

**SAVE THE MID – RESPONSE TO  
TRANSFORMING YOUR CARE.  
BRIEFING PAPER 2013**

## INTRODUCTION

Transforming Your Care, (TYC) a health review devised by current Health Minister Edwin Poots has been signalled as the largest health review in the history in Northern Ireland. However this review like those previous to them are devoid of real public engagement, while yes the review team have met with the public the issues raised in these engagements have not made it into policy or recommendations.

Another flaw in the document is that the public have not been given choice, it has already been identified in the creation of the Original TYC document in 2011 the public were not given the opportunity to give options, the public was only allowed opinions on a predetermined project.

Unfortunately the legacy of lies and fraud has continued in health service in Northern Ireland, it is sheer madness that Health Minister Edwin Poots has asked those who overseen the demise of health in Northern Ireland to fix the problems they created. These people are not going to admit that they are frauds; they will continue to cover up the mistakes they have made in the past.

Developing Better Services 2001 is now a defunct document, the Comprehensive spending Review 2008 showed just how far the NHSCT & Government would lie to the public in order to remove services in Mid Ulster. Now the liars who created the CSR 2008 are here again to give us Transforming Your Care and lie to us again.

This report will give you both the evidence in the form of graphs and tables, followed with commentary and recommendations from Save The Mid in a separate summary document.

To gain a full insight into this report it is recommended that you read both documents that are being submitted to the Transforming Your Care Review Team.

The overwhelming debate is not just the location of services; it is the demand v supply curve. This report will show that although there is increasing demand the supply has not increased. TYC will further serve to cut the supply this must not happen

Reconfiguration of services must happen and must happen in where and when necessary, what is needed in the NHSCT is a marked development of services.

This report will be sent to the TYC review team, Northern Health & Social Care Trust (NHSCT), Health & Social Care Board (HSCB), all political parties and councils and to the Health Minister Edwin Poots.

This submission to the TYC consultation will also see other past reports created by Save the Mid resubmitted:

- Acute care response <sup>1</sup>
- Inpatient Care response <sup>2</sup>
- Patient Survey responses <sup>3</sup>

Yours Hugh McCloy

Save The Mid

---

<sup>1</sup> Save The Mid TYC response acute care <https://docs.google.com/?tab=mo&authuser=o&pli=1#home>

<sup>2</sup> Save The Mid TYC response inpatients  
<https://docs.google.com/open?id=oB3yFZ5whLJ8zOTRjZTM4OTUtZTBmNCooOTczLWEiOWItMGY5NTRiNzZcwZGMw>

<sup>3</sup> Save The Mid TYC response patient survey  
<https://docs.google.com/open?id=oB3yFZ5whLJ8zMjQoNDhmZmQtOGQ1YyooNDQ4LWIxODEtNmI2M2MzZjE2ZDU2>

## Contents:

	Contents
<b>Page 1</b>	Introduction
<b>Page 3</b>	Transforming Your Care Explained
<b>Page 6</b>	Financial Savings for Transforming Your Care
<b>Page 9</b>	NHSCT Demographics
<b>Page 16</b>	Mid Ulster Demographics
<b>Page 19</b>	Overview of Emergency Care in the NHSCT
<b>Page 31</b>	Northern Ireland Ambulance Service
<b>Page 36</b>	Inpatient, Outpatient and Day-case activity NHSCT
<b>Page 40</b>	Average available beds within NHSCT
<b>Page 44</b>	Inpatient, Outpatient and Day-case performance NHSCT
<b>Page 49</b>	Current view of Outpatients within NHSCT
<b>Page 50</b>	Contracts award to private health care providers by the NHSCT
<b>Page 51</b>	Deloitte Risk Assessment 2006
<b>Page 52</b>	The Deloitte Risks explained
<b>Page 57</b>	Maternity Case Study
<b>Page 64</b>	Comprehensive Spending Review 2008
<b>Page 66</b>	Letter to Senior Members of NHSCT concerning the lies that given to the public to consult upon in 2008
<b>Page 69</b>	Modernisation & Recovery Plans 2010/12 NHSCT
<b>Page 71</b>	Rutter & Hinds review of Antrim Area Hospital
<b>Page 75</b>	Deloitte Minor Injury review Mid Ulster 2010
<b>Page 78</b>	Health & Social Care Trusts annual finance reports
<b>Page 83</b>	Locum doctor cover up
<b>Page 87</b>	Salaries, pensions and CETV pension funds of all exes of health in Northern Ireland

## **Transforming Your Care Explained**

In June 2011, the Minister for Health, Social Services and Public Safety, Mr Edwin Poots MLA, announced a review of the provision of health and social care services in Northern Ireland. A Review Team of independent experts was assembled, chaired by John Compton, Chief Executive of the Health and Social Care Board. They were asked to bring forward recommendations for the future shape of services.

People involved:

- John Compton, CEO of the HSCB (Health & Social Care Board) overseen in his role as CEO some of the worst performances in health care in the history of Northern Ireland
- Sean Donaghy, CEO NHSCT (Northern Health & Social Care Trust) overseen in his role as CEO some of the worst performances in health care in the history of Northern Ireland & UK.
- Prof Chris Ham, Chief Executive of the King's Fund
- Prof Deirdre Heenan, Provost and Dean of Academic Development at the Magee Campus, University of Ulster
- Dr Ian Rutter, General Practitioner
- Paul Simpson, retired senior civil servant
- Mark Ennis, Executive Chair of SEE Ireland

An Expert Panel will assist the work of the Programme Board in taking forward the recommendations. The Panel will provide clinical and professional advice on the standards and policies required, and ensure that improved outcomes are achieved and patients are better served. The Panel currently comprises seven members drawn from a range of multi-disciplinary specialisms and user groups. They are:

- Ms Anne O'Reilly, Chief Executive of Age NI
- Dr Tom Black, NI General Practitioners Committee
- Mr Terry Irwin, Royal College of Surgeons
- Mr Seamus O'Reilly, Clinical Director of Emergency Medicine, Southern Health and Social Care Trust
- Dr Philip McGarry, Chair of the Royal College of Psychiatrists in Northern Ireland
- Mrs Mary Hinds, Director of Nursing and Allied Health Professions, Public Health Agency
- Mrs Fionnuala McAndrew, Director of Social Care and Children, Health and Social Care Board

Most notable members of this review team are Dr Rutter and Mrs Mary Hinds<sup>4</sup>, who were “independently” asked to review Antrim Area Hospital A&E during 2012, during the TYC (Transforming Your Care Review), by Health Minister Edwin Poots. Full report can be found here [link](#) this review will be discussed later in the report.

The initial review into health services carried out by TYC<sup>5 6</sup> resulted in 99 recommendations being created for the future of health in Northern Ireland; the recommendations can be group into different areas:

- Population Health & Wellbeing
- Older People
- Long Term Conditions
- Physical Disability
- Maternity & Child Health
- Family & Child Care
- Mental Health
- learning Disability
- Acute Care
- Palliative & End of Life Care

However there were not any actual recommendations on where and how services will be provided.

---

<sup>4</sup> Rutter & Hinds Report <http://www.northerntrust.hscni.net/about/1615.htm>

<sup>5</sup> Transforming Your Care Proposals <http://www.dhsspsni.gov.uk/transforming-your-care-review-of-hsc-ni-final-report.pdf>

<sup>6</sup> Transforming Your Care Proposals Summary [http://www.dhsspsni.gov.uk/summary\\_of\\_99\\_proposals.pdf](http://www.dhsspsni.gov.uk/summary_of_99_proposals.pdf)

Post the creation of the Original Transforming Your Care Document Edwin Poots addressed the assembly<sup>7</sup>, the Mid Ulster Hospital was mentioned on several occasions by the health minister, he asked the Assembly for approval to take forward Transforming Your Care, the Assembly gave its approval:

*“Sandra Overend raised the issue of finance, which I dealt with in response to Mr McCallister. She also mentioned Antrim Area Hospital. Of course, the scenario for the current problems in Antrim Hospital was the simultaneous closures of Mid-Ulster Hospital and Whiteabbey Hospital. I am not sure that the Minister had advice that he should close both those facilities at the one time. I suspect that it was not the case, and that has led to the current problems in Antrim Area Hospital.”*

*“Mr McCrea raised the issue of the Mid-Ulster Hospital. I think that the report can lead to a better future for it than has been the case heretofore. We can move to looking at the services that the hospital provides to see how we can do better, as opposed to what I inherited. I hope to leave that circumstance better in the future.”*

Further to this Health Minister Edwin Poots asked each Health & Social Care Trust to devise Population Plans<sup>8</sup>, addressing the Assembly in July 2012 he stated;

*“In making this statement today, I want to inform Members of the progress that has been made and outline the next steps. A key early objective in the delivery of the reform was the development of population plans for each of the five local commissioning groups (LCGs) and trust areas by the end of June. The local commissioning groups are committees of the Health and Social Care Board, with statutory responsibilities for the planning and resourcing of health and social care services to meet the needs of their local populations. The population plans are to identify the strategic needs of the local population, based on demographics and population health trends and to identify how those needs should be met in future. They should provide the basis for making the significant changes required in our health and social care system, particularly in respect of shifting services from secondary care into primary and community care, where it is safe and appropriate to do so, and the reconfiguration of acute services.”*

The reality of what services are to be lost started to take form and the Population Plans<sup>9</sup> as provided by the NHSCT showed the first signals of what the future of health services will be within the Trust, within the population plans there was very little reference to the Mid Ulster hospital in any capacity other than defining the Mid Ulster Hospital to be downgraded into a community hub.

In relation to the area for Older People,

*“A new ward at Antrim Area Hospital will open in spring 2013 and will provide a centre for acute rehabilitation for older people. Causeway hospital already has acute rehabilitation beds. The rehabilitation beds currently available in Mid Ulster and Whiteabbey will no longer be used for this purpose and this will present opportunities to further develop those sites as local community hubs. Already significant capital investment has been secured to develop the Mid Ulster site as a centre for a range of local services. This is the model we wish to replicate in other localities, making best use of the existing estate and leveraging in private finance, where appropriate, to develop a network of health and care centres delivering a range of primary and community services. The developing Integrated Care Partnerships will be key to this collaboration bringing together GPs, Pharmacists, Trust staff and the voluntary and community sector in a common enterprise.”*

---

<sup>7</sup> NI Assembly Jan 2012 <http://www.niassembly.gov.uk/Documents/Official-Reports/Plenary/2012/20120116.pdf>

<sup>8</sup> NI Assembly <http://www.theyworkforyou.com/ni/?id=2012-07-03.2.52>

<sup>9</sup> Northern HSCT Population Plans page 28 <http://www.tycconsultation.hscni.net/wp-content/uploads/2012/10/Northern-Population-Plan-Oct-2012.pdf>

In relation to the area Local services<sup>10</sup>;

*A new Health & Care Centre is being developed in Ballymena. Work is underway on the co-location of a range of community services on the Mid Ulster site. The services to be provided on that site are currently dispersed across the mid Ulster locality. Plans will be developed for other areas so that we have a network of local care settings to support the delivery of enhanced local care. Consultation with colleagues in primary care will inform this model to help us effect the shift away from hospitals towards home and community care. An enhanced role for the voluntary and community sector will be key to the transformational change and the developing ICPs will be at the forefront of this change agenda.*

Along with the Population Plans, a Vision To Action <sup>11</sup> TYC consultation document was also created, there is not one reference to the Mid Ulster Hospital in this consultation document . The document is specifically written so that those responding do not have a choice; they either agree or disagree with the contents. This document is not fit for public consumption and at the road shows where TYC met in 16 different locations not one population plan was available to the public to make informed decisions or create informed questions.

Transforming Your Care has come to be known as Taking Your Chance, there is no plan B, there are no options the public are being led and led to again.

On the 27th November 2012, at a publically recorded meeting hosted in the Sandal Centre, Coleraine, John Compton CEO of the Health & Social Care Board and Sean Donaghy CEO of the Northern Health and Social Care Trust both stated that Northern Ireland has too many inpatient beds in its hospitals. While in the same instance they are so short for beds that they now have to pay private health companies to hire out their beds.

Brooklands Private Health Centre was been awarded £430,155 <sup>12</sup> to provide 15 intermediate health care beds, not unlike the type of beds that have recently been removed from the Mid Ulster Hospital. In addition to this Dalriada Urgent Care was awarded £86,418 to provide backup services. The question is, are our Hospitals too big or too small? Evidence would suggest to small and getting smaller every month. The most affected people here will be elderly people living in Mid Ulster and their families.

"Within the Northern Trust for the year 2011/12 a total of 97 beds was lost, 38% of which were in the Mid Ulster hospital. Since the Northern Trust came into effect a total of 362 beds have been lost. Although the Trust intends to open a new 24 bedded ward at the Antrim there will still be a net loss of beds, bed shortages are one of the most clinical dangers within the Trust, one which they compound by their own actions." <sup>13 14</sup>

For more information the dangers of Bed Shortages read Rutter and Hinds report, as according to Valerie Jackson, former Director of Acute Services NHSCT, and 90% of all patients left waiting in A&E was due to the fact there were no beds <sup>15</sup>

---

<sup>10</sup> Northern HSCT Population Plans page 37 <http://www.tycconsultation.hscni.net/wp-content/uploads/2012/10/Northern-Population-Plan-Oct-2012.pdf>

<sup>11</sup> Transforming Your Care Vision To Action <http://www.tycconsultation.hscni.net/wp-content/uploads/2012/10/TYC-Vision-to-Action-Consultation-Document.pdf>

<sup>12</sup> NHSCT Contracts Awarded Nov 2012 [http://www.northerntrust.hscni.net/pdf/Contracts\\_awarded\\_november\\_2012.pdf](http://www.northerntrust.hscni.net/pdf/Contracts_awarded_november_2012.pdf)

<sup>13</sup> BED LOSS NHSCT <http://savethemid.weebly.com/1/post/2012/10/northern-health-social-care-trust-cut-beds-life-saving-operations.html>

<sup>14</sup> Save The Mid Media <http://savethemid.weebly.com/1/post/2012/11/mid-ulster-hospital-cut-as-nhsct-go-private-for-inpatients-brooklands-awarded-400k-contract.html>

<sup>15</sup> Rutter & Hinds Report <http://savethemid.weebly.com/rutter--hinds-report-antrim-ae.html>

What most people are unaware of is that Transforming Your Care is already being implemented before the end of the public consultation. According to NHSCT £2.317, 000 of savings directly related to Transforming Your Care have already been factored into the end of year accounts<sup>16</sup>:

Directorate	Modernisation & Recovery Savings		Transforming Your Care Saving		Total	Total Savings as a percentage of total
Acute	-£	531,000	-£	1,212,000	-£ 1,743,000	42.73%
PCCOPS	-£	1,231,000	-£	77,000	-£ 1,308,000	32.07%
Children's'	£	-	-£	621,000	-£ 621,000	15.22%
Mental Health/Disability	£	-	-£	218,000	-£ 218,000	5.34%
Medical & Governance	£	-	-£	32,000	-£ 32,000	0.78%
Performance Management	£	-	£	2,000	£ 2,000	0.00%
Corporate Overheads	£	-	£	-	£ -	0.00%
Director of Nursing	£	-	-£	90,000	-£ 90,000	2.21%
Finance	£	-	-£	59,000	-£ 59,000	1.45%
Human Resources	£	-	£	-	£ -	0.00%
Chief Executive & Trust	£	-	-£	10,000	-£ 10,000	0.25%
<b>Total</b>	-£	1,762,000	-£	2,317,000	-£ 4,079,000	100.05%

Table to show savings outlined by the NHSCT for the financial year 2012/13

<sup>16</sup> NHSCT Finance Report [http://www.northerntrust.hscni.net/pdf/Finance\\_Report\\_TB\\_October\\_2012.pdf](http://www.northerntrust.hscni.net/pdf/Finance_Report_TB_October_2012.pdf)

## Future Reconfiguration Plans For Mid Ulster Hospital Site

While the debate rages on the future of Mid Ulster, Save The Mid can reveal several plans that effectively will mean that the Mid Ulster Hospital site will never have its acute A&E, inpatients or maternity services restored in the future. This will also mean that due to no support services being available in a local setting Westland Residential home will also be shut down.

In response to a FOI <sup>17</sup> asked by Save The Mid it can be revealed that the Northern Trust have already paid £12,000 to architects for conceptual plans for the future of Mid Ulster Hospital. This was before Transforming Your Care was announced; these plans are now what the future of Mid Ulster will be.

**These plans were then backed by Magherafelt District Council in Nov 2011 <sup>18 19 20</sup> after the TYC review was announced and only after that were these plans taken to the public. At the same time the NHSCT will not meet Cookstown Council over the future of Westland's Residential Home as the review is currently under way. This is double standards if the NHSCT cannot meet with District Councils during health reviews then why did they meet with Magherafelt Council and agree the future of Mid Ulster Hospital during a review.**

It is very clear that steps are already being taken in regards to the future plans for the Mid Ulster Hospital site without public consultation or Equality Impact Assessment. The NHSCT followed up this agreement with Magherafelt Council by producing and approving 2 business cases for the Mid Ulster Hospital site on the 23<sup>rd</sup> Feb 2012 <sup>21 22</sup>. the combined total for these was £983,348, as the project was split into 2 separate business cases and the individual cases did not exceed £500,000 the Trust did not have to approach the Department of Finance & Personnel for scrutiny, Save The Mid believe that this was done purposely so that these changes could be rushed through by stealth.

TYC the report from John Compton of the HSCB showed that there will be fewer acute and local hospitals that the Developing Better Services Report 2001 lays out. Mr John Compton has already stated to the media <sup>23</sup> in 2010 that £19 million pounds of savings could be made by removing the Mid Ulster Hospital Site.

Save The Mid were released plans for Thompson House that removes all inpatient beds and replaces them with 107 work stations and other clinics. Costing sheets of wards 2, 3, 5, & 6 at the Mid Ulster Hospital for demolition and refurbishment works. <sup>24 25 26 27 28 29 30 31 32</sup>

More worryingly was 36 emails sent between architects and the Northern Trust, one of which is where the architect asks the Northern Trust is wards 5&6 (Thompson House) "Still Under Wraps" (page19) <sup>33</sup>

---

<sup>17</sup> Plans for Mid Ulster Hospital Site:

[http://savethemid.weebly.com/uploads/7/4/7/7/7477841/20110622\\_hmcc180511d\\_response\\_lettertohmcclay.cl.doc](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/20110622_hmcc180511d_response_lettertohmcclay.cl.doc)

<sup>18</sup> Magherafelt Council Minutes <http://savethemid.weebly.com/special-meeting-with-nhsct--magherafelt-council-minutes.html>

<sup>19</sup> Media surrounding Council meeting & health trust <http://savethemid.weebly.com/magherafelt-district-council---health.html>

<sup>20</sup> Media surrounding Council meeting 2 <http://www.midulstermail.co.uk/news/local/mccloy-refuses-to-be-bullied-on-hospital-1-4081374>

<sup>21</sup> Mid Ulster Business Case 2012 [http://www.northerntrust.hscni.net/pdf/Business\\_Case\\_Mid\\_Ulster\\_Hospital.pdf](http://www.northerntrust.hscni.net/pdf/Business_Case_Mid_Ulster_Hospital.pdf)

<sup>22</sup> Mid Ulster Business case 2012 [http://www.northerntrust.hscni.net/pdf/Business\\_Case\\_Mid\\_Ulster\\_Hospital\\_Site.pdf](http://www.northerntrust.hscni.net/pdf/Business_Case_Mid_Ulster_Hospital_Site.pdf)

<sup>23</sup> BBC <http://www.bbc.co.uk/news/uk-northern-ireland-11509736>

<sup>24</sup> PLANS wards 5+6 [http://savethemid.weebly.com/uploads/7/4/7/7/7477841/proposed\\_wards\\_56\\_plan.pdf](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/proposed_wards_56_plan.pdf)

<sup>25</sup> Clinics in Mid Ulster to be reconfigured

[http://savethemid.weebly.com/uploads/7/4/7/7/7477841/quantification\\_of\\_requests\\_plus\\_activity\\_january\\_2011.xls](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/quantification_of_requests_plus_activity_january_2011.xls)

<sup>26</sup> Estimated Costs [http://savethemid.weebly.com/uploads/7/4/7/7/7477841/937\\_est\\_cost\\_15april.doc](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/937_est_cost_15april.doc)

<sup>27</sup> Estimated Costs [http://savethemid.weebly.com/uploads/7/4/7/7/7477841/937\\_est\\_cost\\_7march\\_2.doc](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/937_est_cost_7march_2.doc)

<sup>28</sup> Work station requirements

[http://savethemid.weebly.com/uploads/7/4/7/7/7477841/draft\\_staff\\_workstation\\_requirements\\_-\\_mfelt.doc](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/draft_staff_workstation_requirements_-_mfelt.doc)

<sup>29</sup> Space unitisation Mid Ulster hospital

[http://savethemid.weebly.com/uploads/7/4/7/7/7477841/space\\_utilisation\\_in\\_the\\_mid\\_ulster\\_hospital.doc](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/space_utilisation_in_the_mid_ulster_hospital.doc)

<sup>30</sup> Design plans Mid Ulster Hospital

[http://savethemid.weebly.com/uploads/7/4/7/7/7477841/information\\_for\\_design\\_consultant\\_re\\_staff\\_and\\_rooms\\_31\\_jan\\_2011.xls](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/information_for_design_consultant_re_staff_and_rooms_31_jan_2011.xls)

<sup>31</sup> Clean Utility proposal [http://savethemid.weebly.com/uploads/7/4/7/7/7477841/clean\\_utility.pdf](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/clean_utility.pdf)

<sup>32</sup> Dirty Utility proposal [http://savethemid.weebly.com/uploads/7/4/7/7/7477841/dirty\\_utility.pdf](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/dirty_utility.pdf)



Within the FOI was pre designated clinics and centres scattered through Mid Ulster that could possibly be moved to the Mid Ulster Hospital site, that include;

- Adult Eating Disorder Service clinics currently base at the Lough view resource Centre
- Brain Injury Service, currently in Moneymore
- Older people mental health & mental Health Older people Team, currently in Cookstown
- Continence Clinics in Bellaghy & Maghera
- The former High Dependency Unit, a requirement for acute services, is to be turned into a pharmacy

On Bravo Solutions, the tendering agent for building works for the Department of Finance and Personnel, Save The Mid uncovered tenders for adult centres and building works at the Mid Ulster Hospital, this shows great concerns that these conceptual plans are a present and future reality.

- pqq\_1184 - NHSCT Reconfiguration of Adult Centres at Various Locations ([link](#))
- pqq\_1207 - NHSCT Minor Building Works, Northern Sector, Mid-Ulster District ([link](#))

NHSCT Population Plans <sup>34</sup> make very little reference to the Mid Ulster hospital but describing it to become a community hub, not even a hospital by their own admission. Much like the one agreed to by Magherafelt Council & the NHSCT

- A new ward at Antrim Area Hospital will open in Spring 2013 and will provide a centre for acute rehabilitation for older people. Causeway hospital already has acute rehabilitation beds. The rehabilitation beds currently available in Mid Ulster and Whiteabbey will no longer be used for this purpose and this will present opportunities to further develop those sites as local community hubs. Already significant capital investment has been secured to develop the Mid Ulster site as a centre for a range of local services. This is the model we wish to replicate in other localities, making best use of the existing estate and leveraging in private finance, where appropriate, to develop a network of health and care centres delivering a range of primary and community services. The developing Integrated Care Partnerships will be key to this collaboration bringing together GPs, Pharmacists, Trust staff and the voluntary and community sector in a common enterprise.

Page 28 Population Plans Northern Area

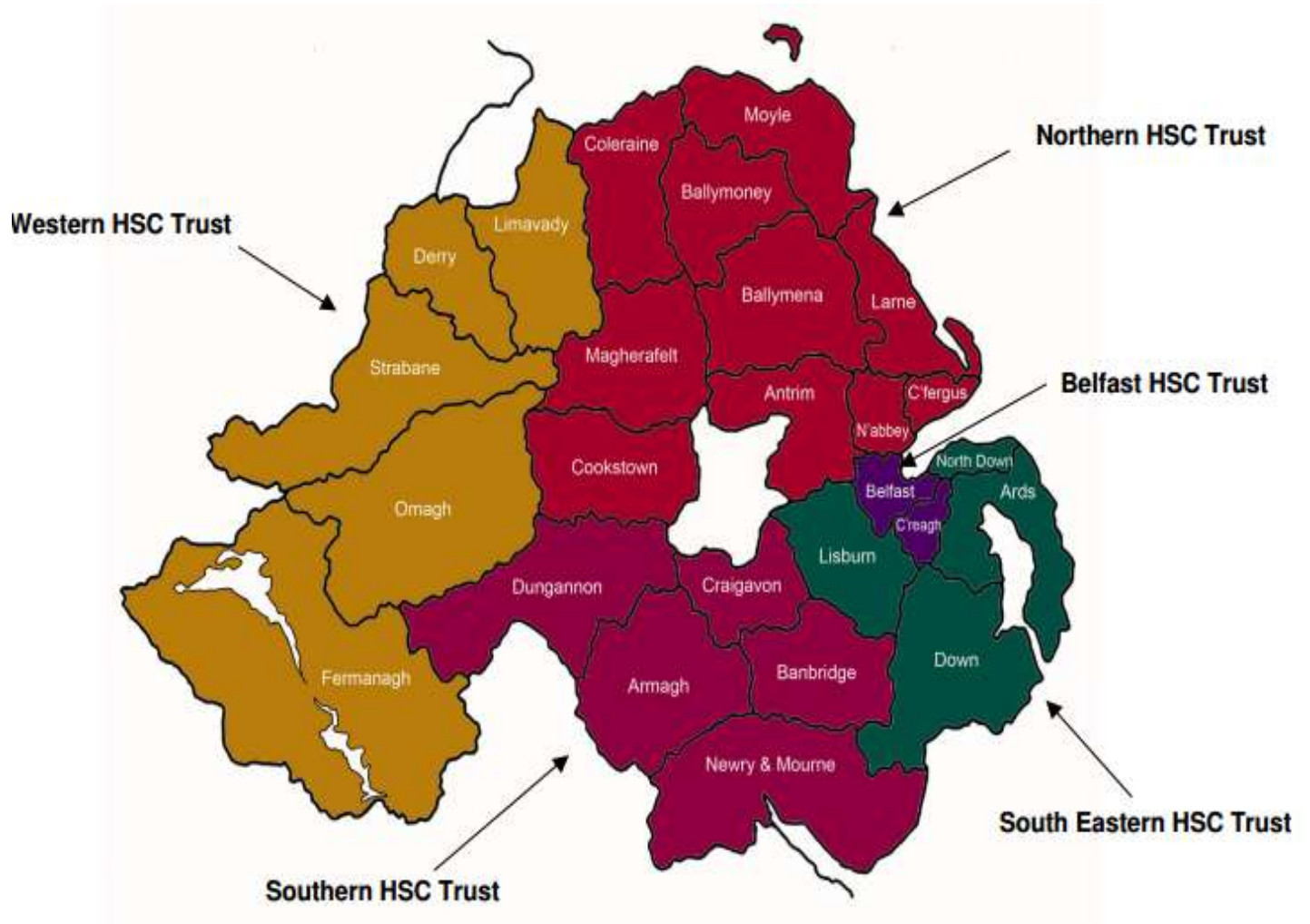
---

<sup>33</sup> A list of emails between architect's and NHSCT

[http://savethemid.weebly.com/uploads/7/4/7/7/7477841/36\\_emails\\_nhsct.pdf](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/36_emails_nhsct.pdf)

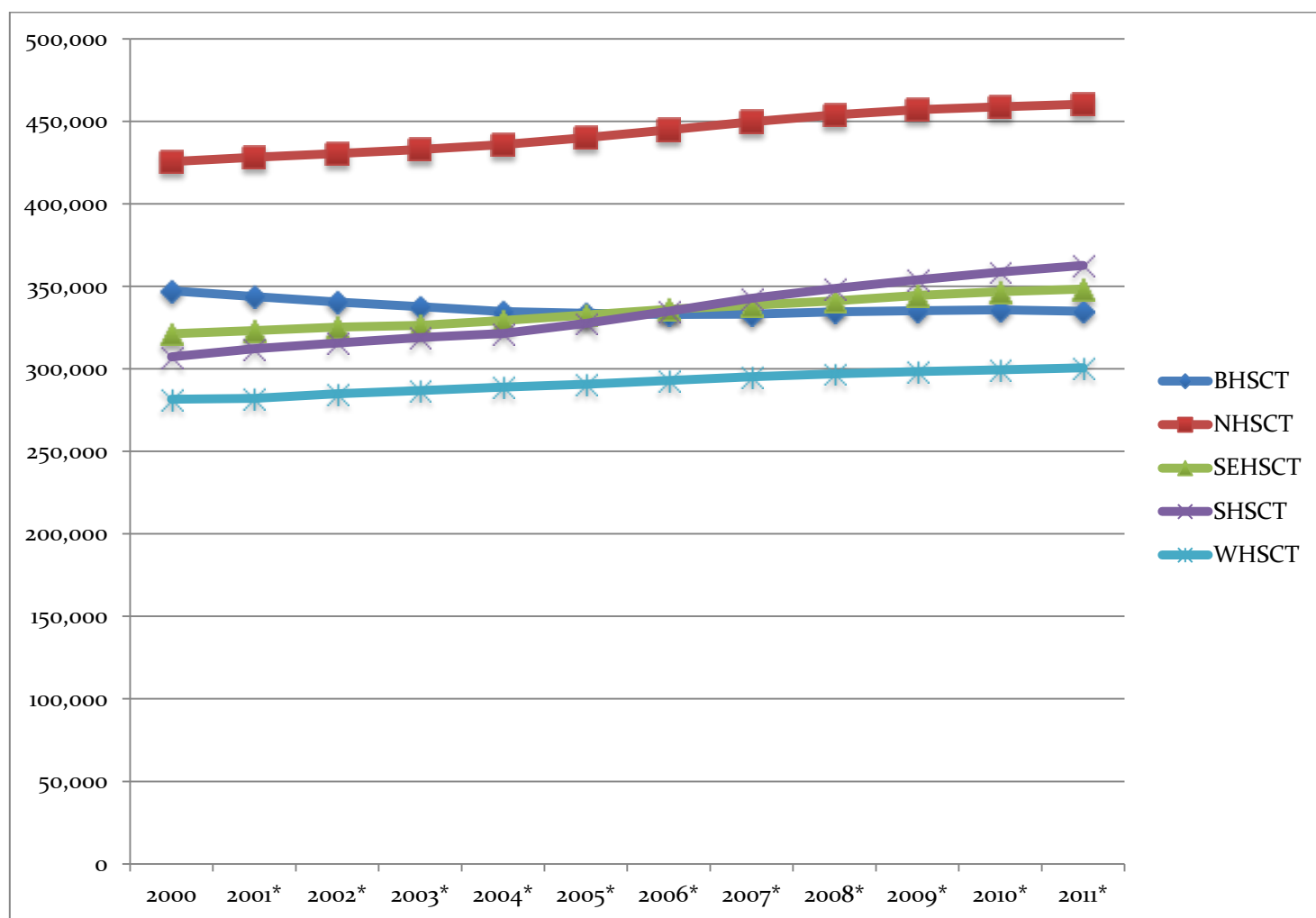
<sup>34</sup> <http://www.tycconsultation.hscni.net/wp-content/uploads/2012/10/Northern-Population-Plan-Oct-2012.pdf>

## NHSCT Demographics



## Population estimates according to NISRA

	2000	2001*	2002*	2003*	2004*	2005*	2006*	2007*	2008*	2009*	2010*	2011*
<b>BHSCT</b>	347,260	343,703	340,443	337,672	334,773	333,664	333,007	333,097	334,528	335,150	335,774	334,820
<b>NHSCT</b>	425,486	428,226	430,443	432,834	435,931	440,075	444,709	449,623	453,824	457,101	458,746	460,364
<b>SEHSCT</b>	321,252	323,157	325,283	326,239	329,278	332,508	336,103	338,482	341,085	344,434	346,794	348,301
<b>SHSCT</b>	307,334	312,190	315,595	319,026	321,415	327,531	334,818	342,754	348,657	353,908	358,647	362,711
<b>WHSCT</b>	281,612	282,043	284,877	286,857	288,925	290,630	292,982	295,192	296,909	298,303	299,431	300,677
<b>NI</b>	<b>1,682,944</b>	<b>1,689,319</b>	<b>1,696,641</b>	<b>1,702,628</b>	<b>1,710,322</b>	<b>1,724,408</b>	<b>1,741,619</b>	<b>1,759,148</b>	<b>1,775,003</b>	<b>1,788,896</b>	<b>1,799,392</b>	<b>1,806,873</b>



