

INFORMATION
ANALYSIS
DIRECTORATE



Hospital Statistics: Mental Health and Learning Disability (2013/14)



Reader Information

Purpose	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 2014. It details information on inpatient, day case and outpatient activity, and compulsory admissions under the Mental Health (NI) Order 1986.
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Target audience	DHSSPS, Chief Executives of HSC Board and Trusts in Northern Ireland, health care professionals, academics, Health & Social Care stakeholders, media and general public.
Further copies from	statistics@dhsspsni.gov.uk
Internet address	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 POC decreased by 19.0% (1,201), from 6,325 in 2009/10 to 5,124 in 2013/14 (Figure 1, Table 1.1).
- Since 2009/10, the total number of inpatient admissions under the mental health POC decreased by 19.8% (1,189), from 6,020 to 4,831 in 2013/14, whilst the number of admissions for day case treatment decreased slightly from 305 in 2009/10 to 293 in 2013/14 (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 (219.1, 33.9%) whilst the Southern HSC Trust reported the lowest (85.7, 13.3%) (Figure 10, Table 1.2 – 1.3).
- Between 2009/10 and 2013/14, the average length of stay within the mental health POC in hospitals decreased by 10.7 days, from 54.4 days to 43.7 days (Figure 13, Table 1.1).
- During 2013/14, there were 11,338 consultant-led outpatient attendances in the Belfast HSC Trust for the mental health specialties. Of these 744 (6.6%) were new attendances and 10,594 (93.4%) were review attendances (Figure 15, Table 1.4).

Learning Disability

- The number of admissions to hospital under the learning disability POC decreased year on year from 604 in 2009/10 to 365 in 2013/14, a reduction of 39.6% (239) (Figure 20, Table 2.1).
- All 365 admissions to hospital under the learning disability POC in 2013/14 were inpatient admissions (Figures 20 – 21, Table 2.1).
- Of the 230.4 average available beds within the learning disability POC in 2013/14, the majority (180.7, 78.4%) were available in the Belfast HSC Trust, with 25.7 (11.2%) in the Southern HSC Trust and 24.0 (10.4%) in the Western HSC Trust (Table 2.2).
- Across hospitals, the highest average length of stay was in Muckamore Abbey (341.0 days), compared with an average of 83.4 days in Longstone Hospital and 58.3 days in Lakeview (Table 2.3).
- In 2013/14, there were 6,696 consultant-led outpatient attendances within the learning disability POC in Northern Ireland. Of these, 464 (6.9%) were new attendances and 6,232 (93.1%) were review attendances (Figure 25, Table 2.4).

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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 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

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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.

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 & KH15b – Compulsory admissions under the Mental Health (NI) Order 1986; and,
- MILD Census – Inpatients resident in Mental Health / Learning Disability Hospitals on 17 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

Rounding

Percentages have been rounded to one decimal place and as a consequence some percentages may not sum to 100.

Data Quality ¹

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.

At the end of the financial year HIB carry out a more detailed series of validations to verify that

¹ See Appendix 6: Explanatory Notes for further details.

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. This report incorporates all returns and amendments received up to 27th August 2014.

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 is detailed in Appendix 5.

A National Statistics Publication

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

Further information on the Code of Practice for National Statistics is available at:

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

A list of those who received 24-hour pre-release access to this publication is available at:

http://www.dhsspsni.gov.uk/index/stats_research/hospitalstats/mental_health_learning_disability.htm

Mental Health and Learning Disability Information Elsewhere 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/ContentServer?siteID=1937>

Scotland

Mental Health (Psychiatric) Hospital Activity Statistics

<https://isdscotland.scot.nhs.uk/Health-Topics/Mental-Health/Publications/2012-12-18/2012-12-18-MentalHealth-Summary.pdf?12682741881>

Wales

Patients in Mental Health Hospitals and Units, 2010

<http://wales.gov.uk/topics/statistics/headlines/health2012/1210243/?lang=en>

Contextual Information

Readers should 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/hospitalstats/contextual_information_hospital_statistics.htm

Additional Activity Information

Mental health and learning disability is only one element of inpatient and outpatient services provided. For further information on other inpatient activity please see:

http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/inpatients.htm

For further information in relation to outpatient activity please see:

http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/outpatients.htm

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 2013/14, and an analysis of the trend between 2009/10 and 2013/14.

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 community².

Total Admissions³

5 Year Trend⁴



Over the last five years, the total number of admissions to hospital under the mental health POC decreased by 19.0% (1,201), from 6,325 in 2009/10 to 5,124 in 2013/14 (Figure 1, Table 1.1).

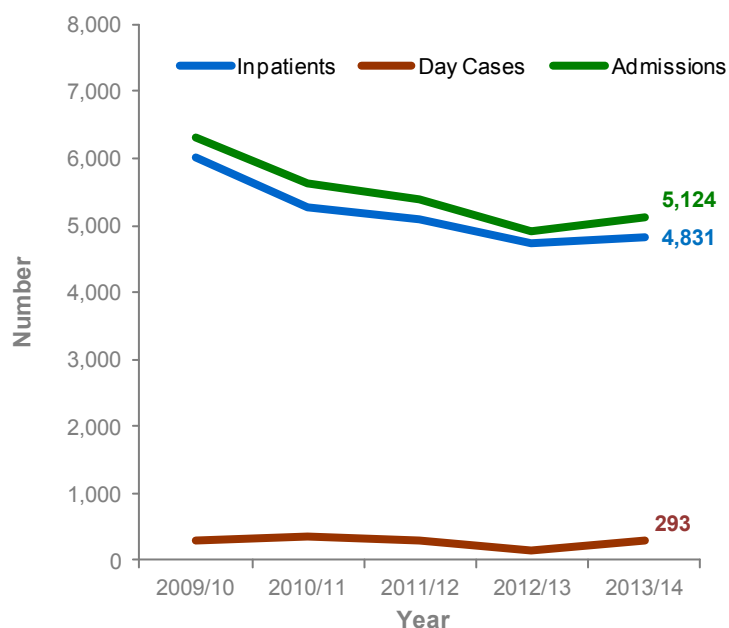
Since 2012/13, the total number of admissions increased by 4.6% (226), from 4,898 to 5,124 in 2013/14 (Figure 1, Table 1.1).

² Refer to Appendix 6: Explanatory Notes – point 19.

³ Refer to Appendix 4: Definitions – point 9.

⁴ Refer to Appendix 6: Explanatory Notes – point 22.

Figure 1: Admissions under the Mental Health POC, by Admission Type (2009/10 – 2013/14)

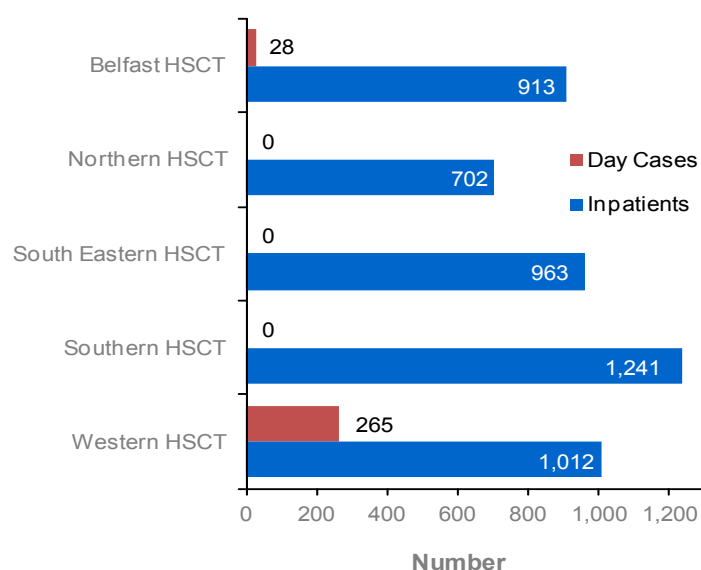


Financial Year 2013/14

Of the 5,124 admissions under the mental health POC in 2013/14, the highest number (1,277, 24.9%) was reported by the Western HSC Trust, of which, 1,012 (79.2%) were admitted to hospital as an inpatient and 265 (20.8%) were admitted for day case treatment (Figure 2, Table 1.2).

The Northern HSC Trust (702, 13.7%) reported the lowest number of admissions, all of which were admitted for treatment as an inpatient (Figure 2, Table 1.2).

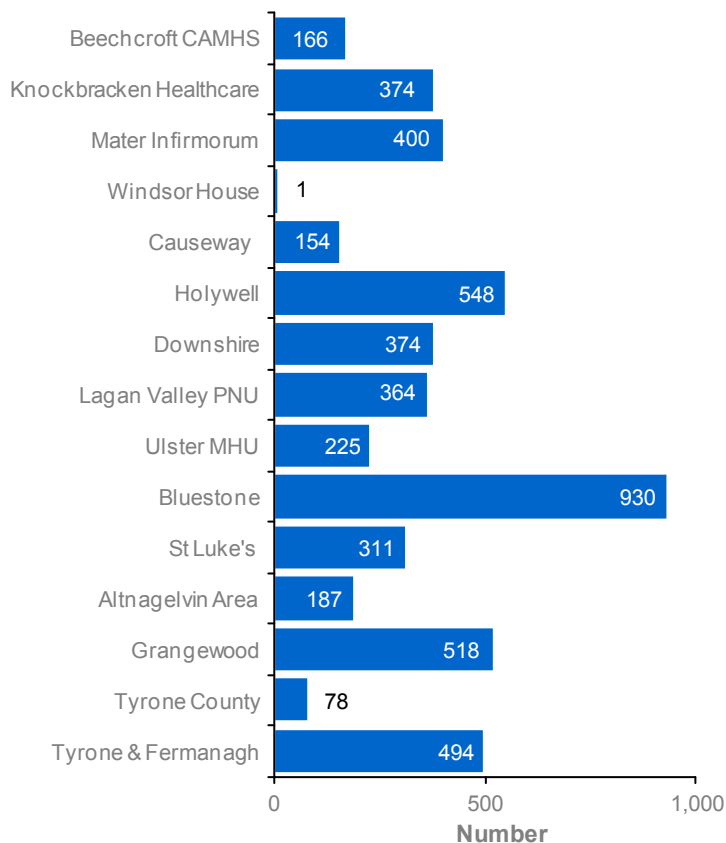
Figure 2: Admissions under the Mental Health POC, by HSC Trust (2013/14)



Across hospitals, the highest number of admissions was reported Bluestone (930, 18.1%), all of which were admitted for treatment as an inpatient (Figure 3, Table 1.3).

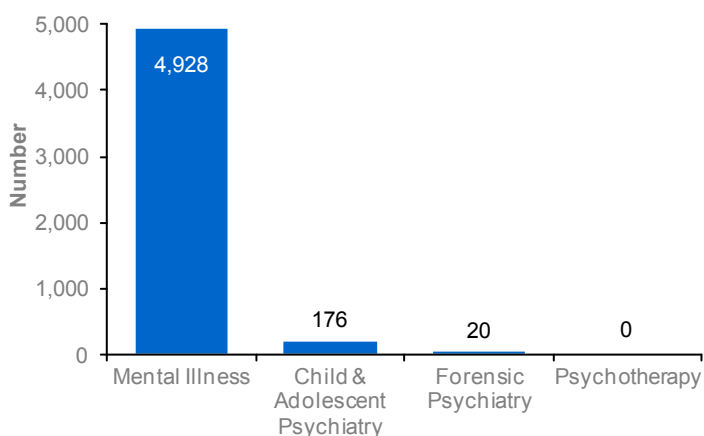
Tyrone County (78, 1.5%) reported the lowest number of admissions under the mental health POC in 2013/14, all of which were admitted for day case treatment (Figure 3, Table 1.3).

Figure 3: Admissions under the Mental Health POC, by Hospital (2013/14)⁵



Specialty

Figure 4: Admissions under the Mental Health POC, by Specialty (2013/14)



⁵ Refer to Appendix 6: Explanatory Notes – point 20.

In 2013/14, almost all admissions under the mental health POC were reported within the 'Mental Illness' specialty (4,928, 96.2%), with a further 176 (3.4%) within the 'Child & Adolescent Psychiatry' specialty and 20 (0.4%) within the 'Forensic Psychiatry' specialty (Figure 4, Table 1.9 – 1.11).

Inpatient Admissions⁶

5 Year Trend

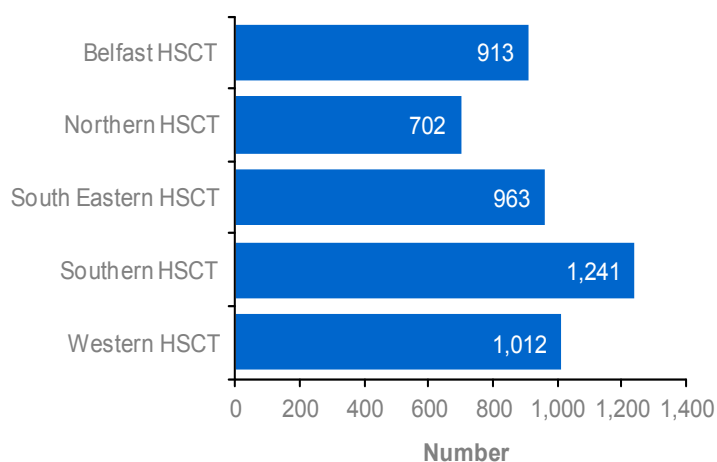
The total number of inpatient admissions under the mental health POC decreased from 6,020 in 2009/10 to 4,831 in 2013/14, a reduction of 19.8% (1,189). The decrease in the number of inpatient admissions is most likely due to the introduction of Ministerial targets to (i) reduce the number of admissions to acute mental health hospitals, and (ii) resettle long stay patients to appropriate places in the community (Figure 1, Table 1.1).

However, since 2012/13 the total number of inpatient admissions under the mental health POC increased slightly (1.9%, 90), from 4,741 to 4,831 in 2013/14 (Figure 1, Table 1.1).

Financial Year 2013/14

Of the 4,831 inpatient admissions in 2013/14, the highest number was reported in the Southern HSC Trust (1,241, 25.7%) and the lowest in the Northern HSC Trust (702, 14.5%) (Figure 5, Tables 1.2 – 1.3).

Figure 5: Total Inpatient Admissions under the Mental Health POC, by HSC Trust (2013/14)

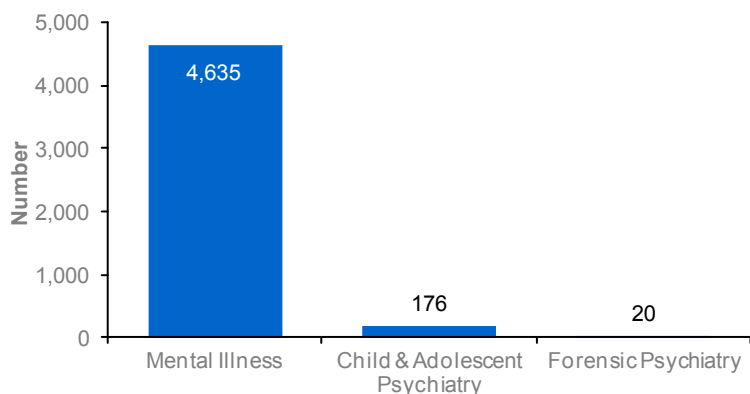


⁶ Refer to Appendix 4: Definitions – point 7.

Specialty

Across the mental health specialties, the 'Mental Illness' specialty had the highest number of inpatient admissions (4,635, 95.9%), whilst the lowest number (20, 0.4%) was reported within the 'Forensic Psychiatry' specialty (Figure 6, Tables 1.9 – 1.11).

Figure 6: Total Inpatient Admissions under the Mental Health POC, by Specialty (2013/14)



Day Case Admissions ^{7 8}

Readers are asked to note that Malone Place (formerly Shaftesbury Square) has been removed from this publication as it has not provided inpatient treatment facilities since 2008. Consequently you are asked to note the marked change in the number of admissions under the mental health programme of care for day case treatment. For further information please refer to footnote 8 below.

5 Year Trend

Between 2009/10 and 2013/14, the number admitted for day case treatment under the mental health POC decreased slightly (3.9%, 12), from 305 to 293 (Figure 1, Table 1.1).

However, since 2012/13 the number admitted for day case treatment under the mental health POC almost doubled (86.6%, 136), from 157 to 293 in 2013/14 (Figure 1, Table 1.1).

Financial Year 2013/14

Of the 293 admitted for day case treatment under the mental health POC in 2013/14, 265 (90.4%) were treated in the Western HSC Trust

⁷ Refer to Appendix 4: Definitions – point 8.

