

INFORMATION
ANALYSIS
DIRECTORATE



Hospital Statistics:

Outpatient Activity Statistics 2017/18



Department of
Health

An Roinn Sláinte
Máinnystrie O Poustie
www.health-ni.gov.uk

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 2018. 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:
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Outpatient Activity in Northern Ireland, 2017/18



1,456,651
appointments at consultant led outpatient services



128,407
appointments missed by patients

191,803
appointments cancelled by patients



166,238
appointments cancelled by the hospital

Key Points

- During 2017/18, there were 466,823 new and 989,828 review attendances at consultant led outpatient services within HSC hospitals in Northern Ireland (Tables 1a & 1b).
- Patients missed a total of 128,407 appointments during 2017/18, giving a Did Not Attend (DNA) rate of 8.1 (Figure 3, Tables 1a & 1b).
- Patients cancelled 191,803 appointments during 2017/18, giving a Could Not Attend (CNA) rate of 11.6 (Figure 6, Tables 1a & 1b).
- During 2017/18, hospitals cancelled 166,238 appointments, giving a hospital cancellation rate of 10.2 (Figure 9, Tables 1a & 1b).
- During 2017/18, 10,643 patients attended an appointment with an Independent Sector Provider, which was commissioned by the Health Service (Tables 1a & 1b).
- During 2017/18, there were 116,292 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 Committee for Health, 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 eighth 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 one decimal place 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 three 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 since 2014/15, it has only been possible to provide trend data on outpatient activity in HSC hospitals from 2015/16 onwards. HIB advise against making any further comparisons across financial years prior to 2015/16.

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 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 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 DoH'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 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-201718>

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

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 2017/18.

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 Department of 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.

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 three 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 these major changes, it has only been possible to provide trend data on outpatient activity in HSC hospitals from 2015/16 onwards. HIB advise against making any further comparisons across financial years.

Attendances in HSC Hospitals¹

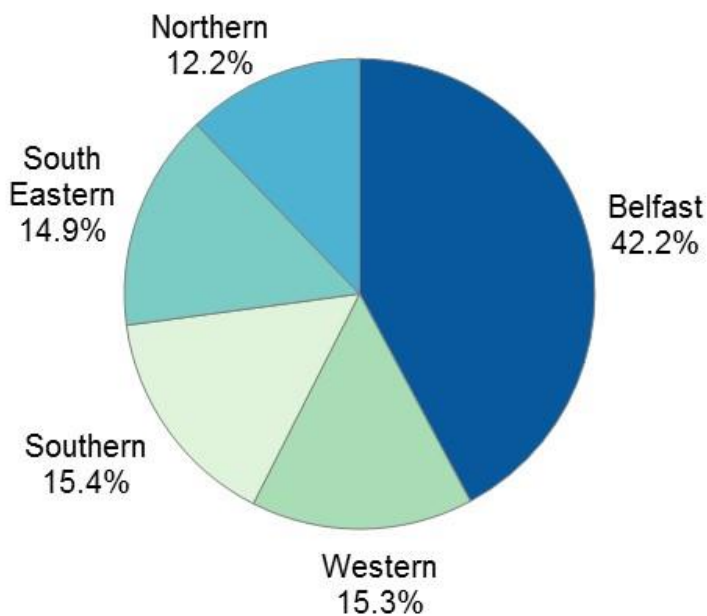
Financial Year 2017/18

During 2017/18, a total of 1,456,651 attendances took place at consultant led outpatient services within HSC hospitals in Northern Ireland. Of those who attended in 2017/18, 32.0% (466,823) were new attendances, with the remaining 68.0% (989,828) 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). This compares with 1,507,735 attendances during 2016/17; 32.1% (484,635) or which were new attendances, with the remaining 67.9% (1,023,100) being review attendances.

Attendances in HSC Hospitals by HSC Trust

Over two fifths (42.2%, 614,544) of the attendances in HSC hospitals were in the Belfast HSC Trust, 15.4% (224,455) in the Southern HSC Trust, 15.3% (222,450) in the Western HSC Trust, 14.9% (217,682) in the South Eastern HSC Trust and 12.2% (177,520) 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 (2017/18)



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 5 – 10) for information on changes to recording of virtual activity and ward attendances.

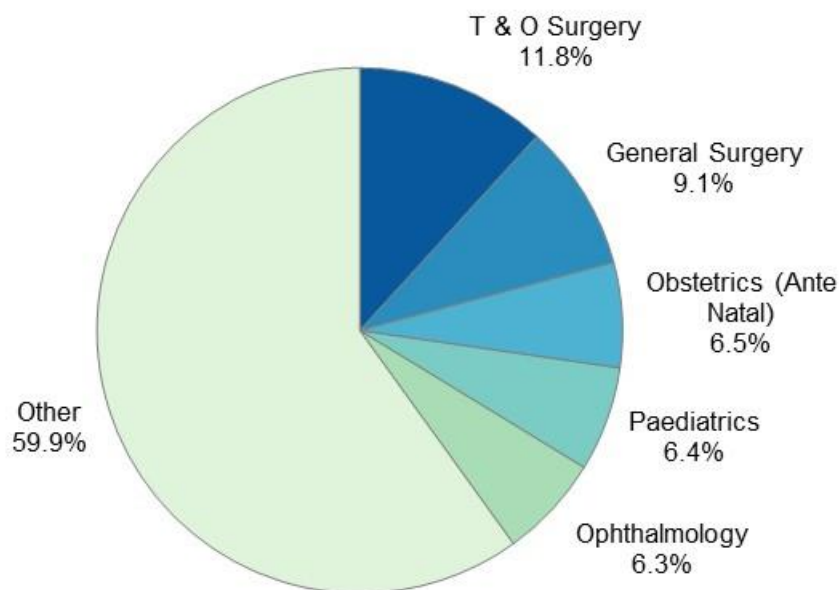
² Refer to Appendix 1: Specialties of consultant led outpatient services provided in each hospital during 2017/18.

Attendances in HSC Hospitals by Programme of Care and Specialty

In 2017/18, 9 out of 10 attendances (90.4%, 1,316,911) were within the Acute Services Programme of Care, followed by the Maternity and Child Health (6.5%, 94,281), Elderly Care (2.0%, 28,529), Mental Health, (0.8%, 11,015) and Learning Disability (0.4%, 5,915) Programmes of Care (Table 1a)³.

In 2017/18, over two fifths (40.1%, 583,569) of the 1,456,651 attendances were within the five specialties: T & O Surgery, General Surgery, Obstetrics (Ante Natal), Paediatrics and Ophthalmology (Figure 2 & Table 3a)².

Figure 2: Total number of attendances at consultant led outpatient services in Northern Ireland, by specialty (2017/18)



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 only possible to compare the number or rate of missed appointments from 2015/16 onwards.

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.

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 2017/18.

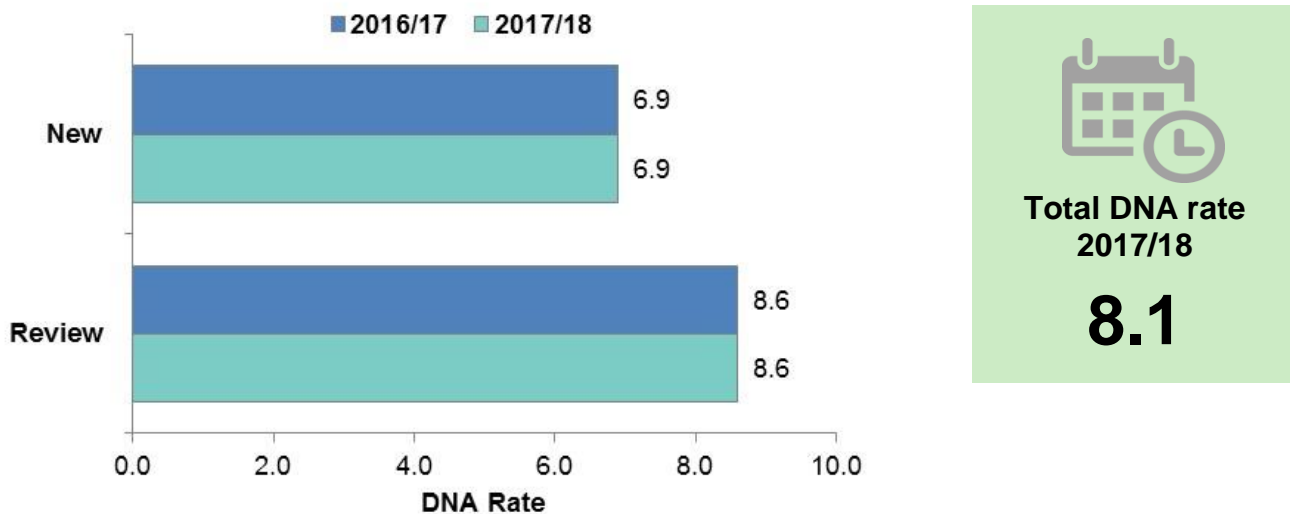
³ Refer to Appendix 4: Hospital Specialties by Programme of Care.

Financial Year 2017/18

A total of 128,407 outpatient appointments were missed during 2017/18, equating to a DNA rate of 8.1, which was the same as the rate of 8.1 for 2016/17 (Figure 3 & Tables 1a & 1b).

The DNA rate of 8.6 for review appointments was higher than the rate of 6.9 for new appointments during 2017/18. The respective rates were the same during 2016/17 (Figure 3).

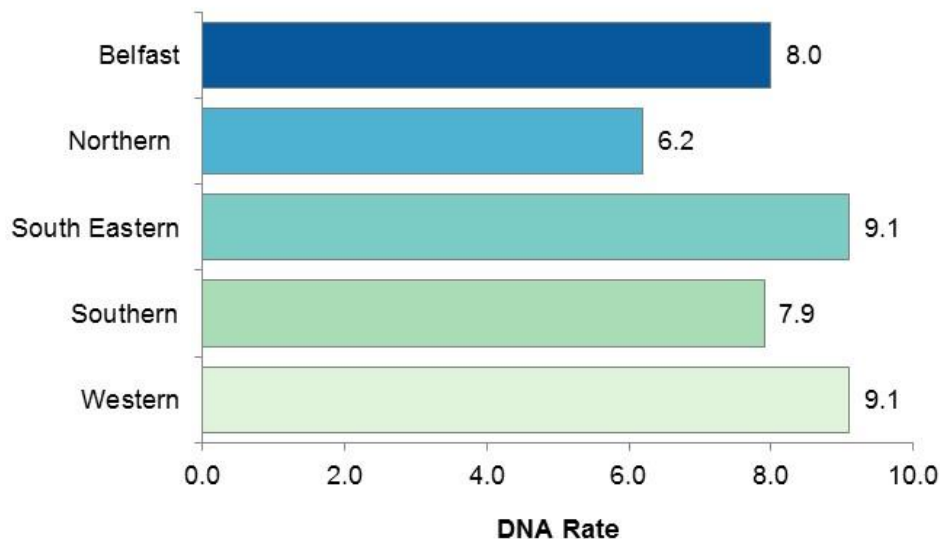
Figure 3: New and review DNA rates at consultant led outpatient services in Northern Ireland (2016/17 and 2017/18)



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

During 2017/18, the Western and South Eastern HSC Trusts had the highest DNA rate, with a rate of 9.1, followed by a rate of 8.0 in the Belfast HSC Trust, 7.9 in the Southern HSC Trust and 6.2 in the Northern HSC Trust (Figure 4 & Table 1b).

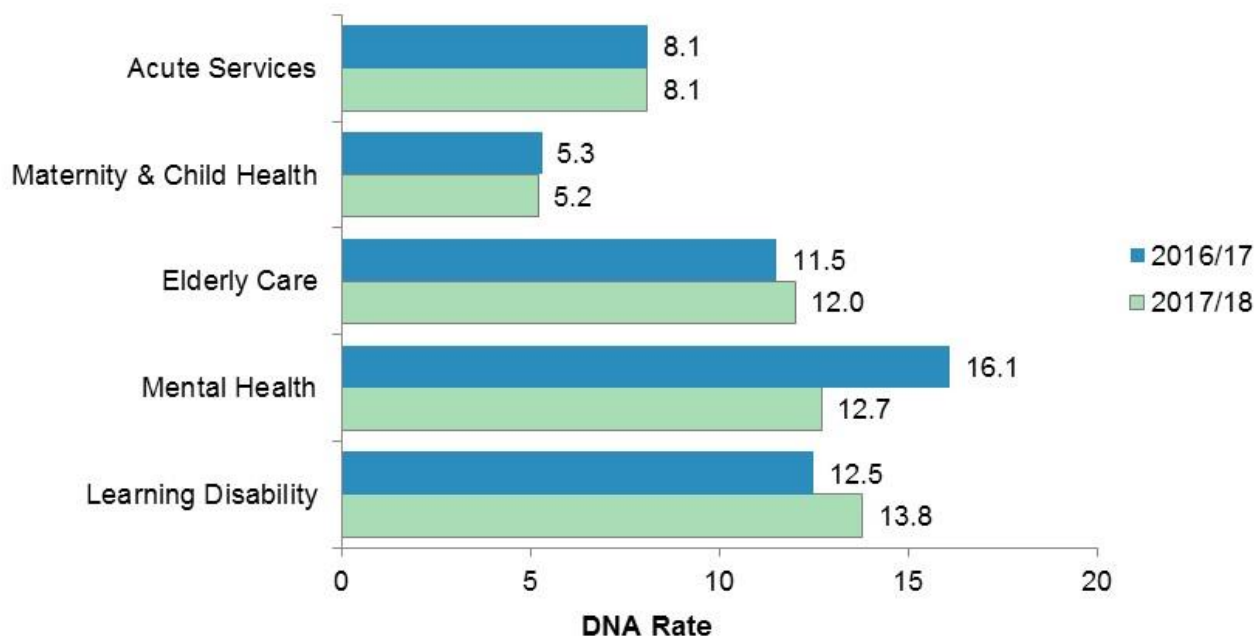
Figure 4: Total DNA rates at consultant led outpatient services in Northern Ireland, by HSC Trust (2017/18)



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

The Programme of Care with the highest DNA rate during 2017/18 was Learning Disability (13.8), followed by Mental Health with a rate of 12.7, Elderly Care (12.0), Acute Services (8.1) and Maternity and Child Health (5.2) (Figure 5 & Table 1a).

Figure 5: Total DNA rates at consultant led outpatient services in Northern Ireland, by Programme of Care (2016/17 and 2017/18)



During 2017/18, the five specialties with the highest DNA rates were the Accident and Emergency specialty with a rate of 23.7, followed by Old Age Psychiatry (19.3), Paediatric Dentistry (18.6), Learning Disability (13.8), and Obstetrics (Post Natal) (13.3). (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 only possible to compare the number or rate of cancelled appointments from 2015/16 onwards.

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.

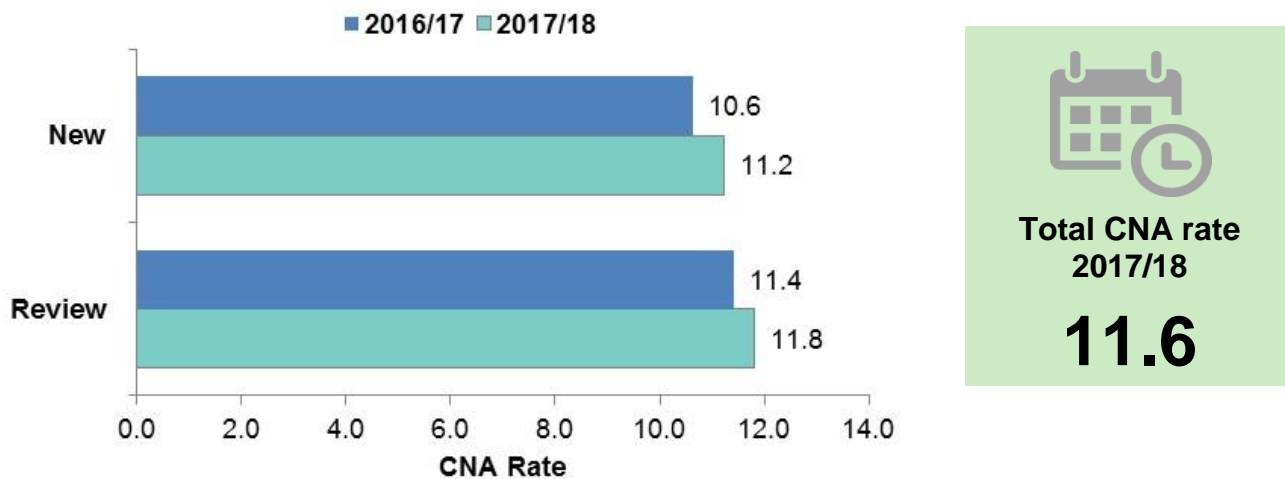
¹ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 – 10 & 12 – 18.

Financial Year 2017/18

Patients cancelled a total of 191,803 outpatient appointments during 2017/18, equating to a CNA rate of 11.6, which was higher than the rate of 11.2 for 2016/17 (Figure 6 & Tables 1a & 1b).

During 2017/18, the CNA rate of 11.8 for review appointments was higher than the CNA rate of 11.2 for new appointments. This compared with respective rates of 11.4 and 10.6 during 2016/17 (Figure 6).

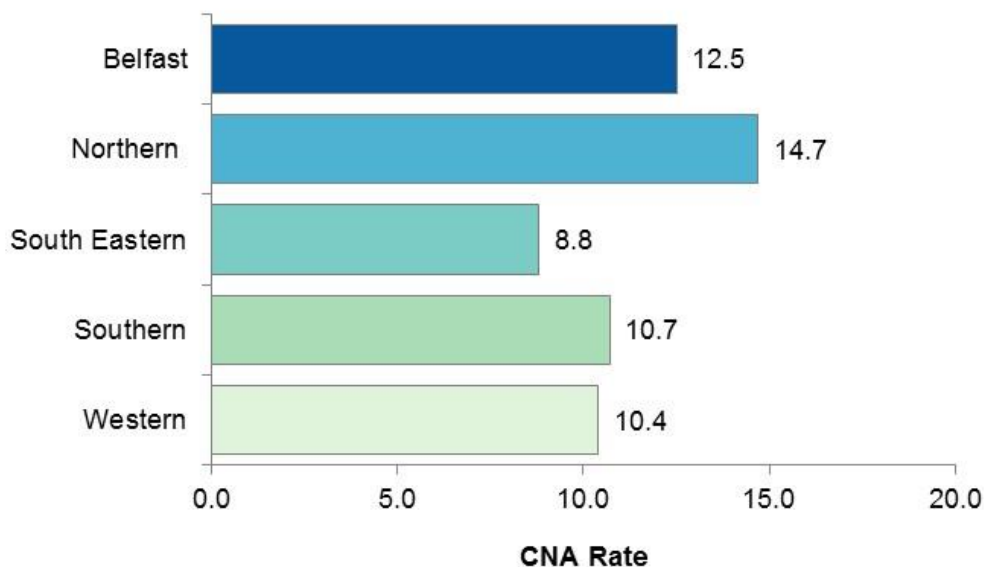
Figure 6: New and review CNA rates at consultant led outpatient services in Northern Ireland (2016/17 and 2017/18)



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

The Northern HSC Trust had the highest CNA rate during 2017/18, with a rate of 14.7, followed by a rate of 12.5 in the Belfast HSC Trust, 10.7 in the Southern HSC Trust, 10.4 in the Western HSC Trust and 8.8 in the South Eastern HSC Trust (Figure 7 & Table 1b).

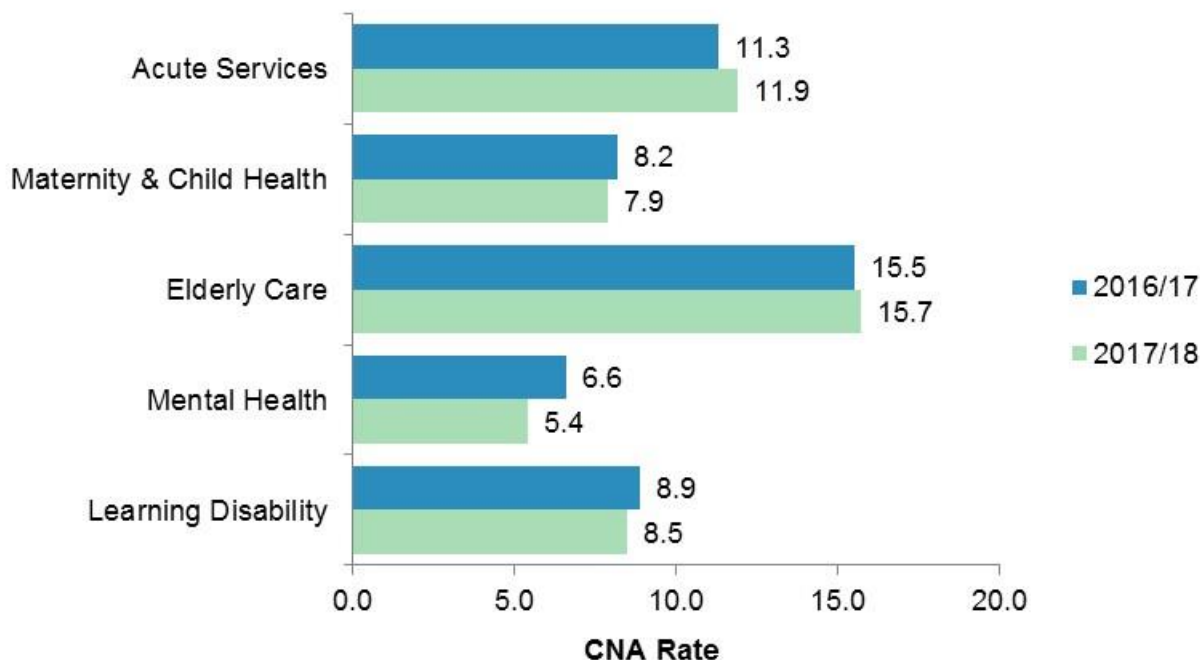
Figure 7: Total CNA rates at consultant led outpatient services in Northern Ireland, by HSC Trust (2017/18)



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

The Programme of Care with the highest CNA rate in 2017/18 was Elderly Care with a rate of 15.7, followed by the Acute Services Programme of Care with a rate of 11.9, Learning Disability (8.5), Maternity and Child Health (7.9) and Mental Health (5.4) (Figure 8 & Table 1a).

Figure 8: Total CNA rates at consultant led outpatient services in Northern Ireland, by Programme of Care (2016/17 and 2017/18)



During 2017/18, the five specialties with the highest CNA rates were Chemical Pathology with a rate of 21.5, followed by Paediatric Dentistry (20.7), Dental Medicine (20.3), Restorative Dentistry (20.0) and Old Age Psychiatry (19.5) (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.

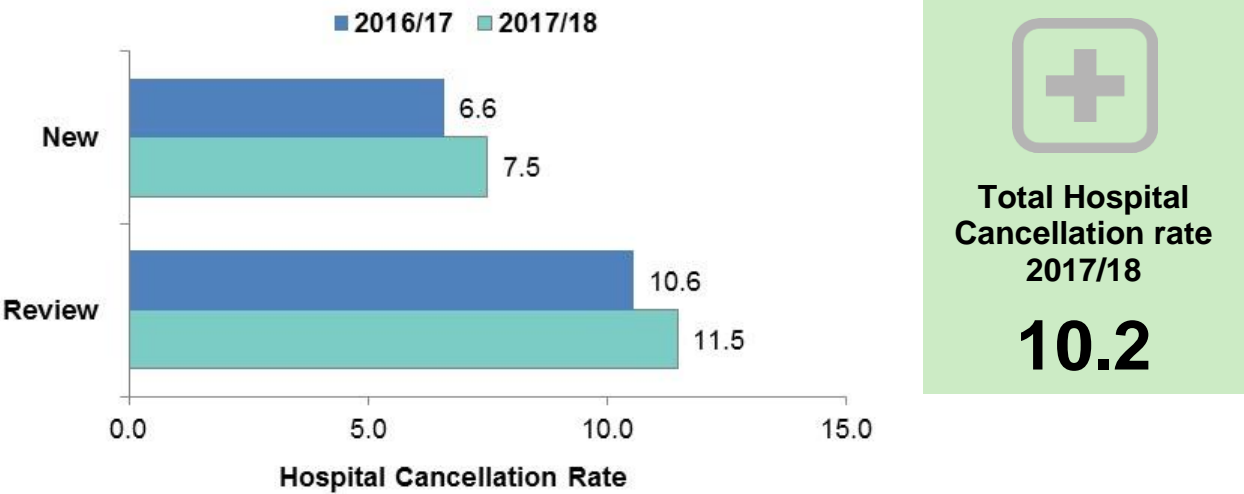
Financial Year 2017/18

Hospitals cancelled a total of 166,238 outpatient appointments during 2017/18, equating to a Hospital Cancellation rate of 10.2, which was higher than the rate of 9.3 in 2016/17 (Figure 9 & Tables 1a & 1b).

