

INFORMATION
ANALYSIS
DIRECTORATE



Hospital Statistics Inpatient and Day Case Activity Northern Ireland

2018/19

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An Roinn Sláinte

Máinnstríe O Poustie

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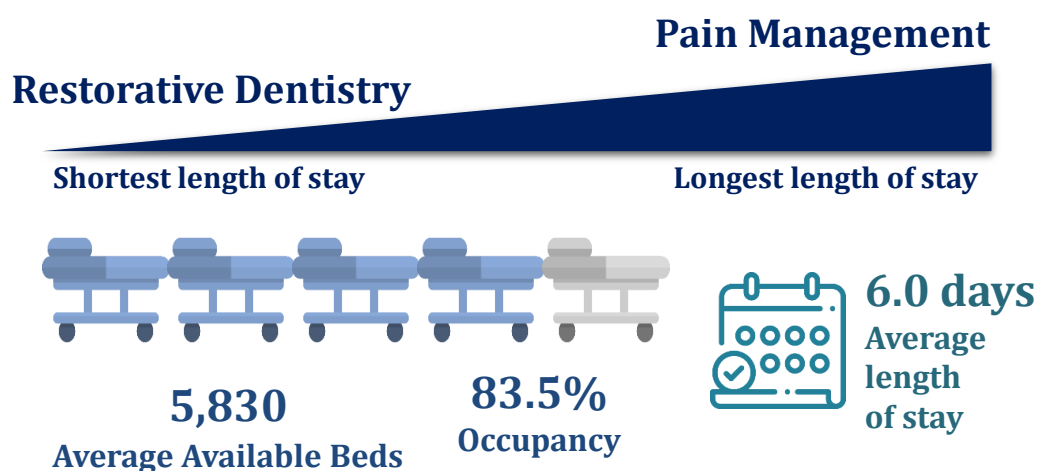
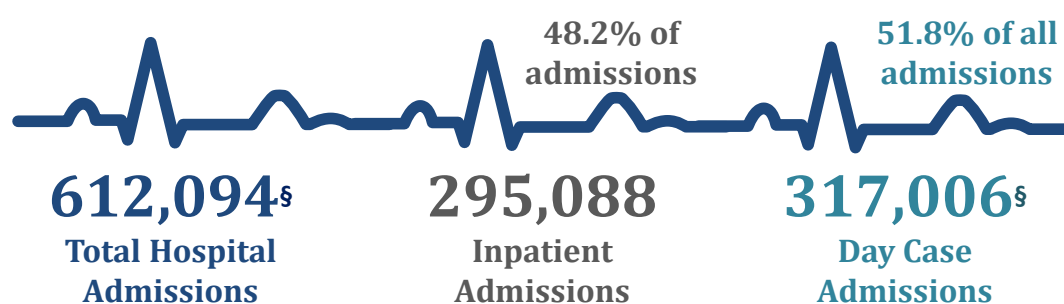


NISRA

Northern Ireland
Statistics and Research Agency
Gníomhaireacht Thuaisceart Éireann
um Staitisticí agus Taighde

Key Points 2018/19

- During 2018/19 there were 612,094[§] inpatient and day case admissions to hospital in Northern Ireland. This was an increase of 0.7% (4,031[§]) on the number of admissions during 2017/18 and an increase of 1.0% (5,950[§]) on the number admitted during 2014/15. Of the 612,094[§] admissions, 48.2% (295,088) were inpatient admissions and 51.8% (317,006[§]) were day cases.
- The day case rate for Acute services has increased from 78.3% in 2014/15 to 81.4% in 2018/19. The greatest increase occurred between 2017/18 and 2018/19 when the day case rate increased from 80.3% to 81.4%.



- Between 2014/15 and 2018/19, the average number of available beds decreased by 3.4% (203.8) from 6,034.3 to 5,830.4. The greatest decrease in average available beds was evident in the Learning Disability programme of care, falling by 17.3 (13.9%) beds from 124.1 in 2017/18 to 106.8 in 2018/19.
- Occupancy rate in hospitals was 83.5% during 2018/19; this was an increase from 83.2% in 2014/15. Average length of stay in hospitals has remained stable at 6.0 days in 2018/19.

§ Refer to Appendix 4: Revisions Note

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 Official 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.

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Further out more about National Statistics at:

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

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

<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/pre-release-hs-inpatient-day-case-stats.pdf>

Reader Information

<i>Purpose:</i>	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 2019. 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-201819
<i>Guidance:</i>	It is recommended that readers refer to the 'Technical notes' and 'Definitions' detailed in this report, including guidance on data revisions and using the data in this release.
<i>Authors:</i>	Katie Harvey, Seán Mallon, Siobhán Morgan
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<i>Contact Information:</i>	We invite you to feedback your comments on this publication to: Email: Katie.Harvey@health-ni.gov.uk
<i>Statistical Quality:</i>	Information detailed in this release has been provided by HSC Trusts and was validated by Hospital Information Branch (HIB) prior to release.
<i>Target Audience:</i>	DoH, Chief Executives of HSC Board and Trusts in Northern Ireland, Health Care Professionals, Academics, HSC Stakeholders, Media & General Public.
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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.

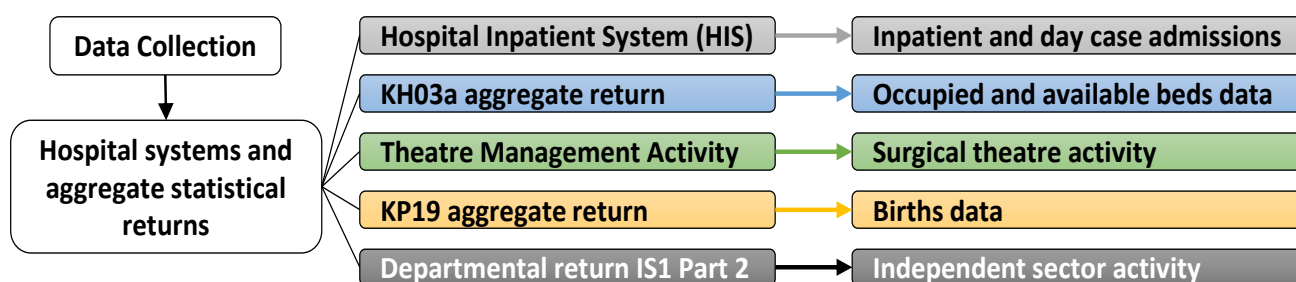


Figure 1: Summary of data collection using electronic patient level administrative system and statistical returns.

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 inpatient and day case activity 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:

<http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=192>

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 2018/19.

Total Admissions⁴

During 2018/19, there was a total of 612,094[§] admissions to hospitals in Northern Ireland. This was an increase of 5,950[§] (1.0%) on the number admitted in 2014/15 (Figure 2; Table 1a).

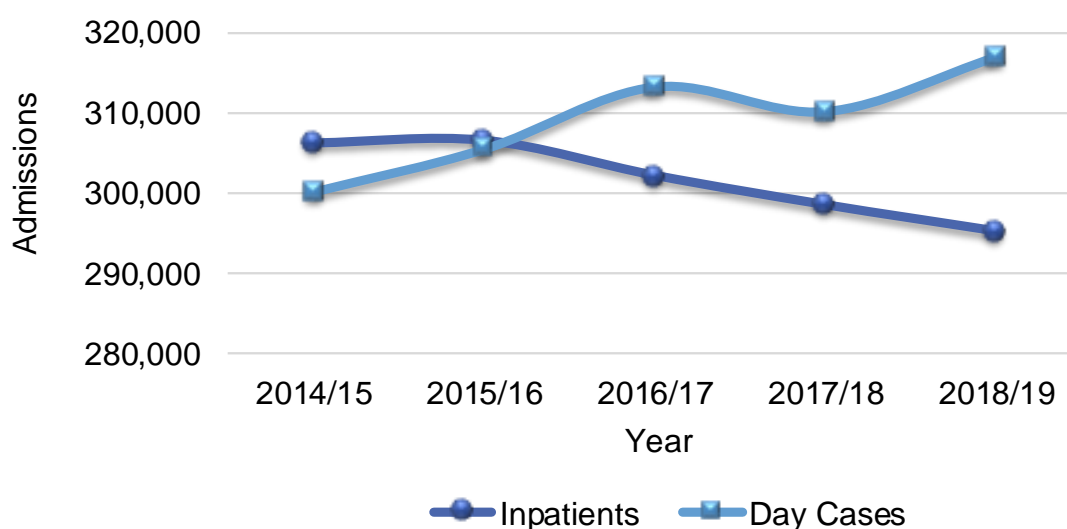


Figure 2: Total Admissions of Inpatients and Day Case to HSC Hospitals, (2014/15 - 2018/19)

Financial Year 2018/19

Total admissions increased by 4,031[§] (0.7%) from 608,063[§] in 2017/18 to 612,094[§] in 2018/19 (Table 1a). Under half (48.2%, 295,088) were inpatient admissions while the remaining 51.8%, (317,006[§]) were day case admissions (Table 1a).

Belfast HSC Trust had the highest percentage of admissions during 2018/19, accounting for 31.1% (190,196) of the total admissions. This was followed by 17.9% (109,309) in Southern HSC Trust, 17.5% (107,121) in South Eastern HSC Trust, 17.3% (106,103[§]) in Western HSC Trust and 16.2% (99,365) 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

§ Refer to Appendix 4: Revisions Note

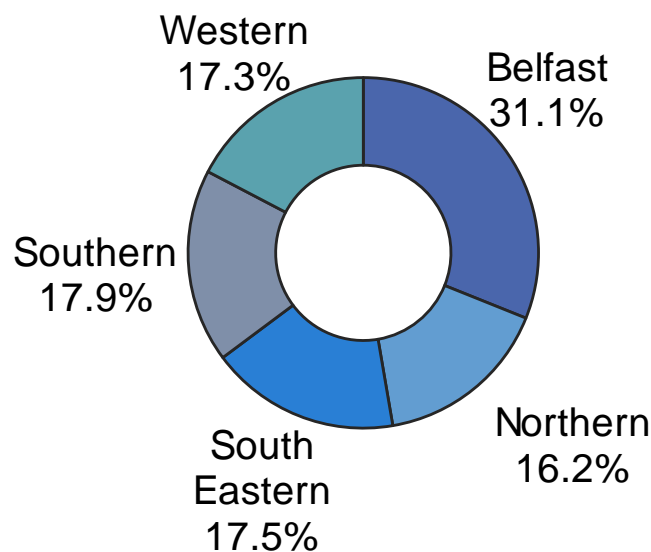


Figure 3: Proportion of Total Admissions to Hospitals by HSC Trust, (2018/19)

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 2014/15 and 2018/19, the average number of available beds decreased by 3.5% (203.8[§]), from 6,034.3 to 5,830.4. Between 2017/18 and 2018/19, there was a decrease of 1.1% (62.9[§]) from 5,893.3[§] beds to 5,830.4 beds (Figure 4, Table 1a).

Bed Occupancy⁶

During 2018/19 there was an average of 4,870.1 occupied beds, a decrease of 52.4[§] (1.1%) on the 4,922.5[§] occupied beds during the previous year, and a decrease of 153.3 (3.1%) from 2014/15 (Figure 4, Table 1a).

The occupancy rate of beds in hospitals in Northern Ireland was 83.5% during 2018/19; this was unchanged in 2017/18 but an increase from 83.2% in 2014/15 (Table 1a).

