

INFORMATION
ANALYSIS
DIRECTORATE



Urgent & Emergency Care Waiting Time Statistics for Northern Ireland (January – March 2024)

Published 25 April 2024



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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Northern Ireland
Statistics and Research Agency
Gníomhaireacht Thuaisceart Éireann
um Staitisticí agus Taighde

Reader Information

Purpose: This statistical release presents information on the time spent in emergency departments (ED) in Northern Ireland. It reports on the performance against the DoH Ministerial target, including additional information on a number of clinical quality indicators set by the Department of Health (DoH).

Guidance: It is recommended that readers refer to the '**Emergency Care Waiting Time Statistics - Additional Guidance**' booklet, which details technical guidance, definitions and background information on the data used, including the security and confidentiality processes¹. This booklet is updated for each release and can be found at the following link:

[Emergency Care Waiting Times - Additional Guidance](#)

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Statistical Quality: Information detailed in this release has been provided by HSC Trusts and was validated by Hospital Information Branch (HIB) prior to release. Information on: attendances at urgent care services (PhoneFirst / Urgent Care Centres), time to triage, and time of day for attendances, GP referrals, emergency admissions, left before treatment complete, triage level, time to start of treatment, time to admission or discharge are **not** National Statistics, but have been included to provide users with a comprehensive view of emergency care activity and time spent in ED. Further information on data included in this release is available at the link below:

[Emergency Care Waiting Times - Additional Guidance](#)

Target Audience: DoH, Chief Executives of Health and Social (HSC) Trusts in Northern Ireland, Strategic Performance and Planning Group (SPPG), Health Care Professionals, Academics, HSC Stakeholders, Media & General Public.

Further Copies: statistics@health-ni.gov.uk

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¹ Information on Security and Confidentiality Processes is detailed in the Technical Notes on page 29.

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Encompass

Encompass is a new electronic patient record system that will create a single digital care record for every citizen in Northern Ireland who receives health and social care. It aims to create better experiences for patients, service users and staff by bringing together information from various existing systems that do not currently communicate effectively.

The programme was first introduced in the South Eastern Health and Social Care Trust (SEHSCT) on 9th November 2023 and will be rolled out on a phased basis across all Health and Social Care (HSC) Trusts in Northern Ireland by the end of 2025.

Further information about Encompass can be found at the link below:

[encompass – DHCNI \(hscni.net\)](https://encompass-dhcni.hscni.net)

Please note: Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT are still being developed following the Trust's transition to completely digitised health records. Therefore, SEHSCT data has been excluded from all analysis in this report to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. As such, all Department Type and Northern Ireland level figures presented throughout this report only include those for Belfast, Northern, Southern and Western Health and Social Care Trusts.

In the interim, **some provisional figures have been produced for SEHSCT**, covering only the current quarter January - March 2024. These are presented below in Tables A-E overleaf and are considered to be **'official statistics in development'**. **Caution must be exercised when using these figures** as they may be subject to change and should not be used to make comparisons over time.

Table A: (i) Number of New and Unplanned Review Attendances at ED, (ii) Percentage of ED Attendances Who Left Before Treatment was Complete, and (iii) Percentage of Attendances Referred to ED by GP²

	Department	January 2024	February 2024	March 2024
Attendances at ED (New and Unplanned Reviews)	Ulster	7,175	6,964	7,355
	Ulster MIU	2,478	2,611	2,863
	Lagan Valley	1,923	1,890	1,873
Attendances who Left ED Before Treatment was Complete (%)	Ulster	4.7%	6.2%	5.9%
	Ulster MIU	0.6%	1.0%	0.4%
	Lagan Valley	0.7%	0.6%	1.1%
Attendances Referred to ED by GP (%)	Ulster	22.8%	25.3%	20.8%
	Ulster MIU	2.9%	4.3%	2.8%
	Lagan Valley	2.1%	3.3%	2.2%

Source: Encompass

Table B: Percentage of ED Attendances Triage at Level 1 / 2, Level 3 and Level 4 / 5²

Department	Triage Level	January 2024	February 2024	March 2024
Ulster	Level 1 / 2	33.7%	32.9%	32.3%
	Level 3	42.9%	44.4%	43.1%
	Level 4 / 5	20.3%	19.3%	21.7%
Ulster MIU	Level 1 / 2	1.4%	1.8%	2.1%
	Level 3	14.9%	13.8%	16.9%
	Level 4 / 5	78.8%	80.7%	76.2%
Lagan Valley	Level 1 / 2	6.3%	6.2%	5.2%
	Level 3	31.0%	29.4%	31.6%
	Level 4 / 5	58.0%	59.3%	58.1%

Source: Encompass

² These figures are 'official statistics in development'. Caution must be exercised when using these figures as they may be subject to change and should not be used to make comparisons over time.

Table C: Attendances at Emergency Departments by Time Spent in ED from Arrival to Discharge/Admission³

Department	Time Spent in ED	January 2024	February 2024	March 2024
Ulster	Within 4 Hours	20.7%	16.5%	17.9%
	4 - 12 Hours	51.2%	49.9%	51.5%
	Over 12 Hours	28.1%	33.6%	30.6%
Ulster MIU	Within 4 Hours	92.2%	88.1%	87.8%
	4 - 12 Hours	6.9%	10.9%	11.4%
	Over 12 Hours	0.9%	1.0%	0.8%
Lagan Valley	Within 4 Hours	71.2%	71.6%	70.6%
	4 - 12 Hours	28.7%	28.1%	29.3%
	Over 12 Hours	0.1%	0.2%	0.1%

Source: Encompass

Table D: Time Spent in an ED by those Admitted to Hospital³

Department	Median Time Spent in ED from Arrival to Admission (HH:MM:SS)		
	January 2024	February 2024	March 2024
Ulster	18:24:00	19:57:30	17:28:00
Ulster MIU	08:59:00	08:43:30	07:38:00
Lagan Valley	06:43:00	06:24:00	05:47:00

Source: Encompass

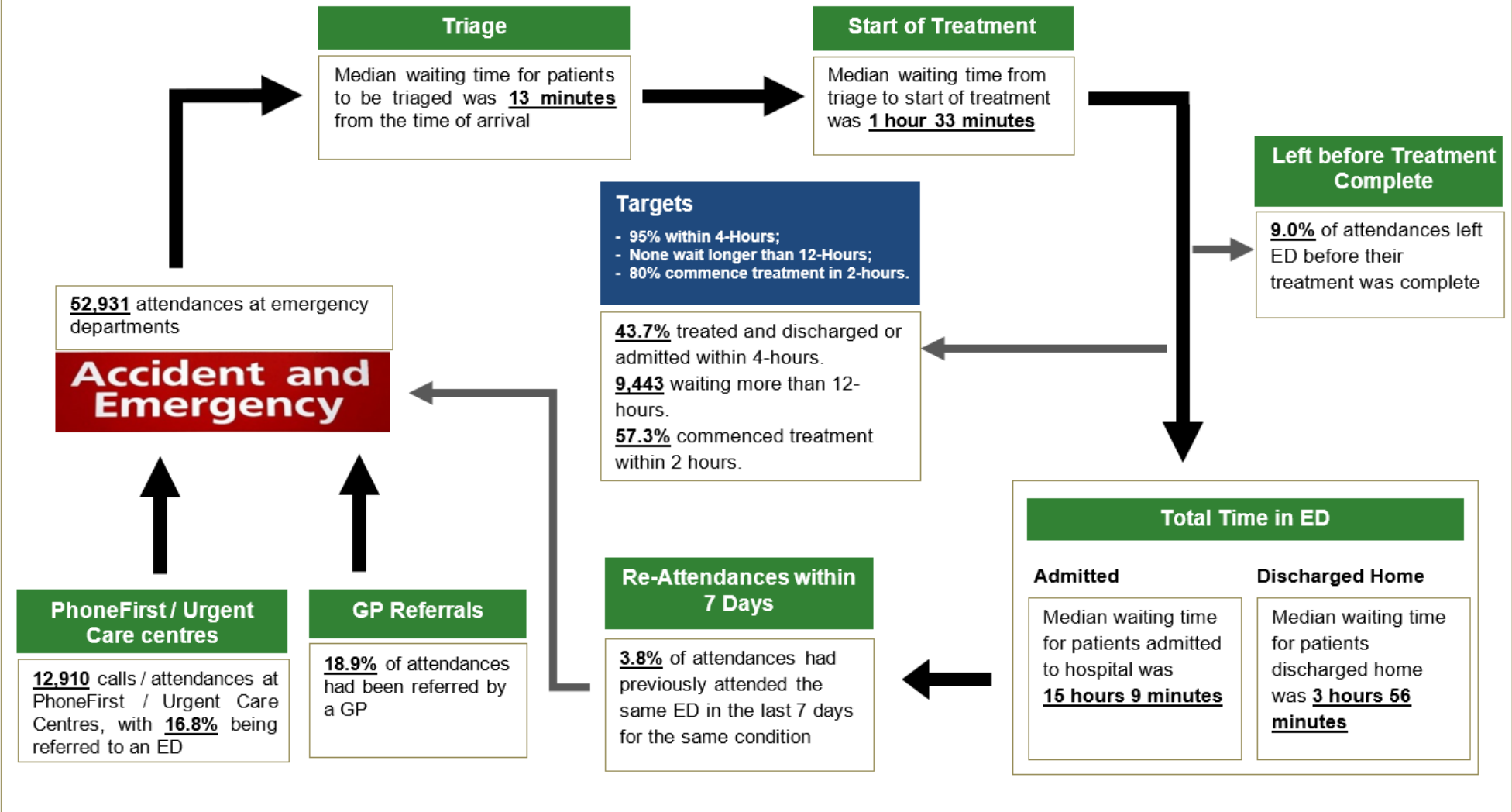
Table E: Time Spent in an ED by those Discharged³

Department	Median Time Spent in ED from Arrival to Discharge (HH:MM:SS)		
	January 2024	February 2024	March 2024
Ulster	06:09:00	07:13:00	06:43:00
Ulster MIU	01:25:00	01:43:00	01:49:00
Lagan Valley	02:05:30	02:10:00	02:09:00

Source: Encompass

³ These figures are 'official statistics in development'. Caution must be exercised when using these figures as they may be subject to change and should not be used to make comparisons over time.

SUMMARY OF KEY FACTS (March 2024)



New Unscheduled Care Services

Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT are still being developed following the Trust's transition to completely digitised health records. Therefore, SEHSCT data has been excluded from all analysis in this report to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. As such, all Department Type and NI level figures presented throughout this report only include those for Belfast, Northern, Southern and Western HSC Trusts.

Prior to the COVID-19 pandemic, urgent and emergency care services in Northern Ireland were under increased pressure with more patients spending longer periods of time in overcrowded emergency departments (EDs). The impact of the COVID-19 pandemic, and the need to focus on disease prevention and social distancing, increased the need to ensure that we do not allow EDs to reach these levels of overcrowding in the future. To help take this work forward, the Department of Health (DoH) established the 'No More Silos' action plan, which sought to improve urgent and emergency care services and build on the improved co-ordination between primary and secondary care, leading to universal patient triage, virtual consultation, and new clinical pathways. It is also important to note that urgent and emergency care services in Northern Ireland perform critical roles in responding to patient need:

Urgent Care: An illness or injury that requires urgent attention but is not a life-threatening situation. Urgent care in Northern Ireland includes: General Practice during weekdays; GP Out of Hours (GP OOH) Services at night and weekends; pharmacies; minor injury units; an urgent treatment centre; Emergency Departments (EDs); and, the Northern Ireland Ambulance Service (NIAS).

Emergency Care: Life threatening illnesses or accidents which require immediate intensive treatment. Emergency Care is currently provided in hospitals with Type 1 and Type 2 Emergency Departments and by NIAS.

As part of the 'No More Silos' action plan, two new urgent care services: (i) PhoneFirst and (ii) Urgent Care Centres, were introduced in late 2020, which aimed to assess patients' needs before arrival at an ED, and ensure they receive the right care, at the right time, and in the right place, outside ED if appropriate. This section will report the number of patients contacting / attending these urgent care services, who may otherwise have attended an ED.

PhoneFirst: PhoneFirst is a telephone triage service for patients considering travelling to an ED, to access alternative assessments, advice, and information and receive appropriate care promptly.

Urgent Care Centre: Urgent Care Centres assess / treat patients who present with illnesses / injuries that require urgent attention but are not life threatening. Patients are given an urgent care appointment / referral to the appropriate service, with patients requiring immediate medical attention being sent to an ED.

PhoneFirst / Urgent Care Centres

Table 1: PhoneFirst Calls, Urgent Care Centre Attendance and Referral to EDs ⁴

The number of calls received by PhoneFirst service, attendances at Urgent Care Centres and patients referred to ED from PhoneFirst / Urgent Care Centres during January, February and March 2024.

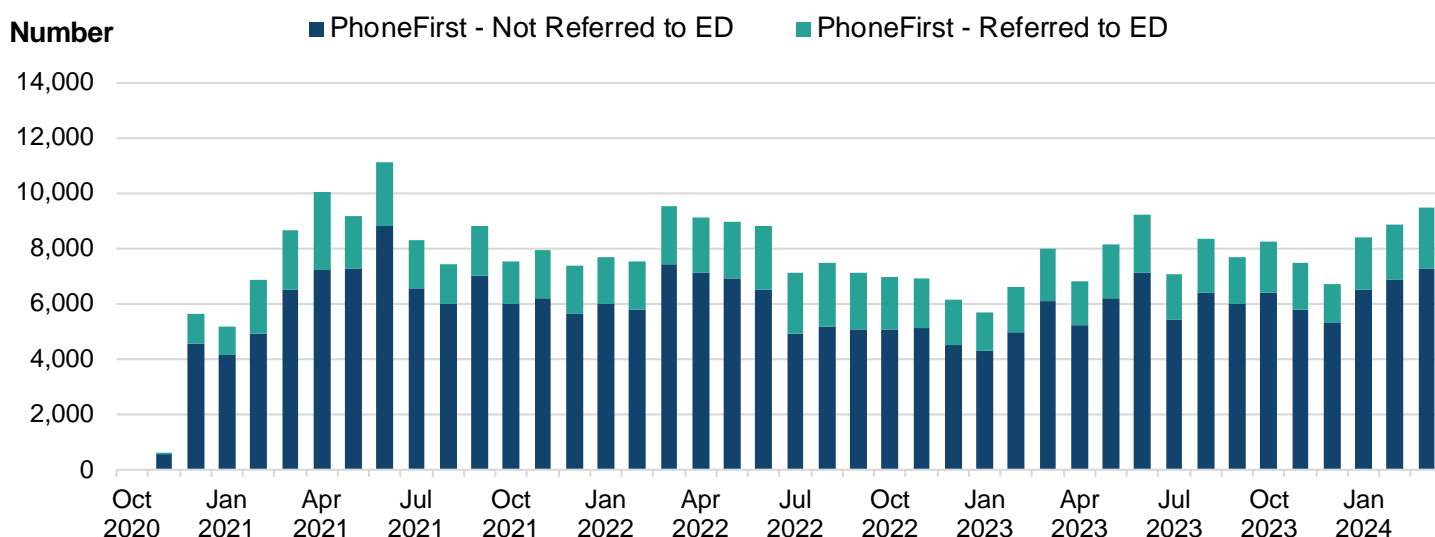
Activity	Jan 2024	Feb 2024	Mar 2024
PhoneFirst	8,373	8,856	9,441
Urgent Care Centre	3,557	3,483	3,469
Total Calls / Attendances	11,930	12,339	12,910
Number Referred to ED	1,876	1,982	2,171
% Referred to ED	15.7%	16.1%	16.8%

Source: Health and Social Care Trusts

- In March 2024, 12,910 calls / attendances were received by PhoneFirst and Urgent Care Centre services, from patients who may previously have attended an ED. A total of 2,171 (16.8%) resulted in an attendance at an ED, whilst 10,739 patients did not go on to attend an ED ⁵ (Table 1 & 11A).