Graph and table to show total population within each Health & Social Care Trust <sup>35</sup>

<sup>35</sup> NISRA HSCT Population estimates

[http://www.nisra.gov.uk/archive/demography/population/midyear/HSCT\\_Home\\_pop\(1991\\_2011\).xls](http://www.nisra.gov.uk/archive/demography/population/midyear/HSCT_Home_pop(1991_2011).xls)

PERSONS AGED 0-4

	2000	2001*	2002*	2003*	2004*	2005*	2006*	2007*	2008*	2009*	2010*	2011*
BHSCT	21,933	20,801	20,085	19,573	19,480	19,517	19,552	20,026	20,763	21,242	21,893	22,679
NHSCT	29,131	28,871	28,229	27,956	27,602	27,952	28,334	29,133	29,930	30,520	30,608	31,061
SEHSCT	21,482	21,024	20,724	20,328	19,981	20,173	20,702	21,269	22,206	22,656	22,919	23,309
SHSCT	23,261	23,050	22,891	22,530	22,396	23,072	23,934	24,975	26,162	27,140	27,701	28,264
WHSCT	21,523	21,003	20,582	20,245	19,631	19,434	19,613	19,906	20,266	20,763	21,130	21,319

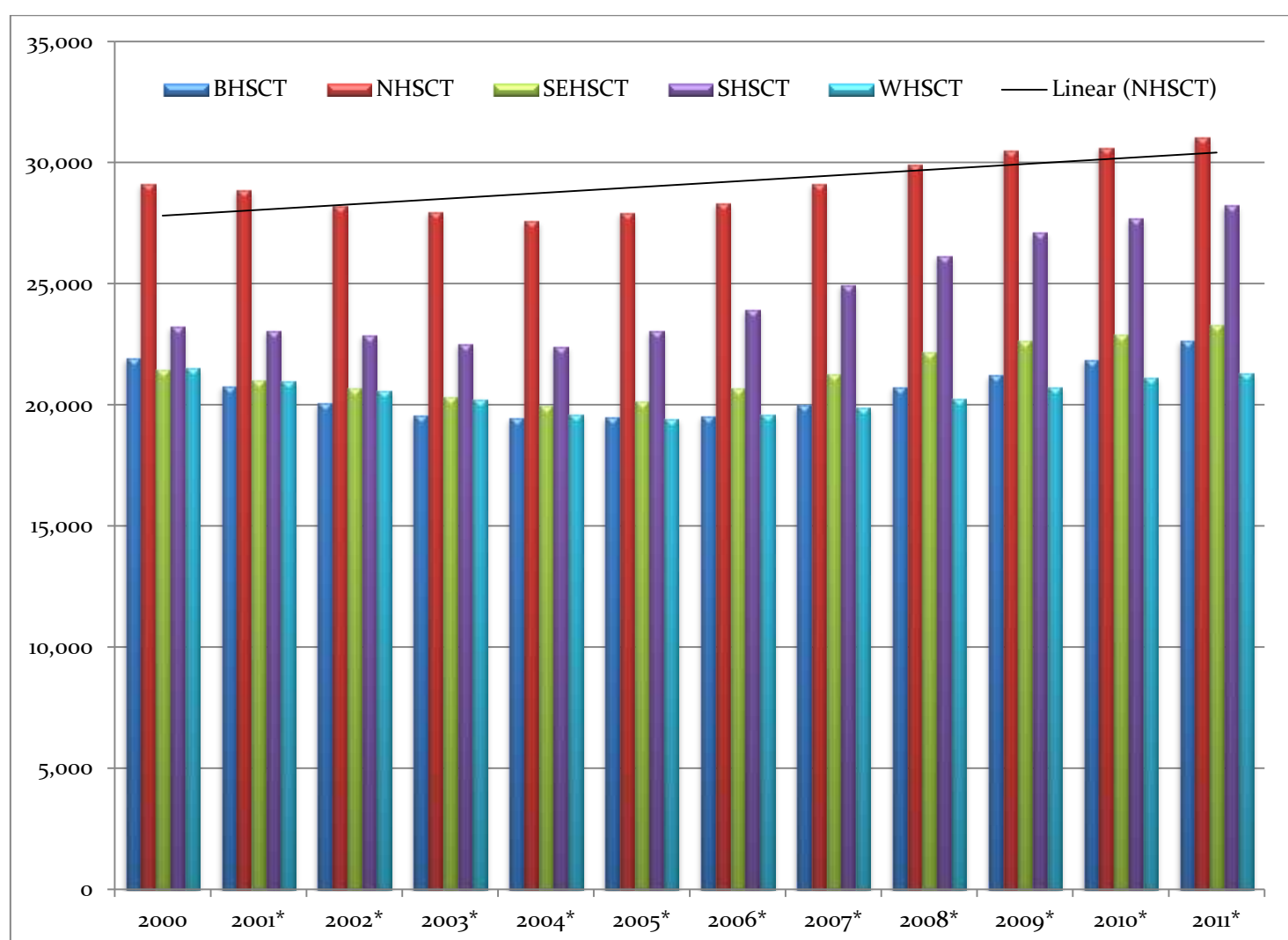


Table & Graph to show total persons aged 0-4 years within each Health & Social Care Trust <sup>36</sup>

<sup>36</sup> NISRA Population estimates, Age

[http://www.nisra.gov.uk/archive/demography/population/midyear/HSCT\\_Home\\_pop\\_5yrbds\(1991\\_2011\).xls](http://www.nisra.gov.uk/archive/demography/population/midyear/HSCT_Home_pop_5yrbds(1991_2011).xls)

Health and Social Care Trust					
	Belfast	Northern	South Eastern	Southern	Western
2001	4,084	5,413	3,995	4,556	3,914
2002	3,912	5,421	3,742	4,422	3,888
2003	4,054	5,335	3,957	4,469	3,833
2004	4,136	5,697	4,069	4,682	3,734
2005	4,011	5,623	3,984	4,813	3,897
2006	4,147	5,781	4,240	5,038	4,066
2007	4,467	6,021	4,528	5,362	4,073
2008	4,745	6,347	4,676	5,591	4,272
2009	4,690	5,947	4,532	5,532	4,209
2010	4,795	6,110	4,514	5,712	4,184
2011	4,840	6,048	4,595	5,522	4,268

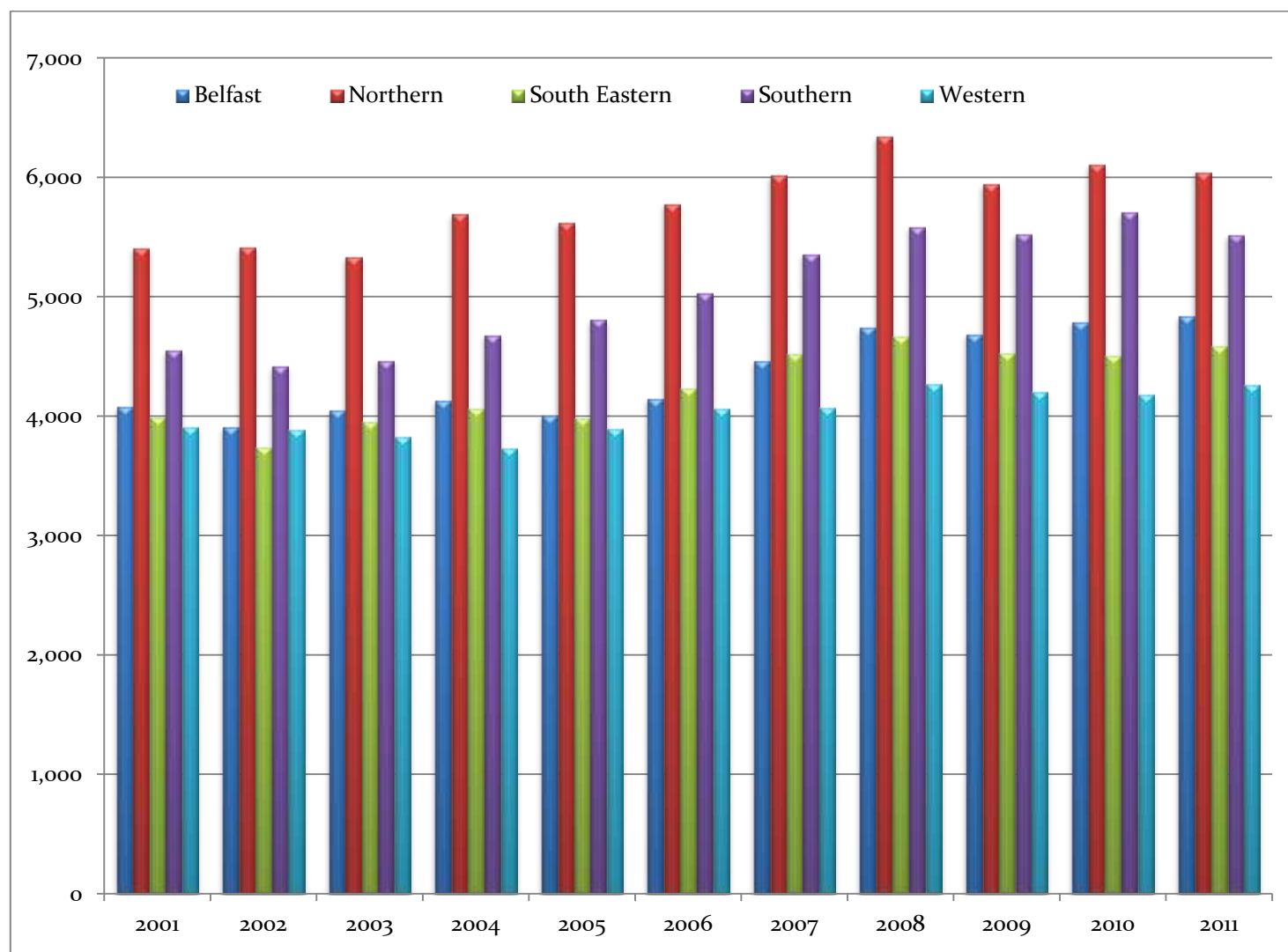


Table and graph to show live births in each Health 7 Social Care Trust 2001 - 2011<sup>37</sup>

<sup>37</sup> NISRA Live Births [http://www.nisra.gov.uk/archive/demography/vital/births/live\\_births1887-2011.xls](http://www.nisra.gov.uk/archive/demography/vital/births/live_births1887-2011.xls)

PERSONS AGED 60 +

	2000	2001*	2002*	2003*	2004*	2005*	2006*	2007*	2008*	2009*	2010*	2011*
BHSCT	71,199	68,592	68,207	68,134	68,026	67,741	67,653	67,791	67,876	67,608	67,993	68,077
NHSCT	75,285	76,571	78,423	80,473	82,551	84,320	86,264	88,478	90,336	92,275	94,207	96,051
SEHSCT	57,463	58,370	59,655	61,278	63,060	64,822	66,536	68,420	70,355	72,126	74,109	75,789
SHSCT	50,691	51,479	52,587	53,840	55,115	56,519	57,789	59,345	60,891	62,419	63,981	65,404
WHSC T	42,075	42,673	43,632	44,643	45,855	46,968	48,069	49,352	50,690	52,107	53,384	54,951

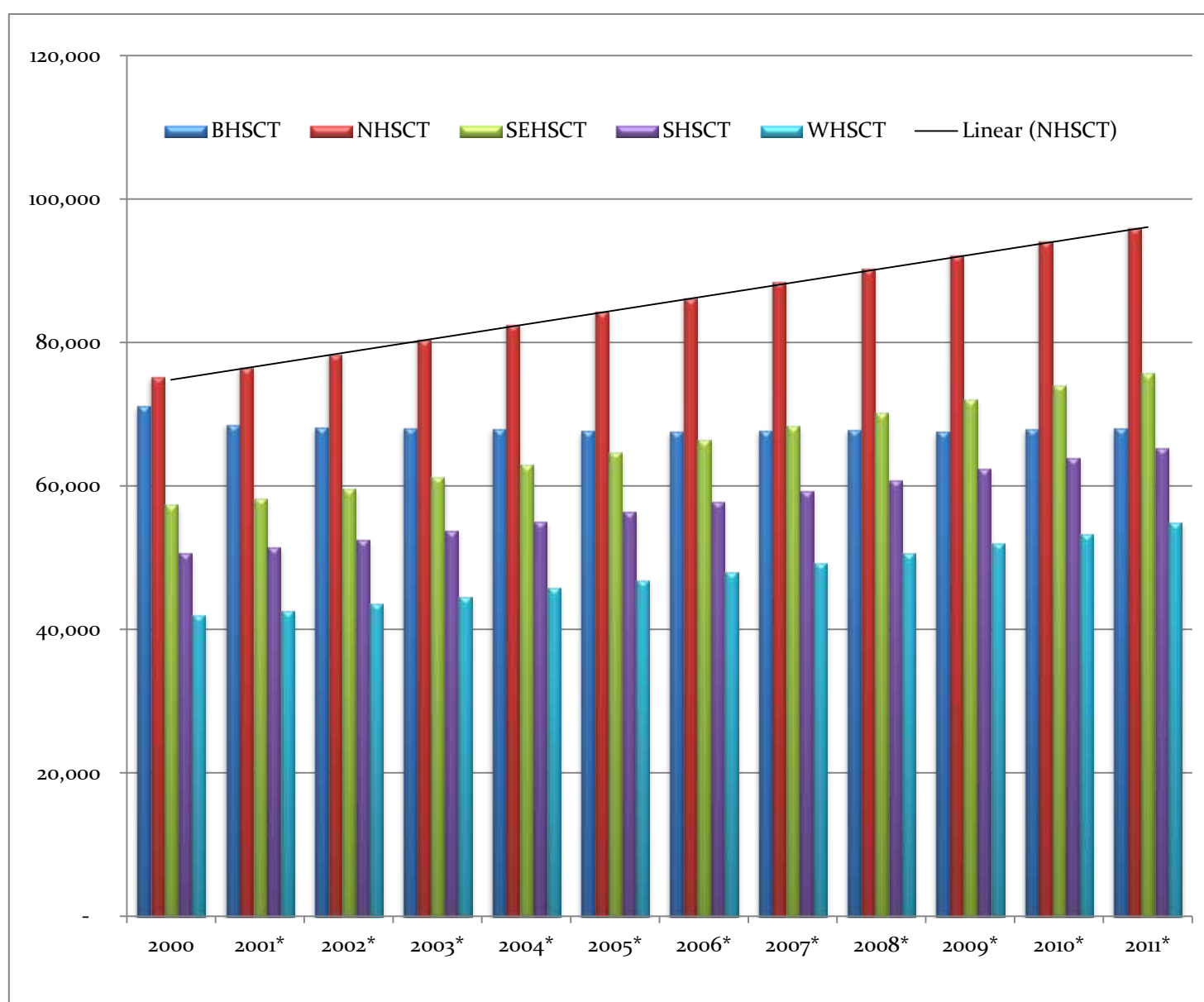
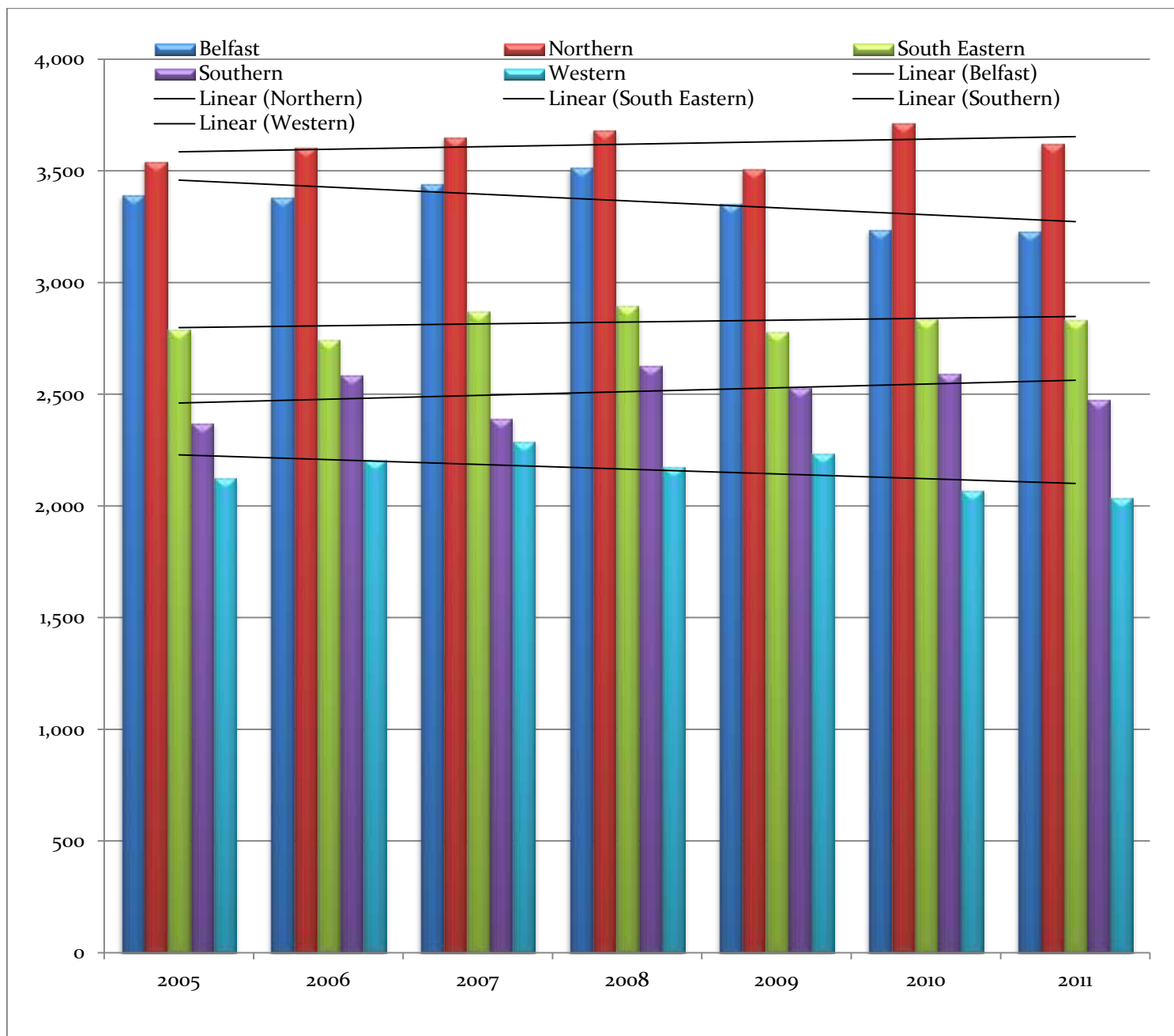


Table and graph to show estimated population in each Health & Social Care Trust aged 60 years or more<sup>38</sup>

<sup>38</sup> NISRA [http://www.nisra.gov.uk/archive/demography/population/midyear/HSCT\\_Home\\_pop\\_5yrbds\(1991\\_2011\).xls](http://www.nisra.gov.uk/archive/demography/population/midyear/HSCT_Home_pop_5yrbds(1991_2011).xls)

Registration Year	Health and Social Care Trust				
	Belfast	Northern	South Eastern	Southern	Western
2005	3,393	3,543	2,791	2,370	2,127
2006	3,383	3,607	2,745	2,587	2,210
2007	3,443	3,651	2,872	2,392	2,291
2008	3,517	3,684	2,899	2,630	2,177
2009	3,354	3,509	2,782	2,530	2,238
2010	3,238	3,717	2,837	2,594	2,071
2011	3,230	3,622	2,836	2,478	2,038

Table and graphs to show deaths in each Health & Social Care Trust 2005 – 2011 <sup>39</sup><sup>39</sup> NISRA Deaths [http://www.nisra.gov.uk/archive/demography/vital/deaths/deaths\\_by\\_HSCT1974\\_2011.xls](http://www.nisra.gov.uk/archive/demography/vital/deaths/deaths_by_HSCT1974_2011.xls)

Area	Estimate d Populatio n 30 June 2011	Births				Deaths					
		Live Births	Birth Rate per 1000	Stillbirth s	% Still births	Deaths by Age				Cause of Death	
						All Ages	Death Rate per 1000	%of deaths in NHSC T	Unde r 1 Year	Cance r	Ischaemi c Heart Disease
Northern Ireland	1,806,900	19,109	10.6	80		11,085	6.1		67	3,099	1487
Northern HSC Trust	460,400	4,491	9.8	20		2,742	6.0		12	735	127
Antrim	54,100	567	10.5	1	5%	292	5.4	11%	0	79	8
Ballymena	63,500	583	9.2	0	0%	413	6.5	15%	2	112	22
Ballymoney	30,600	309	10.1	1	5%	141	4.6	5%	0	38	12
Carrickfergus	40,200	358	8.9	0	0%	243	6.0	9%	0	64	12
Coleraine	56,800	529	9.3	4	20%	397	7.0	14%	3	109	19
Cookstown	36,700	415	11.3	3	15%	192	5.2	7%	0	50	9
Larne	31,700	272	8.6	1	5%	218	6.9	8%	0	60	13
Magherafelt	44,700	483	10.8	5	25%	187	4.2	7%	0	43	12
Moyle	17,000	132	7.8	0	0%	118	6.9	4%	1	33	6
Newtownabbey	83,600	843	10.1	5	25%	541	6.5	20%	6	147	14

Table to show a summary of deaths in Northern Ireland 2012 according to NISRA quarterly death reports<sup>40</sup>

Area	Estimated Populatio n 30 June 2011	Births				Deaths by Age				Cause of Death	
		Live Birth s	Birth Rate per 100 0	Stillbirth s	% Still birth s	All Ages	Deat h Rate per 1000	%of deaths in NHSC T	Under 1 Year	Cancer	Ischaemic Heart Disease
Cookstown	36,700	415	11.3	3	15%	192	5.2	7%	0	50	9
Magherafelt	44,700	483	10.8	5	25%	187	4.2	7%	0	43	12
Mid Ulster	81,400	898	11.0	8	40%	379	4.7	14%	0	93	21
Northern HSC Trust	460,400	4,491	9.8	20		2,742	6.0		12	735	127

Table to show a summary of deaths in Northern Ireland 2012 according to NISRA quarterly death reports

<sup>40</sup> NISRA Quartile report 2012 <http://www.nisra.gov.uk/demography/default.asp27.htm>





---

<sup>41</sup> NISRA <http://www.ninis2.nisra.gov.uk>

<sup>42</sup> NISRA report NHST

[http://savethemid.weebly.com/uploads/7/4/7/7/7477841/report\\_nisra\\_2013\\_jan\\_07\\_northern\\_bt457pq.pdf](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/report_nisra_2013_jan_07_northern_bt457pq.pdf)

<sup>43</sup> NISRA report Cookstown

[http://savethemid.weebly.com/uploads/7/4/7/7/7477841/report\\_nisra\\_2013\\_jan\\_07\\_cookstown\\_bt457pq.pdf](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/report_nisra_2013_jan_07_cookstown_bt457pq.pdf)

<sup>44</sup> NISRA report Magherafelt

[http://savethemid.weebly.com/uploads/7/4/7/7/7477841/report\\_nisra\\_2013\\_jan\\_07\\_magherafelt.pdf](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/report_nisra_2013_jan_07_magherafelt.pdf)

<sup>45</sup> N Ireland Assembly briefing paper <http://archive.niassembly.gov.uk/researchandlibrary/profiles2011/midulster.pdf>

Usual Residents	NHSCT	Cookstown	Magherafelt	% Magherafelt + Cookstown within NHSCT
0-15	96,425	8,294	10,577	20%
16-39	146,545	12,999	15,361	19%
40-64	149,901	10,962	13,471	16%
65-84	62,378	4,194	4,974	15%
85+	8,048	564	655	15%
<b>Total</b>	<b>463,297</b>	<b>37,013</b>	<b>45,038</b>	<b>18%</b>

Table to show population

	NI	NHSCT	Cookstown	Magherafelt
<b>Deaths</b>	14575	3717	276	253
<b>Deaths under 75's</b>	39.10%	37%	39.10%	34%
<b>Potential Years of Life Lost (per 100 population): Males (2006-2008)</b>	7.3	6.7	8.3	5.6
<b>Potential Years of Life Lost (per 100 population): Females (2006-2008)</b>	4.3	4	3.9	3.1
<b>Potential Years of Life Lost (per 100 population): Aged 0-14 years (2006-2008)</b>	3.7	3.3	5.3	1.3
<b>Potential Years of Life Lost (per 100 population): Aged 15-24 years (2006-2008)</b>	3.4	2.9	2.6	3.4
<b>Potential Years of Life Lost (per 100 population): Aged 25-64 years (2006-2008)</b>	6.8	6.2	7.1	5.5
<b>Potential Years of Life Lost (per 100 population): Aged 65-74 years (2006-2008)</b>	9.7	9.2	9.2	8.4
<b>Standardised Mortality Rate (2008-2010)</b>	100	94.9	102.8	86.6

Table to show deaths and years of life lost

	NI	NHSCT	Cookstown	Magherafelt
<b>Standardised admission rate for all hospital admissions (2010/11)</b>	100	101.6	104.4	106.8
<b>Standardised admission rate for elective admissions (2010/11)</b>	100	112.4	102.2	110.8
<b>Standardised admission rate for emergency admissions (2010/11)</b>	100	96.1	105.9	102.8
<b>Standardised admission rate for admissions due to respiratory disease (2008/09-2010/11)</b>	100	102.7	111.8	114.4
<b>Standardised admission rate for admissions due to circulatory disease (2008/09-2010/11)</b>	100	106.3	110.6	109.9

Table to show hospital admission rates

	NI	NHSCT	Cookstown	Magherafelt
<b>Raw prevalence of patients (per 1,000) on the Mental Health Register (2012)</b>	8.3	7.7	8.2	7.2
<b>Raw prevalence of patients (per 1,000) on the Dementia Register (2012)</b>	6.3	5.8	5.3	4.3

Table to show prevalence of mental health patients

NI	NHSCT	Cookstown	Magherafelt
----	-------	-----------	-------------

		Actual	% of admissions	Actual	% of admissions	Actual	% of admissions
<b>Admission as a result of road traffic collisions 2009/10</b>	10.60%	419	11.50%	43	13.20%	50	14.50%
<b>Admissions as a result of accidental injuries in the home 2009/10</b>	22.90%	724	19.80%	59	18.20%	47	13.60%
<b>Admissions to hospital due to accidental injuries occurring at school (2009/10)</b>	3.20%	108	3.00%	11	3.40%	10	2.90%
<b>Number of people killed as a result of road traffic collisions (2011)</b>	59	18		1		2	
<b>Road traffic casualties rate per 10,000 (2011)</b>	49	43		42		35	

Table to show admissions to hospital via accidental injury

	2006		2007		2008		2009	
LGD	Admission s due to accidental injuries in the Home	Admission s due to accidents occurring at School	Admission s due to accidental injuries in the Home	Admission s due to accidents occurring at School	Admission s due to accidental injuries in the Home	Admission s due to accidents occurring at School	Admission s due to accidental injuries in the Home	Admission s due to accidents occurring at School
Northern Ireland	3028	376	3267	445	3267	481	3423	480
NHSCT Total	700.00	98.00	692.00	151.00	689.00	127.00	627.00	108.00
Antrim	79	6	70	16	69	12	71	11
Ballymena	97	14	101	14	98	10	82	9
Ballymoney	44	7	47	12	41	3	44	5
Carrickfergus	58	13	65	14	63	11	55	12
Coleraine	92	9	69	17	95	17	98	18
Cookstown	67	13	63	19	66	16	59	11
Larne	49	3	49	12	53	3	32	9
Magherafelt	81	11	90	16	60	29	47	10
Moyle	22	6	24	12	23	7	28	3
Newtownabbey	111	16	114	19	121	19	111	20

	2006		2007		2008		2009	
LGD	Admission s due to accidental injuries in the Home	Admission s due to accidents occurring at School	Admission s due to accidental injuries in the Home	Admission s due to accidents occurring at School	Admission s due to accidental injuries in the Home	Admission s due to accidents occurring at School	Admission s due to accidental injuries in the Home	Admission s due to accidents occurring at School
Cookstown	67	13	63	19	66	16	59	11
Magherafelt	81	11	90	16	60	29	47	10
<b>Mid Ulster Total</b>	<b>148</b>	<b>24</b>	<b>153</b>	<b>35</b>	<b>126</b>	<b>45</b>	<b>106</b>	<b>21</b>
<b>Mid Ulster % of NHSCT Admissions</b>	<b>21%</b>	<b>24%</b>	<b>22%</b>	<b>23%</b>	<b>18%</b>	<b>35%</b>	<b>17%</b>	<b>19%</b>
NHSCT Total	700	98	692	151	689	127	627	108

Tables to show admission to hospital via accidental injury 2006 - 2009



**View of corridor ward  
at Antrim Area Hospital from  
minor injury  
entrance**



**Notice sign that  
is pinned onto  
curtains at corridor  
ward at Antrim  
Area Hospital**

Antrim	Working Days	Working Hours	Total Number of attendances	Average Patients per working day	Average Attendance per working hour
Jan 09 -Dec 09	365	8,760	65,162	178.5	7.44
Jan10 - May 10	151	3,624	27,705	183.5	7.64
June10 -Dec10	214	5,136	41,981	196.2	8.17
Jan11 - Dec11	365	8,760	71,089	194.8	8.12
Jan12 - Nov 12	335	8,040	65,226	194.7	8.11
<b>Total</b>	<b>1,430</b>	<b>34,320</b>	<b>271,163</b>	<b>189.6</b>	<b>7.90</b>

Causeway	Working Days	Working Hours	Total Number of attendances	Average Patients per working day	Average Attendance per working hour
Jan 09 -Dec 09	365	8,760	41,126	112.7	4.7
Jan10 - May 10	120	2,880	17,313	144.3	6.0
June10 -Dec10	214	5136	25,717	120.2	5.0
Jan11 - Dec11	365	8760	43,247	118.5	4.9
Jan12 - Nov 12	335	8040	39,684	118.5	4.9
<b>Total</b>	<b>1,399</b>	<b>33,576</b>	<b>167,087</b>	<b>119.4</b>	<b>5.0</b>

Mid Ulster	Working Days	Working Hours	Total Number of attendances	Average Patients per working day	Average Attendance per working hour
Jan 09 - Dec 09	365	5110	17,706	48.5	3.5
Jan10 - Apr10	120	1680	5,270	43.9	3.1
June10 - Dec 10	150	1200	3,465	23.1	2.9
Jan11 - Dec11	249	1992	6,107	24.5	3.1
Jan12 - Nov 12	232	1856	6,449	27.8	3.5
<b>Total</b>	<b>1,116</b>	<b>11,838</b>	<b>38,997</b>	<b>34.9</b>	<b>3.3</b>

Whiteabbey	Working Days	Working Hours	Total Number of attendances	Average Patients per working day	Average Attendance per working hour
Jan 09 - Dec 09	365	5110	19,616	53.7	3.8
Jan10 - Apr10	120	1680	6,065	50.5	3.6
June10 - Dec 10	150	1200	4,782	31.9	4.0
Jan11 - Dec11	249	1992	8,695	34.9	4.4
Jan12 - Nov 12	232	1856	7,966	34.3	4.3
<b>Total</b>	<b>1,116</b>	<b>11,838</b>	<b>47,124</b>	<b>42.2</b>	<b>4.0</b>

**Tables to show total and average attendances at NHSCT Emergency Department's since January 2009** <sup>46 47</sup>

<sup>46</sup> DHSSPS - Emergency Care Waiting Time Statistics; [http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/emergency\\_care-3/emergency\\_care-monthly\\_waiting\\_times.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency_care-monthly_waiting_times.htm)

<sup>47</sup> Working days calculation provided by : [http://www.work-day.co.uk/workingdays\\_holidays\\_2012.htm](http://www.work-day.co.uk/workingdays_holidays_2012.htm)

