

INFORMATION
ANALYSIS
DIRECTORATE



Emergency Care Waiting Time Statistics (October – December 2014)



Department of
**Health, Social Services
and Public Safety**

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Reader Information

| | |
|---------------------|---|
| Purpose | 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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| 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. |
| Further copies from | statistics@dhsspsni.gov.uk |
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Key Points

December 2014



73.5%

of attendances at **Type 1**
Departments were
treated and discharged
home, or admitted within
4 hours

91.5%

of attendances at **Type 2**
Departments were
treated and discharged
home, or admitted within
4 hours

92

attendances waited
longer than 12 hours
to be treated and
discharged home, or
admitted

October to December 2014

Between October and December 2014:

- The percentage of patients attending Type 1 emergency care departments that were treated and discharged home, or admitted within 4 hours decreased, from 75.4% to 73.5% (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 increased slightly, from 91.2% to 91.5% (Figure 1, Table 2).
- The percentage of patients attending Type 3 emergency care departments treated and discharged home, or admitted within 4 hours continued to be 100.0% (Figure 1, Table 2).
- The number of patients waiting longer than 12 hours decreased (49), from 141 to 92, with the Royal Victoria reporting the most notable improvement in performance, from 87 to 43 (Table 2 & Table 3).
- Between October and December 2014, monthly attendances at all emergency care departments decreased by 2,956 (5.0%), from 59,612 to 56,656. During this period, attendances at Type 1 departments remained similar, whilst attendances at Type 3 departments decreased markedly (34.9%, 2,550), from 7,315 in October 2014 to 4,765 in December 2014. (Table 2).

Same month last year

Between December 2013 and December 2014:

- The percentage of patients attending **Type 1 departments** who were treated and discharged home, or admitted within 4 hours increased by 1.0 percentage point, from 72.5% to 73.5% (Figure 4, Table 4).
- The percentage of patients attending **Type 2 departments** who were treated and discharged home, or admitted within 4 hours increased by 4.2 percentage points, from 87.3% to 91.5% (Figure 7, Table 6).
- The percentage of patients attending **Type 3 departments** who were treated and discharged home, or admitted within 4 hours continued to be 100.0% (Table 8).
- The number of patients waiting longer than 12 hours decreased (73), from 165 to 92, with the Royal Victoria reporting the most notable improvement in performance, from 79 to 43 (Table 9).
- Between December 2013 and December 2014, monthly attendances at emergency care departments increased by 1,599 (2.9%) from 55,057 to 56,656 in December 2014. During this period attendances increased at Type 1 departments, but decreased at both Type 2 and Type 3 departments (Figure 10, Table 9).

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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 Branch is Principal Statistician, Ms. Ruth Fulton. 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/statistics.htm>

Technical Notes

Data Collection

Information presented in this brief is collected monthly using the Emergency Care information return (EC1), which records all new and unplanned review attendances at emergency care departments across Northern Ireland.

Data providers are supplied with technical guidance documents outlining the methodologies that should be used in the collection, reporting and validation of each of these data returns. These documents can be accessed under 'Information Sources' at the following link:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes/waitingtimes-emergency.htm>

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

Rounding

Percentages have been rounded to one decimal place and therefore percentages may not sum to 100.

Main Uses of Data

Information on the uses of the data contained in this publication is detailed in Appendix 3.

Data Quality

All information presented in this bulletin has been provided by HSC Trusts or downloaded by Hospital Information Branch within an agreed timescale and validated and quality assured by Hospital Information Branch (HIB) prior to release. Following submission, HIB perform a series of validation checks to verify that information downloaded / submitted is consistent both within and across returns.

At the end of the financial year HIB carry out a more detailed series of validations to verify that the information is consistent with HSC Trusts. 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 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 are 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/statistics/hospital/emergency-care/emergency-care-activity.htm>

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 Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed. Further information on the Code of Practice for National Statistics is available at:

<http://www.statisticsauthority.gov.uk/assessment/code-of-practice/>.

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

<http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes/waitingtimes-emergency.htm>

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 be measured in a comparable manner to those in Northern Ireland due to different counting rules. Details of the emergency care waiting times published elsewhere in the UK can be found as detailed below.

England <http://www.england.nhs.uk/statistics/ae-waiting-times-and-activity/>

Scotland <http://www.isdscotland.org/Health-Topics/Emergency-Care/>

Wales <http://www.infoandstats.wales.nhs.uk/page.cfm?orgid=869&pid=62956>

Contextual Information

Readers should be aware that contextual information about Northern Ireland and the health services provided is available to read 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 under 'Information Sources' at the following link:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes/waitingtimes-emergency.htm>

Overall Performance against Ministerial Target

To improve access to emergency care departments and standardise performance across Northern Ireland, the Ministerial target below has been agreed for 2014/15:

‘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 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 2014)

| Target Component | | Target Achieved? | | |
|------------------|---------------------------|------------------|----------|----------|
| | | Oct 2014 | Nov 2014 | Dec 2014 |
| Type 1 | 95% within 4 hours | No | No | No |
| | None longer than 12 hours | No | No | No |
| Type 2 | 95% within 4 hours | No | No | No |
| | None longer than 12 hours | Yes | Yes | Yes |
| Type 3 | 95% within 4 hours | Yes | Yes | Yes |
| | None longer than 12 hours | Yes | Yes | Yes |

The Ministerial target for emergency care waiting times has **not been achieved** during any of the last 3 months (October - December 2014) as one or more components of the target were not met (Table 1).

However, it should be noted that the 4 hour component **was achieved** at all Type 3 emergency care departments; and the 12 hour component **was achieved** at all Type 2 and Type 3 departments each month since October 2014.

Table 2: Performance against each Component of the Ministerial Target for Emergency Care Waiting Times (October - December 2014)

| Department Type ¹ | % Within 4 Hours | | | Number Over 12 Hours | | | Total Attendances (New and Unplanned Review) | | |
|------------------------------|------------------|--------------|--------------|----------------------|------------|-----------|---|---------------|---------------|
| | Oct 2014 | Nov 2014 | Dec 2014 | Oct 2014 | Nov 2014 | Dec 2014 | Oct 2014 | Nov 2014 | Dec 2014 |
| Type 1 | 75.4% | 77.4% | 73.5% | 141 | 125 | 92 | 48,873 | 46,816 | 48,867 |
| Type 2 | 91.2% | 91.8% | 91.5% | 0 | 0 | 0 | 3,424 | 2,836 | 3,024 |
| Type 3 | 100.0% | 99.9% | 100.0% | 0 | 0 | 0 | 7,315 | 5,827 | 4,765 |
| All Departments | 79.3% | 80.5% | 76.7% | 141 | 125 | 92 | 59,612 | 55,479 | 56,656 |

Latest position (December 2014)

During December 2014, almost three quarters (73.5%) of attendances at Type 1 emergency care departments were treated and discharged, or admitted within 4 hours of their arrival, compared with 91.5% at Type 2 departments, and 100.0% at Type 3 departments (Figure 1, Table 2).

In December 2014, 92 (0.2%) of the 56,656 attendances at emergency care departments in Northern Ireland waited longer than 12 hours to be either treated and discharged home, or admitted, all of which had attended a Type 1 emergency care department (Figure 2, Table 2).

There were a total of 56,656 attendances at emergency care departments during December 2014, of which, 48,867 (86.3%) attended Type 1 departments, 3,024 (5.3%) attended Type 2 departments and 4,765 (8.4%) attended Type 3 departments (Table 2).

Position during last three months (October - December 2014)

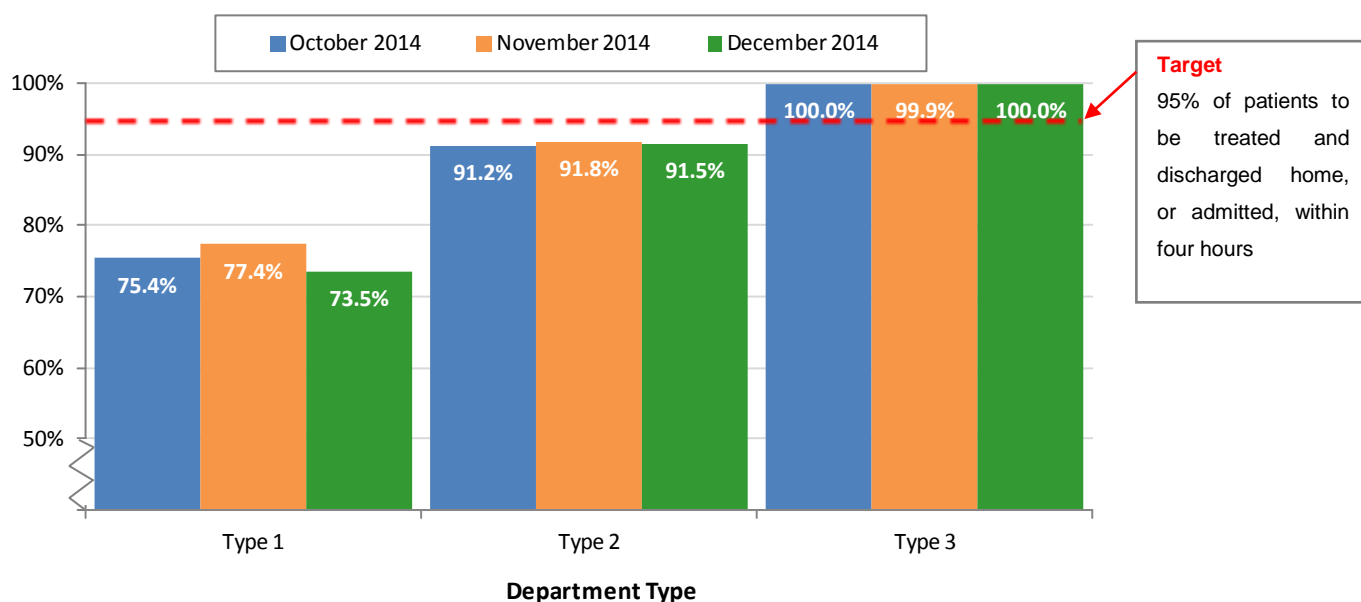
Over the last 3 months, the percentage of attendances at Type 1 departments treated and discharged, or admitted within 4 hours decreased by 1.9 percentage points, from 75.4% in October 2014 to 73.5% in December 2014 (Figure 1, Table 2).

Since October 2014, the percentage of attendances at Type 2 emergency care departments treated and discharged, or admitted within 4 hours increased by 0.3 percentage points, from 91.2% to 92.5% in December 2014 (Figure 1, Table 2).

Between October and December 2014, the percentage of attendances at Type 3 emergency care departments treated within 4 hours continued to be almost 100.0% (Figure 1, Table 2).

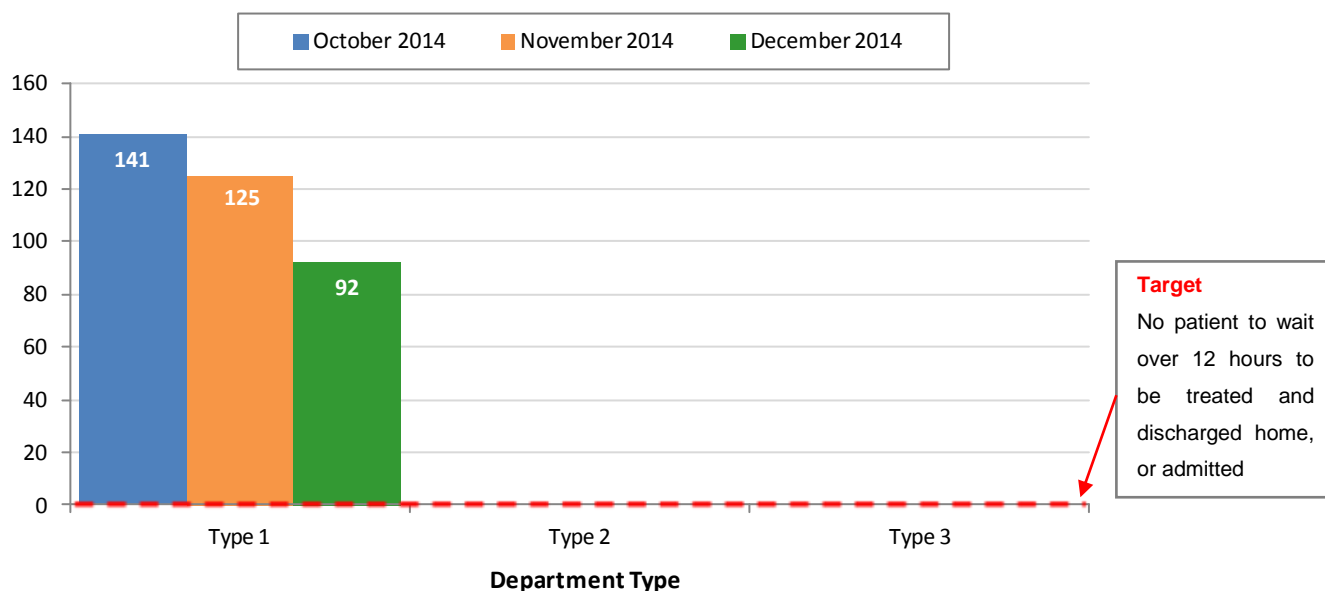
¹ See Appendix 2, Note 10 for list of Department Types, Notes 11, 12 & 20 for reclassifications and Notes 15, 16, 17, 21 & 22 for closures.

