



Department of  
**Health, Social Services  
and Public Safety**  
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# NORTHERN IRELAND HOSPITAL STATISTICS: MENTAL HEALTH AND LEARNING DISABILITY (2011/12)

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 2012. It details information on inpatient, day case and outpatient activity, and compulsory admissions under the Mental Health (NI) Order 1986.

Alternatively, data detailed in this publication are available in spreadsheet format (Microsoft Excel) to aid secondary analysis, at the link below:

[http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/mental\\_health\\_learning\\_disability.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/mental_health_learning_disability.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 7.3% (512), from 7,020 in 2007/08 to 7,532 in 2011/12 (Figure 1, Table 1.1).
- Since 2007/08, the total number of inpatient admissions under the mental health programme of care decreased by 23.4% (1,557), from 6,651 to 5,094 in 2011/12, whilst the number of day case admissions increased markedly from 369 in 2007/08 to 2,438 in 2011/12 (Figure 1, Table 1.1).
- Across Health and Social Care (HSC) Trusts, the highest average number of available beds within the mental health POC was reported in the Belfast HSC Trust (247.4) whilst the Southern HSC Trust reported the lowest (96.1) (Figure 10, Table 1.2 – 1.3).
- Between 2007/08 and 2011/12, the average length of stay within the mental health programme of care in hospitals decreased by 5.6 days, from 54.2 days to 48.6 days (Figure 13, Table 1.1).
- During 2011/12, there were 10,258 consultant-led outpatient attendances for the mental health specialties. Of these 964 (9.4%) were new attendances and 9,294 (90.6%) 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 1,991 in 2007/08 to 1,588 in 2011/12, a reduction of 20.2% (403) (Figure 18, Table 2.1).

- Of the 1,588 admissions to hospital under the learning disability programme of care in 2011/12, all but 2 were inpatient admissions (Figures 18 – 19, Table 2.1).
- Of the 341.4 average available beds within the learning disability programme of care in 2011/12, the majority 240.9 were available in the Belfast HSC Trust, 76.5 in the Southern HSC Trust and 24.0 in the Western HSC Trust (Table 2.2).
- Across hospitals, the highest average length of stay was in Muckamore Abbey (537.0 days), compared with an average of 122.9 days in Longstone Hospital, 53.1 days in Lakeview, and 2.3 days in Musgrave Park Hospital (Table 2.3).
- In 2011/12, there were 7,122 consultant-led outpatient attendances within the learning disability programme of care in Northern Ireland. Of these, 472 (6.6%) were new attendances and 6,650 (93.4%) 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 systems 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/hospital-stats.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats.htm)

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## Technical Notes

This statistical release is part 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.

Data providers are supplied with technical guidance documents outlining the methodologies that should be used in the collection, reporting and validation of each of these data returns. These documents can be accessed at the following link:

[http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/hib\\_guidance\\_manuals.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/hib_guidance_manuals.htm)

### 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 provided by HSC Trusts and Hospital Information Branch staff, and has been validated and quality assured by Hospital Information Branch (HIB) prior to release.

For each information collection, HSC Trusts are given a set period of time to submit the information. Following submission, HIB perform a series of validation checks to verify that information downloaded / submitted is consistent both within and across returns.

<sup>1</sup> See Appendix 6: Explanatory Notes for further details.

At the end of the financial year HIB carry out a more detailed series of validations to verify that the information is consistent. 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. Once complete, all figures are sent to HSC Trusts for final sign-off.

### A National Statistics Publication

National Statistics are produced to a high professional standard set out in the Code of Practice for Official Statistics:

<http://www.statisticsauthority.gov.uk/assessment/code-of-practice/>

They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.

### 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.

Further information on the uses of the data contained in this publication are detailed in Appendix 5.

### Contextual Information for Using Hospital Statistics

Please be aware that contextual information about Northern Ireland and the health services provided is available to read 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 future health services as well as targets and indicators. This information is available at the following link:

[http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/contextual\\_information\\_hospital\\_statistics.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/contextual_information_hospital_statistics.htm)

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

While it is our intention to direct users to mental health and learning disability information elsewhere in the UK, users should be aware that mental health and learning disability information in other administrations may not always be measured in a comparable manner to those in Northern Ireland due to differing counting rules.

Details of the mental health and learning disability information published elsewhere in the UK can be found as detailed below.

### **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.org/Health-Topics/Mental-Health/Publications/2011-12-20/2011-12-20-MentalHealth-Summary.pdf>

### **Wales**

Patients in Mental Health Hospitals and Units, 2010

<http://wales.gov.uk/topics/statistics/headlines/health2011/1110265/?lang=en>

## **Contact Information**

As we want to engage with users of our statistics, we invite you to feedback your comments on this publication to:

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# Mental Health Activity

## Introduction

This section of the report details patient activity under the mental health Programme of Care (POC) in hospitals in Northern Ireland during 2011/12, and an analysis of the trend between 2007/08 and 2011/12.

Readers are asked to note changes in the provision of mental health and learning disability services over the past few years, following the publication of the Bamford Review (link below), when making comparisons over time and across HSC Trusts / hospitals. In particular, the Bamford review focused on the recognition that the majority of mental health and learning disability services should be provided in primary and community care settings rather than in a hospital setting and focus on the promotion of mental wellbeing and prevention of mental health conditions.

<http://www.dhsspsni.gov.uk/bamford.htm/>

In response to this review, the DHSSPS established a number of key initiatives which included targets to (i) reduce the number of admissions to acute mental health hospitals and (ii) resettle long stay mental health inpatients to appropriate places in the community<sup>2</sup>.

## Total Admissions<sup>3</sup>

### 5 Year Trend

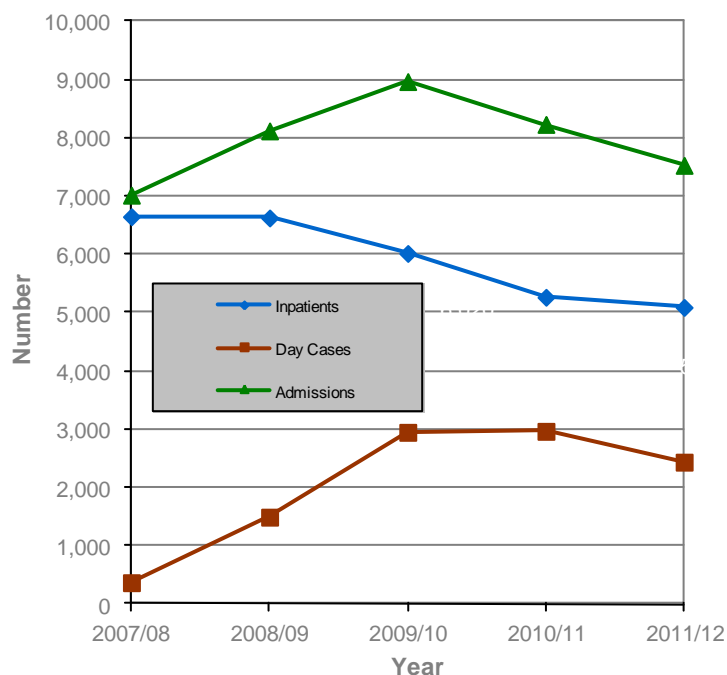
Over the last five years, the total number of admissions to hospital under the mental health POC increased by 7.3% (512), from 7,020 in 2007/08 to 7,532 in 2011/12 (Figure 1, Table 1.1).

However, since 2010/11 the total number of admissions decreased by 8.5% (703), from 8,235 to 7,532 in 2011/12. The decrease in the number of admissions is most likely due to the introduction of Ministerial targets to reduce the number of admissions to acute mental health hospitals (Figure 1, Table 1.1).

<sup>2</sup> Refer to Appendix 6: Explanatory Notes – point 16.

<sup>3</sup> Refer to Appendix 4: Definitions – point 9.

**Figure 1: Admissions under the Mental Health POC, by Admission Type (2007/08 – 2011/12)**

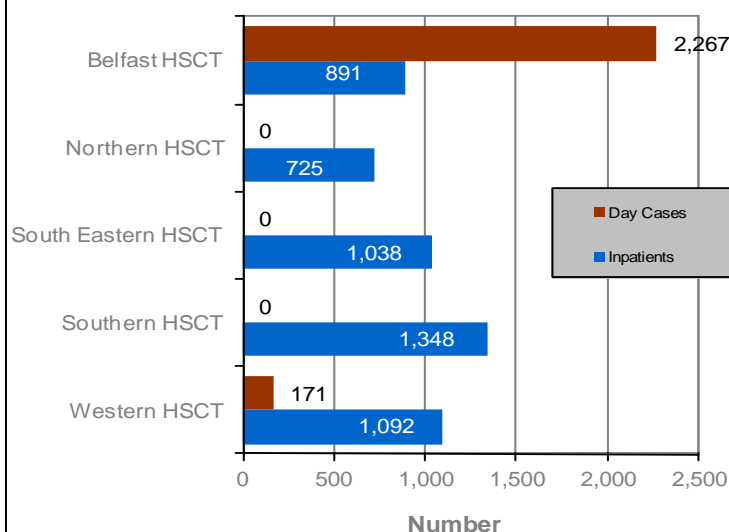


### Financial Year 2011/12

Of the 7,532 admissions under the mental health POC in 2011/12, the highest number (3,158, 41.9%) was reported by the Belfast HSC Trust, of which, 2,267 were day case admissions and 891 were inpatient admissions (Figure 2, Table 1.2).

The Northern HSC Trust (725, 9.6%) reported the lowest number of admissions, all of which were inpatients (Figure 2, Table 1.2).

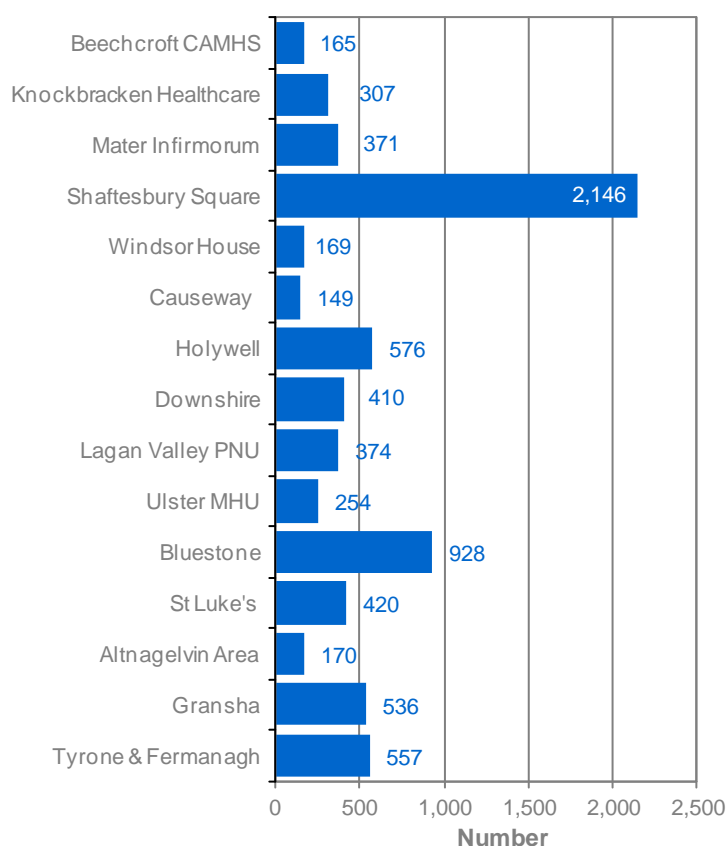
**Figure 2: Admissions under the Mental Health POC, by HSC Trust (2011/12)**



Across hospitals, the highest number of admissions was reported by Shaftesbury Square addictions service (2,146, 28.5%), all of which were day case admissions (Figure 3, Table 1.3).

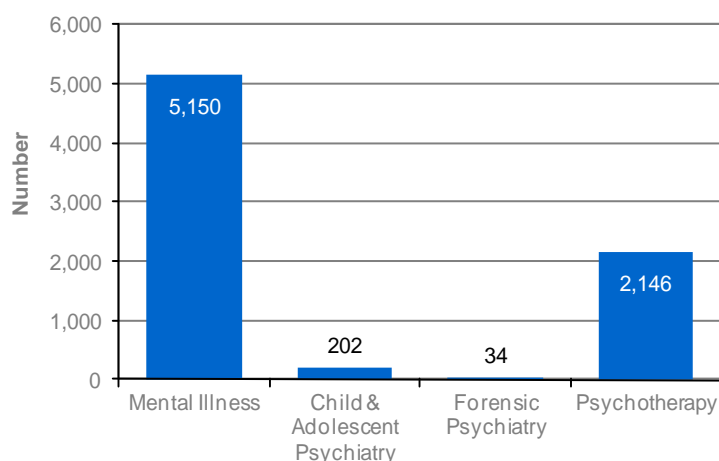
Causeway (149, 2.0%) reported the lowest number of admissions in 2011/12, all of which were inpatient admissions (Figure 3, Table 1.3).

**Figure 3: Admissions under the Mental Health POC, by Hospital (2011/12)**



## Specialty

**Figure 4: Admissions under the Mental Health POC, by Specialty (2011/12)**



In 2011/12, the highest number of admissions under the mental health POC was reported within the 'Mental Illness' specialty (5,150, 68.4%), whilst the lowest number (34, 0.5%) was reported within the 'Forensic Psychiatry' specialty (Figure 4, Table 1.8 – 1.11).

