

Publication Report



Emergency Department Activity and Waiting Times

Publication date – 25 February 2014



Contents

Introduction	2
Results and Commentary.....	4
Attendances	4
Compliance	6
HEAT Target - Reducing Attendances	8
Notes	10
Glossary.....	11
List of Tables.....	13
Contact.....	14
Further Information.....	14
Rate this publication.....	14
A1 – Background Information	15
A2 – Publication Metadata (including revisions details).....	16
A3 – Early Access details (including Pre-Release Access)	23
A4 – ISD and Official Statistics	24

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 hospital.

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

This publication includes a new analysis showing where patients go after leaving the A&E department.

All population figures used in the calculation of rates in this report have been updated in line with the latest NRS population estimates including the revised, rebased estimates released for 2002 to 2010 which were published on 17 December 2013.

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

- During the quarter ending 31 December 2013, the proportion of new attendances at A&E services across Scotland that were seen and subsequently admitted, transferred or discharged within four hours were:
 - October– 93.9%
 - November – 94.7%
 - December – 93.5%
- In December 2013 five NHS Boards achieved the waiting time standard of 98% of patients seen and admitted, transferred or discharged from A&E within four hours; the remaining nine NHS Boards achieved over 90% compliance with the standard.
- The number of new attendances at A&E services spending long periods in the department was much lower in December 2013 than in December 2012; during December 2013, 480 (0.4%) patients spent more than 8 hours in the department, and 42 (0.0%) spent more than 12 hours in the department. These figures compare to 1,555 in the department over 8 hours, and 323 over 12 hours in December 2012.
- In the year ending 31 December 2013, 93.6% patients were seen then admitted, transferred or discharged from A&E within four hours, against the HEAT interim target of 95% by the year ending September 2014.
- In the 12 months to 31 December 2013, the average Emergency Department attendance rate was 2,102 per 100,000 population. The HEAT target is to reduce the rate of new attendances at Emergency Departments to 2,091 per 100,000 population by March 2014.

Results and Commentary

Attendances

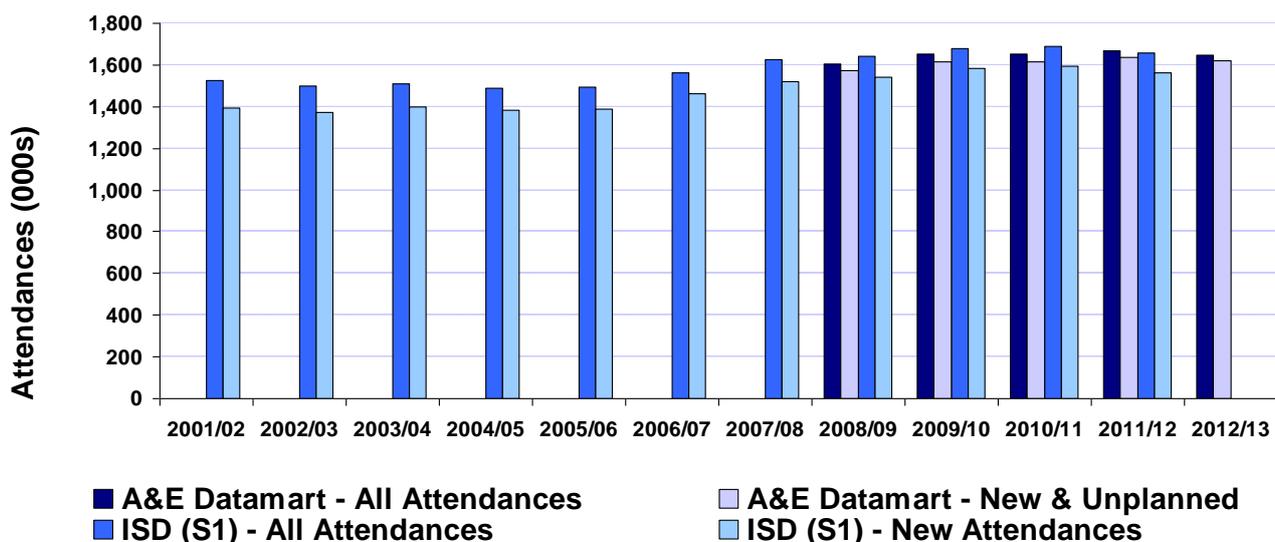
The total attendances figures from the A&E datamart include all of the four attendance categories presenting at Accident and Emergency services; new, unplanned returns, planned returns and recall attendances. The first two of these categories are classed as new attendances while the latter two are classed 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



