

INFORMATION
ANALYSIS
DIRECTORATE



Urgent & Emergency Care Waiting Time Statistics for Northern Ireland (January – March 2026)

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Health

An Roinn Sláinte

Máinnystrie O Poustie

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NISRA

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 reviewed 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 Waits Information Branch (HWIB) prior to release. The statistics has been assessed to the standard of Accredited Official Statistics, however during implementation and stabilisation of the change of data source to 'encompass', the statistics is considered as 'official statistics in development'. This also applies to the following areas that historically have been published as Official Statistics and not Accredited Official Statistics: attendances at urgent care services, 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, and time to admission or discharge. 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 Planning and Performance Group (SPPG), Health Care Professionals, Academics, HSC Stakeholders, Media & General Public.

Further Copies: statistics@health-ni.gov.uk

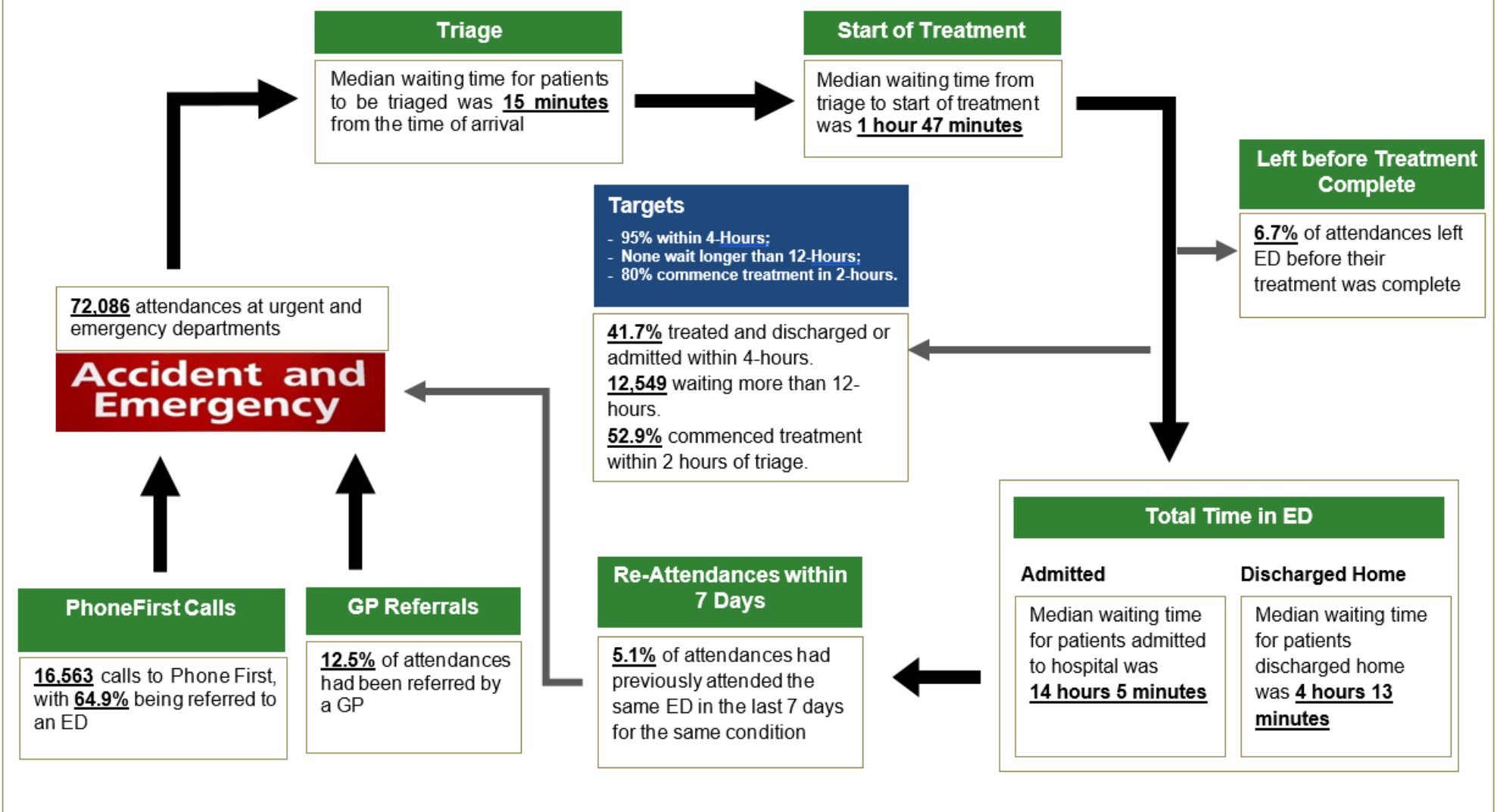
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¹ Information on Security and Confidentiality Processes is also detailed in the Technical Notes of this publication.

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SUMMARY OF KEY FACTS (March 2026)



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. As part of the 'No More Silos' action plan, two new urgent care services, Phone First and 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. It is also important to note that urgent and emergency care services in Northern Ireland perform critical roles in responding to patient need.

Phone First: Telephone triage service for patients considering travelling to an ED, to access alternative assessments, advice, and information and receive appropriate care promptly.

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). Minor injury units (MIUs) and Urgent Care Centres (UCCs) are classed as Type 3 Emergency Departments.

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.

Encompass

Encompass is a new electronic patient record system with 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 legacy health systems into one administrative system.

Encompass first introduced in the South Eastern Health and Social (HSC) Trust on 9th November 2023, the Belfast HSC Trust on 6th June 2024 and the Northern Trust on 7th November 2024, and was rolled out in the Southern and Western HSC Trusts on 8th May 2025.

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

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

Official statistics

The statistics within this publication has been assessed to the standard of Accredited Official Statistics, however during implementation and stabilisation of the change of data source to the encompass system, they are considered to be '**official statistics in development**' which are a subset of Official Statistics in line with the Code of Practice for Statistics. While caution must be exercised when using these figures, they are a meaningful representation of what they measure and are of sufficient quality for publication and use.

This also applies to the Clinical Quality Indicators that historically have been published as Official Statistics and not Accredited Official Statistics, and are based on source of referral, method of arrival and destination on discharge from ED. These have been provided to give a more comprehensive overview of activity at EDs across Northern Ireland. These fields are recorded on encompass, and then mapped by DoH to a set of agreed regional codes. A review of the mapping of these codes from the encompass system was undertaken, and a new set of regionally agreed codes was produced. A validation exercise has begun and will be ongoing throughout 2026.

Phone First Services

Table 1: Phone First calls and referral to EDs^{2,3}

The number of calls received by Phone First services and patients referred to ED from Phone First during January, February and March 2026.

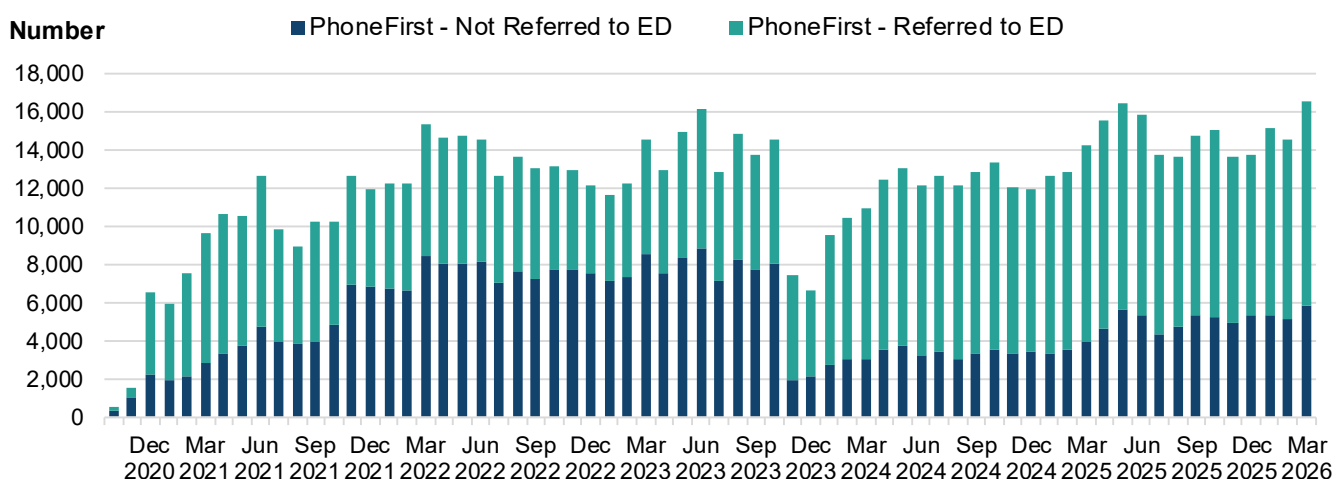
Activity	Jan 2026	Feb 2026	Mar 2026
PhoneFirst	15,154	14,579	16,563
Number Referred to ED	9,838	9,462	10,743
% Referred to ED	64.9%	64.9%	64.9%

Source: Health and Social Care Trusts

In March 2026, 16,563 calls were received by Phone First and a total of 10,743 (64.9%) resulted in a referral to an ED, whilst 5,820 patients did not get referred to an ED⁴ (Table 1 & 11A).

Figure 1: Phone First calls and referrals to emergency departments

The number of calls received by Phone First service and number of patients referred to an ED from Phone First in each month from October 2020 to March 2026.



Source: Health and Social Care Trusts

The highest number of Phone First calls were received in March 2026 (16,563), with the highest number of referrals to ED from Phone First in April 2025 (10,895) (Figure 1, Table 1 & 11A).

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

³ Phone First figures from South Eastern HSC Trust do not include Lagan Valley and Downe calls after October 2023, whilst Ulster Phone First calls are included from January 2024.

⁴ 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.

Attendances⁵

How many attend urgent & emergency care services?⁶

Table 2: Attendances at urgent & emergency care and emergency admissions to hospital

The number physically attending urgent and emergency care services in March 2026, compared to March 2025.

Measure	March 2025	March 2026	Change (number)	Change (%)
Attendances at Urgent and Emergency Care	71,249	72,086	837	1.2%
Number of ED Attendances Admitted to Hospital	11,613	10,998	-615	-5.3%
<i>% ED Attendances Admitted to Hospital</i>	<i>16.3%</i>	<i>15.3%</i>		<i>1.0%</i>

Source: Encompass / Regional Data Warehouse

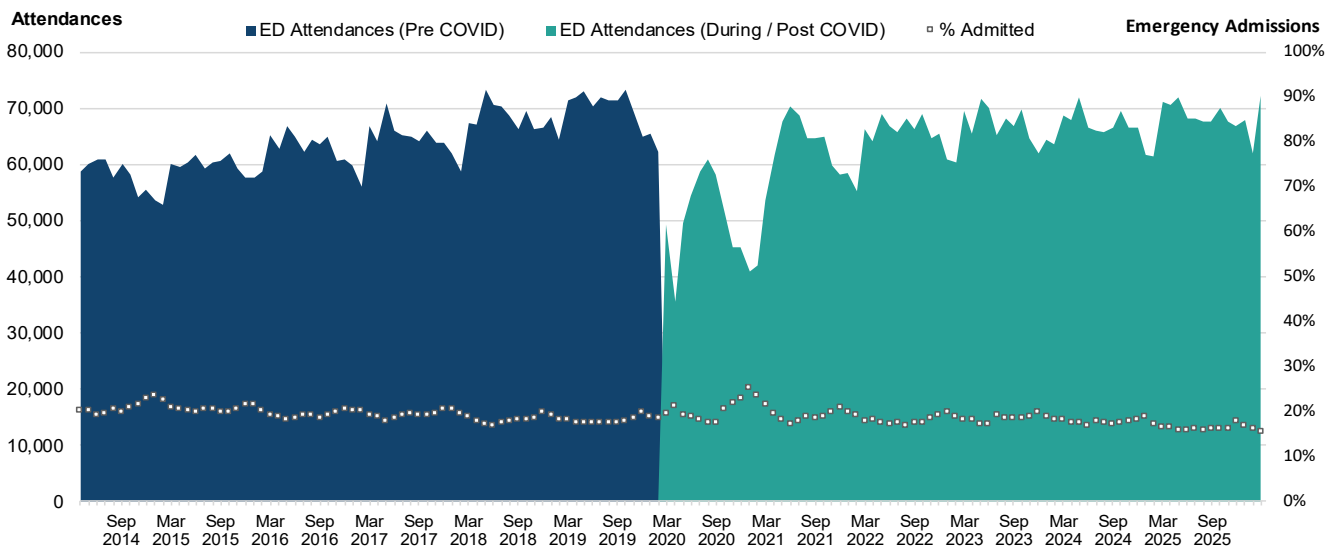
- During March 2026, 72,086 patients physically attended urgent and emergency care services (Table 2, 11B).
- The number of patients attending urgent and emergency care services increased by 837 (1.2%) in March 2026 when compared with March 2025 (Table 2, 11B).
- During the quarter ending March 2026, 201,992 patients physically attended urgent and emergency care services, 3.8% (7,467) more than the same quarter in 2025 (194,525) (Table 11B).
- The number of emergency admissions to hospital from an ED decreased by 5.3% (615) between March 2025 (11,613) and March 2026 (10,998) (Table 2 & 11B).

