

INFORMATION
ANALYSIS
DIRECTORATE



Hospital Statistics

Inpatient and Day Case Activity

Northern Ireland

2021/22

Published 4th August 2022



Department of
Health

An Roinn Sláinte

Máinnystrie O Poustie

www.health-ni.gov.uk



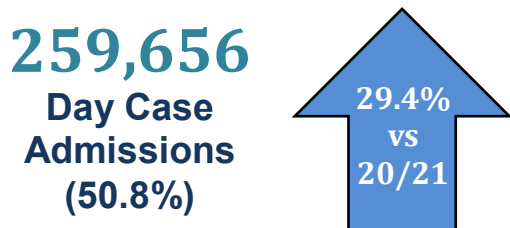
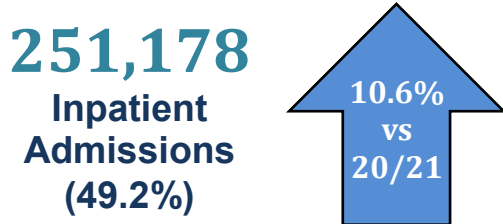
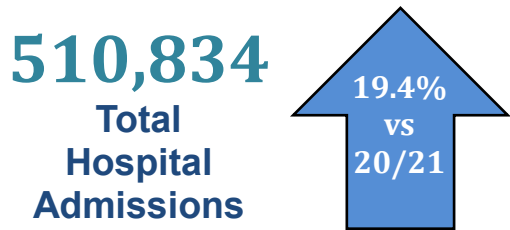
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um Staitisticí agus Taighde

Key Points 2021/22

- During 2021/22, there were 510,834 inpatient and day case admissions to hospital in Northern Ireland. This was an increase of 19.4% (83,102) on the number of admissions during 2020/21 and a decrease of 16.1% (97,704) on the number admitted during 2017/18.
- Of the 510,834 admissions, 49.2% (251,178) were inpatient admissions and 50.8% (259,656) were day cases.
- The day case rate for Acute services has increased from 80.3% in 2017/18 to 84.3% in 2021/22. The greatest increase occurred between 2020/21 and 2021/22 when the day case rate increased from 82.6% to 84.3%.
- Between 2020/21 and 2021/22, the average number of available beds increased by 2.3% (131.6) from 5,672.6 to 5,804.2.
- The greatest increase in average available beds was evident in the Acute programme of care, increasing by 133.4 (3.4%) beds from 3,951.5 in 2020/21 to 4,084.9 in 2021/22.
- Occupancy rate in hospitals was 79.5% during 2021/22; this was a decrease from 83.5% in 2017/18, and an increase from 69.9% in 2020/21.
- Average length of stay in hospitals has increased from 6.4 days in 2020/21 to 6.7 in 2021/22.
- In 2021/22, there were 83,269 theatre cases across all HSC Trust hospitals in Northern Ireland; this was an increase of 39.3% (23,507) compared with 59,762 theatre cases in 2020/21.
- The total number of hospital births in Northern Ireland increased by 264 (1.2%) from 21,531 births in 2020/21 to 21,795 hospital births in 2021/22.
- In 2021/22 there were 20,039 admissions to hospital in Northern Ireland for an inpatient or day case procedure with an Independent Sector provider that was commissioned by the Health Service. This was an increase of 11,474 (134.0%) when compared with 2020/21.

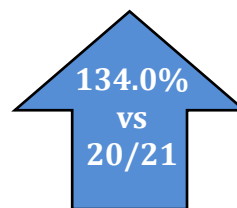
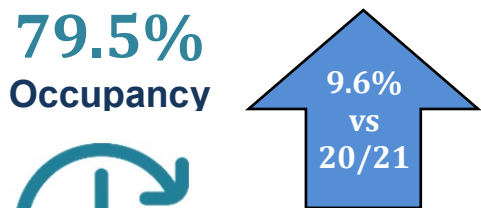
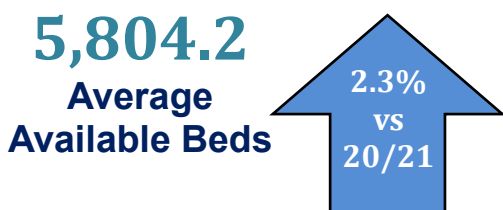
Hospital Statistics: Inpatient & Day Case Activity Northern Ireland 2021/22



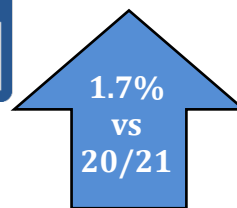
Rehabilitation
Longest stay
36.0 days



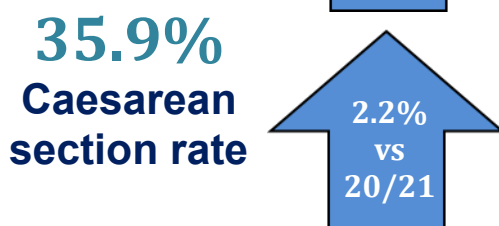
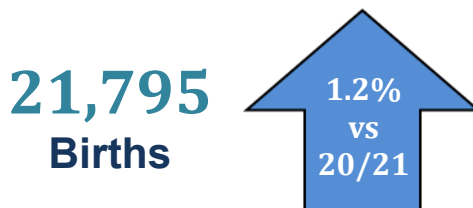
Paediatric Dentistry
Shortest stay
1.0 day



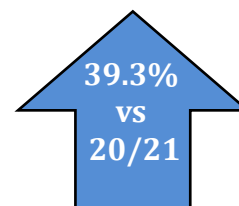
20,039
Acute
Independent
Sector
Admissions



84.3%
Day Case
Rate



Theatre cases
83,269



61.6% Elective
38.4% Emergency

This is a National Statistics Publication



National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value. All official statistics should comply with all aspects of the Code of Practice for Statistics. They are awarded National Statistics status following an assessment by the Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they

add to public decisions and debate.

The designation of these statistics as National Statistics was appointed on 3rd June 2013, following an assessment by the Office for Statistics Regulation, against the Code of Practice for Statistics.

It is a producer's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

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

Find out more about National Statistics at:

<http://www.statisticsauthority.gov.uk/national-statistician/types-of-official-statistics/>.

Reader Information

Purpose:	This publication presents information on inpatient and day case activity at Health and Social Care Trusts in Northern Ireland during the year ending 31 March 2022. It details information on Available Beds, Occupied Beds, Occupancy Rates, Average Length of Stay, Theatre Activity and Hospital Births. Data are presented by HSC Trust, hospital and specialty. Data detailed in this publication are also available in spreadsheet format (Microsoft Excel) to aid secondary analysis, at the link: https://www.health-ni.gov.uk/publications/hospital-statistics-inpatient-and-day-case-activity-statistics-202122 .
Guidance:	It is recommended that readers refer to the 'Technical notes' and 'Definitions' detailed in this report.
Authors:	Stephanie Anderson, Seán Mallon, Siobhán Morgan
Publication Date:	4 th August 2022
Reporting Period:	1 st April 2021 – 31 st March 2022
Issued by:	Hospital Information Branch, Information & Analysis Directorate, Department of Health, Stormont Estate, Belfast, BT4 3SQ
Contact Information:	We invite you to feedback your comments on this publication to: HIB.Questions@health-ni.gov.uk
Statistical Quality:	Information detailed in this release has been provided by HSC Trusts and was validated by Hospital Information Branch (HIB) prior to release.
Target Audience:	DoH, Chief Executives of HSC Board and Trusts in Northern Ireland, Health Care Professionals, Academics, HSC Stakeholders, Media & General Public.
Further Copies:	statistics@health-ni.gov.uk
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Technical Notes

Data Collection and Quality

The information presented in this bulletin is collected using an electronic patient-level administrative system and a series of statistical returns (Figure 1) provided by HSC Trusts. All information presented in this bulletin has been provided by HSC Trusts or downloaded by Hospital Information Branch (HIB) within an agreed timescale and quality assured by HIB prior to release.

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. Once complete, all figures are sent to HSC Trusts for final sign-off.

2021/22 Data Considerations:

-When interpreting the statistics presented in this report, consideration should be given to the impact of the coronavirus (COVID-19) pandemic on hospital services. Users should be aware that the pandemic drastically altered the functions of hospitals during the reporting period, including the availability and location of services. This has had a direct impact on the inpatient and day case activity observed.

-2021/22 data can be compared with previous years but users should bear in mind that many of the changes observed will be influenced by and attributable to the impact of COVID-19.

-This release does not include any specific COVID-19 data.

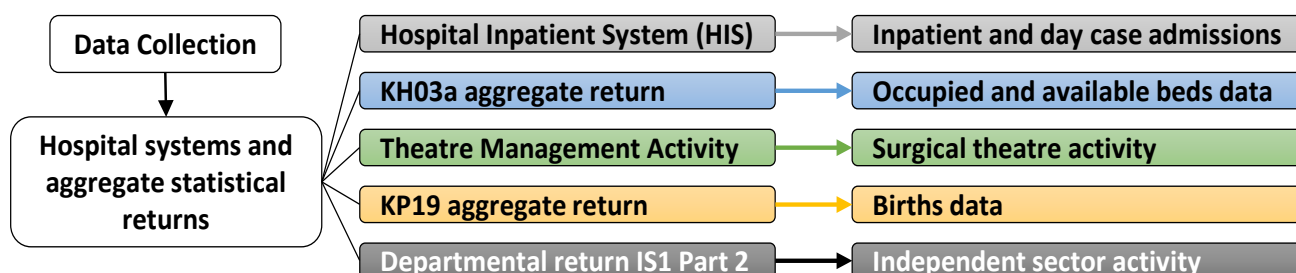


Figure 1: Summary of data collection using electronic patient level administrative system and statistical returns.

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:

<https://www.health-ni.gov.uk/articles/inpatient-and-day-case-activity>

It is not possible to accurately identify ambulatory care pathway activity, and as such this activity has been excluded from this publication. Similarly, use of virtual wards within

Emergency Care Departments has been excluded from this publication. Patient transfers within the same Trust have been counted as multiple admissions.

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. Percentages have been rounded to one decimal place and therefore totals may not sum to 100.

Main Uses of Data

The main uses of these data are to monitor inpatient and day case activity, to help assess Trust performance, for corporate monitoring, to inform and monitor related policy, and to respond to parliamentary/assembly questions and ad-hoc queries.

Inpatient and Day Case Activity Information elsewhere in the United Kingdom

Inpatient and day case activity information is available for elsewhere in the UK, however, users should be aware that this data in other administrations is not always measured in a comparable manner to Northern Ireland. Inpatient and day case activity information published elsewhere in the UK can be found as detailed below:

England:

<https://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/monthly-hospital-activity/mar-data/>

Scotland:

<http://www.isdscotland.org/Health-Topics/Hospital-Care/Inpatient-and-Day-Case-Activity/>

Wales:

<http://www.infoandstats.wales.nhs.uk/page.cfm?orgid=869&pid=40977>



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 the future health services as well as targets and indicators. This information is available at the following link:

<https://www.health-ni.gov.uk/publications/contextual-information-using-hospital-statistics>

All Programmes of Care¹

Data contained in this publication relates to all inpatient² and day case³ activity carried out across all programmes of care within Health and Social Care hospitals in Northern Ireland during 2021/22.

Total Admissions⁴

During 2021/22, there was a total of 510,834 admissions to hospitals in Northern Ireland. This was a decrease of 97,704 (16.1%) on the number admitted in 2017/18 (Figure 2; **Table 1a**).

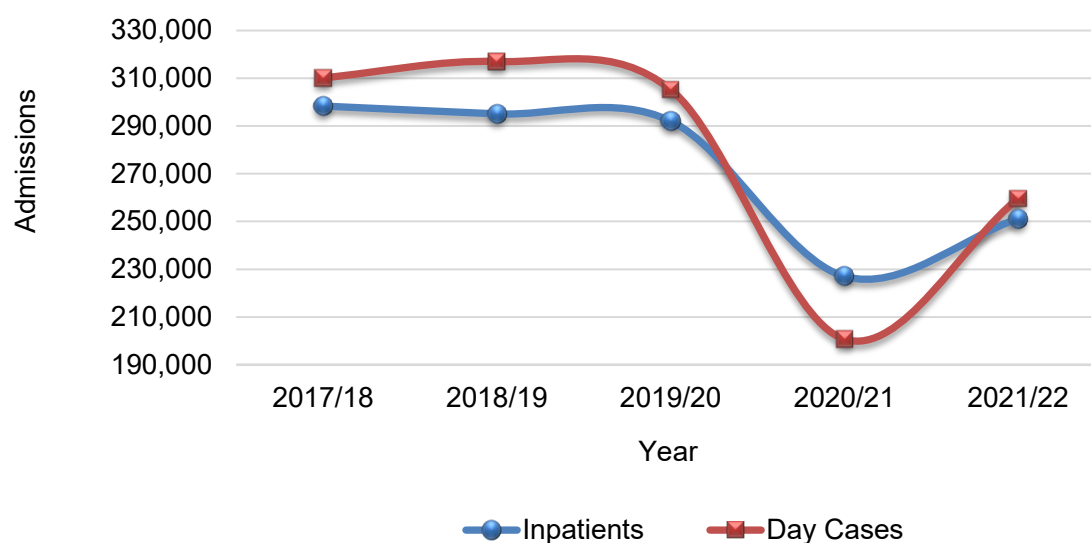


Figure 2: Total Admissions of Inpatients and Day Case to HSC Hospitals (2017/18 - 2021/22)

Financial Year 2021/22

Total admissions increased by 83,102 (19.4%) from 427,732 in 2020/21 to 510,834 in 2021/22 (**Table 1a**). Over half (50.8%, 259,656) were day case admissions while the remaining 49.2%, (251,178) were inpatient admissions (**Table 1a**).

