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Emergency Care in Northern Ireland: 2012/13 update

This paper provides an overview of the latest data from the Department of Health, Social Services and Public Safety (DHSSPS) regarding emergency care. Data is mainly taken from 2012/13 and compared with data from previous years.

1. Types of Emergency Care

There are currently 3 main categories of emergency care in Northern Ireland ranging from 'Type 1' - major acute Accident and Emergency (A&E) departments, through to 'Type 3' - smaller units for less serious injuries.¹ Details of each type of emergency care unit are described below.

- **Type 1:** Major unit with consultant-led services and accommodation for patients; emergency medicine and surgical services are provided on a 24-hour basis.
- **Type 2:** Consultant-led service with accommodation for patients; either emergency medicine or emergency surgical services may be provided. These services have restricted opening hours.
- **Type 3:** Minor injuries units cater for patients with a minor injury or illness (such as sprains, cuts, or bruises). These units may be doctor or nurse-led. They also have restricted opening hours. Some units will only treat patients over 5 years of age.

¹ PwC (2007) DHSSPS Audit of Accident and Emergency Activity, p5. Available online at: www.dhsspsni.gov.uk/a_e-report-volume-1.pdf p.6 Website accessed 16.3.14

There are 19 emergency care facilities across Northern Ireland. Each of these, together with their opening times, is presented in Table 1.

Trust	Type 1 (All have 24 hour access)	Type 2	Type 3 Minor Injuries Unit
Western Trust	<ul style="list-style-type: none"> Altnagelvin Area New South West 		<ul style="list-style-type: none"> Tyrone County (24 hour access)
Northern Trust	<ul style="list-style-type: none"> Antrim Area Causeway 		<ul style="list-style-type: none"> Whiteabbey (9-5pm Mon-Fri) Mid Ulster (9-5pm Mon-Fri)
Southern Trust	<ul style="list-style-type: none"> Craigavon Area Daisy Hill 		<ul style="list-style-type: none"> South Tyrone (9-9pm Mon-Fri; 10-6pm Sat & Sun) Armagh/Mullinure (9-5pm Mon-Fri)
Belfast Trust ²	<ul style="list-style-type: none"> Royal Victoria Mater Hospital RBHSC³ 		
South E. Trust	<ul style="list-style-type: none"> Ulster 	<ul style="list-style-type: none"> Lagan Valley (8-8pm Mon-Fri) Downe (8-8pm Mon-Fri) 	<ul style="list-style-type: none"> Ards (9-5pm Mon-Fri) Bangor (9-5pm Mon-Fri)

Table 1. Emergency care sites by Trust, type, and opening times²

2. Changes to A&E provision

Over recent years there have been some changes in terms of the status of emergency departments (e.g. Type 1, 2, 3) and their access times. The main changes are as follows:

- In 2009, *Tyrone County Hospital's* emergency department was reconfigured from a Type 2 emergency care department to a Type 3 minor injury unit. This is currently known as the Urgent Care and Treatment Centre. It remains open 24 hours per day, with approximately 46 patients attending per day.³
- In 2010, both emergency departments at the *Whiteabbey* and *Mid-Ulster Hospitals* were reconfigured from Type 2 emergency care units to Type 3 minor injury units. Opening hours in both units were reduced and each currently operates 9am-5pm Monday to Friday.⁴
- In 2011, both the remaining Type 2 emergency care departments in Northern Ireland, located in the South Eastern Trust, namely *Downe* and *Lagan Valley Hospitals* had their 24 hours of access reduced. Downe was then opened daily 8am-10pm, and in the evenings from 10pm-8am, with an enhanced out-of-hours which was supported by nursing staff. Lagan Valley changed its access hours, from 24 hours per day, to 9am-8pm daily with no overnight cover. Access to emergency care on both sites was further reduced in 2013.

² DHSSPS Emergency care waiting time statistics (October-December 2011), page 22. The opening times of Type 2 and 3 services are as at May 2014.

³ Personal correspondence between author and DHSSPS, response dated 16.4.14.

⁴ Northern Health and Social Care Trust: Whiteabbey and Mid Ulster hospital MIUs. Available online at: http://www.northerntrust.hscni.net/pdf/minor_injuries_unit_leaflet.pdf Website accessed 3.4.14

Both departments are now open from 8am-8pm Monday to Friday⁵, with no access at the weekends.⁶

- Also in 2011, *Belfast City Hospital* A&E unit, which is a Type 1 emergency care facility, was temporarily closed. The main reason cited was due to inadequate levels of senior staff – thus leading to heightened fears over patient safety.⁷ There was also an indication that having three A&E sites within a small radius in Belfast was resource intense and possibly inefficient. To date, this closure has remained in place, and it has inevitably put pressure on nearby major emergency departments like the Royal Victoria and Ulster Hospitals.
- In 2012 the *Erne Hospital* was closed and all emergency care services were transferred to the newly built Type 1 emergency department in the *South West Acute Hospital* in Enniskillen.
- Later in 2012, the minor injuries unit at *Mullinure Hospital* was closed. In turn, the opening hours at the *Armagh Community Hospital* minor injuries unit were extended from 9am to 7pm until March 2013. Before the closure, Armagh and Mullinure provided a joint 24-hour emergency care service; Armagh operating Monday to Friday 9am-5pm, and Mullinure operating from 5pm-9am on weekdays, and bank holidays. Since the closure of Mullinure, Armagh's minor injuries unit has had its hours of access further reduced. Currently it opens 9am to 5pm Monday to Friday including bank holidays.
- In November 2013, there was also a change to the opening times at *Bangor Community Hospital's* Type 3 minor injuries unit. It is currently closed at weekends until further notice. The reason cited is also due to staff shortages.⁸

The restricted hours of access or closures has had an impact on the level of demand on emergency care services across other sites in Northern Ireland. It also makes it more difficult to compare data historically, as the access hours have changed and this has had an impact on demand and capacity.