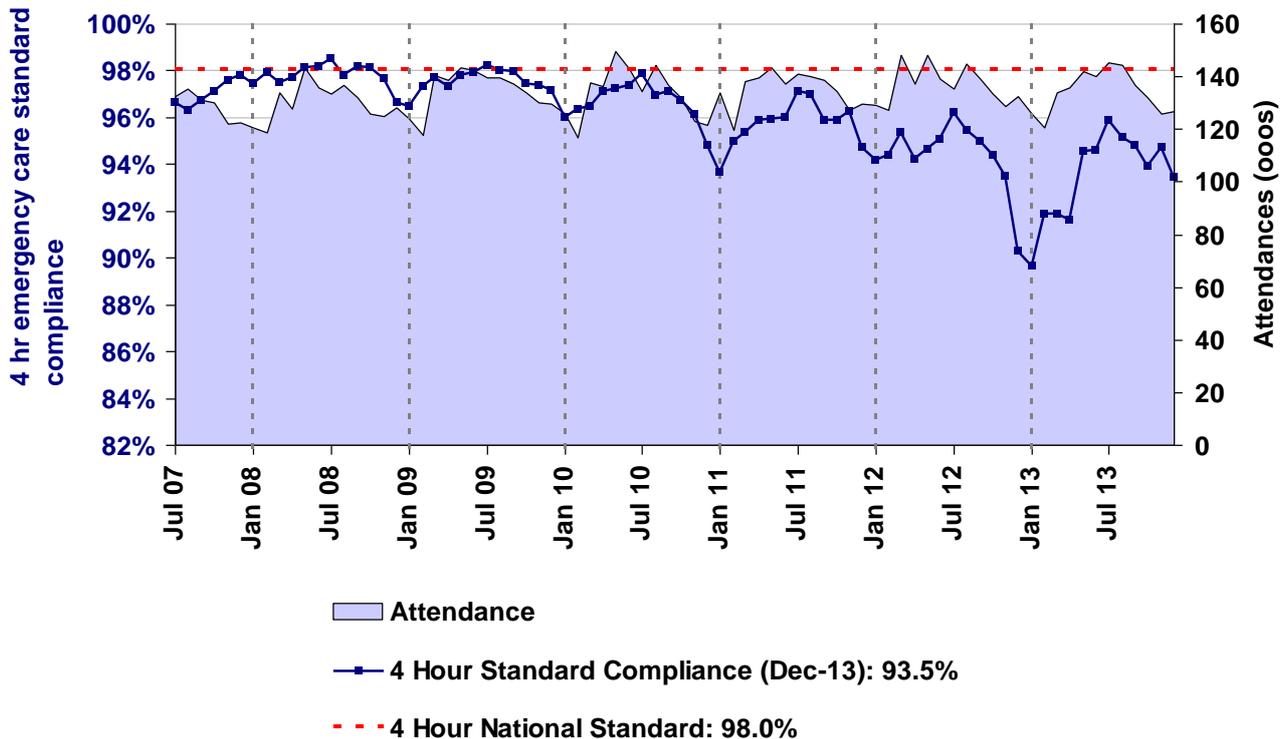
Source: ISD Scotland

Figure 1.2 shows, from the A&E datamart, the number of new and unplanned attendances within Scotland from July 2007 to December 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 98% compliance with the 4 hour standard has been met on eight occasions.

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.

- During December 2013 the compliance rate for Scotland was 93.5%, a decrease from the previous quarter end figures of 94.8% for September 2013, and an 3.2% point increase from the previous year's figure of 90.3% for December 2012
- During December 2013, 480 (0.4%) of new and unplanned attendances at A&E services across Scotland spent more than 8 hours in the department, and 42 (0.0%) spent more than 12 hours in the department. These figures are much lower than the previous December's figures which showed 1,555 attendances spending over 8 hours, and 323 spending over 12 hours in the department.

Figure 1-2: Number of new attendances at A&E Services across Scotland and 4-hour waiting time standard compliance, July 2007 to December 2013



Following attendance at an A&E service, patients may be admitted to hospital, transferred to a different hospital or service, or discharged. More detailed analysis on the subsequent destination of patients leaving an A&E service is included for the first time within this release.