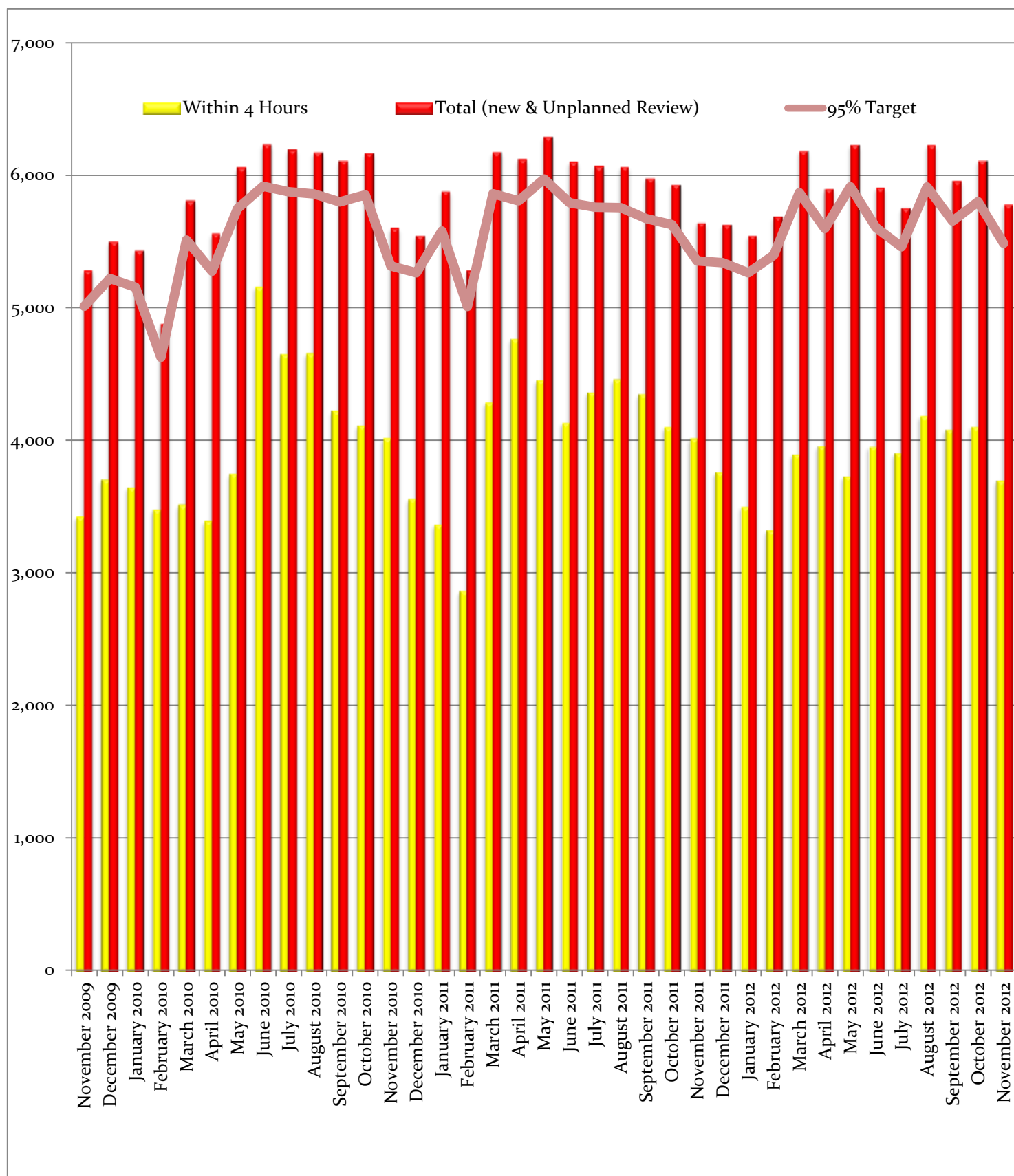


**Antrim Area Hospital**

Month & Year	Within 4 Hours	4 to 12 Hours	Over 12 Hours	Total (new & Unplanned Review)
November 2009	3,419	1,813	44	5,276
December 2009	3,696	1,744	55	5,495
January 2010	3,642	1,654	132	5,428
February 2010	3,474	1,266	129	4,869
March 2010	3,509	1,951	342	5,802
April 2010	3,386	1,867	301	5,554
May 2010	3,743	2,069	240	6,052
June 2010	5,153	1,075	0	6,228
July 2010	4,643	1,518	24	6,185
August 2010	4,650	1,505	12	6,167
September 2010	4,216	1,832	56	6,104
October 2010	4,108	1,960	92	6,160
November 2010	4,012	1,484	100	5,596
December 2010	3,553	1,824	164	5,541
January 2011	3,360	1,952	561	5,873
February 2011	2,858	1,868	547	5,273
March 2011	4,281	1,545	343	6,169
April 2011	4,758	1,147	209	6,114
May 2011	4,447	1,391	448	6,286
June 2011	4,128	1,431	539	6,098
July 2011	4,357	1,612	94	6,063
August 2011	4,453	1,498	108	6,059
September 2011	4,343	1,532	97	5,972
October 2011	4,094	1,579	252	5,925
November 2011	4,009	1,463	164	5,636
December 2011	3,756	1,471	394	5,621
January 2012	3,496	1,599	446	5,541
February 2012	3,314	2,187	181	5,682
March 2012	3,890	2,179	109	6,178
April 2012	3,951	1,863	78	5,892
May 2012	3,723	2,304	198	6,225
June 2012	3,946	1,863	93	5,902
July 2012	3,897	1,785	66	5,748
August 2012	4,178	1,988	58	6,224
September 2012	4,075	1,811	66	5,952
October 2012	4,098	1,886	122	6,106
November 2012	3,692	1,901	183	5,776

Table to show A&E attendance at Antrim Area Hospital Nov 2009 – Nov 2012 <sup>48</sup>

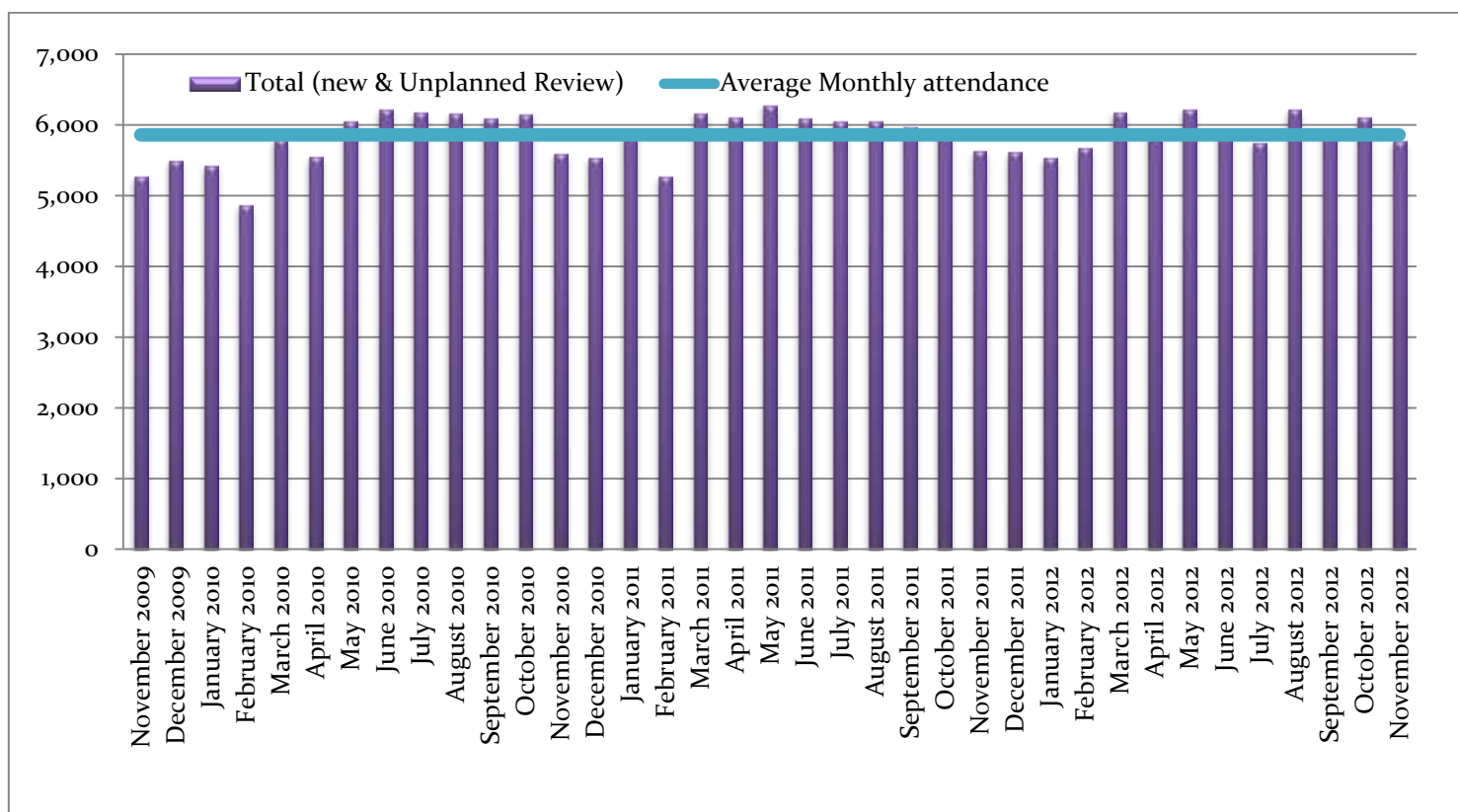
<sup>48</sup> DHSSPS - Emergency Care Waiting Time Statistics; [http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/emergency\\_care-3/emergency\\_care-monthly\\_waiting\\_times.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency_care-monthly_waiting_times.htm)



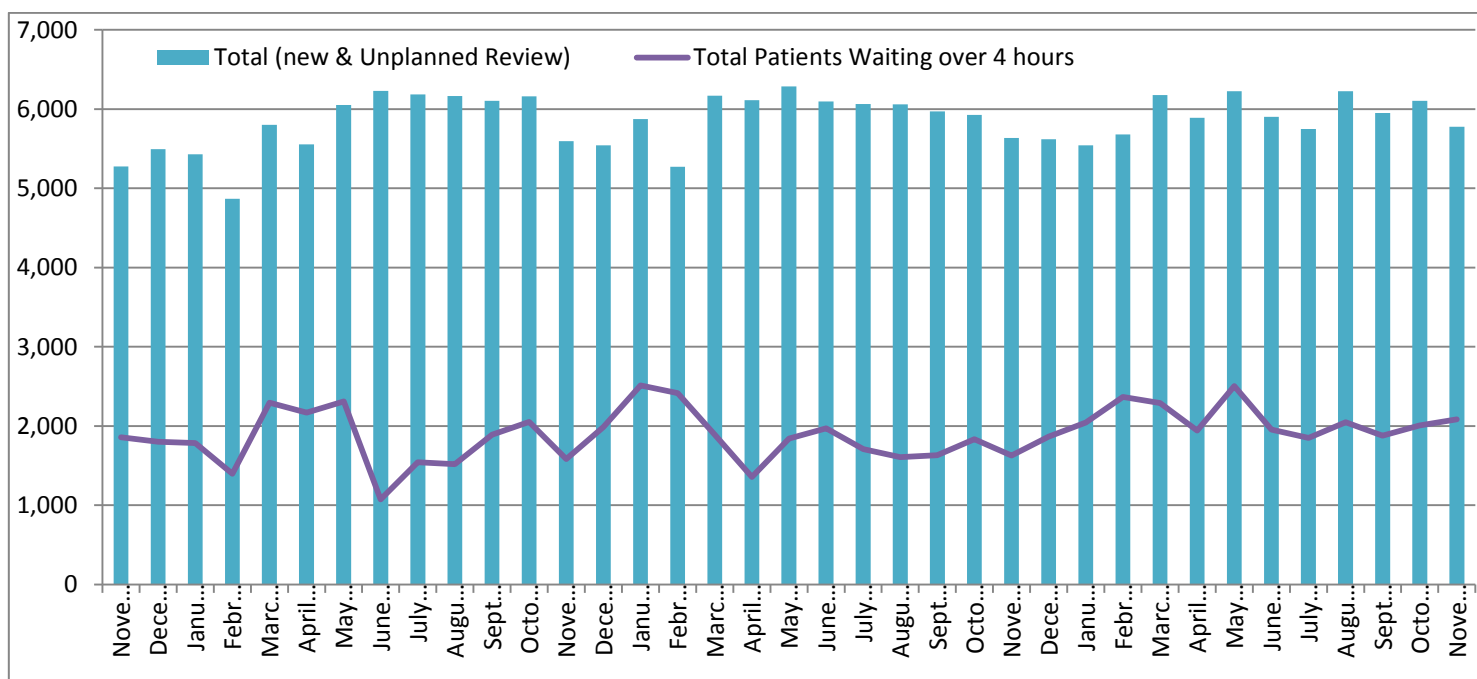
Graph to show actual number of patients who got seen in under 4 hours at Antrim area Hospital (Nov 09 to Nov 12), The red 95% target line shows the actual target in terms of a number instead of an %, the blue bar shows the actual how many patients were treated in under 4 hours. No month since Nov 2009 was the ministerial target met.<sup>49</sup>

**Note: Mid Ulster & Whiteabbey Minor A&E's were downgraded in May 2010**

<sup>49</sup> DHSSPS Waiting time statistics [http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/emergency\\_care-3/emergency\\_care-monthly\\_waiting\\_times.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency_care-monthly_waiting_times.htm)



Graph to show total attendance at Antrim A&E Nov 2009 to Nov 2012. The closures at Mid Ulster and Whiteabbey A&E's have had a small impact on the total number of patients attending the A&E at Antrim Area Hospital. <sup>50</sup>

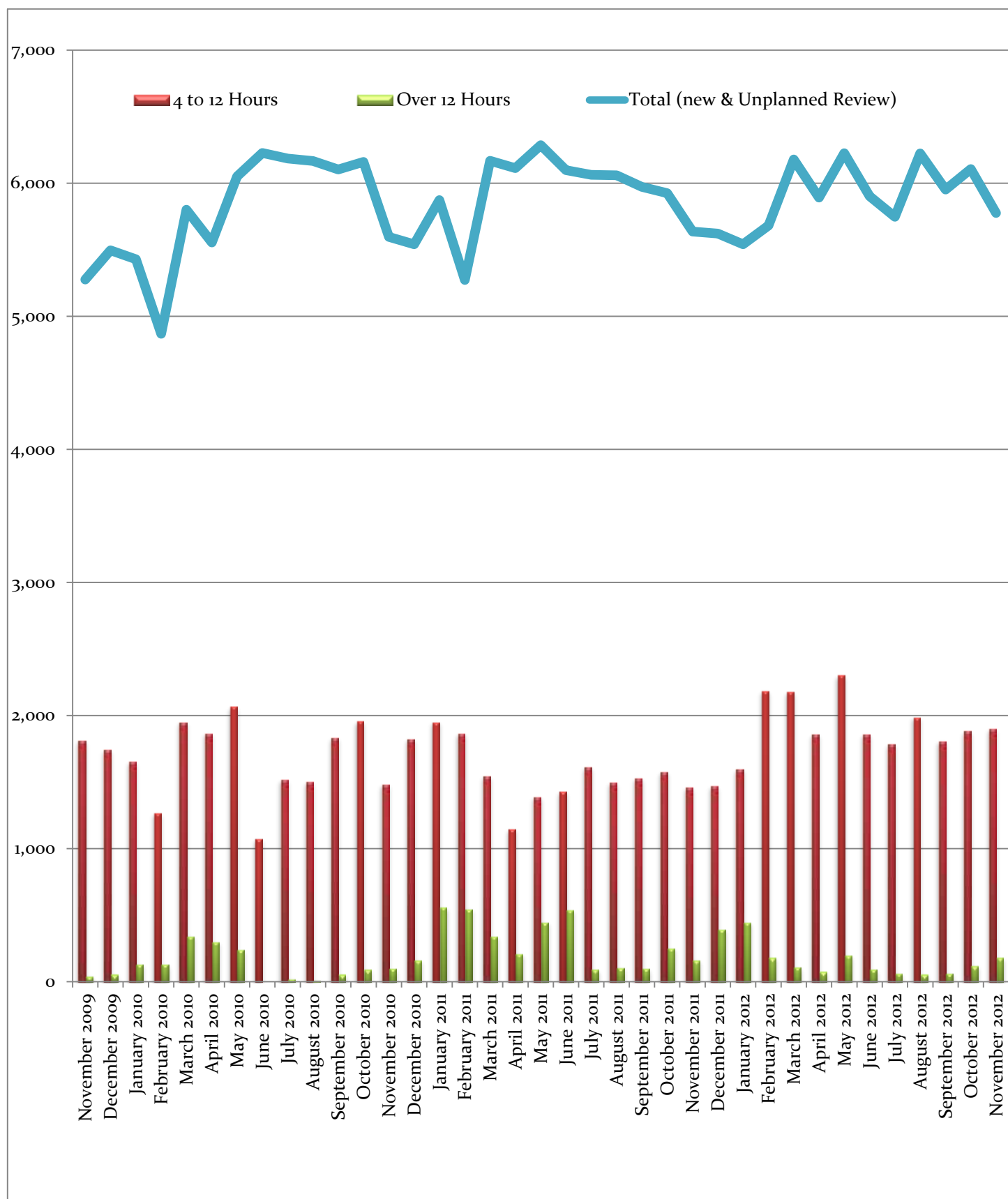


Graph to show total number of patients who waited over the Ministerial target of 4 hours in Antrim A&E. The graph shows that both before and after the removal of A&E's at the Mid Ulster & Whiteabbey hospitals that A&E performance at Antrim Area hospital was a serious issue <sup>51</sup>

<sup>50</sup> DHSSPS Waiting time statistics [http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/emergency\\_care-3/emergency\\_care-monthly\\_waiting\\_times.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency_care-monthly_waiting_times.htm)

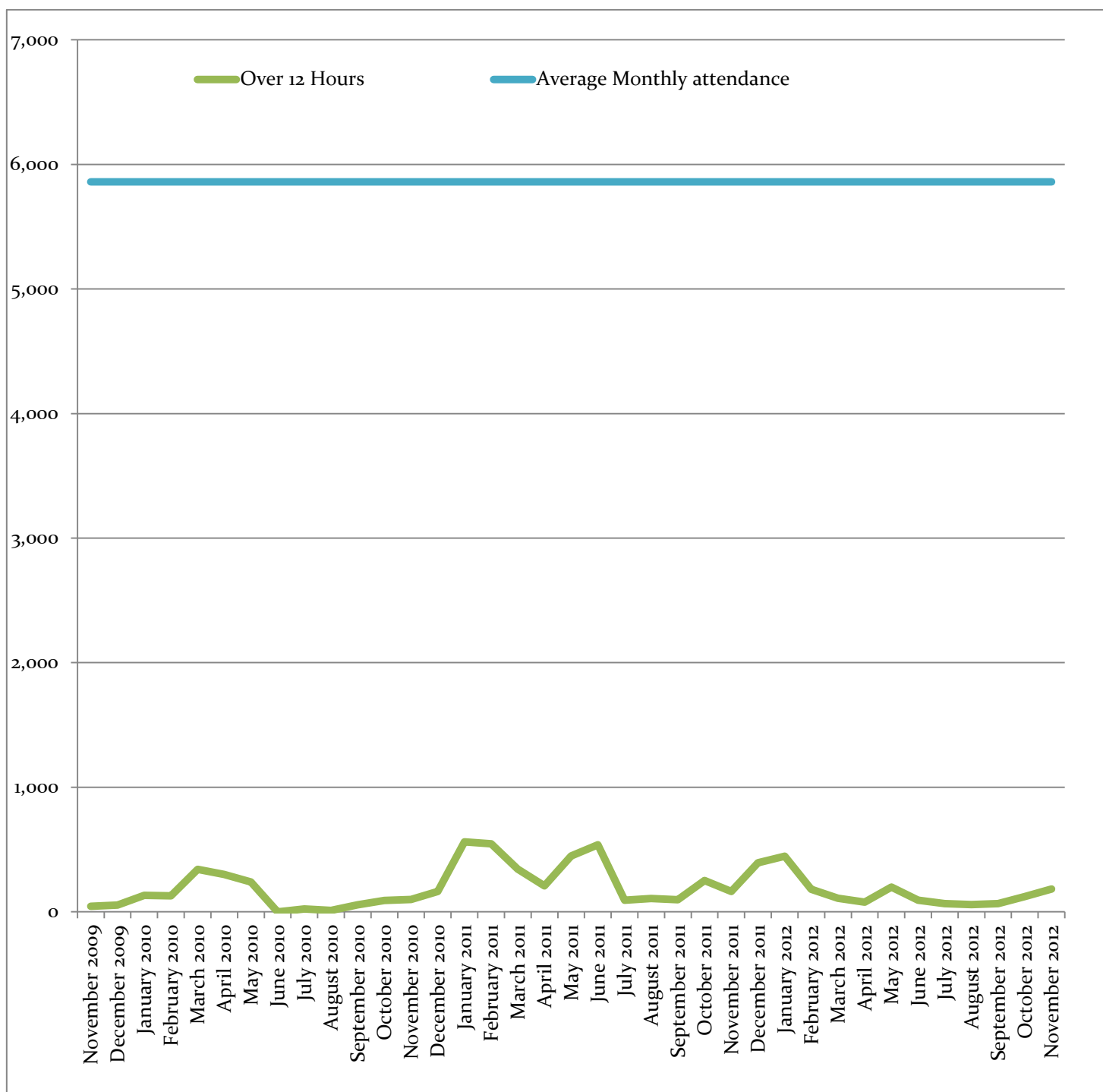
<sup>51</sup> DHSSPS Waiting time statistics [http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/emergency\\_care-3/emergency\\_care-monthly\\_waiting\\_times.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency_care-monthly_waiting_times.htm)





Graph to show patients waiting over 4 hours and over 12 hours at Antrim Area Hospital A&E <sup>52</sup>

<sup>52</sup> DHSSPS Waiting time statistics [http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/emergency\\_care-3/emergency\\_care-monthly\\_waiting\\_times.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency_care-monthly_waiting_times.htm)



Graph to show actual number of patients 12 hours + at Antrim Area Hospital A&E, the best performance the A&E has had was June, July and August 2010, the 3 months following the removal of A&E units at Mid Ulster and Whiteabbey hospitals. Considering the information here a serious question must be asked of the accuracy of these figures. The graph also shows the poor performance of Antrim A&E pre the closures of the units.<sup>53</sup>

This graph also shows that some of the worst performances in A&E came in months that had below average attendances:

- Feb – Mar 2010
- Jan-Mar 2011
- Oct 2011 - Jan 2012

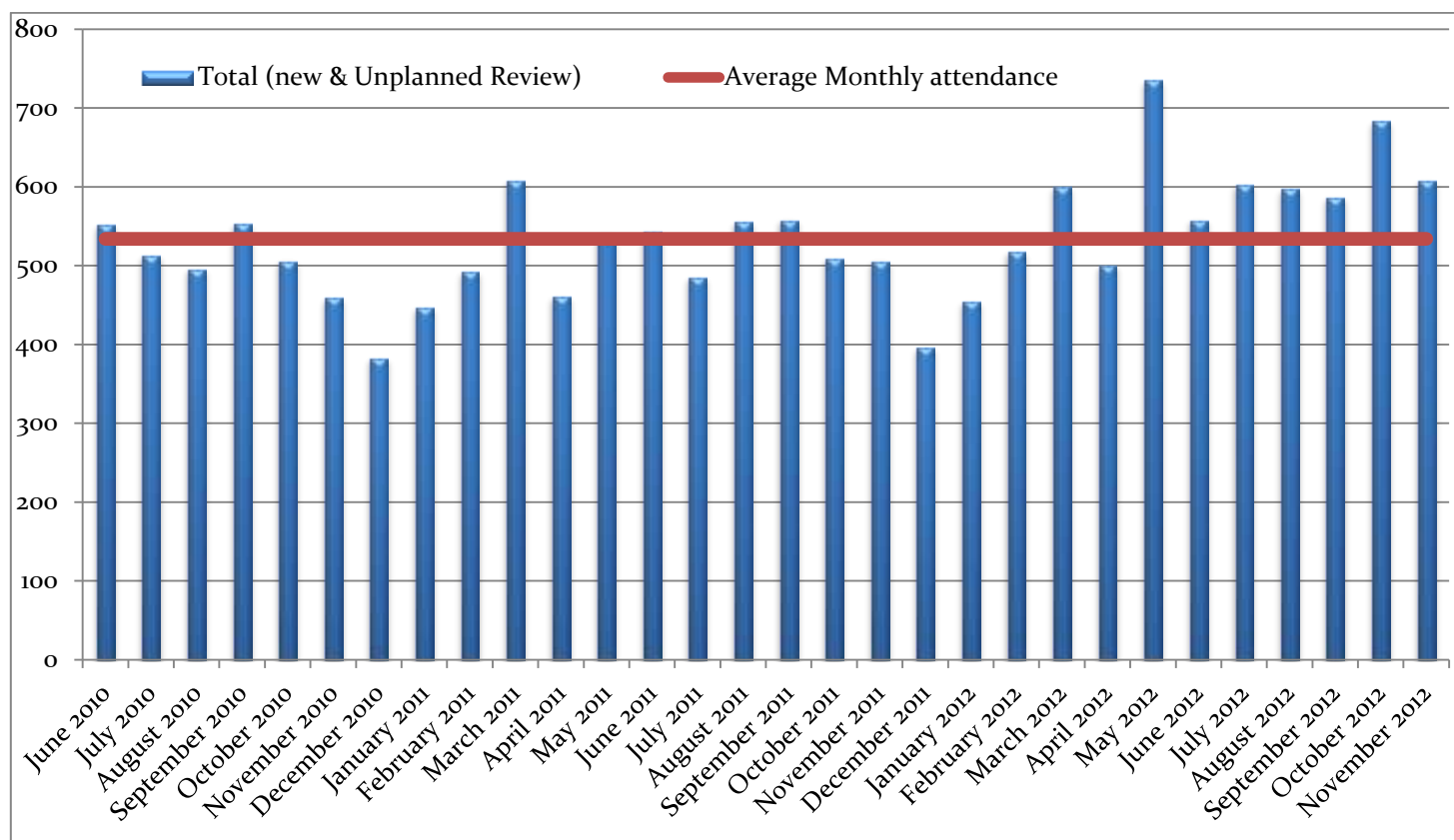
<sup>53</sup> DHSSPS Waiting time statistics [http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/emergency\\_care-3/emergency\\_care-monthly\\_waiting\\_times.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency_care-monthly_waiting_times.htm)

## **Mid Ulster Hospital**

<b>Month &amp; Year</b>	<b>Within 4 Hours</b>	<b>4 to 12 Hours</b>	<b>Over 12 Hours</b>	<b>Total (new &amp; Unplanned Review)</b>
June 2010	552	0	0	552
July 2010	514	0	0	514
August 2010	496	0	0	496
September 2010	554	0	0	554
October 2010	506	0	0	506
November 2010	460	0	0	460
December 2010	383	0	0	383
January 2011	447	0	0	447
February 2011	493	0	0	493
March 2011	608	0	0	608
April 2011	461	0	0	461
May 2011	541	0	0	541
June 2011	544	0	0	544
July 2011	486	0	0	486
August 2011	556	0	0	556
September 2011	558	0	0	558
October 2011	510	0	0	510
November 2011	506	0	0	506
December 2011	397	0	0	397
January 2012	455	0	0	455
February 2012	518	0	0	518
March 2012	601	0	0	601
April 2012	501	0	0	501
May 2012	736	0	0	736
June 2012	558	0	0	558
July 2012	603	0	0	603
August 2012	598	0	0	598
September 2012	587	0	0	587
October 2012	684	0	0	684
November 2012	608	0	0	608

Table to show attendances at the Mid Ulster Minor Injury Unit since June 2010, the first full month since the unit was downgraded from a Type 2 A&E <sup>54</sup>

<sup>54</sup> DHSSPS Waiting time statistics [http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/emergency\\_care-3/emergency\\_care-monthly\\_waiting\\_times.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency_care-monthly_waiting_times.htm)



Graph to show total number of attendances at the Mid Ulster minor injury unit since June 2012, since May 2012 the Minor Injury Unit has consistently seen higher than average attendances than since it opened.<sup>55</sup>

The Minor Injury Unit at the Mid Ulster hospital only opens on weekdays from 9am to 5pm, it can deal with a range of non-life threatening illnesses. It is closed at weekends and bank holidays. The ambulance service does not take patients to the minor injury unit.

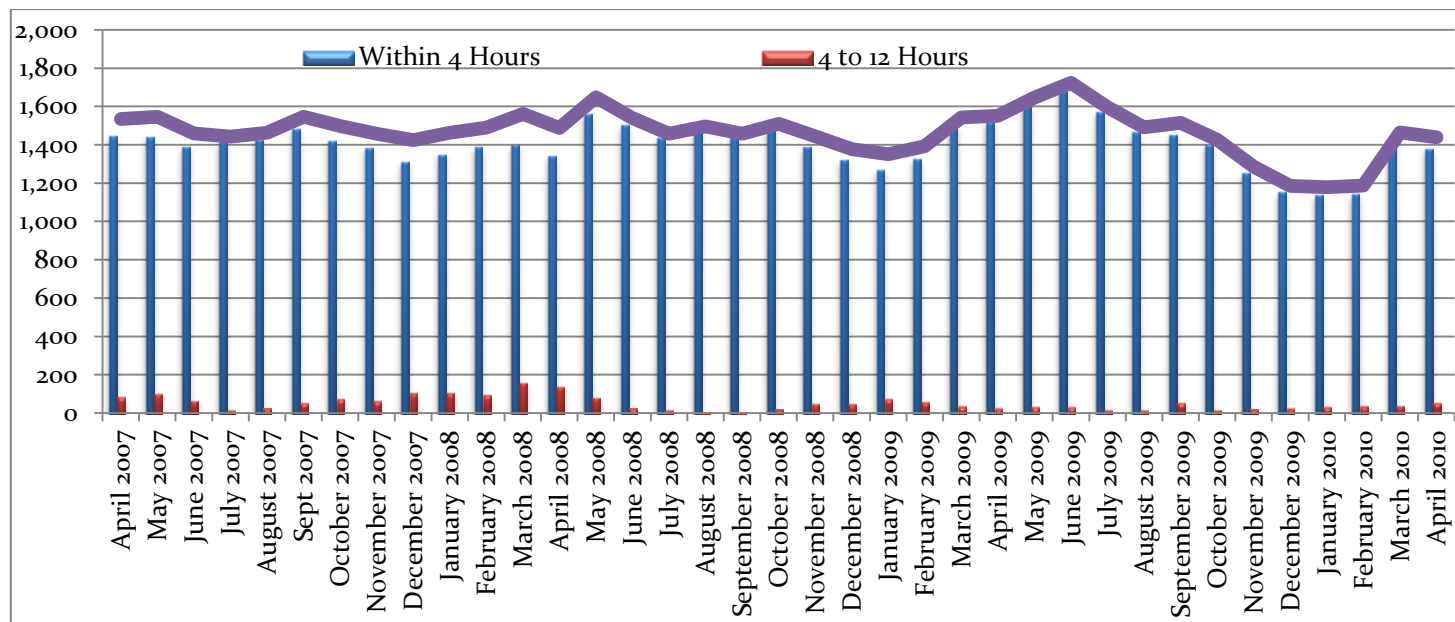


Table to show A&E attendances at the Mid Ulster Hospital Apr 2007-Apr 2010, during this timeframe the Mid Ulster hospital has opening hours of 9am to 11am. There were also ambulance bypass protocols that prevented children under the age of 16 and serious trauma patients to the A&E at any time. With part time opening hours and limited attendances the Mid Ulster Hospital was a vibrant and well used facility.

