



# NORTHERN IRELAND HOSPITAL STATISTICS: MENTAL HEALTH AND LEARNING DISABILITY (2010/11)

This publication presents information on activity within the Mental Health and Learning Disability Programmes of Care (POC) in hospitals in Northern Ireland during the year ending 31 March 2011. It details information on inpatient, day case and outpatient activity, and compulsory admissions under the Mental Health (NI) Order 1986.

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Hospital Information Branch  
Information & Analysis Directorate  
Department of Health, Social Services &  
Public Safety  
Stormont Estate  
Belfast, BT4 3SQ

### Statistician

Jennifer Myers  
(028) 90 522555

### Email

[Jennifer.Myers@dhsspsni.gov.uk](mailto:Jennifer.Myers@dhsspsni.gov.uk)

### Internet

[http://www.dhsspsni.gov.uk/index/stats\\_research/stats-activity\\_stats-2.htm](http://www.dhsspsni.gov.uk/index/stats_research/stats-activity_stats-2.htm)

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## Key Points

### Mental Health

- Over the last five years, the total number of admissions to hospital under the mental health programme of care increased by 2.4% (194), from 8,041 in 2006/07 to 8,235 in 2010/11 (Figure 1, Table 1.1).
- Since 2006/07, the total number of inpatients admitted under the mental health programme of care decreased by 23.4% (1,607), from 6,875 to 5,268 in 2010/11, whilst the number admitted as day cases almost trebled, from 1,166 in 2006/07 to 2,967 in 2010/11 (Figure 1, Table 1.1).
- Across HSC Trusts, the highest average number of available beds within the mental health programme of care were reported in the Belfast HSC Trust (270.9) whilst the Southern HSC Trust reported the lowest (101.6) (Figure 10, Table 1.2).
- Between 2006/07 and 2010/11, the average length of stay within the mental health programme of care in hospitals decreased by 0.8 days, from 51.6 days to 50.8 days (Figure 13, Table 1.1).
- During 2010/11, there were 12,841 consultant-led outpatient attendances for the mental health specialties. Of these 1,399 (10.9%) were new attendances and 11,442 (89.1%) were review attendances (Table 1.4).

### Learning Disability

- The number of admissions to hospital under the learning disability programme of care decreased year on year from 2,037 in 2006/07 to 1,642 in 2010/11, a reduction of 19.4% (395) (Figure 18, Table 2.1).
- Of the 1,642 admissions to hospital under the learning disability programme of care in 2010/11, all were admitted as inpatients with no one being admitted as a day case (Figures 18 – 19, Table 2.1).

- Of the 358.6 average available beds within the learning disability programme of care in 2010/11, the majority (244.6) were available in the Belfast HSC Trust, 78.0 in the Southern HSC Trust and 35.9 in the Western HSC Trust (Table 2.2).
- Across Hospitals, the highest average length of stay was in Muckamore Abbey (706.6 days), compared with an average of 117.7 days in Longstone Hospital, 64.6 days in Lakeview, and 2.2 days in Musgrave Park Hospital (Table 2.3).
- In 2010/11, there were 6,115 consultant-led outpatient attendances within the learning disability programme of care in Northern Ireland. Of these, 448 (7.3%) were new attendances and 5,667 (92.7%) were review attendances (Figure 23, Table 2.4).

## Reader Information

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## About the Hospital Information Branch (HIB)

Hospital Information Branch 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 HSC Board. Statistical information is collected routinely from a variety of electronic patient level administrative system and pre-defined EXCEL survey return templates.

The Head of the Branch is the Principal Statistician, Mrs. Laura Smyth. The Branch aims to present information in a meaningful way and provide advice on its uses to customers in the HSC Committee, Professional Advisory Groups, policy branches within the DHSSPS, 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 and Cancer). A detailed list of these publications is available from:

**Website:** [http://www.dhsspsni.gov.uk/index/stats\\_research/stats-activity\\_stats-2.htm](http://www.dhsspsni.gov.uk/index/stats_research/stats-activity_stats-2.htm)

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## Technical Notes

This statistical release is the second of an annual series presenting information on mental health and learning disability inpatient, day case and outpatient activity, and compulsory admissions under the Mental Health (NI) Order 1986 in Northern Ireland. Historically, this information was included in the annual Hospital Statistics publication; however, this publication has now been discontinued.

### Data Collection

The Information presented in this bulletin derives from a series of statistical returns provided by HSC Trusts and Hospitals listed below;

- KH03A – Summary of available bed days, occupied bed days, inpatients and day cases;
- QOAR – Quarterly Outpatient Activity Return;
- KH15 – Compulsory admissions under the Mental Health (NI) Order 1986; and,
- MILD Census – Inpatients resident in Mental Health / Learning Disability Hospitals on 17<sup>th</sup> February each year.

### Rounding

Percentages have been rounded to whole numbers and as a consequence some percentages may not sum to 100.

### Data Quality <sup>1</sup>

All information presented in this bulletin has been validated and quality assured by HSC Trusts and Hospitals prior to publication. HSC Trusts and Hospitals are given 4 weeks from the date to which the collection refers, to submit the information to Hospital Information Branch. Following submission, Hospital Information Branch perform a series of validation checks to ensure that information is consistent both within and across returns. Trend analyses are used to monitor annual variations and emerging trends. Queries arising from validation checks are presented to HSC Trusts for clarification and if required, returns may be amended and/or re-submitted.

Finally prior to the publication of this information the data is presented to HSC Trusts and Hospitals for sign – off.

<sup>1</sup> See Appendix 5: Explanatory Notes for further details.

## A National Statistics Publication

National Statistics are produced to a high professional standard set out in the Code of Practice for Official Statistics. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference. As we want to engage with users of our statistics, we invite you to feedback your comments on this publication to:

**Jennifer Myers**

**Email:** [Jennifer.Myers@dhsspsni.gov.uk](mailto:Jennifer.Myers@dhsspsni.gov.uk)

**Tel:** (028) 90 522555

### Main Uses of Data

The main uses of these data are to monitor the inpatient and outpatient activity within the Mental Health and Learning Disability POC in Hospitals, to help assess HSC Trust performance, for corporate monitoring, to inform and monitor related policy, and to respond to assembly questions and ad-hoc queries from the public.

### Mental Health and Learning Disability Statistics in the United Kingdom

Information on Mental Health and Learning Disability is available from other administrations within the UK; although, it should be noted that this data may not be directly comparable to the information provided in this publication. Details of links to the information published elsewhere in the UK are given as follows:

#### England

Hospital Episode and Hospital Outpatient Activity Statistics

<http://www.hesonline.nhs.uk/Ease/servlet/ContentServlet?siteID=1937>

#### Scotland

Mental Health (Psychiatric) Hospital Activity Statistics

<http://www.isdscotland.scot.nhs.uk/Health-Topics/Mental-Health/Publications/2010-12-14/2010-12-14-MentalHealth-Report.pdf?48452395201>

#### Wales

Patients in Mental Health Hospitals and Units, 2010

<http://wales.gov.uk/docs/statistics/2010/101123sdr1932010en.pdf>

## Mental Health Activity

This section details patient activity under the mental health Programme of Care (POC) in hospitals in Northern Ireland during 2010/11, the most recent year for which figures are available and a summary of changes from 2006/07 to 2010/11.

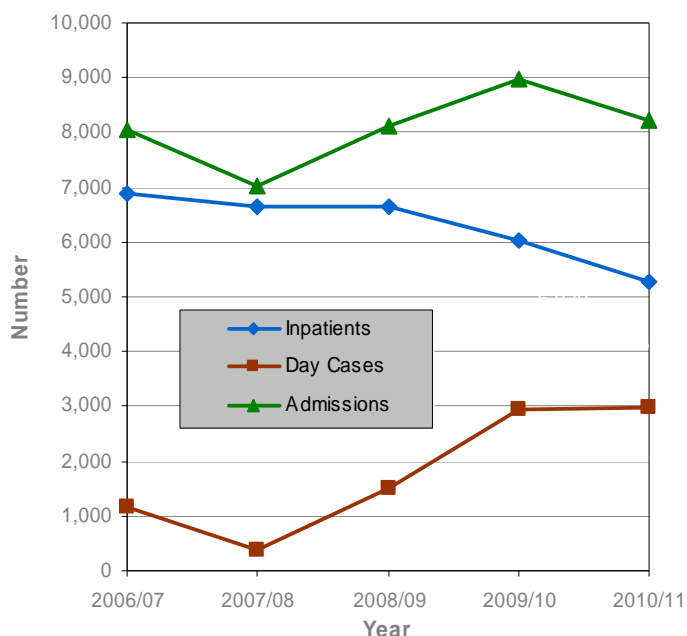
### Total Admissions<sup>2</sup>

#### 5 Year Trend

Over the last five years, the total number of admissions to hospital under the mental health POC increased by 2.4% (194), from 8,041 in 2006/07 to 8,235 in 2010/11 (Figure 1, Table 1.1).

However, since 2009/10 the total number of admissions decreased by 8.2% (735), from 8,970 in 2009/10 to 8,235 in 2010/11 (Figure 1, Table 1.1).

**Figure 1: Admissions under the Mental Health POC, by Admission Type (2006/07 – 2010/11)**



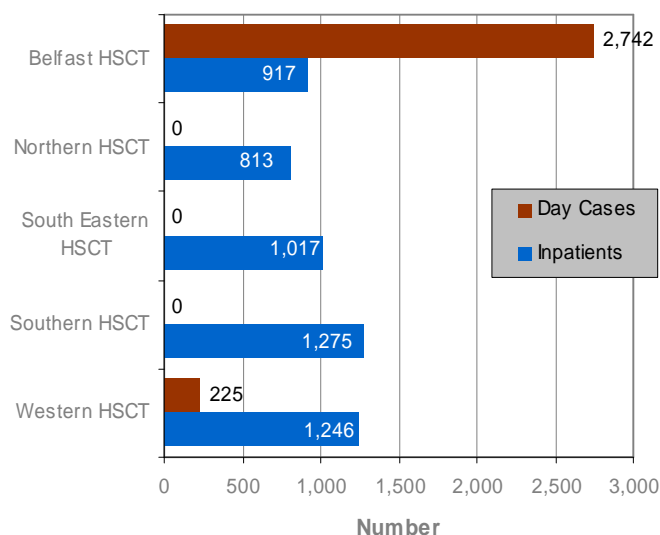
<sup>2</sup> Refer to Appendix 4: Definitions – point 10.

## Financial Year 2010/11

Of the 8,235 admissions under the mental health POC in 2010/11, the highest number (3,659, 44.4%) was reported by the Belfast HSC Trust, of which, 2,742 were day cases and 917 were inpatients (Figure 2, Table 1.2).

The Northern HSC Trust (813, 9.9%) reported the lowest number of admissions, all of which were inpatients (Figure 2, Table 1.2).

**Figure 2: Admissions under the Mental Health POC, by HSC Trust (2010/11)**

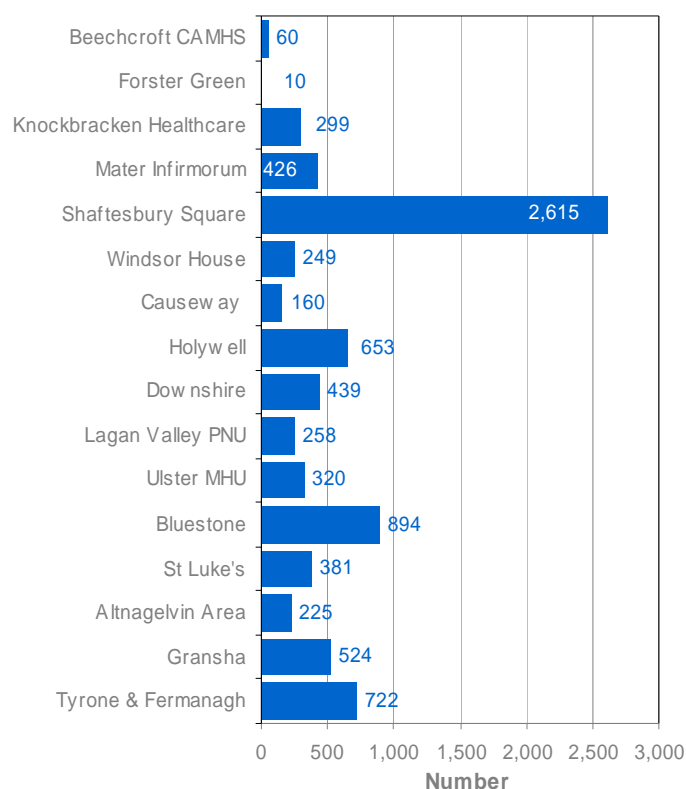


Across hospitals, the highest number of admissions was reported by Shaftesbury Square addictions service (2,615, 31.8%), all of which were day cases (Figure 3, Table 1.3).

Forster Green (10) reported the lowest number of admissions in 2010/11, all of which were inpatients (Figure 3, Table 1.3).



