INFORMATION ANALYSIS DIRECTORATE

Urgent & Emergency Care Waiting Time Statistics for Northern Ireland

(April – June 2026)

Published 12 August 2026

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

NISRA
Northern Ireland Statistics and Research Agency
Gníomhaireacht Thuaisceart Éireann um Staitistící 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 processes[1]. This booklet is reviewed for each release and can be found at the following link:

Emergency Care Waiting Times - Additional Guidance

Authors: Rebecca Rollins, Sarah Brown and Heidi Rodgers

Publication Date: 12th August 2026

Issued by: Hospital Waits Information Branch, Information & Analysis Directorate, Department of Health, Stormont Estate, Belfast, BT4 3SQ

Contact Information: We invite you to feedback your comments on this publication to:

Email: statistics@health-ni.gov.uk

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

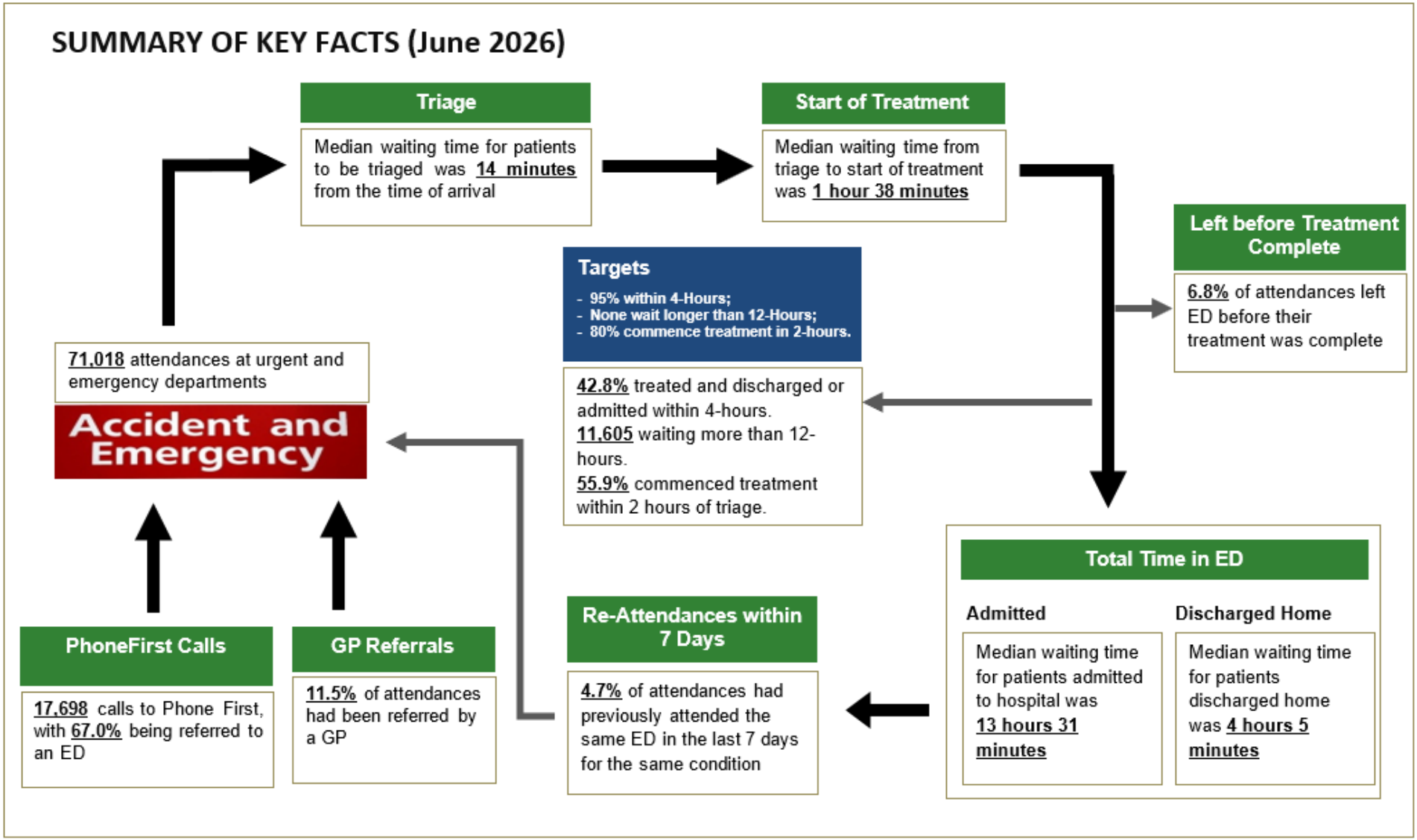
Target Audience: DoH, Chief Executives of Health and Social (HSC) Trusts in Northern Ireland, Strategic Planning and Performance Group (SPPG), Health Care Professionals, Academics, HSC Stakeholders, Media & General Public.

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

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

Contents

SUMMARY OF KEY FACTS (June 2026)



INFORMATION ANALYSIS DIRECTORATE

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. There are currently no Type 2 Emergency Departments in Northern Ireland.

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 was 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)

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, including those 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 April, May and June 2026.

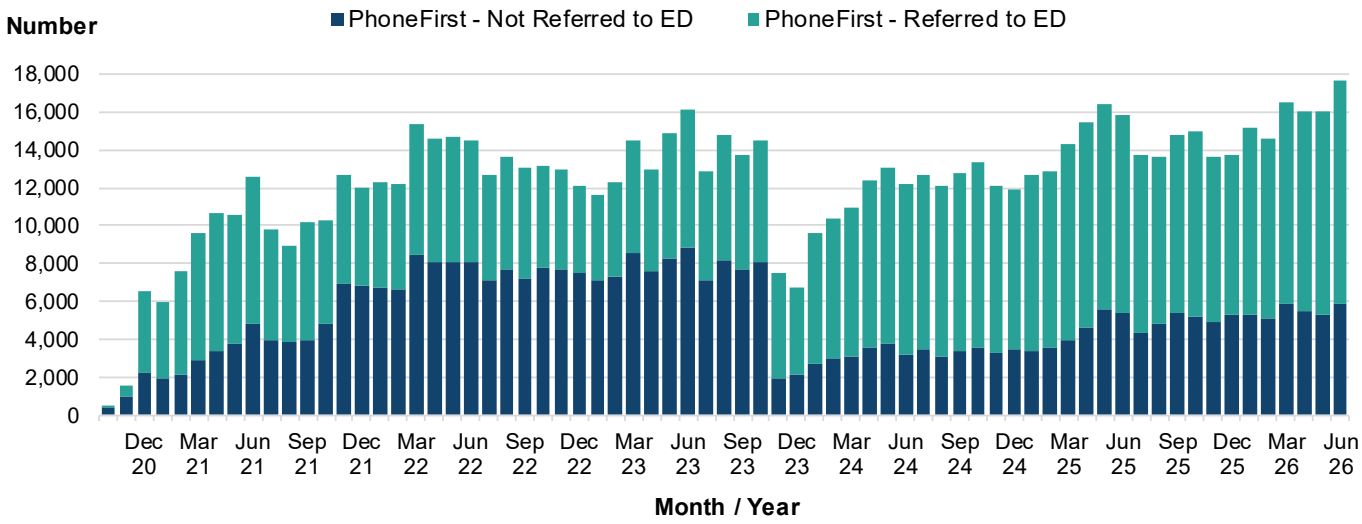
Activity	Apr 2026	May 2026	Jun 2026
PhoneFirst	16,072	16,007	17,698
Number Referred to ED	10,576	10,701	11,853
% Referred to ED	*65.8%*	*66.9%*	*67.0%*

Source: Health and Social Care Trusts

In June 2026, 17,698 calls were received by Phone First and a total of 11,853 (67.0%) resulted in a referral to an ED, whilst 5,845 patients did not get referred to an ED[4] (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 June 2026.



Source: Health and Social Care Trusts

The highest number of Phone First calls were received in June 2026 (17,698), with the highest number of referrals to ED from Phone First also in June 2026 (11,853) (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.

Attendances[5,6]

How many attend urgent & emergency care services?[7,8]

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

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

Measure	June 2025	June 2026	Change (number)	Change (%)
Attendances at Urgent and Emergency Care	**68,240**	**71,018**	**2,778**	***4.1%***
Number of ED Attendances Admitted to Hospital	10,685	10,811	126	*1.2%*
% ED Attendances Admitted to Hospital	*16.0%*	*15.6%*		*0.4%*

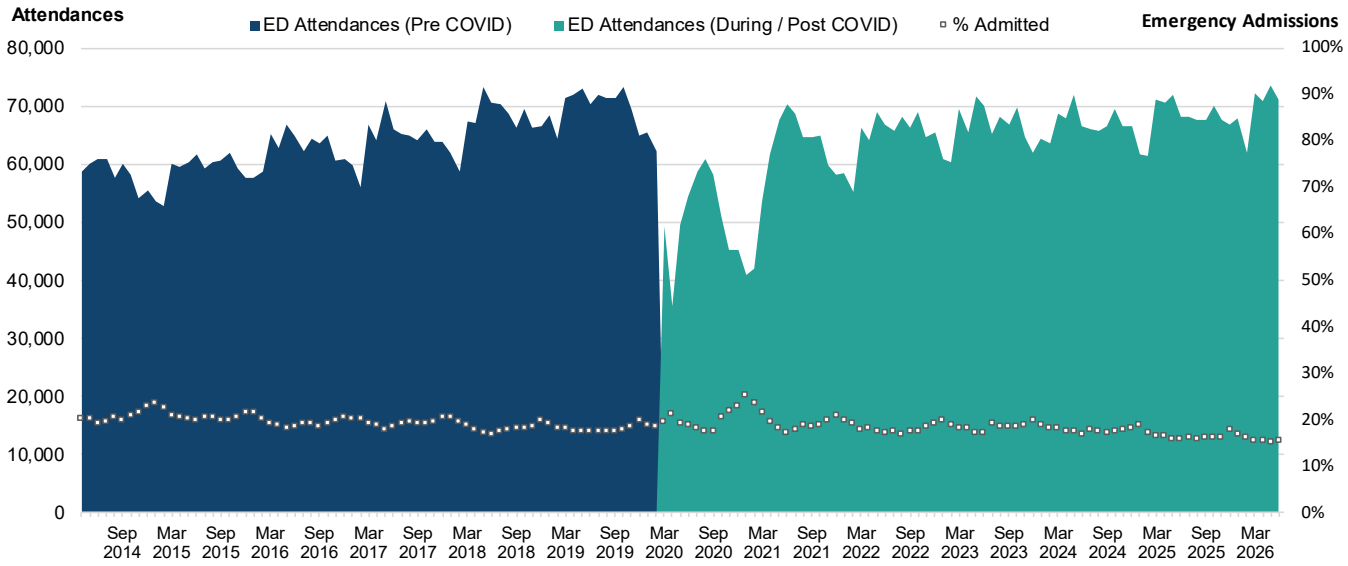
Source: Encompass / Regional Data Warehouse

- During June 2026, 71,018 patients physically attended urgent and emergency care services (Table 2, 11B).
- The number of patients attending urgent and emergency care services increased by 2,778 (4.1%) in June 2026 when compared with June 2025 (Table 2, 11B).
- During the quarter ending June 2026, 210,660 patients physically attended urgent and emergency care services, 0.1% (114) less than the same quarter in 2025 (210,774) (Table 11B).
- The number of emergency admissions to hospital from an ED increased by 1.2% (126) between June 2025 (10,685) and June 2026 (10,811) (Table 2 & 11B).