<sup>55</sup> DHSSPS Waiting time statistics [http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/emergency\\_care-3/emergency\\_care-monthly\\_waiting\\_times.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency_care-monthly_waiting_times.htm)

Month & Year	Within 4 Hours	4 to 12 Hours	Over 12 Hours	Total (new & Unplanned Review)	95% Target	% Seen in under 4 hours
April 2007	1,449	86	0	1,535	1,458	94%
May 2007	1,443	103	0	1,546	1,469	93%
June 2007	1,395	65	0	1,460	1,387	96%
July 2007	1,422	20	0	1,442	1,370	99%
August 2007	1,432	30	0	1,462	1,389	98%
Sept 2007	1,489	57	0	1,546	1,469	96%
October 2007	1,421	77	0	1,498	1,423	95%
November 2007	1,389	69	0	1,458	1,385	95%
December 2007	1,314	110	0	1,424	1,353	92%
January 2008	1,353	109	0	1,462	1,389	93%
February 2008	1,393	97	0	1,490	1,416	93%
March 2008	1,404	158	0	1,562	1,484	90%
April 2008	1,346	141	0	1,487	1,413	91%
May 2008	1,563	85	0	1,648	1,566	95%
June 2008	1,508	31	0	1,539	1,462	98%
July 2008	1,440	18	0	1,458	1,385	99%
August 2008	1,485	11	0	1,496	1,421	99%
September 2008	1,447	10	0	1,457	1,384	99%
October 2008	1,484	25	0	1,509	1,434	98%
November 2008	1,391	53	0	1,444	1,372	96%
December 2008	1,325	52	0	1,377	1,308	96%
January 2009	1,274	77	0	1,351	1,283	94%
February 2009	1,331	61	0	1,392	1,322	96%
March 2009	1,502	40	0	1,542	1,465	97%
April 2009	1,521	30	0	1,551	1,473	98%
May 2009	1,607	39	0	1,646	1,564	98%
June 2009	1,686	38	0	1,724	1,638	98%
July 2009	1,575	22	0	1,597	1,517	99%
August 2009	1,471	20	0	1,491	1,416	99%
September 2009	1,457	58	0	1,515	1,439	96%
October 2009	1,404	22	0	1,426	1,355	98%
November 2009	1,258	27	0	1,285	1,221	98%
December 2009	1,158	28	0	1,186	1,127	98%
January 2010	1,142	36	0	1,178	1,119	97%
February 2010	1,146	41	0	1,187	1,128	97%
March 2010	1,422	43	0	1,465	1,392	97%
April 2010	1,385	55	0	1,440	1,368	96%
May 2010	986	43	0	1,029	978	96%

Table to show performance of Type 2 A&E at the Mid Ulster Hospital site Apr 2007 – May 2010 <sup>56</sup>

- In the 38 month period not one patient waited over 12 hours for treatment
- In the 38 month period only 8 months breached the Ministerial target of 95%
- 55,305 patients were treated at the facility despite the limited access that was granted to the unit

<sup>56</sup> DHSSPS Waiting time statistics [http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/emergency\\_care-3/emergency\\_care-monthly\\_waiting\\_times.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency_care-monthly_waiting_times.htm)

Hospital	11/12 Cum. Period Activity			12/13 Cum. Period Activity			Difference
	New Activity	Review Activity	Total A&E Activity	New Activity	Review Activity	Total A&E Activity	
Antrim	48,151	802	48,953	47,825	744	48,569	- 384
Causeway	29,676	428	30,104	29,494	212	29,706	- 398
Mid Ulster	4,162	231	4,393	4,875	282	5,157	764
Whiteabbey	5,936	562	6,498	5,870	607	6,477	- 21
<b>Trust Total</b>	<b>87,925</b>	<b>2,023</b>	<b>89,948</b>	<b>88,064</b>	<b>1,845</b>	<b>89,909</b>	<b>- 39</b>

Source: Acute Hospital Information Services<sup>57</sup>;  
Monthly AE Performance Report

The above table shows the cumulative attendances between Apr – Nov 2011 and Apr – Nov 2012, the table shows that both type 1 A&E's in Antrim and Causeway and the Minor Injury Unit in Whiteabbey are seeing less year on year attendances. The only Emergency Department that has seen an increase is the Mid Ulster Minor Injury Unit.

The Unit has seen on average 534 patients per month during its opening times, 9am-5pm on weekdays only excluding bank holidays. Within these numbers there are also a high number of patients who attend the Minor Injury Unit with injuries that are too severe for the Unit to deal with<sup>58</sup>.

Year	Year 2011	From 2012 to present 28/11/2012
Age Band	Total Discharged to another ED	Total Discharged to another ED
0 - 5	84	84
Over 5 Years Old	507	561
No Age Listed	1	0
<b>Grand Total</b>	<b>592</b>	<b>645</b>

<sup>57</sup> NHSCT Performance report Dec 2012 [Page 42 NHSCT Trust Board Performance Report](#)

<sup>58</sup> FOI NHSCT reference: HMCC281112E

[http://savethemid.weebly.com/uploads/7/4/7/7/7477841/20121210\\_hmcc281112e\\_muhfigures\\_bk.pdf](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/20121210_hmcc281112e_muhfigures_bk.pdf)

Month	Antrim ED			ANT Total	Causeway ED			CAU Total
	BT45	BT46	BT80		BT45	BT46	BT80	
Jan-12	515	76	200	791	72	121	6	199
Feb-12	504	75	226	805	103	118	7	228
Mar-12	532	79	231	842	78	157	8	243
Apr-12	538	88	201	827	97	119	17	233
<b>Grand Total</b>	<b>2,089</b>	<b>318</b>	<b>858</b>	<b>3,265</b>	<b>350</b>	<b>515</b>	<b>38</b>	<b>903</b>

Table to show Emergency Department Attendances in Antrim and Causeway ED with BT45, BT46 & BT80 Postcode's<sup>59</sup>

Month	Antrim ED			ANT Total	Causeway ED			CAU Total
	BT45	BT46	BT80		BT45	BT46	BT80	
<b>Jan-12</b>	263	37	100	400	35	62	1	98
<b>Feb-12</b>	257	34	118	409	52	45	2	99
<b>Mar-12</b>	287	41	110	438	30	77	5	112
<b>Apr-12</b>	265	43	102	410	49	55	2	106
<b>Grand Total</b>	<b>1,072</b>	<b>155</b>	<b>430</b>	<b>1,657</b>	<b>166</b>	<b>239</b>	<b>10</b>	<b>415</b>

Table to show Emergency Department Attendances in Antrim and Causeway ED with BT45, BT46 & BT80 Postcode's

Month	ANT Total	ANT Total 5pm-9am	%
<b>Jan-12</b>	791	400	51%
<b>Feb-12</b>	805	409	51%
<b>Mar-12</b>	842	438	52%
<b>Apr-12</b>	827	410	50%
<b>Grand Total</b>	<b>3,265</b>	<b>1,657</b>	<b>51%</b>

Table to show % of patients with postcode BT45, BT46 & BT80 who attended Antrim A&E during 5pm-9am

The above freedom of information gained from the NHSCT only refers to patients who reside in the BT45, BT46 & BT80 Postcode's, better known as the Mid Ulster area. This excludes patients taken to other Network hospitals; The Royal Group in Belfast, Craigavon Altnagelvin and Erne.

<sup>59</sup> NHSCT Freedom Of Information ref: HMCC110512

[http://savethemid.weebly.com/uploads/7/4/7/7/7477841/20120611\\_ed\\_by\\_postcode\\_foi\\_hmcc110512\\_v1\\_1\\_3\\_sm.pdf](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/20120611_ed_by_postcode_foi_hmcc110512_v1_1_3_sm.pdf)

## Northern Ireland Ambulance Service





The Health Committee meeting regarding the closure of Mid Ulster A&E highlighted that despite closing the A&E and leaving a greater onus on the Ambulance Services, rural areas in Mid Ulster have lower response targets than urban areas:

**Mr Bloomfield:**

*In addition and by way of clarification, Brian McNeill mentioned the performance in the Northern Trust area. The question was whether, to achieve 70% response within eight minutes, there was a risk that all the remaining 30% of calls would be made from rural areas. That is definitely not the case. The minimum target requirement, which is to achieve 62.5%, increasing to 65% in any local area, has exactly the same status as the regional target of 70%. There is, therefore, no question of sacrificing any area to achieve a regional target.*<sup>60</sup>

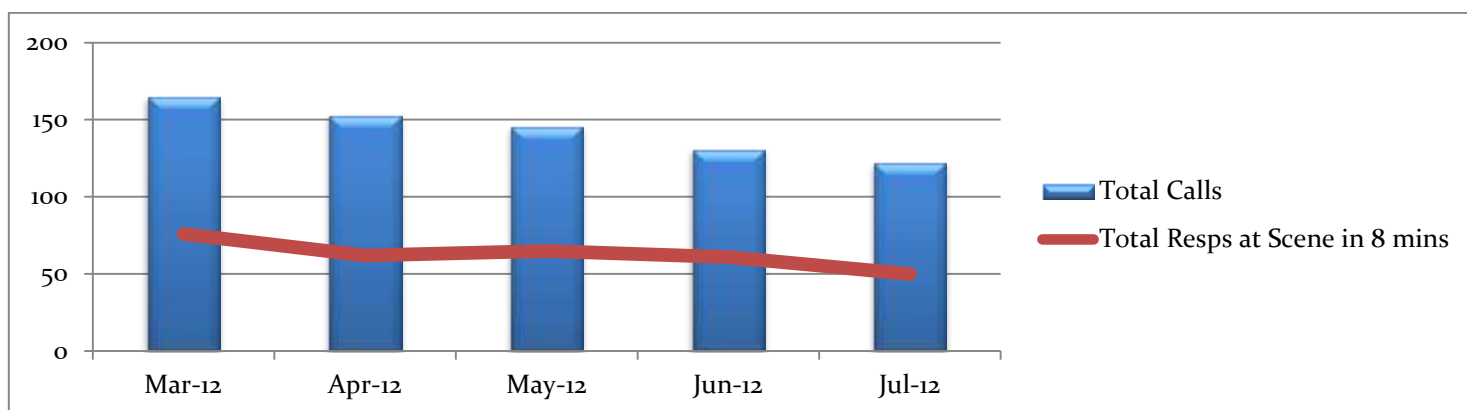
Response Performance					
Category A “potentially life-threatening” 999 calls with a sub – 8 minute response <sup>61</sup>					
Location	2011-12		2010-11	2009-10	2008-09
	Target	Actual	Actual	Actual	Actual
N Ireland	72.5%	72.7%	69.7%	71.5%	67.5%
Belfast	65%	87.2%	83.6%	85.6%	83.9%
North	65%	64.3%	62.2%	62.7%	56.8%
South East	65%	68.0%	68.2%	68.7%	65.3%
South	65%	67.7%	62.8%	65.3%	59.1%
West	65%	70%	64.9%	68.7%	63.6%

Category A	Total Calls	Total Resps at Scene in 8 mins	% resps at Scene in 8 mins
Mar-12	165	76	46%
Apr-12	153	62	41%
May-12	146	65	45%
Jun-12	131	61	47%
Jul-12	122	50	41%
Total	717	314	44%
Category B	Total Calls	Total Resps at Scene in 8 mins	% resps at Scene in 8 mins
Mar-12	270	113	42%
Apr-12	242	95	39%
May-12	290	125	43%
Jun-12	248	105	42%
Jul-12	243	87	36%
Total	1293	525	41%
Category C	Total Calls	Total Resps at Scene in 8 mins	% resps at Scene in 8 mins
Mar-12	81	28	35%
Apr-12	80	32	40%
May-12	65	22	34%
Jun-12	81	27	33%
Jul-12	66	21	32%
Total	373	130	35%

Table to show ambulance response times for the Mid Ulster area

<sup>60</sup> [http://savethemid.weebly.com/uploads/7/4/7/7/7477841/100701\\_acuteservicesmidulster.pdf](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/100701_acuteservicesmidulster.pdf)

<sup>61</sup> NIAs annual report 2011-12 [http://www.niamb.co.uk/docs/documents/annual\\_reports/annual\\_report\\_11-12.pdf](http://www.niamb.co.uk/docs/documents/annual_reports/annual_report_11-12.pdf)



Graph to show total category A lifesaving calls in the Mid Ulster area Mar – Jul 2012

	2006	2007	2008	2009	2010	2011
LGD	Median Response Time (Minutes/Seconds)	Median Response Time (Minutes/Seconds)	Median Response Time (Minutes/Seconds)	Median Response Time (Minutes/Seconds)	Median Response Time (Minutes/Seconds)	Median Response Time (Minutes/Seconds)
Northern Ireland	7.28	7.1	6.33	6.3	6.29	5.5
Antrim	8.57	9.09	8.47	7.28	7.28	6.37
Ards	8.33	8.5	7.38	8.36	7.52	8.17
Armagh	10.07	9.52	8.59	8.08	9.01	7.51
Ballymena	8.09	8.32	7.3	7.56	7.02	6.25
Ballymoney	10.2	9.24	9.08	9.21	8.26	7.58
Banbridge	12	10.08	8.26	9.51	10.21	10.12
Belfast	6.18	6.19	5.37	5.34	5.37	4.55
Carrickfergus	9.46	7.35	6.11	6.34	6.35	5.49
Castlereagh	8.17	7.46	7.23	6.29	6.1	5.37
Coleraine	8.34	7.31	7.21	8.15	8.01	7.25
Cookstown	8.02	11.02	8.25	7.35	8.44	7.41
Craigavon	8.19	7.34	6.41	6.05	6.16	5.21
Derry	6.57	6.18	5.59	5.35	6.05	4.5
Down	9.02	7.17	7.02	8.04	8.08	7.22
Dungannon	9.03	8.56	8	8.24	8.2	8.43
Fermanagh	12.13	11.16	9.37	6.13	5.05	5.25
Larne	6.32	8.12	6.18	7.06	7.1	6.04
Limavady	13.21	10	8.35	8.55	12.28	10.15
Lisburn	7.35	6.3	6	6.08	6.08	5.33
Magherafelt	10.33	10.27	10.12	8.27	7.58	9.23
Moyle	9.3	8.11	12.06	13	11.58	13.41
Newry and Mourne	7.34	6.31	6.37	6.21	6.06	5.23
Newtownabbey	8.14	8.06	7.08	6.48	7.16	6.16
North Down	6.09	5.53	5.45	6.09	5.46	5.48
Omagh	9.09	6.55	7.23	5.51	5.57	4.34
Strabane	11.26	11.25	8.39	6.58	9.19	7.06

Table to show median ambulance response times by Local Council District 2006 – 2011 (shaded red areas are medians over the 8 minute target)

Month	Time taken for ambulance to arrive after the rapid response vehicle
Mar-12	00:59:52
Apr-12	01:00:20
May-12	00:37:49
Jun-12	00:55:19
Jul-12	00:44:44

Table to show the longest time a patient had to wait from the Rapid Response vehicle arrived until an ambulance arrived for transportation.

Month	Time taken for Rapid response vehicle to arrive	Time Taken for Ambulance to arrive	Time taken to arrive at hospital		Time taken to hand over patient	Total time of call to handover at hospital	Comment from NIAs
Dec-11	None arrived	00:05:08	00:49:37	Craigavon Area Hospital	02:22:00	03:29:13	Handover delayed at Craigavon Area Hospital
Jan-12	00:06:08	00:30:03	00:20:21	Craigavon Area Hospital	02:32:00	03:29:27	Handover delayed at Craigavon Area Hospital
Feb-12	00:14:08	00:56:15	00:42:45	Craigavon Area Hospital	03:50:00	05:41:53	Handover delayed at Craigavon Area Hospital
Mar-12	00:07:09	00:29:11	00:33:53	Craigavon Area Hospital	02:00:00	03:17:11	Delayed handover at hospital
Apr-12	None arrived	00:26:11	01:07:14	Craigavon Area Hospital	00:20:00	02:56:24	Delayed handover at hospital
May-12	None arrived	00:19:23	00:40:10	Craigavon Area Hospital	02:22:00	03:34:47	Delayed handover at hospital
Jun-12	None arrived	00:25:20	00:41:37	Craigavon Area Hospital	01:55:00	03:25:28	Delayed handover at hospital
Jul-12	None arrived	00:15:10	00:46:29	Craigavon Area Hospital	02:40:00	04:27:47	Road traffic collision, Multiple resources at scene. Delays handover at hospital

Table to show complete journey time for the longest response, per month

**\*Please note the "Time Taken to Handover Patient" relates to the arrival of the A&E vehicle at the Hospital and when the crew clear and not actually the time to hand the patient to the HSC Doctor or Nurse**

Month	Altnagelvin Hospital	Antrim Area hospital	Causeway Hospital	Craigavon Hospital	Royal Maternity	Patient did not travel	Total
Jan-12	2	3	0	1	0	0	6
Feb-12	0	3	1	1	1	1	7
Mar-12	1	7	1	0	0	0	9
Apr-12	2	2	0	2	0	0	6
May-12	2	1	0	1	0	0	4
<b>Total</b>	7	16	2	5	1	1	32

Table to show the destination hospital of ambulances that were called to Mid Ulster residents where patient was pregnant.

Month	BT45	BT49	BT80	Total
Jan-12	2	2	2	6
Feb-12	4	1	2	7
Mar-12	6	1	2	9
Apr-12	1	2	3	6
May-12	1	2	1	4
<b>Total</b>	14	8	10	32

Table to show the number of emergency calls received from the above postcodes where the patient was pregnant, per month

Month	Emergency			Total
	A	B	C	
Jan-12	0	6	0	6
Feb-12	2	3	2	7
Mar-12	0	7	2	9
Apr-12	0	2	4	6
May-12	0	4	0	4
<b>Total</b>	2	22	8	32

Table to show the number of emergency calls received where patient was pregnant, per month and category of call.

*Note 1: A resource arrived at scene in response to all calls.*

*Note 2: In 26 of the 32 cases, the 'chief complaint' was directly related to pregnancy, childbirth or miscarriage. In the other 6 instances the patient was pregnant but the 'chief complaint' was something else e.g. back pains, fainting.*

<sup>62</sup> FOI Pregnant patients

<http://savethemid.weebly.com/uploads/7/4/7/7/7477841/20120629letterresponsehmcloyfoimaternity43-12.pdf>

<sup>63</sup> FOI Pregnant patients [http://savethemid.weebly.com/uploads/7/4/7/7/7477841/foi-43\\_transportation\\_of\\_pregnant\\_women\\_bt45\\_49\\_80.pdf](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/foi-43_transportation_of_pregnant_women_bt45_49_80.pdf)



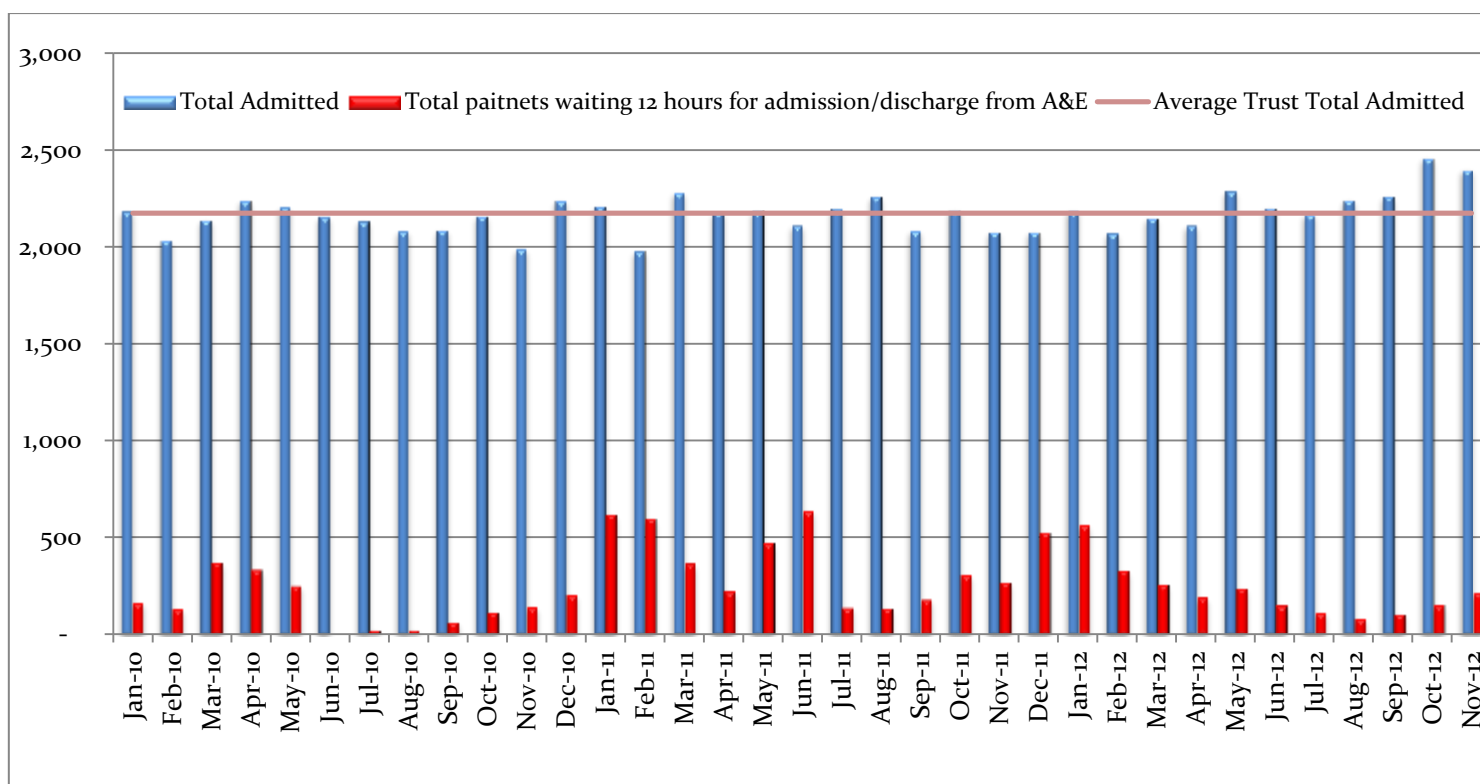
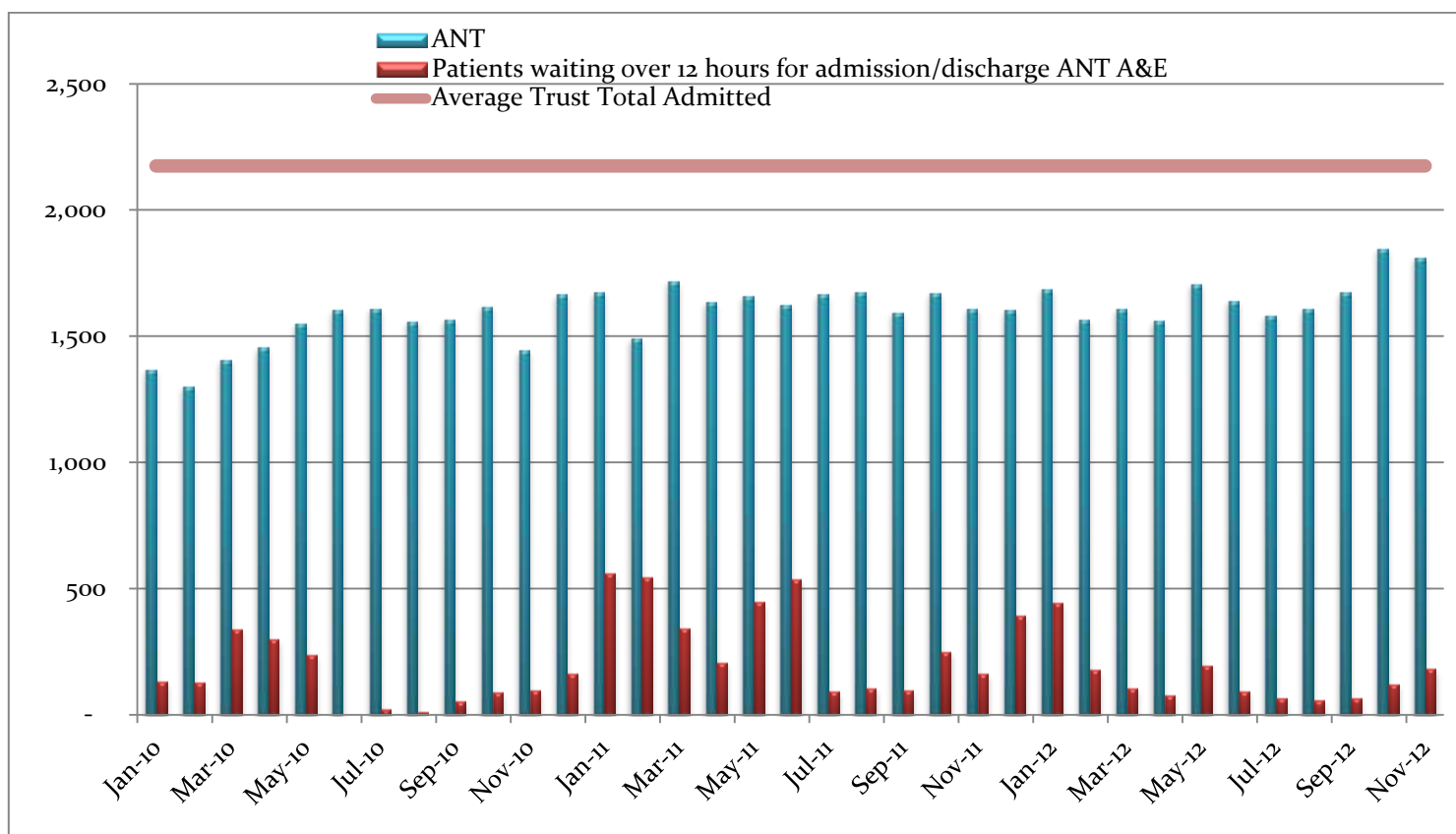
Month	No of patients admitted via A&E				Total	% admitted	Average Trust Total Admitted
	ANT	CAU	MID	WHA			
Jan-10	1,371	491	131	193	2,186	19.3%	2174
Feb-10	1,302	455	118	161	2,036	19.6%	2174
Mar-10	1,409	463	123	147	2,142	17.4%	2174
Apr-10	1,457	509	130	146	2,242	18.1%	2174
May-10	1,551	489	92	77	2,209	17.6%	2174
Jun-10	1,605	530	3	19	2,157	18.9%	2174
Jul-10	1,612	492	1	30	2,135	18.8%	2174
Aug-10	1,562	516	6	-	2,084	18.2%	2174
Sep-10	1,568	519	-	1	2,088	18.9%	2174
Oct-10	1,620	540	1	-	2,161	19.7%	2174
Nov-10	1,447	545	-	-	1,992	19.8%	2174
Dec-10	1,670	572	-	-	2,242	23.1%	2174
Jan-11	1,675	535	-	-	2,210	21.2%	2174
Feb-11	1,493	488	-	-	1,981	20.5%	2174
Mar-11	1,720	564	-	-	2,284	20.2%	2174
Apr-11	1,639	541	-	-	2,180	19.3%	2174
May-11	1,661	526	-	-	2,187	19.1%	2174
Jun-11	1,628	483	1	-	2,112	18.9%	2174
Jul-11	1,667	530	1	-	2,198	19.5%	2174
Aug-11	1,678	584	-	-	2,262	20.0%	2174
Sep-11	1,596	491	-	-	2,087	19.5%	2174
Oct-11	1,674	518	-	-	2,192	20.6%	2174
Nov-11	1,612	466	1	-	2,079	21.1%	2174
Dec-11	1,605	475	-	-	2,080	21.2%	2174
Jan-12	1,689	500	1	-	2,190	22.2%	2174
Feb-12	1,566	506	1	-	2,073	20.4%	2174
Mar-12	1,612	538	-	-	2,150	19.1%	2174
Apr-12	1,564	548	-	-	2,112	20.0%	2174
May-12	1,710	580	-	-	2,290	20.0%	2174
Jun-12	1,643	559	-	-	2,202	20.5%	2174
Jul-12	1,585	587	-	-	2,172	19.6%	2174
Aug-12	1,611	634	-	-	2,245	19.1%	2174
Sep-12	1,675	586	-	-	2,261	20.9%	2174
Oct-12	1,850	609	1	-	2,460	22.0%	2174
Nov-12	1,815	586	-	-	2,401	29.0%	2174

Table to show admission in hospital via A&E Jan 2012 – Nov 2012 <sup>64 65 66</sup>

<sup>64</sup> NHSCT Performance Report Nov 2012 [http://www.northerntrust.hscni.net/pdf/Trust\\_Performance\\_Report\\_Nov\\_2012.pdf](http://www.northerntrust.hscni.net/pdf/Trust_Performance_Report_Nov_2012.pdf)

<sup>65</sup> NHSCT Performance Report Nov. 2011 <http://www.northerntrust.hscni.net/pdf/Nov.pdf>

<sup>66</sup> NHSCT Performance Report Nov 2009 [http://www.northerntrust.hscni.net/pdf/Performance\\_Report\\_Nov\\_2009.pdf](http://www.northerntrust.hscni.net/pdf/Performance_Report_Nov_2009.pdf)



<sup>67</sup> NHSCT Performance Report Nov 2012 [http://www.northerntrust.hscni.net/pdf/Trust\\_Performance\\_Report\\_Nov\\_2012.pdf](http://www.northerntrust.hscni.net/pdf/Trust_Performance_Report_Nov_2012.pdf)

<sup>68</sup> NHSCT Performance Report Nov. 2011 <http://www.northerntrust.hscni.net/pdf/Nov.pdf>

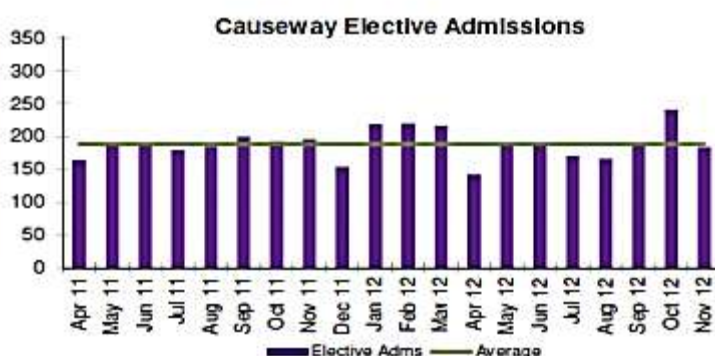
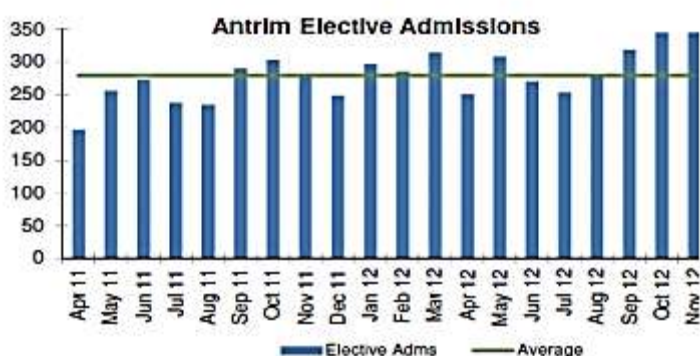
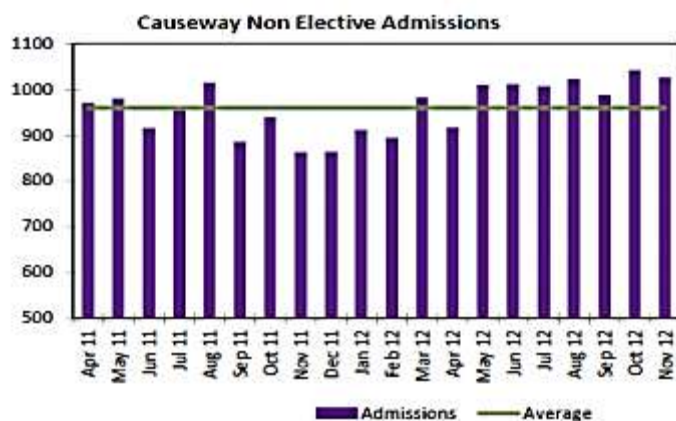
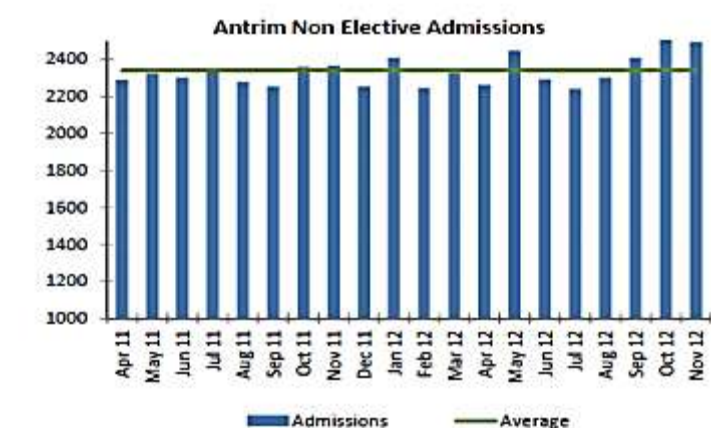
<sup>69</sup> NHSCT Performance Report Nov 2009 [http://www.northerntrust.hscni.net/pdf/Performance\\_Report\\_Nov\\_2009.pdf](http://www.northerntrust.hscni.net/pdf/Performance_Report_Nov_2009.pdf)

<sup>70</sup> DHSSPS [http://www.dhsspsni.gov.uk/index/stats\\_research/hospital-stats/emergency\\_care-3.htm](http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3.htm)

Post the Rutter & Hinds an Unscheduled Care Trust Action Plan was put into place, cites at Trust Board former Director of Acute Services Valerie Jackson stated that 90% of patients waiting in A&E on trolleys was due to the fact that there was no beds to admit the patients to the hospital.

