

INFORMATION
ANALYSIS
DIRECTORATE



Hospital Statistics: Mental Health and Learning Disability (2014/15)



Department of
**Health, Social Services
and Public Safety**
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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 2015. It details information on inpatient, day case and outpatient activity, and compulsory admissions under the Mental Health (NI) Order 1986.
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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 has decreased by 13.3% (745), from 5,620 in 2010/11 to 4,875 in 2014/15 (Figure 1, Table 1.1).
- Since 2010/11, the total number of inpatient admissions under the mental health POC has decreased by 12.1% (637), from 5,268 to 4,631 in 2014/15, whilst the number of admissions for day case treatment has decreased by almost a third (30.7%), from 352 to 244 in the same period (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 (194.1, 33.1%) whilst the Southern HSC Trust reported the lowest (78.0, 13.3%) (Figure 10, Table 1.2 – 1.3).
- Between 2010/11 and 2014/15, the average length of stay within the mental health POC in hospitals decreased by 8.4 days, from 50.8 days to 42.4 days (Figure 13, Table 1.1).
- During 2014/15, there were 13,405 consultant-led outpatient attendances in the Belfast HSC Trust for the mental health specialties. Of these, 1,002 (7.5%) were new and 12,403 (92.5%) were review attendances (Figure 15, Table 1.4).

Learning Disability

- The number of admissions to hospital under the learning disability POC has decreased year on year from 503 in 2010/11 to 261 in 2014/15, a reduction of 48.1% (242) (Figure 20, Table 2.1).
- All 261 admissions to hospital under the learning disability POC in 2014/15 were inpatient admissions (Figures 20 – 21, Table 2.1).
- Of the 168.8 average available beds within the learning disability POC in 2014/15, the majority (139.1, 82.4%) were available in the Belfast HSC Trust, with 19.5 (11.6%) in the Western HSC Trust and 10.1 (6.0%) in the Southern HSC Trust (Table 2.2).
- Across hospitals, Muckamore Abbey (312.4 days) reported the highest average length of stay, compared with an average of 127.5 days in Bluestone hospital, 66.2 days in Lakeview and 30.1 days in Longstone hospital (Table 2.3).
- In 2014/15, there were 6,381 consultant-led outpatient attendances within the learning disability POC in Northern Ireland. Of these, 497 (7.8%) were new and 5,884 (92.1%) were review attendances (Figure 25, Table 2.4).

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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:

www.dhsspsni.gov.uk/index/statistics/mhld/mental-health-inpatients/inpatient-activity-mental-health

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 / 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 information returns.

¹ See Appendix 6: Explanatory Notes for further details.

At the end of the financial year HIB carry out a more detailed series of validations to verify that the information is consistent. Trend analyses are used to monitor annual variations and emerging trends. Queries arising from validation checks are presented to HSC Trusts for clarification and if required returns may be amended and/or re-submitted. Once complete, all figures are sent to HSC Trusts for final sign-off. This report incorporates all returns and amendments received up to 27th August 2015.

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:

www.dhsspsni.gov.uk/index/statistics/mhld/mental-health-inpatients/inpatient-activity-mental-health

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:

www.dhsspsni.gov.uk/index/statistics/mhld/mental-health-inpatients/inpatient-activity-mental-health

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:

www.dhsspsni.gov.uk/index/statistics/hospital/hospital-activity/inpatient-and-day-case-activity

For further information in relation to outpatient activity please see:

<http://www.dhsspsni.gov.uk/index/statistics/hospital/hospital-activity/outpatient-activity.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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Tel: (028) 90 520064

Mental Health Activity

This section of the report details patient activity under the mental health Programme of Care (POC) in hospitals in Northern Ireland during 2014/15, and an analysis of the trend between 2010/11 and 2014/15.

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 Trend

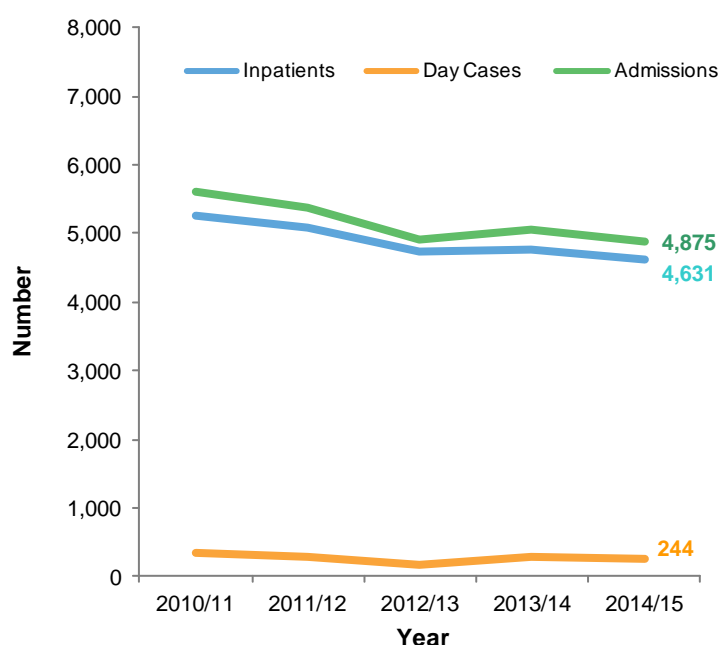
Over the last five years, the total number of admissions to hospital under the mental health POC has decreased by 13.3% (745), from 5,620 in 2010/11 to 4,875 in 2014/15 (Figure 1, Table 1.1).



13% reduction in admissions to mental health hospitals

Since 2013/14, the total number of admissions to mental health hospitals has decreased by 3.8% (194), from 5,069 to 4,875 in 2014/15 (Figure 1, Table 1.1).

Figure 1: Admissions under the Mental Health POC, by Admission Type (2010/11 – 2014/15)



Financial Year 2014/15

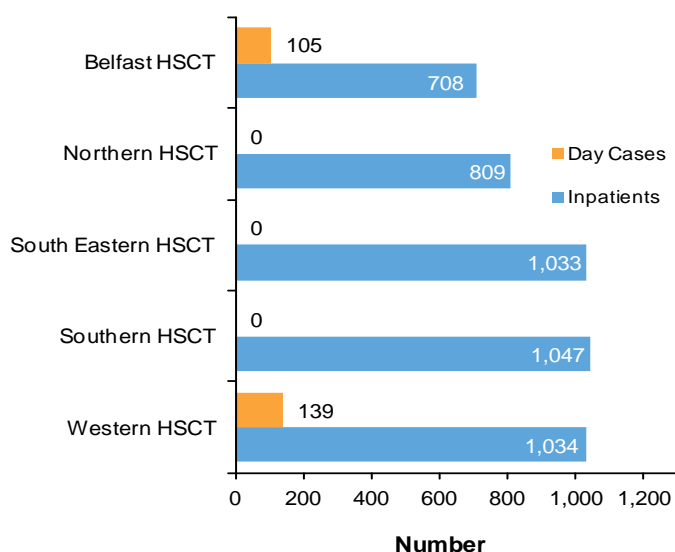
Of the 4,875 admissions under the mental health POC in 2014/15, the highest number (1,173, 24.1%) was reported by the Western HSC Trust, of which, 1,034 (88.2%) were admitted to hospital as an inpatient and 139 (11.8%) were admitted for day case treatment (Figure 2, Table 1.2).

The Northern HSC Trust (809, 16.6%) reported the lowest number of admissions, all of which were admitted for treatment as an inpatient (Figure 2, Table 1.2).

² Refer to Appendix 6: Explanatory Notes – point 18.

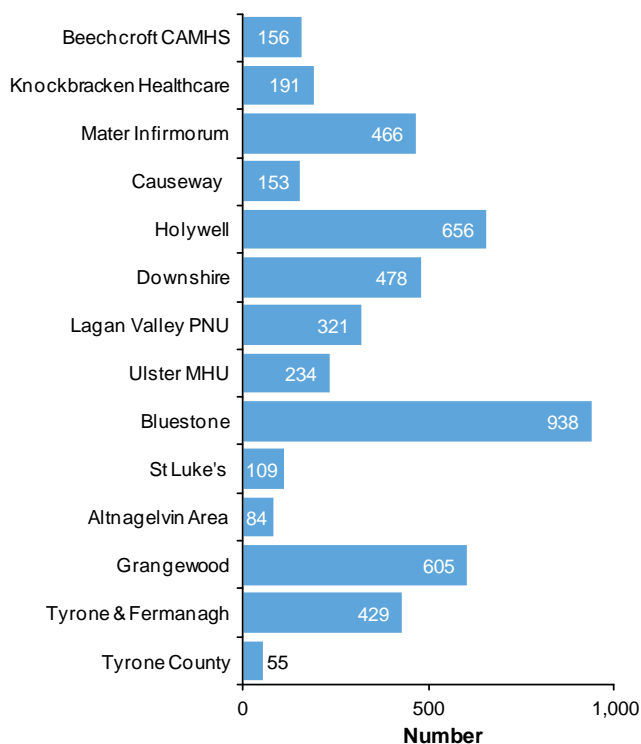
³ Refer to Appendix 4: Definitions – point 9.

Figure 2: Admissions under the Mental Health POC, by HSC Trust (2014/15)



Across hospitals, the highest number of admissions was reported by Bluestone (938, 19.2%), all of which were admitted for treatment as an inpatient (Figure 3, Table 1.3).

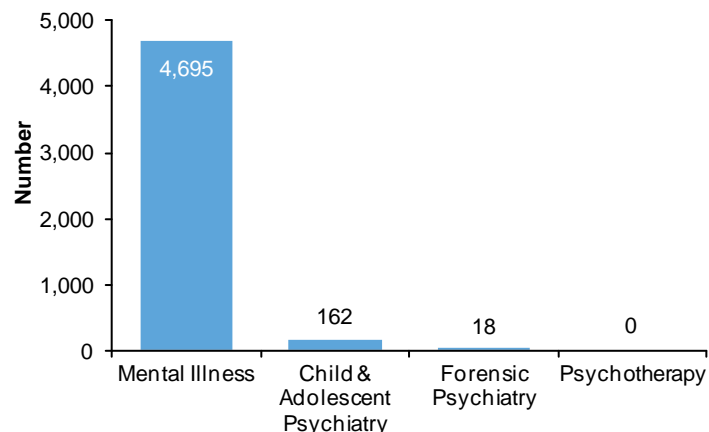
Figure 3: Admissions under the Mental Health POC, by Hospital (2014/15)



Tyrone County (55, 1.1%) reported the lowest number of admissions under the mental health POC in 2014/15, all of which were admitted for day case treatment (Figure 3, Table 1.3).

Specialty

Figure 4: Admissions under the Mental Health POC, by Specialty (2014/15)



In 2014/15, almost all admissions under the mental health POC were reported within the 'Mental Illness' specialty (4,695, 96.3%), with a further 162 (3.3%) within the 'Child & Adolescent Psychiatry' specialty and 18 (0.4%) within the 'Forensic Psychiatry' specialty (Figure 4, Table 1.9 – 1.11).

Inpatient Admissions ⁴

5 Year Trend

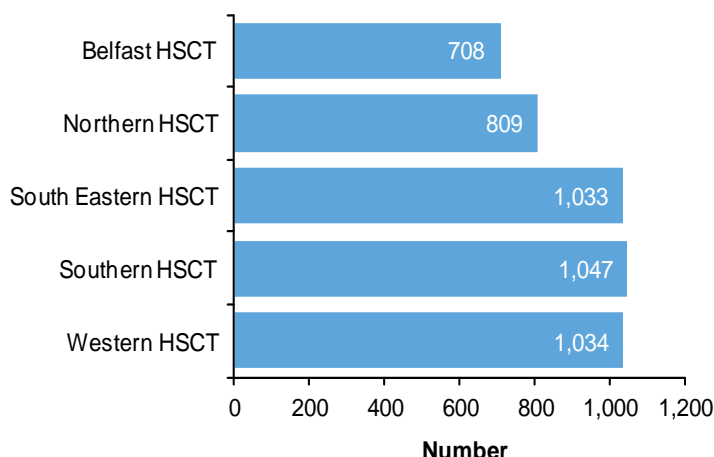
Since 2010/11, the total number of inpatient admissions under the mental health POC has decreased by 12.1% (637), from 5,268 to 4,631 in 2014/15. The decrease in the number of inpatient admissions is most likely due to the introduction of Ministerial targets to (i) reduce the number of admissions to acute mental health hospitals, and (ii) resettle long stay patients to appropriate places in the community (Figure 1, Table 1.1).

⁴ Refer to Appendix 4: Definitions – point 7.

Financial Year 2014/15

Of the 4,631 inpatient admissions in 2014/15, the highest number was reported in the Southern HSC Trust (1,047, 22.6%) and the lowest in the Belfast HSC Trust (708, 15.3%) (Figure 5, Tables 1.2 – 1.3).

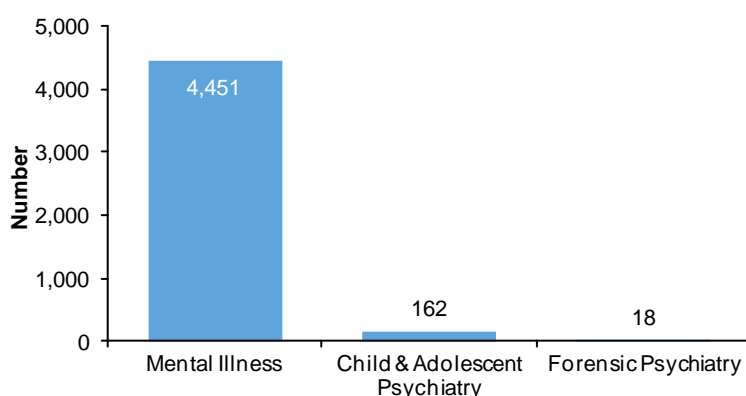
Figure 5: Total Inpatient Admissions under the Mental Health POC, by HSC Trust (2014/15)



Specialty

In 2014/15, almost all inpatient admissions under the mental health POC were reported within the 'Mental Illness' specialty (4,451, 94.8%), with a further 162 (3.5%) within the 'Child & Adolescent Psychiatry' specialty and 18 (0.4%) with the 'Forensic Psychiatry' specialty (Figure 6, Tables 1.9 – 1.11).

Figure 6: Total Inpatient Admissions under the Mental Health POC, by Specialty (2014/15)



Day Case Admissions ⁵

5 Year Trend

Between 2010/11 and 2014/15, the number of admissions for day case treatment under the mental health POC fell by almost a third (30.7%, 108), from 352 to 244 (Figure 1, Table 1.1).

Since 2013/14, the number of admissions for day case treatment under the mental health POC has decreased by 16.7% (49), from 293 to 244 in 2014/15 (Figure 1, Table 1.1).

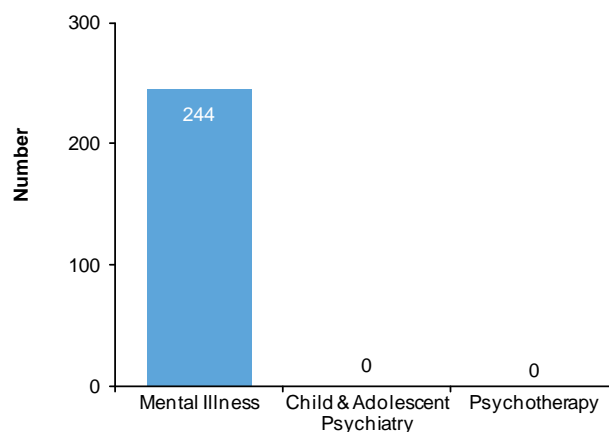
Financial Year 2014/15

Of the 244 admitted for day case treatment under the mental health POC in 2014/15, 139 (57.0%) were treated in the Western HSC Trust and 105 (43.0%) in the Belfast HSC Trust. No day case admissions were reported under the mental health POC in the Northern, South Eastern or Southern HSC Trusts (Table 1.2).

