

Publication Report



Unintentional Injuries

Hospital Admissions: Year ending 31 March 2015

Deaths: Year ending 31 December 2014

Publication date – 8 March 2016



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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 8% 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 2014/15 and from death registrations sourced from National Records of Scotland, up to and including calendar year 2014.

Deaths from drug abuse, specifically acute intoxication, were classified as 'mental and behavioural disorders' prior to 2011. From 2011 onwards these deaths are counted under 'accidental poisoning' (where applicable). Care is required when comparing these statistics before and after 2011. For more information see [Appendix A1](#).

A new table ([Table E5](#)), showing numbers and rates of unintentional injuries due to falls by age group, gender, NHS Board and Local Council Area (LCA), has been added to the publication this year.

Key points

- Unintentional injuries accounted for approximately 1 in 8 emergency hospital admissions for children and 1 in 11 for adults in Scotland in 2014/15.
- There were 54,710 emergency admissions to hospital in Scotland for unintentional injuries in 2014/15. There has been little fluctuation in the past ten years with 53,048 emergency admissions in 2005/06.
- There were 1,750 deaths in Scotland in 2014 due to unintentional injury, 23 in children under the age of 15 and 1,727 in adults aged 15 years and over.
- In 2014/15 there were 23,632 emergency admissions to hospital for an unintentional injury in those aged 65 and over, with 84% of these admissions being the result of a fall.
- Children and adults in the most deprived areas are more likely than those in the least deprived areas to have an emergency admission to hospital for an unintentional injury. In 2014/15 children in the most deprived areas had a standardised discharge ratio approximately 19% higher than the Scottish average. For adults, this was nearly 40% higher than the Scottish average.
- Emergency hospital admissions resulting from assault have decreased by 52% since 2008/09.

Results and Commentary

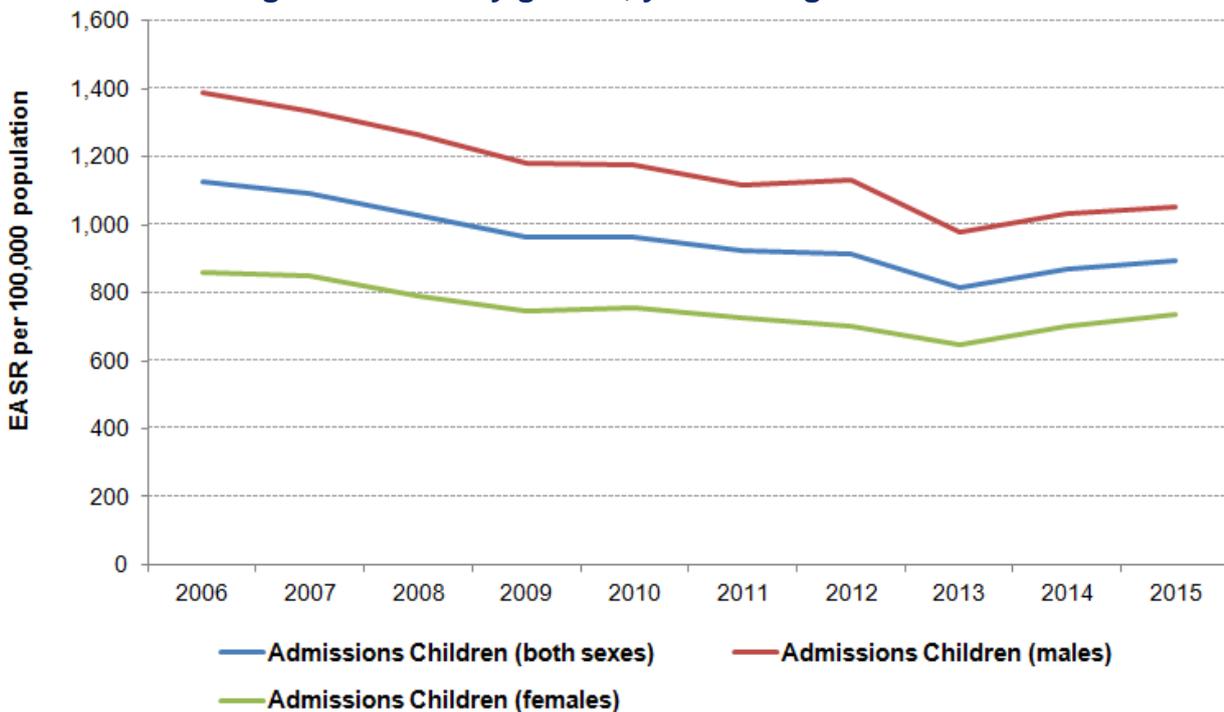
3.1 Unintentional Injuries in Children

3.1.1 Injuries in children by age group and sex

In Scotland there were 23 deaths in 2014 and 7,763 emergency admissions in 2014/15 due to an unintentional injury in children under the age of 15. However, the majority of unintentional injuries result neither in death nor in hospital admission but are treated by GPs, at Accident and Emergency departments or by the child's parent or carer.

Chart 1 shows the European Age Standardised Rate (EASR) for emergency hospital admissions as a result of an unintentional injury in children for years ending 31 March 2006 to 2015. Although the rate has increased over the last two years the general trend over the last ten years has been decreasing for both males and females (see [Table 2 - children](#) in list of tables for more information).

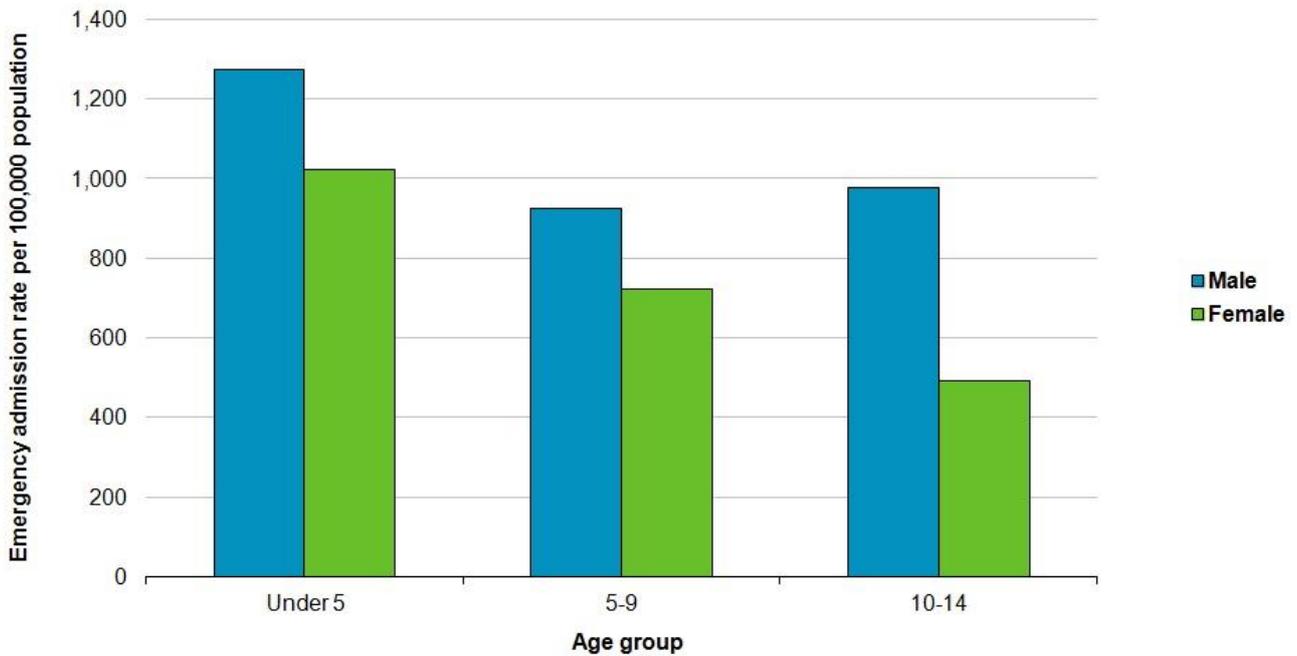
Chart 1 - Emergency hospital admissions as a result of an unintentional injury; for children aged under 15 by gender, year ending 31 March 2006 to 2015