2. How many people have been attending A&E in Northern Ireland?

As shown in Figure 1 overleaf, on average, over 700,000 people attend emergency departments in Northern Ireland each year. However, from 2008 until 2012/13, the

⁵ South Eastern Health and Social Care Trust Emergency Department at the Downe Hospital. Available online at: <http://www.setrust.hscni.net/hospitals/2342.htm> Website accessed 11.4.14

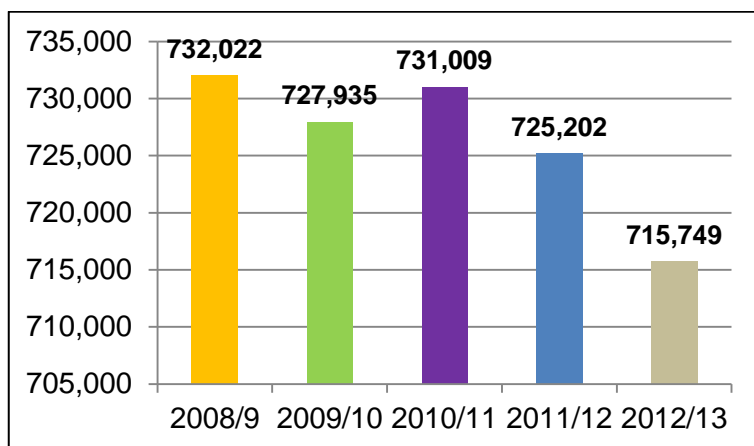
⁶ BBC News NI (December 2013) Downe and Lagan Valley A&E opening Hours reduced. Available online at: <http://www.bbc.co.uk/news/uk-northern-ireland-25499377> Website accessed 3.4.14

⁷ NI Assembly paper NIAR 437-11 'Belfast City Hospital A&E', by Black, L. Available online at <http://www.niassembly.gov.uk/Documents/RaISe/Publications/2011/Health/8411.pdf> Website accessed 11.4.14

⁸ South Eastern Health and Social Care Trust. Minor Injuries Unit - Bangor Community Hospital. Available online at: <http://www.setrust.hscni.net/hospitals/2443.htm> Website accessed 23.4.14

number of attendances at emergency care departments has decreased by around 2%.⁹ Despite the slight decrease in attendances, there is still considerable concern about emergency care provision in Northern Ireland, and many instances of patients waiting long times to access care.

Figure 1. Total attendances at emergency care departments 2008-2013¹⁰



Patient attendances are classified as either ‘new’ or ‘review’ (planned or unplanned) attendances. In 2012/13, a total of 715,749 attendances were recorded at emergency care departments. Of these, 642,703 were ‘new’ attendances, 39,670 were ‘unplanned review’ attendances, and 33,376 were ‘planned review’ attendances.¹¹

Perhaps not surprisingly, the majority of patient attendances occurred within the Belfast Trust, with the fewest reported in the Western Trust, as shown in Table 2.

Trust	No. of A&E patient attendances 2012/13
Belfast Trust	176,006 (25%)
South Eastern Trust	157,538 (22%)
Southern Trust	147,121 (21%)
Northern Trust	131,911 (18%)
Western Trust	103,173 (14%)
TOTAL	715,749

Table 2. Number of emergency care attendances in the each HSC Trust¹²

In terms of demand by type of emergency department (Type, 1, 2, or 3), around four out of every five attendances were at Type 1 (major, consultant-led) units, as shown in Figure 2. These are mostly ‘new’ rather than ‘review’ attendances.

⁹ DHSSPS/NISRA Northern Ireland Hospital Statistics: Emergency Care 2012/13, page 1 http://www.dhsspsni.gov.uk/hospital_statistics_emergency_care_2012-13.pdf Website accessed 23.4.14

¹⁰ DHSSPS/NISRA Northern Ireland Hospital Statistics: Emergency Care 2012/13, page 7 http://www.dhsspsni.gov.uk/hospital_statistics_emergency_care_2012-13.pdf Website accessed 3.4.14

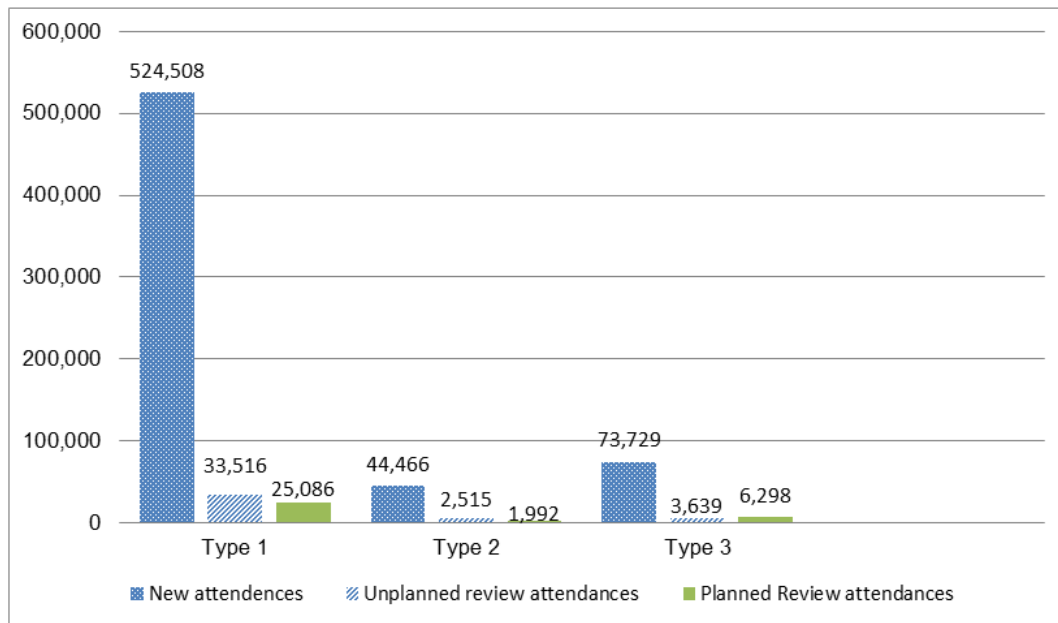
¹¹ DHSSPS/NISRA Northern Ireland Hospital Statistics: Emergency Care 2012/13 page 17.

