

# EMERGENCY CARE WAITING TIME STATISTICS (October - December 2011)

This statistical release presents information on the time spent waiting in emergency care departments in Northern Ireland for both new and unplanned review attendances. It reports on the performance of Hospitals against the DHSSPS Ministerial target for emergency care departments in Northern Ireland.

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Emergency Care Waiting Time Statistics in Northern Ireland

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## Background

The Ministerial target<sup>1</sup> for Northern Ireland for 2011/12 requires that:

*'95% of patients attending Types 1, 2 or 3 A&E departments are either treated and discharged home, or admitted, within four hours of their arrival in the department, and; no patient attending any A&E department should wait longer than 12 hours either to be treated and discharged home, or admitted.'*

## Key Points

### Latest Position (December 2011):

- During December 2011, 73.8% of patients attending Type 1 emergency care departments were either treated and discharged home, or admitted within 4 hours, compared with 91.5% attending Type 2 departments and 100.0% attending Type 3 departments (Table 2).
- In December 2011, 995 (1.9%) out of a total 52,749 attendances at emergency care departments in Northern Ireland waited longer than 12 hours to be either treated and discharged home, or admitted (Table 9).

### Position during last 3 months (October - December 2011)

Between October and December 2011:

- The percentage of patients attending Type 1 emergency care departments that were either treated and discharged home or admitted within 4 hours decreased, from 76.5% to 73.8% (Figure 1, Table 2).
- In Type 2 emergency care departments, the percentage of patients attending that were either treated and discharged home or admitted within 4 hours decreased, from 91.8% to 91.5% (Figure 1, Table 2).
- The percentage of patients attending Type 3 emergency care departments that were either treated and discharged home or admitted within 4 hours remained at 100.0% (Figure 1, Table 2).
- The number of patients that waited longer than 12 hours to be either treated and discharged home, or admitted increased by 19.3% (161), from 834 to 995 (Figure 11, Table 9).

<sup>1</sup> See Appendix 2, Note 18.

## Reader Information

Purpose	Monitor and report HSC Trust and Hospital performance against Ministerial target for waiting times at emergency care departments in Northern Ireland.
Authors	Caolan Lavery, Kieran Taggart, Laura Smyth.
Publication Date	Thursday 26 <sup>th</sup> January 2012.
Reporting Period	1 <sup>st</sup> October 2011 – 31 <sup>st</sup> December 2011.
Statistical Quality	Information detailed in this release has been provided by HSC Trusts and has been validated by Hospital Information Branch (HIB) prior to release.
Target audience	DHSSPS, Chief Executives of HSC Board and Trusts in Northern Ireland, health care professionals, academics, Health & Social Care stakeholders, media and general public.
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Price	Free
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## 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 system and pre-defined EXCEL survey return templates.

The Head of the Branch is the Principal Statistician, Mrs. Laura Smyth. 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 DHSSPS, 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 and Cancer). A detailed list of these publications is available from:

**Website:** [http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats.htm)

## Technical Notes

This statistical release is part of a quarterly series presenting information on the length of time patients spent waiting to be treated at emergency care departments within Northern Ireland hospitals. It reports on Hospital performance for the months of October, November and December 2011.

### Data Collection

Information presented in this brief is collected monthly using the Emergency Care information return (EC1). The EC1 return records all new and unplanned review attendances at emergency care departments across Northern Ireland. The EC1 information return was set up as an interim measure to monitor waiting times at emergency care departments until such time as a functional patient level dataset becomes available.

It should be noted that since 1<sup>st</sup> July 2011, Hospital Information Branch (HIB) has been downloading patient level data on emergency care waiting times from the Regional Data Warehouse on the 8<sup>th</sup> of each month, for those emergency care departments using the Northern Ireland Regional Accident & Emergency System (NIRAES). Information from emergency care departments, using other administrative systems to record emergency care waiting times, continues to be sourced from the aggregate EC1 return. HSC Trusts have been instructed to generate this information on the 8<sup>th</sup> of each month.

### Rounding

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

### Data Quality

The data featured in this brief has been provided by HSC Trust and Hospital information staff and has been validated by HIB prior to release.

At the end of each month, HIB perform a series of validation checks to verify that information downloaded / submitted is consistent both within and across HSC Trusts / Hospitals. Trend analysis is used to monitor monthly variations.

At the end of the financial year, HIB carry out a more detailed series of validations to verify that information is consistent both within and across returns.

Queries arising from validation checks are presented to HSC Trusts for clarification and if required returns may be amended and/or re-submitted. Once complete, all figures are sent to HSC Trusts for final sign-off.

Validated information on emergency care waiting time (EC1) statistics is published within the annual 'Northern Ireland Hospital Statistics: Emergency Care' publication. This is available to view or download from:

[http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/emergency\\_care-3/emergency-care-stats.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency-care-stats.htm)

### Main Uses of Data

The main uses of these data are to monitor waiting times at emergency care departments, to help assess Trust performance, for corporate monitoring, to inform and monitor related policy, and to respond to parliamentary / assembly questions and ad-hoc queries from the public.

More detailed information on the uses of these data is available in Appendix 3 (Page 30).

### 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 emergency care waiting times in other administrations may not always measure in a comparable manner to those in Northern Ireland. Details of the emergency care waiting times published elsewhere in the UK can be found as detailed below.

#### England

[http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/AccidentandEmergency/DH\\_079085](http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/AccidentandEmergency/DH_079085)

#### Scotland

<http://www.isdscotland.org/isd/4024.html>

#### Wales

[http://data.gov.uk/dataset/time\\_spent\\_in\\_nhs\\_accident\\_and\\_emergency\\_departments](http://data.gov.uk/dataset/time_spent_in_nhs_accident_and_emergency_departments)

## Overall Performance against Ministerial Target

To improve access to emergency care departments and standardise performance across Northern Ireland, the below Ministerial target has been agreed for 2011/12:

**'95% of patients attending Types 1, 2 or 3 A&E departments are either treated and discharged home, or admitted, within four hours of their arrival in the department, and; no patient attending any A&E department should wait longer than 12 hours either to be treated and discharged home, or admitted.'**

**Table 1: Performance against each Component of the Ministerial Target for Emergency Care Waiting Times (October - December 2011)**

Target Component	Target Component Achieved?		
	Oct 2011	Nov 2011	Dec 2011
Type 1 - 95% attendances within 4 hours	No	No	No
Type 2 - 95% attendances within 4 hours	No	No	No
Type 3 - 95% attendances within 4 hours	Yes	Yes	Yes
No attendance longer than 12 hours	No	No	No

The Ministerial target for emergency care waiting times **has not been achieved** during any of the last 3 months (October - December 2011) as there was a failure to meet one or more components of the target. However, the component for 95% of patients attending Type 3 emergency care departments **has been achieved** in each month.

**Table 2: Performance against each Component of the Ministerial Target for Emergency Care Waiting Times (October - December 2011)**

Emergency Care Department Type <sup>2</sup>	Percentage Waiting 4 Hours and Under			Number Waiting Over 12 Hours			Total Attendances (New and Unplanned Review)		
	Oct 2011	Nov 2011	Dec 2011	Oct 2011	Nov 2011	Dec 2011	Oct 2011	Nov 2011	Dec 2011
Type 1	76.5%	77.8%	73.8%	823	558	989	47,094	43,472	44,033
Type 2	91.8%	91.6%	91.5%	11	5	6	3,639	3,405	3,317
Type 3	100.0%	100.0%	100.0%	0	0	0	6,347	5,979	5,399
<b>All Departments</b>	<b>80.1%</b>	<b>81.2%</b>	<b>77.6%</b>	<b>834</b>	<b>563</b>	<b>995</b>	<b>57,080</b>	<b>52,856</b>	<b>52,749</b>

### Latest position (December 2011)

During December 2011, 73.8% of attendances in Type 1 emergency care departments were treated and discharged, or admitted within 4 hours of their arrival, compared with 91.5% in Type 2 departments, and 100.0% in Type 3 departments (Figure 1, Table 2).

In December 2011, 995 (1.9%) out of a total 52,749 attendances at emergency care departments in Northern Ireland waited longer than 12 hours to be either treated and discharged home, or admitted, 989 of which, had attended a Type 1 emergency care department and 6 attended a Type 2 emergency care department (Figure 2, Tables 2 and 9).

There were a total of 52,749 attendances at emergency care departments in Northern Ireland during December 2011, of which, 44,033 (83.5%) attended Type 1 emergency care departments, 3,317 (6.3%) attended Type 2 departments and 5,399 (10.2%) attended Type 3 departments (Table 2).

### Position during last three months (October - December 2011)

Over the last 3 months, the percentage of attendances at Type 1 departments that were treated and discharged, or admitted within 4 hours of their arrival decreased by 2.7 percentage points, from 76.5% in October 2011 to 73.8% in December 2011 (Figure 1, Table 2).

Since October 2011, the percentage of attendances at Type 2 emergency care departments treated and discharged, or admitted within 4 hours of their arrival decreased by 0.3 percentage points, from 91.8% to 91.5% in December 2011 (Figure 1, Table 2).

Between October and December 2011, the percentage of attendances at Type 3 emergency care departments that were treated and discharged or admitted within 4 hours of their arrival remained at 100.0% (Figure 1, Table 2).