Figure 1: PhoneFirst Calls and Referrals to Emergency Departments

The number of calls received by PhoneFirst service and number of patients referred to an ED from PhoneFirst in each month from October 2020 to March 2024.



Source: Health and Social Care Trusts

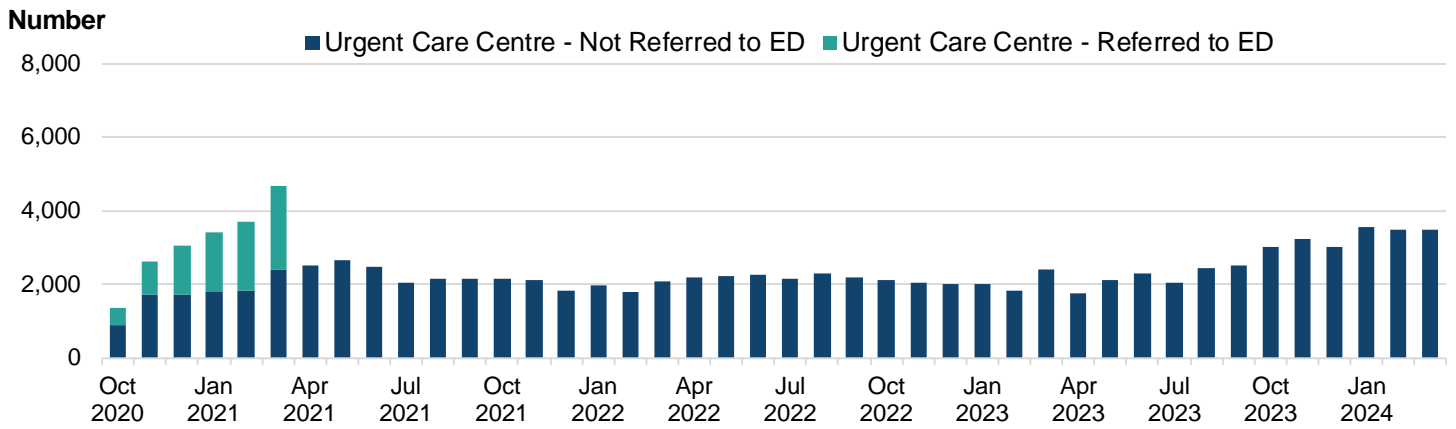
The highest number of PhoneFirst calls were received in June 2021 (11,115), with the highest number of referrals to ED from PhoneFirst in April 2021 (2,856) (Figure 1, Table 1 & 11A).

⁴ Data on PhoneFirst Calls, Urgent Care Centre Attendances and subsequent referrals to ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity. Data is sourced from the HSC Trusts.

⁵ Note that these patients may have been managed by an alternative pathway, and may have eventually resulted in an attendance at an ED at a later date.

Figure 2: Urgent Care Centre Attendances and Referrals to Emergency Departments

The number of attendances at Urgent Care Centres and the number of patients referred to an ED from Urgent Care Centres in each month from October 2020 to March 2024.



Source: Health and Social Care Trusts

- The highest number of attendances at Urgent Care Centres was in March 2021 (4,676), with the highest number of referrals to ED from Urgent Care Centres also in March 2021 (2,288) (Figure 2, Table 1 & 11A).

Attendances

Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT are still being developed following the Trust's transition to completely digitised health records. Therefore, SEHSCT data has been excluded from all analysis in this report to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. As such, all Department Type and NI level figures presented throughout this report only include those for Belfast, Northern, Southern and Western HSC Trusts.

How Many Attend Urgent & Emergency Care Services?

Table 2: Attendances at Urgent & Emergency Care

The number attending urgent and emergency care services (i) calls to PhoneFirst / attendances at Urgent Care Centres, and (ii) attendances at EDs in March 2024, compared March 2023.

Measure	March 2023	March 2024	Change (number)	Change (%)
1. PhoneFirst / Urgent Care Centre (Referred to an ED)	1,887	2,171	284	15.1%
2. PhoneFirst / Urgent Care Centre (NOT Referred to an ED)	8,480	10,739	2,259	26.6%
3. Total PhoneFirst / Urgent Care Centre Measure 1 + Measure 2	10,367	12,910	2,543	24.5%
4. New ED Attendances	50,254	49,987	-267	-0.5%
5. Unplanned Review Attendances	2,984	2,944	-40	-1.3%
6. Attendances at EDs Measure 4 + Measure 5	53,238	52,931	-307	-0.6%
7. Attendances at EDs / PhoneFirst / Urgent Care Measure 2 + Measure 4 + Measure 5	61,718	63,670	1,952	3.2%
8. Number of ED Attendances Admitted to Hospital	9,573	9,717	144	1.5%
9. % ED Attendances Admitted to Hospital Measure 8 / Measure 6	18.0%	18.4%		-0.4%

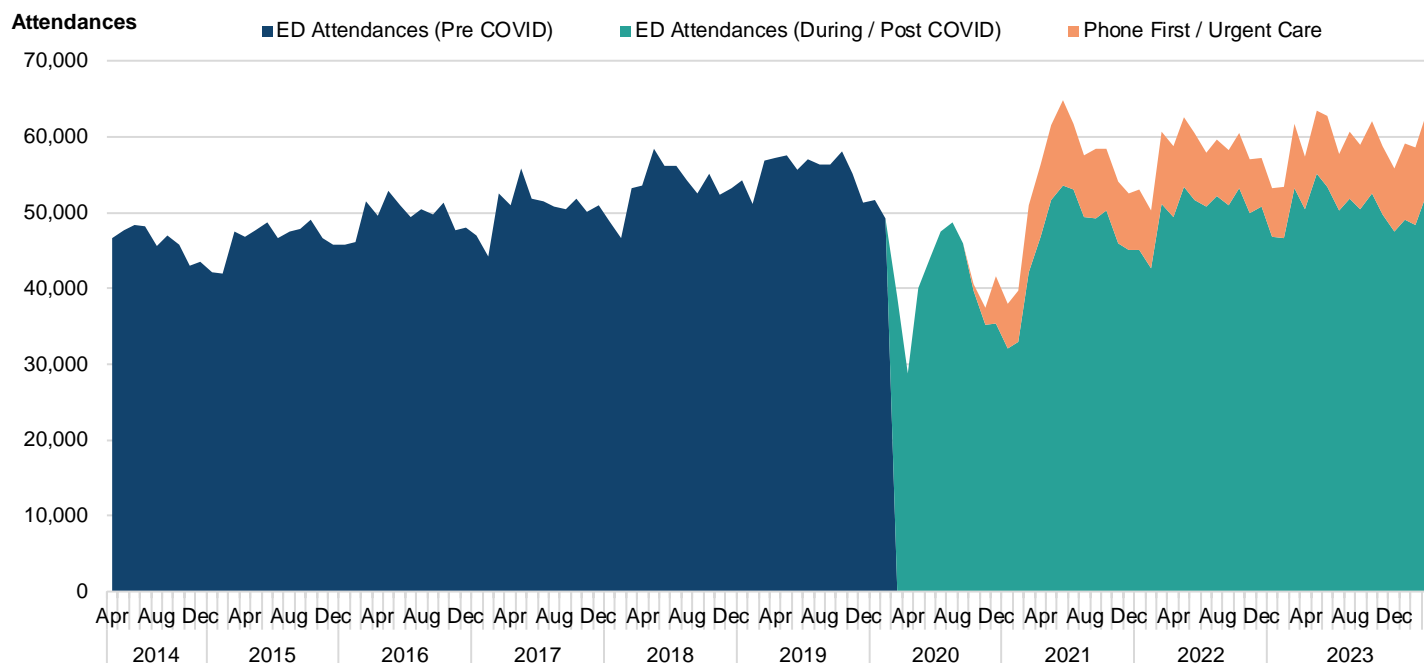
Source: Regional Data Warehouse / Health and Social Care Trusts

- During March 2024, 63,670 patients attended urgent and emergency care services, of which 52,931 attended an ED, and 10,739 attended PhoneFirst / Urgent Care Centre services (Table 2, 11A & 11B).
- The number of patients attending urgent and emergency care services increased by 1,952 (3.2%) in March 2024 when compared with March 2023 (Table 2, 11A & 11B).
- During the quarter ending March 2024, 181,532 patients attended urgent and emergency care services, 7.9% (13,214) more than the same quarter in 2023 (168,318). Of which, 150,382 (82.8%) attended an ED and 31,150 (17.2%) attended PhoneFirst / Urgent Care Centres (Table 2, 11A & 11B).

Emergency Care Attendances Since April 2014

Figure 3: Urgent and Emergency Care Attendances

The number attending urgent and emergency care services include (i) attendances at EDs, and (ii) calls to PhoneFirst / attendances at Urgent Care Centres each month, from April 2014 to March 2024⁶.



Source: Regional Data Warehouse

- Between April 2014 and March 2024, the highest number of patients attending urgent and emergency care was in June 2021 (64,901), with 53,637 (82.6%) attending an ED and 11,264 (17.4%) attending PhoneFirst / Urgent Care Centres (Table 2, Table 11A).
- The number of patients attending urgent care services (PhoneFirst / Urgent Care Centre) in January, February and March 2024 when compared with the same month of the previous year are detailed in Table 2 and Table 11A, with figures for urgent care during each of the last three months detailed below.
 - During January 2024, there were 11,930 PhoneFirst calls / Urgent Care Centre attendances, 54.6% (4,213) more than January 2023 (7,717); and,
 - During February 2024, there were 12,339 PhoneFirst calls / Urgent Care Centre attendances, 47.0% (3,945) more than February 2023 (8,394); and,
 - During March 2024, there were 12,910 PhoneFirst calls / Urgent Care Centre attendances, 24.5% (2,543) more than March 2023 (10,367).

⁶ PhoneFirst and Urgent Care Centre services introduced in October 2020, prior to this date patients attended emergency care only.

Are More Patients Being Admitted To Hospital following an ED Attendance?

This section refers to attendances at EDs, where the patient physically attended an ED and does not include urgent care activity (PhoneFirst / Urgent Care Centre) where the patient did not attend an ED.

Table 3: Attendances at an ED and Emergency Admissions to Hospital

The number attending an emergency department and the number of emergency admissions to hospital⁷ from an ED during March 2024, compared with the same month last year.

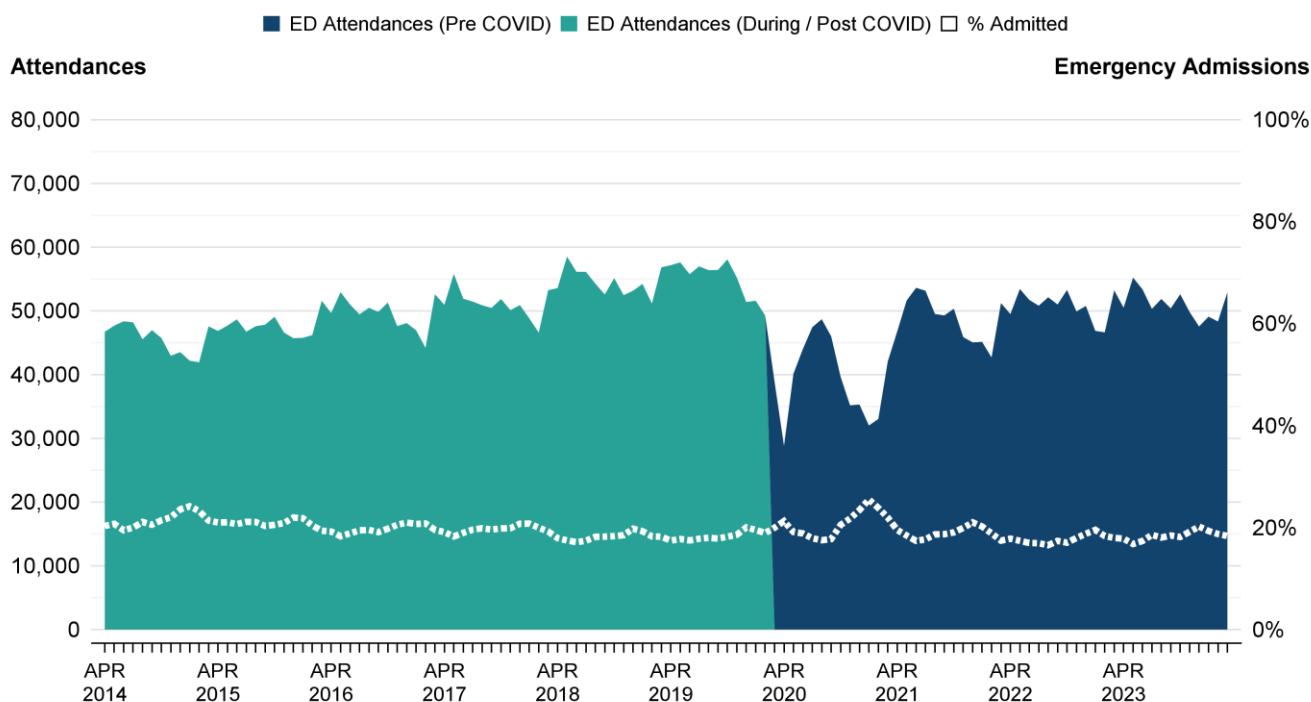
Measure	March 2023	March 2024	Change (Number)	Change (%)
1. Attendances at EDs	53,238	52,931	-307	-0.6%
2. Admissions to Hospital from ED	9,573	9,718	145	1.5%
3. % Admissions to Hospital from ED <i>Measure 2 / Measure 1</i>	18.0%	18.4%	-	-

Source: Regional Data Warehouse

- The number of emergency admissions to hospital from an ED increased by 1.5% (145) between March 2023 (9,573) and March 2024 (9,718) (Table 3 & 11B).

