Publication Report

Emergency Department Activity

and Waiting Times

Publication date – 28 May 2013

A National Statistics Publication for Scotland

Contents

Introduction

Emergency Departments and departments that provide Accident and Emergency (A&E) services have submitted data to ISD through the A&E datamart since July 2007. This data collection was primarily established to support the 4-hour waiting time target, but has since expanded and the additional information used to support a variety of other purposes both by NHS Boards and Scottish Government.

This release includes charts and tables which present additional information about attendances at A&E services across Scotland. The information is provided for Scotland, NHS Board and in some instances location of treatment.

The tables and charts in this publication include;
- Trend in number of attendances at A&E Services
- Performance against the 4-hour waiting time standard
- Performance against the HEAT target to reduce attendance rates

Throughout this report we refer to the collective term Accident and Emergency (A&E) Services which includes the following site types:
1) Emergency Departments (EDs) – a consultant-led, 24 hour service with full resuscitation facilities and designated accommodation for the reception of emergency patients
2) MIU/Other – smaller sites such as Minor Injury Units (MIUs), community A&Es or community casualty departments that are GP or nurse led

A list of sites and their classification can be found on the Emergency Care - Data Tables webpage.

Previous releases of the 4-hour wait performance publication were known as 'Accident and Emergency Waiting Times' and 'Emergency Department Activity', and are available on the Waiting Times and Emergency Care publication web pages.

Key points

- Total A&E attendances have increased from 1.60 million in 2008/09 to 1.65 million in 2012/13

- During the quarter ending 31 March 2013, the proportion of new and unplanned attendances at all A&E services across Scotland that were seen and discharged within 4 hours was; 89.7% January, 91.9% February and 91.9% March.

- In March 2013 four NHS Boards achieved the waiting time standard of 98% of patients admitted, transferred or discharged from A&E within 4 hours.

- In the 12 months to March 2013, the average Emergency Department attendance rate was 2,153 per 100,000 population. The HEAT target for March 2014 is to reduce this figure to 2,095 per 100,000 population.

Results and Commentary

Attendances

The total attendances figures from the A&E datamart include all of the four attendance categories presenting at Accident and Emergency services; new, unplanned returns, planned returns and recall attendances. The first two of these categories are classed as new attendances while the latter two are classed as follow-up attendances, as they are connected with the original complaint. Prior to July 2007, Accident & Emergency data was recorded via aggregated returns to ISD(S)1. ISD(S)1 data is not directly comparable with the A&E datamart, but is provided to give a picture of the trend in attendances over a longer period of time. ISD(S)1 data is given from 2001/02.

Figure 1-1 consists of a five year trend from the A&E datamart and an eleven year trend from the ISD(S)1 data collection.

- The A&E datamart shows an increase in all attendances from 1.60 million in 2008/09 to 1.65 million in 2012/13 and an increase in new and unplanned attendances from 1.57 million in 2008/09 to 1.62 million in 2012/13.
- The number of new and unplanned attendances fell from 1.64 million in 2011/12 to 1.62 million in 2012/13.

It should be noted that the number of attendances quoted in the 4-hour waiting time standard and the HEAT target data quoted in the later sections of this report only include new and unplanned return attendance categories.

