

INFORMATION
ANALYSIS
DIRECTORATE



Urgent & Emergency Care Waiting Time Statistics for Northern Ireland (July – September 2022)

Published 4 November 2022 (delayed from 27 October 2022)



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk



NISRA

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](#)

Authors: Rebecca Rollins, Kieran Taggart and Siobhán Morgan

Publication Date: 4 November 2022 (delayed from 27 October 2022)

Issued by: Hospital Information Branch, Information & Analysis Directorate, Department of Health, Stormont Estate, Belfast, BT4 3SQ

Contact Information: We invite you to feedback your comments on this publication to:

Rebecca Rollins

Email: rebecca.rollins@health-ni.gov.uk

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 HSC Board and Trusts in Northern Ireland, Health Care Professionals, Academics, HSC Stakeholders, Media & General Public.

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

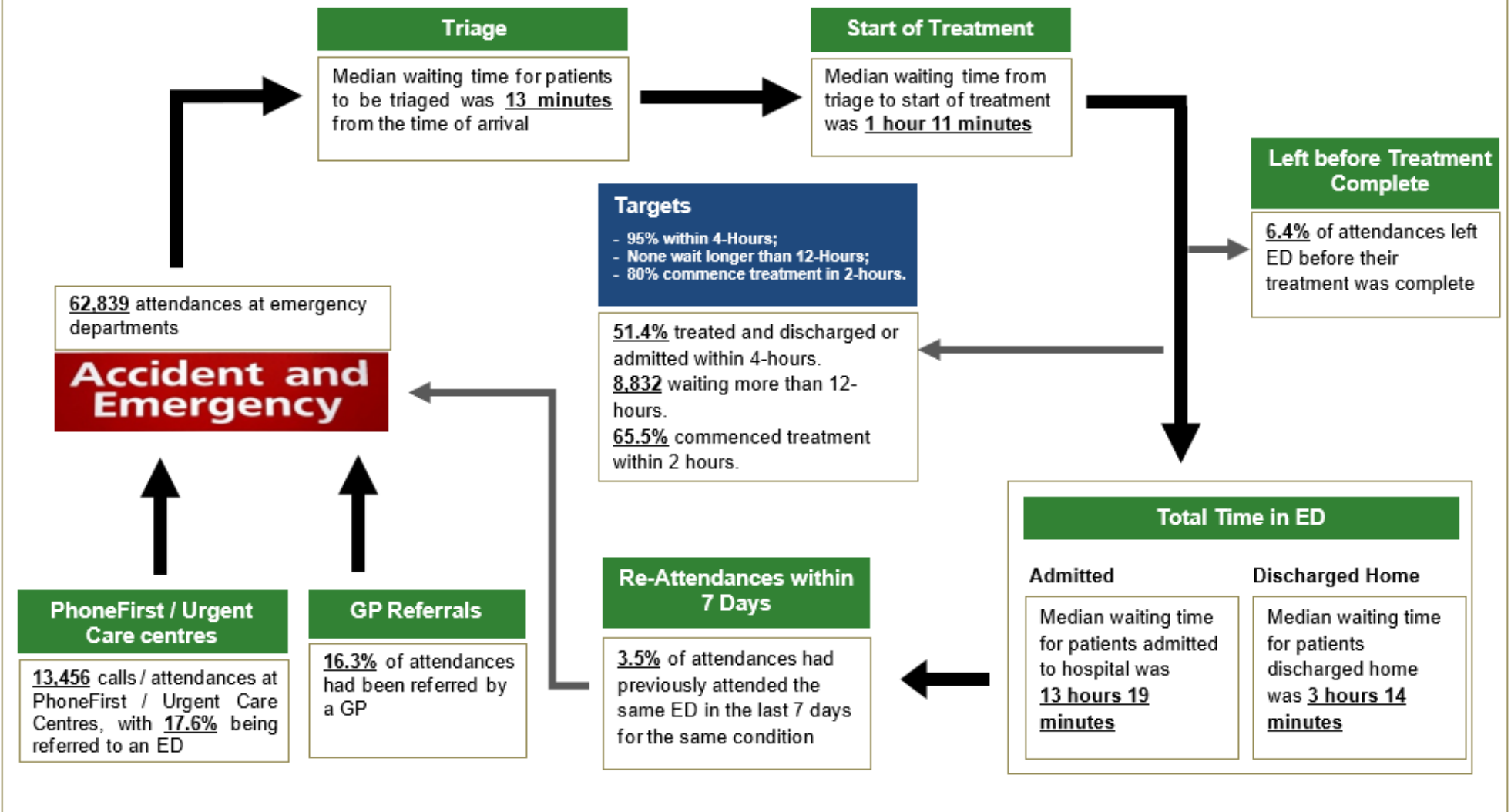
Copyright: This publication is Crown copyright and may be reproduced free of charge in any format or medium. Any material used must be acknowledged, and the title of the publication specified.

¹ Information on Security and Confidentiality Processes is detailed in the Technical Notes on page 3.

Contents

Reader Information	2
Contents	3
New Unscheduled Care Services	5
PhoneFirst / Urgent Care Centres	6
Attendances	8
How Many Attend Urgent & Emergency Care Services?.....	8
Emergency Care Attendances Since April 2014.....	9
Are More Patients Being Admitted To Hospital following an ED Attendance?	10
Emergency Care Activity	12
Which ED Did People Attend?	12
What Triage Level Do Patients Present With?	13
When Do People Attend EDs?.....	14
How Many Attendances Were Referred by a GP?	15
Do Patients Leave ED Before Their Treatment is Complete?.....	15
How Many Patients Re-attend the Same ED within a Week?.....	16
How Long Do Patients Spend in ED?	17
Emergency Care Waiting Times Targets.....	17
How are EDs Performing?	18
Time Spent in Emergency Department from Arrival to Triage	20
Time from Triage to Start of Treatment	22
Time from Arrival to Start of Treatment at Type 1 EDs.....	23
Do Patients Admitted Spend Longer in ED than Those Discharged Home?.....	24
How Long did Patients Admitted to Hospital / Discharge Home Spend in an ED?.....	25
Technical Notes	26
Appendices	28
Appendix 1: Hospital Information Branch (HIB).....	28
Appendix 2: Emergency departments and Opening Hours.....	29
Current Categorisation of Emergency departments.....	30
Appendix 3: General Guidance on using the Data	31
Appendix 4: Additional Tables.....	32
Appendix 5: Further Information.....	45

SUMMARY OF KEY FACTS (September 2022)



New Unscheduled Care Services

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 ²

The number of calls received by PhoneFirst service, attendances at Urgent Care Centres and patients referred to ED from PhoneFirst / Urgent Care Centres during July, August and September 2022.

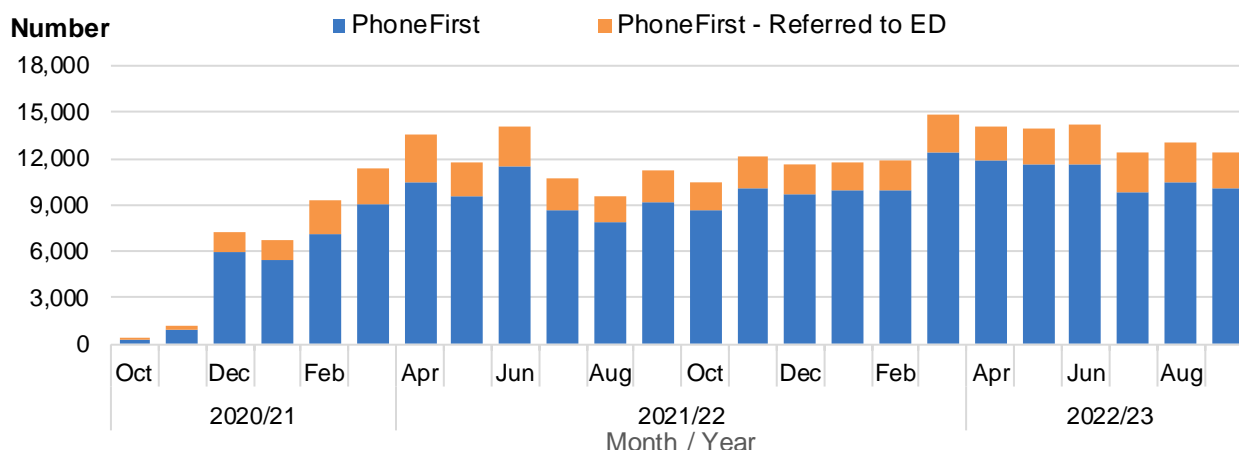
Activity	Jul 2022	Aug 2022	Sep 2022
PhoneFirst	9,859	10,470	10,061
Urgent Care Centre	3,380	3,672	3,395
Total Calls / Attendances	13,239	14,142	13,456
Number Referred to ED	2,637	2,680	2,363
% Referred to ED	19.9%	19.0%	17.6%

Source: Health and Social Care Trusts

- In September 2022, 13,456 calls / attendances were received by PhoneFirst and Urgent Care Centre services, from patients who may previously have attended an ED. A total of 2,363 (17.6%) resulted in an attendance at an ED, whilst 11,093 patients did not go on to attend an ED ³ (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 September 2022.



Source: Health and Social Care Trusts

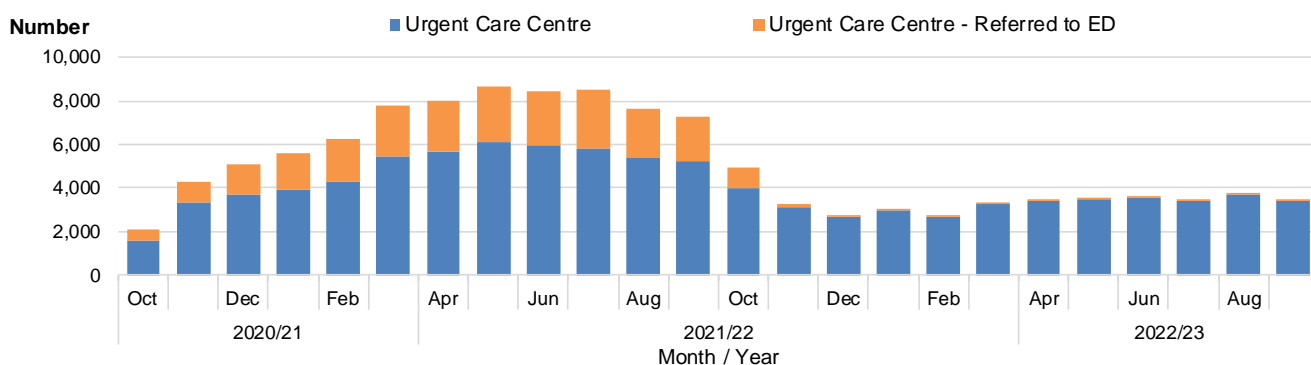
The highest number of PhoneFirst calls were received in March 2022 (12,416), with the highest number of referrals to ED from PhoneFirst in April 2021 (3,087) (Figure 1, Table 1 & 11A).

² 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.

³ 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 September 2022.



Source: Health and Social Care Trusts

- The highest number of attendances at Urgent Care Centres was in May 2021 (6,116), with the highest number of referrals to ED from Urgent Care Centres in July 2021 (2,692) (Figure 2, Table 1 & 11A).

Attendances

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 September 2022, compared with the same month last year.

