

INFORMATION
ANALYSIS
DIRECTORATE



Emergency Care Waiting Time Statistics for Northern Ireland (October - December 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 spent 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](#)

Authors: Sarah Brown, Kieran Taggart and Siobhán Morgan

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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:

Sarah Brown

Email: sarah.brown@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: 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 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

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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 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:

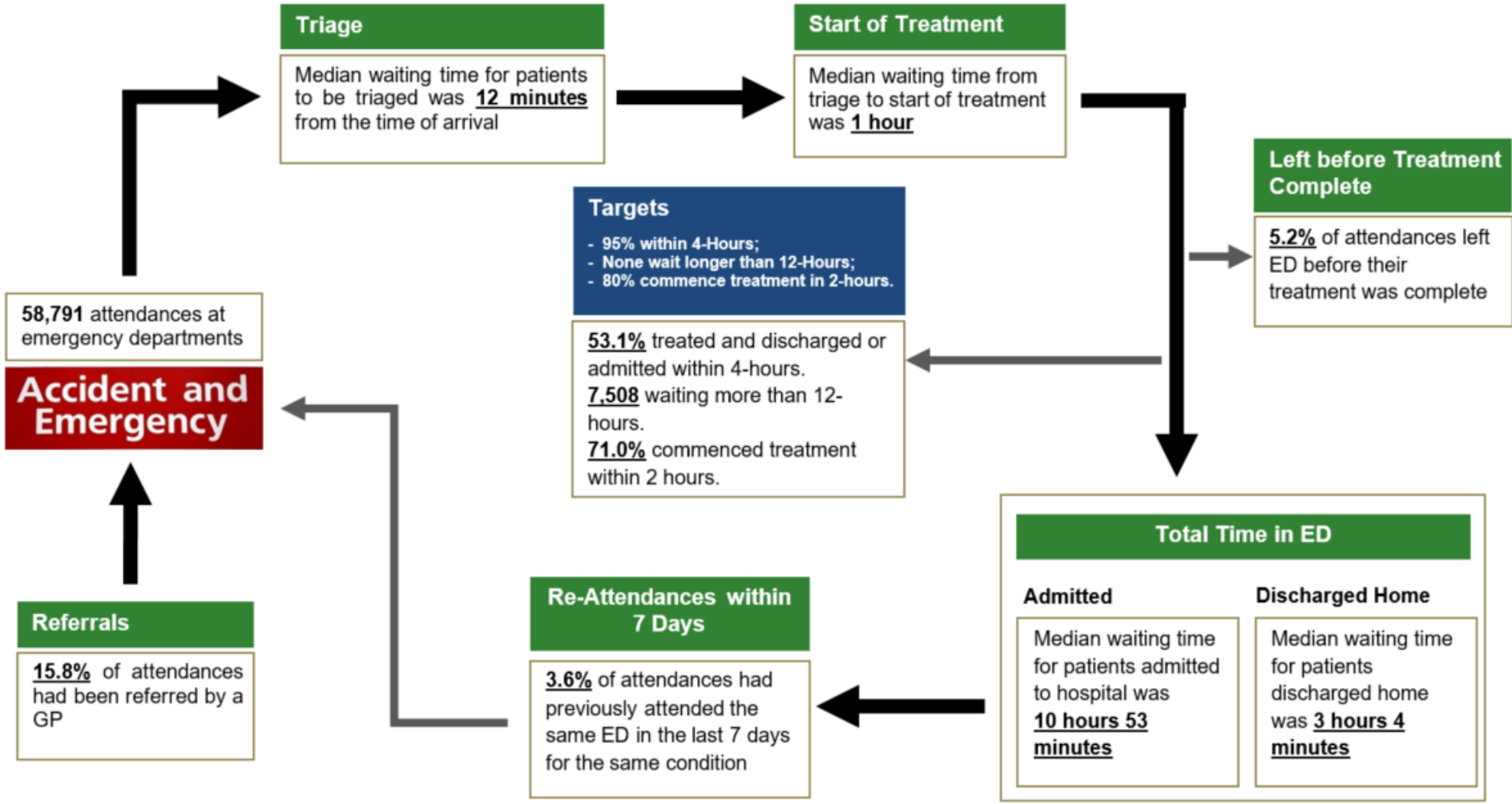
[Official Statistics & User Engagement](#)

[DoH Statistics Charter](#)

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SUMMARY OF KEY FACTS (DECEMBER 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 December 2021, compared with the same month last year^{2 3 4}.

Information for the last three months (October, November and December 2021) is detailed in Table 10A on page 30.

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

Attendances	December 2020	December 2021	Difference	
New	42,712	55,564	12,852	30.1%
Unplanned Review	2,235	3,227	992	44.4%
Total Attendances	44,947	58,791	13,844	30.8%
Emergency Admissions	10,245	11,992	1,747	17.1%

Source: Regional Data Warehouse, Business Services Organisation

- Total attendances at EDs increased by 30.8% (13,844) when compared with December 2020, from 44,947 to 58,791 in December 2021 (Table 1, Table 10A).
- Between December 2020 and December 2021, unplanned review attendances increased by 44.4% (992) and new attendances increased by 30.1% (12,852) (Table 1, Table 10A).
- There were 183,415 attendances at EDs during the quarter ending 31 December 2021, 31.1% (43,494) more than during the same quarter in 2020 (139,921).
- The number of emergency admissions to hospital from EDs increased by 17.1% (1,747) between December 2020 (10,245) and December 2021 (11,992) (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 time spent in ED. 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.

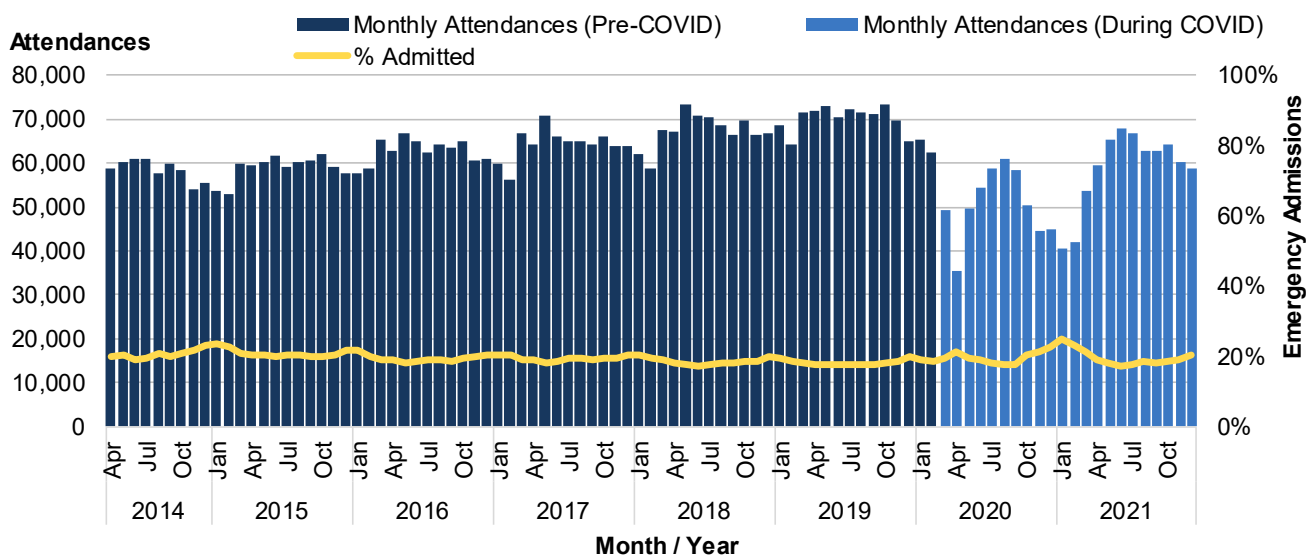
³ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁴ Readers should note the impact on attendances and changes to EDs as a result of the COVID-19 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 admissions⁵ to hospital each month, from April 2014^{6 7}.

Figure 1: Attendances at Emergency Care Departments and Emergency Admissions to Hospital (April 2014 – December 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 October, November and December 2021 increased when compared with the same month of the previous year. It should be noted that the number of attendances was impacted by the COVID-19 pandemic, particularly during 2020. The full impact of this is still being assessed.
 - During October 2021, there were 64,339 attendances at EDs, 27.6% (13,931) more than October 2020 (50,408);
 - During November 2021, there were 60,285 attendances at EDs, 35.3% (15,719) more than November 2020 (44,566); and,
 - During December 2021, there were 58,791 attendances at EDs, 30.8% (13,844) more than December 2020 (44,947).

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.

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 COVID-19 pandemic from the start of 2020, see Appendix 2 for details.

Which ED Did People Attend?

Table 2 details the number of new and unplanned review attendances at each Type 1 ED during December 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 (December 2020 – December 2021)

Department	New Attendances		Unplanned Review Attendances		Total Attendances	
	Dec 2020	Dec 2021	Dec 2020	Dec 2021	Dec 2020	Dec 2021
Mater	1,047	1,922	22	27	1,069	1,949
Royal Victoria	5,687	7,992	84	155	5,771	8,147
RBHSC	2,061	3,444	192	364	2,253	3,808
Antrim Area	5,202	7,415	242	366	5,444	7,781
Causeway	2,620	3,380	128	195	2,748	3,575
Ulster	6,579	7,712	203	329	6,782	8,041
Craigavon Area	4,731	5,626	386	535	5,117	6,161
Daisy Hill	2,953	3,854	234	281	3,187	4,135
Altnagelvin Area	3,978	4,939	298	368	4,276	5,307
South West Acute	2,189	2,739	203	229	2,392	2,968
Type 1	37,047	49,023	1,992	2,849	39,039	51,872
Type 2	2,646	3,023	152	246	2,798	3,269
Type 3	3,019	3,518	91	132	3,110	3,650
Northern Ireland	42,712	55,564	2,235	3,227	44,947	58,791

Source: Regional Data Warehouse, Business Services Organisation

- Between December 2020 and December 2021, total attendances increased at all department types (Table 2, Table 10A).
- The Royal Victoria (8,147) was the busiest ED during December 2021 (Table 2, Table 10A).
- All Type 1 EDs reported an increase in attendances during December 2021, compared with December 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.

