

INFORMATION  
ANALYSIS  
DIRECTORATE



# Northern Ireland Waiting Time Statistics:

Inpatient and Day Case Waiting  
Times Publication - Supporting  
Documentation



Department of  
**Health**  
An Roinn Sláinte  
Máinnstríe O Poustie  
[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

## **Introduction**

The information detailed in this release is published primarily to provide an indication of HSC Trust performance. It allows the general public and the DoH Health Committee to assess the performance of the DoH, the HSC Board and HSC Trusts in providing timely access to hospital services in Northern Ireland.

Data contained in this release relates to the waiting times for admission for inpatient and day case treatment at HSC Trusts in Northern Ireland at the end of the quarter. It also includes inpatient and day case activity commissioned by the Health Service during the quarter. The latest release and data are available to view or download from the link: <https://www.health-ni.gov.uk/articles/inpatient-waiting-times>

Supporting information on definitions, how to use the data and technical guidance are detailed within this document.

### **Section 1: Hospital Information Branch**

### **Section 2: Technical Guidance**

### **Section 3: Definitions**

### **Section 4: Guidance on Using the Data**

## Section 1: Hospital Information Branch (HIB)

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

The Branch aims to present information in a meaningful way and provide advice on its uses 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 and Day Case, Outpatient, Diagnostics and Cancer). A detailed list of these publications is available from:

**Website:** <https://www.health-ni.gov.uk/publications/type/statisticalreports>

## Section 2: Technical Notes

This statistics release is part of a quarterly data series presenting information on waiting times and activity for admission for either inpatient or day case treatment at HSC Trusts in Northern Ireland.

### Data Collection

The information presented in this bulletin is derived from the DoH Inpatient Waiting Times Dataset, the Hospital Inpatient System and the Departmental IS1 Part 2 Return provided by the HSC Board.

Data providers are supplied with technical guidance documents outlining the methodologies that should be used in the collection, reporting and validation of this dataset. These documents can be accessed at the following link:

<https://www.health-ni.gov.uk/publications/departmental-ch1-guidance-and-return>

### Rounding

Percentages have been rounded to one decimal place and as a consequence some percentages may not sum to 100.

On occasion, the percentage of patients waiting within overall totals, or percentage changes within quarters, are presented. In some instances these percentages are less than 0.1% or more than 99.9%. Users should be aware that, in such instances the percentage is rounded to zero or 100%.

### Data Quality

All waiting time information presented in this bulletin has been validated and quality assured by HSC Trusts prior to publication. HIB performs a series of checks to verify that downloaded information is consistent over time, both within and across specialties. Trend analyses are used to monitor annual variations and emerging trends. Queries arising from validation checks are presented to HSC Trusts for clarification and, if required, data may be amended. At this point HSC Trusts are asked to sign-off the figures due to be released in the publication.

Information on completed waits within the Independent Sector is provided by the HSC Board. HSC Trusts are provided with guidance, detailing how they should record details of patients transferred to the Independent Sector for treatment, on their Patient Administration System. Following treatment, the Independent Sector provider informs the transferring HSC Trust who records the patient's inpatient wait as being complete. These records are then validated against financial invoices received by the HSC Trust from the Independent Sector provider for each transferred patient. HSC Trusts then submit these data to the HSC Board who forward the information to Hospital Information Branch for inclusion in this publication. These data are not National Statistics; however, they have been published to provide users with a comprehensive view of completed inpatient waits during each quarter.

### Main Uses of Data

Data contained in this release are published primarily to provide an indication of HSC performance. They allow the general public and the DoH Health Committee to assess the performance of the DoH, the HSC Board and HSC Trusts in providing timely access to hospital services in Northern Ireland. These data also provide policy makers with the necessary information to formulate and evaluate health services and are helpful in assessing the effectiveness of resource allocation in

providing services that are fully responsive to patients needs. Additionally, hospital waiting time information is used to inform the media, special interest groups and academics, and by the DoH to respond to parliamentary/assembly questions and ad hoc queries from the public. An additional aim of this publication is to make waiting time information publicly available to those people using health services in Northern Ireland. Further advice on uses for these data is outlined in Section 4.