Specialty

Across mental health specialties, all admissions for day case treatment (244, 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 (2014/15)



⁵ Refer to Appendix 4: Definitions – point 8.

Bed Availability⁶ & Occupancy⁷

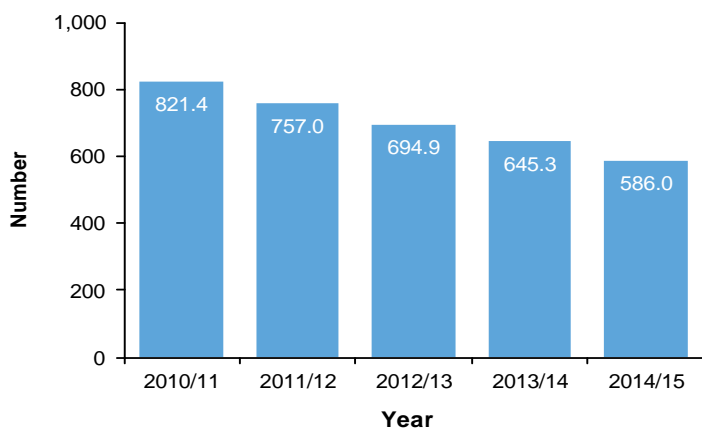
5 Year Trend



Between 2010/11 and 2014/15, the average number of available beds within the mental health POC in Northern Ireland decreased by 28.7% (235.3), from 821.4 to 586.0 (Figure 8, Table 1.1).

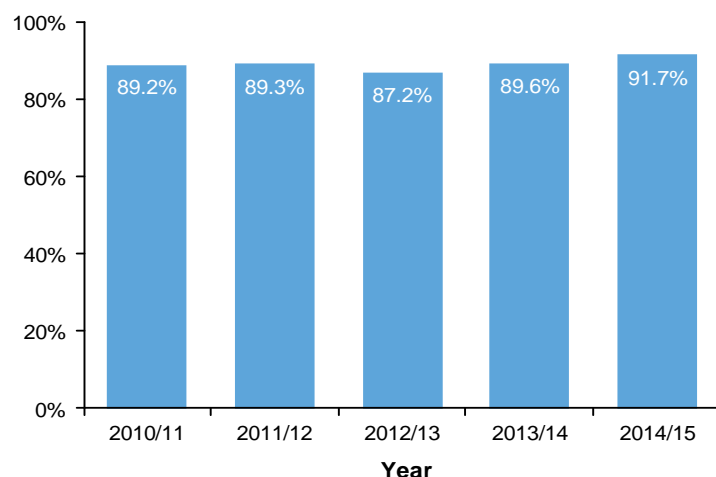
Since 2013/14, the average number of available beds within the mental health POC has decreased by 9.2% (59.2), from 645.3 to 586.0 in 2014/15 (Figure 8, Table 1.1).

Figure 8: Average Available Beds within the Mental Health POC (2010/11 - 2014/15)



Since 2010/11, occupancy rates for beds within the mental health POC have increased by 2.5 percentage points, from 89.2% to 91.7% in 2014/15 (Figure 9, Table 1.1).

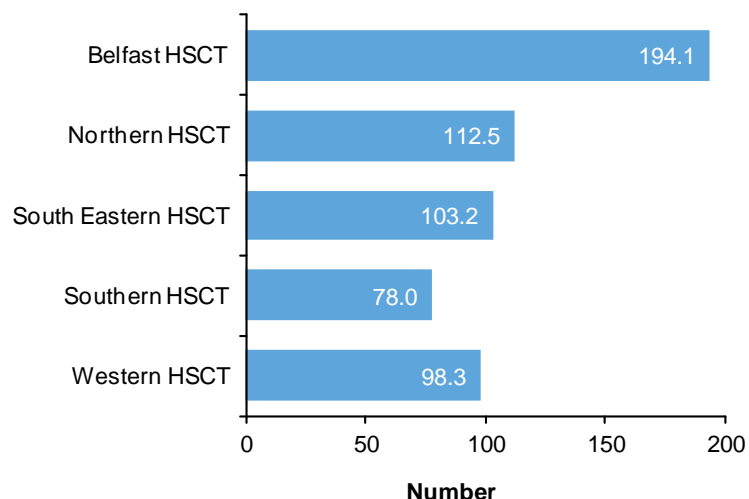
Figure 9: Bed Occupancy Rate within the Mental Health POC (2010/11 - 2014/15)



Financial Year 2014/15

Across HSC Trusts, the highest average number of available beds within the mental health POC was reported in the Belfast HSC Trust (194.1, 33.2%) whilst the Southern HSC Trust reported the lowest (78.0, 13.3%) (Figure 10, Tables 1.2 – 1.3).

Figure 10: Average Available Beds within the Mental Health POC, by HSC Trust (2014/15)

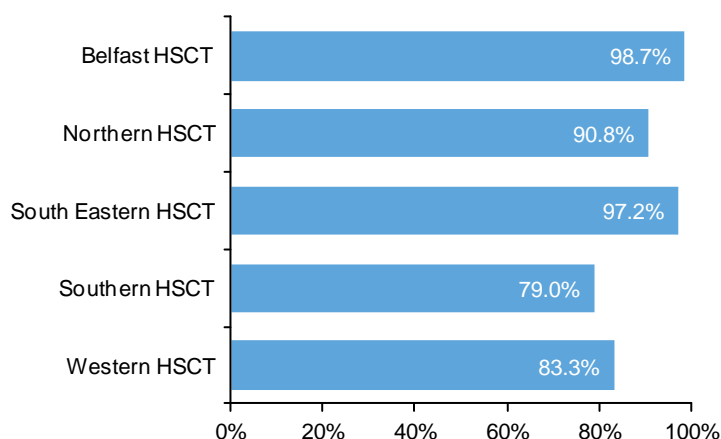


In 2014/15, bed occupancy rates within the mental health POC ranged from 98.7% in the Belfast HSC Trust to 79.0% in the Southern HSC Trust (Figure 11, Tables 1.2 – 1.3).

⁶ Refer to Appendix 4: Definitions – point 1.

⁷ Refer to Appendix 4: Definitions – point 3.

Figure 11: Bed Occupancy Rate within the Mental Health POC, by HSC Trust (2014/15)



Specialty

Across mental health specialties, the highest number of average beds available (526.6, 89.9%) was reported within the 'Mental Illness' specialty, whilst the lowest (25.5, 4.4%) 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' specialty to 90.5% within the 'Mental Illness' specialty (Tables 1.9 – 1.11).

Throughput⁸

5 Year Trend

Over the last five years, throughput in each available bed within the mental health POC in Northern Ireland has increased by 23.2% (1.5), from 6.4 in 2010/11 to 7.9 in 2014/15 (Table 1.1).

Since 2013/14, throughput in each available bed within the mental health POC has increased by 6.8% (0.5), from 7.4 to 7.9 in 2014/15 (Table 1.1).

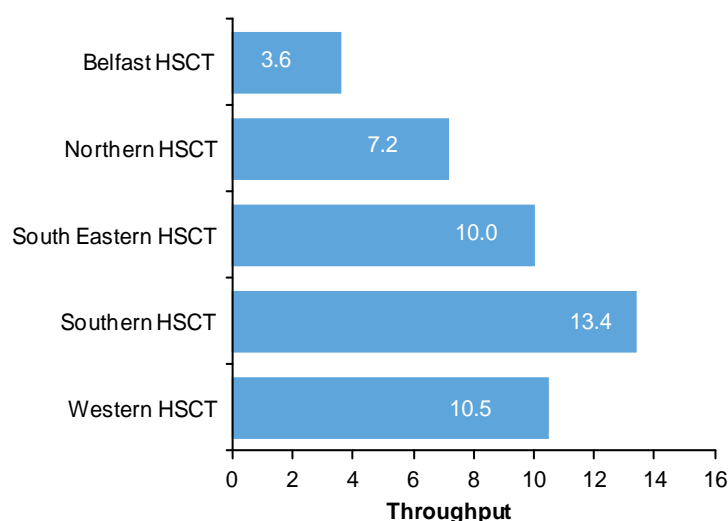
⁸ Refer to Appendix 4: Definitions – point 4.

Financial Year 2014/15

In 2014/15, the average number of inpatient admissions per bed within the mental health POC was 7.9 (Table 1.1).

Across HSC Trusts, the average number of inpatient admissions per bed ranged from 3.6 in the Belfast HSC Trust to 13.4 in the Southern HSC Trust (Figure 12, Tables 1.2 – 1.3).

Figure 12: Throughput within the Mental Health POC, by HSC Trust (2014/15)



Specialty

Across mental health specialties, the highest average number of inpatient admissions per bed was reported within the 'Mental Illness' specialty (8.5), whilst the lowest (0.5) was reported within the 'Forensic Psychiatry' specialty (Tables 1.9 – 1.11).

Average Length of Stay⁹

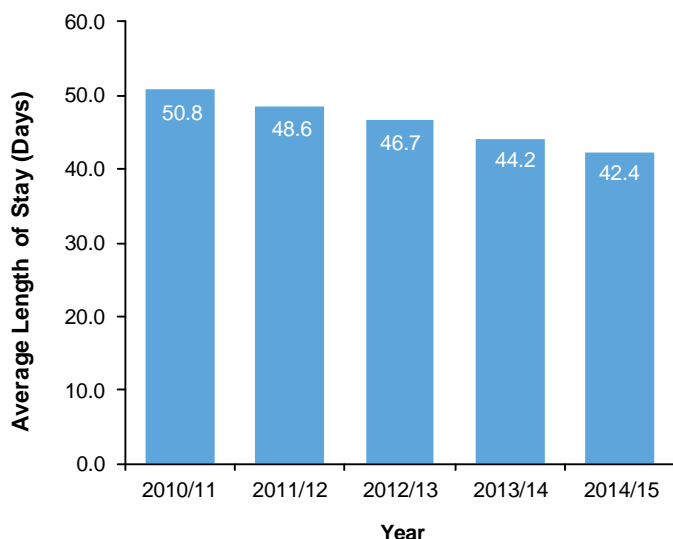
5 Year Trend

Between 2010/11 and 2014/15, the average length of stay within the mental health POC decreased by 8.4 days (16.7%), from 50.8 days to 42.4 days. The 2014/15 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 2013/14, the average length of stay within the mental health POC has decreased by 1.8 days (4.2%), from 44.2 to 42.4 in 2014/15 (Figure 13, Table 1.1).

Figure 13: Average Length of Stay within the Mental Health POC (2010/11 - 2014/15)

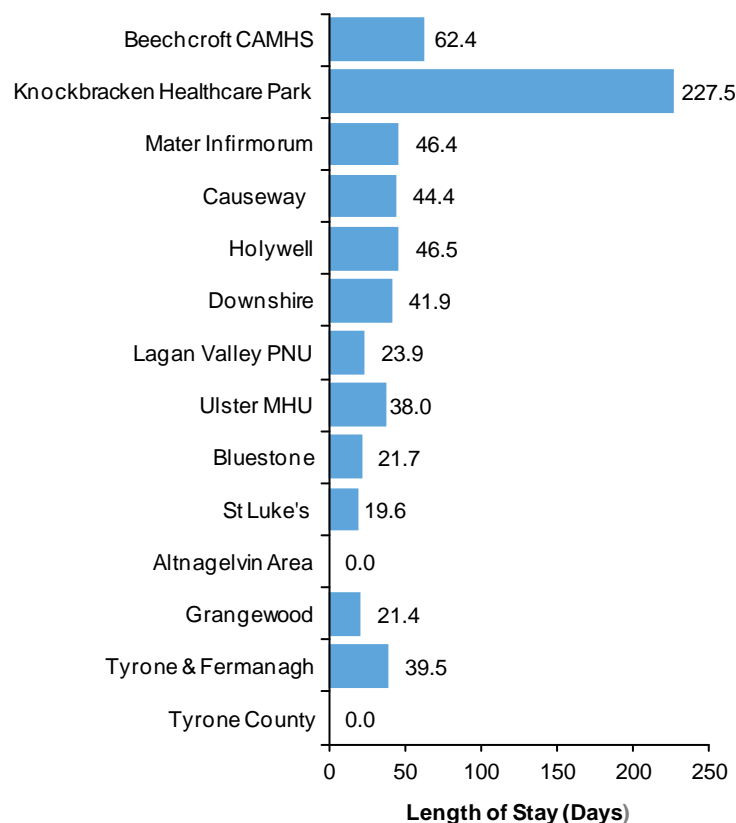


Financial Year 2014/15

Across HSC Trusts, the average length of stay within the mental health POC ranged from 98.8 days in the Belfast HSC Trust to 21.5 days in the Southern HSC Trust (Table 1.2).

During 2014/15, Knockbracken reported the longest average length of stay (227.5 days), whilst St Luke's reported the shortest (19.6 days) (Figure 14, Table 1.3).

Figure 14: Average Length of Stay within the Mental Health POC, by Hospital (2014/15)



Specialty

Across mental health specialties, the highest average length of stay was reported within the 'Forensic Psychiatry' specialty (687.7 days), 60.5 within the 'Child & Adolescent Psychiatry' specialty and 39.1 within the 'Mental Illness' specialty (Tables 1.9 – 1.11).

⁹ Refer to Appendix 4: Definitions – point 2.

Consultant-Led Outpatient Attendances¹⁰

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.

To monitor the provision of these mental health services, the Information and Analysis Directorate (DHSSPS) and the HSC Board, introduced the 'Non Inpatient Mental Health' (NIMH) information return to monitor 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. HSC Trusts are currently in the process of improving the coverage of services 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.**

Readers should also be aware that a new version of the Quarterly Outpatient Activity Return (QOAR) was introduced at the beginning of 2014/15. The main change has resulted in ward attendances seen by a consultant being reported separately, and no longer included in the new and review outpatient activity figures, as in previous years. It is therefore not possible to provide a comparison of the number of attendances in HSC Hospitals during 2014/15 with previous years.¹¹

¹⁰ Refer to Appendix 4: Definitions – points 11 – 21.

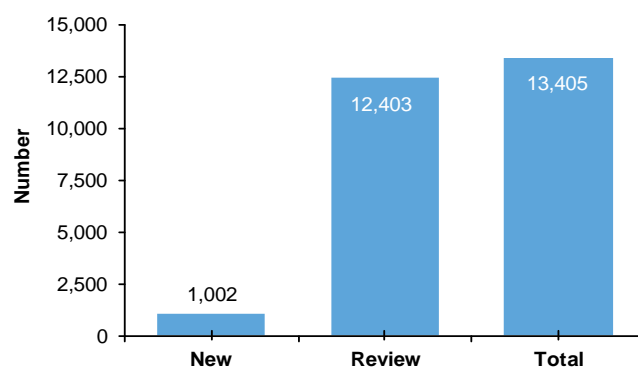
¹¹ Refer to Appendix 4: Definitions – point 22.

Financial Year 2014/15

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

Of the 13,405 consultant-led mental health outpatient attendances reported by the Belfast HSC Trust, 1,002 (7.5%) were new¹² and 12,403 (92.5%) were review¹³ attendances. This equates to a new to review ratio of 1:12.4, meaning that for every patient attending a new appointment, 12.4 had attended a review appointment (Figure 15, Table 1.4).

Figure 15: Consultant-Led Mental Health Outpatient Activity (2014/15)



Across hospitals, Beechcroft CAMHS reported the highest number of consultant-led mental health outpatient attendances (9,894, 73.8%) (Table 1.4).