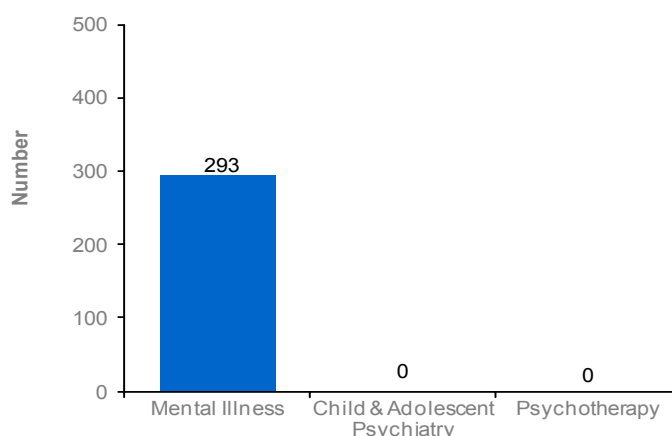
⁸ Refer to Appendix 6: Explanatory Notes – point 22.

and 28 (9.6%) in the Belfast 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, all admissions for day case treatment (293, 100.0%) were reported within the 'Mental Illness' specialty (Figure 7, Tables 1.9 – 1.11).

Figure 7: Number of Admissions for Day Case Treatment under the Mental Health POC, by Specialty (2013/14)



Bed Availability ⁹ & Occupancy ¹⁰

5 Year Trend

**Average available beds
decreased by 35.1%
since 2009/10**



Between 2009/10 and 2013/14, the average number of available beds within the mental health POC in Northern Ireland decreased by 35.1% (349.1), from 995.3 to 646.2 (Figure 8, Table 1.1).

Since 2012/13, the average number of available beds within the mental health POC decreased by 7.0% (48.7), from 694.9 to 646.2 in 2013/14 (Figure 8, Table 1.1).

⁹ Refer to Appendix 4: Definitions – point 1.

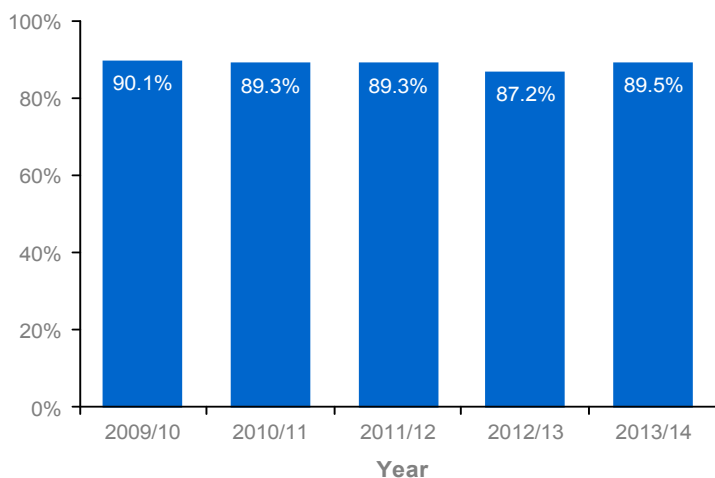
¹⁰ Refer to Appendix 4: Definitions – point 3.

Figure 8: Average Available Beds within the Mental Health POC (2009/10 - 2013/14)



Since 2009/10, occupancy rates for beds within the mental health POC decreased by 0.6 percentage points, from 90.1% to 89.5% in 2013/14. This reflects the fact that fewer patients are being admitted to hospital as inpatients and more are being provided services in primary and community care settings (Figure 9, Table 1.1).

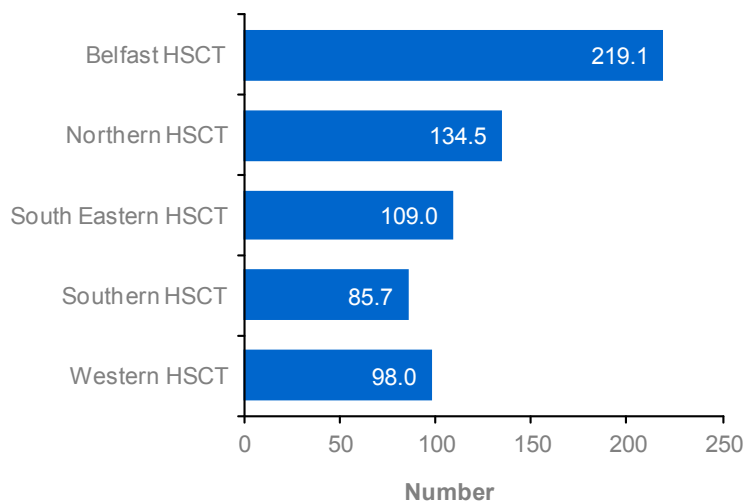
Figure 9: Bed Occupancy Rate within the Mental Health POC (2009/10 - 2013/14)



Financial Year 2013/14

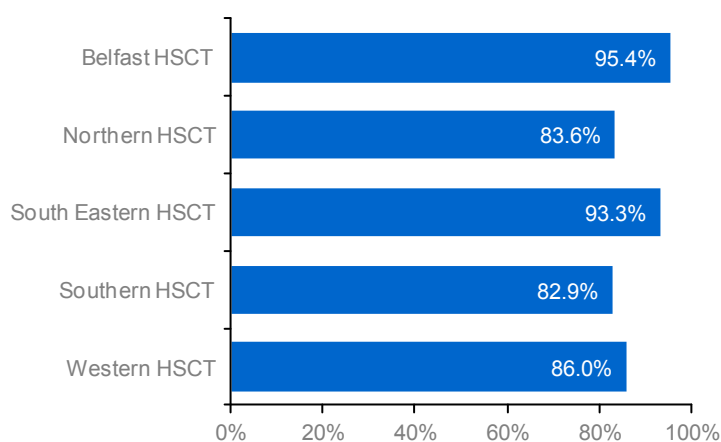
Across HSC Trusts, the highest average number of available beds within the mental health POC was reported in the Belfast HSC Trust (219.1, 33.9%) whilst the Southern HSC Trust reported the lowest (85.7, 13.3%) (Figure 10, Tables 1.2 – 1.3).

Figure 10: Average Available Beds within the Mental Health POC, by HSC Trust (2013/14)



In 2013/14, bed occupancy rates within the mental health POC ranged from 95.4% in the Belfast HSC Trust to 82.9% 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 (2013/14)



Specialty

Across the mental health specialties, the highest number of average beds available (584.3, 90.4%) was reported within the 'Mental Illness' specialty, whilst the lowest (28.0, 4.3%) was reported within the 'Child & Adolescent Psychiatry' specialty (Tables 1.9 – 1.11).

Bed occupancy rates across the mental health specialties, ranged from 100.0% within the 'Child & Adolescent Psychiatry' and 'Forensic Psychiatry' specialties to 88.2% within the 'Mental Illness' specialty (Tables 1.9 – 1.11).

Throughput ¹¹

5 Year Trend

Over the last five years, throughput in each available bed within the mental health POC in Northern Ireland increased by 23.6%, from 6.0 in 2009/10 to 7.5 in 2013/14 (Table 1.1).

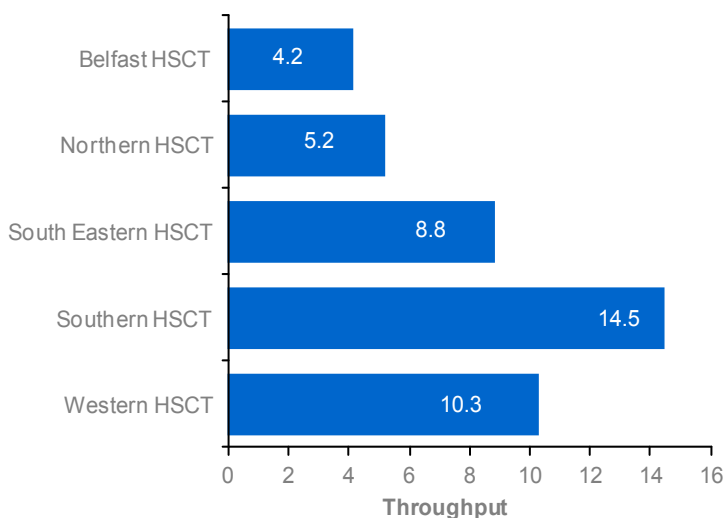
Since 2012/13, throughput in each available bed within the mental health POC increased by 0.7, from 6.8 to 7.5 in 2013/14 (Table 1.1).

Financial Year 2013/14

In 2013/14, the average number of inpatient admissions per bed within the mental health POC was 7.5 (Table 1.1).

Across HSC Trusts, the average number of inpatient admissions per bed ranged from 4.2 in the Southern HSC Trust to 14.5 in the Belfast HSC Trust (Figure 12, Tables 1.2 – 1.3).

Figure 12: Throughput within the Mental Health POC, by HSC Trust (2013/14)



Specialty

Across the mental health specialties, the highest average number of inpatient admissions per bed was reported within the 'Mental Illness' specialty (7.9), whilst the lowest (0.6) was reported within the 'Forensic Psychiatry' specialty (Tables 1.9 – 1.11).

¹¹ Refer to Appendix 4: Definitions – point 4.

Average Length of Stay ¹²

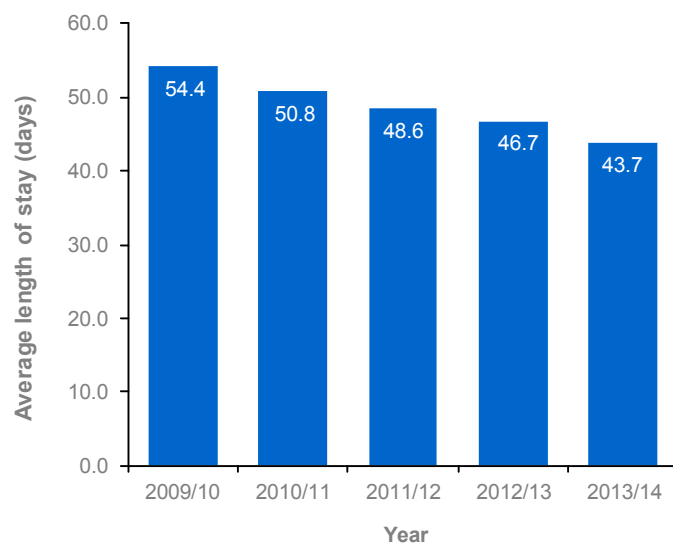
5 Year Trend

Between 2009/10 and 2013/14, the average length of stay within the mental health POC decreased by 10.7 days (19.6%), from 54.4 days to 43.7 days. The 2013/14 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 introduction of a Ministerial target to resettle long stay patients to appropriate places in the community.

Since 2012/13, the average length of stay within the mental health POC decreased by 3.0 days (6.4%), from 46.7 to 43.7 in 2013/14 (Figure 13, Table 1.1).

Figure 13: Average Length of Stay within the Mental Health POC (2009/10 - 2013/14)



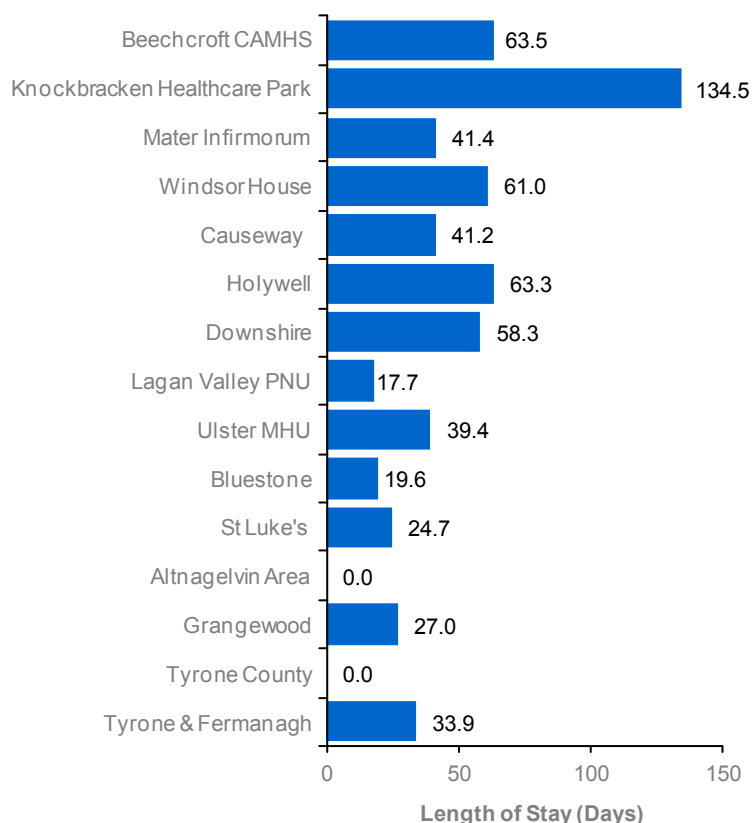
Financial Year 2013/14

Across HSC Trusts, the average length of stay within the mental health POC ranged from 83.6 days in the Belfast HSC Trust to 20.9 days in the Southern HSC Trust (Table 1.2).

During 2013/14, Knockbracken reported the longest average length of stay (134.5 days), whilst Lagan Valley MHU reported the shortest (17.7 days) (Figure 14, Table 1.3).

¹² Refer to Appendix 4: Definitions – point 2.

Figure 14: Average Length of Stay within the Mental Health POC, by Hospital (2013/14)



Specialty

Across the mental health specialties, the highest average length of stay was reported within the 'Forensic Psychiatry' specialty (620.5 days), 60.3 within the 'Child & Adolescent Psychiatry' specialty and 40.6 within the 'Mental Illness' specialty (Tables 1.9 – 1.11).

Consultant-Led Outpatient Attendances^{13 14}

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 therefore not included in the Quarterly Outpatient Activity (QOAR) information return.

¹³ Refer to Appendix 4: Definitions – points 11 – 21.
¹⁴ Refer to Appendix 6: Explanatory Notes – point 18.

To monitor the provision of these mental health services, the Information and Analysis Directorate (DHSSPS) and the HSC Board, have recently developed the 'Non Inpatient Mental Health' (NIMH) return to collect information on mental health services provided in a non-inpatient setting (Tables 1.17 – 1.18).

Readers should note that the statistics included in Tables 1.17 – 1.18 are experimental and in the process of development. Currently, HSC Trusts are in the process of improving the coverage of the services being reported on the NIMH return, i.e. not all HSC Trusts are able to report information on all services provided. As a result, this information should be treated with caution.

5 Year Trend

Consultant-led outpatient services for the mental health specialties were reported by the Belfast HSC Trust only.

Between 2009/10 and 2013/14, the number of consultant-led mental health outpatient attendances reported by the Belfast HSC Trust almost halved (44.2%, 8,984) from 20,322 to 11,338 (Tables 1.1).

Since 2012/13, the number of consultant-led mental health outpatient attendances increased by 5.9% (635), from 10,703 to 11,338 in 2013/14 (Table 1.1)

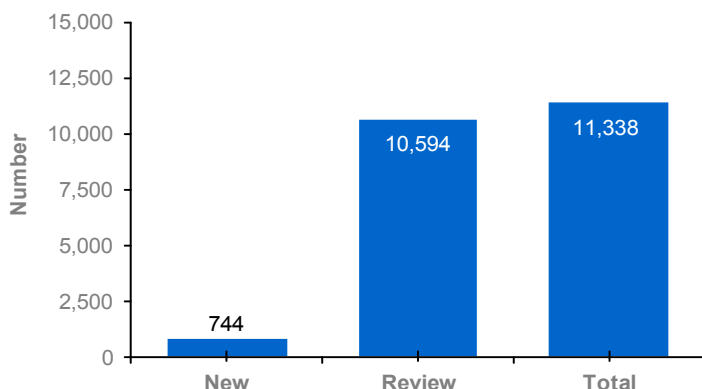
The main reason for the decrease in the number of consultant-led mental health outpatient attendances may be due to the reclassification of consultant-led mental health outpatient services to a multi-disciplinary model of service delivery. Attendances at multi-disciplinary teams are not included within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

Financial Year 2013/14

Of the 11,338 consultant-led mental health outpatient attendances reported by the Belfast HSC Trust, 744 (6.6%) were new¹⁵ attendances and 10,594 (93.4%) were review¹⁶ attendances. This equates to a new to review ratio of 1:14.2, meaning that for every new patient attending a new appointment, there were 14.2 that attended a review appointment (Figure 15, Table 1.4).

¹⁵ Refer to Appendix 4: Definitions – point 14.
¹⁶ Refer to Appendix 4: Definitions – point 15.

