

INFORMATION
ANALYSIS
DIRECTORATE



Urgent & Emergency Care Waiting Time Statistics for Northern Ireland (April – June 2024)

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Department of
Health

An Roinn Sláinte

Máinnystrie O Poustie

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

Reader Information

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

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

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

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Statistical Quality: Information detailed in this release has been provided by HSC Trusts and was validated by Hospital Information Branch (HIB) prior to release. Information on: attendances at urgent care services (PhoneFirst / Urgent Care Centres), time to triage, and time of day for attendances, GP referrals, emergency admissions, left before treatment complete, unplanned reviews within 7 days, triage level, time to start of treatment, time to admission or discharge are **not** Accredited Official 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 Health and Social (HSC) Trusts in Northern Ireland, Strategic Performance and Planning Group (SPPG), 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 28.

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Encompass

Encompass is a new electronic patient record system that will create a single digital care record for every citizen in Northern Ireland who receives health and social care. It aims to create better experiences for patients, service users and staff by bringing together information from various existing systems that do not currently communicate effectively.

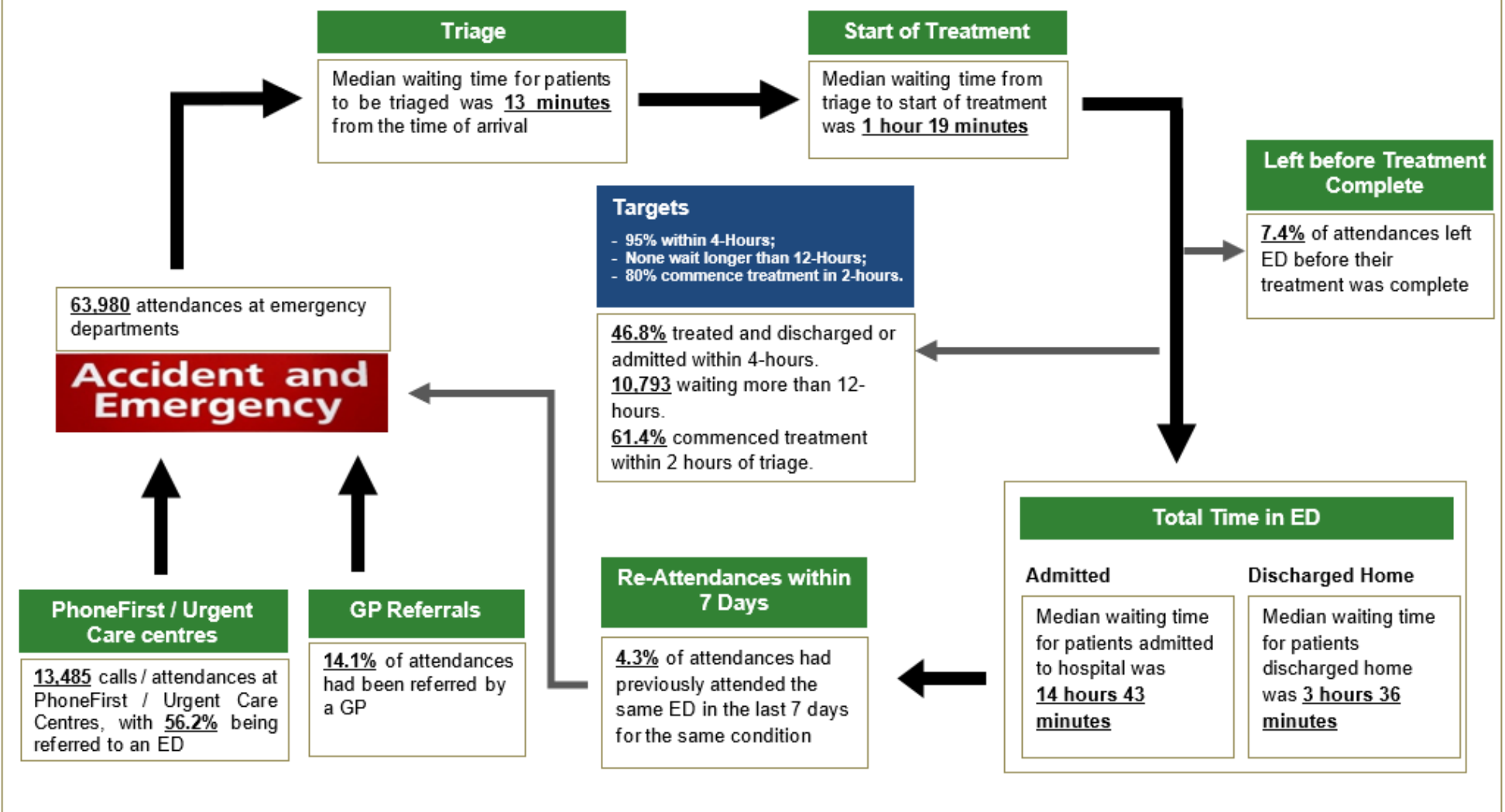
The programme was first introduced in the South Eastern Health and Social Care (HSC) Trust on 9th November 2023 and the Belfast HSC Trust on 6th June 2024, and will be rolled out on a phased basis across the remaining HSC Trusts in Northern Ireland by the end of 2025.

Further information about Encompass can be found at the link below:

[encompass – DHCNI \(hscni.net\)](https://hscni.net/encompass)

Please Note: Figures in this report for Belfast and South Eastern HSC Trust sourced from the Encompass system are considered to be **‘official statistics in development’**.

SUMMARY OF KEY FACTS (June 2024)



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, 3,4}

The number of calls received by PhoneFirst service, attendances at Urgent Care Centres and patients referred to ED from PhoneFirst / Urgent Care Centres during April, May and June 2024.

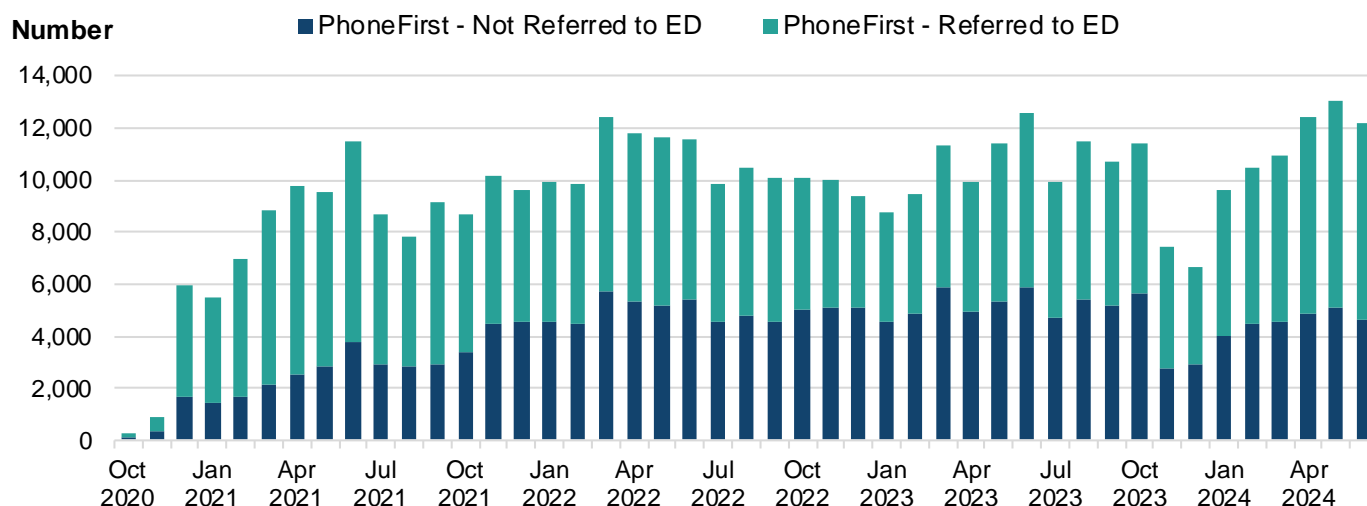
Activity	Apr 2024	May 2024	Jun 2024
PhoneFirst	12,438	13,074	12,210
Urgent Care Centre	3,152	3,208	1,275
Total Calls / Attendances	15,590	16,282	13,485
Number Referred to ED	7,580	7,990	7,576
<i>% Referred to ED</i>	<i>48.6%</i>	<i>49.1%</i>	<i>56.2%</i>

Source: Health and Social Care Trusts

- In June 2024, 13,485 calls / attendances were received by PhoneFirst and Urgent Care Centre services, from patients who may previously have attended an ED. A total of 7,576 (56.2%) resulted in a referral to an ED, whilst 5,909 patients did not get referred to an ED⁵ (Table 1 & 11A).

Figure 1: PhoneFirst Calls and Referrals to Emergency Departments

The number of calls received by PhoneFirst service and number of patients referred to an ED from PhoneFirst in each month from October 2020 to June 2024.



Source: Health and Social Care Trusts

The highest number of PhoneFirst calls were received in May 2024 (13,074), with the highest number of referrals to ED from PhoneFirst in May 2024 (7,990) (Figure 1, Table 1 & 11A).

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

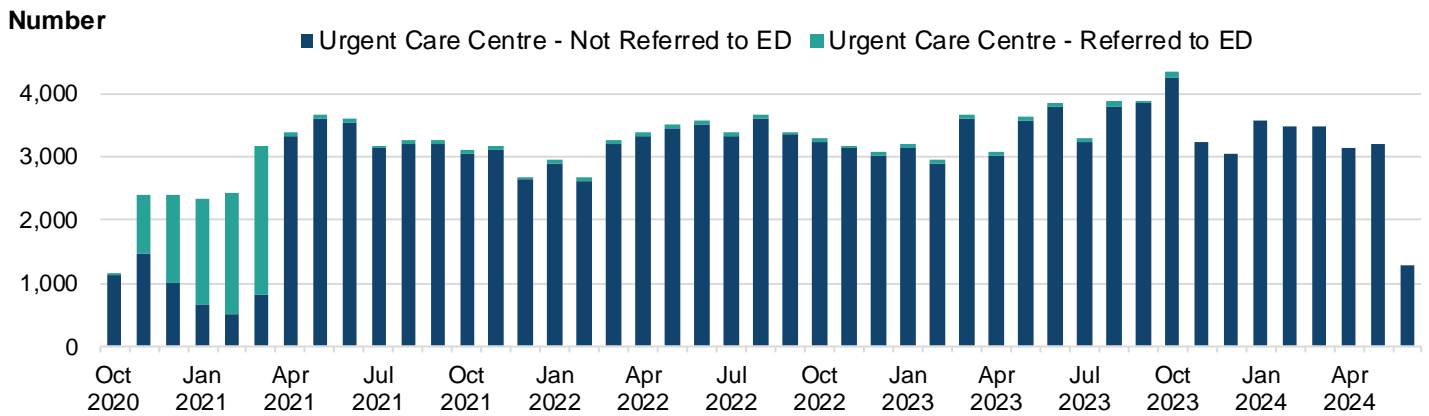
³ Urgent Care Centre attendances for June 2024 do not include figures for Belfast HSC Trust due to the roll out of the encompass patient record system.

⁴ PhoneFirst figures from South Eastern HSC Trust only include Ulster PhoneFirst calls and do not include figures for Lagan Valley and Downe PhoneFirst calls.

⁵ Note that these patients may have been managed by an alternative pathway, and may have eventually resulted in an attendance at an ED at a later date.

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

The number of attendances at Urgent Care Centres and the number of patients referred to an ED from Urgent Care Centres in each month from October 2020 to June 2024.



Source: Health and Social Care Trusts

- The highest number of attendances at Urgent Care Centres was in October 2023 (4,336), with the highest number of referrals to ED from Urgent Care Centres in March 2021 (2,333) (Figure 2, Table 1 & 11A).

Attendances

How Many Attend Urgent & Emergency Care Services?

Table 2: Attendances at Urgent & Emergency Care

The number physically attending urgent and emergency care services; (i) attendances at Urgent Care Centre services, and (ii) attendances at EDs in June 2024, compared to June 2023^{6,7}.

Measure	June 2023	June 2024	Change (number)	Change (%)
1. Urgent Care Centre (Referred to an ED)	76	0	-76	-100.0%
2. Urgent Care Centre (NOT Referred to an ED)	3,778	1,275	-2,503	-66.3%
3. Total Urgent Care Centre Measure 1 + Measure 2	3,854	1,275	-2,579	-66.9%
4. New ED Attendances	62,669	60,247	-2,422	-3.9%
5. Unplanned Review Attendances	3,684	3,733	49	1.3%
6. Attendances at EDs Measure 4 + Measure 5	66,353	63,980	-2,373	-3.6%
7. Attendances at EDs / Urgent Care Measure 2 + Measure 4 + Measure 5	70,131	65,255	-4,876	-7.0%
8. Number of ED Attendances Admitted to Hospital	11,537	11,104	-433	-3.8%
<i>9. % ED Attendances Admitted to Hospital Measure 8 / Measure 6</i>	<i>17.4%</i>	<i>17.4%</i>		<i>0.0%</i>

Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

- During June 2024, 65,255 patients attended urgent and emergency care services, of which 63,980 attended an ED, and 1,275 attended an Urgent Care Centre (Table 2, 11A & 11B).
- The number of patients physically attending urgent and emergency care services decreased by 4,876 (7.0%) in June 2024 when compared with June 2023 (Table 2, 11A & 11B).
- During the quarter ending June 2024, 205,069 patients physically attended urgent and emergency care services, 1.0% (1,983) less than the same quarter in 2023 (207,052). Of which, 197,434 (96.3%) attended an ED and 7,635 (3.7%) attended an Urgent Care Centre (Table 2, 11A & 11B).

