

INFORMATION
ANALYSIS
DIRECTORATE



Emergency Care Waiting Time Statistics for Northern Ireland (July - September 2021)

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An Roinn Sláinte

Máinnystrie O Poustie

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NISRA

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

Reader Information

Purpose: This statistical release presents information on the time waited in emergency care 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: time to triage, age and time of day for attendances, GP referrals, emergency admissions, left before treatment complete, triage level, time to start of treatment, time waited for patients admitted and not admitted are **not** National Statistics, but have been included to provide users with a comprehensive view of emergency care activity and waits. 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

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

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 Conformation 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) waiting times 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:

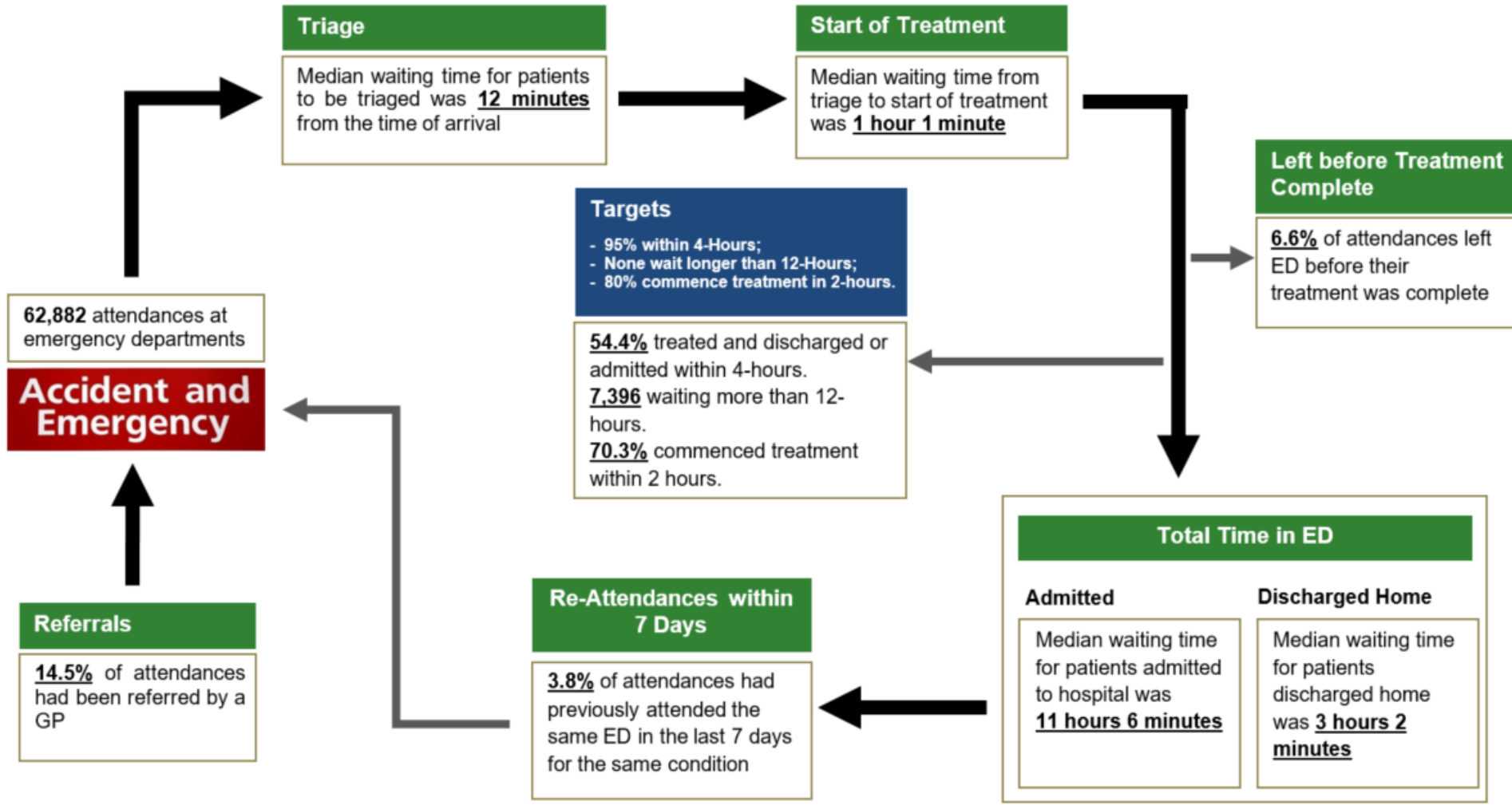
[Official Statistics & User Engagement](#)

[DoH Statistical Charter](#)

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SUMMARY OF KEY FACTS (SEPTEMBER 2021)



Emergency Care Attendances: Who, Where, When, Why?

How Many Attend EDs?

Table 1 presents information on the number of new and unplanned review attendances at emergency care departments (ED) and the number of emergency admissions to hospital in Northern Ireland during September 2021, compared with the same month last year.^{2 3 4}

Information for the last three months (July, August and September 2021) is detailed in Table 10A on page 30.

Table 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (September 2020 - September 2021)

Attendances	September 2020	September 2021	Difference	
New	55,207	59,328	4,121	7.5%
Unplanned Review	3,010	3,554	544	18.1%
Total Attendances	58,217	62,882	4,665	8.0%
Emergency Admissions	10,295	11,515	1,220	11.9%

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances at EDs increased by 8.0% (4,665) when compared with September 2020, from 58,217 to 62,882 in September 2021 (Table 1, Table 10A).
- Between September 2020 and September 2021, unplanned review attendances increased by 18.1% (544) and new attendances increased by 7.5% (4,121) (Table 1, Table 10A).
- There were 192,037 attendances at EDs during the quarter ending 30 September 2021, 8.0% (14,213) more than during the same quarter in 2020 (177,824).
- The number of emergency admissions to hospital from EDs increased by 11.9% (1,220) between September 2020 (10,295) and September 2021 (11,515) (Table 1).

² Data on emergency admissions are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits. This is sourced from the ED Administrative Systems and will therefore differ slightly from the information included in the Hospital Statistics: Inpatients and Day Case Statistics which are sourced from the Hospital Inpatient System.

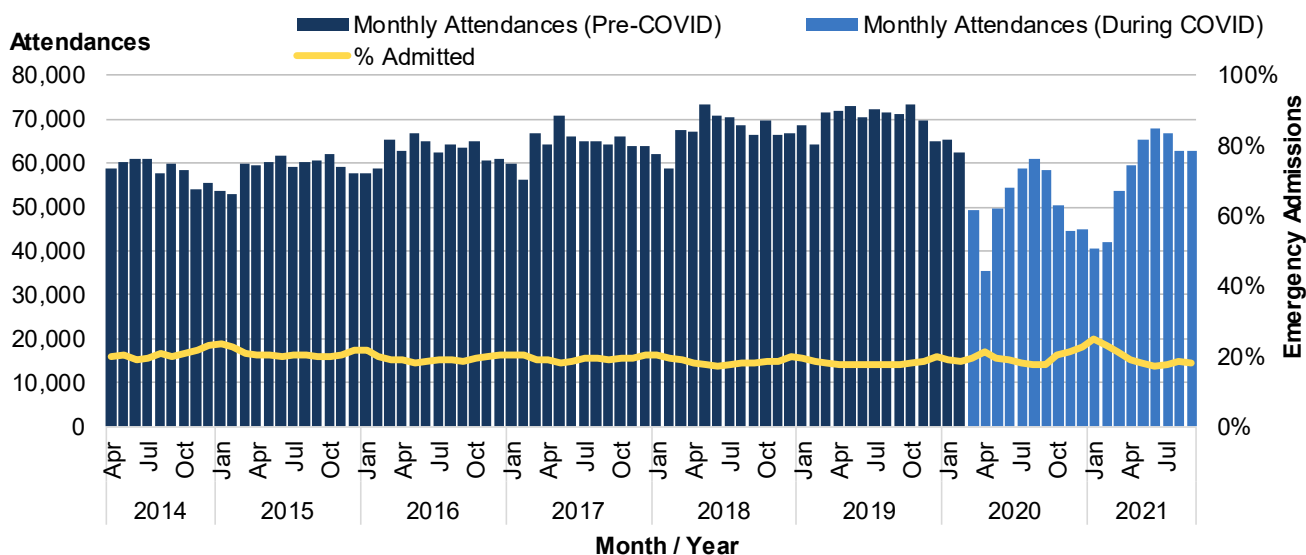
³ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁴ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

Are More Patients Being Admitted To Hospital?

Figure 1 presents information on the number of new and unplanned review attendances at EDs and emergency admissions ⁵ to hospital each month, from April 2014.^{6 7}

Figure 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (April 2014 – September 2021)



Source: Regional Data Warehouse, Business Services Organisation

- During each of the last seven years, the percentage of ED attendances admitted to hospital was generally highest in December and January and lowest during May (Figure 1).
- The percentage of ED attendances admitted to hospital generally increases between November and January each year, then declines sharply from February each year (Figure 1).
- Attendances during July, August and September 2021 increased when compared with the same month of the previous year. Attendance numbers were impacted by the COVID-19 pandemic. The full impact of this is still being assessed.
 - During July 2021, there were 66,590 attendances at EDs, 13.2% (7,746) more than July 2020 (58,844);
 - During August 2021, there were 62,565 attendances at EDs, 3.0% (1,802) more than August 2020 (60,763); and,
 - During September 2021, there were 62,882 attendances at EDs, 8.0% (4,665) more than September 2020 (58,217).

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 waits.

⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁷ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

Which ED Did People Attend?

Table 2 details a summary of the number of new and unplanned review attendances at each Type 1 ED during September 2021 and the same month last year. It also details the total number of attendances at Type 2 and 3 EDs during this period^{8 9 10}

Table 2: Attendances at Emergency Care Departments (September 2020 – September 2021)

Department	New Attendances		Unplanned Review Attendances		Total Attendances	
	Sep 2020	Sep 2021	Sep 2020	Sep 2021	Sep 2020	Sep 2021
Mater	1,457	1,907	19	26	1,476	1,933
Royal Victoria	8,404	6,945	183	91	8,587	7,036
RBHSC	3,188	4,049	232	441	3,420	4,490
Antrim Area	6,828	7,451	381	520	7,209	7,971
Causeway	3,468	3,432	272	162	3,740	3,594
Ulster	7,935	8,308	205	387	8,140	8,695
Craigavon Area	7,339	6,066	634	498	7,973	6,564
Daisy Hill	.	4,384	.	332	.	4,716
Altnagelvin Area	4,846	5,298	353	436	5,199	5,734
South West Acute	2,741	2,864	284	265	3,025	3,129
Type 1	46,206	50,704	2,563	3,158	48,769	53,862
Type 2	3,303	3,992	150	248	3,453	4,240
Type 3	5,698	4,632	297	148	5,995	4,780
Northern Ireland	55,207	59,328	3,010	3,554	58,217	62,882

Source: Regional Data Warehouse, Business Services Organisation

- Between September 2020 and September 2021, total attendances increased at Type 1 and Type 2 departments but decreased at Type 3 departments (Table 2, Table 10A).
- The Ulster (8,695) was the busiest ED during September 2021 (Table 2, Table 10A).
- Six of the ten Type 1 EDs reported an increase in attendances during September 2021, compared with September 2020 (Table 2, Table 10A).

⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

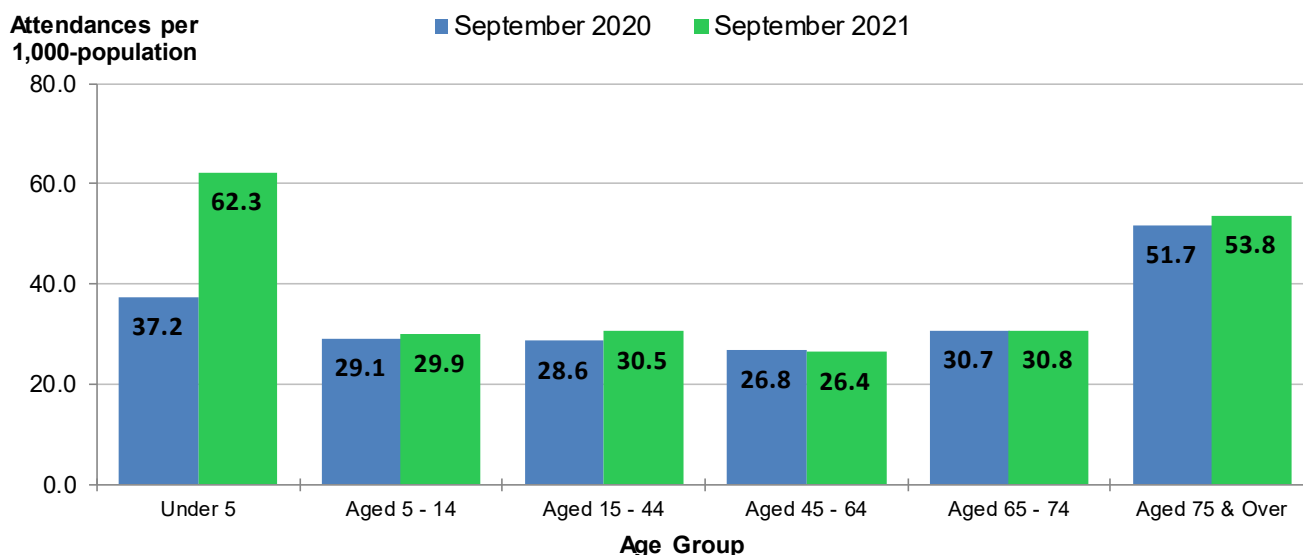
⁹ Readers should note that Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED (29th March 2020 - 19th October 2020), Craigavon Paediatric ED (31st March 2020 - 12th June 2020) and Craigavon Minor Injuries Unit (2nd - 14th December 2020)

¹⁰ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

Who Attends EDs?

Figure 2 presents information on the number of attendances at EDs per 1,000-population, broken down by the age group of those attending^{11 12 13}

Figure 2: Attendances at Emergency Care Departments per 1,000-population, by Age Group (September 2020 – September 2021)^{14 15}



Source: Regional Data Warehouse, Business Services Organisation

- During September 2021, the highest number of attendances per 1,000-population was recorded for those Under 5 (62.3). The rate of attendances per 1,000-population aged Under 5 in September 2021 (62.3) was notably higher than September 2020 (37.2), and is the highest rate recorded for this age group during any month to date (Figure 2, Table 10H).
- The lowest number of attendances per 1,000-population was recorded in the Aged 45 - 64 age group during September 2021 (26.4) (Figure 2, Table 10H).
- The rate of attendances per 1,000-population increased for most age groups between September 2020 and September 2021, with the exception of Aged 45 - 64 (Figure 2, Table 10H).

¹¹ Data on the age of those attending ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

¹² Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹³ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

¹⁴ Excludes cases where the DOB could not be determined.

¹⁵ Based on the NISRA 2020 mid-year population estimate which was published on 25th June 2021.

What Triage Level Do Patients Present With?

The level which patients arriving at the ED were designated following triage by a health-care professional is presented below. The five levels on the Manchester Triage Scale (MTS) below, act as a guide for the time within which a patient's treatment should commence. ^{16 17}

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

In this report 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 3: Percentage Triaged in each Triage Group (September 2020 - September 2021)^{18 19}

Department	Level 1 / 2		Level 3		Level 4 / 5	
	Sep 2020	Sep 2021	Sep 2020	Sep 2021	Sep 2020	Sep 2021
Mater	28.4%	24.1%	43.4%	46.3%	28.2%	29.6%
Royal Victoria	18.4%	26.8%	45.3%	52.3%	36.3%	20.9%
RBHSC	14.5%	14.9%	21.4%	22.7%	64.1%	62.4%
Antrim Area	20.0%	16.8%	51.0%	53.7%	29.0%	29.5%
Causeway	15.5%	19.7%	49.3%	54.3%	35.2%	26.1%
Ulster	21.8%	24.2%	42.3%	44.7%	35.9%	31.1%
Craigavon Area	31.9%	35.0%	40.8%	37.6%	27.3%	27.4%
Daisy Hill	.	29.7%	.	41.0%	.	29.2%
Altnagelvin Area	30.9%	36.3%	32.1%	35.8%	37.0%	27.9%
South West Acute	15.1%	19.8%	41.4%	46.3%	43.5%	33.9%
Type 1	22.5%	25.5%	41.5%	43.4%	36.0%	31.1%
Type 2	5.0%	5.5%	24.7%	23.2%	70.3%	71.4%
Type 3	0.5%	0.6%	2.8%	1.6%	96.7%	97.8%
Northern Ireland	19.4%	22.3%	37.1%	39.0%	43.5%	38.7%

Source: Regional Data Warehouse, Business Services Organisation

- Almost seven in ten (68.9%) attendances at Type 1 departments in September 2021 were triaged as level 1 / 2 or 3, compared with 64.0% in September 2020 (Table 3, Table 10L).
- Over a fifth (22.3%) of patients were triaged at level 1 / 2 in September 2021, less than August 2021 (21.7%) and July 2021 (20.8%) (Table 3, Table 10L).
- During September 2021, over a third of patients attending Altnagelvin Area (36.3%) were triaged at level 1 / 2, compared with 14.9% of those attending the RBHSC (Table 3, Table 10L).

¹⁶ Data are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

¹⁷ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

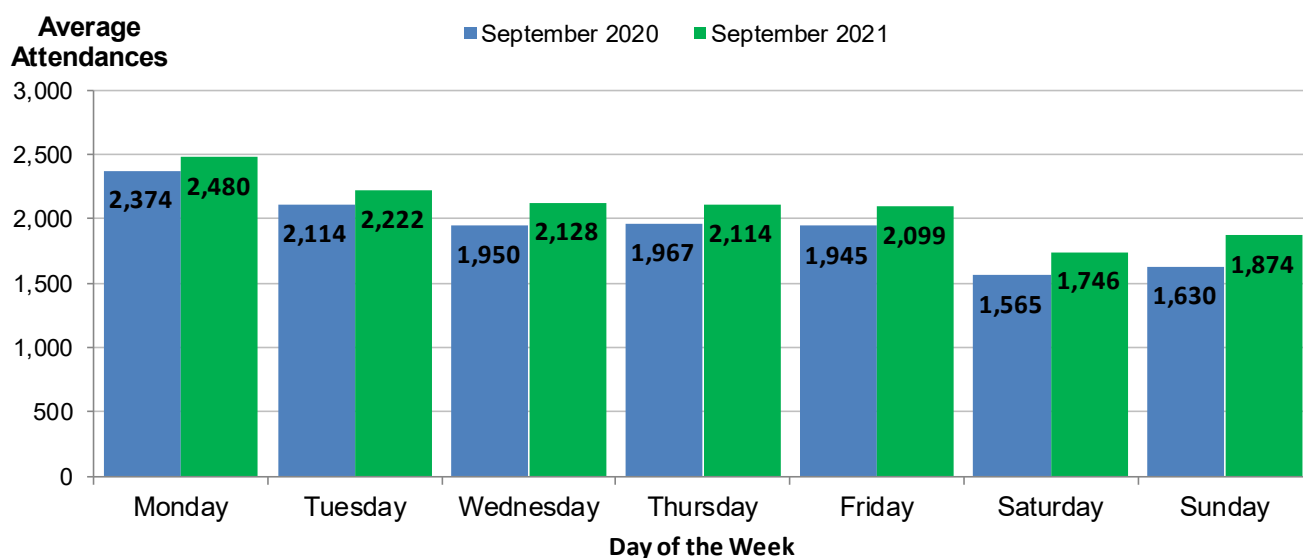
¹⁸ Readers should note that Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED (29th March 2020 - 19th October 2020), Craigavon Paediatric ED (31st March 2020 - 12th June 2020) and Craigavon Minor Injuries Unit (2nd - 14th December 2020)

¹⁹ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

When Do People Attend EDs?

Figure 3 presents information on the average number of new and unplanned review attendances at EDs by day of the week during June 2021, compared with June 2020.^{20 21 22}

Figure 3: Average Number of Attendances at Emergency Care Departments by Day of Week (September 2020 - September 2021)



Source: Regional Data Warehouse, Business Services Organisation

- Overall, Monday was the busiest day at EDs during both September 2020 and September 2021, with over 2,400 daily attendances on average each Monday during September 2021 (Figure 3, Table 10I).
- The largest increase in average daily attendances between September 2020 and September 2021 (244) was on a Sunday (1,630 and 1,874 respectively) (Figure 3, Table 10I).
- The lowest average number of daily attendances was on a Saturday during September 2021 (1,746) and September 2020 (1,565) (Figure 3, Table 10I).

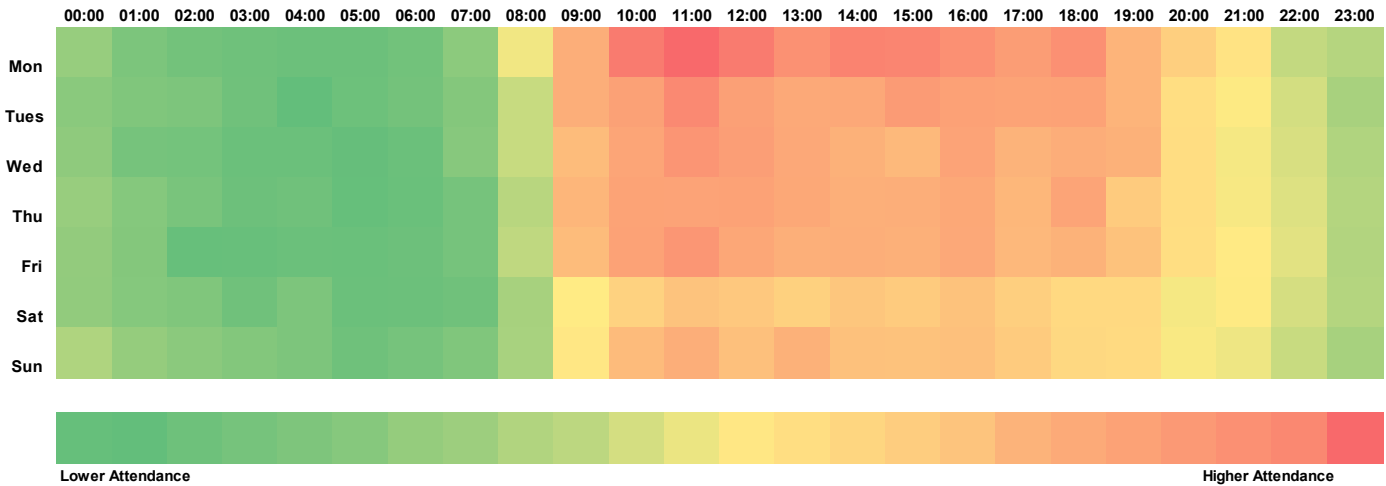
²⁰ Data on when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

²¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

²² Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

Figure 4 presents information on the number of new and unplanned review attendances during each day of the week and hour of the day in September 2021. The time shown refers to the hour of arrival, for example, 12:00 are those patients who arrived between 12:00pm (noon) and 12:59pm.^{23 24 25}

Figure 4: Heat Map of Emergency Care Attendances by Day and Time (September 2021)



Source: Regional Data Warehouse, Business Services Organisation

- Monday was the busiest day of the week during September 2021, with the highest number of attendances arriving between 11:00am and 11:59am (Figure 4).
- Saturday was the least busy day during September 2021, with the highest number of attendances arriving between 16:00pm and 16:59pm (Figure 4).
- Overall, the busiest hour of the day during September 2021 was between 11:00am and 11:59am, whilst the least busy hour was 5:00am to 5:59am (Figure 4).