Figure 15: Consultant-Led Mental Health Outpatient Activity (2013/14)

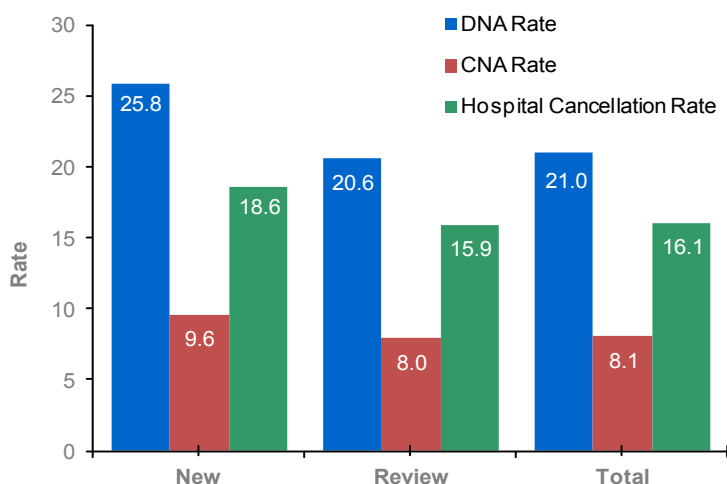


Across hospitals, Beechcroft CAMHS reported the highest number of consultant-led mental health outpatient attendances (6,464, 57.0%) whilst Windsor House reported the lowest (158, 1.4%) (Table 1.4).

Missed¹⁷ / Cancelled Appointments¹⁸

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 (2013/14)



Patients within the mental health POC missed a total of 3,009 outpatient appointments during 2013/14. This equated to a DNA rate¹⁹ of 21.0, which was slightly lower than the rate for 2012/13

¹⁷ 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.

¹⁸ 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.

¹⁹ Refer to Appendix 4: Definitions – point 17.

(21.8). In 2013/14, the DNA rate was higher for new appointments (25.8) than for review appointments (20.6). This compared to respective rates of 29.0 and 21.3 during 2012/13 (Figure 16, Tables 1.4 & 1.5).

Information 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 996 outpatient appointments during 2013/14. This equated to a CNA rate²⁰ of 8.1, which was lower than the CNA rate for 2012/13 (12.2). In 2013/14, the CNA rate was higher for new (9.6) than for review attendances (8.0). The comparable rates for 2012/13 were 13.1 for new and 12.1 for review attendances (Figure 16, Tables 1.4 & 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 2013/14, hospitals cancelled a total of 2,177 outpatient appointments. This equated to a hospital cancellation rate²¹ of 16.1, which was lower than the rate recorded in 2012/13 (18.7). In 2013/14, the hospital cancellation rate was higher for new (18.6) than review attendances (15.9). The comparable rates for 2012/13 were 20.6 for new appointments and 18.6 for review appointments (Figure 16, Tables 1.4 & 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 'Child & Adolescent Psychiatry' specialty (6,464, 57.0%), with a further 4,874 (43.0%) within the 'Mental Illness' specialty (Tables 1.12 – 1.13).

During 2013/14, the DNA rates for the two specialties within the mental health POC were as follows; 'Mental Illness' (27.7) and 'Child and Adolescent Psychiatry' (15.0) (Tables 1.12 – 1.13).

²⁰ Refer to Appendix 4: Definitions – point 19.

²¹ Refer to Appendix 4: Definitions – point 21.

Compulsory Admissions within the Mental Health POC Under the Mental Health (NI) Order 1986 ²²

Information on compulsory admissions refers to patients who were detained at admission under the Mental Health (NI) Order 1986. Figures detail the number of compulsory admissions and not patients, as a patient may be detained more than once.

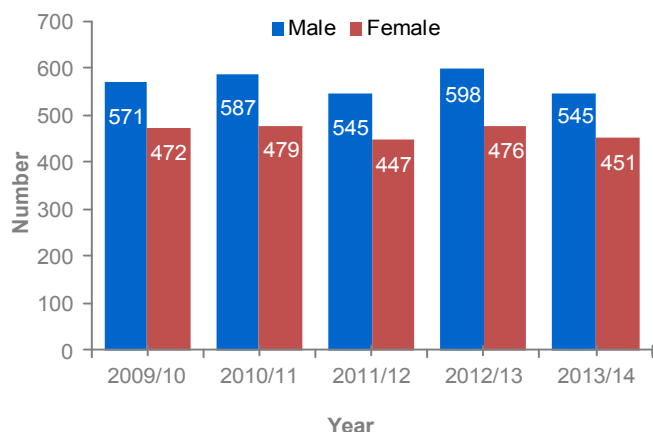
5 Year Trend



Between 2009/10 and 2013/14, the number of compulsory admissions to mental health hospitals under the Mental Health (NI) Order 1986 decreased by 47 (4.5%), from 1,043 to 996 (Figure 17, Table 1.6)

Since 2012/13, the number of compulsory admissions to hospitals under the Mental Health (NI) Order 1986 decreased by 78 (7.3%) from 1,074 to 996 in 2013/14 (Figure 17, Table 1.6).

Figure 17: Compulsory Admissions within the Mental Health POC under the Mental Health (NI) Order 1986 (2009/10 – 2013/14)



²² Refer to Appendix 6: Explanatory Notes – point 9.

Financial Year 2013/14

Of the 996 compulsory admissions during 2013/14, 545 (54.7%) were male and 451 (45.3%) were female (Table 1.8, Figure 17).

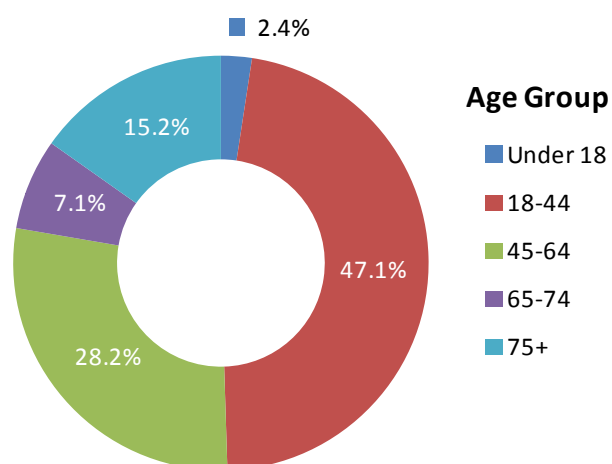
The number of compulsory admissions to hospitals within the mental health POC in 2013/14 ranged from 286 (28.7%) in the Southern HSC Trust to 104 (10.4%) in the Western HSC Trust (Table 1.8).

Bluestone Hospital (209, 21.0%) and Holywell (199, 20.0%) reported the highest number of compulsory admissions under the Mental Health (NI) Order 1986 (Table 1.8).

Compulsory Admissions by Age Group

During 2013/14, almost half (469, 47.1%) of compulsory admissions involved patients aged 18 – 44, 281 (28.2%) aged 45 – 64, 151 (15.2%) aged 75 and over, 71 (7.1%) aged 65 – 74 and 24 (2.4%) aged under 18 (Table 1.7, Figure 18).

Figure 18: Compulsory Admissions within the Mental Health POC under the Mental Health (NI) Order 1986 by Age Group (2013/14)



Mental Illness & Learning Disability Census (MILD) ²³

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 February.

5 Year Trend

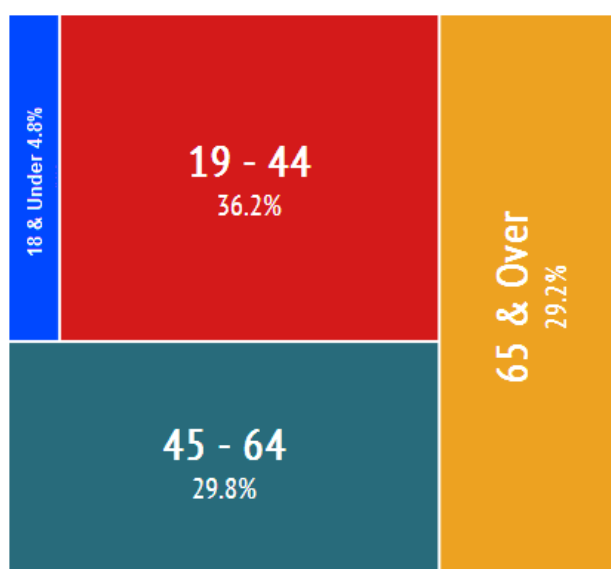
Between 2010 and 2014, the number of patients being treated as inpatients under the mental health POC in Northern Ireland decreased by 302 (28.3%), from 1,067 to 765. The decrease in the number of patients being treated as inpatients within the mental health POC is most likely due to the PfA target to resettle long stay patients to appropriate places in the community (Table 1.14).

Financial Year 2013/14

On 17 February 2014, 765 patients were being treated as inpatients under the mental health POC in Northern Ireland. Two thirds (508, 66.4%) of these patients had been resident for less than 6 months, whilst 51 (6.7%) patients had been resident for 10 years or more (Table 1.15).

Over a third (36.2%, 277) of all inpatients under the mental health POC on 17 February 2014 were aged 19 – 44, a further 29.8% (228) were aged 45 - 64, 29.2% (223) were aged 65 & over and 4.8% (37) were aged 18 & under (Figure 19, Tables 1.14 & 1.15).

Figure 19: Inpatients Resident in Hospitals under the Mental Health POC, by Age Group (17 February 2014)



²³ Refer to Appendix 6: Explanatory Notes – point 16.

Type of Care Bed

Information detailed below refers to the number of occupied beds in mental health hospitals on 17th February 2014 and the type of care provided.

At 17th February 2014, there were 765 occupied beds in mental health hospitals in Northern Ireland, of which, 305 (39.9%) were acute beds, 104 (13.6%) dementia & psychiatry of old age beds, 89 (11.6%) continuing care beds and 38 (5.0%) psychiatric intensive care beds (Table 1.16).

Across HSC Trusts, the Belfast HSC Trust (233) reported the highest number of occupied beds for mental health inpatients, of which, 78 (33.5%) were acute beds, 53 (22.7%) continuing care beds and 34 (14.6%) were secure unit beds (Table 1.16).

Holywell hospital (157) reported the highest number of occupied beds for mental health inpatients, of which, 62 (39.5%) were acute beds, 30 (19.1%) dementia beds, 16 (10.2%) psychiatric intensive care beds, 9 (5.7%) addition beds and 9 (5.7%) continuing care beds.

Learning Disability Hospital Activity

This section of the report details patient activity under the learning disability POC in hospitals in Northern Ireland during 2013/14, and an analysis of the trend between 2009/10 and 2013/14. 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 discharge²⁴.

Total Admissions²⁵

5 Year Trend



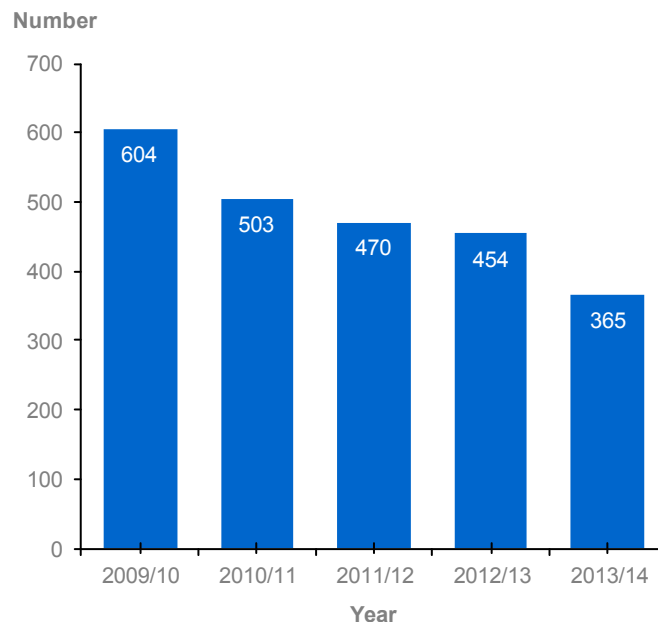
The number of admissions to hospital under the learning disability POC decreased year on year from 604 in 2009/10 to 365 in 2013/14, a reduction of 39.6% (239). The decrease in the number of admissions under the learning disability POC is most likely due to the recommendations of the Bamford review to avoid inappropriate admissions to hospital (Figure 20, Table 2.1).

²⁴ Refer to Appendix 6: Explanatory Notes – point 19.

²⁵ Refer to Appendix 6: Explanatory Notes – point 21.

Since 2012/13, the number of admissions to hospital under the learning disability POC decreased by 19.6% (89), from 454 to 365 in 2013/14 (Figure 20, Table 2.1).

Figure 20: Admissions under the Learning Disability POC (2009/10 – 2013/14)



Financial Year 2013/14

All 365 admissions to hospital under the learning disability POC in 2013/14 were inpatient admissions (Figures 20 – 21, Table 2.1).

Inpatient Admissions

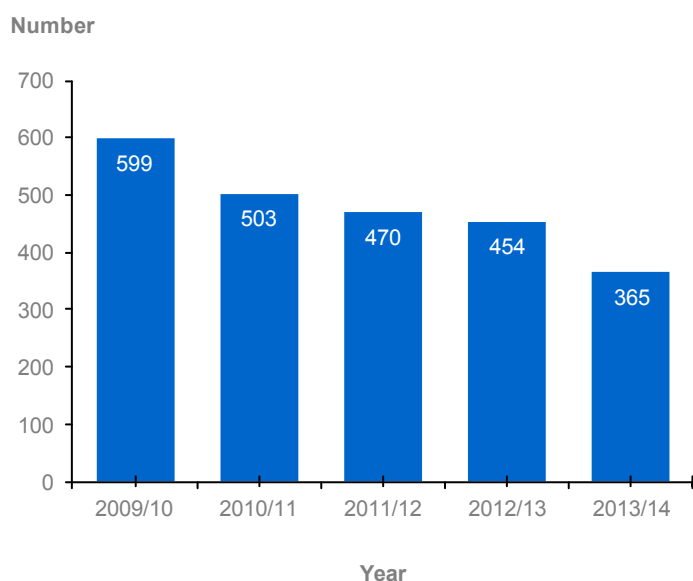
5 Year Trend

Between 2009/10 and 2013/14, the number of inpatient admissions under the learning disability POC decreased by 39.1% (234), from 599 to 365 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 hospital²⁶ (Figure 21, Table 2.1).

Since 2012/13, the number of inpatient admissions under the learning disability POC decreased by 19.6% (89), from 454 to 365 in 2013/14 (Figure 21, Table 2.1).

²⁶ Refer to Appendix 6: Explanatory Notes – point 19.

Figure 21: Total Inpatient Admissions under the Learning Disability POC in Hospitals (2009/10 – 2013/14)



Financial Year 2013/14

In 2013/14, half (185, 50.7%) of the 365 inpatient admissions were in the Belfast HSC Trust (Table 2.3).

Day Case Admissions

During 2013/14, there were no admissions under the learning disability POC for day case treatment in Northern Ireland (Table 2.3).

Bed Availability and Occupancy

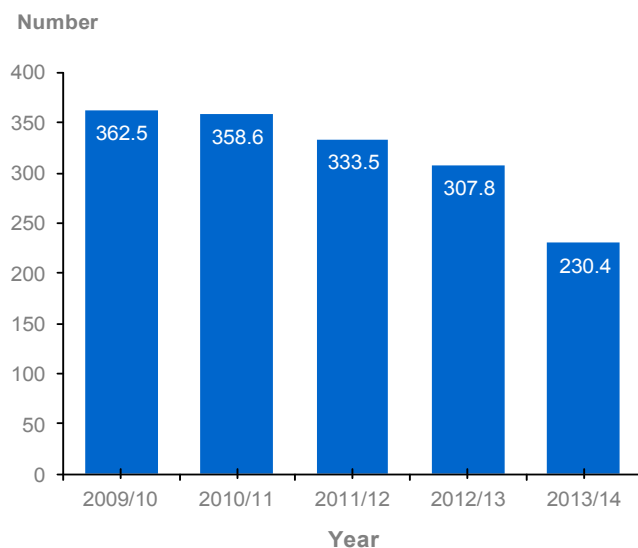
5 Year Trend

Average available beds decreased by 36.4% since 2009/10

The average number of available beds for patients within the learning disability POC decreased year on year from 362.5 in 2009/10 to 230.4 in 2013/14, a reduction of 36.4% (132.1) (Figure 22, Table 2.1).