Trust Action ID	ISSUE	Trust Actions	Agreed Milestones	Expected impact	Trust / HSCB Lead	December 2012 Update
KA01	ED consultant admission vetting	There should be a consultant admission vetting system in the Emergency Care Department for all admissions at least 12 hours per day. The 12-hour period should reflect local demand times maximizing consultant input to vetting during these periods	By 1 <sup>st</sup> Dec Consultant vetting in peak demand times (1-5pm AAH and 11-3pm Cway) will have improved target to 50%	Reduction in inappropriate admission rates	M' O Hagan  Dr Dornan  A McErlane	Baseline in MAEP audits. Agreement for an incremental rise at peak demand times.

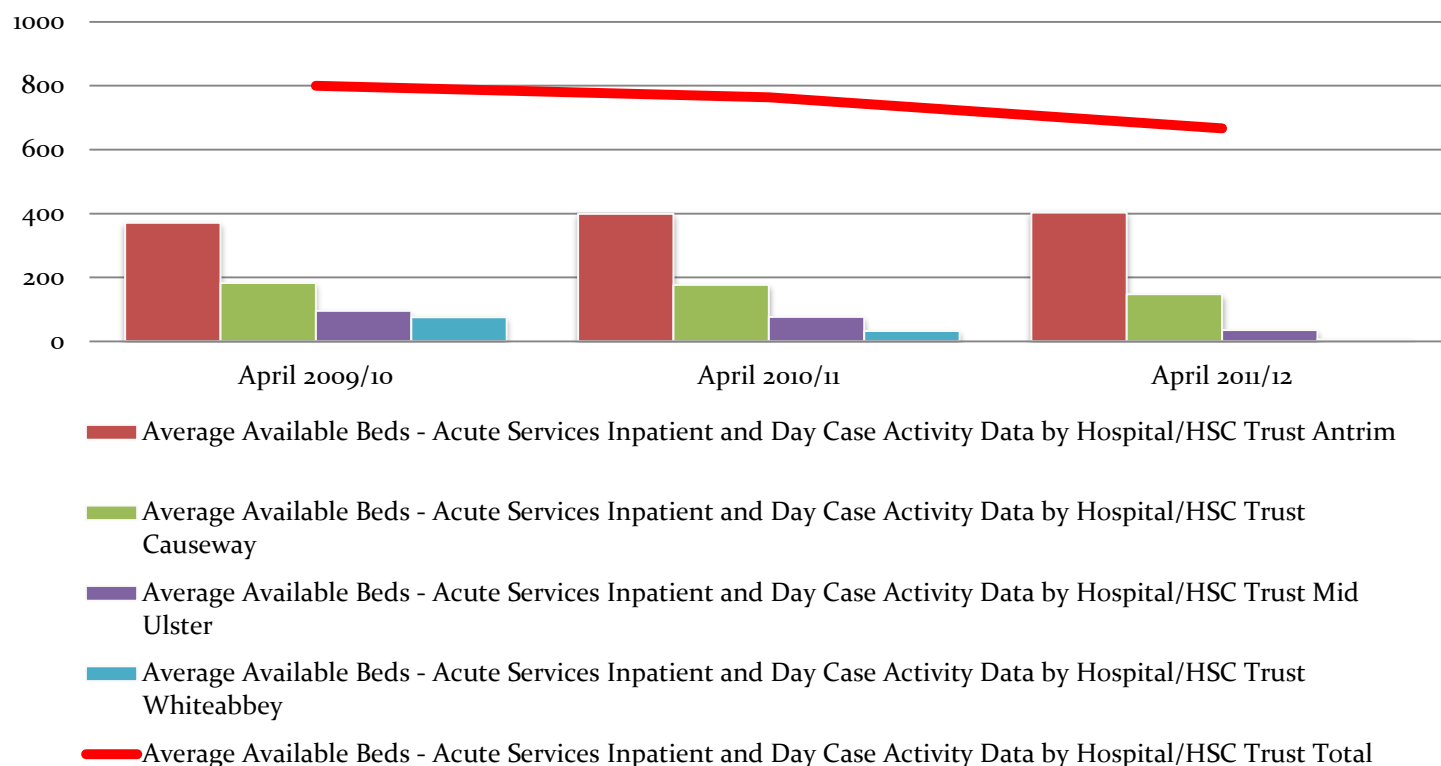
Despite this action being taken by the Trust there is still an increase in admissions, due to the above action which is working at a baseline rate of 61% in Antrim Area Hospital it can be assumed that fewer patients than before are being admitted to the hospital unnecessarily.



Graphs to show Elective and non-elective admission to Antrim & Causeway Hospital Apr 11 – Nov 12



## Average Available Acute Beds Northern Health & Social Care Trust



Year	Average Available Beds - Acute Services Inpatient and Day Case Activity Data by Hospital/HSC Trust								
	Total	Antrim	Causeway	Mid Ulster	Whiteabbey	Dalriada	Robinson Memorial	Moyle	Braid Valley
April 2009/10	800	371	182	95	75	32	25	16	4
April 2010/11	764	399	176	76	32	32	25	18	6
April 2011/12	667	403	147	35	6	32	25	19	0

Graph & Table to show average available Acute beds NHSCT Apr 2009 – Apr 2012

With every attempt being made to ensure that people are not admitted to hospital for no reason at Antrim & Causeway Patients are still waiting 4+ and 12+ hours in A&E to be admitted or discharged and direct admission via A&E at Antrim Hospital has risen .

It can only be summarised that if those being admitted are so because it is clinically required then the reduction of beds at the Mid Ulster Hospital and Whiteabbey Hospital is having an adverse impact. This is a future risk in terms of the new A&E at Antrim, if the new A&E will be able to treat patients faster there will still be a huge delay in the ability of the A&E to admit patients into the main hospital setting.

HSC Trust	Activity Indicator	2007/08	2008/09	2009/10	2010/11	2011/12
<b>Belfast HSCT</b>	Average Available Beds	2,978.9	2,913.9	2,729.1	2,504.2	2,411.7
	Average Occupied Beds	2,474.4	2,434.1	2,291.0	2,120.4	2,039.9
<b>Northern HSCT</b>	Average Available Beds	1,371.1	1,320.4	1,252.7	1,158.2	1,061.3
	Average Occupied Beds	1,151.5	1,099.7	1,018.8	973.8	894.0
<b>South Eastern HSCT</b>	Average Available Beds	1,073.3	1,074.6	1,040.7	969.6	951.4
	Average Occupied Beds	917.8	912.5	861.9	800.3	822.7
<b>Southern HSCT</b>	Average Available Beds	1,237.8	1,223.1	1,145.1	1,059.9	1,006.1
	Average Occupied Beds	950.8	954.3	875.1	824.1	795.7
<b>Western HSCT</b>	Average Available Beds	1,211.9	1,174.0	1,106.0	1,040.5	1,008.0
	Average Occupied Beds	998.4	943.4	901.7	866.7	830.7
<b>NI Total</b>	Average Available Beds	7,873.0	7,706.0	7,273.5	6,732.4	6,438.5
	Average Occupied Beds	6,492.9	6,343.9	5,948.5	5,585.3	5,383.2

### Northern HSCT Average Available Beds

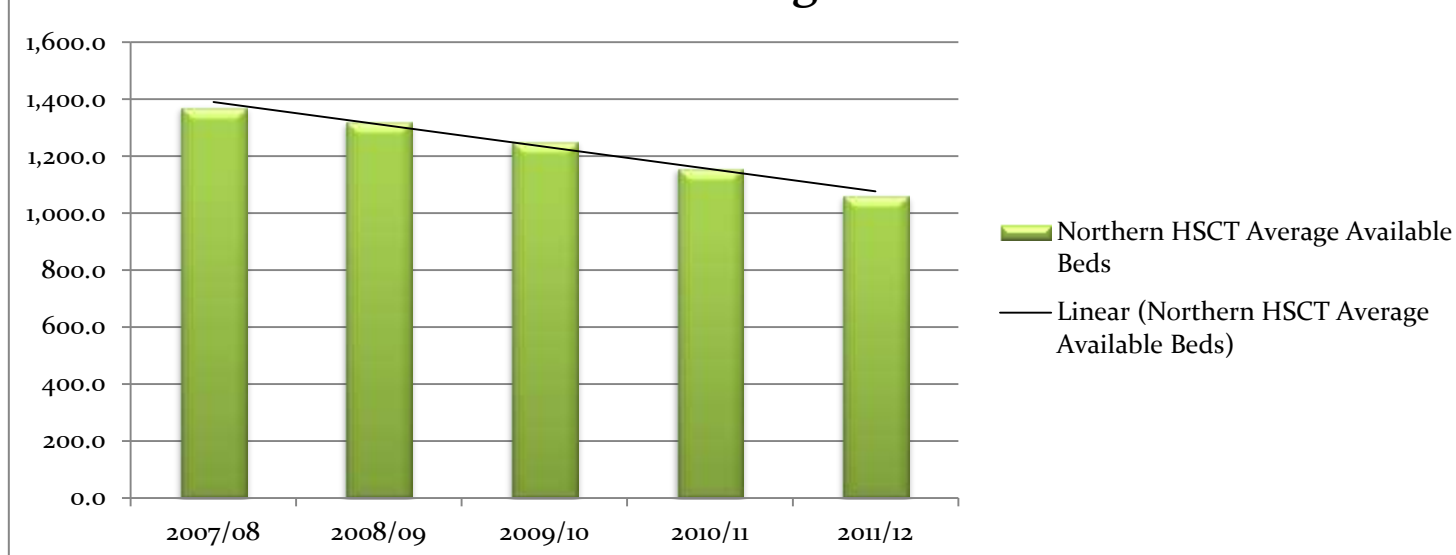


Table to show average available and occupied beds in all Northern Ireland Health Trusts & Graph to show average available beds in Antrim Hospital <sup>71</sup>

<sup>71</sup> DHSSPS Statistics [http://www.dhsspsni.gov.uk/inpatient\\_activity\\_2011-12.xlsx](http://www.dhsspsni.gov.uk/inpatient_activity_2011-12.xlsx)

Year		April 2001/02	April 2002/03	April 2003/04	April 2004/05	April 2005/06	April 2006/07	April 2007/08	April 2008/09	April 2009/10	April 2010/11	April 2011/12
Average Available Beds - All Programmes of care	Total	1,462	1,473	1,453	1,454	1,449	1,424	1,371	1,320	1,254	1,122	1,061
	Antrim	399	409	424	422	417	450	463	455	454	475	473
	Causeway	220	248	253	258	255	258	260	257	254	245	246
	Mid Ulster	177	177	177	178	188	155	120	104	95	76	37
	Whiteabbey	160	161	161	161	160	147	130	129	104	58	46
	Whiteabbey PNU	19	19	19	19	19	19	19	19	12	-	-
	Dalriada	28	30	32	32	32	32	32	32	32	32	32
	Holywell	319	284	242	234	233	233	233	233	221	193	184
	Robinson Memorial	24	24	25	25	25	25	25	17	25	25	25
	Moyle	41	45	45	50	45	45	44	38	21	18	18
	Braid Valley	75	76	75	75	75	60	45	36	36	-	-
	Coleraine	27	-	-	-	-	-	-	-	-	-	-
	Route	10	-	-	-	-	-	-	-	-	-	-

Table to show average number of beds within the NHSCT across all programmes of care, the NHSCT became so in 2007, the figures for the facilities pre 2007 would currently be defined as NHSCT. <sup>72 73 74 75 76 77 78 79 80 81 82</sup>

<sup>72</sup> DHSSPS Statistics 2011/12 [http://www.dhsspsni.gov.uk/ni\\_hospital\\_statistics\\_-\\_inpatient\\_activity\\_2011\\_12.pdf](http://www.dhsspsni.gov.uk/ni_hospital_statistics_-_inpatient_activity_2011_12.pdf)

<sup>73</sup> DHSSPS Statistics 2010/11 [http://www.dhsspsni.gov.uk/inpatient\\_hospital\\_statistics\\_2010-11.pdf](http://www.dhsspsni.gov.uk/inpatient_hospital_statistics_2010-11.pdf)

<sup>74</sup> DHSSPS Statistics 2009/10 [http://www.dhsspsni.gov.uk/hospital\\_statistics\\_inpatient\\_activity\\_2009-10.pdf](http://www.dhsspsni.gov.uk/hospital_statistics_inpatient_activity_2009-10.pdf)

<sup>75</sup> DHSSPS Statistics 2008/09 [http://www.dhsspsni.gov.uk/volume\\_1\\_programme\\_of\\_care2.pdf.pdf](http://www.dhsspsni.gov.uk/volume_1_programme_of_care2.pdf.pdf)

<sup>76</sup> DHSSPS Statistics 2007/08 [http://www.dhsspsni.gov.uk/volume\\_1\\_programme\\_of\\_care-2.pdf](http://www.dhsspsni.gov.uk/volume_1_programme_of_care-2.pdf)

<sup>77</sup> DHSSPS Statistics 2006/07 [http://www.dhsspsni.gov.uk/volume\\_1\\_programme\\_of\\_care.pdf](http://www.dhsspsni.gov.uk/volume_1_programme_of_care.pdf)

<sup>78</sup> DHSSPS Statistics 2005/06 <http://www.dhsspsni.gov.uk/hib-hospital-statistics-all-programmes-of-care0506.pdf>

<sup>79</sup> DHSSPS Statistics 2004/05 [http://www.dhsspsni.gov.uk/hospstats\\_05\\_sect1.pdf](http://www.dhsspsni.gov.uk/hospstats_05_sect1.pdf)

<sup>80</sup> DHSSPS Statistics 2003/04 [http://www.dhsspsni.gov.uk/hospstats\\_04\\_sect1.pdf](http://www.dhsspsni.gov.uk/hospstats_04_sect1.pdf)

<sup>81</sup> DHSSPS Statistics 2002/03 [http://www.dhsspsni.gov.uk/hospstats\\_03\\_sect1.pdf](http://www.dhsspsni.gov.uk/hospstats_03_sect1.pdf)

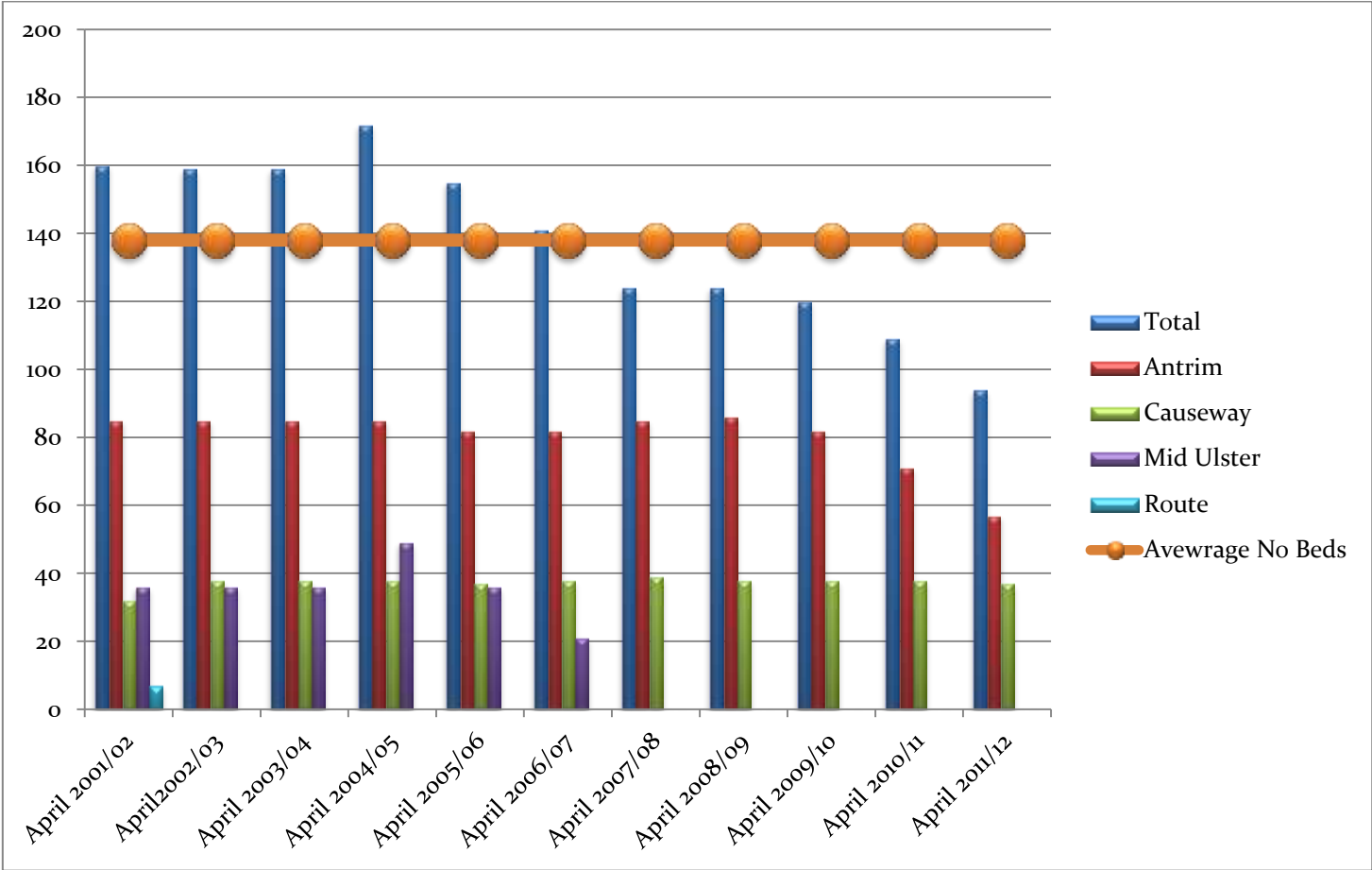
<sup>82</sup> DHSSPS Statistics 2001/02 [http://www.dhsspsni.gov.uk/hospstats\\_02\\_sect1.pdf](http://www.dhsspsni.gov.uk/hospstats_02_sect1.pdf)

On the 27th November 2012, at a publically recorded meeting hosted in the Sandal Centre, Coleraine, John Compton CEO of the Health & Social Care Board and Sean Donaghy CEO of the Northern Health and Social Care Trust both stated that Northern Ireland has too many inpatient beds in its hospitals. While in the same instance they are so short for beds that they now have to pay private health companies to hire out their beds.

Brooklands Private Health Centre was been awarded £430,155 to provide 15 intermediate health care beds, not unlike the type of beds that have recently been removed from the Mid Ulster Hospital. In addition to this Dalriada Urgent Care was awarded £86,418 to provide backup services. The question is, are our Hospitals too big or too small? Evidence would suggest to small and getting smaller every month. The most affected people here will be elderly people living in Mid Ulster and their families.

"Within the Northern Trust for the year 2011/12 a total of 97 beds was lost, 38% of which were in the Mid Ulster hospital. Since the Northern Trust came into effect a total of 362 beds have been lost. Although the Trust intends to open a new 24 bedded ward at the Antrim there will still be a net loss of beds, bed shortages are one of the most clinical dangers within the Trust, one which they compound by their own actions." <sup>83 84</sup>

For more information the dangers of Bed Shortages read Rutter and Hinds report, as according to Valerie Jackson, former Director of Acute Services NHSCT, and 90% of all patients left waiting in A&E was due to the fact there were no beds <sup>85</sup>



<sup>83</sup> BED LOSS NHSCT <http://savethemid.weebly.com/1/post/2012/10/northern-health-social-care-trust-cut-beds-life-saving-operations.html>  
<sup>84</sup> Save The Mid Media <http://savethemid.weebly.com/1/post/2012/11/mid-ulster-hospital-cut-as-nhsct-go-private-for-inpatients-brooklands-awarded-400k-contract.html>  
<sup>85</sup> Rutter & Hinds Report <http://savethemid.weebly.com/rutter--hinds-report-antrim-ae.html>



<b>Cancellation reason - Non-clinical</b>	<b>Jan-12</b>	<b>Feb-12</b>	<b>Mar-12</b>	<b>Apr-12</b>	<b>May-12</b>	<b>Jul-12</b>	<b>Aug-12</b>	<b>Sep-12</b>	<b>Oct-12</b>	<b>Nov-12</b>	<b>Total</b>	<b>Total as %</b>
<b>Ward Beds</b>	10	28	9	1	4	1	0	5	13	21	<b>92</b>	<b>22%</b>
<b>ICU/HDU beds unavailable</b>	0	0	0	0	0	0	0	0	0	0	<b>0</b>	<b>0%</b>
<b>Surgeon Unavailable</b>	8	7	16	10	8	10	5	8	28	18	<b>118</b>	<b>28%</b>
<b>Anaesthetist Unavailable</b>	1	0	0	0	0	3	6	0	3	0	<b>13</b>	<b>3%</b>
<b>Trauma Staff unavailable</b>	0	0	0	0	0	0	0	0	0	0	<b>0</b>	<b>0%</b>
<b>Emergencies /Trauma</b>	6	4	4	6	4	2	6	5	7	7	<b>51</b>	<b>12%</b>
<b>List Over run</b>	0	0	2	1	1	0	4	1	0	2	<b>11</b>	<b>3%</b>
<b>Equipment Failure / unavailable</b>	0	3	4	0	0	2	1	2	0	0	<b>12</b>	<b>3%</b>
<b>Admin Error</b>	3	4	4	3	5	6	5	5	5	7	<b>47</b>	<b>11%</b>
<b>Other Non-Clinical reason</b>	6	5	12	8	10	3	13	6	12	4	<b>79</b>	<b>19%</b>
<b>Total Non-Clinical reason for Hospital cancellation</b>	<b>34</b>	<b>51</b>	<b>51</b>	<b>29</b>	<b>32</b>	<b>27</b>	<b>40</b>	<b>32</b>	<b>68</b>	<b>59</b>	<b>423</b>	

**Note – Other Non-Clinical Reason e.g. Patient does not want procedure, TCI date brought forward, Patient did not get letter, Theatre List Cancelled.**

Table to show non clinical cancellations of operations within NHSCT <sup>86 87 88 89 90 91 92 93 94 95</sup>

Does not include June 2012 as report is unavailable

<sup>86</sup> NHSCT report Jan 2012 [http://www.northerntrust.hscni.net/pdf/Trust\\_Performance\\_Report\\_Jan\\_12.pdf](http://www.northerntrust.hscni.net/pdf/Trust_Performance_Report_Jan_12.pdf)

<sup>87</sup> NHSCT report Feb 2012 [http://www.northerntrust.hscni.net/pdf/Trust\\_Performance\\_Report\\_February\\_2012.pdf](http://www.northerntrust.hscni.net/pdf/Trust_Performance_Report_February_2012.pdf)

<sup>88</sup> NHSCT report March 2012 [http://www.northerntrust.hscni.net/pdf/Trust\\_Performance\\_Report\\_March\\_2012.pdf](http://www.northerntrust.hscni.net/pdf/Trust_Performance_Report_March_2012.pdf)

<sup>89</sup> NHSCT report April 2012 [http://www.northerntrust.hscni.net/pdf/Trust\\_Performance\\_Report\\_April\\_2012.pdf](http://www.northerntrust.hscni.net/pdf/Trust_Performance_Report_April_2012.pdf)

<sup>90</sup> NHSCT report May 2012 [http://www.northerntrust.hscni.net/pdf/Trust\\_Performance\\_Report\\_May\\_2012.pdf](http://www.northerntrust.hscni.net/pdf/Trust_Performance_Report_May_2012.pdf)

<sup>91</sup> NHSCT report Jul 2012 [http://www.northerntrust.hscni.net/pdf/Trust\\_Performance\\_Report\\_July12.pdf](http://www.northerntrust.hscni.net/pdf/Trust_Performance_Report_July12.pdf)

<sup>92</sup> NHSCT report Aug 2012 [http://www.northerntrust.hscni.net/pdf/Trust\\_Performance\\_Report\\_August\\_2012.pdf](http://www.northerntrust.hscni.net/pdf/Trust_Performance_Report_August_2012.pdf)

<sup>93</sup> NHSCT report Sept 2012 [http://www.northerntrust.hscni.net/pdf/Trust\\_Performance\\_Report\\_Sept\\_2012.pdf](http://www.northerntrust.hscni.net/pdf/Trust_Performance_Report_Sept_2012.pdf)

<sup>94</sup> NHSCT report Oct 2012 [http://www.northerntrust.hscni.net/pdf/Trust\\_Performance\\_Report\\_Oct\\_12\\_v1.pdf](http://www.northerntrust.hscni.net/pdf/Trust_Performance_Report_Oct_12_v1.pdf)

<sup>95</sup> NHSCT report Nov 2012 [http://www.northerntrust.hscni.net/pdf/Trust\\_Performance\\_Report\\_Nov\\_2012.pdf](http://www.northerntrust.hscni.net/pdf/Trust_Performance_Report_Nov_2012.pdf)

**Table 1a: Activity by Hospital/HSC Trust, 2011/12<sup>5</sup>**

Attendances									Private	
Hospital/HSC Trust	New			Review			Hospital Cancellations		Patient	Patient
	Seen	DNA	CNA	Seen	DNA	CNA	New	Review	Died	Attendances
Antrim	21,618	1,453	3,398	46,274	4,641	6,512	1,836	7,999	155	182
Carrickfergus	7	0	1	49	14	9	0	0	0	0
Causeway	18,349	1,152	2,306	37,456	3,648	4,450	1,702	7,411	125	14
Mid Ulster	6,368	309	1,513	11,556	1,532	1,862	440	1,881	33	12
Moyle	2,165	130	543	3,309	450	629	149	717	13	11
Waveney	5,485	331	1,135	12,363	1,457	2,302	548	2,980	34	47
Whiteabbey	5,822	435	1,369	11,470	1,703	2,413	568	2,120	76	25
Northern HSCT	59,814	3,810	10,265	122,477	13,445	18,177	5,243	23,108	436	291
NI Total	475,235	34,916	53,274	1,038,763	122,865	131,444	31,046	151,767	3,895	2,311
NHSCT % of NI total	13%	11%	19%	12%	11%	14%	17%	15%	11%	13%

Table to show outpatient activity NHSCT 2011/12<sup>96</sup>

**Table 1a: Activity by HSC Hospital / Trust, 2009/10<sup>4,R</sup>**

Attendances									Private	
Hospital / Trust	New			Review			Hospital Cancellations		Patient	Patient
	Seen	DNA	CNA	Seen	DNA	CNA	New	Review	Died	Attendances
Antrim	20,849	1,420	3,226	47,371	4,604	6,117	1,671	6,450	161	330
Carrickfergus	83	11	23	515	88	100	6	103	5	0
Causeway	19,968	1,046	2,387	38,706	5,406	4,201	1,488	9,713	179	203
Mid Ulster	7,377	459	1,403	15,613	2,103	2,230	450	2,343	36	41
Moyle	2,583	162	559	4,037	549	707	227	621	5	29
Waveney	6,444	492	1,098	12,714	1,488	2,320	514	3,124	44	56
Whiteabbey	7,791	593	1,593	12,171	1,849	2,348	756	2,776	92	95
Northern HSC Trust	65,095	4,183	10,289	131,127	16,087	18,023	5,112	25,130	522	754
Northern Ireland	481,345	34,780	53,527	1,022,184	138,097	126,540	30,178	166,226	4,590	3,519
NHSCT % of NI Total	14%	12%	19%	13%	12%	14%	17%	15%	11%	21%

Table to show outpatient activity<sup>97</sup>

<sup>96</sup> DHSSPS 2011/12

[http://www.dhsspsni.gov.uk/northern\\_ireland\\_hospital\\_statistics\\_outpatient\\_activity\\_201112\\_downloadable\\_tables.xls](http://www.dhsspsni.gov.uk/northern_ireland_hospital_statistics_outpatient_activity_201112_downloadable_tables.xls)

**Table 1b: Reason for Appointment Cancellation by HSC Trust, 2011/12<sup>5</sup>**

<b>Reason for cancellation</b>								
<b>HSC Trust</b>	<b>Consultant unavailable</b>	<b>Medical staff / nurse not available</b>	<b>Patient treated elsewhere</b>	<b>Consultant cancelled appointment</b>	<b>Appointment brought forward</b>	<b>Appointment put back</b>	<b>Cancelled following validation / audit</b>	<b>Administrative error by hospital / GP</b>
<b>Belfast HSCT</b>	17,686	1,040	537	1,575	1,618	15,188	444	572
<b>Northern HSCT</b>	5,976	0	917	17,113	0	1,424	31	1,799
<b>South Eastern HSCT</b>	10,179	1,551	2,086	522	2,718	5,812	122	2,606
<b>Southern HSCT</b>	4,834	366	840	461	2,151	3,188	5	1,291
<b>Western HSCT</b>	9,258	1,249	537	8,333	1,744	3,087	4	2,240
<b>NI Total</b>	<b>47,933</b>	<b>4,206</b>	<b>4,917</b>	<b>28,004</b>	<b>8,231</b>	<b>28,699</b>	<b>606</b>	<b>8,508</b>
<b>NHSCCT % of NI Total</b>	12%	0%	19%	61%	0%	5%	5%	21%

<b>Reason for cancellation</b>								
<b>HSC Trust</b>	<b>Hospital transport not available</b>	<b>Cancelled by hospital in order to rebook as alternative booking method</b>	<b>Patient cancelled appointment as no longer needed</b>	<b>Patient cancelled appointment but it is still required</b>	<b>GP cancelled appointment on patient's behalf</b>	<b>Reason not recorded</b>	<b>Reason incorrectly recorded</b>	<b>Total appointments cancelled by either patient or hospital</b>
<b>Belfast HSCT</b>	81	4,153	2,553	49,377	3	62,141	6,259	163,227
<b>Northern HSCT</b>	30	0	5,612	21,664	0	0	2,227	56,793
<b>South Eastern HSCT</b>	169	3,427	1,909	18,851	20	842	1,638	52,452
<b>Southern HSCT</b>	19	0	2,001	16,701	18	0	4,782	36,657
<b>Western HSCT</b>	27	111	2,377	25,684	34	2,285	1,432	58,402
<b>NI Total</b>	<b>326</b>	<b>7,691</b>	<b>14,452</b>	<b>132,277</b>	<b>75</b>	<b>65,268</b>	<b>16,338</b>	<b>367,531</b>
<b>NHSCCT % NI total</b>	9%	0%	39%	16%	0%	0%	14%	15%

Table to show hospital cancellations by Health & Social Care trust 2011/12 <sup>98</sup>

<sup>97</sup> DHSSPS 2009/10 [http://www.dhsspsni.gov.uk/outpatient\\_excel\\_tables\\_for\\_internet\\_revised.xls](http://www.dhsspsni.gov.uk/outpatient_excel_tables_for_internet_revised.xls)

<sup>98</sup> DHSSPS 2011/12

[http://www.dhsspsni.gov.uk/northern\\_ireland\\_hospital\\_statistics\\_outpatient\\_activity\\_20112\\_downloadable\\_tables.xls](http://www.dhsspsni.gov.uk/northern_ireland_hospital_statistics_outpatient_activity_20112_downloadable_tables.xls)