1. Directly standardised (age-sex) using the European standard population (2013).
Source: ISD Scotland, SMR01

Chart 2 shows admission rates per 100,000 population. The rate of emergency hospital admissions per 100,000 population for males aged under 15 years was 1,062.2 compared to 751.8 for females in 2014/15. In all age groups, males were more likely than females to be admitted to hospital for unintentional injury.

Chart 2 - Emergency hospital admissions as a result of an unintentional injury; rates¹ for children aged under 15 for all Scotland by age group; year ending 31 March 2015



1. The denominator data for the rates in the chart are based on National Records of Scotland mid 2014 population estimates in each sex and age group based on the 2011 Census results.
 Source: ISD Scotland, SMR01

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 (47%) of the emergency admissions to hospital for an unintentional injury in 2014/15 were the result of a fall. ([Table 3 - children](#)).

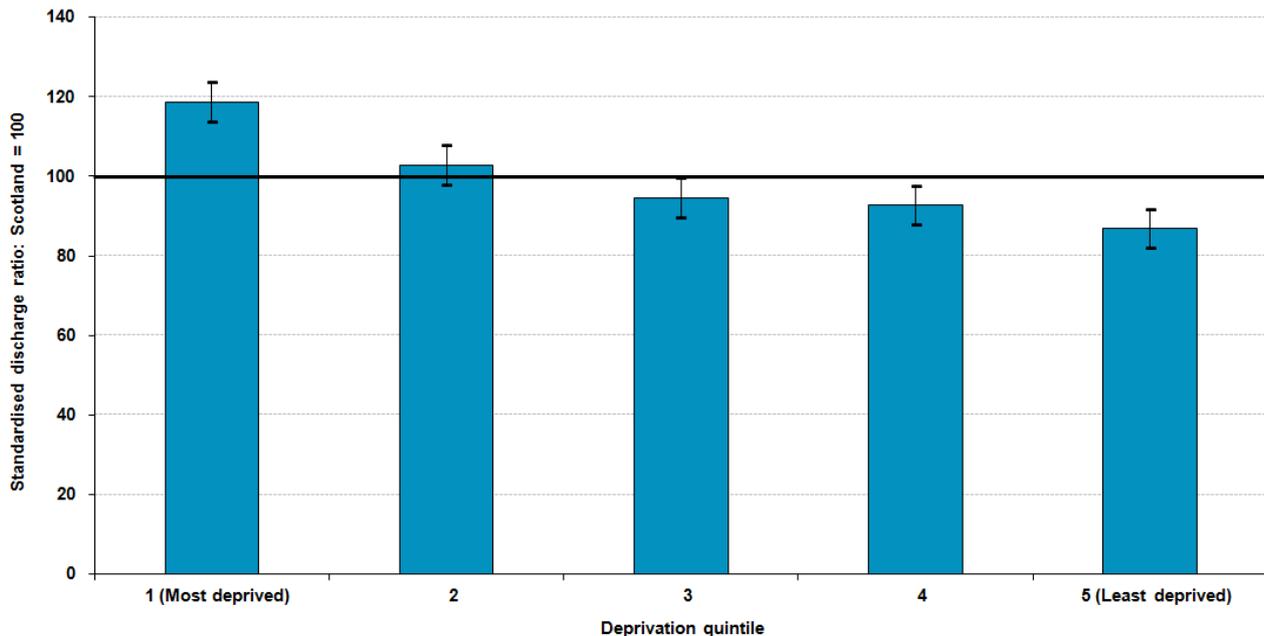
Fractures and head injuries were the most common main diagnoses among children under 15 years who were admitted to hospital for an unintentional injury. ([Table 11](#)).

3.1.3 Injuries in children by deprivation

The Scottish Index of Multiple Deprivation (SIMD) is an area-based measurement of multiple deprivation. Areas in Scotland are divided into five groups (quintiles) with decreasing levels of deprivation. Figures shown here are Standardised Discharge Ratios (SDRs) which express the number of discharges in each 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 deprivation quintile. (See the [glossary](#) for further information).

Chart 3 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 19% higher in the most deprived area compared to the Scottish average).

Chart 3 - Emergency hospital admissions as a result of an unintentional injury, children aged under 15 by deprivation quintile; year ending 31 March 2015
Standardised discharge ratio¹ with 95% confidence intervals²



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

Source: ISD Scotland, SMR01 data; Scottish Index of Multiple Deprivation (SIMD) 2012