⁵ Refer to Appendix 2: Point 5

⁶ Refer to Appendix 2: Point 6

§ Refer to Appendix 4: Revisions Note

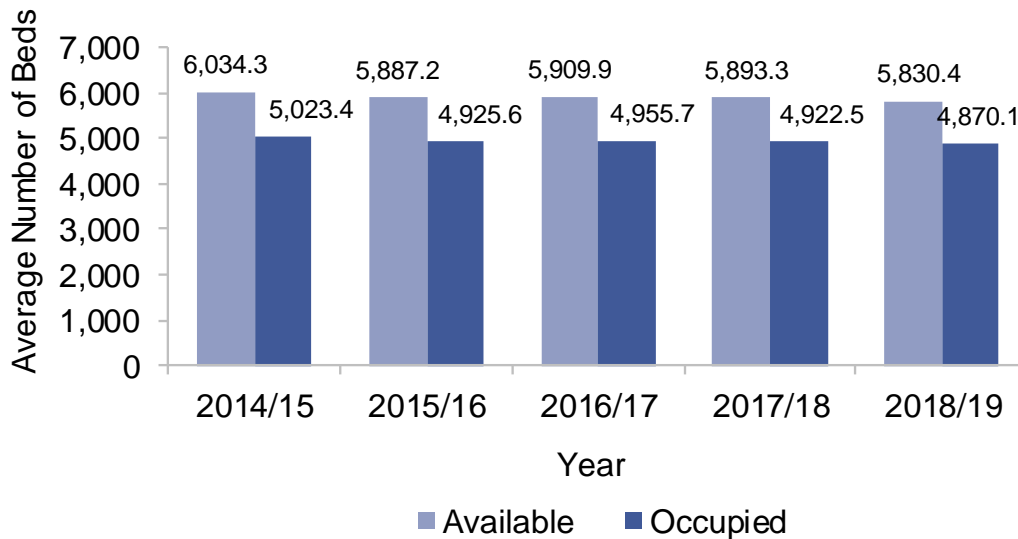


Figure 4: Average Number of Available and Occupied Beds in HSC Hospitals, (2014/15 - 2018/19)

Financial Year 2018/19

Of the 5,830.4 average available beds in Northern Ireland in 2018/19, 35.4% (2,061.7) were located in Belfast HSC Trust. Western HSC Trust had the lowest proportion of available beds with 15.4% (899.1) of the Northern Ireland total (Figure 5, Table 1b).

During 2018/19, South Eastern HSC Trust had the highest occupancy rate of all five trusts at 87.2%, while the lowest rate of occupancy was in the Belfast HSC Trust (81.3%) (Table 1b).

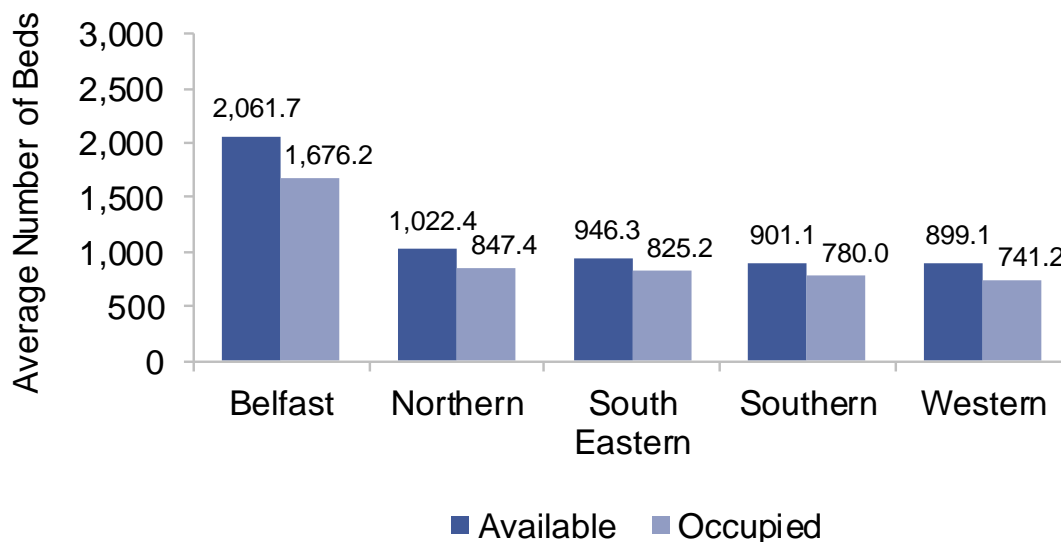


Figure 5: Average Number of Available and Occupied Beds in HSC Hospitals, (2018/19)

Throughput⁷

There has been an overall decrease in throughput, from 50.7 admissions per bed in 2014/15 to 50.6 in 2018/19. (Figure 6, Table 1a).

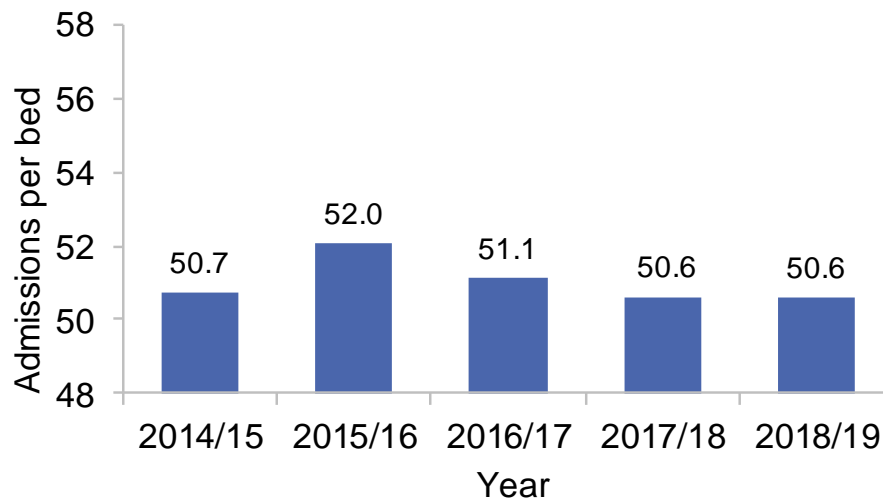


Figure 6: Throughput in HSC Hospitals, (2014/15 - 2018/19)

Financial Year 2018/19

In 2018/19, Southern HSC Trust had the highest throughput with 65.3 admissions per bed, while Belfast HSC Trust had the lowest with 41.0 admissions per bed (Figure 7, Table 2a).

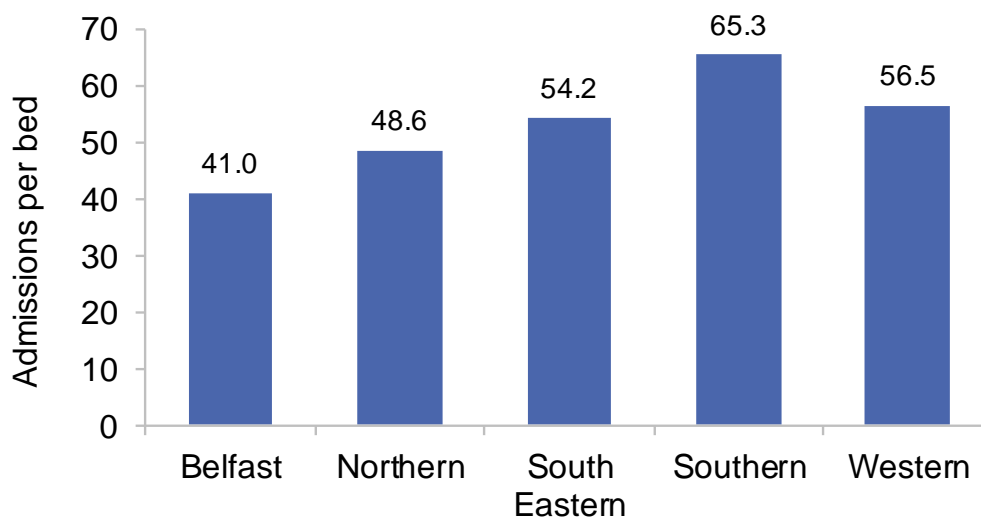


Figure 7: Throughput in HSC Hospitals by HSC Trust, (2018/19)

⁷ Refer to Appendix 2: Point 7

Average Length of Stay⁸

Average length of stay in hospitals has remained relatively stable at 6.0 days in 2014/15 and 2018/19. (Figure 8, Table 1a).

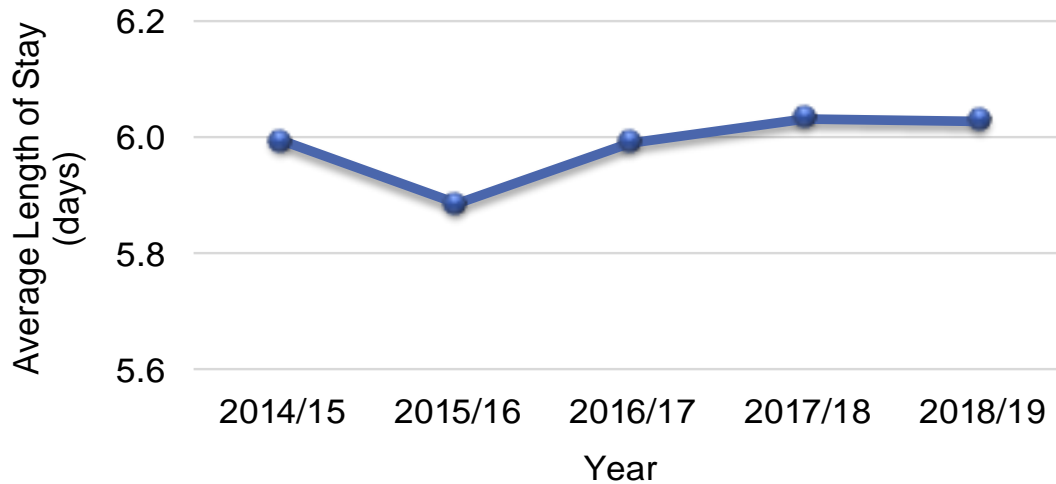


Figure 8: Average Length of Stay in HSC Hospitals, (2014/15 - 2018/19)

Financial Year 2018/19

In 2018/19, Belfast HSC Trust had the longest average length of stay with 7.2 days, followed by Northern HSC Trust with 6.2 days. Southern HSC Trust had the shortest with 4.8 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.

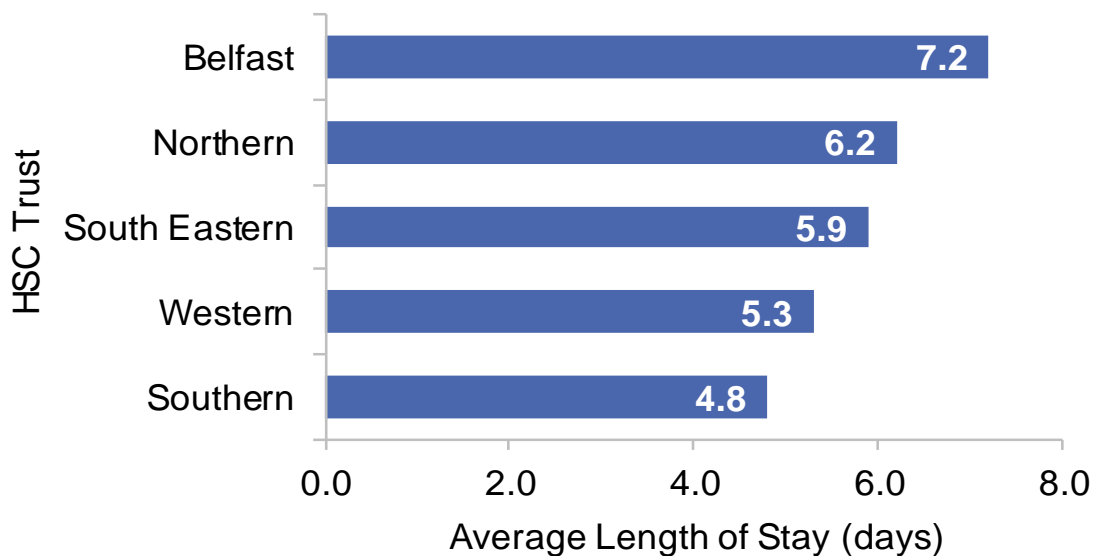


Figure 9: Average Length of Stay in HSC Hospitals by HSC Trust, (2018/19)

⁸ Refer to Appendix 2: Point 9

Use of Operating Theatres

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 2018/19, there were 120,007 theatre cases across all HSC Trust hospitals in Northern Ireland (Table 2c).