## Inpatient Admissions<sup>4</sup>

### 5 Year Trend

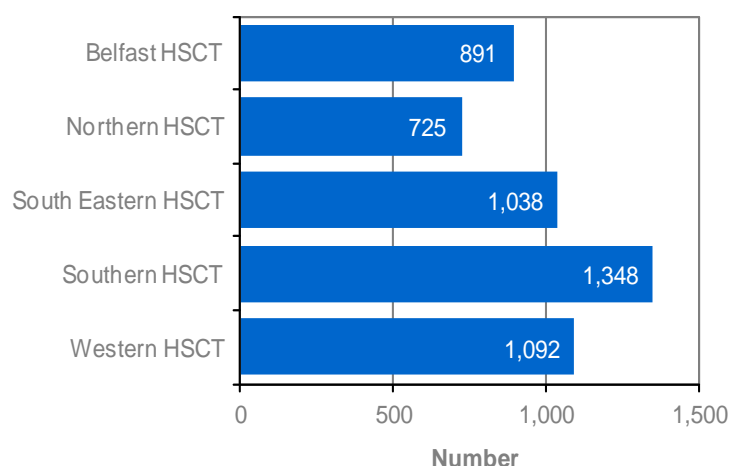
The total number of inpatient admissions under the mental health POC has decreased year on year from 6,651 in 2007/08 to 5,094 in 2011/12, a reduction of 23.4% (1,557). The decrease in the number of inpatient admissions is most likely due to the introduction of Ministerial targets to (i) reduce the number of admissions to acute mental health hospitals, and (ii) resettle long stay patients to appropriate places in the community (Figure 1, Table 1.1).

Since 2010/11, the total number of inpatient admissions under the mental health POC decreased by 3.3% (174), from 5,268 to 5,094 in 2011/12 (Figure 1, Table 1.1).

### Financial Year 2011/12

Of the 5,094 inpatient admissions in 2011/12, the highest number was reported in the Southern HSC Trust (1,348, 26.5%) and the lowest in the Northern HSC Trust (725, 14.2%) (Figure 5, Tables 1.2 – 1.3).

**Figure 5: Total Inpatient Admissions under the Mental Health POC, by HSC Trust (2011/12)**



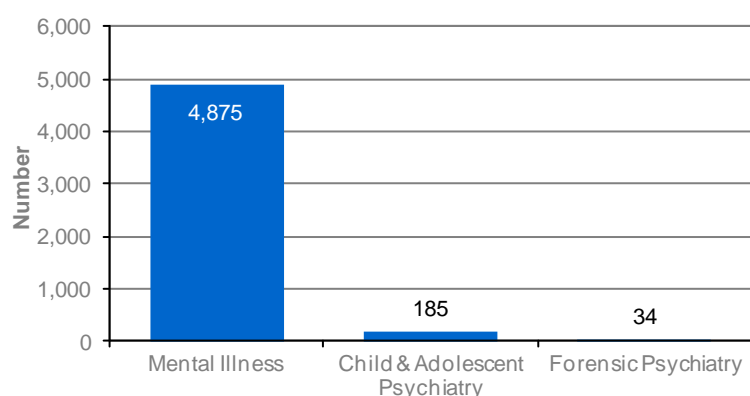
<sup>4</sup> Refer to Appendix 4: Definitions – point 7.

## Specialty

Across the mental health specialties, the 'Mental Illness' specialty had the highest number of inpatient admissions (4,875, 95.7%), whilst the lowest number (34, 0.7%) was reported within the 'Forensic Psychiatry' specialty (Figure 6, Tables 1.8 – 1.11).

No patients were admitted as inpatients within the 'Psychotherapy' specialty as these were treated as day cases only.

**Figure 6: Total Inpatient Admissions under the Mental Health POC, by Specialty (2011/12)**



## Day Case Admissions <sup>5</sup>

### 5 Year Trend

Between 2007/08 and 2011/12, the number of day case admissions under the mental health POC increased by 2,069 cases, from 369 to 2,438.

It should be noted that the 2007/08 figure was notably lower than the figure reported for 2006/07, and this is most likely due to the change in the provision of services at the 'Donard' Young Peoples Centre, from a full day care service to a service where patients were treated as either inpatients or outpatients only. With this in mind, the increase in the number of day case admissions within the mental health POC since 2007/08 was most likely due to the increased provision of day cases under the mental health POC at the Mater and Shaftsbury Square (Figure 1, Table 1.1).

However, since 2010/11 the number of day case admissions under the mental health POC decreased by 17.8% (529), from 2,967 to 2,438 in 2011/12 (Figure 1, Table 1.1).

<sup>5</sup> Refer to Appendix 4: Definitions – point 8.

## Financial Year 2011/12

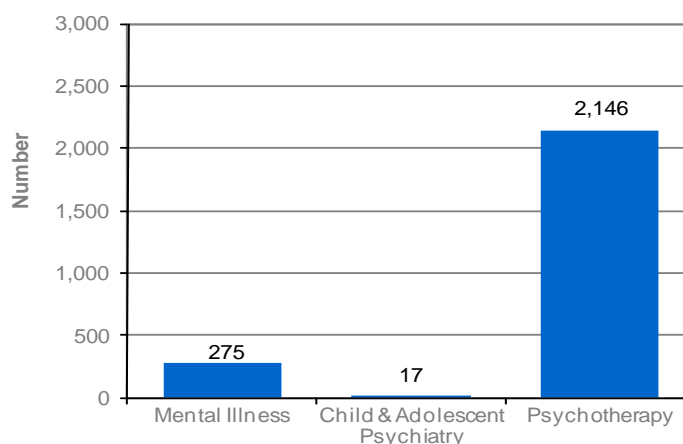
Of the 2,438 day case admissions under the mental health POC in 2011/12, 2,267 (93.0%) were treated in the Belfast HSC Trust and 171 (7.0%) in the Western HSC Trust. No day case admissions were reported under the mental health POC in the Northern, South Eastern or Southern Trusts (Table 1.2).

## Specialty

Across the mental health specialties, the highest number of day case admissions (2,146, 88.0%) were reported within the 'Psychotherapy' specialty, with a further 275 (11.3%) within the 'Mental Illness' specialty and 17 within the 'Child & Adolescent Psychiatry' specialty (Figure 7, Tables 1.8 – 1.11).

No day case admissions were reported for the 'Forensic Psychiatry' specialty.

**Figure 7: Number of Day Case Admissions under the Mental Health POC, by Specialty (2011/12)**



## Bed Availability <sup>6</sup> & Occupancy <sup>7</sup>

### 5 Year Trend

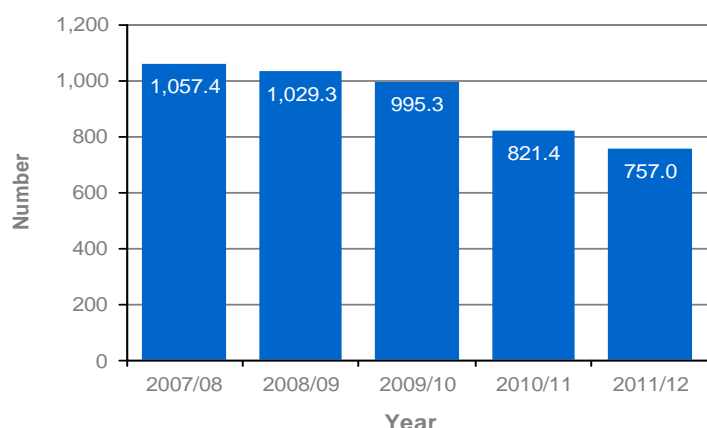
Between 2007/08 and 2011/12, the average number of available beds within the mental health POC in Northern Ireland decreased by 28.4% (300.4), from 1,057.4 to 757.0 (Figure 8, Table 1.1).

Since 2010/11, the average number of available beds within the mental health POC decreased by 7.8% (64.4), from 821.4 to 757.0 in 2011/12 (Figure 8, Table 1.1)

<sup>6</sup> Refer to Appendix 4: Definitions – point 1.

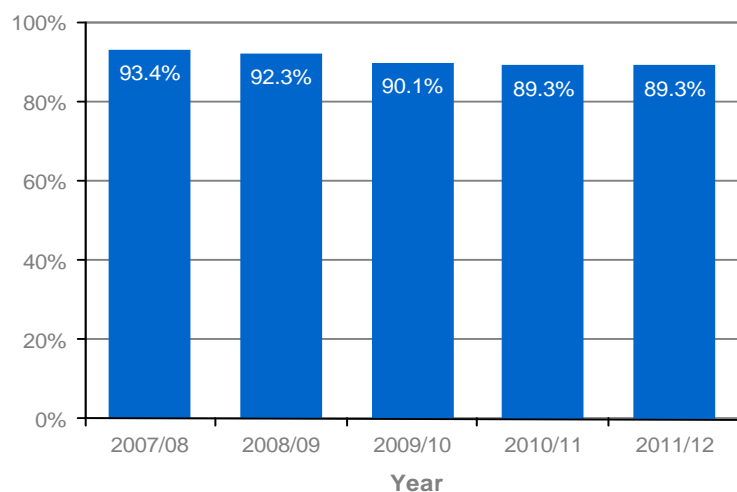
<sup>7</sup> Refer to Appendix 4: Definitions – point 3.

**Figure 8: Average Available Beds within the Mental Health POC (2007/08 - 2011/12)**



Since 2007/08, the occupancy rates for beds within the mental health POC decreased by over 4 percentage points, from 93.4% to 89.3% in 2011/12. This reflects the fact that less patients are being admitted to hospital as inpatients and more are being treated as day cases (Figure 9, Table 1.1).

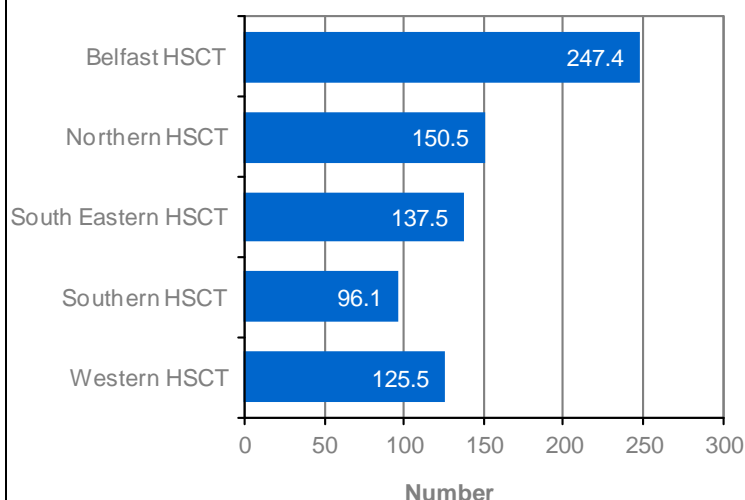
**Figure 9: Bed Occupancy Rate within the Mental Health POC (2007/08 - 2011/12)**



### Financial Year 2011/12

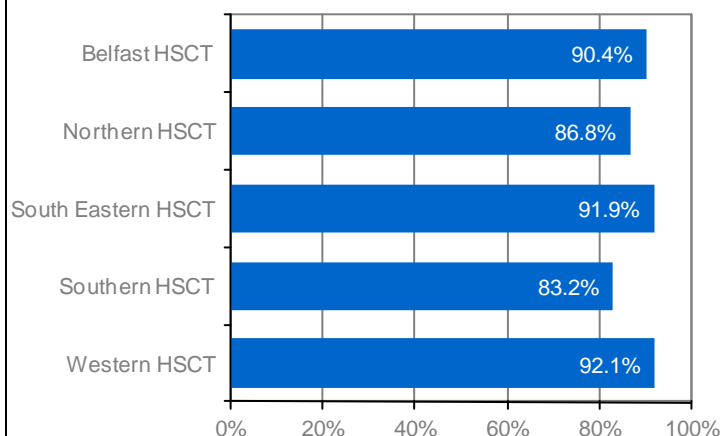
Across HSC Trusts, the highest average number of available beds within the mental health POC was reported in the Belfast HSC Trust (247.4) whilst the Southern HSC Trust reported the lowest (96.1) (Figure 10, Tables 1.2 – 1.3).

**Figure 10: Average Available Beds within the Mental Health POC, by HSC Trust (2011/12)**



In 2011/12, bed occupancy rates within the mental health POC ranged from 92.1% in the Western HSC Trust to 83.2% in the Southern HSC Trust (Figure 11, Tables 1.2 – 1.3).

**Figure 11: Bed Occupancy Rate within the Mental Health POC, by HSC Trust (2011/12)**



### Specialty

Across the mental health specialties, the highest number of average beds available (695.7) was reported within the 'Mental Illness' specialty, whilst the lowest (27.3) was reported within the 'Child & Adolescent Psychiatry' specialty (Tables 1.8 – 1.11).

Bed occupancy rates across the mental health specialties, ranged from 100% within the 'Child & Adolescent Psychiatry' specialty to 88.7% within the 'Mental Illness' specialty (Tables 1.8 – 1.11).

## Throughput per Bed<sup>8</sup>

### 5 Year Trend

Over the last five years, throughput in each available bed within the mental health POC in Northern Ireland has increased slightly, from 6.0 in 2009/10 to 6.7 in 2011/12 (Table 1.1).

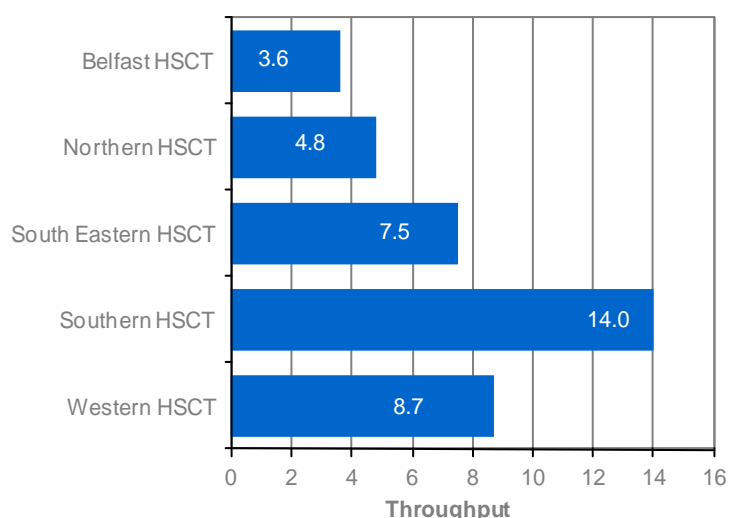
Since 2010/11, throughput in each available bed within the mental health POC increased by 0.3 (4.7%), from 6.4 to 6.7 in 2011/12 (Table 1.1).

### Financial Year 2011/12

In 2011/12, the average number of inpatient admissions per bed within the mental health POC was 6.7 (Table 1.2).