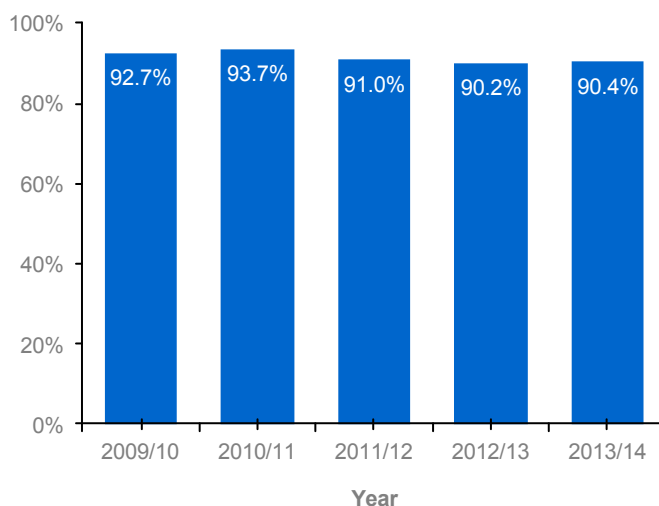
Since 2012/13, the average number of available beds for patients within the learning disability POC decreased by 25.1% (77.4), from 307.8 to 230.4 in 2013/14 (Figure 22, Table 2.1).

Figure 22: Average Available Beds within the Learning Disability POC (2009/10 – 2013/14)



Since 2009/10, the occupancy rate for beds within the learning disability POC ranged from 93.7% in 2010/11 to 90.2% in 2012/13 (Figure 23, Table 2.1). This reflects the fact that fewer patients are being admitted to hospital as inpatients and more are being provided services in primary and community care settings

Figure 23: Bed Occupancy Rate under the Learning Disability POC (%) (2009/10– 2013/14)



Financial Year 2013/14

Of the 230.4 average available beds within the learning disability POC in 2013/14, the majority (180.7, 78.4%) were available in the Belfast HSC Trust, with 25.7 (11.2%) in the Southern HSC Trust and 24.0 (10.4%) in the Western HSC Trust (Table 2.2).

During 2013/14, the occupancy rate for beds within the learning disability POC ranged from 95.7% in Muckamore Abbey (Belfast) to 55.9% in Lakeview (Western) (Table 2.3).

Throughput

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

Across Hospitals, the average number of inpatient admissions per bed ranged from 3.7 in Longstone to 1.0 in Muckamore Abbey (Table 2.3).

Average Length of Stay

5 Year Trend

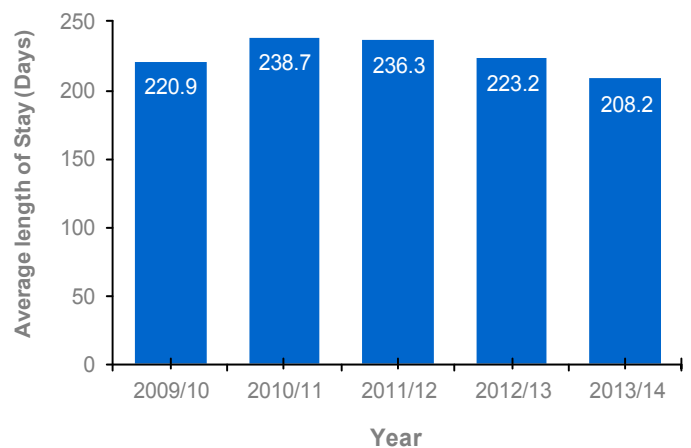
The average length of stay in hospital within the learning disability POC has decreased by 12.7 days, from 220.9 days in 2009/10 to 208.2 days in 2013/14 (Figure 24, Table 2.1).

The decrease in the average length of stay within the learning disability POC is most likely due to the introduction of a Ministerial target to resettle long stay patients to appropriate places in the community.

Since 2012/13, the average length of stay in hospital within the learning disability POC decreased by 15.0 days (6.7%), from 223.2 to 208.2 in 2013/14 (Figure 24, Table 2.1).

Across hospitals, the highest average length of stay was in Muckamore Abbey (341.0 days), compared with an average of 83.4 days in Longstone Hospital and 58.3 days in Lakeview (Table 2.3).

Figure 24: Average Length of Stay within the Learning Disability POC (2009/10 – 2013/14)



Consultant-Led Outpatient Attendances

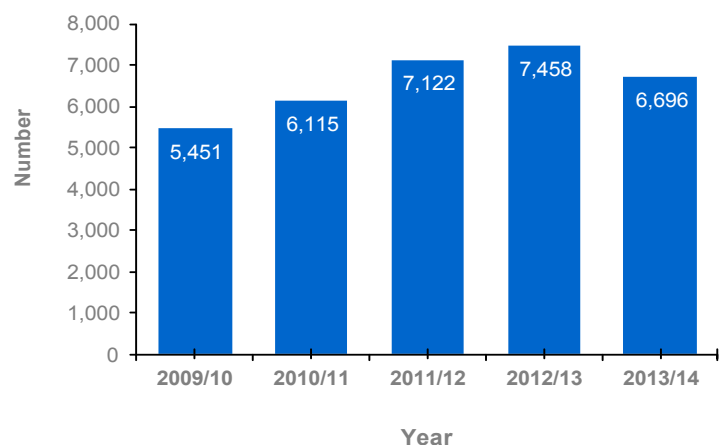
5 Year Trend

Since 2009/10, the number of consultant-led outpatient attendances has increased by 22.8% (1,245), from 5,451 to 6,696 in 2013/14 (Figure 25, Table 2.1).

Since 2012/13, the number of consultant-led outpatient attendances decreased by 762 (10.2%), from 7,458 to 6,696 in 2013/14 (Figure 25, Table 2.1).

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

Figure 25: Number of Outpatient Attendances within the Learning Disability POC (2009/10 – 2013/14)

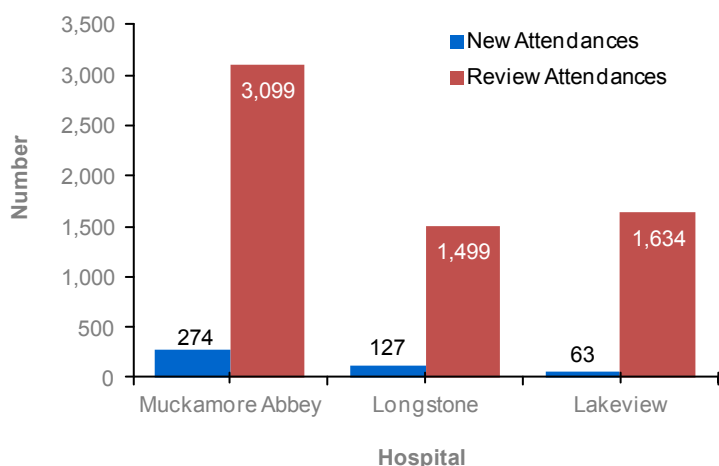


Financial Year 2013/14

Of the 6,696 consultant-led outpatient attendances within the learning disability POC in 2013/14, the vast majority (6,232, 93.1%) were review outpatient attendances and 464 (6.9%) were new outpatient attendances. This equates to a new to review ratio of 1:13.4, meaning that for every patient attending a new appointment, there were 13.4 that attended a review appointment (Table 2.4).

Across hospitals, the number of new outpatient attendances ranged from 274 (59.1%) in Muckamore Abbey to 63 (13.6%) in Lakeview, whilst the number of review outpatient attendances ranged from 3,099 (49.7%) in Muckamore Abbey to 1,499 (24.1%) in Longstone (Figure 26, Table 2.4).

Figure 26: Outpatient Attendances within the Learning Disability POC, by Type of Attendance (2013/14)



Missed ²⁷ / Cancelled Appointments ²⁸

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 1,128 outpatient appointments during 2013/14. This equated to a DNA rate of 14.4, slightly higher than the DNA rate for 2012/13 (12.8). In 2013/14, the DNA rate was higher for new appointments (21.4) than for review appointments (13.9). This compared to respective rates of 19.8 and 12.2 during 2012/13 (Figure 27, Tables 2.4 & 2.5).

²⁷ 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.

²⁸ 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.

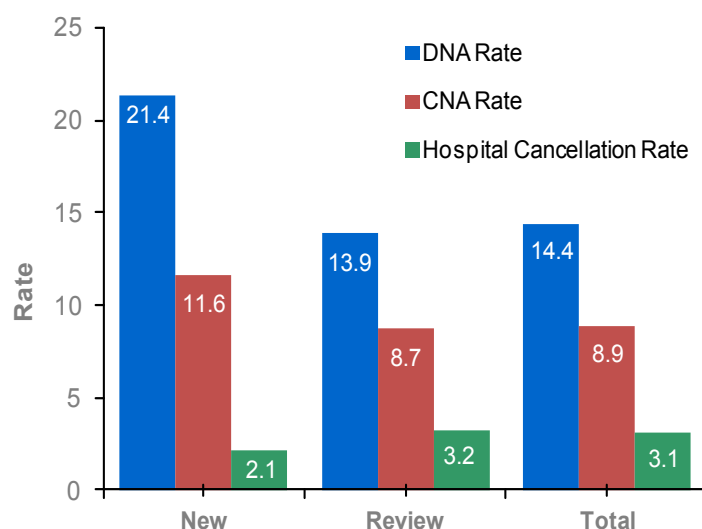
Information on DNA rates are used as an indicator of lost productivity within the health service, in that the hospital is resourced at that point in time to assess a patient, but the patient fails to attend, or fails to give appropriate notice they can't they can't attend which prevents another patient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

Patients cancelled a total of 656 outpatient appointments during 2013/14. This equated to a CNA rate of 8.9, slightly lower than the CNA rate for 2012/13 (9.0). The CNA rate during 2013/14 was higher for new (11.6) appointments than for review appointments (8.7). The comparable rates for 2012/13 were 13.5 for new and 8.6 for review appointments (Figure 27, Tables 2.4 & 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 2013/14, hospitals cancelled a total of 215 outpatient appointments within the learning disability POC. This equated to a hospital cancellation rate of 3.1, similar to the rate recorded in 2011/12 (2.9). The 2013/14 hospital cancellation rate was higher for review (3.2) appointments than for new appointments (2.1). This compared to respective rates of 2.8 and 3.3 during 2012/13 (Figure 27, Tables 2.4 & 2.5).

Figure 27: Learning Disability Outpatient Activity, including DNA / CNA / Hospital Cancellation Rates (2013/14)



Compulsory Admissions within the Learning Disability POC Under Mental Health (NI) Order 1986 ²⁹

Information on compulsory admissions refers to patients detained on admission under the Mental Health (NI) Order 1986. Figures detail the number of compulsory admissions and not patients, as a patient may be detained more than once.

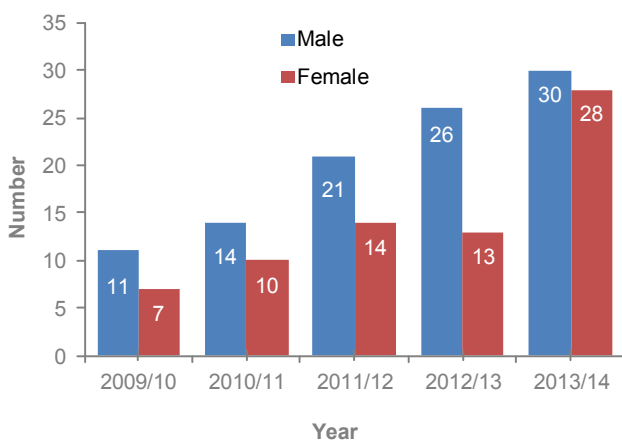
5 Year Trend

Between 2009/10 and 2013/14, the number of compulsory admissions to learning disability hospitals under the Mental Health (NI) Order 1986 more than trebled (40), from 18 to 58 (Table 2.6).



Since 2012/13, the number of compulsory admissions to learning disability hospitals under the Mental Health (NI) Order 1986 increased by 19 (48.7%), from 39 to 58 in 2013/14 (Figure 28, Table 2.6).

Figure 28: Compulsory Admissions within the Learning Disability POC under Mental Health (NI) Order 1986 (2009/11 – 2013/14)



²⁹ Refer to Appendix 6: Explanatory Notes – point 9.

Financial Year 2013/14

During 2013/14, there were 58 compulsory admissions to learning disability hospitals under the Mental Health (NI). Of the 58 compulsory admissions, 30 (51.7%) were male and 28 (48.3%) were female (Table 2.6, Figure 28).

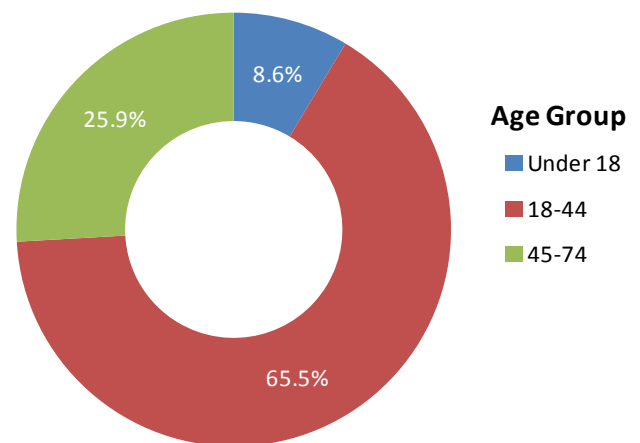
A breakdown of the number of compulsory admissions to hospitals within the learning disability POC by HSC Trust and age group is not available due to small numbers.

Compulsory Admissions by Age Group

Due to the small numbers involved, the number of compulsory admissions to hospitals within the learning disability POC and been broken down into fewer age bands than compulsory admissions within the mental health POC.

During 2013/14, almost two thirds (38, 65.5%) of compulsory admissions involved patients aged 18 – 44, 15 (25.9%) aged 45 – 74 and 5 (8.6%) aged under 18. No learning disability patients aged 75+ were detained during 2013/14 (Table 2.7, Figure 29).

Figure 29: Compulsory Admissions within the Learning Disability POC under the Mental Health (NI) Order 1986 by Age Group (2013/14)



Mental Illness & Learning Disability Census (MILD)³⁰

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 February.

5 Year Trend

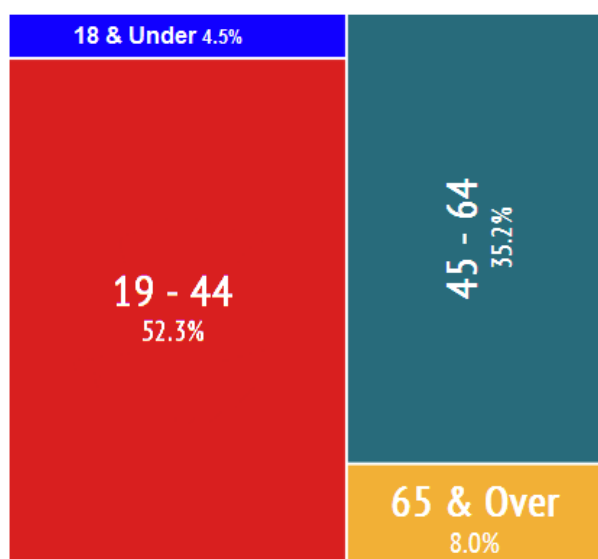
Between 2010 and 2014, the number of patients being treated as inpatients within the learning disability POC in Northern Ireland more than halved (179, 50.4%), from 355 to 176. The decrease in the number of patients being treated as inpatients within the learning disability POC is most likely due to the PfA target to resettle long stay patients to appropriate places in the community (Table 2.8).

Financial Year 2013/14

On 17 February 2014, 176 patients were being treated as inpatients within the learning disability POC in Northern Ireland. Two fifths (71, 40.3%) of these patients had been resident for 10 years or more, whilst 28 (15.9%) had been resident for less than 6 months (Table 2.9).

Over half (52.3%, 92) of all learning disability inpatients on 17 February 2014 were aged 19 - 44, a further 35.2% (62) were aged 45 - 64, 8.0% (14) were aged 65 and over and 4.5% (8) were aged 18 & under (Figure 30).

Figure 30: Inpatients Resident in Hospital Under the Learning Disability POC, by Age Group (17 February 2014)



³⁰ Refer to Appendix 6: Explanatory Notes – point 16.

Type of Care Bed

Information detailed below refers to the number of occupied beds in learning disability hospitals on 17th February 2014 and the type of care provided.

At 17th February 2014, there were 176 occupied beds in learning disability hospitals in Northern Ireland, of which, 51 (29.0%) were long stay / PTL resettlement beds, 43 (24.4%) assessment and treatment beds, 27 (15.3%) continuing care beds, 17 (9.7%) forensic beds, 6 (3.4%) psychiatric intensive care beds and 6 (3.4%) children's beds. A further 26 learning disability patients were on home leave (Table 2.10).

