



Northern Ireland  
Assembly

## Research and Information Service Briefing Paper

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NIAR 413-12

**Dr Lesley-Ann Black**

# Supplementary Departmental Data on Emergency Care

## 1 Introduction

This paper provides Members with supplementary information provided by the Department of Health, Social Services and Public Safety (DHSSPS) in response to a request for information for inclusion in research paper NIAR 193-12 on 'Emergency Care'. The information was not available to the Committee at that time; however it has now been collated and includes responses in relation for information pertaining to:

- Emergency care policies in Trusts;
- A&E flowcharts regarding patient care;
- Trolley waits and reasons for delay in A&E;
- Inappropriate attendances in A&Es;
- Sanctions for breaches in the 12 hour waiting time target;
- Staffing levels in A&Es throughout Northern Ireland.

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The answers to the questions posed by the researcher to the DHSSPS are provided below:

## 2. A&E Policy

### 2.1 Does each HSC Trust have an Emergency Care (A&E) policy in place?

*“The Belfast HSC Trust has a number of policies and plans which cover their emergency department. Similarly the Northern Trust has an emergency department handbook for each of their two hospital Type 1 emergency departments. The other three Trusts do not have a specific emergency care policy. It is important to note that the work being carried out by the Improvement Action Group (IAG) will ensure all Trusts adhere to best practice guidelines flowing from the work of that Group.”*

## 3. Patient flow through A&E

### 3.1 Please provide a flowchart to show the process of patient treatment at A&E (e.g. report to reception, triage, until they are either admitted or discharged).

*“Attached at [Appendix A](#) are Emergency Department flow charts for the Belfast, Western and Northern HSC trusts respectively. The Western Trust flow chart relates solely to the Erne Hospital (and to the new South West Hospital when it becomes operational). The Northern Trust flow chart forms part of an Emergency Department Handbook. The Southern and South Eastern Trusts do not have a flow chart. It is important to note however, this may well change following the work of the Improvement Action Group.”*

## 4. Trolley Waits and delays

### 4.1 What does the Department define as a “trolley wait”?

*“The Department no longer uses the term 'trolley wait', but instead refers to patients who have to wait for admission from A&E as 'delayed admissions'. These are patients where there has been a decision to admit to hospital during their emergency care episode, but who continue to wait in the emergency care department until a bed becomes available.”*

### 4.2 What are the main reasons for delay and long trolleys waits, and in which hospitals this is currently most prevalent?

*“The reasons for delay vary considerably between patients and between Trusts, for example, non-availability of beds in wards, need for social work intervention, waiting for transfer, awaiting diagnostics. Action on addressing delays will form part of the work of the IAG. The group has been asked to look at a number of areas where improvements could be made, recognising that an Emergency Department does not stand alone from the rest of a hospital and indeed is dependent for its efficient*

*functioning on performance across the hospital. Some of the issues the Minister wants to see explored by the Group include:*

- *The level of consultant decision making in Emergency Departments;*
- *Maximising the amount of surgery which can be done as day case rather than inpatient;*
- *Increasing the proportion of patients discharged each day who have left the ward by lunchtime;*
- *Sufficient ward rounds (maybe twice daily) to promote early discharge;*
- *Only keeping the most seriously ill waiting for investigations or procedures that could be done as an outpatient;*
- *Permitting senior nurses to discharge patients over weekends and public holidays;*
- *Actively tackling delays with discharges into the community;*
- *Developing options to deal with the 20-30% of patients who turn up inappropriately at Emergency Departments.”*

**4.3 How many people waited on trolleys in each Type 1 A&E hospital in Northern Ireland over the past 12 months? Please provide this data by month and the number of people who waited: less than 4 hours, 4-12 hours, 12-20 hours, and over 20 hours?**

*“Information on the number of people waiting to be admitted in each Type 1 hospital emergency department is not collected by the Department and could only be provided at disproportionate cost.”*

**5. Inappropriate attendances**

**5.1 What percentage of people attending A&E should not be treated there? Has the Department done any work in regard to inappropriate attendees at A&Es?**

*“No statistics are collected concerning this. However estimates are that around 20-30% of attendances are inappropriate.”*

**6. Busiest times**

**6.1 Which A&E months tend to be the busiest, and are weekends generally busier than week days?**

*“Information on emergency care attendances by day of the week is not collected by the Department and could only be provided at disproportionate cost. Information on number of new and unplanned attendances is available on a monthly basis and information for the past 15 months is published quarterly. This will show trends in attendances at EDs on a regional basis.”*

## 7. Dealing with demand at A&E

### 7.1 How will the DHSSPS/Trusts deal with increased demand and delay at A&Es going forward?

*“The Minister has recently announced the establishment of an Emergency Department Improvement Action Group to improve patient outcomes and the patient experience in emergency departments. This Group is immediately tasked with driving down waiting times. The aim is to see an improvement in the 4 hour discharge target from emergency departments and breaches in the 12 hour waiting time target to be rare occurrences. The HSC Board and Public Health Agency will lead the Group, working in collaboration with HSC Trusts. The Minister remains committed to wider HSC systems’ reform. A key step to achievement of this goal was the publication of Transforming Your Care in December 2011.”*

## 8. Sanctions on Trusts for breaches in waiting time targets

### 8.1 Are Trusts currently fined if they breach the 12 hour waiting time target, and if not, is this likely to come into force in the future?