Across HSC Trusts, the average number of inpatient admissions per bed ranged from 14.0 in the Southern HSC Trust to 3.6 in the Belfast HSC Trust (Figure 12, Tables 1.2 – 1.3).

**Figure 12: Throughput within the Mental Health POC, by HSC Trust (2011/12)**



### Specialty

Across the mental health specialties, the highest average number of inpatient admissions per bed was reported within the 'Mental Illness' specialty (7.0), whilst the lowest (1.0) was reported within the 'Forensic Psychiatry' specialty (Tables 1.8 – 1.11).

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

## Average Length of Stay<sup>9</sup>

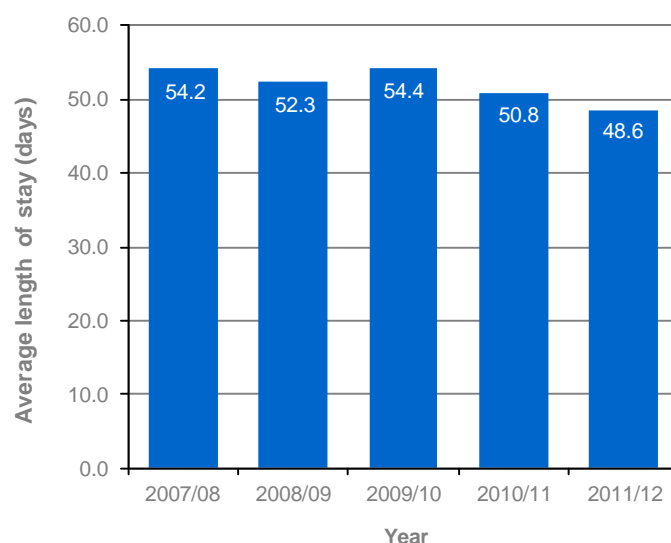
### 5 Year Trend

Between 2007/08 and 2011/12, the average length of stay within the mental health POC decreased by 5.6 days, from 54.2 days to 48.6 days. The 2011/12 figure represents the lowest average length of stay during the last five years (Figure 13, Table 1.1).

The decrease in the average length of stay within the mental health POC is most likely due to the 2010/11 PfA target to resettle long stay patients to appropriate places in the community.

Since 2010/11, the average length of stay within the mental health POC decreased by 2.2 (4.5%), from 50.8 to 48.6 in 2011/12 (Figure 13, Table 1.1).

**Figure 13: Average Length of Stay within the Mental Health POC (2007/08 - 2011/12)**



### Financial Year 2011/12

Across HSC Trusts, the average length of stay within the mental health POC ranged from 91.8 days in the Belfast HSC Trust to 21.7 days in the Southern HSC Trust (Table 1.2).

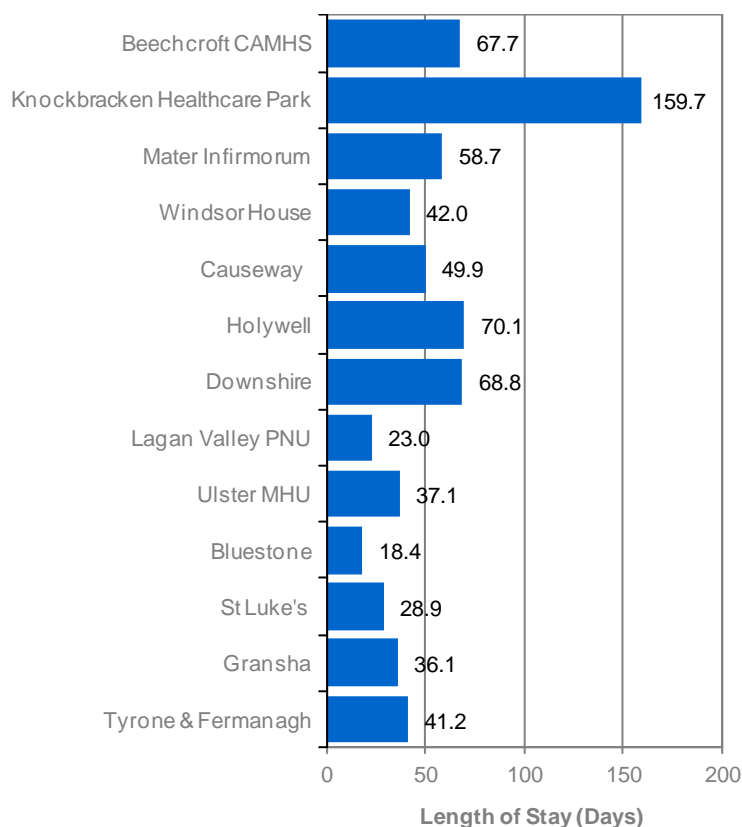
During 2011/12, Knockbracken reported the longest average length of stay (159.7 days), whilst Bluestone reported the shortest (18.4 days) (Figure 14, Table 1.3).

<sup>9</sup> Refer to Appendix 4: Definitions – point 2.

## Specialty

Across the mental health specialties, the highest average length of stay was reported within the 'Forensic Psychiatry' specialty (329.2 days), 55.7 within the 'Child & Adolescent Psychiatry' specialty and 46.3 within the 'Mental Illness' specialty (Tables 1.8 – 1.11).

**Figure 14: Average Length of Stay within the Mental Health POC, by Hospital (2011/12)**



## Consultant-Led Outpatient Attendances<sup>10</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.

In addition, during 2007/08 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 were no longer classified as consultant-led and were not counted on the Quarterly Outpatient Activity (QOAR) information return.

<sup>10</sup> Refer to Appendix 4: Definitions – points 11 – 21.

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 quality assured by HSC Trusts.

## 3 Year Trend

Between 2009/10 and 2011/12, the number of consultant-led mental health outpatient attendances almost halved (49.5%) from 20,322 to 10,258 (Table 1.1).

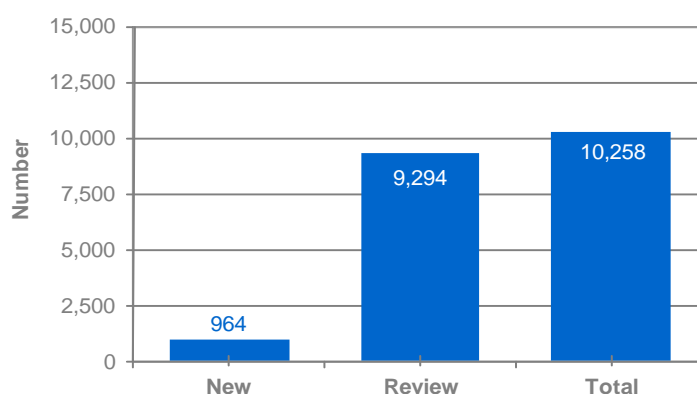
Since 2010/11, the number of consultant-led mental health outpatient attendances decreased by 20.1% (2,583), from 12,841 to 10,258 in 2011/12 (Table 1.1)

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 outpatient figures.

## Financial Year 2011/12

In 2011/12, consultant-led outpatient services for the mental health specialties were reported by the Belfast HSC Trust only.

**Figure 15: Consultant-Led Mental Health Outpatient Activity (2011/12)**



Of the 10,258 consultant-led mental health outpatient attendances reported by the Belfast HSC Trust, 964 (9.4%) were new<sup>11</sup> attendances and 9,294 (90.6%) were review<sup>12</sup> attendances. This equates to a new to review ratio of 1:9.6,

<sup>11</sup> Refer to Appendix 4: Definitions – point 14.

<sup>12</sup> Refer to Appendix 4: Definitions – point 15.

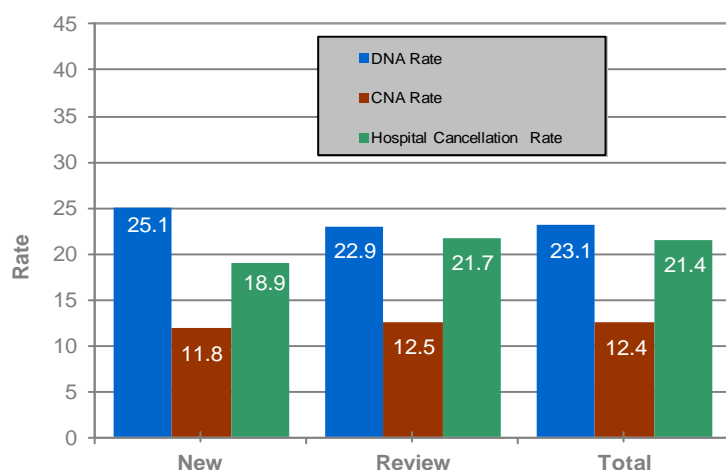
meaning that for every new patient attending a new appointment, there were 9.6 that attended a review appointment (Figure 15, Table 1.4).

Across hospitals, Beechcroft CAMHS reported the highest number of consultant-led mental health outpatient attendances (4,929) whilst Windsor House reported the lowest (486) (Table 1.4).

### Missed<sup>13</sup> / Cancelled Appointments<sup>14</sup>

This section details information on missed/cancelled appointments, including those where the patient did not attend (DNA), those cancelled by patients (CNA) and those cancelled by hospitals.

**Figure 16: Mental Health Outpatient Activity, including DNA / CNA / Hospital Cancellation Rates (2011/12)**



Patients within the mental health POC missed a total of 3,087 outpatient appointments during 2011/12. This equated to a DNA rate<sup>15</sup> of 23.1, which was slightly higher than the rate for 2010/11 (22.8). In 2011/12, the DNA rate was higher for new appointments (25.1) than for review appointments (22.9). This compared to respective rates of 29.1 and 21.9 during 2010/11 (Figure 16, Table 1.5).

Data on DNA rates are used as an indicator of lost productivity within the health service, in that the hospital is resourced at that point in time to assess a patient, but the patient fails to attend, or fails to give appropriate notice they can't they can't attend which prevents another patient from being seen in the scheduled appointment slot.

<sup>13</sup> A Did Not Attend (DNA) is where the patient missed their appointment and did not inform the hospital, or informed them on the day the appointment was scheduled.

<sup>14</sup> A Could Not Attend (CNA) is where the patient informed the hospital at least the day before the appointment was scheduled that they would not be attending.

<sup>15</sup> Refer to Appendix 4: Definitions – point 17.

Patients cancelled a total of 1,456 outpatient appointments during 2011/12. This equated to a CNA rate<sup>16</sup> of 12.4, which was higher than the CNA rate for 2010/11 (11.9). In 2011/12, the CNA rate was higher for review (12.5) than for new attendances (11.8). The comparable rates for 2010/11 were 12.1 for review and 10.9 for new attendances (Figure 16, Table 1.5).

Unlike appointments where a patient Does Not Attend (DNAs), which results in a loss of productivity for the hospital, when a patient cancels an appointment (CNAs) they allow the hospital sufficient time to utilise the scheduled appointment slot, as another patient is able to be booked into that appointment slot.

During 2011/12, hospitals cancelled a total of 2,795 outpatient appointments. This equated to a hospital cancellation rate<sup>17</sup> of 21.4, which was higher than the rate recorded in 2010/11 (20.0). In 2011/12, the hospital cancellation rate was higher for review (21.7) than new attendances (18.9). The comparable rates for 2010/11 were 20.4 for review appointments and 16.1 for new appointments (Figure 16, Table 1.5).

### Specialty

Across the mental health specialties (excluding the 'Forensic Psychiatry' specialty), the highest number of consultant-led outpatient attendances were reported within the 'Mental Illness' specialty (5,329), with a further 4,929 within the 'Child & Adolescent Psychiatry' specialty (Tables 1.12 – 1.13).

During 2011/12, the DNA rates for the two specialties within the mental health POC were as follows; 'Mental Illness' (30.1) and 'Child and Adolescent Psychiatry' (13.9) (Tables 1.12 – 1.13).

<sup>16</sup> Refer to Appendix 4: Definitions – point 19.

<sup>17</sup> Refer to Appendix 4: Definitions – point 21.

## Compulsory Admissions within the Mental Health POC Under the Mental Health (NI) Order 1986<sup>18</sup>

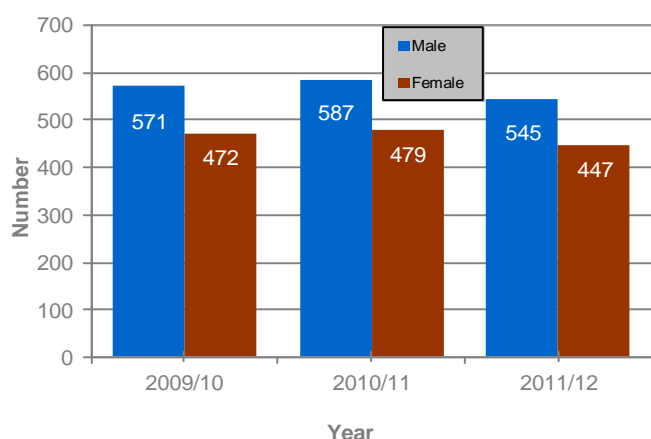
Information on compulsory admissions refers to the number of patients who were detained at admission under the Mental Health (NI) Order 1986.

### 3 Year Trend

Between 2009/10 and 2011/12, the number of compulsory admissions to mental health hospitals under the Mental Health (NI) Order 1986 decreased by 51 (4.9%), from 1,043 to 992.

During 2011/12, there were 992 compulsory admissions to hospitals under the Mental Health (NI) Order 1986, similar to the number in 2010/11 (1,066).

**Figure 17: Compulsory Admissions within the Mental Health POC under the Mental Health (NI) Order 1986 (2009/10 – 2011/12)**



### Financial Year 2011/12

Of the 992 compulsory admissions during 2011/12, 545 (54.9%) were male and 447 (45.1%) were female (Table 1.7, Figure 17).

The number of compulsory admissions to hospitals within the mental health POC in 2011/12 ranged from 278 (28.0%) in the Northern HSC Trust to 104 (10.5%) in the South Eastern HSC Trust (Table 1.7).

Holywell Hospital (214, 21.6%) and Bluestone (184, 18.5%) reported the highest number of compulsory admissions under the Mental Health (NI) Order 1986 (Table 1.7).