Across all Programmes of Care, the number of cases operated on was highest in Belfast HSC Trust, with 37.8% (45,400) of all theatre usage. Northern Trust had the lowest use of operating theatres with 11.0% (13,227) (Table 2c, Figure 10).

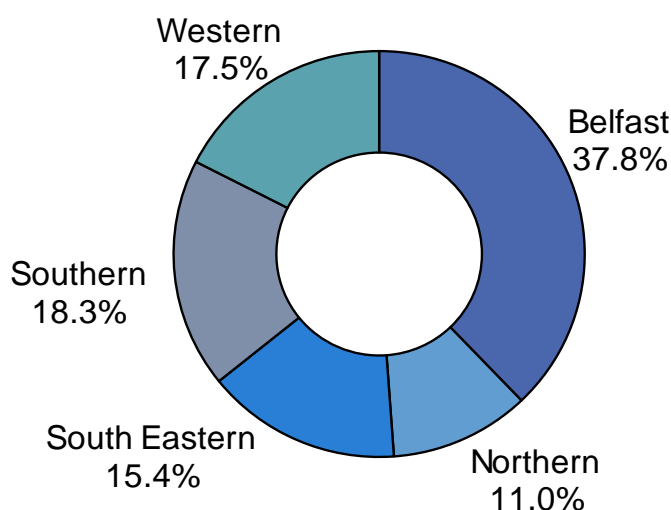


Figure 10: All Programmes of Care Use of Operating Theatres by HSC Trust, 2018/19

Across all HSC Trusts, Elective cases accounted for 75.2% of all theatre activity, followed by 12.3% of cases recorded as Expedited, 10.4% as Urgent and 2.1% 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

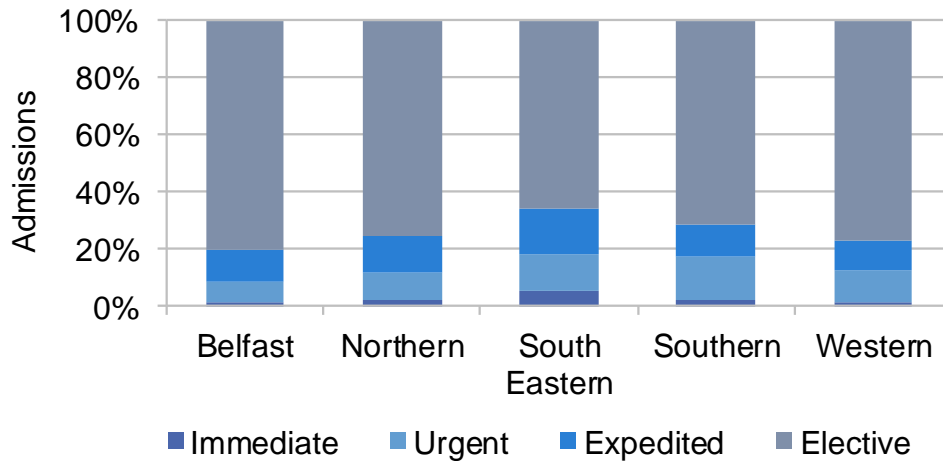


Figure 11: All Programmes of Care Use of Operating Theatres in HSC Hospitals by Case Type, 2018/19

In 2018/19, the top 5 HSC Trust hospitals with the highest number of cases operated on, accounted for over half (53.8%, 64,592 cases) of all theatre activity in Northern Ireland (Table 2c, Figure 12).

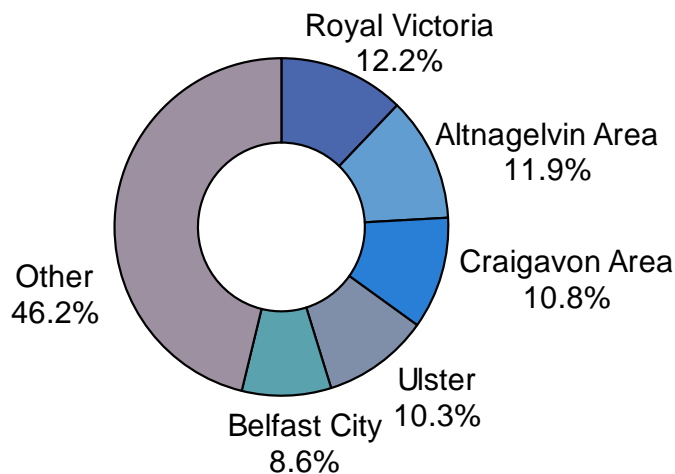


Figure 12: All Programmes of Care Use of Operating Theatres by Hospital, 2018/19

Specialty

During 2018/19, the top 5 specialties accounted for 67.0% (80,369) of all theatre activity. The highest number of cases in Northern Ireland was recorded under General Surgery with 20.5%, followed by Trauma & Orthopaedic Surgery with 16.0%, Urology 11.7%, Gynaecology 9.7% and Ophthalmology with 9.1% of all theatre cases (Figure 13, Table 2d).

Of all 120,007 theatre cases, 93.1% (111,754) were under the Acute Programme of Care (Table 3b).

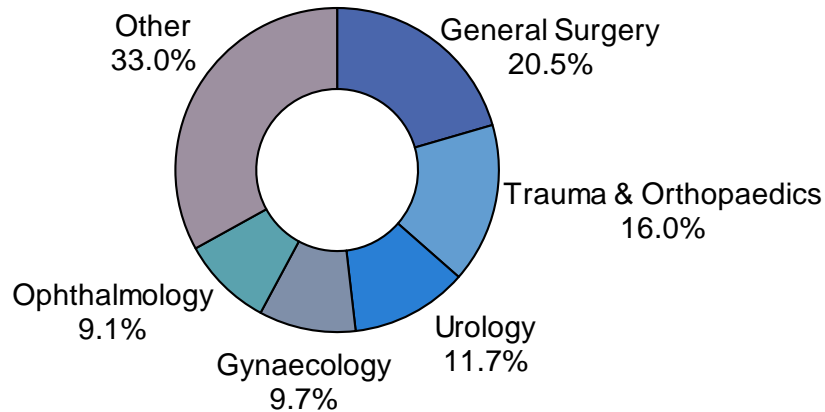


Figure 13: All Programmes of Care Use of Operating Theatres by Specialty, 2018/19

Acute Programme of Care

Total Admissions

Admissions under the acute programme of care accounted for approximately 88.3% of all admissions in 2018/19.

During 2018/19, there was a total of 540,676[§] admissions to hospitals in Northern Ireland under the Acute programme of care. This was an increase of 8,230[§] (1.5%) on the 532,446 admitted in 2014/15 (Figure 14, Table 1a). During 2018/19, admissions to hospitals in Northern Ireland under the Acute programme of care increased by 3,986[§] (0.7%) on the 536,690 admitted in 2017/18 (Figure 14, Table 1a).

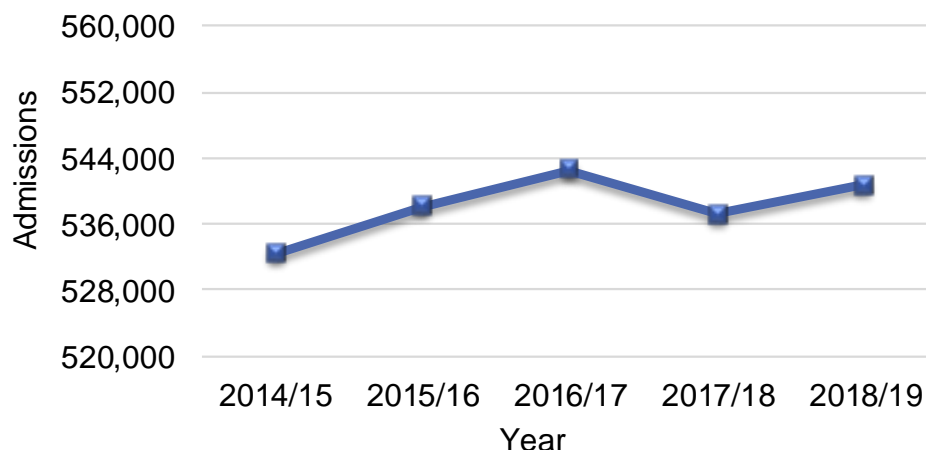


Figure 14: Total Admissions to HSC Hospitals under the Acute Programme of Care, (2014/15 - 2018/19)

§ Refer to Appendix 4: Revisions Note

Of the 540,676[§] admissions in 2018/19, 8.4% were elective¹⁴, 33.1% non-elective¹⁵, 36.7% day cases and 21.8% were regular day/night attenders¹⁶ (Figure 15, Table 3a).

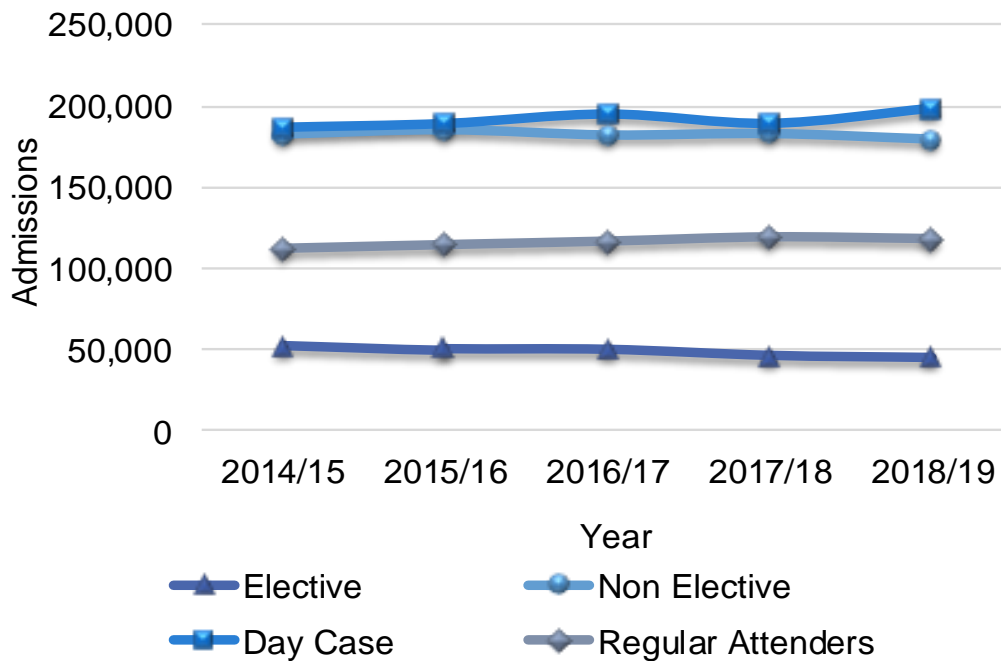


Figure 15: Number of Admissions by Patient Type to HSC Hospitals under the Acute Programme of Care, (2014/15 - 2018/19)

In 2018/19, 32.0% (172,769) of admissions to hospital under the acute programme of care were in Belfast HSC Trust, followed by 17.5% (94,480) in South Eastern HSC Trust (Figure 16, Table 3a).

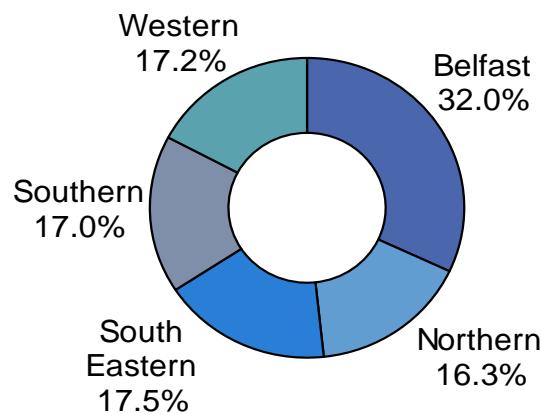


Figure 16: Total Admissions to Hospital under the Acute Programme of Care by HSC Trust, (2018/19)

¹⁴ Refer to Appendix 2: Point 10

¹⁵ Refer to Appendix 2: Point 11

¹⁶ Refer to Appendix 2: Point 12

§ Refer to Appendix 4: Revisions Note

In 2018/19, 54% of admissions to hospital under the acute programme of care in Belfast HSC Trust were either elective (13.1%) or day case (40.9%) admissions. This is the highest proportion for any HSC Trust within Northern Ireland (Figure 17, Table 3a).