²³ 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 waits.

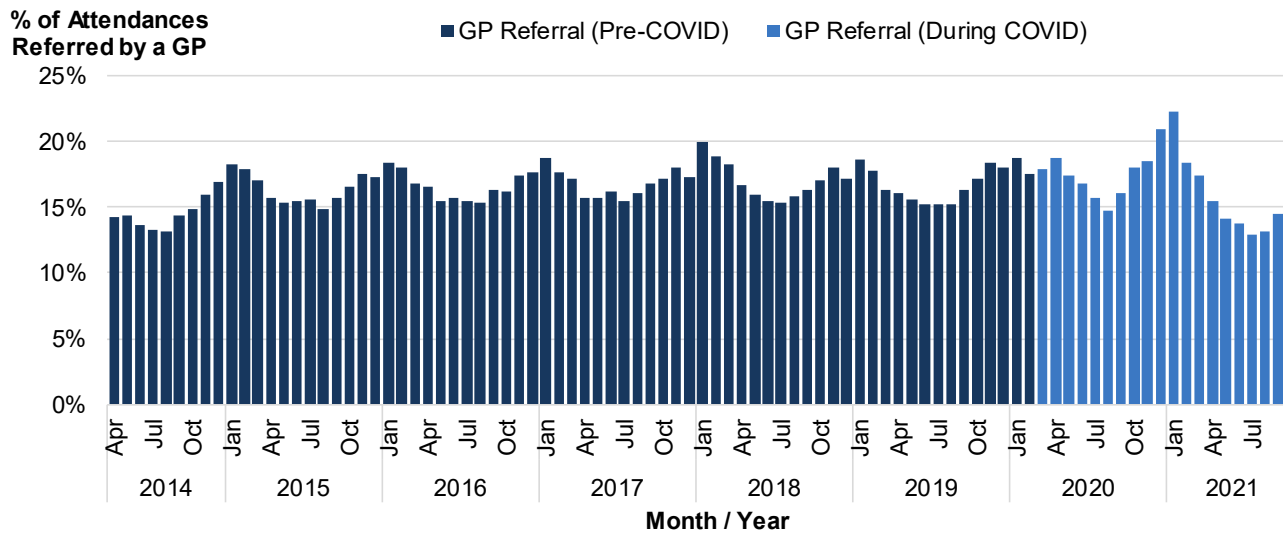
²⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

²⁵ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

How Many Attendances Were Referred by a GP?

Figure 5 presents information on the percentage of attendances at EDs that had been referred by a GP, from April 2014.^{26 27 28}

Figure 5: Percentage of Attendances at Emergency Care Departments Referred by a GP (April 2014 – September 2021)



Source: Regional Data Warehouse, Business Services Organisation

- In September 2021, one in seven (14.5%) attendances at EDs had been referred by a GP, compared with 16.1% in September 2020 (Figure 5, Table 10C).
- Type 1 EDs reported the highest percentage of attendances referred by a GP (16.1%) during September 2021, compared with 18.5% in September 2020 (Table 10C).
- Over a quarter (25.4%) of attendances at Craigavon Area had been referred by a GP during September 2021, compared with 7.3% of attendances at the Royal Victoria (Table 10C).
- The percentage of attendances referred by a GP is generally highest during January each year, and lowest during July and August (Figure 5).

²⁶ 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 waits.

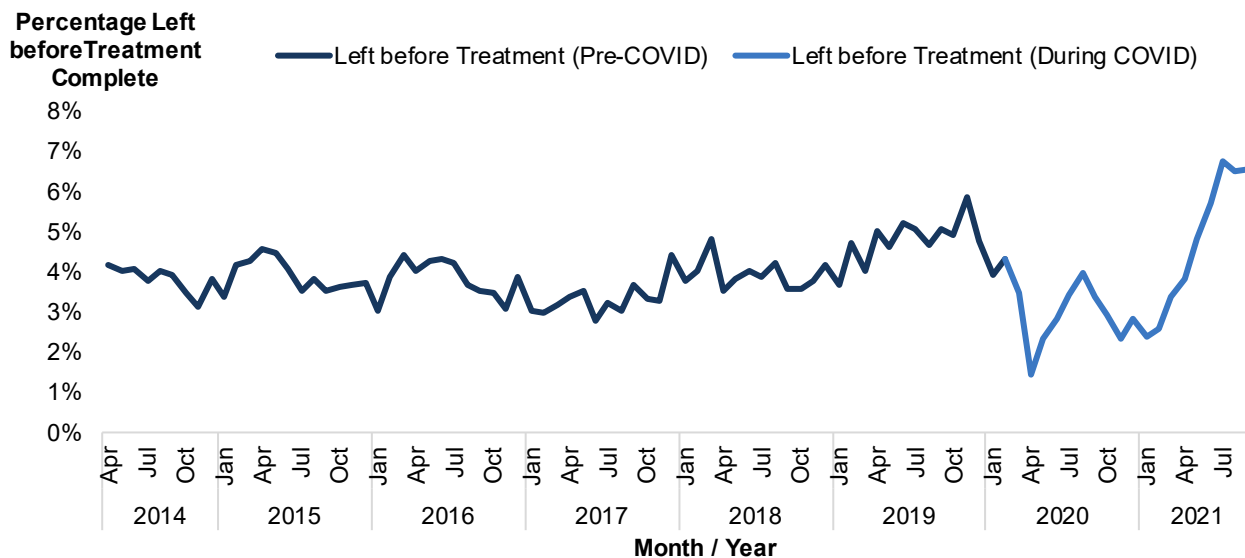
²⁷ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

²⁸ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

Do Patients Leave ED Before Their Treatment is Complete?

Figure 6 presents information on the proportion of attendances which left an ED before their treatment was complete, from April 2014.^{29 30 31}

Figure 6: Percentage of Attendances Leaving the Emergency Care Department before their Treatment was Complete (April 2014 – September 2021)



Source: Regional Data Warehouse, Business Services Organisation

- During September 2021, 6.6% of all ED attendances left before their treatment was complete, compared with 3.4% in September 2020 (Figure 6, Table 10C).
- Type 1 EDs reported the highest percentage (7.5%) of patients leaving before their treatment was complete in September 2021, with 1.7% reported for Type 2 EDs and 0.4% for Type 3 EDs (Table 10C).
- The Royal Victoria (15.3%) reported the highest percentage of attendances leaving an ED before their treatment was complete during September 2021, compared with 8.3% in September 2020 (Table 10C).
- During the last 12 months, the percentage of attendances leaving ED before their treatment was complete was highest in July 2021 (6.8%). This was the highest level seen since reporting began in April 2014 (Figure 6, Table 10C).

²⁹ 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 waits.

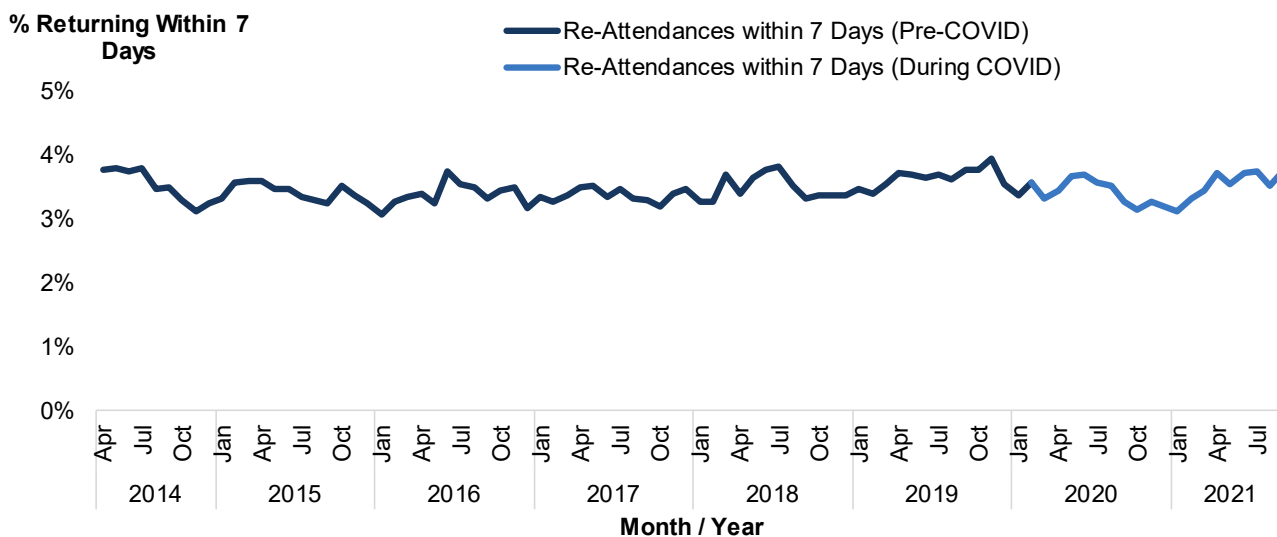
³⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

³¹ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

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

Figure 7 presents information on the percentage of unplanned review attendances at EDs within 7 days of their original attendance for the same condition, from April 2014.^{32 33 34}

Figure 7: Percentage of Re-attendances at Emergency Care Departments within 7 Days (April 2014 – September 2021)



Source: Regional Data Warehouse, Business Services Organisation

- The percentage of unplanned review attendances at EDs within 7 days of the original attendance for the same condition has changed slightly from April 2014, fluctuating between 3.1% and 3.9% of the total number of ED attendances (Figure 7).
- During September 2021, 3.8% of attendances had attended the same ED within 7 days of their original attendance, compared to 3.3% in September 2020 (Figure 7, Table 10C).
- The RBHSC (7.0%) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during September 2021 (Table 10C).

³² 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 waits.

³³ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

³⁴ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

How Long Do Patients Spend in ED?

Emergency Care Waiting Times Targets

The current DOH targets³⁵ on emergency care waiting times in Northern Ireland for 2021/22 state that:

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

'By March 2022, 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.

³⁵ Further breakdown of EDs can be found in Appendix 4: Table 10B & Table 10J.

How are EDs Performing?