- During December 2013, 29% of attendances at A&E services led to an admission to the same hospital; 64% of attendances led to a return to the patient's place of residence.
- A&E attendance and subsequent hospital admission rates vary by age group. During December 2013, in the 65 and over age group, there were 2,889 attendances per 100,000 population of which 58% led to an admission to hospital.

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:

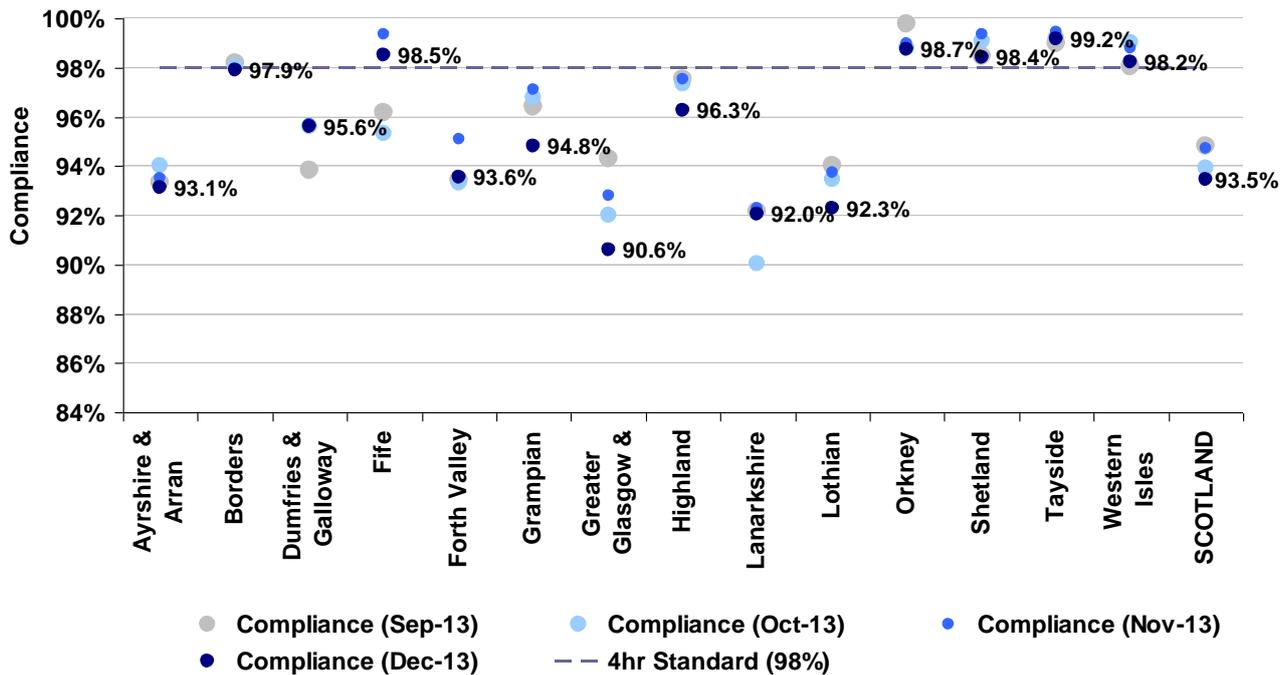
- Trend of attendances from financial year 2001/02 - this uses data from ISD(S)1 and the A&E datamart
- Trend of attendances, 4-hour waiting time standard compliance and number in the department over 8 and 12 hours from July 2007 by NHS board of treatment or hospital
- Attendance and admission rates per 100,000 population from April 2010 by NHS board of treatment, age and gender.
- Trend of attendances and destination on leaving department by month from April 2010 by NHS board of treatment.

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.

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 four NHS Boards had at least 98% compliance for each month. In December 2013 five NHS Boards achieved the standard; the remaining nine NHS Boards achieved over 90% compliance with the standard.

Figure 2-1: 4-hour waiting time standard compliance, September 2013 to December 2013



4 Hour Compliance	Sep-13	Oct-13	Nov-13	Dec-13
Ayrshire & Arran	93.3%	94.0%	93.5%	93.1%
Borders	98.2%	98.0%	97.9%	97.9%
Dumfries & Galloway	93.8%	95.6%	95.7%	95.6%
Fife	96.2%	95.3%	99.3%	98.5%
Forth Valley	93.4%	93.3%	95.1%	93.6%
Grampian	96.4%	96.8%	97.1%	94.8%
Greater Glasgow & Clyde	94.3%	92.0%	92.8%	90.6%
Highland	97.5%	97.3%	97.5%	96.3%
Lanarkshire	92.1%	90.0%	92.3%	92.0%
Lothian	94.0%	93.5%	93.7%	92.3%
Orkney	99.8%	98.8%	99.0%	98.7%
Shetland	98.4%	99.1%	99.3%	98.4%
Tayside	99.0%	99.2%	99.4%	99.2%
Western Isles	98.0%	99.0%	98.8%	98.2%
SCOTLAND	94.8%	93.9%	94.7%	93.5%

The Scottish Government 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. For the year ending December 2013, the Scotland figure against this target was 93.6%.