The Hospital Cancellation rate of 11.5 for review appointments was higher than the comparable rate of 7.5 for new appointments. This compared to respective rates of 10.6 and 6.6 during 2016/17 (Figure 9).

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

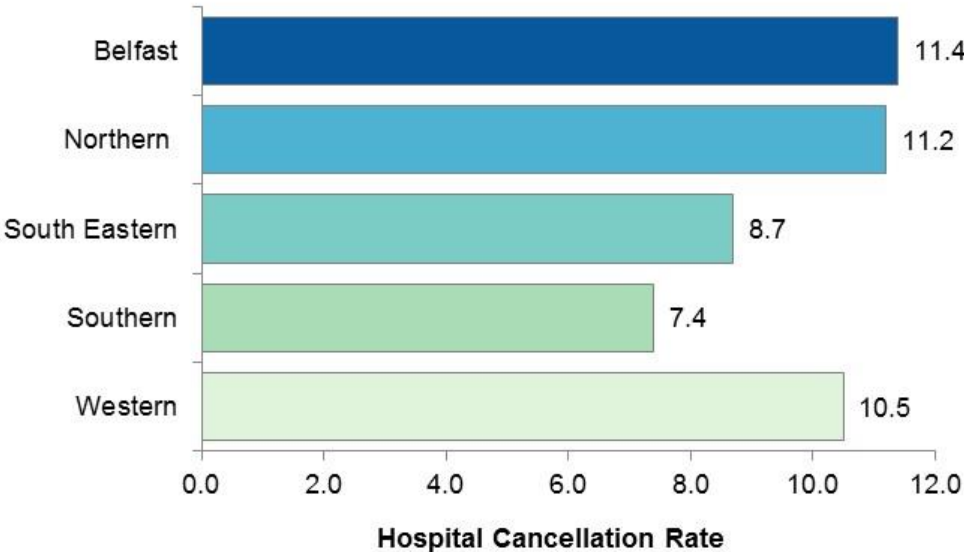
Figure 9: New and review hospital cancellation rates at consultant led outpatient services in Northern Ireland (2016/17 and 2017/18)



Hospital Cancellations by HSC Trust

The Belfast HSC Trust had the highest Hospital Cancellation rate during 2017/18, with a rate of 11.4, followed by a rate of 11.2 in the Northern HSC Trust, 10.5 in the Western HSC Trust, 8.7 in the South Eastern HSC Trust and 7.4 in the Southern HSC Trust (Figure 10 & Table 1b).

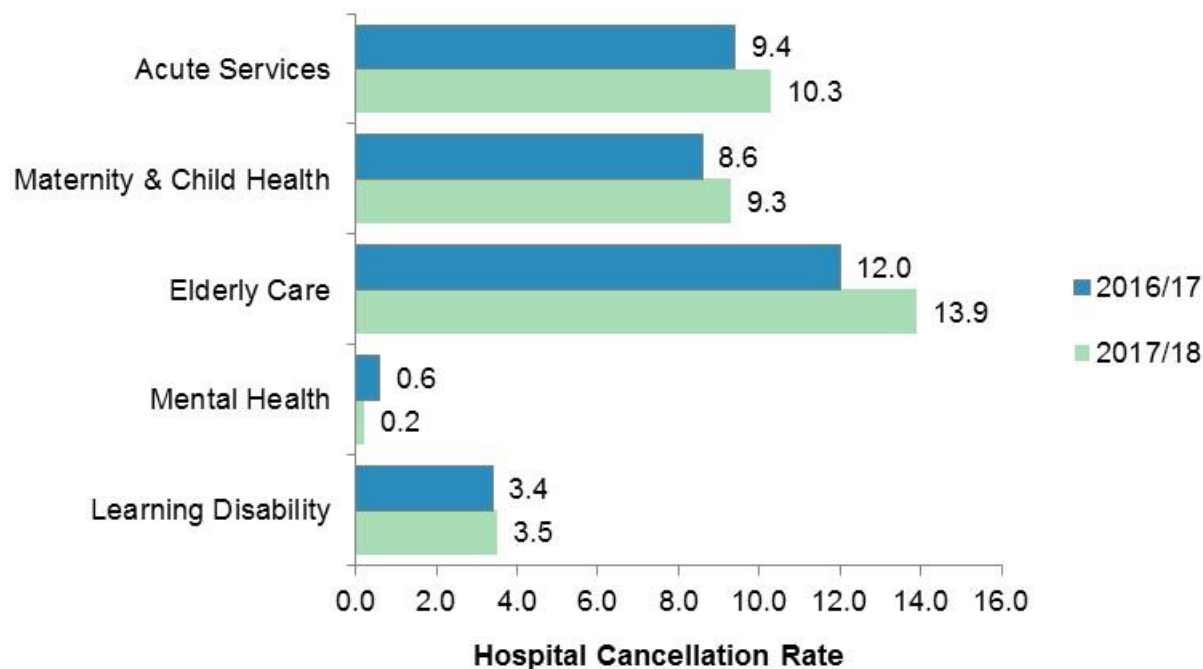
Figure 10: Total Hospital Cancellation rates at consultant led outpatient services in Northern Ireland, by HSC Trust (2017/18)



Hospital Cancellations by Programme of Care and Specialty

The Programme of Care with the highest Hospital Cancellation rate in 2017/18 was Elderly Care (13.9), followed by the Acute Services Programme of Care with a rate of 10.3, Maternity and Child Health (9.3), Learning Disability (3.5) and Mental Health (0.2) (Figure 11 & Table 1a).

Figure 11: Total hospital cancellation rates at consultant led outpatient services in Northern Ireland, by Programme of Care (2016/17 and 2017/18)



The five specialties with the highest Hospital Cancellation rates during 2017/18 were Cardiac Surgery with a rate of 20.4, followed by Thoracic Surgery (20.3), Neurosurgery (19.7), Clinical Oncology (17.3) and Paediatric Surgery (16.5) (Table 3a).

Reason for Cancellation⁴

The variable 'reason for cancellation' was introduced in 2008/09 as an experimental statistic 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 358,041 appointments cancelled by the patient or hospital during 2017/18, 3.2% 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).

⁴ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1, 3, 10, 13 & 19.

Over three quarters of patients with no reason recorded (80.5%) 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 160,636 appointments cancelled by the hospital with a reason for cancellation provided (96.6%). Of these, 36.7% (58,995) were because of the reason 'Consultant unavailable'. This was the most frequent reason in all 5 Trusts. The reason 'Consultant unavailable' was the most frequent reason in 27 of the 45 specialties that had activity recorded during 2017/18 (Table 2c & 3c).

Readers should note that not all hospital cancellations will necessarily result in an impact for the patient. There were 186,121 appointments cancelled by the patient with a reason provided. Of these, the majority 91.4% (170,189) 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 specialty. For Child and Adolescent Psychiatry no cancellations were recorded (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. From 2014/15 onwards, all ward attendances with a consultant, whether for a new or review appointment, are counted together.

Financial Year 2017/18

During 2017/18, there were 55,016 ward attendances seen by a consultant, compared with 58,178 during 2016/17 (Tables 1a & 1b).

Ward Attendances by HSC Trust

Belfast HSC Trust accounted for 34.4% (18,917) of ward attendances in Northern Ireland during 2017/18, followed by the Northern HSC Trust with 25.1% (13,829), Southern HSC Trust with 22.9% (12,579), Western HSC Trust with 15.9% (8,758) and the South Eastern HSC Trust with 1.7% (933) (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.

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

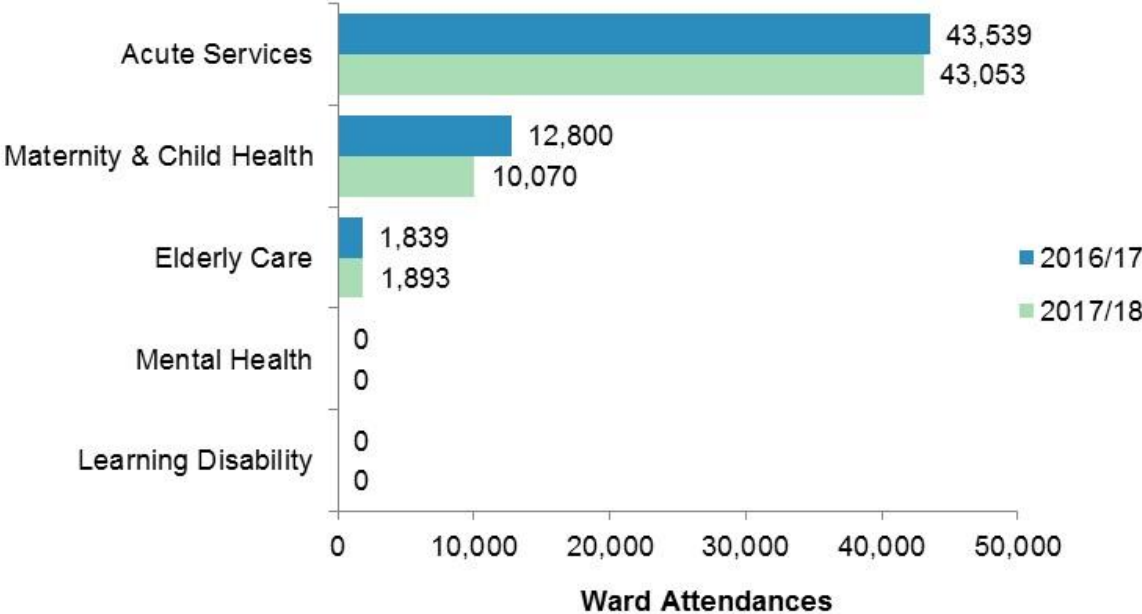
Figure 12: Total number of ward attendances at consultant led outpatient services in Northern Ireland, by HSC Trust (2017/18)



Ward Attendances by Programme of Care

Just over three quarters of ward attendances (78.3%, 43,053) were in the Acute Services Programme of Care, followed by Maternity and Child Health (18.3%, 10,070) and Elderly Care (3.4%, 1,893). 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, by Programme of Care (2016/17 and 2017/18)



Activity in the Independent Sector⁶

The number of patients attending outpatient appointments within the Independent Sector (IS), 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.

Data on 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 2017/18

During 2017/18, 10,643 Health Service patients were seen at Independent Sector providers in Northern Ireland. This was a decrease of 56.5% (13,802) on the number seen during the previous year (24,445) (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 patients awaiting diagnostics tests, treatment in cardiac surgery or treatment for 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.

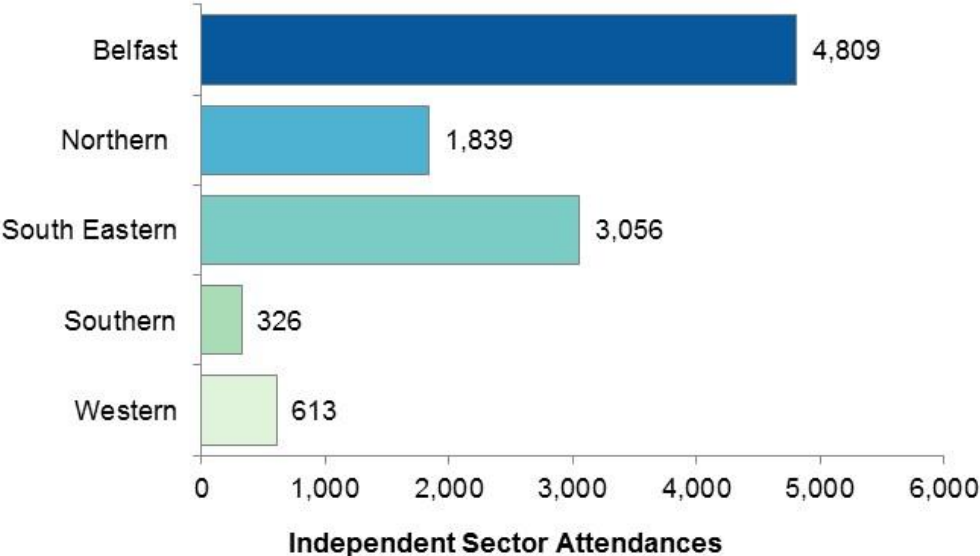
In order to minimise the increase in waiting times, the Health and Social Care Board allocated the majority of the limited amount of non-recurrent funding available for elective care in 2017/18 to enable HSC Trusts to undertake additional in house outpatient activity, with the balance used to send patients to the independent sector for treatment. This funding has been utilised to target those areas where additional elective activity would have the greatest impact in addressing patient safety issues and long waiting times⁷.

Activity in the Independent Sector by HSC Trust

Almost half (45.2%, 4,809) of all Independent Sector attendances during 2017/18 were in Belfast HSC Trust, followed by 28.7% (3,056) in South Eastern HSC Trust, 17.3% (1,839) in Northern HSC Trust, 5.8% (613) in Western HSC Trust and 3.1% (326) in the Southern HSC Trust (Figure 14 & Tables 1b & 55).

⁶ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 – 3 & 11.

Figure 14: Total number of outpatient attendances in the Independent Sector in Northern Ireland, by HSC Trust (2017/18)

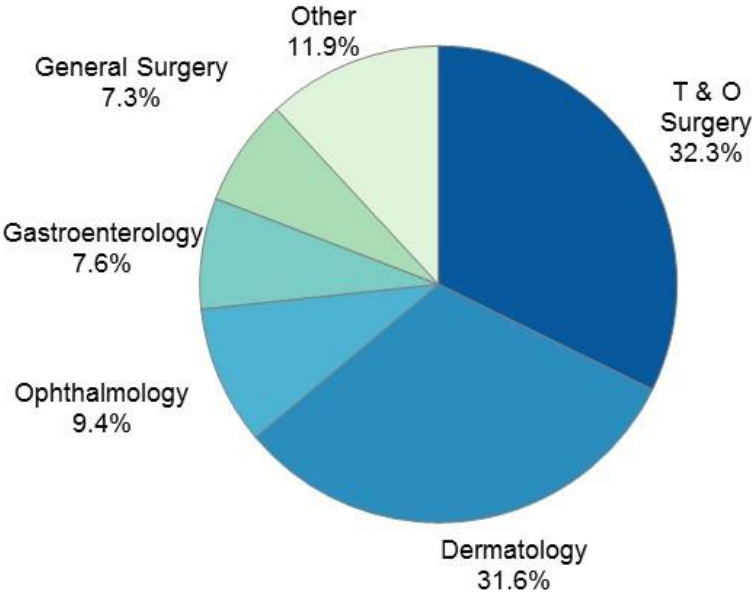


Readers should note that whilst Independent Sector attendances are reported by commissioning HSC Trust (the HSC Trust responsible for the patient’s waiting time), this may not necessarily be the patient’s Trust of Residence. It is therefore not possible to accurately calculate the number of patient attendances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

Activity in the Independent Sector by Specialty

In 2017/18, over four fifths (88.1%, 9,380) of the 10,643 independent sector attendances were within the five specialties: T & O Surgery, Dermatology, Ophthalmology, Plastic Surgery and General Surgery (Figure 15 & Table 55).

Figure 15: Total number of outpatient attendances in the Independent Sector in Northern Ireland, by Specialty (2017/18)



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 three financial years, it has only been possible to provide trend data on outpatient activity in HSC hospitals from 2015/16 onwards.

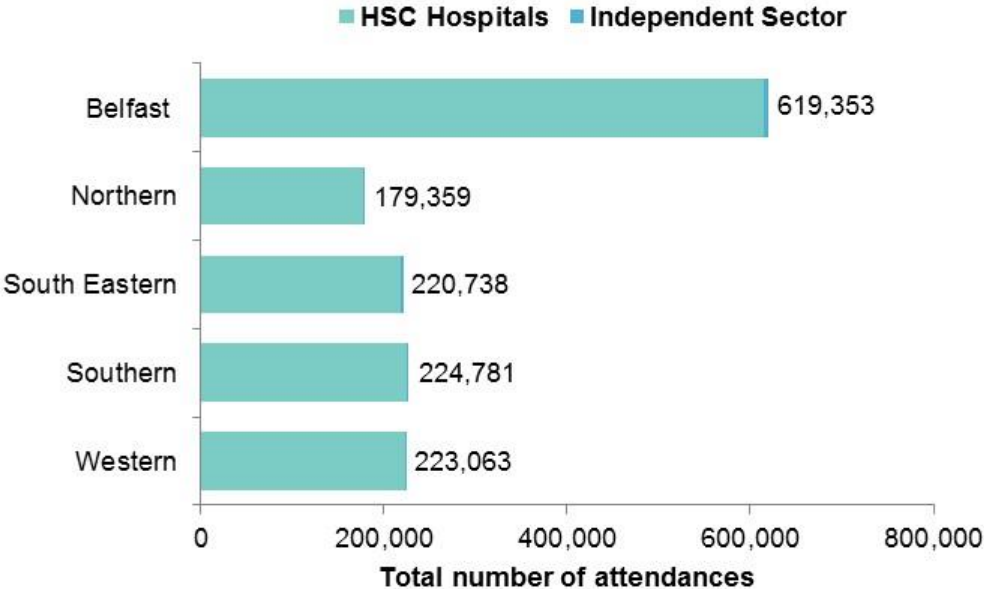
Financial Year 2017/18

When the total number of attendances commissioned by the Health Service within the Independent Sector in 2017/18 (10,643) is combined with that for outpatients attending an appointment in Health Service hospitals during the same period (1,456,651), a total of 1,467,294 patients were seen at consultant led outpatient services in Northern Ireland commissioned by the Health Service. This was a decrease of 64,886 (4.2%) on the number seen in 2016/17 (1,532,180) (Tables 1a & 1b).

Total Attendances Commissioned by the Health Service by HSC Trust

Over two fifths 42.2% (619,353) of all attendances commissioned by the Health Service for 2017/18 occurred in the Belfast HSC Trust. This was followed by the Southern HSC Trust with 15.3% (224,781), Western HSC Trust with 15.2% (223,063), South Eastern HSC Trust with 15.0% (220,738) and the Northern HSC Trust with 12.2% (179,359) (Figure 16 & Tables 1b).

Figure 16: Total number of outpatient attendances including Independent Sector activity, by HSC Trust (2017/18)



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

Total Attendances Commissioned by the Health Service by Specialty

In 2017/18, the five specialties with the highest number of attendances were T & O Surgery (11.9%, 174,866), General Surgery (9.0%, 132,733), Obstetrics (Ante Natal) (6.4%, 94,052), Paediatrics (6.4%, 93,912) and Ophthalmology (6.4%, 93,220) (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 2017/18

During 2017/18, 116,292 attendances took place at ICATS in Northern Ireland. This figure remained steady compared with the 116,336 seen in 2016/17 (Table 56).

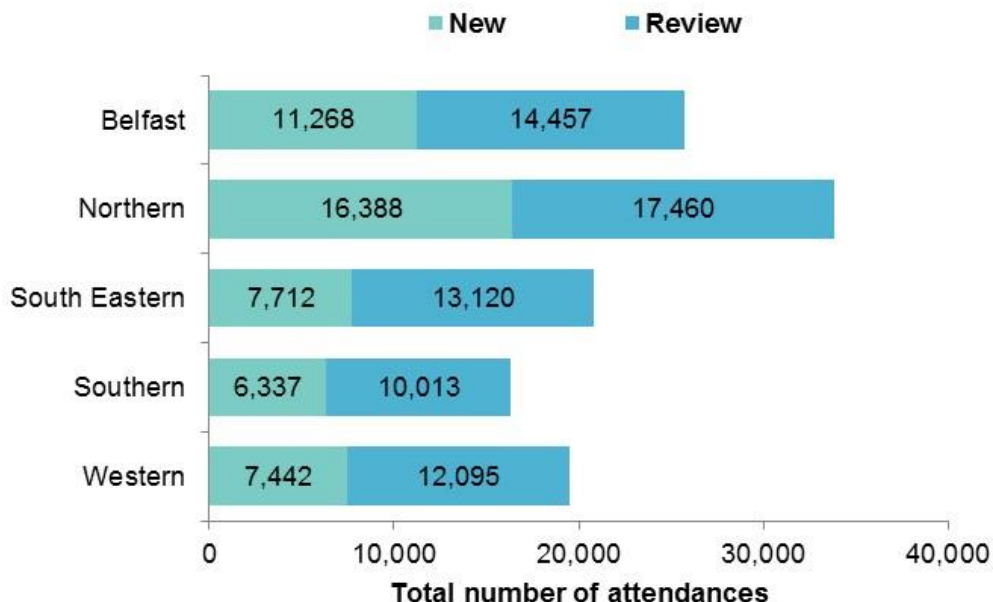
Of the 116,292 patients seen during 2017/18, 42.3% (49,147) were new attendances, with the remaining 57.7% (67,145) being review attendances. This equated to a new to review ratio of 1:1.4, meaning that for every patient attending a new ICATS appointment, there were 1.4 that attended a review appointment. This was the same as the ratio reported for the previous year (Table 56).

ICATS Attendances by Trust and Specialty

Over one quarter (29.1%, 33,848) of the total ICATS attendances in Northern Ireland during 2017/18 occurred in the Northern HSC Trust. This was followed by the Belfast HSC Trust with 22.1% (25,725), South Eastern HSC Trust with 17.9% (20,832), Western HSC Trust with 16.8% (19,537) and Southern HSC Trust with 14.1% (16,350) (Figure 17 & Table 56).

⁸ Refer to Appendix 5: Definitions and Appendix 7: Explanatory Notes 1 – 3 & 20 – 21.

Figure 17: Total ICATS attendances in Northern Ireland, by HSC Trust (2017/18)



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 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.

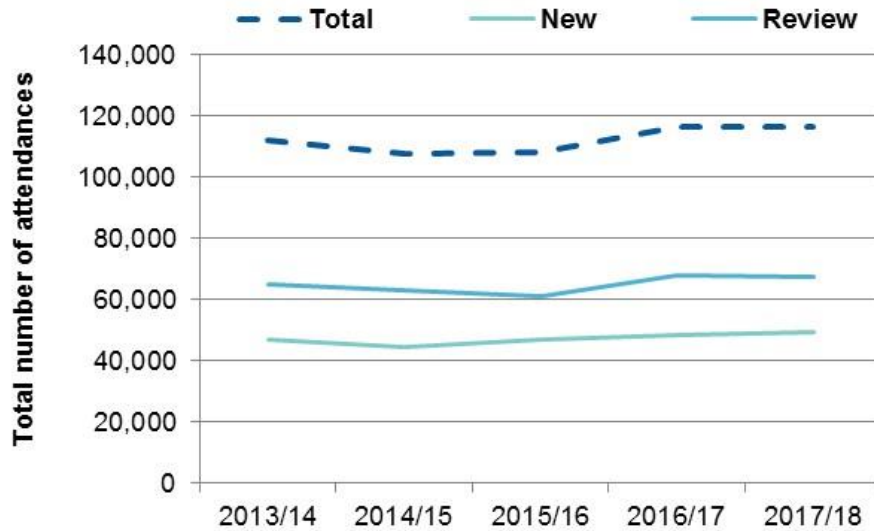
Almost two thirds (65.3%) of ICATS attendances were within the T & O Surgery specialty, followed by Ophthalmology (16.1%), Dermatology (9.1%), ENT (6.2%), Cardiology (2.0%) and Urology (1.3%) (Table 58).

5 Year Trend

The number of patients seen at ICATS in 2017/18 was 3.9% (4,386) more than the 111,906 seen in 2013/14 (Figure 18 & Table 56).

⁹ Refer to Appendix 2: Specialties of Integrated Clinical Assessment and Treatment Services (ICATS) provided in each HSC Trust during 2017/18.

Figure 18: Total attendances at ICATS in Northern Ireland (2013/14 - 2017/18)



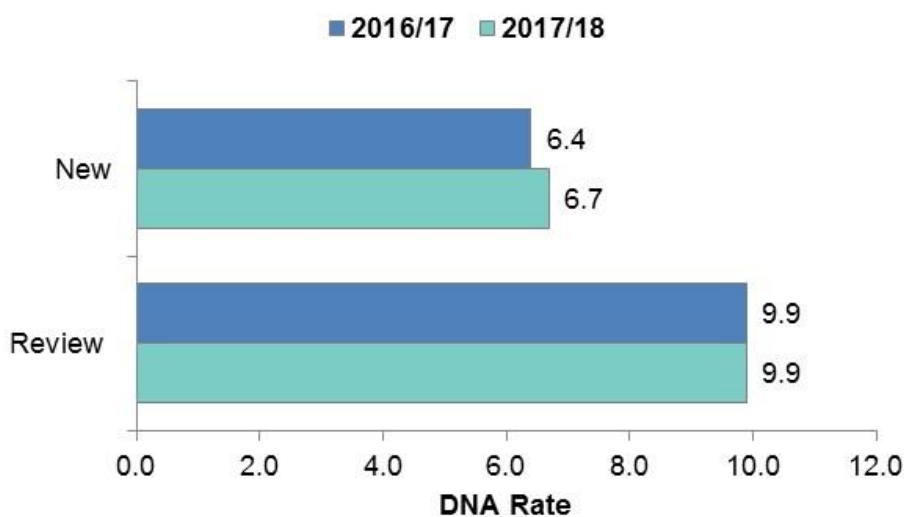
Missed ICATS Appointments / Did Not Attends (DNA)

Financial Year 2017/18

Patients missed a total of 10,944 ICATS appointments during 2017/18, which equated to a DNA rate of 8.6, compared to a DNA rate of 8.5 reported for 2016/17 (Figure 19 & Table 56).