Measure	September 2021	September 2022	Change (number)	Change (%)
1. PhoneFirst / Urgent Care Centre <i>(Referred to an ED)</i>	4,020	2,363	-1,657	-41.2%
2. PhoneFirst / Urgent Care Centre <i>(NOT Referred to an ED)</i>	10,436	11,093	657	6.3%
3. Total PhoneFirst / Urgent Care Centre <i>Measure 1 + Measure 2</i>	14,456	13,456	-1,000	-6.9%
4. New ED Attendances	57,901	59,521	1,620	2.8%
5. Unplanned Review Attendances	3,495	3,318	-177	-5.1%
6. Attendances at EDs <i>Measure 4 + Measure 5</i>	61,396	62,839	1,443	2.4%
7. Attendances at EDs / PhoneFirst / Urgent Care <i>Measure 2 + Measure 4 + Measure 5</i>	71,832	73,932	2,100	2.9%
8. Number of ED Attendances Admitted to Hospital	11,355	11,155	-200	-1.8%
9. % ED Attendances Admitted to Hospital <i>Measure 8 / Measure 6</i>	18.5%	17.8%		0.7%

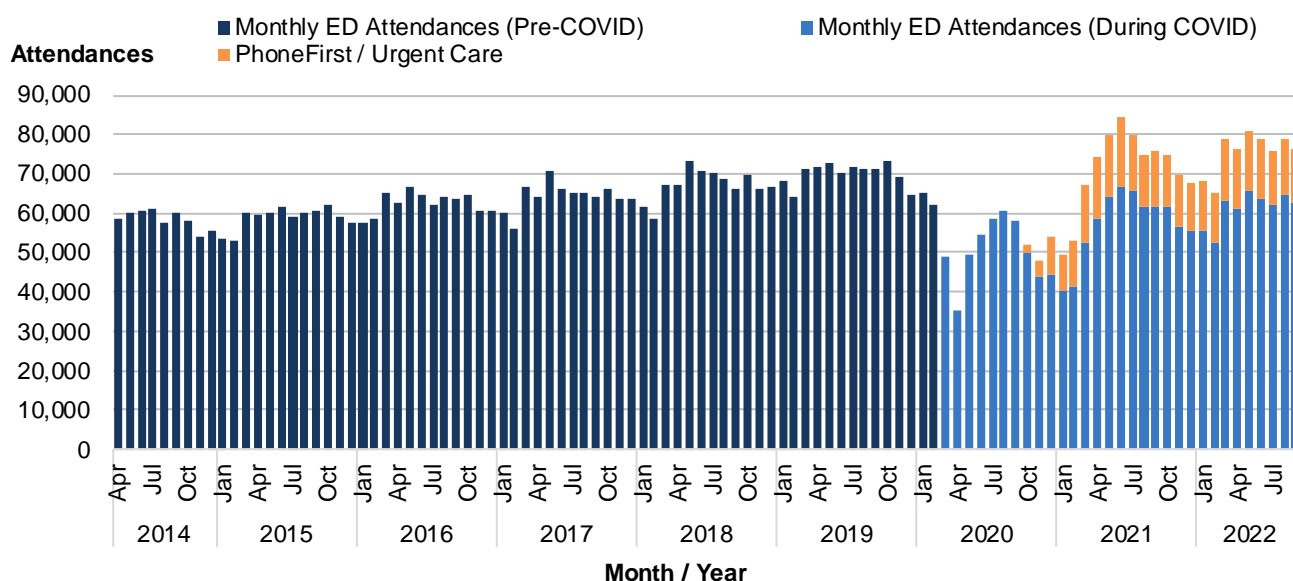
Source: Regional Data Warehouse / Health and Social Care Trusts

- During September 2022, 73,932 patients attended urgent and emergency care services, of which 62,839 attended an ED, and 11,093 attended PhoneFirst / Urgent Care Centre services (Table 2, 11A & 11B).
- The number of patients attending urgent and emergency care services increased by 2,100 (2.9%) in September 2022 when compared with September 2021. More than two thirds (1,443, 68.7%) of the 2,100 increase in attendances / calls at urgent and emergency care services, related to ED attendances (Table 2, 11A & 11B).
- During the quarter ending September 2022, 222,826 patients attended urgent and emergency care services, 2.2% (4,860) more than the same quarter in 2021 (217,966). Of which, 189,669 (85.1%) attended an ED and 33,157 (14.9%) 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 Centre's each month, from April 2014 to September 2022⁴.



Source: Regional Data Warehouse,

- Between April 2014 and September 2022, the highest number of patients attending urgent and emergency care was in June 2021 (84,278), with 66,734 (79.2%) attending an ED and 17,544 (20.8%) attending PhoneFirst / Urgent Care Centre's (Table 2, Table 11A).
- The number of patients attending urgent care services (PhoneFirst / Urgent Care Centre) in July, August and September 2022 when compared with the same month of the previous year (Table 2, Table 11A). *Figures for emergency care during each of the last three months are detailed on page 11.*
 - During July 2022, there were 13,239 PhoneFirst calls / Urgent Care Centre attendances, 8.9% (1,300) less than July 2021 (14,539); and,
 - During August 2022, there were 14,142 PhoneFirst calls / Urgent Care Centre attendances, 6.5% (865) more than August 2021 (13,277); and,
 - During September 2022, there were 13,456 PhoneFirst calls / Urgent Care Centre attendances, 6.9% (1,000) less than September 2021 (14,456).

⁴ 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 Emergency Care Department and Emergency Admissions to Hospital

The number attending an emergency department and the number of emergency admissions to hospital⁵ from an ED during September 2022, compared with the same month last year.

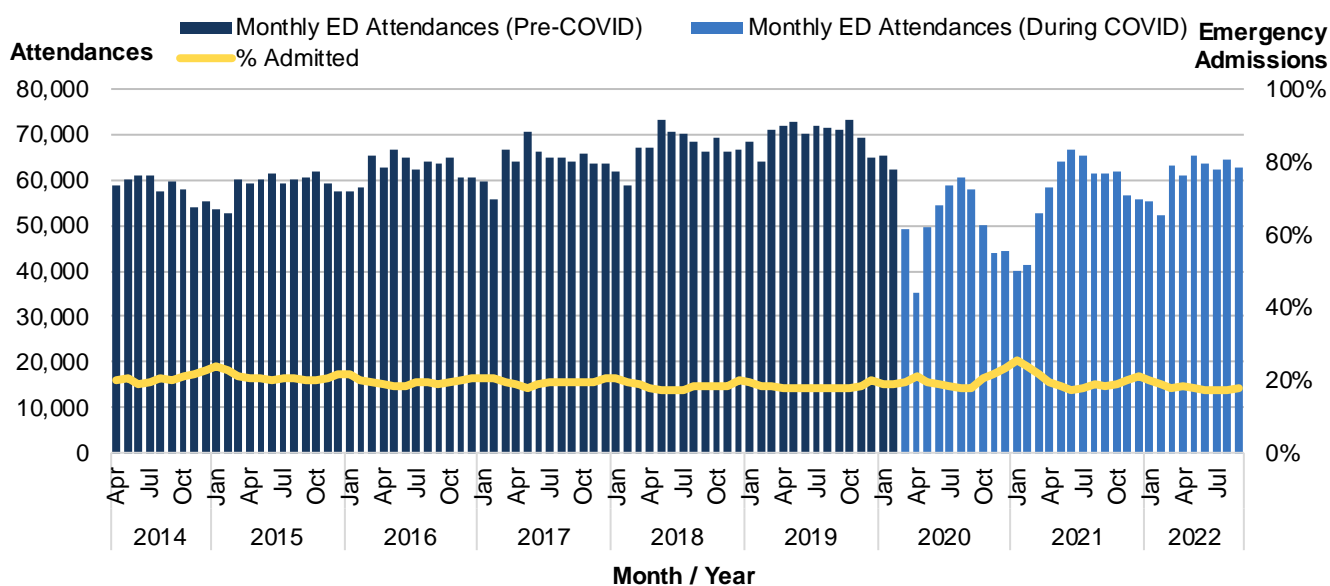
Measure	September 2021	September 2022	Change (number)	Change (%)
1. Attendances at EDs	61,396	62,839	1,443	2.4%
2. Admissions to Hospital from ED	11,355	11,155	-200	-1.8%
3. % Admissions to Hospital from ED <i>Measure 2 / Measure 1</i>	18.5%	17.8%	-	-

Source: Regional Data Warehouse,

- The number of emergency admissions to hospital from an ED decreased by 1.8% (200) between September 2021 (11,355) and September 2022 (11,155) (Table 2 & 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 September 2022.



Source: Regional Data Warehouse,

⁵ 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 seven years, the percentage of ED attendances admitted to hospital was generally highest in December and January and lowest during May (Figure 4).
- The percentage of ED attendances admitted to hospital generally increases between November and January each year, then declines sharply from February each year (Figure 4).
- Attendances during July 2022 decreased but increased in August and September 2022 when compared with the same month of the previous year (Figure 4, Table 11B). 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.
 - During July 2022, there were 62,337 attendances at EDs, 4.8% (3,131) fewer than July 2021 (65,468);
 - During August 2022, there were 64,493 attendances at EDs, 5.0% (3,062) more than August 2021 (61,431); and,
 - During September 2022, there were 62,839 attendances at EDs, 2.4% (1,443) more than September 2021 (61,396).

Emergency Care Activity

Which ED Did People Attend?

Table 4: Attendances at Emergency Departments

The number of new, unplanned review and total attendances at each Type 1 ED and ED Type during September 2022 and the same month last year.

Department	New	New	Unplanned Review	Unplanned Review	Total	Total
	Sep 2021	Sep 2022	Sep 2021	Sep 2022	Sep 2021	Sep 2022
Mater	1,907	2,934	26	65	1,933	2,999
Royal Victoria	6,944	6,668	91	161	7,035	6,829
RBHSC	4,039	3,655	441	350	4,480	4,005
Antrim Area	7,081	7,584	518	406	7,599	7,990
Causeway	3,432	3,750	162	228	3,594	3,978
Ulster	8,308	8,458	387	342	8,695	8,800
Craigavon Area	6,065	6,270	498	536	6,563	6,806
Daisy Hill	4,384	4,321	332	199	4,716	4,520
Altnagelvin Area	5,298	5,230	436	356	5,734	5,586
South West Acute	2,864	2,947	265	255	3,129	3,202
Type 1	50,322	51,817	3,156	2,898	53,478	54,715
Type 2	2,947	2,551	191	229	3,138	2,780
Type 3	4,632	5,153	148	191	4,780	5,344
Northern Ireland	57,901	59,521	3,495	3,318	61,396	62,839

Source: Regional Data Warehouse,

- Between September 2021 and September 2022, attendances at Type 1 and Type 3 EDs increased, while attendances at Type 2 EDs decreased (Table 4, Table 11B).
- The Ulster (8,800) was the busiest ED during September 2022 (Table 4, Table 11B).
- Six of the ten Type 1 EDs reported an increase in attendances during September 2022, compared with September 2021, with the largest increase reported at the Mater (1066, 55.1%) (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.^{6,7}

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: Percentage in Triage Group

The percentage of patients assigned a Manchester Triage Score at each Type 1 ED and ED Type during September 2022 and the same month last year^{7,8}.

