





Hospital Statistics:

Outpatient Activity
Statistics 2015/16



Reader Information

Purpose This publication presents information on activity at consultant led and ICATS

outpatient services in Northern Ireland during the year ending 31st March 2016. It details information on New and Review Attendances, Missed Appointments (DNAs), Patient Cancellations (CNAs) and Hospital Cancellations. All 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 following link:

https://www.health-ni.gov.uk/publications/hospital-statistics-outpatient-activity-

statistics-201516

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Statistical Quality Information detailed in this release has been quality assured with HSC Trusts

prior to release.

Target audience Department of Health (DoH), Chief Executives of HSC Board and Trusts in

Northern Ireland, health care professionals, academics, general public, media

and Health & Social Care stakeholders.

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Outpatient Activity in Northern Ireland, 2015/16



1,519,297

appointments at consultant led outpatient services



136,899 appointments missed by patients

190,294

appointments cancelled by patients



153,498

appointments cancelled by the hospital

Key Points

- During 2015/16, there were 484,806 new and 1,034,491 review attendances at consultant led outpatient services within HSC hospitals in Northern Ireland (Tables 1a & 1b).
- Patients missed a total of 136,899 appointments during 2015/16, giving a Did Not Attend (DNA) rate of 8.3 (Figure 3, Tables 1a &1b).
- Patients cancelled 190,294 appointments during 2015/16 giving a Could Not Attend (CNA) rate of 11.1 (Figure 6, Tables 1a & 1b).
- During 2015/16, hospitals cancelled 153,498 appointments, giving a hospital cancellation rate of 9.2 (Figure 9, Tables 1a & 1b).
- During 2015/16 37,057 patients attended an appointment with an Independent Sector Provider, which was commissioned by the Health Service (Tables 1a &1b).
- During 2015/16, there were 107,957 patients seen at Integrated Clinical Assessment and Treatment Services (ICATS) in Northern Ireland (Table 56).

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About the Hospital Information Branch (HIB)

Hospital Information Branch is responsible for the collection, quality assurance, analysis and publication of timely and accurate information derived from a wide range of statistical information returns supplied by the Health & Social Care (HSC) Trusts and the HSC Board. Statistical information is collected routinely from a variety of electronic patient level administrative system and pre-defined EXCEL survey return templates.

The Branch aims to present information in a meaningful way and provide advice on its uses to customers in the HSC Committee, Professional Advisory Groups, policy branches within the 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 and Day Case, Outpatient, Diagnostics and Cancer). A detailed list of these publications is available from:

Website: https://www.health-ni.gov.uk/topics/doh-statistics-and-research

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Technical Notes

This statistics release is the seventh of an annual series presenting information on activity at consultant led outpatient services, and Integrated Clinical Assessment and Treatment Services (ICATS) in Northern Ireland.

Data Collection

The information presented in this publication derives from statistical returns (listed below) provided by HSC Trusts, Hospitals and the HSC Board.

- Quarterly Outpatient Activity Return (QOAR), Parts 1 and 2;
- Departmental Return IS1 Part 1
- Quarterly ICATS Activity Return (QIAR).

Data providers are supplied with technical guidance documents outlining the methodologies that should be used in the collection, reporting and validation of these data returns. These documents can be accessed at the following link: https://www.health-ni.gov.uk/articles/outpatient-activity

Rounding

Percentages have been rounded to whole numbers and as a consequence some percentages may not sum to 100.

Data Quality

Information presented in this publication in relation to the QOAR and QIAR returns have been validated and quality assured by HSC Trusts prior to publication. HSC Trusts are given a set period of time to submit the information to HIB. Following submission, HIB perform a series of checks to verify that information is consistent both within and across returns. Trend analyses are used to monitor annual variations and emerging trends. Queries arising from validation checks are presented to HSC Trusts for clarification and if required, returns may be amended and/or re-submitted. Finally, prior to the publication of this information, the data is formally signed off by HSC Trusts.

Information on activity within the Independent Sector is provided by the HSC Board, split by commissioning HSC Trust (the HSC Trust responsible for the patient's waiting time). HSC Trusts are provided with 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 outpatient 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 who forward the information to Hospital Information Branch for inclusion in the publication. These data are not National Statistics and have not been validated by the Department; however, they have been published to provide users with a comprehensive view of activity commissioned by the Health Service during each year.

Limitations of the Data

Readers should note that there have been a number of important changes to this return in the last two years.

At the beginning of 2014/15, the QOAR return was revised so that ward attendances seen by a consultant are now reported separately and are no longer included in the new and review outpatient attendance figures, as in previous years.

Also, prior to 2015/16, virtual outpatient activity was included within the QOAR. During 2015/16, the HSCB developed regional guidance on the recording of virtual activity; this activity has been removed from the QOAR return and as such is not included within this publication. All terminology in this publication should therefore be taken to refer to face to face outpatient activity only.

From the beginning of 2015/16, HIB introduced a separate monitoring return to allow the monitoring of virtual outpatient activity. However due to data quality issues, we have not included it within this publication but plan to develop it for future publication.

Due to the major changes over the last two financial years, it has not been possible to provide trend data on outpatient activity in HSC hospitals during 2015/16 with previous years. HIB advise against making any comparisons across financial years.

Main Uses of Data

The main uses of these data are to monitor activity at consultant led and ICATS outpatient services at hospitals in Northern Ireland, 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 from the public.

Further information on the uses of the data contained in this publication are detailed in Appendix 6.

A National Statistics Publication

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

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.

It is the Department'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.

Further information on the Code of Practice for National Statistics is available at: https://www.statisticsauthority.gov.uk/monitoring-and-assessment/code-of-practice/

A list of those who received 24-hour pre-release access to this publication is available at: https://www.health-ni.gov.uk/publications/hospital-statistics-outpatient-activity-statistics-201516

Outpatient Activity Information Elsewhere in the United Kingdom

While it is our intention to direct users to outpatient activity information elsewhere in the UK, users should be aware that outpatient activity in other administrations is not always measured in a comparable manner to Northern Ireland due to differing counting rules. Details of the outpatient activity information published elsewhere in the UK can be found as detailed below.

England

http://www.hscic.gov.uk/hes

http://www.england.nhs.uk/statistics/hospital-activity/quarterly-hospital-activity/

Scotland

http://www.isdscotland.org/Health-Topics/Hospital-Care/Outpatient-Activity/

Wales

http://www.statswales.wales.gov.uk/TableViewer/tableView.aspx?ReportId=1373

Contextual Information for Using Hospital Statistics

Please be aware that contextual information about Northern Ireland and the health services provided is available to read while using statistics from this publication. This includes information on the current and future population, structures within the Health and Social Care system, the vision for future health services, as well as targets and indicators. This information is available at the following link:

https://www.health-ni.gov.uk/articles/outpatient-activity

Additional Activity Information

Outpatient services are only one part of a patient pathway. For further information on inpatient activity please see: https://www.health-ni.gov.uk/articles/inpatient-and-day-case-activity

For further information in relation to Mental Health and Learning Disability services please see: <a href="https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research-mental-health-and-learning-disabilities/mental-health-and-disabilities/men

Feedback

As we want to engage with users of our statistics, we invite you to feedback your comments on this publication to: statistics@health-ni.gov.uk

Introduction

Data contained in this publication relate to Health Service commissioned activity at consultant led outpatient services, either in HSC Hospitals or the Independent Sector, and activity in Integrated Clinical Assessment and Treatment Services (ICATS) during 2015/16.

Information on outpatient activity can be impacted upon by various policies and directions set within government. Examples of such initiatives include "Transforming Your Care" and the Commissioning Plan Direction.

During 2011, a Review of the Provision of Health and Social Care Services in Northern Ireland, "Transforming Your Care" was undertaken. One of the main drivers for the Review was the significant and growing pressures facing the Health and Social care system, including a growing and ageing population. A full report and summary of the Review can be accessed at the following link: https://www.health-ni.gov.uk/topics/health-policy/transforming-your-care

The Commissioning Plan Direction is a strategic plan set by the Minister for Health and revised on an annual basis. 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 associated targets for 2015/16 can be found via the following link: https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/Commissioning%20Plan%20Direction%20-%202015-2016 0.pdf

Consultant Led Outpatient Services

A consultant led outpatient service is provided by HSC Trusts to allow patients to see a consultant, or a member of their team, for assessment in relation to a specific condition. Outpatient services are usually provided during a clinic session (though in some cases patients may be seen on a ward) and provide an opportunity for consultation, investigation and minor treatment. Patients are not admitted into hospital for this assessment. Consultant led outpatient activity in Northern Ireland commissioned by the Health Service can take place in either HSC Hospitals or at an Independent Sector provider.

Activity in HSC Hospitals

The data for consultant led outpatient activity in HSC Hospitals is derived from the Quarterly Outpatient Activity Return (QOAR). Readers should note that there have been a number of important changes to this return in the last two years.

At the beginning of 2014/15, the QOAR return was revised so that ward attendances seen by a consultant are now reported separately and are no longer included in the new and review outpatient attendance figures, as in previous years.

Also, prior to 2015/16, virtual outpatient activity was included within the QOAR. During 2015/16, the HSCB developed regional guidance on the recording of virtual activity; this activity has been removed from the QOAR return and as such is not included within this publication. All terminology in this publication should therefore be taken to refer to face to face outpatient activity only.

From the beginning of 2015/16, HIB introduced a separate monitoring return to allow the monitoring of virtual outpatient activity. However due to data quality issues, we have not included it within this publication but plan to develop it for future publication.

Due to the major changes over the last two financial years, it has not been possible to provide trend data on outpatient activity in HSC hospitals during 2015/16 with previous years. HIB advise against making any comparisons across financial years.

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Attendances in HSC Hospitals¹

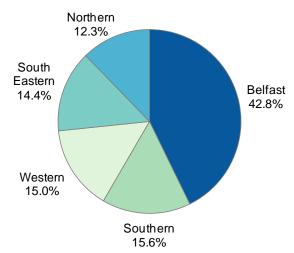
Financial Year 2015/16

During 2015/16, a total of 1,519,297 attendances took place at consultant led outpatient services within HSC hospitals in Northern Ireland. Of those who attended in 2015/16, 31.9% (484,806) were new attendances, with the remaining 68.1% (1,034,491) being review attendances. This equated to a new to review ratio of 1:2.1, meaning that for every patient attending a new appointment, there were 2.1 that attended a review appointment. (Tables 1a & 1b).

Attendances in HSC Hospitals by HSC Trust

Over two fifths (42.8%, 649,739) of the attendances in HSC hospitals were in the Belfast HSC Trust, 15.6% (237,155) in the Southern HSC Trust, 15.0% (227,554) in the Western HSC Trust, 14.4% (218,668) in the South Eastern HSC Trust and 12.3% (186,181) in the Northern HSC Trust (Figure 1 & Tables 1b & 2a).

Figure 1: Total number of attendances at consultant led outpatient services in Northern Ireland, by HSC Trust (2015/16)



Readers should note that not all outpatient services are provided at each of the five HSC Trusts in Northern Ireland. In such circumstances patients from one HSC Trust area may attend an appointment for a service provided at another HSC Trust. Moreover, in some cases a consultant or a member of their team, from one HSC Trust may provide a 'visiting' outreach service at another HSC Trust. It is therefore not possible to accurately calculate the number of patient attendances per head of the population in any specific HSC Trust area, as HSC Trusts that provide services for the whole of Northern Ireland will have a higher number of attendances per head of the population, than those that provide more localised services. A list of specialties provided by each hospital is available in Appendix 1².

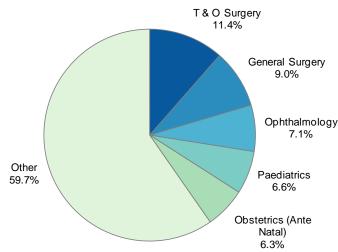
¹ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 – 10 & 12 - 18 (Specifically Explanatory Notes 4 - 10 for information on changes to recording of virtual activity and ward attendances.)

Attendances in HSC Hospitals by Programme of Care and Specialty

In 2015/16, 9 out of 10 attendances (90.8%, 1,379,919) were within the Acute Services Programme of Care, followed by the Maternity and Child Health (6.3%, 95,295), Elderly Care (1.9%, 28,822), Mental Health, (0.6%, 8,926) and Learning Disability (0.4%, 6,335) Programmes of Care (Table 1a)³.

In 2015/16, over two fifths (40.3%, 612,852) of the 1,519,297 attendances were within the five specialties: T & O Surgery, General Surgery, Ophthalmology, Paediatrics and Obstetrics (Ante Natal) (Figure 2 & Table 3a)³.

Figure 2: Total number of attendances at consultant led outpatient services in Northern Ireland, by specialty (2015/16)



Missed Appointments / Did Not Attends (DNA)¹

Prior to 2015/16, virtual outpatient activity was included within the QOAR. However, following the issuing of virtual activity guidance by the Health and Social Care Board (HSCB) at the beginning of 2015/16, this activity has been removed from the QOAR return and as such is not included within this publication. As a result of this it is not possible to compare the number or rate of missed appointments across the years.

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

Financial Year 2015/16

A total of 136,899 outpatient appointments were missed during 2015/16, equating to a DNA rate of 8.3 (Figure 3 & Tables 1a & 1b).

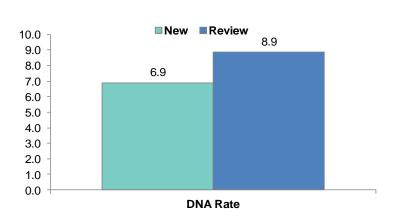
 $^{^{\}rm 1}$ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 – 10 & 12 – 18

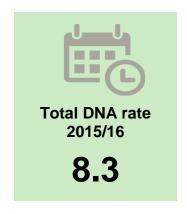
² Refer to Appendix 1: Specialties of consultant led outpatient services provided in each hospital during 2015/16.

³ Refer to Appendix 4 – Hospital Specialties by Programme of Care

The DNA rate of 8.9 for review appointments was higher than the rate of 6.9 for new appointments during 2015/16 (Figure 3).

Figure 3: New, review and total DNA rates at consultant led outpatient services in Northern Ireland (2015/16)

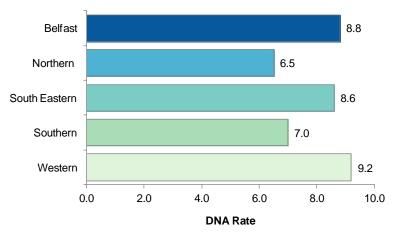




Missed Appointments / Did Not Attends (DNA) by HSC Trust

During 2015/16, the Western HSC Trust had the highest DNA rate, with a rate of 9.2, followed by a rate of 8.8 in the Belfast HSC Trust, 8.6 in the South Eastern HSC Trust, 7.0 in the Southern HSC Trust and 6.5 in the Northern HSC Trust (Figure 4 & Table 1b).

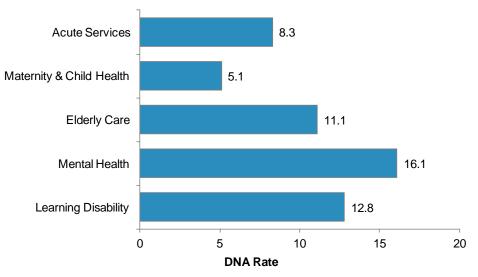
Figure 4: Total DNA rates at consultant led outpatient services in Northern Ireland, by HSC Trust (2015/16)



Missed Appointments / Did Not Attends (DNA) by Programme of Care and Specialty

The Programme of Care with the highest DNA rate during 2015/16 was Mental Health (16.1), followed by Learning Disability with a rate of 12.8, Elderly Care (11.1), Acute Services (8.3) and Maternity and Child Health (5.1) (Figure 5 & Table 1a).

Figure 5: Total DNA rates at consultant led outpatient services in Northern Ireland, by Programme of Care (2015/16)



During 2015/16, the five specialties with the highest DNA rates were the Accident and Emergency specialty with a rate of 22.2, followed by Paediatric Dentistry (18.2), Child and Adolescent Psychiatry (16.1), Old Age Psychiatry (15.1) and Obstetrics (Post Natal) (14.9). (Table 3a).

Patient and Hospital Cancellations

Prior to 2015/16, virtual outpatient activity was included within the QOAR. However, following the issuing of virtual activity guidance by the Health and Social Care Board (HSCB) at the beginning of 2015/16, this activity has been removed from the QOAR return and as such is not included within this publication. As a result of this it is not possible to compare the number or rate of missed appointments across the years.

Patient Cancellations / Could Not Attends (CNA)¹

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

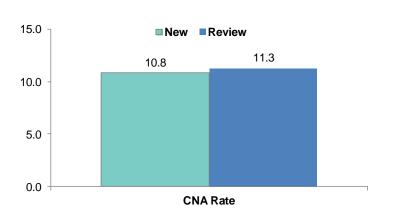
Financial Year 2015/16

Patients cancelled a total of 190,294 outpatient appointments during 2015/16, equating to a CNA rate of 11.1 (Figure 6 & Tables 1a & 1b).

During 2015/16, the CNA rate of 11.3 for review appointments was higher than the CNA rate of 10.8 for new appointments (Figure 6).

Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 – 10 & 12 – 18.

Figure 6: New, review and total CNA rates at consultant led outpatient services in Northern Ireland (2015/16)

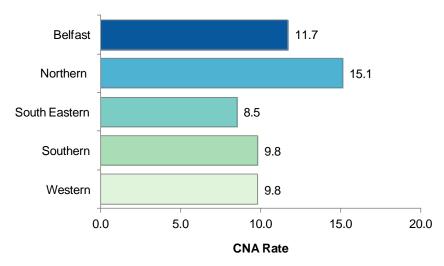




Patient Cancellations / Could Not Attends (CNA) by HSC Trust

The Northern HSC Trust had the highest CNA rate during 2015/16, with a rate of 15.1, followed by a rate of 11.7 in the Belfast HSC Trust, 9.8 in both the Western HSC Trust and the Southern HSC Trust and 8.5 in the South Eastern HSC Trust (Figure 7 & Table 1b).

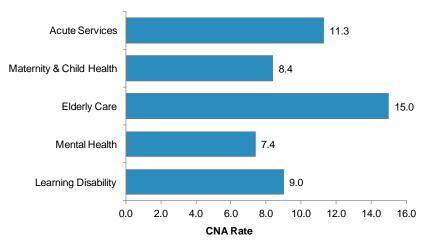
Figure 7: Total CNA rates at consultant led outpatient services in Northern Ireland, by HSC Trust (2015/16)



Patient Cancellations / Could Not Attends (CNA) by Programme of Care and Specialty

The Programme of Care with the highest CNA rate in 2015/16 was Elderly Care with a rate of 15.0, followed by the Acute Services Programme of Care with a rate of 11.3, Learning Disability (9.0), Maternity and Child Health (8.4) and Mental Health (7.4) (Figure 8 & Table 1a).

Figure 8: Total CNA rates at consultant led outpatient services in Northern Ireland, by Programme of Care (2015/16)



During 2015/16, the five specialties with the highest CNA rates were Paediatric Dentistry with a rate of 21.1, followed by Chemical Pathology (20.6), Dental Medicine (19.7), Obstetrics (Post Natal) (19.2) and Old Age Psychiatry (18.6) (Table 3a).

Hospital Cancellations¹

Data on Hospital Cancellation rates are an indication of a loss to potential productivity within the Health and Social Care system, as in most cases the patient still requires assessment and will have to be booked into another appointment.

Financial Year 2015/16

Hospitals cancelled a total of 153,498 outpatient appointments during 2015/16, equating to a Hospital Cancellation rate of 9.2 (Figure 9 & Tables 1a & 1b).

The Hospital Cancellation rate of 10.4 for review appointments was considerably higher than the comparable rate of 6.5 for new appointments (Figure 9).

Figure 9: New, review and total hospital cancellation rates at consultant led outpatient services in Northern Ireland (2015/16)



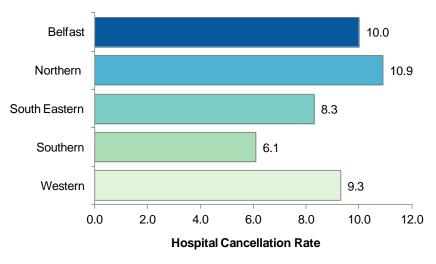


Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 – 10 & 12 –18.

Hospital Cancellations by HSC Trust

The Northern HSC Trust had the highest Hospital Cancellation rate during 2015/16, with a rate of 10.9, followed by a rate of 10.0 in the Belfast HSC Trust, 9.3 in the Western HSC Trust, 8.3 in the South Eastern HSC Trust and 6.1 in the Southern HSC Trust (Figure 10 & Table 1b).

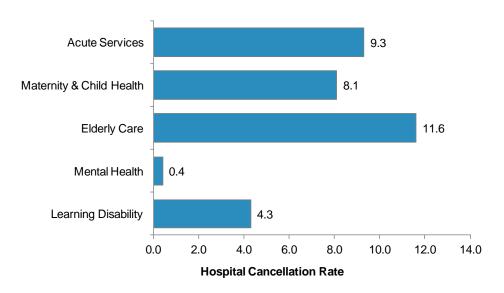
Figure 10: Total Hospital Cancellation rates at consultant led outpatient services in Northern Ireland, by HSC Trust (2015/16)



Hospital Cancellations by Programme of Care and Specialty

The Programme of Care with the highest Hospital Cancellation rate in 2015/16 was Elderly Care (11.6), followed by the Acute Services Programme of Care with a rate of 9.3, Maternity and Child Health (8.1), Learning Disability (4.3) and Mental Health (0.4) (Figure 11 & Table 1a).

Figure 11: Total hospital cancellation rates at consultant led outpatient services in Northern Ireland, by Programme of Care (2015/16)



The five specialties with the highest Hospital Cancellation rates during 2015/16 were Paediatric Neurology with a rate of 24.3, followed by Obstetrics (Post Natal) (24.2), Neurosurgery (18.3), Thoracic Surgery (16.8) and Paediatric Surgery (16.7) (Table 3a).

Reason for Cancellation⁴

The variable 'reason for cancellation' was introduced in 2008/09 as experimental statistics and was only made mandatory for completion from March 2013. Following this decision, an audit of the reasons for cancellation was undertaken and updated methodology was put in place from 1st July 2013. All HSC Trusts implemented this methodology from 1st July 2013.

Further information on the reason for cancellation variable can be found at the following link:

https://www.health-ni.gov.uk/publications/use-variable-reason-cancellation

Of the 343,792 appointments cancelled by the patient or hospital during 2015/16, 3.3% had no reason recorded or were incorrectly recorded. The level of coding has improved substantially from 2008/09, when 38.1% of all cancelled appointments were either not coded or incorrectly coded (Tables 2c & 3c).

Almost half of patients with no reason recorded (46.1%) were in the Belfast HSC Trust. This is likely due to Belfast HSC Trust holding the highest proportion of manual records, which typically do not have a reason provided (Table 2c).

There were 147,597 appointments cancelled by the hospital with a reason for cancellation provided. Of these, 35.7% (52,633) were because of the reason 'Consultant Unavailable'. This was the most frequent reason in all of the Trusts. The reason 'Consultant unavailable' was the most frequent reason in 32 of the 45 specialties that had activity recorded during 2015/16 (Table 2c & 3c).

Readers should note that not all hospital cancellations will necessarily result in an impact for the patient.

There were 184,829 appointments cancelled by the patient with a reason provided. Of these, the majority 91.0% (168,219) were recorded under the reason 'Patient cancelled appointment still required', resulting in HSC Trusts rebooking these appointments for an alternative date (Tables 2c & 3c). This was the most frequent reason for patient cancellations across all HSC Trusts. It was also the most frequent reason for patient cancellations across specialties with the exception of the Accident and Emergency and Child and Adolescent Psychiatry specialties (Tables 2c & 3c).

Ward Attendances⁵

An attendance at a ward for the purpose of examination by a consultant/doctor is defined as a ward attendance. These patients would not normally be admitted to the health care provider.

Separate recording of ward attendances seen by a consultant on the QOAR began in 2014/15. Although, ward attendances seen by a consultant were previously included in the main outpatient attendance figures on the QOAR, it is not possible to retrospectively identify the numbers involved. All ward attendances with a consultant from 2014/15 onwards are counted together, whether it was for a new or review appointment.

Financial Year 2015/16

During 2015/16, there were 58,770 ward attendances seen by a consultant.

⁴ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1, 3, 10 & 19.

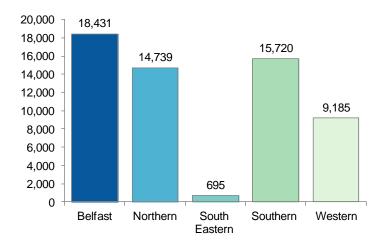
⁵ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 – 10 & 12

Ward Attendances by HSC Trust

Belfast HSC Trust accounted for 31.4% (18,431) of ward attendances in Northern Ireland during 2015/16, followed by the Southern HSC Trust with 26.7% (15,720), Northern HSC Trust with 25.1% (14,739), Western HSC Trust with 15.6% (9,185) and the South Eastern HSC Trust with 1.2% (695) (Figure 12 & Table 1b).

South Eastern HSC Trust has advised that the majority of ward attendances within their Trust are seen by a nurse and therefore are not included within the QOAR.

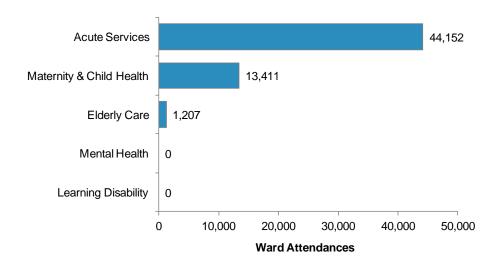
Figure 12: Total number of ward attendances at consultant led outpatient services in Northern Ireland, by HSC Trust (2015/16)



Ward Attendances Programme of Care

Just over three quarters of ward attendances (75.1%, 44,152) were in the Acute Services Programme of Care, followed by the Maternity and Child Health (22.8%, 13,411) and Elderly Care (2.1%, 1,207). There were no ward attendances with a consultant in the Learning Disability and Mental Health Programmes of Care (Figure 13 & Table 1a).

Figure 13: Total number of ward attendances at consultant led outpatient services in Northern Ireland, Programme of Care (2015/16)



Activity in the Independent Sector⁶

The number of patients attending outpatient appointments within the Independent Sector, commissioned by the Health Service, has been provided by the Health and Social Care Board, split by commissioning HSC Trust. These data are not National Statistics; however, they have been published to provide users with a comprehensive view of completed outpatient activity during each year.

Independent Sector appointments missed by the patient or cancelled by either the patient or the hospital are not currently collected by the Department.