Figure 4: Attendances at Emergency Departments and Emergency Admissions to Hospital

The number of emergency care attendances and emergency admissions to hospital each month, from April 2014 to March 2024.



Source: Regional Data Warehouse

⁷ Data on emergency admissions are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

- During each of the last nine years, the percentage of ED attendances admitted to hospital was generally highest in December and January and lowest during May and June (Figure 4). It should be noted that the number of attendances was impacted by the COVID-19 pandemic, particularly during 2020. The full impact of this is still being assessed.
- ED Attendances during January and February 2024 increased, whilst attendances in March 2024 decreased, when compared with the same month of the previous year (Figure 4, Table 11B).
 - During January 2024, there were 49,104 attendances at EDs, 4.8% (2,231) more than January 2023 (46,873);
 - During February 2024, there were 48,347 attendances at EDs, 3.6% (1,700) more than February 2023 (46,647); and,
 - During March 2024, there were 52,931 attendances at EDs, 0.6% (307) less than March 2023 (53,238).

Emergency Care Activity

Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT are still being developed following the Trust's transition to completely digitised health records. Therefore, SEHSCT data has been excluded from all analysis in this report to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. As such, all Department Type and NI level figures presented throughout this report only include those for Belfast, Northern, Southern and Western HSC Trusts.

Which ED Did People Attend?

Table 4: Attendances at EDs

The number of new, unplanned review and total attendances at each Type 1 ED and ED Type during March 2024 and the same month last year.

Department	New		Unplanned Review		Total	
	Mar 2023	Mar 2024	Mar 2023	Mar 2024	Mar 2023	Mar 2024
Mater	3,383	3,598	92	81	3,475	3,679
Royal Victoria	6,993	6,322	173	203	7,166	6,525
RBHSC	3,855	3,919	366	361	4,221	4,280
Antrim Area	8,210	8,256	398	472	8,608	8,728
Causeway	3,756	3,825	328	275	4,084	4,100
Ulster	9,082	-	444	-	9,526	-
Craigavon Area	6,519	6,306	575	504	7,094	6,810
Daisy Hill	4,481	4,384	177	300	4,658	4,684
Altnagelvin Area	5,417	5,315	319	314	5,736	5,629
South West Acute	3,098	3,078	295	250	3,393	3,328
Type 1	45,712	45,003	2,723	2,760	48,435	47,763
Type 2	605	814	78	20	683	834
Type 3	3,937	4,170	183	164	4,120	4,334
Northern Ireland	50,254	49,987	2,984	2,944	53,238	52,931

Source: Regional Data Warehouse

- Between March 2023 and March 2024, attendances at Type 1 EDs decreased, whilst attendances at Type 2 and Type 3 EDs increased (Table 4, Table 11B).
- Antrim Area was the busiest ED during March 2024 (8,728) (Table 4, Table 11B).
- Five Type 1 EDs, the Mater, RBHSC, Antrim Area, Causeway and Daisy Hill, reported an increase in attendances during March 2024 when compared with March 2023 (Table 4, Table 11B).

What Triage Level Do Patients Present With?

Upon arrival at ED, a health-care professional will assign patients one of the following five levels on the Manchester Triage Scale (MTS), which act as a guide for the time to start of treatment.^{8,9}

Triage Level	Colour	MTS Priority	Waiting Time
Level 1	Red	Immediate	0 Minutes
Level 2	Orange	Very Urgent	10 Minutes
Level 3	Yellow	Urgent	60 Minutes
Level 4	Green	Standard	120 Minutes
Level 5	Blue	Non-Urgent	240 Minutes

It is assumed that patients attending EDs triaged as Level 1 / 2 or 3 are in most urgent need of treatment, and those assessed as Level 4 / 5 are in less need of urgent treatment.

Table 5: Breakdown of Attendances by Triage Group

The percentage of patients assigned a Manchester Triage Score at each Type 1 ED and ED Type during March 2024 and the same month last year^{7,8}.

Department	Level 1 / 2		Level 3		Level 4 / 5	
	Mar 2023	Mar 2024	Mar 2023	Mar 2024	Mar 2023	Mar 2024
Mater	19.6%	22.1%	49.6%	48.3%	30.8%	29.7%
Royal Victoria	29.9%	34.3%	50.3%	49.6%	19.8%	16.1%
RBHSC	19.2%	16.8%	30.1%	25.8%	50.7%	57.4%
Antrim Area	19.8%	16.4%	55.9%	54.9%	24.3%	28.6%
Causeway	22.2%	19.2%	50.7%	48.0%	27.1%	32.8%
Ulster	26.5%	-	42.5%	-	31.0%	-
Craigavon Area	35.4%	39.4%	39.7%	35.3%	24.9%	25.3%
Daisy Hill	35.1%	37.5%	42.9%	41.4%	22.0%	21.0%
Altnagelvin Area	36.6%	36.4%	37.4%	39.8%	26.0%	23.8%
South West Acute	19.8%	23.0%	46.2%	40.2%	34.0%	36.8%
Type 1	27.4%	28.1%	45.1%	43.2%	27.5%	28.7%
Type 2	1.8%	2.8%	23.0%	14.8%	75.3%	82.3%
Type 3	0.3%	0.7%	2.5%	2.6%	97.2%	96.7%
Northern Ireland	25.2%	25.7%	41.8%	39.8%	33.1%	34.6%

Source: Regional Data Warehouse

- More than two thirds (71.3%) of attendances at Type 1 departments in March 2024 were triaged as level 1 / 2 or 3, compared with 72.5% in March 2023 (Table 5, Table 11L).
- Over a quarter (25.7%) of patients were triaged as level 1 / 2 in March 2024, less than in January 2024 (27.1%) and similar to February 2024 (25.7%) (Table 11L).
- During March 2024, over a third (39.4%) of patients attending Craigavon Area were triaged at level 1 / 2, compared with 16.4% of those attending Antrim Area (Table 5, Table 11L).

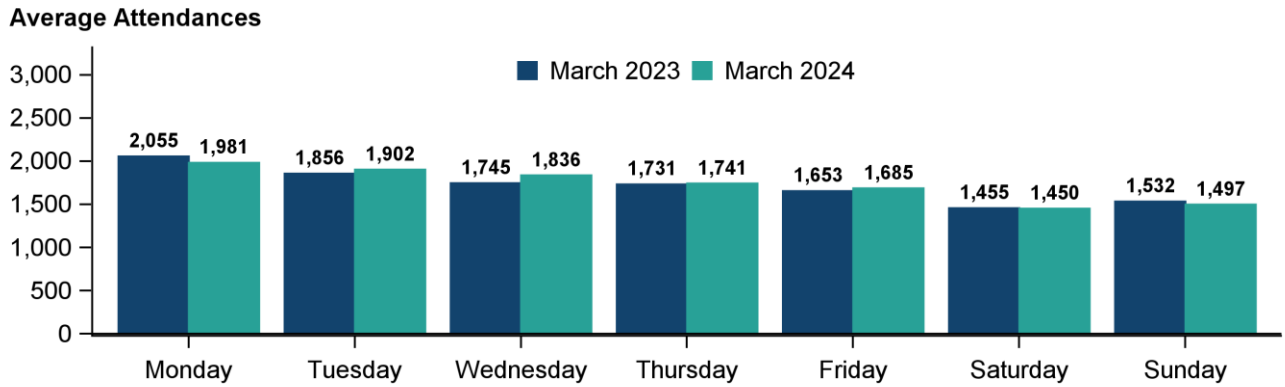
⁸ Data are not National Statistics, but are published to provide users with a comprehensive view of ED activity and time spent in ED.

⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

When Do People Attend EDs?

Figure 5: Average Number of Attendances at EDs by Day of the Week

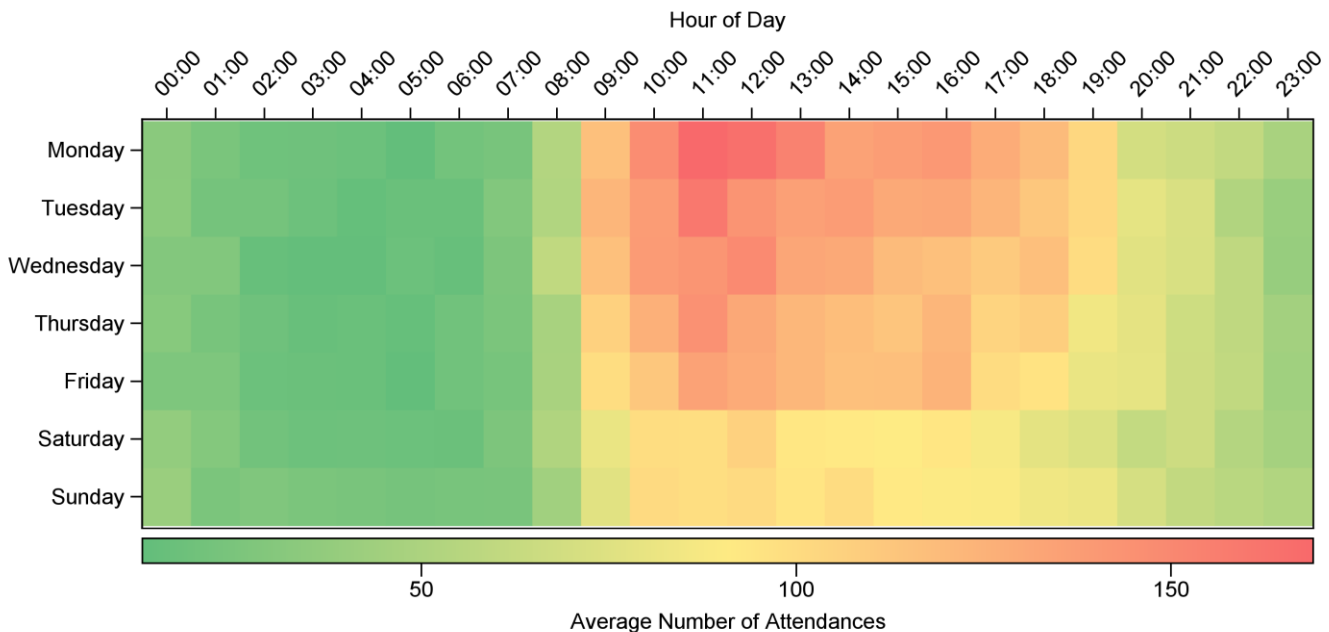
The average number of new and unplanned review attendances at EDs by day of the week during March 2024, compared with the same month last year¹⁰.



Source: Regional Data Warehouse

Figure 6: Number of Attendances by Day of Week and Time of Day

The average number of new and unplanned review attendances during each day of the week and hour of the day in March 2024.



Source: Regional Data Warehouse

- Monday was the busiest day at EDs during both March 2023 and March 2024, with the highest number of attendances arriving between 11:00 and 11:59 (Figure 5 & 6, Table 11I).

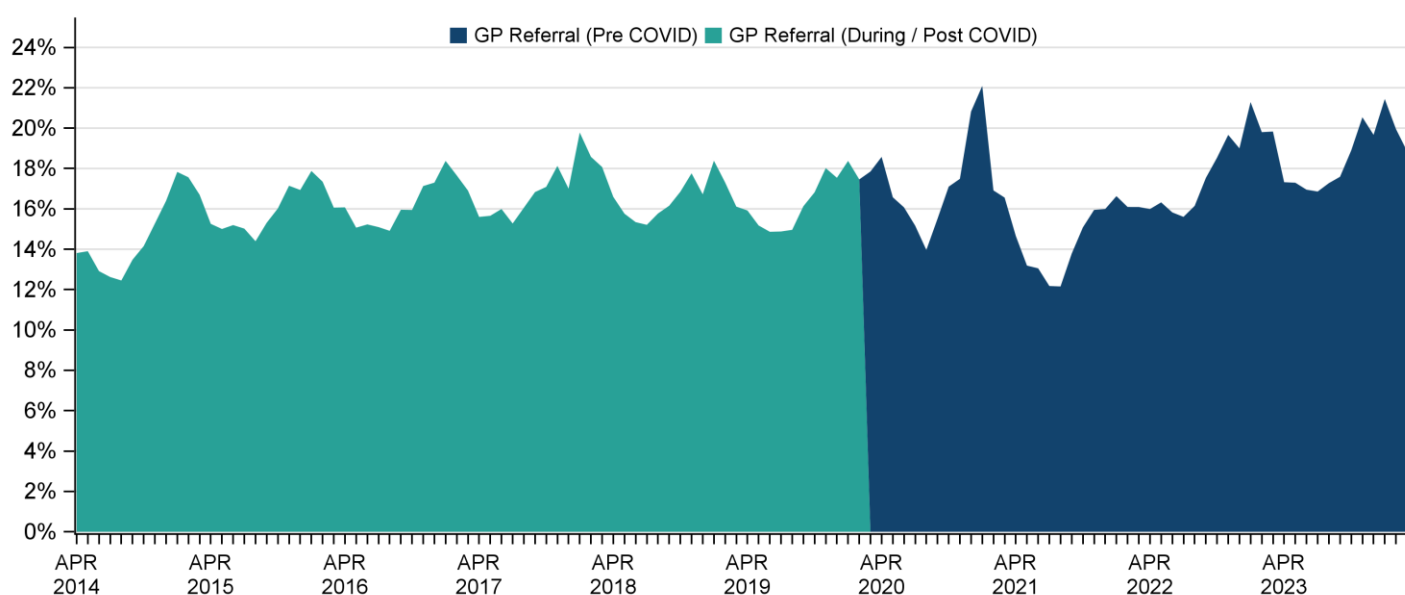
¹⁰ Data on when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

- Saturday was the least busy day during March 2023 (1,455) and March 2024 (1,450), with the highest number of attendances arriving between 12:00 and 12:59 in March 2024 (Figure 5 & 6, Table 11I).
- Overall, the busiest hour of the day during March 2024 was between 11:00 and 11:59, whilst the least busy hour was 05:00 to 05:59 (Figure 6).

How Many Attendances Were Referred by a GP?

Figure 7: Percentage of attendances at EDs referred by a GP

The percentage of attendances at EDs that had been referred by a GP, from April 2014¹¹.



