

EMERGENCY CARE WAITING TIME STATISTICS (July - September 2012)

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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Northern Ireland

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Background

The Ministerial target¹ for Northern Ireland for 2012/13 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 (September 2012):

- During September 2012, 77.7% of patients attending Type 1 emergency care departments were either treated and discharged home, or admitted within 4 hours, compared with 93.6% attending Type 2 departments and 99.9% attending Type 3 departments (Table 2).
- In September 2012, 295 (0.5%) out of a total 58,879 attendances at emergency care departments in Northern Ireland waited longer than 12 hours to be either treated and discharged home, or admitted (Table 2).

Position during last 3 months (July - September 2012):

Between July and September 2012:

- The percentage of patients attending Type 1 emergency care departments that were either treated and discharged home or admitted within 4 hours decreased, from 78.8% to 77.7% (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, from 92.7% to 93.6% (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 decreased slightly, from 100.0% to 99.9% (Figure 1, Table 2).
- The number of patients that waited longer than 12 hours to be either treated and discharged home, or admitted more than doubled, from 138 to 295. In particular, performance declined notably at the Ulster between August and September, from 7 to 185 (Table 2).

¹ See Appendix 2, Note 20.

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 25 th October 2012.
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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.
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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

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 July, August and September 2012.

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.

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 at the following link:

http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/hib_guidance_manuals.htm

It should be noted that since 1st July 2011, Hospital Information Branch 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.

Rounding

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

Data Quality

All information presented in this bulletin has been provided by HSC Trusts and Hospital Information Branch staff, and has been validated and quality assured by Hospital Information Branch (HIB) prior to release.

For each information collection, HSC Trusts are given a set period of time to submit the information. 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. 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 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

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.

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

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.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomedataandstatistics/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

Contact Information

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

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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 2012/13:

‘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 (July - September 2012)

Target Component		Target Achieved?		
		Jul 2012	Aug 2012	Sep 2012
Type 1	95% attendances within 4 hours	No	No	No
	No attendance longer than 12 hours	No	No	No
Type 2	95% attendances within 4 hours	No	No	No
	No attendance longer than 12 hours	No	No	Yes
Type 3	95% attendances within 4 hours	Yes	Yes	Yes
	No attendance 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 (July - September 2012) as there was a failure to meet one or more components of the target.

However, the 12 hour component **was achieved** at Type 2 emergency care departments in September 2012 and, both the 4 hour and 12 hour components **were achieved** at Type 3 emergency care departments in each of the last 3 months.

Table 2: Performance against each Component of the Ministerial Target for Emergency Care Waiting Times (July - September 2012)

Emergency Care Department Type ²	Percentage Waiting 4 Hours and Under			Number Waiting Over 12 Hours			Total Attendances (New and Unplanned Review)		
	Jul 2012	Aug 2012	Sep 2012	Jul 2012	Aug 2012	Sep 2012	Jul 2012	Aug 2012	Sep 2012
Type 1	78.8%	78.9%	77.7%	133	96	295	46,363	48,025	48,032
Type 2	92.7%	94.3%	93.6%	5	1	0	3,810	4,075	4,120
Type 3	100.0%	100.0%	99.9%	0	0	0	6,670	7,202	6,727
All Departments	82.2%	82.5%	81.3%	138	97	295	56,843	59,302	58,879

Latest position (September 2012)

During September 2012, 77.7% of attendances at Type 1 emergency care departments were treated and discharged, or admitted within 4 hours of their arrival, compared with 93.6% at Type 2 departments, and 99.9% at Type 3 departments (Figure 1, Table 2).

In September 2012, 295 (0.5%) out of a total 58,879 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 58,879 attendances at emergency care departments in Northern Ireland during September 2012, of which, 48,032 (81.6%) attended Type 1 emergency care departments, 4,120 (7.0%) attended Type 2 departments and 6,727 (11.4%) attended Type 3 departments (Table 2).

Position during last three months (July - September 2012)

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 1.1 percentage points, from 78.8% in July 2012 to 77.7% in September 2012 (Figure 1, Table 2).

Since July 2012, the percentage of attendances at Type 2 emergency care departments treated and discharged, or admitted within 4 hours of their arrival increased by 0.9 percentage points, from 92.7% to 93.6% in September 2012 (Figure 1, Table 2).

Between July and September 2012, the percentage of attendances at Type 3 emergency care departments that were treated and discharged or admitted within 4 hours of their arrival decreased by 0.1 percentage points, from 100.0% to 99.9% in September 2012 (Figure 1, Table 2).

Since July 2012, the number of patients waiting longer than 12 hours to be either treated and discharged home, or admitted more than doubled, from 138 to 295 in September 2012 (Figure 2, Table 2).

² See Appendix 2, Note 9 for list of Department Types & Notes 10 & 11 for reclassifications.

Over the last 3 months, the number of patients waiting longer than 12 hours increased markedly in Type 1 departments (133 in July 2012 to 295 in September 2012), whilst the number waiting longer than 12 hours in Type 2 departments decreased slightly (5 in July 2012 to 0 in September 2012) and the number waiting longer than 12 hours in Type 3 departments remained at 0.

Between July and August 2012, monthly attendances at emergency care departments increased by 2,459 (4.3%), from 56,843 to 59,302, but decreased by 423 (0.7%) between August and September 2012, from 59,302 to 58,879 (Table 2).

Figure 1: Percentage of Patients Waiting 4 Hours and Under in Emergency Care, by Department Type (July – September 2012)