⁵ Please note that activity at Urgent Care Centres is now reported as Type 3 EDs.

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

Figure 2: Attendances at emergency departments and emergency admissions to hospital

The number of emergency care attendances and emergency admissions to hospital each month, from April 2014 to March 2026.



Source: Encompass / Regional Data Warehouse

- During each of the last eleven years, the percentage of ED attendances admitted to hospital was generally highest in December and January and lowest during May and June (Figure 2). It should be noted that the number of attendances was impacted by the COVID-19 pandemic, particularly during 2020.
- ED Attendances increased during January, February and March 2026 when compared with the same month of the previous year (Figure 2, Table 11B).
 - During January 2026, there were 67,879 attendances at EDs, 9.9% (6,088) more than January 2025 (61,791); and,
 - During February 2026, there were 62,027 attendances at EDs, 0.9% (542) more than February 2025 (61,485); and,
 - During March 2026, there were 72,086 attendances at EDs, 1.2% (837) more than March 2025 (71,249).

Emergency care activity

Which ED did people attend?

Table 3: Attendances at EDs^{7,8,9}

The number of new, unplanned review and total attendances at each Type 1 ED and ED Type during March 2026 and the same month last year.

Department	New		Unplanned Review		Total	
	Mar 2025	Mar 2026	Mar 2025	Mar 2026	Mar 2025	Mar 2026
Mater	3,262	3,417	261	294	3,523	3,711
Royal Victoria	6,531	6,646	437	444	6,968	7,090
RBHSC	3,668	3,996	348	380	4,016	4,376
Antrim Area	7,992	7,687	357	483	8,349	8,170
Causeway	4,048	4,323	229	257	4,277	4,580
Ulster	6,953	6,592	389	360	7,342	6,952
Craigavon Area	6,590	6,369	560	709	7,150	7,078
Daisy Hill	4,653	4,632	358	551	5,011	5,183
Altnagelvin Area	4,812	4,896	226	158	5,038	5,054
South West Acute	3,265	3,381	378	248	3,643	3,629
Type 1	51,774	51,939	3,543	3,884	55,317	55,823
Type 3	10,574	14,143	497	641	12,434	16,263
Northern Ireland	65,760	66,082	4,126	4,525	71,249	72,086

Source: Encompass / Regional Data Warehouse

- Between March 2025 and March 2026, attendances increased at Type 1 EDs and at Type 3 EDs (Table 3, Table 11B). Please note however that changes in ED designation of UCCs and Type 2 EDs to Type 3 EDs will have impacted on the increase in the Type 3 ED figures.
- Six out of the 10 Type 1 EDs reported an increase in attendances during March 2026 when compared with March 2025 (Table 3, Table 11B).
- Antrim Area was the busiest Type 1 ED during March 2026 (8,170) (Table 3, Table 11B).

⁷ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁸ Following redesignation of Lagan Valley and Downe EDs from Type 2 to Type 3 EDs in April 2025 there are no longer any Type 2 EDs in Northern Ireland, therefore historical comparisons are only provided for Type 1 and Type 3 EDs. Readers interested in previous activity at Type 2 EDs can view historical publications here: [Emergency care waiting times | Department of Health](#). Figures at Northern Ireland level include all relevant ED activity regardless of ED type.

⁹ Note that only total attendances figures are available from Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

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 4: Breakdown of attendances by triage group

The percentage of patients assigned a Manchester Triage Score at each Type 1 ED and ED Type during March 2026 and the same month last year.^{10,11}

Department	Level 1 / 2		Level 3		Level 4 / 5	
	Mar 2025	Mar 2026	Mar 2025	Mar 2026	Mar 2025	Mar 2026
Mater	27.2%	29.2%	49.5%	47.8%	23.2%	23.0%
Royal Victoria	36.2%	34.4%	51.3%	54.2%	12.5%	11.5%
RBHSC	19.0%	18.8%	24.9%	24.6%	56.1%	56.6%
Antrim Area	21.5%	22.4%	60.8%	59.6%	17.7%	18.0%
Causeway	15.0%	16.7%	39.6%	41.9%	45.4%	41.4%
Ulster	35.1%	34.6%	47.8%	49.7%	17.1%	15.7%
Craigavon Area	35.1%	42.2%	37.5%	39.9%	27.4%	18.0%
Daisy Hill	37.6%	43.4%	36.1%	39.7%	26.2%	16.9%
Altnagelvin Area	40.1%	44.9%	38.5%	41.6%	21.4%	13.6%
South West Acute	25.6%	30.8%	41.0%	42.0%	33.4%	27.2%
Type 1	30.2%	32.1%	43.9%	45.5%	25.8%	22.4%
Type 3	1.5%	2.8%	12.2%	20.0%	86.2%	77.2%
Northern Ireland	24.6%	26.7%	37.9%	40.7%	37.4%	32.6%

Source: Encompass / Regional Data Warehouse

- Over three quarters (77.6%) of attendances at Type 1 departments in March 2026 were triaged as level 1 / 2 or 3, compared with 74.2% in March 2025 (Table 4, Table 11L).
- Over a quarter (26.7%) of patients were triaged as level 1 / 2 in March 2026, less than in January 2026 (28.5%) and less than February 2026 (27.3%) (Table 11L).
- During March 2026, the Type 1 ED with the highest proportion triaged at level 1 / 2 was Altnagelvin Area (44.9%), compared with 16.7% of those attending Causeway, who had the lowest proportion (Table 4, Table 11L).

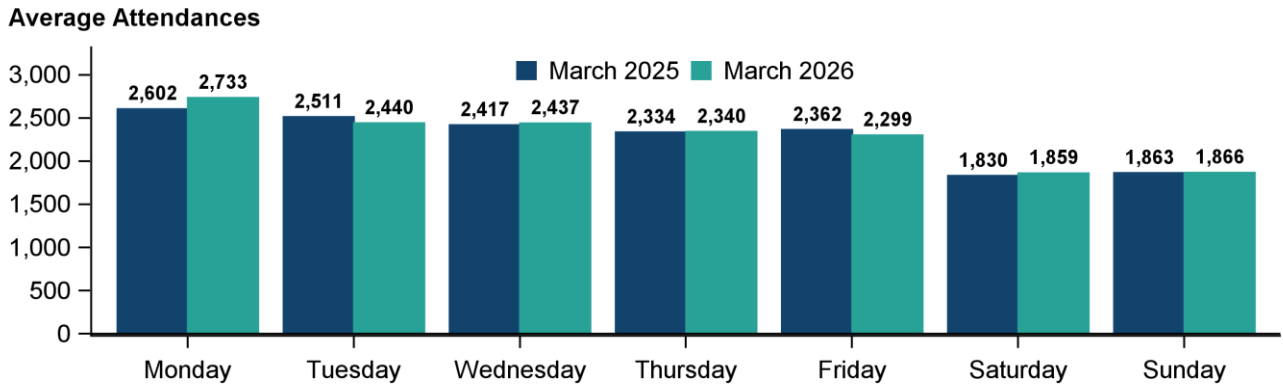
¹⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹¹ Following redesignation of Lagan Valley and Downe EDs from Type 2 to Type 3 EDs in April 2025 there are no longer any Type 2 EDs in Northern Ireland, therefore historical comparisons are only provided for Type 1 and Type 3 EDs. Readers interested in previous activity at Type 2 EDs can view historical publications here: [Emergency care waiting times | Department of Health](#). Figures at Northern Ireland level include all relevant ED activity regardless of ED type.

When do people attend EDs?

Figure 3: Average number of attendances at EDs by day of the week

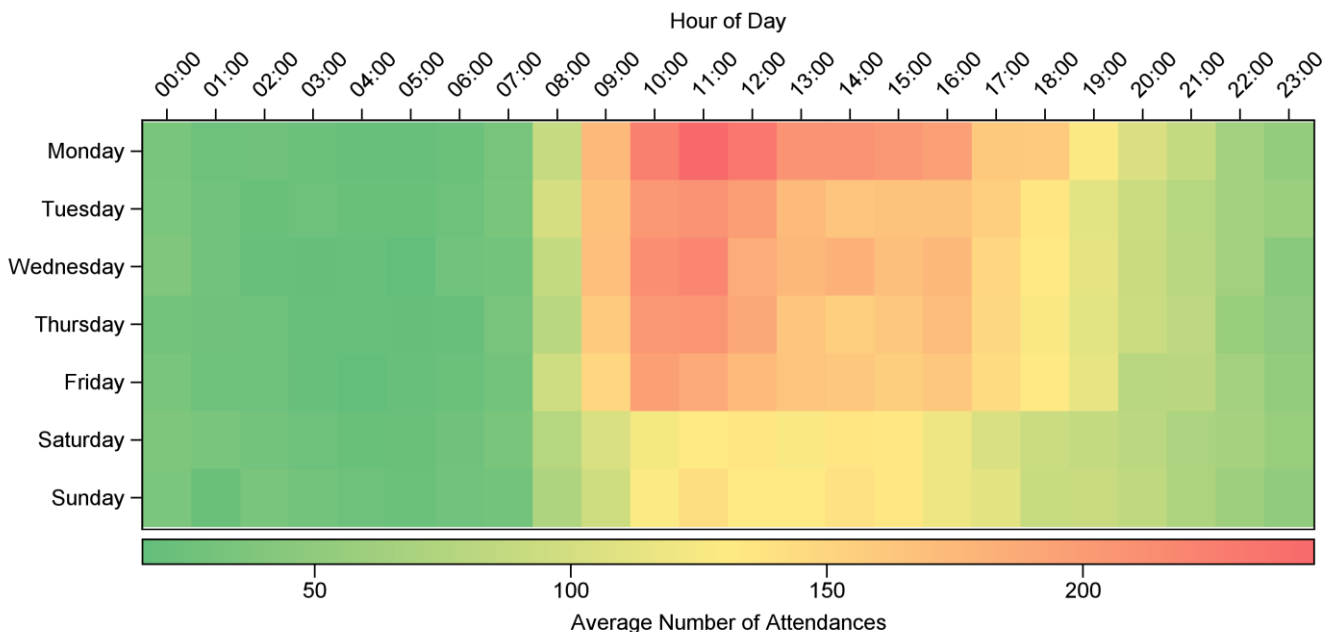
The average number of new and unplanned review attendances at EDs by day of the week during March 2026, compared with the same month last year.



Source: Encompass / Regional Data Warehouse

Figure 4: 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 March 2026.



Source: Encompass / Regional Data Warehouse

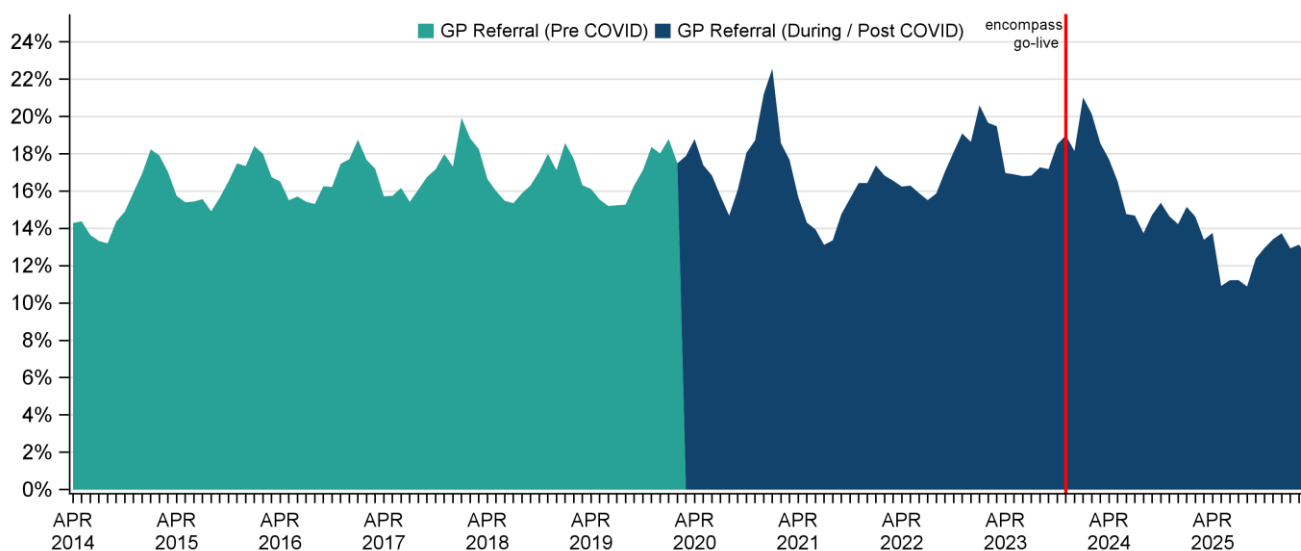
- Monday was the busiest day at EDs during both March 2025 and March 2026, with the highest number of attendances arriving between 11:00 and 11:59 (Figure 3 & 4, Table 11I).
- Saturday was the least busy day during both March 2025 (1,830) and March 2026 (1,859), with the highest number of attendances arriving between 14:00 and 14:59 in March 2026 (Figure 3 & 4, Table 11I).
- Overall, the busiest hour of the day during March 2026 was between 11:00 and 11:59, whilst the least busy hour was 05:00 to 05:59 (Figure 4).