Across HSC Trusts, the Belfast HSC Trust (156) reported the highest number of occupied beds for learning disability inpatients, of which all 156 were in Muckamore Abbey (Table 2.10). A further breakdown of patients in hospital on 17th February 2014 is not available due to small numbers.

Old Age Psychiatry Activity

Introduction

This section of the report details patient activity for the Old Age Psychiatry Specialty of the Elderly Programme of Care (POC) in hospitals in Northern Ireland during 2013/14, and an analysis of the trend between 2009/10 and 2013/14.

Information on patient activity for the old age psychiatry specialty has been included to provide a more comprehensive analysis of inpatient and outpatient activity at mental health and learning disability hospitals in Northern Ireland.

Total Admissions

5 Year Trend

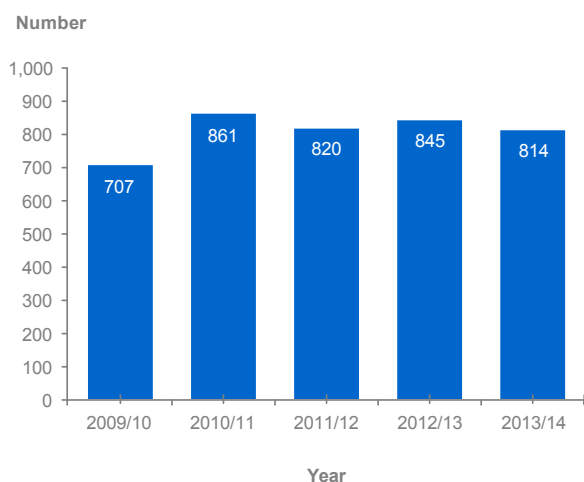
Admissions in the old age psychiatry specialty increased by 15.1% since 2009/10



Over the last five years, the number of admissions to hospital within the old age psychiatry specialty increased by 15.1% (107), from 707 in 2009/10 to 814 in 2013/14 (Figure 31, Table 3.1).

Since 2012/13, the number of admissions to hospital within the old age psychiatry specialty decreased by 3.7% (31), from 845 to 814 in 2013/14 (Figure 31, Table 3.1).

Figure 31: Admissions within the Old Age Psychiatry Specialty (2009/10 – 2013/14)



Financial Year 2013/14

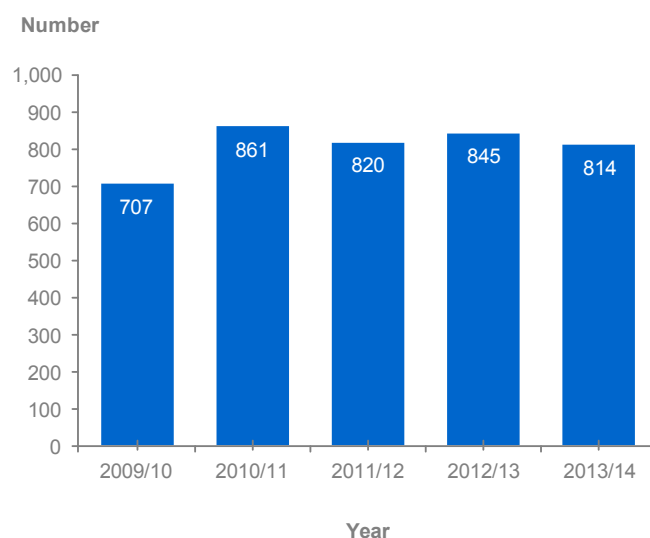
Of the 814 admissions to hospital within the old age psychiatry specialty in 2013/14, all were inpatient admissions (Figures 31, Table 3.1).

Inpatient Admissions

5 Year Trend

Between 2009/10 and 2013/14, the number of inpatient admissions within the old age psychiatry specialty increased by 15.1% (107), from 707 in 2009/10 to 814 in 2013/14 (Figure 30, Table 3.1).

Figure 32: Total Inpatient Admissions within the Old Age Psychiatry Specialty in Hospitals (2009/10 – 2013/14)



Financial Year 2013/14

Almost one third (245, 30.1%) of the 814 inpatient admissions in 2013/14 were in the Southern HSC Trust (127 in St Luke's and 118 in Bluestone) (Table 3.3).

Day Case Admissions

During 2013/14, there were no admissions for day case treatment within the old age psychiatry specialty (Table 3.3).

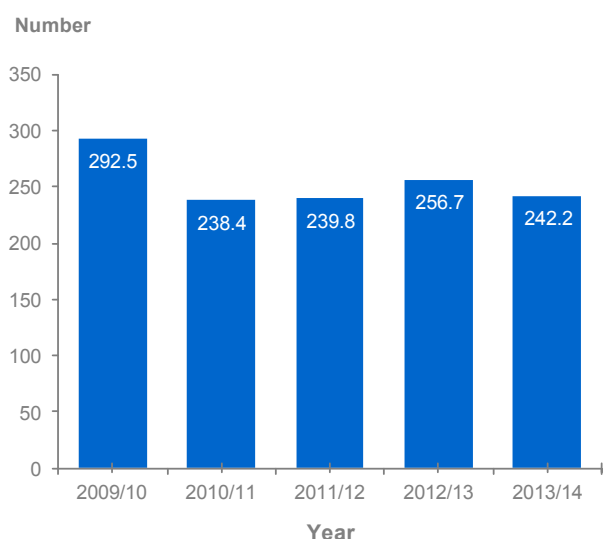
Bed Availability and Occupancy

5 Year Trend

The average number of available beds for patients within the old age psychiatry specialty decreased by 17.2% (50.3) from 292.5 in 2009/10 to 242.2 in 2013/14 (Figure 31, Table 3.1).

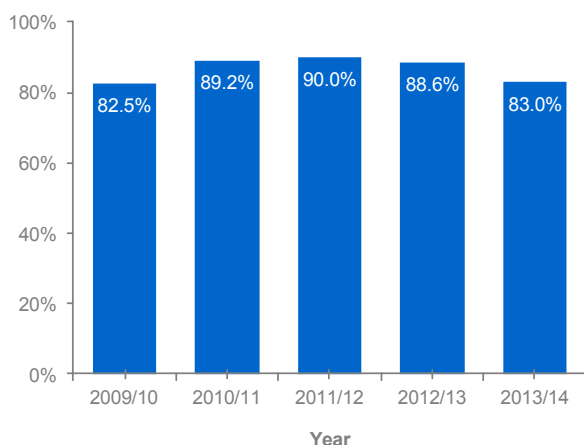
Since 2012/13, the average number of available beds for patients within the old age psychiatry specialty decreased by 5.6% (14.5), from 256.7 to 242.2 in 2013/14 (Figure 31, Table 3.1)

Figure 33: Average Available Beds within the Old Age Psychiatry Specialty (2009/10 – 2013/14)



Over the last five years, the occupancy rate for beds within the old age psychiatry specialty ranged from 82.5% in 2009/10 to 90.0% in 2011/12 (Figure 32, Table 3.1).

Figure 34: Bed Occupancy Rate within the Old Age Psychiatry Specialty (%) (2009/10– 2013/14)



Financial Year 2013/14

Of the 242.2 average available beds within the old age psychiatry specialty in 2013/14, the largest number (76.0) were available in the Western HSC Trust, with 61.5 in the Northern HSC Trust, 38.0 in the Southern HSC Trust, 36.0 in the South Eastern HSC Trust and 30.7 in the Belfast HSC Trust (Table 3.2).

Across hospitals, Holywell provided the largest number of beds for patients within the old age psychiatry specialty in Northern Ireland during 2013/14 (55.0) (Table 3.3).

During 2013/14, the occupancy rate for beds within the old age psychiatry specialty ranged from 100.0% in the Mater and Bluestone to 30.9% in Grangewood (Table 3.3).

Throughput

Over the last five years, throughput in each available bed within the old age psychiatry specialty in Northern Ireland has increased from 2.4 in 2009/10 to 3.4 in 2013/14 (Table 3.1).

Across Hospitals, the average number of inpatient admissions per bed ranged from 8.4 in Bluestone to 0.1 in Grangewood (Table 3.3).

Average Length of Stay

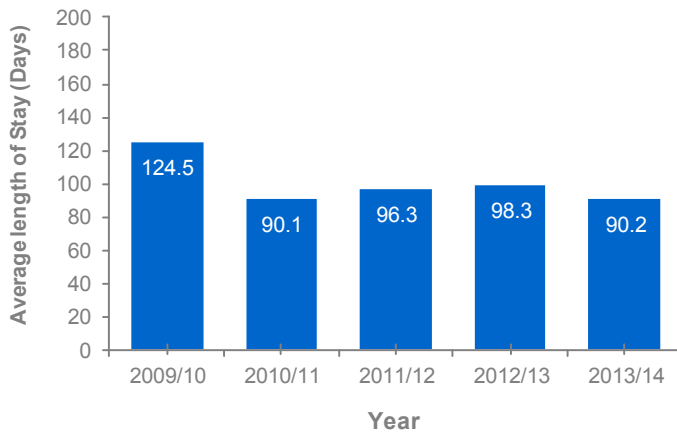
5 Year Trend

The average length of stay in hospital within the old age psychiatry specialty decreased by 34.3 days (27.6%), from 124.5 in 2009/10 to 90.2 in 2013/14 (Figure 33, Table 3.1).

Since 2012/13, the average length of stay in hospital within the old age psychiatry specialty decreased by 8.1 days (8.2%), from 98.3 to 90.2 in 2013/14 (Figure 33, Table 3.1).

Across hospitals, the highest average length of stay was in Grangewood (1016.0 days), compared with an average of 54.4 days in Bluestone (Table 3.3).

Figure 35: Average Length of Stay within the Old Age Psychiatry Specialty (2009/10 – 2013/14)



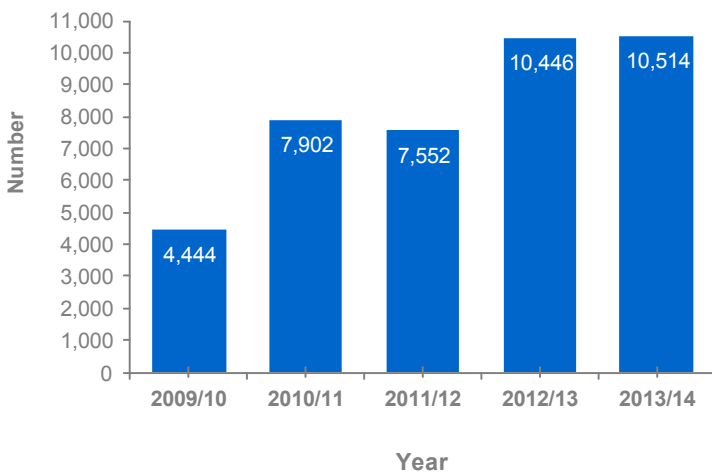
Consultant-Led Outpatient Attendances

5 Year Trend ³¹

Since 2009/10, the number of consultant-led outpatient attendances has more than doubled (6,070, 136.6%), from 4,444 to 10,514 in 2013/14 (Figure 36, Table 3.1).

Since 2012/13, the number of consultant-led outpatient attendances increased by 68 (0.7%), from 10,446 to 10,514 in 2013/14 (Figure 36, Table 3.1).

Figure 36: Number of Outpatient Attendances within the Old Age Psychiatry Specialty (2009/10 – 2013/14)



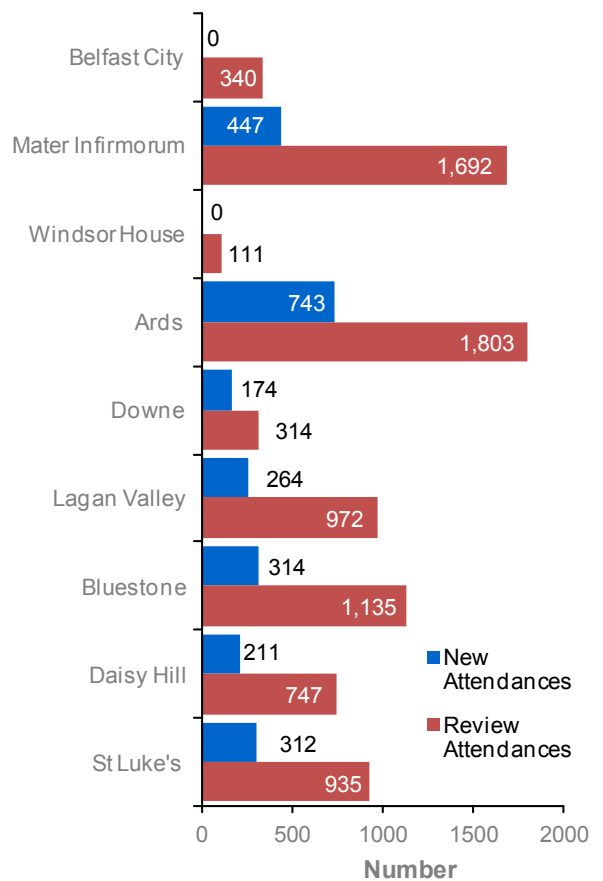
³¹ Information was not available on the number of outpatient attendances within the old age psychiatry specialty in the Southern HSC Trust in 2009/10.

Financial Year 2013/14

Of the 10,514 consultant-led outpatient attendances within the old age psychiatry specialty in 2013/14, three quarters (8,049, 76.5%) were review outpatient attendances and 2,465 (23.4%) were new outpatient attendances. This equates to a new to review ratio of 1:3.3, meaning that for every patient attending a new appointment, there were 3.3 that attended a review appointment (Table 3.4).

Across hospitals, the number of new outpatient attendances ranged from 743 in Ards to 174 in Downe, whilst the number of review outpatient attendances ranged from 1,803 in Ards to 111 in Windsor House (Figure 37, Table 3.4).

Figure 37: Outpatient Attendances within the Old Age Psychiatry Specialty, by Type of Attendance (2013/14)



Missed³² / Cancelled Appointments³³

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 1,904 outpatient appointments during 2013/14. This equated to a DNA rate of 15.3, lower than the DNA rate for 2012/13 (16.4). In 2013/14, the DNA rate was higher for new appointments (16.7) than for review appointments (14.9). This compared to respective rates of 17.9 and 15.9 during 2012/13 (Figure 38, Tables 3.4 & 3.5).

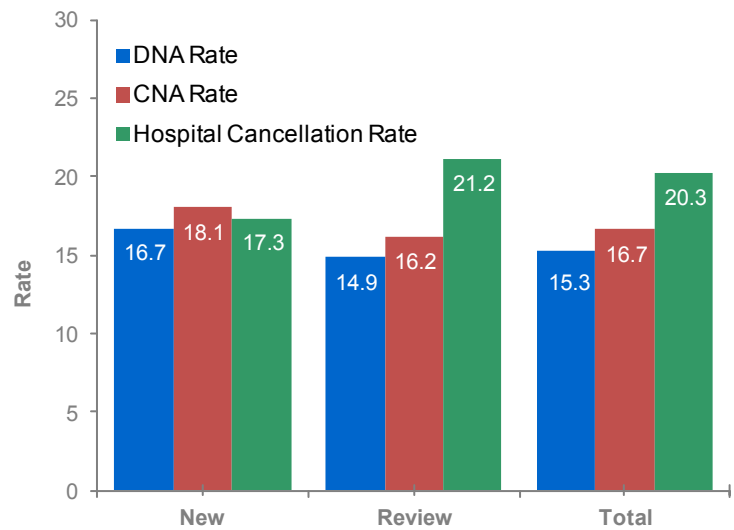
Data on DNA rates are used as an indicator of lost productivity within the health service, in that the hospital is resourced at that point in time to assess a patient, but the patient fails to attend, or fails to give appropriate notice they can't they can't attend which prevents another patient from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

Patients cancelled a total of 2,102 outpatient appointments during 2013/14. This equated to a CNA rate of 16.7, higher than the CNA rate for 2012/13 (15.3). The CNA rate during 2013/14 was higher for new (18.1) appointments than for review appointments (16.2). The comparable rates for 2012/13 were 16.9 for new and 14.8 for review appointments (Figure 38, Table 3.5).

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 2013/14, hospitals cancelled a total of 2,678 outpatient appointments within the old age psychiatry specialty. This equated to a hospital cancellation rate of 20.3, lower than the rate recorded in 2012/13 (24.9). The 2013/14 hospital cancellation rate was higher for review (21.2) appointments than for new appointments (17.3). This compared to respective rates of 26.8 and 17.3 during 2012/13 (Figure 38, Table 3.5).

Figure 38: Old Age Psychiatry Outpatient Activity, including DNA / CNA / Hospital Cancellation Rates (2013/14)



³² 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.