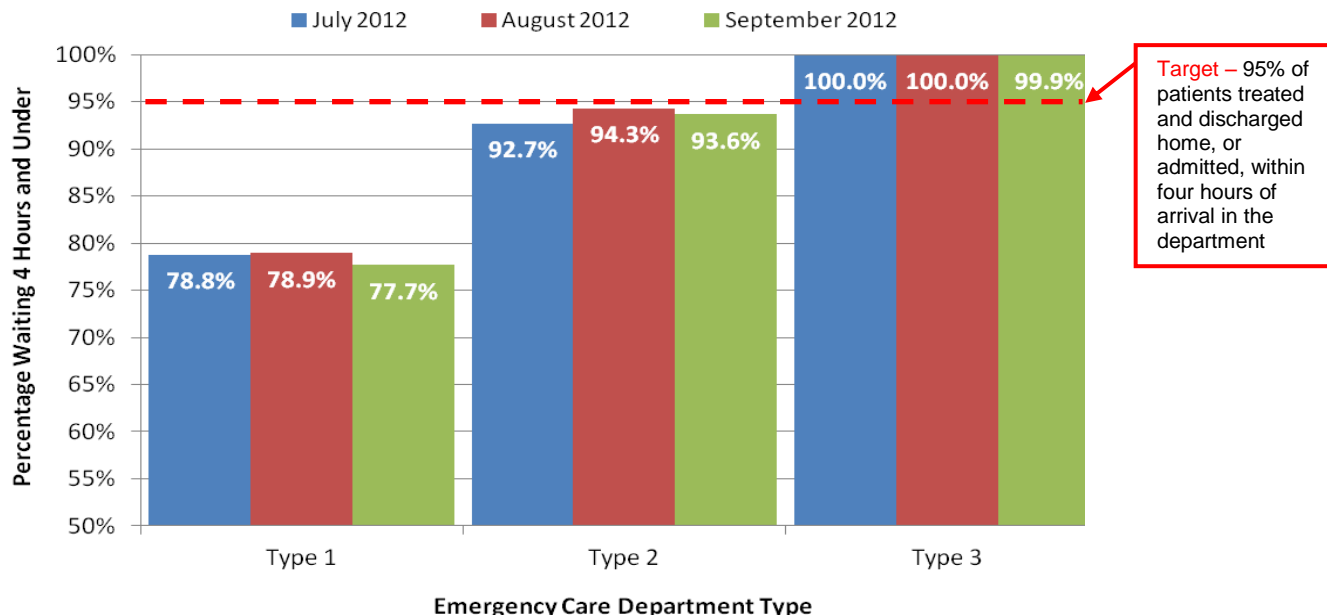
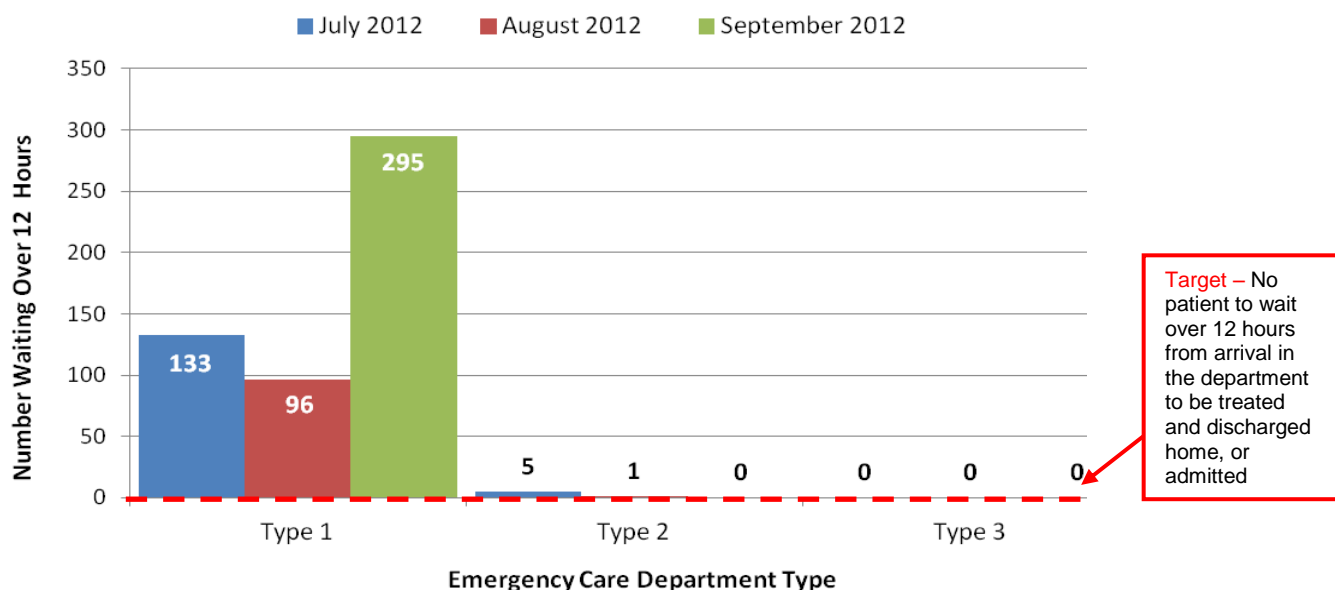


Figure 2: Number of Patients Waiting Over 12 Hours in Emergency Care, by Department Type (July – September 2012)



Performance at Type 1 Emergency Care Departments³

Table 3: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments (July – September 2012)

Type 1 Emergency Care Department	Percentage Waiting 4 Hours and Under			Number Waiting Over 12 Hours			Total Attendances (New and Unplanned Review)		
	Jul 2012	Aug 2012	Sep 2012	Jul 2012	Aug 2012	Sep 2012	Jul 2012	Aug 2012	Sep 2012
Altnagelvin Area	71.7%	83.4%	81.5%	2	0	0	4,478	4,615	4,421
South West Acute	91.7%	95.1%	94.4%	0	0	0	2,483	2,460	2,302
Antrim Area	67.8%	67.1%	68.5%	66	58	66	5,748	6,224	5,952
Causeway	81.9%	80.2%	86.0%	50	26	43	4,051	4,154	3,597
Craigavon Area	83.3%	85.3%	82.6%	1	1	0	5,716	5,991	5,929
Daisy Hill	95.3%	94.4%	93.1%	0	0	0	3,470	3,413	3,290
Royal Victoria	75.5%	69.7%	69.8%	3	3	2	7,726	7,937	8,454
Mater	73.1%	71.1%	67.6%	0	1	2	3,511	3,819	3,944
RBHSC	88.9%	89.3%	85.8%	0	0	0	2,359	2,374	2,928
Ulster	77.2%	78.3%	73.7%	11	7	182	6,821	7,038	7,215
Total	78.8%	78.9%	77.7%	133	96	295	46,363	48,025	48,032

Latest position (September 2012)

In September 2012, no Type 1 emergency care department achieved both the 4 hour and 12 hour components of the Ministerial target (Table 3).

During September 2012, performance against the 4 hour component of the Ministerial target for emergency care waiting times in Type 1 departments ranged from 67.6% in the Mater to 94.4% in the South West Acute (Figure 3, Table 3).

Performance against the 12 hour component of the Ministerial target for Type 1 departments ranged from 0 in Altnagelvin Area, South West Acute, Craigavon Area, Daisy Hill and RBHSC to 182 in the Ulster during September 2012 (Table 3).

There were a total of 48,032 attendances at Type 1 emergency care departments during September 2012, ranging from 2,302 in South West Acute to 8,454 in the Royal Victoria (Table 3).

³ Belfast City emergency care department has been temporarily closed since 1st November 2011, see Appendix 2, Note 14 for more information.

Position during last three months (July – September 2012)

Over the last 3 months, performance against the 4 hour component of the target declined in 6 of the 10 Type 1 emergency care departments. The highest percentage decrease in performance against the 4 hour component was reported by the Royal Victoria (75.5% in July 2012 to 69.8% in September 2012) and the Mater (73.1% in July 2012 to 67.6% in September 2012) (Figure 3, Table 3).

During this period, performance against the 12 hour component improved or remained the same in 8 of the 10 Type 1 departments, whilst performance declined at the Mater and Ulster, most notably in the Ulster, from 11 to 182 (Table 3).

During the last 3 months, the number of attendances increased in 6 of the 10 Type 1 emergency care departments, with the highest increases being reported by the Royal Victoria (7,726 to 8,454 in September 2012) and the RBHSC (2,359 to 2,928 in September 2012) (Table 3).