How many attendances were referred by a GP?

Figure 5: Percentage of attendances at EDs referred by a GP¹²

The percentage of attendances at EDs that had been referred by a GP, from April 2014.

Note: Since the introduction of encompass, GP referral figures have dropped. A validation exercise is currently under way to investigate if this is due to changes in services or changes in data recording.



Source: Encompass / Regional Data Warehouse

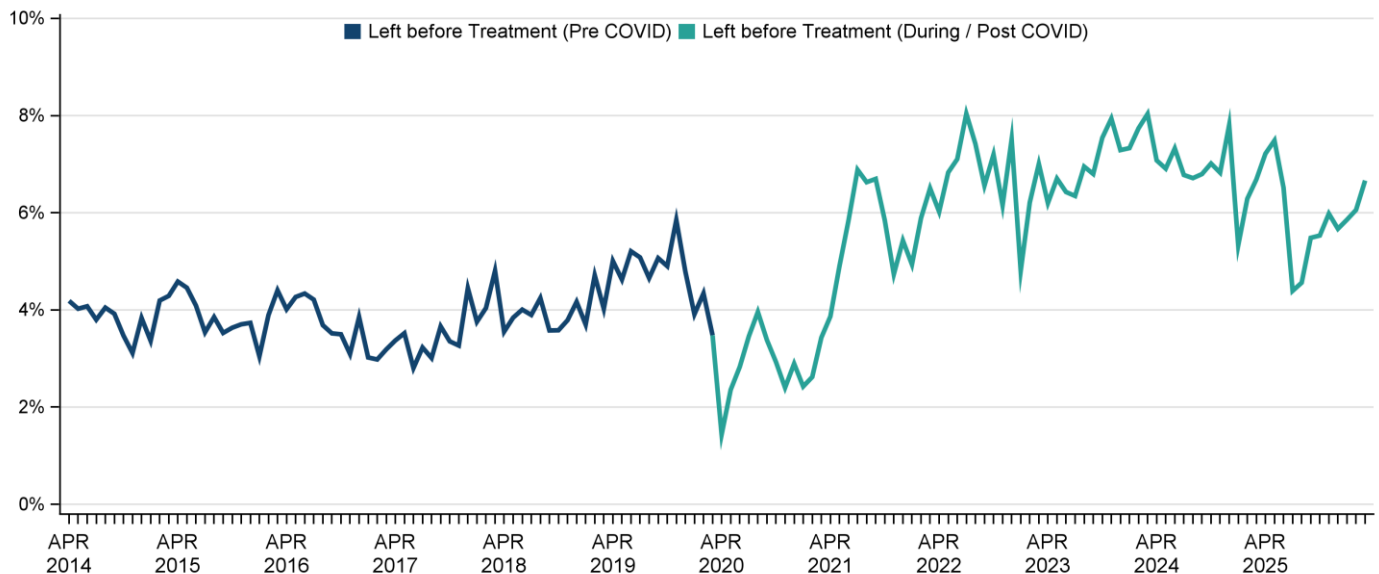
- In March 2026, one in eight (12.5%, 8,856) attendances at EDs had been referred by a GP, compared with 13.4% (9,369) in March 2025 (Figure 5, Table 11D(i-ii)).
- During March 2026, the Type 1 ED with the highest proportion of attendances referred by a GP was Antrim Area (23.5%, 1,926), compared with 1.9% (69) of those attending South West Acute, who had the lowest proportion (Tables 11D(i-ii)).

¹² Changes in coding of Clinical Quality Indicators in the new encompass system should be taken into account when comparing with previous years.

Do patients leave ED before their treatment is complete?

Figure 6: Percentage of attendances leaving EDs before their treatment was complete¹³

The percentage of attendances which left an ED before their treatment was complete, from April 2014.



Source: Encompass / Regional Data Warehouse

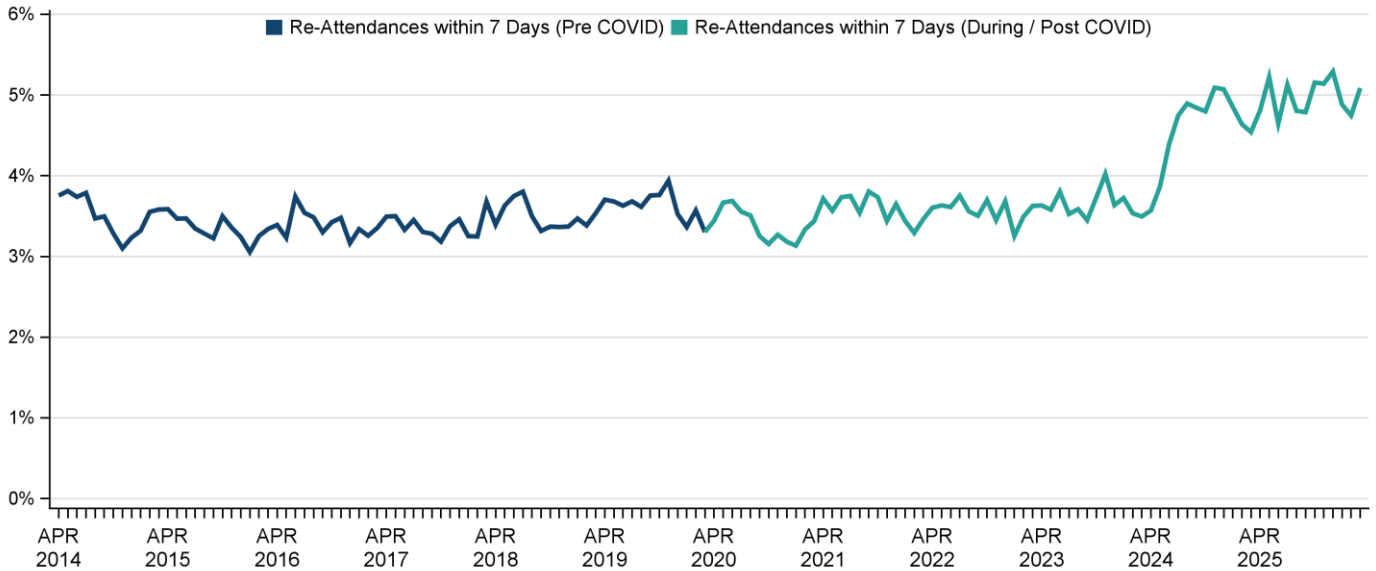
- During March 2026, 6.7% (4,705) of all ED attendances left before their treatment was complete, similar to March 2025 (6.7%, 4,672) (Figure 6, Table 11D(i-ii)).
- During March 2026, the Mater reported the highest percentage leaving ED before treatment was complete (15.6%, 580) (Tables 11D(i-ii)).

¹³ Changes in coding of Clinical Quality Indicators in the new encompass system should be taken into account when comparing with previous years.

How many patients re-attend the same ED within a week?

Figure 7: Percentage of unplanned review attendances at EDs within 7 days of the original attendance^{14,15}

The percentage of unplanned review attendances at EDs within 7 days of their original attendance for the same condition, from April 2014.



Source: Encompass / Regional Data Warehouse

- During March 2026, 5.1% (3,608) of attendances had attended the same ED within 7 days of their original attendance, compared with 4.5% (3,177) in March 2025 (Figure 7, Tables 11D(i-ii)).
- Craigavon Area reported the highest percentage (7.7%, 551) of unplanned review attendances within 7 days of the original attendance during March 2026 (Tables 11D(i-ii)).

¹⁴ Changes in coding of Clinical Quality Indicators in the new encompass system should be taken into account when with comparing previous years.

¹⁵ Pre-encompass data has been updated to reflect improvements in data quality and analysis.

How long do patients spend in ED?

Emergency care waiting times targets

The DoH targets on emergency care waiting times in Northern Ireland 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.'

'[...] 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) or Urgent Care Units (UCC) and avoid potentially longer attendances at a Type 1 Emergency Department (ED). Prior to the introduction of MIU/UCCs, 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.

How are EDs performing?

Table 5: 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 March 2025. Please note that following a redesignation of Lagan Valley and Downe EDs from Type 2 to Type 3 EDs in April 2025, the below comparison of Type 3 ED with March 2025 should be treated with caution.^{16,17,18,19}

Total ED Attendances	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Diff (Mar 2025 - Mar 2026)	
					No.	%
Type 1	55,317	53,112	48,279	55,823	506	0.9%
Type 3	12,434	14,767	13,748	16,263	3,829	30.8%
All Departments	71,249	67,879	62,027	72,086	837	1.2%
% Within 4 Hours	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Diff (Mar 2025 - Mar 2026)	
					No.	%
Type 1	34.1%	30.0%	30.7%	30.8%	-	-3.3%
Type 3	84.9%	82.8%	81.4%	82.7%	-	-2.1%
All Departments	44.7%	40.5%	41.0%	41.7%	-	-3.0%
Over 12 Hours	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Diff (Mar 2025 - Mar 2026)	
					No.	%
Type 1	10,884	13,065	11,493	12,368	1,484	-
Type 3	93	185	167	181	88	-
All Departments	10,977	13,250	11,660	12,549	1,572	-

Source: Encompass / Regional Data Warehouse

- Over two fifths (41.7%) of attendances in March 2026 were discharged or admitted within 4 hours, compared with 44.7% in March 2025 (Table 5, Table 11C & 11J).
- Over three tenths (30.8%) of attendances at Type 1 EDs in March 2026 spent less than 4 hours in ED, compared with 82.7% at Type 3 EDs (Table 5, Table 11C & 11J).
- Since March 2025, the number spending over 12 hours in ED increased from 10,977 to 12,549 in March 2026, accounting for 17.4% of all attendances in March 2026 (Table 5, Table 11C & 11J).
- The number of attendances at EDs in March 2026 was 1.2% higher than in March 2025 (71,249 to 72,086), whilst 4 hour performance decreased from 44.7% to 41.7% over the same time period (Table 5, Table 11C & 11J).
- During the quarter ending 31 March 2026, over two fifths (40.2%) of patients spent less than 4 hours at an ED, less than in the same quarter in 2025 (43.6%) (Table 11C & 11J).
- During the latest quarter, the percentage of patients spending less than 4 hours in ED was highest in March 2026 (41.7%) and lowest in January 2026 (40.5%), whilst the number spending over 12

¹⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

¹⁷ Note that only total attendances figures are available from Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on Encompass.

¹⁸ Following redesignation of Lagan Valley and Downe EDs from Type 2 to Type 3 EDs in April 2025 there are no longer any Type 2 EDs in Northern Ireland, therefore historical comparisons are only provided for Type 1 and Type 3 EDs. Readers interested in previous activity at Type 2 EDs can view historical publications here: [Emergency care waiting times | Department of Health](#). Figures at Northern Ireland level include all relevant ED activity regardless of ED type.

¹⁹ Readers should note that a number of patients attending the Ulster UCC spent longer than 12 hours in ED. If a patient originated in the UCC, 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 UCC as the most appropriate and quickest place to complete their treatment, then the total time spent in ED will be reported against the Ulster UCC.

hours in an ED was lowest in February 2026 (11,660) and highest in January 2026 (13,250) (Table 5, Table 11C & 11J).