There were 3,547 new appointments missed, compared to 7,397 review appointments during 2017/18. This meant that the review DNA rate of 9.9 was higher than the comparable rate of 6.7 for new appointments. This is compared with respective rates of 9.9 and 6.4 during 2016/17 (Figure 19).

Figure 19: New and review DNA rates at ICATS services in Northern Ireland (2016/17 and 2017/18)



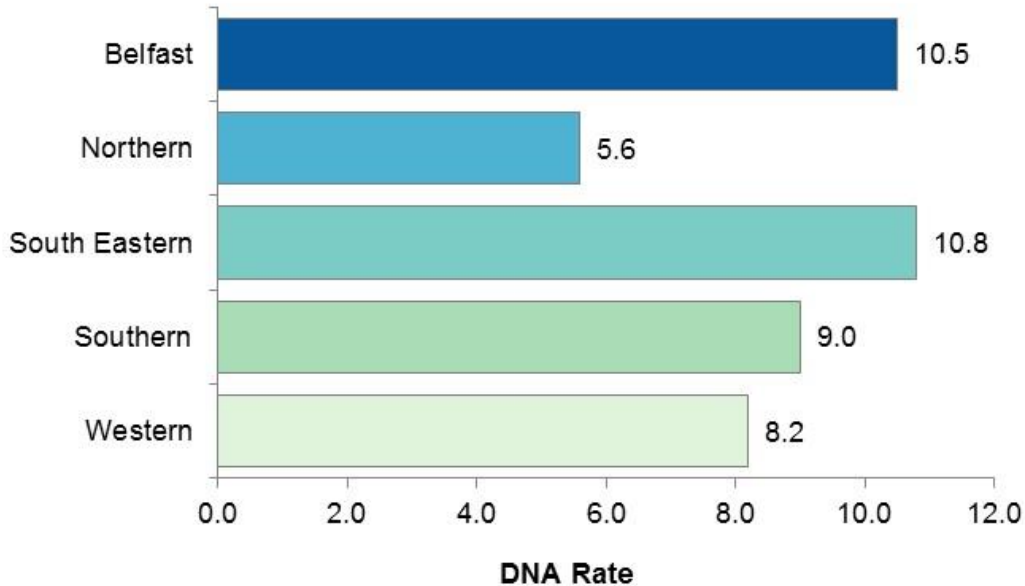
**Total DNA rate
2017/18**

8.6

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

During 2017/18, the South Eastern Trust had the highest DNA rate at 10.8, followed by a rate of 10.5 in the Belfast HSC Trust, 9.0 in the Southern HSC Trust, 8.2 in the Western HSC Trust and 5.6 in the Northern HSC Trust (Figure 20 & Table 56).

Figure 20: Total DNA rates at ICATS services in Northern Ireland, by HSC Trust (2017/18)

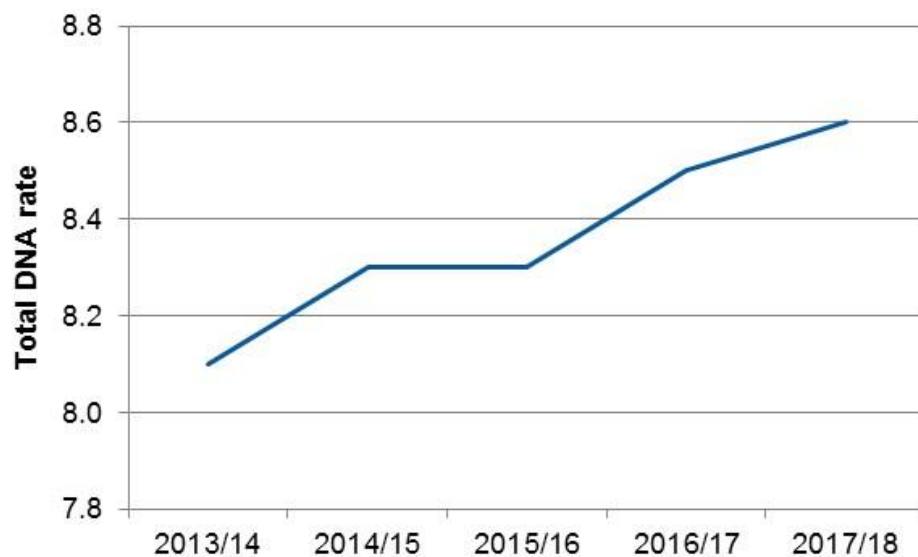


The specialties with the highest DNA rate during 2017/18 were Dermatology, Urology and Cardiology with a rate of 9.5; followed by T & O Surgery with a rate of 9.2, ENT (8.1) and Ophthalmology (5.7) (Table 58).

5 Year Trend

The DNA rate of 8.6 for 2017/18 is higher than the comparable rate of 8.1 reported for 2013/14 (Figure 21 & Table 56).

Figure 21: Total DNA rates at ICATS services in Northern Ireland (2013/14 - 2017/18)



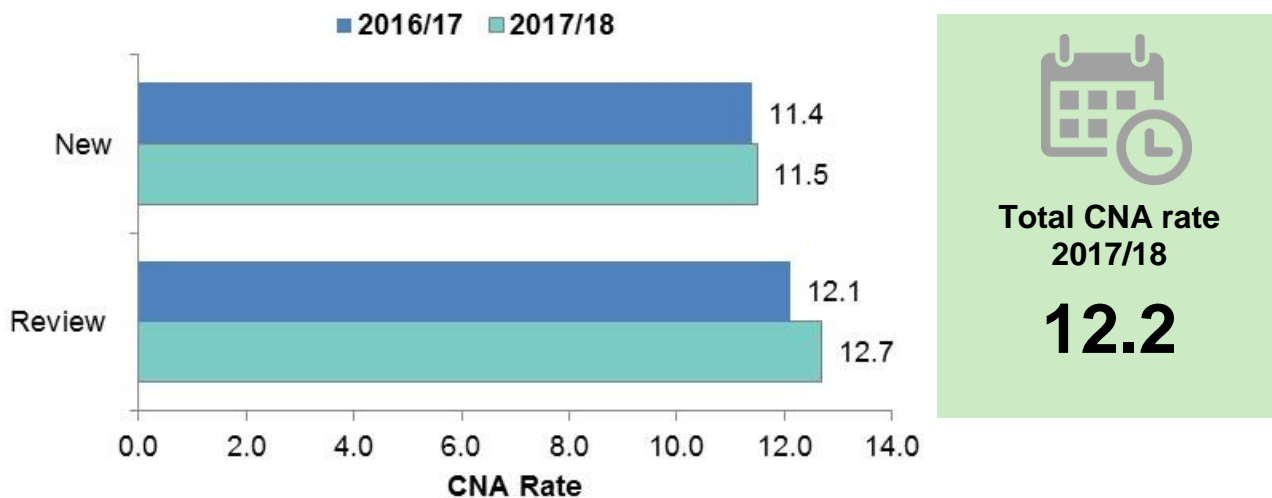
Patient Cancellations / Could Not Attends (CNA)

Financial Year 2017/18

Patients cancelled a total of 16,157 ICATS appointments during 2017/18, which equated to a CNA rate of 12.2, compared with 11.8 reported for 2016/17 (Figure 22 & Table 56).

Patients cancelled a total of 6,399 new appointments and 9,758 review appointments during 2017/18, resulting in CNA rates of 11.5 for new appointments and 12.7 for review appointments. This is compared with rates of 11.4 for new and 12.1 for review appointments during 2016/17 (Figure 22).

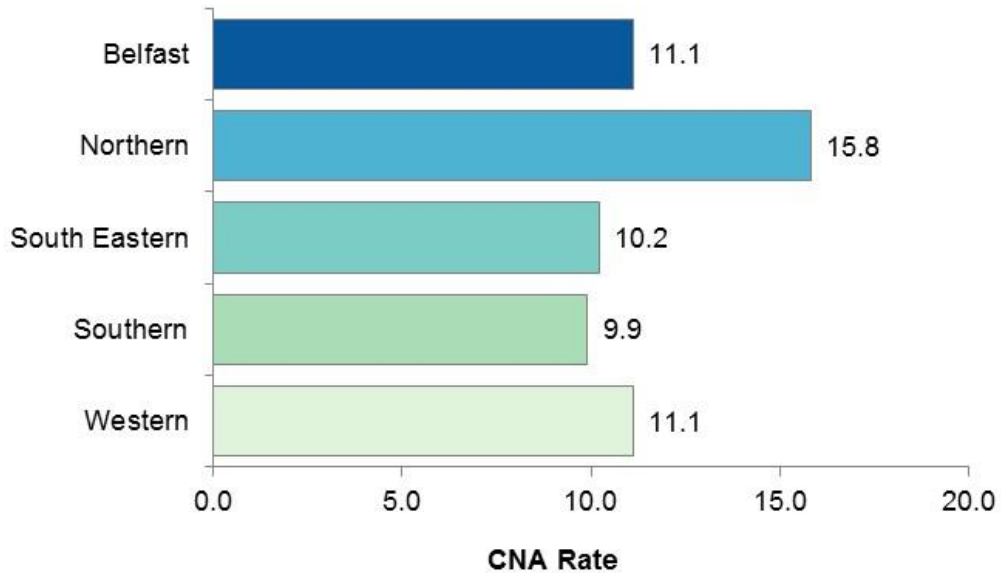
Figure 22: New and review CNA rates at ICATS in Northern Ireland (2016/17 and 2017/18)



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

The Northern HSC Trust had the highest CNA rate during 2017/18 with a rate of 15.8, followed by the Western and Belfast HSC Trusts with a rate of 11.1, South Eastern HSC Trust (10.2) and Southern HSC Trust (9.9) (Figure 23 & Table 56).

Figure 23: Total CNA rates at ICATS services in Northern Ireland, by HSC Trust (2017/18)

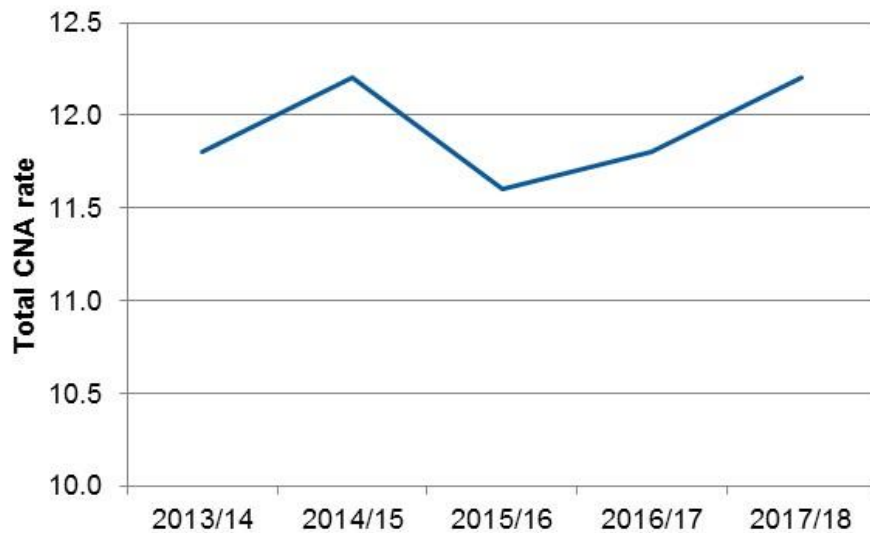


The specialty with the highest CNA rate during 2017/18 was Dermatology with a rate of 18.2, followed by ENT with a rate of 17.3, Ophthalmology (13.5), T & O Surgery (10.6), Urology (10.1) and Cardiology (7.5) (Table 58).

5 Year Trend

The CNA rate of 12.2 for 2017/18 is higher than the comparable rate of 11.8 reported for 2013/14 (Figure 24 & Table 56).

Figure 24: Total CNA rates at ICATS in Northern Ireland (2013/14 - 2017/18)



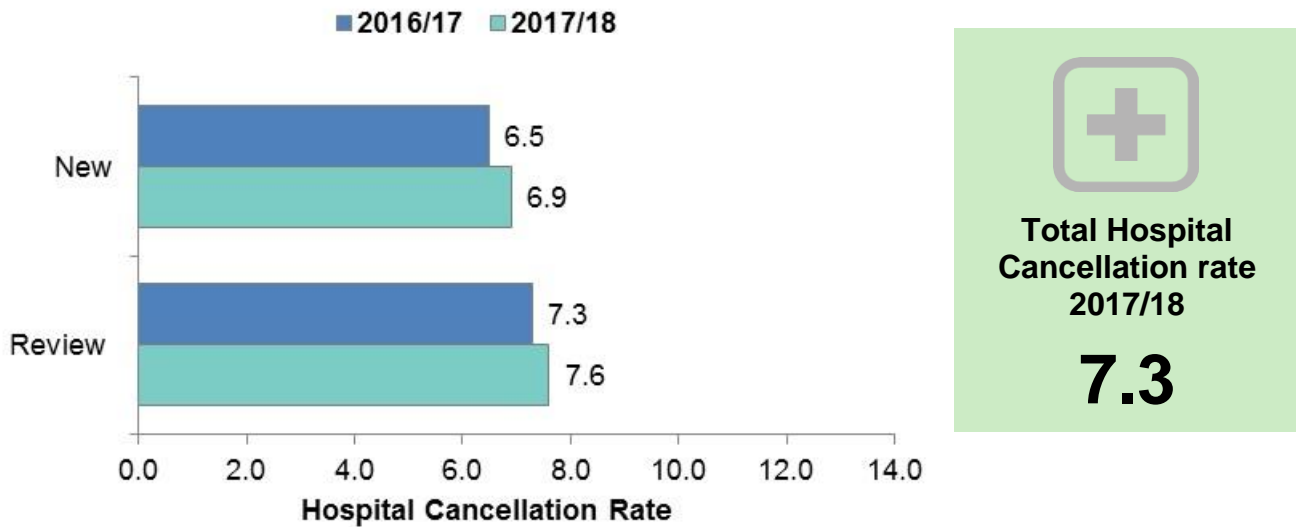
Hospital Cancellations

Financial Year 2017/18

Hospitals cancelled a total of 9,190 ICATS appointments during 2017/18. This equated to a Hospital Cancellation rate of 7.3, compared with a rate of 6.9 in 2016/17 (Figure 25 & Table 56).

Hospitals cancelled 3,669 new appointments and 5,521 review appointments, meaning that during 2017/18, the Hospital Cancellation rate of 7.6 for review appointments was higher than the rate of 6.9 for new appointments. This compares with respective rates of 7.3 and 6.5 during 2016/17 (Figure 25).

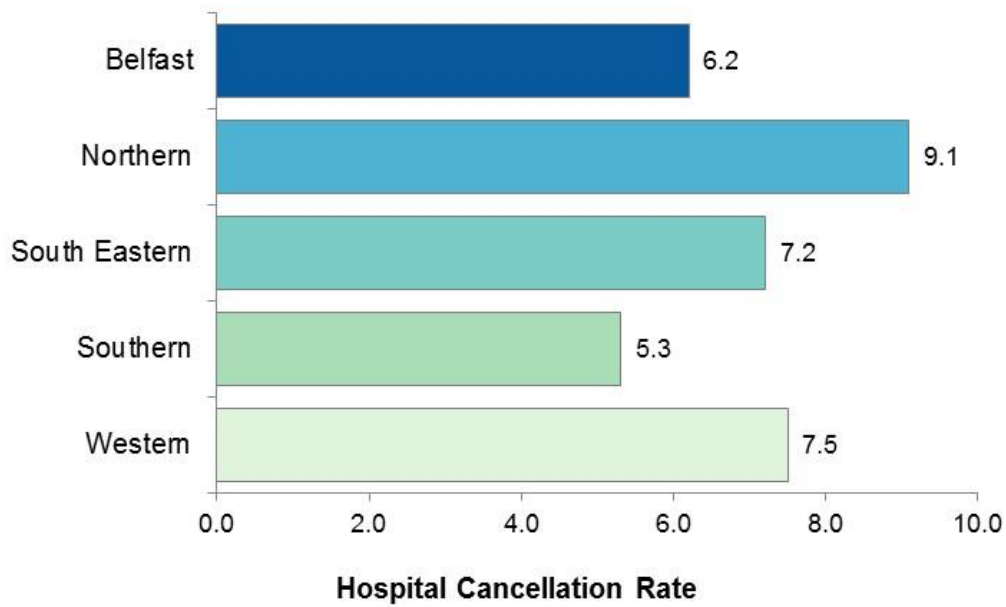
Figure 25: New and review hospital cancellation rates at ICATS in Northern Ireland (2016/17 and 2017/18)



Hospital Cancellations by HSC Trust and Specialty

The Northern HSC Trust had the highest Hospital Cancellation rate during 2017/18, with a rate of 9.1, followed by a rate of 7.5 in the Western HSC Trust, 7.2 in the South Eastern HSC Trust, 6.2 in the Belfast HSC Trust and 5.3 in the Southern HSC Trust (Figure 26 & Table 56).

Figure 26: Total Hospital Cancellation rates at ICATS services in Northern Ireland, by HSC Trust (2017/18)



The specialty with the highest Hospital Cancellation rate in 2017/18 was Dermatology with a rate of 13.4, followed by Cardiology (9.5), Ophthalmology (6.9), T&O Surgery (6.6), Urology (6.5) and ENT (6.1) (Table 58).

5 Year Trend

The Hospital Cancellation rate has decreased from a rate of 7.4 in 2013/14 to 7.3 in 2017/18 (Figure 27 & Table 56). However, the comparable rate in 2016/17 was 6.9.

Figure 27: Total hospital cancellation rates at ICATS services in Northern Ireland (2013/14 - 2017/18)

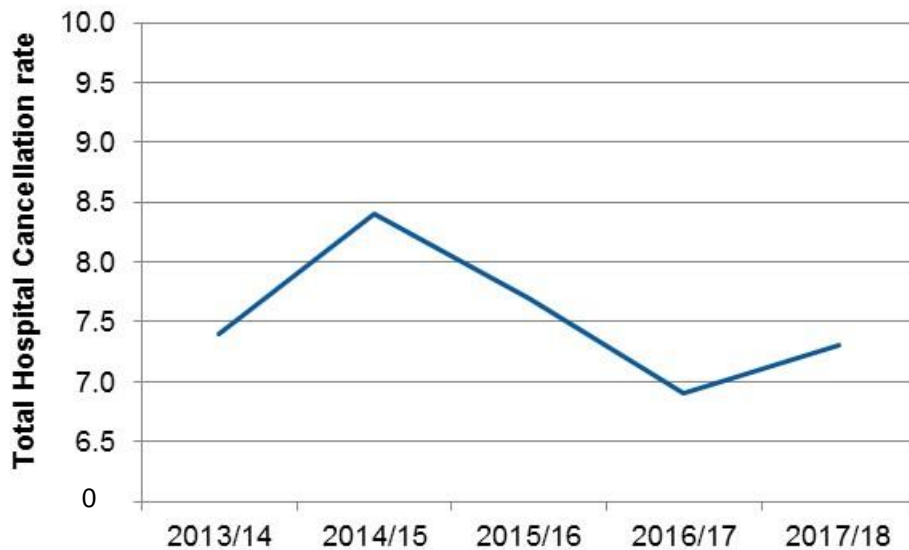


Table 1a: Activity by Programme of Care, 2013/14 to 2017/18¹⁰

Programme of Care	Activity Indicator	2013/14	2014/15	Change				
				2015/16	2016/17	2017/18	16/17 - 17/18	
All POCs	HSC Hospitals			Break in Trend - Not Comparable				
	New Attendances	485,939	474,561		484,806	484,635	466,823	-3.7%
	Review Attendances	1,074,436	1,026,503		1,034,623	1,023,100	989,828	-3.3%
	Total New & Review Attendances	1,560,375	1,501,064		1,519,429	1,507,735	1,456,651	-3.4%
	Total Did Not Attend (DNAs)	155,760	147,536		136,913	132,288	128,407	-2.9%
	Total Could Not Attend (CNAs)	196,558	194,257		190,292	189,374	191,803	1.3%
	Total Hospital Cancellations	167,230	168,555		153,498	155,084	166,238	7.2%
	DNA Rate	9.1	8.9		8.3	8.1	8.1	0.0
	CNA Rate	11.2	11.5		11.1	11.2	11.6	0.4
	Hospital Cancellation Rate	9.7	10.1		9.2	9.3	10.2	0.9
	Ward Attendances	N/A	58,059		58,770	58,178	55,016	-5.4%
	Independent Sector*							
	Independent Sector Attendances	91,397	53,010		37,057	24,445	10,643	-56.5%
	POC 1: Acute Services	HSC Hospitals			Break in Trend - Not Comparable			
New Attendances		452,415	442,772	453,143		453,759	434,987	-4.1%
Review Attendances		958,433	914,629	926,776		914,106	881,924	-3.5%
Total New & Review Attendances		1,410,848	1,357,401	1,379,919		1,367,865	1,316,911	-3.7%
Total Did Not Attend (DNAs)		142,044	134,039	125,483		120,643	116,787	-3.2%
Total Could Not Attend (CNAs)		181,635	177,964	175,174		174,276	177,155	1.7%
Total Hospital Cancellations		150,505	152,567	140,980		141,774	151,704	7.0%
DNA Rate		9.1	9.0	8.3		8.1	8.1	0.0
CNA Rate		11.4	11.6	11.3		11.3	11.9	0.6
Hospital Cancellation Rate		9.6	10.1	9.3		9.4	10.3	0.9
Ward Attendances		N/A	45,731	44,152		43,539	43,053	-1.1%
Independent Sector*								
Independent Sector Attendances		91,397	53,010	37,057		24,445	10,643	-56.5%

Table 1a: continued

Programme of Care	Activity Indicator	2013/14	2014/15		2015/16	2016/17	2017/18	Change 16/17 - 17/18
POC 2: Maternity and Child Health	HSC Hospitals							
	New Attendances	21,599	20,016		20,340	19,803	20,876	5.4%
	Review Attendances	76,449	73,374		74,955	75,807	73,405	-3.2%
	Total New & Review Attendances	98,048	93,390		95,295	95,610	94,281	-1.4%
	Total Did Not Attends (DNAs)	4,882	5,105		5,155	5,307	5,182	-2.4%
	Total Could Not Attends (CNAs)	7,218	8,836		8,697	8,485	8,140	-4.1%
	Total Hospital Cancellations	8,447	7,835		8,410	9,019	9,676	7.3%
	DNA Rate	4.7	5.2		5.1	5.3	5.2	-0.1
	CNA Rate	6.9	8.6		8.4	8.2	7.9	-0.3
	Hospital Cancellation Rate	7.9	7.7		8.1	8.6	9.3	0.7
	Ward Attendances	N/A	10,701		13,411	12,800	10,070	-21.3%
POC 4: Elderly Care	HSC Hospitals							
	New Attendances	10,717	10,274	Break in Trend - Not Comparable	10,193	10,101	9,893	-2.1%
	Review Attendances	22,728	20,213		18,629	19,491	18,636	-4.4%
	Total New & Review Attendances	33,445	30,487		28,822	29,592	28,529	-3.6%
	Total Did Not Attends (DNAs)	4,697	4,125		3,615	3,828	3,880	1.4%
	Total Could Not Attends (CNAs)	6,053	5,765		5,083	5,409	5,327	-1.5%
	Total Hospital Cancellations	5,886	5,758		3,794	4,025	4,619	14.8%
	DNA Rate	12.3	11.9		11.1	11.5	12.0	0.5
	CNA Rate	15.3	15.9		15.0	15.5	15.7	0.2
	Hospital Cancellation Rate	15.0	15.9		11.6	12.0	13.9	1.9
	Ward Attendances	N/A	1,133		1,207	1,839	1,893	2.9%

Table 1a: continued

Programme of Care	Activity Indicator	2013/14	2014/15		2015/16	2016/17	2017/18	Change
								16/17 - 17/18
POC 5: Mental Health	HSC Hospitals							
	New Attendances	744	1,002		585	482	574	19.1%
	Review Attendances	10,594	12,403		8,341	8,102	10,441	28.9%
	Total New & Review Attendances	11,338	13,405		8,926	8,584	11,015	28.3%
	Total Did Not Attends (DNAs)	3,009	3,162		1,714	1,643	1,608	-2.1%
	Total Could Not Attends (CNAs)	996	1,100		717	609	630	3.4%
	Total Hospital Cancellations	2,177	2,201		32	53	25	-52.8%
	DNA Rate	21.0	19.1		16.1	16.1	12.7	-3.4
	CNA Rate	8.1	7.6		7.4	6.6	5.4	-1.2
	Hospital Cancellation Rate	16.1	14.1		0.4	0.6	0.2	-0.4
	Ward Attendances	N/A	494		0	0	0	-
POC 6: Learning Disability	HSC Hospitals							
	New Attendances	464	497		545	490	493	0.6%
	Review Attendances	6,232	5,884		5,922	5,594	5,422	-3.1%
	Total New & Review Attendances	6,696	6,381		6,467	6,084	5,915	-2.8%
	Total Did Not Attends (DNAs)	1,128	1,105		946	867	950	9.6%
	Total Could Not Attends (CNAs)	656	592		621	595	551	-7.4%
	Total Hospital Cancellations	215	194		282	213	214	0.5%
	DNA Rate	14.4	14.8		12.8	12.5	13.8	1.3
	CNA Rate	8.9	8.5		8.8	8.9	8.5	-0.4
	Hospital Cancellation Rate	3.1	3.0		4.2	3.4	3.5	0.1
	Ward Attendances	N/A	0		0	0	0	-

Break in Trend - Not Comparable

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 -18

(Specifically Explanatory Notes 5 - 10 for information on changes to recording of virtual activity and ward attendances.)