<sup>18</sup> Refer to Appendix 6: Explanatory Notes – point 7.

## Mental Illness & Learning Disability Census (MILD)<sup>19</sup>

The MILD census is carried out on an annual basis and is a count of all mental illness patients resident in hospital or on home leave on 17<sup>th</sup> February.

### 3 Year Trend

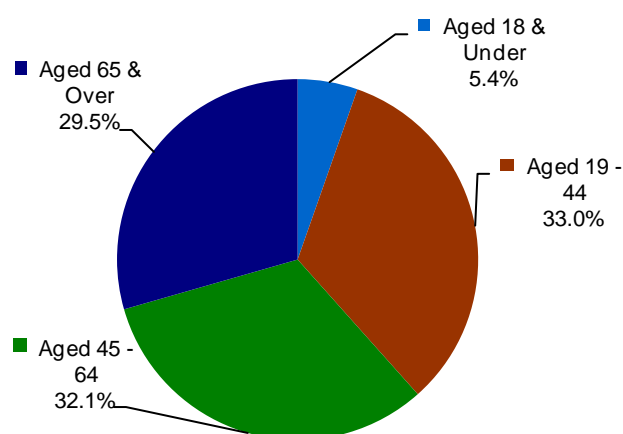
Between 2010 and 2012, the number of patients being treated as inpatients under the mental health POC in Northern Ireland decreased by 174 (16.3%), from 1,067 to 893. The decrease in the number of patients being treated as inpatients within the mental health POC is most likely due to the PfA target to resettle long stay patients to appropriate places in the community. (Table 1.14).

### Financial Year 2011/12

On 17<sup>th</sup> February 2012, 893 patients were being treated as inpatients under the mental health POC in Northern Ireland. Almost two thirds (572, 64.1%,) of these patients had been resident for less than 6 months, whilst 72 (8.1%) patients had been resident for 10 years or more (Table 1.15).

Almost a third (33.0%, 295) of all inpatients under the mental health POC on 17<sup>th</sup> February 2012 were aged 19 – 44, a further 32.1% (287) aged 45 – 64, 29.5% (263) aged 65 & over and 5.4% (48) were aged 18 & under (Figure 18).

**Figure 18: Inpatients Resident in Hospitals under the Mental Health POC, by Age Group (17<sup>th</sup> February 2012)**



<sup>19</sup> Refer to Appendix 6: Explanatory Notes – point 13.

## Learning Disability Hospital Activity

This section of the report details patient activity under the learning disability POC in hospitals in Northern Ireland during 2011/12, and an analysis of the trend between 2007/08 and 2011/12. It should be noted that there is only one specialty within the learning disability POC.

Readers are also asked to note changes in the provision of learning disability services over the past few years, following the publication of the Bamford Review (link below) when making comparisons over time and across HSC Trusts / hospitals. In particular, the Bamford review focused on the need to support individuals with a learning disability to live as independently as possible, with a recognition that people should be supported to live in the community and that inappropriate admissions to hospital should be avoided, whilst at the same time facilitating timely discharge for necessary admissions.

<http://www.dhsspsni.gov.uk/bamford.htm/>

In response to this review, the DHSSPS established a number of key initiatives which included targets to (i) resettle long stay learning disability inpatients to appropriate places in the community, and (ii) the timely discharge of learning disability patients admitted for assessment and treatment within 7 days of the decision to discharge<sup>20</sup>.

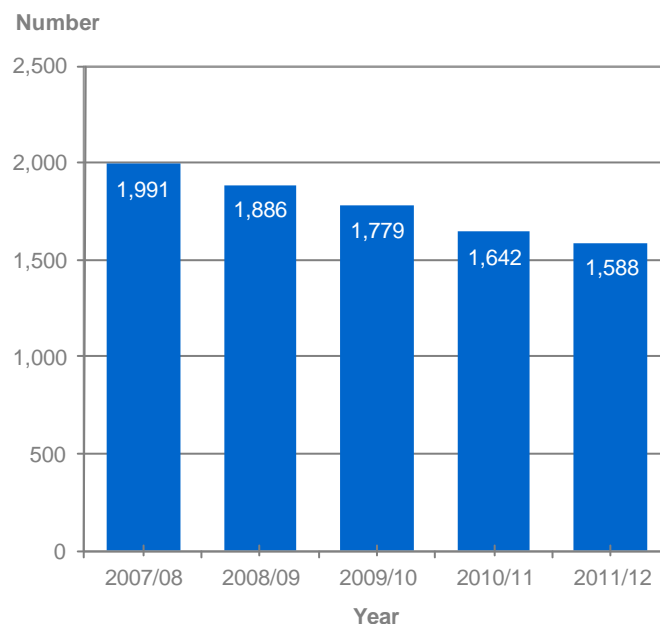
### Total Admissions

#### 5 Year Trend

The number of admissions to hospital under the learning disability POC decreased year on year from 1,991 in 2007/08 to 1,588 in 2011/12, a reduction of 20.2% (403). The decrease in the number of admissions under the learning disability POC is most likely due to the recommendations of the Bamford review to avoid inappropriate admissions to hospital (Figure 19, Table 2.1).

Since 2010/11, the number of admissions to hospital under the learning disability POC decreased by 3.3% (54), from 1,642 to 1,588 in 2011/12 (Figure 19, Table 2.1).

**Figure 19: Admissions under the Learning Disability POC (2007/08 – 2011/12)**



#### Financial Year 2011/12

Of the 1,588 admissions to hospital under the learning disability POC in 2011/12, all were inpatient admissions with the exception of 2 day case admissions. Previous years also had relatively small number of day case admissions (Figures 19 – 20, Table 2.1).

### Inpatient Admissions

#### 5 Year Trend

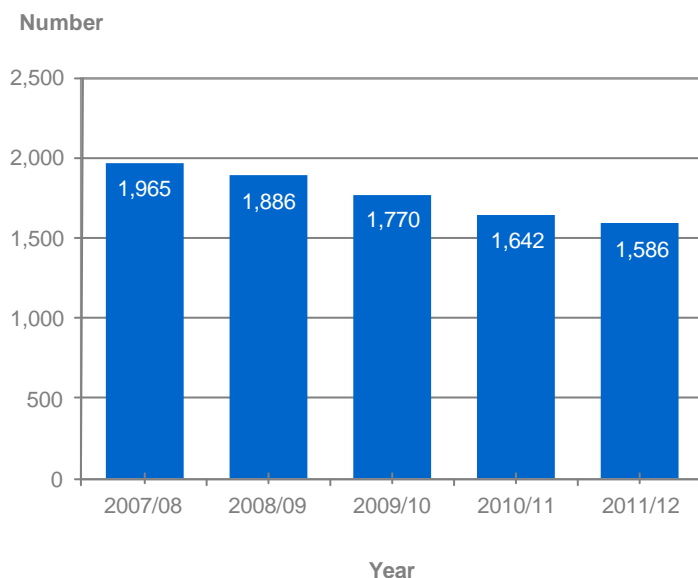
Between 2007/08 and 2011/12, the number of inpatient admissions under the learning disability POC decreased by 19.3% (379), from 1,965 to 1,586 respectively. This may be due to the introduction of Ministerial targets to resettle long stay patients to appropriate places in the community, and the recommendation from the Bamford review to avoid inappropriate admissions to hospital<sup>21</sup> (Figure 20, Table 2.1).

Since 2010/11, the number of inpatient admissions under the learning disability POC decreased by 3.4% (56), from 1,642 to 1,586 in 2011/12 (Figure 20, Table 2.1).

<sup>20</sup> Refer to Appendix 6: Explanatory Notes – point 16.

<sup>21</sup> Refer to Appendix 6: Explanatory Notes – point 16.

**Figure 20: Total Inpatient Admissions under the Learning Disability POC in Hospitals (2007/08 – 2011/12)**



### Financial Year 2011/12

Almost four fifths (1,265, 79.8%) of the 1,586 inpatient admissions in 2011/12 were in the Belfast HSC Trust, and specifically in Musgrave Park Hospital (1,116, 70.4%) (Table 2.3).

During 2011/12, there were no inpatient or day case admissions under the learning disability POC in the Northern or South Eastern HSC Trusts (Table 2.2).

### Day Case Admissions

During 2011/12, there were 2 day case admissions under the learning disability POC in Northern Ireland, both of these were in the Western HSC Trust, and specifically in Lakeview Hospital (Table 2.3).

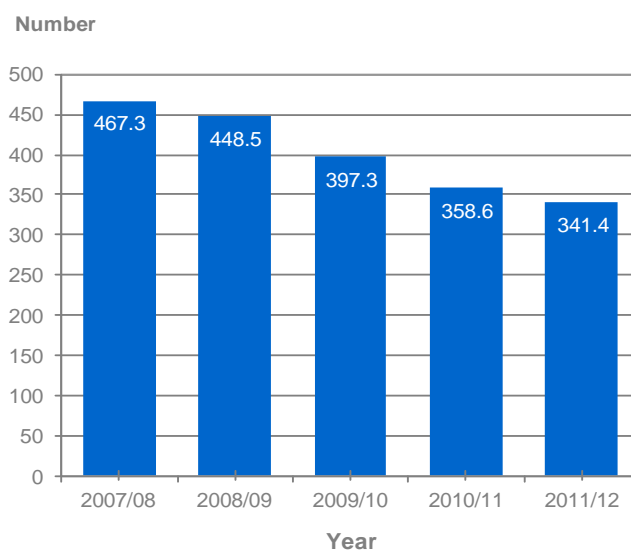
## Bed Availability and Occupancy

### 5 Year Trend

The average number of available beds for patients within the learning disability POC decreased year on year from 467.3 in 2007/08 to 341.4 in 2011/12, a reduction of 26.9% (125.9) (Figure 21, Table 2.1).

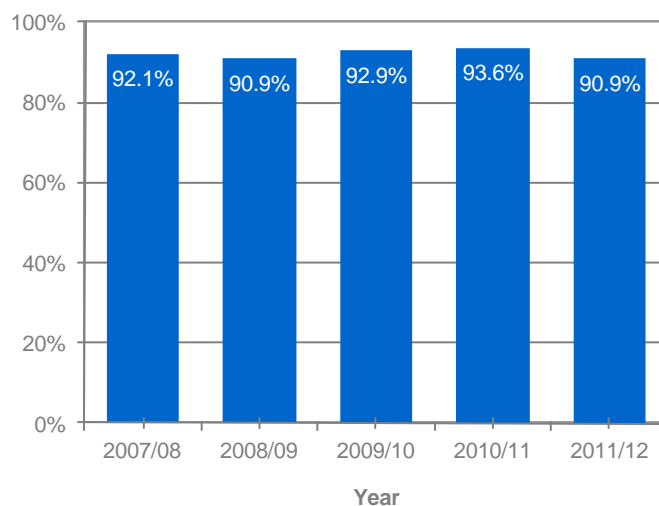
Since 2010/11, the average number of available beds for patients within the learning disability POC decreased by 4.8% (17.2), from 358.6 to 341.4 in 2011/12 (Figure 21, Table 2.1)

**Figure 21: Average Available Beds within the Learning Disability POC (2007/08 – 2011/12)**



Since 2007/08, the occupancy rate for beds within the learning disability POC ranged from 93.6% in 2010/11 to 90.9% in both 2008/09 and 2011/12 (Figure 22, Table 2.1).

**Figure 22: Bed Occupancy Rate under the Learning Disability POC (%) (2007/08– 2011/12)**



### Financial Year 2011/12

Of the 341.4 average available beds within the learning disability POC in 2011/12, the majority (240.9) were available in the Belfast HSC Trust, 76.5 in the Southern HSC Trust and 24.0 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 (233.0), Longstone provided on average 76.5 beds, Lakeview provided 24.0 beds and Musgrave Park provided 7.9 beds (Table 2.3). During 2011/12, the occupancy rate for beds within the learning disability POC ranged from 93.8% in Muckamore Abbey to 73.1% 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 increased slightly from 4.2 in 2007/08 to 4.6 in 2011/12 (Table 2.1).

Across Hospitals, the average number of inpatient admissions per bed ranged from 141.4 in Musgrave Park to 0.6 in Muckamore Abbey. The range in the average number of inpatient admissions per bed is reflective of the shorter average length of stay in Musgrave Park and the notably longer average length of stay in Muckamore Abbey (Table 2.3).

## Average Length of Stay

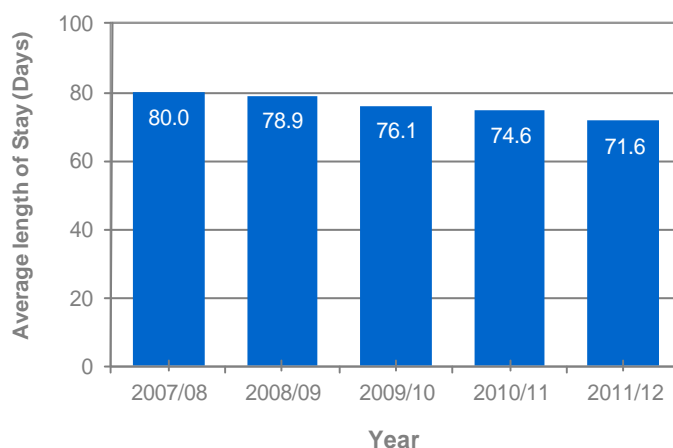
### 5 Year Trend

The average length of stay in hospital within the learning disability POC has decreased year on year from 80.0 in 2007/08 to 71.6 in 2011/12, a reduction of 8.4 days. This may be due to the introduction of Ministerial targets to resettle long stay patients to appropriate places in the community (Figure 23, Table 2.1).

Since 2010/11, the average length of stay in hospital within the learning disability POC decreased by 3.0 days (4.0%), from 74.6 to 71.6 in 2011/12 (Figure 23, Table 2.1).

Across hospitals, the highest average length of stay was in Muckamore Abbey (537.0 days), compared with an average of 122.9 days in Longstone Hospital, 53.1 days in Lakeview and 2.3 days in Musgrave Park Hospital (Table 2.3).