Of all the admissions to Northern HSC Trust in 2018/19, 4.8% were elective. This is the smallest proportion of elective admissions in any of the five HSC Trusts (Figure 17, Table 3a).

Southern HSC Trust had the highest proportion of non-elective admissions, accounting for 39.8% of their total admissions (Figure 17, Table 3a).

There were 198,306 day case admissions during 2018/19 under the acute programme of care. This was an increase of 9,249 (4.9%) on the total number of day cases admitted during 2017/18, and an increase of 11,662 (6.2%) on the number admitted during 2014/15 (Table 1a).

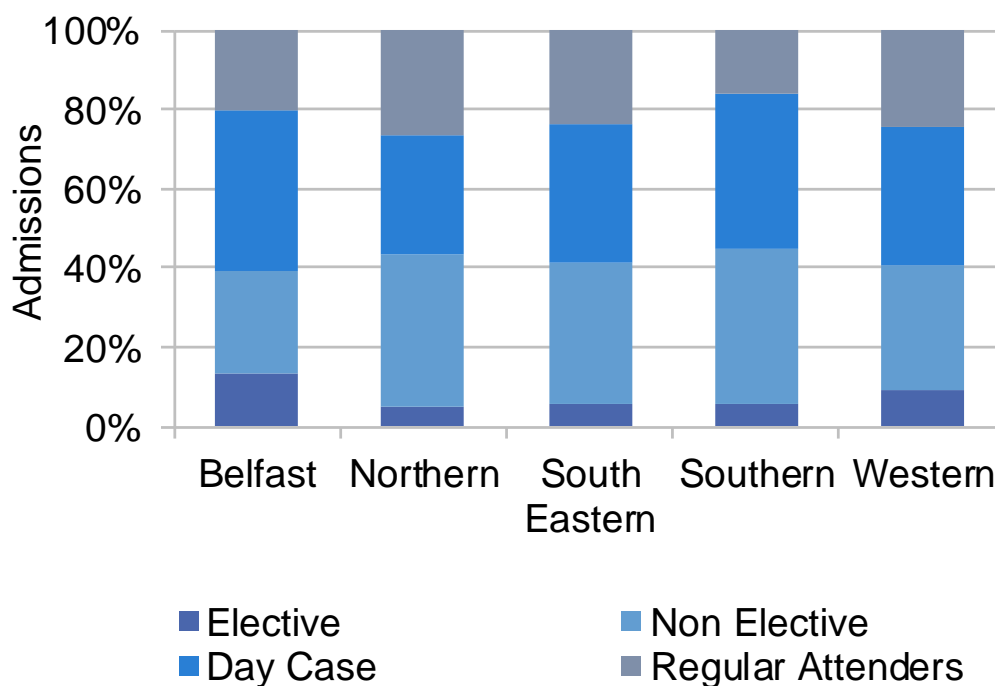


Figure 17: Proportion of Admissions in the Acute Programme of Care for each Patient Type by HSC Trust, (2018/19)

Day Case Rate¹⁷

The day case rate has increased from 78.3% in 2014/15 to 81.4% in 2018/19. The greatest increase occurred between 2017/18 and 2018/19 when the day case rate increased from 80.3% to 81.4% of all elective admissions (Figure 18, Table 1a).

¹⁷ Refer to Appendix 2: Point 13

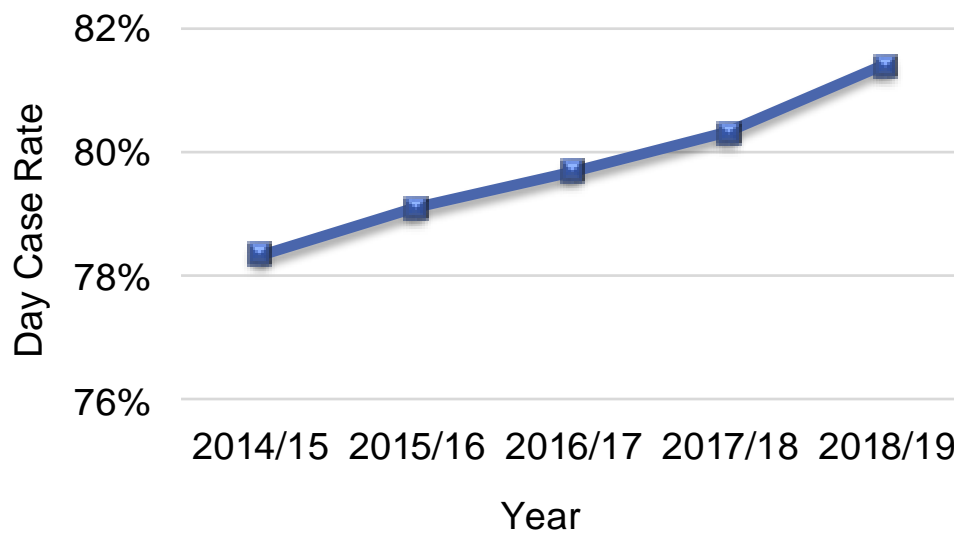


Figure 18: Day Case Rate for Admissions to HSC Hospitals under the Acute Programme of Care, (2014/15 - 2018/19)

Within the acute programme of care, Southern HSC Trust had a day case rate of 88.0% in 2018/19 which was the highest of the five HSC Trusts. Belfast HSC Trust had the lowest day case rate with 75.8% of elective admissions recorded as day cases. However this may be explained by the provision of specialised regional services provided by the Belfast HSC Trust and on occasion, the higher numbers of complex cases (Figure 19, Table 3a).

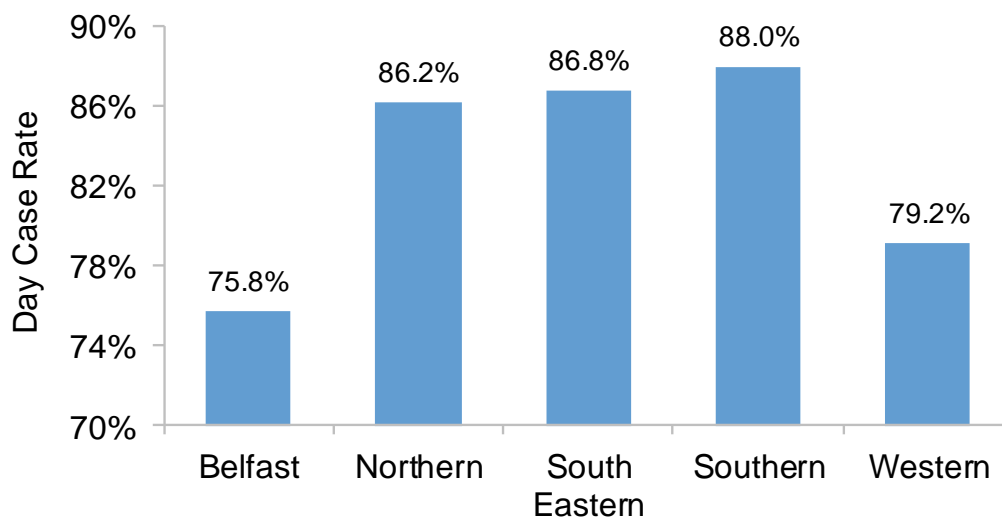


Figure 19: Day Case Rate for Admissions to HSC Hospitals under the Acute Programme of Care

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.

Bed Availability

In the period between 2014/15 and 2018/19, the average number of available beds in the acute programme of care decreased by 0.7% (25.7) from 3,907.2 to 3,881.5. Between 2017/18 and 2018/19 there was a decrease of 1.4% (55.2) from 3,936.7 to 3,881.5 beds (Figure 20, Table 1a).

Bed Occupancy

During 2018/19 there was an average of 3,238.7 occupied beds. This was a decrease of 32.2 (1.0%) on the 3,270.9 during the previous year, and a decrease of 20.1 (0.6%) on the number of occupied beds in 2014/15 (Figure 20, Table 1a).

The occupancy rate for acute specialties in hospitals in Northern Ireland was 83.4% during 2018/19; this was an increase from 83.1% in 2017/18 (Table 1a).

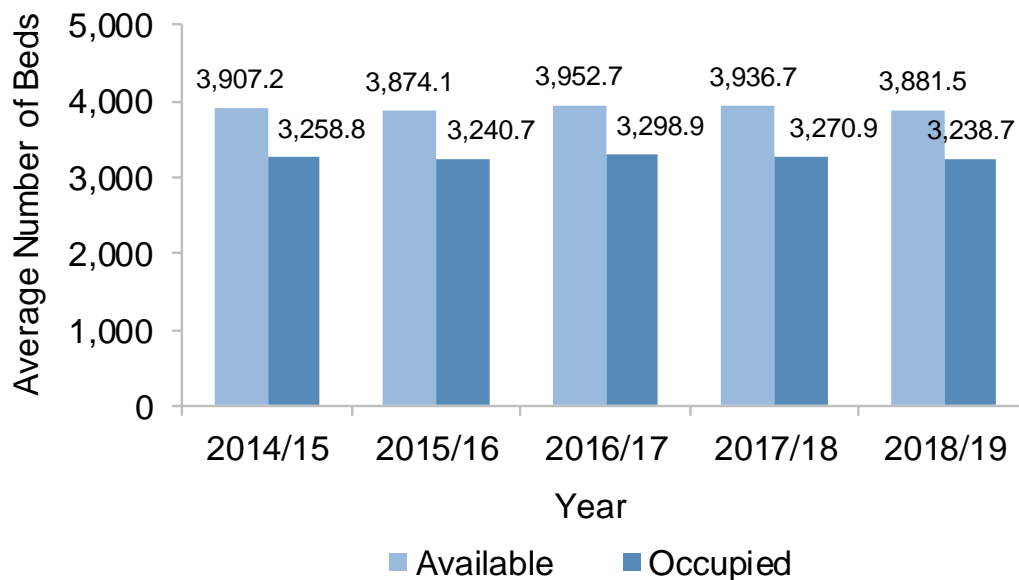


Figure 20: Average Number of Available and Occupied Beds in HSC Hospitals within the Acute Programme of Care, (2014/15 - 2018/19)

Financial Year 2018/19

Of the 3,881.5 average available beds in Northern Ireland in 2018/19, 38.4% (1,491.4) were located in Belfast HSC Trust. Southern HSC Trust had the smallest percentage of available beds with 13.3% (516.1) (Figure 21, Table 3a).

Southern HSC Trust had the highest occupancy rate with 90.8% of all available beds occupied, while Belfast HSC Trust had the lowest occupancy with 78.8% of all available beds occupied (Table 3a).

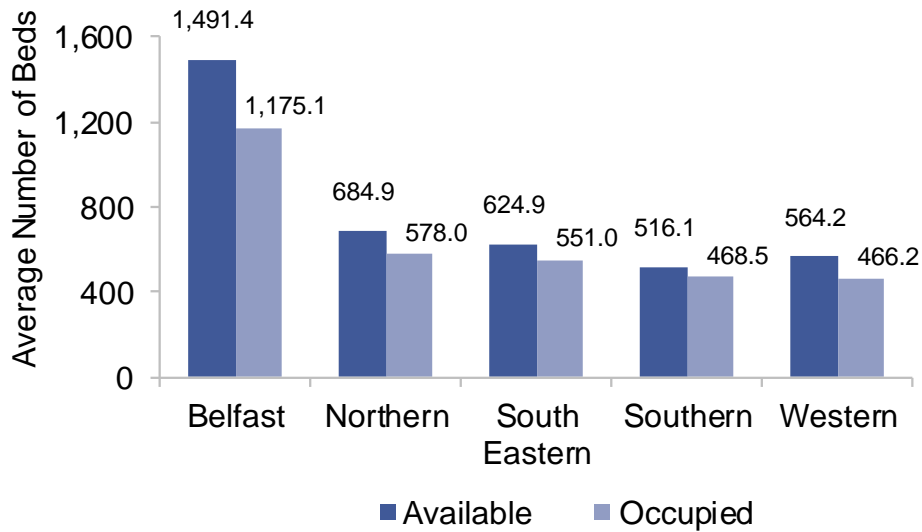


Figure 21: Average Number of Available and Occupied Beds within the Acute Programme of Care

Average Length of Stay

The average length of stay for admissions within the acute programme of care has gradually increased between 2014/15 and 2018/19, from 5.1 days in 2014/15, increasing to 5.3 days in 2018/19 (Figure 22, Table 1a).