Source: Regional Data Warehouse

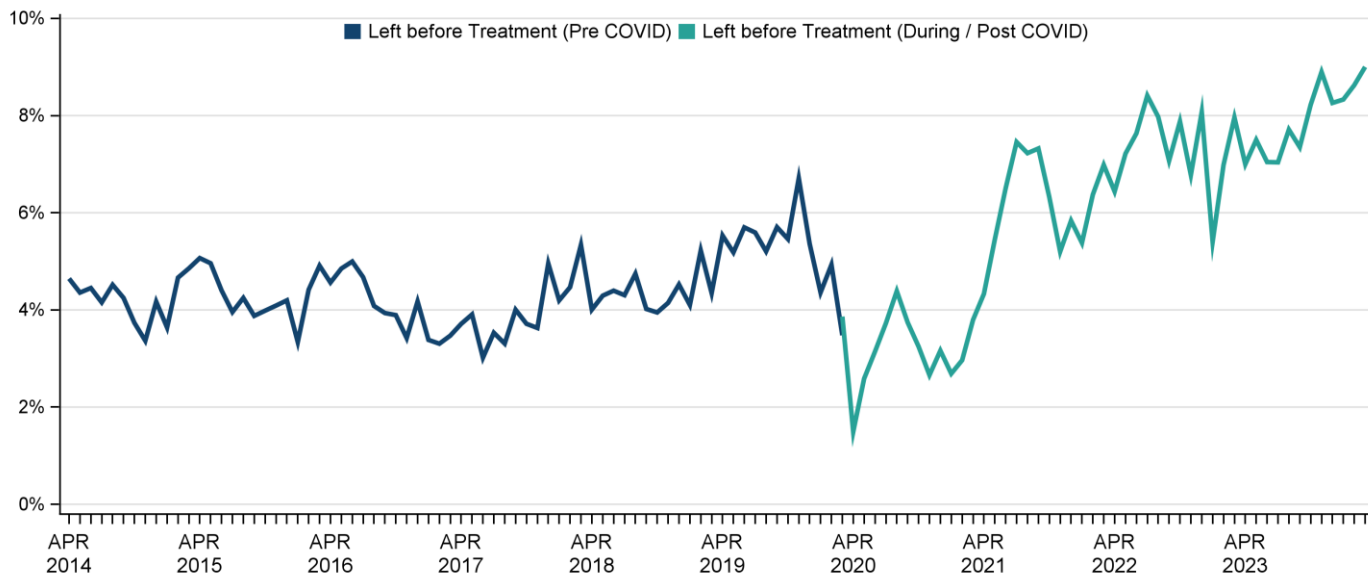
- In March 2024, almost one in five (18.9%, 9,990) attendances at EDs had been referred by a GP, compared with 19.8% (10,557) in March 2023 (Figure 7, Table 11D(i-ii)).
- Over a quarter (28.2%, 2,455) of attendances at Antrim Area had been referred by a GP during March 2024, compared with 11.4% (418) of attendances at the Mater (Tables 11D(i-ii)).

¹¹ Data on referrals to ED by GP's are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

Do Patients Leave ED Before Their Treatment is Complete?

Figure 8: Percentage of attendances leaving EDs before their treatment was complete

The percentage of attendances which left an ED before their treatment was complete, from April 2014¹².



Source: Regional Data Warehouse

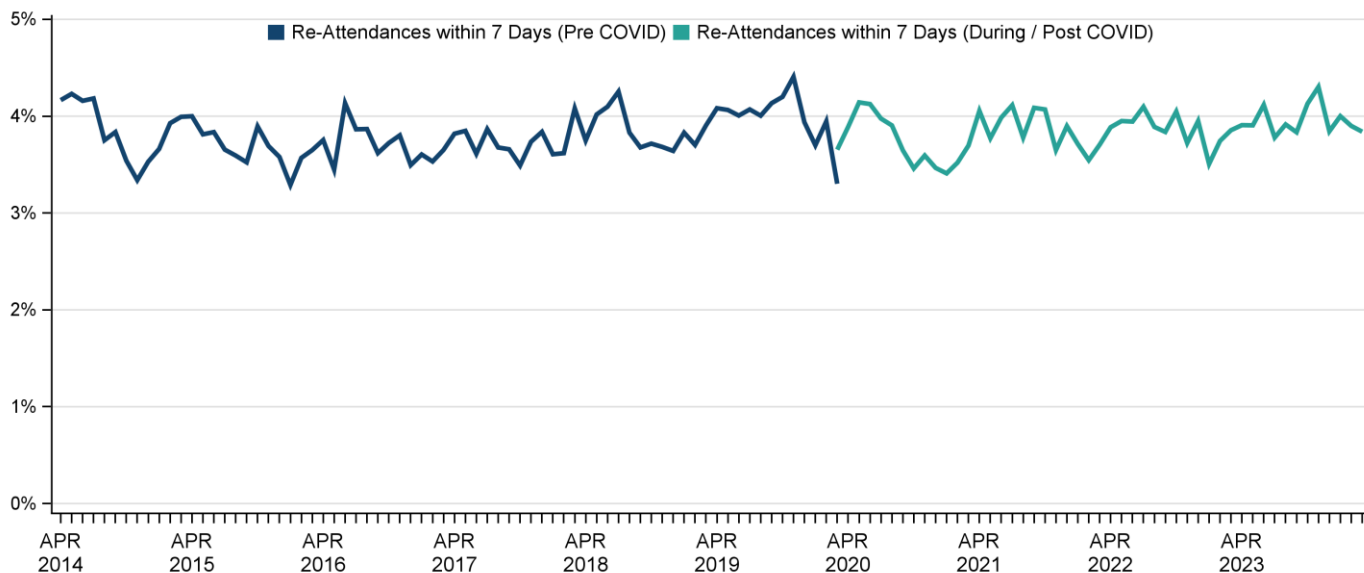
- During March 2024, 9.0% (4,765) of all ED attendances left before their treatment was complete, similar to March 2023 (8.0%, 4,238) (Figure 8, Table 11D(i-ii)).
- The Royal Victoria (18.8%, 1,225) reported the highest percentage leaving ED before treatment was complete during March 2024, compared with 12.7% (909) in March 2023 (Tables 11D(i-ii)).

¹² Data on those leaving ED before their treatment was complete are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

How Many Patients Re-attend the Same ED within a Week?

Figure 9: Percentage of unplanned review attendances at EDs within 7 days of the original attendance

The percentage of unplanned review attendances at EDs within 7 days of their original attendance for the same condition, from April 2014¹³.



Source: Regional Data Warehouse

- During March 2024, 3.8% (2,035) of attendances had attended the same ED within 7 days of their original attendance, compared to 3.9% (2,052) in March 2023 (Figure 9, Tables 11D(i-ii)).
- South West Acute reported the highest percentage (5.8%, 192) of unplanned review attendances within 7 days of the original attendance during March 2024 (Tables 11D(i-ii)).

¹³ Data on re-attendances within 7 days are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in EDs.

How Long Do Patients Spend in ED?

Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT are still being developed following the Trust's transition to completely digitised health records. Therefore, SEHSCT data has been excluded from all analysis in this report to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. As such, all Department Type and NI level figures presented throughout this report only include those for Belfast, Northern, Southern and Western HSC Trusts.

Emergency Care Waiting Times Targets

The current DOH targets¹⁴ on emergency care waiting times in Northern Ireland for 2023/24 state that:

'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 any emergency department should wait longer than twelve hours.'

'By March 2024, at least 80% of patients to have commenced treatment, following triage, within 2 hours.'

This section describes the various data available to measure the length of time patients spend in EDs in Northern Ireland. It outlines these different measures and how they relate to each other. The different measures of the time spent in an ED include:

- **The Four and Twelve Hour Waiting Times Target;**

The most familiar mechanisms for monitoring ED performance are the 'four and twelve hour' measures, which report the percentage of patients treated and discharged or admitted from ED within 4 hours of their arrival and the number treated and discharged or admitted from ED within 12 hours of arrival.

- **Time to Triage (Initial Assessment / Triage);**

This refers to the time from arrival at ED to the start of a patient's triage by a medical professional for all attendances.

- **Time to Start of Treatment; and,**

The time taken to start a patient's treatment refers to the time from when a patient has been triaged until the start of their definitive treatment by a decision-making clinician.

- **Total Time spent in ED for both Admitted and Non-Admitted Patients.**

Similar to the four and twelve hour measurements, this information refers to the total length of time a patient spends in an ED from arrival to discharge or admission to hospital. However, it presents the information separately for those discharged home and those admitted to hospital.

Two aspects of the time spent in ED are reported, including (i) the 95th percentile, which is the time below which 95% of patients were triaged/treated/admitted/discharged each month, and (ii) the median, which is the time below which 50% of patients were triaged/treated/admitted/discharged.

¹⁴ Further breakdown of EDs can be found in Appendix 4: Table 11C & Table 11J.

How are EDs Performing?

Table 6: Performance against Emergency Care Waiting Times Targets

The performance against the 4 and 12 hour components of the emergency care waiting times targets for the last three months compared with March 2023.

% Within 4 Hours	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Diff (Mar 2023 - Mar 2024)	
					No.	%
Type 1	39.9%	36.8%	37.2%	38.1%	-	-1.9%
Type 2	76.0%	74.7%	77.9%	78.3%	-	2.3%
Type 3	99.0%	99.3%	99.2%	98.8%	-	-0.2%
All Departments	45.0%	41.8%	42.6%	43.7%	-	-1.3%
Over 12 Hours	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Diff (Mar 2023 - Mar 2024)	
					No.	%
Type 1	8,730	9,535	8,575	9,443	713	-
Type 2	0	0	0	0	0	-
Type 3	0	0	0	0	0	-
All Departments	8,730	9,535	8,575	9,443	713	-
ED Attendances	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Diff (Mar 2023 - Mar 2024)	
					No.	%
Type 1	48,435	44,890	43,857	47,763	-672	-1.4%
Type 2	683	869	820	834	151	22.1%
Type 3	4,120	3,345	3,670	4,334	214	5.2%
All Departments	53,238	49,104	48,347	52,931	-307	-0.6%

Source: Regional Data Warehouse

- Over two fifths (43.7%) of attendances in March 2024 were discharged or admitted within 4 hours, compared with 45.0% in March 2023 (Table 11C & 11J).
- Almost two fifths (38.1%) of attendances at Type 1 EDs in March 2024 spent less than 4 hours in ED, compared with 78.3% at Type 2 EDs and 98.8% at Type 3 EDs (Table 6, Table 11C & 11J).
- Since March 2023, the number spending over 12 hours in ED increased from 8,730 to 9,443 in March 2024, accounting for 17.8% of all attendances (Table 6, Table 11C & 11J).
- Attendances at EDs experienced a 0.6% decrease in March 2024 compared with March 2023 (53,238 to 52,931), whilst 4 hour performance decreased from 45.0% to 43.7% over the same time period (Table 6, Table 11C & 11J).
- During the quarter ending 31 March 2024, less than half (42.7%) of patients spent less than 4 hours at an ED, less than in the same quarter in 2023 (47.2%) (Table 11C & 11J).
- During the latest quarter, the percentage of patients spending less than 4 hours in ED was highest in March 2024 (43.7%) and lowest in January 2024 (41.8%), whilst the number spending over 12 hours in an ED was lowest in February 2024 (8,575) and highest in January 2024 (9,535) (Table 6, Table 11C & 11J).

Table 7: Performance against the 4 and 12 Hour Emergency Care Waiting Times Targets

The performance for both the four and twelve hour components of the emergency care waiting times target at each Type 1 ED in March 2024 compared with the same month last year. Information has also been included on the overall performance at Type 2 and 3 EDs during this period¹⁵.

Department	4 Hour Performance		12 Hour Performance		Total Attendances	
	Mar 2023	Mar 2024	Mar 2023	Mar 2024	Mar 2023	Mar 2024
Mater	49.9%	38.1%	381	690	3,475	3,679
Royal Victoria	24.5%	20.4%	2,117	2,319	7,166	6,525
RBHSC	51.0%	53.3%	62	73	4,221	4,280
Antrim Area	39.2%	35.1%	1,581	1,578	8,608	8,728
Causeway	52.6%	50.0%	502	551	4,084	4,100
Ulster	43.4%	-	1,510	-	9,526	-
Craigavon Area	35.7%	36.9%	1,804	1,772	7,094	6,810
Daisy Hill	48.8%	47.5%	660	568	4,658	4,684
Altnagelvin Area	30.8%	29.8%	1,169	1,372	5,736	5,629
South West Acute	47.3%	49.6%	454	520	3,393	3,328
Type 1	39.9%	38.1%	8,730	9,443	48,435	47,763
Type 2	76.0%	78.3%	0	0	683	834
Type 3	99.0%	98.8%	0	0	4,120	4,334
Northern Ireland	45.0%	43.7%	8,730	9,443	53,238	52,931

Source: Regional Data Warehouse

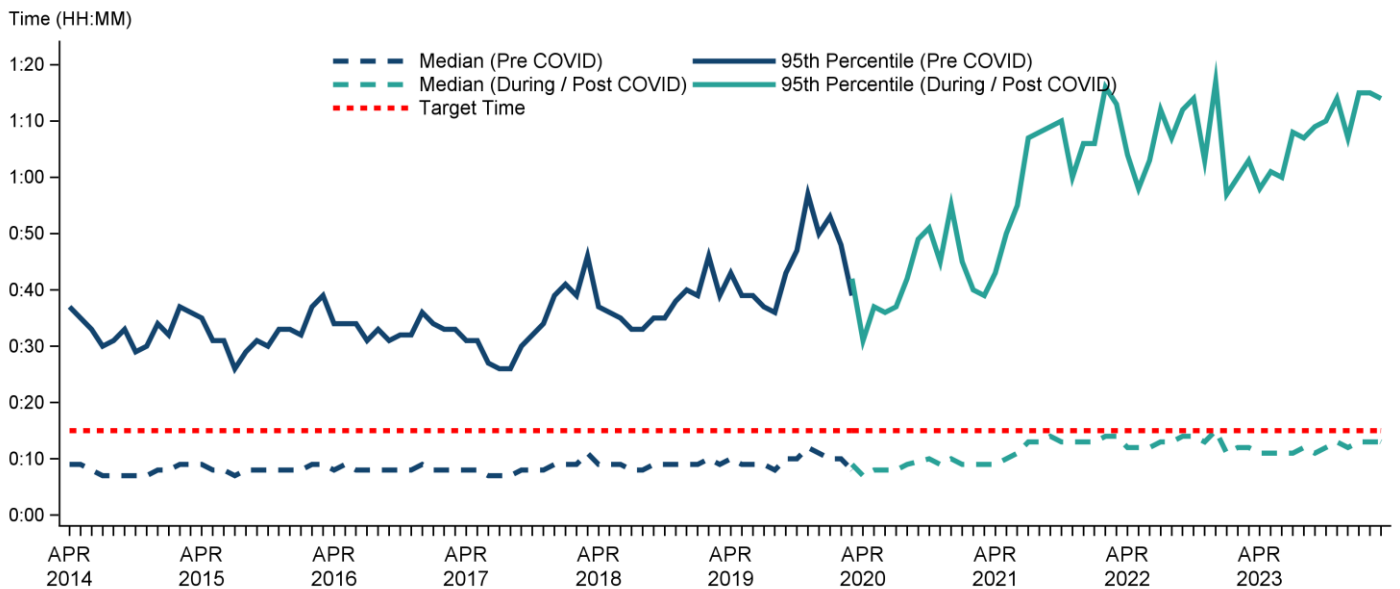
- During March 2024, RBHSC (53.3%) reported the highest performance of the four hour target at any Type 1 ED, whilst Royal Victoria (20.4%) reported the lowest (Table 7, Table 11C).
- No Type 1 ED achieved the 12-hour target during March 2024 (Table 7, Table 11C).
- The Royal Victoria (2,319) reported the highest number of patients spending over 12 hours at an ED during March 2024 (Table 7, Table 11C).
- Between March 2023 and March 2024, performance against the 12 hour target declined at six Type 1 EDs (Table 7, Table 11C).

