

INFORMATION
ANALYSIS
DIRECTORATE



Urgent & Emergency Care Waiting Time Statistics for Northern Ireland (October – December 2023)

Published 13 February 2024



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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

Reader Information

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

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

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

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Statistical Quality: Information detailed in this release has been provided by HSC Trusts and was validated by Hospital Information Branch (HIB) prior to release. Information on: attendances at urgent care services (PhoneFirst / Urgent Care Centres), time to triage, and time of day for attendances, GP referrals, emergency admissions, left before treatment complete, triage level, time to start of treatment, time to admission or discharge are **not** National Statistics, but have been included to provide users with a comprehensive view of emergency care activity and time spent in ED. Further information on data included in this release is available at the link below:

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

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

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

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¹ Information on Security and Confidentiality Processes is detailed in the Technical Notes on page 29.

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Encompass

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

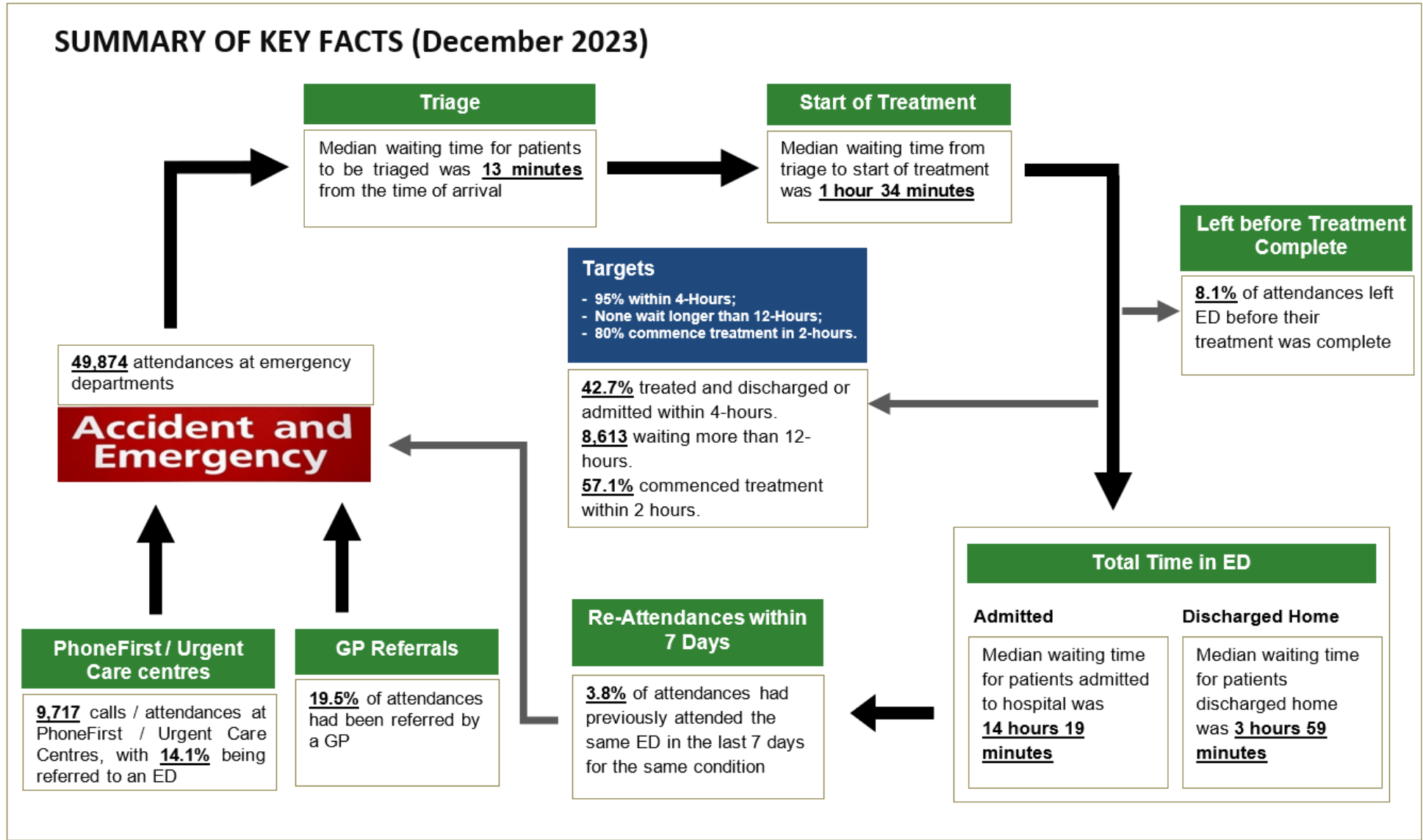
The programme was first introduced in the South Eastern Health and Social Care Trust (SEHSCT) on 9th November 2023 and will be rolled out on a phased basis across all Health and Social Care (HSC) Trusts in Northern Ireland by the end of 2025.

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

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

Please note: Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. Therefore, SEHSCT data has been excluded from all analysis in this report to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. As such, all Department Type and Northern Ireland level figures presented throughout this report only include those for Belfast, Northern, Southern and Western Health and Social Care Trusts. Figures for SEHSCT prior to 9th November 2023 have been included at department level where possible but are for information purposes only.

SUMMARY OF KEY FACTS (December 2023)



New Unscheduled Care Services

Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. Therefore, SEHSCT data has been excluded from all analysis in this report to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. Therefore, Department Type and NI level figures presented throughout this report only include those for Belfast, Northern, Southern and Western HSC Trusts. Figures for SEHSCT prior to 9th November 2023 have been included at department level where possible but are for information purposes only.

Prior to the COVID-19 pandemic, urgent and emergency care services in Northern Ireland were under increased pressure with more patients spending longer periods of time in overcrowded emergency departments (EDs). The impact of the COVID-19 pandemic, and the need to focus on disease prevention and social distancing, increased the need to ensure that we do not allow EDs to reach these levels of overcrowding in the future. To help take this work forward, the Department of Health (DoH) established the 'No More Silos' action plan, which sought to improve urgent and emergency care services and build on the improved co-ordination between primary and secondary care, leading to universal patient triage, virtual consultation, and new clinical pathways. It is also important to note that urgent and emergency care services in Northern Ireland perform critical roles in responding to patient need:

Urgent Care: An illness or injury that requires urgent attention but is not a life-threatening situation. Urgent care in Northern Ireland includes: General Practice during weekdays; GP Out of Hours (GP OOH) Services at night and weekends; pharmacies; minor injury units; an urgent treatment centre; Emergency Departments (EDs); and, the Northern Ireland Ambulance Service (NIAS).

Emergency Care: Life threatening illnesses or accidents which require immediate intensive treatment. Emergency Care is currently provided in hospitals with Type 1 and Type 2 Emergency Departments and by NIAS.

As part of the 'No More Silos' action plan, two new urgent care services: (i) PhoneFirst and (ii) Urgent Care Centres, were introduced in late 2020, which aimed to assess patients' needs before arrival at an ED, and ensure they receive the right care, at the right time, and in the right place, outside ED if appropriate. This section will report the number of patients contacting / attending these urgent care services, who may otherwise have attended an ED.

PhoneFirst: PhoneFirst is a telephone triage service for patients considering travelling to an ED, to access alternative assessments, advice, and information and receive appropriate care promptly.

Urgent Care Centre: Urgent Care Centres assess / treat patients who present with illnesses / injuries that require urgent attention but are not life threatening. Patients are given an urgent care appointment / referral to the appropriate service, with patients requiring immediate medical attention being sent to an ED.

PhoneFirst / Urgent Care Centres

Table 1: PhoneFirst Calls, Urgent Care Centre Attendance and Referral to EDs ²

The number of calls received by PhoneFirst service, attendances at Urgent Care Centres and patients referred to ED from PhoneFirst / Urgent Care Centres during October, November and December 2023.

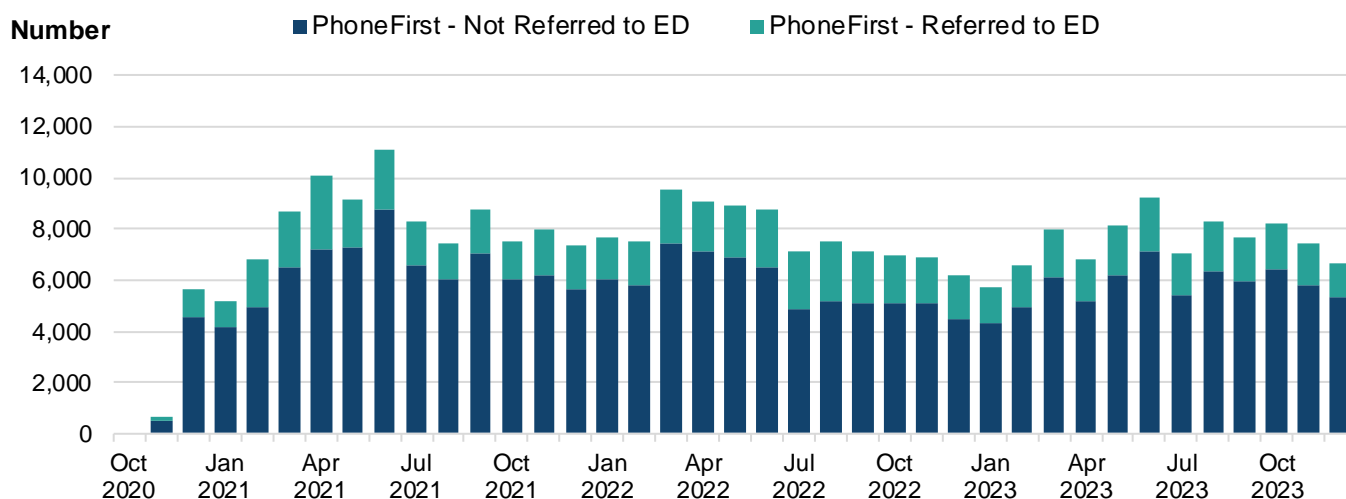
Activity	Oct 2023	Nov 2023	Dec 2023
PhoneFirst	8,252	7,472	6,685
Urgent Care Centre	3,032	3,221	3,032
Total Calls / Attendances	11,284	10,693	9,717
Number Referred to ED	1,869	1,689	1,369
<i>% Referred to ED</i>	<i>16.6%</i>	<i>15.8%</i>	<i>14.1%</i>

Source: Health and Social Care Trusts

- In December 2023, 9,717 calls / attendances were received by PhoneFirst and Urgent Care Centre services, from patients who may previously have attended an ED. A total of 1,369 (14.1%) resulted in an attendance at an ED, whilst 8,348 patients did not go on to attend an ED ³ (Table 1 & 11A).

Figure 1: PhoneFirst Calls and Referrals to Emergency Departments

The number of calls received by PhoneFirst service and number of patients referred to an ED from PhoneFirst in each month from October 2020 to December 2023.



Source: Health and Social Care Trusts

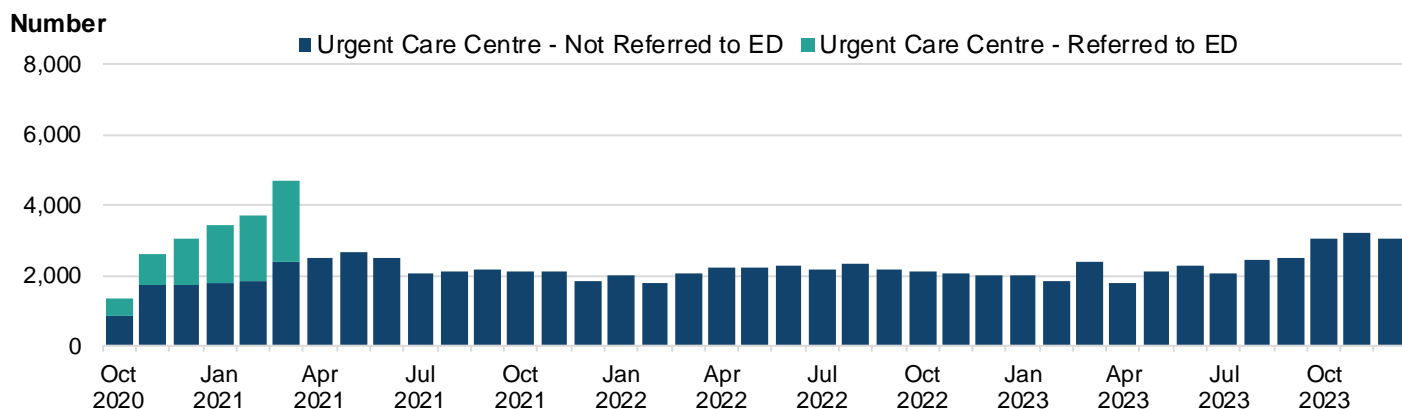
The highest number of PhoneFirst calls were received in June 2021 (11,115), with the highest number of referrals to ED from PhoneFirst in April 2021 (2,856) (Figure 1, Table 1 & 11A).

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

³ Note that these patients may have been managed by an alternative pathway, and may have eventually resulted in an attendance at an ED at a later date.

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

The number of attendances at Urgent Care Centres and the number of patients referred to an ED from Urgent Care Centres in each month from October 2020 to December 2023.



Source: Health and Social Care Trusts

- The highest number of attendances at Urgent Care Centres was in March 2021 (4,676), with the highest number of referrals to ED from Urgent Care Centres also in March 2021 (2,288) (Figure 2, Table 1 & 11A).

Attendances

Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. Therefore, SEHSCT data has been excluded from all analysis in this report to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. Therefore, Department Type and NI level figures presented throughout this report only include those for Belfast, Northern, Southern and Western HSC Trusts. Figures for SEHSCT prior to 9th November 2023 have been included at department level where possible but are for information purposes only.

