

Publication Report



Unintentional Injuries;

Hospital Admissions: Year ending 31 March 2012

Deaths: Year ending 31 December 2011

Publication date – 26 February 2013



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Introduction

Unintentional injury is a common cause of emergency admission to hospital for children and young adults. Unintentional injury is recorded in approximately 5% of deaths among children and 3% among adults. The term “unintentional injury” is preferred to “accidents” as the latter implies that events are inevitable and unavoidable whereas a high proportion of these incidents are now regarded as being preventable. Unintentional injuries can occur in any age group, but children and elderly are more vulnerable.

This publication summarises information on; hospital admissions for unintentional injuries and assaults, sourced from hospital administrative systems across Scotland, up to and including the financial year 2011/12 and from death registrations sourced from National Records of Scotland, up to and including calendar year 2011.

The format of this publication has been revised since the previous publication on Unintentional Injuries in order to improve the overall quality and achieve greater consistency with the International Collaborative Effort (ICE) matrix on injury statistics. This has resulted in some changes to the grouping of cause of injury categories in particular the ‘other’ category. Further details are provided in Appendix A1.

Previous publications on Unintentional Injuries have included information on assaults. However, in line with the categorisation of types of injury by ICE and by the National Records for Scotland, data on assaults are now presented *separately* from data on unintentional injuries. Trend data in this publication have been updated to reflect this change.

The changes detailed above have resulted in a reduction of approximately 6,500 in the number of emergency admissions for unintentional injuries in this report compared to previous reports.

For data quality reasons, information on where the injury occurred no longer includes a separate category for “injuries in the home”. Trend information has been updated to ensure consistency across all reported years.

It should be noted that there has been an update to the way deaths from unintentional injury are coded since the previous publication. This affects the 2011 deaths data and mainly affects how ‘drug abuse’ deaths from ‘acute intoxication’ are coded. It means that deaths previously classified as ‘mental and behavioural disorders’ are now counted under ‘accidental poisoning’ where appropriate. National Records of Scotland (NRS) estimated this increased the total number of deaths as a result of an unintentional injury from 1,295 to 1,657 in 2011. (See table 2 Unintentional Injury Deaths registered in Scotland in 2011 on the NRS website for more information). Care is required when comparing the statistics for 2011 with the figures for earlier years, as previous years figures have not been revised.

The amendments to the publication are covered in more detail in the ‘Revisions since previous publication’ section of ‘Appendix A1 – Background Information’.

Key points

- Unintentional injuries accounted for approximately 1 in 7 emergency hospital admissions for children and 1 in 10 for adults in Scotland in 2011/2012.
- There were 54,427 emergency admissions to hospital in Scotland for unintentional injuries in 2011/12. This is a slight decrease of approximately 1% on the previous year.
- There were 1,657 deaths in Scotland in 2011 due to unintentional injury, 16 in children under the age of 15 and 1,641 in adults aged 15 years of age and over.
- There were over 32,000 emergency admissions to hospital due to falls in Scotland in 2011/12. This represents approximately 60% of the total number of emergency admissions to hospital due to unintentional injuries.
- Children and adults in the most deprived areas are more likely than children and adults in the least deprived areas to have an emergency admission to hospital for an unintentional injury.

Results and Commentary

3.1 Unintentional Injuries in Children

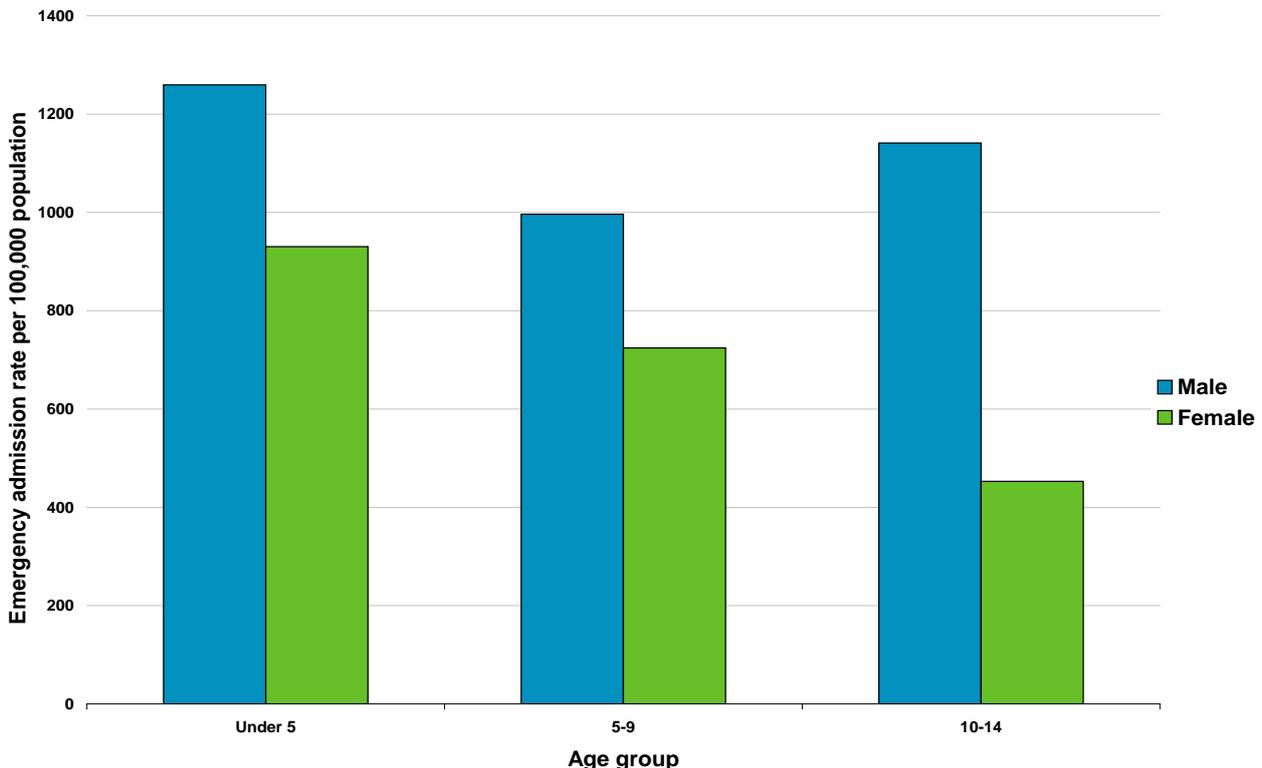
3.1.1 Injuries in children by age group and sex

In Scotland there were 16 deaths in 2011 and 7,909 emergency admissions in the year ending 31 March 2012 due to unintentional injury in children under the age of 15. However, most unintentional injuries resulted neither in death nor in hospital admission but were treated by GPs, at Accident and Emergency departments or by the child's parent or carer.