Figure 3: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments (July – September 2012)

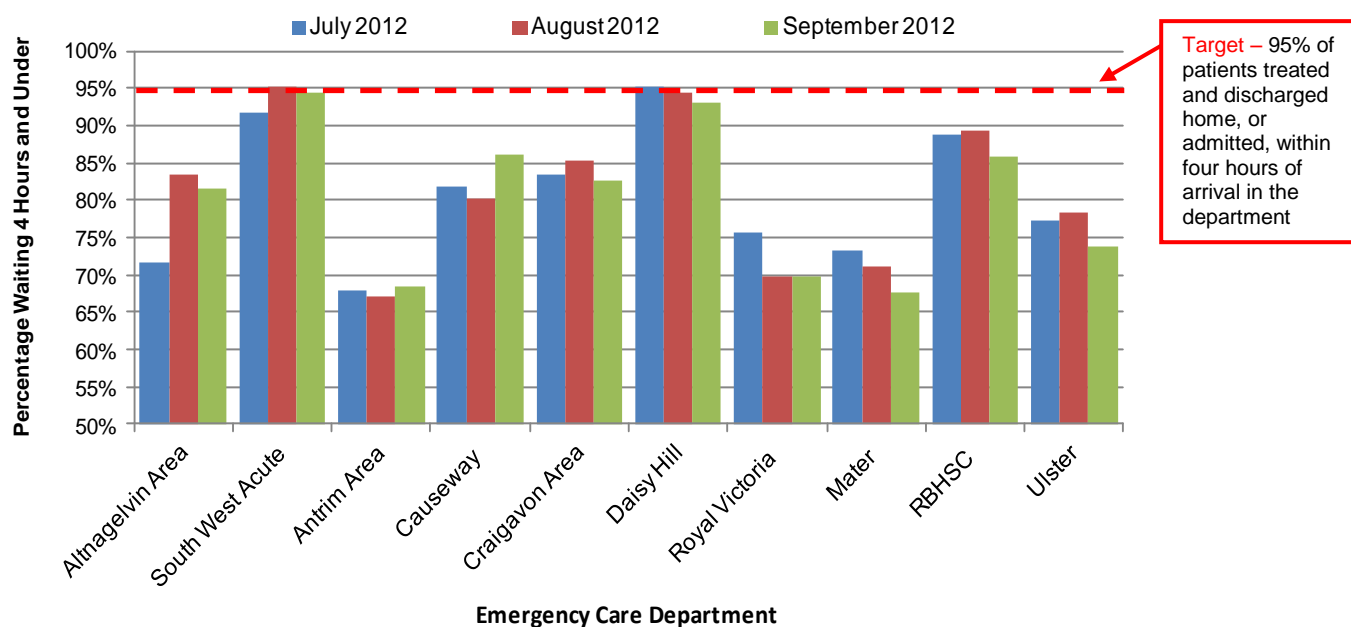


Table 4: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments (July 2011 – September 2012)⁴

Month	Percentage Waiting 4 Hours and Under	Number Waiting Over 12 Hours	Total Attendances (New and Unplanned Review)
July 2011	80.5%	342	47,746
August 2011	79.2%	447	48,096
September 2011	77.5%	538	46,847
October 2011	76.5%	823	47,094
November 2011	77.8%	558	43,472
December 2011	73.8%	989	44,033
January 2012	72.2%	1,467	44,500
February 2012	68.7%	1,438	44,951
March 2012	71.4%	968	49,061
April 2012	75.3%	636	45,968
May 2012	74.7%	466	49,390
June 2012	77.1%	259	46,625
July 2012	78.8%	133	46,363
August 2012	78.9%	96	48,025
September 2012	77.7%	295	48,032

Position during last fifteen months (July 2011 – September 2012)

Over the last 15 months, performance against the 4 hour component of the target for Type 1 emergency care departments ranged from 68.7% in February 2012 to 80.5% in July 2011 (Figure 4, Table 4).

Since July 2011, performance against the 12 hour component in Type 1 departments has varied markedly from 96 in August 2012 to 1,467 in January 2012 (Figure 5, Table 4).

Between July 2011 and September 2012, monthly attendances at Type 1 emergency care departments were lowest in November 2011 (43,472) and highest in May 2012 (49,390) (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 decreased by 1.5 percentage points, from 77.5% in September 2011 to 77.7% in September 2012. However, during this time performance against the 12 hour component improved, from 538 in September 2011 to 295 in September 2012 (Figures 4 & 5, Table 4).

⁴ See Appendix 2, Note 18 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 (July 2011 – September 2012)

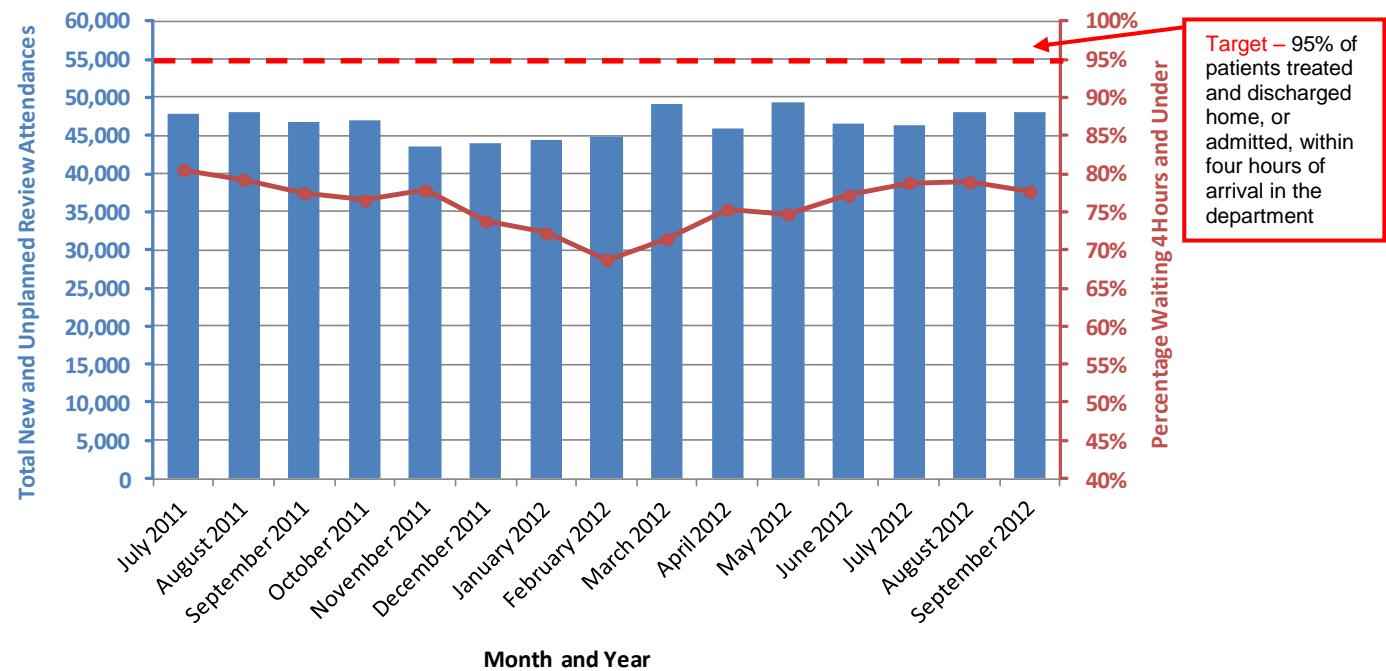
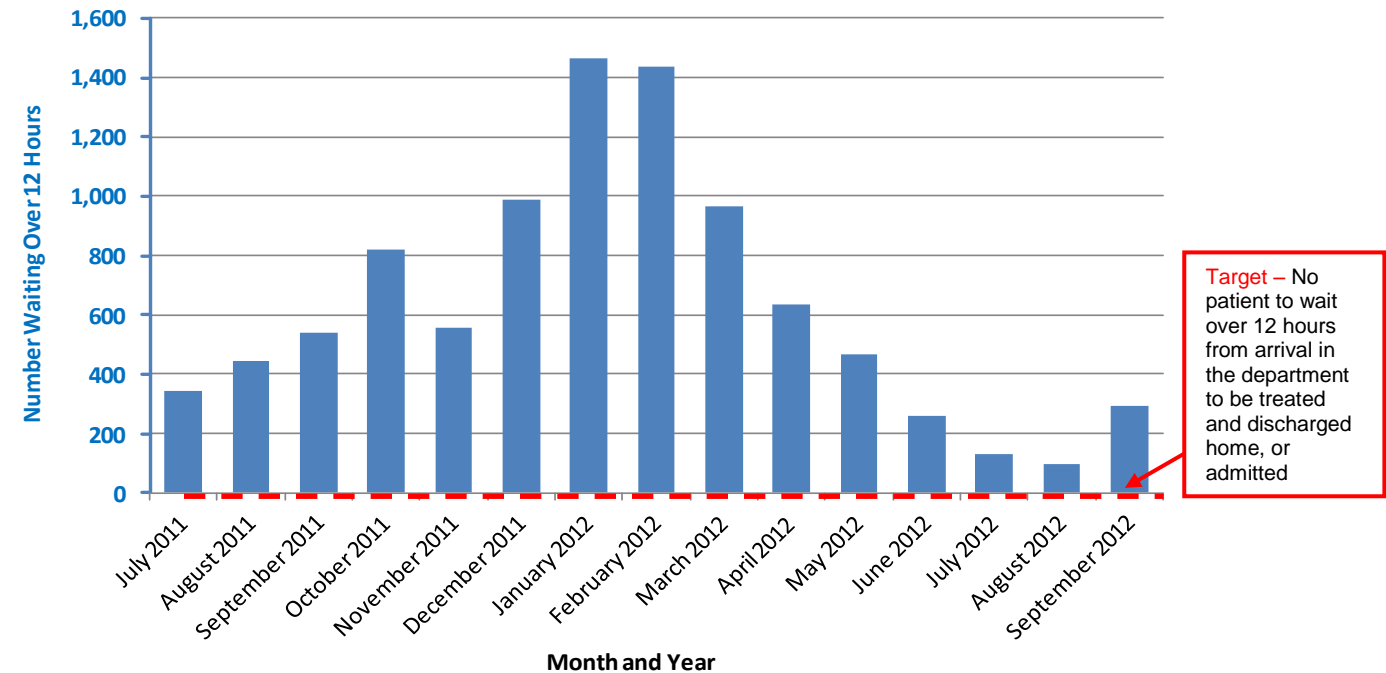