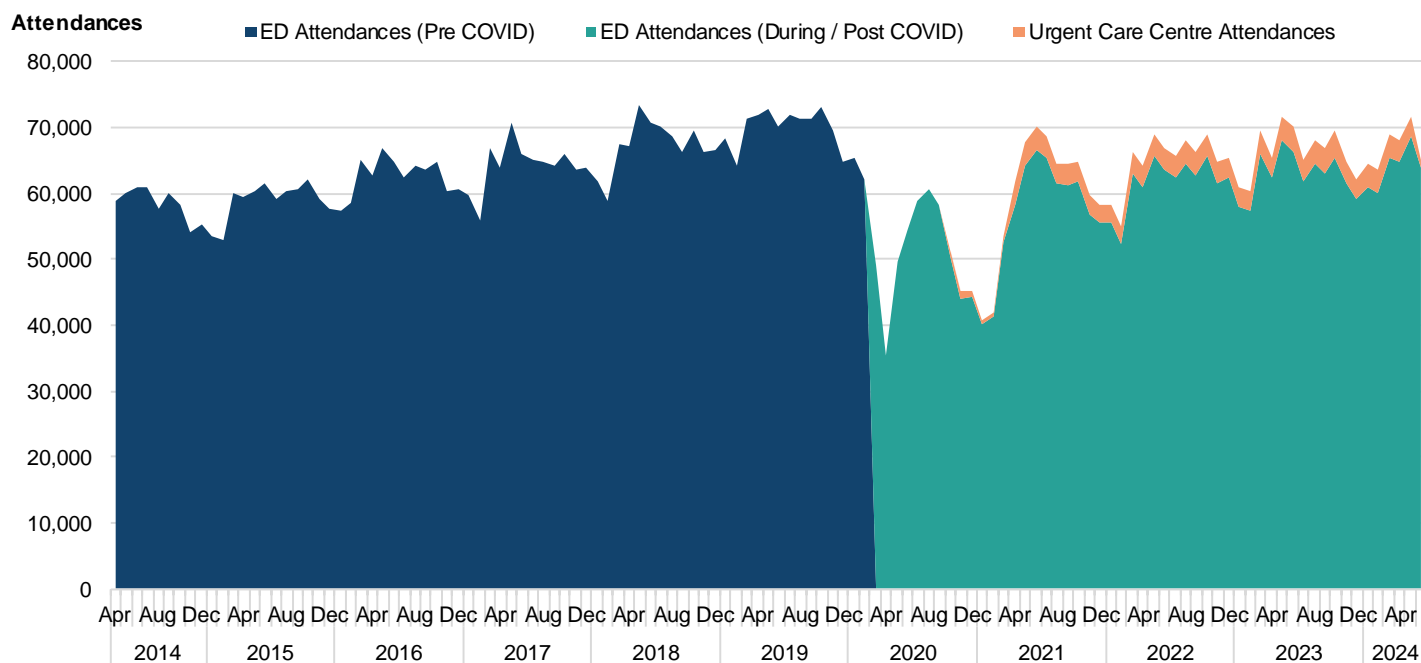
⁶ Data on Urgent Care Centre Attendances and subsequent referrals to ED are not Accredited Official Statistics, but have been published to provide users with a comprehensive view of emergency care activity. Data is sourced from the HSC Trusts.

⁷ Urgent Care Centre attendances for June 2024 do not include figures for Belfast HSC Trust due to the roll out of the encompass patient record system.

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) attendances at Urgent Care Centres each month, from April 2014 to June 2024^{8,9}.



Source: Encompass / Regional Data Warehouse / Health and Social Care Trusts

Between April 2014 and June 2024, the highest number of patients attending urgent and emergency care was in May 2018 (73,395) (Figure 3).

- The number of patients attending Urgent Care Centres in April, May and June 2024 when compared with the same month of the previous year are detailed in Table 2 and Table 11A, with figures for urgent care centres during each of the last three months detailed below.
 - During April 2024, there were 3,152 Urgent Care Centre attendances, 2.9% (88) more than April 2023 (3,064); and,
 - During May 2024, there were 3,208 Urgent Care Centre attendances, 12.0% (438) less than May 2023 (3,646); and,
 - During June 2024, there were 1,275 Urgent Care Centre attendances, 66.9% (2,579) less than June 2023 (3,854).

⁸ Urgent Care Centre services introduced in October 2020, prior to this date patients attended emergency care only.

⁹ Urgent Care Centre attendances for June 2024 do not include figures for Belfast HSC Trust due to the roll out of the encompass patient record system.

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

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

Table 3: Attendances at an ED and Emergency Admissions to Hospital

The number attending an emergency department and the number of emergency admissions to hospital from an ED during June 2024, compared with the same month last year¹⁰.

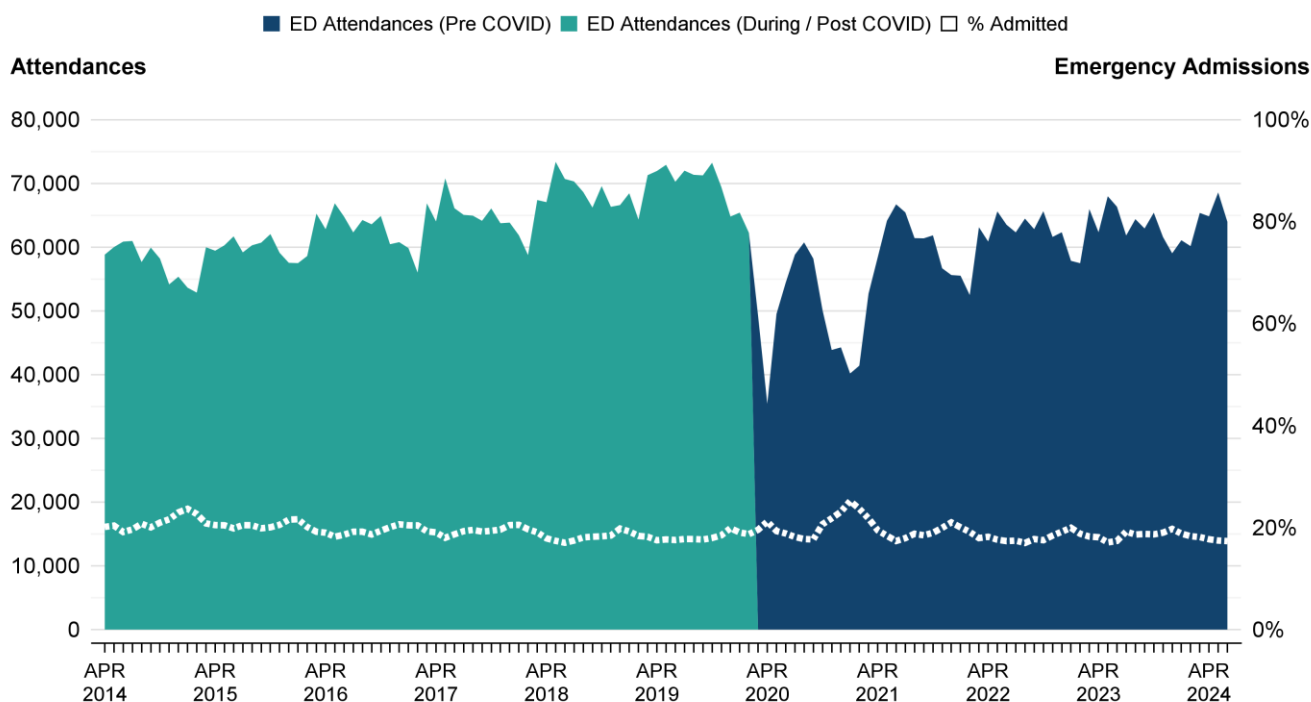
Measure	June 2023	June 2024	Change (Number)	Change (%)
1. Attendances at EDs	66,353	63,980	-2,373	-3.6%
2. Admissions to Hospital from ED	11,537	11,104	-433	-3.8%
3. % Admissions to Hospital from ED <i>Measure 2 / Measure 1</i>	17.4%	17.4%	-	-

Source: Encompass / Regional Data Warehouse

- The number of emergency admissions to hospital from an ED decreased by 3.8% (433) between June 2023 (11,537) and June 2024 (11,104) (Table 3 & 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 June 2024.



Source: Encompass / Regional Data Warehouse

¹⁰ Data on emergency admissions are not Accredited Official Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

- During each of the last nine years, the percentage of ED attendances admitted to hospital was generally highest in December and January and lowest during May and June (Figure 4). It should be noted that the number of attendances was impacted by the COVID-19 pandemic, particularly during 2020. The full impact of this is still being assessed.
- ED Attendances during April and May 2024 increased, whilst attendances in June 2024 decreased, when compared with the same month of the previous year (Figure 4, Table 11B).
 - During April 2024, there were 64,849 attendances at EDs, 4.0% (2,500) more than April 2023 (62,349);
 - During May 2024, there were 68,605 attendances at EDs, 0.9% (599) more than May 2023 (68,006); and,
 - During June 2024, there were 63,980 attendances at EDs, 3.6% (2,373) less than June 2023 (66,353).

Emergency Care Activity

Which ED Did People Attend?

Table 4: Attendances at EDs

The number of new, unplanned review and total attendances at each Type 1 ED and ED Type during June 2024 and the same month last year.

Department	New		Unplanned Review		Total	
	Jun 2023	Jun 2024	Jun 2023	Jun 2024	Jun 2023	Jun 2024
Mater	3,542	3,183	113	212	3,655	3,395
Royal Victoria	6,840	6,026	162	310	7,002	6,336
RBHSC	3,553	3,246	314	228	3,867	3,474
Antrim Area	8,122	7,751	507	464	8,629	8,215
Causeway	3,987	3,715	341	278	4,328	3,993
Ulster	9,100	6,539	415	371	9,515	6,910
Craigavon Area	6,432	6,310	591	495	7,023	6,805
Daisy Hill	4,366	4,429	200	285	4,566	4,714
Altnagelvin Area	5,300	4,727	358	255	5,658	4,982
South West Acute	3,123	3,150	334	319	3,457	3,469
Type 1	54,365	49,076	3,335	3,217	57,700	52,293
Type 2	2,862	3,104	91	80	2,953	3,184
Type 3	5,442	8,067	258	436	5,700	8,503
Northern Ireland	62,669	60,247	3,684	3,733	66,353	63,980

Source: Encompass / Regional Data Warehouse

- Between June 2023 and June 2024, attendances at Type 1 EDs decreased, whilst attendances at Type 2 and Type 3 EDs increased (Table 4, Table 11B).
- Antrim Area was the busiest ED during June 2024 (8,215) (Table 4, Table 11B).
- Two Type 1 EDs, Daisy Hill and South West Acute, reported an increase in attendances during June 2024 when compared with June 2023 (Table 4, Table 11B).

What Triage Level Do Patients Present With?

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

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

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

Table 5: Breakdown of Attendances by Triage Group

The percentage of patients assigned a Manchester Triage Score at each Type 1 ED and ED Type during June 2024 and the same month last year^{11,12}.

Department	Level 1 / 2		Level 3		Level 4 / 5	
	Jun 2023	Jun 2024	Jun 2023	Jun 2024	Jun 2023	Jun 2024
Mater	19.2%	24.5%	47.7%	48.7%	33.1%	26.8%
Royal Victoria	32.7%	36.9%	49.6%	49.4%	17.7%	13.7%
RBHSC	15.2%	15.7%	26.4%	24.2%	58.4%	60.2%
Antrim Area	19.2%	19.5%	55.0%	57.8%	25.8%	22.7%
Causeway	19.1%	17.0%	49.1%	43.7%	31.8%	39.3%
Ulster	24.5%	34.2%	39.0%	46.4%	36.4%	19.4%
Craigavon Area	32.7%	37.0%	36.6%	34.8%	30.7%	28.2%
Daisy Hill	31.5%	36.6%	44.3%	41.4%	24.2%	22.0%
Altnagelvin Area	32.3%	35.6%	35.7%	39.9%	32.0%	24.5%
South West Acute	16.6%	22.7%	41.3%	40.1%	42.0%	37.2%
Type 1	25.4%	29.3%	42.7%	43.6%	31.9%	27.1%
Type 2	4.7%	3.4%	19.1%	17.9%	76.2%	78.6%
Type 3	0.5%	1.8%	1.7%	9.0%	97.8%	89.2%
Northern Ireland	22.5%	24.6%	38.3%	38.1%	39.2%	37.2%

Source: Encompass / Regional Data Warehouse

- More than two thirds (72.9%) of attendances at Type 1 departments in June 2024 were triaged as level 1 / 2 or 3, compared with 68.1% in June 2023 (Table 5, Table 11L).
- Almost a quarter (24.3%) of patients were triaged as level 1 / 2 in April 2024, more than in May 2024 (23.8%) and less than June 2024 (24.6%) (Table 11L).
- During June 2024, over a third (37.0%) of patients attending Craigavon Area were triaged at level 1 / 2, compared with 15.7% of those attending RBHSC (Table 5, Table 11L).

