

INFORMATION
ANALYSIS
DIRECTORATE



Urgent & Emergency Care Waiting Time Statistics for Northern Ireland (January – March 2022)

Published 13 May 2022 (delayed from 21 April 2022)



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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Reader Information

Purpose: This statistical release presents information on the time spent in emergency departments (ED) in Northern Ireland. It reports on the performance against the DoH Ministerial target, including additional information on a number of clinical quality indicators set by the Department of Health (DoH).

Guidance: It is recommended that readers refer to the '**Emergency Care Waiting Time Statistics - Additional Guidance**' booklet, which details technical guidance, definitions and background information on the data used, including the security and confidentiality processes¹. This booklet is updated for each release and can be found at the following link: [Emergency Care Waiting Times - Additional Guidance](#)

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Statistical Quality: Information detailed in this release has been provided by HSC Trusts and was validated by Hospital Information Branch (HIB) prior to release. Information on: attendances at urgent care services (PhoneFirst / Urgent Care Centres), time to triage, 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

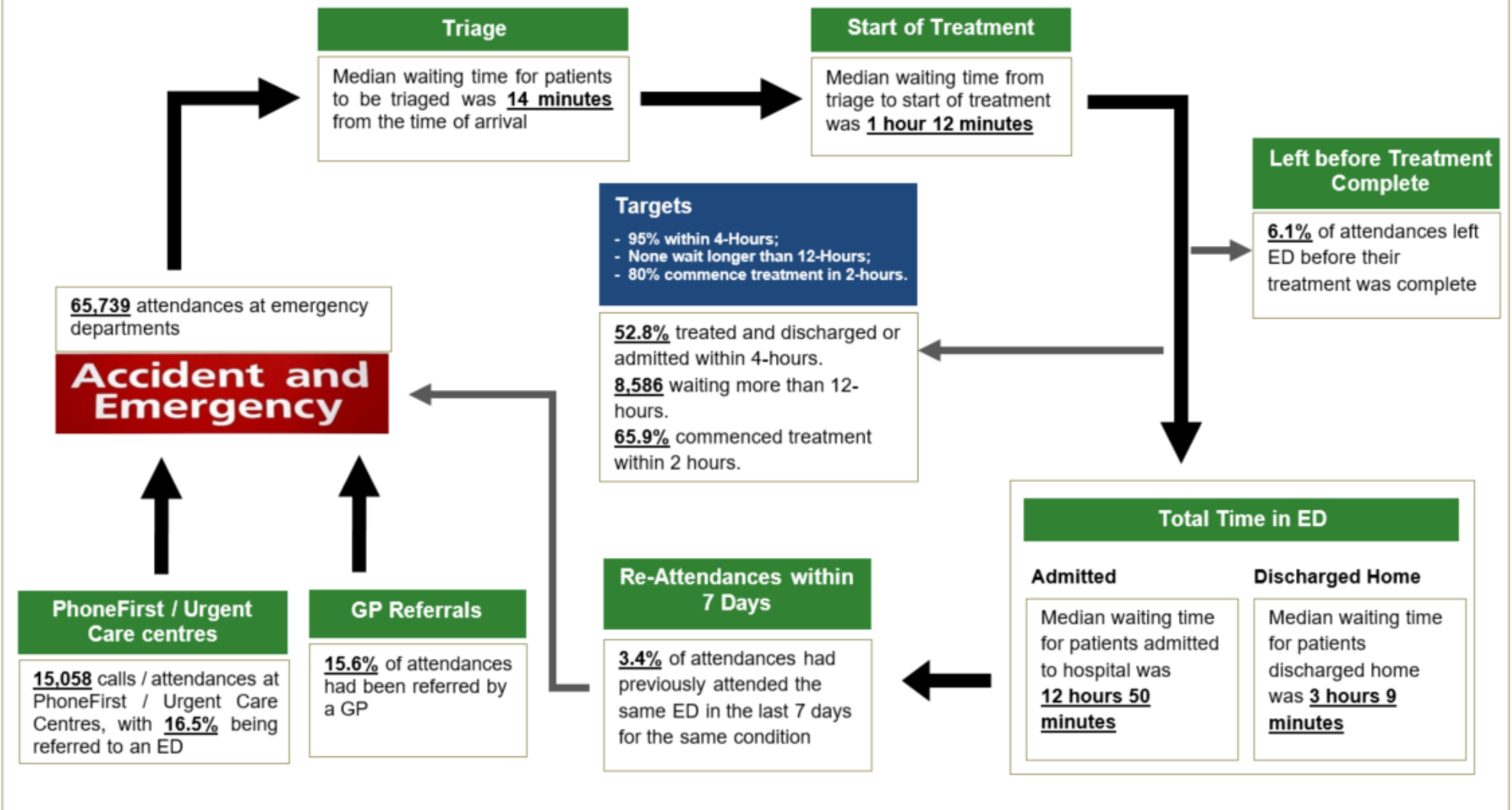
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¹ Information on Security and Confidentiality Processes is detailed in the Technical Notes on page 3.

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SUMMARY OF KEY FACTS (March 2022)



New Unscheduled Care Services

Prior to the COVID-19 pandemic, urgent and emergency care services in Northern Ireland were under increased pressure with more patients spending longer periods of time in overcrowded emergency departments (EDs). The impact of the COVID-19 pandemic, and the need to focus on disease prevention and social distancing, increased the need to ensure that we do not allow EDs to reach these levels of overcrowding in the future. To help take this work forward, the Department of Health (DoH) established the 'No More Silos' action plan, which sought to improve urgent and emergency care services and build on the improved co-ordination between primary and secondary care, leading to universal patient triage, virtual consultation and new clinical pathways. It is also important to note that urgent and emergency care services in Northern Ireland perform critical roles in responding to patient need:

Urgent Care: An illness or injury that requires urgent attention but is not a life-threatening situation. Urgent care in Northern Ireland includes: General Practice during weekdays; GP Out of Hours (GP OOH) Services at night and weekends; pharmacies; minor injury units; an urgent treatment centre; Emergency Departments (EDs); and, the Northern Ireland Ambulance Service (NIAS).

Emergency Care: Life threatening illnesses or accidents which require immediate intensive treatment. Emergency Care is currently provided in hospitals with Type 1 and Type 2 Emergency Departments and by NIAS.

As part of the 'No More Silos' action plan, two new urgent care services: (i) PhoneFirst and (ii) Urgent Care Centres, were introduced in late 2020, which aimed to assess patients' needs before arrival at an ED, and ensure they receive the right care, at the right time, and in the right place, outside ED if appropriate. This section will report the number of patients contacting / attending these urgent care services, who may otherwise have attended an ED.

PhoneFirst: PhoneFirst is a telephone triage service for patients considering travelling to an ED, to access alternative assessments, advice, and information and receive appropriate care promptly.

Urgent Care Centre: Urgent Care Centres assess / treat patients who present with illnesses / injuries that require urgent attention but are not life threatening. Patients are given an urgent care appointment / referral to the appropriate service, with patients requiring immediate medical attention being sent to an ED.

PhoneFirst / Urgent Care Centres

Table 1: PhoneFirst Calls, Urgent Care Centre Attendance and Referral to EDs ²

The number of calls received by PhoneFirst service, attendances at Urgent Care Centres and patients referred to ED from PhoneFirst / Urgent Care Centre during January, February and March 2022.

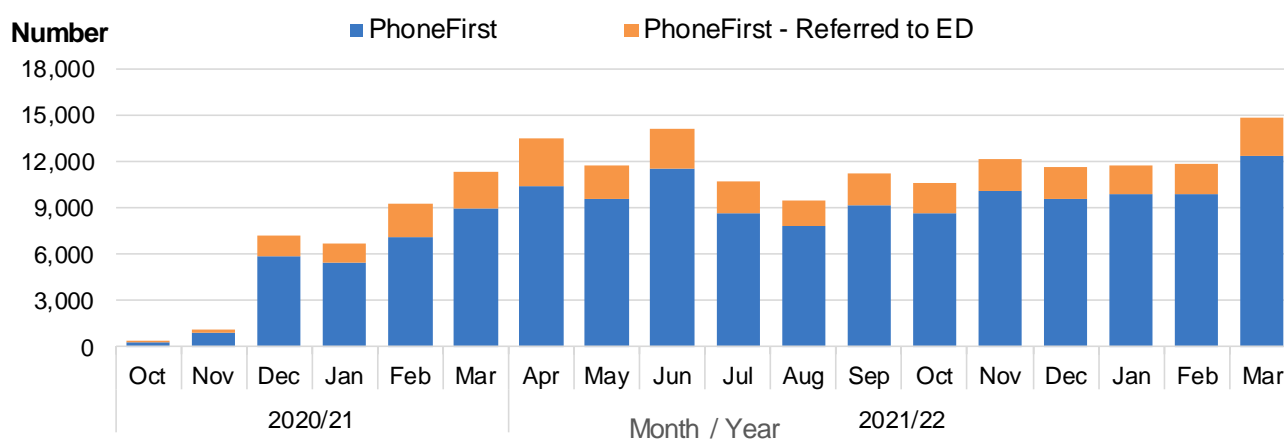
Activity	Jan 2022	Feb 2022	Mar 2022
PhoneFirst	9,892	9,886	12,416
Urgent Care Centre	2,221	2,039	2,642
Total Calls / Attendances	12,113	11,925	15,058
Number Referred to ED	1,985	2,076	2,482
% Referred to ED	16.4%	17.4%	16.5%

Source: Health and Social Care Trusts

- In March 2022, 15,058 calls / attendances were received by PhoneFirst and Urgent Care Centre services, from patients who may previously have attended an ED. A total of 2,482 (16.5%) resulted in an attendance at an ED, whilst 12,576 patients did not go on to attend an ED ³ (Table 1 & 11A).

Figure 1: PhoneFirst Calls and Referrals to Emergency Departments ³

The number of calls received by PhoneFirst service and number of patients referred to an ED from PhoneFirst in each month from October 2020 to March 2022.



Source: Health and Social Care Trusts

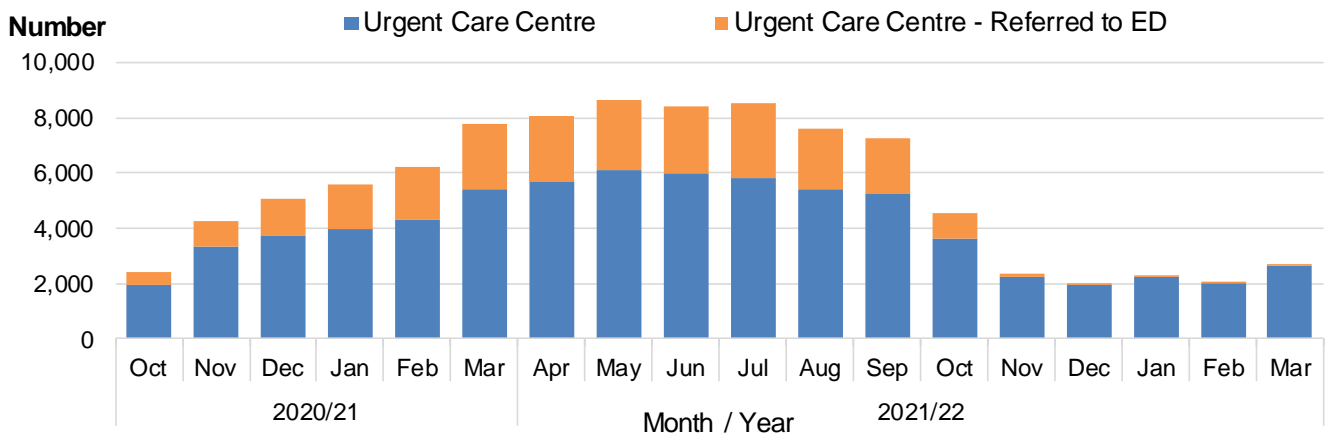
- The highest number of PhoneFirst calls were received in March 2022 (12,416), with the highest number of referrals to ED from PhoneFirst in April 2021 (3,087) (Figure 1, Table 1 & 11A).

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

³ Note that these patients may have been managed by an alternative pathway, and may have eventually resulted in an attendance at an ED at a later date.

Figure 2: Urgent Care Centre Attendances and Referrals to Emergency Departments ⁴

The number of attendances at Urgent Care Centres and the number of patients referred to an ED from Urgent Care Centres in each month from October 2020 to March 2022.



