





Urgent & Emergency Care Waiting Time Statistics for Northern Ireland

(October – December 2022)

Published 26 January 2023





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 HSC Board and Trusts in Northern Ireland, Health

Care Professionals, Academics, HSC Stakeholders, Media & General Public.

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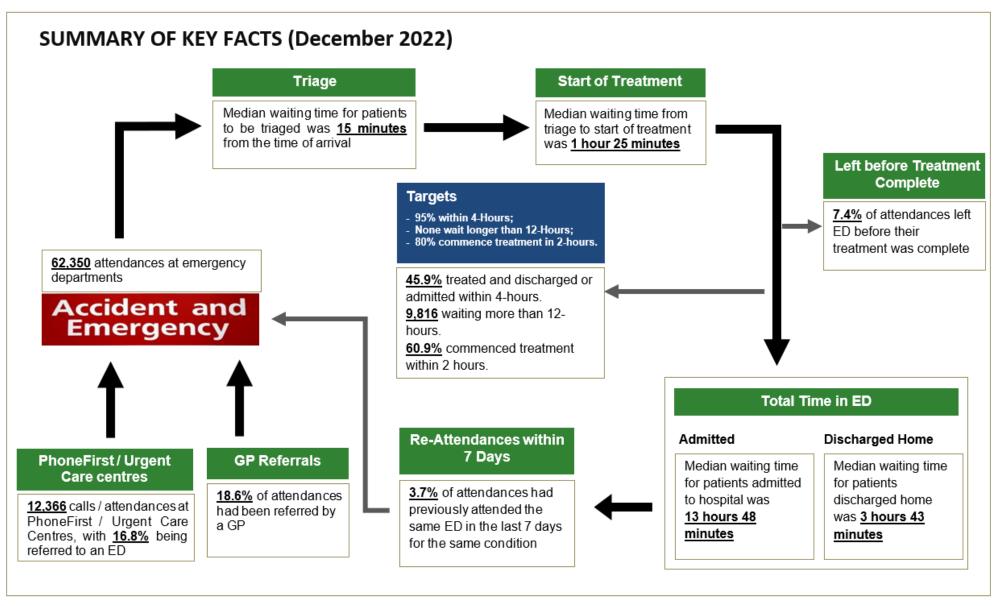
any format or medium. Any material used must be acknowledged, and the title

of the publication specified.

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

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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 October, November and December 2022.

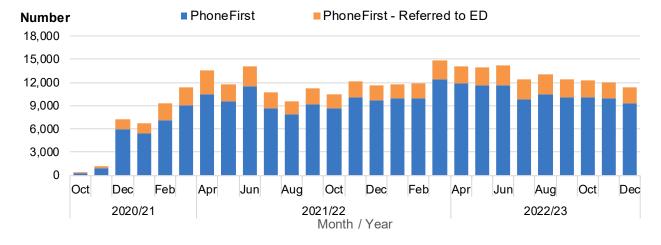
Activity	Oct 2022	Nov 2022	Dec 2022
PhoneFirst	10,116	9,986	9,299
Urgent Care Centre	3,297	3,181	3,067
Total Calls / Attendances	13,413	13,167	12,366
Number Referred to ED	2,225	2,127	2,078
% Referred to ED	16.6%	16.2%	16.8%

Source: Health and Social Care Trusts

• In December 2022, 12,366 calls / attendances were received by PhoneFirst and Urgent Care Centre services, from patients who may previously have attended an ED. A total of 2,078 (16.8%) resulted in an attendance at an ED, whilst 10,288 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 December 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).

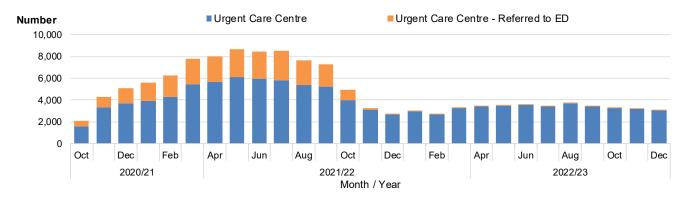
² Data on PhoneFirst Calls, Urgent Care Centre Attendances and subsequent referrals to ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity. Data is sourced from the HSC Trusts.

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 December 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 December 2022, compared with the same month last year.

Measure	December 2021	December 2022	Change (number)	Change (%)
1. PhoneFirst / Urgent Care Centre (Referred to an ED)	2,040	2,078	38	1.9%
2. PhoneFirst / Urgent Care Centre (NOT Referred to an ED)	10,276	10,288	12	0.1%
3. Total PhoneFirst / Urgent Care Centre Measure 1 + Measure 2	12,316	12,366	50	0.4%
4. New ED Attendances	52,486	58,914	6,428	12.2%
5. Unplanned Review Attendances	3,149	3,436	287	9.1%
6. Attendances at EDs Measure 4 + Measure 5	55,635	62,350	6,715	12.1%
7. Attendances at EDs / PhoneFirst / Urgent Care Measure 2 + Measure 4 + Measure 5	65,911	72,638	6,727	10.2%
8. Number of ED Attendances Admitted to Hospital	11,693	11,975	282	2.4%
9. % ED Attendances Admitted to Hospital Measure 8 / Measure 6	21.0%	19.2%		1.8%

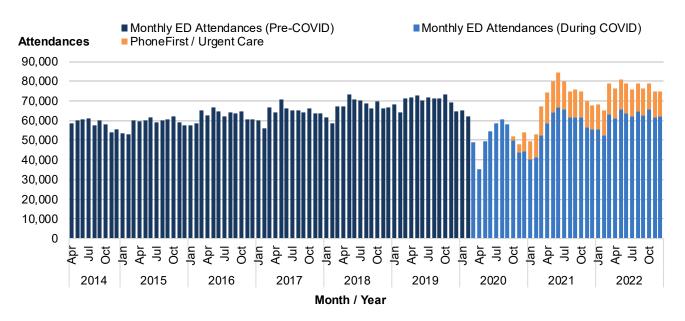
Source: Regional Data Warehouse / Health and Social Care Trusts

- During December 2022, 72,638 patients attended urgent and emergency care services, of which 62,350 attended an ED, and 10,288 attended PhoneFirst / Urgent Care Centre services (Table 2, 11A & 11B).
- The number of patients attending urgent and emergency care services increased by 6,727 (10.2%) in December 2022 when compared with December 2021. Almost all (6,715, 99.8%) of the 6,727 increase in attendances / calls at urgent and emergency care services, related to ED attendances (Table 2, 11A & 11B).
- During the quarter ending December 2022, 222,133 patients attended urgent and emergency care services, 8.0% (16,490) more than the same quarter in 2021 (205,643). Of which, 189,617 (85.4%) attended an ED and 32,516 (14.6%) 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 December 2022⁴.



- Between April 2014 and December 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 October, November and December 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 October 2022, there were 13,413 PhoneFirst calls / Urgent Care Centre attendances, 5.6% (707) more than October 2021 (12,706); and,
 - During November 2022, there were 13,167 PhoneFirst calls / Urgent Care Centre attendances, 0.9% (125) less than November 2021 (13,292); and,
 - During December 2022, there were 12,366 PhoneFirst calls / Urgent Care Centre attendances, 0.4% (50) more than December 2021 (12,316).

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 December 2022, compared with the same month last year.

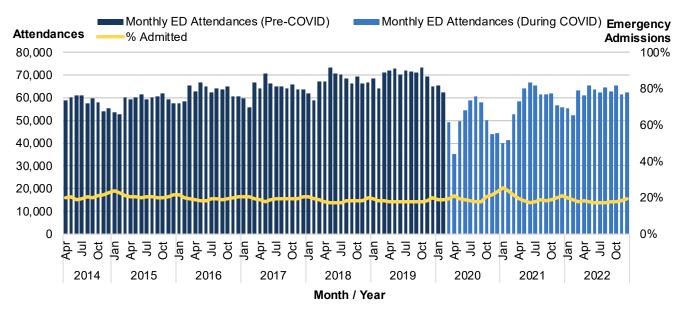
Measure	December 2021	December 2022	Change (number)	Change (%)
1. Attendances at EDs	55,635	62,350	6,715	12.1%
2. Admissions to Hospital from ED	11,693	11,975	282	2.4%
3. % Admissions to Hospital from ED Measure 2 / Measure 1	21.0%	19.2%	-	-

Source: Regional Data Warehouse,

• The number of emergency admissions to hospital from an ED increased by 2.4% (282) between December 2021 (11,693) and December 2022 (11,975) (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 December 2022.



