2	84.8%	80.2%	81.7%	81.1%	-	-3.7%
Type 3	99.6%	99.7%	99.9%	99.7%	-	0.1%
Total	72.9%	65.8%	66.9%	67.0%	-	-5.9%

Over 12 Hours	Jun 2018	Apr 2019	May 2019	Jun 2019	Diff (Mar 2018 - Mar 2019)	
					No.	%
Type 1	1,364	3,620	3,339	2,829	1,465	-
Type 2	1	21	1	6	5	-
Type 3	.	.	.	.	.	-
Total	1,365	3,641	3,340	2,835	1,470	-

New & Unplanned Review Attendances	Jun 2018	Apr 2019	May 2019	Jun 2019	Diff (Mar 2018 - Mar 2019)	
					No.	%
Type 1	56,811	58,305	59,027	57,197	386	0.7%
Type 2	5,676	5,966	5,942	5,507	-169	-3.0%
Type 3	8,254	7,702	7,978	7,585	-669	-8.1%
Total	70,741	71,973	72,947	70,289	-452	-0.6%

Source: Regional Data Warehouse, Business Services Organisation

- Over two thirds (67.0%) of attendances in June 2019 were discharged or admitted within 4 hours, 5.9 percentage points less than June 2018 (72.9%) (Table 10B & 10J).
- More than six in ten (61.3%) attendances at Type 1 EDs in June 2019 waited less than 4 hours, compared with 81.1% at Type 2 EDs and 99.7% at Type 3 EDs (Table 4, Table 10B & Table 10J).
- Between June 2018 and June 2019, the number waiting over 12 hours increased from 1,365 to 2,835, accounting for 4.0% of all attendances in June 2019 (Table 4, Table 10B & 10J).
- During this period, EDs experienced a 0.6% decrease in attendances (70,741 to 70,289), whilst 4 hour performance decreased by 5.9 percentage points (Table 4, Table 10B & Table 10J).
- During the quarter ending 30th June 2019, two thirds (66.6%) of patients attending EDs waited less than 4 hours, 6.1 percentage points less than the same quarter in 2018 (72.6%).
- Between April 2019 and June 2019, the percentage of patients waiting less than 4 hours was highest in June 2019 (67.0%) and lowest in April 2019 (65.8%), whilst the number waiting over 12 hours was highest in April 2019 (3,641) and lowest in June 2019 (2,835) (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-ni-wts-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 June 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 (June 2018 - June 2019)

Department	4 Hour Performance		12 Hour Performance		Total Attendances	
	Jun 2018	Jun 2019	Jun 2018	Jun 2019	Jun 2018	Jun 2019
Mater	73.7%	71.0%	59	86	4,120	4,233
Royal Victoria	60.4%	46.7%	112	476	8,137	8,339
RBHSC	84.4%	86.7%	-	-	3,263	3,481
Antrim Area	65.5%	64.1%	165	266	7,362	7,573
Causeway	72.9%	69.8%	129	189	4,088	4,121
Ulster	62.4%	56.0%	550	589	8,178	8,337
Craigavon Area	59.7%	50.5%	267	609	7,464	7,194
Daisy Hill	73.3%	66.7%	18	261	5,093	4,699
Altnagelvin Area	77.1%	66.8%	36	132	5,893	5,886
South West Acute	68.6%	62.0%	28	221	3,213	3,334
Type 1	67.9%	61.3%	1,364	2,829	56,811	57,197
Type 2	84.8%	81.1%	1	6	5,676	5,507
Type 3	99.6%	99.7%	-	-	8,254	7,585
Northern Ireland	72.9%	67.0%	1,365	2,835	70,741	70,289

Source: Regional Data Warehouse, Business Services Organisation

- During June 2019, the RBHSC (86.7%) reported the highest performance of any Type 1 ED against the 4 hour target, whilst the Royal Victoria (46.7%) reported the lowest (Table 5, Table 10B).
- The RBHSC was the only Type 1 ED to achieve the 12-hour target during June 2019 (Table 5, Table 10B).
- Craigavon Area (609) and the Ulster (589) and reported the highest numbers of patients waiting over 12 hours during June 2019 (Table 5, Table 10B).
- Between June 2018 and June 2019, performance against the 12 hour target declined at all Type 1 EDs (Table 5, Table 10B), with the exception of the RBHSC which remained as zero.

³³ Information for June 2018 and April, May and June 2019 is detailed in Appendix 4: Table 10B & Table 10I.

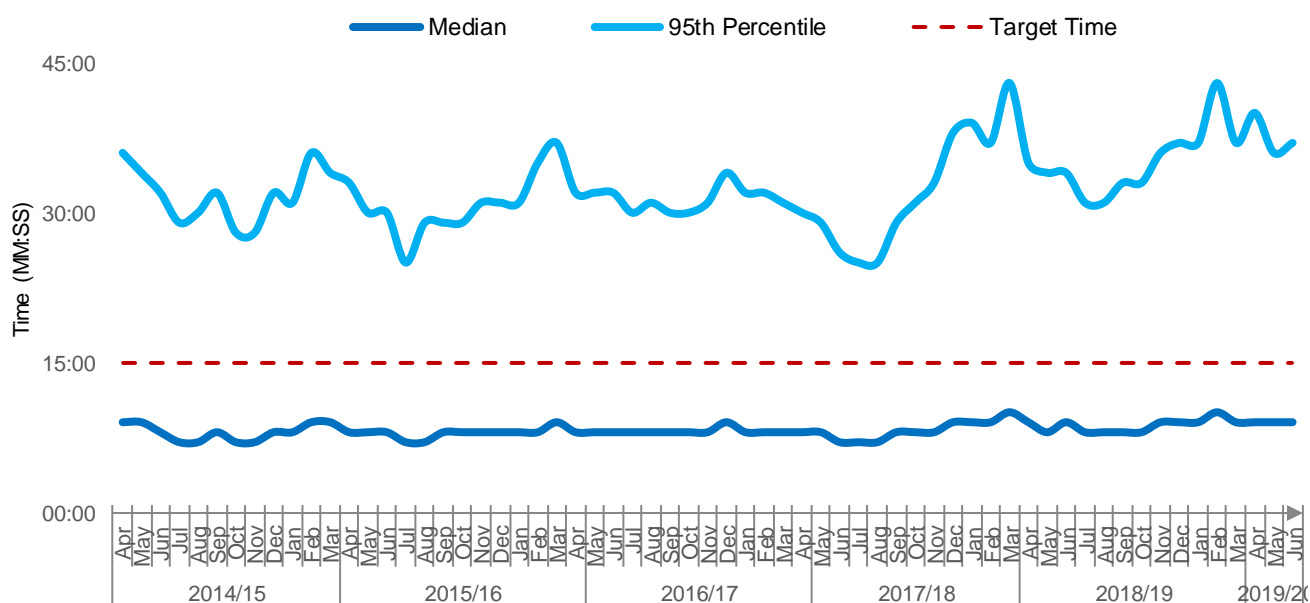
³⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

How Long Did Patients Wait to be Triage?