Table 4 details performance against the 4 and 12 hour components of the emergency care waiting times target in Northern Ireland. Waiting time is from arrival to discharge or admission to hospital.³⁶

Table 4: Performance against Emergency Care Waiting Times Targets (September 2020 - September 2021)

% Within 4 Hours	Sep 2020	Jul 2021	Aug 2021	Sep 2021	Diff (Sep 2020 - Sep 2021)	
					No.	%
Type 1	60.5%	50.2%	47.0%	48.0%	-	-12.5%
Type 2	82.6%	87.9%	86.9%	84.1%	-	1.4%
Type 3	99.6%	99.7%	99.5%	99.8%	-	0.1%
Total	65.8%	56.4%	53.6%	54.4%	-	-11.5%
Over 12 Hours	Sep 2020	Jul 2021	Aug 2021	Sep 2021	Diff (Sep 2020 - Sep 2021)	
					No.	%
Type 1	4,208	6,509	6,663	7,393	3,185	-
Type 2	2	5	1	3	1	-
Type 3	.	.	2	.	.	-
Total	4,210	6,514	6,666	7,396	3,186	-
New & Unplanned Review Attendances	Sep 2020	Jul 2021	Aug 2021	Sep 2021	Diff (Sep 2020 - Sep 2021)	
					No.	%
Type 1	48,769	57,315	53,715	53,862	5,093	10.4%
Type 2	3,453	4,078	4,040	4,240	787	22.8%
Type 3	5,995	5,197	4,810	4,780	-1,215	-20.3%
Total	58,217	66,590	62,565	62,882	4,665	8.0%

Source: Regional Data Warehouse, Business Services Organisation

- Over half (54.4%) of attendances in September 2021 were discharged or admitted within 4 hours, compared with 65.8% in September 2020 (Table 10B & 10J).
- Almost half (48.0%) of attendances at Type 1 EDs in September 2021 waited less than 4 hours, compared with 84.1% at Type 2 EDs and 99.8% at Type 3 EDs (Table 4, Table 10B & 10J).
- Between September 2020 and September 2021, the number waiting over 12 hours increased from 4,210 to 7,396, accounting for 11.8% of attendances in September 2021 (Table 4, Table 10B & 10J).
- During this period, EDs experienced an 8.0% increase in attendances (58,217 to 62,882), and 4 hour performance decreased from 65.8 % to 54.4% (Table 4, Table 10B & 10J).
- During the quarter ending 30 September 2021, over half (54.8%) of patients waited less than 4 hours at an ED, compared with 65.8% during the same quarter in 2020.
- Between July 2021 and September 2021, the percentage waiting less than 4 hours was highest in July 2021 (56.4%) and lowest in August 2021 (53.6%), whilst the number waiting over 12 hours was highest in September 2021 (7,396) and lowest in July 2021 (6,514) (Table 4, Table 10B).

³⁶ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

Table 5 details the performance for both the four and twelve hour components of the emergency care waiting times target at each Type 1 ED in September 2021 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.³⁷

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Table 5: Performance against the 4 and 12 Hour Components of the Emergency Care Waiting Times Target at Type 1 EDs (September 2020 - September 2021)

Department	4 Hour Performance		12 Hour Performance		Total Attendances	
	Sep 2020	Sep 2021	Sep 2020	Sep 2021	Sep 2020	Sep 2021
Mater	55.6%	54.3%	182	237	1,476	1,933
Royal Victoria	46.7%	26.8%	794	1,539	8,587	7,036
RBHSC	81.4%	65.1%	2	6	3,420	4,490
Antrim Area	62.0%	53.8%	550	1,073	7,209	7,971
Causeway	74.5%	63.0%	80	427	3,740	3,594
Ulster	61.4%	49.7%	941	1,268	8,140	8,695
Craigavon Area	60.3%	39.2%	962	1,144	7,973	6,564
Daisy Hill	-	58.1%	-	422	-	4,716
Altnagelvin Area	57.3%	39.1%	423	852	5,199	5,734
South West Acute	61.1%	49.9%	274	425	3,025	3,129
Type 1	60.5%	48.0%	4,208	7,393	48,769	53,862
Type 2	82.6%	84.1%	2	3	3,453	4,240
Type 3	99.6%	99.8%	-	-	5,995	4,780
Northern Ireland	65.8%	54.4%	4,210	7,396	58,217	62,882

Source: Regional Data Warehouse, Business Services Organisation

- During September 2021, the RBHSC (65.1%) reported the highest performance of the four hour target at any Type 1 ED, whilst the Royal Victoria (26.8%) reported the lowest (Table 5, Table 10B).
- No Type 1 ED achieved the 12-hour target during September 2021 (Table 5, Table 10B).
- The Royal Victoria (1,539) reported the highest number of patients waiting over 12 hours during September 2021 (Table 5, Table 10B).
- Between September 2020 and September 2021, performance against the 12 hour target declined at all Type 1 EDs. (Table 5, Table 10B).

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

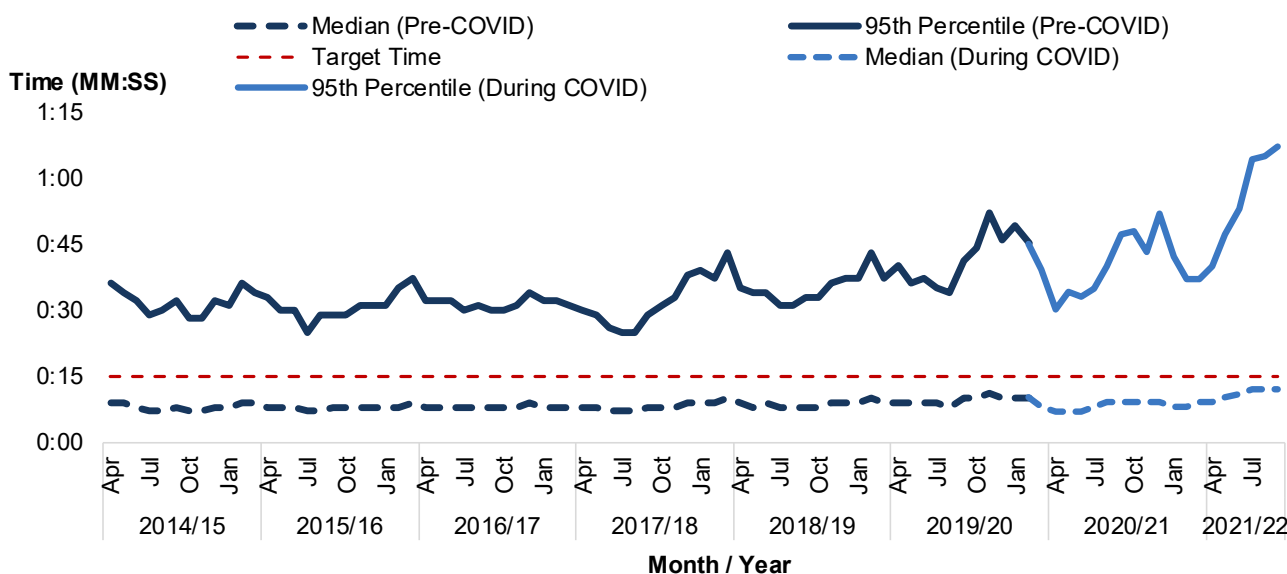
³⁸ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

How Long Did Patients Wait to be Triage?

Figure 9 details the length of time patients waited from the time of their arrival at an ED to their triage (initial assessment) by a medical practitioner, which includes a brief history, pain assessment and early warning scores, for all patients.^{39 40}

Two aspects of the time waited are reported, including (i) the 95th percentile which is the time below which 95% of patients were triaged each month, and (ii) the median waiting time, which is the time below which 50% of patients were triaged.

Figure 9: Time from Arrival to Triage (April 2014 - September 2021)⁴¹



Source: Regional Data Warehouse, Business Services Organisation

- During September 2021, the median waiting time from arrival to triage was 12 minutes, 3 minutes more than September 2020 (9 minutes)(Figure 9, Table 10D).
- 95 percent of patients were triaged within 1 hour 7 minutes of their arrival at an ED in September 2021, 20 minutes more than September 2020 (47 minutes) (Figure 9, Table 10D).
- Almost six in ten (58.4%) attendances were triaged within 15 minutes of their arrival at an ED during September 2021, compared with 69.2% in September 2020.
- During each of the last 3 months, the median time waited to triage was the same each month (12 minutes), whilst the time taken to triage 95 percent of patients was longest during September (1 hour 7 minutes) and shortest in July (1 hour 4 minutes) (Table 10D).

³⁹ Data on time to triage are not National Statistics, and are included to provide users with a comprehensive view of ED activity and waits.

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

⁴¹ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

Table 6 presents information on the percentage of patients commencing treatment, following triage, within 2 hours at Type 1 EDs in September 2021, 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.⁴²

Table 6: Performance against the Target to Commence Treating Patients within 2 Hours of them being Triaged (September 2020 - September 2021)⁴³

Department	Sep 2020	Jul 2021	Aug 2021	Sep 2021
Mater	95.7%	88.1%	88.7%	84.2%
Royal Victoria	59.9%	50.2%	53.6%	50.0%
RBHSC	88.0%	78.7%	72.8%	65.9%
Antrim Area	72.1%	68.2%	65.1%	65.3%
Causeway	93.7%	65.2%	59.1%	78.6%
Ulster	92.4%	71.1%	70.6%	71.6%
Craigavon Area	84.9%	49.5%	53.3%	52.7%
Daisy Hill	-	67.4%	69.5%	79.5%
Altnagelvin Area	81.3%	48.4%	58.7%	58.4%
South West Acute	86.3%	78.5%	81.2%	82.1%
Type 1	81.8%	63.9%	64.6%	66.1%
Type 2	93.4%	96.5%	97.8%	92.3%
Type 3	99.2%	98.8%	98.3%	99.1%
Northern Ireland	84.1%	68.4%	69.2%	70.3%

Source: Regional Data Warehouse, Business Services Organisation

- Over seven in ten (70.3%) patients attending EDs in September 2021 commenced their treatment within 2 hours of being triaged, compared with 84.1% in September 2020 (Table 6, Table 10K).
- During September 2021, almost two thirds (66.1%) of patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 92.3% at Type 2 EDs and 99.1% at Type 3 EDs (Table 6, Table 10K).
- Two Type 1 EDs (the Mater and South West Acute) achieved the 80% target in September 2021 (Table 6, Table 10K).
- During September 2021, the Mater (84.2%) reported the highest percentage commencing treatment within 2 hours, whilst the Royal Victoria (50.0%) reported the lowest (Table 6, Table 10K).
- Between July and September 2021, the highest percentage of patients commencing treatment within 2 hours was in September 2021 (70.3%) whilst the lowest was in July 2021 (68.4%), (Table 6).