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 eight years, the percentage of ED attendances admitted to hospital was generally highest in December and January and lowest during May and June (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).
- ED Attendances during October, November and December 2022 increased 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 October 2022, there were 65,651 attendances at EDs, 6.1% (3,786) more than
 October 2021 (61,865);
 - During November 2022, there were 61,616 attendances at EDs, 8.7% (4,915) more than November 2021 (56,701); and,
 - During December 2022, there were 62,350 attendances at EDs, 12.1% (6,715) more than December 2021 (55,635).

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 December 2022 and the same month last year.

Department	New		Unplanned	d Review	Total		
	Dec 2021	Dec 2022	Dec 2021	Dec 2022	Dec 2021	Dec 2022	
Mater	1,922	2,980	27	68	1,949	3,048	
Royal Victoria	6,283	6,100	119	146	6,402	6,246	
RBHSC	3,443	4,468	363	489	3,806	4,957	
Antrim Area	6,856	7,706	365	416	7,221	8,122	
Causeway	3,380	3,584	195	330	3,575	3,914	
Ulster	7,712	8,459	329	346	8,041	8,805	
Craigavon Area	5,624	6,563	535	502	6,159	7,065	
Daisy Hill	3,858	4,677	281	192	4,139	4,869	
Altnagelvin Area	4,939	5,129	368	343	5,307	5,472	
South West Acute	2,739	3,002	229	272	2,968	3,274	
Type 1	46,756	52,668	2,811	3,104	49,567	55,772	
Type 2	2,212	2,395	206	194	2,418	2,589	
Type 3	3,518	3,851	132	138	3,650	3,989	
Northern Ireland	52,486	58,914	3,149	3,436	55,635	62,350	

- Between December 2021 and December 2022, attendances at EDs increased at all department types (Table 4, Table 11B).
- The Ulster (8,805) was the busiest ED during both December 2021 and December 2022 (Table 4, Table 11B).
- Nine of the ten Type 1 EDs reported an increase in attendances during December 2022 when compared with December 2021, with the largest increase in attendances reported at the RBHSC (1,151, 30.2%) (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

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 December 2022 and the same month last year^{7,8}.

Department	Level	1/2	Level	3	Level	4/5
	Dec 2021	Dec 2022	Dec 2021	Dec 2022	Dec 2021	Dec 2022
Mater	24.4%	20.8%	47.8%	48.0%	27.7%	31.2%
Royal Victoria	28.7%	35.2%	51.2%	48.5%	20.1%	16.3%
RBHSC	18.2%	19.1%	27.5%	31.4%	54.3%	49.4%
Antrim Area	17.7%	17.7%	55.1%	57.5%	27.1%	24.7%
Causeway	21.5%	24.2%	56.7%	53.2%	21.8%	22.6%
Ulster	28.3%	30.4%	44.6%	42.6%	27.1%	27.1%
Craigavon Area	39.1%	39.4%	36.0%	39.7%	24.9%	20.9%
Daisy Hill	33.5%	34.5%	42.5%	47.2%	24.0%	18.3%
Altnagelvin Area	34.1%	40.3%	38.2%	36.0%	27.7%	23.7%
South West Acute	22.1%	23.1%	45.2%	49.5%	32.7%	27.4%
Type 1	27.7%	29.4%	44.5%	45.0%	27.9%	25.6%
Type 2	4.0%	6.6%	24.9%	23.8%	71.1%	69.6%
Type 3	0.6%	0.7%	2.0%	3.0%	97.4%	96.3%
Northern Ireland	25.0%	26.7%	41.0%	41.6%	34.0%	31.6%

- Almost three quarters (74.4%) of attendances at Type 1 departments in December 2022 were triaged as level 1 / 2 or 3, compared with 72.1% in December 2021 (Table 5, Table 11L).
- Over a quarter (26.7%) of patients were triaged as level 1 / 2 in December 2022, more than October 2022 (24.4%) and November 2022 (25.3%) (Table 11L).
- During December 2022, over two fifths (40.3%) of patients attending Altnagelvin Area were triaged at level 1 / 2, compared with 17.7% of those attending Antrim Area (Table 5, Table 11L).

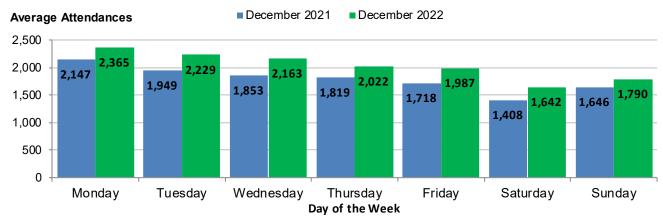
⁶ Data are not National Statistics, but are published to provide users with a comprehensive view of ED activity and time spent in ED.

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

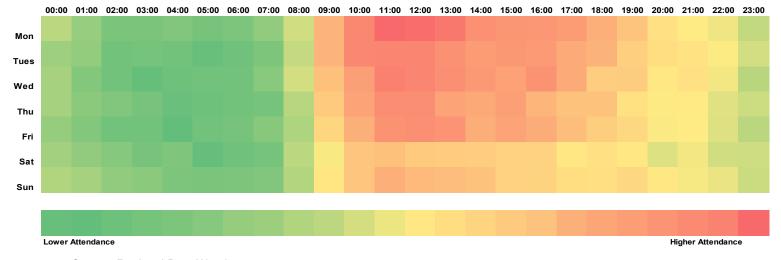
The average number of new and unplanned review attendances at EDs by day of the week during December 2022, compared with the same month last year⁸.



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 December 2022.



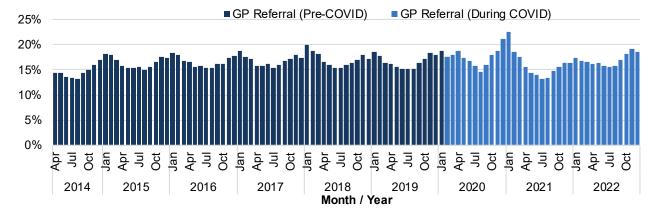
- Monday was the busiest day at EDs during both December 2021 and December 2022, with the highest number of attendances arriving between 11:00 and 11:59 (Figure 5 & 6, Table 11I).
- Saturday was the least busy day during December 2022 (1,642) and December 2021 (1,408), with the highest number of attendances arriving between 11:00 and 11:59 in December 2022 (Figure 5 & 6, Table 11I).
- Overall, the busiest hour of the day during December 2022 was between 11:00 and 11:59, whilst the least busy hour was 05:00 to 05:59 (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.



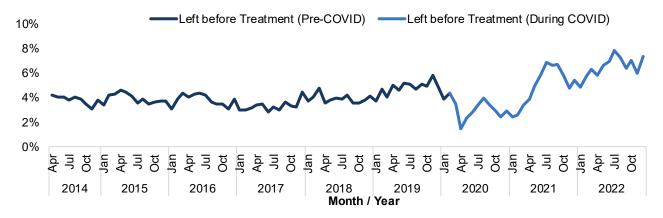
Source: Regional Data Warehouse

- In December 2022, over one in six (18.6%, 11,636) attendances at EDs had been referred by a GP, compared with 16.4% (9,129) in December 2021 (Figure 7, Table 11D(i) & (ii)).
- Almost a third (32.2%, 2,619) of attendances at Antrim Area had been referred by a GP during December 2022, compared with 10.1% (310) 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



- During December 2022, 7.4% (4,583) of all ED attendances left before their treatment was complete, compared with 5.4% (3,020) in December 2021 (Figure 8, Table 11D(i-ii)).
- RBHSC (14.0%, 695) had the highest percentage leaving ED before treatment was complete during December 2022, compared with 7.8% (298) in December 2021 (Tables 11D(i-ii)).

