

The State of Emergency Medicine in Northern Ireland

Introduction

Overcrowding and long waits remain significant issues in Northern Ireland.

In 2025, only a third of patients (33.44%) were discharged, admitted or transferred out of the hospital within 4 hours. This is well below the 95% 4-hour ministerial target, and the worst 4-hour performance for any year since records began in 2011.

One in five patients (132,806 patients) also waited 12 hours or longer until they were discharged, admitted or transferred out of the hospital. This is the highest number of 12 hour waits in a single year and is the equivalent of more than double the population of Bangor.

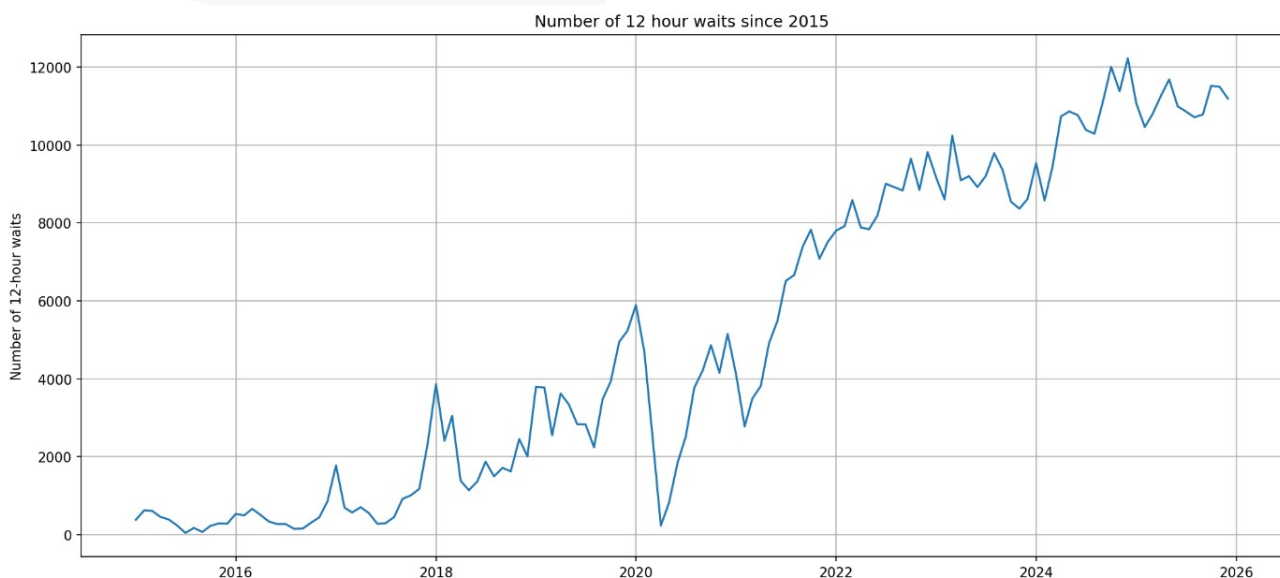


Figure 1: 12-hour waits in Northern Ireland Emergency Departments, 2015 - 2025

Long waits

A sizeable number of patients also wait far longer than 12 hours. In 2025, 1 in 12 (8.3%) patients waited 24 hours or longer, indicating the profound level of strain Emergency Departments (EDs) are under.

[A Royal College of Emergency Medicine \(RCEM\) survey conducted in December 2025](#) found that one ED recorded a wait time of over 124 hours – more than three days.

Attendances

It is important to note that the decline in performance seen across 2025 cannot be attributed to an increase in demand.

For the last decade, attendances across Emergency Departments in Northern Ireland have remained fairly consistent. In fact, attendances in 2016 were only 0.5% higher than in 2025 (632,629 total attendances in 2016 and 629,657 in 2025). However, the number of patients who waited 12 hours or longer in 2025 was 26 times the number in 2016 (4,955 in 2016, 132,606 in 2025).

Overcrowding

As well as having to endure long waits, many patients are being treated in inappropriate places. [A recent RCEM Trainee Emergency Research Network \(TERN\) study](#) found that one-in-three of patients were being treated in temporary escalation areas such as corridors.

[The RCEM survey in Northern Ireland](#), published in December 2025, found that almost half of patients in EDs on the morning of the survey (49%), were being treated in non-designated areas. It also found that within EDs, cubicle occupancy was at 137%, meaning for every 100 patients, 37 patients were left without a suitable clinical space.

Overcrowding like this is caused by a lack of available inpatient beds within hospitals. In turn, this is often caused by delays in discharging patients from these inpatient wards when they no longer need to be there. As a result, patients who need to be admitted to hospital face long waits in ED for beds to become available.

As departments become more and more overcrowded, this can have a knock-on impact on waits at the front door of emergency departments where ambulance handover times can be impacted by a lack of space within departments to safely cohort patients. The timely offload of ambulances is extremely important to release crews to attend other emergencies.