[5] Please note that activity at Urgent Care Centres is now reported as Type 3 EDs.
[6] Note that only total attendances figures are available from Craigavon and Daisy Hill UCCs with no further breakdowns available, as these services' data is held on the GP system and not on encompass.
[7] Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.
[8] Data on admission to hospital from ED are not Accredited Official Statistics, but have been published to provide users with a comprehensive view of emergency care activity.

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 June 2026.



Source: Encompass / Regional Data Warehouse

- During each of the last twelve 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 April, May and June 2026 when compared with the same month of the previous year (Figure 2, Table 11B).

    - During April 2026, there were 70,716 attendances at EDs, 0.3% (196) more than April 2025 (70,520); and,

    - During May 2026, there were 73,436 attendances at EDs, 2.0% (1,422) more than May 2025 (72,014); and,

    - During June 2026, there were 71,018 attendances at EDs, 4.1% (2,778) more than June 2025 (68,240).

Emergency care activity

Which ED did people attend?

Table 3: Attendances at EDs[9,10]

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

Department	New		Unplanned Review		Total	
	Jun 2025	Jun 2026	Jun 2025	Jun 2026	Jun 2025	Jun 2026
Mater	3,331	3,379	232	311	3,563	3,690
Royal Victoria	6,098	6,665	323	330	6,421	6,995
RBHSC	3,075	3,295	297	266	3,372	3,561
Antrim Area	7,645	7,846	353	340	7,998	8,186
Causeway	3,949	4,211	289	278	4,238	4,489
Ulster	6,530	6,514	351	356	6,881	6,870
Craigavon Area	5,941	6,483	774	621	6,715	7,104
Daisy Hill	4,113	4,552	558	463	4,671	5,015
Altnagelvin Area	4,484	4,783	180	162	4,664	4,945
South West Acute	3,163	3,369	202	348	3,365	3,717
Type 1	**48,329**	**51,097**	**3,559**	**3,475**	**51,888**	**54,572**
Type 3	**14,328**	**14,239**	**597**	**613**	**16,352**	**16,446**
Northern Ireland	**62,657**	**65,336**	**4,156**	**4,088**	**68,240**	**71,018**

Source: Encompass / Regional Data Warehouse

- Between June 2025 and June 2026, attendances increased at Type 1 EDs and at Type 3 EDs (Table 3, Table 11B).
- Nine out of the 10 Type 1 EDs reported an increase in attendances during June 2026 when compared with June 2025 (Table 3, Table 11B).
- Antrim Area was the busiest Type 1 ED during June 2026 (8,186) (Table 3, Table 11B).

[9] Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.
[10] 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 June 2026 and the same month last year.[11]

Department	Level 1 / 2		Level 3		Level 4 / 5	
	Jun 2025	Jun 2026	Jun 2025	Jun 2026	Jun 2025	Jun 2026
Mater	29.0%	33.8%	50.4%	45.1%	20.6%	21.2%
Royal Victoria	37.1%	35.2%	51.4%	54.9%	11.5%	9.9%
RBHSC	17.5%	16.5%	24.7%	23.2%	57.8%	60.3%
Antrim Area	21.6%	21.9%	57.5%	58.5%	20.9%	19.7%
Causeway	17.3%	13.3%	37.9%	41.2%	44.8%	45.5%
Ulster	34.7%	33.4%	47.5%	51.1%	17.8%	15.5%
Craigavon Area	36.5%	37.6%	37.5%	39.2%	25.9%	23.3%
Daisy Hill	38.0%	38.9%	37.7%	40.5%	24.3%	20.5%
Altnagelvin Area	39.6%	42.8%	43.0%	42.2%	17.4%	14.9%
South West Acute	30.6%	29.0%	41.6%	43.1%	27.9%	27.9%
Type 1	**30.8%**	**30.9%**	**44.3%**	**45.6%**	**24.9%**	**23.5%**
Type 3	**2.3%**	**3.0%**	**15.5%**	**19.0%**	**82.2%**	**78.0%**
Northern Ireland	**24.8%**	**25.6%**	**38.2%**	**40.6%**	**37.0%**	**33.7%**

Source: Encompass / Regional Data Warehouse

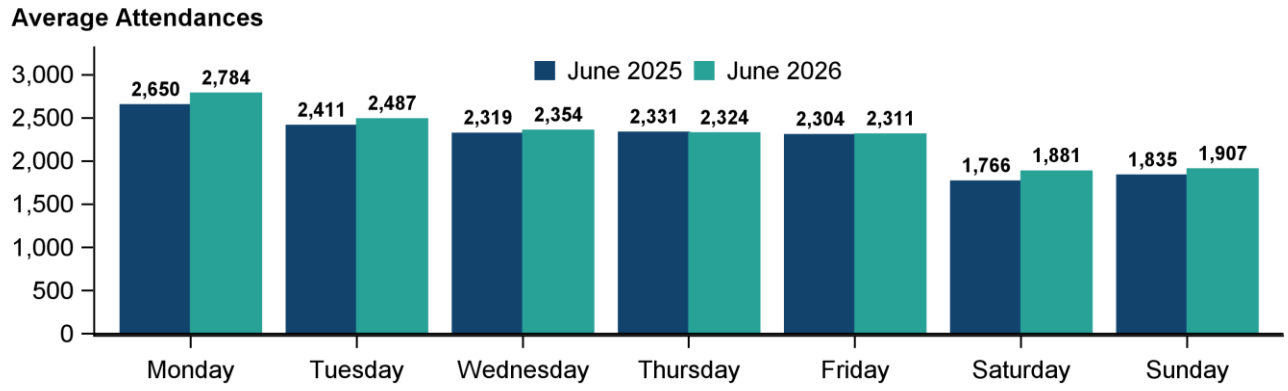
- Over a quarter (25.6%) of patients were triaged as level 1 / 2 in June 2026, less than in April 2026 (26.4%) and less than May 2026 (25.8%) (Table 11L).
- Over three quarters (76.5%) of attendances at Type 1 departments in June 2026 were triaged as level 1 / 2 or 3, compared with 75.1% in June 2025 (Table 4, Table 11L).
- During June 2026, the Type 1 ED with the highest proportion triaged at level 1 / 2 was Altnagelvin Area (42.8%), compared with 13.3% of those attending Causeway, who had the lowest proportion (Table 4, Table 11L).

[11] 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 3: Average number of attendances at EDs by day of the week

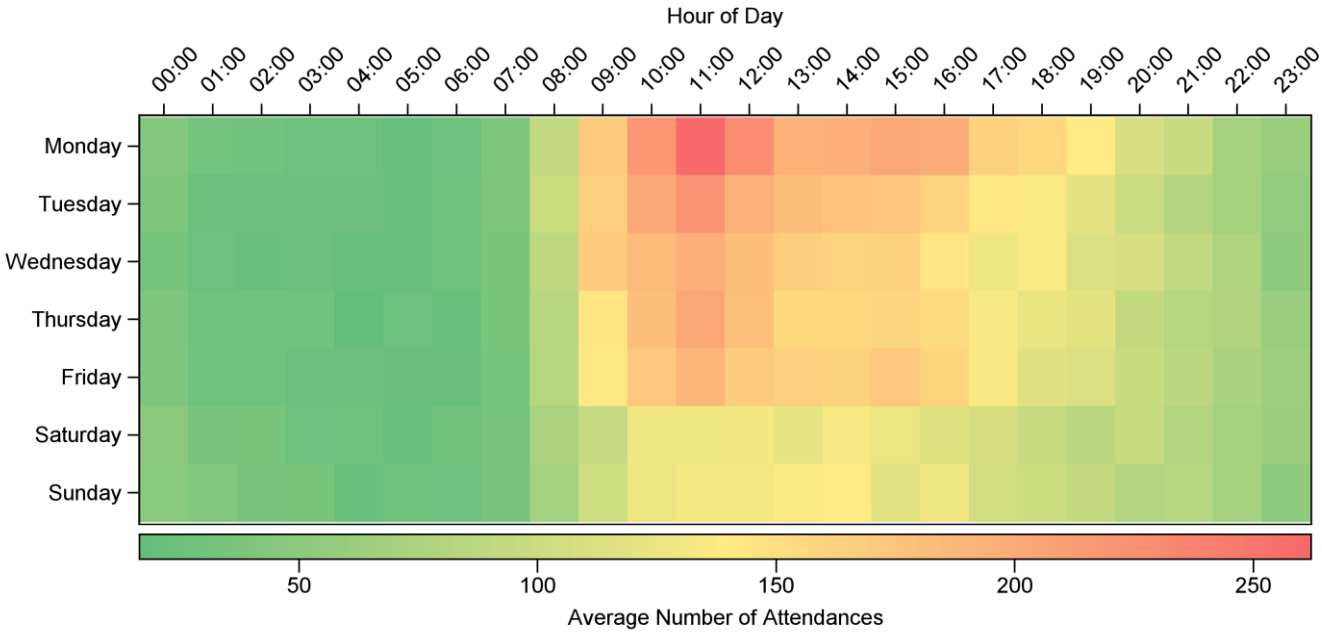
The average number of new and unplanned review attendances at EDs by day of the week during June 2026, compared with the same month last year.



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 June 2026.



