

INFORMATION
ANALYSIS
DIRECTORATE



Urgent & Emergency Care Waiting Time Statistics for Northern Ireland (April – June 2022)

Published 27 July 2022 (delayed from 21 July 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

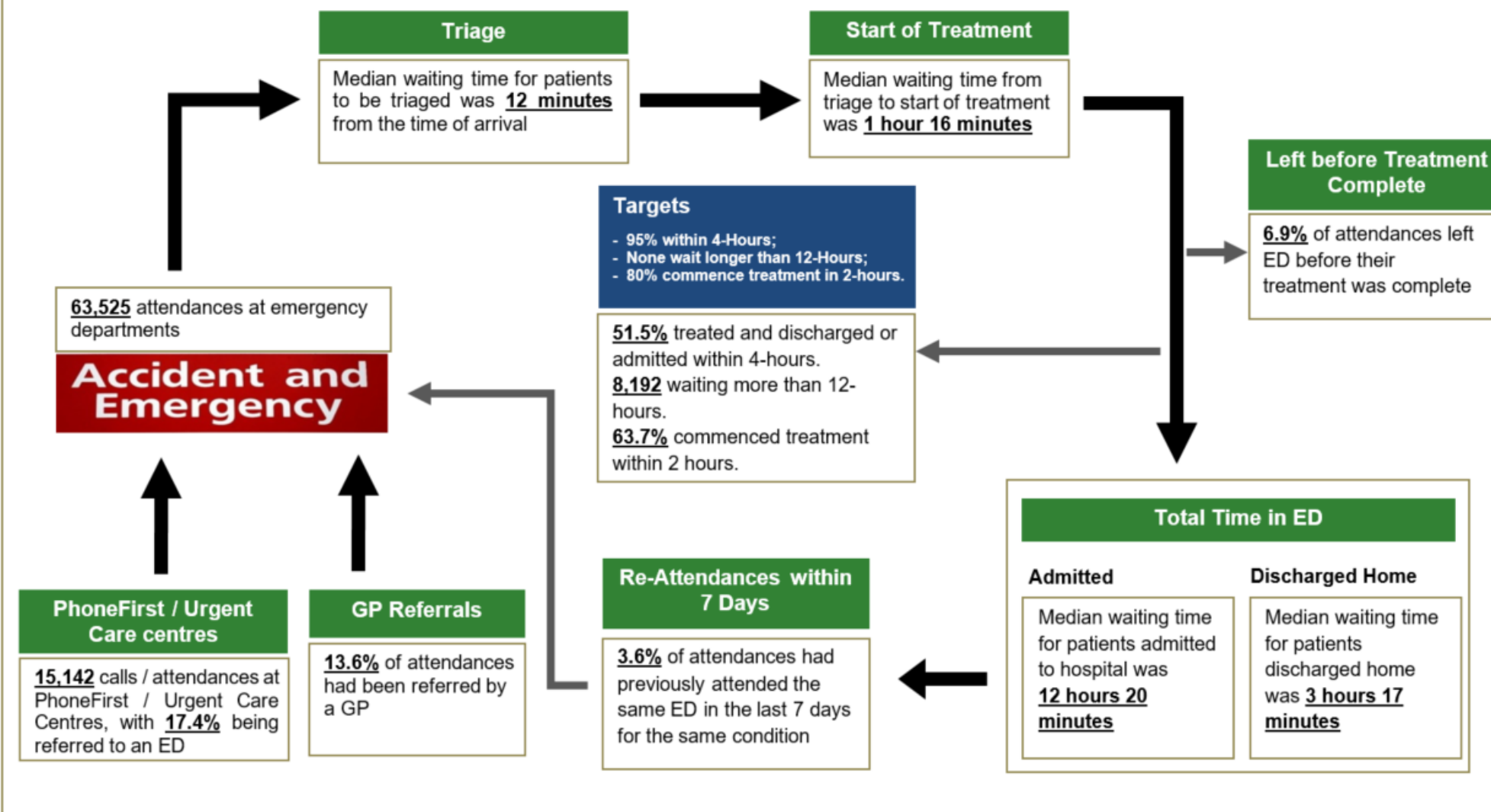
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¹ Information on Security and Confidentiality Processes is detailed in the Technical Notes on page 3.

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SUMMARY OF KEY FACTS (June 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 April, May and June 2022.

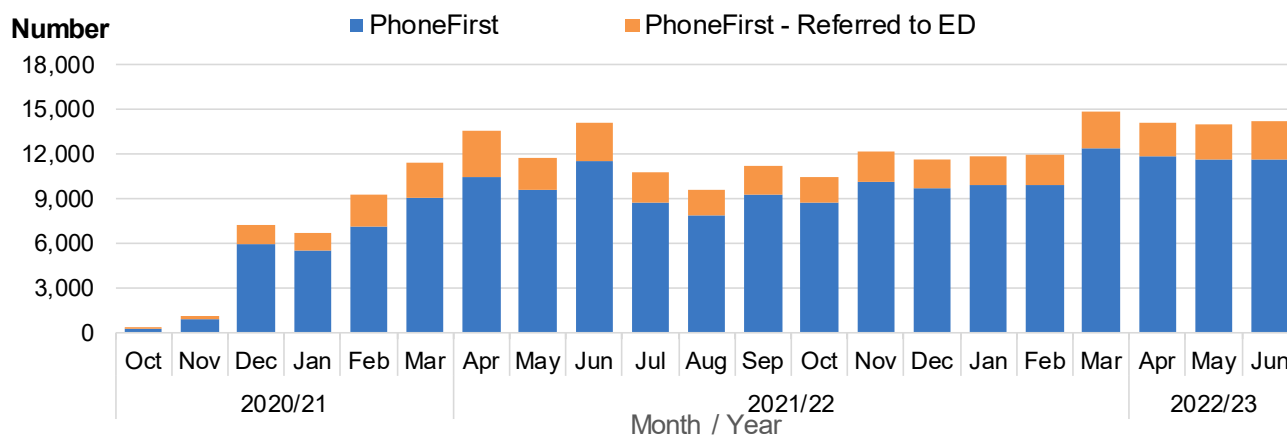
Activity	Apr 2022	May 2022	Jun 2022
PhoneFirst	11,830	11,669	11,586
Urgent Care Centre	3,390	3,502	3,556
Total Calls / Attendances	15,220	15,171	15,142
Number Referred to ED	2,312	2,362	2,637
% Referred to ED	15.2%	15.6%	17.4%

Source: Health and Social Care Trusts

- In June 2022, 15,142 calls / attendances were received by PhoneFirst and Urgent Care Centre services, from patients who may previously have attended an ED. A total of 2,637 (17.4%) resulted in an attendance at an ED, whilst 12,505 patients did not go on to attend an ED ³ (Table 1 & 11A).

Figure 1: PhoneFirst Calls and Referrals to Emergency Departments

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



Source: Health and Social Care Trusts

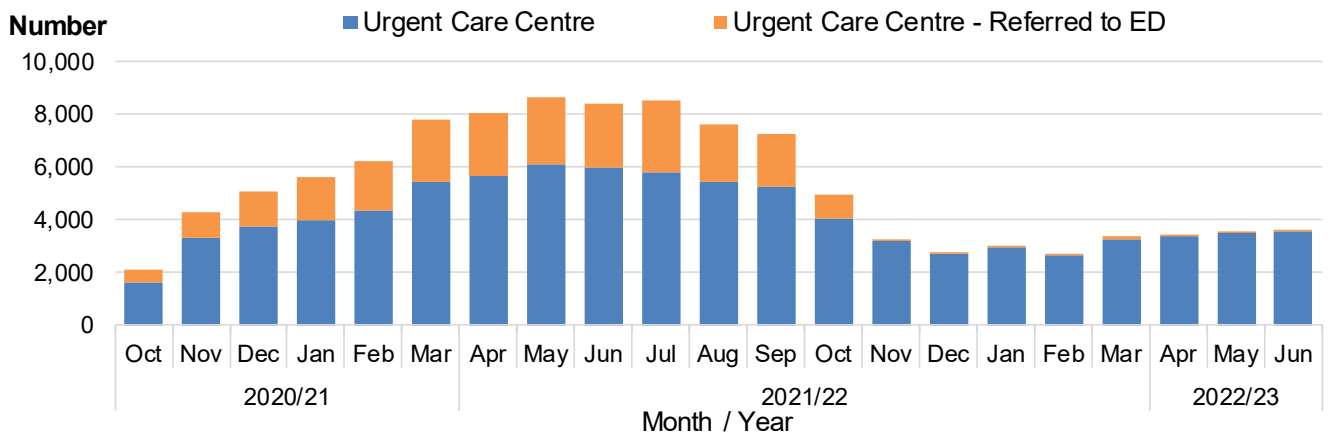
- The highest number of PhoneFirst calls were received in March 2022 (12,416), with the highest number of referrals to ED from PhoneFirst in April 2021 (3,087) (Figure 1, Table 1 & 11A).

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 June 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 June 2022, compared with same month last year.