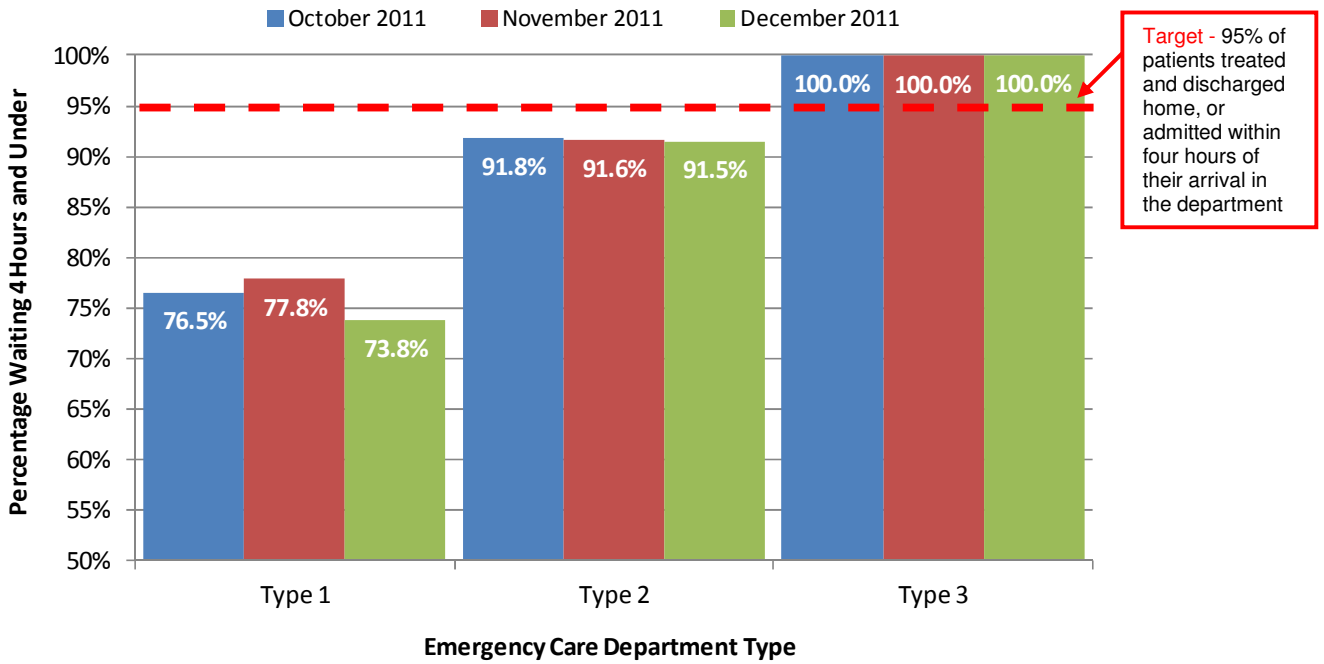
Since October 2011, the number of patients waiting longer than 12 hours to be either treated and discharged home, or admitted increased by 19.3% (161), from 834 to 995 in December 2011 (Figure 2, Table 2).

<sup>2</sup> See Appendix 2, Note 9 for list of Department Types & Notes 10 & 13 for reclassifications.

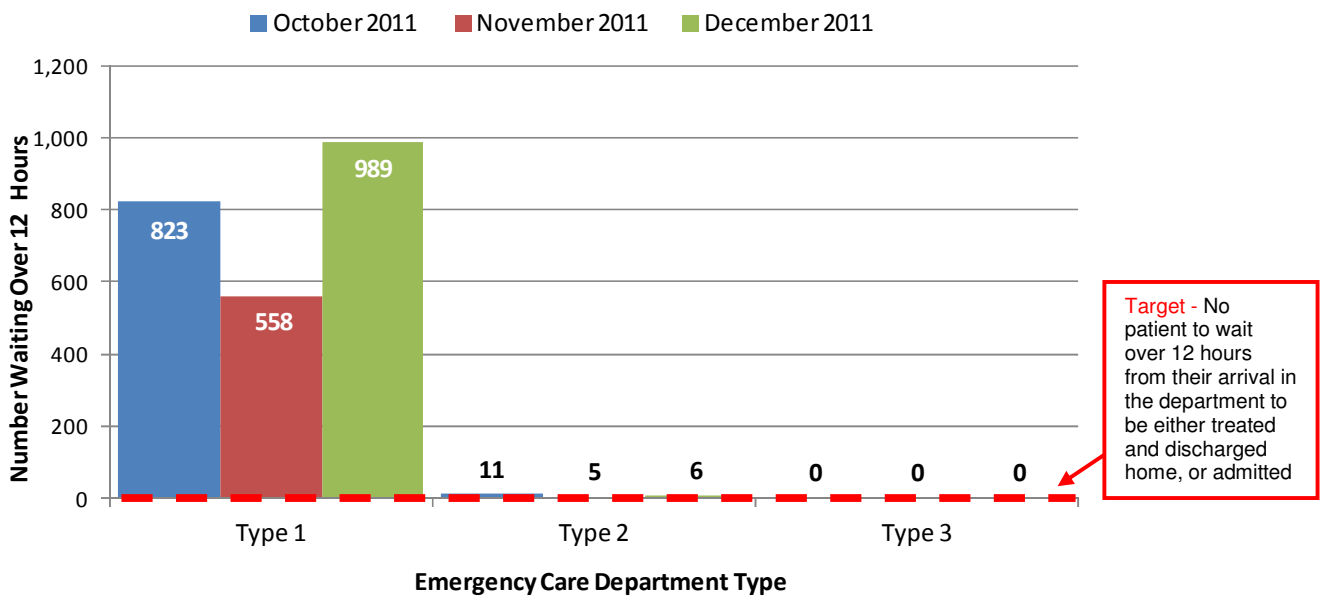
Since November 2011, the number of patients waiting longer than 12 hours increased markedly in Type 1 departments (558 in November 2011 to 989 in December 2011) (Figure 2, Table 2).

Since October 2011, the number of attendances at emergency care decreased by 7.6% (4,331), from 57,080 to 52,749 in December 2011 (Table 2).

**Figure 1: Percentage of Patients Waiting 4 Hours and Under in Emergency Care, by Department Type (October - December 2011)**



**Figure 2: Number of Patients Waiting Over 12 Hours in Emergency Care, by Department Type (October - December 2011)**



## Performance at Type 1 Emergency Care Departments

**Table 3: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments (October - December 2011)**

Type 1 Emergency Care Department	Percentage Waiting 4 hours and under			Number Waiting Over 12 hours			Total Attendances (New and Unplanned Review)		
	Oct 2011	Nov 2011	Dec 2011	Oct 2011	Nov 2011	Dec 2011	Oct 2011	Nov 2011	Dec 2011
Altnagelvin	72.4%	75.2%	75.4%	7	0	6	4,380	4,254	4,082
Erne	95.9%	94.3%	95.5%	0	0	2	2,140	2,132	2,093
Antrim Area	69.1%	71.1%	66.8%	252	164	394	5,925	5,636	5,621
Causeway	80.5%	80.5%	79.9%	57	107	135	3,495	3,209	3,215
Craigavon Area	75.1%	77.8%	74.8%	0	0	0	6,095	5,414	5,677
Daisyhill	95.0%	97.3%	93.1%	0	0	0	3,081	2,860	2,884
Belfast City <sup>3</sup>	74.5%	28.2%	N/A	29	0	N/A	3,324	78	N/A
Royal Victoria	75.2%	72.7%	63.3%	31	29	170	6,266	7,459	7,766
Mater	63.3%	74.0%	69.9%	77	34	42	3,440	3,499	3,593
RBHSC	90.9%	86.9%	80.8%	0	1	1	2,587	2,582	2,652
Ulster	73.5%	74.8%	71.0%	370	223	239	6,361	6,349	6,450
<b>Total</b>	<b>76.5%</b>	<b>77.8%</b>	<b>73.8%</b>	<b>823</b>	<b>558</b>	<b>989</b>	<b>47,094</b>	<b>43,472</b>	<b>44,033</b>

### Latest position (December 2011)

In December 2011, performance against both the 4 and 12 hour components of the Ministerial target was not achieved in any Type 1 emergency care department; however, the 4 hour component of the target was achieved in Erne and the 12 hour component of the target was achieved in Craigavon Area and Daisyhill emergency care departments (Table 3).

During December 2011, performance against the 4 hour component of the Ministerial target for emergency care waiting times in Type 1 departments ranged from 63.3% in the Royal Victoria to 95.5% in Erne (Figure 3, Table 3).

Performance against the 12 hour component of the Ministerial target for Type 1 departments ranged from 0 in Craigavon Area and Daisyhill to 394 in the Antrim Area during December 2011 (Table 3).

There were a total of 44,033 attendances at Type 1 emergency care departments during December 2011, ranging from 2,093 in Erne to 7,766 in the Royal Victoria (Table 3).

<sup>3</sup> Belfast City emergency care department closed on 1<sup>st</sup> November 2011, with attendance figures for November 2011 relating to patients who attended the emergency care department prior to 8am on 1<sup>st</sup> November 2011 (precise time of closure). See Appendix 2, Note 16 for more information.