Source: Health and Social Care Trusts

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

⁴ Following a change in recording processes at the RVH in November 2021 it is not currently possible to identify the number of patients attending the Urgent Care Centre at the RVH who may have been referred onto ED.

Attendances

How Many Attend Urgent & Emergency Care Services?

Table 2: Attendances at Urgent & Emergency Care

The number attending urgent and emergency care services (i) calls to PhoneFirst / attendances at Urgent Care Centres, and (ii) attendances at EDs in March 2022, compared with same month last year.

Measure	March 2021	March 2022	Change (number)	Change (%)
1. PhoneFirst / Urgent Care Centre (<i>Referred to an ED</i>)	4,721	2,482	-2,239	-47.4%
2. PhoneFirst / Urgent Care Centre (<i>NOT Referred to an ED</i>)	9,726	12,576	2,850	29.3%
3. Total PhoneFirst / Urgent Care Centre <i>Measure 1 + Measure 2</i>	14,447	15,058	611	4.2%
4. New ED Attendances	49,870	62,320	12,450	25.0%
5. Unplanned Review Attendances	2,841	3,419	578	20.3%
6. Attendances at EDs <i>Measure 4 + Measure 5</i>	52,711	65,739	13,028	24.7%
7. Attendances at EDs / PhoneFirst / Urgent Care <i>Measure 2 + Measure 4 + Measure 5</i>	62,437	78,315	15,878	25.4%
8. Number of ED Attendances Admitted to Hospital	11,490	11,688	198	1.7%
9. % ED Attendances Admitted to Hospital <i>Measure 8 / Measure 6</i>	21.8%	17.8%		4.0%

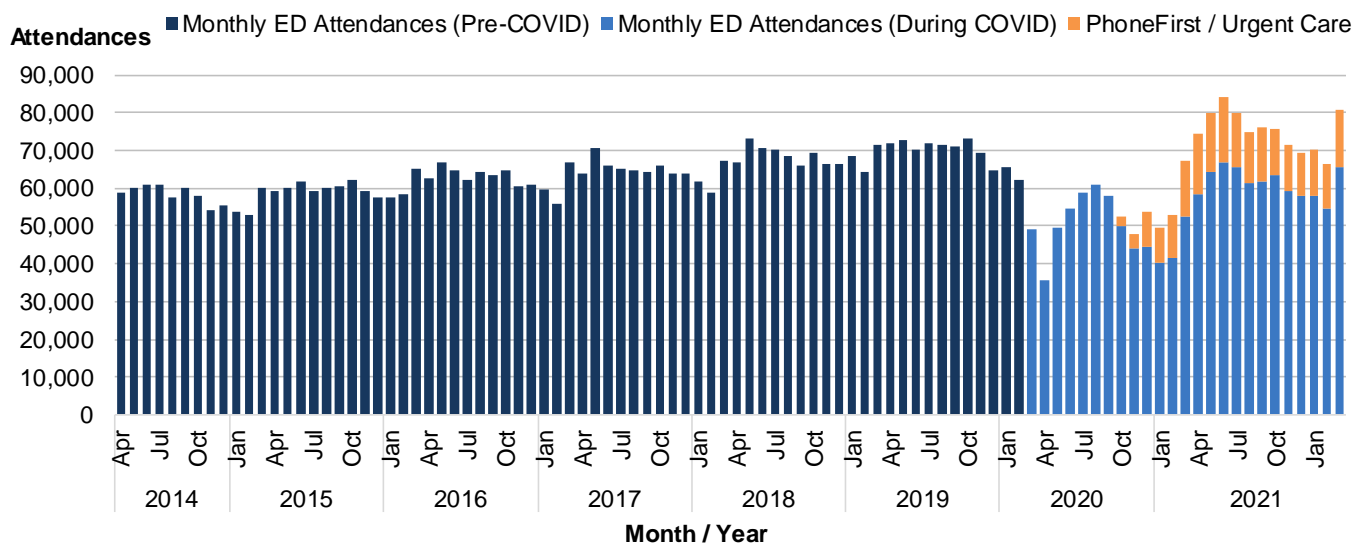
Source: Regional Data Warehouse / Health and Social Care Trusts

- During March 2022, 78,315 patients attended urgent and emergency care services, of which 65,739 attended an ED, and 12,576 attended PhoneFirst / Urgent Care Centre services (Table 2, 11A & 11B).
- The number of patients attending urgent and emergency care services increased by 15,878 (25.4%) in March 2022 when compared with March 2021 (62,437). Eight in ten (13,028, 82.1%) of the 15,878 additional attendances / calls at urgent and emergency care services had attended an ED (Table 2, 11A & 11B).
- During the quarter ending 31 March 2022, 202,129 patients attended urgent and emergency care services, 24.8% (44,201) more than the same quarter in 2021 (166,866). Of which, 178,514 (82.3%) attended an ED and 23,615 (11.7%) PhoneFirst / Urgent Care Centres (Table 2, 11A & 11B).

Emergency Care Attendances Since April 2014

Figure 3: Urgent and Emergency Care Attendances

The number attending urgent and emergency care services include (i) attendances at EDs, and (ii) calls to PhoneFirst / attendances at Urgent Care Centre's each month, from April 2014 to March 2022⁵.



Source: Regional Data Warehouse, Business Services Organisation

- Between April 2014 and March 2022, the highest number of patients attending urgent and emergency care was in June 2021 (84,268), with 66,740 (79.2%) attending an ED and 17,528 (20.8%) attending PhoneFirst / Urgent Care Centre's (Table 2, Table 11A).
- The number of patients attending urgent care services (PhoneFirst / Urgent Care Centre) in January, February and March 2022 when compared with the same month of the previous year (Table 2, Table 11A). *Figures for emergency care during each of the last three months are detailed on page 11.*
 - During January 2022, there were 12,113 PhoneFirst calls / Urgent Care Centre attendances, 28.6% (2,694) more than January 2021 (9,419); and,
 - During February 2022, there were 11,925 PhoneFirst calls / Urgent Care Centre attendances, 4.5% (515) more than February 2021 (11,410); and,
 - During March 2022, there were 15,058 PhoneFirst calls / Urgent Care Centre attendances, 4.2% (611) more than March 2021 (14,447).

⁵ PhoneFirst and Urgent Care Centre services introduced in October 2020, prior to this date patients attended emergency care only.

Are More Patients Being Admitted To Hospital following an ED Attendance?

This section refers to attendances at EDs, where the patient physically attended an ED and does not include urgent care activity (PhoneFirst / Urgent Care Centre) where the patient did not attend an ED.

Table 3: Attendances at an Emergency Care Department and Emergency Admissions to Hospital

The number attending an emergency department and the number of emergency admissions to hospital⁶ from an ED during March 2022, compared with the same month last year.

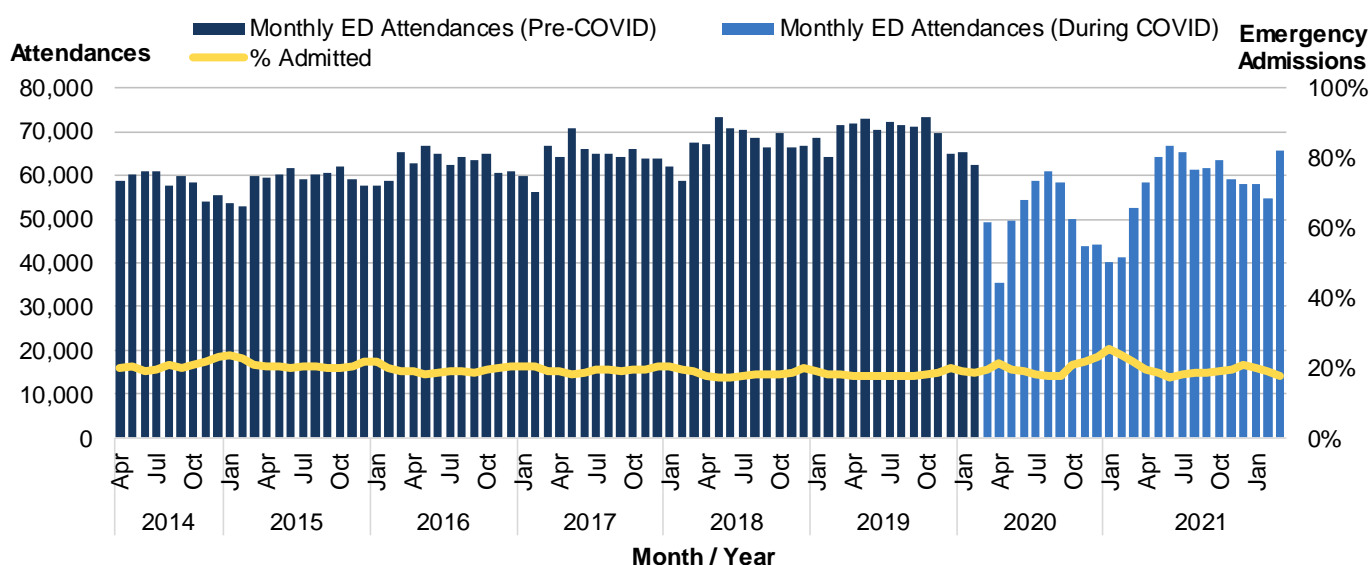
Measure	March 2021	March 2022	Change (number)	Change (%)
1. Attendances at EDs	52,711	65,739	13,028	24.7%
2. Admissions to Hospital from ED	11,490	11,688	198	1.7%
3. % Admissions to Hospital from ED <i>Measure 2 / Measure 1</i>	21.8%	17.8%	-	-

Source: Regional Data Warehouse, Business Services Organisation

- The number of emergency admissions to hospital from an ED increased by 1.7% (198) between March 2021 (11,490) and March 2022 (11,688) (Table 2 & 11B).

Figure 4: Attendances at Emergency Departments and Emergency Admissions to Hospital

The number of emergency care attendances and emergency admissions to hospital each month, from April 2014 to March 2022.



Source: Regional Data Warehouse, Business Services Organisation

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

- During each of the last seven years, the percentage of ED attendances admitted to hospital was generally highest in December and January and lowest during May (Figure 4).
- The percentage of ED attendances admitted to hospital generally increases between November and January each year, then declines sharply from February each year (Figure 4).
- Attendances during January, February and March 2022 increased when compared with the same month of the previous year (Figure 4, Table 11B). It should be noted that the number of attendances was impacted by the COVID-19 pandemic, particularly during 2020. The full impact of this is still being assessed.
 - During January 2022, there were 58,084 attendances at EDs, 44.5% (17,900) more than January 2021 (40,184);
 - During February 2022, there were 54,691 attendances at EDs, 32.0% (13,273) more than February 2021 (41,418); and,
 - During March 2022, there were 65,739 attendances at EDs, 24.7% (13,028) more than March 2021 (52,711).

Emergency Care Activity

Which ED Did People Attend?

Table 4: Attendances at Emergency Departments

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

Department	New	New	Unplanned Review	Unplanned Review	Total	Total
	Mar 2021	Mar 2022	Mar 2021	Mar 2022	Mar 2021	Mar 2022
Mater	1,311	2,598	44	67	1,355	2,665
Royal Victoria	6,356	8,813	81	179	6,437	8,992
RBHSC	2,453	3,802	224	341	2,677	4,143
Antrim Area	6,461	8,237	369	334	6,830	8,571
Causeway	3,105	3,657	132	299	3,237	3,956
Ulster	7,719	8,535	322	364	8,041	8,899
Craigavon Area	5,722	6,377	518	445	6,240	6,822
Daisy Hill	3,586	4,488	252	222	3,838	4,710
Altnagelvin Area	4,579	5,351	355	445	4,934	5,796
South West Acute	2,548	2,918	251	281	2,799	3,199
Type 1	43,840	54,776	2,548	2,977	46,388	57,753
Type 2	2,286	2,603	146	272	2,432	2,875
Type 3	3,744	4,941	147	170	3,891	5,111
Northern Ireland	49,870	62,320	2,841	3,419	52,711	65,739

Source: Regional Data Warehouse, Business Services Organisation

- Between March 2021 and March 2022, attendances at EDs increased at all department types (Table 4, Table 11B).
- The Royal Victoria (8,992) was the busiest ED during March 2022 (Table 4, Table 11B).
- All Type 1 EDs reported an increase in attendances during March 2022, compared with March 2021, with the largest increase reported at the Royal Victoria (2,555, 39.7%) (Table 4, Table 11B).

What Triage Level Do Patients Present With?