Table 2: Attendances at Urgent & Emergency Care

The number attending urgent and emergency care services (i) calls to PhoneFirst / attendances at Urgent Care Centres, and (ii) attendances at EDs in December 2023, compared December 2022.

Measure	December 2022	December 2023	Change (number)	Change (%)
1. PhoneFirst / Urgent Care Centre (Referred to an ED)	1,646	1,369	-277	-16.8%
2. PhoneFirst / Urgent Care Centre (NOT Referred to an ED)	6,517	8,348	1,831	28.1%
3. Total PhoneFirst / Urgent Care Centre Measure 1 + Measure 2	8,163	9,717	1,554	19.0%
4. New ED Attendances	47,776	47,089	-687	-1.4%
5. Unplanned Review Attendances	3,014	2,785	-229	-7.6%
6. Attendances at EDs Measure 4 + Measure 5	50,790	49,874	-916	-1.8%
7. Attendances at EDs / PhoneFirst / Urgent Care Measure 2 + Measure 4 + Measure 5	57,307	58,222	915	1.6%
8. Number of ED Attendances Admitted to Hospital	9,545	9,659	114	1.2%
9. % ED Attendances Admitted to Hospital Measure 8 / Measure 6	18.8%	19.4%		-0.6%

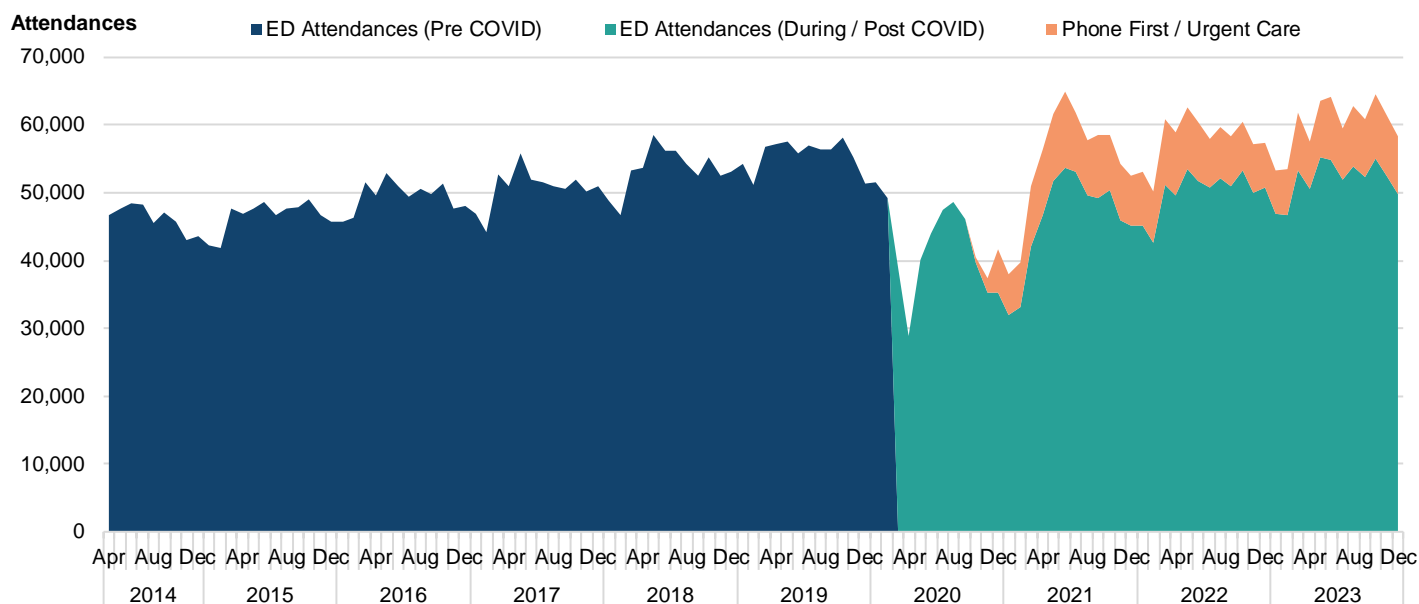
Source: Regional Data Warehouse / Health and Social Care Trusts

- During December 2023, 58,222 patients attended urgent and emergency care services, of which 49,874 attended an ED, and 8,348 attended PhoneFirst / Urgent Care Centre services (Table 2, 11A & 11B).
- The number of patients attending urgent and emergency care services increased by 915 (1.6%) in December 2023 when compared with December 2022 (Table 2, 11A & 11B).
- During the quarter ending December 2023, 183,945 patients attended urgent and emergency care services, 5.2% (9,067) more than the same quarter in 2022 (174,878). Of which, 157,178 (85.4%) attended an ED and 26,767 (14.6%) attended PhoneFirst / Urgent Care Centres (Table 2, 11A & 11B).

Emergency Care Attendances Since April 2014

Figure 3: Urgent and Emergency Care Attendances

The number attending urgent and emergency care services include (i) attendances at EDs, and (ii) calls to PhoneFirst / attendances at Urgent Care Centres each month, from April 2014 to December 2023⁴.



Source: Regional Data Warehouse

- Between April 2014 and December 2023, the highest number of patients attending urgent and emergency care was in June 2021 (64,901), with 53,637 (82.6%) attending an ED and 11,264 (17.4%) attending PhoneFirst / Urgent Care Centres (Table 2, Table 11A).
- The number of patients attending urgent care services (PhoneFirst / Urgent Care Centre) in October, November and December 2023 when compared with the same month of the previous year are detailed in Table 2 and Table 11A, with figures for urgent care during each of the last three months detailed below.
 - During October 2023, there were 11,284 PhoneFirst calls / Urgent Care Centre attendances, 24.4% (2,210) more than October 2022 (9,074); and,
 - During November 2023, there were 10,693 PhoneFirst calls / Urgent Care Centre attendances, 19.5% (1,744) more than November 2022 (8,949); and,
 - During December 2023, there were 9,717 PhoneFirst calls / Urgent Care Centre attendances, 19.0% (1,554) more than December 2022 (8,163).

⁴ PhoneFirst and Urgent Care Centre services introduced in October 2020, prior to this date patients attended emergency care only.

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

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

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

The number attending an emergency department and the number of emergency admissions to hospital⁵ from an ED during December 2023, compared with the same month last year.

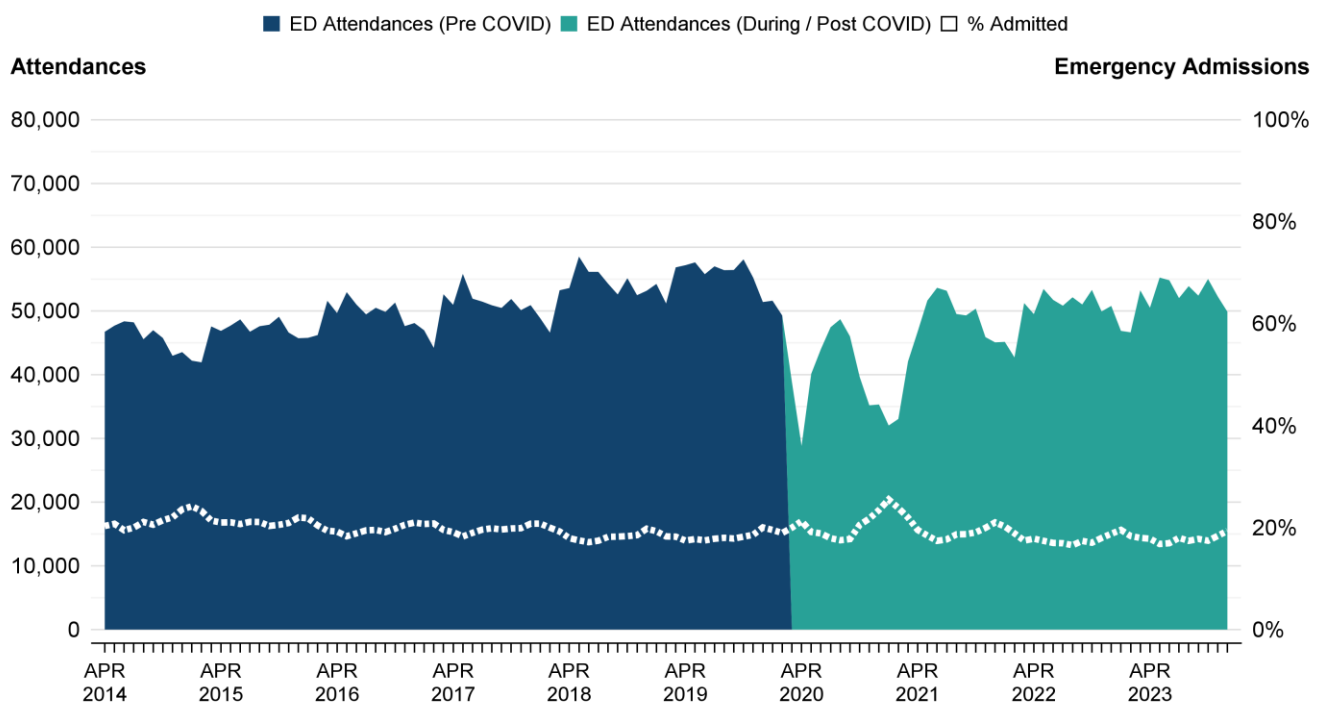
Measure	December 2022	December 2023	Change (Number)	Change (%)
1. Attendances at EDs	50,790	49,874	-916	-1.8%
2. Admissions to Hospital from ED	9,545	9,659	114	1.2%
3. % Admissions to Hospital from ED <i>Measure 2 / Measure 1</i>	18.8%	19.4%	-	-

Source: Regional Data Warehouse

- The number of emergency admissions to hospital from an ED increased by 1.2% (114) between December 2022 (9,545) and December 2023 (9,659) (Table 3 & 11B).

Figure 4: Attendances at Emergency Departments and Emergency Admissions to Hospital

The number of emergency care attendances and emergency admissions to hospital each month, from April 2014 to December 2023.



Source: Regional Data Warehouse

⁵ Data on emergency admissions are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

- During each of the last nine years, the percentage of ED attendances admitted to hospital was generally highest in December and January and lowest during May and June (Figure 4). It should be noted that the number of attendances was impacted by the COVID-19 pandemic, particularly during 2020. The full impact of this is still being assessed.
- ED Attendances during October, November and December 2023 increased when compared with the same month of the previous year (Figure 4, Table 11B).
 - During October 2023, there were 55,018 attendances at EDs, 3.2% (1,718) more than October 2022 (53,300);
 - During November 2023, there were 52,286 attendances at EDs, 4.7% (2,360) more than November 2022 (49,926); and,
 - During December 2023, there were 49,874 attendances at EDs, 1.8% (916) less than December 2022 (50,790).

Emergency Care Activity

Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. Therefore, SEHSCT data has been excluded from all analysis in this report to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. Therefore, Department Type and NI level figures presented throughout this report only include those for Belfast, Northern, Southern and Western HSC Trusts. Figures for SEHSCT prior to 9th November 2023 have been included at department level where possible but are for information purposes only.

Which ED Did People Attend?

Table 4: Attendances at EDs

The number of new, unplanned review and total attendances at each Type 1 ED and ED Type during December 2023 and the same month last year.

Department	New		Unplanned Review		Total	
	Dec 2022	Dec 2023	Dec 2022	Dec 2023	Dec 2022	Dec 2023
Mater	2,980	3,330	68	98	3,048	3,428
Royal Victoria	6,100	7,899	146	209	6,246	8,108
RBHSC	4,469	3,323	489	357	4,958	3,680
Antrim Area	7,705	7,331	416	402	8,121	7,733
Causeway	3,584	3,527	330	260	3,914	3,787
Ulster	8,459	-	346	-	8,805	-
Craigavon Area	6,562	6,061	502	492	7,064	6,553
Daisy Hill	4,677	4,127	192	250	4,869	4,377
Altnagelvin Area	5,129	4,981	343	285	5,472	5,266
South West Acute	3,002	2,961	272	246	3,274	3,207
Type 1	44,208	43,540	2,758	2,599	46,966	46,139
Type 2	539	591	123	39	662	630
Type 3	3,029	2,958	133	147	3,162	3,105
Northern Ireland	47,776	47,089	3,014	2,785	50,790	49,874

Source: Regional Data Warehouse

- Between December 2022 and December 2023, attendances at Type 1, Type 2, and Type 3 EDs decreased (Table 4, Table 11B).
- The Royal Victoria was the busiest ED during December 2023 (8,108) (Table 4, Table 11B).
- Two Type 1 EDs reported an increase in attendances during December 2023 when compared with December 2022, with the largest increase in attendances reported at the Royal Victoria (1,862, 29.8%) (Table 4, Table 11B).

What Triage Level Do Patients Present With?

Upon arrival at ED, a health-care professional will assign patients one of the following five levels on the Manchester Triage Scale (MTS), which act as a guide for the time to start of treatment.^{6,7}

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

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

Table 5: Breakdown of Attendances by Triage Group

The percentage of patients assigned a Manchester Triage Score at each Type 1 ED and ED Type during December 2023 and the same month last year^{7,8}.