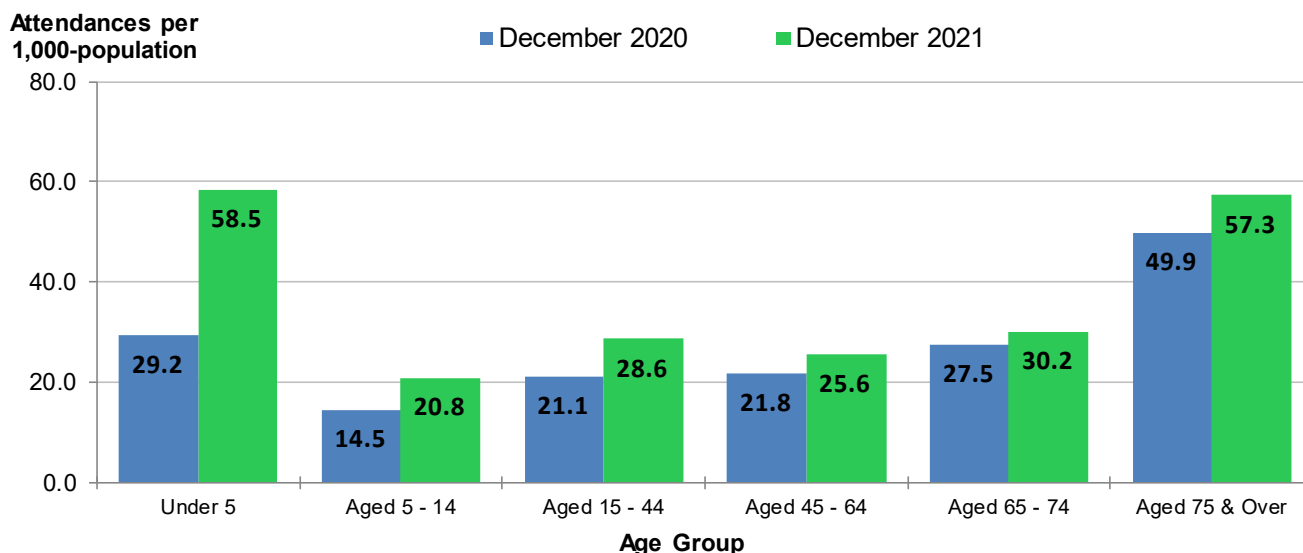
⁹ Readers should note that Craigavon ED includes figures for Craigavon Respiratory (COVID-19) ED (29th March 2020 - 19th October 2020), Craigavon Paediatric ED (31st March 2020 - 12th June 2020) and Craigavon Minor Injuries Unit (2nd - 14th December 2020)

¹⁰ Readers should note the impact on attendances and changes to EDs as a result of the COVID-19 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 (December 2020 – December 2021)^{14 15}



Source: Regional Data Warehouse, Business Services Organisation

- During December 2021, the highest number of attendances per 1,000-population was recorded for those Under 5 (58.5), which was more than double the rate reported in December 2020 (29.2) (Figure 2, Table 10H).
- The lowest number of attendances per 1,000-population was recorded in the Aged 5 - 14 age group during December 2021 (20.8) (Figure 2, Table 10H).
- The rate of attendances per 1,000-population increased for all age groups between December 2020 and December 2021. (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 time spent in ED.

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 COVID-19 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 (December 2020 - December 2021)^{18 19}

Department	Level 1 / 2		Level 3		Level 4 / 5	
	Dec 2020	Dec 2021	Dec 2020	Dec 2021	Dec 2020	Dec 2021
Mater	34.0%	24.4%	45.0%	47.8%	21.1%	27.7%
Royal Victoria	24.7%	23.0%	52.3%	50.7%	23.0%	26.3%
RBHSC	11.9%	18.2%	23.9%	27.5%	64.2%	54.3%
Antrim Area	21.5%	17.7%	49.3%	55.1%	29.2%	27.1%
Causeway	18.7%	21.5%	58.0%	56.7%	23.3%	21.8%
Ulster	23.9%	28.3%	45.5%	44.6%	30.5%	27.1%
Craigavon Area	34.8%	39.1%	38.1%	35.9%	27.1%	25.0%
Daisy Hill	31.2%	33.5%	41.5%	42.5%	27.4%	24.0%
Altnagelvin Area	35.4%	34.1%	34.0%	38.2%	30.6%	27.7%
South West Acute	20.5%	22.1%	43.4%	45.2%	36.1%	32.7%
Type 1	26.1%	26.8%	43.8%	44.6%	30.1%	28.6%
Type 2	4.2%	3.2%	28.5%	21.7%	67.2%	75.2%
Type 3	0.5%	0.6%	4.1%	2.0%	95.4%	97.4%
Northern Ireland	23.1%	23.9%	40.3%	40.8%	36.5%	35.3%

Source: Regional Data Warehouse, Business Services Organisation

- Over seven in ten (71.4%) attendances at Type 1 departments in December 2021 were triaged as level 1 / 2 or 3, compared with 69.9% in December 2020 (Table 3, Table 10L).
- Almost a quarter (23.9%) of patients were triaged as level 1 / 2 in December 2021, more than October 2021 (22.9%) and November 2021 (23.1%) (Table 10L).
- During December 2021, over a third of patients attending Craigavon Area (39.1%) were triaged at level 1 / 2, compared with 17.7% of those attending the Antrim Area (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 time spent in ED.

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

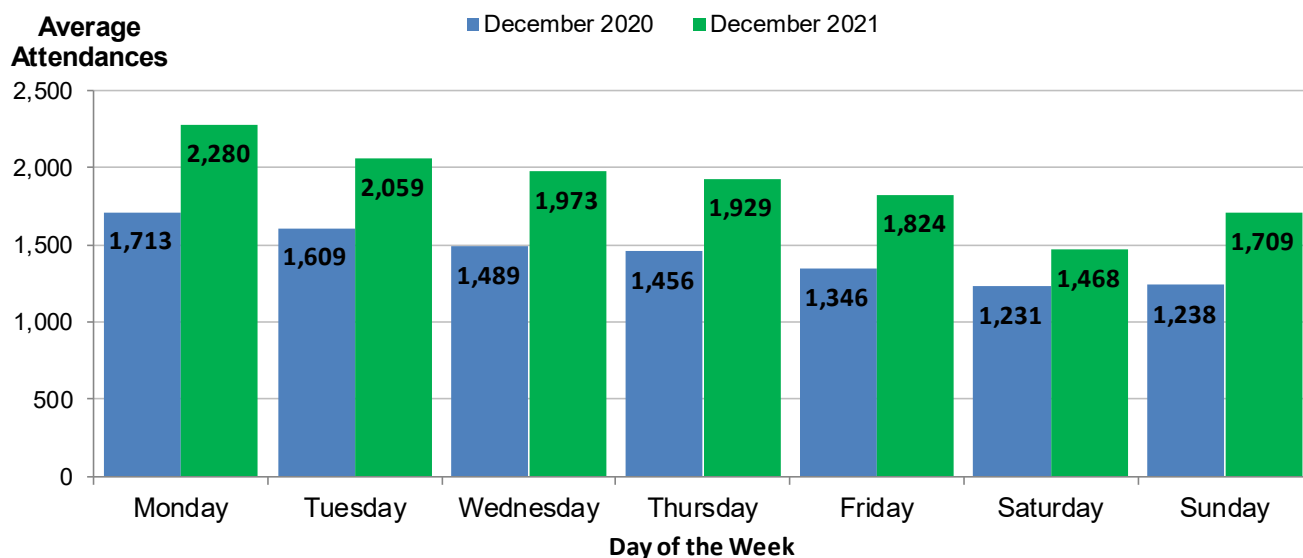
¹⁸ Readers should note that Craigavon ED includes figures for Craigavon Respiratory (COVID-19) ED (29th March 2020 - 19th October 2020), Craigavon Paediatric ED (31st March 2020 - 12th June 2020) and Craigavon Minor Injuries Unit (2nd - 14th December 2020)

¹⁹ Readers should note the impact on attendances and changes to EDs as a result of the COVID-19 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 December 2021, compared with December 2020^{20 21 22}.

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



Source: Regional Data Warehouse, Business Services Organisation

- Overall, Monday was the busiest day at EDs during both December 2020 and December 2021, with over 2,200 daily attendances on average each Monday during December 2021 (Figure 3, Table 10I).
- The largest increase in average daily attendances between December 2020 and December 2021 (567) was on a Monday (1,713 and 2,280 respectively) (Figure 3, Table 10I).
- The lowest average number of daily attendances was on a Saturday during December 2021 (1,468) and December 2020 (1,231) (Figure 3, Table 10I).

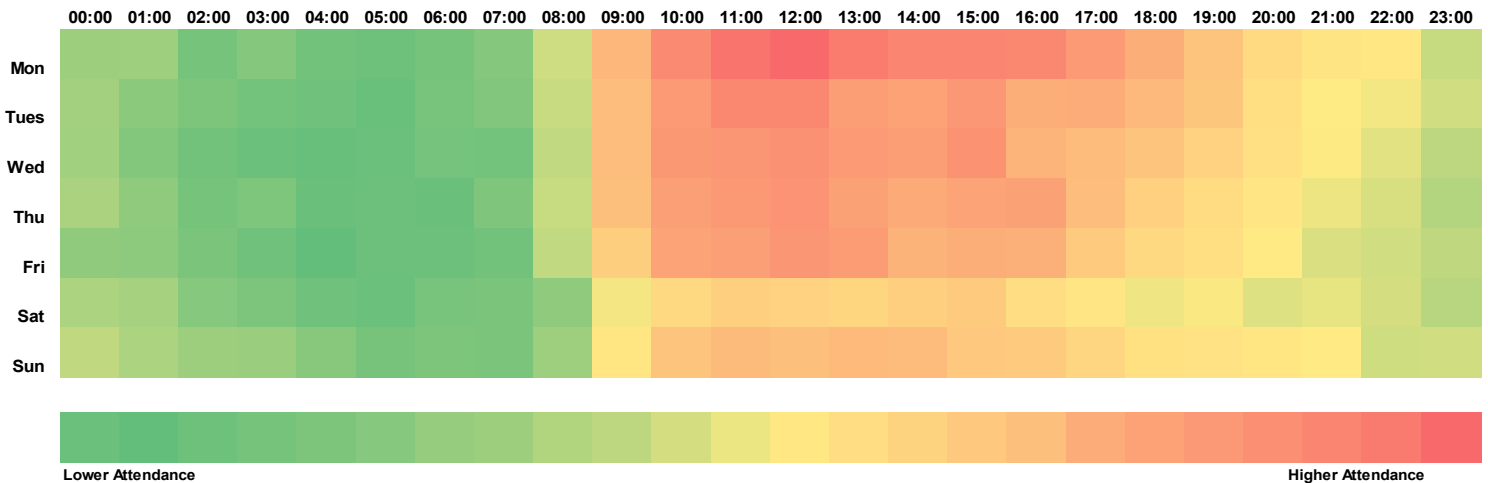
²⁰ Data on when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

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 COVID-19 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 December 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 (December 2021)



Source: Regional Data Warehouse, Business Services Organisation

- Monday was the busiest day of the week during December 2021, with the highest number of attendances arriving between 12:00 and 12:59 (Figure 4).
- Saturday was the least busy day during December 2021, with the highest number of attendances arriving between 15:00 and 15:59 (Figure 4).
- Overall, the busiest hour of the day during December 2021 was between 12:00 and 12:59, whilst the least busy hour was 05:00 to 05:59 (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 time spent in ED.