## **Waiting Time Information Elsewhere in the United Kingdom**

While it is our intention to direct users to waiting time information elsewhere in the UK, users should be aware that hospital waiting times in other administrations are not always measured in a comparable manner to those in Northern Ireland. Details of the hospital waiting times published elsewhere in the UK can be found as detailed below.

### **England**

<http://www.england.nhs.uk/statistics/rtt-waiting-times/>

### **Scotland**

<http://www.isdscotland.org/Health-Topics/Waiting-Times/>

### **Wales**

<http://wales.gov.uk/topics/statistics/theme/health/nhsperformance/waiting-times/?lang=en>

## **A National Statistics Publication**

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Statistics.

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 UK Statistics Authority 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.

It is the DoH's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Further information on the Code of Practice for National Statistics is available at:

<https://www.statisticsauthority.gov.uk/monitoring-and-assessment/code-of-practice/>

A list of those who received 24-hour pre-release access to this publication is available at:

<https://www.health-ni.gov.uk/articles/inpatient-waiting-times>

## Contact Information

As we want to engage with users of our statistics, we invite you to feedback your comments on this publication to:

Hospital Information Branch

**Email:** [statistics@health-ni.gov.uk](mailto:statistics@health-ni.gov.uk)

## Section 3: Definitions

### Admissions

Admissions are defined as patients awaiting either inpatient or day case admission i.e. number of patients waiting for an inpatient admission + number of patients waiting for day case admission.

### Inpatient

Inpatient admissions can include both (a) patients admitted electively with the expectation that they will remain in hospital for at least one night, and (b) non-elective admissions (e.g. emergency admissions). A patient who is admitted with either of the above intentions, but who leaves hospital for any reason without staying overnight, is still counted as an inpatient admission.

### Day Case

A patient admitted electively during the course of a day with the intention of receiving care who do not require the use of a hospital bed overnight and who return home as scheduled. If this original intention is not fulfilled and the patient stays overnight, such a patient is counted as an inpatient admission.

### Inpatient and Day Case Waiting Times

Inpatient and day case waiting times begin from the date the clinician decided to admit the patient. Patients who cannot attend (CNA) have their waiting time adjusted to commence on the date they informed the HSC Trust they could not attend, while patients who do not attend (DNA) have their waiting time adjusted to commence on the date of the DNA.

### Inclusions and Exclusions

The inpatient and day case waiting list figures do not include:

- Patients admitted as emergency cases;
- Outpatients;
- Patients undergoing a planned programme of treatment e.g. a series of admissions for chemotherapy;
- Patients waiting for admission as a regular day or night attender.
- Maternity (specialties 510 and 520);
- Patients currently receiving inpatient treatment in hospitals who are included on other waiting lists;
- Patients who are temporarily suspended from waiting lists.

### Inpatient and Day Case Timebands

Each inpatient and day case waiting timeband relates to the number of completed weeks a patient has been waiting for admission for treatment. For example, a patient waiting exactly 6 weeks would be included in the 0-6 week timeband and a patient waiting 6 weeks and 1 day would be included in the >6-13 (greater than 6 weeks but waiting no longer than 13 weeks) week timeband. Patients waiting 'more than 13 weeks' includes all patients in the >13 - 21, >21 – 26, >26-52 and >52 timebands. Patients waiting 'more than 52 weeks' includes all patients in the >52 timeband.

## **Specialty**

A specialty is a particular branch of medicine or surgery. Each consultant is assigned a main specialty from a list recognised by the Royal Colleges and Faculties. Information is recorded against the specialty of the treating consultant.