Belfast HSC Trust had the highest percentage of admissions during 2021/22, accounting for 29.3% (149,559) of the total admissions. This was followed by 18.5% (94,396) in Western HSC Trust, 18.0% (91,867) in South Eastern HSC Trust, 17.7% (90,262) in Southern HSC Trust and 16.6% (84,750) in Northern HSC Trust (Figure 3, **Table 1b**).

¹ Refer to Appendix 2: Point 1

² Refer to Appendix 2: Point 2

³ Refer to Appendix 2: Point 3

⁴ Refer to Appendix 2: Point 4

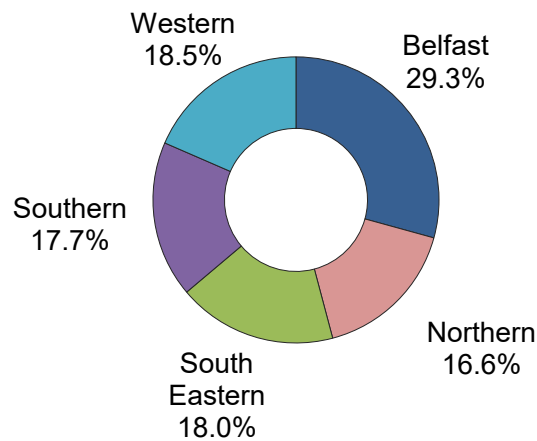


Figure 3: Proportion of Total Admissions to Hospitals by HSC Trust (2021/22)

Data users should be aware that not all inpatient services are provided at each of the five HSC Trusts in Northern Ireland. In some circumstances patients from one HSC Trust area will be admitted to another HSC Trust. It is therefore not possible to accurately calculate the number of inpatient admissions per head of the population in any HSC Trust area, as HSC Trusts that provide services for the whole of Northern Ireland will have a higher number of admissions per head of the population than those which provide more localised services.

Bed Availability⁵

Between 2017/18 and 2021/22, the average number of available beds decreased by 1.5% (89.1), from 5,893.3 to 5,804.2. Between 2020/21 and 2021/22, there was an increase of 2.3% (131.6) from 5,672.6 beds to 5,804.2 beds (Figure 4, **Table 1a**).

Bed Occupancy⁶

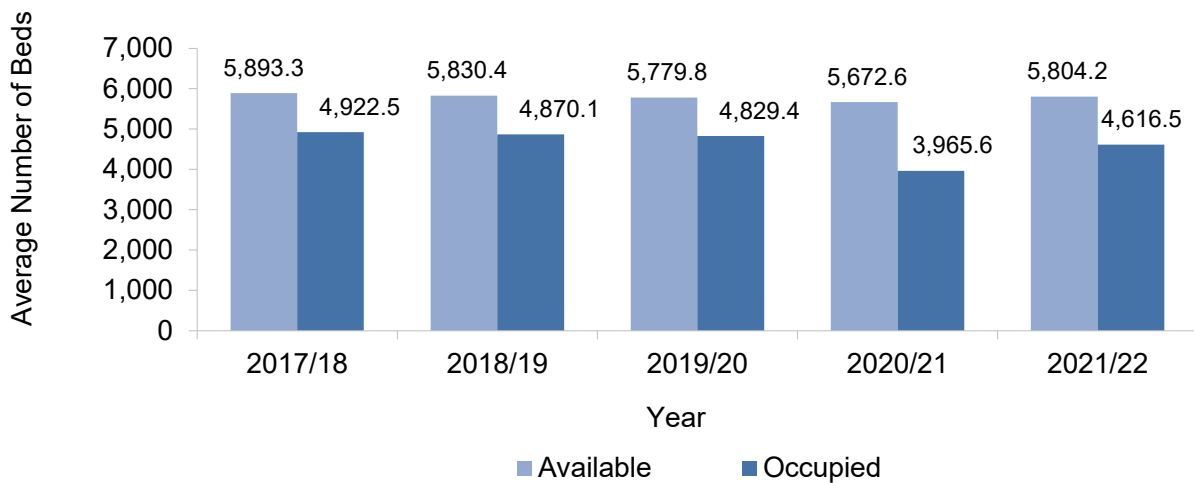
During 2021/22 there was an average of 4,616.5 occupied beds, an increase of 650.9 (16.4%) on the 3,965.6 occupied beds during the previous year, and a decrease of 306 (6.2%) from 2017/18 (Figure 4, **Table 1a**).

The occupancy rate of beds in hospitals in Northern Ireland was 79.5% during 2021/22; this was an increase from 69.9% in 2020/21 (**Table 1a**).

⁵ Refer to Appendix 2: Point 5

⁶ Refer to Appendix 2: Point 6

Figure 4: Average Number of Available and Occupied Beds in HSC Hospitals (2017/18 - 2021/22)



Financial Year 2021/22

Of the 5,804.2 average available beds in Northern Ireland in 2021/22, 35.6% (2,064.2) were located in Belfast HSC Trust. Western HSC Trust had the lowest proportion of available beds with 15.1% (875.4) of the Northern Ireland total (Figure 5, **Table 1b**).

During 2021/22, South Eastern HSC Trust had the highest occupancy rate of all five trusts at 87.0%, while the lowest rate of occupancy was in the Belfast HSC Trust at 72.0% (**Table 1b**).

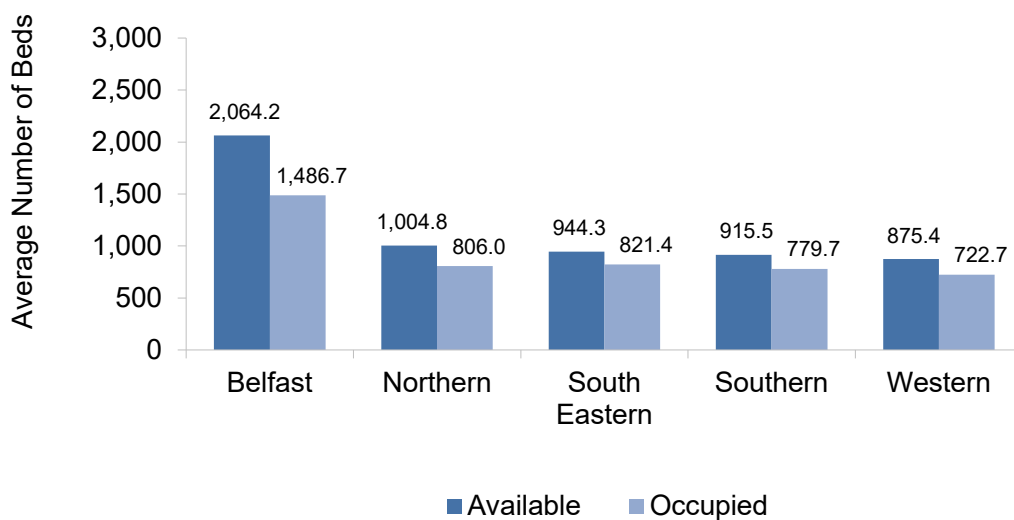


Figure 5: Average Number of Available and Occupied Beds in HSC Hospitals (2021/22)

Throughput⁷

There has been an overall decrease in throughput, from 50.6 admissions per bed in 2017/18 to 43.3 admissions per bed in 2021/22. (Figure 6, **Table 2a**).

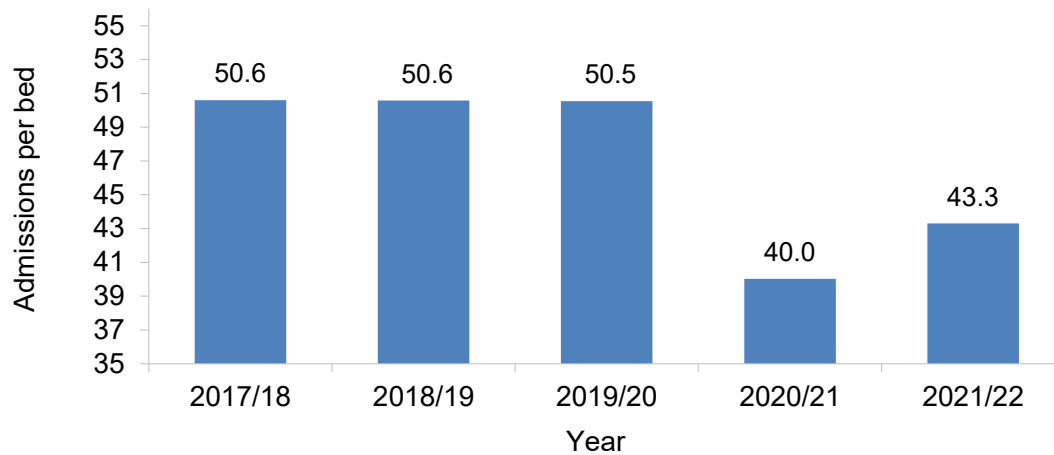


Figure 6: Throughput in HSC Hospitals (2017/18 - 2021/22)

Financial Year 2021/22

In 2021/22, Southern HSC Trust had the highest throughput with 56.7 admissions per bed, while Belfast HSC Trust had the lowest with 33.2 admissions per bed (Figure 7, **Table 2a**).

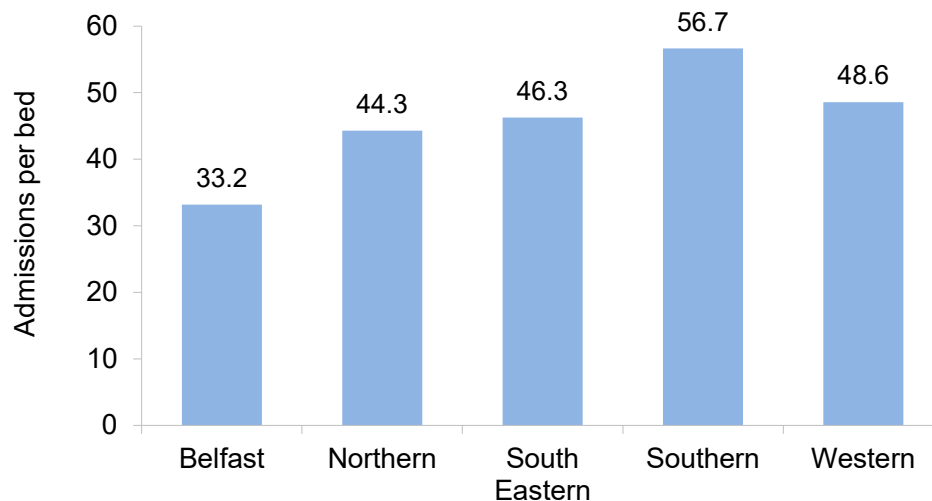


Figure 7: Throughput in HSC Hospitals by HSC Trust (2021/22)

⁷ Refer to Appendix 2: Point 7

Average Length of Stay⁸

Average length of stay in hospitals increased from 6.0 days in 2017/18 to 6.7 days in 2021/22. (Figure 8, **Table 1a**).

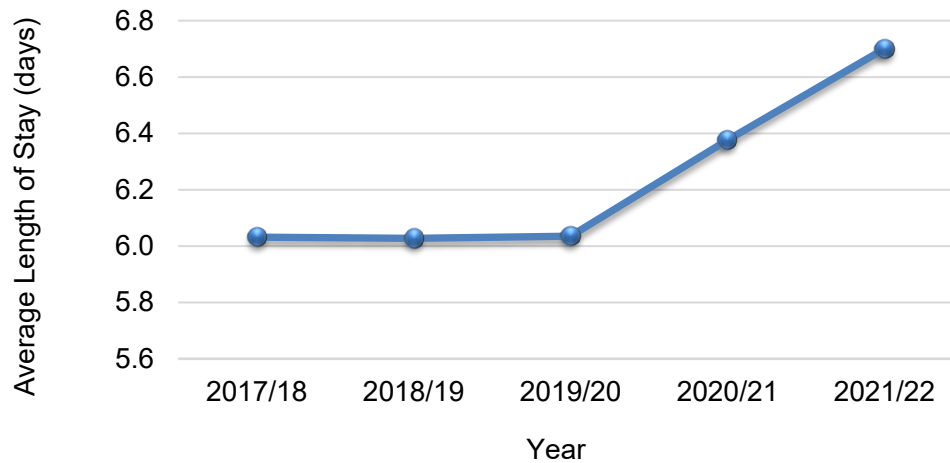


Figure 8: Average Length of Stay in HSC Hospitals (2017/18 - 2021/22)

Financial Year 2021/22

In 2021/22, Belfast HSC Trust had the longest average length of stay with 7.9 days, followed by South Eastern HSC Trust with 6.9 days. Southern HSC Trust had the shortest with 5.5 days (Figure 9, **Table 1b**). The location of regional specialties such as cardiac surgery, thoracic surgery and forensic psychiatry in the Belfast HSC Trust may explain the longer average length of stay.