Department	Level 1 / 2		Level 3		Level 4 / 5	
	Dec 2022	Dec 2023	Dec 2022	Dec 2023	Dec 2022	Dec 2023
Mater	20.8%	19.9%	48.0%	49.2%	31.2%	30.9%
Royal Victoria	35.2%	27.6%	48.5%	46.6%	16.3%	25.8%
RBHSC	19.1%	20.9%	31.4%	28.5%	49.4%	50.6%
Antrim Area	17.7%	19.8%	57.5%	55.5%	24.7%	24.7%
Causeway	24.2%	19.5%	53.2%	50.8%	22.6%	29.7%
Ulster	30.4%	-	42.6%	-	27.1%	-
Craigavon Area	39.4%	38.9%	39.7%	37.9%	20.9%	23.1%
Daisy Hill	34.5%	38.1%	47.2%	42.8%	18.3%	19.1%
Altnagelvin Area	40.3%	38.5%	36.0%	37.7%	23.7%	23.9%
South West Acute	23.1%	22.8%	49.5%	46.9%	27.4%	30.3%
Type 1	29.2%	28.3%	45.5%	44.3%	25.3%	27.4%
Type 2	2.7%	2.1%	19.2%	10.6%	78.1%	87.3%
Type 3	0.9%	0.6%	3.8%	3.1%	95.2%	96.4%
Northern Ireland	27.3%	26.3%	42.8%	41.5%	30.0%	32.1%

Source: Regional Data Warehouse

- More than two thirds (72.6%) of attendances at Type 1 departments in December 2023 were triaged as level 1 / 2 or 3, compared with 74.7% in December 2022 (Table 5, Table 11L).
- Over a quarter (26.3%) of patients were triaged as level 1 / 2 in December 2023, more than in October (24.2%) and November 2023 (25.3%), and less than December 2022 (27.3%) (Table 11L).
- During December 2023, over a third (38.9%) of patients attending Craigavon Area were triaged at level 1 / 2, compared with 19.5% of those attending Causeway (Table 5, Table 11L).

⁶ Data are not National Statistics, but are published to provide users with a comprehensive view of ED activity and time spent in ED.

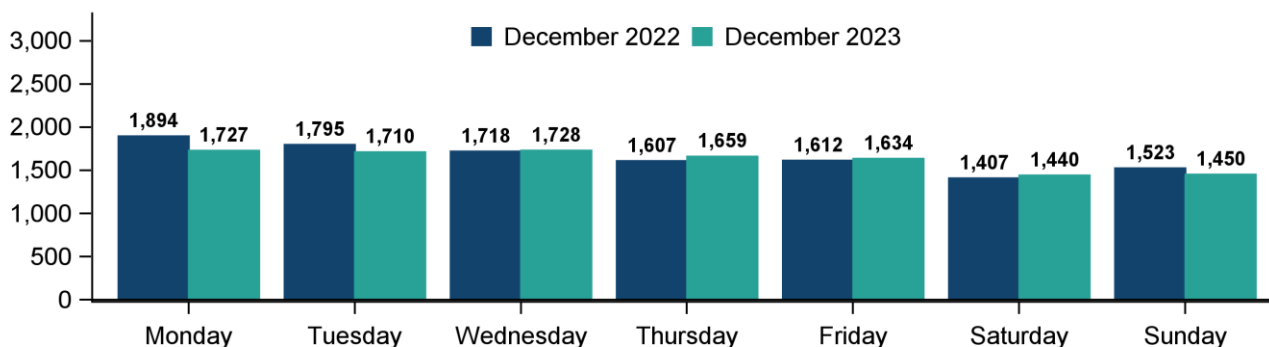
⁷ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

When Do People Attend EDs?

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

The average number of new and unplanned review attendances at EDs by day of the week during December 2023, compared with the same month last year⁸.

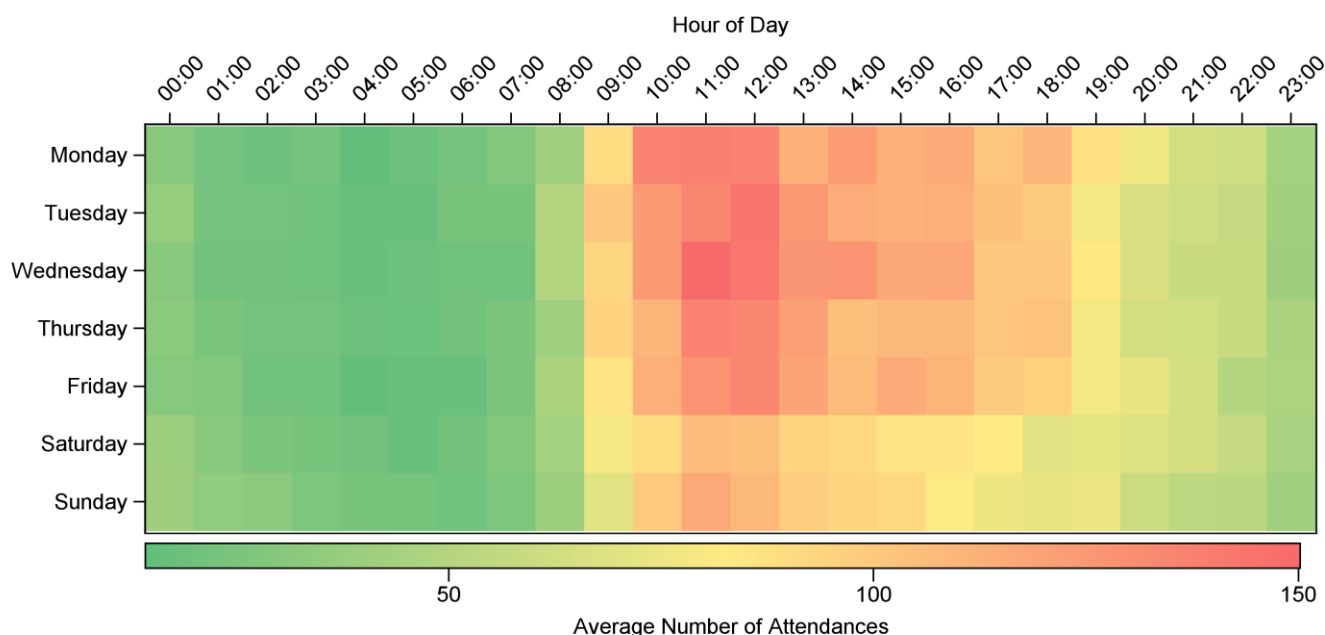
Average Attendances



Source: Regional Data Warehouse

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

The average number of new and unplanned review attendances during each day of the week and hour of the day in December 2023.



Source: Regional Data Warehouse

- Monday was the busiest day at EDs during December 2022, whilst Wednesday was the busiest day during December 2023, with the highest number of attendances arriving between 11:00 and 11:59 (Figure 5 & 6, Table 11I).

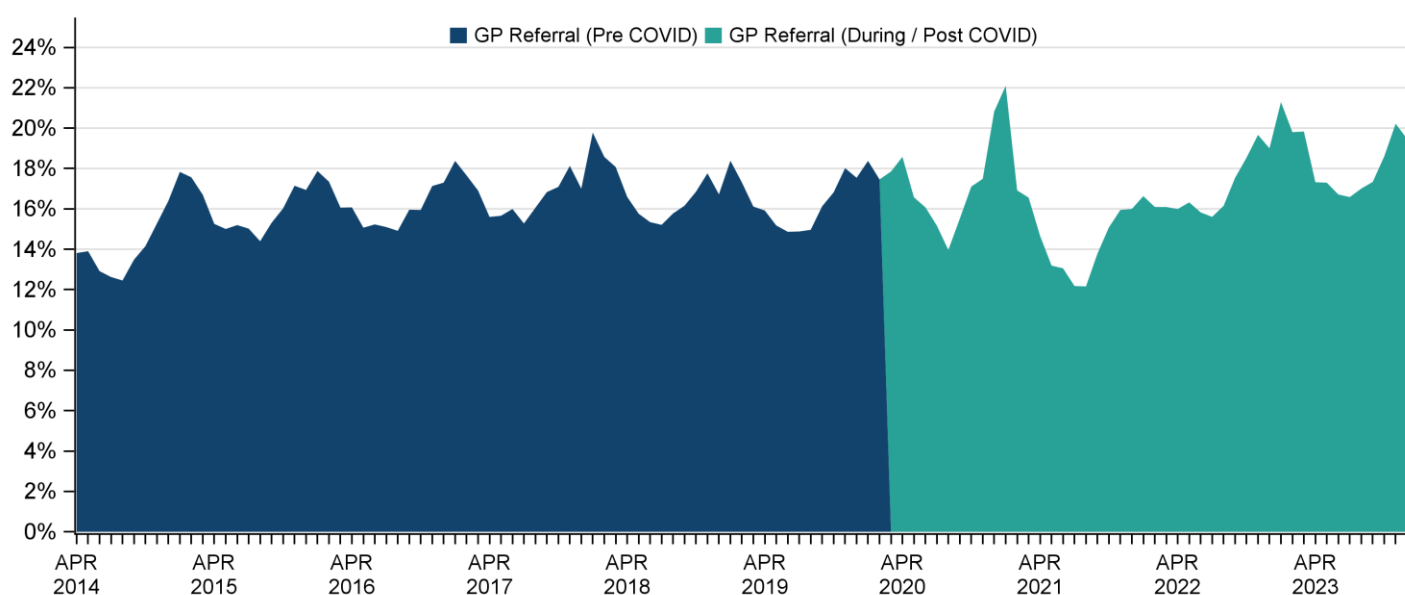
⁸ Data on when patients attend ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

- Saturday was the least busy day during December 2023 (1,440) and December 2022 (1,407), with the highest number of attendances arriving between 11:00 and 11:59 in December 2023 (Figure 5 & 6, Table 11I).
- Overall, the busiest hour of the day during December 2023 was between 11:00 and 11:59, whilst the least busy hour was 04:00 to 04:59 (Figure 6).

How Many Attendances Were Referred by a GP?

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

The percentage of attendances at EDs that had been referred by a GP, from April 2014⁹.



Source: Regional Data Warehouse

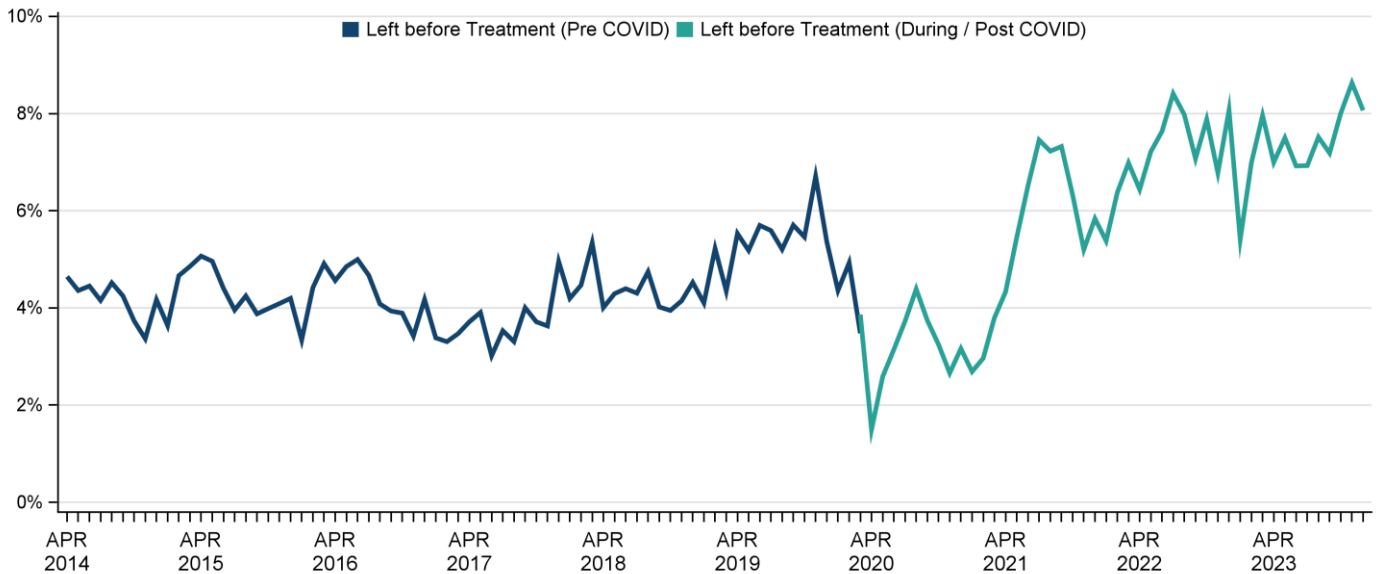
- In December 2023, almost one in five (19.5%, 9,715) attendances at EDs had been referred by a GP, compared with 19.0% (9,662) in December 2022 (Figure 7, Table 11D(i-ii)).
- Almost a third (30.1%, 2,332) of attendances at Antrim Area had been referred by a GP during December 2023, compared with 10.4% (356) of attendances at the Mater (Tables 11D(i-ii)).

⁹ Data on referrals to ED by GP's are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

Do Patients Leave ED Before Their Treatment is Complete?

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

The percentage of attendances which left an ED before their treatment was complete, from April 2014¹⁰.