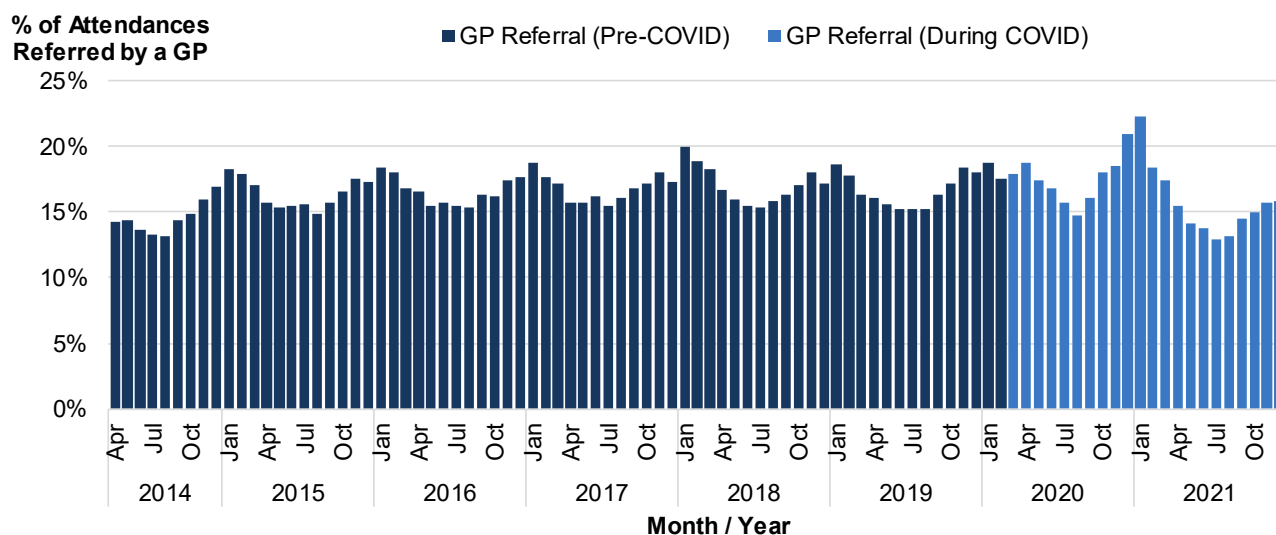
²⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

²⁵ Readers should note the impact on attendances and changes to EDs as a result of the COVID-19 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 number and 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 – December 2021)



Source: Regional Data Warehouse, Business Services Organisation

- In December 2021, one in seven (15.8%, 9,267) attendances at EDs had been referred by a GP, compared with 20.9% (9,386) in December 2020 (Figure 5, Table 10C(i) and Table 10C(ii)).
- Type 1 EDs reported the highest percentage of attendances referred by a GP (17.4%, 9,030) during December 2021, compared with 23.3% (9,088) in December 2020 (Table 10C(i) and Table 10C(ii)).
- Almost a quarter (23.2%, 692) of attendances at South West Acute had been referred by a GP during December 2021, compared with 8.4% (163) of attendances at the Mater (Table 10C(i) and Table 10C(ii)).
- 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 time spent in ED.

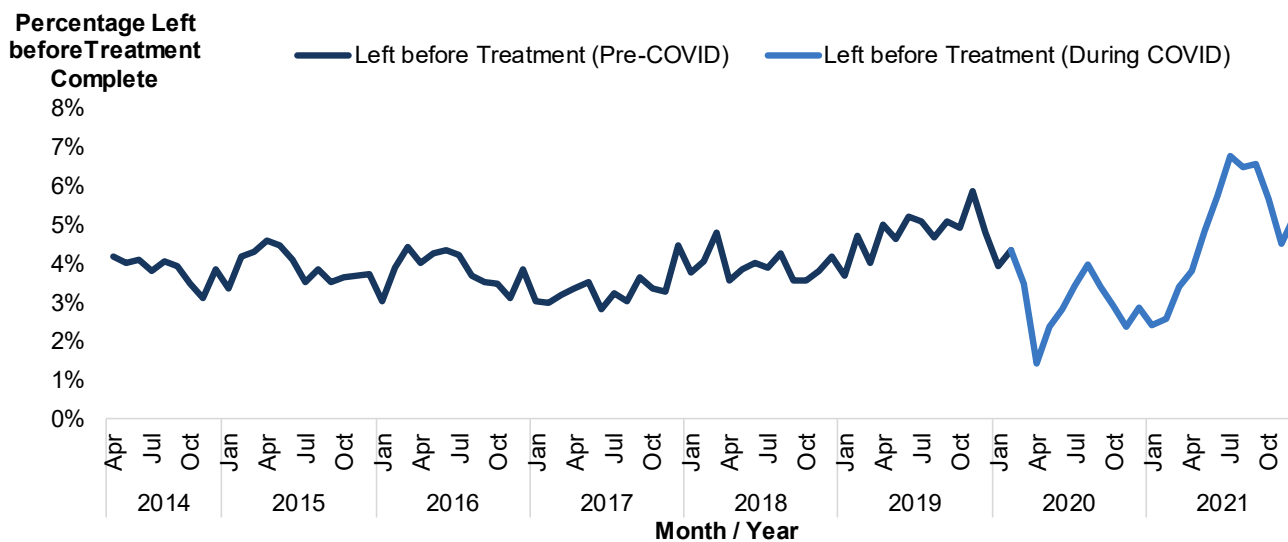
²⁷ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

²⁸ Readers should note the impact on attendances and changes to EDs as a result of the COVID-19 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 number and percentage 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 – December 2021)



Source: Regional Data Warehouse, Business Services Organisation

- During December 2021, 5.2% (3,057) of all ED attendances left before their treatment was complete, compared with 2.9% (1,281) in December 2020 (Figure 6, Table 10C(i) and Table 10C(ii)).
- Type 1 EDs reported the highest percentage (5.8%, 3,019) of patients leaving before their treatment was complete in December 2021, with 0.9% (28) reported for Type 2 EDs and 0.3% for Type 3 EDs (Table 10C(i) and Table 10C(ii)).
- Craigavon Area (8.3%, 509) reported the highest percentage of attendances leaving an ED before their treatment was complete during December 2021, compared with 3.9% (200) in December 2020 (Table 10C(i) and Table 10C(ii)).
- 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 time spent in EDs.

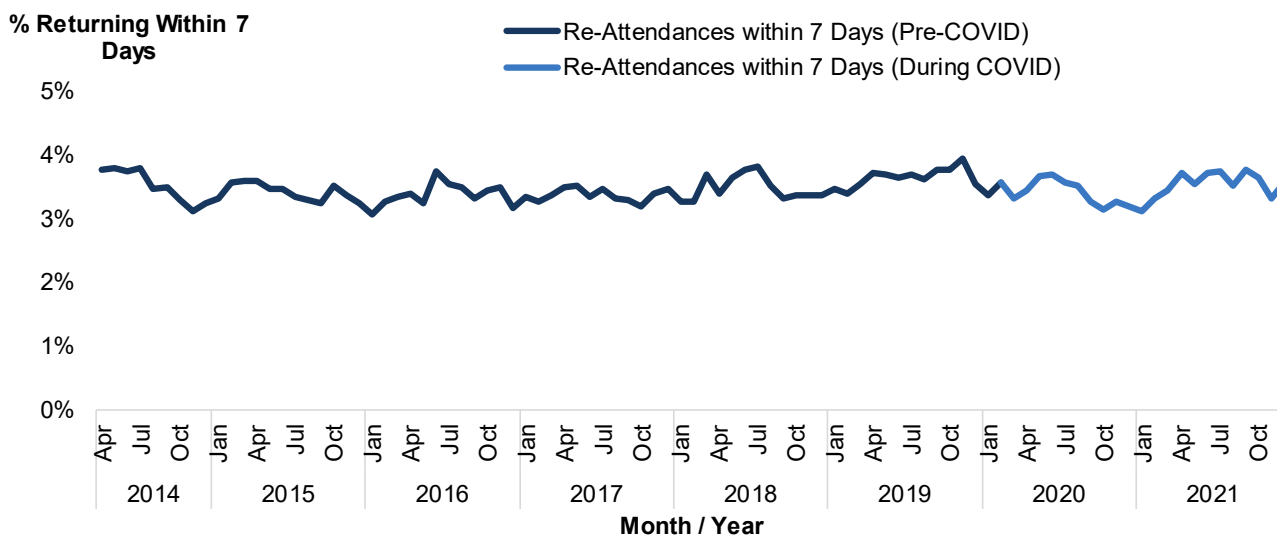
³⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

³¹ Readers should note the impact on attendances and changes to EDs as a result of the COVID-19 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 number and 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 – December 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 December 2021, 3.6% (2,085) of attendances had attended the same ED within 7 days of their original attendance, compared to 3.2% (1,425) in December 2020 (Figure 7, Table 10C(i) and Table 10C(ii)).
- The RBHSC (6.0%, 225) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during December 2021 (Table 10C(i) and Table 10C(ii)).

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 time spent in EDs.

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 COVID-19 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. Time spent in ED is from arrival to discharge or admission to hospital³⁶.