**Figure 23: Average Length of Stay within the Learning Disability POC (2007/08 – 2011/12)**



## Consultant-Led Outpatient Attendances

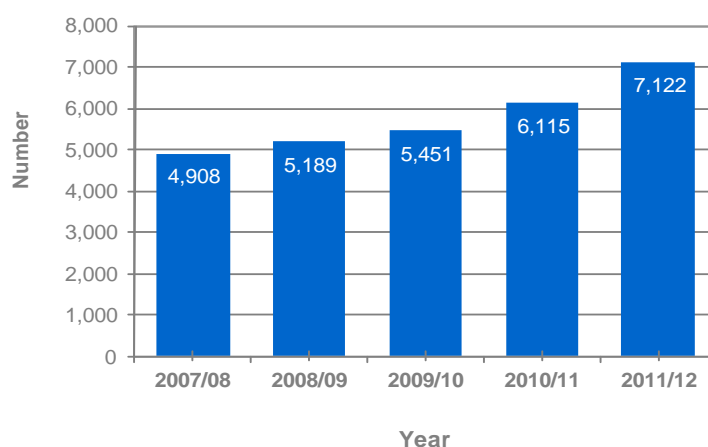
### 5 Year Trend

Since 2007/08, the number of consultant-led outpatient attendances has increased year on year from 4,908 to 7,122 in 2011/12, an increase of 2,214 (45.1%) (Figure 24, Table 2.1).

Since 2010/11, the number of consultant-led outpatient attendances increased by 1,007 (16.5%), from 6,115 to 7,122 in 2011/12 (Figure 24, Table 2.1).

The increase in the number of consultant led outpatient attendances within the learning disability POC is reflective of the shift in the provision of learning disability services from an inpatient service to an outpatient / community based service.

**Figure 24: Number of Outpatient Attendances within the Learning Disability POC (2007/08 – 2011/12)**

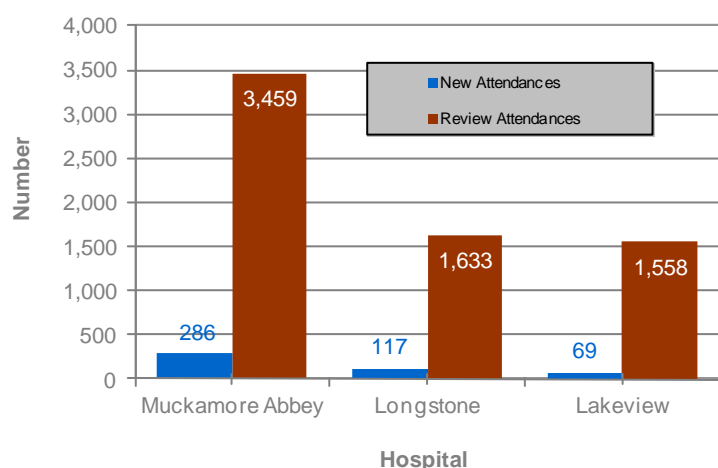


## Financial Year 2011/12

Of the 7,122 consultant-led outpatient attendances within the learning disability POC in 2011/12, the vast majority (6,650, 93.4%) were review outpatient attendances and 472 (6.6%) were new outpatient attendances. This equates to a new to review ratio of 1:14.1, meaning that for every patient attending a new appointment, there were 14.1 that attended a review appointment (Table 2.4).

Across hospitals, the number of new outpatient attendances ranged from 286 in Muckamore Abbey to 69 in Lakeview, whilst the number of review outpatient attendances ranged from 3,459 in Muckamore Abbey to 1,558 in Lakeview (Figure 25, Table 2.4).

**Figure 25: Outpatient Attendances within the Learning Disability POC, by Type of Attendance (2011/12)**



## Missed<sup>22</sup> / Cancelled Appointments<sup>23</sup>

This section details information on missed/cancelled appointments, including those where the patient did not attend (DNA), those cancelled by patients (CNA), and those cancelled by hospitals.

Patients missed a total of 1,002 outpatient appointments during 2011/12. This equated to a DNA rate of 12.3, similar to the DNA rate for 2010/11 (12.3). In 2011/12, the DNA rate was higher for new appointments (21.3) than for review appointments (11.6). This compared to respective rates of 20.3 and 11.6 during 2010/11 (Figure 26, Table 2.5).

<sup>22</sup> A Did Not Attend (DNA) is where the patient missed their appointment and did not inform the hospital, or informed them on the day the appointment was scheduled.

<sup>23</sup> A Could Not Attend (CNA) is where the patient informed the hospital at least the day before the appointment was scheduled that they would not be attending.

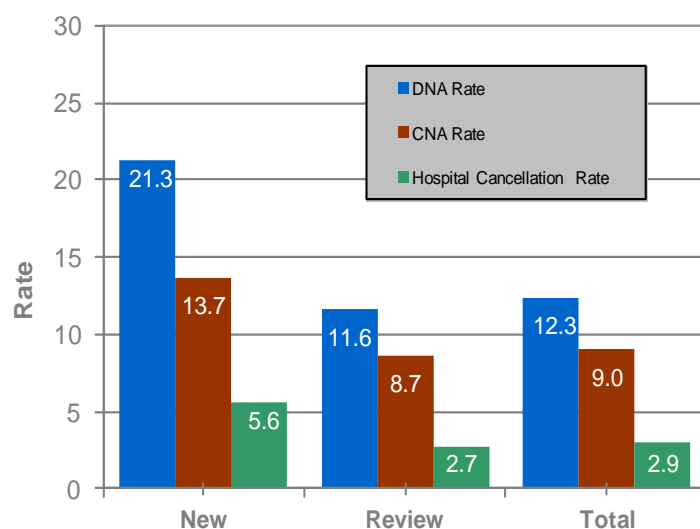
Data on DNA rates are used as an indicator of lost productivity within the health service, in that the hospital is resourced at that point in time to assess a patient, but the patient fails to attend, or fails to give appropriate notice they can't they can't attend which prevents another patient from being seen in the scheduled appointment slot.

Patients cancelled a total of 707 outpatient appointments during 2011/12. This equated to a CNA rate of 9.0, slightly lower than the CNA rate for 2010/11 (9.5). The CNA rate during 2011/12 was higher for new (13.7) appointments than for review appointments (8.7). The comparable rates for 2010/11 were 11.6 for new and 9.4 for review appointments (Figure 26, Table 2.5).

Unlike appointments where a patient Does Not Attend (DNAs), which results in a loss of productivity for the hospital, when a patient cancels an appointment (CNAs) they allow the hospital sufficient time to utilise the scheduled appointment slot, as another patient is able to be booked into that appointment slot.

During 2011/12, hospitals cancelled a total of 215 outpatient appointments within the learning disability POC. This equated to a hospital cancellation rate of 2.9, slightly lower than the rate recorded in 2010/11 (3.0). The 2011/12 hospital cancellation rate was higher for new (5.6) appointments than for review appointments (2.7). This compared to respective rates of 2.6 and 3.0 during 2010/11 (Figure 26, Table 2.5).

**Figure 26: Learning Disability Outpatient Activity, including DNA / CNA / Hospital Cancellation Rates (2011/12)**



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

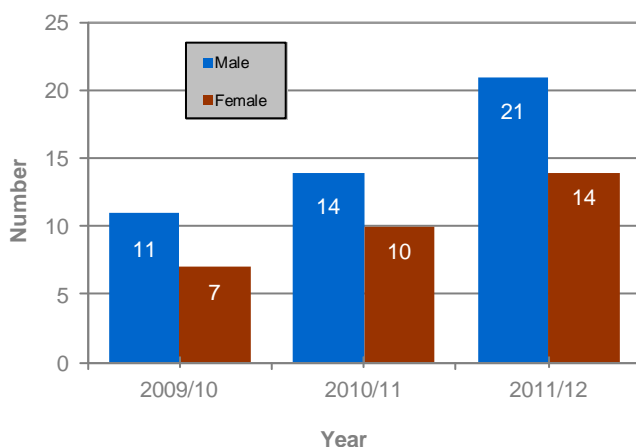
Information on compulsory admissions refers to the number of patients who were detained at admission under the Mental Health (NI) Order 1986.

### 3 Year Trend

Between 2009/10 and 2011/12, the number of compulsory admissions to learning disability hospitals under the Mental Health (NI) Order 1986 increased by 17 (94.4%), from 18 to 35 (Table 2.6).

Since 2010/11, the number of compulsory admissions to learning disability hospitals under the Mental Health (NI) Order 1986 increased by 45.8% (11), from 24 to 35 in 2011/12 (Figure 27, Table 2.6)

**Figure 27: Compulsory Admissions within the Learning Disability POC under Mental Health (NI) Order 1986 (2009/10 – 2011/12)**



### Financial Year 2011/12

During 2011/12, there were 35 compulsory admissions to learning disability hospitals under the Mental Health (NI). Of the 35 compulsory admissions, 21 (60.0%) were male and 14 (40.0%) were female (Table 2.6, Figure 27).

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 (MILD)

The MILD census is carried out on an annual basis and is a count of all mental illness patients resident in hospital or on home leave on 17<sup>th</sup> February.

### 3 Year Trend

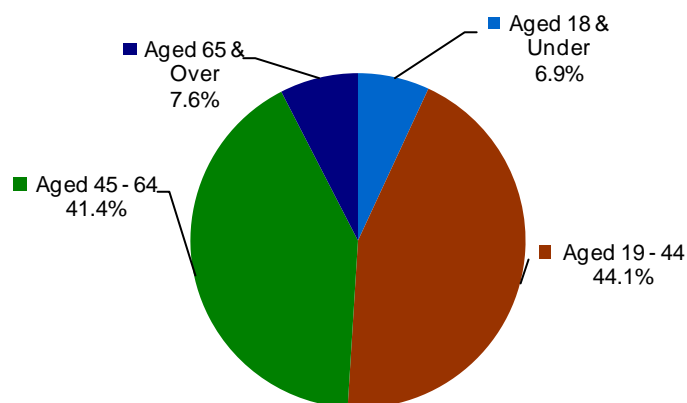
Between 2009/10 and 2011/12, the number of patients being treated as inpatients within the learning disability POC in Northern Ireland decreased by 51 (14.4%), from 355 to 304. The decrease in the number of patients being treated as inpatients within the learning disability POC is most likely due to the PfA target to resettle long stay patients to appropriate places in the community (Table 2.7).

### Financial Year 2011/12

On 17<sup>th</sup> February 2012, 304 patients were being treated as inpatients within the learning disability POC in Northern Ireland. Over two fifths (128, 42.1%) of these patients had been resident for 10 years or more, whilst almost one fifth (55, 18.1%) had been resident for less than 6 months (Table 2.8).

The highest proportion (44.1%, 134) of all learning disability inpatients on 17<sup>th</sup> February 2012 were aged 19 - 44, a further 41.4% (126) were aged 45 – 64, 7.6% (23) were aged 65 & over and 6.9% (21) were aged 18 and under (Figure 28).

**Figure 28: Inpatients Resident in Hospital Under the Learning Disability POC, by Age Group (17<sup>th</sup> February 2012)**



## Tables

Table 1.1: Key Points - Mental Health Statistics (2007/08 - 2011/12) <sup>24</sup> , <sup>25</sup>

Activity	Year					Percentage change 2010/11- 2011/12	Percentage change 2007/08- 2011/12
	2007/08	2008/09	2009/10	2010/11	2011/12		
<b>Inpatients</b>	6,651	6,629	6,020	5,268	5,094	-3.3%	-23.4%
<b>Day Cases</b>	369	1,494	2,950	2,967	2,438	-17.8%	560.7%
<b>Total Admissions</b>	7,020	8,123	8,970	8,235	7,532	-8.5%	7.3%
<b>Average Available Beds</b>	1,057.4	1,029.3	995.3	821.4	757.0	-7.8%	-28.4%
<b>Average Occupied Beds</b>	987.7	950.3	896.9	733.8	676.0	-7.9%	-31.6%
<b>Percentage Occupancy</b>	93.4%	92.3%	90.1%	89.3%	89.3%	0.0%	-4.4%
<b>Throughput</b>	6.3	6.4	6.0	6.4	6.7	4.9%	7.0%
<b>Average Length of Stay</b>	54.2	52.3	54.4	50.8	48.6	-4.5%	-10.4%
<b>Outpatient Attendances</b>		41,377	20,322	12,841	10,258	-20.1%	

Source: KH03A and QOAR

<sup>24</sup> Refer to Appendix 6: Explanatory Notes – point 10.

