

INFORMATION
ANALYSIS
DIRECTORATE



Urgent & Emergency Care Waiting Time Statistics for Northern Ireland (July – September 2026)

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Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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Reader information

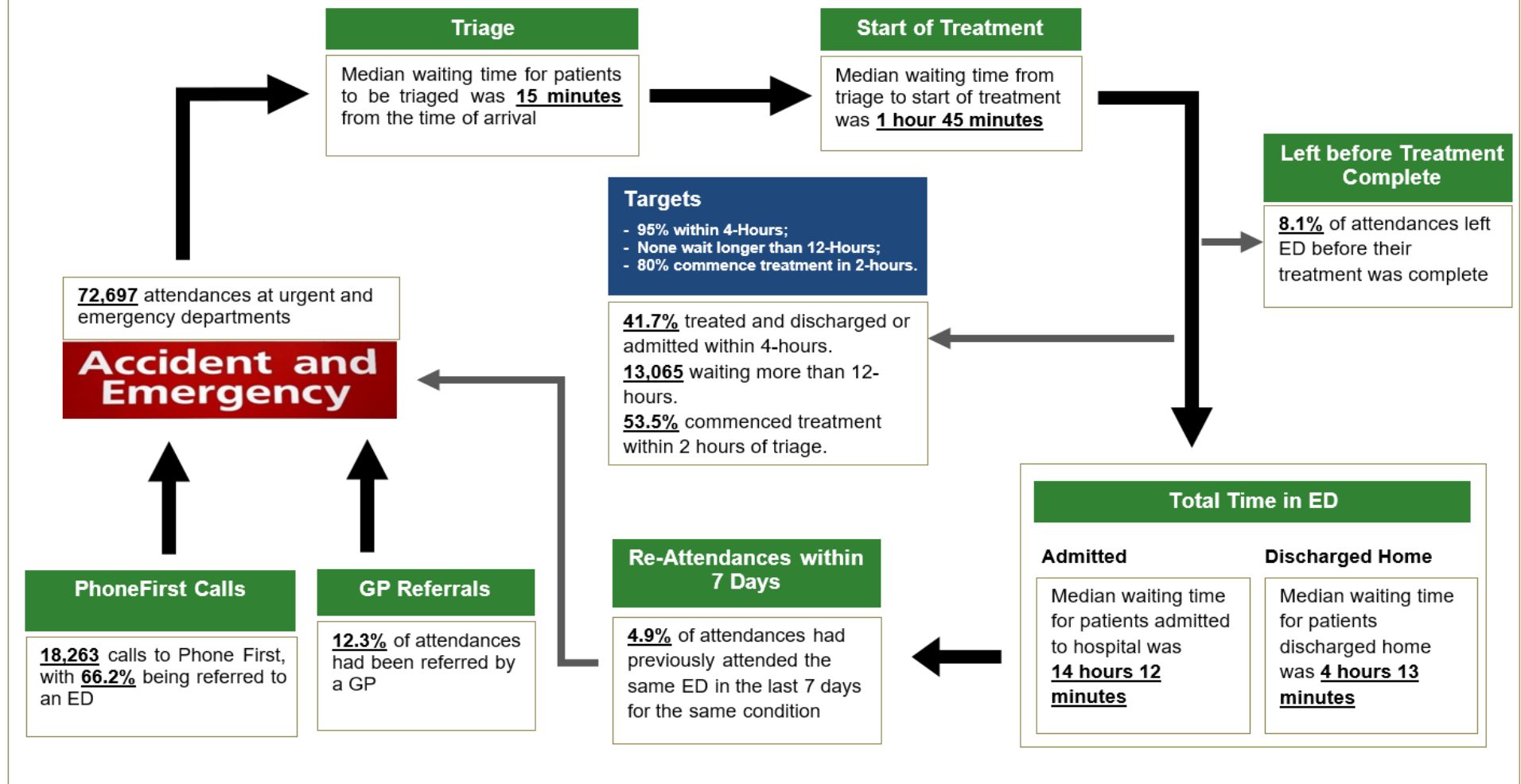
Purpose:	This statistical release presents information on the time spent in emergency departments (ED) in Northern Ireland. It reports on the performance against the Department of Health (DoH) Ministerial target, including additional information on a number of clinical quality indicators set by the DoH.
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 Health and Social Care (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.
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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 (September 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. 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 \(hscni.net\)](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, 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 July, August and September 2026.

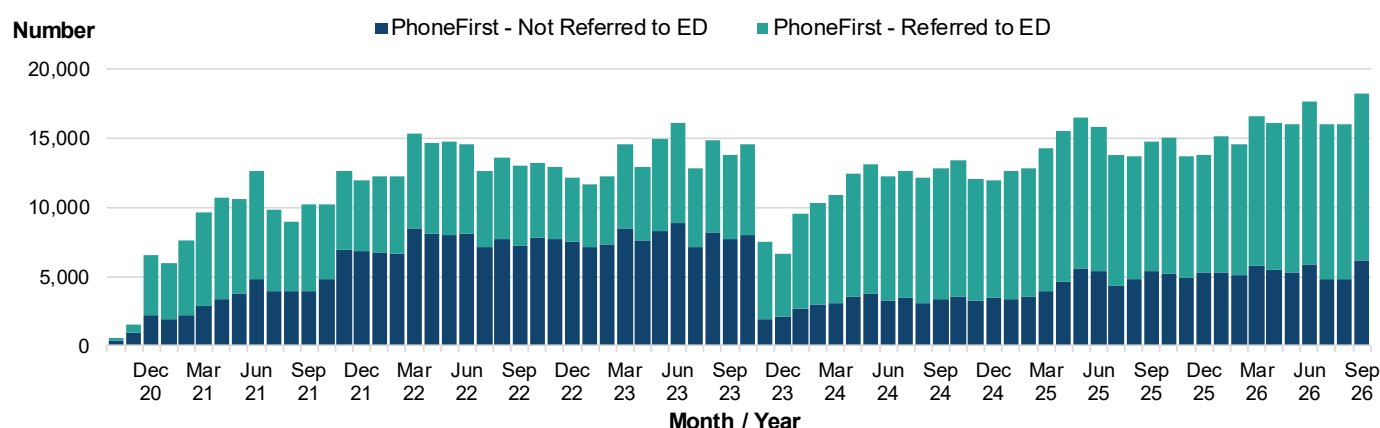
Activity	Jul 2026	Aug 2026	Sep 2026
PhoneFirst	16,047	15,969	18,263
Number Referred to ED	11,189	11,109	12,098
% Referred to ED	69.7%	69.6%	66.2%

Source: Health and Social Care Trusts

In September 2026, 18,263 calls were received by Phone First and a total of 12,098 (66.2%) resulted in a referral to an ED, whilst 6,165 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 September 2026.



Source: Health and Social Care Trusts

The highest number of Phone First calls were received in September 2026 (18,263), with the highest number of referrals to ED from Phone First also in September 2026 (12,098) (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 September 2026, compared to September 2025.

Measure	September 2025	September 2026	Change (number)	Change (%)
Attendances at Urgent and Emergency Care	67,633	72,697	5,064	7.5%
Number of ED Attendances Admitted to Hospital	11,315	11,498	183	1.6%
% ED Attendances Admitted to Hospital	17.0%	16.1%		0.8%

Source: Encompass / Regional Data Warehouse

- During the month of September 2026, 72,697 patients physically attended urgent and emergency care services (Table 2, 11B).
- The number of patients attending urgent and emergency care services increased by 5,064 (7.5%) in September 2026 when compared with September 2025 (Table 2, 11B).
- During the quarter ending September 2026, 217,038 patients physically attended urgent and emergency care services, 6.7% (13,708) more than the same quarter in 2025 (203,330) (Table 11B).
- The number of emergency admissions to hospital from an ED increased by 1.6% (183) between September 2025 (11,315) and September 2026 (11,498) (Table 2 & 11B).

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

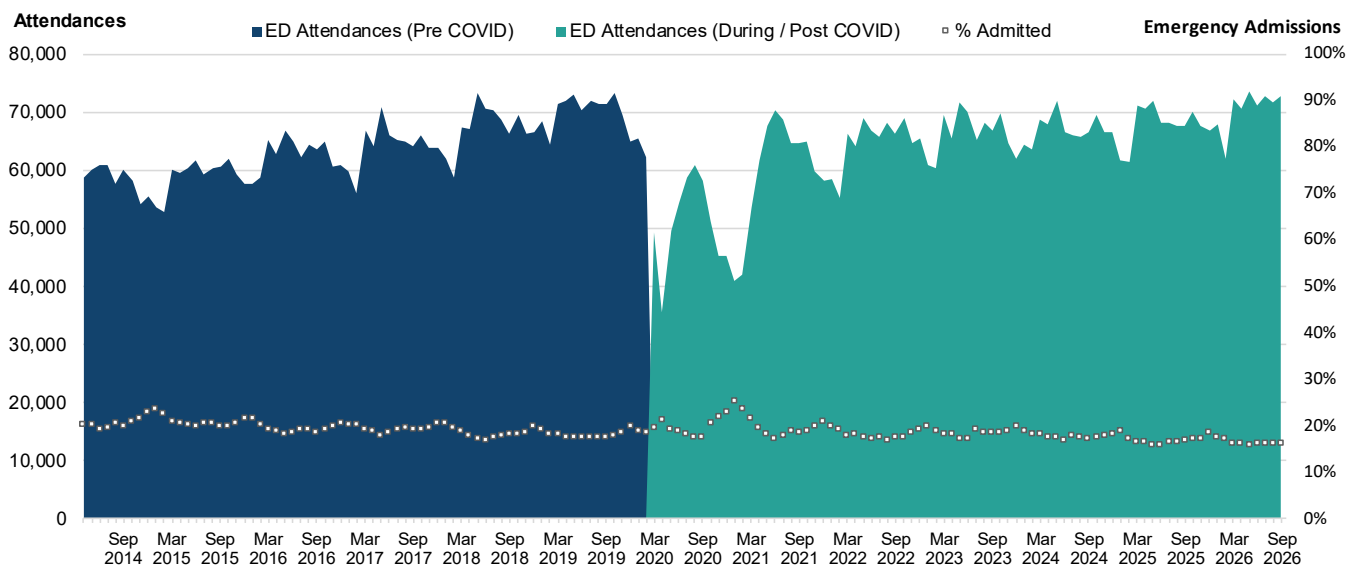
⁶ Note that only total attendances figures are available from Craigavon and Daisy Hill UCCs with no further breakdowns available, as these services' data is held on the GP system and not on encompass.