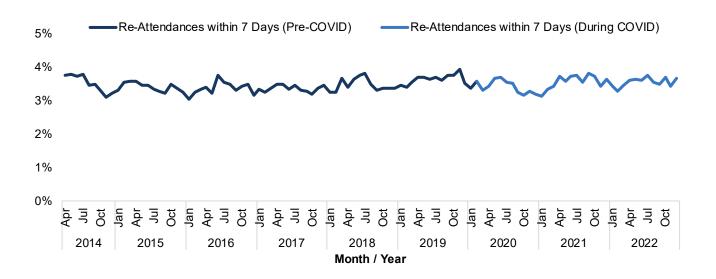
⁹ Data on referrals to ED by GP's are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

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 December 2022, 3.7% (2,293) of attendances had attended the same ED within 7 days of their original attendance, compared to 3.6% (2,026) in December 2021 (Tables 11D(i) & 11D(ii)).
- South West Acute (6.8%, 221) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during December 2022 (Tables 11D(i) & 11D(ii)).

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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 December 2021.

% Within 4 Hours	Within 4 Hours Dec 2021 Oct 2022 Nov 2022 Dec 2022 —		Diff (Dec 2021	- Dec 2022)			
	Dec 2021	OCI 2022	NOV ZUZZ	Dec 2022	No.	%	
Type 1	46.6%	44.0%	45.1%	40.5%	-	-6.1%	
Type 2	82.4%	79.6%	80.1%	78.8%	-	-3.6%	
Type 3	99.2%	99.4%	99.6%	99.4%	-	0.2%	
All Departments	51.6%	49.8%	50.8%	45.9%	-	-5.7%	
Over 12 Hours	Dec 2021	Oct 2022	Nov 2022	Dec 2022	Diff (Dec 2021	%6.1%3.6%0.2%5.7% 21 - Dec 2022) % 03 - 11 - 03 - 21 - Dec 2022) % 05 12.5% 7.1%	
Over 12 Hours	Dec 2021	Dec 2021 Oct 2022 Nov 2022 Dec 2022		Dec 2022	No.	%	
Type 1	7,111	9,648	8,846	9,814	2,703	-	
Type 2	1	1	0	2	1	-	
Type 3	1	0	0	0	-1	-	
All Departments	7,113	9,649	8,846	9,816	2,703	-	
ED Attendances	D = 0004	Oct 2022	Nov 2022	Dec 2022	Diff (Dec 2021	- Dec 2022)	
ED Attenuances	Dec 2021	OCI 2022	NUV 2022	Dec 2022	No.	%	
Type 1	49,567	57,712	54,118	55,772	6,205	12.5%	
Type 2	2,418	2,831	2,787	2,589	171	7.1%	
Type 3	3,650	5,108	4,711	3,989	339	9.3%	
All Departments	55,635	65,651	61,616	62,350	6,715	12.1%	

- Less than half (45.9%) of attendances in December 2022 were discharged or admitted within 4 hours, compared with 51.6% in December 2021 (Table 11C & 11J).
- Over two fifths (40.5%) of attendances at Type 1 EDs in December 2022 spent less than 4 hours in ED, compared with 78.8% at Type 2 EDs and 99.4% at Type 3 EDs (Table 6, Table 11C & 11J).
- Between December 2021 and December 2022, the number spending over 12 hours in ED increased from 7,113 to 9,816, accounting for 15.7% of all attendances in December 2022 (Table 6, Table 11C &11J).
- During this period, EDs experienced a 12.1% increase in attendances (55,635 to 62,353), whilst 4 hour performance decreased from 51.6% to 45.9% (Table 6, Table 11C & 11J).
- During the quarter ending 31 December 2022, almost half (48.8%) of patients spent less than 4 hours at an ED, compared with 53.6% 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 November 2022 (50.8%) and lowest in December 2022 (45.9%), whilst the number spending over 12 hours in an ED was highest in December 2022 (9,816) and lowest in November 2022 (8,846) (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 December 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 Pe	rformance	12 Hour Pe	erformance	Total Attendances		
	Dec 2021	Dec 2022	Dec 2021	Dec 2022	Dec 2021	Dec 2022	
Mater	48.0%	49.8%	297	427	1,949	3,048	
Royal Victoria	31.7%	24.6%	1,390	1,858	6,402	6,246	
RBHSC	64.3%	49.0%	19	76	3,806	4,957	
Antrim Area	48.7%	45.6%	959	1,209	7,221	8,122	
Causeway	60.4%	51.3%	208	575	3,575	3,914	
Ulster	47.2%	39.6%	1,314	1,570	8,041	8,805	
Craigavon Area	40.8%	34.9%	1,224	1,815	6,159	7,065	
Daisy Hill	52.0%	48.8%	496	592	4,139	4,869	
Altnagelvin Area	38.7%	28.1%	818	1,174	5,307	5,472	
South West Acute	49.7%	46.6%	386	518	2,968	3,274	
Type 1	46.6%	40.5%	7,111	9,814	49,567	55,772	
Type 2	82.4%	78.8%	1	2	2,418	2,589	
Type 3	99.2%	99.4%	1	-	3,650	3,989	
Northern Ireland	51.6%	45.9%	7,113	9,816	55,635	62,350	

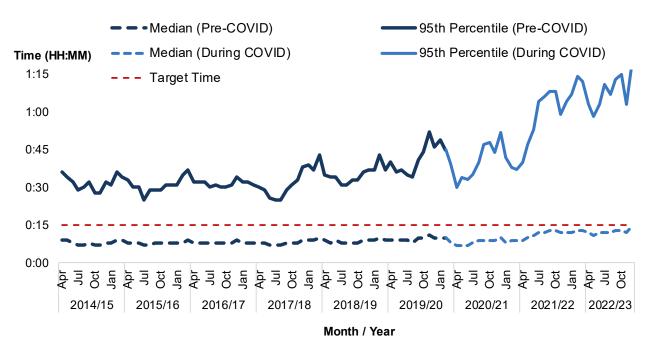
- During December 2022, Causeway (51.3%) reported the highest performance of the four hour target at any Type 1 ED, whilst the Royal Victoria (24.6%) reported the lowest (Table 7, Table 11C).
- No Type 1 ED achieved the 12-hour target during December 2022 (Table 7, Table 11C).
- The Royal Victoria (1,858) reported the highest number of patients spending over 12 hours at an ED during December 2022 (Table 7, Table 11C).
- Between December 2021 and December 2022, performance against the 12 hour target declined at all 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 - December 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 December 2022, the median time spent in ED from arrival to triage was 15 minutes, 3 minutes longer than December 2021 (12 minutes) (Figure 10, Table 11E).
- 95 percent of patients were triaged within 1 hour 21 minutes of their arrival at an ED in December 2022, 17 minutes more than December 2021 (1 hour 4 minutes) (Figure 10, Table 11E).
- Over half (51.1%) of attendances were triaged within 15 minutes of their arrival at an ED during December 2022, compared with 59.7% in December 2021.
- During the quarter ending 31 December 2022, the median time from arrival to triage was longest during December (15 minutes) and shortest during November (12 minutes), whilst the time taken to triage 95 percent of patients was longest during December (1 hour 21 minutes) and shortest in November (1 hour 3 minutes) (Figure 10, Table 11E).