Financial Year 2015/16

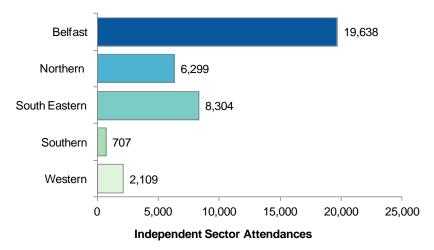
During 2015/16, 37,057 Health Service patients were seen at Independent Sector providers in Northern Ireland. This was a decrease of 30.1% (15,953) on the number seen during the previous year (53,010) (Tables 1a & 1b).

The Health and Social Care Board took the decision from July 2014 to halt the transfer of additional patients to the Independent Sector, and from October 2014 to place a hold on the treatment of patients already transferred and assessed as requiring non-urgent treatment, except for those awaiting diagnostics tests and patients awaiting treatment in cardiac surgery and scoliosis (complex spinal surgery). This decision was made as a result of the DoH financial position in 2014/15. The use of the Independent sector recommenced in April 2015 to treat those patients whose referral had been paused. Additional IS capacity in the areas of Cardiac Surgery, Complex Spinal Surgery and Diagnosis also continued, but there was no activity commissioned outside these areas due to financial budget constraints until the final quarter of 2015/16 when additional funds became available in year through the November monitoring round.

Activity in the Independent Sector by HSC Trust

Over half (53.0%, 19,638) of all Independent Sector attendances during 2015/16 were in Belfast HSC Trust, followed by 22.4% (8,304) in South Eastern HSC Trust, 17.0% (6,299) in Northern HSC Trust, 5.7% (2,109) in Western HSC Trust and 1.9% (707) in the Southern HSC Trust (Figure 14 & Tables 1b & 55).

Figure 14: Total number of attendances in the Independent Sector in Northern Ireland, by HSC Trust (2015/16)



 $^{^{6}}$ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 - 3, 11.

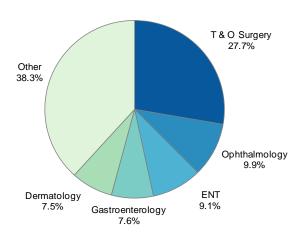
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Readers should note that whilst Independent Sector attendances are reported by commissioning HSC Trust (the HSC Trust responsible for the patient's waiting time), this may not necessarily be the patient's Trust of Residence. It is therefore not possible to accurately calculate the number of patient attendances in the Independent Sector per head of the population in any specific HSC Trust area.

Activity in the Independent Sector by Specialty

In 2015/16, over three fifths (61.7%, 22,873) of the 37,057 independent sector attendances were within the five specialties: T & O Surgery, Ophthalmology, ENT, Gastroenterology and Dermatology (Figure 15 & Table 55).

Figure 15: Total number of attendances in the Independent Sector in Northern Ireland, by Specialty (2015/16)



Total Attendances Commissioned by the Health Service⁷

The total number of attendances commissioned by the Health Service includes those patients who attended a consultant-led outpatient appointment in either a Health Service hospital or within the Independent Sector, commissioned by the Health Service.

Prior to 2015/16, the number of total attendances commissioned by the Health Service, would have included virtual outpatient activity. Since 2014/15, new and review outpatient attendance figures no longer include ward attendances as these are now recorded separately. Due to the major changes over the last two financial years, it has not been possible to provide trend data on outpatient activity in HSC hospitals during 2015/16 with previous years.

Financial Year 2015/16

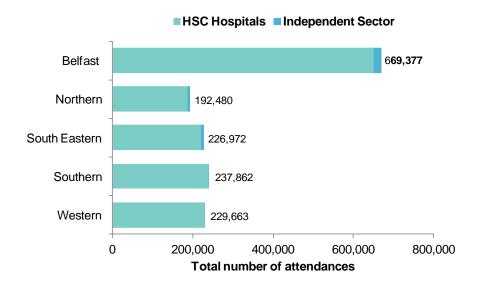
When the total number of attendances commissioned by the Health Service, within the Independent Sector in 2015/16 (37,057) is combined with that for outpatients attending an appointment in Health Service hospitals during the same period (1,519,297), a total of 1,556,354 patients were seen at consultant led outpatient services in Northern Ireland commissioned by the Health Service (Tables 1a & 1b).

 $^{^{7}}$ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 -18.

Total Attendances Commissioned by the Health Service by HSC Trust

Over two fifths 43.0% (669,377) of all attendances commissioned by the Health Service for 2015/16 occurred in the Belfast HSC Trust. This was followed by the Southern HSC Trust with 15.3% (237,862), Western HSC Trust with 14.8% (229,663), South Eastern HSC Trust with 14.6% (226,972) and the Northern HSC Trust with 12.4% (192,480) (Figure 16 & Tables 1b).

Figure 16: Total number of attendances including Independent Sector activity, by HSC Trust (2015/16)



Total Attendances Commissioned by the Health Service by Specialty

In 2015/16, the five specialties with the highest number of attendances were T & O Surgery (11.8%, 184,138), General Surgery (8.9%, 139,040), Ophthalmology (7.2%,111,292), Paediatrics (6.4%, 100,050) and Obstetrics (Ante Natal) (6.1%, 95,123) (Tables 3a and 55).

Integrated Clinical Assessment and Treatment Services (ICATS)8

ICATS Attendances

From 1st April 2010, a number of Integrated Clinical Assessment and Treatment Services (ICATS) were officially introduced within the Health Service. ICATS are provided by integrated multi-disciplinary teams of health service professionals, and provide assessment, treatment and advisory services. These are provided in a variety of primary, community and secondary care settings.

Reasons for cancellation of ICATS appointments are not currently collected by the Department.

Financial Year 2015/16

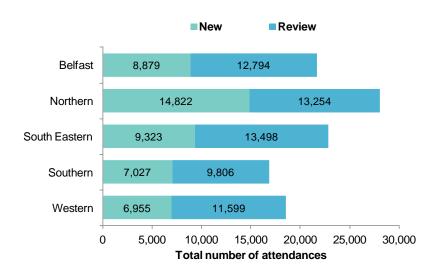
During 2015/16, 107,957 attendances took place at ICATS in Northern Ireland. This was an increase of 0.5% (550) on the 107,407 seen in 2014/15 (Table 56).

Of the 107,957 patients seen during 2015/16, 43.5% (47,006) were new attendances, with the remaining 56.5% (60,951) being review attendances. This equated to a new to review ratio of 1:1.3, meaning that for every patient attending a new ICATS appointment, there were 1.3 that attended a review appointment. This compares to a new to review ratio of 1:1.4 reported for the previous year (Table 56).

ICATS Attendances by Trust and Specialty

Over one quarter (26.0%, 28,076) of the total ICATS attendances in Northern Ireland during 2015/16 occurred in the Northern HSC Trust. This was followed by the South Eastern HSC Trust with 21.1% (22,821), Belfast HSC Trust with 20.1% (21,673), Western HSC Trust with 17.2% (18,552) and Southern HSC Trust with 15.6% (16,833) (Figure 17 & Table 60a).

Figure 17: Total ICATS attendances in Northern Ireland, by HSC Trust (2015/16)



Readers should note that patients referred to an ICATS service can choose which HSC Trust they attend their appointment at, if this service is offered in more than one Trust area. It is therefore not possible to accurately calculate the number of ICATS attendances per head of the population in any specific HSC Trust

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⁸ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1-3 & 21-22.

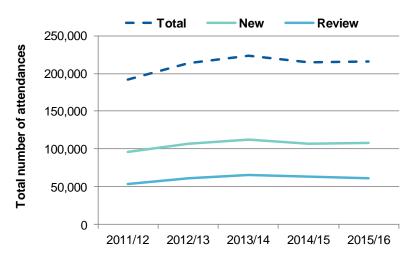
area, as patients from one HSC Trust area may attend an ICATS service provided at another HSC Trust. A list of specialties provided by each HSC Trust is available in Appendix 2⁹.

Over three fifths (61.4%) of ICATS attendances were within the T & O Surgery specialty, followed by Ophthalmology (16.2%), Dermatology (13.4%), ENT (5.7%), Cardiology (1.8%) and Urology (1.5%) (Table 58).

5 Year Trend

The number of patients seen at ICATS in 2015/16 was 12.4% (11,946) more than the 96,011 seen in 2011/12 (Figure 18 & Table 56).

Figure 18: Total attendances at ICATS in Northern Ireland (2011/12 - 2015/16)



Missed ICATS Appointments / Did Not Attends (DNA)

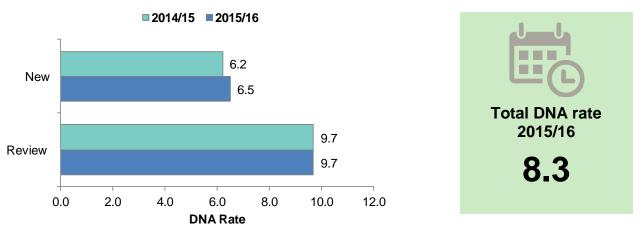
Financial Year 2015/16

Patients missed a total of 9,803 ICATS appointments during 2015/16, which equated to a DNA rate of 8.3, the same DNA rate as reported for 2014/15 (Figure 19 & Table 5).

There were 3,272 new appointments missed, compared to 6,531 review appointments during 2015/16. This meant that the review DNA rate of 9.7 was higher than the comparable rate of 6.5 for new appointments. This is compared to respective rates of 9.7 and 6.2 during 2014/15 (Figure 19).

⁹ Refer to Appendix 2: Specialties of Integrated Clinical Assessment and Treatment Services (ICATS) provided in each HSC Trust during 2015/16

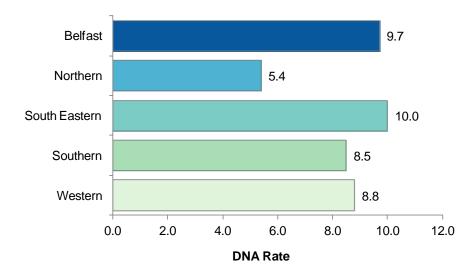
Figure 19: New, review and total DNA rates at ICATS services in Northern Ireland (2014/15 and 2015/16)



Missed ICATS Appointments / Did Not Attends (DNA) by HSC Trust and Specialty

During 2015/16, the South Eastern HSC Trust had the highest DNA rate at 10.0, followed by a rate of 9.7 in the Belfast HSC Trust, 8.8 in the Western HSC Trust, 8.5 in the Southern HSC Trust and 5.4 in the Northern HSC Trust (Figure 20 & Table 56).

Figure 20: Total DNA rates at ICATS services in Northern Ireland, by HSC Trust (2015/16)

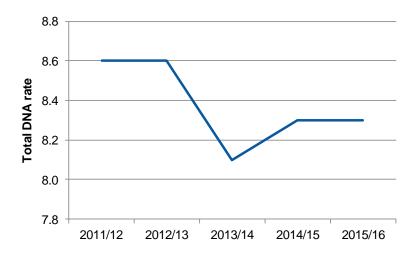


The specialty with the highest DNA rate during 2015/16 was Cardiology with a rate of 9.9; followed by Dermatology with a rate of 9.5, T & O Surgery (9.0), ENT (6.9), Urology (6.7) and Ophthalmology (5.3) (Table 58).

5 Year Trend

The DNA rate of 8.3 for 2015/16 is lower than the comparable rate of 8.6 reported for 2011/12 (Figure 21 & Table 56).

Figure 21: Total DNA rates at ICATS services in Northern Ireland (2011/12 - 2015/16)



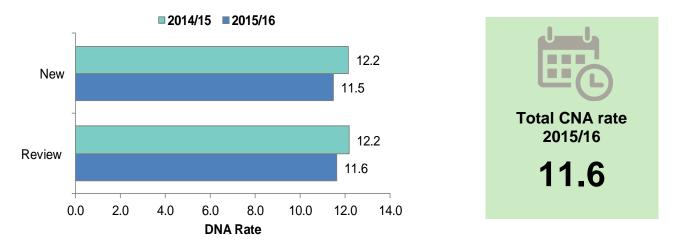
Patient Cancellations / Could Not Attends (CNA)

Financial Year 2015/16

Patients cancelled a total of 14,142 ICATS appointments during 2015/16, which equated to a CNA rate of 11.6. This is compared to the CNA rate of 12.2 reported for 2014/15 (Figure 22 & Table 56).

Patients cancelled a total of 6,109 new appointments and 8,033 review appointments during 2015/16, resulting in CNA rates of 11.5 for new appointments and 11.6 for review appointments. This is compared to rates of 12.2 for both new and review appointments during 2014/15 (Figure 22).

Figure 22: New, review & total CNA rates at ICATS in Northern Ireland (2014/15 and 2015/16)



Patient Cancellations / Could Not Attends (CNA) by HSC Trust and Specialty

The Northern HSC Trust had the highest CNA rate during 2015/16 with a rate of 15.0, followed by the Belfast HSC Trust with a rate of 11.2, Western HSC Trust (10.4), South Eastern HSC Trust (10.0) and Southern HSC Trust (9.4) (Figure 23 & Table 56).

Belfast 11.2 Northern 15.0 South Eastern 10.0 Southern 9.4 Western 10.4 0.0 5.0 20.0 10.0 15.0 **CNA Rate**

Figure 23: Total CNA rates at ICATS services in Northern Ireland, by HSC Trust (2015/16)

The specialty with the highest CNA rate during 2015/16 was Dermatology with a rate of 16.0, followed by ENT with a rate of 15.3, Ophthalmology (12.3), T&O Surgery (10.2), Urology (8.6) and Cardiology (7.5) (Table 58).

5 Year Trend

The CNA rate increased from a rate of 10.9 in 2011/12 to a rate of 11.6 in 2015/16 (Figure 24 & Table 56).

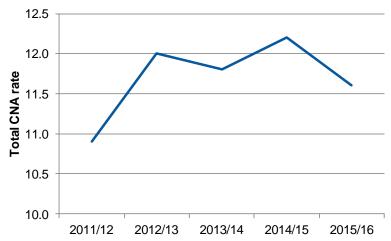


Figure 24: Total CNA rates at ICATS in Northern Ireland (2011/12 - 2015/16)

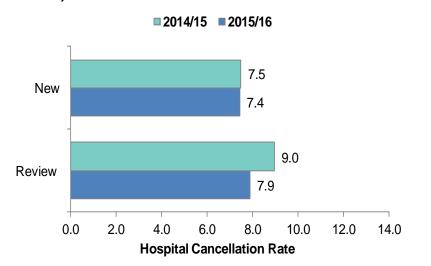
Hospital Cancellations

Financial Year 2015/16

Hospitals cancelled a total of 8,998 ICATS appointments during 2015/16. This equated to a Hospital Cancellation rate of 7.7, compared with a rate of 8.4 in 2014/15 (Figure 25 & Table 56).

Hospitals cancelled 3,777 new appointments and 5,221 review appointments, meaning that during 2015/16, the Hospital Cancellation rate of 7.9 for review appointment was higher than the rate of 7.4 for new appointments. This compares to respective rates of 9.0 and 7.5 during 2014/15 (Figure 25).

Figure 25: New, review & total hospital cancellation rates at ICATS in Northern Ireland (2014/15 and 2015/16)

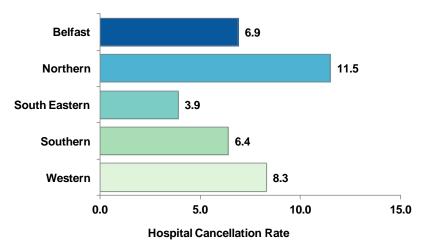




Hospital Cancellations by HSC Trust and Specialty

The Northern HSC Trust had the highest Hospital Cancellation rate during 2015/16, with a rate of 11.5, followed by a rate of 8.3 in the Western HSC Trust, 6.9 in the Belfast HSC Trust, 6.4 in the Southern HSC Trust and 3.9 in the South Eastern HSC Trust (Figure 26 & Table 56).

Figure 26: Total Hospital Cancellation rates at ICATS services in Northern Ireland, by HSC Trust (2015/16)



The specialty with the highest Hospital Cancellation rate in 2015/16 was ENT with a rate of 12.4, followed by Dermatology (9.2), Cardiology (7.5), Ophthalmology (7.2), T&O Surgery (7.1) and Urology (4.2) (Table 58).

5 Year Trend

The Hospital Cancellation rate has decreased from a rate of 7.8 in 2011/12 to 7.7 in 2015/16 (Figure 27 & Table 56).

Figure 27: Total hospital cancellation rates at ICATS services in Northern Ireland (2011/12 - 2015/16)

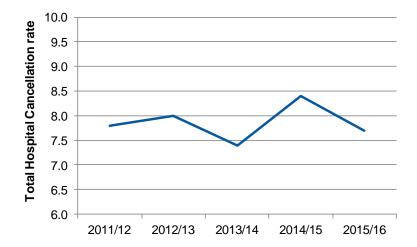


Table 1a: Activity by Programme of Care, 2011/12 to 2015/16¹⁰

Programme	Activity					
of Care	Indicator	2011/12	2012/13	2013/14	2014/15	2015/16
All POCs	HSC Hospitals					
	New Attendances	475,235	481,059	485,939	474,561	484,806
	Review Attendances	1,038,763	1,050,176	1,074,436	1,026,503	1,034,491
	Total New & Review Attendances	1,513,998	1,531,235	1,560,375	1,501,064	1,519,297
	Total Did Not Attends (DNAs)	157,781	159,170	155,760	147,536	136,899
	Total Could Not Attends (CNAs)	184,718	196,633	196,558	194,257	190,294
	Total Hospital Cancellations	182,813	167,172	167,230	168,555	153,498
	DNA Rate	9.4	9.4	9.1	8.9	8.3
	CNA Rate	10.9	11.4	11.2	11.5	용 11.1
	Hospital Cancellation Rate	10.8	9.8	9.7	10.1	9.2
	Ward Attendances	N/A	N/A	N/A	58,059	월 58,770
	Independent Sector*					Combaraple 29.2 9.2 58,770
	Independent Sector Attendances	48,762	84,034	91,397		5 2 37,057
POC 1: Acute Services	HSC Hospitals					453,143
	New Attendances	441,826	448,182	452,415	442,772	<u>e</u> 453,143
	Review Attendances	929,804	935,688	958,433	914,629	.⊆ 926,776
	Total New & Review Attendances	1,371,630	1,383,870	1,410,848	1,357,401	ਰੂ 1,379,919
	Total Did Not Attends (DNAs)	144,325	145,015	142,044	134,039	Ď 125,483
	Total Could Not Attends (CNAs)	172,466	183,697	181,635	177,964	175,174
	Total Hospital Cancellations	161,871	147,673	150,505	152,567	140,980
	DNA Rate	9.5	9.5	9.1	9.0	8.3
	CNA Rate	11.2	11.7	11.4	11.6	11.3
	Hospital Cancellation Rate	10.6	9.6	9.6	10.1	9.3
	Ward Attendances	N/A	N/A	N/A	45,731	44,152
	Independent Sector*					
	Independent Sector Attendances	48,762	84,034	91,397	53,010	37,057

Table 1a: continued

Programme	Activity					
of Care	Indicator	2011/12	2012/13	2013/14	2014/15	2015/16
POC 2: Maternity and	HSC Hospitals					
Child Health	New Attendances	23,336	21,497	21,599	20,016	20,340
	Review Attendances	72,645	74,826	76,449	73,374	74,955
	Total New & Review Attendances	95,981	96,323	98,048	93,390	95,295
	Total Did Not Attends (DNAs)	4,834	5,163	4,882	5,105	5,155
	Total Could Not Attends (CNAs)	5,300	5,327	7,218	8,836	8,697
	Total Hospital Cancellations	11,513	10,390	8,447	7,835 <u>⊕</u>	8,410
	DNA Rate	4.8	5.1	4.7	5.2 g	5.1
	CNA Rate	5.2	5.2	6.9	8.6 gd	8.4
	Hospital Cancellation Rate	10.7	9.7	7.9	7.7	8.1
	Ward Attendances	N/A	N/A	N/A	7.7 Solution (107,01) Not Comparable	13,411
POC 4: Elderly Care	HSC Hospitals				10,274 Lend	
	New Attendances	8,637	10,143	10,717	10,274 💆	10,193
	Review Attendances	20,370	22,738	22,728	20,213 .⊆	18,629
	Total New & Review Attendances	29,007	32,881	33,445	30,487	28,822
	Total Did Not Attends (DNAs)	4,533	4,909	4,697	4,125 🚡	3,615
	Total Could Not Attends (CNAs)	4,789	5,390	6,053	5,765	5,083
	Total Hospital Cancellations	6,419	6,421	5,886	5,758	3,794
	DNA Rate	13.5	13.0	12.3	11.9	11.1
	CNA Rate	14.2	14.1	15.3	15.9	15.0
	Hospital Cancellation Rate	18.1	16.3	15.0	15.9	11.6
	Ward Attendances	N/A	N/A	N/A	1,133	1,207

Table 1a: continued

Programme	Activity					
of Care	Indicator	2011/12	2012/13	2013/14	2014/15	2015/16
POC 5: Mental Health	HSC Hospitals					
	New Attendances	964	732	744	1,002	585
	Review Attendances	9,294	9,971	10,594	12,403	8,341
	Total New & Review Attendances	10,258	10,703	11,338	13,405	8,926
	Total Did Not Attends (DNAs)	3,087	2,992	3,009	3,162	1,714
	Total Could Not Attends (CNAs)	1,456	1,485	996	1,100	717
	Total Hospital Cancellations	2,795	2,468	2,177	2,201	32
	DNA Rate	23.1	21.8	21.0	2,201 19.1 7.6 14.1	16.1
	CNA Rate	12.4	12.2	8.1	7.6	7.4
	Hospital Cancellation Rate	21.4	18.7	16.1	14.1	0.4
	Ward Attendances	N/A	N/A	N/A	494	0
POC 6: Learning Disability	HSC Hospitals				497 H	
	New Attendances	472	505	464		
	Review Attendances	6,650	6,953	6,232	5,884 .5	5,790
	Total New & Review Attendances	7,122	7,458	6,696	6,381	6,335
	Total Did Not Attends (DNAs)	1,002	1,091	1,128	1,105 🛱	932
	Total Could Not Attends (CNAs)	707	734	656	592	623
	Total Hospital Cancellations	215	220	215	194	282
	DNA Rate	12.3	12.8	14.4	14.8	12.8
	CNA Rate	9.0	9.0	8.9	8.5	9.0
	Hospital Cancellation Rate	2.9	2.9	3.1	3.0	4.3
	Ward Attendances	N/A	N/A	N/A	0	0

Source: QOAR (Part 1) and IS1 Part 1

Note: DNA = Did not attend, CNA = Could not attend

¹⁰ Refer to Appendix 7: Explanatory Notes Points 1 -17 (Specifically Explanatory Notes 4 - 10 for information on changes to recording of virtual activity and ward attendances.)

^{*} Not National Statistics

Table 1b: Activity by HSC Trust, 2011/12 to 2015/16¹⁰

	Activity					
HSC Trust	Indicator	2011/12	2012/13	2013/14	2014/15	2015/16
Belfast HSCT	HSC Hospitals					
	New Attendances	177,906	178,659	178,495	176,444	178,230
	Review Attendances	474,065	475,648	494,300	466,758	471,509
	Total New & Review Attendances	651,971	654,307	672,795	643,202	649,739
	Total Did Not Attends (DNAs)	73,540	76,207	74,172	68,113	62,330
	Total Could Not Attends (CNAs)	81,616	87,936	88,702	87,857	86,460
	Total Hospital Cancellations	81,611	76,429	78,495	78,910	72,072
	DNA Rate	10.1	10.4	9.9	9.6	8.8
	CNA Rate	11.1	11.8	11.6	12.0	11.7
	Hospital Cancellation Rate	11.1	10.5	10.4	10.9	10.0
	Ward Attendances	N/A	N/A	N/A	17,414	18,431
	Independent Sector*				12.0 10.9 17,414	3
	Independent Sector Attendances	27,796	39,394	43,398	29,222	5 19,638 2
Northern HSCT	HSC Hospitals				59,266 E	
	New Attendances	59,814	59,222	60,798	59,266	62,652
	Review Attendances	122,477	128,440	130,138	118,040 .9	123,529
	Total New & Review Attendances	182,291	187,662	190,936	177,306 हे	186,181
	Total Did Not Attends (DNAs)	17,255	16,190	15,809	13,868	12,941
	Total Could Not Attends (CNAs)	28,442	30,349	31,582	32,447	33,144
	Total Hospital Cancellations	28,351	23,590	24,136	24,045	22,683
	DNA Rate	8.6	7.9	7.6	7.3	6.5
	CNA Rate	13.5	13.9	14.2	15.5	15.1
	Hospital Cancellation Rate	13.5	11.2	11.2	11.9	10.9
	Ward Attendances	N/A	N/A	N/A	16,174	14,739
	Independent Sector*					
	Independent Sector Attendances	4,962	16,016	9,709	6,848	6,299

Table 1b: continued

	Activity					
HSC Trust	Indicator	2011/12	2012/13	2013/14	2014/15	2015/16
South Eastern HSCT	HSC Hospitals					
	New Attendances	79,380	80,623	83,286	81,038	78,615
	Review Attendances	130,488	138,244	142,839	140,618	140,053
	Total New & Review Attendances	209,868	218,867	226,125	221,656	218,668
	Total Did Not Attends (DNAs)	23,824	24,090	24,809	23,430	20,595
	Total Could Not Attends (CNAs)	22,551	22,594	23,406	22,368	20,435
	Total Hospital Cancellations	29,901	23,093	24,278	24,052	19,769
	DNA Rate	10.2	9.9	9.9	9.6	8.6
	CNA Rate	9.7	9.4	9.4	9.2 9.8 9.8 738	8.5
	Hospital Cancellation Rate	12.5	9.5	9.7	9.8	8.3
	Ward Attendances	N/A	N/A	N/A	738	695
	Independent Sector*				اَحَ	
	Independent Sector Attendances	4,730	14,013	19,963	9,394	
Southern HSCT	HSC Hospitals				80,282	3
	New Attendances	76,785	81,728	83,067	80,282	85,175
	Review Attendances	148,425	146,974	151,392	152,160 .9	151,980
	Total New & Review Attendances	225,210	228,702	234,459	232,442 ਨੂੰ 17,667 ਨੂੰ	237,155
	Total Did Not Attends (DNAs)	19,333	19,613	18,933	17,667	17,914
	Total Could Not Attends (CNAs)	22,273	24,200	25,830	25,659	25,669
	Total Hospital Cancellations	14,384	15,235	15,452	16,524	15,519
	DNA Rate	7.9	7.9	7.5	7.1	7.0
	CNA Rate	9.0	9.6	9.9	9.9	9.8
	Hospital Cancellation Rate	6.0	6.2	6.2	6.6	6.1
	Ward Attendances	N/A	N/A	N/A	13,732	15,720
	Independent Sector*					
	Independent Sector Attendances	4,982	6,645	5,873	1,931	707

Table 1b: continued

	Activity					
HSC Trust	Indicator	2011/12	2012/13	2013/14	2014/15	2015/16
Western HSCT	HSC Hospitals					
	New Attendances	81,350	80,827	80,293	77,531	80,134
	Review Attendances	163,308	160,870	155,767	148,927	147,420
	Total New & Review Attendances	244,658	241,697	236,060	226,458	227,554
	Total Did Not Attends (DNAs)	23,829	23,070	22,037	24,458	23,119
	Total Could Not Attends (CNAs)	29,836	31,554	27,038	25,926	24,586
	Total Hospital Cancellations	28,566	28,825	24,869	25,024	23,455
	DNA Rate	8.9	8.7	8.5	9.7	9.2
	CNA Rate	10.9	11.5	10.3	10.3	9.8
	Hospital Cancellation Rate	10.5	10.7	9.5	10.0	9.3
	Ward Attendances	N/A	N/A	N/A	10,001	9,185
	Independent Sector*				Į	
	Independent Sector Attendances	6,292	7,966	12,454	10.0 10.001 5,615 Volumbaraple	2,109
NI Total	HSC Hospitals				474,561	
	New Attendances	475,235	481,059	485,939	474,561	484,806
	Review Attendances	1,038,763	1,050,176	1,074,436	1,026,503	1,034,491
	Total New & Review Attendances	1,513,998	1,531,235	1,560,375	1,501,064 K	1,519,297
	Total Did Not Attends (DNAs)	157,781	159,170	155,760	1,501,064 * 147,536 6	136,899
	Total Could Not Attends (CNAs)	184,718	196,633	196,558	194,257	190,294
	Total Hospital Cancellations	182,813	167,172	167,230	168,555	153,498
	DNA Rate	9.4	9.4	9.1	8.9	8.3
	CNA Rate	10.9	11.4	11.2	11.5	11.1
	Hospital Cancellation Rate	10.8	9.8	9.7	10.1	9.2
	Ward Attendances	N/A	N/A	N/A	58,059	58,770
	Independent Sector*				,,,,,,,	
	Independent Sector Attendances	48,762	84,034	91,397	53,010	37,057

Source: QOAR (Part 1) and IS1 Part 1

¹⁰ Refer to Appendix 7: Explanatory Notes Points 1 -17 (Specifically Explanatory Notes 4 - 10 for information on changes to recording of virtual activity and ward attendances.)