Emergency admissions for unintentional injury continued their downward trend, with a slight decrease on the previous year from 7,969 in 2010/11 to 7,909 in 2011/12 (approximately 1%). (See [Table 2](#) in list of tables for more information).

There were 4,962 male and 2,947 female emergency admissions to hospital in the year ending 31 March 2012. Chart 1 shows admission rates per 100,000 population. In all age groups, boys were more likely than girls to be admitted to hospital for unintentional injury.

Chart 1 - Emergency hospital admissions as a result of an unintentional injury; rates¹ for children aged under 15 for all Scotland by age group; year ending March 2012



1. The denominator data for the rates in the chart are based on National Records of Scotland mid year population estimates as at June 2011 in each sex and age group.

Source: ISD Scotland, SMR01 data

3.1.2 Emergency admissions to hospital for unintentional injury in children by cause of injury

In Scotland, for children aged under 15 years, nearly half (49%) of the emergency admissions to hospital for an unintentional injury were as the result of a fall. ([Table 3 - children](#)).

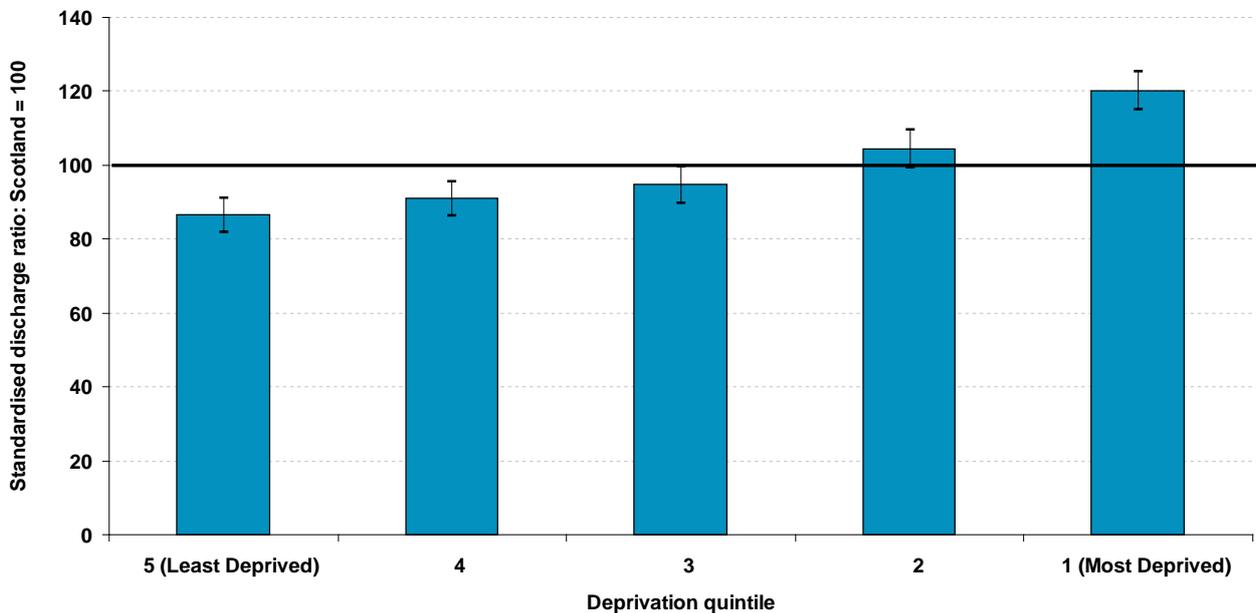
Fractures and head injuries were the most common main diagnoses among children under 15 years who were admitted to hospital for an unintentional injury. ([Table 11](#)).

3.1.3 Injuries in children by deprivation category

The Scottish Index of Multiple Deprivation (SIMD) is an area-based measurement of multiple deprivation (see the glossary for further information). For this publication areas in Scotland were divided into five groups (quintiles) with decreasing levels of deprivation.

Chart 2 shows that children aged under 15 living in the most deprived area were more likely than children in the least deprived area to have an emergency admission to hospital for an unintentional injury (the standardised discharge ratio is approximately 20% higher in the most deprived area compared to Scotland).

Chart 2 – Emergency Hospital admissions as a result of an unintentional injury, children aged under 15 by deprivation quintile; year ending 31 March 2012
Standardised discharge ratio² with 95% confidence intervals¹



1. See glossary for note on confidence intervals.
2. Data are standardised for age and sex.
3. The horizontal line shows the level for Scotland as a whole.

Source: ISD Scotland (SMR01), Scottish Index of Multiple Deprivation (SIMD)