Upon arrival at ED, a health-care professional will assign patients one of the following five levels on the Manchester Triage Scale, which act as a guide for the time to start of treatment.^{7 8}

Triage Level	Colour	MTS Priority	Waiting Time
Level 1	Red	Immediate	0 Minutes
Level 2	Orange	Very Urgent	10 Minutes
Level 3	Yellow	Urgent	60 Minutes
Level 4	Green	Standard	120 Minutes
Level 5	Blue	Non-Urgent	240 Minutes

It is assumed that patients attending EDs triaged as Level 1 / 2 or 3 are in most urgent need of treatment, and those assessed as Level 4 / 5 are in less need of urgent treatment.

Table 5: Percentage in Triage Group

The percentage of patients assigned a Manchester Triage Score at each Type 1 ED and ED Type during March 2022 and the same month last year:

Department	Level 1 / 2		Level 3		Level 4 / 5	
	Mar 2021	Mar 2022	Mar 2021	Mar 2022	Mar 2021	Mar 2022
Mater	30.1%	22.2%	47.0%	45.5%	22.9%	32.3%
Royal Victoria	26.1%	22.9%	54.1%	50.1%	19.8%	27.0%
RBHSC	10.2%	14.6%	24.3%	25.4%	65.5%	60.0%
Antrim Area	18.1%	17.8%	52.3%	54.2%	29.7%	28.0%
Causeway	15.8%	20.4%	60.1%	55.3%	24.1%	24.3%
Ulster	25.5%	26.7%	45.1%	41.8%	29.3%	31.5%
Craigavon Area	33.8%	34.8%	39.3%	38.2%	26.9%	27.0%
Daisy Hill	29.0%	28.9%	41.5%	43.0%	29.5%	28.0%
Altnagelvin Area	35.3%	31.3%	32.8%	35.4%	31.9%	33.4%
South West Acute	15.1%	17.4%	46.2%	44.4%	38.7%	38.2%
Type 1	25.1%	24.6%	44.7%	43.5%	30.2%	31.8%
Type 2	7.7%	4.0%	26.0%	22.8%	66.3%	73.2%
Type 3	0.4%	0.5%	2.3%	2.4%	97.3%	97.1%
Northern Ireland	22.6%	21.9%	41.0%	39.5%	36.4%	38.5%

Source: Regional Data Warehouse, Business Services Organisation

- Over two thirds (68.2%) of attendances at Type 1 departments in March 2022 were triaged as level 1 / 2 or 3, compared with 69.8% in March 2021 (Table 5, Table 11M).
- Almost a quarter (21.9%) of patients were triaged as level 1 / 2 in March 2022, less than January 2022 (22.6%) and February 2022 (22.8%) (Table 11M).
- During March 2022, over a third (34.8%) of patients attending Craigavon Area were triaged at level 1 / 2, compared with 14.6% of those attending the RBHSC (Table 5, Table 11M).

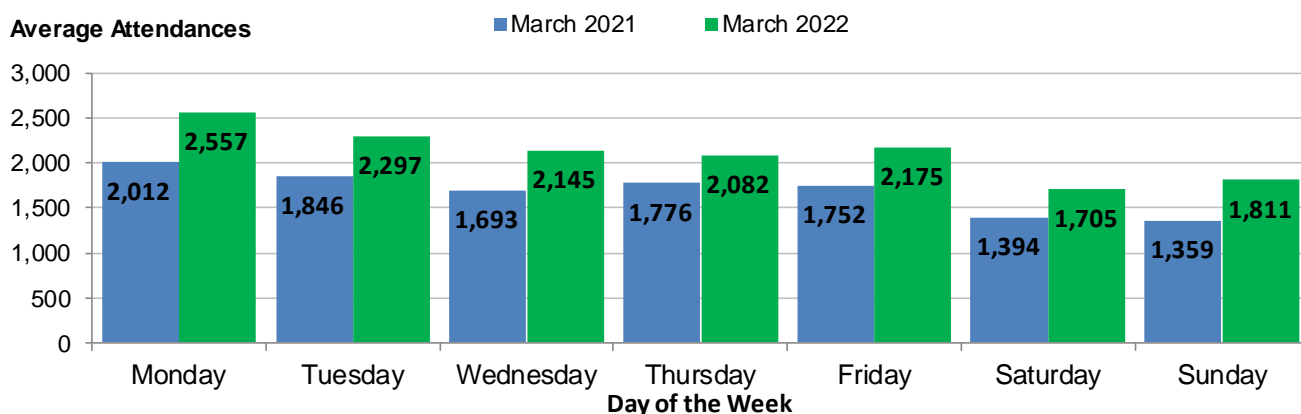
⁷ Data are not National Statistics, but are published to provide users with a comprehensive view of ED activity and time spent in ED.

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

When Do People Attend EDs?

Figure 5: Average Number of Attendances at ED by day of the Week

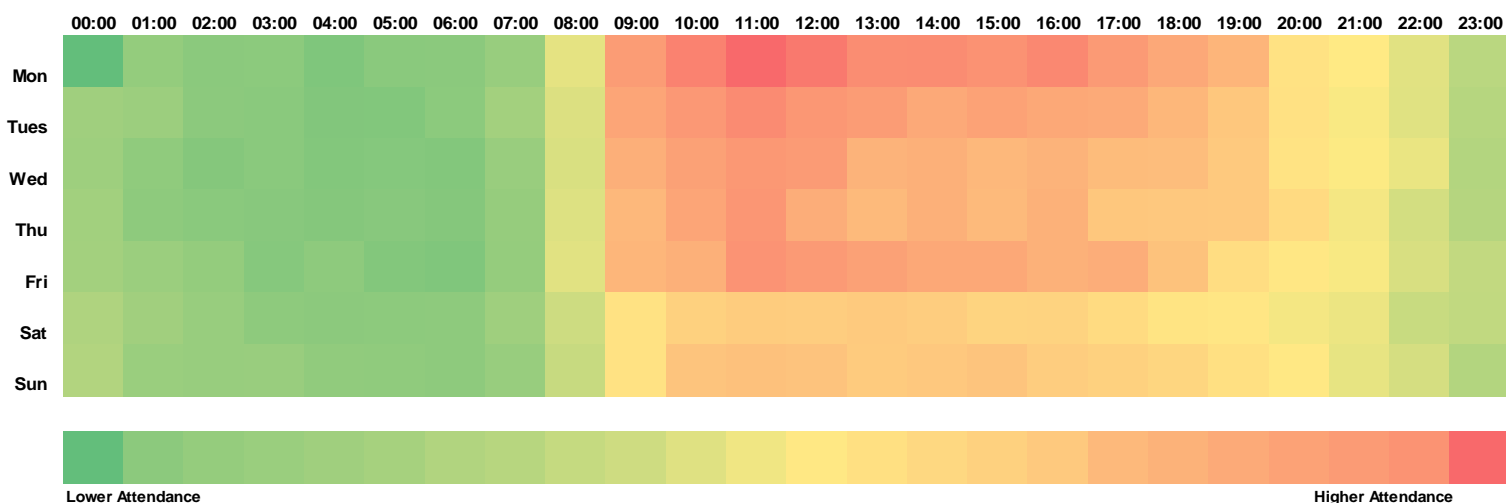
The average number of new and unplanned review attendances at EDs by day of the week during March 2022, compared with the same month last year⁹.



Source: Regional Data Warehouse, Business Services Organisation

Figure 6: The Number of Attendances by Day and Time

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



Source: Regional Data Warehouse, Business Services Organisation

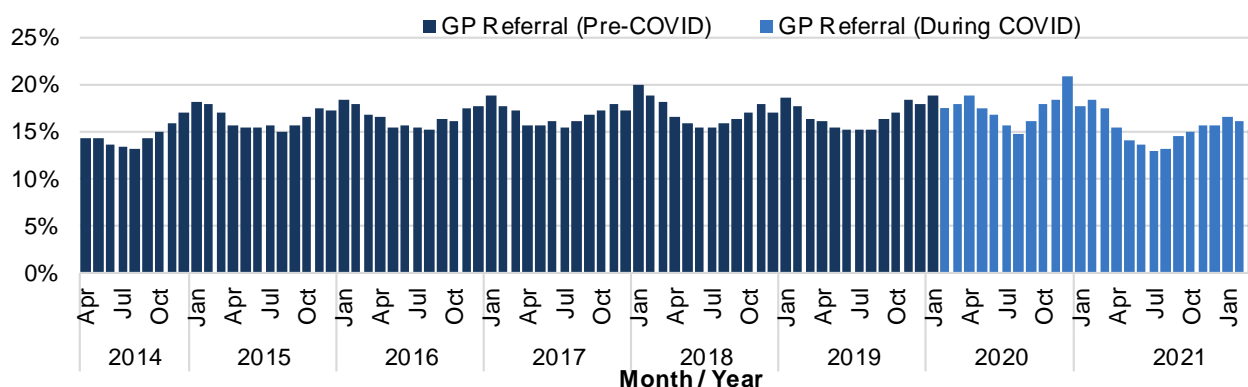
- Monday was the busiest day at EDs during both March 2021 and March 2022, with the highest number of attendances arriving between 11:00 and 11:59 (Figure 5 & 6, Table 11J).
- Saturday was the least busy day during March 2022 (1,705) and Sunday during March 2021 (1,359), with the highest number of attendances arriving between 13:00 and 13:59 in March 2022 (Figure 5 & 6, Table 11J).
- Overall, the busiest hour of the day during March 2022 was between 11:00 and 11:59, whilst the least busy hour was 04:00 to 04:59 (Figure 6).

⁹ Data on when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

How Many Attendances Were Referred by a GP?

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

The percentage of attendances at EDs that had been referred by a GP, from April 2014¹⁰.



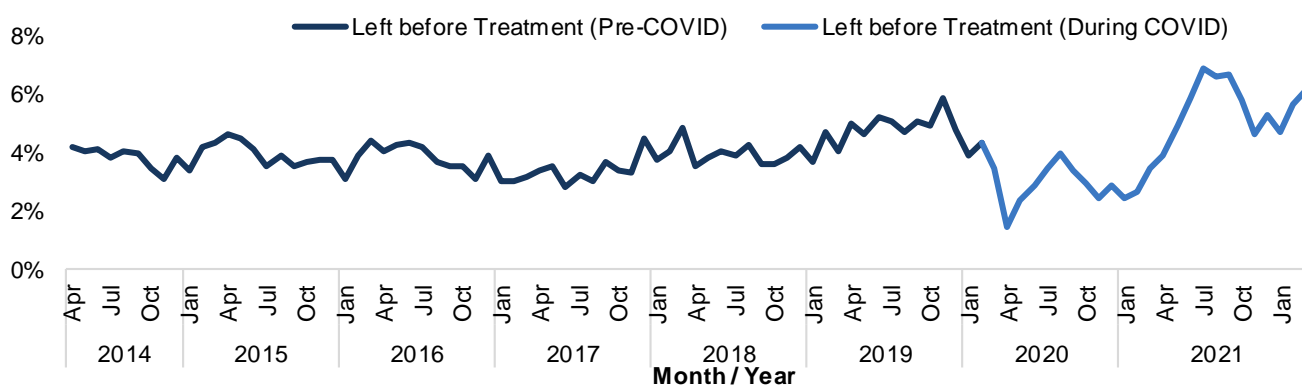
Source: Regional Data Warehouse, Business Services Organisation

- In March 2022, one in seven (15.3%, 10,223) attendances at EDs had been referred by a GP, compared with 17.4% (9,347) in March 2021 (Figure 7, Table 11D(i) & (ii)).
- Almost a quarter (24.1%, 1,630) of attendances at Craigavon Area had been referred by a GP during March 2022, compared with 9.3% (384) of attendances at the RBHSC (Tables 11D(i) & 11D (ii)).

Do Patients Leave ED Before Their Treatment is Complete?

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

The percentage of attendances which left an ED before their treatment was complete, from April 2014.¹¹



Source: Regional Data Warehouse, Business Services Organisation

- During March 2022, 6.1% (4,040) of all ED attendances left before their treatment was complete, compared with 3.4% (1,808) in March 2021 (Figure 8, Table 11D(i) & (ii)).
- Royal Victoria (9.1%, 815) reported the highest percentage of attendances leaving ED before treatment was complete during March 2022, compared with 10.0% (642) in March 2021 (Tables 11D(i) & 11D(ii)).