### Position during last three months (October - December 2011)

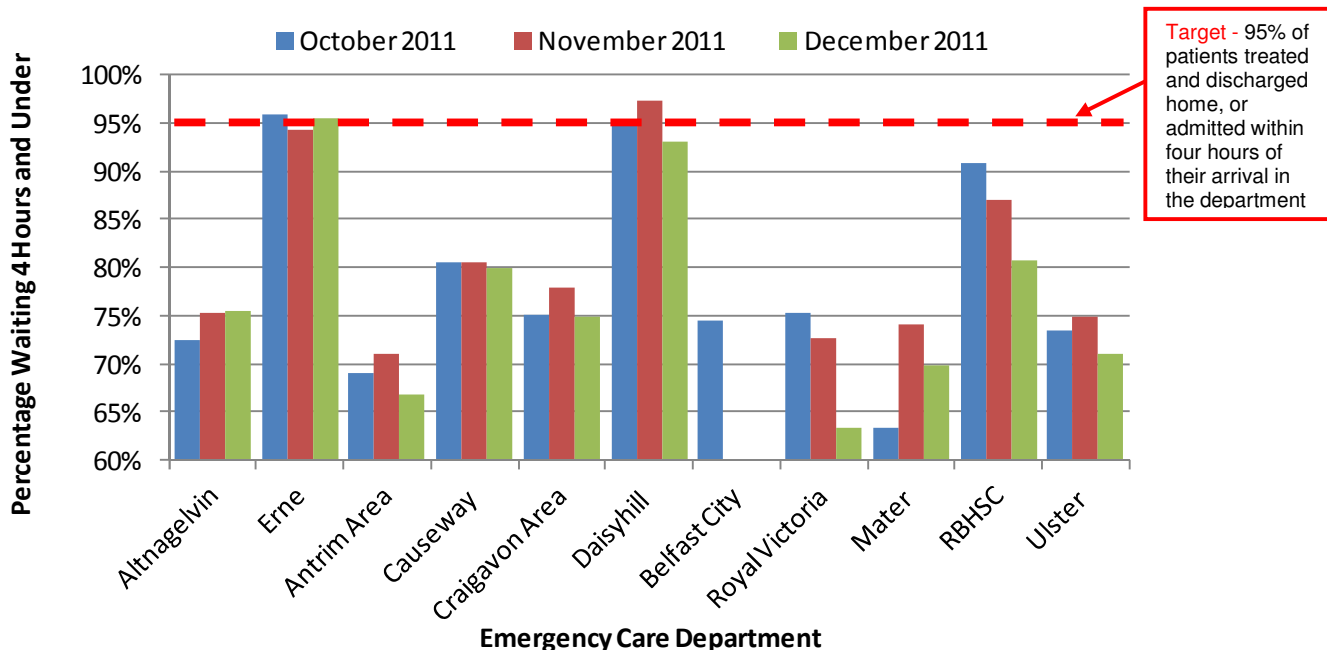
Over the last 3 months, performance against the 4 hour component of the target declined in 8 of the 10<sup>4</sup> Type 1 emergency care departments. The highest percentage point decrease in performance against the 4 hour component was reported by the Royal Victoria (75.2% in October 2011 to 63.3% in December 2011) (Figure 3, Table 3).

During this period, performance against the 12 hour component declined in 5 of the 10 Type 1 departments, whilst performance either remained the same or improved for all other Type 1 departments (Table 3).

Between October and December 2011, performance against the 12 hour component of the target declined markedly in the Antrim Area (252 to 394), Royal Victoria (31 to 170) and Causeway (57 in to 135) (Table 3).

During the last 3 months, the number of attendances decreased in 6 of the 10 Type 1 emergency care departments, with highest decrease being reported by Craigavon Area, from 6,095 in October 2011 to 5,677 in December 2011. During this period, the number of monthly attendances at the Royal Victoria emergency care unit increased by 1,500 (23.9%), from 6,266 during October 2011 to 7,766 during December 2011 (Figure 4, Table 3).

**Figure 3: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments<sup>5</sup> (October - December 2011)**



<sup>4</sup> Excludes Belfast City Hospital emergency care department.

<sup>5</sup> Belfast City emergency care department closed on 1<sup>st</sup> November 2011, with attendance figures for November 2011 relating to patients who attended the emergency care department prior to 8am on 1<sup>st</sup> November 2011 (precise time of closure). See Appendix 2, Note 16 for more information.

**Table 4: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments (October 2010 - December 2011)<sup>6</sup>**

Month	Percentage Waiting 4 hours and Under	Number Waiting Over 12 hours	Total Attendances (New and Unplanned Review)
October 2010	79.3%	376	47,392
November 2010	79.3%	722	44,052
December 2010	74.5%	664	45,471
January 2011	74.1%	1,181	46,550
February 2011	73.2%	1,196	43,551
March 2011	79.3%	773	49,447
April 2011	80.7%	563	50,239
May 2011	79.2%	885	49,778
June 2011	79.3%	917	48,482
July 2011	80.5%	342	47,746
August 2011	79.2%	447	48,096
September 2011	77.3%	538	46,931
October 2011	76.5%	823	47,094
November 2011	77.8%	558	43,472
December 2011	73.8%	989	44,033

#### **Position during last fifteen months (October 2010 - December 2011)**

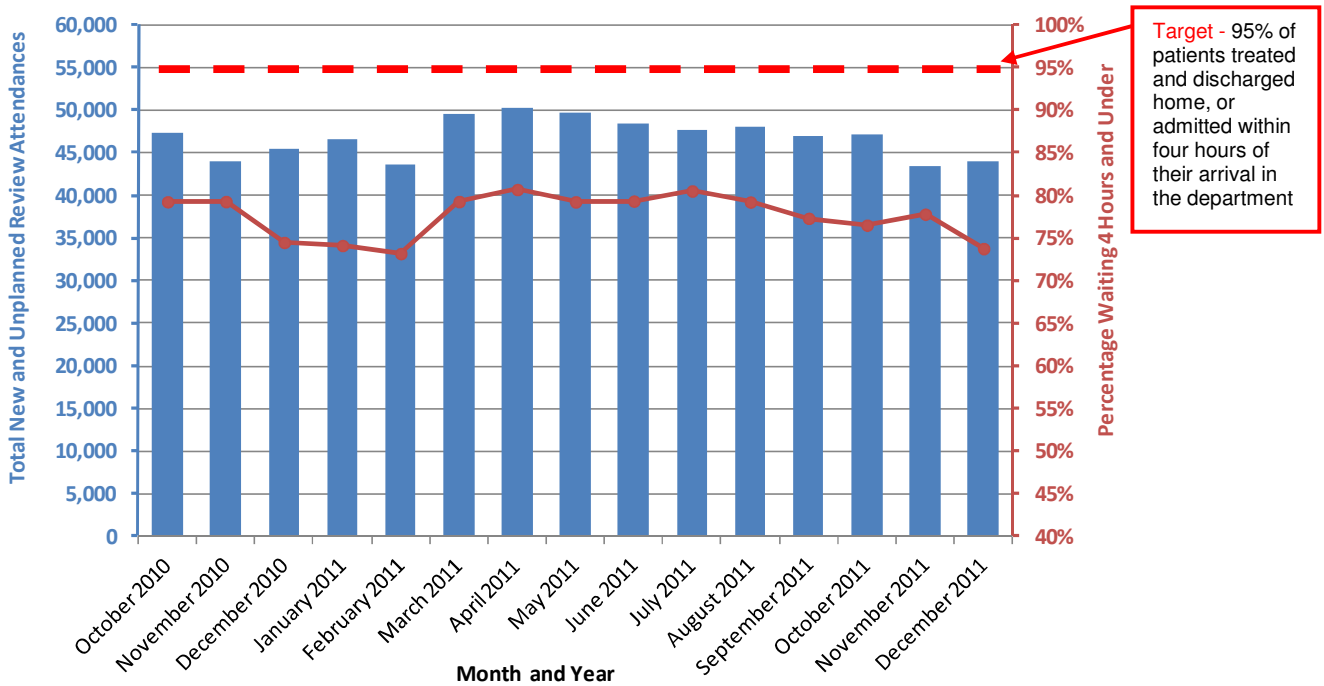
Over the last 15 months, performance against the 4 hour component of the target for Type 1 emergency care departments ranged from 73.2% in February 2011 to 80.7% in April 2011 (Figure 4, Table 4).

Since October 2010, performance against the 12 hour component in Type 1 departments varied markedly from 342 in July 2011 to 1,196 in February 2011 (Figure 5, Table 4).