¹⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Time Spent in Emergency Department from Arrival to Triage

Figure 10: Time from Arrival to Triage

The length of time patients spent in ED from the time of their arrival to their triage by a medical practitioner, which includes a brief history, pain assessment and early warning scores, for all patients between April 2014 and March 2024¹⁶.



Source: Regional Data Warehouse

- During March 2024, the median time spent in ED from arrival to triage was 13 minutes, 1 minute more than in March 2023 (12 minutes) (Figure 10, Table 11E).
- 95 percent of patients were triaged within 1 hour 14 minutes of their arrival at an ED in March 2024, 11 minutes more than in March 2023 (1 hour 3 minutes) (Figure 10, Table 11E).
- Almost three fifths (56.9%) of attendances were triaged within 15 minutes of their arrival at an ED during March 2024, compared with 59.0% in March 2023.
- During the quarter ending 31 March 2024, the median time from arrival to triage was similar in January, February and March 2024 (13 minutes), whilst the time taken to triage 95 percent of patients was longest in January and February 2024 (1 hour 15 minutes) and shortest in March 2024 (1 hour 14 minutes) (Figure 10, Table 11E).

¹⁶ Data on time to triage are not National Statistics, and are included to provide users with a comprehensive view of ED activity and time spent in ED.

Table 8: Performance against the Target to Commence Treatment within 2 Hours of Triage

The percentage of patients commencing treatment within 2 hours following triage at Type 1 EDs in January to March 2024, compared with March last year. Information has also been included on the overall performance at Type 2 and 3 EDs during this period¹⁷.

Department	Mar 2023	Jan 2024	Feb 2024	Mar 2024
Mater	63.3%	50.4%	51.0%	53.2%
Royal Victoria	43.0%	43.6%	40.9%	37.2%
RBHSC	53.2%	62.1%	57.3%	56.9%
Antrim Area	39.4%	48.0%	41.1%	42.3%
Causeway	64.7%	51.3%	46.4%	52.3%
Ulster	67.6%	-	-	-
Craigavon Area	51.6%	60.3%	59.2%	55.9%
Daisy Hill	68.9%	70.9%	75.0%	72.6%
Altnagelvin Area	48.3%	45.3%	47.0%	53.1%
South West Acute	75.3%	70.7%	72.8%	77.2%
Type 1	53.7%	54.9%	53.3%	53.9%
Type 2	-	-	-	-
Type 3	97.5%	98.3%	96.8%	96.7%
Northern Ireland	57.0%	57.9%	56.6%	57.3%

Source: Regional Data Warehouse

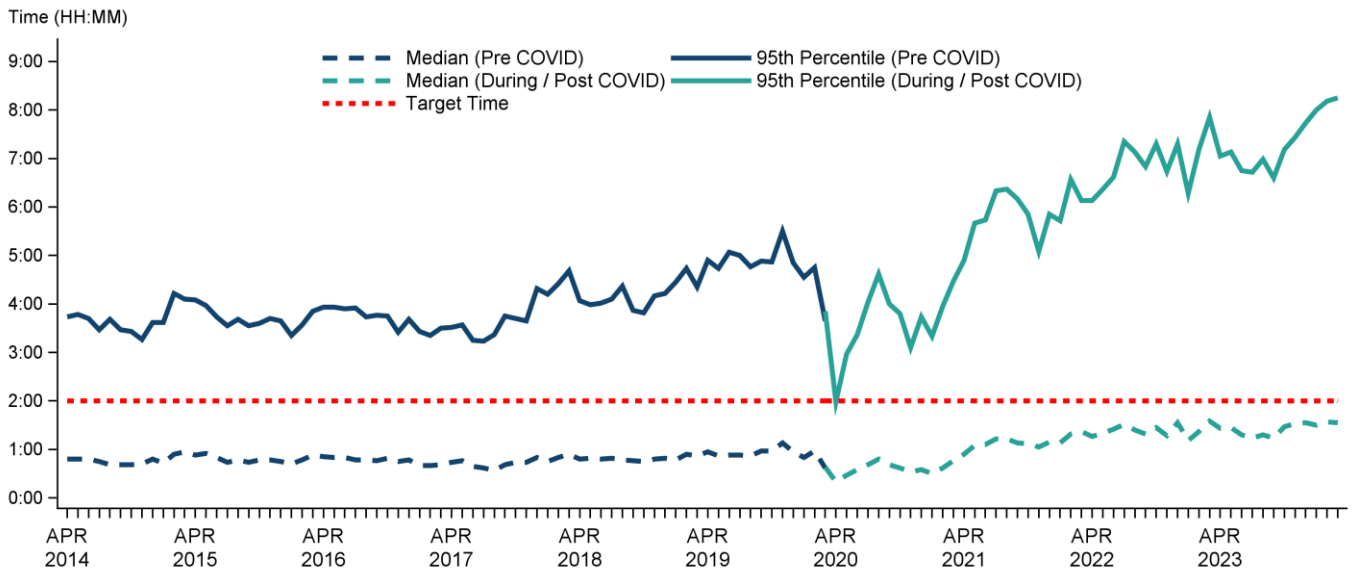
- Almost three fifths (57.3%) of patients attending EDs in March 2024 commenced their treatment within 2 hours of being triaged, more than in March 2023 (57.0%) (Table 8, Table 11K).
- During March 2024, over half (53.9%) of patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 96.7% at Type 3 EDs (Table 8, Table 11K).
- No Type 1 ED achieved the 80% target in March 2024 (Table 8, Table 11K).
- During March 2024, South West Acute (77.2%) reported the highest percentage commencing treatment within 2 hours, whilst the Royal Victoria (37.2%) reported the lowest (Table 8, Table 11K).
- Between January and March 2024, the highest percentage of patients commencing treatment within 2 hours was in January 2024 (57.9%) whilst the lowest was in February (56.6%), (Table 8, Table 11K).

¹⁷ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points.

Time from Triage to Start of Treatment

Figure 11: Time from Triage to Start of Treatment from April 2014

Time spent in ED from triage to start of treatment by a medical practitioner from April 2014 to date. The start of treatment refers to the beginning of a definitive treatment by a decision-making clinician¹⁸.



Source: Regional Data Warehouse

- The median time from triage to start of treatment in March 2024 was 1 hour 33 minutes, 2 minutes less than March 2023 (1 hour 35 minutes) (Figure 11, Table 11F).
- During March 2024, 95 percent of patients commenced treatment within 8 hours 15 minutes of being triaged, 24 minutes more than March 2023 (7 hours 51 minutes) (Figure 11, Table 11F).
- During the last 3 months, the median time to start of treatment was longest in February 2024 (1 hour 34 minutes) and shortest in January 2024 (1 hour 30 minutes), whilst the time within which 95 percent of patients started treatment was longest in March 2024 (8 hours 15 minutes) and shortest in January 2024 (8 hours) (Table 11F).

¹⁸ Data on start of treatment are not National Statistics, and are included to provide users with a comprehensive view of ED activity and time spent in ED.

Time from Triage to Start of Treatment at Type 1 EDs

Table 9: Time from Triage to Start of Treatment

The median and 95th percentile of the length of time spent in ED from triage to start of treatment at Type 1 EDs and department type during March 2024, compared with the same month last year¹⁹.

Department	Median (HH:MM)		95th Percentile (HH:MM)	
	March 2023	March 2024	March 2023	March 2024
Mater	1:23	1:48	5:46	9:33
Royal Victoria	2:29	3:03	10:58	12:31
RBHSC	1:50	1:41	5:44	6:20
Antrim Area	2:35	2:21	8:44	7:48
Causeway	1:21	1:51	5:04	6:14
Ulster	1:11	-	5:39	-
Craigavon Area	1:51	1:34	11:51	13:00
Daisy Hill	1:08	1:03	5:30	5:23
Altnagelvin Area	2:04	1:48	6:42	8:35
South West Acute	0:51	0:42	4:12	5:10
Type 1	1:47	1:46	8:05	8:32
Type 2	-	-	-	-
Type 3	0:05	0:05	1:28	1:44
Northern Ireland	1:35	1:33	7:51	8:15

Source: Regional Data Warehouse

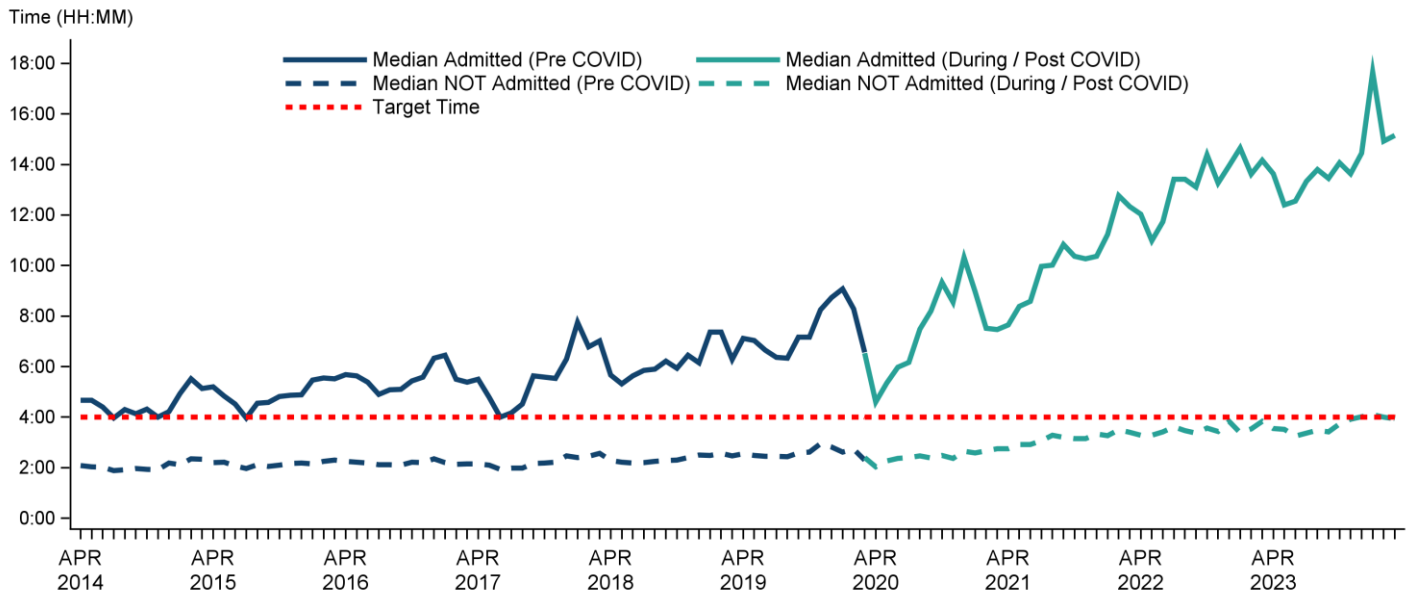
- The median time spent at Type 1 EDs from triage to start of treatment by a medical professional was 1 hour 46 minutes in March 2024, 1 minute less than March 2023 (1 hour 47 minutes) (Table 9, Table 11F).
- The Royal Victoria (3 hour 3 minutes) reported the longest median time spent in ED from triage to start of treatment during March 2024, whilst South West Acute (42 minutes) reported the shortest median time (Table 9, Table 11F).
- Craigavon Area reported the longest time spent in ED between triage and start of treatment, with 95 percent of attendances commencing treatment within 13 hours of being triaged; 1 hour 9 minutes more than March 2023 (11 hours 51 minutes) (Table 9, Table 11F).
- South West Acute reported the shortest time to start of treatment during March 2024, with 95 percent of attendances commencing treatment within 5 hours 10 minutes of being triaged, 58 minutes more than the time taken in March 2023 (4 hour 12 minutes) (Table 9, Table 11F).

¹⁹ Data on time to start of treatment are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

Do Patients Admitted Spend Longer in ED than Those Discharged Home?

Figure 12: Median Time Spent in an ED for those (i) Admitted to Hospital and (ii) Discharged Home²⁰

The median time spent in ED for those admitted and discharged from April 2014 to date.



Source: Regional Data Warehouse

- During March 2024, the median time patients admitted to hospital spent in ED was 15 hours 9 minutes, over three times longer than the median time for patients discharged home (3 hours 56 minutes) (Figure 12, Table 11G & 11H).
- During the quarter ending 31 March 2024, the median time patients admitted spent in ED was longest in January 2024 (17 hours 39 minutes) and shortest in February 2024 (14 hours 55 minutes) (Table 11G).
- During this period, the median time spent by patients discharged home was longest in January 2024 (4 hours 6 minutes) and shortest in March 2024 (3 hours 56 minutes) (Table 11H).

²⁰ Data are not National Statistics, and are included to provide users with a comprehensive view of ED activity and time spent in ED.

How Long did Patients Admitted to Hospital/Discharged Home Spend in ED?

Table 10: Time Spent in ED for those Admitted to Hospital/Discharged Home²¹

The median and 95th percentile length of time spent in an ED from arrival to leaving the ED for those who were admitted to hospital and those discharged home, in March 2023 and March 2024.