^{*} Not National Statistics

Table 2a: Activity and Rates by Hospital/HSC Trust, 2015/16¹¹

	Total			Total			Hospital			Private
	New & Review	Total	Total	Hospital	DNA	CNA	Cancellation	Ward	Patient	Patient
Hospital/HSC Trust	Attendances	DNA	CNA	Cancellations	Rate	Rate	Rate	Attendances	Died	Attendances
Beechcroft	8,926	1,714	717	32	16.1	7.4	0.4	0	0	C
Belfast City	133,604	11,672	19,663	19,027	8.0	12.8	12.5	3,440	451	8
NI Cancer Centre	41,239	2,786	3,098	6,163	6.3	7.0	13.0	12,991	572	52
Mater Infirmorum	51,910	5,361	7,685	5,613	9.4	12.9	9.8	91	199	1
Muckamore Abbey	3,435	537	515	239	13.5	13.0	6.5	0	9	C
Musgrave Park	66,445	6,598	6,783	6,010	9.0	9.3	8.3	0	43	4
RBHSC	86,361	8,302	10,231	8,673	8.8	10.6	9.1	410	26	12
Royal Maternity	29,189	1,817	3,313	940	5.9	10.2	3.1	0	0	C
Royal Victoria	228,630	23,543	34,455	25,375	9.3	13.1	10.0	1,499	685	144
Belfast HSCT	649,739	62,330	86,460	72,072	8.8	11.7	10.0	18,431	1,985	221
Antrim	81,498	5,077	13,173	10,061	5.9	13.9	11.0	6,009	257	1,135
Causeway	52,303	3,779	8,194	6,289	6.7	13.5	10.7	8,661	106	18
Mid Ulster	15,469	1,032	3,668	1,481	6.3	19.2	8.7	38	31	4
Moyle	5,659	385	1,530	741	6.4	21.3	11.6	0	12	9
Waveney	16,894	1,224	3,305	1,958	6.8	16.4	10.4	2	19	12
Whiteabbey	14,358	1,444	3,274	2,153	9.1	18.6	13.0	29	29	15
Northern HSCT	186,181	12,941	33,144	22,683	6.5	15.1	10.9	14,739	454	1,193
Ards	19,540	1,885	2,123	1,937	8.8	9.8	9.0	0	68	1
Bangor	9,863	731	946	809	6.9	8.8	7.6	0	22	4
Downe	19,896	1,579	1,769	1,196	7.4	8.2	5.7	23	18	C
Lagan Valley	28,577	1,924	2,373	2,142	6.3	7.7	7.0	6	43	C
Ulster	140,792	14,476	13,224	13,685	9.3	8.6	8.9	666	207	43
South Eastern HSCT	218,668	20,595	20,435	19,769	8.6	8.5	8.3	695	358	48

Table 2a: continued

	Total			Total			Hospital			Private
	New & Review	Total	Total	Hospital	DNA	CNA	Cancellation	Ward	Patient	Patient
Hospital/HSC Trust	Attendances	DNA	CNA	Cancellations	Rate	Rate	Rate	Attendances	Died	Attendances
Armagh Community	9,231	880	979	534	8.7	9.6	5.5	0	8	0
Banbridge	5,480	400	646	278	6.8	10.5	4.8	1	0	0
Bluestone	2,051	426	334	297	17.2	14.0	12.6	190	3	1
Craigavon Area	134,025	8,608	13,410	8,282	6.0	9.1	5.8	10,008	159	25
Daisy Hill	61,827	5,705	7,398	4,439	8.4	10.7	6.7	4,250	75	33
Kilkeel Primary Care Centre	575	53	76	29	8.4	11.7	4.8	0	1	0
Longstone	1,395	259	0	43	15.7	0.0	3.0	0	0	0
Lurgan	2,439	119	479	82	4.7	16.4	3.3	1	18	0
Mullinure	714	14	273	178	1.9	27.7	20.0	0	0	0
St Luke's	577	222	33	127	27.8	5.4	18.0	0	4	0
South Tyrone	18,841	1,228	2,041	1,230	6.1	9.8	6.1	1,270	24	0
Southern HSCT	237,155	17,914	25,669	15,519	7.0	9.8	6.1	15,720	292	59
Altnagelvin Area	155,751	17,069	16,976	17,785	9.9	9.8	10.2	7,003	274	91
Grangewood	1,201	217	84	8	15.3	6.5	0.7	0	0	0
Lakeview	1,505	136	108	0	8.3	6.7	0.0	0	0	0
Roe Valley	8,144	834	964	1,086	9.3	10.6	11.8	0	12	0
South West Acute	34,748	2,494	3,794	2,505	6.7	9.8	6.7	2,132	53	919
Tyrone County	26,205	2,369	2,660	2,071	8.3	9.2	7.3	50	40	20
Western HSCT	227,554	23,119	24,586	23,455	9.2	9.8	9.3	9,185	379	1,030
NI Total	1,519,297	136,899	190,294	153,498	8.3	11.1	9.2	58,770	3,468	2,551

¹¹ Refer to Appendix 7: Explanatory Notes Points 1 -7, 9 -10 & 12 -18

Table 2b: Activity by Hospital/HSC Trust, 2015/16¹²

	Attend	<u>lances</u>	DN	<u>A</u>	CN	<u>A</u>	Hospital Canc	<u>ellations</u>	Ward
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances
Beechcroft	585	8,341	76	1,638	38	679	0	32	0
Belfast City	40,319	93,285	3,078	8,594	6,288	13,375	5,059	13,968	3,440
NI Cancer Centre	4,670	36,569	202	2,584	250	2,848	495	5,668	12,991
Mater Infirmorum	11,355	40,555	1,436	3,925	1,575	6,110	918	4,695	91
Muckamore Abbey	387	3,048	72	465	71	444	25	214	0
Musgrave Park	18,972	47,473	1,487	5,111	1,692	5,091	1,202	4,808	0
RBHSC	21,425	64,936	1,405	6,897	2,079	8,152	1,236	7,437	410
Royal Maternity	7,596	21,593	503	1,314	962	2,351	376	564	0
Royal Victoria	72,921	155,709	5,806	17,737	9,007	25,448	4,969	20,406	1,499
Belfast HSCT	178,230	471,509	14,065	48,265	21,962	64,498	14,280	57,792	18,431
Antrim	26,526	54,972	1,201	3,876	4,430	8,743	2,920	7,141	6,009
Causeway	18,447	33,856	995	2,784	2,539	5,655	1,314	4,975	8,661
Mid Ulster	5,223	10,246	221	811	1,701	1,967	370	1,111	38
Moyle	1,907	3,752	94	291	688	842	128	613	0
Waveney	5,679	11,215	277	947	1,149	2,156	502	1,456	2
Whiteabbey	4,870	9,488	356	1,088	1,199	2,075	545	1,608	29
Northern HSCT	62,652	123,529	3,144	9,797	11,706	21,438	5,779	16,904	14,739
Ards	6,779	12,761	578	1,307	750	1,373	511	1,426	0
Bangor	4,182	5,681	255	476	351	595	158	651	0
Downe	7,856	12,040	579	1,000	731	1,038	288	908	23
Lagan Valley	10,836	17,741	730	1,194	866	1,507	557	1,585	6
Ulster	48,962	91,830	3,407	11,069	4,015	9,209	2,571	11,114	666
South Eastern HSCT	78,615	140,053	5,549	15,046	6,713	13,722	4,085	15,684	695

Table 2b: continued

	Attend	dances	DN	<u>A</u>	CN	<u> A</u>	Hospital Cand	ellations	Ward
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances
Armagh Community	3,404	5,827	255	625	463	516	156	378	0
Banbridge	1,716	3,764	125	275	248	398	69	209	1
Bluestone	598	1,453	93	333	58	276	40	257	190
Craigavon Area	48,232	85,793	2,938	5,670	5,411	7,999	1,669	6,613	10,008
Daisy Hill	24,049	37,778	2,012	3,693	2,830	4,568	862	3,577	4,250
Kilkeel Primary Care Centre	228	347	26	27	42	34	11	18	0
Longstone	75	1,320	24	235	0	0	2	41	0
Lurgan	1,017	1,422	33	86	168	311	17	65	1
Mullinure	363	351	9	5	91	182	21	157	0
St Luke's	69	508	47	175	11	22	29	98	0
South Tyrone	5,424	13,417	383	845	723	1,318	203	1,027	1,270
Southern HSCT	85,175	151,980	5,945	11,969	10,045	15,624	3,079	12,440	15,720
Altnagelvin Area	55,226	100,525	5,524	11,545	5,803	11,173	4,798	12,987	7,003
Grangewood	262	939	38	179	18	66	8	0	0
Lakeview	83	1,422	16	120	12	96	0	0	0
Roe Valley	3,121	5,023	271	563	402	562	432	654	0
South West Acute	12,867	21,881	756	1,738	1,373	2,421	790	1,715	2,132
Tyrone County	8,575	17,630	680	1,689	833	1,827	586	1,485	50
Western HSCT	80,134	147,420	7,285	15,834	8,441	16,145	6,614	16,841	9,185
NI Total	484,806	1,034,491	35,988	100,911	58,867	131,427	33,837	119,661	58,770

¹² Refer to Appendix 7: Explanatory Notes Points 1 -7, 9, 12 -14 & 16 -18

Table 2c: Reason for Appointment Cancellation by HSC Trust, 2015/16¹³

				Reason for ca	<u>ncellation</u>			
HSC Trust	Consultant unavailable	Medical staff / nurse not available	Patient treated elsewhere	Consultant cancelled appointment	Appointment brought forward	Appointment put back		Administrative error by hospital / GP
Belfast HSCT	23,115	1,597	2,479	8,730	5,078	19,640	1,180	5,811
Northern HSCT	8,872	188	715	878	3,234	4,443	1,155	1,686
South Eastern HSCT	6,879	1,263	1,730	608	2,254	3,719	0	2,280
Southern HSCT	6,148	886	174	489	1,608	2,315	25	3,745
Western HSCT	7,619	2,090	427	2,076	3,184	3,026	295	4,264
NI Total	52,633	6,024	5,525	12,781	15,358	33,143	2,655	17,786

				Reason for ca	ncellation			
HSC Trust	Hospital transport not available	Cancelled by hospital in order to rebook as alternative booking method	Patient cancelled appointment as no longer needed	Patient cancelled appointment but it is still required	appointment	Reason not recorded	Reason incorrectly recorded	Total appointments cancelled by either patient or hospital
Belfast HSCT	431	913	7,294	75,915	66	5,100	1,183	158,532
Northern HSCT	39	0	2,609	29,766	9	1	2,232	55,827
South Eastern HSCT	123	5	1,874	17,654	10	524	1,281	40,204
Southern HSCT	43	45	2,418	23,216	15	0	61	41,188
Western HSCT	35	58	2,306	21,668	9	200	784	48,041
NI Total	671	1,021	16,501	168,219	109	5,825	5,541	343,792

¹³ Refer to Appendix 7: Explanatory Notes Points 1, 3 - 5, 12 -14, 16 - 17 & 19

Table 3a: Activity and Rates by Specialty, 2015/16¹⁴

		Total			Total			Hospital			Private
	Spec	New & Review	Total	Total	Hospital	DNA	CNA	Cancellation	Ward	Patient	Patien
Specialty	Code	Attendances	DNA	CNA	Cancellations	Rate	Rate	Rate	Attendances	Died	Attendance
General Surgery	100	136,246	10,214	18,045	15,333	7.0	11.7	10.1	569	312	24
Urology	101	31,184	2,263	3,957	4,274	6.8	11.3	12.1	168	72	:
T & O Surgery	110	173,870	19,661	17,275	12,035	10.2	9.0	6.5	21	167	
ENT	120	89,046	7,457	12,145	8,089	7.7	12.0	8.3	2,590	103	4
Ophthalmology	130	107,637	8,121	15,370	9,804	7.0	12.5	8.3	593	246	2
Oral Surgery	140	24,482	3,085	3,227	2,413	11.2	11.6	9.0	23	33	3
Restorative Dentistry	141	10,365	1,409	2,017	1,516	12.0	16.3	12.8	0	17	
Paediatric Dentistry	142	2,746	609	736	299	18.2	21.1	9.8	0	1	
Orthodontics	143	13,141	1,484	2,140	1,804	10.1	14.0	12.1	0	2	
Neurosurgery	150	5,129	480	873	1,146	8.6	14.5	18.3	39	16	
Plastic Surgery	160	18,498	2,250	2,207	1,324	10.8	10.7	6.7	386	27	
Cardiac Surgery	170	2,516	116	251	501	4.4	9.1	16.6	0	9	:
Paediatric Surgery	171	5,740	533	914	1,149	8.5	13.7	16.7	5	1	(
Thoracic Surgery	172	2,215	200	322	446	8.3	12.7	16.8	0	8	(
Accident & Emergency	180	4,299	1,230	243	106	22.2	5.4	2.4	4	0	
Anaesthetics	190	3,423	144	159	133	4.0	4.4	3.7	105	1	(
Pain Management	191	13,362	1,346	1,836	1,628	9.2	12.1	10.9	45	6	!
General Medicine	300	57,072	6,730	7,290	6,327	10.5	11.3	10.0	2,960	168	1-
Gastroenterology	301	32,449	3,399	6,013	4,879	9.5	15.6	13.1	776	127	7
Endocrinology	302	28,136	3,314	5,499	3,442	10.5	16.3	10.9	924	98	
Haematology (Clinical)	303	50,085	4,281	3,836	4,068	7.9	7.1	7.5	2,143	221	
Clinical Genetics	311	2,742	238	387	354	8.0	12.4	11.4	0	2	(
Rehabilitation	314	8,046	913	631	1,547	10.2	7.3	16.1	0	16	(
Palliative Medicine	315	2,986	183	277	173	5.8	8.5	5.5	870	27	(
Cardiology	320	56,224	4,282	6,710	6,827	7.1	10.7	10.8	824	242	64
Dermatology	330	79,067	6,036	11,793	6,556	7.1	13.0	7.7	285	98	93:
Thoracic Medicine	340	36,110	3,363	5,004	5,007	8.5	12.2	12.2	222	257	;
Genito-Urinary Medicine	360	22,533	423	0	0	1.8	0.0	0.0	0	0	(
Nephrology	361	26,091	2,362	3,214	3,904	8.3	11.0	13.0	415	141	

Table 3a: continued

		Total			Total			Hospital			Private
	Spec	New & Review	Total	Total	Hospital	DNA	CNA	Cancellation	Ward	Patient	Patient
Specialty	Code	Attendances	DNA	CNA	Cancellations	Rate	Rate	Rate	Attendances	Died	Attendances
Medical Oncology	370	11,251	846	923	1,778	7.0	7.6	13.6	5,500	163	3
Neurology	400	32,444	3,072	4,544	3,132	8.6	12.3	8.8	1,032	95	0
Clinical Neuro-Physiology	401	780	64	168	154	7.6	17.7	16.5	355	0	0
Rheumatology	410	50,730	3,275	6,911	6,037	6.1	12.0	10.6	706	81	47
Paediatrics	420	99,976	11,330	11,586	10,304	10.2	10.4	9.3	8,722	12	13
Paediatric Neurology	421	2,185	211	367	701	8.8	14.4	24.3	2	7	0
Geriatric Medicine	430	23,031	2,584	3,756	2,721	10.1	14.0	10.6	994	151	0
Dental Medicine Specialties	450	3,532	479	866	413	11.9	19.7	10.5	0	5	0
Gynaecology	502	90,989	7,375	13,882	8,120	7.5	13.2	8.2	6,104	35	233
Obstetrics (Ante Natal)	510	95,123	5,125	8,656	8,355	5.1	8.3	8.1	13,217	0	151
Obstetrics (Post Natal)	520	172	30	41	55	14.9	19.2	24.2	194	0	6
Learning Disability	700	6,335	932	623	282	12.8	9.0	4.3	0	9	0
Child & Adolescent Psychiatry	711	8,926	1,714	717	32	16.1	7.4	0.4	0	0	0
Old Age Psychiatry	715	5,791	1,031	1,327	1,073	15.1	18.6	15.6	213	58	1
Clinical Oncology	800	32,309	2,035	2,247	4,581	5.9	6.5	12.4	7,762	428	49
Chemical Pathology	822	2,320	251	603	225	9.8	20.6	8.8	2	6	0
Joint Consultant Clinic	990	7,963	419	706	451	5.0	8.1	5.4	0	0	0
NI Total		1,519,297	136,899	190,294	153,498	8.3	11.1	9.2	58,770	3,468	2,551

¹⁴ Refer to Appendix 7: Explanatory Notes Points 1-5, 9-10, 12-18 & 20

Table 3b: Activity by Specialty, 2015/16¹⁴

	Spec	<u>Attend</u>	<u>dances</u>	<u>DI</u>	NA AV	<u>CN</u>	<u>IA</u>	Hospital Canc	<u>ellations</u>	Ward
Specialty	Code	New	Review	New	Review	New	Review	New	Review	Attendances
General Surgery	100	65,422	70,824	3,995	6,219	8,712	9,333	5,399	9,934	569
Urology	101	11,845	19,339	913	1,350	1,558	2,399	1,372	2,902	168
T & O Surgery	110	57,546	116,324	5,712	13,949	5,261	12,014	2,680	9,355	21
ENT	120	41,023	48,023	3,132	4,325	5,360	6,785	2,423	5,666	2,590
Ophthalmology	130	26,143	81,494	2,215	5,906	3,500	11,870	1,684	8,120	593
Oral Surgery	140	11,043	13,439	941	2,144	1,153	2,074	620	1,793	23
Restorative Dentistry	141	2,884	7,481	423	986	500	1,517	264	1,252	0
Paediatric Dentistry	142	801	1,945	178	431	179	557	54	245	0
Orthodontics	143	1,461	11,680	102	1,382	226	1,914	94	1,710	0
Neurosurgery	150	2,045	3,084	119	361	291	582	211	935	39
Plastic Surgery	160	5,874	12,624	279	1,971	442	1,765	254	1,070	386
Cardiac Surgery	170	672	1,844	31	85	49	202	119	382	0
Paediatric Surgery	171	2,771	2,969	153	380	334	580	234	915	5
Thoracic Surgery	172	578	1,637	35	165	69	253	94	352	0
Accident & Emergency	180	12	4,287	3	1,227	1	242	3	103	4
Anaesthetics	190	421	3,002	73	71	64	95	44	89	105
Pain Management	191	5,649	7,713	478	868	799	1,037	742	886	45
General Medicine	300	15,480	41,592	1,553	5,177	1,633	5,657	1,250	5,077	2,960
Gastroenterology	301	9,990	22,459	924	2,475	1,988	4,025	1,197	3,682	776
Endocrinology	302	4,540	23,596	403	2,911	715	4,784	459	2,983	924
Haematology (Clinical)	303	4,480	45,605	426	3,855	482	3,354	419	3,649	2,143
Clinical Genetics	311	1,956	786	127	111	279	108	202	152	0
Rehabilitation	314	506	7,540	77	836	55	576	101	1,446	0
Palliative Medicine	315	1,031	1,955	34	149	78	199	29	144	870
Cardiology	320	23,188	33,036	1,517	2,765	2,545	4,165	1,665	5,162	824
Dermatology	330	32,837	46,230	1,892	4,144	4,519	7,274	1,614	4,942	285
Thoracic Medicine	340	9,618	26,492	773	2,590	1,285	3,719	944	4,063	222
Genito-Urinary Medicine	360	13,615	8,918	248	175	. 0	0	0	0	0
Nephrology	361	2,852	23,239	255	2,107	375	2,839	408	3,496	415

Table 3b: continued

	Spec	Atten	dances	<u>D</u>	NA	CI	NA	Hospital Cand	ellations	Ward
Specialty	Code	New	Review	New	Review	New	Review	New	Review	Attendances
Medical Oncology	370	1,398	9,853	58	788	90	833	158	1,620	5,500
Neurology	400	10,204	22,240	959	2,113	1,213	3,331	635	2,497	1,032
Clinical Neuro-Physiology	401	780	0	64	0	168	0	154	0	355
Rheumatology	410	9,116	41,614	542	2,733	1,221	5,690	716	5,321	706
Paediatrics	420	24,294	75,682	1,703	9,627	2,066	9,520	1,597	8,707	8,722
Paediatric Neurology	421	385	1,800	23	188	52	315	72	629	2
Geriatric Medicine	430	8,605	14,426	637	1,947	1,115	2,641	632	2,089	994
Dental Medicine Specialties	450	1,364	2,168	145	334	216	650	123	290	0
Gynaecology	502	43,896	47,093	3,148	4,227	6,865	7,017	2,973	5,147	6,104
Obstetrics (Ante Natal)	510	20,319	74,804	951	4,174	2,368	6,288	1,292	7,063	13,217
Obstetrics (Post Natal)	520	21	151	2	28	0	41	, 1	54	194
Learning Disability	700	545	5,790	112	820	83	540	27	255	0
Child & Adolescent Psychiatry	711	585	8,341	76	1,638	38	679	0	32	0
Old Age Psychiatry	715	1,588	4,203	263	768	468	859	266	807	213
Clinical Oncology	800	3,371	28,938	128	1,907	159	2,088	353	4,228	7,762
Chemical Pathology	822	506	1,814	61	190	119	484	49	176	2
Joint Consultant Clinic	990	1,546	6,417	105	314	174	532	210	241	0
NI Total		484,806	1,034,491	35,988	100,911	58,867	131,427	33,837	119,661	58,770

¹⁴ Refer to Appendix 7: Explanatory Notes Points 1-5, 9-10, 12-18 & 20

Table 3c: Reason for Appointment Cancellation by Specialty, 2015/16¹⁵

							Cancelled	
	M	edical staff /	Patient	Consultant	Appointment		following	Administrative
	Consultant	nurse not	treated	cancelled	brought	Appointment	validation /	error by hospital
Specialty	unavailable	available	elsewhere	appointment	forward	put back	audit	/ GP
General Surgery	5,455	542	495	1,371	1,884	3,238	234	1,824
Urology	1,424	459	135	154	336	1,270	95	350
T & O Surgery	3,481	382	270	1,338	1,426	2,037	246	1,809
ENT	3,555	558	59	222	777	1,367	72	1,191
Ophthalmology	3,616	348	84	1,328	855	937	449	1,983
Oral Surgery	807	90	56	167	244	338	75	591
Restorative Dentistry	444	23	12	284	67	465	47	150
Paediatric Dentistry	144	0	1	32	1	43	5	63
Orthodontics	564	164	1	115	130	672	50	87
Neurosurgery	614	0	7	138	61	140	41	80
Plastic Surgery	515	12	31	51	154	176	29	195
Cardiac Surgery	188	0	20	102	35	87	0	52
Paediatric Surgery	690	2	14	64	51	250	5	63
Thoracic Surgery	149	1	13	56	31	97	1	43
Accident & Emergency	79	0	2	10	6	2	0	6
Anaesthetics	39	14	3	3	7	24	1	23
Pain Management	654	87	111	122	78	421	30	99
General Medicine	2,382	304	206	574	600	1,415	63	668
Gastroenterology	2,251	46	143	598	634	694	39	307
Endocrinology	1,592	75	76	524	260	498	44	315
Haematology (Clinical)	519	17	307	444	780	1,446	18	373
Clinical Genetics	105	4	15	44	14	157	0	15
Rehabilitation	161	155	3	80	1	121	32	379
Palliative Medicine	41	0	13	2	27	81	0	7
Cardiology	2,924	235	212	897	348	859	43	1,078
Dermatology	2,200	621	136	613	680	1,158	83	784
Thoracic Medicine	1,736	113	303	283	399	1,592	198	310
Nephrology	647	36	323	304	408	1,674	23	332