Measure	June 2021	June 2022	Change (number)	Change (%)
1. PhoneFirst / Urgent Care Centre (<i>Referred to an ED</i>)	5,009	2,637	-2,372	-47.4%
2. PhoneFirst / Urgent Care Centre (<i>NOT Referred to an ED</i>)	12,535	12,505	-30	-0.2%
3. Total PhoneFirst / Urgent Care Centre <i>Measure 1 + Measure 2</i>	17,544	15,142	-2,402	-13.7%
4. New ED Attendances	62,962	60,110	-2,852	-4.5%
5. Unplanned Review Attendances	3,772	3,415	-357	-9.5%
6. Attendances at EDs <i>Measure 4 + Measure 5</i>	66,734	63,525	-3,209	-4.8%
7. Attendances at EDs / PhoneFirst / Urgent Care <i>Measure 2 + Measure 4 + Measure 5</i>	79,269	76,030	-3,239	-4.1%
8. Number of ED Attendances Admitted to Hospital	11,597	11,024	-573	-4.9%
9. % ED Attendances Admitted to Hospital <i>Measure 8 / Measure 6</i>	17.4%	17.4%		0.0%

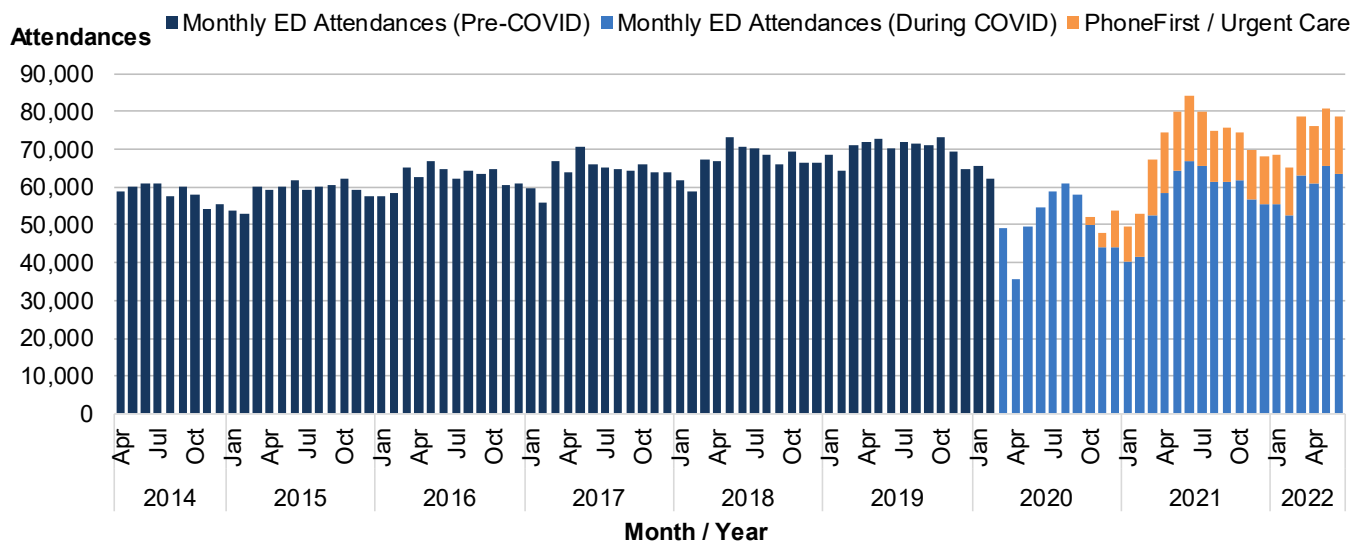
Source: Regional Data Warehouse / Health and Social Care Trusts

- During June 2022, 76,030 patients attended urgent and emergency care services, of which 63,525 attended an ED, and 12,505 attended PhoneFirst / Urgent Care Centre services (Table 2, 11A & 11B).
- The number of patients attending urgent and emergency care services decreased by 3,239 (4.1%) in June 2022 when compared with June 2021. Almost all (3,209, 99.1%) of the 3,239 decrease in attendances / calls at urgent and emergency care services, related to ED attendances (Table 2, 11A & 11B).
- During quarter ending June 2022, 228,256 patients attended urgent and emergency care services, 2.1% (4,730) less than the same quarter in 2021 (223,526). Of which, 190,034 (83.3%) attended an ED and 38,222 (16.7%) 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 June 2022⁵.



Source: Regional Data Warehouse,

- Between April 2014 and June 2022, the highest number of patients attending urgent and emergency care was in June 2021 (84,278), with 66,734 (79.2%) attending an ED and 17,544 (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 April, May and June 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 April 2022, there were 15,220 PhoneFirst calls / Urgent Care Centre attendances, 5.6% (898) less than April 2021 (16,118); and,
 - During May 2022, there were 15,171 PhoneFirst calls / Urgent Care Centre attendances, 3.3% (519) less than May 2021 (15,690); and,
 - During June 2022, there were 15,142 PhoneFirst calls / Urgent Care Centre attendances, 13.7% (2,402) less than June 2021 (17,544).

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 June 2022, compared with the same month last year.

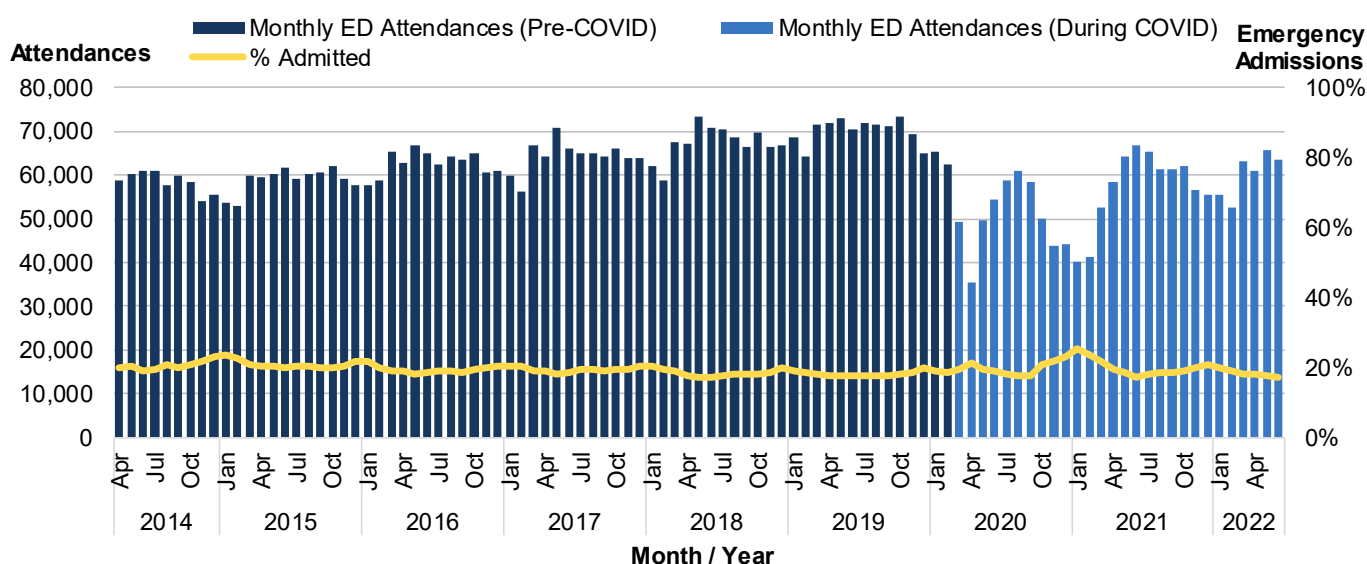
Measure	June 2021	June 2022	Change (number)	Change (%)
1. Attendances at EDs	66,734	63,525	-3,209	-4.8%
2. Admissions to Hospital from ED	11,597	11,024	-573	-4.9%
3. % Admissions to Hospital from ED <i>Measure 2 / Measure 1</i>	17.4%	17.4%	-	-

Source: Regional Data Warehouse,

- The number of emergency admissions to hospital from an ED decreased by 4.9% (573) between June 2021 (11,597) and June 2022 (11,024) (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 June 2022.



Source: Regional Data Warehouse,

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 April and May 2022 increased, but decreased in June 2022 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 April 2022, there were 60,890 attendances at EDs, 4.2% (2,482) more than April 2021 (58,408);
 - During May 2022, there were 65,619 attendances at EDs, 2.3% (1,472) more than May 2021 (64,147); and,
 - During June 2022, there were 65,525 attendances at EDs, 4.8% (3,209) less than June 2021 (66,734).

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 June 2022 and the same month last year.

Department	New		Unplanned Review		Total	
	Jun 2021	Jun 2022	Jun 2021	Jun 2022	Jun 2021	Jun 2022
Mater	2,366	2,919	60	68	2,426	2,987
Royal Victoria	6,873	6,836	64	200	6,937	7,036
RBHSC	3,776	3,885	348	332	4,124	4,217
Antrim Area	7,863	7,324	481	391	8,344	7,715
Causeway	4,081	3,819	120	216	4,201	4,035
Ulster	9,324	8,476	477	326	9,801	8,802
Craigavon Area	6,789	6,469	566	536	7,355	7,005
Daisy Hill	4,612	4,536	393	219	5,005	4,755
Altnagelvin Area	5,606	5,404	482	411	6,088	5,815
South West Acute	3,242	2,962	353	343	3,595	3,305
Type 1	54,532	52,630	3,344	3,042	57,876	55,672
Type 2	2,934	2,592	229	216	3,163	2,808
Type 3	5,496	4,888	199	157	5,695	5,045
Northern Ireland	62,962	60,110	3,772	3,415	66,734	63,525

Source: Regional Data Warehouse,

- Between June 2021 and June 2022, attendances at EDs decreased at all department types (Table 4, Table 11B).
- The Ulster (8,802) was the busiest ED during June 2022 (Table 4, Table 11B).
- Three of the ten Type 1 EDs reported an increase in attendances during June 2022, compared with June 2021, with the largest increase reported at the Mater (561, 23.1%) (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 June 2022 and the same month last year:

Department	Level 1 / 2		Level 3		Level 4 / 5	
	Jun 2021	Jun 2022	Jun 2021	Jun 2022	Jun 2021	Jun 2022
Mater	22.7%	21.3%	45.9%	45.8%	31.4%	32.9%
Royal Victoria	26.1%	28.0%	53.4%	48.5%	20.5%	23.5%
RBHSC	11.2%	15.3%	20.9%	26.2%	67.9%	58.5%
Antrim Area	18.1%	16.8%	49.7%	53.6%	32.2%	29.6%
Causeway	17.7%	20.2%	53.5%	57.0%	28.8%	22.8%
Ulster	22.4%	25.2%	42.8%	41.5%	34.8%	33.3%
Craigavon Area	28.5%	32.2%	40.0%	38.2%	31.5%	29.6%
Daisy Hill	25.7%	29.4%	42.6%	44.7%	31.8%	25.9%
Altnagelvin Area	32.1%	33.8%	32.0%	35.5%	35.8%	30.7%
South West Acute	14.7%	18.6%	40.7%	44.2%	44.5%	37.2%
Type 1	22.9%	25.1%	42.5%	43.3%	34.7%	31.7%
Type 2	5.2%	4.9%	26.2%	21.7%	68.6%	73.4%
Type 3	0.4%	0.6%	2.4%	1.9%	97.2%	97.5%
Northern Ireland	20.2%	22.3%	38.4%	39.2%	41.4%	38.5%

Source: Regional Data Warehouse

- Over two thirds (68.3%) of attendances at Type 1 departments in June 2022 were triaged as level 1 / 2 or 3, compared with 65.3% in June 2021 (Table 5, Table 11M).
- Almost a quarter (22.3%) of patients were triaged as level 1 / 2 in June 2022, similar to April 2022 (22.3%) and more than May 2022 (22.1%) (Table 11M).
- During June 2022, over a third (33.8%) of patients attending Altnagelvin Area were triaged at level 1 / 2, compared with 15.3% of those attending the RBHSC (Table 5, Table 11M).