Figure 1: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times by Department Type (October - December 2014)



Since October 2014, the number of patients waiting longer than 12 hours to be either treated and discharged home, or admitted decreased (49) from 141 to 92 in December 2014, with all of these patients attending Type 1 departments (Figure 2, Table 2).

Figure 2: Number of Patients Waiting Over 12 Hours in Emergency Care, by Department Type (October - December 2014)



Between October and December 2014, monthly attendances at all emergency care departments decreased by 2,956 (5.0%), from 59,612 to 56,656. During this period, attendances at Type 1 departments remained similar, whilst attendances at Type 3 departments decreased markedly (34.9%, 2,550), from 7,315 in October 2014 to 4,765 in December 2014. This decrease is most likely in part due to the temporary closure of Armagh Community and Whiteabbey departments on 17th November 2014 and 1st December 2014 respectively (Table 2).

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 2014)

| Type 1 Departments | % Within 4 Hours | | | Number Over 12 Hours | | | Total Attendances (New and Unplanned Review) | | |
|--------------------------|------------------|--------------|--------------|----------------------|------------|-----------|---|---------------|---------------|
| | Oct 2014 | Nov 2014 | Dec 2014 | Oct 2014 | Nov 2014 | Dec 2014 | Oct 2014 | Nov 2014 | Dec 2014 |
| Altnagelvin Area | 72.2% | 75.4% | 74.9% | 0 | 0 | 0 | 4,553 | 4,345 | 4,408 |
| South West Acute | 94.1% | 94.4% | 87.2% | 0 | 0 | 0 | 2,366 | 2,269 | 2,408 |
| Antrim Area | 68.5% | 67.2% | 61.4% | 7 | 13 | 1 | 6,126 | 5,887 | 6,313 |
| Causeway | 71.5% | 78.1% | 74.7% | 0 | 0 | 0 | 3,514 | 3,184 | 3,240 |
| Craigavon Area | 83.0% | 86.0% | 82.2% | 1 | 0 | 1 | 6,349 | 6,284 | 6,645 |
| Daisy Hill | 83.7% | 88.6% | 86.0% | 0 | 0 | 0 | 3,719 | 3,508 | 3,689 |
| Royal Victoria | 68.3% | 68.5% | 64.4% | 87 | 79 | 43 | 8,513 | 7,967 | 7,983 |
| Mater | 70.7% | 69.6% | 72.3% | 24 | 30 | 2 | 3,808 | 3,521 | 3,603 |
| RBHSC | 94.5% | 93.5% | 86.0% | 0 | 0 | 0 | 2,642 | 2,849 | 3,160 |
| Ulster | 71.9% | 75.3% | 69.1% | 22 | 3 | 45 | 7,283 | 7,002 | 7,418 |
| All Type 1 Depts. | 75.4% | 77.4% | 73.5% | 141 | 125 | 92 | 48,873 | 46,816 | 48,867 |

Latest position (December 2014)

In December 2014, no Type 1 emergency care department achieved the 4 hour component of the Ministerial target, whilst Altnagelvin Area, South West Acute, Causeway, Daisy Hill and RBHSC achieved the 12 hour component of the target (Table 3).

During December 2014, performance against the 4 hour component of the Ministerial target for emergency care waiting times in Type 1 departments ranged from 61.4% in the Antrim Area to 87.2% in South West Acute (Figure 3, Table 3).

Almost all (95.7%, 88) patients waiting longer than 12 hours in December 2014 had attended the Ulster (45) or the Royal Victoria (43) emergency care departments (Table 3).

There were 48,867 attendances at Type 1 emergency care departments during December 2014, ranging from 7,983 in the Royal Victoria to 2,408 in South West Acute (Table 3).

Position during last three months (October – December 2014)

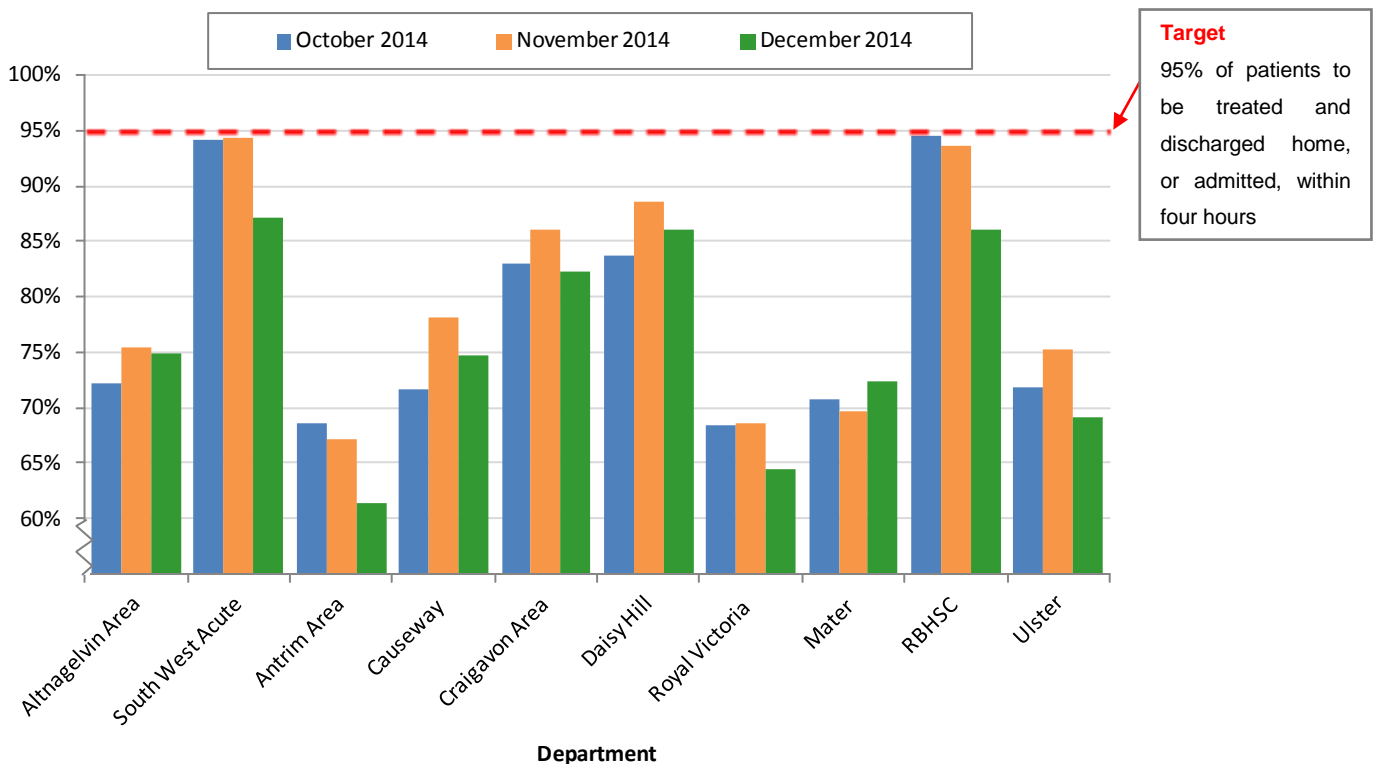
Over the last 3 months, performance against the 4 hour component of the target declined in six of the ten Type 1 emergency care departments (South West Acute, Antrim Area, Craigavon Area, Royal Victoria, RBHSC and the Ulster) (Figure 3, Table 3).

The largest percentage increase in performance against the 4 hour component was reported by the Causeway (71.5% in October 2014 to 74.7% in December 2014), whilst the RBHSC reported the largest percentage decrease in performance (94.5% in October 2014 to 86.0% in December 2014) (Table 3).

During this period, performance against the 12 hour component improved or remained similar in all Type 1 emergency care departments, with the exception of the Ulster which more than doubled from 22 in October 2014 to 45 in December 2014 (Table 3).

Between October and December 2014, attendances increased at five of the ten Type 1 emergency care departments. The largest increase in monthly attendances was reported by the RBHSC (19.6%, 518) from 2,642 in October 2014 to 3,160 in December 2014, whilst the Royal Victoria reported the largest decrease (6.2%, 530) from 8,513 in October 2014 to 7,983 in December 2014 (Table 3).

Figure 3: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments (October - December 2014)



Position during last fifteen months (October 2013 – December 2014)

Table 4: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments (October 2013 – December 2014)²

| Month | % Within 4 Hours | Number Over 12 Hours | Total Attendances (New and Unplanned Review) |
|----------------|------------------|----------------------|---|
| October 2013 | 77.5% | 76 | 47,876 |
| November 2013 | 76.8% | 69 | 44,912 |
| December 2013 | 72.5% | 163 | 45,842 |
| January 2014 | 71.8% | 156 | 46,356 |
| February 2014 | 70.9% | 267 | 43,142 |
| March 2014 | 70.5% | 408 | 50,022 |
| April 2014 | 72.6% | 240 | 49,499 |
| May 2014 | 73.1% | 203 | 50,673 |
| June 2014 | 75.1% | 294 | 50,599 |
| July 2014 | 78.9% | 40 | 51,228 |
| August 2014 | 74.6% | 142 | 48,429 |
| September 2014 | 75.7% | 260 | 49,857 |
| October 2014 | 75.4% | 141 | 48,873 |
| November 2014 | 77.4% | 125 | 46,816 |
| December 2014 | 73.5% | 92 | 48,867 |

Between December 2013 and December 2014, monthly attendances at Type 1 emergency care departments increased by 3,025 (6.6%), from 45,842 to 48,867 (Figure 4, Table 4).

When compared with the same month last year, performance against the 4 hour component of the target for Type 1 emergency care departments improved by 1.0 percentage point, from 72.5% in December 2013 to 73.5% in December 2014 (Figure 4, Table 4).

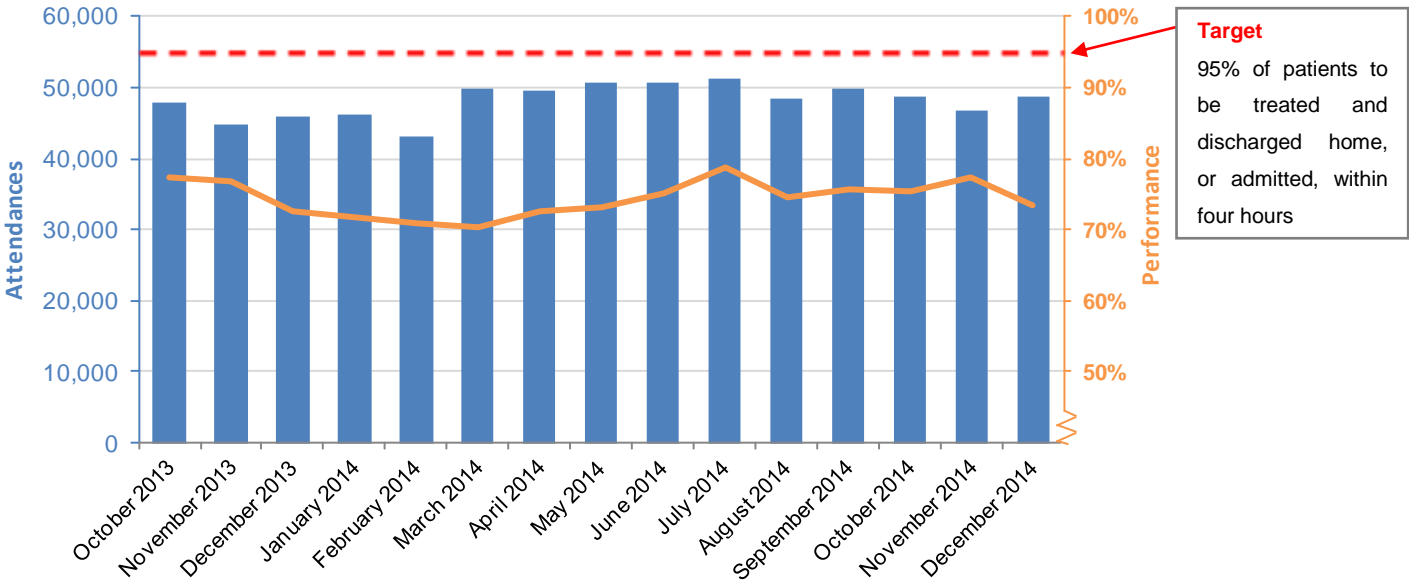
During the last 15 months, performance against the 4 hour component of the target for Type 1 emergency care departments was lowest in March 2014 (70.5%) and highest in July 2014 (78.9%) (Figure 4, Table 4).