3.2 Unintentional Injuries in Adults

3.2.1 Injuries in adults by age group and sex

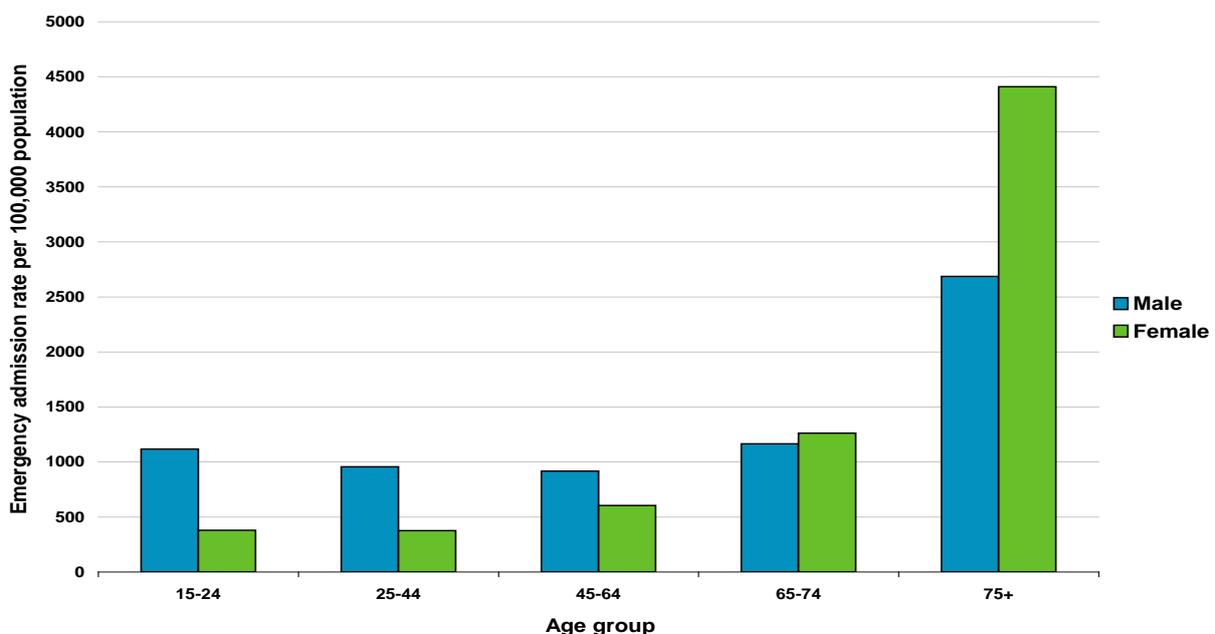
For Scotland as a whole there were 1,641 deaths in 2011 and 46,518 emergency admissions in the year ending 31 March 2012 due to unintentional injury in adults aged 15 years of age and over. However, most unintentional injuries result neither in death nor in hospital admission but were treated by the individual, GPs or Accident and Emergency departments.

Emergency hospital admissions for adults as a result of an unintentional injury decreased in the last two years following an increase over the previous four years. ([Table 2 - adults](#)).

There was an increase in the number of deaths in Scotland in 2011 compared to 2010. However it should be noted that the number of deaths for 2011 is not directly comparable with previous years as there has been a change in the way deaths are coded. This has resulted in additional deaths being coded to accidental poisoning and accounts for much of the increase in the number of deaths from unintentional injuries since the previous year. (see Tables 1 and E4 and appendix A1 for more information).

There were 23,695 emergency admissions for unintentional injuries among men aged 15 years and over in the year ending 31 March 2012 and 22,823 among women. Chart 3 shows admission rates per 100,000 population. Between the ages of 15-64, men were more likely than women to be admitted to hospital due to unintentional injury. However, this pattern reversed in the age groups 65-74 and 75+ where women were more likely to be admitted due to an unintentional injury.

Chart 3 - Emergency hospital admissions as a result of an unintentional injury; rates¹ for adults aged 15 and over by age group; year ending March 2012



1. The denominator data for the rates in the chart are based on National Records of Scotland mid year population estimates as at June 2011 in each sex and age group.

Source: ISD Scotland, SMR01 data

3.2.2 Emergency admissions to hospital for unintentional injury in adults by cause of injury

Falls were the most common cause of emergency hospital admissions for unintentional injuries in adults, accounting for just over 61% of unintentional injury admissions to hospitals. This varied across age groups with only 29% in the 15-24 age group compared to 86% in the 75 and over age group. ([Table 3 - adults](#)).

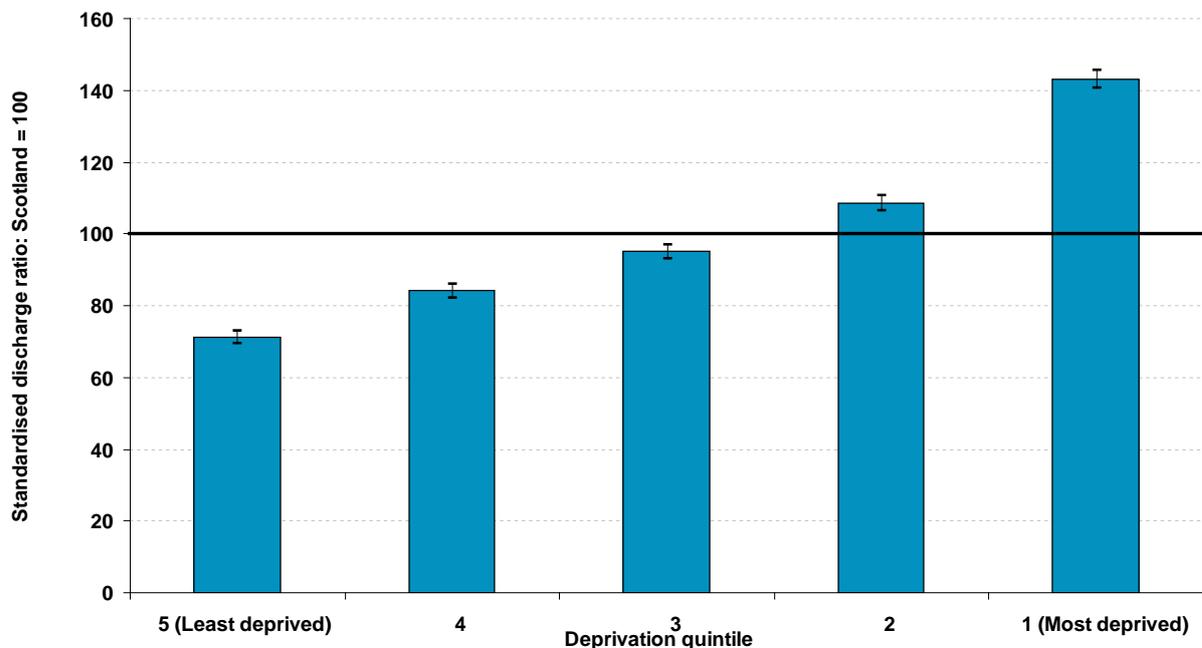
Fractures and head injuries were the most common main diagnosis for adults who had an emergency hospital admission as a result of an unintentional injury. ([Table 11](#)).