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.

Figure 9: Time from Arrival to Triage (April 2014 - June 2019)³⁷



- During June 2019, the median waiting time from arrival to triage was 9 minutes, similar to the time taken in June 2018 (9 minutes) (Figure 9, Table 10D).
- 95 per cent of patients were triaged within 37 minutes of their arrival at an ED in June 2019, 3 minutes longer than the time taken in June 2018 (34 minutes) (Figure 9, Table 10D).
- Over seven in ten (72.3%) attendances were triaged within 15 minutes of their arrival at an ED during June 2019, 3.2 percentage points lower than June 2018 (75.5%).
- During each of the last 3 months, the median waiting time from arrival to triage was 9 minutes, whilst the time taken to triage 95 percent of patients was longest during April 2019 (40 minutes) and shortest in May 2019 (36 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 June 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 (June 2018 - June 2019)

Department	Jun 2018	Apr 2019	May 2019	Jun 2019
Mater	76.8%	71.9%	75.0%	75.2%
Royal Victoria	67.5%	61.3%	58.1%	55.7%
RBHSC	89.8%	85.7%	88.6%	91.4%
Antrim Area	63.5%	56.4%	63.5%	66.4%
Causeway	88.9%	86.6%	90.0%	89.6%
Ulster	77.8%	76.2%	77.8%	74.2%
Craigavon Area	66.4%	56.8%	54.7%	55.1%
Daisy Hill	75.0%	68.4%	70.8%	69.6%
Altnagelvin Area	90.6%	75.2%	79.0%	81.0%
South West Acute	80.9%	88.3%	88.0%	80.7%
Type 1	75.9%	70.4%	71.9%	71.4%
Type 2	95.1%	89.4%	91.2%	89.1%
Type 3	98.9%	99.1%	99.0%	99.2%
Northern Ireland	80.1%	75.2%	76.6%	75.9%

Source: Regional Data Warehouse, Business Services Organisation

- Over three quarters (75.9%) of patients attending EDs commenced their treatment within 2 hours of being triaged, 4.2 percentage points lower than June 2018 (80.1%) (Table 6, Table 10K).
- During June 2019, over seven in ten (71.4%) patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 89.1% at Type 2 EDs and 99.2% at Type 3 EDs (Table 6, Table 10K).
- Four Type 1 EDs (RBHSC, Causeway, Altnagelvin Area, and South West Acute) achieved the 80% target in June 2019 (Table 6, Table 10K).
- During June 2019, the RBHSC (91.4%) reported the highest percentage commencing treatment within 2 hours, whilst Craigavon Area (55.1%) reported the lowest (Table 6, Table 10K).
- Between April and June 2019, the highest percentage of patients commencing treatment within 2 hours was in May 2019 (76.6%) and the lowest in April 2019 (75.2%), whilst the (Table 4).

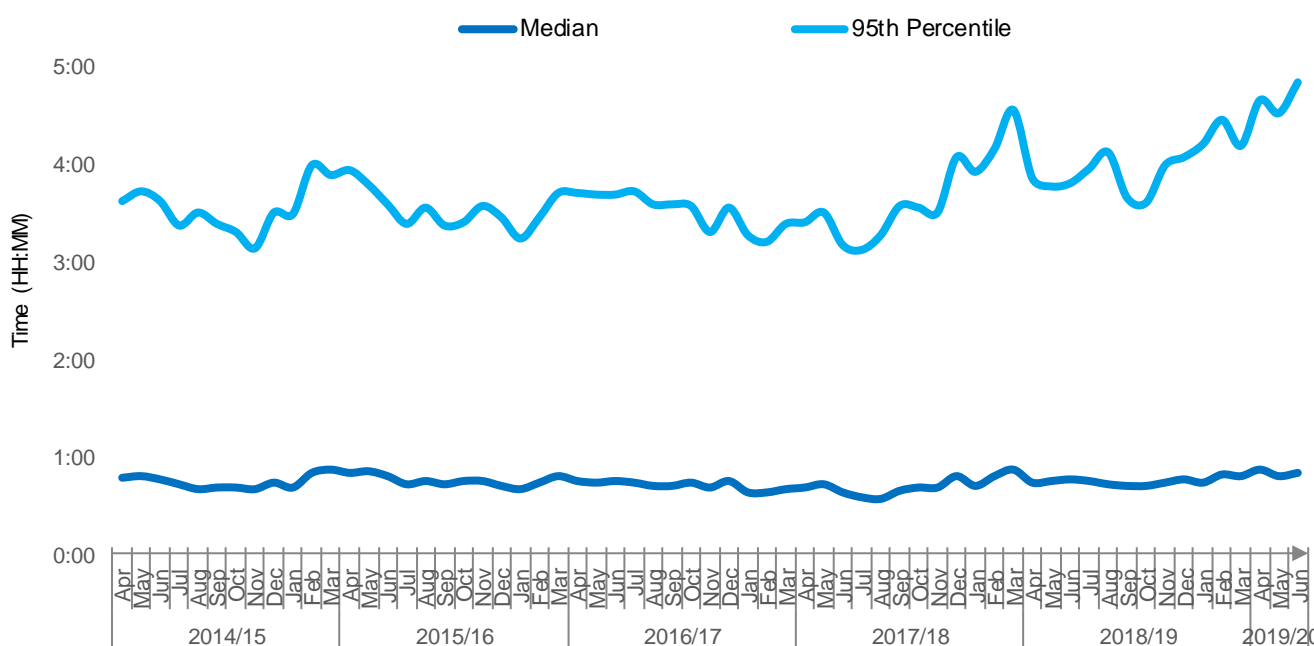
³⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

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.

Figure 10: Time from Triage to Start of Treatment (April 2014 – June 2019)⁴¹



- The median waiting time from triage to start of treatment in June 2019 was 50 minutes, 4 minutes more than the time taken in June 2018 (46 minutes) (Figure 10, Table 10E).
- During June 2019, 95 percent of patients commenced treatment within 4 hours 50 minutes of being triaged, 1 hour 2 minutes more than June 2018 (3 hours 48 minutes) (Figure 10, Table 10E).
- During each of the last 3 months, the median waiting time from triage to start of treatment was longest in April 2019 (52 minutes) and shortest in May 2019 (48 minutes), whilst the time taken to start treating 95 percent of patients was longest during June 2019 (4 hours 50 minutes) and shortest in May 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.