[Recent data collection in England by RCEM](#) shows that the vast majority of clinical leads reported that an increase in overcrowding as a result of the rapid handover protocol introduced in recent months (W45). Two-thirds of clinical leads in that survey said that ambulance handover times had improved whilst

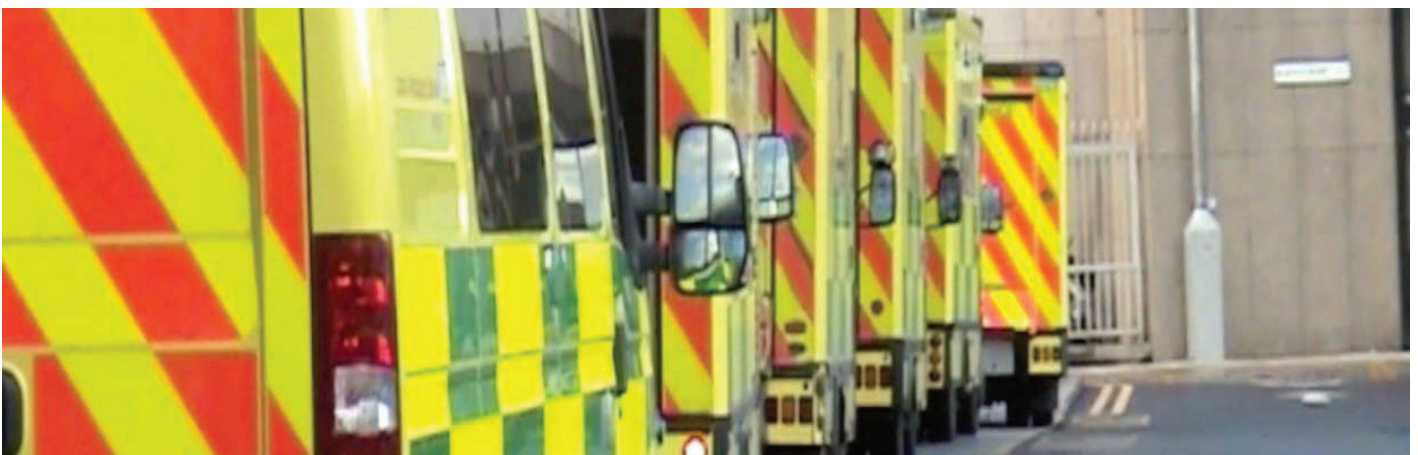


making crowding worse and increasing the use of temporary escalation spaces. Northern Ireland must be extremely careful not to replicate the errors made in England with the implementation of W45 in some departments. Sufficient action must be taken to maintain flow out of EDs onto the wards to allow new ambulance patients to be offloaded quickly, safely and effectively.

Northern Ireland EDs simply cannot allow or tolerate an increase in corridor care and overcrowding in order to facilitate ambulance offload targets. It is incumbent upon trust executive teams, the department of health and our elected representatives to ensure this does not happen and that concurrent efforts are made to improve hospital flow.

Excess deaths

Long waits, particularly for patients need to be admitted to hospital, put patients at great risk of harm and increase the risk of mortality. Evidence shows that [there will be one excess death for every 72 patients who wait 8-12 hours in the ED before admission](#) (Jones et al, 2022). RCEM conservatively estimates, based on patients who waited 12 hours or longer in an ED, that there was a total of 1,032 excess deaths associated with these kinds of long waits in Northern Ireland in 2025 alone.



Excess Deaths Linked to Long Emergency Department Waits (2016–2025)