* Not National Statistics

Table 1b: Activity by HSC Trust, 2013/14 to 2017/18¹⁰

HSC Trust	Activity		Change				
	Indicator	2013/14	2014/15	2015/16	2016/17	2017/18	16/17 - 17/18
Belfast HSCT	HSC Hospitals						
	New Attendances	178,495	176,444	178,230	177,289	173,945	-1.9%
	Review Attendances	494,300	466,758	471,509	452,039	440,599	-2.5%
	Total New & Review Attendances	672,795	643,202	649,739	629,328	614,544	-2.3%
	Total Did Not Attends (DNAs)	74,172	68,113	62,330	56,485	53,394	-5.5%
	Total Could Not Attends (CNAs)	88,702	87,857	86,460	85,745	87,525	2.1%
	Total Hospital Cancellations	78,495	78,910	72,072	72,980	79,143	8.4%
	DNA Rate	9.9	9.6	8.8	8.2	8.0	-0.2
	CNA Rate	11.6	12.0	11.7	12.0	12.5	0.5
	Hospital Cancellation Rate	10.4	10.9	10.0	10.4	11.4	1.0
	Ward Attendances	N/A	17,414	18,431	19,558	18,917	-3.3%
	Independent Sector*						
	Independent Sector Attendances	43,398	29,222	19,638	14,034	4,809	-65.7%
Northern HSCT	HSC Hospitals						
	New Attendances	60,798	59,266	62,652	61,635	59,625	-3.3%
	Review Attendances	130,138	118,040	123,529	122,217	117,895	-3.5%
	Total New & Review Attendances	190,936	177,306	186,181	183,852	177,520	-3.4%
	Total Did Not Attends (DNAs)	15,809	13,868	12,941	12,222	11,704	-4.2%
	Total Could Not Attends (CNAs)	31,582	32,447	33,144	30,115	30,687	1.9%
	Total Hospital Cancellations	24,136	24,045	22,683	20,947	22,282	6.4%
	DNA Rate	7.6	7.3	6.5	6.2	6.2	0.0
	CNA Rate	14.2	15.5	15.1	14.1	14.7	0.6
	Hospital Cancellation Rate	11.2	11.9	10.9	10.2	11.2	1.0
	Ward Attendances	N/A	16,174	14,739	14,467	13,829	-4.4%
	Independent Sector*						
	Independent Sector Attendances	9,709	6,848	6,299	3,633	1,839	-49.4%

Break in Trend - Not Comparable

Table 1b: continued

HSC Trust	Activity Indicator	2013/14	2014/15		2015/16	2016/17	2017/18	Change 16/17 - 17/18
South Eastern HSCT	HSC Hospitals							
	New Attendances	83,286	81,038		78,615	80,103	78,756	-1.7%
	Review Attendances	142,839	140,618		140,053	144,185	138,926	-3.6%
	Total New & Review Attendances	226,125	221,656		218,668	224,288	217,682	-2.9%
	Total Did Not Attends (DNAs)	24,809	23,430		20,595	21,499	21,810	1.4%
	Total Could Not Attends (CNAs)	23,406	22,368		20,435	21,419	21,053	-1.7%
	Total Hospital Cancellations	24,278	24,052		19,769	20,098	20,731	3.1%
	DNA Rate	9.9	9.6		8.6	8.7	9.1	0.4
	CNA Rate	9.4	9.2		8.5	8.7	8.8	0.1
	Hospital Cancellation Rate	9.7	9.8		8.3	8.2	8.7	0.5
	Ward Attendances	N/A	738		695	1,261	933	-26.0%
	Independent Sector*							
	Independent Sector Attendances	19,963	9,394		8,304	4,522	3,056	-32.4%
Southern HSCT	HSC Hospitals							
	New Attendances	83,067	80,282		85,175	83,664	77,852	-6.9%
	Review Attendances	151,392	152,160		151,980	150,933	146,603	-2.9%
	Total New & Review Attendances	234,459	232,442		237,155	234,597	224,455	-4.3%
	Total Did Not Attends (DNAs)	18,933	17,667		17,914	18,675	19,182	2.7%
	Total Could Not Attends (CNAs)	25,830	25,659		25,669	26,272	26,780	1.9%
	Total Hospital Cancellations	15,452	16,524		15,519	15,717	17,906	13.9%
	DNA Rate	7.5	7.1		7.0	7.4	7.9	0.5
	CNA Rate	9.9	9.9		9.8	10.1	10.7	0.6
	Hospital Cancellation Rate	6.2	6.6		6.1	6.3	7.4	1.1
	Ward Attendances	N/A	13,732		15,720	14,659	12,579	-14.2%
	Independent Sector*							
	Independent Sector Attendances	5,873	1,931		707	801	326	-59.3%

Break in Trend - Not Comparable

Table 1b: continued

HSC Trust	Activity		Change				
	Indicator	2013/14	2014/15	2015/16	2016/17	2017/18	16/17 - 17/18
Western HSCT	HSC Hospitals						
	New Attendances	80,293	77,531	80,134	81,944	76,645	-6.5%
	Review Attendances	155,767	148,927	147,552	153,726	145,805	-5.2%
	Total New & Review Attendances	236,060	226,458	227,686	235,670	222,450	-5.6%
	Total Did Not Attends (DNAs)	22,037	24,458	23,133	23,407	22,317	-4.7%
	Total Could Not Attends (CNAs)	27,038	25,926	24,584	25,823	25,758	-0.3%
	Total Hospital Cancellations	24,869	25,024	23,455	25,342	26,176	3.3%
	DNA Rate	8.5	9.7	9.2	9.0	9.1	0.1
	CNA Rate	10.3	10.3	9.7	9.9	10.4	0.5
	Hospital Cancellation Rate	9.5	10.0	9.3	9.7	10.5	0.8
	Ward Attendances	N/A	10,001	9,185	8,233	8,758	6.4%
	Independent Sector*						
	Independent Sector Attendances	12,454	5,615	2,109	1,455	613	-57.9%
NI Total	HSC Hospitals						
	New Attendances	485,939	474,561	484,806	484,635	466,823	-3.7%
	Review Attendances	1,074,436	1,026,503	1,034,623	1,023,100	989,828	-3.3%
	Total New & Review Attendances	1,560,375	1,501,064	1,519,429	1,507,735	1,456,651	-3.4%
	Total Did Not Attends (DNAs)	155,760	147,536	136,913	132,288	128,407	-2.9%
	Total Could Not Attends (CNAs)	196,558	194,257	190,292	189,374	191,803	1.3%
	Total Hospital Cancellations	167,230	168,555	153,498	155,084	166,238	7.2%
	DNA Rate	9.1	8.9	8.3	8.1	8.1	0.0
	CNA Rate	11.2	11.5	11.1	11.2	11.6	0.4
	Hospital Cancellation Rate	9.7	10.1	9.2	9.3	10.2	0.9
	Ward Attendances	N/A	58,059	58,770	58,178	55,016	-5.4%
	Independent Sector*						
	Independent Sector Attendances	91,397	53,010	37,057	24,445	10,643	-56.5%

Break in Trend - Not Comparable

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 -18

(Specifically Explanatory Notes 5 - 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, 2017/18¹¹

Hospital/HSC Trust	Total New & Review Attendances	Total DNA	Total CNA	Total Hospital Cancellations	DNA Rate	CNA Rate	Hospital Cancellation Rate	Ward Attendances	Patient Died	Private Patient Attendances
Beechcroft	11,015	1,608	630	25	12.7	5.4	0.2	0	0	0
Belfast City	136,708	11,008	20,490	24,064	7.5	13.0	15.0	4,477	483	8
NI Cancer Centre	24,069	1,369	3,074	5,289	5.4	11.3	18.0	11,632	454	34
Mater Infirmorum	20,288	2,775	2,513	2,272	12.0	11.0	10.1	212	100	0
Muckamore Abbey	3,049	480	402	186	13.6	11.6	5.7	0	4	0
Musgrave Park	64,737	6,208	7,032	5,661	8.8	9.8	8.0	0	47	6
RBHSC	85,015	7,977	10,912	8,575	8.6	11.4	9.2	441	18	17
Royal Maternity	27,741	1,373	3,130	1,416	4.7	10.1	4.9	0	0	0
Royal Victoria	241,922	20,596	39,342	31,655	7.8	14.0	11.6	2,155	822	89
Belfast HSCT	614,544	53,394	87,525	79,143	8.0	12.5	11.4	18,917	1,928	154
Antrim	86,160	5,037	13,238	10,567	5.5	13.3	10.9	5,707	224	704
Causeway	44,488	3,322	7,053	5,483	6.9	13.7	11.0	7,408	67	27
Mid Ulster	13,696	862	3,304	1,893	5.9	19.4	12.1	691	21	5
Moyle	3,430	228	618	463	6.2	15.3	11.9	0	3	0
Waveney	15,320	937	3,329	2,213	5.8	17.9	12.6	8	23	30
Whiteabbey	14,426	1,318	3,145	1,663	8.4	17.9	10.3	15	45	9
Northern HSCT	177,520	11,704	30,687	22,282	6.2	14.7	11.2	13,829	383	775
Ards	19,764	1,820	2,206	2,093	8.4	10.0	9.6	0	92	0
Bangor	10,272	838	977	889	7.5	8.7	8.0	0	30	0
Downe	19,189	1,843	1,933	1,398	8.8	9.2	6.8	1	35	0
Lagan Valley	29,654	2,192	2,814	2,178	6.9	8.7	6.8	0	54	0
Ulster	138,803	15,117	13,123	14,173	9.8	8.6	9.3	932	282	22
South Eastern HSCT	217,682	21,810	21,053	20,731	9.1	8.8	8.7	933	493	22

Table 2a: continued

Hospital/HSC Trust	Total	Total DNA	Total CNA	Total	DNA Rate	CNA Rate	Hospital		Patient Died	Private Patient Attendances
	New & Review Attendances			Hospital Cancellations			Cancellation Rate	Ward Attendances		
Armagh Community	6,485	811	699	536	11.1	9.7	7.6	0	1	0
Banbridge	6,787	564	1,017	631	7.7	13.0	8.5	0	8	0
Bluestone	1,916	359	260	160	15.8	11.9	7.7	184	3	0
Craigavon Area	130,384	9,435	14,783	9,513	6.7	10.2	6.8	7,731	171	0
Daisy Hill	56,680	5,839	7,200	5,197	9.3	11.3	8.4	3,547	86	2
Kilkeel Primary Care Centre	442	36	70	9	7.5	13.7	2.0	0	0	0
Longstone	1,408	347	1	28	19.8	0.1	1.9	0	0	0
Lurgan	1,946	141	495	139	6.8	20.3	6.7	2	14	0
Mullinure	515	31	143	115	5.7	21.7	18.3	0	7	0
St Luke's	539	294	19	34	35.3	3.4	5.9	14	5	0
South Tyrone	17,353	1,325	2,093	1,544	7.1	10.8	8.2	1,101	27	0
Southern HSCT	224,455	19,182	26,780	17,906	7.9	10.7	7.4	12,579	322	2
Altnagelvin Area	154,080	16,934	17,552	19,156	9.9	10.2	11.1	7,473	314	106
Grangewood	1,202	204	347	117	14.5	22.4	8.9	0	0	0
Lakeview	1,458	123	148	0	7.8	9.2	0.0	0	0	0
Omagh	17,783	1,369	2,105	1,747	7.1	10.6	8.9	48	23	8
Roe Valley	6,449	716	798	1,471	10.0	11.0	18.6	0	11	0
South West Acute	35,941	2,493	4,250	3,121	6.5	10.6	8.0	1,228	49	1,209
Tyrone County	5,537	478	558	564	7.9	9.2	9.2	9	9	13
Western HSCT	222,450	22,317	25,758	26,176	9.1	10.4	10.5	8,758	406	1,336
NI Total	1,456,651	128,407	191,803	166,238	8.1	11.6	10.2	55,016	3,532	2,289

Source: QOAR (Part 1)

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

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

Table 2b: Activity by Hospital/HSC Trust, 2017/18¹²

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances
	New	Review	New	Review	New	Review	New	Review	
Beechcroft	574	10,441	97	1,511	40	590	2	23	0
Belfast City	44,842	91,866	3,247	7,761	6,688	13,802	6,155	17,909	4,477
NI Cancer Centre	4,248	19,821	167	1,202	256	2,818	545	4,744	11,632
Mater Infirmorum	6,542	13,746	753	2,022	784	1,729	383	1,889	212
Muckamore Abbey	344	2,705	68	412	33	369	16	170	0
Musgrave Park	17,403	47,334	1,490	4,718	1,427	5,605	1,595	4,066	0
RBHSC	19,127	65,888	1,212	6,765	2,066	8,846	1,261	7,314	441
Royal Maternity	8,016	19,725	371	1,002	775	2,355	322	1,094	0
Royal Victoria	72,849	169,073	5,237	15,359	9,591	29,751	5,995	25,660	2,155
Belfast HSCT	173,945	440,599	12,642	40,752	21,660	65,865	16,274	62,869	18,917
Antrim	28,941	57,219	1,339	3,698	4,761	8,477	2,900	7,667	5,707
Causeway	15,562	28,926	916	2,406	2,290	4,763	1,399	4,084	7,408
Mid Ulster	4,271	9,425	198	664	1,198	2,106	512	1,381	691
Moyle	1,195	2,235	65	163	317	301	102	361	0
Waveney	4,885	10,435	268	669	1,082	2,247	569	1,644	8
Whiteabbey	4,771	9,655	341	977	1,148	1,997	431	1,232	15
Northern HSCT	59,625	117,895	3,127	8,577	10,796	19,891	5,913	16,369	13,829
Ards	6,684	13,080	575	1,245	747	1,459	502	1,591	0
Bangor	4,257	6,015	278	560	350	627	203	686	0
Downe	7,248	11,941	630	1,213	745	1,188	344	1,054	1
Lagan Valley	10,889	18,765	825	1,367	1,099	1,715	643	1,535	0
Ulster	49,678	89,125	3,674	11,443	4,063	9,060	2,632	11,541	932
South Eastern HSCT	78,756	138,926	5,982	15,828	7,004	14,049	4,324	16,407	933

Table 2b: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances
	New	Review	New	Review	New	Review	New	Review	
Armagh Community	1,994	4,491	189	622	297	402	135	401	0
Banbridge	1,989	4,798	158	406	380	637	160	471	0
Bluestone	639	1,277	92	267	51	209	46	114	184
Craigavon Area	45,729	84,655	3,121	6,314	6,092	8,691	2,214	7,299	7,731
Daisy Hill	20,906	35,774	2,035	3,804	2,925	4,275	1,302	3,895	3,547
Kilkeel Primary Care Centre	206	236	15	21	41	29	0	9	0
Longstone	79	1,329	20	327	0	1	0	28	0
Lurgan	642	1,304	23	118	152	343	23	116	2
Mullinure	291	224	18	13	78	65	26	89	0
St Luke's	49	490	48	246	8	11	19	15	14
South Tyrone	5,328	12,025	351	974	877	1,216	321	1,223	1,101
Southern HSCT	77,852	146,603	6,070	13,112	10,901	15,879	4,246	13,660	12,579
Altnagelvin Area	53,841	100,239	5,491	11,443	6,140	11,412	4,982	14,174	7,473
Grangewood	284	918	33	171	40	307	0	117	0
Lakeview	70	1,388	21	102	30	118	0	0	0
Omagh	5,926	11,857	389	980	652	1,453	509	1,238	48
Roe Valley	2,359	4,090	249	467	303	495	533	938	0
South West Acute	12,240	23,701	690	1,803	1,400	2,850	943	2,178	1,228
Tyrone County	1,925	3,612	133	345	186	372	152	412	9
Western HSCT	76,645	145,805	7,006	15,311	8,751	17,007	7,119	19,057	8,758
NI Total	466,823	989,828	34,827	93,580	59,112	132,691	37,876	128,362	55,016

Source: QOAR (Part 1)

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

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

Table 2c: Reason for Appointment Cancellation by HSC Trust, 2017/18¹³

HSC Trust	Consultant unavailable	Medical staff / nurse not available	Patient treated elsewhere	Reason for cancellation			Appointment put back	Cancelled following validation / audit	Administrative error by hospital / GP
				Consultant cancelled appointment	Appointment brought forward				
Belfast HSCT	25,505	2,606	2,416	7,694	5,030	24,739	1,418	5,434	
Northern HSCT	9,245	1,177	558	1,015	2,781	3,522	1,377	1,426	
South Eastern HSCT	7,017	1,386	1,622	587	2,424	4,179	0	2,388	
Southern HSCT	6,535	858	194	571	1,841	3,535	2	2,960	
Western HSCT	10,693	363	487	2,692	3,979	5,410	36	2,151	
NI Total	58,995	6,390	5,277	12,559	16,055	41,385	2,833	14,359	

HSC Trust	Hospital transport not available	Cancelled by hospital in order to rebook as alternative booking method	Patient cancelled appointment as no longer needed	Reason for cancellation			Reason not recorded	Reason incorrectly recorded	Total appointments cancelled by either patient or hospital
				Patient cancelled appointment but it is still required	Patient GP cancelled appointment on patient's behalf				
Belfast HSCT	442	572	7,336	76,793	248	4,951	1,484	166,668	
Northern HSCT	44	6	1,857	28,045	14	15	1,887	52,969	
South Eastern HSCT	235	13	1,827	18,326	8	448	1,324	41,784	
Southern HSCT	57	1,353	2,176	24,597	7	0	0	44,686	
Western HSCT	55	6	2,430	22,428	29	738	437	51,934	
NI Total	833	1,950	15,626	170,189	306	6,152	5,132	358,041	

Source: QOAR (Part 2)

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

Table 3a: Activity and Rates by Specialty, 2017/18¹⁴

Specialty	Spec Code	Total	Total DNA	Total CNA	Total	DNA Rate	CNA Rate	Hospital	Ward Patient	Patient Died	Private Patient
		New & Review Attendances			Hospital Cancellations			Cancellation Rate			
General Surgery	100	131,958	9,288	17,660	17,172	6.6	11.8	11.5	675	360	215
Urology	101	30,542	2,468	3,919	4,840	7.5	11.4	13.7	125	74	8
T & O Surgery	110	171,430	18,778	17,837	13,549	9.9	9.4	7.3	2	201	6
ENT	120	86,771	7,034	13,006	9,560	7.5	13.0	9.9	2,288	117	77
Ophthalmology	130	92,217	6,872	14,935	10,609	6.9	13.9	10.3	497	255	19
Oral Surgery	140	21,549	2,830	3,308	2,498	11.6	13.3	10.4	10	43	17
Restorative Dentistry	141	7,857	1,046	1,959	904	11.7	20.0	10.3	0	15	0
Paediatric Dentistry	142	2,598	595	679	295	18.6	20.7	10.2	7	2	0
Orthodontics	143	11,820	1,408	2,046	1,199	10.6	14.8	9.2	0	1	1
Neurosurgery	150	5,325	397	850	1,310	6.9	13.8	19.7	174	17	0
Plastic Surgery	160	16,805	1,866	2,126	1,462	10.0	11.2	8.0	556	43	0
Cardiac Surgery	170	2,063	93	196	528	4.3	8.7	20.4	0	9	0
Paediatric Surgery	171	5,338	492	945	1,054	8.4	15.0	16.5	2	0	0
Thoracic Surgery	172	2,350	199	299	598	7.8	11.3	20.3	0	9	0
Accident & Emergency	180	4,865	1,509	228	0	23.7	4.5	0.0	11	0	0
Anaesthetics	190	3,462	131	115	96	3.6	3.2	2.7	230	0	0
Pain Management	191	11,954	1,124	1,701	1,549	8.6	12.5	11.5	51	14	14
General Medicine	300	51,052	5,925	6,680	6,372	10.4	11.6	11.1	4,958	116	4
Gastroenterology	301	33,860	3,061	5,926	5,264	8.3	14.9	13.5	600	123	46
Endocrinology	302	29,178	2,916	5,340	3,260	9.1	15.5	10.0	443	61	2
Haematology (Clinical)	303	51,271	4,226	4,178	5,609	7.6	7.5	9.9	2,521	223	1
Clinical Genetics	311	2,249	185	367	401	7.6	14.0	15.1	0	6	0
Rehabilitation	314	7,882	614	1,229	1,052	7.2	13.5	11.8	0	17	0
Palliative Medicine	315	1,505	180	352	196	10.7	19.0	11.5	1,112	29	0
Cardiology	320	56,324	3,823	6,596	6,152	6.4	10.5	9.8	750	212	481
Dermatology	330	74,996	5,614	12,078	6,221	7.0	13.9	7.7	139	148	1,148
Thoracic Medicine	340	37,606	3,723	5,608	6,104	9.0	13.0	14.0	186	310	0
Genito-Urinary Medicine	360	25,165	762	0	0	2.9	0.0	0.0	0	0	0
Nephrology	361	26,576	2,166	3,391	4,733	7.5	11.3	15.1	386	141	0

Table 3a: continued

Specialty	Spec Code	Total			Total			Hospital			Private Patient
		New & Review Attendances	Total DNA	Total CNA	Hospital Cancellations	DNA Rate	CNA Rate	Hospital Cancellation Rate	Ward Patient Attendances	Patient Died	
Medical Oncology	370	10,317	665	962	1,721	6.1	8.5	14.3	5,840	140	8
Neurology	400	28,259	2,437	4,151	4,873	7.9	12.8	14.7	1,226	105	0
Clinical Neuro-Physiology	401	516	31	87	65	5.7	14.4	11.2	628	1	0
Rheumatology	410	50,277	3,321	7,154	6,145	6.2	12.5	10.9	462	81	0
Paediatrics	420	93,912	11,481	12,025	11,199	10.9	11.4	10.7	7,114	10	16
Paediatric Neurology	421	2,518	264	500	496	9.5	16.6	16.5	14	3	3
Geriatric Medicine	430	22,679	2,482	3,913	3,500	9.9	14.7	13.4	1,725	148	4
Dental Medicine Specialties	450	2,799	342	714	185	10.9	20.3	6.2	0	1	0
Gynaecology	502	87,974	6,806	13,797	9,023	7.2	13.6	9.3	5,911	41	82
Obstetrics (Ante Natal)	510	94,052	5,147	8,136	9,673	5.2	8.0	9.3	10,061	3	111
Obstetrics (Post Natal)	520	229	35	4	3	13.3	1.7	1.3	9	0	0
Learning Disability	700	5,915	950	551	214	13.8	8.5	3.5	0	4	0
Child & Adolescent Psychiatry	711	11,015	1,608	630	25	12.7	5.4	0.2	0	0	0
Old Age Psychiatry	715	5,850	1,398	1,414	1,119	19.3	19.5	16.1	168	82	0
Clinical Oncology	800	21,955	1,426	2,567	4,597	6.1	10.5	17.3	6,133	363	26
Chemical Pathology	822	2,477	296	677	323	10.7	21.5	11.5	2	4	0
Joint Consultant Clinic	990	9,339	393	967	490	4.0	9.4	5.0	0	0	0
NI Total		1,456,651	128,407	191,803	166,238	8.1	11.6	10.2	55,016	3,532	2,289

Source: QOAR (Part 1)