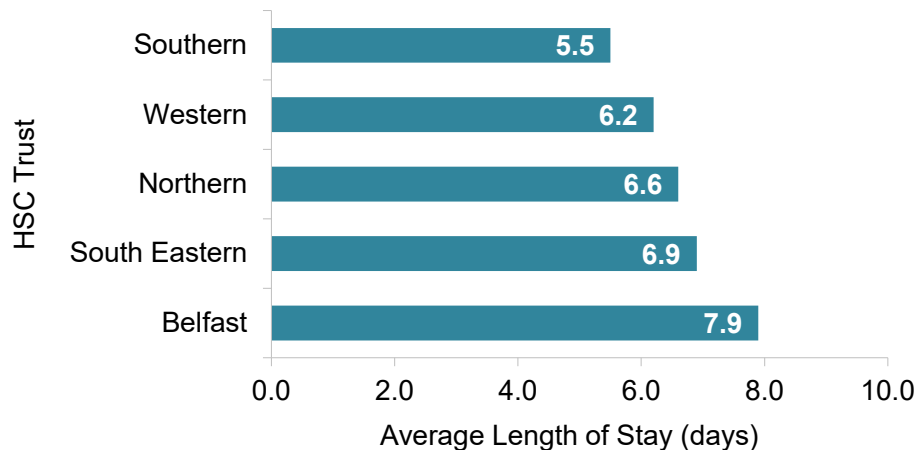


Figure 9: Average Length of Stay in HSC Hospitals by HSC Trust (2021/22)

⁸ Refer to Appendix 2: Point 9

Use of Operating Theatres

Data users should note that 'Use of Operating Theatres' statistics are not designated as National Statistics.

Information in relation to the use of operating theatres is presented by session type, hospital and HSC Trust. The use of operating theatres relates to the number of cases operated on by National Confidential Enquiry into Patient Outcome and Death (NCEPOD) classification⁹. Theatre cases are classified as Immediate¹⁰, Urgent¹¹, Expedited¹² or Elective¹³.

In 2021/22, there were 83,269 theatre cases across all HSC Trust hospitals in Northern Ireland; this was an increase of 39.3% (23,507) compared with 59,762 theatre cases in 2020/21 (**Table 2c**).

Across all Programmes of Care, the number of cases operated on was highest in Belfast HSC Trust, with 31.3% (26,046) of all theatre usage. Northern Trust had the lowest use of operating theatres with 9.4% (7,811) (**Table 2c**, Figure 10).

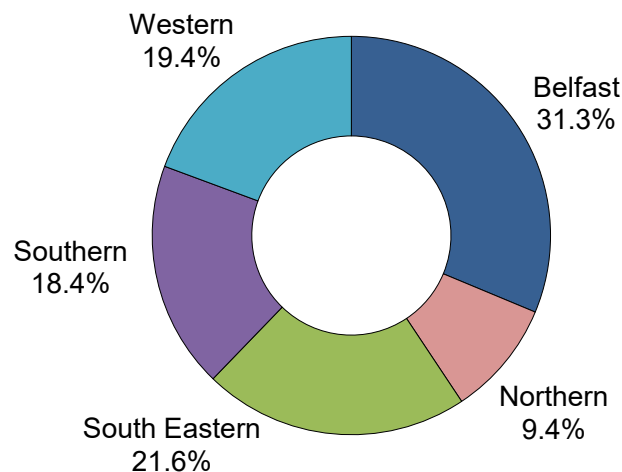


Figure 10: All Programmes of Care Use of Operating Theatres by HSC Trust (2021/22)

Across all HSC Trusts, Elective cases accounted for 61.6% of all theatre activity, followed by 20.1% of cases recorded as Expedited, 15.0% as Urgent and 3.4% as Immediate (**Table 2c**, Figure 11).

⁹ Refer to Appendix 2: Point 15

¹⁰ Refer to Appendix 2: Point 16

¹¹ Refer to Appendix 2: Point 17

¹² Refer to Appendix 2: Point 18

¹³ Refer to Appendix 2: Point 19

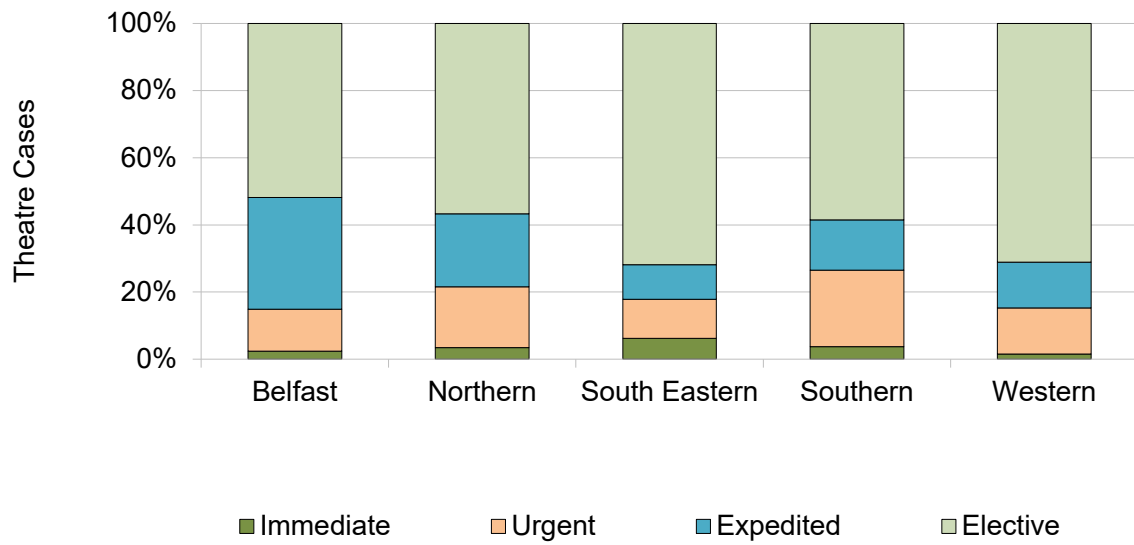


Figure 11: All Programmes of Care Use of Operating Theatres in HSC Hospitals by Case Type (2021/22)

In 2021/22, the top 5 HSC Trust hospitals with the highest number of cases operated on, accounted for over half (52.1%, 43,375 cases) of all theatre activity in Northern Ireland (**Table 2c**, Figure 12).

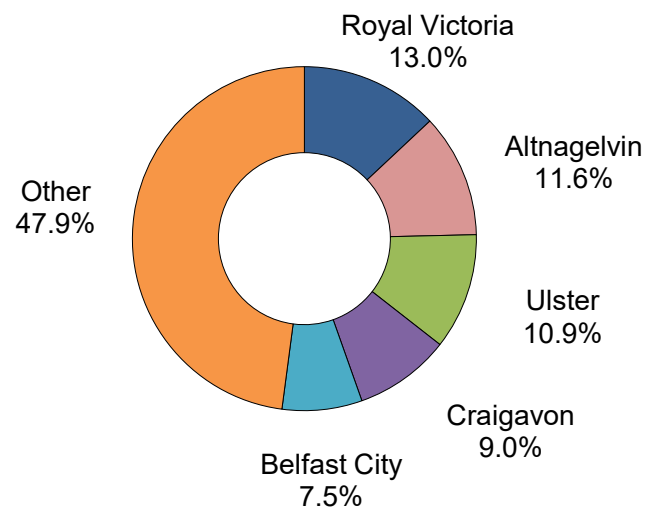


Figure 12: All Programmes of Care Use of Operating Theatres by Hospital (2021/22)

Specialty

During 2021/22, the top 5 specialties accounted for 70.2% (58,492) of all theatre activity. The highest number of cases in Northern Ireland was recorded under General Surgery with 20.7%, followed by Trauma & Orthopaedic Surgery 14.6%, Urology 13.2%, Ophthalmology 11.5% and Obstetrics with 10.4% of all theatre cases (Figure 13, **Table 2d**).

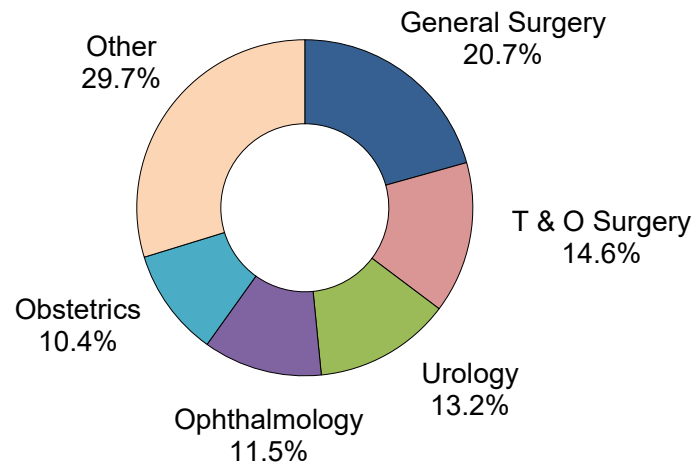


Figure 13: All Programmes of Care Use of Operating Theatres by Specialty (2021/22)

Of all 83,269 theatre cases, 88.6% (73,744) were under the Acute Programme of Care (**Table 3b**).

Acute Programme of Care

Total Admissions

Admissions under the Acute programme of care accounted for approximately 87.4% of all admissions in 2021/22. During 2021/22, there was a total of 446,253 admissions to hospitals in Northern Ireland under the Acute programme of care. This was a decrease of 90,912 (16.9%) on the 537,165 admitted in 2017/18 (Figure 14, **Table 1a**). During 2021/22, admissions to hospitals in Northern Ireland under the Acute programme of care increased by 81,129 (22.2%) on the 365,124 admitted in 2020/21 (Figure 14, **Table 1a**).

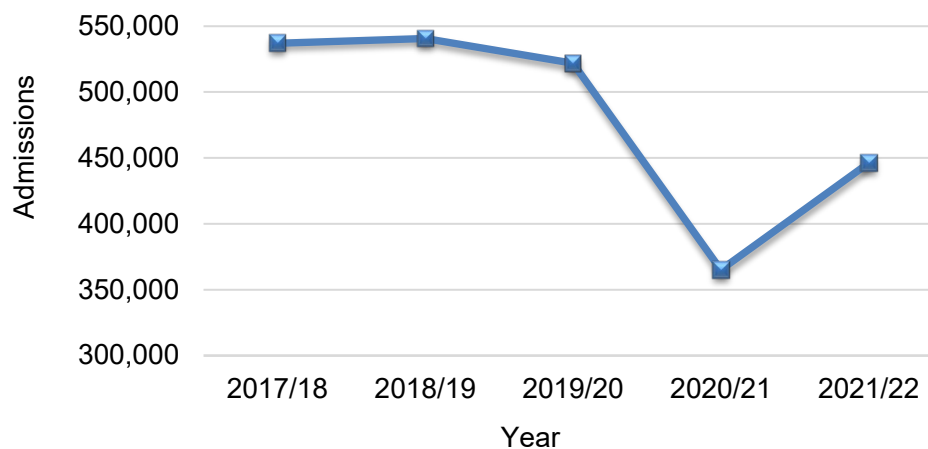


Figure 14: Total Admissions to HSC Hospitals under the Acute Programme of Care (2017/18 - 2021/22)

Of the 446,253 acute admissions in 2021/22, 6.0% were elective¹⁴, 36.0% non-elective¹⁵, 32.4% day cases and 25.6% were regular day/night attenders¹⁶ (Figure 15, **Table 3a**).