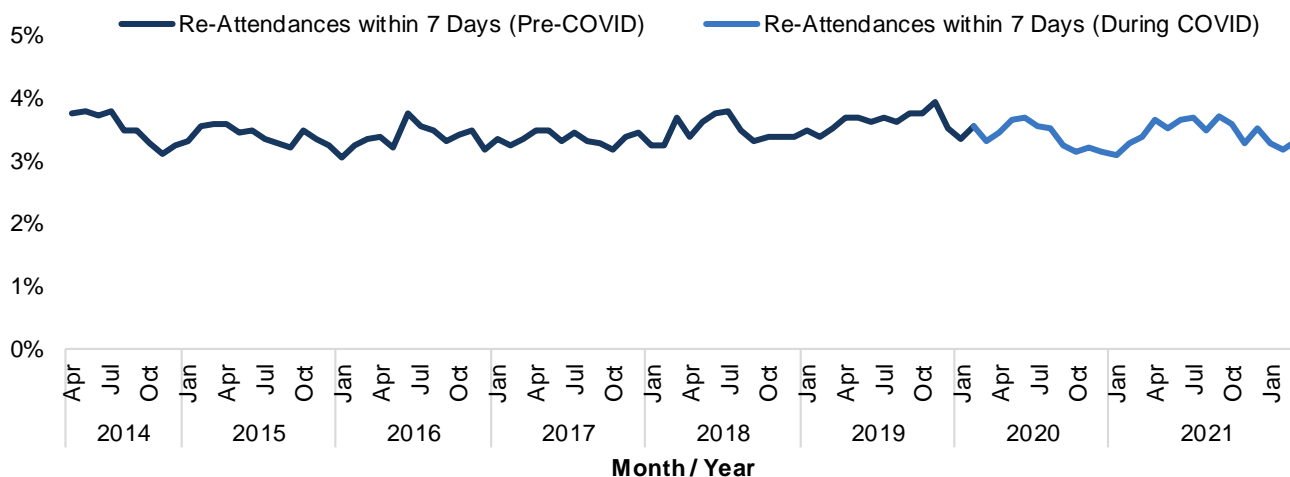
¹⁰ Data on referrals to ED by GP's are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

¹¹ Data on those leaving ED before their treatment was complete are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

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

Figure 9: Percentage of unplanned review attendances at EDs within 7 days of the original attendance

The percentage of unplanned review attendances at EDs within 7 days of their original attendance for the same condition, from April 2014¹².



Source: Regional Data Warehouse, Business Services Organisation

- During March 2022, 3.4% (2,225) of attendances had attended the same ED within 7 days of their original attendance, compared to 3.4% (1,818) in March 2021 (Tables 11D(i) & 11D(ii)).
- South West Acute (6.8%, 216) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during March 2022 (Tables 11D(i) & 11D(ii)).

¹² Data on re-attendances within 7 days are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in EDs.

How Long Do Patients Spend in ED?

Emergency Care Waiting Times Targets

The current DOH targets¹³ on emergency care waiting times in Northern Ireland for 2021/22 state that:

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

'By March 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.

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

¹³ Further breakdown of EDs can be found in Appendix 4: Table 11C & Table 11K.

How are EDs Performing?

Table 6: Performance against Emergency Care Waiting Times Targets

The performance against the 4 and 12 hour components of the emergency care waiting times targets for the latest quarter and March 2021.

% Within 4 Hours	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Diff (Mar 2021 - Mar 2022)	
					No.	%
Type 1	55.8%	48.6%	46.1%	47.3%	-	-8.5%
Type 2	78.8%	82.1%	79.6%	80.5%	-	1.6%
Type 3	99.8%	99.7%	99.8%	99.3%	-	-0.5%
Total	60.1%	53.5%	51.4%	52.8%	-	-7.3%

Over 12 Hours	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Diff (Mar2021 - Mar 2022)	
					No.	%
Type 1	3,486	7,797	7,917	8,581	5,095	-
Type 2	1	4	.	4	3	-
Type 3	.	.	.	1	1	-
Total	3,487	7,801	7,917	8,586	5,099	-

ED Attendances	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Diff (Mar 2021 - Mar 2022)	
					No.	%
Type 1	46,388	51,767	48,433	57,753	11,365	24.5%
Type 2	2,432	2,379	2,324	2,875	443	18.2%
Type 3	3,891	3,938	3,934	5,111	1,220	31.4%
Total	52,711	58,084	54,691	65,739	13,028	24.7%

Source: Regional Data Warehouse, Business Services Organisation

- Over half (52.8%) of attendances in March 2022 were discharged or admitted within 4 hours, compared with 60.1% in March 2021 (Table 11C & 11K).
- Almost half (47.3%) of attendances at Type 1 EDs in March 2022 spent less than 4 hours in ED, compared with 80.5% at Type 2 EDs and 99.3% at Type 3 EDs (Table 6, Table 11C & 11K).
- Between March 2021 and March 2022, the number spending over 12 hours in ED increased from 3,487 to 8,586, accounting for 13.1% of all attendances in March 2022 (Table 6, Table 11C & 11K).
- During this period, EDs experienced a 24.7% increase in attendances (52,711 to 65,739), and 4 hour performance decreased from 60.1% to 52.8% (Table 6, Table 11C & 11K).
- During the quarter ending 31 March 2022, over half (52.6%) of patients spent less than 4 hours at an ED, compared with 60.0% during the same quarter in 2021.
- During the latest quarter, the percentage of patients spending less than 4 hours in ED was highest in January 2022 (53.5%) and lowest in February 2022 (51.4%), whilst the number spending over 12 hours in an ED was highest in March 2022 (8,586) and lowest in January 2022 (7,801)(Table 6, Table 11C & 11K).

Table 7: Performance against the 4 and 12 Hour Emergency Care Waiting Times Targets

The performance for both the four and twelve hour components of the emergency care waiting times target at each Type 1 ED in March 2022 compared with the same month last year. Information has also been included on the overall performance at Type 2 and 3 EDs during this period¹⁴.

Department	4 Hour Performance		12 Hour Performance		Total Attendances	
	Mar 2021	Mar 2022	Mar 2021	Mar 2022	Mar 2021	Mar 2022
Mater	57.0%	47.8%	35	288	1,355	2,665
Royal Victoria	29.4%	41.1%	761	1,817	6,437	8,992
RBHSC	84.9%	64.6%	-	7	2,677	4,143
Antrim Area	62.0%	45.7%	583	1,368	6,830	8,571
Causeway	65.9%	53.7%	189	421	3,237	3,956
Ulster	58.5%	48.2%	747	1,502	8,041	8,899
Craigavon Area	47.7%	43.2%	465	1,387	6,240	6,822
Daisy Hill	62.9%	54.4%	163	451	3,838	4,710
Altnagelvin Area	54.1%	40.4%	356	961	4,934	5,796
South West Acute	64.7%	47.0%	187	379	2,799	3,199
Type 1	55.8%	47.3%	3,486	8,581	46,388	57,753
Type 2	78.8%	80.5%	1	4	2,432	2,875
Type 3	99.8%	99.3%	-	1	3,891	5,111
Northern Ireland	60.1%	52.8%	3,487	8,586	52,711	65,739

Source: Regional Data Warehouse, Business Services Organisation

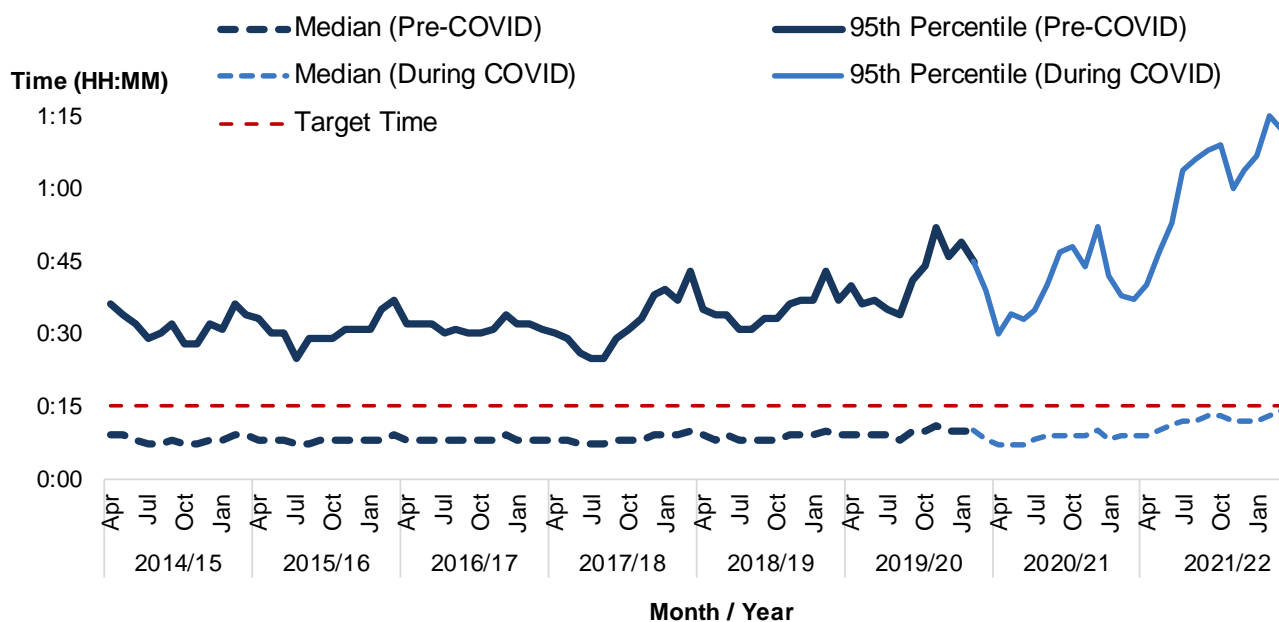
- During March 2022, the RBHSC (64.6%) reported the highest performance of the four hour target at any Type 1 ED, whilst Altnagelvin Area (40.4%) reported the lowest (Table 7, Table 11C).
- No Type 1 ED achieved the 12-hour target during March 2022 (Table 7, Table 11C).
- The Royal Victoria (1,817) reported the highest number of patients spending over 12 hours at an ED during March 2022 (Table 7, Table 11C).
- Between March 2021 and March 2022, performance against the 12 hour target declined at all Type 1 EDs. (Table 7, Table 11C).

¹⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Time Spent in Emergency Department from Arrival to Triage

Figure 10: Time from Arrival to Triage (April 2014 - March 2022)

The length of time patients spent in ED from the time of their arrival to their triage by a medical practitioner, which includes a brief history, pain assessment and early warning scores, for all patients¹⁵.



Source: Regional Data Warehouse, Business Services Organisation

- During March 2022, the median time spent in ED from arrival to triage was 14 minutes, 5 minutes more than March 2021 (9 minutes) (Figure 10, Table 11E).
- 95 percent of patients were triaged within 1 hour 12 minutes of their arrival at an ED in March 2022, 35 minutes more than March 2021 (37 minutes) (Figure 10, Table 11E).
- Over half (54.7%) of attendances were triaged within 15 minutes of their arrival at an ED during March 2022, compared with 73.3% in March 2021.
- During the last 3 months, the median time from arrival to triage was longest during March (14 minutes) and shortest during January (12 minutes), whilst the time taken to triage 95 percent of patients was longest during February (1 hour 15 minutes) and shortest in January (1 hour 7 minutes) (Figure 10, Table 11E).

¹⁵Data on time to triage are not National Statistics, and are included to provide users with a comprehensive view of ED activity and time spent in ED.