Source: Regional Data Warehouse

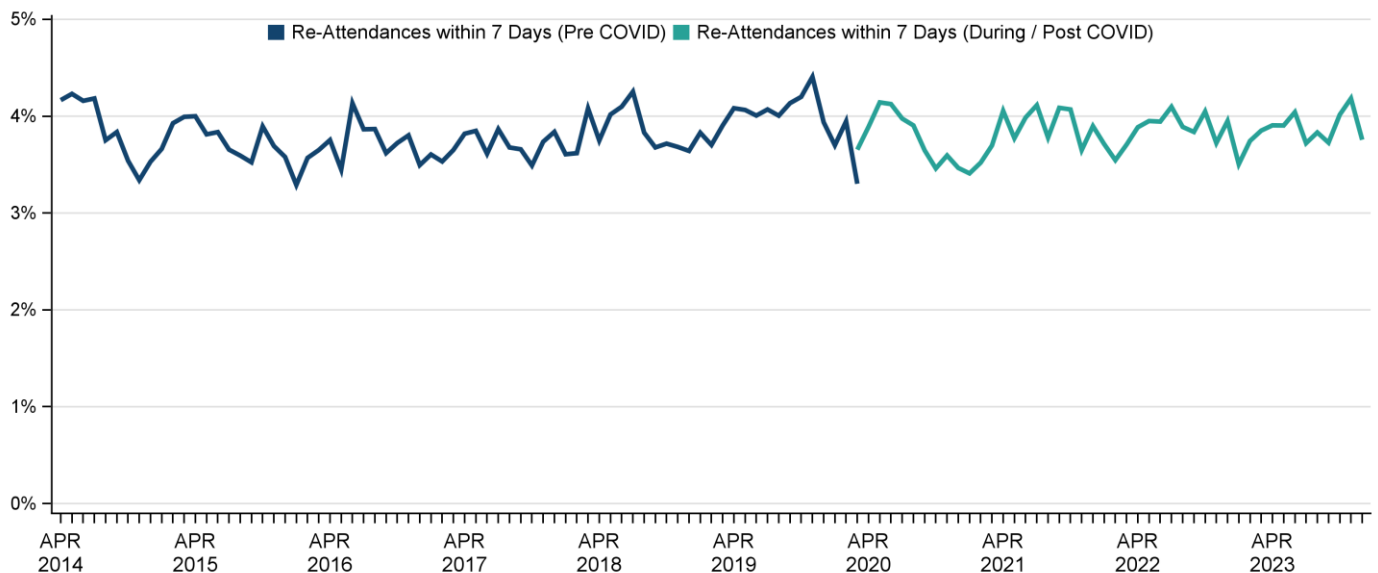
- During December 2023, 8.1% (4,023) of all ED attendances left before their treatment was complete, similar to December 2022 (8.1%, 4,100) (Figure 8, Table 11D(i-ii)).
- The Mater (13.1%, 449) reported the highest percentage leaving ED before treatment was complete during December 2023, compared with 7.6% (232) in December 2022 (Tables 11D(i-ii)).

¹⁰ Data on those leaving ED before their treatment was complete are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

How Many Patients Re-attend the Same ED within a Week?

Figure 9: Percentage of unplanned review attendances at EDs within 7 days of the original attendance

The percentage of unplanned review attendances at EDs within 7 days of their original attendance for the same condition, from April 2014¹¹.



Source: Regional Data Warehouse

- During December 2023, 3.8% (1,875) of attendances had attended the same ED within 7 days of their original attendance, compared to 4.0% (2,009) in December 2022 (Figure 9, Tables 11D(i-ii)).
- RBHSC reported the highest percentage (6.5%, 237) of unplanned review attendances within 7 days of the original attendance during December 2023 (Tables 11D(i-ii)).

¹¹ Data on re-attendances within 7 days are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in EDs.

How Long Do Patients Spend in ED?

Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. Therefore, SEHSCT data has been excluded from all analysis in this report to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. Therefore, Department Type and NI level figures presented throughout this report only include those for Belfast, Northern, Southern and Western HSC Trusts. Figures for SEHSCT prior to 9th November 2023 have been included at department level where possible but are for information purposes only.

Emergency Care Waiting Times Targets

The current DOH targets¹² on emergency care waiting times in Northern Ireland for 2023/24 state that:

'95% of patients attending any Type 1, 2 or 3 emergency department are either treated and discharged home, or admitted, within four hours of their arrival in the department; and no patient attending any emergency department should wait longer than twelve hours.'

'By March 2024, 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.

¹² Further breakdown of EDs can be found in Appendix 4: Table 11C & Table 11J.

How are EDs Performing?

Table 6: Performance against Emergency Care Waiting Times Targets

The performance against the 4 and 12 hour components of the emergency care waiting times targets for the last three months compared with December 2022¹³.

% Within 4 Hours	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Diff (Dec 2022 - Dec 2023)	
					No.	%
Type 1	40.7%	42.0%	40.3%	38.4%	-	-2.2%
Type 2	83.8%	81.2%	78.7%	78.4%	-	-5.4%
Type 3	99.3%	99.1%	99.6%	99.0%	-	-0.3%
All Departments	44.9%	46.7%	44.6%	42.7%	-	-2.2%
Over 12 Hours	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Diff (Dec 2022 - Dec 2023)	
					No.	%
Type 1	8,243	8,545	8,366	8,613	370	-
Type 2	0	0	0	0	0	-
Type 3	0	0	0	0	0	-
All Departments	8,243	8,545	8,366	8,613	370	-
ED Attendances	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Diff (Dec 2022 - Dec 2023)	
					No.	%
Type 1	46,966	50,282	48,293	46,139	-827	-1.8%
Type 2	662	698	607	630	-32	-4.8%
Type 3	3,162	4,038	3,386	3,105	-57	-1.8%
All Departments	50,790	55,018	52,286	49,874	-916	-1.8%

Source: Regional Data Warehouse

- Over two fifths (42.7%) of attendances in December 2023 were discharged or admitted within 4 hours, compared with 44.9% in December 2022 (Table 11C & 11J).
- Over one third (38.4%) of attendances at Type 1 EDs in December 2023 spent less than 4 hours in ED, compared with 78.4% at Type 2 EDs and 99.0% at Type 3 EDs (Table 6, Table 11C & 11J).
- Since December 2022, the number spending over 12 hours in ED increased from 8,243 to 8,613 in December 2023, accounting for 17.3% of all attendances (Table 6, Table 11C & 11J).
- During this period, EDs experienced a 1.8% decrease in attendances (50,790 to 49,874), whilst 4 hour performance decreased from 44.9% to 42.7% (Table 6, Table 11C & 11J).
- During the quarter ending 31 December 2023, less than half (44.7%) of patients spent less than 4 hours at an ED, less than in the same quarter in 2022 (47.6%) (Table 11C & 11J).
- During the latest quarter, the percentage of patients spending less than 4 hours in ED was highest in October 2023 (46.7%) and lowest in December 2023 (42.7%), whilst the number spending over 12 hours in an ED was lowest in November 2023 (8,366) and highest in December 2023 (8,613) (Table 6, Table 11C & 11J).

¹³ Readers should note that a number of patients attending the Ulster MIU spent longer than 12 hours in ED. As the Ulster MIU is only open to 6pm each day, any patients who remain in the MIU at 6pm and continue to require treatment, will be cared for / treated in the main Ulster ED. The total time spent in ED by these patients will be reported against the Ulster MIU.

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

The performance for both the four and twelve hour components of the emergency care waiting times target at each Type 1 ED in December 2023 compared with the same month last year. Information has also been included on the overall performance at Type 2 and 3 EDs during this period^{14,15}.

Department	4 Hour Performance		12 Hour Performance		Total Attendances	
	Dec 2022	Dec 2023	Dec 2022	Dec 2023	Dec 2022	Dec 2023
Mater	49.8%	41.9%	427	557	3,048	3,428
Royal Victoria	24.6%	31.6%	1,858	1,949	6,246	8,108
RBHSC	49.0%	57.7%	76	43	4,958	3,680
Antrim Area	45.6%	35.2%	1,209	1,464	8,121	7,733
Causeway	51.3%	47.0%	575	558	3,914	3,787
Ulster	39.6%	-	1,570	-	8,805	-
Craigavon Area	34.9%	36.8%	1,814	1,570	7,064	6,553
Daisy Hill	48.7%	43.2%	592	655	4,869	4,377
Altnagelvin Area	28.1%	26.3%	1,174	1,274	5,472	5,266
South West Acute	46.6%	44.2%	518	543	3,274	3,207
Type 1	40.7%	38.4%	8,243	8,613	46,966	46,139
Type 2	83.8%	78.4%	0	0	662	630
Type 3	99.3%	99.0%	0	0	3,162	3,105
Northern Ireland	44.9%	42.7%	8,243	8,613	50,790	49,874

Source: Regional Data Warehouse

- During December 2023, RBHSC (57.7%) reported the highest performance of the four hour target at any Type 1 ED, whilst Altnagelvin Area (26.3%) reported the lowest (Table 7, Table 11C).
- No Type 1 ED achieved the 12-hour target during December 2023 (Table 7, Table 11C).
- The Royal Victoria (1,949) reported the highest number of patients spending over 12 hours at an ED during December 2023 (Table 7, Table 11C).
- Between December 2022 and December 2023, performance against the 12 hour target declined at six Type 1 EDs (Table 7, Table 11C).

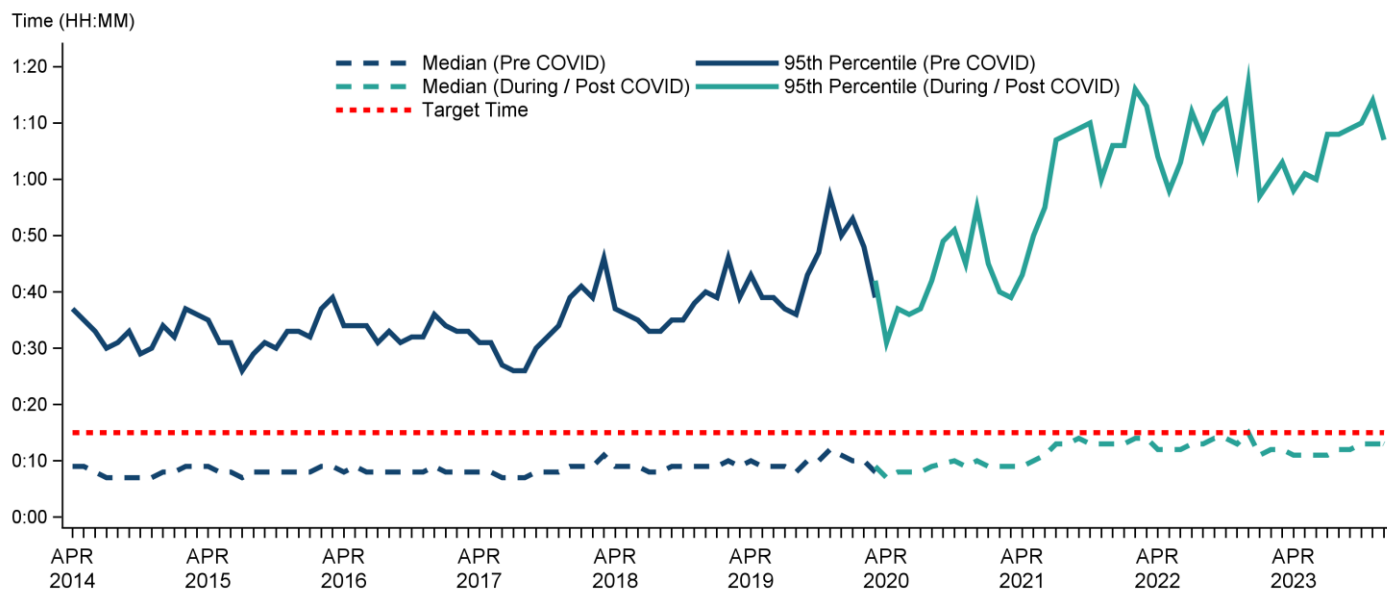
¹⁴ Readers should note that a number of patients attending the Ulster MIU spent longer than 12 hours in ED. As the Ulster MIU is only open to 6pm each day, any patients who remain in the MIU at 6pm and continue to require treatment, will be cared for / treated in the main Ulster ED. The total time spent in ED by these patients will be reported against the Ulster MIU.

¹⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

Time Spent in Emergency Department from Arrival to Triage

Figure 10: Time from Arrival to Triage

The length of time patients spent in ED from the time of their arrival to their triage by a medical practitioner, which includes a brief history, pain assessment and early warning scores, for all patients between April 2014 and December 2023¹⁶.



Source: Regional Data Warehouse

- During December 2023, the median time spent in ED from arrival to triage was 13 minutes, 2 minutes less than in December 2022 (15 minutes) (Figure 10, Table 11E).
- 95 percent of patients were triaged within 1 hour 7 minutes of their arrival at an ED in December 2023, 10 minutes less than in December 2022 (1 hour 17 minutes) (Figure 10, Table 11E).
- Almost three fifths (57.2%) of attendances were triaged within 15 minutes of their arrival at an ED during December 2023, compared with 50.7% in December 2022.
- During the quarter ending 31 December 2023, the median time from arrival to triage was similar in October, November and December 2023 (13 minutes), whilst the time taken to triage 95 percent of patients was longest in November 2023 (1 hour 14 minutes) and shortest in December 2023 (1 hour 7 minutes) (Figure 10, Table 11E).

¹⁶ Data on time to triage are not National Statistics, and are included to provide users with a comprehensive view of ED activity and time spent in ED.

Table 8: Performance against the Target to Commence Treatment within 2 Hours of Triage

The percentage of patients commencing treatment within 2 hours following triage at Type 1 EDs in October to December 2023, compared with December last year. Information has also been included on the overall performance at Type 2 and 3 EDs during this period¹⁷.