Department	Level 1 / 2		Level 3		Level 4 / 5	
	Sep 2021	Sep 2022	Sep 2021	Sep 2022	Sep 2021	Sep 2022
Mater	24.1%	21.1%	46.3%	47.5%	29.6%	31.5%
Royal Victoria	26.8%	29.3%	52.3%	47.7%	20.9%	23.0%
RBHSC	14.9%	21.8%	22.7%	27.6%	62.4%	50.6%
Antrim Area	16.8%	16.1%	53.7%	54.1%	29.5%	29.8%
Causeway	19.7%	20.6%	54.3%	53.4%	26.1%	26.0%
Ulster	24.2%	25.0%	44.7%	40.8%	31.1%	34.2%
Craigavon Area	35.0%	35.7%	37.6%	37.5%	27.4%	26.8%
Daisy Hill	29.7%	31.1%	41.0%	45.6%	29.2%	23.3%
Altnagelvin Area	36.3%	36.0%	35.8%	34.1%	27.9%	30.0%
South West Acute	19.8%	18.7%	46.3%	46.1%	33.9%	35.1%
Type 1	25.5%	26.4%	43.4%	43.1%	31.1%	30.5%
Type 2	7.0%	6.1%	27.4%	22.4%	65.6%	71.5%
Type 3	0.6%	0.5%	1.6%	1.9%	97.8%	97.5%
Northern Ireland	22.7%	23.4%	39.5%	38.9%	37.8%	37.7%

Source: Regional Data Warehouse

- Over two thirds (69.5%) of attendances at Type 1 departments in September 2022 were triaged as level 1 / 2 or 3, compared with 68.9% in September 2021 (Table 5, Table 11L).
- Almost a quarter (23.4%) of patients were triaged as level 1 / 2 in September 2022, more than July 2022 (22.8%) and August 2022 (22.0%) (Table 11L).
- During September 2022, over a third (36.0%) of patients attending Altnagelvin Area were triaged at level 1 / 2, compared with 16.1% of those attending Antrim Area (Table 5, Table 11L).

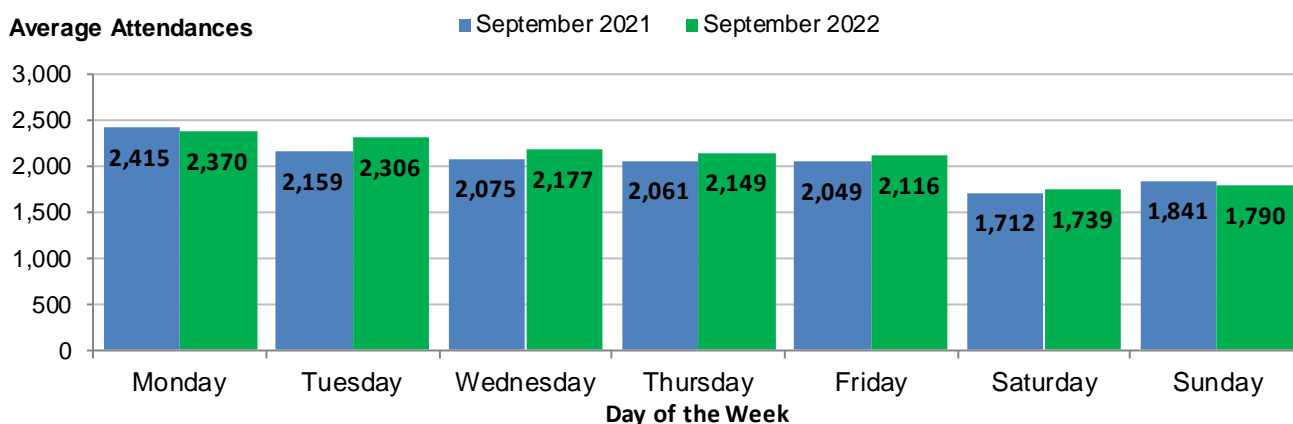
⁶ Data are not National Statistics, but are published to provide users with a comprehensive view of ED activity and time spent in ED.

⁷ 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 ED by day of the Week

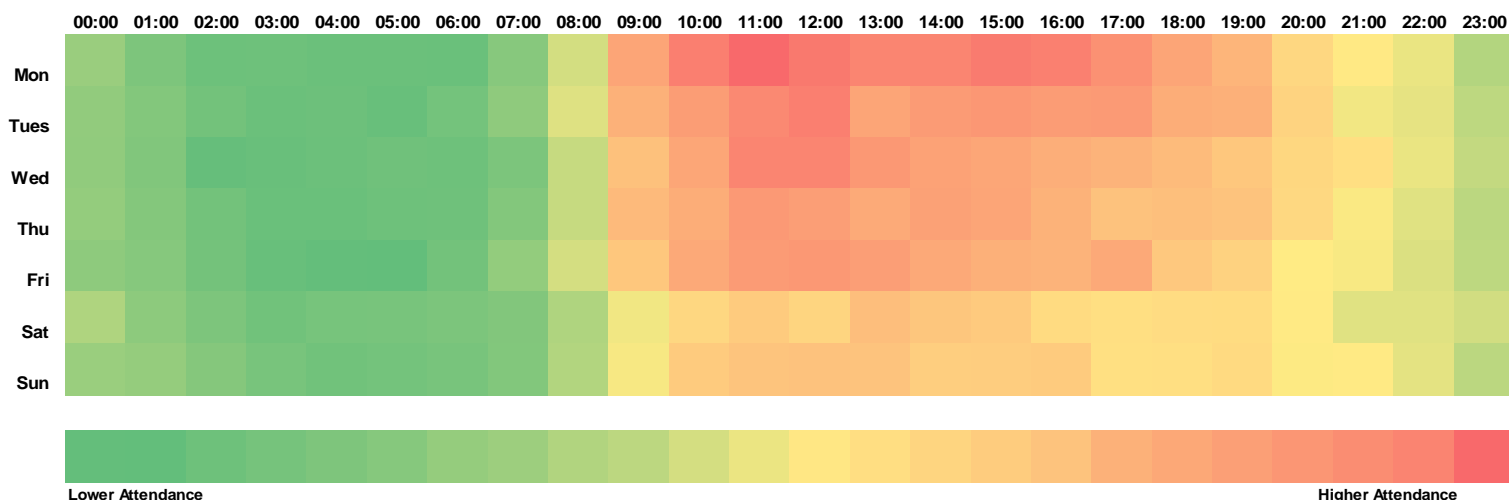
The average number of new and unplanned review attendances at EDs by day of the week during September 2022, compared with the same month last year⁸.



Source: Regional Data Warehouse

Figure 6: The Number of Attendances by Day and Time

The average number of new and unplanned review attendances during each day of the week and hour of the day in September 2022.



Source: Regional Data Warehouse

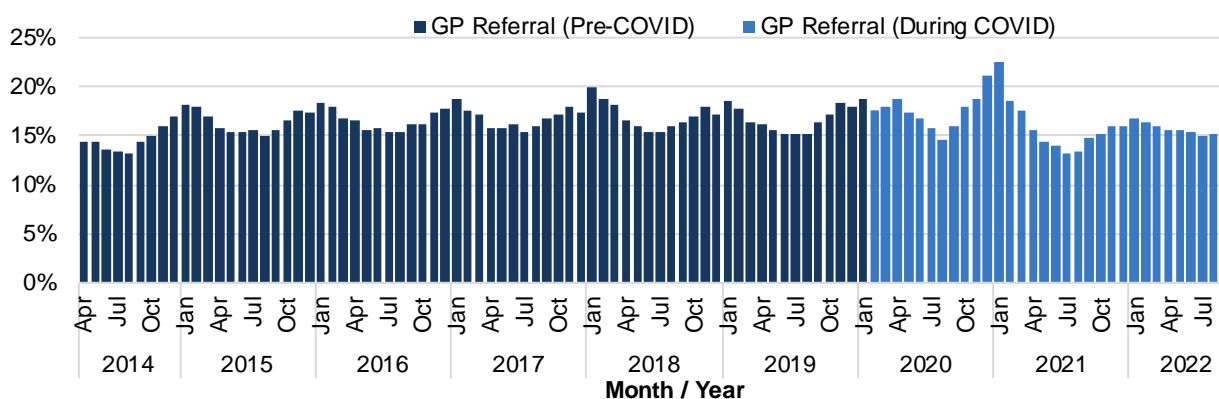
- Monday was the busiest day at EDs during both September 2021 and September 2022, with the highest number of attendances arriving between 11:00 and 11:59 (Figure 5 & 6, Table 11).
- Saturday was the least busy day during September 2022 (1,739) and September 2021 (1,712), with the highest number of attendances arriving between 13:00 and 13:59 in September 2022 (Figure 5 & 6, Table 11).
- Overall, the busiest hour of the day during September 2022 was between 11:00 and 11:59, whilst the least busy hour was 04:00 to 04:59 (Figure 6).

⁸ 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.

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 2014⁹.



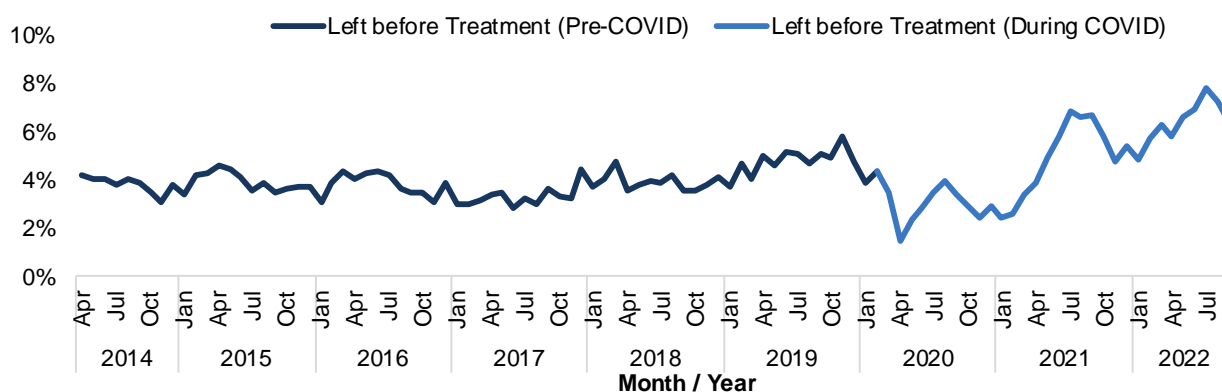
Source: Regional Data Warehouse

- In September 2022, almost one in six (16.3%, 10,233) attendances at EDs had been referred by a GP, compared with 14.8% (9,057) in September 2021 (Figure 7, Table 11D(i) & (ii)).
- Almost a quarter (24.8%, 1,979) of attendances at Antrim Area had been referred by a GP during September 2022, compared with 9.0% (271) of attendances at the Mater (Tables 11D(i) & 11D (ii)).

Do Patients Leave ED Before Their Treatment is Complete?

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

The percentage of attendances which left an ED before their treatment was complete, from April 2014.¹⁰



Source: Regional Data Warehouse

- During September 2022, 6.4% (4,007) of all ED attendances left before their treatment was complete, compared with 6.7% (4,120) in September 2021 (Figure 8, Table 11D(i-ii)).
- Royal Victoria (14.0%, 957) had the highest percentage leaving ED before treatment was complete during September 2022, compared with 15.3% (1,073) in September 2021 (Tables 11D(i-ii)).

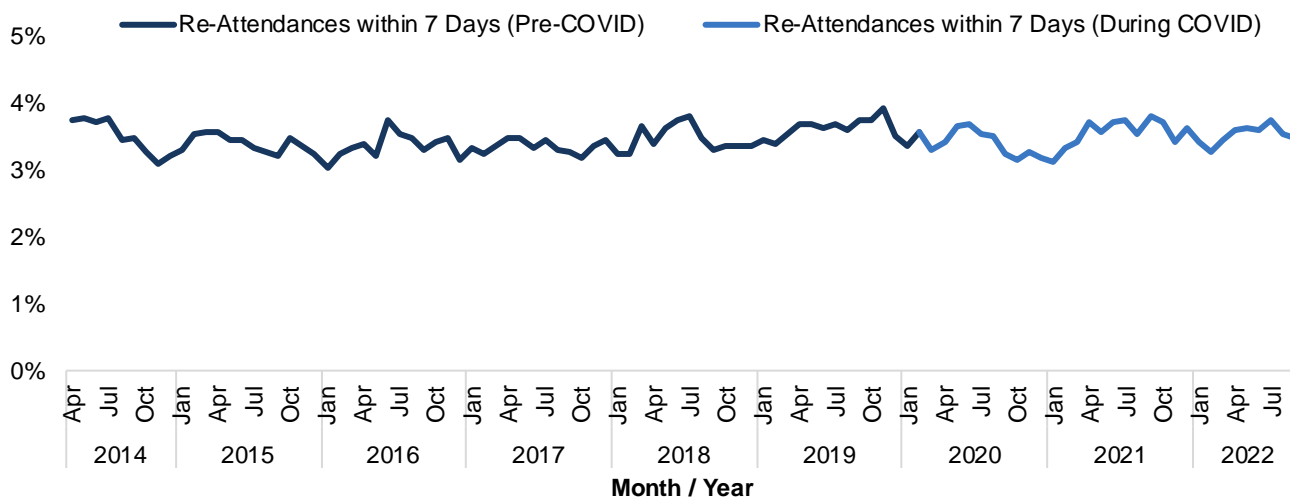
⁹ Data on referrals to ED by GP's are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

¹⁰ 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 2014¹¹.