¹⁴ Refer to Appendix 2: Point 10

¹⁵ Refer to Appendix 2: Point 11

¹⁶ Refer to Appendix 2: Point 12

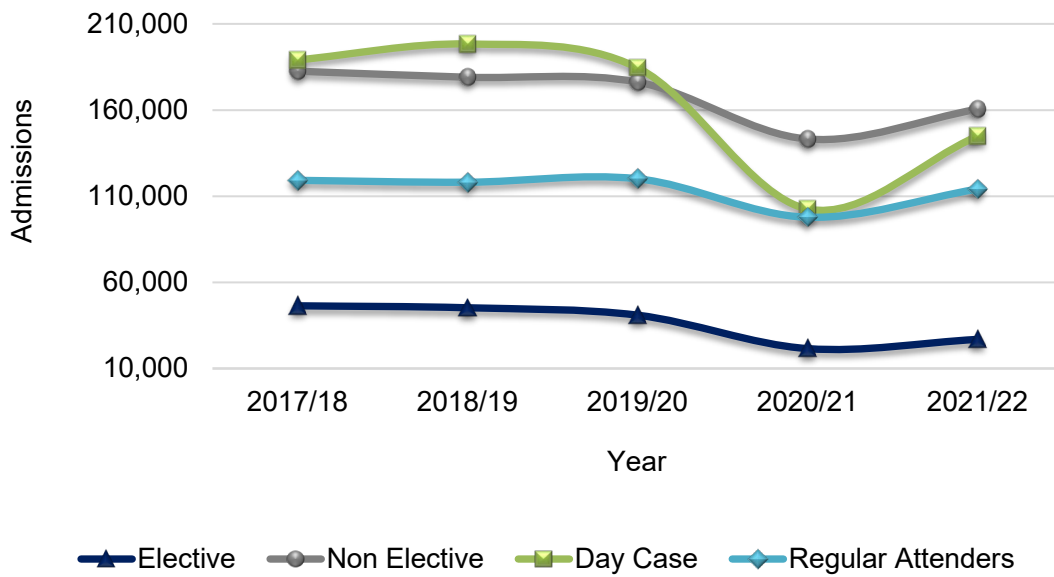


Figure 15: Number of Admissions by Patient Type to HSC Hospitals under the Acute Programme of Care (2017/18 - 2021/22)

In 2021/22, 30.4% (135,622) of admissions to hospital under the acute programme of care were in Belfast HSC Trust, followed by 18.6% (82,804) in Western HSC Trust (Figure 16, Table 3a).

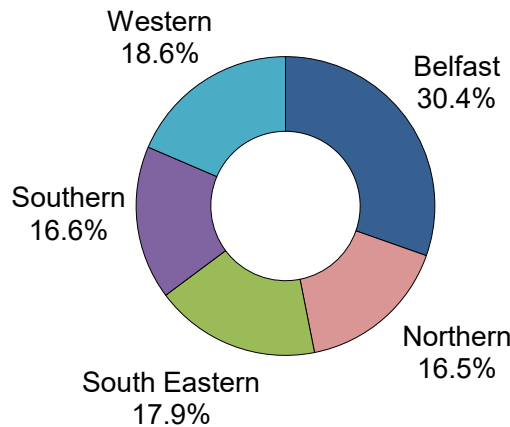


Figure 16: Total Admissions to Hospital under the Acute Programme of Care by HSC Trust (2021/22)

In 2021/22, 48.1% of admissions to hospital under the acute programme of care in Belfast HSC Trust were either elective (10.0%) or day case (38.1%) admissions. This is the highest proportion for any HSC Trust within Northern Ireland (Figure 17, Table 3a).

Of all the admissions to Southern HSC Trust in 2021/22, 3.0% were elective. This is the smallest proportion of elective admissions in any of the five HSC Trusts (Figure 17, Table 3a).

Southern HSC Trust conversely also had the highest proportion of non-elective admissions, accounting for 45.3% of their total admissions (Figure 17, **Table 3a**).

There were 144,796 day case admissions during 2021/22 under the acute programme of care. This was an increase of 42,195 (41.1%) on the total number of day cases admitted during 2020/21, and a decrease of 44,261 (23.4%) on the number admitted during 2017/18 (**Table 1a**).

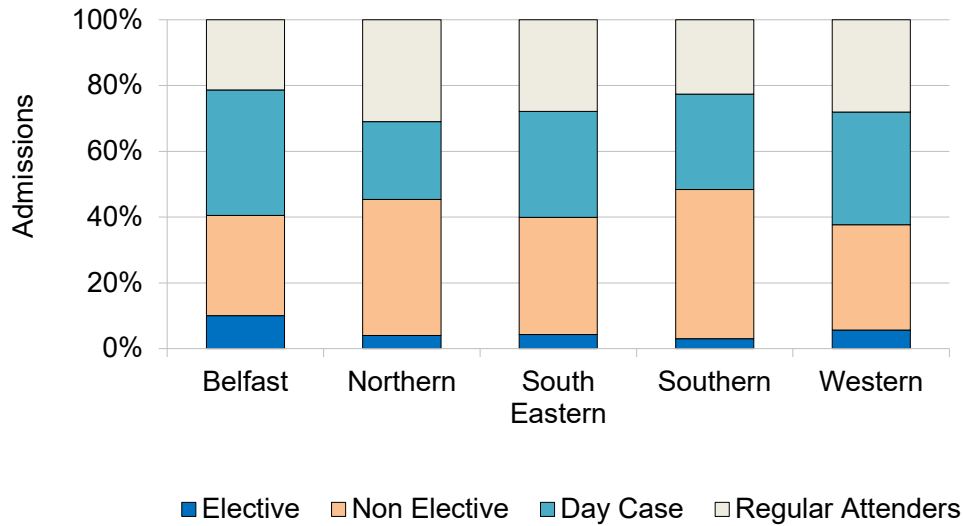


Figure 17: Proportion of Admissions in the Acute Programme of Care for each Patient Type by HSC Trust (2021/22)

Day Case Rate¹⁷

The day case rate has increased from 80.3% in 2017/18 to 84.3% in 2021/22. The greatest increase occurred between 2020/21 and 2021/22 when the day case rate increased from 82.6% to 84.3% of all elective admissions (Figure 18, **Table 1a**).

A method of reducing excess bed days and pre-operative length of stay is to increase the use of day case surgery for procedures such as tonsillectomies, cataract extractions and varicose vein removal where it is clinically safe to do so.

¹⁷ Refer to Appendix 2: Point 13

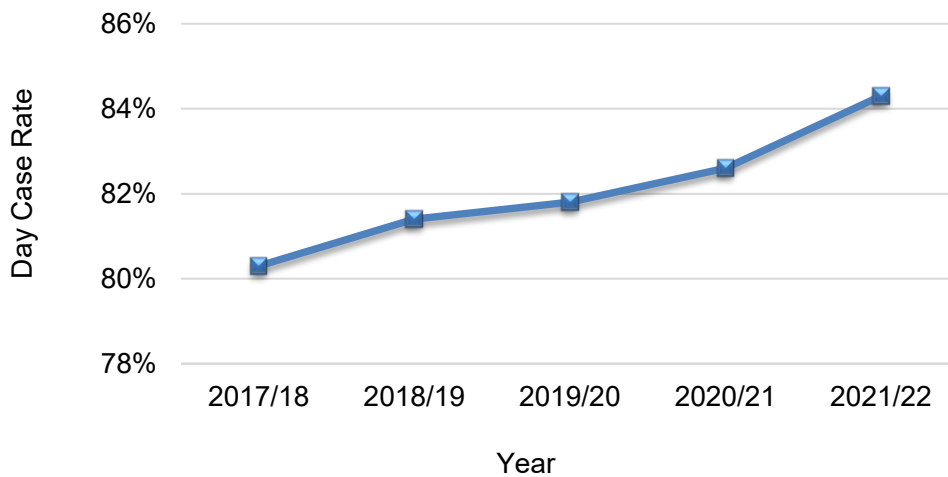


Figure 18: Day Case Rate for Admissions to HSC Hospitals under the Acute Programme of Care (2017/18 - 2021/22)

Within the acute programme of care, Southern HSC Trust had a day case rate of 90.5% in 2021/22 which was the highest of the five HSC Trusts. Belfast HSC Trust had the lowest day case rate with 79.2% of elective admissions recorded as day cases. However this may be explained by the provision of specialised regional services by the Belfast HSC Trust and on occasion, the higher numbers of complex cases (Figure 19, **Table 3a**).

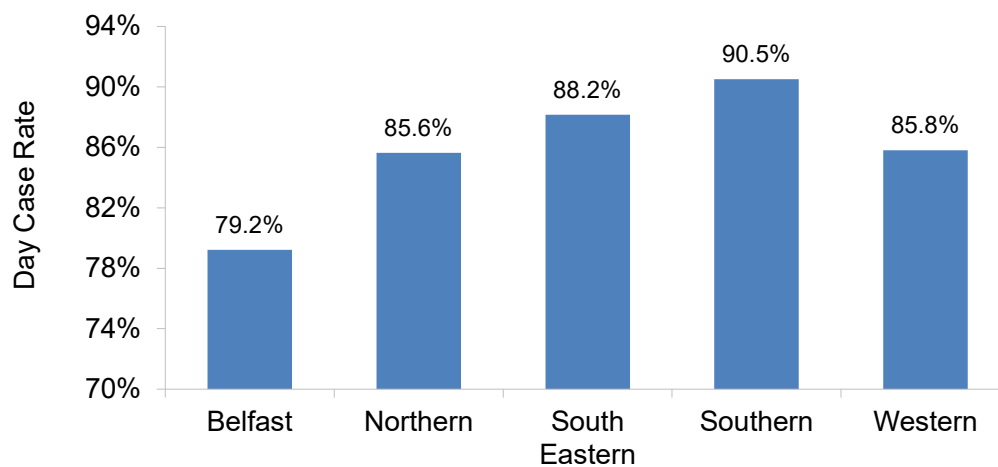


Figure 19: Day Case Rate for Admissions to HSC Hospitals under the Acute Programme of Care (2021/22)

Bed Availability

In the period between 2017/18 and 2021/22, the average number of available beds in the acute programme of care increased by 148.2 from 3,936.7 to 4,084.9. Between 2020/21 and 2021/22 there was an increase of 3.4% (133.4) from 3,951.5 to 4,084.9 beds (Figure 20, **Table 1a**).

Bed Occupancy

During 2021/22 there was an average of 3,175.1 occupied beds. This was an increase of 515.8 bed days (19.4%) on the 2,659.3 during the previous year, and a decrease of 95.8 bed days (2.9%) on the number of occupied beds in 2017/18 (Figure 20, **Table 1a**).

The occupancy rate for acute specialties in hospitals in Northern Ireland was 77.7% during 2021/22; this was an increase from 67.3% in 2020/21 (**Table 1a**).

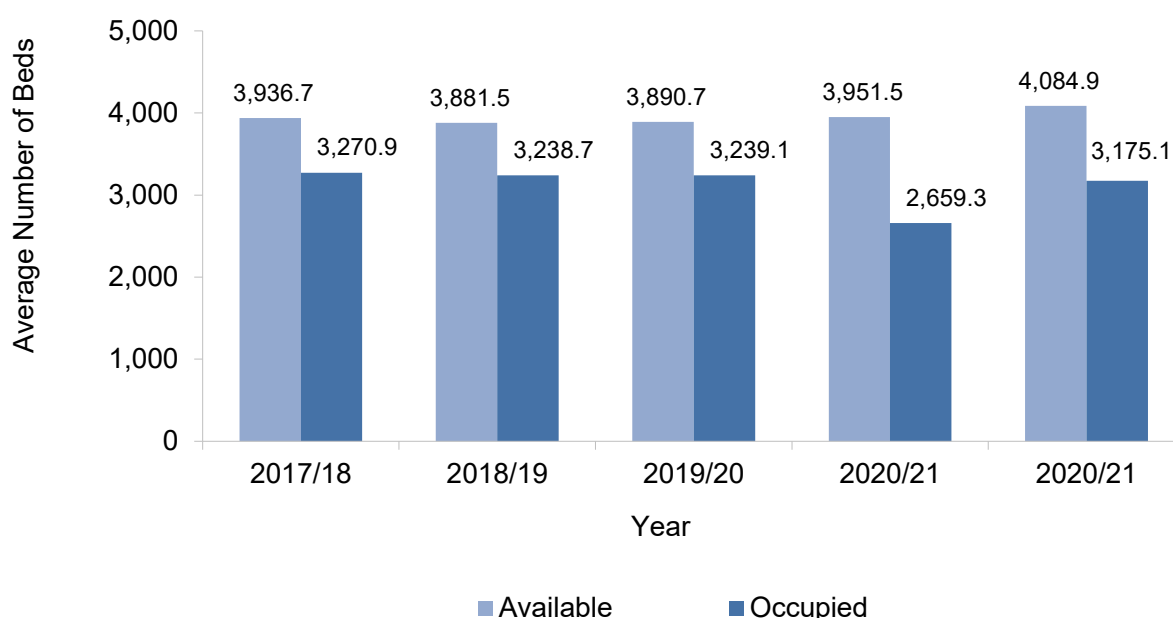


Figure 20: Average Number of Available and Occupied Beds in HSC Hospitals within the Acute Programme of Care (2017/18 - 2021/22)

Financial Year 2021/22

Of the 4,084.9 average available beds in Northern Ireland in 2021/22, 40.3% (1,645.0) were located in Belfast HSC Trust. Southern HSC Trust had the smallest percentage of available beds with 13.6% (556.2) (**Figure 21, Table 3a**).

South Eastern HSC Trust had the highest occupancy rate with 88.7% of all available beds occupied, while Belfast HSC Trust had the lowest occupancy with 67.7% of all available beds occupied (**Table 3a**).