<sup>25</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 (2007/08 – 2011/12)

HSC Trust	Activity	Year					Percentage change 2010/11-2011/12	Percentage change 2007/08-2011/12
		2007/08	2008/09	2009/10	2010/11	2011/12		
Belfast HSC Trust	Inpatients	1,427	1,425	965	917	891	-2.8%	-37.6%
	Day Cases	211	1,371	2,792	2,742	2,267	-17.3%	974.4%
	Total Admissions	1,638	2,796	3,757	3,659	3,158	-13.7%	92.8%
	Average Available Beds	314.8	302.1	322.6	270.9	247.4	-8.7%	-21.4%
	Average Occupied Beds	286.6	276.5	281.0	235.9	223.6	-5.2%	-22.0%
	Percentage Occupancy	91.1%	91.5%	87.1%	87.1%	90.4%	3.8%	-0.7%
	Throughput	4.5	4.7	3.0	3.4	3.6	6.4%	-20.6%
	Average Length of Stay	73.3	70.8	106.3	93.9	91.8	-2.2%	25.3%
	Outpatient Attendances		22,496	20,322	12,841	9,964	-22.4%	
Northern HSC Trust	Inpatients	1,292	1,319	1,068	813	725	-10.8%	-43.9%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	1,292	1,319	1,068	813	725	-10.8%	-43.9%
	Average Available Beds	214.8	210.1	194.8	158.5	150.5	-5.1%	-29.9%
	Average Occupied Beds	210.9	210.9	183.9	153.0	130.6	-14.6%	-61.5%
	Percentage Occupancy	98.2%	100.0%	94.4%	96.5%	86.8%	-10.1%	-11.6%
	Throughput	6.0	6.3	5.5	5.1	4.8	-6.1%	-19.9%
	Average Length of Stay	59.6	58.4	62.9	68.7	65.9	-4.0%	10.7%
	Outpatient Attendances		343	0	0	0	0.0%	
South Eastern HSC Trust	Inpatients	900	985	1,179	1,017	1,038	2.1%	15.3%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	900	985	1,179	1,017	1,038	2.1%	15.3%
	Average Available Beds	147.7	150.4	143.5	139.9	137.5	-1.7%	-6.9%
	Average Occupied Beds	156.2	150.4	137.2	124.1	126.3	1.8%	-19.1%
	Percentage Occupancy	100.0%	100.0%	95.6%	88.7%	89.5%	0.9%	-10.5%
	Throughput	6.1	6.5	8.2	7.3	7.5	3.2%	23.1%
	Average Length of Stay	63.5	55.7	42.5	44.6	43.7	-2.0%	-31.2%
	Outpatient Attendances		1,447	0	0	0	0.0%	

Table 1.2: Continued

HSC Trust	Activity	Year					Percentage change 20010/11-2011/12	Percentage change 2007/08-2011/12
		2007/08	2008/09	2009/10	2010/11	2011/12		
Southern HSC Trust	Inpatients	1,598	1,570	1,585	1,275	1,348	5.7%	-15.6%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	1,598	1,570	1,585	1,275	1,348	5.7%	-15.6%
	Average Available Beds	204.8	196.6	180.0	101.6	96.1	-5.4%	-53.1%
	Average Occupied Beds	168.4	161.5	152.2	85.3	79.9	-6.3%	-52.6%
	Percentage Occupancy	82.3%	82.1%	84.5%	83.9%	83.2%	-0.9%	1.1%
	Throughput	7.8	8.0	8.8	12.5	14.0	11.8%	79.8%
	Average Length of Stay	38.5	37.5	35.0	24.4	21.7	-11.1%	-43.6%
Western HSC Trust	Outpatient Attendances		15,176	0	0	0	0.0%	
	Inpatients	1,434	1,330	1,223	1,246	1,092	-12.4%	-23.8%
	Day Cases	158	123	158	225	171	-24.0%	8.2%
	Total Admissions	1,592	1,453	1,381	1,471	1,263	-14.1%	-20.7%
	Average Available Beds	175.4	170.1	154.4	150.4	125.5	-16.6%	-28.5%
	Average Occupied Beds	161.5	151.0	142.6	135.5	115.6	-14.7%	-28.4%
	Percentage Occupancy	94.1%	88.8%	92.3%	90.1%	92.1%	2.2%	-2.2%
	Throughput	8.2	7.8	7.9	8.3	8.7	5.0%	6.5%
	Average Length of Stay	42.0	41.4	42.6	39.7	38.7	-2.4%	-7.8%
	Outpatient Attendances		1,915	0	0	0	0.0%	

Source: KH03A and QOAR

Table 1.3: Inpatient and Day Case Activity Data Within the Mental Health POC by Hospital/HSC Trust (2011/12) <sup>26</sup>

Hospital/HSC Trust	Average Available Beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of Stay	Turnover Interval
Beechcroft CAMHS	27.3	27.6	149	16	100.0	5.5	67.7	0.0
Knockbracken Healthcare Park	143.5	133.9	307	0	93.3	2.1	159.7	11.4
Mater Infirmorum	45.1	42.7	266	105	94.6	5.9	58.7	3.4
Shaftesbury Square	0.0	0.0	0	2,146	0.0	0.0	0.0	0.0
Windsor House	31.5	19.4	169	0	61.6	5.4	42.0	26.2
<b>Belfast HSCT</b>	<b>247.4</b>	<b>223.6</b>	<b>891</b>	<b>2,267</b>	<b>90.4</b>	<b>3.6</b>	<b>91.8</b>	<b>9.8</b>
Causeway	24.0	20.3	149	0	84.7	6.2	49.9	9.0
Holywell	126.5	110.3	576	0	87.2	4.6	70.1	10.3
<b>Northern HSCT</b>	<b>150.5</b>	<b>130.6</b>	<b>725</b>	<b>0</b>	<b>86.8</b>	<b>4.8</b>	<b>65.9</b>	<b>10.0</b>
Downshire	90.0	77.1	410	0	85.6	4.6	68.8	11.5
Lagan Valley PNU	23.5	23.5	374	0	100.0	15.9	23.0	0.0
Ulster MHU	24.0	25.7	254	0	100.0	10.6	37.1	0.0
<b>South Eastern HSCT</b>	<b>137.5</b>	<b>126.3</b>	<b>1,038</b>	<b>0</b>	<b>91.9</b>	<b>7.5</b>	<b>44.5</b>	<b>3.9</b>
Bluestone	60.0	46.7	928	0	77.8	15.5	18.4	5.2
St Luke's	36.1	33.2	420	0	92.0	11.6	28.9	2.5
<b>Southern HSCT</b>	<b>96.1</b>	<b>79.9</b>	<b>1,348</b>	<b>0</b>	<b>83.2</b>	<b>14.0</b>	<b>21.7</b>	<b>4.4</b>
Altnagelvin Area	0.0	0.0	0	170	0.0	0.0	0.0	0.0
Gransha	53.2	52.8	535	1	99.4	10.1	36.1	0.2
Tyrone & Fermanagh	72.3	62.8	557	0	86.8	7.7	41.2	6.3
<b>Western HSCT</b>	<b>125.5</b>	<b>115.6</b>	<b>1,092</b>	<b>171</b>	<b>92.1</b>	<b>8.7</b>	<b>38.7</b>	<b>3.3</b>
<b>Northern Ireland</b>	<b>757.0</b>	<b>676.0</b>	<b>5,094</b>	<b>2,438</b>	<b>89.3</b>	<b>6.7</b>	<b>48.6</b>	<b>5.8</b>

Source: KH03a

<sup>26</sup> Refer to Appendix 6: Explanatory Notes – point 6.

Table 1.4: Outpatient Activity Within the Mental Health POC by Hospital/HSC Trust (2011/12)

Hospital/HSC Trust	Attendances												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		
Beechcroft CAMHS	303	39	60	4,626	757	914	4,929	796	974	8	196	0	0
Mater Infirmorum	661	284	69	4,182	2,007	413	4,843	2,291	482	216	2,375	17	0
Windsor House	0	0	0	486	0	0	486	0	0	0	0	0	0
Belfast HSC Trust	964	323	129	9,294	2,764	1,327	10,258	3,087	1,456	224	2,571	17	0
Northern Ireland	964	323	129	9,294	2,764	1,327	10,258	3,087	1,456	224	2,571	17	0

Source: QOAR

Table 1.5: Outpatient Activity Within the Mental Health POC, Including DNA / CNA / Hospital Cancellation Rates (2011/12)

Hospital/HSC Trust	Attendances									<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
Beechcroft CAMHS	303	11.4	16.5	4,626	14.1	16.5	4,929	13.9	16.5	2.6	4.1	4.0
Mater Infirmorum	661	30.1	9.5	4,182	32.4	9.0	4,843	32.1	9.1	24.6	36.2	34.9
Windsor House	0	N/A	N/A	486	0.0	0.0	486	0.0	0.0	N/A	0.0	0.0
<b>Belfast HSC Trust</b>	<b>964</b>	<b>25.1</b>	<b>11.8</b>	<b>9,294</b>	<b>22.9</b>	<b>12.5</b>	<b>10,258</b>	<b>23.1</b>	<b>12.4</b>	<b>18.9</b>	<b>21.7</b>	<b>21.4</b>
<b>Northern Ireland</b>	<b>964</b>	<b>25.1</b>	<b>11.8</b>	<b>9,294</b>	<b>22.9</b>	<b>12.5</b>	<b>10,258</b>	<b>23.1</b>	<b>12.4</b>	<b>18.9</b>	<b>21.7</b>	<b>21.4</b>

Source: QOAR

**Table 1.6: Compulsory Admissions Under Mental Health (NI) Order 1986 By Sex and Year (2009/10 - 2011/12) <sup>27</sup>**

Sex	Year						Change 2009/10 to 2011/12	
	2009/10		2010/11		2011/12			
Male	571	54.7%	587	55.1%	545	54.9%	-26	-4.6%
Female	472	45.3%	479	44.9%	447	45.1%	-25	-5.3%
Total	1,043	100.0%	1,066	100.0%	992	100.0%	-51	-4.9%

Source: KH15

<sup>27</sup> Refer to Appendix 6: Explanatory Notes – points 7 & 14.

**Table 1.7: Compulsory Admissions Under Mental Health (NI) Order 1986 By Sex and Hospital/HSC Trust (2011/12)** <sup>28</sup>

Hospital/HSC Trust	Males	Females	All
Beechcroft CAMHS	13	7	20
Knockbracken Healthcare Park	69	20	89
Mater Infirmorum	42	26	68
Muckamore Abbey	12	12	24
Windsor House	12	11	23
<b>Belfast HSC Trust</b>	<b>148</b>	<b>76</b>	<b>224</b>
Causeway	36	28	64
Holywell	104	110	214
<b>Northern HSC Trust</b>	<b>140</b>	<b>138</b>	<b>278</b>
Downshire	23	14	37
Lagan Valley PNU	17	23	40
Ulster MHU	13	14	27
<b>South Eastern HSC Trust</b>	<b>53</b>	<b>51</b>	<b>104</b>
Bluestone	91	93	184
Longstone	*	*	*
St Luke's	*	*	*
<b>Southern HSC Trust</b>	<b>136</b>	<b>116</b>	<b>252</b>
Gransha	39	39	78
Lakeview	*	*	*
Tyrone & Fermanagh	28	24	52
Waterside	*	*	*
<b>Western HSC Trust</b>	<b>68</b>	<b>66</b>	<b>134</b>
<b>Northern Ireland</b>	<b>545</b>	<b>447</b>	<b>992</b>

Source: KH15

<sup>28</sup> Refer to Appendix 6: Explanatory Notes – point 8.

Table 1.8: Inpatient and Day Case Activity Data Within the Mental Illness Specialty by Hospital/HSC Trust (2011/12)<sup>29</sup>

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Knockbracken Healthcare Park	109.5	103.4	273	0	94.4	2.5	138.6	8.2
Mater Infirmorum	45.1	42.7	266	105	94.6	5.9	58.7	3.4
Windsor House	31.5	19.4	169	0	61.6	5.4	42.0	26.2
<b>Belfast HSC Trust</b>	<b>186.1</b>	<b>165.5</b>	<b>708</b>	<b>105</b>	<b>88.9</b>	<b>3.8</b>	<b>85.5</b>	<b>10.7</b>
Causeway	24.0	20.3	149	0	84.7	6.2	49.9	9.0
Holywell	126.5	110.3	576	0	87.2	4.6	70.1	10.3
<b>Northern HSC Trust</b>	<b>150.5</b>	<b>130.6</b>	<b>725</b>	<b>0</b>	<b>86.8</b>	<b>4.8</b>	<b>65.9</b>	<b>10.0</b>
Downshire	90.0	77.1	410	0	85.6	4.6	68.8	11.5
Lagan Valley PNU	23.5	23.5	374	0	100.0	15.9	23.0	0.0
Ulster MHU	24.0	25.7	254	0	100.0	10.6	37.1	0.0
<b>South Eastern HSC Trust</b>	<b>137.5</b>	<b>126.3</b>	<b>1,038</b>	<b>0</b>	<b>91.9</b>	<b>7.5</b>	<b>44.5</b>	<b>3.9</b>
Bluestone	60.0	46.2	907	0	77.1	15.1	18.7	5.6
St Luke's	36.1	33.2	420	0	92.0	11.6	28.9	2.5
<b>Southern HSC Trust</b>	<b>96.1</b>	<b>79.4</b>	<b>1,327</b>	<b>0</b>	<b>82.7</b>	<b>13.8</b>	<b>21.9</b>	<b>4.6</b>
Altnagelvin Area	0.0	0.0	0	170	0.0	0.0	0.0	0.0
Gransha	53.2	52.8	521	0	99.3	9.8	37.1	0.3
Tyrone & Fermanagh	72.3	62.7	556	0	86.7	7.7	41.3	6.3
<b>Western HSC Trust</b>	<b>125.5</b>	<b>115.5</b>	<b>1,077</b>	<b>170</b>	<b>92.0</b>	<b>8.6</b>	<b>39.3</b>	<b>3.4</b>
<b>Northern Ireland</b>	<b>695.7</b>	<b>617.3</b>	<b>4,875</b>	<b>275</b>	<b>88.7</b>	<b>7.0</b>	<b>46.3</b>	<b>5.9</b>

Source: KH03A

<sup>29</sup> Refer to Appendix 4: Definitions – points 1 - 9.

Table 1.9: Inpatient and Day Case Activity Data Within the Child & Adolescent Psychiatry Specialty by Hospital/HSC Trust (2011/12)<sup>30</sup>

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Beechcroft CAMHS	27.3	27.6	149	16	100.0	5.5	67.7	0.0
<b>Belfast HSC Trust</b>	<b>27.3</b>	<b>27.6</b>	<b>149</b>	<b>16</b>	<b>100.0</b>	<b>5.5</b>	<b>67.7</b>	<b>0.0</b>
Bluestone	0.0	0.5	21	0	100.0	0.0	8.1	0.0
<b>Southern HSC Trust</b>	<b>0.0</b>	<b>0.5</b>	<b>21</b>	<b>0</b>	<b>100.0</b>	<b>0.0</b>	<b>8.1</b>	<b>0.0</b>
Gransha	0.0	0.1	14	1	100.0	0.0	1.4	0.0
Tyrone & Fermanagh	0.0	0.0	1	0	100.0	0.0	17.0	0.0
<b>Western HSC Trust</b>	<b>0.0</b>	<b>0.1</b>	<b>15</b>	<b>1</b>	<b>100.0</b>	<b>0.0</b>	<b>2.5</b>	<b>0.0</b>
<b>Northern Ireland</b>	<b>27.3</b>	<b>28.1</b>	<b>185</b>	<b>17</b>	<b>100.0</b>	<b>6.8</b>	<b>55.7</b>	<b>0.0</b>

Source: KH03A

Table 1.10: Inpatient and Day Case Activity Data Within the Forensic Psychiatry Specialty by Hospital/HSC Trust (2011/12)

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	30.6	34	0	89.9	1.0	329.2	36.8
<b>Belfast HSC Trust</b>	<b>34.0</b>	<b>30.6</b>	<b>34</b>	<b>0</b>	<b>89.9</b>	<b>1.0</b>	<b>329.2</b>	<b>36.8</b>
<b>Northern Ireland</b>	<b>34.0</b>	<b>30.6</b>	<b>34</b>	<b>0</b>	<b>89.9</b>	<b>1.0</b>	<b>329.2</b>	<b>36.8</b>

Source: KH03A

<sup>30</sup> Refer to Appendix 4: Definitions – points 1 -9.