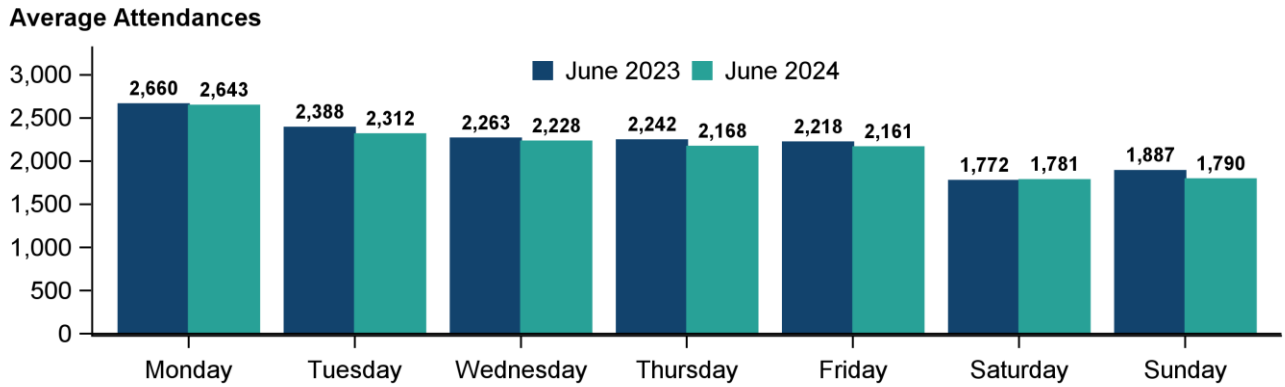
¹¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹² Data are not Accredited Official Statistics, but are published to provide users with a comprehensive view of ED activity and time spent in ED.

When Do People Attend EDs?

Figure 5: Average Number of Attendances at EDs by Day of the Week

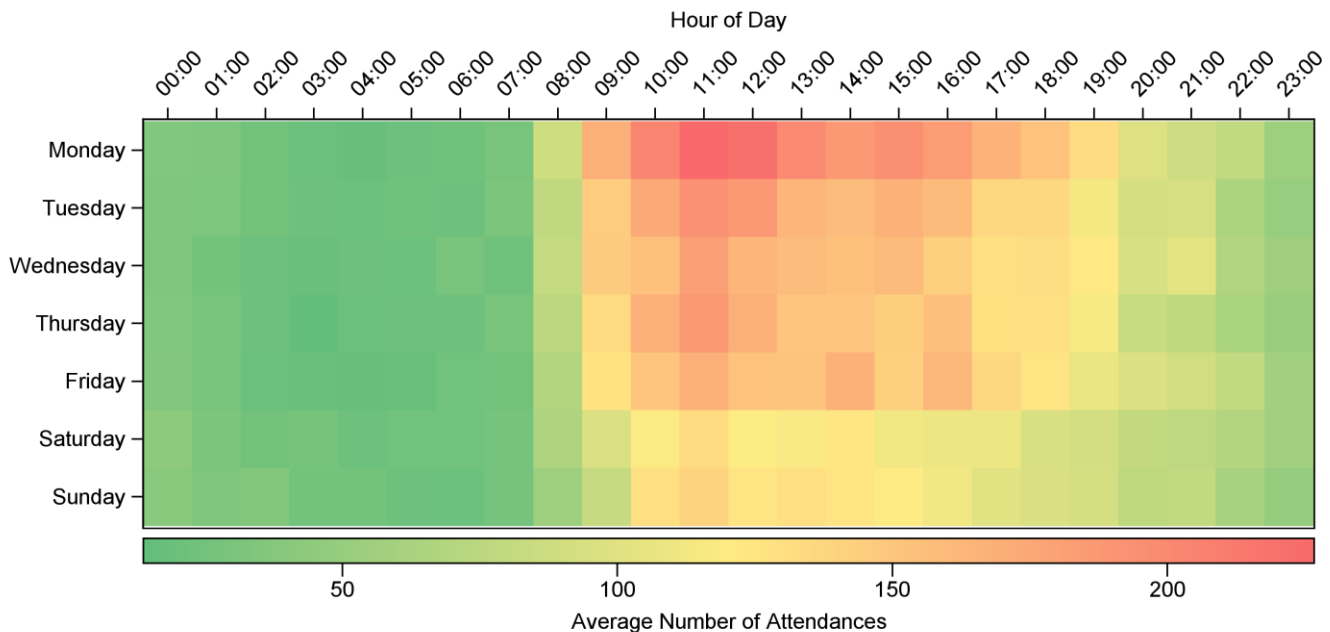
The average number of new and unplanned review attendances at EDs by day of the week during June 2024, compared with the same month last year¹³.



Source: Encompass / Regional Data Warehouse

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

The average number of new and unplanned review attendances during each day of the week and hour of the day in June 2024.



Source: Encompass / Regional Data Warehouse

- Monday was the busiest day at EDs during both June 2023 and June 2024, with the highest number of attendances arriving between 11:00 and 11:59 (Figure 5 & 6, Table 11).

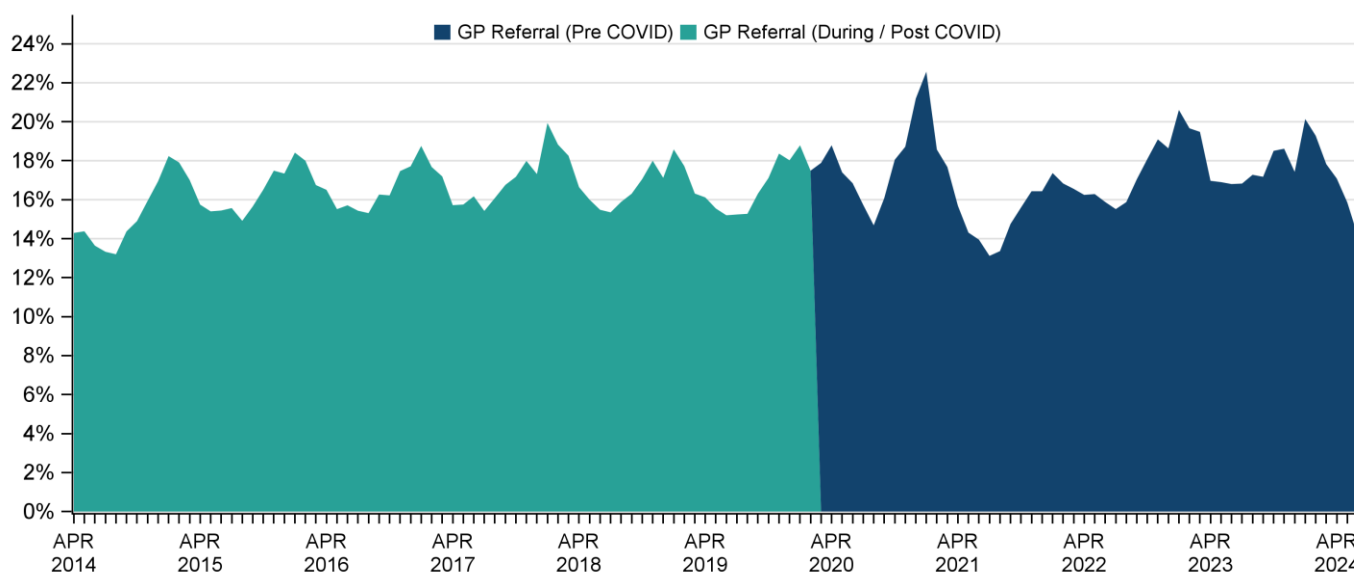
¹³ Data on when patients attend ED are not Accredited Official Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

- Saturday was the least busy day during June 2023 (1,772) and June 2024 (1,781), with the highest number of attendances arriving between 11:00 and 11:59 in June 2024 (Figure 5 & 6, Table 11I).
- Overall, the busiest hour of the day during June 2024 was between 11:00 and 11:59, whilst the least busy hour was 04:00 to 04:59 (Figure 6).

How Many Attendances Were Referred by a GP?

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

The percentage of attendances at EDs that had been referred by a GP, from April 2014¹⁴.



Source: Encompass / Regional Data Warehouse

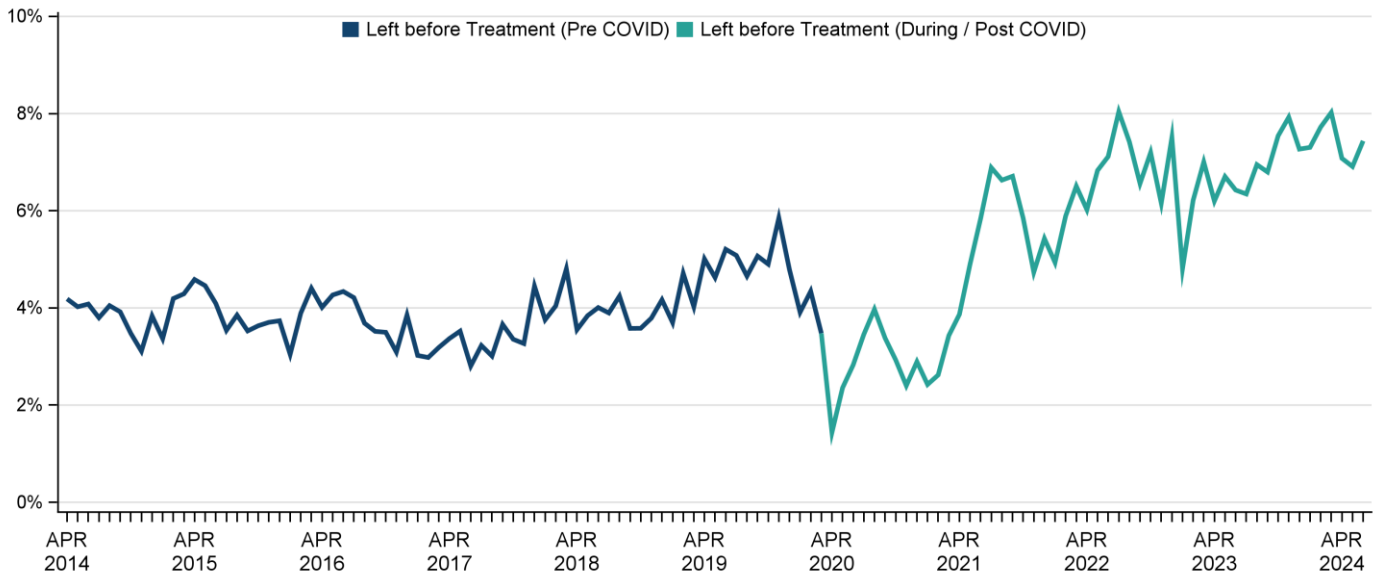
- In June 2024, almost one in seven (14.1%, 9,036) attendances at EDs had been referred by a GP, compared with 16.8% (11,119) in June 2023 (Figure 7, Table 11D(i-ii)).
- Over a quarter (26.4%, 2,167) of attendances at Antrim Area had been referred by a GP during June 2024, compared with 2.7% (93) of attendances at the RBHSC (Tables 11D(i-ii)).

¹⁴ Data on referrals to ED by GP's are not Accredited Official Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

Do Patients Leave ED Before Their Treatment is Complete?

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

The percentage of attendances which left an ED before their treatment was complete, from April 2014¹⁵.



Source: Encompass / Regional Data Warehouse

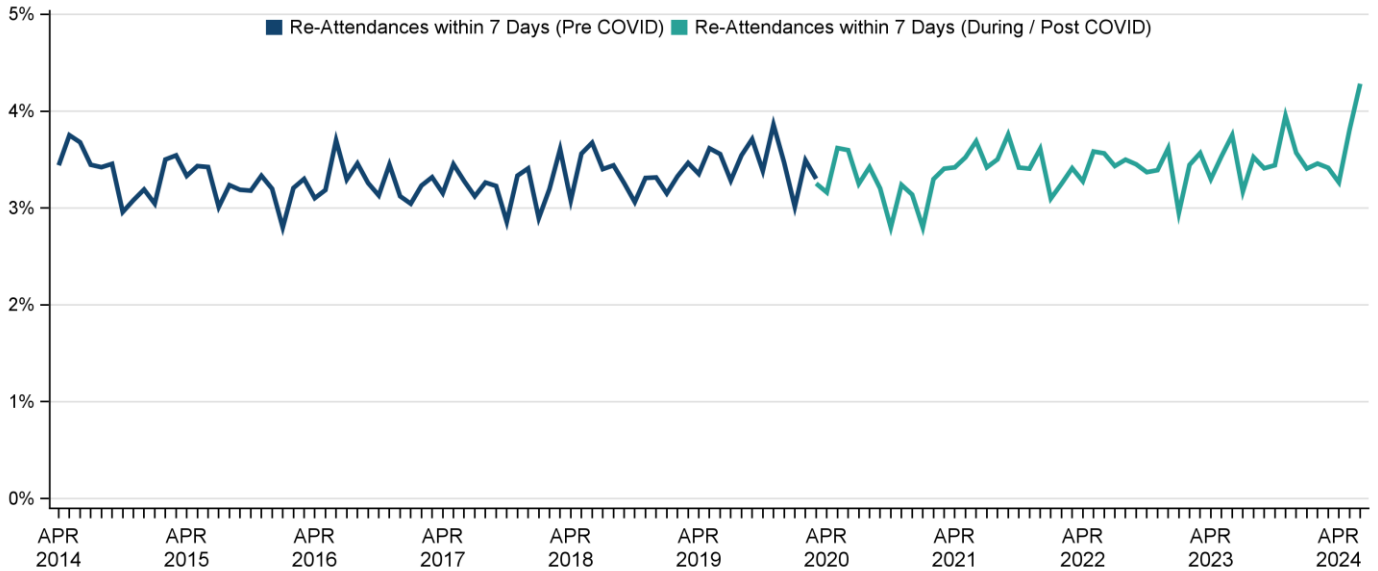
- During June 2024, 7.4% (4,759) of all ED attendances left before their treatment was complete, compared with June 2023 (6.4%, 4,264) (Figure 8, Table 11D(i-ii)).
- The Royal Victoria (17.6%, 1,115) reported the highest percentage leaving ED before treatment was complete during June 2024, compared with 12.2% (854) in June 2023 (Tables 11D(i-ii)).