*“Trusts are not subject to fines at present if they breach the 12 hour waiting time. Where any trust does not meet performance standards and it can be shown that the HSC Board has commissioned services that should meet projected demand within the set standards, the Department will engage with the Board to escalate the performance issue and ensure that all viable corrective interventions are applied.”*

## 9. Staffing levels

**How many consultants/nurses are needed on shift for each Type 1 A&E in NI?  
How many are needed on night shifts and weekends? Has there been a shortage of consultants in any particular A&E Departments?**

*“Staffing levels in Emergency Departments across all Trusts is being addressed by the Improvement Action Group, however I would refer readers to a recent AQW 9752 which sets out current staffing levels (copy attached at [Appendix B](#)).”* [Please note, data at Appendix B relates to March 2011 and is somewhat outdated in terms of the most up to date information].

## 10. Additional data requested by the Committee

Following the presentation to the HSSPS Committee on 16 May 2012 by the researcher, the Committee also requested further information on:

1. GP “Out-of-hours” services cross-border pilot schemes;
2. Research into Minor Injuries Units carried out by Trusts;
3. Trusts plans to deal with the high number of people who are intoxicated attending A&E;

4. Reasons behind Southern Trust's better performance against waiting time targets.

Information relating to each of these issues is provided below.

### 10.1 GP Cross border “Out-of-hours” services

Funding from the European Union INTERREG IIIA programme was secured by Cooperation and Working Together (CAWT), the cross border Health Services partnership, for two cross border pilot GP Out-of-Hours services in South Armagh and Donegal border regions. In the first pilot area, patients in the Republic of Ireland (Donegal) have been able to access a GP Out-of-Hours centre in Northern Ireland (L/Derry). In the second pilot area, patients in Northern Ireland (South Armagh) are able to access an Out-of-Hours centre in the Republic of Ireland (North Monaghan). The purpose of the pilots is to facilitate patients who need access to urgent health services (i.e. those conditions that cannot wait until the next day when their nearest GP surgery is open) closer to their home, even though those services are in another jurisdiction.

- **GP Out-of-Hours service for Donegal**

According to the HSC website, the Donegal pilot service is provided by:

*“the Western Urgent Care in Londonderry for patients living in Killea, Castleforward, Burt, Inch, Birdstown and Kilderry areas of Inishowen, in County Donegal. Such patients can avail of the GP Out-of-Hours Service (Western Urgent Care in L/Derry). Patients can still decide to attend their local service in Letterkenny or Carndonagh in Donegal, and this should be their first port of call for accessing the Western Urgent Care service in Northern Ireland.”*

Private patients from Donegal accessing the Western Urgent Care service will have to pay exactly the same fee that applies in the Republic of Ireland to see a GP. However, those from Donegal who have a medical card will have their costs covered by the Health Service Executive.<sup>1</sup>

- **GP Out-of-Hours Service for South Armagh**

Regarding the service for patients in Armagh, the HSC website states that the pilot is:

*“provided by the North East Doctor on Call (NEDOC) service in Castleblayney, County Monaghan. NEDOC has extended its service to those patients living in South Armagh who are in urgent need of a GP outside of normal surgery hours. The South Armagh areas which have access to this new service include*

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<sup>1</sup> Data available from HSC GP Out-of-Hours website (patient leaflet):  
<http://www.gpoutofhours.hscni.net/crossborder/GP%20Out-of-Hours%20Donegal%20Patient%20Leaflet.pdf>

*Crossmaglen, Creggan, Silverbridge, Newtownhamilton, Carrigatuke, Keady, Kileen, Derrynoose, Milford and Killylea”.*

Patients in those areas listed who urgently require a GP Out-of-Hours contact their Out-of-Hours service via telephone in the first instance. If advised to attend a GP Out-of-Hours centre, patients will be given the choice to attend Newry, Armagh, Dungannon or Castleblayney. NHS patients from South Armagh who decide to attend Castleblayney in Monaghan will not be expected to pay for accessing the service.<sup>2</sup>

The Department was asked about the number of telephone calls and patient visits to ‘GP out of hours services’ which resulted in the patient being referred on to A&E. The Department has advised that it *“does not routinely collect this information. Furthermore robust information on a comparable basis is not available from the HSC Board.”*

## **10.2 Research into Minor injuries units by the DHSSPS**

The Department was also contacted to ascertain what research has been conducted into the area of Minor Injuries Units. It responded:

*“The Department has not conducted any research into Minor Injuries Units.”*

## **10.3 How to address the issue of intoxicated patients at A&E?**

The Department was also asked about what strategies, if any, are being considered by the DHSSPS to deal with the amount of people attending A&E who are intoxicated? It responded:

*“It is very difficult to measure the number of people who attend Emergency Departments who are intoxicated, and whether or not intoxication is the reason for their attendance. Some research conducted across the UK has estimated that one in six people attending accident and emergency departments for treatment have alcohol-related injuries or problems, and this can rise to eight out of ten at peak times (i.e. weekends).*

*The revised cross-sectoral strategy, the New Strategic Direction for Alcohol and Drugs (NSD) Phase 2, to reduce the harm related to both alcohol and drug misuse in Northern Ireland was launched on 26 January 2012. Approximately £8 million is allocated to its implementation each year, and additional funding of £7 million is provided through the mental health budget for the provision of treatment and support services.*

<sup>2</sup> Data available from HSC GP Out of hours website (patient leaflet):

<http://www.gpoutofhours.hscni.net/crossborder/GP%20Out-of-Hours%20South%20Armagh%20Patient%20Leaflet.pdf>

According to the Independent Evaluation Report by CAWT, the cost of treating a patient varies between the two pilot areas reflecting the variation in charges which exist within the Republic of Ireland. This means that the NHS GP Out of Hours provider in Derry (Western Urgent Care) receives €40 from the Health Service Executive (HSE) for each fee-paying patient they treat from the Republic of Ireland. Likewise the NHS pays the GP Out-of-Hours provider in Monaghan (NEDOC Ltd) €55 for each patient they treated from Northern Ireland.

*One area where action is being undertaken that could help impact on the number of people who attend Emergency Departments while intoxicated is the presence of Alcohol Liaison Nurses. Alcohol Liaison Nurses are now available in most acute hospitals settings across Northern Ireland. Alcohol liaison nurses work primarily with patients in Emergency Departments, and those who have been admitted to hospital, where alcohol may be a factor in attendance/admission but is not the primary issue. They support and encourage their clients to reconsider their alcohol use, and motivate and signpost them to treatment services if required. Again, there is good evidence that Alcohol Liaison Nurses are effective, particularly in reducing repeat attendances. As part of the NSD Phase 2, the Public Health Agency has been tasked to review the role and capacity of alcohol liaison nurses, and give consideration to ensuring they are available in all relevant HSC sites across Northern Ireland.”*

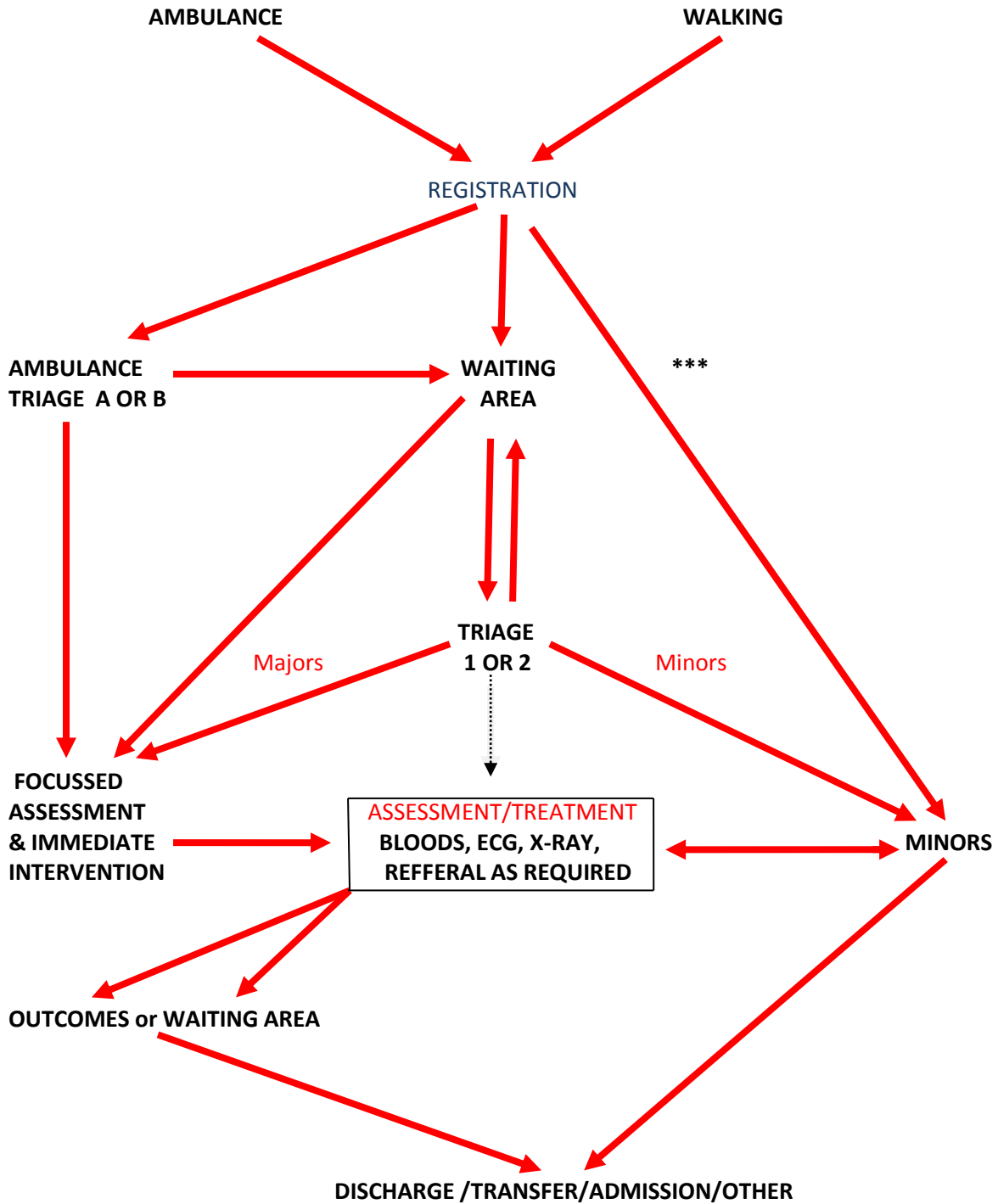
#### **10.4 Why are some trusts are performing better than others?**