Table 6: Performance against the 4 and 12 Hour emergency care waiting times targets

The performance for both the four and twelve hour components of the emergency care waiting times target at each Type 1 ED in March 2026 compared with the same month last year. Information has also been included on the overall performance at Type 3 EDs during this period.^{20,21,22,23}

Department	4 Hour Performance		12 Hour Performance		Total Attendances	
	Mar 2025	Mar 2026	Mar 2025	Mar 2026	Mar 2025	Mar 2026
Mater	35.6%	31.2%	585	542	3,523	3,711
Royal Victoria	17.0%	15.2%	1,824	2,221	6,968	7,090
RBHSC	61.1%	57.2%	40	34	4,016	4,376
Antrim Area	29.7%	30.4%	1,785	1,759	8,349	8,170
Causeway	47.9%	46.5%	582	684	4,277	4,580
Ulster	19.0%	16.2%	2,042	2,345	7,342	6,952
Craigavon Area	37.9%	30.4%	1,723	2,013	7,150	7,078
Daisy Hill	44.2%	37.9%	587	860	5,011	5,183
Altnagelvin Area	28.5%	24.5%	1,173	1,211	5,038	5,054
South West Acute	46.8%	37.6%	543	699	3,643	3,629
Type 1	34.1%	30.8%	10,884	12,368	55,317	55,823
Type 3	84.9%	82.7%	93	181	12,434	16,263
Northern Ireland	44.7%	41.7%	10,977	12,549	71,249	72,086

Source: Encompass / Regional Data Warehouse

- During March 2026, RBHSC reported the highest performance of the four hour target at any Type 1 ED (57.2%), whilst the Royal Victoria reported the lowest (15.2%) (Table 6, Table 11C).
- No Type 1 ED achieved the 12-hour target during March 2026 (Table 6, Table 11C).
- The Ulster reported the highest number of patients spending over 12 hours at an ED during March 2026 (2,345) (Table 6, Table 11C).
- Between March 2025 and March 2026, performance against the 12 hour target improved at three of the ten Type 1 EDs (Table 6 Table 11C).

²⁰ Note that only total attendances figures are available from Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

²¹ Following redesignation of Lagan Valley and Downe EDs from Type 2 to Type 3 EDs in April 2025 there are no longer any Type 2 EDs in Northern Ireland, therefore historical comparisons are only provided for Type 1 and Type 3 EDs. Readers interested in previous activity at Type 2 EDs can view historical publications here: [Emergency care waiting times | Department of Health](#). Figures at Northern Ireland level include all relevant ED activity regardless of ED type.

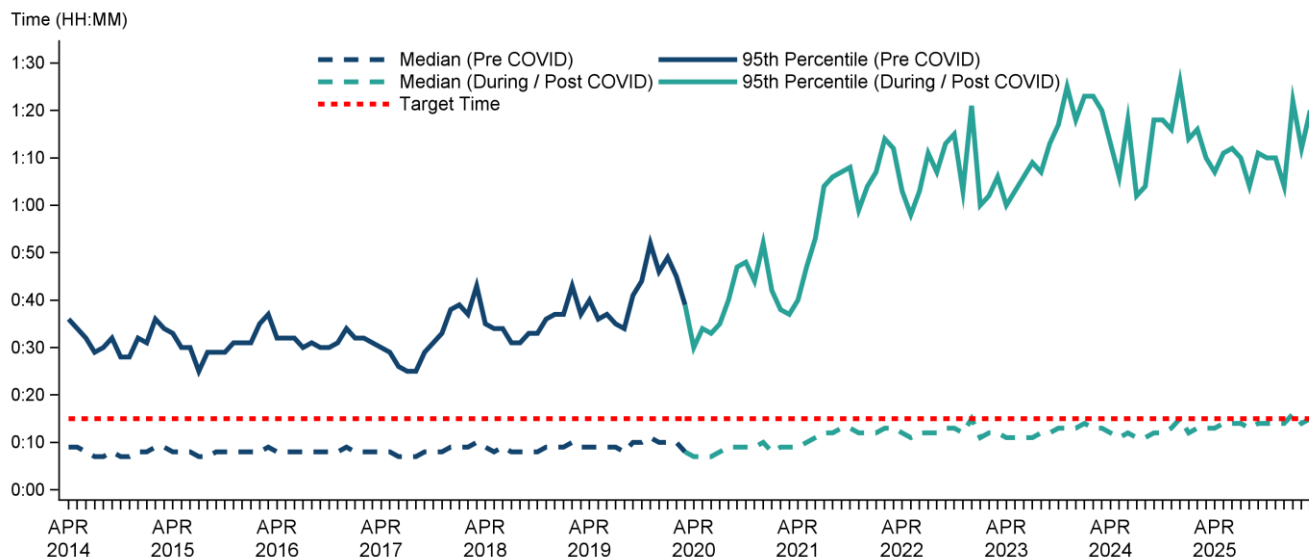
²² Readers should note that a number of patients attending the Ulster UCC spent longer than 12 hours in ED. If a patient originated in the UCC, was then transferred to Ulster ED due to acuity or because a decision to admit was made; or, a patient arrived in Ulster ED out of hours, was still waiting by morning and was sent to the UCC as the most appropriate and quickest place to complete their treatment, then the total time spent in ED will be reported against the Ulster UCC.

²³ 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 8: Time from arrival to triage^{24,25}

A clinical quality indicator set by DoH is that the HSC Trusts should aim to triage patients within fifteen minutes of their arrival at ED. 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 March 2026.



Source: Encompass / Regional Data Warehouse

- During March 2026, the median time spent in ED from arrival to triage was 15 minutes, 2 minutes more than in March 2025 (13 minutes) (Figure 8, Table 11E).
- 95 percent of patients were triaged within 1 hour 20 minutes of their arrival at an ED in March 2026, 10 minutes more than in March 2025 (1 hour 10 minutes) (Figure 8, Table 11E).
- Almost half (48.8%) of attendances were triaged within 15 minutes of their arrival at an ED during March 2026, compared with 54.2% in March 2025.
- During the quarter ending 31 March 2026, the median time from arrival to triage was shortest in February 2026 (14 minutes) and longest in January 2026 (16 minutes), whilst the time taken to triage 95 percent of patients was shortest in February 2026 (1 hour 12 minutes) and longest in January 2026 (1 hour 22 minutes) (Figure 8, Table 11E).

²⁴ Note that Type 3 figures do not include Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

²⁵ Figures are based on valid triage instances only. In Southern HSC Trust, data quality issues have been identified in encompass data which mean the number of valid triage instances recorded is lower than usual. This is being investigated as part of a data validation exercise.

Table 7: 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 January to March 2026, compared with March last year. Information has also been included on the overall performance at Type 3 EDs during this period.^{26,27,28}

Department	Mar 2025	Jan 2026	Feb 2026	Mar 2026
Mater	59.1%	47.9%	52.3%	47.4%
Royal Victoria	48.0%	38.3%	37.8%	40.8%
RBHSC	75.9%	70.2%	67.4%	62.7%
Antrim Area	43.0%	46.5%	47.3%	44.3%
Causeway	58.1%	60.4%	72.0%	57.8%
Ulster	39.5%	34.8%	35.1%	36.4%
Craigavon Area	54.9%	41.8%	51.5%	37.0%
Daisy Hill	61.3%	64.7%	68.5%	61.7%
Altnagelvin Area	51.8%	56.5%	51.8%	43.9%
South West Acute	74.4%	66.2%	77.0%	63.7%
Type 1	54.9%	50.2%	53.0%	47.6%
Type 3	84.2%	84.2%	78.5%	79.4%
Northern Ireland	61.1%	55.7%	57.2%	52.9%

Source: Encompass / Regional Data Warehouse

- Over half (52.9%) of patients attending EDs in March 2026 commenced their treatment within 2 hours of being triaged, less than in March 2025 (61.1%) (Table 7, Table 11K).
- During March 2026, just under half (47.6%) of patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 79.4% at Type 3 EDs (Table 7, Table 11K).
- No Type 1 ED achieved the 80% target in March 2026 (Table 7, Table 11K).
- During March 2026, South West Acute reported the highest percentage commencing treatment within 2 hours (63.7%), whilst the Ulster reported the lowest (36.4%) (Table 7, Table 11K).
- Between January and March 2026, the highest percentage of patients commencing treatment within 2 hours was in February 2026 (57.2%) whilst the lowest was in March 2026 (52.9%), (Table 7, Table 11K).

²⁶ Following redesignation of Lagan Valley and Downe EDs from Type 2 to Type 3 EDs in April 2025 there are no longer any Type 2 EDs in Northern Ireland, therefore historical comparisons are only provided for Type 1 and Type 3 EDs. Readers interested in previous activity at Type 2 EDs can view historical publications here: [Emergency care waiting times | Department of Health](#). Figures at Northern Ireland level include all relevant ED activity regardless of ED type.

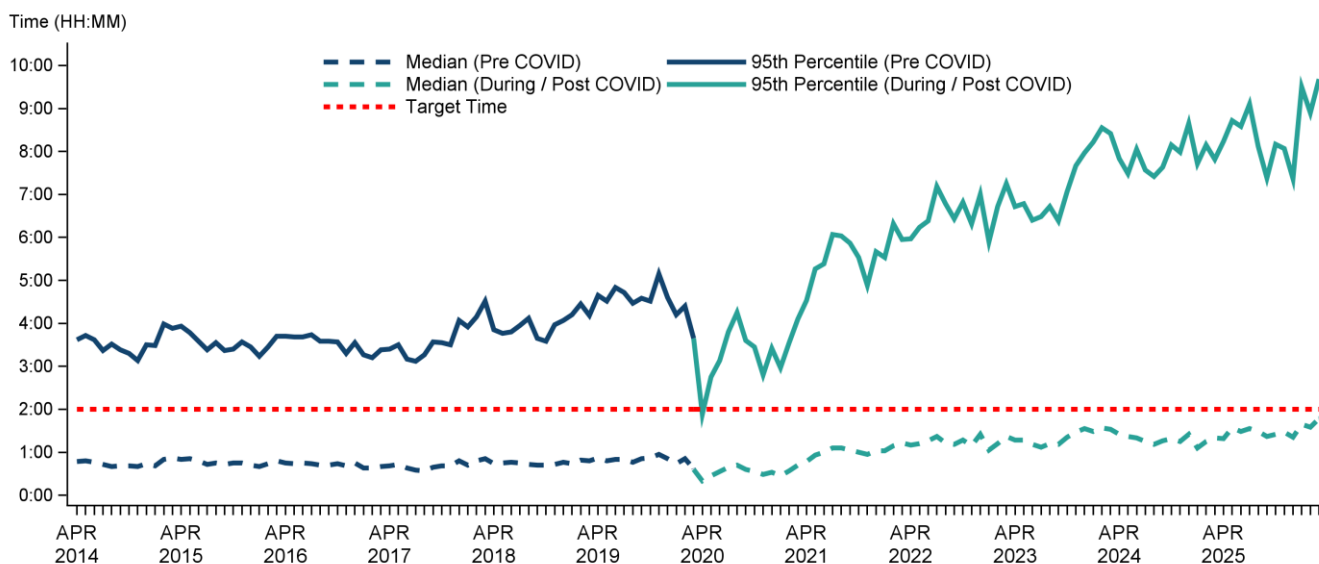
²⁷ Note that Type 3 figures do not include Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

²⁸ Figures are based on valid triage instances only. In Southern HSC Trust, data quality issues have been identified in encompass data which mean the number of valid triage instances recorded is lower than usual. This is being investigated as part of a data validation exercise.

Time from triage to start of treatment

Figure 9: 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 clinician.^{29,30}



Source: Encompass / Regional Data Warehouse

- The median time from triage to start of treatment in March 2026 was 1 hour 47 minutes, 27 minutes more than March 2025 (1 hour 20 minutes) (Figure 9, Table 11F).
- During March 2026, 95 percent of patients commenced treatment within 9 hours 41 minutes of being triaged, 1 hour 52 minutes more than in March 2025 (7 hour 49 minutes) (Figure 9, Table 11F).
- During the last 3 months, the median time to start of treatment was longest in March (1 hour 47 minutes) and shortest in February 2026 (1 hour 35 minutes), whilst the time within which 95 percent of patients started treatment was longest in March 2026 (9 hours 41 minutes) and shortest in February 2026 (8 hours 54 minutes) (Table 11F).

²⁹ Note that Type 3 figures do not include Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

³⁰ Figures are based on valid treatment instances only. In Southern HSC Trust, data quality issues have been identified in encompass data which mean the number of valid treatment instances recorded is lower than usual. This is being investigated as part of a data validation exercise.