Source: Regional Data Warehouse,

- During September 2022, 3.5% (2,199) of attendances had attended the same ED within 7 days of their original attendance, compared to 3.8% (2,333) in September 2021 (Tables 11D(i) & 11D(ii)).
- South West Acute (6.2%, 199) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during September 2022 (Tables 11D(i) & 11D(ii)).

¹¹ 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?

Emergency Care Waiting Times Targets

The current DOH targets¹² on emergency care waiting times in Northern Ireland for 2022/23 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 2023, 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.

¹² 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 latest quarter and September 2021.

% Within 4 Hours	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Diff (Sep 2021 - Sep 2022)	
					No.	%
Type 1	48.2%	43.3%	44.4%	45.2%	-	-3.0%
Type 2	78.7%	80.1%	78.0%	81.4%	-	2.7%
Type 3	99.8%	99.2%	99.5%	99.0%	-	-0.8%
All Departments	53.8%	49.3%	50.9%	51.4%	-	-2.4%
Over 12 Hours	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Diff (Sep 2021 - Sep 2022)	
					No.	%
Type 1	7,158	9,005	8,917	8,830	1,672	-
Type 2	3	2	0	1	-2	-
Type 3	0	0	0	1	1	-
All Departments	7,161	9,007	8,917	8,832	1,671	-
ED Attendances	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Diff (Sep 2021 - Sep 2022)	
					No.	%
Type 1	53,478	54,832	55,747	54,715	1,237	2.3%
Type 2	3,138	2,545	2,979	2,780	-358	-11.4%
Type 3	4,780	4,960	5,767	5,344	564	11.8%
All Departments	61,396	62,337	64,493	62,839	1,443	2.4%

Source: Regional Data Warehouse

- Over half (51.4%) of attendances in September 2022 were discharged or admitted within 4 hours, compared with 53.8% in September 2021 (Table 11C & 11J).
- Almost half (45.2%) of attendances at Type 1 EDs in September 2022 spent less than 4 hours in ED, compared with 81.4% at Type 2 EDs and 99.0% at Type 3 EDs (Table 6, Table 11C & 11J).
- Between September 2021 and September 2022, the number spending over 12 hours in ED increased from 7,161 to 8,832, accounting for 14.1% of all attendances in September 2022 (Table 6, Table 11C & 11J).
- During this period, EDs experienced a 2.4% increase in attendances (61,396 to 62,839), whilst 4 hour performance decreased from 53.8% to 51.4% (Table 6, Table 11C & 11J).
- During the quarter ending 30 September 2022, over half (50.5%) of patients spent less than 4 hours at an ED, compared with 54.1% during the same quarter in 2021 (Table 11C & 11J).
- During the latest quarter, the percentage of patients spending less than 4 hours in ED was highest in September 2022 (51.4%) and lowest in July 2022 (49.3%), whilst the number spending over 12 hours in an ED was highest in July 2022 (9,007) and lowest in September 2022 (8,832) (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 September 2022 compared with the same month last year. Information has also been included on the overall performance at Type 2 and 3 EDs during this period¹³.

Department	4 Hour Performance		12 Hour Performance		Total Attendances	
	Sep 2021	Sep 2022	Sep 2021	Sep 2022	Sep 2021	Sep 2022
Mater	54.3%	49.7%	237	418	1,933	2,999
Royal Victoria	26.8%	25.7%	1,537	2,048	7,035	6,829
RBHSC	65.0%	68.3%	6	15	4,480	4,005
Antrim Area	55.5%	47.5%	843	1,227	7,599	7,990
Causeway	63.0%	54.0%	427	471	3,594	3,978
Ulster	49.7%	46.4%	1,268	1,469	8,695	8,800
Craigavon Area	39.2%	40.5%	1,142	1,285	6,563	6,806
Daisy Hill	58.1%	55.5%	421	477	4,716	4,520
Altnagelvin Area	39.1%	33.3%	852	977	5,734	5,586
South West Acute	49.9%	49.7%	425	443	3,129	3,202
Type 1	48.2%	45.2%	7,158	8,830	53,478	54,715
Type 2	78.7%	81.4%	3	1	3,138	2,780
Type 3	99.8%	99.0%	-	1	4,780	5,344
Northern Ireland	53.8%	51.4%	7,161	8,832	61,396	62,839

Source: Regional Data Warehouse,

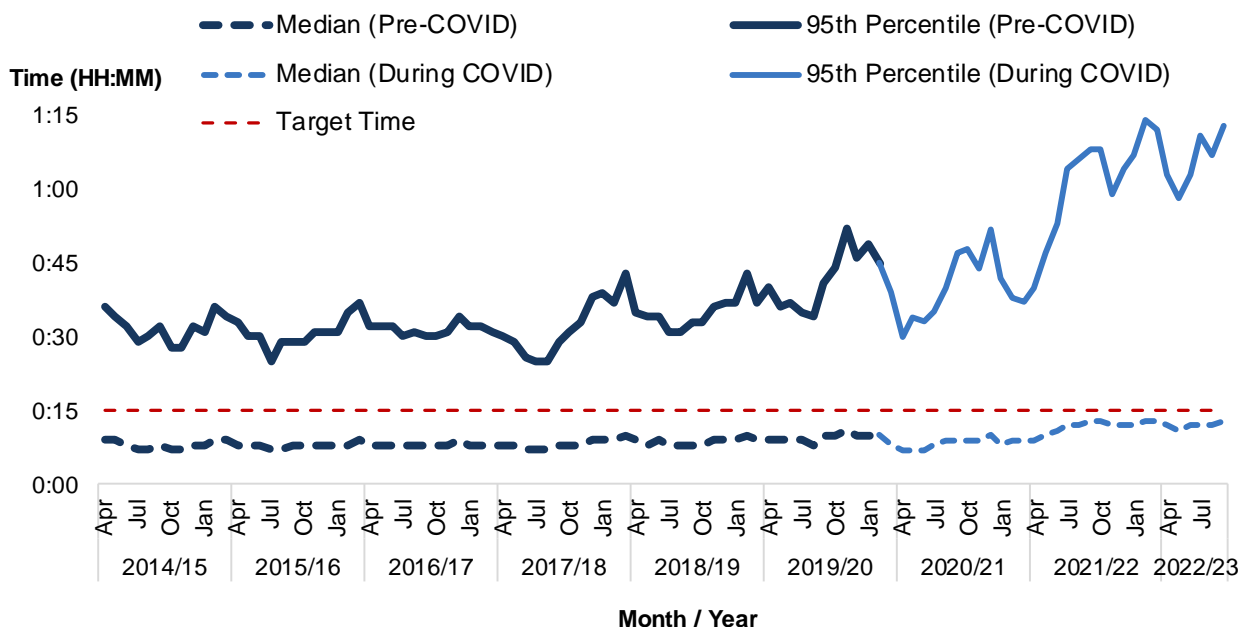
- During September 2022, the RBHSC (68.3%) reported the highest performance of the four hour target at any Type 1 ED, whilst the Royal Victoria (25.7%) reported the lowest (Table 7, Table 11C).
- No Type 1 ED achieved the 12-hour target during September 2022 (Table 7, Table 11C).
- The Royal Victoria (2,048) reported the highest number of patients spending over 12 hours at an ED during September 2022 (Table 7, Table 11C).
- Between September 2021 and September 2022, performance against the 12 hour target declined at 6 of the 10 Type 1 EDs. (Table 7, Table 11C).

¹³ 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 (April 2014 - September 2022)

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 patients¹⁴.



Source: Regional Data Warehouse,

- During September 2022, the median time spent in ED from arrival to triage was 13 minutes, the same as in September 2021 (13 minutes) (Figure 10, Table 11E).
- 95 percent of patients were triaged within 1 hour 13 minutes of their arrival at an ED in September 2022, 5 minutes more than September 2021 (1 hour 8 minutes) (Figure 10, Table 11E).
- Over half (56.6%) of attendances were triaged within 15 minutes of their arrival at an ED during September 2022, compared with 57.7% in September.
- During the quarter ending 30 September 2022, the median time from arrival to triage was longest during September (13 minutes) and shortest during July and August (12 minutes), whilst the time taken to triage 95 percent of patients was longest during September (1 hour 13 minutes) and shortest in August (1 hour 7 minutes) (Figure 10, Table 11E).

¹⁴ 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 Treating Patients within 2 Hours of them being Triageed

The percentage of patients commencing treatment, following triage, within 2 hours at Type 1 EDs in July to September 2022, compared with September last year. Information has also been included on the overall performance at Type 2 and 3 EDs during this period.

Department	Sep 2021	Jul 2022	Aug 2022	Sep 2022
Mater	84.2%	58.7%	70.8%	72.8%
Royal Victoria	50.0%	46.4%	46.6%	45.3%
RBHSC	65.9%	74.4%	78.9%	71.4%
Antrim Area	65.3%	47.6%	45.5%	50.2%
Causeway	78.6%	54.7%	62.1%	65.9%
Ulster	71.6%	62.4%	69.6%	67.6%
Craigavon Area	52.6%	48.1%	53.7%	53.2%
Daisy Hill	79.5%	69.4%	66.5%	75.1%
Altnagelvin Area	58.4%	41.4%	42.0%	53.9%
South West Acute	82.1%	79.0%	78.4%	75.2%
Type 1	66.1%	56.4%	59.3%	61.2%
Type 2	88.9%	95.6%	94.9%	96.1%
Type 3	99.1%	98.2%	98.8%	96.8%
Northern Ireland	69.7%	61.0%	64.1%	65.5%

