

INFORMATION
ANALYSIS
DIRECTORATE



Urgent & Emergency Care Waiting Time Statistics for Northern Ireland (July – September 2023)

Published 31 October 2023



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: 31 October 2023

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

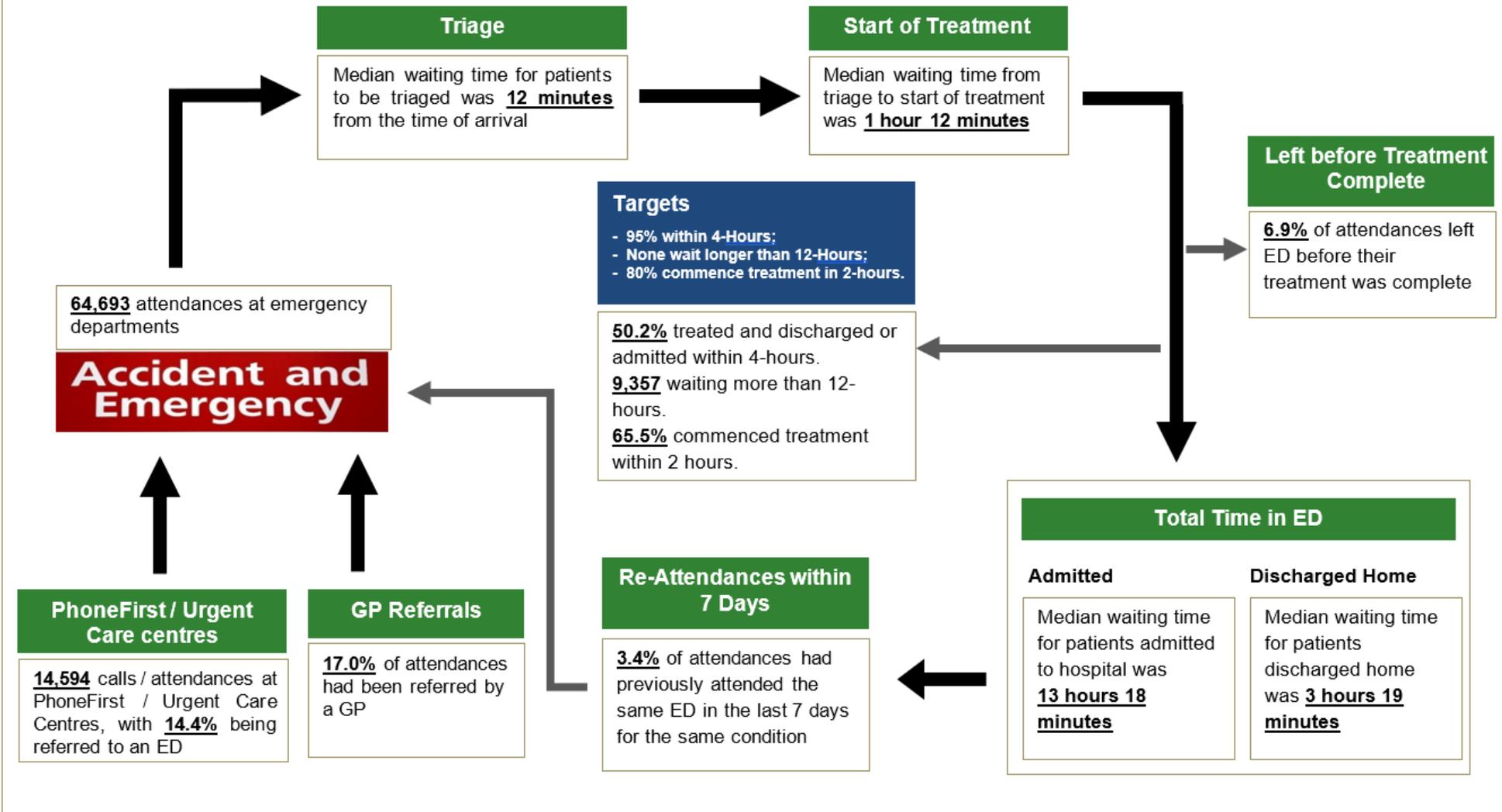
Copyright: This publication is Crown copyright and may be reproduced free of charge in any format or medium. Any material used must be acknowledged, and the title of the publication specified.

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?	16
How Many Patients Re-attend the Same ED within a Week?	17
How Long Do Patients Spend in ED?	18
Emergency Care Waiting Times Targets	18
How are EDs Performing?	19
Time Spent in Emergency Department from Arrival to Triage	21
Time from Triage to Start of Treatment	23
Time from Arrival to Start of Treatment at Type 1 EDs	24
Do Patients Admitted Spend Longer in ED than Those Discharged Home?	25
How Long did Patients Admitted to Hospital / Discharged Home Spend in an ED?	26
Technical Notes	27
Appendices	29
Appendix 1: Hospital Information Branch (HIB)	29
Appendix 2: Emergency departments and Opening Hours	30
Current Categorisation of Emergency departments	31
Appendix 3: General Guidance on using the Data	32
Appendix 4: Additional Tables	33
Appendix 5: Further Information	46

SUMMARY OF KEY FACTS (September 2023)



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 2023.

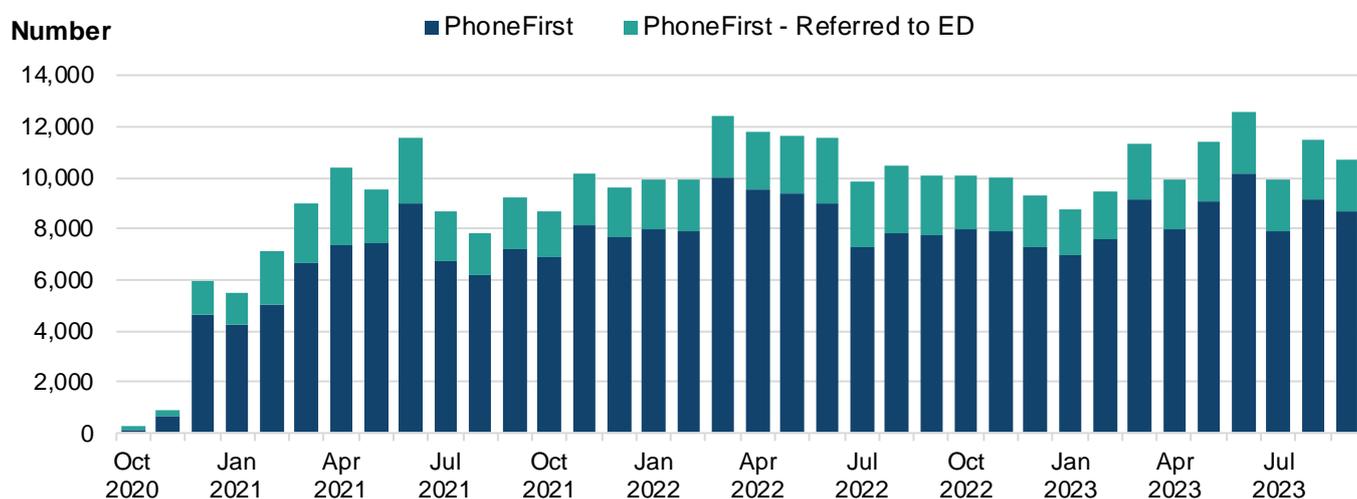
Activity	Jul 2023	Aug 2023	Sep 2023
PhoneFirst	9,954	11,514	10,698
Urgent Care Centre	3,300	3,877	3,896
Total Calls / Attendances	13,254	15,391	14,594
Number Referred to ED	2,081	2,407	2,105
<i>% Referred to ED</i>	<i>15.7%</i>	<i>15.6%</i>	<i>14.4%</i>

Source: Health and Social Care Trusts

- In September 2023, 14,594 calls / attendances were received by PhoneFirst and Urgent Care Centre services, from patients who may previously have attended an ED. A total of 2,105 (14.4%) resulted in an attendance at an ED, whilst 12,489 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 2023.



Source: Health and Social Care Trusts

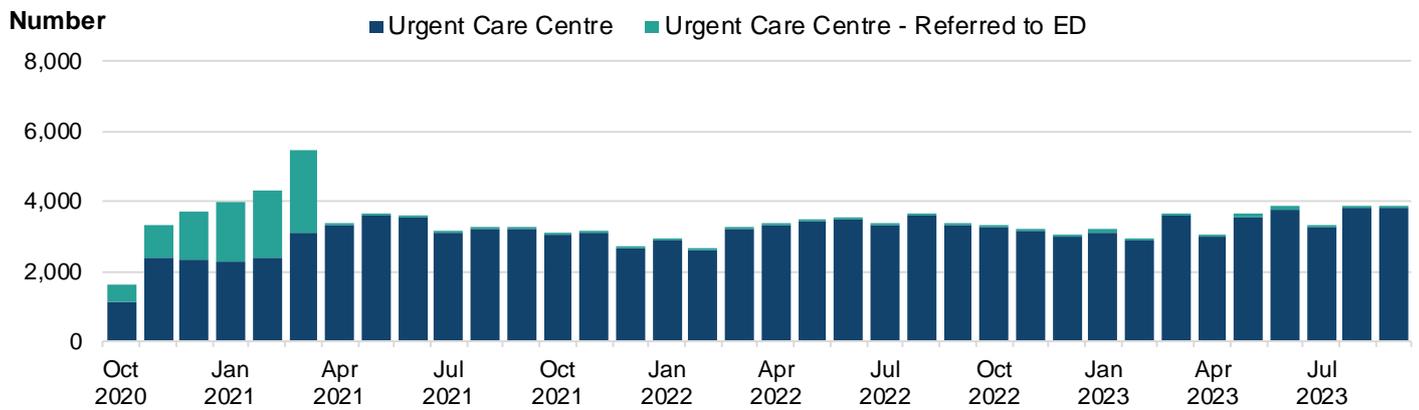
The highest number of PhoneFirst calls were received in June 2023 (12,587), with the highest number of referrals to ED from PhoneFirst in April 2021 (3,087) (Figure 1, Table 1 & 11A).

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 2023.



Source: Health and Social Care Trusts

- The highest number of attendances at Urgent Care Centres was in March 2021 (5,441), with the highest number of referrals to ED from Urgent Care Centres also in March 2021 (2,333) (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 2023, compared with the same month last year.