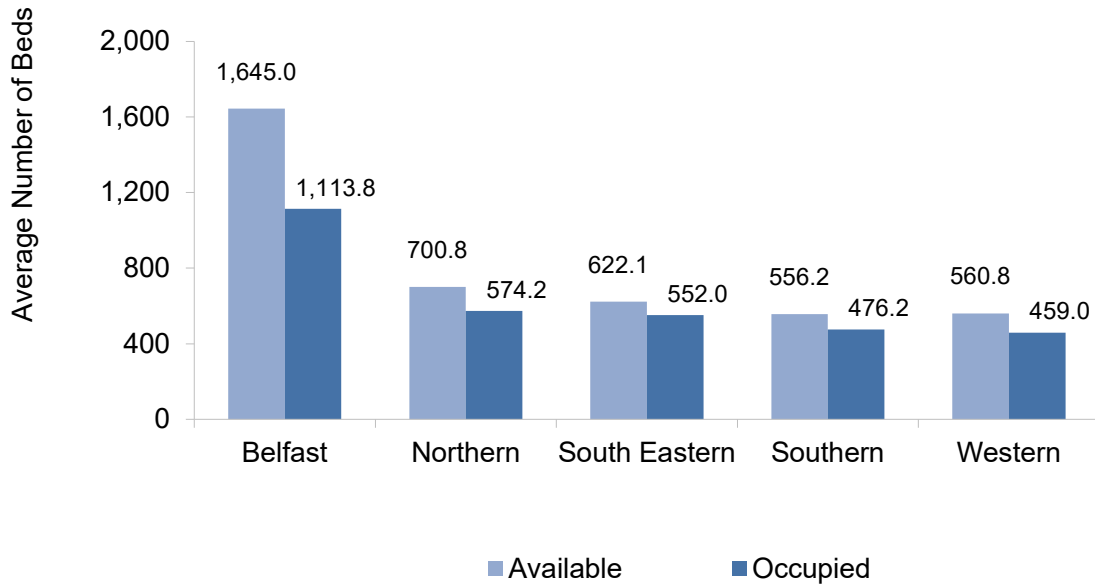


Figure 21: Average Number of Available and Occupied Beds within the Acute Programme of Care (2021/22)

Average Length of Stay

The average length of stay for admissions within the acute programme of care has increased between 2017/18 and 2021/22, from 5.2 days in 2017/18, to 6.2 days in 2021/22 (Figure 22, Table 1a).

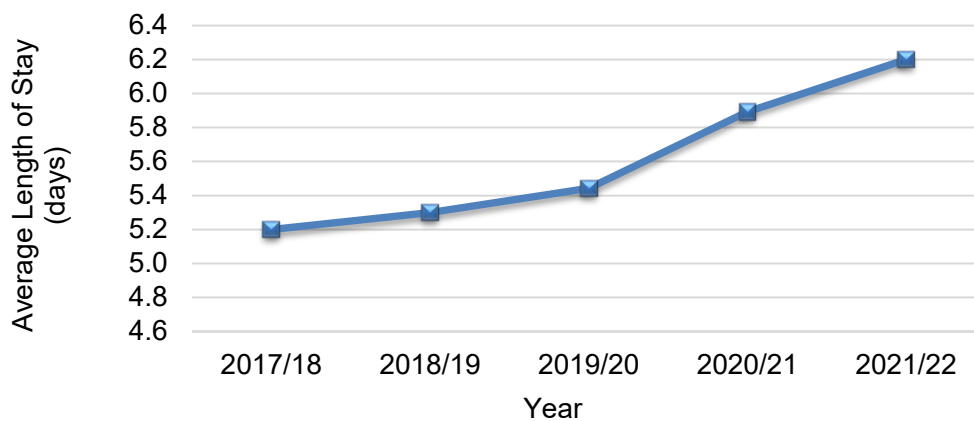


Figure 22: Average Length of Stay for Admissions within the Acute Programme of Care (2017/18 - 2021/22)

In 2021/22, admissions under the acute programme of care in Southern HSC Trust had the lowest average length of stay at 4.8 days. This is in contrast to Belfast HSC Trust where the average length of stay was highest at 7.4 days (Figure 23, Table 3a).

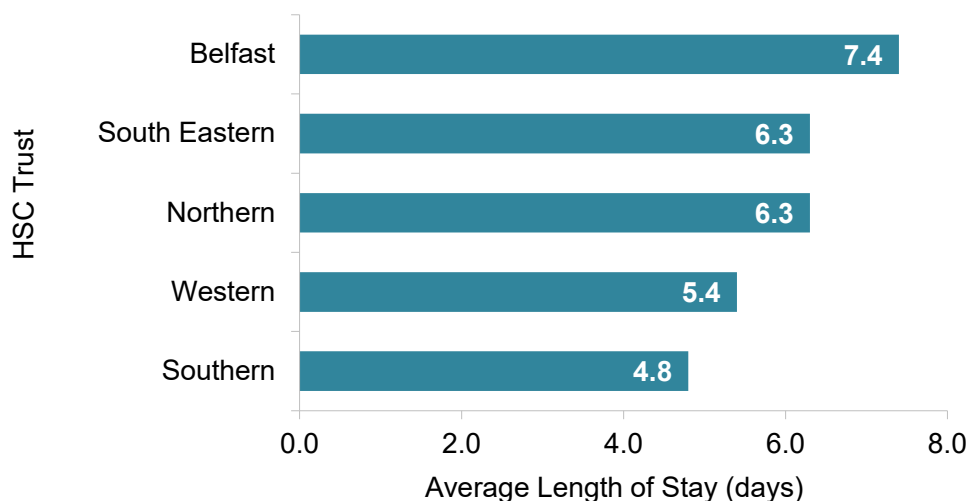


Figure 23: Average Length of Stay for Admissions within the Acute Programme of Care by HSC Trust (2021/22)

Specialty¹⁸

During 2021/22, the longest average length of stay across all acute specialties in Northern Ireland was under the Rehabilitation specialty where admissions lasted for an average of 36.0 days (Figure 24, **Table 2b**). During 2021/22, the shortest average length of stay across all acute specialties in Northern Ireland was under the Paediatric Dentistry specialty where admissions lasted for an average of 1.0 days (**Table 2b**).

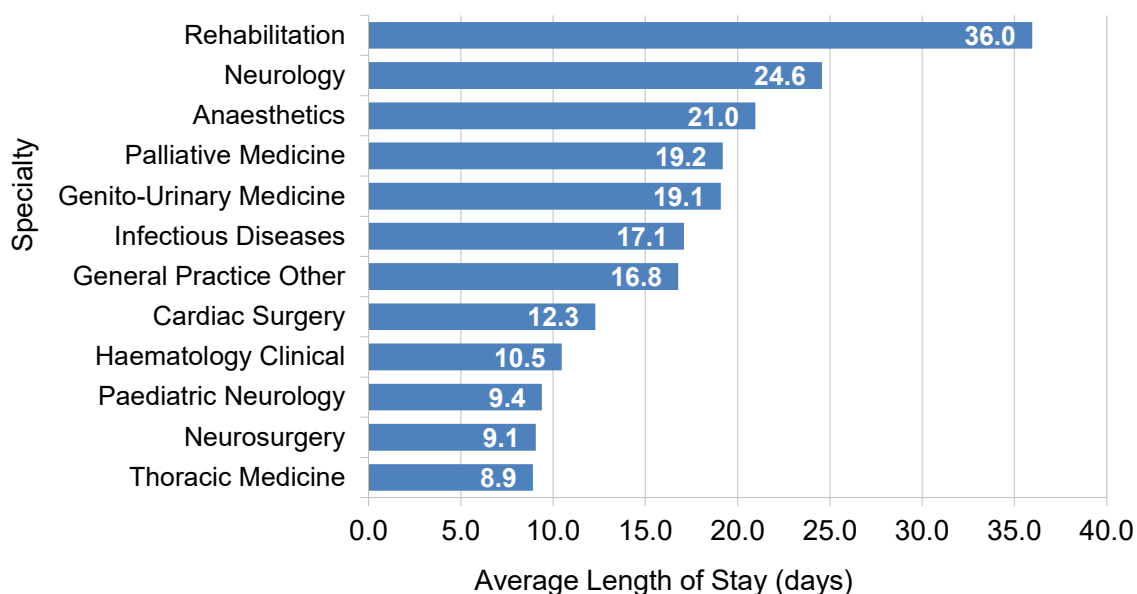


Figure 24: The Top 12 Acute Specialties that account for the Longest Average Length of Stay in Northern Ireland (2021/22)

¹⁸ Refer to Appendix 2: Point 14

Acute Services Independent Sector Activity¹⁹

Data users should note that 'Acute Services Independent Sector Activity' statistics are not designated as National Statistics.

An Independent Sector provider is a private sector healthcare company that is contracted by the HSC Trust in the provision of healthcare or in the support of the provision of healthcare. All Independent Sector admissions occurred within the Acute Programme of Care.

In 2021/22 there were 20,039 admissions to hospitals in Northern Ireland for an inpatient or day case procedure with an Independent Sector provider that was commissioned by the Health Service. This was an increase of 15,763 (368.6%) when compared with 2017/18 and an increase of 11,474 (134.0%) when compared with 2020/21 (Figure 25, **Table 1a**).

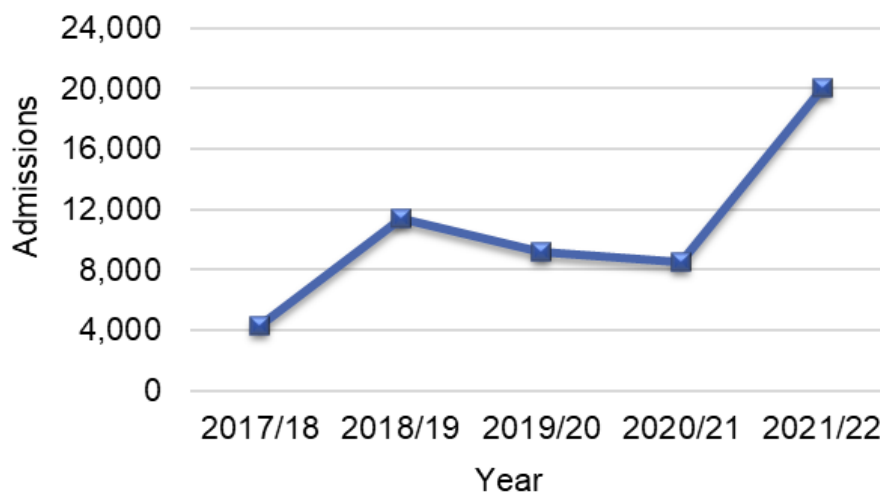


Figure 25: Total Admissions to Hospitals with an Independent Sector Provider (2017/18 - 2021/22)

Financial Year 2021/22

Of the 20,039 admissions to hospitals in Northern Ireland for an inpatient or day case procedure with an Independent Sector provider, the majority (92.5%; 18,527) were admitted for day case treatment while the remaining 7.5% (1,512) were admitted as an inpatient (**Table 3d**).

South Eastern HSCT and Belfast HSCT accounted for the highest percentage of admissions, 41.7% (8,363) and 34.2% (6,854) respectively, with an Independent Sector provider in Northern Ireland. Western HSC Trust had the lowest proportion of Independent Sector provider admissions, with 4.8% (956) of all Independent Sector admissions (Figure 26, **Table 1b**).

¹⁹ Refer to Appendix 2: Point 20

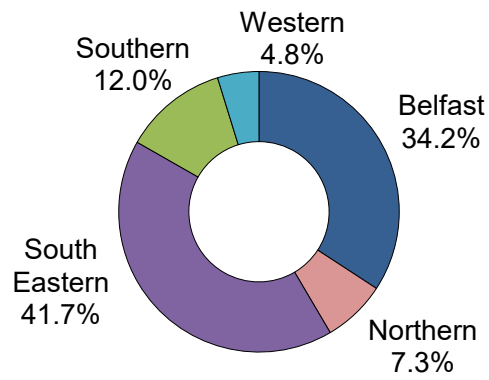


Figure 26: Total Admissions to Hospital with an Independent Sector Provider, by HSC Trust (2021/22)

Maternity and Child Health Programme of Care

Admissions under the maternity and child health programme of care account for 8.6% of all admissions in 2021/22 (**Table 1a**).

Only consultant-led admissions are counted on the KH03A statistical monitoring return, therefore it is not possible to calculate birth rates per admission, as four HSC Trusts operate midwife-led units.

5 Year Trend

In 2021/22 there were 43,698 admissions to hospitals in Northern Ireland under the maternity programme of care, an increase of 1,495 (3.5%) when compared with 2020/21 but a decrease of 3,907 (8.2%) when compared with 2017/18. The greatest change in maternity admissions was from 2019/20 (47,672) to 2020/21 (42,203). (Figure 27, **Table 1a**).