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

¹⁴ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 9-10 & 12-18

Table 3b: Activity by Specialty, 2017/18¹⁴

Specialty	Spec Code	Attendances		DNA		CNA		Hospital Cancellations		Ward Attendances
		New	Review	New	Review	New	Review	New	Review	
General Surgery	100	64,777	67,181	4,175	5,113	8,901	8,759	6,044	11,128	675
Urology	101	12,704	17,838	1,170	1,298	1,803	2,116	1,888	2,952	125
T & O Surgery	110	55,863	115,567	5,590	13,188	5,254	12,583	3,319	10,230	2
ENT	120	39,608	47,163	2,890	4,144	5,643	7,363	3,233	6,327	2,288
Ophthalmology	130	22,326	69,891	1,815	5,057	3,560	11,375	2,154	8,455	497
Oral Surgery	140	9,440	12,109	911	1,919	1,258	2,050	606	1,892	10
Restorative Dentistry	141	1,983	5,874	309	737	438	1,521	120	784	0
Paediatric Dentistry	142	646	1,952	100	495	124	555	61	234	7
Orthodontics	143	1,164	10,656	89	1,319	159	1,887	55	1,144	0
Neurosurgery	150	2,004	3,321	96	301	254	596	262	1,048	174
Plastic Surgery	160	6,065	10,740	297	1,569	469	1,657	306	1,156	556
Cardiac Surgery	170	741	1,322	25	68	48	148	150	378	0
Paediatric Surgery	171	2,454	2,884	122	370	322	623	223	831	2
Thoracic Surgery	172	757	1,593	45	154	70	229	167	431	0
Accident & Emergency	180	0	4,865	0	1,509	0	228	0	0	11
Anaesthetics	190	256	3,206	53	78	43	72	35	61	230
Pain Management	191	6,204	5,750	607	517	962	739	788	761	51
General Medicine	300	14,136	36,916	1,410	4,515	1,545	5,135	1,368	5,004	4,958
Gastroenterology	301	10,431	23,429	949	2,112	1,893	4,033	1,007	4,257	600
Endocrinology	302	5,239	23,939	532	2,384	903	4,437	460	2,800	443
Haematology (Clinical)	303	4,695	46,576	403	3,823	462	3,716	449	5,160	2,521
Clinical Genetics	311	1,540	709	105	80	246	121	219	182	0
Rehabilitation	314	430	7,452	83	531	53	1,176	71	981	0
Palliative Medicine	315	311	1,194	30	150	92	260	31	165	1,112
Cardiology	320	24,156	32,168	1,365	2,458	2,415	4,181	1,675	4,477	750
Dermatology	330	28,553	46,443	1,713	3,901	4,440	7,638	1,352	4,869	139
Thoracic Medicine	340	10,184	27,422	866	2,857	1,509	4,099	1,221	4,883	186
Genito-Urinary Medicine	360	14,770	10,395	317	445	0	0	0	0	0
Nephrology	361	2,810	23,766	248	1,918	404	2,987	370	4,363	386

Table 3b: continued

Specialty	Spec Code	Attendances		DNA		CNA		Hospital Cancellations		Ward Attendances
		New	Review	New	Review	New	Review	New	Review	
Medical Oncology	370	1,379	8,938	74	591	77	885	135	1,586	5,840
Neurology	400	9,144	19,115	712	1,725	1,012	3,139	937	3,936	1,226
Clinical Neuro-Physiology	401	516	0	31	0	87	0	65	0	628
Rheumatology	410	8,608	41,669	594	2,727	1,041	6,113	644	5,501	462
Paediatrics	420	20,964	72,948	1,739	9,742	2,141	9,884	1,633	9,566	7,114
Paediatric Neurology	421	307	2,211	20	244	38	462	31	465	14
Geriatric Medicine	430	8,470	14,209	686	1,796	1,293	2,620	846	2,654	1,725
Dental Medicine Specialties	450	1,082	1,717	72	270	213	501	40	145	0
Gynaecology	502	42,966	45,008	2,793	4,013	6,622	7,175	3,323	5,700	5,911
Obstetrics (Ante Natal)	510	20,718	73,334	869	4,278	2,214	5,922	1,530	8,143	10,061
Obstetrics (Post Natal)	520	158	71	22	13	1	3	0	3	9
Learning Disability	700	493	5,422	109	841	63	488	16	198	0
Child & Adolescent Psychiatry	711	574	10,441	97	1,511	40	590	2	23	0
Old Age Psychiatry	715	1,423	4,427	376	1,022	473	941	347	772	168
Clinical Oncology	800	3,770	18,185	136	1,290	222	2,345	511	4,086	6,133
Chemical Pathology	822	553	1,924	84	212	114	563	57	266	2
Joint Consultant Clinic	990	1,451	7,888	98	295	191	776	125	365	0
NI Total		466,823	989,828	34,827	93,580	59,112	132,691	37,876	128,362	55,016

Source: QOAR (Part 1)

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

¹⁴ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 9-10 & 12-18

Table 3c: Reason for Appointment Cancellation by Specialty, 2017/18¹⁵

Specialty	Consultant unavailable	Medical staff / nurse not available	Patient treated elsewhere	Consultant cancelled appointment	Appointment brought forward	Appointment put back	Cancelled following validation / audit	Administrative error by hospital / GP
General Surgery	5,772	928	471	1,176	2,048	4,920	231	1,146
Urology	1,612	378	140	204	337	1,779	1	338
T & O Surgery	3,703	560	246	1,532	1,500	2,488	476	1,789
ENT	4,829	656	59	468	1,032	1,506	73	754
Ophthalmology	4,822	403	70	584	769	2,118	498	1,046
Oral Surgery	897	57	56	150	285	561	3	420
Restorative Dentistry	334	3	1	236	13	92	5	160
Paediatric Dentistry	68	0	0	93	12	20	17	74
Orthodontics	470	30	1	144	208	227	8	95
Neurosurgery	757	0	11	205	95	156	0	79
Plastic Surgery	689	87	47	59	174	177	16	159
Cardiac Surgery	153	0	4	132	32	157	0	35
Paediatric Surgery	641	6	17	82	55	184	1	44
Thoracic Surgery	114	1	9	203	31	117	4	57
Accident & Emergency	0	0	0	0	0	0	0	0
Anaesthetics	40	1	1	7	8	16	16	4
Pain Management	661	55	30	124	84	442	18	49
General Medicine	2,375	253	167	629	632	1,487	23	563
Gastroenterology	2,291	91	142	441	444	1,166	153	305
Endocrinology	1,664	96	70	220	144	571	45	239
Haematology (Clinical)	950	67	293	270	994	1,922	127	758
Clinical Genetics	149	13	9	31	10	176	0	13
Rehabilitation	146	181	2	237	2	166	43	136
Palliative Medicine	31	0	21	10	41	72	1	8
Cardiology	2,685	159	192	958	310	1,194	52	459
Dermatology	2,002	460	113	589	736	1,437	47	516

Table 3c: continued

Specialty	Consultant unavailable	Medical staff / nurse not available	Patient treated elsewhere	Consultant cancelled appointment	Appointment brought forward	Appointment put back	Cancelled following validation / audit	Administrative error by hospital / GP
Thoracic Medicine	2,169	187	335	332	473	2,104	28	333
Nephrology	854	26	341	257	440	2,413	13	325
Medical Oncology	129	2	71	6	239	1,106	0	59
Neurology	2,524	143	117	263	392	1,023	110	200
Clinical Neuro-Physiology	44	0	0	2	1	5	0	7
Rheumatology	2,173	278	210	369	531	1,807	48	491
Paediatrics	5,606	266	76	638	735	1,953	59	897
Paediatric Neurology	101	8	7	80	11	131	5	72
Geriatric Medicine	1,161	148	303	228	309	905	43	319
Dental Medicine Specialties	19	1	1	18	27	42	0	48
Gynaecology	3,801	719	165	312	854	1,652	207	678
Obstetrics (Ante Natal)	1,022	27	1,186	1,085	1,223	1,922	430	1,360
Obstetrics (Post Natal)	1	0	0	0	1	1	0	0
Learning Disability	126	15	20	6	5	20	0	9
Child & Adolescent Psychiatry	0	0	0	0	0	0	0	0
Old Age Psychiatry	557	38	60	7	148	191	0	85
Clinical Oncology	611	47	127	126	606	2,846	0	124
Chemical Pathology	205	0	4	7	24	57	3	19
Joint Consultant Clinics	37	0	82	39	40	56	29	87
NI Total	58,995	6,390	5,277	12,559	16,055	41,385	2,833	14,359

Table 3c: continued

Specialty	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	GP cancelled appointment on patient's behalf	Reason not recorded	Reason incorrectly recorded	Total appointments cancelled by either patient or hospital
General Surgery	102	78	1,470	15,921	8	262	299	34,832
Urology	12	1	304	3,577	0	32	44	8,759
T & O Surgery	209	110	2,511	14,608	13	738	903	31,386
ENT	19	22	836	12,040	7	123	142	22,566
Ophthalmology	124	21	916	13,875	9	185	104	25,544
Oral Surgery	20	11	468	2,791	5	17	65	5,806
Restorative Dentistry	10	0	111	1,796	0	98	4	2,863
Paediatric Dentistry	0	2	43	634	0	9	2	974
Orthodontics	1	0	56	1,966	0	4	35	3,245
Neurosurgery	0	1	60	783	2	4	7	2,160
Plastic Surgery	23	1	250	1,809	3	15	79	3,588
Cardiac Surgery	0	11	23	169	0	4	4	724
Paediatric Surgery	0	0	102	828	0	28	11	1,999
Thoracic Surgery	3	58	25	268	2	4	1	897
Accident & Emergency	0	0	143	85	0	0	0	228
Anaesthetics	0	0	15	93	1	1	8	211
Pain Management	0	0	93	1,587	1	84	22	3,250
General Medicine	25	67	343	6,235	10	60	183	13,052
Gastroenterology	12	23	273	5,553	17	123	156	11,190
Endocrinology	8	148	154	5,140	4	39	58	8,600
Haematology (Clinical)	10	22	69	3,978	3	75	249	9,787
Clinical Genetics	0	0	17	347	0	3	0	768
Rehabilitation	63	0	7	982	153	143	20	2,281
Palliative Medicine	3	0	25	314	0	9	13	548
Cardiology	17	23	355	6,124	1	86	133	12,748
Dermatology	47	51	843	11,094	10	180	174	18,299

Table 3c: continued

Specialty	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	GP cancelled appointment on patient's behalf	Reason not recorded	Reason incorrectly recorded	Total appointments cancelled by either patient or hospital
Thoracic Medicine	22	12	196	5,293	11	64	153	11,712
Nephrology	10	1	71	3,247	0	32	94	8,124
Medical Oncology	3	73	11	950	0	34	0	2,683
Neurology	21	12	244	3,838	7	63	67	9,024
Clinical Neuro-Physiology	1	1	9	76	2	4	0	152
Rheumatology	13	19	282	6,764	7	59	248	13,299
Paediatrics	1	177	641	9,636	1	2,298	240	23,224
Paediatric Neurology	0	70	25	469	0	11	6	996
Geriatric Medicine	17	0	341	3,409	2	101	127	7,413
Dental Medicine Specialties	6	0	71	641	1	14	10	899
Gynaecology	15	341	1,030	12,658	5	120	263	22,820
Obstetrics (Ante Natal)	1	568	2,767	5,139	21	127	931	17,809
Obstetrics (Post Natal)	0	0	0	4	0	0	0	7
Learning Disability	0	3	27	376	0	148	10	765
Child & Adolescent Psychiatry	0	0	0	0	0	655	0	655
Old Age Psychiatry	4	0	64	1,284	0	0	95	2,533
Clinical Oncology	10	0	35	2,494	0	70	68	7,164
Chemical Pathology	1	0	7	659	0	1	13	1,000
Joint Consultant Clinics	0	23	293	655	0	25	91	1,457
NI Total	833	1,950	15,626	170,189	306	6,152	5,132	358,041

Source: QOAR (Part 2)

¹⁵ Refer to Appendix 7: Explanatory Notes Points 1, 3, 5-6, 10, 12-14 & 16-19

Table 4: Acute Services (POC 1) - Activity by Hospital/HSC Trust, 2017/18¹⁶

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	43,946	89,739	3,162	7,464	6,469	13,184	5,922	17,065	3,006	449	8
NI Cancer Centre	4,248	19,821	167	1,202	256	2,818	545	4,744	11,632	454	34
Mater Infirmorum	6,466	13,243	750	1,916	775	1,641	371	1,770	211	93	0
Musgrave Park	17,178	46,277	1,414	4,451	1,399	5,452	1,579	4,038	0	45	6
RBHSC	19,127	65,888	1,212	6,765	2,066	8,846	1,261	7,314	441	18	17
Royal Maternity	1,479	5,151	116	185	202	629	143	222	0	0	0
Royal Victoria	72,713	168,257	5,230	15,273	9,572	29,637	5,968	25,576	2,155	820	89
Belfast HSCT	165,157	408,376	12,051	37,256	20,739	62,207	15,789	60,729	17,445	1,879	154
Antrim	27,365	52,875	1,292	3,560	4,635	8,280	2,807	7,270	5,561	222	598
Causeway	14,604	24,715	893	2,114	2,173	4,424	1,295	3,345	3,270	64	27
Mid Ulster	3,658	7,243	175	544	1,154	1,918	487	1,138	691	21	5
Moyle	919	1,440	49	130	296	271	95	260	0	3	0
Waveney	3,832	7,144	202	529	926	1,909	513	1,219	8	22	30
Whiteabbey	4,051	7,584	290	739	1,025	1,766	341	1,004	15	39	5
Northern HSCT	54,429	101,001	2,901	7,616	10,209	18,568	5,538	14,236	9,545	371	665
Ards	5,926	11,172	449	957	463	952	267	1,076	0	39	0
Bangor	4,257	6,015	278	560	350	627	203	686	0	30	0
Downe	6,975	10,277	574	995	703	1,061	305	834	1	29	0
Lagan Valley	9,957	15,691	692	996	933	1,335	549	1,205	0	35	0
Ulster	45,130	76,732	3,420	10,795	3,493	8,082	2,223	9,453	932	251	22
South Eastern HSCT	72,245	119,887	5,413	14,303	5,942	12,057	3,547	13,254	933	384	22

Table 4: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Armagh Community	1,734	3,248	182	559	244	299	92	262	0	1	0
Banbridge	1,989	4,798	158	406	380	637	160	471	0	8	0
Bluestone	590	962	71	205	33	163	29	43	46	0	0
Craigavon Area	43,344	75,768	2,990	5,794	5,755	7,858	2,054	6,457	3,793	171	0
Daisy Hill	19,326	29,097	1,878	3,449	2,616	3,309	1,162	3,317	1,557	81	2
Kilkeel Primary Care Centre	206	236	15	21	41	29	0	9	0	0	0
Lurgan	2	102	0	5	0	10	0	1	1	0	0
South Tyrone	4,633	9,224	297	817	727	871	213	597	1,101	19	0
Southern HSCT	71,824	123,435	5,591	11,256	9,796	13,176	3,710	11,157	6,498	280	2
Altnagelvin Area	50,930	91,272	5,332	10,464	5,927	10,977	4,724	13,195	7,473	297	101
Grangewood	284	918	33	171	40	307	0	117	0	0	0
Omagh	5,426	10,903	359	876	618	1,413	463	1,103	48	22	8
Roe Valley	2,016	3,321	240	380	288	471	439	777	0	11	0
South West Acute	10,908	19,525	623	1,486	1,294	2,593	806	1,652	1,102	42	1,209
Tyrone County	1,768	3,286	125	311	175	358	119	349	9	9	13
Western HSCT	71,332	129,225	6,712	13,688	8,342	16,119	6,551	17,193	8,632	381	1,331
NI Total	434,987	881,924	32,668	84,119	55,028	122,127	35,135	116,569	43,053	3,295	2,174

Source: QOAR (Part 1)

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

¹⁶ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 12-18

Table 5: Maternity and Child Health (POC 2) - Activity by Hospital/HSC Trust, 2017/18¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Royal Maternity	6,537	14,574	255	817	573	1,726	179	872	0	0	0
Belfast HSCT	6,537	14,574	255	817	573	1,726	179	872	0	0	0
Antrim	1,499	4,231	44	128	106	176	86	366	125	0	106
Causeway	858	3,852	20	247	89	240	95	635	4,136	2	0
Mid Ulster	533	1,911	19	107	32	113	15	213	0	0	0
Moyle	276	795	16	33	21	30	7	101	0	0	0
Waveney	827	2,995	48	127	85	252	26	308	0	0	0
Whiteabbey	206	948	10	79	32	55	45	70	0	0	0
Northern HSCT	4,199	14,732	157	721	365	866	274	1,693	4,261	2	106
Downe	1	1,166	0	101	0	36	2	145	0	0	0
Lagan Valley	2	1,560	0	147	1	99	0	214	0	0	0
Ulster	2,438	10,300	88	443	307	669	229	1,758	0	0	0
South Eastern HSCT	2,441	13,026	88	691	308	804	231	2,117	0	0	0
Armagh Community	260	1,243	7	63	53	103	43	139	0	0	0
Craigavon Area	1,430	8,242	86	478	282	777	124	799	3,709	0	0
Daisy Hill	1,358	6,272	96	224	250	897	95	521	1,974	1	0
South Tyrone	453	2,393	17	86	108	299	88	496	0	0	0
Southern HSCT	3,501	18,150	206	851	693	2,076	350	1,955	5,683	1	0

Table 5: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Altnagelvin Area	2,495	7,943	100	775	175	280	236	750	0	0	5
Omagh	345	773	18	84	15	7	36	112	0	0	0
Roe Valley	343	769	9	87	15	24	94	161	0	0	0
South West Acute	914	3,163	52	239	67	140	111	463	126	0	0
Tyrone County	101	275	6	26	4	2	19	23	0	0	0
Western HSCT	4,198	12,923	185	1,211	276	453	496	1,509	126	0	5
NI Total	20,876	73,405	891	4,291	2,215	5,925	1,530	8,146	10,070	3	111

Source: QOAR (Part 1)

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

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12 & 15

Table 6: Elderly Care (POC 4) - Activity by Hospital/HSC Trust, 2017/18¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	896	2,127	85	297	219	618	233	844	1,471	34	0
Mater Infirmorum	76	503	3	106	9	88	12	119	1	7	0
Musgrave Park	225	1,057	76	267	28	153	16	28	0	2	0
Royal Victoria	136	816	7	86	19	114	27	84	0	2	0
Belfast HSCT	1,333	4,503	171	756	275	973	288	1,075	1,472	45	0
Antrim	77	113	3	10	20	21	7	31	21	2	0
Causeway	100	359	3	45	28	99	9	104	2	1	0
Mid Ulster	80	271	4	13	12	75	10	30	0	0	0
Waveney	226	296	18	13	71	86	30	117	0	1	0
Whiteabbey	514	1,123	41	159	91	176	45	158	0	6	4
Northern HSCT	997	2,162	69	240	222	457	101	440	23	10	4
Ards	758	1,908	126	288	284	507	235	515	0	53	0
Downe	272	498	56	117	42	91	37	75	0	6	0
Lagan Valley	930	1,514	133	224	165	281	94	116	0	19	0
Ulster	2,110	2,093	166	205	263	309	180	330	0	31	0
South Eastern HSCT	4,070	6,013	481	834	754	1,188	546	1,036	0	109	0

Table 6: continued

Hospital/HSC Trust	Attendances		DNA		CNA		Hospital Cancellations		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Bluestone	49	315	21	62	18	46	17	71	138	3	0
Craigavon Area	955	645	45	42	55	56	36	43	229	0	0
Daisy Hill	222	405	61	131	59	69	45	57	16	4	0
Lurgan	640	1,202	23	113	152	333	23	115	1	14	0
Mullinure	291	224	18	13	78	65	26	89	0	7	0
St Luke's	49	490	48	246	8	11	19	15	14	5	0
South Tyrone	242	408	37	71	42	46	20	130	0	8	0
Southern HSCT	2,448	3,689	253	678	412	626	186	520	398	41	0
Altnagelvin	416	1,024	59	204	38	155	22	229	0	17	0
Omagh	155	181	12	20	19	33	10	23	0	1	0
South West Acute	418	1,013	15	78	39	117	26	63	0	7	0
Tyrone County	56	51	2	8	7	12	14	40	0	0	0
Western HSCT	1,045	2,269	88	310	103	317	72	355	0	25	0
NI Total	9,893	18,636	1,062	2,818	1,766	3,561	1,193	3,426	1,893	230	4

Source: QOAR (Part 1)

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

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12 & 15

Table 7: Mental Health (POC 5) - Activity by Hospital/HSC Trust, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Beechcroft	574	10,441	97	1,511	40	590	2	23	0	0	0
Belfast HSCT	574	10,441	97	1,511	40	590	2	23	0	0	0
NI Total	574	10,441	97	1,511	40	590	2	23	0	0	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 8: Learning Disability (POC 6) - Activity by Hospital/HSC Trust, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Muckamore Abbey	344	2,705	68	412	33	369	16	170	0	4	0
Belfast HSCT	344	2,705	68	412	33	369	16	170	0	4	0
Longstone	79	1,329	20	327	0	1	0	28	0	0	0
Southern HSCT	79	1,329	20	327	0	1	0	28	0	0	0
Lakeview	70	1,388	21	102	30	118	0	0	0	0	0
Western HSCT	70	1,388	21	102	30	118	0	0	0	0	0
NI Total	493	5,422	109	841	63	488	16	198	0	4	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 9: Specialty 100 - Activity by Hospital/HSC Trust for General Surgery, 2017/18¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	11,074	13,122	651	870	1,602	1,706	1,694	3,463	56	55	0
Mater Infirmorum	2,402	3,677	175	415	307	441	117	575	33	23	0
Royal Victoria	3,789	8,815	332	716	657	1,323	548	1,187	0	149	18
Belfast HSCT	17,265	25,614	1,158	2,001	2,566	3,470	2,359	5,225	89	227	18
Antrim	8,453	6,467	325	379	1,425	1,089	824	1,466	95	26	63
Causeway	4,270	3,951	290	298	560	707	434	420	173	9	2
Mid Ulster	155	346	11	27	26	128	34	90	0	1	2
Waveney	633	745	26	45	137	229	79	136	0	4	21
Whiteabbey	355	555	15	41	84	133	18	137	0	3	0
Northern HSCT	13,866	12,064	667	790	2,232	2,286	1,389	2,249	268	43	88
Ards	1,429	939	106	90	128	106	58	107	0	3	0
Bangor	943	623	69	52	73	55	32	53	0	2	0
Downe	1,231	616	93	59	152	50	32	28	1	1	0
Lagan Valley	1,227	526	104	53	102	36	58	32	0	2	0
Ulster	5,861	4,987	354	395	491	400	238	330	0	9	0
South Eastern HSCT	10,691	7,691	726	649	946	647	418	550	1	17	0
Armagh Community	163	101	6	6	20	14	34	46	0	0	0
Banbridge	428	459	29	32	113	53	27	14	0	2	0
Craigavon Area	7,491	6,910	498	447	1,110	646	402	802	124	22	0
Daisy Hill	3,178	2,810	246	231	441	295	238	267	11	7	0
South Tyrone	400	152	19	5	67	22	9	6	0	1	0
Southern HSCT	11,660	10,432	798	721	1,751	1,030	710	1,135	135	32	0

Table 9: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Altnagelvin Area	7,473	6,554	641	674	945	739	826	1,460	86	28	99
Omagh	1,182	1,611	45	99	119	199	114	139	32	4	0
Roe Valley	66	80	7	8	12	16	16	13	0	0	0
South West Acute	2,255	2,752	125	152	302	337	192	315	58	8	10
Tyrone County	319	383	8	19	28	35	20	42	6	1	0
Western HSCT	11,295	11,380	826	952	1,406	1,326	1,168	1,969	182	41	109
NI Total	64,777	67,181	4,175	5,113	8,901	8,759	6,044	11,128	675	360	215

Source: QOAR (Part 1)

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

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12 & 15

Table 10: Specialty 101 - Activity by Hospital/HSC Trust for Urology, 2017/18¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Belfast City	3,569	5,635	278	327	536	782	907	1,432	72	35	7
Belfast HSCT	3,569	5,635	278	327	536	782	907	1,432	72	35	7
Causeway	0	0	0	0	0	0	0	0	1	0	0
Northern HSCT	0	0	0	0	0	0	0	0	1	0	0
Ards	813	684	79	64	83	58	12	45	0	5	0
Bangor	618	591	31	33	44	75	33	68	0	4	0
Downe	255	415	21	14	17	39	5	22	0	0	0
Lagan Valley	119	286	7	13	7	22	10	26	0	3	0
Ulster	537	1,337	43	83	41	94	61	119	0	5	0
South Eastern HSCT	2,342	3,313	181	207	192	288	121	280	0	17	0
Banbridge	5	106	0	7	0	14	0	2	0	0	0
Craigavon Area	3,541	4,310	224	213	588	378	189	273	7	10	0
South Tyrone	15	273	0	11	0	19	0	5	0	0	0
Southern HSCT	3,561	4,689	224	231	588	411	189	280	7	10	0
Altnagelvin Area	2,433	3,094	370	397	329	423	476	625	45	8	1
Omagh	0	0	0	0	0	0	2	1	0	0	0
Roe Valley	737	1,105	111	136	150	212	191	333	0	4	0
Tyrone County	62	2	6	0	8	0	2	1	0	0	0
Western HSCT	3,232	4,201	487	533	487	635	671	960	45	12	1
NI Total	12,704	17,838	1,170	1,298	1,803	2,116	1,888	2,952	125	74	8