¹⁵ Data on those leaving ED before their treatment was complete are not Accredited Official 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 2014¹⁶.



Source: Encompass / Regional Data Warehouse

- During June 2024, 4.3% (2,737) of attendances had attended the same ED within 7 days of their original attendance, compared to 3.8% (2,483) in June 2023 (Figure 9, Tables 11D(i-ii)).
- South West Acute reported the highest percentage (6.4%, 222) of unplanned review attendances within 7 days of the original attendance during June 2024 (Tables 11D(i-ii)).

¹⁶ Data on re-attendances within 7 days are not Accredited Official 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 targets¹⁷ on emergency care waiting times in Northern Ireland for 2024/25 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 2025, 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.

Please note, patients with lower acuity can attend more appropriate services available at Minor Injury Units (MIU) and avoid potentially longer attendances at a Type 1 Emergency Department (ED). Prior to the introduction of MIUs, these patients would have otherwise attended a Type 1 ED and would have generally been discharged within 4 hours. As such, this will result in an increase to the percentage of patients at Type 1 EDs who wait longer than 4 hours.

¹⁷ Further breakdown of EDs can be found in Appendix 4: Table 11C & Table 11J.

How are EDs Performing?

Table 6: Performance against Emergency Care Waiting Times Targets

The performance against the 4 and 12 hour components of the emergency care waiting times targets for the last three months compared with June 2023¹⁸.

% Within 4 Hours	Jun 2023	Apr 2024	May 2024	Jun 2024	Diff (Jun 2023 - Jun 2024)	
					No.	%
Type 1	46.5%	36.1%	37.7%	37.0%	-	-9.5%
Type 2	82.1%	83.0%	86.0%	85.6%	-	3.6%
Type 3	98.2%	93.2%	93.6%	92.6%	-	-5.7%
All Departments	52.5%	46.2%	47.8%	46.8%	-	-5.7%
Over 12 Hours	Jun 2023	Apr 2024	May 2024	Jun 2024	Diff (Jun 2023 - Jun 2024)	
					No.	%
Type 1	8,867	10,734	10,859	10,767	1,900	-
Type 2	0	0	2	1	1	-
Type 3	0	61	49	25	25	-
All Departments	8,867	10,795	10,910	10,793	1,926	-
ED Attendances	Jun 2023	Apr 2024	May 2024	Jun 2024	Diff (Jun 2023 - Jun 2024)	
					No.	%
Type 1	57,700	52,796	55,767	52,293	-5,407	-9.4%
Type 2	2,953	3,527	3,469	3,184	231	7.8%
Type 3	5,700	8,526	9,369	8,503	2,803	49.2%
All Departments	66,353	64,849	68,605	63,980	-2,373	-3.6%

Source: Encompass / Regional Data Warehouse

- Over two fifths (46.8%) of attendances in June 2024 were discharged or admitted within 4 hours, compared with 52.5% in June 2023 (Table 11C & 11J).
- Almost two fifths (37.0%) of attendances at Type 1 EDs in June 2024 spent less than 4 hours in ED, compared with 85.6% at Type 2 EDs and 92.6% at Type 3 EDs (Table 6, Table 11C & 11J).
- Since June 2023, the number spending over 12 hours in ED increased from 8,867 to 10,793 in June 2024, accounting for 16.9% of all attendances (Table 6, Table 11C & 11J).
- Attendances at EDs experienced a 3.6% decrease in June 2024 compared with June 2023 (66,353 to 63,980), whilst 4 hour performance decreased from 52.5% to 46.8% over the same time period (Table 6, Table 11C & 11J).
- During the quarter ending 30 June 2024, less than half (46.9%) of patients spent less than 4 hours at an ED, less than in the same quarter in 2023 (50.7%) (Table 11C & 11J).
- During the latest quarter, the percentage of patients spending less than 4 hours in ED was highest in May 2024 (47.8%) and lowest in April 2024 (46.2%), whilst the number spending over 12 hours in an ED was lowest in June 2024 (10,793) and highest in May 2024 (10,910) (Table 6, Table 11C & 11J).

¹⁸Readers should note that a number of patients attending the Ulster MIU spent longer than 12 hours in ED. If a patient originated in the MIU, was then transferred to Ulster ED due to acuity or because a decision to admit was made; or, a patient arrived in Ulster ED out of hours, was still waiting by morning and was sent to the MIU as the most appropriate and quickest place to complete their treatment, then the total time spent in ED will be reported against the Ulster MIU.

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

The performance for both the four and twelve hour components of the emergency care waiting times target at each Type 1 ED in June 2024 compared with the same month last year. Information has also been included on the overall performance at Type 2 and 3 EDs during this period^{19,20}.

Department	4 Hour Performance		12 Hour Performance		Total Attendances	
	Jun 2023	Jun 2024	Jun 2023	Jun 2024	Jun 2023	Jun 2024
Mater	50.8%	33.5%	337	691	3,655	3,395
Royal Victoria	27.4%	15.5%	1,986	2,547	7,002	6,336
RBHSC	72.0%	58.4%	11	15	3,867	3,474
Antrim Area	48.9%	41.5%	1,230	1,422	8,629	8,215
Causeway	54.5%	53.1%	431	574	4,328	3,993
Ulster	45.3%	18.7%	1,488	1,765	9,515	6,910
Craigavon Area	39.1%	42.1%	1,758	1,544	7,023	6,805
Daisy Hill	56.9%	49.3%	314	607	4,566	4,714
Altnagelvin Area	36.3%	32.1%	965	1,092	5,658	4,982
South West Acute	57.6%	45.9%	347	510	3,457	3,469
Type 1	46.5%	37.0%	8,867	10,767	57,700	52,293
Type 2	82.1%	85.6%	0	1	2,953	3,184
Type 3	98.2%	92.6%	0	25	5,700	8,503
Northern Ireland	52.5%	46.8%	8,867	10,793	66,353	63,980

Source: Encompass / Regional Data Warehouse

- During June 2024, RBHSC (58.4%) reported the highest performance of the four hour target at any Type 1 ED, whilst Royal Victoria (15.5%) reported the lowest (Table 7, Table 11C).
- No Type 1 ED achieved the 12-hour target during June 2024 (Table 7, Table 11C).
- The Royal Victoria (2,547) reported the highest number of patients spending over 12 hours at an ED during June 2024 (Table 7, Table 11C).
- Between June 2023 and June 2024, performance against the 12 hour target declined at nine of the ten Type 1 EDs (Table 7, Table 11C).

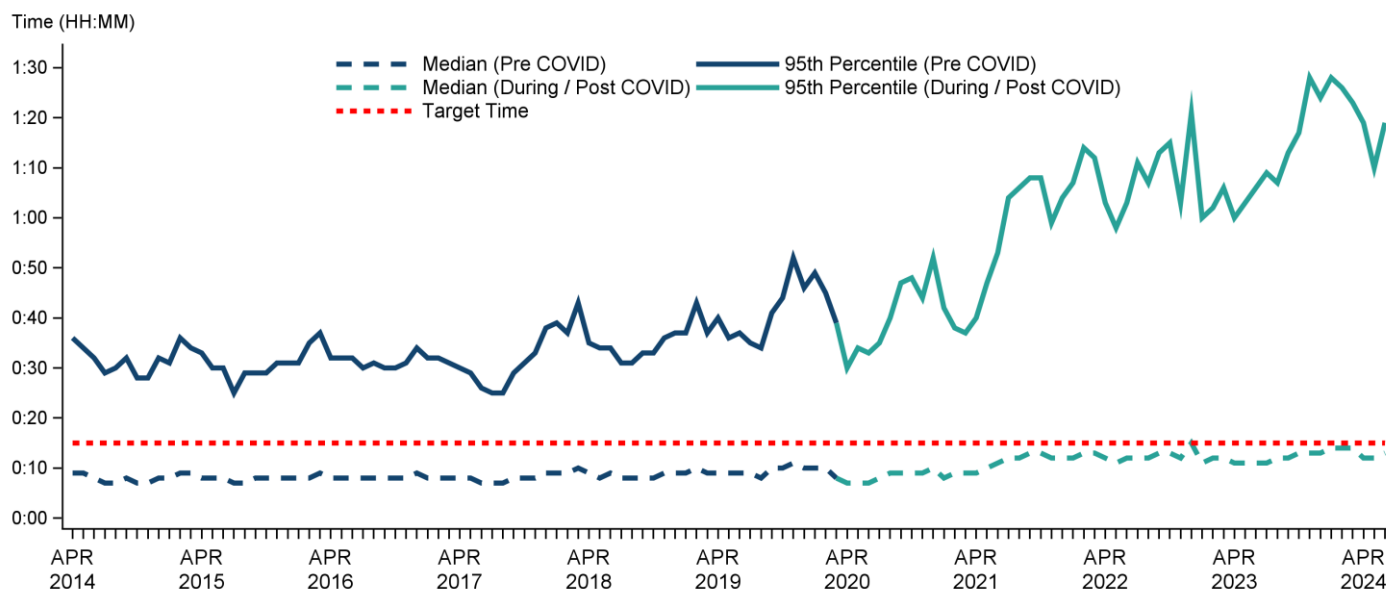
¹⁹ Readers should note that a number of patients attending the Ulster MIU spent longer than 12 hours in ED. If a patient originated in the MIU, was then transferred to Ulster ED due to acuity or because a decision to admit was made; or, a patient arrived in Ulster ED out of hours, was still waiting by morning and was sent to the MIU as the most appropriate and quickest place to complete their treatment, then the total time spent in ED will be reported against the Ulster MIU.

²⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Time Spent in Emergency Department from Arrival to Triage

Figure 10: Time from Arrival to Triage

The length of time patients spent in ED from the time of their arrival to their triage by a medical practitioner, which includes a brief history, pain assessment and early warning scores, for all patients between April 2014 and June 2024²¹.



Source: Encompass / Regional Data Warehouse

- During June 2024, the median time spent in ED from arrival to triage was 13 minutes, 2 minutes more than in June 2023 (11 minutes) (Figure 10, Table 11E).
- 95 percent of patients were triaged within 1 hour 19 minutes of their arrival at an ED in June 2024, 13 minutes more than in June 2023 (1 hour 6 minutes) (Figure 10, Table 11E).
- Almost three fifths (57.4%) of attendances were triaged within 15 minutes of their arrival at an ED during June 2024, compared with 60.7% in June 2023.
- During the quarter ending 30 June 2024, the median time from arrival to triage was shortest in April and May 2024 (12 minutes) and longest in June 2023 (13 minutes), whilst the time taken to triage 95 percent of patients was longest in April and June 2024 (1 hour 19 minutes) and shortest in May 2024 (1 hour 10 minutes) (Figure 10, Table 11E).

²¹ Data on time to triage are not Accredited Official 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 Treatment within 2 Hours of Triage

The percentage of patients commencing treatment within 2 hours following triage at Type 1 EDs in April to June 2024, compared with June last year. Information has also been included on the overall performance at Type 2 and 3 EDs during this period.

