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Summary

- In 2004/05 490,058 inpatients were treated in NI hospitals, compared with 482,449 in 2003/04. Of these, 337,426 (69%) were ordinary inpatients and the remaining 152,632 (31%) were treated as day cases. This compares with 331,677 ordinary inpatients and 150,772 day cases in 2003/04.
- Overall, there were 8,323 beds available, compared with 8,358 in 2003/04, with an 84% occupancy rate (equal to last year).
- The average length of time spent in hospital (excluding day cases) was 7.6 days. The average length of time an available bed remained unoccupied was 1.4 days. On average, 40.5 ordinary admissions were treated in each available bed open overnight during 2004/05. BCH HSS Trust had the highest level of throughput, treating an average of 86.5 patients per available bed.
- In 2004/05 73% of outpatient attendances actually seen were consultant initiated. Overall, in 12% of scheduled attendances the patient did not attend and in 12% of scheduled clinic sessions the session was cancelled. Non-attendance by patients was worse for consultant initiated attendances (12 %) than for other types of referral (10 %).
- At the end of March 2005, 18,906 people were on the ordinary admission waiting list, 28,639 were waiting for day case treatment and 167,138 people were on the outpatient waiting list.
- The total number of attendances at NI Accident & Emergency Departments in 2004/05 was 690,386.
- There were 23,285 births in NI hospitals during 2004/05. Less than 1% of these were still births.
- Private patients in NI completed 6,031 finished consultant episodes during 2004/05 (compared with 6,371 in 2003/04). 30% of these patients were treated in the Royal Group of Hospitals HSS Trust.
- At the end of March 2005, of the 21,933 staff based in Acute Hospital Trusts, 45% were in the 'Nursing and Midwifery' category. RGH HSS and BCH HSS Trusts accounted for 49% of all Acute Hospital Trust staff.
- The highest levels of inpatient activity were accounted for by the BCH HSS Trust (19%), RGH HSS Trust (15%), UCH HSS Trust (12%), United Hospitals Group HSS Trust (10%), Craigavon Area Hospital Group Trust (9%) and Altnagelvin Group HSS Trust (9%).
- General Medicine, Geriatric Medicine and Mental Illness had the highest allocation of available beds with 17%, 14% and 13% respectively.
- The specialties of Mental Illness, General Medicine and General Surgery accounted for the largest proportions (9%, 7% and 7% respectively) of all outpatient clinic sessions held in NI during 2004/05. The RGH HSS Trust and BCH HSS Trust accounted for 20% and 13% respectively of all outpatient clinic sessions held in 2004/05.
- On the ordinary admission waiting list, 62% had been waiting less than 6 months and 14% had been waiting a year or more. For day case treatment, corresponding figures were 78% and 5% and for the outpatient waiting list the figures were 59% and 20%.

- Four providers: United Hospitals Group Trust; RGH HSS Trust; UCH HSS Trust and Craigavon Area Hospital Group Trust accounted for 53% of attendances at A&E departments.

Index to Table Footnotes

1. Discharge and Death figures for Belfast City Hospital and Ulster Hospital include 35,691 and 5,243 Renal Dialysis treatments respectively.
2. Due to inconsistencies in data supplied, Percentage Occupancy and Turnover Interval figures for Lagan Valley PNU have been set to 100% and 0.0 respectively.
3. Discharge and Death figures for the following hospitals: Daisy Hill; Ulster; Mid Ulster; South Tyrone and Tyrone County include ambulatory care patients. Discharge and Death figures for specialty 420 include ambulatory care patients.
4. Excludes planned consultant clinics held in A&E departments. These are recorded under specialty 180.
5. Activity data is included for hospitals having a Minor Injuries Unit.
6. Information relating to new cases seen at Genito-Urinary clinics throughout Northern Ireland is only collected by the hospitals listed.
7. Figures relating to people attending for epidemiological treatment are included under 'Other Conditions'.
8. Table 1.15 has been removed this year due to data quality issues.
9. Those cardiac calls that have been responded to by a fully equipped cardiac ambulance have been excluded from Table 1.16, thus enabling cardiac ambulance response times, which are not directly comparable with normal ambulance response times in that the crew must await the arrival of a doctor, to be excluded from the response time calculation.
10. To say that activation time at the 95th percentile is 5 minutes means that for 95% of journeys activation time was 5 minutes or less.
11. Bank staff are excluded from all staff categories. Bank staff are staff that enable Trusts to maintain service delivery by covering for staffing shortfalls and fluctuating workloads. Due to the part-time and variable nature of their work, their input to the service is difficult to measure.
12. Staff in the following organisations are excluded: NI Ambulance Trust, Eastern HSS Board HQ, Northern HSS Board HQ, Southern HSS Board HQ, Western HSS Board HQ, Central Services Agency, Regional Medical Physics Agency, Blood Transfusion Service, The Beeches, Westcare Business Services, Guardian Ad Litem Agency and NI Social Care Council.
13. Mixed Activity Trusts provide both hospital and community based Health and Social Services. Due to the complex nature of the delivery of these services, it is difficult to separate staff into either hospital or community based settings.

14. Home helps who are paid monthly are recorded in Social Services category. Home helps who are paid weekly or fortnightly are recorded in Ancillary and General. Trusts may also employ home helps who are not included in these figures.

General Footnote: Available and Occupied beds are shown by their specialty. In some cases, patients from a different specialty will at times occupy these beds. In these cases the patients will be shown against the specialty of their consultant. As a result some anomalous figures will occur in this publication particularly with regard to throughput and particularly with regard to smaller specialties.