3.2.3 Injuries in adults by deprivation category

The Scottish Index of Multiple Deprivation (SIMD) is an area-based measurement of multiple deprivation (see the glossary for further information). For this publication areas in Scotland were divided into five groups (quintiles) with decreasing levels of deprivation. Rates for children and adults, which are presented separately, are calculated using deprivation quintiles based on the general population of all ages.

Chart 4 shows that adults aged 15 and over in the most deprived quintile were more likely than adults in the least deprived quintile to have an emergency admission to hospital for an unintentional injury (the standardised discharge ratio is approximately 43% higher compared to Scotland in the most deprived area).

Chart 4 – Emergency Hospital admissions as a result of an unintentional injury, Adults aged 15 and over by deprivation quintile; year ending 31 March 2012
Standardised discharge ratio² and 95% confidence intervals¹



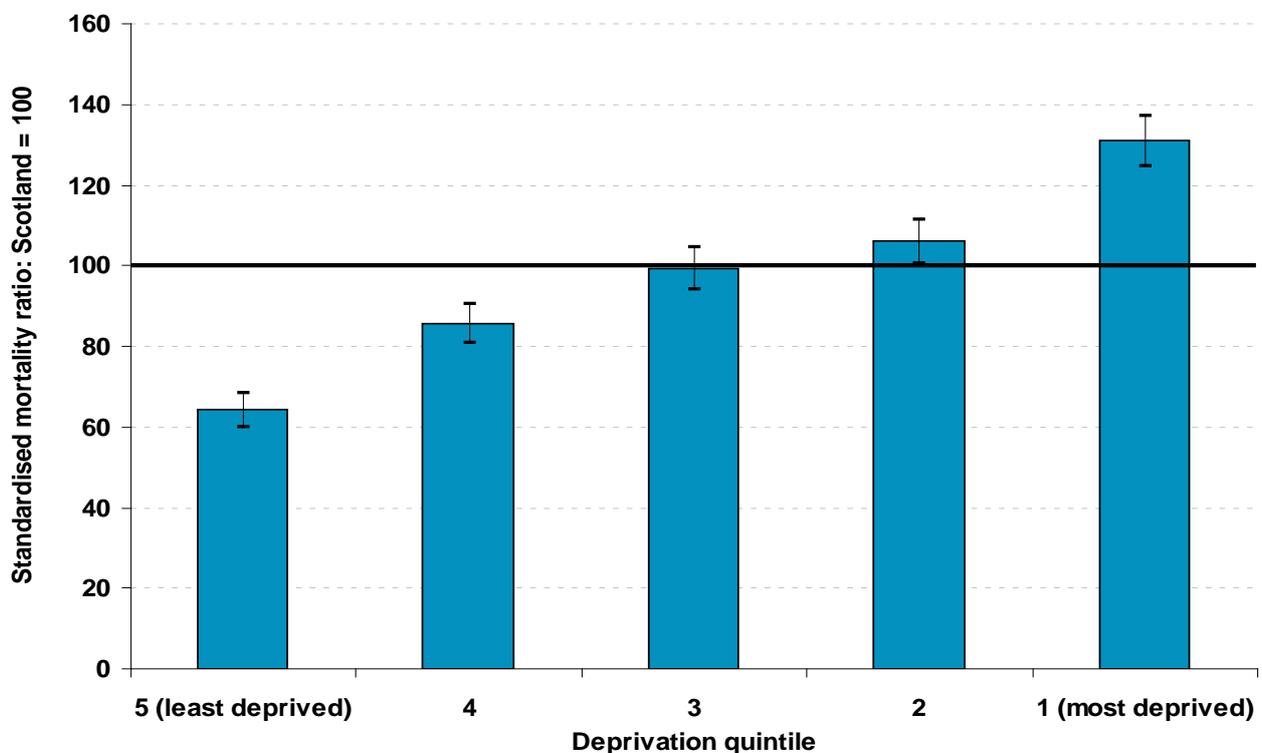
1. See glossary for note on confidence intervals.
2. Data are standardised for age and sex.
3. The horizontal line shows the level for Scotland as a whole.

Source: ISD Scotland (SMR01), Scottish Index of Multiple Deprivation (SIMD)

Chart 5 shows the association between mortality from unintentional injury and deprivation for adults aged 15 years and over during the period 2007-2011. Deaths from unintentional injury in adults living in the most deprived areas were generally higher than for adults living in the least deprived areas.

Taking into account the age and sex breakdown of the population compared to Scotland there were more deaths from unintentional injuries in deprived areas than less deprived areas (the standardised mortality ratio was approximately 31% higher compared to Scotland in the most deprived area and approximately 36% lower compared to Scotland in the least deprived area).

Chart 5 - Deaths as a result of an unintentional injury, adults aged 15 and over by deprivation quintile, standardised mortality ratios³ and 95% confidence intervals², 2007-2011



1. Some cases could not be assigned to a quintile (approximately 3%).
2. See glossary for note on confidence interval.
3. Standardised for age and sex.
4. The horizontal line shows the level for Scotland as a whole.

Source: National Records of Scotland (NRS); Scottish Index of Multiple Deprivation 2012

3.3 Assaults

Previous publications on Unintentional Injuries included information on assaults because injuries occurring this way were considered to be ‘unintentional’ on the part of the victim. To be consistent with the categorisation of these types of injury used by the National Records for Scotland and the International Collaborative Effort (ICE) on injury statistics, we have changed the classification for unintentional injuries, and data on assaults are no

longer included in this group. Data on assaults are now presented separately. (Tables [13\(a\)](#) and [13\(b\)](#).)

In Scotland there were 72 deaths from assault in 2011 and 4,400 emergency admissions to hospital in 2011/2012 for assault.

Assaults by sharp object accounted for just over 21% of all emergency hospital admissions for assault in 2011/12 and approximately 71% of all deaths from assault in 2011.