Missed¹⁴ / Cancelled Appointments¹⁵

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.

Historically, ward attendances have only been included in the QOAR under new and review attendances, therefore the number of hospital

¹² Refer to Appendix 4: Definitions – point 14.

¹³ Refer to Appendix 4: Definitions – point 15.

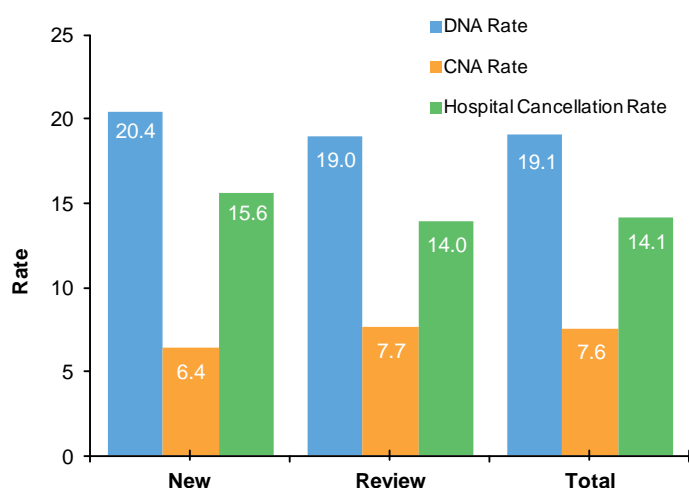
¹⁴ A Did Not Attend (DNA) is where the patient missed their appointment and did not inform the hospital, or informed them on the day the appointment was scheduled.

¹⁵ 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.

appointments missed or cancelled by the patient or appointments cancelled by the hospital is unaffected by the change in reporting practices above. As a result, it is possible to compare the number of missed and cancelled appointments across years.

However, it should be noted that the removal of ward attenders from the outpatient attendance figures may have an effect on the calculation of any associated DNA rates. Data users should be aware of this when comparing DNA rates across years.

Figure 16: Mental Health Outpatient Activity, including DNA / CNA / Hospital Cancellation Rates (2014/15)



Patients within the mental health POC in the Belfast HSC Trust missed a total of 3,162 outpatient appointments during 2014/15. This equated to a DNA rate¹⁶ of 19.1, which was slightly lower than the rate for 2013/14 (21.0). In 2014/15, the DNA rate was higher for new appointments (20.4) than for review appointments (19.0). This compared to respective rates of 25.8 and 20.6 during 2013/14 (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 1,100 outpatient appointments in the Belfast HSC Trust during 2014/15. This equated to a CNA rate¹⁷ of 7.6, which was lower than the CNA rate for 2013/14 (8.1). In 2014/15, the CNA rate was higher for review (7.7) than for new attendances (6.4). The comparable rates for 2013/14 were 8.0 for review and 9.6 for new attendances (Figure 16, Tables 1.4 & 1.5).

Unlike appointments where a patient Does Not Attend (DNAs) resulting 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 2014/15, hospitals in the Belfast HSC Trust cancelled a total of 2,201 outpatient appointments. This equated to a hospital cancellation rate¹⁸ of 14.1, which was lower than the rate recorded in 2013/14 (16.1).

In 2014/15, the hospital cancellation rate was higher for new (15.6) than review attendances (14.0). The comparable rates for 2013/14 were 18.6 for new appointments and 15.9 for review appointments (Figure 16, Tables 1.4 & 1.5).

Specialty

Across mental health specialties (excluding the 'Forensic Psychiatry' specialty), the highest number of consultant-led outpatient attendances in the Belfast HSC Trust were reported within the 'Child & Adolescent Psychiatry' specialty (9,894, 73.8%), with a further 3,511 (26.2%) within the 'Mental Illness' specialty (Tables 1.12 – 1.13).

During 2014/15, the DNA rates for the two specialties within the mental health POC were as follows; 'Mental Illness' (31.2) and 'Child and Adolescent Psychiatry' (13.7) (Tables 1.12 – 1.13).

¹⁶ Refer to Appendix 4: Definitions – point 17.

¹⁷ Refer to Appendix 4: Definitions – point 19.

¹⁸ Refer to Appendix 4: Definitions – point 21.

Compulsory Admissions (Detentions) Under the Mental Health (NI) Order¹⁹

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.

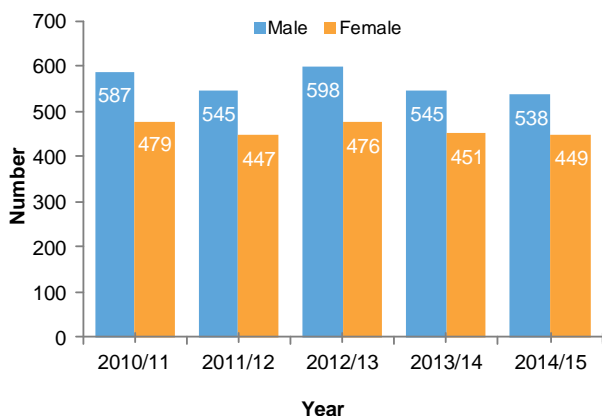
5 Year Trend



Between 2010/11 and 2014/15, the number of compulsory admissions to mental health hospitals under the Mental Health (NI) Order 1986 decreased by 79 (7.4%), from 1,066 to 987 (Figure 17, Table 1.6)

Since 2013/14, the number of compulsory admissions to hospitals under the Mental Health (NI) Order 1986 decreased slightly from 996 to 987 in 2014/15 (Figure 17, Table 1.6).

Figure 17: Compulsory Admissions within the Mental Health POC (2010/11 – 2014/15)



¹⁹ Refer to Appendix 6: Explanatory Notes – point 9.

Financial Year 2014/15

Of the 987 compulsory admissions during 2014/15, 538 (54.5%) were male and 449 (45.5%) were female (Figure 17, Table 1.6).

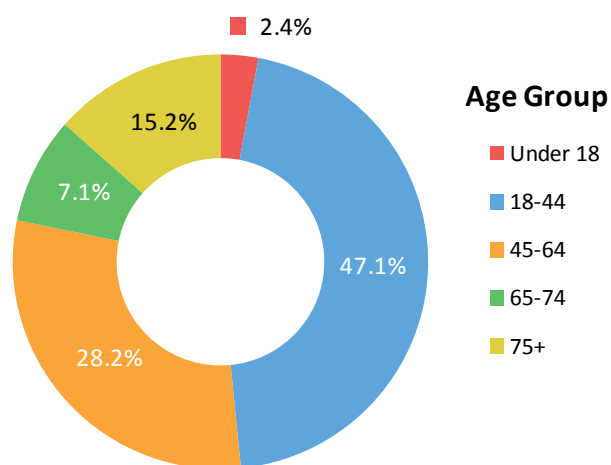
The number of compulsory admissions to hospitals within the mental health POC in 2014/15 ranged from 101 (10.2%) in the Western HSC Trust to 283 (28.7%) in the Northern HSC Trust (Table 1.8).

Holywell (224, 22.7%) and Bluestone hospitals (178, 18.0%) reported the highest number of compulsory admissions under the Mental Health (NI) Order 1986 (Table 1.8).

Compulsory Admissions by Age Group

During 2014/15, almost half (449, 45.5%) of compulsory admissions involved patients aged 18 – 44, 294 (29.8%) aged 45 – 64, 133 (13.5%) aged 75 & over, 82 (8.3%) aged 65 – 74 and 29 (2.9%) aged under 18 (Figure 18, Table 1.7).

Figure 18: Compulsory Admissions within the Mental Health POC by Age Group (2014/15)



Mental Illness & Learning Disability Census (MILD)²⁰

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 17th February.

5 Year Trend

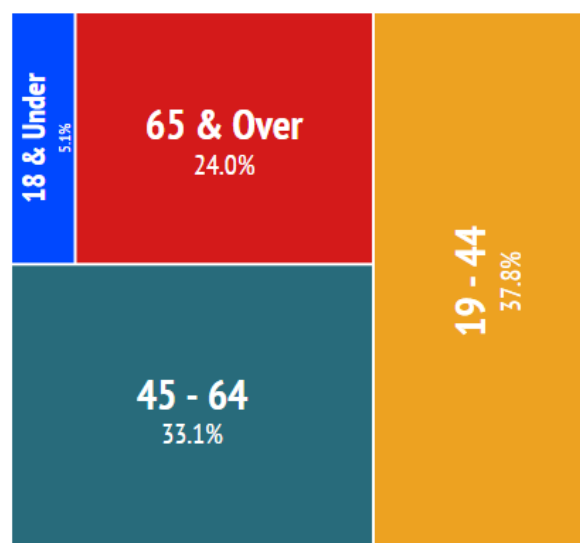
Between 2011 and 2015, the number of patients being treated as inpatients under the mental health POC in Northern Ireland decreased by 253 (27.0%), from 936 to 683. The decrease in the number of patients being treated as inpatients within the mental health POC is most likely due to the PfA target to resettle long stay patients to appropriate places in the community (Table 1.14).

Financial Year 2014/15

On 17th February 2015, 683 patients were being treated as inpatients under the mental health POC in Northern Ireland. Almost three quarters (498, 72.9%) of these patients had been resident for less than 6 months, whilst 22 (3.2%) patients had been resident for 10 years or more (Table 1.15).

Almost two fifths (37.8%, 258) of all inpatients under the mental health POC on 17 February 2015 were aged 19 – 44, a further 33.1% (226) were aged 45 - 64, 24.0% (164) were aged 65 & over and 5.1% (35) 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 (17th February 2015)



Type of Care Bed

Information detailed below refers to the number of occupied beds in mental health hospitals on 17th February 2015 and the type of care provided.

At 17th February 2015, there were 683 occupied beds in mental health hospitals in Northern Ireland, of which, 343 (50.2%) were acute beds, 88 (12.9%) dementia & psychiatry of old age beds, 69 (10.1%) continuing care beds and 35 (5.1%) psychiatric intensive care beds (Table 1.16).

Across HSC Trusts, the Belfast HSC Trust (204) reported the highest number of occupied beds for mental health inpatients, of which, 102 (50.0%) were acute beds, 35 (17.2%) continuing care beds, 34 (16.7%) were secure unit beds and 18 (8.8%) were dementia or psychiatry of old age beds (Table 1.16).

Knockbracken hospital (122) reported the highest number of occupied beds for mental health inpatients, of which, 35 (28.7%) were continuing care beds, 34 (27.9%) secure beds and 26 (21.3%) acute beds.

²⁰ Refer to Appendix 6: Explanatory Notes – point 16.

Learning Disability Hospital Activity

This section of the report details patient activity under the learning disability POC in hospitals in Northern Ireland during 2014/15, and an analysis of the trend between 2010/11 and 2014/15. 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 discharge²¹.

Total Admissions²²

5 Year Trend

The number of admissions to hospital under the learning disability POC has decreased year on year from 503 in 2010/11 to 261 in 2014/15, a reduction of 48.1% (242).

²¹ Refer to Appendix 6: Explanatory Notes – point 18.

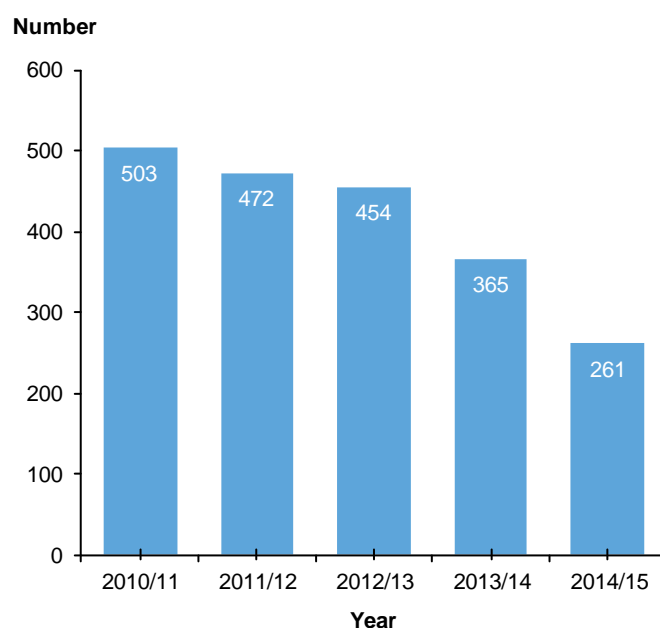
²² Refer to Appendix 6: Explanatory Notes – point 19.

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).

Since 2013/14, the number of admissions to hospital under the learning disability POC has decreased by 28.5% (104), from 365 to 261 in 2014/15 (Figure 20, Table 2.1).



Figure 20: Admissions under the Learning Disability POC (2010/11 – 2014/15)



Financial Year 2014/15

All 261 admissions to hospital under the learning disability POC in 2014/15 were inpatient admissions (Figures 20 – 21, Table 2.1).

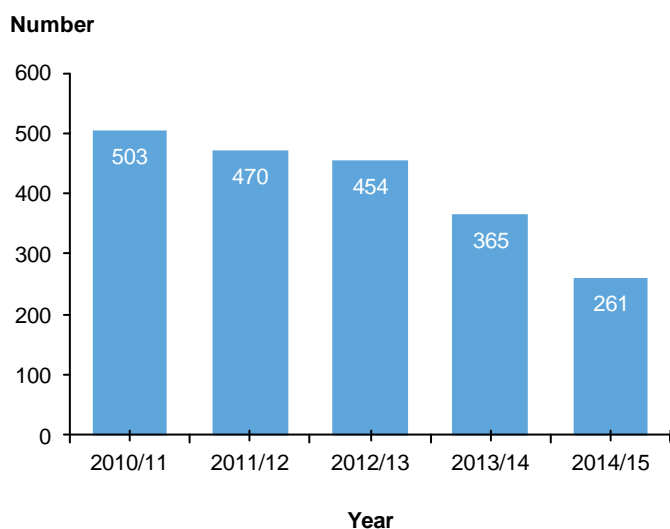
Inpatient Admissions

5 Year Trend

Between 2010/11 and 2014/15, the number of inpatient admissions under the learning disability POC decreased by 48.1% (242), from 503 to 261 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 hospital²³ (Figure 21, Table 2.1).

Since 2013/14, the number of inpatient admissions under the learning disability POC has decreased by 28.5% (104), from 365 to 261 in 2014/15 (Figure 21, Table 2.1).

Figure 21: Total Inpatient Admissions under the Learning Disability POC in Hospitals (2010/11 – 2014/15)



Financial Year 2014/15

During 2014/15, three fifths (157, 60.2%) of the 261 inpatient admissions were in the Belfast HSC Trust (Table 2.3).

Day Case Admissions

During 2014/15, there were no admissions under the learning disability POC for day case treatment in Northern Ireland (Table 2.3).

²³ Refer to Appendix 6: Explanatory Notes – point 18.

Bed Availability and Occupancy

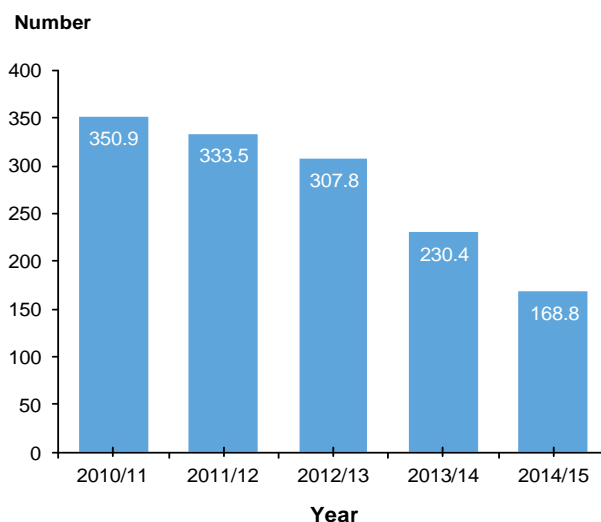
5 Year Trend

The average number of available beds for patients within the learning disability POC has decreased year on year from 350.9 in 2010/11 to 168.8 in 2014/15, a reduction of 51.9% (182.1) (Figure 22, Table 2.1).