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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 Triaged

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

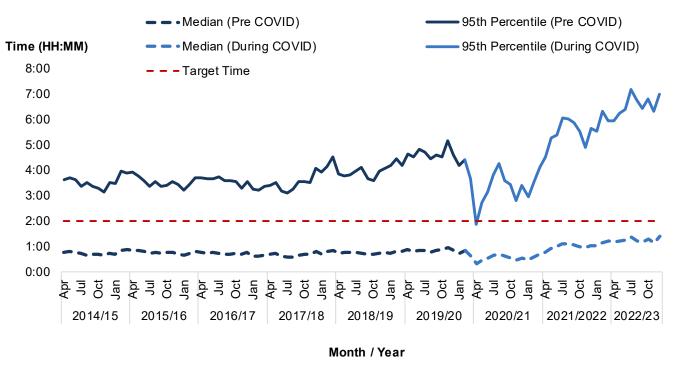
Department	Dec 2021	Oct 2022	Nov 2022	Dec 2022
Mater	78.1%	68.1%	67.1%	65.6%
Royal Victoria	58.5%	41.8%	44.3%	44.4%
RBHSC	70.6%	62.9%	64.9%	54.2%
Antrim Area	62.0%	49.3%	60.0%	56.2%
Causeway	79.7%	59.0%	74.5%	62.7%
Ulster	74.0%	67.8%	70.4%	62.2%
Craigavon Area	56.2%	49.7%	54.3%	47.4%
Daisy Hill	75.5%	72.4%	72.3%	68.3%
Altnagelvin Area	58.6%	51.4%	54.4%	46.2%
South West Acute	79.4%	78.6%	77.4%	77.5%
Type 1	67.3%	58.7%	62.6%	57.0%
Type 2	96.7%	97.3%	98.1%	95.2%
Type 3	98.0%	98.5%	99.3%	98.3%
Northern Ireland	70.3%	63.2%	66.7%	60.9%

- Over three fifths (60.9%) of patients attending EDs in December 2022 commenced their treatment within 2 hours of being triaged, compared with 70.3% in December 2021 (Table 8, Table 11K).
- During December 2022, almost three fifths (57.0%) of patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 95.2% at Type 2 EDs and 98.3% at Type 3 EDs (Table 8, Table 11K).
- None of the Type 1 EDs achieved the 80% target in December 2022 (Table 8, Table 11K).
- During December 2022, South West Acute (77.5%) reported the highest percentage commencing treatment within 2 hours, whilst the Royal Victoria (44.4%) reported the lowest (Table 8, Table 11K).
- Between October and December 2022, the highest percentage of patients commencing treatment within 2 hours was in November (66.7%) whilst the lowest was in December (60.9%), (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 December 2022 was 1 hour 25 minutes, 23 minutes more than December 2021 (1 hour 2 minutes) (Figure 11, Table 11F).
- During December 2022, 95 percent of patients commenced treatment within 7 hours of being triaged, 1 hour 20 minutes more than December 2021 (5 hours 40 minutes) (Figure 11, Table 11F).
- During the last 3 months, the median time to start of treatment was longest in December (1 hour 25 minutes) and shortest in November (1 hour 9 minutes), and the time within which 95 percent of patients started treatment was longest in December (7 hours) and shortest in November (6 hours 19 minutes) (Table 11F).

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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 December 2022, compared with the same month last year¹⁶.

Department	Med	lian	95th Percentile			
2 opar amont	December 2021	December 2022	December 2021	December 2022		
Mater	0:47	1:14	3:56	6:22		
Royal Victoria	1:31	2:21	7:55	9:02		
RBHSC	1:11	1:48	4:17	5:48		
Antrim Area	1:28	1:43	5:45	6:12		
Causeway	0:49	1:22	3:42	5:42		
Ulster	0:59	1:26	5:17	6:08		
Craigavon Area	1:41	2:11	8:45	11:20		
Daisy Hill	0:59	1:13	4:29	5:55		
Altnagelvin Area	1:33	2:13	5:49	7:19		
South West Acute	0:42	0:45	4:13	4:33		
Type 1	1:12	1:38	5:54	7:16		
Type 2	0:23	0:29	1:33	1:58		
Type 3	0:04	0:06	0:56	1:06		
Northern Ireland	1:02	1:25	5:40	7:00		

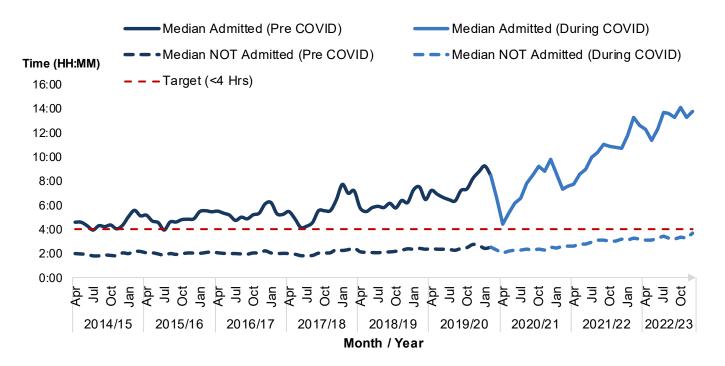
- The median time spent at Type 1 EDs from triage to start of treatment by a medical professional was 1 hour 38 minutes in December 2022, 26 minutes more than December 2021 (1 hour 12 minutes) (Table 9, Table 11F).
- Royal Victoria (2 hour 21 minutes) reported the longest median time spent in ED from triage to start
 of treatment during December 2022, whilst South West Acute (45 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 11 hours 20 minutes of being triaged; 2 hour 35 minutes more than December 2021 (8 hours 45 minutes) (Table 9, Table 11F).
- South West Acute reported the shortest time to start of treatment during December 2022, with 95 percent of attendances commencing treatment within 4 hours 33 minutes of being triaged, 20 minutes more than the time taken in December 2021 (4 hour 13 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.



- During December 2022, the median time patients admitted to hospital spent in ED was 13 hours 48 minutes, compared to 3 hours 43 minutes for those discharged home (Figure 12, Table 11G & 11H).
- During December 2022, 95 percent of attendances were admitted to hospital within 51 hours 44 minutes of their arrival, almost four times longer than 95 percent of those discharged home (13 hours 41 minutes) (Table 11G & 11H).
- During the quarter ending 31 December, the median time patients admitted spent in ED was longest in October (14 hours 9 minutes) and shortest in November (13 hours 15 minutes) (Table 11G).
- During this period, the median time spent by patients discharged home was longest in December (3 hours 43 minutes) and shortest in November (3 hours 18 minutes) (Table 11H).
- During this period, the longest time spent by up to 95 percent of patients admitted was in December (51 hours 44 minutes) and shortest in November (48 hours 56 minutes) (Table 11G).
- During this period, the longest time spent by up to 95 percent of patients discharged home was in
 December (13 hours 41 minutes) and shortest in November (12 hours 45 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/Discharged Home Spend in 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 December 2021 and December 2022.

		Admitted				Discharged			
Department	Мес	dian	95th Pe	rcentile	Med	Median		95th Percentile	
	Dec 2021	Dec 2022	Dec 2021	Dec 2022	Dec 2021	Dec 2022	Dec 2021	Dec 2022	
Mater	11:21	14:03	41:11	45:08	3:15	3:21	10:10	11:57	
Royal Victoria	11:51	13:48	37:07	59:01	5:04	6:22	18:32	26:48	
RBHSC	5:22	5:56	10:43	13:10	2:58	3:53	7:09	8:41	
Antrim Area	9:24	11:10	50:01	70:55	3:32	3:54	13:46	17:20	
Causeway	7:17	14:05	23:02	49:51	2:51	3:29	7:33	12:18	
Ulster	13:23	14:54	34:18	50:20	3:19	3:54	9:41	10:53	
Craigavon Area	14:25	18:53	46:27	53:54	3:55	4:36	13:21	16:21	
Daisy Hill	11:00	15:42	29:41	50:38	3:08	3:36	9:02	10:32	
Altnagelvin Area	13:00	19:58	33:38	45:53	4:17	5:24	12:17	17:25	
South West Acute	8:37	12:23	38:40	46:57	3:30	3:49	14:27	16:16	
Type 1	10:55	14:09	36:49	51:50	3:35	4:08	11:50	14:42	
Type 2	4:58	5:26	9:39	10:15	1:45	1:58	5:19	5:35	
Type 3	2:19	5:03	27:01	5:03	0:38	0:38	2:01	2:10	
Northern Ireland	10:46	13:48	36:41	51:44	3:13	3:43	11:03	13:41	