3.2 Unintentional Injuries in Adults

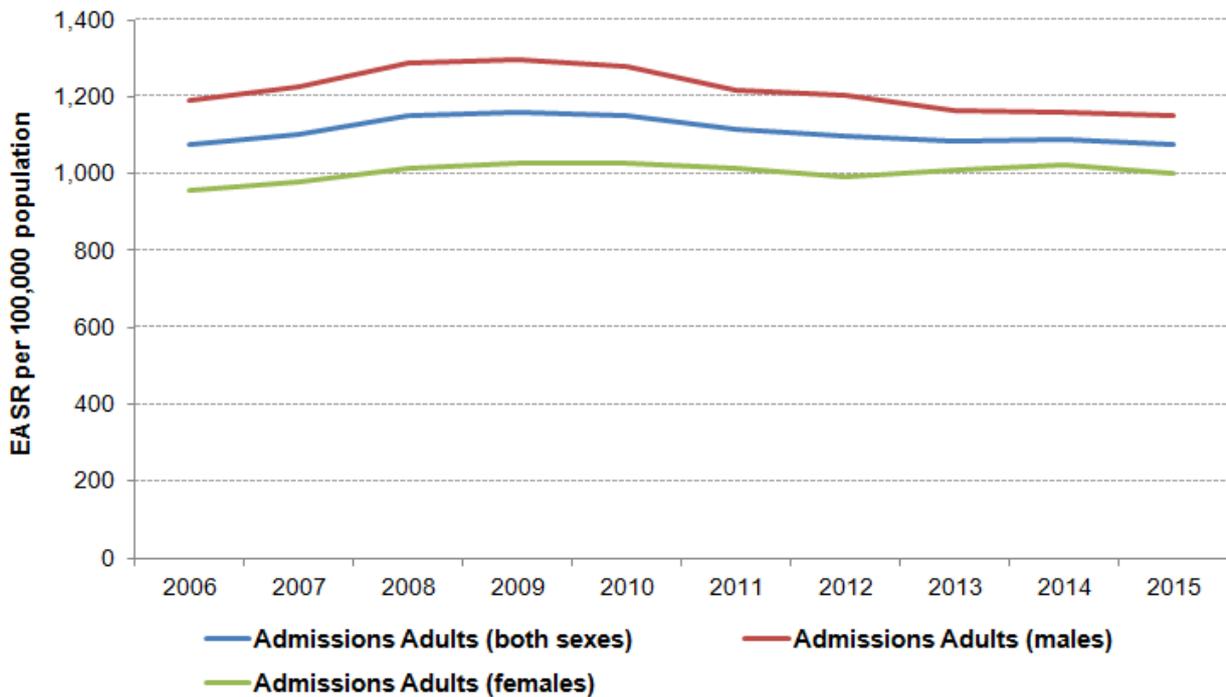
3.2.1 Injuries in adults by age group and sex

For Scotland as a whole there were 1,727 deaths in 2014 and 46,947 emergency admissions in 2014/15 due to unintentional injury in adults aged 15 years of age and over. However, the majority of unintentional injuries result neither in death nor in hospital admission but are treated by the individual, GPs or Accident and Emergency departments.

There was an increase of almost 5% in the number of deaths in Scotland in 2014 compared to 2013, as a result of an unintentional injury.

Chart 4 shows the European Age Standardised Rate (EASR) for emergency hospital admissions as a result of an unintentional injury in adults for years ending 31 March 2006 to 2015. The rate for males has been gradually decreasing since a peak of 1,295.7 per 100,000 population in 2009. The rate for females has been more consistent over recent years although the general trend over the last ten years shows a slight increase. (See [Table 2 - adults](#) in list of tables for more information).

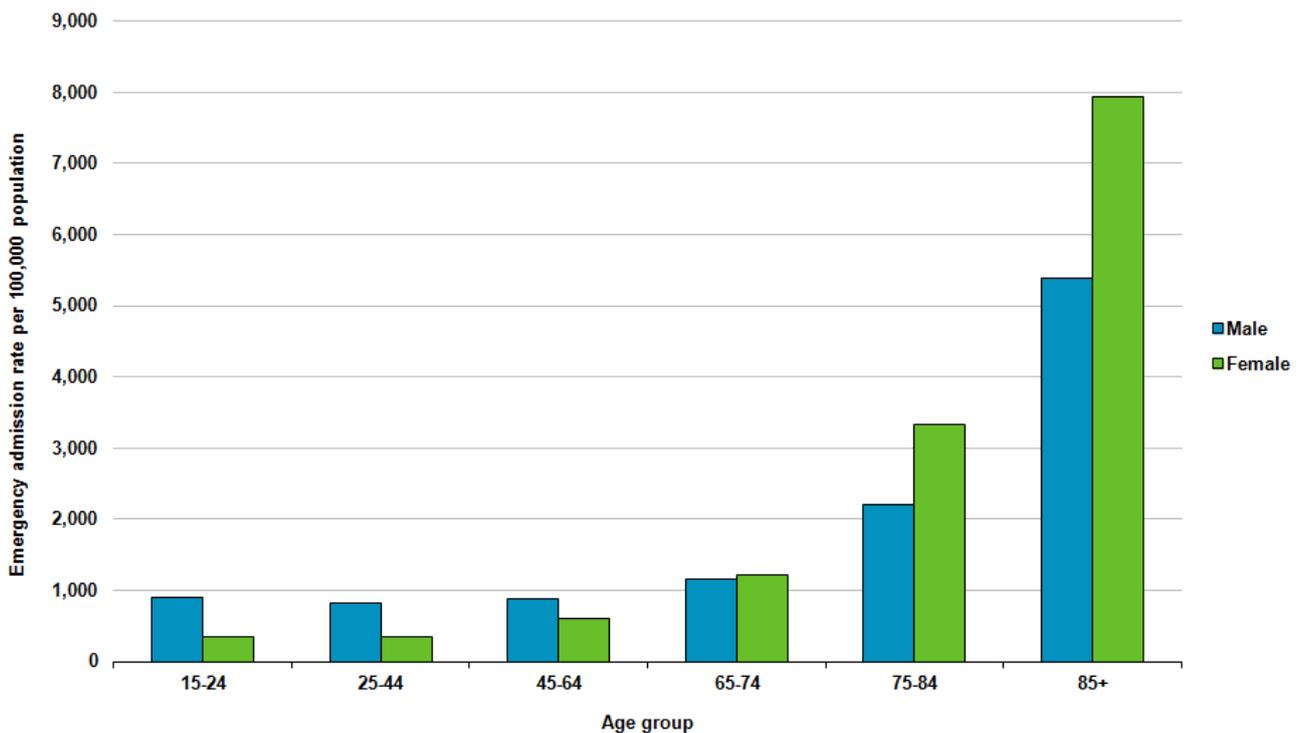
Chart 4 - Emergency hospital admissions as a result of an unintentional injury, adults aged 15 years and over by gender, year ending 31 March 2006 to 2015



Source: ISD Scotland, SMR01

The rate of emergency hospital admissions per 100,000 population for males aged 15 years and over in 2014/15 was 1,065.0 for males compared to 1,025.4 for females. Chart 5 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, 75-84 and 85+ where women were more likely to be admitted due to an unintentional injury.

Chart 5 - Emergency hospital admissions as a result of an unintentional injury; rates¹ for adults aged 15 and over by age group; year ending 31 March 2015



1. The denominator data for the rates in the chart are based on National Records of Scotland mid 2014 population estimates in each sex and age group based on the 2011 Census results.
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 64% of unintentional injury admissions to hospitals. This varied across age groups accounting for just over 28% of relevant admissions in the 15-24 age group compared to just under 87% in the 75 and over age group. ([Table 3 - adults](#)).