Between October 2013 and December 2014, monthly attendances at Type 1 emergency care departments were lowest in February 2014 (43,142) and highest in July 2014 (51,228) (Figure 4, Table 4).

² See Appendix 2, Note 23 for information on amendments to historical figures.

Figure 4 below presents information on the number of new and unplanned review attendances each month at Type 1 emergency care departments and the percentage of these attendances which were treated and discharged, or admitted within 4 hours of their arrival at the emergency care department.

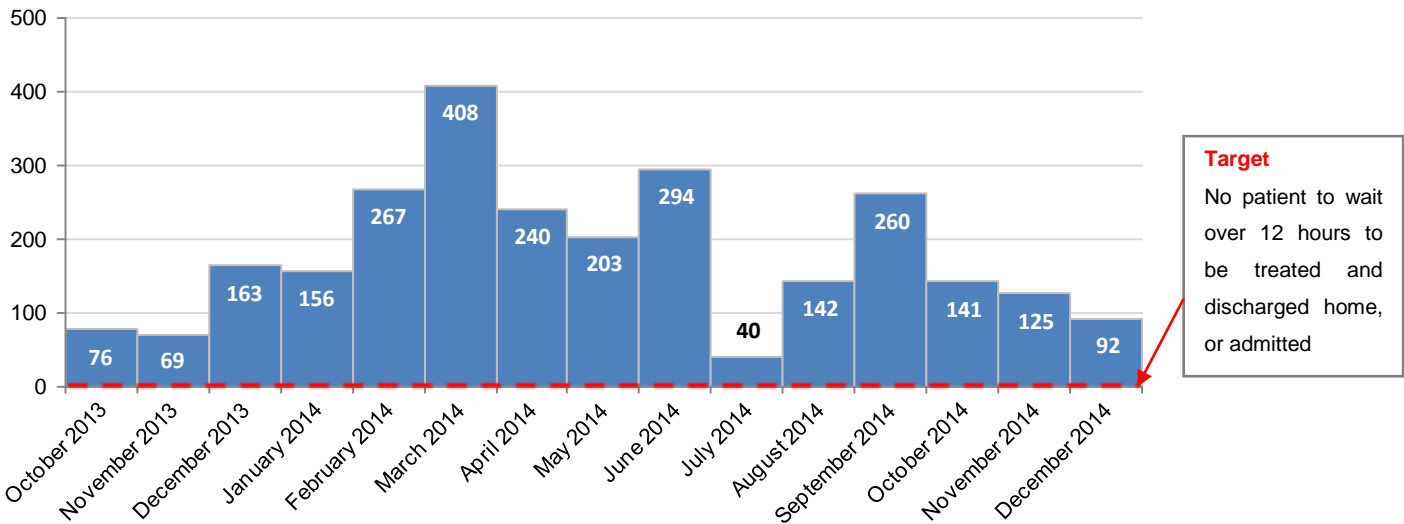
Figure 4: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments (October 2013 - December 2014)



Performance against the 12 hour component at Type 1 emergency care departments improved (71) when compared with the same month last year, from 163 in December 2013 to 92 in December 2014 (Figure 5, Table 4).

Between March 2014 and July 2014, performance against the 12 hour target improved markedly from 408 to 40, but declined during the following months to 260 in September 2014. However, performance against the 12 hour target has subsequently improved to 92 in December 2014 (Figure 5, Table 4).

Figure 5: Performance against the 12 Hour Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments (October 2013 - December 2014)



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 2014)

| Type 2 Departments ³ | % Within 4 Hours | | | Number Over 12 Hours | | | Total Attendances (New and Unplanned Review) | | |
|---------------------------------|------------------|--------------|--------------|----------------------|----------|----------|--|--------------|--------------|
| | Oct 2014 | Nov 2014 | Dec 2014 | Oct 2014 | Nov 2014 | Dec 2014 | Oct 2014 | Nov 2014 | Dec 2014 |
| Lagan Valley | 92.1% | 90.7% | 91.4% | 0 | 0 | 0 | 1,868 | 1,529 | 1,639 |
| Downe | 90.2% | 93.1% | 91.6% | 0 | 0 | 0 | 1,556 | 1,307 | 1,385 |
| All Type 2 Depts. | 91.2% | 91.8% | 91.5% | 0 | 0 | 0 | 3,424 | 2,836 | 3,024 |

Latest position (December 2014)

During December 2014, performance against the 4 hour component of the emergency care waiting times target was not achieved in either Type 2 department (Lagan Valley (91.4%) or Downe (91.6%)) (Figure 6, Table 5).

In December 2014, no patients attending Type 2 emergency care departments waited longer than 12 hours (Table 5).

There were 3,024 attendances at Type 2 emergency care departments in December 2014 (1,639 in Lagan Valley and 1,385 in Downe) (Table 5).

Position during last three months (October – December 2014)

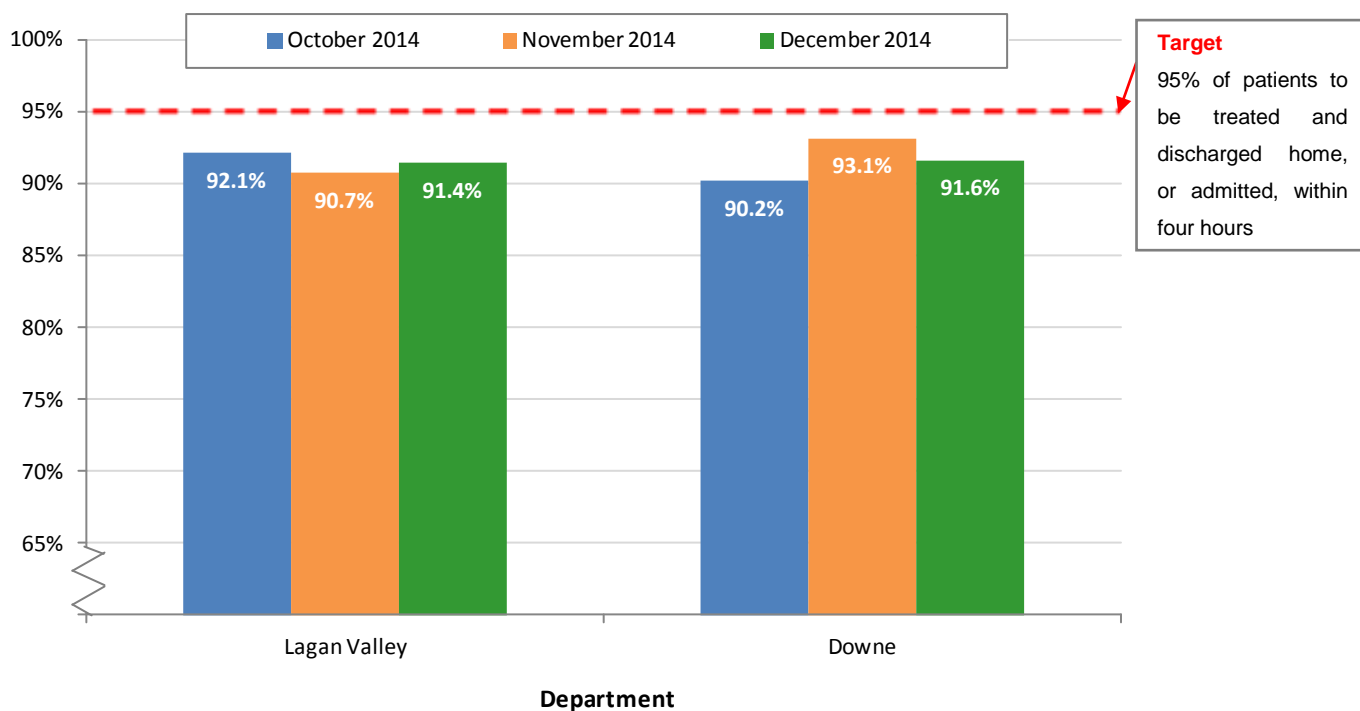
Between October and December 2014, performance against the 4 hour target increased by 1.4 percentage points in the Downe, from 90.2% to 91.6%, whilst performance in Lagan Valley decreased by 0.7 percentage points, from 92.1% to 91.4% (Figure 6, Table 5).

In all three months, the 12 hour component of the target was achieved at the Downe and Lagan Valley emergency care departments (Table 5).

During the last 3 months, attendances at Type 2 emergency care departments decreased by 400 (11.7%), from 3,424 in October 2014 to 3,024 in December 2014 (Figure 7, Table 5).

³ See Appendix 2, Note 20 for reclassification at weekends.

Figure 6: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (October - December 2014)



Position during last fifteen months (October 2013 – December 2014)

Table 6: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (October 2013 - December 2014)⁴

| Month | % Within 4 Hours | Number Over 12 Hours | Total Attendances (New and Unplanned Review) |
|----------------|------------------|----------------------|---|
| October 2013 | 88.2% | 1 | 4,233 |
| November 2013 | 86.4% | 13 | 3,833 |
| December 2013 | 87.3% | 2 | 3,633 |
| January 2014 | 86.2% | 0 | 2,979 |
| February 2014 | 86.3% | 1 | 2,769 |
| March 2014 | 87.0% | 0 | 3,239 |
| April 2014 | 87.2% | 1 | 3,399 |
| May 2014 | 87.5% | 1 | 3,403 |
| June 2014 | 87.4% | 0 | 3,421 |
| July 2014 | 89.0% | 0 | 3,444 |
| August 2014 | 89.5% | 0 | 3,226 |
| September 2014 | 87.8% | 0 | 3,587 |
| October 2014 | 91.2% | 0 | 3,424 |
| November 2014 | 91.8% | 0 | 2,836 |
| December 2014 | 91.5% | 0 | 3,024 |

⁴ See Appendix 2, Note 23 for information on amendments to historical figures.

Between December 2013 and December 2014, monthly attendances at Type 2 emergency care departments decreased by 609 (16.8%) from 3,633 to 3,024 (Figure 7, Table 6).

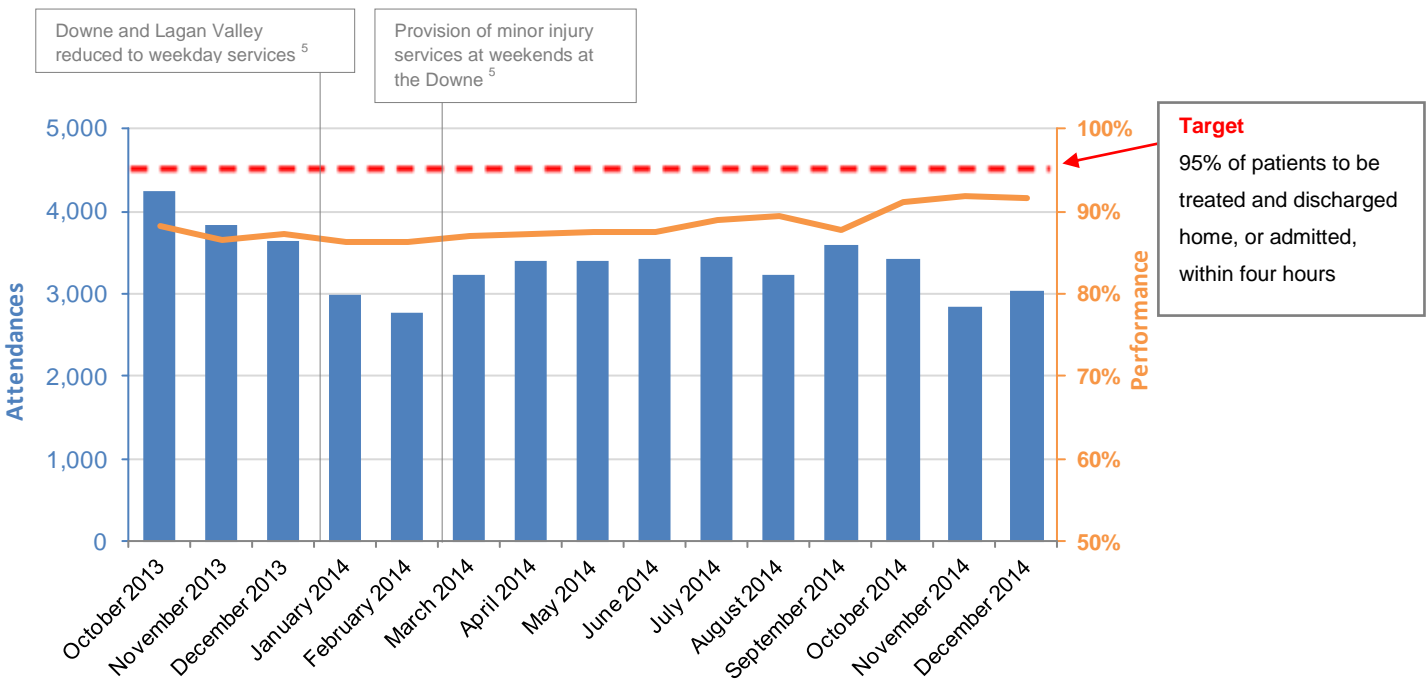
When compared with the same month last year, performance against the 4 hour component of the target at Type 2 emergency care departments improved by 4.2 percentage points, from 87.3% in December 2013 to 91.5% in December 2014 (Figure 7, Table 6).