http://www.dhsspsni.gov.uk/hospital_statistics_emergency_care_2012-13.pdf Website accessed 17.4.14

¹² DHSSPS/NISRA Northern Ireland Hospital Statistics: Emergency Care 2012/13 page 16.

http://www.dhsspsni.gov.uk/hospital_statistics_emergency_care_2012-13.pdf Website accessed 17.4.14

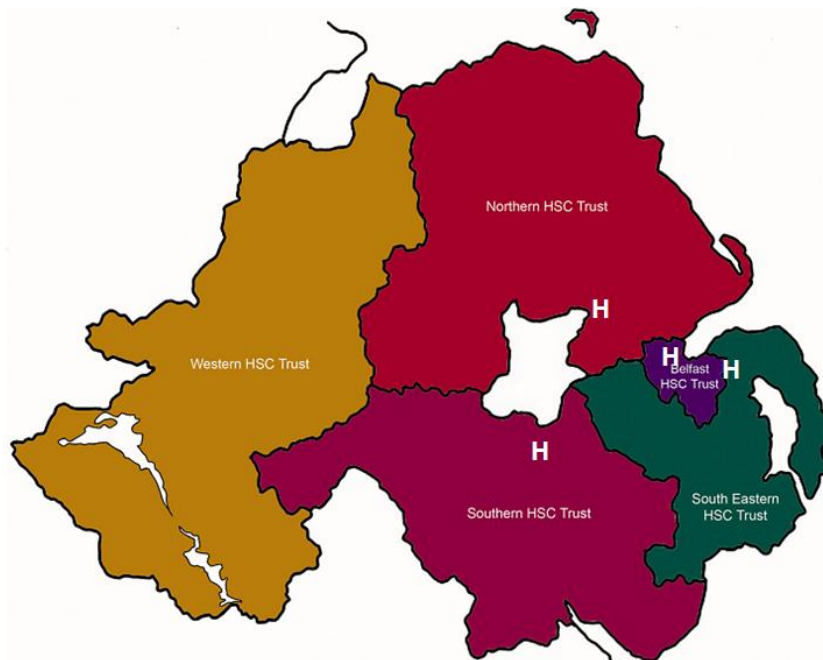
Figure 2. Attendances at emergency care departments by type of department



In terms of total patient attendances during 2012/13:

- 583,110 (81%) attendances were reported at Type 1 emergency departments;
- 48,973 (7%) attendances were reported at Type 2 emergency care departments;
- 83,666 (12%) attendances were reported at Type 3 Minor Injuries Units (MIU).¹³

The majority of emergency care attendances in 2012/13 were reported in the following four hospitals marked 'H' in the map below (a total of 47%).¹⁴ These hospitals are located mostly in the east of Northern Ireland, within close proximity to Belfast.



¹³ DHSSPS/NISRA Northern Ireland Hospital Statistics: Emergency Care 2012/13 page 9 http://www.dhsspsni.gov.uk/hospital_statistics_emergency_care_2012-13.pdf Website accessed 3.4.14

¹⁴ HSC Trust boundaries map reproduced with permission from the Belfast HSC Trust 29.3.12

The Royal Victoria Hospital in Belfast had the most attendances (nearly 100,000) in 2012/13. The number of attendances at each of the four busiest emergency departments was as follows:

- Royal Victoria (Belfast Trust): 96,879 A&E attendances
- Ulster (South Eastern Trust): 88,544 A&E attendances
- Craigavon Area (Southern Trust): 76,271 A&E attendances
- Antrim Area (Northern Trust): 72,078 A&E attendances¹⁵

Table 3 illustrates the actual number of attendances at emergency care departments between 2008/9 and 2012/13. An example of the impact of the closure of the Belfast City A&E in 2011 is reflected in the increased number of attendances in the Mater, the Ulster and the Royal Hospitals, as highlighted in red in the table below.

HSC Trust / Hospital	Total Attendances				
	2008/09	2009/10	2010/11	2011/12	2012/13
Belfast City ¹⁸	45,967	45,018	45,008	25,408	N/A
Mater	42,754	41,298	43,801	46,253	44,763
Royal Victoria	71,163	71,081	75,652	84,235	96,879
RBHSC	31,547	31,531	31,645	33,814	34,364
Belfast HSCT	191,431	188,928	196,106	189,710	176,006
Antrim Area	64,660	67,012	72,216	72,298	72,078
Whiteabbey	22,547	20,084	10,446	9,419	9,256
Mid Ulster	19,046	18,444	7,981	6,471	7,487
Causeway	40,987	42,012	44,301	43,594	43,090
Northern HSCT	147,240	147,552	134,944	131,782	131,911
Ulster	73,426	74,639	76,013	83,167	88,544
Ards	10,125	9,660	9,520	9,438	9,405
Bangor ¹⁸	11,152	12,208	13,278	13,108	10,616
Lagan Valley ¹⁹	33,828	33,627	34,160	28,523	27,374
Downe ¹⁸	25,327	24,159	22,963	21,099	21,599
South Eastern HSCT	153,858	154,293	155,934	155,335	157,538
Craigavon Area	76,197	76,465	76,732	76,721	76,271
Daisy Hill	36,064	37,044	39,105	40,388	41,207
South Tyrone	16,686	17,137	18,791	20,320	21,401
Armagh	7,894	5,992	6,431	6,842	7,367
Mullinure ¹⁸	2,689	2,488	2,396	2,168	875
Southern HSCT	139,530	139,126	143,455	146,439	147,121
Altnagelvin Area	54,116	56,910	56,862	56,419	56,712
Erne/South West ¹⁸	24,632	26,430	27,929	28,515	29,202
Tyrone County	21,215	14,696	15,779	17,002	17,259
Western HSCT	99,963	98,036	100,570	101,936	103,173
Northern Ireland	732,022	727,935	731,009	725,202	715,749