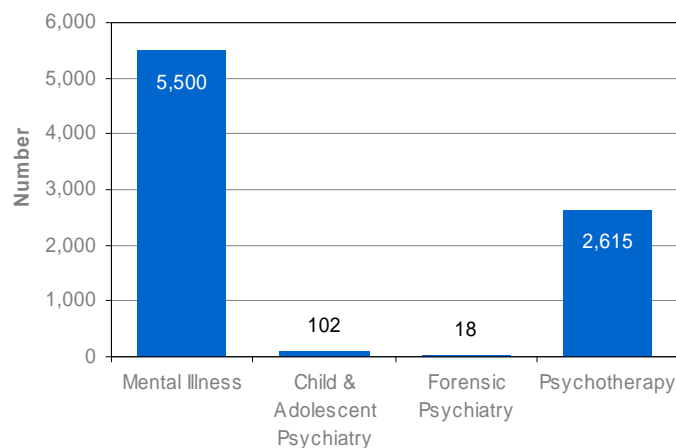
**Figure 3: Admissions under the Mental Health POC, by Hospital (2010/11)**



### Specialty

In 2010/11, the highest number of admissions under the mental health POC (5,500, 66.8%) was reported within the 'Mental Illness' specialty, whilst the lowest number (18, 0.2%) was reported within the 'Forensic Psychiatry' specialty (Figure 4, Table 1.7 – 1.10).

**Figure 4: Admissions under the Mental Health POC, by Specialty (2010/11)**



## Inpatients<sup>3</sup>

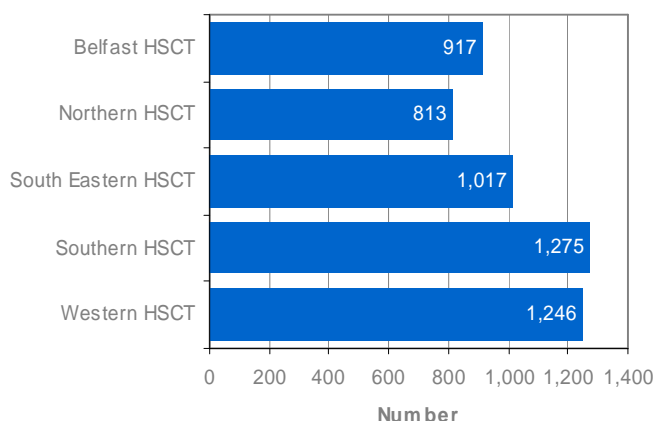
### 5 Year Trend

The total number of inpatients admitted under the mental health POC has decreased year on year from 6,875 in 2006/07 to 5,268 in 2010/11, a reduction of 23.4% (1,607) (Figure 1, Table 1.1).

### Financial Year 2010/11

Of the 5,268 inpatients in 2010/11, the highest number was reported in the Southern HSC Trust (1,275, 24.2%) and the lowest in the Northern HSC Trust (813, 15.4%) (Figure 5, Table 1.2).

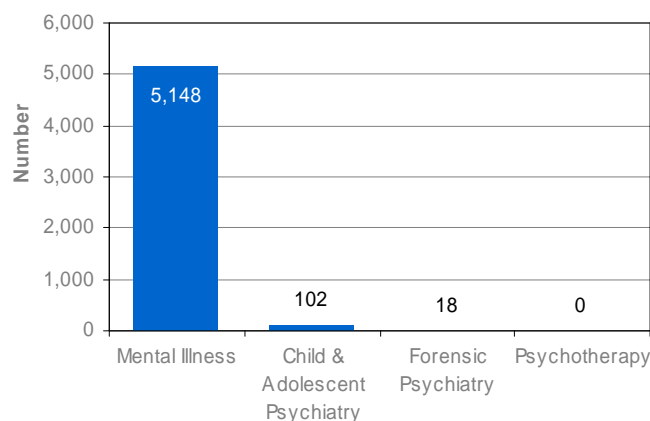
**Figure 5: Total Inpatients under the Mental Health POC, by HSC Trust (2010/11)**



### Specialty

Across the mental health specialties, the 'Mental Illness' specialty had the highest number of inpatients (5,148, 97.7%), whilst the 'Psychotherapy' specialty had no inpatients, as only day cases were carried out (Figure 6, Table 1.7 – 1.10).

**Figure 6: Total Inpatients under the Mental Health POC, by Specialty (2010/11)**



<sup>3</sup> Refer to Appendix 4: Definitions – point 8.

## Day Cases <sup>4</sup>

### 5 Year Trend

Between 2006/07 and 2010/11, the number of patients under the mental health POC treated as day cases almost trebled from 1,166 to 2,967, an increase of 1,801 cases (Figure 1, Table 1.1).

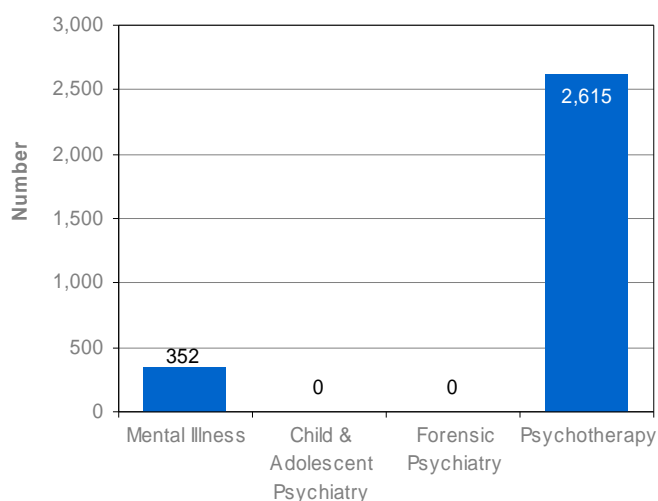
### Financial Year 2010/11

Of the 2,967 patients treated as day cases under the mental health POC in 2010/11, 2,742 (92.4%) were treated in the Belfast HSC Trust and 225 (7.6%) in the Western HSC Trust. No patients were treated as day cases in the Northern, South Eastern or Southern Trusts (Table 1.2).

### Specialty

Across the mental health specialties, the highest number of day cases (2,615, 88.1%) were reported within the 'Psychotherapy' specialty, whilst no cases were reported within the 'Child & Adolescent Psychiatry' and 'Forensic Psychiatry' specialties, as these patients were treated as inpatients only (Figure 7, Table 1.7 – 1.10).

**Figure 7: Number of Day Cases under the Mental Health POC, by Specialty (2010/11)**



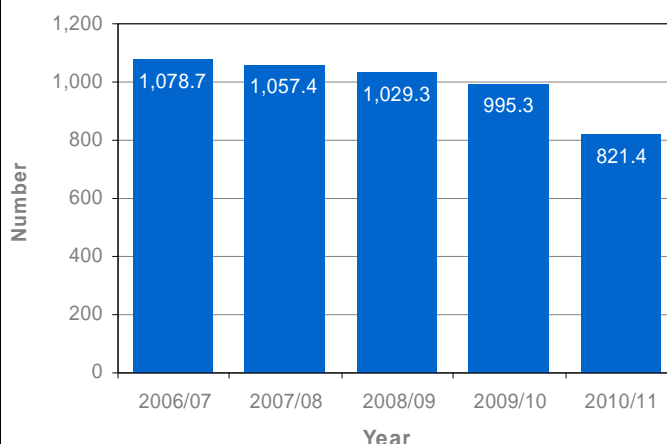
<sup>4</sup> Refer to Appendix 4: Definitions – point 9.

## Bed Availability <sup>5</sup> & Occupancy <sup>6</sup>

### 5 Year Trend

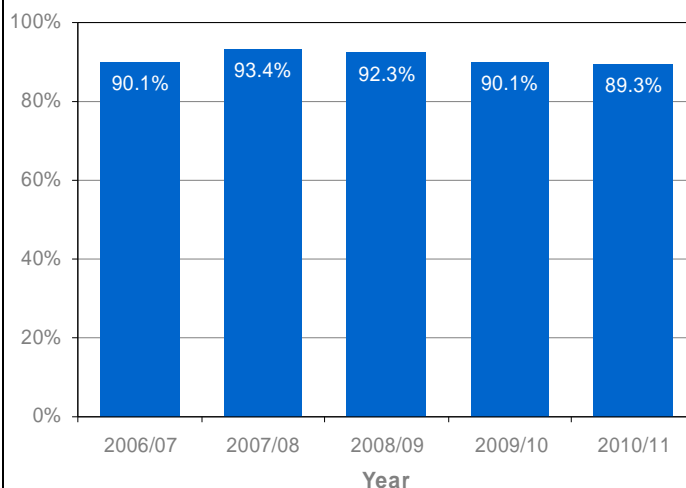
Between 2006/07 and 2010/11, the average number of available beds within the mental health POC in Northern Ireland decreased by 23.9% (257.3), from 1,078.7 to 821.4 respectively (Figure 8, Table 1.1).

**Figure 8: Average Available Beds within the Mental Health POC (2006/07-2010/11)**



Since 2006/07, the occupancy rates for beds within the mental health POC decreased slightly from 90.1% in 2006/07 to 89.3% in 2010/11 (Figure 9, Table 1.1).

**Figure 9: Bed Occupancy within the Mental Health POC (2006/07- 2010/11)**



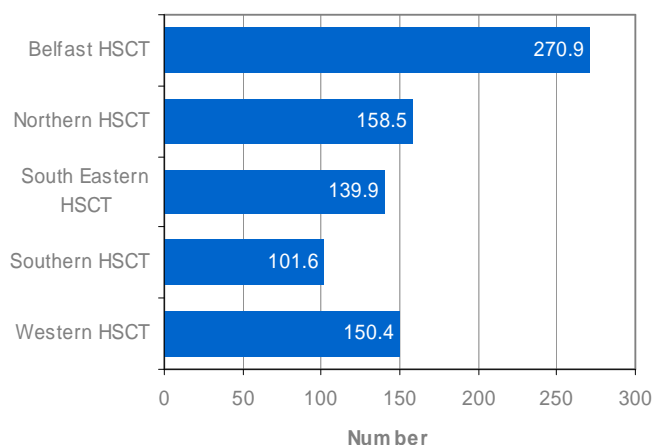
<sup>5</sup> Refer to Appendix 4: Definitions – point 1.

<sup>6</sup> Refer to Appendix 4: Definitions – point 3.

## Financial Year 2010/11

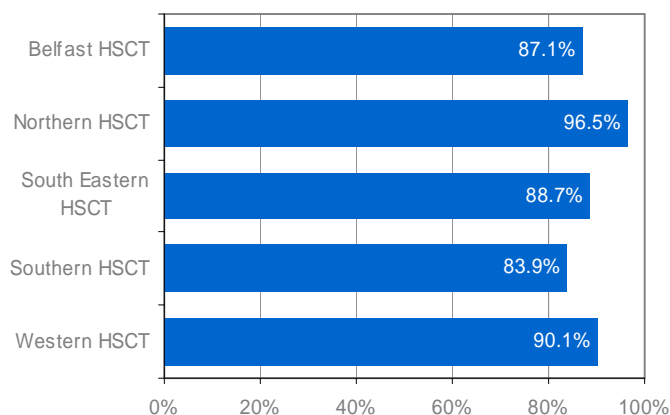
Across HSC Trusts, the highest average number of available beds within the mental health POC was reported in the Belfast HSC Trust (270.9) whilst the Southern HSC Trust reported the lowest (101.6) (Figure 10, Table 1.2).

**Figure 10: Average Available Beds within the Mental Health POC, by HSC Trust (2010/11)**



In 2010/11, bed occupancy rates within the mental health POC ranged from 96.5% in the Northern HSC Trust to 83.9% in the Southern HSC Trust (Figure 11, Table 1.2).

**Figure 11: Bed Occupancy within the Mental Health POC, by HSC Trust (2010/11)**



## Specialty

Across the mental health specialties, the highest number of average beds available (767.6) was reported within the 'Mental Illness' specialty, whilst there were no available beds reported within the 'Psychotherapy' specialty, as only day cases were carried out (Tables 1.7 – 1.10).

Bed occupancy rates across the four mental health specialties, ranged from 100% within the 'Child & Adolescent Psychiatry' specialty to 88.6% within the 'Mental Illness' specialty (Tables 1.7 – 1.10).

## Throughput per Bed<sup>7</sup>

### 5 Year Trend

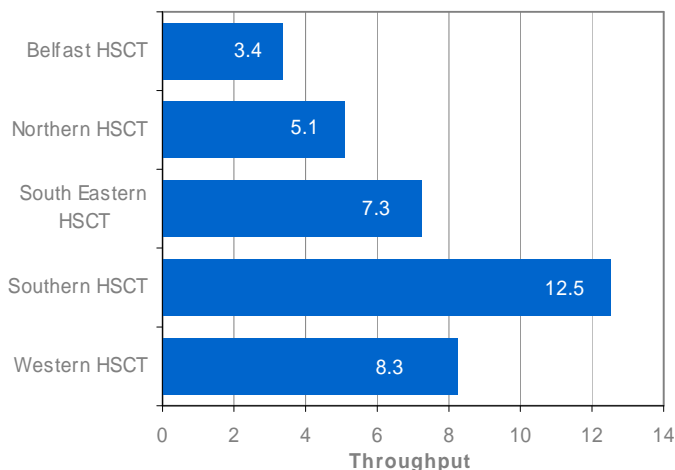
Over the last five years, throughput in each available bed within the mental health POC in Northern Ireland has remained relatively similar at 6.4, with the exception of 2009/10 (6.0) (Table 1.1).

## Financial Year 2010/11

In 2010/11, the average number of inpatients treated in each bed within the mental health POC was 6.4 (Table 1.2).