³³ 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.

Tables

Table 1.1: Key Points - Mental Health Statistics (2009/10 - 2013/14) ³⁴ , ³⁵

Activity	2009/10	2010/11	2011/12	2012/13	2013/14	Percentage change 2012/13- 2013/14	Percentage change 2009/10- 2013/14
Inpatients	6,020	5,268	5,094	4,741	4,831	1.9%	-19.8%
Day Cases	305	352	292	157	293	86.6%	-3.9%
Total Admissions	6,325	5,620	5,386	4,898	5,124	4.6%	-19.0%
Average Available Beds	995.3	821.4	757.0	694.9	646.2	-7.0%	-35.1%
Average Occupied Beds	896.9	733.8	676.0	606.0	578.4	-4.6%	-35.5%
Percentage Occupancy	90.1%	89.3%	89.3%	87.2%	89.5%	2.6%	-0.7%
Throughput	6.0	6.4	6.7	6.8	7.5	9.9%	23.6%
Average Length of Stay	54.4	50.8	48.6	46.7	43.7	-6.4%	-19.6%
Outpatient Attendances	20,322	12,841	10,258	10,703	11,338	5.9%	-44.2%

Source: KH03A and QOAR

³⁴ Refer to Appendix 6: Explanatory Notes – point 22.

³⁵ 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 (2009/10 – 2013/14)

HSC Trust	Activity	2009/10	2010/11	2011/12	2012/13	2013/14	Percentage change 2012/13-2013/14	Percentage change 2009/10-2013/14
Belfast HSC Trust	Inpatients	965	917	891	801	913	14.0%	-5.4%
	Day Cases	147	127	121	80	28	-65.0%	-81.0%
	Total Admissions	1,112	1,044	1,012	881	941	6.8%	-15.4%
	Average Available Beds	322.6	270.9	247.4	221.9	219.1	-1.3%	-32.1%
	Average Occupied Beds	281.0	235.9	223.6	204.5	209.1	2.2%	-25.6%
	Percentage Occupancy	87.1%	87.1%	90.4%	92.2%	95.4%	3.5%	9.5%
	Throughput	3.0	3.4	3.6	3.6	4.2	15.7%	39.3%
	Average Length of Stay	106.3	93.9	91.8	93.2	83.6	-10.3%	-21.4%
Northern HSC Trust	Outpatient Attendances	20,322	12,841	10,258	10,703	11,338	5.9%	-44.2%
	Inpatients	1,068	813	725	664	702	5.7%	-34.3%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	1,068	813	725	664	702	5.7%	-34.3%
	Average Available Beds	194.8	158.5	150.5	142.3	134.5	-5.5%	-30.9%
	Average Occupied Beds	183.9	153.0	130.6	120.0	112.4	-6.3%	-38.9%
	Percentage Occupancy	94.4%	96.5%	86.8%	84.3%	83.6%	-0.8%	-11.5%
	Throughput	5.5	5.1	4.8	4.7	5.2	11.0%	-4.8%
South Eastern HSC Trust	Average Length of Stay	62.9	68.7	65.9	66.0	58.5	-11.4%	-7.0%
	Outpatient Attendances	0	0	0	0	0	0.0%	
	Inpatients	1,179	1,017	1,038	1,050	963	-8.3%	-18.3%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	1,179	1,017	1,038	1,050	963	-8.3%	-18.3%
	Average Available Beds	143.5	139.9	137.5	136.5	109.0	-20.1%	-24.0%
	Average Occupied Beds	137.2	124.1	126.3	111.9	101.7	-9.1%	-25.9%
	Percentage Occupancy	95.6%	88.7%	91.9%	82.0%	93.3%	13.8%	-2.5%
South Eastern HSC Trust	Throughput	8.2	7.3	7.5	7.7	8.8	14.7%	7.5%
	Average Length of Stay	42.5	44.6	44.5	38.9	38.5	-0.9%	-9.3%
	Outpatient Attendances	0	0	0	0	0	0.0%	

Table 1.2: Continued

HSC Trust	Activity	2009/10	2010/11	2011/12	2012/13	2013/14	Percentage change 2012/13-2013/14	Percentage change 2009/10-2013/14
Southern HSC Trust	Inpatients	1,585	1,275	1,348	1,255	1,241	-1.1%	-21.7%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	1,585	1,275	1,348	1,255	1,241	-1.1%	-21.7%
	Average Available Beds	180.0	101.6	96.1	96.0	85.7	-10.7%	-52.4%
	Average Occupied Beds	152.2	85.3	79.9	80.3	71.1	-11.5%	-53.3%
	Percentage Occupancy	84.5%	83.9%	83.2%	83.6%	82.9%	-0.8%	-1.9%
	Throughput	8.8	12.5	14.0	13.1	14.5	10.5%	64.5%
	Average Length of Stay	35.0	24.4	21.7	23.4	20.9	-10.7%	-40.4%
	Outpatient Attendances	0	0	0	0	0	0.0%	
Western HSC Trust	Inpatients	1,223	1,246	1,092	971	1,012	4.2%	-17.3%
	Day Cases	158	225	171	77	265	244.2%	67.7%
	Total Admissions	1,381	1,471	1,263	1,048	1,277	21.9%	-7.5%
	Average Available Beds	154.4	150.4	125.5	98.2	98.0	-0.3%	-36.6%
	Average Occupied Beds	142.6	135.5	115.6	89.2	84.2	-5.6%	-41.0%
	Percentage Occupancy	92.3%	90.1%	92.1%	90.8%	86.0%	-5.3%	-6.8%
	Throughput	7.9	8.3	8.7	9.9	10.3	4.4%	30.5%
	Average Length of Stay	42.6	39.7	38.7	33.5	30.4	-9.4%	-28.6%
	Outpatient Attendances	0	0	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 (2013/14) ³⁶

Hospital/HSC Trust	Average Available Beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of Stay	Turnover Interval
Beechcroft CAMHS	28.0	28.9	166	0	100.0	5.9	63.5	0.0
Knockbracken Healthcare Park	146.0	137.8	374	0	94.4	2.6	134.5	8.0
Mater Infirmorum	44.9	42.2	372	28	93.9	8.3	41.4	2.7
Windsor House	0.2	0.2	1	0	100.0	6.0	61.0	0.0
Belfast HSCT	219.1	209.1	913	28	95.4	4.2	83.6	4.0
Causeway	17.0	17.4	154	0	100.0	9.1	41.2	0.0
Holywell	117.5	95.0	548	0	80.9	4.7	63.3	15.0
Northern HSCT	134.5	112.4	702	0	83.6	5.2	58.5	11.5
Downshire	65.0	59.7	374	0	91.9	5.8	58.3	5.2
Lagan Valley PNU	20.0	17.7	364	0	88.4	18.2	17.7	2.3
Ulster MHU	24.0	24.3	225	0	100.0	9.4	39.4	0.0
South Eastern HSCT	109.0	101.7	963	0	93.3	8.8	38.5	2.8
Bluestone	60.0	50.0	930	0	83.4	15.5	19.6	3.9
St Luke's	25.7	21.0	311	0	81.9	12.1	24.7	5.5
Southern HSCT	85.7	71.1	1,241	0	82.9	14.5	20.9	4.3
Altnagelvin Area	0.0	0.0	0	187	0.0	0.0	0.0	0.0
Gransha / Grangewood	44.0	38.3	518	0	87.1	11.8	27.0	4.0
Tyrone County	0.0	0.0	0	78	0.0	0.0	0.0	0.0
Tyrone & Fermanagh	54.0	45.9	494	0	85.0	9.2	33.9	6.0
Western HSCT	98.0	84.2	1,012	265	86.0	10.3	30.4	5.0
Northern Ireland	646.2	578.4	4,831	293	89.5	7.5	43.7	5.1

Source: KH03a

³⁶ Refer to Appendix 6: Explanatory Notes – point 6.

Table 1.4: Outpatient Activity Within the Mental Health POC by Hospital/HSC Trust (2013/14)

Hospital/HSC Trust	Attendances									Hospital Cancellations		Patient Died	Private Patient Attendances
	New Attendances			Review Attendances			Total Attendances			New	Review		
	Seen	DNA	CNA	Seen	DNA	CNA	Seen	DNA	CNA				
Beechcroft CAMHS	298	51	44	6,166	1,091	546	6,464	1,142	590	49	120	0	0
Belfast City	0	0	0	580	0	0	580	0	0	0	0	0	0
Mater Infirmorum	446	208	35	3,690	1,659	371	4,136	1,867	406	121	1,887	17	0
Windsor House	0	0	0	158	0	0	158	0	0	0	0	0	0
Belfast HSC Trust	744	259	79	10,594	2,750	917	11,338	3,009	996	170	2,007	17	0
Northern Ireland	744	259	79	10,594	2,750	917	11,338	3,009	996	170	2,007	17	0

Source: QOAR

Table 1.5: Outpatient Activity Within the Mental Health POC, including DNA / CNA / Hospital Cancellation Rates (2013/14)

Hospital/HSC Trust	Attendances									Hospital Cancellation Rates		
	New Attendances			Review Attendances			Total Attendances			New	Review	Total
	Seen	DNA Rate	CNA Rate	Seen	DNA Rate	CNA Rate	Seen	DNA Rate	CNA Rate			
Beechcroft CAMHS	298	14.6	12.9	6,166	15.0	8.1	6,464	15.0	8.4	14.1	1.9	2.5
Belfast City	0	N/A	N/A	580	0.0	0.0	580	0.0	0.0	N/A	0.0	0.0
Mater Infirmorum	446	31.8	7.3	3,690	31.0	9.1	4,136	31.1	8.9	21.3	33.8	32.7
Windsor House	0	N/A	N/A	158	0.0	0.0	158	0.0	0.0	N/A	0.0	0.0
Belfast HSC Trust	744	25.8	9.6	10,594	20.6	8.0	11,338	21.0	8.1	18.6	15.9	16.1
Northern Ireland	744	25.8	9.6	10,594	20.6	8.0	11,338	21.0	8.1	18.6	15.9	16.1

Source: QOAR

Table 1.6: Compulsory Admissions Under Mental Health (NI) Order 1986 by Sex and Year (2009/10 - 2013/14) ³⁷

Sex	2009/10		2010/11		2011/12		2012/13		2013/14		Change 2009/10 to 2013/14	
Male	571	54.7%	587	55.1%	545	54.9%	598	55.7%	545	54.7%	-26	-4.6%
Female	472	45.3%	479	44.9%	447	45.1%	476	44.3%	451	45.3%	-21	-4.4%
Total	1,043	100.0%	1,066	100.0%	992	100.0%	1,074	100.0%	996	100.0%	-47	-4.5%

Source: KH15

Table 1.7: Compulsory Admissions Under Mental Health (NI) Order 1986 by Age Group (2013/14)

Age Group	No.	%
Under 18	24	2.4%
18 - 44	469	47.1%
45 - 64	281	28.2%
65 - 74	71	7.1%
75+	151	15.2%
Total	996	100.0%

Source: KH15b

³⁷ Refer to Appendix 6: Explanatory Notes – points 9 & 17.

Table 1.8: Compulsory Admissions Under the Mental Health (NI) Order 1986 by Sex and Hospital/HSC Trust (2013/14) ³⁸

Hospital/HSC Trust	Males	Females	All
Beechcroft CAMHS	18	6	24
Knockbracken Healthcare Park	57	20	77
Mater Infirmorum	55	46	101
Belfast HSC Trust	130	72	202
Causeway	44	32	76
Holywell	108	91	199
Northern HSC Trust	152	123	275
Downshire	29	23	52
Lagan Valley PNU	29	29	58
Ulster MHU	7	12	19
South Eastern HSC Trust	65	64	129
Bluestone	104	105	209
Longstone	*	*	11
St Luke's	*	*	66
Southern HSC Trust	151	135	286
Gransha / Grangewood	27	25	52
Tyrone & Fermanagh	20	32	52
Western HSC Trust	47	57	104
Northern Ireland	545	451	996

Source: KH15

³⁸ Refer to Appendix 6: Explanatory Notes – point 10.

Table 1.9: Inpatient and Day Case Activity Data Within the Mental Illness Specialty by Hospital/HSC Trust (2013/14)³⁹

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Knockbracken Healthcare Park	112.0	103.8	354	0	92.7	3.2	107.0	8.4
Mater Infirmorum	44.9	42.2	372	28	93.9	8.3	41.4	2.7
Windsor House	0.2	0.2	1	0	100.0	6.0	61.0	0.0
Belfast HSC Trust	157.1	146.2	727	28	93.1	4.6	73.4	5.5
Causeway	17.0	17.4	154	0	100.0	9.1	41.2	0.0
Holywell	117.5	95.0	548	0	80.9	4.7	63.3	15.0
Northern HSC Trust	134.5	112.4	702	0	83.6	5.2	58.5	11.5
Downshire	65.0	59.7	374	0	91.9	5.8	58.3	5.2
Lagan Valley PNU	20.0	17.7	364	0	88.4	18.2	17.7	2.3
Ulster MHU	24.0	24.3	225	0	100.0	9.4	39.4	0.0
South Eastern HSC Trust	109.0	101.7	963	0	93.3	8.8	38.5	2.8
Bluestone	60.0	50.0	929	0	83.3	15.5	19.6	3.9
St Luke's	25.7	21.0	311	0	81.9	12.1	24.7	5.5
Southern HSC Trust	85.7	71.0	1,240	0	82.9	14.5	20.9	4.3
Altnagelvin Area	0.0	0.0	0	187	0.0	0.0	0.0	0.0
Gransha / Grangewood	44.0	38.2	511	0	86.7	11.6	27.3	4.2
Tyrone County	0.0	0.0	0	78	0.0	0.0	0.0	0.0
Tyrone & Fermanagh	54.0	45.8	492	0	85.0	9.1	34.0	6.0
Western HSC Trust	98.0	84.0	1,003	265	85.8	10.2	30.6	5.1
Northern Ireland	584.3	515.3	4,635	293	88.2	7.9	40.6	5.4

Source: KH03A

³⁹ Refer to Appendix 4: Definitions – points 1 - 9.

Table 1.10: Inpatient and Day Case Activity Data Within the Child & Adolescent Psychiatry Specialty by Hospital/HSC Trust (2013/14)⁴⁰

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Beechcroft CAMHS	28.0	28.9	166	0	100.0	5.9	63.5	0.0
Belfast HSC Trust	28.0	28.9	166	0	100.0	5.9	63.5	0.0
Bluestone	0.0	0.0	1	0	0.0	0.0	8.0	0.0
Southern HSC Trust	0.0	0.0	1	0	0.0	0.0	8.0	0.0
Gransha	0.0	0.1	7	0	0.0	0.0	7.7	0.0
Tyrone & Fermanagh	0.0	0.0	2	0	0.0	0.0	8.0	0.0
Western HSC Trust	0.0	0.2	9	0	0.0	0.0	7.8	0.0
Northern Ireland	28.0	29.1	176	0	100.0	6.3	60.3	0.0

Source: KH03A

Table 1.11: Inpatient and Day Case Activity Data Within the Forensic Psychiatry Specialty by Hospital/HSC Trust (2013/14)

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	34.0	20	0	100.0	0.6	620.5	0.0
Belfast HSC Trust	34.0	34.0	20	0	100.0	0.6	620.5	0.0
Northern Ireland	34.0	34.0	20	0	100.0	0.6	620.5	0.0

Source: KH03A

⁴⁰ Refer to Appendix 4: Definitions – points 1 -9.