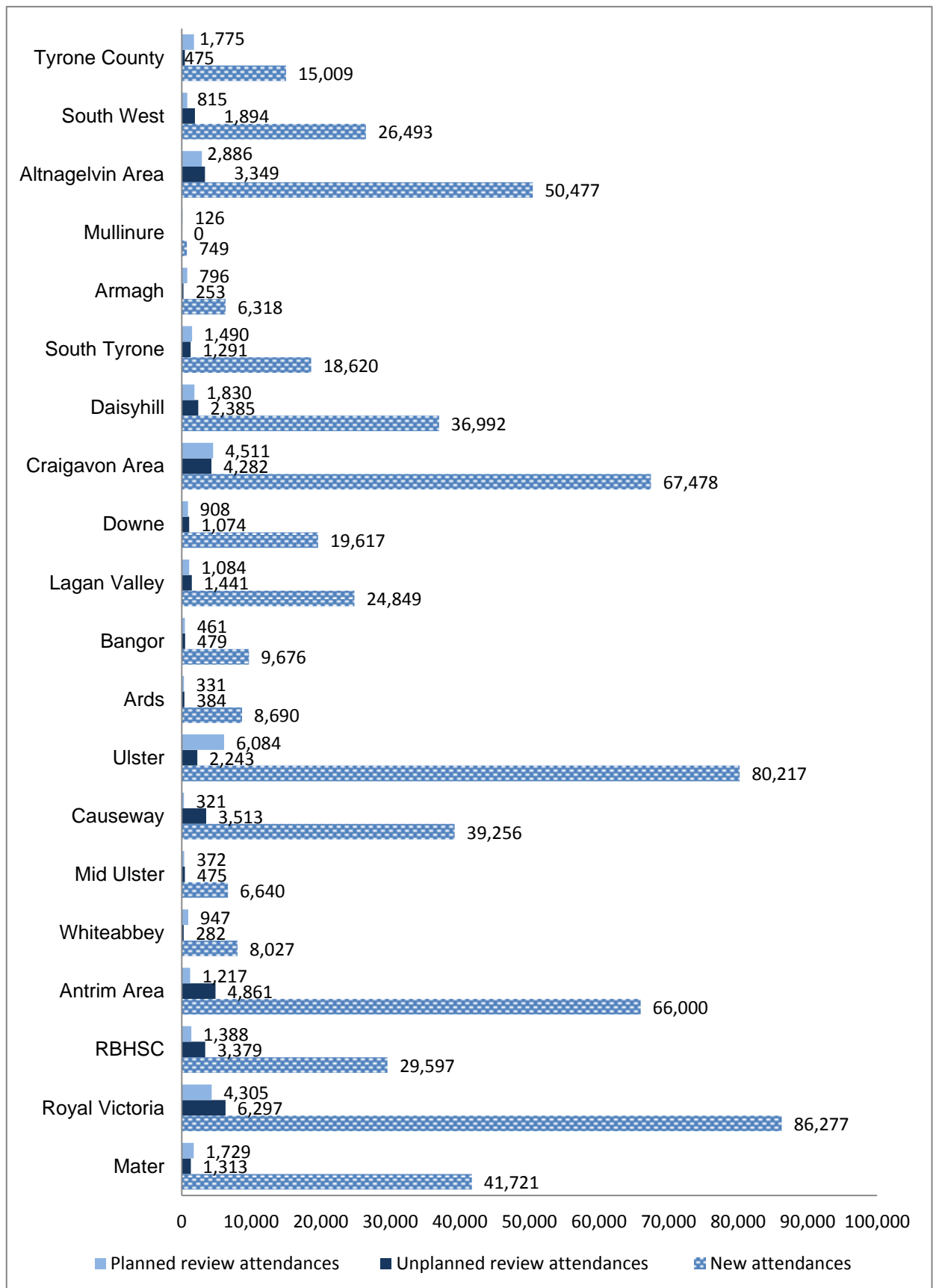
Source: KH09 (ii) Departmental Return

Table 3. Attendances across all A&E sites in NI 2008/9-2012/3

A breakdown of all attendances in each department in 2012/13 is shown in Figure 3.

¹⁵ DHSSPS/NISRA Northern Ireland Hospital Statistics: Emergency Care 2012/13, page 17.

Figure 3 Attendances at emergency care departments in 2012/13 by hospital

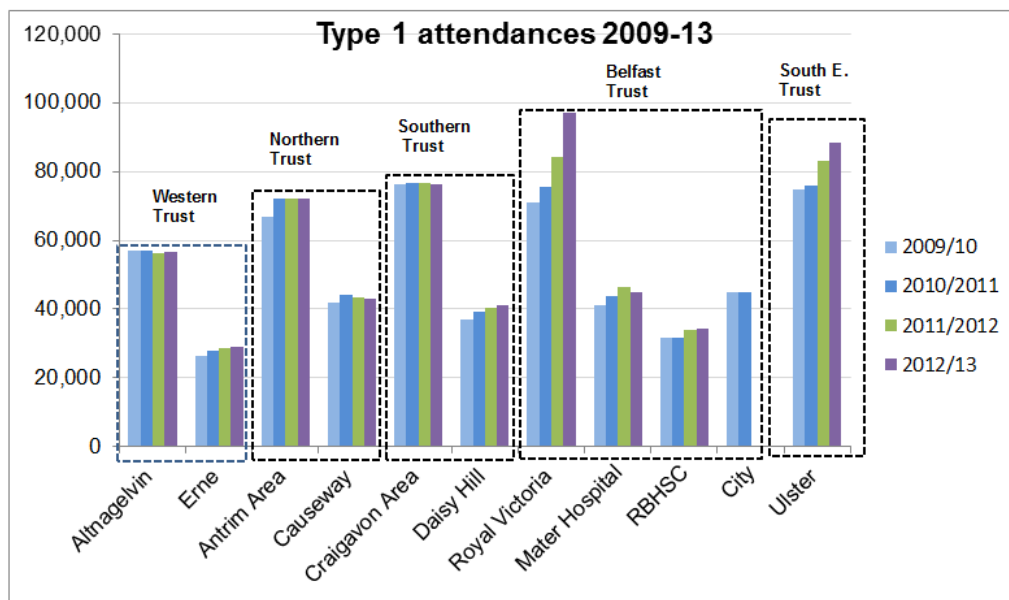


3. Attendances by type of emergency department

This section of the paper provides a breakdown of attendances at each emergency care department, classified by 'department type'.