## **Independent Sector**

An Independent Sector provider is a private sector healthcare company that is contracted by HSC Trusts in the provision of healthcare or in the support of the provision of healthcare.

## **Independent Sector admissions**

The number of health service patients who received their inpatient or day case treatment with an Independent Sector provider.

## **Admissions commissioned by the Health Service**

This is the number of Health Service patients who received their inpatient or day case treatment, commissioned by the Health Service, within a Health Service hospital or with an Independent Sector provider.



## Section 4: Guidance on using the Data

### General guidance on using the data

The data contained in the publication are presented on a quarterly basis. While seasonal impact should be minimal, it is advisable that data for the current quarter be compared with both the previous quarter (to gauge the most recent direction of performance), and the same quarter in the previous year (to assess any seasonal impact).

### Number of patients waiting for inpatient or day case admission

#### Description of data

Data on the number of health service patients who are waiting for admission for inpatient or day case treatment at a Health and Social Care (HSC) Trust in Northern Ireland. The term 'admission' is used to describe all patients admitted to hospital, this includes both inpatient admissions and day case admissions (see Section 3 for a description of these terms).

#### Data Provider

Data are sourced directly from the Patient Administration System, via a facility known as the HSC Data Warehouse, at each HSC Trust.

#### Data Quality Assessment

Data are derived from a single administrative system. Data providers have been given in-depth guidance providing instructions for recording, collection and submission of data. In addition, variance checks are employed as an integral part of the production process with large discrepancies between the current quarter and both the previous quarter, and the corresponding quarter in the previous year, being queried with the data provider.

#### Guidance on using data

- **Number of patients waiting for admission** – this is the number of patients who are waiting for admission as either an inpatient or day case following a 'decision to admit' being taken by their consultant. It does not include patients waiting for a planned procedure, regular day and night attenders, patients currently in hospital, maternity patients and patients who are currently suspended. Data relate to the numbers who have still to be admitted at the end of each quarter and provide users with an indication of demand for HSC services. It should not be used to estimate the numbers who have been admitted for an inpatient procedure (completed inpatient waits).
- **Lengths of time patients are waiting for admission** – this relates to the length of time patients have been waiting for admission as either an inpatient or day case at the end of the relevant quarter. These are sometimes referred to as current waiters. Section 3 explains how these waiting times are measured. This information relates to how long patients are waiting for admission for treatment, not the length of time they waited before being admitted, also known as completed waits. Data on the total length of time patients waited for admission, are not collected.
- An assessment of both the total number waiting and the length of time patients are waiting, when compared with equivalent data for previous quarters, allow users to gauge the disparity

between demand for inpatient services and the overall capacity for providing these services, both within the HSC and Independent Sector providers.

- **Inpatient and Day Case waiting times by HSC Trust** – patients will be waiting for admission to a specific HSC Trust. Patients are reported by the HSC Trusts responsible for the service that will be treating the patient. This is not necessarily the nearest HSC Trust to the patient’s residence. Certain clinical services may not be provided at a patient’s local HSC Trust, and in the case of more complex procedures, such as cardiac surgery, services are provided at a single regional centre for Northern Ireland. In some cases, the HSC Trust at which the patient is waiting may not be the actual facility at which the procedure will be performed, as a consultant from one HSC Trust may provide a ‘visiting’ service at another HSC Trust. Users should therefore be cautious in how they use these data. For example, they should not be used to calculate the total number of patients waiting per head of the population residing within each Trust area. Neither should the actual number of patients waiting longer than the recommended waiting time be used as indicator of poor performance within an individual HSC Trust. Users who require an indication of the latter are advised to refer to the commentary section of the publication which provides an indication of the percentage of total waiters that have been waiting over the maximum recommended waiting times, within each HSC Trust.