Finally, the Department was also asked if it could surmise why the Southern Trust had met its 4 and 12 hour targets on more occasions than the other Trust areas.

The DHSSPS response is as follows:

*“Uniform performance targets which are applicable to all HSC Trusts have been set and all Trusts are expected to meet the targets. How each HSC Trust realises the targets is an operational issue appropriate to them. The Minister has said on numerous occasions that he will not accept lengthy waits or poor or substandard services in our emergency departments. One of the key responses to this has been the establishment by the HSC Board and Public Health Agency of an Emergency Care Improvement Action Group to drive down waiting times and improve patient outcomes and the patient experience in emergency departments across Northern Ireland. Significant improvement in the performance on the 4 hour waiting time target in emergency departments are expected and breaches of the 12 hour waiting time target should only occur in rare circumstances – and where this does happen the Minister will expect a report as to why the breach has occurred. As part of this process there will be a sharing of good practice across and between Trusts”.*

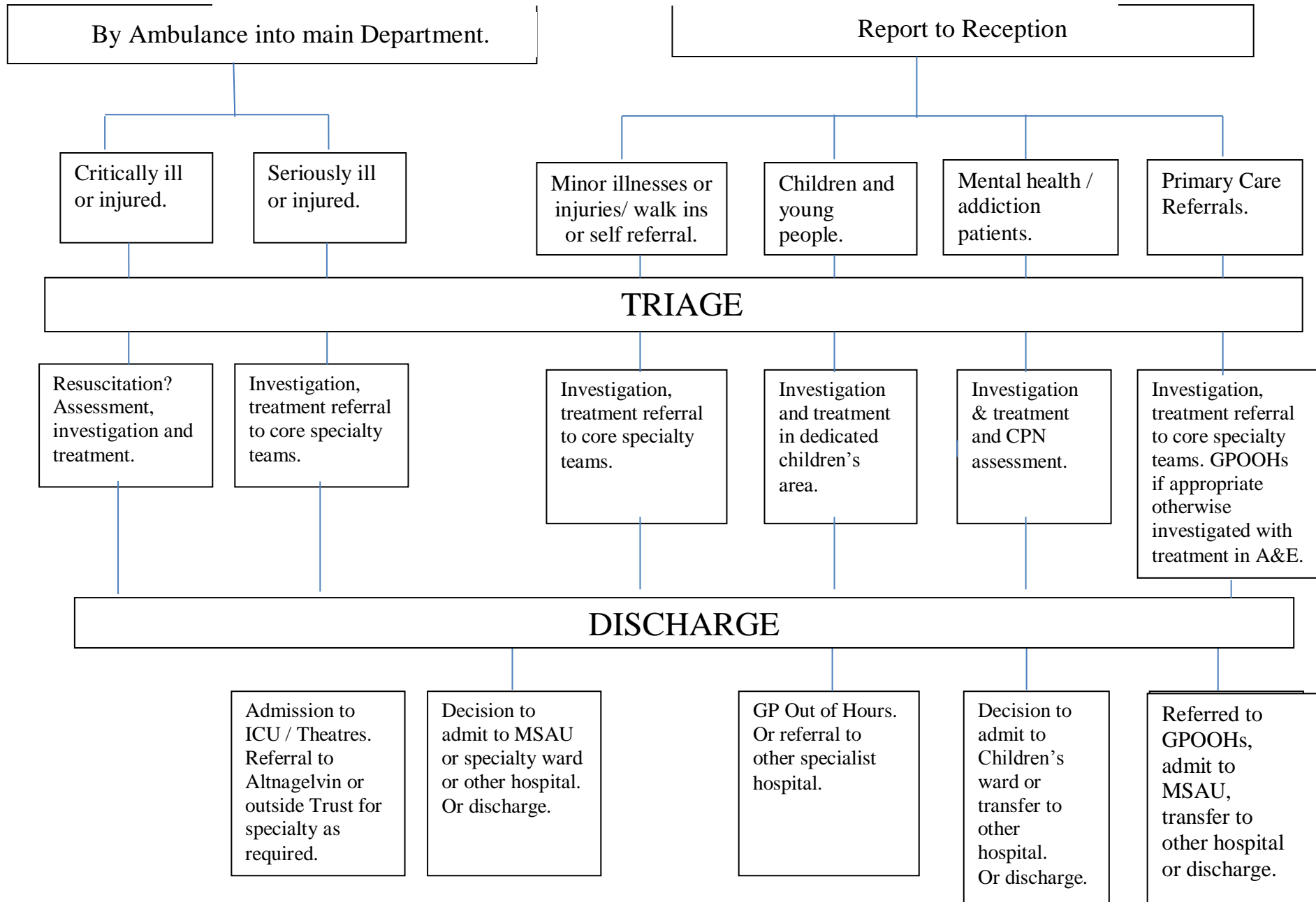
### Appendix A: BELFAST HSC TRUST EMERGENCY DEPARTMENT FLOWCHART