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

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

Department	Mar 2021	Jan 2022	Feb 2022	Mar 2022
Mater	93.4%	71.4%	62.0%	62.4%
Royal Victoria	58.9%	61.1%	55.2%	53.1%
RBHSC	94.2%	77.8%	71.4%	63.2%
Antrim Area	78.3%	59.4%	54.1%	53.4%
Causeway	89.4%	75.6%	67.9%	59.3%
Ulster	88.9%	72.6%	71.3%	69.3%
Craigavon Area	59.7%	54.4%	53.4%	60.0%
Daisy Hill	85.8%	74.4%	67.9%	69.1%
Altnagelvin Area	77.0%	65.9%	56.8%	61.3%
South West Acute	91.8%	87.5%	79.6%	68.5%
Type 1	78.5%	67.9%	62.7%	61.7%
Type 2	95.0%	98.2%	97.9%	97.2%
Type 3	99.6%	99.2%	99.8%	98.1%
Northern Ireland	80.6%	71.0%	66.7%	65.9%

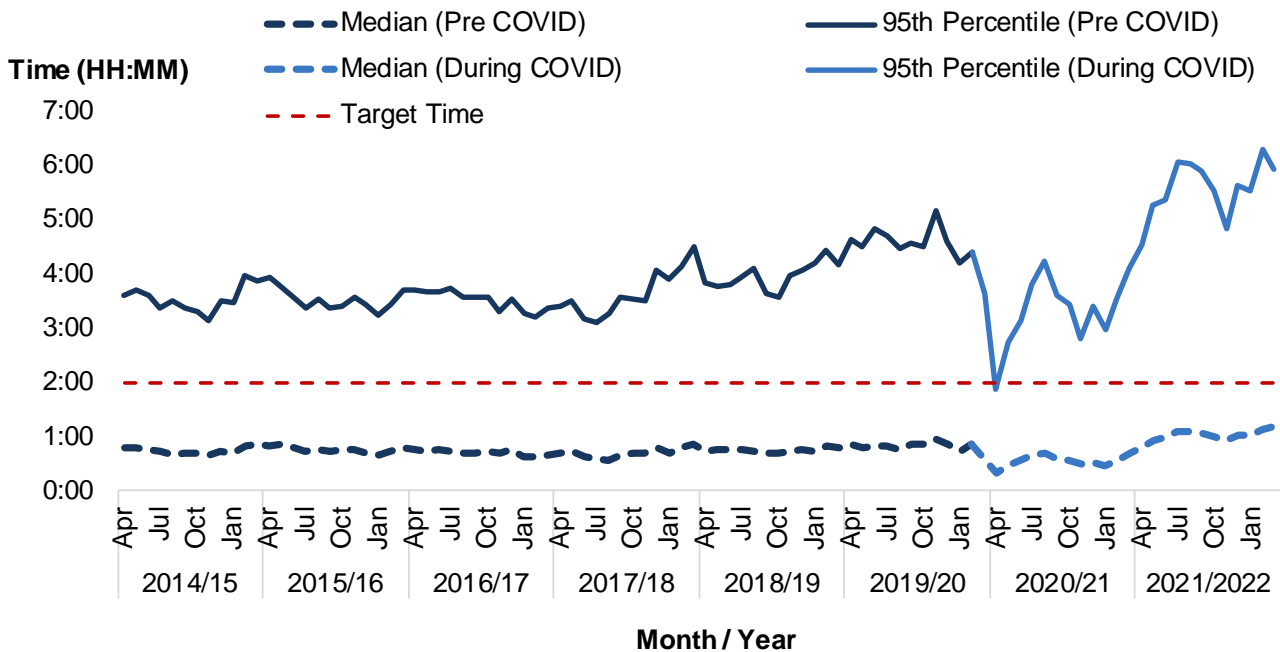
Source: Regional Data Warehouse, Business Services Organisation

- Almost two thirds (65.9%) of patients attending EDs in March 2022 commenced their treatment within 2 hours of being triaged, compared with 80.6% in March 2021 (Table 8, Table 11L).
- During March 2022, almost two thirds (61.7%) of patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 97.2% at Type 2 EDs and 98.1% at Type 3 EDs (Table 8, Table 11L).
- No Type 1 ED achieved the 80% target in March 2022 (Table 8, Table 11L).
- During March 2022, the Ulster (69.3%) reported the highest percentage commencing treatment within 2 hours, whilst the Royal Victoria (53.1%) reported the lowest (Table 8, Table 11L).
- Between January and March 2022, the highest percentage of patients commencing treatment within 2 hours was in January (71.0%) whilst the lowest was in March (65.9%), (Table 8, Table 11L).

Time from Triage to Start of Treatment

Figure 11: Time from Triage to Start of Treatment

Time spent in ED from triage to treatment by a medical practitioner from April 2014 to date. The start of treatment refers to the beginning of a definitive treatment by a decision-making clinician¹⁶.



Source: Regional Data Warehouse, Business Services Organisation

- The median time from triage to start of treatment in March 2022 was 1 hour 12 minutes, 30 minutes more than March 2021 (42 minutes) (Figure 11, Table 11F).
- During March 2022, 95 percent of patients commenced treatment within 5 hours 55 minutes of being triaged, 1 hour 49 minutes more than March 2021 (4 hours 6 minutes) (Figure 11, Table 11F).
- During the last 3 months, the median time to start of treatment was longest in March (1 hour 12 minutes) and shortest in January (1 hour 1 minute), and the time within which 95 percent of patients started treatment was longest in February (6 hours 17 minutes) and shortest in January (5 hours 31 minutes) (Table 11F).

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

Time from Arrival to Start of Treatment at Type 1 EDs

Table 9: Time from Triage to Start of Treatment

The median and 95th percentile of the length of time spent in ED from triage to the start of treatment at each Type 1 ED and Department Type during March 2022, compared with the same month last year¹⁷.

Department	Median		95th Percentile	
	March 2021	March 2022	March 2021	March 2022
Mater	0:21	1:20	2:11	5:55
Royal Victoria	1:26	1:48	7:20	8:22
RBHSC	0:33	1:30	2:04	4:10
Antrim Area	0:58	1:51	3:29	5:43
Causeway	0:37	1:32	2:38	5:50
Ulster	0:34	1:09	2:46	5:42
Craigavon Area	1:31	1:30	5:59	7:57
Daisy Hill	0:42	1:08	3:23	5:35
Altnagelvin Area	0:49	1:29	3:34	5:18
South West Acute	0:18	1:09	2:35	5:11
Type 1	0:47	1:26	4:17	6:12
Type 2	0:30	0:24	1:59	1:36
Type 3	0:03	0:06	0:46	1:13
Northern Ireland	0:42	1:12	4:06	5:55

Source: Regional Data Warehouse, Business Services Organisation

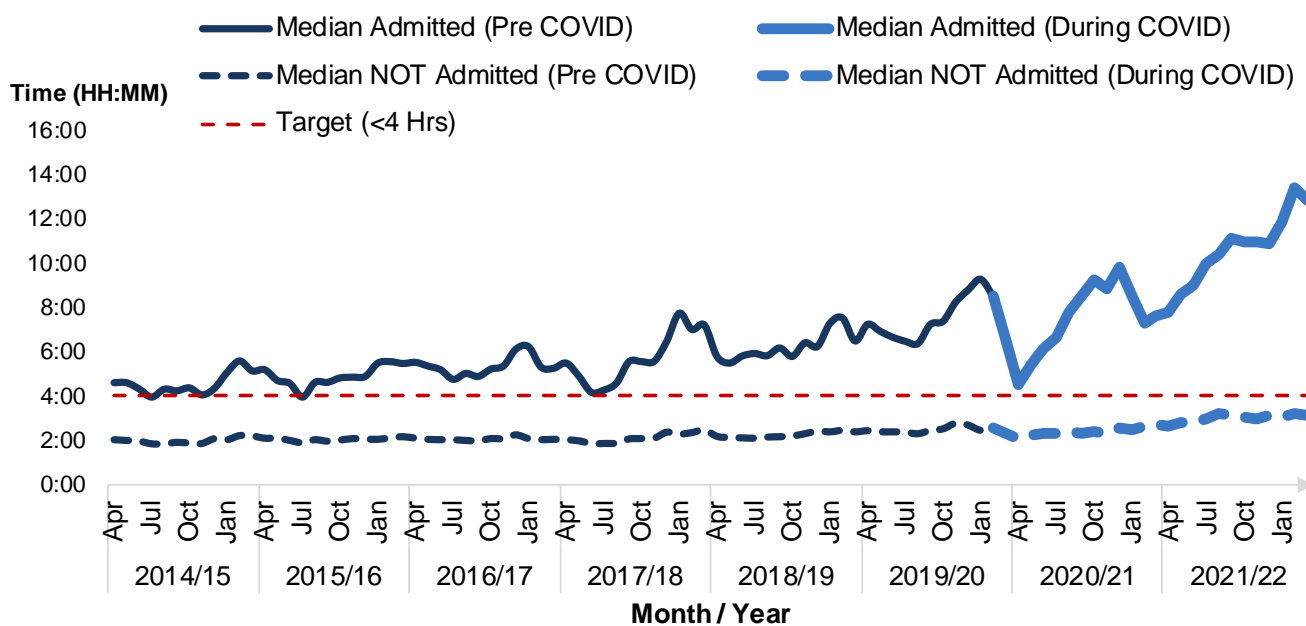
- The median time spent at Type 1 EDs from triage to start of treatment by a medical professional was 1 hour 26 minutes in March 2022, 39 minutes more than March 2021 (47 mins)(Table 9, Table 11F).
- Antrim Area (1 hour 51 minutes) reported the longest median time spent in ED from triage to start of treatment during March 2022, whilst Daisy Hill (1 hour 8 minutes) reported the shortest median time (Table 9, Table 11F).
- The Royal Victoria reported the longest time spent in ED between triage and start of treatment, with 95 percent of attendances commencing treatment within 8 hours 22 minutes of being triaged; 1 hour 2 minutes more than March 2021 (7 hours 20 minutes) (Table 9, Table 11F).
- RBHSC reported the shortest time to start of treatment during March 2022, with 95 percent of attendances commencing treatment within 4 hours 10 minutes of being triaged, 2 hours 6 minutes more than the time taken in March 2021 (2 hour 4 minutes) (Table 9, Table 11F).

¹⁷ Data on time to start of treatment are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

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

Figure 12: Median Time Spent in an Emergency department for those (i) Admitted to Hospital and (ii) Discharged Home¹⁸

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



Source: Regional Data Warehouse, Business Services Organisation

- During March 2022, the median time patients admitted to hospital spent in ED was 12 hours 50 minutes, compared to 3 hours 9 minutes for those discharged home (Figure 12, Table 11G & 11H).
- During March 2022, 95 percent of attendances were admitted to hospital within 45 hours 32 minutes of their arrival, over three times longer than 95 percent of those discharged home (11 hours 27 minutes) (Table 11G & 11H).
- During the last 3 months, the median time patients admitted spent in ED was longest in February (13 hours 27 minutes) and shortest in January (11 hours 54 minutes) (Table 11G).
- During this period, the median time spent by patients discharged home was longest in February (3 hours 12 minutes) and shortest in January (3 hours 3 minutes) (Table 11H).
- During this period, the longest time spent by up to 95 percent of patients admitted was in January (45 hours 58 minutes) and shortest in March (45 hours 32 minutes) (Table 11G).
- During this period, the longest time spent by up to 95 percent of patients discharged home was in February (12 hours 6 minutes) and shortest in January (11 hours 22 minutes) (Table 11H).

¹⁸ Data are not National Statistics, and are included to provide users with a comprehensive view of ED activity and time spent in ED.

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

Table 10: Total Time Spent in an Emergency department for those Admitted to Hospital¹⁹

The median and 95th percentile length of time spent in an ED from arrival to leaving the ED for those who were admitted to hospital and those discharged home, in March 2021 and March 2022.

Department	Admitted				Discharged			
	Median		95th Percentile		Median		95th Percentile	
	Mar 2021	Mar 2022	Mar 2021	Mar 2022	Mar 2021	Mar 2022	Mar 2021	Mar 2022
Mater	5:36	10:36	12:54	43:31	2:47	3:32	7:54	10:18
Royal Victoria	8:46	14:00	20:42	44:01	5:08	4:13	12:56	18:31
RBHSC	3:59	5:14	7:38	9:34	1:57	3:10	4:53	6:48
Antrim Area	7:26	11:19	28:23	70:45	2:39	3:44	7:30	17:12
Causeway	6:58	11:13	22:22	41:56	2:34	3:07	6:59	9:56
Ulster	8:25	15:37	23:57	38:42	2:46	3:17	7:27	9:56
Craigavon Area	8:06	16:44	25:01	49:01	3:35	3:41	8:59	13:09
Daisy Hill	6:52	11:56	21:38	40:01	2:29	3:11	6:46	9:18
Altnagelvin Area	8:16	20:56	23:55	41:37	3:21	4:12	8:25	12:50
South West Acute	6:02	8:52	24:26	37:57	2:37	3:48	9:26	14:22
Type 1	7:40	13:08	23:30	45:44	3:00	3:35	8:57	12:22
Type 2	4:26	5:34	8:05	10:02	2:08	1:56	5:42	5:32
Type 3	1:44	3:09	4:03	3:23	0:34	0:42	1:44	2:12
Northern Ireland	7:36	12:50	23:27	45:32	2:40	3:09	8:28	11:27

Source: Regional Data Warehouse, Business Services Organisation

- The median time patients who were admitted to hospital spent in a Type 1 ED was 13 hours 8 minutes in March 2022, 5 hours 28 minutes more than the same month last year (7 hours 40 minutes) (Table 10, Table 11G).
- The median time patients discharged home (not admitted) spent in a Type 1 ED was 3 hours 35 minutes in March 2022, 35 minutes more than the time taken during the same month last year (3 hours) (Table 10, Table 11H).
- 95 percent of patients were admitted to hospital within 45 hours 44 minutes at Type 1 EDs in March 2022, 22 hours 14 minutes more than in March 2021 (23 hours 30 minutes) (Table 10, Table 11G).
- In March 2022, 95 percent of attendances at Type 1 EDs were discharged home within 12 hours 22 minutes of their arrival, 3 hours 25 minutes more than the time taken in March 2021 (8 hours 57 minutes) (Table 10, Table 11H).