Source: Encompass / Regional Data Warehouse

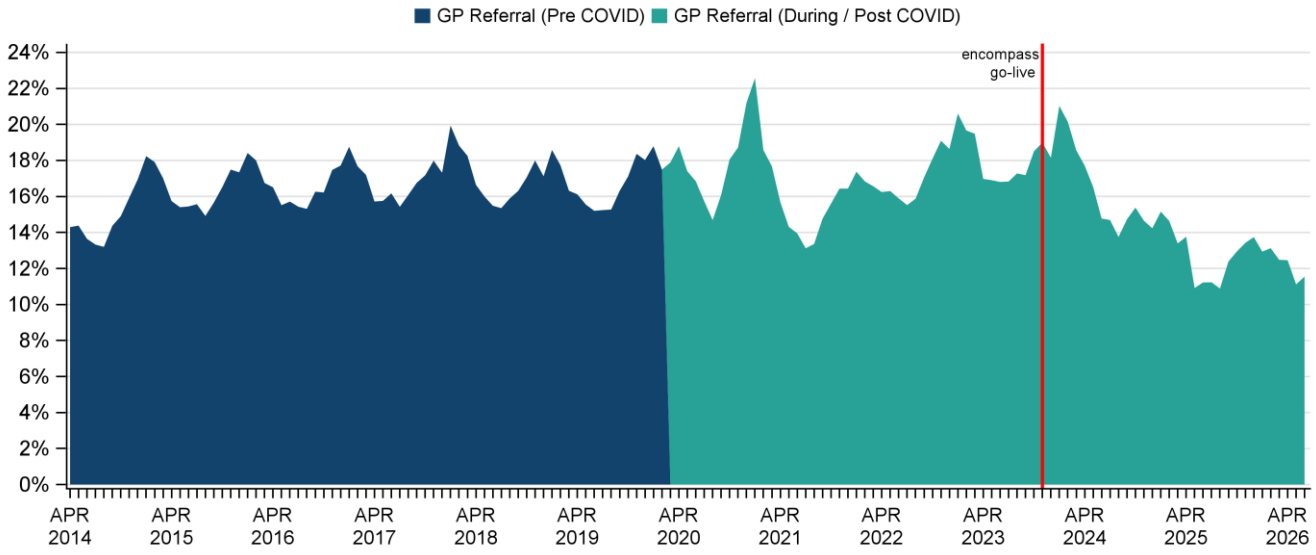
- Monday was the busiest day at EDs during both June 2025 and June 2026, with the highest number of attendances arriving between 11:00 and 11:59 (Figure 3 & 4, Table 11I).
- Saturday was the least busy day during both June 2025 (1,766) and June 2026 (1,881), with the highest number of attendances arriving between 14:00 and 14:59 in June 2026 (Figure 3 & 4, Table 11I).
- Overall, the busiest hour of the day during June 2026 was between 11:00 and 11:59, whilst the least busy hour was 04:00 to 04:59 (Figure 4).

How many attendances were referred by a GP?

Figure 5: Percentage of attendances at EDs referred by a GP[12]

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 June 2026, more than one in nine (11.5%, 8,019) attendances at EDs had been referred by a GP, compared with 11.2% (7,513) in June 2025 (Figure 5, Table 11D(i-ii)).

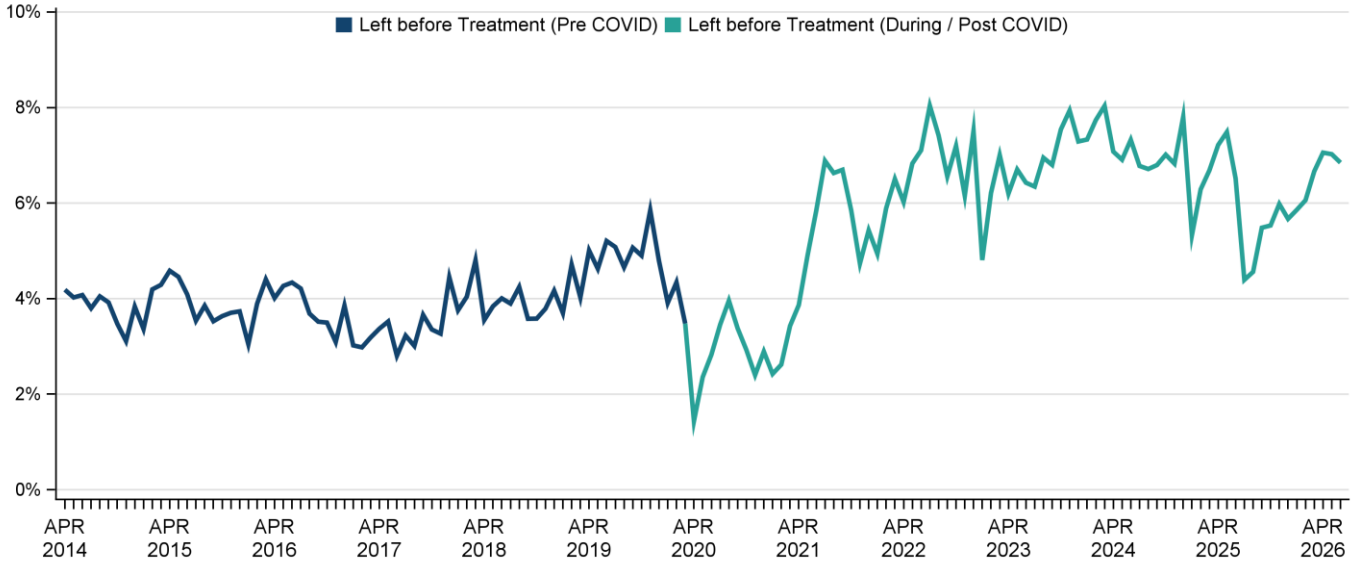
- During June 2026, the Type 1 ED with the highest proportion of attendances referred by a GP was Antrim Area (21.3%, 1,744), compared with 3.4% (125) of those attending South West Acute, who had the lowest proportion (Tables 11D(i-ii)).

[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 complete[13]

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



Source: Encompass / Regional Data Warehouse

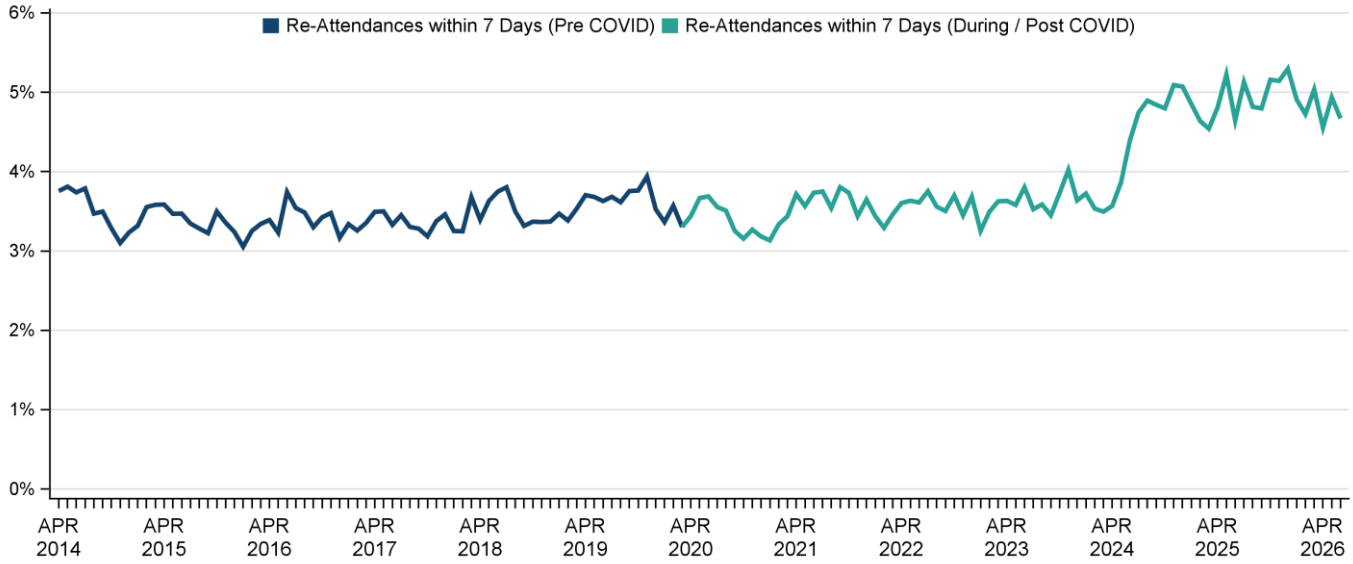
- During June 2026, 6.8% (4,753) of all ED attendances left before their treatment was complete, more than in June 2025 (6.5%, 4,353) (Figure 6, Table 11D(i-ii)).
- During June 2026, the Mater reported the highest percentage leaving ED before treatment was complete (17.7%, 654) (Tables 11D(i-ii)).

[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 June 2026, 4.7% (3,244) of attendances had attended the same ED within 7 days of their original attendance, compared with 4.6% (3,110) in June 2025 (Figure 7, Tables 11D(i-ii)).
- South West Acute reported the highest percentage (8.6%, 318) of unplanned review attendances within 7 days of the original attendance during June 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 June 2025.[16,17,18]

Total ED Attendances	Jun 2025	Apr 2026	May 2026	Jun 2026	Diff (Jun 2025 - Jun 2026)	
					No.	%
Type 1	51,888	54,511	56,615	54,572	2,684	*5.2%*
Type 3	16,352	16,205	16,821	16,446	-73	*-0.4%*
All Departments	**68,240**	**70,716**	**73,436**	**71,018**	**2,778**	**4.1%**
% Within 4 Hours	**Jun 2025**	**Apr 2026**	**May 2026**	**Jun 2026**	**Diff (Jun 2025 - Jun 2026)**	
					No.	**%**
Type 1	33.2%	31.3%	31.8%	32.5%	-	*-0.7%*
Type 3	84.7%	81.3%	81.0%	80.7%	-	*-4.0%*
All Departments	**44.7%**	**41.9%**	**42.3%**	**42.8%**	**-**	**-1.9%**
Over 12 Hours	**Jun 2025**	**Apr 2026**	**May 2026**	**Jun 2026**	**Diff (Jun 2025 - Jun 2026)**	
					No.	**%**
Type 1	10,994	12,810	12,387	11,406	412	-
Type 3	139	199	229	199	60	-
All Departments	**11,133**	**13,009**	**12,616**	**11,605**	**472**	**-**

Source: Encompass / Regional Data Warehouse

- Over two fifths (42.8%) of attendances in June 2026 were discharged or admitted within 4 hours, compared with 44.7% in June 2025 (Table 5, Table 11C & 11J).
- Almost a third (32.5%) of attendances at Type 1 EDs in June 2026 spent less than 4 hours in ED, compared with 80.7% at Type 3 EDs (Table 5, Table 11C & 11J).
- Since June 2025, the number spending over 12 hours in ED increased from 11,133 to 11,605 in June 2026, accounting for 16.7% of all attendances in June 2026 (Table 5, Table 11C &11J).
- The number of attendances at EDs in June 2026 was 4.1% higher than in June 2025 (68,240 to 71,018), whilst 4 hour performance decreased from 44.7% to 42.8% over the same time period (Table 5, Table 11C & 11J).
- During the quarter ending 30 June 2026, over two fifths (42.4%) of patients spent less than 4 hours at an ED, less than in the same quarter in 2025 (44.6%) (Table 11C & 11J).
- During the latest quarter, the percentage of patients spending less than 4 hours in ED was highest in June 2026 (42.8%) and lowest in April 2026 (41.9%), whilst the number spending over 12 hours in an ED was lowest in June 2026 (11,605) and highest in April 2026 (13,009) (Table 5, Table 11C & 11J).