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 September 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 July, August and September 2026 when compared with the same month of the previous year (Figure 2, Table 11B).
 - During July 2026, there were 72,757 attendances at EDs, 6.8% (4,605) more than July 2025 (68,152); and,
 - During August 2026, there were 71,584 attendances at EDs, 6.0% (4,039) more than August 2025 (67,545); and,
 - During September 2026, there were 72,697 attendances at EDs, 7.5% (5,064) more than September 2025 (67,633).

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 September 2026 and the same month last year.

Department	New		Unplanned Review		Total	
	Sep 2025	Sep 2026	Sep 2025	Sep 2026	Sep 2025	Sep 2026
Mater	3,203	3,514	256	256	3,459	3,770
Royal Victoria	6,587	6,664	524	461	7,111	7,125
RBHSC	3,130	3,697	233	298	3,363	3,995
Antrim Area	7,577	7,863	295	355	7,872	8,218
Causeway	3,999	4,139	274	319	4,273	4,458
Ulster	6,617	6,666	344	369	6,961	7,035
Craigavon Area	5,756	6,911	691	663	6,447	7,574
Daisy Hill	4,091	4,638	600	545	4,691	5,183
Altnagelvin Area	4,586	4,849	194	154	4,780	5,003
South West Acute	3,096	3,415	183	273	3,279	3,688
Type 1	48,642	52,356	3,594	3,693	52,236	56,049
Type 3	13,801	14,492	549	660	15,397	16,648
Northern Ireland	62,443	66,848	4,143	4,353	67,633	72,697

Source: Encompass / Regional Data Warehouse

- Between September 2025 and September 2026, attendances increased at both Type 1 EDs and Type 3 EDs (Table 3, Table 11B).
- All of the ten Type 1 EDs reported an increase in attendances during September 2026 when compared with September 2025 (Table 3, Table 11B).
- Antrim Area was the busiest Type 1 ED during September 2026 (8,218) (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 September 2026 and the same month last year.¹¹

Department	Level 1 / 2		Level 3		Level 4 / 5	
	Sep 2025	Sep 2026	Sep 2025	Sep 2026	Sep 2025	Sep 2026
Mater	27.0%	32.6%	49.5%	47.5%	23.5%	20.0%
Royal Victoria	34.4%	33.5%	51.8%	56.0%	13.9%	10.5%
RBHSC	19.5%	19.5%	24.2%	21.6%	56.3%	58.9%
Antrim Area	20.7%	23.8%	60.7%	56.7%	18.6%	19.5%
Causeway	16.8%	18.3%	39.9%	45.5%	43.4%	36.2%
Ulster	36.1%	35.7%	47.0%	48.3%	16.9%	16.1%
Craigavon Area	38.5%	38.5%	39.2%	41.2%	22.2%	20.3%
Daisy Hill	40.1%	37.2%	37.4%	42.7%	22.4%	20.2%
Altnagelvin Area	41.1%	43.5%	43.3%	42.8%	15.6%	13.7%
South West Acute	30.6%	32.6%	39.8%	40.7%	29.7%	26.7%
Type 1	31.1%	32.1%	45.0%	45.7%	23.8%	22.2%
Type 3	2.7%	3.3%	16.6%	20.2%	80.7%	76.5%
Northern Ireland	25.3%	26.7%	39.3%	40.9%	35.4%	32.5%

Source: Encompass / Regional Data Warehouse

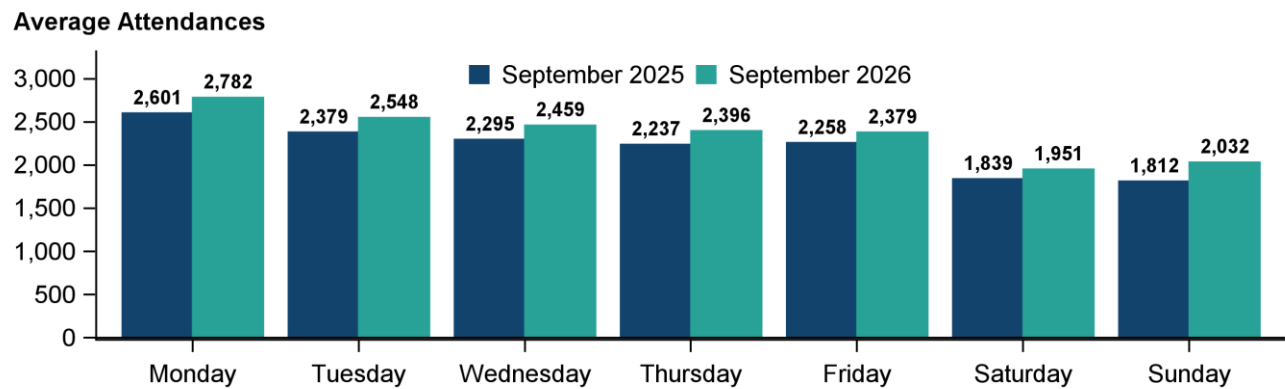
- Over a quarter (26.7%) of patients were triaged as level 1 / 2 in September 2026, more than in July 2026 (25.2%) and August 2026 (25.9%) (Table 11L).
- Over three quarters (77.8%) of attendances at Type 1 departments in September 2026 were triaged as level 1 / 2 or 3, compared with 76.2% in September 2025 (Table 4, Table 11L).
- During September 2026, the Type 1 ED with the highest proportion triaged at level 1 / 2 was Altnagelvin Area (43.5%), compared with 18.3% 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

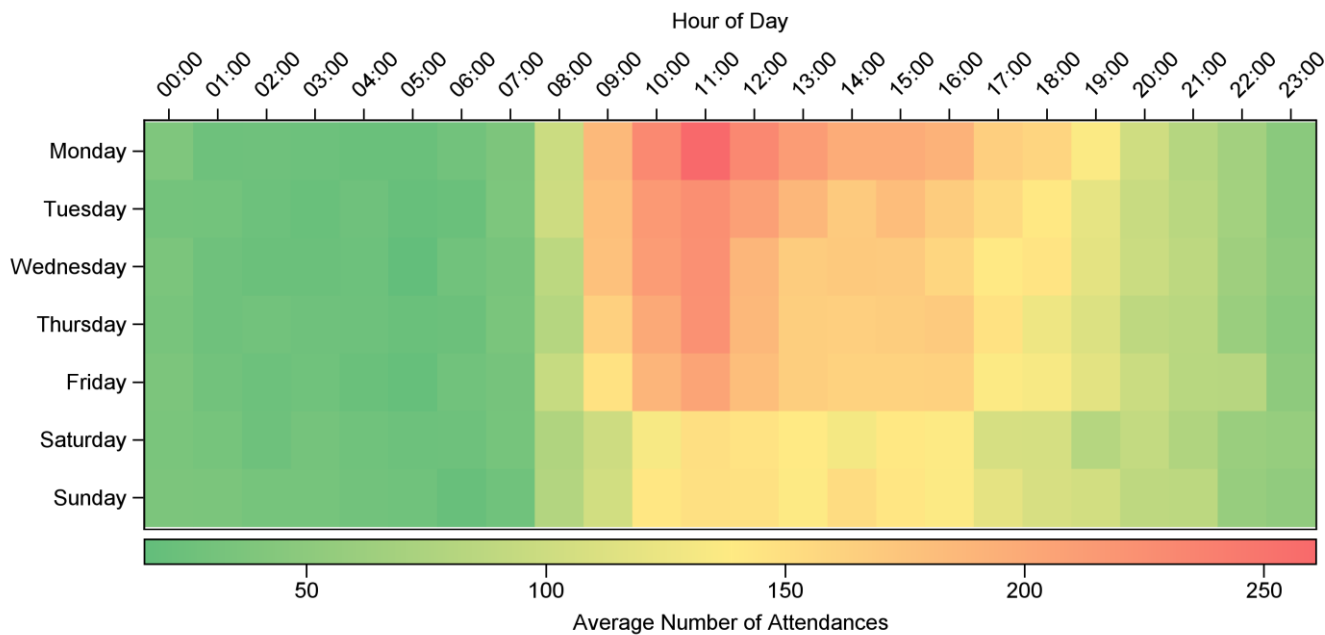
The average number of new and unplanned review attendances at EDs by day of the week during September 2026, compared with the same month last year.



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 September 2026.