Table 3c: continued

							Cancelled	
Specialty	M Consultant unavailable	edical staff / nurse not available	Patient treated elsewhere	Consultant cancelled appointment	Appointment brought forward	Appointment put back	following validation / audit	error by hospital
Medical Oncology	126	28	39	51	233	1,197	0	95
Neurology	1,312	140	115	272	256	656	68	262
Clinical Neuro-Physiology	127	0	1	4	2	12	0	7
Rheumatology	2,361	254	173	349	433	1,250	49	460
Paediatrics	4,873	422	172	558	600	1,679	106	927
Paediatric Neurology	285	21	11	63	48	178	15	57
Geriatric Medicine	1,010	112	217	234	283	439	84	237
Dental Medicine Specialties	67	0	1	29	15	231	9	52
Gynaecology	3,628	530	165	324	857	1,476	166	799
Obstetrics (Ante Natal)	673	29	1,409	807	1,344	1,452	203	1,304
Obstetrics (Post Natal)	28	2	0	0	2	2	2	16
Learning Disability	88	11	16	14	19	24	0	72
Child & Adolescent Psychiatry	0	0	0	0	0	0	0	0
Old Age Psychiatry	381	87	46	11	181	189	0	151
Clinical Oncology	537	95	82	108	702	3,020	0	23
Chemical Pathology	97	1	2	9	55	28	2	17
Joint Consultant Clinics	64	4	25	28	34	51	28	130
NI Total	52,633	6,024	5,525	12,781	15,358	33,143	2,655	17,786

Table 3c: continued

		Cancelled by						
Specialty	Hospital transport not available	hospital in order to rebook as alternative booking method	Patient cancelled appointment as no longer needed	Patient cancelled appointment but it is still required	GP cancelled appointment on patient's behalf	Reason not recorded	Reason incorrectly recorded	Total appointments cancelled by either patient or hospital
General Surgery	77	19	1,784	16,019	15	63	358	33,378
Urology	9	6	300	3,571	2	6	114	8,231
T & O Surgery	164	77	1,974	14,506	12	965	623	29,310
ENT	13	91	819	10,947	3	346	214	20,234
Ophthalmology	98	11	858	14,408	4	44	151	25,174
Oral Surgery	14	4	412	2,780	2	3	57	5,640
Restorative Dentistry	6	3	99	1,896	0	33	4	3,533
Paediatric Dentistry	0	0	66	666	0	10	4	1,035
Orthodontics	4	1	60	2,059	0	0	37	3,944
Neurosurgery	4	58	64	803	2	3	4	2,019
Plastic Surgery	11	113	252	1,887	2	2	101	3,531
Cardiac Surgery	6	2	25	217	2	9	7	752
Paediatric Surgery	0	1	79	825	0	2	17	2,063
Thoracic Surgery	0	49	29	285	1	6	7	768
Accident & Emergency	0	1	147	96	0	0	0	349
Anaesthetics	0	0	30	125	0	0	23	292
Pain Management	3	0	90	1,726	1	22	20	3,464
General Medicine	20	4	412	6,769	3	10	187	13,617
Gastroenterology	14	81	394	5,541	10	29	111	10,892
Endocrinology	9	4	194	5,266	3	3	78	8,941
Haematology (Clinical)	10	2	103	3,585	4	53	243	7,904
Clinical Genetics	0	0	16	367	0	1	3	741
Rehabilitation	33	0	5	626	0	401	181	2,178
Palliative Medicine	1	0	9	254	1	0	14	450
Cardiology	15	164	399	6,194	5	32	132	13,537
Dermatology	33	67	923	10,753	3	19	276	18,349
Thoracic Medicine	10	2	235	4,678	5	12	135	10,011
Nephrology	12	69	75	3,093	0	32	90	7,118

Table 3c: continued

		Cancelled by						
		hospital in						
		order to	Patient	Patient				Total
Specialty	Hospital transport not available	rebook as alternative booking method	cancelled appointment as no longer needed	cancelled appointment but it is still required	GP cancelled appointment on patient's behalf	Reason not recorded	Reason incorrectly recorded	appointments cancelled by
Medical Oncology	4	2	14	905	0	3	4	2,701
Neurology	24	12	300	4,195	10	4	50	7,676
Clinical Neuro-Physiology	1	0	22	146	0	0	0	322
Rheumatology	19	0	302	6,469	5	636	188	12,948
Paediatrics	1	127	695	9,515	0	2,078	137	21,890
Paediatric Neurology	1	16	10	355	0	6	2	1,068
Geriatric Medicine	25	2	347	3,213	3	54	217	6,477
Dental Medicine Specialties	6	1	196	668	1	2	1	1,279
Gynaecology	14	14	1,146	12,630	7	18	228	22,002
Obstetrics (Ante Natal)	0	18	3,268	5,175	2	32	1,295	17,011
Obstetrics (Post Natal)	0	0	2	38	0	0	4	96
Learning Disability	1	0	24	481	0	117	38	905
Child & Adolescent Psychiatry	0	0	0	0	0	749	0	749
Old Age Psychiatry	1	0	53	1,244	0	0	56	2,400
Clinical Oncology	7	0	44	2,194	0	7	9	6,828
Chemical Pathology	1	0	15	581	1	0	19	828
Joint Consultant Clinics	0	0	210	468	0	13	102	1,157
NI Total	671	1,021	16,501	168,219	109	5,825	5,541	343,792

¹⁵ Refer to Appendix 7: Explanatory Notes Points 1, 3-6, 10, 12-14 & 16-20

Table 4: Acute Services (POC 1) - Activity by Hospital/HSC Trust, 2015/16¹⁶

											Private
	<u>Attenc</u>	<u>lances</u>	DN	<u>IA</u>	CN	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	39,797	91,839	3,004	8,354	6,159	13,022	4,948	13,624	3,187	415	8
NI Cancer Centre	4,670	36,569	202	2,584	250	2,848	495	5,668	12,991	572	52
Mater Infirmorum	11,238	40,157	1,412	3,866	1,551	6,050	904	4,635	90	193	1
Musgrave Park	18,401	45,303	1,439	4,651	1,638	4,795	1,181	4,716	0	37	4
RBHSC	21,425	64,936	1,405	6,897	2,079	8,152	1,236	7,437	410	26	12
Royal Maternity	1,731	3,779	146	191	199	358	228	80	0	0	C
Royal Victoria	72,861	154,864	5,802	17,660	9,003	25,316	4,963	20,258	1,499	678	144
Belfast HSCT	170,123	437,447	13,410	44,203	20,879	60,541	13,955	56,418	18,177	1,921	221
Antrim	25,089	51,121	1,164	3,766	4,340	8,526	2,825	6,659	4,886	256	984
Causeway	17,208	30,512	969	2,534	2,402	5,410	1,177	3,900	3,386	105	18
Mid Ulster	4,478	7,837	190	659	1,627	1,833	297	883	38	28	4
Moyle	1,585	2,658	80	248	663	789	115	471	0	12	9
Waveney	4,679	8,387	226	771	1,033	1,919	419	1,030	2	16	12
Whiteabbey	4,052	7,795	278	822	1,060	1,796	466	1,367	29	24	15
Northern HSCT	57,091	108,310	2,907	8,800	11,125	20,273	5,299	14,310	8,341	441	1,042
Ards	6,016	11,294	443	1,109	498	1,032	314	1,016	0	35	1
Bangor	4,182	5,681	255	476	351	595	158	651	0	22	4
Downe	7,523	10,484	560	900	667	946	283	763	23	16	C
Lagan Valley	9,927	14,916	637	859	723	1,106	474	1,314	5	26	C
Ulster	44,381	78,454	3,134	10,476	3,497	8,117	2,190	8,902	666	192	43
South Eastern HSCT	72,029	120,829	5,029	13,820	5,736	11,796	3,419	12,646	694	291	48

Table 4: continued

											Private
	Attend	lances	DN	<u>IA</u>	<u>C1</u>	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Armagh Community	3,086	4,512	248	543	391	420	122	239	0	8	0
Banbridge	1,716	3,764	125	275	248	398	69	209	1	0	0
Bluestone	543	860	92	216	33	150	29	73	50	0	0
Craigavon Area	46,187	77,218	2,857	5,388	5,141	7,079	1,599	6,015	4,968	158	25
Daisy Hill	22,241	31,236	1,874	3,447	2,485	3,449	805	3,356	1,585	71	27
Kilkeel Primary Care	228	347	26	27	42	34	11	18	0	1	0
Lurgan	0	82	0	2	0	5	0	3	1	0	0
South Tyrone	4,891	10,063	331	699	625	941	184	594	1,260	22	0
Southern HSCT	78,892	128,082	5,553	10,597	8,965	12,476	2,819	10,507	7,865	260	52
Altnagelvin Area	52,501	92,499	5,421	10,479	5,617	10,747	4,649	12,280	7,003	243	91
Grangewood	262	939	38	179	18	66	8	0	0	0	0
Roe Valley	2,783	4,363	262	478	396	558	306	587	0	12	0
South West Acute	11,483	17,861	694	1,477	1,282	2,183	656	1,256	2,022	44	919
Tyrone County	7,979	16,446	633	1,503	777	1,739	508	1,357	50	38	20
Western HSCT	75,008	132,108	7,048	14,116	8,090	15,293	6,127	15,480	9,075	337	1,030
NI Total	453,143	926,776	33,947	91,536	54,795	120,379	31,619	109,361	44,152	3,250	2,393

¹⁶ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 13-18

Table 5: Maternity and Child Health (POC 2) - Activity by Hospital/HSC Trust, 2015/16¹⁷

											Private
	Attend	<u>lances</u>	DN	<u>IA</u>	CN	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Royal Maternity	5,865	17,814	357	1,123	763	1,993	148	484	0	0	C
Belfast HSCT	5,865	17,814	357	1,123	763	1,993	148	484	0	0	0
Antrim	1,371	3,747	34	92	80	176	76	412	1,121	0	151
Causeway	1,121	3,074	23	217	121	184	127	1,015	5,271	0	C
Mid Ulster	675	2,154	29	137	62	98	72	207	0	0	C
Moyle	322	1,094	14	43	25	53	13	142	0	0	C
Waveney	803	2,548	41	151	78	155	34	332	0	0	C
Whiteabbey	288	684	16	67	46	69	45	101	0	0	C
Northern HSCT	4,580	13,301	157	707	412	735	367	2,209	6,392	0	151
Downe	2	1,170	0	45	0	25	0	140	0	0	C
Lagan Valley	7	1,229	2	93	0	88	0	142	1	0	C
Ulster	2,507	11,378	103	387	335	796	231	1,888	0	0	C
South Eastern HSCT	2,516	13,777	105	525	335	909	231	2,170	1	0	0
Armagh Community	318	1,315	7	82	72	96	34	139	0	0	C
Craigavon Area	1,210	8,022	55	230	232	854	37	546	4,536	0	C
Daisy Hill	1,531	6,138	116	201	276	1,042	39	167	2,374	0	6
South Tyrone	241	2,919	9	78	45	307	1	373	0	0	C
Southern HSCT	3,300	18,394	187	591	625	2,299	111	1,225	6,910	0	6

Table 5: continued

	Attend	lances	DN	IA	CN	IA	Hospital Cand	ellations	Ward	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Altnagelvin Area	2,366	7,096	82	849	157	276	128	476	0	0	0
Roe Valley	338	660	9	85	6	4	126	67	0	0	0
South West Acute	1,007	3,104	42	188	59	98	118	412	108	0	0
Tyrone County	368	809	14	134	11	15	64	74	0	0	0
Western HSCT	4,079	11,669	147	1,256	233	393	436	1,029	108	0	0
NI Total	20,340	74,955	953	4,202	2,368	6,329	1,293	7,117	13,411	0	157

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 6: Elderly Care (POC 4) - Activity by Hospital/HSC Trust, 2015/16¹⁸

											Private
	Attend	lances	DN	<u>IA</u>	CN	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	522	1,446	74	240	129	353	111	344	253	36	0
Mater Infirmorum	162	878	25	77	28	94	34	296	1	10	0
Musgrave Park	571	2,170	48	460	54	296	21	92	0	6	0
Royal Victoria	60	845	4	77	4	132	6	148	0	7	0
Belfast HSCT	1,315	5,339	151	854	215	875	172	880	254	59	0
Antrim	66	104	3	18	10	41	19	70	2	1	0
Causeway	118	270	3	33	16	61	10	60	4	1	0
Mid Ulster	70	255	2	15	12	36	1	21	0	3	0
Waveney	197	280	10	25	38	82	49	94	0	3	0
Whiteabbey	530	1,009	62	199	93	210	34	140	0	5	0
Northern HSCT	981	1,918	80	290	169	430	113	385	6	13	0
Ards	763	1,467	135	198	252	341	197	410	0	33	0
Downe	331	386	19	55	64	67	5	5	0	2	0
Lagan Valley	902	1,596	91	242	143	313	83	129	0	17	0
Ulster	2,074	1,998	170	206	183	296	150	324	0	15	0
South Eastern HSCT	4,070	5,447	415	701	642	1,017	435	868	0	67	0

Table 6: continued

											Private
	Attend	<u>lances</u>	<u>DN</u>	<u>IA</u>	<u>CN</u>	<u> </u>	Hospital Cand	<u>cellations</u>	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Bluestone	55	593	1	117	25	126	11	184	140	3	1
Craigavon Area	835	553	26	52	38	66	33	52	504	1	0
Daisy Hill	277	404	22	45	69	77	18	54	291	4	0
Lurgan	1,017	1,340	33	84	168	306	17	62	0	18	0
Mullinure	363	351	9	5	91	182	21	157	0	0	0
St Luke's	69	508	47	175	11	22	29	98	0	4	0
South Tyrone	292	435	43	68	53	70	18	60	10	2	0
Southern HSCT	2,908	4,184	181	546	455	849	147	667	945	32	1
Altnagelvin	359	930	21	217	29	150	21	231	0	31	0
South West Acute	377	916	20	73	32	140	16	47	2	9	0
Tyrone County	228	375	33	52	45	73	14	54	0	2	0
Western HSCT	964	2,221	74	342	106	363	51	332	2	42	0
NI Total	10,238	19,109	901	2,733	1,587	3,534	918	3,132	1,207	213	1

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10, 12 & 15

Table 7: Mental Health (POC 5) - Activity by Hospital/HSC Trust, 2015/16¹⁸

	Attend	<u>dances</u>	<u>DN</u>	<u>1A</u>	<u>CN</u>	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Beechcroft	585	8,341	76	1,638	38	679	0	32	0	0	0
Belfast HSCT	585	8,341	76	1,638	38	679	0	32	0	0	0
NI Total	585	8,341	76	1,638	38	679	0	32	0	0	0

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10, 12 & 15

Table 8: Learning Disability (POC 6) - Activity by Hospital/HSC Trust, 2015/16¹⁷

	Attend	dances	DN	NA.	CN	IA	Hospital Cand	ellations	Ward	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Muckamore Abbey	387	3,048	72	465	71	444	25	214	0	9	0
Belfast HSCT	387	3,048	72	465	71	444	25	214	0	9	0
Longstone	75	1,320	24	235	0	0	2	41	0	0	0
Southern HSCT	75	1,320	24	235	0	0	2	41	0	0	0
Lakeview	83	1,422	16	120	12	96	0	0	0	0	0
Western HSCT	83	1,422	16	120	12	96	0	0	0	0	0
NI Total	545	5,790	112	820	83	540	27	255	0	9	0

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 9: Specialty 100 - Activity by Hospital/HSC Trust for General Surgery, 2015/16¹⁷

											Private
	<u>Attenc</u>	<u>lances</u>	<u>DN</u>	<u>IA</u>	<u>CN</u>	<u>IA</u>	Hospital Canc	<u>ellations</u>	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	10,093	12,829	672	1,206	1,540	1,887	1,456	2,341	73	57	C
Mater Infirmorum	2,605	3,843	234	547	350	567	298	988	25	36	C
Royal Victoria	2,733	8,860	236	797	507	1,412	434	1,211	0	112	14
Belfast HSCT	15,431	25,532	1,142	2,550	2,397	3,866	2,188	4,540	98	205	14
Antrim	8,112	7,180	258	478	1,274	1,243	856	1,050	19	27	81
Causeway	5,628	5,436	341	426	766	897	201	490	105	12	1
Mid Ulster	330	389	21	36	71	105	3	32	1	0	C
Moyle	66	167	1	30	24	80	14	57	0	2	g
Waveney	522	690	24	42	142	158	25	60	0	3	10
Whiteabbey	267	429	14	42	64	120	21	41	0	2	1
Northern HSCT	14,925	14,291	659	1,054	2,341	2,603	1,120	1,730	125	46	102
Ards	863	711	57	57	67	51	51	72	0	3	C
Bangor	931	664	50	53	76	70	25	69	0	2	C
Downe	1,287	699	77	55	129	60	21	33	2	3	C
Lagan Valley	1,255	312	87	32	106	30	59	25	0	0	C
Ulster	6,088	5,023	358	363	556	398	331	482	0	5	2
South Eastern HSCT	10,424	7,409	629	560	934	609	487	681	2	13	2
Armagh Community	254	233	10	7	29	21	2	8	0	0	C
Banbridge	207	306	10	15	47	25	11	14	0	0	C
Craigavon Area	8,053	8,198	358	502	861	733	216	615	123	15	C
Daisy Hill	5,403	4,404	359	368	780	400	181	399	15	6	C
South Tyrone	435	141	19	13	50	13	39	9	3	0	C
Southern HSCT	14,352	13,282	756	905	1,767	1,192	449	1,045	141	21	0

Table 9: continued

									Private		
Hospital/HSC Trust	Attendances		<u>DNA</u>		<u>C1</u>	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Patient
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Altnagelvin Area	7,197	6,429	641	774	908	677	882	1,519	88	18	78
Roe Valley	248	294	38	75	58	33	30	81	0	0	0
South West Acute	1,825	2,141	87	168	195	214	159	254	87	5	48
Tyrone County	1,020	1,446	43	133	112	139	84	84	28	4	0
Western HSCT	10,290	10,310	809	1,150	1,273	1,063	1,155	1,938	203	27	126
NI Total	65,422	70,824	3,995	6,219	8,712	9,333	5,399	9,934	569	312	244

 $^{^{\}rm 17}$ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 10: Specialty 101 - Activity by Hospital/HSC Trust for Urology, 2015/16¹⁷

											Private
	Attend	<u>lances</u>	DN	<u>IA</u>	CN	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	3,196	6,161	223	423	448	892	536	1,343	72	38	2
Belfast HSCT	3,196	6,161	223	423	448	892	536	1,343	72	38	2
Causeway	1,494	2,484	79	180	216	539	189	555	9	5	0
Northern HSCT	1,494	2,484	79	180	216	539	189	555	9	5	0
Ards	347	363	32	31	22	29	9	12	0	1	0
Bangor	191	278	4	19	19	39	7	53	0	2	0
Downe	284	294	21	22	31	15	4	9	0	1	0
Lagan Valley	175	221	8	14	12	8	10	17	0	4	0
Ulster	653	1,357	29	72	49	114	48	161	0	6	0
South Eastern HSCT	1,650	2,513	94	158	133	205	78	252	0	14	0
Banbridge	1	212	0	16	0	15	0	13	0	0	0
Craigavon Area	3,147	4,943	236	263	431	349	152	239	25	7	6
South Tyrone	9	199	0	14	0	16	0	7	0	0	0
Southern HSCT	3,157	5,354	236	293	431	380	152	259	25	7	6
Altnagelvin Area	1,606	2,190	207	249	191	291	289	360	61	6	0
Roe Valley	508	605	40	46	80	89	100	120	0	1	0
Tyrone County	234	32	34	1	59	3	28	13	1	1	0
Western HSCT	2,348	2,827	281	296	330	383	417	493	62	8	0
NI Total	11,845	19,339	913	1,350	1,558	2,399	1,372	2,902	168	72	8

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 11: Specialty 110 - Activity by Hospital/HSC Trust for Trauma and Orthopaedic (T&O) Surgery, 2015/16¹⁹

											Private
	Attend	<u>lances</u>	DN	<u>IA</u>	CN	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Mater Infirmorum	1,051	867	202	273	75	77	34	37	0	1	0
Musgrave Park	17,692	30,538	1,353	3,406	1,562	2,943	1,064	1,816	0	5	4
RBHSC	2,415	5,731	190	584	243	818	84	730	2	2	0
Royal Victoria	9,564	23,801	971	3,855	877	2,874	322	2,302	0	99	0
Belfast HSCT	30,722	60,937	2,716	8,118	2,757	6,712	1,504	4,885	2	107	4
Downe	1,008	1,547	110	188	78	140	50	88	0	1	0
Lagan Valley	0	2,697	0	0	0	0	0	0	0	0	0
Ulster	3,528	10,687	402	1,369	190	817	87	571	0	18	0
South Eastern HSCT	4,536	14,931	512	1,557	268	957	137	659	0	19	0
Craigavon Area	7,845	14,599	668	1,211	884	1,513	309	1,633	2	11	0
Daisy Hill	2,819	3,302	489	567	243	345	85	438	15	4	2
South Tyrone	57	99	4	7	7	18	2	6	0	0	0
Southern HSCT	10,721	18,000	1,161	1,785	1,134	1,876	396	2,077	17	15	2
Altnagelvin Area	8,981	18,312	1,085	2,007	899	1,877	455	1,289	2	19	1
Roe Valley	266	427	31	60	28	59	43	83	0	1	0
South West Acute	1,179	1,885	102	168	105	259	81	100	0	4	0
Tyrone County	1,141	1,832	105	254	70	274	64	262	0	2	0
Western HSCT	11,567	22,456	1,323	2,489	1,102	2,469	643	1,734	2	26	1
NI Total	57,546	116,324	5,712	13,949	5,261	12,014	2,680	9,355	21	167	7

¹⁹ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10, 13 & 15

Table 12: Specialty 120 - Activity by Hospital/HSC Trust for Ear, Nose and Throat (ENT), 2015/16¹⁷

											Private
	Attend	dances	DN	<u>IA</u>	CN	<u>IA</u>	Hospital Canc	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	96	76	7	2	9	14	4	2	1	0	0
RBHSC	2,141	2,524	175	407	297	502	76	398	0	2	9
Royal Victoria	8,403	12,904	724	1,108	973	1,958	509	1,662	454	45	O
Belfast HSCT	10,640	15,504	906	1,517	1,279	2,474	589	2,062	455	47	9
Antrim	1,405	2,685	63	236	266	477	114	280	617	6	2
Causeway	1,284	1,503	63	88	171	217	106	180	5	0	0
Mid Ulster	782	1,002	27	50	308	169	66	118	1	1	0
Moyle	728	792	36	49	376	202	29	49	0	1	O
Waveney	834	1,268	28	75	180	218	55	64	0	0	0
Whiteabbey	488	602	32	45	136	109	35	50	0	0	0
Northern HSCT	5,521	7,852	249	543	1,437	1,392	405	741	623	8	2
Ards	703	658	44	52	65	59	33	237	0	5	0
Bangor	750	288	35	18	50	34	11	38	0	0	0
Downe	1,458	985	97	101	113	104	10	27	0	2	C
Lagan Valley	1,326	946	109	76	93	81	24	48	0	0	C
Ulster	3,650	2,851	270	285	297	272	159	423	0	13	O
South Eastern HSCT	7,887	5,728	555	532	618	550	237	773	0	20	0
Armagh Community	377	338	23	17	24	22	8	11	0	1	0
Banbridge	250	184	19	12	33	22	18	10	0	0	0
Craigavon Area	5,571	5,898	342	406	665	646	191	424	926	6	O
Daisy Hill	2,152	2,506	147	178	231	263	122	231	3	4	O
South Tyrone	681	898	45	55	58	79	12	78	0	1	O
Southern HSCT	9,031	9,824	576	668	1,011	1,032	351	754	929	12	0

Table 12: continued

											Private
Hospital/HSC Trust	Attendances		<u>DNA</u>		<u>C1</u>	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Patient
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Altnagelvin Area	5,870	7,152	724	903	828	1,044	698	1,197	583	13	0
Roe Valley	255	277	21	22	30	36	56	61	0	0	0
South West Acute	810	734	42	57	73	124	19	19	0	2	9
Tyrone County	1,009	952	59	83	84	133	68	59	0	1	20
Western HSCT	7,944	9,115	846	1,065	1,015	1,337	841	1,336	583	16	29
NI Total	41,023	48,023	3,132	4,325	5,360	6,785	2,423	5,666	2,590	103	40

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 13: Specialty 130 - Activity by Hospital/HSC Trust for Ophthalmology, 2015/16¹⁷

											Private
	Attend	lances	<u>DN</u>	<u>IA</u>	CN	<u>IA</u>	Hospital Canc	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Mater Infirmorum	3,711	27,810	413	1,703	698	4,380	243	2,287	13	69	1
Royal Victoria	8,422	25,364	794	2,077	1,471	3,987	577	2,416	30	96	20
Belfast HSCT	12,133	53,174	1,207	3,780	2,169	8,367	820	4,703	43	165	21
Ards	1,093	1,168	122	109	100	79	16	20	0	5	0
Bangor	244	488	27	43	26	37	7	7	0	1	0
Downe	439	575	23	37	31	48	18	20	0	2	0
Lagan Valley	1,025	1,292	35	60	63	105	25	81	0	3	0
Ulster	751	1,297	69	130	56	137	26	63	0	5	0
South Eastern HSCT	3,552	4,820	276	379	276	406	92	191	0	16	0
Armagh Community	382	876	24	62	53	86	15	39	0	0	0
Craigavon Area	594	1,421	21	78	54	99	6	101	0	5	0
Daisy Hill	593	1,394	45	148	46	149	20	175	30	4	0
South Tyrone	362	929	24	54	52	94	17	48	1	2	0
Southern HSCT	1,931	4,620	114	342	205	428	58	363	31	11	0
Altnagelvin Area	6,628	13,956	457	1,104	636	2,090	642	2,519	508	40	4
Roe Valley	510	584	46	46	66	86	14	21	0	2	0
South West Acute	666	1,229	48	80	71	131	24	54	11	6	0
Tyrone County	723	3,111	67	175	77	362	34	269	0	6	0
Western HSCT	8,527	18,880	618	1,405	850	2,669	714	2,863	519	54	4
NI Total	26,143	81,494	2,215	5,906	3,500	11,870	1,684	8,120	593	246	25

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 14: Specialty 140 - Activity by Hospital/HSC Trust for Oral Surgery, 2015/16¹⁷

											Private
	Attend	dances	<u>DNA</u>		<u>CN</u>	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	10	5	0	0	7	2	1	0	0	0	0
Royal Victoria	3,942	2,973	248	651	309	629	160	476	0	8	0
Belfast HSCT	3,952	2,978	248	651	316	631	161	476	0	8	0
Downe	597	208	51	23	74	16	12	10	0	0	0
Ulster	3,679	6,013	367	957	403	863	188	737	0	12	25
South Eastern HSCT	4,276	6,221	418	980	477	879	200	747	0	12	25
Craigavon Area	74	14	6	5	10	2	14	6	5	0	0
Daisy Hill	5	0	1	0	0	0	0	0	0	0	5
Southern HSCT	79	14	7	5	10	2	14	6	5	0	5
Altnagelvin Area	2,273	3,700	236	479	299	507	230	531	18	10	0
South West Acute	463	526	32	29	51	55	15	33	0	3	0
Western HSCT	2,736	4,226	268	508	350	562	245	564	18	13	0
NI Total	11,043	13,439	941	2,144	1,153	2,074	620	1,793	23	33	30