[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] 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.

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 June 2026 compared with the same month last year. Information has also been included on the overall performance at Type 3 EDs during this period.[19,20,21]

Department	4 Hour Performance		12 Hour Performance		Total Attendances	
	Jun 2025	Jun 2026	Jun 2025	Jun 2026	Jun 2025	Jun 2026
Mater	36.1%	27.9%	494	606	3,563	3,690
Royal Victoria	18.2%	15.9%	1,881	2,095	6,421	6,995
RBHSC	69.4%	67.7%	29	6	3,372	3,561
Antrim Area	32.6%	33.1%	1,598	1,653	7,998	8,186
Causeway	44.6%	45.3%	599	565	4,238	4,489
Ulster	22.2%	16.7%	1,928	2,419	6,881	6,870
Craigavon Area	32.9%	34.8%	1,846	1,479	6,715	7,104
Daisy Hill	38.6%	42.3%	803	704	4,671	5,015
Altnagelvin Area	22.4%	25.8%	1,196	1,219	4,664	4,945
South West Acute	39.3%	38.3%	620	660	3,365	3,717
Type 1	**33.2%**	**32.5%**	**10,994**	**11,406**	**51,888**	**54,572**
Type 3	**84.7%**	**80.7%**	**139**	**199**	**16,352**	**16,446**
Northern Ireland	**44.7%**	**42.8%**	**11,133**	**11,605**	**68,240**	**71,018**

Source: Encompass / Regional Data Warehouse

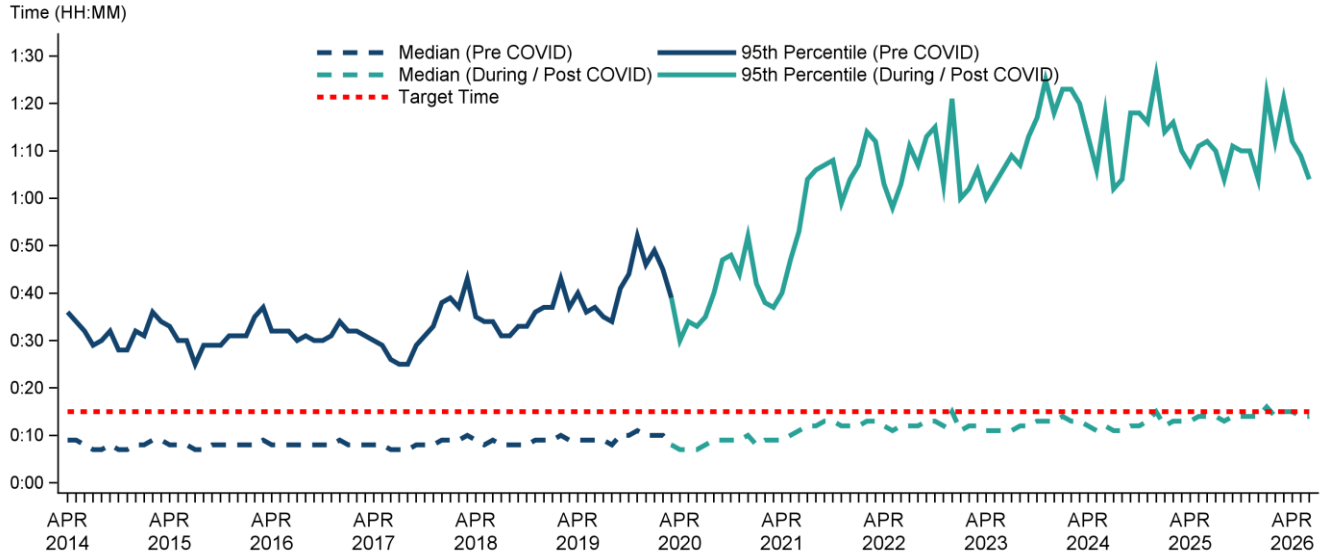
- During June 2026, RBHSC reported the highest performance of the four hour target at any Type 1 ED (67.7%), whilst the Royal Victoria reported the lowest (15.9%) (Table 6, Table 11C).
- No Type 1 ED achieved the 12-hour target during June 2026 (Table 6, Table 11C).
- The Ulster reported the highest number of patients spending over 12 hours at an ED during June 2026 (2,419) (Table 6, Table 11C).
- Between June 2025 and June 2026, performance against the 12 hour target improved at four of the ten Type 1 EDs (Table 6 Table 11C).

[19] 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.
[20] 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.
[21] 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[22,23]

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 June 2026.



Source: Encompass / Regional Data Warehouse

- During June 2026, the median time spent in ED from arrival to triage was 14 minutes, similar to June 2025 (14 minutes) (Figure 8, Table 11E).
- 95 percent of patients were triaged within 1 hour 4 minutes of their arrival at an ED in June 2026, 8 minutes less than in June 2025 (1 hour 12 minutes) (Figure 8, Table 11E).
- Over half (54.5%) of attendances were triaged within 15 minutes of their arrival at an ED during June 2026, compared with 53.9% in June 2025.
- During the quarter ending 30 June 2026, the median time from arrival to triage was shortest in May and June 2026 (14 minutes) and longest in April 2026 (15 minutes), whilst the time taken to triage 95 percent of patients was shortest in June 2026 (1 hour 4 minutes) and longest in April 2026 (1 hour 12 minutes) (Figure 8, Table 11E).

[22] 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.
[23] 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 April to June 2026, compared with June last year. Information has also been included on the overall performance at Type 3 EDs during this period.[24,25]

Department	Jun 2025	Apr 2026	May 2026	Jun 2026
Mater	59.7%	43.7%	41.9%	43.0%
Royal Victoria	44.4%	39.1%	37.2%	39.7%
RBHSC	76.5%	74.2%	78.7%	71.9%
Antrim Area	44.9%	42.3%	38.2%	48.0%
Causeway	58.3%	56.3%	55.4%	60.0%
Ulster	44.0%	31.6%	36.0%	33.2%
Craigavon Area	50.1%	39.8%	52.2%	55.3%
Daisy Hill	67.0%	65.8%	62.2%	71.1%
Altnagelvin Area	42.8%	45.5%	44.9%	55.1%
South West Acute	65.4%	67.3%	61.7%	65.9%
Type 1	**52.7%**	**47.8%**	**48.5%**	**52.4%**
Type 3	**82.8%**	**77.3%**	**76.9%**	**73.8%**
Northern Ireland	**58.6%**	**53.2%**	**53.5%**	**55.9%**

Source: Encompass / Regional Data Warehouse

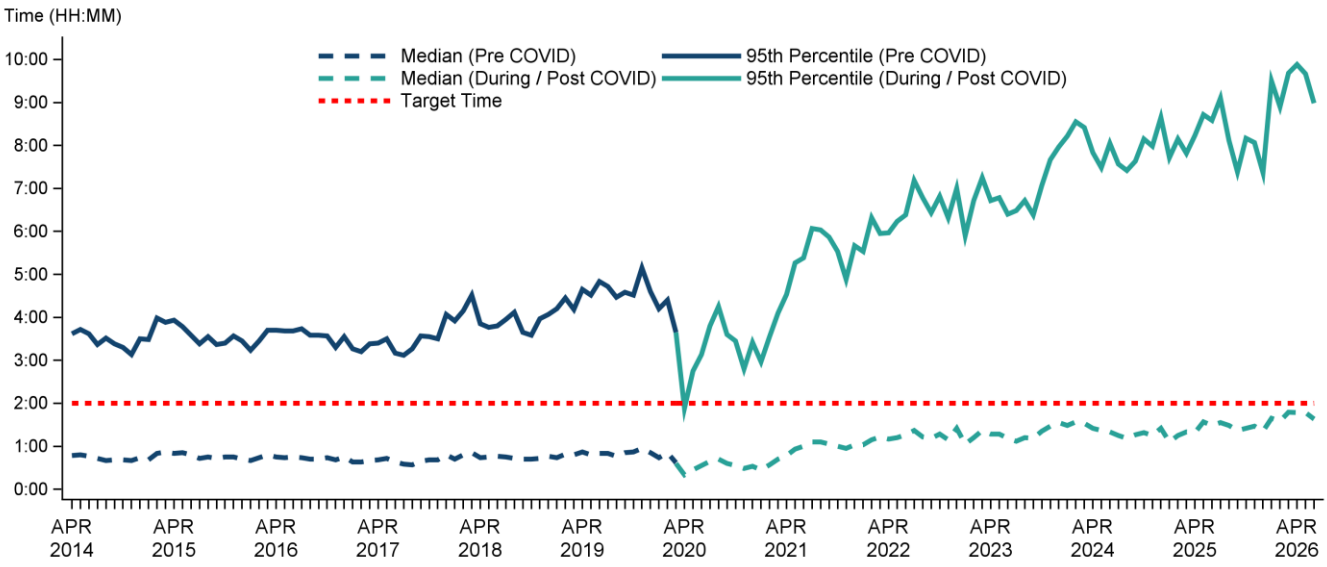
- Over half (55.9%) of patients attending EDs in June 2026 commenced their treatment within 2 hours of being triaged, less than in June 2025 (58.6%) (Table 7, Table 11K).
- During June 2026, over half (52.4%) of patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 73.8% at Type 3 EDs (Table 7, Table 11K).
- No Type 1 ED achieved the 80% target in June 2026 (Table 7, Table 11K).
- During June 2026, the RBHSC reported the highest percentage commencing treatment within 2 hours (71.9%), whilst the Ulster reported the lowest (33.2%) (Table 7, Table 11K).
- Between April and June 2026, the highest percentage of patients commencing treatment within 2 hours was in June 2026 (55.9%) whilst the lowest was in April 2026 (53.2%), (Table 7, Table 11K).

[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.