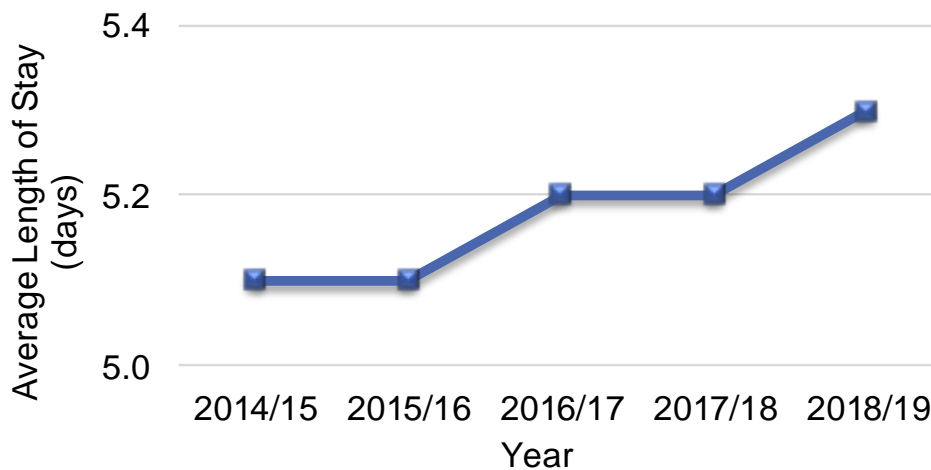


Figure 22: Average Length of Stay for Admissions within the Acute Programme of Care, (2014/15 - 2018/19)

In 2018/19, admissions under the acute programme of care in Southern HSC Trust had the lowest average length of stay at 4.1 days. This is in contrast to Belfast HSC Trust where the average length of stay was highest at 6.4 days (Figure 23, Table 3a).

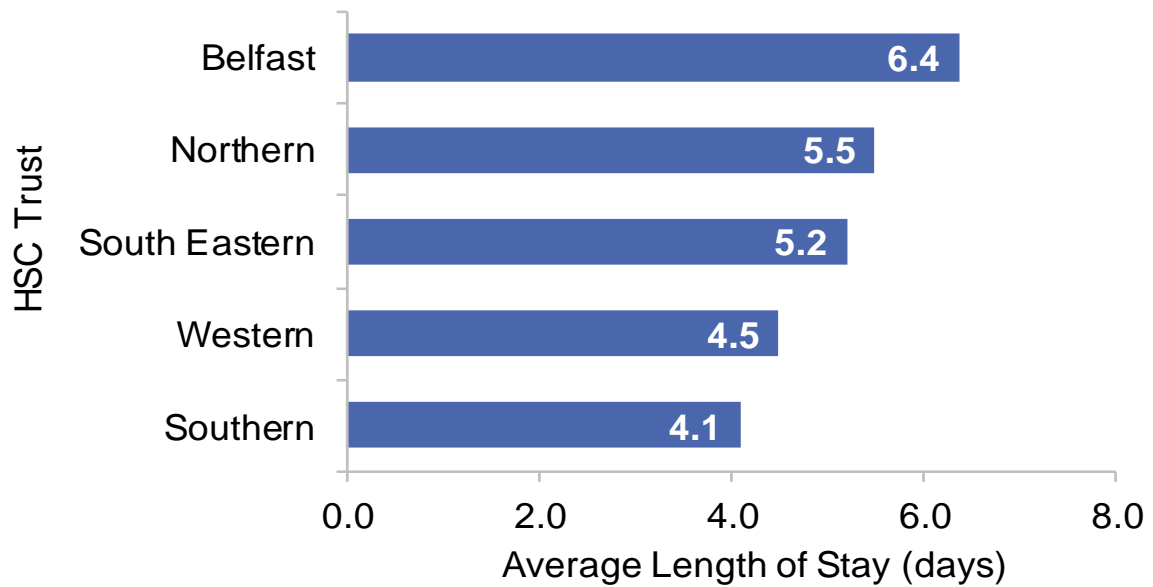


Figure 23: Average Length of Stay for Admissions within the Acute Programme of Care by HSC Trust, (2018/19)

Specialty¹⁸

During 2018/19, the longest average length of stay across all acute specialties in Northern Ireland was under the Pain Management specialty where admissions lasted for an average of 53.0 days (Figure 24, Table 2b).

During 2018/19, the shortest average length of stay across all acute specialties in Northern Ireland was under the Restorative Dentistry specialty where admissions lasted for an average of 0.0 days (Figure 24, Table 2b).

¹⁸ Refer to Appendix 2: Point 14

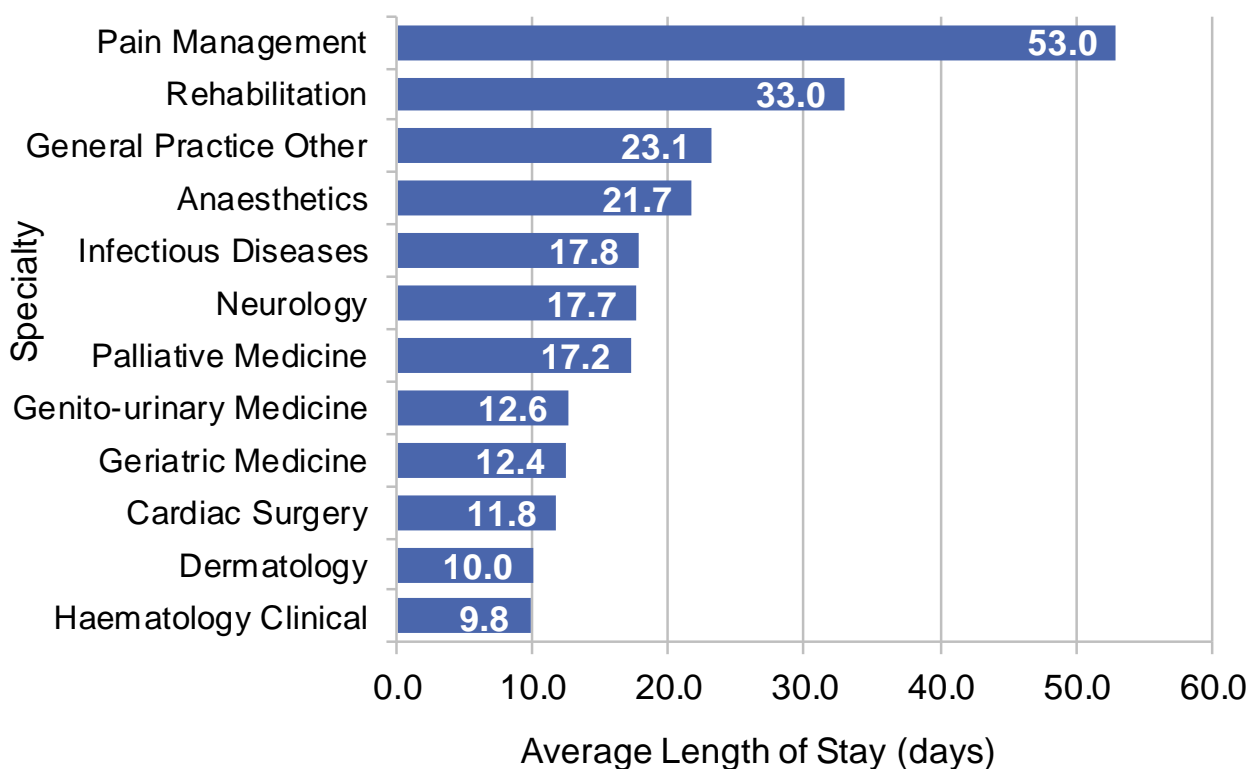


Figure 24: The Top 12 Acute Specialties that account for the Longest Average Length of Stay in Northern Ireland, (2018/19)

Acute Services Independent Sector Activity¹⁹

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. All Independent Sector admissions occurred within the Acute Programme of Care.

In 2018/19 there were 11,408 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 a decrease of 4,955 (30.3%) when compared with 2014/15 and an increase of 7,132 (166.8%) when compared with 2017/18 (Figure 25, Table 1a).

¹⁹ Refer to Appendix 2: Point 20

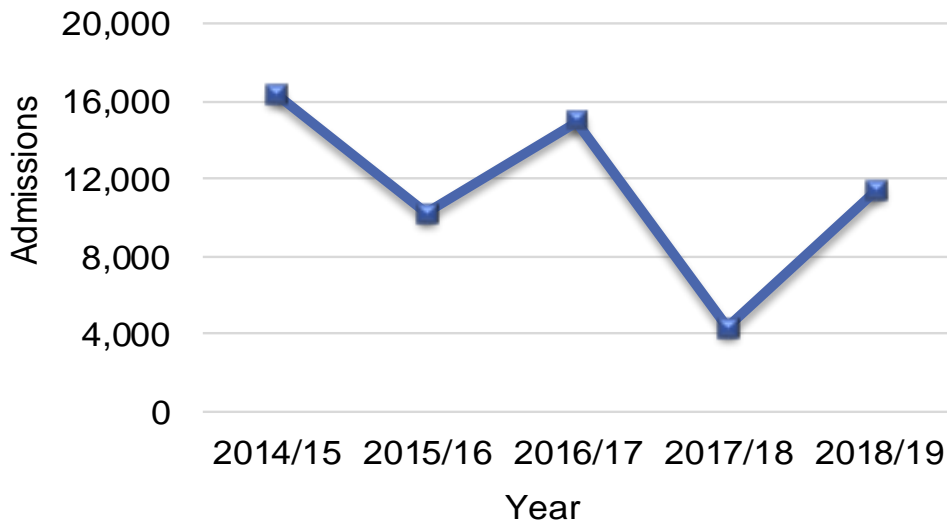


Figure 25: Total Admissions to Hospitals with an Independent Sector Provider, (2014/15 - 2018/19)

Financial Year 2018/19

Of the 11,408 admissions to hospital in Northern Ireland for an inpatient or day case procedure with an Independent Sector provider, the majority (88.9%; 10,144) were admitted for day case treatment while the remaining 11.1%, (1,264) were admitted as an inpatient (Table 3d).

Belfast HSC Trust and South Eastern HSCT had the highest percentage of admissions, 38.2% (4,355) and 37.6% (4,290) respectively, with an Independent Sector provider in Northern Ireland. Western HSC Trust had the lowest Independent Sector provider admissions, with 3.3% (379) of all Independent Sector admissions (Figure 26, Table 1b).

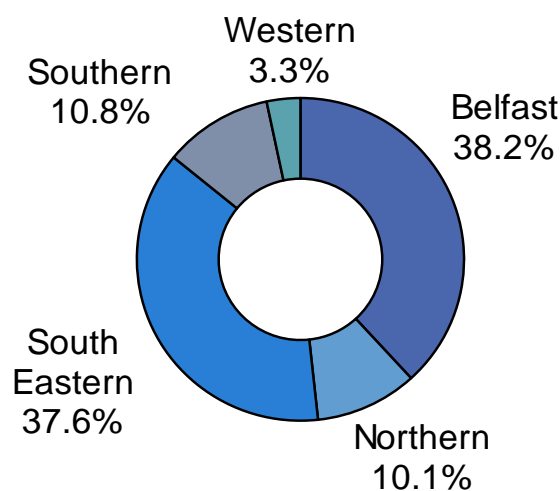


Figure 26: Total Admissions to Hospital with an Independent Sector Provider, by HSC Trust, (2018/19)

Maternity and Child Health Programme of Care

Admissions under the maternity and child health programme of care account for 7.6% of all admissions in 2018/19 (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 2018/19 there were 46,338 admissions to hospital in Northern Ireland under the maternity programme of care, a decrease of 3,295 (6.6%) when compared with 2014/15. The greatest decrease in maternity admissions was between 2016/17 and 2017/18 when admissions fell by 1,642 (3.3%) (Figure 27, Table 1a).