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 arrival time by NHS board or hospital

HEAT Target - Reducing Attendances

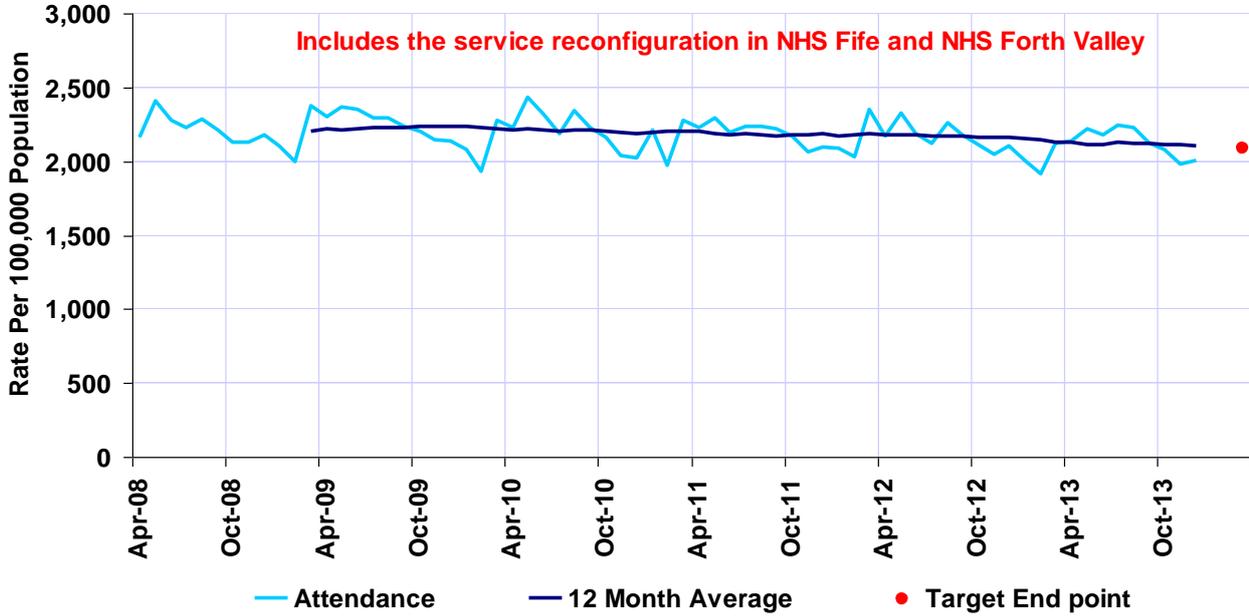
In order to reduce the number of attendances at Emergency Departments (EDs) across Scotland and shift the balance of care, the Scottish Government has introduced a [HEAT target](#) performance measure. NHS Boards are tasked with reducing the attendance rate at EDs between 2009/10 and 2013/14.

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.

All population figures used in the calculation of rates in this report have been updated in line with the latest NRS population estimates including the revised, rebased estimates released for 2002 to 2010 which were published on 17 December 2013. The figures revised include the HEAT target which has been revised from 2,095 per 100,000 to 2,091 per 100,000 population as well as all the rates presented for each NHS Board. More detail on the revisions is given in the Revisions section.

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 December 2013 was 2,102 per 100,000 population.

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



All boards have seen a reduction in attendances at HEAT sites between the years ending 31 December 2012 and 31 December 2013, with the exception of NHS Borders where there has been an increase of 2%.

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 resulted 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 Highland are currently reviewing the location codes for their data. Please read all footnotes when reviewing the data.
- 6) 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.
- 7) 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.
- 8) NHS Orkney A&E admission figures from August 2013 are significantly different from previous figures. NHS Orkney are currently reviewing the process of pathways/patient flows within the A&E department. Patient mapping procedures are being introduced to ensure that all patients admitted to hospital after attending A&E are correctly recorded.