Department	Jun 2023	Apr 2024	May 2024	Jun 2024
Mater	64.1%	53.4%	55.3%	49.6%
Royal Victoria	44.2%	41.8%	41.0%	31.8%
RBHSC	75.1%	61.8%	64.7%	63.1%
Antrim Area	53.2%	40.7%	45.9%	53.1%
Causeway	61.6%	50.7%	49.2%	55.5%
Ulster	63.8%	43.2%	42.6%	42.0%
Craigavon Area	56.0%	57.4%	60.1%	63.7%
Daisy Hill	77.3%	71.4%	75.0%	72.7%
Altnagelvin Area	50.2%	44.7%	48.8%	54.7%
South West Acute	80.9%	73.8%	74.2%	70.5%
Type 1	61.0%	52.2%	54.2%	54.6%
Type 2	98.7%	95.0%	96.4%	97.1%
Type 3	95.8%	91.8%	90.1%	90.3%
Northern Ireland	65.4%	59.8%	61.2%	61.4%

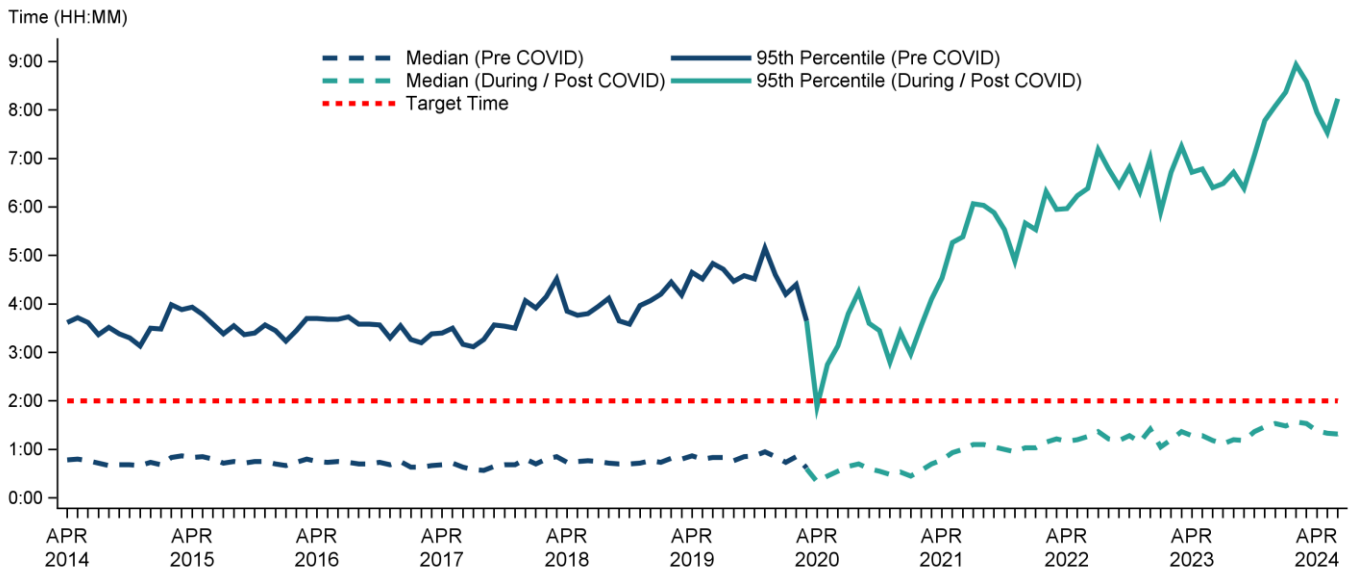
Source: Encompass / Regional Data Warehouse

- Over three fifths (61.4%) of patients attending EDs in June 2024 commenced their treatment within 2 hours of being triaged, less than in June 2023 (65.4%) (Table 8, Table 11K).
- During June 2024, over half (54.6%) of patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 97.1% at Type 2 EDs and 90.3% at Type 3 EDs (Table 8, Table 11K).
- No Type 1 ED achieved the 80% target in June 2024 (Table 8, Table 11K).
- During June 2024, Daisy Hill (72.7%) reported the highest percentage commencing treatment within 2 hours, whilst the Royal Victoria (31.8%) reported the lowest (Table 8, Table 11K).
- Between April and June 2024, the highest percentage of patients commencing treatment within 2 hours was in June 2024 (61.4%) whilst the lowest was in April (59.8%), (Table 8, Table 11K).

Time from Triage to Start of Treatment

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

Time spent in ED from triage to start of treatment by a medical practitioner from April 2014 to date. The start of treatment refers to the beginning of a definitive treatment by a decision-making clinician²².



Source: Encompass / Regional Data Warehouse

- The median time from triage to start of treatment in June 2024 was 1 hour 19 minutes, 8 minutes more than June 2023 (1 hour 11 minutes) (Figure 11, Table 11F).
- During June 2024, 95 percent of patients commenced treatment within 8 hours 14 minutes of being triaged, 1 hour 50 minutes more than June 2023 (6 hours 24 minutes) (Figure 11, Table 11F).
- During the last 3 months, the median time to start of treatment was longest in April 2024 (1 hour 23 minutes) and shortest in June 2024 (1 hour 19 minutes), whilst the time within which 95 percent of patients started treatment was longest in June 2024 (8 hours 14 minutes) and shortest in May 2024 (7 hours 32 minutes) (Table 11F).

²² Data on start of treatment are not Accredited Official Statistics, but have been included to provide users with a comprehensive view of ED activity and time spent in ED.

Time from Triage to Start of Treatment at Type 1 EDs

Table 9: Time from Triage to Start of Treatment

The median and 95th percentile of the length of time spent in ED from triage to start of treatment at Type 1 EDs and department type during June 2024, compared with the same month last year²³.

Department	Median (HH:MM)		95th Percentile (HH:MM)	
	June 2023	June 2024	June 2023	June 2024
Mater	1:17	1:59	5:55	11:12
Royal Victoria	2:20	3:41	10:16	15:12
RBHSC	1:03	1:16	3:47	5:17
Antrim Area	1:52	1:52	6:41	7:27
Causeway	1:30	1:46	4:37	5:30
Ulster	1:18	2:33	5:39	9:01
Craigavon Area	1:34	1:09	10:58	9:36
Daisy Hill	0:54	1:02	4:41	5:03
Altnagelvin Area	1:59	1:44	6:21	7:31
South West Acute	0:45	0:55	3:42	5:25
Type 1	1:27	1:42	6:46	8:56
Type 2	0:28	0:15	1:26	1:38
Type 3	0:05	0:18	1:37	2:44
Northern Ireland	1:11	1:19	6:24	8:14

Source: Encompass / Regional Data Warehouse

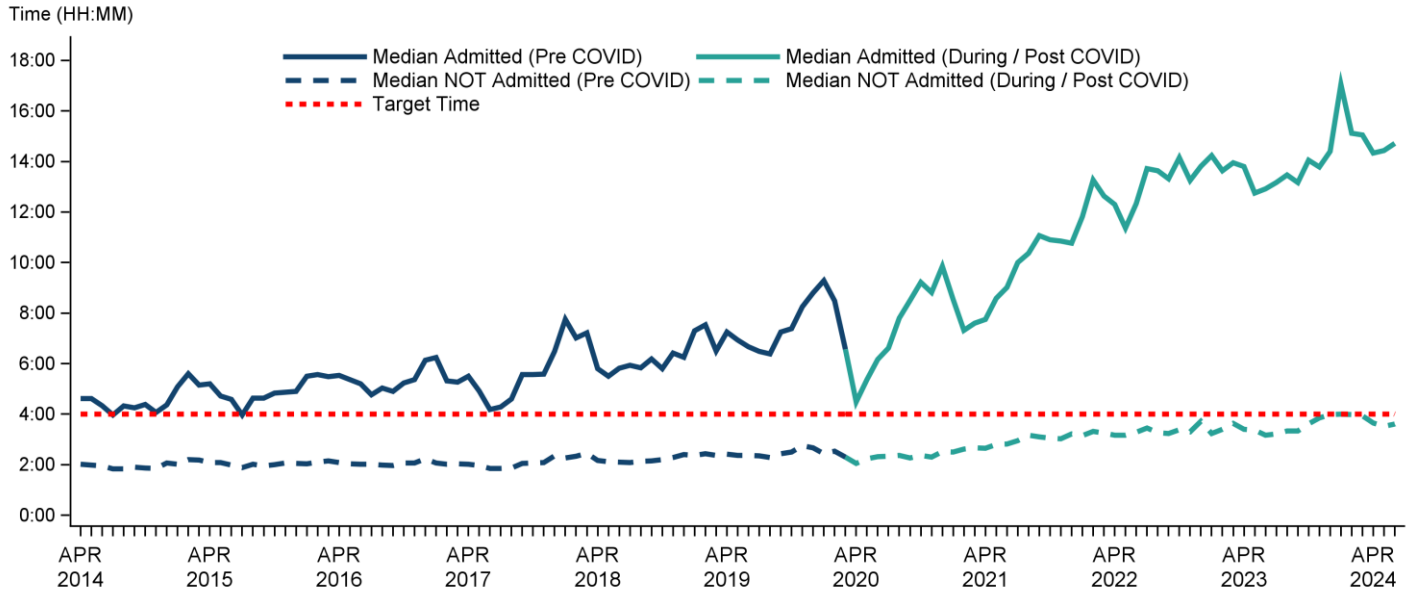
- The median time spent at Type 1 EDs from triage to start of treatment by a medical professional was 1 hour 42 minutes in June 2024, 15 minutes more than June 2023 (1 hour 27 minutes) (Table 9, Table 11F).
- The Royal Victoria (3 hour 41 minutes) reported the longest median time spent in ED from triage to start of treatment during June 2024, whilst South West Acute (55 minutes) reported the shortest median time (Table 9, Table 11F).
- Royal Victoria reported the longest time spent in ED between triage and start of treatment, with 95 percent of attendances commencing treatment within 15 hours 12 minutes of being triaged; 4 hours 56 minutes more than June 2023 (10 hours 16 minutes) (Table 9, Table 11F).
- Daisy Hill reported the shortest time to start of treatment during June 2024, with 95 percent of attendances commencing treatment within 5 hours 3 minutes of being triaged, 22 minutes more than the time taken in June 2023 (4 hours 41 minutes) (Table 9, Table 11F).

²³ Data on time to start of treatment are not Accredited Official Statistics, but have been included to provide users with a comprehensive view of emergency care activity and time spent in ED.

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

Figure 12: Median Time Spent in an ED for those (i) Admitted to Hospital and (ii) Discharged Home²⁴

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



Source: Encompass / Regional Data Warehouse

- During June 2024, the median time patients admitted to hospital spent in ED was 14 hours 43 minutes, over three times longer than the median time for patients discharged home (3 hours 36 minutes) (Figure 12, Table 11G & 11H).
- During the quarter ending 30 June 2024, the median time patients admitted spent in ED was longest in June 2024 (14 hours 43 minutes) and shortest in April 2024 (14 hours 20 minutes) (Table 11G).
- During this period, the median time spent by patients discharged home was longest in April 2024 (3 hours 39 minutes) and shortest in May 2024 (3 hours 31 minutes) (Table 11H).

²⁴ Data are not Accredited Official Statistics but have been included to provide users with a comprehensive view of ED activity and time spent in ED.

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

Table 10: Time Spent in ED for those Admitted to Hospital/Discharged Home²⁵

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 June 2023 and June 2024.

Department	Admitted				Discharged			
	Median (HH:MM)		95th Percentile (HH:MM)		Median (HH:MM)		95th Percentile (HH:MM)	
	Jun 2023	Jun 2024	Jun 2023	Jun 2024	Jun 2023	Jun 2024	Jun 2023	Jun 2024
Mater	10:56	16:43	29:06	51:08	3:20	5:06	10:02	17:01
Royal Victoria	13:37	15:28	42:49	40:36	5:50	8:40	20:39	24:12
RBHSC	4:35	5:59	9:14	10:27	2:41	3:22	6:22	7:27
Antrim Area	11:24	12:11	48:33	52:33	3:34	4:08	14:23	17:17
Causeway	10:15	18:36	45:35	63:40	3:20	3:28	9:40	12:56
Ulster	16:29	15:35	49:56	51:45	3:37	6:01	10:19	17:24
Craigavon Area	20:14	19:19	51:53	62:47	4:08	3:46	15:01	14:20
Daisy Hill	9:48	15:50	29:26	47:57	2:55	3:18	8:53	9:15
Altnagelvin Area	17:17	17:27	53:00	76:41	4:36	5:05	14:34	21:30
South West Acute	9:06	14:44	31:08	55:42	3:13	3:53	10:31	15:38
Type 1	13:12	15:06	47:47	54:22	3:39	4:32	13:11	17:02
Type 2	4:52	4:44	8:26	8:57	1:59	1:34	5:36	5:20
Type 3	2:39	7:10	3:48	33:31	0:38	1:08	2:42	4:31
Northern Ireland	12:55	14:43	47:37	54:09	3:10	3:36	12:09	15:09

Source: Encompass / Regional Data Warehouse

- The median time patients who were admitted to hospital spent in a Type 1 ED was 15 hours 6 minutes in June 2024, 1 hour 54 minutes more than the same month last year (13 hours 12 minutes) (Table 10, Table 11G).
- The median time patients who were discharged home spent in a Type 1 ED was 4 hours 32 minutes in June 2024, 53 minutes more than the time taken during the same month last year (3 hours 39 minutes) (Table 10, Table 11H).
- 95 percent of patients were admitted to hospital within 54 hours 22 minutes at Type 1 EDs in June 2024, 6 hours 35 minutes more than in June 2023 (47 hours 47 minutes) (Table 10, Table 11G).
- In June 2024, 95 percent of attendances at Type 1 EDs were discharged home within 17 hours 2 minutes of their arrival, 3 hours 51 minutes more than the time taken in June 2023 (13 hours 11 minutes) (Table 10, Table 11H).

²⁵ Readers should note that Type 3 data on time spent in EDs for patients admitted is provided by Omagh, Ulster MIU & Altnagelvin MIU only. No other Type 3 ED produces these statistics.

Technical Notes

Data Collection

Information presented in this brief is based on a monthly patient-level download from the Regional Data Warehouse / Encompass 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 three patient-level administrative systems used by HSC Trusts in Northern Ireland to record emergency care information;

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

An Accredited Official Statistics Publication

[Accredited Official Statistics](#) are official statistics that have been independently reviewed by Office for Statistics Regulation (OSR) and confirmed to comply with the standards of trustworthiness, quality and value in the [Code of Practice for Statistics](#). Producers of accredited official statistics are legally required to ensure they maintain compliance with the Code. Accredited official statistics are called Accredited Official Statistics in the Statistics and Registration Service Act 2007.

These accredited official statistics were independently reviewed by OSR in the [Assessment of the Emergency Care Waiting Time Statistics](#), with [accreditation confirmed](#) in March 2013. They comply with the standards of trustworthiness, quality and value in the Code of Practice and should be labelled Accredited Official Statistics (or 'accredited official statistics').