Measure	September 2022	September 2023	Change (number)	Change (%)
1. PhoneFirst / Urgent Care Centre (Referred to an ED)	2,352	2,105	-247	-10.5%
2. PhoneFirst / Urgent Care Centre (NOT Referred to an ED)	11,105	12,489	1,384	12.5%
3. Total PhoneFirst / Urgent Care Centre Measure 1 + Measure 2	13,457	14,594	1,137	8.4%
4. New ED Attendances	59,523	61,359	1,836	3.1%
5. Unplanned Review Attendances	3,318	3,334	16	0.5%
6. Attendances at EDs Measure 4 + Measure 5	62,841	64,693	1,852	2.9%
7. Attendances at EDs / PhoneFirst / Urgent Care Measure 2 + Measure 4 + Measure 5	73,946	77,182	3,236	4.4%
8. Number of ED Attendances Admitted to Hospital	11,156	11,645	489	4.4%
9. % ED Attendances Admitted to Hospital Measure 8 / Measure 6	17.8%	18.0%		-0.2%

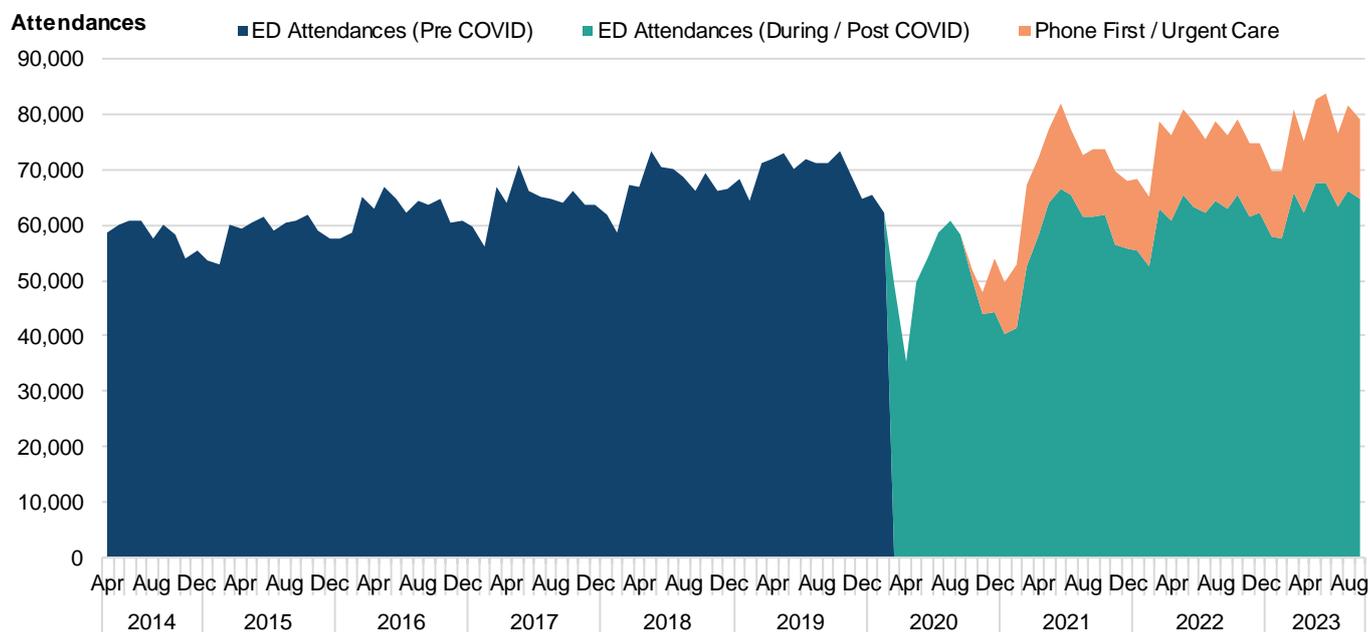
Source: Regional Data Warehouse / Health and Social Care Trusts

- During September 2023, 77,182 patients attended urgent and emergency care services, of which 64,693 attended an ED, and 12,489 attended PhoneFirst / Urgent Care Centre services (Table 2, 11A & 11B).
- The number of patients attending urgent and emergency care services increased by 3,236 (4.4%) in September 2023 when compared with September 2022. Of these additional attendances / calls at urgent and emergency care services 57.2% (1,852) related to ED attendances (Table 2, 11A & 11B).
- During the quarter ending September 2023, 230,920 patients attended urgent and emergency care services, 3.6% (8,060) more than the same quarter in 2022 (222,860). Of which, 194,274 (84.1%) attended an ED and 36,646 (15.9%) attended PhoneFirst / Urgent Care Centres (Table 2, 11A & 11B).

Emergency Care Attendances Since April 2014

Figure 3: Urgent and Emergency Care Attendances

The number attending urgent and emergency care services include (i) attendances at EDs, and (ii) calls to PhoneFirst / attendances at Urgent Care Centres each month, from April 2014 to September 2023⁴.



Source: Regional Data Warehouse

- Between April 2014 and September 2023, the highest number of patients attending urgent and emergency care was in June 2023 (83,977), with 67,536 (80.4%) attending an ED and 16,441 (19.6%) attending PhoneFirst / Urgent Care Centres (Table 2, Table 11A).
- The number of patients attending urgent care services (PhoneFirst / Urgent Care Centre) in July, August and September 2023 when compared with the same month of the previous year are detailed in Table 2 and Table 11A, with figures for emergency care during each of the last three months detailed on page 11.
 - During July 2023, there were 13,254 PhoneFirst calls / Urgent Care Centre attendances, 0.1% (7) more than July 2022 (13,247); and,
 - During August 2023, there were 15,391 PhoneFirst calls / Urgent Care Centre attendances, 8.8% (1,245) more than August 2022 (14,146); and,
 - During September 2023, there were 14,594 PhoneFirst calls / Urgent Care Centre attendances, 8.4% (1,137) more than September 2022 (13,457).

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 ED and Emergency Admissions to Hospital

The number attending an emergency department and the number of emergency admissions to hospital⁵ from an ED during September 2023, compared with the same month last year.

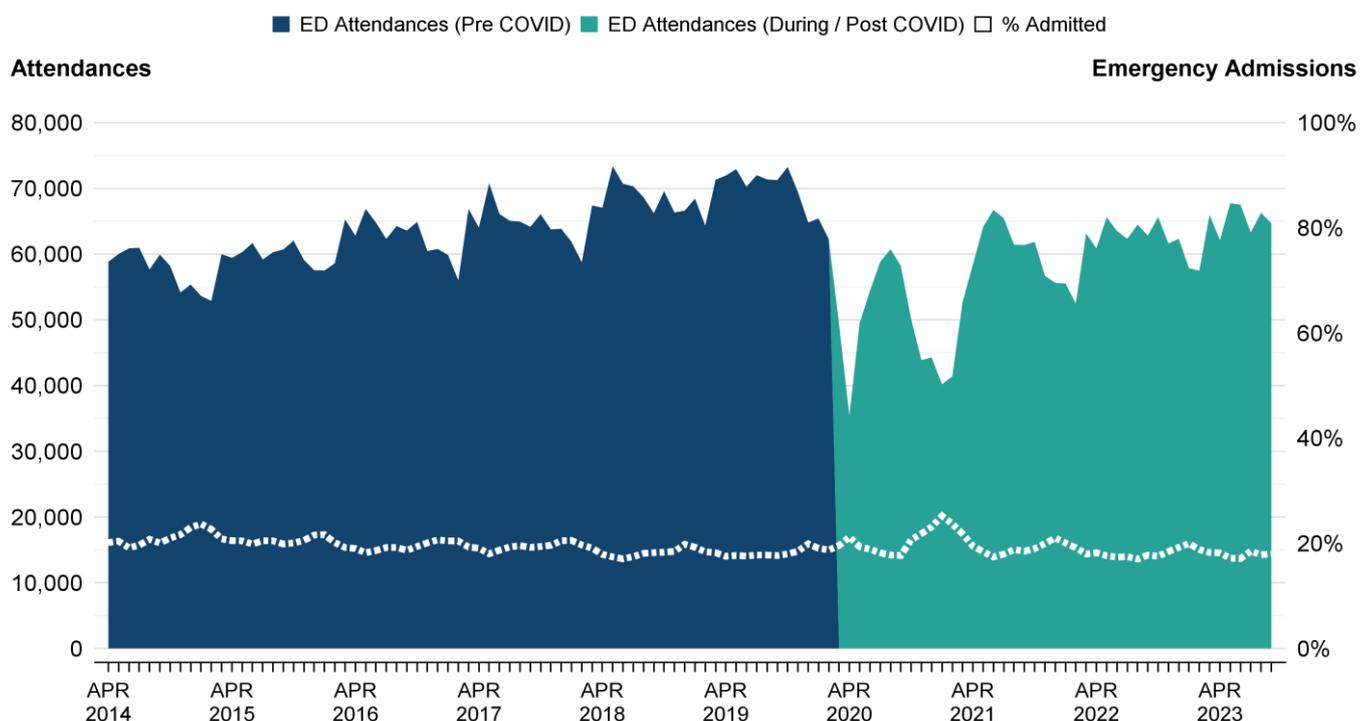
Measure	September 2022	September 2023	Change (Number)	Change (%)
1. Attendances at EDs	62,841	64,693	1,852	2.9%
2. Admissions to Hospital from ED	11,156	11,645	489	4.4%
3. % Admissions to Hospital from ED <i>Measure 2 / Measure 1</i>	17.8%	18.0%	-	-

Source: Regional Data Warehouse

- The number of emergency admissions to hospital from an ED increased by 4.4% (489) between September 2022 (11,156) and September 2023 (11,645) (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 2023.



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 nine years, the percentage of ED attendances admitted to hospital was generally highest in December and January and lowest during May and June (Figure 4). It should be noted that the number of attendances was impacted by the COVID-19 pandemic, particularly during 2020. The full impact of this is still being assessed.
- ED Attendances during July, August and September 2023 increased when compared with the same month of the previous year (Figure 4, Table 11B).
 - During July 2023, there were 63,298 attendances at EDs, 1.5% (963) more than July 2022 (62,335);
 - During August 2023, there were 66,283 attendances at EDs, 2.8% (1,790) more than August 2022 (64,493); and,
 - During September 2023, there were 64,693 attendances at EDs, 2.9% (1,852) more than September 2022 (62,841).

Emergency Care Activity

Which ED Did People Attend?

Table 4: Attendances at EDs

The number of new, unplanned review and total attendances at each Type 1 ED and ED Type during September 2023 and the same month last year.

Department	New		Unplanned Review		Total	
	Sep 2022	Sep 2023	Sep 2022	Sep 2023	Sep 2022	Sep 2023
Mater	2,934	3,610	65	91	2,999	3,701
Royal Victoria	6,667	8,349	161	178	6,828	8,527
RBHSC	3,656	3,336	350	252	4,006	3,588
Antrim Area	7,584	7,874	406	453	7,990	8,327
Causeway	3,750	3,797	228	322	3,978	4,119
Ulster	8,458	7,687	342	288	8,800	7,975
Craigavon Area	6,270	6,018	536	504	6,806	6,522
Daisy Hill	4,321	4,079	199	299	4,520	4,378
Altnagelvin Area	5,230	5,160	356	322	5,586	5,482
South West Acute	2,947	2,912	255	272	3,202	3,184
Type 1	51,817	52,822	2,898	2,981	54,715	55,803
Type 2	2,553	2,288	229	107	2,782	2,395
Type 3	5,153	6,249	191	246	5,344	6,495
Northern Ireland	59,523	61,359	3,318	3,334	62,841	64,693

Source: Regional Data Warehouse

- Between September 2022 and September 2023, attendances at Type 1 and Type 3 EDs increased, whilst attendances at Type 2 EDs decreased (Table 4, Table 11B).
- The Royal Victoria was the busiest ED during September 2023 (8,527), whilst the Ulster was the busiest ED in September 2022 (8,800) (Table 4, Table 11B).
- Four of the ten Type 1 EDs reported an increase in attendances during September 2023 when compared with September 2022, with the largest increase in attendances reported at the Royal Victoria (1,699, 24.9%) (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: Breakdown of Attendances by Triage Group

The percentage of patients assigned a Manchester Triage Score at each Type 1 ED and ED Type during September 2023 and the same month last year^{7,8}.

Department	Level 1 / 2		Level 3		Level 4 / 5	
	Sep 2022	Sep 2023	Sep 2022	Sep 2023	Sep 2022	Sep 2023
Mater	21.1%	16.9%	47.5%	48.0%	31.5%	35.1%
Royal Victoria	29.3%	27.4%	47.7%	44.5%	23.0%	28.2%
RBHSC	21.8%	17.3%	27.6%	26.2%	50.6%	56.5%
Antrim Area	16.1%	17.3%	54.1%	52.9%	29.8%	29.8%
Causeway	20.6%	19.0%	53.4%	48.4%	26.0%	32.6%
Ulster	25.0%	28.3%	40.8%	43.8%	34.2%	27.9%
Craigavon Area	35.7%	34.4%	37.5%	39.2%	26.8%	26.4%
Daisy Hill	31.1%	35.3%	45.6%	42.3%	23.3%	22.4%
Altnagelvin Area	36.0%	32.8%	34.1%	36.3%	30.0%	30.9%
South West Acute	18.7%	20.1%	46.1%	43.8%	35.1%	36.1%
Type 1	26.4%	25.9%	43.1%	43.1%	30.5%	31.0%
Type 2	6.1%	4.5%	22.4%	22.8%	71.5%	72.7%
Type 3	0.5%	0.9%	1.9%	9.3%	97.5%	89.8%
Northern Ireland	23.4%	22.6%	38.9%	39.0%	37.7%	38.4%

Source: Regional Data Warehouse

- Over two thirds (69.0%) of attendances at Type 1 departments in September 2023 were triaged as level 1 / 2 or 3, compared with 69.5% in September 2022 (Table 5, Table 11L).
- More than a fifth (22.6%) of patients were triaged as level 1 / 2 in September 2023, less than in July (23.6%) and August 2023 (23.1%), and less than in September 2022 (23.4%) (Table 11L).
- During September 2023, over a third (35.3%) of patients attending Daisy Hill were triaged at level 1 / 2, compared with 16.9% of those attending the Mater (Table 5, Table 11L).