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 15: Specialty 141 - Activity by Hospital/HSC Trust for Restorative Dentistry, 2015/16¹⁷

Hospital/HSC Trust	Attend	lances	DN	<u>IA</u>	<u>CNA</u>		Hospital Cand	ellations	Ward	Patient	Private Patient
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Royal Victoria	2,884	7,481	423	986	500	1,517	264	1,252	0	17	0
Belfast HSCT	2,884	7,481	423	986	500	1,517	264	1,252	0	17	0
NI Total	2,884	7,481	423	986	500	1,517	264	1,252	0	17	0

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 16: Specialty 142 - Activity by Hospital/HSC Trust for Paediatric Dentistry, 2015/16¹⁷

											Private
	<u>Attendances</u>		<u>DNA</u>		CNA		Hospital Cand	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
RBHSC	768	1,882	177	418	170	549	53	242	0	1	0
Belfast HSCT	768	1,882	177	418	170	549	53	242	0	1	0
Craigavon	33	63	1	13	9	8	1	3	0	0	0
Southern HSCT	33	63	1	13	9	8	1	3	0	0	0
NI Total	801	1,945	178	431	179	557	54	245	0	1	0

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 17: Specialty 143 - Activity by Hospital/HSC Trust for Orthodontics, 2015/16²⁰

											Private
	Attend	<u>Attendances</u>		<u>DNA</u>		<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Royal Victoria	446	2,738	27	413	57	353	13	270	0	1	0
Belfast HSCT	446	2,738	27	413	57	353	13	270	0	1	0
Antrim	150	1,185	9	108	27	284	29	609	0	0	0
Causeway	84	810	4	81	19	264	2	49	0	0	0
Waveney	52	494	1	55	17	105	3	130	0	0	0
Northern HSCT	286	2,489	14	244	63	653	34	788	0	0	0
Craigavon Area	238	2,404	13	310	34	506	12	251	0	0	0
Southern HSCT	238	2,404	13	310	34	506	12	251	0	0	0
Altnagelvin Area	367	2,992	38	347	44	260	30	314	0	1	0
South West Acute	124	1,057	10	68	28	142	5	87	0	0	0
Western HSCT	491	4,049	48	415	72	402	35	401	0	1	0
NI Total	1,461	11,680	102	1,382	226	1,914	94	1,710	0	2	0

²⁰ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10, 15 & 18

Table 18: Specialty 150 - Activity by Hospital/HSC Trust for Neurosurgery, 2015/16¹⁷

Hospital/HSC Trust	Attend	lances	<u>DN</u>	<u>IA</u>	<u>CN</u>	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Private Patient
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
RBHSC	145	435	7	37	15	74	19	148	1	1	0
Royal Victoria	1,900	2,649	112	324	276	508	192	787	38	15	0
Belfast HSCT	2,045	3,084	119	361	291	582	211	935	39	16	0
NI Total	2,045	3,084	119	361	291	582	211	935	39	16	0

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 19: Specialty 160 - Activity by Hospital/HSC Trust for Plastic Surgery, 2015/16¹⁷

Hospital/HSC Trust	Attendances		<u>DNA</u>		<u>CNA</u>		Hospital Cancellations		Ward	Patient	Private Patient
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
RBHSC	572	1,442	37	188	91	288	70	300	55	0	0
Royal Victoria	6	268	2	125	1	67	1	65	329	2	0
Belfast HSCT	578	1,710	39	313	92	355	71	365	384	2	0
Ards	163	352	9	33	22	57	26	15	0	1	0
Lagan Valley	40	187	2	23	4	31	1	34	2	0	0
Ulster	5,093	10,375	229	1,602	324	1,322	156	656	0	24	0
South Eastern HSCT	5,296	10,914	240	1,658	350	1,410	183	705	2	25	0
NI Total	5,874	12,624	279	1,971	442	1,765	254	1,070	386	27	0

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 20: Specialty 170 - Activity by Hospital/HSC Trust for Cardiac Surgery, 2015/16¹⁷

Hospital/HSC Trust	Attenc	dances_	DN	<u>IA</u>	<u>CN</u>	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Private Patient
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Royal Victoria	672	1,844	31	85	49	202	119	382	0	9	2
Belfast HSCT	672	1,844	31	85	49	202	119	382	0	9	2
NI Total	672	1,844	31	85	49	202	119	382	0	9	2

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 21: Specialty 171 - Activity by Hospital/HSC Trust for Paediatric Surgery, 2015/16¹⁷

											Private
	<u>Attend</u>	<u>dances</u>	<u>DNA</u>		<u>CNA</u>		Hospital Cand	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
RBHSC	1,728	2,354	83	260	248	462	200	593	5	0	0
Belfast HSCT	1,728	2,354	83	260	248	462	200	593	5	0	0
Ulster	1,043	615	70	120	86	118	34	322	0	1	0
South Eastern HSCT	1,043	615	70	120	86	118	34	322	0	1	0
NI Total	2,771	2,969	153	380	334	580	234	915	5	1	0

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 22: Specialty 172 - Activity by Hospital/HSC Trust for Thoracic Surgery, 2015/16¹⁷

											Private
	<u>Attend</u>	<u>dances</u>	<u>DNA</u>		<u>CNA</u>		Hospital Cand	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Royal Victoria	574	1,613	35	162	69	251	90	339	0	8	0
Belfast HSCT	574	1,613	35	162	69	251	90	339	0	8	0
Altnagelvin Area	4	24	0	3	0	2	4	13	0	0	0
Western HSCT	4	24	0	3	0	2	4	13	0	0	0
NI Total	578	1,637	35	165	69	253	94	352	0	8	0

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 23: Specialty 180 - Activity by Hospital/HSC Trust for Accident & Emergency, 2015/16¹⁹

											Private
	<u>Attenc</u>	<u>lances</u>	<u>DN</u>	<u>IA</u>	<u>C1</u>	<u>1A</u>	Hospital Cand	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Antrim	0	293	0	0	0	0	0	0	4	0	0
Northern HSCT	0	293	0	0	0	0	0	0	4	0	0
Downe	0	361	0	0	0	0	0	0	0	0	0
Lagan Valley	0	411	0	0	0	0	0	0	0	0	0
Ulster	0	2,933	0	1,171	0	219	2	0	0	0	0
South Eastern HSCT	0	3,705	0	1,171	0	219	2	0	0	0	0
Daisy Hill	12	289	3	56	1	23	1	103	0	0	0
Southern HSCT	12	289	3	56	1	23	1	103	0	0	0
NI Total	12	4,287	3	1,227	1	242	3	103	4	0	0

¹⁹ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10, 13 & 15

Table 24: Specialty 190 - Activity by Hospital/HSC Trust for Anaesthetics, 2015/16¹⁷

	Attendances		DNA		CNA		Hospital Cand	ellations	Ward	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Royal Maternity	395	4	62	2	59	1	36	0	0	0	0
Royal Victoria	25	41	11	17	5	11	8	6	0	0	0
Belfast HSCT	420	45	73	19	64	12	44	6	0	0	0
Antrim	0	1,331	0	18	0	40	0	51	0	1	0
Causeway	1	1,521	0	26	0	26	0	21	1	0	0
Whiteabbey	0	15	0	0	0	0	0	0	0	0	0
Northern HSCT	1	2,867	0	44	0	66	0	72	1	1	0
Craigavon	0	90	0	8	0	17	0	11	104	0	0
Southern HSCT	0	90	0	8	0	17	0	11	104	0	0
NI Total	421	3,002	73	71	64	95	44	89	105	1	0

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 25: Specialty 191 - Activity by Hospital/HSC Trust for Pain Management, 2015/16²¹

											Private
	Attend	dances	<u>DN</u>	<u>IA</u>	<u>CN</u>	<u>IA</u>	Hospital Canc	<u>ellations</u>	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	1,719	1,927	86	160	223	413	406	392	8	5	0
Mater Infirmorum	193	130	11	21	25	26	81	146	0	0	0
Belfast HSCT	1,912	2,057	97	181	248	439	487	538	8	5	0
Antrim	203	347	13	21	35	61	40	68	0	0	0
Causeway	433	441	28	42	91	52	40	31	36	1	0
Mid Ulster	147	111	11	5	97	36	26	17	0	0	0
Waveney	20	5	0	2	10	2	10	3	0	0	0
Whiteabbey	14	4	1	0	4	0	0	0	0	0	0
Northern HSCT	817	908	53	70	237	151	116	119	36	1	0
Ulster	994	2,259	95	200	93	237	54	66	0	0	9
South Eastern HSCT	994	2,259	95	200	93	237	54	66	0	0	9
Armagh Community	149	154	12	14	23	21	0	4	0	0	0
Craigavon Area	440	489	36	25	51	45	23	38	0	0	0
Daisy Hill	168	129	24	3	15	10	11	12	0	0	0
South Tyrone	376	315	33	15	65	23	13	23	0	0	0
Southern HSCT	1,133	1,087	105	57	154	99	47	77	0	0	0
Altnagelvin Area	470	1,029	94	223	33	110	29	84	0	0	0
South West Acute	30	0	1	1	6	0	6	0	0	0	0
Tyrone County	293	373	33	136	28	1	3	2	1	0	0
Western HSCT	793	1,402	128	360	67	111	38	86	1	0	0
NI Total	5,649	7,713	478	868	799	1,037	742	886	45	6	9

²¹ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10, 15-16 & 18

Table 26: Specialty 300 - Activity by Hospital/HSC Trust for General Medicine, 2015/16²²

											Private
	Attend	lances	DN	<u>IA</u>	CN	<u>IA</u>	Hospital Canc	<u>ellations</u>	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	641	1,964	53	228	133	500	128	338	32	15	C
Mater Infirmorum	432	416	33	95	28	69	29	152	5	2	C
Royal Victoria	1,461	4,349	178	750	277	1,175	255	1,219	273	14	C
Belfast HSCT	2,534	6,729	264	1,073	438	1,744	412	1,709	310	31	C
Antrim	1,117	115	99	13	19	3	14	9	2,305	0	8
Causeway	360	891	12	81	26	158	22	220	119	7	C
Mid Ulster	153	618	10	49	48	132	5	43	0	3	C
Waveney	110	68	18	4	23	18	16	9	0	0	C
Whiteabbey	0	14	0	4	0	8	3	42	0	0	(
Northern HSCT	1,740	1,706	139	151	116	319	60	323	2,424	10	8
Ards	513	2,237	55	238	34	207	20	76	0	6	1
Bangor	86	427	25	47	14	52	10	30	0	3	C
Downe	886	2,455	95	198	76	231	64	285	21	4	C
Lagan Valley	1,719	2,989	116	236	132	247	67	266	1	8	C
Ulster	2,066	8,469	203	1,060	195	783	153	707	0	17	2
South Eastern HSCT	5,270	16,577	494	1,779	451	1,520	314	1,364	22	38	3
Craigavon Area	161	263	7	23	26	34	37	114	82	0	(
Daisy Hill	584	1,041	42	107	65	137	16	135	14	6	C
Kilkeel Primary Care	13	51	0	8	0	3	3	5	0	1	C
Southern HSCT	758	1,355	49	138	91	174	56	254	96	7	C

Table 26: continued

											Private
Hospital/HSC Trust	Attendances		<u>DNA</u>		<u>CN</u>	<u>IA</u>	Hospital Canc	ellations	Ward	Patient	Patient
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Altnagelvin Area	3,244	9,883	433	1,360	321	1,146	315	1,113	70	55	3
Roe Valley	135	615	27	98	28	93	21	66	0	2	0
South West Acute	1,186	3,328	104	424	138	489	40	183	35	11	0
Tyrone County	613	1,399	43	154	50	172	32	65	3	14	0
Western HSCT	5,178	15,225	607	2,036	537	1,900	408	1,427	108	82	3
NI Total	15,480	41,592	1,553	5,177	1,633	5,657	1,250	5,077	2,960	168	14

 $^{^{22}\,\}mathrm{Refer}$ to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10, 15, 18 & 20

Table 27: Specialty 301 - Activity by Hospital/HSC Trust for Gastroenterology, 2015/16²³

											Private
	Attend	<u>lances</u>	DN	<u>IA</u>	<u>CN</u>	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	1,319	3,097	149	320	219	555	201	440	3	26	0
Mater Infirmorum	1,115	2,018	112	364	152	273	90	212	12	20	0
Royal Victoria	2,282	6,720	275	969	417	1,378	339	1,466	0	38	0
Belfast HSCT	4,716	11,835	536	1,653	788	2,206	630	2,118	15	84	0
Antrim	1,484	3,955	87	245	378	699	229	611	67	15	63
Causeway	705	1,933	52	135	106	310	42	157	650	10	13
Mid Ulster	493	824	23	55	170	183	41	102	13	2	0
Moyle	15	215	2	19	6	127	0	89	0	0	0
Waveney	33	0	5	0	13	2	0	0	0	1	0
Whiteabbey	469	830	34	59	162	205	84	221	1	4	0
Northern HSCT	3,199	7,757	203	513	835	1,526	396	1,180	731	32	76
Downe	70	139	8	12	9	17	8	41	0	0	0
South Eastern HSCT	70	139	8	12	9	17	8	41	0	0	0
Armagh Community	193	257	18	25	48	23	46	49	0	1	0
Craigavon Area	575	877	60	104	89	103	57	98	14	4	0
Daisy Hill	684	1,157	46	132	107	118	26	116	16	4	0
South Tyrone	553	437	53	36	112	32	34	80	0	2	0
Southern HSCT	2,005	2,728	177	297	356	276	163	343	30	11	0
NI Total	9,990	22,459	924	2,475	1,988	4,025	1,197	3,682	776	127	76

²³ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10, 15-17 & 20

Table 28: Specialty 302 - Activity by Hospital/HSC Trust for Endocrinology, 2015/16¹⁷

											Private
	Attend	dances	DN	<u>IA</u>	<u>CN</u>	<u>IA</u>	Hospital Canc	<u>ellations</u>	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	213	1,986	26	279	53	540	19	281	760	12	0
Mater Infirmorum	289	1,688	63	381	49	310	45	366	2	11	0
Royal Victoria	1,481	8,748	103	1,273	191	1,981	106	1,090	0	42	2
Belfast HSCT	1,983	12,422	192	1,933	293	2,831	170	1,737	762	65	2
Antrim	630	1,219	43	145	110	298	79	196	0	6	0
Causeway	354	1,427	24	131	54	269	71	313	71	4	0
Mid Ulster	144	1,003	16	58	25	231	29	136	0	5	0
Moyle	52	356	9	41	2	74	11	79	0	4	0
Waveney	105	710	13	48	16	146	2	61	0	2	0
Whiteabbey	295	1,639	17	164	104	376	28	130	0	2	3
Northern HSCT	1,580	6,354	122	587	311	1,394	220	915	71	23	3
Lagan Valley	114	579	10	31	17	53	12	53	0	0	0
South Eastern HSCT	114	579	10	31	17	53	12	53	0	0	0
Armagh Community	24	249	3	10	5	27	1	12	0	2	0
Banbridge	16	163	3	13	2	27	2	8	0	0	0
Craigavon Area	399	1,561	28	114	31	171	34	117	60	2	0
Daisy Hill	332	1,429	34	139	41	185	13	133	31	6	0
Kilkeel Primary Care	15	156	0	16	4	16	4	6	0	0	0
South Tyrone	77	683	11	68	11	80	3	2	0	0	0
Southern HSCT	863	4,241	79	360	94	506	57	278	91	10	0
NI Total	4,540	23,596	403	2,911	715	4,784	459	2,983	924	98	5

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 29: Specialty 303 - Activity by Hospital/HSC Trust for Haematology (Clinical), 2015/16¹⁷

											Private
	Attend	dances	<u>DN</u>	<u>IA</u>	CN	<u>IA</u>	Hospital Canc	<u>ellations</u>	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	1,661	17,072	164	1,517	205	1,699	135	1,239	1,658	68	3
RBHSC	45	2,393	6	200	3	80	9	231	26	0	0
Belfast HSCT	1,706	19,465	170	1,717	208	1,779	144	1,470	1,684	68	3
Antrim	457	5,871	54	536	33	374	32	359	134	42	0
Causeway	129	1,146	17	97	8	117	12	67	0	7	0
Mid Ulster	54	267	7	37	5	13	5	30	0	10	0
Whiteabbey	76	487	10	52	12	70	5	31	0	7	0
Northern HSCT	716	7,771	88	722	58	574	54	487	134	66	0
Ards	157	1,023	17	103	32	94	13	84	0	8	0
Bangor	93	417	9	38	8	34	15	31	0	1	0
Ulster	604	2,972	63	208	84	188	65	153	0	11	4
South Eastern HSCT	854	4,412	89	349	124	316	93	268	0	20	4
Craigavon Area	799	7,161	43	560	66	251	30	437	34	29	0
Daisy Hill	79	644	10	79	6	18	4	39	2	3	0
South Tyrone	25	2,496	1	167	0	144	0	30	0	2	0
Southern HSCT	903	10,301	54	806	72	413	34	506	36	34	0
Altnagelvin Area	252	3,134	23	247	19	219	85	836	289	30	0
South West Acute	4	171	0	9	0	19	1	33	0	1	0
Tyrone County	45	351	2	5	1	34	8	49	0	2	0
Western HSCT	301	3,656	25	261	20	272	94	918	289	33	0
NI Total	4,480	45,605	426	3,855	482	3,354	419	3,649	2,143	221	7

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 30: Specialty 311 - Activity by Hospital/HSC Trust for Clinical Genetics, 2015/16¹⁷

	Attend	<u>lances</u>	<u>DN</u>	<u>IA</u>	<u>CN</u>	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	1,956	786	127	111	279	108	202	152	0	2	0
Belfast HSCT	1,956	786	127	111	279	108	202	152	0	2	0
NI Total	1,956	786	127	111	279	108	202	152	0	2	0

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 31: Specialty 314 - Activity by Hospital/HSC Trust for Rehabilitation, 2015/16¹⁷

Hospital/HSC Trust	Attend	<u>lances</u>	<u>DN</u>	<u>IA</u>	<u>CNA</u>		Hospital Cand	ellations	Ward	Patient	Private Patient
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Musgrave Park	455	7,226	68	783	52	524	99	1,423	0	16	0
Royal Victoria	51	314	9	53	3	52	2	23	0	0	0
Belfast HSCT	506	7,540	77	836	55	576	101	1,446	0	16	0
NI Total	506	7,540	77	836	55	576	101	1,446	0	16	0

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 32: Specialty 315 - Activity by Hospital/HSC Trust for Palliative Medicine, 2015/16¹⁷

											Private
	Attend	dances	<u>D</u> 1	NA	<u>CN</u>	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
NI Cancer Centre	86	463	19	109	14	85	13	105	474	9	0
Belfast HSCT	86	463	19	109	14	85	13	105	474	9	0
Antrim	0	0	0	0	0	0	0	0	37	0	0
Northern HSCT	0	0	0	0	0	0	0	0	37	0	0
Ulster	44	45	0	5	1	1	3	2	0	0	0
South Eastern HSCT	44	45	0	5	1	1	3	2	0	0	0
Craigavon Area	62	153	7	13	28	37	7	6	342	10	0
Daisy Hill	13	28	3	2	4	10	2	2	12	2	0
South Tyrone	33	88	4	7	20	37	1	7	5	5	0
Southern HSCT	108	269	14	22	52	84	10	15	359	17	0
Altnagelvin Area	56	120	0	5	4	25	2	22	0	1	0
South West Acute	669	458	0	3	7	4	1	0	0	0	0
Tyrone County	68	600	1	5	0	0	0	0	0	0	0
Western HSCT	793	1,178	1	13	11	29	3	22	0	1	0
NI Total	1,031	1,955	34	149	78	199	29	144	870	27	0

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 33: Specialty 320 - Activity by Hospital/HSC Trust for Cardiology, 2015/16¹⁷

	Attend	lances	DN	JA	CN	IA	Hospital Cand	ellations	Ward	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	2,488	3,011	161	217	283	448	191	430	74	16	0
Mater Infirmorum	1,272	1,972	267	250	106	188	22	129	8	26	0
RBHSC	1,121	2,948	64	305	139	367	89	531	81	4	1
Royal Victoria	3,884	8,095	292	952	511	1,425	427	1,678	0	74	50
Belfast HSCT	8,765	16,026	784	1,724	1,039	2,428	729	2,768	163	120	51
Antrim	3,399	3,959	114	217	563	562	348	479	604	46	594
Causeway	1,385	1,845	50	154	141	255	74	391	5	20	0
Northern HSCT	4,784	5,804	164	371	704	817	422	870	609	66	594
Ards	417	378	22	25	42	34	40	72	0	3	0
Bangor	188	59	9	6	5	6	16	6	0	1	0
Ulster	2,790	2,067	125	156	142	162	115	326	0	8	0
South Eastern HSCT	3,395	2,504	156	187	189	202	171	404	0	12	0
Armagh Community	123	76	4	5	7	6	5	5	0	2	0
Banbridge	70	97	1	3	5	8	6	17	0	0	0
Craigavon Area	3,336	2,394	233	130	372	170	115	409	10	6	0
Daisy Hill	597	774	30	34	61	58	84	179	6	9	0
South Tyrone	143	161	7	9	10	10	3	26	0	0	0
Southern HSCT	4,269	3,502	275	181	455	252	213	636	16	17	0

Table 33: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		CN	<u>IA</u>	Hospital Cand	ellations		Patient	Private Patient
	New	Review	New	Review	New	Review	New	Review		Died	Attendances
Altnagelvin Area	1,099	2,773	83	170	98	245	73	249	23	20	0
Roe Valley	215	548	15	35	13	60	18	96	0	3	0
South West Acute	265	1,097	12	59	17	112	12	58	0	3	0
Tyrone County	396	782	28	38	30	49	27	81	13	1	0
Western HSCT	1,975	5,200	138	302	158	466	130	484	36	27	0
NI Total	23,188	33,036	1,517	2,765	2,545	4,165	1,665	5,162	824	242	645

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 34: Specialty 330 - Activity by Hospital/HSC Trust for Dermatology, 2015/16¹⁷

											Private
	Attend	dances	<u>DN</u>	<u>IA</u>	<u>CN</u>	<u>IA</u>	Hospital Canc	ellations	Ward	Patient	Patien
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	4,018	7,573	218	746	627	1,067	205	1,101	77	26	2
RBHSC	871	1,717	54	224	103	446	30	159	0	0	(
Royal Victoria	4,153	8,279	234	787	609	1,421	214	794	0	17	56
Belfast HSCT	9,042	17,569	506	1,757	1,339	2,934	449	2,054	77	43	58
Antrim	1,326	1,663	62	163	296	480	92	242	1	4	(
Causeway	1,176	752	36	60	121	136	21	49	134	1	1
Mid Ulster	0	1	0	0	0	0	0	0	0	0	(
Moyle	13	75	0	13	5	53	0	1	0	0	(
Waveney	1,406	1,172	60	88	319	315	67	150	1	2	1
Whiteabbey	1,044	1,290	38	132	213	365	85	319	21	2	(
Northern HSCT	4,965	4,953	196	456	954	1,349	265	761	157	9	2
Ards	351	241	23	24	37	25	47	58	0	1	(
Bangor	500	1,541	20	120	44	182	17	283	0	2	(
Downe	568	1,367	21	113	56	157	29	79	0	1	(
Lagan Valley	650	1,632	41	123	52	173	60	397	0	4	(
Ulster	2,663	4,098	244	365	348	468	218	558	0	8	(
South Eastern HSCT	4,732	8,879	349	745	537	1,005	371	1,375	0	16	(
Armagh Community	439	504	25	46	77	61	13	36	0	2	(
Craigavon Area	4,898	6,257	248	407	577	963	138	281	50	10	19
Daisy Hill	1,942	1,913	130	169	211	253	44	94	0	4	(
South Tyrone	491	813	36	52	50	89	17	62	0	4	(
Southern HSCT	7,770	9,487	439	674	915	1,366	212	473	50	20	19

Table 34: continued

Hospital/HSC Trust	<u>Attendances</u>		DNA		<u>CNA</u>		Hospital Cand	ellations	Ward	Patient	Private Patient
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Altnagelvin Area	3,621	3,782	249	427	408	452	171	232	0	5	0
South West Acute	2,230	643	124	37	323	73	121	33	1	4	853
Tyrone County	477	917	29	48	43	95	25	14	0	1	0
Western HSCT	6,328	5,342	402	512	774	620	317	279	1	10	853
NI Total	32,837	46,230	1,892	4,144	4,519	7,274	1,614	4,942	285	98	932

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 35: Specialty 340 - Activity by Hospital/HSC Trust for Thoracic Medicine, 2015/16²⁴

											Private
	Attend	<u>lances</u>	DN	<u>IA</u>	CN	<u>IA</u>	Hospital Canc	<u>ellations</u>	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	1,862	8,157	181	853	280	1,184	253	1,457	80	66	0
Mater Infirmorum	570	1,413	77	232	68	160	62	318	25	28	0
Royal Victoria	826	1,935	69	297	94	341	68	281	0	19	0
Belfast HSCT	3,258	11,505	327	1,382	442	1,685	383	2,056	105	113	0
Antrim	957	2,977	58	232	151	518	96	504	22	43	0
Causeway	635	2,624	37	172	75	457	95	481	8	30	0
Mid Ulster	111	391	2	40	26	78	9	28	0	3	0
Moyle	181	126	12	14	93	27	10	15	0	1	0
Waveney	365	691	29	74	79	127	57	153	0	5	0
Whiteabbey	279	694	19	61	94	164	24	82	0	6	0
Northern HSCT	2,528	7,503	157	593	518	1,371	291	1,263	30	88	0
Ards	276	382	30	38	21	30	21	40	0	2	0
Bangor	363	780	26	83	18	72	4	45	0	9	3
Downe	267	428	14	41	10	26	35	74	0	2	0
Lagan Valley	357	410	30	36	11	25	80	109	0	6	0
Ulster	612	991	43	101	32	75	43	111	0	8	0
South Eastern HSCT	1,875	2,991	143	299	92	228	183	379	0	27	3
Banbridge	106	172	6	20	26	31	1	6	0	0	0
Craigavon Area	1,034	2,105	89	145	91	169	29	137	86	15	0
Daisy Hill	542	1,629	40	119	75	173	46	166	1	8	0
South Tyrone	275	587	11	32	41	62	11	56	0	6	0
Southern HSCT	1,957	4,493	146	316	233	435	87	365	87	29	0
NI Total	9,618	26,492	773	2,590	1,285	3,719	944	4,063	222	257	3