Our statistical practice is regulated by OSR. They set the standards of trustworthiness, quality and value in the Code of Practice for Statistics that all producers of official statistics should adhere to. You are welcome to contact us directly with any comments about how we meet these standards. Alternatively, you can contact OSR by emailing regulation@statistics.gov.uk or via the OSR website.

Since the assessment, we have continued to comply with the Code of Practice for Statistics. A list of those who received 24-hour pre-release access to this publication is available online with the current quarterly publication found here: [Emergency Care Waiting Times Pre-release List](#)

Waiting Time Information elsewhere in the United Kingdom (UK)

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

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

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

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

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

Contextual Information

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

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

[Contextual Information for Using Hospital Statistics](#)

Security & Confidentiality Processes

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

[Official Statistics & User Engagement](#)

[DoH Statistics Charter](#)

Appendix 1: Hospital Information Branch (HIB)

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

The Head of Branch is Principal Statistician, Sally Pattison. 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

In September 2023, the definitions used to determine the designation of Type 1, 2, and 3 Emergency Departments (EDs) in Northern Ireland were revised to bring these in line with definitions used by NHS England. Each HSC Trust reviewed the revised definitions to determine if the information currently being reported for their HSC Trust was presented in the appropriate ED type, or if a change in designation type was required. Following this exercise, no change in designation was required.

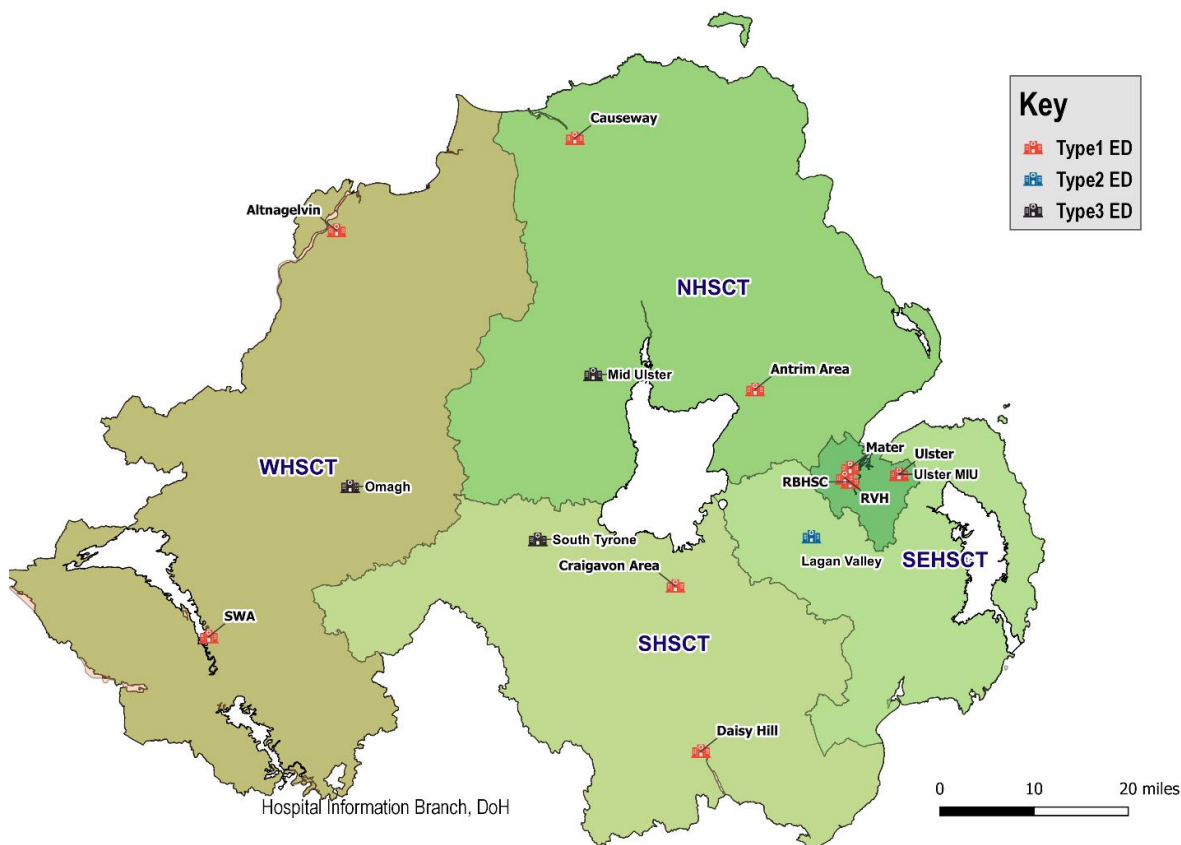
There are three separate categories of emergency care facility included in this publication:

Type 1 Emergency department is defined as a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of emergency care patients.

Type 2 Emergency department is defined as a consultant led mono specialty emergency care service (e.g. ophthalmology, dental) with designated accommodation for the reception of patients.

Type 3 Other types of ED/minor injury activity with designated accommodation for the reception of emergency care patients. The department may be doctor-led, General Practitioner-led or nurse-led and treats at least minor injuries and illnesses and can be routinely accessed without appointment. A service mainly or entirely appointment based (for example a GP practice or out-patient clinic) is excluded even though it may treat a number of patients with minor illness or injury. Includes urgent treatment centres.

Emergency Departments in Northern Ireland



Current Categorisation of Emergency departments ²⁶

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) ²⁷	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ²⁸ (Closed)
	Causeway		Mid Ulster
South Eastern	Ulster	Lagan Valley	Ards MIU ²⁹ (Closed)
		Downe ³⁰	Bangor MIU ³¹ (Closed)
			Ulster MIU ³²
Southern	Craigavon Area		South Tyrone
	Daisy Hill ³³		Armagh Community ³⁴ (Closed)
			Craigavon Respiratory ED (Covid-19) ³⁵ (Closed)
			Craigavon Paediatric ED ³⁶ (Closed)
Western	Altnagelvin Area		Tyrone County (Closed)
	South West Acute		Omagh ³⁷
			Altnagelvin Area MIU ³⁸

²⁶ Opening Hours are as of June 2017.

²⁷ From 1st April 2024, Eye Casualty at the Royal Victoria Hospital no longer designated as a Type 2 emergency department, as this service is no longer operating as an unscheduled service.

²⁸ Temporarily closed on 1st December 2014.

²⁹ Closed on 1st September 2023.

³⁰ Temporarily closed 30th March 2020, reopened as a MIU 10th August 2020, reopened as an Urgent Care Centre 19th October 2020, redesignated as a Type 2 ED from 1st April 2024.

³¹ Temporarily closed 12th March 2020.

³² Opened 6th September 2023.

³³ Temporarily closed between 28th March 2020 and 19th October 2020.

³⁴ Temporarily closed on 17th November 2014.

³⁵ Temporarily opened on 29th March 2020 and closed on 19th October 2020.

³⁶ Temporarily opened on 31st March 2020 and closed on 12th June 2020.

³⁷ 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.

³⁸ Altnagelvin Area MIU opened 25th March 2024.

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 within 30 days of the original attendance.

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.
- Please note, patients with lower acuity can attend more appropriate services available at Minor Injury Units (MIU) and avoid potentially longer attendances at a Type 1 Emergency Department (ED). Prior to the introduction of MIUs, these patients would have otherwise attended a Type 1 ED and would have generally been discharged within 4 hours. As such, this will result in an increase to the percentage of patients at Type 1 EDs who wait longer than 4 hours.

- 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 Departments^{39 40 41}

HSC Trust	PhoneFirst				Urgent Care Centre				Total Attendances				Referral to ED			
	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024
Belfast	-	379	308	262	1,838	2,064	1,999	-	1,838	2,443	2,307	262	-	202	159	144
Northern	2,006	2,030	1,842	1,781	-	-	-	-	2,006	2,030	1,842	1,781	1,327	1,266	1,215	1,244
South Eastern	3,398	1,114	1,167	1,057	1,569	-	-	-	4,967	1,114	1,167	1,057	432	695	741	716
Southern	6,540	7,030	7,716	7,198	447	1,088	1,209	1,275	6,987	8,118	8,925	8,473	4,593	4,003	4,402	4,009
Western	643	1,885	2,041	1,912	-	-	-	-	643	1,885	2,041	1,912	447	1,414	1,473	1,463
Northern Ireland	12,587	12,438	13,074	12,210	3,854	3,152	3,208	1,275	16,441	15,590	16,282	13,485	6,799	7,580	7,990	7,576

³⁹ Data on PhoneFirst calls and Urgent Care Centre attendances are not Accredited Official Statistics, but have been published to provide users with a comprehensive view of emergency care activity.

⁴⁰ PhoneFirst figures from South Eastern HSC Trust only include Ulster PhoneFirst calls and do not include figures for Lagan Valley and Downe PhoneFirst calls.

⁴¹ Urgent Care Centre attendances for June 2024 do not include figures for Belfast HSC Trust due to the roll out of the encompass patient record system

Table 11B: New & Unplanned Review Attendances at Emergency Departments⁴²

Department	New Attendances				Unplanned Reviews				Total Attendances			
	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024
Mater	3,542	3,463	3,683	3,183	113	89	86	212	3,655	3,552	3,769	3,395
Royal Victoria	6,840	5,986	6,375	6,026	162	213	147	310	7,002	6,199	6,522	6,336
RBHSC	3,553	3,497	3,606	3,246	314	306	312	228	3,867	3,803	3,918	3,474
Antrim Area	8,122	7,871	8,049	7,751	507	443	469	464	8,629	8,314	8,518	8,215
Causeway	3,987	3,892	4,024	3,715	341	300	403	278	4,328	4,192	4,427	3,993
Ulster	9,100	6,812	6,893	6,539	415	133	435	371	9,515	6,945	7,328	6,910
Craigavon Area	6,432	6,273	6,760	6,310	591	491	584	495	7,023	6,764	7,344	6,805
Daisy Hill	4,366	4,451	4,683	4,429	200	333	332	285	4,566	4,784	5,015	4,714
Altnagelvin Area	5,300	4,627	5,084	4,727	358	269	271	255	5,658	4,896	5,355	4,982
South West Acute	3,123	3,051	3,221	3,150	334	296	350	319	3,457	3,347	3,571	3,469
Type 1	54,365	49,923	52,378	49,076	3,335	2,873	3,389	3,217	57,700	52,796	55,767	52,293
Eye Casualty	755	-	-	-	-	-	-	-	755	-	-	-
Downe	-	1,535	1,595	1,377	0	12	29	48	-	1,547	1,624	1,425
Lagan Valley	2,107	1,965	1,803	1,727	91	15	42	32	2,198	1,980	1,845	1,759
Type 2	2,862	3,500	3,398	3,104	91	27	71	80	2,953	3,527	3,469	3,184
Mid Ulster	630	604	714	519	11	0	0	0	641	604	714	519
Ards	965	-	-	-	41	-	-	-	1,006	-	-	-
South Tyrone	1,992	1,788	2,024	1,802	16	24	24	27	2,008	1,812	2,048	1,829
Omagh	1,855	1,765	1,961	1,801	190	180	153	173	2,045	1,945	2,114	1,974
Ulster MIU	-	3,203	3,367	3,112	-	78	202	213	-	3,281	3,569	3,325
Alnagelvin Area MIU	-	847	883	833	-	37	41	23	-	884	924	856
Type 3	5,442	8,207	8,949	8,067	258	319	420	436	5,700	8,526	9,369	8,503
Northern Ireland	62,669	61,630	64,725	60,247	3,684	3,219	3,880	3,733	66,353	64,849	68,605	63,980

⁴² 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^{43 4445}

Department	4 - Hour Performance				12 - Hour Performance				Total Attendances			
	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024
Mater	50.8%	40.2%	40.0%	33.5%	337	568	659	691	3,655	3,552	3,769	3,395
Royal Victoria	27.4%	20.6%	19.5%	15.5%	1,986	2,070	2,098	2,547	7,002	6,199	6,522	6,336
RBHSC	72.0%	60.5%	64.1%	58.4%	11	44	27	15	3,867	3,803	3,918	3,474
Antrim Area	48.9%	35.5%	37.6%	41.5%	1,230	1,646	1,504	1,422	8,629	8,314	8,518	8,215
Causeway	54.5%	49.8%	49.2%	53.1%	431	568	618	574	4,328	4,192	4,427	3,993
Ulster	45.3%	19.4%	20.7%	18.7%	1,488	1,861	2,051	1,765	9,515	6,945	7,328	6,910
Craigavon Area	39.1%	38.2%	39.9%	42.1%	1,758	1,569	1,664	1,544	7,023	6,764	7,344	6,805
Daisy Hill	56.9%	49.1%	50.1%	49.3%	314	570	590	607	4,566	4,784	5,015	4,714
Altnagelvin Area	36.3%	25.1%	31.1%	32.1%	965	1,295	1,178	1,092	5,658	4,896	5,355	4,982
South West Acute	57.6%	45.7%	47.9%	45.9%	347	543	470	510	3,457	3,347	3,571	3,469
Type 1	46.5%	36.1%	37.7%	37.0%	8,867	10,734	10,859	10,767	57,700	52,796	55,767	52,293
Eye Casualty	79.1%	-	-	-	0	-	-	-	755	-	-	-
Downe	-	96.2%	96.9%	98.0%	-	0	0	0	-	1,547	1,624	1,425
Lagan Valley	83.1%	72.7%	76.5%	75.6%	0	0	2	1	2,198	1,980	1,845	1,759
Type 2	82.1%	83.0%	86.0%	85.6%	0	0	2	1	2,953	3,527	3,469	3,184
Mid Ulster	100.0%	99.8%	100.0%	100.0%	0	0	0	0	641	604	714	519
Ards	99.9%	-	-	-	0	-	-	-	1,006	-	-	-
South Tyrone	100.0%	100.0%	100.0%	99.9%	0	0	0	0	2,008	1,812	2,048	1,829
Omagh	95.2%	97.1%	96.9%	95.8%	0	0	0	0	2,045	1,945	2,114	1,974
Ulster MIU	-	84.2%	85.8%	84.0%	-	60	48	22	-	3,281	3,569	3,325
Alnagelvin Area MIU	-	99.3%	97.0%	97.9%	-	1	1	3	-	884	924	856
Type 3	98.2%	93.2%	93.6%	92.6%	0	61	49	25	5,700	8,526	9,369	8,503
Northern Ireland	52.5%	46.2%	47.8%	46.8%	8,867	10,795	10,910	10,793	66,353	64,849	68,605	63,980

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

⁴⁴ Information on comparability with other UK jurisdictions is detailed on pages 12 – 14 of the additional guidance document found at the following link: [Emergency Care Waiting Times - Additional Guidance](#).