- **Inpatient and Day Case waiting times by specialty** – a consultant will decide to admit a patient for a specific clinical procedure. Following the decision to admit being taken, the patient will be added to the waiting list for a procedure, usually to be undertaken by the consultant who assessed the patient. Each consultant employed by the HSC Trust will have an allocated specialty of employment, and it will be this specialty against which the patient’s waiting time will be reported. These data provide a useful insight into the differences in both demand for certain types of medical procedures, and also the existing capacity available to meet these demands.

## **Number of patients admitted for an inpatient or day case procedure (completed waits)**

### **Description of data**

Data on the number of health service patients who were admitted for inpatient or day case treatment at either a HSC Trust, or who had been transferred by a HSC Trust for treatment by an Independent Sector provider, in Northern Ireland. The term ‘admission’ is used to describe all patients admitted to hospital, both inpatient admissions and day case admission (see Section 3 for a description of these terms). These data are also known as completed inpatient waits. (See Section 3 for exclusions).

### **Data Provider**

Data on patients treated within HSC Trusts are sourced directly from the Patient Administration System, via a facility known as the HSC Data Warehouse, at each HSC Trust. Data on HSC patients treated by an Independent Sector provider are provided on the Departmental Return IS1 Part 2 by the HSC Board, which is responsible for the regional commissioning of independent sector provision.

## Data Quality Assessment

Data are derived from a range of administrative systems. For data on completed waits within HSC Trusts, data providers have been given in-depth guidance providing instructions for recording, collection and submission of data. In addition, variance checks are employed as an integral part of the production process with large discrepancies between the current quarter and both the previous quarter, and the corresponding quarter in the previous year, being queried with the data provider. HSC Trusts are provided with in-depth guidance, detailing how they should record details of patients transferred to the Independent Sector for assessment, on their Patient Administrative System. Following assessment, the Independent Sector provider informs the transferring HSC Trust who records the patient's inpatient or day case wait as being complete. These records are then validated against financial invoices received by the HSC Trust from the Independent Sector provider for each transferred patient. HSC Trusts then submit these data to the HSC Board. These are not categorised as National Statistics.

## Guidance on using data

- **Number of HSC patients admitted for an inpatient or day case procedure at a HSC hospital** – these data relate to the number of patients who were admitted for treatment within the HSC during each quarter. It includes both inpatient admissions and day case admissions. Health Service patients will be admitted for an inpatient or day case procedure at a HSC hospital, at either a routinely provided inpatient service, or a more irregular inpatient service provided by the HSC Trust, in addition to the routine services. These latter services (sometimes referred to as 'Waiting List Initiatives') are often provided in response to a specific need, such as increases in both the number of patients waiting and lengths of time waiting. Data on the number of HSC patients admitted for an inpatient or day case procedure at an HSC hospital provide users with a good indication of the capacity available within the HSC in treating inpatients and day cases.
- **Number of HSC patients admitted for an inpatient or day case procedure with an Independent Sector provider** – these data relate to the number of Health Service patients who were admitted for an inpatient or day case procedure provided by the Independent Sector. Independent Sector provision is introduced when the demand for certain types of inpatient and day case services is greater than the capacity within HSC hospitals. When this situation results in increases in both the number of patients waiting and the length of time waiting, patients may be admitted for a procedure undertaken by an Independent Sector provider. The cost of treating these patients is met by the transferring HSC Trust, who retains responsibility for the patients waiting time. Data on the number of HSC patients admitted for an inpatient procedure with an Independent Sector provider, provide users with a good indication of demand for inpatient and day case services within the HSC exceeding available capacity.
- **Total number of HSC patients admitted for an inpatient or day case procedure** – this relates to the total number of HSC patients admitted for an inpatient or day case procedure irrespective of the location or provider of the treatment. This provides users with an indication of the number of patients who would previously have been on the waiting list but had been treated during the latest quarter. Data on the total number of inpatient and day cases admitted allow users to assess the impact that actual admissions during the quarter have had upon the total number of patients waiting for inpatient or day case admission at the end of the quarter.