²⁴ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10, 15 & 17

Table 36: Specialty 360 - Activity by Hospital/HSC Trust for Genito-Urinary Medicine, 2015/16²⁵

	<u>Attendances</u>		DNA		CNA		Hospital Cand	ellations	Ward	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Royal Victoria	9,351	7,555	0	0	0	0	0	0	0	0	0
Belfast HSCT	9,351	7,555	0	0	0	0	0	0	0	0	0
Daisy Hill	1,296	375	0	0	0	0	0	0	0	0	0
Southern HSCT	1,296	375	0	0	0	0	0	0	0	0	0
Altnagelvin Area	2,968	988	248	175	0	0	0	0	0	0	0
Western HSCT	2,968	988	248	175	0	0	0	0	0	0	0
NI Total	13,615	8,918	248	175	0	0	0	0	0	0	0

²⁵ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 14-15

Table 37: Specialty 361 - Activity by Hospital/HSC Trust for Nephrology, 2015/16¹⁷

											Private
	Attend	lances	DN	<u>IA</u>	CN	<u>IA</u>	Hospital Canc	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	1,166	8,996	104	946	125	909	264	1,746	258	37	0
RBHSC	200	1,650	7	124	22	279	6	368	141	0	0
Belfast HSCT	1,366	10,646	111	1,070	147	1,188	270	2,114	399	37	0
Antrim	399	4,579	12	313	83	878	15	461	10	44	1
Causeway	87	225	4	14	19	25	6	21	0	1	0
Northern HSCT	486	4,804	16	327	102	903	21	482	10	45	1
Ulster	379	1,899	44	217	41	168	90	307	0	34	0
South Eastern HSCT	379	1,899	44	217	41	168	90	307	0	34	0
Daisy Hill	215	2,293	12	114	22	297	7	327	0	8	0
Southern HSCT	215	2,293	12	114	22	297	7	327	0	8	0
Altnagelvin Area	160	1,633	26	197	20	109	9	116	3	8	0
Roe Valley	38	191	2	22	7	19	5	26	0	3	0
South West Acute	67	454	8	40	13	37	2	21	0	1	0
Tyrone County	141	1,319	36	120	23	118	4	103	3	5	0
Western HSCT	406	3,597	72	379	63	283	20	266	6	17	0
NI Total	2,852	23,239	255	2,107	375	2,839	408	3,496	415	141	1

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 38: Specialty 370 - Activity by Hospital/HSC Trust for Medical Oncology, 2015/16¹⁷

											Private
	Attend	dances	<u>DNA</u>		<u>CNA</u>		Hospital Cand	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
NI Cancer Centre	1,213	7,168	55	568	77	675	129	1,335	5,421	135	3
RBHSC	7	1,390	0	101	2	115	0	140	65	1	0
Belfast HSCT	1,220	8,558	55	669	79	790	129	1,475	5,486	136	3
Craigavon	178	1,295	3	119	11	43	29	145	14	27	0
Southern HSCT	178	1,295	3	119	11	43	29	145	14	27	0
NI Total	1,398	9,853	58	788	90	833	158	1,620	5,500	163	3

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 39: Specialty 400 - Activity by Hospital/HSC Trust for Neurology, 2015/16²⁶

											Private
	Attend	<u>lances</u>	DN	<u>IA</u>	CN	<u>IA</u>	Hospital Canc	<u>ellations</u>	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	1,280	7,001	114	502	221	1,111	114	847	3	29	0
Royal Victoria	3,894	6,697	476	728	540	1,117	323	998	20	38	0
Belfast HSCT	5,174	13,698	590	1,230	761	2,228	437	1,845	23	67	0
Antrim	321	630	23	94	55	164	7	46	1	8	0
Mid Ulster	202	586	11	74	69	202	1	15	13	1	0
Moyle	69	13	1	0	40	0	0	0	0	0	0
Waveney	60	1	2	0	11	0	0	0	0	0	0
Northern HSCT	652	1,230	37	168	175	366	8	61	14	9	0
Ards	73	330	3	42	3	31	2	68	0	0	0
Lagan Valley	79	158	11	12	4	16	13	36	0	0	0
Ulster	1,006	1,053	64	124	53	109	39	150	0	5	0
South Eastern HSCT	1,158	1,541	78	178	60	156	54	254	0	5	0
Banbridge	7	106	0	6	0	12	0	13	0	0	0
Craigavon Area	1,290	1,919	64	140	84	207	5	34	552	5	0
Daisy Hill	163	311	7	23	14	32	7	33	0	1	0
Lurgan	0	0	0	0	0	0	0	0	1	0	0
South Tyrone	0	71	0	6	0	6	0	0	1	0	0
Southern HSCT	1,460	2,407	71	175	98	257	12	80	554	6	0
Altnagelvin Area	1,217	2,491	120	269	66	230	111	224	440	6	0
South West Acute	113	340	7	37	12	45	9	10	0	2	0
Tyrone County	430	533	56	56	41	49	4	23	1	0	0
Western HSCT	1,760	3,364	183	362	119	324	124	257	441	8	0
NI Total	10,204	22,240	959	2,113	1,213	3,331	635	2,497	1,032	95	0

²⁶ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15-16

Table 40: Specialty 401 - Activity by Hospital/HSC Trust for Clinical Neuro-Physiology, 2015/16¹⁷

	Attend	lances	<u>DN</u>	<u>IA</u>	<u>CN</u>	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Royal Victoria	780	0	64	0	168	0	154	0	355	0	0
Belfast HSCT	780	0	64	0	168	0	154	0	355	0	0
NI Total	780	0	64	0	168	0	154	0	355	0	0

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 41: Specialty 410 - Activity by Hospital/HSC Trust for Rheumatology, 2015/16¹⁷

	Attend	dances	DN	IΔ	CN	JΔ	Hospital Cand	ellations	Ward	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	1,234	3,993	79	242	206	601	114	525	0	12	C
Musgrave Park	254	7,539	18	462	24	1,328	18	1,477	0	16	C
Royal Victoria	1,025	6,154	61	528	156	1,259	99	1,040	0	18	C
Belfast HSCT	2,513	17,686	158	1,232	386	3,188	231	3,042	0	46	0
Antrim	871	3,670	35	155	156	531	75	442	375	7	37
Causeway	277	1,577	8	97	21	214	11	256	47	1	C
Mid Ulster	125	228	3	11	31	28	9	24	2	0	C
Moyle	119	298	3	14	34	33	3	7	0	2	C
Waveney	105	809	5	38	33	127	114	124	0	1	C
Whiteabbey	104	243	7	23	40	35	24	66	0	1	C
Northern HSCT	1,601	6,825	61	338	315	968	236	919	424	12	37
Bangor	37	322	5	5	3	16	3	23	0	1	1
Downe	140	786	4	55	8	61	2	31	0	0	C
Lagan Valley	263	744	13	44	16	69	10	68	0	1	C
Ulster	1,325	4,570	119	361	212	540	124	541	0	9	C
South Eastern HSCT	1,765	6,422	141	465	239	686	139	663	0	11	1
Armagh Community	145	347	10	24	19	26	2	8	0	0	C
Banbridge	409	1,584	24	85	45	131	5	61	1	0	C
Craigavon Area	990	3,030	53	173	72	242	41	262	2	3	C
South Tyrone	248	510	9	23	30	42	9	58	0	0	C
Southern HSCT	1,792	5,471	96	305	166	441	57	389	3	3	O

Table 41: continued

Hospital/HSC Trust	Attend	<u>lances</u>	<u>DN</u>	<u>IA</u>	CNA		Hospital Cand	ellations	Ward	Patient	Private Patient
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Altnagelvin Area	960	3,866	65	341	78	308	32	244	279	7	0
South West Acute	248	805	11	24	19	49	5	34	0	1	9
Tyrone County	237	539	10	28	18	50	16	30	0	1	0
Western HSCT	1,445	5,210	86	393	115	407	53	308	279	9	9
NI Total	9,116	41,614	542	2,733	1,221	5,690	716	5,321	706	81	47

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 42: Specialty 420 - Activity by Hospital/HSC Trust for Paediatrics, 2015/16¹⁷

											Private
	<u>Attenc</u>	dances	DN	<u>IA</u>	<u>CN</u>	<u>IA</u>	Hospital Canc	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
RBHSC	11,028	38,771	582	3,865	694	3,864	529	2,993	32	8	2
Belfast HSCT	11,028	38,771	582	3,865	694	3,864	529	2,993	32	8	2
Antrim	1,208	3,375	61	367	152	778	126	487	347	0	(
Causeway	980	3,079	48	501	100	759	68	260	1,460	0	(
Mid Ulster	658	1,083	23	126	147	273	67	248	6	0	2
Moyle	56	230	2	26	11	91	6	90	0	0	(
Waveney	586	1,531	22	279	102	468	44	183	0	0	(
Whiteabbey	85	694	4	112	18	138	24	267	0	0	2
Northern HSCT	3,573	9,992	160	1,411	530	2,507	335	1,535	1,813	0	6
Ards	536	3,031	0	324	0	296	0	228	0	0	(
Downe	140	197	17	18	14	28	9	21	0	0	(
Lagan Valley	138	98	9	16	5	8	9	9	0	0	(
Ulster	1,929	5,074	128	988	153	735	88	1,802	0	4	(
South Eastern HSCT	2,743	8,400	154	1,346	172	1,067	106	2,060	0	4	(
Armagh Community	571	1,077	99	300	45	89	25	47	0	0	(
Banbridge	348	611	35	72	41	87	21	50	0	0	(
Bluestone	543	860	92	216	33	150	29	73	50	0	(
Craigavon Area	955	2,721	51	262	85	257	29	123	1,618	0	(
Daisy Hill	1,440	4,535	219	870	134	461	92	523	448	0	(
South Tyrone	502	1,037	25	95	38	116	5	42	1,250	0	(
Southern HSCT	4,359	10,841	521	1,815	376	1,160	201	858	3,366	0	(

Table 42: continued

	<u>Attendances</u>		<u>es</u> <u>DNA</u>		CN	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Altnagelvin Area	1,492	3,903	189	674	195	565	342	912	2,591	0	5
Grangewood	262	939	38	179	18	66	8	0	0	0	0
Roe Valley	10	16	0	3	1	0	0	2	0	0	0
South West Acute	450	1,560	29	151	46	183	28	153	920	0	0
Tyrone County	377	1,260	30	183	34	108	48	194	0	0	0
Western HSCT	2,591	7,678	286	1,190	294	922	426	1,261	3,511	0	5
NI Total	24,294	75,682	1,703	9,627	2,066	9,520	1,597	8,707	8,722	12	13

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 43: Specialty 421 - Activity by Hospital/HSC Trust for Paediatric Neurology, 2015/16¹⁷

	<u>Attendances</u>		DNA		CNA		Hospital Cand	ellations	Ward	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
RBHSC	384	1,699	23	184	52	308	71	604	2	7	0
Belfast HSCT	384	1,699	23	184	52	308	71	604	2	7	0
Lurgan	0	82	0	2	0	5	0	3	0	0	0
Southern HSCT	0	82	0	2	0	5	0	3	0	0	0
Altnagelvin Area	1	19	0	2	0	2	1	22	0	0	0
Western HSCT	1	19	0	2	0	2	1	22	0	0	0
NI Total	385	1,800	23	188	52	315	72	629	2	7	0

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 44: Specialty 430 - Activity by Hospital/HSC Trust for Geriatric Medicine, 2015/16¹⁷

			·								Private
	<u>Attend</u>	lances	DN	<u>IA</u>	CN	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	522	1,446	74	240	129	353	111	344	253	36	O
Mater Infirmorum	117	398	24	59	24	60	14	60	1	6	0
Musgrave Park	571	2,170	48	460	54	296	21	92	0	6	0
Royal Victoria	60	845	4	77	4	132	6	148	0	7	0
Belfast HSCT	1,270	4,859	150	836	211	841	152	644	254	55	0
Antrim	66	104	3	18	10	41	19	70	2	1	O
Causeway	118	270	3	33	16	61	10	60	4	1	0
Mid Ulster	70	255	2	15	12	36	1	21	0	3	0
Waveney	197	280	10	25	38	82	49	94	0	3	0
Whiteabbey	530	1,009	62	199	93	210	34	140	0	5	0
Northern HSCT	981	1,918	80	290	169	430	113	385	6	13	0
Lagan Valley	608	741	40	63	54	87	67	73	0	4	O
Ulster	2,074	1,998	170	206	183	296	150	324	0	15	0
South Eastern HSCT	2,682	2,739	210	269	237	383	217	397	0	19	0
Craigavon Area	835	553	26	52	38	66	33	52	497	1	O
Daisy Hill	201	10	12	1	42	0	10	0	235	1	0
Lurgan	1,017	1,340	33	84	168	306	17	62	0	18	0
Mullinure	363	351	9	5	91	182	21	157	0	0	0
South Tyrone	292	435	43	68	53	70	18	60	0	2	0
Southern HSCT	2,708	2,689	123	210	392	624	99	331	732	22	0

Table 44: continued

Hospital/HSC Trust	Attenc	lances	<u>DN</u>	<u>IA</u>	<u>C1</u>	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Private Patient
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Altnagelvin Area	359	930	21	217	29	150	21	231	0	31	0
South West Acute	377	916	20	73	32	140	16	47	2	9	0
Tyrone County	228	375	33	52	45	73	14	54	0	2	0
Western HSCT	964	2,221	74	342	106	363	51	332	2	42	0
NI Total	8,605	14,426	637	1,947	1,115	2,641	632	2,089	994	151	0

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 45: Specialty 450 - Activity by Hospital/HSC Trust for Dental Medicine Specialties, 2015/16¹⁷

Hospital/HSC Trust	Attend	lances	<u>D1</u>	<u>IA</u>	<u>CN</u>	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Private Patient
	New	Review	New	Review	New	Review	New	Review	w Attendances	Died	Attendances
Royal Victoria	1,364	2,168	145	334	216	650	123	290	0	5	0
Belfast HSCT	1,364	2,168	145	334	216	650	123	290	0	5	0
NI Total	1,364	2,168	145	334	216	650	123	290	0	5	0

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 46: Specialty 502 - Activity by Hospital/HSC Trust for Gynaecology, 2015/16¹⁷

											Private
	Attend	<u>lances</u>	<u>DN</u>	<u>IA</u>	<u>CN</u>	<u>IA</u>	Hospital Cand	<u>ellations</u>	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Belfast City	6,845	7,205	640	602	1,301	1,092	719	990	88	6	1
Royal Victoria	2,738	3,314	282	389	727	748	164	211	0	1	C
Belfast HSCT	9,583	10,519	922	991	2,028	1,840	883	1,201	88	7	1
Antrim	2,719	3,055	143	257	682	826	645	593	343	6	198
Causeway	2,079	1,866	154	177	438	510	211	267	734	1	3
Mid Ulster	1,279	1,334	36	118	630	383	36	90	2	3	C
Moyle	286	386	14	42	72	102	42	84	0	2	C
Waveney	481	948	19	66	88	233	26	93	1	2	1
Whiteabbey	931	854	102	128	213	206	133	118	7	0	9
Northern HSCT	7,775	8,443	468	788	2,123	2,260	1,093	1,245	1,087	14	211
Ards	524	420	29	33	53	40	36	34	0	0	C
Bangor	799	417	45	44	88	53	43	66	0	0	C
Downe	379	443	22	37	38	43	21	45	0	0	C
Lagan Valley	2,786	2,240	166	156	208	260	104	171	2	0	C
Ulster	5,484	3,806	212	622	182	391	167	764	0	4	1
South Eastern HSCT	9,972	7,326	474	892	569	787	371	1,080	2	4	1
Armagh Community	429	401	20	33	61	38	5	20	0	0	C
Banbridge	202	196	14	17	23	19	4	13	0	0	C
Craigavon Area	5,472	9,300	284	372	603	499	119	524	919	3	C
Daisy Hill	3,202	3,083	233	339	429	517	44	251	992	2	20
Kilkeel Primary Care Cent	200	140	26	3	38	15	4	7	0	0	C
South Tyrone	624	599	49	46	81	80	18	60	0	0	C
Southern HSCT	10,129	13,719	626	810	1,235	1,168	194	875	1,911	5	20

Table 46: continued

											Private
	<u>Attendances</u>		<u>DNA</u>		<u>C1</u>	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Altnagelvin Area	3,976	3,957	489	493	554	531	235	442	2,048	4	0
Roe Valley	598	806	42	71	85	83	19	31	0	0	0
South West Acute	1,124	1,384	72	111	171	230	118	172	968	1	0
Tyrone County	739	939	55	71	100	118	60	101	0	0	0
Western HSCT	6,437	7,086	658	746	910	962	432	746	3,016	5	0
NI Total	43,896	47,093	3,148	4,227	6,865	7,017	2,973	5,147	6,104	35	233

 $^{^{\}rm 17}$ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 47: Specialty 510 - Activity by Hospital/HSC Trust for Obstetrics (Ante Natal), 2015/16¹⁷

											Private
	Attend	<u>lances</u>	<u>DN</u>	<u>IA</u>	CN	<u>IA</u>	Hospital Cano	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Royal Maternity	5,865	17,814	357	1,123	763	1,993	148	484	0	0	C
Belfast HSCT	5,865	17,814	357	1,123	763	1,993	148	484	0	0	0
Antrim	1,366	3,705	34	85	80	159	76	380	1,121	0	151
Causeway	1,121	3,074	23	217	121	184	127	1,015	5,271	0	C
Mid Ulster	675	2,154	29	137	62	98	72	207	0	0	C
Moyle	322	1,094	14	43	25	53	13	142	0	0	C
Waveney	803	2,548	41	151	78	155	34	332	0	0	C
Whiteabbey	288	684	16	67	46	69	45	101	0	0	C
Northern HSCT	4,575	13,259	157	700	412	718	367	2,177	6,392	0	151
Downe	2	1,170	0	45	0	25	0	140	0	0	C
Lagan Valley	7	1,229	2	93	0	88	0	142	1	0	C
Ulster	2,507	11,378	103	387	335	796	231	1,888	0	0	C
South Eastern HSCT	2,516	13,777	105	525	335	909	231	2,170	1	0	0
Armagh Community	318	1,315	7	82	72	96	34	139	0	0	C
Craigavon Area	1,210	8,022	55	230	232	854	37	546	4,536	0	C
Daisy Hill	1,515	6,029	114	180	276	1,018	38	145	2,180	0	C
South Tyrone	241	2,919	9	78	45	307	1	373	0	0	C
Southern HSCT	3,284	18,285	185	570	625	2,275	110	1,203	6,716	0	O

Table 47: continued

Hospital/HSC Trust	<u>Attendances</u>		nnces <u>DNA</u>		CN	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Private Patient
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Altnagelvin Area	2,366	7,096	82	849	157	276	128	476	0	0	0
Roe Valley	338	660	9	85	6	4	126	67	0	0	0
South West Acute	1,007	3,104	42	188	59	98	118	412	108	0	0
Tyrone County	368	809	14	134	11	15	64	74	0	0	0
Western HSCT	4,079	11,669	147	1,256	233	393	436	1,029	108	0	0
NI Total	20,319	74,804	951	4,174	2,368	6,288	1,292	7,063	13,217	0	151

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 48: Specialty 520 - Activity by Hospital/HSC Trust for Obstetrics (Post Natal), 2015/16¹⁷

	<u>Attendances</u>		<u>DNA</u>		<u>CN</u>	<u>IA</u>	Hospital Cancellations		Ward	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Antrim	5	42	0	7	0	17	0	32	0	0	0
Northern HSCT	5	42	0	7	0	17	0	32	0	0	0
Daisy Hill	16	109	2	21	0	24	1	22	194	0	6
Southern HSCT	16	109	2	21	0	24	1	22	194	0	6
NI Total	21	151	2	28	0	41	1	54	194	0	6

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 49: Specialty 700 - Activity by Hospital/HSC Trust for Learning Disability, 2015/16¹⁷

	Attend	dances	<u>DN</u>	<u>IA</u>	<u>CN</u>	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Muckamore Abbey	387	3,048	72	465	71	444	25	214	0	9	0
Belfast HSCT	387	3,048	72	465	71	444	25	214	0	9	0
Longstone	75	1,320	24	235	0	0	2	41	0	0	0
Southern HSCT	75	1,320	24	235	0	0	2	41	0	0	0
Lakeview	83	1,422	16	120	12	96	0	0	0	0	0
Western HSCT	83	1,422	16	120	12	96	0	0	0	0	0
NI Total	545	5,790	112	820	83	540	27	255	0	9	0

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 50: Specialty 711 - Activity by Hospital/HSC Trust for Child & Adolescent Psychiatry, 2015/16¹⁷

	Attend	<u>lances</u>	<u>DN</u>	<u>IA</u>	<u>C1</u>	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Beechcroft	585	8,341	76	1,638	38	679	0	32	0	0	0
Belfast HSCT	585	8,341	76	1,638	38	679	0	32	0	0	0
NI Total	585	8,341	76	1,638	38	679	0	32	0	0	0

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 51: Specialty 715 - Activity by Hospital/HSC Trust for Old Age Psychiatry, 2015/16¹⁸

	Attone	Janasa	DA	1.0	CN	1 A	Heavital Cana	allationo	\A/ad	Detions	Private
		dances	<u>DN</u>		<u>CN</u>		Hospital Cand		Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Ards	763	1,467	135	198	252	341	197	410	0	33	0
Downe	331	386	19	55	64	67	5	5	0	2	0
Lagan Valley	294	855	51	179	89	226	16	56	0	13	0
South Eastern HSCT	1,388	2,708	205	432	405	634	218	471	0	48	0
Bluestone	55	593	1	117	25	126	11	184	140	3	1
Craigavon	0	0	0	0	0	0	0	0	7	0	0
Daisy Hill	76	394	10	44	27	77	8	54	56	3	0
St Luke's	69	508	47	175	11	22	29	98	0	4	0
South Tyrone	0	0	0	0	0	0	0	0	10	0	0
Southern HSCT	200	1,495	58	336	63	225	48	336	213	10	1
NI Total	1,588	4,203	263	768	468	859	266	807	213	58	1

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10, 12 & 15

Table 52: Specialty 800 - Activity by Hospital/HSC Trust for Clinical Oncology, 2015/16¹⁷

	Attend	dances	DN	JΑ	CN	IΑ	Hospital Cand	ellations	Ward	Patient	Private Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
NI Cancer Centre	3,371	28,938	128	1,907	159	2,088	353	4,228	7,096	428	49
Belfast HSCT	3,371	28,938	128	1,907	159	2,088	353	4,228	7,096	428	49
Ulster	0	0	0	0	0	0	0	0	666	0	0
South Eastern HSCT	0	0	0	0	0	0	0	0	666	0	0
NI Total	3,371	28,938	128	1,907	159	2,088	353	4,228	7,762	428	49

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 53: Specialty 822 - Activity by Hospital/HSC Trust for Chemical Pathology, 2015/16¹⁷

											Private
	<u>Attend</u>	dances	<u>D</u> 1	<u>NA</u>	CN	<u>IA</u>	Hospital Cand	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Antrim	121	390	9	43	26	135	10	11	0	1	0
Causeway	117	952	12	72	30	205	6	92	2	5	0
Northern HSCT	238	1,342	21	115	56	340	16	103	2	6	0
Banbridge	100	133	13	16	26	21	1	4	0	0	0
Craigavon Area	43	63	6	5	7	15	5	7	0	0	0
Southern HSCT	143	196	19	21	33	36	6	11	0	0	0
Altnagelvin Area	59	166	14	30	16	57	14	42	0	0	0
South West Acute	30	49	5	11	7	17	10	12	0	0	0
Tyrone County	36	61	2	13	7	34	3	8	0	0	0
Western HSCT	125	276	21	54	30	108	27	62	0	0	0
NI Total	506	1,814	61	190	119	484	49	176	2	6	0

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 54: Specialty 990 - Activity by Hospital/HSC Trust for Joint Consultant Clinics, 2015/16¹⁷

											Private
	Attendances		<u>DNA</u>		<u>CNA</u>		Hospital Cand	ellations	Ward	Patient	Patient
Hospital/HSC Trust	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Royal Maternity	1,336	3,775	84	189	140	357	192	80	0	0	0
Belfast HSCT	1,336	3,775	84	189	140	357	192	80	0	0	0
Antrim	210	2,642	21	125	34	175	18	161	0	0	0
Northern HSCT	210	2,642	21	125	34	175	18	161	0	0	0
NI Total	1,546	6,417	105	314	174	532	210	241	0	0	0

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-5, 7, 9-10 & 15

Table 55: Independent Sector Activity by Specialty/HSC Trust, 2015/16²⁷

	Spec	A	Attendances	
Specialty/HSC Trust	Code	New	Review	Total
General Surgery	100	1,000	148	1,148
Urology	101	0	1	1
T & O Surgery	110	1,680	7,591	9,271
ENT	120	1,016	277	1,293
Ophthalmology	130	2,900	581	3,481
Restorative Dentistry	141	0	4	4
Neurosurgery	150	0	51	51
Plastic Surgery	160	9	6	15
Cardiac Surgery	170	0	19	19
Pain Management	191	86	276	362
Gastroenterology	301	1,472	4	1,476
Cardiology	320	11	36	47
Thoracic Medicine	340	189	0	189
Clinical Neuro-Physiology	401	734	0	734
Rheumatology	410	815	91	906
Gynaecology	502	582	59	641
Belfast HSCT		10,494	9,144	19,638
General Surgery	100	879	88	967
Urology	101	0	19	19
ENT	120	913	268	1,181
Pain Management	191	602	275	877
Gastroenterology	301	1,247	75	1,322
Dermatology	330	1,226	7	1,233
Neurology	400	594	11	605
Rheumatology	410	0	12	12
Gynaecology	502	0	83	83
Northern HSCT		5,461	838	6,299

Table 55: continued

	Spec	Attenda	ances_	
Specialty/HSC Trust	Code	New	Review	Total
General Surgery	100	7	2	9
Urology	101	0	1	1
ENT	120	804	25	829
	130	0	105	105
Ophthalmology	140	ŭ	103	
Oral Surgery		1,796		1,808
Plastic Surgery	160	932	286	1,218
General Medicine	300	59	96	155
Dermatology	330	1,555	8	1,563
Thoracic Medicine	340	69	20	89
Neurology	400	132	10	142
Rheumatology	410	847	4	851
Paediatrics	420	73	1	74
Gynaecology	502	1,370	90	1,460
South Eastern HSCT		7,644	660	8,304
General Surgery	100	0	183	183
T & O Surgery	110	1	147	148
Ophthalmology	130	0	30	30
Pain Management	191	324	22	346
Southern HSCT	-	325	382	707