Table 8: Time from triage to start of treatment by hospital

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 March 2026, compared with the same month last year. Information is also presented for Type 3 departments.^{31,32,33}

Department	Median (HH:MM)		95th Percentile (HH:MM)	
	March 2025	March 2026	March 2025	March 2026
Mater	1:30	2:12	9:40	9:29
Royal Victoria	2:08	2:42	10:45	13:01
RBHSC	1:01	1:21	3:59	4:55
Antrim Area	2:23	2:20	9:13	9:19
Causeway	1:34	1:30	5:18	5:31
Ulster	2:33	2:55	9:19	12:24
Craigavon Area	1:38	3:12	11:23	16:24
Daisy Hill	1:23	1:28	6:34	7:12
Altnagelvin Area	1:53	2:20	7:41	8:47
South West Acute	0:49	1:12	5:45	7:22
Type 1	1:42	2:10	8:25	10:20
Type 3	0:18	0:40	3:51	4:08
Northern Ireland	1:20	1:47	7:49	9:41

Source: Encompass / Regional Data Warehouse

- The median time spent at Type 1 EDs from triage to start of treatment by a medical professional was 2 hours 10 minutes in March 2026, 28 minutes more than in March 2025 (1 hour 42 minutes) (Table 8, Table 11F).
- Craigavon Area reported the longest median time spent in ED from triage to start of treatment during March 2026 (3 hours 12 minutes), whilst South West Acute reported the shortest median time (1 hour 12 minutes) (Table 8, 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 16 hours 24 minutes of being triaged; 5 hours 1 minute more than March 2025 (11 hours 23 minutes) (Table 8, Table 11F).
- RBHSC reported the shortest time to start of treatment during March 2026, with 95 percent of attendances commencing treatment within 4 hours 55 minutes of being triaged, 56 minutes more than the time taken in March 2025 (3 hours 59 minutes) (Table 8, Table 11F).

³¹ Following redesignation of Lagan Valley and Downe EDs from Type 2 to Type 3 EDs in April 2025 there are no longer any Type 2 EDs in Northern Ireland, therefore historical comparisons are only provided for Type 1 and Type 3 EDs. Readers interested in previous activity at Type 2 EDs can view historical publications here: [Emergency care waiting times | Department of Health](#). Figures at Northern Ireland level include all relevant ED activity regardless of ED type.

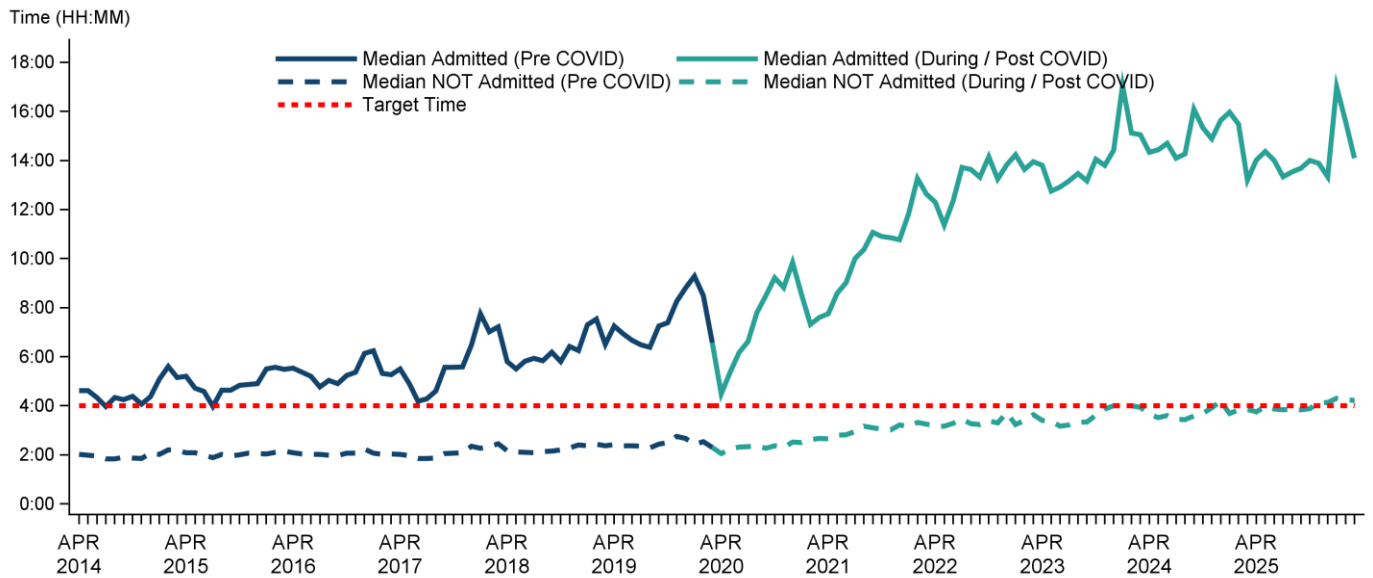
³² Note that Type 3 figures do not include Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

³³ Figures are based on valid treatment instances only. In Southern HSC Trust, data quality issues have been identified in encompass data which mean the number of valid treatment instances recorded is lower than usual. This is being investigated as part of a data validation exercise.

How long did patients admitted to hospital/discharged home spend in ED?

Figure 10: Median time spent in an ED for those (i) admitted to hospital and (ii) discharged home

The median time spent in ED for those admitted and discharged from April 2014 to date³⁴.



Source: Encompass / Regional Data Warehouse

- During March 2026, the median time patients admitted to hospital spent in ED was 14 hours 5 minutes, over three times longer than the median time for patients discharged home (4 hours 13 minutes) (Figure 10, Table 11G & 11H).
- During the quarter ending 31 March 2026, the median time patients admitted spent in ED was longest in January 2026 (17 hours) and shortest in March 2026 (14 hours 5 minutes) (Table 11G).
- During this period, the median time spent by patients discharged home was longest in January 2026 (4 hours 18 minutes) and shortest in March 2026 (4 hours 13 minutes) (Table 11H).

³⁴ Note that Type 3 figures do not include Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

Table 9: Time spent in ED for those admitted to hospital/discharged home

The median and 95th percentile length of time spent in an ED from arrival to leaving the ED for those who were admitted to hospital and those discharged home, in March 2025 and March 2026.^{35,36,37}

Department	Admitted				Discharged			
	Median (HH:MM)		95th Percentile (HH:MM)		Median (HH:MM)		95th Percentile (HH:MM)	
	Mar 2025	Mar 2026	Mar 2025	Mar 2026	Mar 2025	Mar 2026	Mar 2025	Mar 2026
Mater	12:32	10:33	43:22	29:00	4:36	5:24	16:12	15:47
Royal Victoria	11:53	12:55	31:52	30:16	6:42	7:29	19:05	21:00
RBHSC	6:04	6:16	11:13	11:25	3:05	3:21	7:51	8:01
Antrim Area	13:45	16:41	60:12	77:20	5:18	5:28	20:06	21:36
Causeway	21:31	20:42	92:33	75:02	3:48	3:56	13:36	17:35
Ulster	14:48	15:56	42:10	49:39	6:15	6:59	18:49	20:55
Craigavon Area	19:39	17:53	71:58	67:26	4:19	5:50	15:08	23:24
Daisy Hill	12:03	13:15	46:48	40:08	3:43	4:27	10:05	16:24
Altnagelvin Area	15:41	21:28	91:47	75:33	5:41	5:53	22:55	24:21
South West Acute	11:06	19:02	54:41	71:40	3:52	4:41	17:35	20:01
Type 1	13:28	14:22	57:52	57:10	4:48	5:20	16:45	20:09
Type 3	8:28	6:50	29:29	26:26	1:26	1:34	6:30	6:32
Northern Ireland	13:12	14:05	57:16	56:30	3:51	4:13	14:47	17:45

Source: Encompass / Regional Data Warehouse

- The median time patients who were admitted to hospital spent in a Type 1 ED was 14 hours 22 minutes in March 2026, 54 minutes more than the same month last year (13 hours 28 minutes) (Table 9, Table 11G).
- The median time patients who were discharged home spent in a Type 1 ED was 5 hours 20 minutes in March 2026, 32 minutes more than the time taken during the same month last year (4 hours 48 minutes) (Table 9, Table 11H).
- 95 percent of patients were admitted to hospital within 57 hours 10 minutes at Type 1 EDs in March 2026, 42 minutes less than in March 2025 (57 hours 52 minutes) (Table 9, Table 11G).
- In March 2026, 95 percent of attendances at Type 1 EDs were discharged home within 20 hours 9 minutes of their arrival, 3 hours 24 minutes more than the time taken in March 2025 (16 hours 45 minutes) (Table 9, Table 11H).

³⁵ Readers should note that Type 3 data on time spent in EDs for patients admitted is provided by Lagan Valley, Downe, Omagh, Ulster UCC, Royal Victoria UCC & Altnagelvin MIU only. No other Type 3 ED produces these statistics.

³⁶ Note that Type 3 figures do not include Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

³⁷ Following redesignation of Lagan Valley and Downe EDs from Type 2 to Type 3 EDs in April 2025 there are no longer any Type 2 EDs in Northern Ireland, therefore historical comparisons are only provided for Type 1 and Type 3 EDs. Readers interested in previous activity at Type 2 EDs can view historical publications here: [Emergency care waiting times | Department of Health](#). Figures at Northern Ireland level include all relevant ED activity regardless of ED type.

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

Note: Please see link to [Official statistics](#) section on page 6.

[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.

https://osr.statisticsauthority.gov.uk/wp-content/uploads/2015/12/images-assessmentreport153statisticsonhospitalwaitingtimesinnorthernirelan_tcm97-41176.pdf

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 Waits Information Branch

Hospital Waits Information Branch (HWIB) 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, Heidi Rodgers. 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: Urgent and Emergency Care Activity 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 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 ³⁸

HSC Trust	Type 1 (24-hour assess)	Type 2 (Limited opening hours)	Type 3 (Minor Injuries Unit, MIU or Urgent Care Centre, UCC)
Belfast	Mater		Royal Victoria UCC ³⁹
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Mid Ulster
	Causeway		
South Eastern	Ulster		Lagan Valley ⁴⁰
			Downe ^{40,41}
			Ulster UCC ⁴²
Southern	Craigavon Area		South Tyrone
	Daisy Hill ⁴³		Craigavon UCC ⁴⁴
			Daisy Hill UCC ⁴⁵
Western	Altnagelvin Area		Omagh ⁴⁶
	South West Acute		Altnagelvin Area MIU ⁴⁷

³⁸ Opening Hours are as of March 2025.

³⁹ RVH Urgent Care Centre (UCC) opened on 14th October 2020.

⁴⁰ Redesignated from Type 2 to Type 3 emergency department from 1st April 2025.

⁴¹ 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.

⁴² Opened 6th September 2023 as Ulster MIU. Services provided by this department moved physical location on the Ulster site on 20th June 2025 and are now co-located with the main Ulster ED. Following this move, the department has changed name to the Ulster Urgent Care Centre. Minor injury and illness services continue to be available to separate and treat non-critical cases from those that need to attend the main ED.

⁴³ Temporarily closed between 28th March 2020 and 19th October 2020.

⁴⁴ Opened November 2020.

⁴⁵ Opened 8th August 2024.

⁴⁶ 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.

⁴⁷ 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: Phone First calls and referrals to emergency departments^{48,49}

[NA] represents an empty cell due to information not applicable.

HSC Trust	PhoneFirst				Referral to ED			
	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Mar 2025	Jan 2026	Feb 2026	Mar 2026
Belfast	722	1,203	1,258	1,499	459	749	746	876
Northern	2,249	2,071	2,145	2,501	1,564	1,477	1,518	1,749
South Eastern	1,142	1,172	1,034	1,281	800	850	738	945
Southern	8,008	9,061	8,339	9,672	5,869	5,627	5,108	6,143
Western	2,183	1,647	1,803	1,610	1,703	1,135	1,352	1,030
Northern Ireland	14,304	15,154	14,579	16,563	10,395	9,838	9,462	10,743

⁴⁸ Data on Phone First Calls and subsequent referrals to ED are Official Statistics and 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 via SPPG.

⁴⁹ Phone First figures from South Eastern HSC Trust only include Ulster Phone First calls and do not include figures for Lagan Valley and Downe Phone First calls.

Table 11B: New & unplanned review attendances at emergency departments^{50,51,52,53}

[E] represents an empty cell due to information not available.