¹⁹ Readers should note that Type 3 data on time spent in EDs for patients admitted is provided by Omagh only. No other Type 3 ED produces these statistics.

Technical Notes

Data Collection

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

[Emergency Care Activity Returns and Guidance](#)

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

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

A National Statistics Publication

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

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

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

[Letter of Confirmation as National Statistics](#)

Designation was awarded in March 2013: [Assessment Report](#)

Since the assessment, we have continued to comply with the Code of Practice for Statistics. A list of those who received 24-hour pre-release access to this publication is available online with the current quarterly publication found here:

[Emergency Care Waiting Times Pre-release List](#)

Waiting Time Information elsewhere in the United Kingdom (UK)

When comparing emergency care statistics it is important to know the type of department. Emergency care information sometimes refers only to Type 1 departments, and is not comparable with data which refers to all EDs. Two key differences are as follows: (i) time spent at Type 1 EDs are higher than at other ED Types; (ii) fewer patients are admitted to hospital from Type 2 or 3 EDs.

There are also a number of key differences in how emergency care waiting times are reported in each UK Jurisdiction, and we would ask readers to be cautious when making comparisons across the UK. In particular, readers should avoid making comparisons between Northern Ireland and England on the 12 hour measurement, as these are not equivalent measures. Additional information on comparing emergency care waiting times information for Northern Ireland and England is detailed on pages 10 – 12 of the 'Additional Guidance' document at the link below:

[Emergency Care Waiting Times - Additional Guidance](#)

DoH statisticians have also liaised with colleagues in England, Scotland and Wales to clarify differences between the emergency care waiting times reported for each administration and have produced a guidance document to provide readers with a clear understanding of these differences (link below).

[UK Comparative Waiting Times for Emergency Departments \(Excel 24KB\)](#)

Contextual Information

Readers should be aware that contextual information about Northern Ireland and the health services provided is available to reference while using statistics from this publication.

This includes information on the current and future population, structures within the Health and Social Care system, the vision for the future health services, as well as targets and indicators. This information is available at the following link:

[Contextual Information for Using Hospital Statistics](#)

Security & Confidentiality Processes

Information on (i) the security and (ii) the confidentiality processes used to produce these and all statistics produced by the DoH, are detailed on our website at the links below:

[Official Statistics & User Engagement](#)

[DoH Statistics Charter](#)

Appendix 1: Hospital Information Branch (HIB)

Hospital Information Branch within Information Analysis Directorate (IAD) is responsible for the collection, quality assurance, analysis and publication of timely and accurate information derived from a wide range of statistical information returns supplied by the Health & Social Care (HSC) Trusts and the HSC Board. Statistical information is collected routinely from a variety of electronic patient level administrative systems and pre-defined EXCEL survey return templates.

The Head of Branch is Principal Statistician, Ms. Siobhán Morgan. The Branch aims to present information in a meaningful way and provide advice on its use to customers in the HSC Committee, Professional Advisory Groups, policy branches within the DoH, other Health organisations, academia, private sector organisations, charity/voluntary organisations as well as the general public. The statistical information collected is used to contribute to major exercises such as reporting on the performance of the HSC system, other comparative performance exercises, target setting and monitoring, development of service frameworks as well as policy formulation and evaluation. In addition, the information is used in response to a significantly high volume of Parliamentary / Assembly questions and ad-hoc queries each year.

Information is disseminated through a number of key statistical publications, including: Inpatient Activity, Outpatient Activity, Emergency Care, Mental Health & Learning Disability and Waiting Time Statistics (Inpatient, Outpatient, Diagnostics, Cancer and Emergency Care).

A detailed list of these publications is available to view or download at the following link:

Website: [DoH Statistics and Research](#)

Appendix 2: Emergency departments and Opening Hours

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

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

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

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

Emergency departments in Northern Ireland



Hospital Information Branch, DoH

Current Categorisation of Emergency departments ²⁰

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) ²¹	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ²² (Closed)
	Causeway		Mid Ulster
South Eastern	Ulster	Lagan Valley	Ards MIU
		Downe ²³ (Currently operating as an Urgent Care Centre)	Bangor MIU ²⁴ (Closed)
Southern	Craigavon Area		South Tyrone
	Daisy Hill ²⁵		Armagh Community ²⁶ (Closed)
			Craigavon Respiratory ED (Covid-19) ²⁷
			Craigavon Paediatric ED ²⁸
Western	Altnagelvin Area		Tyrone County (Closed)
	South West Acute		Omagh ²⁹

²⁰ Opening Hours are as of June 2017.

²¹ RVH (RAES) refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

²² Temporarily closed on 1st December 2014.

²³ Temporarily closed 30th March 2020, reopened as a MIU 10th August 2020, reopened as an Urgent Care Centre 19th October 2020.

²⁴ Temporarily closed 12th March 2020.

²⁵ Temporarily closed between 28th March 2020 and 19th October 2020.

²⁶ Temporarily closed on 17th November 2014.

²⁷ Temporarily opened on 29th March 2020 and closed on 19th October 2020.

²⁸ Temporarily opened on 31st March 2020 and closed on 12th June 2020.

²⁹ Tyrone County closed on 20th June 2017 and all emergency services were transferred to the new Omagh Hospital and Primary Care Complex on that date.

Appendix 3: General Guidance on using the Data

Guidance on using the Data

The data contained in this publication details a monthly analysis of time spent in emergency departments in Northern Ireland. It is recommended that readers refer to the '*Emergency Care Waiting Time Statistics - Additional Guidance*' booklet, which details technical guidance, definitions and background information on the data used, including the security and confidentiality processes. This booklet is updated for each release and can be found at the following link:

[Emergency Care Waiting Times - Additional Guidance](#)

Description of Data

Data on the number of new and unplanned review attendances at EDs in Northern Ireland by the length of time spent in ED. New and unplanned review attendances at EDs are used to describe unplanned activity at EDs, with new attendances referring to the first attendance and unplanned reviews referring to any subsequent unplanned attendances for the same complaint.

Information on the length of time spent in ED is collected and refers to the time spent in ED from arriving at the ED until the time the patient is treated and discharged, or admitted to hospital.

- Number of new and unplanned review attendances at EDs – this is the number of new and unplanned review attendances at EDs during each calendar month. **It does not include planned review attendances.**
- The length of time patients spend in ED refers to the time between entering the ED and being logged in at reception, until leaving the ED (treated and discharged, or admitted to hospital). It should also be noted that the length of time for patients who **are to be** admitted to hospital continues until they have left the ED.
- An assessment of both the number of new and unplanned review attendances, and the length of time patients have spent in ED, when compared with equivalent data for previous months, allow users to gauge the demand for emergency care services.
- Emergency care waiting times by type of department is presented to allow users to compare similar types of EDs in Northern Ireland, i.e. Type 1, 2 or 3 departments.
- Users should take into consideration, changes in the provision of emergency care services at specific sites in Northern Ireland when making comparisons with previous months. Such changes in the provision of services can be found in the document '*Emergency Care Waiting Time Statistics - Additional Guidance*' document at the following link:

Website: [Emergency Care Waiting Time Statistics - Additional Guidance](#)

Appendix 4: Additional Tables

Table 11A: PhoneFirst Calls, Urgent Care Centre Attendances and Referrals to Emergency Departments³⁰

HSC Trust	PhoneFirst				Urgent Care Centre				Total Attendances				Referral to ED			
	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021	Jan 2022	Feb 2022	Mar 2022
Belfast	-	-	-	-	4,601	1,111	995	1,262	4,601	1,111	995	1,262	2,288	16	16	6
Northern	3,555	2,988	2,611	3,291	-	-	-	-	3,555	2,988	2,611	3,291	355	206	175	215
South Eastern	365	2,244	2,376	2,882	765	966	889	1,236	1,130	3,210	3,265	4,118	281	307	312	377
Southern	3,102	3,897	4,113	5,372	75	144	155	144	3,177	4,041	4,268	5,516	835	1,040	1,168	1,377
Western	1,984	763	786	871	-	-	-	-	1,984	763	786	871	962	416	405	507
Northern Ireland	9,006	9,892	9,886	12,416	5,441	2,221	2,039	2,642	14,447	12,113	11,925	15,058	4,721	1,985	2,076	2,482

³⁰ Data on PhoneFirst calls and Urgent Care Centre attendances are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity.
Emergency Care Waiting Time Statistics: January – March 2022

Table 11B: New & Unplanned Review Attendances at Emergency Departments³¹

Department	New Attendances				Unplanned Reviews				Total Attendances			
	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021	Jan 2022	Feb 2022	Mar 2022
Mater	1,311	2,167	2,187	2,598	44	38	45	67	1,355	2,205	2,232	2,665
Royal Victoria	6,356	8,237	7,831	8,813	81	183	165	179	6,437	8,420	7,996	8,992
RBHSC	2,453	3,159	2,930	3,802	224	285	250	341	2,677	3,444	3,180	4,143
Antrim Area	6,461	7,617	6,773	8,237	369	312	265	334	6,830	7,929	7,038	8,571
Causeway	3,105	3,316	3,000	3,657	132	214	267	299	3,237	3,530	3,267	3,956
Ulster	7,719	7,675	7,073	8,535	322	285	265	364	8,041	7,960	7,338	8,899
Craigavon Area	5,722	5,573	5,336	6,377	518	455	411	445	6,240	6,028	5,747	6,822
Daisy Hill	3,586	3,871	3,790	4,488	252	266	159	222	3,838	4,137	3,949	4,710
Altnagelvin Area	4,579	4,803	4,564	5,351	355	352	352	445	4,934	5,155	4,916	5,796
South West Acute	2,548	2,713	2,535	2,918	251	246	235	281	2,799	2,959	2,770	3,199
Type 1	43,840	49,131	46,019	54,776	2,548	2,636	2,414	2,977	46,388	51,767	48,433	57,753
Eye Casualty	535	573	521	627	62	166	166	217	597	739	687	844
Lagan Valley	1,751	1,586	1,596	1,976	84	54	41	55	1,835	1,640	1,637	2,031
Type 2	2,286	2,159	2,117	2,603	146	220	207	272	2,432	2,379	2,324	2,875
Mid Ulster	422	427	418	555	7	14	8	16	429	441	426	571
Ards	741	789	808	964	7	1	0	8	748	790	808	768
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	1,704	1,476	1,476	1,963	55	30	10	14	1,759	1,506	1,486	1,977
Omagh	877	1,098	1,107	1,459	78	103	107	132	955	1,201	1,214	1,591
Type 3	3,744	3,790	3,809	4,941	147	148	125	170	3,891	3,938	3,934	5,111
Northern Ireland	49,870	55,080	51,945	62,320	2,841	3,004	2,746	3,419	52,711	58,084	54,691	65,739