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

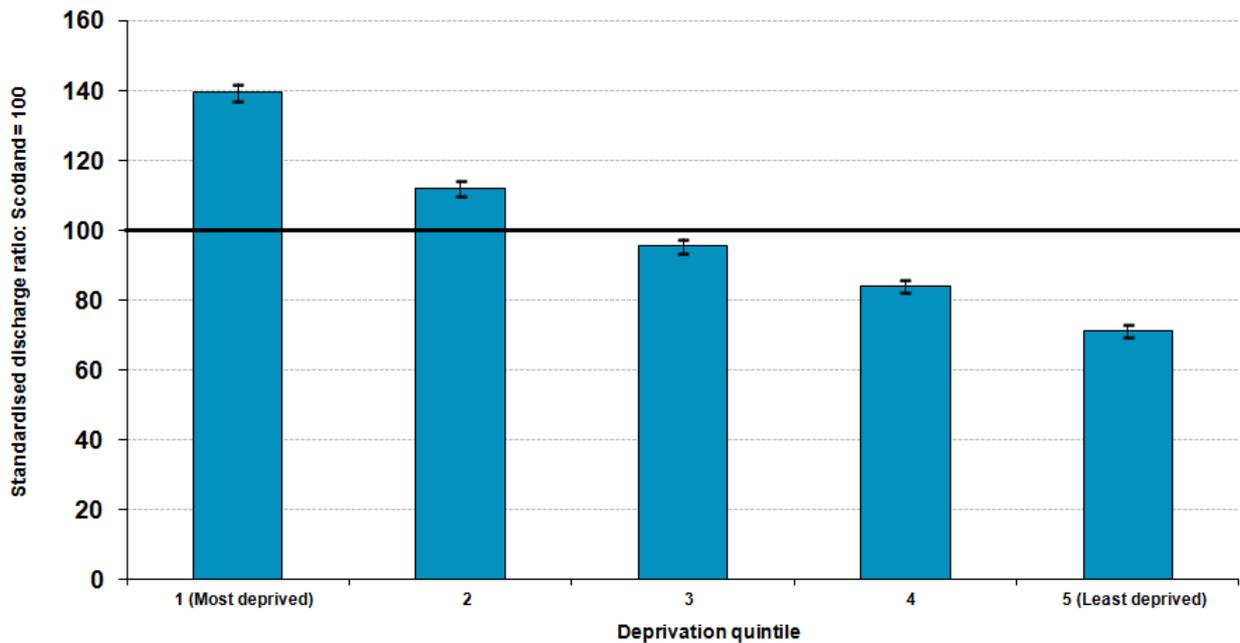
3.2.3 Injuries in adults by deprivation category

The Scottish Index of Multiple Deprivation (SIMD) is an area-based measurement of multiple deprivation. Areas in Scotland were divided into five groups (quintiles) with decreasing levels of deprivation. Figures shown here are Standardised Discharge Ratios (SDRs) which express the number of discharges in each 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 deprivation quintile. See the [glossary](#) for further information.

Chart 6 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 nearly 40% higher in the most deprived area compared to the Scottish average).

Chart 6 - Emergency hospital admissions as a result of an unintentional injury, adults aged 15 and over by deprivation quintile; year ending 31 March 2015
Standardised discharge ratio¹ and 95% confidence intervals²



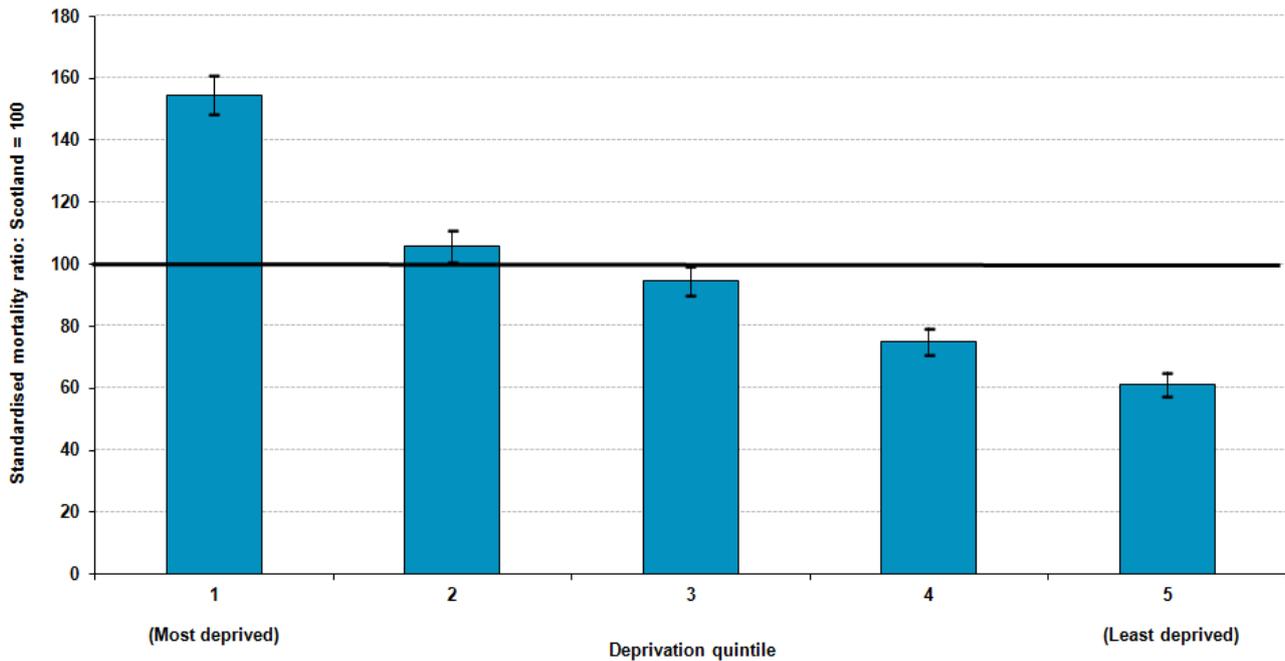
1. Data are standardised for age and sex.
2. See glossary for note on confidence intervals.
3. The horizontal line shows the level for Scotland as a whole.

Source: ISD Scotland, SMR01 data; Scottish Index of Multiple Deprivation (SIMD) 2012

Chart 7 shows the association between mortality from unintentional injury and deprivation for adults aged 15 years and over during the period 2010-2014.

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 55% higher in the most deprived area and 39% lower in the least deprived area compared to the Scottish average).