Figure 1-1: Number of new and total attendances at A&E services across Scotland, April 2001 to March 2013
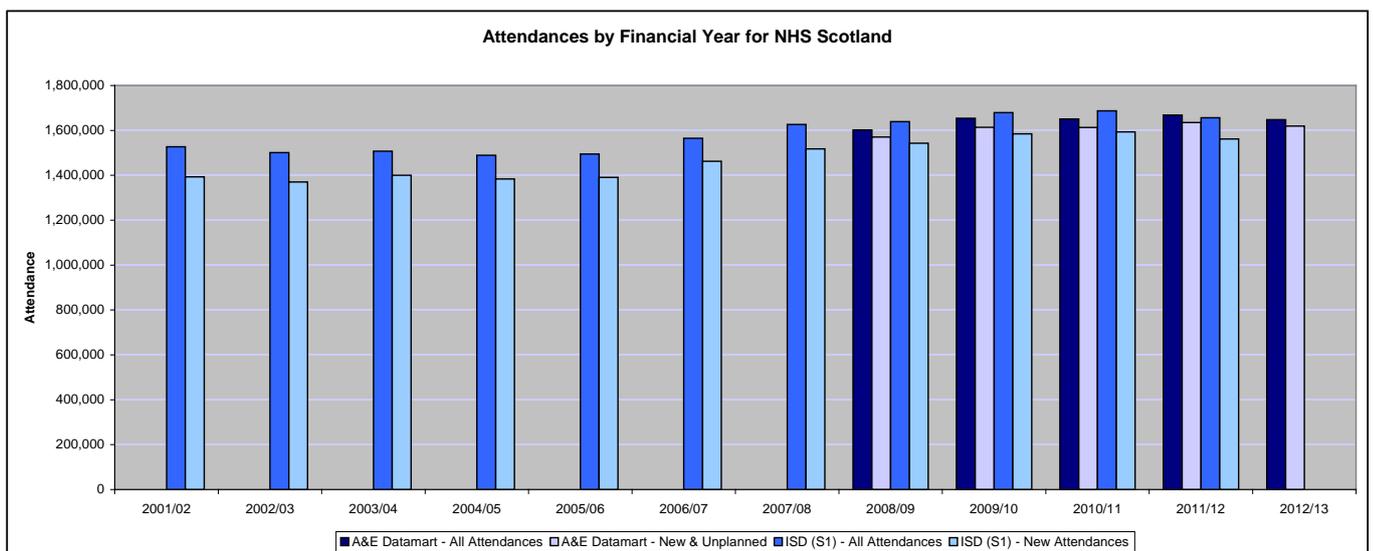
Source: ISD Scotland   Please read accompanying notes

Following attendance at an A&E service, patients may be admitted to hospital, transferred to a different hospital or discharged. During March 2013, 26% (32,509) of attendances at A&E services led to an admission to hospital.

Figure 1.2 shows, from the A&E datamart, the number of new and unplanned attendances within Scotland from July 2007 to March 2013, a trend line showing compliance with the 4-hour waiting time standard and a red line showing the 98% compliance standard. The last time compliance was met across Scotland was September 2009. Since July 2007 compliance with the 4 hour standard has been met on eight occasions.

- During March 2013 the compliance rate for Scotland was 91.9%, an increase from the previous quarter end figures of 90.3% for December 2012, and a decrease from the previous year's figure of 95.3% for March 2012
- During March 2013, the number of new and unplanned attendances at A&E services across Scotland that spent more than 12 hours in the department was 92 (0.1%), a decrease from the previous quarter end figures of 323 (0.3%) for December 2012.

Clinical decision making is paramount, and in a small number of cases the most appropriate clinical setting for patients will remain the A&E department until their admission, transfer or discharge

Figure 1-2: Number of new and unplanned attendances at A&E Services across Scotland and proportion of those seen within 4 hours, July 2007 to March 2013