Table 55: continued

	Spec	Attenda	ances	
Specialty/HSC Trust	Code	New	Review	Total
General Surgery	100	437	50	487
T & O Surgery	110	43	806	849
ENT	120	11	42	53
Ophthalmology	130	4	35	39
Oral Surgery	140	319	10	329
General Medicine	300	0	3	3
Neurology	400	313	16	329
Gynaecology	502	0	20	20
Western HSCT		1,127	982	2,109
NI Total		25,051	12,006	37,057

Source: IS1 Part 1

²⁷ Refer to Appendix 7: Explanatory Notes Points 1-3 & 11

^{*} Not National Statistics

Table 56: ICATS Activity Trends by HSC Trust, 2011/12 to 2015/16²⁸

	Activity						Change	Change
HSC Trust	Indicator	2011/12	2012/13	2013/14	2014/15	2015/16	14/15 - 15/16	11/12- 15/16
Belfast HSCT	Outpatients							
	New Attendances	5,490	5,573	6,814	7,861	8,879	13.0%	61.7%
	Review Attendances	11,099	11,179	11,155	11,173	12,794	14.5%	15.3%
	Total Attendances	16,589	16,752	17,969	19,034	21,673	13.9%	30.6%
	Total Did Not Attends (DNAs)	1,762	1,956	1,855	1,981	2,330	17.6%	32.2%
	Total Could Not Attends (CNAs)	1,968	2,124	2,496	2,669	2,739	2.6%	39.2%
	Total Hospital Cancellations	1,229	1,510	1,475	1,476	1,596	8.1%	29.9%
	DNA Rate	9.6	10.5	9.4	9.4	9.7	0.3	0.1
	CNA Rate	10.6	11.3	12.2	12.3	11.2	-1.1	0.6
	Hospital Cancellation Rate	6.9	8.3	7.6	7.2	6.9	-0.3	0.0
Northern HSCT	Outpatients							
	New Attendances	13,051	13,590	12,755	13,902	14,822	6.6%	13.6%
	Review Attendances	12,201	13,870	14,862	14,615	13,254	-9.3%	8.6%
	Total Attendances	25,252	27,460	27,617	28,517	28,076	-1.5%	11.2%
	Total Did Not Attends (DNAs)	2,019	1,860	1,862	1,704	1,591	-6.6%	-21.2%
	Total Could Not Attends (CNAs)	3,295	4,402	4,525	4,916	4,967	1.0%	50.7%
	Total Hospital Cancellations	1,971	2,769	2,371	2,902	3,657	26.0%	85.5%
	DNA Rate	7.4	6.3	6.3	5.6	5.4	-0.3	-2.0
	CNA Rate	11.5	13.8	14.1	14.7	15.0	0.3	3.5
	Hospital Cancellation Rate	7.2	9.2	7.9	9.2	11.5	2.3	4.3
South Eastern HSCT	Outpatients							
	New Attendances	9,503	8,851	8,961	7,381	9,323	26.3%	-1.9%
	Review Attendances	9,048	11,654	11,966	11,384	13,498	18.6%	49.2%
	Total Attendances	18,551	20,505	20,927	18,765	22,821	21.6%	23.0%
	Total Did Not Attends (DNAs)	1,620	2,070	2,372	2,242	2,532	12.9%	56.3%
	Total Could Not Attends (CNAs)	2,082	2,644	2,488	2,334	2,535	8.6%	21.8%
	Total Hospital Cancellations	2,092	1,863	1,824	1,872	918	-51.0%	-56.1%
	DNA Rate	8.0	9.2	10.2	10.7	10.0	-0.7	2.0
	CNA Rate	10.1	11.4	10.6	11.1	10.0	-1.1	-0.1
	Hospital Cancellation Rate	10.1	8.3	8.0	9.1	3.9	-5.2	-6.3

Table 56: continued

	Activity						Change	Change
HSC Trust	Indicator	2011/12	2012/13	2013/14	2014/15	2015/16	14/15 - 15/16	11/12- 15/16
Southern HSCT	Outpatients							
	New Attendances	5,927	8,243	8,648	6,768	7,027	3.8%	18.6%
	Review Attendances	7,176	10,200	11,631	10,597	9,806	-7.5%	36.6%
	Total Attendances	13,103	18,443	20,279	17,365	16,833	-3.1%	28.5%
	Total Did Not Attends (DNAs)	1,041	1,682	1,587	1,571	1,554	-1.1%	49.3%
	Total Could Not Attends (CNAs)	1,578	2,434	2,262	2,087	1,744	-16.4%	10.5%
	Total Hospital Cancellations	818	1,210	1,403	1,478	1,146	-22.5%	40.1%
	DNA Rate	7.4	8.4	7.3	8.3	8.5	0.2	1.1
	CNA Rate	10.7	11.7	10.0	10.7	9.4	-1.3	-1.4
	Hospital Cancellation Rate	5.9	6.2	6.5	7.8	6.4	-1.5	0.5
Western HSCT	Outpatients							
	New Attendances	8,529	8,947	9,705	8,692	6,955	-20.0%	-18.5%
	Review Attendances	13,987	14,636	15,409	15,034	11,599	-22.8%	-17.1%
	Total Attendances	22,516	23,583	25,114	23,726	18,554	-21.8%	-17.6%
	Total Did Not Attends (DNAs)	2,547	2,423	2,242	2,226	1,796	-19.3%	-29.5%
	Total Could Not Attends (CNAs)	2,771	2,953	3,129	2,902	2,157	-25.7%	-22.2%
	Total Hospital Cancellations	1,981	1,969	1,922	2,066	1,681	-18.6%	-15.1%
	DNA Rate	10.2	9.3	8.2	8.6	8.8	0.2	-1.3
	CNA Rate	11.0	11.1	11.1	10.9	10.4	-0.5	-0.5
	Hospital Cancellation Rate	8.1	7.7	7.1	8.0	8.3	0.3	0.2

Table 56: continued

	Activity						Change	Change
	Indicator	2011/12	2012/13	2013/14	2014/15	2015/16	14/15 - 15/16	11/12- 15/16
NI Total	Outpatients							
	New Attendances	42,500	45,204	46,883	44,604	47,006	5.4%	10.6%
	Review Attendances	53,511	61,539	65,023	62,803	60,951	-2.9%	13.9%
	Total Attendances	96,011	106,743	111,906	107,407	107,957	0.5%	12.4%
	Total Did Not Attends (DNAs)	8,989	9,991	9,918	9,724	9,803	0.8%	9.1%
	Total Could Not Attends (CNAs)	11,694	14,557	14,900	14,908	14,142	-5.1%	20.9%
	Total Hospital Cancellations	8,091	9,321	8,995	9,794	8,998	-8.1%	11.2%
	DNA Rate	8.6	8.6	8.1	8.3	8.3	0.0	-0.2
	CNA Rate	10.9	12.0	11.8	12.2	11.6	-0.6	0.7
	Hospital Cancellation Rate	7.8	8.0	7.4	8.4	7.7	-0.7	-0.1

²⁸ Refer to Appendix 7: Explanatory Notes Points 1-3 and 21-22

Table 57a: ICATS Activity and Rates by Specialty/HSC Trust, 2015/16²⁸

				Total			Hospital		Private
	Total	Total	Total	Hospital	DNA	CNA	Cancellation	Patient	Patient
Specialty/HSC Trust	Attendances	DNA	CNA	Cancellations	Rate	Rate	Rate	Died	Attendances
T & O Surgery	16,202	1,766	1,764	797	9.8	9.8	4.7	0	0
Ophthalmology	2,742	238	583	388	8.0	17.5	12.4	0	0
Dermatology	2,729	326	392	411	10.7	12.6	13.1	0	0
Belfast HSCT	21,673	2,330	2,739	1,596	9.7	11.2	6.9	0	0
T & O Surgery	14,067	692	2,000	2,039	4.7	12.4	12.7	0	0
ENT	3,158	191	759	559	5.7	19.4	15.0	0	0
Ophthalmology	5,815	300	837	325	4.9	12.6	5.3	0	0
Dermatology	5,036	408	1,371	734	7.5	21.4	12.7	0	0
Northern HSCT	28,076	1,591	4,967	3,657	5.4	15.0	11.5	0	0
T & O Surgery	14,454	1,817	1,446	550	11.2	9.1	3.7	0	0
ENT	0	0	0	3	0.0	0.0	100.0	0	0
Ophthalmology	3,272	128	312	173	3.8	8.7	5.0	0	0
Dermatology	5,095	587	777	192	10.3	13.2	3.6	0	0
South Eastern HSCT	22,821	2,532	2,535	918	10.0	10.0	3.9	0	0
Urology	289	18	26	7	5.9	8.3	2.4	0	0
T & O Surgery	11,409	1,014	1,093	827	8.2	8.7	6.8	0	0
ENT	3,040	269	351	170	8.1	10.4	5.3	0	0
Cardiology	454	53	46	13	10.5	9.2	2.8	0	0
Dermatology	1,641	200	228	129	10.9	12.2	7.3	0	0
Southern HSCT	16,833	1,554	1,744	1,146	8.5	9.4	6.4	0	0

Table 57a: continued

				Total			Hospital		Private
Specialty/HSC Trust	Total Attendances	Total DNA	Total CNA	Hospital Cancellations	DNA Rate	CNA Rate	Cancellation Rate	Patient Died	Patient Attendances
Urology	1,320	98	126	63	6.9	8.7	4.6	0	0
T & O Surgery	10,110	1,230	1,198	861	10.8	10.6	7.8	0	0
ENT	0	0	7	145	0.0	100.0	100.0	0	0
Ophthalmology	5,629	308	715	466	5.2	11.3	7.6	0	0
Cardiology	1,495	160	111	146	9.7	6.9	8.9	0	0
Western HSCT	18,554	1,796	2,157	1,681	8.8	10.4	8.3	0	0
NI Total	107,957	9,803	14,142	8,998	8.3	11.6	7.7	0	0

²⁸ Refer to Appendix 7: Explanatory Notes Points 1-3 and 21-22

Table 57b : ICATS Activity for New and Review by Specialty/HSC Trust, 2015/16 28

	<u>Attend</u>	ances	<u>DN</u>	<u>A</u>	<u>CN</u>	<u>A</u>	Hospital Canc	<u>ellations</u>
Specialty/HSC Trust	New	Review	New	Review	New	Review	New	Review
T & O Surgery	5,393	10,809	485	1,281	488	1,276	262	535
Ophthalmology	2,561	181	214	24	543	40	367	21
Dermatology	925	1,804	86	240	133	259	132	279
Belfast HSCT	8,879	12,794	785	1,545	1,164	1,575	761	835
T & O Surgery	8,663	5,404	373	319	986	1,014	1,163	876
ENT	1,878	1,280	113	78	503	256	249	310
Ophthalmology	2,357	3,458	103	197	304	533	109	216
Dermatology	1,924	3,112	84	324	572	799	179	555
Northern HSCT	14,822	13,254	673	918	2,365	2,602	1,700	1,957
T & O Surgery	5,679	8,775	465	1,352	588	858	170	380
ENT	0	0	0	0	0	0	0	3
Ophthalmology	1,650	1,622	72	56	153	159	71	102
Dermatology	1,994	3,101	186	401	239	538	26	166
South Eastern HSCT	9,323	13,498	723	1,809	980	1,555	267	651
Urology	0	289	0	18	0	26	0	7
T & O Surgery	4,827	6,582	281	733	446	647	261	566
ENT	874	2,166	100	169	116	235	50	120
Cardiology	279	175	28	25	22	24	11	2
Dermatology	1,047	594	110	90	134	94	47	82
Southern HSCT	7,027	9,806	519	1,035	718	1,026	369	777

Table 57b: continued

	Attend	ances_	DN	<u>A</u>	CN	A	Hospital Canc	ellations
Specialty/HSC Trust	New	Review	New	Review	New	Review	New	Review
Urology	271	1,049	20	78	28	98	9	54
T & O Surgery	4,514	5,596	416	814	549	649	421	440
ENT	0	0	0	0	2	5	58	87
Ophthalmology	2,119	3,510	128	180	297	418	185	281
Cardiology	51	1,444	8	152	6	105	7	139
Western HSCT	6,955	11,599	572	1,224	882	1,275	680	1,001
NI Total	47,006	60,951	3,272	6,531	6,109	8,033	3,777	5,221

²⁸ Refer to Appendix 7: Explanatory Notes Points 1-3 and 21-22

Table 58: ICATS Activity by Specialty, 2015/16²⁸

										Private
	<u>Attend</u>	ances	<u>DN</u>	<u>A</u>	<u>CN</u>	<u>A</u>	Hospital Canc	<u>ellations</u>	Patient	Patient
Specialty	New	Review	New	Review	New	Review	New	Review	Died	Attendances
Urology	271	1,338	20	96	28	124	9	61	0	0
T & O Surgery	29,076	37,166	2,020	4,499	3,057	4,444	2,277	2,797	0	0
ENT	2,752	3,446	213	247	621	496	357	520	0	0
Ophthalmology	8,687	8,771	517	457	1,297	1,150	732	620	0	0
Cardiology	330	1,619	36	177	28	129	18	141	0	0
Dermatology	5,890	8,611	466	1,055	1,078	1,690	384	1,082	0	0
NI Total	47,006	60,951	3,272	6,531	6,109	8,033	3,777	5,221	0	0

²⁸ Refer to Appendix 7: Explanatory Notes Points 1-3 and 21-22

Appendix 1: Consultant Led Outpatient Specialties provided in each Hospital during 2015/16

Hospital	Specialties
	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose
	&Throat, Ophthalmology, Oral Surgery, Orthodontics, Thoracic
	Surgery, Pain Management, General Medicine, Haematology
Althogolyin Aroo	
Altnagelvin Area	(Clinical), Palliative Medicine, Cardiology, Dermatology, Genito-
	Urinary Medicine, Nephrology, Neurology, Rheumatology,
	Paediatrics, Paediatric Neurology, Geriatric Medicine, Gynaecology,
	Obstetrics (Ante Natal), Chemical Pathology
	General Surgery, Ear, Nose & Throat, Orthodontics, Accident & Emergency, Anaesthetics, Pain Management, General Medicine,
Antrim	Gastroenterology, Endocrinology, Haematology (Clinical), Palliative
Antrim	Medicine, Cardiology, Dermatology, Thoracic Medicine, Nephrology,
	Neurology, Rheumatology, Paediatrics, Geriatric Medicine,
	Gynaecology, Obstetrics (Ante Natal), Obstetrics (Post Natal),
	Chemical Pathology, Joint Consultant Clinics
	General Surgery, Urology, Ear, Nose & Throat, Ophthalmology,
Ards	Plastic Surgery, General Medicine, Haematology (Clinical),
	Cardiology, Dermatology, Thoracic Medicine, Neurology, Paediatrics,
	Gynaecology, Old Age Psychiatry
	General Surgery, Ear, Nose & Throat, Ophthalmology, Pain
Armagh Community	Management, Gastroenterology, Endocrinology, Cardiology,
	Dermatology, Rheumatology, Paediatrics, Gynaecology, Obstetrics
	(Ante Natal)
Dambuidas	General Surgery, Urology, Ear, Nose & Throat, Endocrinology,
Banbridge	Cardiology, Thoracic Medicine, Thoracic Medicine, Neurology,
	Rheumatology, Paediatrics, Gynaecology, Chemical Pathology
Banasa	General Surgery, Urology, Ear, Nose & Throat, Ophthalmology,
Bangor	General Medicine, Haematology (Clinical), Cardiology, Dermatology,
Decelored:	Thoracic Medicine, Rheumatology, Gynaecology
Beechcroft	Child & Adolescent Psychiatry
	General Surgery, Urology, Ear, Nose & Throat, Oral Surgery, Pain
Dolfoot City	Management, General Medicine, Gastroenterology, Endocrinology,
Belfast City	Haematology (Clinical), Clinical Genetics, Cardiology, Dermatology,
	Thoracic Medicine, Nephrology, Neurology, Rheumatology, Geriatric
Divertone	Medicine, Gynaecology
Bluestone	Paediatrics, Old Age Psychiatry
	General Surgery, Urology, Ear, Nose & Throat, Orthodontics,
Company	Anaesthetics, Pain Management, General Medicine, Gastroenterology,
Causeway	Endocrinology, Haematology (Clinical), Cardiology, Dermatology,
	Thoracic Medicine, Nephrology, Rheumatology, Paediatrics, Geriatric
	Medicine, Gynaecology, Obstetrics (Ante Natal), Chemical Pathology
	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat,
	Ophthalmology, Oral Surgery, Paediatric Dentistry, Orthodontics,
	Anaesthetics, Pain Management, General Medicine, Gastroenterology,
Craigavon Area	Endocrinology, Haematology (Clinical), Palliative Medicine, Cardiology,
	Dermatology, Thoracic Medicine, Medical Oncology, Neurology,
	Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology,
	Obstetrics (Ante Natal), Old Age Psychiatry, Chemical Pathology

Appendix 1 (Continued)

Hospital	Specialties
Daisy Hill	General Surgery, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Accident & Emergency, Pain Management, General Medicine, Gastroenterology, Endocrinology, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Thoracic Medicine, Genito-Urinary Medicine, Nephrology, Neurology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Obstetrics (Post Natal), Old Age Psychiatry General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat,
Downe	Ophthalmology, Oral Surgery, Accident & Emergency, General Medicine, Gastroenterology, Dermatology, Thoracic Medicine, Rheumatology, Paediatrics, Gynaecology, Obstetrics (Ante Natal), Old Age Psychiatry
Grangewood	Paediatrics
Kilkeel Primary Care Centre	General Medicine, Endocrinology, Gynaecology
Lagan Valley	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Plastic Surgery, Accident & Emergency, General Medicine, Endocrinology, Dermatology, Thoracic Medicine, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Old Age Psychiatry
Lakeview	Learning Disability
Longstone	Learning Disability
Lurgan	Neurology, Paediatric Neurology, Geriatric Medicine
Mater	General Surgery, Trauma & Orthopaedics, Ophthalmology, Pain Management, General Medicine, Gastroenterology, Endocrinology, Cardiology, Thoracic Medicine, Geriatric Medicine
Mid-Ulster	General Surgery, Ear, Nose & Throat, Pain Management, General Medicine, Gastroenterology, Endocrinology, Haematology (Clinical), Dermatology, Thoracic Medicine, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal)
Moyle	General Surgery, Ear, Nose &Throat, Gastroenterology, Endocrinology, Dermatology, Thoracic Medicine, Neurology, Rheumatology, Paediatrics, Gynaecology, Obstetrics (Ante Natal)
Muckamore Abbey	Learning Disability
Mullinure	Geriatric Medicine
Musgrave Park	Trauma & Orthopaedics, Rehabilitation, Rheumatology, Geriatric Medicine
NI Cancer Centre	Palliative Medicine, Medical Oncology, Clinical Oncology
Roe Valley (Outpatients)	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, General Medicine, Cardiology, Nephrology, Paediatrics, Gynaecology, Obstetrics (Ante Natal)
RBHSC	Trauma & Orthopaedics, Ear, Nose & Throat, Paediatric Dentistry, Neurosurgery, Plastic Surgery, Paediatric Surgery, Hematology (Clinical), Cardiology, Dermatology, Nephrology, Medical Oncology, Paediatrics, Paediatric Neurology
Royal Jubilee Maternity	Anaesthetics, Obstetrics (Ante Natal), Joint Consultant Clinics

Appendix 1 (Continued)

Hospital	Specialties
Royal Victoria	General Surgery, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Restorative Dentistry, Orthodontics, Neurosurgery, Plastic Surgery, Cardiac Surgery, Thoracic Surgery, Anaesthetics, General Medicine, Gastroenterology, Endocrinology, Rehabilitation, Cardiology, Dermatology, Thoracic Medicine, Genito- Urinary Medicine, Neurology, Clinical Neuro-Physiology, Rheumatology, Geriatric Medicine, Dental Medicine Specialties, Gynaecology
South Tyrone	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Pain Management, Gastroenterology, Endocrinology, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Thoracic Medicine, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Old Age Psychiatry
South West Acute	General Surgery, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Orthodontics, Pain Management, General Medicine, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Nephrology, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Chemical Pathology
St Luke's	Old Age Psychiatry
Tyrone County	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Pain Management, General Medicine, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Nephrology, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Chemical Pathology
Ulster	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Plastic Surgery, Paediatric Surgery, Accident & Emergency, Pain Management, General Medicine, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Thoracic Medicine, Nephrology, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Clinical Oncology
Waveney	General Surgery, Ear, Nose & Throat, Orthodontics, Pain Management, General Medicine, Gastroenterology, Endocrinology, Cardiology, Dermatology, Thoracic Medicine, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal)
Whiteabbey	General Surgery, Ear, Nose & Throat, Anaesthetics, Pain Management, General Medicine, Gastroenterology, Endocrinology, Haematology (Clinical), Dermatology, Thoracic Medicine, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal)

Appendix 2: Integrated Clinical Assessment and Treatment Services (ICATS) Specialties provided in each HSC Trust during 2015/16

HSC Trust	Specialties
Belfast HSC Trust	Trauma & Orthopaedics, Ophthalmology, Dermatology
Northern HSC Trust	Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Dermatology
South Eastern HSC Trust	Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Dermatology
Southern HSC Trust	Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Cardiology, Dermatology
Western HSC Trust	Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Cardiology

Appendix 3: Hospitals Open within each HSC Trust that provided Consultant Led Outpatient Services for All, or Part, of the Year Ending 31st March 2016

Health and Social Care Trust	Hospital
Belfast Health and Social Care Trust	Beechcroft, Belfast City, Mater Infirmorum, Muckamore Abbey, Musgrave Park, NI Cancer Centre, RBHSC, Royal Jubilee Maternity, Royal Victoria
Northern Health and Social Care Trust	Antrim, Causeway, Mid Ulster, Moyle, Waveney, Whiteabbey
South Eastern Health and Social Care Trust	Ards, Bangor, Downe, Lagan Valley, Ulster
Southern Health and Social Care Trust	Armagh Community, Banbridge, Bluestone, Craigavon Area, Daisy Hill, Kilkeel Primary Care Centre, Longstone, Lurgan, Mullinure, South Tyrone, St Luke's
Western Health and Social Care Trust	Altnagelvin Area, Grangewood, Lakeview, Roe Valley Outpatients, South West Acute, Tyrone County

Appendix 4: Hospital Specialties by Programme of Care

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

POC 1 - Acute Services

100 General Surgery

101 Urology

110 T & O Surgery

120 ENT

130 Ophthalmology

140 Oral Surgery

141 Restorative Dentistry

142 Paediatric Dentistry

143 Orthodontics

150 Neurosurgery

160 Plastic Surgery

170 Cardiac Surgery

171 Paediatric Surgery

172 Thoracic Surgery

180 Accident & Emergency

190 Anaesthetics

191 Pain Management

300 General Medicine

301 Gastroenterology

302 Endocrinology

303 Haematology (Clinical)

310 Audiological Medicine

311 Clinical Genetics

314 Rehabilitation

315 Palliative Medicine

320 Cardiology

330 Dermatology

340 Thoracic Medicine

360 Genito-Urinary Medicine

361 Nephrology

370 Medical Oncology

400 Neurology

401 Clinical Neuro-Physiology

410 Rheumatology

420 Paediatrics

421 Paediatric Neurology

450 Dental Medicine Specialties

502 Gynaecology

800 Clinical Oncology

822 Chemical Pathology

823 Haematology

990 Joint Consultant Clinics

POC 2 - Maternity and Child Health

501 Obstetrics

510 Obstetrics (Ante Natal)

520 Obstetrics (Post Natal)

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 5: Definitions

Outpatient Services

An outpatient service is a consultant led service provided by Health and Social Care Trusts to allow patients to see a consultant, their staff and associated health professionals for assessment in relation to a specific condition. Patients are not admitted into hospital for this assessment. Outpatient services are usually provided during a clinic session (though in some cases patients may be seen on a ward) and provide an opportunity for consultation, investigation and minor treatment. Patients normally attend by prior arrangement. Although a consultant is in overall charge, they may not be present on all occasions the clinic is held. They must, however, be represented by a member of their team.

Outpatient Appointment

An outpatient appointment is an administrative arrangement enabling patients to see a consultant, their staff and associated health professionals, following an outpatient referral. Outpatient appointments relate to all appointments with a consultant led service, irrespective of the location in which the service is performed. Ward attendances seen by a consultant are reported separately (see separate definition on page 135).

New Attendance

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

Review Attendances

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

Did Not Attend (DNA) / Missed Appointments

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

DNA rate

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

((Number of DNAs) / (Number of attendances + Number of DNAs))*100

Appendix 5 (continued)

Could Not Attend (CNA) / Patient Cancellations

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

CNA rate

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

((Number of CNAs) / (Number of attendances + Number of CNAs))*100

Outpatient Appointment Cancelled by the Hospital / Hospital Cancellation

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

Hospital Cancellation rate

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

((Number of hospital cancellations) / (Number of attendances + Number of hospital cancellations))*100

Reasons for Cancellation

An outpatient appointment may be cancelled by either the provider Health and Social Care Trust (a hospital cancellation) or the patient (patient could not attend – CNA).

Hospital Cancellations may occur for the following reasons:

- Consultant unavailable
- Medical staff / Nurse unavailable
- Patient treated elsewhere
- Consultant cancelled appointment
- Appointment rescheduled (brought forward)
- Appointment rescheduled (put back)
- Cancelled following validation / audit
- Administrative error by hospital
- Hospital transport not available
- Cancelled by hospital in order to rebook as alternative booking method

Appendix 5 (continued)

Patient Cancellations (CNA) may occur for the following reasons:

- Patient cancelled appointment as it is no longer required
- Patient cancelled but the appointment is still required
- GP cancelled appointment

Health and Social Care Trusts must use one of the above regional codes to record reason for cancellation.

If no reason for cancellation has been recorded, Trusts report this as 'No reason for cancellation recorded'.

If an incorrect reason for cancellation has been recorded, for example if one of the hospital cancellation reasons are recorded against a patient cancellation, Trusts report the reasons for such cancellations as 'Incorrect reason for cancellation recorded'.

Cancellations due to the death of a patient are reported separately and should not be included within the figures for either Patient Cancellations (CNA) or hospital cancellations.

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.

Ward Attendances seen by a consultant

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

This includes:

- Disease (physical or mental) confirmed or suspected inclusive of undiagnosed signs or symptoms
- Injury inclusive of poisoning confirmed or suspected,
- Health problems e.g. prostheses or graft in situ,
- Other factors influencing the health status of non sick persons e.g.
 - i. pregnancy,
 - ii. family planning
 - iii. potential donor (organ or tissue)
 - iv. potential problem requiring prophylactic (preventative) care,
 - v. bereavement or other problem requiring health professional counselling,
 - vi. cosmetic surgery,
 - vii. other

Appendix 5(continued)

Private Patient Attendances

A private patient is one who has opted to have treatment outside the Health Service and has undertaken to pay for all expenses incurred, including treatment and accommodation costs. Private patient attendances relate to private patients who attend an outpatient appointment at a facility provided by a Health and Social Care Trust.