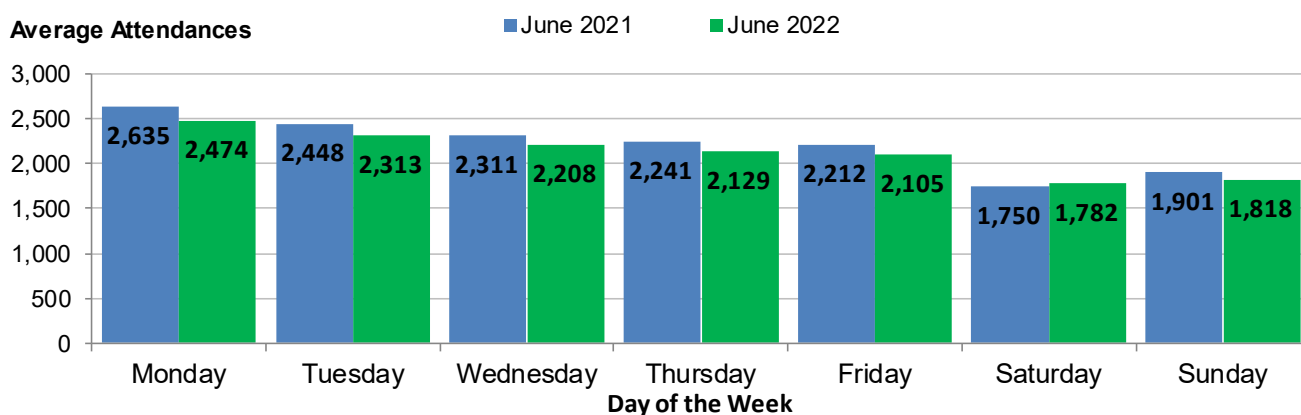
⁷ Data are not National Statistics, but are published to provide users with a comprehensive view of ED activity and time spent in ED.

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

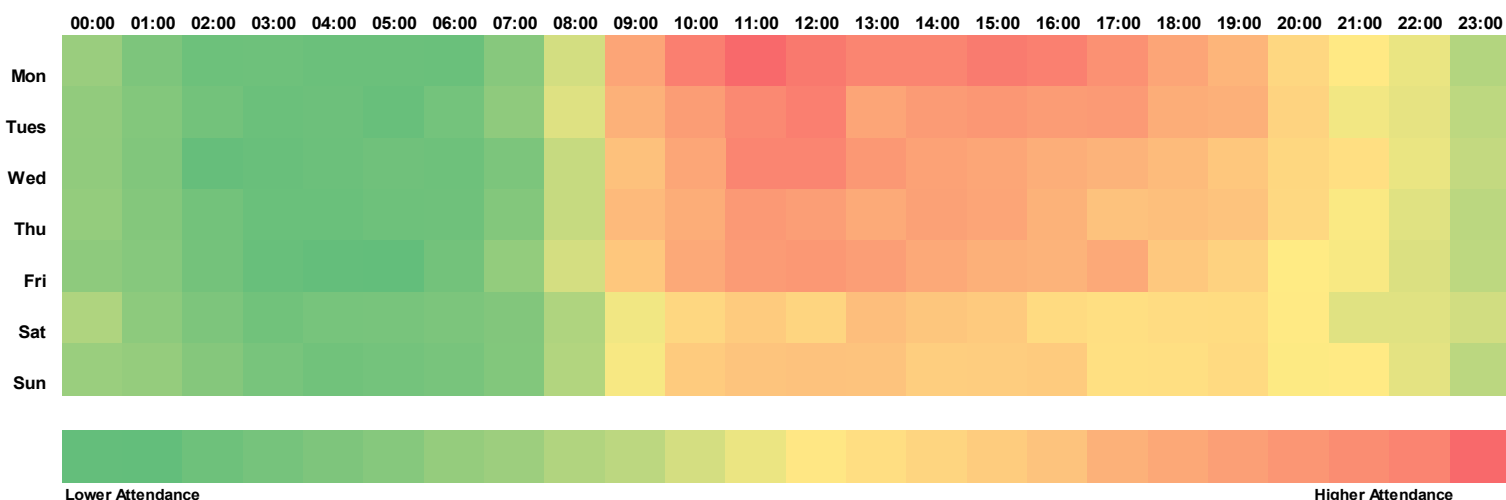
The average number of new and unplanned review attendances at EDs by day of the week during June 2022, compared with the same month last year⁹.



Source: Regional Data Warehouse

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 June 2022.



Source: Regional Data Warehouse

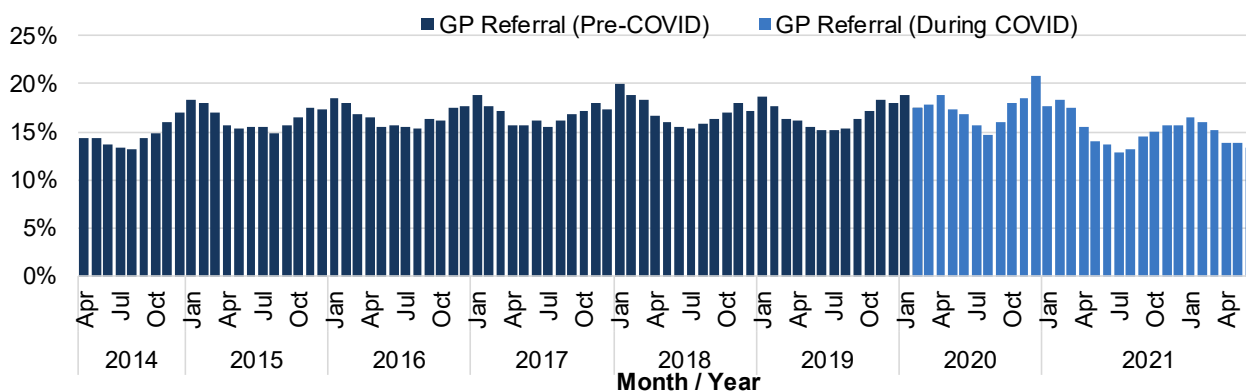
- Monday was the busiest day at EDs during both June 2021 and June 2022, with the highest number of attendances arriving between 11:00 and 11:59 (Figure 5 & 6, Table 11J).
- Saturday was the least busy day during June 2022 (1,782) and June 2021 (1,750), with the highest number of attendances arriving between 13:00 and 13:59 in June 2022 (Figure 5 & 6, Table 11J).
- Overall, the busiest hour of the day during June 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.



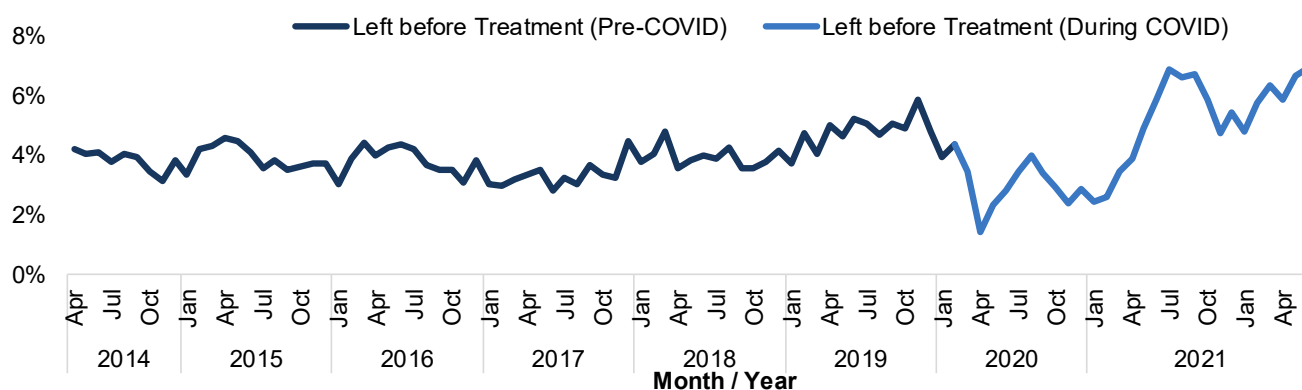
Source: Regional Data Warehouse

- In June 2022, almost one in seven (13.6%, 8,676) attendances at EDs had been referred by a GP, compared with 13.9% (9,310) in June 2021 (Figure 7, Table 11D(i) & (ii)).
- Almost a quarter (22.1%, 733) of attendances at South West Acute had been referred by a GP during June 2022, compared with 7.4% (221) of attendances at the Mater (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,

- During June 2022, 6.9% (4,381) of all ED attendances left before their treatment was complete, compared with 5.8% (3,892) in June 2021 (Figure 8, Table 11D(i) & (ii)).
- Royal Victoria (12.0%, 841) reported the highest percentage of attendances leaving ED before treatment was complete during June 2022, compared with 11.9% (823) in June 2021 (Tables 11D(i) & 11D(ii)).