Firstly, patient attendances at Type 1 (major) emergency departments in Northern Ireland are presented in Figure 4, over a four year period.

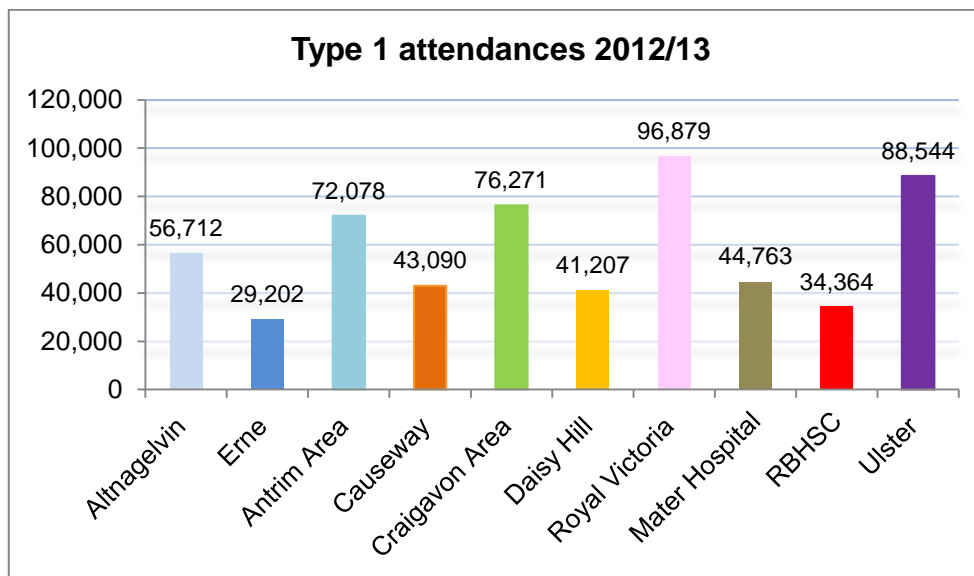
Figure 4. Summary of attendances (2009/10 - 2013/14) at Type 1 units in NI



As shown in Figure 4, Erne, Daisy Hill, the Royal Victoria Hospital, the Royal Victoria Hospital for Sick Children, and the Ulster Hospitals have all experienced increases in their annual attendance figures since 2009. Some of these increases are more marked than others, for example the Ulster and the Royal Victoria Hospitals have witnessed significant increases in the numbers of patients attending. These increases are most likely to be due to the reconfiguration of services through the closure of the City Hospital's emergency department and/or the reduced opening hours of Type 2 or 3 units, coupled with the overall rise in demand for emergency care.

Figure 5 provides a further breakdown of the number of emergency care attendances at each Type 1 emergency care unit for the 2012/13 only.

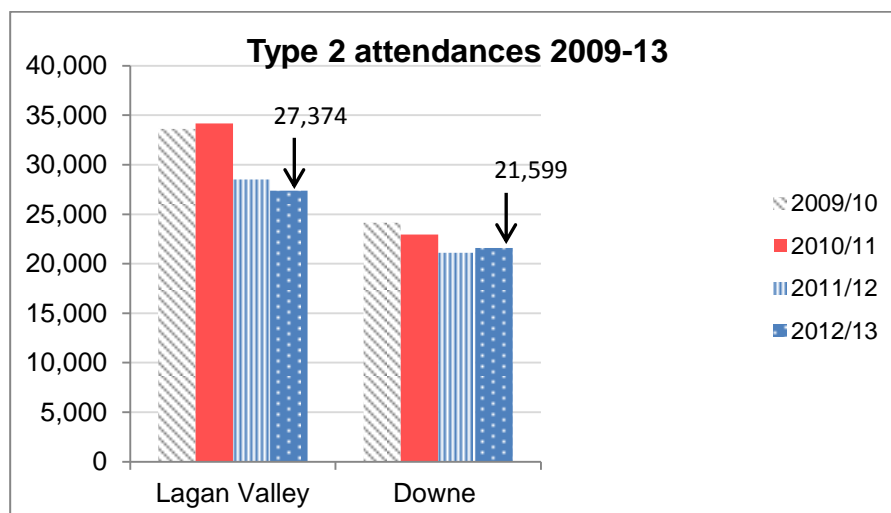
Figure 5. Type 1 emergency care attendances in 2012/13



As figure 5 shows, in 2012/13 the greatest demand in terms of emergency care was reported at the Royal Victoria (96,879 attendances), followed by the Ulster (88,544) hospitals.