3.3.1 Assaults by sharp object

Emergency hospital admissions and deaths due to injury caused by assault by a knife or other sharp object provides one way of assessing the impact of knife crime. There were 940 emergency hospital admissions in the year ending 31 March 2012, reflecting a steady decrease (30%) since 2006/07 and 51 deaths in 2011 due to an assault by sharp object, a decrease of 15% from 2006.

Further information on the number of emergency hospital admissions and deaths due to an assault is available in tables [13\(a\)](#) and [13\(b\)](#).

3.4 Interactive Files

The interactive files provided with this publication include a range of tables offering more in-depth information on unintentional injuries. These are shown at various data levels, for example sex, NHS Board, Local Council Area and Community Health Partnership (CHP). Information is also provided by type of injury. Each table allows the user to manipulate the data, for example, by selecting the sex and geography of particular interest.

Trend information is also provided, although it is vital to take account of the caveats around the data for deaths. Care will need to be taken when comparing statistics for 2011 with figures for earlier years due to changes in coding rules for causes of death. The changes, which affect the coding of accidental poisoning, tend to increase the total number of deaths assigned to unintentional injury. A link with more detailed information on the changes is provided in the relevant tables.

Interactive files are also available on assaults. Tables offer information on emergency hospital admissions and deaths, by cause of assault. A table is shown at Scotland level, allowing the user to manipulate the data, for example, by selecting sex and year. Trend information is also provided at NHS Board level.

See the 'List of Tables' for the full list of interactive files.

Glossary

Average length of stay	mean stay per episode (in days) experienced by inpatients within a specialty/significant facility etc over any period of time.
Discharge	a discharge marks the end of an episode of care. Discharges include deaths and transfers to other specialties/significant facilities and hospitals.
Deprivation Quintile	Deprivation quintiles each contain 20% of the total population in Scotland. Deprivation quintile 1 contains the most deprived 20% of the population, while quintile 5 contains the least deprived 20%. Standardised rates which are presented separately for children and adults have been calculated using deprivation quintiles based on the general population of all ages. See SIMD for more information.
Emergency Admission	occurs when, for clinical reasons, a patient is admitted at the earliest possible time after seeing a doctor.
Emergency admission rate per 100,000 population	Number of emergency admissions for a specific age group divided by the population of that age group multiplied by 100,000. For example, the rate in males aged 5-9 years is number of emergency admissions for males aged 5-9 divided by the mid-year population estimate of the number of males in Scotland aged 5-9 multiplied by 100,000.
Episode	an SMR01 episode is generated when a patient is discharged from hospital but also when a patient is transferred between hospitals, significant facilities, specialties or to the care of a different consultant.
Inpatient	this is when a patient occupies an available staffed bed in a hospital and either; remains overnight whatever the original intention or is expected to remain overnight but is discharged earlier.
ICD10	International Statistical Classification of Diseases and Related Health Problems, 10th Revision. This is an internationally used system produced by the World Health Organisation and used for classifying diagnoses. It is used in Scotland for coding both hospital discharges and deaths
Non-routine admission	are those inpatients discharged following an emergency, unplanned admission (Includes emergency transfers).

Standardised Discharge Ratio	Expresses the numbers of discharges in each area of interest (e.g. deprivation quintile) as a percentage of those which would have occurred had the Scottish discharge rates for each age and sex group prevailed in that area of interest.
Standardised Mortality Ratio	Expresses the numbers of deaths in each area of interest (e.g. deprivation quintile) as a percentage of those which would have occurred had the Scottish death rates for each age and sex group prevailed in that area of interest.
Scottish Index of Multiple Deprivation (SIMD)	The Scottish Index of Multiple Deprivation (SIMD) is an area-based measurement of multiple material deprivation which combines seven domains (income, employment, education, housing, health, crime and geographical access) into an overall index. Small areas within Scotland (datazones) are ranked by their SIMD score. Further information on the SIMD can be found on the Scottish Government website at http://www.scotland.gov.uk/Topics/Statistics/SIMD
Confidence Interval	Confidence intervals give an indication of the uncertainty around an estimate due to chance variation. For standardised ratios if the (lower and upper) confidence interval does not include 100, the difference in the rates recorded for a particular population compared with the standard population (Scotland) is said to be 'statistically significant' (perhaps 'better' or 'worse'). For example, for a ratio of 158 with 95% confidence intervals of 129-188, the difference from the standard population is deemed to be statistically significant since the range 129-188 does not include 100.

Further details on data definitions and standards are available in the [NHS Scotland Health & Social Care data dictionary](#). See SMR datasets.

List of Tables

Table No.	Name	Time period	File & size
1	<u>Deaths as a result of unintentional injury. All ages, adults and children</u>	Year ending 31 December 2000-2011	Excel [52kb]
2	<u>Emergency hospital admission as a result of unintentional injury; All ages, adults and children</u>	Year ending 31 March 2001- 2012	Excel [43kb]
3 (adults)	<u>Emergency hospital admissions as a result of unintentional injury, adults aged 15 and over by cause of injury, (a) Both sexes, (b) males, (c) females</u>	Year ending 31 March 2012	Excel [62kb]
3 (children)	<u>Emergency hospital admissions as a result of unintentional injury, children aged under 15 by cause of injury, (a) Both sexes, (b) males, (c) females</u>	Year ending 31 March 2012	Excel [62kb]
4	<u>Deaths as a result of unintentional injury, by cause of injury and age group for adults and children</u>	Year ending 31 December 2011	Excel [42kb]
5	<u>Deaths as a result of unintentional injury, adults aged 15 and over by NHS Board of residence.</u> Number, standardised mortality ratio and confidence interval	Year ending 31 December 2007-2011 Total for 5 year period	Excel [31kb]
6	<u>Emergency hospital admissions as a result of unintentional injury by NHS Board of residence</u> Number, standardised discharge ratio and confidence interval Adults, children	Year ending 31 March 2012	Excel [41kb]
7	<u>Deaths as a result of unintentional injury, adults aged 15 and over by deprivation quintile, number and standardised mortality ratios</u>	Year ending 31 December 2007-2011 Total for 5 year period	Excel [39kb]
8	<u>Emergency hospital admissions as a result of unintentional injury by Community Health Partnership</u> Number, standardised discharge ratio and confidence interval Adults, children	Year ending 31 March 2012	Excel [50kb]
9	<u>Emergency hospital admission as a result of unintentional injuries by deprivation quintile, presented for all and RTA's. Number, standardised discharge ratio and confidence interval</u> Adults, children	Year ending 31 March 2012	Excel [77kb]