Since 2013/14, the average number of available beds for patients within the learning disability POC has decreased by 26.8% (61.6), from 230.4 to 168.8 in 2014/15 (Figure 22, Table 2.1).

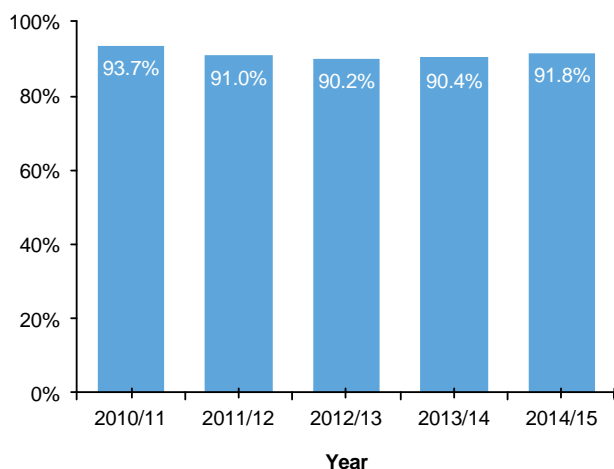


Figure 22: Average Available Beds within the Learning Disability POC (2010/11 – 2014/15)



Since 2010/11, 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).

Figure 23: Bed Occupancy Rate under the Learning Disability POC (%) (2010/11– 2014/15)



Financial Year 2014/15

Of the 168.8 average available beds within the learning disability POC in 2014/15, the majority (139.1, 82.4%) were available in the Belfast HSC Trust, with 19.5 (11.6%) in the Western HSC Trust and 10.1 (6.0%) in the Southern HSC Trust (Table 2.2).

During 2014/15, the occupancy rate for beds within the learning disability POC ranged from 64.1% in Lakeview (Western) to 96.6% in Muckamore Abbey (Belfast) (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 HSC Trusts, the average number of inpatient admissions per bed ranged from 1.1 in the Belfast HSC Trust to 3.5 in the Southern and Western HSC Trusts (Table 2.3).

Average Length of Stay

5 Year Trend

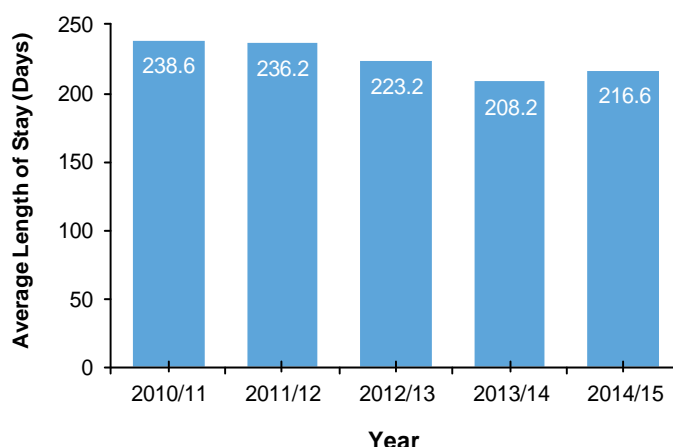
During the last five years, the average length of stay in hospital within the learning disability POC has decreased by 22.1 days (9.2%), from 238.6 days to 216.6 days in 2014/15 (Figure 24, Table 2.1).

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 2013/14, the average length of stay in hospital within the learning disability POC has increased by 8.4 days (4.0%), from 208.2 to 216.6 in 2014/15 (Figure 24, Table 2.1).

Across hospitals, Muckamore Abbey (312.4 days) reported the highest average length of stay, compared with an average of 127.5 days in Bluestone, 66.2 days in Lakeview and 30.1 days in Longstone hospital (Table 2.3).

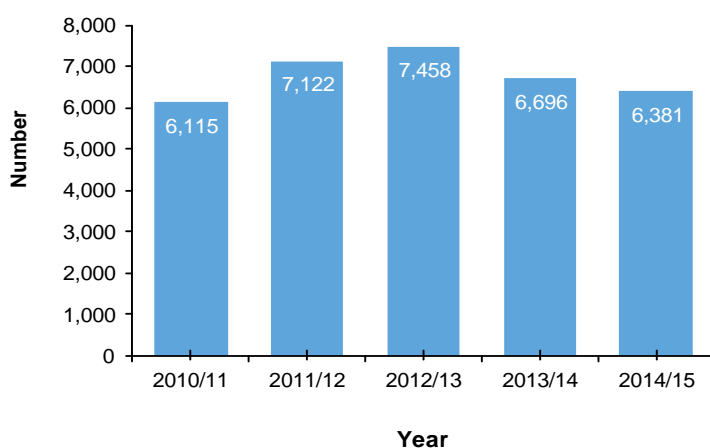
Figure 24: Average Length of Stay within the Learning Disability POC (2010/11 – 2014/15)



Consultant-Led Outpatient Attendances

Readers should be aware that a new version of the QOAR was introduced at the beginning of 2014/15. The main change has resulted in ward attendances seen by a consultant being reported separately, and no longer included in the new and review outpatient activity figures, as in previous years. It is therefore not possible to provide a comparison of the number of attendances in HSC Hospitals during 2014/15 with previous years.

Figure 25: Number of Outpatient Attendances within the Learning Disability POC (2010/11 – 2014/15)

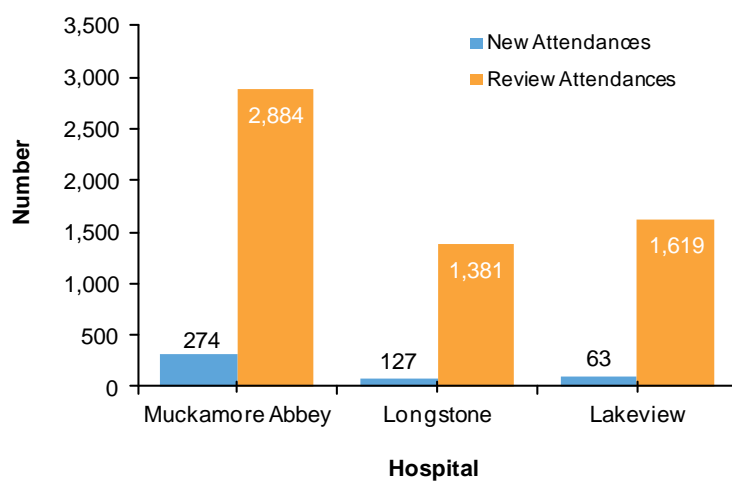


Financial Year 2014/15

Of the 6,381 consultant-led outpatient attendances within the learning disability POC in 2014/15, the vast majority (5,884, 92.2%) were review outpatient attendances and 497 (7.8%) were new outpatient attendances. This equates to a new to review ratio of 1:11.8, meaning that for every patient attending a new appointment, 11.8 had attended a review appointment (Table 2.4).

Across hospitals, the number of new outpatient attendances ranged from 77 (15.5%) in Longstone to 319 (64.2%) in Muckamore Abbey, whilst the number of review outpatient attendances ranged from 1,381 (23.5%) in Longstone to 2,884 (49.0%) in Muckamore Abbey (Figure 26, Table 2.4).

Figure 26: Outpatient Attendances within the Learning Disability POC, by Type of Attendance (2014/15)



Missed²⁴ / Cancelled Appointments²⁵

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.

Historically, ward attendances have only been included in the QOAR under new and review attendances, therefore the number of hospital appointments missed or cancelled by the patient or appointments cancelled by the hospital is unaffected by the change in reporting practices above. As a result, it is possible to compare the number of missed and cancelled appointments across years.

²⁴ 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.

²⁵ 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.

However, it should be noted that the removal of ward attenders from the outpatient attendance figures may have an effect on the calculation of any associated DNA rates. Data users should be aware of this when comparing DNA rates across years.

Patients missed a total of 1,105 outpatient appointments during 2014/15. This equated to a DNA rate of 14.8, slightly higher than the DNA rate for 2013/14 (14.4). In 2014/15, the DNA rate was higher for new appointments (19.4) than for review appointments (14.3). This compared to respective rates of 21.4 and 13.9 during 2013/14 (Figure 27, Tables 2.4 & 2.5).

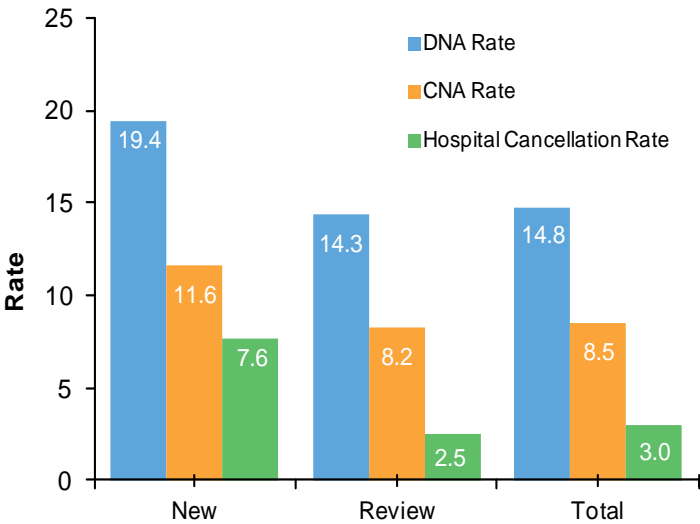
Information on DNA rates are used as an indicator of lost productivity within the health service, in that the hospital is resourced at that point in time to assess a patient, but the patient fails to attend, or fails to give appropriate notice they can't attend which prevents another patient from being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

Patients cancelled a total of 592 outpatient appointments during 2014/15. This equated to a CNA rate of 8.5, slightly lower than the CNA rate for 2013/14 (8.9). The CNA rate during 2014/15 was higher for new (11.6) appointments than for review appointments (8.2). The comparable rates for 2013/14 were 11.6 for new and 8.7 for review appointments (Figure 27, Tables 2.4 & 2.5).

Unlike appointments where a patient Does Not Attend (DNAs) resulting 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 2014/15, hospitals cancelled a total of 194 outpatient appointments within the learning disability POC. This equated to a hospital cancellation rate of 3.0, similar to the rate recorded in 2013/14 (3.1). The 2014/15 hospital cancellation rate was higher for new (7.6) appointments than for review appointments (2.5). This compared to respective rates of 2.1 and 3.2 during 2013/14 (Figure 27, Tables 2.4 & 2.5).

Figure 27: Learning Disability Outpatient Activity, including DNA / CNA / Hospital Cancellation Rates (2014/15)



Compulsory Admissions (Dententions) Under the Mental Health (NI) Order²⁶

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.

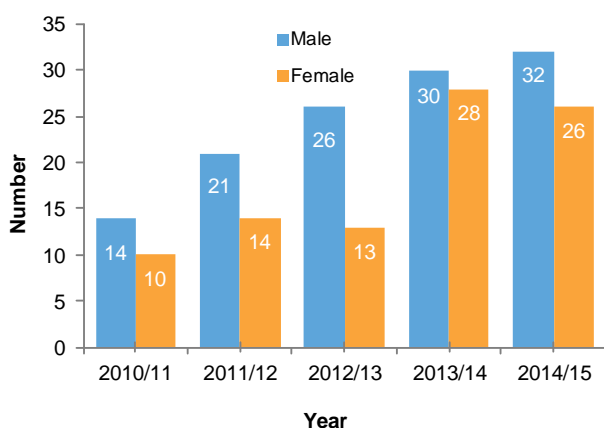
5 Year Trend

Between 2010/11 and 2014/15, the number of compulsory admissions to learning disability hospitals under the Mental Health (NI) Order 1986 more than doubled (34), from 24 to 58 (Table 2.6).



Since 2013/14, the number of compulsory admissions to learning disability hospitals under the Mental Health (NI) Order 1986 remained the same (58) (Figure 28, Table 2.6).

Figure 28: Compulsory Admissions within the Learning Disability POC (2010/11 – 2014/15)



²⁶ Refer to Appendix 6: Explanatory Notes – point 9.

Financial Year 2014/15

During 2014/15, there were 58 compulsory admissions to learning disability hospitals under the Mental Health (NI). Of the 58 compulsory admissions, 32 (55.2%) were male and 26 (44.8%) were female (Figure 28, Table 2.6).

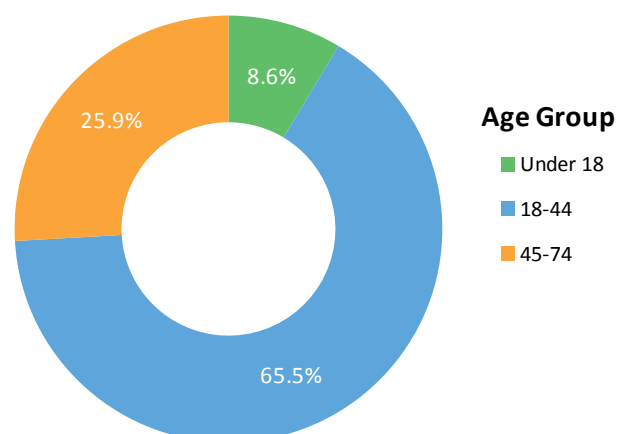
A breakdown of the number of compulsory admissions to hospitals within the learning disability POC by HSC Trust and age group is not available due to small numbers.

Compulsory Admissions by Age Group

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

During 2014/15, 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 2014/15 (Figure 29, Table 2.7).

Figure 29: Compulsory Admissions within the Learning Disability POC by Age Group (2014/15)



Mental Illness & Learning Disability Census (MILD)²⁷

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 17th February.

5 Year Trend

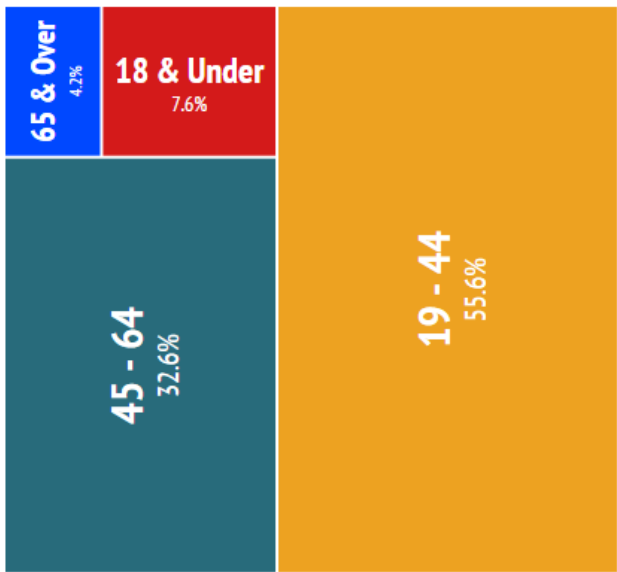
Between 2011 and 2015, the number of patients being treated as inpatients within the learning disability POC in Northern Ireland more than halved (171, 54.3%), from 315 to 144. The decrease in the number of patients being treated as inpatients within the learning disability POC is most likely due to the PfA target to resettle long stay patients to appropriate places in the community (Table 2.8).

Financial Year 2014/15

On 17th February 2015, 144 patients were being treated as inpatients within the learning disability POC in Northern Ireland. Over a quarter (41, 28.5%) of these patients had been resident for 10 years or more, whilst 27 (18.8%) had been resident for less than 6 months (Table 2.9).