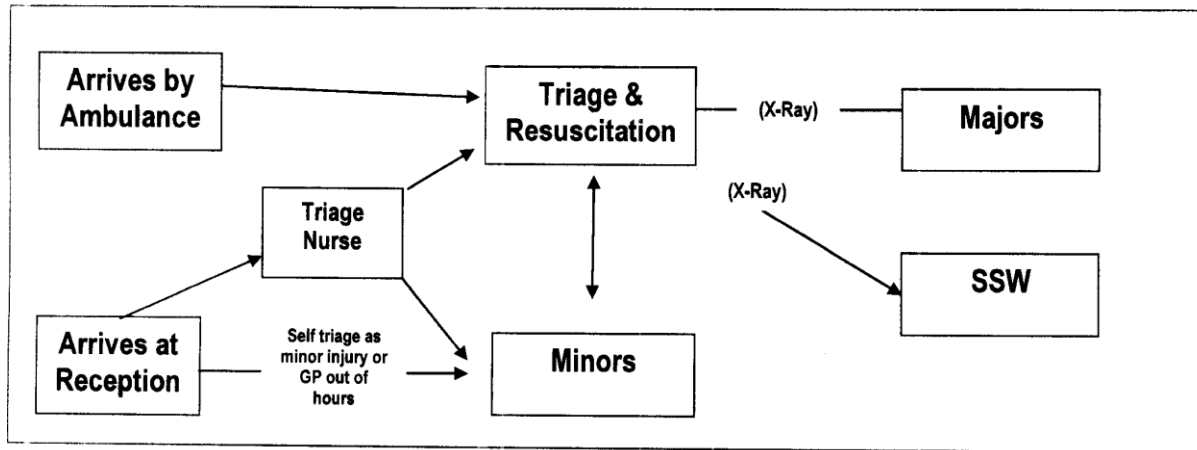
\*\*\*Simple injuries distal to and including the elbow and knee.



# ERNE/NEW SW HOSPITAL A&E FLOW CHART



### Northern Trust Emergency Department Flow Chart



## Appendix B Staffing levels at A&E departments: Assembly Question response<sup>3</sup>

The DHSSPS advised the researcher that information on A&E staffing levels was only available through a previous Assembly Question, as per the response provided below.

**Please note that the response was provided for circumstances as at 22 March 2011, therefore the situation is likely to have changed. Information gives members a general indication of staff levels and details of cover provided. Unfilled posts at that time, are highlighted in yellow.**

**Alasdair McDonnell (Belfast South):** *To ask the Minister for HSSPS to detail the current allocation of doctors and nurses for day and night shifts in each hospital's Accident and Emergency Department; and whether all positions are filled.*

### Belfast Trust area Accident and Emergency Units

**Doctors:** Mater/Royal

Hospital Shifts	Mater Hospital			Royal Victoria Hospital		
	Day/Night			Day/Night		
	Posts Available		Posts Unfilled	Posts Available		Posts Unfilled
Grade	HC <sup>4</sup>	WTE <sup>5</sup>	WTE	HC	WTE	WTE
Consultant	5	5.0	0.0	12	12.0	0.0
Middle Grade Doctors	10	9.1	1.0	8	8.0	4.0
Junior Grade Doctors	5	5.0	1.0	10	8.0	2.0
<b>Total</b>	<b>20</b>	<b>19.1</b>	<b>2.0</b>	<b>30</b>	<b>28</b>	<b>6.0</b>