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

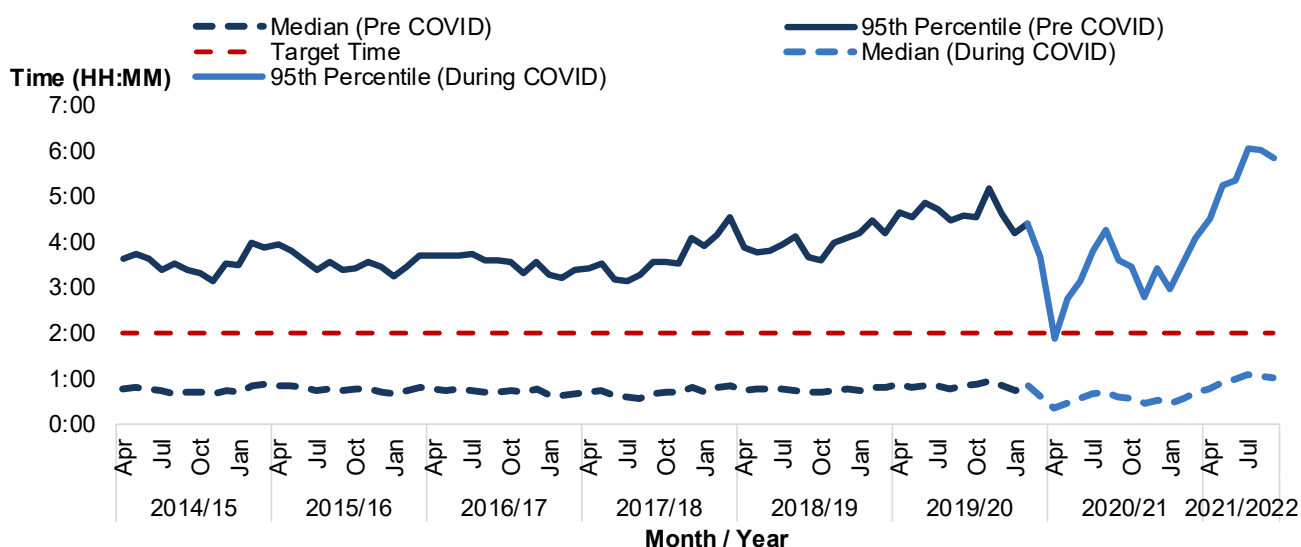
⁴³ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

How Long Did Patients Wait for Their Treatment to Start?

Figure 10 shows information on the length of time patients waited for their treatment to start following triage (initial assessment) by a medical practitioner. The start of treatment refers to the beginning of a definitive treatment by a decision-making clinician.^{44 45}

Two aspects of the time waited are reported, including (i) the 95th percentile which is the time below which 95% of patients commenced treatment each month, and (ii) the median waiting time, which is the time below which 50% of patients commenced treatment.

Figure 10: Time from Triage to Start of Treatment (April 2014 – September 2021) ⁴⁶



Source: Regional Data Warehouse, Business Services Organisation

- The median waiting time from triage to start of treatment in September 2021 was 1 hour 1 minute, 25 minutes more than the time taken in September 2020 (36 minutes) (Figure 10, Table 10E).
- During September 2021, 95 percent of patients commenced treatment within 5 hours 49 minutes of being triaged, 2 hours 13 minutes more than September 2020 (3 hours 36 minutes) (Figure 10, Table 10E).
- Across each of the last 3 months, the median waiting time to start of treatment was longest in July 2021 (1 hour 4 minutes) and shortest in September 2021 (1 hour 1 minute), and the time within which 95 percent of patients started treatment was also longest in July 2021 (6 hours 2 minutes) and shortest in September 2021 (5 hours 49 minutes) (Table 10E).

⁴⁴ Data on start of treatment are not National Statistics, and are included to provide users with a comprehensive view of ED activity and waits.

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

⁴⁶ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

What is the Waiting Time for Treatment to Start at Type 1 EDs?

Table 7 details the median and 95th percentile of the length of time waited from triage to the start of treatment at Type 1 EDs during September 2021, compared with September 2020.^{47 48}

Table 7: Time from Triage to Start of Treatment (September 2020 and September 2021)⁴⁹

Department	Median		95th Percentile	
	September 2020	September 2021	September 2020	September 2021
Mater	0:18	0:37	1:52	3:05
Royal Victoria	1:22	2:00	6:31	9:11
RBHSC	0:39	1:21	2:50	4:24
Antrim Area	1:08	1:20	4:06	5:13
Causeway	0:29	0:51	2:07	4:09
Ulster	0:29	1:00	2:21	5:21
Craigavon Area	0:42	1:50	3:22	8:47
Daisy Hill	-	0:53	-	4:22
Altnagelvin Area	0:49	1:38	3:26	6:12
South West Acute	0:28	0:38	3:21	4:10
Type 1	0:42	1:14	3:51	6:12
Type 2	0:28	0:29	2:10	2:17
Type 3	0:05	0:05	0:50	1:00
Northern Ireland	0:36	1:01	3:36	5:49

Source: Regional Data Warehouse, Business Services Organisation

- The median time waited at Type 1 EDs from triage to start of treatment by a medical professional was 1 hour 14 minutes in September 2021, 32 minutes more than September 2020 (42 minutes) (Table 7, Table 10E).
- The Royal Victoria (2 hours) reported the longest median waiting time from triage to start of treatment during September 2021, whilst the Mater (37 minutes) reported the shortest median waiting time (Table 7, Table 10E).
- The Royal Victoria reported the longest waiting time between triage and start of treatment, with 95 percent of attendances commencing treatment within 9 hours 11 minutes of being triaged; 2 hours 40 minutes more than the time taken in September 2020 (6 hours 31 minutes) (Table 7, Table 10E).
- The Mater reported the shortest time to start of treatment during September 2021, with 95 percent of attendances commencing treatment within 3 hours 5 minutes of being triaged, 1 hour 13 minutes more than the time taken in September 2020 (1 hour 52 minutes) (Table 7, Table 10E).

⁴⁷ 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 waits.

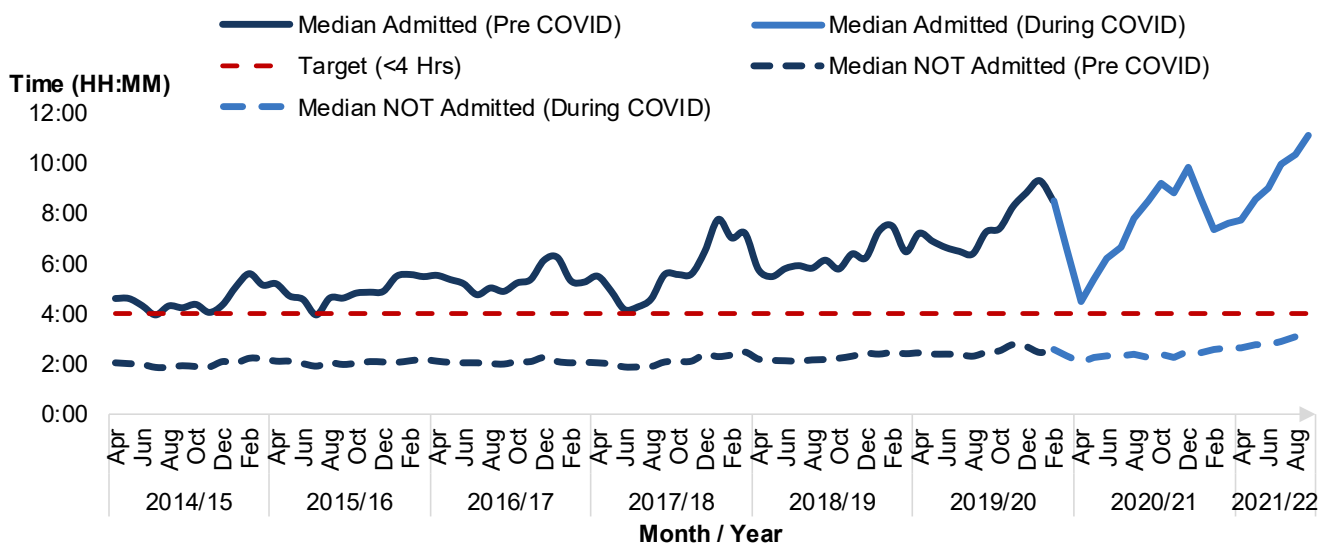
⁴⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁴⁹ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

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

Information detailed in Tables 8 and 9 indicates that patients admitted to hospital generally spend a longer period of time in an ED than those discharged home.^{50 51 52}

Figure 11: Median Time Spent in an Emergency Care Department for those (i) Admitted to Hospital and (ii) Discharged Home (April 2014 to September 2021)



Source: Regional Data Warehouse, Business Services Organisation

- During September 2021, the median time patients admitted to hospital spent in ED was 11 hours 6 minutes, compared to 3 hours 2 minutes for those discharged home (Figure 11, Table 10F & 10G).
- During September 2021, 95 percent of attendances were admitted to hospital within 38 hours 3 minutes of their arrival, over three times longer than the time waited by 95 percent of those discharged home (11 hours 1 minute) (Table 8 & 9).
- During the last 3 months, the median time patients admitted spent in ED was longest in September 2021 (11 hours 6 minutes) and shortest in July 2021 (9 hours 59 minutes) (Table 10F).
- During this period, the median time waited by patients discharged home was longest in August 2021 (3 hours 5 minutes) and shortest in July 2021 (2 hours 53 minutes) (Table 10G).
- During this period, the longest time waited by up to 95 percent of patients admitted was in September 2021 (38 hours 3 minutes) and shortest in July 2021 (30 hours 52 minutes) (Table 10F).
- During this period, the longest time waited by up to 95 percent of patients discharged home was in September 2021 (11 hours 1 minutes) and shortest in July 2021 (10 hours 17 minutes) (Table 10G).

⁵⁰ Data are not National Statistics, and are included to provide users with a comprehensive view of ED activity and waits.

⁵¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵² Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

How Long did Patients Admitted to Hospital Spend in an ED?

Table 8 details 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.⁵³

Table 8: Total Time Spent in an Emergency Care Department for those Admitted to Hospital (September 2020 - September 2021)^{54 55}

Department	Median		95th Percentile	
	September 2020	September 2021	September 2020	September 2021
Mater	8:34	10:14	23:50	41:46
Royal Victoria	9:21	11:46	23:03	29:42
RBHSC	4:10	5:00	7:42	10:15
Antrim Area	6:44	10:00	26:20	55:55
Causeway	5:30	12:56	17:59	44:34
Ulster	10:31	13:41	30:00	37:00
Craigavon Area	13:46	13:08	32:04	41:24
Daisy Hill	-	10:16	-	29:00
Altnagelvin Area	9:33	12:14	25:40	29:30
South West Acute	7:42	10:39	26:32	47:20
Type 1	8:40	11:18	27:21	38:25
Type 2	4:55	5:10	9:07	9:12
Type 3	2:01	2:32	3:03	2:39
Northern Ireland	8:30	11:06	27:17	38:03

Source: Regional Data Warehouse, Business Services Organisation

- The median time patients who were admitted to hospital spent in a Type 1 ED was 11 hours 18 minutes in September 2021, 2 hours 38 minutes more than the same month last year (8 hours 40 minutes) (Table 8, Table 10F).
- During September 2020, the Ulster reported the longest median waiting time from arrival to admission (13 hours 41 minutes), whilst the RBHSC reported the shortest time (5 hours) (Table 8, Table 10F).
- 95 percent of patients were admitted to hospital within 38 hours 25 minutes at Type 1 EDs in September 2021, 11 hours 4 minutes more than in September 2020 (27 hours 21 minutes) (Table 8, Table 10F).
- Between September 2020 and September 2021, Antrim Area reported the largest increase (from 26 hours 20 minutes to 55 hours 55 minutes) in the time taken for up to 95% of patients to be admitted to hospital (Table 8, Table 10F).

⁵³ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵⁴ 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.

⁵⁵ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

How Long Did Patients Discharged Home Spend in an ED?