Table No.	Name	Time period	File & size
10	<u>Emergency hospital admissions as a result of a Road Traffic Accident (RTA). Average length of stay and type of RTA.</u> (a) Number of emergency hospital admissions as a result of a Road Traffic Accident showing average length of stay for adults and children (b) Number of emergency hospital admissions as a result of a Road Traffic Accident (RTA) by type of RTA for adults and children	Year ending 31 March 2012	Excel [55kb]
11	<u>Number of emergency hospital admissions as a result an unintentional injury by sex and top 10 main diagnosis for Adults, Children</u>	Year ending 31 March 2012	Excel [142kb]
12	<u>Number of emergency hospital admissions as a result an unintentional injury by selected causes of injury and top 10 main diagnosis for Adults, Children</u>	Year ending 31 March 2012	Excel [80kb]
13a (Scotland)	<u>Emergency hospital admissions as a result of assault by sex and year</u>	Year ending 31 March 2007- 2012	Excel [58kb]
13a (HB)	<u>Emergency hospital admissions as a result of assault by NHS Board and year</u>	Year ending 31 March 2007- 2012	Excel [81kb]
13b (HB)	<u>Deaths in Scotland as a result of assault by NHS Board and year</u>	Year ending 31 December 2006-2011	Excel [191kb]
13b (Scotland)	<u>Deaths in Scotland as a result of assault by sex and year</u>	Year ending 31 December 2006-2011	Excel [478kb]

Interactive Tables

Table No.	Name	Time period	File & size
E1A	<u>Emergency admissions to hospital as a result of unintentional injury in Scotland by age group and cause of injury. Interactive table with selection of year and gender.</u>	Year ending 31 March 2007- 2012	Excel [92kb]
E1B	<u>Emergency admissions to hospital as a result of unintentional injury by age group and cause of injury. Interactive table with selection of year, NHS Board and gender.</u>	Year ending 31 March 2007- 2012	Excel [181kb]
E2	<u>Emergency admissions to hospital as a result of unintentional injury by age group and cause of injury. Interactive table with selection of year, Local Council area and gender.</u>	Year ending 31 March 2007- 2012	Excel [269kb]

Table No.	Name	Time period	File & size
E3	<u>Emergency admissions to hospital as a result of unintentional injury by age group and cause of injury. Interactive table with selection of year, CHP and gender.</u>	Year ending 31 March 2007- 2012	Excel [2,366kb]
E4	<u>Deaths in Scotland as a result of unintentional injury by cause of death. Interactive table for selection of NHS Board and gender.</u>	Year ending 31 December 2006-2011	Excel [2,286kb]
E5	<u>Deaths in Scotland as a result of unintentional injury by cause of death. Interactive table for selection of Local Council Area and gender.</u>	Year ending 31 December 2006-2011	Excel [122kb]
E6	<u>Deaths in Scotland as a result of unintentional injury by cause of death. Interactive table for selection of CHP and gender.</u>	Year ending 31 December 2006-2011	Excel [2,138kb]

Note: in order to view documents, your macro security settings will need to be set to medium. To change macro security settings using Tools, Macro, Security – set security level to medium and re-open the report.

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Further Information

Further information can be found on the [ISD website](#)

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Appendix

A1 – Background Information

Hospital inpatient activity data is collected across NHSScotland and is based on nationally available information routinely drawn from hospital administrative systems across the country. The principal data source is the SMR01 (acute inpatients and day cases) return.

Information on SMR data completeness can be found on the [Hospital Records Data Monitoring SMR Completeness web page](#), while information on the timeliness of SMR data submissions can be found on the [SMR Timeliness web page](#).

It is estimated that hospital admissions data for NHS Scotland for 2011/12 are 100% complete.

The deaths data are obtained from the National Records of Scotland (NRS). NRS are part of the devolved Scottish Administration. They are responsible for the registration of births, marriages, civil partnerships, deaths, divorces, and adoptions. They also run the Census and use the Census and other data to publish information about population and households. Further information about the NRS death data can be found on their [Deaths statistics web page](#).

Information on the quality of National Records of Data on Deaths can be found on the National Records of Scotland website;

<http://www.gro-scotland.gov.uk/statistics/theme/vital-events/deaths/bckgr-info/index.html>

The ISD Data Quality Assurance (DQA) team is responsible for evaluating and ensuring SMR datasets are accurate, consistent and comparable across time and between sources. Details of the quality assurance process for SMRs are published on the [DQA methodology web page](#).

The most recent report "[Assessment of SMR01 Data 2010-2011](#)" [350kb] was published in May 2012.

The DQA team's [previous projects](#) web page contains details of past Data Quality Assurance Assessments, including final reports and findings.

Revisions since Previous Publication

Hospital admissions for 2010/11 were estimated to be only 95% complete at the time of publication of the previous Unintentional Injuries report. The data submission issues which affected completeness of some NHS Boards data have now been resolved and data for 2010/11 have been revised in this publication.

Further revisions since the previous publication have also taken place in this report in order to improve the report presentation, commentary and overall quality. These changes are described under the following categories:

Assaults

Previous publications on Unintentional Injuries included information on assaults because injuries occurring this way were considered to be 'unintentional' on the part of the victim. To be consistent with the categorisation of these types of injury assigned out by the National Records for Scotland and the International Collaborative Effort (ICE) on injury statistics, we have changed the classification for unintentional injuries and data on assaults are no longer included in this group. Data on assaults are now presented in separate tables from the data on unintentional injuries.

Injuries in the Home

As a result of feedback from NHS boards, a detailed analysis of the quality of the recording of information on the location of injury (for hospital emergency admissions) was carried out. The unintentional injuries publication has previously presented information on injuries occurring in the 'home' and 'other' types of location. To provide these data the emergency admission codes were used. Codes for diagnosis are based on ICD10 (see glossary).