**Table 1.11: Inpatient and Day Case Activity Data Within the Psychotherapy Specialty by Hospital/HSC Trust (2011/12)**

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	2,146	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>2,146</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>2,146</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Source: KH03A

**Table 1.12: Outpatient Activity Data Within the Mental Illness Specialty by Hospital/HSC Trust (2011/12)**

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 Rate	CNA Rate	New	Review		
Windsor House	0	0	0	486	0	0	486	0.0	0.0	0	0	0	0
Mater Infirmorum	661	284	69	4,182	2,007	413	4,843	32.1	9.1	216	2,375	17	0
Belfast HSC Trust	661	284	69	4,668	2,007	413	5,329	30.1	8.3	216	2,375	17	0
Northern Ireland	661	284	69	4,668	2,007	413	5,329	30.1	8.3	216	2,375	17	0

Source: QOAR

**Table 1.13: Outpatient Activity Data Within the Child & Adolescent Psychiatry Specialty by Hospital/HSC Trust (2011/12)**

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 Rate	CNA Rate	New	Review		
Beechcroft CAMHS	303	39	60	4,626	757	914	4,929	13.9	16.5	8	196	0	0
Belfast HSC Trust	303	39	60	4,626	757	914	4,929	13.9	16.5	8	196	0	0
Northern Ireland	303	39	60	4,626	757	914	4,929	13.9	16.5	8	196	0	0

Source: QOAR

**Table 1.14: Mental Illness Inpatients Resident at 17 February (2010 – 2012)(including patients on Home Leave)**

Age in Years	Year						Change 2010 - 2012	
	2010		2011		2012			
Aged 18 & Under	42	3.9%	44	4.7%	48	5.4%	6	14.3%
Aged 19 - 44	320	30.0%	311	33.2%	295	33.0%	-25	-7.8%
Aged 45 - 64	335	31.4%	316	33.8%	287	32.1%	-48	-14.3%
Aged 65 & Over	370	34.7%	265	28.3%	263	29.5%	-107	-28.9%
TOTAL	1,067	100.0%	936	100.0%	893	100.0%	-174	-16.3%

Souce: Mental Illness and Learning Disability Census

**Table 1.15: Mental Illness Inpatients Resident at 17 February 2012 (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+	TOTAL
0-6 months	16	31	39	82	88	87	61	70	98	572
7-12 months	0	0	4	18	10	9	8	10	16	75
>1-2 years	0	0	0	9	8	13	13	9	5	57
>2-3 years	1	0	0	7	1	4	3	3	5	24
>3-5 years	0	0	1	3	5	13	6	3	6	37
>5-10 years	0	0	0	2	13	11	11	6	13	56
>10-20 years	0	0	0	1	3	11	14	3	4	36
>20-30 years	0	0	0	0	1	6	9	2	0	18
>30 years	0	0	0	0	0	0	8	6	4	18
<b>TOTAL</b>	<b>17</b>	<b>31</b>	<b>44</b>	<b>122</b>	<b>129</b>	<b>154</b>	<b>133</b>	<b>112</b>	<b>151</b>	<b>893</b>

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

**105**

Source: Mental Illness and Learning Disability Census

**Table 2.1: Key Points - Learning Disability Statistics (2007/08 - 2011/12)<sup>31, 32</sup>**

Activity	Year					Percentage change 2010/11- 2011/12	Percentage Change 2007/08- 2011/12
	2007/08	2008/09	2009/10	2010/11	2011/12		
<b>Inpatients</b>	1,965	1,886	1,770	1,642	1,586	-3.4%	-19.3%
<b>Day Cases</b>	26	0	9	0	2	N/A	-92.3%
<b>Total Admissions</b>	1,991	1,886	1,779	1,642	1,588	-3.3%	-20.2%
<b>Average Available Beds</b>	467.3	448.5	397.3	358.6	341.4	-4.8%	-26.9%
<b>Average Occupied Beds</b>	430.5	407.9	369.1	335.7	310.4	-7.5%	-27.9%
<b>Percentage Occupancy</b>	92.1%	90.9%	92.9%	93.6%	90.9%	-2.9%	-1.3%
<b>Throughput</b>	4.2	4.2	4.5	4.6	4.6	1.4%	10.5%
<b>Average Length of Stay</b>	80.0	78.9	76.1	74.6	71.6	-3.8%	-10.2%
<b>Outpatient Attendances</b>	4,908	5,189	5,451	6,115	7,122	16.5%	45.1%

Source: KH03A and QOAR

<sup>31</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>32</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 (2007/08 – 2011/12)

HSC Trust	Activity	Year					Percentage change 2010/11-2011/12	Percentage change 2007/08-2011/12
		2007/08	2008/09	2009/10	2010/11	2010/11		
Belfast HSC Trust	Inpatients	1,297	1,345	1,307	1,258	1,265	0.6%	-2.5%
	Day Cases	22	0	4	0	0	0.0%	-100.0%
	Total Admissions	1,319	1,345	1,311	1,258	1,265	0.6%	-4.1%
	Average Available Beds	305.8	295.6	263.7	244.6	240.9	-1.5%	-21.2%
	Average Occupied Beds	283.4	270.8	249.4	237.2	225.7	-4.9%	-20.4%
	Percentage Occupancy	92.7%	91.6%	94.6%	97.0%	93.7%	-3.4%	1.1%
	Throughput	4.2	4.5	5.0	5.1	5.3	2.1%	23.8%
	Average Length of Stay	79.7	73.5	69.6	68.8	65.3	-5.1%	-18.1%
	Outpatient Attendances	3,190	3,326	3,205	3,428	3,745	9.2%	17.4%
Northern HSC Trust	Inpatients	-	-	-	1	-	-	-
	Day Cases	-	-	-	0	-	-	-
	Total Admissions	-	-	-	1	-	-	-
	Average Available Beds	-	-	-	0.0	-	-	-
	Average Occupied Beds	-	-	-	-	-	-	-
	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	-	-	-	-	-	-	-
	Average Occupied Beds	-	-	-	-	-	-	-
	Percentage Occupancy	-	-	-	-	-	-	-
	Throughput	-	-	-	-	-	-	-
	Average Length of Stay	-	-	-	-	-	-	-
	Outpatient Attendances	-	-	-	-	-	-	-

Table 2.2: Continued

HSC Trust	Activity	Year					Percentage change 2010/11-2011/12	Percentage change 2007/08-2011/12
		2007/08	2008/09	2009/10	2010/11	2011/12		
Southern HSC Trust	Inpatients	336	264	237	211	200	-5.2%	-40.5%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	336	264	237	211	200	-5.2%	-40.5%
	Average Available Beds	305.8	93.3	82.2	78.0	76.5	-1.9%	-75.0%
	Average Occupied Beds	280.4	85.4	72.2	68.1	67.2	-1.3%	-76.0%
	Percentage Occupancy	91.7%	91.5%	87.8%	87.2%	87.8%	0.6%	-4.3%
	Throughput	3.4	0.9	2.9	2.7	2.6	-3.4%	-22.7%
	Average Length of Stay	99.0	118.1	111.2	117.7	122.9	4.4%	24.2%
	Outpatient Attendances	856	836	1,047	1,371	1,750	27.6%	104.4%
Western HSC Trust	Inpatients	332	277	226	172	121	-29.7%	-63.6%
	Day Cases	4	0	5	0	2	-	-50.0%
	Total Admissions	336	277	231	172	123	-28.5%	-63.4%
	Average Available Beds	62.2	59.6	51.4	35.9	24.0	-33.2%	-61.4%
	Average Occupied Beds	56.0	51.7	47.5	30.4	17.6	-42.1%	-68.6%
	Percentage Occupancy	90.1%	86.7%	92.5%	84.7%	73.1%	-13.6%	-18.8%
	Throughput	5.3	4.7	4.4	4.8	5.0	5.3%	-5.6%
	Average Length of Stay	61.6	68.1	76.7	64.6	53.1	-17.8%	-13.8%
	Outpatient Attendances	862	1,026	1,199	1,316	1,627	23.6%	88.7%

Source: KH03a and QOAR

Table 2.3: Inpatient and Day Case Activity Data Within the Learning Disability POC by Hospital/HSC Trust (2011/12)<sup>33</sup>

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Muckamore Abbey	233.0	218.6	149	0	93.8	0.6	537.0	35.3
Musgrave Park	7.9	7.0	1,116	0	89.3	141.4	2.3	0.3
<b>Belfast HSC Trust</b>	<b>240.9</b>	<b>225.7</b>	<b>1,265</b>	<b>0</b>	<b>93.7</b>	<b>5.3</b>	<b>65.3</b>	<b>4.4</b>
Longstone	76.5	67.2	200	0	87.8	2.6	122.9	17.1
<b>Southern HSC Trust</b>	<b>76.5</b>	<b>67.2</b>	<b>200</b>	<b>0</b>	<b>87.8</b>	<b>2.6</b>	<b>122.9</b>	<b>17.1</b>
Lakeview	24.0	17.6	121	2	73.1	5.0	53.1	19.5
<b>Western HSC Trust</b>	<b>24.0</b>	<b>17.6</b>	<b>121</b>	<b>2</b>	<b>73.1</b>	<b>5.0</b>	<b>53.1</b>	<b>19.5</b>
<b>Northern Ireland</b>	<b>341.4</b>	<b>310.4</b>	<b>1586.0</b>	<b>2.0</b>	<b>90.9</b>	<b>4.6</b>	<b>71.6</b>	<b>7.2</b>

Source: KH03A

<sup>33</sup> Refer to Appendix 6: Explanatory Notes - point 16.

Table 2.4: Outpatient Activity Data Within the Learning Disability POC by Hospital/HSC Trust (2011/12)

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	286	65	69	3,459	426	538	3,745	491	607	23	163	2	0
Belfast HSC Trust	286	65	69	3,459	426	538	3,745	491	607	23	163	2	0
Longstone	117	43	0	1,633	330	2	1,750	373	2	5	24	1	0
Southern HSC Trust	117	43	0	1,633	330	2	1,750	373	2	5	24	1	0
Lakeview	69	20	6	1,558	118	92	1,627	138	98	0	0	0	0
Western HSC Trust	69	20	6	1,558	118	92	1,627	138	98	0	0	0	0
Northern Ireland	472	128	75	6,650	874	632	7,122	1,002	707	28	187	3	0

Source: QOAR

Table 2.5: Outpatient Activity Within the Learning Disability POC, Including DNA / CNA / Hospital Cancellation Rates (2011/12)

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	286	18.5	19.4	3,459	11.0	13.5	3,745	11.6	13.9	7.4	4.5	4.7
Belfast HSC Trust	286	18.5	19.4	3,459	11.0	13.5	3,745	11.6	13.9	7.4	4.5	4.7
Longstone	117	26.9	0.0	1,633	16.8	0.1	1,750	17.6	0.1	4.1	1.4	1.6
Southern HSC Trust	117	26.9	0.0	1,633	16.8	0.1	1,750	17.6	0.1	4.1	1.4	1.6
Lakeview	69	22.5	8.0	1,558	7.0	5.6	1,627	7.8	5.7	0.0	0.0	0.0
Western HSC Trust	69	22.5	8.0	1,558	7.0	5.6	1,627	7.8	5.7	0.0	0.0	0.0
Northern Ireland	472	21.3	13.7	6,650	11.6	8.7	7,122	12.3	9.0	5.6	2.7	2.9

Source: QOAR

**Table 2.6: Learning Disability Compulsory Admissions Under Mental Health (NI) Order 1986 by Sex (2009/10 - 2011/12)**

Sex	Year						Change 2009/10 to 2011/12	
	2009/10		2010/11		2011/12			
Male	11	61.1%	14	58.3%	21	60.0%	10	90.9%
Female	7	38.9%	10	41.7%	14	40.0%	7	100.0%
Total	18	100.0%	24	100.0%	35	100.0%	17	94.4%

Source: KH15

**Table 2.7: Learning Disability Inpatients Resident at 17 February (2010 – 2012) (including patients on Home Leave)**

Age in Years	Year						Change 2010 - 2012	
	2010		2011		2012			
Aged 18 & Under	16	4.5%	15	4.6%	21	6.9%	5	31.3%
Aged 19 - 44	151	42.5%	136	41.7%	134	44.1%	-17	-11.3%
Aged 45 - 64	161	45.4%	148	45.4%	126	41.4%	-35	-21.7%
Aged 65 & Over	27	7.6%	27	8.3%	23	7.6%	-4	-14.8%
TOTAL	355	100.0%	326	100.0%	304	100.0%	-51	-14.4%

Source: Mental Illness and Learning Disability Census

**Table 2.8: Learning Disability Inpatients Resident at 17 February 2012 (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	10	6	7	10	9	6	2	4	1	55
7-12 months	0	0	9	2	3	0	2	0	1	17
>1-2 years	0	1	7	4	10	2	4	1	0	29
>2-3 years	1	1	3	3	3	3	2	0	0	16
>3-5 years	1	1	1	4	8	6	2	1	0	24
>5-10 years	0	0	1	10	6	10	7	1	0	35
>10-20 years	0	0	0	8	11	7	5	1	0	32
>20-30 years	0	0	0	0	11	12	8	3	1	35
>30 years	0	0	0	0	4	17	31	8	1	61
<b>TOTAL</b>	<b>12</b>	<b>9</b>	<b>28</b>	<b>41</b>	<b>65</b>	<b>63</b>	<b>63</b>	<b>19</b>	<b>4</b>	<b>304</b>

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

11

Source: Mental Illness and Learning Disability Census

## Appendix 1: Mental Health / Learning Disability Specialties in each Hospital during 2011/12

Hospital	Specialties
Altnagelvin Area	Mental Illness
Beechcroft CAMHS	Child & Adolescent Psychiatry
Bluestone	Mental Illness, Child & Adolescent Psychiatry
Causeway	Mental Illness
Downshire	Mental Illness
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

## Appendix 2: Hospitals Open Within Each HSC Trust for All or Part of Year Ending 31 March 2012

<b>Belfast Health and Social Care Trust</b>	Beechcroft CAMHS, 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.

$$\frac{\text{Average Daily Number of Occupied Beds x Days in Year}}{\text{Total Inpatients}}$$

### 3. % Occupancy

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

$$\frac{\text{Average Daily Occupied Beds}}{\text{Average Daily Available Beds}} \times 100$$

### 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.

$$\frac{\text{Total Inpatients}}{\text{Average Number of Available Beds}}$$

### 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.

$$\frac{\text{Average Available Beds - Average Occupied Beds x Days in Year}}{\text{Total Inpatients}}$$

### 6. Day case rate

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

$$\frac{\text{Total Day Cases}}{(\text{Total Elective Inpatients}) + \text{Total Day Cases}} \times 100$$

## **7. Inpatient Admissions**

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.