Table 9 details the median and 95th percentile length of time spent in an ED from arrival to leaving the ED for those who **were discharged home**.⁵⁶

Table 9: Total Time Spent in Emergency Care Departments for those Discharged Home (September 2020 - September 2021)⁵⁷

Department	Median		95th Percentile	
	September 2020	September 2021	September 2020	September 2021
Mater	1:41	2:39	11:32	9:29
Royal Victoria	3:41	5:56	10:50	18:04
RBHSC	2:05	3:03	5:23	6:46
Antrim Area	2:47	3:10	7:34	11:39
Causeway	2:09	2:38	5:52	8:53
Ulster	2:27	3:16	6:48	9:49
Craigavon Area	2:46	4:06	8:10	12:46
Daisy Hill	-	2:52	-	8:38
Altnagelvin Area	3:08	4:16	8:20	12:22
South West Acute	2:42	3:27	8:30	14:09
Type 1	2:43	3:32	8:20	11:55
Type 2	1:46	1:47	5:48	5:18
Type 3	0:37	0:40	1:49	2:04
Northern Ireland	2:16	3:02	7:49	11:01

Source: Regional Data Warehouse, Business Services Organisation

- The median time patients discharged home (not admitted) spent in a Type 1 ED was 3 hours 32 minutes in September 2021, 49 minutes more than the time taken during the same month last year (2 hour 43 minutes) (Table 9, Table 10G).
- In September 2021, 95 percent of attendances at Type 1 EDs were discharged home within 11 hours 55 minutes of their arrival, 3 hours 35 minutes more than the time taken in September 2020 (8 hours 20 minutes) (Table 9, Table 10G).

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

⁵⁷ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

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 Care 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 Care Departments in Northern Ireland



Hospital Information Branch, DOH

Current Categorisation of Emergency Care Departments ⁵⁸

HSC Trust	Type 1 (24-hour assess)	Type 2 (Limited opening hours)	Type 3 (Minor Injuries Unit, MIU)
Belfast	Belfast City (Closed)		
	Mater	RVH (Eye Casualty) ⁵⁹	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ⁶⁰ (Closed)
	Causeway		Mid Ulster
South Eastern	Ulster	Lagan Valley	Ards MIU
		Downe ⁶¹	Bangor MIU ⁶² (Closed)
Southern	Craigavon Area		South Tyrone
	Daisy Hill ⁶³		Armagh Community ⁶⁴ (Closed)
			Craigavon Respiratory ED (Covid-19) ⁶⁵
			Craigavon Paediatric ED ⁶⁶
Western	Altnagelvin Area		Tyrone County (Closed)
	South West Acute		Omagh ⁶⁷

⁵⁸ Opening Hours are as of June 2017.

⁵⁹ RVH (RAES) refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

⁶⁰ Temporarily closed on 1st December 2014.

⁶¹ Temporarily closed 30th March 2020, reopened as a MIU 10th August 2020, reopened as an Urgent Care Centre 19th October 2020.

⁶² Temporarily closed 12th March 2020.

⁶³ Temporarily closed between 28th March 2020 and 19th October 2020.

⁶⁴ Temporarily closed on 17th November 2014.

⁶⁵ Temporarily opened on 29th March 2020 and closed on 19th October 2020.

⁶⁶ Temporarily opened on 31st March 2020 and closed on 12th June 2020.

⁶⁷ 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 emergency care waiting times 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 waited. 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 waited is collected and refers to the time waited 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 wait 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 waiting 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 waited, 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 10A: New & Unplanned Review Attendances at Emergency Care Departments^{68 69 70}

Department	New Attendances				Unplanned Reviews				Total Attendances			
	Sep 2020	Jul 2021	Aug 2021	Sep 2021	Sep 2020	Jul 2021	Aug 2021	Sep 2021	Sep 2020	Jul 2021	Aug 2021	Sep 2021
Mater	1,457	2,518	1,980	1,907	19	62	47	26	1,476	2,580	2,027	1,933
Royal Victoria	8,404	7,368	7,226	6,945	183	117	74	91	8,587	7,485	7,300	7,036
RBHSC	3,188	3,535	3,215	4,049	232	348	326	441	3,420	3,883	3,541	4,490
Antrim Area	6,828	7,687	7,284	7,451	381	479	474	520	7,209	8,166	7,758	7,971
Causeway	3,468	4,186	4,000	3,432	272	154	104	162	3,740	4,340	4,104	3,594
Ulster	7,935	8,801	8,451	8,308	205	331	337	387	8,140	9,132	8,788	8,695
Craigavon Area	7,339	6,603	6,013	6,066	634	490	469	498	7,973	7,093	6,482	6,564
Daisy Hill	-	4,670	4,268	4,384	-	404	344	332	-	5,074	4,612	4,716
Altnagelvin Area	4,846	5,479	5,354	5,298	353	477	443	436	5,199	5,956	5,797	5,734
South West Acute	2,741	3,246	3,046	2,864	284	360	260	265	3,025	3,606	3,306	3,129
Type 1	46,206	54,093	50,837	50,704	2,563	3,222	2,878	3,158	48,769	57,315	53,715	53,862
Eye Casualty	579	610	596	671	56	119	116	76	635	729	712	747
Downe	653	1,063	1,069	1,045	22	57	61	57	675	1,120	1,130	1,102
Lagan Valley	2,071	2,127	2,080	2,276	72	102	118	115	2,143	2,229	2,198	2,391
Type 2	3,303	3,800	3,745	3,992	150	278	295	248	3,453	4,078	4,040	4,240
Mid Ulster	843	508	478	507	36	14	14	12	879	522	492	519
Ards	1,189	939	920	1,011	44	2	0	0	1,233	941	920	1,011
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	2,590	2,140	1,986	1,855	108	67	60	20	2,698	2,207	2,046	1,875
Omagh	1,076	1,381	1,239	1,259	109	146	113	116	1,185	1,527	1,352	1,375
Type 3	5,698	4,968	4,623	4,632	297	229	187	148	5,995	5,197	4,810	4,780
Northern Ireland	55,207	62,861	59,205	59,328	3,010	3,729	3,360	3,554	58,217	66,590	62,565	62,882

⁶⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁶⁹ Readers should note that Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED (29th March 2020 - 19th October 2020), Craigavon Paediatric ED (31st March 2020 - 12th June 2020) and Craigavon Minor Injuries Unit (2nd - 14th December 2020)

⁷⁰ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

Table 10B: Performance against Emergency Care Waiting Times Target^{71 72 73 74}

Department	4 - Hour Performance				12 - Hour Performance				Total Attendances			
	Sep 2020	Jul 2021	Aug 2021	Sep 2021	Sep 2020	Jul 2021	Aug 2021	Sep 2021	Sep 2020	Jul 2021	Aug 2021	Sep 2021
Mater	55.6%	56.2%	54.8%	54.3%	182	243	167	237	1,476	2,580	2,027	1,933
Royal Victoria	46.7%	28.3%	28.2%	26.8%	794	1,335	1,265	1,539	8,587	7,485	7,300	7,036
RBHSC	81.4%	79.3%	69.9%	65.1%	2	.	1	6	3,420	3,883	3,541	4,490
Antrim Area	62.0%	56.9%	53.0%	53.8%	550	817	886	1,073	7,209	8,166	7,758	7,971
Causeway	74.5%	56.7%	52.4%	63.0%	80	394	405	427	3,740	4,340	4,104	3,594
Ulster	61.4%	52.0%	48.6%	49.7%	941	1,081	1,322	1,268	8,140	9,132	8,788	8,695
Craigavon Area	60.3%	41.7%	39.2%	39.2%	962	1,193	1,111	1,144	7,973	7,093	6,482	6,564
Daisy Hill	-	58.3%	54.0%	58.1%	-	319	339	422	-	5,074	4,612	4,716
Altnagelvin Area	57.3%	40.1%	39.9%	39.1%	423	817	771	852	5,199	5,956	5,797	5,734
South West Acute	61.1%	54.8%	51.7%	49.9%	274	310	396	425	3,025	3,606	3,306	3,129
Type 1	60.5%	50.2%	47.0%	48.0%	4,208	6,509	6,663	7,393	48,769	57,315	53,715	53,862
Eye Casualty	87.9%	90.5%	91.4%	90.4%	.	.	.	.	635	729	712	747
Downe	99.9%	99.6%	98.9%	99.3%	.	.	.	.	675	1,120	1,130	1,102
Lagan Valley	75.6%	81.1%	79.3%	75.1%	2	5	1	3	2,143	2,229	2,198	2,391
Type 2	82.6%	87.9%	86.9%	84.1%	2	5	1	3	3,453	4,078	4,040	4,240
Mid Ulster	100.0%	99.8%	100.0%	100.0%	.	.	.	.	879	522	492	519
Ards	100.0%	100.0%	100.0%	100.0%	.	.	.	.	1,233	941	920	1,011
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	100.0%	100.0%	100.0%	100.0%	.	.	.	.	2,698	2,207	2,046	1,875
Omagh	98.2%	99.1%	98.2%	99.3%	.	.	2	.	1,185	1,527	1,352	1,375
Type 3	99.6%	99.7%	99.5%	99.8%	.	.	2	.	5,995	5,197	4,810	4,780
Northern Ireland	65.8%	56.4%	53.6%	54.4%	4,210	6,514	6,666	7,396	58,217	66,590	62,565	62,882

⁷¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁷² Information on the comparability of this information 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](#)

⁷³ Readers should note that Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED (29th March 2020 - 19th October 2020), Craigavon Paediatric ED (31st March 2020 - 12th June 2020) and Craigavon Minor Injuries Unit (2nd - 14th December 2020)

⁷⁴ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

Table 10C: Percentage of Attendances (i) Referred by a GP; (ii) Who Left before Treatment was Complete; and (iii) Re-attended within 7 Days^{75 76 77 78}