Source: Encompass / Regional Data Warehouse

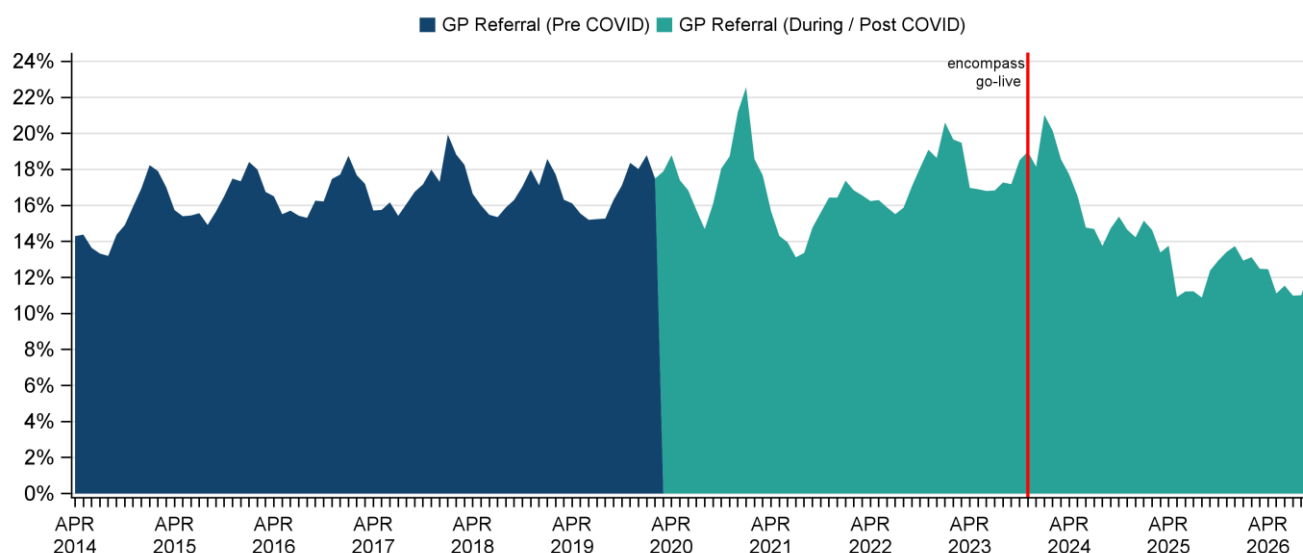
- Monday was the busiest day at EDs during both September 2025 and September 2026, with the highest number of attendances arriving between 11:00 and 11:59 (Figure 3 & 4, Table 11I).
- Sunday was the least busy day during September 2025 (1,812), whilst Saturday was the least busy day in September 2026 (1,951), with the highest number of attendances arriving between 11:00 and 11:59 in September 2026 (Figure 3 & 4, Table 11I).
- Overall, the busiest hour of the day during September 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

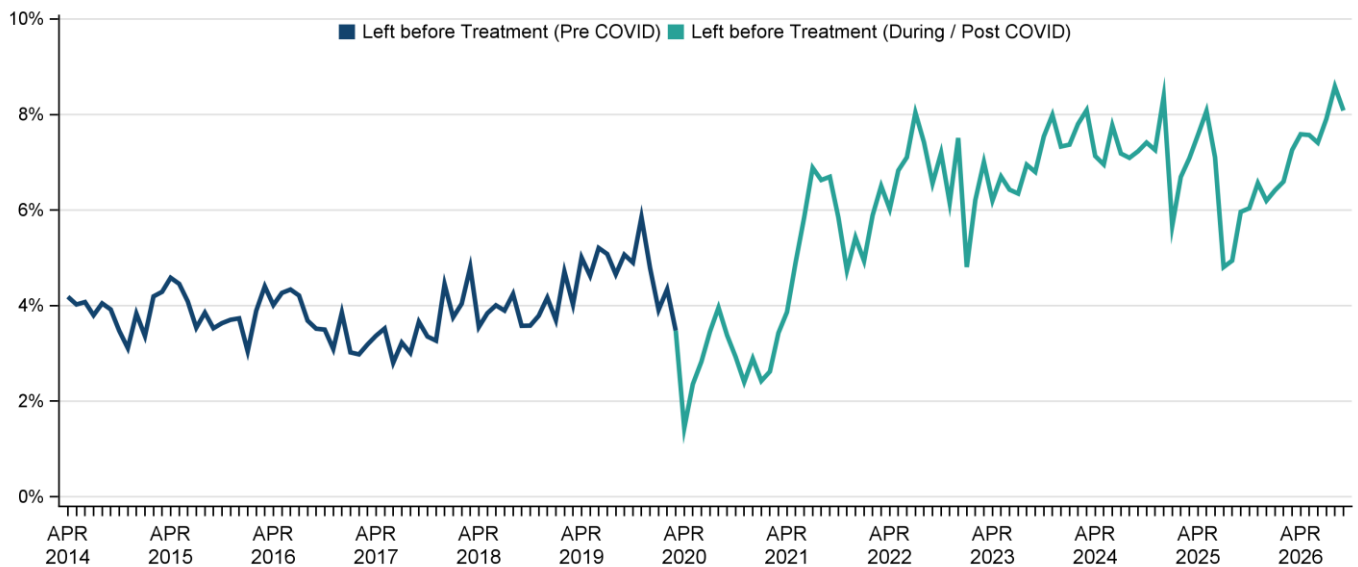
- In September 2026, more than one in nine (12.3%, 8,775) attendances at EDs had been referred by a GP, compared with 12.4% (8,256) in September 2025 (Figure 5, Table 11D(i-ii)).
- During September 2026, the Type 1 ED with the highest proportion of attendances referred by a GP was Antrim Area (22.5%, 1,843), compared with 3.6% (133) 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

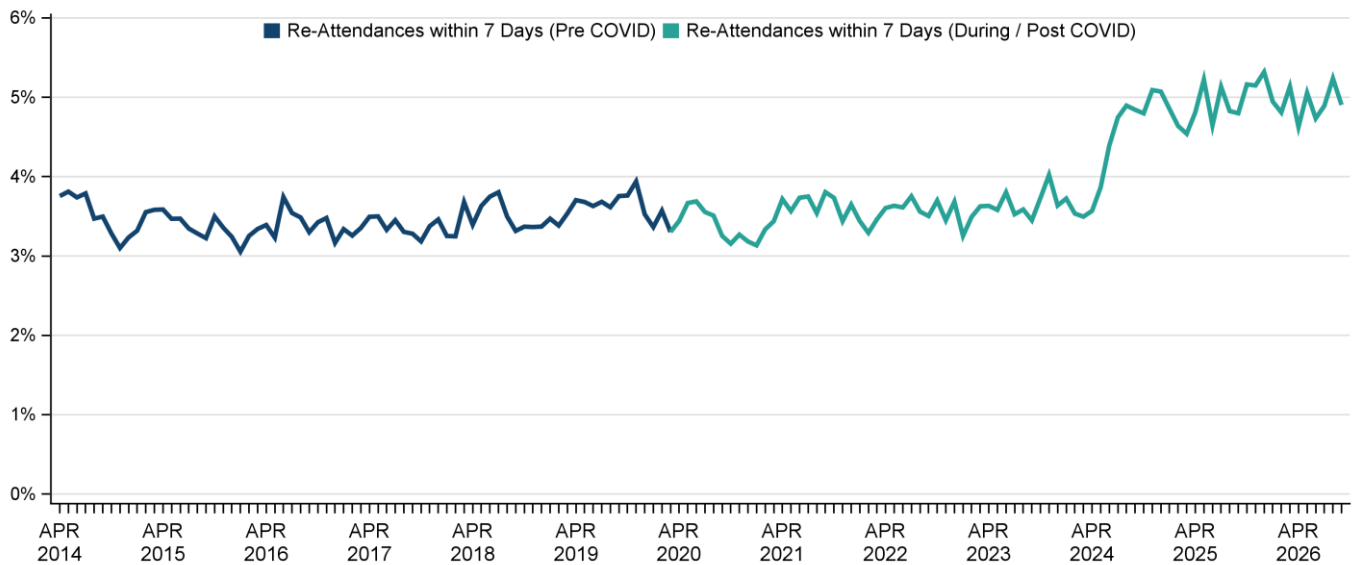
- During September 2026, 8.1% (5,756) of all ED attendances left before their treatment was complete, more than in September 2025 (6.0%, 3,971) (Figure 6, Table 11D(i-ii)).
- During September 2026, the Mater reported the highest percentage leaving ED before treatment was complete (21.7%, 819) (Tables 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 September 2026, 4.9% (3,491) of attendances had attended the same ED within 7 days of their original attendance, compared with 4.8% (3,199) in September 2025 (Figure 7, Tables 11D(i-ii)).
- Daisy Hill reported the highest percentage (8.0%, 416) of unplanned review attendances within 7 days of the original attendance during September 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 September 2025.^{16,17,18}

Total ED Attendances	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Diff (Sep 2025 - Sep 2026)	
					No.	%
Type 1	52,236	55,408	55,290	56,049	3,813	7.3%
Type 3	15,397	17,349	16,294	16,648	802	5.2%
All Departments	67,633	72,757	71,584	72,697	5,064	7.5%
% discharged / admitted within 4 hours	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Diff (Sep 2025 - Sep 2026)	
					No.	%
Type 1	33.8%	32.6%	30.9%	30.7%	-	-3.1%
Type 3	84.6%	82.5%	81.0%	82.4%	-	-2.3%
All Departments	44.7%	43.7%	41.4%	41.7%	-	-3.1%
Number waiting over 12 hours	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Diff (Sep 2025 - Sep 2026)	
					No.	%
Type 1	10,782	11,898	12,922	12,815	2,033	-
Type 3	99	225	277	250	151	-
All Departments	10,881	12,123	13,199	13,065	2,184	-

Source: Encompass / Regional Data Warehouse

- Over two fifths (41.7%) of attendances in September 2026 were discharged or admitted within 4 hours, compared with 44.7% in September 2025 (Table 5, Table 11C & 11J).
- More than three in ten (30.7%) attendances at Type 1 EDs in September 2026 spent less than 4 hours in ED, compared with 82.4% at Type 3 EDs (Table 5, Table 11C & 11J).
- Since September 2025, the number spending over 12 hours in ED increased from 10,881 to 13,065 in September 2026, accounting for 18.3% of all attendances in September 2026 (Table 5, Table 11C & 11J).
- The number of attendances at EDs in the month of September 2026 was 7.5% higher than in September 2025 (67,633 to 72,697), 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 30 September 2026 (July, August, September), over two fifths (44.7%) of patients spent less than 4 hours at an ED, less than in the same quarter in 2025 (42.3%) (Table 11C & 11J).
- During the latest quarter, the percentage of patients spending less than 4 hours in ED was highest in July 2026 (43.7%) and lowest in August 2026 (41.4%), whilst the number spending over 12 hours