Department	Dec 2022	Oct 2023	Nov 2023	Dec 2023
Mater	65.6%	60.2%	60.6%	59.2%
Royal Victoria	44.4%	46.5%	47.4%	46.4%
RBHSC	54.2%	66.9%	61.1%	66.3%
Antrim Area	56.2%	39.9%	38.6%	47.5%
Causeway	62.7%	51.0%	49.0%	55.8%
Ulster	62.2%	52.0%	48.3%	-
Craigavon Area	47.4%	58.1%	62.2%	55.8%
Daisy Hill	68.3%	73.5%	73.1%	65.9%
Altnagelvin Area	46.2%	49.8%	46.4%	38.5%
South West Acute	77.5%	79.8%	70.5%	73.4%
Type 1	55.9%	55.8%	54.6%	54.4%
Type 2	-	-	-	-
Type 3	97.7%	97.0%	99.4%	97.3%
Northern Ireland	58.3%	59.0%	57.5%	57.1%

Source: Regional Data Warehouse

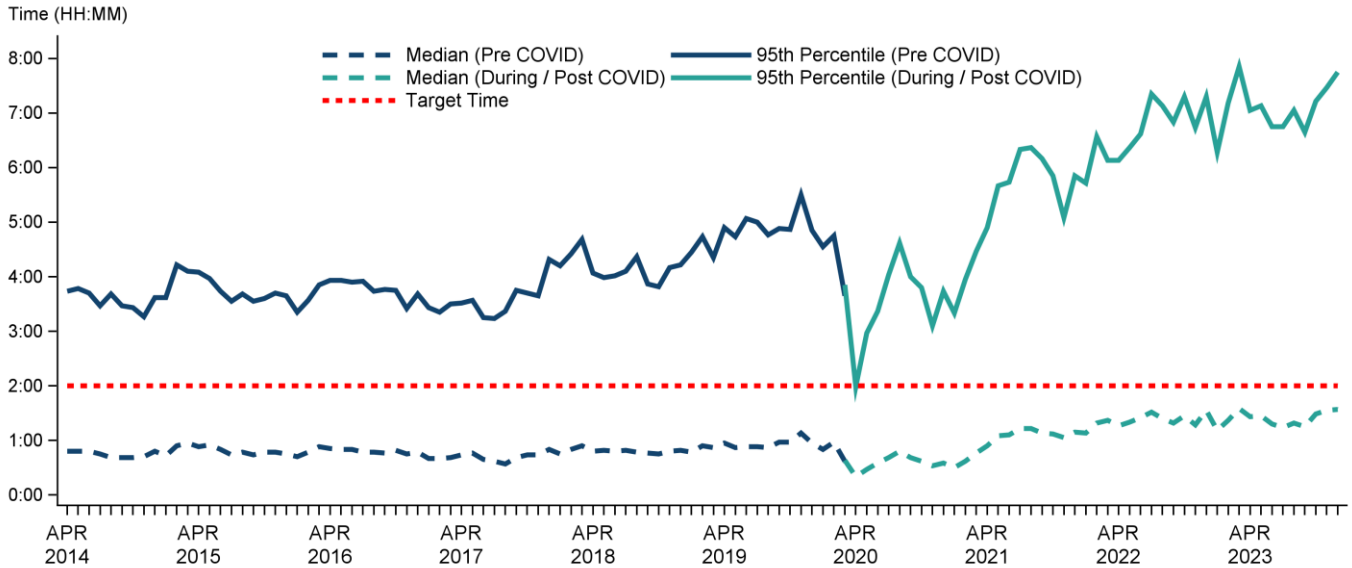
- Almost three fifths (57.1%) of patients attending EDs in December 2023 commenced their treatment within 2 hours of being triaged, less than in December 2022 (58.3%) (Table 8, Table 11K).
- During December 2023, over half (54.4%) of patients commenced their treatment within 2 hours of being triaged at Type 1 EDs, compared with 97.3% at Type 3 EDs (Table 8, Table 11K).
- No Type 1 ED achieved the 80% target in December 2023 (Table 8, Table 11K).
- During December 2023, South West Acute (73.4%) reported the highest percentage commencing treatment within 2 hours, whilst Altnagelvin Area (38.5%) reported the lowest (Table 8, Table 11K).
- Between October and December 2023, the highest percentage of patients commencing treatment within 2 hours was in October (59.0%) whilst the lowest was in December (57.1%), (Table 8, Table 11K).

¹⁷ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. Figures for SEHSCT prior to 9th November 2023 have been included at department level where possible but are for information purposes only.

Time from Triage to Start of Treatment

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

Time spent in ED from triage to start of treatment by a medical practitioner from April 2014 to date. The start of treatment refers to the beginning of a definitive treatment by a decision-making clinician¹⁸.



Source: Regional Data Warehouse

- The median time from triage to start of treatment in December 2023 was 1 hour 34 minutes, 1 minute more than December 2022 (1 hour 33 minutes) (Figure 11, Table 11F).
- During December 2023, 95 percent of patients commenced treatment within 7 hours 45 minutes of being triaged, 27 minutes more than December 2022 (7 hours 18 minutes) (Figure 11, Table 11F).
- During the last 3 months, the median time to start of treatment was longest in December 2023 (1 hour 34 minutes) and shortest in October 2023 (1 hour 29 minutes), whilst the time within which 95 percent of patients started treatment was longest in December 2023 (7 hours 45 minutes) and shortest in October 2023 (7 hours 13 minutes) (Table 11F).

¹⁸ Data on start of treatment are not National Statistics, and are included to provide users with a comprehensive view of ED activity and time spent in ED.

Time from Triage to Start of Treatment at Type 1 EDs

Table 9: Time from Triage to Start of Treatment

The median and 95th percentile of the length of time spent in ED from triage to start of treatment at Type 1 EDs and department type during December 2023, compared with the same month last year¹⁹.

Department	Median (HH:MM)		95th Percentile (HH:MM)	
	December 2022	December 2023	December 2022	December 2023
Mater	1:14	1:27	6:22	7:50
Royal Victoria	2:21	2:14	9:02	9:36
RBHSC	1:48	1:12	5:48	4:59
Antrim Area	1:43	2:06	6:12	8:15
Causeway	1:22	1:43	5:42	5:36
Ulster	1:26	-	6:08	-
Craigavon Area	2:11	1:37	11:20	9:36
Daisy Hill	1:13	1:16	5:55	6:06
Altnagelvin Area	2:13	2:43	7:19	8:47
South West Acute	0:45	0:54	4:33	5:33
Type 1	1:41	1:44	7:29	7:56
Type 2	-	-	-	-
Type 3	0:06	0:02	1:24	1:28
Northern Ireland	1:33	1:34	7:18	7:45

Source: Regional Data Warehouse

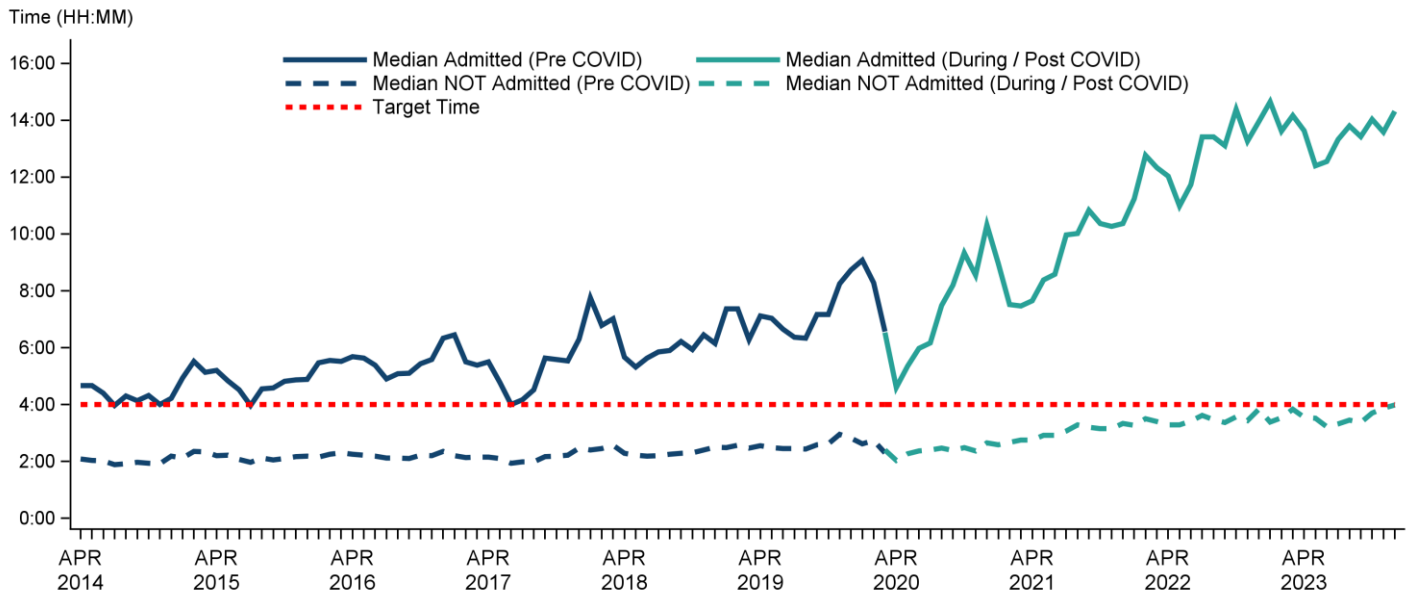
- The median time spent at Type 1 EDs from triage to start of treatment by a medical professional was 1 hour 44 minutes in December 2023, 3 minutes more than December 2022 (1 hour 41 minutes) (Table 9, Table 11F).
- Altnagelvin Area (2 hour 43 minutes) reported the longest median time spent in ED from triage to start of treatment during December 2023, whilst South West Acute (54 minutes) reported the shortest median time (Table 9, Table 11F).
- The Royal Victoria reported the longest time spent in ED between triage and start of treatment, with 95 percent of attendances commencing treatment within 9 hours 36 minutes of being triaged; 34 minutes more than December 2022 (9 hours 2 minutes) (Table 9, Table 11F).
- RBHSC reported the shortest time to start of treatment during December 2023, with 95 percent of attendances commencing treatment within 4 hours 59 minutes of being triaged, 49 minutes less than the time taken in December 2022 (5 hour 48 minutes) (Table 9, Table 11F).

¹⁹ Data on time to start of treatment are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

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

Figure 12: Median Time Spent in an ED for those (i) Admitted to Hospital and (ii) Discharged Home²⁰

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



Source: Regional Data Warehouse

- During December 2023, the median time patients admitted to hospital spent in ED was 14 hours 19 minutes, over three times longer than the median time for patients discharged home (3 hours 59 minutes) (Figure 12, Table 11G & 11H).
- During the quarter ending 31 December 2023, the median time patients admitted spent in ED was longest in December 2023 (14 hours 19 minutes) and shortest in November 2023 (13 hours 35 minutes) (Table 11G).
- During this period, the median time spent by patients discharged home was longest in December 2023 (3 hours 59 minutes) and shortest in October 2023 (3 hours 42 minutes) (Table 11H).

²⁰ Data are not National Statistics, and are included to provide users with a comprehensive view of ED activity and time spent in ED.

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

Table 10: Time Spent in ED for those Admitted to Hospital/Discharged Home²¹

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 December 2022 and December 2023.

Department	Admitted				Discharged			
	Median (HH:MM)		95th Percentile (HH:MM)		Median (HH:MM)		95th Percentile (HH:MM)	
	Dec 2022	Dec 2023	Dec 2022	Dec 2023	Dec 2022	Dec 2023	Dec 2022	Dec 2023
Mater	14:03	16:16	45:08	47:34	3:21	4:05	11:57	13:35
Royal Victoria	13:48	12:35	59:01	51:42	6:22	5:16	26:48	20:58
RBHSC	5:56	5:55	13:10	14:25	3:53	3:22	8:41	7:52
Antrim Area	11:10	12:44	70:55	72:12	3:54	4:39	17:20	18:14
Causeway	14:05	12:24	49:51	55:01	3:29	3:48	12:18	13:29
Ulster	14:54	-	50:20	-	3:54	-	10:53	-
Craigavon Area	18:54	20:29	53:54	68:26	4:36	4:20	16:21	14:18
Daisy Hill	15:42	18:04	50:38	48:25	3:36	3:51	10:32	10:35
Altnagelvin Area	19:58	21:52	45:53	70:47	5:23	5:55	17:25	20:54
South West Acute	12:23	12:39	46:57	47:42	3:49	3:58	16:16	18:30
Type 1	13:58	14:22	52:17	59:46	4:11	4:23	15:36	15:52
Type 2	5:06	2:54	7:34	9:07	2:18	2:40	5:30	6:00
Type 3	5:03	2:25	5:03	5:40	0:36	0:33	2:19	2:36
Northern Ireland	13:57	14:19	52:16	59:46	3:50	3:59	14:47	15:09

Source: Regional Data Warehouse

- The median time patients who were admitted to hospital spent in a Type 1 ED was 14 hours 22 minutes in December 2023, 24 minutes more than the same month last year (13 hours 58 minutes) (Table 10, Table 11G).
- The median time patients who were discharged home spent in a Type 1 ED was 4 hours 23 minutes in December 2023, 12 minutes more than the time taken during the same month last year (4 hours 11 minutes) (Table 10, Table 11H).
- 95 percent of patients were admitted to hospital within 59 hours 46 minutes at Type 1 EDs in December 2023, 7 hours 29 minutes more than in December 2022 (52 hours 17 minutes) (Table 10, Table 11G).
- In December 2023, 95 percent of attendances at Type 1 EDs were discharged home within 15 hours 52 minutes of their arrival, 16 minutes more than the time taken in December 2022 (15 hours 36 minutes) (Table 10, Table 11H).

²¹ Readers should note that Type 3 data on time spent in EDs for patients admitted is provided by Omagh and Ulster MIU only. No other Type 3 ED produces these statistics.

Technical Notes

Data Collection

Information presented in this brief is based on a monthly patient-level download from the Regional Data Warehouse on the 8th of each month for all EDs. Data providers are supplied with technical guidance documents outlining the methodologies used in the collection, reporting, and validation of the information collected in this publication. These documents are available at the link below:

[Emergency Care Activity Returns and Guidance](#)

Currently there are two patient-level administrative systems used by HSC Trusts in Northern Ireland to record emergency care information;

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

A National Statistics Publication

National Statistics are accredited official statistics²²:

[Accredited official statistics – Office for Statistics Regulation \(statisticsauthority.gov.uk\)](#)

Our statistical practice is regulated by the Office for Statistics Regulation (OSR). OSR sets 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 [Office for Statistics Regulation \(statisticsauthority.gov.uk\)](#).