Chart 7 - Deaths as a result of an unintentional injury, adults aged 15 and over by deprivation quintile, standardised mortality ratios¹ and 95% confidence intervals², year ending December 2010-2014



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

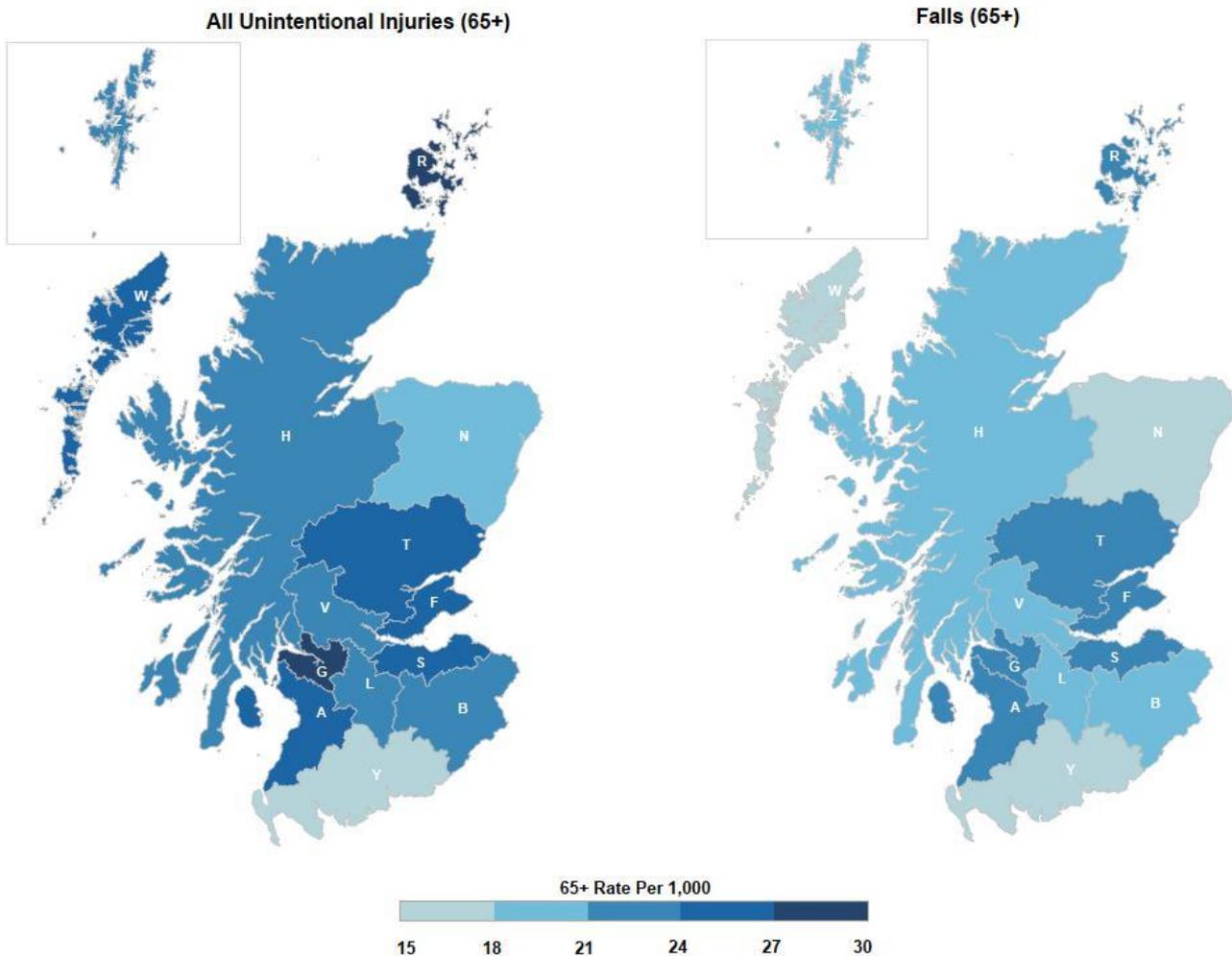
Source: National Records of Scotland (NRS); Scottish Index of Multiple Deprivation (SIMD) 2012

3.2.4 Unintentional Injuries in adults aged 65 and over

Unintentional injuries among older people, particularly those aged 65 and over, are a major and growing health concern. Emergency hospital admissions for unintentional injury are set to rise in this age group over the next decade as our population ages. Falls are of particular interest as 84% of admissions for an unintentional injury in those aged 65 and over resulted from a fall in 2014/15.

The following maps show the variation across NHS Boards in the rates of emergency hospital admissions in the 65 and over age group for unintentional injury and also for falls for the year 2014/15.

Further information on unintentional injuries in the 65 and over age group can be found in [Table 3 - adults](#) and [Table E5](#).



NHS Boards

- | | | | |
|--------------------|---------------------------|-----------------------|---------------|
| A Ayrshire & Arran | B Borders | Y Dumfries & Galloway | F Fife |
| N Grampian | G Greater Glasgow & Clyde | H Highland | L Lanarkshire |
| S Lothian | T Tayside | V Forth Valley | R Orkney |
| W Western Isles | Z Shetland | | |

3.3 Assaults

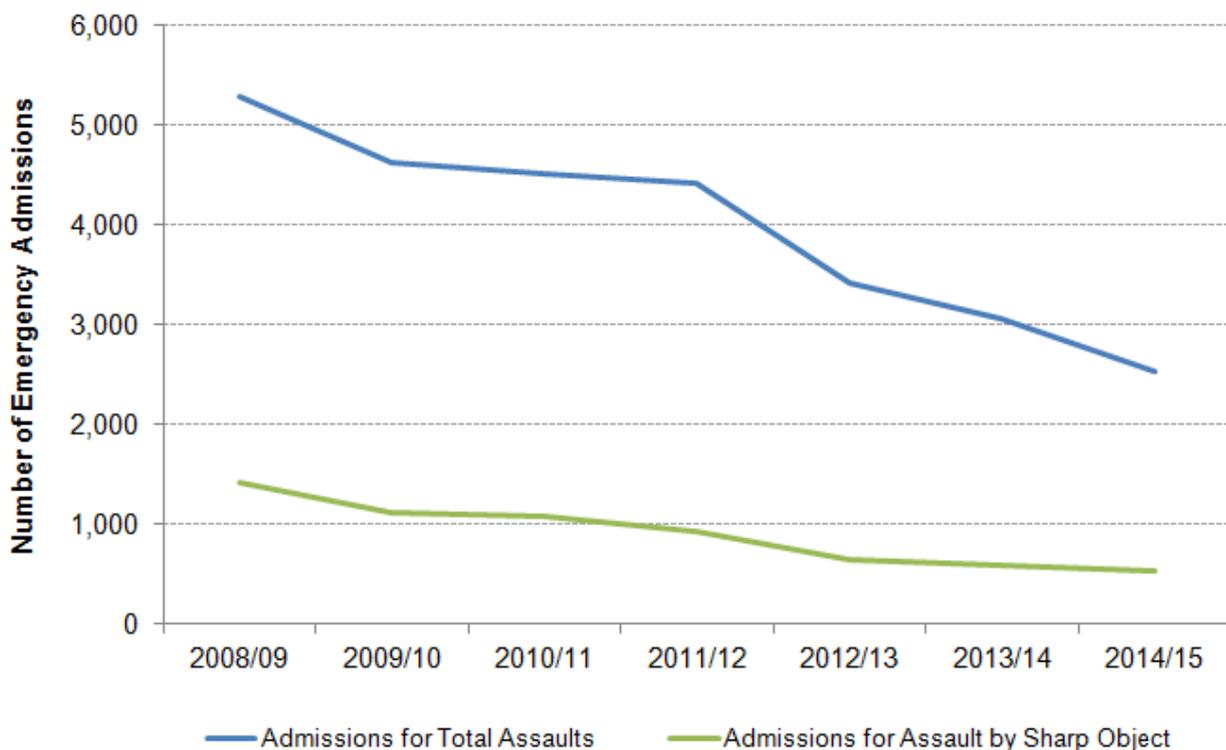
In line with the categorisation of types of injury by the International Collaborative Effort (ICE) and by the National Records for Scotland, data on assaults are presented separately from data on unintentional injuries.