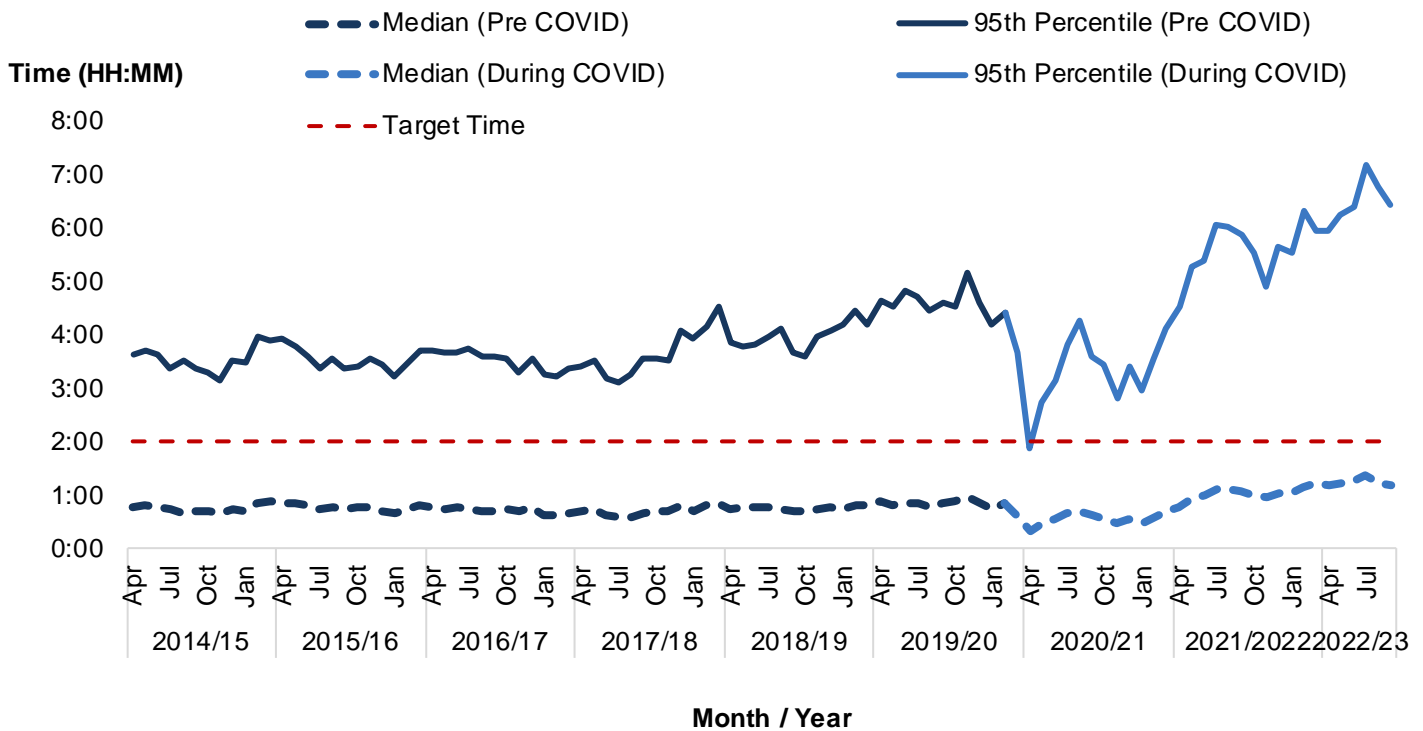
Source: Regional Data Warehouse,

- Almost two thirds (65.5%) of patients attending EDs in September 2022 commenced their treatment within 2 hours of being triaged, compared with 69.7% in September 2021 (Table 8, Table 11K).
- During September 2022, over three fifths (61.2%) of patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 96.1% at Type 2 EDs and 96.8% at Type 3 EDs (Table 8, Table 11K).
- None of the Type 1 EDs achieved the 80% target in September 2022 (Table 8, Table 11K).
- During September 2022, South West Acute (75.2%) reported the highest percentage commencing treatment within 2 hours, whilst the Royal Victoria (45.3%) reported the lowest (Table 8, Table 11K).
- Between July and September 2022, the highest percentage of patients commencing treatment within 2 hours was in September (66.5%) whilst the lowest was in July (61.0%), (Table 8, Table 11K).

Time from Triage to Start of Treatment

Figure 11: Time from Triage to Start of Treatment

Time spent in ED from triage to 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 clinician¹⁵.



Source: Regional Data Warehouse,

- The median time from triage to start of treatment in September 2022 was 1 hour 11 minutes, 8 minutes more than September 2021 (1 hour 3 minutes) (Figure 11, Table 11F).
- During September 2022, 95 percent of patients commenced treatment within 6 hours 26 minutes of being triaged, 33 minutes more than July 2021 (5 hours 53 minutes) (Figure 11, Table 11F).
- During the last 3 months, the median time to start of treatment was longest in July (1 hour 22 minutes) and shortest in September (1 hour 11 minutes), and the time within which 95 percent of patients started treatment was longest in July (7 hours 11 minutes) and shortest in September (6 hours 26 minutes) (Table 11F).

¹⁵ 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 September 2022, compared with the same month last year¹⁶.

Department	Median		95th Percentile	
	September 2021	September 2022	September 2021	September 2022
Mater	0:37	0:58	3:05	5:25
Royal Victoria	2:00	2:23	9:11	10:30
RBHSC	1:21	1:08	4:24	3:47
Antrim Area	1:20	1:59	5:13	7:52
Causeway	0:51	1:18	4:09	4:57
Ulster	1:00	1:11	5:21	5:33
Craigavon Area	1:50	1:47	8:47	9:02
Daisy Hill	0:53	1:01	4:20	4:09
Altnagelvin Area	1:38	1:48	6:12	5:53
South West Acute	0:38	0:58	4:10	4:02
Type 1	1:14	1:26	6:12	6:48
Type 2	0:45	0:23	2:32	1:44
Type 3	0:05	0:06	1:00	1:32
Northern Ireland	1:03	1:11	5:53	6:26

Source: Regional Data Warehouse,

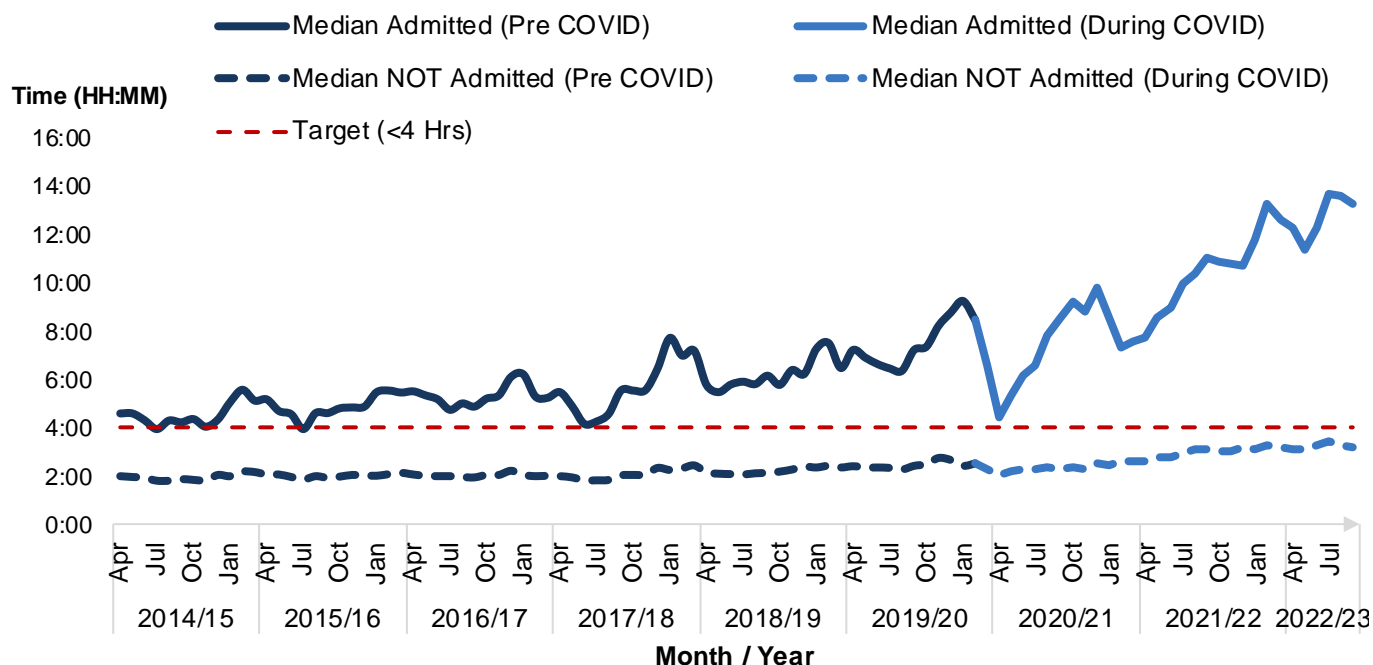
- The median time spent at Type 1 EDs from triage to start of treatment by a medical professional was 1 hour 26 minutes in September 2022, 12 minutes more than September 2021 (1 hour 14 minutes) (Table 9, Table 11F).
- Royal Victoria (2 hour 23 minutes) reported the longest median time spent in ED from triage to start of treatment during September 2022, whilst Mater and South West Acute (58 minutes) reported the shortest median time (Table 9, Table 11F).
- Royal Victoria reported the longest time spent in ED between triage and start of treatment, with 95 percent of attendances commencing treatment within 10 hours 30 minutes of being triaged; 1 hour 19 minutes more than September 2021 (9 hours 11 minutes) (Table 9, Table 11F).
- RBHSC reported the shortest time to start of treatment during September 2022, with 95 percent of attendances commencing treatment within 3 hours 47 minutes of being triaged, 37 minutes less than the time taken in September 2021 (4 hour 24 minutes) (Table 9, Table 11F).

¹⁶ 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 Emergency department for those (i) Admitted to Hospital and (ii) Discharged Home¹⁷

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



Source: Regional Data Warehouse,

- During September 2022, the median time patients admitted to hospital spent in ED was 13 hours 19 minutes, compared to 3 hours 14 minutes for those discharged home (Figure 12, Table 11G & 11H).
- During September 2022, 95 percent of attendances were admitted to hospital within 44 hours 56 minutes of their arrival, over three times longer than 95 percent of those discharged home (12 hours 35 minutes) (Table 11G & 11H).
- During the quarter ending 30 September, the median time patients admitted spent in ED was longest in July (13 hours 43 minutes) and shortest in September (13 hours 19 minutes) (Table 11G).
- During this period, the median time spent by patients discharged home was longest in July (3 hours 27 minutes) and shortest in September (3 hours 14 minutes) (Table 11H).
- During this period, the longest time spent by up to 95 percent of patients admitted was in July (46 hours 25 minutes) and shortest in September (44 hours 56 minutes) (Table 11G).
- During this period, the longest time spent by up to 95 percent of patients discharged home was in July (12 hours 59 minutes) and shortest in August (12 hours 31 minutes) (Table 11H).

¹⁷ 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 / Discharge Home Spend in an ED?

Table 10: Total Time Spent in an Emergency department for those Admitted to Hospital¹⁸

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 September 2021 and September 2022.

Department	Admitted				Discharged			
	Median		95th Percentile		Median		95th Percentile	
	Sep 2021	Sep 2022	Sep 2021	Sep 2022	Sep 2021	Sep 2022	Sep 2021	Sep 2022
Mater	10:15	14:02	41:46	45:08	2:39	3:22	9:29	12:08
Royal Victoria	12:03	16:18	29:49	47:23	5:54	6:28	17:24	23:19
RBHSC	5:00	4:30	10:15	9:22	3:03	2:54	6:46	6:18
Antrim Area	9:30	11:30	50:19	57:39	3:08	3:42	9:48	16:23
Causeway	12:56	11:35	44:34	38:08	2:38	3:11	8:53	10:22
Ulster	13:41	15:55	37:00	45:16	3:16	3:26	9:49	9:49
Craigavon Area	13:07	14:31	41:24	46:08	4:06	4:00	12:45	13:29
Daisy Hill	10:14	14:14	28:50	31:42	2:52	3:03	8:38	8:41
Altnagelvin Area	12:14	18:57	29:30	44:09	4:16	4:44	12:18	14:00
South West Acute	10:39	10:41	47:20	41:49	3:27	3:34	14:09	13:12
Type 1	11:16	13:36	36:53	45:04	3:32	3:45	11:35	13:41
Type 2	5:13	5:31	9:12	9:11	2:17	1:51	5:43	5:33
Type 3	2:32	1:32	2:39	18:02	0:40	0:39	2:04	2:22
Northern Ireland	11:04	13:19	36:27	44:56	3:06	3:14	10:52	12:35

Source: Regional Data Warehouse,

- The median time patients who were admitted to hospital spent in a Type 1 ED was 13 hours 36 minutes in September 2022, 2 hours 20 minutes more than the same month last year (11 hours 16 minutes) (Table 10, Table 11G).
- The median time patients discharged home (not admitted) spent in a Type 1 ED was 3 hours 45 minutes in September 2022, 13 minutes more than the time taken during the same month last year (3 hours 32 minutes) (Table 10, Table 11H).
- 95 percent of patients were admitted to hospital within 45 hours 4 minutes at Type 1 EDs in September 2022, 8 hours 11 minutes more than in September 2021 (36 hours 53 minutes) (Table 10, Table 11G).
- In September 2022, 95 percent of attendances at Type 1 EDs were discharged home within 13 hours 41 minutes of their arrival, 2 hours 6 minutes more than the time taken in September 2021 (11 hours 35 minutes) (Table 10, Table 11H).