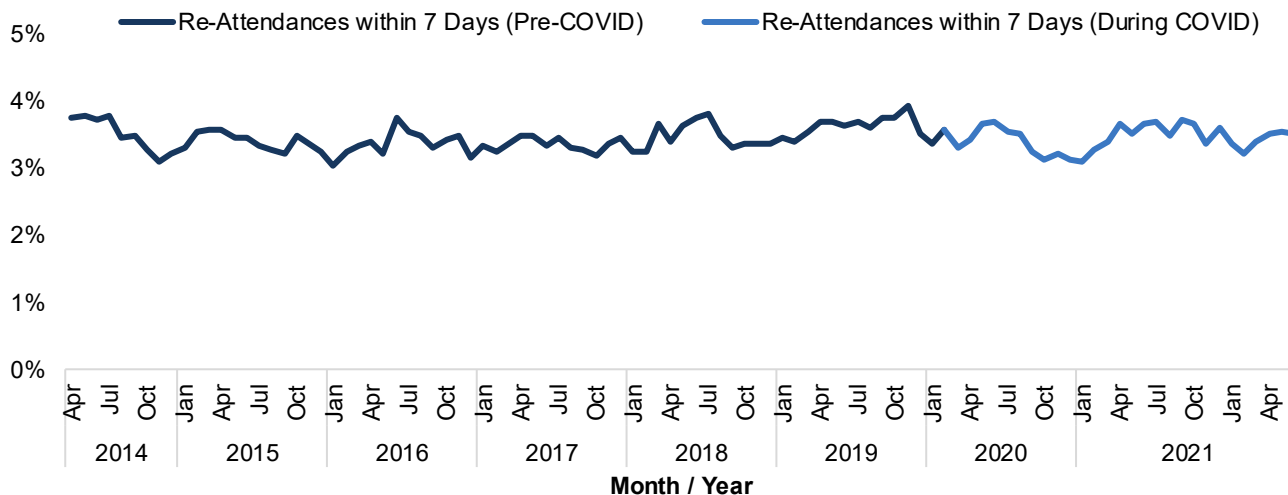
¹⁰ Data on referrals to ED by GP's are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

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,

- During June 2022, 3.6% (2,281) of attendances had attended the same ED within 7 days of their original attendance, compared to 3.7% (2,492) in June 2021 (Tables 11D(i) & 11D(ii)).
- South West Acute (7.4%, 244) reported the highest percentage of unplanned review attendances within 7 days of the original attendance during June 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 2022/23 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 2023, 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 June 2022.

% Within 4 Hours	Jun 2021	Apr 2022	May 2022	Jun 2022	Diff (Jun 2021 - Jun 2022)	
					No.	%
Type 1	53.9%	46.9%	46.8%	45.7%	-	-8.2%
Type 2	80.8%	78.9%	80.2%	80.2%	-	-0.6%
Type 3	98.9%	99.4%	99.4%	99.4%	-	0.5%
Total	59.0%	52.6%	52.6%	51.5%	-	-7.5%

Over 12 Hours	Jun 2021	Apr 2022	May 2022	Jun 2022	Diff (Jun2021 - Jun 2022)	
					No.	%
Type 1	5,484	7,883	7,835	8,190	2,706	-
Type 2	4	3	0	2	-2	-
Type 3	0	0	0	0	0	-
Total	5,488	7,886	7,835	8,192	2,704	-

ED Attendances	Jun 2021	Apr 2022	May 2022	Jun 2022	Diff (Jun 2021 - Jun 2022)	
					No.	%
Type 1	57,876	53,201	57,297	55,672	-2,204	-3.8%
Type 2	3,163	2,708	2,980	2,808	-355	-11.2%
Type 3	5,695	4,981	5,342	5,045	-650	-11.4%
Total	66,734	60,890	65,619	63,525	-3,209	-4.8%

Source: Regional Data Warehouse

- Over half (51.5%) of attendances in June 2022 were discharged or admitted within 4 hours, compared with 59.0% in June 2021 (Table 11C & 11K).
- Almost half (45.7%) of attendances at Type 1 EDs in June 2022 spent less than 4 hours in ED, compared with 80.2% at Type 2 EDs and 99.4% at Type 3 EDs (Table 6, Table 11C & 11K).
- Between June 2021 and June 2022, the number spending over 12 hours in ED increased from 5,488 to 8,192, accounting for 12.9% of all attendances in June 2022 (Table 6, Table 11C & 11K).
- During this period, EDs experienced a 4.8% decrease in attendances (66,734 to 63,525), whilst 4 hour performance decreased from 59.0% to 51.5% (Table 6, Table 11C & 11K).
- During the quarter ending 30 June 2022, over half (52.2%) of patients spent less than 4 hours at an ED, compared with 59.6% during the same quarter in 2021.
- During the latest quarter, the percentage of patients spending less than 4 hours in ED was highest in April and May 2022 (52.6%) and lowest in June 2022 (51.5%), whilst the number spending over 12 hours in an ED was highest in June 2022 (8,192) and lowest in May 2022 (7,835)(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 June 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	
	Jun 2021	Jun 2022	Jun 2021	Jun 2022	Jun 2021	Jun 2022
Mater	57.2%	45.9%	199	386	2,426	2,987
Royal Victoria	30.7%	26.3%	1,134	1,766	6,937	7,036
RBHSC	77.5%	63.5%	0	20	4,124	4,217
Antrim Area	60.8%	46.1%	671	1,053	8,344	7,715
Causeway	64.8%	55.2%	280	458	4,201	4,035
Ulster	57.9%	46.8%	1,166	1,515	9,801	8,802
Craigavon Area	43.1%	42.7%	939	1,326	7,355	7,005
Daisy Hill	61.7%	58.8%	233	279	5,005	4,755
Altnagelvin Area	42.7%	33.3%	617	1,049	6,088	5,815
South West Acute	60.0%	58.0%	245	338	3,595	3,305
Type 1	53.9%	45.7%	5,484	8,190	57,876	55,672
Type 2	80.8%	80.2%	4	2	3,163	2,808
Type 3	98.9%	99.4%	0	0	5,695	5,045
Northern Ireland	59.0%	51.5%	5,488	8,192	66,734	63,525

Source: Regional Data Warehouse,

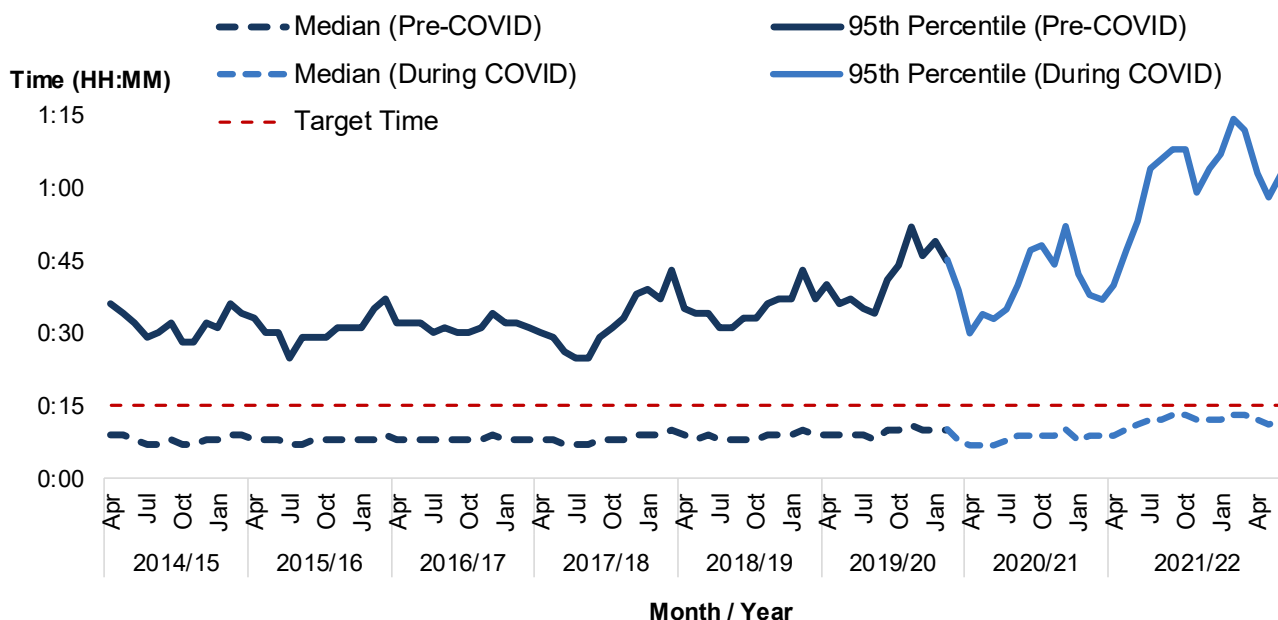
- During June 2022, the RBHSC (63.5%) reported the highest performance of the four hour target at any Type 1 ED, whilst the Royal Victoria (26.3%) reported the lowest (Table 7, Table 11C).
- No Type 1 ED achieved the 12-hour target during June 2022 (Table 7, Table 11C).
- The Royal Victoria (1,766) reported the highest number of patients spending over 12 hours at an ED during June 2022 (Table 7, Table 11C).
- Between June 2021 and June 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 - June 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,

- During June 2022, the median time spent in ED from arrival to triage was 12 minutes, 1 minute more than June 2021 (11 minutes) (Figure 10, Table 11E).
- 95 percent of patients were triaged within 1 hour 3 minutes of their arrival at an ED in June 2022, 10 minutes more than June 2021 (53 minutes) (Figure 10, Table 11E).
- Over half (59.8%) of attendances were triaged within 15 minutes of their arrival at an ED during June 2022, compared with 64.2% in June 2021.
- During the last 3 months, the median time from arrival to triage was longest during April and June (12 minutes) and shortest during May (11 minutes), whilst the time taken to triage 95 percent of patients was longest during April and June (1 hour 3 minutes) and shortest in May (58 minutes) (Figure 10, Table 11E).

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

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

The percentage of patients commencing treatment, following triage, within 2 hours at Type 1 EDs in April to June 2022, 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 2021	Apr 2022	May 2022	Jun 2022
Mater	82.7%	52.3%	57.3%	56.2%
Royal Victoria	55.3%	52.5%	48.9%	49.5%
RBHSC	77.0%	73.0%	66.8%	62.8%
Antrim Area	70.8%	57.3%	50.1%	47.8%
Causeway	79.6%	58.4%	71.1%	63.9%
Ulster	78.8%	67.8%	65.9%	67.0%
Craigavon Area	50.6%	57.8%	56.2%	53.0%
Daisy Hill	76.2%	73.8%	73.8%	73.9%
Altnagelvin Area	51.8%	58.0%	48.5%	45.8%
South West Acute	79.5%	74.7%	79.9%	84.5%
Type 1	68.4%	62.4%	60.4%	59.2%
Type 2	91.9%	95.3%	95.6%	95.9%
Type 3	96.9%	98.4%	98.6%	99.1%
Northern Ireland	71.7%	66.5%	64.9%	63.7%