For the tables on assaults (Tables 13a (Scotland) and Table 13b (Scotland)) gun assaults are included in the category 'other assaults'. Numbers of gun assaults have reduced over recent years and numbers of emergency hospital admissions for gun assaults in addition to deaths from gun assaults are now very small.

In Scotland there were 52 deaths from assault in 2014 and 2,532 emergency admissions to hospital in 2014/15 for assault. See Tables [13\(a\)](#) and [13\(b\)](#).

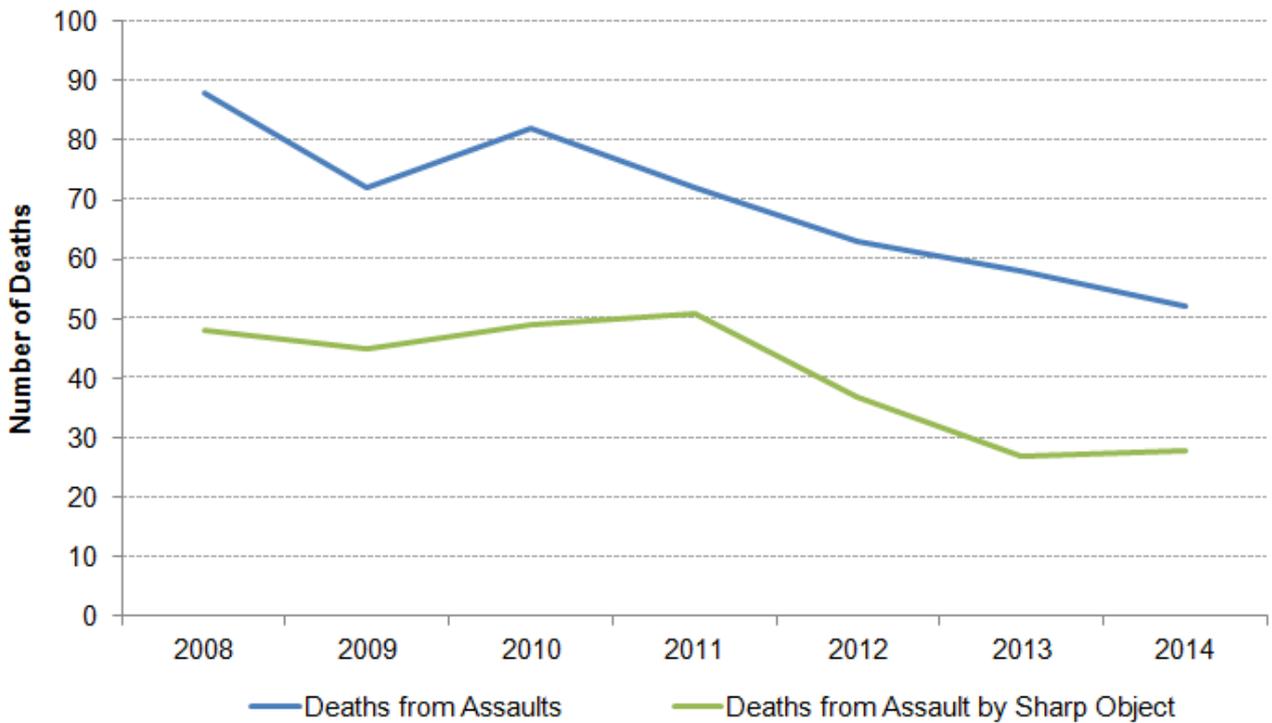
Assaults by sharp object accounted for 21% of all emergency hospital admissions for assault in 2014/15 and approximately 54% of all deaths from assault in 2014. See Chart 8 and 9.

Chart 8 – Emergency hospital admission in Scotland as a result of assault and assault by sharp object, year ending 31 March 2009 - 2015



Source: ISD Scotland, SMR01 data

Chart 9 – Deaths in Scotland as a result of assault and assault by sharp object, year ending December 2008 - 2014



Source: National Records of Scotland (NRS)

3.3.1 Assault by sharp object

Information on 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 530 emergency hospital admissions in 2014/15, reflecting an overall decrease (just under 63%) since 2008/09 and 28 deaths in 2014 due to an assault by sharp object, an overall decrease of nearly 42% from 2008.

3.4 Interactive Tables

The interactive tables, E1 to E5, offer in depth information on unintentional injuries by NHS Board, LCA, gender, year, age group, cause of injury and location of injury. Each table allows the user to manipulate the data by selecting the category of interest. See [Appendix A1 – Local Council Area for more information](#).

Trend information is 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 onwards 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 number of emergency hospital admissions and deaths, and crude rates by cause of assault and by health board. 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.

Table E5 presents numbers and rates per 1,000 population of unintentional injuries due to falls, by age group, gender, NHS Board and LCA.

See the [‘List of Tables’](#) for the full list of tables. In order to view the interactive tables the security warning option will need to be set to enable this content.

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.
Confidence Interval	Confidence intervals give an indication of the uncertainty around an estimate due to chance variation. For more information and examples, please see the section on 95% Confidence Intervals in the Appendix .
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.
Discharge	A discharge marks the end of an episode of care. Discharges include deaths and transfers to other specialties/significant facilities and hospitals.
Emergency Admission	This 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 the 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.
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.

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.
Non-routine admission	These are inpatients discharged following an emergency unplanned admission (includes emergency transfers).
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
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.
Further details on data definitions and standards are available in the NHS Scotland Health & Social Care data dictionary .	

List of Tables

Table No.	Name	Time period	File & size
1	Deaths as a result of unintentional injury; All ages, adults and children.	Year ending 31 December 2005 - 2014	Excel [111kb]
2	Emergency hospital admission as a result of unintentional injury; All ages, adults and children.	Year ending 31 March 2006 - 2015	Excel [78kb]
3 (adults)	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.	Year ending 31 March 2015	Excel [68kb]
3 (children)	Emergency hospital admissions as a result of unintentional injury, children aged under 15 by cause of injury, (a) both sexes, (b) males, (c) females.	Year ending 31 March 2015	Excel [70kb]
4	Deaths as a result of unintentional injury by cause of injury and age group for adults and children.	Year ending 31 December 2014	Excel [50kb]
5	Deaths as a result of unintentional injury, adults aged 15 and over by NHS Board of residence. Number, standardised mortality ratio and confidence interval.	Year ending 31 December 2010 - 2014 Total for 5 year period	Excel [37kb]
6	Emergency hospital admissions as a result of unintentional injury by NHS Board of residence. Number, standardised discharge ratio and confidence interval. Adults, children.	Year ending 31 March 2015	Excel [44kb]
7	Deaths as a result of unintentional injury, adults aged 15 and over by deprivation quintile, number and standardised mortality ratios.	Year ending 31 December 2010 - 2014 Total for 5 year period	Excel [64kb]
8	Emergency hospital admissions as a result of unintentional injury by Local Council Area. Number, standardised discharge ratio and confidence interval. Adults, children.	Year ending 31 March 2015	Excel [52kb]
Continued...			
Continued...			