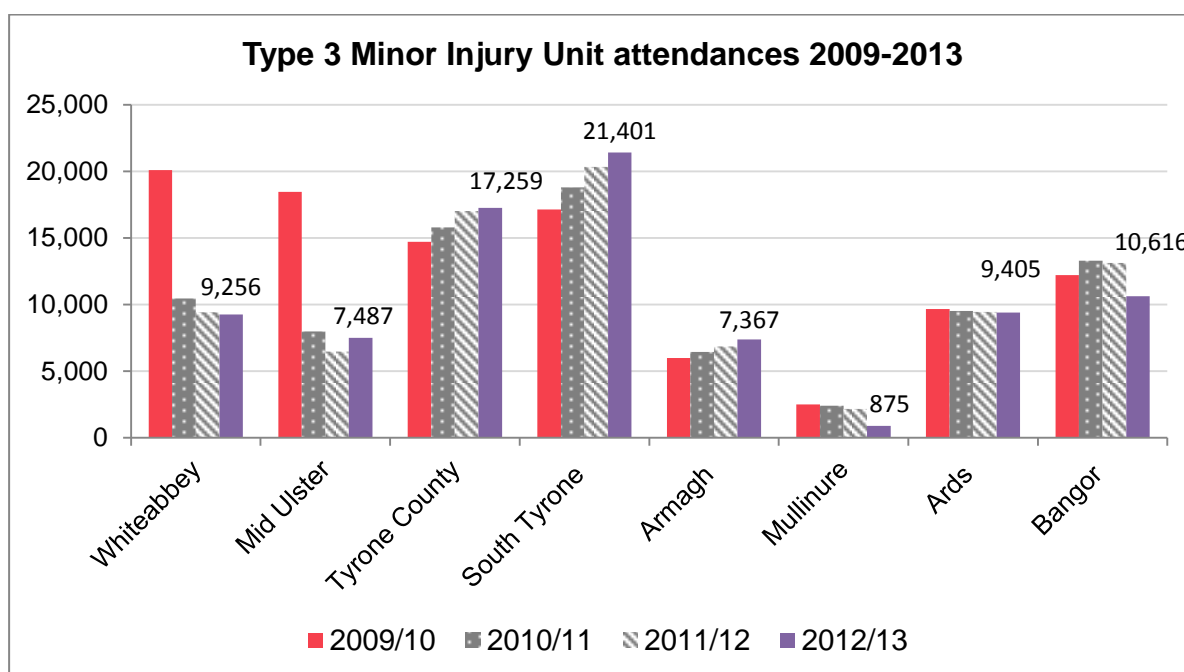
Secondly, patient attendances at Northern Ireland’s two Type 2 emergency care departments are shown in Figure 6. Interestingly both sites have seen a reduction in emergency care attendances since 2009. This is most likely to be because of the previously discussed reduction in their opening times – from 24 hour access to 8am-8pm. In 2012/13, Lagan Valley Hospital experienced more attendances (27,374) than Downe Hospital (21,599 attendances).

Figure 6. Type 2 emergency care attendances 2012/13



Finally, figure 7 shows the number of attendances at Type 3 (minor injury) emergency departments since 2009. The effect of reduced opening times and the subsequent decrease in patient attendances can be seen in several units, such as Whiteabbey, Mid-Ulster, Bangor, and Mullinure Hospitals. As would be expected, Armagh experienced an increase in attendances with the closure of the Mullinure minor injuries unit. All of these minor injury units (with the exception of the closed Mullinure site) are open from 9am-5pm Monday to Friday. In contrast, South Tyrone and Tyrone County minor injury units have been experiencing steady increases in attendances. This is likely to be linked to their extended opening hours. For example, Tyrone County has 24 hour access and South Tyrone is open 9am-9pm Monday to Friday, and is also open at weekends. In 2012/13, South Tyrone had the most demand (21,401 attendances) in terms of Type 3 units; so much so, that it experienced a similar amount of attendances as Downe Hospital (21,599) – a Type 2 emergency department.

Figure 7. Type 3 Minor Injury Unit attendances 2012/13



4. Emergency Care Waiting Time Targets

Trusts set new emergency care performance targets in June 2006.¹⁶ The targets have remained unchanged for the last number of years and the current targets are outlined in the 2013 DHSSPS Commissioning Plan Direction. It states that:¹⁷

¹⁶ NIAO Report by the Comptroller and Auditor General (2008) Transforming Emergency Care in NI p3. Available online at: <http://www.niauditoffice.gov.uk/pubs/TransformingEmergencyCare/fullreport.pdf>;

http://www.dhsspsni.gov.uk/microsoft_word_-_priorities_for_action_2010-11.pdf page 20 Website accessed 3.4.14

¹⁷ DHSSPS The Commissioning Plan Direction 2013. Available online at: <http://www.dhsspsni.gov.uk/de/hsc-commissioning-plan-2013.pdf>, p5. Website accessed 7.5.14

*'from April 2013, 95% of patients attending any Type 1, 2, or 3 emergency department are either treated and discharged home, or admitted within **four hours** of their arrival in the department; and no patient attending A&E should wait longer than **12 hours**.'*

4.1 Overall target performance 2009/10 – 2012/13

Target component – New and unplanned review attendances	Achieved in 2009/10?	Achieved in 2010/11?	Achieved in 2011/12?	Achieved in 2012/13?
95% of Type 1 attendances seen within 4 hours?	NO	NO	NO	NO
95% of Type 2 attendances seen within 4 hours?	NO	NO	NO	NO
95% of Type 3 attendances seen within 4 hours?	Yes	Yes	Yes	Yes
Type 1 - no attendee to wait longer than 12 hours?	NO	NO	NO	NO
Type 2 - no attendee to wait longer than 12 hours?	NO	NO	NO	NO
Type 3 - no attendee to wait longer than 12 hours?	Yes	Yes	Yes	Yes

Table 4. Performance of emergency care departments against Ministerial targets¹⁸

The waiting time performance against the targets has, overall, been poor, given that the majority of targets have not been met (as shown in Table 4), especially for Type 1 and 2 four hour waiting time targets and Type 1 and 2 twelve hour targets. Type 3 minor injury units have overall been meeting their targets since 2009/10.

During 2012/13, 78.5% of patients were treated and discharged, or admitted within 4 hours of their arrival in A&E which **falls short of the 95% target**.¹⁹ This is a slight drop in performance since 2001/12, when 80% of patients were seen and treated within 4 hours.²⁰

As shown in Table 5, in 2012/13 the Southern Trust performed the best against the targets – having the most patients (85%) waiting under four hours and only 41 patients waiting over twelve hours (compared to around 2,500 attendances in the Northern and South Eastern Trusts).