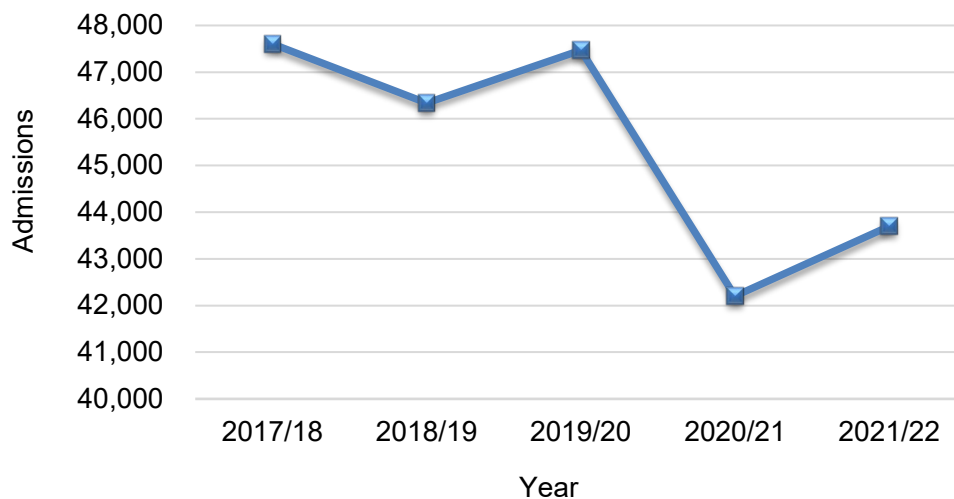


Figure 27: Total Admissions to HSC Hospitals under the Maternity Programme of Care (2017/18 - 2021/22)

Financial Year 2021/22

In 2021/22, 25.9% (11,329) of admissions to hospital under the maternity and child health programme of care were in Southern HSC Trust, followed by 22.2% (9,680) in Belfast HSC Trust (Figure 28, **Table 4a**).

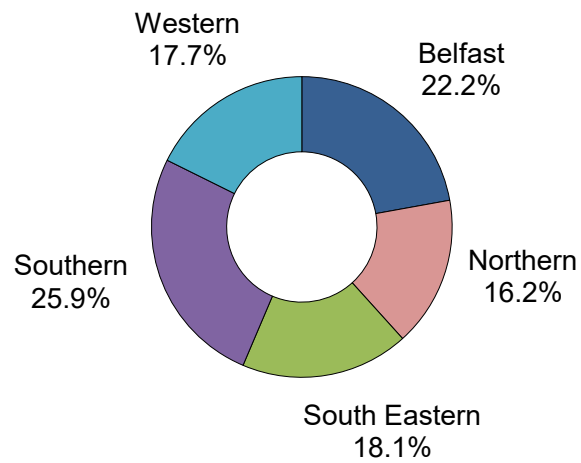


Figure 28: Total Admissions to Hospital within the Maternity and Child Health Programme of Care by HSC Trust (2021/22)

Bed Availability

The average number of available beds decreased by 9.6% from 454.2 in 2017/18 to 410.4 in 2021/22. Average occupied beds decreased from 265.2 to 225.3 over the same period, a fall of 15.0%. Average available beds were 2.9% lower (12.4) in 2021/22 than in 2020/21. (Figure 29, **Table 1a**).

Bed Occupancy

The occupancy rate for maternity specialties in hospitals in Northern Ireland was 54.9% during 2021/22; this is an increase from 49.4% in 2020/21 and a decrease from 58.4% in 2017/18 (Figure 29, **Table 1a**).

Financial Year 2021/22

Of the 410.4 average available beds in Northern Ireland in 2021/22, 23.6% (96.7) were located in Northern HSC Trust. Western HSC Trust had the smallest percentage of available beds, with 16.5% (67.7) (**Table 4a**).

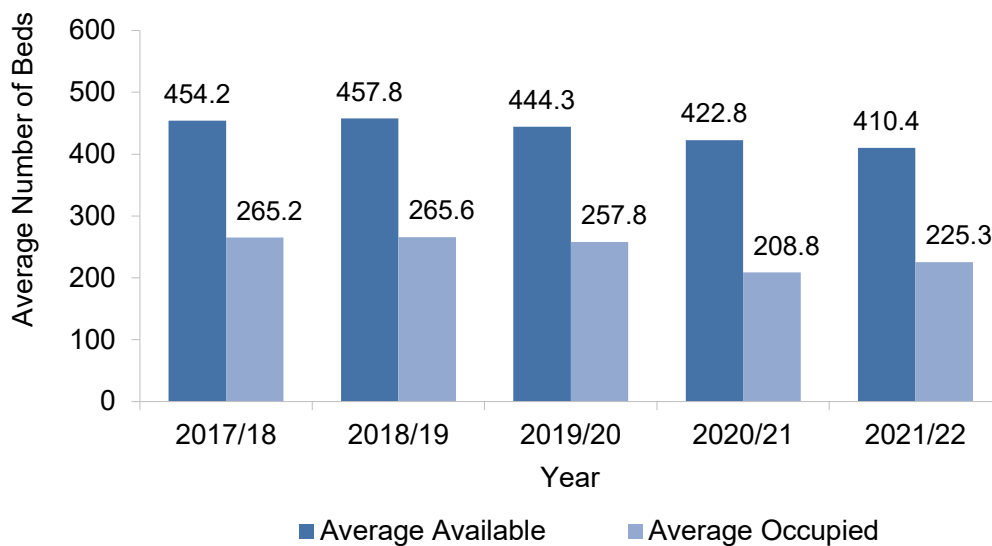


Figure 29: Average Number of Available and Occupied Beds in HSC Hospitals within the Maternity and Child Health Programme of Care (2017/18 - 2021/22)

Hospital Births²⁰

Data users should note that 'Hospital Births' statistics are not designated as National Statistics.

Hospital Births statistics relate only to births that occurred, either while admitted to an HSC Trust Hospital in Northern Ireland; or while *en route* to an HSC Trust hospital, immediately prior to admission. Therefore, these figures do not reflect the number of home births in Northern Ireland, and are not comparable to Birth Registrations data.

The total number of births in hospital in Northern Ireland decreased by 5.9% (1,359) from 23,154 births in 2017/18 to 21,795 births in 2021/22. Between 2020/21 and 2021/22 total births increased by 264 (1.2%) (Figure 30).

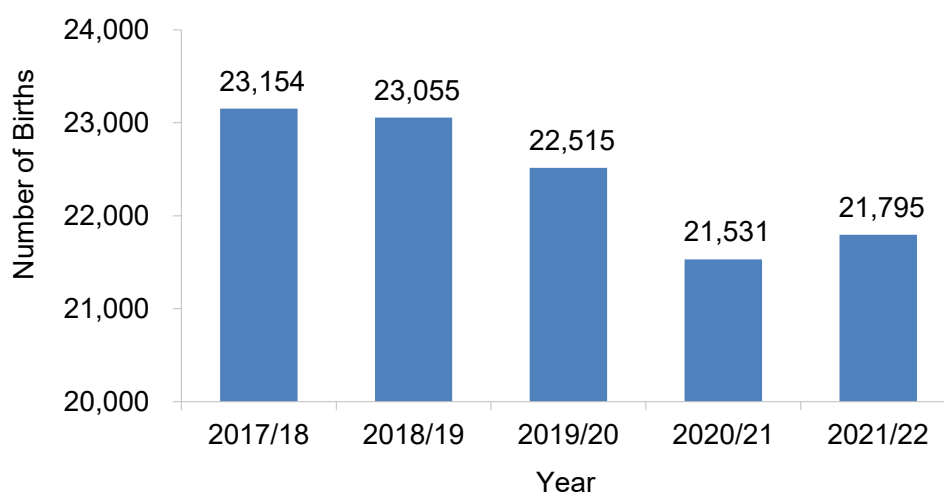


Figure 30: Total Births in HSC Hospitals (2017/18 - 2021/22)

Financial Year 2021/22

In 2021/22, just under a quarter (5,268, 24.2%) of all births were in the Southern HSC Trust, followed by Belfast HSC Trust with 22.0% of all births (4,786). Western HSC Trust had the lowest percentage of births with 16.9% (3,674) (Figure 31, **Table 4c**).

During 2021/22, the majority of live births (88.2%) were consultant-led births²¹. The remaining 11.8% of live births were midwife-led²². Still births accounted for 0.4% (95) of all births (**Table 4c**).

²⁰ Refer to Appendix 2: Point 21

²¹ Refer to Appendix 2: Point 22

²² Refer to Appendix 2: Point 23

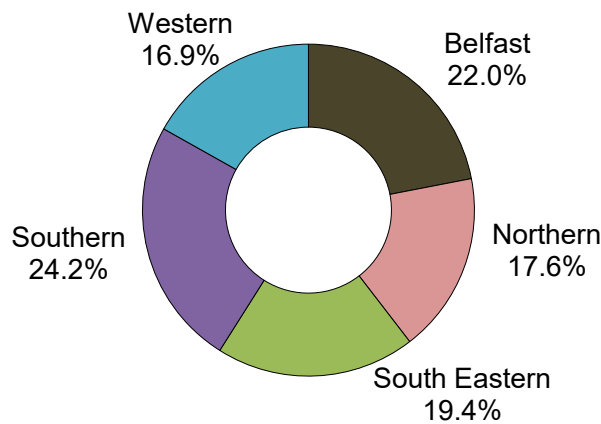


Figure 31: Total Births in HSC Hospitals by HSC Trust (2021/22)

Of the 21,795 births in Northern Ireland in 2021/22, 52.3% (11,402) were normal vertex and normal cephalic deliveries. A total of 7,818 (35.9%) births were carried out by caesarean section, of which 4,189 (19.2%) were elective and 3,629 (16.7%) were emergency (Figure 32, Table 4d).

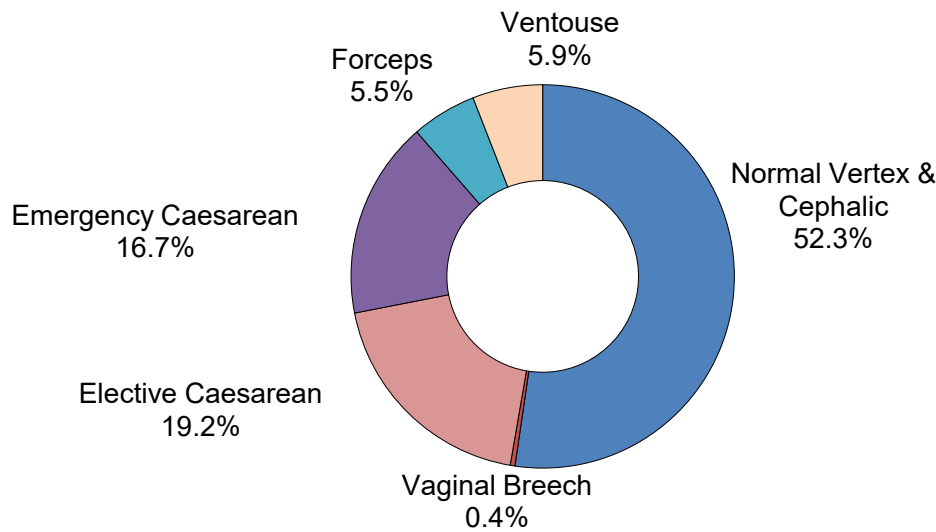


Figure 32: Total Births in HSC Hospitals by Method of Delivery (2021/22)

Southern HSC Trust had the highest caesarean section rate with 25.6% (2,004), of all births within the Trust being via caesarean, while Western HSC Trust had the lowest rate with 17.7% (1,387), (Table 4d).

Elderly Care Programme of Care

Admissions under the Elderly Care programme of care accounted for 3.2% of all admissions in 2021/22. There were 16,234 admissions to hospital in Northern Ireland under the Elderly Care programme of care, a decrease of 2,530 (13.5%) when compared with 2017/18 and an increase of 93 (0.6%) when compared with 2020/21 (Figure 33, **Table 1a**).

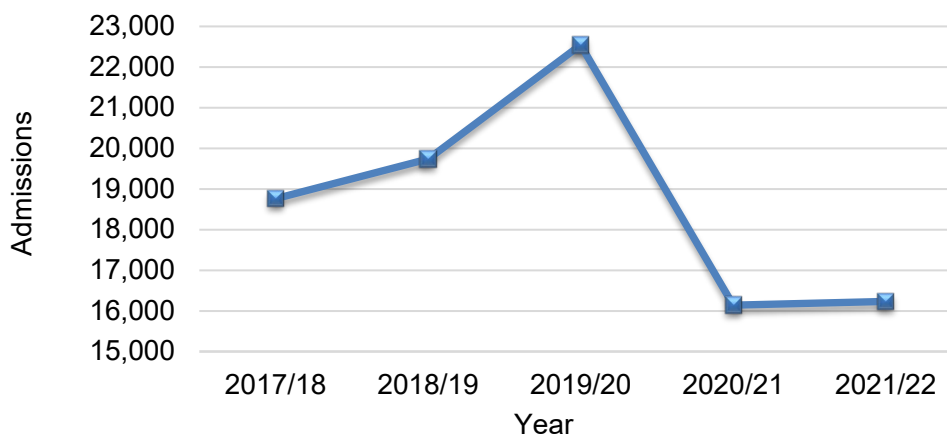


Figure 33: Total Admissions to HSC Hospitals under the Elderly Care Programme of Care (2017/18 - 2021/22)

The number of average available beds under the Elderly Care programme of care decreased by 14.4% (125.0) between 2017/18 and 2021/22. The average occupied beds under the elderly care programme of care fell by 13.8% (109.9) between 2017/18 and 2021/22. (Figure 34, **Table 1a**). Between 2020/21 and 2021/22, the average number of available beds increased by 1.5% (10.7) with number of occupied beds increasing by 18.7% (107.9) (Figure 34, **Table 1a**).