- The median time patients who were admitted to hospital spent in a Type 1 ED was 14 hours 9 minutes in December 2022, 3 hours 14 minutes more than the same month last year (10 hours 55 minutes) (Table 10, Table 11G).
- The median time patients discharged home (not admitted) spent in a Type 1 ED was 4 hours 8 minutes in December 2022, 33 minutes more than the time taken during the same month last year (3 hours 35 minutes) (Table 10, Table 11H).
- 95 percent of patients were admitted to hospital within 51 hours 50 minutes at Type 1 EDs in December 2022, 15 hours 1 minute more than in December 2021 (36 hours 49 minutes) (Table 10, Table 11G).
- In December 2022, 95 percent of attendances at Type 1 EDs were discharged home within 14 hours 42 minutes of their arrival, 2 hours 52 minutes more than the time taken in December 2021 (11 hours 50 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

Appendices



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

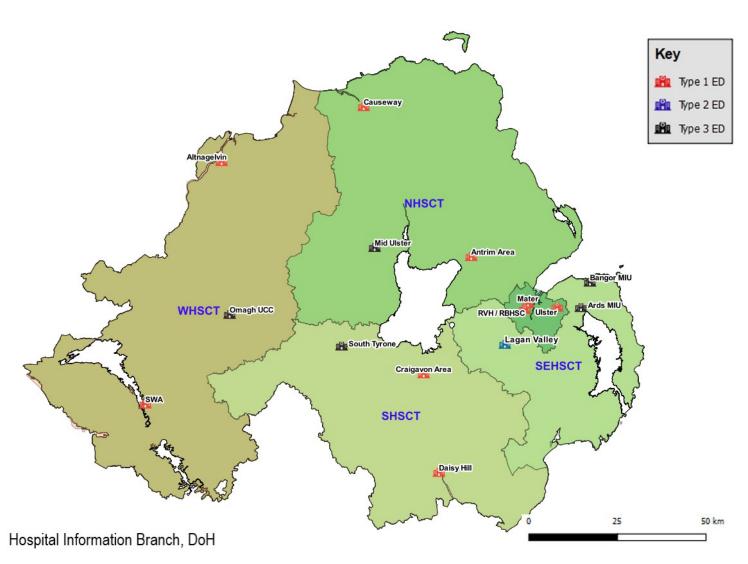
There are three separate categories of emergency care facility included in this publication:

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



Current Categorisation of Emergency departments 19

	Type 1	Type 2	Type 3
HSC Trust	(24-hour assess)	(Limited opening hours)	(Minor Injuries Unit, MIU)
	Belfast City		
	(Closed)		
Belfast	Mater	RVH (Eye Casualty) ²⁰	
	Royal Victoria		
	Royal Belfast		
	Hospital for Sick Children (RBHSC)		
	Antrim Area		Whiteabbey ²¹
Northern	Anum Alea		(Closed)
	Causeway		Mid Ulster
South Eastern	Ulster	Lagan Valley	Ards MIU
		Downe ²²	Bangor MIU ²³
		(Currently operating as an Urgent Care Centre)	(Closed)
	Craigavon Area		South Tyrone
	Daiov Hill ²⁴		Armagh Community ²⁵
Southern	Daisy Hill ²⁴		(Closed)
			Craigavon Respiratory ED (Covid-19) ²⁶
			Craigavon Paediatric ED ²⁷
	Althogolyin Aroo		Tyrone County
Western	Altnagelvin Area		(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.

 $^{^{\}rm 27}$ Temporarily opened on $31^{\rm st}$ March 2020 and closed on $12^{\rm th}$ 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

1100 T		Phone	First		U	rgent Ca	ire Centi	re		Total Atte	endances	;		Referra	l to ED	
HSC Trust	Dec 2021	Oct 2022	Nov 2022	Dec 2022												
Belfast	-	-	-	-	1,745	1,887	1,818	1,755	1,745	1,887	1,818	1,755	12	1	4	3
Northern	2,935	1,328	1,341	1,236	-	-	-	-	2,935	1,328	1,341	1,236	260	254	321	258
South Eastern	2,291	3,170	3,096	3,143	851	1,170	1,123	1,060	3,142	4,340	4,219	4,203	299	351	318	429
Southern	3,638	4,851	4,832	4,185	83	240	240	252	3,721	5,091	5,072	4,437	1,047	1,235	1,095	1,028
Western	773	767	717	735	-	_	-	-	773	767	717	735	422	384	389	360
Northern Ireland	9,637	10,116	9,986	9,299	2,679	3,297	3,181	3,067	12,316	13,413	13,167	12,366	2,040	2,225	2,127	2,078

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: October - December 2022

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

Department		New Atte	endances			Unplanne	d Reviews			Total Atte	endances	
·	Dec 2021	Oct 2022	Nov 2022	Dec 2022	Dec 2021	Oct 2022	Nov 2022	Dec 2022	Dec 2021	Oct 2022	Nov 2022	Dec 2022
Mater	1,922	2,994	2,907	2,980	27	71	60	68	1,949	3,065	2,967	3,048
Royal Victoria	6,283	6,790	6,639	6,100	119	152	165	146	6,402	6,942	6,804	6,246
RBHSC	3,443	4,362	4,071	4,468	363	450	428	489	3,806	4,812	4,499	4,957
Antrim Area	6,856	8,050	7,312	7,706	365	411	318	416	7,221	8,461	7,630	8,122
Causeway	3,380	3,693	3,420	3,584	195	258	229	330	3,575	3,951	3,649	3,914
Ulster	7,712	8,915	8,376	8,459	329	352	326	346	8,041	9,267	8,702	8,805
Craigavon Area	5,624	6,661	6,277	6,563	535	571	525	502	6,159	7,232	6,802	7,065
Daisy Hill	3,858	4,640	4,219	4,677	281	217	211	192	4,139	4,857	4,430	4,869
Altnagelvin Area	4,939	5,315	5,109	5,129	368	382	354	343	5,307	5,697	5,463	5,472
South West Acute	2,739	3,132	2,942	3,002	229	296	230	272	2,968	3,428	3,172	3,274
Type 1	46,756	54,552	51,272	52,668	2,811	3,160	2,846	3,104	49,567	57,712	54,118	55,772
Eye Casualty	508	653	673	538	153	176	123	123	661	829	796	661
Lagan Valley	1,704	1,918	1,900	1,857	53	84	91	71	1,757	2,002	1,991	1,928
Type 2	2,212	2,571	2,573	2,395	206	260	214	194	2,418	2,831	2,787	2,589
Mid Ulster	342	590	624	453	10	16	18	7	352	606	642	460
Ards	768	1,074	995	822	0	5	3	5	768	1,079	998	827
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	1,345	1,761	1,572	1,327	17	16	22	20	1,362	1,777	1,594	1,347
Omagh	1,063	1,517	1,351	1,249	105	129	126	106	1,168	1,646	1,477	1,355
Type 3	3,518	4,942	4,542	3,851	132	166	169	138	3,650	5,108	4,711	3,989
Northern Ireland	52,486	62,065	58,387	58,914	3,149	3,586	3,229	3,436	55,635	65,651	61,616	62,350

³⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics. Emergency Care Waiting Time Statistics: October - December 2022