## **8. Day Case Admissions**

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.

## **9. 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.

## **10. 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.

## **11. 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.

## **12. 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.

## **13. 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.

## **14. 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.

#### **15. 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.

#### **16. 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).

#### **17. 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:

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

#### **18. 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.

#### **19. 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:

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

#### **20. 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.

#### **21. 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:

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

## Appendix 5: Data in the Publication<sup>1</sup>

### General Guidance on using the data

The data contained in this publication details an annual analysis of:

- (i) Inpatient and day case activity within the mental health and learning POC's at hospitals in Northern Ireland;
- (ii) Consultant-led outpatient activity for the mental health and learning disability POCs;
- (iii) Compulsory admissions within the mental health POC under the Mental Health (NI) Order 1986; and,
- (iv) Census of patients who were being treated as an inpatient within the mental health and learning disability POCs on 17<sup>th</sup> February 2012.

### a. Inpatient and Day Case Activity

#### Description of Data

Data is presented on the number of available and occupied beds, and, inpatient and day case admissions to hospitals in Northern Ireland.

All data is presented by the hospital on admission and the admission method (inpatient or day case), and then aggregated up to HSC Trust and Northern Ireland.

Patients who are treated at an emergency care department but who were not subsequently admitted to hospital are **not** included.

#### Data provider

Data relating to available and occupied beds for the mental health and learning disability POCs, is sourced directly from HSC Trusts using the aggregate KH03a Departmental information return.

#### Data quality assessment

Data is of 'Very Good' quality and is derived from a range of administrative systems (PAS, ELCID, MAXIMS, EPEX and PARIS). Data providers have been issued with in-depth guidance providing instructions for recording, collection and submission of data, available from the link below.

[http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/hib\\_guidance\\_manuals.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/hib_guidance_manuals.htm)

In addition, across all data regardless of source, variance checks are employed as an integral part of the production process, with large discrepancies between the current year and the previous year being queried with the data provider.

### Guidance on using data

**Average Available/Occupied Beds** – this is the number of available and occupied beds in wards that are open overnight during the year. This data can provide insight to the available resources within different hospital sites and treatment specialties. It can also be used together with number of inpatient admissions to determine average length of stay.

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<sup>1</sup> Guidance on the terms used on this page is provided in Appendix 4.

**Specialty** – this is the number of admissions within each medical speciality. The medical speciality is determined by the consultant in charge of the treatment of the patient. Each consultant employed by a HSC Trust will have an allocated speciality of employment, and it will be this speciality against which the patient's admission will be reported<sup>1</sup>.

This information provides a useful insight into the demand for certain services.

**Programme of Care** – this relates to the number of admissions within each Programme of Care which is a classification that aggregates specialties on the basis of the type of health care they provide, into a higher level classification. For example, the Mental Health Programme of Care relates to treatment for Mental Health issues such as psychotherapy, and the Learning Disability Programme of Care relates to treatments for patients specifically relating to a Learning Disability.

## **b. Consultant-led Outpatient Activity for Mental Health and Learning Disability POCs**

### **Description of Data**

**Attendances** - Data is presented on the number of patients who attended an appointment at a consultant led outpatient service, by the HSC hospital of attendance, and then aggregated up to HSC Trust, in Northern Ireland. Data are split by attendances for both new and review appointments.

**Missed Appointments** - Data is presented on the number of patients who missed an appointment at a consultant led outpatient service and did not inform the hospital. These missed appointments are also known as a Did Not Attend (DNA) and are presented by the HSC hospital at which the appointment was scheduled, which are then aggregated up to HSC Trust, in Northern Ireland. Data are split by both new and review missed appointments.

**Cancelled Appointments** - Data refers to the number of patients who cancelled an appointment at a consultant led outpatient service and informed the hospital that they could not attend, no later than the day before the appointment was scheduled. These data are presented by the HSC hospital at which the appointment was scheduled, which are then aggregated up to HSC Trust, in Northern Ireland. Data are split by both new and review appointments cancelled by patients.

Also presented in data on the number of appointments for consultant led outpatient services that were cancelled by the hospital, broken down by the HSC hospital at which the appointment was scheduled, and aggregated up to HSC Trust, in Northern Ireland. Data are split by both new and review appointments cancelled by hospitals.

### **Data provider**

Data are sourced directly from HSC Trusts, via the Quarterly Outpatient Activity Return (QOAR).

### **Data quality assessment**

Very good – data are derived from a range of administrative systems. Data providers have been issued with in-depth guidance providing instructions for recording, collection and submission of data, available from the link below.

[http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/hib\\_guidance\\_manuals.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/hib_guidance_manuals.htm)

In addition, across all data regardless of source, variance checks are employed as an integral part of the production process, with large discrepancies between the current year and the previous year being queried with the data provider.

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<sup>1</sup> A full list of specialties is available in Appendix 2.

## Guidance on using data

Appointment type – this is the number of (i) new and (ii) review outpatient appointments attended. This data provides are useful in

Specialty – this is the number of appointments attended within each medical speciality. Medical specialty is determined by the consultant in charge of the service the patient attends. Each consultant employed by a HSC Trust will have an allocated specialty of employment, and it will be this specialty against which the patient's admission will be reported<sup>1</sup>.

This information provides a useful insight into the demand for certain services.

Hospital – this relates to appointments attended, by HSC hospital. Users should note that this may not necessarily be the actual hospital at which the patient attends their appointment, but relates to the hospital that holds the contract for the consultant, or member of their team, that provided the service. For example if a consultant from Musgrave Park hospital travels to Whiteabbey hospital to provide a Trauma and Orthopaedic service, the attendance will be recorded against Musgrave Park as this is the hospital that employs the consultant providing the service.

Programme of Care – this relates to the number of appointments attended within each Programme of Care, which is a classification that aggregates specialties on the basis of the type of health care they provide, into a higher level classification.

Missed Appointments - these data relate to the number of patients who missed their appointment and did not inform the hospital. This information provides a useful indicator of lost productivity in each hospital, i.e. as the service was resourced at that point in time to assess a patient, but when the appointment was wasted due to the patient failing to attend, or give appropriate notice that they couldn't attend, the resource was the scheduled appointment slot.

When assessing missed appointments, users should note the rate of missed appointments, i.e. the DNA rate. This is calculated by:  $(\text{the number of missed appointments}) / (\text{sum total of attendances and missed appointments})$  multiplied by one hundred. This is necessary because the number of appointments scheduled is likely to impact upon the number of missed appointments, i.e. the more appointments scheduled, the more likely it will be that the number of missed appointments will increase. Consequently, any comparative analysis of missed appointments, be that year on year or speciality with speciality etc., must be undertaken as a standardised rate.

Cancelled Appointments - this relates to the number of appointments cancelled by patients who informed the hospital at least the day before the appointment was scheduled that they would not be attending. By doing so, the patient allows the hospital sufficient time to utilise the scheduled appointment slot, by booking another patient into that appointment slot.

Again, any comparison of patient cancellations must be undertaken as a standardised rate, i.e.  $(\text{number of appointments cancelled by patients} / \text{sum total of attendances and appointments cancelled by patients})$  multiplied by one hundred, as again, changes in the number of appointments scheduled will impact upon the number of appointments cancelled by patients.

Hospital Cancellations - these data relate to the number of scheduled appointments cancelled by hospitals. This may be for a variety of reasons and in most cases the patient still requires assessment and will be rebooked into another appointment.

This provides a useful indication of the loss of potential productivity within the Health and Social Care system. Any comparison of hospital cancellations must be undertaken as a standardised rate i.e.  $(\text{number of appointments cancelled by hospitals} / \text{sum total of attendances and appointments cancelled by hospitals})$  multiplied by one hundred, as again, changes in the number of appointments scheduled will impact upon the number of appointments cancelled by hospitals.

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<sup>1</sup> A full list of specialties is available in Appendix 2.

## c. Compulsory Admissions under the Mental Health (NI) Order 1986

### Description of the data

Data refers to the number of patients admitted to hospital who were detained at admission each year, whether or not they had been subsequently discharged.

All data is presented by the hospital on admission and gender of the patient, and then aggregated up to HSC Trust and Northern Ireland.

### Data Provider

Data relating to the number of compulsory admissions under the Mental Health (NI) Order 1986 is sourced directly from HSC Trusts using the aggregate KH15 Departmental information return.

### Data quality assessment

Data is of 'Very Good' quality and is derived from a range of administrative systems (PAS, ELCID, MAXIMS, EPEX and PARIS). Data providers have been issued with in-depth guidance providing instructions for recording, collection and submission of data, available from the link below.

[http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/hib\\_guidance\\_manuals.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/hib_guidance_manuals.htm)

In addition, across all data regardless of source, variance checks are employed as an integral part of the production process, with large discrepancies between the current year and the previous year being queried with the data provider.

### Guidance on using data

Compulsory admissions – this is the number of mental health and learning disability patients who have been formally detained under the Mental Health (NI) Order 1986. It does **not** include those admitted to hospital voluntarily.

This information is useful in determining the number of people being detained each year, by gender, under the Mental Health (NI) Order 1986. Where possible, information is presented for the last few years to provide a useful insight into the demand for compulsory admissions.

## d. Mental Health and Learning Disability Census

### Description of the data

Data refers to the number of mental health and learning disability patients resident in hospital or on home leave on 17<sup>th</sup> February each year.

Data is collected separately for mental health and learning disability patients and is presented by Hospital, age of the patient and their length of stay at the time of the census.

Data is recorded separately on the number of inpatients on home leave; although, these are recorded in the overall total number of inpatients. Home leave refers to all inpatients who were not actually resident in the hospital at the time of the survey, but who: were absent on pass, home on trial, having special treatment, boarded out or absent without leave.

## Data Provider

Data relating to the number of mental health and learning disability patients resident in hospital is sourced directly from HSC Trusts using the aggregate MILD Census Departmental information return.

## Data quality assessment

Data is of 'Very Good' quality and is derived from a range of administrative systems (PAS, ELCID, MAXIMS, EPEX and PARIS). Data providers have been issued with in-depth guidance providing instructions for recording, collection and submission of data, available from the link below.

[http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/hib\\_guidance\\_manuals.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/hib_guidance_manuals.htm)

In addition, across all data regardless of source, variance checks are employed as an integral part of the production process, with large discrepancies between the current year and the previous year being queried with the data provider.

## Guidance on using data

Resident Population – this is the number of mental health and/or learning disability patients who resident in hospital on 17 February each year.

This information is useful in determining the number of mental health and learning disability patients in hospital. This data provides a useful insight into the number of patients being treated / cared for in an inpatient setting.

Length of Stay – This is the length of time which the patient has been resident in the mental health / learning disability hospital. This data is useful in determining the long stay population, i.e. those patients who have been in hospital for a year or more.

## Appendix 6: 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. 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.
4. 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 to view or download from:  
  
[http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/mental\\_health\\_learning\\_disability.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/mental_health_learning_disability.htm)
5. 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.
6. On occasion, in exceptional circumstances, the number of average occupied bed may exceed the number of average available beds. This can be due to both patient management as well as recording methods. In these instances the Percentage Occupancy and Turnover Interval figures have been set to 100% and 0.0 respectively.
7. 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.
8. ONS guidance on data disclosure advises that cells with a value between 0 and 4 should 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.
9. 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.

10. 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.
11. 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.
12. The mental health facility known as the 'Young Person's Centre' was renamed 'Beechcroft CAMHS Inpatient Service'.
13. 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.
14. 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.
15. Figures for Downshire, Gransha and Windsor include mental illness admissions 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.
16. Following the completion of the Bamford Review of Mental Health and Learning Disability services in 2007, the DHSSPS and HSC Board in response to the review's recommendations, introduced a number of key initiatives to help reduce admissions to mental health and learning disability hospitals, and to ensure that the majority of services for these individuals were provided in a primary / community setting. These included:
  - a. the HSC Board and Trusts should take steps to reduce the number of admissions to acute mental health hospitals by 10%; and
  - b. the HSC Board and Trusts should resettle 120 long stay patients from mental health and learning disability hospitals to appropriate places in the community compared with the March 2006 total.

In addition, the 2011/12 Ministerial targets indicate that:

- a. From April 2011, ensure that 75% of patients admitted as learning disability and mental health inpatients for assessment and treatment are discharged within 7 days of the decision to discharge;
- b. From April 2011, ensure that all patients admitted as learning disability and mental health inpatients for assessment and treatment are discharged within 90 days of the decision to discharge;

- c. By March 2012, resettle at least an additional 45 long stay patients from learning disability hospitals to appropriate places in the community compared to the end March 2011 figure; and,
- d. By March 2012, resettle at least an additional 45 long stay patients from mental health hospitals to appropriate places in the community compared to the end March 2011 figure.

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

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**This Statistical bulletin and others published by Hospital Information Branch are available to download from the DHSSPS Internet site at:**

Internet address: [http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats.htm)