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

% Within 4 Hours	Dec 2020	Oct 2021	Nov 2021	Dec 2021	Diff (Dec 2020 - Dec 2021)	
					No.	%
Type 1	55.3%	49.6%	50.4%	47.7%	-	-7.6%
Type 2	86.0%	86.7%	89.0%	86.8%	-	0.7%
Type 3	99.5%	99.6%	99.6%	99.2%	-	-0.3%
Total	60.3%	55.3%	56.3%	53.1%	-	-7.2%
Over 12 Hours	Dec 2020	Oct 2021	Nov 2021	Dec 2021	Diff (Dec 2020 - Dec 2021)	
					No.	%
Type 1	5,146	7,825	7,080	7,506	2,360	-
Type 2	3	2	3	1	-2	-
Type 3	.	.	.	1	1	-
Total	5,149	7,827	7,083	7,508	2,359	-
New & Unplanned Review Attendances	Dec 2020	Oct 2021	Nov 2021	Dec 2021	Diff (Dec 2020 - Dec 2021)	
					No.	%
Type 1	39,039	56,031	52,300	51,872	12,833	32.9%
Type 2	2,798	3,720	3,627	3,269	471	16.8%
Type 3	3,110	4,588	4,358	3,650	540	17.4%
Total	44,947	64,339	60,285	58,791	13,844	30.8%

Source: Regional Data Warehouse, Business Services Organisation

- Over half (53.1%) of attendances in December 2021 were discharged or admitted within 4 hours, compared with 60.3% in December 2020 (Table 10B & 10J).
- Almost half (47.7%) of attendances at Type 1 EDs in December 2021 spent less than 4 hours in ED, compared with 86.8% at Type 2 EDs and 99.2% at Type 3 EDs (Table 4, Table 10B & 10J).
- Between December 2020 and December 2021, the number spending over 12 hours in ED increased from 5,149 to 7,508, accounting for 12.8% of all attendances in December 2021 (Table 4, Table 10B & 10J).
- During this period, EDs experienced a 30.8% increase in attendances (44,947 to 58,791), and 4 hour performance decreased from 60.3% to 53.1% (Table 4, Table 10B & 10J).
- During the quarter ending 31 December 2021, over half (54.9%) of patients spent less than 4 hours at an ED, compared with 62.4% during the same quarter in 2020.
- During the latest quarter, the percentage of patients spending less than 4 hours in ED was highest in November 2021 (56.3%) and lowest in December 2021 (53.1%), whilst the number spending over 12 hours in an ED was highest in October 2021 (7,827) and lowest in November 2021 (7,083)(Table 4, Table 10B).

³⁶ Readers should note the impact on attendances and changes to EDs as a result of the COVID-19 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 December 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 period³⁷
38.

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

Department	4 Hour Performance		12 Hour Performance		Total Attendances	
	Dec 2020	Dec 2021	Dec 2020	Dec 2021	Dec 2020	Dec 2021
Mater	48.1%	48.0%	201	297	1,069	1,949
Royal Victoria	32.0%	44.3%	922	1,400	5,771	8,147
RBHSC	86.9%	64.3%	-	19	2,253	3,808
Antrim Area	60.7%	46.4%	862	1,344	5,444	7,781
Causeway	60.6%	60.4%	340	208	2,748	3,575
Ulster	61.5%	47.2%	766	1,314	6,782	8,041
Craigavon Area	47.5%	40.8%	959	1,224	5,117	6,161
Daisy Hill	61.8%	52.0%	200	496	3,187	4,135
Altnagelvin Area	54.6%	38.7%	544	818	4,276	5,307
South West Acute	58.0%	49.7%	352	386	2,392	2,968
Type 1	55.3%	47.7%	5,146	7,506	39,039	51,872
Type 2	86.0%	86.8%	3	1	2,798	3,269
Type 3	99.5%	99.2%	-	1	3,110	3,650
Northern Ireland	60.3%	53.1%	5,149	7,508	44,947	58,791

Source: Regional Data Warehouse, Business Services Organisation

- During December 2021, the RBHSC (64.3%) reported the highest performance of the four hour target at any Type 1 ED, whilst Altnagelvin Area (38.7%) reported the lowest (Table 5, Table 10B).
- No Type 1 ED achieved the 12-hour target during December 2021 (Table 5, Table 10B).
- The Royal Victoria (1,400) reported the highest number of patients spending over 12 hours at an ED during December 2021 (Table 5, Table 10B).
- Between December 2020 and December 2021, performance against the 12 hour target declined at nine of the ten 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.

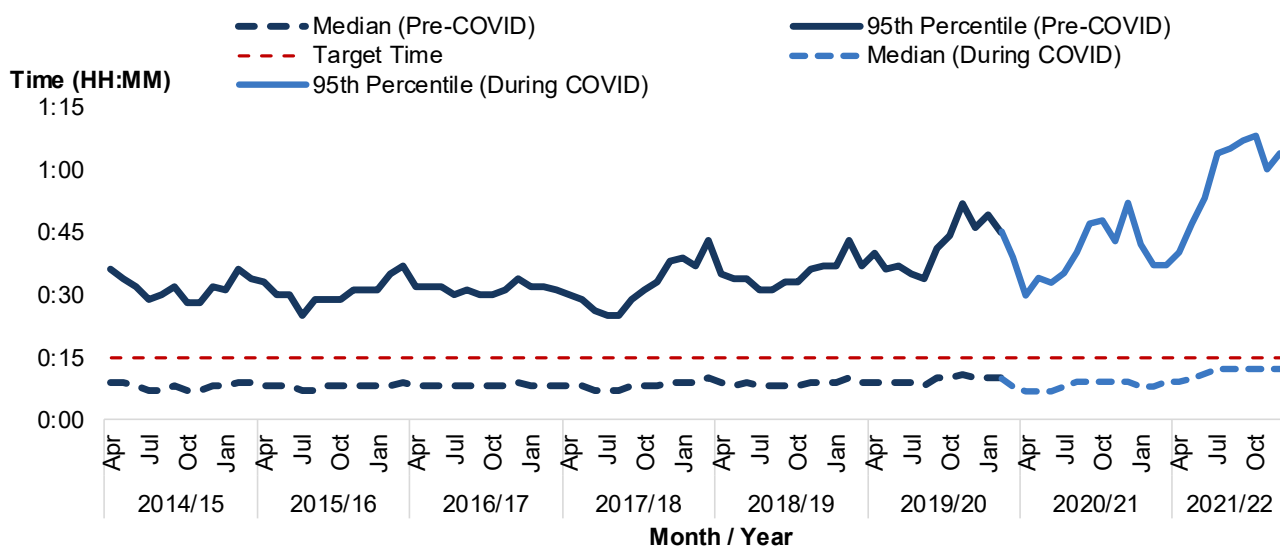
³⁸ Readers should note the impact on attendances and changes to EDs as a result of the COVID-19 pandemic from the start of 2020, see Appendix 2 for details.

Time Spent in Emergency Department from Arrival to Triage

Figure 9 details the length of time patients spent in ED from the time of their arrival 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 spent in ED are reported, including (i) the 95th percentile, which is the time below which 95% of patients were triaged each month, and (ii) the median, which is the time below which 50% of patients were triaged.

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



Source: Regional Data Warehouse, Business Services Organisation

- During December 2021, the median time spent in ED from arrival to triage was 12 minutes, 3 minutes more than December 2020 (9 minutes) (Figure 9, Table 10D).
- 95 percent of patients were triaged within 1 hour 4 minutes of their arrival at an ED in December 2021, 12 minutes more than December 2020 (52 minutes) (Figure 9, Table 10D).
- Six in ten (60.1%) attendances were triaged within 15 minutes of their arrival at an ED during December 2021, compared with 69.2% in December 2020.
- During each of the last 3 months, the median time from arrival to triage was the same (12 minutes), whilst the time taken to triage 95 percent of patients was longest during October (1 hour 8 minutes) and shortest in November (1 hour) (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 time spent in ED.

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

⁴¹ Readers should note the impact on attendances and changes to EDs as a result of the COVID-19 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 December 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 period⁴².

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

Department	Dec 2020	Oct 2021	Nov 2021	Dec 2021
Mater	98.4%	76.3%	80.7%	78.1%
Royal Victoria	63.3%	55.4%	62.6%	61.3%
RBHSC	97.6%	67.5%	64.3%	70.6%
Antrim Area	90.1%	68.0%	68.5%	62.1%
Causeway	92.0%	82.0%	80.1%	79.7%
Ulster	93.7%	75.6%	76.7%	74.0%
Craigavon Area	72.2%	51.5%	59.1%	56.2%
Daisy Hill	89.1%	79.1%	79.9%	75.4%
Altnagelvin Area	89.1%	63.3%	63.3%	58.6%
South West Acute	91.4%	81.5%	83.0%	79.4%
Type 1	85.3%	68.2%	70.2%	67.6%
Type 2	99.1%	96.0%	98.5%	97.7%
Type 3	99.4%	99.3%	99.8%	98.0%
Northern Ireland	86.9%	71.8%	74.0%	71.0%

Source: Regional Data Warehouse, Business Services Organisation

- Over seven in ten (71.0%) patients attending EDs in December 2021 commenced their treatment within 2 hours of being triaged, compared with 86.9% in December 2020 (Table 6, Table 10K).
- During December 2021, almost two thirds (67.6%) of patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 97.7% at Type 2 EDs and 98.0% at Type 3 EDs (Table 6, Table 10K).
- No Type 1 ED achieved the 80% target in December 2021 (Table 6, Table 10K).
- During December 2021, Causeway (79.7%) reported the highest percentage commencing treatment within 2 hours, whilst the Craigavon Area (56.2%) reported the lowest (Table 6, Table 10K).
- Between October and December 2021, the highest percentage of patients commencing treatment within 2 hours was in November 2021 (74.0%) whilst the lowest was in December 2021 (71.0%), (Table 6).