#### Notes:

1. Medical Staff work on a rotational basis. The positions filled and unfilled are indicative of the complete medical staffing. Any gaps are supplemented to at least the minimum staffing levels.
2. At the Mater Hospital, on weekdays, there are 2 Consultants on duty between 8am and 1pm, 1 Consultant on duty between 1pm and 6pm, a Consultant on call between 6pm and midnight and again a Consultant on call between midnight and 8am. At weekends, there is one Consultant on duty between 8am and 1pm, one Consultant on duty 1pm to 5pm, with a consultant on call between 5pm and 8am.
3. At the Royal Victoria Hospital, on weekdays, there are 3 Consultants on duty between 8am and 1pm, a minimum of 3 Consultants on duty between 1pm and 6pm, 1 Consultant on duty between 6pm and midnight and a Consultant on call between midnight and 8am. At weekends, there are two Consultants on duty between 8am and 1pm and one Consultant on duty between 1pm and 5pm, with a consultant on call between 5pm and 8am.

<sup>3</sup> AQW 9752/11-15

<sup>4</sup> HC: Headcount

<sup>5</sup> WTE: the Whole Time Equivalent number of staff is calculated by aggregating the total number of hours that staff in a grade are contracted to work, and dividing by the standard hours for that grade. In this way, part-time staff are converted into an equivalent number of 'whole-time' staff.

**Nurses:** Mater/Royal

Hospital Shifts	Mater Hospital			Royal Victoria Hospital		
	Day/Night			Day/Night		
	Posts Available		Posts Unfilled	Posts Available		Posts Unfilled
Grade	HC	WTE	WTE	HC	WTE	WTE
Band 7	2	2.0	0.0	11	9.6	0.9
Band 6	7	6.0	1.0	9	10.4	1.6
Band 5	25	23.2	1.8	44	42.3	6.9
Band 3	4	4.0	1.3	13	10.7	4.0
Band 2	1	0.6	0.0	0	0.0	0.0
<b>Total</b>	<b>39</b>	<b>35.8</b>	<b>4.1</b>	<b>77</b>	<b>73</b>	<b>13.4</b>

**Notes:**

- Six Band 5 nursing posts at the Royal Victoria Hospital are due to be appointed and should be in post within the next three weeks.
- Nursing staff within the Emergency Department work on a rotational basis through night and day shifts. The positions filled and unfilled are indicative of the complete nursing staffing. Any gaps are supplemented to at least the minimum staffing levels.

**Northern Trust area Accident and Emergency Units****Doctors:** Antrim and Causeway

Hospital Shift	Antrim Area Hospital					
	Day Shift			Night Shift		
	Posts Available		Posts Unfilled	Posts Available		Posts Unfilled
Grade	HC	WTE	WTE	HC	WTE	WTE
Consultant	8	8.0	3.0	8 (on call)	8.0	3.0
Associate Specialist	2	2.0	0.0	2 (on call)	2.0	0.0
Staff Grade	2	1.6	0.0	2 (on call)	1.6	0.0
Specialty Registrar ST4+	4	4.0	0.0	0	0.0	0.0
Specialty Registrar ST2+	12	12.0	0.0	2	2.0	0.0
<b>Total</b>	<b>28</b>	<b>27.6</b>	<b>3</b>	<b>12</b>	<b>13.6</b>	<b>3</b>

**Note:** One unfilled Consultant position is currently filled by locum cover; the other two unfilled Consultant positions are new posts.

Hospital Shift	Causeway Hospital					
	Day Shift			Night Shift		
	Posts Available		Posts Unfilled	Posts Available		Posts Unfilled
Grade	HC	WTE	WTE	HC	WTE	WTE
Consultant	3	3.0	0.0	3 (on call)	3.0	0.0
Associate Specialist	1	1.0	0.0	1 (on call)	1.0	0.0
Specialty Registrar ST1/2	7	7.0	6.0	1	1.0	0.0
<b>Total</b>	<b>11</b>	<b>11</b>	<b>6</b>	<b>4</b>	<b>5</b>	<b>0</b>

**Note:** Unfilled posts are currently filled with locum cover.

**Nurses:** Antrim and Causeway

Hospital	Antrim Area Hospital			Causeway Hospital		
Shifts	Day/Night			Day/Night		
Grade	Posts Available		Posts Unfilled	Posts Available		Posts Unfilled
	HC	WTE	WTE	HC	WTE	WTE
Band 7	1	1.0	0.0	1	1.0	0.0
Band 6	8	6.1	0.0	8	7.2	0.0
Band 5	39	34.9	0.0	28	22.7	0.0
Band 3	4	3.4	0.0	2	1.8	0.2
Band 2	9	6.9	0.0	2	2.0	0.2
Emergency Nurse Practitioner	4	3.3	0.0	2	1.3	0.4
<b>Total</b>	<b>65</b>	<b>55.6</b>	<b>0</b>	<b>43</b>	<b>36</b>	<b>0.8</b>

**Notes:**

- The headcount and WTE of staff available to be allocated to day/night shift is indicative. Exact numbers of staff allocated to day/night shift is difficult to detail in this format as there are various twilight shifts utilised and therefore cannot be clearly defined as day/night shifts.
- An additional 7 (6 WTE) nurses have been recruited for Antrim Emergency Department and are due to take up post soon.