During the last 15 months, performance against the 4 hour component of the target at Type 2 emergency care departments was lowest in January 2014 (86.2%) and highest in November 2014 (91.8%) (Figure 7, Table 6).

Since October 2013, monthly attendances at Type 2 departments ranged from 2,769 in February 2014 to 4,233 in October 2013 (Figures 7, Table 6).

Figure 7 below presents information on the number of new and unplanned review attendances each month at Type 2 emergency care departments and the percentage of these attendances which were treated and discharged, or admitted within 4 hours of their arrival at the emergency care department.

Figure 7: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (October 2013 - December 2014)

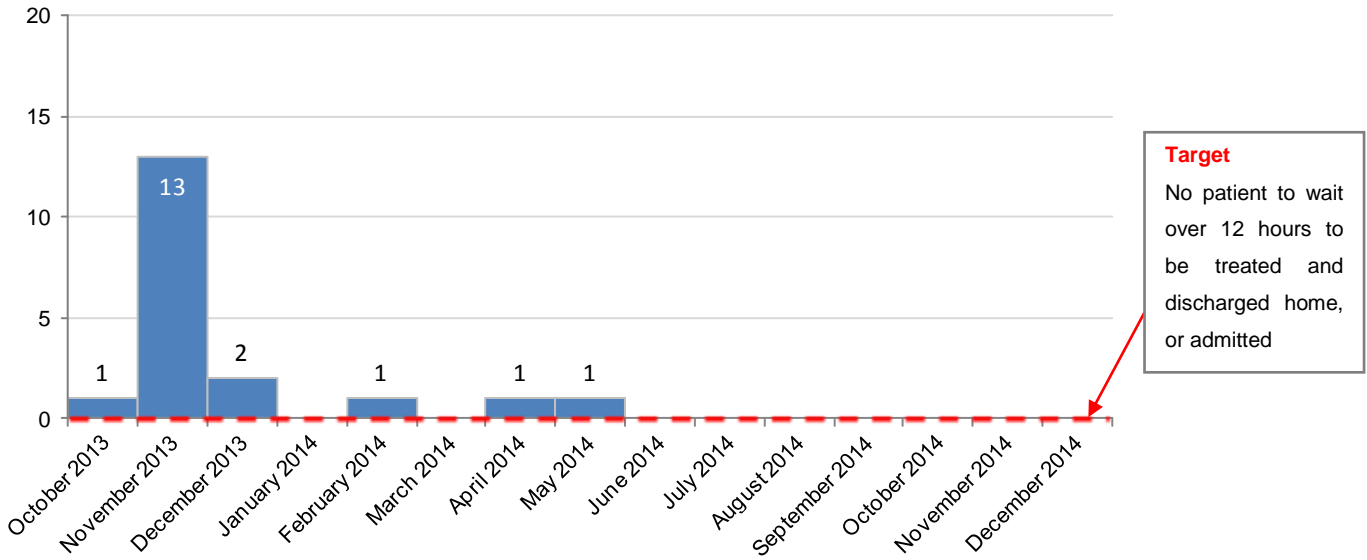


When compared with the same month last year, performance against the 12 hour component at Type 2 emergency care departments improved slightly, from 2 in December 2013 to zero (0) in December 2014 (Figure 8, Table 6).

⁵ See Appendix 2, Notes 19 – 20 for information on changes in provision at Downe and Lagan Valley.

During the last 15 months, performance against the 12 hour component in Type 2 departments was achieved or almost achieved in every month since October 2013, with the exception of November 2013 (13) (Figure 8, Table 6).

Figure 8: Performance against the 12 Hour Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (October 2013 - December 2014)



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 - December 2014)

| Type 3 Departments | % Within 4 Hours | | | Number Over 12 Hours | | | Total Attendances (New and Unplanned Review) | | |
|-------------------------------|------------------|--------------|---------------|----------------------|----------|----------|---|--------------|--------------|
| | Oct 2014 | Nov 2014 | Dec 2014 | Oct 2014 | Nov 2014 | Dec 2014 | Oct 2014 | Nov 2014 | Dec 2014 |
| Whiteabbey ⁶ | 99.9% | 100.0% | - | 0 | 0 | - | 890 | 669 | - |
| Mid Ulster | 100.0% | 100.0% | 99.8% | 0 | 0 | 0 | 781 | 620 | 531 |
| Tyrone County | 99.9% | 99.7% | 100.0% | 0 | 0 | 0 | 1,353 | 1,163 | 1,187 |
| South Tyrone | 99.9% | 100.0% | 99.9% | 0 | 0 | 0 | 1,900 | 1,783 | 1,660 |
| Armagh Community ⁷ | 100.0% | 100.0% | - | 0 | 0 | - | 647 | 222 | - |
| Ards | 100.0% | 100.0% | 100.0% | 0 | 0 | 0 | 863 | 766 | 734 |
| Bangor | 100.0% | 100.0% | 100.0% | 0 | 0 | 0 | 881 | 604 | 653 |
| All Type 3 Depts. | 100.0% | 99.9% | 100.0% | 0 | 0 | 0 | 7,315 | 5,827 | 4,765 |

Latest position (December 2014)

During December 2014, both the 4 and 12 hour components of the Ministerial target were achieved by all Type 3 departments (Table 7).

There were a total of 4,765 attendances at Type 3 emergency care departments in December 2014, ranging from 531 in Mid Ulster to 1,660 in South Tyrone (Table 7).

Position during last three months (October – December 2014)

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

Between October and December 2014, attendances at Type 3 emergency care departments decreased by 2,550 (34.9%), from 7,315 to 4,765. This decrease is most likely in part due to the temporary closure of Whiteabbey⁶ and Armagh Community⁷ minor injury units (Table 7).

⁶ Whiteabbey closed temporarily on 1st December 2014; see Appendix 2, Note 22.

⁷ Armagh Community closed temporarily on 17th November 2014; see Appendix 2, Note 21.

Position during last fifteen months (October 2013 – December 2014)

Table 8: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 3 Emergency Care Departments (October 2013 - December 2014)⁸

| Month | % Within 4 Hours | Number Over 12 Hours | Total Attendances (New and Unplanned Review) |
|----------------|------------------|----------------------|---|
| October 2013 | 100.0% | 0 | 7,187 |
| November 2013 | 100.0% | 0 | 6,294 |
| December 2013 | 100.0% | 0 | 5,582 |
| January 2014 | 100.0% | 0 | 5,967 |
| February 2014 | 100.0% | 0 | 5,800 |
| March 2014 | 100.0% | 0 | 7,070 |
| April 2014 | 100.0% | 0 | 7,242 |
| May 2014 | 100.0% | 0 | 7,294 |
| June 2014 | 99.9% | 0 | 8,176 |
| July 2014 | 100.0% | 0 | 7,692 |
| August 2014 | 99.9% | 0 | 7,303 |
| September 2014 | 99.9% | 0 | 7,851 |
| October 2014 | 100.0% | 0 | 7,315 |
| November 2014 | 99.9% | 0 | 5,827 |
| December 2014 | 100.0% | 0 | 4,765 |

Between December 2013 and December 2014, monthly attendances at Type 3 emergency care departments decreased by 817 (14.6%) from 5,582 to 4,765. This is most likely in part due to the closure of Whiteabbey and Armagh Community minor injury units (Figure 9, Table 8).

When compared to the same month last year, performance against both the 4 and 12 hour component of the target for Type 3 emergency care departments continued to be almost 100.0% and zero (0) respectively (Figure 9, Table 8).

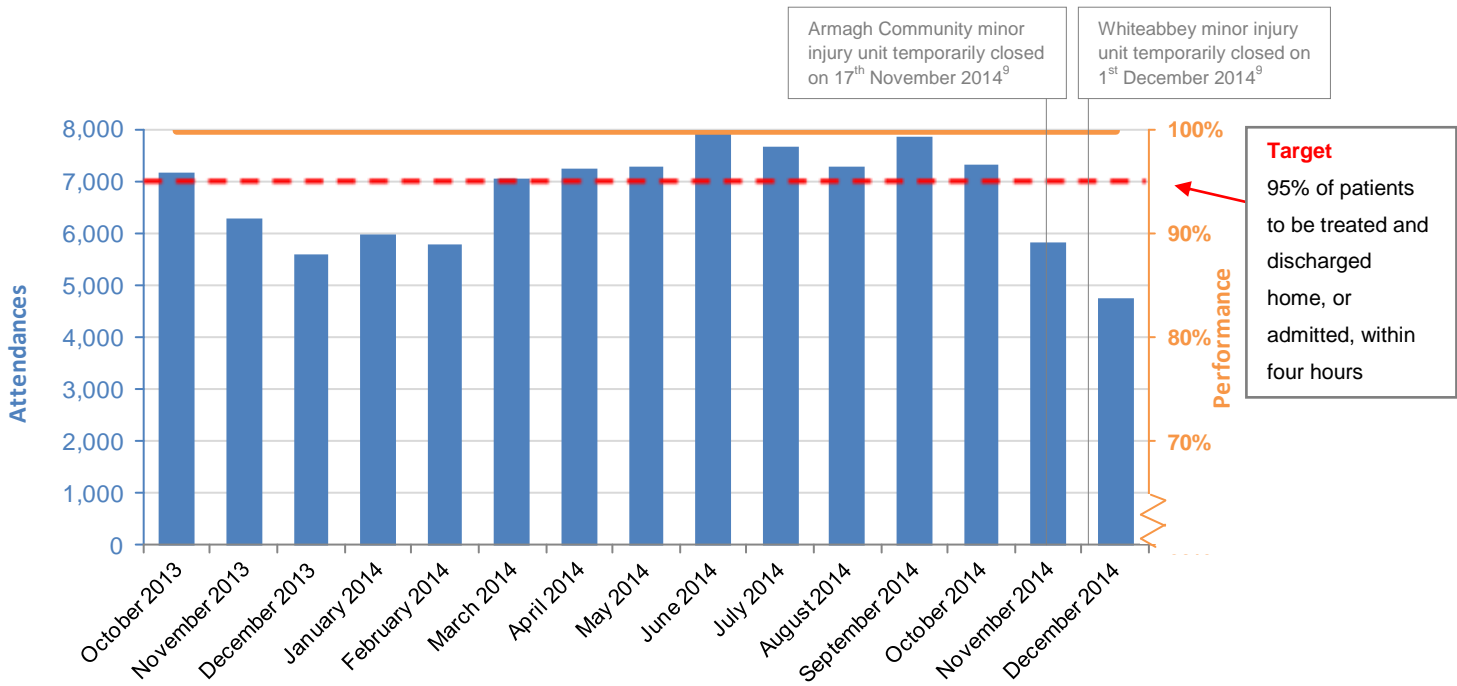
No patient waited longer than 12 hours to be either treated and discharged home, or admitted in Type 3 departments in any of the last 15 months (Table 8).

During the last 15 months, attendances at Type 3 emergency care departments were lowest in December 2014 (4,765) and highest in June 2014 (8,176) (Figure 9, Table 8).

⁸ See Appendix 2, Note 23 for information on amendments to historical figures.

Figure 9 below presents information on the number of new and unplanned review attendances each month at Type 3 emergency care departments and the percentage of these attendances which were treated and discharged, or admitted within 4 hours of their arrival at the emergency care department.

Figure 9: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 3 Emergency Care Departments (October 2013 - December 2014)



⁹ See Appendix 2, Notes 21 – 22 for information on changes in provision at Armagh Community and Whiteabbey

Performance at All Emergency Care Departments

Latest position (December 2014)

During December 2014, there were 56,656 attendances at emergency care departments in Northern Ireland, of which, 76.7% (43,447) were treated and discharged or admitted within 4 hours of their arrival, and 92 (0.2%) waited longer than 12 hours (Figures 10 and 11, Table 9).

Position during last three months (October – December 2014)

During the last 3 months, the percentage of patients treated and discharged or admitted within 4 hours of their arrival decreased by 2.6 percentage points, from 79.3% in October 2014 to 76.7% in December 2014 (Figure 10, Table 9).

During this time, the number of patients waiting longer than 12 hours decreased (49), from 141 in October 2014 to 92 in December 2014 (Figure 11, Table 9).

Between October and December 2014, attendances at emergency care departments decreased by 2,956 (5.0%), from 59,612 to 56,656. This is most likely in part due to the closure of Whiteabbey and Armagh Community minor injury units (Figure 10, Table 9).