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

Table 11C: Performance against Emergency Care Waiting Times Target^{32 33}

Department	4 - Hour Performance				12 - Hour Performance				Total Attendances			
	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021	Jan 2022	Feb 2022	Mar 2022
Mater	57.0%	46.1%	47.1%	47.8%	35	267	277	288	1,355	2,205	2,232	2,665
Royal Victoria	29.4%	44.0%	40.5%	41.1%	761	1,651	1,530	1,817	6,437	8,420	7,996	8,992
RBHSC	84.9%	71.6%	66.0%	64.6%	.	14	35	7	2,677	3,444	3,180	4,143
Antrim Area	62.0%	46.7%	45.9%	45.7%	583	1,289	1,316	1,368	6,830	7,929	7,038	8,571
Causeway	65.9%	59.3%	54.4%	53.7%	189	226	353	421	3,237	3,530	3,267	3,956
Ulster	58.5%	49.6%	48.5%	48.2%	747	1,344	1,346	1,502	8,041	7,960	7,338	8,899
Craigavon Area	47.7%	38.0%	36.4%	43.2%	465	1,287	1,317	1,387	6,240	6,028	5,747	6,822
Daisy Hill	62.9%	52.2%	48.7%	54.4%	163	489	534	451	3,838	4,137	3,949	4,710
Altnagelvin Area	54.1%	42.4%	39.5%	40.4%	356	860	837	961	4,934	5,155	4,916	5,796
South West Acute	64.7%	54.1%	50.6%	47.0%	187	370	372	379	2,799	2,959	2,770	3,199
Type 1	55.8%	48.6%	46.1%	47.3%	3,486	7,797	7,917	8,581	46,388	51,767	48,433	57,753
Eye Casualty	83.1%	90.1%	84.6%	88.0%	.	.	.	.	597	739	687	844
Lagan Valley	77.4%	78.4%	77.6%	77.3%	1	4	.	4	1,835	1,640	1,637	2,031
Type 2	78.8%	82.1%	79.6%	80.5%	1	4	.	4	2,432	2,379	2,324	2,875
Mid Ulster	100.0%	100.0%	100.0%	100.0%	.	.	.	.	429	441	426	571
Ards	100.0%	100.0%	100.0%	100.0%	.	.	.	.	748	790	808	972
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	100.0%	99.9%	100.0%	99.9%	.	.	.	.	1,759	1,506	1,486	1,977
Omagh	99.3%	99.1%	99.3%	97.9%	.	.	.	1	955	1,201	1,214	1,591
Type 3	99.8%	99.7%	99.8%	99.3%	.	.	.	1	3,891	3,938	3,934	5,111
Northern Ireland	60.1%	53.5%	51.4%	52.8%	3,487	7,801	7,917	8,586	52,711	58,084	54,691	65,739

³² Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

³³ Information on comparability with other UK jurisdictions is detailed on pages 6 – 8 of the additional guidance document found at the following link: [Emergency Care Waiting Times - Additional Guidance](#)

Table 11D(i): Percentage of Attendances (i) Referred by a GP; (ii) Who Left before Treatment was Complete; and (iii) Re-attended within 7 Days^{34 35}

Department	GP Referrals				Left Before Treatment				Unplanned reviews Within 7 Days			
	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021	Jan 2022	Feb 2022	Mar 2022
Mater	9.0%	5.3%	7.8%	10.7%	3.8%	7.5%	8.2%	8.3%	2.4%	1.5%	1.5%	1.8%
Royal Victoria	14.7%	17.2%	18.0%	17.7%	10.0%	7.0%	8.6%	9.1%	0.8%	1.6%	1.4%	1.4%
RBHSC	4.0%	8.6%	8.5%	9.3%	1.1%	3.4%	4.8%	7.4%	5.3%	5.3%	4.9%	5.9%
Antrim Area	18.7%	15.2%	14.7%	13.1%	1.9%	3.3%	4.4%	4.5%	3.2%	2.4%	2.5%	2.4%
Causeway	17.8%	13.7%	13.1%	13.3%	3.1%	4.1%	5.6%	8.0%	2.8%	3.6%	4.8%	5.1%
Ulster	25.8%	25.0%	25.2%	23.0%	2.2%	3.7%	4.8%	5.6%	2.6%	2.6%	2.6%	2.9%
Craigavon Area	28.5%	24.7%	24.2%	24.1%	5.0%	8.5%	7.7%	7.5%	5.5%	4.9%	4.6%	4.3%
Daisy Hill	19.6%	23.9%	23.8%	21.1%	2.8%	5.0%	6.1%	5.8%	4.2%	4.9%	3.2%	3.7%
Altnagelvin Area	11.4%	15.0%	11.8%	11.0%	3.3%	5.7%	7.0%	7.1%	5.0%	5.2%	5.4%	5.6%
South West Acute	28.4%	25.4%	23.9%	24.0%	2.1%	2.6%	4.9%	7.3%	6.4%	6.3%	6.6%	6.8%
Type 1	19.4%	18.4%	18.1%	17.3%	3.8%	5.1%	6.3%	6.9%	3.6%	3.5%	3.4%	3.6%
Eye Casualty	4.5%	5.0%	4.3%	5.2%	0.2%	0.1%	0.1%	0.2%	0.5%	0.5%	0.3%	0.3%
Lagan Valley	14.5%	8.7%	6.7%	7.6%	1.9%	1.2%	0.9%	1.5%	2.3%	1.7%	1.4%	1.5%
Type 2	12.0%	7.5%	5.9%	6.9%	1.4%	0.9%	0.7%	1.1%	1.9%	1.3%	1.1%	1.2%
Mid Ulster	1.2%	0.7%	1.2%	0.9%	0.0%	0.0%	0.0%	0.0%	0.5%	2.5%	0.7%	1.4%
Ards	0.4%	0.1%	0.2%	0.3%	0.0%	0.1%	0.1%	0.1%	0.1%	-	-	0.2%
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	0.1%	0.1%	.	.	0.0%	0.3%	0.1%	0.2%	1.8%	1.3%	0.5%	0.7%
Omagh	2.4%	2.2%	2.6%	2.1%	0.7%	1.1%	0.5%	1.9%	5.7%	4.7%	5.2%	5.3%
Type 3	0.8%	0.8%	1.0%	0.8%	0.2%	0.5%	0.2%	0.7%	2.3%	2.2%	1.9%	2.1%
Northern Ireland	17.7%	16.8%	16.4%	15.6%	3.4%	4.7%	5.6%	6.1%	3.4%	3.3%	3.2%	3.4%

³⁴ Data on GP referrals to ED, Left before treatment complete and unplanned re-attendances are not National Statistics, but help provide users with a comprehensive view of emergency care.

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

Table 11D(ii): Number of Attendances (i) Referred by a GP; (ii) Who Left before Treatment was Complete; and (iii) Re-attended within 7 Days^{36 37}

Department	GP Referrals				Left Before Treatment				Unplanned reviews Within 7 Days			
	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021	Jan 2022	Feb 2022	Mar 2022
Mater	122	118	173	285	52	166	184	222	32	33	34	47
Royal Victoria	950	1,454	1,443	1,592	642	591	688	815	51	131	110	127
RBHSC	107	295	272	384	29	118	154	308	143	183	158	245
Antrim Area	1,280	1,202	1,036	1,120	128	263	312	383	218	188	176	202
Causeway	576	489	429	524	99	143	182	316	91	127	158	202
Ulster	2,090	2,001	1,849	2,049	177	291	355	498	214	206	189	254
Craigavon Area	1,783	1,496	1,399	1,630	312	515	444	510	344	299	267	289
Daisy Hill	751	992	945	989	106	205	241	273	162	205	127	174
Altnagelvin Area	565	776	581	642	161	295	345	414	248	270	264	327
South West Acute	798	752	662	766	60	78	135	235	181	188	183	216
Type 1	9,022	9,575	8,789	9,981	1,766	2,665	3,040	3,974	1,684	1,830	1,666	2,083
Eye Casualty	27	37	30	45	1	1	1	2	3	4	2	3
Lagan Valley	266	142	109	155	34	20	15	30	42	28	23	31
Type 2	293	179	139	200	35	21	16	32	45	32	25	34
Mid Ulster	5	3	5	5	.	.	.	.	2	11	3	8
Ards	3	1	2	3	.	1	1	1	1	.	.	2
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	1	1	.	.	.	4	1	3	32	19	7	13
Omagh	23	27	32	34	7	13	6	30	54	57	63	85
Type 3	32	32	39	42	7	18	8	34	89	87	73	108
Northern Ireland	9,347	9,786	8,967	10,223	1,808	2,704	3,064	4,040	1,818	1,949	1,764	2,225

³⁶ Data on GP referrals to ED, Left before treatment complete and unplanned re-attendances are not National Statistics, but help provide users with a comprehensive view of emergency care.

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

Table 11E: Time from Arrival to Triage (Assessment)^{38 39}

Department	Median				95 th Percentile			
	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021	Jan 2022	Feb 2022	Mar 2022
Mater	0:09	0:13	0:12	0:12	0:38	0:53	0:57	0:51
Royal Victoria	0:11	0:17	0:20	0:23	0:59	1:28	1:32	1:31
RBHSC	0:07	0:09	0:11	0:12	0:22	0:35	0:41	0:56
Antrim Area	0:10	0:12	0:12	0:15	0:29	0:38	0:39	0:42
Causeway	0:10	0:13	0:13	0:16	0:33	0:40	0:41	0:48
Ulster	0:10	0:13	0:13	0:15	0:36	1:43	1:28	1:23
Craigavon Area	0:08	0:17	0:20	0:17	0:47	2:18	3:05	2:27
Daisy Hill	0:06	0:10	0:11	0:10	0:22	0:45	0:45	0:40
Altnagelvin Area	0:11	0:17	0:17	0:18	0:39	0:55	0:56	1:09
South West Acute	0:11	0:17	0:18	0:19	0:38	0:57	1:03	1:10
Type 1	0:10	0:13	0:14	0:15	0:39	1:11	1:20	1:17
Eye Casualty	0:14	0:13	0:11	0:11	0:48	0:58	0:53	0:47
Lagan Valley	0:06	0:05	0:05	0:05	0:17	0:15	0:15	0:16
Type 2	0:07	0:06	0:06	0:06	0:30	0:35	0:30	0:33
Mid Ulster	0:08	0:08	0:09	0:07	0:29	0:45	0:44	0:44
Ards	0:02	0:02	0:02	0:02	0:12	0:09	0:10	0:11
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:01	0:01	0:01	0:01	0:07	0:07	0:07	0:09
Omagh	0:04	0:08	0:07	0:09	0:24	0:26	0:29	0:40
Type 3	0:02	0:02	0:02	0:03	0:15	0:18	0:19	0:25
Northern Ireland	0:09	0:12	0:13	0:14	0:37	1:07	1:15	1:12

³⁸ 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.

³⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Table 11F: Time from Triage (Assessment) to Start of Treatment^{40 41}

Department	Median				95 th Percentile			
	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021	Jan 2022	Feb 2022	Mar 2022
Mater	0:21	0:58	1:20	1:20	2:11	5:41	5:44	5:55
Royal Victoria	1:26	1:25	1:40	1:48	7:20	7:16	8:29	8:22
RBHSC	0:33	1:05	1:10	1:30	2:04	3:29	3:50	4:10
Antrim Area	0:58	1:36	1:49	1:51	3:29	5:55	7:22	5:43
Causeway	0:37	0:59	1:11	1:32	2:38	3:38	4:35	5:50
Ulster	0:34	1:02	1:00	1:09	2:46	5:14	5:38	5:42
Craigavon Area	1:31	1:42	1:48	1:30	5:59	9:20	9:02	7:57
Daisy Hill	0:42	1:01	1:08	1:08	3:23	4:17	5:49	5:35
Altnagelvin Area	0:49	1:18	1:38	1:29	3:34	5:13	5:25	5:18
South West Acute	0:18	0:35	0:41	1:09	2:35	3:07	4:29	5:11
Type 1	0:47	1:12	1:21	1:26	4:17	5:44	6:35	6:12
Lagan Valley	0:30	0:21	0:22	0:24	1:59	1:17	1:32	1:36
Type 2	0:30	0:21	0:22	0:24	1:59	1:17	1:32	1:36
Mid Ulster	0:00	0:01	0:01	0:02	1:00	0:22	0:12	0:24
Ards	0:04	0:06	0:08	0:08	0:28	0:27	0:29	0:33
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:00	0:01	0:01	0:02	0:10	0:18	0:17	0:27
Omagh	0:13	0:13	0:11	0:17	1:23	1:25	1:13	2:09
Type 3	0:03	0:05	0:04	0:06	0:46	0:48	0:42	1:13
Northern Ireland	0:42	1:01	1:08	1:12	4:06	5:31	6:17	5:55

⁴⁰ 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.