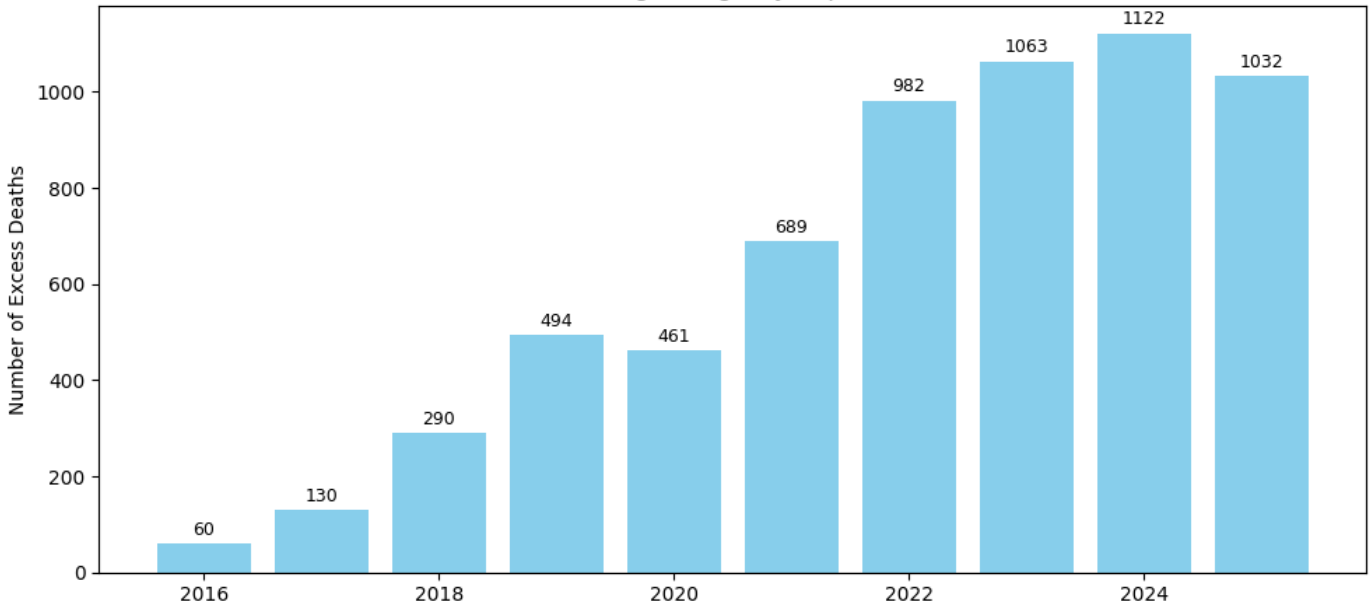


Figure 2: Excess deaths associated with long waits of more than 12 hours, Northern Ireland, 2016 – 2025

Although the 2025 excess death figure was lower than 2024 and 2023, figure 2 shows that it is still far higher than the total almost a decade ago. Since 2016, we estimate there has been a total of 6,323 excess deaths linked to long waits. Without urgent action to tackle overcrowding and long waits, this total will continue to increase year-on-year.

Impact of long waits and overcrowding

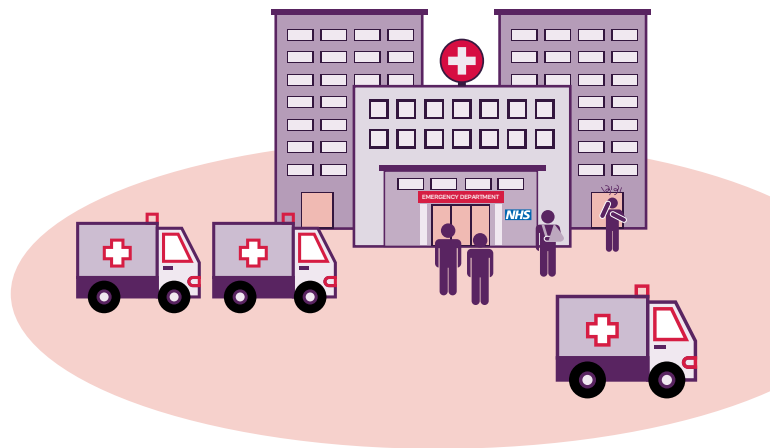
Overcrowding puts a considerable strain on the EM workforce. One clinician in Northern Ireland responded to our December 2025 [crowding survey](#) saying that:

“Morale is at an all-time low; people dread coming to work because we cannot deliver the high standard of care we strive for; and staff feel vulnerable and exposed.”

The lack of flow out of the ED is a particular problem, with patients receiving poorer care as a result of this:

“High volumes of patients and a lack of clinical space mean long waits, delays in treatment, and care being delivered in areas that were never meant for patients.”

“There is no flow out of the ED, yet new patients keep arriving, so we’re forced to use non-clinical spaces to deliver care.”



In RCEM’s latest survey of clinical leads in Northern Ireland, every clinical lead reported that patients were coming to harm in current conditions, and that the biggest reason for overcrowding was delayed discharges due to lack of social care capacity.

This recent survey shows that ever before and are simply unable to provide the level of care that they desperately want to deliver. They believe that patient flow out of the hospital isn’t happening fast enough, and this is causing severe capacity problems that prevent timely and safe standards of care.

Overcrowding and long waits are not unsolvable, or the inevitable consequence of increases in demand and an ageing population. This paper highlights the significant challenges facing clinical staff, as well as the risk to patient safety.

Recommendations

To reduce long waits and overcrowding, we recommend that the Northern Ireland Executive:

Commit to eradicate corridor care in Northern Ireland by the end of the decade

Prioritise the adoption of a whole-system approach to ending overcrowding with responsibility for performance spread across the entire patient pathway

- Spread responsibility for patient flow by ensuring there is 7-day extended working across the system so that emergency departments have the supporting services that they need, particularly when it comes to discharging patients quickly.
- Adopt bed occupancy rates as a system-wide metric to measure flow through the system.
- Restore patient flow by focusing on reducing delayed discharges and improving social care arrangements, supported by an all-party, Executive-led approach.
- Ensure that policies such as rapid ambulance handover, are not implemented in a way which increases pressure on overstretched EDs, without concurrent policies put in place to improve hospital flow metrics (reducing long waits, bringing down bed occupancy, and tackling delayed discharge)

Ensure there is senior accountability for ending overcrowding and that hospital trusts, Health and Social Care Northern Ireland and the Northern Ireland Executive play their role in ending overcrowding

Irradicate mortality associated with long waits in emergency departments by the end of the decade and ensure that these deaths are treated with the same seriousness and equivalency as deaths in other medical specialities.