Department	Admitted				Discharged			
	Median (HH:MM)		95th Percentile (HH:MM)		Median (HH:MM)		95th Percentile (HH:MM)	
	Mar 2023	Mar 2024	Mar 2023	Mar 2024	Mar 2023	Mar 2024	Mar 2023	Mar 2024
Mater	11:37	16:34	37:32	49:14	3:31	4:29	10:20	16:01
Royal Victoria	13:54	14:04	49:25	56:40	6:29	7:30	24:01	24:14
RBHSC	5:54	5:58	15:10	16:12	3:47	3:36	8:23	8:28
Antrim Area	13:23	13:44	62:23	59:56	4:25	4:43	18:18	15:43
Causeway	10:42	12:58	48:04	57:21	3:24	3:41	11:32	12:20
Ulster	14:33	-	46:15	-	3:41	-	10:01	-
Craigavon Area	19:10	20:23	60:16	65:06	4:35	4:26	16:14	17:10
Daisy Hill	18:20	16:39	46:29	47:30	3:26	3:32	10:30	9:43
Altnagelvin Area	18:51	20:23	49:25	63:49	5:02	5:22	19:15	21:05
South West Acute	10:28	13:49	40:56	62:55	3:49	3:39	14:14	19:01
Type 1	14:12	15:11	51:01	57:43	4:16	4:29	16:12	16:52
Type 2	2:55	4:00	3:23	8:36	2:48	2:42	6:08	6:13
Type 3	1:44	2:51	8:13	3:58	0:38	0:37	2:30	2:44
Northern Ireland	14:10	15:09	51:01	57:42	3:50	3:56	15:15	15:52

Source: Regional Data Warehouse

- The median time patients who were admitted to hospital spent in a Type 1 ED was 15 hours 11 minutes in March 2024, 59 minutes more than the same month last year (14 hours 12 minutes) (Table 10, Table 11G).
- The median time patients who were discharged home spent in a Type 1 ED was 4 hours 29 minutes in March 2024, 13 minutes more than the time taken during the same month last year (4 hours 16 minutes) (Table 10, Table 11H).
- 95 percent of patients were admitted to hospital within 57 hours 43 minutes at Type 1 EDs in March 2024, 6 hours 42 minutes more than in March 2023 (51 hours 1 minute) (Table 10, Table 11G).
- In March 2024, 95 percent of attendances at Type 1 EDs were discharged home within 16 hours 52 minutes of their arrival, 40 minutes more than the time taken in March 2023 (16 hours 12 minutes) (Table 10, Table 11H).

²¹ Readers should note that Type 3 data on time spent in EDs for patients admitted is provided by Omagh and Ulster MIU only. No other Type 3 ED produces these statistics.

Technical Notes

Data Collection

Information presented in this brief is based on a monthly patient-level download from the Regional Data Warehouse on the 8th of each month for all EDs. Data providers are supplied with technical guidance documents outlining the methodologies used in the collection, reporting, and validation of the information collected in this publication. These documents are available at the link below:

[Emergency Care Activity Returns and Guidance](#)

Currently there are two patient-level administrative systems used by HSC Trusts in Northern Ireland to record emergency care information;

- (i) The electronic Emergency Medicine System (e-EMS); and,
- (ii) SYMPHONY.

A National Statistics Publication

National Statistics are accredited official statistics²²:

[Accredited official statistics – Office for Statistics Regulation \(statisticsauthority.gov.uk\)](#)

Our statistical practice is regulated by the Office for Statistics Regulation (OSR). OSR sets the standards of trustworthiness, quality and value in the Code of Practice for Statistics that all producers of official statistics should adhere to.

You are welcome to contact us directly with any comments about how we meet these standards. Alternatively, you can contact OSR by emailing regulation@statistics.gov.uk or via the OSR website [Office for Statistics Regulation \(statisticsauthority.gov.uk\)](#).

These accredited official statistics were independently reviewed by the Office for Statistics Regulation in March 2013. They comply with the standards of trustworthiness, quality and value in the Code of Practice for Statistics and should be labelled ‘accredited official statistics’.

[’Letter of Confirmation as National Statistics](#)

Accreditation was awarded in March 2013: [Assessment Report](#)

Since the assessment, we have continued to comply with the Code of Practice for Statistics. A list of those who received 24-hour pre-release access to this publication is available online with the current quarterly publication found here: [Emergency Care Waiting Times Pre-release List](#)

²² Accredited official statistics are called National Statistics in the Statistics and Registration Service Act 2007

Waiting Time Information elsewhere in the United Kingdom (UK)

When comparing emergency care statistics it is important to know the type of department. Emergency care information sometimes refers only to Type 1 departments, and is not comparable with data which refers to all EDs. Two key differences are as follows: (i) time spent at Type 1 EDs are higher than at other ED Types; (ii) fewer patients are admitted to hospital from Type 2 or 3 EDs.

There are also a number of key differences in how emergency care waiting times are reported in each UK Jurisdiction, and we would ask readers to be cautious when making comparisons across the UK. In particular, readers should avoid making comparisons between Northern Ireland and England on the 12 hour measurement, as these are not equivalent measures. Additional information on comparing emergency care waiting times information for Northern Ireland and England is detailed on pages 10 – 12 of the 'Additional Guidance' document at the link below:

[Emergency Care Waiting Times - Additional Guidance](#)

DoH statisticians have also liaised with colleagues in England, Scotland, and Wales to clarify differences between the emergency care waiting times reported for each administration and have produced a guidance document to provide readers with a clear understanding of these differences (link below).

[UK Comparative Waiting Times for Emergency Departments \(Excel 24KB\)](#)

Contextual Information

Readers should be aware that contextual information about Northern Ireland and the health services provided is available to reference while using statistics from this publication.

This includes information on the current and future population, structures within the Health and Social Care system, the vision for the future health services, as well as targets and indicators. This information is available at the following link:

[Contextual Information for Using Hospital Statistics](#)

Security & Confidentiality Processes

Information on (i) the security and (ii) the confidentiality processes used to produce these and all statistics produced by the DoH, are detailed on our website at the links below:

[Official Statistics & User Engagement](#)

[DoH Statistics Charter](#)

Appendix 1: Hospital Information Branch (HIB)

Hospital Information Branch within Information Analysis Directorate (IAD) 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 Strategic Planning and Performance Group (SPPG). Statistical information is collected routinely from a variety of electronic patient level administrative systems and pre-defined EXCEL survey return templates.

The Head of Branch is Principal Statistician, Liz Graham. The Branch aims to present information in a meaningful way and provide advice on its use to customers in the HSC Committee, Professional Advisory Groups, policy branches within the DoH, 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, Cancer and Emergency Care).

A detailed list of these publications is available to view or download at the following link:

Website: [DoH Statistics and Research](#)

Appendix 2: Emergency departments and Opening Hours

In September 2023, the definitions used to determine the designation of Type 1, 2, and 3 Emergency Departments (EDs) in Northern Ireland were revised to bring these in line with definitions used by NHS England. Each HSC Trust reviewed the revised definitions to determine if the information currently being reported for their HSC Trust was presented in the appropriate ED type, or if a change in designation type was required. Following this exercise, no change in designation was required.

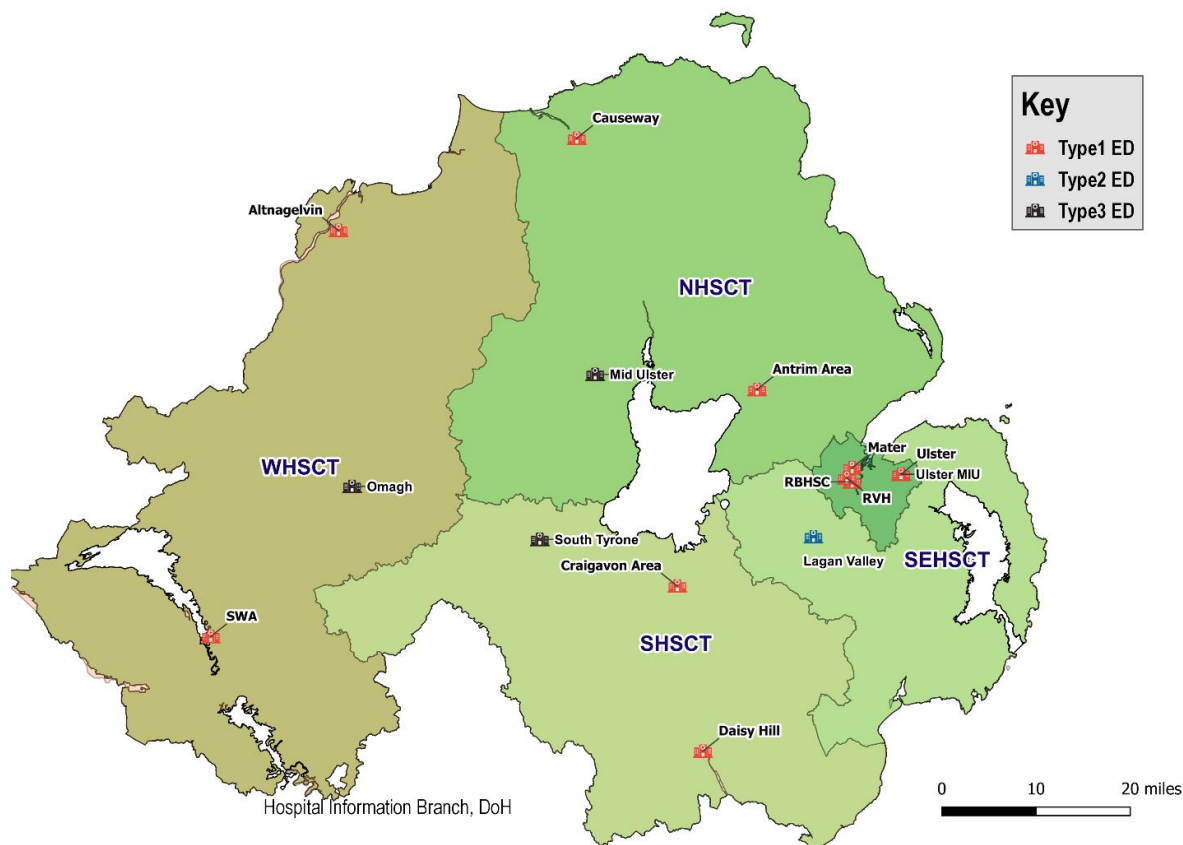
There are three separate categories of emergency care facility included in this publication:

Type 1 Emergency department is defined as a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of emergency care patients.

Type 2 Emergency department is defined as a consultant led mono specialty emergency care service (e.g. ophthalmology, dental) with designated accommodation for the reception of patients.

Type 3 Other types of ED/minor injury activity with designated accommodation for the reception of emergency care patients. The department may be doctor-led, General Practitioner-led or nurse-led and treats at least minor injuries and illnesses and can be routinely accessed without appointment. A service mainly or entirely appointment based (for example a GP practice or out-patient clinic) is excluded even though it may treat a number of patients with minor illness or injury. Includes urgent treatment centres.

Emergency Departments in Northern Ireland



Current Categorisation of Emergency departments ²³

HSC Trust	Type 1 (24-hour assess)	Type 2 (Limited opening hours)	Type 3 (Minor Injuries Unit, MIU)
	Belfast City (Closed)		
Belfast	Mater	RVH (Eye Casualty) ²⁴	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ²⁵ (Closed)
	Causeway		Mid Ulster
South Eastern	Ulster	Lagan Valley	Ards MIU ²⁶ (Closed)
		Downe ²⁷ (Currently operating as an Urgent Care Centre)	Bangor MIU ²⁸ (Closed)
			Ulster MIU ²⁹
Southern	Craigavon Area		South Tyrone
	Daisy Hill ³⁰		Armagh Community ³¹ (Closed)
			Craigavon Respiratory ED (Covid-19) ³² (Closed)
			Craigavon Paediatric ED ³³ (Closed)
Western	Altnagelvin Area		Tyrone County (Closed)
	South West Acute		Omagh ³⁴
			Altnagelvin Area MIU ³⁵

²³ Opening Hours are as of June 2017.

²⁴ RVH (RAES) refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

²⁵ Temporarily closed on 1st December 2014.

²⁶ Closed on 1st September 2023.

²⁷ Temporarily closed 30th March 2020, reopened as a MIU 10th August 2020, reopened as an Urgent Care Centre 19th October 2020.

²⁸ Temporarily closed 12th March 2020.

²⁹ Opened 6th September 2023.

³⁰ Temporarily closed between 28th March 2020 and 19th October 2020.

³¹ Temporarily closed on 17th November 2014.

³² Temporarily opened on 29th March 2020 and closed on 19th October 2020.

³³ Temporarily opened on 31st March 2020 and closed on 12th June 2020.

³⁴ Tyrone County closed on 20th June 2017 and all emergency services were transferred to the new Omagh Hospital and Primary Care Complex on that date.

³⁵ Opened 25th March 2024.

Appendix 3: General Guidance on using the Data

Guidance on using the Data

The data contained in this publication details a monthly analysis of time spent in emergency departments in Northern Ireland. It is recommended that readers refer to the '*Emergency Care Waiting Time Statistics - Additional Guidance*' booklet, which details technical guidance, definitions and background information on the data used, including the security and confidentiality processes. This booklet is updated for each release and can be found at the following link:

[Emergency Care Waiting Times - Additional Guidance](#)

Description of Data

Data on the number of new and unplanned review attendances at EDs in Northern Ireland by the length of time spent in ED. New and unplanned review attendances at EDs are used to describe unplanned activity at EDs, 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 spent in ED is collected and refers to the time spent in ED from arriving at the ED until the time the patient is treated and discharged, or admitted to hospital.

- Number of new and unplanned review attendances at EDs – this is the number of new and unplanned review attendances at EDs during each calendar month. **It does not include planned review attendances.**
- The length of time patients spend in ED refers to the time between entering the ED and being logged in at reception, until leaving the ED (treated and discharged, or admitted to hospital). It should also be noted that the length of time for patients who **are to be** admitted to hospital continues until they have left the ED.
- An assessment of both the number of new and unplanned review attendances, and the length of time patients have spent in ED, when compared with equivalent data for previous months, allow users to gauge the demand for emergency care services.
- Emergency care waiting times by type of department is presented to allow users to compare similar types of EDs in Northern Ireland, i.e. Type 1, 2 or 3 departments.
- Users should take into consideration, changes in the provision of emergency care services at specific sites in Northern Ireland when making comparisons with previous months. Such changes in the provision of services can be found in the document '*Emergency Care Waiting Time Statistics - Additional Guidance*' document at the following link:

Website: [Emergency Care Waiting Time Statistics - Additional Guidance](#)

Appendix 4: Additional Tables

Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT are still being developed following the Trust's transition to completely digitised health records. Therefore, SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. As such, all Department Type and Northern Ireland level figures presented throughout this report only include those for Belfast, Northern, Southern and Western Health and Social Care Trusts.

Table 11A: PhoneFirst Calls, Urgent Care Centre Attendances and Referrals to Emergency Departments³⁶

HSC Trust	PhoneFirst				Urgent Care Centre				Total Attendances				Referral to ED			
	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024
Belfast	-	-	-	-	1,989	2,456	2,326	2,228	1,989	2,456	2,326	2,228	-	-	-	-
Northern	1,585	1,688	1,944	1,941	-	-	-	-	1,585	1,688	1,944	1,941	339	398	451	432
South Eastern	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Southern	5,696	6,145	6,367	6,633	409	1,101	1,157	1,241	6,105	7,246	7,524	7,874	1,170	1,201	1,273	1,365
Western	688	540	545	867	-	-	-	-	688	540	545	867	378	277	258	374
Northern Ireland	7,969	8,373	8,856	9,441	2,398	3,557	3,483	3,469	10,367	11,930	12,339	12,910	1,887	1,876	1,982	2,171

³⁶ Data on PhoneFirst calls and Urgent Care Centre attendances are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity.