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 June 2019 compared with June 2018. ^{42, 43}

Table 7: Time from Triage to Start of Treatment (June 2018 and June 2019) ⁴⁴

Department	Median		95th Percentile	
	June 2018	June 2019	June 2018	June 2019
Mater	0:58	0:50	4:00	4:37
Royal Victoria	1:08	1:36	4:51	6:55
RBHSC	0:44	0:39	2:32	2:18
Antrim Area	1:24	1:20	4:47	5:03
Causeway	0:40	0:32	2:47	2:36
Ulster	0:55	1:00	3:33	4:47
Craigavon Area	1:20	1:44	5:15	7:33
Daisy Hill	1:06	1:15	3:42	4:06
Altnagelvin Area	0:30	0:51	2:30	3:32
South West Acute	0:38	0:35	3:33	3:56
Type 1	0:57	1:03	4:05	5:14
Type 2	0:33	0:40	1:58	2:30
Type 3	0:07	0:07	1:06	1:01
Northern Ireland	0:46	0:50	3:48	4:50

Source: Regional Data Warehouse, Business Services Organisation

- The median time waited at Type 1 EDs from triage to start of treatment by a medical professional was 1 hour 3 minutes in June 2019, 6 minutes more than June 2018 (57 minutes) (Table 7, Table 10E).
- Craigavon Area (1 hour 44 minutes) reported the longest median waiting time from triage to start of treatment during June 2019, whilst Causeway (32 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 per cent of attendances commencing treatment within 7 hours 33 minutes of being triaged; 2 hours 18 minutes more than the time taken in June 2018 (5 hours 15 minutes) (Table 7, Table 10E).
- RBHSC reported the shortest time to start of treatment during June 2019, with 95 per cent of attendances commencing treatment within 2 hours 18 minutes of being triaged, 14 minutes less than the time taken in June 2018 (2 hours 32 minutes) (Table 7, Table 10E).

⁴² 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.

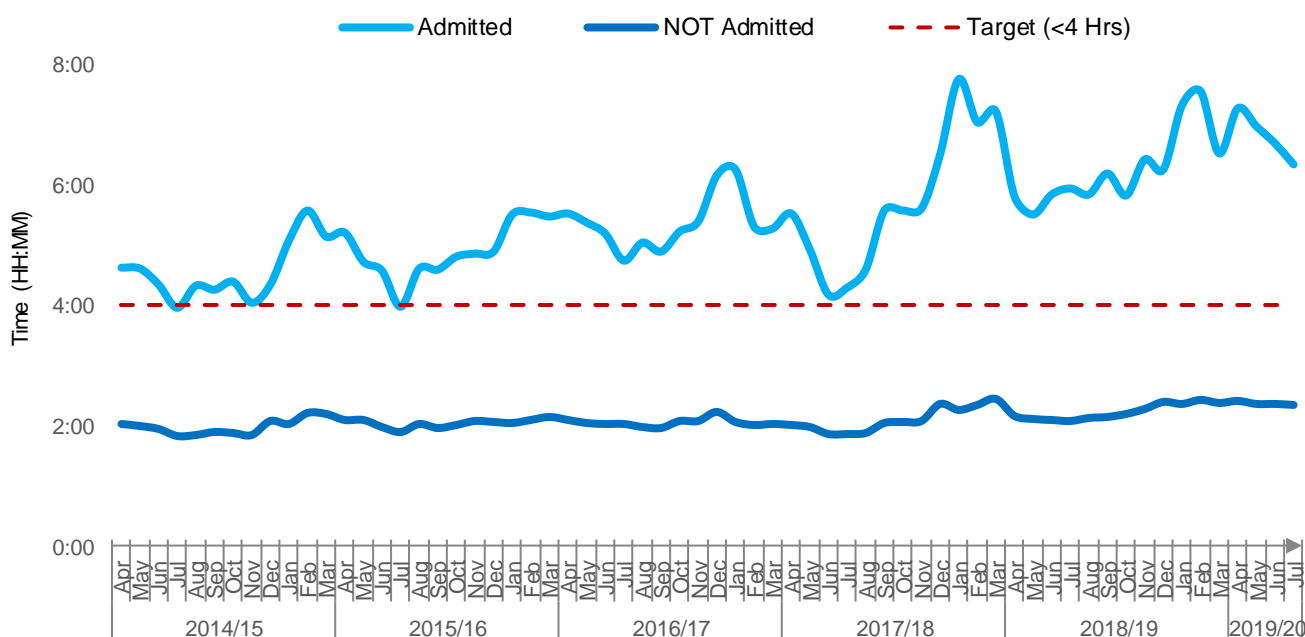
⁴³ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁴⁴ Information for June 2018 and April, May and June 2019 is detailed in Appendix 4, Table 10E.

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.^{45, 46}

Figure 11: Median Time Spent in an Emergency Care Department for those (i) Admitted to Hospital and (ii) Discharged Home (April 2014 to June 2019)⁴⁷,



- During June 2019, the median time patients admitted to hospital spent in an ED was 6 hours 42 minutes, compared to 2 hours 22 minutes for those discharged home (Figure 11, Table 10F & 10G).
- During June 2019, 95 per cent of patients admitted to hospital waited 21 hours 9 minutes in ED, almost three times longer than the time waited by 95 percent of those discharged home (7 hours 32 minutes) (Table 8 & 9).
- Between April and June 2019, the median time patients admitted spent in ED was longest in April 2019 (7 hours 17 minutes) and shortest in June 2019 (6 hours 42 minutes) (Table 10F).
- During this period, the median time waited by patients discharged home was longest in April 2019 (2 hours 25 minutes) and shortest in May / June 2019 (2 hours 22 minutes) (Table 10G).
- During the last 3 months, the longest time waited by 95 percent of patients admitted was in April 2019 (23 hours 35 minutes) and shortest in June 2019 (21 hours 9 minutes) (Table 10F).
- During this period, the longest time waited by 95 percent of patients discharged home was in June 2019 (7 hours 32 minutes) and shortest in May 2019 (7 hours 18 minutes) (Table 10G).

⁴⁵ Data are not National Statistics, and are included to provide users with a comprehensive view of ED activity and waits.

⁴⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁴⁷ Further breakdown of EDs can be found in Appendix 4, Table 10F and 10G.