Over half (55.6%, 80) of all learning disability inpatients on 17 February 2015 were aged 19 - 44, a further 32.6% (47) were aged 45 – 64, 7.6% (11) were aged 18 & Under and 6 (4.2%) were aged 65 & Over (Figure 30).

Figure 30: Inpatients Resident in Hospital Under the Learning Disability POC, by Age Group (17 February 2015)



Type of Care Bed

Information detailed below refers to the number of occupied beds in learning disability hospitals on 17th February 2015 and the type of care provided.

At 17th February 2015, there were 144 occupied beds in learning disability hospitals in Northern Ireland, of which, 44 (30.6%) were assessment and treatment beds, 30 (20.8) long stay / PTL resettlement beds, 27 (18.8%) continuing care beds, 18 (12.5%) forensic beds, 7 (4.9%) children's beds and 6 (4.2%) psychiatric intensive care beds. A further 12 learning disability patients were on home leave (Table 2.10).

Across HSC Trusts, the Belfast HSC Trust (123) reported the highest number of occupied beds for learning disability inpatients, all (123) of which were in Muckamore Abbey (Table 2.10). A further breakdown of patients in hospital on 17th February 2015 is not available due to small numbers.

²⁷ Refer to Appendix 6: Explanatory Notes – point 16.

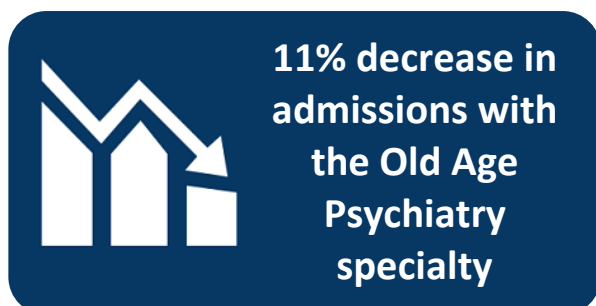
Old Age Psychiatry Activity

This section details patient activity for the 'Old Age Psychiatry' Specialty of the Elderly Programme of Care (POC) in hospitals in Northern Ireland during 2014/15, and an analysis of the trend between 2010/11 and 2014/15.

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.

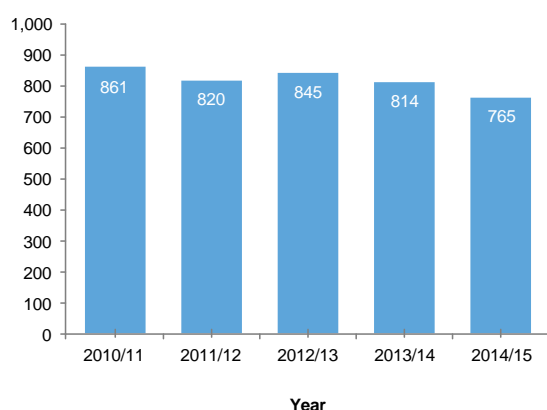
Total Admissions

5 Year Trend



Over the last five years, the number of admissions to hospital within the 'Old Age Psychiatry' specialty has decreased by 11.1% (96), from 861 in 2010/11 to 765 in 2014/15 (Figure 31, Table 3.1).

Figure 31: Admissions within the Old Age Psychiatry Specialty (2010/11 – 2014/15)



Since 2013/14, the number of admissions to hospital within the 'Old Age Psychiatry' specialty has decreased by 6.0% (49), from 814 to 765 in 2014/15 (Figure 31, Table 3.1).

Financial Year 2014/15

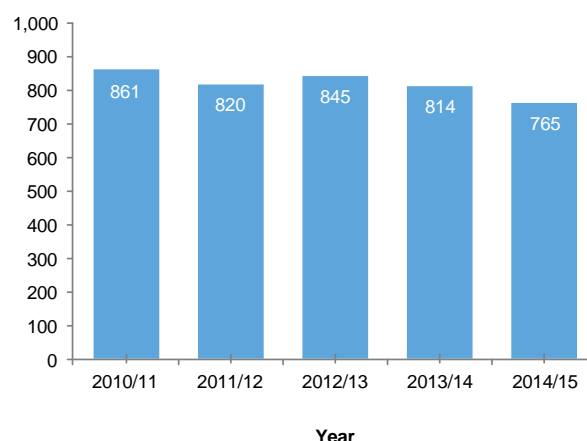
All 765 admissions to hospital within the 'Old Age Psychiatry' specialty in 2014/15, were inpatient admissions (Figures 31, Table 3.1).

Inpatient Admissions

5 Year Trend

Between 2010/11 and 2014/15, the number of inpatient admissions within the 'Old Age Psychiatry' specialty decreased by 11.1% (96), from 861 in 2010/11 to 765 in 2014/15 (Figure 30, Table 3.1).

Figure 32: Total Inpatient Admissions within the Old Age Psychiatry Specialty in Hospitals (2010/11 – 2014/15)



Financial Year 2014/15

Over one third (266, 34.8%) of the 765 inpatient admissions in 2014/15 were in the Southern HSC Trust (135 in St Luke's and 131 in Bluestone) (Table 3.3).

Day Case Admissions

During 2014/15, there were no admissions for day case treatment within the 'Old Age Psychiatry' specialty (Table 3.3).

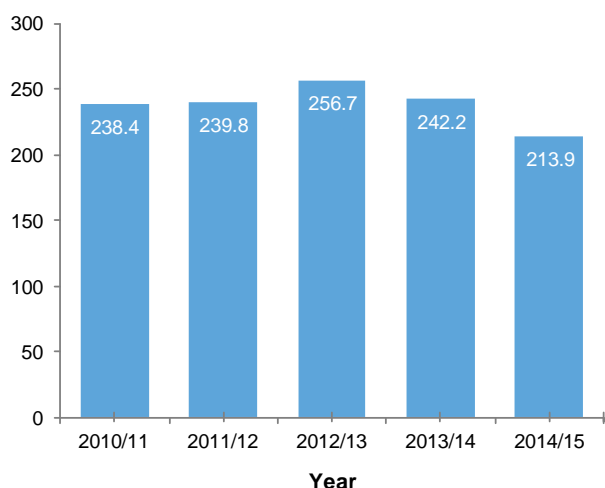
Bed Availability and Occupancy

5 Year Trend

The average number of available beds for patients within the 'Old Age Psychiatry' specialty has decreased by 10.3% (24.5) from 238.4 in 2010/11 to 213.9 in 2014/15 (Figure 31, Table 3.1).

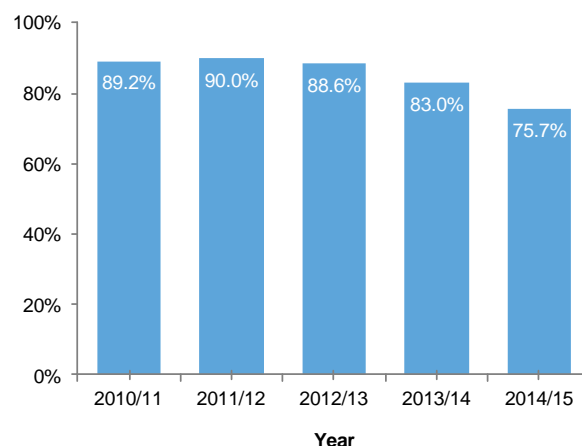
Since 2013/14, the average number of available beds for patients within the 'Old Age Psychiatry' specialty has decreased by 11.7% (28.3), from 242.2 to 213.9 in 2014/15 (Figure 31, Table 3.1)

Figure 33: Average Available Beds within the Old Age Psychiatry Specialty (2010/11 – 2014/15)



Over the last five years, the occupancy rate for beds within the old age psychiatry specialty ranged from 75.7% in 2014/15 to 90.0% in 2011/12 (Figure 32, Table 3.1).

Figure 34: Bed Occupancy Rate within the Old Age Psychiatry Specialty (%) (2010/11– 2014/15)



Financial Year 2014/15

Of the 213.9 average available beds within the 'Old Age Psychiatry' specialty in 2014/15, the largest number (76.0) were available in the Western HSC Trust, with 38.0 in the Southern HSC Trust, 37.0 in the Northern HSC Trust, 36.0 in the South Eastern HSC Trust and 26.9 in the Belfast HSC Trust (Table 3.2).

Across hospitals, Tyrone & Fermanagh provided the largest number of beds for patients within the 'Old Age Psychiatry' specialty in Northern Ireland during 2014/15 (40.0) (Table 3.3).

During 2014/15, the occupancy rate for beds within the 'Old Age Psychiatry' specialty ranged from 20.2% in Grangewood to 100.0% in the Mater and Bluestone (Table 3.3).

Throughput

Over the last five years, throughput in each available bed within the 'Old Age Psychiatry' specialty in Northern Ireland ranged from 3.3 in 2012/13 to 3.6 in 2010/11 and 2014/15 (Table 3.1).

Across Hospitals, the average number of inpatient admissions per bed ranged from 0.2 in Grangewood to 9.4 in Bluestone (Table 3.3).

Average Length of Stay

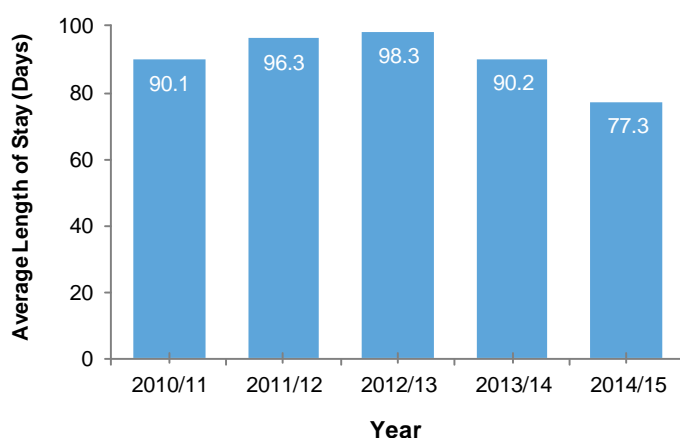
5 Year Trend

The average length of stay in hospital within the 'Old Age Psychiatry' specialty has decreased by 12.8 days (14.3%), from 90.1 in 2010/11 to 77.3 in 2014/15 (Figure 33, Table 3.1).

Since 2013/14, the average length of stay in hospital within the 'Old Age Psychiatry' specialty has decreased by 12.9 days (14.3%), from 90.2 to 77.3 in 2014/15 (Figure 33, Table 3.1).

Across hospitals, the highest average length of stay was in Grangewood (441.7 days), whilst Bluestone reported the lowest average length of stay (49.4 days) (Table 3.3).

Figure 35: Average Length of Stay within the Old Age Psychiatry Specialty (2010/11 – 2014/15)



Consultant-Led Outpatient Attendances²⁸

Readers should be aware that a new version of the QOAR was introduced at the beginning of 2014/15. The main change has resulted in ward attendances seen by a consultant being reported separately and no longer included in the new and review outpatient activity figures, as in previous years. It is therefore not possible to provide a comparison of the number of

²⁸ Refer to Appendix 6: Explanatory Notes – point 13.

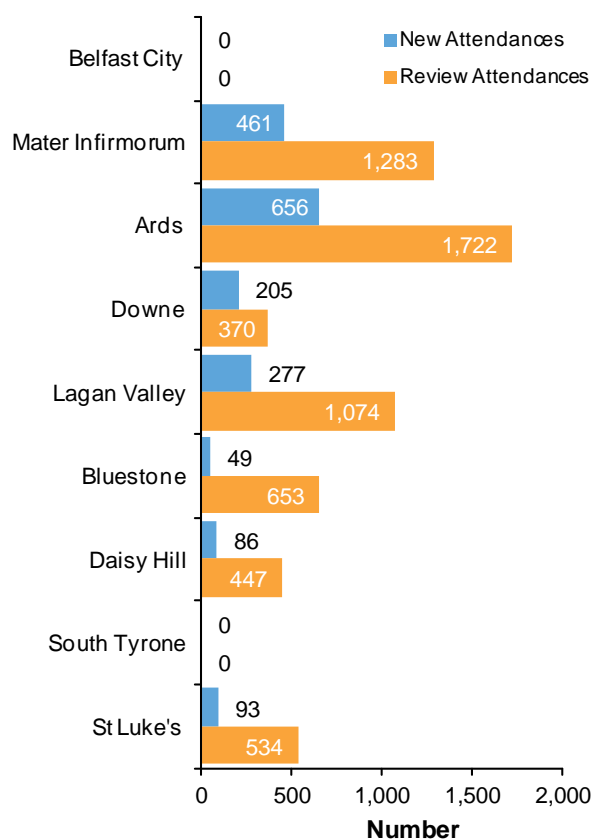
attendances in HSC Hospitals during 2014/15 with previous years.

Financial Year 2014/15²⁹

Of the 7,910 consultant-led outpatient attendances within the old age psychiatry specialty in 2014/15, three quarters (6,083, 76.9%) were review outpatient attendances and 1,827 (23.1%) 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 had attended a review appointment (Table 3.4).

Across hospitals, the number of new outpatient attendances ranged from 49 in Bluestone to 656 in Ards, whilst the number of review outpatient attendances ranged from 370 in Downe to 1,722 in Ards (Figure 36, Table 3.4).

Figure 36: Outpatient Attendances within the Old Age Psychiatry Specialty, by Type of Attendance (2014/15)



²⁹ Refer to Appendix 6: Explanatory Notes – point 20.

Missed³⁰ / Cancelled Appointments³¹

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.

Historically, ward attendances have only been included in the QOAR under new and review attendances, therefore the number of hospital appointments missed by the patient or cancelled by the patient or hospital is unaffected by the change in reporting practices above. As a result, it is possible to compare the number of missed and cancelled appointments across years.

However, it should be noted that the removal of ward attenders from the outpatient attendance figures may have an effect on the calculation of any associated DNA rates. Data users should be aware of this when comparing DNA rates across years.

Patients missed a total of 1,398 outpatient appointments during 2014/15. This equated to a DNA rate of 15.0, lower than the DNA rate for 2013/14 (15.3). In 2014/15, the DNA rate was higher for review appointments (15.3) than for new appointments (14.0). This compared to respective rates of 14.9 and 16.7 during 2013/14 (Figure 37, 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.

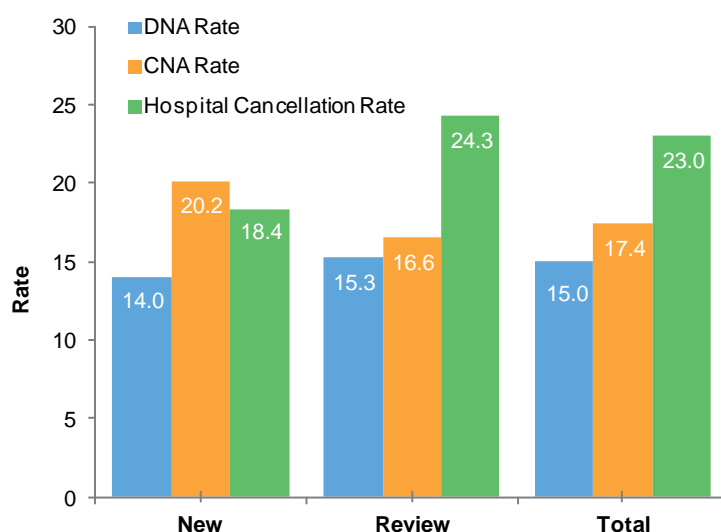
Patients cancelled a total of 1,671 outpatient appointments during 2014/15. This equated to a CNA rate of 17.4, higher than the CNA rate

for 2013/14 (16.7). The CNA rate during 2014/15 was higher for new (20.2) appointments than for review appointments (16.6). The comparable rates for 2013/14 were 18.1 for new and 16.2 for review appointments (Figure 38, Table 3.5).