9	<p>Emergency hospital admissions as a result of unintentional injuries by deprivation quintile, presented for all and Road Traffic Accidents (RTA).</p> <p>Number, standardised discharge ratio and confidence interval.</p> <p>Adults, children.</p>	Year ending 31 March 2015	Excel [132kb]
10	<p>Emergency hospital admission as a result of a RTA. Average length of stay and type of RTA.</p> <p>a) Number of emergency hospital admissions as a result of a RTA showing average length of stay for adults and children.</p> <p>Number of emergency hospital admissions as a result of a RTA by type of RTA for adults and children.</p>	Year ending 31 March 2015	Excel [61kb]
11	<p>Number of emergency hospital admissions as a result of unintentional injury by sex and top 10 main diagnosis for Adults and Children.</p>	Year ending 31 March 2015	Excel [174kb]
12	<p>Number of emergency hospital admissions as a result of unintentional injury by selected causes of injury and top 10 main diagnosis for Adults and Children.</p>	Year ending 31 March 2015	Excel [81kb]
13a (Scotland)	<p>Emergency hospital admissions as a result of assault by sex and year.</p>	Year ending 31 March 2009 - 2015	Excel [105kb]
13a (HB)	<p>Emergency hospital admissions as a result of assault by NHS Board and year.</p>	Year ending 31 March 2009 - 2015	Excel [139kb]
13b (Scotland)	<p>Deaths in Scotland as a result of assault by sex and year.</p>	Year ending 31 December 2008 - 2014	Excel [122kb]
13b (HB)	<p>Deaths in Scotland as a result of assault by NHS Board and year.</p>	Year ending 31 December 2008 - 2014	Excel [848kb]

Interactive Tables

Table No.	Name	Time period	File & size
E1 - E2	Emergency hospital admissions as a result of unintentional injury by age group and cause of injury. Interactive table with selection of year, gender, NHS Board of Residence and Local council Area.	Year ending 31 March 2006 - 2015	Excel [8154kb]
E3 - E4	Deaths in Scotland as a result of unintentional injury by age group and cause of injury. Interactive table with selection of year, gender, NHS Board of Residence and Local Council Area.	Year ending 31 December 2005 - 2014	Excel [6385kb]
E5	Emergency hospital admissions as a result of falls by age group. Interactive table with selection of year, gender, NHS Board of Residence and Local Council Area.	Year ending 31 March 2006 - 2015	Excel [2988kb]

Note: In order to view the interactive tables the security warning option will need to be set to enable this content.

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Further Information

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

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Appendix

A1 – Background Information Sources

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

- Non-obstetric/non-psychiatric hospital inpatient data (SMR01)
- Mortality data

Many unintentional injuries result neither in death nor hospital admission but are treated by the individual, GPs, at Accident and Emergency departments or by a child's parent or carer. This information is not included in this publication.

SMR01

Hospital inpatient activity data is collected across NHS Scotland 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 2014/15 are 98% complete.

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.

Mortality Data

The deaths data are obtained from the National Records of Scotland (NRS) (formerly the General Register Office for Scotland (GROS)). 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 NRS data on deaths can be found on the NRS website; <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/deaths-background-information>

Recoding of drug abuse deaths from acute intoxication

Deaths from drug abuse, specifically acute intoxication, were classified as 'mental and behavioural disorders' prior to 2011. From 2011 onwards these deaths are counted under 'accidental poisoning' (where applicable). Care is required when comparing these statistics before and after 2011. For more detailed information on the changes, please see link below: <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/accidental-deaths/the-definition-of-the-statistics>

For information on the impact of this coding change, please see the following link – Table 2. <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/accidental-deaths/list-of-tables-and-chart>

Revisions since Previous Publication

Hospital admissions for 2013/14 were estimated to be 99% complete at the time of publication of the previous Unintentional Injuries report. However, as SMR01 is a dynamic dataset any updates to data for previous years will be reflected in this publication. Subsequent changes in numbers from previous publications are expected to be small.

Changes since Previous Publications

Table E5

An additional table has been included to provide further information about hospital admissions as a result of a fall. This also includes a Health Board and Council Area split.

NHS Board Boundary Change, 2014

On 1st April 2014, NHS Board boundaries were changed to align with those of local authorities. The purpose of the change was to help NHS Boards and local authorities work closer together in the provision of care in the local community. To allow direct comparisons over time between NHS Boards this alignment has also been applied to pre-2014 data. The main impact of the re-alignment is on NHS Lanarkshire and NHS Greater Glasgow & Clyde (approx. 2,600 postcodes changed from Greater Glasgow & Clyde to Lanarkshire). Further information including a list of those postcodes affected by the boundary changes is available at: <http://www.isdscotland.org/Products-and-Services/GPD-Support/Geography/NHS-Board-Boundary-Changes/>.

Place of Injury

Prior to the 2013 publication the emergency admission type codes were used to denote 'location of injury'. From the 2014 publication onwards we have used the fourth digit of the ICD10 codes W000-X599 to denote 'place of occurrence' using the following categories:

ICD10 4 th digit Place of Occurrence category		Location of Injury classification presented
0	Home	Home
1	Residential Institute	Other
2	School, other institution and public	
3	Sports and athletics area	
4	Street and highway	
5	Trade and service area	
6	Industrial and construction area	
7	Farm	
8	Other specified places	
9	Unspecified place	Unknown

Cause of Injury

The cause of injury classifications are determined using guidance from the International Collaboration Effort (ICE) on injury statistics (see [table](#) for further information on causes of injury and relevant ICD10 codes).

Age groups

Data are presented in the tables for children (0-14 years) and adults (15+ years). Some tables provide the additional age groups: 0-4, 5-9, 10-14, 15-24, 25-44, 45-64, 65-74 and 75+ years. Tables which include data on falls also include the additional age groups of 65+ and 85+.

Table 10, which shows hospital admissions for road traffic accidents, includes an additional age category, which represents young adult drivers, (17-24 years).

Deaths

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

Deaths - 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
Struck by, against	W20-W22, W50-W52
Crushing	W23
Scalds	X10-X19
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.