Figure 5: Performance against the 12 Hour Ministerial Target for Emergency Care Waiting Times at Type 1 Emergency Care Departments (July 2011 – September 2012)



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 (July - September 2012)

Type 2 Emergency Care Department	Percentage Waiting 4 Hours and Under			No. Waiting Over 12 Hours			Total Attendances (New and Unplanned Review)		
	Jul 2012	Aug 2012	Sep 2012	Jul 2012	Aug 2012	Sep 2012	Jul 2012	Aug 2012	Sep 2012
Lagan Valley	94.3%	96.4%	95.8%	2	0	0	2,089	2,193	2,287
Downe	90.7%	91.7%	90.9%	3	1	0	1,721	1,882	1,833
Total	92.7%	94.3%	93.6%	5	1	0	3,810	4,075	4,120

Latest position (September 2012)

During September 2012, performance against the 4 hour component of the Ministerial target for emergency care waiting times in Type 2 departments was achieved in Lagan Valley (95.8%) whilst performance in Downe was 90.9% (Figure 6, Table 5).

In September 2012, no patients attending Type 2 emergency care departments waited longer than 12 hours (Table 5).

There were a total of 4,120 attendances at Type 2 emergency care departments in September 2012 (2,287 in Lagan Valley and 1,833 in Downe) (Table 5).

Position during last three months (July – September 2012)

During the last 3 months, performance against the 4 hour component of the target increased by 1.5 percentage points in Lagan Valley, from 94.3% to 95.8% in September 2012, whilst performance in Downe increased by 0.2 percentage points, from 90.7% in July 2012 to 90.9% in September 2012 (Figure 6, Table 5).

Since July 2012, performance against the 12 hour component of the target improved in both the Lagan Valley (from 2 to 0 in September 2012) and Downe (from 3 to 0 in September 2012) (Table 5).

Attendances at Type 2 emergency care departments increased between July and September 2012, from 3,810 to 4,120 (Figure 7, Table 5).

Figure 6: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (July – September 2012)

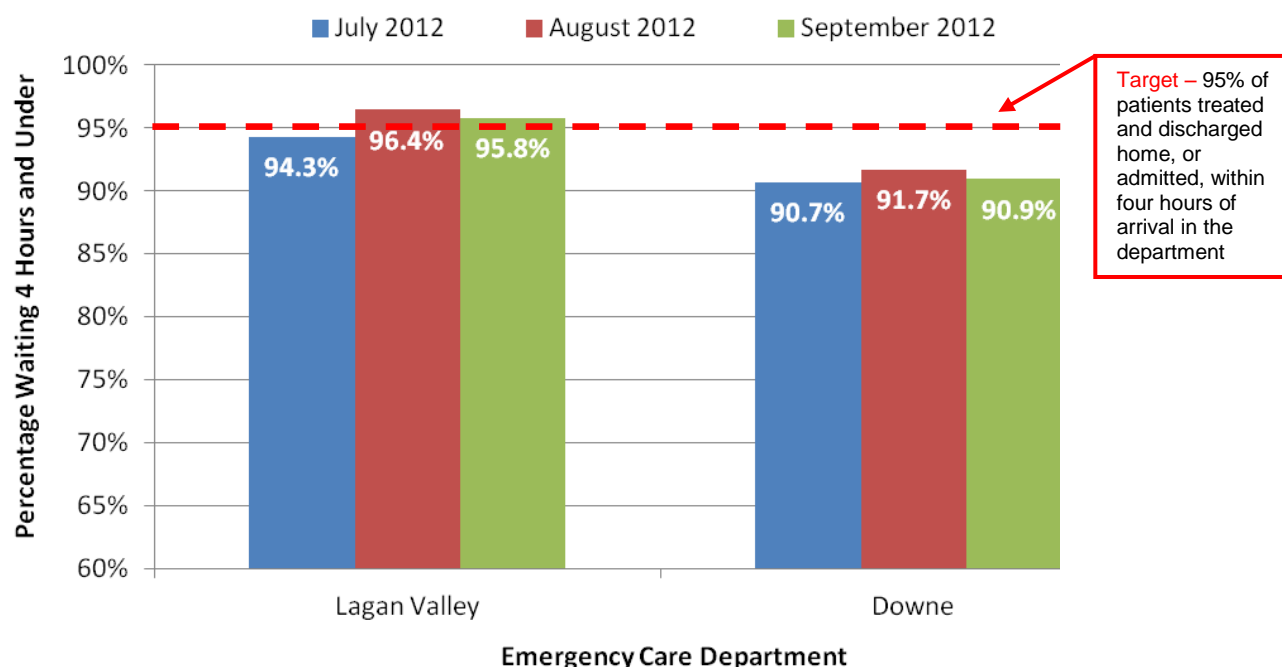


Table 6: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (July 2011 – September 2012)^{5,6}

Month	Percentage Waiting 4 Hours and Under	Number Waiting Over 12 Hours	Total Attendances (New and Unplanned Review)
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
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

⁵ Note the provision of emergency care services at Lagan Valley hospital have changed during the last 12 months. See Appendix 2, Note 13 for more information.