Unlike appointments where a patient Does Not Attend (DNAs) resulting 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 2014/15, hospitals cancelled a total of 2,369 outpatient appointments within the old age psychiatry specialty. This equated to a hospital cancellation rate of 23.0, higher than the rate recorded in 2013/14 (20.3). The 2014/15 hospital cancellation rate was higher for review (24.3) appointments than for new appointments (18.4). This compared to respective rates of 21.2 and 17.3 during 2013/14 (Figure 38, Table 3.5).

Figure 37: Old Age Psychiatry Outpatient Activity, including DNA / CNA / Hospital Cancellation Rates (2014/15)



³⁰ 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.

³¹ 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 (2010/11 - 2014/15) ³² , ³³

Activity	2010/11	2011/12	2012/13	2013/14	2014/15	Percentage change 2013/14- 2014/15	Percentage change 2010/11- 2014/15
Inpatients	5,268	5,094	4,741	4,776	4,631	-3.0%	-12.1%
Day Cases	352	292	157	293	244	-16.7%	-30.7%
Total Admissions	5,620	5,386	4,898	5,069	4,875	-3.8%	-13.3%
Average Available Beds	821.4	757.0	694.9	645.3	586.0	-9.2%	-28.7%
Average Occupied Beds	733.0	676.0	606.0	578.4	537.5	-7.1%	-26.7%
Percentage Occupancy	89.2%	89.3%	87.2%	89.6%	91.7%	2.3%	2.8%
Throughput	6.4	6.7	6.8	7.4	7.9	6.8%	23.2%
Average Length of Stay	50.8	48.6	46.7	44.2	42.4	-4.2%	-16.7%
Outpatient Attendances	12,841	10,258	10,703	11,338	13,405	18.2%	4.4%

Source: KH03A and QOAR

³² Refer to Appendix 6: Explanatory Notes – point 20.

³³ 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 (2010/11 – 2014/15)

HSC Trust	Activity	2010/11	2011/12	2012/13	2013/14	2014/15	Percentage change 2013/14-2014/15	Percentage change 2010/11-2014/15
Belfast HSC Trust	Inpatients	917	891	801	858	708	-17.5%	-22.8%
	Day Cases	127	121	80	28	105	275.0%	-17.3%
	Total Admissions	1,044	1,012	881	886	813	-8.2%	-22.1%
	Average Available Beds	270.9	247.4	221.9	218.1	194.1	-11.0%	-28.4%
	Average Occupied Beds	235.1	223.6	204.5	209.1	191.6	2.2%	-25.6%
	Percentage Occupancy	87.1%	90.4%	92.2%	95.4%	95.4%	0.0%	9.6%
	Throughput	3.4	3.6	3.6	3.9	3.6	-7.3%	7.8%
	Average Length of Stay	93.9	91.8	93.2	88.9	98.8	11.1%	5.2%
Northern HSC Trust	Outpatient Attendances	12,841	10,258	10,703	11,338	11,338	0.0%	-11.7%
	Inpatients	813	725	664	702	809	15.2%	-0.5%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	813	725	664	702	809	15.2%	-0.5%
	Average Available Beds	158.5	150.5	142.3	134.5	112.5	-16.4%	-29.0%
	Average Occupied Beds	153.0	130.6	120.0	112.4	102.1	-9.1%	-33.2%
	Percentage Occupancy	96.5%	86.8%	84.3%	83.6%	83.6%	0.0%	-13.4%
	Throughput	5.1	4.8	4.7	5.2	7.2	37.8%	40.2%
South Eastern HSC Trust	Average Length of Stay	68.7	65.9	66.0	58.5	46.1	-21.2%	-32.9%
	Outpatient Attendances	0	0	0	0	0		
	Inpatients	1,017	1,038	1,050	963	1,033	7.3%	1.6%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	1,017	1,038	1,050	963	1,033	7.3%	1.6%
	Average Available Beds	139.9	137.5	136.5	109.0	103.2	-5.3%	-26.3%
	Average Occupied Beds	124.1	126.3	111.9	101.7	100.3	-1.4%	-19.2%
	Percentage Occupancy	88.7%	91.9%	82.0%	93.3%	93.3%	0.0%	5.2%
South Eastern HSC Trust	Throughput	7.3	7.5	7.7	8.8	10.0	13.3%	37.8%
	Average Length of Stay	44.6	44.5	38.9	38.5	35.4	-8.1%	-20.5%
	Outpatient Attendances	0	0	0	0	0		

Table 1.2: Continued

HSC Trust	Activity	2010/11	2011/12	2012/13	2013/14	2014/15	Percentage change 2013/14-2014/15	Percentage change 2010/11-2014/15
Southern HSC Trust	Inpatients	1,275	1,348	1,255	1,241	1,047	-15.6%	-17.9%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	1,275	1,348	1,255	1,241	1,047	-15.6%	-17.9%
	Average Available Beds	101.6	96.1	96.0	85.7	78.0	-8.9%	-23.2%
	Average Occupied Beds	85.3	79.9	80.3	71.1	61.6	-13.3%	-27.7%
	Percentage Occupancy	83.9%	83.2%	83.6%	82.9%	82.9%	0.0%	-1.2%
	Throughput	12.5	14.0	13.1	14.5	13.4	-7.4%	6.9%
	Average Length of Stay	24.4	21.7	23.4	20.9	21.5	2.8%	-12.0%
	Outpatient Attendances	0	0	0	0	0		
Western HSC Trust	Inpatients	1,246	1,092	971	1,012	1,034	2.2%	-17.0%
	Day Cases	225	171	77	265	139	-47.5%	-38.2%
	Total Admissions	1,471	1,263	1,048	1,277	1,173	-8.1%	-20.3%
	Average Available Beds	150.4	125.5	98.2	98.0	98.3	0.3%	-34.7%
	Average Occupied Beds	135.5	115.6	89.2	84.2	81.8	-2.8%	-39.6%
	Percentage Occupancy	90.1%	92.1%	90.8%	86.0%	86.0%	0.0%	-4.5%
	Throughput	8.3	8.7	9.9	10.3	10.5	1.8%	27.0%
	Average Length of Stay	39.7	38.7	33.5	30.4	28.9	-4.9%	-27.2%
	Outpatient Attendances	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 (2014/15) ³⁴

Hospital/HSC Trust	Average Available Beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of Stay	Turnover Interval
Beechcroft CAMHS	25.5	26.7	156	0	100.0	6.1	62.4	0.0
Knockbracken Healthcare Park	121.3	119.1	191	0	98.1	1.6	227.5	4.4
Mater Infirmorum	47.2	45.9	361	105	97.1	7.6	46.4	1.4
Belfast HSCT	194.1	191.6	708	105	98.7	3.6	98.8	1.3
Causeway	19.8	18.6	153	0	94.3	7.7	44.4	2.7
Holywell	92.7	83.5	656	0	90.0	7.1	46.5	5.1
Northern HSCT	112.5	102.1	809	0	90.8	7.2	46.1	4.7
Downshire	59.2	54.9	478	0	92.8	8.1	41.9	3.3
Lagan Valley PNU	20.0	21.0	321	0	100.0	16.1	23.9	0.0
Ulster MHU	24.0	24.4	234	0	100.0	9.8	38.0	0.0
South Eastern HSCT	103.2	100.3	1,033	0	97.2	10.0	35.4	1.0
Bluestone	67.5	55.8	938	0	82.6	13.9	21.7	4.6
St Luke's	10.5	5.9	109	0	55.6	10.3	19.6	15.7
Southern HSCT	78.0	61.6	1,047	0	79.0	13.4	21.5	5.7
Altnagelvin Area	0.0	0.0	0	84	0.0	0.0	0.0	0.0
Grangewood	44.0	35.4	605	0	80.5	13.8	21.4	5.2
Tyrone & Fermanagh	54.3	46.4	429	0	85.5	7.9	39.5	6.7
Tyrone County	0.0	0.0	0	55	0.0	0.0	0.0	0.0
Western HSCT	98.3	81.8	1,034	139	83.3	10.5	28.9	5.8
Northern Ireland	586.0	537.5	4,631	244	91.7	7.9	42.4	3.8

Source: KH03a

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

Table 1.4: Outpatient Activity Within the Mental Health POC by Hospital/HSC Trust (2014/15)

Hospital/HSC Trust	Attendances									Hospital Cancellations	Ward Attendances	Patient Died	Private Patient Attendances	
	New Attendances			Review Attendances			Total Attendances							
	Seen	DNA	CNA	Seen	DNA	CNA	Seen	DNA	CNA					
Beechcroft CAMHS	630	89	42	9,264	1,482	805	9,894	1,571	847	16	247	0	0	0
Belfast City	0	0	0	0	0	0	0	0	0	0	0	494	0	0
Mater Infirmorum	372	168	27	3,139	1,423	226	3,511	1,591	253	169	1,769	0	10	0
Belfast HSC Trust	1,002	257	69	12,403	2,905	1,031	13,405	3,162	1,100	185	2,016	494	10	0
Northern Ireland	1,002	257	69	12,403	2,905	1,031	13,405	3,162	1,100	185	2,016	494	10	0

Source: QOAR

Table 1.5: Outpatient Activity Within the Mental Health POC, including DNA / CNA / Hospital Cancellation Rates (2014/15)

Hospital/HSC Trust	Attendances									Hospital Cancellation Rates		
	New Attendances			Review Attendances			Total Attendances					
	Seen	DNA Rate	CNA Rate	Seen	DNA Rate	CNA Rate	Seen	DNA Rate	CNA Rate	New	Review	Total
Beechcroft CAMHS	630	12.4	6.3	9,264	13.8	8.0	9,894	13.7	7.9	2.5	2.6	2.6
Belfast City	0	N/A	N/A	0	N/A	N/A	0	N/A	N/A	N/A	N/A	N/A
Mater Infirmorum	372	31.1	6.8	3,139	31.2	6.7	3,511	31.2	6.7	31.2	36.0	35.6
Belfast HSC Trust	1,002	20.4	6.4	12,403	19.0	7.7	13,405	19.1	7.6	15.6	14.0	14.1
Northern Ireland	1,002	20.4	6.4	12,403	19.0	7.7	13,405	19.1	7.6	15.6	14.0	14.1

Source: QOAR

Table 1.6: Compulsory Admissions Under Mental Health (NI) Order 1986 by Sex and Year (2010/11 - 2014/15) ³⁵

Sex	2010/11		2011/12		2012/13		2013/14		2014/15		Change 2010/11 to 2014/15	
Male	587	55.1%	545	54.9%	598	55.7%	545	54.7%	538	54.5%	-49	-8.3%
Female	479	44.9%	447	45.1%	476	44.3%	451	45.3%	449	45.5%	-30	-6.3%
Total	1,066	100.0%	992	100.0%	1,074	100.0%	996	100.0%	987	100.0%	-79	-7.4%

Source: KH15

Table 1.7: Compulsory Admissions Under Mental Health (NI) Order 1986 by Age Group (2014/15)

Age Group	No.	%
Under 18	29	2.9%
18 - 44	449	45.5%
45 - 64	294	29.8%
65 - 74	82	8.3%
75+	133	13.5%
Total	987	100.0%

Source: KH15b

³⁵ 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 (2014/15) ³⁶

Hospital/HSC Trust	Males	Females	All
Beechcroft CAMHS	10	10	20
Knockbracken Healthcare Park	70	24	94
Mater Infirmorum	48	40	88
Muckamore Abbey	0	1	1
Belfast HSC Trust	128	75	203
Causeway	32	27	59
Holywell	124	100	224
Northern HSC Trust	156	127	283
Downshire	41	43	84
Lagan Valley PNU	38	32	70
Ulster MHU	20	24	44
South Eastern HSC Trust	99	99	198
Bluestone	84	94	178
Longstone	*	*	*
St Luke's	*	*	*
Southern HSC Trust	100	102	202
Grangewood	25	25	50
Tyrone & Fermanagh	*	*	*
Waterside	*	*	*
Western HSC Trust	55	46	101
Northern Ireland	538	449	987

Source: KH15

³⁶ 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 (2014/15)³⁷

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Knockbracken Healthcare Park	87.3	85.2	173	0	97.5	2.0	179.7	4.6
Mater Infirmorum	47.2	45.9	361	105	97.1	7.6	46.4	1.4
Belfast HSC Trust	134.6	131.0	534	105	97.4	4.0	89.6	2.4
Causeway	19.8	18.6	153	0	94.3	7.7	44.4	2.7
Holywell	92.7	83.5	656	0	90.0	7.1	46.5	5.1
Northern HSC Trust	112.5	102.1	809	0	90.8	7.2	46.1	4.7
Downshire	59.2	54.9	478	0	92.8	8.1	41.9	3.3
Lagan Valley PNU	20.0	21.0	321	0	100.0	16.1	23.9	0.0
Ulster MHU	24.0	24.4	234	0	100.0	9.8	38.0	0.0
South Eastern HSC Trust	103.2	100.3	1,033	0	97.2	10.0	35.4	1.0
Bluestone	67.5	55.7	936	0	82.5	13.9	21.7	4.6
St Luke's	10.5	5.9	109	0	55.6	10.3	19.6	15.7
Southern HSC Trust	78.0	61.5	1,045	0	78.8	13.4	21.5	5.8
Altnagelvin Area	0.0	0.0	0	84	0.0	0.0	0.0	0.0
Grangewood	44.0	35.4	601	0	80.4	13.7	21.5	5.2
Tyrone & Fermanagh	54.3	46.4	429	0	85.5	7.9	39.5	6.7
Tyrone County	0.0	0.0	0	55	0.0	0.0	0.0	0.0
Western HSC Trust	98.3	81.8	1,030	139	83.2	10.5	29.0	5.9
Northern Ireland	526.6	476.7	4,451	244	90.5	8.5	39.1	4.1

Source: KH03A

³⁷ 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 (2014/15)³⁸

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Beechcroft CAMHS	25.5	26.7	156	0	100.0	6.1	62.4	0.0
Belfast HSC Trust	25.5	26.7	156	0	100.0	6.1	62.4	0.0
Bluestone	0.0	0.1	2	0	100.0	0.0	20.5	0.0
Southern HSC Trust	0.0	0.1	2	0	100.0	0.0	20.5	0.0
Gransha	0.0	0.1	4	0	100.0	0.0	5.0	0.0
Western HSC Trust	0.0	0.1	4	0	100.0	0.0	5.0	0.0
Northern Ireland	25.5	26.9	162	0	100.0	6.4	60.5	0.0

Source: KH03A

Table 1.11: Inpatient and Day Case Activity Data Within the Forensic Psychiatry Specialty by Hospital/HSC Trust (2014/15)

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	33.9	18	0	99.8	0.5	687.7	1.7
Belfast HSC Trust	34.0	33.9	18	0	99.8	0.5	687.7	1.7
Northern Ireland	34.0	33.9	18	0	99.8	0.5	687.7	1.7

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 (2014/15)

Hospital/HSC Trust	Attendances									Hospital Cancellations		Ward Attendances	Patient Died	Private
	New Attendances			Review Attendances			Total Attendances			New	Review			Patient
	Seen	DNA	CNA	Seen	DNA	CNA	Seen	DNA Rate	CNA Rate					Attendances
Beechcroft CAMHS	630	89	42	9,264	1,482	805	9,894	1,571	847	16	247	0	0	0
Belfast City	0	0	0	0	0	0	0	0	0	0	0	494	0	0
Mater Infirmorum	372	168	27	3,139	1,423	226	3,511	1,591	253	169	1,769	0	10	0
Belfast HSC Trust	1,002	257	69	12,403	2,905	1,031	13,405	3,162	1,100	185	2,016	494	10	0
Northern Ireland	1,002	257	69	12,403	2,905	1,031	13,405	3,162	1,100	185	2,016	494	10	0