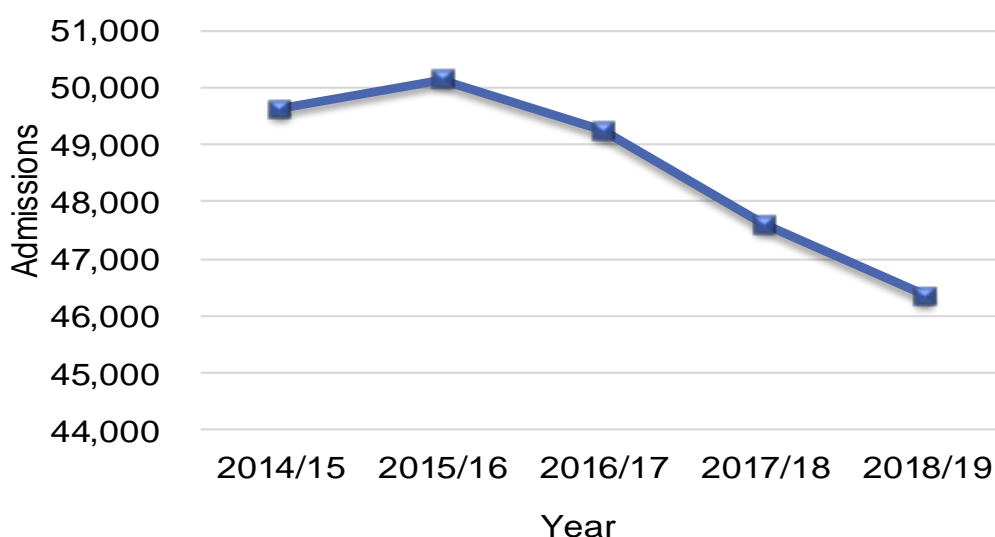


Figure 27: Total Admissions to HSC Hospitals under the Maternity Programme of Care, (2014/15 - 2018/19)

Financial Year 2018/19

In 2018/19, 26.7% (12,388) of admissions to hospital under the maternity and child health programme of care were in Southern HSC Trust, followed by 22.7% (10,511) in Belfast HSC Trust (Figure 28, Table 4a).

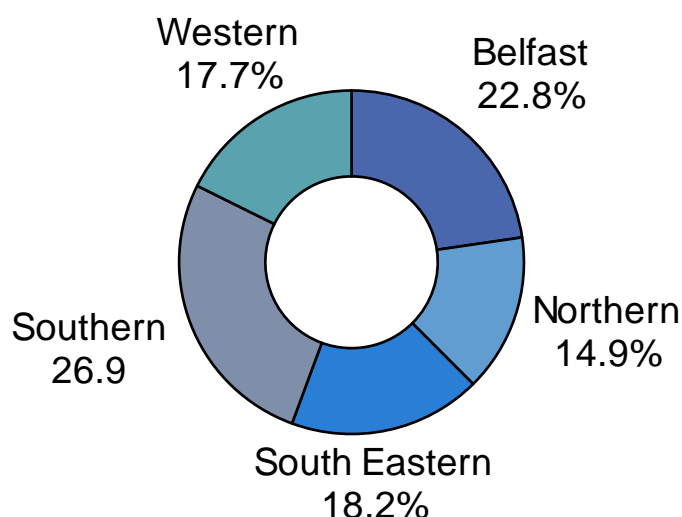


Figure 28: Total Admissions to Hospital within the Maternity and Child Health Programme of Care by HSC Trust, (2018/19)

Bed Availability

The average number of available beds increased by 3.1% from 443.9 in 2014/15 to 457.8 in 2018/19. Average occupied beds decreased from 268.9 to 265.6 over the same period, a fall of 1.2%. This decrease may be due in part to the introduction of more midwife-led maternity units, thus reducing the number of beds available for consultant-led admissions.

Average available beds were 0.8% higher (3.6) in 2018/19 than in 2017/18. (Figure 29, Table 1a).

Bed Occupancy

The occupancy rate for maternity specialties in hospitals in Northern Ireland was 58.0% during 2018/19; this was a decrease from 58.4% in 2017/18 and a decrease from 60.6% in 2014/15 (Figure 29, Table 1a).

Financial Year 2018/19

Of the 457.8 average available beds in Northern Ireland in 2018/19, 26.3% (120.6) were located in Southern HSC Trust. Western HSC Trust had the smallest percentage of available beds, with 15.5% (71.2) (Table 4a).

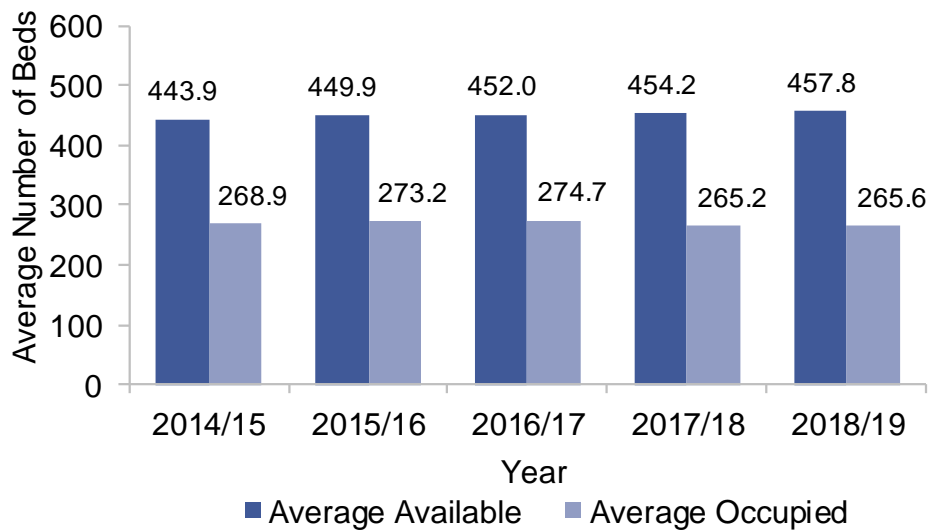


Figure 29: Average Number of Available and Occupied Beds in HSC Hospitals within the Maternity and Child Health Programme of Care, (2014/15 - 2018/19)

Births²⁰

The total number of births in hospital in Northern Ireland decreased by 6.0% (1,466) from 24,521 births in 2014/15 to 23,055 births in 2018/19. Between 2017/18 and 2018/19 total births decreased by 99 (0.4%) (Figure 30).

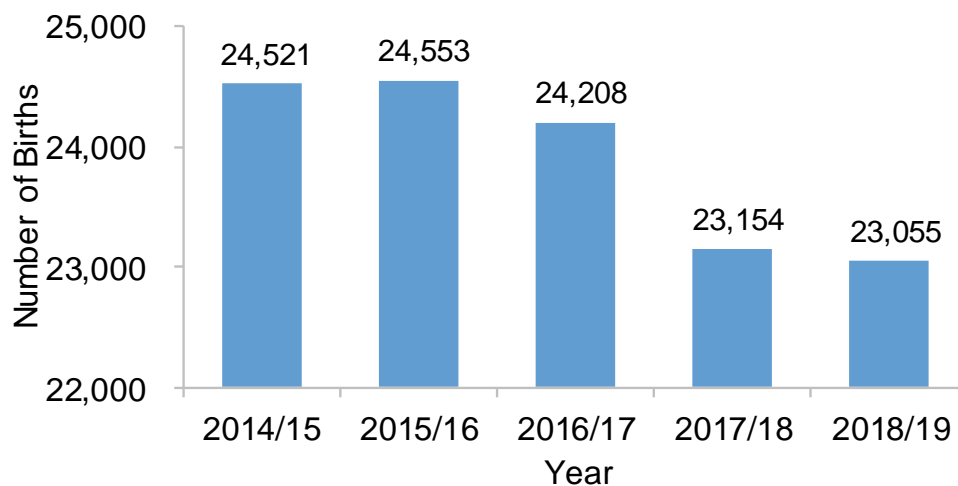


Figure 30: Total Births in HSC Hospitals, (2014/15 - 2018/19)

²⁰ Refer to Appendix 2: Point 21

Financial Year 2018/19

In 2018/19, just under a quarter (24.6%) of all births were in the Southern Trust, followed by Belfast HSC Trust with 23.4% of all births. Northern HSC Trust had the lowest percentage of births with 16.5% (Figure 31, Table 4c). During 2018/19, the majority of live births (86.0%) were consultant-led births²¹. The remaining 14.0% of live births were midwife-led²². Still births accounted for 0.3% (76) of all births (Table 4c).

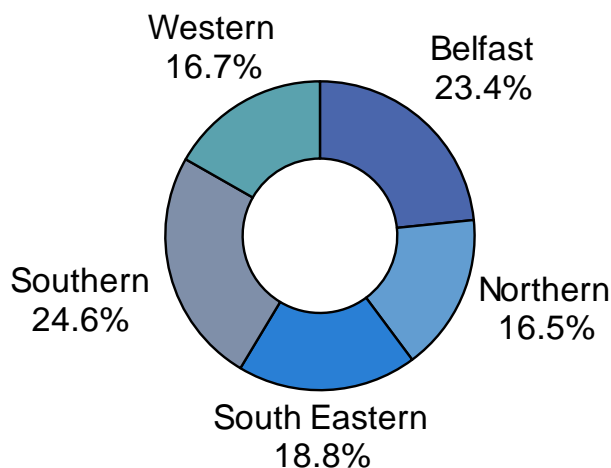


Figure 31: Total Births in HSC Hospitals by HSC Trust, (2018/19)

Of the 23,055 births in Northern Ireland in 2018/19, 56.6% (13,051) were normal vertex and normal cephalic deliveries. A total of 7,202 (31.2% of all births) births were carried out by caesarean section, of which 3,729 (16.2% of all births) were elective and 3,473 (15.1% of all births) were emergency (Figure 32, Table 4d).

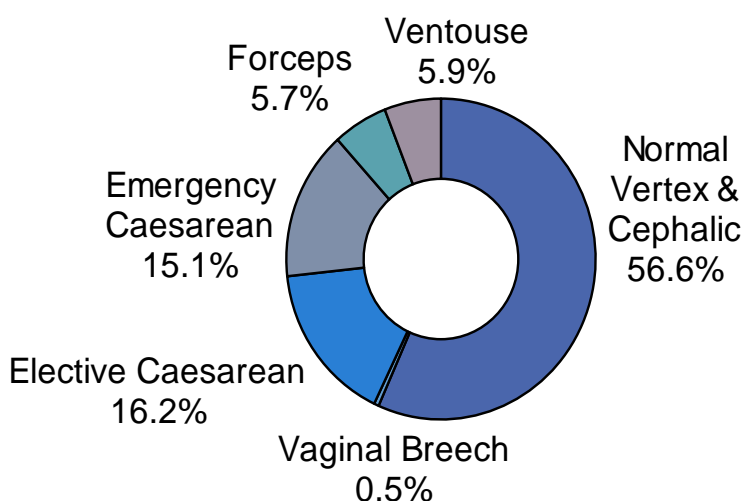


Figure 32: Total Births in HSC Hospitals by Method of Delivery, (2018/19)

Southern HSC Trust had the highest caesarean section rate with 32.7% (1,856), of all births within the Trust, while Belfast HSC Trust had the lowest rate with 27.9% (1,505) (Table 4d).