⁶ See Appendix 2, Note 18 for information on amendments to historical figures.

Position during last fifteen months (July 2011 – September 2012)

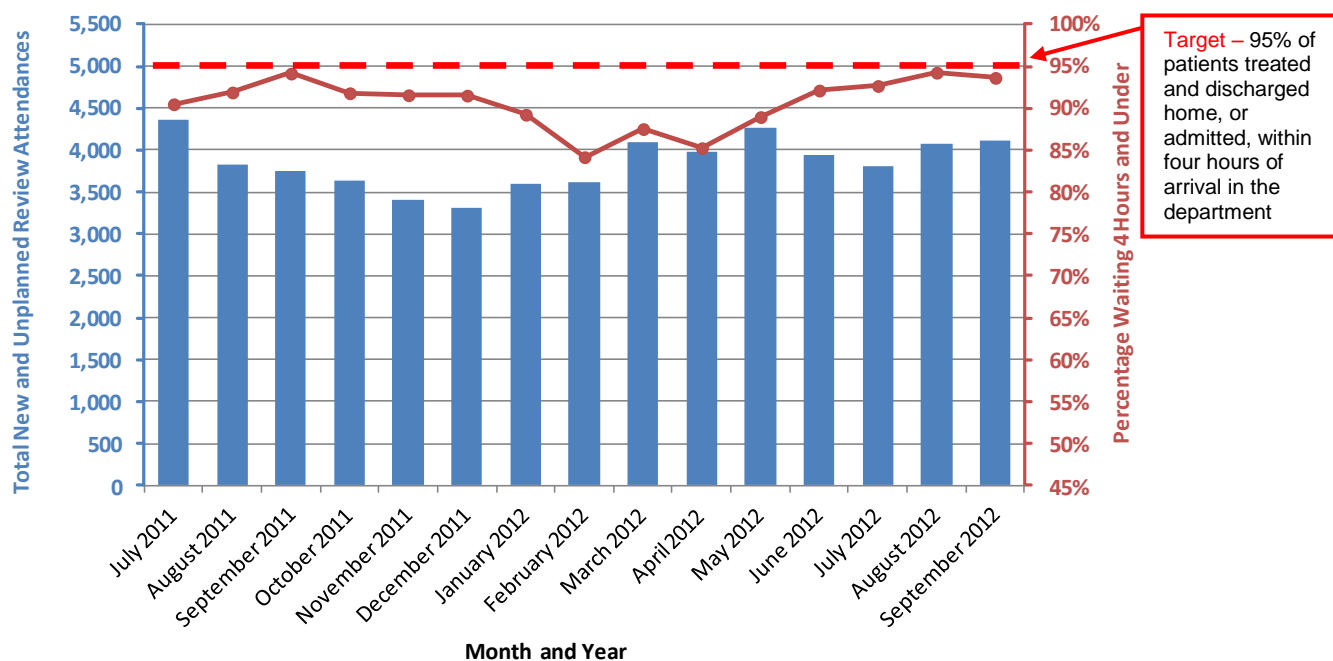
Over the last 15 months, performance against the 4 hour component of the target for Type 2 emergency care departments ranged from 84.2% in February 2012 to 94.3% in August 2012 (Figure 7, Table 6).

During this period, performance against the 12 hour component in Type 2 departments ranged from 0 in September 2012 and September 2011 to 87 in February 2012 (Figure 8, Table 6).

Since July 2011, monthly attendances at Type 2 departments ranged from 3,317 in December 2011 to 4,356 in July 2011; although, this may be due to the reduction in opening hours at Lagan Valley emergency care department in August 2011⁷ (Figures 7 and 8, Table 6).

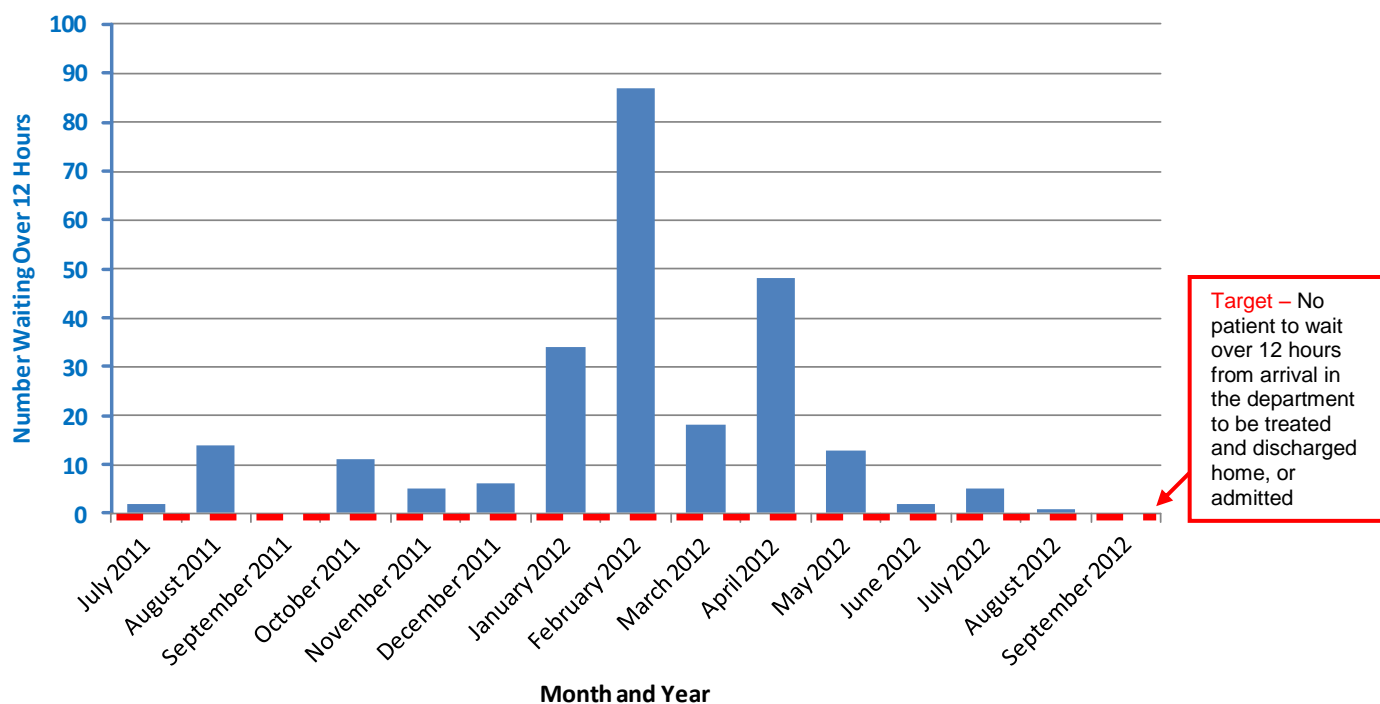
When compared with the same month last year, performance against the 4 hour component of the target for Type 2 emergency care departments declined by 0.6 percentage points, from 94.2% in September 2011 to 93.6% in September 2012, whilst performance against the 12 hour component remained at 0 (Figures 7 & 8, Table 6).