Source: QOAR (Part 1)

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

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12 & 15

Table 11: Specialty 110 - Activity by Hospital/HSC Trust for Trauma and Orthopaedic (T&O) Surgery, 2017/18²⁰

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Mater Infirmorum	925	859	196	248	77	92	6	39	0	2	0
Musgrave Park	16,560	31,689	1,318	3,451	1,338	2,912	1,495	2,155	0	16	6
RBHSC	2,176	5,969	176	745	182	660	116	828	1	0	0
Royal Victoria	10,764	23,973	1,098	3,158	1,062	3,607	371	2,359	0	106	0
Belfast HSCT	30,425	62,490	2,788	7,602	2,659	7,271	1,988	5,381	1	124	6
Downe	1,299	1,663	133	226	93	191	76	121	0	4	0
Lagan Valley	0	2,768	0	0	0	0	0	0	0	0	0
Ulster	3,480	10,869	340	1,308	156	829	87	623	0	30	0
South Eastern HSCT	4,779	15,300	473	1,534	249	1,020	163	744	0	34	0
Armagh Community	0	22	0	0	0	6	0	2	0	0	0
Craigavon Area	8,018	15,284	757	1,495	1,019	1,856	358	1,935	0	23	0
Daisy Hill	1,572	2,462	342	461	149	208	104	219	0	4	0
South Tyrone	0	0	0	0	0	0	0	15	0	0	0
Southern HSCT	9,590	17,768	1,099	1,956	1,168	2,070	462	2,171	0	27	0
Altnagelvin Area	8,936	16,366	1,074	1,726	998	1,677	528	1,596	1	14	0
Omagh	634	1,074	36	116	39	155	76	142	0	1	0
Roe Valley	172	351	22	38	13	38	14	70	0	1	0
South West Acute	1,169	1,942	80	168	113	307	84	88	0	0	0
Tyrone County	158	276	18	48	15	45	4	38	0	0	0
Western HSCT	11,069	20,009	1,230	2,096	1,178	2,222	706	1,934	1	16	0
NI Total	55,863	115,567	5,590	13,188	5,254	12,583	3,319	10,230	2	201	6

Source: QOAR (Part 1)

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

²⁰ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12-13 & 15

Table 12: Specialty 120 - Activity by Hospital/HSC Trust for Ear, Nose and Throat (ENT), 2017/18¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	140	112	4	0	27	19	13	11	0	0	0
RBHSC	2,725	3,277	141	336	343	733	125	317	0	2	1
Royal Victoria	8,369	11,891	556	923	1,038	1,905	832	1,967	324	48	0
Belfast HSCT	11,234	15,280	701	1,259	1,408	2,657	970	2,295	324	50	1
Antrim	1,574	2,689	67	206	334	516	287	471	188	3	1
Causeway	1,232	1,572	54	99	176	240	53	65	8	2	0
Mid Ulster	738	958	25	55	274	208	120	158	0	1	0
Moyle	394	377	21	35	189	102	42	57	0	0	0
Waveney	1,103	1,370	48	73	294	366	231	289	8	1	9
Whiteabbey	491	644	25	31	141	150	75	68	0	3	0
Northern HSCT	5,532	7,610	240	499	1,408	1,582	808	1,108	204	10	10
Ards	476	425	40	45	34	51	23	129	0	3	0
Bangor	645	365	35	30	46	51	14	9	0	1	0
Downe	1,411	914	116	86	137	99	26	49	0	1	0
Lagan Valley	960	910	58	78	79	87	21	31	0	3	0
Ulster	3,432	3,054	331	327	321	359	95	279	0	13	1
South Eastern HSCT	6,924	5,668	580	566	617	647	179	497	0	21	1
Banbridge	246	234	15	27	32	27	24	28	0	0	0
Craigavon Area	5,390	6,179	369	488	717	785	269	624	928	11	0
Daisy Hill	2,250	2,614	235	220	286	301	114	191	0	4	0
South Tyrone	766	892	46	72	91	107	27	51	0	0	0
Southern HSCT	8,652	9,919	665	807	1,126	1,220	434	894	928	15	0

Table 12: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Altnagelvin Area	5,343	6,455	596	829	915	959	636	1,297	832	18	0
Omagh	650	661	35	44	55	98	15	13	0	0	8
Roe Valley	236	275	25	47	23	27	110	121	0	0	0
South West Acute	829	1,074	33	81	68	151	68	88	0	3	44
Tyrone County	208	221	15	12	23	22	13	14	0	0	13
Western HSCT	7,266	8,686	704	1,013	1,084	1,257	842	1,533	832	21	65
NI Total	39,608	47,163	2,890	4,144	5,643	7,363	3,233	6,327	2,288	117	77

Source: QOAR (Part 1)

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

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12 & 15

Table 13: Specialty 130 - Activity by Hospital/HSC Trust for Ophthalmology, 2017/18¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Royal Victoria	11,240	45,375	1,124	3,143	2,419	8,129	1,350	5,858	32	171	19
Belfast HSCT	11,240	45,375	1,124	3,143	2,419	8,129	1,350	5,858	32	171	19
Ards	149	780	9	98	22	100	25	187	0	5	0
Downe	463	487	26	32	65	53	22	14	0	1	0
Lagan Valley	786	1,497	45	88	86	156	42	89	0	1	0
Ulster	586	1,002	69	114	64	123	27	76	0	9	0
South Eastern HSCT	1,984	3,766	149	332	237	432	116	366	0	16	0
Craigavon Area	669	1,274	47	77	91	114	22	122	0	7	0
Daisy Hill	1,219	1,292	92	132	209	140	93	80	10	6	0
South Tyrone	285	698	17	50	29	86	30	70	1	1	0
Southern HSCT	2,173	3,264	156	259	329	340	145	272	11	14	0
Altnagelvin Area	5,621	12,607	311	1,017	446	1,886	414	1,562	436	45	0
Omagh	327	1,704	16	107	39	221	28	124	0	3	0
Roe Valley	231	470	17	40	20	56	57	72	0	2	0
South West Acute	609	2,054	33	100	51	224	16	60	18	2	0
Tyrone County	141	651	9	59	19	87	28	141	0	2	0
Western HSCT	6,929	17,486	386	1,323	575	2,474	543	1,959	454	54	0
NI Total	22,326	69,891	1,815	5,057	3,560	11,375	2,154	8,455	497	255	19

Source: QOAR (Part 1)

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

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12 & 15

Table 14: Specialty 140 - Activity by Hospital/HSC Trust for Oral Surgery, 2017/18²¹

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Royal Victoria	2,931	2,410	107	480	253	607	74	341	0	11	0
Belfast HSCT	2,931	2,410	107	480	253	607	74	341	0	11	0
Downe	339	270	31	41	35	34	31	25	0	1	0
Ulster	3,921	6,588	408	1,049	504	962	219	925	0	15	17
South Eastern HSCT	4,260	6,858	439	1,090	539	996	250	950	0	16	17
Craigavon Area	98	32	5	4	21	9	16	7	4	0	0
Daisy Hill	0	0	0	0	0	0	1	1	0	0	0
Southern HSCT	98	32	5	4	21	9	17	8	4	0	0
Altnagelvin Area	2,028	2,709	349	341	421	424	243	568	6	15	0
Omagh	43	9	6	0	11	0	0	1	0	1	0
South West Acute	80	91	5	4	13	14	22	24	0	0	0
Western HSCT	2,151	2,809	360	345	445	438	265	593	6	16	0
NI Total	9,440	12,109	911	1,919	1,258	2,050	606	1,892	10	43	17

Source: QOAR (Part 1)

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

²¹ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12, 15 & 18

Table 15: Specialty 141 - Activity by Hospital/HSC Trust for Restorative Dentistry, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Royal Victoria	1,983	5,874	309	737	438	1,521	120	784	0	15	0
Belfast HSCT	1,983	5,874	309	737	438	1,521	120	784	0	15	0
NI Total	1,983	5,874	309	737	438	1,521	120	784	0	15	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 16: Specialty 142 - Activity by Hospital/HSC Trust for Paediatric Dentistry, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
RBHSC	603	1,867	95	488	116	544	58	223	7	2	0
Belfast HSCT	603	1,867	95	488	116	544	58	223	7	2	0
Craigavon	43	85	5	7	8	11	3	11	0	0	0
Southern HSCT	43	85	5	7	8	11	3	11	0	0	0
NI Total	646	1,952	100	495	124	555	61	234	7	2	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 17: Specialty 143 - Activity by Hospital/HSC Trust for Orthodontics, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Royal Victoria	334	2,617	23	345	51	456	14	300	0	0	0
Belfast HSCT	334	2,617	23	345	51	456	14	300	0	0	0
Antrim	200	2,123	13	182	36	428	21	342	0	1	0
Causeway	54	444	1	35	3	90	2	25	0	0	0
Northern HSCT	254	2,567	14	217	39	518	23	367	0	1	0
Craigavon Area	256	2,469	18	322	39	529	0	129	0	0	0
Southern HSCT	256	2,469	18	322	39	529	0	129	0	0	0
Altnagelvin Area	255	2,236	32	363	21	255	15	281	0	0	1
South West Acute	65	767	2	72	9	129	3	67	0	0	0
Western HSCT	320	3,003	34	435	30	384	18	348	0	0	1
NI Total	1,164	10,656	89	1,319	159	1,887	55	1,144	0	1	1

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 18: Specialty 150 - Activity by Hospital/HSC Trust for Neurosurgery, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
RBHSC	185	502	19	32	21	68	23	119	15	1	0
Royal Victoria	1,819	2,819	77	269	233	528	239	929	159	16	0
Belfast HSCT	2,004	3,321	96	301	254	596	262	1,048	174	17	0
NI Total	2,004	3,321	96	301	254	596	262	1,048	174	17	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 19: Specialty 160 - Activity by Hospital/HSC Trust for Plastic Surgery, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
RBHSC	510	1,332	22	213	63	286	92	160	114	2	0
Royal Victoria	9	286	5	160	1	106	5	108	442	2	0
Belfast HSCT	519	1,618	27	373	64	392	97	268	556	4	0
Ards	206	403	14	42	22	74	9	28	0	0	0
Lagan Valley	148	696	2	49	33	127	3	98	0	4	0
Ulster	5,192	8,023	254	1,105	350	1,064	197	762	0	35	0
South Eastern HSCT	5,546	9,122	270	1,196	405	1,265	209	888	0	39	0
NI Total	6,065	10,740	297	1,569	469	1,657	306	1,156	556	43	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 20: Specialty 170 - Activity by Hospital/HSC Trust for Cardiac Surgery, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Royal Victoria	741	1,322	25	68	48	148	150	378	0	9	0
Belfast HSCT	741	1,322	25	68	48	148	150	378	0	9	0
NI Total	741	1,322	25	68	48	148	150	378	0	9	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 21: Specialty 171 - Activity by Hospital/HSC Trust for Paediatric Surgery, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
RBHSC	1,572	2,331	62	253	227	505	150	489	2	0	0
Belfast HSCT	1,572	2,331	62	253	227	505	150	489	2	0	0
Ulster	882	553	60	117	95	118	73	342	0	0	0
South Eastern HSCT	882	553	60	117	95	118	73	342	0	0	0
NI Total	2,454	2,884	122	370	322	623	223	831	2	0	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 22: Specialty 172 - Activity by Hospital/HSC Trust for Thoracic Surgery, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Royal Victoria	740	1,562	44	149	67	227	164	427	0	8	0
Belfast HSCT	740	1,562	44	149	67	227	164	427	0	8	0
Altnagelvin Area	17	31	1	5	3	2	3	4	0	1	0
Western HSCT	17	31	1	5	3	2	3	4	0	1	0
NI Total	757	1,593	45	154	70	229	167	431	0	9	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 23: Specialty 180 - Activity by Hospital/HSC Trust for Accident & Emergency, 2017/18²⁰

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Antrim	0	427	0	0	0	0	0	0	10	0	0
Northern HSCT	0	427	0	0	0	0	0	0	10	0	0
Downe	0	421	0	0	0	0	0	0	0	0	0
Lagan Valley	0	268	0	0	0	0	0	0	0	0	0
Ulster	0	3,749	0	1,509	0	228	0	0	0	0	0
South Eastern HSCT	0	4,438	0	1,509	0	228	0	0	0	0	0
Craigavon	0	0	0	0	0	0	0	0	1	0	0
Southern HSCT	0	0	0	0	0	0	0	0	1	0	0
NI Total	0	4,865	0	1,509	0	228	0	0	11	0	0

Source: QOAR (Part 1)

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

²⁰ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12-13 & 15

Table 24: Specialty 190 - Activity by Hospital/HSC Trust for Anaesthetics, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Royal Maternity	218	4	35	8	35	2	28	0	0	0	0
Royal Victoria	37	6	18	1	8	0	7	1	0	0	0
Belfast HSCT	255	10	53	9	43	2	35	1	0	0	0
Antrim	0	1,291	0	22	0	28	0	34	0	0	0
Causeway	1	1,222	0	26	0	27	0	14	2	0	0
Waveney	0	23	0	1	0	2	0	6	0	0	0
Northern HSCT	1	2,536	0	49	0	57	0	54	2	0	0
Craigavon	0	660	0	20	0	13	0	6	228	0	0
Southern HSCT	0	660	0	20	0	13	0	6	228	0	0
NI Total	256	3,206	53	78	43	72	35	61	230	0	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 25: Specialty 191 - Activity by Hospital/HSC Trust for Pain Management, 2017/18¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	2,250	2,120	145	145	285	326	463	536	5	6	0
Mater Infirmorum	2	40	0	4	0	7	2	15	0	1	0
Belfast HSCT	2,252	2,160	145	149	285	333	465	551	5	7	0
Antrim	292	242	14	7	65	56	42	34	2	0	8
Causeway	445	232	37	26	72	43	22	14	43	0	0
Mid Ulster	135	61	9	2	73	11	50	22	0	0	1
Whiteabbey	45	46	1	4	10	7	8	7	0	0	1
Northern HSCT	917	581	61	39	220	117	122	77	45	0	10
Ulster	1,144	1,363	169	113	130	129	87	32	0	4	4
South Eastern HSCT	1,144	1,363	169	113	130	129	87	32	0	4	4
Armagh Community	136	168	17	6	42	12	4	9	0	0	0
Craigavon Area	470	451	33	16	82	46	25	27	0	1	0
Daisy Hill	176	140	17	15	17	15	2	0	0	0	0
South Tyrone	355	288	25	17	69	37	16	29	1	2	0
Southern HSCT	1,137	1,047	92	54	210	110	47	65	1	3	0
Altnagelvin Area	372	377	67	107	57	42	42	33	0	0	0
Omagh	262	202	53	54	51	7	19	2	0	0	0
South West Acute	38	0	4	0	3	0	2	0	0	0	0
Tyrone County	82	20	16	1	6	1	4	1	0	0	0
Western HSCT	754	599	140	162	117	50	67	36	0	0	0
NI Total	6,204	5,750	607	517	962	739	788	761	51	14	14

Source: QOAR (Part 1)

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

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12 & 15

Table 26: Specialty 300 - Activity by Hospital/HSC Trust for General Medicine, 2017/18¹⁹

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	576	1,624	48	94	94	308	84	259	46	9	0
Mater Infirmorum	37	89	5	13	4	13	1	22	42	1	0
Royal Victoria	1,140	4,331	89	584	215	1,135	254	1,143	353	18	0
Belfast HSCT	1,753	6,044	142	691	313	1,456	339	1,424	441	28	0
Antrim	1,382	672	92	75	32	17	78	23	4,312	1	4
Causeway	397	621	20	52	28	127	24	135	71	2	0
Mid Ulster	149	487	12	16	50	80	10	28	0	2	0
Waveney	46	52	7	3	24	6	26	27	0	1	0
Whiteabbey	0	0	0	0	0	0	1	0	0	0	0
Northern HSCT	1,974	1,832	131	146	134	230	139	213	4,383	6	4
Ards	515	2,079	68	228	50	200	48	246	0	7	0
Bangor	146	681	17	81	12	78	12	50	0	3	0
Downe	462	1,766	37	172	53	233	43	286	0	6	0
Lagan Valley	1,751	2,300	135	191	158	241	107	163	0	2	0
Ulster	2,468	8,770	287	1,216	246	849	158	994	0	16	0
South Eastern HSCT	5,342	15,596	544	1,888	519	1,601	368	1,739	0	34	0
Craigavon Area	31	47	3	17	2	6	8	6	21	0	0
Daisy Hill	317	828	21	105	52	136	19	110	1	2	0
Kilkeel Primary Care	5	58	0	2	2	2	0	1	0	0	0
Southern HSCT	353	933	24	124	56	144	27	117	22	2	0

Table 26: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Patient	Private Patient	
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Attendances
Altnagelvin Area	3,253	7,916	437	1,208	345	1,016	314	914	107	30	0
Omagh	251	916	28	97	39	156	44	170	0	3	0
Roe Valley	8	167	12	37	3	40	5	53	0	1	0
South West Acute	1,130	3,272	89	305	133	470	123	351	5	12	0
Tyrone County	72	240	3	19	3	22	9	23	0	0	0
Western HSCT	4,714	12,511	569	1,666	523	1,704	495	1,511	112	46	0
NI Total	14,136	36,916	1,410	4,515	1,545	5,135	1,368	5,004	4,958	116	4

Source: QOAR (Part 1)

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

¹⁹ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12, 15 & 17

Table 27: Specialty 301 - Activity by Hospital/HSC Trust for Gastroenterology, 2017/18²²

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	1,402	3,293	104	290	242	530	88	592	1	14	0
Mater Infirmorum	1,020	2,138	106	256	131	247	81	209	40	8	0
Royal Victoria	2,526	7,616	304	838	443	1,645	372	1,809	0	58	0
Belfast HSCT	4,948	13,047	514	1,384	816	2,422	541	2,610	41	80	0
Antrim	1,796	4,269	89	210	395	776	185	770	44	18	29
Causeway	760	1,763	60	104	107	230	60	176	510	11	17
Mid Ulster	303	651	21	42	51	139	32	172	0	0	0
Whiteabbey	377	624	25	42	86	133	40	92	3	4	0
Northern HSCT	3,236	7,307	195	398	639	1,278	317	1,210	557	33	46
Downe	18	30	2	4	1	3	2	21	0	1	0
Ulster	9	29	0	0	0	2	1	1	0	0	0
South Eastern HSCT	27	59	2	4	1	5	3	22	0	1	0
Armagh Community	80	244	6	17	21	28	3	17	0	0	0
Banbridge	261	177	35	13	66	23	29	30	0	0	0
Craigavon Area	500	964	59	123	79	90	52	143	2	2	0
Daisy Hill	987	1,242	95	128	172	142	39	185	0	6	0
South Tyrone	392	389	43	45	99	45	23	40	0	1	0
Southern HSCT	2,220	3,016	238	326	437	328	146	415	2	9	0
NI Total	10,431	23,429	949	2,112	1,893	4,033	1,007	4,257	600	123	46

Source: QOAR (Part 1)

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

²² Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 15, 17 & 18

Table 28: Specialty 302 - Activity by Hospital/HSC Trust for Endocrinology, 2017/18¹⁸

Hospital/HSC Trust	Attendances		DNA		CNA		Hospital Cancellations		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	315	2,409	75	243	88	435	63	351	59	8	0
Mater Infirmorum	351	1,963	71	366	68	317	65	319	5	4	0
Royal Victoria	1,533	8,968	140	733	205	1,536	121	1,155	1	30	0
Belfast HSCT	2,199	13,340	286	1,342	361	2,288	249	1,825	65	42	0
Antrim	924	1,116	43	104	100	275	71	152	0	2	0
Causeway	305	1,416	22	156	54	445	32	213	47	2	0
Mid Ulster	166	929	16	53	37	222	12	48	0	1	0
Moyle	44	304	7	41	12	56	4	43	0	2	0
Waveney	92	708	14	50	22	161	1	30	0	2	0
Whiteabbey	341	1,509	36	153	104	411	15	100	0	4	2
Northern HSCT	1,872	5,982	138	557	329	1,570	135	586	47	13	2
Downe	110	334	10	50	9	36	14	54	0	1	0
Lagan Valley	129	550	6	55	8	54	3	51	0	0	0
South Eastern HSCT	239	884	16	105	17	90	17	105	0	1	0
Armagh Community	21	213	4	16	2	18	1	9	0	0	0
Banbridge	17	155	2	11	3	28	2	19	0	0	0
Craigavon Area	413	1,534	34	125	55	175	27	100	134	3	0
Daisy Hill	416	1,280	44	170	120	209	28	146	197	2	0
Kilkeel Primary Care	1	24	0	2	0	3	0	4	0	0	0
South Tyrone	61	527	8	56	16	56	1	6	0	0	0
Southern HSCT	929	3,733	92	380	196	489	59	284	331	5	0
NI Total	5,239	23,939	532	2,384	903	4,437	460	2,800	443	61	2

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 29: Specialty 303 - Activity by Hospital/HSC Trust for Haematology (Clinical), 2017/18²¹

Hospital/HSC Trust	Attendances		DNA		CNA		Hospital Cancellations		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	1,578	14,399	131	1,144	161	1,831	159	1,477	2,320	71	1
RBHSC	81	2,680	12	142	7	69	11	175	38	0	0
Belfast HSCT	1,659	17,079	143	1,286	168	1,900	170	1,652	2,358	71	1
Antrim	462	7,075	56	661	40	451	53	569	85	34	0
Causeway	187	1,366	10	107	17	152	12	80	0	4	0
Mid Ulster	73	394	6	57	4	22	13	79	0	7	0
Moyle	6	23	0	5	0	4	0	0	0	0	0
Waveney	5	16	0	2	0	2	0	0	0	0	0
Whiteabbey	64	433	16	61	11	56	3	23	0	5	0
Northern HSCT	797	9,307	88	893	72	687	81	751	85	50	0
Ards	188	1,126	17	97	13	102	9	83	0	6	0
Bangor	94	459	12	30	6	27	5	32	0	3	0
Ulster	660	3,196	54	235	77	193	59	190	0	12	0
South Eastern HSCT	942	4,781	83	362	96	322	73	305	0	21	0
Craigavon Area	868	7,283	59	686	83	315	24	670	77	33	0
Daisy Hill	146	1,307	15	128	6	41	3	42	0	9	0
South Tyrone	14	2,110	0	217	1	93	0	31	0	2	0
Southern HSCT	1,028	10,700	74	1,031	90	449	27	743	77	44	0
Altnagelvin Area	266	4,179	14	234	36	311	98	1,671	1	36	0
Omagh	0	253	0	7	0	21	0	22	0	1	0
South West Acute	0	165	0	9	0	19	0	12	0	0	0
Tyrone County	3	112	1	1	0	7	0	4	0	0	0
Western HSCT	269	4,709	15	251	36	358	98	1,709	1	37	0
NI Total	4,695	46,576	403	3,823	462	3,716	449	5,160	2,521	223	1

Source: QOAR (Part 1)

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

²¹ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12, 15 & 18

Table 30: Specialty 311 - Activity by Hospital/HSC Trust for Clinical Genetics, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	1,540	709	105	80	246	121	219	182	0	6	0
Belfast HSCT	1,540	709	105	80	246	121	219	182	0	6	0
NI Total	1,540	709	105	80	246	121	219	182	0	6	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 31: Specialty 314 - Activity by Hospital/HSC Trust for Rehabilitation, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Musgrave Park	399	7,190	78	494	52	1,137	71	947	0	17	0
Royal Victoria	31	262	5	37	1	39	0	34	0	0	0
Belfast HSCT	430	7,452	83	531	53	1,176	71	981	0	17	0
NI Total	430	7,452	83	531	53	1,176	71	981	0	17	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 32: Specialty 315 - Activity by Hospital/HSC Trust for Palliative Medicine, 2017/18¹⁷

Hospital/HSC Trust	Attendances		DNA		CNA		Hospital Cancellations		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
NI Cancer Centre	84	536	18	103	15	112	14	83	609	18	0
Belfast HSCT	84	536	18	103	15	112	14	83	609	18	0
Antrim	0	0	0	0	0	0	0	0	12	0	0
Causeway	0	0	0	0	0	0	0	0	3	0	0
Northern HSCT	0	0	0	0	0	0	0	0	15	0	0
Ulster	32	38	1	2	0	0	0	0	0	0	0
South Eastern HSCT	32	38	1	2	0	0	0	0	0	0	0
Craigavon Area	71	184	1	11	34	56	3	5	280	3	0
Daisy Hill	14	30	2	2	11	12	0	0	198	0	0
South Tyrone	25	85	4	12	17	24	4	8	10	2	0
Southern HSCT	110	299	7	25	62	92	7	13	488	5	0
Altnagelvin Area	55	196	2	14	8	43	5	58	0	4	0
Omagh	14	42	1	3	5	7	5	6	0	0	0
South West Acute	14	66	1	3	2	6	0	4	0	2	0
Tyrone County	2	17	0	0	0	0	0	1	0	0	0
Western HSCT	85	321	4	20	15	56	10	69	0	6	0
NI Total	311	1,194	30	150	92	260	31	165	1,112	29	0