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.

in an ED was lowest in July 2026 (12,123) and highest in August 2026 (13,199) (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 September 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	
	Sep 2025	Sep 2026	Sep 2025	Sep 2026	Sep 2025	Sep 2026
Mater	35.8%	29.4%	579	763	3,459	3,770
Royal Victoria	17.3%	14.2%	1,846	2,184	7,111	7,125
RBHSC	71.7%	64.8%	5	9	3,363	3,995
Antrim Area	33.6%	31.0%	1,546	1,803	7,872	8,218
Causeway	49.4%	42.2%	602	696	4,273	4,458
Ulster	19.9%	14.2%	2,146	2,585	6,961	7,035
Craigavon Area	32.4%	30.3%	1,736	2,001	6,447	7,574
Daisy Hill	40.9%	39.0%	661	869	4,691	5,183
Altnagelvin Area	25.2%	25.3%	1,137	1,288	4,780	5,003
South West Acute	42.9%	39.6%	524	617	3,279	3,688
Type 1	33.8%	30.7%	10,782	12,815	52,236	56,049
Type 3	84.6%	82.4%	99	250	15,397	16,648
Northern Ireland	44.7%	41.7%	10,881	13,065	67,633	72,697

Source: Encompass / Regional Data Warehouse

- During September 2026, RBHSC reported the highest performance of the four hour target at any Type 1 ED (64.8%), whilst the Ulster and Royal Victoria reported the lowest (14.2%) (Table 6, Table 11C).
- No Type 1 ED achieved the 12-hour target during September 2026 (Table 6, Table 11C).
- The Ulster reported the highest number of patients spending over 12 hours at an ED during September 2026 (2,585) (Table 6, Table 11C).
- Between September 2025 and September 2026, performance against the 12 hour target declined at all 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.

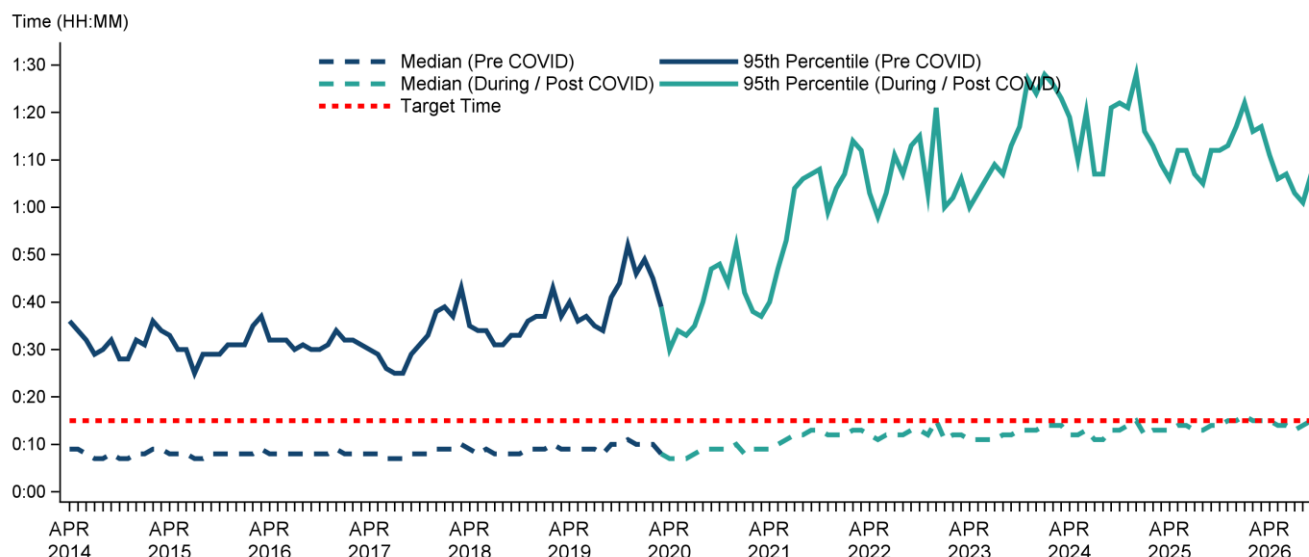
²⁰ Readers should note that a number of patients attending the Ulster UCC spent longer than 12 hours in ED. If a patient originated in the UCC, was then transferred to Ulster ED due to acuity or because a decision to admit was made; or, a patient arrived in Ulster ED out of hours, was still waiting by 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 September 2026.



Source: Encompass / Regional Data Warehouse

- During September 2026, the median time spent in ED from arrival to triage was 15 minutes, 1 minute more than in September 2025 (14 minutes) (Figure 8, Table 11E).
- 95 percent of patients were triaged within 1 hour 7 minutes of their arrival at an ED in September 2026, 5 minutes less than in September 2025 (1 hour 12 minutes) (Figure 8, Table 11E).
- Over half (51.9%) of attendances were triaged within 15 minutes of their arrival at an ED during September 2026, compared with 54.2% in September 2025.
- During the quarter ending 30 September 2026, the median time from arrival to triage was shortest in July 2026 (13 minutes) and longest in September 2026 (15 minutes), whilst the time taken to triage 95 percent of patients was shortest in August 2026 (1 hour 1 minute) and longest in September 2026 (1 hour 7 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 July to September 2026, compared with September last year. Information has also been included on the overall performance at Type 3 EDs during this period.^{24,25}

Department	Sep 2025	Jul 2026	Aug 2026	Sep 2026
Mater	53.3%	40.8%	41.7%	43.5%
Royal Victoria	44.1%	36.6%	32.6%	34.4%
RBHSC	85.1%	88.8%	86.3%	73.8%
Antrim Area	52.8%	39.9%	40.0%	38.1%
Causeway	70.6%	44.0%	45.2%	49.4%
Ulster	39.1%	32.0%	30.6%	32.9%
Craigavon Area	49.4%	47.7%	48.9%	44.6%
Daisy Hill	68.6%	72.1%	68.5%	66.2%
Altnagelvin Area	47.9%	56.5%	51.2%	53.3%
South West Acute	72.1%	67.9%	69.0%	71.0%
Type 1	55.2%	49.6%	48.3%	48.0%
Type 3	82.5%	77.7%	76.9%	80.3%
Northern Ireland	59.9%	54.5%	53.1%	53.5%

Source: Encompass / Regional Data Warehouse

- Over half (53.5%) of patients attending EDs in September 2026 commenced their treatment within 2 hours of being triaged, less than in September 2025 (59.9%) (Table 7, Table 11K).
- During September 2026, less than half (48.0%) of patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 80.3% at Type 3 EDs (Table 7, Table 11K).
- No Type 1 ED achieved the 80% target in September 2026 (Table 7, Table 11K).
- During September 2026, the RBHSC reported the highest percentage commencing treatment within 2 hours (73.8%), whilst the Ulster reported the lowest (32.9%) (Table 7, Table 11K).
- Between July and September 2026, the highest percentage of patients commencing treatment within 2 hours was in July 2026 (54.5%) whilst the lowest was in August 2026 (53.1%), (Table 7, Table 11K).

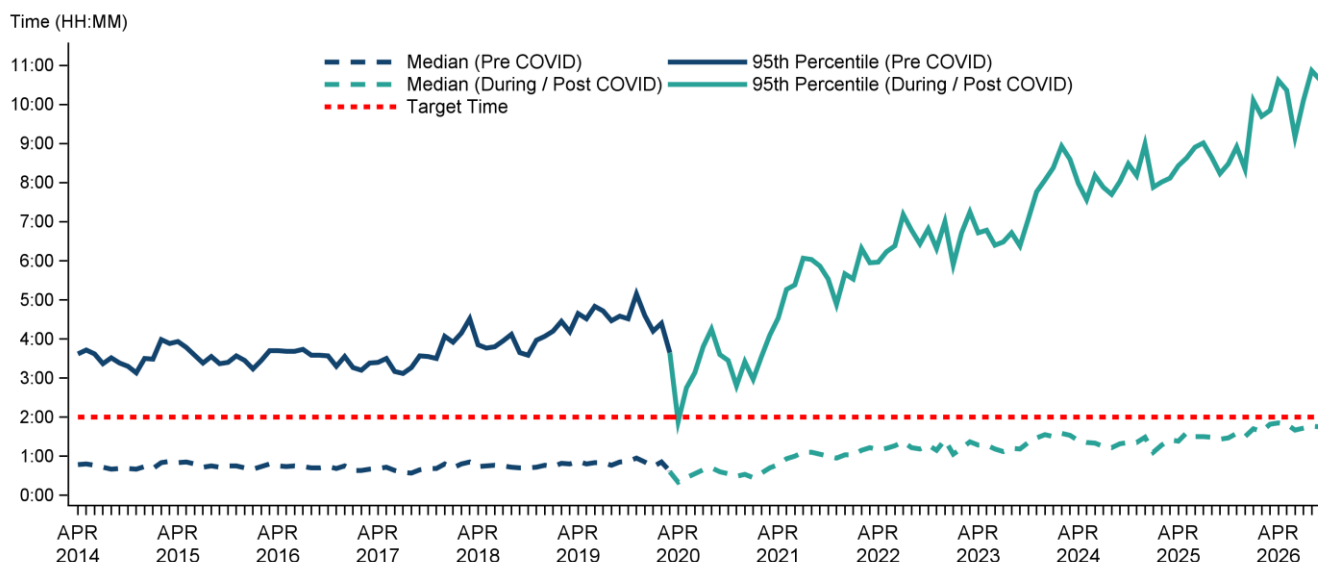
²⁴ Note that Type 3 figures do not include Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