Source: QOAR

Table 1.13: Outpatient Activity Data Within the Child & Adolescent Psychiatry Specialty by Hospital/HSC Trust (2014/15)

Hospital/HSC Trust	Attendances									Hospital Cancellations		Patient Died	Private Patient Attendances
	New Attendances			Review Attendances			Total Attendances						
	Seen	DNA	CNA	Seen	DNA	CNA	Seen	DNA Rate	CNA Rate	New	Review		
Beechcroft CAMHS	630	89	42	9,264	1,482	805	9,894	13.7	7.9	16	247	0	0
Belfast HSC Trust	630	89	42	9,264	1,482	805	9,894	13.7	7.9	16	247	0	0
Northern Ireland	630	89	42	9,264	1,482	805	9,894	13.7	7.9	16	247	0	0

Source: QOAR

Table 1.14: Mental Illness Inpatients Resident at 17 February (2011 – 2015) (including patients on Home Leave)

Age in Years	2011		2012		2013		2014		2015		Change 2011 - 2015	
Aged 18 & Under	44	4.7%	48	5.4%	35	4.2%	37	4.8%	35	5.1%	-9	-20.5%
Aged 19 - 44	311	33.2%	295	33.0%	275	32.7%	277	36.2%	258	37.8%	-53	-17.0%
Aged 45 - 64	316	33.8%	287	32.1%	259	30.8%	228	29.8%	226	33.1%	-90	-28.5%
Aged 65 & Over	265	28.3%	263	29.5%	271	32.3%	223	29.2%	164	24.0%	-101	-38.1%
TOTAL	936	100.0%	893	100.0%	840	100.0%	765	100.0%	683	100.0%	-253	-27.0%

Source: Mental Illness and Learning Disability Census 2011 - 2015

Table 1.15: Mental Illness Inpatients Resident at 17 February 2015 (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	10	22	36	71	80	83	65	49	82	498
7-12 months	0	2	1	14	12	17	7	10	7	70
>1-2 years	0	1	4	13	8	10	4	5	3	48
>2-3 years	0	0	2	3	2	5	1	2	1	16
>3-5 years	0	0	0	2	4	5	3	0	0	14
>5-10 years	0	0	0	2	1	4	4	3	1	15
>10-20 years	0	0	0	0	3	8	5	1	0	17
>20-30 years	0	0	0	0	0	3	1	0	0	4
>30 years	0	0	0	0	0	0	1	0	0	1
TOTAL	10	25	43	105	110	135	91	70	94	683

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

39

Source: Mental Illness and Learning Disability Census 2015

Table 1.16: Mental Illness Inpatients Resident at 17 February 2015 by Bed Type (including patients on Home Leave)³⁹

Hospital	Acute	Psychiatric Intensive Care Unit	FMI	Continuing Care	Dementia & Psych of Old Age	Regional Secure Unit	Long-stay	Other	Total
Belfast HSC Trust	102	*	-	35	18	34	-	*	204
Northern HSC Trust	77	11	-	12	19	-	-	13	132
South Eastern HSC Trust	68	5	-	-	26	-	-	28	127
Southern HSC Trust	58	10	14	-	17	-	-	6	105
Western HSC Trust	38	*	15	22	8	-	8	*	115
Northern Ireland	343	35	29	69	88	34	8	77	683

Source: Mental Illness and Learning Disability Census by Bed Type 2015

³⁹ Refer to Appendix 6: Explanatory Notes - point 10.

Table 1.17: Non Inpatient Activity Within the Mental Health POC by HSC Trust (2014/15)⁴⁰

HSC Trust	Attendances									Hospital Cancellations	
	New Attendances			Review Attendances			Total Attendances				
	Seen	DNA	CNA	Seen	DNA	CNA	Seen	DNA	CNA	New	Review
Belfast	6,086	896	392	63,822	6,647	2,221	69,908	7,543	2,613	386	1,290
Northern	6,175	1,132	733	82,893	13,529	7,272	89,068	14,661	8,005	665	3,583
South Eastern	6,919	1,353	430	81,623	8,015	4,328	88,542	9,368	4,758	169	1,618
Southern	9,141	2,024	1,166	66,618	15,242	2,794	75,759	17,266	3,960	656	3,783
Western	7,828	1,037	624	96,602	8,596	6,819	104,430	9,633	7,443	145	1,543
Northern Ireland	36,149	6,442	3,345	391,558	52,029	23,434	427,707	58,471	26,779	2,021	11,817

Source: NIMH, Community Information Branch

Table 1.18: Non Inpatient Activity Within the Mental Health POC – DNA / CNA / Hospital Cancellation Rates (2014/15)

Hospital/HSC Trust	Attendances									Hospital Cancellation Rates		
	New Attendances			Review Attendances			Total Attendances					
	Seen	DNA Rate	CNA Rate	Seen	DNA Rate	CNA Rate	Seen	DNA Rate	CNA Rate	New	Review	Total
Belfast	6,086	12.8	6.1	63,822	9.4	3.4	69,908	9.7	3.6	6.0	2.0	2.3
Northern	6,175	15.5	10.6	82,893	14.0	8.1	89,068	14.1	8.2	9.7	4.1	4.6
South Eastern	6,919	16.4	5.9	81,623	8.9	5.0	88,542	9.6	5.1	2.4	1.9	2.0
Southern	9,141	18.1	11.3	66,618	18.6	4.0	75,759	18.6	5.0	6.7	5.4	5.5
Western	7,828	11.7	7.4	96,602	8.2	6.6	104,430	8.4	6.7	1.8	1.6	1.6
Northern Ireland	36,149	15.1	8.5	391,558	11.7	5.6	427,707	12.0	5.9	5.3	2.9	3.1

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.

⁴⁰ Refer to Appendix 6: Explanatory Notes – points 13.

Table 2.1: Key Points - Learning Disability Statistics (2010/11 - 2014/15)⁴¹

Activity	2010/11	2011/12	2012/13	2013/14	2014/15	Percentage change 2013/14- 2014/15	Percentage Change 2010/11- 2014/15
Inpatients	503	470	454	365	261	-28.5%	-48.1%
Day Cases	0	2	0	0	0	N/A	N/A
Total Admissions	503	472	454	365	261	-28.5%	-48.1%
Average Available Beds	350.9	333.5	307.8	230.4	168.8	-26.7%	-51.9%
Average Occupied Beds	328.9	303.3	277.7	208.2	154.9	-25.6%	-52.9%
Percentage Occupancy	93.7%	91.0%	90.2%	90.4%	91.8%	1.5%	-2.1%
Throughput	1.4	1.4	1.5	1.6	1.5	-2.4%	7.9%
Average Length of Stay	238.6	236.2	223.2	208.2	216.6	4.0%	-9.2%
Outpatient Attendances	6,115	7,122	7,458	6,696	6,381	-4.7%	4.3%

Source: KH03A and QOAR

⁴¹ To take account of any amendments received from Hospitals, Information has been updated for the last 5 years.

Table 2.2: Learning Disability Statistics, by HSC Trust (2010/11 – 2014/15)

HSC Trust	Activity	2010/11	2011/12	2012/13	2013/14	2014/15	Percentage change 2013/14-2014/15	Percentage change 2010/11-2014/15
Belfast HSC Trust	Inpatients	119	149	164	185	157	-15.1%	31.9%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	119	149	164	185	157	-15.1%	31.9%
	Average Available Beds	237.0	233.0	224.4	180.7	139.1	-23.0%	-41.3%
	Average Occupied Beds	230.4	218.6	206.3	172.9	134.4	-22.3%	-41.7%
	Percentage Occupancy	97.2%	93.8%	91.9%	95.7%	95.7%	0.0%	-1.5%
	Throughput	0.5	0.6	0.7	1.0	1.1	10.2%	125.7%
	Average Length of Stay	706.6	537.0	459.2	341.0	312.4	-8.4%	-55.8%
Northern HSC Trust	Outpatient Attendances	3,428	3,745	3,634	3,373	3,203	-5.0%	-6.6%
	Inpatients	1	-	-	-	-	-	-
	Day Cases	0	-	-	-	-	-	-
	Total Admissions	1	-	-	-	-	-	-
	Average Available Beds	0.0	-	-	-	-	-	-
	Average Occupied Beds	-	-	-	-	-	-	-
	Percentage Occupancy	100.0%	-	-	-	-	-	-
	Throughput	73.0	-	-	-	-	-	-
South Eastern HSC Trust	Average Length of Stay	5.0	-	-	-	-	-	-
	Outpatient Attendances	0	-	-	-	-	-	-
	Inpatients	-	-	-	-	-	-	-
	Day Cases	-	-	-	-	-	-	-
	Total Admissions	-	-	-	-	-	-	-
	Average Available Beds	-	-	-	-	-	-	-
	Average Occupied Beds	-	-	-	-	-	-	-
	Percentage Occupancy	-	-	-	-	-	-	-
South Eastern HSC Trust	Throughput	-	-	-	-	-	-	-
	Average Length of Stay	-	-	-	-	-	-	-
	Outpatient Attendances	-	-	-	-	-	-	-

Table 2.2: Continued

HSC Trust	Activity	2010/11	2011/12	2012/13	2013/14	2014/15	Percentage change 2013/14-2014/15	Percentage change 2010/11-2014/15
Southern HSC Trust	Inpatients	211	200	174	96	35	-63.5%	-83.4%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	211	200	174	96	35	-63.5%	-83.4%
	Average Available Beds	78.0	76.5	59.4	25.7	10.1	-60.8%	-87.1%
	Average Occupied Beds	68.1	67.2	54.8	21.9	8.0	-63.7%	-88.3%
	Percentage Occupancy	87.2%	87.8%	92.3%	85.2%	85.2%	0.0%	-2.3%
	Throughput	2.7	2.6	2.9	3.7	3.5	-6.9%	28.3%
	Average Length of Stay	117.7	122.9	115.0	83.4	83.0	-0.5%	-29.5%
	Outpatient Attendances	1,371	1,750	1,926	1,626	1,458	-10.3%	6.3%
Western HSC Trust	Inpatients	172	121	116	84	69	-17.9%	-59.9%
	Day Cases	0	2	0	0	0	-	-
	Total Admissions	172	123	116	84	69	-17.9%	-59.9%
	Average Available Beds	35.9	24.0	24.0	24.0	19.5	-18.6%	-45.6%
	Average Occupied Beds	30.4	17.6	16.5	13.4	12.5	-6.5%	-58.8%
	Percentage Occupancy	84.7%	73.1%	68.8%	55.9%	55.9%	0.0%	-34.0%
	Throughput	4.8	5.0	4.8	3.5	3.5	0.9%	-26.2%
	Average Length of Stay	64.6	53.1	52.0	58.3	66.2	13.6%	2.6%
	Outpatient Attendances	1,316	1,627	1,898	1,697	1,720	1.4%	30.7%

Source: KH03a and QOAR

Table 2.3: Inpatient and Day Case Activity Data Within the Learning Disability POC by Hospital/HSC Trust (2014/15)

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Muckamore Abbey	139.1	134.4	157	0	96.6	1.1	312.4	11.1
Belfast HSC Trust	139.1	134.4	157	0	96.6	1.1	312.4	11.1
Bluestone	8.3	6.6	19	0	79.7	2.3	127.5	32.5
Longstone	1.8	1.3	16	0	75.3	9.1	30.1	9.9
Southern HSC Trust	10.1	8.0	35	0	78.9	3.5	83.0	22.1
Lakeview	19.5	12.5	69	0	64.1	3.5	66.2	37.1
Western HSC Trust	19.5	12.5	69	0	64.1	3.5	66.2	37.1
Northern Ireland	168.8	154.9	261	0.0	91.8	1.5	216.6	19.5

Source: KH03A

Table 2.4: Outpatient Activity Data Within the Learning Disability POC by Hospital/HSC Trust (2014/15)

Hospital/HSC Trust	Attendances									Hospital Cancellations		Patient Died	Private Patient Attendances
	New Attendances			Review Attendances			Total Attendances						
	Seen	DNA	CNA	Seen	DNA	CNA	Seen	DNA	CNA	New	Review		
Muckamore Abbey	319	86	58	2,884	509	396	3,203	595	454	9	137	0	5
Belfast HSC Trust	319	86	58	2,884	509	396	3,203	595	454	9	137	0	5
Longstone	77	20	0	1,381	341	0	1,458	361	0	1	16	0	1
Southern HSC Trust	77	20	0	1,381	341	0	1,458	361	0	1	16	0	1
Lakeview	101	14	7	1,619	135	131	1,720	149	138	31	0	0	0
Western HSC Trust	101	14	7	1,619	135	131	1,720	149	138	31	0	0	0
Northern Ireland	497	120	65	5,884	985	527	6,381	1,105	592	41	153	0	6

Source: QOAR

Table 2.5: Outpatient Activity Within the Learning Disability POC, Including DNA / CNA / Hospital Cancellation Rates (2014/15)

Hospital/HSC Trust	Attendances									Hospital Cancellation Rates		
	New Attendances			Review Attendances			Total Attendances					
	Seen	DNA Rate	CNA Rate	Seen	DNA Rate	CNA Rate	Seen	DNA Rate	CNA Rate	New	Review	Total
Muckamore Abbey	319	21.2	15.4	2,884	15.0	12.1	3,203	15.7	12.4	2.7	4.5	4.4
Belfast HSC Trust	319	21.2	15.4	2,884	15.0	12.1	3,203	15.7	12.4	2.7	4.5	4.4
Longstone	77	20.6	0.0	1,381	19.8	0.0	1,458	19.8	0.0	1.3	1.1	1.2
Southern HSC Trust	77	20.6	0.0	1,381	19.8	0.0	1,458	19.8	0.0	1.3	1.1	1.2
Lakeview	101	12.2	6.5	1,619	7.7	7.5	1,720	8.0	7.4	23.5	0.0	1.8
Western HSC Trust	101	12.2	6.5	1,619	7.7	7.5	1,720	8.0	7.4	23.5	0.0	1.8
Northern Ireland	497	19.4	11.6	5,884	14.3	8.2	6,381	14.8	8.5	7.6	2.5	3.0

Source: QOAR

Table 2.6: Learning Disability Compulsory Admissions Under the Mental Health (NI) Order 1986 by Sex (2010/11 - 2014/15)

Sex	2010/11		2011/12		2012/13		2013/14		2014/15		Change 2010/11 to 2014/15	
Male	14	58.3%	21	60.0%	26	66.7%	30	51.7%	32	55.2%	18	128.6%
Female	10	41.7%	14	40.0%	13	33.3%	28	48.3%	26	44.8%	16	160.0%
Total	24	100.0%	35	100.0%	39	100.0%	58	100.0%	58	100.0%	34	141.7%

Source: KH15

Table 2.7: Compulsory Admissions Under the Mental Health (NI) Order 1986 by Age Group (2014/15)

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 (2011 – 2015) (including patients on Home Leave)

Age in Years	2011		2012		2013		2014		2015		Change 2011 - 2015	
Aged 18 & Under	14	4.4%	13	4.4%	17	6.5%	8	4.5%	11	7.6%	-4	-26.7%
Aged 19 - 44	137	43.5%	134	45.3%	119	45.2%	92	52.3%	80	55.6%	-56	-41.2%
Aged 45 - 64	138	43.8%	126	42.6%	102	38.8%	62	35.2%	47	32.6%	-101	-68.2%
Aged 65 & Over	26	8.3%	23	7.8%	25	9.5%	14	8.0%	6	4.2%	-21	-77.8%
TOTAL	315	100.0%	296	100.0%	263	100.0%	176	100.0%	144	100.0%	-182	-55.8%

Souce: Mental Illness and Learning Disability Census 2011 - 2015

Table 2.9: Learning Disability Inpatients Resident at 17 February 2015 (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	4	4	8	4	2	4	0	0	27
7-12 months	1	1	2	6	3	3	0	0	0	16
>1-2 years	0	2	4	6	1	3	1	0	0	17
>2-3 years	0	1	2	5	1	0	0	0	0	9
>3-5 years	0	0	6	6	1	0	0	0	1	14
>5-10 years	0	1	3	4	4	6	2	0	0	20
>10-20 years	0	0	0	3	5	3	4	0	0	15
>20-30 years	0	0	0	0	2	4	0	0	0	6
>30 years	0	0	0	0	0	8	7	5	0	20
TOTAL	2	9	21	38	21	29	18	5	1	144

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

12

Source: Mental Illness and Learning Disability Census 2015

Table 2.10: Learning Disability Inpatients Resident at 17 February 2015 by Bed Type (including patients on Home Leave)⁴²

Hospital	Assessment & Treatment	Psychiatric Intensive Care Unit	Longstay / PTL Resettlement	Children's	Continuing Care Mental Illness	Forensic	Home Leave	Total
Muckamore (Belfast)	24	*	30	7	27	18	*	123
Longstone (Belfast)	*	*	-	-	-	-	*	*
Lakeview (Western)	*	*	-	-	-	-	*	*
Northern Ireland	44	6	30	7	27	18	12	144

Source: Mental Illness and Learning Disability Census by Bed Type 2015

⁴² Refer to Appendix 6: Explanatory Notes - point 10.