**South Eastern Trust area Accident and Emergency Units**

**Doctors:** Downe, Lagan Valley, and Ulster

Hospital	Downe Hospital			Lagan Valley		
Opening hours	8am-10pm			9am-8pm (Unit staffed 9am-Midnight)		
Grade	Posts Available		Posts Unfilled	Posts Available		Posts Unfilled
	HC	WTE	WTE	HC	WTE	WTE
Consultant	1	1.0	0.0	2	1.7	0.0
Associate Specialist	1	1.0	0.0			
Staff Grade				4	4.0	1.0
Specialty Doctor	6	6.0	1.8			
Fixed Term Specialty Training Appointments				4	4.0	4.0
Foundation House Officer 2				2	2.0	0.0
<b>Total</b>	<b>8</b>	<b>8</b>	<b>1.8</b>	<b>12</b>	<b>11.7</b>	<b>5.0</b>

Hospital	Ulster Hospital					
Shift	Day Shift			Night Shift		
Grade	Posts Available		Posts Unfilled	Posts Available		Posts Unfilled
	HC	WTE	WTE	HC	WTE	WTE
Consultant	2	2.0	0.0	1 (until 10pm)	1.0	0.0
Middle Grade Doctors	4	4.0	0.0	2 (until 10pm) 1 (until 3am)	2.0 1.0	0.0 0.0
Junior Grade Doctors	3	3.0	0.0	3 (until midnight) 2 (overnight)	3.0 2.0	0.0 0.0
<b>Total</b>	<b>9</b>	<b>9.0</b>	<b>0.0</b>	<b>9</b>	<b>9.0</b>	<b>0.0</b>

**Nurses:** Downe, Lagan Valley, and Ulster

Hospital	Downe Hospital		Lagan Valley		Ulster Hospital	
Opening hours	8am-10pm		9am-8pm (Unit staffed 9am-Midnight)		24 Hours	
Shift	Qualified	Support	Qualified	Support	Qualified	Support
Morning	4	2	4	2	13	2
Afternoon	5	2	5	2	13	2
Evening	4	2	4	2	13	2
Night	2	0	2	0	11	2
<b>Total</b>	<b>15</b>	<b>6</b>	<b>15</b>	<b>6</b>	<b>50</b>	<b>8</b>

**Notes:**

1. Figures have been provided for staff on each shift only and not for total staff in post.
2. Any vacancies in the workforce are currently being progressed with Human Resources Recruitment Team. Vacancies within the rota are covered with bank / agency staff.

**Southern Trust area Accident and Emergency Units****Doctors:** Craigavon/ Daisy Hill

Hospital	Craigavon Area Hospital			Daisy Hill Hospital		
Shifts	Day/Night			Day/Night		
Grade	Posts Available		Posts Unfilled	Posts Available		Posts Unfilled
	HC	WTE	WTE	HC	WTE	WTE
Consultant	8	8.0	0.0	2	2.0	0.0
Middle Grade	6	6.0	1.0	2	2.0	0.0
GP Practitioners	0	0.0	0.0	5	3.0	0.0
Junior Grade	9	9.0	1.0	5	5.0	1.0
<b>Total</b>	<b>23</b>	<b>23</b>	<b>2.0</b>	<b>14</b>	<b>12</b>	<b>1.0</b>

**Notes:**

1. At Craigavon Area Hospital, weekday day shift is covered by 3 Consultants, 3 Middle Grade doctors and 4 Junior Grade Doctors, with one Consultant on shift at weekends. Night shift is covered by 1 Consultant until 10pm, 3 Middle Grade doctors until 10pm (with one Middle Grade Doctor until midnight) and 2 Junior Grade Doctors.
2. At Daisy Hill Hospital, day shift is covered by 2 Consultants, 1 Middle Grade doctor, 2 GP Practitioners and 2 Junior Grade Doctors. Night shift is covered by 1 Consultant until 10pm weekdays and until 2pm weekends (with Consultant on-call cover outside of these hours), 1 Middle Grade doctor until 10pm (alternate with Consultant), 1 GP Practitioner until 10pm and 1 Junior Grade Doctor.