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

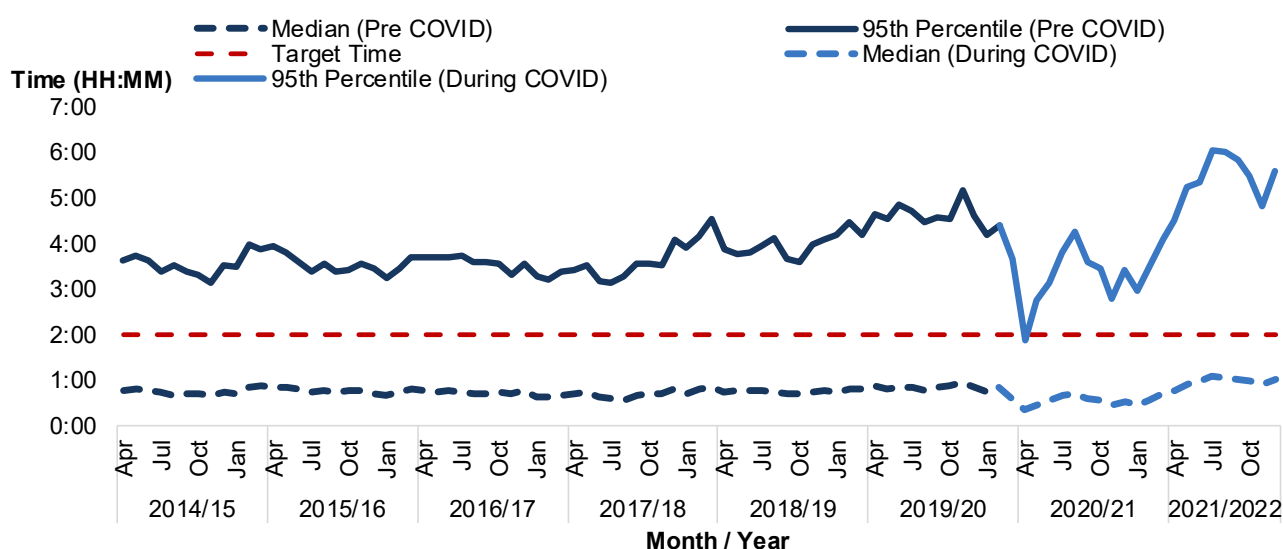
⁴³ Readers should note the impact on attendances and changes to EDs as a result of the COVID-19 pandemic from the start of 2020, see Appendix 2 for details.

Time from Triage to Start of Treatment

Figure 10 shows information on time spent in ED from triage (initial assessment) to treatment 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 spent in ED are reported, including (i) the 95th percentile which is the time below which 95% of patients commenced treatment each month, and (ii) the median, which is the time below which 50% of patients commenced treatment.

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



Source: Regional Data Warehouse, Business Services Organisation

- The median time from triage to start of treatment in December 2021 was 1 hour, 29 minutes more than December 2020 (31 minutes) (Figure 10, Table 10E).
- During December 2021, 95 percent of patients commenced treatment within 5 hours 35 minutes of being triaged, 2 hours 11 minutes more than December 2020 (3 hours 24 minutes) (Figure 10, Table 10E).
- During each of the last 3 months, the median time to start of treatment was longest in December 2021 (1 hour) and shortest in November 2021 (55 minutes), and the time within which 95 percent of patients started treatment was also longest in December 2021 (5 hours 35 minutes) and shortest in November 2021 (4 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 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.

⁴⁶ Readers should note the impact on attendances and changes to EDs as a result of the COVID-19 pandemic from the start of 2020, see Appendix 2 for details.

Time from Arrival to Start of Treatment at Type 1 EDs

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

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

Department	Median		95th Percentile	
	December 2020	December 2021	December 2020	December 2021
Mater	0:15	0:47	1:16	3:56
Royal Victoria	1:15	1:23	6:03	7:46
RBHSC	0:21	1:11	1:31	4:17
Antrim Area	0:36	1:27	2:39	5:45
Causeway	0:25	0:49	2:24	3:42
Ulster	0:26	0:59	2:10	5:17
Craigavon Area	1:06	1:41	4:31	8:45
Daisy Hill	0:37	0:59	2:58	4:29
Altnagelvin Area	0:34	1:33	2:49	5:49
South West Acute	0:20	0:42	2:35	4:13
Type 1	0:35	1:11	3:33	5:52
Type 2	0:17	0:16	1:12	1:15
Type 3	0:03	0:04	0:50	0:56
Northern Ireland	0:31	1:00	3:24	5:35

Source: Regional Data Warehouse, Business Services Organisation

- The median time spent at Type 1 EDs from triage to start of treatment by a medical professional was 1 hour 11 minutes in December 2021, 36 minutes more than December 2020 (35 minutes) (Table 7, Table 10E).
- Craigavon Area (1 hour 41 minutes) reported the longest median time spent in ED from triage to start of treatment during December 2021, whilst South West Acute (42 minutes) reported the shortest median time (Table 7, Table 10E).
- Craigavon Area reported the longest time spent in ED between triage and start of treatment, with 95 percent of attendances commencing treatment within 8 hours 45 minutes of being triaged; 4 hours 14 minutes more than December 2020 (4 hours 31 minutes) (Table 7, Table 10E).
- Causeway reported the shortest time to start of treatment during December 2021, with 95 percent of attendances commencing treatment within 3 hours 42 minutes of being triaged, 1 hour 18 minutes more than the time taken in December 2020 (2 hour 24 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 time spent in ED.

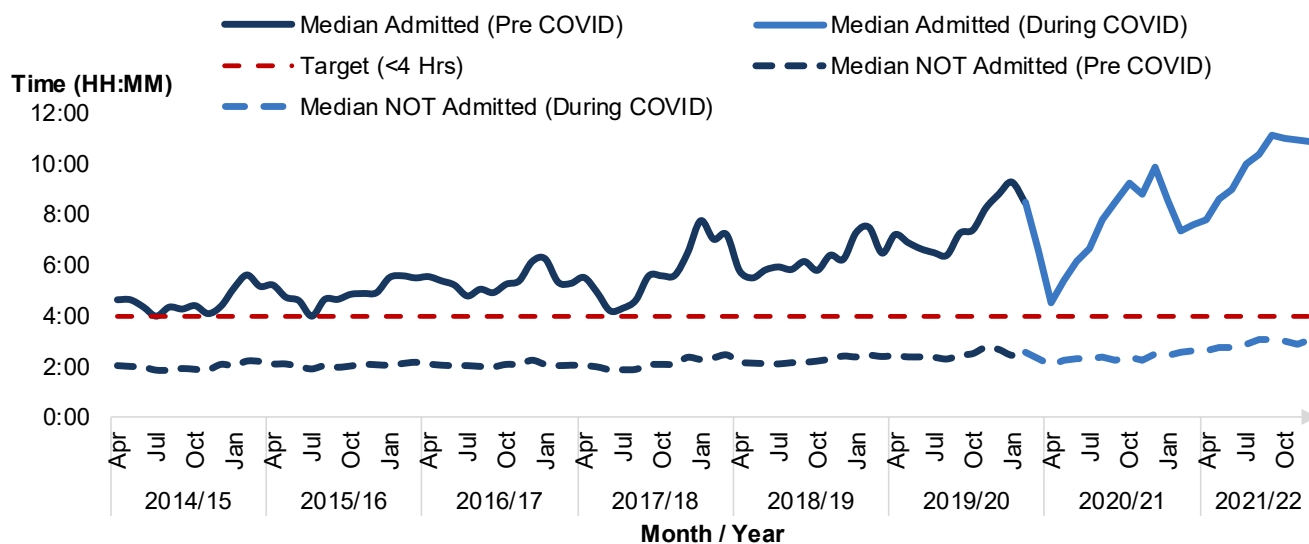
⁴⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁴⁹ Readers should note the impact on attendances and changes to EDs as a result of the COVID-19 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 December 2021)



Source: Regional Data Warehouse, Business Services Organisation

- During December 2021, the median time patients admitted to hospital spent in ED was 10 hours 53 minutes, compared to 3 hours 4 minutes for those discharged home (Figure 11, Table 10F & 10G).
- During December 2021, 95 percent of attendances were admitted to hospital within 38 hours 38 minutes of their arrival, over three times longer than 95 percent of those discharged home (11 hours 11 minute) (Table 8 & 9).
- During the last 3 months, the median time patients admitted spent in ED was longest in October 2021 (10 hours 59 minutes) and shortest in December 2021 (10 hours 53 minutes) (Table 10F).
- During this period, the median time spent by patients discharged home was longest in December 2021 (3 hours 4 minutes) and shortest in November 2021 (2 hours 51 minutes) (Table 10G).
- During this period, the longest time spent by up to 95 percent of patients admitted was in November 2021 (41 hours 20 minutes) and shortest in October 2021 (37 hours 58 minutes) (Table 10F).
- During this period, the longest time spent by up to 95 percent of patients discharged home was in October 2021 (11 hours 13 minutes) and shortest in November 2021 (10 hours 8 minutes) (Table 10G).

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

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 COVID-19 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 hospital⁵³.

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

Department	Median		95th Percentile	
	December 2020	December 2021	December 2020	December 2021
Mater	10:09	11:21	30:15	41:11
Royal Victoria	9:52	11:31	25:28	36:00
RBHSC	3:43	5:22	7:31	10:43
Antrim Area	10:21	10:38	46:11	64:34
Causeway	9:58	7:17	35:07	23:02
Ulster	8:31	13:23	29:36	34:18
Craigavon Area	14:47	14:24	34:02	46:27
Daisy Hill	8:11	11:00	24:42	29:41
Altnagelvin Area	11:08	12:59	30:06	33:38
South West Acute	9:20	8:37	43:37	38:40
Type 1	9:59	11:04	31:59	38:46
Type 2	4:11	4:46	8:50	9:39
Type 3	3:04	2:19	9:56	27:01
Northern Ireland	9:50	10:53	31:51	38:38

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 4 minutes in December 2021, 1 hour 5 minutes more than the same month last year (9 hours 59 minutes) (Table 8, Table 10F).
- During December 2020, the Craigavon Area reported the longest median time spent in ED from arrival to admission (14 hours 24 minutes), whilst the RBHSC reported the shortest time (5 hours 22 minutes) (Table 8, Table 10F).
- 95 percent of patients were admitted to hospital within 38 hours 46 minutes at Type 1 EDs in December 2021, 6 hours 47 minutes more than in December 2020 (31 hours 59 minutes) (Table 8, Table 10F).
- Between December 2020 and December 2021, Antrim Area reported the largest increase (from 46 hours 11 minutes to 64 hours 34 minutes) in time 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 COVID-19 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 (December 2020 - December 2021)⁵⁷

Department	Median		95th Percentile	
	December 2020	December 2021	December 2020	December 2021
Mater	2:33	3:15	11:24	10:10
Royal Victoria	4:46	3:50	14:18	16:42
RBHSC	1:41	2:57	4:37	7:09
Antrim Area	2:27	3:35	12:53	20:20
Causeway	2:44	2:51	9:23	7:33
Ulster	2:31	3:19	7:16	9:41
Craigavon Area	3:15	3:55	8:49	13:21
Daisy Hill	2:29	3:09	6:45	9:02
Altnagelvin Area	3:10	4:17	9:25	12:18
South West Acute	2:44	3:30	12:41	14:27
Type 1	2:52	3:30	9:44	12:06
Type 2	1:34	1:22	5:05	4:58
Type 3	0:34	0:38	1:52	2:01
Northern Ireland	2:28	3:04	8:55	11:11