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

Department		4 - Hour Pe	erformance			12 - Hour P	erformance		Total Attendances			
	Dec 2021	Oct 2022	Nov 2022	Dec 2022	Dec 2021	Oct 2022	Nov 2022	Dec 2022	Dec 2021	Oct 2022	Nov 2022	Dec 2022
Mater	48.0%	48.2%	50.1%	49.8%	297	526	460	427	1,949	3,065	2,967	3,048
Royal Victoria	31.7%	26.1%	29.0%	24.6%	1,390	2,020	1,886	1,858	6,402	6,942	6,804	6,246
RBHSC	64.3%	60.3%	59.0%	49.0%	19	44	49	76	3,806	4,812	4,499	4,957
Antrim Area	48.7%	46.7%	49.4%	45.6%	959	1,256	1,163	1,209	7,221	8,461	7,630	8,122
Causeway	60.4%	52.6%	58.7%	51.3%	208	508	513	575	3,575	3,951	3,649	3,914
Ulster	47.2%	46.7%	45.7%	39.6%	1,314	1,526	1,426	1,570	8,041	9,267	8,702	8,805
Craigavon Area	40.8%	37.4%	40.0%	34.9%	1,224	1,590	1,376	1,815	6,159	7,232	6,802	7,065
Daisy Hill	52.0%	53.7%	50.9%	48.8%	496	580	538	592	4,139	4,857	4,430	4,869
Altnagelvin Area	38.7%	32.0%	34.0%	28.1%	818	1,090	977	1,174	5,307	5,697	5,463	5,472
South West Acute	49.7%	49.2%	48.5%	46.6%	386	508	458	518	2,968	3,428	3,172	3,274
Type 1	46.6%	44.0%	45.1%	40.5%	7,111	9,648	8,846	9,814	49,567	57,712	54,118	55,772
Eye Casualty	89.3%	83.8%	84.8%	84.0%	0	0	0	0	661	829	796	661
Lagan Valley	79.9%	77.8%	78.2%	77.1%	1	1	0	2	1,757	2,002	1,991	1,928
Type 2	82.4%	79.6%	80.1%	78.8%	1	1	0	2	2,418	2,831	2,787	2,589
Mid Ulster	100.0%	100.0%	100.0%	99.8%	0	0	0	0	352	606	642	460
Ards	100.0%	100.0%	100.0%	100.0%	0	0	0	0	768	1,079	998	827
Bangor	-	-	-	-	-	-	-	-	-	-	-	_
South Tyrone	99.9%	100.0%	100.0%	100.0%	0	0	0	0	1,362	1,777	1,594	1,347
Omagh	97.6%	98.1%	98.8%	98.5%	1	0	0	0	1,168	1,646	1,477	1,355
Type 3	99.2%	99.4%	33.8%	99.4%	1	0	0	0	3,650	5,108	4,711	3,989
Northern Ireland	51.6%	49.8%	50.8%	45.9%	7,113	9,649	8,846	9,816	55,635	65,651	61,616	62,350

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 Emergency Care Waiting Time Statistics: October - December 2022

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 Re	ferrals			Left Before	Treatment		Unpla	anned revie	ws Within 7	Days
·	Dec 2021	Oct 2022	Nov 2022	Dec 2022	Dec 2021	Oct 2022	Nov 2022	Dec 2022	Dec 2021	Oct 2022	Nov 2022	Dec 2022
Mater	8.4%	9.1%	10.8%	10.1%	4.3%	9.3%	8.4%	7.6%	1.0%	1.5%	1.5%	1.6%
Royal Victoria	15.2%	16.4%	16.3%	13.8%	9.1%	13.3%	9.8%	10.1%	0.9%	1.4%	1.4%	1.5%
RBHSC	10.0%	11.3%	15.6%	14.7%	7.8%	10.5%	10.3%	14.0%	5.9%	7.4%	6.5%	6.6%
Antrim Area	18.5%	31.3%	32.3%	32.2%	4.4%	5.9%	5.1%	4.5%	3.0%	3.1%	2.8%	3.3%
Causeway	14.3%	21.8%	22.0%	20.9%	3.9%	6.6%	4.7%	7.2%	3.4%	4.4%	3.8%	5.7%
Ulster	22.0%	20.2%	21.2%	21.3%	4.5%	5.3%	4.5%	6.4%	3.0%	2.5%	2.6%	2.9%
Craigavon Area	23.2%	26.0%	27.1%	25.4%	8.3%	9.9%	7.8%	10.5%	5.6%	5.7%	5.0%	4.8%
Daisy Hill	23.0%	21.9%	24.2%	22.9%	4.3%	4.5%	5.3%	6.0%	5.4%	3.5%	3.9%	3.2%
Altnagelvin Area	13.5%	11.2%	13.1%	12.6%	7.3%	9.0%	8.4%	10.6%	5.5%	5.2%	4.8%	4.5%
South West Acute	23.2%	21.9%	23.0%	20.3%	4.1%	4.4%	3.3%	4.9%	5.7%	6.9%	5.9%	6.8%
Type 1	18.0%	20.2%	21.4%	20.6%	6.0%	7.9%	6.8%	8.1%	3.9%	4.0%	3.6%	3.9%
Eye Casualty	3.0%	3.0%	2.8%	1.4%	0.2%	0.7%	0.3%	0.6%	0.3%	0.2%	0.3%	0.3%
Lagan Valley	9.3%	6.0%	5.0%	4.8%	1.5%	1.5%	0.9%	0.9%	1.9%	1.6%	2.0%	1.6%
Type 2	7.6%	5.1%	4.4%	3.9%	1.1%	1.3%	0.7%	0.8%	1.4%	1.2%	1.5%	1.3%
Mid Ulster	1.1%	0.3%	0.5%	0.9%	0.0%	0.0%	1.1%	0.0%	1.7%	1.0%	1.7%	0.2%
Ards	0.0%	0.3%	0.2%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.1%
Bangor	-	-	-	-	-	-	-	-	-	-	-	_
South Tyrone	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.7%	0.6%	0.9%	1.0%
Omagh	3.2%	2.4%	2.7%	3.0%	0.9%	1.3%	1.5%	1.3%	5.5%	5.5%	5.7%	4.4%
Type 3	1.1%	0.9%	1.0%	1.1%	0.3%	0.5%	0.6%	0.5%	2.2%	2.1%	2.3%	1.9%
Northern Ireland	16.4%	18.1%	19.1%	18.6%	5.4%	7.0%	6.0%	7.4%	3.6%	3.7%	3.4%	3.7%

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 Ref	ferrals			Left Before	Treatment		Unpla	anned revie	ws Within 7	Days
·	Dec 2021	Oct 2022	Nov 2022	Dec 2022	Dec 2021	Oct 2022	Nov 2022	Dec 2022	Dec 2021	Oct 2022	Nov 2022	Dec 2022
Mater	163	278	322	310	83	286	248	232	20	45	44	50
Royal Victoria	969	1,141	1,111	858	582	925	668	633	60	97	95	95
RBHSC	379	547	701	729	298	503	463	695	224	359	292	325
Antrim Area	1,334	2,653	2,461	2,619	317	495	392	367	219	263	215	267
Causeway	509	858	802	825	139	262	170	281	122	174	139	226
Ulster	1,769	1,874	1,843	1,881	363	491	390	564	239	234	226	259
Craigavon Area	1,426	1,890	1,834	1,792	509	718	528	742	344	410	337	340
Daisy Hill	950	1,066	1,067	1,117	179	217	235	291	221	168	170	154
Altnagelvin Area	714	641	715	695	390	511	460	578	294	297	260	247
South West Acute	692	756	730	663	123	152	106	159	169	237	188	221
Type 1	8,905	11,704	11,586	11,489	2,983	4,560	3,660	4,542	1,912	2,284	1,966	2,184
Eye Casualty	20	25	22	9	1	6	2	4	2	2	2	2
Lagan Valley	163	120	100	93	26	31	17	18	33	33	39	31
Type 2	183	145	122	102	27	37	19	22	35	35	41	33
Mid Ulster	4	2	3	4	0	0	7	0	6	6	11	1
Ards	0	3	2	0	0	0	1	0	0	1	0	1
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	0	0	0	0	0	2	0	1	9	10	15	14
Omagh	37	39	40	41	10	21	22	18	64	90	84	60
Type 3	41	44	45	45	10	23	30	19	79	107	110	76
Northern Ireland	9,129	11,893	11,753	11,636	3,020	4,620	3,709	4,583	2,026	2,426	2,117	2,293