¹⁸ 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.

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 status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Statistics. They are awarded National Statistics status following an assessment by the Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

These statistics last underwent a full assessment against the Code of Practice in 2011:

[Letter of Confirmation as National Statistics](#)

Designation 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](#)

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 HSC Board. 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, Ms. Siobhán Morgan. 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

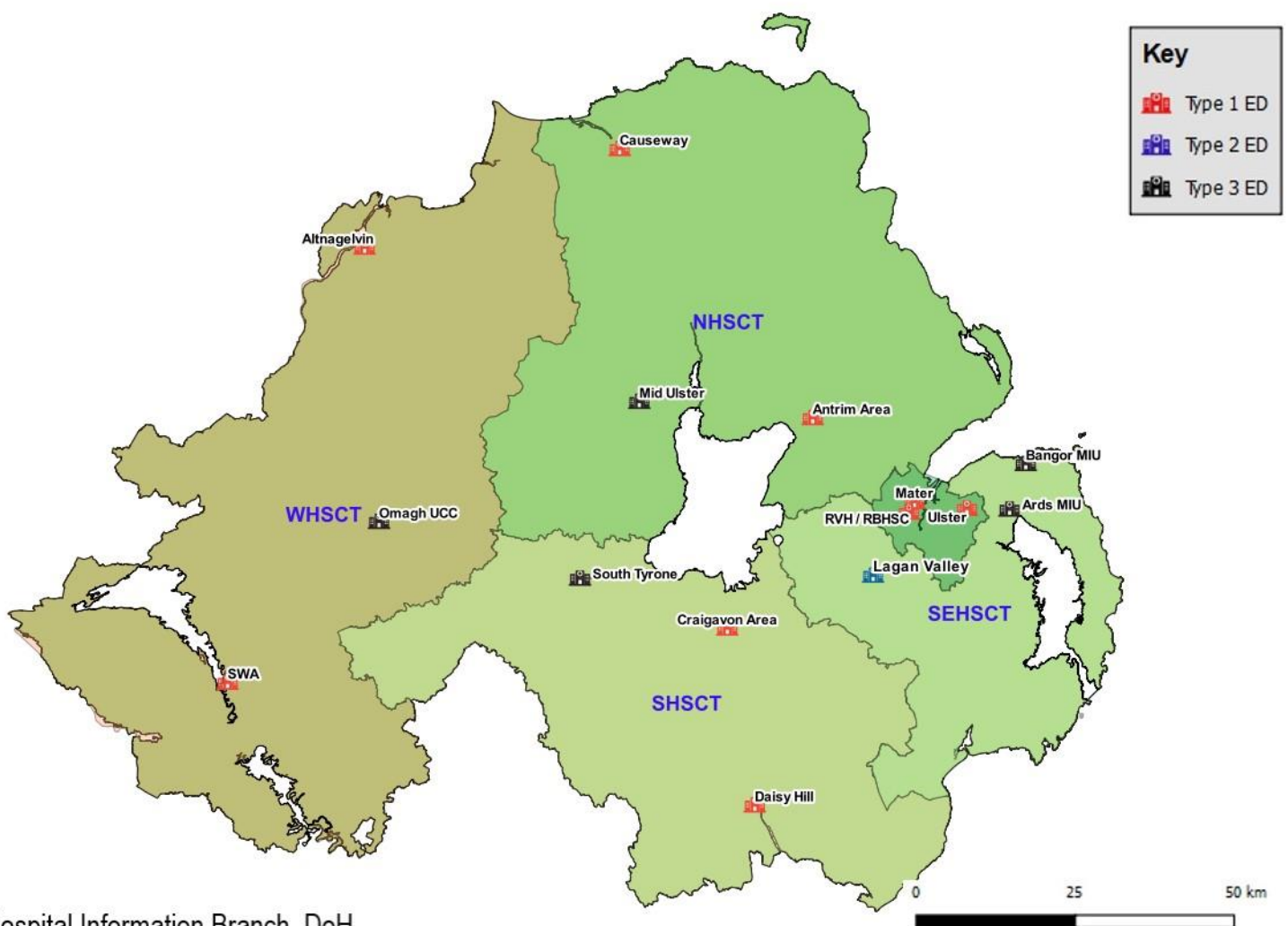
There are three separate categories of emergency care facility included in this publication:

Type 1 departments are defined as those with a consultant-led service with designated accommodation for the reception of emergency care patients, providing both emergency medicine and emergency surgical services on a round the clock basis.

Type 2 departments are consultant-led service with designated accommodation for the reception of emergency care patients, but which does not provide both emergency medicine and emergency surgical services and/or has time-limited opening hours.

Type 3 departments are minor injury units (MIU) with designated accommodation for the reception of patients with a minor injury and/or illness. It may be doctor or nurse-led. A defining characteristic of this service is that it treats at least minor injuries and/or illnesses and can be routinely accessed without appointment.

Emergency departments in Northern Ireland



Hospital Information Branch, DoH

Current Categorisation of Emergency departments ¹⁹

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) ²⁰	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ²¹ (Closed)
	Causeway		Mid Ulster
South Eastern	Ulster	Lagan Valley	Ards MIU
		Downe ²² (Currently operating as an Urgent Care Centre)	Bangor MIU ²³ (Closed)
Southern	Craigavon Area		South Tyrone
	Daisy Hill ²⁴		Armagh Community ²⁵ (Closed)
			Craigavon Respiratory ED (Covid-19) ²⁶
			Craigavon Paediatric ED ²⁷
Western	Altnagelvin Area		Tyrone County (Closed)
	South West Acute		Omagh ²⁸

¹⁹ Opening Hours are as of June 2017.

²⁰ RVH (RAES) refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

²¹ Temporarily closed on 1st December 2014.

²² Temporarily closed 30th March 2020, reopened as a MIU 10th August 2020, reopened as an Urgent Care Centre 19th October 2020.

²³ Temporarily closed 12th March 2020.

²⁴ Temporarily closed between 28th March 2020 and 19th October 2020.

²⁵ Temporarily closed on 17th November 2014.

²⁶ Temporarily opened on 29th March 2020 and closed on 19th October 2020.

²⁷ Temporarily opened on 31st March 2020 and closed on 12th June 2020.

²⁸ 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.

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

Table 11A: PhoneFirst Calls, Urgent Care Centre Attendances and Referrals to Emergency Departments²⁹

HSC Trust	PhoneFirst				Urgent Care Centre				Total Attendances				Referral to ED			
	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Sep 2021	Jul 2022	Aug 2022	Sep 2022
Belfast	-	-	-	-	4,022	1,941	2,096	1,958	4,022	1,941	2,096	1,958	1,973	7	3	11
Northern	3,724	1,627	1,679	1,391	-	-	-	-	3,724	1,627	1,679	1,391	331	402	491	291
South Eastern	434	2,736	2,991	2,950	1,102	1,248	1,366	1,223	1,536	3,984	4,357	4,173	275	400	361	317
Southern	3,944	4,550	5,011	4,931	104	191	210	214	4,048	4,741	5,221	5,145	837	1,346	1,395	1,339
Western	1,126	946	789	789	-	-	-	-	1,126	946	789	789	604	482	430	405
Northern Ireland	9,228	9,859	10,470	10,061	5,228	3,380	3,672	3,395	14,456	13,239	14,142	13,456	4,020	2,637	2,680	2,363

²⁹ 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.
Emergency Care Waiting Time Statistics: July - September 2022

Table 11B: New & Unplanned Review Attendances at Emergency Departments³⁰

Department	New Attendances				Unplanned Reviews				Total Attendances			
	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Sep 2021	Jul 2022	Aug 2022	Sep 2022
Mater	1,907	2,859	2,945	2,934	26	79	59	65	1,933	2,938	3,004	2,999
Royal Victoria	6,944	6,818	6,862	6,668	91	178	142	161	7,035	6,996	7,004	6,829
RBHSC	4,039	3,232	3,247	3,655	441	275	355	350	4,480	3,507	3,602	4,005
Antrim Area	7,081	7,334	7,551	7,584	518	414	371	406	7,599	7,748	7,922	7,990
Causeway	3,432	3,802	4,159	3,750	162	270	291	228	3,594	4,072	4,450	3,978
Ulster	8,308	8,448	8,689	8,458	387	357	383	342	8,695	8,805	9,072	8,800
Craigavon Area	6,065	6,339	6,342	6,270	498	580	500	536	6,563	6,919	6,842	6,806
Daisy Hill	4,384	4,454	4,585	4,321	332	208	248	199	4,716	4,662	4,833	4,520
Altnagelvin Area	5,298	5,226	5,288	5,230	436	394	405	356	5,734	5,620	5,693	5,586
South West Acute	2,864	3,221	3,008	2,947	265	344	317	255	3,129	3,565	3,325	3,202
Type 1	50,322	51,733	52,676	51,817	3,156	3,099	3,071	2,898	53,478	54,832	55,747	54,715
Eye Casualty	671	602	717	679	76	150	147	156	747	752	864	835
Lagan Valley	2,276	1,726	2,070	1,872	115	67	45	73	2,391	1,793	2,115	1,945
Type 2	2,947	2,328	2,787	2,551	191	217	192	229	3,138	2,545	2,979	2,780
Mid Ulster	507	552	654	645	12	11	19	14	519	563	673	659
Ards	1,011	911	1,154	1,076	0	0	5	4	1,011	911	1,159	1,080
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	1,855	1,742	1,957	1,865	20	18	13	17	1,875	1,760	1,970	1,882
Omagh	1,259	1,570	1,781	1,567	116	156	184	156	1,375	1,726	1,965	1,723
Type 3	4,632	4,775	5,546	5,153	148	185	221	191	4,780	4,960	5,767	5,344
Northern Ireland	57,901	58,836	61,009	59,521	3,495	3,501	3,484	3,318	61,396	62,337	64,493	62,839

³⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Table 11C: Performance against Emergency Care Waiting Times Target^{31 32}