How Long did Patients Admitted 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.⁴⁸

Table 8: Total Time Spent in an Emergency Care Department for those Admitted to Hospital (June 2018 - June 2019)^{49, 50}

Department	Median		95th Percentile	
	June 2018	June 2019	June 2018	June 2019
Mater	4:49	5:49	13:44	17:49
Royal Victoria	6:20	8:07	11:59	17:27
RBHSC	3:52	3:33	7:33	7:04
Antrim Area	5:40	5:32	15:29	18:02
Causeway	7:11	8:00	19:27	23:58
Ulster	7:44	7:21	22:08	23:06
Craigavon Area	6:17	8:05	17:18	23:56
Daisy Hill	5:07	7:10	10:57	23:05
Altnagelvin Area	5:41	6:32	11:34	14:16
South West Acute	4:52	6:20	10:49	22:11
Type 1	5:56	6:50	17:08	21:18
Type 2	3:43	4:31	7:19	8:57
Type 3	1:28	1:15	5:22	4:59
Northern Ireland	5:51	6:42	16:55	21:09

Source:

Regional Data Warehouse, Business Services Organisation

- The median time patients who were admitted to hospital spent in a Type 1 ED was 6 hours 50 minutes in June 2019, 54 minutes longer than the same month last year (5 hours 56 minutes) (Table 8, Table 10F).
- During June 2019 the Royal Victoria and Craigavon Area reported the longest median waiting times from arrival to admission (8 hours 7 minutes and 8 hours 5 minutes respectively), whilst the RBHSC reported the shortest time (3 hours 33 minutes) (Table 8).
- 95 per cent of patients were admitted to hospital within 21 hours 18 minutes at Type 1 EDs in June 2019, 4 hours 10 minutes longer than the time taken in June 2018 (17 hours 8 minutes) (Table 8).
- Between June 2018 and June 2019 Daisy Hill reported the largest increase (from 10 hours 57 minutes to 23 hours 5 minutes) in the time taken for 95% of patients to be admitted to hospital (Table 8, Table 10F).

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

⁴⁹ Information for June 2018 and April, May and June 2019 is detailed in Appendix 4, Table 10F.

⁵⁰ 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 Discharged Home 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**.⁵¹

Table 9: Total Time Spent in Emergency Care Departments for those Discharged Home (June 2018 - June 2019)⁵²,

Department	Median		95th Percentile	
	June 2018	June 2019	June 2018	June 2019
Mater	2:24	2:28	6:33	6:49
Royal Victoria	3:02	3:44	7:27	9:58
RBHSC	2:03	2:07	5:01	4:43
Antrim Area	2:38	2:44	6:47	7:29
Causeway	2:11	2:17	6:38	7:01
Ulster	2:36	2:58	6:21	7:53
Craigavon Area	2:53	3:19	7:24	9:58
Daisy Hill	2:29	2:39	5:47	6:27
Altnagelvin Area	2:05	2:44	5:18	6:39
South West Acute	2:37	2:55	6:45	8:40
Type 1	2:31	2:49	6:37	8:03
Type 2	1:48	2:04	5:43	5:40
Type 3	0:39	0:36	2:04	1:53
Northern Ireland	2:06	2:22	6:15	7:32

Source: Regional Data Warehouse, Business Services Organisation

- The median time patients who were discharged home (not admitted) spent in a Type 1 ED was 2 hours 49 minutes in June 2019, 18 minutes longer than the time taken during the same month last year (2 hour 31 minutes) (Table 9, Table 10G).
- In June 2019, 95 per cent of attendances at Type 1 EDs were discharged home within 8 hours 3 minutes of their arrival, 1 hour 26 minutes longer than the time taken in June 2018 (6 hours 37 minutes) (Table 9, Table 10G).

⁵¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵² Information for June 2018 and April, May and June 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, Opening Hours & National Statistics

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 ⁵³

HSC Trust	Type 1 (24-hour assess)	Type 2 (Limited opening hours)	Type 3 (Minor Injuries Unit, MIU)
Belfast	Belfast City (Closed)		
	Mater	RVH (Eye Casualty) ⁵⁴ (9-5pm Mon-Fri) (8.30-1pm Sat)	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ⁵⁵ (Closed)
	Causeway		Mid Ulster (9-5pm Mon-Fri)
South Eastern	Ulster	Lagan Valley (8-8pm Mon-Fri)	Ards MIU (9-5pm Mon-Fri)
		Downe ⁵⁶ (8-8pm Mon-Fri) (9-5pm (MIU only) Sat-Sun)	Bangor MIU (9-5pm Mon-Fri)
Southern	Craigavon Area		South Tyrone (9-9pm Mon-Fri) (10-6pm Sat-Sun)
	Daisy Hill		Armagh Community ⁵⁷ (Closed)
Western	Altnagelvin Area		Tyrone County (Closed)
	South West Acute		Omagh ⁵⁸ (24-hour)

⁵³ Opening Hours are as of June 2017.

⁵⁴ RVH (RAES) refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

⁵⁵ Temporarily closed on 1st December 2014.

⁵⁶ Currently operates as a Type 3 on Saturday and Sunday, between 9am and 5pm.

⁵⁷ Temporarily closed on 17th November 2014.

⁵⁸ 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 ⁵⁹

Department	New Attendances				Unplanned Reviews				Total Attendances			
	Jun 2018	Apr 2019	May 2019	Jun 2019	Jun-18	Apr-19	May-19	Jun-19	Jun-18	Apr-19	May-19	Jun-19
Mater	3,977	4,115	4,392	4,090	143	125	142	143	4,120	4,240	4,534	4,233
Royal Victoria	7,810	7,955	7,900	8,020	327	374	408	319	8,137	8,329	8,308	8,339
RBHSC	3,051	3,334	3,191	3,205	212	328	332	276	3,263	3,662	3,523	3,481
Antrim Area	6,864	7,203	7,571	7,181	498	390	366	392	7,362	7,593	7,937	7,573
Causeway	3,792	4,038	3,997	3,855	296	338	348	266	4,088	4,376	4,345	4,121
Ulster	7,929	8,052	8,245	8,106	249	215	247	231	8,178	8,267	8,492	8,337
Craigavon Area	7,026	6,755	6,827	6,588	438	595	556	606	7,464	7,350	7,383	7,194
Daisy Hill	4,700	4,576	4,548	4,330	393	342	374	369	5,093	4,918	4,922	4,699
Altnagelvin Area	5,502	5,805	5,838	5,559	391	411	385	327	5,893	6,216	6,223	5,886
South West Acute	2,981	3,120	3,119	3,054	232	234	241	280	3,213	3,354	3,360	3,334
Type 1	53,632	54,953	55,628	53,988	3,179	3,352	3,399	3,209	56,811	58,305	59,027	57,197
Eye Casualty	1,345	1,399	1,255	1,314	75	56	38	46	1,420	1,455	1,293	1,360
Downe	1,927	2,100	2,087	1,930	87	104	118	99	2,014	2,204	2,205	2,029
Lagan Valley	2,153	2,206	2,351	2,034	89	101	93	84	2,242	2,307	2,444	2,118
Type 2	5,425	5,705	5,693	5,278	251	261	249	229	5,676	5,966	5,942	5,507
Mid Ulster	908	1,005	1,005	891	48	46	39	37	956	1,051	1,044	928
Ards	1,089	1,041	1,146	1,041	42	43	65	40	1,131	1,084	1,211	1,081
Bangor	955	866	907	886	56	52	47	45	1,011	918	954	931
South Tyrone	3,196	2,870	3,008	2,824	194	128	118	127	3,390	2,998	3,126	2,951
Omagh	1,607	1,505	1,529	1,537	159	146	114	157	1,766	1,651	1,643	1,694
Type 3	7,755	7,287	7,595	7,179	499	415	383	406	8,254	7,702	7,978	7,585
Northern Ireland	66,812	67,945	68,916	66,445	3,929	4,028	4,031	3,844	70,741	71,973	72,947	70,289