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		Med	dian			95th Pe	rcentile	
	Dec 2021	Oct 2022	Nov 2022	Dec 2022	Dec 2021	Oct 2022	Nov 2022	Dec 2022
Mater	0:13	0:16	0:15	0:13	1:10	1:10	0:57	1:01
Royal Victoria	0:18	0:21	0:12	0:14	1:38	1:51	1:11	1:12
RBHSC	0:11	0:17	0:16	0:19	0:43	1:04	1:08	1:25
Antrim Area	0:13	0:16	0:14	0:16	0:38	0:45	0:41	0:47
Causeway	0:12	0:15	0:12	0:17	0:35	0:55	0:38	0:59
Ulster	0:12	0:13	0:15	0:20	1:09	1:53	1:53	2:35
Craigavon Area	0:14	0:15	0:12	0:17	1:54	2:14	1:33	2:27
Daisy Hill	0:10	0:09	0:09	0:11	0:52	0:42	0:44	0:55
Altnagelvin Area	0:17	0:17	0:20	0:24	0:59	1:12	1:20	1:28
South West Acute	0:16	0:17	0:16	0:21	1:07	1:07	1:03	1:23
Type 1	0:13	0:15	0:14	0:17	1:08	1:20	1:07	1:25
Eye Casualty	0:08	0:11	0:10	0:12	0:35	0:46	0:42	0:51
Lagan Valley	0:05	0:06	0:05	0:06	0:15	0:17	0:14	0:17
Type 2	0:05	0:07	0:06	0:06	0:23	0:29	0:27	0:31
Mid Ulster	0:06	0:08	0:08	0:06	0:24	0:36	0:31	0:31
Ards	0:02	0:02	0:02	0:02	0:12	0:10	0:11	0:13
Bangor	_	_	_	_	-	_	_	-
South Tyrone	0:01	0:01	0:01	0:01	0:07	0:07	0:06	0:08
Omagh	0:08	0:09	0:08	0:08	0:35	0:38	0:30	0:30
Type 3	0:03	0:03	0:03	0:03	0:22	0:25	0:22	0:23
Northern Ireland	0:12	0:13	0:12	0:15	1:04	1:15	1:03	1:21

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		Med	dian			95th Pe	rcentile	
·	Dec 2021	Oct 2022	Nov 2022	Dec 2022	Dec 2021	Oct 2022	Nov 2022	Dec 2022
Mater	0:47	1:12	1:11	1:14	3:56	6:15	6:21	6:22
Royal Victoria	1:31	2:37	2:23	2:21	7:55	10:56	9:16	9:02
RBHSC	1:11	1:26	1:23	1:48	4:17	4:48	4:51	5:48
Antrim Area	1:28	2:01	1:31	1:43	5:45	7:16	6:37	6:12
Causeway	0:49	1:32	1:00	1:22	3:42	5:24	4:12	5:42
Ulster	0:59	1:11	1:09	1:26	5:17	5:26	4:58	6:08
Craigavon Area	1:41	2:00	1:43	2:11	8:45	10:08	9:36	11:20
Daisy Hill	0:59	1:01	1:03	1:13	4:29	4:59	5:19	5:55
Altnagelvin Area	1:33	1:56	1:45	2:13	5:49	6:59	6:24	7:19
South West Acute	0:42	0:42	0:45	0:45	4:13	4:09	3:41	4:33
Type 1	1:12	1:32	1:23	1:38	5:54	7:12	6:36	7:16
Lagan Valley	0:23	0:31	0:25	0:29	1:33	1:44	1:32	1:58
Type 2	0:23	0:31	0:25	0:29	1:33	1:44	1:32	1:58
Mid Ulster	0:00	0:02	0:04	0:03	0:19	0:42	0:44	0:36
Ards	0:08	0:07	0:06	0:07	0:31	0:28	0:27	0:29
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:00	0:01	0:00	0:01	0:12	0:14	0:12	0:18
Omagh	0:13	0:15	0:13	0:15	2:13	1:50	1:22	1:56
Type 3	0:04	0:05	0:04	0:06	0:56	1:07	0:52	1:06
Northern Ireland	1:02	1:17	1:09	1:25	5:40	6:49	6:19	7:00

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

						0511		
Department			dian				rcentile	
	Dec 2021	Oct 2022	Nov 2022	Dec 2022	Dec 2021	Oct 2022	Nov 2022	Dec 2022
Mater	11:21	20:49	16:06	14:03	41:11	54:26	41:08	45:08
Royal Victoria	11:51	18:13	16:12	13:48	37:07	60:35	54:48	59:01
RBHSC	5:22	5:06	5:35	5:56	10:43	11:27	12:37	13:10
Antrim Area	9:24	10:46	11:12	11:10	50:01	68:32	70:06	70:55
Causeway	7:17	14:03	14:00	14:05	23:02	50:19	46:59	49:51
Ulster	13:23	14:43	14:26	14:54	34:18	44:06	48:00	50:20
Craigavon Area	14:25	17:20	15:30	18:53	46:27	51:23	48:28	53:54
Daisy Hill	11:00	16:45	16:51	15:42	29:41	40:59	44:23	50:38
Altnagelvin Area	13:00	17:38	14:45	19:58	33:38	44:45	37:50	45:53
South West Acute	8:37	10:32	10:12	12:23	38:40	40:29	44:22	46:57
Type 1	10:55	14:30	13:32	14:09	36:49	50:38	49:08	51:50
Eye Casualty	3:45	4:16	4:00	5:06	5:17	6:41	5:56	7:34
Lagan Valley	5:07	5:49	4:58	5:28	9:44	9:30	5:56	10:15
Type 2	4:58	5:49	4:55	5:26	9:39	9:30	9:11	10:15
Mid Ulster	-	-	-	-	-	-	-	-
Ards	-	-	-	-	-	-	-	-
Bangor	-	-	-	-	-	-	-	-
South Tyrone	-	-	-	-	-	-	-	-
Omagh	2:19	2:34	3:41	5:03	27:01	6:54	4:57	5:03
Type 3	2:19	2:34	3:41	5:03	27:01	6:54	4:57	5:03
Northern Ireland	10:46	14:09	13:15	13:48	36:41	50:33	48:56	51:44

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.

A3 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. Emergency Care Waiting Time Statistics: October - December 2022

Table 11H: Time Spent in an Emergency department by those Discharged Home⁴⁴ 45

Department		Med	dian			95th Pe	rcentile	
	Dec 2021	Oct 2022	Nov 2022	Dec 2022	Dec 2021	Oct 2022	Nov 2022	Dec 2022
Mater	3:15	3:34	3:23	3:21	10:10	14:51	13:39	11:57
Royal Victoria	5:04	6:31	5:45	6:22	18:32	23:57	24:51	26:48
RBHSC	2:58	3:16	3:16	3:53	7:09	7:23	7:35	8:41
Antrim Area	3:32	3:49	3:36	3:54	13:46	16:41	18:27	17:20
Causeway	2:51	3:19	3:00	3:29	7:33	11:57	10:44	12:18
Ulster	3:19	3:25	3:28	3:54	9:41	10:18	9:44	10:53
Craigavon Area	3:55	4:27	4:00	4:36	13:21	14:35	13:50	16:21
Daisy Hill	3:08	3:13	3:24	3:36	9:02	9:35	9:42	10:32
Altnagelvin Area	4:17	4:58	4:40	5:24	12:17	15:27	14:56	17:25
South West Acute	3:30	3:32	3:37	3:49	14:27	15:59	16:15	16:16
Type 1	3:35	3:53	3:46	4:08	11:50	14:20	13:54	14:42
Eye Casualty	2:05	2:19	2:19	2:18	4:49	5:56	5:44	5:26
Lagan Valley	1:33	1:47	1:38	1:49	5:28	6:04	5:49	5:39
Type 2	1:45	1:59	1:52	1:58	5:19	6:00	5:49	5:35
Mid Ulster	0:45	0:38	0:47	0:40	2:01	2:11	2:31	2:02
Ards	0:46	0:43	0:41	0:43	1:31	1:20	1:16	1:25
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:29	0:30	0:28	0:29	1:08	1:08	1:05	1:12
Omagh	0:51	0:58	0:53	0:51	3:16	3:05	2:42	2:53
Type 3	0:38	0:39	0:38	0:38	2:01	2:12	2:06	2:10
Northern Ireland	3:13	3:23	3:18	3:43	11:03	13:17	12:45	13:41

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 11I: Average Number of Attendances by Day of Week⁴⁶

Day of Week	Dec 2021	Oct 2022	Nov 2022	Dec 2022
Monday	2,147.0	2,491.2	2,435.5	2,364.5
Tuesday	1,948.5	2,328.3	2,164.0	2,229.0
Wednesday	1,853.2	2,216.8	2,122.4	2,163.3
Thursday	1,819.0	2,186.5	2,080.3	2,022.2
Friday	1,717.8	2,146.8	2,076.5	1,986.6
Saturday	1,407.8	1,749.2	1,646.3	1,641.8
Sunday	1,646.3	1,808.0	1,790.5	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