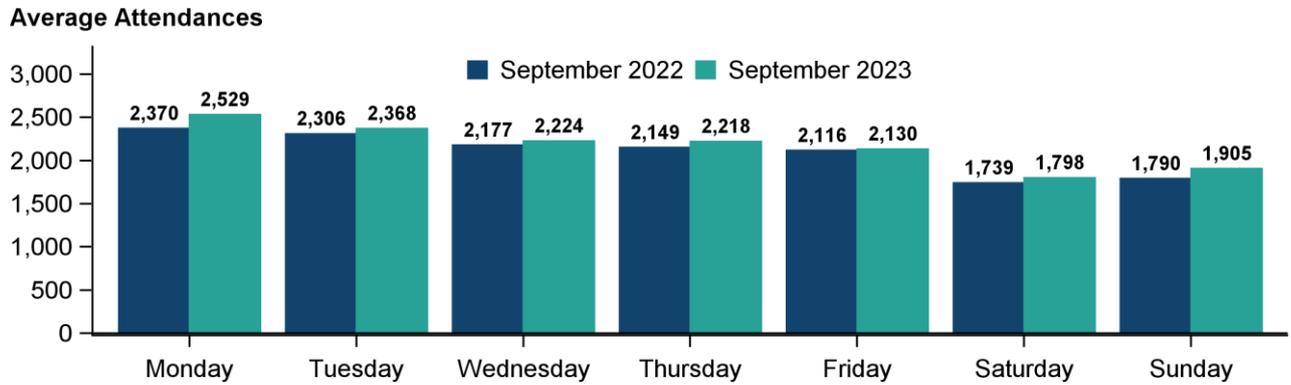
⁶ Data are not National Statistics, but are published to provide users with a comprehensive view of ED activity and time spent in ED.

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 EDs by Day of the Week

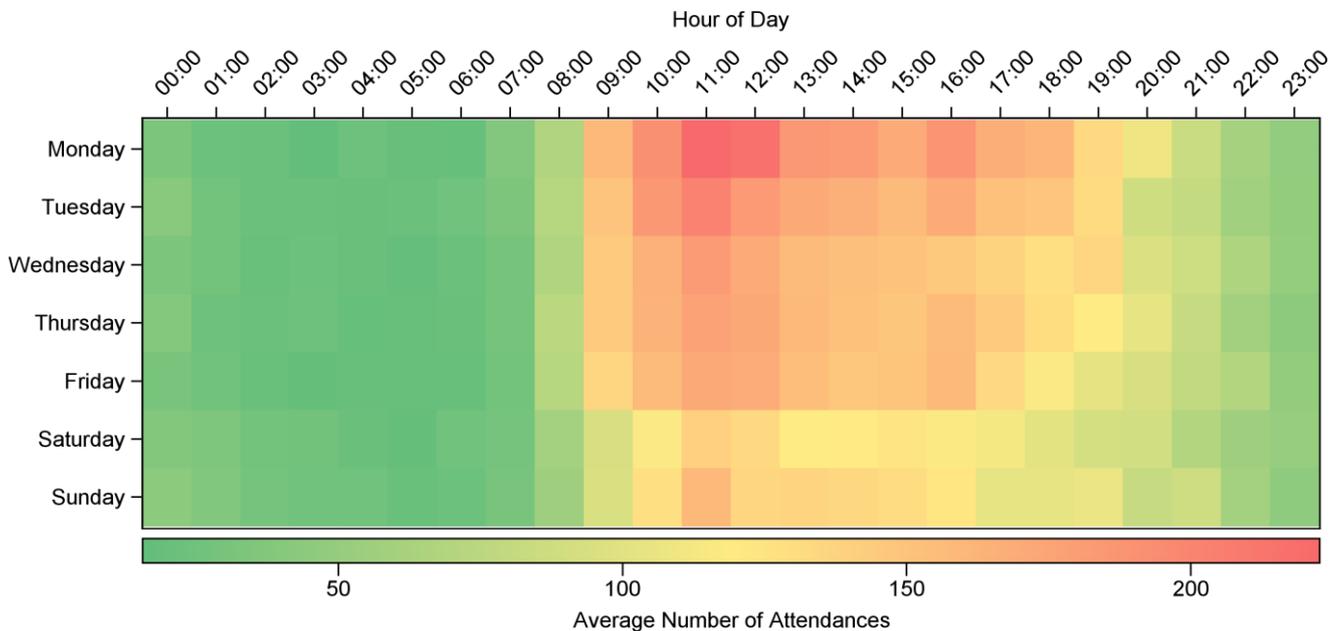
The average number of new and unplanned review attendances at EDs by day of the week during September 2023, compared with the same month last year⁸.



Source: Regional Data Warehouse

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

The average number of new and unplanned review attendances during each day of the week and hour of the day in September 2023.



Source: Regional Data Warehouse

- Monday was the busiest day at EDs during both September 2022 and September 2023, with the highest number of attendances arriving between 11:00 and 11:59 (Figure 5 & 6, Table 11).

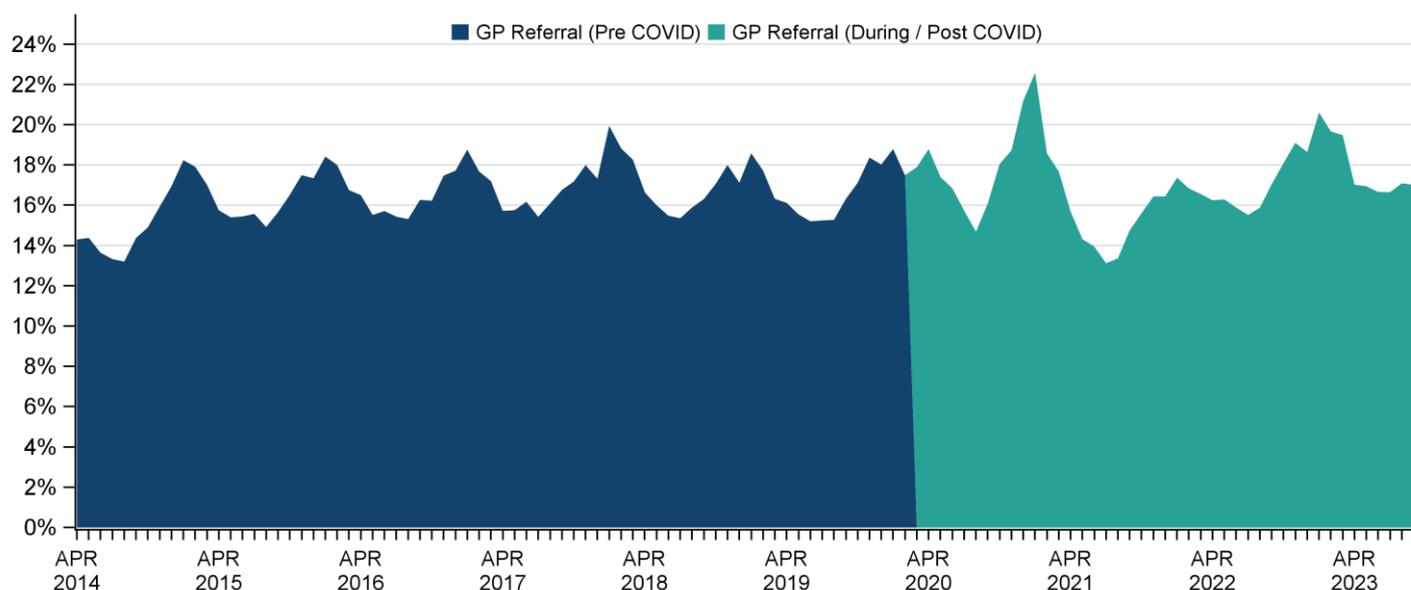
⁸ Data on when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

- Saturday was the least busy day during September 2023 (1,798) and September 2022 (1,739), with the highest number of attendances arriving between 11:00 and 11:59 in September 2023 (Figure 5 & 6, Table 11I).
- Overall, the busiest hour of the day during September 2023 was between 11:00 and 11:59, whilst the least busy hour was 05:00 to 05:59 (Figure 6).

How Many Attendances Were Referred by a GP?

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

The percentage of attendances at EDs that had been referred by a GP, from April 2014⁹.



Source: Regional Data Warehouse

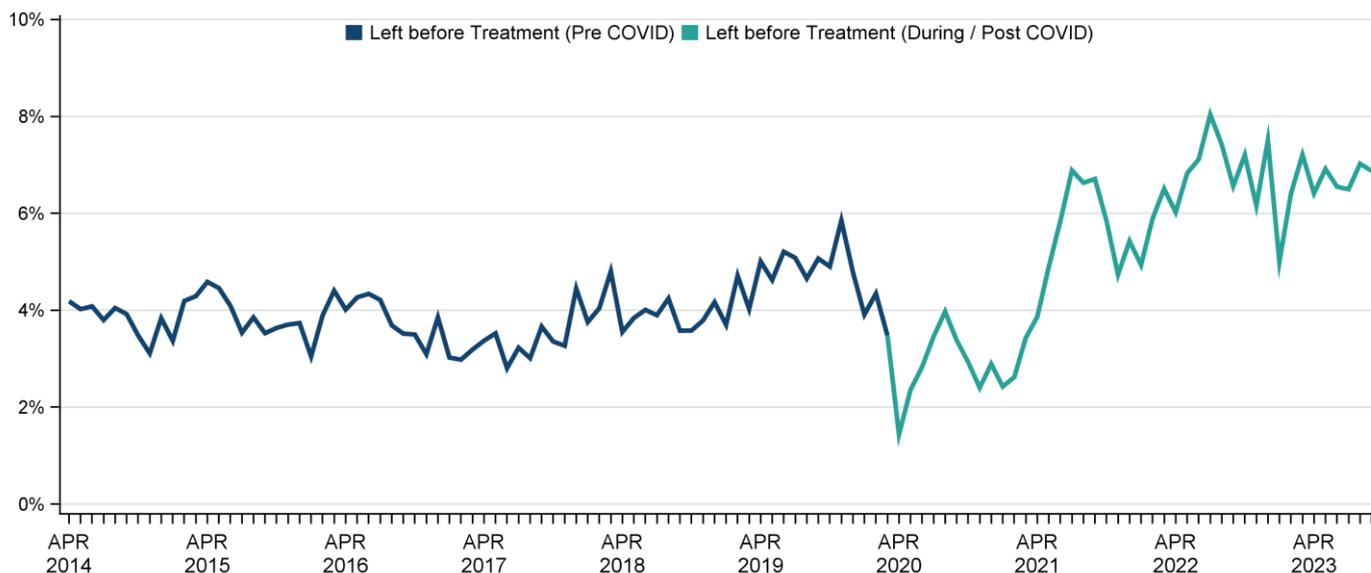
- In September 2023, over one in six (17.0%, 10,993) attendances at EDs had been referred by a GP, compared with 17.0% (10,714) in September 2022 (Figure 7, Table 11D(i) & (ii)).
- Over a quarter (27.3%, 2,272) of attendances at Antrim Area had been referred by a GP during September 2023, compared with 10.1% (372) of attendances at the Mater (Tables 11D(i) & 11D (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.

Do Patients Leave ED Before Their Treatment is Complete?