	Total number of new and unplanned review attendances waiting under 4 hours (95%=target)	Total number of new and unplanned review attendances waiting between 4-12 hours	Total number of new and unplanned attendances waiting over 12 hours (0%=target)
Southern Trust	118,283 (85%)	20,017 (15%)	41 (0%)
S. Eastern Trust	121,295 (82%)	24,903 (17%)	2,457 (1.7%)
Western Trust	81,787 (84%)	15,794 (16%)	106 (0.1%)
Northern Trust	94,797 (73%)	31,724 (25%)	2,530 (2%)
Belfast Trust	119,729 (71%)	48,526 (29%)	426 (0.3%)
Total	535,891 (78.5%)	140,964 (21%)	5,560 (0.8%)

Table 5. Number of patients treated, admitted or discharged within specific timeframes²¹

¹⁸ DHSSPS/NISRA Northern Ireland Hospital Statistics: Emergency Care

¹⁹ DHSSPS Transforming your care, p98.

²⁰ DHSSPS Northern Ireland Statistics Hospital Care. Available online at:

<http://www.northernireland.gov.uk/news/news-dhssps/news-dhssps-august-new-2010/news-dhssps-050810-northern-ireland-hospital.htm> Website accessed 5.5.14

²¹ DHSSPS EC1 Departmental Return 2012/13

The Belfast Trust performed the worst against the four hour target and one reason for this may be demand. Over a quarter of all A&E attendances are treated in that one Trust, with the Royal Victoria Hospital offering more specialised care and equipment than some of the other hospitals. Over one fifth (12%) of all patients in 2012/13 waited between 4-12 hours to be seen at an emergency department and almost 1% waited over 12 hours. Furthermore, the data in table 5 does not indicate if patients in the 4-12 hour group waited closer to the four hour target, or nearer to the 12 hour target (which is quite a range), nor how long patients waited over the 12 hours. Therefore it is difficult to get a really accurate picture of how long the waits actually are.

On a more positive note, the number of patients waiting over 12 hours has decreased in the last two years, which is to be welcomed. In 2012/13 over 5,500 patients were waiting over 12 hours to be seen in Northern Ireland (Figure 8) compared to almost double that (10,211) in 2011/12. Yet the figures illustrate much more still needs to be done. In 2012, a range of initiatives were put in place to address 12 hour breaches in waiting times - for example, in March 2012, the Health and Social Care Board agreed a comprehensive action plan with Health and Social Care Trusts to support them in reducing emergency care waiting times and improving overall patient experience at emergency departments (see section 4.2 for further information).²²

Figure 8. Number of attendances waiting over 12 hours from 2008/9 to 2012/13

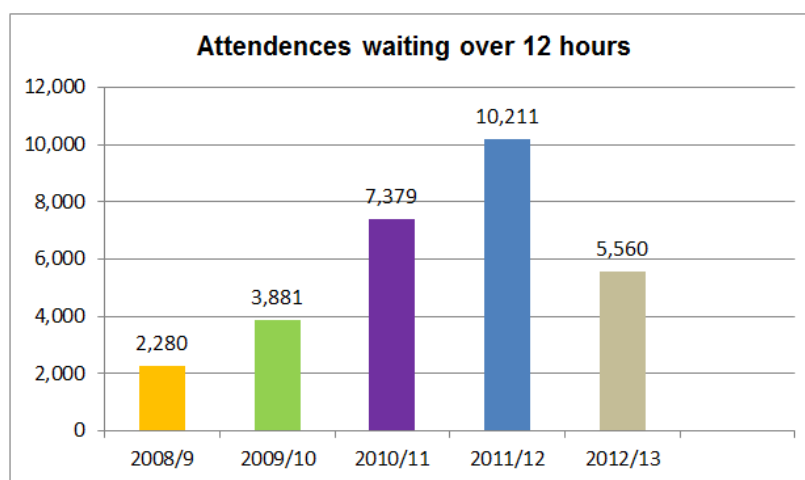
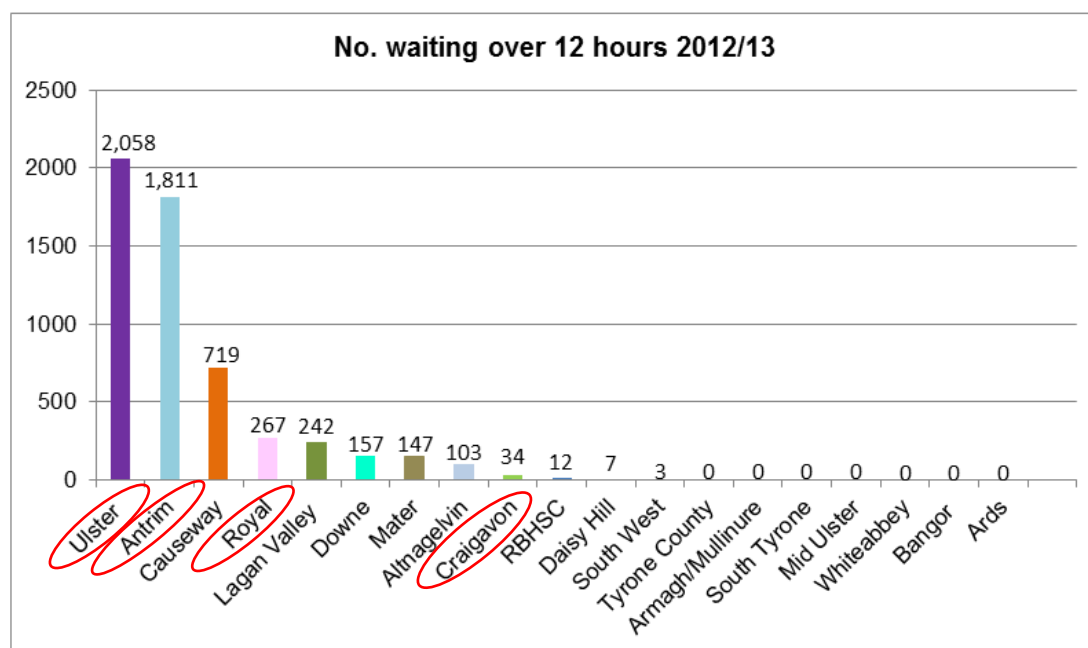


Figure 9 overleaf also shows the number of attendances waiting over 12 hours in 2012/13, broken down by hospital. As can be seen, the Ulster Hospital had the most breaches in the 12 hour target (2,058), followed by the Antrim Hospital (1,811) and the Causeway Hospital (719). Tyrone County, Armagh, South Tyrone, Mid Ulster, Whiteabbey, Bangor and Ards Hospitals (all Type 3 Minor Injury Units) had no 12 hour breaches.