Source: ISD Scotland   Please read accompanying notes
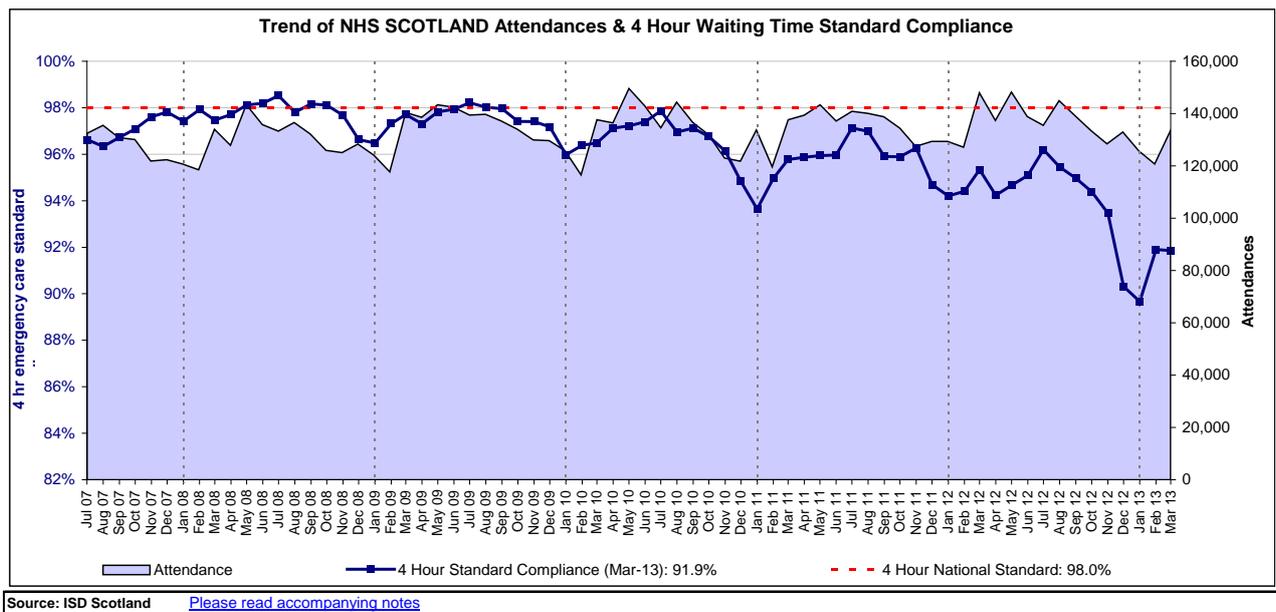
This chart and the underlying figures are supplied in an Excel Workbook - Attendances. Also available within this workbook are interactive tables and charts showing the following statistics:
- Trend of attendances from financial year 2001/02 - this uses data from ISD(S1) and the A&E datamart
- Trend of attendances, 4-hour waiting time standard compliance and number still in the department over 12 hours from July 2007 by NHS board of treatment or hospital
- Trend of attendance and admission rates per 100,000 population from July 2007 by NHS board of treatment, age and gender.
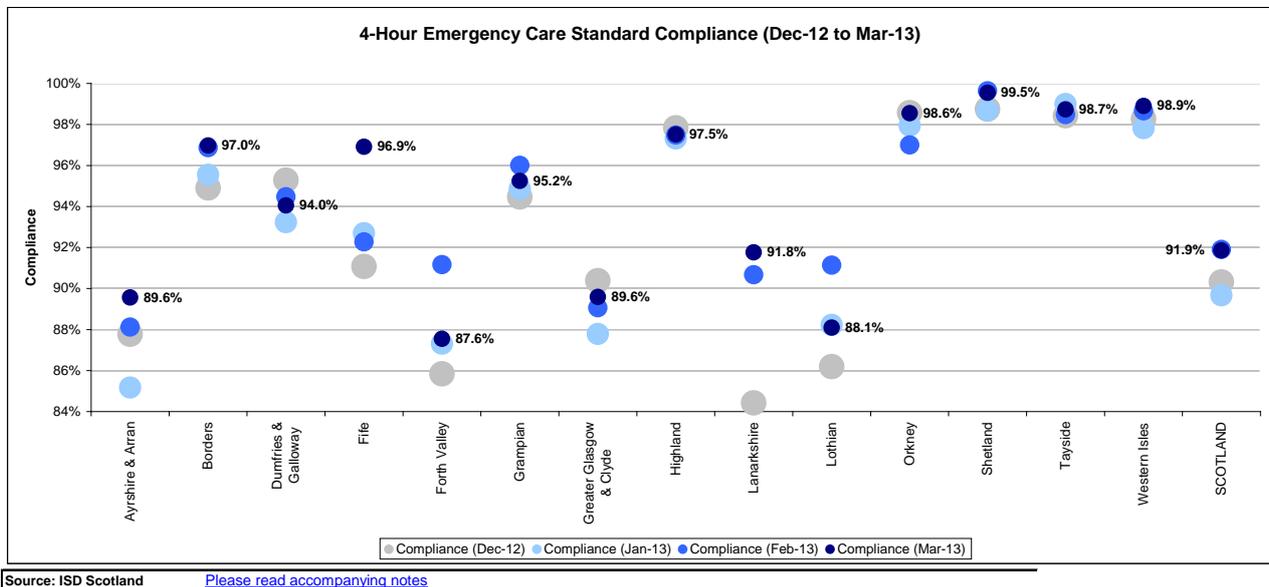
Compliance