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

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



Source: Regional Data Warehouse

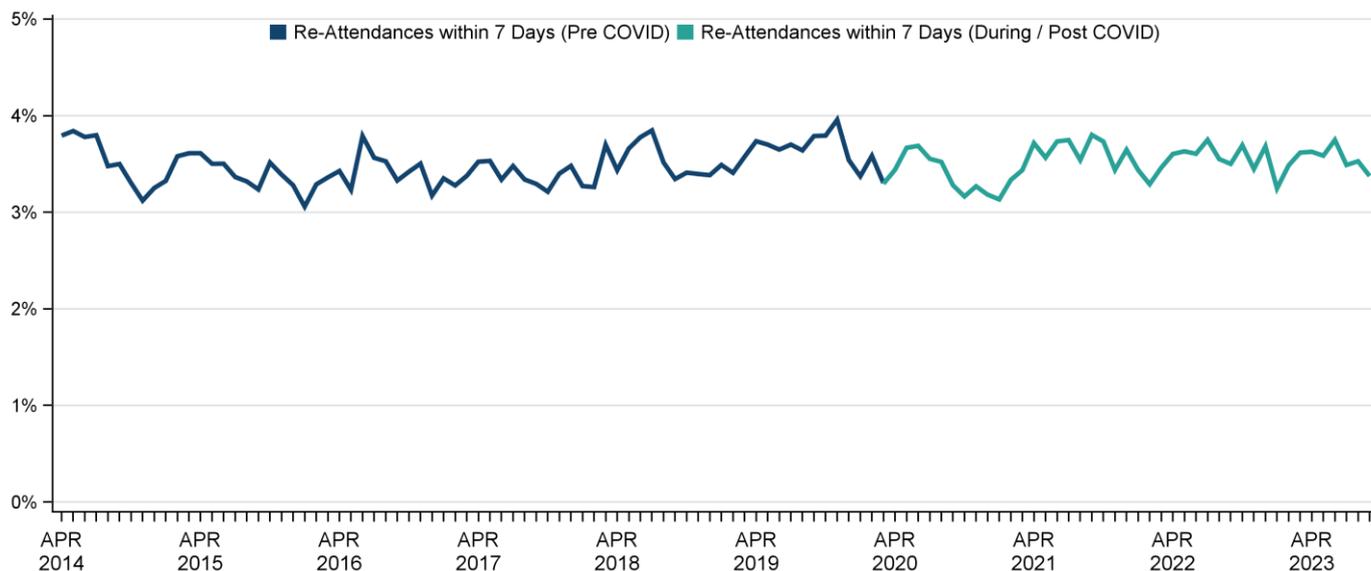
- During September 2023, 6.9% (4,448) of all ED attendances left before their treatment was complete, compared with 6.6% (4,124) in September 2022 (Figure 8, Table 11D(i-ii)).
- The Royal Victoria (11.8%, 1,010) reported the highest percentage leaving ED before treatment was complete during September 2023, compared with 14.0% (957) in September 2022 (Tables 11D(i-ii)).

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 2023, 3.4% (2,181) of attendances had attended the same ED within 7 days of their original attendance, compared to 3.5% (2,200) in September 2022 (Figure 9, Tables 11D(i) & 11D(ii)).
- South West Acute (5.9%, 188) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during September 2023 (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 2023/24 state that:

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

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

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

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

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

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

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

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

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

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

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

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

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 last three months compared with September 2022¹³.

% Within 4 Hours	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Diff (Sep 2022 - Sep 2023)	
					No.	%
Type 1	45.2%	45.9%	44.3%	43.4%	-	-1.8%
Type 2	81.4%	78.6%	80.4%	80.1%	-	-1.3%
Type 3	99.0%	99.0%	98.7%	97.6%	-	-1.4%
All Departments	51.4%	51.1%	50.0%	50.2%	-	-1.1%
Over 12 Hours	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Diff (Sep 2022 - Sep 2023)	
					No.	%
Type 1	8,830	9,201	9,787	9,353	523	-
Type 2	1	1	1	0	-1	-
Type 3	1	0	0	4	3	-
All Departments	8,832	9,202	9,788	9,357	525	-
ED Attendances	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Diff (Sep 2022 - Sep 2023)	
					No.	%
Type 1	54,715	56,198	58,307	55,803	1,088	2.0%
Type 2	2,782	2,372	2,757	2,395	-387	-13.9%
Type 3	5,344	4,728	5,219	6,495	1,151	21.5%
All Departments	62,841	63,298	66,283	64,693	1,852	2.9%

Source: Regional Data Warehouse

- More than half (50.2%) of attendances in September 2023 were discharged or admitted within 4 hours, compared with 51.4% in September 2022 (Table 11C & 11J).
- Over two fifths (43.4%) of attendances at Type 1 EDs in September 2023 spent less than 4 hours in ED, compared with 80.1% at Type 2 EDs and 97.6% at Type 3 EDs (Table 6, Table 11C & 11J).
- Since September 2022, the number spending over 12 hours in ED increased from 8,832 to 9,357 in September 2023, accounting for 14.5% of all attendances (Table 6, Table 11C & 11J).
- During this period, EDs experienced a 2.9% increase in attendances (62,841 to 64,693), whilst 4 hour performance decreased from 51.4% to 50.2% (Table 6, Table 11C & 11J).
- During the quarter ending 30 September 2023, more than half (50.5%) of patients spent less than 4 hours at an ED, similar to the same quarter in 2022 (Table 11C & 11J).
- During the latest quarter, the percentage of patients spending less than 4 hours in ED was highest in July 2023 (51.1%) and lowest in August 2023 (50.0%), whilst the number spending over 12 hours in an ED was highest in August 2023 (9,788) and lowest in July 2023 (9,202) (Table 6, Table 11C & 11J).

¹³ Readers should note that a number of patients attending the Ulster MIU spent longer than 12 hours in ED. As the Ulster MIU is only open to 6pm each day, any patients who remain in the MIU at 6pm and continue to require treatment, will be cared for / treated in the main Ulster ED. The total time spent in ED by these patients will be reported against the Ulster MIU.

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 2023 compared with the same month last year. Information has also been included on the overall performance at Type 2 and 3 EDs during this period^{14,15}.

Department	4 Hour Performance		12 Hour Performance		Total Attendances	
	Sep 2022	Sep 2023	Sep 2022	Sep 2023	Sep 2022	Sep 2023
Mater	49.7%	48.8%	418	434	2,999	3,701
Royal Victoria	25.7%	35.0%	2,048	2,149	6,828	8,527
RBHSC	68.3%	72.0%	15	11	4,006	3,588
Antrim Area	47.5%	43.1%	1,227	1,245	7,990	8,327
Causeway	54.0%	53.6%	471	488	3,978	4,119
Ulster	46.4%	31.4%	1,469	1,512	8,800	7,975
Craigavon Area	40.5%	40.4%	1,285	1,571	6,806	6,522
Daisy Hill	55.5%	51.5%	477	605	4,520	4,378
Altnagelvin Area	33.3%	35.6%	977	959	5,586	5,482
South West Acute	49.7%	53.8%	443	379	3,202	3,184
Type 1	45.2%	43.4%	8,830	9,353	54,715	55,803
Type 2	81.4%	80.1%	1	0	2,782	2,395
Type 3	99.0%	97.6%	1	4	5,344	6,495
Northern Ireland	51.4%	50.2%	8,832	9,357	62,841	64,693

Source: Regional Data Warehouse

- During September 2023, RBHSC (72.0%) reported the highest performance of the four hour target at any Type 1 ED, whilst the Ulster (31.4%) reported the lowest (Table 7, Table 11C).
- No Type 1 ED achieved the 12-hour target during September 2023 (Table 7, Table 11C).
- The Royal Victoria (2,149) reported the highest number of patients spending over 12 hours at an ED during September 2023 (Table 7, Table 11C).
- Between September 2022 and September 2023, performance against the 12 hour target declined at seven of the ten Type 1 EDs (Table 7, Table 11C).

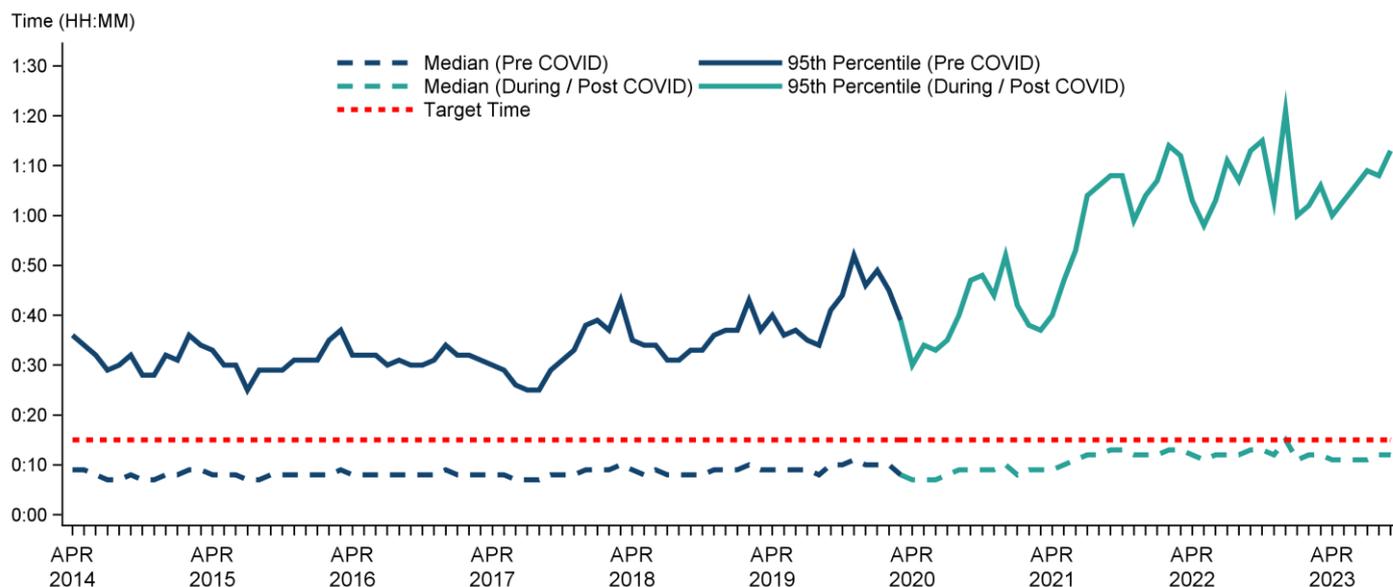
¹⁴ Readers should note that a number of patients attending the Ulster MIU spent longer than 12 hours in ED. As the Ulster MIU is only open to 6pm each day, any patients who remain in the MIU at 6pm and continue to require treatment, will be cared for / treated in the main Ulster ED. The total time spent in ED by these patients will be reported against the Ulster MIU.

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

Time Spent in Emergency Department from Arrival to Triage

Figure 10: Time from Arrival to Triage

The length of time patients spent in ED from the time of their arrival to their triage by a medical practitioner, which includes a brief history, pain assessment and early warning scores, for all patients between April 2014 and September 2023¹⁶.



Source: Regional Data Warehouse

- During September 2023, the median time spent in ED from arrival to triage was 12 minutes, 1 minute less than in September 2022 (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 2023, similar to September 2022 (1 hour 13 minutes) (Figure 10, Table 11E).
- Almost three fifths (58.0%) of attendances were triaged within 15 minutes of their arrival at an ED during September 2023, compared with 56.6% in September 2022.
- During the quarter ending 30 September 2023, the median time from arrival to triage was shortest in July 2023 (11 minutes), and longest in August and September 2023 (12 minutes), whilst the time taken to triage 95 percent of patients was longest in September 2023 (1 hour 13 minutes) and shortest in August 2023 (1 hour 8 minutes) (Figure 10, Table 11E).