Department	GP Referrals				Left Before Treatment				Unplanned reviews Within 7 Days			
	Sep 2020	Jul 2021	Aug 2021	Sep 2021	Sep 2020	Jul 2021	Aug 2021	Sep 2021	Sep 2020	Jul 2021	Aug 2021	Sep 2021
Mater	5.5%	7.7%	6.9%	9.9%	3.3%	4.7%	3.9%	3.9%	0.9%	1.8%	1.5%	1.2%
Royal Victoria	21.2%	6.1%	8.9%	7.3%	8.3%	15.8%	13.7%	15.3%	1.6%	1.1%	0.7%	0.8%
RBHSC	4.3%	4.3%	4.0%	7.9%	2.7%	5.6%	6.9%	11.1%	4.4%	6.3%	6.4%	7.0%
Antrim Area	23.9%	13.6%	13.6%	15.1%	2.3%	3.3%	4.2%	3.6%	3.2%	3.5%	3.6%	3.9%
Causeway	19.3%	11.2%	10.8%	13.0%	2.2%	7.6%	8.0%	4.9%	4.0%	2.5%	1.9%	2.9%
Ulster	24.3%	19.6%	21.8%	22.0%	2.3%	5.3%	5.1%	5.1%	1.8%	2.3%	2.7%	3.1%
Craigavon Area	17.8%	24.0%	22.1%	25.4%	2.9%	10.4%	9.6%	9.6%	5.0%	4.9%	5.1%	5.3%
Daisy Hill	-	17.2%	16.3%	19.7%	-	8.2%	7.4%	5.4%	-	5.8%	5.1%	5.0%
Altnagelvin Area	7.9%	9.5%	9.3%	11.4%	4.6%	7.7%	7.6%	7.8%	5.1%	6.5%	5.6%	5.7%
South West Acute	23.5%	22.5%	24.1%	24.1%	3.9%	5.6%	4.7%	4.8%	6.6%	7.4%	6.1%	6.5%
Type 1	18.5%	14.2%	14.6%	16.1%	3.8%	7.7%	7.4%	7.5%	3.5%	4.0%	3.7%	4.1%
Eye Casualty	6.8%	5.2%	5.6%	5.1%	0.6%	0.0%	0.1%	0.3%	0.5%	0.3%	0.7%	0.4%
Downe	0.3%	1.6%	1.1%	0.7%	0.0%	0.0%	0.2%	0.1%	0.9%	2.9%	2.3%	2.9%
Lagan Valley	10.7%	14.4%	12.2%	14.5%	2.5%	2.6%	2.0%	2.8%	2.0%	2.3%	3.0%	2.1%
Type 2	7.9%	9.2%	7.9%	9.3%	1.7%	1.4%	1.2%	1.7%	1.5%	2.1%	2.4%	2.0%
Mid Ulster	0.8%	0.6%	0.4%	0.2%	0.1%	0.8%	0.4%	0.4%	2.4%	1.5%	1.4%	1.2%
Ards	1.1%	0.1%	0.4%	0.1%	0.6%	0.3%	0.0%	0.2%	1.6%	0.1%	-	-
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	0.1%	0.1%	-	0.1%	0.2%	0.0%	0.0%	0.0%	1.8%	1.5%	1.4%	0.6%
Omagh	3.8%	4.3%	2.3%	4.1%	1.7%	1.1%	1.3%	1.2%	5.7%	5.4%	4.9%	4.7%
Type 3	1.2%	1.4%	0.8%	1.2%	0.6%	0.5%	0.4%	0.4%	2.6%	2.4%	2.1%	1.7%
Northern Ireland	16.1%	12.9%	13.1%	14.5%	3.4%	6.8%	6.5%	6.6%	3.3%	3.7%	3.5%	3.8%

⁷⁵ Data on referrals to ED by GP's, Left before treatment complete and unplanned re-attendances are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

⁷⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁷⁷ Readers should note that Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED (29th March 2020 - 19th October 2020), Craigavon Paediatric ED (31st March 2020 - 12th June 2020) and Craigavon Minor Injuries Unit (2nd - 14th December 2020)

⁷⁸ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

Table 10D: Waiting Time from Arrival to Triage (Assessment)^{79 80 81 82}

Department	Median				95 th Percentile			
	Sep 2020	Jul 2021	Aug 2021	Sep 2021	Sep 2020	Jul 2021	Aug 2021	Sep 2021
Mater	0:09	0:13	0:11	0:12	0:50	1:02	0:44	0:52
Royal Victoria	0:19	0:18	0:18	0:20	1:14	1:36	1:23	1:49
RBHSC	0:09	0:10	0:09	0:14	0:37	0:39	0:38	0:51
Antrim Area	0:10	0:13	0:12	0:12	0:29	0:41	0:40	0:37
Causeway	0:09	0:18	0:17	0:15	0:29	0:54	0:50	0:47
Ulster	0:11	0:12	0:13	0:13	0:44	0:53	1:05	1:14
Craigavon Area	0:05	0:17	0:20	0:14	0:32	2:06	2:27	1:35
Daisy Hill	-	0:10	0:11	0:10	-	0:41	0:45	0:42
Altnagelvin Area	0:12	0:16	0:14	0:18	0:47	0:59	0:56	1:14
South West Acute	0:14	0:14	0:16	0:20	0:51	0:58	1:06	1:23
Type 1	0:10	0:14	0:14	0:14	0:50	1:08	1:11	1:12
Eye Casualty	0:14	0:09	0:09	0:10	0:50	0:40	0:41	0:43
Downe	0:01	0:02	0:03	0:03	0:06	0:09	0:12	0:13
Lagan Valley	0:07	0:06	0:06	0:07	0:20	0:18	0:18	0:19
Type 2	0:06	0:05	0:05	0:06	0:27	0:23	0:23	0:23
Mid Ulster	0:12	0:08	0:07	0:12	0:23	0:45	0:33	0:52
Ards	0:02	0:03	0:02	0:03	0:10	0:14	0:11	0:15
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:02	0:01	0:01	0:01	0:11	0:08	0:07	0:10
Omagh	0:09	0:07	0:08	0:07	0:44	0:32	0:45	0:29
Type 3	0:02	0:03	0:02	0:03	0:21	0:21	0:23	0:21
Northern Ireland	0:09	0:12	0:12	0:12	0:47	1:04	1:05	1:07

⁷⁹ 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 waits.

⁸⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁸¹ Readers should note that Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED (29th March 2020 - 19th October 2020), Craigavon Paediatric ED (31st March 2020 - 12th June 2020) and Craigavon Minor Injuries Unit (2nd - 14th December 2020)

⁸² Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

Table 10E: Waiting Time from Triage (Assessment) to Start of Treatment^{83 84 85 86}

Department	Median				95 th Percentile			
	Sep 2020	Jul 2021	Aug 2021	Sep 2021	Sep 2020	Jul 2021	Aug 2021	Sep 2021
Mater	0:18	0:29	0:33	0:37	1:52	3:28	3:01	3:05
Royal Victoria	1:22	1:58	1:46	2:00	6:31	8:54	8:19	9:11
RBHSC	0:39	1:05	1:13	1:21	2:50	3:17	3:54	4:24
Antrim Area	1:08	1:16	1:24	1:20	4:06	5:06	5:33	5:13
Causeway	0:29	1:21	1:33	0:51	2:07	4:39	5:41	4:09
Ulster	0:29	1:01	1:03	1:00	2:21	5:05	5:08	5:21
Craigavon Area	0:42	2:01	1:47	1:50	3:22	9:03	8:51	8:47
Daisy Hill	-	1:11	1:10	0:53	-	5:29	5:49	4:22
Altnagelvin Area	0:49	2:04	1:35	1:38	3:26	5:54	6:20	6:12
South West Acute	0:28	0:46	0:41	0:38	3:21	4:35	3:50	4:10
Type 1	0:42	1:18	1:18	1:14	3:51	6:18	6:20	6:12
Downe	0:06	0:11	0:11	0:11	0:29	0:37	0:44	0:43
Lagan Valley	0:40	0:31	0:28	0:45	2:21	2:03	1:44	2:32
Type 2	0:28	0:21	0:20	0:29	2:10	1:45	1:29	2:17
Mid Ulster	0:02	0:01	0:01	0:01	0:09	0:16	0:08	0:37
Ards	0:06	0:10	0:06	0:08	0:30	0:37	0:27	0:36
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:02	0:01	0:00	0:01	0:28	0:19	0:18	0:22
Omagh	0:17	0:14	0:17	0:14	1:53	1:47	2:04	1:43
Type 3	0:05	0:06	0:04	0:05	0:50	0:57	1:05	1:00
Northern Ireland	0:36	1:04	1:03	1:01	3:36	6:02	6:00	5:49

⁸³ 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 waits.

⁸⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁸⁵ Readers should note that Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED (29th March 2020 - 19th October 2020), Craigavon Paediatric ED (31st March 2020 - 12th June 2020) and Craigavon Minor Injuries Unit (2nd - 14th December 2020)

⁸⁶ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

Table 10F: Time Spent in an Emergency Care Department by those Admitted to Hospital^{87 88 89 90}

Department	Median				95 th Percentile			
	Sep 2020	Jul 2021	Aug 2021	Sep 2021	Sep 2020	Jul 2021	Aug 2021	Sep 2021
Mater	8:34	9:08	7:50	10:14	23:50	28:33	24:57	41:46
Royal Victoria	9:21	10:24	10:31	11:46	23:03	27:43	26:06	29:42
RBHSC	4:10	4:23	5:05	5:00	7:42	8:33	9:56	10:15
Antrim Area	6:44	8:55	9:34	10:00	26:20	42:52	49:13	55:55
Causeway	5:30	9:55	9:49	12:56	17:59	29:38	33:55	44:34
Ulster	10:31	10:51	12:46	13:41	30:00	31:19	30:04	37:00
Craigavon Area	13:46	12:54	12:02	13:08	32:04	34:10	41:50	41:24
Daisy Hill	-	9:08	9:24	10:16	-	26:51	27:38	29:00
Altnagelvin Area	9:33	13:05	11:59	12:14	25:40	30:13	31:49	29:30
South West Acute	7:42	8:11	9:42	10:39	26:32	25:22	37:39	47:20
Type 1	8:40	10:08	10:30	11:18	27:21	31:01	32:25	38:25
Eye Casualty	2:59	2:07	3:09	2:41	8:39	5:23	7:37	7:26
Downe	-	1:50	3:45	2:25	-	3:42	6:21	3:37
Lagan Valley	5:12	5:23	4:50	5:18	9:09	10:49	8:47	9:16
Type 2	4:55	4:52	4:39	5:10	9:07	10:15	8:35	9:12
Mid Ulster	.	.	.	.	.	.	.	.
Ards	.	.	.	.	.	.	.	.
Bangor	-	-	-	-	-	-	-	-
South Tyrone	.	.	.	.	.	.	.	.
Omagh	2:01	1:30	2:32	2:32	3:03	2:58	18:58	2:39
Type 3	2:01	1:30	2:32	2:32	3:03	2:58	18:58	2:39
Northern Ireland	8:30	9:59	10:22	11:06	27:17	30:52	32:16	38:03

⁸⁷ 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 waits.

⁸⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁸⁹ Readers should note that Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED (29th March 2020 - 19th October 2020), Craigavon Paediatric ED (31st March 2020 - 12th June 2020) and Craigavon Minor Injuries Unit (2nd - 14th December 2020)

⁹⁰ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

Table 10G: Time Spent in an Emergency Care Department by those Discharged Home^{91 92 93 94}

Department	Median				95 th Percentile			
	Sep 2020	Jul 2021	Aug 2021	Sep 2021	Sep 2020	Jul 2021	Aug 2021	Sep 2021
Mater	1:41	2:24	2:48	2:39	11:32	9:55	8:47	9:29
Royal Victoria	3:41	5:35	5:22	5:56	10:50	15:24	15:04	18:04
RBHSC	2:05	2:29	2:50	3:03	5:23	5:25	6:20	6:46
Antrim Area	2:47	3:01	3:16	3:10	7:34	9:09	10:41	11:39
Causeway	2:09	3:07	3:21	2:38	5:52	9:13	9:59	8:53
Ulster	2:27	3:05	3:17	3:16	6:48	8:46	9:28	9:49
Craigavon Area	2:46	3:59	4:06	4:06	8:10	13:03	13:10	12:46
Daisy Hill	-	3:03	3:08	2:52	-	8:35	8:54	8:38
Altnagelvin Area	3:08	4:11	4:13	4:16	8:20	11:08	11:31	12:22
South West Acute	2:42	3:06	3:19	3:27	8:30	9:42	12:50	14:09
Type 1	2:43	3:24	3:36	3:32	8:20	11:03	11:25	11:55
Eye Casualty	2:15	2:07	2:04	2:08	5:09	4:50	4:44	4:47
Downe	0:31	0:46	0:51	0:50	1:19	2:08	2:12	2:32
Lagan Valley	2:12	1:55	1:47	2:22	6:27	5:31	5:38	5:58
Type 2	1:46	1:32	1:27	1:47	5:48	4:54	5:03	5:18
Mid Ulster	0:41	0:43	0:39	0:52	1:44	1:56	1:57	2:13
Ards	0:40	0:49	0:43	0:45	1:35	1:38	1:25	1:32
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:29	0:29	0:28	0:32	1:13	1:09	1:07	1:10
Omagh	0:58	0:52	0:59	0:53	2:48	2:48	3:13	2:41
Type 3	0:37	0:39	0:37	0:40	1:49	1:54	2:08	2:04
Northern Ireland	2:16	2:53	3:05	3:02	7:49	10:17	10:36	11:01

⁹¹ 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 waits.