Department	New Attendances				Unplanned Reviews				Total Attendances			
	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Mar 2025	Jan 2026	Feb 2026	Mar 2026
Mater	3,262	3,401	2,911	3,417	261	219	222	294	3,523	3,620	3,133	3,711
Royal Victoria	6,531	6,471	6,064	6,646	437	391	348	444	6,968	6,862	6,412	7,090
RBHSC	3,668	3,362	3,042	3,996	348	366	348	380	4,016	3,728	3,390	4,376
Antrim Area	7,992	7,450	6,814	7,687	357	329	357	483	8,349	7,779	7,171	8,170
Causeway	4,048	3,980	3,716	4,323	229	228	212	257	4,277	4,208	3,928	4,580
Ulster	6,953	6,635	5,977	6,592	389	417	311	360	7,342	7,052	6,288	6,952
Craigavon Area	6,590	6,061	5,492	6,369	560	685	497	709	7,150	6,746	5,989	7,078
Daisy Hill	4,653	4,231	3,925	4,632	358	548	451	551	5,011	4,779	4,376	5,183
Altnagelvin Area	4,812	4,709	4,297	4,896	226	213	165	158	5,038	4,922	4,462	5,054
South West Acute	3,265	3,164	2,917	3,381	378	252	213	248	3,643	3,416	3,130	3,629
Type 1	51,774	49,464	45,155	51,939	3,543	3,648	3,124	3,884	55,317	53,112	48,279	55,823
Mid Ulster	684	531	502	615	1	32	24	57	685	563	526	672
Downe	1,528	1,283	1,160	1,479	51	34	47	61	1,579	1,317	1,207	1,540
Lagan Valley	1,884	1,799	1,558	1,804	35	43	31	45	1,919	1,842	1,589	1,849
South Tyrone	1,853	1,518	1,451	1,788	22	38	28	46	1,875	1,556	1,479	1,834
Omagh	1,784	1,626	1,493	1,854	146	55	44	62	1,930	1,681	1,537	1,916
Ulster UCC	3,490	3,098	3,046	3,541	208	204	177	227	3,698	3,302	3,223	3,768
Altnagelvin Area MIU	991	1,262	1,218	1,322	20	40	33	28	1,011	1,302	1,251	1,350
Royal Victoria UCC	1,772	1,545	1,459	1,740	100	83	95	115	1,872	1,628	1,554	1,855
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	1,363	1,576	1,382	1,479
Type 3	10,574	12,662	11,887	14,143	497	529	479	641	12,434	14,767	13,748	16,263
Northern Ireland	65,760	62,126	57,042	66,082	4,126	4,177	3,603	4,525	71,249	67,879	62,027	72,086

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

⁵¹ Following redesignation of Lagan Valley and Downe EDs from Type 2 to Type 3 EDs in April 2025 there are no longer any Type 2 EDs in Northern Ireland, therefore historical comparisons are only provided for Type 1 and Type 3 EDs. Readers interested in previous activity at Type 2 EDs can view historical publications here: [Emergency care waiting times | Department of Health](#). Figures at Northern Ireland level include all relevant ED activity regardless of ED type.

⁵² Figures up to 19th June 2025 relate to the Ulster MIU. Services provided by this department moved physical location on the Ulster site on 20th June 2025 and are now co-located with the main Ulster ED. Following this move, the department has changed name to the Ulster Urgent Care Centre. Minor injury and illness services continue to be available to separate and treat non-critical cases from those that need to attend the main ED.

⁵³ Note that only total attendances figures are available from Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

Table 11C: Performance against emergency care waiting times target^{54,55,56,57,58,59}

[E] represents an empty cell due to information not available.

Department	4 - Hour Performance				12 - Hour Performance				Total Attendances			
	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Mar 2025	Jan 2026	Feb 2026	Mar 2026
Mater	35.6%	29.4%	28.8%	31.2%	585	732	696	542	3,523	3,620	3,133	3,711
Royal Victoria	17.0%	16.0%	15.3%	15.2%	1,824	2,434	2,242	2,221	6,968	6,862	6,412	7,090
RBHSC	61.1%	62.8%	62.0%	57.2%	40	18	23	34	4,016	3,728	3,390	4,376
Antrim Area	29.7%	28.8%	28.6%	30.4%	1,785	1,729	1,647	1,759	8,349	7,779	7,171	8,170
Causeway	47.9%	41.4%	45.3%	46.5%	582	687	615	684	4,277	4,208	3,928	4,580
Ulster	19.0%	17.2%	15.0%	16.2%	2,042	2,414	2,312	2,345	7,342	7,052	6,288	6,952
Craigavon Area	37.9%	29.8%	34.1%	30.4%	1,723	2,076	1,555	2,013	7,150	6,746	5,989	7,078
Daisy Hill	44.2%	34.7%	38.1%	37.9%	587	907	681	860	5,011	4,779	4,376	5,183
Altnagelvin Area	28.5%	26.6%	24.9%	24.5%	1,173	1,275	1,120	1,211	5,038	4,922	4,462	5,054
South West Acute	46.8%	36.7%	39.3%	37.6%	543	793	602	699	3,643	3,416	3,130	3,629
Type 1	34.1%	30.0%	30.7%	30.8%	10,884	13,065	11,493	12,368	55,317	53,112	48,279	55,823
Mid Ulster	100.0%	99.6%	100.0%	99.9%	0	0	0	0	685	563	526	672
Downe	96.1%	94.0%	94.2%	94.4%	0	1	0	0	1,579	1,317	1,207	1,540
Lagan Valley	73.8%	71.8%	69.2%	74.4%	0	3	1	1	1,919	1,842	1,589	1,849
South Tyrone	99.9%	100.0%	100.0%	99.9%	0	0	0	0	1,875	1,556	1,479	1,834
Omagh	97.6%	98.2%	98.0%	98.4%	0	0	0	0	1,930	1,681	1,537	1,916
Ulster UCC	81.0%	75.3%	71.4%	71.0%	36	81	76	87	3,698	3,302	3,223	3,768
Altnagelvin Area MIU	96.7%	95.2%	95.3%	95.2%	2	5	12	4	1,011	1,302	1,251	1,350
Royal Victoria UCC	52.4%	53.6%	52.8%	56.7%	55	95	78	89	1,872	1,628	1,554	1,855
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	1,363	1,576	1,382	1,479
Type 3	84.9%	82.8%	81.4%	82.7%	93	185	167	181	12,434	14,767	13,748	16,263
Northern Ireland	44.7%	40.5%	41.0%	41.7%	10,977	13,250	11,660	12,549	71,249	67,879	62,027	72,086

⁵⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵⁵ 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](#).

⁵⁶ Readers should note that a number of patients attending the Ulster UCC spent longer than 12 hours in ED. If a patient originated in the UCC, 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 UCC as the most appropriate and quickest place to complete their treatment, then the total time spent in ED will be reported against the Ulster UCC.

⁵⁷ Following redesignation of Lagan Valley and Downe EDs from Type 2 to Type 3 EDs in April 2025 there are no longer any Type 2 EDs in Northern Ireland, therefore historical comparisons are only provided for Type 1 and Type 3 EDs. Readers interested in previous activity at Type 2 EDs can view historical publications here: [Emergency care waiting times | Department of Health](#). Figures at Northern Ireland level include all relevant ED activity regardless of ED type.

⁵⁸ Figures up to 19th June 2025 relate to the Ulster MIU. Services provided by this department moved physical location on the Ulster site on 20th June 2025 and are now co-located with the main Ulster ED. Following this move, the department has changed name to the Ulster Urgent Care Centre. Minor injury and illness services continue to be available to separate and treat non-critical cases from those that need to attend the main ED.

⁵⁹ Note that only total attendances figures are available from Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

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^{60,61,62,63,64}

[E] represents an empty cell due to information not available.

Department	GP - Referrals				Left Before Treatment				Unplanned Reviews Within 7 Days			
	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Mar 2025	Jan 2026	Feb 2026	Mar 2026
Mater	10.8%	12.7%	10.5%	9.4%	14.6%	13.4%	16.6%	15.6%	6.4%	5.0%	5.9%	6.6%
Royal Victoria	6.9%	11.4%	15.0%	15.3%	10.6%	12.8%	13.9%	14.3%	5.6%	5.2%	5.0%	5.5%
RBHSC	10.3%	14.47%	14.5%	13.2%	5.8%	4.2%	5.4%	7.2%	7.1%	7.7%	8.5%	7.3%
Antrim Area	20.1%	24.1%	26.1%	23.5%	8.0%	5.9%	6.7%	7.4%	3.2%	2.9%	3.6%	4.5%
Causeway	10.5%	12.9%	12.4%	12.6%	4.2%	2.5%	2.6%	3.4%	4.8%	4.8%	4.9%	4.8%
Ulster	22.3%	21.3%	19.3%	19.4%	6.7%	7.3%	6.7%	6.4%	4.1%	4.5%	3.9%	4.0%
Craigavon Area	21.6%	13.7%	12.8%	13.1%	10.2%	9.2%	6.5%	9.8%	5.4%	7.2%	6.2%	7.7%
Daisy Hill	20.0%	13.7%	14.2%	12.5%	7.1%	3.9%	2.9%	3.9%	5.0%	8.0%	7.3%	7.3%
Altnagelvin Area	15.1%	15.5%	16.4%	16.0%	8.0%	4.6%	5.6%	5.9%	3.9%	3.6%	3.3%	2.4%
South West Acute	20.6%	4.4%	2.2%	1.9%	3.9%	4.2%	3.3%	4.5%	7.4%	6.7%	6.1%	6.0%
Type 1	16.4%	15.4%	15.6%	14.9%	8.0%	7.1%	7.2%	8.0%	5.0%	5.4%	5.2%	5.5%
Mid Ulster	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	5.2%	4.6%	8.5%
Downe	1.0%	1.7%	1.4%	1.4%	0.3%	0.0%	0.0%	0.1%	2.0%	1.6%	2.3%	2.7%
Lagan Valley	1.8%	3.4%	4.3%	3.1%	1.4%	0.5%	0.5%	0.6%	1.0%	1.0%	0.9%	0.9%
South Tyrone	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	1.5%	0.9%	1.3%
Omagh	1.4%	0.0%	0.0%	0.0%	1.2%	0.7%	3.6%	1.4%	4.3%	2.6%	2.3%	2.6%
Ulster UCC	2.8%	4.7%	4.1%	3.6%	2.7%	1.2%	2.9%	3.7%	4.3%	4.6%	4.1%	5.2%
Altnagelvin Area MIU	0.1%	2.1%	2.2%	2.5%	0.3%	0.5%	0.2%	0.4%	0.3%	2.8%	2.4%	1.9%
Royal Victoria UCC	4.6%	7.0%	11.7%	14.0%	3.5%	2.4%	2.8%	2.9%	4.6%	4.2%	5.4%	5.2%
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	2.0%	2.9%	3.4%	3.4%	1.7%	0.8%	1.7%	1.6%	3.1%	3.0%	2.9%	3.4%
Northern Ireland	13.4%	12.9%	13.1%	12.5%	6.7%	5.9%	6.1%	6.7%	4.5%	4.9%	4.7%	5.1%

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

⁶¹ Following redesignation of Lagan Valley and Downe EDs from Type 2 to Type 3 EDs in April 2025 there are no longer any Type 2 EDs in Northern Ireland, therefore historical comparisons are only provided for Type 1 and Type 3 EDs. Readers interested in previous activity at Type 2 EDs can view historical publications here: [Emergency care waiting times | Department of Health](#). Figures at Northern Ireland level include all relevant ED activity regardless of ED type.

⁶² Figures up to 19th June 2025 relate to the Ulster MIU. Services provided by this department moved physical location on the Ulster site on 20th June 2025 and are now co-located with the main Ulster ED. Following this move, the department has changed name to the Ulster Urgent Care Centre. Minor injury and illness services continue to be available to separate and treat non-critical cases from those that need to attend the main ED.

⁶³ Note that only total attendances figures are available from Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

⁶⁴ Pre-encompass data has been updated to reflect improvements in data quality and analysis.

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^{65,66,67,68,69}

[E] represents an empty cell due to information not available.

Department	GP - Referrals				Left Before Treatment				Unplanned Reviews Within 7 Days			
	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Mar 2025	Jan 2026	Feb 2026	Mar 2026
Mater	382	461	329	349	516	484	521	580	227	182	183	245
Royal Victoria	485	782	964	1,090	738	879	893	1,016	395	360	318	390
RBHSC	413	541	490	578	233	157	182	315	283	287	289	322
Antrim Area	1,673	1,879	1,857	1,926	667	461	479	604	270	229	254	373
Causeway	450	543	482	579	180	105	104	158	207	202	191	220
Ulster	1,634	1,504	1,209	1,355	491	515	424	446	303	318	245	279
Craigavon Area	1,545	920	771	938	728	622	387	691	385	481	373	551
Daisy Hill	1,008	657	620	650	354	184	127	200	252	381	320	378
Altnagelvin Area	760	763	730	813	402	227	249	296	196	180	147	124
South West Acute	752	151	69	69	142	145	103	163	268	228	190	218
Type 1	9,102	8,201	7,521	8,347	4,451	3,779	3,469	4,469	2,786	2,848	2,510	3,100
Mid Ulster	0	0	1	0	0	0	0	0	1	29	24	57
Downe	16	22	17	22	4	0	0	1	31	21	28	42
Lagan Valley	35	62	68	57	27	10	8	11	20	18	15	17
South Tyrone	0	0	0	0	0	0	0	0	9	23	14	24
Omagh	27	0	0	0	23	11	55	26	83	44	36	50
Ulster UCC	102	156	132	137	98	39	95	139	158	152	132	196
Altnagelvin Area MIU	1	27	27	34	3	6	3	5	3	36	30	26
Royal Victoria UCC	86	115	181	259	66	39	44	54	86	69	84	96
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	216	382	426	509	190	105	205	236	340	392	363	508
Northern Ireland	9,369	8,583	7,947	8,856	4,672	3,884	3,674	4,705	3,177	3,240	2,873	3,608

⁶⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁶⁶ Following redesignation of Lagan Valley and Downe EDs from Type 2 to Type 3 EDs in April 2025 there are no longer any Type 2 EDs in Northern Ireland, therefore historical comparisons are only provided for Type 1 and Type 3 EDs. Readers interested in previous activity at Type 2 EDs can view historical publications here: [Emergency care waiting times | Department of Health](#). Figures at Northern Ireland level include all relevant ED activity regardless of ED type.