Position during last fifteen months (October 2013 – December 2014)

Table 9: Performance against the Ministerial Target for Emergency Care Waiting Times at all Emergency Care Departments (October 2013 – December 2014)¹⁰

| Month | % Within 4 Hours | Number Over 12 Hours | Total Attendances (New and Unplanned Review) |
|----------------|------------------|----------------------|---|
| October 2013 | 81.0% | 77 | 59,296 |
| November 2013 | 80.1% | 82 | 55,039 |
| December 2013 | 76.3% | 165 | 55,057 |
| January 2014 | 75.6% | 156 | 55,302 |
| February 2014 | 75.0% | 268 | 51,711 |
| March 2014 | 74.8% | 408 | 60,331 |
| April 2014 | 76.7% | 241 | 60,140 |
| May 2014 | 77.1% | 204 | 61,370 |
| June 2014 | 79.0% | 294 | 62,196 |
| July 2014 | 82.1% | 40 | 62,364 |
| August 2014 | 78.6% | 142 | 58,958 |
| September 2014 | 79.5% | 260 | 61,295 |
| October 2014 | 79.3% | 141 | 59,612 |
| November 2014 | 80.5% | 125 | 55,479 |
| December 2014 | 76.7% | 92 | 56,656 |

¹⁰ See Appendix 2, Notes 11 – 23 for information on changes to emergency care departments and amendments to historical figures.

Between December 2013 and December 2014, monthly attendances at emergency care departments increased by 1,599 (2.9%) from 55,057 to 56,656 in December 2014 (Figure 10, Table 9).

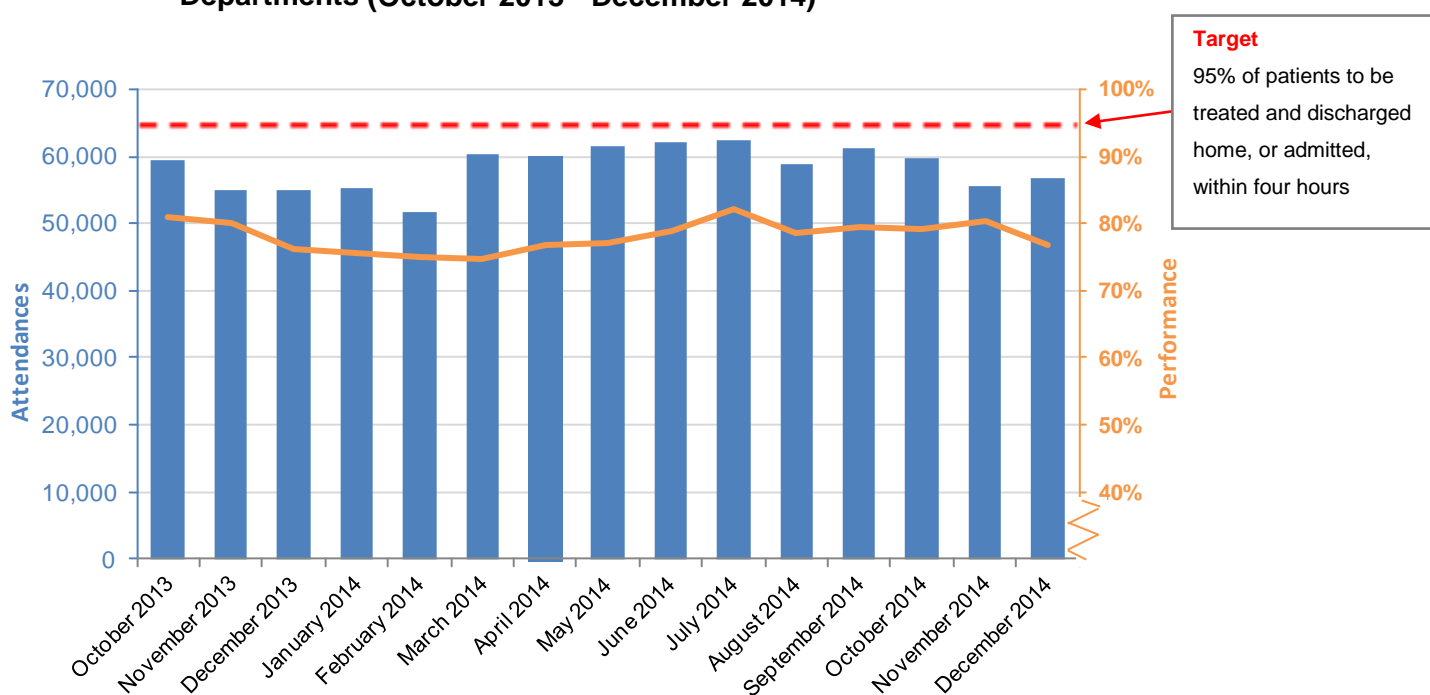
When compared to the same month last year, performance against the 4 hour component of the target improved slightly by 0.4 percentage points, from 76.3% in December 2013 to 76.7% in December 2014 (Figure 10, Table 9).

Between October 2013 and December 2014, the percentage of patients treated and discharged or admitted within 4 hours of their arrival at emergency care was lowest in March 2014 (74.8%) and highest in July 2014 (82.1%) (Figure 10, Table 9).

Between October 2013 and December 2014, the highest number of attendances at emergency care departments was reported in July 2014 (62,364) and the lowest in February 2014 (51,711) (Figure 10, Table 9).

Figure 10 below presents information on the number of new and unplanned review attendances each month at emergency care departments in Northern Ireland and the percentage of these attendances which were treated and discharged, or admitted within 4 hours of their arrival at the emergency care department.

Figure 10: Performance against the 4 Hour Ministerial Target for all Emergency Care Departments (October 2013 - December 2014)¹¹



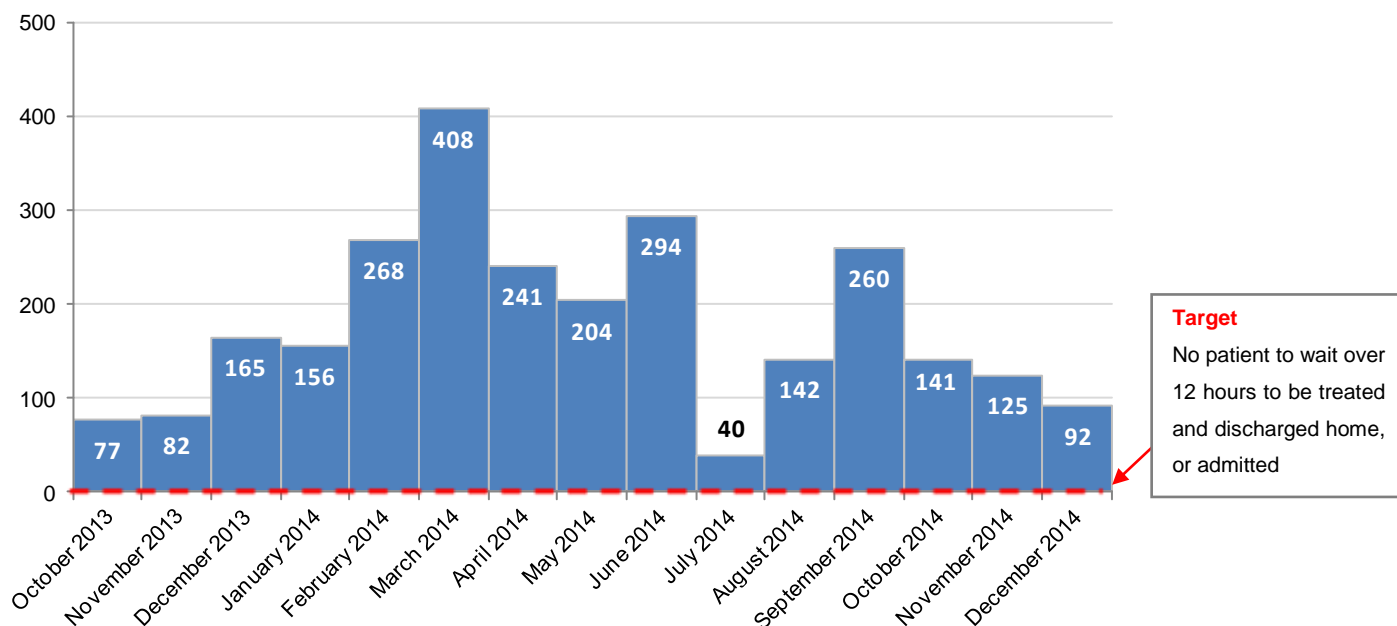
¹¹ See Appendix 2, Notes 11 – 23 for information on changes to emergency care departments and amendments to historical figures.

Performance against the 12 hour component improved notably when compared to the same month last year (73), from 165 in December 2013 to 92 in December 2014 (Figure 11, Table 9).

Between October 2013 and December 2014, the highest number of patients waiting over 12 hours at emergency care was reported during March 2014 (408), whilst the lowest number was reported in July 2014 (40) (Figure 11, Table 9).

Between March 2014 and July 2014, the number of patients waiting over 12 hours decreased notably at emergency care departments, from 408 to 40. During the next two months, the number waiting longer than 12 hours increased to 260 in September 2014, but subsequently decreased to 92 in December 2014 (Figure 11, Table 9).

Figure 11: Performance against the 12 Hour Ministerial Target for Emergency Care Waiting Times at all Emergency Care Departments (October 2013 - December 2014)



Waiting Times since April 2008 ¹²

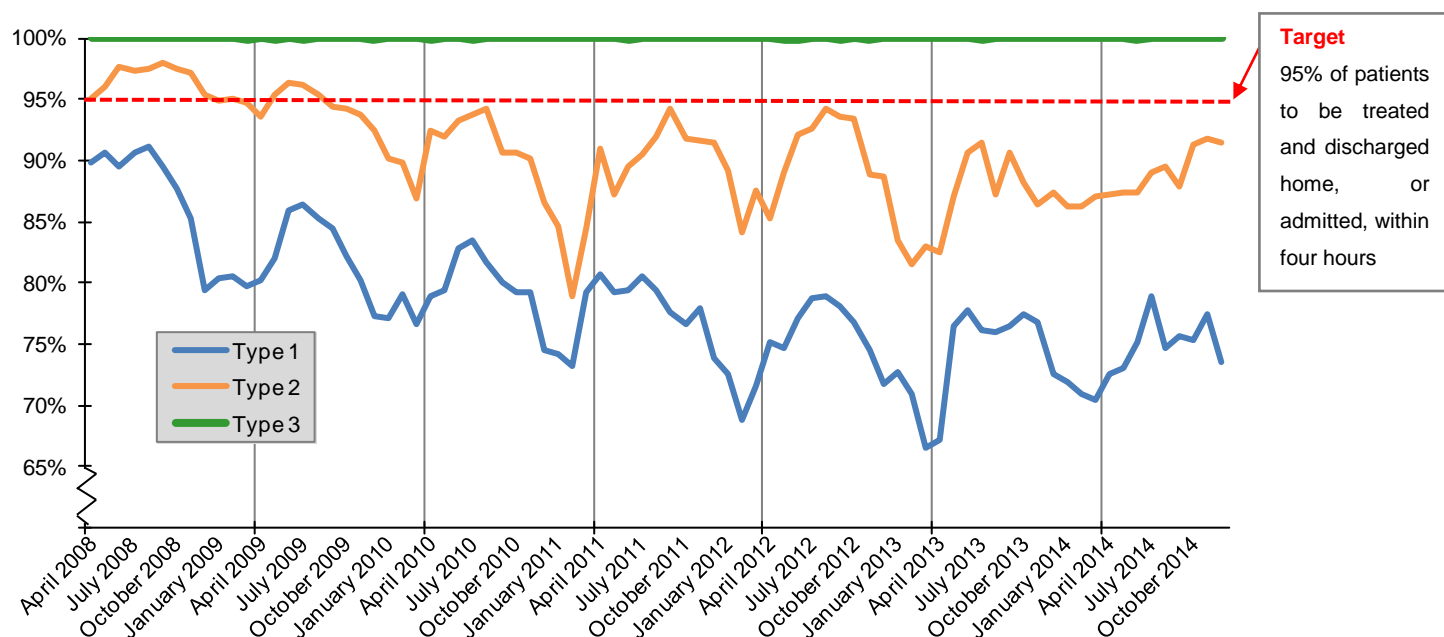
Four Hour Performance

Between April 2008 and December 2014, the percentage of patients treated and discharged or admitted within 4 hours of their arrival at Type 1 emergency care departments was lowest in March 2013 (66.5%) and highest in August 2008 (91.1%) (Figure 12).

Since April 2008, the percentage of patients treated and discharged or admitted within 4 hours of their arrival at Type 2 emergency care departments was lowest in February 2011 (78.9%) and highest in September 2008 (98.1%) (Figure 12).

During this time, the percentage of patients treated and discharged or admitted within 4 hours of their arrival at Type 3 emergency care departments remained similar, ranging from 99.8% to 100.0% (Figure 12).