Figure 7: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (July 2011 – September 2012)



⁷ Note the provision of emergency care services at Lagan Valley hospital have changed during the last 12 months. See Appendix 2, Note 13 for more information.

Figure 8: Performance against the 12 Hour Ministerial Target for Emergency Care Waiting Times at Type 2 Emergency Care Departments (July 2011 – September 2012)



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 (July – September 2012)

Type 3 Emergency Care Department	Percentage Waiting 4 Hours and Under			Number Waiting Over 12 Hours			Total Attendances (New and Unplanned Review)		
	Jul 2012	Aug 2012	Sep 2012	Jul 2012	Aug 2012	Sep 2012	Jul 2012	Aug 2012	Sep 2012
Whiteabbey	100.0%	100.0%	99.7%	0	0	0	660	804	690
Mid Ulster	100.0%	100.0%	100.0%	0	0	0	603	598	587
Tyrone County	99.8%	99.9%	99.9%	0	0	0	1,374	1,410	1,380
South Tyrone	100.0%	99.9%	99.8%	0	0	0	1,788	1,898	1,851
Armagh/Mullinure ⁸	100.0%	99.9%	99.8%	0	0	0	660	736	601
Ards	100.0%	100.0%	100.0%	0	0	0	747	804	785
Bangor	100.0%	100.0%	100.0%	0	0	0	838	952	833
Total	100.0%	100.0%	99.9%	0	0	0	6,670	7,202	6,727

Latest position (September 2012)

During September 2012, performance against both the 4 hour and 12 hour components of the Ministerial target was achieved by all Type 3 departments (Table 7).

There were a total of 6,727 attendances at Type 3 emergency care departments in September 2012, ranging from 587 in Mid Ulster to 1,851 in South Tyrone (Table 7).

Position during last three months (July – September 2012)

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).

Between July and August 2012, attendances at Type 3 emergency care departments increased by 532 (8.0%), from 6,670 to 7,202, but decreased between August and September 2012, from 7,202 to 6,727.

⁸ On 3rd September 2012, the Minor Injuries Unit at the Mullinure hospital was closed, See Appendix 1, Note 16 for more information.

Table 8: Performance against the Ministerial Target for Emergency Care Waiting Times at Type 3 Emergency Care Departments (July 2011- September 2012)⁹

Month	Percentage Waiting 4 Hours and Under	Number Waiting Over 12 Hours	Total Attendances (New and Unplanned Review)
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
January 2012	100.0%	0	5,830
February 2012	100.0%	0	6,144
March 2012	100.0%	0	7,123
April 2012	100.0%	0	6,513
May 2012	99.9%	1	7,807
June 2012	100.0%	0	6,666
July 2012	100.0%	0	6,670
August 2012	100.0%	0	7,202
September 2012	99.9%	0	6,727

Position during last fifteen months (July 2011 – September 2012)

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).

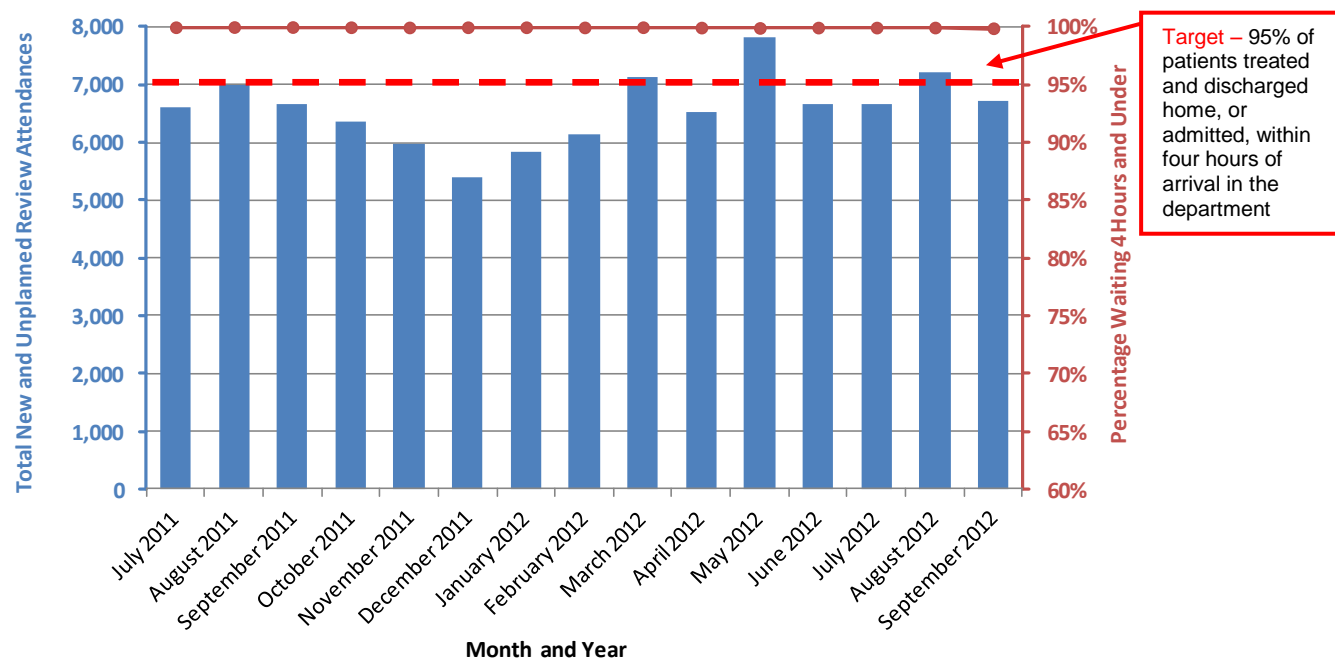
No patient waited longer than 12 hours to be either treated and discharged home, or admitted in Type 3 departments in any month since July 2011, with the exception of May 2012 when 1 patient waited longer than 12 hours (Table 8).

Since July 2011, monthly attendances at Type 3 emergency care departments was lowest in December 2011 (5,399) and highest in May 2012 (7,807) (Figure 9, Table 8).

When compared with the same month last year, performance against the 4 hour component of the target for Type 3 emergency care departments declined by 0.1 percentage points from 100.0% in September 2011 to 99.9% in September 2012, whilst performance against the 12 hour component remained at 0 (Figures 9, Table 8).

⁹ See Appendix 2, Note 18 for information on amendments to historical figures.

Figure 9: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at Type 3 Emergency Care Departments (July 2011- September 2012)



Performance at All Emergency Care Departments

Table 9: Performance against the Ministerial Target for Emergency Care Waiting Times at all Emergency Care Departments (July 2011- September 2012)¹⁰

Month	Percentage Waiting 4 Hours and Under	Number Waiting Over 12 Hours	Total Attendances (New and Unplanned Review)
July 2011	83.5%	344	58,704
August 2011	82.5%	461	58,922
September 2011	81.2%	538	57,256
October 2011	80.1%	834	57,080
November 2011	81.2%	563	52,856
December 2011	77.6%	995	52,749
January 2012	76.3%	1,501	53,921
February 2012	73.3%	1,525	54,705
March 2012	75.9%	986	60,284
April 2012	78.8%	684	56,463
May 2012	78.9%	480	61,466
June 2012	80.8%	261	57,231
July 2012	82.2%	138	56,843
August 2012	82.5%	97	59,302
September 2012	81.3%	295	58,879

Latest position (September 2012)

During September 2012, there were a total of 58,879 attendances at emergency care departments in Northern Ireland, 81.3% of which were treated and discharged or admitted within 4 hours of their arrival, whilst 295 (0.5%) waited longer than 12 hours (Figures 10 and 11, Table 9).