The national standard for A&E waiting times states that at least 98% of new and unplanned return attendances at an A&E Service should be seen and then admitted, transferred or

discharged within four hours. This standard applies to all areas of emergency care such as assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place. The 4-hour waiting time standard came into place in 2007 and continues to be the measure by which the Scottish Government (SG) monitors NHS boards' performance within A&E Services. The Scottish Government has announced a new HEAT target to support the sustainable delivery of 4 hour A&E performance all year round. The first target milestone is for 95% of patients to wait no more than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment by the year ending September 2014.

Figure 2-1 shows, for the last four months from the A&E datamart, the percentage of attendances at A&E Services across Scotland complying with the 4-hour standard. During this period two NHS Boards had over 98% compliance for each month. In March 2013 four NHS Boards achieved the standard.

Figure 2-1: 4-Hour Waiting Time Standard Compliance, Dec 2012 to March 2013

Source: ISD Scotland   Please read accompanying notes

4 Hour Compliance	Dec-12	Jan-13	Feb-13	Mar-13
Ayrshire & Arran	87.8%	85.2%	88.1%	89.6%
Borders	94.9%	95.5%	96.9%	97.0%
Dumfries & Galloway	95.3%	93.2%	94.5%	94.0%
Fife	91.1%	92.7%	92.3%	96.9%
Forth Valley	85.8%	87.3%	91.2%	87.6%
Grampian	94.5%	94.9%	96.0%	95.2%
Greater Glasgow & Clyde	90.4%	87.8%	89.1%	89.6%
Highland	97.8%	97.3%	97.5%	97.5%
Lanarkshire	84.4%	83.5%	90.7%	91.8%
Lothian	86.2%	88.2%	91.1%	88.1%
Orkney	98.6%	97.9%	97.0%	98.6%
Shetland	98.8%	98.7%	99.6%	99.5%
Tayside	98.4%	99.0%	98.5%	98.7%
Western Isles	98.3%	97.8%	98.7%	98.9%
SCOTLAND	**90.3%**	**89.7%**	**91.9%**	**91.9%**

This analysis is supplied in an Excel Workbook - Compliance. Also available within this workbook are interactive tables and charts showing the following statistics:
- A&E Services attendance rate by NHS board and attendance type (major or minor)
- Attendance by time of day by NHS board or hospital

HEAT Target - Reducing Attendances

In order to reduce the number of attendances at Emergency Departments (EDs) across Scotland and shift the balance of care, the Scottish Government has introduced a HEAT target performance measure. NHS Boards are tasked with reducing the attendance rate at EDs between 2009/10 and 2013/14.

The aim of the target is to reduce attendances through better provision and use of primary care services, better preventative and continuous care in the home and improved self care. This will result in more appropriate alternative services for patients. The target only applies to EDs and excludes MIUs.

Figure 3-1 below shows the rate of new and unplanned return attendances per 100,000 population for each month and the 12 month average at HEAT ED sites across Scotland (List of Sites). The red dot is the agreed target end point which NHS Boards are aiming to achieve by March 2014. The current 12 month average attendance rate for March 2013 was 2,153 per 100,000 population.

Figure 3-1: Trend and 12 month average ED attendance rates with target end point, April 2008 to March 2013