Figure 12: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times, by Emergency Care Department Type (April 2008 - December 2014)



¹² See Appendix 1, Tables 10D – 10G

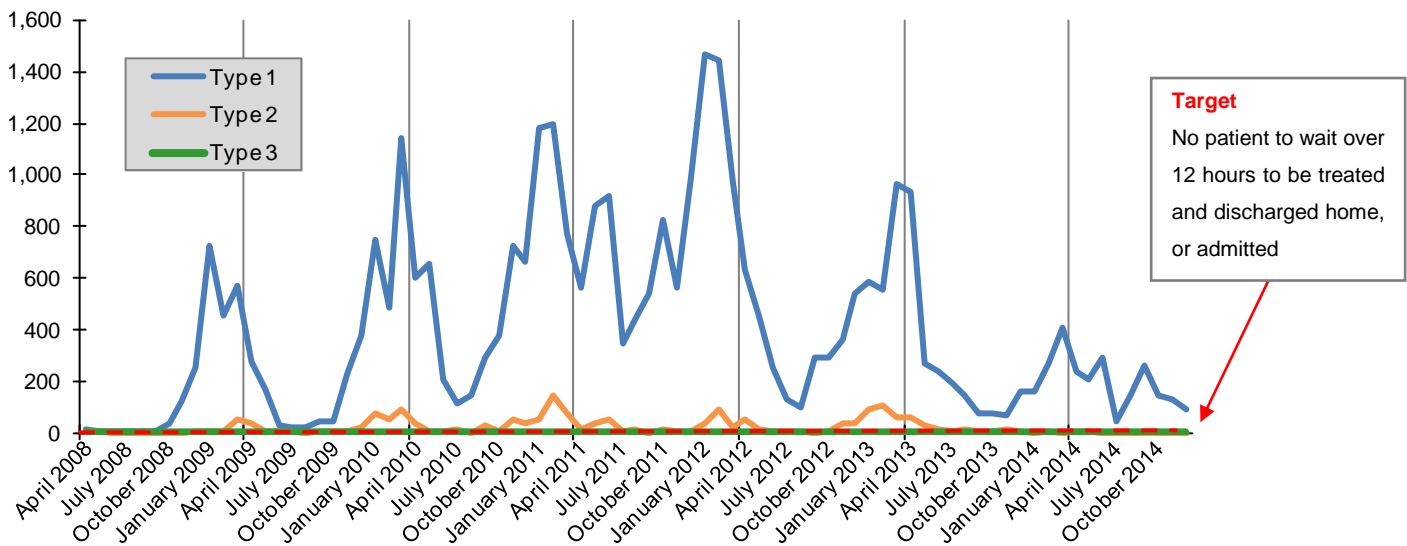
Twelve Hour Performance

Between April 2008 and December 2014, the number of patients waiting over 12 hours at Type 1 emergency care departments ranged from 1 in September 2008 to 1,468 in January 2012 (Figure 13).

During this time, the number of patients waiting over 12 hours at Type 2 emergency care departments was highest between January and March each year, and the lowest between June and August (Figure 13).

Since April 2008, the 12 hour component of the target was achieved by Type 3 emergency care departments in every month (Figure 13).

Figure 13: Performance against the 12 Hour Ministerial Target for Emergency Care Waiting Times, by Emergency Care Department Type (April 2008 - December 2014)



Attendances at Emergency Care Departments since April 2008 ¹³

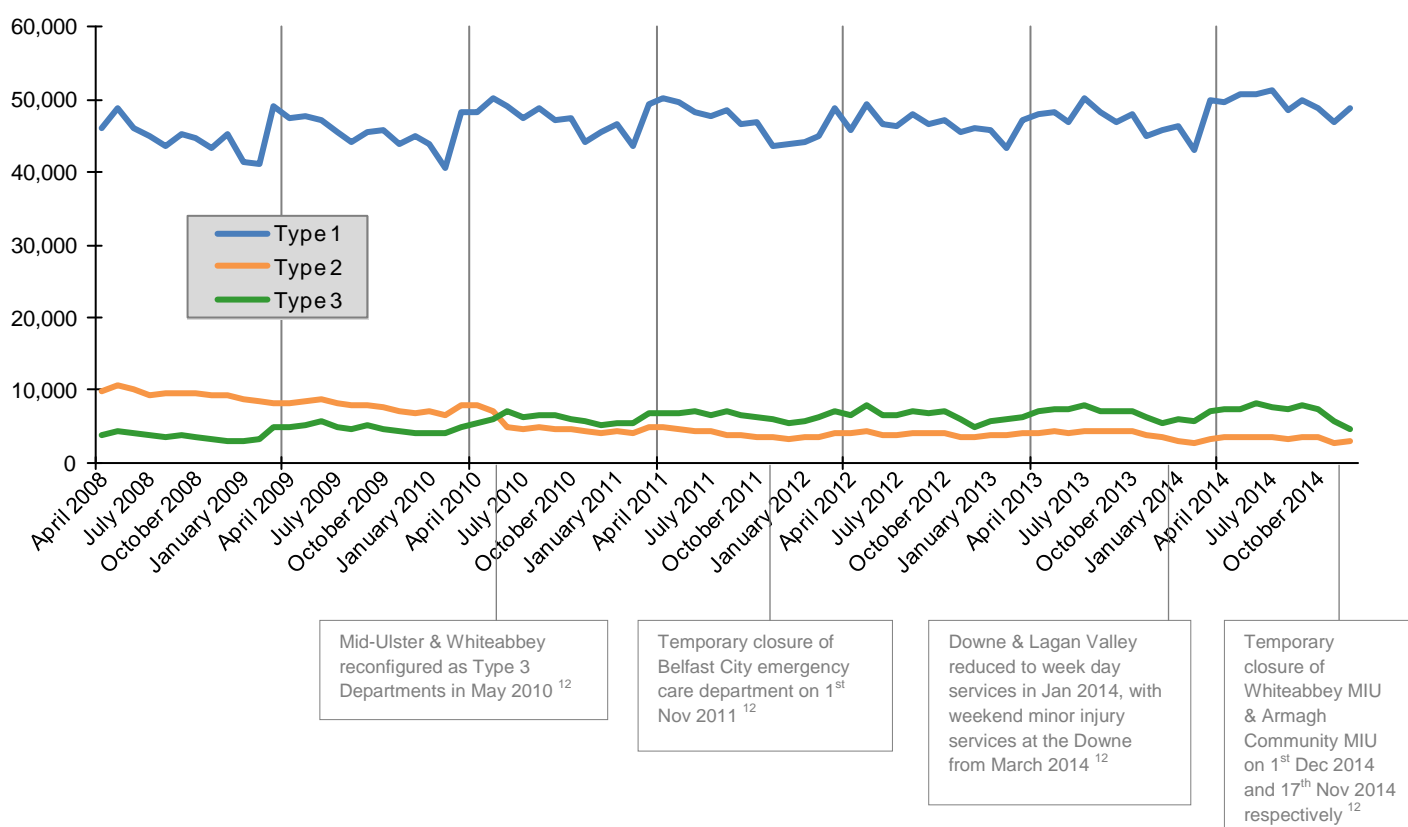
When analysing attendances by emergency care department type over time, it is important to note that a number of departments have been reclassified, closed, or changed opening hours. Refer to Appendix 3, notes 10 to 22, for further information.

Between April 2008 and December 2014, the highest number of attendances at Type 1 emergency care departments was reported during July 2014 (51,228) whilst the lowest number of attendances was reported during February 2010 (40,590) (Figure 14).

During this time, the highest number of attendances at Type 2 emergency care departments was reported during May 2008 (10,718) whilst the lowest number of attendances was reported during February 2014 (2,769) (Figure 14).

Since April 2008, the highest number of attendances at Type 3 emergency care departments was reported during June 2014 (8,176) whilst the lowest number of attendances was reported during December 2008 (2,862) (Figure 14).

Figure 14: Number of New and Unplanned Review Attendances at Emergency Care Departments, by Department Type (April 2008 - December 2014)



¹³ See Appendix 2, Notes 11 – 23 for information on changes to emergency care departments and amendments to historical figures.

APPENDICES

Appendix 1: Additional Tables

Table 10A: Performance against the 4 hour Ministerial Target for Emergency Care Waiting Times, by Emergency Care Department (October – December 2014)

| Emergency Care Department ¹⁴ | % Within 4 Hours | | |
|---|------------------|---------------|---------------|
| | October 2014 | November 2014 | December 2014 |
| Mater (Type 1) | 70.7% | 69.6% | 72.3% |
| Royal Victoria (Type 1) | 68.3% | 68.5% | 64.4% |
| RBHSC (Type 1) | 94.5% | 93.5% | 86.0% |
| Antrim Area (Type 1) | 68.5% | 67.2% | 61.4% |
| Whiteabbey (Type 3) | 99.9% | 100.0% | - |
| Mid Ulster (Type 3) | 100.0% | 100.0% | 99.8% |
| Causeway (Type 1) | 71.5% | 78.1% | 74.7% |
| Ulster (Type 1) | 71.9% | 75.3% | 69.1% |
| Ards (Type 3) | 100.0% | 100.0% | 100.0% |
| Bangor (Type 3) | 100.0% | 100.0% | 100.0% |
| Lagan Valley (Type 2) | 92.1% | 90.7% | 91.4% |
| Downe (Type 2) | 90.2% | 93.1% | 91.6% |
| Craigavon Area (Type 1) | 83.0% | 86.0% | 82.2% |
| Daisy Hill (Type 1) | 83.7% | 88.6% | 86.0% |
| South Tyrone (Type 3) | 99.9% | 100.0% | 99.9% |
| Armagh Community (Type 3) | 100.0% | 100.0% | - |
| Altnagelvin Area (Type 1) | 72.2% | 75.4% | 74.9% |
| Tyrone County (Type 3) | 99.9% | 99.7% | 100.0% |
| South West Acute (Type 1) | 94.1% | 94.4% | 87.2% |
| All Type 1 | 75.4% | 77.4% | 73.5% |
| All Type 2 | 91.2% | 91.8% | 91.5% |
| All Type 3 | 100.0% | 99.9% | 100.0% |
| Northern Ireland | 79.3% | 80.5% | 76.7% |

¹⁴ 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 11 - 22 for reclassifications and closures).

Table 10B: Performance against the 12 hour Ministerial Target for Emergency Care Waiting Times, by Emergency Care Department (October– December 2014)

| Emergency Care Department | Number Over 12 Hours | | |
|--------------------------------|----------------------|---------------|---------------|
| | October 2014 | November 2014 | December 2014 |
| Mater (Type 1) | 24 | 30 | 2 |
| Royal Victoria (Type 1) | 87 | 79 | 43 |
| RBHSC (Type 1) | 0 | 0 | 0 |
| Belfast HSC Trust | 111 | 109 | 45 |
| Antrim Area (Type 1) | 7 | 13 | 1 |
| Whiteabbey (Type 3) | 0 | 0 | - |
| Mid Ulster (Type 3) | 0 | 0 | 0 |
| Causeway (Type 1) | 0 | 0 | 0 |
| Northern HSC Trust | 7 | 13 | 1 |
| Ulster (Type 1) | 22 | 3 | 45 |
| Ards (Type 3) | 0 | 0 | 0 |
| Bangor (Type 3) | 0 | 0 | 0 |
| Lagan Valley (Type 2) | 0 | 0 | 0 |
| Downe (Type 2) | 0 | 0 | 0 |
| South Eastern HSC Trust | 22 | 3 | 45 |
| Craigavon Area (Type 1) | 1 | 0 | 1 |
| Daisy Hill (Type 1) | 0 | 0 | 0 |
| South Tyrone (Type 3) | 0 | 0 | 0 |
| Armagh Community (Type 3) | 0 | 0 | - |
| Southern HSC Trust | 1 | 0 | 1 |
| Altnagelvin Area (Type 1) | 0 | 0 | 0 |
| Tyrone County (Type 3) | 0 | 0 | 0 |
| South West Acute (Type 1) | 0 | 0 | 0 |
| Western HSC Trust | 0 | 0 | 0 |
| Northern Ireland | 141 | 125 | 92 |

**Table 10C: New and Unplanned Review Attendances at by Emergency Care Departments
(October – December 2014)**

| Emergency Care Department | Total Attendances (New and Unplanned Review) | | |
|--------------------------------|---|---------------|---------------|
| | October 2014 | November 2014 | December 2014 |
| Mater (Type 1) | 3,808 | 3,521 | 3,603 |
| Royal Victoria (Type 1) | 8,513 | 7,967 | 7,983 |
| RBHSC (Type 1) | 2,642 | 2,849 | 3,160 |
| Belfast HSC Trust | 14,963 | 14,337 | 14,746 |
| Antrim Area (Type 1) | 6,126 | 5,887 | 6,313 |
| Whiteabbey (Type 3) | 890 | 669 | - |
| Mid Ulster (Type 3) | 781 | 620 | 531 |
| Causeway (Type 1) | 3,514 | 3,184 | 3,240 |
| Northern HSC Trust | 11,311 | 10,360 | 10,084 |
| Ulster (Type 1) | 7,283 | 7,002 | 7,418 |
| Ards (Type 3) | 863 | 766 | 734 |
| Bangor (Type 3) | 881 | 604 | 653 |
| Lagan Valley (Type 2) | 1,868 | 1,529 | 1,639 |
| Downe (Type 2) | 1,556 | 1,307 | 1,385 |
| South Eastern HSC Trust | 12,451 | 11,208 | 11,829 |
| Craigavon Area (Type 1) | 6,349 | 6,284 | 6,645 |
| Daisy Hill (Type 1) | 3,719 | 3,508 | 3,689 |
| South Tyrone (Type 3) | 1,900 | 1,783 | 1,660 |
| Armagh Community (Type 3) | 647 | 222 | - |
| Southern HSC Trust | 12,615 | 11,797 | 11,994 |
| Altnagelvin Area (Type 1) | 4,553 | 4,345 | 4,408 |
| Tyrone County (Type 3) | 1,353 | 1,163 | 1,187 |
| South West Acute (Type 1) | 2,366 | 2,269 | 2,408 |
| Western HSC Trust | 8,272 | 7,777 | 8,003 |
| Northern Ireland | 59,612 | 55,479 | 56,656 |