Independent Sector

An Independent Sector provider is a private sector healthcare company that is contracted by HSC Trusts in the provision of healthcare or in the support of the provision of healthcare.

Total Independent Sector Attendances

This is the number of health service patients who received their outpatient appointment with an Independent Sector provider. This includes both new and review outpatient attendances, which are defined similarly to those for consultant-led outpatient services. Independent Sector appointments DNA'd, CNA'd or cancelled by the hospital (Hospital Cancellations) are not currently collected by the Department.

Total Outpatient Attendances commissioned by the Health Service

This is the number of health service patients who received their outpatient appointment, commissioned by the Health Service, within a Health Service hospital or with an Independent Sector provider. This includes both new and review outpatient attendances but excludes ward attendances.

Integrated Clinical Assessment and Treatment Services (ICATS)

ICATS is the term used for a range of outpatient services for patients, which are provided by integrated multi-disciplinary teams of health service professionals, including GPs with a special interest, specialist nurses and allied health professionals. They are provided in a variety of primary, community and secondary care settings and they include assessment, treatment, diagnostic and advisory services.

Integrated Clinical Assessment and Treatment Services (ICATS) appointments

An appointment at ICATS is known as a Tier 2 appointment. These are non consultant led services. Following ICATS Triage, patients who have not been given either a discharge, advice only or referral incomplete outcome will proceed for either a (i) first outpatient appointment, (ii) a diagnostic test or (iii) an ICATS Tier 2 appointment. Following a first Tier 2 ICATS appointment there are a number of outcomes, including a review Tier 2 ICATS appointment or a referral for a first consultant led outpatient appointment.

ICATS Tier 2 appointments attended, DNA'd, CNA'd or cancelled by the hospital (Hospital Cancellations) are defined similarly to those for consultant led outpatient services. Reasons for cancellation of ICATS Tier 2 appointments are not currently collected by the Department.

Appendix 6: Data in the publication

General guidance on using the data

The data contained in the publication are presented on an annual basis. They represent a range of activity types and appointment outcomes at both consultant led outpatient services and Integrated Clinical Assessment and Treatment Services (ICATS) at Health and Social Care (HSC) hospitals in Northern Ireland and Independent Sector providers. Data are presented on a financial year basis.

Outpatient attendances, by Appointment Type, Specialty, Hospital, HSC Trust, Programme of Care

Description of data

Data on the number of health service patients who attended a face to face appointment at a consultant led outpatient service. Data are presented by the HSC hospital of attendance, which are then aggregated up to HSC Trust, in Northern Ireland. Data are split by attendances for both new and review appointments. Attendances at outpatient services provided by the Independent Sector, but commissioned and financed by the HSC, are excluded from these figures as these figures relate to services provided within HSC hospitals (in-house activity). Ward attendances with a consultant are also not included from 2014/15. From 2015/16, all terminology in relation to outpatient activity collected in the QOAR refer to face to face appointments only.

Data provider

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

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

It should be noted that a change was made to the recording of consultant led activity at the beginning of 2014/15. The main change is that ward attendances seen by a consultant are now reported separately and are no longer included in the outpatient attendance figures, as in previous years. Therefore, figures for 2014/15 are not comparable with previous years.

Virtual activity was also previously included within the QOAR. However, following the issuing of virtual activity guidance by the Health and Social Care Board (HSCB) at the beginning of 2015/16, HIB introduced a separate return, the V-QOAR, to allow the monitoring of virtual activity. All terminology in the following guidance should therefore be taken to refer to face to face appointments only, unless otherwise specified.

Appointment type – this is the number of (i) new and (ii) review outpatient appointments attended.

Specialty – this is the number of appointments attended within each medical speciality. Medical specialty is determined by the consultant in charge of the service the patient attends. Each consultant employed by a HSC Trust will have an allocated specialty of employment, and it will be this specialty against which the patient's attendance will be reported. These data provide a useful insight into the capacity for certain types of medical services, and can be compared to outpatient waiting times by specialty to gauge demand against this capacity.

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

HSC Trust – this relates to appointments attended, by HSC Trust. As HSC Trust simply represents an aggregate of HSC hospitals, the same principle applies whereby the attendances will be recorded against the HSC Trust / HSC hospital that employ the consultant responsible for the service, rather than the actual HSC Trust in which the attendance physically occurs.

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.

Outpatient appointments missed by patients, by Appointment Type, Specialty, Hospital, HSC Trust, Programme of Care

Description of data

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

Data provider

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

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

These data relate to the number of patients who missed their appointment and did not inform the hospital, or informed them on the day the appointment the scheduled. These are used as an indicator of lost productivity in that the hospital is resourced at that point in time to assess a patient, but the appointment is wasted as the patient fails to attend, or fails to give appropriate notice they can't attend which prevents another patient from being seen in the scheduled appointment slot. When assessing missed appointments, users should calculate the standardised rate of missed appointments, i.e. the DNA rate. This is calculated by: (the number of missed appointments) / (sum total of attendances and missed appointments) multiplied by one hundred. This is necessary because the number of appointments scheduled is likely to impact upon the number of missed appointments, i.e. the more appointments scheduled, the more likely it will be that the number of missed appointments will increase. Consequently, any comparative analysis of missed appointments, be that year on year or speciality with speciality etc., must be undertaken as a standardised rate. Historically, ward attendances have never been counted in hospital appointments missed by the patient. Therefore, it is possible to compare the number of missed appointments across the years. However, it should be noted that the removal of ward attenders and virtual outpatient activity from the outpatient attendance figures may have an effect on the calculation of any associated DNA rates. Data users should be aware of this when comparing DNA rates across the years.

Outpatient appointments cancelled by patients, by Appointment Type, Specialty, Hospital, HSC Trust, Programme of Care

Description of data

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

Data provider

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

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 appointments cancelled by patients who informed the hospital at least the day before the appointment was scheduled that they would not be attending. By doing so, the patient allows the hospital sufficient time to utilise the scheduled appointment slot, by booking another patient into that appointment slot. Again, any comparison of patient cancellations must be undertaken as a standardised rate, i.e. (number of appointments cancelled by patients) multiplied by one hundred, as again, changes in the number of appointments scheduled will impact upon the number of appointments cancelled by patients. Historically, ward

attendances have never been counted in hospital appointments cancelled by the patient. Therefore, it is possible to compare the number of appointments cancelled by the patient across the years. However, it should be noted that the removal of ward attenders and virtual outpatient activity from the outpatient attendance figures may have an effect on the calculation of any associated CNA rates. Data users should be aware of this when comparing CNA rates across the years.

Outpatient appointments cancelled by hospitals, by Appointment Type, Specialty, Hospital, HSC Trust, Programme of Care

Description of data

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

Data provider

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

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

These data relate to the number of scheduled appointments cancelled by hospitals. This may be for a variety of reasons and in most cases the patient still requires assessment and will be rebooked into another appointment. These data are an indication of the loss of potential productivity within the Health and Social Care system. Any comparison of hospital cancellations must be undertaken as a standardised rate i.e. (number of appointments cancelled by hospitals / sum total of attendances and appointments cancelled by hospitals) multiplied by one hundred, as again, changes in the number of appointments scheduled will impact upon the number of appointments cancelled by hospitals. Historically, ward attendances have never been counted in hospital appointments cancelled by the hospital. Therefore, it is possible to compare the number of appointments cancelled by the hospital across the years. However, it should be noted that the removal of ward attenders and virtual outpatient activity from the outpatient attendance figures may have an effect on the calculation of any associated hospital cancellation rates. Data users should be aware of this when comparing hospital cancellation rates across the years.

Reason for outpatient appointment cancellation (by both patients and hospitals), by Appointment Type, Specialty, Hospital, HSC Trust, Programme of Care

Description of data

Data on the reason why consultant led outpatient appointments have been cancelled by either patients or hospitals. HSC hospitals record two pieces of information on cancelled appointments on their Patient Administration System (PAS). The first field records if the appointment was cancelled by either the patient or the hospital, and the second field records a free text reason for the cancellation. While introducing the QOAR in 2008/09, HIB, in conjunction with both data providers and users, developed a list of 13 regionally Each HSC Trust aggregates each of their cancellation reasons consistent reasons for cancellation. (recorded in the free text field) to one of 13 regionally consistent reasons and submit these to HIB. In June 2013, the Department updated the technical guidance with an agreed list of regional and sub-regional codes, reflecting the outcome of an audit undertaken by the "Short-Life" working group, and issued this to HSC Trusts. This list of regional and sub-regional codes must be utilised in a standardised manner across all Trusts. Each HSC Trust confirmed that this guidance was fully implemented within their Trust from the 1st July 2013. On occasion, reasons for cancellation are recorded that are inconsistent with the cancellation type, i.e. a patient cancellation with a reason relating to medical staff being unavailable. In such cases, the reason for cancellation is recorded as being 'Incorrect'. As there are some cancellations that cannot be identified as either one cancelled by a patient or one cancelled by a hospital, data on reasons for cancellation are presented for all cancellation types. Health and Social Care Trusts must use one of the regional codes to record reason for cancellation. If no reason for cancellation has been recorded. Trusts must report this as 'Reason not recorded'. From March 2013, recording of the reason for cancellation is now mandatory within the Health Service in Northern Ireland for those hospitals with access to PAS.

Data provider

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

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, and 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. The levels of appointments that are either not coded with a reason, or have been coded with an incorrect reason has improved in recent quarters, however users should still be careful in their use of the data. Increasing levels of coverage over time also presents additional problems whereby trend analyses and the comparison of individual reasons for cancellation may be misleading. This is because a reported increase in the number of appointments cancelled due to, for example, the consultant being unavailable, may be a consequence of better levels of coding in latter quarters rather than an actual increase in the number of appointments cancelled for this reason.

Guidance on using data

Due to changes in coding coverage, care should be taken when comparing the number of appointments cancelled for a particular reason over time. Increasing levels of coverage over time also presents problems whereby trend analyses and the comparison of individual reasons for cancellation may be misleading. This is because a reported increase in the number of appointments cancelled due to, for example, the consultant

being unavailable, may be a consequence of better levels of coding in latter quarters rather than an actual increase in the number of appointments cancelled for this reason. Data relating to the reasons for cancellation do provide a useful insight into the dynamics behind lost productivity due to the cancellation of appointments by hospitals allowing particular issues to be identified and addressed.

Ward attendances with a consultant, by Specialty, Hospital, HSC Trust, Programme of Care

Description of data

Data on the number of patients who attended the ward for the purpose of examination by a consultant. These data are presented by the HSC hospital at which the patient attended, which are then aggregated up to HSC Trust, in Northern Ireland. Data relate to total attendances and are not split by new and review appointments.

Data provider

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

Data quality assessment

Data are derived from a range of administrative systems. While data providers have been given guidance providing instructions for recording, collection and submission of data, the information undergoes limited validation due to the limited time series.

Guidance on using data

Separate recording of ward attendances seen by a consultant began on the QOAR in 2014/15. Whilst, ward attendances seen by a consultant were previously included in the main outpatient attendance figures, it is not possible to retrospectively identify the numbers involved. The number of ward attendances missed by the patient or cancelled by either the patient or the hospital is not collected by the Department. Attendances are recorded at the hospital to which the patient attends, and it should be noted that on occasions these ward attendances may be on a one off basis, or carried out by a consultant who has an allocated specialty of employment that is not a main outpatient service provided by the hospital.

Private patient attendances

Description of data

Data on the number of private patients who attended an outpatient appointment, with a consultant, at a HSC hospital, i.e. the patient pays a fee to be seen by the consultant, but they are seen at a Health and Social Care facility. These data are presented by the HSC hospital of attendance, which are then aggregated up to HSC Trust, in Northern Ireland. Data relate to total attendances and are not split by new and review appointments.

Data provider

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

Data quality assessment

Data are derived from a range of administrative systems. While data providers have been given in-depth guidance providing instructions for recording, collection and submission of data, the information undergoes limited validation.

Guidance on using data

Users should not confuse these data with that for patients transferred by Health and Social Care providers to the Private or Independent Sector for treatment. Data on private patient attendances relate to patients who pay a fee and attend an assessment with a Health and Social Care consultant at a Health and Social Care facility. Consultants are permitted within their contracts to assess a set number of private patients each year. Private patient attendances are included within the main outpatient activity figures and also listed separately. These columns therefore should not be added together.

Independent sector outpatient attendances, by Appointment Type, Specialty, HSC Trust, Programme of Care

Description of data

This relates to the number of health service patients who attended a consultant-led outpatient appointment 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 attendances for both new and review appointments.

Data provider

Data on HSC patients treated by an Independent Sector provider are provided on the Departmental Return IS1 Part 1 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 outpatient 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 categorised as National Statistics.

Guidance on using data

Independent Sector provision is introduced when the demand for certain types of outpatient 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 assessed and treated by an Independent Sector provider. The cost of assessing these patients is met by the transferring HSC Trust.

Appointment type – this is the number of (i) new and (ii) review outpatient appointments attended within the Independent Sector.

Specialty – this is the number of appointments attended within each medical speciality. Medical specialty is determined by the consultant in charge of the service the patient attends. Each consultant employed by an Independent Sector provider will have an allocated specialty of employment, and it will be this specialty against which the patient's attendance will be reported. These data provide a useful insight into the capacity for certain types of medical services, and can be compared to outpatient waiting times by specialty to gauge demand against this capacity.

HSC Trust – this relates to appointments attended 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.

Total Outpatient Attendances commissioned by the Health Service, by Appointment type, Specialty, HSC Trust, Programme of Care

Description of data

This relates to the number of health service patients who attended a consultant-led outpatient appointment in a Health Service hospital or within the Independent Sector. Data are presented by specialty and commissioning HSC Trust, in Northern Ireland.

Data provider

Data on patients treated within Health Service hospital are sourced directly from HSC Trusts, via the Quarterly Outpatient Activity Return (QOAR). Data on HSC patients treated by an Independent Sector provider are provided on the Departmental Return IS1 Part 1 by the HSC Board, which is responsible for the regional commissioning of independent sector provision.

Data quality assessment

Data are derived from a range of administrative systems. For data on outpatient attendances within HSC Trusts, 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 quarter and both the previous quarter, and the corresponding quarter in the previous year, being queried with the data provider. For data on outpatient attendance within the Independent Sector, 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. Independent Sector figures are not categorised as National Statistics.

Guidance on using data

These data relate to the total number of HSC patients attending an outpatient appointment irrespective of the location or provider of the treatment. This provides users with an indication of the number of patients who would previously have been on the waiting list but have been treated during the last year. Data on the total number of outpatient attendances allow users to assess the impact that the number of attendances during the year has had upon the total number of patients waiting for an outpatient appointment.

Appointment type – this is the number of (i) new and (ii) review outpatient appointments attended.

Specialty – this is the number of appointments attended within each medical speciality. Medical specialty is determined by the consultant in charge of the service the patient attends. Each consultant employed by a HSC Trust or Independent Sector provider will have an allocated specialty of employment, and it will be this specialty against which the patient's attendance will be reported. These data provide a useful insight into the capacity for certain types of medical services, and can be compared to outpatient waiting times by specialty to gauge demand against this capacity.

HSC Trust – this relates to appointments attended 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.

Integrated Clinical Assessment and Treatment Services (ICATS) attendances, by Appointment Type, Specialty, HSC Trust

Description of data

Data on the number of health service patients who attended an appointment at an Integrated Clinical Assessment and Treatment service (ICATS). ICATS are provided by integrated multi-disciplinary teams of health service professionals, including GPs with a specialist interest, specialist nurses and allied health professionals. Data are presented by the HSC Trust in which the attendance occurred. Data are split by attendances for both new and review appointments.

Data provider

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

Data quality assessment

Data are derived from a single administrative system. 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

Appointment type – this is the number of (i) new and (ii) review ICATS outpatient appointments attended.

Specialty – this is the number of appointments attended within each medical specialty. Each ICATS service will be commissioned to provide services in a specific specialty and this will determine the specialty against which the patient's attendance is reported. These data provide a useful insight into the capacity for certain types of medical services, and can be compared to ICATS waiting times by specialty to gauge demand against this capacity.

HSC Trust – this relates to appointments attended, by HSC Trust. Users should be aware that in the case of ICATS this is the HSC Trust at which the patient attends their appointment, as staff who provide services in more than one HSCT will have a separate contract with each of the HSCTs.

ICATS appointments missed by patients, by Appointment Type, Specialty, HSC Trust

Description of data

Data on the number of health service patients who missed an appointment at ICATS and did not inform the hospital or informed the hospital on the day of the appointment. These missed appointments are also known as a Did Not Attend (DNA) and are presented by the HSC Trust at which the appointment was scheduled, in Northern Ireland. Data are split by both new and review missed appointments.

Data provider

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

Data quality assessment

Data are derived largely from a single administrative system, with minor manual supplementation of data for the Urology ICATS service at the Southern HSCT. 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

These data relate to the number of patients who missed their ICATS appointment and did not inform the hospital, or informed them on the day the appointment the scheduled. These are used as an indicator of lost productivity in that the hospital is resourced at that point in time to assess a patient, but the appointment is wasted as the patient fails to attend, or fails to give appropriate notice they can't attend which prevents

another patient from being seen in the scheduled appointment slot. When assessing missed appointments, users should calculate the standardised rate of missed appointments, i.e. the DNA rate. This is calculated by: (the number of missed appointments) / (sum total of attendances and missed appointments) multiplied by one hundred. This is necessary because the number of appointments scheduled is likely to impact upon the number of missed appointments i.e. the more appointments scheduled, the more likely it will be that the number of missed appointments will increase. Consequently, any comparative analysis of missed appointments, be that year on year or speciality with speciality etc, must be undertaken as a standardised rate.

ICATS appointments cancelled by patients, by Appointment Type, Specialty, HSC Trust

Description of data

Data on the number of health service patients who cancelled an appointment at ICATS and informed the hospital that they could not attend, no later than the day before the appointment was scheduled. These data are presented by the HSC Trust at which the appointment was scheduled, in Northern Ireland. Data are split by both new and review appointments cancelled by patients.

Data provider

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

Data quality assessment

Data are derived from a single administrative system. 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 ICATS appointments cancelled by patients who informed the hospital at least the day before the appointment was scheduled that they would not be attending. By doing so, the patient allows the hospital sufficient time to utilise the scheduled appointment slot, by booking another patient into that appointment slot. Any comparison of patient cancellations must be undertaken as a standardised rate, i.e. (number of appointments cancelled by patients / sum total of attendances and appointments cancelled by patients) multiplied by one hundred, as again, changes in the number of appointments scheduled will impact upon the number of appointments cancelled by patients.

ICATS appointments cancelled by hospitals, by Appointment Type, Specialty, HSC Trust

Description of data

Data on the number of appointments for ICATS outpatient services that were cancelled by the hospital. These data are presented by the HSC Trust at which the appointment was scheduled. Data are split by both new and review appointments cancelled by hospitals.

Data provider

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

Data quality assessment

Data are derived from a single administrative system. 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

These data relate to the number of scheduled appointments cancelled by hospitals. This may be for a variety of reasons and in most cases the patient still requires assessment and will be rebooked into another appointment. These data are an indication of the loss to potential productivity within the Health and Social Care system. Any comparison of hospital cancellations must be undertaken as a standardised rate, i.e. (number of appointments cancelled by hospitals / sum total of attendances and appointments cancelled by hospitals) multiplied by one hundred, as again, changes in the number of appointments scheduled will impact upon the number of appointments cancelled by hospitals.

Appendix 7: Explanatory Notes

- 1. The data contained in this publication for consultant led outpatient activity in HSC hospitals (outpatient attendances and ward attendances) have been compiled from the Quarterly Outpatient Activity Return (QOAR), which was introduced from 1st April 2008. They refer to all HSC hospitals in Northern Ireland that provide consultant led outpatient services. The Independent Sector activity data have been compiled from the Independent Sector Part 1 (IS1 Part 1) Return, which was introduced from 1st April 2008. They refer to all activity that takes place in Independent Sector providers commissioned by the Health Service. The ICATS activity data contained in this publication have been compiled from the Quarterly ICATS Activity Return (QIAR), which was introduced from 1st April 2010. They refer to all HSC Trusts in Northern Ireland that provide ICATS activity.
- 2. In addition, annual data relating to outpatient activity during 2015/16 has also been published in spreadsheet format (Microsoft Excel), split by HSC Trust, hospital, specialty and Programme of Care, in order to aid secondary analysis. These data are available at https://www.health-ni.gov.uk/publications/hospital-statistics-outpatient-activity-statistics-201516
- 3. The number of attendances does not equate to the number of patients seen, as it is possible for the same person to attend a consultant-led outpatient service more than once during the year. This is the same when looking at missed and cancelled appointments and the reasons for cancellation, as it is possible for the same person to miss or cancel their appointment or have their appointment cancelled by the hospital more than once during the year.
- 4. Prior to 2015/16, virtual outpatient activity was included within the QOAR. During 2015/16, the HSCB developed regional guidance on the recording of virtual activity, this activity has been removed from the QOAR return and as such is not included within this publication. All terminology in this publication should therefore be taken to refer to face to face outpatient activity only.
- 5. Due to the major changes over the last two financial years, it has not been possible to provide trend data on outpatient activity in HSC hospitals during 2015/16 with previous years. HIB advise against making any comparisons across financial years.
- 6. At the beginning of 2014/15, the QOAR return was revised so that ward attendances seen by a consultant are now reported separately and are no longer included in the new and review outpatient attendance figures, as in previous years.
- 7. Data users should be aware that, whilst ward attenders had been included within outpatient attendances in previous years, the Southern HSC Trust never reported figures for ward attendances in their figures until 2014/15. Furthermore, the decision to separately record ward attenders has resulted in the increased reporting of ward attendance activity across all HSC Trusts. Therefore, readers should not attempt to add figures for ward attendances to new and review outpatient attendance figures, as this will not allow an accurate comparison of total activity for 2014/15 to previous years.
- 8. Separate recording of ward attendances seen by a consultant began on the QOAR in 2014/15. Whilst, ward attendances seen by a consultant were previously included in the main outpatient attendance figures, it is not possible to retrospectively identify the numbers involved. Therefore, figures for ward attendances are only available from 2014/15.
- 9. All attendances with a consultant at a ward are counted together, whether it is the first time the patient has seen the consultant or it is a follow up appointment. Prior to 2014/15, ward attendances were separated into either new and review attendances and included within outpatient attendances. However, due to the nature of ward attendances, the majority of these would have been review

- appointments. This should be taken into consideration when looking at the change in new and review outpatient attendances across the years.
- 10. Due to the changes in the recording of ward attenders from 2014/15 and virtual outpatient activity from 2015/16, it is not possible to compare the number of missed and cancelled appointments across the years. The removal of ward attenders from the outpatient attendance figures and removal of virtual outpatient activity will have an effect on the calculation of any associated DNA, CNA and hospital cancellation rates and should not be compared across the years.
- 11. Independent sector figures are presented separately to outpatient attendances within HSC hospitals. Since collection of this data began, all attendances within the Independent Sector have been in the Acute Services Programme of Care.
- 12. During 2015/16, outpatient activity for Mental Illness (Specialty 710) and Old Age Psychiatry (Specialty 715) within the Belfast City and Musgrave moved administration systems from being recorded on PAS to PARIS. These specialties were reclassified from a consultant led service to a Multi Disciplinary service and therefore are no longer reported in this publication.
- 13. Within the South Eastern HSC Trust, the number of missed and cancelled review appointments is not available for Accident and Emergency (Specialty 180) in Downe and Lagan Valley Hospitals, and for T & O Surgery (Specialty 110) in Lagan Valley Hospital. This is due to limitations of the eEms system.
- 14. For Genito-Urinary Medicine (Specialty 360), information on missed and cancelled appointments was unavailable, except in the Western HSC Trust, which was able to report on the number of DNAs.
- 15. Private patient attendances are included within the main outpatient activity figures and also listed separately. These columns therefore should not be added together.
- 16. One-off clinics: During 2015/16, the Northern HSC Trust held a number of one off clinics to help reduce the backlog in the number of patients waiting. The specialties affected were Pain management (Specialty 191) in Waveney and Whiteabbey, Gastroenterology (Specialty 301) in Waveney and Neurology (Specialty 400) in both Moyle and Waveney.
- 17. New Service: During 2015/16, a new Gastroenterology service (Specialty 301) in Moyle was set up in Northern HSC Trust. A Thoracic Medicine service (Specialty 340) was set up in Southern HSC Trust at Banbridge.
- 18. Relocation: During 2015/16, a number of services/elements of a service were relocated between hospitals within the Southern Trust. The specialties affected include Pain Management (Specialty 191) and General Medicine (Specialty 300). A similar process of relocation took place in the Northern HSC Trust, with elements of the Orthodontics service (Specialty 143) moving from Waveney to Antrim.
- 19. The variable 'reason for cancellation' was introduced in 2008/09 as experimental statistics and was only made mandatory for completion from March 2013. Following this decision, an audit of the reasons for cancellation was undertaken and updated methodology was put in place from 1st July 2013. All HSC Trusts implemented this methodology from 1st July 2013. Data users should be aware of this when comparing data across the years.

- 20. Reclassification of services: During 2015/16, the General Medicine service (Specialty 300) was reclassified and is now recorded under the Gastroenterology service (Specialty 301) in Armagh Community.
- 21. From 1st April 2010, a number of Integrated Clinical Assessment and Treatment Services (ICATS) were officially introduced within the HSC. ICATS is the term used for a range of outpatient services for patients, which are provided by integrated multi-disciplinary teams of health service professionals, including GPs with a special interest, specialist nurses and allied health professionals. They are provided in a variety of primary, community and secondary care settings and they include assessment, treatment, diagnostic and advisory services. An appointment at ICATS is known as a Tier 2 appointment.
- 22. Discontinued: During 2015/16, Urology (Specialty 101) and Dermatology (Specialty 330) were gradually phased out as ICATS services in the Southern HSC Trust. The ENT service (Specialty 120) in the Western HSC Trust ceased at the end of 2014/15, however a number of ICATS clinics already booked had to be cancelled during the first quarter of 2015/16. From the quarter ending September 2014, ENT activity in the South Eastern HSC Trust which is carried out by a specialist nurse is no longer counted as an ICATS service, but instead is classified as nurse-led activity. As such the only activity under this specialty is hospital cancellations.

Further information on Outpatient Activity in Northern Ireland, is available from:

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