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

Emergency Hospital Admissions

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

Admissions - 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
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
Scalds	Admission type code 33-35 and ICD10 code X10-X19 33 - Patient injury - home incident 34 - Patient injury - incident at work 35 - Patient injury - other injury
<i>Continued...</i>	

Admissions - Unintentional Injury	SMR01 admission code(s) and ICD10 codes
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

Admissions - 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
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 trend information cover the following time series:

Table 1	2005 - 2014
Table 2	2005/06 - 2014/15
Table 13A	2008/09 - 2014/15
Table 13B	2008 - 2014
Table E1, E2	2005/06 - 2014/15
Table E3, E4	2005 - 2014
Table E5	2005/06 - 2014/15

Local Council Area and Community Health Partnership

Information in publications prior to this included data by Community Health Partnership. Due to the introduction of Health & Social Care Partnerships, which are more closely aligned to the 32 Local Council Areas (LCAs), information has been presented by LCA instead. The table below shows which CHPs and LCAs relate to which NHS Board.

	Community Health Partnership (CHP)	Local Council Area (LCA)	Best fit NHS Board¹
1	East Ayrshire Community Health Partnership	East Ayrshire	Ayrshire & Arran
2	North Ayrshire Community Health Partnership	North Ayrshire	
3	South Ayrshire Community Health Partnership	South Ayrshire	
4	Scottish Borders Community Health & Care Partnership	Scottish Borders	Borders
5	Dumfries & Galloway Community Health Partnership	Dumfries & Galloway	Dumfries & Galloway
6	Dunfermline & West Fife Community Health Partnership	Fife	Fife
7	Glenrothes & North East Fife Community Health Partnership		
8	Kirkcaldy & Levenmouth Community Health Partnership		
9	Clackmannanshire Community Health Partnership	Clackmannanshire	Forth Valley
10	Falkirk Community Health Partnership	Falkirk	
11	Stirling Community Health Partnership	Stirling	
12	Aberdeen City Community Health Partnership	Aberdeen City	Grampian
13	Aberdeenshire Community Health Partnership	Aberdeenshire	
14	Moray Community Health & Social Care Partnership	Moray	
<i>Continued...</i>			

Community Health Partnership (CHP)		Local Council Area (LCA)	Best fit NHS Board ¹
<i>Continued...</i>			
15	East Dunbartonshire Community Health Partnership	East Dunbartonshire	Greater Glasgow & Clyde
17	East Renfrewshire Community Health & Care Partnership	East Renfrewshire	
18	Inverclyde Community Health & Care Partnership	Inverclyde	
20	Renfrewshire Community Health Partnership	Renfrewshire	
23	West Dunbartonshire Community Health & Care Partnership	West Dunbartonshire	
25	Argyll & Bute Community Health Partnership	Argyll & Bute	Highland
29	North Lanarkshire Community Health Partnership	North Lanarkshire	Lanarkshire
30	South Lanarkshire Community Health Partnership	South Lanarkshire	
31	East Lothian Community Health Partnership	East Lothian	Lothian
32	Midlothian Community Health Partnership	Midlothian	
35	West Lothian Community Health & Care Partnership	West Lothian	
36	Orkney Community Health Partnership	Orkney Islands	Orkney
37	Shetland Community Health Partnership	Shetland Islands	Shetland
38	Angus Community Health Partnership	Angus	Tayside
39	Dundee Community Health Partnership	Dundee City	
40	Perth & Kinross Community Health Partnership	Perth & Kinross	
41	Western Isles Community Health and Social Care Partnership	Eilean Siar	Western Isles
42	Edinburgh Community Health Partnership	Edinburgh, City of	Lothian
43	Glasgow City Community Health Partnership	Glasgow City	Greater Glasgow & Clyde
44	Highland Health and Social Care Partnership	Highland	Highland

Population estimates

Mid-year population estimates for 2014 are based on the results of the 2011 Census. This will be the case for all years going forwards until the next Census results are released.

National Records of Scotland (NRS) have recently become aware of errors mainly affecting the age distribution of the mid-year population estimates for 2002-2010 and 2012-2014.

The errors:

- Affect the age distribution of the population, particularly in the age range 17 to 25.
- Only have a very small net effect on the total population estimates for council areas and NHS Boards but can have a sizeable effect on estimates for individual year groups.
- Have no effect on the total population of Scotland.
- Have no effect on the 2011 mid-year population estimates.
- In the 2002-2010 population estimates are partly resolved by the retrospective revisions made to these estimates as a result of the 2011 Census. More information can be found on the [NRS website](#).

The approach that NRS are taking to correcting the errors can be found here: [Paper 4 PAMS \(15\) 18](#)

Further information on the errors can be found in the links below:

- [Mid-year population estimates – age distribution errors](#)
- [Net cumulative errors \(correction\) to the mid-2014 population estimates](#)
- [Frequently Asked Questions](#)
- [Paper 3 PAMS \(15\) 17](#)

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. The 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 the 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. The 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.

Standardised Mortality Ratio (SMR) example

An estimate of the statistical significance of the standardised ratio (for SMRs or SDRs) 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.

European Age Standardised Rate (EASR) example

An estimate of the statistical significance of the standardised rate can be obtained from the 95% confidence interval. For example for a standardised admission rate per 100,000 population of 1,082.2 with 95% confidence intervals of 1,072.6-1,091.9, we can say there is a 95% certainty the true admission rate lies between 1,072.6 and 1,091.9.

If we wish to compare this to a standardised admission rate for a different time period, for example a rate of 1,053.4 with 95% confidence interval of 1,044.4-1,062.5, we can say that the rate of 1,082.2 (95% confidence intervals 1,072.6-1,091.9) is statistically significantly higher than the rate of 1,053.4 (95% confidence intervals 1,044.4-1,062.5) due to there being no overlap of the confidence intervals for these rates.

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

Where statistics provide information on small numbers of individuals, Information Services Division (ISD) have a duty, under the Data Protection Act, to avoid directly or indirectly revealing any personal details. 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.

Future publications

We aim to make our publications as useful and informative as possible for users. If you have any comments on recent changes or suggestions for improvement for future publications please email celina.davis@nhs.net.

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	December 2015.
Release date	8 March 2016.
Frequency	Annual.
Timeframe of data and timeliness	Data ranges from 2005-2014 (deaths) and 2005/06-2014/15 (admissions).
Continuity of data	Data are reported from 2005.
Revisions statement	Any incomplete data due to shortfalls in submissions from NHS boards are revised at the next publication.
Revisions relevant to this publication	Details of revisions that have taken place since the previous publication 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 2014/15 are estimated to be 98% complete at time of publication.
Comparability	Cause of injury classifications are determined using guidance from the International Collaboration Effort (ICE) on injury statistics.
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	March 2015
Next published	March 2017 (provisional)
Date of first publication	2006
Help email	celina.davis@nhs.net
Date form completed	21 January 2016

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.

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

Early Access for Management Information

These statistics will also have been made available to those who needed access to 'management information', ie as part of the delivery of health and care:

The National Falls Programme

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.