Source: ISD Scotland   Please read accompanying notes
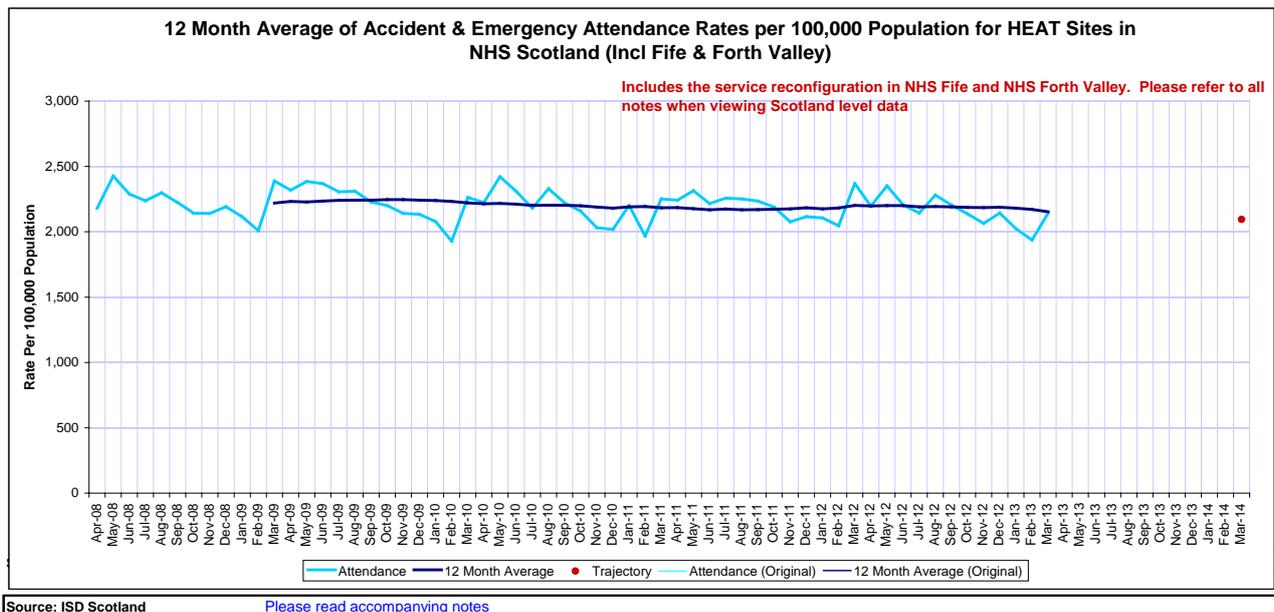
Detailed information on the HEAT ED attendance target showing trends for Scotland and each NHS Board with their target end point for March 2014 is available within the HEAT workbook HEAT. Other analyses available within the workbook are:
- Trend of attendances split by HEAT and non-HEAT sites
- HEAT site attendance rates by NHS board of treatment for the latest 4 months

Notes

1) NHS Borders - Borders General Hospital transferred to a new patient management system at the end of November 2010. There was an issue with the new system that prevented the recording of different attendance categories from November 2010 to September 2011. This results in the attendance figures for Borders General being artificially inflated by approximately 0.8 % (estimated from the prior 12 month's data). Please interpret the attendances and the associated rates from this time period with caution.

2) NHS Fife - As of 08:00 hrs on 19 January 2012 all ED services were transferred to Victoria Hospital and Queen Margaret Hospital became an MIU.

3) NHS Forth Valley - As of 08:00 on 12 July 2011 the ED at Stirling Royal Infirmary closed and became an MIU at Stirling Community Hospital; the MIU at Falkirk Community Hospital closed; and a new ED opened at Forth Valley Royal Hospital.
March 2013 - Due to power outages at Stirling Community Hospital, several days MIU data have been lost. Work is ongoing to restore the lost data.

4) NHS Greater Glasgow & Clyde - Stobhill Hospital changed services in April 2011 from having both an ED and MIU to only having an MIU.

5) NHS Lanarkshire - The health board transferred to a new patient management system during March 2011. There was an issue with the new system that prevented the recording of different attendance categories from March to June 2011. This results in the attendance figures for the three EDs from March to June 2011 being artificially inflated by approximately 5.0 % (estimated from the prior 12 month's data). Please interpret the attendances and the associated rates from this time period with caution.

6) NHS Lothian - Western General Hospital began submitting records in March 2011 to distinguish different attendances at the Acute Receiving Unit (patients who are on trolleys) and MIU in March 2011. WGH is not included in the HEAT target but is included in the 4 hour wait standard.