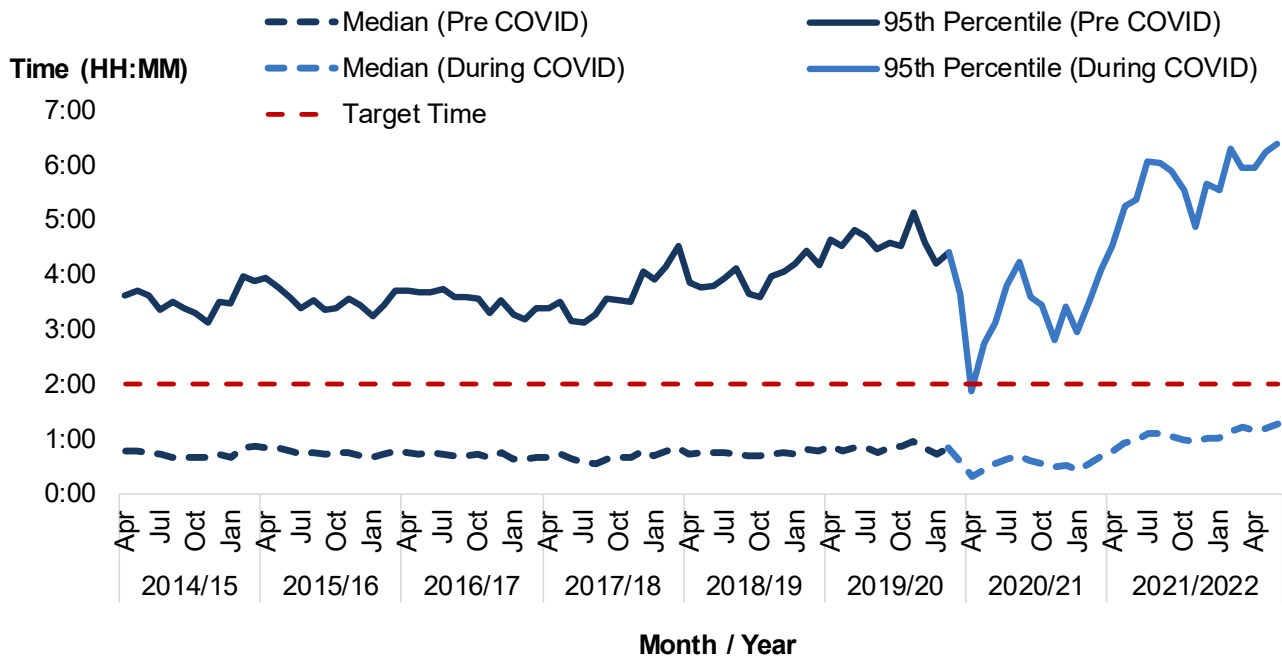
Source: Regional Data Warehouse,

- Almost two thirds (63.7%) of patients attending EDs in June 2022 commenced their treatment within 2 hours of being triaged, compared with 71.7% in June 2021 (Table 8, Table 11L).
- During June 2022, almost three fifths (59.2%) of patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 95.9% at Type 2 EDs and 99.1% at Type 3 EDs (Table 8, Table 11L).
- South West Acute was the only Type 1 ED to achieve the 80% target in June 2022 (Table 8, Table 11L).
- During June 2022, South West Acute (84.5%) reported the highest percentage commencing treatment within 2 hours, whilst the Altnagelvin Area (45.8%) reported the lowest (Table 8, Table 11L).
- Between April and June 2022, the highest percentage of patients commencing treatment within 2 hours was in April (66.5%) whilst the lowest was in June (63.7%), (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,

- The median time from triage to start of treatment in June 2022 was 1 hour 16 minutes, 16 minutes more than June 2021 (1 hour) (Figure 11, Table 11F).
- During June 2022, 95 percent of patients commenced treatment within 6 hours 24 minutes of being triaged, 1 hour 1 minute more than June 2021 (5 hours 23 minutes) (Figure 11, Table 11F).
- During the last 3 months, the median time to start of treatment was longest in June (1 hour 16 minutes) and shortest in April (1 hour 10 minutes), and the time within which 95 percent of patients started treatment was longest in June (6 hours 24 minutes) and shortest in April (5 hours 58 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 June 2022, compared with the same month last year¹⁷.

Department	Median		95th Percentile	
	June 2021	June 2022	June 2021	June 2022
Mater	0:36	1:42	3:11	6:24
Royal Victoria	1:39	2:03	7:45	8:46
RBHSC	1:07	1:34	3:15	4:22
Antrim Area	1:11	2:07	5:05	7:35
Causeway	0:51	1:29	3:39	4:24
Ulster	0:49	1:09	4:07	6:05
Craigavon Area	1:57	1:47	7:57	9:32
Daisy Hill	1:01	1:02	4:59	4:27
Altnagelvin Area	1:54	2:12	5:57	6:11
South West Acute	0:40	0:36	4:11	3:33
Type 1	1:09	1:31	5:39	6:41
Type 2	0:44	0:24	2:17	1:47
Type 3	0:06	0:04	1:26	0:50
Northern Ireland	1:00	1:16	5:23	6:24

Source: Regional Data Warehouse,

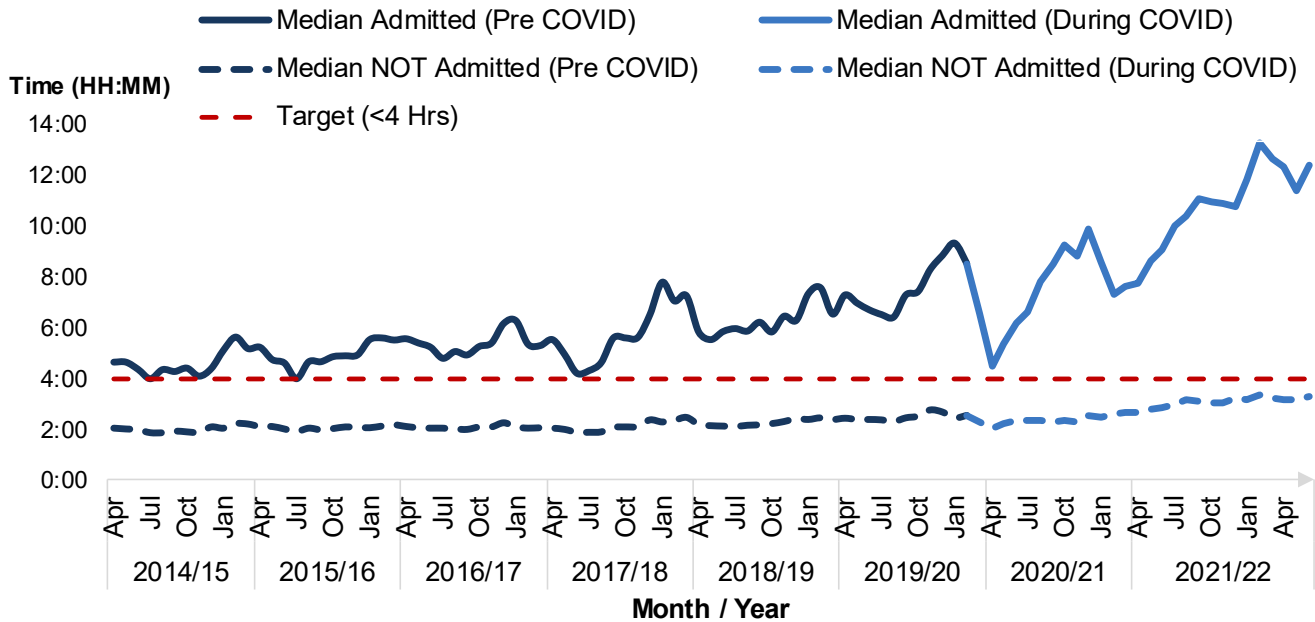
- The median time spent at Type 1 EDs from triage to start of treatment by a medical professional was 1 hour 31 minutes in June 2022, 22 minutes more than June 2021 (1 hour 9 minutes)(Table 9, Table 11F).
- Altnagelvin Area (2 hour 12 minutes) reported the longest median time spent in ED from triage to start of treatment during June 2022, whilst South West Acute (36 minutes) reported the shortest median time (Table 9, Table 11F).
- Craigavon Area reported the longest time spent in ED between triage and start of treatment, with 95 percent of attendances commencing treatment within 9 hours 32 minutes of being triaged; 1 hour 35 minutes more than June 2021 (7 hours 57 minutes) (Table 9, Table 11F).
- South West Acute reported the shortest time to start of treatment during June 2022, with 95 percent of attendances commencing treatment within 3 hours 33 minutes of being triaged, 38 minutes less than the time taken in June 2021 (4 hour 11 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,

- During June 2022, the median time patients admitted to hospital spent in ED was 12 hours 20 minutes, compared to 3 hours 17 minutes for those discharged home (Figure 12, Table 11G & 11H).
- During June 2022, 95 percent of attendances were admitted to hospital within 41 hours 55 minutes of their arrival, over three times longer than 95 percent of those discharged home (11 hours 52 minutes) (Table 11G & 11H).
- During the last 3 months, the median time patients admitted spent in ED was longest in June (12 hours 20 minutes) and shortest in May (11 hours 22 minutes) (Table 11G).
- During this period, the median time spent by patients discharged home was longest in June (3 hours 17 minutes) and shortest in April and May (3 hours 10 minutes) (Table 11H).
- During this period, the longest time spent by up to 95 percent of patients admitted was in April (43 hours 42 minutes) and shortest in May (36 hours 12 minutes) (Table 11G).
- During this period, the longest time spent by up to 95 percent of patients discharged home was in June (11 hours 52 minutes) and shortest in May (11 hours 18 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 June 2021 and June 2022.