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

Table 8: Performance against the Target to Commence Treating Patients within 2 Hours of them being Triageed

The percentage of patients commencing treatment within 2 hours following triage at Type 1 EDs in April to September 2023, 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 2022	Jul 2023	Aug 2023	Sep 2023
Mater	72.8%	61.5%	59.8%	62.9%
Royal Victoria	45.3%	47.7%	45.7%	47.4%
RBHSC	71.4%	87.3%	84.6%	81.2%
Antrim Area	50.2%	50.5%	54.7%	54.3%
Causeway	65.9%	66.6%	66.1%	57.5%
Ulster	67.6%	67.7%	64.6%	57.5%
Craigavon Area	53.2%	56.3%	54.6%	59.3%
Daisy Hill	75.1%	77.7%	70.5%	75.5%
Altnagelvin Area	53.9%	57.3%	49.8%	56.0%
South West Acute	75.2%	79.0%	77.5%	78.9%
Type 1	61.2%	62.6%	60.5%	60.7%
Type 2	96.1%	99.4%	97.9%	95.6%
Type 3	96.8%	97.0%	98.1%	95.1%
Northern Ireland	65.5%	66.4%	64.8%	65.5%

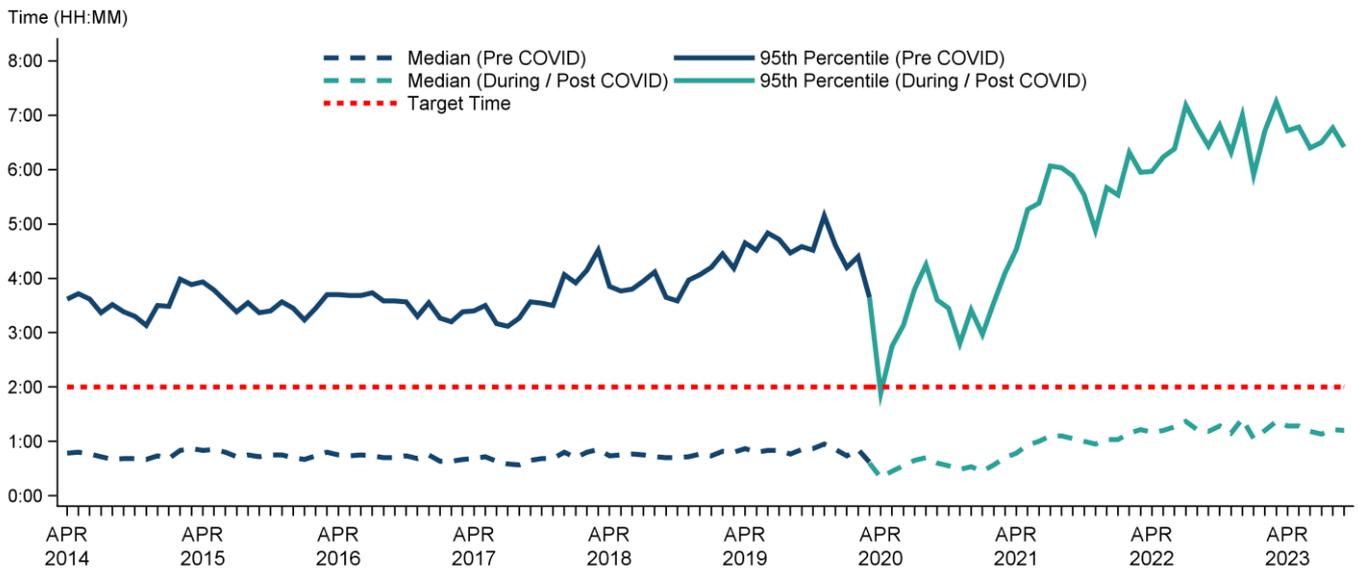
Source: Regional Data Warehouse

- Almost two thirds (65.5%) of patients attending EDs in September 2023 commenced their treatment within 2 hours of being triaged, similar to September 2022 (Table 8, Table 11K).
- During September 2023, over three fifths (60.7%) of patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 95.6% at Type 2 EDs and 95.1% at Type 3 EDs (Table 8, Table 11K).
- Only one Type 1 ED (RBHSC) achieved the 80% target in September 2023 (Table 8, Table 11K).
- During September 2023, RBHSC (81.2%) reported the highest percentage commencing treatment within 2 hours, whilst the Royal Victoria (47.4%) reported the lowest (Table 8, Table 11K).
- Between July and September 2023, the highest percentage of patients commencing treatment within 2 hours was in July (66.4%) whilst the lowest was in August (64.8%), (Table 8, Table 11K).

Time from Triage to Start of Treatment

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

Time spent in ED from triage to start of treatment by a medical practitioner from April 2014 to date. The start of treatment refers to the beginning of a definitive treatment by a decision-making clinician¹⁷.



Source: Regional Data Warehouse

- The median time from triage to start of treatment in September 2023 was 1 hour 12 minutes, 1 minute more than September 2022 (1 hour 11 minutes) (Figure 11, Table 11F).
- During September 2023, 95 percent of patients commenced treatment within 6 hours 25 minutes of being triaged, 1 minute less than September 2022 (6 hours 26 minutes) (Figure 11, Table 11F).
- During the last 3 months, the median time to start of treatment was longest in August 2023 (1 hour 13 minutes) and shortest in July 2023 (1 hour 8 minutes), whilst the time within which 95 percent of patients started treatment was longest in August 2023 (6 hours 46 minutes) and shortest in September 2023 (6 hours 25 minutes) (Table 11F).

¹⁷ 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 2023, compared with the same month last year¹⁸.

Department	Median (HH:MM)		95th Percentile (HH:MM)	
	September 2022	September 2023	September 2022	September 2023
Mater	0:58	1:23	5:25	6:41
Royal Victoria	2:23	2:09	10:30	9:48
RBHSC	1:08	0:47	3:47	3:40
Antrim Area	1:59	1:47	7:52	6:49
Causeway	1:18	1:41	4:57	5:21
Ulster	1:11	1:35	5:33	6:39
Craigavon Area	1:47	1:22	9:02	9:26
Daisy Hill	1:01	0:57	4:09	4:39
Altnagelvin Area	1:48	1:41	5:53	6:10
South West Acute	0:58	0:39	4:02	4:19
Type 1	1:26	1:27	6:48	6:50
Type 2	0:23	0:35	1:44	1:56
Type 3	0:06	0:14	1:32	1:59
Northern Ireland	1:11	1:12	6:26	6:25

Source: Regional Data Warehouse

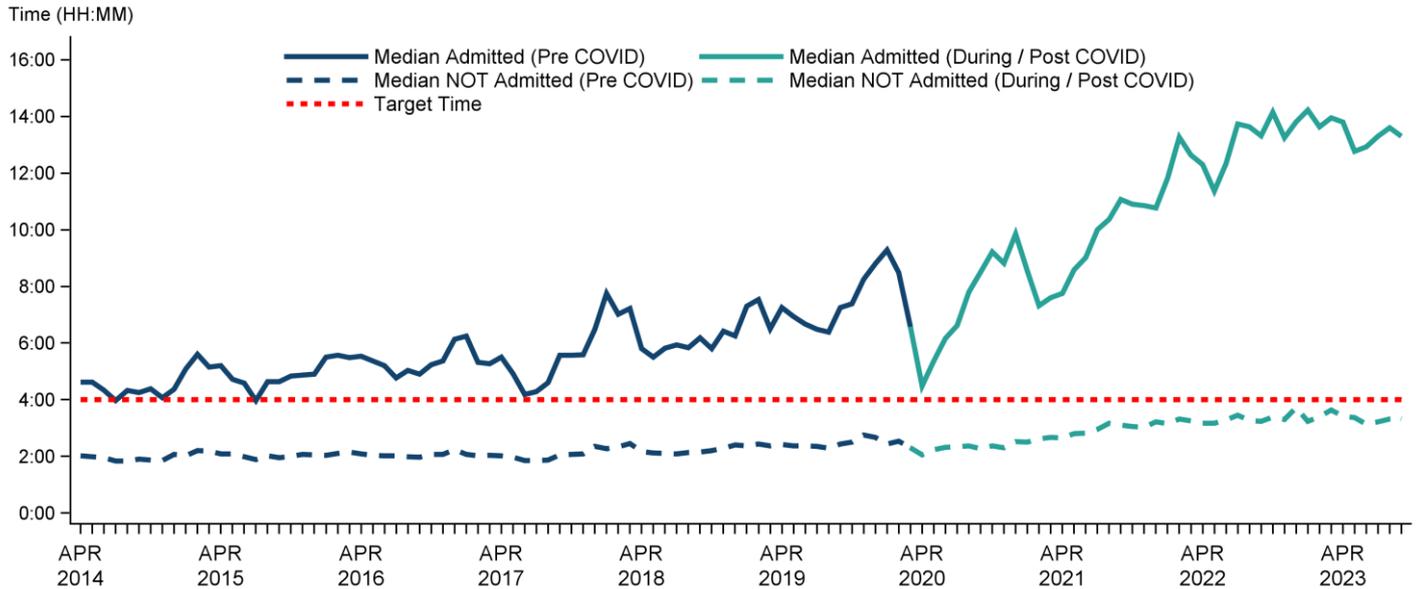
- The median time spent at Type 1 EDs from triage to start of treatment by a medical professional was 1 hour 27 minutes in September 2023, 1 minute more than September 2022 (1 hour 26 minutes) (Table 9, Table 11F).
- The Royal Victoria (2 hour 9 minutes) reported the longest median time spent in ED from triage to start of treatment during September 2023, whilst South West Acute (39 minutes) reported the shortest median time (Table 9, Table 11F).
- The Royal Victoria reported the longest time spent in ED between triage and start of treatment, with 95 percent of attendances commencing treatment within 9 hours 48 minutes of being triaged; 42 minutes less than September 2022 (10 hours 30 minutes) (Table 9, Table 11F).
- RBHSC reported the shortest time to start of treatment during September 2023, with 95 percent of attendances commencing treatment within 3 hours 40 minutes of being triaged, 7 minutes less than the time taken in September 2022 (3 hour 47 minutes) (Table 9, Table 11F).

¹⁸ Data on time to start of treatment are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

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

Figure 12: Median Time Spent in an ED for those (i) Admitted to Hospital and (ii) Discharged Home¹⁹

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



Source: Regional Data Warehouse

- During September 2023, the median time patients admitted to hospital spent in ED was 13 hours 18 minutes, over four times longer than the median time for patients discharged home (3 hours 19 minutes) (Figure 12, Table 11G & 11H).
- During the quarter ending 30 September 2023, the median time patients admitted spent in ED was longest in August 2023 (13 hours 36 minutes) and shortest in July and September 2023 (13 hours 18 minutes) (Table 11G).
- During this period, the median time spent by patients discharged home was longest in August and September 2023 (3 hours 19 minutes) and shortest in July 2023 (3 hours 13 minutes) (Table 11H).

¹⁹ Data are not National Statistics, and are included to provide users with a comprehensive view of ED activity and time spent in ED.

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

Table 10: Time Spent in ED for those Admitted to Hospital/Discharged Home²⁰

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 2022 and September 2023.