**Nurses** Craigavon/ Daisy Hill

Hospital Shifts	Craigavon Area Hospital			Daisy Hill Hospital		
	Day/Night			Day/Night		
	Posts Available		Posts Unfilled	Posts Available		Posts Unfilled
Grade	HC	WTE	WTE	HC	WTE	WTE
Band 7	4	3.8	0.0	3	2.9	0.0
Band 6	8	7.0	0.0	0	0.0	0.0
Band 5	51	42.3	4.0	23	16.0	0.0
Band 3	11	9.0	0.0	5	4.3	0.0
<b>Total</b>	<b>74</b>	<b>62.1</b>	<b>4.0</b>	<b>31</b>	<b>23.2</b>	<b>0.0</b>

**Notes:**

1. Nursing staff within the Emergency Department work on a rotational basis through night and day shifts. Any vacant posts are filled through the Trust Nurse bank system.
2. At Craigavon Area Hospital, morning shift is covered by 2 Band 7 nurses, 2 Band 6 nurses, 10 Band 5 nurses and 2 Band 3 nurse support. Afternoon and evening shifts have an extra 2 Band 5 nurses. Night shift is covered by 1 Band 6 nurse, 6 Band 5 nurses and 1 Band 3 nurse support. Three of the Band 7 nurses are Emergency Nurse Practitioners, with the other being the ward manager who works Monday to Friday.
3. At Daisy Hill Hospital, there are 5 nurses on duty most mornings, with 8 nurses on shift in the afternoon and 4 nurses on duty in the evening from 17:00 hours to 21:00 hours. There are less nursing staff on duty at weekends. One of the Band 7 nurses is an Emergency Nurse Practitioner, with the other being the ward manager who works Monday to Friday.

**Western Trust area Accident and Emergency Units****Doctors:** Altnagelvin/Erne

Hospital Shifts	Altnagelvin Hospital			Erne Hospital		
	Day/Night			Day/Night		
	Posts Available		Posts Unfilled	Posts Available		Posts Unfilled
Grade	HC	WTE	WTE	HC	WTE	WTE
Consultant	4	3.1	0.5	3	3.0	1.0
Associate Specialist	1	1.0	0.0	1	1.0	0.0
Staff Grade/Specialty Doctor	2	2.0	1.0	6	6.0	6.0
Trust Grade	2	1.8	0.0			
Specialty Registrar	4	4.0	1.0	1	1.0	1.0
GP Registrar ST2	3	3.0	0.0			
Foundation Year 2	3	3.0	0.0			
<b>Total</b>	<b>19</b>	<b>17.9</b>	<b>2.5</b>	<b>11</b>	<b>11</b>	<b>8</b>

**Notes:**

1. At Altnagelvin Hospital, locums are currently covering the Junior and Middle Grade vacancies. Two Consultants are on duty between 9am and 5pm and on call from 5pm and 9am.
2. At Erne Hospital, a Consultant post is currently being covered by a full-time long-term locum, 2 of the Specialty Doctor posts are being covered by full-time long-term locums, with the other 4 Specialty Doctor posts and the Specialty Trainee post being covered by locums on an "ad-hoc" basis. On weekdays, Consultants are on duty between 9am and 10pm and a Consultant or Associate Specialist is on call from 10pm and 9am on weekdays and on call at weekends.

### Nurses - Altnagelvin

Hospital	Altnagelvin Hospital		
	Day/Night shift		
	Posts Available		Posts Unfilled
Grade	HC	WTE	WTE
Band 8a	1	1.0	0.0
Band 7 Emergency Nurse Practitioner	5	4.3	0.0
Band 6	5	5.0	0.0
Band 5	26	24.3	1.3
Band 2/3	7	6.6	1.1
<b>Total</b>	<b>44</b>	<b>41.2</b>	<b>2.4</b>

#### Note:

1. At Altnagelvin Hospital nursing staff rotate from day to night duty. Day shift is covered by 1 Band 8a, 2 Band 7 Emergency Nurse Practitioners, 1 Band 6, 6 Band 5 Nurses; and 2 Band 2/3 Nurse Support staff. Night Shift is covered by 1 Band 6, 4 Band 5 Nurses; and 1 Band 2 Nurse Support staff.

### Nurses: Erne

Hospital	Erne Hospital	
	Day shift	Night Shift
Band 8a	0	0
Band 7 Emergency Nurse Practitioner	1	0
Band 6	1	0
Band 5	4	3
Band 2/3	1	1
<b>Total</b>	<b>7</b>	<b>4</b>

#### Note:

1. Figures for Erne Hospital relate to staff on each shift only and not to total staff in post.
2. At the Erne Hospital, one of the day shift band 5 nurses, one of the night shift band 5 nurses and the night shift health care worker are in addition to the funded nursing staff. These shifts are covered by bank staff.
3. A review of the nursing workforce for the new South West Acute Hospital Emergency Department is currently in progress.