Source: Regional Data Warehouse, Business Services Organisation

- The median time patients discharged home (not admitted) spent in a Type 1 ED was 3 hours 30 minutes in December 2021, 38 minutes more than the time taken during the same month last year (2 hour 52 minutes) (Table 9, Table 10G).
- In December 2021, 95 percent of attendances at Type 1 EDs were discharged home within 12 hours 6 minutes of their arrival, 2 hours 22 minutes more than the time taken in December 2020 (9 hours 44 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 COVID-19 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



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 City (Closed)		
Belfast	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 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 10A: New & Unplanned Review Attendances at Emergency Care Departments^{68 69 70}

Department	New Attendances				Unplanned Reviews				Total Attendances			
	Dec 2020	Oct 2021	Nov 2021	Dec 2021	Dec 2020	Oct 2021	Nov 2021	Dec 2021	Dec 2020	Oct 2021	Nov 2021	Dec 2021
Mater	1,047	2,030	2,003	1,922	22	55	30	27	1,069	2,085	2,033	1,949
Royal Victoria	5,687	7,907	8,288	7,992	84	130	147	155	5,771	8,037	8,435	8,147
RBHSC	2,061	3,997	3,865	3,444	192	439	455	364	2,253	4,436	4,320	3,808
Antrim Area	5,202	7,937	7,162	7,415	242	412	361	366	5,444	8,349	7,523	7,781
Causeway	2,620	3,596	3,275	3,380	128	184	143	195	2,748	3,780	3,418	3,575
Ulster	6,579	8,344	7,608	7,712	203	316	376	329	6,782	8,660	7,984	8,041
Craigavon Area	4,731	6,358	5,656	5,626	386	534	450	535	5,117	6,892	6,106	6,161
Daisy Hill	2,953	4,399	4,000	3,854	234	306	231	281	3,187	4,705	4,231	4,135
Altnagelvin Area	3,978	5,331	4,864	4,939	298	392	339	368	4,276	5,723	5,203	5,307
South West Acute	2,189	3,091	2,792	2,739	203	273	255	229	2,392	3,364	3,047	2,968
Type 1	37,047	52,990	49,513	49,023	1,992	3,041	2,787	2,849	39,039	56,031	52,300	51,872
Eye Casualty	561	669	516	508	50	96	172	153	611	765	688	661
Downe	628	929	1,013	811	30	47	48	40	658	976	1,061	851
Lagan Valley	1,457	1,904	1,797	1,704	72	75	81	53	1,529	1,979	1,878	1,757
Type 2	2,646	3,502	3,326	3,023	152	218	301	246	2,798	3,720	3,627	3,269
Mid Ulster	379	468	446	342	16	10	11	10	395	478	457	352
Ards	652	867	941	768	2	1	3	.	654	868	944	768
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	1,256	1,771	1,680	1,345	24	31	26	17	1,280	1,802	1,706	1,362
Omagh	732	1,302	1,117	1,063	49	138	134	105	781	1,440	1,251	1,168
Type 3	3,019	4,408	4,184	3,518	91	180	174	132	3,110	4,588	4,358	3,650
Northern Ireland	42,712	60,900	57,023	55,564	2,235	3,439	3,262	3,227	44,947	64,339	60,285	58,791

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 COVID-19 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			
	Dec 2020	Oct 2021	Nov 2021	Dec 2021	Dec 2020	Oct 2021	Nov 2021	Dec 2021	Dec 2020	Oct 2021	Nov 2021	Dec 2021
Mater	48.1%	49.5%	50.5%	48.0%	201	310	293	297	1,069	2,085	2,033	1,949
Royal Victoria	32.0%	35.0%	46.6%	44.3%	922	1,719	1,420	1,400	5,771	8,037	8,435	8,147
RBHSC	86.9%	62.6%	58.9%	64.3%	.	22	30	19	2,253	4,436	4,320	3,808
Antrim Area	60.7%	52.6%	52.1%	46.4%	862	1,283	1,222	1,344	5,444	8,349	7,523	7,781
Causeway	60.6%	65.1%	61.2%	60.4%	340	341	300	208	2,748	3,780	3,418	3,575
Ulster	61.5%	50.8%	50.4%	47.2%	766	1,393	1,324	1,314	6,782	8,660	7,984	8,041
Craigavon Area	47.5%	40.2%	44.7%	40.8%	959	1,185	935	1,224	5,117	6,892	6,106	6,161
Daisy Hill	61.8%	59.5%	55.1%	52.0%	200	352	383	496	3,187	4,705	4,231	4,135
Altnagelvin Area	54.6%	43.4%	42.2%	38.7%	544	839	785	818	4,276	5,723	5,203	5,307
South West Acute	58.0%	55.1%	52.1%	49.7%	352	381	388	386	2,392	3,364	3,047	2,968
Type 1	55.3%	49.6%	50.4%	47.7%	5,146	7,825	7,080	7,506	39,039	56,031	52,300	51,872
Eye Casualty	85.1%	90.1%	91.7%	89.3%	.	.	.	.	611	765	688	661
Downe	99.1%	99.3%	98.5%	99.1%	.	.	.	.	658	976	1,061	851
Lagan Valley	80.8%	79.1%	82.6%	79.9%	3	2	3	1	1,529	1,979	1,878	1,757
Type 2	86.0%	86.7%	89.0%	86.8%	3	2	3	1	2,798	3,720	3,627	3,269
Mid Ulster	100.0%	100.0%	100.0%	100.0%	.	.	.	.	395	478	457	352
Ards	100.0%	100.0%	100.0%	100.0%	.	.	.	.	654	868	944	768
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	100.0%	100.0%	100.0%	99.9%	.	.	.	.	1,280	1,802	1,706	1,362
Omagh	98.0%	98.6%	98.7%	97.6%	.	.	.	1	781	1,440	1,251	1,168
Type 3	99.5%	99.6%	99.6%	99.2%	.	.	.	1	3,110	4,588	4,358	3,650
Northern Ireland	60.3%	55.3%	56.3%	53.1%	5,149	7,827	7,083	7,508	44,947	64,339	60,285	58,791

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 COVID-19 pandemic from the start of 2020, see Appendix 2 for details.

Table 10C(i): 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			
	Dec 2020	Oct 2021	Nov 2021	Dec 2021	Dec 2020	Oct 2021	Nov 2021	Dec 2021	Dec 2020	Oct 2021	Nov 2021	Dec 2021
Mater	8.2%	7.4%	8.3%	8.4%	3.3%	6.3%	4.7%	4.2%	1.2%	1.7%	1.2%	1.0%
Royal Victoria	13.6%	12.7%	16.5%	16.3%	7.8%	10.9%	7.4%	7.6%	0.9%	1.0%	1.1%	1.2%
RBHSC	4.6%	9.6%	9.6%	10.0%	0.4%	9.2%	9.7%	7.8%	5.5%	7.0%	6.8%	6.0%
Antrim Area	42.9%	14.5%	16.2%	15.1%	1.1%	3.8%	2.7%	4.1%	2.6%	3.3%	2.7%	2.8%
Causeway	38.1%	11.3%	10.9%	12.4%	2.7%	3.9%	3.3%	3.9%	3.1%	3.2%	2.6%	3.4%
Ulster	26.8%	21.2%	22.8%	22.0%	2.0%	4.6%	3.5%	4.5%	2.1%	2.5%	3.0%	3.0%
Craigavon Area	25.7%	26.3%	24.2%	23.1%	3.9%	9.1%	6.4%	8.3%	4.6%	5.4%	4.7%	5.6%
Daisy Hill	17.8%	20.3%	23.4%	23.0%	2.9%	4.3%	3.0%	4.3%	4.9%	4.8%	3.9%	5.4%
Altnagelvin Area	11.2%	11.5%	11.5%	13.5%	2.9%	5.9%	5.9%	7.3%	4.8%	5.3%	5.0%	5.5%
South West Acute	23.7%	24.3%	25.6%	23.2%	2.8%	4.2%	4.3%	4.1%	6.7%	6.2%	6.2%	5.7%
Type 1	23.3%	16.6%	17.7%	17.4%	3.2%	6.4%	5.1%	5.8%	3.4%	3.8%	3.5%	3.8%
Eye Casualty	5.4%	2.6%	3.9%	3.0%	0.2%	0.1%	0.3%	0.2%	0.2%	0.1%	0.3%	0.3%
Downe	2.4%	1.2%	1.3%	1.5%	0.0%	0.0%	0.0%	0.1%	2.7%	2.5%	1.9%	2.5%
Lagan Valley	13.6%	11.2%	9.6%	9.3%	1.8%	1.5%	1.1%	1.5%	2.8%	2.1%	1.7%	1.9%
Type 2	9.2%	6.8%	6.1%	6.0%	1.0%	0.8%	0.6%	0.9%	2.2%	1.8%	1.5%	1.7%
Mid Ulster	3.0%	1.3%	1.5%	1.1%	0.0%	0.2%	0.2%	0.0%	1.8%	1.9%	1.1%	1.7%
Ards	0.8%	.	.	.	0.3%	0.1%	0.2%	0.0%	.	0.1%	0.1%	.
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	0.2%	0.1%	.	.	0.0%	0.0%	0.0%	0.0%	0.9%	1.2%	1.1%	0.7%
Omagh	2.8%	2.5%	2.5%	3.2%	0.6%	1.3%	0.6%	0.9%	4.7%	6.3%	6.3%	5.5%
Type 3	1.3%	1.0%	0.9%	1.1%	0.2%	0.5%	0.2%	0.3%	1.8%	2.7%	2.4%	2.2%
Northern Ireland	20.9%	14.9%	15.7%	15.8%	2.9%	5.7%	4.5%	5.2%	3.2%	3.6%	3.3%	3.6%

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 time spent in ED.

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 COVID-19 pandemic from the start of 2020, see Appendix 2 for details.