⁵⁹ 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^{60, 61}

Department	4 - Hour Performance				12 - Hour Performance				Total Attendances			
	Jun 2018	Apr 2019	May 2019	Jun 2019	Jun 2018	Apr 2019	May 2019	Jun 2019	Jun 2018	Apr 2019	May 2019	Jun 2019
Mater	73.7%	66.8%	69.3%	71.0%	59	149	109	86	4,120	4,240	4,534	4,233
Royal Victoria	60.4%	51.2%	48.3%	46.7%	112	486	399	476	8,137	8,329	8,308	8,339
RBHSC	84.4%	81.2%	81.9%	86.7%	.	.	.	.	3,263	3,662	3,523	3,481
Antrim Area	65.5%	56.4%	60.6%	64.1%	165	529	383	266	7,362	7,593	7,937	7,573
Causeway	72.9%	68.6%	71.7%	69.8%	129	286	151	189	4,088	4,376	4,345	4,121
Ulster	62.4%	55.1%	57.2%	56.0%	550	761	576	589	8,178	8,267	8,492	8,337
Craigavon Area	59.7%	50.4%	49.5%	50.5%	267	715	810	609	7,464	7,350	7,383	7,194
Daisy Hill	73.3%	67.6%	67.4%	66.7%	18	180	400	261	5,093	4,918	4,922	4,699
Altnagelvin Area	77.1%	61.3%	64.6%	66.8%	36	329	270	132	5,893	6,216	6,223	5,886
South West Acute	68.6%	64.3%	64.0%	62.0%	28	185	241	221	3,213	3,354	3,360	3,334
Type 1	67.9%	59.9%	60.9%	61.3%	1,364	3,620	3,339	2,829	56,811	58,305	59,027	57,197
Eye Casualty	71.3%	73.1%	69.8%	77.7%	.	.	.	.	1,420	1,455	1,293	1,360
Downe	93.8%	89.4%	89.0%	89.2%	1	13	.	4	2,014	2,204	2,205	2,029
Lagan Valley	85.4%	75.8%	81.3%	75.6%	.	8	1	2	2,242	2,307	2,444	2,118
Type 2	84.8%	80.2%	81.7%	81.1%	1	21	1	6	5,676	5,966	5,942	5,507
Mid Ulster	99.9%	100.0%	100.0%	100.0%	.	.	.	.	956	1,051	1,044	928
Ards	100.0%	100.0%	99.8%	100.0%	.	.	.	.	1,131	1,084	1,211	1,081
Bangor	100.0%	99.9%	100.0%	100.0%	.	.	.	.	1,011	918	954	931
South Tyrone	100.0%	100.0%	100.0%	100.0%	.	.	.	.	3,390	2,998	3,126	2,951
Omagh	98.2%	98.8%	99.6%	98.6%	.	.	.	.	1,766	1,651	1,643	1,694
Type 3	99.6%	99.7%	99.9%	99.7%	.	.	.	.	8,254	7,702	7,978	7,585
Northern Ireland	72.9%	65.8%	66.9%	67.0%	1,365	3,641	3,340	2,835	70,741	71,973	72,947	70,289

⁶⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁶¹ 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^{62, 63}

Department	GP Referrals				Left Before Treatment				Unplanned reviews Within 7 Days			
	Jun 2018	Apr 2019	May 2019	Jun 2019	Jun 2018	Apr 2019	May 2019	Jun 2019	Jun 2018	Apr 2019	May 2019	Jun 2019
Mater	13.4%	13.2%	13.0%	12.1%	7.5%	9.2%	7.8%	8.6%	2.4%	2.2%	2.6%	2.5%
Royal Victoria	18.4%	19.4%	18.0%	17.2%	6.9%	8.4%	9.3%	10.9%	2.5%	3.1%	3.3%	2.7%
RBHSC	12.2%	13.7%	11.3%	10.9%	2.9%	2.6%	2.8%	3.1%	4.7%	6.3%	6.7%	5.3%
Antrim Area	22.2%	22.8%	21.7%	22.0%	3.8%	5.1%	4.1%	3.4%	4.0%	3.2%	3.1%	3.1%
Causeway	20.4%	21.3%	19.7%	20.1%	2.9%	4.1%	2.6%	2.9%	4.6%	4.8%	4.7%	3.9%
Ulster	21.2%	22.7%	22.7%	21.8%	3.4%	4.0%	3.3%	4.3%	2.3%	2.0%	2.1%	1.9%
Craigavon Area	20.7%	20.4%	20.9%	19.4%	5.8%	7.5%	7.4%	8.6%	4.0%	4.9%	4.9%	5.4%
Daisy Hill	13.2%	15.0%	13.3%	12.6%	4.7%	5.1%	4.9%	5.4%	6.0%	5.3%	5.2%	5.6%
Altnagelvin Area	10.2%	10.1%	9.3%	9.7%	2.9%	6.7%	4.9%	5.3%	4.8%	5.0%	4.4%	4.3%
South West Acute	18.4%	18.4%	19.5%	19.8%	4.5%	3.6%	5.1%	5.3%	6.6%	5.1%	5.2%	6.4%
Type 1	17.7%	18.4%	17.7%	17.2%	4.6%	5.9%	5.4%	6.1%	3.9%	3.9%	3.9%	3.8%
Eye Casualty	14.4%	13.9%	13.1%	14.2%	3.0%	1.4%	2.0%	1.1%	2.1%	1.2%	1.2%	1.1%
Downe	13.3%	14.7%	16.3%	15.1%	0.9%	1.3%	0.9%	1.7%	2.7%	2.7%	3.0%	3.0%
Lagan Valley	13.4%	12.1%	11.8%	12.2%	1.8%	3.0%	2.6%	2.6%	2.3%	2.6%	2.1%	2.5%
Type 2	13.6%	13.5%	13.8%	13.8%	1.8%	2.0%	1.8%	1.9%	2.4%	2.3%	2.3%	2.3%
Mid Ulster	0.7%	0.6%	1.9%	1.6%	0.2%	0.1%	0.3%	0.1%	1.7%	2.2%	1.3%	1.7%
Ards	2.3%	1.0%	0.7%	0.9%	1.6%	0.6%	1.1%	0.8%	1.9%	1.8%	2.4%	1.5%
Bangor	0.7%	0.4%	1.3%	0.4%	1.2%	0.4%	0.8%	2.5%	3.6%	3.3%	2.1%	2.7%
South Tyrone	0.7%	0.6%	0.6%	0.3%	0.4%	0.4%	0.2%	0.2%	3.0%	2.3%	2.3%	2.4%
Omagh	2.1%	1.1%	1.5%	0.9%	2.9%	1.9%	1.2%	2.4%	5.9%	5.0%	5.0%	6.0%
Type 3	1.2%	0.8%	1.1%	0.7%	1.2%	0.7%	0.6%	1.0%	3.4%	2.9%	2.7%	3.0%
Northern Ireland	15.5%	16.1%	15.5%	15.2%	4.0%	5.0%	4.6%	5.2%	3.7%	3.7%	3.7%	3.6%