**Table 1b: Reason for Appointment Cancellation  
by HSC Trust, 2009/10<sup>4,R</sup>**

<u>Reason for cancellation</u>								
HSC Trust	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
<b>Belfast</b>	15,117	1,694	4,701	303	2,004	10,548	396	1,959
<b>Northern</b>	7,126	0	1,177	17,598	44	1,321	75	1,677
<b>Southern Eastern</b>	12,057	1,250	1,661	676	3,699	6,901	50	4,012
<b>Southern</b>	3,872	468	1,406	288	2,113	4,231	4	1,367
<b>Western</b>	10,621	1,506	4,380	9,314	3,145	7,539	20	3,363
<b>Northern Ireland</b>	<b>48,793</b>	<b>4,918</b>	<b>13,325</b>	<b>28,179</b>	<b>11,005</b>	<b>30,540</b>	<b>545</b>	<b>12,378</b>
<b>NHSCT % NI total</b>	15%	0%	9%	62%	0%	4%	14%	14%

<u>Reason for cancellation</u>								
HSC Trust	Hospital transport not available	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	Patient died	Total appointments cancelled by either patient or hospital
<b>Belfast</b>	118	2,309	48,182	236	59,428	5,836	2,344	152,831
<b>Northern</b>	38	8,294	18,833	0	148	2,223	504	58,554
<b>Southern Eastern</b>	128	2,051	18,436	20	972	2,383	871	54,296
<b>Southern</b>	20	2,229	15,487	17	5,278	1,468	284	38,248
<b>Western</b>	19	2,284	24,093	24	3,859	2,375	547	72,542
<b>Northern Ireland</b>	<b>323</b>	<b>17,167</b>	<b>125,031</b>	<b>297</b>	<b>69,685</b>	<b>14,285</b>	<b>4,550</b>	<b>376,471</b>
<b>NHSCT % NI total</b>	12%	48%	15%	0%	0%	16%	11%	16%

Table to show appointment cancellation by Health & Social Care Trust 2009/10<sup>99</sup>

<sup>99</sup> DHSSPS 2009/10 [http://www.dhsspsni.gov.uk/outpatient\\_excel\\_tables\\_for\\_internet\\_revised.xls](http://www.dhsspsni.gov.uk/outpatient_excel_tables_for_internet_revised.xls)

## Current view of outpatient within the NHSCT

NHSCT Core Patients waiting over 9 weeks for out patients appointment	2,224
NHSCT patients transferred to Independent Sector waiting over 9 weeks for an appointment	505
NHSCT patients waiting over 9 weeks for Visiting Consultant appointment	614
<b>Total NHSCT patients waiting over 9 weeks for an outpatient appointment</b>	<b>3,343</b>

Table to show out patients waiting statistics Nov 2012 <sup>100</sup>

Specialty	Actual Ind Sector Day case	Actual Ind Sector Inpatient's	Total Independent Activity
Cardiology	5	0	5
Dermatology	88	0	88
ENT	262	0	262
Gastro	862	4	866
GS Endoscopy	0	0	0
GS (inc breast surg)	1930	6	1936
Gynae	395	0	395
Pain Management	368	0	368
Rheumatology	13	0	13
<b>Total</b>	<b>3923</b>	<b>10</b>	<b>3933</b>

**ADDITIONAL ACTIVITY 1<sup>st</sup> Apr – 4<sup>th</sup> Dec 2012 delivered in support of achieving Backstop Waiting Times position – Inpatients / Day Cases (Information based on activity recorded on PAS)**  
**Independent Sector Inpatients / Day Case <sup>101</sup>**

Specialty	Actual Ind Sector Day case	Actual Ind Sector Inpatient's	Total Independent Activity
Dermatology	640	604	1244
ENT	1251	650	1901
Gastro	1176	376	1552
GS	2184	870	3054
Gynae	464	441	905
Neurology	457	310	767
Pain Management	456	376	832
Rheumatology	429	190	619
<b>Total</b>	<b>7057</b>	<b>3817</b>	<b>10874</b>

**ADDITIONAL ACTIVITY 1<sup>st</sup> Apr – 4<sup>th</sup> Dec 2012 delivered in support of achieving Backstop Waiting Times position – Outpatients (Information based on activity recorded on PAS)**

<sup>100</sup> NHSCT performance report Nov 2012 [http://www.northerntrust.hscni.net/pdf/Trust\\_Performance\\_Report\\_Nov\\_12.pdf](http://www.northerntrust.hscni.net/pdf/Trust_Performance_Report_Nov_12.pdf)

<sup>101</sup> NHSCT performance report Nov 2012 [http://www.northerntrust.hscni.net/pdf/Trust\\_Performance\\_Report\\_Nov\\_12.pdf](http://www.northerntrust.hscni.net/pdf/Trust_Performance_Report_Nov_12.pdf)

The cost of delivering these extra services outside of the NHSCT has not been confirmed yet, however a list of contracts awarded are listed below <sup>102</sup> :

Date Awarded	Organisation	Type of Social Care Provided	From / To	Annual Value
<b>Oct-11</b>	Medinet Wales Ltd	Provision of Endoscopy Services to Trust Clients	31 October 2011 – 24 March 2012 (5 Months)	Rate negotiated
<b>Oct-11</b>	North and West Independent Hospital (NWIH)	Provision of Pain Services to Trust clients	12 December 2011 – 30 June 2012 (6 Months)	Rate negotiated
<b>Oct-11</b>	3FiveTwo Healthcare	Provision of Dermatology, ENT, Gastroenterology, General Surgery, Gynaecology, Neurology, Pain and Rheumatology	12 December 2011 – 30 June 2012 (6 Months)	Rate negotiated
<b>Jan-12</b>	Fitzwilliam Clinic	Provision of General Surgery Services to Trust clients	10 January 2012 – 30 June 2012 (6 Months)	Rate negotiated
<b>Jan-12</b>	North and West Independent Hospital (NWIH)	Provision of Endoscopy Services to Trust Clients	31-October 2011 – 24-March 2012 (5 Months approx.)	Rate negotiated
<b>Jan-12</b>	Nursing Home Intermediate Care Scheme	Provision of 15 Intermediate care beds and associated services	22 February 2012 – 21 August 2012 (6 Months)	£430,155
<b>Apr-12</b>	3FiveTwo Healthcare	Provision of ENT, General Surgery,	26 April 2012- 31 December 2012 (8 Months approx.)	Rate negotiated
<b>Apr-12</b>	Medinet Wales Ltd	Provision of Dermatology, Neurology and Rheumatology Services to Trust Clients	26 April 2012- 31 December 2012 (8 Months approx.)	Rate negotiated
<b>Apr-12</b>	North and West Independent Hospital (NWIH)	Provision of Dermatology, ENT, General Surgery, Gynae and Pain Services to Trust Clients	26 April 2012- 31 December 2012 (8 Months approx.)	Rate negotiated
<b>Apr-12</b>	Dalriada Urgent Care - Medical Services to Intermediate Care	For the Provision of Medical Services to support Intermediate Care Bed Based Services	22 May 2012 – 21 August 2012 (3 Months)	£86,418
<b>Nov-12</b>	Dalriada Urgent Care - Medical Services to Intermediate Care	For the Provision of Medical Services to support Intermediate Care Bed Based Services	22 May 2012 – 31 December 2012 (3 Months initially plus extension)	£86,418 (for initial 3 month period)
<b>Nov-12</b>	Intermediate Care - Bed Based Service	Provision of 15 Intermediate Care Beds and associated services	1 October 2012 – 30 September 2013 (1 Year)	£430,155

This risk assessment was used to:

- Remove inpatient maternity services from the Mid Ulster Hospital
- Restrict the A&E to opening hours of 9 am to 11pm
- Introduce ambulance bypass protocols stopping patients from being taken to the Mid Ulster Hospital

What was the main risks page 27?

A&E:

- Not sufficient out of hours services to meet RCSI guidelines

Anaesthetics:

- Relied on locum cover

Radiology:

- Consultants were based at Antrim

Obstetrics & Gynaecology:

- Weekend consultant cover was locum
- Paediatric cover not available

General Medicine:

- Not direct risk other than high work load and need to increase staff

Detailed Scoring of risks however showed the high risk of removing services at Mid Ulster without adequate investment being made in network hospitals. Of the 5 different options as highlighted by the risk assessment we now are in the option 5 "Local Hospital", which scored 5 (highest risk) for the inability of other network hospitals to manage additional activity.

Why when the highest risk to patients was downgrading Mid Ulster before other hospitals were developed was Mid Ulster closed?

Table 9.2 Detailed Risk Scoring – Mid Ulster Hospital

Risks	Option 1 Do Nothing	Option 2 Withdraw Maternity	Option 3 Restricted A&E	Option 4 Maternity and A&E	Option 5 Local Hospital	Impact Score
<b>Maternity Service</b>						
Inability to sustain 24/7 staff rota						
A. Midwife rota	1	0	1	0	0	5
B. SHO rota	2	0	2	0	0	5
C. Consultant rota	4	0	4	0	0	5
Inability to provide paediatric support to maternity service	3	0	3	0	0	4
Inability to provide haematology	1	0	1	0	0	4
Inability of other network hospitals to manage additional activity	1	5	1	5	5	2
<b>A&amp;E</b>						
Inability to provide backup services (e.g. labs, ICU, radiology, paediatrics)	5	5	3	3	0	3
Inability to sustain staff rotas and 24/7 medical presence	2	2	1	1	0	5
Inability to secure timely ambulance transfer	4	4	2	2	0	4
Inability of other network hospitals to manage additional activity	0	2	4	4	5	4
<b>Anaesthetics</b>						
Inability to provide anaesthetic support: staffing	2	2	1	1	0	5
Inability to provide anaesthetic support: during transfers	3	3	1	1	0	4
Inability to provide anaesthetic support: dual requirements	2	1	1	1	0	4
<b>General Medicine</b>						
Inability to maintain medical rotas						
A. SHO rota	1	1	1	1	0	5
B. Consultant rota	1	1	1	1	0	5
Inability of other network hospitals to manage additional activity	0	0	3	3	5	4
<b>General Surgery/Trauma</b>						
Inability to provide backup services (e.g. blood, labs, ICU, radiology)	4	4	2	2	0	4
Inability to maintain surgical rota						
A. SHO rota	2	2	1	1	0	5
B. Consultant rota	2	2	2	2	0	5
Inability of other network hospitals to manage additional activity	0	0	3	3	5	4

Source: UHT staff at Risk Workshop, 5<sup>th</sup> July 2005

Likelihood scores range from 0 (impossible) to 5 (the event is certain to occur). Impact scores range from 0 (no impact) to 5 (service closure)

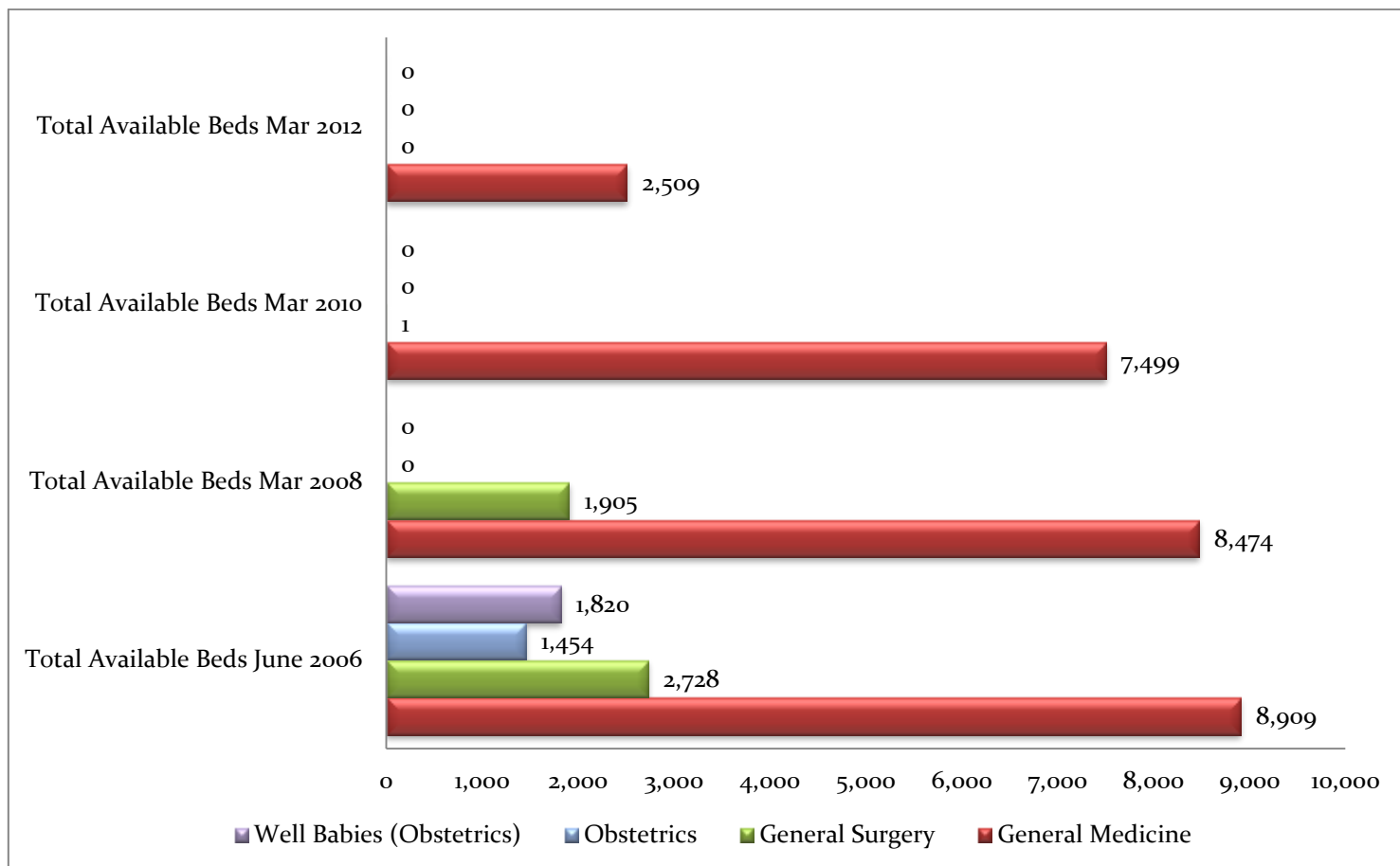
The risks explained the below table shows the average beds per year <sup>104</sup> at the Mid Ulster Hospital

Hospital	Programme of Care		Total Available Beds June 2006	Total Available Beds Mar 2008	Total Available Beds Mar 2010	Total Available Beds Mar 2012
Mid Ulster	Acute Services	ENT	1	16	0	0
Mid Ulster	Acute Services	General Medicine	8,909	8,474	7,499	2,509
Mid Ulster	Acute Services	General Surgery	2,728	1,905	1	0
Mid Ulster	Acute Services	GP Other	0	0	0	0
Mid Ulster	Acute Services	Gynaecology	303	1	0	0
Mid Ulster	Acute Services	Haematology (Clinical)	0	0	0	0
Mid Ulster	Maternity & Child Health	Obstetrics	1,454	0	0	0
Mid Ulster	Acute Services	Oral Surgery	0	0	0	0
Mid Ulster	Acute Services	Paediatrics	819	0	0	0
Mid Ulster	Maternity & Child Health	Well Babies (Obstetrics)	1,820	0	0	0
Mid Ulster	Elderly Care	Geriatric Medicine	0	0	0	269
Mid Ulster	Acute Services	Ophthalmology	0	0	0	0
Mid Ulster	Acute Services	Pain Management	0	0	0	0
Mid Ulster	Acute Services	Neurology	0	0	0	0
Mid Ulster	Acute Services	Accident & Emergency	0	0	0	0
Total			16,034	10,396	7,500	2,778

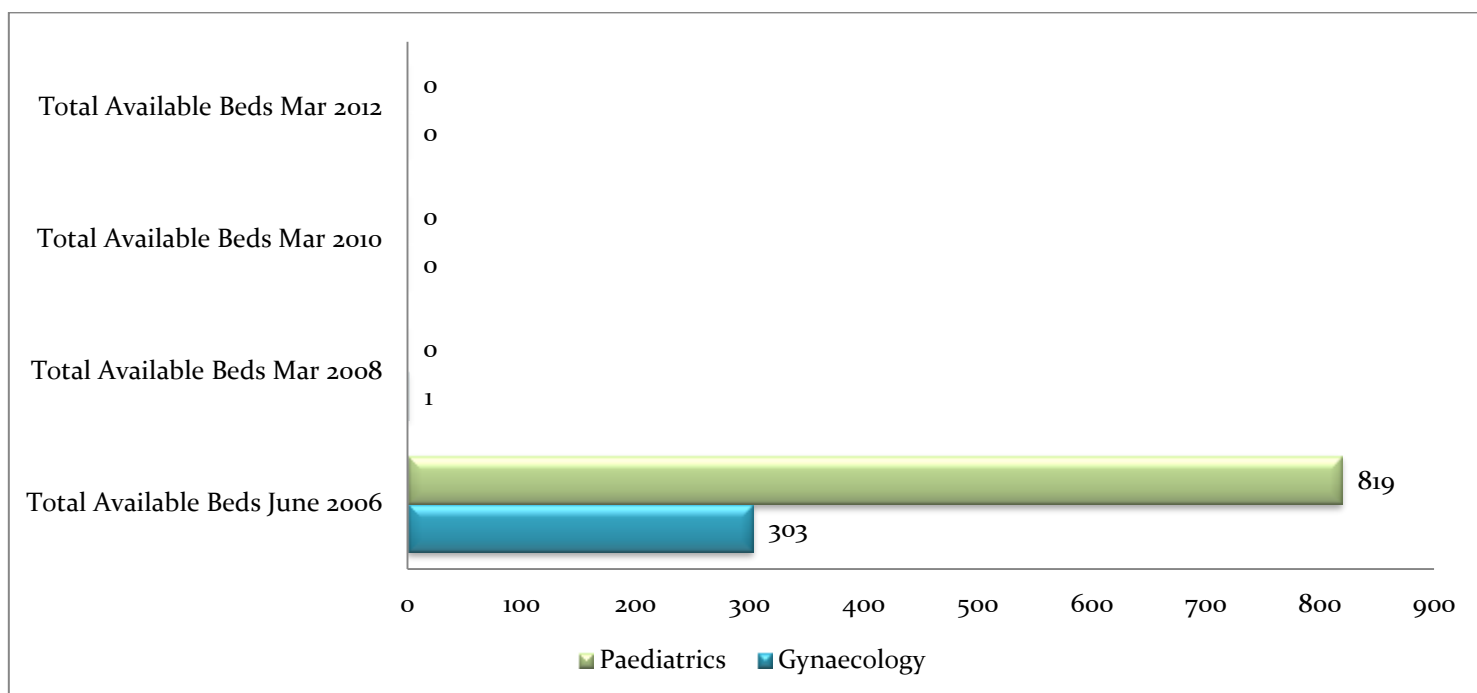
Points of interest, as care does not revolve around an A&E an explanation as to why there are waiting times are extreme in Antrim & Causeway A&E's is due to the named hospitals not being developed post the downgrading of Mid Ulster Hospital.

- In 2006 Mid Ulster hospital had 16,034 available beds for the year; this has dropped 83% since the risk assessment was carried out.

<sup>104</sup> DHSSPS [http://www.dhsspsni.gov.uk/2011\\_12\\_-\\_kho3a\\_internet\\_file.xls](http://www.dhsspsni.gov.uk/2011_12_-_kho3a_internet_file.xls)



Graph to show Total available beds Mid Ulster hospital 2006 - 2012



Graph to show Total available beds Mid Ulster hospital 2006 - 2012

Hospital	Programme of Care		Total Available Beds June2006	Total Available Beds Mar 2012
Antrim	Acute Services	Accident & Emergency	2,159	442
Antrim	Acute Services	Anaesthetics	0	654
Antrim	Acute Services	Cardiology	3,472	3,392
Antrim	Acute Services	Clinical Oncology	0	3
Antrim	Acute Services	Dermatology	16	0
Antrim	Acute Services	ENT	1,104	539
Antrim	Acute Services	Gastroenterology	315	932
Antrim	Acute Services	General Medicine	12,010	16,238
Antrim	Acute Services	General Surgery	5,344	0
Antrim	Acute Services	GP Other	0	0
Antrim	Acute Services	Gynaecology	1,208	1,008
Antrim	Acute Services	Haematology (Clinical)	231	360
Antrim	Acute Services	Infectious Diseases	385	0
Antrim	Acute Services	Medical Oncology	0	0
Antrim	Acute Services	Nephrology	2,028	2,732
Antrim	Maternity & Child Health	Obstetrics	3,901	2,904
Antrim	Acute Services	Oral Surgery	0	0
Antrim	Acute Services	Paediatrics	2,989	3,356
Antrim	Acute Services	Pain Management	769	0
Antrim	Acute Services	Rheumatology	779	62
Antrim	Maternity & Child Health	Well Babies (Obstetrics)	3,323	2,094
Antrim	Acute Services	Urology	0	0
Antrim	Elderly Care	Geriatric Medicine	0	1,096
Antrim	Acute Services	Thoracic Medicine	0	1,039
Antrim	Acute Services	Palliative Medicine	0	1,086
<b>Total</b>			<b>40,033</b>	<b>37,937</b>

Table to shows available beds in Antrim Hospital 2006 – 2012 <sup>105</sup>

Points of interest:

- Maternity and children's services removed from Mid Ulster in 2006, no extra provision at Antrim Hospital
- Antrim hospital has seen a 5% (2,096) decrease in available inpatient beds for acute specialities

<sup>105</sup> DHSSPS [http://www.dhsspsni.gov.uk/2011\\_12\\_-\\_kho3a\\_internet\\_file.xls](http://www.dhsspsni.gov.uk/2011_12_-_kho3a_internet_file.xls)

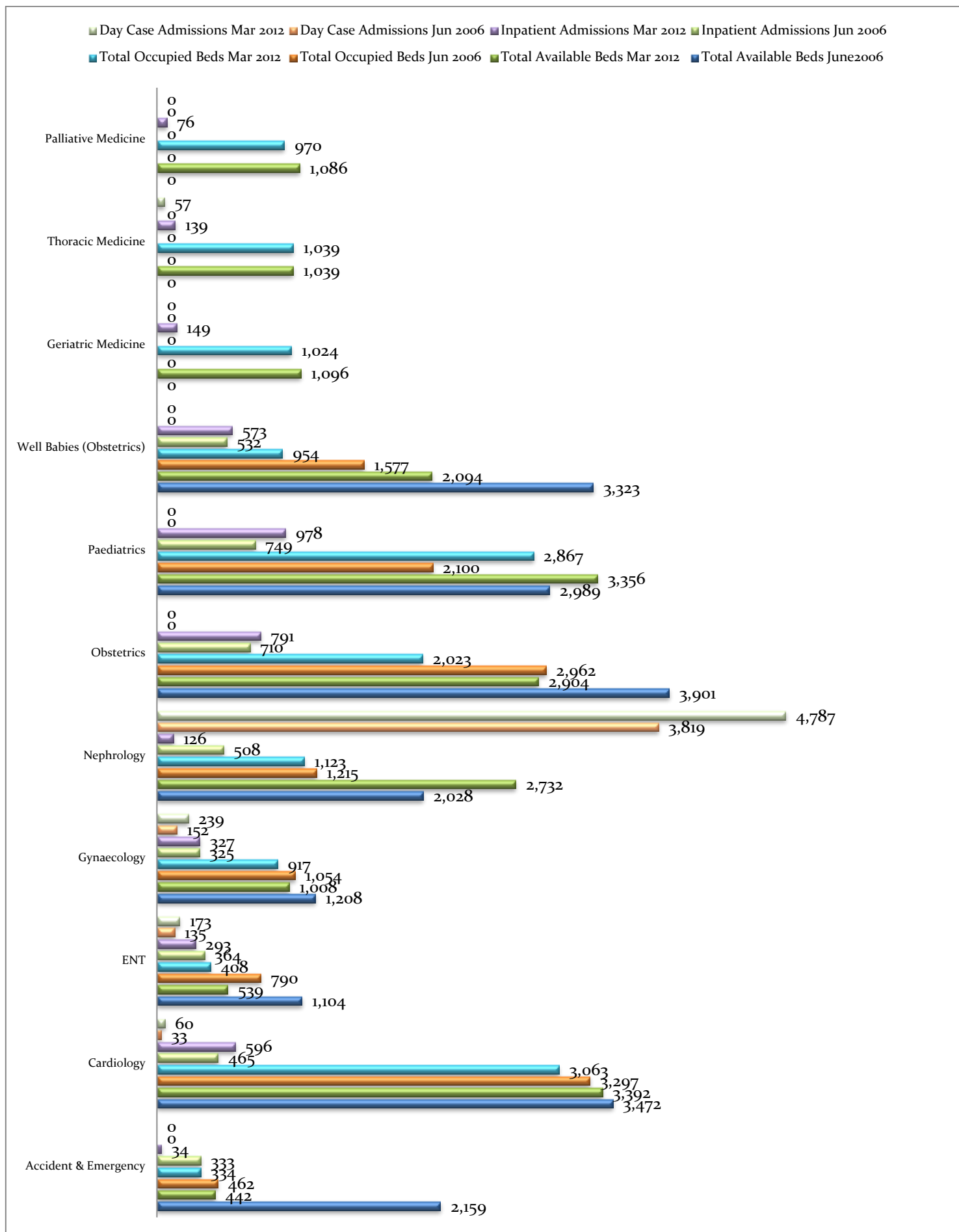
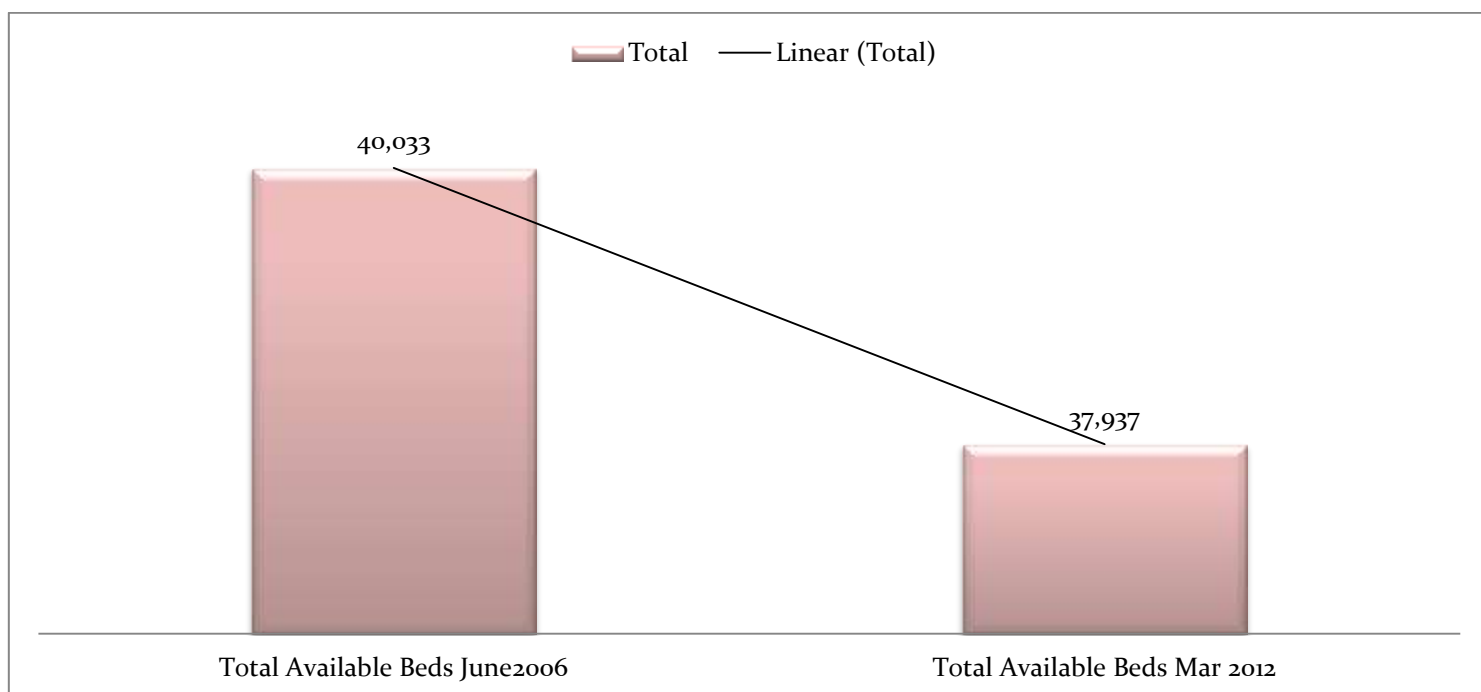
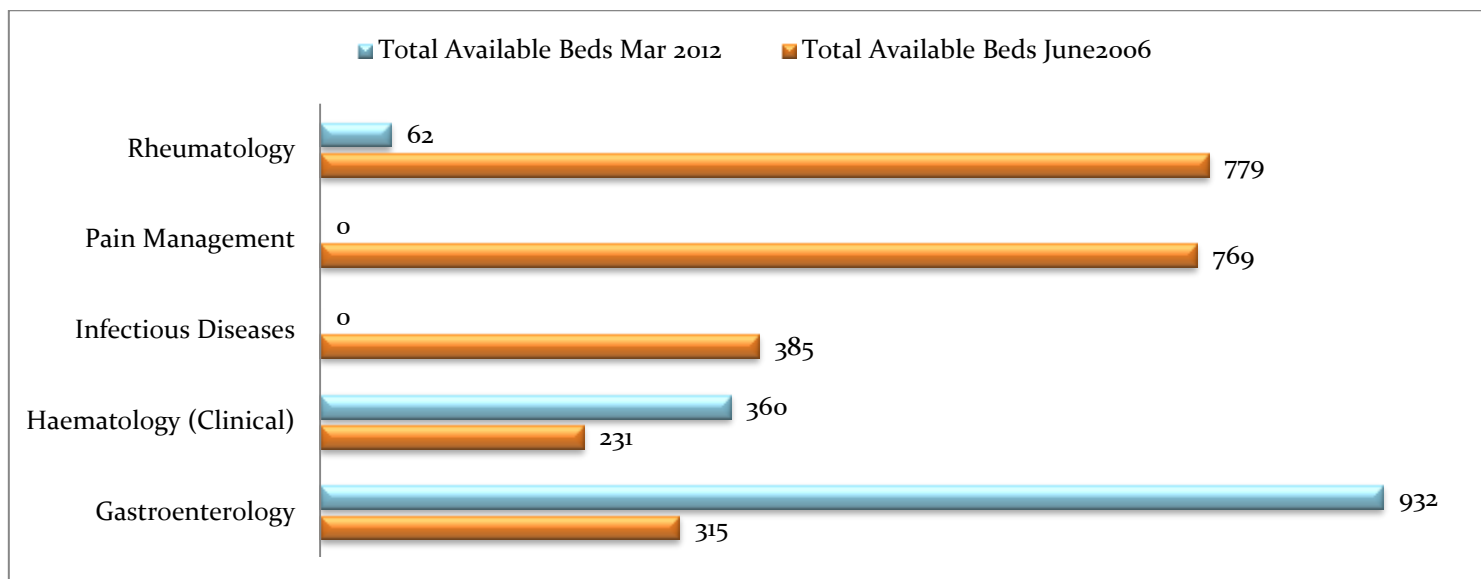
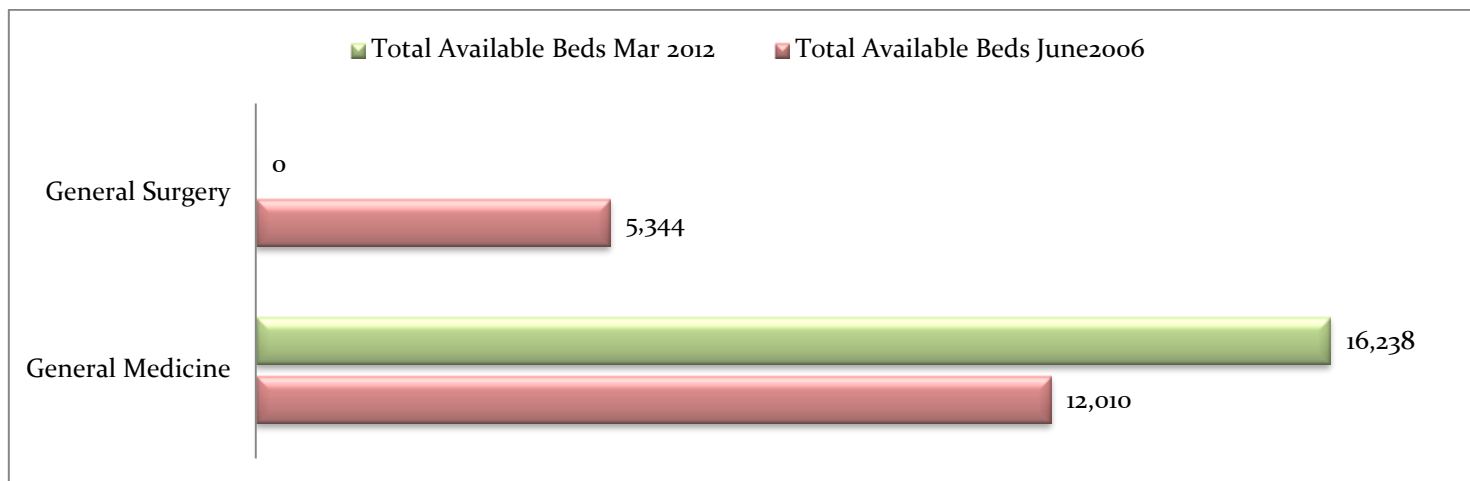