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 September 2026 was 1 hour 45 minutes, 19 minutes more than September 2025 (1 hour 26 minutes) (Figure 9, Table 11F).
- During September 2026, 95 percent of patients commenced treatment within 10 hours 38 minutes of being triaged, 2 hours and 24 minutes more than in September 2025 (8 hour 14 minutes) (Figure 9, Table 11F).
- During the last 3 months, the median time to start of treatment was longest in August 2026 (1 hour 46 minutes) and shortest in July 2026 (1 hour 43 minutes), whilst the time within which 95 percent of patients started treatment was longest in August 2026 (10 hours 52 minutes) and shortest in July 2026 (10 hours 6 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 September 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)	
	September 2025	September 2026	September 2025	September 2026
Mater	1:47	2:32	7:49	11:13
Royal Victoria	2:25	3:22	10:41	13:29
RBHSC	0:42	1:01	2:58	4:07
Antrim Area	1:50	2:53	7:08	10:10
Causeway	1:08	2:02	4:19	7:41
Ulster	2:43	3:41	10:08	13:35
Craigavon Area	2:02	2:26	14:24	13:33
Daisy Hill	1:01	1:08	6:19	6:43
Altnagelvin Area	2:09	1:45	9:43	10:29
South West Acute	0:53	0:52	5:10	6:13
Type 1	1:41	2:09	8:55	11:12
Type 3	0:38	0:38	3:46	4:52
Northern Ireland	1:26	1:45	8:14	10:38

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 45 minutes in September 2026, 19 minutes more than in September 2025 (1 hour 26 minutes) (Table 8, Table 11F).
- The Ulster reported the longest median time spent in ED from triage to start of treatment during September 2026 (3 hours 41 minutes), whilst South West Acute reported the shortest median time (52 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 35 minutes of being triaged; 3 hours 27 minutes more than September 2025 (10 hours 8 minutes) (Table 8, Table 11F).
- RBHSC reported the shortest time to start of treatment during September 2026, with 95 percent of attendances commencing treatment within 4 hours 7 minutes of being triaged, 1 hour 9 minutes more than the time taken in September 2025 (2 hours 58 minutes) (Table 8, Table 11F).

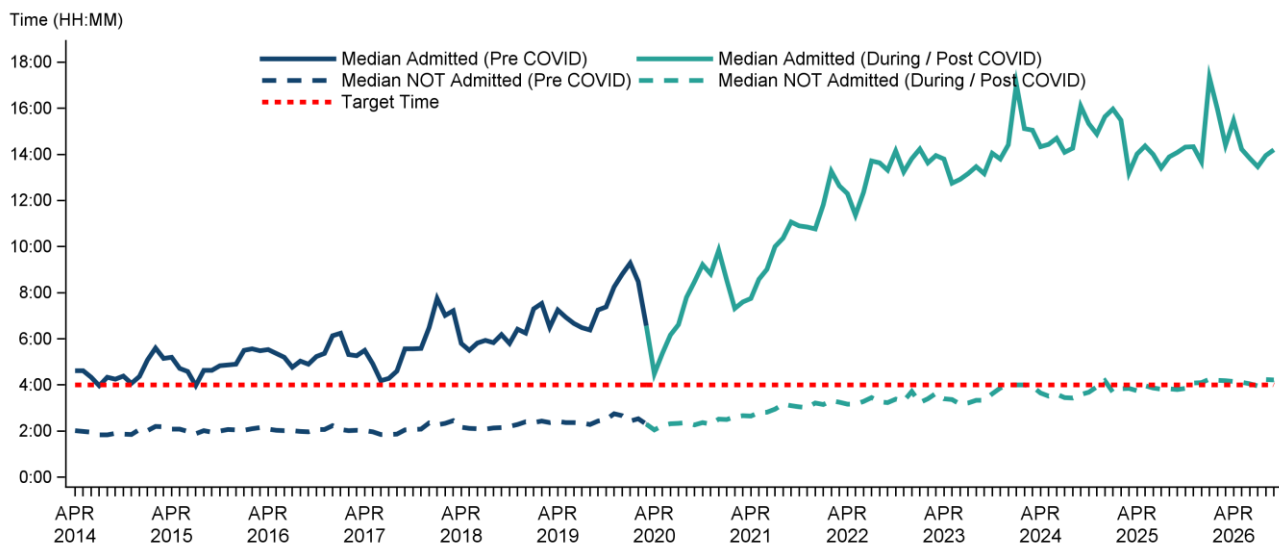
²⁸ Note that Type 3 figures do not include Craigavon and Daisy Hill UCCs, as these services' data is held on the GP system and not on encompass.

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 date³⁰.



Source: Encompass / Regional Data Warehouse

- During September 2026, the median time patients admitted to hospital spent in ED was 14 hours 12 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 30 September 2026, the median time patients admitted spent in ED was longest in September 2026 (14 hours 12 minutes) and shortest in July 2026 (13 hours 28 minutes) (Table 11G).
- During this period, the median time spent by patients discharged home was longest in August 2026 (4 hours 14 minutes) and shortest in July 2026 (3 hours 57 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 September 2025 and September 2026.^{31,32}

Department	Admitted				Discharged			
	Median (HH:MM)		95th Percentile (HH:MM)		Median (HH:MM)		95th Percentile (HH:MM)	
	Sep 2025	Sep 2026	Sep 2025	Sep 2026	Sep 2025	Sep 2026	Sep 2025	Sep 2026
Mater	16:32	14:30	49:05	38:11	4:37	5:50	13:42	16:06
Royal Victoria	12:08	11:32	28:50	26:43	6:50	7:58	17:57	20:05
RBHSC	5:09	5:33	8:52	9:59	2:28	2:47	6:21	6:47
Antrim Area	15:41	16:50	82:10	88:40	4:49	5:33	18:48	19:12
Causeway	21:13	19:02	77:37	86:18	3:38	4:24	13:01	15:24
Ulster	18:15	17:50	52:17	47:00	6:18	7:51	18:26	20:29
Craigavon Area	15:52	17:05	50:34	57:15	5:03	5:40	22:50	18:41
Daisy Hill	11:53	14:36	32:24	51:07	4:05	4:19	13:20	15:40
Altnagelvin Area	17:49	19:21	106:00	114:00	5:49	5:43	23:47	25:21
South West Acute	15:49	20:16	52:45	68:51	4:06	4:28	15:26	16:02
Type 1	14:24	14:28	58:32	62:15	4:49	5:27	17:37	18:30
Type 3	6:20	6:28	21:27	30:24	1:32	1:40	5:56	6:56
Northern Ireland	14:05	14:12	57:52	61:08	3:48	4:13	15:18	16:47

Source: Encompass / Regional Data Warehouse

- The median time patients who were admitted to hospital spent in a Type 1 ED was 14 hours 28 minutes in September 2026, 4 minutes more than the same month last year (14 hours 24 minutes) (Table 9, Table 11G).
- The median time patients who were discharged home spent in a Type 1 ED was 5 hours 27 minutes in September 2026, 38 minutes more than the time taken during the same month last year (4 hours 49 minutes) (Table 9, Table 11H).
- 95 percent of patients were admitted to hospital within 62 hours 15 minutes at Type 1 EDs in September 2026, 3 hours 43 minutes more than in September 2025 (58 hours 32 minutes) (Table 9, Table 11G).
- In September 2026, 95 percent of attendances at Type 1 EDs were discharged home within 18 hours 30 minutes of their arrival, 53 minutes more than the time taken in September 2025 (17 hours 37 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](#)

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

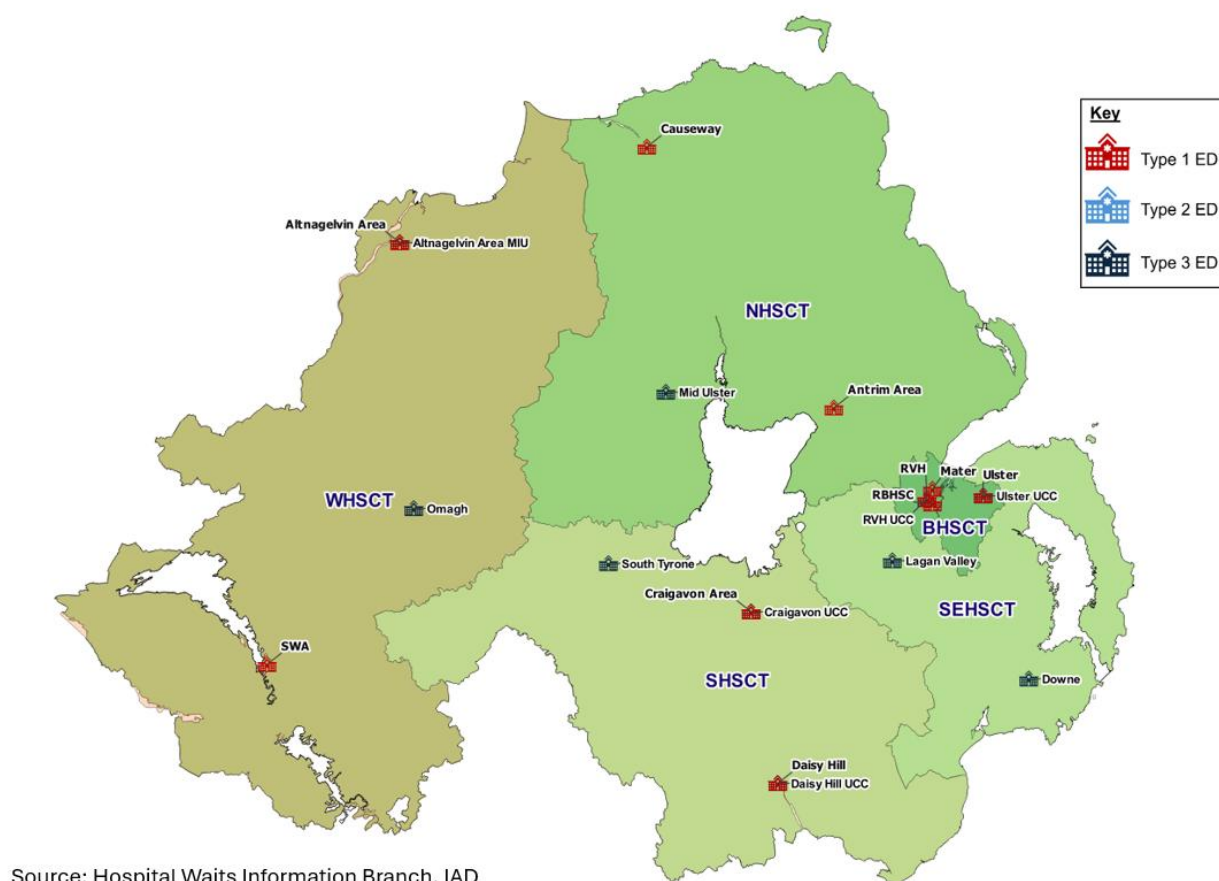
There are three separate categories of emergency care facility included in this publication:

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 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			
	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Sep 2025	Jul 2026	Aug 2026	Sep 2026
Belfast	1,144	1,401	1,318	1,469	751	827	819	853
Northern	2,263	2,550	2,265	2,590	1,599	1,868	1,642	1,809
South Eastern	1,033	1,290	1,162	1,337	739	962	847	925
Southern	8,610	8,865	8,873	10,240	5,096	6,233	5,911	6,547
Western	1,712	1,941	2,351	2,627	1,202	1,299	1,890	1,964
Northern Ireland	14,762	16,047	15,969	18,263	9,387	11,189	11,109	12,098

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			
	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Sep 2025	Jul 2026	Aug 2026	Sep 2026
Mater	3,203	3,595	3,647	3,514	256	309	339	256	3,459	3,904	3,986	3,770
Royal Victoria	6,587	6,609	6,745	6,664	524	482	561	461	7,111	7,091	7,306	7,125
RBHSC	3,130	2,948	2,908	3,697	233	230	228	298	3,363	3,178	3,136	3,995
Antrim Area	7,577	7,809	7,654	7,863	295	368	363	355	7,872	8,177	8,017	8,218
Causeway	3,999	4,553	4,275	4,139	274	282	284	319	4,273	4,835	4,559	4,458
Ulster	6,617	6,519	6,592	6,666	344	338	352	369	6,961	6,857	6,944	7,035
Craigavon Area	5,756	6,677	6,683	6,911	691	643	670	663	6,447	7,320	7,353	7,574
Daisy Hill	4,091	4,771	4,655	4,638	600	544	527	545	4,691	5,315	5,182	5,183
Altnagelvin Area	4,586	4,998	4,902	4,849	194	173	161	154	4,780	5,171	5,063	5,003
South West Acute	3,096	3,268	3,437	3,415	183	292	307	273	3,279	3,560	3,744	3,688
Type 1	48,642	51,747	51,498	52,356	3,594	3,661	3,792	3,693	52,236	55,408	55,290	56,049
Mid Ulster	656	755	658	700	0	3	4	1	656	758	662	701
Downe	1,460	1,445	1,328	1,322	41	44	35	41	1,501	1,489	1,363	1,363
Lagan Valley	1,888	1,769	1,477	1,581	46	31	49	33	1,934	1,800	1,526	1,614
South Tyrone	1,793	1,993	1,845	1,958	70	51	62	73	1,863	2,044	1,907	2,031
Omagh	1,762	2,131	1,840	1,885	70	77	72	62	1,832	2,208	1,912	1,947
Ulster UCC	3,468	3,743	3,694	3,681	185	291	274	278	3,653	4,034	3,968	3,959
Altnagelvin Area MIU	1,232	1,543	1,383	1,442	46	37	34	40	1,278	1,580	1,417	1,482
Royal Victoria UCC	1,542	1,881	1,744	1,923	91	135	184	132	1,633	2,016	1,928	2,055
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	1,047	1,420	1,611	1,496
Type 3	13,801	15,260	13,969	14,492	549	669	714	660	15,397	17,349	16,294	16,648
Northern Ireland	62,443	67,007	65,467	66,848	4,143	4,330	4,506	4,353	67,633	72,757	71,584	72,697

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			
	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Sep 2025	Jul 2026	Aug 2026	Sep 2026
Mater	35.8%	29.7%	30.0%	29.4%	579	569	644	763	3,459	3,904	3,986	3,770
Royal Victoria	17.3%	16.1%	14.5%	14.2%	1,846	2,137	2,345	2,184	7,111	7,091	7,306	7,125
RBHSC	71.7%	77.9%	74.4%	64.8%	5	5	4	9	3,363	3,178	3,136	3,995
Antrim Area	33.6%	31.8%	30.8%	31.0%	1,546	1,812	2,012	1,803	7,872	8,177	8,017	8,218
Causeway	49.4%	39.5%	39.8%	42.2%	602	813	763	696	4,273	4,835	4,559	4,458
Ulster	19.9%	15.9%	14.7%	14.2%	2,146	2,636	2,712	2,585	6,961	6,857	6,944	7,035
Craigavon Area	32.4%	33.3%	31.5%	30.3%	1,736	1,489	1,713	2,001	6,447	7,320	7,353	7,574
Daisy Hill	40.9%	42.7%	40.0%	39.0%	661	612	775	869	4,691	5,315	5,182	5,183
Altnagelvin Area	25.2%	29.0%	25.5%	25.3%	1,137	1,237	1,278	1,288	4,780	5,171	5,063	5,003
South West Acute	42.9%	41.3%	40.5%	39.6%	524	588	676	617	3,279	3,560	3,744	3,688
Type 1	33.8%	32.6%	30.9%	30.7%	10,782	11,898	12,922	12,815	52,236	55,408	55,290	56,049
Mid Ulster	100.0%	100.0%	100.0%	99.7%	0	0	0	0	656	758	662	701
Downe	95.2%	96.0%	95.3%	93.5%	0	0	0	0	1,501	1,489	1,363	1,363
Lagan Valley	71.3%	75.6%	76.1%	75.1%	0	0	0	0	1,934	1,800	1,526	1,614
South Tyrone	99.8%	100.0%	100.0%	100.0%	1	0	0	0	1,863	2,044	1,907	2,031
Omagh	97.7%	96.7%	94.5%	96.6%	0	0	1	0	1,832	2,208	1,912	1,947
Ulster UCC	77.2%	70.3%	69.0%	72.7%	56	106	139	120	3,653	4,034	3,968	3,959
Altnagelvin Area MIU	93.9%	95.1%	94.5%	94.0%	5	16	9	14	1,278	1,580	1,417	1,482
Royal Victoria UCC	62.0%	53.1%	50.8%	54.0%	37	103	128	116	1,633	2,016	1,928	2,055
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	1,047	1,420	1,611	1,496
Type 3	84.6%	82.5%	81.0%	82.4%	99	225	277	250	15,397	17,349	16,294	16,648
Northern Ireland	44.7%	43.7%	41.4%	41.7%	10,881	12,123	13,199	13,065	67,633	72,757	71,584	72,697

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			
	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Sep 2025	Jul 2026	Aug 2026	Sep 2026
Mater	10.7%	9.5%	8.3%	8.5%	13.9%	20.2%	23.0%	21.7%	6.0%	6.8%	7.4%	5.8%
Royal Victoria	16.8%	16.3%	11.4%	18.5%	13.3%	18.7%	20.1%	18.5%	6.9%	6.5%	7.0%	6.0%
RBHSC	13.6%	9.11%	9.8%	12.9%	2.5%	2.1%	2.2%	5.3%	5.7%	5.9%	6.0%	6.2%
Antrim Area	20.7%	18.4%	21.8%	22.5%	5.5%	10.1%	10.1%	9.7%	2.9%	3.2%	3.4%	3.1%
Causeway	13.8%	10.8%	9.0%	12.4%	2.6%	8.6%	7.3%	6.1%	5.2%	5.1%	5.3%	6.1%
Ulster	19.9%	17.3%	17.6%	18.8%	8.4%	10.5%	11.8%	9.0%	3.9%	4.0%	3.8%	3.9%
Craigavon Area	12.2%	11.7%	11.5%	11.3%	7.9%	7.5%	7.5%	8.6%	7.6%	6.3%	6.7%	6.6%
Daisy Hill	11.5%	10.9%	11.8%	9.8%	4.7%	3.7%	4.4%	4.9%	7.9%	7.5%	8.0%	8.0%
Altnagelvin Area	15.4%	13.0%	16.3%	16.3%	6.0%	6.9%	6.9%	7.4%	3.5%	3.1%	2.8%	2.7%
South West Acute	1.2%	4.5%	3.8%	3.6%	3.3%	4.6%	4.6%	4.0%	4.8%	7.0%	7.5%	6.5%
Type 1	14.8%	13.2%	13.2%	14.6%	7.2%	9.8%	10.3%	9.8%	5.4%	5.4%	5.6%	5.3%
Mid Ulster	0.2%	0.0%	0.5%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.5%	0.1%
Downe	1.8%	1.1%	1.2%	1.0%	0.1%	0.0%	0.1%	0.1%	1.5%	2.0%	1.4%	1.6%
Lagan Valley	4.1%	3.6%	2.6%	3.2%	1.0%	0.3%	0.5%	0.7%	1.6%	0.8%	2.0%	1.1%
South Tyrone	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.1%	1.2%	1.7%	1.8%
Omagh	0.2%	0.0%	0.0%	0.1%	1.0%	1.2%	2.0%	1.8%	3.1%	2.4%	3.1%	3.0%
Ulster UCC	4.5%	4.2%	4.1%	4.3%	2.9%	3.1%	4.0%	3.8%	3.7%	5.8%	5.3%	5.5%
Altnagelvin Area MIU	3.9%	1.0%	1.1%	1.4%	0.4%	0.1%	0.6%	0.5%	2.8%	2.2%	2.2%	2.0%
Royal Victoria UCC	11.8%	13.5%	9.7%	16.3%	3.6%	3.4%	3.8%	3.9%	4.7%	6.4%	8.9%	5.9%
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	3.6%	3.4%	2.9%	3.9%	1.4%	1.4%	2.0%	1.9%	2.8%	3.3%	3.8%	3.3%
Northern Ireland	12.4%	11.0%	11.0%	12.3%	6.0%	7.9%	8.6%	8.1%	4.8%	4.9%	5.2%	4.9%