⁶² 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.

⁶³ 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)^{64, 65}

Department	Median				95 th Percentile			
	Jun 2018	Apr 2019	May 2019	Jun 2019	Jun 2018	Apr 2019	May 2019	Jun 2019
Mater	0:09	0:09	0:09	0:09	0:26	0:30	0:29	0:30
Royal Victoria	0:11	0:14	0:12	0:13	0:43	0:51	0:45	0:48
RBHSC	0:10	0:12	0:10	0:11	0:43	0:50	0:43	0:45
Antrim Area	0:08	0:11	0:10	0:10	0:23	0:31	0:27	0:27
Causeway	0:10	0:10	0:10	0:10	0:29	0:31	0:30	0:30
Ulster	0:11	0:11	0:10	0:11	0:32	0:32	0:30	0:31
Craigavon Area	0:09	0:12	0:12	0:10	0:39	0:47	0:47	0:49
Daisy Hill	0:05	0:05	0:05	0:04	0:16	0:15	0:14	0:14
Altnagelvin Area	0:10	0:13	0:11	0:11	0:30	0:45	0:38	0:38
South West Acute	0:13	0:10	0:11	0:11	0:44	0:36	0:36	0:38
Type 1	0:09	0:10	0:10	0:10	0:34	0:40	0:37	0:37
Eye Casualty	0:18	0:25	0:21	0:23	1:12	1:33	1:31	1:23
Downe	0:05	0:06	0:06	0:06	0:20	0:18	0:20	0:23
Lagan Valley	0:08	0:08	0:08	0:08	0:22	0:23	0:24	0:21
Type 2	0:08	0:08	0:08	0:08	0:43	0:54	0:50	0:50
Lagan Valley	0:02	0:02	0:02	0:03	0:08	0:08	0:09	0:09
Mid Ulster	0:05	0:03	0:04	0:03	0:20	0:16	0:20	0:16
Ards	0:05	0:05	0:05	0:06	0:21	0:22	0:20	0:29
Bangor	0:02	0:01	0:01	0:01	0:12	0:11	0:10	0:09
Omagh	0:14	0:10	0:08	0:08	0:54	0:49	0:42	0:36
Type 3	0:04	0:03	0:03	0:03	0:28	0:23	0:22	0:22
Northern Ireland	0:09	0:09	0:09	0:09	0:34	0:40	0:36	0:37

⁶⁴ 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.

⁶⁵ 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^{66, 67}

Department	Median				95 th Percentile			
	Jun 2018	Apr 2019	May 2019	Jun 2019	Jun 2018	Apr 2019	May 2019	Jun 2019
Mater	0:58	0:57	0:47	0:50	4:00	4:55	4:32	4:37
Royal Victoria	1:08	1:23	1:28	1:36	4:51	6:06	6:26	6:55
RBHSC	0:44	0:48	0:41	0:39	2:32	2:55	2:38	2:18
Antrim Area	1:24	1:43	1:28	1:20	4:47	6:07	5:15	5:03
Causeway	0:40	0:41	0:31	0:32	2:47	3:02	2:45	2:36
Ulster	0:55	0:57	0:56	1:00	3:33	4:24	4:33	4:47
Craigavon Area	1:20	1:42	1:47	1:44	5:15	6:43	6:33	7:33
Daisy Hill	1:06	1:17	1:12	1:15	3:42	4:16	3:52	4:06
Altnagelvin Area	0:30	1:00	0:48	0:51	2:30	3:45	3:39	3:32
South West Acute	0:38	0:27	0:28	0:35	3:33	3:20	3:15	3:56
Type 1	0:57	1:07	1:01	1:03	4:05	5:01	4:55	5:14
Downe	0:27	0:31	0:34	0:29	1:35	2:02	2:13	2:00
Lagan Valley	0:41	0:44	0:42	0:52	2:10	2:55	2:22	2:49
Type 2	0:33	0:37	0:37	0:40	1:58	2:33	2:19	2:30
Mid Ulster	0:05	0:07	0:05	0:06	0:27	0:37	0:37	0:38
Ards	0:20	0:08	0:11	0:11	1:12	0:38	0:51	0:52
Bangor	0:11	0:06	0:05	0:14	0:51	0:40	0:43	1:04
South Tyrone	0:03	0:04	0:03	0:03	0:36	0:34	0:31	0:29
Omagh	0:19	0:16	0:14	0:16	2:07	1:53	1:57	1:43
Type 3	0:07	0:07	0:06	0:07	1:06	0:54	0:56	1:01
Northern Ireland	0:46	0:52	0:48	0:50	3:48	4:39	4:31	4:50

⁶⁶ 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.