Department	Admitted				Discharged			
	Median		95th Percentile		Median		95th Percentile	
	Jun 2021	Jun 2022	Jun 2021	Jun 2022	Jun 2021	Jun 2022	Jun 2021	Jun 2022
Mater	8:26	11:36	23:26	37:15	2:31	3:37	8:10	11:50
Royal Victoria	10:13	14:39	25:50	40:39	5:09	5:50	14:25	20:55
RBHSC	4:34	5:02	8:17	9:50	2:36	3:06	5:35	7:01
Antrim Area	7:24	9:36	32:44	53:53	2:49	3:50	8:04	15:05
Causeway	7:55	12:10	25:53	43:35	2:35	3:17	7:39	9:35
Ulster	11:56	17:31	30:09	42:13	2:52	3:25	7:53	10:12
Craigavon Area	10:34	14:27	28:45	39:48	3:55	3:51	11:53	13:35
Daisy Hill	7:32	8:46	26:20	26:22	2:45	2:54	8:09	8:47
Altnagelvin Area	10:58	19:52	26:47	44:49	4:03	4:47	9:43	15:05
South West Acute	7:11	8:28	25:09	36:34	2:57	3:05	8:41	10:34
Type 1	9:09	12:35	27:50	42:02	3:12	3:45	9:44	12:48
Type 2	5:09	5:22	9:25	9:53	2:12	1:50	5:26	5:36
Type 3	2:56	2:39	7:32	6:18	0:43	0:36	2:38	1:52
Northern Ireland	9:01	12:20	27:46	41:55	2:49	3:17	9:10	11:52

Source: Regional Data Warehouse,

- The median time patients who were admitted to hospital spent in a Type 1 ED was 12 hours 35 minutes in June 2022, 3 hours 26 minutes more than the same month last year (9 hours 9 minutes) (Table 10, Table 11G).
- The median time patients discharged home (not admitted) spent in a Type 1 ED was 3 hours 45 minutes in June 2022, 33 minutes more than the time taken during the same month last year (3 hours 12 minutes) (Table 10, Table 11H).
- 95 percent of patients were admitted to hospital within 42 hours 2 minutes at Type 1 EDs in June 2022, 14 hours 12 minutes more than in June 2021 (27 hours 50 minutes) (Table 10, Table 11G).
- In June 2022, 95 percent of attendances at Type 1 EDs were discharged home within 12 hours 48 minutes of their arrival, 3 hours 4 minutes more than the time taken in June 2021 (9 hours 44 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

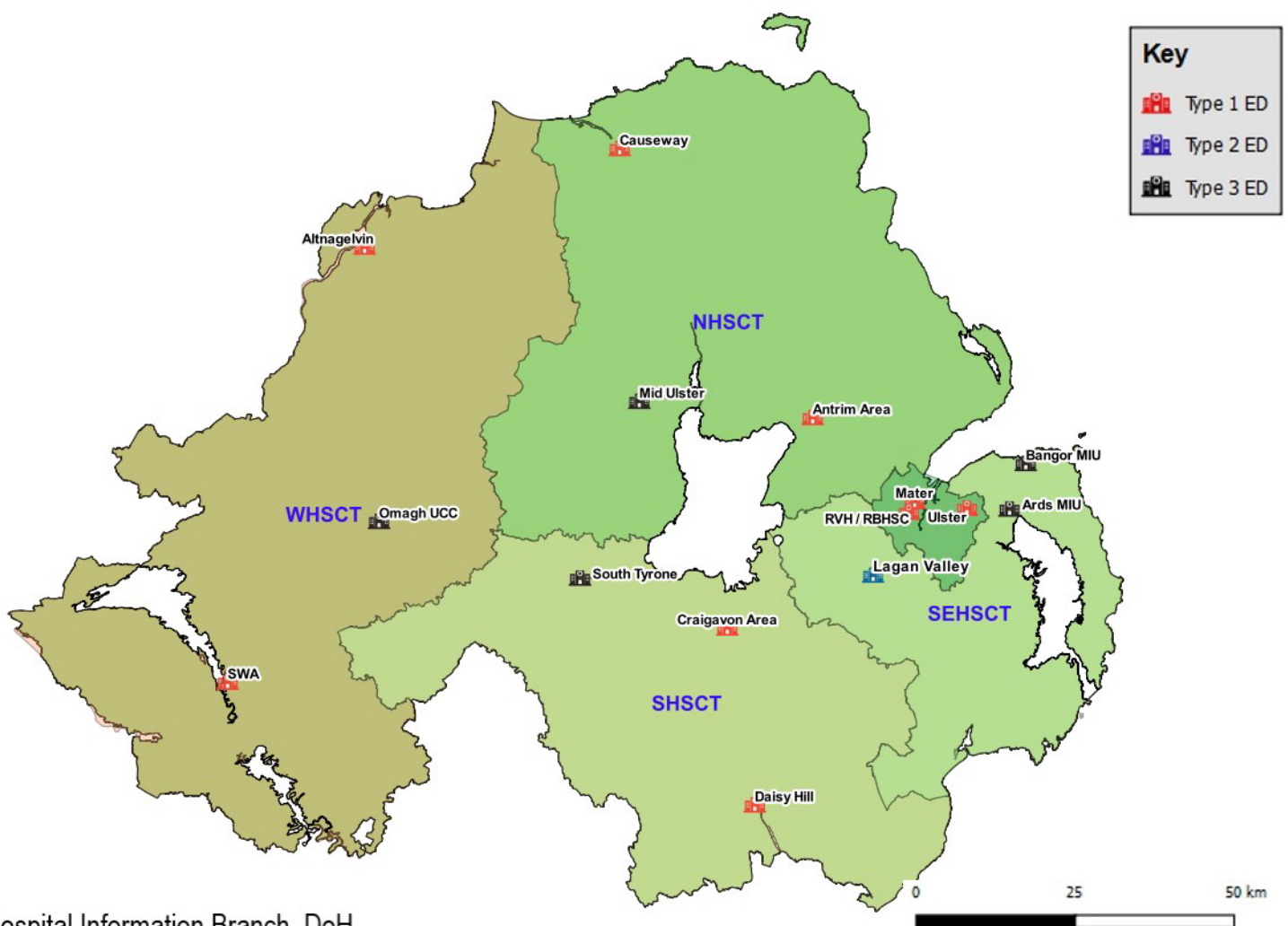
There are three separate categories of emergency care facility included in this publication:

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



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			
	Jun 2021	Apr 2022	May 2022	Jun 2022	Jun 2021	Apr 2022	May 2022	Jun 2022	Jun 2021	Apr 2022	May 2022	Jun 2022	Jun 2021	Apr 2022	May 2022	Jun 2022
Belfast	-	-	-	-	4,789	2,063	2,027	2,076	4,789	2,063	2,027	2,076	2,389	0	0	0
Northern	4,649	3,233	3,232	3,101	-	-	-	-	4,649	3,233	3,232	3,101	347	253	271	428
South Eastern	444	2,745	2,737	2,807	1,116	1,193	1,292	1,282	1,560	3,938	4,029	4,089	289	339	312	330
Southern	4,808	4,947	4,943	4,710	80	134	183	198	4,888	5,081	5,126	4,908	1,036	1,363	1,358	1,381
Western	1,658	905	757	968	-	-	-	-	1,658	905	757	968	948	357	421	498
Northern Ireland	11,559	11,830	11,669	11,586	5,985	3,390	3,502	3,556	17,544	15,220	15,171	15,142	5,009	2,312	2,362	2,637

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			
	Jun 2021	Apr 2022	May 2022	Jun 2022	Jun 2021	Apr 2022	May 2022	Jun 2022	Jun 2021	Apr 2022	May 2022	Jun 2022
Mater	2,366	2,677	2,921	2,919	60	68	64	68	2,426	2,745	2,985	2,987
Royal Victoria	6,873	6,623	7,137	6,836	64	166	227	200	6,937	6,789	7,364	7,036
RBHSC	3,776	3,490	3,907	3,885	348	368	407	332	4,124	3,858	4,314	4,217
Antrim Area	7,863	7,241	7,801	7,324	481	387	386	391	8,344	7,628	8,187	7,715
Causeway	4,081	3,659	3,776	3,819	120	252	245	216	4,201	3,911	4,021	4,035
Ulster	9,324	8,177	8,695	8,476	477	332	379	326	9,801	8,509	9,074	8,802
Craigavon Area	6,789	6,089	6,667	6,469	566	488	548	536	7,355	6,577	7,215	7,005
Daisy Hill	4,612	4,414	4,718	4,536	393	243	228	219	5,005	4,657	4,946	4,755
Altnagelvin Area	5,606	5,035	5,411	5,404	482	415	416	411	6,088	5,450	5,827	5,815
South West Acute	3,242	2,812	3,031	2,962	353	265	333	343	3,595	3,077	3,364	3,305
Type 1	54,532	50,217	54,064	52,630	3,344	2,984	3,233	3,042	57,876	53,201	57,297	55,672
Eye Casualty	676	591	671	611	132	180	214	165	808	771	885	776
Lagan Valley	2,258	1,864	2,018	1,981	97	73	77	51	2,355	1,937	2,095	2,032
Type 2	2,934	2,455	2,689	2,592	229	253	291	216	3,163	2,708	2,980	2,808
Mid Ulster	622	504	585	568	16	15	16	14	638	519	601	582
Ards	939	937	999	960	2	0	0	0	941	937	999	960
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	2,436	1,855	2,001	1,818	44	27	21	26	2,480	1,882	2,022	1,844
Omagh	1,499	1,530	1,593	1,542	137	113	127	117	1,636	1,643	1,720	1,659
Type 3	5,496	4,826	5,178	4,888	199	155	164	157	5,695	4,981	5,342	5,045
Northern Ireland	62,962	57,498	61,931	60,110	3,772	3,392	3,688	3,415	66,734	60,890	65,619	63,525

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			
	Jun 2021	Apr 2022	May 2022	Jun 2022	Jun 2021	Apr 2022	May 2022	Jun 2022	Jun 2021	Apr 2022	May 2022	Jun 2022
Mater	57.2%	45.1%	46.1%	45.9%	199	312	358	386	2,426	2,745	2,985	2,987
Royal Victoria	30.7%	27.6%	26.9%	26.3%	1,134	1,672	1,598	1,766	6,937	6,789	7,364	7,036
RBHSC	77.5%	70.3%	67.2%	63.5%	0	11	19	20	4,124	3,858	4,314	4,217
Antrim Area	60.8%	50.6%	47.6%	46.1%	671	1,058	1,130	1,053	8,344	7,628	8,187	7,715
Causeway	64.8%	51.2%	58.7%	55.2%	280	474	371	458	4,201	3,911	4,021	4,035
Ulster	57.9%	46.8%	46.8%	46.8%	1,166	1,412	1,509	1,515	9,801	8,509	9,074	8,802
Craigavon Area	43.1%	43.9%	44.6%	42.7%	939	1,299	1,179	1,326	7,355	6,577	7,215	7,005
Daisy Hill	61.7%	59.6%	59.6%	58.8%	233	213	308	279	5,005	4,657	4,946	4,755
Altnagelvin Area	42.7%	40.6%	35.1%	33.3%	617	909	991	1,049	6,088	5,450	5,827	5,815
South West Acute	60.0%	45.1%	54.1%	58.0%	245	523	372	338	3,595	3,077	3,364	3,305
Type 1	53.9%	46.9%	46.8%	45.7%	5,484	7,883	7,835	8,190	57,876	53,201	57,297	55,672
Eye Casualty	85.8%	81.7%	84.7%	84.1%	0	0	0	0	808	771	885	776
Lagan Valley	79.1%	77.7%	78.2%	78.6%	4	3	0	2	2,355	1,937	2,095	2,032
Type 2	80.8%	78.9%	80.2%	80.2%	4	3	0	2	3,163	2,708	2,980	2,808
Mid Ulster	99.8%	99.8%	99.8%	100.0%	0	0	0	0	638	519	601	582
Ards	99.9%	100.0%	100.0%	100.0%	0	0	0	0	941	937	999	960
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	100.0%	100.0%	100.0%	100.0%	0	0	0	0	2,480	1,882	2,022	1,844
Omagh	96.5%	98.2%	98.3%	98.3%	0	0	0	0	1,636	1,643	1,720	1,659
Type 3	98.9%	99.4%	99.4%	99.4%	0	0	0	0	5,695	4,981	5,342	5,045
Northern Ireland	59.0%	52.6%	52.6%	51.5%	5,488	7,886	7,835	8,192	66,734	60,890	65,619	63,525