Table 11B: New & Unplanned Review Attendances at Emergency Departments^{37 38}

Department	New Attendances				Unplanned Reviews				Total Attendances			
	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024
Mater	3,383	3,538	3,439	3,598	92	116	119	81	3,475	3,654	3,558	3,679
Royal Victoria	6,993	5,816	5,693	6,322	173	165	192	203	7,166	5,981	5,885	6,525
RBHSC	3,855	3,468	3,423	3,919	366	307	267	361	4,221	3,775	3,690	4,280
Antrim Area	8,210	7,793	7,557	8,256	398	460	436	472	8,608	8,253	7,993	8,728
Causeway	3,756	3,633	3,728	3,825	328	241	251	275	4,084	3,874	3,979	4,100
Ulster	9,082	-	-	-	444	-	-	-	9,526	-	-	-
Craigavon Area	6,519	6,038	5,914	6,306	575	509	520	504	7,094	6,547	6,434	6,810
Daisy Hill	4,481	4,102	3,943	4,384	177	257	223	300	4,658	4,359	4,166	4,684
Altnagelvin Area	5,417	4,947	4,760	5,315	319	315	319	314	5,736	5,262	5,079	5,629
South West Acute	3,098	2,900	2,792	3,078	295	285	281	250	3,393	3,185	3,073	3,328
Type 1	45,712	42,235	41,249	45,003	2,723	2,655	2,608	2,760	48,435	44,890	43,857	47,763
Eye Casualty	605	805	804	814	78	64	16	20	683	869	820	834
Lagan Valley	2,091	-	-	-	85	-	-	-	2,176	-	-	-
Type 2	605	805	804	814	78	64	16	20	683	869	820	834
Mid Ulster	608	444	503	564	16	0	0	0	624	444	503	564
Ards	1051	-	-	-	1	-	-	-	1052	-	-	-
South Tyrone	1,755	1,341	1,500	1,694	18	11	4	17	1,773	1,352	1,504	1,711
Omagh	1,574	1,416	1,527	1,735	149	133	136	142	1,723	1,549	1,663	1,877
Ulster MIU	-	-	-	-	-	-	-	-	-	-	-	-
Altnagelvin Area MIU	-	-	-	177	-	-	-	5	-	-	-	182
Type 3	3,937	3,201	3,530	4,170	183	144	140	164	4,120	3,345	3,670	4,334
Northern Ireland	50,254	46,241	45,583	49,987	2,984	2,863	2,764	2,944	53,238	49,104	48,347	52,931

³⁷ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

³⁸ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points.

Table 11C: Performance against Emergency Care Waiting Times Target^{39 40 41}

Department	4 - Hour Performance				12 - Hour Performance				Total Attendances			
	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024
Mater	49.9%	37.1%	36.6%	38.1%	381	749	702	690	3,475	3,654	3,558	3,679
Royal Victoria	24.5%	19.8%	21.0%	20.4%	2,117	2,167	2,009	2,319	7,166	5,981	5,885	6,525
RBHSC	51.0%	55.1%	52.2%	53.3%	62	56	93	73	4,221	3,775	3,690	4,280
Antrim Area	39.2%	36.5%	34.0%	35.1%	1,581	1,543	1,396	1,578	8,608	8,253	7,993	8,728
Causeway	52.6%	46.5%	46.3%	50.0%	502	646	537	551	4,084	3,874	3,979	4,100
Ulster	43.4%	-	-	-	1,510	-	-	-	9,526	-	-	-
Craigavon Area	35.7%	38.2%	38.7%	36.9%	1,804	1,737	1,471	1,772	7,094	6,547	6,434	6,810
Daisy Hill	48.8%	43.8%	47.7%	47.5%	660	703	585	568	4,658	4,359	4,166	4,684
Altnagelvin Area	30.8%	25.9%	29.0%	29.8%	1,169	1,376	1,256	1,372	5,736	5,262	5,079	5,629
South West Acute	47.3%	41.6%	43.1%	49.6%	454	558	526	520	3,393	3,185	3,073	3,328
Type 1	39.9%	36.8%	37.2%	38.1%	8,730	9,535	8,575	9,443	48,435	44,890	43,857	47,763
Eye Casualty	76.0%	74.7%	77.9%	78.3%	0	0	0	0	683	869	820	834
Lagan Valley	79.2%	-	-	-	2	-	-	-	2,176	-	-	-
Type 2	76.0%	74.7%	77.9%	78.3%	0	0	0	0	683	869	820	834
Mid Ulster	100.0%	100.0%	99.6%	100.0%	0	0	0	0	624	444	503	564
Ards	100.0%	-	-	-	0	-	-	-	1,052	-	-	-
South Tyrone	100.0%	99.9%	100.0%	99.9%	0	0	0	0	1,773	1,352	1,504	1,711
Omagh	97.6%	98.7%	98.4%	97.3%	0	0	0	0	1,723	1,549	1,663	1,877
Ulster MIU	-	-	-	-	-	-	-	-	-	-	-	-
Alnagelvin Area MIU	-	-	-	100%	-	-	-	-	-	-	-	182
Type 3	99.0%	99.3%	99.2%	98.8%	0	0	0	0	4,120	3,345	3,670	4,334
Northern Ireland	45.0%	41.8%	42.6%	43.7%	8,730	9,535	8,575	9,443	53,238	49,104	48,347	52,931

³⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁴⁰ Information on comparability with other UK jurisdictions is detailed on pages 6 – 8 of the additional guidance document found at the following link: [Emergency Care Waiting Times - Additional Guidance](#)

⁴¹ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points.

Table 11D(i): Percentage of Attendances (i) Referred by a GP; (ii) Who Left before Treatment was Complete; and (iii) Re-attended within 7 Days^{42 43 44}

Department	GP - Referrals				Left Before Treatment				Unplanned Reviews Within 7 Days			
	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024
Mater	10.2%	12.5%	13.2%	11.4%	8.1%	16.1%	14.9%	14.4%	1.9%	2.3%	2.1%	1.8%
Royal Victoria	17.3%	17.7%	19.8%	19.0%	12.7%	15.7%	17.9%	18.8%	1.5%	1.9%	1.8%	1.9%
RBHSC	14.1%	19.8%	19.1%	18.8%	9.0%	7.7%	9.6%	10.9%	5.9%	5.9%	4.9%	5.6%
Antrim Area	31.8%	33.6%	30.7%	28.2%	7.0%	6.7%	7.5%	7.6%	2.9%	3.4%	3.6%	3.6%
Causeway	22.1%	28.7%	21.9%	22.7%	5.9%	5.8%	6.9%	6.8%	4.9%	3.9%	3.9%	4.6%
Ulster	22.9%	-	-	-	5.3%	-	-	-	3.1%	-	-	-
Craigavon Area	26.5%	27.0%	25.2%	24.9%	11.7%	7.9%	7.4%	9.6%	5.5%	5.1%	5.0%	4.7%
Daisy Hill	24.6%	25.4%	23.4%	22.1%	7.2%	5.6%	4.1%	5.3%	3.3%	4.5%	3.8%	4.5%
Altnagelvin Area	14.9%	14.4%	13.8%	12.4%	8.5%	10.6%	10.5%	9.5%	4.9%	5.4%	5.8%	4.9%
South West Acute	22.6%	21.6%	20.5%	19.0%	4.4%	4.7%	4.9%	4.2%	6.7%	6.7%	6.9%	5.8%
Type 1	21.6%	23.3%	21.9%	20.8%	8.7%	9.1%	9.5%	9.9%	4.0%	4.2%	4.1%	4.0%
Eye Casualty	3.7%	1.8%	2.1%	2.0%	1.0%	0.6%	0.4%	0.4%	0.7%	0.1%	0.1%	0.1%
Lagan Valley	5.1%	-	-	-	0.7%	-	0.0%	-	1.9%	-	-	-
Type 2	3.7%	1.8%	2.1%	2.0%	1.0%	0.6%	0.4%	0.4%	0.7%	0.1%	0.1%	0.1%
Mid Ulster	0.8%	0.5%	0.6%	0.0%	0.3%	0.5%	0.2%	0.0%	0.8%	0.0%	0.0%	0.0%
Ards	0.2%	-	-	-	0.3%	-	-	-	0.0%	-	-	-
South Tyrone	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.5%	0.4%	0.2%	0.6%
Omagh	2.7%	2.8%	2.3%	2.5%	0.9%	1.2%	1.0%	1.2%	6.2%	5.7%	5.1%	4.9%
Ulster MIU	-	-	-	-	-	-	-	-	-	-	-	-
Altnagelvin Area MIU	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%
Type 3	1.3%	1.4%	1.1%	1.1%	0.4%	0.6%	0.5%	0.5%	2.9%	2.8%	2.4%	2.4%
Northern Ireland	19.8%	21.4%	20.0%	18.9%	8.0%	8.3%	8.6%	9.0%	3.9%	4.0%	3.9%	3.8%

⁴² Data on GP referrals to ED, Left before treatment complete and unplanned re-attendances are not National Statistics, but help provide users with a comprehensive view of emergency care.

⁴³ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁴⁴ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points.

Table 11D(ii): Number of Attendances (i) Referred by a GP; (ii) Who Left before Treatment was Complete; and (iii) Re-attended within 7 Days^{45 46 47}

Department	GP - Referrals				Left Before Treatment				Unplanned Reviews Within 7 Days			
	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024
Mater	354	457	466	418	282	587	530	530	66	83	73	65
Royal Victoria	1,239	1,059	1,155	1,248	909	938	1,056	1,225	106	113	108	124
RBHSC	593	750	707	804	378	292	354	468	247	222	183	240
Antrim Area	2,736	2,770	2,456	2,455	599	553	602	667	250	278	289	317
Causeway	907	1,112	865	940	240	225	275	277	201	149	155	189
Ulster	2,183	-	-	-	501	-	-	-	296	-	-	-
Craigavon Area	1,884	1,771	1,625	1,695	832	520	477	652	393	332	322	317
Daisy Hill	1,144	1,104	975	1,036	334	244	171	247	152	195	157	211
Altnagelvin Area	857	756	698	698	489	556	532	534	284	283	296	277
South West Acute	766	687	627	632	150	150	152	139	227	214	211	192
Type 1	10,480	10,466	9,574	9,926	4,213	4,065	4,149	4,739	1,926	1,869	1,794	1,932
Eye Casualty	25	16	17	17	7	5	3	3	5	1	1	1
Lagan Valley	111	-	-	-	16	-	-	-	42	-	-	-
Type 2	25	16	17	17	7	5	3	3	5	1	1	1
Mid Ulster	5	2	3	0	2	2	1	0	5	0	0	0
Ards	2	-	-	-	3	-	-	-	-	-	-	-
South Tyrone	0	0	0	0	1	1	0	0	9	6	3	10
Omagh	47	44	38	47	15	18	17	22	107	88	84	92
Ulster MIU	-	-	-	-	-	-	-	-	-	-	-	-
Alnagelvin Area MIU	-	-	-	0	-	-	-	1	-	-	-	0
Type 3	52	46	41	47	18	21	18	23	121	94	87	102
Northern Ireland	10,557	10,528	9,632	9,990	4,238	4,091	4,170	4,765	2,052	1,964	1,882	2,035

⁴⁵ Data on GP referrals to ED, Left before treatment complete and unplanned re-attendances are not National Statistics, but help provide users with a comprehensive view of emergency care.

⁴⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁴⁷ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points.

Table 11E: Time from Arrival to Triage (Assessment)^{48 49 50}

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024
Mater	0:13	0:22	0:23	0:23	0:49	1:13	1:34	1:24
Royal Victoria	0:14	0:21	0:24	0:21	1:11	1:33	1:47	1:44
RBHSC	0:16	0:11	0:13	0:12	1:03	0:58	0:52	0:54
Antrim Area	0:11	0:13	0:11	0:12	0:32	0:37	0:33	0:33
Causeway	0:12	0:13	0:14	0:13	0:44	0:43	0:47	0:44
Ulster	0:19	-	-	-	1:34	-	-	-
Craigavon Area	0:14	0:09	0:10	0:10	1:55	2:42	1:36	1:54
Daisy Hill	0:08	0:09	0:08	0:08	0:38	0:45	0:33	0:33
Altnagelvin Area	0:20	0:26	0:29	0:29	1:21	1:40	1:40	1:41
South West Acute	0:17	0:16	0:16	0:15	0:57	0:59	1:01	0:50
Type 1	0:13	0:14	0:14	0:14	1:06	1:18	1:18	1:17
Eye Casualty	0:12	0:07	0:12	0:11	0:56	0:42	0:50	0:50
Lagan Valley	0:05	-	-	-	0:15	-	-	-
Type 2	0:12	0:07	0:12	0:11	0:56	0:42	0:50	0:50
Mid Ulster	0:08	0:05	0:05	0:05	0:45	0:34	0:23	0:12
Ards	0:02	-	-	-	0:10	-	-	-
South Tyrone	0:01	0:01	0:01	0:01	0:07	0:07	0:07	0:07
Omagh	0:07	0:07	0:07	0:07	0:24	0:33	0:33	0:32
Ulster MIU	-	-	-	-	-	-	-	-
Alnagelvin Area MIU	-	-	-	0:26	-	-	-	1:13
Type 3	0:03	0:03	0:03	0:03	0:20	0:26	0:26	0:27
Northern Ireland	0:12	0:13	0:13	0:13	1:03	1:15	1:15	1:14

⁴⁸ Data on time to triage are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

⁴⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵⁰ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points..