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

Table 10F: Time Spent in an Emergency Care Department by those Admitted to Hospital ^{68, 69},

Department	Median				95 th Percentile			
	Jun 2018	Apr 2019	May 2019	Jun 2019	Jun 2018	Apr 2019	May 2019	Jun 2019
Mater	4:49	6:09	5:43	5:49	13:44	20:03	15:41	17:49
Royal Victoria	6:20	7:51	7:31	8:07	11:59	19:04	18:03	17:27
RBHSC	3:52	3:35	3:50	3:33	7:33	8:04	7:05	7:04
Antrim Area	5:40	7:01	6:11	5:32	15:29	23:34	20:29	18:02
Causeway	7:11	7:44	6:43	8:00	19:27	25:54	20:22	23:58
Ulster	7:44	8:26	7:17	7:21	22:08	26:14	21:23	23:06
Craigavon Area	6:17	9:08	9:57	8:05	17:18	25:54	26:42	23:56
Daisy Hill	5:07	6:23	9:58	7:10	10:57	24:21	26:23	23:05
Altnagelvin Area	5:41	7:39	7:28	6:32	11:34	21:07	19:33	14:16
South West Acute	4:52	6:09	5:59	6:20	10:49	19:45	22:18	22:11
Type 1	5:56	7:25	7:09	6:50	17:08	23:43	22:32	21:18
Eye Casualty	2:51	3:27	2:32	3:18	6:34	6:42	6:20	5:18
Downe	2:54	3:30	3:20	3:48	7:00	10:57	7:30	8:31
Lagan Valley	4:07	5:32	4:43	5:01	7:29	10:06	8:49	9:06
Type 2	3:43	4:42	4:01	4:31	7:19	10:09	8:19	8:57
Mid Ulster	.	.	.	.	.	.	.	.
Ards	.	.	.	.	.	.	.	.
Bangor	.	.	.	.	.	.	.	.
South Tyrone	.	.	.	.	.	.	.	.
Omagh	1:28	3:20	1:43	1:15	5:22	7:01	8:08	4:59
Type 3	1:28	3:20	1:39	1:15	5:22	7:01	8:08	4:59
Northern Ireland	5:51	7:17	6:59	6:42	16:55	23:35	22:24	21:09

⁶⁸ 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.

⁶⁹ 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 ^{70, 71,}

Department	Median				95 th Percentile			
	Jun 2018	Apr 2019	May 2019	Jun 2019	Jun 2018	Apr 2019	May 2019	Jun 2019
Mater	2:24	2:38	2:31	2:28	6:33	7:02	7:08	6:49
Royal Victoria	3:02	3:28	3:39	3:44	7:27	9:17	9:31	9:58
RBHSC	2:03	2:21	2:15	2:07	5:01	5:11	5:11	4:43
Antrim Area	2:38	3:08	2:53	2:44	6:47	8:57	7:30	7:29
Causeway	2:11	2:17	2:10	2:17	6:38	7:39	6:46	7:01
Ulster	2:36	2:55	2:52	2:58	6:21	7:29	7:36	7:53
Craigavon Area	2:53	3:24	3:21	3:19	7:24	8:51	8:33	9:58
Daisy Hill	2:29	2:37	2:38	2:39	5:47	6:43	6:41	6:27
Altnagelvin Area	2:05	2:58	2:44	2:44	5:18	6:48	6:36	6:39
South West Acute	2:37	2:33	2:37	2:55	6:45	7:54	8:04	8:40
Type 1	2:31	2:54	2:49	2:49	6:37	7:55	7:45	8:03
Eye Casualty	2:46	2:47	2:52	2:33	6:39	6:50	7:09	5:57
Downe	1:15	1:28	1:32	1:28	3:47	4:50	4:50	4:41
Lagan Valley	1:57	2:12	2:07	2:31	5:17	5:53	5:28	6:02
Type 2	1:48	2:01	2:02	2:04	5:43	6:05	5:47	5:40
Mid Ulster	0:33	0:39	0:35	0:38	1:23	1:37	1:32	1:45
Ards	0:57	0:42	0:44	0:43	2:07	1:42	1:57	1:44
Bangor	0:45	0:39	0:39	0:50	1:39	1:31	1:36	1:56
South Tyrone	0:29	0:29	0:28	0:26	1:16	1:12	1:10	1:09
Omagh	1:05	0:59	0:54	0:54	3:13	2:46	2:54	2:40
Type 3	0:39	0:38	0:36	0:36	2:04	1:52	1:52	1:53
Northern Ireland	2:06	2:25	2:22	2:22	6:15	7:25	7:18	7:32

⁷⁰ 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.

⁷¹ 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^{72, 73}

Age Group	Jun 2018	Apr 2019	May 2019	Jun 2019
Under 5	42.9	49.3	46.1	44.0
Aged 5 - 15	35.4	33.3	35.6	33.5
Aged 16 - 44	36.3	36.5	37.3	36.3
Aged 45 - 64	32.5	32.8	33.5	32.4
Aged 65 - 74	38.1	39.2	38.6	37.3
Aged 75 & Over	64.2	68.3	68.1	65.4
Northern Ireland	37.8	38.5	39.0	37.6

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

Day of Week	Jun 2018	Apr 2019	May 2019	Jun 2019
Monday	2,922.3	2,778.6	2,640.5	2,913.0
Tuesday	2,507.3	2,596.8	2,583.3	2,501.3
Wednesday	2,383.5	2,536.8	2,444.4	2,458.0
Thursday	2,389.5	2,476.5	2,454.6	2,422.8
Friday	2,440.6	2,444.5	2,467.2	2,437.3
Saturday	1,928.8	1,886.8	1,821.8	1,877.4
Sunday	2,007.3	1,955.0	1,966.8	1,996.0

⁷² 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.

⁷³ 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 Discharge⁷⁴

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Jun 2018	Apr 2019	May 2019	Jun 2019	Jun 2018	Apr 2019	May 2019	Jun 2019	Jun 2018	Apr 2019	May 2019	Jun 2019
Mater	3,038	2,834	3,142	3,006	1,023	1,257	1,283	1,141	59	149	109	86
Royal Victoria	4,917	4,265	4,010	3,892	3,108	3,578	3,899	3,971	112	486	399	476
RBHSC	2,755	2,975	2,887	3,017	508	687	636	464	.	.	.	.
Antrim Area	4,820	4,285	4,806	4,853	2,377	2,779	2,748	2,454	165	529	383	266
Causeway	2,980	3,003	3,117	2,877	979	1,087	1,077	1,055	129	286	151	189
Ulster	5,104	4,559	4,860	4,665	2,524	2,947	3,056	3,083	550	761	576	589
Craigavon Area	4,459	3,701	3,655	3,630	2,738	2,934	2,918	2,955	267	715	810	609
Daisy Hill	3,735	3,324	3,317	3,132	1,340	1,414	1,205	1,306	18	180	400	261
Altnagelvin Area	4,541	3,813	4,018	3,932	1,316	2,074	1,935	1,822	36	329	270	132
South West Acute	2,204	2,156	2,150	2,066	981	1,013	969	1,047	28	185	241	221
Type 1	38,553	34,915	35,962	35,070	16,894	19,770	19,726	19,298	1,364	3,620	3,339	2,829
Eye Casualty	1,012	1,064	903	1,057	408	391	390	303	.	.	.	.
Downe	1,889	1,971	1,963	1,810	124	220	242	215	1	13	.	4
Lagan Valley	1,915	1,748	1,988	1,601	327	551	455	515	.	8	1	2
Type 2	4,816	4,783	4,854	4,468	859	1,162	1,087	1,033	1	21	1	6
Mid Ulster	955	1,051	1,044	928	1	.	.	.	.	.	.	.
Ards	1,131	1,084	1,209	1,081	.	.	2	.	.	.	.	.
Bangor	1,011	917	954	931	.	1	.	.	.	.	.	.
South Tyrone	3,390	2,997	3,126	2,951	.	1	.	.	.	.	.	.
Omagh	1,734	1,631	1,636	1,670	32	20	7	24	.	.	.	.
Type 3	8,221	7,680	7,969	7,561	33	22	9	24	0	0	0	0
Northern Ireland	51,590	47,378	48,785	47,099	17,786	20,954	20,822	20,355	1,365	3,641	3,340	2,835