⁶⁷ Figures up to 19th June 2025 relate to the Ulster MIU. Services provided by this department moved physical location on the Ulster site on 20th June 2025 and are now co-located with the main Ulster ED. Following this move, the department has changed name to the Ulster Urgent Care Centre. Minor injury and illness services continue to be available to separate and treat non-critical cases from those that need to attend the main ED.

⁶⁸ Note that only total attendances figures are available from Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

⁶⁹ Pre-encompass data has been updated to reflect improvements in data quality and analysis.

Table 11E: Time from arrival to triage (assessment)^{70,71,72,73,74}

[E] represents an empty cell due to information not available.
 [NA] represents an empty cell due to information not applicable.

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Mar 2025	Jan 2026	Feb 2026	Mar 2026
Mater	0:19	0:25	0:19	0:20	1:08	1:37	1:08	1:19
Royal Victoria	0:19	0:26	0:22	0:21	1:23	1:49	1:42	1:52
RBHSC	0:08	0:06	0:06	0:08	0:27	0:24	0:22	0:32
Antrim Area	0:16	0:19	0:16	0:14	1:01	1:14	0:56	0:49
Causeway	0:17	0:13	0:12	0:13	0:57	0:48	0:55	0:51
Ulster	0:22	0:23	0:21	0:24	1:29	1:31	1:35	1:44
Craigavon Area	0:13	0:16	0:14	0:20	2:13	1:32	1:05	1:42
Daisy Hill	0:09	0:15	0:14	0:14	0:36	1:06	0:51	0:59
Altnagelvin Area	0:23	0:27	0:24	0:25	1:31	1:37	1:29	1:35
South West Acute	0:15	0:18	0:18	0:18	0:57	1:12	1:10	1:11
Type 1	0:15	0:18	0:16	0:17	1:15	1:26	1:15	1:25
Mid Ulster	0:04	0:04	0:03	0:04	0:22	0:21	0:14	0:18
Downe	0:07	0:06	0:08	0:08	0:20	0:20	0:23	0:25
Lagan Valley	0:07	0:08	0:07	0:06	0:24	0:21	0:24	0:19
South Tyrone	0:01	0:15	0:08	[NA]	0:07	0:28	0:08	[NA]
Omagh	0:08	0:08	0:07	0:07	0:35	0:33	0:29	0:34
Ulster UCC	0:14	0:13	0:13	0:15	0:54	0:55	0:39	0:53
Altnagelvin Area MIU	0:13	0:13	0:13	0:15	0:53	0:58	0:57	1:05
Royal Victoria UCC	0:21	0:22	0:20	0:19	1:21	1:31	1:31	1:18
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	0:08	0:11	0:10	0:11	0:51	0:54	0:47	0:49
Northern Ireland	0:13	0:16	0:14	0:15	1:10	1:22	1:12	1:20

⁷⁰ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁷¹ Following redesignation of Lagan Valley and Downe EDs from Type 2 to Type 3 EDs in April 2025 there are no longer any Type 2 EDs in Northern Ireland, therefore historical comparisons are only provided for Type 1 and Type 3 EDs. Readers interested in previous activity at Type 2 EDs can view historical publications here: [Emergency care waiting times | Department of Health](#). Figures at Northern Ireland level include all relevant ED activity regardless of ED type.

⁷² Figures up to 19th June 2025 relate to the Ulster MIU. Services provided by this department moved physical location on the Ulster site on 20th June 2025 and are now co-located with the main Ulster ED. Following this move, the department has changed name to the Ulster Urgent Care Centre. Minor injury and illness services continue to be available to separate and treat non-critical cases from those that need to attend the main ED.

⁷³ Note that only total attendances figures are available from Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

⁷⁴ Figures are based on valid triage instances only. In Southern HSC Trust, data quality issues have been identified in encompass data which mean the number of valid triage instances recorded is lower than usual. This is being investigated as part of a data validation exercise.

Table 11F: Time from triage (assessment) to start of treatment^{75,76,77,78,79}

[E] represents an empty cell due to information not available.

[NA] represents an empty cell due to information not applicable.

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Mar 2025	Jan 2026	Feb 2026	Mar 2026
Mater	1:30	2:09	1:52	2:12	9:40	7:45	9:35	9:29
Royal Victoria	2:08	2:45	3:01	2:42	10:45	12:46	13:03	13:01
RBHSC	1:01	1:11	1:08	1:21	3:59	4:18	4:28	4:55
Antrim Area	2:23	2:12	2:08	2:20	9:13	8:14	8:42	9:19
Causeway	1:34	1:34	1:12	1:30	5:18	4:08	3:56	5:31
Ulster	2:33	3:06	2:59	2:55	9:19	11:22	11:18	12:24
Craigavon Area	1:38	2:37	1:55	3:12	11:23	14:20	13:35	16:24
Daisy Hill	1:23	1:17	1:05	1:28	6:34	6:39	5:29	7:12
Altnagelvin Area	1:53	1:39	1:53	2:20	7:41	8:07	9:05	8:47
South West Acute	0:49	1:09	0:49	1:12	5:45	8:27	5:14	7:22
Type 1	1:42	1:59	1:49	2:10	8:25	10:06	9:32	10:20
Mid Ulster	0:02	0:03	0:02	0:02	0:21	0:25	0:09	0:10
Downe	0:09	0:11	0:12	0:12	1:02	1:07	1:02	1:01
Lagan Valley	0:39	0:28	0:25	0:24	1:57	1:40	1:56	1:41
South Tyrone	0:00	0:06	0:22	[NA]	0:09	0:06	0:22	[NA]
Omagh	0:14	0:17	0:18	0:23	2:08	1:34	1:40	1:45
Ulster UCC	1:05	0:42	1:14	1:19	3:31	4:07	3:38	4:03
Altnagelvin Area MIU	0:25	0:12	0:15	0:15	6:52	2:03	2:46	3:37
Royal Victoria UCC	1:48	1:34	1:38	1:23	7:04	9:19	8:29	6:49
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	0:18	0:31	0:41	0:40	3:51	4:14	4:17	4:08
Northern Ireland	1:20	1:39	1:35	1:47	7:49	9:30	8:54	9:41

⁷⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁷⁶ Following redesignation of Lagan Valley and Downe EDs from Type 2 to Type 3 EDs in April 2025 there are no longer any Type 2 EDs in Northern Ireland, therefore historical comparisons are only provided for Type 1 and Type 3 EDs. Readers interested in previous activity at Type 2 EDs can view historical publications here: [Emergency care waiting times | Department of Health](#). Figures at Northern Ireland level include all relevant ED activity regardless of ED type.

⁷⁷ Figures up to 19th June 2025 relate to the Ulster MIU. Services provided by this department moved physical location on the Ulster site on 20th June 2025 and are now co-located with the main Ulster ED. Following this move, the department has changed name to the Ulster Urgent Care Centre. Minor injury and illness services continue to be available to separate and treat non-critical cases from those that need to attend the main ED.

⁷⁸ Note that only total attendances figures are available from Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

⁷⁹ Figures are based on valid treatment instances only. In Southern HSC Trust, data quality issues have been identified in encompass data which mean the number of valid treatment instances recorded is lower than usual. This is being investigated as part of a data validation exercise.

Table 11G: Time spent in an emergency department by those admitted to hospital^{80,81,82,83,84}

[E] represents an empty cell due to information not available.

[NA] represents an empty cell due to information not applicable.

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Mar 2025	Jan 2026	Feb 2026	Mar 2026
Mater	12:32	20:10	17:28	10:33	43:22	63:22	55:34	29:00
Royal Victoria	11:53	16:42	15:03	12:55	31:52	51:14	42:07	30:16
RBHSC	6:04	5:43	5:51	6:16	11:13	11:07	11:49	11:25
Antrim Area	13:45	16:01	16:21	16:41	60:12	94:53	79:53	77:20
Causeway	21:31	20:47	18:07	20:42	92:33	93:13	77:46	75:02
Ulster	14:48	18:25	17:51	15:56	42:10	58:44	51:40	49:39
Craigavon Area	19:39	20:48	18:04	17:53	71:58	82:16	70:16	67:26
Daisy Hill	12:03	15:29	12:18	13:15	46:48	63:52	43:49	40:08
Altnagelvin Area	15:41	22:47	21:30	21:28	91:47	103:00	113:00	75:33
South West Acute	11:06	23:21	19:53	19:02	54:41	70:37	62:17	71:40
Type 1	13:28	17:32	15:58	14:22	57:52	72:14	65:54	57:10
Mid Ulster	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]
Downe	3:20	3:44	3:45	3:22	[NA]	6:48	6:23	5:48
Lagan Valley	5:30	6:46	6:31	6:36	8:40	11:09	10:14	10:25
South Tyrone	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]
Omagh	1:33	[NA]	[NA]	[NA]	4:11	[NA]	[NA]	[NA]
Ulster UCC	8:59	8:07	11:30	9:15	30:51	52:10	49:48	34:51
Altnagelvin Area MIU	2:47	9:59	5:35	4:48	3:29	11:31	5:35	6:31
Royal Victoria UCC	10:15	9:35	10:47	12:23	15:01	50:35	32:01	38:40
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	8:28	6:56	6:50	6:50	29:29	31:16	30:27	26:26
Northern Ireland	13:12	17:00	15:36	14:05	57:16	71:46	65:18	56:30

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

⁸¹ Following redesignation of Lagan Valley and Downe EDs from Type 2 to Type 3 EDs in April 2025 there are no longer any Type 2 EDs in Northern Ireland, therefore historical comparisons are only provided for Type 1 and Type 3 EDs. Readers interested in previous activity at Type 2 EDs can view historical publications here: [Emergency care waiting times | Department of Health](#). Figures at Northern Ireland level include all relevant ED activity regardless of ED type.

⁸² Readers should note that Type 3 data on time spent in EDs for patients admitted is provided by Lagan Valley, Downe, Omagh, Ulster UCC, Royal Victoria UCC and Altnagelvin Area MIU. No other Type 3 ED produces these statistics.

⁸³ Figures up to 19th June 2025 relate to the Ulster MIU. Services provided by this department moved physical location on the Ulster site on 20th June 2025 and are now co-located with the main Ulster ED. Following this move, the department has changed name to the Ulster Urgent Care Centre. Minor injury and illness services continue to be available to separate and treat non-critical cases from those that need to attend the main ED.

⁸⁴ Note that only total attendances figures are available from Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

Table 11H: Time spent in an emergency department by those discharged home^{85,86,87,88}

[E] represents an empty cell due to information not available.

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Mar 2025	Jan 2026	Feb 2026	Mar 2026
Mater	4:36	5:27	5:44	5:24	16:12	16:49	18:23	15:47
Royal Victoria	6:42	7:19	7:51	7:29	19:05	24:35	22:51	21:00
RBHSC	3:05	3:00	3:01	3:21	7:51	7:09	7:08	8:01
Antrim Area	5:18	5:26	5:30	5:28	20:06	21:58	21:32	21:36
Causeway	3:48	4:14	3:59	3:56	13:36	17:54	18:06	17:35
Ulster	6:15	6:58	7:33	6:59	18:49	22:31	22:11	20:55
Craigavon Area	4:19	5:53	4:57	5:50	15:08	22:37	20:18	23:24
Daisy Hill	3:43	4:51	4:22	4:27	10:05	20:14	15:43	16:24
Altnagelvin Area	5:41	5:40	5:47	5:53	22:55	28:50	26:58	24:21
South West Acute	3:52	4:43	4:24	4:41	17:35	22:54	21:18	20:01
Type 1	4:48	5:23	5:16	5:20	16:45	21:54	20:47	20:09
Mid Ulster	0:31	0:33	0:28	0:28	1:14	1:35	1:10	1:14
Downe	1:14	1:19	1:22	1:22	3:36	4:04	4:02	4:07
Lagan Valley	2:11	2:05	2:16	1:55	6:10	6:36	6:30	6:31
South Tyrone	0:30	0:36	0:33	0:34	1:14	1:22	1:22	1:23
Omagh	0:58	1:00	0:58	1:03	3:07	3:09	2:59	3:04
Ulster UCC	2:34	2:28	2:48	2:54	5:33	7:39	7:23	7:20
Altnagelvin Area MIU	0:54	1:17	1:15	1:17	3:06	3:50	3:50	3:53
Royal Victoria UCC	3:47	3:42	3:47	3:25	10:03	12:23	11:45	11:27
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	1:26	1:32	1:37	1:34	6:30	6:35	6:42	6:32
Northern Ireland	3:51	4:18	4:15	4:13	14:47	19:01	18:12	17:45

⁸⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁸⁶ Following redesignation of Lagan Valley and Downe EDs from Type 2 to Type 3 EDs in April 2025 there are no longer any Type 2 EDs in Northern Ireland, therefore historical comparisons are only provided for Type 1 and Type 3 EDs. Readers interested in previous activity at Type 2 EDs can view historical publications here: [Emergency care waiting times | Department of Health](#). Figures at Northern Ireland level include all relevant ED activity regardless of ED type.