Table 1.12: Outpatient Activity Data Within the Mental Illness Specialty by Hospital/HSC Trust (2013/14)

Hospital/HSC Trust	Attendances									Hospital Cancellations		Patient Died	Private Patient Attendances
	New Attendances			Review Attendances			Total Attendances			New	Review		
	Seen	DNA	CNA	Seen	DNA	CNA	Seen	DNA Rate	CNA Rate				
Belfast City	0	0	0	580	0	0	580	0	0	0	0	0	0
Mater Infirmorum	446	208	35	3,690	1,659	371	4,136	31.1	8.9	121	1,887	17	0
Windsor House	0	0	0	158	0	0	158	0	0	0	0	0	0
Belfast HSC Trust	446	208	35	4,428	1,659	371	4,874	27.7	7.7	121	1,887	17	0
Northern Ireland	446	208	35	4,428	1,659	371	4,874	27.7	7.7	121	1,887	17	0

Source: QOAR

Table 1.13: Outpatient Activity Data Within the Child & Adolescent Psychiatry Specialty by Hospital/HSC Trust (2013/14)

Hospital/HSC Trust	Attendances									Hospital Cancellations		Patient Died	Private Patient Attendances
	New Attendances			Review Attendances			Total Attendances			New	Review		
	Seen	DNA	CNA	Seen	DNA	CNA	Seen	DNA Rate	CNA Rate				
Beechcroft CAMHS	298	51	44	6,166	1,091	546	6,464	15.0	8.4	49	120	0	0
Belfast HSC Trust	298	51	44	6,166	1,091	546	6,464	15.0	8.4	49	120	0	0
Northern Ireland	298	51	44	6,166	1,091	546	6,464	15.0	8.4	49	120	0	0

Source: QOAR

Table 1.14: Mental Illness Inpatients Resident at 17 February (2010 – 2014) (including patients on Home Leave)

Age in Years	2010		2011		2012		2013		2014		Change 2010 - 2014	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Aged 18 & Under	42	3.9%	44	4.7%	48	5.4%	35	4.2%	37	4.8%	-5	-11.9%
Aged 19 - 44	320	30.0%	311	33.2%	295	33.0%	275	32.7%	277	36.2%	-43	-13.4%
Aged 45 - 64	335	31.4%	316	33.8%	287	32.1%	259	30.8%	228	29.8%	-107	-31.9%
Aged 65 & Over	370	34.7%	265	28.3%	263	29.5%	271	32.3%	223	29.2%	-147	-39.7%
TOTAL	1,067	100.0%	936	100.0%	893	100.0%	840	100.0%	765	100.0%	-302	-28.3%

Source: Mental Illness and Learning Disability Census 2010 - 2014

Table 1.15: Mental Illness Inpatients Resident at 17 February 2014 (including patients on Home Leave)

Length of Stay	Age in Years									TOTAL
	0-15	16-18	19-24	25-34	35-44	45-54	55-64	65-74	75+	
0-6 months	12	22	36	85	73	64	60	67	89	508
7-12 months	1	1	6	14	14	7	7	10	11	71
>1-2 years	0	1	7	9	8	10	4	11	5	55
>2-3 years	0	0	0	5	4	3	6	5	2	25
>3-5 years	0	0	0	1	3	9	6	1	0	20
>5-10 years	0	0	0	2	7	8	9	3	6	35
>10-20 years	0	0	0	1	2	8	11	2	1	25
>20-30 years	0	0	0	0	0	6	5	1	0	12
>30 years	0	0	0	0	0	2	3	6	3	14
TOTAL	13	24	49	117	111	117	111	106	117	765

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

36

Source: Mental Illness and Learning Disability Census 2014

Table 1.16: Mental Illness Inpatients Resident at 17 February 2014 by Bed Type (including patients on Home Leave)⁴¹

Hospital	Acute	Psychiatric Intensive Care Unit	FMI	Continuing Care	Dementia & Psych of Old Age	Regional Secure Unit	Long-stay	Other	Total
Belfast HSC Trust	78	7	-	53	11	34	-	50	233
Northern HSC Trust	83	16	-	9	30	-	-	42	180
South Eastern HSC Trust	61	*	-	-	25	-	12	*	123
Southern HSC Trust	44	*	14	-	21	-	8	*	96
Western HSC Trust	39	*	17	27	17	-	12	*	133
Northern Ireland	305	38	31	89	104	34	32	132	765

Source: Mental Illness and Learning Disability Census by Bed Type 2014

⁴¹ Refer to Appendix 6: Explanatory Notes - point 10.

Table 1.17: Non Inpatient Activity Within the Mental Health POC by HSC Trust (2013/14)⁴²

HSC Trust	Attendances									Hospital Cancellations	
	New Attendances			Review Attendances			Total Attendances			New	Review
	Seen	DNA	CNA	Seen	DNA	CNA	Seen	DNA	CNA		
Belfast	6,468	1,536	721	59,127	7,005	2,913	65,595	8,541	3,634	497	1,440
Northern	6,306	998	676	87,307	12,546	7,149	93,613	13,544	7,825	546	3,541
South Eastern	6,394	1,312	382	77,524	7,399	3,998	83,918	8,711	4,380	158	1,736
Southern	4,646	1,641	825	27,506	12,139	1,482	32,152	13,780	2,307	492	2,640
Western	8,356	988	509	95,488	7,426	6,061	103,844	8,414	6,570	202	1,770
Northern Ireland	32,170	6,475	3,113	346,952	46,515	21,603	379,122	52,990	24,716	1,895	11,127

Source: NIMH, Community Information Branch

Table 1.18: Non Inpatient Activity Within the Mental Health POC, including DNA / CNA / Hospital Cancellation Rates (2013/14)

Hospital/HSC Trust	Attendances									Hospital Cancellation Rates		
	New Attendances			Review Attendances			Total Attendances			New	Review	Total
	Seen	DNA Rate	CNA Rate	Seen	DNA Rate	CNA Rate	Seen	DNA Rate	CNA Rate			
Belfast	6,468	19.2	10.0	59,127	10.6	4.7	65,595	11.5	5.2	7.1	2.4	2.9
Northern	6,306	13.7	9.7	87,307	12.6	7.6	93,613	12.6	7.7	8.0	3.9	4.2
South Eastern	6,394	17.0	5.6	77,524	8.7	4.9	83,918	9.4	5.0	2.4	2.2	2.2
Southern	4,646	26.1	15.1	27,506	30.6	5.1	32,152	30.0	6.7	9.6	8.8	8.9
Western	8,356	10.6	5.7	95,488	7.2	6.0	103,844	7.5	6.0	2.4	1.8	1.9
Northern Ireland	32,170	16.8	8.8	346,952	11.8	5.9	379,122	12.3	6.1	5.6	3.1	3.3

Source: NIMH, Community Information Branch

Readers should note that the statistics included in Tables 1.17 – 1.18 are experimental and in the process of development. These have been included to help provide some explanation of the notable decrease in consultant led mental health outpatient activity over the last 5 years. Currently, HSC Trusts are in the process of improving the quality and coverage of the services being reported on the NIMH return, and therefore, this information should be treated with caution.

⁴² Refer to Appendix 6: Explanatory Notes – points 13.

Table 2.1: Key Points - Learning Disability Statistics (2009/10 - 2013/14)^{43, 44, 45}

Activity	2009/10	2010/11	2011/12	2012/13	2013/14	Percentage change 2012/13-2013/14	Percentage Change 2009/10-2013/14
Inpatients	599	503	470	454	365	-19.6%	-39.1%
Day Cases	5	0	0	0	0	N/A	N/A
Total Admissions	604	503	470	454	365	-19.6%	-39.6%
Average Available Beds	362.5	358.6	333.5	307.8	230.4	-25.1%	-36.4%
Average Occupied Beds	369.1	335.7	310.4	283.4	208.2	-26.5%	-43.6%
Percentage Occupancy	92.7%	93.7%	91.0%	90.2%	90.4%	0.2%	-2.5%
Throughput	1.5	1.4	1.4	1.5	1.6	5.6%	5.6%
Average Length of Stay	220.9	238.7	236.3	223.2	208.2	-6.7%	-5.7%
Outpatient Attendances	5,451	6,115	7,122	7,458	6,696	-10.2%	22.8%

Source: KH03A and QOAR

⁴¹ 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.

⁴² To take account of any amendments received from Hospitals, Information has been updated for the last 5 years.

⁴⁵ Refer to Appendix 6: Explanatory Notes – point 21.

Table 2.2: Learning Disability Statistics, by HSC Trust (2009/10 – 2013/14)

HSC Trust	Activity	2009/10	2010/11	2011/12	2012/13	2013/14	Percentage change 2012/13-2013/14	Percentage change 2009/10-2013/14
Belfast HSC Trust	Inpatients	136	119	149	164	185	12.8%	36.0%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	136	119	149	164	185	12.8%	36.0%
	Average Available Beds	255.8	237.0	233.0	224.4	180.7	-19.5%	-29.4%
	Average Occupied Beds	249.4	237.2	225.7	212.1	172.9	-18.5%	-30.7%
	Percentage Occupancy	94.9%	97.2%	93.8%	91.9%	95.7%	4.1%	0.8%
	Throughput	0.5	0.5	0.6	0.7	1.0	46.3%	104.8%
	Average Length of Stay	651.6	706.6	537.0	459.2	341.0	-25.7%	-47.7%
	Outpatient Attendances	3,205	3,428	3,745	3,634	3,373	-7.2%	5.2%
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	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

Southern HSC Trust	Inpatients	237	211	200	174	96	-44.8%	-59.5%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	237	211	200	174	96	-44.8%	-59.5%
	Average Available Beds	82.2	78.0	76.5	59.4	25.7	-56.7%	-68.7%
	Average Occupied Beds	72.2	68.1	67.2	54.8	21.9	-60.0%	-69.7%
	Percentage Occupancy	87.8%	87.2%	87.8%	92.3%	85.2%	-7.7%	-3.0%
	Throughput	2.9	2.7	2.6	2.9	3.7	28.6%	29.3%
	Average Length of Stay	111.2	117.7	122.9	115.0	83.4	-27.5%	-25.0%
	Outpatient Attendances	1,047	1,371	1,750	1,926	1,626	-15.6%	55.3%
Western HSC Trust	Inpatients	226	172	121	116	84	-27.6%	-62.8%
	Day Cases	5	0	2	0	0	-	-
	Total Admissions	231	172	123	116	84	-27.6%	-63.6%
	Average Available Beds	51.4	35.9	24.0	24.0	24.0	0.0%	-53.3%
	Average Occupied Beds	47.5	30.4	17.6	16.5	13.4	-18.8%	-71.8%
	Percentage Occupancy	92.5%	84.7%	73.1%	68.8%	55.9%	-18.8%	-39.5%
	Throughput	4.4	4.8	5.0	4.8	3.5	-27.1%	-20.4%
	Average Length of Stay	76.7	64.6	53.1	52.0	58.3	-12.1%	-24.0%
	Outpatient Attendances	1,199	1,316	1,627	1,898	1,697	-10.6%	41.5%

Source: KH03a and QOAR

Table 2.3: Inpatient and Day Case Activity Data Within the Learning Disability POC by Hospital/HSC Trust (2013/14)

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Muckamore Abbey	180.7	172.9	185	0	95.7	1.0	341.0	15.4
Belfast HSC Trust	180.7	172.9	185	0	95.7	1.0	341.0	15.4
Longstone	25.7	21.9	96	0	85.2	3.7	83.4	14.5
Southern HSC Trust	25.7	21.9	96	0	85.2	3.7	83.4	14.5
Lakeview	24.0	13.4	84	0	55.9	3.5	58.3	46.0
Western HSC Trust	24.0	13.4	84	0	55.9	3.5	58.3	46.0
Northern Ireland	230.4	208.2	365	0.0	90.4	1.6	208.2	22.2

Source: KH03A

Table 2.4: Outpatient Activity Data Within the Learning Disability POC by Hospital/HSC Trust (2013/14)

Hospital/HSC Trust	Attendances									Hospital Cancellations		Patient Died	Private Patient Attendances
	New Attendances			Review Attendances			Total Attendances			New	Review		
	Seen	DNA	CNA	Seen	DNA	CNA	Seen	DNA	CNA				
Muckamore Abbey	274	75	57	3,099	466	447	3,373	541	504	10	190	5	0
Belfast HSC Trust	274	75	57	3,099	466	447	3,373	541	504	10	190	5	0
Longstone	127	40	0	1,499	393	0	1,626	433	0	0	15	0	0
Southern HSC Trust	127	40	0	1,499	393	0	1,626	433	0	0	15	0	0
Lakeview	63	11	4	1,634	143	148	1,697	154	152	0	0	0	0
Western HSC Trust	63	11	4	1,634	143	148	1,697	154	152	0	0	0	0
Northern Ireland	464	126	61	6,232	1,002	595	6,696	1,128	656	10	205	5	0

Source: QOAR

Table 2.5: Outpatient Activity Within the Learning Disability POC, Including DNA / CNA / Hospital Cancellation Rates (2013/14)

Hospital/HSC Trust	Attendances									Hospital Cancellation Rates		
	New Attendances			Review Attendances			Total Attendances			New	Review	Total
	Seen	DNA Rate	CNA Rate	Seen	DNA Rate	CNA Rate	Seen	DNA Rate	CNA Rate			
Muckamore Abbey	274	21.5	17.2	3,099	13.1	12.6	3,373	13.8	13.0	3.5	5.8	5.6
Belfast HSC Trust	274	21.5	17.2	3,099	13.1	12.6	3,373	13.8	13.0	3.5	5.8	5.6
Longstone	127	24.0	0.0	1,499	20.8	0.0	1,626	21.0	0.0	0.0	1.0	0.9
Southern HSC Trust	127	24.0	0.0	1,499	20.8	0.0	1,626	21.0	0.0	0.0	1.0	0.9
Lakeview	63	14.9	6.0	1,634	8.0	8.3	1,697	8.3	8.2	0.0	0.0	0.0
Western HSC Trust	63	14.9	6.0	1,634	8.0	8.3	1,697	8.3	8.2	0.0	0.0	0.0
Northern Ireland	464	21.4	11.6	6,232	13.9	8.7	6,696	14.4	8.9	2.1	3.2	3.1

Source: QOAR

Table 2.6: Learning Disability Compulsory Admissions Under the Mental Health (NI) Order 1986 by Sex (2009/10 - 2013/14)

Sex	2009/10		2010/11		2011/12		2012/13		2013/14		Change 2009/10 to 2013/14	
Male	11	61.1%	14	58.3%	21	60.0%	26	66.7%	30	51.7%	19	172.7%
Female	7	38.9%	10	41.7%	14	40.0%	13	33.3%	28	48.3%	21	300.0%
Total	18	100.0%	24	100.0%	35	100.0%	39	100.0%	58	100.0%	40	222.2%

Source: KH15

Table 2.7: Compulsory Admissions Under the Mental Health (NI) Order 1986 by Age Group (2013/14)

Age Group	No.	%
Under 18	5	8.6%
18 - 44	38	65.5%
45 - 74	15	25.9%
Total	58	100.0%

Source: KH15b

Table 2.8: Learning Disability Inpatients Resident at 17 February (2010 – 2014) (including patients on Home Leave)

Age in Years	2010		2011		2012		2013		2014		Change 2010 - 2014	
Aged 18 & Under	16	4.5%	15	4.6%	21	6.9%	26	9.6%	8	4.5%	-8	-50.0%
Aged 19 - 44	151	42.5%	136	41.7%	134	44.1%	119	43.8%	92	52.3%	-59	-39.1%
Aged 45 - 64	161	45.4%	148	45.4%	126	41.4%	102	37.5%	62	35.2%	-99	-61.5%
Aged 65 & Over	27	7.6%	27	8.3%	23	7.6%	25	9.2%	14	8.0%	-13	-48.1%
TOTAL	355	100.0%	326	100.0%	304	100.0%	272	100.0%	176	100.0%	-179	-50.4%

Source: Mental Illness and Learning Disability Census 2010 - 2014

Table 2.9: Learning Disability Inpatients Resident at 17 February 2014 (including patients on Home Leave)

Length of Stay	Age in Years									All Ages
	0-15	16-18	19-24	25-34	35-44	45-54	55-64	65-74	75+	
0-6 months	1	2	6	7	5	5	1	1	0	28
7-12 months	0	1	2	3	1	3	1	0	0	11
>1-2 years	1	2	5	7	2	0	0	0	0	17
>2-3 years	0	0	6	2	0	0	0	0	1	9
>3-5 years	0	0	4	6	5	1	1	0	0	17
>5-10 years	0	1	1	5	6	6	3	0	1	23
>10-20 years	0	0	0	4	8	4	3	0	0	19
>20-30 years	0	0	0	1	6	8	3	2	0	20
>30 years	0	0	0	0	0	7	16	8	1	32
TOTAL	2	6	24	35	33	34	28	11	3	176

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

26

Source: Mental Illness and Learning Disability Census 2014

Table 2.10: Learning Disability Inpatients Resident at 17 February 2014 by Bed Type (including patients on Home Leave)⁴⁶

Hospital	Assessment & Treatment	Psychiatric Intensive Care Unit	Longstay / PTL Resettlement	Children's	Continuing Care Mental Illness	Forensic	Home Leave	Total
Muckamore (Belfast)	25	6	49	6	27	17	26	156
Longstone (Belfast)	8	-	*	-	-	-	*	*
Lakeview (Western)	10	-	*	-	-	-	*	*
Northern Ireland	43	6	51	6	27	17	26	176

Source: Mental Illness and Learning Disability Census by Bed Type 2014

⁴⁶ Refer to Appendix 6: Explanatory Notes - point 10.