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			
	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Sep 2025	Jul 2026	Aug 2026	Sep 2026
Mater	369	370	331	322	482	788	916	819	207	264	295	218
Royal Victoria	1,198	1,158	831	1,318	948	1,329	1,467	1,320	494	463	512	430
RBHSC	460	288	311	515	83	67	69	212	193	188	189	249
Antrim Area	1,637	1,507	1,750	1,843	433	822	811	796	230	258	276	252
Causeway	589	521	412	555	110	418	332	273	221	246	243	275
Ulster	1,384	1,180	1,230	1,322	587	719	817	632	269	275	265	272
Craigavon Area	788	860	846	856	507	548	555	649	490	462	494	499
Daisy Hill	539	579	613	507	220	199	228	252	372	399	413	416
Altnagelvin Area	735	675	825	811	285	359	351	368	167	161	144	134
South West Acute	39	160	143	133	109	165	173	148	159	250	279	240
Type 1	7,738	7,298	7,292	8,182	3,764	5,414	5,719	5,469	2,802	2,966	3,110	2,985
Mid Ulster	1	0	3	1	0	0	0	0	0	3	3	1
Downe	27	16	16	13	1	0	2	2	22	30	19	22
Lagan Valley	80	65	40	51	19	6	7	11	31	14	31	18
South Tyrone	0	0	0	1	0	0	0	0	39	25	33	37
Omagh	4	0	0	1	19	27	39	36	57	53	59	58
Ulster UCC	163	168	163	169	105	124	159	150	135	233	211	218
Altnagelvin Area MIU	50	16	16	21	5	2	8	8	36	35	31	30
Royal Victoria UCC	193	272	186	336	58	68	74	80	77	128	172	122
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	518	537	424	593	207	227	289	287	397	521	559	506
Northern Ireland	8,256	7,835	7,716	8,775	3,971	5,641	6,008	5,756	3,199	3,487	3,669	3,491

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)			
	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Sep 2025	Jul 2026	Aug 2026	Sep 2026
Mater	0:18	0:16	0:16	0:18	1:01	0:54	0:56	1:00
Royal Victoria	0:21	0:19	0:20	0:23	1:28	1:38	1:20	1:31
RBHSC	0:05	0:05	0:05	0:07	0:20	0:19	0:18	0:23
Antrim Area	0:14	0:14	0:13	0:14	0:53	0:47	0:46	0:53
Causeway	0:12	0:12	0:12	0:13	0:54	0:47	0:43	0:52
Ulster	0:26	0:17	0:18	0:18	1:48	1:18	1:05	1:08
Craigavon Area	0:14	0:13	0:16	0:16	1:07	1:00	1:07	1:13
Daisy Hill	0:13	0:11	0:12	0:13	0:45	0:34	0:40	0:45
Altnagelvin Area	0:25	0:20	0:22	0:27	1:44	1:28	1:27	1:45
South West Acute	0:15	0:17	0:19	0:19	1:03	0:57	1:07	1:07
Type 1	0:15	0:14	0:15	0:16	1:17	1:06	1:04	1:11
Mid Ulster	0:04	0:03	0:04	0:04	0:18	0:15	0:18	0:18
Downe	0:07	0:07	0:07	0:07	0:21	0:20	0:22	0:20
Lagan Valley	0:07	0:07	0:07	0:08	0:23	0:23	0:22	0:24
South Tyrone	0:04	[E]	[E]	[E]	0:22	[E]	[E]	[E]
Omagh	0:07	0:08	0:08	0:07	0:32	0:40	0:38	0:35
Ulster UCC	0:14	0:12	0:10	0:12	0:53	0:41	0:37	0:52
Altnagelvin Area MIU	0:16	0:16	0:15	0:16	1:13	1:00	1:03	1:07
Royal Victoria UCC	0:18	0:22	0:21	0:22	1:07	1:26	1:09	1:17
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	0:09	0:10	0:10	0:11	0:47	0:48	0:46	0:52
Northern Ireland	0:14	0:13	0:14	0:15	1:12	1:03	1:01	1:07

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)			
	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Sep 2025	Jul 2026	Aug 2026	Sep 2026
Mater	1:47	2:40	2:35	2:32	7:49	10:07	10:21	11:13
Royal Victoria	2:25	3:09	3:48	3:22	10:41	12:33	13:48	13:29
RBHSC	0:42	0:41	0:39	1:01	2:58	2:36	2:46	4:07
Antrim Area	1:50	2:38	2:43	2:53	7:08	10:53	11:45	10:10
Causeway	1:08	2:20	2:15	2:02	4:19	8:52	8:16	7:41
Ulster	2:43	3:35	4:01	3:41	10:08	13:05	14:05	13:35
Craigavon Area	2:02	2:06	2:04	2:26	14:24	10:30	11:15	13:33
Daisy Hill	1:01	1:00	1:01	1:08	6:19	4:54	5:50	6:43
Altnagelvin Area	2:09	1:36	1:54	1:45	9:43	9:56	10:22	10:29
South West Acute	0:53	1:03	0:52	0:52	5:10	6:55	7:08	6:13
Type 1	1:41	2:01	2:07	2:09	8:55	10:36	11:24	11:12
Mid Ulster	0:01	0:01	0:01	0:01	0:07	0:12	0:16	0:12
Downe	0:10	0:10	0:11	0:10	0:56	0:49	1:01	1:03
Lagan Valley	0:29	0:17	0:23	0:21	2:12	1:37	1:15	1:16
South Tyrone	0:03	[E]	[E]	[E]	0:15	[E]	[E]	[E]
Omagh	0:25	0:26	0:29	0:23	2:03	2:22	2:34	2:16
Ulster UCC	1:10	1:22	1:14	1:10	3:26	4:07	5:39	4:22
Altnagelvin Area MIU	0:15	0:21	0:18	0:15	3:31	6:40	5:58	4:39
Royal Victoria UCC	1:23	1:33	1:56	1:35	6:34	9:55	10:38	9:38
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	0:38	0:42	0:44	0:38	3:46	4:38	5:45	4:52
Northern Ireland	1:26	1:43	1:46	1:45	8:14	10:06	10:52	10:38

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)			
	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Sep 2025	Jul 2026	Aug 2026	Sep 2026
Mater	16:32	10:18	10:55	14:30	49:05	27:43	27:06	38:11
Royal Victoria	12:08	12:11	11:48	11:32	28:50	30:09	27:00	26:43
RBHSC	5:09	4:48	5:19	5:33	8:52	8:19	9:32	9:59
Antrim Area	15:41	14:14	16:19	16:50	82:10	79:29	89:03	88:40
Causeway	21:13	21:44	20:57	19:02	77:37	86:43	80:40	86:18
Ulster	18:15	18:32	17:09	17:50	52:17	48:48	41:45	47:00
Craigavon Area	15:52	14:41	15:33	17:05	50:34	50:23	52:45	57:15
Daisy Hill	11:53	10:16	12:22	14:36	32:24	27:28	39:42	51:07
Altnagelvin Area	17:49	20:41	20:41	19:21	106:00	3:19	4:06	114:00
South West Acute	15:49	14:03	18:19	20:16	52:45	46:25	48:48	68:51
Type 1	14:24	13:46	14:11	14:28	58:32	54:30	55:45	62:15
Mid Ulster	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]
Downe	3:06	3:22	3:38	2:49	6:37	6:19	7:11	6:35
Lagan Valley	6:11	5:48	5:41	5:49	8:46	8:31	8:23	9:35
South Tyrone	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]
Omagh	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]	[NA]
Ulster UCC	9:56	10:31	10:56	10:24	48:33	34:19	30:23	39:14
Altnagelvin Area MIU	8:16	3:20	3:19	5:51	9:10	6:31	31:55	54:32
Royal Victoria UCC	9:38	8:57	10:45	10:28	30:48	21:03	22:20	30:24
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	6:20	6:20	6:47	6:28	21:27	26:25	26:07	30:24
Northern Ireland	14:05	13:28	13:57	14:12	57:52	54:04	55:08	61:08