Table to show available beds Antrim Area Hospital





## **Maternity Case Study**

Average Available Beds - Maternity and Child Health Inpatient and Day Case Activity Data by Hospital/HSC Trust Hospital/HSC Trust					
Year	Total	Antrim	Causeway	Mid Ulster	Route
April 2001/02	160	85	32	36	7
April 2002/03	159	85	38	36	0
April 2003/04	159	85	38	36	0
April 2004/05	172	85	38	49	0
April 2005/06	155	82	37	36	0
April 2006/07	141	82	38	21	0
April 2007/08	124	85	39	0	0
April 2008/09	124	86	38	0	0
April 2009/10	120	82	38	0	0
April 2010/11	109	71	38	0	0
April 2011/12	94	57	37	0	0

Year	Still Birth Antrim	Live Birth Antrim	Still Birth Causeway	Live Birth Causeway	Still Birth Mid Ulster	Live Birth Mid Ulster	Still Birth Route	Live Birth Route	Live Births Total	Still Birth Total
April 2001/02	7	2246	1	942	1	658	4	176	4022	13
April 2002/03	10	2270	10	1170	2	627	0	0	4067	22
April 2003/04	14	2259	0	1135	2	632	0	0	4026	16
April 2004/05	18	2380	6	1212	3	655	0	0	4247	27
April 2005/06	6	2373	0	1123	4	663	0	0	4159	10
April 2006/07	3	2728	10	1260	3	359	0	0	4347	16
April 2007/08	16	3085	8	1381	0	0	0	0	4466	24
April 2008/09	17	3009	7	1426	0	0	0	0	4435	24
April 2009/10	13	2743	10	1432	0	0	0	0	4175	23
April 2010/11	9	2822	5	1425	0	0	0	0	4247	14
April 2011/12	7	2609	5	1414	0	0	0	0	4023	12

Tables to show average Maternity beds, Live Births & Still Births within NHSCT units April 2001/02 – April 2011/12 <sup>106 107</sup>  
<sup>108 109 110 111 112 113 114 115 116</sup>

<sup>106</sup> [http://www.dhsspsni.gov.uk/ni\\_hospital\\_statistics\\_-\\_inpatient\\_activity\\_2011\\_12.pdf](http://www.dhsspsni.gov.uk/ni_hospital_statistics_-_inpatient_activity_2011_12.pdf)

<sup>107</sup> [http://www.dhsspsni.gov.uk/inpatient\\_hospital\\_statistics\\_2010-11.pdf](http://www.dhsspsni.gov.uk/inpatient_hospital_statistics_2010-11.pdf)

<sup>108</sup> [http://www.dhsspsni.gov.uk/hospital\\_statistics\\_inpatient\\_activity\\_2009-10.pdf](http://www.dhsspsni.gov.uk/hospital_statistics_inpatient_activity_2009-10.pdf)

<sup>109</sup> [http://www.dhsspsni.gov.uk/volume\\_1\\_programme\\_of\\_care2pdf.pdf](http://www.dhsspsni.gov.uk/volume_1_programme_of_care2pdf.pdf)

<sup>110</sup> [http://www.dhsspsni.gov.uk/volume\\_1\\_programme\\_of\\_care-2.pdf](http://www.dhsspsni.gov.uk/volume_1_programme_of_care-2.pdf)

<sup>111</sup> [http://www.dhsspsni.gov.uk/volume\\_1\\_programme\\_of\\_care.pdf](http://www.dhsspsni.gov.uk/volume_1_programme_of_care.pdf)

<sup>112</sup> <http://www.dhsspsni.gov.uk/hib-hospital-statistics-maternity-child-health0506.pdf>

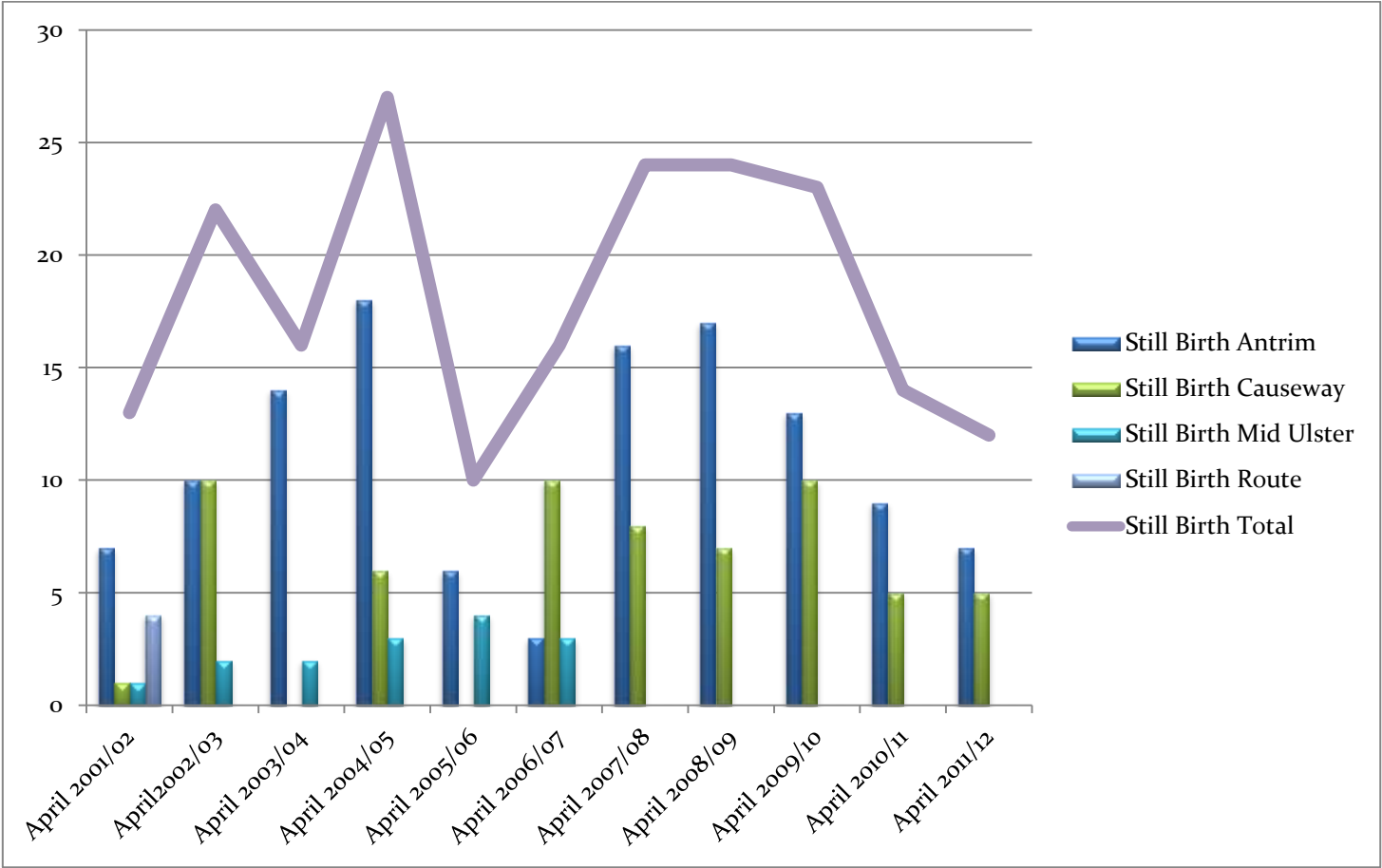
<sup>113</sup> [http://www.dhsspsni.gov.uk/hospstats\\_05\\_sect3.pdf](http://www.dhsspsni.gov.uk/hospstats_05_sect3.pdf)

<sup>114</sup> [http://www.dhsspsni.gov.uk/hospstats\\_04\\_sect3.pdf](http://www.dhsspsni.gov.uk/hospstats_04_sect3.pdf)

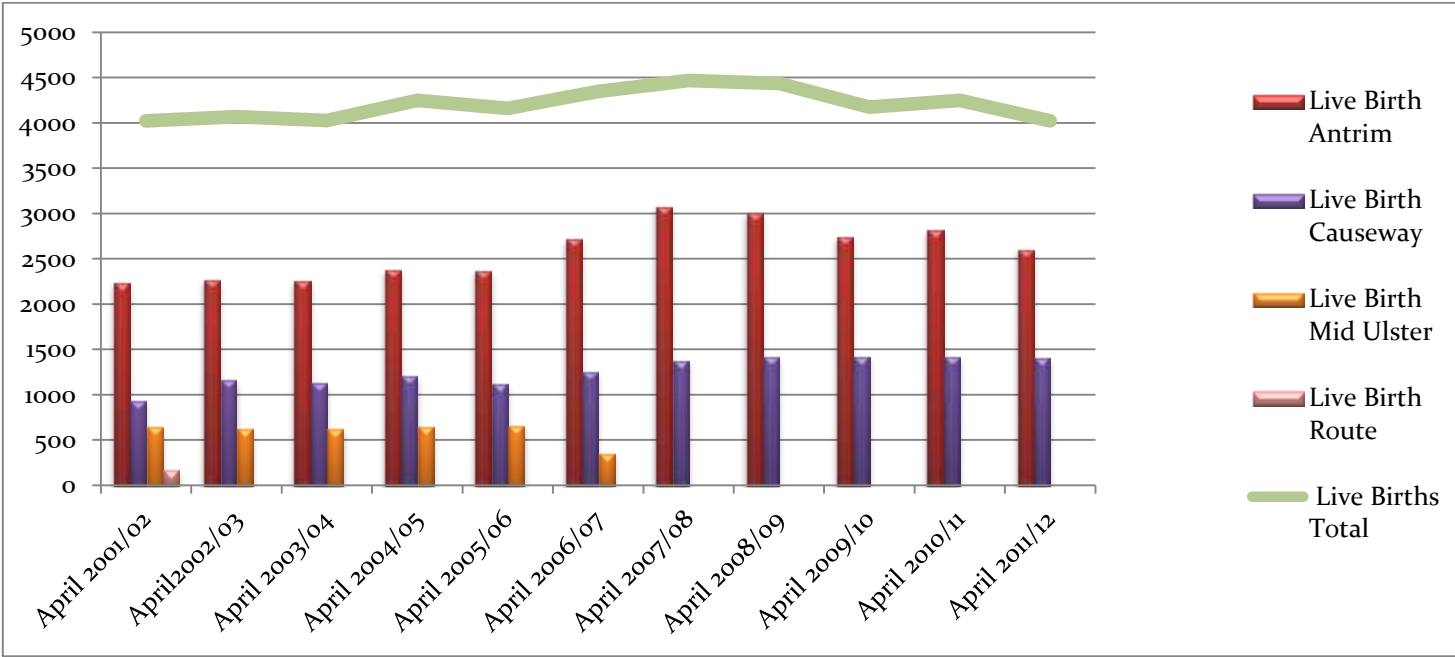
<sup>115</sup> [http://www.dhsspsni.gov.uk/hospstats\\_03\\_sect3.pdf](http://www.dhsspsni.gov.uk/hospstats_03_sect3.pdf)

<sup>116</sup> [http://www.dhsspsni.gov.uk/hospstats\\_02\\_sect3.pdf](http://www.dhsspsni.gov.uk/hospstats_02_sect3.pdf)

Graph to show average available maternity beds NHSCT April 2001/02 – April 2011/12



Graph to show actual still birth occurrences within NHSCT units April 2001/02 – April 2011/12



Graph to show Live Births within NHSCT units April 2001/02 – April 2011/12

Registration Year	All Live Births	Health and Social Care Trust				
		Belfast	Northern	South Eastern	Southern	Western
2000	21,512	4,153	5,303	3,929	4,212	3,915
2001	21,962	4,084	5,413	3,995	4,556	3,914
2002	21,385	3,912	5,421	3,742	4,422	3,888
2003	21,648	4,054	5,335	3,957	4,469	3,833
2004	22,318	4,136	5,697	4,069	4,682	3,734
2005	22,328	4,011	5,623	3,984	4,813	3,897
2006	23,272	4,147	5,781	4,240	5,038	4,066
2007	24,451	4,467	6,021	4,528	5,362	4,073
2008	25,631	4,745	6,347	4,676	5,591	4,272
2009	24,910	4,690	5,947	4,532	5,532	4,209
2010	25,315	4,795	6,110	4,514	5,712	4,184
2011	25,273	4,840	6,048	4,595	5,522	4,268

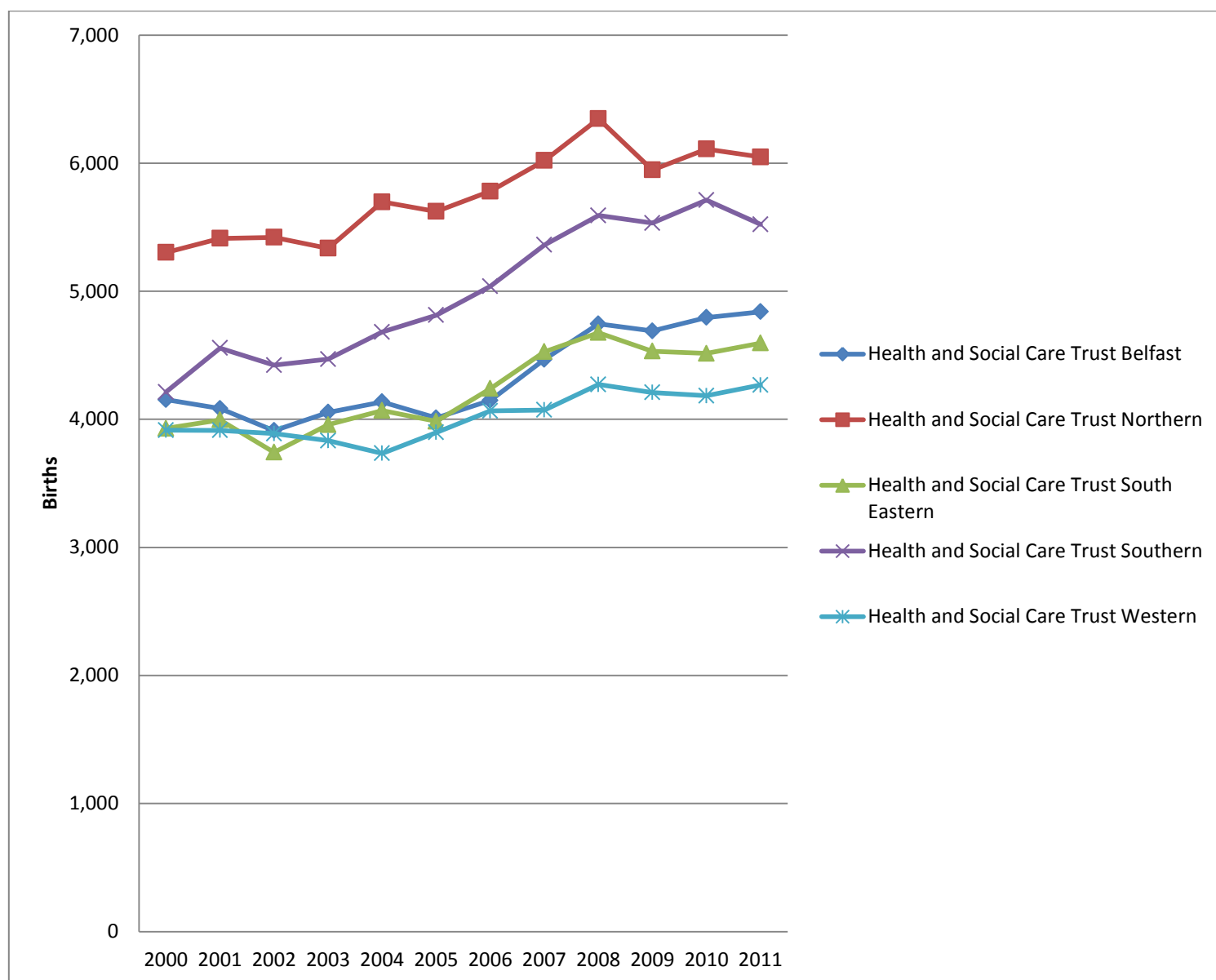


Table and Graph to show Live Birth figures, residential status of mother ref NISRA<sup>117</sup>

<sup>117</sup> NISRA website at: <http://www.nisra.gov.uk/demography/default.asp57.htm>

Registration Year	Health and Social Care Trust				
	Belfast	Northern	South Eastern	Southern	Western
2001	25	33	22	33	21
2002	15	31	14	18	22
2003	27	24	16	29	19
2004	28	15	26	30	23
2005	40	26	24	20	30
2006	18	27	26	28	22
2007	25	26	20	28	24
2008	30	29	14	30	20
2009	24	36	24	22	24
2010	26	30	21	39	30
2011	17	26	21	26	20

Table to show infant death by Health & Social Care trust 2001 -2011 <sup>118</sup>

Registration Year	Infant Death										
		Antrim	Ballymena	Ballymoney	Carrickfergus	Coleraine	Cookstown	Larne	Magherafelt	Moyle	Newtownabbey
2001	33	5	1	1	4	4	4	2	2	2	8
2002	31	2	4	3	2	4	2	3	2	1	8
2003	24	4	3	1	3	2	-	3	4	1	3
2004	15	3	1	-	2	3	-	2	2	-	2
2005	26	3	2	5	3	2	2	1	3	-	5
2006	27	4	5	2	1	2	6	2	-	-	5
2007	26	5	2	4	1	3	2	3	1	-	5
2008	29	4	5	-	2	4	1	2	1	1	9
2009	36	6	4	3	3	4	3	-	6	3	4
2010	30	4	3	1	1	5	3	3	2	3	5
2011	26	3	4	3	2	4	4	1	1	1	3

Table to show infant deaths in NHSCT local government areas 2001-2011 <sup>119</sup>

<sup>118</sup> NISRA Infant death [http://www.nisra.gov.uk/archive/demography/vital/stillbirths/infant\\_deaths\\_by\\_HSCT1974\\_2011.xls](http://www.nisra.gov.uk/archive/demography/vital/stillbirths/infant_deaths_by_HSCT1974_2011.xls)

<sup>119</sup> NISRA Infant death Local Gov. area

[http://www.nisra.gov.uk/archive/demography/vital/stillbirths/infant\\_deaths\\_by\\_HSCT1974\\_2011.xls](http://www.nisra.gov.uk/archive/demography/vital/stillbirths/infant_deaths_by_HSCT1974_2011.xls)

Registration Year	All Stillbirths	Health and Social Care Trust				
		Belfast	Northern	South Eastern	Southern	Western
2005	89	13	21	25	16	14
2006	89	18	14	23	18	16
2007	102	17	37	11	17	20
2008	115	18	29	21	29	18
2009	119	25	32	22	26	14
2010	105	14	24	25	21	21
2011	91	14	14	20	16	27

Table to show actual still births in each Health & Social Care Trust 2005 -2011<sup>120</sup>

Registration Year	All Stillbirths										
		Antrim	Ballymena	Ballymoney	Carrickfergus	Coleraine	Cookstown	Larne	Magherafelt	Moyale	Newtownabbey
2001	29	5	3	2	1	6	-	4	3	2	3
2002	31	3	3	4	-	2	6	3	3	1	6
2003	23	10	3	3	-	1	-	1	1	1	3
2004	26	3	1	1	3	4	2	1	3	2	6
2005	21	2	3	1	-	3	2	2	3	2	3
2006	14	2	1	1	-	2	1	2	4	-	1
2007	37	-	9	6	3	3	4	2	2	-	8
2008	29	2	4	2	2	4	3	1	6	1	4
2009	32	6	4	2	1	4	1	1	5	2	6
2010	24	2	6	6	2	-	1	1	-	1	5
2011	14	1	1	-	-	3	2	1	3	-	3

Table to show stillbirths in local gov areas 2001 - 2011<sup>121</sup>

<sup>120</sup> NISRA Still births [http://www.nisra.gov.uk/archive/demography/vital/stillbirths/stillbirths\\_by\\_HSCT1974\\_2011.xls](http://www.nisra.gov.uk/archive/demography/vital/stillbirths/stillbirths_by_HSCT1974_2011.xls)

<sup>121</sup> NISRA Stillbirths Local Gov.

[http://www.nisra.gov.uk/archive/demography/vital/stillbirths/stillbirths\\_by\\_LGD1974\\_2011.xls](http://www.nisra.gov.uk/archive/demography/vital/stillbirths/stillbirths_by_LGD1974_2011.xls)

Table 4c: Maternity and Child Health Number of Live and Still Births in Hospital by Hospital/HSC Trust, 2011/12

Live Births					
Hospital/ HSC Trust	Consultant-Led	Midwife-Led	Total	Still Births	Total Births
<b>Mater Infirmorum</b>	1,239	0	1,239	3	1,242
<b>Royal Maternity</b>	5,667	0	5,667	22	5,689
<b>Belfast HSCT</b>	<b>6,906</b>	<b>0</b>	<b>6,906</b>	<b>25</b>	<b>6,931</b>
<b>Antrim</b>	2,609	0	2,609	7	2,616
<b>Causeway</b>	1,417	0	1,417	5	1,422
<b>Northern HSCT</b>	<b>4,026</b>	<b>0</b>	<b>4,026</b>	<b>12</b>	<b>4,038</b>
<b>Downe</b>	0	82	82	0	82
<b>Lagan Valley</b>	0	226	226	0	226
<b>Ulster</b>	3,559	662	4,221	11	4,232
<b>South Eastern HSCT</b>	<b>3,559</b>	<b>970</b>	<b>4,529</b>	<b>11</b>	<b>4,540</b>
<b>Craigavon Area</b>	3,073	938	4,011	14	4,025
<b>Daisy Hill</b>	1,979	0	1,979	6	1,985
<b>Southern HSCT</b>	<b>5,052</b>	<b>938</b>	<b>5,990</b>	<b>20</b>	<b>6,010</b>
<b>Altnagelvin Area</b>	2,374	562	2,936	13	2,949
<b>Erne</b>	1,228	0	1,228	7	1,235
<b>Western HSCT</b>	<b>3,602</b>	<b>562</b>	<b>4,164</b>	<b>20</b>	<b>4,184</b>
<b>NI Total</b>	<b>23,145</b>	<b>2,470</b>	<b>25,615</b>	<b>88</b>	<b>25,703</b>





In a FOI to the consultation of CSR two years later several issues were raised that questions the information used to create the risk assessment and would stipulate that the risks highlighted in 2006 were greatly exaggerated.

*“The Comprehensive Spending Review was implemented by the Department of Health Social Services and Public Safety in light of health and social care reduced budget allocations. It required health and social care organisations to collectively achieve a budget reduction of £343m over a three-year period, April 2008 to March 2011.*

*For the Northern Trust this equated to a budget reduction of £43m over that period: £14m reduction in year one, £27m by year two and finally a total of £43m by the end of year 3’. To date the Trust have achieved a £10m efficiency saving towards this CSR requirement, with a further £34m required to meet the Trust’s part of the overall CSR Programme. This plan therefore seeks to achieve efficiency savings of £34m to meet this CSR requirement.*

*In addition, underlying budget deficits and growing cost pressures means that a further £20m savings must be achieved, in addition to CSR. This additional saving requirement is referred to as ‘deficit’. The total plan therefore seeks to secure savings of £54m”<sup>122</sup>*

The consultation document, name “Modernising Acute Services” has 12 responses to the closure of Mid Ulster and Whiteabbey A&E’s, one response from a 24 year veteran worker of Mid Ulster directed the Northern Health & Social Care Trust to several lies they had portrayed to the public, quotes from the letter;

- Neither Whiteabbey nor Mid Ulster Hospitals have training status so cannot employ junior Doctors in training. This is translated in the later document to ‘Both Whiteabbey and Mid Ulster Hospital restricted medical training status and as such cannot employ Junior Doctors in the same way that other acute hospitals do’ – this is not correct – we have as you know training posts for F1, F2, ST1, ST2 and ST£ doctors at Mid Ulster and have consistently good reports from training inspections/surveys in recent years.
- The statement – ‘Junior Doctors employed at Antrim and causeway hospitals cannot be part of rotas to staff Whiteabbey and Mid Ulster Hospital’ is not correct. This already happens.
- To say that there is ‘-no out of hours anaesthetic cover at Mid ulster is not correct

Trust Statement	Response to Dr Peter Flanagan
<b>“Neither Whiteabbey nor Mid Ulster hospitals have training status so cannot employ Junior Doctors in training”</b>	This is not correct – we have as you know training posts for F1, F2, ST1, ST2, and ST3 doctors at Mid Ulster and have had consistently good reports from training and inspection/surveys in recent years.
<b>The trust later contradicted themselves in the same document</b>	
<b>“Both Whiteabbey and Mid Ulster have restricted medical training status and as such cannot employ Junior Doctors in the same way that other acute hospitals”</b>	
<b>“Junior Doctors employed at Antrim and causeway Hospitals cannot be a part of rotas to staff Whiteabbey and Mid Ulster Hospital”</b>	Is not correct, this already happens
<b>“Senior Doctors who are working permanently in the smaller hospitals cannot participate in a Medical Staff rota across larger acute sites since they will not have had exposure/experience in the range of cases that would present in a larger acute site, e.g. heart attack cases”</b>	This is obviously untrue
<b>“no out of hours anaesthetic cover at Mid Ulster”</b>	Is not correct
<b>“lack of specialist radiology services at Mid Ulster”</b>	Is not correct

<sup>122</sup> NHSCT Modernisation & Recovery Plan 2010/11

[http://www.northerntrust.hscni.net/pdf/Modernisation\\_and\\_Recovery\\_Plan\\_2010.11\\_to\\_2011.12.pdf](http://www.northerntrust.hscni.net/pdf/Modernisation_and_Recovery_Plan_2010.11_to_2011.12.pdf)

[REDACTED]

26 January 2009

Dr Flanigan  
Medical Director  
Northern Health and Social Care Trust  
The Cottage  
5 Greenmount Ave  
Ballymena,  
BT43 6DA



CC Mrs N Evans, Chief Executive, Northern Health and Social Care Trust, The Cottage, 5 Greenmount Ave, Ballymena, BT43 6DA  
Cc Dr Olivia Doman, Clinical Director Acute Emergency Medicine, C/o Medical Directorate Office, Antrim Area Hospital, Antrim

Dear Dr Flanigan

In response to your invitation to local meeting in Cookstown, Tuesday 10 February I will be [REDACTED] out of Northern Ireland on the night concerned but even if I were in Northern Ireland I would not be willing to attend a local public meeting on reconfiguration of acute services.

I recognise the clinical drivers and have worked through too many clinical cases not to realise that while the majority of cases we receive in the Mid Ulster can be managed here a significant number find themselves in the wrong hospital.

I accept specialisation of services have led to Mid Ulster's demise as an acute hospital.

However, I feel some continuing loyalty to the area, partly through working here for 24 years and partly as I am a home grown native of the Mid Ulster area. I have loyalty to the people I work with, namely nursing, paramedical, secretarial, clerical and portering staff none of whom wish to lose their jobs or move – a move in a lot of cases would amount to the same thing as a job loss as far as a lot of employees are concerned.

Also I do not feel that I can go to a public meeting and support closure of acute services at Mid Ulster for the following reasons.

1. ~~The closure of acute services at South Tyrone Hospital, Dungannon and Tyrone County Hospital, Omagh and the proposed closure of acute services at Mid Ulster Hospital would lead to the centre of Northern Ireland being left with essentially no acute hospital at an acceptable travelling distance and time for the people of Cookstown, Moneymore, Draperstown, Plumbridge and Gortin etc.~~

Recent studies have shown that the mortality rate of patients increases the further patients are from acute care especially with respect to acute respiratory conditions.

I know we cannot turn the clock back and the almost defunct Area Boards all decided to concentrate their acute services away from the centre of Northern Ireland and propose to leave this unacceptable hole in services. To say that the Northern Ireland Ambulance Service will be able to compensate by increasing their efficiency is laughable when we consider travelling times in Northern Ireland at 8 am or 4 pm during the working day and the scant resources in terms of manpower/vehicles that NIAS works with. If paramedics are so capable why is our local cardiac ambulance called out so frequently to assist paramedics at resuscitation of patients? I have bitter experience of NIAS when it comes to transferring patients from Mid Ulster to other hospitals or even from Ward 6, Mid Ulster to High Dependency Unit, Mid Ulster. Delays are unacceptable.

2. The document modernising Health and Social Care Services has of course a lot of meritorious proposals on disability, mental health and estate issues. However, I feel the acute hospital services proposals should have been a separate document and consultation process, otherwise tacit approval for the document as a whole leads to acute services being removed in a fog of other issues.
3. The briefing paper – Modernising Acute Hospital Services, July 2008 as well as the document 'Modernising Health and Social Care' contains a lot of inaccuracy, eg I quote from the July 2008 document 'Neither Whiteabbey nor Mid Ulster Hospitals have training status so cannot employ Junior Doctors in training'. This is translated in the later document to 'Both Whiteabbey and Mid Ulster Hospital have restricted medical training status and as such cannot employ Junior Doctors in the same way that other acute hospitals do' – this is not correct – we have as you know training posts for F1, F2, ST1, ST2 and ST3 doctors at Mid Ulster and have had consistently good reports from training inspections/surveys in recent years.

The statement – 'Junior Doctors employed at Antrim and Causeway Hospitals cannot be part of rotas to staff Whiteabbey and Mid Ulster Hospital' is not correct. This already happens.

The statement in the paper Modernising Acute Hospital Services, I quote 'Senior Doctors who are working permanently in the smaller hospitals cannot participate in a Medical Staff rota across larger acute sites since they will not have had exposure/experience in the range of cases that would present in a larger acute site, eg heart attack cases' is obviously incorrect.

To say that there is '—no out of hours anaesthetic cover at Mid Ulster' is not correct.

To say that there is '—lack of specialist radiology services at Mid Ulster' is not correct.

The high level of dependency on Locum cover is history fulfilling itself. The pressure on the A&E Department at Mid Ulster Hospital is history fulfilling itself – this Department was never staffed as a Department with Juniors/Seniors hence the current reliance on Trust Grades and Staff Grades.

4. After the transfer of acute services from the Mid Ulster site it is proposed to leave 30 or so inpatients of a non acute nature. This is foolish – how will such a small isolated unit be medically staffed? Certainly it would not be recognised for training of Junior staff. The local General Practitioners have not been approached to ask if they are willing or interested but I can predict they will not be interested or willing to cover such a unit. A nurse led unit seems unworkable and would be no more than a Nursing Home.