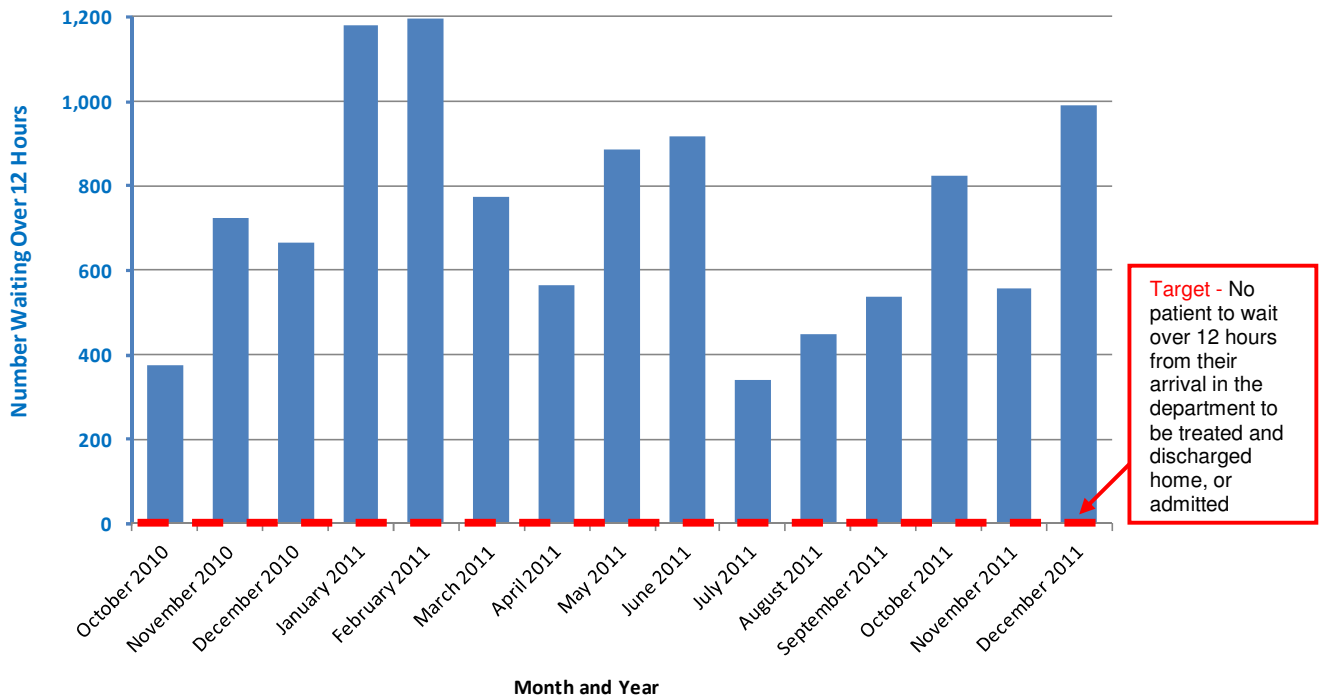
Between October 2010 and December 2011, monthly attendances at Type 1 emergency care departments were lowest in November 2011 (43,472) and highest in April 2011 (50,239) (Figures 4 and 5, Table 4).

<sup>6</sup> See Appendix 2, Note 11 for information on amendments to historical figures.

**Figure 4: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments (October 2010 - December 2011)**



**Figure 5: Performance against the 12 Hour Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments (October 2010 - December 2011)**



## Performance at Type 2 Emergency Care Departments

**Table 5: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (October - December 2011)**

Type 2 Emergency Care Department	Percentage Waiting 4 hours and under			No. Waiting Over 12 hours			Total Attendances (New and Unplanned Review)		
	Oct 2011	Nov 2011	Dec 2011	Oct 2011	Nov 2011	Dec 2011	Oct 2011	Nov 2011	Dec 2011
Lagan Valley	93.7%	95.0%	93.7%	3	1	0	1,958	1,861	1,878
Downe	89.6%	87.4%	88.7%	8	4	6	1,681	1,544	1,439
Total	91.8%	91.6%	91.5%	11	5	6	3,639	3,405	3,317

### Latest position (December 2011)

During December 2011, performance against the 4 hour component of the Ministerial target for emergency care waiting times in Type 2 departments was 93.7% in Lagan Valley and 88.7% in Downe (Figure 6, Table 5).

In December 2011, 6 patients attending Type 2 emergency care departments waited longer than 12 hours, all of which were in the Downe emergency care department (Table 5).

There were a total of 3,317 attendances at Type 2 emergency care departments in December 2011 (1,439 in Downe and 1,878 in Lagan Valley) (Table 5).

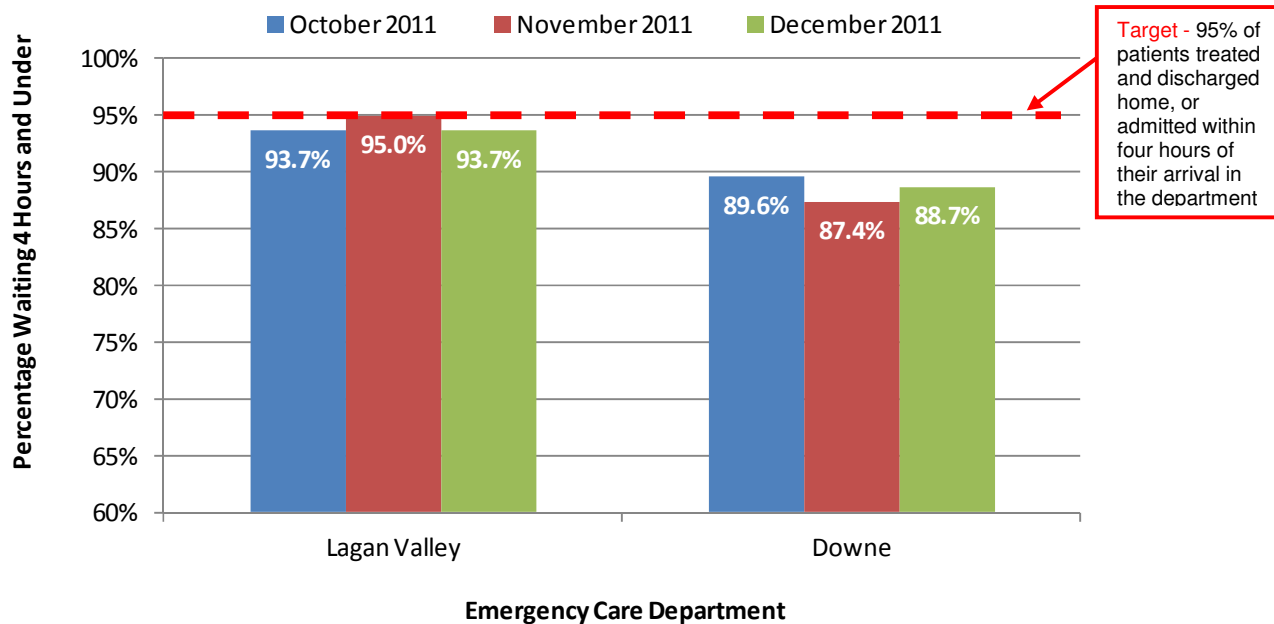
### Position during last three months (October - December 2011)

During the last 3 months, performance against the 4 hour component of the target decreased by 0.9 percentage points in Downe from 89.6% in October 2011 to 88.7% in December 2011, whilst performance in Lagan Valley remained at 93.7% (Figure 6, Table 5).

Since October 2011, performance against the 12 hour component of the target improved in both the Lagan Valley (from 3 to 0 in December 2011) and Downe (from 8 to 6 in December 2011) (Table 5).

Attendances at Type 2 emergency care departments decreased each month since October 2011, from 3,639 to 3,317 in December 2011.

**Figure 6: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (October - December 2011)**



**Table 6: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (October 2010 - December 2011)<sup>7</sup>**

Month	Percentage Waiting 4 hours and Under	Number Waiting Over 12 hours	Total Attendances (New and Unplanned Review)
October 2010	90.6%	8	4,569
November 2010	90.1%	52	4,283
December 2010	86.5%	38	4,022
January 2011	84.6%	55	4,342
February 2011	78.9%	142	3,950
March 2011	84.5%	77	4,785
April 2011	91.0%	14	4,814
May 2011	87.2%	36	4,694
June 2011	89.5%	53	4,465
July 2011	90.5%	2	4,356
August 2011	91.9%	14	3,828
September 2011	94.2%	0	3,748
October 2011	91.8%	11	3,639
November 2011	91.6%	5	3,405
December 2011	91.5%	6	3,317

<sup>7</sup> Note the provision of emergency care services at both the Downe and Lagan Valley hospitals changed during the last 6 months. See Appendix 2, Notes 14 & 15 for information on recent changes to opening hours.