These accredited official statistics were independently reviewed by the Office for Statistics Regulation in March 2013. They comply with the standards of trustworthiness, quality and value in the Code of Practice for Statistics and should be labelled ‘accredited official statistics’.

[Letter of Confirmation as National Statistics](#)

Accreditation was awarded in March 2013: [Assessment Report](#)

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

²² Accredited official statistics are called National Statistics in the Statistics and Registration Service Act 2007

Waiting Time Information elsewhere in the United Kingdom (UK)

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

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

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

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

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

Contextual Information

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

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

[Contextual Information for Using Hospital Statistics](#)

Security & Confidentiality Processes

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

[Official Statistics & User Engagement](#)

[DoH Statistics Charter](#)

Appendix 1: Hospital Information Branch (HIB)

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

The Head of Branch is Principal Statistician, Liz Graham. The Branch aims to present information in a meaningful way and provide advice on its use to customers in the HSC Committee, Professional Advisory Groups, policy branches within the DoH, other Health organisations, academia, private sector organisations, charity/voluntary organisations as well as the general public. The statistical information collected is used to contribute to major exercises such as reporting on the performance of the HSC system, other comparative performance exercises, target setting and monitoring, development of service frameworks as well as policy formulation and evaluation. In addition, the information is used in response to a significantly high volume of Parliamentary / Assembly questions and ad-hoc queries each year.

Information is disseminated through a number of key statistical publications, including: Inpatient Activity, Outpatient Activity, Emergency Care, Mental Health & Learning Disability and Waiting Time Statistics (Inpatient, Outpatient, Diagnostics, Cancer and Emergency Care).

A detailed list of these publications is available to view or download at the following link:

Website: [DoH Statistics and Research](#)

Appendix 2: Emergency departments and Opening Hours

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

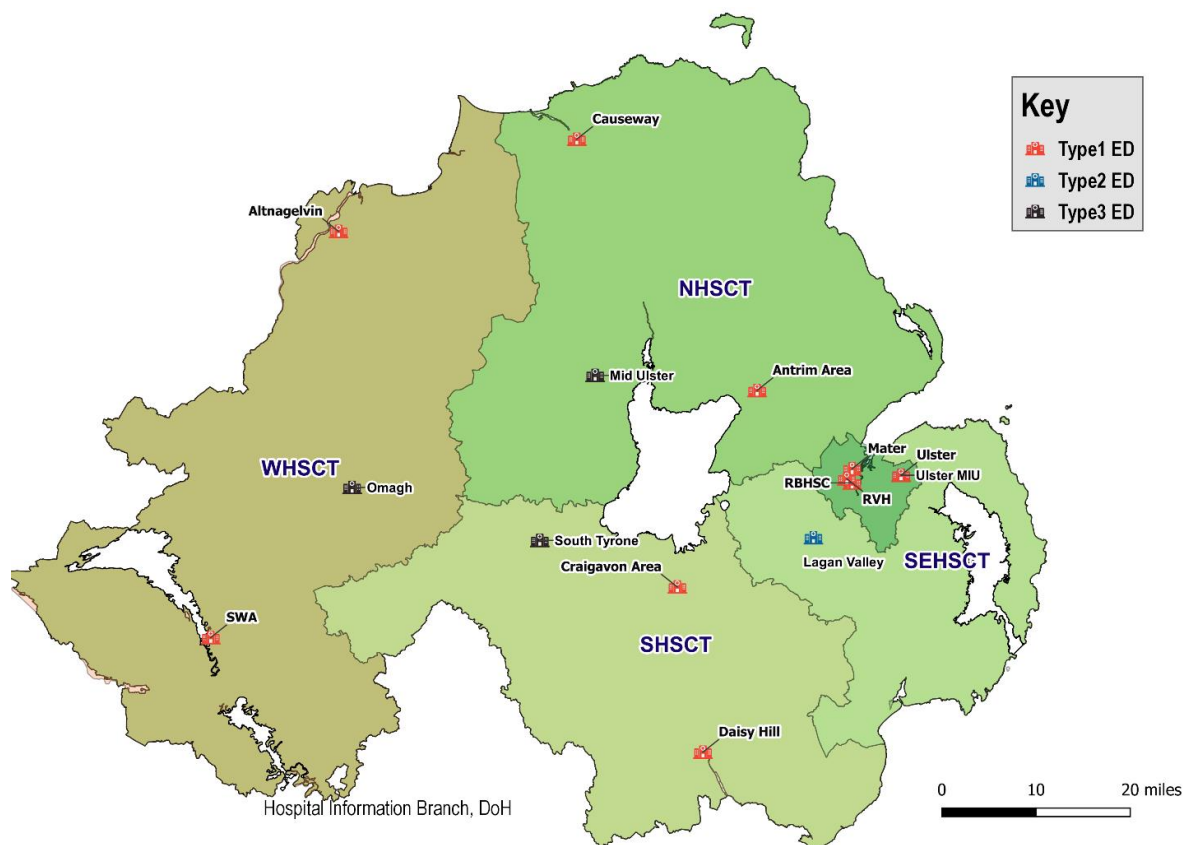
There are three separate categories of emergency care facility included in this publication:

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

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

Type 3 Other type of A&E/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. Excludes NHS walk-in centres.

Emergency Departments in Northern Ireland



Current Categorisation of Emergency departments ²³

HSC Trust	Type 1 (24-hour assess)	Type 2 (Limited opening hours)	Type 3 (Minor Injuries Unit, MIU)
	Belfast City (Closed)		
Belfast	Mater	RVH (Eye Casualty) ²⁴	
	Royal Victoria		
	Royal Belfast Hospital for Sick Children (RBHSC)		
Northern	Antrim Area		Whiteabbey ²⁵ (Closed)
	Causeway		Mid Ulster
South Eastern	Ulster	Lagan Valley	Ards MIU ²⁶ (Closed)
		Downe ²⁷ (Currently operating as an Urgent Care Centre)	Bangor MIU ²⁸ (Closed)
			Ulster MIU ²⁹
Southern	Craigavon Area		South Tyrone
	Daisy Hill ³⁰		Armagh Community ³¹ (Closed)
			Craigavon Respiratory ED (Covid-19) ³² (Closed)
			Craigavon Paediatric ED ³³ (Closed)
Western	Altnagelvin Area		Tyrone County (Closed)
	South West Acute		Omagh ³⁴

²³ Opening Hours are as of June 2017.

²⁴ RVH (RAES) refers to the Regional Acute Eye Services at the Royal Victoria Hospital.

²⁵ Temporarily closed on 1st December 2014.

²⁶ Closed on 1st September 2023.

²⁷ Temporarily closed 30th March 2020, reopened as a MIU 10th August 2020, reopened as an Urgent Care Centre 19th October 2020.

²⁸ Temporarily closed 12th March 2020.

²⁹ Opened 6th September 2023.

³⁰ Temporarily closed between 28th March 2020 and 19th October 2020.

³¹ Temporarily closed on 17th November 2014.

³² Temporarily opened on 29th March 2020 and closed on 19th October 2020.

³³ Temporarily opened on 31st March 2020 and closed on 12th June 2020.

³⁴ Tyrone County closed on 20th June 2017 and all emergency services were transferred to the new Omagh Hospital and Primary Care Complex on that date.

Appendix 3: General Guidance on using the Data

Guidance on using the Data

The data contained in this publication details a monthly analysis of time spent in emergency departments in Northern Ireland. It is recommended that readers refer to the '*Emergency Care Waiting Time Statistics - Additional Guidance*' booklet, which details technical guidance, definitions and background information on the data used, including the security and confidentiality processes. This booklet is updated for each release and can be found at the following link:

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

Description of Data

Data on the number of new and unplanned review attendances at EDs in Northern Ireland by the length of time spent in ED. New and unplanned review attendances at EDs are used to describe unplanned activity at EDs, with new attendances referring to the first attendance and unplanned reviews referring to any subsequent unplanned attendances for the same complaint.

Information on the length of time spent in ED is collected and refers to the time spent in ED from arriving at the ED until the time the patient is treated and discharged, or admitted to hospital.

- Number of new and unplanned review attendances at EDs – this is the number of new and unplanned review attendances at EDs during each calendar month. **It does not include planned review attendances.**
- The length of time patients spend in ED refers to the time between entering the ED and being logged in at reception, until leaving the ED (treated and discharged, or admitted to hospital). It should also be noted that the length of time for patients who **are to be** admitted to hospital continues until they have left the ED.
- An assessment of both the number of new and unplanned review attendances, and the length of time patients have spent in ED, when compared with equivalent data for previous months, allow users to gauge the demand for emergency care services.
- Emergency care waiting times by type of department is presented to allow users to compare similar types of EDs in Northern Ireland, i.e. Type 1, 2 or 3 departments.
- Users should take into consideration, changes in the provision of emergency care services at specific sites in Northern Ireland when making comparisons with previous months. Such changes in the provision of services can be found in the document '*Emergency Care Waiting Time Statistics - Additional Guidance*' document at the following link:

Website: [Emergency Care Waiting Time Statistics - Additional Guidance](#)

Appendix 4: Additional Tables

Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. Therefore, SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. Figures for SEHSCT prior to 9th November 2023 have been included at department level where possible but are for information purposes only.

Table 11A: PhoneFirst Calls, Urgent Care Centre Attendances and Referrals to Emergency Departments³⁵

HSC Trust	PhoneFirst				Urgent Care Centre				Total Attendances				Referral to ED			
	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023
Belfast	-	-	-	-	1,755	2,387	2,470	2,308	1,755	2,387	2,470	2,308	-	-	-	-
Northern	1,236	1,827	1,558	1,306	-	-	-	-	1,236	1,827	1,558	1,306	258	346	336	285
South Eastern	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Southern	4,185	5,906	5,475	4,909	252	645	751	724	4,437	6,551	6,226	5,633	1,028	1,239	1,140	857
Western	735	519	439	470	-	-	-	-	735	519	439	470	360	284	213	227
Northern Ireland	6,156	8,252	7,472	6,685	2,007	3,032	3,221	3,032	8,163	11,284	10,693	9,717	1,646	1,869	1,689	1,369

³⁵ Data on PhoneFirst calls and Urgent Care Centre attendances are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity.

Table 11B: New & Unplanned Review Attendances at Emergency Departments^{36 37}

Department	New Attendances				Unplanned Reviews				Total Attendances			
	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023
Mater	2,980	3,593	3,396	3,330	68	95	110	98	3,048	3,688	3,506	3,428
Royal Victoria	6,100	8,643	8,495	7,899	146	209	208	209	6,246	8,852	8,703	8,108
RBHSC	4,469	3,929	3,853	3,323	489	400	397	357	4,958	4,329	4,250	3,680
Antrim Area	7,705	8,304	7,626	7,331	416	550	542	402	8,121	8,854	8,168	7,733
Causeway	3,584	3,865	3,626	3,527	330	303	267	260	3,914	4,168	3,893	3,787
Ulster	8,459	7,558	1,950	-	346	289	81	-	8,805	7,847	2,031	-
Craigavon Area	6,562	6,292	6,223	6,061	502	509	530	492	7,064	6,801	6,753	6,553
Daisy Hill	4,677	4,213	4,098	4,127	192	303	280	250	4,869	4,516	4,378	4,377
Altnagelvin Area	5,129	5,354	5,157	4,981	343	349	319	285	5,472	5,703	5,476	5,266
South West Acute	3,002	3,110	2,884	2,961	272	261	282	246	3,274	3,371	3,166	3,207
Type 1	44,208	47,303	45,358	43,540	2,758	2,979	2,935	2,599	46,966	50,282	48,293	46,139
Eye Casualty	539	674	571	591	123	24	36	39	662	698	607	630
Lagan Valley	1,857	1,960	524	-	71	59	14	-	1,928	2,019	538	-
Type 2	539	674	571	591	123	24	36	39	662	698	607	630
Mid Ulster	453	527	486	391	7	0	0	0	460	527	486	391
Ards	822	-	-	-	5	-	-	-	827	-	-	-
South Tyrone	1,327	1,760	1,396	1,283	20	21	10	19	1,347	1,781	1,406	1,302
Omagh	1,249	1,587	1,374	1,284	106	143	120	128	1,355	1,730	1,494	1,412
Ulster MIU	-	2,690	644	-	-	158	40	-	-	2,848	684	-
Type 3	3,029	3,874	3,256	2,958	133	164	130	147	3,162	4,038	3,386	3,105
Northern Ireland	47,776	51,851	49,185	47,089	3,014	3,167	3,101	2,785	50,790	55,018	52,286	49,874

³⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

³⁷ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. Figures for SEHSCT prior to 9th November 2023 have been included at department level where possible but are for information purposes only.