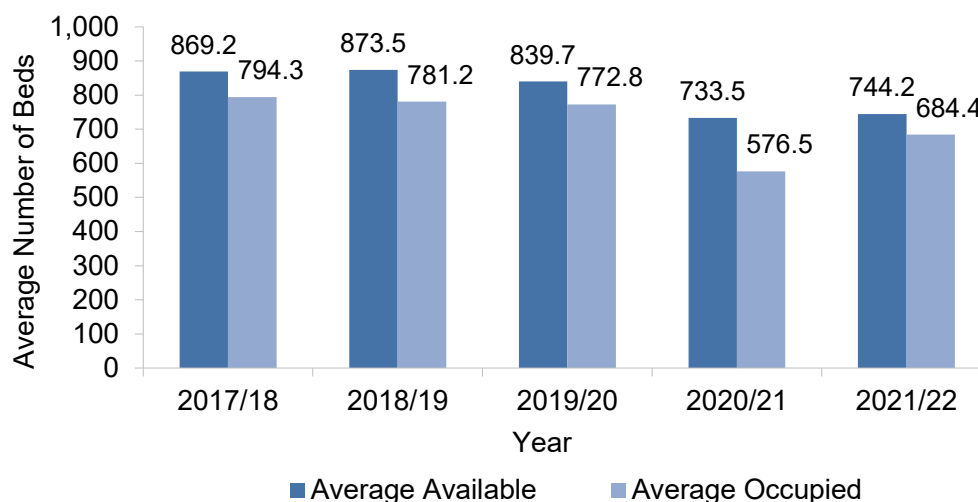


Figure 34: Average Number of Available and Occupied Beds in HSC Hospitals within the Elderly Care Programme of Care (2017/18 - 2021/22)

Within the last five years, the greatest number of day cases in the elderly care programme of care was 310 in 2017/18. In 2021/22 there were 122 fewer day cases compared to 5 years ago in 2017/18, but 135 more than in 2020/21 (Figure 35, Table 1a).

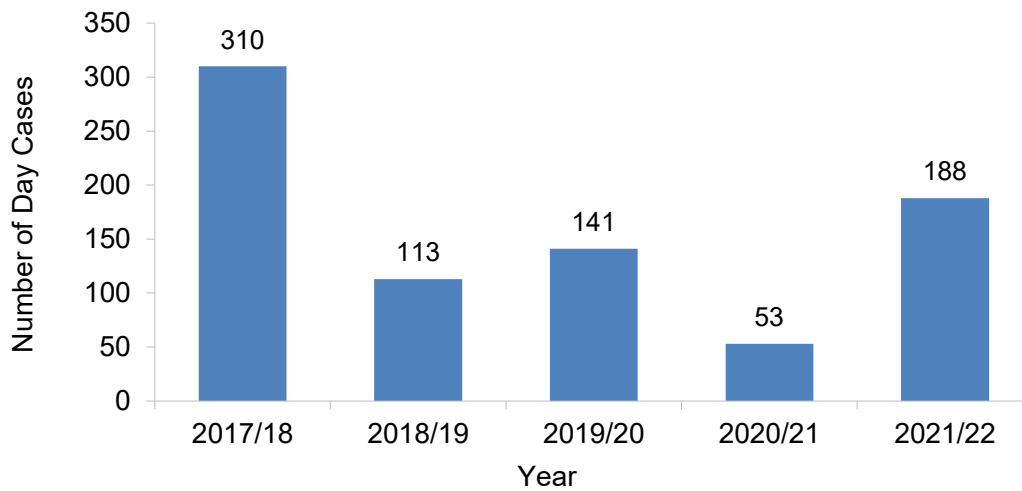


Figure 35: Day Case Admissions to HSC Hospitals within the Elderly Care Programme of Care (2017/18 - 2021/22)

The average length of stay for Elderly Care admissions has decreased by 0.1 days between 2017/18 (15.7 days) and 2021/22 (15.6 days). Between 2020/21 and 2021/22 the average length of stay increased by 2.5 days, (Figure 36, Table 1a).

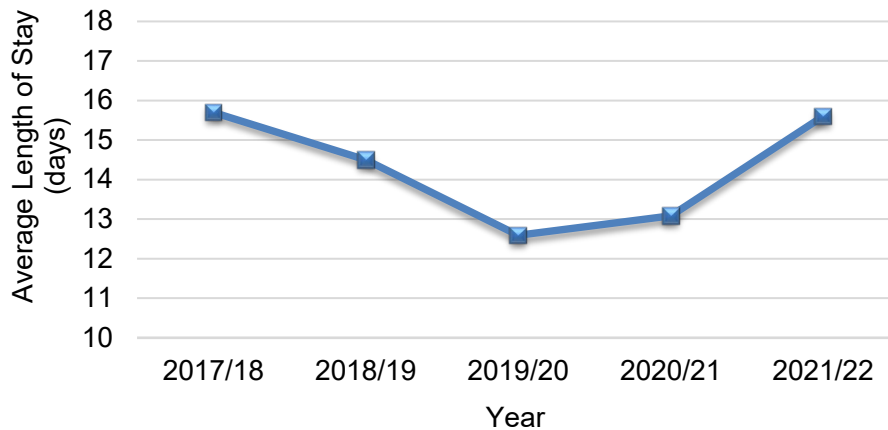


Figure 36: Average Length of Stay for Admissions within the Elderly Care Programme of Care (2017/18 - 2021/22)

Financial Year 2021/22

In 2021/22, 23.8% (3,869) of elderly care admissions were in Southern HSC Trust while Western HSC Trust had the fewest, accounting for 13.9% (2,252) of all Elderly Care admissions (**Figure 37**, Table 5).

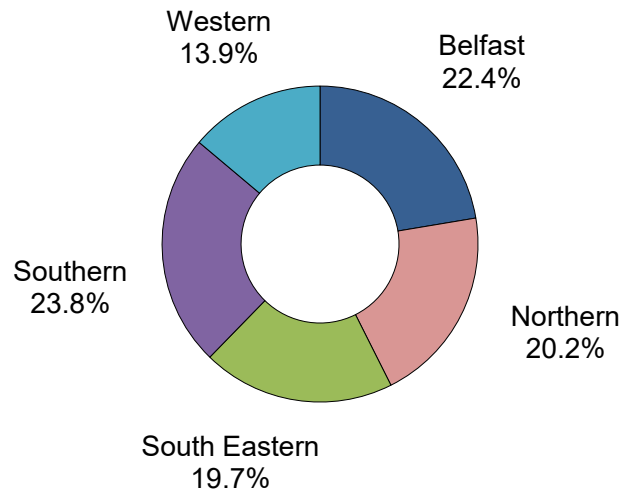


Figure 37: Total Admissions to Hospital within the Elderly Care Programme of Care by HSC Trust (2021/22)

Mental Health Programme of Care

Admissions under the Mental Health programme of care accounted for 0.9% of all admissions in 2021/22. Mental health admissions decreased by 250 (5.2%) between 2017/18 (4,843) and 2021/22 (4,593) (Figure 38, **Table 1a**).

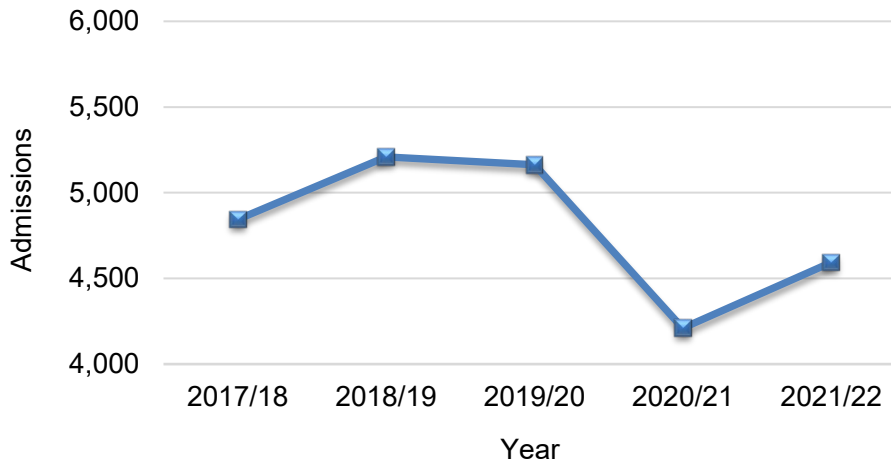


Figure 38: Total Admissions to HSC Hospitals under the Mental Health Programme of Care (2017/18 - 2021/22)

There was an average of 487.9 available beds, an increase of 2.0 (0.4%) on the 485.9 available beds during the previous year, and a decrease of 21.2 bed days (4.2%) since 2017/18. There was an average of 466.4 occupied beds, an increase of 16.3 (3.6%) on the 450.1 occupied beds during the previous year, but a decrease of 8.1 beds (1.7%) since 2017/18, (Figure 39, **Table 1a**).

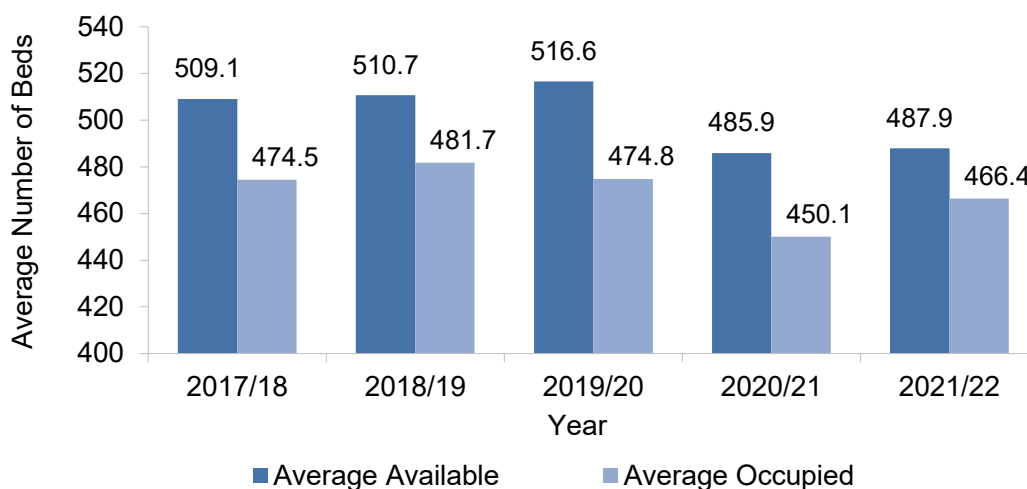
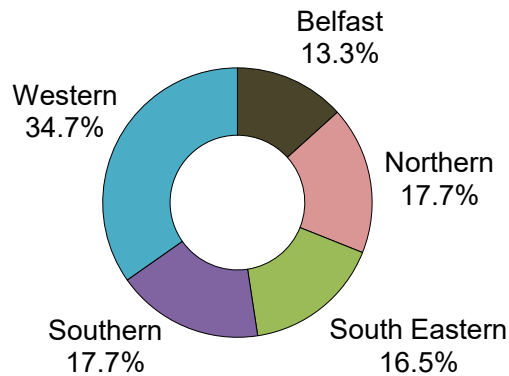


Figure 39: Average Number of Available and Occupied Beds in HSC Hospitals within the Mental Health Programme of Care (2017/18 - 2021/22)

Financial Year 2021/22

In 2021/22, 34.7% (1,596) of a total of 4,593 admissions under the Mental Health programme of care were in Western HSC Trust. Belfast HSC Trust had the lowest percentage of mental health admissions with 13.3% (611) of the total, (Figure 40, **Table 6**).

Figure 40: Total Admissions to Hospital within the Mental Health Programme of Care by HSC Trust (2021/22)



Further information on hospital activity within the Mental Health and Learning Disability programmes of care during 2021/22 will be published on 2nd September 2022 at:

<https://www.health-ni.gov.uk/topics/doh-statistics-and-research-mental-health-and-learning-disabilities/mental-health-and-learning-disability-statistics>

Learning Disability Programme of Care

Admissions under the learning disability programme of care accounted for approximately 0.01% of all admissions. The number of learning disability admissions decreased by 145 from 201 in 2017/18 to 56 in 2021/22 (72.1%) (Figure 41, **Table 1a**).