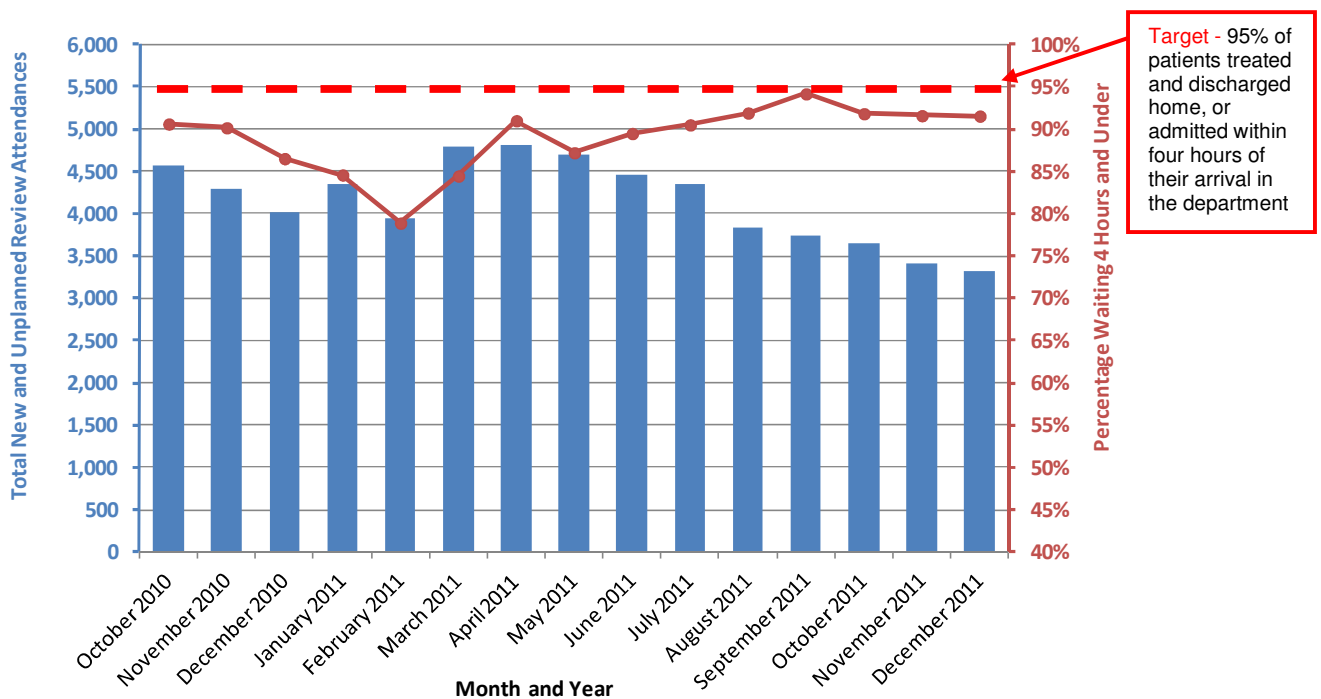
### Position during last fifteen months (October 2010 - December 2011)

Over the last 15 months, performance against the 4 hour component of the target for Type 2 emergency care departments ranged from 78.9% in February 2011 to 94.2% in September 2011 (Figure 7, Table 6).

During this period, performance against the 12 hour component in Type 2 departments varied markedly from 0 in September 2011 to 142 in February 2011 (Figure 8, Table 6).

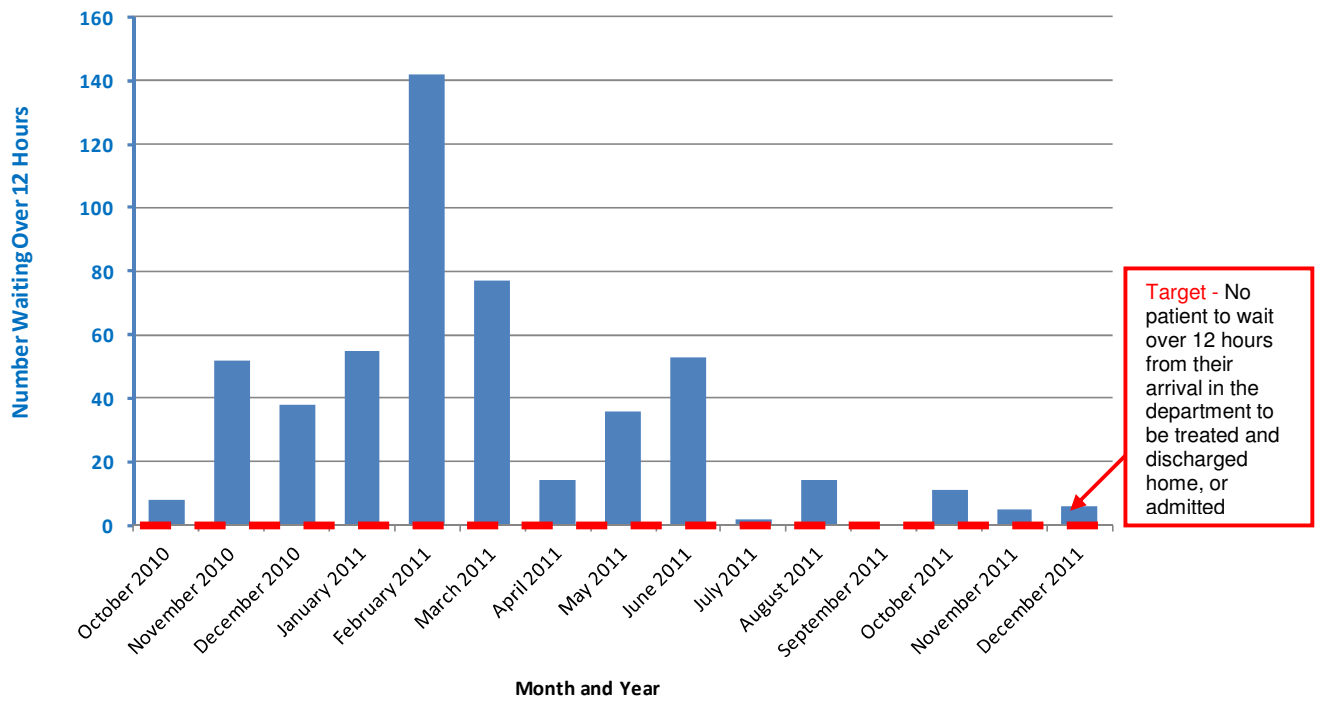
Since October 2010, monthly attendances at Type 2 departments ranged from 3,317 in December 2011 to 4,814 in April 2011; although, this is most likely due to the reconfiguration of services at Downe and reduction in opening hours at Lagan Valley emergency care department in April 2011 and August 2011 respectively<sup>8</sup> (Figures 7 and 8, Table 6).

**Figure 7: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (October 2010 - December 2011)**



<sup>8</sup> See Appendix 2, Notes 14 & 15 for information on recent reconfiguration of services at Downe and changes to opening hours at Lagan Valley emergency care department.

**Figure 8: Performance against the 12 Hour Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (October 2010 - December 2011)**



## Performance at Type 3 Emergency Care Departments

**Table 7: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 3 Emergency Care Departments (October 2011 - December 2011)**

Type 3 Emergency Care Department	Percentage Waiting 4 hours and under			Number Waiting Over 12 hours			Total Attendances (New and Unplanned Review)		
	Oct 2011	Nov 2011	Dec 2011	Oct 2011	Nov 2011	Dec 2011	Oct 2011	Nov 2011	Dec 2011
Whiteabbey	100.0%	99.9%	100.0%	0	0	0	710	679	588
Mid Ulster	100.0%	100.0%	100.0%	0	0	0	510	506	397
Tyrone County	99.9%	99.9%	99.9%	0	0	0	1,214	1,093	1,101
South Tyrone	100.0%	100.0%	100.0%	0	0	0	1,551	1,418	1,277
Armagh/Mullinure	100.0%	100.0%	100.0%	0	0	0	619	567	531
Ards	100.0%	100.0%	100.0%	0	0	0	754	803	622
Bangor	100.0%	100.0%	100.0%	0	0	0	989	913	883
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,347</b>	<b>5,979</b>	<b>5,399</b>

### Latest position (December 2011)

During December 2011, the 4 hour component of the Ministerial target for emergency care waiting times was achieved in all Type 3 departments, with 100.0% of patients either treated and discharged home, or admitted within 4 hours (Table 7).

Performance against the 12 hour component of the Ministerial target was achieved by all Type 3 departments in December 2011 (Table 7).

There were a total of 5,399 attendances at Type 3 emergency care departments in December 2011, ranging from 397 in Mid Ulster to 1,277 in the South Tyrone (Table 7).

### Position during last three months (October - December 2011)

During each of the last 3 months, performance against both the 4 hour and 12 hour components of the Ministerial target was achieved by all Type 3 departments (Table 7).

Since October 2011, attendances at Type 3 emergency care departments decreased by 14.9% (948), from 6,347 to 5,399 in December 2011 (Figure 9, Table 7).



**Table 8: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 3 Emergency Care Departments (October 2010 - December 2011)**

Month	Percentage Waiting 4 hours and Under	Number Waiting Over 12 hours	Total Attendances (New and Unplanned Review)
October 2010	100.0%	0	6,039
November 2010	100.0%	0	5,638
December 2010	100.0%	0	5,111
January 2011	100.0%	0	5,584
February 2011	100.0%	0	5,420
March 2011	100.0%	0	6,896
April 2011	100.0%	0	6,831
May 2011	100.0%	0	6,872
June 2011	99.9%	0	7,092
July 2011	100.0%	0	6,602
August 2011	100.0%	0	6,998
September 2011	100.0%	0	6,661
October 2011	100.0%	0	6,347
November 2011	100.0%	0	5,979
December 2011	100.0%	0	5,399