Table 11C: Performance against Emergency Care Waiting Times Target^{38 39 40 41}

Department	4 - Hour Performance				12 - Hour Performance				Total Attendances			
	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023
Mater	49.8%	45.6%	44.5%	41.9%	427	538	582	557	3,048	3,688	3,506	3,428
Royal Victoria	24.6%	35.8%	35.1%	31.6%	1,858	1,977	2,132	1,949	6,246	8,852	8,703	8,108
RBHSC	49.0%	59.9%	52.2%	57.7%	76	45	81	43	4,958	4,329	4,250	3,680
Antrim Area	45.6%	37.3%	34.7%	35.2%	1,209	1,628	1,442	1,464	8,121	8,854	8,168	7,733
Causeway	51.3%	47.9%	46.5%	47.0%	575	579	580	558	3,914	4,168	3,893	3,787
Ulster	39.6%	24.2%	22.0%	-	1,570	1,886	578	-	8,805	7,847	2,031	-
Craigavon Area	34.9%	38.1%	41.1%	36.8%	1,814	1,641	1,478	1,570	7,064	6,801	6,753	6,553
Daisy Hill	48.7%	47.8%	47.8%	43.2%	592	635	443	655	4,869	4,516	4,378	4,377
Altnagelvin Area	28.1%	31.1%	29.9%	26.3%	1,174	1,126	1,185	1,274	5,472	5,703	5,476	5,266
South West Acute	46.6%	54.6%	47.4%	44.2%	518	376	443	543	3,274	3,371	3,166	3,207
Type 1	40.7%	42.0%	40.3%	38.4%	8,243	8,545	8,366	8,613	46,966	50,282	48,293	46,139
Eye Casualty	83.8%	81.2%	78.7%	78.4%	0	0	0	0	662	698	607	630
Lagan Valley	77.1%	77.5%	73.4%	-	2	0	0	-	1,928	2,019	538	-
Type 2	83.8%	81.2%	78.7%	78.4%	0	0	0	0	662	698	607	630
Mid Ulster	99.8%	100.0%	100.0%	100.0%	0	0	0	0	460	527	486	391
Ards	100.0%	-	-	-	0	-	-	-	827	-	-	-
South Tyrone	100.0%	99.9%	100.0%	99.8%	0	0	0	0	1,347	1,781	1,406	1,302
Omagh	98.5%	98.0%	99.1%	98.0%	0	0	0	0	1,355	1,730	1,494	1,412
Ulster MIU	-	96.1%	91.7%	-	-	7	5	-	-	2,848	684	-
Type 3	99.3%	99.1%	99.6%	99.0%	0	0	0	0	3,162	4,038	3,386	3,105
Northern Ireland	44.9%	46.7%	44.6%	42.7%	8,243	8,545	8,366	8,613	50,790	55,018	52,286	49,874

³⁸ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

³⁹ Readers should note a number of patients attending the Ulster MIU spent longer than 12 hours in ED. As the Ulster MIU is only open to 6pm each day, any patients who remain in the MIU at 6pm and continue to require treatment, will be cared for / treated in the main Ulster ED. The total time spent in ED by these patients will be reported against the Ulster MIU.

⁴⁰ Information on comparability with other UK jurisdictions is detailed on pages 6 – 8 of the additional guidance document found at the following link: [Emergency Care Waiting Times - Additional Guidance](#)

⁴¹ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. Figures for SEHSCT prior to 9th November 2023 have been included at department level where possible but are for information purposes only.

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^{42 43 44}

Department	GP - Referrals				Left Before Treatment				Unplanned Reviews Within 7 Days			
	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023
Mater	10.1%	10.7%	10.1%	10.4%	7.6%	11.4%	14.5%	13.1%	1.6%	2.0%	2.5%	2.2%
Royal Victoria	13.8%	15.6%	16.6%	15.6%	10.1%	10.6%	12.3%	10.9%	1.5%	1.7%	1.8%	1.8%
RBHSC	14.7%	16.0%	18.2%	18.6%	14.0%	8.6%	11.3%	6.4%	6.6%	6.4%	7.1%	6.5%
Antrim Area	32.2%	28.6%	32.1%	30.1%	4.5%	9.2%	8.3%	7.1%	3.3%	4.0%	4.2%	3.0%
Causeway	20.9%	21.0%	23.1%	25.3%	7.2%	7.1%	7.0%	6.2%	5.7%	4.8%	4.4%	4.1%
Ulster	21.3%	25.5%	27.9%	-	6.4%	8.8%	11.4%	-	2.9%	2.2%	3.4%	-
Craigavon Area	25.4%	25.6%	28.1%	25.3%	10.7%	9.0%	7.6%	8.5%	4.9%	4.9%	5.2%	4.8%
Daisy Hill	22.9%	21.6%	23.0%	22.4%	7.6%	6.8%	5.6%	8.3%	3.2%	4.6%	4.8%	4.1%
Altnagelvin Area	12.6%	14.7%	14.9%	14.1%	10.6%	9.2%	10.9%	11.4%	4.5%	5.7%	5.1%	4.8%
South West Acute	20.3%	21.1%	22.3%	20.6%	4.9%	2.8%	4.2%	4.5%	6.8%	5.7%	6.8%	5.9%
Type 1	20.4%	20.2%	21.8%	20.9%	8.7%	8.7%	9.3%	8.7%	4.1%	4.2%	4.4%	3.9%
Eye Casualty	1.4%	2.0%	1.8%	3.6%	0.6%	0.3%	0.3%	1.0%	0.3%	0.4%	0.7%	0.3%
Lagan Valley	4.8%	4.6%	6.1%	-	0.9%	1.5%	0.9%	-	1.6%	1.6%	1.7%	-
Type 2	1.4%	2.0%	1.8%	3.6%	0.6%	0.3%	0.3%	1.0%	0.3%	0.4%	0.7%	0.3%
Mid Ulster	0.9%	0.0%	0.0%	0.3%	0.0%	0.0%	0.2%	0.0%	0.2%	0.0%	0.0%	0.0%
Ards	0.0%	-	-	-	0.0%	-	-	-	0.1%	-	-	-
South Tyrone	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%	0.0%	1.0%	0.4%	0.4%	1.0%
Omagh	3.0%	4.2%	3.0%	3.7%	1.3%	1.3%	0.9%	0.6%	4.4%	4.8%	4.6%	5.7%
Ulster MIU	-	2.2%	3.1%	-	-	0.8%	1.8%	-	-	2.0%	1.6%	-
Type 3	1.4%	1.8%	1.4%	1.7%	0.6%	0.5%	0.4%	0.3%	2.4%	2.2%	2.2%	3.0%
Northern Ireland	19.0%	18.6%	20.2%	19.5%	8.1%	8.0%	8.6%	8.1%	4.0%	4.0%	4.2%	3.8%

⁴² Data on GP referrals to ED, Left before treatment complete and unplanned re-attendances are not National Statistics, but help provide users with a comprehensive view of emergency care.

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

⁴⁴ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. Figures for SEHSCT prior to 9th November 2023 have been included at department level where possible but are for information purposes only.

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^{45 46 47}

Department	GP - Referrals				Left Before Treatment				Unplanned Reviews Within 7 Days			
	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023
Mater	310	396	354	356	232	420	510	449	50	74	89	77
Royal Victoria	858	1,389	1,451	1,263	633	942	1,071	880	96	154	153	142
RBHSC	729	696	776	682	696	371	479	234	325	279	301	237
Antrim Area	2,619	2,534	2,625	2,332	367	815	677	548	267	351	345	231
Causeway	825	876	895	965	281	294	271	236	226	199	169	157
Ulster	1,881	2,011	539	-	564	690	232	-	259	176	65	-
Craigavon Area	1,792	1,746	1,895	1,650	759	613	510	555	343	336	348	312
Daisy Hill	1,117	976	1,003	980	372	309	246	362	156	210	210	179
Altnagelvin Area	695	841	811	748	578	525	598	599	248	326	277	257
South West Acute	663	710	707	663	159	93	134	145	221	192	217	188
Type 1	9,608	10,164	10,517	9,639	4,077	4,382	4,496	4,008	1,932	2,121	2,109	1,780
Eye Casualty	9	14	11	23	4	2	2	6	2	3	4	2
Lagan Valley	93	93	33	-	18	30	5	-	31	32	9	-
Type 2	9	14	11	23	4	2	2	6	2	3	4	2
Mid Ulster	4	0	0	1	0	0	1	0	1	0	0	0
Ards	-	-	-	-	-	-	-	-	1	-	-	-
South Tyrone	0	0	1	0	1	0	0	0	14	7	6	13
Omagh	41	73	45	52	18	22	14	9	60	83	69	80
Ulster MIU	-	62	21	-	-	22	12	-	-	58	11	-
Type 3	45	73	46	53	19	22	15	9	75	90	75	93
Northern Ireland	9,662	10,251	10,574	9,715	4,100	4,406	4,513	4,023	2,009	2,214	2,188	1,875

⁴⁵ Data on GP referrals to ED, Left before treatment complete and unplanned re-attendances are not National Statistics, but help provide users with a comprehensive view of emergency care.

⁴⁶ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁴⁷ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. Figures for SEHSCT prior to 9th November 2023 have been included at department level where possible but are for information purposes only.

Table 11E: Time from Arrival to Triage (Assessment)^{48 49 50}

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023
Mater	0:13	0:17	0:18	0:18	1:01	1:00	1:11	1:09
Royal Victoria	0:14	0:18	0:20	0:19	1:12	1:25	1:30	1:24
RBHSC	0:19	0:12	0:14	0:12	1:25	0:59	1:00	0:49
Antrim Area	0:16	0:11	0:11	0:12	0:47	0:34	0:36	0:34
Causeway	0:17	0:12	0:12	0:12	0:59	0:44	0:37	0:36
Ulster	0:20	0:25	0:30	-	2:35	3:13	3:32	-
Craigavon Area	0:17	0:13	0:12	0:10	2:27	3:06	2:03	1:39
Daisy Hill	0:11	0:09	0:08	0:09	0:55	0:38	0:33	0:43
Altnagelvin Area	0:24	0:26	0:25	0:25	1:28	1:36	1:43	1:39
South West Acute	0:21	0:12	0:14	0:15	1:23	0:44	0:47	0:54
Type 1	0:16	0:14	0:14	0:14	1:19	1:13	1:17	1:09
Eye Casualty	0:12	0:06	0:06	0:06	0:51	0:38	0:34	0:36
Lagan Valley	0:06	0:06	0:07	-	0:17	0:18	0:22	-
Type 2	0:12	0:06	0:06	0:06	0:51	0:38	0:34	0:36
Mid Ulster	0:06	0:04	0:05	0:04	0:31	0:34	0:18	0:12
Ards	0:02	-	-	-	0:13	-	-	-
South Tyrone	0:01	0:01	0:01	0:01	0:08	0:07	0:06	0:06
Omagh	0:08	0:07	0:06	0:07	0:30	0:29	0:24	0:40
Ulster MIU	-	0:09	0:09	-	-	0:33	0:53	-
Type 3	0:03	0:03	0:03	0:03	0:25	0:22	0:19	0:30
Northern Ireland	0:15	0:13	0:13	0:13	1:17	1:10	1:14	1:07

⁴⁸ Data on time to triage are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

⁴⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵⁰ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. Figures for SEHSCT prior to 9th November 2023 have been included at department level where possible but are for information purposes only.

Table 11F: Time from Triage (Assessment) to Start of Treatment^{51 52 53}

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023
Mater	1:14	1:32	1:26	1:27	6:22	6:44	8:33	7:50
Royal Victoria	2:21	2:12	2:09	2:14	9:02	9:20	10:00	9:36
RBHSC	1:48	1:16	1:27	1:12	5:48	4:57	5:44	4:59
Antrim Area	1:43	2:35	2:39	2:06	6:12	8:38	8:37	8:15
Causeway	1:22	1:56	2:03	1:43	5:42	5:39	6:10	5:36
Ulster	1:26	1:53	2:08	-	6:08	8:05	9:59	-
Craigavon Area	2:11	1:29	1:20	1:37	11:20	9:16	8:30	9:36
Daisy Hill	1:13	0:59	0:58	1:16	5:55	5:21	4:51	6:06
Altnagelvin Area	2:13	2:00	2:14	2:43	7:19	6:54	7:33	8:47
South West Acute	0:45	0:39	0:58	0:54	4:33	3:47	5:30	5:33
Type 1	1:41	1:40	1:44	1:44	7:29	7:25	7:42	7:56
Lagan Valley	0:29	0:31	0:34	-	1:58	1:51	1:56	-
Type 2	-	-	-	-	-	-	-	-
Mid Ulster	0:03	0:02	0:01	0:00	0:36	0:13	0:09	0:11
Ards	0:07	-	-	-	0:29	-	-	-
South Tyrone	0:01	0:00	0:00	0:00	0:18	0:12	0:11	0:08
Omagh	0:15	0:16	0:10	0:12	1:56	2:13	1:27	2:01
Ulster MIU	-	0:27	0:25	-	-	2:07	3:05	-
Type 3	0:06	0:04	0:03	0:02	1:24	1:31	0:59	1:28
Northern Ireland	1:33	1:29	1:33	1:34	7:18	7:13	7:28	7:45

⁵¹ Data on time to start of treatment are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

⁵² Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵³ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. Figures for SEHSCT prior to 9th November 2023 have been included at department level where possible but are for information purposes only.

Table 11G: Time Spent in an Emergency department by those Admitted to Hospital^{54 55 56 57}

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023
Mater	14:03	14:49	17:40	16:16	45:08	38:30	47:50	47:34
Royal Victoria	13:48	13:11	12:47	12:35	59:01	54:15	55:50	51:42
RBHSC	5:56	5:38	6:23	5:55	13:10	13:27	15:04	14:25
Antrim Area	11:10	13:08	12:21	12:44	70:55	61:35	60:07	72:12
Causeway	14:05	14:19	15:06	12:24	49:51	66:43	63:25	55:01
Ulster	14:54	16:27	19:03	-	50:20	49:06	50:24	-
Craigavon Area	18:54	20:17	18:57	20:29	53:54	72:07	68:32	68:26
Daisy Hill	15:42	19:07	12:08	18:04	50:38	49:26	30:07	48:25
Altnagelvin Area	19:58	17:04	18:56	21:52	45:53	68:17	61:32	70:47
South West Acute	12:23	9:13	10:15	12:39	46:57	30:06	47:25	47:42
Type 1	13:58	14:04	13:36	14:22	52:17	60:31	56:13	59:46
Eye Casualty	5:06	3:57	3:17	2:54	7:34	9:21	6:13	9:07
Lagan Valley	5:28	5:34	6:18	-	10:15	9:34	10:41	-
Type 2	5:06	3:57	3:17	2:54	7:34	9:21	6:13	9:07
Mid Ulster	-	-	-	-	-	-	-	-
Ards	-	-	-	-	-	-	-	-
South Tyrone	-	-	-	-	-	-	-	-
Omagh	5:03	3:37	1:23	2:25	5:03	8:01	3:47	5:40
Ulster MIU	-	-	-	-	-	-	-	-
Type 3	5:03	3:37	1:23	2:25	5:03	8:01	3:47	5:40
Northern Ireland	13:57	14:02	13:35	14:19	52:16	60:27	56:13	59:46

⁵⁴ Data on time spent in ED for those admitted and those discharged home are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

⁵⁵ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁵⁶ Readers should note that Type 3 data on time spent in EDs for patients admitted is provided by Omagh only. No other Type 3 ED produces these statistics.