Table 10D: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments (April 2008 – December 2014)

| Month | % Within 4 Hours | Number Over 12 Hours | Total Attendances (New and Unplanned Review) |
|----------------|------------------|----------------------|---|
| April 2008 | 89.9% | 14 | 46,017 |
| May 2008 | 90.7% | 8 | 48,716 |
| June 2008 | 89.6% | 4 | 46,118 |
| July 2008 | 90.6% | 8 | 44,900 |
| August 2008 | 91.1% | 3 | 43,566 |
| September 2008 | 89.5% | 1 | 45,239 |
| October 2008 | 87.8% | 38 | 44,728 |
| November 2008 | 85.2% | 122 | 43,454 |
| December 2008 | 79.3% | 250 | 45,206 |
| January 2009 | 80.4% | 728 | 41,488 |
| February 2009 | 80.6% | 456 | 41,254 |
| March 2009 | 79.7% | 573 | 49,047 |
| April 2009 | 80.3% | 277 | 47,404 |
| May 2009 | 82.0% | 164 | 47,620 |
| June 2009 | 85.9% | 30 | 47,076 |
| July 2009 | 86.3% | 22 | 45,485 |
| August 2009 | 85.3% | 20 | 44,138 |
| September 2009 | 84.4% | 45 | 45,542 |
| October 2009 | 82.1% | 41 | 45,862 |
| November 2009 | 80.2% | 229 | 43,949 |
| December 2009 | 77.2% | 375 | 45,013 |
| January 2010 | 77.1% | 746 | 43,975 |
| February 2010 | 79.1% | 486 | 40,590 |
| March 2010 | 76.6% | 1,146 | 48,199 |
| April 2010 | 79.0% | 602 | 48,250 |
| May 2010 | 79.4% | 657 | 50,317 |
| June 2010 | 82.8% | 205 | 49,130 |
| July 2010 | 83.5% | 112 | 47,519 |
| August 2010 | 81.7% | 147 | 48,785 |
| September 2010 | 80.0% | 289 | 47,084 |
| October 2010 | 79.3% | 377 | 47,392 |
| November 2010 | 79.3% | 722 | 44,053 |
| December 2010 | 74.5% | 664 | 45,471 |
| January 2011 | 74.1% | 1,180 | 46,549 |
| February 2011 | 73.2% | 1,196 | 43,551 |
| March 2011 | 79.3% | 772 | 49,446 |
| April 2011 | 80.7% | 563 | 50,259 |
| May 2011 | 79.2% | 883 | 49,701 |
| June 2011 | 79.3% | 917 | 48,370 |
| July 2011 | 80.6% | 344 | 47,713 |
| August 2011 | 79.4% | 439 | 48,456 |
| September 2011 | 77.7% | 539 | 46,650 |
| October 2011 | 76.6% | 822 | 46,976 |
| November 2011 | 78.0% | 559 | 43,530 |
| December 2011 | 73.8% | 987 | 43,938 |
| January 2012 | 72.5% | 1,468 | 44,228 |
| February 2012 | 68.7% | 1,441 | 44,838 |
| March 2012 | 71.6% | 969 | 48,750 |

| Month | % Within 4 Hours | Number Over 12 Hours | Total Attendances (New and Unplanned Review) |
|----------------|------------------|----------------------|---|
| April 2012 | 75.2% | 633 | 45,848 |
| May 2012 | 74.7% | 456 | 49,422 |
| June 2012 | 77.1% | 253 | 46,617 |
| July 2012 | 78.8% | 131 | 46,345 |
| August 2012 | 79.0% | 96 | 48,013 |
| September 2012 | 78.0% | 294 | 46,649 |
| October 2012 | 76.8% | 291 | 47,042 |
| November 2012 | 74.5% | 362 | 45,585 |
| December 2012 | 71.7% | 541 | 45,998 |
| January 2013 | 72.7% | 587 | 45,851 |
| February 2013 | 71.0% | 556 | 43,418 |
| March 2013 | 66.5% | 961 | 47,291 |
| April 2013 | 67.2% | 936 | 48,099 |
| May 2013 | 76.4% | 265 | 48,229 |
| June 2013 | 77.8% | 234 | 46,891 |
| July 2013 | 76.1% | 190 | 50,217 |
| August 2013 | 76.0% | 141 | 48,284 |
| September 2013 | 76.4% | 72 | 46,769 |
| October 2013 | 77.5% | 76 | 47,876 |
| November 2013 | 76.8% | 69 | 44,912 |
| December 2013 | 72.5% | 163 | 45,842 |
| January 2014 | 71.8% | 156 | 46,356 |
| February 2014 | 70.9% | 267 | 43,142 |
| March 2014 | 70.5% | 408 | 50,022 |
| April 2014 | 72.6% | 240 | 49,499 |
| May 2014 | 73.1% | 203 | 50,673 |
| June 2014 | 75.1% | 294 | 50,599 |
| July 2014 | 78.9% | 40 | 51,228 |
| August 2014 | 74.6% | 142 | 48,429 |
| September 2014 | 75.7% | 260 | 49,857 |
| October 2014 | 75.4% | 141 | 48,873 |
| November 2014 | 77.4% | 125 | 46,816 |
| December 2014 | 73.5% | 92 | 48,867 |

Table 10E: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (April 2008 –December 2014)

| Month | % Within 4 Hours | Number Over 12 Hours | Total Attendances (New and Unplanned Review) |
|----------------|------------------|----------------------|--|
| April 2008 | 95.0% | 7 | 9,811 |
| May 2008 | 96.1% | 4 | 10,718 |
| June 2008 | 97.7% | 0 | 10,010 |
| July 2008 | 97.4% | 0 | 9,223 |
| August 2008 | 97.6% | 0 | 9,601 |
| September 2008 | 98.1% | 0 | 9,500 |
| October 2008 | 97.5% | 0 | 9,559 |
| November 2008 | 97.2% | 0 | 9,181 |
| December 2008 | 95.4% | 3 | 9,344 |
| January 2009 | 94.9% | 6 | 8,810 |
| February 2009 | 95.0% | 5 | 8,509 |
| March 2009 | 94.7% | 50 | 8,320 |
| April 2009 | 93.6% | 32 | 8,085 |
| May 2009 | 95.3% | 5 | 8,357 |
| June 2009 | 96.3% | 1 | 8,630 |
| July 2009 | 96.2% | 1 | 8,101 |
| August 2009 | 95.3% | 0 | 7,855 |
| September 2009 | 94.4% | 3 | 7,827 |
| October 2009 | 94.2% | 5 | 7,667 |
| November 2009 | 93.8% | 7 | 7,090 |
| December 2009 | 92.5% | 24 | 6,862 |
| January 2010 | 90.2% | 77 | 6,975 |
| February 2010 | 89.8% | 52 | 6,475 |
| March 2010 | 86.9% | 93 | 7,859 |
| April 2010 | 92.4% | 33 | 7,843 |
| May 2010 | 91.9% | 4 | 7,161 |
| June 2010 | 93.2% | 4 | 4,862 |
| July 2010 | 93.7% | 12 | 4,663 |
| August 2010 | 94.2% | 0 | 4,853 |
| September 2010 | 90.7% | 31 | 4,507 |
| 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 |
| January 2012 | 89.3% | 34 | 3,591 |
| February 2012 | 84.2% | 87 | 3,610 |
| March 2012 | 87.5% | 18 | 4,100 |

| Month | % Within 4 Hours | Number Over 12 Hours | Total Attendances (New and Unplanned Review) |
|----------------|------------------|----------------------|---|
| April 2012 | 85.3% | 48 | 3,982 |
| May 2012 | 89.0% | 13 | 4,269 |
| June 2012 | 92.1% | 2 | 3,940 |
| July 2012 | 92.7% | 5 | 3,810 |
| August 2012 | 94.3% | 1 | 4,075 |
| September 2012 | 93.6% | 0 | 4,120 |
| October 2012 | 93.4% | 8 | 4,064 |
| November 2012 | 88.9% | 35 | 3,581 |
| December 2012 | 88.7% | 38 | 3,665 |
| January 2013 | 83.5% | 91 | 3,833 |
| February 2013 | 81.4% | 102 | 3,703 |
| March 2013 | 82.9% | 56 | 3,952 |
| April 2013 | 82.6% | 62 | 4,178 |
| May 2013 | 87.0% | 29 | 4,271 |
| June 2013 | 90.6% | 10 | 4,002 |
| July 2013 | 91.5% | 1 | 4,322 |
| August 2013 | 87.1% | 9 | 4,357 |
| September 2013 | 90.7% | 4 | 4,220 |
| October 2013 | 88.2% | 1 | 4,233 |
| November 2013 | 86.4% | 13 | 3,833 |
| December 2013 | 87.3% | 2 | 3,633 |
| January 2014 | 86.2% | 0 | 2,979 |
| February 2014 | 86.3% | 1 | 2,769 |
| March 2014 | 87.0% | 0 | 3,239 |
| April 2014 | 87.2% | 1 | 3,399 |
| May 2014 | 87.5% | 1 | 3,403 |
| June 2014 | 87.4% | 0 | 3,421 |
| July 2014 | 89.0% | 0 | 3,444 |
| August 2014 | 89.5% | 0 | 3,226 |
| September 2014 | 87.8% | 0 | 3,587 |
| October 2014 | 91.2% | 0 | 3,424 |
| November 2014 | 91.8% | 0 | 2,836 |
| December 2014 | 91.5% | 0 | 3,024 |

Table 10F: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 3 Emergency Care Departments (April 2008 – December 2014)

| Month | % Within 4 Hours | Number Over 12 Hours | Total Attendances (New and Unplanned Review) |
|----------------|------------------|----------------------|---|
| April 2008 | 100.0% | 0 | 3,897 |
| May 2008 | 100.0% | 0 | 4,286 |
| June 2008 | 100.0% | 0 | 4,011 |
| July 2008 | 100.0% | 0 | 3,675 |
| August 2008 | 100.0% | 0 | 3,566 |
| September 2008 | 100.0% | 0 | 3,797 |
| October 2008 | 100.0% | 0 | 3,619 |
| November 2008 | 100.0% | 0 | 3,343 |
| December 2008 | 100.0% | 0 | 2,862 |
| January 2009 | 100.0% | 0 | 3,015 |
| February 2009 | 100.0% | 0 | 3,126 |
| March 2009 | 99.9% | 0 | 4,975 |
| April 2009 | 100.0% | 0 | 4,870 |
| May 2009 | 99.8% | 0 | 5,095 |
| June 2009 | 100.0% | 0 | 5,644 |
| July 2009 | 99.9% | 0 | 4,919 |
| August 2009 | 100.0% | 0 | 4,711 |
| September 2009 | 100.0% | 0 | 5,045 |
| October 2009 | 100.0% | 0 | 4,653 |
| November 2009 | 100.0% | 0 | 4,253 |
| December 2009 | 99.9% | 0 | 4,007 |
| January 2010 | 100.0% | 0 | 4,081 |
| February 2010 | 100.0% | 0 | 4,067 |
| March 2010 | 100.0% | 0 | 4,980 |
| April 2010 | 99.9% | 0 | 5,378 |
| May 2010 | 100.0% | 0 | 6,000 |
| June 2010 | 100.0% | 0 | 6,965 |
| July 2010 | 99.9% | 0 | 6,185 |
| August 2010 | 100.0% | 0 | 6,641 |
| September 2010 | 100.0% | 0 | 6,635 |
| October 2010 | 100.0% | 0 | 6,039 |
| November 2010 | 100.0% | 0 | 5,639 |
| December 2010 | 100.0% | 0 | 5,112 |
| 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 | 6,834 |
| May 2011 | 100.0% | 0 | 6,870 |
| June 2011 | 99.9% | 0 | 7,092 |
| July 2011 | 100.0% | 0 | 6,600 |
| August 2011 | 100.0% | 0 | 6,994 |
| September 2011 | 100.0% | 0 | 6,658 |
| October 2011 | 100.0% | 0 | 6,347 |
| November 2011 | 100.0% | 0 | 5,978 |
| December 2011 | 100.0% | 0 | 5,397 |
| January 2012 | 100.0% | 0 | 5,831 |
| February 2012 | 100.0% | 0 | 6,145 |
| March 2012 | 100.0% | 0 | 7,119 |