In conclusion I recognise that change is necessary but now that we are about to lose the Area Boards should the Department of Health, Minister of Health and the Trusts not sit back and look at the map of Northern Ireland and consider the distribution of acute hospital services across the country to allow everyone fair and equal access? Also I feel the inaccuracies in the papers produced by the Trust for public consumption are unacceptable,

Yours sincerely

[Redacted signature block]



Other savings that have to be made from this come from the NHSCT's Modernisation and Recovery Plans<sup>123 124</sup>, these saving must be made along with savings identified by Transforming Your Care and Comprehensive Spending review 2008, this plan stated:

“The Modernisation and Recovery Plan initiated last year acknowledged that the Trust needed to secure efficiencies of £55 million over the two year life-time of the plan. That substantial figure had come about due to a number of factors including the requirement to achieve £43 million savings over a 3 year period (from 2008/09) due to the regional Comprehensive Spending Review. The Comprehensive Spending Review (CSR) was implemented by the Department of Health Social Services and Public Safety (DHSSPS) in light of health and social care reduced budget allocations. It required health and social care organisations to collectively achieve a budget reduction of £343m over a three-year period (April 2008 to March 2011). For the Northern Trust this equated to a budget reduction of £43m over that period: £14m reduction in year one, £27m by year two and finally a total of £43m by the end of year 3. By April 2010 the Trust had achieved a £10m efficiency saving towards this CSR requirement, with a further £33m required to meet the Trust's part of the overall CSR Programme. The Modernisation and Recovery Plan (M&R) set out from April 2010 therefore, sought to achieve that efficiency saving of £33m to meet the CSR requirement and in addition, underlying budget deficits and growing cost pressures meant that a further £22m savings needed to be achieved, bringing the total required savings of £55m.”

“The closure of two wards at Mid-Ulster has generated savings of £825K in 2011/12 and these will be utilised against the deficit. The FYE is £1.1 million in 2012/13.”...

The closure of Mid Ulster wards was purely a decision made to save money through Modernisation & Recovery of fiancé, not services.

---

<sup>123</sup> NHSCT Modernisation & Recovery Plan 2010/11

[http://www.northerntrust.hscni.net/pdf/Modernisation\\_and\\_Recovery\\_Plan\\_2010.11\\_to\\_2011.12.pdf](http://www.northerntrust.hscni.net/pdf/Modernisation_and_Recovery_Plan_2010.11_to_2011.12.pdf)

<sup>124</sup> NHSCT Modernisation & Recovery plan 2011/12

[http://www.northerntrust.hscni.net/pdf/Modernisation\\_and\\_Recovery\\_Plan\\_2011-2012.pdf](http://www.northerntrust.hscni.net/pdf/Modernisation_and_Recovery_Plan_2011-2012.pdf)





The last yet most controversial report/review of services within Antrim Hospital came in the form of the Rutter & Hinds Review<sup>125</sup>. Both Rutter and Hinds are involved in the Transforming Your Care review which was on-going at the time of the review and Hinds is a senior member of the Health & Social Care Board.

Edwin Poots announced the review after hundreds of patients were left waiting over 12 hours for treatment during December 2011 and Jan 2012, however serious questions that were raised about the independence of the report went unheard. After the report was released Mary Hinds was accused of omitting several issues given by staff.

“In the 2 ½ years I have been involved in the campaign of Mid Ulster hospital one dominate senior consultant has been a talking point for all staff, DR Olive Dornan, and fearing their jobs they will not speak to the media nor will they whistle blow for fear of losing their jobs. When they approached Mary Hinds and gave their submissions the staff have now moved more into a defence mode and more terrified than ever to speak out” Hug McCloy – Save The Mid

Following the review at Trust Board the Rutter & Hinds reports were discussed, former director of Acute Services Valerie Jackson state during the public session when asked by former chair Jim Stewart that 90% of those waiting in A&E waited due to the fact that there was no beds for them.

---

<sup>125</sup> Rutter & Hinds Review NHST <http://www.northerntrust.hscni.net/about/1615.htm>

Trust Action ID	Issue	Trust Actions	Agreed Milestones	Expected Impact	Update 2012
KA01	<b>ED consultant admission vetting</b>	There should be a consultant admission vetting system in the Emergency Care Department for all admissions at least 12 hours per day. The 12-hour period should reflect local demand times maximizing consultant input to vetting during these periods.	By 1st December Consultant vetting in peak demand times (1-5pm AAH and 11-3pm Cway) will have improved to a target of 50%	Reduction in inappropriate admission rate	Baseline in MAEP audits. Agreement for an incremental rise at peak demand times.  W/E 30/11/12 AAH 61% CAU 21%
KA)\$	<b>Twice-daily senior decision-making</b>	Clinical ward rounds should be scheduled to facilitate twice-daily senior decision making and appropriate discharge of patients.	Trust to prioritize Wards commencing with Antrim Hospital.  Achieve 85% on both sites by 1st October 2012	Effective Bed Utilization Throughout Acute Episode. Improvements to the discharge process  Baseline AAH 66% Cway 71% Contributes to reducing LOS to peer group average	W/C 05/11/12 AAH 82% CAU 86% Revised medical model agreed for Causeway AMU, outpatient schedule reworked to facilitate ward availability and twice-daily decision-making. Implemented 5th Nov.
DP05	<b>NHSCT cardiac provision</b>	Increase provision at BHSCT to take cardiac patients waiting for transfer.	Reduce delays in transfers by September 2012	Reduce blocked beds by 6-8 on average each day on AAH site and 2-4 on Causeway site	Extra sessions organized by BHSCT. Still Numbers waiting for transfer. This has been raised with HSCB to resolve.
FD03	<b>GP OOH colocation</b>	Implement GP OOH Co-location at AAH  In place at CAU  Plan to have 5 evenings ( 6-1pm) and weekends ( 10- 10pm)	Implement by mid-September 2012	Reduction in ED Attendances  Reduced congestion in ED	Service commenced on 13th September. Current position is that GP OOH in AAH from 6-10pm week nights and 10am-10pm at weekends. Pilot due to complete 13 January 2013 Numbers treated through stream as follows: w/c Patients 1/10 49 8/10 50 15/10 56 22/10 50 29/10 44 5/11 48

Table to show some of the actions implemented post the Rutter & Hinds Review <sup>126</sup>

<sup>126</sup> Unscheduled Care Report Dec 2012

[http://www.northerntrust.hscni.net/pdf/Unscheduled\\_Care\\_Action\\_Plan\\_December\\_2012.pdf](http://www.northerntrust.hscni.net/pdf/Unscheduled_Care_Action_Plan_December_2012.pdf)



**Mid Ulster Hospital**

	24th may - 31st August 2009		% Minor Injury
	All attendances	Minor Injury	
<b>Weekend</b>	<b>1,367</b>	<b>1,130</b>	<b>83%</b>
<b>Weekday 5pm-11pm</b>	<b>1,485</b>	<b>1,196</b>	<b>81%</b>
<b>Total out of hours</b>	<b>2,852</b>	<b>2,326</b>	<b>82%</b>

**Whiteabbey**

	24th may - 31st August 2009		% Minor Injury
	All attendances	Minor Injury	
<b>Weekend</b>			
<b>Weekday 5pm-9pm</b>	<b>1,158</b>	<b>1,075</b>	<b>93%</b>
<b>Total out of hours</b>	<b>13</b>	<b>13</b>	<b>100%</b>
	<b>1,171</b>	<b>1,088</b>	<b>93%</b>

Table to show out of hours attendances at bot Mid Ulster & Whiteabbey A&E's in a test period 1 year before the A&E's were removed from each site. A&E.100 day test period

	24th may - 31st August 2009			25th may - 31st August 2010			Actual Change
	All attendances	Minor Injury	% Minor Injury	All attendances	Minor Injury	% Minor Injury	
<b>Cookstown</b>	297	93	31%	606	201	33%	108
<b>Magherafelt</b>	784	268	34%	1,547	605	39%	337
<b>Mid Ulster Total</b>	1,081	361	33%	2,153	806	37%	445
<b>Carrickfergus</b>	520	171	33%	673	225	33%	54
<b>Larne</b>	955	370	39%	944	341	36%	- 29
<b>Newtownabbey</b>	1,770	721	41%	1,758	711	40%	- 10
<b>Whiteabbey Total</b>	3,245	1,262	39%	3,375	1,277	38%	15

Table to show the increase of decrease of patients attending Antrim A&E, out of hours from Mid Ulster and Whiteabbey local government areas with injuries classed as Minor Injuries. A&E.100 day test period

	24th may - 31st August 2009			25th may - 31st August 2010			Actual Change
	All attendances	Major Injury	%	All attendances	Major Injury	%	
<b>Cookstown</b>	297	204	69%	606	405	67%	201
<b>Magherafelt</b>	784	516	66%	1,547	942	61%	426
<b>Mid Ulster Total</b>	1,081	720	67%	2,153	1,347	63%	627
					-		
<b>Carrickfergus</b>	520	349	67%	673	448	67%	99
<b>Larne</b>	955	585	61%	944	603	64%	18
<b>Newtownabbey</b>	1,770	1,049	59%	1,758	1,047	60%	- 2
<b>Whiteabbey Total</b>	3,245	1,983	61%	3,375	2,098	62%	115

Table to show the increase of decrease of patients attending Antrim A&E, out of hours from Mid Ulster and Whiteabbey local government areas with injuries classed as more serious than Minor Injury. A&E.100 day test period

<sup>127</sup> Deloitte Minor Injury Review <http://savethemid.weebly.com/deloitte-minor-injury-report-2010.html>

	24th may - 31st August 2009			25th may - 31st August 2010			
	All attendances	Minor Injury	% Minor Injury	All attendances	Minor Injury	% Minor Injury	Actual Change
<b>Cookstown</b>	20	14	70%	36	29	81%	15
<b>Magherafelt</b>	178	138	78%	414	334	81%	196
<b>Mid Ulster Total</b>	198	152	77%	450	363	81%	211

	24th may - 31st August 2009			25th may - 31st August 2010			
	All attendances	Major Injury	%	All attendances	Major Injury	%	Actual Change
<b>Cookstown</b>	20	6	30%	36	7	19%	1
<b>Magherafelt</b>	178	40	22%	414	80	19%	40
<b>Mid Ulster Total</b>	198	46	23%	450	87	19%	41

Table to show increase/decrease of patient's attending Causeway A&E, out of hours by patients from Mid Ulster local government area. A&E.100 day test period

	24th may - 31st August 2009			25th may - 31st August 2010			
	All attendances	Minor Injury	% Minor Injury	All attendances	Minor Injury	% Minor Injury	Actual Change
<b>Cookstown</b>	207	117	57%	400	264	66%	147
<b>Magherafelt</b>	15	9	60%	23	22	96%	13
<b>Mid Ulster Total</b>	222	126	57%	423	286	68%	160

	24th may - 31st August 2009			25th may - 31st August 2010			
	All attendances	Major Injury	%	All attendances	Major Injury	%	Actual Change
<b>Cookstown</b>	207	90	43%	400	136	34%	46
<b>Magherafelt</b>	15	6	40%	23	1	4%	- 5
<b>Mid Ulster Total</b>	222	96	43%	423	137	32%	41

Table to show increase/decrease of patient's attending Craigavon A&E, out of hours by patients from Mid Ulster local government area. A&E.100 day test period

	24th may - 31st August 2009			25th may - 31st August 2010			
	All attendances	Minor Injury	% Minor Injury	All attendances	Minor Injury	% Minor Injury	Actual Change
<b>Cookstown</b>	257	219	85%	379	335	88%	116
<b>Magherafelt</b>	2	-	0%	6	6	100%	6
<b>Mid Ulster Total</b>	259	219	85%	385	341	89%	122

	24th may - 31st August 2009			25th may - 31st August 2010			
	All attendances	Major Injury	%	All attendances	Major Injury	%	Actual Change
<b>Cookstown</b>	257	38	15%	379	44	12%	6
<b>Magherafelt</b>	2	2	100%	6	-	0%	- 2
<b>Mid Ulster Total</b>	259	40	15%	385	44	11%	4

Table to show increase/decrease of patient's attending South Tyrone Minor Injury Unit, out of hours by patients from Mid Ulster local government area. A&E.100 day test period

	24th may - 31st August 2009			25th may - 31st August 2010				
	All attendances	Minor Injury	% Minor Injury	All attendances	Minor Injury	% Minor Injury	Actual Change	Actual change %
<b>Mid Ulster Total - Antrim</b>	1,081	361	33%	2,153	806	37%	445	123%
<b>Mid Ulster Total - Causeway</b>	198	152	77%	450	363	81%	211	139%
<b>Mid Ulster Total - Craigavon</b>	222	126	57%	423	286	68%	160	127%
<b>Mid Ulster Total - South Tyrone</b>	259	219	85%	385	341	89%	122	56%
<b>MID ULSTER TOTAL</b>	1,760	858	49%	3,411	1,796	53%	938	109%

Table to show total Mid Ulster Residents who attended network A&E's, for minor injuries, out of hour's pre and post the closure of Mid Ulster a&E.100 day test period

	24th may - 31st August 2009			25th may - 31st August 2010				
	All attendances	Major Injury	%	All attendances	Major Injury	%	Actual Change	Actual change %
<b>Mid Ulster Total - Antrim</b>	1,081	720	67%	2,153	1,347	63%	627	87%
<b>Mid Ulster Total - Causeway</b>	198	46	23%	450	87	19%	41	89%
<b>Mid Ulster Total - Craigavon</b>	222	96	43%	423	137	32%	41	43%
<b>Mid Ulster Total - South Tyrone</b>	259	40	15%	385	44	11%	4	10%
<b>MID ULSTER TOTAL</b>	1,760	902	51%	3,411	1,615	47%	713	79%

Table to show total Mid Ulster Residents who attended network A&E's, for major injuries, out of hour's pre and post the closure of Mid Ulster A&E. A&E.100 day test period

## Health &amp; social Care Trust Expenses

BHSCT	2011/12		2010/11		Two year total		Difference	Number of cases 2010/11	Number of cases 2011/12
Compensation Payments - clinical negligence	£	8,258,898	£	10,072,233	£	18,331,131		174	182
Compensation payments - Public Liability	£	120,785	£	192,681	£	313,466		18	14
Compensation payments - employers liability	£	785,539	£	1,192,095	£	1,977,634		164	133
Ex-gratia payments - compensations (including payments to patients and staff	£	70,863	£	23,519	£	94,382		61	58
Cost of exit packages - early retirement and other compensation scheme	£	3,455,000	£	3,890,000	£	7,345,000	-£ 435,000		
Trust Management Costs	£	38,952,000	£	42,119,000	£	81,071,000	-£ 3,167,000		
Purchase of care from non-HSC bodies	£	142,846,000	£	128,214,000	£	271,060,000	£ 14,632,000		
Contingent Liabilities - Clinical Liabilities	£	3,142,000	£	2,298,000			£ 844,000		

BHSCT Annual Accounts

NHSCT	2011/12		2010/11		two year total		Number of cases 2010/11	Number of cases 2011/12
Compensation Payments - clinical negligence	£	3,262,578	£	1,748,904	£	5,011,482	79	103
Compensation payments - Public Liability	£	46,838	£	135,313	£	182,151	10	4
Compensation payments - employers liability	£	288,368	£	397,979	£	686,347	47	55
Ex-gratia payments - compensations (including payments to patients and staff)	£	12,534	£	16,563	£	29,097	27	39
Cost of exit packages - early retirement and other compensation scheme	£	2,850,000	£	4,610,000	£	7,460,000		
Trust Management Costs	£	24,797,000	£	23,632,000	£	48,429,000		
Purchase of care from non-HSC bodies	£	116,435,000	£	112,465,000	£	228,900,000		



SHSCT	2011/12	2010/11	two year total	Number of cases 2010/11
<b>Compensation Payments - clinical negligence</b>		£ 2,021,494		47
<b>Compensation payments - Public Liability</b>		£ 54,227		10
<b>Compensation payments - employers liability</b>		£ 229,123		32
<b>Ex-gratia payments - compensations (including payments to patients and staff</b>		£ 6,978		19
<b>Cost of exit packages - early retirement and other compensation scheme</b>		£ 2,883,000		
<b>Trust Management Costs</b>		£ 20,815,000		
<b>Purchase of care from non-HSC bodies</b>		£ 83,637,000		
<b>Contingent Liabilities - Clinical Liabilities</b>		£ 1,169,000		

	2011/12	2011/12	two year total	Difference	Number of cases 2010/11	Number of cases 2011/12
<b>Compensation Payments - clinical negligence</b>	£ 2,510,000	£ 1,071,000	£ 3,581,000		79	82
<b>Compensation payments - Public Liability</b>	£ 30,000	£ 76,000	£ 106,000		10	6
<b>Compensation payments - employers liability</b>	£ 338,000	£ 441,000	£ 779,000		45	40
<b>Ex-gratia payments - compensations (including payments to patients and staff</b>	£ 11,000	£6000	£ 17,000		25	26
<b>Cost of exit packages - early retirement and other compensation scheme</b>	£ 1,714,000.00	£ 4,327,000	£ 6,041,000	-£ 2,613,000		
<b>Trust Management Costs</b>	£ 18,345,000	£ 17,777,000	£ 36,122,000	£ 568,000		
<b>Purchase of care from non-HSC bodies</b>	£ 98,332,000	£ 92,386,000	£ 190,718,000	£ 5,946,000		
<b>Contingent Liabilities - Clinical Liabilities</b>	£ 1,564,000	£ 1,273,000		£ 291,000		

SEHSCT Annual Accounts

WHSTCT	2011/12		2010/11		two year total		Difference	Number of cases 2010/11	Number of cases 2011/12
Compensation Payments - clinical negligence	£	1,671,322	£	1,115,569	£	2,786,891	£ 555,753	59	34
Compensation payments - Public Liability	£	5,750	£	173,009	£	178,759	-£ 167,259	12	3
Compensation payments - employers liability	£	143,580	£	987,535	£	1,131,115	-£ 843,955	30	19
Ex-gratia payments - compensations (including payments to patients and staff	£	8,953	£	-	£	8,953	£ 8,953	22	26
Cost of exit packages - early retirement and other compensation scheme	£	725,000	£	4,559,000	£	5,284,000	-£ 3,834,000		
Trust Management Costs	£	17,273,000	£	17,343,000	£	34,616,000	-£ 70,000		
Purchase of care from non-HSC bodies	£	58,242,000	£	57,277,000	£	115,519,000	£ 965,000		
Contingent Liabilities - Clinical Liabilities	£	960,000	£	2,256,000	£	3,216,000	-£ 1,296,000		

WHSTCT Annual Accounts



When Save The Mid asked the BSO for the documentation that related to the dangerous performance of locum doctors within the NSHCT, what were received were heavily redacted/censored documents, samples of which are shown below

Audit Reference	Site	Location	Experience/Qualifications	GMC Registration	Access NI/CRB	Fitness Declaration
1					N RCW 8/12	
2					Y-17/07/10	
3					Y-06/09/10 see B/2/3	
4					N-RCW 8/12	
5					Y-7/4/10	
6					N	
7					N-see B/7/6	
8						
9					Y-10/08/10	
10					Y-15/09/10 RCW 8/13	
11					N RCW 8/12	
12					N-09/11/09 RCW 8/12	
13					Non Northern Trust	
14					Y-17/06/10	
15					Y-16/11/10	
16					Y-28/05/10	
17					Y-Cleared 5/5/10	
18					N-Not performed-see B/17/2	
19					N RCW 8/12	
20					N RCW 8/12	
21					Y-21/12/10 RCW 8/13	
22					Y-1/5/10-see B/21/6	
23					Y-09/09/10	
24					Y-03/07/10	
25					Y-29/03/10	
26					N RCW 8/12	

**Subject: B- APPOINTMENT CHECKS – TEST 2**

Prepared By: PB  
Reviewed By: DMcA

**Date: 09/2/11**  
**Date: 28/2/11**

**RISK: Appropriate checks are not carried out on locum staff putting patients, staff and the Trust at risk.**

### Objective

1.1 To ensure sure that locum appointments are appropriate and have been subject to appropriate checks before appointment commences.

---

<sup>128</sup> FOI BSO <http://savethemid.weebly.com/uploads/7/4/7/7/7477841/response.pdf/>  
[http://savethemid.weebly.com/uploads/7/4/7/7/7477841/northern health and social care trust managment of locums.p](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/northern_health_and_social_care_trust_managment_of_locums.pdf/)  
[df/ http://savethemid.weebly.com/uploads/7/4/7/7/7477841/copy of b locum checks.pdf/](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/copy_of_b_locum_checks.pdf/)  
[http://savethemid.weebly.com/uploads/7/4/7/7/7477841/trust proceedures and register.pdf/](http://savethemid.weebly.com/uploads/7/4/7/7/7477841/trust_proceedures_and_register.pdf/)  
<http://savethemid.weebly.com/uploads/7/4/7/7/7477841/gmc.pdf>

---

<sup>129</sup> Annual Accounts <http://savethemid.weebly.com/references-transforming-your-care-response.html>

**2012**

<b>Belfast HSCT</b>	Salary	CETV at 31/03/2012	Real Increase in CETV	Real Increase in Pension and related lump sum at age 60	Total accrued Pension and related lump sum at age 60
<b>Colm Donaghy</b>	£ 145,000	£ 1,182,000	£ 106,000	£ 120,000	£ 240,000
<b>A Stevens</b>	£ 170,000	£ 1,264,000	£ 94,000	-£ 2,500	£ 245,000
<b>W Galbraith</b>	£ 5,000	£ -	£ -	£ -	£ -
<b>M Dillion</b>	£ 110,000	£ 710,000	£ 94,000	£ 87,500	£ 150,000
<b>M Mallon</b>	£ 95,000	£ 903,000	£ 34,000	-£ 7,500	£ 180,000
<b>P Donnelly</b>	£ 95,000	£ 951,000	£ 44,000	-£ 2,500	£ 175,000
<b>D Stockman</b>	£ 70,000	£ -	£ -	£ -	£ -
<b>J Wlesh</b>	£ 75,000	£ 228,000	£ 55,000	£ 5,000	£ 60,000
<b>B McNally</b>	£ 90,000	£ 558,000	£ 56,000	£ 2,500	£ 115,000
<b>B Creany</b>	£ 70,000	£ 344,000	£ 56,000	£ 2,500	£ 90,000
<b>CMcNicholl</b>	£ 75,000	£ 609,000	£ 61,000	-£ 2,500	£ 135,000
<b>B Barry</b>	£ 85,000	£ 749,000	£ 66,000	-£ 2,500	£ 145,000
<b>Total</b>	<b>£ 1,085,000</b>	<b>£ 7,498,000</b>	<b>£ 666,000</b>	<b>£ 200,000</b>	<b>£ 1,535,000</b>

**2012**

<b>NHSCT</b>	Salary	CETV at 31/03/2012	Real Increase in CETV	Total accrued Pension	Total accrued Pension lump sum at age 60
<b>S Donaghy</b>	£ 120,000	£ 684,000	£ 80,000	£ 35,000	£ 110,000
<b>L Oneill</b>	£ 85,000	£ 907,000	£ 57,000	£ 40,000	£ 125,000
<b>P Flanagan</b>	£ 145,000	£ 1,406,000	£ 91,000	£ 65,000	£ 195,000
<b>M Sloan</b>	£ 90,000	£ 515,000	£ 80,000	£ 25,000	£ 85,000
<b>J Mclough</b>	£ 75,000	£ 612,000	£ 66,000	£ 30,000	£ 95,000
<b>O Donnelly</b>	£ 70,000	£ 567,000	£ 58,000	£ 25,000	£ 80,000
<b>Cecil Worthington</b>	£ 80,000	£ 761,000	£ 48,000	£ 30,000	£ 100,000
<b>U Cunning</b>	£ 70,000	£ 496,000	£ 48,000	£ 25,000	£ 75,000
<b>V Jackson</b>	£ 95,000	£ 461,000	£ 109,000	£ 28,000	£ 75,000
<b>O Mcleod</b>	£ 45,000	£ 251,000	£ 67,000	£ 10,000	£ 35,000
<b>Total</b>	<b>£ 875,000</b>	<b>£ 6,660,000</b>	<b>£ 704,000</b>	<b>£ 313,000</b>	<b>£ 975,000</b>



## 2012

<u>SHSCT</u>	Salary	CETV at 31/03/2012	Real Increase in CETV	Total accrued Pension	Total accrued Pension lump sum at age 60
<b>Mrs M McAlinden - CEO</b>	£ 95,000	£ 631,000	£ 89	£ 35,000	£ 110,000
<b>S McNally</b>	£ 85,000	£ 770,000	£ 52,000	£ 35,000	£ 105,000
<b>Dr P Loughran</b>	£ 65,000	£ -	£ -	£ -	£ -
<b>Dr J Simpson</b>	£ 95,000	£ 1,045,000	£ 107,000	£ 50,000	£ 150,000
<b>Mr B Dornan</b>	£ 10,000				
<b>Mrs P Clarke</b>	£ 70,000	£ 301,000	£ 53,000	£ 15,000	£ 55,000
<b>Dr G Rankin</b>	£ 90,000	£ 912,000	£ 48,000	£ 40,000	£ 120,000
<b>Mr K Donaghy</b>	£ 80,000	£ 713,000	£ 28,000	£ 30,000	£ 95,000
<b>mr F Rice</b>	£ 90,000	£ 510,000	£ 38,000	£ 30,000	£ 90,000
<b>Mrs A McVeigh</b>	£ 75,000	£ 607,000	£ 58,000	£ 30,000	£ 90,000
<b>Mr P Morgan</b>	£ 70,000	£ 20,000	£ 70,000	£ 20,000	£ 70,000
<b>Total</b>	<b>£ 825,000</b>	<b>£ 5,509,000</b>	<b>£ 454,089</b>	<b>£ 285,000</b>	<b>£ 885,000</b>

## 2012

<u>South Eastern HSCT</u>	Salary	Benefits in Kind (rounded to nearest£100)	CETV at 31/03/2012 £000s	Real Increase in CETV £000s	Real Increase in Pension at age 60	Total accrued Pension at age 60	Real Increase in Pension lump sum at age 60	Total accrued Pension lump sum at age 60
<b>H McCaughy</b>	£ 115,000	£ 500	£ 676,000	£ 99,000	£ 2,500	£ 40,000	£ 2,500	£ 120,000
<b>D Bannon</b>	£ 100,000	£ -	£ -	£ -	£ -	£ -	£ -	£ -
<b>JJ bradley</b>	£ 10,000	£ -	£ 415,000	£ 59,000	£ 2,500	£ 25,000	£ 2,500	£ 70,000
<b>N Guckian</b>	£ 80,000	£ 600	£ 317,000	£ 62,000	£ 2,500	£ 20,000	£ 2,500	£ 60,000
<b>C Martyn - including clinical duties</b>	£ 190,000	£ 500	£ 1,126,000	£ 103,000	£ 2,500	£ 55,000	£ 2,500	£ 165,000
<b>C mcArdle</b>	£ 70,000	£ -	£ 278	£ 58,000	£ 2,500	£ 20,000	£ 2,500	£ 60,000
<b>S McGoran</b>	£ 85,000	£ 500	£ 506	£ 71,000	£ 2,500	£ 30,000	£ 2,500	£ 90,000
<b>E Molloy</b>	£ 90,000	£ -	£ 759	£ 69,000	£ 2,500	£ 40,000	£ 2,500	£ 120,000
<b>NJ Simpson</b>	£ 85,000	£ -	£ -	£ -	£ -	£ -	£ -	£ -
<b>K Thompson</b>	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -
<b>I Sutherland</b>	£ 70,000	£ -	£ 471,000	£ 99,000	£ 2,500	£ 30,000	£ 2,500	£ 80,000
<b>Total</b>	<b>£ 895,000</b>	<b>£ 2,100</b>	<b>£ 3,006,543</b>	<b>£ 620,000</b>	<b>£ 20,000</b>	<b>£ 260,000</b>	<b>£ 20,000</b>	<b>£ 765,000</b>

**2012**

<b><u>Western HSCT</u></b>	Salary £,000s	Benefits in Kind (rounded to nearest£100)	CETV at 31/03/2012	Real Increase in CETV	Real Increase in Pension and related lump sum at age 60	Total accrued Pension and related lump sum at age 60
<b>Elaine Way</b>	120-125	£ 600	£ 1,109,000	£ 92,000	£ 3,000	£ 711,000
<b>Lesley Mitchell</b>	85-90	£ 2,200	£ 460,000	£ 77,000	£ 3,000	£ 109,111
<b>John Doherty</b>	95-100	£ -	£ 922,000	£ 56,000	-£ 1,000	£ 170,000
<b>Alan Corry-Finn</b>	85-90	£ 2,600	£ 767,000	£ 84,000	£ 4,000	£ 153,000
<b>Dr Anne Kilgallen</b>	105-110	£ -	£ 281,000	£ 60,000	£ 7,000	£ 61,000
<b>Joe Lusby</b>	100-105	£ 2,500	£ 920,000	£ 62,000	-£ 2,000	£ 178,000
<b>Nuala Sheerin</b>	80-85	£ 1,600	£ 661,000	£ 69,000	£ 1,000	£ 137,000
<b>Trevor Millar</b>	65-70	£ -	£ 391,000	£ 52,000	£ 2,000	£ 85,000
<b>Sara Groogan</b>	70-75	£ -	£ 177,000	£ 47,000	£ 2,000	£ 55,000
<b>Alan Moore</b>	70-75	£ -	£ 578,000	£ 40,000	£ -	£ 109,000
<b>Geraldine Hillick</b>	70-75	£ 1,500	£ 754,000	£ 38,000	-£ 1,000	£ 135,000
<b>Total</b>	<b>£ 1,000,000</b>	<b>£ 11,000</b>	<b>£ 7,020,000</b>	<b>£ 677,000</b>	<b>£ 18,000</b>	<b>£ 1,903,111</b>

**2012**

<b><u>Public Health Authority</u></b>	Salary £,000s	Benefits in Kind (rounded to nearest£100)	CETV at 31/03/2012 £000s	Real Increase in CETV £000s
<b>E P Rooney</b>	115-120	£ 500	£ 81,000	£ 31,000
<b>C Harper</b>	145-150	£ -	£ 636,000	£ 145,000
<b>E McClean</b>	75-80	£ 1,200	£ 407,000	£ 38,000
<b>M Hinds</b>	100-105	£ 300	£ 254,000	£ 37,000
<b>Total</b>	£ 455,000	£ 2,000	£ 1,378,000	£ 251,000

2012

<b>Patient &amp; Client Council</b>	Salary £,000s	Benefits in Kind (rounded to nearest£100 )	CETV at 31/03/2012 £000s	Real Increase in CETV £000s	Real Increase in Pension and related lump sum at age 60	Total accrued Pension and related lump sum at age 60
<b>Meave Hully</b>	70-75	£ 200	£ 389,000	£ 50,000	£ 4,000	£ 87,000
<b>Sean Brown</b>	40-45	£ 100	£ 71,000	£ 18,000	£ 3,000	£ 17,000
<b>Louise Skelly</b>	45-50	£ 500	£ 286,000	£ 38,000	£ 2,000	£ 66,000
<b>Total</b>	£ 170,000 0	£ 800	£ 746,000	£ 106,000	£ 9,000	£ 170,000

<b>Health &amp; Social Care Board</b>	Salary £,000s	Benefits in Kind (rounded to nearest£100 )	CETV at 31/03/2012 £000s	Real Increase in CETV £000s	Real Increase in Pension at age 60	Total accrued Pension at age 60	Real Increase in Pension lump sum at age 60	Total accrued Pension lump sum at age 60
<b>John Compton</b>	140-145	£ 1,800	<b>Contributions stopped in 2010/11, CETV as at 31/3/2010 - £1,602,000</b>	£ -	£ -	£ 70,000.00	£ -	205000
<b>P Cummings</b>	105-110	£ 1,600		£ 9,800	£ 2,500	£ 40,000	£ 2,500	£ 115,000
<b>FE mcAndrews</b>	80-85	£ 300	£ 922,000	£ 36,000	£ 2,500	£ 20,000	£ 2,500	£ 55,000
<b>S Harper</b>	115-120	£ 700	£ 767,000	£ 125,000	£ 2,500	£ 45,000	£ 7,500	£ 125,000
<b>D Sullivan</b>	100-105	£ 800	£ 281,000	£ 21,000	£ 2,500	£ 50,000	£ 2,500	£ 5,000
<b>L McMahon</b>	105-110	£ 300	£ 920,000	£ 40,000	£ 2,500	£ 15,000	£ 2,500	£ 25,000
<b>M Bloomfield</b>	75-80	£ 300	£ 661,000	£ 62,000	£ 2,500	£ 25,000	£ 2,500	£ 70,000
<b>bearnard Mitchell</b>	0	£ -	£ 391,000	£ -	£ -	£ -	£ -	£ -
<b>H Mullen</b>	0	£ -	£ 177,000	£ -	£ -	£ -	£ -	£ -
<b>Total</b>	£ 755,000	£ 5,800	£ 4,579,000	£ 293,800	£ 15,000.00	£ 265,000.00 0	£ 20,000.00	<b>600000</b>