Across HSC Trusts, the average number of inpatients treated in each bed ranged from 12.5 in the Southern HSC Trust to 3.4 in the Belfast HSC Trust (Figure 12, Table 1.2).

**Figure 12: Throughput within the Mental Health POC, by HSC Trust (2010/11)**



## Specialty

Across the mental health specialties, the highest average number of admissions per bed (6.7) was reported within the 'Mental Illness' specialty, whilst the lowest was reported within the 'Forensic Psychiatry' specialty (0.5). There was no throughput reported within the 'Psychotherapy' specialty as only day cases were carried out (Tables 1.7 – 1.10).

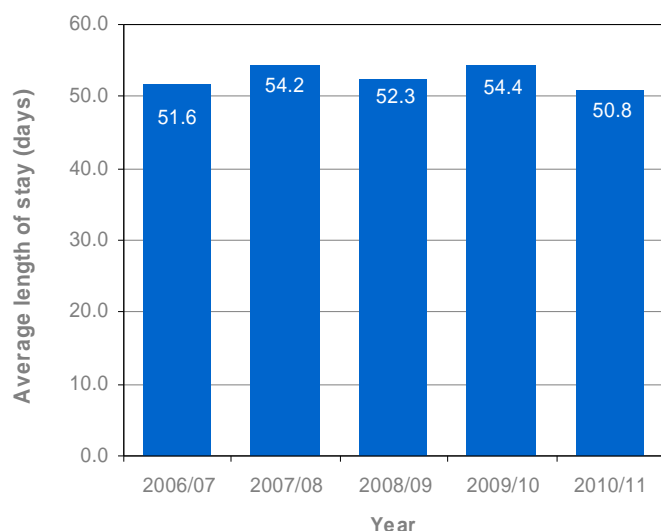
<sup>7</sup> Refer to Appendix 4: Definitions – point 4.

## Average Length of Stay<sup>8</sup>

### 5 Year Trend

Between 2006/07 and 2010/11, the average length of stay within the mental health POC decreased by 0.8 days, from 51.6 days to 50.8 days respectively. However, the decrease was more noticeable between 2009/10 and 2010/11, from 54.4 days to 50.8 days respectively (Figure 13, Table 1.1).

**Figure 13: Average Length of Stay within the Mental Health POC (2006/07 - 2010/11)**



### Financial Year 2010/11

Across HSC Trusts, the average length of stay within the mental health POC ranged from 93.9 days in the Belfast HSC Trust to 24.4 days in the Southern HSC Trust (Table 1.2).

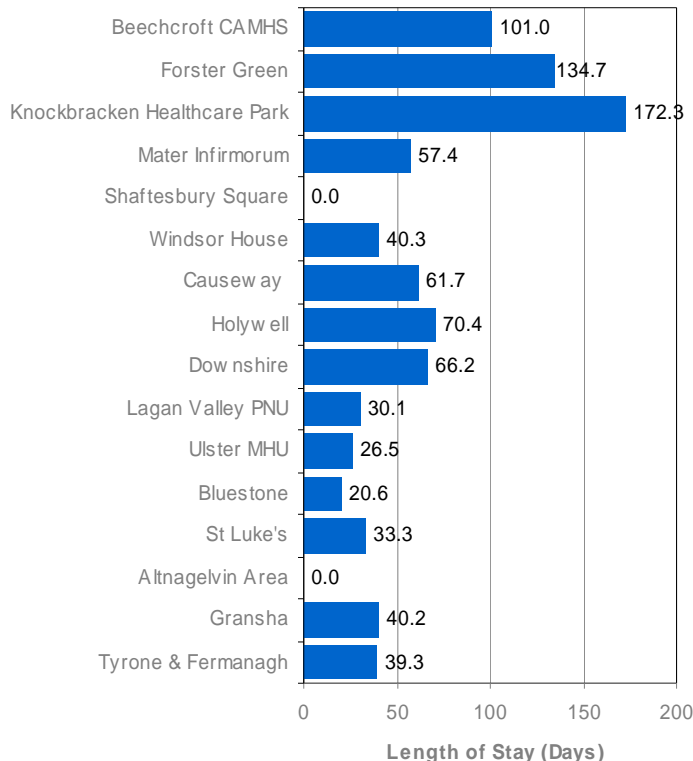
During 2010/11, Knockbracken reported the longest average length of stay (172.3 days), whilst Bluestone reported the shortest (20.6 days). Shaftesbury Square and Altnagelvin Area Hospitals both reported zero lengths of stay because they only provide a day case service (Figure 14, Table 1.3).

### Specialty

Across the mental health specialties, the highest average length of stay was reported within the 'Forensic Psychiatry' specialty (656.3 days), compared with 77.6 within the 'Child & Adolescent Psychiatry' specialty, 48.2 within the 'Mental Illness' specialty and zero within the 'Psychotherapy' specialty (Tables 1.7 – 1.10).

<sup>8</sup> Refer to Appendix 4: Definitions – point 2

**Figure 14: Average Length of Stay within the Mental Health POC, by Hospital (2010/11)**



### Consultant-Led Outpatient Attendances<sup>9</sup>

It is not possible to present information on mental health outpatient services over the last five years, due to a change in the definition of an outpatient attendance during a review in 2008/09.

The outcome of the review was that only consultant-led outpatient attendances should be recorded on the Quarterly Outpatient Activity Return (QOAR), used to monitor outpatient activity. In addition, the provision of mental health outpatient services was reconfigured from consultant-led to a multi-disciplinary method of service delivery. As a consequence, mental health outpatient services which were no longer consultant-led, are not counted on this information return.

To monitor the provision of these mental health services, the Information and Analysis Directorate (DHSSPS) and the HSC Board, have recently developed an information return to collect information on mental health services provided in a non-inpatient setting. This return is currently being piloted with HSC Trusts.

<sup>9</sup> Refer to Appendix 4: Definitions – points 13 – 23.

## 2 Year Trend

Between 2009/10 and 2010/11, the number of consultant-led mental health outpatient attendances nearly halved, from 20,322 to 12,841 (Table 1.1).

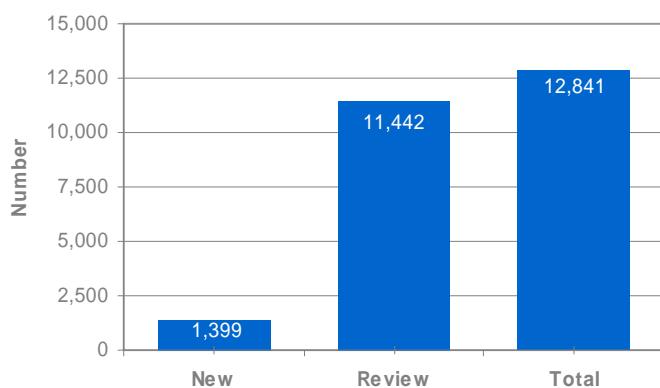
The main reason for the decrease in the number of consultant-led mental health outpatient attendances may be due to the reclassification of consultant-led mental health outpatient services to a multi-disciplinary model of service delivery. Attendances at multi-disciplinary teams are not included within the 2010/11 outpatient figures.

## Financial Year 2010/11

In 2010/11, consultant-led outpatient services for the mental health specialties were reported by the Belfast HSC Trust only.

Of the 12,841 consultant-led mental health outpatient attendances reported by the Belfast HSC Trust, 1,399 (10.9%) were new<sup>10</sup> attendances and 11,442 (89.1%) were review<sup>11</sup> attendances. This equates to a new to review ratio of 1:8.2, meaning that for every new patient attending a new appointment, there were 8.2 that attended a review appointment (Figure 15, Table 1.4).

**Figure 15: Consultant Led Mental Health Outpatient Activity (2010/11)**

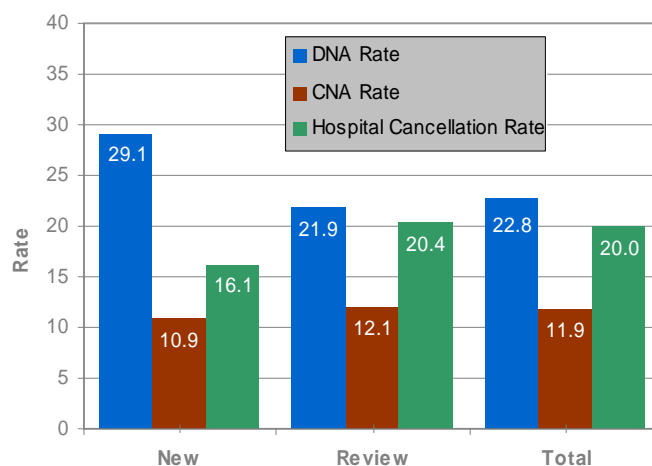


Across hospitals, Beechcroft CAMHS reported the highest number of consultant-led mental health outpatient attendances (6,921) whilst Windsor House reported the lowest (51) (Table 1.4).

<sup>10</sup> Refer to Appendix 4: Explanatory Notes – point 15.

<sup>11</sup> Refer to Appendix 4: Explanatory Notes – point 16.

**Figure 16: Mental Health Outpatient Activity, including DNA / CNA / Hospital Cancellation Rates (2010/11)**



Patients within the mental health POC missed a total of 3,789 outpatient appointments during 2010/11. This equated to a DNA rate<sup>12</sup> of 22.8, which was slightly lower than the rate for 2009/10 (22.9). In 2010/11, the DNA rate was higher for new appointments (29.1) than for review appointments (21.9). This compared to respective rates of 30.0 and 22.2, during 2009/10 (Figure 16, Table 1.5).

Patients cancelled a total of 1,740 outpatient appointments during 2010/11. This equated to a CNA rate<sup>13</sup> of 11.9, which was higher than the CNA rate for 2009/10 (9.5). In 2010/11, the CNA rate was higher for review (12.1) than for new attendances (10.9). The comparable rates for 2009/10 were 9.6 for new and 9.4 for review attendances (Figure 16, Table 1.5).

During 2010/11, hospitals cancelled a total of 3,209 outpatient appointments. This equated to a hospital cancellation rate<sup>14</sup> of 20.0, which was lower than the rate recorded in 2009/10 (23.7). In 2010/11, the hospital cancellation rate was higher for review (20.4) than new attendances (16.1), a similar trend to 2009/10 when the rate for review appointments was 24.3 compared to 15.2 for new appointments (Figure 16, Table 1.5).

Of the 1,740 appointments cancelled by patients in 2010/11, 1.8% (32) were cancelled but an appointment was still required, 0.2% (4) cancelled as an appointment was no longer required, and for the remaining 97.9% (1,704) the reason was incorrectly / not recorded (Table 1.4).

<sup>12</sup> Refer to Appendix 4: Explanatory Notes – point 18.

<sup>13</sup> Refer to Appendix 4: Explanatory Notes – point 20.

<sup>14</sup> Refer to Appendix 4: Explanatory Notes – point 22.

## Specialty

Across the mental health specialties (excluding the 'Forensic Psychiatry' specialty), the highest number of consultant-led outpatient attendances were reported within the 'Child & Adolescent Psychiatry' specialty (6,921), whilst the lowest was reported within the 'Psychotherapy' specialty (51) (Tables 1.11 – 1.13).

The DNA rates during 2010/11 for each of the three specialties in the mental health POC were as follows; 'Mental Illness' (31.7), 'Child and Adolescent Psychiatry' (13.3) and 'Psychotherapy' (7.3).

## Compulsory Admissions within the Mental Health POC Under the Mental Health (NI) Order 1986 <sup>15</sup>

During 2010/11, there were 1,066 compulsory admissions to hospitals under the Mental Health (NI) Order 1986, similar to the number in 2009/10 (1,043). Of the 1,066 compulsory admissions, 587 (55.1%) were male and 479 (44.9%) were female (Table 1.6).

Across HSC Trusts, the number of compulsory admissions to hospitals within the mental health POC in 2010/11 ranged from 333 (31.2%) in the Belfast HSC Trust to 97 (9.1%) in the Western HSC Trust (Table 1.6).

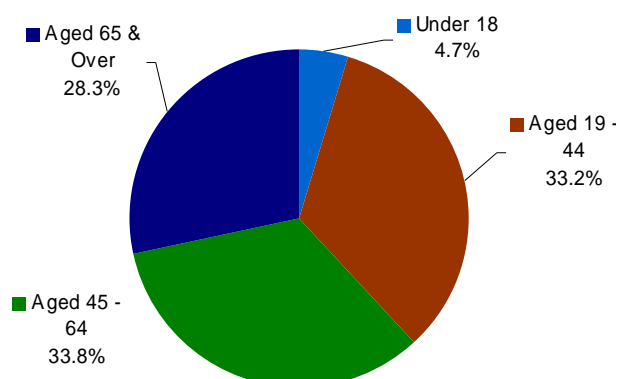
Holywell Hospital (213, 20.0%) and Knockbracken (192, 18.0%) reported the highest number of compulsory admissions under the Mental Health (NI) Order 1986 (Table 1.6).

## Mental Illness & Learning Disability Census <sup>16</sup>

On 17 February 2011, 936 patients were being treated as inpatients under the mental health POC in Northern Ireland. Almost two thirds (604) of these patients had been resident for less than 6 months, whilst 78 (8.3%) patients had been resident for 10 years or more (Table 1.14).