Position during last three months (July – September 2012)

During the last 3 months, the percentage of patients treated and discharged or admitted within 4 hours of their arrival decreased by 0.9 percentage points, from 82.2% in July 2012 to 81.3% in September 2012 (Figure 10, Table 9).

During this time, the number of patients waiting longer than 12 hours more than doubled, from 138 in July 2012 to 295 in September 2012 (Figure 11, Table 9).

Between July and August 2012, attendances at emergency care departments increased by 2,459 (4.3%), from 56,843 to 59,302, but decreased between August and September 2012, from 59,302 to 58,879 (Figure 10, Table 9).

¹⁰ See Appendix 2, Note 18 for information on amendments to historical figures.

Position during last fifteen months (July 2011 – September 2012)

Between July 2011 and September 2012, the percentage of patients treated and discharged or admitted within 4 hours of their arrival at emergency care ranged from 73.3% in February 2012 to 83.5% in July 2011. However, since February 2012, the percentage of patients treated and discharged, or admitted within 4 hours increased by 8.0 percentage points, from 73.3% to 81.3% in September 2012 (Figure 10, Table 9).

The highest number of patients waiting over 12 hours at emergency care was reported during January (1,501) and February (1,525), whilst the lowest number was reported in August 2012 (97).

Since February 2012, the number of patients waiting over 12 hours at emergency care decreased markedly from 1,525 to 295 in September 2012 (Figure 11, Table 9).

Attendances at emergency care departments increased slightly by 0.3% (175), between July 2011 (58,704) and September 2012 (58,879) (Figure 10, Table 9).

Between July 2011 and September 2012, the highest number of attendances at emergency care departments was reported during May 2012 (61,466) whilst the lowest number of attendances was reported during December 2011 (52,749) (Figure 10, Table 9).

When compared with the same month last year, performance against the 4 hour component of the target increased slightly by 0.1 percentage points, from 81.2% in September 2011 to 81.3% in September 2012, whilst performance against the 12 hour component improved markedly, from 538 in September 2011 to 295 in September 2012 (Figures 10 & 11, Table 9).

Figure 10: Percentage of Patients Waiting Over 4 Hours at all Emergency Care Departments (July 2011 – September 2012)

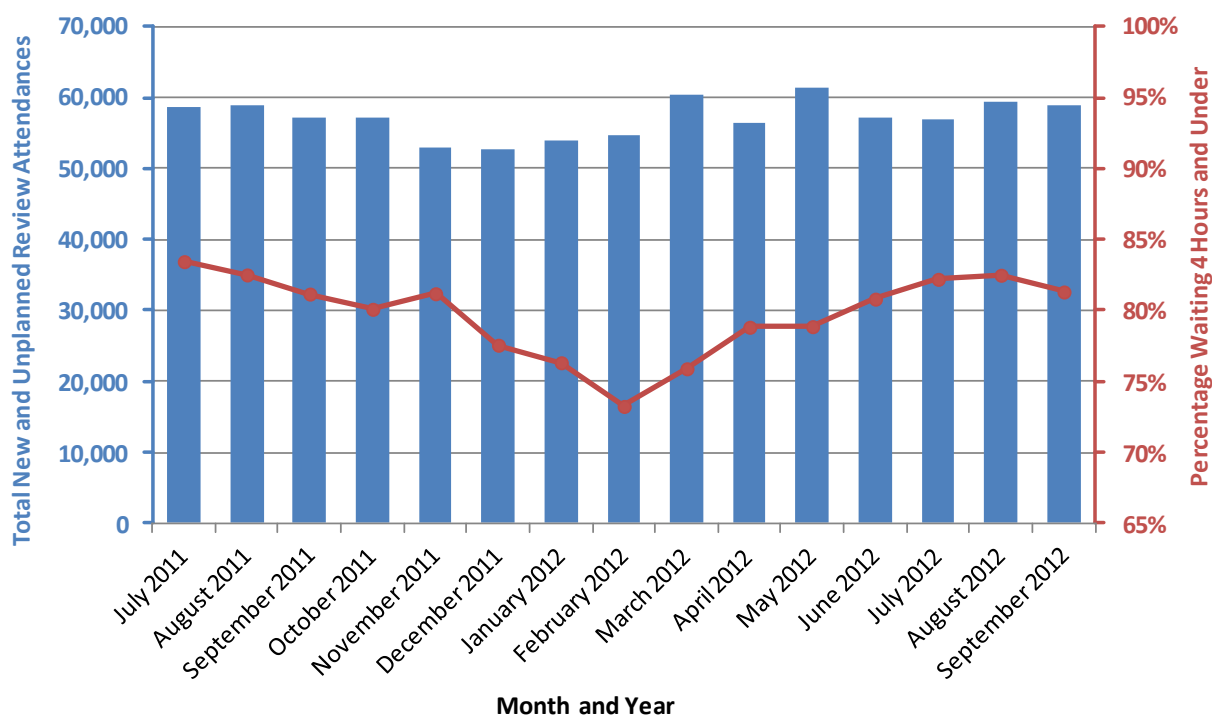
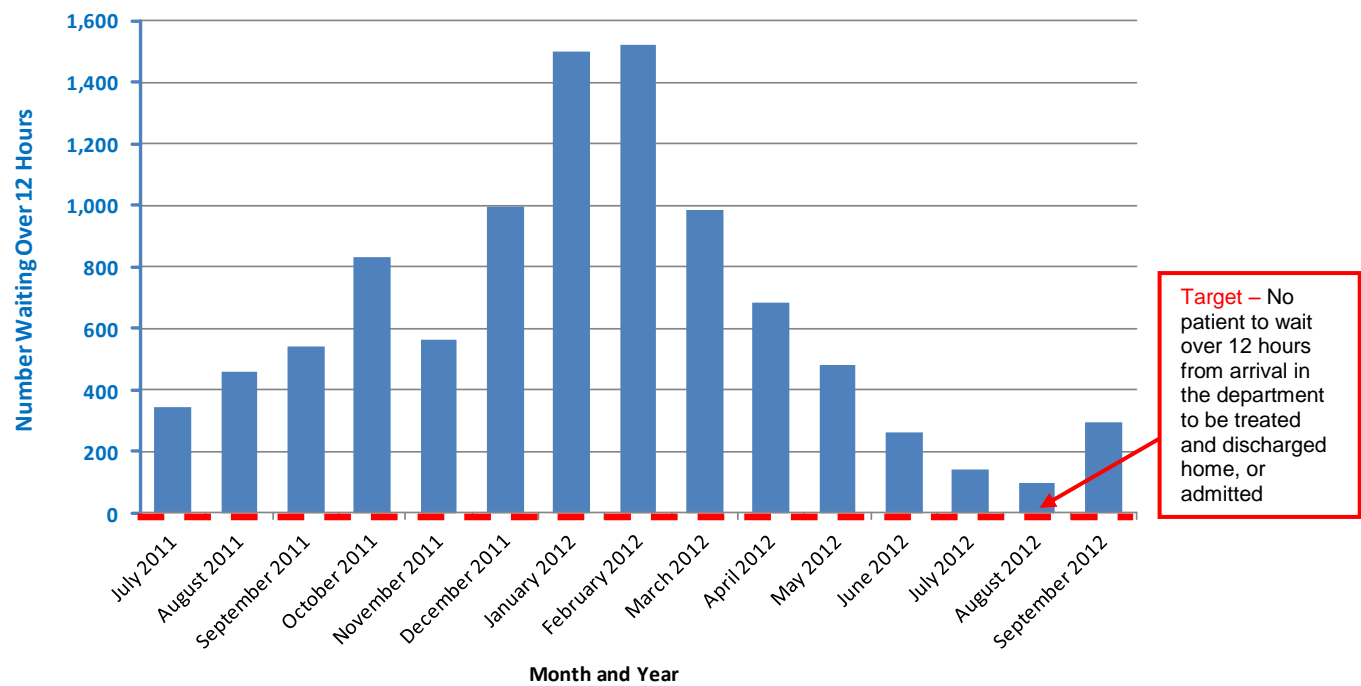