⁴⁵ Readers should note that a number of patients attending the Ulster MIU spent longer than 12 hours in ED. If a patient originated in the MIU, was then transferred to Ulster ED due to acuity or because a decision to admit was made; or, a patient arrived in Ulster ED out of hours, was still waiting by morning and was sent to the MIU as the most appropriate and quickest place to complete their treatment, then the total time spent in ED will be reported against the Ulster MIU.

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^{46 47}

Department	GP - Referrals				Left Before Treatment				Unplanned Reviews Within 7 Days			
	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024
Mater	8.1%	12.0%	11.6%	6.5%	9.3%	14.9%	16.1%	17.1%	2.0%	1.7%	1.7%	5.3%
Royal Victoria	15.6%	18.5%	16.9%	10.8%	12.2%	15.6%	15.5%	17.6%	1.4%	2.4%	1.4%	4.2%
RBHSC	12.9%	17.8%	13.7%	2.7%	4.3%	8.0%	6.5%	7.2%	5.5%	5.0%	5.6%	5.3%
Antrim Area	27.5%	28.5%	26.4%	26.4%	5.0%	7.6%	6.5%	6.2%	3.8%	3.2%	3.4%	3.7%
Causeway	17.9%	20.3%	20.6%	18.3%	5.6%	6.8%	7.5%	6.8%	4.7%	4.2%	5.6%	4.6%
Ulster	20.9%	21.4%	20.2%	20.3%	6.3%	4.3%	5.5%	7.2%	2.8%	1.9%	4.2%	4.2%
Craigavon Area	23.9%	24.1%	20.9%	21.0%	10.5%	8.8%	8.5%	7.9%	5.8%	4.4%	5.2%	4.8%
Daisy Hill	17.9%	19.9%	18.8%	18.7%	3.8%	5.3%	4.4%	5.7%	3.6%	4.9%	4.7%	4.8%
Altnagelvin Area	13.9%	15.1%	14.3%	14.2%	9.0%	10.1%	8.9%	8.7%	5.7%	4.1%	4.2%	4.6%
South West Acute	19.0%	18.4%	19.5%	15.7%	3.4%	4.0%	4.4%	4.6%	7.1%	5.7%	6.8%	6.4%
Type 1	19.0%	20.6%	19.1%	17.0%	7.2%	8.5%	8.3%	8.9%	4.0%	3.6%	4.1%	4.6%
Eye Casualty	4.0%	-	-	-	0.3%	-	-	-	0.0%	-	-	-
Downe	-	0.8%	1.1%	0.8%	-	0.2%	0.3%	0.1%	-	0.8%	1.0%	2.0%
Lagan Valley	4.8%	1.4%	1.7%	1.2%	1.0%	1.2%	1.3%	0.7%	1.8%	0.8%	1.1%	1.0%
Type 2	4.6%	1.1%	1.4%	1.0%	0.8%	0.8%	0.8%	0.4%	1.4%	0.8%	1.1%	1.4%
Mid Ulster	0.9%	1.2%	0.7%	0.2%	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%	0.0%	0.0%
Ards	0.4%	-	-	-	0.0%	-	-	-	1.0%	-	-	-
South Tyrone	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.5%	0.6%	0.6%	0.7%
Omagh	2.4%	1.8%	2.4%	2.4%	2.7%	1.5%	1.8%	2.1%	5.0%	4.8%	4.5%	5.2%
Ulster MIU	-	3.2%	3.3%	3.0%	-	1.1%	1.0%	2.0%	-	2.4%	4.2%	4.9%
Alnagelvin Area MIU	-	0.5%	0.1%	0.2%	-	0.7%	0.5%	0.5%	-	0.9%	1.0%	0.8%
Type 3	1.0%	1.8%	1.9%	1.8%	1.0%	0.8%	0.9%	1.3%	2.3%	2.2%	2.8%	3.3%
Northern Ireland	16.8%	17.1%	15.9%	14.1%	6.4%	7.1%	6.9%	7.4%	3.8%	3.3%	3.8%	4.3%

⁴⁶ Data on GP referrals to ED, Left before treatment complete and unplanned re-attendances are not Accredited Official Statistics, but have been included to provide users with a comprehensive view of emergency care.

⁴⁷ 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^{48 49}

Department	GP - Referrals				Left Before Treatment				Unplanned Reviews Within 7 Days			
	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024
Mater	297	426	434	223	339	529	606	581	74	61	62	182
Royal Victoria	1,082	1,146	1,107	680	854	967	1,008	1,115	94	147	90	265
RBHSC	498	679	535	93	168	304	254	250	213	192	218	186
Antrim Area	2,362	2,367	2,247	2,167	434	634	551	512	326	264	294	302
Causeway	777	852	913	731	242	283	331	273	204	177	249	182
Ulster	1,969	1,487	1,483	1,397	603	298	402	498	263	133	307	288
Craigavon Area	1,679	1,637	1,531	1,428	739	592	624	537	406	298	382	328
Daisy Hill	819	955	943	879	172	255	219	271	163	237	237	225
Altnagelvin Area	787	741	761	708	511	496	479	435	323	203	224	228
South West Acute	654	619	693	547	119	134	158	160	246	191	242	222
Type 1	10,924	10,909	10,647	8,853	4,181	4,492	4,632	4,632	2,312	1,903	2,305	2,408
Eye Casualty	30	-	-	-	2	-	-	-	0	-	-	-
Downe	-	13	18	12	-	3	5	2	-	12	17	29
Lagan Valley	106	27	31	21	23	24	24	12	40	15	21	17
Type 2	136	40	49	33	25	27	29	14	40	27	38	46
Mid Ulster	6	7	5	1	0	0	0	0	8	0	0	0
Ards	4	-	-	-	0	-	-	-	10	-	-	-
South Tyrone	0	0	1	1	2	0	1	0	10	11	13	12
Omagh	49	34	51	47	56	30	38	42	103	94	95	102
Ulster MIU	-	105	119	99	-	36	36	67	-	78	150	162
Altnagelvin Area MIU	-	4	1	2	-	6	5	4	-	8	9	7
Type 3	59	150	177	150	58	72	80	113	131	191	267	283
Northern Ireland	11,119	11,099	10,873	9,036	4,264	4,591	4,741	4,759	2,483	2,121	2,610	2,737

⁴⁸ Data on GP referrals to ED, Left before treatment complete and unplanned re-attendances are not Accredited Official Statistics, but have been included to help provide users with a comprehensive view of emergency care.

⁴⁹ 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)^{50 51}

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024
Mater	0:14	0:17	0:21	0:25	0:53	1:00	1:18	1:34
Royal Victoria	0:18	0:19	0:19	0:24	1:24	1:35	1:26	1:51
RBHSC	0:10	0:09	0:08	0:10	0:41	0:40	0:36	0:40
Antrim Area	0:09	0:11	0:11	0:11	0:28	0:29	0:30	0:32
Causeway	0:10	0:13	0:13	0:12	0:33	0:41	0:39	0:39
Ulster	0:21	0:29	0:31	0:28	2:06	2:48	2:18	2:45
Craigavon Area	0:14	0:10	0:10	0:11	1:32	1:38	1:42	1:46
Daisy Hill	0:07	0:07	0:06	0:07	0:29	0:28	0:21	0:27
Altnagelvin Area	0:18	0:26	0:13	0:16	1:17	1:41	0:49	1:05
South West Acute	0:12	0:16	0:14	0:15	0:46	0:55	0:54	0:55
Type 1	0:13	0:14	0:13	0:14	1:10	1:24	1:13	1:24
Eye Casualty	0:09	-	-	-	0:54	-	-	-
Downe	-	0:06	0:06	0:06	-	0:20	0:22	0:20
Lagan Valley	0:05	0:09	0:08	0:08	0:16	0:25	0:26	0:25
Type 2	0:06	0:08	0:07	0:07	0:31	0:23	0:25	0:23
Mid Ulster	0:05	0:06	0:05	0:05	0:23	0:16	0:14	0:20
Ards	0:02	-	-	-	0:10	-	-	-
South Tyrone	0:01	0:01	0:01	0:01	0:08	0:09	0:08	0:09
Omagh	0:09	0:08	0:08	0:08	0:36	0:39	0:35	0:36
Ulster MIU	-	0:15	0:16	0:20	-	1:22	1:18	1:18
Alnagelvin Area MIU	-	0:14	0:08	0:10	-	1:08	0:35	0:41
Type 3	0:03	0:07	0:07	0:08	0:26	1:02	1:02	1:01
Northern Ireland	0:11	0:12	0:12	0:13	1:06	1:19	1:10	1:19

⁵⁰ Data on time to triage are not Accredited Official Statistics, but have been published to provide users with a comprehensive view of emergency care 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.

Table 11F: Time from Triage (Assessment) to Start of Treatment^{52 53 54}

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024
Mater	1:17	1:47	1:46	1:59	5:55	9:10	8:39	11:12
Royal Victoria	2:20	2:41	2:42	3:41	10:16	12:33	12:07	15:12
RBHSC	1:03	1:27	1:20	1:16	3:47	5:10	4:43	5:17
Antrim Area	1:52	2:32	2:12	1:52	6:41	8:55	7:19	7:27
Causeway	1:30	1:57	2:02	1:46	4:37	6:21	6:11	5:30
Ulster	1:18	2:21	2:23	2:33	5:39	9:52	10:02	9:01
Craigavon Area	1:34	1:30	1:20	1:09	10:58	10:03	10:39	9:36
Daisy Hill	0:54	1:03	0:57	1:02	4:41	5:06	5:05	5:03
Altnagelvin Area	1:59	2:20	2:04	1:44	6:21	8:29	7:23	7:31
South West Acute	0:45	0:50	0:50	0:55	3:42	5:29	5:28	5:25
Type 1	1:27	1:51	1:45	1:42	6:46	8:40	8:13	8:56
Downe	-	0:12	0:09	0:09	-	1:10	1:04	0:52
Lagan Valley	0:28	0:30	0:28	0:26	1:26	2:18	2:08	1:58
Type 2	0:28	0:20	0:16	0:15	1:26	1:58	1:47	1:38
Mid Ulster	0:01	0:00	0:01	0:00	0:12	0:12	0:15	0:16
Ards	0:06	-	-	-	0:24	-	-	-
South Tyrone	0:01	0:00	0:00	0:00	0:15	0:16	0:14	0:14
Omagh	0:16	0:16	0:19	0:23	2:53	2:08	2:20	2:53
Ulster MIU	-	0:43	0:49	0:44	-	3:06	3:03	3:08
Alnagelvin Area MIU	-	0:21	0:34	0:27	-	2:04	2:45	2:50
Type 3	0:05	0:16	0:17	0:18	1:37	2:30	2:36	2:44
Northern Ireland	1:11	1:23	1:20	1:19	6:24	7:57	7:32	8:14

⁵² Data on time to start of treatment are not Accredited Official Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

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

⁵⁴ Information on time to treatment is not recorded at Eye Casualty.

Table 11G: Time Spent in an Emergency department by those Admitted to Hospital^{55 56 57}

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024
Mater	10:56	13:05	16:06	16:43	29:06	53:12	53:02	51:08
Royal Victoria	13:37	12:35	13:10	15:28	42:49	51:20	48:47	40:36
RBHSC	4:35	5:26	4:57	5:59	9:14	13:27	10:30	10:27
Antrim Area	11:24	13:55	13:08	12:11	48:33	57:54	56:41	52:33
Causeway	10:15	15:50	18:25	18:36	45:35	73:25	55:55	63:40
Ulster	16:29	17:10	17:25	15:35	49:56	54:56	48:19	51:45
Craigavon Area	20:14	19:02	19:20	19:19	51:53	68:46	57:57	62:47
Daisy Hill	9:48	14:24	13:06	15:50	29:26	43:41	45:03	47:57
Altnagelvin Area	17:17	21:38	20:14	17:27	53:00	78:11	56:12	76:41
South West Acute	9:06	13:33	10:36	14:44	31:08	69:49	46:42	55:42
Type 1	13:12	14:42	14:47	15:06	47:47	62:43	51:32	54:22
Eye Casualty	3:34	-	-	-	6:43	-	-	-
Downe	-	4:00	3:08	2:32	-	7:13	7:23	5:16
Lagan Valley	4:59	6:06	5:28	5:10	8:31	8:46	9:08	9:14
Type 2	4:52	5:37	4:55	4:44	8:26	8:43	8:36	8:57
Mid Ulster	-	-	-	-	-	-	-	-
Ards	-	-	-	-	-	-	-	-
South Tyrone	-	-	-	-	-	-	-	-
Omagh	2:39	1:01	1:56	1:44	3:48	2:47	3:40	4:01
Ulster MIU	-	9:57	11:40	9:03	-	31:17	36:04	33:47
Altnagelvin Area MIU	-	1:20	2:20	1:34	-	1:20	3:15	1:40
Type 3	2:39	7:50	9:15	7:10	3:48	28:56	32:09	33:31
Northern Ireland	12:55	14:20	14:26	14:43	47:37	62:11	51:19	54:09

⁵⁵ Data on time spent in ED for those admitted and those discharged home are not Accredited Official Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

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 that Type 3 data on time spent in EDs for patients admitted is provided by Omagh, Ulster MIU and Altnagelvin Area MIU. No other Type 3 ED produces these statistics.