⁵⁷ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. Figures for SEHSCT prior to 9th November 2023 have been included at department level where possible but are for information purposes only.

Table 11H: Time Spent in an Emergency department by those Discharged Home^{58 59 60}

Department	Median (HH:MM)				95th Percentile (HH:MM)			
	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023
Mater	3:21	3:46	3:51	4:05	11:57	12:00	13:59	13:35
Royal Victoria	6:22	4:47	4:59	5:16	26:48	20:39	21:23	20:58
RBHSC	3:53	3:15	3:39	3:22	8:41	7:26	8:31	7:52
Antrim Area	3:54	4:36	4:45	4:39	17:20	17:47	16:28	18:14
Causeway	3:29	3:51	3:56	3:48	12:18	13:25	13:45	13:29
Ulster	3:54	5:14	5:46	-	10:53	13:47	15:50	-
Craigavon Area	4:36	4:13	3:53	4:20	16:21	15:15	14:06	14:18
Daisy Hill	3:36	3:36	3:33	3:51	10:32	10:44	9:30	10:35
Altnagelvin Area	5:23	5:05	5:14	5:55	17:25	20:27	20:07	20:54
South West Acute	3:49	3:17	3:51	3:58	16:16	10:29	14:43	18:30
Type 1	4:11	4:06	4:15	4:23	15:36	15:17	15:22	15:52
Eye Casualty	2:18	2:32	2:32	2:40	5:30	6:03	6:18	6:00
Lagan Valley	1:49	1:51	1:47	-	5:39	5:46	6:31	-
Type 2	2:18	2:32	2:32	2:40	5:30	6:03	6:18	6:00
Mid Ulster	0:40	0:34	0:31	0:30	2:02	1:32	1:16	1:36
Ards	0:43	-	-	-	1:25	-	-	-
South Tyrone	0:29	0:30	0:28	0:27	1:12	1:11	1:09	1:03
Omagh	0:51	0:57	0:46	0:52	2:53	3:17	2:33	3:15
Ulster MIU	-	1:24	1:23	-	-	3:37	4:44	-
Type 3	0:36	0:36	0:35	0:33	2:19	2:23	2:01	2:36
Northern Ireland	3:50	3:42	3:52	3:59	14:47	14:21	14:37	15:09

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

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

⁶⁰ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. Figures for SEHSCT prior to 9th November 2023 have been included at department level where possible but are for information purposes only.

Table 11I: Average Number of Attendances by Day of Week^{61 62}

Day of Week	Dec 2022	Oct 2023	Nov 2023	Dec 2023
Monday	1,894.0	2,050.4	2,066.0	1,727.0
Tuesday	1,795.3	1,845.2	1,859.0	1,709.8
Wednesday	1,718.0	1,849.0	1,777.0	1,728.3
Thursday	1,607.2	1,779.5	1,713.8	1,658.5
Friday	1,612.0	1,782.5	1,760.5	1,633.8
Saturday	1,407.4	1,481.0	1,466.8	1,440.2
Sunday	1,523.3	1,618.4	1,559.3	1,450.4

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

⁶² Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. Figures for SEHSCT prior to 9th November 2023 have been included at department level where possible but are for information purposes only.

Table 11J: Attendances at Emergency departments, by Time Spent in ED from Arrival to Discharge ^{63 64 65}

Department	Under 4 Hours				Between 4 and 12 Hours				Over 12 Hours			
	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023
Mater	1,519	1,681	1,560	1,436	1,102	1,469	1,364	1,435	427	538	582	557
Royal Victoria	1,535	3,173	3,051	2,562	2,853	3,702	3,520	3,597	1,858	1,977	2,132	1,949
RBHSC	2,430	2,593	2,217	2,125	2,452	1,691	1,952	1,512	76	45	81	43
Antrim Area	3,704	3,302	2,836	2,723	3,208	3,924	3,890	3,546	1,209	1,628	1,442	1,464
Causeway	2,006	1,997	1,811	1,781	1,333	1,592	1,502	1,448	575	579	580	558
Ulster	3,485	1,902	447	-	3,750	4,059	1,006	-	1,570	1,886	578	-
Craigavon Area	2,463	2,593	2,776	2,409	2,787	2,567	2,499	2,574	1,814	1,641	1,478	1,570
Daisy Hill	2,373	2,159	2,094	1,890	1,904	1,722	1,841	1,832	592	635	443	655
Altnagelvin Area	1,538	1,774	1,635	1,385	2,760	2,803	2,656	2,607	1,174	1,126	1,185	1,274
South West Acute	1,526	1,840	1,501	1,417	1,230	1,155	1,222	1,247	518	376	443	543
Type 1	19,094	21,112	19,481	17,728	19,629	20,625	20,446	19,798	8,243	8,545	8,366	8,613
Eye Casualty	555	567	478	494	107	131	129	136	0	0	0	0
Lagan Valley	1,486	1,565	395	-	440	454	143	-	2	0	0	-
Type 2	555	567	478	494	107	131	129	136	0	0	0	0
Mid Ulster	459	527	486	391	1	0	0	0	0	0	0	0
Ards	827	-	-	-	-	-	-	-	-	-	-	-
South Tyrone	1,347	1,780	1,406	1,300	0	1	0	2	0	0	0	0
Omagh	1,334	1,696	1,481	1,384	21	34	13	28	0	0	0	0
Ulster MIU	-	2,737	627	-	-	104	52	-	-	7	5	-
Type 3	3,140	4,003	3,373	3,075	22	35	13	30	0	0	0	0
Northern Ireland	22,789	25,682	23,332	21,297	19,758	20,791	20,588	19,964	8,243	8,545	8,366	8,613

⁶³ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁶⁴ Readers should note a number of patients attending the Ulster MIU spent longer than 12 hours in ED. As the Ulster MIU is only open to 6pm each day, any patients who remain in the MIU at 6pm and continue to require treatment, will be cared for / treated in the main Ulster ED. The total time spent in ED by these patients will be reported against the Ulster MIU.

⁶⁵ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. Figures for SEHSCT prior to 9th November 2023 have been included at department level where possible but are for information purposes only.

Table 11K: Number and Percentage of Patients Commencing Treatment within 2 Hours of being Triaged^{66 67 68}

Department	% Commencing Treatment within 2 Hours of Triage				Number Commencing Treatment within 2 Hours of Triage			
	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023
Mater	65.6%	60.2%	60.6%	59.2%	1,460	1,578	1,462	1,465
Royal Victoria	44.4%	46.5%	47.4%	46.4%	2,062	2,821	2,797	2,688
RBHSC	54.2%	66.9%	61.1%	66.3%	2,217	2,545	2,219	2,210
Antrim Area	56.2%	39.9%	38.6%	47.5%	3,741	2,686	2,487	3,005
Causeway	62.7%	51.0%	49.0%	55.8%	2,074	1,759	1,583	1,764
Ulster	62.2%	52.0%	48.3%	-	5,118	3,785	881	-
Craigavon Area	47.4%	58.1%	62.2%	55.8%	2,986	3,327	3,586	3,083
Daisy Hill	68.3%	73.5%	73.1%	65.9%	2,964	3,083	3,001	2,657
Altnagelvin Area	46.2%	49.8%	46.4%	38.5%	2,204	2,445	2,171	1,725
South West Acute	77.5%	79.8%	70.5%	73.4%	2,124	2,312	1,904	1,968
Type 1	55.9%	55.8%	54.6%	54.4%	21,832	22,556	21,210	20,565
Lagan Valley	95.2%	96.3%	95.3%	-	1,771	1,861	492	-
Type 2	-	-	-	-	-	-	-	-
Mid Ulster	100.0%	100.0%	100.0%	100.0%	64	30	24	30
Ards	100.0%	-	-	-	790	-	-	-
South Tyrone	100.0%	100.0%	100.0%	100.0%	1,193	1,714	1,303	1,248
Omagh	95.3%	93.8%	98.8%	94.7%	1,126	1,524	1,377	1,236
Ulster MIU	-	93.6%	89.6%	-	-	2,615	594	-
Type 3	97.7%	97.0%	99.4%	97.3%	2,383	3,268	2,704	2,514
Northern Ireland	58.3%	59.0%	57.5%	57.1%	24,215	25,824	23,914	23,079

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

⁶⁷ Information on time to treatment is not recorded at Eye Casualty.

⁶⁸ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. Figures for SEHSCT prior to 9th November 2023 have been included at department level where possible but are for information purposes only.

Table 11L: Percentage Triageed in each Triage Group^{69 70 71}

Department	Triage Level (1/2)				Triage Level (3)				Triage Level (4/5)			
	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023	Dec 2022	Oct 2023	Nov 2023	Dec 2023
Mater	20.8%	19.3%	19.9%	19.9%	48.0%	48.8%	48.8%	49.2%	31.2%	31.9%	31.3%	30.9%
Royal Victoria	35.2%	25.9%	26.0%	27.6%	48.5%	46.2%	47.5%	46.6%	16.3%	27.9%	26.5%	25.8%
RBHSC	19.1%	19.8%	21.8%	20.9%	31.4%	26.8%	29.9%	28.5%	49.4%	53.4%	48.3%	50.6%
Antrim Area	17.7%	17.9%	19.4%	19.8%	57.5%	52.4%	53.1%	55.5%	24.7%	29.7%	27.5%	24.7%
Causeway	24.2%	20.4%	20.0%	19.5%	53.2%	49.3%	51.3%	50.8%	22.6%	30.4%	28.7%	29.7%
Ulster	30.4%	31.3%	31.3%	-	42.6%	44.9%	44.8%	-	27.1%	23.8%	23.9%	-
Craigavon Area	39.4%	36.8%	35.9%	38.9%	39.7%	35.7%	37.3%	37.9%	20.9%	27.5%	26.7%	23.1%
Daisy Hill	34.5%	35.4%	37.1%	38.1%	47.2%	42.8%	41.6%	42.8%	18.3%	21.8%	21.3%	19.1%
Altnagelvin Area	40.3%	35.2%	36.9%	38.5%	36.0%	34.8%	36.4%	37.7%	23.7%	30.0%	26.8%	23.9%
South West Acute	23.1%	20.1%	21.0%	22.8%	49.5%	45.3%	47.2%	46.9%	27.4%	34.6%	31.8%	30.3%
Type 1	29.2%	26.3%	27.1%	28.3%	45.5%	42.7%	43.8%	44.3%	25.3%	31.0%	29.1%	27.4%
Eye Casualty	2.7%	2.7%	2.1%	2.1%	19.2%	14.3%	12.5%	10.6%	78.1%	83.0%	85.3%	87.3%
Lagan Valley	8.0%	5.1%	7.1%	-	25.3%	27.0%	26.1%	-	66.7%	68.0%	66.9%	-
Type 2	2.7%	2.7%	2.1%	2.1%	19.2%	14.3%	12.5%	10.6%	78.1%	83.0%	85.3%	87.3%
Mid Ulster	0.0%	1.9%	6.5%	4.3%	31.6%	13.0%	15.2%	17.0%	68.4%	85.2%	78.3%	78.7%
Ards	0.0%	-	-	-	0.1%	-	-	-	99.9%	-	-	-
South Tyrone	0.4%	0.4%	0.6%	0.5%	1.3%	0.7%	0.9%	0.5%	98.3%	98.8%	98.5%	98.9%
Omagh	1.5%	0.7%	0.5%	0.5%	4.4%	4.6%	2.8%	4.9%	94.1%	94.7%	96.7%	94.6%
Ulster MIU	-	1.5%	0.4%	-	-	15.3%	16.4%	-	-	83.2%	83.2%	-
Type 3	0.9%	0.6%	0.7%	0.6%	3.8%	2.8%	2.0%	3.1%	95.2%	96.6%	97.3%	96.4%
Northern Ireland	27.3%	24.2%	25.3%	26.3%	42.8%	39.6%	41.0%	41.5%	30.0%	36.2%	33.8%	32.1%

⁶⁹ Readers should note that those on an ambulatory care pathway delivered outside the ED are not included in these statistics.

⁷⁰ Data on the triage level of those attending ED are not National Statistics, but have been published to provide users with a comprehensive view of emergency care activity and time spent in ED.

⁷¹ Urgent and emergency care data for clinical care episodes completed on or after 9th November 2023 in SEHSCT was not available at the time of this publication due to the Trust's transition to completely digitised health records. SEHSCT data has been excluded from all analysis to allow for comparisons to be made with the four remaining HSC Trusts at previous time points. Figures for SEHSCT prior to 9th November 2023 have been included at department level where possible but are for information purposes only.

Appendix 5: Further Information

Further information on Emergency Care Waiting Time Statistics, is available from:

Hospital Information Branch

Information & Analysis Directorate

Department of Health

Stormont Estate

Belfast, BT4 3SQ

☎ Tel: 028 90 522504

✉ Email: Statistics@health-ni.gov.uk

This Statistical bulletin and others published by Information and Analysis Directorate (IAD) are available to view or download from the DoH Internet site at:

[DoH Statistics and Research](#)