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			
	Jun 2021	Apr 2022	May 2022	Jun 2022	Jun 2021	Apr 2022	May 2022	Jun 2022	Jun 2021	Apr 2022	May 2022	Jun 2022
Mater	5.6%	7.9%	6.4%	7.4%	3.9%	10.1%	10.6%	8.9%	1.7%	1.8%	1.6%	1.5%
Royal Victoria	9.4%	16.0%	17.0%	14.3%	11.9%	10.3%	11.5%	12.0%	0.5%	1.3%	1.8%	2.0%
RBHSC	3.5%	8.4%	8.6%	9.1%	5.9%	5.6%	8.3%	9.8%	6.0%	6.6%	6.3%	5.9%
Antrim Area	13.8%	12.8%	13.6%	14.1%	3.5%	4.5%	6.8%	6.3%	3.4%	3.0%	3.3%	3.3%
Causeway	11.7%	10.5%	11.3%	10.4%	4.6%	7.7%	4.7%	6.0%	2.0%	4.3%	3.6%	3.3%
Ulster	20.9%	21.6%	20.0%	19.8%	3.8%	5.4%	6.7%	6.2%	3.2%	2.8%	2.6%	2.6%
Craigavon Area	26.4%	21.0%	21.6%	20.5%	10.4%	6.9%	7.4%	9.7%	5.2%	4.6%	5.2%	5.4%
Daisy Hill	18.7%	19.0%	19.5%	17.3%	6.3%	4.2%	5.7%	4.4%	5.5%	3.9%	3.6%	3.5%
Altnagelvin Area	10.1%	10.2%	10.4%	9.7%	8.0%	7.4%	8.8%	9.4%	6.3%	5.8%	5.7%	5.6%
South West Acute	22.9%	21.8%	22.2%	22.1%	6.1%	5.6%	3.7%	3.3%	7.8%	7.2%	7.4%	7.4%
Type 1	15.4%	15.7%	15.8%	15.1%	6.6%	6.6%	7.5%	7.8%	4.0%	3.9%	3.9%	3.9%
Eye Casualty	4.2%	4.4%	2.0%	4.1%	0.2%	0.5%	0.6%	0.1%	0.4%	0.6%	0.5%	0.3%
Lagan Valley	10.7%	7.0%	7.1%	7.4%	1.7%	1.1%	0.9%	1.2%	1.9%	1.7%	1.5%	1.1%
Type 2	9.0%	6.3%	5.6%	6.5%	1.4%	0.9%	0.8%	0.9%	1.5%	1.4%	1.2%	0.9%
Mid Ulster	0.8%	1.7%	0.8%	0.7%	0.5%	0.2%	0.0%	0.5%	1.3%	1.5%	1.0%	1.0%
Ards	0.9%	0.1%	0.2%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	0.0%	0.0%	0.0%	0.1%	0.2%	0.1%	0.0%	0.0%	1.1%	0.7%	0.8%	0.6%
Omagh	4.8%	2.5%	3.0%	2.7%	2.5%	1.2%	1.4%	0.7%	5.2%	4.7%	4.7%	4.4%
Type 3	1.6%	1.0%	1.1%	1.2%	0.8%	0.4%	0.4%	0.3%	2.1%	2.0%	1.9%	1.8%
Northern Ireland	13.9%	14.1%	14.2%	13.6%	5.8%	5.9%	6.7%	6.9%	3.7%	3.6%	3.6%	3.6%

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			
	Jun 2021	Apr 2022	May 2022	Jun 2022	Jun 2021	Apr 2022	May 2022	Jun 2022	Jun 2021	Apr 2022	May 2022	Jun 2022
Mater	136	217	191	221	95	278	317	267	42	50	49	44
Royal Victoria	650	1,082	1,262	1,009	823	697	846	841	35	91	136	140
RBHSC	143	321	371	386	245	215	360	413	250	252	273	250
Antrim Area	1,152	970	1,114	1,091	290	341	553	485	286	230	271	257
Causeway	489	411	455	419	193	302	188	242	82	167	144	134
Ulster	2,048	1,835	1,816	1,750	368	459	605	547	309	235	239	228
Craigavon Area	1,943	1,382	1,560	1,438	768	456	535	681	381	303	373	379
Daisy Hill	935	883	966	823	315	196	280	210	275	182	176	165
Altnagelvin Area	615	555	605	565	486	402	513	547	385	316	330	325
South West Acute	820	670	747	733	218	171	123	109	278	222	250	244
Type 1	8,931	8,326	9,087	8,435	3,801	3,517	4,320	4,342	2,323	2,048	2,241	2,166
Eye Casualty	34	34	18	32	2	4	5	1	3	5	4	2
Lagan Valley	253	136	148	150	41	21	19	24	45	33	32	23
Type 2	287	170	166	182	43	25	24	25	48	38	36	25
Mid Ulster	5	9	5	4	3	1	0	3	8	8	6	6
Ards	8	1	2	8	0	0	0	0	0	0	0	0
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	0	0	0	2	4	1	0	0	28	13	17	11
Omagh	79	41	51	45	41	20	24	11	85	77	81	73
Type 3	92	51	58	59	48	22	24	14	121	98	104	90
Northern Ireland	9,310	8,547	9,311	8,676	3,892	3,564	4,368	4,381	2,492	2,184	2,381	2,281

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			
	Jun 2021	Apr 2022	May 2022	Jun 2022	Jun 2021	Apr 2022	May 2022	Jun 2022
Mater	0:11	0:13	0:14	0:15	0:45	0:49	0:56	1:02
Royal Victoria	0:13	0:18	0:19	0:17	1:07	1:19	1:30	1:27
RBHSC	0:11	0:10	0:11	0:12	0:45	0:48	0:44	0:47
Antrim Area	0:11	0:13	0:13	0:14	0:32	0:38	0:37	0:39
Causeway	0:14	0:16	0:14	0:15	0:48	0:52	0:42	0:47
Ulster	0:11	0:13	0:13	0:14	0:51	1:18	1:22	1:48
Craigavon Area	0:14	0:12	0:11	0:11	1:55	1:52	1:12	1:35
Daisy Hill	0:10	0:08	0:07	0:08	0:37	0:28	0:28	0:28
Altnagelvin Area	0:14	0:18	0:17	0:19	0:49	1:10	1:05	1:09
South West Acute	0:12	0:21	0:16	0:13	0:52	1:14	0:55	0:58
Type 1	0:12	0:13	0:13	0:13	0:57	1:07	1:02	1:07
Eye Casualty	0:11	0:10	0:09	0:12	0:40	0:44	0:47	0:52
Lagan Valley	0:06	0:05	0:05	0:05	0:18	0:16	0:17	0:16
Type 2	0:07	0:05	0:06	0:06	0:27	0:29	0:32	0:34
Mid Ulster	0:11	0:10	0:07	0:08	1:02	0:46	0:29	0:45
Ards	0:02	0:02	0:02	0:02	0:13	0:09	0:08	0:13
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:01	0:01	0:01	0:01	0:09	0:07	0:07	0:06
Omagh	0:09	0:09	0:07	0:07	0:40	0:33	0:35	0:31
Type 3	0:03	0:02	0:02	0:02	0:24	0:24	0:21	0:21
Northern Ireland	0:11	0:12	0:11	0:12	0:53	1:03	0:58	1:03

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			
	Jun 2021	Apr 2022	May 2022	Jun 2022	Jun 2021	Apr 2022	May 2022	Jun 2022
Mater	0:36	1:50	1:32	1:42	3:11	6:45	7:19	6:24
Royal Victoria	1:39	1:49	2:04	2:03	7:45	8:08	8:35	8:46
RBHSC	1:07	1:07	1:23	1:34	3:15	3:45	4:45	4:22
Antrim Area	1:11	1:39	1:59	2:07	5:05	6:33	7:56	7:35
Causeway	0:51	1:37	1:14	1:29	3:39	5:43	3:38	4:24
Ulster	0:49	1:12	1:12	1:09	4:07	5:54	6:20	6:05
Craigavon Area	1:57	1:33	1:39	1:47	7:57	8:07	7:52	9:32
Daisy Hill	1:01	0:58	0:56	1:02	4:59	4:39	5:11	4:27
Altnagelvin Area	1:54	1:36	2:04	2:12	5:57	5:50	5:46	6:11
South West Acute	0:40	0:51	0:46	0:36	4:11	5:15	3:32	3:33
Type 1	1:09	1:23	1:28	1:31	5:39	6:14	6:31	6:41
Lagan Valley	0:44	0:26	0:24	0:24	2:17	1:57	1:54	1:47
Type 2	0:44	0:26	0:24	0:24	2:17	1:57	1:54	1:47
Mid Ulster	0:01	0:01	0:01	0:01	0:18	0:11	0:11	0:35
Ards	0:11	0:06	0:04	0:05	0:39	0:28	0:23	0:23
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:01	0:02	0:01	0:01	0:25	0:19	0:15	0:16
Omagh	0:23	0:16	0:15	0:12	2:36	1:57	1:42	1:23
Type 3	0:06	0:05	0:04	0:04	1:26	1:09	1:05	0:50
Northern Ireland	1:00	1:10	1:12	1:16	5:23	5:58	6:14	6:24