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: <ol style="list-style-type: none"> 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 in that group 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 in that group resident in that region (the population). The rate presented here is given as per 100,000 population.

List of Tables

Table No.	Name	Time period	File & size
Attendances	AnnualTrend	2001/02 – 2012/13	Excel [1313kb]
	MonthlyTrend	Jul 07 – Dec 13	
	TrendRates	Jul 07 – Dec 13	
	DischargeDestination	Jul 07 – Dec 13	
Compliance	4HourCompliance	Mar 13 – Dec 13	Excel [813kb]
	RateComparison	Mar 13 – Dec 13	
	MonthlyTrend	Jul 07 – Dec 13	
	TimeOfArrival	Apr 12 – Dec 13	
HEAT	Trend_1	Apr 08 – Dec 13	Excel [602kb]
	Trend_2	Apr 08 – Dec 13	
	RateComparison	Sep 13 – Dec 13	

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](#).

Rate this publication

Please [provide feedback](#) on this publication to help us improve our services.

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. All hospitals with Emergency Departments submit episode level data containing a detailed record for each patient attendance. Some smaller sites with minor injury units or community hospitals submit only aggregate level data as they do not have the information systems and support to enable collection of detailed patient based information. The proportion of episode level data varies by NHS board: NHS Greater Glasgow & Clyde, NHS Forth Valley and NHS Tayside submit episode level data for all their sites, while NHS Highland submit episodes level data for just over 50% of attendances. The aggregate level data consists of the total monthly attendance figures and the number of these seen within 4 hours. 94% of new and unplanned attendances are to sites which supply episode level data. It is expected that the majority of attendances to sites which provide aggregate information will be minor and unlikely to lead to admission.

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 10 th
Release date	The last Tuesday of the month for each publication
Frequency	Quarterly
Timeframe of data and timeliness	New data from 1 October 2013 to 31 December 2013
Continuity of data	<p>1) Some hospital which previously submitted aggregate data have moved to submitting episode level data. The hospitals affected are listed in the List of Sites. Please bear this in mind when looking at trends in tables which are based on episode level data only; an increase in the number of attendances may be the result of additional sites submitting episode level information rather than a true increase.</p> <p>2) 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.</p> <p>3) 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.</p> <p>4) 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</p>

	<p>closed; and a new ED opened at Forth Valley Royal Hospital.</p> <p>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.</p> <p>5) NHS Greater Glasgow & Clyde - Stobhill Hospital changed services in April 2011 from having both an ED and MIU to only having an MIU.</p> <p>6) 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.</p> <p>7) NHS Orkney A&E admission figures from August 2013 are significantly different from previous figures. NHS Orkney are currently reviewing the process of pathways/patient flows within the A&E department. Patient mapping procedures are being introduced to ensure that all patients admitted to hospital after attending A&E are correctly recorded.</p>
<p>Revisions statement</p>	<p>Figures contained within each publication may also be subject to change in future publications. See ISD Statistical Revisions Policy.</p>
<p>Revisions relevant to this publication</p>	<p>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.</p> <p>Borders Resubmission</p> <p>The figures in this publication have been revised as a result of a re-submission of data from Borders. The impacts of these revisions are:</p> <p>Annual trend: a reduction of 1 attendance for financial year 2011/12, taking the new and unplanned attendance number to 1,635,305</p> <p>Monthly trend: a reduction of 1 attendance in January 2012 for both Borders and Scotland. An increase of 1 attendance in: number of attendances waiting over 4 hours, number of attendances waiting over 8 hours and number of attendances waiting over 12 hours in February 2012 for Borders and</p>

Scotland.

Change in age/gender trend rates from refresh (Attendances)

Boards can resubmit their data at any time, and after a recent resubmission of data that includes additional CHI numbers back to April 2010, there have been some minor changes in the age/gender split of attendance and admission rates for this time period. The age/gender analysis only includes people with a valid CHI so the resubmission has resulted in more people being included within the age/gender split. The total number of attendances remains the same. The main changes are:

Greater Glasgow & Clyde: around 1.4% increases in the under 16 attendances and a 4.1% increase in the under 16 admissions in July 2012.

Rebased Populations

Following a recent update by the National Records of Scotland (NRS) (formerly GROS) to their mid-year population estimates, figures for 2002-2010 were published in December 2013. These population estimates have been based on the results of the 2011 Census. The previously published 2002-2010 populations were based on the 2001 Census results. The 2002-2010 populations are the latest and best available estimates, and replace the previous population estimates for these years.