Table 10C(ii): Number of Attendances (i) Referred by a GP; (ii) Who Left before Treatment was Complete; and (iii) Re-attended within 7 Days^{79 80 81 82}

Department	GP Referrals				Left Before Treatment				Unplanned reviews Within 7 Days			
	Dec 2020	Oct 2021	Nov 2021	Dec 2021	Dec 2020	Oct 2021	Nov 2021	Dec 2021	Dec 2020	Oct 2021	Nov 2021	Dec 2021
Mater	88	154	168	163	35	131	95	82	13	35	24	20
Royal Victoria	784	1,017	1,390	1,322	452	880	624	616	52	81	91	97
RBHSC	104	423	417	379	9	407	421	298	123	308	295	225
Antrim Area	2,332	1,216	1,218	1,172	59	321	203	321	140	279	204	219
Causeway	1,047	429	372	443	73	149	112	139	84	121	90	122
Ulster	1,814	1,839	1,818	1,769	135	402	276	363	142	217	240	239
Craigavon Area	1,315	1,820	1,480	1,426	200	626	388	509	233	377	289	344
Daisy Hill	564	948	995	950	93	202	127	178	156	223	167	221
Altnagelvin Area	478	662	598	714	123	335	309	390	204	309	259	294
South West Acute	562	819	779	692	67	141	131	123	160	207	187	169
Type 1	9,088	9,327	9,235	9,030	1,246	3,594	2,686	3,019	1,307	2,157	1,846	1,950
Eye Casualty	33	20	27	20	1	1	2	1	1	1	2	2
Downe	16	12	14	13	.	.	.	1	18	24	20	21
Lagan Valley	208	221	180	163	27	29	20	26	43	41	32	33
Type 2	257	253	221	196	28	30	22	28	62	66	54	56
Mid Ulster	12	6	7	4	.	1	1	.	7	9	5	6
Ards	5	.	.	.	2	1	2	.	.	1	1	.
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	2	2	.	.	.	.	.	.	12	21	18	9
Omagh	22	36	31	37	5	19	7	10	37	91	79	64
Type 3	41	44	38	41	7	21	10	10	56	122	103	79
Northern Ireland	9,386	9,624	9,494	9,267	1,281	3,645	2,718	3,057	1,425	2,345	2,003	2,085

⁷⁹ 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 time spent in ED.

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 COVID-19 pandemic from the start of 2020, see Appendix 2 for details.

Table 10D: Time from Arrival to Triage (Assessment)^{83 84 85 86}

Department	Median				95th Percentile			
	Dec 2020	Oct 2021	Nov 2021	Dec 2021	Dec 2020	Oct 2021	Nov 2021	Dec 2021
Mater	0:10	0:13	0:13	0:13	0:51	1:00	0:55	1:10
Royal Victoria	0:14	0:20	0:18	0:17	1:23	1:48	1:23	1:27
RBHSC	0:07	0:14	0:13	0:11	0:22	0:51	0:52	0:43
Antrim Area	0:11	0:13	0:13	0:13	0:32	0:44	0:36	0:39
Causeway	0:10	0:13	0:13	0:12	0:29	0:40	0:39	0:35
Ulster	0:09	0:13	0:11	0:12	0:45	1:21	1:09	1:09
Craigavon Area	0:14	0:16	0:13	0:14	1:45	1:45	1:29	1:54
Daisy Hill	0:06	0:09	0:09	0:10	0:25	0:32	0:39	0:52
Altnagelvin Area	0:12	0:16	0:15	0:17	0:41	0:55	0:53	0:59
South West Acute	0:14	0:20	0:16	0:16	0:55	1:16	1:10	1:07
Type 1	0:10	0:14	0:13	0:13	0:56	1:13	1:03	1:08
Eye Casualty	0:14	0:12	0:08	0:08	0:42	0:53	0:42	0:35
Downe	0:02	0:02	0:03	0:02	0:08	0:12	0:12	0:12
Lagan Valley	0:06	0:05	0:05	0:05	0:16	0:14	0:16	0:15
Type 2	0:05	0:05	0:05	0:04	0:26	0:27	0:21	0:21
Mid Ulster	0:08	0:10	0:08	0:06	0:32	0:43	0:37	0:24
Ards	0:02	0:02	0:02	0:02	0:12	0:12	0:10	0:12
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:01	0:01	0:01	0:01	0:07	0:09	0:08	0:07
Omagh	0:06	0:09	0:08	0:08	0:30	0:37	0:31	0:35
Type 3	0:02	0:03	0:02	0:03	0:17	0:25	0:21	0:22
Northern Ireland	0:09	0:12	0:12	0:12	0:52	1:08	1:00	1:04

⁸³ 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.

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 COVID-19 pandemic from the start of 2020, see Appendix 2 for details.

Table 10E: Time from Triage (Assessment) to Start of Treatment^{87 88 89 90}

Department	Median				95 th Percentile			
	Dec 2020	Oct 2021	Nov 2021	Dec 2021	Dec 2020	Oct 2021	Nov 2021	Dec 2021
Mater	0:15	0:45	0:40	0:47	1:16	4:59	3:52	3:56
Royal Victoria	1:15	1:40	1:20	1:23	6:03	8:41	7:03	7:46
RBHSC	0:21	1:20	1:24	1:11	1:31	4:26	4:42	4:17
Antrim Area	0:36	1:17	1:15	1:27	2:39	5:24	4:45	5:45
Causeway	0:25	0:47	0:55	0:49	2:24	3:30	3:21	3:42
Ulster	0:26	0:57	0:56	0:59	2:10	4:45	4:24	5:17
Craigavon Area	1:06	1:55	1:34	1:41	4:31	9:02	7:03	8:45
Daisy Hill	0:37	0:56	0:51	0:59	2:58	3:54	3:53	4:29
Altnagelvin Area	0:34	1:28	1:21	1:33	2:49	4:51	5:05	5:49
South West Acute	0:20	0:38	0:41	0:42	2:35	3:50	3:48	4:13
Type 1	0:35	1:10	1:07	1:11	3:33	5:47	5:04	5:52
Downe	0:08	0:11	0:12	0:08	0:40	0:42	0:45	0:31
Lagan Valley	0:22	0:27	0:23	0:23	1:20	2:06	1:27	1:33
Type 2	0:17	0:20	0:17	0:16	1:12	1:49	1:15	1:15
Mid Ulster	0:00	0:02	0:00	0:00	0:30	0:40	0:05	0:19
Ards	0:05	0:06	0:08	0:08	0:27	0:30	0:31	0:31
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:00	0:01	0:01	0:00	0:09	0:17	0:18	0:12
Omagh	0:13	0:11	0:12	0:13	1:30	1:28	1:16	2:13
Type 3	0:03	0:04	0:05	0:04	0:50	0:49	0:44	0:56
Northern Ireland	0:31	0:58	0:55	1:00	3:24	5:29	4:49	5:35

⁸⁷ 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.

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 COVID-19 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^{91 92 93 94}

Department	Median				95 th Percentile			
	Dec 2020	Oct 2021	Nov 2021	Dec 2021	Dec 2020	Oct 2021	Nov 2021	Dec 2021
Mater	10:09	11:43	10:41	11:21	30:15	43:41	34:30	41:11
Royal Victoria	9:52	12:30	12:05	11:31	25:28	32:49	37:17	36:00
RBHSC	3:43	5:14	5:33	5:22	7:31	10:29	10:58	10:43
Antrim Area	10:21	10:14	10:45	10:38	46:11	56:24	72:23	64:34
Causeway	9:58	9:07	8:53	7:17	35:07	34:01	30:00	23:02
Ulster	8:31	14:48	15:01	13:23	29:36	34:46	36:07	34:18
Craigavon Area	14:47	12:48	14:03	14:24	34:02	36:24	44:17	46:27
Daisy Hill	8:11	8:33	8:36	11:00	24:42	26:00	26:00	29:41
Altnagelvin Area	11:08	13:41	12:06	12:59	30:06	37:47	34:10	33:38
South West Acute	9:20	9:16	9:05	8:37	43:37	42:19	46:08	38:40
Type 1	9:59	11:10	11:08	11:04	31:59	38:12	41:36	38:46
Eye Casualty	2:47	2:05	2:33	3:45	4:29	4:32	4:50	5:17
Downe	2:13	1:31	3:16	3:08	5:03	4:20	9:11	5:12
Lagan Valley	4:25	4:49	4:29	5:07	8:52	8:29	8:53	9:44
Type 2	4:11	4:20	4:15	4:46	8:50	8:20	8:46	9:39
Mid Ulster	.	.	.	.	.	.	.	.
Ards	.	.	.	.	.	.	.	.
Bangor	-	-	-	-	-	-	-	-
South Tyrone	.	.	.	.	.	.	.	.
Omagh	6:14	3:00	1:32	2:19	9:56	3:22	2:41	27:01
Type 3	3:04	3:00	1:32	2:19	9:56	3:22	2:41	27:01
Northern Ireland	9:50	10:59	10:55	10:53	31:51	37:58	41:20	38:38

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 time spent in ED.

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 COVID-19 pandemic from the start of 2020, see Appendix 2 for details.

Table 10G: Time Spent in an Emergency Care Department by those Discharged Home^{95 96 97 98}

Department	Median				95 th Percentile			
	Dec 2020	Oct 2021	Nov 2021	Dec 2021	Dec 2020	Oct 2021	Nov 2021	Dec 2021
Mater	2:33	2:59	2:53	3:15	11:24	10:29	10:34	10:10
Royal Victoria	4:46	4:58	3:32	3:50	14:18	18:54	16:08	16:42
RBHSC	1:41	3:03	3:17	2:57	4:37	7:17	7:08	7:09
Antrim Area	2:27	3:13	3:10	3:35	12:53	16:26	18:06	20:20
Causeway	2:44	2:38	2:55	2:51	9:23	7:35	7:59	7:33
Ulster	2:31	3:08	3:09	3:19	7:16	9:54	8:52	9:41
Craigavon Area	3:15	4:03	3:43	3:55	8:49	12:48	10:36	13:21
Daisy Hill	2:29	2:51	3:02	3:09	6:45	7:35	7:53	9:02
Altnagelvin Area	3:10	3:57	3:59	4:17	9:25	11:22	12:06	12:18
South West Acute	2:44	3:16	3:22	3:30	12:41	11:58	12:35	14:27
Type 1	2:52	3:24	3:20	3:30	9:44	12:12	11:08	12:06
Eye Casualty	2:16	2:18	1:58	2:05	5:04	4:40	4:32	4:49
Downe	0:47	0:49	0:53	0:45	2:30	2:10	2:30	2:16
Lagan Valley	1:45	1:51	1:32	1:33	5:38	5:35	5:11	5:28
Type 2	1:34	1:32	1:21	1:22	5:05	4:57	4:38	4:58
Mid Ulster	0:47	0:45	0:42	0:45	1:44	2:05	2:05	2:01
Ards	0:43	0:42	0:45	0:46	1:27	1:28	1:27	1:31
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:22	0:28	0:29	0:29	0:59	1:09	1:08	1:08
Omagh	0:54	0:52	0:55	0:51	2:56	2:40	2:41	3:16
Type 3	0:34	0:38	0:39	0:38	1:52	1:56	1:52	2:01
Northern Ireland	2:28	2:58	2:51	3:04	8:55	11:13	10:08	11:11

⁹⁵ 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.