²² Further details are available at: <http://www.hscboard.hscni.net/Inews/21%20March%202012%20-%20News%20Release%20-%20Plan%20to%20improve%20A&E%20services.html#TopOfPage>

Figure 9. Number of attendances waiting over 12 hours by hospital (2012/13)



Interestingly it might be presumed that the hospital with the highest number of annual patient attendances (namely the Royal Victoria) would have experienced the greatest number of 12 hour waiting time target breaches, however this is not the case. The Royal Victoria Hospital had far less 12 hour breaches than the Ulster, or Antrim (the four busiest emergency departments are circled in red in Figure 9). Likewise, Craigavon Area Hospital in the Southern Trust had the third highest number of patient attendances in 2012/13 (76,271) yet only 34 breaches in the 12 hour waiting time target. It is evident that valuable lessons could be drawn from hospitals which demonstrate high patient demand but that have managed to keep 12 hour breaches to a minimum.

4.2 Why are targets not being achieved?

The reasons why targets are not being achieved are multifaceted and complex. The DHSSPS has previously stated that the following data, some of which may be helpful in understanding why targets are being missed, is not routinely collected for analysis:

- average waiting times in emergency departments;²³
- trolley waiting times;²⁴
- length of time before a patient is admitted;²⁵
- main reasons for admission;²⁶ and,
- reasons for delay in admission.²⁷

²³ AQW 8678/11-15 Mr Mark Durkan to ask the HSSPS Minister to detail the average waiting time at an A&E in each Trust in the last 12 months.

²⁴ AQW 5815/11-15 Ms Sue Ramsey to ask the HSSPS Minister to detail the average trolley waiting times at the Royal and Antrim Area hospital.

²⁵ AQW 5909/11-15 Ms Sue Ramsey to ask the HSSPS Minister to detail the number of patients at the Royal A&E who had to wait more than 8 hours before being admitted in the last 12 months and the reasons for delay in admission.

²⁶ Ibid

NI Assembly Research and Paper NIAR 193-12 highlights some of the main issues that can lead to targets not being met. These include, for example, misuse of A&E – such as people who do not wait to get a GP appointment, people who attend inappropriately and those who are not deemed to be ‘an emergency’. There is also a high instance of alcohol misuse (thought to be around 80% of attendances at weekends) which can further add to delays in the system. Limited bed capacity has also resulted in patients waiting (sometimes on trolleys) until a ward bed becomes available.²⁸ Some patients presenting also have a range of highly complex conditions requiring acute admission (20% of all patients require admission) which can add to pressures, which then becomes a wider issue for the health care system. Linked to this, are other patients who are not being discharged from wards in a timely manner (either in the evenings or at weekends) which requires staff with the appropriate authority to be “on shift” to give approval for discharge.²⁹ There have also been instances of staff shortages and morale issues. General winter pressures have also added to backlogs. The previously discussed restricted access times on some sites and the closure of Belfast City A&E – have all put further pressure on the system.

In seeking to address these issues (which are not unique to Northern Ireland), a variety of measures have been adopted. In 2012, the Minister announced the creation of an Emergency Department Improvement Action Group led by Mary Hinds - following concerns about care in emergency departments across Northern Ireland, and in order to eliminate 12 hour waits.³⁰ Later that year, the Minister also requested a review to be carried out on Antrim Area Hospital’s emergency department due to its poor performance, and, following this, additional staffing and financial resources were provided. More recently in 2014, the Minister has requested another Emergency Department Review³¹, this time of the Belfast Trust with lessons being drawn from the wider system, by the Regulation and Quality Improvement Authority (RQIA). Its purpose is to give assurance that these departments are safe, and again to identify areas of improvement. The latest Review comes in the wake of a series of emergency care incidents and media scrutiny, most notably at the Royal Victoria Hospital in Belfast. The Review team comprises of an independent panel³² and is due to report back to the Minister in June 2014.

²⁷ AQW 4349 Ms Sue Ramsey to ask the HSSPS Minister to detail the reasons for delayed admission to the Royal Victoria hospital

²⁸ Belfast Telegraph May 2014, Regulator reveals A&E overcrowding. Available online at: <http://www.belfasttelegraph.co.uk/news/local-national/northern-ireland/regulator-reveals-ae-overcrowding-30166692.html> Website accessed 15.5.14

²⁹ Official Report. February 2014. NI Assembly Hansard: Ministerial Statement: Emergency Department Review. <http://www.niassembly.gov.uk/Assembly-Business/Official-Report/Reports-13-14/10-February-2014/> Website accessed 16.5.14

³⁰ Official Report, 20 June 12. Committee for Health, Social Services and Public Safety. Emergency Department Improvement Action Group <http://www.niassembly.gov.uk/Assembly-Business/Official-Report/Committee-Minutes-of-Evidence/Session-2011-2012/June-2012/Emergency-Department-Improvement-Action-Group/> Website accessed 16.5.14

³¹ Official Report. February 2014. NI Assembly Hansard: Ministerial Statement: Emergency Department Review. <http://www.niassembly.gov.uk/Assembly-Business/Official-Report/Reports-13-14/10-February-2014/> Website accessed 16.5.14

³² Further details are available on RQIA website <http://www.rqia.org.uk/home/index.cfm>