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.[26,27]



Source: Encompass / Regional Data Warehouse

- The median time from triage to start of treatment in June 2026 was 1 hour 38 minutes, 9 minutes more than June 2025 (1 hour 29 minutes) (Figure 9, Table 11F).
- During June 2026, 95 percent of patients commenced treatment within 8 hours 59 minutes of being triaged, 24 minutes more than in June 2025 (8 hour 35 minutes) (Figure 9, Table 11F).
- During the last 3 months, the median time to start of treatment was longest in April and May 2026 (1 hour 47 minutes) and shortest in June 2026 (1 hour 38 minutes), whilst the time within which 95 percent of patients started treatment was longest in April 2026 (9 hours 53 minutes) and shortest in June 2026 (8 hours 59 minutes) (Table 11F).

[26] 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.
[27] 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 June 2026, compared with the same month last year. Information is also presented for Type 3 departments.[28,29]

Department	Median (HH:MM)		95th Percentile (HH:MM)	
	June 2025	June 2026	June 2025	June 2026
Mater	1:29	2:32	7:35	10:15
Royal Victoria	2:21	2:52	10:31	12:27
RBHSC	0:54	1:06	3:59	4:47
Antrim Area	2:20	2:06	9:08	8:42
Causeway	1:36	1:36	5:16	5:05
Ulster	2:19	3:13	9:59	13:12
Craigavon Area	1:59	1:42	14:55	9:51
Daisy Hill	1:05	0:51	6:09	5:11
Altnagelvin Area	2:26	1:43	8:18	8:45
South West Acute	1:10	1:11	7:24	6:39
Type 1	**1:49**	**1:50**	**9:12**	**9:28**
Type 3	**0:36**	**0:52**	**4:14**	**4:49**
Northern Ireland	**1:29**	**1:38**	**8:35**	**8:59**

Source: Encompass / Regional Data Warehouse

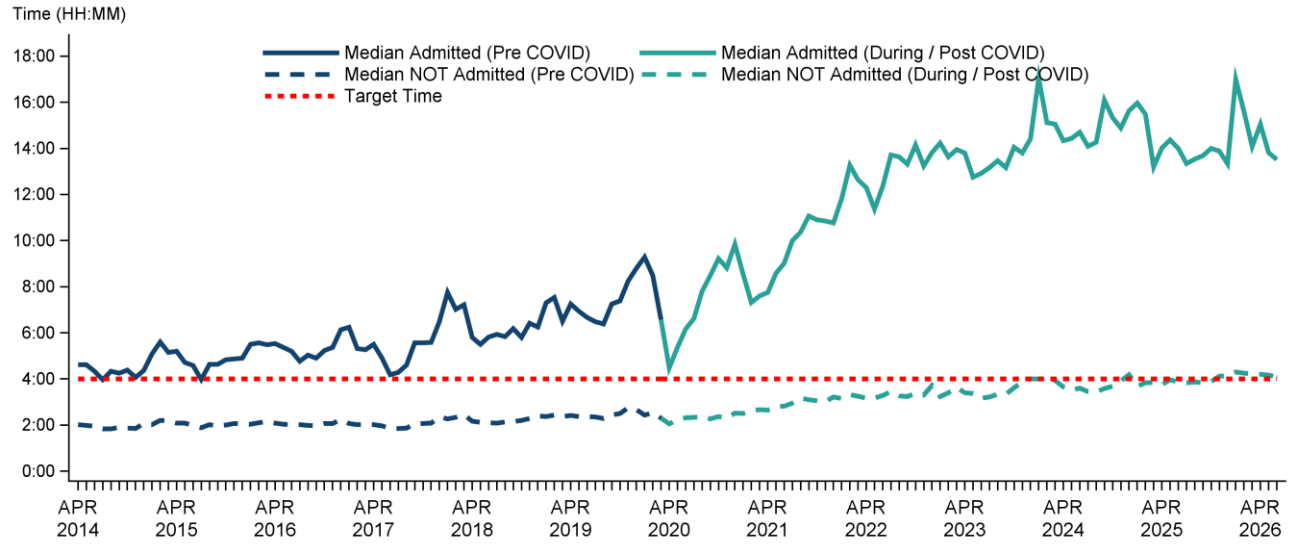
- The median time spent at Type 1 EDs from triage to start of treatment by a medical professional was 1 hour 50 minutes in June 2026, 1 minute more than in June 2025 (1 hour 49 minutes) (Table 8, Table 11F).
- The Ulster reported the longest median time spent in ED from triage to start of treatment during June 2026 (3 hours 13 minutes), whilst Daisy Hill reported the shortest median time (51 minutes) (Table 8, Table 11F).
- The Ulster reported the longest time spent in ED between triage and start of treatment, with 95 percent of attendances commencing treatment within 13 hours 12 minutes of being triaged; 3 hours 13 minutes more than June 2025 (9 hours 59 minutes) (Table 8, Table 11F).
- RBHSC reported the shortest time to start of treatment during June 2026, with 95 percent of attendances commencing treatment within 4 hours 47 minutes of being triaged, 48 minutes more than the time taken in June 2025 (3 hours 59 minutes) (Table 8, Table 11F).

[28] 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.
[29] 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 date[30].



Source: Encompass / Regional Data Warehouse

- During June 2026, the median time patients admitted to hospital spent in ED was 13 hours 31 minutes, over three times longer than the median time for patients discharged home (4 hours 5 minutes) (Figure 10, Table 11G & 11H).

- During the quarter ending 30 June 2026, the median time patients admitted spent in ED was longest in April 2026 (15 hours 3 minutes) and shortest in June 2026 (13 hours 31 minutes) (Table 11G).

- During this period, the median time spent by patients discharged home was longest in April 2026 (4 hours 12 minutes) and shortest in June 2026 (4 hours 5 minutes) (Table 11H).

[30] 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 June 2025 and June 2026.[31,32]

Department	Admitted				Discharged			
	Median (HH:MM)		95th Percentile (HH:MM)		Median (HH:MM)		95th Percentile (HH:MM)	
	Jun 2025	Jun 2026	Jun 2025	Jun 2026	Jun 2025	Jun 2026	Jun 2025	Jun 2026
Mater	11:27	10:57	34:21	30:45	4:34	5:36	14:49	15:49
Royal Victoria	12:57	12:18	36:03	30:24	6:54	7:27	19:59	19:58
RBHSC	5:32	5:23	11:16	10:01	2:41	2:45	6:30	6:48
Antrim Area	13:39	13:30	68:26	67:49	5:06	5:05	19:26	19:34
Causeway	14:56	14:59	68:22	77:30	4:04	4:00	15:00	13:41
Ulster	15:44	18:21	52:29	50:38	5:44	7:11	19:17	21:44
Craigavon Area	18:46	14:59	67:55	51:44	5:22	4:50	21:05	18:06
Daisy Hill	15:01	12:11	51:04	44:22	4:25	4:00	15:39	14:20
Altnagelvin Area	19:19	19:28	89:55	79:41	6:25	5:37	24:22	24:43
South West Acute	17:44	15:54	54:01	53:45	4:29	4:38	20:21	18:49
Type 1	**14:21**	**13:45**	**57:01**	**52:43**	**4:59**	**5:05**	**18:47**	**18:45**
Type 3	**5:29**	**6:19**	**19:51**	**23:59**	**1:32**	**1:43**	**6:18**	**6:46**
Northern Ireland	**14:00**	**13:31**	**56:32**	**52:17**	**3:52**	**4:05**	**16:16**	**16:28**

Source: Encompass / Regional Data Warehouse

- The median time patients who were admitted to hospital spent in a Type 1 ED was 13 hours 45 minutes in June 2026, 36 minutes less than the same month last year (14 hours 21 minutes) (Table 9, Table 11G).
- The median time patients who were discharged home spent in a Type 1 ED was 5 hours 5 minutes in June 2026, 6 minutes more than the time taken during the same month last year (4 hours 59 minutes) (Table 9, Table 11H).
- 95 percent of patients were admitted to hospital within 52 hours 43 minutes at Type 1 EDs in June 2026, 4 hours 18 minutes less than in June 2025 (57 hours 1 minute) (Table 9, Table 11G).
- In June 2026, 95 percent of attendances at Type 1 EDs were discharged home within 18 hours 45 minutes of their arrival, 2 minutes less than the time taken in June 2025 (18 hours 47 minutes) (Table 9, Table 11H).

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

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

Appendices

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

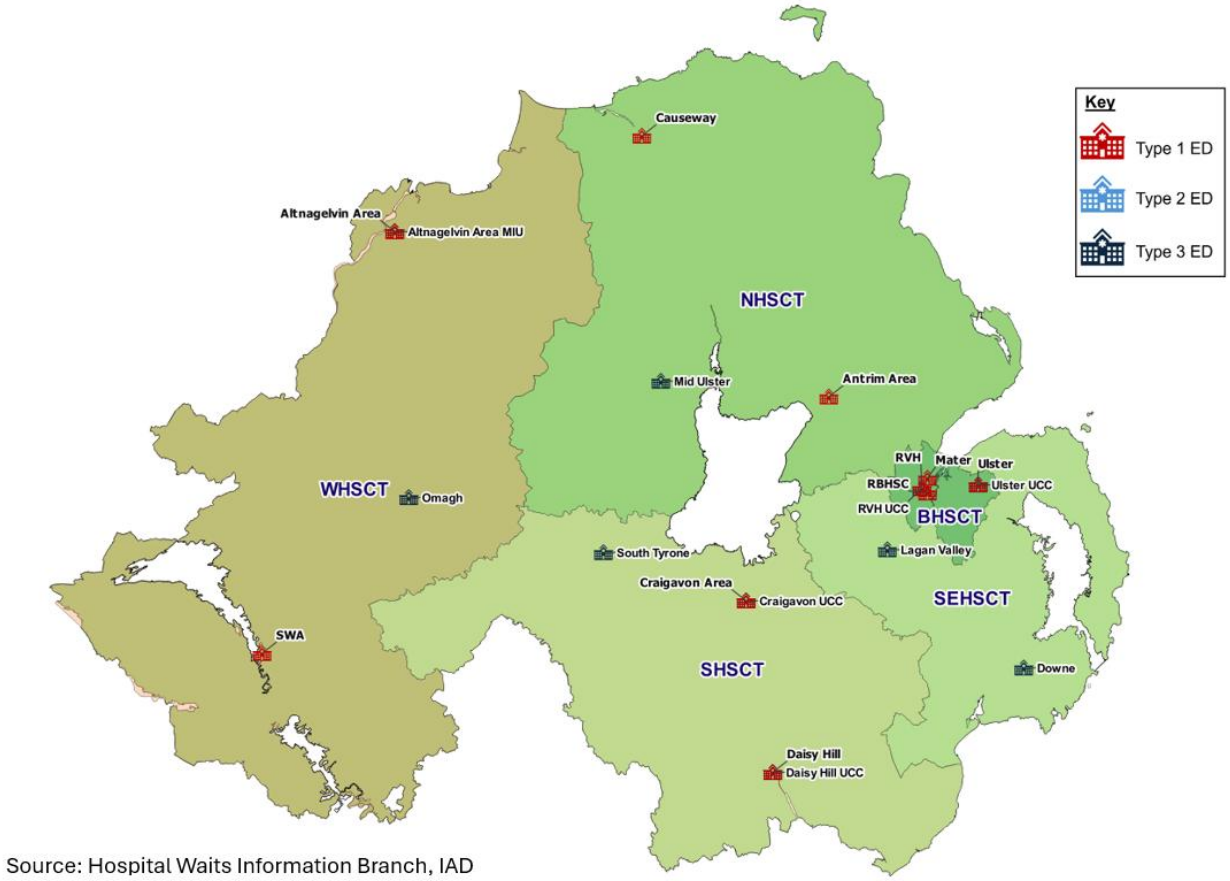
There are three separate categories of emergency care facility included in this publication:

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



Source: Hospital Waits Information Branch, IAD

Current categorisation of emergency departments [33]

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[34]
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Mid Ulster
	Causeway		
South Eastern	Ulster		Lagan Valley[35]
			Downe[35,36]
			Ulster UCC[37]
Southern	Craigavon Area		South Tyrone
	Daisy Hill[38]		Craigavon UCC[39]
			Daisy Hill UCC[40]
Western	Altnagelvin Area		Omagh[41]
	South West Acute		Altnagelvin Area MIU[42]

[33] Opening Hours are as of March 2025.
[34] RVH Urgent Care Centre (UCC) opened on 14th October 2020.
[35] Redesignated from Type 2 to Type 3 emergency department from 1st April 2025.
[36] 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.
[37] 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.
[38] Temporarily closed between 28th March 2020 and 19th October 2020.
[39] Opened November 2020.
[40] Opened 8th August 2024.
[41] 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.
[42] 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[43,44]

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

HSC Trust	PhoneFirst				Referral to ED			
	Jun 2025	Apr 2026	May 2026	Jun 2026	Jun 2025	Apr 2026	May 2026	Jun 2026
Belfast	982	1,293	1,323	1,523	555	855	893	916
Northern	2,276	2,434	2,349	2,560	1,633	1,683	1,691	1,812
South Eastern	989	1,207	1,183	1,269	679	860	856	918
Southern	10,106	9,464	9,321	10,097	6,727	6,232	6,007	6,593
Western	1,480	1,674	1,831	2,249	876	946	1,254	1,614
Northern Ireland	**15,833**	**16,072**	**16,007**	**17,698**	**10,470**	**10,576**	**10,701**	**11,853**

[43] 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.
[44] 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[45,46,47]

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

Department	New Attendances				Unplanned Reviews				Total Attendances			
	Jun 2025	Apr 2026	May 2026	Jun 2026	Jun 2025	Apr 2026	May 2026	Jun 2026	Jun 2025	Apr 2026	May 2026	Jun 2026
Mater	3,331	3,203	3,403	3,379	232	304	295	311	3,563	3,507	3,698	3,690
Royal Victoria	6,098	6,606	6,860	6,665	323	259	365	330	6,421	6,865	7,225	6,995
RBHSC	3,075	3,621	3,610	3,295	297	334	328	266	3,372	3,955	3,938	3,561
Antrim Area	7,645	7,554	7,968	7,846	353	383	413	340	7,998	7,937	8,381	8,186
Causeway	3,949	4,316	4,377	4,211	289	224	291	278	4,238	4,540	4,668	4,489
Ulster	6,530	6,585	6,771	6,514	351	329	329	356	6,881	6,914	7,100	6,870
Craigavon Area	5,941	6,418	6,759	6,483	774	670	681	621	6,715	7,088	7,440	7,104
Daisy Hill	4,113	4,637	4,761	4,552	558	520	583	463	4,671	5,157	5,344	5,015
Altnagelvin Area	4,484	4,851	4,982	4,783	180	203	175	162	4,664	5,054	5,157	4,945
South West Acute	3,163	3,246	3,349	3,369	202	248	315	348	3,365	3,494	3,664	3,717
Type 1	**48,329**	**51,037**	**52,840**	**51,097**	**3,559**	**3,474**	**3,775**	**3,475**	**51,888**	**54,511**	**56,615**	**54,572**
Mid Ulster	682	742	748	721	4	5	9	6	686	747	757	727
Downe	1,543	1,582	1,591	1,381	56	44	51	49	1,599	1,626	1,642	1,430
Lagan Valley	1,858	1,752	1,598	1,570	33	53	37	44	1,891	1,805	1,635	1,614
South Tyrone	1,785	1,801	1,967	1,948	73	50	53	55	1,858	1,851	2,020	2,003
Omagh	1,896	1,883	2,008	1,991	49	64	80	58	1,945	1,947	2,088	2,049
Ulster UCC	3,478	3,344	3,589	3,444	219	239	268	264	3,697	3,583	3,857	3,708
Altnagelvin Area MIU	1,276	1,328	1,506	1,483	22	31	51	31	1,298	1,359	1,557	1,514
Royal Victoria UCC	1,810	1,729	1,701	1,701	141	80	126	106	1,951	1,809	1,827	1,807
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	1,427	1,478	1,438	1,594
Type 3	**14,328**	**14,161**	**14,708**	**14,239**	**597**	**566**	**675**	**613**	**16,352**	**16,205**	**16,821**	**16,446**
Northern Ireland	**62,657**	**65,198**	**67,548**	**65,336**	**4,156**	**4,040**	**4,450**	**4,088**	**68,240**	**70,716**	**73,436**	**71,018**

[45] Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.
[46] 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.
[47] 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[48,49,50,51,52]

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

Department	4 - Hour Performance				12 - Hour Performance				Total Attendances			
	Jun 2025	Apr 2026	May 2026	Jun 2026	Jun 2025	Apr 2026	May 2026	Jun 2026	Jun 2025	Apr 2026	May 2026	Jun 2026
Mater	36.1%	28.3%	30.9%	27.9%	494	702	602	606	3,563	3,507	3,698	3,690
Royal Victoria	18.2%	15.1%	14.8%	15.9%	1,881	2,135	2,165	2,095	6,421	6,865	7,225	6,995
RBHSC	69.4%	64.5%	68.2%	67.7%	29	14	7	6	3,372	3,955	3,938	3,561
Antrim Area	32.6%	30.5%	30.0%	33.1%	1,598	1,959	1,886	1,653	7,998	7,937	8,381	8,186
Causeway	44.6%	46.9%	45.9%	45.3%	599	695	605	565	4,238	4,540	4,668	4,489
Ulster	22.2%	15.1%	15.0%	16.7%	1,928	2,526	2,569	2,419	6,881	6,914	7,100	6,870
Craigavon Area	32.9%	30.2%	32.9%	34.8%	1,846	2,123	1,753	1,479	6,715	7,088	7,440	7,104
Daisy Hill	38.6%	40.7%	40.8%	42.3%	803	744	819	704	4,671	5,157	5,344	5,015
Altnagelvin Area	22.4%	25.6%	24.7%	25.8%	1,196	1,210	1,368	1,219	4,664	5,054	5,157	4,945
South West Acute	39.3%	38.4%	40.6%	38.3%	620	702	613	660	3,365	3,494	3,664	3,717
Type 1	**33.2%**	**31.3%**	**31.8%**	**32.5%**	**10,994**	**12,810**	**12,387**	**11,406**	**51,888**	**54,511**	**56,615**	**54,572**
Mid Ulster	99.9%	99.9%	100.0%	100.0%	0	0	0	0	686	747	757	727
Downe	95.9%	94.8%	94.4%	94.8%	1	0	0	0	1,599	1,626	1,642	1,430
Lagan Valley	74.2%	68.9%	72.4%	72.3%	1	3	2	0	1,891	1,805	1,635	1,614
South Tyrone	99.8%	100.0%	100.0%	100.0%	1	0	0	0	1,858	1,851	2,020	2,003
Omagh	97.7%	93.4%	94.9%	94.1%	0	1	0	0	1,945	1,947	2,088	2,049
Ulster UCC	82.3%	69.9%	67.9%	66.1%	53	104	123	103	3,697	3,583	3,857	3,708
Altnagelvin Area MIU	98.3%	97.1%	94.2%	96.2%	3	4	11	7	1,298	1,359	1,557	1,514
Royal Victoria UCC	48.1%	52.9%	48.5%	49.9%	80	87	93	89	1,951	1,809	1,827	1,807
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	1,427	1,478	1,438	1,594
Type 3	**84.7%**	**81.3%**	**81.0%**	**80.7%**	**139**	**199**	**229**	**199**	**16,352**	**16,205**	**16,821**	**16,446**
Northern Ireland	**44.7%**	**41.9%**	**42.3%**	**42.8%**	**11,133**	**13,009**	**12,616**	**11,605**	**68,240**	**70,716**	**73,436**	**71,018**

[48] Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.
[49] 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.
[50] 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.
[51] 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.
[52] 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[53,54,55]