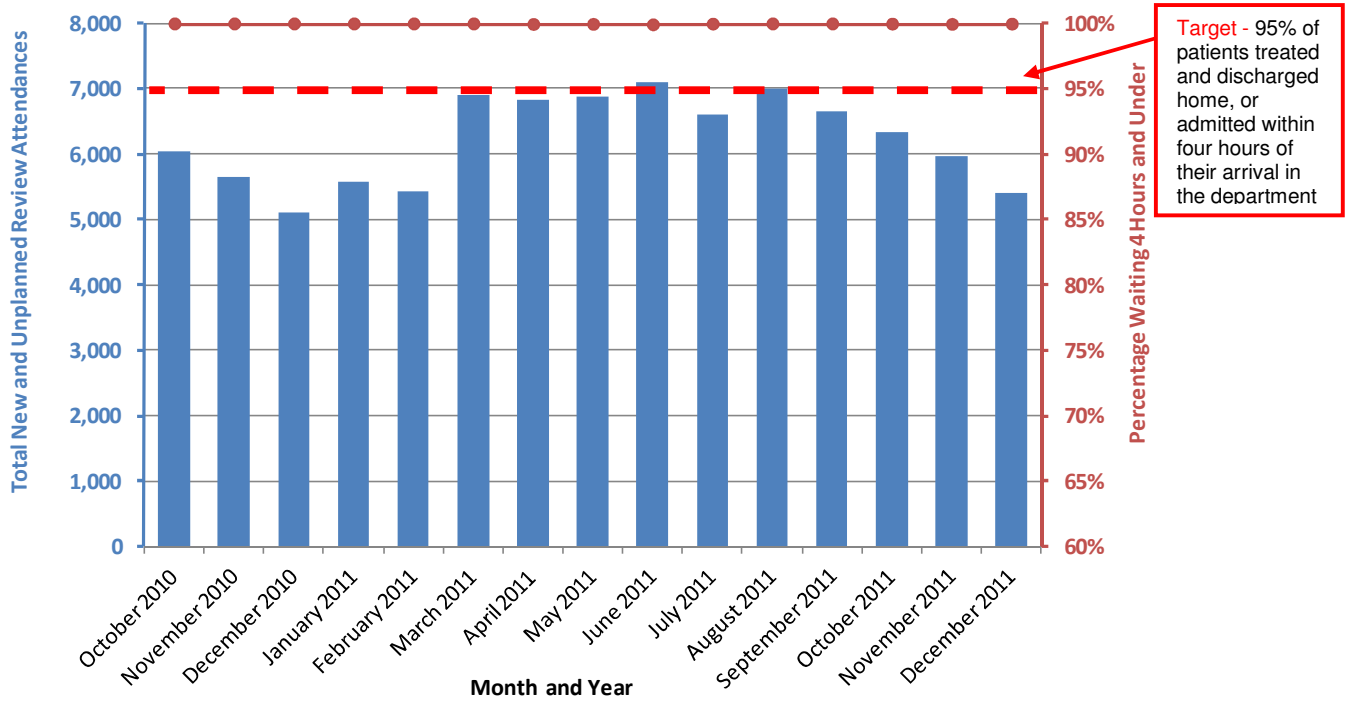
**Position during last fifteen months (October 2010 - December 2011)**

Over the last 15 months, performance against the 4 hour component of the target for Type 3 emergency care departments remained similar at 100.0% (Figure 9, Table 8).

During this period, no patient waited longer than 12 hours to be either treated and discharged home, or admitted in Type 3 departments (Table 8).

Since October 2010, monthly attendance at Type 3 emergency care departments was lowest in December 2010 (5,111) and highest in June 2011 (7,092) (Figure 9, Table 8).

**Figure 9: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 3 Emergency Care Departments (October 2010 - December 2011)**



## Performance at All Emergency Care Departments

**Table 9: Performance against the Ministerial Target for Emergency Care Waiting Times at all Emergency Care Departments (October 2010 - December 2011)<sup>9</sup>**

Month	Percentage Waiting 4 hours and Under	Number Waiting Over 12 hours	Total Attendances (New and Unplanned Review)
October 2010	82.3%	384	58,000
November 2010	82.3%	774	53,973
December 2010	77.8%	702	54,604
January 2011	77.5%	1,236	56,476
February 2011	76.4%	1,338	52,921
March 2011	82.0%	850	61,128
April 2011	83.6%	577	61,884
May 2011	82.2%	921	61,344
June 2011	82.5%	970	60,039
July 2011	83.5%	344	58,704
August 2011	82.5%	461	58,922
September 2011	81.1%	538	57,340
October 2011	80.1%	834	57,080
November 2011	81.2%	563	52,856
December 2011	77.6%	995	52,749

### Latest position (December 2011)

During December 2011, there were a total of 52,749 attendances at emergency care departments in Northern Ireland, 77.6% of which were treated and discharged or admitted within 4 hours of their arrival, whilst 995 (1.9%) had waited longer than 12 hours (Figures 10 and 11, Table 9).

### Position during last three months (October - December 2011)

During the last 3 months, the percentage of patients treated and discharged or admitted within 4 hours of their arrival decreased by 2.5 percentage points, from 80.1% in October 2011 to 77.6% in December 2011 (Figure 10, Table 9).

During this time, the number of patients waiting longer than 12 hours increased by 19.3% (161), from 834 in October 2011 to 995 in December 2011 (Figure 11, Table 9).

Since October 2011, the number of attendances at emergency care departments decreased by 7.6% (4,331), from 57,080 to 52,749 in December 2011 (Figure 10, Table 9).

<sup>9</sup> See Appendix 2, Note 11 for information on amendments to historical figures.

### Position during last fifteen months (October 2010 - December 2011)

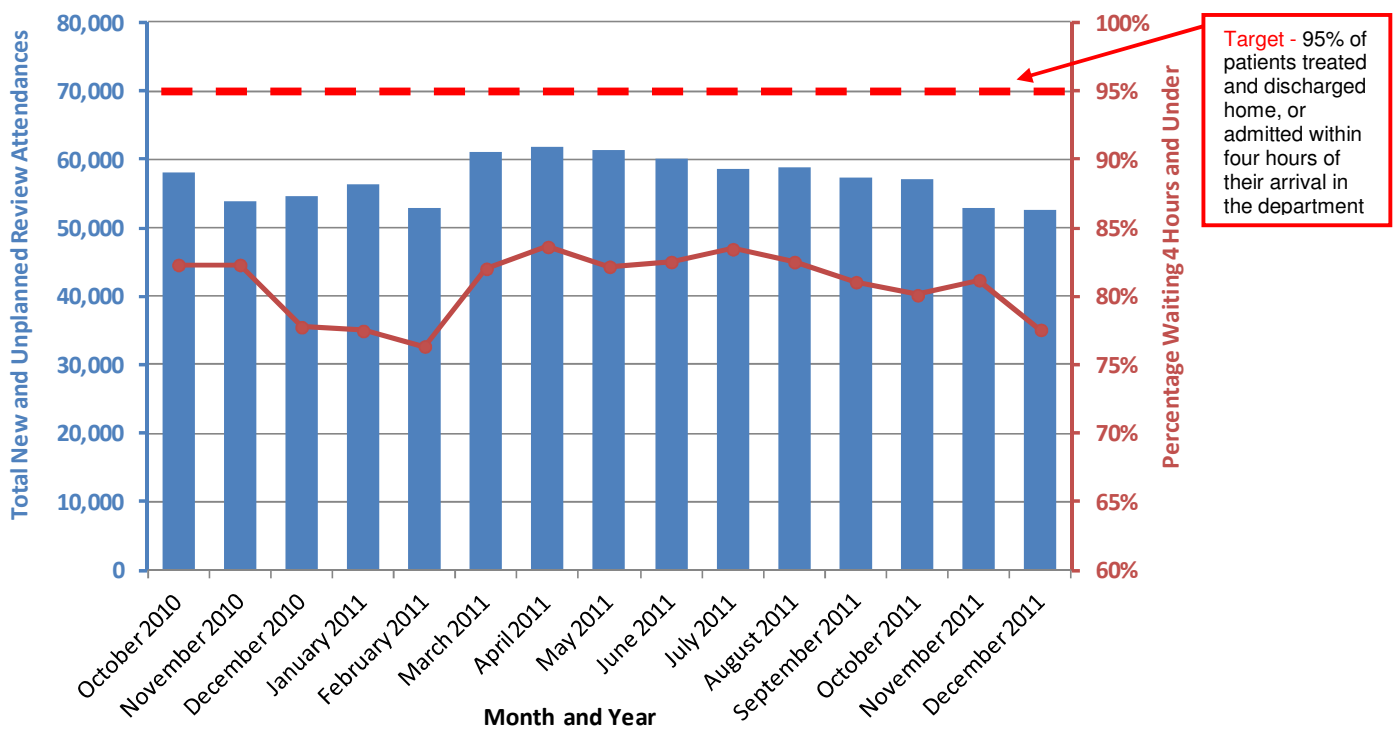
Between October 2010 and December 2011, the percentage of patients treated and discharged or admitted within 4 hours of their arrival at emergency care ranged from 76.4% in February 2011 to 83.6% in April 2011. However, since April 2011, the percentage of patients treated and discharged, or admitted within 4 hours has decreased by six percentage points, from 83.6% to 77.6% in December 2011 (Figure 10, Table 9).

Since October 2010, the number of patients waiting over 12 hours at emergency care increased markedly from 384 to 995 in December 2011 (Figure 11, Table 9).