⁷⁴ 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 ⁷⁵,

Department	% Commenced Treatment, Following Triage, within 2 Hours			
	Jun 2018	Apr 2019	May 2019	Jun 2019
Mater	76.8%	71.9%	75.0%	75.2%
Royal Victoria	67.5%	61.3%	58.1%	55.7%
RBHSC	89.8%	85.7%	88.6%	91.4%
Antrim Area	63.5%	56.4%	63.4%	66.4%
Causeway	88.8%	86.6%	89.9%	89.5%
Ulster	77.8%	76.2%	77.8%	74.2%
Craigavon Area	66.4%	56.8%	54.7%	55.1%
Daisy Hill	75.0%	68.4%	70.8%	69.6%
Altnagelvin Area	90.6%	75.2%	79.0%	81.0%
South West Acute	80.9%	88.3%	88.0%	80.7%
Type 1	75.9%	70.4%	71.9%	71.4%
Downe	98.0%	94.7%	92.8%	94.9%
Lagan Valley	92.5%	84.4%	89.8%	83.7%
Type 2	95.1%	89.4%	91.2%	89.1%
Mid Ulster	100.0%	100.0%	100.0%	99.9%
Ards	99.8%	100.0%	100.0%	100.0%
Bangor	100.0%	99.9%	100.0%	100.0%
South Tyrone	100.0%	100.0%	100.0%	100.0%
Omagh	94.2%	95.6%	95.1%	96.5%
Type 3	98.9%	99.1%	99.0%	99.2%
Northern Ireland	80.1%	75.2%	76.6%	75.9%

⁷⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Table 10L: Percentage Triage'd in each Triage Group^{76, 77,}

Department	Triage'd Level (1/2)				Triage'd Level (3)				Triage'd Level (4/5)			
	Jun 2018	Apr 2019	May 2019	Jun 2019	Jun 2018	Apr 2019	May 2019	Jun 2019	Jun 2018	Apr 2019	May 2019	Jun 2019
Mater	14.1%	17.3%	15.8%	14.4%	37.9%	40.5%	42.1%	44.6%	48.0%	42.2%	42.1%	41.0%
Royal Victoria	17.7%	17.4%	18.4%	18.5%	45.3%	45.5%	46.7%	45.4%	37.1%	37.1%	34.9%	36.1%
RBHSC	11.1%	10.9%	10.2%	11.5%	20.9%	22.1%	21.7%	21.5%	68.0%	67.0%	68.1%	67.1%
Antrim Area	18.9%	18.7%	19.0%	19.5%	50.3%	53.8%	53.7%	54.3%	30.8%	27.6%	27.3%	26.2%
Causeway	15.5%	18.1%	17.6%	17.8%	52.9%	54.4%	52.2%	54.4%	31.7%	27.5%	30.3%	27.8%
Ulster	17.9%	22.1%	21.1%	22.3%	51.1%	48.2%	48.7%	45.9%	31.0%	29.7%	30.2%	31.8%
Craigavon Area	28.8%	31.5%	30.3%	30.2%	51.4%	46.0%	45.8%	45.9%	19.9%	22.5%	23.9%	23.9%
Daisy Hill	27.7%	30.5%	28.8%	28.5%	52.4%	46.9%	46.6%	44.2%	19.9%	22.6%	24.5%	27.4%
Altnagelvin Area	24.6%	30.6%	29.7%	30.9%	29.7%	30.1%	29.5%	29.0%	45.7%	39.3%	40.9%	40.2%
South West Acute	14.7%	14.6%	13.1%	15.9%	47.8%	45.7%	45.8%	44.0%	37.5%	39.7%	41.1%	40.1%
Type 1	20.1%	22.1%	21.5%	21.9%	45.1%	44.1%	44.2%	43.6%	34.8%	33.8%	34.3%	34.5%
Eye Casualty	2.7%	1.6%	2.1%	1.4%	6.5%	4.5%	3.0%	5.3%	90.8%	93.8%	94.9%	93.3%
Downe	7.0%	6.6%	8.9%	8.0%	30.0%	30.1%	30.3%	28.9%	62.9%	63.3%	60.9%	63.1%
Lagan Valley	7.8%	8.3%	8.8%	10.2%	38.0%	42.1%	43.8%	43.5%	54.2%	49.5%	47.4%	46.3%
Type 2	6.2%	6.1%	7.4%	7.2%	27.3%	28.5%	29.9%	28.7%	66.5%	65.4%	62.7%	64.1%
Mid Ulster	0.1%	0.1%	0.2%	0.1%	2.3%	3.2%	2.7%	2.3%	97.6%	96.7%	97.1%	97.6%
Ards	0.3%	0.1%	0.2%	0.1%	1.3%	0.7%	0.4%	0.8%	98.4%	99.2%	99.3%	99.1%
Bangor	0.3%	0.4%	0.1%	0.1%	1.8%	0.7%	0.8%	0.4%	97.9%	98.9%	99.1%	99.5%
South Tyrone	0.3%	0.3%	0.6%	0.3%	3.0%	3.7%	3.4%	4.9%	96.7%	96.0%	96.0%	94.8%
Omagh	1.2%	0.5%	0.4%	0.7%	15.4%	14.7%	12.9%	13.2%	83.4%	84.8%	86.7%	86.1%
Type 3	0.5%	0.3%	0.4%	0.3%	5.1%	5.2%	4.5%	5.3%	94.4%	94.5%	95.1%	94.4%
Northern Ireland	16.6%	18.4%	17.9%	18.3%	38.9%	38.5%	38.5%	38.2%	44.6%	43.2%	43.5%	43.5%

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

⁷⁷ 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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Information & Analysis Directorate
Department of Health
Stormont Estate
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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>