⁹² Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁹³ Readers should note that Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED (29th March 2020 - 19th October 2020), Craigavon Paediatric ED (31st March 2020 - 12th June 2020) and Craigavon Minor Injuries Unit (2nd - 14th December 2020)

⁹⁴ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

Table 10H: Attendances at Emergency Care Departments per 1000-Population by Age Group^{95 96 97 98}

Age Group	Sep 2020	Jul 2021	Aug 2021	Sep 2021
Under 5	37.2	56.0	49.7	62.3
Aged 5 - 15	29.1	26.5	22.8	29.9
Aged 16 - 44	28.6	33.3	32.5	30.5
Aged 45 - 64	26.8	29.2	27.9	26.4
Aged 65 - 74	30.7	35.8	32.9	30.8
Aged 75 & Over	51.7	61.0	56.6	53.8
Northern Ireland	30.7	35.1	33.0	33.2

Table 10I: Average Number of Attendances by Day of Week^{97 98}

Day of Week	Sep 2020	Jul 2021	Aug 2021	Sep 2021
Monday	2,374.3	2,437.3	2,294.6	2,479.5
Tuesday	2,114.2	2,345.8	2,165.8	2,221.8
Wednesday	1,949.8	2,214.5	2,077.5	2,128.2
Thursday	1,967.3	2,154.6	2,088.5	2,113.8
Friday	1,944.5	2,194.4	2,054.5	2,099.3
Saturday	1,564.5	1,775.4	1,677.8	1,745.5
Sunday	1,629.5	1,957.3	1,770.8	1,873.8

⁹⁵ Based on the NISRA 2020 mid-year population estimate which was published on 25 June 2021.

⁹⁶ Data on age and when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and waits.

⁹⁷ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁹⁸ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

Table 10J: Attendances at Emergency Care Departments, by Time Waited from Arrival to Discharge^{99 100 101}

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Sep 2020	Jul 2021	Aug 2021	Sep 2021	Sep 2020	Jul 2021	Aug 2021	Sep 2021	Sep 2020	Jul 2021	Aug 2021	Sep 2021
Mater	820	1,451	1,110	1,049	474	886	750	647	182	243	167	237
Royal Victoria	4,006	2,115	2,059	1,883	3,787	4,035	3,976	3,614	794	1,335	1,265	1,539
RBHSC	2,785	3,078	2,474	2,924	633	805	1,066	1,560	2	.	1	6
Antrim Area	4,473	4,647	4,108	4,286	2,186	2,702	2,764	2,612	550	817	886	1,073
Causeway	2,786	2,461	2,152	2,263	874	1,485	1,547	904	80	394	405	427
Ulster	4,997	4,748	4,271	4,325	2,202	3,303	3,195	3,102	941	1,081	1,322	1,268
Craigavon Area	4,805	2,957	2,538	2,575	2,206	2,943	2,833	2,845	962	1,193	1,111	1,144
Daisy Hill	-	2,956	2,489	2,741	-	1,799	1,784	1,553	-	319	339	422
Altnagelvin Area	2,981	2,387	2,312	2,244	1,795	2,752	2,714	2,638	423	817	771	852
South West Acute	1,849	1,977	1,708	1,561	902	1,319	1,202	1,143	274	310	396	425
Type 1	29,502	28,777	25,221	25,851	15,059	22,029	21,831	20,618	4,208	6,509	6,663	7,393
Eye Casualty	558	660	651	675	77	69	61	72	.	.	.	.
Downe	674	1,116	1,118	1,094	1	4	12	8	.	.	.	.
Lagan Valley	1,621	1,807	1,743	1,795	520	417	454	593	2	5	1	3
Type 2	2,853	3,583	3,512	3,564	598	490	527	673	2	5	1	3
Mid Ulster	879	521	492	519	.	1	.	.	.	.	.	.
Ards	1,233	941	920	1,011	.	.	.	.	.	.	.	.
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	2,698	2,206	2,046	1,875	.	1	.	.	.	.	.	.
Omagh	1,164	1,513	1,327	1,365	21	14	23	10	.	.	2	.
Type 3	5,974	5,181	4,785	4,770	21	16	23	10	.	.	2	.
Northern Ireland	38,329	37,541	33,518	34,185	15,678	22,535	22,381	21,301	4,210	6,514	6,666	7,396

⁹⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁰⁰ Readers should note that Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED (29th March 2020 - 19th October 2020), Craigavon Paediatric ED (31st March 2020 - 12th June 2020) and Craigavon Minor Injuries Unit (2nd - 14th December 2020)

¹⁰¹ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

Table 10K: Percentage of Patients Commencing Treatment, Following Triage, within 2 Hours^{102 103 104 105}

Department	% Commenced Treatment, Following Triage, within 2 Hours			
	Sep 2020	Jul 2021	Aug 2021	Sep 2021
Mater	95.7%	88.1%	88.7%	84.2%
Royal Victoria	59.9%	50.2%	53.6%	50.0%
RBHSC	88.0%	78.7%	72.8%	65.9%
Antrim Area	72.1%	68.2%	65.1%	65.3%
Causeway	93.7%	65.2%	59.1%	78.6%
Ulster	92.4%	71.1%	70.6%	71.6%
Craigavon Area	84.9%	49.5%	53.3%	52.7%
Daisy Hill	-	67.4%	69.5%	79.5%
Altnagelvin Area	81.3%	48.4%	58.7%	58.4%
South West Acute	86.3%	78.5%	81.2%	82.1%
Type 1	81.8%	63.9%	64.6%	66.1%
Downe	100.0%	100.0%	100.0%	99.9%
Lagan Valley	91.3%	94.7%	96.7%	88.9%
Type 2	93.4%	96.5%	97.8%	92.3%
Mid Ulster	100.0%	100.0%	100.0%	100.0%
Ards	100.0%	100.0%	100.0%	100.0%
Bangor	-	-	-	-
South Tyrone	100.0%	100.0%	100.0%	100.0%
Omagh	96.0%	96.2%	94.3%	97.0%
Type 3	99.2%	98.8%	98.3%	99.1%
Northern Ireland	84.1%	68.4%	69.2%	70.3%

¹⁰² Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁰³ Information on time to treatment is not recorded at Eye Casualty.

¹⁰⁴ Readers should note that Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED (29th March 2020 - 19th October 2020), Craigavon Paediatric ED (31st March 2020 - 12th June 2020) and Craigavon Minor Injuries Unit (2nd - 14th December 2020)

¹⁰⁵ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

Table 10L: Percentage Triage'd in each Triage Group^{106 107 108 109}

Department	Triage'd Level (1/2)				Triage'd Level (3)				Triage'd Level (4/5)			
	Sep 2020	Jul 2021	Aug 2021	Sep 2021	Sep 2020	Jul 2021	Aug 2021	Sep 2021	Sep 2020	Jul 2021	Aug 2021	Sep 2021
Mater	28.4%	22.8%	25.7%	24.1%	43.4%	46.3%	46.1%	46.3%	28.2%	30.9%	28.2%	29.6%
Royal Victoria	18.4%	26.1%	25.0%	26.8%	45.3%	53.6%	53.3%	52.3%	36.3%	20.2%	21.7%	20.9%
RBHSC	14.5%	11.8%	14.2%	14.9%	21.4%	22.5%	24.2%	22.7%	64.1%	65.8%	61.7%	62.4%
Antrim Area	20.0%	16.9%	16.8%	16.8%	51.0%	50.4%	51.9%	53.7%	29.0%	32.7%	31.3%	29.5%
Causeway	15.5%	17.9%	18.7%	19.7%	49.3%	54.3%	54.4%	54.3%	35.2%	27.9%	26.8%	26.1%
Ulster	21.8%	23.3%	24.7%	24.2%	42.3%	43.3%	44.7%	44.7%	35.9%	33.4%	30.7%	31.1%
Craigavon Area	31.9%	30.9%	33.8%	35.0%	40.8%	39.2%	36.7%	37.6%	27.3%	30.0%	29.5%	27.4%
Daisy Hill	-	27.0%	28.9%	29.7%	-	36.4%	41.4%	41.0%	-	36.6%	29.8%	29.2%
Altnagelvin Area	30.9%	33.8%	34.9%	36.3%	32.1%	32.2%	33.4%	35.8%	37.0%	33.9%	31.7%	27.9%
South West Acute	15.1%	17.0%	17.2%	19.8%	41.4%	42.9%	45.7%	46.3%	43.5%	40.1%	37.1%	33.9%
Type 1	22.5%	23.7%	24.8%	25.5%	41.5%	42.6%	43.7%	43.4%	36.0%	33.7%	31.5%	31.1%
Eye Casualty	2.4%	2.1%	1.7%	2.9%	29.8%	12.3%	18.7%	20.1%	67.9%	85.6%	79.6%	77.0%
Downe	0.7%	0.9%	0.7%	1.1%	1.3%	7.1%	7.2%	11.1%	97.9%	92.0%	92.1%	87.8%
Lagan Valley	7.1%	7.6%	7.8%	8.3%	30.6%	27.7%	27.6%	29.7%	62.3%	64.7%	64.6%	62.0%
Type 2	5.0%	4.8%	4.8%	5.5%	24.7%	19.3%	20.3%	23.2%	70.3%	76.0%	74.9%	71.4%
Mid Ulster	27.3%	-	-	4.6%	36.4%	22.5%	20.4%	25.7%	36.4%	77.5%	79.6%	69.7%
Ards	-	0.1%	0.3%	0.4%	0.4%	0.1%	0.2%	0.1%	99.6%	99.8%	99.5%	99.5%
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	0.5%	0.6%	0.3%	0.4%	3.9%	2.7%	1.3%	1.1%	95.7%	96.7%	98.3%	98.6%
Omagh	0.7%	0.5%	0.9%	0.8%	2.5%	1.9%	2.4%	1.4%	96.7%	97.6%	96.7%	97.9%
Type 3	0.5%	0.5%	0.5%	0.6%	2.8%	2.4%	1.9%	1.6%	96.7%	97.2%	97.6%	97.8%
Northern Ireland	19.4%	20.8%	21.7%	22.3%	37.1%	38.2%	39.1%	39.0%	43.5%	41.0%	39.2%	38.7%

¹⁰⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁰⁷ 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 waits

¹⁰⁸ Readers should note that Craigavon ED includes figures for Craigavon Respiratory (Covid-19) ED (29th March 2020 - 19th October 2020), Craigavon Paediatric ED (31st March 2020 - 12th June 2020) and Craigavon Minor Injuries Unit (2nd - 14th December 2020)

¹⁰⁹ Readers should note the impact on attendances and changes to EDs as a result of the COVID19 pandemic from the start of 2020, see Appendix 2 for details.

Appendix 5: Further Information

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

Sarah Brown

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](#)