The analysis highlighted two main issues with the recording of these data:

- The diagnosis (ICD10) 4th digit, which denotes the location, does not always correspond to the emergency admission type of location.
- The use of emergency admission type 35 (Patient injury – Other injury), 'Not Elsewhere Classified' (NEC) and diagnosis (ICD10) 4th digit code (*Unspecified place of occurrence*) are used heavily.

For deaths where the underlying cause is an unintentional injury the 'place of occurrence' field is used to denote location of injury. However, in a large number of cases this variable has been found to be missing or containing the code for 'unspecified place'.

The impact of these issues on the data means that many injuries occurring in the home are potentially not being recorded as such and therefore tables, which previously provided a breakdown of location of injury could be potentially misleading. For the purposes of this publication data by location of injury have been removed from relevant tables.

Cause of Injury

The 'cause of injury' categories have been amended to provide greater consistency with the International Collaboration Effort (ICE) on injury statistics. These involve changes to the ICD10 diagnostic codes used (see glossary for further information on ICD10).

The changes are as follows:

In the previous publication the 'struck with object' category selected ICD10 codes W20-W22. This category is now presented as 'struck by, against' and selects ICD10 codes W20-W22, W50-W52.

In addition the 'contact' category in the previous publication selected ICD10 codes W24-W31. This category is now presented as 'cut/pierced' and selects ICD10 codes W25-W29, W45.

Two new categories are now presented in the tables (where appropriate) on unintentional injuries; these are 'firearms' (ICD10 codes W32-W34) and 'machinery' (ICD10 codes W24, W30-W31). These would have previously been included in the 'other' or 'contact' category.

The 'other' cause of injury category in the previous publication was purely based on type of admission. This category now includes ICD10 codes only in the range V01-X59, Y85-Y86.

Sources

Information relating to unintentional injury and assault is derived from two sources:

- Mortality data provided by the National Records of Scotland (formerly the General Register Office for Scotland (GROS)); and
- Non-obstetric/non-psychiatric hospital inpatient data from the Scottish Morbidity Record SMR01 (previously SMR1).

Many unintentional injuries result neither in death nor hospital admission but are treated by the individual, GPs, at Accident and Emergency departments or by the child's parent or carer.

Deaths

The ICD10 codes used for identifying deaths due to an unintentional injury and assault are outlined below.

Unintentional Injury

Unintentional Injury	ICD10 (from 2000)
Table 1 – Deaths	
Table 5 – All injuries only	
Table 7 – All injuries only	
All injuries	V01-X59, Y85-Y86
Land transport accidents	V01-V89

Table 4 - Deaths by cause	
Land transport accidents	V01-V89
Poisonings	X40-X49
Falls	W00-W19
Firearms	W32-W34
Cut/Pierced	W25-W29, W45
Struck by, against	W20-W22, W50-W52
Crushing	W23
Machinery	W24, W30-W31
Accidental exposure	X58-X59
Other	Other in range V01-X59, Y85-Y86 that is not included in any of the other categories in the table.

Assault

Assault	ICD10 (from 2000)
Table 13b – Deaths by cause	
All assaults	X85-Y09
Gun assault	X93-X95
Assault by sharp object	X99
Other	Other in range X85-Y09 that is not included in any of the other categories in the table.

SMR01

The SMR01 codes used for identifying emergency hospital admissions due to an unintentional injury and assault are outlined below.

Unintentional Injury

Unintentional Injury	SMR01 admission code(s) and ICD10 codes
Table 2 - Emergency hospital admissions	
Table 6 - (all injuries only)	
All injuries	SMR01 admission type code 32 - Patient injury - road traffic accident SMR01 admission type codes 33-35 and ICD10 codes V01-X59, Y85-Y86 33 - Patient injury - home incident 34 - Patient injury - incident at work 35 - Patient injury - other injury
Road traffic accidents	SMR01 admission type code 32 32 - Patient injury - road traffic accident
Table 3 - Emergency hospital admissions by cause	
Road traffic accidents	SMR01 admission type code 32 32 - Patient injury - road traffic accident
Poisonings	Admission type code 33-35 and ICD10 codes X40-X49 33 - Patient injury - home incident 34 - Patient injury - incident at work 35 - Patient injury - other injury
Falls	Admission type code 33-35 and ICD10 codes W00-W19 33 - Patient injury - home incident 34 - Patient injury - incident at work 35 - Patient injury - other injury
Firearms	Admission type code 33-35 and ICD10 codes W32-W34 33 - Patient injury - home incident 34 - Patient injury - incident at work 35 - Patient injury - other injury

Unintentional Injury cont.	SMR01 admission code(s) and ICD10 codes
Cut/Pierced	Admission type code 33-35 and ICD10 codes W25-W29, W45 33 - Patient injury - home incident 34 - Patient injury - incident at work 35 - Patient injury - other injury
Struck by, against	Admission type code 33-35 and ICD10 codes W20-W22, W50-W52 33 - Patient injury - home incident 34 - Patient injury - incident at work 35 - Patient injury - other injury
Crushing	Admission type code 33-35 and ICD10 code W23 33 - Patient injury - home incident 34 - Patient injury - incident at work 35 - Patient injury - other injury
Machinery	Admission type code 33-35 and ICD10 codes W24, W30-W31 33 - Patient injury - home incident 34 - Patient injury - incident at work 35 - Patient injury - other injury
Accidental exposure	Admission type code 33-35 and ICD10 codes X58-X59 33 - Patient injury - home incident 34 - Patient injury - incident at work 35 - Patient injury - other injury
Other	Admission type code 33-35 and other ICD10 codes in the range V01-X59 Y85-Y86 that are not included in any of the other categories in the table 33 - Patient injury - home incident 34 - Patient injury - incident at work 35 - Patient injury - other injury

Assault

Assault	SMR01 admission code(s) and ICD10 codes
Table 13a - Emergency hospital admission by cause All assaults	SMR01 admission type codes 33-35 and ICD10 codes X85-Y09 33 - Patient injury - home incident 34 - Patient injury - incident at work 35 - Patient injury - other injury
Gun assaults	Admission type code 33-35 and ICD10 codes X93-X95 33 - Patient injury - home incident 34 - Patient injury - incident at work 35 - Patient injury - other injury
Assault by sharp object	Admission type code 33-35 and ICD10 code X99 33 - Patient injury - home incident 34 - Patient injury - incident at work

	35 - Patient injury - other injury
Other	Admission type code 33-35 and other ICD10 codes in the range X85-Y09 that are not included in any of the other categories in the table

Trend information

Tables presenting time series information have been changed since the previous publication to provide greater consistency across the report.