²¹ Refer to Appendix 2: Point 22

²² Refer to Appendix 2: Point 23

Elderly Care Programme of Care

Admissions under the elderly care programme of care accounted for 3.2% of all admissions in 2018/19. There were 19,735 admissions to hospital in Northern Ireland under the Elderly Care programme of care, an increase of 806 (4.3%) when compared with 2014/15 and an increase of 971 (5.2%) when compared with 2017/18 (Figure 33, Table 1a). This reflects the increase in the Northern Ireland population aged 65 and over in recent years.

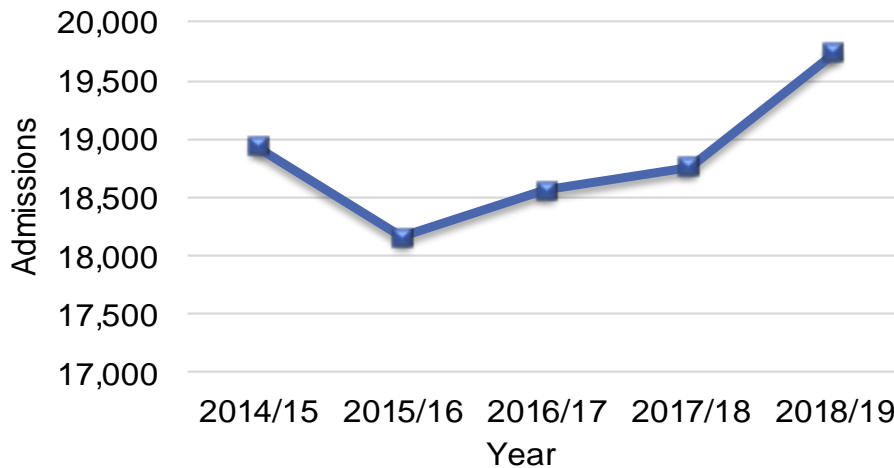


Figure 33: Total Admissions to HSC Hospitals under the Elderly Care Programme of Care, (2014/15 - 2018/19)

The number of average available beds under the Elderly Care programme of care, decreased by 5.9% (54.9) between 2014/15 and 2018/19. The average occupied beds under the elderly care programme of care fell by 2.8% (22.1) between 2014/15 and 2018/19. (Figure 34, Table 1a). Between 2017/18 and 2018/19, the average number of available beds increased by 0.5% (4.3) with number of occupied beds decreasing by 1.7% (13.1) (Figure 34, Table 1a).

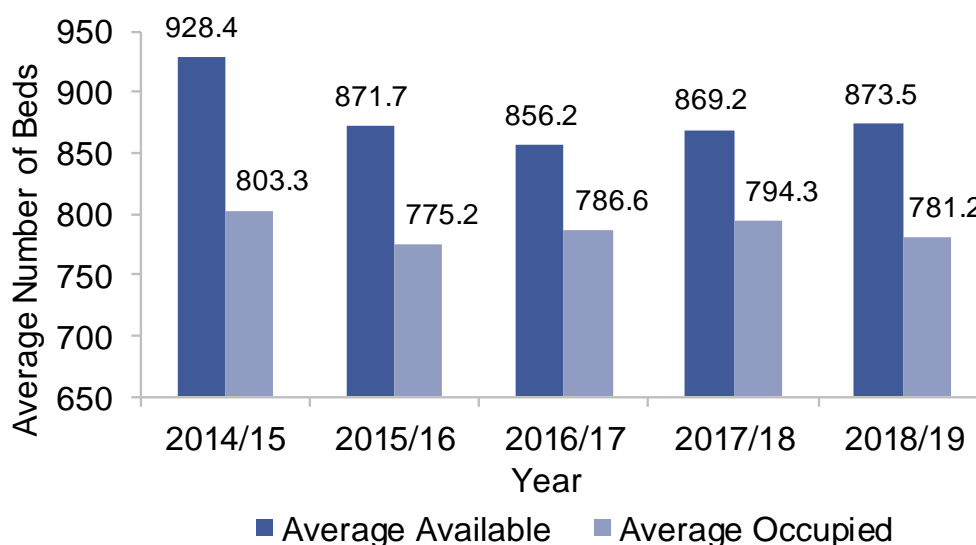


Figure 34: Average Number of Available and Occupied Beds in HSC Hospitals within the Elderly Care Programme of Care, (2014/15 - 2018/19)

Within the last five years, the greatest number of day cases in the elderly care programme of care was 530 in 2015/16. In 2018/19 there were 228 fewer day cases compared to 5 years ago in 2014/15 and 197 less than in 2017/18 (Figure 35, Table 1a).

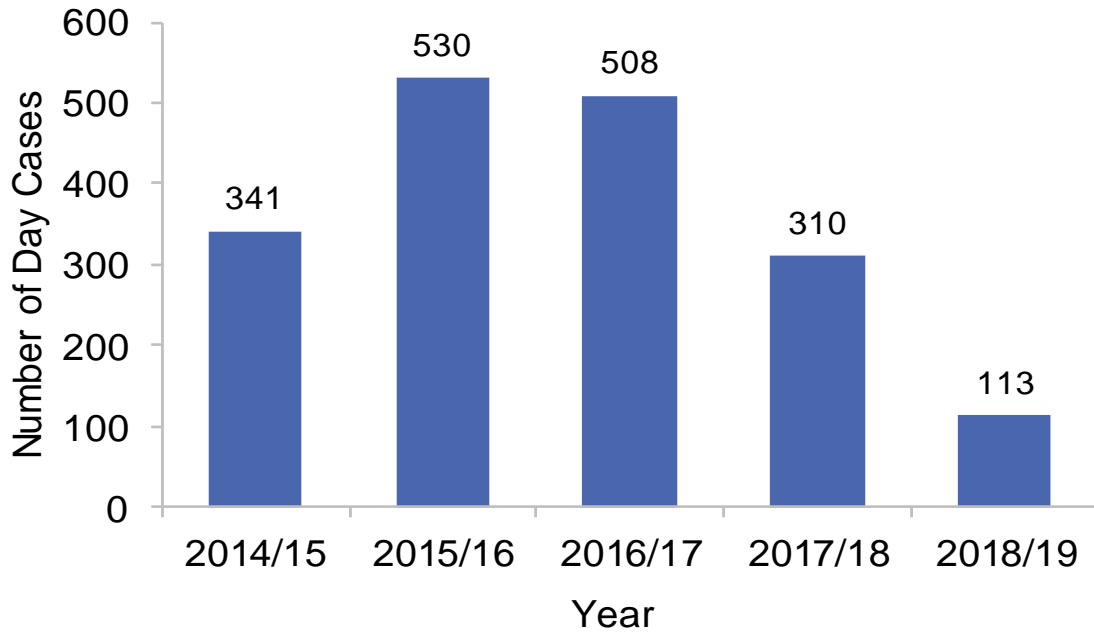


Figure 35: Day Case Admissions to HSC Hospitals within the Elderly Care Programme of Care, (2014/15 - 2018/19)

The average length of stay for Elderly Care admissions has decreased by 1.3 days between a 2014/15 (15.8 days) and 2018/19 (14.5 days). Between 2017/18 and 2018/19 the average length of stay fell by 1.2 days. (Figure 36, Table 1a).

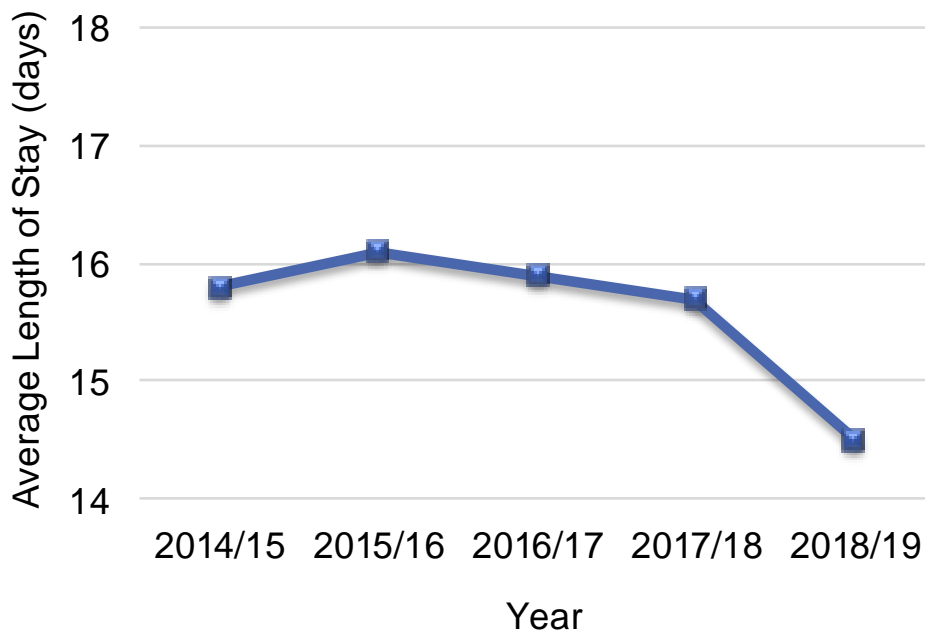


Figure 36: Average Length of Stay for Admissions within the Elderly Care Programme of Care, (2018/19)

Financial Year 2018/19

In 2018/19, 30.7% (6,003) of elderly care admissions were in Belfast HSC Trust while Western HSC Trust had the fewest, accounting for 15.8% (3,094) of all Elderly Care admissions (Figure 37, Table 5).

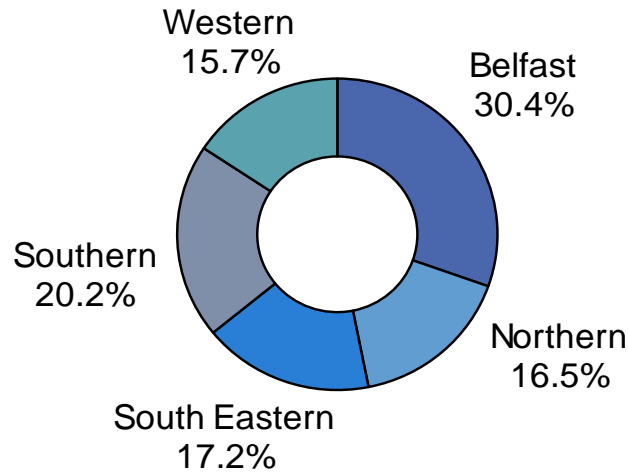


Figure 37: Total Admissions to Hospital within the Elderly Care Programme of Care by HSC Trust, (2018/19)

Mental Health Programme of Care

Admissions under the Mental Health programme of care accounted for 0.9% of all admissions in 2018/19. Mental health admissions increased by 334 (6.9%) between 2014/15 (4,875) and 2018/19 (5,209) (Figure 38, Table 1a).

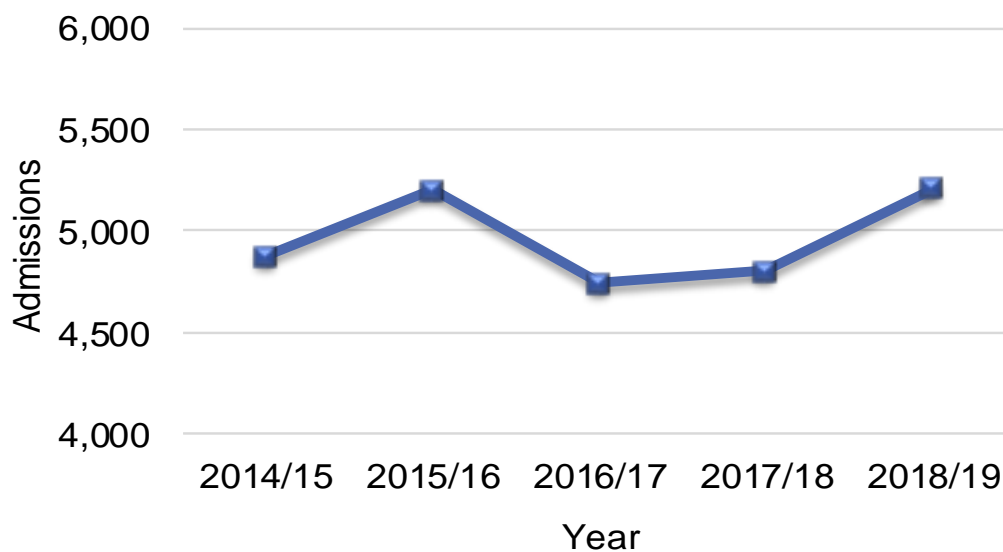


Figure 38: Total Admissions to HSC Hospitals under the Mental Health Programme of Care, (2014/15 - 2018/19)

There was an average of 510.7 available beds, an increase of 1.6[§] (0.3%) on the 509.1[§] available beds during the previous year, and a decrease of 75.3 beds (12.9%) since 2014/15. There was an average of 481.7 occupied beds, an increase of 7.2[§] (1.5%) on the 474.5[§] occupied beds during the previous year, and a decrease of 55.8 beds (10.4%) since 2014/15 (Figure 39, Table 1a).