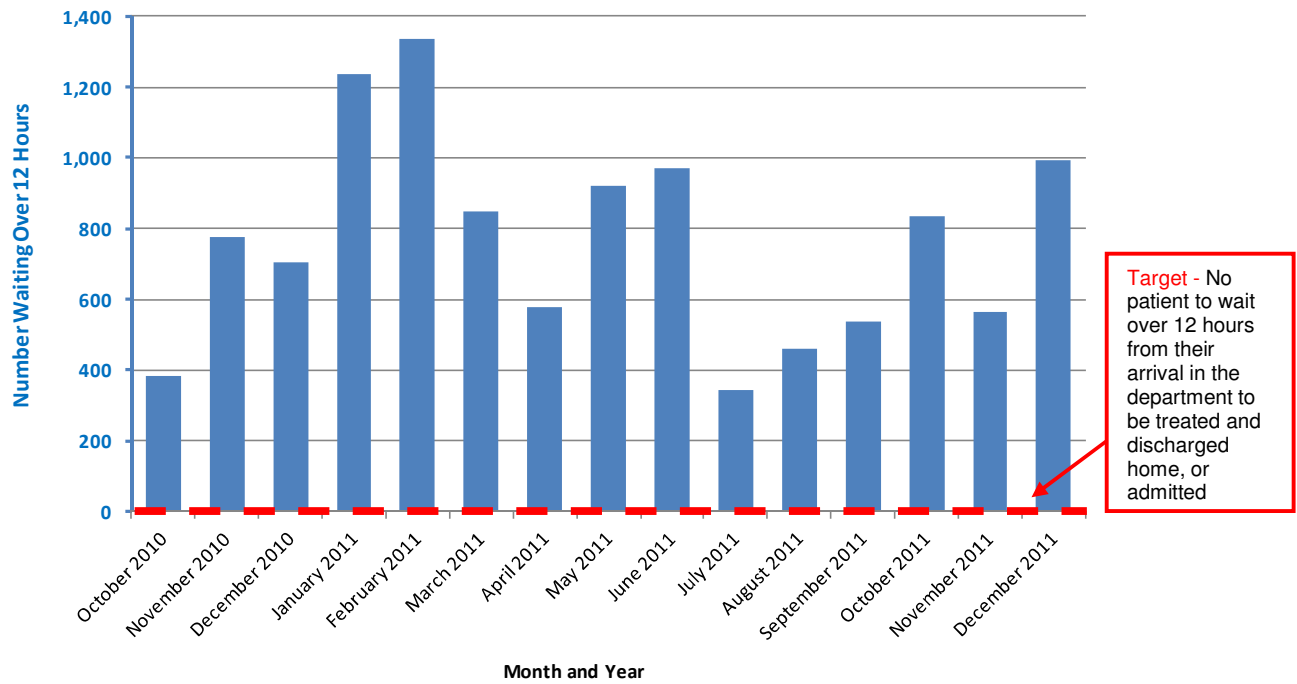
Attendances at emergency care departments decreased by 9.1% (5,251) between October 2010 (58,000) and December 2011 (52,749). Similarly, when compared to the same month last year, attendances at emergency care departments decreased by 3.4% (1,855) from 54,604 in December 2010 to 52,749 in December 2011 (Figure 10, Table 9).

Between October 2010 and December 2011, the lowest number of attendances at emergency care departments was reported during December 2011 (52,749). However, despite reporting the lowest number of attendances, December 2011 reported the lowest percentage of patients waiting within 4 hours (77.6%) and the highest number of patients waiting over 12 hours (995) since February 2011 (Figures 10 & 11, Table 9).

**Figure 10: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at all Emergency Care Departments (October 2010 - December 2011)**



**Figure 11: Performance against the 12 Hour Ministerial Target for Emergency Care Waiting Times at all Emergency Care Departments (October 2010 - December 2011)**



## Appendices

### Appendix 1: Additional Tables

**Table 1A: Percentage of Patients Waiting 4 Hours and Under, by Emergency Care Department (October - December 2011)**

Emergency Care Department <sup>10</sup>	Percentage of Patients Waiting 4 hours and Under		
	October 2011	November 2011	December 2011
Belfast City (Type 1)	74.5%	28.2%	N/A <sup>11</sup>
Mater (Type 1)	63.3%	74.0%	69.9%
Royal Victoria (Type 1)	75.2%	72.7%	63.3%
RBHSC (Type 1)	90.9%	86.9%	80.8%
<b>Belfast HSC Trust</b>			
Antrim Area (Type 1)	69.1%	71.1%	66.8%
Whiteabbey (Type 3)	100.0%	99.9%	100.0%
Mid Ulster (Type 3)	100.0%	100.0%	100.0%
Causeway (Type 1)	80.5%	80.5%	79.9%
<b>Northern HSC Trust</b>			
Ulster (Type 1)	73.5%	74.8%	71.0%
Ards (Type 3)	100.0%	100.0%	100.0%
Bangor (Type 3)	100.0%	100.0%	100.0%
Lagan Valley (Type 2)	93.7%	95.0%	93.7%
Downe (Type 2)	89.6%	87.4%	88.7%
<b>South Eastern HSC Trust</b>			
Craigavon Area (Type 1)	75.1%	77.8%	74.8%
Daisyhill (Type 1)	95.0%	97.3%	93.1%
South Tyrone (Type 3)	100.0%	100.0%	100.0%
Armagh/Mullinure (Type 3)	100.0%	100.0%	100.0%
<b>Southern HSC Trust</b>			
Altnagelvin (Type 1)	72.4%	75.2%	75.4%
Erne (Type 1)	95.9%	94.3%	95.5%
Tyrone County (Type 3)	99.9%	99.9%	99.9%
<b>Western HSC Trust</b>			

<sup>10</sup> Emergency Care Department Type is indicated within the brackets following each emergency care department name. Note that this is based on the current classification of the department (See Appendix 2, Notes 10 and 13 for reclassifications).

<sup>11</sup> Belfast City emergency care department closed on 1<sup>st</sup> November 2011, with attendance figures for November 2011 relating to patients who attended the emergency care department prior to 8am on 1<sup>st</sup> November 2011 (precise time of closure). See Appendix 2, Note 16 for more information.

**Table 1B: Number of Patients Waiting Over 12 Hours, by Emergency Care Department (October - December 2011)**

Emergency Care Department	Number of Patients Waiting Over 12 Hours		
	October 2011	November 2011	December 2011
Belfast City (Type 1)	29	0	N/A <sup>12</sup>
Mater (Type 1)	77	34	42
Royal Victoria (Type 1)	31	29	170
RBHSC (Type 1)	0	1	1
<b>Belfast HSC Trust</b>			
Antrim Area (Type 1)	252	164	394
Whiteabbey (Type 3)	0	0	0
Mid Ulster (Type 3)	0	0	0
Causeway (Type 1)	57	107	135
<b>Northern HSC Trust</b>			
Ulster (Type 1)	370	223	239
Ards (Type 3)	0	0	0
Bangor (Type 3)	0	0	0
Lagan Valley (Type 2)	3	1	0
Downe (Type 2)	8	4	6
<b>South Eastern HSC Trust</b>			
Craigavon Area (Type 1)	0	0	0
Daisyhill (Type 1)	0	0	0
South Tyrone (Type 3)	0	0	0
Armagh/Mullinure (Type 3)	0	0	0
<b>Southern HSC Trust</b>			
Altnagelvin (Type 1)	7	0	6
Erne (Type 1)	0	0	2
Tyrone County (Type 3)	0	0	0
<b>Western HSC Trust</b>			

<sup>12</sup> Belfast City emergency care department closed on 1<sup>st</sup> November 2011, with attendance figures for November 2011 relating to patients who attended the emergency care department prior to 8am on 1<sup>st</sup> November 2011 (precise time of closure). See Appendix 2, Note 16 for more information.

**Table 1C: Total New and Unplanned Review Emergency Care Attendances, by Emergency Care Department (October - December 2011)**

Emergency Care Department	Total Attendances (New and Unplanned Review)		
	October 2011	November 2011	December 2011
Belfast City (Type 1)	3,324	78	N/A <sup>13</sup>
Mater (Type 1)	3,440	3,499	3,593
Royal Victoria (Type 1)	6,266	7,459	7,766
RBHSC (Type 1)	2,587	2,582	2,652
<b>Belfast HSC Trust</b>			
Antrim Area (Type 1)	5,925	5,636	5,621
Whiteabbey (Type 3)	710	679	588
Mid Ulster (Type 3)	510	506	397
Causeway (Type 1)	3,495	3,209	3,215
<b>Northern HSC Trust</b>			
Ulster (Type 1)	6,361	6,349	6,450
Ards (Type 3)	754	803	622
Bangor (Type 3)	989	913	883
Lagan Valley (Type 2)	1,958	1,861	1,878
Downe (Type 2)	1,681	1,544	1,439
<b>South Eastern HSC Trust</b>			
Craigavon Area (Type 1)	6,095	5,414	5,677
Daisyhill (Type 1)	3,081	2,860	2,884
South Tyrone (Type 3)	1,551	1,418	1,277
Armagh/Mullinure (Type 3)	619	567	531
<b>Southern HSC Trust</b>			
Altnagelvin (Type 1)	4,380	4,254	4,082
Erne (Type 1)	2,140	2,132	2,093
Tyrone County (Type 3)	1,214	1,093	1,101
<b>Western HSC Trust</b>			

<sup>13</sup> Belfast City emergency care department closed on 1<sup>st</sup> November 2011, with attendance figures for November 2011 relating to patients who attended the emergency care department prior to 8am on 1<sup>st</sup> November 2011 (precise time of closure). See Appendix 2, Note 16 for more information.