Just over a third (33.8%, 316) of all inpatients under the mental health POC on 17 February 2011 were aged 45 – 64, a further 33.2% (311) aged 19 – 44, 28.3% (265) aged 65 & over and 4.7% (44) were aged under 18 (Figure 17).

**Figure 17: Inpatients Resident in Hospitals under the Mental Health POC, by Age Group (17 February 2011)**



<sup>15</sup> Refer to Appendix 5: Explanatory Notes – point 8.

<sup>16</sup> Refer to Appendix 5: Explanatory Notes – point 16.

## Learning Disability Hospital Activity

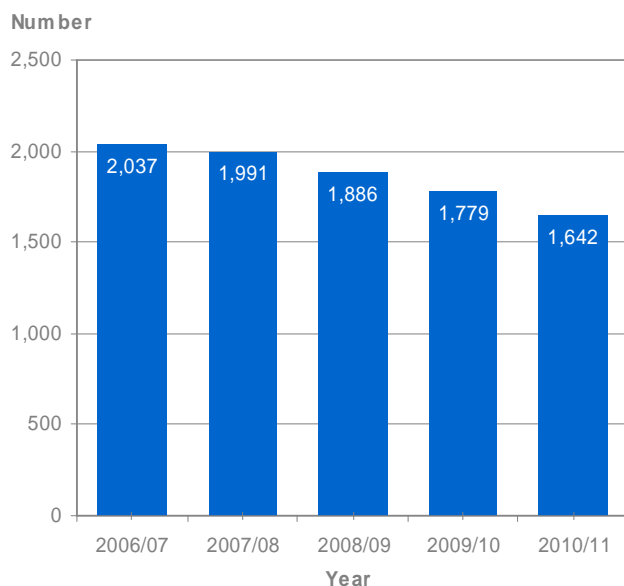
This section details patient activity under the learning disability POC in hospitals in Northern Ireland in 2010/11, the most recent year for which figures are available and also a summary of changes from 2006/07 to 2010/11. It should be noted that there is only one specialty within the learning disability POC.

### Total Admissions

#### 5 Year Trend

The number of admissions to hospital under the learning disability POC decreased year on year from 2,037 in 2006/07 to 1,642 in 2010/11, a reduction of 19.4% (395) (Figure 18, Table 2.1).

**Figure 18: Admissions under the Learning Disability POC (2006/07 – 2010/11)**



#### Financial Year 2010/11

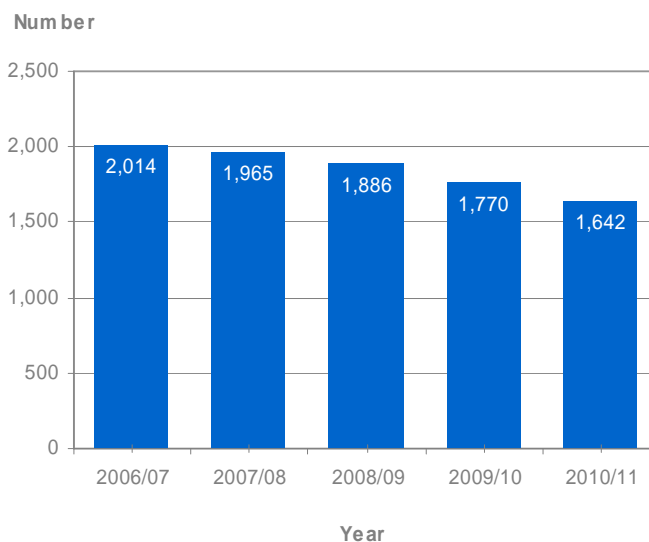
Of the 1,642 admissions to hospital under the learning disability POC in 2010/11, all were admitted as inpatients with no one being admitted as a day case. Previous years had relatively small numbers of people admitted as day cases (Figures 18 – 19, Table 2.1).

## Inpatients

### 5 Year Trend

Between 2006/07 and 2010/11, the number of inpatients under the learning disability POC in hospitals decreased by 18.5% (372), from 2,014 to 1,642 respectively (Figure 19, Table 2.1).

**Figure 19: Total Inpatients under the Learning Disability POC in Hospitals (2006/07 – 2010/11)**



#### Financial Year 2010/11

Over three quarters (1,258, 76.6%) of the 1,642 inpatients in 2010/11 were in the Belfast HSC Trust, and specifically in Musgrave Park Hospital (1,139, 69.4%) (Table 2.3).

During 2010/11, no patients were admitted to hospital as an inpatient or a day case under the learning disability POC in the South Eastern HSC Trust (Table 2.2).

### Day Cases

During 2010/11, no patients were admitted to hospital as a day case under the learning disability POC in Northern Ireland (Table 2.1).

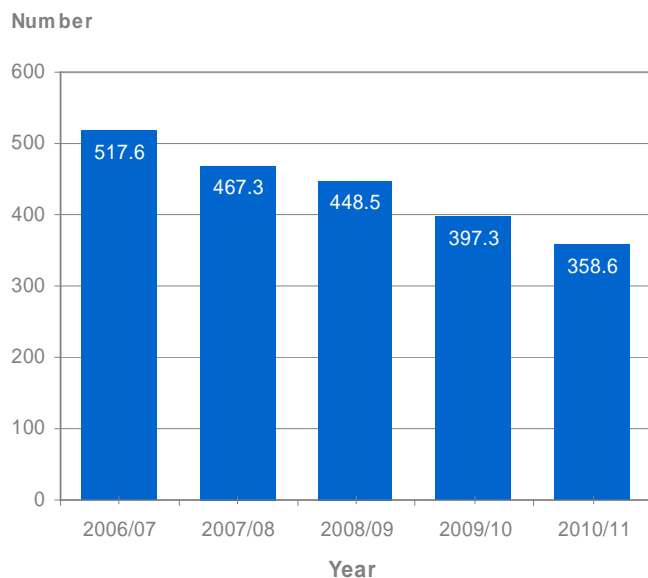


## Bed Availability and Occupancy

### 5 Year Trend

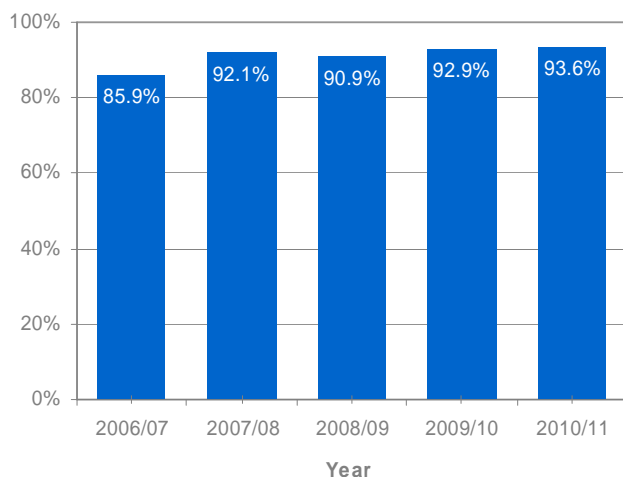
The average number of available beds for patients within the learning disability POC decreased year on year from 517.6 in 2006/07 to 358.6 in 2010/11, a reduction of 30.7% (159.0) (Figure 20, Table 2.1).

**Figure 20: Average Available Beds within the Learning Disability POC (2006/07 – 2010/11)**



Since 2006/07, the occupancy rate for beds within the learning disability POC increased by over seven percentage points, from 85.9% in 2006/07 to 93.6% in 2010/11 (Figure 21, Table 2.1).

**Figure 21: Bed Occupancy under the Learning Disability POC (%) (2006/07– 2010/11)**



## Financial Year 2010/11

Of the 358.6 average available beds within the learning disability POC in 2010/11, the majority (244.6) were available in the Belfast HSC Trust, 78.0 in the Southern HSC Trust and 35.9 in the Western HSC Trust (Table 2.2).

Across hospitals, Muckamore Abbey provided the majority of beds for patients within the learning disability POC in Northern Ireland (237.0), Longstone provided on average 78.0 beds, Lakeview provided 35.9 beds and Musgrave Park provided 7.6 beds (Table 2.3).

During 2010/11, the occupancy rate for beds within the learning disability POC ranged from 97.2% in Muckamore Abbey to 84.7% in Lakeview (Table 2.3).

### Throughput

Over the last five years throughput in each available bed within the learning disability POC in Northern Ireland has remained relatively similar at 4.6 (Table 2.1).

Across Hospitals, the average number of inpatients treated in each available bed ranged from 149.4 in Musgrave Park to 0.5 in Muckamore Abbey (Table 2.3).

## Average Length of Stay

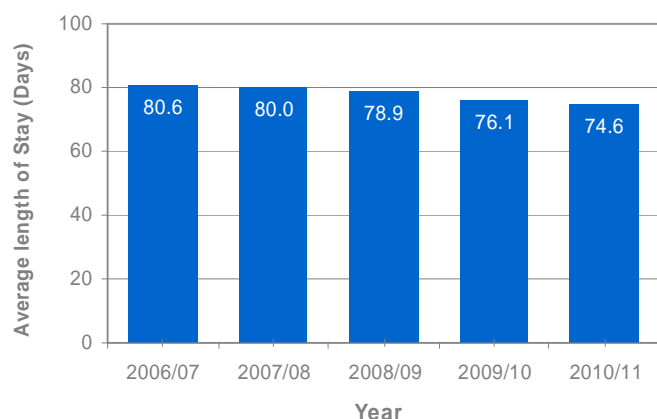
### 5 Year Trend

The average length of stay in hospital within the learning disability POC has decreased year on year from 80.6 in 2006/07 to 74.6 in 2010/11, a reduction of 6.0 days (Figure 22, Table 2.1)

Across hospitals, the highest average length of stay was in Muckamore Abbey (706.6 days), compared with an average of 117.7 days in Longstone Hospital, 64.6 days in Lakeview, and 2.2 days in Musgrave Park Hospital (Table 2.3).



**Figure 22: Average Length of Stay within the Learning Disability POC (2006/07 – 2010/11)**



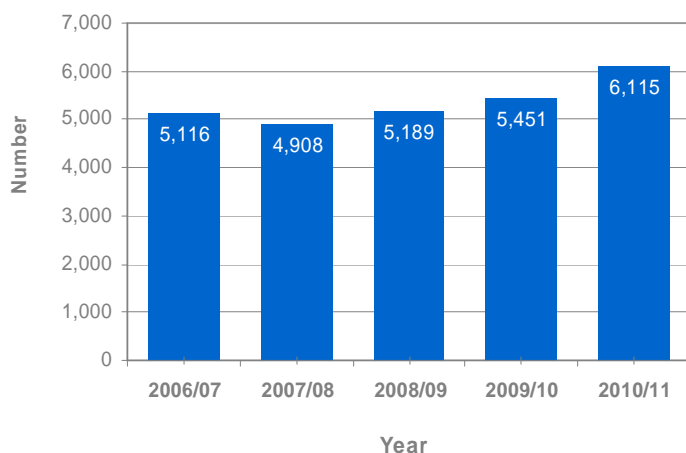
## Consultant-Led Outpatient Attendances

### 5 Year Trend

The number of consultant-led outpatient attendances within the learning disability POC increased by 19.5% (999), from 5,116 in 2006/07 to 6,115 in 2010/11. (Figure 23, Table 2.1).

Since 2007/08, the number of consultant-led outpatient attendances has increased year on year from 4,908 to 6,115 in 2010/11, an increase of 24.6% (1,207) (Figure 23, Table 2.1).

**Figure 23: Number of Outpatient Attendances within the Learning Disability POC (2006/07 – 2010/11)**

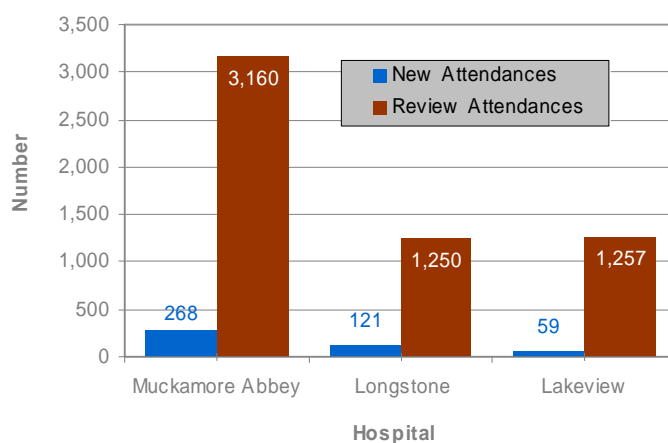


## Financial Year 2010/11

Of the 6,115 consultant-led outpatient attendances within the learning disability POC in 2010/11, the vast majority (5,667, 92.7%) were review outpatient attendances and 448 (7.3%) were new outpatient attendances. This equates to a new to review ratio of 1:12.6, meaning that for every patient attending a new appointment, there were 12.6 that attended a review appointment (Table 2.4).

Across hospitals, the number of new outpatient attendances ranged from 268 in Muckamore Abbey to 59 in Lakeview, whilst the number of review outpatient attendances ranged from 3,160 in Muckamore Abbey to 1,250 in Longstone (Figure 24, Table 2.4).