Glossary

Emergency Department (ED)	A large hospital department which provides a consultant-led, 24 hour service with full resuscitation facilities and designated accommodation for the reception of emergency patients.
Accident & Emergency (A&E) Services	Collectively the term Accident and Emergency (A&E) Services includes the following site types: 1) Emergency Departments (EDs) 2) MIU/Other – small sites such as Minor Injury Units (MIUs), community A&Es or community casualty departments that are GP or nurse led.
A&E datamart	Secure medium for storing data and analysing patient level/aggregate attendances from July 2007 for all Accident and Emergency Services across Scotland. Preferred tool for analysing A&E services data from this date.

ISD(S)1	Aggregate quarterly return provided by NHS Boards showing attendances at A&E services across Scotland.
Attendance	The presence of a patient in an A&E service seeking medical attention.
Waiting time	The time of arrival until the time of admission transfer or discharge.
4-hour performance	The proportion of all attendances in a calendar month that are treated, admitted, transferred or discharged within 4 hours of arrival.
The 4 hour wait standard	A HEAT Standard whereby 98% of all patients are assessed and either admitted, transferred or discharged within 4 hours of arrival.
HEAT ED attendance target	To reduce the attendance rate at EDs.
Patients seen	Patients who are assessed by a clinician then either admitted transferred or discharged.
Admission	Admission to a hospital bed following an attendance at an A&E service.
Attendance category	A record of whether a patient is making a first or follow-up attendance at a particular A&E service.
Attendance rate	The number of attendances in a region divided by the number of people resident in that region (the population). The rate presented here is given as per 100,000 population.
Admission rate	The number of admissions in a region divided by the number of people resident in that region (the population). The rate presented here is given as per 100,000 population.

List of EXCEL sheets and tables

EXCEL sheet	Name on TAB	Time period	File & size
Attendances	AnnualTrend	2001/02 – 2012/13	Excel [983kb]
	MonthlyTrend	Jul 07 – Mar 13	
	TrendRates	Jul 07 – Mar 13	
Compliance	4HourCompliance	Dec 12 – Mar 13	Excel [335kb]
	RateComparison	Dec 12 – Mar 13	
	TimeOfArrival	Apr 12 – Mar 13	
HEAT	Trend_1	Apr 08 – Mar 13	Excel [465kb]
	Trend_2	Apr 08 – Mar 13	
	RateComparison	Dec 12 – Mar 13	
Hospital Site List	SiteList	As at May 13	Excel [43kb]

Contact
Anne Stott
Senior Information Analyst
nss.isdunscheduledcare@nhs.net
0131 275 6820

Catriona Haddow
Principal Information Analyst
nss.isdunscheduledcare@nhs.net
0131 275 6341

Further Information
Further information on Emergency Department Activity can be found on the Emergency Department Activity pages of the ISD website.

Further details on ISD publications and available information can be found on the ISD website.

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Appendix

A1 – Background Information

Data on A&E service attendances across Scotland are collected and maintained by ISD in the national data warehouse known as the A&E datamart. Data is collected on local systems, then extracted and submitted to the datamart soon after the end of each month. All sites that provide emergency care are required to submit data to the A&E datamart.

There are two types of data submitted to the A&E datamart; episode and aggregate level data. The larger hospitals with EDs generally submit episode level data containing a detailed record for each patient attendance. Smaller sites such as minor injury units or community hospitals generally only submit aggregate level data as they do not have the information systems and support to enable collection of detailed patient based information. The aggregate level data consists of the total monthly attendance figures and the number of these seen within 4 hours.