Department	4 - Hour Performance				12 - Hour Performance				Total Attendances			
	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Sep 2021	Jul 2022	Aug 2022	Sep 2022
Mater	54.3%	49.3%	50.3%	49.7%	237	431	443	418	1,933	2,938	3,004	2,999
Royal Victoria	26.8%	23.2%	25.3%	25.7%	1,537	1,895	1,917	2,048	7,035	6,996	7,004	6,829
RBHSC	65.0%	69.8%	73.8%	68.3%	6	11	6	15	4,480	3,507	3,602	4,005
Antrim Area	55.5%	45.0%	42.4%	47.5%	843	1,215	1,248	1,227	7,599	7,748	7,922	7,990
Causeway	63.0%	51.9%	53.8%	54.0%	427	543	499	471	3,594	4,072	4,450	3,978
Ulster	49.7%	44.7%	47.2%	46.4%	1,268	1,544	1,528	1,469	8,695	8,805	9,072	8,800
Craigavon Area	39.2%	37.2%	42.5%	40.5%	1,142	1,515	1,289	1,285	6,563	6,919	6,842	6,806
Daisy Hill	58.1%	56.0%	51.6%	55.5%	421	352	564	477	4,716	4,662	4,833	4,520
Altnagelvin Area	39.1%	30.2%	27.3%	33.3%	852	1,002	1,075	977	5,734	5,620	5,693	5,586
South West Acute	49.9%	50.9%	54.4%	49.7%	425	497	348	443	3,129	3,565	3,325	3,202
Type 1	48.2%	43.3%	44.4%	45.2%	7,158	9,005	8,917	8,830	53,478	54,832	55,747	54,715
Eye Casualty	90.4%	83.5%	77.2%	88.5%	0	0	0	0	747	752	864	835
Lagan Valley	75.1%	78.7%	78.3%	78.3%	3	2	0	1	2,391	1,793	2,115	1,945
Type 2	78.7%	80.1%	78.0%	81.4%	3	2	0	1	3,138	2,545	2,979	2,780
Mid Ulster	100.0%	100.0%	100.0%	100.0%	0	0	0	0	519	563	673	659
Ards	100.0%	100.0%	100.0%	100.0%	0	0	0	0	1,011	911	1,159	1,080
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	100.0%	100.0%	99.9%	99.9%	0	0	0	0	1,875	1,760	1,970	1,882
Omagh	99.3%	97.6%	98.7%	97.0%	0	0	0	1	1,375	1,726	1,965	1,723
Type 3	99.8%	99.2%	34.1%	99.0%	0	0	0	1	4,780	4,960	5,767	5,344
Northern Ireland	53.8%	49.3%	50.9%	51.4%	7,161	9,007	8,917	8,832	61,396	62,337	64,493	62,839

³¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

³² 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](#)

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^{33 34}

Department	GP Referrals				Left Before Treatment				Unplanned reviews Within 7 Days			
	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Sep 2021	Jul 2022	Aug 2022	Sep 2022
Mater	9.9%	6.2%	7.6%	9.0%	4.1%	10.5%	9.0%	7.7%	1.2%	2.1%	1.3%	1.2%
Royal Victoria	7.3%	14.6%	15.0%	15.7%	15.3%	13.8%	13.6%	14.0%	0.8%	1.4%	1.4%	1.5%
RBHSC	7.9%	9.1%	10.0%	10.4%	11.2%	5.7%	5.1%	6.3%	7.0%	5.6%	6.7%	6.1%
Antrim Area	15.4%	21.7%	23.2%	24.8%	3.7%	6.8%	7.1%	5.5%	4.1%	3.5%	3.1%	3.4%
Causeway	13.0%	18.1%	18.9%	20.7%	4.9%	8.3%	7.3%	6.2%	2.9%	4.2%	4.4%	4.3%
Ulster	22.0%	18.5%	18.6%	18.7%	5.1%	8.0%	6.6%	5.6%	3.1%	2.6%	2.7%	2.4%
Craigavon Area	25.4%	20.1%	20.7%	22.4%	9.6%	10.7%	8.4%	7.9%	5.3%	6.0%	4.9%	5.5%
Daisy Hill	19.7%	18.0%	17.9%	21.8%	5.4%	5.7%	7.4%	4.9%	5.0%	3.5%	3.8%	3.5%
Altnagelvin Area	11.4%	10.1%	10.5%	11.8%	7.8%	11.1%	11.0%	7.6%	5.7%	5.8%	5.9%	5.0%
South West Acute	24.1%	20.5%	20.3%	20.2%	4.8%	4.3%	4.6%	4.2%	6.5%	7.5%	6.9%	6.2%
Type 1	16.1%	16.6%	17.1%	18.3%	7.5%	8.8%	8.3%	7.2%	4.1%	4.0%	3.9%	3.7%
Eye Casualty	5.1%	3.9%	3.0%	3.6%	0.4%	0.7%	0.9%	0.5%	0.4%	0.7%	0.1%	0.4%
Lagan Valley	14.5%	6.4%	6.0%	6.2%	2.8%	1.6%	1.0%	1.0%	2.1%	1.6%	1.0%	1.6%
Type 2	12.3%	5.7%	5.1%	5.4%	2.3%	1.3%	1.0%	0.8%	1.7%	1.3%	0.7%	1.3%
Mid Ulster	0.2%	0.9%	1.3%	0.3%	0.4%	0.4%	0.1%	0.3%	1.2%	1.1%	1.2%	0.9%
Ards	0.1%	0.1%	0.2%	0.1%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.2%	0.0%
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	0.1%	0.1%	-	-	0.0%	0.0%	0.0%	0.1%	0.6%	0.7%	0.4%	0.5%
Omagh	4.1%	2.5%	3.1%	2.9%	1.2%	1.2%	1.5%	2.4%	4.7%	5.4%	5.1%	6.0%
Type 3	1.2%	1.0%	1.2%	1.0%	0.4%	0.5%	0.5%	0.8%	1.7%	2.2%	2.0%	2.2%
Northern Ireland	14.8%	14.9%	15.2%	16.3%	6.7%	7.8%	7.2%	6.4%	3.8%	3.8%	3.5%	3.5%

³³ 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.

³⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

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^{35 36}

Department	GP Referrals				Left Before Treatment				Unplanned reviews Within 7 Days			
	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Sep 2021	Jul 2022	Aug 2022	Sep 2022
Mater	192	181	227	271	79	309	270	231	23	61	38	36
Royal Victoria	514	1,015	1,049	1,076	1,073	967	950	957	59	97	97	103
RBHSC	356	317	359	417	500	200	183	251	313	195	240	244
Antrim Area	1,169	1,679	1,840	1,979	279	524	559	443	311	272	243	268
Causeway	466	738	841	824	176	340	325	248	105	172	195	171
Ulster	1,921	1,623	1,695	1,642	440	707	603	496	269	228	245	210
Craigavon Area	1,657	1,388	1,422	1,528	631	740	573	536	346	411	338	376
Daisy Hill	931	842	863	988	256	268	359	222	238	165	185	157
Altnagelvin Area	652	564	596	660	446	622	629	422	328	324	338	281
South West Acute	755	729	677	645	149	154	153	133	204	265	231	199
Type 1	8,613	9,076	9,569	10,030	4,029	4,831	4,604	3,939	2,196	2,190	2,150	2,045
Eye Casualty	38	29	26	30	3	5	8	4	3	5	1	3
Lagan Valley	347	115	126	120	68	28	21	19	51	28	21	32
Type 2	385	144	152	150	71	33	29	23	54	33	22	35
Mid Ulster	1	5	9	2	2	2	1	2	6	6	8	6
Ards	1	1	2	1	2	1	1	0	0	0	2	0
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	1	1	0	0	0	0	0	2	12	12	7	9
Omagh	56	43	61	50	16	20	29	41	65	93	101	104
Type 3	59	50	72	53	20	23	31	45	83	111	118	119
Northern Ireland	9,057	9,270	9,793	10,233	4,120	4,887	4,664	4,007	2,333	2,334	2,290	2,199

³⁵ 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.

³⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Table 11E: Time from Arrival to Triage (Assessment)^{37 38}

Department	Median				95th Percentile			
	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Sep 2021	Jul 2022	Aug 2022	Sep 2022
Mater	0:12	0:14	0:13	0:16	0:52	1:02	0:46	1:02
Royal Victoria	0:20	0:27	0:23	0:27	1:49	2:03	1:44	2:07
RBHSC	0:14	0:08	0:09	0:10	0:51	0:31	0:34	0:43
Antrim Area	0:12	0:14	0:16	0:17	0:37	0:42	0:45	0:47
Causeway	0:15	0:14	0:16	0:15	0:47	0:51	0:44	0:46
Ulster	0:13	0:12	0:14	0:14	1:14	1:25	1:39	2:15
Craigavon Area	0:14	0:15	0:12	0:14	1:35	1:38	1:34	1:59
Daisy Hill	0:10	0:07	0:08	0:08	0:42	0:32	0:35	0:34
Altnagelvin Area	0:18	0:18	0:19	0:16	1:14	1:04	1:15	1:02
South West Acute	0:20	0:19	0:14	0:14	1:23	1:06	0:55	1:01
Type 1	0:14	0:14	0:14	0:15	1:12	1:15	1:12	1:19
Eye Casualty	0:10	0:13	0:20	0:18	0:43	0:51	1:13	1:00
Lagan Valley	0:07	0:05	0:05	0:05	0:19	0:16	0:17	0:16
Type 2	0:07	0:06	0:07	0:07	0:26	0:33	0:46	0:42
Mid Ulster	0:12	0:07	0:09	0:09	0:52	0:29	0:35	0:38
Ards	0:03	0:02	0:02	0:02	0:15	0:11	0:11	0:10
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:01	0:01	0:01	0:01	0:10	0:06	0:08	0:08
Omagh	0:07	0:07	0:07	0:09	0:29	0:32	0:32	0:33
Type 3	0:03	0:02	0:03	0:03	0:21	0:22	0:21	0:24
Northern Ireland	0:13	0:12	0:12	0:13	1:08	1:11	1:07	1:13

³⁷ 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.

³⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Table 11F: Time from Triage (Assessment) to Start of Treatment^{39 40}

Department	Median				95th Percentile			
	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Sep 2021	Jul 2022	Aug 2022	Sep 2022
Mater	0:37	1:34	0:59	0:58	3:05	5:55	6:26	5:25
Royal Victoria	2:00	2:16	2:12	2:23	9:11	9:32	9:26	10:30
RBHSC	1:21	1:02	0:56	1:08	4:24	4:11	3:28	3:47
Antrim Area	1:20	2:07	2:13	1:59	5:13	7:59	8:48	7:52
Causeway	0:51	1:47	1:28	1:18	4:09	6:07	4:54	4:57
Ulster	1:00	1:19	1:05	1:11	5:21	7:09	6:04	5:33
Craigavon Area	1:50	2:09	1:47	1:47	8:47	10:09	8:37	9:02
Daisy Hill	0:53	1:09	1:14	1:01	4:20	5:22	5:57	4:09
Altnagelvin Area	1:38	2:29	2:29	1:48	6:12	6:57	6:56	5:53
South West Acute	0:38	0:51	0:45	0:58	4:10	3:36	4:45	4:02
Type 1	1:14	1:38	1:30	1:26	6:12	7:30	7:09	6:48
Lagan Valley	0:45	0:22	0:21	0:23	2:32	1:53	2:00	1:44
Type 2	0:45	0:22	0:21	0:23	2:32	1:53	2:00	1:44
Mid Ulster	0:01	0:01	0:03	0:01	0:37	0:54	0:17	0:32
Ards	0:08	0:04	0:05	0:07	0:36	0:21	0:24	0:26
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:01	0:00	0:01	0:00	0:22	0:12	0:15	0:18
Omagh	0:14	0:12	0:12	0:22	1:43	1:51	1:36	2:38
Type 3	0:05	0:03	0:04	0:06	1:00	0:56	0:50	1:32
Northern Ireland	1:03	1:22	1:13	1:11	5:53	7:11	6:47	6:26

³⁹ 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.