Department	Admitted				Discharged			
	Median (HH:MM)		95th Percentile (HH:MM)		Median (HH:MM)		95th Percentile (HH:MM)	
	Sep 2022	Sep 2023	Sep 2022	Sep 2023	Sep 2022	Sep 2023	Sep 2022	Sep 2023
Mater	14:02	13:36	45:08	33:20	3:22	3:30	12:08	10:27
Royal Victoria	16:18	14:01	47:23	48:23	6:29	5:06	23:19	21:05
RBHSC	4:30	4:43	9:22	9:21	2:54	2:34	6:18	6:10
Antrim Area	11:30	10:50	57:39	43:28	3:42	3:59	16:23	16:04
Causeway	11:35	11:56	38:08	48:31	3:11	3:21	10:22	10:22
Ulster	15:55	13:52	45:16	43:54	3:26	4:34	9:49	11:56
Craigavon Area	14:31	19:11	46:08	68:32	4:00	3:55	13:29	15:21
Daisy Hill	14:14	21:10	31:42	48:09	3:03	3:11	8:41	9:54
Altnagelvin Area	18:55	17:35	44:09	54:50	4:44	4:35	14:00	16:10
South West Acute	10:41	9:10	41:49	27:42	3:34	3:20	13:12	12:00
Type 1	13:36	13:33	45:04	49:31	3:45	3:53	13:41	14:05
Type 2	5:31	5:24	9:11	9:57	1:51	2:04	5:33	5:33
Type 3	1:02	3:17	18:02	11:48	0:39	0:56	2:22	3:21
Northern Ireland	13:19	13:18	44:56	49:24	3:14	3:19	12:35	12:54

Source: Regional Data Warehouse

- The median time patients who were admitted to hospital spent in a Type 1 ED was 13 hours 33 minutes in September 2023, 3 minutes less than the same month last year (13 hours 36 minutes) (Table 10, Table 11G).
- The median time patients discharged home (not admitted) spent in a Type 1 ED was 3 hours 53 minutes in September 2023, 8 minutes more than the time taken during the same month last year (3 hours 45 minutes) (Table 10, Table 11H).
- 95 percent of patients were admitted to hospital within 49 hours 31 minutes at Type 1 EDs in September 2023, 4 hours 27 minutes more than in September 2022 (45 hours 4 minutes) (Table 10, Table 11G).
- In September 2023, 95 percent of attendances at Type 1 EDs were discharged home within 14 hours 5 minutes of their arrival, 24 minutes more than the time taken in September 2022 (13 hours 41 minutes) (Table 10, Table 11H).

²⁰ Readers should note that Type 3 data on time spent in EDs for patients admitted is provided by Omagh and Ulster MIU only. No other Type 3 ED produces these statistics.

Technical Notes

Data Collection

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

[Emergency Care Activity Returns and Guidance](#)

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

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

A National Statistics Publication

National Statistics 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 Strategic Planning and Performance Group (SPPG). Statistical information is collected routinely from a variety of electronic patient level administrative systems and pre-defined EXCEL survey return templates.

The Head of Branch is Principal Statistician, 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

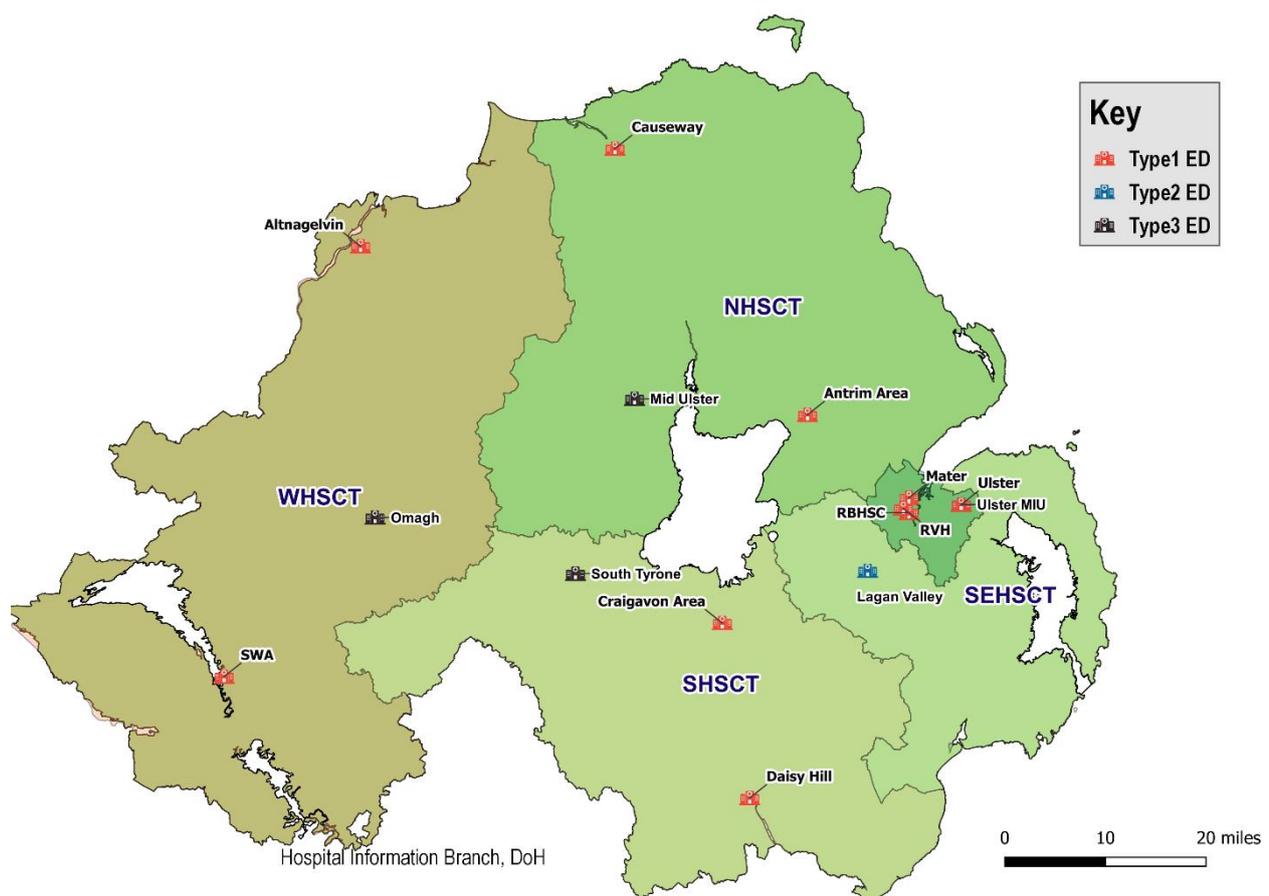
There are three separate categories of emergency care facility included in this publication:

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 ²¹

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) ²²	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ²³ (Closed)
	Causeway		Mid Ulster
South Eastern	Ulster	Lagan Valley	Ards MIU ²⁴ (Closed)
		Downe ²⁵ (Currently operating as an Urgent Care Centre)	Bangor MIU ²⁶ (Closed)
			Ulster MIU ²⁷
Southern	Craigavon Area		South Tyrone
	Daisy Hill ²⁸		Armagh Community ²⁹ (Closed)
			Craigavon Respiratory ED (Covid-19) ³⁰ (Closed)
			Craigavon Paediatric ED ³¹ (Closed)
Western	Altnagelvin Area		Tyrone County (Closed)
	South West Acute		Omagh ³²

²¹ Opening Hours are as of June 2017.

²² RVH (RAES) refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

²³ Temporarily closed on 1st December 2014.

²⁴ Closed on 1st September 2023.

²⁵ Temporarily closed 30th March 2020, reopened as a MIU 10th August 2020, reopened as an Urgent Care Centre 19th October 2020.

²⁶ Temporarily closed 12th March 2020.

²⁷ Opened 6th September 2023.

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

²⁹ Temporarily closed on 17th November 2014.

³⁰ Temporarily opened on 29th March 2020 and closed on 19th October 2020.

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

³² 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 Departments³³

HSC Trust	PhoneFirst				Urgent Care Centre				Total Attendances				Referral to ED			
	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023
Belfast	-	-	-	-	1,959	1,682	2,011	2,009	1,959	1,682	2,011	2,009	-	-	-	-
Northern	1,391	1,537	1,723	1,675	-	-	-	-	1,391	1,537	1,723	1,675	291	307	360	328
South Eastern	2,950	2,874	3,199	3,005	1,223	1,256	1,440	1,386	4,173	4,130	4,639	4,391	443	448	465	392
Southern	4,931	5,019	6,050	5,544	214	362	426	501	5,145	5,381	6,476	6,045	1,339	1,102	1,349	1,144
Western	789	524	542	474	-	-	-	-	789	524	542	474	405	257	233	241
Northern Ireland	10,061	9,954	11,514	10,698	3,396	3,300	3,877	3,896	13,457	13,254	15,391	14,594	2,187	2,114	2,407	2,105

³³ 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 2023

Table 11B: New & Unplanned Review Attendances at Emergency Departments³⁴

Department	New Attendances				Unplanned Reviews				Total Attendances			
	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023
Mater	2,934	3,484	3,606	3,610	65	102	120	91	2,999	3,586	3,726	3,701
Royal Victoria	6,667	8,434	8,696	8,349	161	188	226	178	6,828	8,622	8,922	8,527
RBHSC	3,656	2,727	2,850	3,336	350	231	220	252	4,006	2,958	3,070	3,588
Antrim Area	7,584	7,720	7,950	7,874	406	438	437	453	7,990	8,158	8,387	8,327
Causeway	3,750	3,969	4,145	3,797	228	369	329	322	3,978	4,338	4,474	4,119
Ulster	8,458	8,265	8,978	7,687	342	360	382	288	8,800	8,625	9,360	7,975
Craigavon Area	6,270	6,128	6,245	6,018	536	473	496	504	6,806	6,601	6,741	6,522
Daisy Hill	4,321	4,129	4,279	4,079	199	179	295	299	4,520	4,308	4,574	4,378
Altnagelvin Area	5,230	5,371	5,394	5,160	356	379	352	322	5,586	5,750	5,746	5,482
South West Acute	2,947	2,974	3,006	2,912	255	278	301	272	3,202	3,252	3,307	3,184
Type 1	51,817	53,201	55,149	52,822	2,898	2,997	3,158	2,981	54,715	56,198	58,307	55,803
Eye Casualty	681	514	619	442	156	20	47	39	837	534	666	481
Lagan Valley	1,872	1,774	1,998	1,846	73	64	93	68	1,945	1,838	2,091	1,914
Type 2	2,553	2,288	2,617	2,288	229	84	140	107	2,782	2,372	2,757	2,395
Mid Ulster	645	508	556	503	14	9	0	0	659	517	556	503
Ards	1,076	752	886	32	4	65	60	2	1,080	817	946	34
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	1,865	1,676	1,830	1,812	17	18	16	4	1,882	1,694	1,846	1,816
Omagh	1,567	1,574	1,694	1,591	156	126	177	141	1,723	1,700	1,871	1,732
Ulster MIU	-	-	-	2,311	-	-	-	99	-	-	-	2,410
Type 3	5,153	4,510	4,966	6,249	191	218	253	246	5,344	4,728	5,219	6,495
Northern Ireland	59,523	59,999	62,732	61,359	3,318	3,299	3,551	3,334	62,841	63,298	66,283	64,693

³⁴ 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^{35 36 37}

Department	4 - Hour Performance				12 - Hour Performance				Total Attendances			
	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023
Mater	49.7%	51.9%	48.7%	48.8%	418	383	471	434	2,999	3,586	3,726	3,701
Royal Victoria	25.7%	36.2%	32.8%	35.0%	2,048	1,848	2,299	2,149	6,828	8,622	8,922	8,527
RBHSC	68.3%	79.0%	75.0%	72.0%	15	2	10	11	4,006	2,958	3,070	3,588
Antrim Area	47.5%	43.8%	44.7%	43.1%	1,227	1,357	1,372	1,245	7,990	8,158	8,387	8,327
Causeway	54.0%	56.8%	60.1%	53.6%	471	452	406	488	3,978	4,338	4,474	4,119
Ulster	46.4%	44.2%	43.3%	31.4%	1,469	1,456	1,536	1,512	8,800	8,625	9,360	7,975
Craigavon Area	40.5%	37.0%	37.4%	40.4%	1,285	1,694	1,698	1,571	6,806	6,601	6,741	6,522
Daisy Hill	55.5%	55.9%	48.1%	51.5%	477	467	607	605	4,520	4,308	4,574	4,378
Altnagelvin Area	33.3%	35.7%	31.8%	35.6%	977	1,075	1,042	959	5,586	5,750	5,746	5,482
South West Acute	49.7%	53.1%	52.3%	53.8%	443	467	346	379	3,202	3,252	3,307	3,184
Type 1	45.2%	45.9%	44.3%	43.4%	8,830	9,201	9,787	9,353	54,715	56,198	58,307	55,803
Eye Casualty	88.5%	72.1%	80.0%	83.4%	0	0	0	0	837	534	666	481
Lagan Valley	78.3%	80.5%	80.5%	79.3%	1	1	1	0	1,945	1,838	2,091	1,914
Type 2	81.4%	78.6%	80.4%	80.1%	1	1	1	0	2,782	2,372	2,757	2,395
Mid Ulster	100.0%	99.6%	100.0%	100.0%	0	0	0	0	659	517	556	503
Ards	100.0%	100.0%	100.0%	100.0%	0	0	0	0	1,080	817	946	34
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	99.9%	100.0%	100.0%	100.0%	0	0	0	0	1,882	1,694	1,846	1,816
Omagh	97.0%	97.5%	96.3%	97.7%	1	0	0	0	1,723	1,700	1,871	1,732
Ulster MIU	-	-	-	95.3%	-	-	-	4	-	-	-	2,410
Type 3	99.0%	99.0%	98.7%	97.6%	1	0	0	4	5,344	4,728	5,219	6,495
Northern Ireland	51.4%	51.1%	50.0%	50.2%	8,832	9,202	9,788	9,357	62,841	63,298	66,283	64,693

³⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

³⁶ Readers should note a number of patients attending the Ulster MIU spent longer than 12 hours in ED. As the Ulster MIU is only open to 6pm each day, any patients who remain in the MIU at 6pm and continue to require treatment, will be cared for / treated in the main Ulster ED. The total time spent in ED by these patients will be reported against the Ulster MIU.