Prior to July 2007, Accident & Emergency data was recorded as part of the ISD(S)1 data submission. The data is not directly comparable with the A&E datamart, but is provided to give a picture of the trend in attendances over a longer period of time. The ISD(S)1 data published within these pages has not been updated since November 2012 as the A&E datamart is now considered the primary source of emergency department activity. For more information on ISD(S)1, please see the Hospital Care pages of the ISD website.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Emergency Department Activity and Waiting Times
Description	Summary of activity of attendances at emergency departments including the proportion of those waiting less than 4 hours, breakdown by age and gender.
Theme	Health and Social Care
Topic	Emergency Care
Format	Excel workbooks and PDF
Data source(s)	A&E datamart
Date that data are acquired	Monthly by the 10th
Release date	The last Tuesday of the month for each publication
Frequency	Quarterly
Timeframe of data and timeliness	New data from January 2013 to 31 March 2013
Continuity of data	1) NHS Borders - Borders General Hospital transferred to a new patient management system at the end of November 2010. There was an issue with the new system that prevented the recording of different attendance categories from November 2010 to September 2011. This results in the attendance figures for Borders General being artificially inflated by approximately 0.8 % (estimated from the prior 12 month's data). Please interpret the attendances and the associated rates from this time period with caution. 2) NHS Fife - As of 08:00 hrs on 19 January 2012 all ED services were transferred to Victoria Hospital and Queen Margaret Hospital became an MIU. 3) NHS Forth Valley - As of 08:00 on 12 July 2011 the ED at Stirling Royal Infirmary closed and became an MIU at Stirling Community Hospital; the MIU at Falkirk Community Hospital closed; and a new ED opened at Forth Valley Royal Hospital. March 2013 - Due to power outages at Stirling Community Hospital, several days MIU data have been lost. Work is ongoing to restore the lost data. 4) NHS Greater Glasgow & Clyde - Stobhill Hospital changed services in April 2011 from having both an ED and MIU to only having an MIU. 5) NHS Lanarkshire - The health board transferred to a new patient management system during March 2011. There was an issue with the new system that prevented the recording of different attendance categories from March to June 2011. This results in the attendance figures for the three EDs from March to June 2011 being artificially inflated by approximately 5.0 % (estimated from the prior 12 month's data). Please interpret the attendances and the associated rates from this

	time period with caution. 6) NHS Lothian - Western General Hospital began submitting records in March 2011 to distinguish different attendances at the Acute Receiving Unit (patients who are on trolleys) and MIU in March 2011. WGH is not included in the HEAT target but is included in the 4 hour wait standard.
Revisions statement	Figures contained within each publication may also be subject to change in future publications. See ISD Statistical Revisions Policy.
Revisions relevant to this publication	If NHS boards discover that data submitted for publication is incorrect, or that data are missing, further re-submissions can be made up until the publication submission deadline date. Any revised figures will then be reflected within the current publication. Figures contained within each publication may also be subject to change in future releases as submissions may be updated to reflect a more accurate and complete set of data. Figures contained within this publication have been revised as a result of re-submission of data from NHS Boards. This quarter, re-submitted data has been received from NHS Lanarkshire for March 2011 replacing data which was previously estimated. Re-submissions of more complete NHS Highland and NHS Fife data have also been incorporated into this publication, giving a fuller analysis of gender and age breakdown for these boards. This publication also includes corrections to errors for selected boards in historical data (July 2007 – July 2012) published in the November and February releases. The impact of these revisions are: Attendances_May13.xls, ' 'TrendRates' table – Attendance (admission) rate per 100,000 population: Scotland, Jul 07-Jul 12: +200 (+20) approx per month. NHS Fife, Jan 12-Jul 12: +400 (+10) approx per month. NHS Greater Glasgow and Clyde, Jul 07-Jul 12: +400 (+70) approx per month. NHS Highland, May 11-Feb 12: <20 (<10) per month. NHS Grampian, Jul 07-May 12: +20 approx per month. NHS Lothian, Jul 07-Jul 12: +190 approx per month. NHS Tayside, Jul 07-Jul 12: +700 (+20) approx per month. NHS Forth Valley, Jul 07-Jul 12: +500 (+1) approx per month. NHS Dumfries & Galloway, Mar 12-Jul 12: +20 approx per month.