| Month | % Within 4 Hours | Number Over 12 Hours | Total Attendances (New and Unplanned Review) |
|----------------|------------------|----------------------|---|
| April 2012 | 100.0% | 0 | 6,509 |
| May 2012 | 99.9% | 0 | 7,804 |
| June 2012 | 99.9% | 0 | 6,662 |
| July 2012 | 100.0% | 0 | 6,668 |
| August 2012 | 100.0% | 0 | 7,196 |
| September 2012 | 99.9% | 0 | 6,724 |
| October 2012 | 99.9% | 0 | 7,002 |
| November 2012 | 99.9% | 0 | 6,045 |
| December 2012 | 100.0% | 0 | 4,943 |
| January 2013 | 100.0% | 0 | 5,629 |
| February 2013 | 100.0% | 0 | 5,894 |
| March 2013 | 100.0% | 0 | 6,266 |
| April 2013 | 100.0% | 0 | 6,979 |
| May 2013 | 99.9% | 0 | 7,447 |
| June 2013 | 100.0% | 0 | 7,420 |
| July 2013 | 99.9% | 0 | 7,854 |
| August 2013 | 100.0% | 0 | 7,214 |
| September 2013 | 100.0% | 0 | 7,129 |
| October 2013 | 100.0% | 0 | 7,187 |
| November 2013 | 100.0% | 0 | 6,294 |
| December 2013 | 100.0% | 0 | 5,582 |
| January 2014 | 100.0% | 0 | 5,967 |
| February 2014 | 100.0% | 0 | 5,800 |
| March 2014 | 100.0% | 0 | 7,070 |
| April 2014 | 100.0% | 0 | 7,242 |
| May 2014 | 100.0% | 0 | 7,294 |
| June 2014 | 99.9% | 0 | 8,176 |
| July 2014 | 100.0% | 0 | 7,692 |
| August 2014 | 99.9% | 0 | 7,303 |
| September 2014 | 99.9% | 0 | 7,851 |
| October 2014 | 100.0% | 0 | 7,315 |
| November 2014 | 99.9% | 0 | 5,827 |
| December 2014 | 100.0% | 0 | 4,765 |

Table 10G: Performance against the Ministerial Target for Emergency Care Waiting Times at All Emergency Care Departments (April 2008 – December 2014)

| Month | % Within 4 Hours | Number Over 12 Hours | Total Attendances (New and Unplanned Review) |
|----------------|------------------|----------------------|---|
| April 2008 | 91.4% | 21 | 59,725 |
| May 2008 | 92.2% | 12 | 63,720 |
| June 2008 | 91.6% | 4 | 60,139 |
| July 2008 | 92.3% | 8 | 57,798 |
| August 2008 | 92.7% | 3 | 56,733 |
| September 2008 | 91.6% | 1 | 58,536 |
| October 2008 | 90.1% | 38 | 57,906 |
| November 2008 | 88.1% | 122 | 55,978 |
| December 2008 | 83.0% | 253 | 57,412 |
| January 2009 | 83.9% | 734 | 53,313 |
| February 2009 | 84.1% | 461 | 52,889 |
| March 2009 | 83.3% | 623 | 62,342 |
| April 2009 | 83.7% | 309 | 60,359 |
| May 2009 | 85.3% | 169 | 61,072 |
| June 2009 | 88.6% | 31 | 61,350 |
| July 2009 | 88.8% | 23 | 58,505 |
| August 2009 | 87.9% | 20 | 56,704 |
| September 2009 | 87.1% | 48 | 58,414 |
| October 2009 | 85.1% | 46 | 58,182 |
| November 2009 | 83.5% | 236 | 55,292 |
| December 2009 | 80.7% | 399 | 55,882 |
| January 2010 | 80.4% | 823 | 55,031 |
| February 2010 | 82.1% | 538 | 51,132 |
| March 2010 | 79.8% | 1,239 | 61,038 |
| April 2010 | 82.5% | 635 | 61,471 |
| May 2010 | 82.8% | 661 | 63,478 |
| June 2010 | 85.6% | 209 | 60,957 |
| July 2010 | 86.1% | 124 | 58,367 |
| August 2010 | 84.7% | 147 | 60,279 |
| September 2010 | 83.1% | 320 | 58,226 |
| October 2010 | 82.3% | 385 | 58,000 |
| November 2010 | 82.3% | 774 | 53,975 |
| December 2010 | 77.8% | 702 | 54,605 |
| January 2011 | 77.5% | 1,235 | 56,475 |
| February 2011 | 76.4% | 1,338 | 52,921 |
| March 2011 | 82.0% | 849 | 61,127 |
| April 2011 | 83.6% | 577 | 61,907 |
| May 2011 | 82.2% | 919 | 61,265 |
| June 2011 | 82.5% | 970 | 59,927 |
| July 2011 | 83.5% | 346 | 58,669 |
| August 2011 | 82.7% | 453 | 59,278 |
| September 2011 | 81.3% | 539 | 57,056 |
| October 2011 | 80.1% | 833 | 56,962 |
| November 2011 | 81.3% | 564 | 52,913 |
| December 2011 | 77.6% | 993 | 52,652 |
| January 2012 | 76.6% | 1,502 | 53,650 |
| February 2012 | 73.2% | 1,528 | 54,593 |
| March 2012 | 76.0% | 987 | 59,969 |

| Month | % Within 4 Hours | Number Over 12 Hours | Total Attendances (New and Unplanned Review) |
|----------------|------------------|----------------------|---|
| April 2012 | 78.8% | 681 | 56,339 |
| May 2012 | 78.9% | 469 | 61,495 |
| June 2012 | 80.8% | 255 | 57,219 |
| July 2012 | 82.2% | 136 | 56,823 |
| August 2012 | 82.6% | 97 | 59,284 |
| September 2012 | 81.7% | 294 | 57,493 |
| October 2012 | 80.7% | 299 | 58,108 |
| November 2012 | 78.2% | 397 | 55,211 |
| December 2012 | 75.4% | 579 | 54,606 |
| January 2013 | 76.3% | 678 | 55,313 |
| February 2013 | 74.9% | 658 | 53,015 |
| March 2013 | 71.3% | 1,017 | 57,509 |
| April 2013 | 72.1% | 998 | 59,256 |
| May 2013 | 80.1% | 294 | 59,947 |
| June 2013 | 81.5% | 244 | 58,313 |
| July 2013 | 80.1% | 191 | 62,393 |
| August 2013 | 79.7% | 150 | 59,855 |
| September 2013 | 80.3% | 76 | 58,118 |
| October 2013 | 81.0% | 77 | 59,296 |
| November 2013 | 80.1% | 82 | 55,039 |
| December 2013 | 76.3% | 165 | 55,057 |
| January 2014 | 75.6% | 156 | 55,302 |
| February 2014 | 75.0% | 268 | 51,711 |
| March 2014 | 74.8% | 408 | 60,331 |
| April 2014 | 76.7% | 241 | 60,140 |
| May 2014 | 77.1% | 204 | 61,370 |
| June 2014 | 79.0% | 294 | 62,196 |
| July 2014 | 82.1% | 40 | 62,364 |
| August 2014 | 78.6% | 142 | 58,958 |
| September 2014 | 79.5% | 260 | 61,295 |
| October 2014 | 79.3% | 141 | 59,612 |
| November 2014 | 80.5% | 125 | 55,479 |
| December 2014 | 76.7% | 92 | 56,656 |

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 1st July 2011, Hospital Information Branch (HIB) has been downloading patient level data on emergency care waiting times from the Regional Data Warehouse on the 8th 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 8th 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.'*
4. The current Ministerial target on emergency care waiting times for 2014/15 states 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 12 hours either to be treated and discharged home, or admitted.'*
5. On 6th March 2013 the UK Statistics Authority confirmed the designation of the Emergency Care Waiting Time Statistics. The letter of confirmation can be viewed at:

<http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/confirmation-of-designation-letters/letter-of-confirmation-as-national-statistics---assessment-report-153.pdf>
6. 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 review attendances at emergency care departments with a departure time, per calendar month are included. They do not include planned review attendances.
7. 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)).

8. The figures in this release relate to all patients, including paediatric patients.
9. 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.
10. **There are three separate categories of emergency care facility included in this publication:**

| | |
|---------------------------------|--|
| <i>Type 1 Department</i> | 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. |
| <i>Type 2 Department</i> | 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. |
| <i>Type 3 Department</i> | 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 Departments¹⁵

| HSC Trust | Type 1 | Type 2 | Type 3 |
|----------------------|------------------|---------------|------------------|
| Belfast | Mater | | |
| | Royal Victoria | | |
| | RBHSC | | |
| Northern | Antrim Area | | Whiteabbey |
| | Causeway | | Mid Ulster |
| South Eastern | Ulster | Lagan Valley | Ards |
| | | Downe | Bangor |
| Southern | Craigavon Area | | South Tyrone |
| | Daisy Hill | | Armagh Community |
| Western | Altnagelvin Area | | Tyrone County |
| | South West Acute | | |

¹⁵ See Appendix 2, Notes 11 – 22 for information on changes to emergency care departments.

11. On 2nd 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.
12. On 24th 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 1st May and 23rd 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 24th and May 31st 2010. This should be taken into consideration when drawing historic comparisons between Type 2 and Type 3 emergency care departments.
13. On 4th 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 - 10pm daily, with services provided from 10pm - 8am by an enhanced GP Out of Hours (GP OOH) service. The GP OOH'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.
14. On 1st 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.
15. On 1st 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.
16. On 21st June 2012, the Western HSC Trust closed the Erne hospital with services (including emergency care) immediately transferred to the new South West Acute Hospital in Enniskillen.

17. On 3rd September 2012, the Southern HSC Trust closed the Minor Injuries Unit at the Mullinure hospital, with opening hours at the Armagh Community hospital Minor Injuries Unit temporarily extended to 7pm until the end of March 2013. Previously Armagh and Mullinure provided a joint 24-hour emergency care service with Armagh emergency care department operating Monday to Friday 9am - 5pm, and Mullinure emergency care department operating from 5pm - 9am on weekdays, and 24-hour on Saturday, Sunday and Bank Holidays.
18. On 16th February 2013, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at Bangor Minor Injuries Unit resulting in re-opening at weekends (9am to 5pm on Saturdays and Sundays), 10 months after they were closed due to staff shortages.
19. On 4th January 2014, the South Eastern HSC Trust introduced new arrangements for the provision of emergency care services at the Downe and Lagan Valley Hospitals resulting in the reduction of consultant-led emergency care services, from a daily service, operating from 8am - 10pm and 8am - 8pm respectively, to both hospitals operating a weekday service from 8am - 8pm and closing at weekends, with the enhanced GP Out of Hours (GP OOH) service running as normal.
20. On 1st March 2014, the South Eastern HSC Trust introduced new arrangements for the temporary provision of emergency care services at Downe Hospital resulting in it re-opening as a minor injuries unit at weekends (9am to 5pm on Saturdays and Sundays), two months after the removal of weekend services due to staff shortages.
21. On 17th November 2014, the Southern HSC Trust temporarily closed the Minor Injuries Unit at Armagh Community Hospital. It is not known how long this temporary closure will be in place.
22. On 1st December 2014, the Northern HSC Trust temporarily closed the Minor Injuries Unit at Whiteabbey Hospital. It is not known how long this temporary closure will be in place.
23. Some historical figures may have been updated to reflect returns re-submitted by HSC Trusts as part of end of year validations.
24. Figures included within this document are accurate as at 26th January 2015, any changes to these figures will be reflected in subsequent issues of this publication.
25. Between July 2008 and March 2011 information on waiting times at emergency care departments in Northern Ireland was published on a monthly basis. However, from 1st April 2011 this information has been published on a quarterly basis, with the new quarterly publication including similar details to the previous monthly publication.

26. Provisional information on waiting times at emergency care departments in Northern Ireland is released between 15th and 18th of each month and available to view or download from the link below:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes/waitingtimes-emergency.htm>

27. The Ministerial target, for emergency care waiting times, is 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.

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 directly from the SYMPHONY/Independent administrative systems once they have been added to the HSC Data Warehouse facility and has been fully tested.

Data Quality Assessment

Data 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 7 (Appendix 2) 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 allow users to compare similar types of emergency care departments in Northern Ireland, i.e. Type 1, 2 or 3 departments. Explanatory note 10 (Appendix 2) outlines in more detail the three separate categories of emergency care 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 provision of services are footnoted in the body of the bulletin as appropriate and listed in the definitions and background notes (Appendix 2).

Appendix 4: Further Information

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

Mr. Paul Stevenson

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Information & Analysis

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This Statistical bulletin and others published by Information and Analysis Directorate are available to download from the DHSSPS Internet site at:

Internet address: <http://www.dhsspsni.gov.uk/index/statistics.htm>