## Appendix 2: Definitions & Background Notes

1. Information on waiting times at emergency care departments in Northern Ireland is collected monthly using the Emergency Care information return (EC1). The EC1 return records all new and unplanned review attendances in each emergency care department in Northern Ireland and was set up as an interim measure to monitor waiting times at emergency care departments until such time as a functional patient level dataset becomes available.
2. From the 1<sup>st</sup> July 2011, Hospital Information Branch (HIB) has been downloading patient level data on emergency care waiting times from the Regional Data Warehouse on the 8<sup>th</sup> of each month, for those emergency care departments using the Northern Ireland Regional Accident & Emergency System (NIRAES). Information from emergency care departments, using other administrative systems to record emergency care waiting times, continues to be sourced from the aggregate EC1 return. HSC Trusts have been instructed to generate this information on the 8<sup>th</sup> of each month.
3. The EC1 information return was introduced in April 2007 to measure a new Priorities for Action (Ministerial) target, stating that: *'From April 2007, no patient should wait longer than 12 hours in A&E and, by March 2008, 95% of patients who attend A&E should be either treated and discharged home, or admitted within four hours of their arrival in the department'*.

The current Ministerial target on emergency care waiting times for 2011/12 states that *'95% of patients attending Types 1, 2 or 3 A&E departments are either treated and discharged home, or admitted, within four hours of their arrival in the department, and; no patient attending any A&E department should wait longer than 12 hours either to be treated and discharged home, or admitted.'*

4. The information contained in this publication is not currently governed by National Statistics.
5. The figures detailed in this statistical release represent the total time spent in an emergency care department from arrival until admission, transfer or discharge. All 'New Attendances' and all 'Unplanned Re-Attendances' at emergency care departments with a departure time, per calendar month are included. They do not include planned review attendances.

6. Time is measured from when a patient arrives at the emergency care department (time of arrival is recorded at registration or triage whichever is earlier (clock starts)) until the patient departs from the emergency care department (time of departure is defined as when the patient's clinical care episode is completed within the emergency care department (clock stops)).
7. The figures in this release relate to all patients, including paediatric patients.
8. In accordance with the Review of Public Administration, with effect from the 1st April 2007, five new integrated Health and Social Care Trusts (Belfast, Northern, South Eastern, Southern and Western) replaced the previous eighteen provider Trusts in Northern Ireland. Where appropriate figures have been presented based on the new Trust Areas.
9. There are three separate categories of emergency care facility included in this publication:

***Type 1 Emergency Care Department*** - 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 Emergency Care Department*** - A 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 Emergency Care Department*** - A minor injury unit 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.

## Categorisation of Emergency Care Departments

HSC Trust	Emergency Care Department		
	Type 1	Type 2	Type 3
<b>Belfast</b>	Belfast City <sup>14</sup>		
	Mater		
	Royal Victoria		
	RBHSC		
<b>Northern</b>	Antrim Area		Whiteabbey <sup>15</sup>
	Causeway		Mid Ulster <sup>12</sup>
<b>South Eastern</b>	Ulster	Lagan Valley <sup>13</sup>	Ards
		Downe <sup>16</sup>	Bangor
<b>Southern</b>	Craigavon Area		South Tyrone
	Daisyhill		Armagh/Mullinure
<b>Western</b>	Altnagelvin		Tyrone County <sup>11</sup>
	Erne		

10. From 2<sup>nd</sup> March 2009, Tyrone County emergency care department was reconfigured from a consultant-led treatment service (Type 2 - emergency care department) to a minor injury unit with designated accommodation for the reception of patients with minor injuries and/or illnesses (Type 3 - emergency care department). This should be taken into consideration when drawing historic comparisons between Type 2 and Type 3 emergency care departments.

11. Some historical figures may have been updated to reflect returns re-submitted by HSC Trusts as part of end of year validations.

12. Figures included within this document are accurate as at 24<sup>th</sup> January 2012, any changes to these figures will be reflected in subsequent issues of this publication.

<sup>14</sup> See Note 16 on temporary closure of Belfast City Hospital emergency care department

<sup>15</sup> See Notes 10 and 13 for reclassifications

<sup>16</sup> See Notes 14 & 15 for changes to operating hours

13. From 24<sup>th</sup> May 2010, Mid-Ulster and Whiteabbey emergency care departments were reconfigured from consultant-led treatment services (Type 2 - emergency care departments) to minor injury units with designated accommodation for the reception of patients with minor injuries and/or illnesses (Type 3 - emergency care departments). On this basis, figures presented in this bulletin for Type 2 emergency care departments are inclusive of all Type 2 emergency care departments and all activity within Mid-Ulster and Whiteabbey emergency care departments between 1<sup>st</sup> May and 23<sup>rd</sup> May 2010. Similarly, figures presented for Type 3 emergency care departments are inclusive of all Type 3 emergency care departments and all activity within Mid-Ulster and Whiteabbey emergency care departments between May 24<sup>th</sup> and May 31<sup>st</sup> 2010. This should be taken into consideration when drawing historic comparisons between Type 2 and Type 3 emergency care departments.
14. On 4<sup>th</sup> April 2011, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at the Downe Hospital resulting in the reduction of consultant-led emergency care services, from a 24 hours based service to 8am to 10pm daily, with services provided from 10pm to 8am by an enhanced GP Out of Hours (GPOOH) service. The GPOOH's provides the urgent care response supported by an appropriate handover period and the appropriate services within the hospital. After 10pm all 999 ambulances go directly to the Ulster or nearest appropriate emergency care department.
15. On 1<sup>st</sup> August 2011, the South Eastern HSC Trust introduced new temporary arrangements for the provision of emergency care services at the Lagan Valley hospital resulting in the closure of the emergency care department from 8pm to 9am daily. This is a temporary change due to a shortage of medical staff but the change is expected to be in place for a number of months.
16. On 1<sup>st</sup> November 2011, the Belfast HSC Trust closed the emergency care department at the Belfast City hospital. This is a temporary change due to a shortage of senior staff but the change is expected to be in place for the foreseeable future.
17. Since the introduction of the emergency care waiting time statistics series in April 2008 information on waiting times at emergency care departments in Northern Ireland has been published on a monthly basis. From 1<sup>st</sup> April 2011 information on emergency care waiting times is published on a quarterly basis. It should be noted that the new quarterly publication includes similar details to the previous monthly publication, including an analysis of each month within the quarter.

18. The Ministerial target, for emergency care waiting times, as detailed in the schedule which is an addendum to the requirement set out in the body of the Department of Health, Social Services and Public Safety Commissioning Plan direction itself states *“that from April 2011, 95% of patients attending any Types 1, 2 or 3 A&E departments are either treated and discharged home, or admitted within four hours of their arrival in the department”, and “no patient attending and A&E department should wait longer than 12 hours either to be treated and discharged home, or admitted”.*

## **Appendix 3: Data in the publication**

### **General guidance on using the data**

The data contained in this publication detail a monthly analysis of emergency care waiting times in Northern Ireland. While seasonal impact should be minimal, it is advisable that users refer to the trend analysis provided which presents information for the previous 15 months.

### **Number of New and Unplanned Review Attendances at Emergency Care Departments by Length of Time Waited**

#### **Description of data**

Data on the number of new and unplanned review attendances at emergency care departments in Northern Ireland by the length of time waited. New and unplanned review attendances at emergency care departments are used to describe unplanned activity at emergency care departments, 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 according to pre-specified time bands, and refers to the time waited from entering the emergency care department until the time the patient is treated and discharged or admitted to hospital (leaves emergency care department).

#### **Data Provider**

Data on emergency care waiting times is sourced from:

- (i) The Northern Ireland Accident & Emergency Administrative System (NIRAES) via a facility known as the Regional Data Warehouse and,
- (ii) Directly from HSC Trusts using the aggregate EC1 information return for the remaining emergency care departments which use the SYMPHONY/Independent administrative systems.

It should be noted that Hospital Information Branch (HIB) intend to source patient level data from the SYMPHONY/Independent administrative systems once it has been added to the HSC Data Warehouse facility and has been fully tested.

#### **Data Quality Assessment**

Data is of 'Very good' quality, and is solely derived from administrative systems (NIRAES/SYMPHONY/Independent); although, it should be noted that for NIRAES sites we access this information directly from the Data Warehouse, whilst sites using SYMPHONY complete the EC1 template on our behalf.

For those sites completing the EC1 information return, in-depth guidance has been provided for the recording, collection and submission of data. In addition, across all data regardless of source, 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 new and unplanned review attendances at emergency care departments– this is the number of new and unplanned review attendances at emergency care departments during each calendar month. It does not include planned review attendances.
- Lengths of time patients wait refers to the time between entering the emergency care department and being logged in at reception until leaving the emergency care department (treated and discharged or admitted to hospital). Explanatory note six (Appendix 1) outlines in more detail how these waiting times are measured. 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 emergency care department.
- 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 all users to compare similar types of emergency care departments in Northern Ireland, i.e. Type 1, 2 or 3 departments. Explanatory note nine (Appendix 1) outlines in more detail the three separate categories of emergency care departments.
- Users should also take into consideration, recent changes in the provision of emergency care services at specific sites in Northern Ireland, when making comparisons with previous months. Such changes in provision of services are footnoted in the body of the bulletin as appropriate.

## Appendix 4: Additional Information

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

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**This Statistical bulletin and others published by Hospital Information Branch are available to download from the DHSSPS Internet site at:**

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