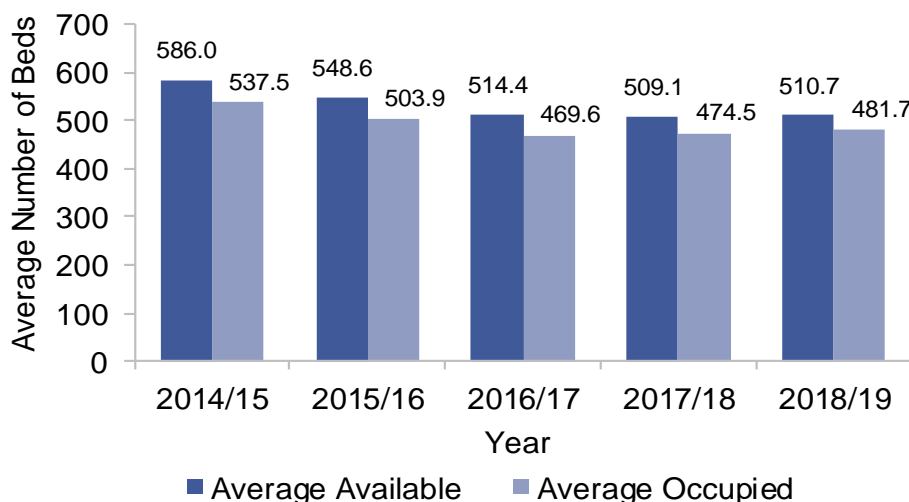


Figure 39: Average Number of Available and Occupied Beds in HSC Hospitals within the Mental Health Programme of Care, (2014/15 - 2018/19)

Financial Year 2018/19

In 2018/19, 31.8% (1,658) of a total of 5,209 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 16.0% (835) of the total (Figure 40, Table 6).

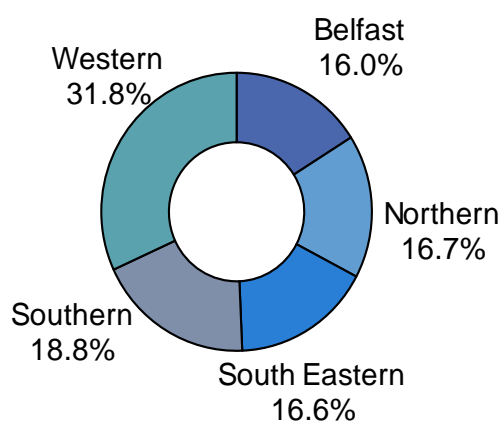


Figure 40: Total Admissions to Hospital within the Mental Health Programme of Care by HSC Trust, (2018/19)

Further information on 2018/19 hospital activity within the Mental Health and Learning Disability Programmes of Care will be published at: <https://www.health-ni.gov.uk/topics/doh-statistics-and-research-mental-health-and-learning-disabilities/mental-health-and-learning-disability-statistics>

§ Refer to Appendix 4: Revisions Note.

Learning Disability Programme of Care

Admissions under the learning disability programme of care accounted for approximately 0.02% of all admissions. The number of learning disability admissions decreased by 125 from 261 in 2014/15 to 136 in 2018/19 (47.9%) (Figure 41, Table 1a).

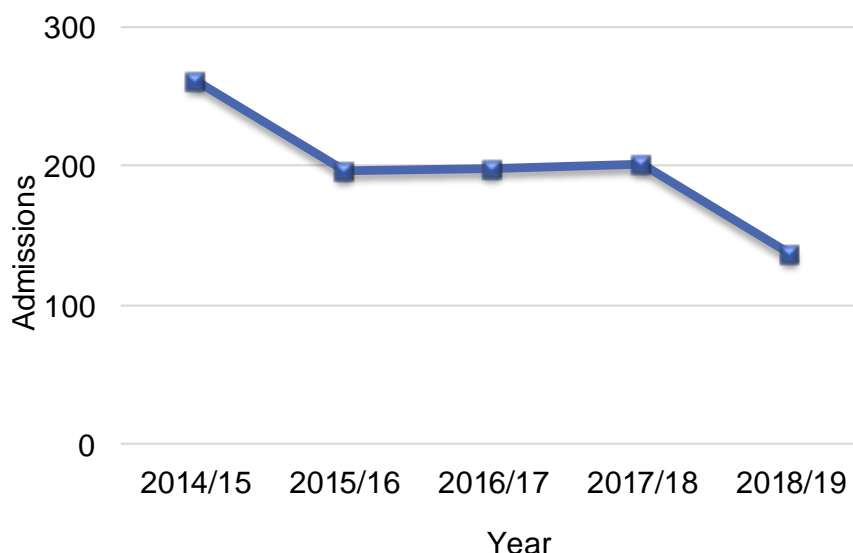


Figure 41: Total Number of Admissions to HSC Hospitals within the Learning Disability Programme of Care, (2014/15 - 2018/19)

The number of both average available and occupied beds in the learning disability programme of care decreased between 2014/15 and 2018/19 from 168.8 to 106.8 available (36.7%) and from 154.9 to 102.9 occupied (33.6%) (Figure 42, Table 1a).

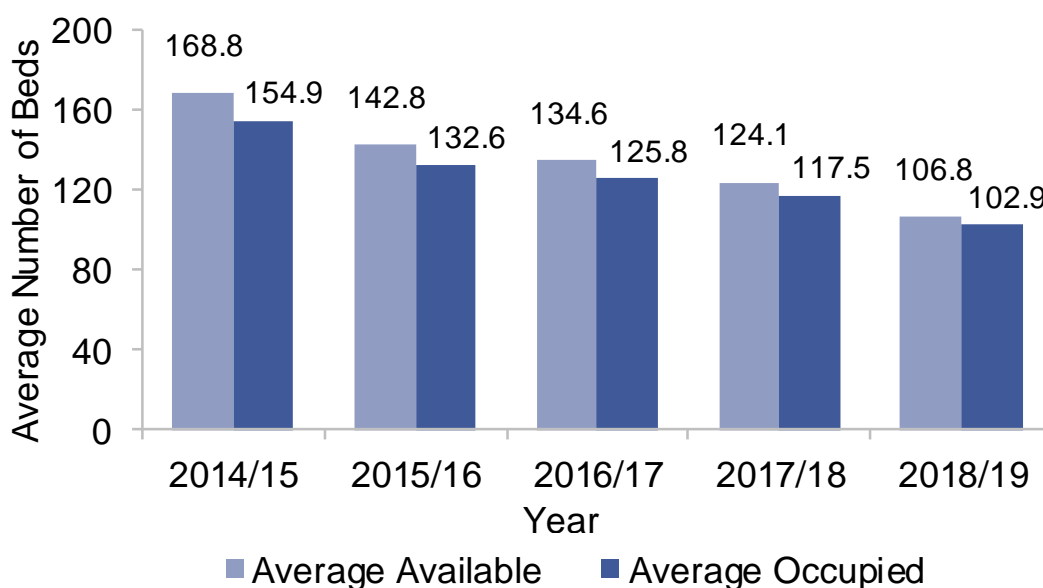


Figure 42: Average Number of Available and Occupied Beds in HSC Hospitals within the Learning Disability Programme of Care, (2014/15 - 2018/19)

Appendix 1: Specialties by Programme of Care

Programmes of Care 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.

Note: Total admissions for 2015/16 have been updated following a revised submission by Belfast HSCT to include additional Regular Day and Night Attenders within the Nephrology specialty in Belfast City Hospital.

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 occupied bed may exceed the number of average available beds. This can be due to both patient management as well as 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 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

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

Data relating to available and occupied beds for all programmes of care and non-acute activity data are sourced directly from HSC Trusts, via the Departmental Return KH03a. Acute activity data are sourced from the Hospital Inpatient System.

Data quality assessment

Data are derived from a range of administrative systems. Data providers have been given in-depth guidance providing instructions for recording, collection and submission of data. In addition, 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 during the year in wards that are open overnight. These data can provide insight into available resources within different hospital sites and treatment specialties and can be used together with number of inpatient admissions to determine average length of stay.

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 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.

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 Acute Programme of

Care relates to specialties in which patients require medical care for an acquired physical condition; the Maternity and Child Health Programme of Care relates to specialties in which patients receive treatment associated with child birth; the Elderly Care Programme of Care relates to treatments specifically required in later life, such as Geriatric Medicine; the Mental Health Programme of Care relates to treatment for Mental Health issues and the Learning Disability Programme of Care relates to treatments for patients specifically relating to a Learning Disability.

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

Data provider

Following a Public Consultation, the Departmental KH08 return has been discontinued and information in relation to use of operating theatres from 2015/16 onwards has been taken directly from the Theatre Management System through the Business Objects Data Warehouse.

Data quality assessment

Data are derived from a range of administrative systems. Data providers have been given in-depth guidance providing instructions for recording, collection and submission of data. In addition, 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

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. Data are split by admission method into inpatient and day case admissions.

Data provider

Data on HSC patients treated by an Independent Sector provider are provided on the Departmental Return IS1 Part 2 by the HSC Board, which is responsible for the regional commissioning of independent sector provision.

Data quality assessment

HSC Trusts are provided with in-depth guidance, detailing how they should record details of patients transferred to the Independent Sector for assessment, on their Patient Administrative System. Following assessment, the Independent Sector provider informs the transferring HSC Trust who records the patient's inpatient wait as being complete. These records are then validated against financial invoices received by the HSC Trust from the Independent Sector provider for each transferred patient. HSC Trusts then submit these data to the HSC Board. These are not National Statistics.

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.

Appointment type –the number of (i) inpatient and (ii) day case admissions within the Independent Sector.

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

HSC Trust – this relates to admissions in the Independent Sector, by the commissioning HSC Trust.

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.

For example, the Acute Programme of Care relates to specialties in which patients require medical care for an acquired physical condition; the Maternity and Child Health Programme of Care relates to specialties in which patients receive treatment associated with child birth and aftercare; the Elderly Care Programme of Care relates to treatments specifically required in later life, such as that provided in the Geriatric Medicine specialty; the Mental Health Programme of Care relates to treatment for Mental Health issues and the Learning Disability Programme of Care relates to treatments for patients specifically relating to a learning disability.

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.

Data quality assessment

Data are derived from a range of administrative systems. Data providers have been given in-depth guidance providing instructions for recording, collection and submission of data. In addition, 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

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. Comparison with other years can highlight changes in demand in different HSC Trust areas.

In April 2011, the KP19 Return was changed to include information on the method of delivery. These data can be used to calculate caesarean section rates and to compare predominant methods of delivery.

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>

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: A revised version of this publication was issued on **20th February 2020** following the identification of duplicated data in Trust returns. The amendments result in 801 Regular Attenders being removed from Omagh Hospital, Western Health & Social Care Trust, for the Nephrology specialty. All relevant tables and charts have been amended accordingly and any amended figures identified with '§'. A revised methodology has been implemented to avoid similar issues in future.