Table 11H: Time Spent in an Emergency department by those Discharged Home^{58 59}

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024
Mater	3:20	4:17	4:21	5:06	10:02	15:01	16:02	17:01
Royal Victoria	5:50	7:19	7:18	8:40	20:39	23:56	23:05	24:12
RBHSC	2:41	3:16	3:04	3:22	6:22	7:27	7:10	7:27
Antrim Area	3:34	4:44	4:31	4:08	14:23	18:05	16:16	17:17
Causeway	3:20	3:39	3:44	3:28	9:40	11:54	12:33	12:56
Ulster	3:37	6:09	6:04	6:01	10:19	18:35	18:33	17:24
Craigavon Area	4:08	4:16	4:01	3:46	15:01	14:53	14:26	14:20
Daisy Hill	2:55	3:20	3:13	3:18	8:53	8:39	8:48	9:15
Altnagelvin Area	4:36	6:04	5:08	5:05	14:34	23:03	19:52	21:30
South West Acute	3:13	3:53	3:41	3:53	10:31	19:46	12:41	15:38
Type 1	3:39	4:39	4:27	4:32	13:11	17:00	16:04	17:02
Eye Casualty	2:38	-	-	-	6:19	-	-	-
Downe	-	1:15	1:09	1:09	-	3:18	3:10	3:16
Lagan Valley	1:48	2:16	2:06	2:05	5:19	6:29	6:13	6:05
Type 2	1:59	1:42	1:33	1:34	5:36	5:47	5:22	5:20
Mid Ulster	0:35	0:27	0:31	0:27	1:38	1:09	1:20	1:11
Ards	0:41	-	-	-	1:17	-	-	-
South Tyrone	0:29	0:30	0:30	0:29	1:05	1:07	1:08	1:07
Omagh	0:58	1:04	1:05	1:04	3:59	3:23	3:39	3:51
Ulster MIU	-	2:13	2:15	2:20	-	5:43	5:24	5:50
Altnagelvin Area MIU	-	1:20	1:12	1:02	-	3:06	3:34	3:13
Type 3	0:38	1:10	1:08	1:08	2:42	4:18	4:13	4:31
Northern Ireland	3:10	3:39	3:31	3:36	12:09	15:09	14:14	15:09

⁵⁸ Data on time spent in ED for those admitted and those discharged home are not Accredited Official Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

⁵⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Table 11I: Average Number of Attendances by Day of Week⁶⁰

Day of Week	Jun 2023	Apr 2024	May 2024	Jun 2024
Monday	2,659.8	2,499.6	2,479.5	2,643.0
Tuesday	2,387.8	2,311.8	2,476.8	2,311.8
Wednesday	2,263.0	2,274.8	2,337.0	2,227.8
Thursday	2,242.0	2,186.0	2,243.2	2,167.5
Friday	2,217.6	2,249.8	2,285.0	2,161.3
Saturday	1,772.0	1,714.5	1,741.0	1,780.6
Sunday	1,886.5	1,801.3	1,861.5	1,790.4

⁶⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Table 11J: Attendances at Emergency departments, by Time Spent in ED from Arrival to Discharge ^{61 62}

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024
Mater	1,855	1,428	1,509	1,137	1,463	1,556	1,601	1,567	337	568	659	691
Royal Victoria	1,922	1,279	1,270	980	3,094	2,850	3,154	2,809	1,986	2,070	2,098	2,547
RBHSC	2,785	2,300	2,510	2,028	1,071	1,459	1,381	1,431	11	44	27	15
Antrim Area	4,219	2,950	3,202	3,409	3,180	3,718	3,812	3,384	1,230	1,646	1,504	1,422
Causeway	2,358	2,088	2,177	2,120	1,539	1,536	1,632	1,299	431	568	618	574
Ulster	4,309	1,347	1,519	1,292	3,718	3,737	3,758	3,853	1,488	1,861	2,051	1,765
Craigavon Area	2,746	2,586	2,932	2,863	2,519	2,609	2,748	2,398	1,758	1,569	1,664	1,544
Daisy Hill	2,596	2,349	2,513	2,323	1,656	1,865	1,912	1,784	314	570	590	607
Altnagelvin Area	2,053	1,227	1,665	1,598	2,640	2,374	2,512	2,292	965	1,295	1,178	1,092
South West Acute	1,990	1,531	1,710	1,592	1,120	1,273	1,391	1,367	347	543	470	510
Type 1	26,833	19,085	21,007	19,342	22,000	22,977	23,901	22,184	8,867	10,734	10,859	10,767
Eye Casualty	597	-	-	-	158	-	-	-	0	-	-	-
Downe	-	1,488	1,574	1,397	-	59	50	28	-	0	0	0
Lagan Valley	1,826	1,439	1,411	1,329	372	541	432	429	0	0	2	1
Type 2	2,423	2,927	2,985	2,726	530	600	482	457	0	0	2	1
Mid Ulster	641	603	714	519	0	1	0	0	0	0	0	0
Ards	1,005	-	-	-	1	-	-	-	0	-	-	-
South Tyrone	2,008	1,812	2,048	1,828	0	0	0	1	0	0	0	0
Omagh	1,946	1,889	2,049	1,891	99	56	65	83	0	0	0	0
Ulster MIU	-	2,764	3,063	2,794	-	457	458	509	-	60	48	22
Alnagelvin Area MIU	-	878	896	838	-	5	27	15	-	1	1	3
Type 3	5,600	7,946	8,770	7,870	100	519	550	608	0	61	49	25
Northern Ireland	34,856	29,958	32,762	29,938	22,630	24,096	24,933	23,249	8,867	10,795	10,910	10,793

⁶¹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁶² Readers should note that a number of patients attending the Ulster MIU spent longer than 12 hours in ED. If a patient originated in the MIU, was then transferred to Ulster ED due to acuity or because a decision to admit was made; or, a patient arrived in Ulster ED out of hours, was still waiting by morning and was sent to the MIU as the most appropriate and quickest place to complete their treatment, then the total time spent in ED will be reported against the Ulster MIU.

Table 11K: Number and Percentage of Patients Commencing Treatment within 2 Hours of being Triage^{63 64 65}

Department	% Commencing Treatment within 2 Hours of Triage				Number Commencing Treatment within 2 Hours of Triage			
	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024
Mater	64.1%	53.4%	55.3%	49.6%	1,645	1,331	1,455	1,340
Royal Victoria	44.2%	41.8%	41.0%	31.8%	2,114	1,828	1,907	1,509
RBHSC	75.1%	61.8%	64.7%	63.1%	2,660	2,087	2,271	1,981
Antrim Area	53.2%	40.7%	45.9%	53.1%	3,574	2,659	3,075	3,403
Causeway	61.6%	50.7%	49.2%	55.5%	2,172	1,742	1,772	1,818
Ulster	63.8%	43.2%	42.6%	42.0%	5,662	2,736	2,834	2,651
Craigavon Area	56.0%	57.4%	60.1%	63.7%	3,290	3,355	3,801	3,817
Daisy Hill	77.3%	71.4%	75.0%	72.7%	3,315	3,145	3,544	3,194
Altnagelvin Area	50.2%	44.7%	48.8%	54.7%	2,476	1,798	2,229	2,302
South West Acute	80.9%	73.8%	74.2%	70.5%	2,477	2,108	2,250	2,068
Type 1	61.0%	52.2%	54.2%	54.6%	29,385	22,789	25,138	24,083
Downe	-	99.8%	99.6%	99.9%	-	1,367	1,404	1,228
Lagan Valley	98.7%	91.6%	93.8%	95.1%	2,100	1,735	1,652	1,618
Type 2	98.7%	95.0%	96.4%	97.1%	2,100	3,102	3,056	2,846
Mid Ulster	100.0%	100.0%	100.0%	100.0%	28	26	32	39
Ards	100.0%	-	-	-	947	-	-	-
South Tyrone	99.9%	100.0%	100.0%	100.0%	1,857	1,706	1,860	1,648
Omagh	89.3%	93.8%	92.0%	89.0%	1,597	1,670	1,824	1,626
Ulster MIU	-	85.5%	83.4%	85.6%	-	2,539	2,727	2,602
Alnagelvin Area MIU	-	94.9%	87.8%	91.7%	-	280	302	188
Type 3	95.8%	91.8%	90.1%	90.3%	4,429	6,221	6,745	6,103
Northern Ireland	65.4%	59.8%	61.2%	61.4%	35,914	32,112	34,939	33,032

⁶³ Data on the time from triage to start of treatment are not Accredited Official Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

⁶⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁶⁵ Information on time to treatment is not recorded at Eye Casualty.

Table 11L: Percentage Triageed in each Triage Group^{66 67}

Department	Triage Level (1/2)				Triage Level (3)				Triage Level (4/5)			
	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024	Jun 2023	Apr 2024	May 2024	Jun 2024
Mater	19.2%	21.2%	21.5%	24.5%	47.7%	46.8%	47.9%	48.7%	33.1%	31.9%	30.5%	26.8%
Royal Victoria	32.7%	35.4%	35.6%	36.9%	49.6%	50.4%	49.8%	49.4%	17.7%	14.2%	14.6%	13.7%
RBHSC	15.2%	17.5%	16.7%	15.7%	26.4%	25.1%	24.7%	24.2%	58.4%	57.5%	58.7%	60.2%
Antrim Area	19.2%	17.4%	17.7%	19.5%	55.0%	53.5%	54.9%	57.8%	25.8%	29.1%	27.4%	22.7%
Causeway	19.1%	19.7%	17.2%	17.0%	49.1%	45.4%	45.6%	43.7%	31.8%	35.0%	37.1%	39.3%
Ulster	24.5%	35.0%	33.2%	34.2%	39.0%	45.8%	48.0%	46.4%	36.4%	19.1%	18.7%	19.4%
Craigavon Area	32.7%	35.6%	35.1%	37.0%	36.6%	36.3%	35.9%	34.8%	30.7%	28.1%	29.0%	28.2%
Daisy Hill	31.5%	35.6%	34.5%	36.6%	44.3%	41.7%	41.2%	41.4%	24.2%	22.7%	24.2%	22.0%
Altnagelvin Area	32.3%	37.5%	36.2%	35.6%	35.7%	40.6%	40.4%	39.9%	32.0%	21.9%	23.5%	24.5%
South West Acute	16.6%	23.8%	24.0%	22.7%	41.3%	39.1%	38.7%	40.1%	42.0%	37.1%	37.3%	37.2%
Type 1	25.4%	28.9%	28.3%	29.3%	42.7%	43.3%	43.6%	43.6%	31.9%	27.8%	28.0%	27.1%
Eye Casualty	3.2%	-	-	-	15.7%	-	-	-	81.1%	-	-	-
Downe	-	1.7%	1.4%	1.4%	-	9.1%	8.1%	7.4%	-	89.2%	90.6%	91.2%
Lagan Valley	5.2%	5.2%	5.8%	5.1%	20.3%	31.7%	27.5%	26.6%	74.4%	63.1%	66.6%	68.3%
Type 2	4.7%	3.7%	3.7%	3.4%	19.1%	21.9%	18.4%	17.9%	76.2%	74.4%	77.8%	78.6%
Mid Ulster	3.6%	0.0%	3.9%	5.4%	21.4%	13.7%	17.6%	17.9%	75.0%	86.3%	78.4%	76.8%
Ards	0.0%	-	-	-	0.5%	-	-	-	99.5%	-	-	-
South Tyrone	0.2%	0.2%	0.3%	0.6%	0.7%	0.8%	0.7%	3.3%	99.0%	99.1%	99.0%	96.1%
Omagh	1.0%	1.1%	0.9%	0.9%	2.6%	3.2%	4.2%	3.8%	96.4%	95.8%	94.9%	95.3%
Ulster MIU	-	3.0%	2.6%	3.2%	-	16.8%	12.9%	15.6%	-	80.2%	84.4%	81.3%
Alnagelvin Area MIU	-	1.3%	0.3%	1.3%	-	6.6%	8.4%	5.1%	-	92.2%	91.3%	93.7%
Type 3	0.5%	1.7%	1.5%	1.8%	1.7%	8.7%	7.3%	9.0%	97.8%	89.7%	91.2%	89.2%
Northern Ireland	22.5%	24.3%	23.8%	24.6%	38.3%	38.1%	37.8%	38.1%	39.2%	37.6%	38.4%	37.2%

⁶⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁶⁷ Data on the triage level of those attending ED are not Accredited Official 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:

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](#)