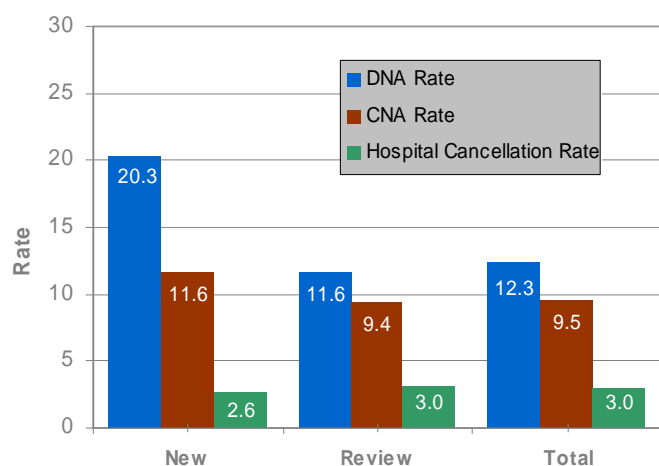
**Figure 24: Outpatient Attendances within the Learning Disability POC, by Type of Attendance (2010/11)**



Patients missed a total of 861 outpatient appointments during 2010/11. This equated to a DNA rate of 12.3, slightly lower than the DNA rate for 2009/10 (13.8). In 2010/11, the DNA rate was higher for new appointments (20.3) than for review appointments (11.6). This compared to respective rates of 24.1 and 12.9 during 2009/10 (Figure 25, Table 2.5).

Patients cancelled a total of 645 outpatient appointments during 2010/11. This equated to a CNA rate of 9.5, slightly lower than the CNA rate for 2009/10 (10.1). The CNA rate during 2010/11 was higher for new (11.6) appointments than for review appointments (9.4). The comparable rates for 2009/10 were 9.7 for new and 10.1 for review appointments (Figure 25, Table 2.5).

**Figure 25: Learning Disability Outpatient Activity, including DNA / CNA / Hospital Cancellation Rates (2010/11)**



During 2010/11, hospitals cancelled a total of 189 outpatient appointments within the learning disability POC. This equated to a hospital cancellation rate of 3.0, slightly higher than the rate recorded in 2009/10 (2.5). The 2010/11 hospital cancellation rate was higher for review (3.0) appointments than for new appointments (2.6), a similar trend to 2009/10 when the rate was 2.5 for reviews compared to 2.2 for new appointments (Figure 25, Table 2.5).

### Compulsory Admissions within the Learning Disability POC Under Mental Health (NI) Order 1986

During 2010/2011, there were 24 compulsory admissions to learning disability hospitals under the Mental Health (NI) Order 1986, slightly higher than the number in 2009/10 (18). Of the 24 compulsory admissions, 14 (58.3%) were male and 10 (41.7%) were female.

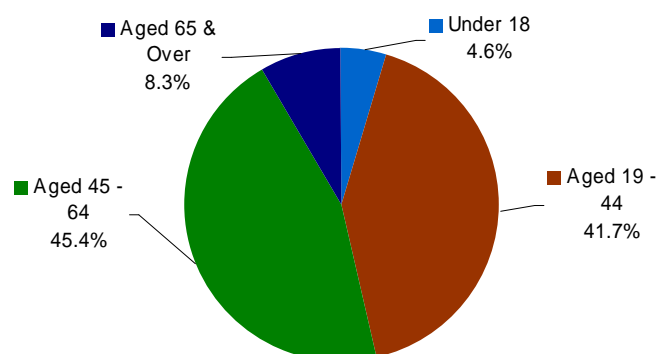
A breakdown of the number of compulsory admissions to hospitals within the learning disability POC by HSC Trust is not available due to small numbers.

## Mental Illness & Learning Disability Census

On 17 February 2011, 326 patients were being treated as inpatients within the learning disability POC in Northern Ireland. Almost one fifth (62, 19.0%) of these patients had been resident for less than 6 months whilst over two fifths (136, 41.7%) had been resident for 10 years or more (Table 2.6).

The highest proportion (45.4%, 148) of all learning disability inpatients on 17<sup>th</sup> February 2011 were aged 45 - 64, a further 41.7% (136) were aged 19 - 44, 8.3% (27) were aged 65 & over and 4.6% (15) were aged under 18 (Figure 26).

**Figure 26: Inpatients Resident in Hospitals under the Learning Disability POC, by Age Group (17 February 2011)**



## Tables

**Table 1.1: Key Points - Mental Health Statistics (2006/07 - 2010/11)** <sup>17</sup> , <sup>18</sup>

Activity	Year					Percentage change 2009/10- 2010/11	Percentage change 2006/07- 2010/11
	2006/07	2007/08	2008/09	2009/10	2010/11		
<b>Inpatients</b>	6,875	6,651	6,629	6,020	5,268	-12.5%	-23.4%
<b>Day Cases</b>	1,166	369	1,494	2,950	2,967	0.6%	154.5%
<b>Total Admissions</b>	8,041	7,020	8,123	8,970	8,235	-8.2%	2.4%
<b>Average Available Beds</b>	1,078.7	1,057.4	1,029.3	995.3	821.4	-17.5%	-23.9%
<b>Percentage Occupancy</b>	90.1%	93.4%	92.3%	90.1%	89.3%	-0.9%	-0.9%
<b>Throughput</b>	6.4	6.3	6.4	6.0	6.4	6.0%	0.6%
<b>Average Length of Stay</b>	51.6	54.2	52.3	54.4	50.8	-6.5%	-1.5%
<b>Outpatient Attendances</b>			41,377	20,322	12,841	-36.8%	

Source: KH03A and QOAR

<sup>17</sup> Refer to Appendix 5: Explanatory Notes – point 12.

<sup>18</sup> To take account of any amendments received from Hospitals, information has been updated for the last 5 years.

Table 1.2: Mental Health Statistics, by HSC Trust (2006/07 - 2010/11)

HSC Trust	Activity	Year					Percentage change 2009/10-2010/11	Percentage change 2006/07-2010/11
		2006/07	2007/08	2008/09	2009/10	2010/11		
Belfast HSC Trust	Inpatients	1,344	1,427	1,425	965	917	-5.0%	-31.8%
	Day Cases	988	211	1,371	2,792	2,742	-1.8%	177.5%
	Total Admissions	2,332	1,638	2,796	3,757	3,659	-2.6%	56.9%
	Average Available Beds	319.6	314.8	302.1	322.6	270.9	-16.0%	-15.2%
	Percentage Occupancy	85.0%	91.1%	91.5%	87.1%	87.1%	0.0%	2.4%
	Throughput	4.2	4.5	4.7	3.0	3.4	13.1%	-19.5%
	Average Length of Stay	73.8	73.3	70.8	106.3	93.9	-11.6%	27.2%
	Outpatient Attendances			22,496	20,322	12,841	-36.8%	
Northern HSC Trust	Inpatients	1,287	1,292	1,319	1,068	813	-23.9%	-36.8%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	1,287	1,292	1,319	1,068	813	-23.9%	-36.8%
	Average Available Beds	212.5	214.8	210.1	194.8	158.5	-18.6%	-25.4%
	Percentage Occupancy	99.1%	98.2%	100.0%	94.4%	96.5%	2.2%	-2.6%
	Throughput	6.1	6.0	6.3	5.5	5.1	-6.5%	-15.3%
	Average Length of Stay	59.7	59.6	58.4	62.9	68.7	9.3%	15.0%
	Outpatient Attendances			343	0	0		
South Eastern HSC Trust	Inpatients	811	900	985	1,179	1,017	-13.7%	25.4%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	811	900	985	1,179	1,017	-13.7%	25.4%
	Average Available Beds	146.8	147.7	150.4	143.5	139.9	-2.5%	-4.7%
	Percentage Occupancy	100.0%	100.0%	100.0%	95.6%	88.7%	-7.2%	-11.3%
	Throughput	5.5	6.1	6.5	8.2	7.3	-11.6%	31.5%
	Average Length of Stay	68.9	63.5	55.7	42.5	44.6	4.9%	-35.3%
	Outpatient Attendances			1,447	0	0		

Source: KH03A and QOAR

Table 1.2: Continued

HSC Trust	Activity	Year					Percentage change 2009/10-2010/11	Percentage change 2006/07-2010/11
		2006/07	2007/08	2008/09	2009/10	2010/11		
Southern HSC Trust	Inpatients	1,691	1,598	1,570	1,585	1,275	-19.6%	-24.6%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	1,691	1,598	1,570	1,585	1,275	-19.6%	-24.6%
	Average Available Beds	217.5	204.8	196.6	180.0	101.6	-43.6%	-53.3%
	Percentage Occupancy	79.8%	82.3%	82.1%	84.5%	83.9%	-0.7%	5.2%
	Throughput	7.8	7.8	8.0	8.8	12.5	42.5%	61.4%
	Average Length of Stay	37.5	38.5	37.5	35.0	24.4	-30.3%	-34.8%
	Outpatient Attendances			15,176	0	0		
Western HSC Trust	Inpatients	1,742	1,434	1,330	1,223	1,246	1.9%	-28.5%
	Day Cases	178	158	123	158	225	42.4%	26.4%
	Total Admissions	1,920	1,592	1,453	1,381	1,471	6.5%	-23.4%
	Average Available Beds	182.3	175.4	170.1	154.4	150.4	-2.6%	-17.5%
	Percentage Occupancy	89.7%	94.1%	88.8%	92.3%	90.1%	-2.4%	0.5%
	Throughput	9.6	8.2	7.8	7.9	8.3	4.6%	-13.3%
	Average Length of Stay	34.3	42.0	41.4	42.6	39.7	-6.7%	15.9%
	Outpatient Attendances			1,915	0	0		

Source: KH03A and QOAR

**Table 1.3: Inpatient and Day Case Activity Data Within the Mental Health POC by Hospital/HSC Trust (2010/11) <sup>19</sup>**

Hospital/HSC Trust	Average Available Beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of Stay	Turnover Interval
Beechcroft CAMHS	16.0	16.6	60	0	100.0	3.8	101.0	0.0
Forster Green	3.7	3.7	10	0	98.7	2.7	134.7	1.8
Knockbracken Healthcare Park	168.6	141.1	299	0	83.7	1.8	172.3	33.5
Mater Infirmorum	49.4	47.0	299	127	95.2	6.0	57.4	2.9
Shaftesbury Square	0.0	0.0	0	2,615	0.0	0.0	0.0	0.0
Windsor House	33.2	27.5	249	0	82.7	7.5	40.3	8.4
<b>Belfast HSC Trust</b>	<b>270.9</b>	<b>235.9</b>	<b>917</b>	<b>2,742</b>	<b>87.1</b>	<b>3.4</b>	<b>93.9</b>	<b>13.9</b>
Causeway	27.0	27.1	160	0	100.0	5.9	61.7	0.0
Holywell	131.5	125.9	653	0	95.8	5.0	70.4	3.1
<b>Northern HSC Trust</b>	<b>158.5</b>	<b>153.0</b>	<b>813</b>	<b>0</b>	<b>96.5</b>	<b>5.1</b>	<b>68.7</b>	<b>2.5</b>
Downshire	91.7	79.6	439	0	86.8	4.8	66.2	10.1
Lagan Valley PNU	24.0	21.3	258	0	88.6	10.8	30.1	3.9
Ulster MHU	24.2	23.3	320	0	96.2	13.2	26.5	1.0
<b>South Eastern HSC Trust</b>	<b>139.9</b>	<b>124.1</b>	<b>1,017</b>	<b>0</b>	<b>88.7</b>	<b>7.3</b>	<b>44.6</b>	<b>5.7</b>
Bluestone	60.0	50.5	894	0	84.2	14.9	20.6	3.9
St Luke's	41.6	34.8	381	0	83.6	9.2	33.3	6.5
<b>Southern HSC Trust</b>	<b>101.6</b>	<b>85.3</b>	<b>1,275</b>	<b>0</b>	<b>83.9</b>	<b>12.5</b>	<b>24.4</b>	<b>4.7</b>
Altnagelvin Area	0.0	0.0	0	225	0.0	0.0	0.0	0.0
Gransha	54.0	57.7	524	0	100.0	9.7	40.2	0.0
Tyrone & Fermanagh	96.4	77.8	722	0	80.7	7.5	39.3	9.4
<b>Western HSC Trust</b>	<b>150.4</b>	<b>135.5</b>	<b>1,246</b>	<b>225</b>	<b>90.1</b>	<b>8.3</b>	<b>39.7</b>	<b>4.4</b>
<b>Northern Ireland</b>	<b>821.4</b>	<b>733.8</b>	<b>5,268</b>	<b>2,967</b>	<b>89.3</b>	<b>6.4</b>	<b>50.8</b>	<b>6.1</b>

Source: KH03a

<sup>19</sup> Refer to Appendix 5: Explanatory Notes – point 7.