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)			
	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Sep 2025	Jul 2026	Aug 2026	Sep 2026
Mater	4:37	5:28	5:44	5:50	13:42	14:49	15:23	16:06
Royal Victoria	6:50	7:28	8:18	7:58	17:57	19:51	20:33	20:05
RBHSC	2:28	2:18	2:27	2:47	6:21	5:39	5:46	6:47
Antrim Area	4:49	5:24	5:40	5:33	18:48	19:39	21:24	19:12
Causeway	3:38	4:34	4:33	4:24	13:01	14:40	16:20	15:24
Ulster	6:18	7:34	8:01	7:51	18:26	20:12	21:27	20:29
Craigavon Area	5:03	4:53	5:15	5:40	22:50	15:47	17:35	18:41
Daisy Hill	4:05	4:00	4:14	4:19	13:20	12:55	14:41	15:40
Altnagelvin Area	5:49	5:14	5:44	5:43	23:47	21:09	23:46	25:21
South West Acute	4:06	4:16	4:21	4:28	15:26	16:46	16:17	16:02
Type 1	4:49	5:06	5:25	5:27	17:37	17:35	18:53	18:30
Mid Ulster	0:29	0:31	0:31	0:27	1:17	1:18	1:26	1:06
Downe	1:11	1:18	1:23	1:21	3:39	3:42	3:46	4:27
Lagan Valley	2:07	2:00	2:11	2:02	6:19	6:05	5:59	5:54
South Tyrone	0:36	0:34	0:33	0:32	1:25	1:23	1:23	1:14
Omagh	1:06	1:10	1:10	1:11	3:18	3:39	4:14	3:36
Ulster UCC	2:39	2:55	2:51	2:45	6:25	7:49	9:02	8:10
Altnagelvin Area MIU	1:15	1:16	1:09	1:18	4:21	3:53	4:09	4:16
Royal Victoria UCC	3:08	3:46	3:52	3:38	8:50	11:59	13:02	12:21
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	1:32	1:38	1:40	1:40	5:56	6:39	7:39	6:56
Northern Ireland	3:48	3:57	4:14	4:13	15:18	15:46	17:08	16:47

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 11I: Average number of attendances by day of week

Day of Week	Sep 2025	Jul 2026	Aug 2026	Sep 2026
Monday	2,601.0	2,564.8	2,585.4	2,781.5
Tuesday	2,379.2	2,507.3	2,456.0	2,548.2
Wednesday	2,295.0	2,406.6	2,354.3	2,459.0
Thursday	2,237.3	2,389.4	2,288.5	2,395.5
Friday	2,257.8	2,374.0	2,373.3	2,379.3
Saturday	1,838.5	1,907.3	1,919.4	1,950.5
Sunday	1,811.5	1,878.8	1,927.4	2,031.8

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			
	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Sep 2025	Jul 2026	Aug 2026	Sep 2026
Mater	1,239	1,160	1,195	1,110	1,641	2,175	2,147	1,897	579	569	644	763
Royal Victoria	1,230	1,145	1,063	1,013	4,035	3,809	3,898	3,928	1,846	2,137	2,345	2,184
RBHSC	2,411	2,476	2,332	2,590	947	697	800	1,396	5	5	4	9
Antrim Area	2,645	2,598	2,473	2,548	3,681	3,767	3,532	3,867	1,546	1,812	2,012	1,803
Causeway	2,111	1,910	1,816	1,883	1,560	2,112	1,980	1,879	602	813	763	696
Ulster	1,387	1,087	1,018	996	3,428	3,134	3,214	3,454	2,146	2,636	2,712	2,585
Craigavon Area	2,090	2,441	2,317	2,298	2,621	3,390	3,323	3,275	1,736	1,489	1,713	2,001
Daisy Hill	1,917	2,272	2,075	2,019	2,113	2,431	2,332	2,295	661	612	775	869
Altnagelvin Area	1,203	1,502	1,293	1,268	2,440	2,432	2,492	2,447	1,137	1,237	1,278	1,288
South West Acute	1,406	1,470	1,515	1,459	1,349	1,502	1,553	1,612	524	588	676	617
Type 1	17,639	18,061	17,097	17,184	23,815	25,449	25,271	26,050	10,782	11,898	12,922	12,815
Mid Ulster	656	758	662	699	0	0	0	2	0	0	0	0
Downe	1,429	1,429	1,299	1,275	72	60	64	88	0	0	0	0
Lagan Valley	1,379	1,361	1,161	1,212	555	439	365	402	0	0	0	0
South Tyrone	1,860	2,044	1,907	2,030	2	0	0	1	1	0	0	0
Omagh	1,789	2,135	1,807	1,880	43	73	104	67	0	0	1	0
Ulster UCC	2,820	2,835	2,738	2,879	777	1,093	1,091	960	56	106	139	120
Altnagelvin Area MIU	1,200	1,503	1,339	1,393	73	61	69	75	5	16	9	14
Royal Victoria UCC	1,013	1,071	979	1,110	583	842	821	829	37	103	128	116
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	12,146	13,136	11,892	12,478	2,105	2,568	2,514	2,424	99	225	277	250
Northern Ireland	29,785	31,197	28,989	29,662	25,920	28,017	27,785	28,474	10,881	12,123	13,199	13,065

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			
	Sep 2025	Jul 2026	Aug 2026	Sep 2026
Mater	53.3%	40.8%	41.7%	43.5%
Royal Victoria	44.1%	36.6%	32.6%	34.4%
RBHSC	85.1%	88.8%	86.3%	73.8%
Antrim Area	52.8%	39.9%	40.0%	38.1%
Causeway	70.6%	44.0%	45.2%	49.4%
Ulster	39.1%	32.0%	30.6%	32.9%
Craigavon Area	49.4%	47.7%	48.9%	44.6%
Daisy Hill	68.6%	72.1%	68.5%	66.2%
Altnagelvin Area	47.9%	56.5%	51.2%	53.3%
South West Acute	72.1%	67.9%	69.0%	71.0%
Type 1	55.2%	49.6%	48.3%	48.0%
Mid Ulster	100.0%	100.0%	100.0%	100.0%
Downe	100.0%	99.9%	99.9%	99.8%
Lagan Valley	93.2%	97.8%	99.3%	99.7%
South Tyrone	100.0%	[E]	[E]	[E]
Omagh	93.9%	91.2%	90.9%	93.7%
Ulster UCC	75.4%	68.0%	69.1%	73.9%
Altnagelvin Area MIU	89.0%	88.9%	85.7%	89.2%
Royal Victoria UCC	60.6%	56.4%	50.7%	55.0%
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]
Type 3	82.5%	77.7%	76.9%	80.3%
Northern Ireland	59.9%	54.5%	53.1%	53.5%

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	Triage Level (1/2)				Triage Level (3)				Triage Level (4/5)			
	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Sep 2025	Jul 2026	Aug 2026	Sep 2026	Sep 2025	Jul 2026	Aug 2026	Sep 2026
Mater	27.0%	31.3%	30.0%	32.6%	49.5%	45.9%	47.5%	47.5%	23.5%	22.9%	22.6%	20.0%
Royal Victoria	34.4%	36.0%	34.9%	33.5%	51.8%	53.7%	54.7%	56.0%	13.9%	10.2%	10.4%	10.5%
RBHSC	19.5%	14.9%	15.4%	19.5%	24.2%	22.7%	21.5%	21.6%	56.3%	62.4%	63.1%	58.9%
Antrim Area	20.7%	21.4%	21.7%	23.8%	60.7%	56.3%	58.1%	56.7%	18.6%	22.2%	20.2%	19.5%
Causeway	16.8%	15.4%	17.3%	18.3%	39.9%	40.5%	40.2%	45.5%	43.4%	44.0%	42.5%	36.2%
Ulster	36.1%	36.1%	36.5%	35.7%	47.0%	46.8%	47.3%	48.3%	16.9%	17.0%	16.2%	16.1%
Craigavon Area	38.5%	34.7%	35.2%	38.5%	39.2%	42.4%	44.7%	41.2%	22.2%	22.9%	20.1%	20.3%
Daisy Hill	40.1%	36.2%	36.3%	37.2%	37.4%	42.7%	42.6%	42.7%	22.4%	21.1%	21.1%	20.2%
Altnagelvin Area	41.1%	41.5%	43.1%	43.5%	43.3%	42.5%	43.5%	42.8%	15.6%	16.0%	13.4%	13.7%
South West Acute	30.6%	29.7%	32.5%	32.6%	39.8%	41.1%	39.8%	40.7%	29.7%	29.2%	27.8%	26.7%
Type 1	31.1%	30.7%	31.2%	32.1%	45.0%	45.2%	46.0%	45.7%	23.8%	24.2%	22.8%	22.2%
Mid Ulster	0.0%	0.0%	0.0%	0.5%	0.2%	0.8%	1.2%	2.3%	99.8%	99.2%	98.8%	97.2%
Downe	1.0%	1.3%	1.6%	0.9%	9.0%	10.0%	13.9%	10.5%	90.1%	88.7%	84.5%	88.6%
Lagan Valley	6.2%	5.7%	5.2%	6.4%	28.0%	22.3%	24.0%	24.1%	65.7%	72.0%	70.7%	69.5%
South Tyrone	0.1%	[E]	[E]	[E]	4.3%	[E]	[E]	[E]	95.6%	[E]	[E]	[E]
Omagh	1.7%	1.7%	2.0%	3.0%	11.9%	9.0%	9.4%	9.6%	86.4%	89.3%	88.5%	87.4%
Ulster UCC	4.4%	3.3%	3.5%	4.1%	18.4%	24.2%	26.6%	26.0%	77.2%	72.5%	69.9%	69.9%
Altnagelvin Area MIU	0.6%	1.3%	1.6%	2.5%	7.6%	12.9%	11.9%	10.9%	91.8%	85.8%	86.5%	86.6%
Royal Victoria UCC	1.6%	1.9%	2.4%	2.3%	29.5%	33.6%	37.6%	32.6%	68.9%	64.5%	60.0%	65.1%
Craigavon & Daisy Hill UCCs	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]	[E]
Type 3	2.7%	2.6%	2.8%	3.3%	16.6%	19.6%	21.6%	20.2%	80.7%	77.8%	75.5%	76.5%
Northern Ireland	25.3%	25.2%	25.9%	26.7%	39.3%	40.2%	41.5%	40.9%	35.4%	34.7%	32.6%	32.5%

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](#)