⁸⁷ Figures up to 19th June 2025 relate to the Ulster MIU. Services provided by this department moved physical location on the Ulster site on 20th June 2025 and are now co-located with the main Ulster ED. Following this move, the department has changed name to the Ulster Urgent Care Centre. Minor injury and illness services continue to be available to separate and treat non-critical cases from those that need to attend the main ED.

⁸⁸ Note that only total attendances figures are available from Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

Table 11: Average number of attendances by day of week

Day of Week	Mar 2025	Jan 2026	Feb 2026	Mar 2026
Monday	2,602.4	2,508.3	2,553.8	2,733.0
Tuesday	2,511.3	2,272.0	2,344.3	2,439.8
Wednesday	2,417.3	2,304.3	2,250.3	2,437.3
Thursday	2,334.0	2,183.6	2,213.3	2,339.8
Friday	2,362.0	2,303.0	2,207.3	2,299.0
Saturday	1,830.0	1,727.0	1,767.0	1,859.0
Sunday	1,862.6	1,738.5	1,796.0	1,865.6

Table 11J: Attendances at emergency departments, by time spent in ED from arrival to discharge^{89,90,91,92,93}

[E] represents an empty cell due to information not available.

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Mar 2025	Jan 2026	Feb 2026	Mar 2026
Mater	1,253	1,065	901	1,159	1,685	1,823	1,536	2,010	585	732	696	542
Royal Victoria	1,185	1,098	980	1,080	3,959	3,330	3,190	3,789	1,824	2,434	2,242	2,221
RBHSC	2,452	2,341	2,101	2,503	1,524	1,369	1,266	1,839	40	18	23	34
Antrim Area	2,480	2,243	2,053	2,483	4,084	3,807	3,471	3,928	1,785	1,729	1,647	1,759
Causeway	2,049	1,744	1,781	2,128	1,646	1,777	1,532	1,768	582	687	615	684
Ulster	1,392	1,214	945	1,128	3,908	3,424	3,031	3,479	2,042	2,414	2,312	2,345
Craigavon Area	2,713	2,010	2,045	2,149	2,714	2,660	2,389	2,916	1,723	2,076	1,555	2,013
Daisy Hill	2,216	1,657	1,666	1,964	2,208	2,215	2,029	2,359	587	907	681	860
Altnagelvin Area	1,437	1,309	1,113	1,236	2,428	2,338	2,229	2,607	1,173	1,275	1,120	1,211
South West Acute	1,706	1,252	1,229	1,366	1,394	1,371	1,299	1,564	543	793	602	699
Type 1	18,883	15,933	14,814	17,196	25,550	24,114	21,972	26,259	10,884	13,065	11,493	12,368
Mid Ulster	685	561	526	671	0	2	0	1	0	0	0	0
Downe	1,517	1,238	1,137	1,453	62	78	70	87	0	1	0	0
Lagan Valley	1,417	1,322	1,099	1,376	502	517	489	472	0	3	1	1
South Tyrone	1,874	1,556	1,479	1,833	1	0	0	1	0	0	0	0
Omagh	1,883	1,650	1,507	1,886	47	31	30	30	0	0	0	0
Ulster UCC	2,996	2,487	2,302	2,677	666	734	845	1,004	36	81	76	87
Altnagelvin Area MIU	978	1,240	1,192	1,285	31	57	47	61	2	5	12	4
Royal Victoria UCC	981	872	821	1,052	836	661	655	714	55	95	78	89
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	9,397	10,926	10,063	12,233	1,581	2,080	2,136	2,370	93	185	167	181
Northern Ireland	31,214	26,859	24,877	29,429	27,695	26,194	24,108	28,629	10,977	13,250	11,660	12,549

⁸⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁹⁰ Following redesignation of Lagan Valley and Downe EDs from Type 2 to Type 3 EDs in April 2025 there are no longer any Type 2 EDs in Northern Ireland, therefore historical comparisons are only provided for Type 1 and Type 3 EDs. Readers interested in previous activity at Type 2 EDs can view historical publications here: [Emergency care waiting times | Department of Health](#). Figures at Northern Ireland level include all relevant ED activity regardless of ED type.

⁹¹ Readers should note that a number of patients attending the Ulster UCC spent longer than 12 hours in ED. If a patient originated in the UCC, 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 UCC as the most appropriate and quickest place to complete their treatment, then the total time spent in ED will be reported against the Ulster UCC.

⁹² Figures up to 19th June 2025 relate to the Ulster MIU. Services provided by this department moved physical location on the Ulster site on 20th June 2025 and are now co-located with the main Ulster ED. Following this move, the department has changed name to the Ulster Urgent Care Centre. Minor injury and illness services continue to be available to separate and treat non-critical cases from those that need to attend the main ED.

⁹³ Note that only total attendances figures are available from Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

Table 11K: Percentage of patients commencing treatment within 2 hours of being triaged^{94,95,96,97}

[E] represents an empty cell due to information not available.

Department	% Commencing Treatment within 2 Hours of Triage			
	Mar 2025	Jan 2026	Feb 2026	Mar 2026
Mater	59.1%	47.9%	52.3%	47.4%
Royal Victoria	48.0%	38.3%	37.8%	40.8%
RBHSC	75.9%	70.2%	67.4%	62.7%
Antrim Area	43.0%	46.5%	47.3%	44.3%
Causeway	58.1%	60.4%	72.0%	57.8%
Ulster	39.5%	34.8%	35.1%	36.4%
Craigavon Area	54.9%	41.8%	51.5%	37.0%
Daisy Hill	61.3%	64.7%	68.5%	61.7%
Altnagelvin Area	51.8%	56.5%	51.8%	43.9%
South West Acute	74.4%	66.2%	77.0%	63.7%
Type 1	54.9%	50.2%	53.0%	47.6%
Mid Ulster	100.0%	100.0%	100.0%	100.0%
Downe	100.0%	99.6%	99.8%	100.0%
Lagan Valley	95.4%	98.1%	95.5%	96.6%
South Tyrone	100.0%	100.0%	100.0%	[NA]
Omagh	94.1%	97.8%	98.4%	97.0%
Ulster UCC	78.1%	79.6%	69.1%	68.6%
Altnagelvin Area MIU	83.8%	94.6%	92.1%	88.3%
Royal Victoria UCC	53.1%	57.5%	52.3%	58.0%
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]
Type 3	84.2%	84.2%	78.5%	79.4%
Northern Ireland	61.1%	55.7%	57.2%	52.9%

⁹⁴ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁹⁵ Following redesignation of Lagan Valley and Downe EDs from Type 2 to Type 3 EDs in April 2025 there are no longer any Type 2 EDs in Northern Ireland, therefore historical comparisons are only provided for Type 1 and Type 3 EDs. Readers interested in previous activity at Type 2 EDs can view historical publications here: [Emergency care waiting times | Department of Health](#). Figures at Northern Ireland level include all relevant ED activity regardless of ED type.

⁹⁶ Figures up to 19th June 2025 relate to the Ulster MIU. Services provided by this department moved physical location on the Ulster site on 20th June 2025 and are now co-located with the main Ulster ED. Following this move, the department has changed name to the Ulster Urgent Care Centre. Minor injury and illness services continue to be available to separate and treat non-critical cases from those that need to attend the main ED.

⁹⁷ Note that only total attendances figures are available from Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

Table 11L: Percentage triaged in each triage group^{98,99,100}

[E] represents an empty cell due to information not available.

Department	Triage Level (1/2)				Triage Level (3)				Triage Level (4/5)			
	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Mar 2025	Jan 2026	Feb 2026	Mar 2026	Mar 2025	Jan 2026	Feb 2026	Mar 2026
Mater	27.2%	29.6%	30.2%	29.2%	49.5%	46.5%	47.4%	47.8%	23.2%	23.9%	22.5%	23.0%
Royal Victoria	36.2%	36.0%	34.6%	34.4%	51.3%	53.1%	54.1%	54.2%	12.5%	10.9%	11.2%	11.5%
RBHSC	19.0%	19.9%	19.2%	18.8%	24.9%	26.4%	24.8%	24.6%	56.1%	53.7%	56.0%	56.6%
Antrim Area	21.5%	26.2%	26.6%	22.4%	60.8%	62.8%	60.4%	59.6%	17.7%	11.0%	13.0%	18.0%
Causeway	15.0%	16.2%	16.0%	16.7%	39.6%	43.9%	43.6%	41.9%	45.4%	39.9%	40.4%	41.4%
Ulster	35.1%	36.9%	34.7%	34.6%	47.8%	47.9%	51.0%	49.7%	17.1%	15.2%	14.3%	15.7%
Craigavon Area	35.1%	40.8%	39.8%	42.2%	37.5%	39.0%	40.0%	39.9%	27.4%	20.1%	20.2%	18.0%
Daisy Hill	37.6%	45.9%	43.0%	43.4%	36.1%	38.1%	37.0%	39.7%	26.2%	16.0%	20.0%	16.9%
Altnagelvin Area	40.1%	46.6%	46.0%	44.9%	38.5%	41.8%	40.1%	41.6%	21.4%	11.6%	14.0%	13.6%
South West Acute	25.6%	33.1%	30.8%	30.8%	41.0%	41.2%	43.3%	42.0%	33.4%	25.7%	25.9%	27.2%
Type 1	30.2%	33.8%	32.8%	32.1%	43.9%	45.6%	45.8%	45.5%	25.8%	20.6%	21.4%	22.4%
Mid Ulster	0.0%	0.4%	0.3%	0.3%	1.2%	0.8%	1.9%	0.3%	98.8%	98.8%	97.8%	99.4%
Downe	1.1%	2.3%	1.3%	1.4%	6.6%	13.1%	13.0%	11.5%	92.2%	84.6%	85.8%	87.1%
Lagan Valley	6.4%	7.6%	7.4%	6.3%	28.9%	25.0%	27.9%	22.6%	64.8%	67.3%	64.7%	71.1%
South Tyrone	0.4%	75.0%	100.0%	0.0%	0.2%	25.0%	0.0%	0.0%	99.4%	0.0%	0.0%	0.0%
Omagh	1.1%	2.5%	2.4%	1.7%	4.9%	12.5%	8.9%	9.8%	94.0%	85.0%	88.7%	88.6%
Ulster UCC	2.2%	4.6%	3.7%	3.3%	13.5%	25.1%	22.2%	26.0%	84.3%	70.3%	74.2%	70.7%
Altnagelvin Area MIU	1.8%	1.3%	0.8%	1.6%	8.4%	8.9%	9.9%	10.2%	89.8%	89.7%	89.3%	88.2%
Royal Victoria UCC	2.2%	2.7%	1.6%	2.1%	33.5%	33.7%	31.5%	33.0%	64.3%	63.6%	66.9%	64.9%
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	1.5%	3.8%	3.1%	2.8%	12.2%	20.7%	19.5%	20.0%	86.2%	75.5%	77.5%	77.2%
Northern Ireland	24.6%	28.5%	27.3%	26.7%	37.9%	41.2%	41.0%	40.7%	37.4%	30.3%	31.7%	32.6%

⁹⁸ Figures up to 19th June 2025 relate to the Ulster MIU. Services provided by this department moved physical location on the Ulster site on 20th June 2025 and are now co-located with the main Ulster ED. Following this move, the department has changed name to the Ulster Urgent Care Centre. Minor injury and illness services continue to be available to separate and treat non-critical cases from those that need to attend the main ED.

⁹⁹ Following redesignation of Lagan Valley and Downe EDs from Type 2 to Type 3 EDs in April 2025 there are no longer any Type 2 EDs in Northern Ireland, therefore historical comparisons are only provided for Type 1 and Type 3 EDs. Readers interested in previous activity at Type 2 EDs can view historical publications here: [Emergency care waiting times | Department of Health](#). Figures at Northern Ireland level include all relevant ED activity regardless of ED type.

¹⁰⁰ Note that only total attendances figures are available from Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

Appendix 5: Further information

Further information on emergency care waiting time statistics, is available from:

Hospital Waits 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](#)