Table 1.4: Outpatient Activity Within the Mental Health POC by Hospital/HSC Trust (2010/11)

Hospital/HSC Trust	<u>Attendances</u>												Private Patient Attendances
	<u>New Attendances</u>			<u>Review Attendances</u>			<u>Total Attendances</u>			<u>Hospital Cancellations</u>		Patient Died	
	Seen	DNA	CNA	Seen	DNA	CNA	Seen	DNA	CNA	New	Review		
Alexandra Gardens	76	124	1	454	153	15	530	277	16	6	125	2	0
Beechcroft CAMHS	566	71	50	6,355	989	1,216	6,921	1,060	1,266	4	237	0	0
Mater Infirmorum	753	378	119	4,586	2,070	331	5,339	2,448	450	258	2,566	17	0
Windsor House	4	0	1	47	4	7	51	4	8	0	13	0	0
Belfast HSC Trust	1,399	573	171	11,442	3,216	1,569	12,841	3,789	1,740	268	2,941	19	0
Northern Ireland	1,399	573	171	11,442	3,216	1,569	12,841	3,789	1,740	268	2,941	19	0

Source: QOAR

Table 1.5: Outpatient Activity Within the Mental Health POC, Including DNA / CNA / Hospital Cancellation Rates (2010/11)

Hospital/HSC Trust	<u>Attendances</u>									<u>Hospital Cancellation Rates</u>		
	<u>New Attendances</u>			<u>Review Attendances</u>			<u>Total Attendances</u>					
	Seen	DNA Rate	CNA Rate	Seen	DNA Rate	CNA Rate	Seen	DNA Rate	CNA Rate	New	Review	Total
Alexandra Gardens	76	62.0	1.3	454	25.2	3.2	530	34.3	2.9	7.3	21.6	19.8
Beechcroft CAMHS	566	11.1	8.1	6,355	13.5	16.1	6,921	13.3	15.5	0.7	3.6	3.4
Mater Infirmorum	753	33.4	13.6	4,586	31.1	6.7	5,339	31.4	7.8	25.5	35.9	34.6
Windsor House	4	0.0	20.0	47	7.8	13.0	51	7.3	13.6	0.0	21.7	20.3
<b>Belfast HSC Trust</b>	<b>1,399</b>	<b>29.1</b>	<b>10.9</b>	<b>11,442</b>	<b>21.9</b>	<b>12.1</b>	<b>12,841</b>	<b>22.8</b>	<b>11.9</b>	<b>16.1</b>	<b>20.4</b>	<b>20.0</b>
<b>Northern Ireland</b>	<b>1,399</b>	<b>29.1</b>	<b>10.9</b>	<b>11,442</b>	<b>21.9</b>	<b>12.1</b>	<b>12,841</b>	<b>22.8</b>	<b>11.9</b>	<b>16.1</b>	<b>20.4</b>	<b>20.0</b>

Source: QOAR

**Table 1.6: Compulsory Admissions Under Mental Health (NI) Order 1986 By Sex and Hospital/HSC Trust (2010/11) <sup>20</sup>**

Hospital/HSC Trust	Males	Females	All
Beechcroft CAMHS	5	9	14
Knockbracken Healthcare Park	121	71	192
Mater Infirmorum	26	15	41
Muckamore Abbey	22	17	39
Windsor House	25	22	47
<b>Belfast HSC Trust</b>	<b>199</b>	<b>134</b>	<b>333</b>
Causeway	22	23	45
Holywell	109	104	213
<b>Northern HSC Trust</b>	<b>131</b>	<b>127</b>	<b>258</b>
Downshire	32	20	52
Lagan Valley PNU	21	25	46
Ulster MHU	34	41	75
<b>South Eastern HSC Trust</b>	<b>87</b>	<b>86</b>	<b>173</b>
Bluestone	79	61	140
Longstone	*	*	*
St Luke's	*	*	*
<b>Southern HSC Trust</b>	<b>123</b>	<b>82</b>	<b>205</b>
Gransha	*	*	*
Tyrone & Fermanagh	27	33	60
Waterside	*	*	*
<b>Western HSC Trust</b>	<b>47</b>	<b>50</b>	<b>97</b>
<b>Northern Ireland</b>	<b>587</b>	<b>479</b>	<b>1,066</b>

Source: KH15

<sup>20</sup> Refer to Appendix 5: Explanatory Notes – point 17.



Table 1.7: Inpatient and Day Case Activity Data Within the Mental Illness Specialty by Hospital/HSC Trust (2010/11) <sup>21</sup>

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Knockbracken Healthcare Park	134.6	108.8	281	0	80.8	2.1	141.3	33.5
Mater Infirmorum	49.4	47.0	299	127	95.2	6.0	57.4	2.9
Windsor House	33.2	27.5	249	0	82.7	7.5	40.3	8.4
<b>Belfast HSC Trust</b>	<b>217.2</b>	<b>183.3</b>	<b>829</b>	<b>127</b>	<b>84.4</b>	<b>3.8</b>	<b>80.7</b>	<b>14.9</b>
Causeway	27.0	27.1	160	0	100.0	5.9	61.7	0.0
Holywell	131.5	125.9	653	0	95.8	5.0	70.4	3.1
<b>Northern HSC Trust</b>	<b>158.5</b>	<b>153.0</b>	<b>813</b>	<b>0</b>	<b>96.5</b>	<b>5.1</b>	<b>68.7</b>	<b>2.5</b>
Downshire	91.7	79.6	439	0	86.8	4.8	66.2	10.1
Lagan Valley PNU	24.0	21.3	258	0	88.6	10.8	30.1	3.9
Ulster MHU	24.2	23.3	320	0	96.2	13.2	26.5	1.0
<b>South Eastern HSC Trust</b>	<b>139.9</b>	<b>124.1</b>	<b>1,017</b>	<b>0</b>	<b>88.7</b>	<b>7.3</b>	<b>44.6</b>	<b>5.7</b>
Bluestone	60.0	49.4	862	0	82.3	14.4	20.9	4.5
St Luke's	41.6	34.8	381	0	83.6	9.2	33.3	6.5
<b>Southern HSC Trust</b>	<b>101.6</b>	<b>84.2</b>	<b>1,243</b>	<b>0</b>	<b>82.8</b>	<b>12.2</b>	<b>24.7</b>	<b>5.1</b>
Altnagelvin Area	0.0	0.0	0	225	0.0	0.0	0.0	0.0
Gransha <sup>3</sup>	54.0	57.4	524	0	100.0	9.7	40.0	0.0
Tyrone & Fermanagh	96.4	77.8	722	0	80.7	7.5	39.3	9.4
<b>Western HSC Trust</b>	<b>150.4</b>	<b>135.2</b>	<b>1,246</b>	<b>225</b>	<b>89.9</b>	<b>8.3</b>	<b>39.6</b>	<b>4.4</b>
<b>Northern Ireland</b>	<b>767.6</b>	<b>679.8</b>	<b>5,148</b>	<b>352</b>	<b>88.6</b>	<b>6.7</b>	<b>48.2</b>	<b>6.2</b>

Source: KH03a

<sup>21</sup> Refer to Appendix 5: Explanatory Notes – point 7.

**Table 1.8: Inpatient and Day Case Activity Data Within the Child & Adolescent Psychiatry Specialty by Hospital/HSC Trust (2010/11)** <sup>22</sup>

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Beechcroft CAMHS	16.0	16.6	60	0	100.0	3.8	101.0	0.0
Forster Green	3.7	3.7	10	0	98.7	2.7	134.7	1.8
<b>Belfast HSC Trust</b>	<b>19.7</b>	<b>20.3</b>	<b>70</b>	<b>0</b>	<b>100.0</b>	<b>3.5</b>	<b>105.8</b>	<b>0.0</b>
Bluestone	0.0	1.1	32	0	0.0	0.0	12.9	0.0
<b>Southern HSC Trust</b>	<b>0.0</b>	<b>1.1</b>	<b>32</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>12.9</b>	<b>0.0</b>
Gransha	0.0	0.3	0	0	0.0	0.0	0.0	0.0
<b>Western HSC Trust</b>	<b>0.0</b>	<b>0.3</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Northern Ireland</b>	<b>19.7</b>	<b>21.7</b>	<b>102</b>	<b>0</b>	<b>100.0</b>	<b>5.2</b>	<b>77.6</b>	<b>0.0</b>

Source: KH03a

**Table 1.9: Inpatient and Day Case Activity Data Within the Forensic Psychiatry Specialty by Hospital/HSC Trust (2010/11)**

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Knockbracken Healthcare Park	34.0	32.4	18	0	95.2	0.5	656.3	33.2
<b>Belfast HSC Trust</b>	<b>34.0</b>	<b>32.4</b>	<b>18</b>	<b>0</b>	<b>95.2</b>	<b>0.5</b>	<b>656.3</b>	<b>33.2</b>
<b>Northern Ireland</b>	<b>34.0</b>	<b>32.4</b>	<b>18</b>	<b>0</b>	<b>95.2</b>	<b>0.5</b>	<b>656.3</b>	<b>33.2</b>

Source: KH03a

<sup>22</sup> Refer to Appendix 5: Explanatory Notes – point 7.

**Table 1.10: Inpatient and Day Case Activity Data Within the Psychotherapy Specialty by Hospital/HSC Trust (2010/11)**

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Shaftesbury Square	0.0	0.0	0	2,615	0.0	0.0	0.0	0.0
<b>Belfast HSC Trust</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>2,615</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Northern Ireland</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>2,615</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Source: KH03a

**Table 1.11: Outpatient Activity Data Within the Mental Illness Specialty by Hospital/HSC Trust (2010/11)**

Hospital/HSC Trust	Attendances						Hospital Cancellations		Patient Died	Private Patient Attendances
	New Attendances			Review Attendances						
	Seen	DNA	CNA	Seen	DNA	CNA	New	Review		
Alexandra Gardens	76	124	1	454	153	15	6	125	2	0
Mater Infirmorum	753	378	119	4,586	2,070	331	258	2,566	17	0
Belfast HSC Trust	829	502	120	5,040	2,223	346	264	2,691	19	0
Northern Ireland	829	502	120	5,040	2,223	346	264	2,691	19	0

Source: QOAR

**Table 1.12: Outpatient Activity Data Within the Child & Adolescent Psychiatry Specialty by Hospital/HSC Trust (2010/11)**

Hospital/HSC Trust	Attendances						Hospital Cancellations		Patient Died	Private Patient Attendances
	New Attendances			Review Attendances						
	Seen	DNA	CNA	Seen	DNA	CNA	New	Review		
Beechcroft CAMHS	566	71	50	6,355	989	1,216	4	237	0	0
Belfast HSC Trust	566	71	50	6,355	989	1,216	4	237	0	0
Northern Ireland	566	71	50	6,355	989	1,216	4	237	0	0

Source: QOAR

**Table 1.13: Outpatient Activity Data Within the Psychotherapy Specialty by Hospital/HSC Trust (2010/11)**

Hospital/HSC Trust	Attendances						Hospital Cancellations		Patient Died	Private Patient Attendances
	New Attendances			Review Attendances						
	Seen	DNA	CNA	Seen	DNA	CNA	New	Review		
Windsor House	4	0	1	47	4	7	0	13	0	0
Belfast HSC Trust	4	0	1	47	4	7	0	13	0	0
Northern Ireland	4	0	1	47	4	7	0	13	0	0

Source: QOAR

**Table 1.14: Mental Illness Inpatients Resident at 17 February 2011 (including patients on Home Leave) <sup>23</sup>**

Length of Stay	Age in Years									
	0-15	16-18	19-24	25-34	35-44	45-54	55-64	65-74	75+	TOTAL
0-6 months	16	18	46	91	88	97	76	81	91	604
7-12 months	4	2	3	6	9	14	12	9	8	67
>1-2 years	1	0	2	10	3	7	7	5	6	41
>2-3 years	0	0	0	2	8	3	2	5	6	26
>3-5 years	0	2	2	6	9	12	16	3	9	59
>5-10 years	0	0	0	3	10	12	7	15	14	61
>10-20 years	0	0	0	3	3	16	14	4	2	42
>20-30 years	0	0	2	1	0	6	8	1	0	18
>30 years	1	0	1	1	2	0	7	5	1	18
<b>TOTAL</b>	<b>22</b>	<b>22</b>	<b>56</b>	<b>123</b>	<b>132</b>	<b>167</b>	<b>149</b>	<b>128</b>	<b>137</b>	<b>936</b>

**Total number of inpatients on home leave (included in above total):**

**61**

Source: Mental Health & Learning Disability Census 2011

<sup>23</sup> Refer to Appendix 5: Explanatory Notes – point 18.

**Table 2.1: Key Points - Learning Disability Statistics (2006/07 - 2010/11)** <sup>24, 25</sup>

Activity	Year					Percentage change 2009/10- 2010/11	Percentage Change 2006/07- 2010/11
	2006/07	2007/08	2008/09	2009/10	2010/11		
<b>Inpatients</b>	2,014	1,965	1,886	1,770	1,642	-7.2%	-18.5%
<b>Day Cases</b>	23	26	0	9	0	-100.0%	-100.0%
<b>Total Admissions</b>	2,037	1,991	1,886	1,779	1,642	-7.7%	-19.4%
<b>Average Available Beds</b>	517.6	467.3	448.5	397.3	358.6	-9.7%	-30.7%
<b>Percentage Occupancy</b>	85.9%	92.1%	90.9%	92.9%	93.6%	0.8%	9.0%
<b>Throughput</b>	3.9	4.2	4.2	4.5	4.6	2.8%	17.7%
<b>Average Length of Stay</b>	80.6	80.0	78.9	76.1	74.6	-2.0%	-7.4%
<b>Outpatient Attendances</b>	5,116	4,908	5,189	5,451	6,115	12.2%	19.5%

Source: KH03A and QOAR

<sup>24</sup> Due to the small number of day cases reported in learning disability hospitals in each of the last five years, it may be misleading to calculate percentage changes.

<sup>25</sup> To take account of any amendments received from Hospitals, information has been updated for the last 5 years.