Tables which present time series information now start from calendar year 2000 for deaths and financial year 2000/01 for hospital admissions.

The interactive tables present information from calendar year 2006 for deaths and financial year 2006/07 for hospital admissions.

For further details on revisions to publications please see '[ISD revisions policy](#)'.

Future publications

In addition to the changes outlined in this publication, there are a number of areas being investigated which may further enhance future publications. We plan to incorporate these within the next report, currently due for publication in February 2014, and we would welcome any comments or input regarding this (celina.davis@nhs.net).

Recoding of drug abuse deaths from acute intoxication

An update to the way deaths from unintentional injury are coded has taken place since the previous publication. This mainly affects how 'drug abuse' deaths from 'acute intoxication' are coded and means that deaths previously classified as 'mental and behavioural disorders' are now counted under 'accidental poisoning' (where applicable). Care is required when comparing these statistics for 2011 with the figures for earlier years. For more detailed information on the changes, please see link below: <http://www.gro-scotland.gov.uk/statistics/theme/vital-events/general/ref-tables/2011/section-6-deaths-causes.html>

Standardised Mortality Ratio

The standardised mortality ratio (SMR) provides a rate for one group of people as a percentage of the rate in the reference population (in this case Scotland as a whole). It is adjusted to take account of differences in the age and sex structures of the populations being compared. SMR is calculated as the number of observed deaths divided by the number of expected deaths times 100, where the number of observed deaths is the actual number of deaths in each area of interest (e.g. NHS Board, deprivation quintile) and the number of expected deaths is number of deaths that would have been "expected" in the area of interest if the Scottish death rates for each age and sex group had prevailed.

Standardised Discharge Ratio

The standardised discharge ratio (SDR) is the discharge rate in an area as a percentage of the rate in a reference area (in this case Scotland as a whole). It is adjusted to take account of differences in the age and sex structure of the populations being compared. SDR is calculated as the number of observed discharges divided by the/number of expected discharges times 100, where the number of observed discharges is the actual number of discharges in each area of interest (e.g. NHS Board, deprivation quintile) and the number of expected discharges is the number of discharges that would have been 'expected' in the area of interest if the Scottish discharge rates for each age and sex group had prevailed.

95% Confidence Intervals

Confidence intervals give an indication of the uncertainty around an estimate due to chance variation. An estimate of the statistical significance of the standardised ratio (SMR or SDR) can be obtained from the 95% confidence interval. If the confidence interval does not include 100, the difference in unintentional injury rates recorded for a particular population compared with the standard population (Scotland) is said to be 'statistically significant'. For example, for a ratio of 158 with 95% confidence intervals of 129-188, the difference from the standard population is deemed to be statistically significant since the range 129-188 does not include 100.

Scottish Index for Multiple Deprivation 2012 (SIMD)

The Scottish Index of Multiple Deprivation (SIMD) is an area-based measurement of multiple material deprivation which combines seven domains (income, employment, education, housing, health, crime and geographical access) into an overall index. Small areas within Scotland (datazones) are ranked by their SIMD score. For the purposes of this report the population have been divided into five equal groups (quintiles). Quintile 1 to quintile 5 represent areas with decreasing levels of deprivation. Further information on the SIMD can be found on the Scottish Government website at <http://www.scotland.gov.uk/Topics/Statistics/SIMD>

Disclosure

Due to the sensitive nature of some topics, some small numbers have been suppressed in this publication. These are shown in the publication as asterisks. In addition, some secondary suppression may be required to prevent the calculation of suppressed data.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Unintentional Injuries
Description	Summary of admissions to hospital and deaths in Scotland from Unintentional injuries and assaults.
Theme	Health and Social Care
Topic	Unintentional injuries
Format	Website, Excel
Data source(s)	SMR01 hospital discharges, NRS deaths
Date that data are acquired	January 2013
Release date	26 February 2013
Frequency	Annual
Timeframe of data and timeliness	Data ranges from 2000-2012. Hospital admissions for 2010/11 were estimated to be only 95% complete at the time of publication of the previous Unintentional Injuries report. These data submission issues have now been resolved and data for 2010/11 have been revised in this publication.
Continuity of data	Data are reported from 2000.
Revisions statement	Any incomplete data due to shortfalls in submissions from NHS boards are revised at the next publication.
Revisions relevant to this publication	A number of revisions have taken place since the previous publication in order to improve the overall quality. Details of these revisions can be found in Appendix A1 – Background Information.
Concepts and definitions	Appendix A1 – Background Information
Relevance and key uses of the statistics	Making information publicly available for planning, provision of services, research and provision of comparative information.
Accuracy	SMR01 data are subjected to validation on submission. The figures are compared to previous years' figures and to expected trends. The SMR01 data are also occasionally assessed for accuracy by ISD's Data Quality Assurance.
Completeness	Hospital admissions data for NHS Scotland for 2011/12 are estimated to be 100% complete.
Comparability	Revisions have been incorporated to this publication to achieve greater comparability with the International Collaborative Effort (ICE) on injury
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	Unintentional Injuries tables are accessible via the ISD website. Drop down menus are presented where appropriate e.g. for selection of geography, year and gender.
Value type and unit of measurement	Numbers, crude, age-specific and standardised rates are presented.

Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics.
UK Statistics Authority Assessment	UK Statistics Authority Assessment
Last published	December 2011
Next published	February 2014
Date of first publication	2006
Help email	celina.davis@nhs.net
Date form completed	13 February 2012

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)

A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.