The 2011 and 2012 rebased population estimates were released in August 2013. The 2011 population estimates replaced the previous 2011 population estimates published on the August 2013 release.

Further details about the rebased populations are published on the NRS website <http://www.gro-scotland.gov.uk/statistics/theme/population/estimates/mid-year/>

The rebased populations have been used to calculate rates within this publication.

Change in trend rates using revised population estimates (Attendances)

Please note that following the change in population estimates, the attendance and admission rates in the 'Trend Rates' worksheet have changed but the attendances remain the same.

Change in Scotland attendance rates using revised population estimates (HEAT)

	2013	
	Old pop	New pop
January 2013	2025	2003
February 2013	1937	1916
March 2013	2142	2119
April 2013	2160	2137
May 2013	2241	2217
June 2013	2201	2177
July 2013	2267	2242
August 2013	2255	2231
September 2013	2147	2123
October 2013	2064	2076
November 2013	2000	1978
December 2013	2030	2008

Comparison of 12 month average attendance rates for Scotland and NHS Boards (HEAT)

	2013	
	Old pop	New pop
NHS SCOTLAND	2125	2102
NHS SCOTLAND(EXC FIFE AND FORTH VALLEY)	2212	2186
NHS AYRSHIRE & ARRAN	2626	2582
NHS BORDERS	1808	1799
NHS DUMFRIES & GALLOWAY	2589	2542
NHS FIFE	1403	1407
NHS FORTH VALLEY	1679	1659
NHS GRAMPIAN	1586	1536
NHS GREATER GLASGOW & CLYDE	2725	2709
NHS HIGHLAND	1404	1369
NHS LANARKSHIRE	2725	2680
NHS Lothian	2009	2021
NHS SHETLAND	2894	2806
NHS TAYSIDE	1450	1429
NHS WESTERN ISLES	2016	1908

<p>Concepts and definitions</p>	<p>Details of data items collected and validation process : A&E Users Guide</p> <p>Data item codes, descriptions and definitions: A&E: Data Recording Manual</p>
<p>Relevance and key uses of the statistics</p>	<p>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.</p> <p>These statistics are used to monitor the HEAT target to reduce the rate of attendance at Emergency Departments.</p> <p>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.</p>
<p>Accuracy</p>	<p>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: Data Recording Manual.</p> <p>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.</p> <p>Each month a suite of performance and monitoring reports are produced and made available to NHS boards and the SG. These are reviewed and any unusual or unexpected figures are raised with the NHS board for confirmation. 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.</p>

<p>Completeness</p>	<p>Training issues affecting completion and understanding of A&E data items are discussed during biannual data quality meetings between ISD and all NHS Boards. Any training or data quality issues raised in between visits will either be noted for follow up at the next Board meeting, or dealt with by email or telephone at that time. It is intended that a fuller training package utilising LearnPro will be developed in due course.</p> <p>In addition, ongoing monitoring of the quality of data covers the completeness, timeliness and accuracy of data recorded.</p>
<p>Comparability</p>	<p>All 4 UK countries publish information on the time spent in Accident and Emergency (A&E), though this can be labelled under Emergency Department (as in Scotland) or Emergency Care (as in Northern Ireland). The published statistics are not exactly comparable because: they were designed to monitor targets which have developed separately within each country; the provision and classification of unscheduled care services varies across the UK; the systems which collect the data are different.</p> <p>England Routine stats http://www.england.nhs.uk/statistics/ae-waiting-times-and-activity/</p> <p>Northern Ireland http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency_care-monthly_waiting_times.htm</p> <p>Wales http://wales.gov.uk/statistics-and-research/time-spent-nhs-accident-emergency-departments/?lang=en</p>
<p>Accessibility</p>	<p>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</p>
<p>Coherence and clarity</p>	
<p>Value type and unit of measurement</p>	<p>Count of total attendances. Count of attendances in department for 4, 8 and 12 hours. Proportion of attendances in department for 4, 8 and 12 hours. Rate of attendance by age and gender and subsequent admission.</p>
<p>Disclosure</p>	<p>The ISD protocol on Statistical Disclosure Protocol is followed.</p>
<p>Official Statistics designation</p>	<p>National Statistics (attendances and 4-hour wait). Non National Statistics remaining charts and tables.</p> <p>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</p>

	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 November 2013
Next published	27 May 2014
Date of first publication	Data available from 1 July 2007
Help email	nss.isdunscheduledcare@nhs.net
Date form completed	February 2014

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.