Table 3.1: Key Points - Old Age Psychiatry Statistics (2014/15)

Activity	2010/11	2011/12	2012/13	2013/14	2014/15	Percentage change 2013/14- 2014/15	Percentage Change 2010/11- 2014/15
Inpatients	861	820	845	814	765	-6.0%	-11.1%
Day Cases	0	0	0	0	0	N/A	N/A
Total Admissions	861	820	845	814	765	-6.0%	-11.1%
Average Available Beds	238.4	239.8	256.7	242.2	213.9	-11.7%	-10.3%
Percentage Occupancy	89.2%	90.0%	88.6%	83.0%	75.7%	-8.8%	-15.1%
Throughput	3.6	3.4	3.3	3.4	3.6	6.4%	-0.7%
Average Length of Stay	90.1	96.3	98.3	90.2	77.3	-14.3%	-14.3%
Outpatient Attendances	7,902	7,552	10,446	10,514	7,910	-24.8%	0.1%

Source: KH03A and QOAR

Table 3.2: Old Age Psychiatry Statistics, by HSC Trust (2010/11 - 2014/15)

HSC Trust	Activity	2010/11	2011/12	2012/13	2013/14	2014/15	Percentage change 2013/14-2014/15	Percentage change 2010/11-2014/15
Belfast HSC Trust	Inpatients	61	90	82	65	57	-12.3%	-6.6%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	61	90	82	65	57	-12.3%	-6.6%
	Average Available Beds	36.8	36.4	51.0	30.7	26.9	-12.3%	-26.8%
	Percentage Occupancy	88.2%	99.3%	85.9%	74.5%	74.5%	0.1%	-15.5%
	Throughput	1.7	2.5	1.6	2.1	2.1	0.0%	24.5%
	Average Length of Stay	194.1	147.0	194.8	128.4	123.4	-3.9%	-36.4%
	Outpatient Attendances	2,767	2,956	2,819	2,590	1,744	-32.7%	-37.0%
Northern HSC Trust	Inpatients	150	127	116	146	118	-19.2%	-21.3%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	150	127	116	146	118	-19.2%	-21.3%
	Average Available Beds	65.5	62.8	55.7	61.5	37.0	-39.9%	-43.5%
	Percentage Occupancy	94.9%	88.9%	97.6%	90.5%	95.7%	5.7%	0.8%
	Throughput	2.3	2.0	2.1	2.4	3.2	34.4%	38.7%
	Average Length of Stay	151.2	160.8	171.2	139.2	109.4	-21.4%	-27.6%
	Outpatient Attendances	-	-	-	-	-		
South Eastern HSC Trust	Inpatients	247	157	174	154	143	-7.1%	-42.1%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	247	157	174	154	143	-7.1%	-42.1%
	Average Available Beds	36.0	36.0	36.0	36.0	36.0	0.0%	0.0%
	Percentage Occupancy	86.9%	87.0%	79.4%	85.3%	78.8%	-7.7%	-9.4%
	Throughput	6.9	4.4	4.8	4.3	4.0	-7.1%	-42.4%
	Average Length of Stay	46.2	73.0	60.0	72.8	72.4	-0.6%	56.7%
	Outpatient Attendances	2,270	1,978	4,422	4,270	4,304	0.8%	89.6%

Table 3.2: Continued

HSC Trust	Activity	2010/11	2011/12	2012/13	2013/14	2014/15	Percentage change 2013/14-2014/15	Percentage change 2010/11-2014/15
Southern HSC Trust	Inpatients	301	243	252	245	266	8.6%	-11.6%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	301	243	252	245	266	8.6%	-11.6%
	Average Available Beds	62.4	43.1	38.0	38.0	38.0	0.0%	-39.1%
	Percentage Occupancy	79.5%	83.2%	100.0%	100.0%	95.8%	-4.2%	20.6%
	Throughput	4.8	5.6	6.6	6.4	7.0	8.6%	45.8%
	Average Length of Stay	60.1	54.0	55.4	58.4	50.0	-14.4%	-16.8%
	Outpatient Attendances	2,865	2,618	3,205	3,654	1,862	-49.0%	-35.0%
Western HSC Trust	Inpatients	102	203	221	204	181	-11.3%	77.5%
	Day Cases	0	0	0	0	0	0.0%	0.0%
	Total Admissions	102	203	221	204	181	-11.3%	77.5%
	Average Available Beds	37.7	61.5	76.0	76.0	76.0	0.0%	101.6%
	Percentage Occupancy	98.6%	92.0%	82.3%	69.3%	55.9%	-19.3%	-43.3%
	Throughput	2.7	3.3	2.9	2.7	2.4	-11.3%	-11.8%
	Average Length of Stay	132.9	102.1	103.3	94.2	85.7	-9.0%	-35.5%
	Outpatient Attendances	-	-	-	-	-		

Source: KH03A and QOAR

Table 3.3: Inpatient and Day Case Activity Data Within the Old Age Psychiatry Specialty by Hospital/HSC Trust (2014/15)

Hospital / HSC Trust	Average Available Beds	Average Occupied Beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of Stay	Turnover Interval
Knockbracken	20.0	12.3	30	0	61.7	1.5	150.1	93.2
Mater Infirmorum	6.9	6.9	27	0	100.0	3.9	93.6	0.0
Belfast HSCT	26.9	19.3	57	0	71.5	2.1	123.4	49.1
Causeway	3.2	2.1	9	0	64.5	2.8	84.9	46.8
Holywell	33.7	33.3	109	0	98.7	3.2	111.5	1.5
Northern HSCT	37.0	35.4	118	0	95.7	3.2	109.4	5.0
Downshire	20.0	14.2	83	0	71.2	4.2	62.7	25.3
Lagan Valley PNU	16.0	14.1	60	0	88.2	3.8	85.8	11.5
South Eastern HSCT	36.0	28.4	143	0	78.8	4.0	72.4	19.5
Bluestone	14.0	17.7	131	0	100.0	9.4	49.4	0.0
St Luke's	24.0	18.7	135	0	77.9	5.6	50.5	14.3
Southern HSCT	38.0	36.4	266	0	95.8	7.0	50.0	2.2
Grangewood	18.0	3.6	3	0	20.2	0.2	441.7	-
Tyrone & Fermanagh	40.0	23.4	93	0	58.5	2.3	91.8	65.2
Waterside	18.0	15.5	85	0	86.0	4.7	66.5	10.8
Western HSCT	76.0	42.5	181	0	55.9	2.4	85.7	67.5
NI Total	213.9	161.9	765	0	75.7	3.6	77.3	24.8

Source: KH03a

Table 3.4: Outpatient Activity Data Within the Old Age Psychiatry Specialty by Hospital/HSC Trust (2014/15)⁴³

Hospital/HSC Trust	Attendances									Hospital Cancellations		Ward Attendances	Patient Died	Private Patient Attendances
	New Attendances			Review Attendances			Total Attendances							
	Seen	DNA	CNA	Seen	DNA	CNA	Seen	DNA	CNA	New	Review			
Belfast City	0	0	0	0	0	0	0	0	0	0	0	391	0	0
Mater Infirmorum	461	71	68	1,283	276	234	1,744	347	302	68	464	0	26	0
Belfast HSCT	461	71	68	1,283	276	234	1,744	347	302	68	464	391	26	0
Ards	656	102	179	1,722	251	445	2,378	353	624	243	972	0	49	0
Downe	205	13	45	370	68	50	575	81	95	5	49	0	2	0
Lagan Valley	277	65	98	1,074	223	156	1,351	288	254	10	37	0	8	0
South Eastern HSCT	1,138	180	322	3,166	542	651	4,304	722	973	258	1,058	0	59	0
Bluestone	49	8	9	653	109	142	702	117	151	20	229	98	4	0
Daisy Hill	86	15	35	447	51	89	533	66	124	26	69	46	1	0
South Tyrone	0	0	0	0	0	0	0	0	0	0	0	16	0	0
St Luke's	93	24	28	534	122	93	627	146	121	40	137	0	3	0
Southern HSCT	228	47	72	1,634	282	324	1,862	329	396	86	435	160	8	0
Northern Ireland	1,827	298	462	6,083	1,100	1,209	7,910	1,398	1,671	412	1,957	551	93	0

Source: QOAR

⁴³ Refer to Appendix 6: Explanatory Notes - Point 20.

Table 3.5: Outpatient Activity Data Within the Old Age Psychiatry Specialty, including DNA / CNA / Hospital Cancellation Rates (2014/15)

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	0	0.0	0.0	0	0.0	0.0	0.0	0.0	0.0
Mater Infirmorum	461	13.3	12.9	1,283	17.7	15.4	1,744	16.6	14.8	12.9	26.6	23.4
Belfast HSC Trust	461	13.3	12.9	1,283	17.7	15.4	1,744	16.6	14.8	12.9	26.6	23.4
Ards	656	13.5	21.4	1,722	12.7	20.5	2,378	12.9	20.8	27.0	36.1	33.8
Downe	205	6.0	18.0	370	15.5	11.9	575	12.3	14.2	2.4	11.7	8.6
Lagan Valley	277	19.0	26.1	1,074	17.2	12.7	1,351	17.6	15.8	3.5	3.3	3.4
South Eastern HSC Trust	1,138	13.7	22.1	3,166	14.6	17.1	4,304	14.4	18.4	18.5	25.0	23.4
Bluestone	49	14.0	15.5	653	14.3	17.9	702	14.3	17.7	29.0	26.0	26.2
Daisy Hill	86	14.9	28.9	447	10.2	16.6	533	11.0	18.9	23.2	13.4	15.1
South Tyrone	0	0.0	0.0	0	0.0	0.0	0	0.0	0.0	0.0	0.0	0.0
St Luke's	93	20.5	23.1	534	18.6	14.8	627	18.9	16.2	30.1	20.4	22.0
Southern HSC Trust	228	17.1	24.0	1,634	14.7	16.5	1,862	15.0	17.5	27.4	21.0	21.9
Northern Ireland	1,827	14.0	20.2	6,083	15.3	16.6	7,910	15.0	17.4	18.4	24.3	23.0

Source: QOAR

Appendix 1: Mental Health / Learning Disability Specialties in each Hospital during 2014/15⁴⁴

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

⁴⁴ 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 2015

Belfast Health and Social Care Trust	Beechcroft CAMHS, Belfast City, Knockbracken, Mater Infirmorum, Muckamore Abbey
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 ⁴⁵ , St Luke's
Western Health and Social Care Trust	Altnagelvin Area, Grangewood, Lakeview, Tyrone County, Tyrone & Fermanagh

⁴⁵ Refer to Appendix 6: Explanatory Notes – point 19.

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

6. Day case rate

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

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

7. Inpatient Admissions

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

8. Day Case Admissions

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

9. Admissions

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

10. Private Patient Attendances

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

11. Specialty

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

12. Outpatient Services

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

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

13. Outpatient Appointment

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

14. New Attendance

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

15. Review Attendances

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

16. Did Not Attend (DNA'd) / Missed Appointment

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

17. DNA rate

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

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

18. Could Not Attend (CNA'd) / Patient Cancellation

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

19. CNA rate

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

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

20. Outpatient Appointment Cancelled by the Hospital / Hospital Cancellation

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

21. Hospital Cancellation rate

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

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

22. Ward Attendances seen by a consultant

A ward attender is a patient who attends a ward for the purpose of examination or treatment by a consultant/doctor. These patients would not currently be admitted to the health care provider. The care is for prevention, cure, relief or investigation because of disease, injury, health problem or other factors affecting their health status.

Appendix 5: Data in the Publication⁴⁶

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 2015.

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/statistics/mhld/mental-health-inpatients/inpatient-activity-mental-health.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.

⁴⁶ 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 specialty is determined by the consultant in charge of the treatment of the patient. Each consultant employed by a HSC Trust will have an allocated specialty of employment, and it will be this specialty against which the patient's admission will be reported⁴⁷.

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/statistics/mhld/mental-health-inpatients/inpatient-activity-mental-health.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.

⁴⁷ 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.

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 specialty of employment, and it will be this specialty against which the patient's admission will be reported.

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.

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 and KH15b Departmental information returns.

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/statistics/mhld/mental-health-inpatients/inpatient-activity-mental-health.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/statistics/mhld/mental-health-inpatients/inpatient-activity-mental-health.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 1st April 1988 and the Quarterly Outpatient Activity Return (QOAR) introduced from 1st 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 31st July 2015 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/statistics/mhld/mental-health-inpatients/inpatient-activity-mental-health.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 replacing Gransha Hospital.
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. The outpatient information contained in this publication has been compiled from the Quarterly Outpatient Activity Return (QOAR), which was introduced from 01/08/08. They refer to all HSC hospitals in Northern Ireland that provide consultant led outpatient activity.
12. A new version of the QOAR was introduced at the beginning of 2014/15, with the main change being that ward attendances seen by a consultant are now reported separately and are no longer included in the new and review outpatient attendance figures, as in previous years. Therefore, it is not possible to compare the number of outpatient attendances in HSC Trusts hospitals during 2014/15 with previous years.
13. Separate recording of ward attendances seen by a consultant began on the QOAR in 2014/15. Whilst ward attendances seen by a consultant were previously included in the main outpatient attendance figures, it is not possible to retrospectively identify the numbers involved. Therefore, figures for ward attendances are only available for the current financial year.
14. 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.
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. 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 2015/16 Ministerial targets indicate that:

- a. From April 2015, 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 2015, ensure that all learning disability and mental health discharges take place within 28 days of the patient being assessed as medically fit for discharge.

19. Longstone Hospital closed on 4th June 2014 with learning disability patients transferred to a newly built ward in Bluestone Hospital.

20. During 2014/15, some elements of Old Age Psychiatry (Specialty 715) in Daisy Hill in the Southern HSC Trust were reclassified from a consultant led service to a multi disciplinary service and therefore are not reported in Table 3.4.

Appendix 7: 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/statistics/publications-statistics.htm>

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/statistics/mhld/mental-health-inpatients/inpatient-activity-mental-health.htm>