⁴¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

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

Department	Median				95 th Percentile			
	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021	Jan 2022	Feb 2022	Mar 2022
Mater	5:36	10:09	11:44	10:36	12:54	31:41	36:38	43:31
Royal Victoria	8:46	13:37	13:08	14:00	20:42	36:29	39:04	44:01
RBHSC	3:59	5:01	5:33	5:14	7:38	9:48	12:41	9:34
Antrim Area	7:26	10:12	12:33	11:19	28:23	66:08	71:45	70:45
Causeway	6:58	8:03	10:50	11:13	22:22	28:13	31:39	41:56
Ulster	8:25	18:24	17:57	15:37	23:57	49:17	45:51	38:42
Craigavon Area	8:06	16:19	17:04	16:44	25:01	47:17	49:22	49:01
Daisy Hill	6:52	11:41	13:10	11:56	21:38	32:45	34:30	40:01
Altnagelvin Area	8:16	15:46	17:13	20:56	23:55	45:08	36:27	41:37
South West Acute	6:02	8:39	11:07	8:52	24:26	46:36	40:04	37:57
Type 1	7:40	12:04	13:42	13:08	23:30	46:03	45:53	45:44
Eye Casualty	1:49	2:08	1:57	2:57	5:56	8:26	10:38	6:46
Lagan Valley	4:29	5:56	5:10	5:35	8:09	9:38	8:02	10:02
Type 2	4:26	5:52	5:03	5:34	8:05	9:38	8:03	10:02
Mid Ulster	.	.	.	.	.	.	.	.
Ards	.	.	.	.	.	.	.	.
Bangor	.	.	.	.	.	.	.	.
South Tyrone	.	.	.	.	.	.	.	.
Omagh	1:44	2:14	2:17	3:09	4:03	4:29	2:17	3:23
Type 3	1:44	2:14	2:17	3:09	4:03	4:29	2:17	3:23
Northern Ireland	7:36	11:54	13:27	12:50	23:27	45:58	45:47	45:32

⁴² 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.

⁴³ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

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

Department	Median				95 th Percentile			
	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021	Jan 2022	Feb 2022	Mar 2022
Mater	2:47	3:37	3:36	3:32	7:54	10:45	10:32	10:18
Royal Victoria	5:08	3:50	4:22	4:13	12:56	18:32	18:08	18:31
RBHSC	1:57	2:37	2:56	3:10	4:53	5:53	6:36	6:48
Antrim Area	2:39	3:30	3:36	3:44	7:30	16:28	19:39	17:12
Causeway	2:34	2:59	3:04	3:07	6:59	7:53	9:03	9:56
Ulster	2:46	3:16	3:14	3:17	7:27	9:46	9:45	9:56
Craigavon Area	3:35	4:09	4:27	3:41	8:59	13:27	14:23	13:09
Daisy Hill	2:29	3:11	3:22	3:11	6:46	8:12	9:54	9:18
Altnagelvin Area	3:21	3:58	4:16	4:12	8:25	12:57	13:38	12:50
South West Acute	2:37	3:13	3:35	3:48	9:26	13:49	12:46	14:22
Type 1	3:00	3:26	3:39	3:35	8:57	12:12	12:57	12:22
Eye Casualty	2:23	1:59	2:20	2:11	5:39	5:00	5:46	5:08
Lagan Valley	2:02	1:37	1:41	1:42	5:44	5:45	5:49	5:36
Type 2	2:08	1:47	1:56	1:56	5:42	5:31	5:47	5:32
Mid Ulster	0:46	0:45	0:36	0:37	1:57	2:02	2:03	1:49
Ards	0:43	0:43	0:44	0:47	1:27	1:17	1:18	1:29
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:24	0:29	0:31	0:33	0:58	1:16	1:17	1:25
Omagh	0:51	0:51	0:46	1:00	2:19	2:47	2:20	3:09
Type 3	0:34	0:38	0:39	0:42	1:44	1:58	1:47	2:12
Northern Ireland	2:40	3:03	3:12	3:09	8:28	11:22	12:06	11:27

⁴⁴ Data on time spent in ED for those admitted and those discharged home are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

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

Table 11I: Attendances at Emergency departments per 1000- Population by Age Group^{46 47 48}

Age Group	Mar 2021	Jan 2022	Feb 2022	Mar 2022
Under 5	35.4	43.7	40.5	50.0
Aged 5 - 15	19.1	23.8	23.0	34.5
Aged 16 - 44	25.5	29.2	27.5	31.7
Aged 45 - 64	25.7	25.8	24.2	28.3
Aged 65 - 74	30.7	30.7	29.0	33.8
Aged 75 & Over	51.4	55.0	51.6	59.5
Northern Ireland	27.8	30.6	28.9	34.7

Table 11J: Average Number of Attendances by Day of Week

Day of Week	Mar 2021	Jan 2022	Feb 2022	Mar 2022
Monday	2,012.2	2,201.8	2,397.0	2,556.5
Tuesday	1,846.0	2,001.0	2,140.5	2,296.8
Wednesday	1,693.4	1,928.0	2,010.0	2,144.6
Thursday	1,775.8	1,961.0	1,961.3	2,082.0
Friday	1,751.5	1,948.3	1,957.0	2,174.8
Saturday	1,393.5	1,549.4	1,563.8	1,705.3
Sunday	1,359.3	1,624.2	1,662.3	1,810.8

⁴⁶ Based on the NISRA 2020 mid-year population estimate which was published on 25 June 2021.

⁴⁷ 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.

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

Table 11K: Attendances at Emergency departments, by Time Spent in ED from Arrival to Discharge ⁴⁹

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021	Jan 2022	Feb 2022	Mar 2022
Mater	773	1,017	1,052	1,273	547	921	903	1,104	35	267	277	288
Royal Victoria	1,894	3,703	3,242	3,700	3,782	3,066	3,224	3,475	761	1,651	1,530	1,817
RBHSC	2,274	2,465	2,099	2,678	403	965	1,046	1,458	.	14	35	7
Antrim Area	4,237	3,706	3,231	3,914	2,010	2,934	2,491	3,289	583	1,289	1,316	1,368
Causeway	2,134	2,093	1,778	2,126	914	1,211	1,136	1,409	189	226	353	421
Ulster	4,702	3,945	3,558	4,288	2,592	2,671	2,434	3,109	747	1,344	1,346	1,502
Craigavon Area	2,977	2,292	2,092	2,949	2,798	2,449	2,338	2,486	465	1,287	1,317	1,387
Daisy Hill	2,414	2,161	1,924	2,560	1,261	1,487	1,491	1,699	163	489	534	451
Altnagelvin Area	2,669	2,186	1,944	2,344	1,909	2,109	2,135	2,491	356	860	837	961
South West Acute	1,812	1,601	1,403	1,504	800	988	995	1,316	187	370	372	379
Type 1	25,886	25,169	22,323	27,336	17,016	18,801	18,193	21,836	3,486	7,797	7,917	8,581
Eye Casualty	496	666	581	743	101	73	106	101	.	.	.	.
Lagan Valley	1,421	1,286	1,270	1,570	413	350	367	457	1	4	.	4
Type 2	1,917	1,952	1,851	2,313	514	423	473	558	1	4	.	4
Mid Ulster	429	441	426	571	.	.	.	.	.	.	.	.
Ards	748	790	808	972	.	.	.	.	.	.	.	.
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	1,759	1,505	1,486	1,976	.	1	.	1	.	.	.	.
Omagh	948	1,190	1,206	1,558	7	11	8	32	.	.	.	1
Type 3	3,884	3,926	3,926	5,077	7	12	8	33	.	.	.	1
Northern Ireland	31,687	31,047	28,100	34,726	17,537	19,236	18,674	22,427	3,487	7,801	7,917	8,586

⁴⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Table 11L: Percentage of Patients Commencing Treatment, Following Triage, within 2 Hours^{50 51}

Department	% Commenced Treatment, Following Triage, within 2 Hours			
	Mar 2021	Jan 2022	Feb 2022	Mar 2022
Mater	93.4%	71.4%	62.0%	62.4%
Royal Victoria	58.9%	61.1%	55.2%	53.1%
RBHSC	94.2%	77.8%	71.4%	63.2%
Antrim Area	78.3%	59.4%	54.1%	53.4%
Causeway	89.4%	75.6%	67.9%	59.3%
Ulster	88.9%	72.6%	71.3%	69.3%
Craigavon Area	59.7%	54.4%	53.4%	60.0%
Daisy Hill	85.8%	74.4%	67.9%	69.1%
Altnagelvin Area	77.0%	65.9%	56.8%	61.3%
South West Acute	91.8%	87.5%	79.6%	68.5%
Type 1	78.5%	67.9%	62.7%	61.7%
Lagan Valley	95.0%	98.2%	97.9%	97.2%
Type 2	95.0%	98.2%	97.9%	97.2%
Mid Ulster	100.0%	100.0%	100.0%	100.0%
Ards	100.0%	99.9%	100.0%	100.0%
Bangor	-	-	-	-
South Tyrone	100.0%	100.0%	100.0%	100.0%
Omagh	98.6%	97.7%	99.4%	94.2%
Type 3	99.6%	99.2%	99.8%	98.1%
Northern Ireland	80.6%	71.0%	66.7%	65.9%

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

⁵¹ Information on time to treatment is not recorded at Eye Casualty.

Table 11M: Percentage Triageed in each Triage Group^{52 53}

Department	Triage Level (1/2)				Triage Level (3)				Triage Level (4/5)			
	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021	Jan 2022	Feb 2022	Mar 2022	Mar 2021	Jan 2022	Feb 2022	Mar 2022
Mater	30.1%	22.2%	23.0%	22.2%	47.0%	47.5%	48.1%	45.5%	22.9%	30.3%	28.9%	32.3%
Royal Victoria	26.1%	22.9%	21.6%	22.9%	54.1%	50.0%	51.3%	50.1%	19.8%	27.2%	27.1%	27.0%
RBHSC	10.2%	15.3%	14.2%	14.6%	24.3%	25.4%	26.7%	25.4%	65.5%	59.3%	59.1%	60.0%
Antrim Area	18.1%	15.1%	17.3%	17.8%	52.3%	52.0%	52.7%	54.2%	29.7%	32.9%	30.0%	28.0%
Causeway	15.8%	21.5%	21.5%	20.4%	60.1%	57.4%	58.8%	55.3%	24.1%	21.1%	19.7%	24.3%
Ulster	25.5%	25.0%	26.1%	26.7%	45.1%	45.5%	44.3%	41.8%	29.3%	29.5%	29.6%	31.5%
Craigavon Area	33.8%	36.8%	36.7%	34.8%	39.3%	38.2%	39.6%	38.2%	26.9%	25.0%	23.7%	27.0%
Daisy Hill	29.0%	33.6%	34.2%	28.9%	41.5%	42.6%	42.6%	43.0%	29.5%	23.8%	23.1%	28.0%
Altnagelvin Area	35.3%	33.6%	33.6%	31.3%	32.8%	37.1%	34.8%	35.4%	31.9%	29.3%	31.6%	33.4%
South West Acute	15.1%	19.9%	18.7%	17.4%	46.2%	45.2%	44.4%	44.4%	38.7%	34.9%	36.9%	38.2%
Type 1	25.1%	25.1%	25.4%	24.6%	44.7%	44.5%	44.6%	43.5%	30.2%	30.4%	30.0%	31.8%
Eye Casualty	1.0%	1.9%	1.6%	2.1%	6.9%	25.2%	14.8%	17.2%	92.1%	72.9%	83.6%	80.7%
Lagan Valley	9.9%	4.7%	5.3%	4.8%	32.3%	27.3%	28.1%	25.1%	57.8%	68.0%	66.6%	70.1%
Type 2	7.7%	3.8%	4.2%	4.0%	26.0%	26.7%	24.1%	22.8%	66.3%	69.5%	71.7%	73.2%
Mid Ulster	-	-	-	1.7%	25.0%	21.8%	23.3%	26.3%	75.0%	78.2%	76.7%	72.0%
Ards	-	-	-	.	0.1%	0.1%	0.1%	0.1%	99.9%	99.9%	99.9%	99.9%
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	0.6%	0.2%	0.5%	0.4%	3.1%	1.1%	1.8%	1.8%	96.3%	98.7%	97.6%	97.8%
Omagh	0.5%	0.5%	0.9%	1.0%	1.7%	3.1%	3.4%	2.7%	97.8%	96.4%	95.8%	96.3%
Type 3	0.4%	0.3%	0.5%	0.5%	2.3%	2.0%	2.5%	2.4%	97.3%	97.7%	97.0%	97.1%
Northern Ireland	22.6%	22.6%	22.8%	21.9%	41.0%	41.0%	40.9%	39.5%	36.4%	36.3%	36.4%	38.5%

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

⁵³ Data on the triage level of those attending ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

Appendix 5: Further Information

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

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](#)