Table 3.1: Key Points - Old Age Psychiatry Statistics, (2013/14)

Activity	2009/10	2010/11	2011/12	2012/13	2013/14	Percentage change 2012/13- 2013/14	Percentage Change 2009/10- 2013/14
Inpatients	707	861	820	845	814	-3.7%	15.1%
Day Cases	0	0	0	0	0	N/A	N/A
Total Admissions	707	861	820	845	814	-3.7%	15.1%
Average Available Beds	292.5	238.4	239.8	256.7	242.2	-5.6%	-17.2%
Percentage Occupancy	82.5%	89.2%	90.0%	88.6%	83.0%	-6.3%	0.6%
Throughput	2.4	3.6	3.4	3.3	3.4	2.1%	40.0%
Average Length of Stay	124.5	90.1	96.3	98.3	90.2	-8.2%	-27.6%
Outpatient Attendances	4,444	7,902	7,552	10,446	10,514	0.7%	136.6%

Source: KH03A and QOAR

Table 3.2: Old Age Psychiatry Statistics, by HSC Trust (2009/10 - 2013/14)

HSC Trust	Activity	2009/10	2010/11	2011/12	2012/13	2013/14	Percentage change 2012/13-2013/14	Percentage change 2009/10-2013/14
Belfast HSC Trust	Inpatients	110	61	90	82	65	-20.7%	-40.9%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	110	61	90	82	65	-20.7%	-40.9%
	Average Available Beds	89.7	36.8	36.4	51.0	30.7	-39.8%	-65.8%
	Percentage Occupancy	70.6%	88.2%	99.3%	85.9%	74.5%	-13.3%	5.5%
	Throughput	1.2	1.7	2.5	1.6	2.1	31.6%	76.5%
	Average Length of Stay	210.1	194.1	147.0	194.8	128.4	-34.1%	-38.9%
	Outpatient Attendances	2,150	2,767	2,956	2,819	2,590	-8.1%	20.5%
Northern HSC Trust	Inpatients	104	150	127	116	146	25.9%	40.4%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	104	150	127	116	146	25.9%	40.4%
	Average Available Beds	70.9	65.5	62.8	55.7	61.5	10.4%	-13.2%
	Percentage Occupancy	91.3%	94.9%	88.9%	97.6%	90.5%	-7.3%	-0.9%
	Throughput	1.5	2.3	2.0	2.1	2.4	14.0%	58.2%
	Average Length of Stay	227.1	151.2	160.8	171.2	139.2	-18.7%	-38.7%
	Outpatient Attendances	-	-	-	-	-		
South Eastern HSC Trust	Inpatients	235	247	157	174	154	-11.5%	-34.5%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	235	247	157	174	154	-11.5%	-34.5%
	Average Available Beds	57.6	36.0	36.0	36.0	36.0	0.0%	-37.5%
	Percentage Occupancy	88.3%	86.9%	87.0%	79.4%	85.3%	7.4%	-3.4%
	Throughput	4.1	6.9	4.4	4.8	4.3	-11.5%	4.3%
	Average Length of Stay	79.0	46.2	73.0	60.0	72.8	21.4%	-7.8%
	Outpatient Attendances	2,294	2,270	1,978	4,422	4,270	-3.4%	86.1%

Table 3.2: Continued

HSC Trust	Activity	2009/10	2010/11	2011/12	2012/13	2013/14	Percentage change 2012/13-2013/14	Percentage change 2009/10-2013/14
Southern HSC Trust	Inpatients	120	301	243	252	245	-2.8%	104.2%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	120	301	243	252	245	-2.8%	104.2%
	Average Available Beds	19.3	62.4	43.1	38.0	38.0	0.0%	96.9%
	Percentage Occupancy	80.5%	79.5%	83.2%	100.0%	100.0%	0.0%	24.2%
	Throughput	6.2	4.8	5.6	6.6	6.4	-2.8%	4.0%
	Average Length of Stay	47.1	60.1	54.0	55.4	58.4	5.5%	24.0%
	Outpatient Attendances	-	2,865	2,618	3,205	3,654	14.0%	N/A
Western HSC Trust	Inpatients	138	102	203	221	204	-7.7%	47.8%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	138	102	203	221	204	-7.7%	47.8%
	Average Available Beds	55.0	37.7	61.5	76.0	76.0	0.0%	38.2%
	Percentage Occupancy	85.2%	98.6%	92.0%	82.3%	69.3%	-15.8%	-18.7%
	Throughput	2.5	2.7	3.3	2.9	2.7	-7.7%	7.4%
	Average Length of Stay	123.9	132.9	102.1	103.3	94.2	-8.8%	-24.0%
	Outpatient Attendances	-	-	-	-	-		

Table 3.3: Inpatient and Day Case Activity Data Within the Old Age Psychiatry Specialty by Hospital/HSC Trust (2013/14)

Hospital / HSC Trust	Average Available Beds	Average Occupied Beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of Stay	Turnover Interval
Knockbracken	20.0	12.2	17	0	60.9	0.9	261.4	168.1
Mater Infirmorum	10.7	10.7	48	0	100.0	4.5	81.3	0.0
Belfast HSCT	30.7	22.9	65	0	74.5	2.1	128.4	44.0
Causeway	6.5	4.9	16	0	75.3	2.5	111.7	36.6
Holywell	55.0	50.8	130	0	92.3	2.4	142.6	11.8
Northern HSCT	61.5	55.7	146	0	90.5	2.4	139.2	14.5
Downshire	20.0	15.4	87	0	76.9	4.4	64.5	19.4
Lagan Valley PNU	16.0	15.4	67	0	95.9	4.2	83.6	3.5
South Eastern HSCT	36.0	30.7	154	0	85.3	4.3	72.8	12.5
Bluestone	14.0	17.6	118	0	100.0	8.4	54.4	0.0
St Luke's	24.0	21.6	127	0	90.1	5.3	62.1	6.8
Southern HSCT	38.0	39.2	245	0	100.0	6.4	58.4	0.0
Grangewood	18.0	5.6	2	0	30.9	0.1	1,016.0	2,269.0
Tyrone & Fermanagh	40.0	29.4	123	0	73.6	3.1	87.3	31.3
Waterside	18.0	17.6	79	0	98.0	4.4	81.5	1.7
Western HSCT	76.0	52.6	204	0	69.3	2.7	94.2	41.8
NI Total	242.2	201.1	814	0	83.0	3.4	90.2	18.4

Source: KH03a

Table 3.4: Outpatient Activity Data Within the Old Age Psychiatry Specialty by Hospital/HSC Trust (2013/14)

Hospital/HSC Trust	Attendances									Hospital Cancellations		Patient Died	Private Patient Attendances
	New Attendances			Review Attendances			Total Attendances			New	Review		
	Seen	DNA	CNA	Seen	DNA	CNA	Seen	DNA	CNA				
Belfast City	0	0	0	340	0	0	340	0	0	0	0	0	0
Mater Infirmorum	447	105	85	1,692	339	328	2,139	444	413	95	539	49	0
Windsor House	0	0	0	111	0	0	111	0	0	0	0	0	0
Belfast HSC Trust	447	105	85	2,143	339	328	2,590	444	413	95	539	49	0
Ards	743	129	179	1,803	275	380	2,546	404	559	220	1,007	58	0
Downe	174	20	45	314	36	51	488	56	96	9	5	0	0
Lagan Valley	264	47	78	972	168	214	1,236	215	292	0	2	0	0
South Eastern HSC Trust	1,181	196	302	3,089	479	645	4,270	675	947	229	1,014	58	0
Bluestone	314	33	46	1,135	170	245	1,449	203	291	75	362	15	0
Daisy Hill	211	35	71	747	111	196	958	146	267	71	114	5	0
St Luke's	312	124	40	935	312	144	1,247	436	184	45	134	9	0
Southern HSC Trust	837	192	157	2,817	593	585	3,654	785	742	191	610	29	0
Northern Ireland	2,465	493	544	8,049	1,411	1,558	10,514	1,904	2,102	515	2,163	136	0

Source: QOAR

Table 3.5: Outpatient Activity Data Within the Old Age Psychiatry Specialty, including DNA / CNA / Hospital Cancellation Rates (2013/14)

Hospital/HSC Trust	Attendances									Hospital Cancellation Rates		
	New Attendances			Review Attendances			Total Attendances			New	Review	Total
	Seen	DNA Rate	CNA Rate	Seen	DNA Rate	CNA Rate	Seen	DNA Rate	CNA Rate			
Belfast City	0	0.0	0.0	340	0.0	0.0	340	0.0	0.0	0.0	0.0	0.0
Mater Infirmorum	447	19.0	16.0	1,692	16.7	16.2	2,139	17.2	16.2	17.5	24.2	22.9
Windsor House	0	0.0	0.0	111	0.0	0.0	111	0.0	0.0	0.0	0.0	0.0
Belfast HSC Trust	447	19.0	16.0	2,143	13.7	13.3	2,590	14.6	13.8	17.5	20.1	19.7
Ards	743	14.8	19.4	1,803	13.2	17.4	2,546	13.7	18.0	22.8	35.8	32.5
Downe	174	10.3	20.5	314	10.3	14.0	488	10.3	16.4	4.9	1.6	2.8
Lagan Valley	264	15.1	22.8	972	14.7	18.0	1,236	14.8	19.1	0.0	0.2	0.2
South Eastern HSC Trust	1,181	14.2	20.4	3,089	13.4	17.3	4,270	13.7	18.2	16.2	24.7	22.5
Bluestone	314	9.5	12.8	1,135	13.0	17.8	1,449	12.3	16.7	19.3	24.2	23.2
Daisy Hill	211	14.2	25.2	747	12.9	20.8	958	13.2	21.8	25.2	13.2	16.2
St Luke's	312	28.4	11.4	935	25.0	13.3	1,247	25.9	12.9	12.6	12.5	12.6
Southern HSC Trust	837	18.7	15.8	2,817	17.4	17.2	3,654	17.7	16.9	18.6	17.8	18.0
Northern Ireland	2,465	16.7	18.1	8,049	14.9	16.2	10,514	15.3	16.7	17.3	21.2	20.3

Source: QOAR

Appendix 1: Mental Health / Learning Disability Specialties in each Hospital during 2013/14 ⁴⁷

Hospital	Specialties
Altnagelvin Area	Mental Illness
Beechcroft CAMHS	Child & Adolescent Psychiatry
Belfast City	Mental Illness
Bluestone	Mental Illness, Child & Adolescent Psychiatry
Causeway	Mental Illness
Downshire	Mental Illness
Gransha / Grangewood	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
St. Luke's	Mental Illness
Tyrone County	Mental Illness
Tyrone & Fermanagh	Mental Illness
Ulster MHU	Mental Illness
Windsor House	Mental Illness

⁴⁷ Refer to Appendix 6: Explanatory Notes – points 7 & 8.

**Appendix 2: Hospitals Open Within Each HSC Trust for All or Part of
Year Ending 31 March 2014**

Belfast Health and Social Care Trust	Beechcroft CAMHS, Belfast City, Knockbracken, Mater Infirmorum, Muckamore Abbey, Windsor House
Northern Health and Social Care Trust	Causeway, Holywell
South Eastern Health and Social Care Trust	Downshire, Lagan Valley PNU, Ulster MHU
Southern Health and Social Care Trust	Bluestone, Longstone, St Luke's
Western Health and Social Care Trust	Altnagelvin Area, Gransha / Grangewood, Lakeview, Tyrone County, Tyrone & Fermanagh

Appendix 3: Hospital Specialties by Programme of Care

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

POC 1 - Acute Services

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

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

POC 2 - Maternity and Child Health

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

POC 4 - Elderly Care

430 Geriatric Medicine
715 Old Age Psychiatry

POC 5 - Mental Health

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

POC 6 - Learning Disability

700 Learning Disability

Appendix 4: Definitions

1. Average Available/Occupied Beds

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

2. Average Length of Stay

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

Average Daily Number of Occupied Beds x Days in Year

Total Inpatients

3. % Occupancy

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

Average Daily Occupied Beds

----- x 100

Average Daily Available Beds

4. Throughput

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

Total Inpatients

Average Number of Available Beds

5. Turnover Interval

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

Average Available Beds - Average Occupied Beds x Days in Year

Total Inpatients

6. Day case rate

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

Total Day Cases

----- x 100

(Total Elective Inpatients) + Total Day Cases

7. 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 Publication¹

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 February 2013.

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

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.

¹ 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 reported¹.

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

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.

¹ A full list of specialties is available in Appendix 3.

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 speciality is determined by the consultant in charge of the service the patient attends. 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 reported¹.

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.

¹ A full list of specialties is available in Appendix 3.

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

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 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

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 27th August 2014 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
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. In the Western HSC Trust, Grangewood opened in November 2012. Grangewood will eventually replace Gransha, however during 2013/14 services were still provided by both hospitals.
8. Lagan Valley Hospital began recording Old Age Psychiatry (Specialty 715) as a specialty during 2012/13.
9. Information on Compulsory Admissions derives from the quarterly KH15/KH15b 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. Voluntary patients are not included.
10. ONS guidance on data disclosure advises that cells with a value between 0 and 4 should be anonymised with an asterisk. In addition, where the anonymised cell can be deduced from the totals, the next smallest cells will also be anonymised.
11. From the beginning of 2008/09, the Quarterly Outpatient Activity Return (QOAR) replaced the KH09 (Part 1) as the source of data relating to outpatient activity. As a consequence of this new

methodology, the collection of data on scheduled and cancelled clinics was replaced with the collection of data on appointments cancelled by both hospitals (hospital cancellations) and patients (Could not attend or CNAs). The definition of a missed appointment or did not attend (DNA) has been amended to also include CNAs on the day of the appointment. As a result of this amendment, DNA figures for 2008/09 and 2009/10 are not directly comparable with those published in previous years.

12. During 2008/09 Health and Social Care Trusts in Northern Ireland undertook a process of reclassifying a number of outpatient services in the Mental Health Programme of Care, from a consultant led to a non consultant led model of service delivery. As a consequence of these reclassifications, data relating to activity within these services are no longer included within the outpatient data contained in this publication. Data users should be aware of these developments when comparing data reported for both 2008/09 and 2009/10 with that published in previous years.
13. The Information and Analysis Directorate (DHSSPS) and the HSC Board, have recently developed the 'Non Inpatient Mental Health' (NIHM) return to collect information on mental health services provided in a non-inpatient setting. This information is experimental and in the process of development. Currently, HSC Trusts are in the in process of improving the quality and coverage of the services being reported on the NIMH return; i.e. not all Trusts are able to report information for all services provided.
14. The outpatient information 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.
15. The mental health facility known as the 'Young Person's Centre' was renamed 'Beechcroft CAMHS Inpatient Service'.
16. The Mental Illness & Learning Disability Census (MILD) is carried out annually, and is a count of all mental illness and learning disability patients resident in the hospital or on home leave at the time of the Census. Information is collected from each Hospital on the basis of age and length of stay. The Census is a snapshot of the resident population as at 17 February in the appropriate year.
17. A patient under the care of a consultant in a psychiatric specialty is only included under one mental category. Therefore, where a patient has been assigned to more than one specialty, mental illness takes precedence over the others. Thus inpatients admitted under the learning disability POC may be included in this table.
18. Figures for Downshire, Gransha / Grangewood 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 / Grangewood include data for wards in Waterside Hospital.
19. 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 2014/15 Ministerial targets indicate that:

- a. From April 2014, ensure that 99% of all learning disability and mental health discharges take place within 7 days of the patient being assessed as medically fit for discharge;
- b. From April 2014, ensure that all learning disability and mental health discharges take place within 28 days of the patient being assessed as medically fit for discharge;
- c. By March 2015, resettle the remaining long stay patients in psychiatric hospitals to appropriate places in the community; and,
- d. By March 2015, resettle the remaining long stay patients in learning disability hospitals to appropriate places in the community.

20. Windsor House closed on 29th March 2013, however, one patient was not discharged until 30th May 2013.

21. Information relating to Musgrave Park (Forest Lodge) has been removed from this publication. Forest Lodge is a purpose built children's respite unit located in Musgrave Park hospital. Although this facility provides care for children and younger adults with learning disabilities it is officially classified as a registered nursing home. Consequently, it should not have been included as a 'hospital' by the Belfast HSC Trust in their quarter information returns.

22. Information relating to Malone Place (formerly known as Shaftesbury Square) has been removed from this publication. Shaftesbury Square previously provided inpatient treatment facilities up until March 2008; although, since April 2008 the facility has operated as a day treatment unit only. Consequently, it should not have been included as a 'hospital' by the Belfast HSC Trust in their quarterly information returns. All information for this site has been removed from the publication including previous years' information detailed in Table 1.

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