Barranton		Under 4	Hours		E	Between 4 a	nd 12 Hours	\$		Over 1	2 Hours	
Department	Dec 2021	Oct 2022	Nov 2022	Dec 2022	Dec 2021	Oct 2022	Nov 2022	Dec 2022	Dec 2021	Oct 2022	Nov 2022	Dec 2022
Mater	935	1,478	1,487	1,519	717	1,061	1,020	1,102	297	526	460	427
Royal Victoria	2,031	1,811	1,976	1,535	2,981	3,111	2,942	2,853	1,390	2,020	1,886	1,858
RBHSC	2,447	2,904	2,656	2,430	1,340	1,864	1,794	2,451	19	44	49	76
Antrim Area	3,514	3,953	3,770	3,705	2,748	3,252	2,697	3,208	959	1,256	1,163	1,209
Causeway	2,158	2,080	2,143	2,006	1,209	1,363	993	1,333	208	508	513	575
Ulster	3,798	4,327	3,978	3,485	2,929	3,414	3,298	3,750	1,314	1,526	1,426	1,570
Craigavon Area	2,512	2,704	2,720	2,465	2,423	2,938	2,706	2,785	1,224	1,590	1,376	1,815
Daisy Hill	2,153	2,610	2,253	2,374	1,490	1,667	1,639	1,903	496	580	538	592
Altnagelvin Area	2,054	1,824	1,860	1,536	2,435	2,783	2,626	2,762	818	1,090	977	1,174
South West Acute	1,474	1,686	1,539	1,526	1,108	1,234	1,175	1,230	386	508	458	518
Type 1	23,076	25,377	24,382	22,581	19,380	22,687	20,890	23,377	7,111	9,648	8,846	9,814
Eye Casualty	590	695	675	555	71	134	121	106	0	0	0	0
Lagan Valley	1,403	1,558	1,556	1,486	353	443	435	440	1	1	0	2
Type 2	1,993	2,253	2,231	2,041	424	577	556	546	1	1	0	2
Mid Ulster	352	606	642	459	0	0	0	1	0	0	0	0
Ards	768	1,079	998	827	0	0	0	0	0	0	0	0
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	1,361	1,777	1,594	1,347	1	0	0	0	0	0	0	0
Omagh	1,140	1,614	1,459	1,334	27	32	18	21	1	0	0	0
Type 3	3,621	5,076	4,693	3,967	28	32	18	22	1	0	0	0
Northern Ireland	28,690	32,706	31,306	28,589	19,832	23,296	21,464	23,945	7,113	9,649	8,846	9,816

⁴⁷ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics. Emergency Care Waiting Time Statistics: October - December 2022

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

Department	% Commenced Treatment, Following Triage, within 2 Hours							
	Dec 2021	Oct 2022	Nov 2022	Dec 2022				
Mater	78.1%	68.1%	67.1%	65.6%				
Royal Victoria	58.5%	41.8%	44.3%	44.4%				
RBHSC	70.6%	62.9%	64.9%	54.2%				
Antrim Area	62.0%	49.3%	60.0%	56.2%				
Causeway	79.7%	59.0%	74.5%	62.7%				
Ulster	74.0%	67.8%	70.4%	62.2%				
Craigavon Area	56.2%	49.7%	54.3%	47.4%				
Daisy Hill	75.5%	72.4%	72.3%	68.3%				
Altnagelvin Area	58.6%	51.4%	54.4%	46.2%				
South West Acute	79.4%	78.6%	77.4%	77.5%				
Type 1	67.3%	58.7%	62.6%	57.0%				
Lagan Valley	96.7%	97.3%	98.1%	95.2%				
Type 2	96.7%	97.3%	98.1%	95.2%				
Mid Ulster	100.0%	100.0%	100.0%	100.0%				
Ards	100.0%	99.9%	100.0%	100.0%				
Bangor	-	-	-	-				
South Tyrone	100.0%	100.0%	100.0%	100.0%				
Omagh	94.0%	95.9%	97.9%	95.3%				
Type 3	98.0%	98.5%	99.3%	98.3%				
Northern Ireland	70.3%	63.2%	66.7%	60.9%				

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 Triaged in each Triage Group⁵⁰ ⁵¹

Department _	Triaged Level (1/2)					Triaged Level (3)			Triaged Level (4/5)			
	Dec 2021	Oct 2022	Nov 2022	Dec 2022	Dec 2021	Oct 2022	Nov 2022	Dec 2022	Dec 2021	Oct 2022	Nov 2022	Dec 2022
Mater	24.4%	22.1%	22.0%	20.8%	47.8%	48.6%	49.7%	48.0%	27.7%	29.3%	28.3%	31.2%
Royal Victoria	28.7%	30.0%	30.8%	35.2%	51.2%	49.1%	49.9%	48.5%	20.1%	20.9%	19.3%	16.3%
RBHSC	18.2%	20.3%	20.8%	19.1%	27.5%	29.2%	31.2%	31.4%	54.3%	50.5%	48.1%	49.4%
Antrim Area	17.7%	17.3%	17.4%	17.7%	55.1%	54.4%	55.9%	57.5%	27.1%	28.3%	26.7%	24.7%
Causeway	21.5%	21.9%	22.0%	24.2%	56.7%	55.6%	54.8%	53.2%	21.8%	22.6%	23.2%	22.6%
Ulster	28.3%	26.3%	28.3%	30.4%	44.6%	42.2%	42.4%	42.6%	27.1%	31.5%	29.3%	27.1%
Craigavon Area	39.1%	36.2%	36.8%	39.4%	36.0%	39.2%	38.4%	39.7%	24.9%	24.6%	24.9%	20.9%
Daisy Hill	33.5%	32.8%	35.7%	34.5%	42.5%	45.7%	43.5%	47.2%	24.0%	21.5%	20.7%	18.3%
Altnagelvin Area	34.1%	38.4%	38.8%	40.3%	38.2%	34.6%	35.8%	36.0%	27.7%	27.0%	25.4%	23.7%
South West Acute	22.1%	20.3%	21.6%	23.1%	45.2%	45.6%	48.0%	49.5%	32.7%	34.0%	30.4%	27.4%
Type 1	27.7%	27.3%	28.3%	29.4%	44.5%	44.0%	44.5%	45.0%	27.9%	28.7%	27.2%	25.6%
Eye Casualty	2.9%	3.3%	2.9%	2.7%	22.4%	21.1%	16.7%	19.2%	74.7%	75.6%	80.4%	78.1%
Lagan Valley	4.4%	5.8%	6.6%	8.0%	25.9%	24.8%	24.9%	25.3%	69.7%	69.4%	68.4%	66.7%
Type 2	4.0%	5.1%	5.6%	6.6%	24.9%	23.7%	22.6%	23.8%	71.1%	71.2%	71.9%	69.6%
Mid Ulster	2.3%	0.7%	2.1%	0.0%	29.5%	20.1%	27.1%	31.6%	68.2%	79.2%	70.7%	68.4%
Ards	0.0%	0.3%	0.2%	0.0%	0.3%	0.2%	0.2%	0.1%	99.7%	99.5%	99.6%	99.9%
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	0.5%	0.1%	0.3%	0.4%	1.1%	1.0%	0.9%	1.3%	98.4%	98.9%	98.8%	98.3%
Omagh	1.1%	1.1%	1.1%	1.5%	3.3%	4.3%	4.3%	4.4%	95.6%	94.6%	94.7%	94.1%
Туре 3	0.6%	0.5%	0.6%	0.7%	2.0%	2.6%	2.8%	3.0%	97.4%	96.9%	96.6%	96.3%
Northern Ireland	25.0%	24.4%	25.3%	26.7%	41.0%	40.1%	40.6%	41.6%	34.0%	35.6%	34.1%	31.6%

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. Emergency Care Waiting Time Statistics: October - December 2022

Appendix 5: Further Information

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

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

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