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

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			
	Jun 2021	Apr 2022	May 2022	Jun 2022	Jun 2021	Apr 2022	May 2022	Jun 2022
Mater	2:31	3:43	3:37	3:37	8:10	11:41	11:57	11:50
Royal Victoria	5:09	5:38	5:46	5:50	14:25	20:11	17:39	20:55
RBHSC	2:36	2:47	2:56	3:06	5:35	6:05	7:00	7:01
Antrim Area	2:49	3:25	3:34	3:50	8:04	12:53	13:36	15:05
Causeway	2:35	3:22	3:00	3:17	7:39	10:59	8:15	9:35
Ulster	2:52	3:22	3:25	3:25	7:53	9:46	10:47	10:12
Craigavon Area	3:55	3:39	3:40	3:51	11:53	12:16	11:48	13:35
Daisy Hill	2:45	2:54	2:49	2:54	8:09	7:40	8:31	8:47
Altnagelvin Area	4:03	4:10	4:42	4:47	9:43	14:04	15:28	15:05
South West Acute	2:57	3:57	3:18	3:05	8:41	19:09	12:50	10:34
Type 1	3:12	3:38	3:39	3:45	9:44	12:17	12:02	12:48
Eye Casualty	2:17	2:28	2:21	2:19	5:12	5:34	5:54	5:19
Lagan Valley	2:09	1:41	1:44	1:36	5:33	5:29	5:38	5:42
Type 2	2:12	1:58	1:57	1:50	5:26	5:29	5:39	5:36
Mid Ulster	0:52	0:47	0:35	0:36	2:17	2:04	2:01	2:07
Ards	0:50	0:42	0:39	0:40	1:35	1:26	1:13	1:18
Bangor	-	-	-	-	-	-	-	-
South Tyrone	0:30	0:31	0:30	0:30	1:20	1:11	1:02	1:09
Omagh	1:11	0:59	0:55	0:47	3:43	3:05	2:51	2:38
Type 3	0:43	0:40	0:37	0:36	2:38	2:12	1:58	1:52
Northern Ireland	2:49	3:10	3:10	3:17	9:10	11:25	11:18	11:52

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	Jun 2021	Apr 2022	May 2022	Jun 2022
Under 5	51.3	47.3	50.3	52.2
Aged 5 - 15	36.3	30.8	36.7	33.1
Aged 16 - 44	32.2	29.1	30.9	29.8
Aged 45 - 64	28.5	26.3	28.0	27.0
Aged 65 - 74	34.1	31.3	34.4	34.1
Aged 75 & Over	58.4	57.0	58.6	58.1
Northern Ireland	35.2	32.1	34.6	33.5

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

Day of Week	Jun 2021	Apr 2022	May 2022	Jun 2022
Monday	2,635.3	2,347.3	2,442.8	2,474.0
Tuesday	2,447.6	2,157.0	2,281.4	2,313.3
Wednesday	2,310.6	2,137.3	2,187.3	2,207.8
Thursday	2,240.8	2,153.8	2,166.5	2,129.2
Friday	2,212.3	2,085.4	2,164.0	2,104.5
Saturday	1,750.0	1,668.2	1,695.8	1,781.5
Sunday	1,900.5	1,698.3	1,853.0	1,818.0

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			
	Jun 2021	Apr 2022	May 2022	Jun 2022	Jun 2021	Apr 2022	May 2022	Jun 2022	Jun 2021	Apr 2022	May 2022	Jun 2022
Mater	1,387	1,237	1,375	1,370	840	1,196	1,252	1,231	199	312	358	386
Royal Victoria	2,128	1,872	1,984	1,851	3,675	3,245	3,782	3,419	1,134	1,672	1,598	1,766
RBHSC	3,197	2,714	2,900	2,676	927	1,133	1,395	1,521	0	11	19	20
Antrim Area	5,075	3,858	3,894	3,553	2,598	2,712	3,163	3,109	671	1,058	1,130	1,053
Causeway	2,724	2,004	2,362	2,229	1,197	1,433	1,288	1,348	280	474	371	458
Ulster	5,674	3,985	4,247	4,117	2,961	3,112	3,318	3,170	1,166	1,412	1,509	1,515
Craigavon Area	3,167	2,886	3,215	2,988	3,249	2,392	2,821	2,691	939	1,299	1,179	1,326
Daisy Hill	3,087	2,777	2,949	2,798	1,685	1,667	1,689	1,678	233	213	308	279
Altnagelvin Area	2,598	2,215	2,044	1,938	2,873	2,326	2,792	2,828	617	909	991	1,049
South West Acute	2,157	1,389	1,819	1,917	1,193	1,165	1,173	1,050	245	523	372	338
Type 1	31,194	24,937	26,789	25,437	21,198	20,381	22,673	22,045	5,484	7,883	7,835	8,190
Eye Casualty	693	630	750	653	115	141	135	123	0	0	0	0
Lagan Valley	1,862	1,506	1,639	1,598	489	428	456	432	4	3	0	2
Type 2	2,555	2,136	2,389	2,251	604	569	591	555	4	3	0	2
Mid Ulster	637	518	600	582	1	1	1	0	0	0	0	0
Ards	940	937	999	960	1	0	0	0	0	0	0	0
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	2,479	1,882	2,022	1,844	1	0	0	0	0	0	0	0
Omagh	1,578	1,614	1,690	1,631	58	29	30	28	0	0	0	0
Type 3	5,634	4,951	5,311	5,017	61	30	31	28	0	0	0	0
Northern Ireland	39,383	32,024	34,489	32,705	21,863	20,980	23,295	22,628	5,488	7,886	7,835	8,192

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			
	Jun 2021	Apr 2022	May 2022	Jun 2022
Mater	82.7%	52.3%	57.3%	56.2%
Royal Victoria	55.3%	52.5%	48.9%	49.5%
RBHSC	77.0%	73.0%	66.8%	62.8%
Antrim Area	70.8%	57.3%	50.1%	47.8%
Causeway	79.6%	58.4%	71.1%	63.9%
Ulster	78.8%	67.8%	65.9%	67.0%
Craigavon Area	50.6%	57.8%	56.2%	53.0%
Daisy Hill	76.2%	73.8%	73.8%	73.9%
Altnagelvin Area	51.8%	58.0%	48.5%	45.8%
South West Acute	79.5%	74.7%	79.9%	84.5%
Type 1	68.4%	62.4%	60.4%	59.2%
Lagan Valley	91.9%	95.3%	95.6%	95.9%
Type 2	91.9%	95.3%	95.6%	95.9%
Mid Ulster	100.0%	100.0%	100.0%	100.0%
Ards	100.0%	100.0%	99.9%	100.0%
Bangor	-	-	-	-
South Tyrone	100.0%	100.0%	100.0%	100.0%
Omagh	90.6%	95.3%	96.2%	97.6%
Type 3	96.9%	98.4%	98.6%	99.1%
Northern Ireland	71.7%	66.5%	64.9%	63.7%

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 Triage'd in each Triage Group^{52 53}

Department	Triage'd Level (1/2)				Triage'd Level (3)				Triage'd Level (4/5)			
	Jun 2021	Apr 2022	May 2022	Jun 2022	Jun 2021	Apr 2022	May 2022	Jun 2022	Jun 2021	Apr 2022	May 2022	Jun 2022
Mater	22.7%	21.6%	21.7%	21.3%	45.9%	45.5%	46.2%	45.8%	31.4%	32.9%	32.1%	32.9%
Royal Victoria	26.1%	29.0%	27.5%	28.0%	53.4%	50.7%	51.6%	48.5%	20.5%	20.3%	20.9%	23.5%
RBHSC	11.2%	14.1%	15.2%	15.3%	20.9%	24.8%	25.4%	26.2%	67.9%	61.2%	59.4%	58.5%
Antrim Area	18.1%	16.8%	18.4%	16.8%	49.7%	53.1%	53.0%	53.6%	32.2%	30.0%	28.6%	29.6%
Causeway	17.7%	20.0%	21.2%	20.2%	53.5%	57.3%	54.3%	57.0%	28.8%	22.8%	24.5%	22.8%
Ulster	22.4%	26.7%	24.4%	25.2%	42.8%	42.4%	43.8%	41.5%	34.8%	30.9%	31.8%	33.3%
Craigavon Area	28.5%	32.4%	32.2%	32.2%	40.0%	38.3%	38.9%	38.2%	31.5%	29.3%	28.9%	29.6%
Daisy Hill	25.7%	29.2%	28.9%	29.4%	42.6%	42.9%	43.1%	44.7%	31.8%	27.8%	28.0%	25.9%
Altnagelvin Area	32.1%	31.1%	32.5%	33.8%	32.0%	35.4%	33.8%	35.5%	35.8%	33.5%	33.6%	30.7%
South West Acute	14.7%	18.8%	18.0%	18.6%	40.7%	47.6%	45.6%	44.2%	44.5%	33.6%	36.4%	37.2%
Type 1	22.9%	25.1%	24.9%	25.1%	42.5%	43.7%	43.7%	43.3%	34.7%	31.2%	31.4%	31.7%
Eye Casualty	1.6%	3.6%	1.8%	1.8%	20.9%	18.4%	17.3%	18.2%	77.5%	78.0%	80.9%	80.0%
Lagan Valley	6.5%	6.0%	6.0%	6.1%	28.0%	26.1%	23.9%	23.1%	65.5%	67.9%	70.1%	70.8%
Type 2	5.2%	5.3%	4.7%	4.9%	26.2%	23.9%	22.0%	21.7%	68.6%	70.8%	73.3%	73.4%
Mid Ulster	-	-	3.9%	4.1%	26.6%	24.4%	20.8%	24.0%	73.4%	75.6%	75.3%	71.9%
Ards	0.3%	-	0.2%	-	0.5%	-	0.2%	0.2%	99.1%	100.0%	99.6%	99.8%
Bangor	-	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	0.4%	0.5%	0.5%	0.2%	1.9%	2.0%	1.3%	1.0%	97.7%	97.5%	98.2%	98.8%
Omagh	0.5%	1.0%	0.4%	1.2%	2.4%	2.2%	2.3%	2.1%	97.1%	96.8%	97.3%	96.6%
Type 3	0.4%	0.5%	0.5%	0.6%	2.4%	2.1%	1.8%	1.9%	97.2%	97.4%	97.8%	97.5%
Northern Ireland	20.2%	22.3%	22.1%	22.3%	38.4%	39.6%	39.5%	39.2%	41.4%	38.1%	38.4%	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](#)