³⁷ 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^{38 39}

Department	GP - Referrals				Left Before Treatment				Unplanned Reviews Within 7 Days			
	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023
Mater	9.0%	8.9%	9.0%	10.1%	7.7%	9.6%	11.4%	11.3%	1.2%	1.8%	2.1%	2.0%
Royal Victoria	15.7%	13.1%	16.4%	15.8%	14.0%	10.7%	12.7%	11.8%	1.5%	1.6%	1.9%	1.6%
RBHSC	10.4%	13.2%	14.1%	13.2%	6.3%	2.0%	3.0%	3.3%	6.1%	5.0%	4.4%	5.0%
Antrim Area	29.7%	28.2%	26.2%	27.3%	5.5%	6.3%	5.6%	6.1%	3.4%	3.7%	3.4%	3.5%
Causeway	23.0%	19.0%	19.0%	19.1%	6.2%	5.2%	4.6%	6.3%	4.3%	5.1%	4.5%	5.0%
Ulster	18.7%	21.0%	22.3%	22.9%	5.6%	5.7%	6.3%	7.9%	2.4%	2.7%	2.5%	2.3%
Craigavon Area	22.4%	22.4%	22.4%	23.6%	8.3%	8.7%	10.3%	8.6%	5.5%	4.4%	4.8%	4.8%
Daisy Hill	21.8%	17.7%	19.4%	20.4%	6.8%	6.4%	8.2%	6.1%	3.5%	3.2%	4.8%	4.7%
Altnagelvin Area	11.8%	13.0%	13.9%	13.7%	7.6%	9.6%	9.2%	9.0%	5.0%	5.9%	5.6%	4.9%
South West Acute	20.2%	19.3%	18.6%	18.3%	4.2%	3.4%	2.8%	3.0%	6.2%	6.1%	6.4%	5.9%
Type 1	19.2%	18.5%	19.2%	19.4%	7.4%	7.2%	7.9%	7.8%	3.7%	3.7%	3.7%	3.7%
Eye Casualty	3.6%	2.8%	2.8%	4.0%	0.5%	0.6%	0.2%	0.4%	0.4%	0.0%	0.0%	0.0%
Lagan Valley	6.2%	5.3%	3.4%	4.1%	1.0%	1.0%	1.2%	1.2%	1.6%	1.6%	1.6%	1.1%
Type 2	5.4%	4.7%	3.3%	4.1%	0.8%	0.9%	1.0%	1.0%	1.3%	1.2%	1.2%	0.9%
Mid Ulster	0.3%	1.0%	0.2%	0.4%	0.3%	0.0%	0.0%	0.2%	0.9%	0.6%	0.0%	0.0%
Ards	0.1%	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	1.2%	0.0%
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.5%	0.6%	0.6%	0.1%
Omagh	2.9%	1.7%	2.8%	2.6%	2.4%	1.5%	1.4%	1.7%	6.0%	4.8%	5.6%	5.3%
Ulster MIU	-	-	-	1.2%	-	-	-	1.2%	-	-	-	1.2%
Type 3	1.0%	0.8%	1.1%	1.2%	0.8%	0.5%	0.5%	0.9%	2.2%	2.2%	2.4%	1.9%
Northern Ireland	17.0%	16.6%	17.1%	17.0%	6.6%	6.5%	7.0%	6.9%	3.5%	3.5%	3.5%	3.4%

³⁸ 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.

³⁹ 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^{40 41}

Department	GP - Referrals				Left Before Treatment				Unplanned Reviews Within 7 Days			
	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023
Mater	271	319	336	372	231	343	423	418	36	65	80	72
Royal Victoria	1,076	1,131	1,462	1,339	957	926	1,133	1,010	103	137	173	136
RBHSC	417	390	436	473	252	60	92	119	244	147	137	177
Antrim Area	2,370	2,313	2,186	2,272	443	513	470	508	268	307	282	289
Causeway	914	824	849	788	248	227	208	261	171	221	200	206
Ulster	1,642	1,822	2,085	1,815	496	489	585	629	210	238	231	181
Craigavon Area	1,528	1,477	1,510	1,532	565	574	691	561	376	291	320	313
Daisy Hill	988	764	887	892	309	275	376	268	158	137	220	208
Altnagelvin Area	660	748	795	748	422	550	531	494	281	338	320	267
South West Acute	645	631	612	586	133	110	94	96	199	200	212	188
Type 1	10,511	10,419	11,158	10,817	4,056	4,067	4,603	4,364	2,046	2,081	2,175	2,037
Eye Casualty	30	15	19	21	4	3	1	2	3	-	-	-
Lagan Valley	120	97	72	79	19	18	26	23	32	29	33	22
Type 2	150	112	91	100	23	21	27	25	35	29	33	22
Mid Ulster	2	5	1	2	2	0	0	1	6	3	0	0
Ards	1	2	2	0	0	0	0	0	0	8	11	0
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	0	0	0	0	2	0	0	0	9	11	11	2
Omagh	50	29	52	45	41	25	26	30	104	82	104	91
Ulster MIU	-	-	-	29	-	-	-	28	-	-	-	29
Type 3	53	36	55	76	45	25	26	59	119	104	126	122
Northern Ireland	10,714	10,567	11,304	10,993	4,124	4,113	4,656	4,448	2,200	2,214	2,334	2,181

⁴⁰ 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.

⁴¹ 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)^{42 43}

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023
Mater	0:16	0:12	0:14	0:16	1:02	0:52	0:49	1:00
Royal Victoria	0:27	0:17	0:20	0:20	2:07	1:24	1:26	1:37
RBHSC	0:10	0:07	0:09	0:10	0:43	0:27	0:30	0:44
Antrim Area	0:17	0:10	0:10	0:09	0:47	0:29	0:32	0:29
Causeway	0:15	0:11	0:09	0:11	0:46	0:38	0:31	0:44
Ulster	0:14	0:14	0:16	0:22	2:15	1:58	1:35	2:24
Craigavon Area	0:14	0:14	0:16	0:13	1:59	1:54	2:18	2:10
Daisy Hill	0:08	0:07	0:09	0:08	0:34	0:30	0:46	0:45
Altnagelvin Area	0:16	0:27	0:22	0:25	1:02	1:31	1:24	1:28
South West Acute	0:14	0:12	0:12	0:12	1:01	0:40	0:39	0:40
Type 1	0:15	0:12	0:13	0:14	1:19	1:13	1:13	1:19
Eye Casualty	0:18	0:08	0:08	0:08	1:00	0:51	0:45	0:38
Lagan Valley	0:05	0:06	0:06	0:06	0:16	0:16	0:16	0:17
Type 2	0:07	0:06	0:06	0:06	0:42	0:23	0:25	0:22
Mid Ulster	0:09	0:06	0:06	0:07	0:38	0:16	0:21	0:26
Ards	0:02	0:02	0:02	0:04	0:10	0:12	0:12	0:16
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:01	0:01	0:01	0:01	0:08	0:07	0:06	0:07
Omagh	0:09	0:07	0:07	0:06	0:33	0:33	0:35	0:27
Ulster MIU	-	-	-	0:12	-	-	-	0:50
Type 3	0:03	0:02	0:03	0:05	0:24	0:22	0:23	0:38
Northern Ireland	0:13	0:11	0:12	0:12	1:13	1:09	1:08	1:13

⁴² 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.

⁴³ 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^{44 45}

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023
Mater	0:58	1:27	1:27	1:23	5:25	5:40	7:38	6:41
Royal Victoria	2:23	2:08	2:16	2:09	10:30	9:47	10:27	9:48
RBHSC	1:08	0:34	0:39	0:47	3:47	3:02	3:24	3:40
Antrim Area	1:59	1:58	1:47	1:47	7:52	6:53	6:14	6:49
Causeway	1:18	1:16	1:20	1:41	4:57	4:42	3:56	5:21
Ulster	1:11	1:08	1:19	1:35	5:33	6:16	6:16	6:39
Craigavon Area	1:47	1:36	1:37	1:22	9:02	10:39	10:16	9:26
Daisy Hill	1:01	0:52	1:04	0:57	4:09	4:28	5:35	4:39
Altnagelvin Area	1:48	1:39	2:00	1:41	5:53	6:02	6:43	6:10
South West Acute	0:58	0:45	0:52	0:39	4:02	3:49	3:51	4:19
Type 1	1:26	1:20	1:27	1:27	6:48	6:51	7:07	6:50
Lagan Valley	0:23	0:25	0:28	0:35	1:44	1:17	1:35	1:56
Type 2	0:23	0:25	0:28	0:35	1:44	1:17	1:35	1:56
Mid Ulster	0:01	0:01	0:01	0:00	0:32	0:09	0:06	0:05
Ards	0:07	0:06	0:06	0:04	0:26	0:26	0:26	0:13
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:00	0:00	0:00	0:00	0:18	0:16	0:14	0:14
Omagh	0:22	0:17	0:15	0:17	2:38	2:19	1:52	2:05
Ulster MIU	-	-	-	0:42	-	-	-	2:19
Type 3	0:06	0:05	0:05	0:14	1:32	1:23	1:09	1:59
Northern Ireland	1:11	1:08	1:13	1:12	6:26	6:30	6:46	6:25

⁴⁴ 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.

⁴⁵ 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^{46 47 48}

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023
Mater	14:02	11:48	13:14	13:36	45:08	34:37	35:08	33:20
Royal Victoria	16:18	12:08	14:04	14:01	47:23	41:34	49:04	48:23
RBHSC	4:30	4:02	4:20	4:43	9:22	7:38	8:40	9:21
Antrim Area	11:30	12:27	12:27	10:50	57:39	50:15	54:03	43:28
Causeway	11:35	10:01	9:40	11:56	38:08	38:37	48:31	48:31
Ulster	15:55	14:30	14:09	13:52	45:16	50:05	45:58	43:54
Craigavon Area	14:31	20:46	20:22	19:11	46:08	57:16	69:16	68:32
Daisy Hill	14:14	15:39	18:49	21:10	31:42	42:55	47:20	48:09
Altnagelvin Area	18:55	18:06	17:28	17:35	44:09	57:18	48:25	54:50
South West Acute	10:41	14:16	9:25	9:10	41:49	48:16	27:57	27:42
Type 1	13:36	13:35	13:54	13:33	45:04	49:31	50:30	49:31
Eye Casualty	3:26	3:50	2:25	4:08	7:55	6:37	9:11	5:54
Lagan Valley	5:32	5:05	5:39	5:36	9:11	9:51	9:59	9:57
Type 2	5:31	4:59	5:33	5:24	9:11	9:51	9:55	9:57
Mid Ulster	-	-	-	-	-	-	-	-
Ards	-	-	-	-	-	-	-	-
Bangor	-	-	-	-	-	-	-	-
South Tyrone	-	-	-	-	-	-	-	-
Omagh	1:32	3:31	2:46	0:50	18:02	11:43	10:03	7:24
Ulster MIU	-	-	-	5:12	-	-	-	11:48
Type 3	1:02	3:31	2:46	3:17	18:02	11:43	10:03	11:48
Northern Ireland	13:19	13:18	13:36	13:18	44:56	49:25	50:22	49:24

⁴⁶ 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.