⁹⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁹⁷ 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)

⁹⁸ Readers should note the impact on attendances and changes to EDs as a result of the COVID-19 pandemic from the start of 2020, see Appendix 2 for details.

Table 10H: Attendances at Emergency Care Departments per 1000-Population by Age Group^{99 100 101 102}

Age Group	Dec 2020	Oct 2021	Nov 2021	Dec 2021
Under 5	29.2	71.3	59.7	58.5
Aged 5 - 15	14.5	27.1	27.7	20.8
Aged 16 - 44	21.1	30.9	29.5	28.6
Aged 45 - 64	21.8	26.5	25.4	25.6
Aged 65 - 74	27.5	32.6	28.8	30.2
Aged 75 & Over	49.9	56.8	52.5	57.3
Northern Ireland	23.7	33.9	31.8	31.0

Table 10I: Average Number of Attendances by Day of Week^{101 102}

Day of Week	Dec 2020	Oct 2021	Nov 2021	Dec 2021
Monday	1,712.8	2,558.3	2,398.2	2,280.0
Tuesday	1,608.6	2,280.0	2,170.2	2,059.3
Wednesday	1,488.6	2,094.0	2,034.0	1,973.2
Thursday	1,456.2	2,112.8	2,009.8	1,929.4
Friday	1,345.8	2,099.0	2,028.0	1,824.2
Saturday	1,231.3	1,703.6	1,582.8	1,468.0
Sunday	1,238.0	1,844.2	1,709.8	1,709.3

⁹⁹ Based on the NISRA 2020 mid-year population estimate which was published on 25 June 2021.

¹⁰⁰ 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 time spent in ED.

¹⁰¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁰² Readers should note the impact on attendances and changes to EDs as a result of the COVID-19 pandemic from the start of 2020, see Appendix 2 for details.

Table 10J: Attendances at Emergency Care Departments, by Time Spent in ED from Arrival to Discharge^{103 104 105}

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Dec 2020	Oct 2021	Nov 2021	Dec 2021	Dec 2020	Oct 2021	Nov 2021	Dec 2021	Dec 2020	Oct 2021	Nov 2021	Dec 2021
Mater	514	1,033	1,027	935	354	742	713	717	201	310	293	297
Royal Victoria	1,849	2,816	3,933	3,609	3,000	3,502	3,082	3,138	922	1,719	1,420	1,400
RBHSC	1,957	2,779	2,546	2,449	296	1,635	1,744	1,340	.	22	30	19
Antrim Area	3,302	4,388	3,919	3,607	1,280	2,678	2,382	2,830	862	1,283	1,222	1,344
Causeway	1,665	2,461	2,091	2,158	743	978	1,027	1,209	340	341	300	208
Ulster	4,171	4,403	4,021	3,798	1,845	2,864	2,639	2,929	766	1,393	1,324	1,314
Craigavon Area	2,432	2,773	2,728	2,514	1,726	2,934	2,443	2,423	959	1,185	935	1,224
Daisy Hill	1,969	2,800	2,330	2,149	1,018	1,553	1,518	1,490	200	352	383	496
Altnagelvin Area	2,335	2,486	2,196	2,054	1,397	2,398	2,222	2,435	544	839	785	818
South West Acute	1,388	1,855	1,588	1,474	652	1,128	1,071	1,108	352	381	388	386
Type 1	21,582	27,794	26,379	24,747	12,311	20,412	18,841	19,619	5,146	7,825	7,080	7,506
Eye Casualty	520	689	631	590	91	76	57	71	.	.	.	.
Downe	652	969	1,045	843	6	7	16	8	.	.	.	.
Lagan Valley	1,235	1,566	1,551	1,403	291	411	324	353	3	2	3	1
Type 2	2,407	3,224	3,227	2,836	388	494	397	432	3	2	3	1
Mid Ulster	395	478	457	352	.	.	.	.	.	.	.	.
Ards	654	868	944	768	.	.	.	.	.	.	.	.
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	1,280	1,802	1,706	1,361	.	.	.	1	.	.	.	.
Omagh	765	1,420	1,235	1,140	16	20	16	27	.	.	.	1
Type 3	3,094	4,568	4,342	3,621	16	20	16	28	.	.	.	1
Northern Ireland	27,083	35,586	33,948	31,204	12,715	20,926	19,254	20,079	5,149	7,827	7,083	7,508

¹⁰³ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

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 COVID-19 pandemic from the start of 2020, see Appendix 2 for details.

Table 10K: Percentage of Patients Commencing Treatment, Following Triage, within 2 Hours^{106 107 108 109}

Department	% Commenced Treatment, Following Triage, within 2 Hours			
	Dec 2020	Oct 2021	Nov 2021	Dec 2021
Mater	98.4%	76.3%	80.7%	78.1%
Royal Victoria	63.3%	55.4%	62.6%	61.3%
RBHSC	97.6%	67.5%	64.3%	70.6%
Antrim Area	90.1%	68.0%	68.5%	62.1%
Causeway	92.0%	82.0%	80.1%	79.7%
Ulster	93.7%	75.6%	76.7%	74.0%
Craigavon Area	72.2%	51.5%	59.1%	56.2%
Daisy Hill	89.1%	79.1%	79.9%	75.4%
Altnagelvin Area	89.1%	63.3%	63.3%	58.6%
South West Acute	91.4%	81.5%	83.0%	79.4%
Type 1	85.3%	68.2%	70.2%	67.6%
Downe	99.8%	100.0%	99.8%	100.0%
Lagan Valley	98.7%	94.0%	97.8%	96.7%
Type 2	99.1%	96.0%	98.5%	97.7%
Mid Ulster	100.0%	100.0%	100.0%	100.0%
Ards	100.0%	99.9%	100.0%	100.0%
Bangor	-	-	-	-
South Tyrone	100.0%	99.9%	100.0%	100.0%
Omagh	98.0%	98.0%	99.2%	94.0%
Type 3	99.4%	99.3%	99.8%	98.0%
Northern Ireland	86.9%	71.8%	74.0%	71.0%

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

¹⁰⁷ Information on time to treatment is not recorded at Eye Casualty.

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 COVID-19 pandemic from the start of 2020, see Appendix 2 for details.

Table 10L: Percentage Triage'd in each Triage Group^{110 111 112 113}

Department	Triage'd Level (1/2)				Triage'd Level (3)				Triage'd Level (4/5)			
	Dec 2020	Oct 2021	Nov 2021	Dec 2021	Dec 2020	Oct 2021	Nov 2021	Dec 2021	Dec 2020	Oct 2021	Nov 2021	Dec 2021
Mater	34.0%	23.6%	24.6%	24.4%	45.0%	46.4%	49.6%	47.8%	21.1%	30.0%	25.8%	27.7%
Royal Victoria	24.7%	24.9%	21.9%	23.0%	52.3%	50.9%	50.7%	50.7%	23.0%	24.3%	27.4%	26.3%
RBHSC	11.9%	17.7%	19.8%	18.2%	23.9%	25.0%	25.0%	27.5%	64.2%	57.3%	55.1%	54.3%
Antrim Area	21.5%	18.5%	18.8%	17.7%	49.3%	54.5%	52.9%	55.1%	29.2%	27.0%	28.3%	27.1%
Causeway	18.7%	19.6%	21.5%	21.5%	58.0%	57.7%	57.1%	56.7%	23.3%	22.7%	21.4%	21.8%
Ulster	23.9%	25.5%	27.7%	28.3%	45.5%	44.7%	42.8%	44.6%	30.5%	29.8%	29.4%	27.1%
Craigavon Area	34.8%	36.5%	38.2%	39.1%	38.1%	37.5%	35.4%	35.9%	27.1%	26.0%	26.4%	25.0%
Daisy Hill	31.2%	30.8%	31.9%	33.5%	41.5%	43.8%	43.6%	42.5%	27.4%	25.4%	24.5%	24.0%
Altnagelvin Area	35.4%	34.6%	33.5%	34.1%	34.0%	36.1%	34.4%	38.2%	30.6%	29.3%	32.1%	27.7%
South West Acute	20.5%	18.7%	19.4%	22.1%	43.4%	46.6%	46.0%	45.2%	36.1%	34.7%	34.5%	32.7%
Type 1	26.1%	25.9%	26.2%	26.8%	43.8%	44.3%	43.4%	44.6%	30.1%	29.8%	30.3%	28.6%
Eye Casualty	3.4%	1.8%	3.2%	2.9%	31.1%	21.8%	12.6%	22.4%	65.5%	76.3%	84.2%	74.7%
Downe	2.6%	0.9%	1.7%	0.9%	14.8%	10.0%	11.0%	12.3%	82.6%	89.1%	87.3%	86.7%
Lagan Valley	5.2%	5.8%	5.7%	4.4%	33.4%	27.0%	23.8%	25.9%	61.3%	67.2%	70.5%	69.7%
Type 2	4.2%	3.7%	4.0%	3.2%	28.5%	21.5%	17.9%	21.7%	67.2%	74.8%	78.0%	75.2%
Mid Ulster	3.0%	1.1%	2.2%	2.3%	75.8%	22.7%	32.2%	29.5%	21.2%	76.1%	65.6%	68.2%
Ards	0.2%	0.9%	0.1%	.	0.2%	0.3%	0.2%	0.3%	99.7%	98.7%	99.7%	99.7%
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	0.5%	0.3%	0.5%	0.5%	5.2%	1.2%	1.3%	1.1%	94.3%	98.5%	98.1%	98.4%
Omagh	0.7%	0.9%	1.1%	1.1%	2.5%	2.5%	3.3%	3.3%	96.8%	96.6%	95.6%	95.6%
Type 3	0.5%	0.6%	0.6%	0.6%	4.1%	1.9%	2.4%	2.0%	95.4%	97.5%	97.0%	97.4%
Northern Ireland	23.1%	22.9%	23.1%	23.9%	40.3%	40.1%	39.0%	40.8%	36.5%	37.0%	37.8%	35.3%

¹¹⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹¹¹ 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.

¹¹² 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)

¹¹³ Readers should note the impact on attendances and changes to EDs as a result of the COVID-19 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](#)