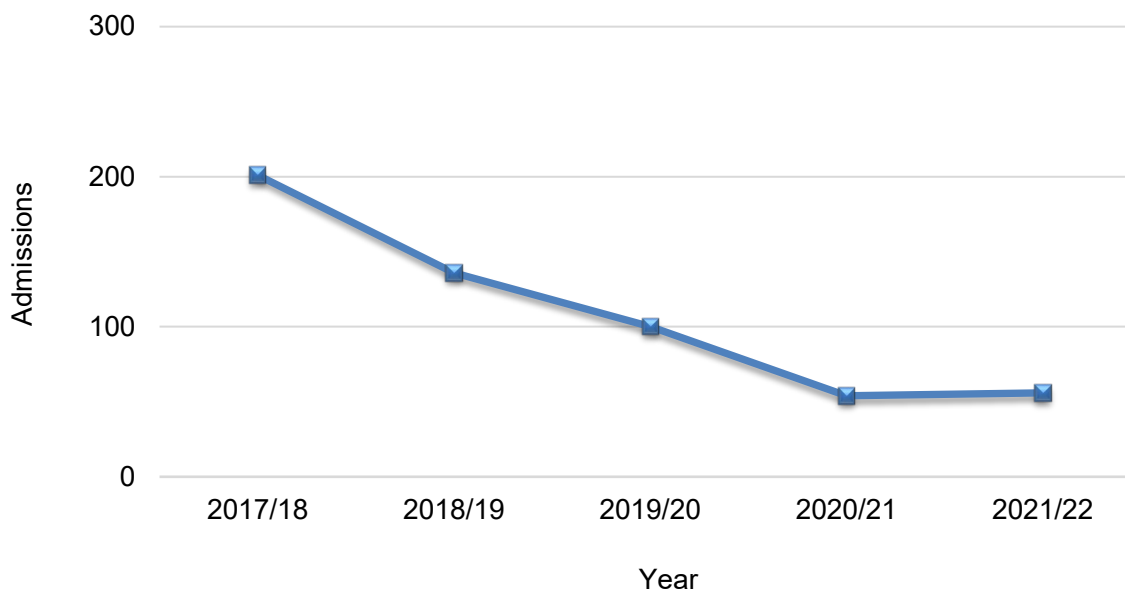


Figure 41: Total Number of Admissions to HSC Hospitals within the Learning Disability Programme of Care (2017/18 - 2021/22)

The number of both average available and occupied beds in the learning disability programme of care decreased between 2017/18 and 2021/22 from 124.1 to 76.8 available (38.1%) and from 117.5 to 65.1 occupied (44.6%), (Figure 42, **Table 1a**).

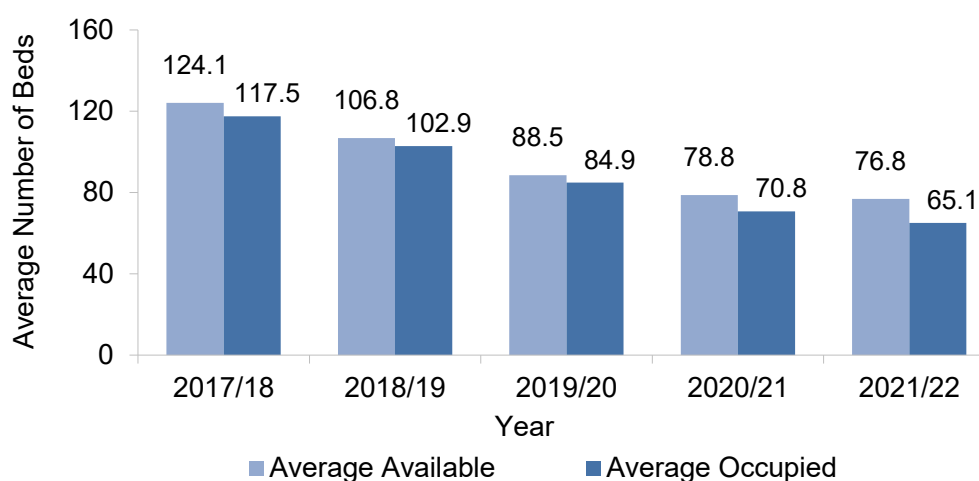


Figure 42: Average Number of Available and Occupied Beds in HSC Hospitals within the Learning Disability Programme of Care (2017/18 - 2021/22)

Appendix 1: Specialties by Programme of Care

Programmes of Care (POCs) are divisions of healthcare, into which activity and finance data are assigned. 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.

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 (Clinical)
 311 Clinical Genetics
 314 Rehabilitation
 315 Palliative Medicine
 320 Cardiology
 330 Dermatology
 340 Thoracic Medicine
 350 Infectious Diseases
 360 Genito-Urinary Medicine
 361 Nephrology
 370 Medical Oncology
 400 Neurology
 401 Clinical Neuro-Physiology
 410 Rheumatology
 420 Paediatrics

POC 1 - Acute Services (Cont.)

421 Paediatric Neurology
 450 Dental Medicine
 502 Gynaecology
 620 GP Other
 800 Clinical Oncology
 810 Radiology
 822 Chemical Pathology
 823 Haematology
 990 Joint Consultant Clinics
 999 Other Specialties

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 2: Definitions

1. Programme of Care

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.

2. Inpatients

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

3. Day Case

A patient admitted electively during the course of a day with the intention of receiving care who does not require the use of a hospital bed overnight and who returns home as scheduled. If this original intention is not fulfilled and the patient stays overnight, such a patient should be counted as an inpatient. Regular attenders have been included within the day case statistics for all programmes of care but presented separately for the acute programme of care.

4. 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 for admissions.

5. Average Available/Occupied Beds

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

6. Percentage Occupancy

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

Note: In exceptional circumstances, the number of average occupieds bed may exceed the number of average available beds. This can be due to both patient management and/or recording methods.

$$\text{Occupancy (\%)} = \frac{\text{Average Daily Occupied Beds}}{\text{Average Daily Available Beds}} \times 100$$

7. Throughput

A measurement of the average number of inpatient admissions treated in each available bed open overnight each year. Day Cases and regular attenders are excluded from the calculation. Where small values of average available and average occupied beds have resulted in a throughput value greater than 365, this has been set to '-', as 365 is the maximum possible value of throughput.

$$\text{Throughput} = \frac{\text{Total Inpatients}}{\text{Average Available Beds}}$$

8. Turnover Interval

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

$$\text{Turnover Interval} = \frac{(\text{Average Available Beds} - \text{Average Occupied Beds}) \times \text{Days in Year}}{\text{Total Inpatients}}$$

9. 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.

Note: 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.

$$\text{Average Length of Stay} = \frac{\text{Average Daily Occupied Beds} \times \text{Days in Year}}{\text{Total Inpatients}}$$

10. Elective Inpatient

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

11. Non-Elective Inpatient

A patient for whom admission is unpredictable and at short notice because of clinical need.

12. Regular Day/Night Attender

A patient who is admitted electively and regularly for a planned sequence of days or nights and who returns home for the remainder of the 24 hour period. This method of admission is particularly common for Renal Dialysis and Chemotherapy. Regular attenders have been included within the day case statistics for all programmes of care with the exception of acute services.

13. Day Case Rate

The number of day cases is given as a percentage of elective inpatients.

$$\text{Day Case Rate} = \frac{\text{Total Day Cases}}{\text{Total Elective Inpatients} + \text{Total Day Cases}} \times 100$$

14. 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.

15. Use of Operating Theatres

It is not possible to split cases operated on in the Royal Maternity and Altnagelvin Hospitals into the 4 National Confidential Enquiry into Patient Outcome and Death (NCEPOD) classifications, therefore all non-elective cases are reported under the urgent category. Information relating to availability and use of operating theatres excludes the following:

- Obstetric delivery room containing a delivery bed;
- Dental treatment room or surgery containing a dental chair;
- X-ray room, whether diagnostic or therapeutic;
- Room only used to carry out endoscopy.

16. Immediate

Immediate life, limb or organ-saving intervention – resuscitation simultaneous with intervention. Normally within minutes of decision to operate.

- a) Life-saving
- b) Other e.g. limb or organ saving

17. Urgent

Intervention for acute onset or clinical deterioration of potentially life-threatening conditions, for those conditions that may threaten the survival of limb or organ, for fixation of many fractures and for relief of pain or other distressing symptoms. Normally within hours of decision to operate.

18. Expedited

Expedited patient requiring early treatment where the condition is not an immediate threat to life, limb or organ survival. Normally within days of decision to operate.

19. Elective

Elective intervention planned or booked in advance of routine admission to hospital. Timing to suit patient, hospital and staff.

20. Acute Services Independent Sector Activity

This is the number of health service patients who were admitted for acute inpatient or day case treatment with an Independent Sector provider. An Independent Sector provider is a private sector healthcare company that is contracted by the HSCT in the provision of healthcare or in the support of the provision of healthcare.

21. Live/Still Birth

A birth can be classified as 'live' or 'still'. A still birth is where, after a gestation period of at least 24 weeks, the baby shows no identifiable signs of life at delivery. Figures relate to only those births that occurred within a hospital, i.e. home births are not included.

22. Consultant-led Unit

Consultant-led units are maternity units where assistance from an obstetrician, anaesthetist or neonatologist/paediatrician is available. Consultant-led units need to be able to care for women with complex needs.

23. Midwife-led Unit

Midwife-led units are maternity units run solely by midwives. They can either stand alongside a consultant-led unit or be free standing. Midwife led units will only admit women experiencing a straightforward pregnancy and birth.

Appendix 3: Data in the Publication

The data contained in this publication are presented on an annual basis. They represent inpatient and day case activity at inpatient services at Health and Social Care (HSC) hospitals in Northern Ireland and Independent Sector providers.

This data has been compiled from the quarterly Körner Aggregate Returns (KARs) and the Hospital Inpatient System (HIS). This publication refers to all acute, maternity, mental illness and learning disability hospitals. The Independent Sector activity data have been compiled from the Independent Sector Part 2 (IS1 Part 2) return. They refer to all activity that takes place in Independent Sector providers commissioned by the Health Service.

Inpatient Activity by Admission Method, Specialty, Hospital, HSC Trust, Programme of Care (POC)

Description of data

Data are presented on the number of available and occupied beds and inpatient admissions in Northern Ireland. Data are presented by the HSC hospital of admission, which are then aggregated up to HSC Trust, in Northern Ireland.

Acute data are split by admission method into elective inpatient, non-elective inpatient, day case and regular attenders. The sum of the elective inpatients and non-elective inpatients totals the number of inpatients. Similarly, the sum of the day cases and the regular attenders equals the total number of day cases within the acute POC.

Non acute data are split by admission method into inpatient and day case admissions. Patients who are treated at an accident and emergency department but are not subsequently admitted are not included.

Data provider

Available and occupied beds for all programmes of care and non-acute activity data are sourced via the Departmental Return KH03a. Acute activity data are sourced from the Hospital Inpatient System.

Guidance on using data

Average Available/Occupied Beds – this is the number of available and occupied beds during the year in wards that are open overnight.

Specialty – this is the number of admissions within each medical specialty. Medical specialty is determined by the consultant in charge of the treatment of the patient. Each consultant employed by an HSC Trust will have an allocated specialty of employment, and it will be this specialty against which the patient's admission will be reported.

Programme of Care (PoC) – 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.

Use of Operating Theatres, by Session Type, Hospital, HSC Trust, Programme of Care

Data provider - Theatre Management System through the Business Objects Data Warehouse.

Guidance on using data

Cases Operated On – These data provide insight into the usage of theatre resources by different specialties.

Acute Independent Sector Inpatient Admissions by Appointment Type, Specialty and HSC Trust

Description of data

This relates to the number of health service patients who were admitted for an acute inpatient procedure with an Independent Sector provider. Data are presented by specialty and commissioning HSC Trust (the HSC Trust responsible for the patient's waiting time), in Northern Ireland. These are not National Statistics.

Data provider - Departmental Return IS1 Part 2 by the HSC Board, which is responsible for the regional commissioning of independent sector provision.

Guidance on using data

Independent Sector provision is introduced when the demand for certain types of inpatient service is greater than the capacity within HSC hospitals. When this situation results in increases in both the number of patients waiting and the length of time waiting, patients may be admitted for a procedure undertaken by an Independent Sector provider. The cost of treating these patients is met by the transferring HSC Trust.

Number of Live and Still Births in Hospital and Type of Delivery by Hospital, HSC Trust.

Description of data

Data on the number of births in HSC Hospitals in Northern Ireland. Data are split by both live and still births and method of delivery and presented by hospital and type of unit.

Data provider - Data are sourced directly from HSC Trusts, via the KP19 Departmental Return.

Guidance on using data

This relates to the number of births in hospital, (home births are not included) and provides information on which HSC Trusts have the highest numbers of births.

Appendix 4: About Hospital Information Branch

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 survey return templates.

The Head of Branch is Principal Statistician, Siobhán Morgan. 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 DoH, 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: <https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research/hospital-statistics>

The Commissioning Plan Direction is a strategic plan set by the Minister of Health. This defines key government priorities, which outline the vision for delivering improved health and social care outcomes and services to the people of Northern Ireland. The DoH sets a number of its own targets. Details of the draft associated targets for 2019/20 can be found via the following link:

<https://hscboard.hscni.net/download/PUBLICATIONS/COMMISSIONING%20PLANS/Commissioning-Plan-2019-20.pdf>

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

Internet address: <https://www.health-ni.gov.uk/topics/doh-statistics-and-research>

Publication Revisions: None.