⁴⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Table 11G: Time Spent in an Emergency department by those Admitted to Hospital^{41 42 43}

Department	Median				95th Percentile			
	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Sep 2021	Jul 2022	Aug 2022	Sep 2022
Mater	10:15	15:15	14:52	14:02	41:46	54:09	42:02	45:08
Royal Victoria	12:03	15:20	15:18	16:18	29:49	49:08	47:59	47:23
RBHSC	5:00	4:31	4:27	4:30	10:15	8:41	8:15	9:22
Antrim Area	9:30	11:42	11:11	11:30	50:19	67:19	59:14	57:39
Causeway	12:56	14:39	13:04	11:35	44:34	46:03	41:13	38:08
Ulster	13:41	17:02	16:00	15:55	37:00	42:33	43:10	45:16
Craigavon Area	13:07	16:04	15:07	14:31	41:24	45:05	42:35	46:08
Daisy Hill	10:14	9:44	19:02	14:14	28:50	25:25	44:13	31:42
Altnagelvin Area	12:14	18:15	19:09	18:57	29:30	45:35	44:54	44:09
South West Acute	10:39	11:05	8:20	10:41	47:20	45:32	34:24	41:49
Type 1	11:16	14:03	13:58	13:36	36:53	46:33	45:33	45:04
Eye Casualty	2:41	3:51	4:08	3:26	7:26	5:39	9:55	7:55
Lagan Valley	5:18	5:01	5:34	5:32	9:16	9:09	9:53	9:11
Type 2	5:13	4:57	5:29	5:31	9:12	9:09	9:54	9:11
Mid Ulster	-	-	-	-	-	-	-	-
Ards	-	-	-	-	-	-	-	-
Bangor	-	-	-	-	-	-	-	-
South Tyrone	-	-	-	-	-	-	-	-
Omagh	2:32	2:42	3:24	1:32	2:39	3:11	4:45	18:02
Type 3	2:32	2:42	3:24	1:32	2:39	3:11	4:45	18:02
Northern Ireland	11:04	13:43	13:38	13:19	36:27	46:25	45:09	44:56

⁴¹ 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.

⁴² Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁴³ 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.

Table 11H: Time Spent in an Emergency department by those Discharged Home^{44 45}

Department	Median				95th Percentile			
	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Sep 2021	Jul 2022	Aug 2022	Sep 2022
Mater	2:39	3:31	3:14	3:22	9:29	12:36	13:09	12:08
Royal Victoria	5:54	6:22	6:11	6:28	17:24	22:17	22:25	23:19
RBHSC	3:03	2:44	2:37	2:54	6:46	6:45	5:52	6:18
Antrim Area	3:08	3:55	4:09	3:42	9:48	18:57	17:34	16:23
Causeway	2:38	3:24	3:16	3:11	8:53	10:58	10:11	10:22
Ulster	3:16	3:33	3:23	3:26	9:49	10:38	10:08	9:49
Craigavon Area	4:06	4:23	3:46	4:00	12:45	13:57	12:30	13:29
Daisy Hill	2:52	3:09	3:18	3:03	8:38	9:12	10:24	8:41
Altnagelvin Area	4:16	5:11	5:13	4:44	12:18	15:41	15:37	14:00
South West Acute	3:27	3:35	3:19	3:34	14:09	15:33	11:53	13:12
Type 1	3:32	3:56	3:50	3:45	11:35	13:57	13:35	13:41
Eye Casualty	2:08	2:34	2:46	2:20	4:47	5:28	5:53	5:11
Lagan Valley	2:22	1:29	1:33	1:36	5:58	5:50	5:41	5:42
Type 2	2:17	1:53	1:56	1:51	5:43	5:44	5:47	5:33
Mid Ulster	0:52	0:31	0:39	0:42	2:13	1:38	1:52	2:07
Ards	0:45	0:37	0:39	0:40	1:32	1:11	1:16	1:18
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:32	0:26	0:28	0:30	1:10	1:04	1:07	1:12
Omagh	0:53	0:51	0:51	1:00	2:41	2:49	2:47	3:31
Type 3	0:40	0:34	0:37	0:39	2:04	1:53	1:55	2:22
Northern Ireland	3:06	3:27	3:16	3:14	10:52	12:59	12:31	12:35

⁴⁴ 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.

⁴⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Table 11: Average Number of Attendances by Day of Week⁴⁶

Day of Week	Sep 2021	Jul 2022	Aug 2022	Sep 2022
Monday	2,414.8	2,325.5	2,412.2	2,369.8
Tuesday	2,158.5	2,095.5	2,257.4	2,305.8
Wednesday	2,074.6	2,103.8	2,112.2	2,176.5
Thursday	2,060.8	2,114.0	2,086.3	2,149.2
Friday	2,048.5	2,095.2	2,041.0	2,115.6
Saturday	1,712.0	1,685.8	1,686.3	1,738.8
Sunday	1,841.0	1,755.4	1,847.3	1,789.8

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

Table 11J: Attendances at Emergency departments, by Time Spent in ED from Arrival to Discharge ⁴⁷

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Sep 2021	Jul 2022	Aug 2022	Sep 2022
Mater	1,049	1,449	1,511	1,490	647	1,058	1,050	1,091	237	431	443	418
Royal Victoria	1,883	1,623	1,772	1,756	3,615	3,478	3,315	3,025	1,537	1,895	1,917	2,048
RBHSC	2,914	2,449	2,659	2,734	1,560	1,047	937	1,256	6	11	6	15
Antrim Area	4,218	3,486	3,361	3,792	2,538	3,047	3,313	2,971	843	1,215	1,248	1,227
Causeway	2,263	2,113	2,393	2,149	904	1,416	1,558	1,358	427	543	499	471
Ulster	4,325	3,934	4,284	4,086	3,102	3,327	3,260	3,245	1,268	1,544	1,528	1,469
Craigavon Area	2,573	2,573	2,911	2,757	2,848	2,831	2,642	2,764	1,142	1,515	1,289	1,285
Daisy Hill	2,741	2,612	2,492	2,509	1,554	1,698	1,777	1,534	421	352	564	477
Altnagelvin Area	2,244	1,695	1,555	1,861	2,638	2,923	3,063	2,748	852	1,002	1,075	977
South West Acute	1,561	1,813	1,808	1,590	1,143	1,255	1,169	1,169	425	497	348	443
Type 1	25,771	23,747	24,746	24,724	20,549	22,080	22,084	21,161	7,158	9,005	8,917	8,830
Eye Casualty	675	628	667	739	72	124	197	96	0	0	0	0
Lagan Valley	1,795	1,411	1,657	1,523	593	380	458	421	3	2	0	1
Type 2	2,470	2,039	2,324	2,262	665	504	655	517	3	2	0	1
Mid Ulster	519	563	673	659	0	0	0	0	0	0	0	0
Ards	1,011	911	1,159	1,080	0	0	0	0	0	0	0	0
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	1,875	1,760	1,968	1,881	0	0	2	1	0	0	0	0
Omagh	1,365	1,685	1,940	1,671	10	41	25	51	0	0	0	1
Type 3	4,770	4,919	5,740	5,291	10	41	27	52	0	0	0	1
Northern Ireland	33,011	30,705	32,810	32,277	21,224	22,625	22,766	21,730	7,161	9,007	8,917	8,832

⁴⁷ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Table 11K: Percentage of Patients Commencing Treatment, Following Triage, within 2 Hours^{48 49}

Department	% Commenced Treatment, Following Triage, within 2 Hours			
	Sep 2021	Jul 2022	Aug 2022	Sep 2022
Mater	84.2%	58.7%	70.8%	72.8%
Royal Victoria	50.0%	46.4%	46.6%	45.3%
RBHSC	65.9%	74.4%	78.9%	71.4%
Antrim Area	65.3%	47.6%	45.5%	50.2%
Causeway	78.6%	54.7%	62.1%	65.9%
Ulster	71.6%	62.4%	69.6%	67.6%
Craigavon Area	52.6%	48.1%	53.7%	53.2%
Daisy Hill	79.5%	69.4%	66.5%	75.1%
Altnagelvin Area	58.4%	41.4%	42.0%	53.9%
South West Acute	82.1%	79.0%	78.4%	75.2%
Type 1	66.1%	56.4%	59.3%	61.2%
Lagan Valley	88.9%	95.6%	94.9%	96.1%
Type 2	88.9%	95.6%	94.9%	96.1%
Mid Ulster	100.0%	100.0%	100.0%	100.0%
Ards	100.0%	100.0%	100.0%	100.0%
Bangor	-	-	-	-
South Tyrone	100.0%	100.0%	100.0%	100.0%
Omagh	97.0%	95.4%	96.7%	91.2%
Type 3	99.1%	98.2%	98.8%	96.8%
Northern Ireland	69.7%	61.0%	64.1%	65.5%

⁴⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁴⁹ Information on time to treatment is not recorded at Eye Casualty.

Table 11L: Percentage Triageed in each Triage Group^{50 51}

Department	Triage Level (1/2)				Triage Level (3)				Triage Level (4/5)			
	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Sep 2021	Jul 2022	Aug 2022	Sep 2022	Sep 2021	Jul 2022	Aug 2022	Sep 2022
Mater	24.1%	19.9%	19.9%	21.1%	46.3%	44.8%	44.1%	47.5%	29.6%	35.3%	36.0%	31.5%
Royal Victoria	26.8%	27.7%	27.4%	29.3%	52.3%	49.7%	49.6%	47.7%	20.9%	22.6%	23.0%	23.0%
RBHSC	14.9%	15.3%	16.1%	21.8%	22.7%	27.4%	27.8%	27.6%	62.4%	57.3%	56.1%	50.6%
Antrim Area	16.8%	17.1%	16.3%	16.1%	53.7%	54.9%	51.3%	54.1%	29.5%	28.0%	32.3%	29.8%
Causeway	19.7%	20.9%	19.2%	20.6%	54.3%	54.7%	51.6%	53.4%	26.1%	24.4%	29.2%	26.0%
Ulster	24.2%	25.6%	25.4%	25.0%	44.7%	42.4%	40.5%	40.8%	31.1%	32.0%	34.1%	34.2%
Craigavon Area	35.0%	33.5%	34.8%	35.7%	37.6%	40.8%	38.5%	37.5%	27.4%	25.7%	26.7%	26.8%
Daisy Hill	29.7%	30.8%	29.5%	31.1%	41.0%	43.3%	44.7%	45.6%	29.2%	25.9%	25.8%	23.3%
Altnagelvin Area	36.3%	35.6%	33.6%	36.0%	35.8%	33.6%	34.5%	34.1%	27.9%	30.8%	31.9%	30.0%
South West Acute	19.8%	17.3%	15.2%	18.7%	46.3%	45.0%	44.9%	46.1%	33.9%	37.6%	39.9%	35.1%
Type 1	25.5%	25.5%	25.0%	26.4%	43.4%	44.0%	42.9%	43.1%	31.1%	30.5%	32.1%	30.5%
Eye Casualty	2.9%	1.3%	2.3%	4.9%	20.1%	14.2%	15.0%	22.1%	77.0%	84.4%	82.6%	73.0%
Lagan Valley	8.3%	5.3%	5.0%	6.6%	29.7%	19.9%	21.6%	22.6%	62.0%	74.8%	73.4%	70.9%
Type 2	7.0%	4.1%	4.2%	6.1%	27.4%	18.2%	19.7%	22.4%	65.6%	77.7%	76.1%	71.5%
Mid Ulster	4.6%	4.6%	0.0%	1.6%	25.7%	15.4%	24.1%	16.1%	69.7%	80.0%	75.9%	82.3%
Ards	0.4%	0.0%	0.1%	0.1%	0.1%	0.2%	0.1%	0.3%	99.5%	99.8%	99.8%	99.6%
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	0.4%	0.5%	0.3%	0.6%	1.1%	0.6%	0.6%	1.1%	98.6%	98.9%	99.1%	98.2%
Omagh	0.8%	0.7%	0.8%	0.6%	1.4%	3.3%	2.7%	2.8%	97.9%	96.0%	96.5%	96.6%
Type 3	0.6%	0.5%	0.4%	0.5%	1.6%	1.7%	1.8%	1.9%	97.8%	97.7%	97.8%	97.5%
Northern Ireland	22.7%	22.8%	22.0%	23.4%	39.5%	39.8%	38.4%	38.9%	37.8%	37.4%	39.6%	37.7%

⁵⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵¹ 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.

Appendix 5: Further Information

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

Rebecca Rollins

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](#)