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

Department	GP - Referrals				Left Before Treatment				Unplanned Reviews Within 7 Days			
	Jun 2025	Apr 2026	May 2026	Jun 2026	Jun 2025	Apr 2026	May 2026	Jun 2026	Jun 2025	Apr 2026	May 2026	Jun 2026
Mater	10.5%	10.7%	9.2%	9.8%	13.1%	16.2%	16.2%	17.7%	5.2%	7.0%	6.8%	6.8%
Royal Victoria	9.5%	16.4%	14.3%	14.4%	11.3%	14.7%	16.5%	16.6%	4.0%	3.2%	4.6%	4.3%
RBHSC	14.2%	11.90%	10.9%	9.3%	3.6%	4.8%	4.1%	4.7%	6.9%	6.8%	6.5%	6.2%
Antrim Area	20.4%	23.0%	21.0%	21.3%	6.4%	8.2%	9.0%	8.1%	3.3%	3.5%	3.7%	3.1%
Causeway	12.1%	13.8%	10.6%	12.4%	5.3%	5.1%	4.3%	4.3%	6.0%	4.3%	5.4%	4.9%
Ulster	20.0%	18.1%	15.9%	18.9%	6.6%	8.6%	8.1%	8.2%	3.6%	4.0%	3.7%	4.2%
Craigavon Area	14.1%	12.5%	12.5%	12.2%	10.6%	10.6%	7.3%	6.3%	8.2%	7.2%	7.1%	6.3%
Daisy Hill	10.7%	12.6%	10.0%	11.5%	6.4%	3.8%	4.2%	3.4%	8.7%	7.1%	7.9%	6.6%
Altnagelvin Area	14.6%	15.8%	13.8%	13.6%	8.3%	5.3%	8.1%	6.1%	3.3%	3.4%	3.0%	2.9%
South West Acute	0.0%	4.0%	5.2%	3.4%	5.4%	6.3%	4.6%	4.9%	4.3%	6.0%	7.5%	8.6%
Type 1	**13.7%**	**15.0%**	**13.3%**	**13.8%**	**7.9%**	**8.6%**	**8.6%**	**8.2%**	**5.2%**	**5.0%**	**5.4%**	**5.1%**
Mid Ulster	0.1%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.4%	0.5%	0.4%	0.8%
Downe	1.1%	1.2%	0.6%	1.1%	0.2%	0.3%	0.1%	0.3%	2.0%	1.7%	1.9%	2.2%
Lagan Valley	4.1%	3.5%	4.2%	3.8%	1.2%	0.8%	0.5%	0.7%	0.6%	0.9%	0.9%	1.5%
South Tyrone	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.7%	1.4%	1.8%	1.3%
Omagh	0.0%	0.0%	0.0%	0.0%	4.6%	1.2%	1.6%	1.4%	2.0%	2.6%	2.6%	2.2%
Ulster UCC	3.5%	3.4%	2.8%	4.5%	2.0%	2.5%	3.0%	4.3%	4.0%	5.3%	5.4%	5.7%
Altnagelvin Area MIU	0.5%	2.1%	2.5%	1.7%	0.1%	0.0%	0.1%	0.3%	1.4%	2.0%	2.8%	1.9%
Royal Victoria UCC	8.5%	13.6%	12.6%	11.4%	4.2%	4.1%	3.0%	2.4%	6.5%	3.8%	6.4%	5.3%
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	**2.7%**	**3.3%**	**3.0%**	**3.2%**	**1.8%**	**1.4%**	**1.4%**	**1.7%**	**2.7%**	**2.8%**	**3.3%**	**3.1%**
Northern Ireland	**11.2%**	**12.5%**	**11.1%**	**11.5%**	**6.5%**	**7.1%**	**7.0%**	**6.8%**	**4.6%**	**4.6%**	**4.9%**	**4.7%**

[53] Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics
[54] 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.
[55] 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(ii): Number of attendances (i) referred by a GP; (ii) who left before treatment was complete; and (iii) re-attended within 7 days[56,57,58]

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

Department	GP - Referrals				Left Before Treatment				Unplanned Reviews Within 7 Days			
	Jun 2025	Apr 2026	May 2026	Jun 2026	Jun 2025	Apr 2026	May 2026	Jun 2026	Jun 2025	Apr 2026	May 2026	Jun 2026
Mater	375	377	338	363	467	568	598	654	186	246	252	250
Royal Victoria	615	1,120	1,032	1,008	727	1,012	1,193	1,158	262	221	333	303
RBHSC	478	470	426	330	120	188	161	166	231	269	257	220
Antrim Area	1,632	1,830	1,759	1,744	510	651	757	666	261	275	307	254
Causeway	512	622	495	557	224	230	201	194	255	195	252	218
Ulster	1,370	1,244	1,134	1,301	454	595	576	560	247	274	263	288
Craigavon Area	949	880	929	868	710	752	540	447	550	506	527	451
Daisy Hill	501	648	532	575	300	196	227	169	405	367	424	332
Altnagelvin Area	683	798	716	671	387	267	419	304	156	173	157	142
South West Acute	0	138	190	125	183	219	169	183	147	209	277	318
Type 1	**7,115**	**8,127**	**7,551**	**7,542**	**4,082**	**4,678**	**4,841**	**4,501**	**2,700**	**2,735**	**3,049**	**2,776**
Mid Ulster	1	0	1	0	0	1	0	0	3	4	3	6
Downe	18	20	10	16	3	5	2	4	32	28	31	31
Lagan Valley	78	64	68	61	22	14	8	11	12	17	14	25
South Tyrone	0	0	0	0	0	0	0	0	32	25	36	26
Omagh	0	0	0	0	89	23	33	29	39	51	55	45
Ulster UCC	129	121	106	167	74	91	116	160	148	191	208	210
Altnagelvin Area MIU	6	28	39	26	1	0	2	5	18	27	43	29
Royal Victoria UCC	166	246	231	207	82	74	55	43	126	68	117	96
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	**398**	**479**	**455**	**477**	**271**	**208**	**216**	**252**	**410**	**411**	**507**	**468**
Northern Ireland	**7,513**	**8,606**	**8,006**	**8,019**	**4,353**	**4,886**	**5,057**	**4,753**	**3,110**	**3,146**	**3,556**	**3,244**

[56] Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.
[57] 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.
[58] 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 11E: Time from arrival to triage (assessment)[59,60,61,62]

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

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

[59] Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.
[60] 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.
[61] 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.
[62] 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[63,64,65,66]

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

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Jun 2025	Apr 2026	May 2026	Jun 2026	Jun 2025	Apr 2026	May 2026	Jun 2026
Mater	1:29	2:22	2:35	2:32	7:35	8:56	8:25	10:15
Royal Victoria	2:21	2:50	3:08	2:52	10:31	11:43	12:37	12:27
RBHSC	0:54	1:03	0:53	1:06	3:59	4:05	3:37	4:47
Antrim Area	2:20	2:33	2:49	2:06	9:08	10:04	10:21	8:42
Causeway	1:36	1:41	1:42	1:36	5:16	5:15	5:09	5:05
Ulster	2:19	3:20	3:09	3:13	9:59	11:56	12:42	13:12
Craigavon Area	1:59	2:54	1:53	1:42	14:55	16:53	9:57	9:51
Daisy Hill	1:05	1:16	1:28	0:51	6:09	7:03	6:45	5:11
Altnagelvin Area	2:26	2:16	2:20	1:43	8:18	9:09	11:03	8:45
South West Acute	1:10	1:03	1:21	1:11	7:24	7:05	8:02	6:39
Type 1	**1:49**	**2:09**	**2:05**	**1:50**	**9:12**	**10:34**	**10:15**	**9:28**
Mid Ulster	0:02	0:02	0:01	0:01	0:14	0:14	0:06	0:13
Downe	0:10	0:11	0:11	0:12	1:08	1:06	1:01	0:58
Lagan Valley	0:32	0:39	0:32	0:24	1:55	2:30	1:47	1:32
South Tyrone	0:02	[E]	[E]	[E]	0:15	[E]	[E]	[E]
Omagh	0:22	0:31	0:23	0:37	1:54	2:49	2:48	3:26
Ulster UCC	0:56	1:20	1:31	1:40	2:56	3:55	3:50	4:36
Altnagelvin Area MIU	0:10	0:13	0:15	0:15	1:32	2:04	3:37	2:27
Royal Victoria UCC	2:01	1:44	1:55	1:19	8:06	8:01	8:33	8:33
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	**0:36**	**0:48**	**0:45**	**0:52**	**4:14**	**4:08**	**4:21**	**4:49**
Northern Ireland	**1:29**	**1:47**	**1:47**	**1:38**	**8:35**	**9:53**	**9:40**	**8:59**

[63] Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.
[64] 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.
[65] 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.
[66] 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[67,68,69,70]

[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)			
	Jun 2025	Apr 2026	May 2026	Jun 2026	Jun 2025	Apr 2026	May 2026	Jun 2026
Mater	11:27	15:35	12:37	10:57	34:21	49:24	33:47	30:45
Royal Victoria	12:57	13:39	11:42	12:18	36:03	37:47	30:42	30:24
RBHSC	5:32	5:38	5:26	5:23	11:16	11:08	9:33	10:01
Antrim Area	13:39	17:02	15:51	13:30	68:26	80:19	72:46	67:49
Causeway	14:56	20:45	14:42	14:59	68:22	87:59	53:26	77:30
Ulster	15:44	17:20	15:59	18:21	52:29	55:12	41:39	50:38
Craigavon Area	18:46	17:32	16:29	14:59	67:55	67:07	58:35	51:44
Daisy Hill	15:01	12:17	14:30	12:11	51:04	46:58	50:06	44:22
Altnagelvin Area	19:19	20:30	19:49	19:28	89:55	112:00	100:00	79:41
South West Acute	17:44	19:14	17:58	15:54	54:01	69:25	57:19	53:45
Type 1	**14:21**	**15:20**	**14:07**	**13:45**	**57:01**	**66:03**	**53:34**	**52:43**
Mid Ulster	[NA]	[NA]	[NA]	NA]	[NA]	[NA]	[NA]	NA]
Downe	3:13	3:18	4:25	3:24	6:41	6:58	7:23	6:46
Lagan Valley	5:27	6:43	6:17	5:29	9:57	9:41	9:37	9:50
South Tyrone	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]
Omagh	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]
Ulster UCC	8:52	10:14	8:30	10:12	48:56	67:05	37:41	44:48
Altnagelvin Area MIU	10:50	8:36	4:30	4:20	16:35	13:42	6:54	4:20
Royal Victoria UCC	10:30	11:19	9:35	11:21	42:28	82:24	28:31	24:57
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	**5:29**	**7:03**	**6:49**	**6:19**	**19:51**	**27:50**	**26:04**	**23:59**
Northern Ireland	**14:00**	**15:03**	**13:49**	**13:31**	**56:32**	**65:33**	**53:07**	**52:17**

[67] Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.
[68] Readers should note that Type 3 data on time spent in EDs for patients admitted is provided by Lagan Valley, Downe, Ulster UCC, Royal Victoria UCC and Altnagelvin Area MIU. No other Type 3 ED produces these statistics.
[69] 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.
[70] 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[71,72,73]