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

⁴⁸ Readers should note that Type 3 data on time spent in EDs for patients admitted is provided by Omagh and Ulster MIU only. No other Type 3 ED produces these statistics.

Table 11H: Time Spent in an Emergency department by those Discharged Home^{49 50}

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023
Mater	3:22	3:19	3:32	3:30	12:08	9:49	12:00	10:27
Royal Victoria	6:29	4:48	5:25	5:06	23:19	18:56	21:45	21:05
RBHSC	2:54	2:11	2:30	2:34	6:18	5:33	5:55	6:10
Antrim Area	3:42	3:56	3:52	3:59	16:23	15:33	16:42	16:04
Causeway	3:11	3:14	3:06	3:21	10:22	10:36	9:20	10:22
Ulster	3:26	3:30	3:38	4:34	9:49	10:15	10:41	11:56
Craigavon Area	4:00	4:20	4:20	3:55	13:29	15:07	14:58	15:21
Daisy Hill	3:03	3:00	3:31	3:11	8:41	9:35	10:54	9:54
Altnagelvin Area	4:44	4:40	4:58	4:35	14:00	16:55	15:48	16:10
South West Acute	3:34	3:26	3:27	3:20	13:12	12:41	10:33	12:00
Type 1	3:45	3:40	3:50	3:53	13:41	13:33	14:16	14:05
Eye Casualty	2:20	2:53	2:38	2:31	5:11	6:58	5:59	5:30
Lagan Valley	1:36	1:42	1:51	2:00	5:42	5:34	5:38	5:34
Type 2	1:51	1:58	2:04	2:04	5:33	5:55	5:46	5:33
Mid Ulster	0:42	0:45	0:38	0:39	2:07	1:49	1:35	1:58
Ards	0:40	0:45	0:42	0:42	1:18	1:19	1:18	1:03
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:30	0:28	0:28	0:30	1:12	1:04	1:04	1:12
Omagh	1:00	0:58	0:53	0:55	3:31	3:22	3:19	3:18
Ulster MIU	-	-	-	1:46	-	-	-	3:57
Type 3	0:39	0:40	0:37	0:56	2:22	2:27	2:08	3:21
Northern Ireland	3:14	3:13	3:19	3:19	12:35	12:37	13:15	12:54

⁴⁹ 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.

⁵⁰ 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 Week⁵¹

Day of Week	Sep 2022	Jul 2023	Aug 2023	Sep 2023
Monday	2,369.8	2,449.6	2,452.0	2,529.0
Tuesday	2,305.8	2,199.3	2,306.0	2,368.3
Wednesday	2,176.5	2,063.3	2,231.8	2,223.8
Thursday	2,149.2	2,107.0	2,159.8	2,217.5
Friday	2,115.6	2,122.8	2,140.3	2,130.0
Saturday	1,738.8	1,706.2	1,770.8	1,798.0
Sunday	1,789.8	1,746.4	1,804.3	1,904.8

⁵¹ 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^{52 53}

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023
Mater	1,490	1,861	1,813	1,806	1,091	1,342	1,442	1,461	418	383	471	434
Royal Victoria	1,754	3,125	2,923	2,981	3,026	3,649	3,700	3,397	2,048	1,848	2,299	2,149
RBHSC	2,735	2,336	2,301	2,583	1,256	620	759	994	15	2	10	11
Antrim Area	3,797	3,577	3,753	3,593	2,966	3,224	3,262	3,489	1,227	1,357	1,372	1,245
Causeway	2,149	2,466	2,689	2,208	1,358	1,420	1,379	1,423	471	452	406	488
Ulster	4,086	3,813	4,050	2,506	3,245	3,356	3,774	3,957	1,469	1,456	1,536	1,512
Craigavon Area	2,757	2,440	2,520	2,632	2,764	2,467	2,523	2,319	1,285	1,694	1,698	1,571
Daisy Hill	2,509	2,409	2,198	2,256	1,534	1,432	1,769	1,517	477	467	607	605
Altnagelvin Area	1,861	2,053	1,829	1,954	2,748	2,622	2,875	2,569	977	1,075	1,042	959
South West Acute	1,590	1,727	1,728	1,714	1,169	1,058	1,233	1,091	443	467	346	379
Type 1	24,728	25,807	25,804	24,233	21,157	21,190	22,716	22,217	8,830	9,201	9,787	9,353
Eye Casualty	741	385	533	401	96	149	133	80	0	0	0	0
Lagan Valley	1,523	1,480	1,683	1,518	421	357	407	396	1	1	1	0
Type 2	2,264	1,865	2,216	1,919	517	506	540	476	1	1	1	0
Mid Ulster	659	515	556	503	0	2	0	0	0	0	0	0
Ards	1,080	817	946	34	0	0	0	0	0	0	0	0
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	1,881	1,694	1,846	1,816	1	0	0	0	0	0	0	0
Omagh	1,671	1,657	1,802	1,693	51	43	69	39	1	0	0	0
Ulster MIU	-	-	-	2,296	-	-	-	110	-	-	-	4
Type 3	5,291	4,683	5,150	6,342	52	45	69	149	1	0	0	4
Northern Ireland	32,283	32,355	33,170	32,494	21,726	21,741	23,325	22,842	8,832	9,202	9,788	9,357

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

⁵³ Readers should note a number of patients attending the Ulster MIU spent longer than 12 hours in ED. As the Ulster MIU is only open to 6pm each day, any patients who remain in the MIU at 6pm and continue to require treatment, will be cared for / treated in the main Ulster ED. The total time spent in ED by these patients will be reported against the Ulster MIU.

Table 11K: Number and Percentage of Patients Commencing Treatment within 2 Hours of being Triage^{54 55}

Department	% Commencing Treatment within 2 Hours of Triage				Number Commencing Treatment within 2 Hours of Triage			
	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023
Mater	72.8%	61.5%	59.8%	62.9%	1,556	1,596	1,573	1,646
Royal Victoria	45.3%	47.7%	45.7%	47.4%	2,185	2,778	2,809	2,791
RBHSC	71.4%	87.3%	84.6%	81.2%	2,562	2,417	2,425	2,663
Antrim Area	50.2%	50.5%	54.7%	54.3%	3,040	3,303	3,662	3,505
Causeway	65.9%	66.6%	66.1%	57.5%	2,052	2,426	2,370	1,902
Ulster	67.6%	67.7%	64.6%	57.5%	5,622	5,464	5,694	4,296
Craigavon Area	53.2%	56.3%	54.6%	59.3%	3,234	3,146	3,118	3,332
Daisy Hill	75.1%	77.7%	70.5%	75.5%	3,138	3,152	2,971	3,087
Altnagelvin Area	53.9%	57.3%	49.8%	56.0%	2,687	2,855	2,500	2,674
South West Acute	75.2%	79.0%	77.5%	78.9%	2,100	2,258	2,261	2,179
Type 1	61.2%	62.6%	60.5%	60.7%	28,176	29,395	29,383	28,075
Lagan Valley	96.1%	99.4%	97.9%	95.6%	1,836	1,744	1,972	1,756
Type 2	96.1%	99.4%	97.9%	95.6%	1,836	1,744	1,972	1,756
Mid Ulster	100.0%	100.0%	100.0%	100.0%	61	27	25	24
Ards	100.0%	100.0%	100.0%	100.0%	1,033	780	880	33
Bangor	-	-	-	-	-	-	-	-
South Tyrone	100.0%	100.0%	100.0%	100.0%	1,752	1,551	1,714	1,701
Omagh	91.2%	92.2%	95.2%	94.3%	1,475	1,391	1,580	1,493
Ulster MIU	-	-	-	92.0%	-	-	-	2,169
Type 3	96.8%	97.0%	98.1%	95.1%	4,321	3,749	4,199	5,420
Northern Ireland	65.5%	66.4%	64.8%	65.5%	34,333	34,888	35,554	35,251

⁵⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵⁵ Information on time to treatment is not recorded at Eye Casualty.

Table 11L: Percentage Triageed in each Triage Group^{56 57}

Department	Triage Level (1/2)				Triage Level (3)				Triage Level (4/5)			
	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023	Sep 2022	Jul 2023	Aug 2023	Sep 2023
Mater	21.1%	18.2%	19.5%	16.9%	47.5%	49.3%	46.6%	48.0%	31.5%	32.5%	33.9%	35.1%
Royal Victoria	29.3%	27.8%	27.4%	27.4%	47.7%	46.3%	45.9%	44.5%	23.0%	25.9%	26.7%	28.2%
RBHSC	21.8%	16.3%	18.2%	17.3%	27.6%	28.8%	26.1%	26.2%	50.6%	54.8%	55.7%	56.5%
Antrim Area	16.1%	18.6%	17.7%	17.3%	54.1%	55.2%	52.3%	52.9%	29.8%	26.1%	30.0%	29.8%
Causeway	20.6%	18.3%	19.4%	19.0%	53.4%	51.2%	48.4%	48.4%	26.0%	30.5%	32.2%	32.6%
Ulster	25.0%	26.2%	24.9%	28.3%	40.8%	39.4%	39.8%	43.8%	34.2%	34.4%	35.3%	27.9%
Craigavon Area	35.7%	36.4%	36.3%	34.4%	37.5%	37.6%	36.4%	39.2%	26.8%	26.1%	27.3%	26.4%
Daisy Hill	31.1%	33.1%	34.4%	35.3%	45.6%	43.5%	46.4%	42.3%	23.3%	23.4%	19.2%	22.4%
Altnagelvin Area	36.0%	34.6%	32.7%	32.8%	34.1%	34.7%	36.7%	36.3%	30.0%	30.6%	30.6%	30.9%
South West Acute	18.7%	19.5%	18.8%	20.1%	46.1%	44.2%	42.8%	43.8%	35.1%	36.3%	38.3%	36.1%
Type 1	26.4%	26.1%	25.9%	25.9%	43.1%	43.3%	42.6%	43.1%	30.5%	30.5%	31.5%	31.0%
Eye Casualty	4.9%	2.1%	0.7%	2.1%	22.1%	12.7%	21.0%	17.4%	73.0%	85.2%	78.3%	80.6%
Lagan Valley	6.6%	7.2%	5.0%	5.2%	22.6%	25.4%	24.3%	24.3%	70.9%	67.4%	70.8%	70.4%
Type 2	6.1%	6.0%	3.9%	4.5%	22.4%	22.5%	23.5%	22.8%	71.5%	71.5%	72.6%	72.7%
Mid Ulster	1.6%	0.0%	3.7%	5.6%	16.1%	20.9%	25.9%	11.1%	82.3%	79.1%	70.4%	83.3%
Ards	0.1%	0.1%	0.0%	0.0%	0.3%	0.0%	0.1%	0.0%	99.6%	99.9%	99.9%	100.0%
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	0.6%	0.4%	0.3%	0.3%	1.1%	1.2%	1.1%	0.3%	98.2%	98.4%	98.6%	99.4%
Omagh	0.6%	1.3%	0.9%	0.6%	2.8%	3.6%	2.1%	3.7%	96.6%	95.1%	96.9%	95.6%
Ulster MIU	-	-	-	1.4%	-	-	-	20.3%	-	-	-	78.3%
Type 3	0.5%	0.7%	0.5%	0.9%	1.9%	2.1%	1.6%	9.3%	97.5%	97.2%	97.9%	89.8%
Northern Ireland	23.4%	23.6%	23.1%	22.6%	38.9%	39.7%	38.8%	39.0%	37.7%	36.7%	38.2%	38.4%

⁵⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵⁷ 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](#)