Table 2.2: Learning Disability Statistics, by HSC Trust (2006/07 - 2010/11)

HSC Trust	Activity	Year					Percentage change 2009/10-2010/11	Percentage change 2006/07-2010/11
		2006/07	2007/08	2008/09	2009/10	2010/11		
Belfast HSC Trust	Inpatients	1,215	1,297	1,345	1,307	1,258	-3.7%	3.5%
	Day Cases	19	22	0	4	0	-100.0%	-100.0%
	Total Admissions	1,234	1,319	1,345	1,311	1,258	-4.0%	1.9%
	Average Available Beds	315.9	305.8	295.6	263.7	244.6	-7.2%	-22.6%
	Percentage Occupancy	87.5%	92.7%	91.6%	94.6%	97.0%	2.5%	10.9%
	Throughput	3.8	4.2	4.5	5.0	5.1	3.7%	33.7%
	Average Length of Stay	83.0	79.7	73.5	69.6	68.8	-1.2%	-17.1%
	Outpatient Attendances	3,154	3,190	3,326	3,205	3,428	7.0%	8.7%
Northern HSC Trust	Inpatients	-	-	-	-	1	-	-
	Day Cases	-	-	-	-	0	-	-
	Total Admissions	-	-	-	-	1	-	-
	Average Available Beds	-	-	-	-	0.0	-	-
	Percentage Occupancy	-	-	-	-	100.0%	-	-
	Throughput	-	-	-	-	73.0	-	-
	Average Length of Stay	-	-	-	-	5.0	-	-
	Outpatient Attendances	-	-	1	0	0	-	-
South Eastern HSC Trust	Inpatients	-	-	-	-	-	-	-
	Day Cases	-	-	-	-	-	-	-
	Total Admissions	-	-	-	-	-	-	-
	Average Available Beds	-	-	-	-	-	-	-
	Percentage Occupancy	-	-	-	-	-	-	-
	Throughput	-	-	-	-	-	-	-
	Average Length of Stay	-	-	-	-	-	-	-
	Outpatient Attendances	-	-	-	-	-	-	-

Source: KH03a and QOAR

Table 2.2: Continued

HSC Trust	Activity	Year					Percentage change 2009/10-2010/11	Percentage change 2006/07-2010/11
		2006/07	2007/08	2008/09	2009/10	2010/11		
Southern HSC Trust	Inpatients	476	336	264	237	211	-11.0%	-55.7%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	476	336	264	237	211	-11.0%	-55.7%
	Average Available Beds	133.7	305.8	93.3	82.2	78.0	-5.1%	-41.7%
	Percentage Occupancy	79.8%	91.7%	91.5%	87.8%	87.2%	-0.7%	9.3%
	Throughput	3.6	3.4	0.9	2.9	2.7	-6.2%	-24.0%
	Average Length of Stay	81.8	99.0	118.1	111.2	117.7	5.9%	43.8%
	Outpatient Attendances	931	856	836	1,047	1,371	30.9%	47.3%
Western HSC Trust	Inpatients	323	332	277	226	172	-23.9%	-46.7%
	Day Cases	4	4	0	5	0	-100.0%	-100.0%
	Total Admissions	327	336	277	231	172	-25.5%	-47.4%
	Average Available Beds	68.0	62.2	59.6	51.4	35.9	-30.1%	-47.2%
	Percentage Occupancy	90.5%	90.1%	86.7%	92.5%	84.7%	-8.4%	-6.4%
	Throughput	4.8	5.3	4.7	4.4	4.8	8.8%	0.8%
	Average Length of Stay	69.5	61.6	68.1	76.7	64.6	-15.9%	-7.1%
	Outpatient Attendances	1,031	862	1,026	1,199	1,316	9.8%	27.6%

Source: KH03a and QOAR



**Table 2.3: Inpatient and Day Case Activity Data Within the Learning Disability POC by Hospital/HSC Trust (2010/11)** <sup>26</sup>

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Muckamore Abbey	237.0	230.4	119	0	97.2	0.5	706.6	20.4
Musgrave Park	7.6	6.8	1,139	0	89.6	149.4	2.2	0.3
<b>Belfast HSC Trust</b>	<b>244.6</b>	<b>237.2</b>	<b>1,258</b>	<b>0</b>	<b>97.0</b>	<b>5.1</b>	<b>68.8</b>	<b>2.2</b>
Antrim Area	0.0	0.0	1	0	100.0	73.0	5.0	0.0
<b>Northern HSC Trust</b>	<b>0.0</b>	<b>0.0</b>	<b>1</b>	<b>0</b>	<b>100.0</b>	<b>73.0</b>	<b>5.0</b>	<b>0.0</b>
Longstone	78.0	68.1	211	0	87.2	2.7	117.7	17.2
<b>Southern HSC Trust</b>	<b>78.0</b>	<b>68.1</b>	<b>211</b>	<b>0</b>	<b>87.2</b>	<b>2.7</b>	<b>117.7</b>	<b>17.2</b>
Lakeview	35.9	30.4	172	0	84.7	4.8	64.6	11.7
<b>Western HSC Trust</b>	<b>35.9</b>	<b>30.4</b>	<b>172</b>	<b>0</b>	<b>84.7</b>	<b>4.8</b>	<b>64.6</b>	<b>11.7</b>
<b>Northern Ireland</b>	<b>358.6</b>	<b>335.7</b>	<b>1,642</b>	<b>0</b>	<b>93.6</b>	<b>4.6</b>	<b>74.6</b>	<b>5.1</b>

Source: KH03a

<sup>26</sup> Refer to Appendix 5: explanatory Notes – point 19.

Table 2.4: Outpatient Activity Data Within the Learning Disability POC by Hospital/HSC Trust (2010/11)

Hospital/HSC Trust	Attendances									Hospital Cancellations		Patient Died	Private Patient Attendances
	New Attendances			Review Attendances			Total Attendances						
	Seen	DNA	CNA	Seen	DNA	CNA	Seen	DNA	CNA	New	Review		
Muckamore Abbey	268	59	54	3,160	429	506	3,428	488	560	7	155	12	0
Belfast HSC Trust	268	59	54	3,160	429	506	3,428	488	560	7	155	12	0
Longstone	121	45	0	1,250	253	1	1,371	298	1	5	22	0	0
Southern HSC Trust	121	45	0	1,250	253	1	1,371	298	1	5	22	0	0
Lakeview	59	10	5	1,257	65	79	1,316	75	84	0	0	0	0
Western HSC Trust	59	10	5	1,257	65	79	1,316	75	84	0	0	0	0
Northern Ireland	448	114	59	5,667	747	586	6,115	861	645	12	177	12	0

Source: QOAR

Table 2.5: Outpatient Activity Within the Learning Disability POC, Including DNA / CNA / Hospital Cancellation Rates (2010/11)

Hospital/HSC Trust	Attendances									Hospital Cancellation Rates		
	New Attendances			Review Attendances			Total Attendances					
	Seen	DNA Rate	CNA Rate	Seen	DNA Rate	CNA Rate	Seen	DNA Rate	CNA Rate	New	Review	Total
Muckamore Abbey	268	18.0	16.8	3,160	12.0	13.8	3,428	12.5	14.0	2.5	4.7	4.5
Belfast HSC Trust	268	18.0	16.8	3,160	12.0	13.8	3,428	12.5	14.0	2.5	4.7	4.5
Longstone	121	27.1	0.0	1,250	16.8	0.1	1,371	17.9	0.1	4.0	1.7	1.9
Southern HSC Trust	121	27.1	0.0	1,250	16.8	0.1	1,371	17.9	0.1	4.0	1.7	1.9
Lakeview	59	14.5	7.8	1,257	4.9	5.9	1,316	5.4	6.0	0.0	0.0	0.0
Western HSC Trust	59	14.5	7.8	1,257	4.9	5.9	1,316	5.4	6.0	0.0	0.0	0.0
Northern Ireland	448	20.3	11.6	5,667	11.6	9.4	6,115	12.3	9.5	2.6	3.0	3.0

Source: QOAR

**Table 2.6: Learning Disability Inpatients Resident at 17 February 2011 (including patients on Home Leave)**

Length of Stay	Age in years									
	0-15	16-18	19-24	25-34	35-44	45-54	55-64	65-74	75+	All Ages
0-6 months	7	2	10	9	8	15	10	0	1	62
7-12 months	1	2	2	2	6	1	1	1	0	16
>1-2 years	2	0	2	5	5	6	2	0	0	22
>2-3 years	0	1	3	3	7	2	2	1	0	19
>3-5 years	0	0	3	8	2	8	6	4	0	31
>5-10 years	0	0	5	10	7	9	6	2	1	40
>10-20 years	0	0	0	10	8	8	5	0	2	33
>20-30 years	0	0	0	1	14	7	6	3	1	32
>30 years	0	0	0	0	6	26	28	9	2	71
<b>TOTAL</b>	<b>10</b>	<b>5</b>	<b>25</b>	<b>48</b>	<b>63</b>	<b>82</b>	<b>66</b>	<b>20</b>	<b>7</b>	<b>326</b>

**Total number of inpatients on home leave (included in above total):**

11

Source: Mental Health & Learning Disability Census 2011

## Appendix 1: Mental Health / Learning Disability Specialties in each Hospital during 2010/11

Hospital	Specialties
Alexandra Gardens	Mental Illness (Outpatients Only)
Altnagelvin Area	Mental Illness
Beechcroft CAMHS	Child & Adolescent Psychiatry
Bluestone	Mental Illness, Child & Adolescent Psychiatry
Causeway	Mental Illness
Downshire	Mental Illness
Forster Green	Child & Adolescent Psychiatry
Gransha	Mental Illness, Child & Adolescent Psychiatry
Holywell	Mental Illness
Knockbracken Healthcare Park	Mental Illness, Forensic Psychiatry
Lagan Valley PNU	Mental Illness
Lakeview	Learning Disability
Longstone	Learning Disability
Mater Infirmorum	Mental Illness
Muckamore Abbey	Learning Disability
Musgrave Park	Learning Disability
Shaftesbury Square	Psychotherapy
St. Luke's	Mental Illness
Tyrone & Fermanagh	Mental Illness
Ulster MHU	Mental Illness
Windsor House	Mental Illness, Psychotherapy

## Appendix 2: Hospitals Open Within Each HSC Trust for All or Part of Year Ending 31 March 2011

<b>Belfast Health and Social Care Trust</b>	Alexandra Gardens, Beechcroft CAMHS, Forster Green, Knockbracken, Mater Infirmorum, Muckamore Abbey, Musgrave Park (now includes Forest Lodge), Shaftesbury Square, Windsor House
<b>Northern Health and Social Care Trust</b>	Causeway, Holywell
<b>South Eastern Health and Social Care Trust</b>	Downshire, Lagan Valley PNU, Ulster MHU
<b>Southern Health and Social Care Trust</b>	Bluestone, Longstone, St Luke's
<b>Western Health and Social Care Trust</b>	Altnagelvin Area, Gransha, Lakeview, Tyrone & Fermanagh

## Appendix 3: Hospital Specialties by Programme of Care

Programmes of Care are divisions of healthcare, into which activity and finance data are assigned, so as to provide a common management framework. They are used to plan and monitor the health service, by allowing performance to be measured, targets set and services managed on a comparative basis. In total, there are nine Programmes of Care. However, only five of these are relevant to hospital activity. The relevant hospital specialties within each of the Programmes of Care are shown below.

### **POC 1 - Acute Services**

100 General Surgery  
101 Urology  
110 T & O Surgery  
120 ENT  
130 Ophthalmology  
140 Oral Surgery  
141 Restorative Dentistry  
142 Paediatric Dentistry  
143 Orthodontics  
150 Neurosurgery  
160 Plastic Surgery  
170 Cardiac Surgery  
171 Paediatric Surgery  
172 Thoracic Surgery  
180 Accident & Emergency  
190 Anaesthetics  
191 Pain Management  
300 General Medicine  
301 Gastroenterology  
302 Endocrinology  
303 Haematology (Clin)  
304 Clinical Physiology  
305 Clinical Pharmacology  
310 Audiological Medicine  
311 Clinical Genetics  
312 Clinical Genetics & Molecular Genetics  
313 Clinical Immunology & Allergy  
314 Rehabilitation  
315 Palliative Medicine  
320 Cardiology  
330 Dermatology  
340 Thoracic Medicine  
350 Infectious Diseases  
360 Genito-Urinary Medicine  
361 Nephrology  
370 Medical Oncology  
371 Nuclear Medicine  
400 Neurology  
401 Clinical Neuro-Physiology  
410 Rheumatology  
420 Paediatrics  
421 Paediatric Neurology

450 Dental Medicine Specialties  
460 Medical Ophthalmology  
502 Gynaecology  
620 GP Other  
800 Clinical Oncology  
810 Radiology  
820 General Pathology  
821 Blood Transfusion  
822 Chemical Pathology  
823 Haematology  
824 Histopathology  
830 Immunopathology  
831 Medical Microbiology  
832 Neuropathology  
900 Community Medicine  
901 Occupational Medicine  
990 Joint Consultant Clinics  
999 Other

### **POC 2 - Maternity and Child Health**

501 Obstetrics  
510 Obstetrics (Ante Natal)  
520 Obstetrics (Post Natal)  
540 Well Babies (Obstetrics)  
550 Well Babies (Paediatrics)

### **POC 4 - Elderly Care**

430 Geriatric Medicine  
715 Old Age Psychiatry

### **POC 5 - Mental Health**

710 Mental Illness  
711 Child & Adolescent Psychiatry  
712 Forensic Psychiatry  
713 Psychotherapy

### **POC 6 - Learning Disability**

700 Learning Disability

## Appendix 4: Definitions

### 1. Average Available/Occupied Beds

The average number of available and occupied beds during the year in wards that are open overnight, measured at midnight. Hospitals may also have a number of beds in wards that are only open during the day. Beds reserved for day care admission or regular day admission are not included.