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

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Jun 2025	Apr 2026	May 2026	Jun 2026	Jun 2025	Apr 2026	May 2026	Jun 2026
Mater	4:34	5:37	5:20	5:36	14:49	17:20	15:33	15:49
Royal Victoria	6:54	7:27	7:44	7:27	19:59	21:14	20:17	19:58
RBHSC	2:41	2:52	2:45	2:45	6:30	6:49	6:43	6:48
Antrim Area	5:06	5:31	5:40	5:05	19:26	21:24	19:54	19:34
Causeway	4:04	3:53	3:57	4:00	15:00	16:57	13:16	13:41
Ulster	5:44	7:29	7:22	7:11	19:17	21:40	20:30	21:44
Craigavon Area	5:22	5:53	5:06	4:50	21:05	22:07	18:59	18:06
Daisy Hill	4:25	4:10	4:15	4:00	15:39	14:56	15:35	14:20
Altnagelvin Area	6:25	5:54	6:09	5:37	24:22	25:42	26:50	24:43
South West Acute	4:29	4:38	4:25	4:38	20:21	21:08	17:33	18:49
Type 1	**4:59**	**5:19**	**5:16**	**5:05**	**18:47**	**20:20**	**18:55**	**18:45**
Mid Ulster	0:31	0:30	0:28	0:31	1:13	1:21	1:13	1:12
Downe	1:17	1:23	1:17	1:27	3:37	3:54	3:52	3:54
Lagan Valley	2:06	2:17	2:03	2:06	5:58	6:48	6:22	6:38
South Tyrone	0:39	0:33	0:35	0:35	1:34	1:19	1:21	1:23
Omagh	1:06	1:14	1:14	1:28	3:16	4:21	4:02	4:09
Ulster UCC	2:23	2:53	3:02	3:08	6:05	8:10	8:01	7:59
Altnagelvin Area MIU	1:09	1:14	1:12	1:12	2:51	3:29	4:12	3:33
Royal Victoria UCC	4:07	3:46	4:06	3:58	11:06	11:32	11:39	10:57
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	**1:32**	**1:39**	**1:36**	**1:43**	**6:18**	**6:44**	**6:42**	**6:46**
Northern Ireland	**3:52**	**4:12**	**4:10**	**4:05**	**16:16**	**17:58**	**16:53**	**16:28**

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

Table 11l: Average number of attendances by day of week

Day of Week	Jun 2025	Apr 2026	May 2026	Jun 2026
Monday	2,649.6	2,622.5	2,541.0	2,784.4
Tuesday	2,410.8	2,485.0	2,664.5	2,486.6
Wednesday	2,319.0	2,505.8	2,460.3	2,354.0
Thursday	2,331.3	2,398.8	2,450.3	2,324.3
Friday	2,303.5	2,340.5	2,477.4	2,310.5
Saturday	1,765.5	1,812.5	1,895.6	1,881.0
Sunday	1,835.0	1,877.5	1,939.6	1,906.5

Table 11J: Attendances at emergency departments, by time spent in ED from arrival to discharge[74,75,76,77]

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

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Jun 2025	Apr 2026	May 2026	Jun 2026	Jun 2025	Apr 2026	May 2026	Jun 2026	Jun 2025	Apr 2026	May 2026	Jun 2026
Mater	1,288	991	1,142	1,028	1,781	1,814	1,954	2,056	494	702	602	606
Royal Victoria	1,171	1,034	1,072	1,111	3,369	3,696	3,988	3,789	1,881	2,135	2,165	2,095
RBHSC	2,339	2,552	2,686	2,410	1,004	1,389	1,245	1,145	29	14	7	6
Antrim Area	2,609	2,418	2,513	2,711	3,791	3,560	3,982	3,822	1,598	1,959	1,886	1,653
Causeway	1,889	2,130	2,142	2,034	1,750	1,715	1,921	1,890	599	695	605	565
Ulster	1,526	1,045	1,065	1,145	3,427	3,343	3,466	3,306	1,928	2,526	2,569	2,419
Craigavon Area	2,211	2,142	2,445	2,471	2,658	2,823	3,242	3,154	1,846	2,123	1,753	1,479
Daisy Hill	1,805	2,097	2,183	2,123	2,063	2,316	2,342	2,188	803	744	819	704
Altnagelvin Area	1,045	1,293	1,276	1,278	2,423	2,551	2,513	2,448	1,196	1,210	1,368	1,219
South West Acute	1,322	1,341	1,489	1,423	1,423	1,451	1,562	1,634	620	702	613	660
Type 1	**17,205**	**17,043**	**18,013**	**17,734**	**23,689**	**24,658**	**26,215**	**25,432**	**10,994**	**12,810**	**12,387**	**11,406**
Mid Ulster	685	746	757	727	1	1	0	0	0	0	0	0
Downe	1,534	1,541	1,550	1,355	64	85	92	75	1	0	0	0
Lagan Valley	1,404	1,243	1,184	1,167	486	559	449	447	1	3	2	0
South Tyrone	1,855	1,851	2,020	2,002	2	0	0	1	1	0	0	0
Omagh	1,901	1,819	1,982	1,928	44	127	106	121	0	1	0	0
Ulster UCC	3,043	2,503	2,618	2,450	601	976	1,116	1,155	53	104	123	103
Altnagelvin Area MIU	1,276	1,320	1,467	1,456	19	35	79	51	3	4	11	7
Royal Victoria UCC	938	957	886	901	933	765	848	817	80	87	93	89
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	**12,636**	**11,980**	**12,464**	**11,986**	**2,150**	**2,548**	**2,690**	**2,667**	**139**	**199**	**229**	**199**
Northern Ireland	**29,841**	**29,023**	**30,477**	**29,720**	**25,839**	**27,206**	**28,905**	**28,099**	**11,133**	**13,009**	**12,616**	**11,605**

[74] Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.
[75] 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.
[76] 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.
[77] 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[78,79,80]

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

Department	% Commencing Treatment within 2 Hours of Triage			
	Jun 2025	Apr 2026	May 2026	Jun 2026
Mater	59.7%	43.7%	41.9%	43.0%
Royal Victoria	44.4%	39.1%	37.2%	39.7%
RBHSC	76.5%	74.2%	78.7%	71.9%
Antrim Area	44.9%	42.3%	38.2%	48.0%
Causeway	58.3%	56.3%	55.4%	60.0%
Ulster	44.0%	31.6%	36.0%	33.2%
Craigavon Area	50.1%	39.8%	52.2%	55.3%
Daisy Hill	67.0%	65.8%	62.2%	71.1%
Altnagelvin Area	42.8%	45.5%	44.9%	55.1%
South West Acute	65.4%	67.3%	61.7%	65.9%
Type 1	**52.7%**	**47.8%**	**48.5%**	**52.4%**
Mid Ulster	100.0%	100.0%	100.0%	100.0%
Downe	100.0%	99.9%	99.1%	100.0%
Lagan Valley	96.0%	88.1%	97.3%	98.1%
South Tyrone	100.0%	[E]	[E]	[E]
Omagh	95.6%	89.0%	90.6%	83.9%
Ulster UCC	81.2%	69.2%	65.0%	58.6%
Altnagelvin Area MIU	97.6%	94.5%	90.4%	93.1%
Royal Victoria UCC	49.4%	54.0%	50.8%	61.3%
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]
Type 3	**82.8%**	**77.3%**	**76.9%**	**73.8%**
Northern Ireland	**58.6%**	**53.2%**	**53.5%**	**55.9%**

[78] Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.
[79] 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.
[80] 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[81,82,83]

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

Department	Triaged Level (1/2)				Triaged Level (3)				Triaged Level (4/5)			
	Jun 2025	Apr 2026	May 2026	Jun 2026	Jun 2025	Apr 2026	May 2026	Jun 2026	Jun 2025	Apr 2026	May 2026	Jun 2026
Mater	29.0%	31.6%	30.9%	33.8%	50.4%	44.6%	45.2%	45.1%	20.6%	23.8%	23.9%	21.2%
Royal Victoria	37.1%	33.9%	34.3%	35.2%	51.4%	55.3%	55.2%	54.9%	11.5%	10.8%	10.4%	9.9%
RBHSC	17.5%	17.6%	16.3%	16.5%	24.7%	22.3%	24.8%	23.2%	57.8%	60.1%	58.9%	60.3%
Antrim Area	21.6%	23.8%	23.1%	21.9%	57.5%	60.9%	58.4%	58.5%	20.9%	15.2%	18.5%	19.7%
Causeway	17.3%	15.0%	12.8%	13.3%	37.9%	40.3%	42.6%	41.2%	44.8%	44.7%	44.6%	45.5%
Ulster	34.7%	36.0%	36.1%	33.4%	47.5%	49.9%	49.8%	51.1%	17.8%	14.1%	14.0%	15.5%
Craigavon Area	36.5%	41.1%	37.7%	37.6%	37.5%	39.7%	38.7%	39.2%	25.9%	19.3%	23.6%	23.3%
Daisy Hill	38.0%	43.4%	41.4%	38.9%	37.7%	41.8%	42.9%	40.5%	24.3%	14.8%	15.7%	20.5%
Altnagelvin Area	39.6%	42.4%	43.6%	42.8%	43.0%	42.9%	42.5%	42.2%	17.4%	14.7%	13.9%	14.9%
South West Acute	30.6%	29.0%	28.1%	29.0%	41.6%	44.1%	43.1%	43.1%	27.9%	26.9%	28.8%	27.9%
Type 1	**30.8%**	**32.0%**	**31.2%**	**30.9%**	**44.3%**	**45.8%**	**45.9%**	**45.6%**	**24.9%**	**22.2%**	**23.0%**	**23.5%**
Mid Ulster	0.2%	0.0%	0.0%	0.0%	1.7%	0.0%	0.5%	0.6%	98.2%	100.0%	99.5%	99.4%
Downe	1.2%	1.5%	1.3%	0.6%	6.2%	9.8%	9.9%	8.4%	92.7%	88.8%	88.8%	91.1%
Lagan Valley	6.3%	5.6%	6.1%	5.8%	27.2%	25.6%	25.1%	24.6%	66.5%	68.8%	68.8%	69.6%
South Tyrone	0.7%	[E]	[E]	[E]	6.0%	[E]	[E]	[E]	93.4%	[E]	[E]	[E]
Omagh	0.9%	1.2%	2.4%	3.1%	6.3%	10.9%	13.1%	11.0%	92.8%	88.0%	84.4%	85.9%
Ulster UCC	2.6%	4.2%	4.4%	3.7%	16.5%	21.8%	26.6%	23.9%	80.8%	74.0%	69.0%	72.4%
Altnagelvin Area MIU	0.3%	0.9%	1.8%	1.4%	3.2%	11.1%	11.1%	9.2%	96.5%	88.0%	87.1%	89.4%
Royal Victoria UCC	2.5%	2.8%	1.9%	2.7%	35.0%	29.4%	32.4%	32.3%	62.6%	67.8%	65.6%	65.0%
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	**2.3%**	**2.9%**	**3.1%**	**3.0%**	**15.5%**	**18.4%**	**20.3%**	**19.0%**	**82.2%**	**78.7%**	**76.5%**	**78.0%**
Northern Ireland	**24.8%**	**26.4%**	**25.8%**	**25.6%**	**38.2%**	**40.6%**	**41.0%**	**40.6%**	**37.0%**	**33.0%**	**33.1%**	**33.7%**

[81] 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.
[82] 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.
[83] Note that figures are based on valid recorded triage levels. Data quality issues have been identified for South Tyrone data sourced from encompass where triage level recording is lower than expected. This is being investigated as part of a data validation exercise.

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