Figure 11: Performance against the 4 Hour Ministerial Target for Emergency Care Waiting Times at all Emergency Care Departments (July 2011- September 2012)



Appendices

Appendix 1: Additional Tables

Table 1A: Percentage of Patients Waiting 4 Hours and Under, by Emergency Care Department (July – September 2012)

Emergency Care Department ¹¹	Percentage of Patients Waiting 4 Hours and Under		
	July 2012	August 2012	September 2012
Mater (Type 1)	73.1%	71.1%	67.6%
Royal Victoria (Type 1)	75.5%	69.7%	69.8%
RBHSC (Type 1)	88.9%	89.3%	85.8%
Belfast HSC Trust			
Antrim Area (Type 1)	67.8%	67.1%	68.5%
Whiteabbey (Type 3)	100.0%	100.0%	99.7%
Mid Ulster (Type 3)	100.0%	100.0%	100.0%
Causeway (Type 1)	81.9%	80.2%	86.0%
Northern HSC Trust			
Ulster (Type 1)	77.2%	78.3%	73.7%
Ards (Type 3)	100.0%	100.0%	100.0%
Bangor (Type 3)	100.0%	100.0%	100.0%
Lagan Valley (Type 2)	94.3%	96.4%	95.8%
Downe (Type 2)	90.7%	91.7%	90.9%
South Eastern HSC Trust			
Craigavon Area (Type 1)	83.3%	85.3%	82.6%
Daisy Hill (Type 1)	95.3%	94.4%	93.1%
South Tyrone (Type 3)	100.0%	99.9%	99.8%
Armagh/Mullinure ¹² (Type 3)	100.0%	99.9%	99.8%
Southern HSC Trust			
Altnagelvin Area (Type 1)	71.7%	83.4%	81.5%
South West Acute (Type 1)	91.7%	95.1%	94.4%
Tyrone County (Type 3)	99.8%	99.9%	99.9%
Western HSC Trust			

¹¹ 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 11 for reclassifications).

¹² On 3rd September 2012, the Minor Injuries Unit at the Mullinure hospital was closed, See Appendix 1, Note 16 for more information.

**Table 1B: Number of Patients Waiting Over 12 Hours, by Emergency Care Department
(July – September 2012)**

Emergency Care Department	Number of Patients Waiting Over 12 Hours		
	July 2012	August 2012	September 2012
Mater (Type 1)	0	1	2
Royal Victoria (Type 1)	3	3	2
RBHSC (Type 1)	0	0	0
Belfast HSC Trust			
Antrim Area (Type 1)	66	58	66
Whiteabbey (Type 3)	0	0	0
Mid Ulster (Type 3)	0	0	0
Causeway (Type 1)	50	26	43
Northern HSC Trust			
Ulster (Type 1)	11	7	182
Ards (Type 3)	0	0	0
Bangor (Type 3)	0	0	0
Lagan Valley (Type 2)	2	0	0
Downe (Type 2)	3	1	0
South Eastern HSC Trust			
Craigavon Area (Type 1)	1	1	0
Daisy Hill (Type 1)	0	0	0
South Tyrone (Type 3)	0	0	0
Armagh/Mullinure (Type 3)	0	0	0
Southern HSC Trust			
Altnagelvin Area (Type 1)	2	0	0
South West Acute (Type 1)	0	0	0
Tyrone County (Type 3)	0	0	0
Western HSC Trust			

Table 1C: Total New and Unplanned Review Emergency Care Attendances, by Emergency Care Department (July – September 2012)

Emergency Care Department	Total Attendances (New and Unplanned Review)		
	July 2012	August 2012	September 2012
Mater (Type 1)	3,511	3,819	3,944
Royal Victoria (Type 1)	7,726	7,937	8,454
RBHSC (Type 1)	2,359	2,374	2,928
Belfast HSC Trust			
Antrim Area (Type 1)	5,748	6,224	5,952
Whiteabbey (Type 3)	660	804	690
Mid Ulster (Type 3)	603	598	587
Causeway (Type 1)	4,051	4,154	3,597
Northern HSC Trust			
Ulster (Type 1)	6,821	7,038	7,215
Ards (Type 3)	747	804	785
Bangor (Type 3)	838	952	833
Lagan Valley (Type 2)	2,089	2,193	2,287
Downe (Type 2)	1,721	1,882	1,833
South Eastern HSC Trust			
Craigavon Area (Type 1)	5,716	5,991	5,929
Daisy Hill (Type 1)	3,470	3,413	3,290
South Tyrone (Type 3)	1,788	1,898	1,851
Armagh/Mullinure (Type 3)	660	736	601
Southern HSC Trust			
Altnagelvin Area (Type 1)	4,478	4,615	4,421
South West Acute (Type 1)	2,483	2,460	2,302
Tyrone County (Type 3)	1,374	1,410	1,380
Western HSC Trust			

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.'*

The current Ministerial target on emergency care waiting times for 2012/13 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 review 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
Belfast	Mater		
	Royal Victoria		
	RBHSC		
Northern	Antrim Area		Whiteabbey ¹³
	Causeway		Mid Ulster ¹³
South Eastern	Ulster	Lagan Valley ¹⁴	Ards
		Downe ¹⁴	Bangor
Southern	Craigavon Area		South Tyrone
	Daisy Hill		Armagh/Mullinure ¹⁵
Western	Altnagelvin Area		Tyrone County ¹³
	South West Acute ¹⁶		

¹³ See Notes 10 and 11 for reclassifications.

¹⁴ See Notes 12 & 13 for changes to operating hours.

¹⁵ See Note 16 for information.

¹⁶ See Note 15 for information.

10. 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.
11. 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.
12. 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 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.
13. 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.
14. 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.
15. 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.

16. 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 hours on Saturday, Sunday and Bank Holidays.
17. Some historical figures may have been updated to reflect returns re-submitted by HSC Trusts as part of end of year validations.
18. Figures included within this document are accurate as at 23rd October 2012, any changes to these figures will be reflected in subsequent issues of this publication.
19. Since the introduction of the emergency care waiting time statistics series in July 2008 information on waiting times at emergency care departments in Northern Ireland has been published on a monthly basis. From 1st 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.
20. 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:

Internet address: http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats.htm