### 2. Average Length of Stay

A measurement of the average length of time spent in hospital. Day Cases and regular attenders are excluded from the calculation.

Average Daily Number of Occupied Beds x Days in Year  
-----  
Total Inpatients

### 3. % Occupancy

A measurement of the percentage of time that beds are occupied. Day cases and regular attenders are excluded from the calculation.

Average Daily Occupied Beds  
----- x 100  
Average Daily Available Beds

### 4. Throughput

A measurement of the average number of ordinary admissions treated in each available bed open overnight each year. Day Cases and regular attenders are excluded from the calculation.

Total Inpatients  
-----  
Average Number of Available Beds

### 5. Turnover Interval

A measurement of the average length of time a bed open overnight remains unoccupied between ordinary admissions. Day Cases and regular attenders are excluded from the calculation.

Average Available Beds - Average Occupied Beds x Days in Year  
-----  
Total Inpatients

### 6. Day case rate

The number of Day Cases is given as a percentage of elective inpatients.

Total Day Cases  
----- x 100  
(Total Elective Inpatients) + Total Day Cases

## **7. Elective Inpatient**

A patient for whom the decision to admit could be separated in time from the actual admission. This excludes emergency admissions and maternity or delivery episodes.

## **8. Inpatients**

Inpatient admissions include both (a) patients admitted electively with the expectation that they will remain in hospital for at least one night, and (b) non-elective admissions (e.g. emergency admissions). A patient who is admitted with this intention but who leaves hospital for any reason without staying overnight is still counted as an inpatient. Day cases and regular attenders are not included.

## **9. Day Case**

A patient admitted electively during the course of a day with the intention of receiving care who does not require the use of a hospital bed overnight and who returns home as scheduled. If this original intention is not fulfilled and the patient stays overnight, such a patient should be counted as an inpatient.

## **10. Admissions**

Total admissions has been taken to be the sum of all day cases, inpatients (elective and non elective) and regular attenders. Deaths and discharges have been used as an approximation of admissions.

## **11. Private Patient Attendances**

A private patient is one who has opted to have treatment outside the Health Service and has undertaken to pay for all expenses incurred, including treatment and accommodation costs.

## **12. Specialty**

A specialty is a particular branch of medicine or surgery. Each consultant is assigned a main specialty from a list recognised by the Royal Colleges and Faculties. Information is recorded against the specialty of the treating consultant.

## **13. Outpatient Services**

An outpatient service is a consultant led service provided by Health and Social Care Trusts to allow patients to see a consultant, their staff and associated health professionals for assessment in relation to a specific condition. Patients are not admitted into hospital for this assessment. Outpatient services are usually provided during a clinic session providing an opportunity for consultation, investigation and minor treatment.

Patients normally attend by prior arrangement. Although a consultant is in overall charge, they may not be present on all occasions the clinic is held. They must, however, be represented by a member of their team.

## **14. Outpatient Appointment**

An outpatient appointment is an administrative arrangement enabling patients to see a consultant, their staff and associated health professionals, following an outpatient referral. Outpatient appointments relate to all appointments with a consultant led service, irrespective of the location in which the service is performed.



## **15. New Attendance**

A new attendance is the first of a series or the only attendance at an outpatient service with a consultant or their representative following an outpatient referral. In practice, most referrals will be seen as a consequence of a GP referral request; however, referrals may also be received from a range of other sources (see Appendix 1). First attendances at an outpatient clinic that are initiated by the consultant, who has already seen the patient, are classified as review attendances i.e. following an attendance at an Accident & Emergency unit or following an inpatient admission.

## **16. Review Attendances**

A review attendance is an attendance at an outpatient service following; a new outpatient attendance, a previous review attendance, an attendance at an Accident & Emergency unit, a domiciliary visit, or following an inpatient admission, for the same condition. Essentially review appointments are all appointments that are not a first appointment.

## **17. Did Not Attend (DNA'd) / Missed Appointment**

This is the number of patients who did not attend, and failed to give advance warning to the hospital, for an outpatient appointment. This includes patients who cancelled their outpatient appointment on the same day on which the appointment was scheduled. These should not be confused with those who could not attend and who did warn the hospital in advance (before the day on which the appointment was scheduled).

## **18. DNA rate**

This is the number of patients who did not attend, and failed to give advance warning to the hospital, taken as a rate of attendances and missed appointments. This is calculated by the following formula:

$$((\text{Number of DNAs}) / (\text{Number of attendances} + \text{Number of DNAs})) * 100$$

## **19. Could Not Attend (CNA'd) / Patient Cancellation**

This is the number of patients who could not attend, and gave advance warning to the hospital, for an outpatient appointment before the day of the scheduled appointment. These should not be confused with those who either did not attend without prior warning or those who could not attend and informed the hospital on the day on which the appointment was scheduled. This does not include appointments cancelled as a result of the hospital being notified of the patient's death.

## **20. CNA rate**

This is the number of patients who could not attend, and gave advance warning to the hospital, taken as a rate of attendances and missed appointments. This is calculated by the following formula:

$$((\text{Number of CNAs}) / (\text{Number of attendances} + \text{Number of CNAs})) * 100$$

## **21. Outpatient Appointment Cancelled by the Hospital / Hospital Cancellation**

This is the number of outpatient appointments that have been cancelled by the Health and Social Care Trust. A cancelled appointment is one which was intended to be held but which did not occur. Such cancellations do not include those cancelled by the patient (Could Not Attend), appointments the patient did not attend without giving prior notice (DNA) and appointments cancelled by the hospital as a result of the patient's death.

## 22. Hospital Cancellation rate

This is the number of appointments cancelled by hospitals, taken as a rate of attendances and hospital cancellations. This is calculated by the following formula:

$$\left( \frac{\text{Number of hospital cancellations}}{\text{Number of attendances} + \text{Number of hospital cancellations}} \right) * 100$$

## 23. Reasons for Cancellation

An outpatient appointment may be cancelled by either the Health and Social Care Trust (a hospital cancellation) or the patient (patient could not attend – CNA).

Hospital Cancellations may occur for the following reasons:

- Consultant unavailable
- Medical staff / Nurse unavailable
- Patient treated elsewhere
- Consultant cancelled appointment
- Appointment rescheduled (brought forward)
- Appointment rescheduled (put back)
- Cancelled following validation / audit
- Administrative error by hospital
- Hospital transport not available
- Cancelled by Hospital in order to rebook as alternative booking method

Patient Cancellations (CNA) may occur for the following reasons:

- Patient cancelled appointment as it is no longer required
- Patient cancelled but the appointment is still required
- GP cancelled appointment

If no reason for cancellation has been recorded, Trusts report this as 'No reason for cancellation recorded'.

If an incorrect reason for cancellation has been recorded, for example if one of the hospital cancellation reasons are recorded against a patient cancellation, Trusts report the reasons for such cancellations as 'Incorrect reason for cancellation recorded'.

Cancellations due to the death of a patient are reported separately and should not be included within the figures for either Patient Cancellations (CNA) or hospital cancellations.

## Appendix 5: Explanatory Notes

1. The data contained in this publication have been compiled from the quarterly Körner Aggregate Returns (KARs), which were introduced from 01 April 1988 and the Quarterly Outpatient Activity Return (QOAR) introduced from 01 April 2008. They refer to all general, mental illness and learning disability hospitals in Northern Ireland that provide consultant-led outpatient activity. Any amendments notified by HSC Trusts after 30<sup>th</sup> June 2011 have not been included.
2. Activity has been grouped into POCs on the basis of the main specialty of the consultant in charge of the patient. In a small number of cases, this may lead to differences between the strict POC and the specialty of the consultant in charge. An example of this would be patients in a hospital ward reserved exclusively for the younger physically disabled who would be included in the Acute Services POC when applying the specialty rule rather than the correct POC of Physical and Sensory Disability. However, the specialty rule will apportion activity to the correct POC in the vast majority of cases.
3. In accordance with the Review of Public Administration, with effect from the 01 April 2007, five new integrated Health and Social Care Trusts (Belfast, Northern, South Eastern, Southern and Western) replaced the previous eighteen Trusts in Northern Ireland. Tables have been presented based on the new Trust Areas.
4. The data for individual hospitals on certain indicators (e.g., 'Average Available Beds') will not always sum to the HSC Trust total or the overall NI total due to rounding. In addition, certain indicators (e.g. 'Throughput') have been derived from unrounded figures for greater accuracy. They may therefore differ slightly from values obtained through using rounded figures in the formulae.
5. Data Availability/Format: All of the data contained in the tables are also available on a quarterly basis and can be supplied by individual specialty or hospital/HSC Trust if this level of detail is required. In addition, data can be supplied in spreadsheet format (Microsoft Excel) in order to aid secondary analysis. The tables are also available at [http://www.dhsspsni.gov.uk/index/stats\\_research/stats-pubs.htm](http://www.dhsspsni.gov.uk/index/stats_research/stats-pubs.htm) for those with Internet access.
6. The calculation of average length of stay assumes that patients spend the entire length of their stay in hospital within the same specialty. On occasions, patients may be transferred between specialties during the same stay in hospital. In these circumstances, such transfers may slightly skew the average length of stay at a specialty level.
7. Due to inconsistencies in data supplied, Percentage Occupancy and Turnover Interval figures for Beechcroft CAMHS, Causeway and Gransha, have been set to 100% and 0.0 respectively.
8. Information on Compulsory Admissions derives from the quarterly KH15 information return. This return collects information on all patients admitted during the course of the previous quarter who were detained at admission Under the Mental Health (NI) Order 1986.
9. Following recent ONS guidance on data disclosure, cells with a value between 0 and 4 will now be anonymised with an astrix. In addition, where the anonymised cell can be deduced from the totals, the next smallest cells will also be anonymised.
10. Due to the disparate coverage of coding of reasons for cancellation within HSC Trusts, data users should use caution in the analysis of these data. For example, the number of

appointments recorded as being cancelled for a particular reason may be due to coding issues rather than being indicative of actual activity.

11. From the beginning of 2008/09, the Quarterly Outpatient Activity Return (QOAR) replaced the KH09 (Part 1) as the source of data relating to outpatient activity. As a consequence of this new methodology, the collection of data on scheduled and cancelled clinics was replaced with the collection of data on appointments cancelled by both hospitals (hospital cancellations) and patients (Could not attend or CNAs). The definition of a missed appointment or did not attend (DNA) has been amended to also include CNAs on the day of the appointment. As a result of this amendment, DNA figures for 2008/09 and 2009/10 are not directly comparable with those published in previous years.
12. During 2008/09 Health and Social Care Trusts in Northern undertook a process of reclassifying a number of outpatient services in the Mental Health Programme of Care, from a consultant led to a non consultant led model of service delivery. As a consequence of these reclassifications, data relating to activity within these services are no longer included within the outpatient data contained in this publication. Data users should be aware of these developments when comparing data reported for both 2008/09 and 2009/10 with that published in previous years.
13. The outpatient data contained in this publication have been compiled from the Quarterly Outpatient Activity Return (QOAR), which was introduced from 01/08/08. They refer to all HSC hospitals in Northern Ireland that provide consultant led outpatient activity.
14. Recording and collection of reasons for cancellation commenced at the beginning of 2008/09. These data are published as experimental statistics.
15. The mental health facility known as the 'Young Person's Centre' was renamed 'Beechcroft CAMHS Inpatient Service'.
16. The Mental Illness & Learning Disability Census (MILD) is carried out annually, and is a count of all mental illness and learning disability patients resident in the hospital or on home leave at the time of the Census. Information is collected from each Hospital on the basis of age and length of stay. The Census is a snapshot of the resident population as at 17 February in the appropriate year.
17. A patient under the care of a consultant in a psychiatric specialty is only included under one mental category. Therefore, where a patient has been assigned to more than one specialty, mental illness takes precedence over the others. Thus inpatients admitted under the learning disability POC may be included in this table.
18. Figures for Downshire, Gransha and Windsor include mental illness patients admitted under the Old Age Psychiatry specialty in Functional Mental Illness beds. Figures for Downshire hospital include data for wards in Downe Hospital and figures for Gransha include data for wards in Waterside Hospital.
19. One patient was reported as a learning disability inpatient at Antrim Area Hospital. The Northern HSC Trust indicated that this patient was on leave from a learning disability hospital and receiving acute treatment at Antrim Area Hospital.

**Further information** on Mental Health and Learning Disability statistics in Northern Ireland, is available from:

**Jennifer Myers**

Hospital Information Branch

Information & Analysis Directorate

Department of Health, Social Services & Public Safety

Stormont Estate

Belfast, BT4 3SQ

☎ Tel: 028 905 22555

☎ Fax: 028 905 23288

✉ Email: [statistics@dhsspsni.gov.uk](mailto:statistics@dhsspsni.gov.uk)

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