Source: QOAR (Part 1)

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

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12 & 15

Table 33: Specialty 320 - Activity by Hospital/HSC Trust for Cardiology, 2017/18¹⁹

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Belfast City	5,201	3,808	363	385	370	511	254	636	10	20	0
Mater Infirmorum	744	1,961	67	153	82	193	30	110	35	18	0
RBHSC	1,438	3,282	71	235	232	612	186	559	133	1	0
Royal Victoria	2,245	6,928	109	648	268	1,141	193	1,256	0	77	37
Belfast HSCT	9,628	15,979	610	1,421	952	2,457	663	2,561	178	116	37
Antrim	3,706	3,491	153	204	617	519	297	426	430	39	420
Causeway	1,346	1,833	62	130	181	257	115	449	2	11	0
Northern HSCT	5,052	5,324	215	334	798	776	412	875	432	50	420
Ards	538	507	38	37	42	48	28	37	0	4	0
Bangor	144	31	2	3	10	1	6	9	0	1	0
Downe	205	315	9	17	12	27	8	15	0	2	0
Lagan Valley	691	423	37	21	49	29	36	26	0	1	0
Ulster	3,216	1,805	173	149	129	137	195	190	0	10	0
South Eastern HSCT	4,794	3,081	259	227	242	242	273	277	0	18	0
Armagh Community	114	77	7	3	8	6	7	4	0	0	0
Banbridge	84	104	1	8	14	11	3	9	0	0	0
Craigavon Area	1,616	1,889	100	96	164	156	117	138	0	4	0
Daisy Hill	257	301	22	30	30	34	34	62	0	0	0
South Tyrone	140	143	5	4	13	15	8	11	0	0	0
Southern HSCT	2,211	2,514	135	141	229	222	169	224	0	4	0

Table 33: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Altnagelvin Area	1,148	2,492	79	165	93	242	80	266	89	13	0
Omagh	341	533	14	19	28	42	19	67	16	3	0
Roe Valley	267	447	19	41	24	39	13	44	0	3	0
South West Acute	593	1,663	31	106	38	153	46	160	32	5	24
Tyrone County	122	135	3	4	11	8	0	3	3	0	0
Western HSCT	2,471	5,270	146	335	194	484	158	540	140	24	24
NI Total	24,156	32,168	1,365	2,458	2,415	4,181	1,675	4,477	750	212	481

Source: QOAR (Part 1)

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

¹⁹ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12, 15 & 17

Table 34: Specialty 330 - Activity by Hospital/HSC Trust for Dermatology, 2017/18²³

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	3,884	7,499	225	659	675	1,172	232	1,218	10	30	0
RBHSC	810	1,862	50	180	116	456	33	145	0	0	0
Royal Victoria	3,516	7,957	186	573	570	1,500	145	899	0	24	15
Belfast HSCT	8,210	17,318	461	1,412	1,361	3,128	410	2,262	10	54	15
Antrim	1,111	1,766	55	111	244	380	81	162	1	11	1
Causeway	1,116	903	34	51	162	171	32	70	83	3	1
Mid Ulster	0	0	0	0	0	0	0	0	1	0	0
Waveney	702	1,082	28	63	176	333	46	198	0	6	0
Whiteabbey	953	1,567	48	127	268	396	63	207	11	10	0
Northern HSCT	3,882	5,318	165	352	850	1,280	222	637	96	30	2
Bangor	428	1,467	32	147	42	191	34	229	0	6	0
Downe	449	1,285	31	133	57	143	17	86	0	3	0
Lagan Valley	914	1,637	64	122	97	173	22	267	0	6	0
Ulster	2,288	3,799	195	435	274	496	153	597	0	15	0
South Eastern HSCT	4,079	8,188	322	837	470	1,003	226	1,179	0	30	0
Armagh Community	175	234	10	17	17	23	9	15	0	1	0
Craigavon Area	4,113	6,642	226	352	666	1,031	235	347	29	17	0
Daisy Hill	1,882	2,735	115	253	294	402	112	215	0	1	0
Lurgan	0	0	0	0	0	0	0	0	1	0	0
South Tyrone	439	605	15	50	63	68	9	42	0	3	0
Southern HSCT	6,609	10,216	366	672	1,040	1,524	365	619	30	22	0

Table 34: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Altnagelvin Area	3,149	3,962	268	510	385	518	82	141	0	7	0
Omagh	428	522	18	26	45	92	6	7	0	2	0
South West Acute	2,054	758	106	75	275	76	40	20	3	2	1,131
Tyrone County	142	161	7	17	14	17	1	4	0	1	0
Western HSCT	5,773	5,403	399	628	719	703	129	172	3	12	1,131
NI Total	28,553	46,443	1,713	3,901	4,440	7,638	1,352	4,869	139	148	1,148

Source: QOAR (Part 1)

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

²³ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12 & 15-16

Table 35: Specialty 340 - Activity by Hospital/HSC Trust for Thoracic Medicine, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Belfast City	2,118	8,383	255	988	346	1,439	412	1,825	55	89	0
Mater Infirmorum	985	2,516	130	461	106	331	69	481	56	36	0
Royal Victoria	850	2,067	88	210	142	368	147	381	0	25	0
Belfast HSCT	3,953	12,966	473	1,659	594	2,138	628	2,687	111	150	0
Antrim	1,335	3,183	53	230	207	639	124	513	28	48	0
Causeway	275	1,338	11	82	95	218	124	563	7	9	0
Mid Ulster	103	328	3	29	21	79	3	20	0	4	0
Waveney	167	475	7	35	50	130	20	63	0	6	0
Whiteabbey	237	692	14	67	106	166	24	111	0	7	0
Northern HSCT	2,117	6,016	88	443	479	1,232	295	1,270	35	74	0
Ards	380	731	33	84	21	57	16	45	0	6	0
Bangor	325	1,132	19	111	19	88	11	134	0	9	0
Downe	129	462	11	50	13	41	2	11	0	5	0
Lagan Valley	246	463	26	43	18	43	50	95	0	9	0
Ulster	1,501	1,889	100	186	92	159	82	218	21	30	0
South Eastern HSCT	2,581	4,677	189	474	163	388	161	503	21	59	0
Craigavon Area	702	1,777	65	135	111	153	73	147	19	8	0
Daisy Hill	562	1,438	37	116	103	152	42	223	0	14	0
South Tyrone	269	548	14	30	59	36	22	53	0	5	0
Southern HSCT	1,533	3,763	116	281	273	341	137	423	19	27	0
NI Total	10,184	27,422	866	2,857	1,509	4,099	1,221	4,883	186	310	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 36: Specialty 360 - Activity by Hospital/HSC Trust for Genito-Urinary Medicine, 2017/18²⁴

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Royal Victoria	10,774	7,719	0	0	0	0	0	0	0	0	0
Belfast HSCT	10,774	7,719	0	0	0	0	0	0	0	0	0
Daisy Hill	1,248	400	0	0	0	0	0	0	0	0	0
Southern HSCT	1,248	400	0	0	0	0	0	0	0	0	0
Altnagelvin Area	2,748	2,276	317	445	0	0	0	0	0	0	0
Western HSCT	2,748	2,276	317	445	0	0	0	0	0	0	0
NI Total	14,770	10,395	317	445	0	0	0	0	0	0	0

Source: QOAR (Part 1)

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

²⁴ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 14-15

Table 37: Specialty 361 - Activity by Hospital/HSC Trust for Nephrology, 2017/18¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Belfast City	1,053	8,756	98	904	121	965	206	2,058	295	42	0
RBHSC	212	1,689	11	121	28	300	28	447	82	0	0
Belfast HSCT	1,265	10,445	109	1,025	149	1,265	234	2,505	377	42	0
Antrim	448	4,710	31	278	104	794	24	601	4	25	0
Causeway	136	256	4	23	11	34	7	19	0	5	0
Northern HSCT	584	4,966	35	301	115	828	31	620	4	30	0
Ulster	333	2,034	38	170	57	260	47	448	0	28	0
South Eastern HSCT	333	2,034	38	170	57	260	47	448	0	28	0
Daisy Hill	215	2,708	13	158	28	317	37	478	0	23	0
Southern HSCT	215	2,708	13	158	28	317	37	478	0	23	0
Altnagelvin Area	173	1,584	25	129	21	121	6	111	5	10	0
Omagh	108	945	10	55	17	89	8	130	0	1	0
Roe Valley	47	234	3	12	7	19	4	23	0	0	0
South West Acute	63	571	10	39	6	66	3	34	0	3	0
Tyrone County	22	279	5	29	4	22	0	14	0	4	0
Western HSCT	413	3,613	53	264	55	317	21	312	5	18	0
NI Total	2,810	23,766	248	1,918	404	2,987	370	4,363	386	141	0

Source: QOAR (Part 1)

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

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12 & 15

Table 38: Specialty 370 - Activity by Hospital/HSC Trust for Medical Oncology, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
NI Cancer Centre	1,269	5,767	56	295	77	758	122	1,233	5,800	122	8
RBHSC	13	2,011	0	129	0	95	0	186	2	1	0
Belfast HSCT	1,282	7,778	56	424	77	853	122	1,419	5,802	123	8
Craigavon	97	1,160	18	167	0	32	13	167	38	17	0
Southern HSCT	97	1,160	18	167	0	32	13	167	38	17	0
NI Total	1,379	8,938	74	591	77	885	135	1,586	5,840	140	8

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 39: Specialty 400 - Activity by Hospital/HSC Trust for Neurology, 2017/18¹⁷

Hospital/HSC Trust	Attendances		DNA		CNA		Hospital Cancellations		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	1,315	6,331	87	455	240	1,080	345	1,292	1	39	0
Royal Victoria	2,326	4,471	247	553	344	829	331	1,947	216	34	0
Belfast HSCT	3,641	10,802	334	1,008	584	1,909	676	3,239	217	73	0
Antrim	333	605	25	54	48	167	8	37	1	3	0
Mid Ulster	218	625	9	42	63	307	2	9	6	5	0
Northern HSCT	551	1,230	34	96	111	474	10	46	7	8	0
Ards	29	161	0	7	0	16	1	23	0	0	0
Lagan Valley	149	126	14	11	17	8	11	24	0	1	0
Ulster	1,636	1,214	103	173	73	113	66	239	0	8	0
South Eastern HSCT	1,814	1,501	117	191	90	137	78	286	0	9	0
Banbridge	7	123	1	4	3	13	0	3	0	1	0
Craigavon Area	1,474	1,821	84	108	101	208	27	72	744	2	0
Daisy Hill	144	285	17	21	21	25	9	20	0	1	0
South Tyrone	9	100	0	9	1	16	0	1	0	0	0
Southern HSCT	1,634	2,329	102	142	126	262	36	96	744	4	0
Altnagelvin Area	1,060	2,269	98	193	67	239	100	202	258	7	0
Omagh	242	507	14	42	20	62	17	14	0	3	0
South West Acute	100	321	4	33	7	40	8	45	0	1	0
Tyrone County	102	156	9	20	7	16	12	8	0	0	0
Western HSCT	1,504	3,253	125	288	101	357	137	269	258	11	0
NI Total	9,144	19,115	712	1,725	1,012	3,139	937	3,936	1,226	105	0

Source: QOAR (Part 1)

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

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12 & 15

Table 40: Specialty 401 - Activity by Hospital/HSC Trust for Clinical Neuro-Physiology, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Royal Victoria	516	0	31	0	87	0	65	0	628	1	0
Belfast HSCT	516	0	31	0	87	0	65	0	628	1	0
NI Total	516	0	31	0	87	0	65	0	628	1	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 41: Specialty 410 - Activity by Hospital/HSC Trust for Rheumatology, 2017/18¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	1,105	4,601	85	248	194	698	131	706	0	11	0
Musgrave Park	219	7,398	18	506	9	1,403	13	936	0	12	0
Royal Victoria	993	6,242	76	474	158	1,436	144	1,713	0	17	0
Belfast HSCT	2,317	18,241	179	1,228	361	3,537	288	3,355	0	40	0
Antrim	1,006	3,550	47	136	120	492	78	408	19	3	0
Causeway	331	1,558	20	69	38	180	31	279	49	2	0
Mid Ulster	72	289	5	14	7	41	4	7	0	0	0
Moyle	109	266	5	12	10	32	9	20	0	0	0
Waveney	89	623	4	29	10	70	6	81	0	1	0
Whiteabbey	111	243	8	4	9	37	7	12	0	2	0
Northern HSCT	1,718	6,529	89	264	194	852	135	807	68	8	0
Bangor	58	212	5	20	7	12	4	18	0	1	0
Downe	125	712	9	50	6	49	10	66	0	3	0
Lagan Valley	199	746	10	55	22	76	4	44	0	1	0
Ulster	1,154	4,213	75	378	111	449	72	455	1	7	0
South Eastern HSCT	1,536	5,883	99	503	146	586	90	583	1	12	0
Armagh Community	132	375	9	25	10	32	3	43	0	0	0
Banbridge	400	2,283	29	104	57	248	12	130	0	4	0
Craigavon Area	904	2,585	67	149	90	254	27	168	6	5	0
South Tyrone	210	557	16	29	30	45	9	66	1	2	0
Southern HSCT	1,646	5,800	121	307	187	579	51	407	7	11	0

Table 41: continued

Hospital/HSC Trust	Attendances		DNA		CNA		Hospital Cancellations		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Altnagelvin Area	1,001	4,002	85	383	112	432	64	260	386	8	0
Omagh	152	377	13	20	23	40	3	17	0	0	0
South West Acute	180	690	7	19	11	78	7	55	0	2	0
Tyrone County	58	147	1	3	7	9	6	17	0	0	0
Western HSCT	1,391	5,216	106	425	153	559	80	349	386	10	0
NI Total	8,608	41,669	594	2,727	1,041	6,113	644	5,501	462	81	0

Source: QOAR (Part 1)

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

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12 & 15

Table 42: Specialty 420 - Activity by Hospital/HSC Trust for Paediatrics, 2017/18²¹

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
RBHSC	8,498	36,984	533	3,654	694	4,067	408	3,203	33	6	13
Belfast HSCT	8,498	36,984	533	3,654	694	4,067	408	3,203	33	6	13
Antrim	1,230	3,448	77	374	207	805	138	524	171	0	0
Causeway	991	3,177	47	574	119	804	85	518	1,671	0	0
Mid Ulster	524	1,027	23	130	146	364	116	329	684	0	2
Moyle	70	144	1	19	14	24	16	92	0	0	0
Waveney	456	1,278	41	187	97	448	38	198	0	0	0
Whiteabbey	99	544	5	93	9	97	14	159	0	1	1
Northern HSCT	3,370	9,618	194	1,377	592	2,542	407	1,820	2,526	1	3
Ards	694	2,941	0	123	0	105	0	99	0	0	0
Downe	110	169	14	19	12	14	2	2	0	0	0
Lagan Valley	111	78	17	11	10	6	8	8	0	0	0
Ulster	1,519	4,274	137	1,112	126	634	118	1,790	0	2	0
South Eastern HSCT	2,434	7,462	168	1,265	148	759	128	1,899	0	2	0
Armagh Community	489	1,440	91	450	31	85	18	98	0	0	0
Banbridge	250	857	27	175	34	156	43	194	0	0	0
Bluestone	590	962	71	205	33	163	29	43	46	0	0
Craigavon Area	993	2,769	61	256	94	297	42	243	387	1	0
Daisy Hill	1,531	4,273	311	998	163	406	91	593	483	0	0
Lurgan	1	5	0	1	0	0	0	0	0	0	0
South Tyrone	453	1,222	36	153	49	120	13	124	1,088	0	0
Southern HSCT	4,307	11,528	597	2,238	404	1,227	236	1,295	2,004	1	0

Table 42: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Altnagelvin Area	1,173	3,495	157	689	162	602	355	905	2,249	0	0
Grangewood	284	918	33	171	40	307	0	117	0	0	0
Omagh	263	897	34	134	29	110	32	148	0	0	0
South West Acute	522	1,728	18	171	63	241	56	156	302	0	0
Tyrone County	113	318	5	43	9	29	11	23	0	0	0
Western HSCT	2,355	7,356	247	1,208	303	1,289	454	1,349	2,551	0	0
NI Total	20,964	72,948	1,739	9,742	2,141	9,884	1,633	9,566	7,114	10	16

Source: QOAR (Part 1)

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

²¹ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12, 15 & 18

Table 43: Specialty 421 - Activity by Hospital/HSC Trust for Paediatric Neurology, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
RBHSC	304	2,102	20	237	37	451	31	463	14	3	3
Belfast HSCT	304	2,102	20	237	37	451	31	463	14	3	3
Lurgan	1	97	0	4	0	10	0	1	0	0	0
Southern HSCT	1	97	0	4	0	10	0	1	0	0	0
Altnagelvin Area	2	12	0	3	1	1	0	1	0	0	0
Western HSCT	2	12	0	3	1	1	0	1	0	0	0
NI Total	307	2,211	20	244	38	462	31	465	14	3	3

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 44: Specialty 430 - Activity by Hospital/HSC Trust for Geriatric Medicine, 2017/18¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Belfast City	896	2,127	85	297	219	618	233	844	1,471	34	0
Mater Infirmorum	76	503	3	106	9	88	12	119	1	7	0
Musgrave Park	225	1,057	76	267	28	153	16	28	0	2	0
Royal Victoria	136	816	7	86	19	114	27	84	0	2	0
Belfast HSCT	1,333	4,503	171	756	275	973	288	1,075	1,472	45	0
Antrim	77	113	3	10	20	21	7	31	21	2	0
Causeway	100	359	3	45	28	99	9	104	2	1	0
Mid Ulster	80	271	4	13	12	75	10	30	0	0	0
Waveney	226	296	18	13	71	86	30	117	0	1	0
Whiteabbey	514	1,123	41	159	91	176	45	158	0	6	4
Northern HSCT	997	2,162	69	240	222	457	101	440	23	10	4
Lagan Valley	676	702	43	46	69	64	80	77	0	8	0
Ulster	2,110	2,093	166	205	263	309	180	330	0	31	0
South Eastern HSCT	2,786	2,795	209	251	332	373	260	407	0	39	0
Craigavon Area	955	645	45	42	55	56	36	43	229	0	0
Daisy Hill	181	1	26	0	34	0	20	0	0	0	0
Lurgan	640	1,202	23	113	152	333	23	115	1	14	0
Mullinure	291	224	18	13	78	65	26	89	0	7	0
South Tyrone	242	408	37	71	42	46	20	130	0	8	0
Southern HSCT	2,309	2,480	149	239	361	500	125	377	230	29	0

Table 44: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Altnagelvin Area	416	1,024	59	204	38	155	22	229	0	17	0
Omagh	155	181	12	20	19	33	10	23	0	1	0
South West Acute	418	1,013	15	78	39	117	26	63	0	7	0
Tyrone County	56	51	2	8	7	12	14	40	0	0	0
Western HSCT	1,045	2,269	88	310	103	317	72	355	0	25	0
NI Total	8,470	14,209	686	1,796	1,293	2,620	846	2,654	1,725	148	4

Source: QOAR (Part 1)

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

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12 & 15

Table 45: Specialty 450 - Activity by Hospital/HSC Trust for Dental Medicine Specialties, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Royal Victoria	1,082	1,717	72	270	213	501	40	145	0	1	0
Belfast HSCT	1,082	1,717	72	270	213	501	40	145	0	1	0
NI Total	1,082	1,717	72	270	213	501	40	145	0	1	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 46: Specialty 502 - Activity by Hospital/HSC Trust for Gynaecology, 2017/18¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Belfast City	6,826	6,938	508	632	1,242	1,261	652	1,027	76	14	0
Royal Victoria	2,425	3,029	165	204	651	950	282	455	0	0	0
Belfast HSCT	9,251	9,967	673	836	1,893	2,211	934	1,482	76	14	0
Antrim	2,811	2,626	127	176	619	588	479	548	159	7	72
Causeway	2,640	2,089	187	186	526	410	256	214	600	2	7
Mid Ulster	1,022	1,148	35	77	402	317	91	176	0	0	0
Moyle	296	326	15	18	71	53	24	48	0	1	0
Waveney	539	772	27	41	116	162	66	191	0	1	0
Whiteabbey	978	727	97	116	197	180	73	88	1	0	1
Northern HSCT	8,286	7,688	488	614	1,931	1,710	989	1,265	760	11	80
Ards	509	396	45	42	48	35	38	47	0	0	0
Bangor	856	454	56	53	91	49	52	84	0	0	0
Downe	369	418	31	42	41	49	15	34	0	0	0
Lagan Valley	2,527	2,417	167	206	247	277	174	251	0	2	0
Ulster	5,279	3,946	229	619	156	484	188	843	0	3	0
South Eastern HSCT	9,540	7,631	528	962	583	894	467	1,259	0	5	0
Armagh Community	424	374	32	19	93	75	13	19	0	0	0
Banbridge	195	165	10	11	29	30	6	8	0	1	0
Craigavon Area	5,516	9,379	248	473	584	682	121	311	764	2	0
Daisy Hill	3,212	2,952	254	281	514	474	196	485	657	2	2
Kilkeel Primary Care Cer	200	154	15	17	39	24	0	4	0	0	0
South Tyrone	800	635	49	57	123	82	42	39	0	0	0
Southern HSCT	10,347	13,659	608	858	1,382	1,367	378	866	1,421	5	2

Table 46: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Altnagelvin Area	3,457	3,607	357	520	488	589	321	537	2,970	4	0
Omagh	499	580	33	41	91	96	61	58	0	0	0
Roe Valley	252	192	24	21	36	24	29	48	0	0	0
South West Acute	1,177	1,540	69	135	198	260	135	170	684	2	0
Tyrone County	157	144	13	26	20	24	9	15	0	0	0
Western HSCT	5,542	6,063	496	743	833	993	555	828	3,654	6	0
NI Total	42,966	45,008	2,793	4,013	6,622	7,175	3,323	5,700	5,911	41	82

Source: QOAR (Part 1)

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

¹⁹ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12 & 15

Table 47: Specialty 510 - Activity by Hospital/HSC Trust for Obstetrics (Ante Natal), 2017/18¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Royal Maternity	6,382	14,564	233	813	572	1,726	179	872	0	0	0
Belfast HSCT	6,382	14,564	233	813	572	1,726	179	872	0	0	0
Antrim	1,499	4,231	44	128	106	176	86	366	125	0	106
Causeway	858	3,852	20	247	89	240	95	635	4,136	2	0
Mid Ulster	533	1,911	19	107	32	113	15	213	0	0	0
Moyle	276	795	16	33	21	30	7	101	0	0	0
Waveney	827	2,995	48	127	85	252	26	308	0	0	0
Whiteabbey	206	948	10	79	32	55	45	70	0	0	0
Northern HSCT	4,199	14,732	157	721	365	866	274	1,693	4,261	2	106
Downe	1	1,166	0	101	0	36	2	145	0	0	0
Lagan Valley	2	1,560	0	147	1	99	0	214	0	0	0
Ulster	2,438	10,300	88	443	307	669	229	1,758	0	0	0
South Eastern HSCT	2,441	13,026	88	691	308	804	231	2,117	0	0	0
Armagh Community	260	1,243	7	63	53	103	43	139	0	0	0
Craigavon Area	1,430	8,242	86	478	282	777	124	799	3,709	0	0
Daisy Hill	1,355	6,211	96	215	250	894	95	518	1,965	1	0
South Tyrone	453	2,393	17	86	108	299	88	496	0	0	0
Southern HSCT	3,498	18,089	206	842	693	2,073	350	1,952	5,674	1	0

Table 47: continued

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Altnagelvin Area	2,495	7,943	100	775	175	280	236	750	0	0	5
Omagh	345	773	18	84	15	7	36	112	0	0	0
Roe Valley	343	769	9	87	15	24	94	161	0	0	0
South West Acute	914	3,163	52	239	67	140	111	463	126	0	0
Tyrone County	101	275	6	26	4	2	19	23	0	0	0
Western HSCT	4,198	12,923	185	1,211	276	453	496	1,509	126	0	5
NI Total	20,718	73,334	869	4,278	2,214	5,922	1,530	8,143	10,061	3	111

Source: QOAR (Part 1)