Table 11F: Time from Triage (Assessment) to Start of Treatment^{51 52 53}

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024
Mater	1:23	1:57	1:55	1:48	5:46	9:48	9:43	9:33
Royal Victoria	2:29	2:26	2:46	3:03	10:58	10:55	11:39	12:31
RBHSC	1:50	1:23	1:36	1:41	5:44	5:26	6:06	6:20
Antrim Area	2:35	2:05	2:28	2:21	8:44	7:39	8:11	7:48
Causeway	1:21	1:56	2:08	1:51	5:04	6:27	6:11	6:14
Ulster	1:11	-	-	-	5:39	-	-	-
Craigavon Area	1:51	1:19	1:24	1:34	11:51	10:19	10:15	13:00
Daisy Hill	1:08	1:02	1:00	1:03	5:30	5:47	5:02	5:23
Altnagelvin Area	2:04	2:19	2:11	1:48	6:42	8:42	8:45	8:35
South West Acute	0:51	0:59	0:49	0:42	4:12	5:17	5:55	5:10
Type 1	1:47	1:42	1:48	1:46	8:05	8:14	8:26	8:32
Lagan Valley	0:27	-	-	-	1:37	-	-	-
Type 2	-	-	-	-	-	-	-	-
Mid Ulster	0:04	0:00	0:00	0:00	0:56	0:20	0:12	0:05
Ards	0:06	-	-	-	0:24	-	-	-
South Tyrone	0:00	0:00	0:00	0:00	0:14	0:07	0:11	0:13
Omagh	0:18	0:11	0:15	0:14	2:01	1:41	2:07	2:14
Ulster MIU	-	-	-	-	-	-	-	-
Altnagelvin Area MIU	-	-	-	0:13	-	-	-	0:53
Type 3	0:05	0:02	0:04	0:05	1:28	1:17	1:34	1:44
Northern Ireland	1:35	1:30	1:34	1:33	7:51	8:00	8:11	8:15

⁵¹ Data on time to start of treatment are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

⁵² Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵³ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points.

Table 11G: Time Spent in an Emergency department by those Admitted to Hospital^{54 55 56 57}

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024
Mater	11:37	23:43	17:20	16:34	37:32	58:03	53:37	49:14
Royal Victoria	13:54	15:20	13:53	14:04	49:25	58:34	60:54	56:40
RBHSC	5:54	5:41	6:47	5:58	15:10	13:11	17:39	16:12
Antrim Area	13:23	12:46	12:39	13:44	62:23	60:20	65:34	59:56
Causeway	10:42	20:40	14:01	12:58	48:04	77:22	64:25	57:21
Ulster	14:33	-	-	-	46:15	-	-	-
Craigavon Area	19:10	22:28	17:13	20:23	60:16	74:51	55:36	65:06
Daisy Hill	18:20	22:23	18:15	16:39	46:29	67:36	51:42	47:30
Altnagelvin Area	18:51	22:48	22:19	20:23	49:25	71:52	68:18	63:49
South West Acute	10:28	14:05	17:05	13:49	40:56	55:46	72:01	62:55
Type 1	14:12	17:44	14:58	15:11	51:01	68:52	60:56	57:43
Eye Casualty	2:55	3:42	4:15	4:00	3:23	7:10	10:20	8:36
Lagan Valley	5:52	-	-	-	9:38	-	-	-
Type 2	2:55	3:42	4:15	4:00	3:23	7:10	10:20	8:36
Mid Ulster	-	-	-	-	-	-	-	-
Ards	-	-	-	-	-	-	-	-
South Tyrone	-	-	-	-	-	-	-	-
Omagh	3:58	1:06	2:20	2:51	8:13	1:26	2:46	3:58
Ulster MIU	-	-	-	-	-	-	-	-
Alnagelvin Area MIU	-	-	-	-	-	-	-	-
Type 3	3:58	1:06	2:20	2:51	8:13	1:26	2:46	3:58
Northern Ireland	14:10	17:39	14:55	15:09	51:01	68:45	60:49	57:42

⁵⁴ Data on time spent in ED for those admitted and those discharged home are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

⁵⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵⁶ Readers should note that Type 3 data on time spent in EDs for patients admitted is provided by Omagh only. No other Type 3 ED produces these statistics.

⁵⁷ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points.

Table 11H: Time Spent in an Emergency department by those Discharged Home^{58 59 60}

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024
Mater	3:31	4:38	4:38	4:29	10:20	15:36	16:03	16:01
Royal Victoria	6:29	7:08	7:23	7:30	24:01	28:14	25:11	24:14
RBHSC	3:47	3:31	3:40	3:36	8:23	7:52	8:43	8:28
Antrim Area	4:25	4:35	4:49	4:43	18:18	20:23	16:58	15:43
Causeway	3:24	3:56	3:55	3:41	11:32	17:49	11:53	12:20
Ulster	3:41	-	-	-	10:01	-	-	-
Craigavon Area	4:35	4:07	4:03	4:26	16:14	15:48	14:38	17:10
Daisy Hill	3:26	3:49	3:30	3:32	10:30	10:37	9:44	9:43
Altnagelvin Area	5:02	5:55	5:29	5:22	19:15	23:42	21:40	21:05
South West Acute	3:49	4:13	4:08	3:39	14:14	20:41	20:40	19:01
Type 1	4:16	4:34	4:33	4:29	16:12	18:45	16:45	16:52
Eye Casualty	2:48	2:52	2:41	2:42	6:08	6:20	6:03	6:13
Lagan Valley	1:44	-	-	-	5:45	-	-	-
Type 2	2:48	2:52	2:41	2:42	6:08	6:20	6:03	6:13
Mid Ulster	0:35	0:30	0:32	0:30	1:50	1:33	1:51	1:25
Ards	0:40	-	-	-	1:21	-	-	-
South Tyrone	0:30	0:30	0:29	0:28	1:12	1:11	1:07	1:06
Omagh	0:59	0:55	0:59	1:01	3:18	2:57	3:15	3:32
Ulster MIU	-	-	-	-	-	-	-	-
Alnagelvin Area MIU	-	-	-	1:04	-	-	-	2:29
Type 3	0:38	0:37	0:37	0:37	2:30	2:23	2:43	2:44
Northern Ireland	3:50	4:06	4:00	3:56	15:15	17:29	15:49	15:52

⁵⁸ Data on time spent in ED for those admitted and those discharged home are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

⁵⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁶⁰ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points.

Table 11I: Average Number of Attendances by Day of Week^{61 62}

Day of Week	Mar 2023	Jan 2024	Feb 2024	Mar 2024
Monday	2,054.8	1,746.8	1,944.3	1,980.8
Tuesday	1,855.5	1,699.8	1,750.8	1,901.8
Wednesday	1,744.8	1,648.6	1,698.3	1,835.8
Thursday	1,730.6	1,510.0	1,632.2	1,741.3
Friday	1,652.8	1,649.3	1,715.3	1,685.0
Saturday	1,455.0	1,393.5	1,441.8	1,449.6
Sunday	1,532.0	1,352.0	1,475.3	1,497.0

⁶¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁶² Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points..

Table 11J: Attendances at Emergency departments, by Time Spent in ED from Arrival to Discharge ⁶³ ⁶⁴

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024
Mater	1,734	1,357	1,301	1,401	1,360	1,548	1,555	1,588	381	749	702	690
Royal Victoria	1,756	1,187	1,233	1,334	3,293	2,627	2,643	2,872	2,117	2,167	2,009	2,319
RBHSC	2,152	2,079	1,925	2,280	2,007	1,640	1,672	1,927	62	56	93	73
Antrim Area	3,375	3,016	2,721	3,061	3,652	3,694	3,876	4,089	1,581	1,543	1,396	1,578
Causeway	2,150	1,802	1,841	2,048	1,432	1,426	1,601	1,501	502	646	537	551
Ulster	4,134	-	-	-	3,882	-	-	-	1,510	-	0	-
Craigavon Area	2,531	2,499	2,493	2,514	2,759	2,311	2,470	2,524	1,804	1,737	1,471	1,772
Daisy Hill	2,272	1,909	1,988	2,225	1,726	1,747	1,593	1,891	660	703	585	568
Altnagelvin Area	1,769	1,361	1,474	1,675	2,798	2,525	2,349	2,582	1,169	1,376	1,256	1,372
South West Acute	1,604	1,325	1,323	1,652	1,335	1,302	1,224	1,156	454	558	526	520
Type 1	19,343	16,535	16,299	18,190	20,362	18,820	18,983	20,130	8,730	9,535	8,575	9,443
Eye Casualty	519	649	639	653	164	220	181	181	0	0	0	0
Lagan Valley	1,723	-	-	-	451	-	0	-	2	-	-	-
Type 2	519	649	639	653	164	220	181	181	0	0	0	0
Mid Ulster	624	444	501	564	0	0	2	0	0	0	0	0
Ards	1,052	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	1,773	1,350	1,504	1,710	0	2	0	1	0	0	0	0
Omagh	1,681	1,529	1,637	1,827	42	20	26	50	0	0	0	0
Ulster MIU	-	-	-	-	-	-	-	-	-	-	-	-
Altnagelvin Area MIU	-	-	-	182	-	-	-	0	-	-	-	0
Type 3	4,078	3,323	3,642	4,283	42	22	28	51	0	0	0	0
Northern Ireland	23,940	20,507	20,580	23,126	20,568	19,062	19,192	20,362	8,730	9,535	8,575	9,443

⁶³ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁶⁴ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points.

Table 11K: Number and Percentage of Patients Commencing Treatment within 2 Hours of being Triaged ⁶⁵ ⁶⁶ ⁶⁷ ⁶⁸

Department	% Commencing Treatment within 2 Hours of Triage				Number Commencing Treatment within 2 Hours of Triage			
	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024
Mater	63.3%	50.4%	51.0%	53.2%	1,617	1,264	1,238	1,370
Royal Victoria	43.0%	43.6%	40.9%	37.2%	2,221	1,846	1,671	1,648
RBHSC	53.2%	62.1%	57.3%	56.9%	1,941	2,081	1,846	2,046
Antrim Area	39.4%	48.0%	41.1%	42.3%	2,567	3,219	2,602	2,972
Causeway	64.7%	51.3%	46.4%	52.3%	2,207	1,639	1,520	1,795
Ulster	67.6%	-	-	-	6,085	-	-	-
Craigavon Area	51.6%	60.3%	59.2%	55.9%	3,207	3,374	3,266	3,155
Daisy Hill	68.9%	70.9%	75.0%	72.6%	2,943	2,847	2,928	3,119
Altnagelvin Area	48.3%	45.3%	47.0%	53.1%	2,445	2,023	2,050	2,563
South West Acute	75.3%	70.7%	72.8%	77.2%	2,233	1,926	1,929	2,172
Type 1	53.7%	54.9%	53.3%	53.9%	21,381	20,219	19,050	20,840
Lagan Valley	97.9%	-	-	-	2,080	-	-	-
Type 2	-	-	-	-	-	-	-	-
Mid Ulster	100.0%	100.0%	100.0%	100.0%	74	34	37	29
Ards	100.0%	-	-	-	1,004	-	-	-
South Tyrone	100.0%	100.0%	100.0%	100.0%	1,595	1,289	1,427	1,511
Omagh	94.9%	96.8%	93.8%	93.6%	1,508	1,383	1,457	1,637
Ulster MIU	-	-	-	-	-	-	-	-
Alnagelvin Area MIU	-	-	-	100.0%	-	-	-	58
Type 3	97.5%	98.3%	96.8%	96.7%	3,177	2,706	2,921	3,235
Northern Ireland	57.0%	57.9%	56.6%	57.3%	24,558	22,925	21,971	24,075

⁶⁵ Data on the time from triage to start of treatment are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED

⁶⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁶⁷ Information on time to treatment is not recorded at Eye Casualty.

⁶⁸ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points.

Table 11L: Percentage Triageed in each Triage Group^{69 70 71}

Department	Triage Level (1/2)				Triage Level (3)				Triage Level (4/5)			
	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024	Mar 2023	Jan 2024	Feb 2024	Mar 2024
Mater	19.6%	21.9%	21.8%	22.1%	49.6%	47.2%	46.8%	48.3%	30.8%	30.9%	31.4%	29.7%
Royal Victoria	29.9%	36.7%	34.5%	34.3%	50.3%	50.3%	52.0%	49.6%	19.8%	13.0%	13.5%	16.1%
RBHSC	19.2%	18.3%	17.9%	16.8%	30.1%	27.9%	27.7%	25.8%	50.7%	53.8%	54.4%	57.4%
Antrim Area	19.8%	19.0%	16.1%	16.4%	55.9%	54.2%	55.0%	54.9%	24.3%	26.8%	28.9%	28.6%
Causeway	22.2%	20.0%	20.3%	19.2%	50.7%	50.0%	47.5%	48.0%	27.1%	30.0%	32.1%	32.8%
Ulster	26.5%	-	-	-	42.5%	-	-	-	31.0%	-	-	-
Craigavon Area	35.4%	39.2%	36.9%	39.4%	39.7%	35.2%	36.4%	35.3%	24.9%	25.6%	26.7%	25.3%
Daisy Hill	35.1%	39.9%	38.7%	37.5%	42.9%	43.5%	42.1%	41.4%	22.0%	16.6%	19.2%	21.0%
Altnagelvin Area	36.6%	38.1%	37.8%	36.4%	37.4%	38.6%	38.2%	39.8%	26.0%	23.2%	23.9%	23.8%
South West Acute	19.8%	23.4%	22.6%	23.0%	46.2%	43.4%	42.0%	40.2%	34.0%	33.2%	35.4%	36.8%
Type 1	27.4%	29.5%	28.1%	28.1%	45.1%	43.8%	43.8%	43.2%	27.5%	26.7%	28.1%	28.7%
Eye Casualty	1.8%	0.7%	2.3%	2.8%	23.0%	2.3%	9.7%	14.8%	75.3%	97.0%	88.0%	82.3%
Lagan Valley	5.6%	-	-	-	19.8%	-	-	-	74.6%	-	-	-
Type 2	1.8%	0.7%	2.3%	2.8%	23.0%	2.3%	9.7%	14.8%	75.3%	97.0%	88.0%	82.3%
Mid Ulster	1.7%	0.0%	5.8%	7.1%	21.7%	20.8%	15.4%	14.3%	76.5%	79.2%	78.8%	78.6%
Ards	0.1%	-	-	-	0.2%	-	-	-	99.7%	-	-	-
South Tyrone	0.2%	0.4%	0.4%	0.3%	0.6%	0.5%	0.9%	0.8%	99.2%	99.1%	98.7%	98.9%
Omagh	0.2%	1.0%	0.9%	0.9%	3.2%	3.0%	3.0%	3.7%	96.6%	96.0%	96.1%	95.5%
Ulster MIU	-	-	-	-	-	-	-	-	-	-	-	-
Altnagelvin Area MIU	-	-	-	1.7%	-	-	-	13.3%	-	-	-	85.0%
Type 3	0.3%	0.7%	0.7%	0.7%	2.5%	2.1%	2.2%	2.6%	97.2%	97.1%	97.1%	96.7%
Northern Ireland	25.2%	27.1%	25.7%	25.7%	41.8%	40.4%	40.3%	39.8%	33.1%	32.4%	34.0%	34.6%

⁶⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁷⁰ Data on the triage level of those attending ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

⁷¹ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points.

Appendix 5: Further Information

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

Hospital Information Branch

Information & Analysis Directorate

Department of Health

Stormont Estate

Belfast, BT4 3SQ

☎ Tel: 028 90 522504

✉ Email: Statistics@health-ni.gov.uk

This Statistical bulletin and others published by Information and Analysis Directorate (IAD) are available to view or download from the DoH Internet site at:

[DoH Statistics and Research](#)