	HEAT.xls, Trend_1 table -
	NHS Ayrshire & Arran, May 11 to May 12: increase of <5 per month to HEAT cohort 4 and decrease of <4 per month to cohort 3.
	NHS Greater Glasgow and Clyde, Sep 09 – Mar 11: increase of approx. 1,200 per month to HEAT cohort 4 and corresponding decrease of approx 1,200 per month to GG&C non HEAT sites.
	NHS Lothian, Apr 10 to May 12: increase of < 10 per month to HEAT cohort 4 and decrease of <10 per month to cohort 3.
	Trend_2 table:
	'*Actual Attendances*', attendance rate per 100,000 population-
	NHS Scotland (incl. Fife & Forth Valley), Sep 09-Mar 11: +20 approx per month.
	NHS Scotland (excl. Fife & Forth Valley), Sep 09-Mar 11: +25 approx per month.
	NHS Greater Glasgow & Clyde, Sep 09-Mar 11: +100 approx per month.
	NHS Highland, Feb11-Mar 13: +35 approx per month.
	NHS Lanarkshire, March 11: +100 approx per month.
	'*12-month Average*', attendance rates per 100,000 population–
	NHS Scotland (incl. Fife & Forth Valley), Sep 09-Mar 11: +20 approx per month.
	NHS Scotland (excl. Fife & Forth Valley), Sep 09-Mar 11: +20 approx per month.
	NHS Greater Glasgow & Clyde, Sep 09-Mar 11: +60 approx per month.
	NHS Highland, Feb11-Mar 13: +3 approx per month.
	NHS Lanarkshire, March 11: +20 approx per month.
Concepts and definitions	Details of data items collected and validation process : A&E Users Guide Data item codes, descriptions and definitions: A&E: Codes and Values
Relevance and key uses of the statistics	Waiting times are important to patients and are a measure of how the NHS is responding to demands for services. Measuring and regular reporting of waiting times highlights where there are delays in the system and enables monitoring of the effectiveness of NHS performance throughout the country. The NHS in Scotland has been set a number of targets for maximum waiting times.

	Monitoring HEAT target to reduce the rate of attendance at Emergency Departments. Other uses of the data include information requests for a variety of customers, e.g. research charities; public companies; freedom of Information requests; information support to Boards; parliamentary questions.
Accuracy	In addition to any local data quality checks, the data submitted to the A&E datamart is subject to a validation procedure. For a list of the validation rules refer to Appendix A of the A&E User Guide. As well as ensuring that data for the correct site and time period is submitted, the validation ensures that the data is in the correct format and only contains accepted codes; refer to A&E: Codes and Values. If the submission file does not meet all of the validation rules then the whole file is rejected. The resulting errors are reported back to the submitting site where they must be amended and the file resubmitted. Once the file passes validation it is loaded into the datamart where it is then available for analysis and reporting. ISD works closely with colleagues in the NHS boards to improve the validation and accuracy of the data and to ensure that the appropriate data standards are understood and applied by all sites. Each month a suite of performance and monitoring reports are produced and sent to the SG. These are reviewed and any unusual or unexpected figures are raised with the NHS board for confirmation. Before the 4-hour waiting times data is published each quarter, the figures are sent back to the NHS boards to confirm their accuracy. If changes are required then they must be explained fully by the NHS board and the data is resubmitted. A log is kept noting any changes that are necessary.
Completeness	Following on from the Audit Scotland Review of Emergency Departments in 2010 a programme of work has begun in order to develop training for NHS Board staff on the completion and understanding of A&E data items, particularly those used for national reporting purposes. In addition to this ongoing monitoring of the quality of data covers the completeness, timeliness and accuracy of data recorded. Biannual meetings with data providers discuss all aspects of A&E data including data quality.
Comparability	
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.
Coherence and clarity	
Value type and unit of measurement	Count of total attendances. Count of attendances in department for 4 and 12 hours. Proportion of attendances in department for 4 and 12 hours. Rate of attendance by age and gender and subsequent admission.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is

	followed.
Official Statistics designation	National Statistics (attendances and 4-hour wait). Non National Statistics remaining charts and tables. The waiting times (4-hour wait) part of this publication was previously assessed as part of the Statistics on NHS Waiting Times in Scotland assessment and was designated as National Statistics.
UK Statistics Authority Assessment	Assessed by UK Statistics Authority as part of the Statistics on NHS Waiting Times in Scotland report.
Last published	26 February 2013
Next published	27 August 2013
Date of first publication	Data available from 1 July 2007 (with data from main Emergency Departments back to 1 March 2006)
Help email	nss.isdunscheduledcare@nhs.net
Date form completed	May 2013

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 (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. 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.