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

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12 & 15

Table 48: Specialty 520 - Activity by Hospital/HSC Trust for Obstetrics (Post Natal), 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Royal Maternity	155	10	22	4	1	0	0	0	0	0	0
Belfast HSCT	155	10	22	4	1	0	0	0	0	0	0
Daisy Hill	3	61	0	9	0	3	0	3	9	0	0
Southern HSCT	3	61	0	9	0	3	0	3	9	0	0
NI Total	158	71	22	13	1	3	0	3	9	0	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 49: Specialty 700 - Activity by Hospital/HSC Trust for Learning Disability, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Muckamore Abbey	344	2,705	68	412	33	369	16	170	0	4	0
Belfast HSCT	344	2,705	68	412	33	369	16	170	0	4	0
Longstone	79	1,329	20	327	0	1	0	28	0	0	0
Southern HSCT	79	1,329	20	327	0	1	0	28	0	0	0
Lakeview	70	1,388	21	102	30	118	0	0	0	0	0
Western HSCT	70	1,388	21	102	30	118	0	0	0	0	0
NI Total	493	5,422	109	841	63	488	16	198	0	4	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 50: Specialty 711 - Activity by Hospital/HSC Trust for Child & Adolescent Psychiatry, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Beechcroft	574	10,441	97	1,511	40	590	2	23	0	0	0
Belfast HSCT	574	10,441	97	1,511	40	590	2	23	0	0	0
NI Total	574	10,441	97	1,511	40	590	2	23	0	0	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 51: Specialty 715 - Activity by Hospital/HSC Trust for Old Age Psychiatry, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Ards	758	1,908	126	288	284	507	235	515	0	53	0
Downe	272	498	56	117	42	91	37	75	0	6	0
Lagan Valley	254	812	90	178	96	217	14	39	0	11	0
South Eastern HSCT	1,284	3,218	272	583	422	815	286	629	0	70	0
Bluestone	49	315	21	62	18	46	17	71	138	3	0
Daisy Hill	41	404	35	131	25	69	25	57	16	4	0
St Luke's	49	490	48	246	8	11	19	15	14	5	0
Southern HSCT	139	1,209	104	439	51	126	61	143	168	12	0
NI Total	1,423	4,427	376	1,022	473	941	347	772	168	82	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 52: Specialty 800 - Activity by Hospital/HSC Trust for Clinical Oncology, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
NI Cancer Centre	2,895	13,518	93	804	164	1,948	409	3,428	5,223	314	26
Belfast HSCT	2,895	13,518	93	804	164	1,948	409	3,428	5,223	314	26
Ulster	0	0	0	0	0	0	0	0	910	0	0
South Eastern HSCT	0	0	0	0	0	0	0	0	910	0	0
Altnagelvin Area	875	4,667	43	486	58	397	102	658	0	49	0
Western HSCT	875	4,667	43	486	58	397	102	658	0	49	0
NI Total	3,770	18,185	136	1,290	222	2,345	511	4,086	6,133	363	26

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 &15

Table 53: Specialty 822 - Activity by Hospital/HSC Trust for Chemical Pathology, 2017/18¹⁷

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward	Patient	Private
	New	Review	New	Review	New	Review	New	Review	Attendances	Died	Patient Attendances
Antrim	112	384	8	33	18	111	7	47	0	1	0
Causeway	118	974	34	96	24	289	6	91	0	2	0
Northern HSCT	230	1,358	42	129	42	400	13	138	0	3	0
Banbridge	96	135	9	14	29	34	14	34	0	0	0
Craigavon Area	70	80	9	7	17	16	1	4	0	0	0
Southern HSCT	166	215	18	21	46	50	15	38	0	0	0
Altnagelvin Area	92	186	9	26	16	59	14	45	2	0	0
Omagh	30	70	3	12	7	18	14	42	0	0	0
South West Acute	30	71	6	14	2	22	1	3	0	0	0
Tyrone County	5	24	6	10	1	14	0	0	0	1	0
Western HSCT	157	351	24	62	26	113	29	90	2	1	0
NI Total	553	1,924	84	212	114	563	57	266	2	4	0

Source: QOAR (Part 1)

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

¹⁷ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10, 12 & 15

Table 54: Specialty 990 - Activity by Hospital/HSC Trust for Joint Consultant Clinics, 2017/18¹⁸

Hospital/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Ward Attendances	Patient Died	Private Patient Attendances
	New	Review	New	Review	New	Review	New	Review			
Royal Maternity	1,261	5,147	81	177	167	627	115	222	0	0	0
Belfast HSC Trust	1,261	5,147	81	177	167	627	115	222	0	0	0
Antrim	190	2,741	17	118	24	149	10	143	0	0	0
Northern HSC Trust	190	2,741	17	118	24	149	10	143	0	0	0
NI Total	1,451	7,888	98	295	191	776	125	365	0	0	0

Source: QOAR (Part 1)

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

¹⁸ Refer to Appendix 7: Explanatory Notes Points 1-3, 5, 7, 9-10 & 15

Table 55: Independent Sector Activity by Specialty/HSC Trust, 2017/18⁶

Specialty/HSC Trust	Spec Code	Attendances		Total
		New	Review	
General Surgery	100	121	70	191
T & O Surgery	110	294	2,466	2,760
Ophthalmology	130	727	276	1,003
Plastic Surgery	160	0	49	49
Cardiac Surgery	170	1	40	41
Anaesthetics	190	0	2	2
Pain Management	191	0	9	9
Gastroenterology	301	0	12	12
Cardiology	320	34	37	71
Clinical Neuro-Physiology	401	667	1	668
Gynaecology	502	1	2	3
Belfast HSCT		1,845	2,964	4,809
General Surgery	100	170	85	255
ENT	120	0	29	29
Pain Management	191	0	73	73
Gastroenterology	301	7	6	13
Dermatology	330	1,229	219	1,448
Neurology	400	2	15	17
Gynaecology	502	0	4	4
Northern HSCT		1,408	431	1,839

Table 55: continued

Specialty/HSC Trust	Spec Code	Attendances		Total
		New	Review	
General Surgery	100	61	11	72
Plastic Surgery	160	256	495	751
General Medicine	300	58	0	58
Dermatology	330	1,124	794	1,918
Neurology	400	0	20	20
Rheumatology	410	1	235	236
Gynaecology	502	0	1	1
South Eastern HSCT		1,500	1,556	3,056
General Surgery	100	0	57	57
T & O Surgery	110	0	268	268
Pain Management	191	0	1	1
Southern HSCT		0	326	326
General Surgery	100	117	83	200
T & O Surgery	110	2	406	408
ENT	120	0	2	2
Oral Surgery	140	0	2	2
Neurology	400	0	1	1
Western HSCT		119	494	613
NI Total		4,872	5,771	10,643

Source: IS1 Part 1

⁶ Refer to Appendix 7: Explanatory Notes Points 1-3 & 11

* Not National Statistics

Table 56: ICATS Activity Trends by HSC Trust, 2013/14 to 2017/18²⁵

HSC Trust	Activity Indicator	2013/14	2014/15	2015/16	2016/17	2017/18	Change	Change
							16/17 - 17/18	13/14- 17/18
Belfast HSCT								
	Outpatients							
	New Attendances	6,814	7,861	8,879	9,587	11,268	17.5%	65.4%
	Review Attendances	11,155	11,173	12,794	14,826	14,457	-2.5%	29.6%
	Total Attendances	17,969	19,034	21,673	24,413	25,725	5.4%	43.2%
	Total Did Not Attends (DNAs)	1,855	1,981	2,330	2,776	3,027	9.0%	63.2%
	Total Could Not Attends (CNAs)	2,496	2,669	2,739	3,111	3,228	3.8%	29.3%
	Total Hospital Cancellations	1,475	1,476	1,596	1,824	1,689	-7.4%	14.5%
	DNA Rate	9.4	9.4	9.7	10.2	10.5	0.3	1.2
	CNA Rate	12.2	12.3	11.2	11.3	11.1	-0.2	-1.1
	Hospital Cancellation Rate	7.6	7.2	6.9	7.0	6.2	-0.8	-1.4
Northern HSCT								
	Outpatients							
	New Attendances	12,755	13,902	14,822	16,519	16,388	-0.8%	28.5%
	Review Attendances	14,862	14,615	13,254	15,930	17,460	9.6%	17.5%
	Total Attendances	27,617	28,517	28,076	32,449	33,848	4.3%	22.6%
	Total Did Not Attends (DNAs)	1,862	1,704	1,591	1,972	2,023	2.6%	8.6%
	Total Could Not Attends (CNAs)	4,525	4,916	4,967	5,814	6,341	9.1%	40.1%
	Total Hospital Cancellations	2,371	2,902	3,657	2,071	3,406	64.5%	43.7%
	DNA Rate	6.3	5.6	5.4	5.7	5.6	-0.1	-0.7
	CNA Rate	14.1	14.7	15.0	15.2	15.8	0.6	1.7
	Hospital Cancellation Rate	7.9	9.2	11.5	6.0	9.1	3.1	1.2

Table 56: continued

HSC Trust	Activity Indicator	2013/14	2014/15	2015/16	2016/17	2017/18	Change 16/17 - 17/18	Change 13/14- 17/18
South Eastern HSCT		Outpatients						
	New Attendances	8,961	7,381	9,323	8,307	7,712	-7.2%	-13.9%
	Review Attendances	11,966	11,384	13,498	14,545	13,120	-9.8%	9.6%
	Total Attendances	20,927	18,765	22,821	22,852	20,832	-8.8%	-0.5%
	Total Did Not Attends (DNAs)	2,372	2,242	2,532	2,606	2,527	-3.0%	6.5%
	Total Could Not Attends (CNAs)	2,488	2,334	2,535	2,539	2,366	-6.8%	-4.9%
	Total Hospital Cancellations	1,824	1,872	918	1,716	1,605	-6.5%	-12.0%
	DNA Rate	10.2	10.7	10.0	10.2	10.8	0.6	0.6
	CNA Rate	10.6	11.1	10.0	10.0	10.2	0.2	-0.4
	Hospital Cancellation Rate	8.0	9.1	3.9	7.0	7.2	0.2	-0.9
Southern HSCT		Outpatients						
	New Attendances	8,648	6,768	7,027	6,934	6,337	-8.6%	-26.7%
	Review Attendances	11,631	10,597	9,806	10,080	10,013	-0.7%	-13.9%
	Total Attendances	20,279	17,365	16,833	17,014	16,350	-3.9%	-19.4%
	Total Did Not Attends (DNAs)	1,587	1,571	1,554	1,512	1,613	6.7%	1.6%
	Total Could Not Attends (CNAs)	2,262	2,087	1,744	1,721	1,789	4.0%	-20.9%
	Total Hospital Cancellations	1,403	1,478	1,146	1,200	912	-24.0%	-35.0%
	DNA Rate	7.3	8.3	8.5	8.2	9.0	0.8	1.7
	CNA Rate	10.0	10.7	9.4	9.2	9.9	0.7	-0.1
	Hospital Cancellation Rate	6.5	7.8	6.4	6.6	5.3	-1.3	-1.2

Table 56: continued

	Activity Indicator	2013/14	2014/15	2015/16	2016/17	2017/18	Change 16/17 - 17/18	Change 13/14- 17/18
Western HSCT	Outpatients							
	New Attendances	9,705	8,692	6,955	7,118	7,442	4.6%	-23.3%
	Review Attendances	15,409	15,034	11,599	12,490	12,095	-3.2%	-21.5%
	Total Attendances	25,114	23,726	18,554	19,608	19,537	-0.4%	-22.2%
	Total Did Not Attends (DNAs)	2,242	2,226	1,796	1,904	1,754	-7.9%	-21.8%
	Total Could Not Attends (CNAs)	3,129	2,902	2,157	2,410	2,433	1.0%	-22.2%
	Total Hospital Cancellations	1,922	2,066	1,681	1,878	1,578	-16.0%	-17.9%
	DNA Rate	8.2	8.6	8.8	8.9	8.2	-0.6	0.0
	CNA Rate	11.1	10.9	10.4	10.9	11.1	0.1	0.0
	Hospital Cancellation Rate	7.1	8.0	8.3	8.7	7.5	-1.3	0.4
NI Total	Outpatients							
	New Attendances	46,883	44,604	47,006	48,465	49,147	1.4%	4.8%
	Review Attendances	65,023	62,803	60,951	67,871	67,145	-1.1%	3.3%
	Total Attendances	111,906	107,407	107,957	116,336	116,292	0.0%	3.9%
	Total Did Not Attends (DNAs)	9,918	9,724	9,803	10,770	10,944	1.6%	10.3%
	Total Could Not Attends (CNAs)	14,900	14,908	14,142	15,595	16,157	3.6%	8.4%
	Total Hospital Cancellations	8,995	9,794	8,998	8,689	9,190	5.8%	2.2%
	DNA Rate	8.1	8.3	8.3	8.5	8.6	0.1	0.5
	CNA Rate	11.8	12.2	11.6	11.8	12.2	0.4	0.4
	Hospital Cancellation Rate	7.4	8.4	7.7	6.9	7.3	0.4	-0.1

Source: QIAR

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

²⁵ Refer to Appendix 7: Explanatory Notes Points 1-3 and 20-21

Table 57a: ICATS Activity and Rates by Specialty/HSC Trust, 2017/18²⁵

Specialty/HSC Trust	Total Attendances	Total DNA	Total CNA	Total Hospital Cancellations	DNA Rate	CNA Rate	Hospital Cancellation Rate	Patient Died	Private Patient Attendances
T & O Surgery	19,708	2,460	1,991	885	11.1	9.2	4.3	0	0
Ophthalmology	3,620	269	769	198	6.9	17.5	5.2	0	0
Dermatology	2,397	298	468	606	11.1	16.3	20.2	0	0
Belfast HSCT	25,725	3,027	3,228	1,689	10.5	11.1	6.2	0	0
T & O Surgery	18,376	950	2,863	1,967	4.9	13.5	9.7	0	0
ENT	4,095	297	1,126	318	6.8	21.6	7.2	0	0
Ophthalmology	6,158	305	1,022	364	4.7	14.2	5.6	0	0
Dermatology	5,219	471	1,330	757	8.3	20.3	12.7	0	0
Northern HSCT	33,848	2,023	6,341	3,406	5.6	15.8	9.1	0	0
T & O Surgery	14,926	2,020	1,458	919	11.9	8.9	5.8	0	0
Ophthalmology	2,934	171	350	406	5.5	10.7	12.2	0	0
Dermatology	2,972	336	558	280	10.2	15.8	8.6	0	0
South Eastern HSCT	20,832	2,527	2,366	1,605	10.8	10.2	7.2	0	0
T & O Surgery	12,520	1,188	1,344	734	8.7	9.7	5.5	0	0
ENT	3,168	339	390	155	9.7	11.0	4.7	0	0
Cardiology	662	86	55	23	11.5	7.7	3.4	0	0
Southern HSCT	16,350	1,613	1,789	912	9.0	9.9	5.3	0	0

Table 57a: continued

Specialty/HSC Trust	Total Attendances	Total DNA	Total CNA	Total Hospital Cancellations	DNA Rate	CNA Rate	Hospital Cancellation Rate	Patient Died	Private Patient Attendances
Urology	1,537	161	172	106	9.5	10.1	6.5	0	0
T & O Surgery	10,362	1,046	1,340	844	9.2	11.5	7.5	0	0
Ophthalmology	6,032	394	792	413	6.1	11.6	6.4	0	0
Cardiology	1,606	153	129	215	8.7	7.4	11.8	0	0
Western HSCT	19,537	1,754	2,433	1,578	8.2	11.1	7.5	0	0
NI Total	116,292	10,944	16,157	9,190	8.6	12.2	7.3	0	0

Source: QIAR

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

²⁵ Refer to Appendix 7: Explanatory Notes Points 1-3 and 20-21

Table 57b : ICATS Activity for New and Review by Specialty/HSC Trust, 2017/18²⁵

Specialty/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>	
	New	Review	New	Review	New	Review	New	Review
T & O Surgery	7,177	12,531	693	1,767	558	1,433	334	551
Ophthalmology	3,286	334	222	47	675	94	154	44
Dermatology	805	1,592	76	222	148	320	196	410
Belfast HSCT	11,268	14,457	991	2,036	1,381	1,847	684	1,005
T & O Surgery	10,458	7,918	468	482	1,290	1,573	1,057	910
ENT	1,746	2,349	122	175	470	656	90	228
Ophthalmology	2,240	3,918	88	217	376	646	98	266
Dermatology	1,944	3,275	133	338	437	893	213	544
Northern HSCT	16,388	17,460	811	1,212	2,573	3,768	1,458	1,948
T & O Surgery	5,259	9,667	485	1,535	444	1,014	412	507
Ophthalmology	1,395	1,539	86	85	178	172	218	188
Dermatology	1,058	1,914	85	251	161	397	78	202
South Eastern HSCT	7,712	13,120	656	1,871	783	1,583	708	897
T & O Surgery	5,164	7,356	356	832	555	789	204	530
ENT	693	2,475	102	237	100	290	18	137
Cardiology	480	182	64	22	38	17	17	6
Southern HSCT	6,337	10,013	522	1,091	693	1,096	239	673

Table 57b: continued

Specialty/HSC Trust	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>	
	New	Review	New	Review	New	Review	New	Review
Urology	397	1,140	34	127	39	133	30	76
T & O Surgery	4,700	5,662	360	686	611	729	379	465
Ophthalmology	2,256	3,776	167	227	309	483	155	258
Cardiology	89	1,517	6	147	10	119	16	199
Western HSCT	7,442	12,095	567	1,187	969	1,464	580	998
NI Total	49,147	67,145	3,547	7,397	6,399	9,758	3,669	5,521

Source: QIAR

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

²⁵ Refer to Appendix 7: Explanatory Notes Points 1-3 and 20-21

Table 58: ICATS Activity by Specialty, 2017/18²⁵

Specialty	<u>Attendances</u>		<u>DNA</u>		<u>CNA</u>		<u>Hospital Cancellations</u>		Patient Died	Private Patient Attendances	Total Attendances
	New	Review	New	Review	New	Review	New	Review			
Urology	397	1,140	34	127	39	133	30	76	0	0	1,537
T & O Surgery	32,758	43,134	2,362	5,302	3,458	5,538	2,386	2,963	0	0	75,892
ENT	2,439	4,824	224	412	570	946	108	365	0	0	7,263
Ophthalmology	9,177	9,567	563	576	1,538	1,395	625	756	0	0	18,744
Cardiology	569	1,699	70	169	48	136	33	205	0	0	2,268
Dermatology	3,807	6,781	294	811	746	1,610	487	1,156	0	0	10,588
NI Total	49,147	67,145	3,547	7,397	6,399	9,758	3,669	5,521	0	0	116,292

Source: QIAR

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

²⁵ Refer to Appendix 7: Explanatory Notes Points 1-3 and 20-21

Appendix 1: Consultant Led Outpatient Specialties provided in each Hospital during 2017/18

Hospital	Specialties
Altnagelvin Area	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Orthodontics, Thoracic Surgery, Pain Management, General Medicine, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Genito-Urinary Medicine, Nephrology, Neurology, Rheumatology, Paediatrics, Paediatric Neurology, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Clinical Oncology, Chemical Pathology
Antrim	General Surgery, Ear, Nose & Throat, Orthodontics, Accident & Emergency, Anaesthetics, Pain Management, General Medicine, Gastroenterology, Endocrinology, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Thoracic Medicine, Nephrology, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Chemical Pathology, Joint Consultant Clinics
Ards	General Surgery, Urology, Ear, Nose & Throat, Ophthalmology, Plastic Surgery, General Medicine, Haematology (Clinical), Cardiology, Thoracic Medicine, Neurology, Paediatrics, Gynaecology, Old Age Psychiatry
Armagh Community	General Surgery, Trauma & Orthopaedics, Pain Management, Gastroenterology, Endocrinology, Cardiology, Dermatology, Rheumatology, Paediatrics, Gynaecology, Obstetrics (Ante Natal)
Banbridge	General Surgery, Urology, Ear, Nose & Throat, Gastroenterology, Endocrinology, Cardiology, Neurology, Rheumatology, Paediatrics, Gynaecology, Chemical Pathology
Bangor	General Surgery, Urology, Ear, Nose & Throat, General Medicine, Haematology (Clinical), Cardiology, Dermatology, Thoracic Medicine, Rheumatology, Gynaecology
Beechcroft	Child & Adolescent Psychiatry
Belfast City	General Surgery, Urology, Ear, Nose & Throat, Pain Management, General Medicine, Gastroenterology, Endocrinology, Haematology (Clinical), Clinical Genetics, Cardiology, Dermatology, Thoracic Medicine, Nephrology, Neurology, Rheumatology, Geriatric Medicine, Gynaecology
Bluestone	Paediatrics, Old Age Psychiatry
Causeway	General Surgery, Urology, Ear, Nose & Throat, Orthodontics, Anaesthetics, Pain Management, General Medicine, Gastroenterology, Endocrinology, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Thoracic Medicine, Nephrology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Chemical Pathology
Craigavon Area	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Paediatric Dentistry, Orthodontics, Accident & Emergency, Anaesthetics, Pain Management, General Medicine, Gastroenterology, 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, 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
Downe	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Accident & Emergency, General Medicine, Gastroenterology, Endocrinology, Cardiology, 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, Cardiology, Dermatology, Thoracic Medicine, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Old Age Psychiatry
Lakeview	Learning Disability
Longstone	Learning Disability
Lurgan	Dermatology, Paediatrics, Paediatric Neurology, Geriatric Medicine
Mater	General Surgery, Trauma & Orthopaedics, 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	Ear, Nose & Throat, Endocrinology, Haematology (Clinical), 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
Omagh	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, Oral Surgery, Pain Management, General Medicine, Haematology (Clinical), Palliative Medicine, Cardiology, Dermatology, Nephrology, Neurology, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal), Chemical Pathology
Roe Valley (Outpatients)	General Surgery, Urology, Trauma & Orthopaedics, Ear, Nose & Throat, Ophthalmology, General Medicine, Cardiology, Nephrology, Gynaecology, Obstetrics (Ante Natal)

Appendix 1 (continued)

Hospital	Specialties
RBHSC	Trauma & Orthopaedics, Ear, Nose & Throat, Paediatric Dentistry, Neurosurgery, Plastic Surgery, Paediatric Surgery, Haematology (Clinical), Cardiology, Dermatology, Nephrology, Medical Oncology, Paediatrics, Paediatric Neurology
Royal Jubilee Maternity	Anaesthetics, Obstetrics (Ante Natal), Obstetrics (Post Natal), Joint Consultant Clinics
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)
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, Gastroenterology, 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, Anaesthetics, General Medicine, Endocrinology, Haematology (Clinical), Dermatology, Thoracic Medicine, Rheumatology, Paediatrics, Geriatric Medicine, Gynaecology, Obstetrics (Ante Natal)
Whiteabbey	General Surgery, Ear, Nose & Throat, 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 2017/18

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, Ophthalmology, Dermatology
Southern HSC Trust	Trauma & Orthopaedics, Ear, Nose & Throat, Cardiology
Western HSC Trust	Urology, Trauma & Orthopaedics, 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 2018

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, Omagh, 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 136).

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:

$$\left(\frac{\text{Number of DNAs}}{\text{Number of attendances} + \text{Number of DNAs}} \right) * 100$$

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:

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

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:

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

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 specialty. 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 was 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 / 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. 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 consistent reasons for cancellation. Each HSC Trust aggregates each of their cancellation reasons (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 speciality 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 speciality of employment, and it will be this speciality 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 speciality 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 speciality; 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 speciality 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 speciality 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 speciality of employment, and it will be this speciality 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 speciality 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 speciality; 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 2017/18 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-2017/18>
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. General Medicine QOAR figures for 2016/17 have been revised following a resubmission from the Western HSC Trust.
5. Due to the major changes over the last three financial years, it has not been possible to provide trend data on outpatient activity in HSC hospitals from 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 from 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 only possible to provide trend data on outpatient activity in HSC Trusts from 2015/16 onwards. The removal of ward attenders from the outpatient attendance figures and removal of virtual outpatient activity will also have an effect on the number missed and cancelled appointments and calculation of any associated DNA, CNA and hospital cancellation rates and should not be compared across the years prior to 2015/16.
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 June 2018, Omagh Hospital replaced Tyrone County Hospital in the Western HSC Trust.
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. Discontinued service: During 2017/18 Dermatology services (Specialty 330) were discontinued in Ards Hospital.
17. Reclassification of services: During 2017/18, the General Medicine service (Specialty 300) was reclassified and is now recorded under the Gastroenterology service (Specialty 301) in Downe Hospital. In Lagan Valley Hospital, General Medicine services (Specialty 300) have been reclassified and are now recorded under the Cardiology specialty (Specialty 320).
18. New clinics: During 2017/18, Oral Surgery (Specialty 140) clinics commenced in Omagh Hospital. Gastroenterology (Specialty 301) clinics commenced in Banbridge Hospital and Ulster Hospital. Paediatrics (Specialty 420) clinics commenced in Lurgan Hospital. Haematology Clinical (Specialty 303) WLI clinics commenced in both Moyle Hospital and Waveney Hospital.
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. 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.
21. Discontinued service: During 2017/18 Urology ICATs services (Specialty 101) were discontinued in the Western HSC Trust. This transferred back into a Consultant/Nurse-led service.

Further information on Consultant Led Outpatient and ICATS activity in Northern Ireland, is available from:

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

Internet address: <https://www.health-ni.gov.uk/articles/outpatient-activity>