

Unintentional Injuries

Hospital Admissions: year ending 31 March 2016

Deaths: year ending 31 December 2015

Publication date – 7 March 2017



Contents

Introduction	2
Key points	3
Results and Commentary	4
3.1 Unintentional Injuries in Children	4
3.1.1 Injuries in children by age group and gender	4
3.1.2 Injuries in children by cause of injury	5
3.1.3 Injuries in children by deprivation	5
3.2 Unintentional Injuries in Adults	7
3.2.1 Injuries in adults by age group and gender	7
3.2.2 Injuries in adults by cause of injury	8
3.2.3 Injuries in adults by deprivation	9
3.2.4 Injuries in adults aged 65 and over	11
3.3 Assaults	12
3.3.1 Assault by sharp object	13
3.4 Interactive Tables	14
Glossary	15
List of Tables	17
Contact	19
Appendix	20
A1 – Background Information	20
A2 – Publication Metadata (including revisions details)	25
A3 – Early Access details (including Pre-Release Access)	27
A4 – ISD and Official Statistics	28

Introduction

Unintentional injury is a common cause of emergency admission to hospital for adults and children. In the financial year ending 31 March 2016, unintentional injuries accounted for approximately 1 in 8 emergency hospital admissions for children and 1 in 10 for adults. Another possible outcome of unintentional injury is death. This was the case for approximately 1 in 13 child and 1 in 30 adult deaths during the calendar year ending 31 December 2015.

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 the elderly are generally more vulnerable.

This publication summarises information on emergency hospital admissions as a result of unintentional injuries and assaults, sourced from hospital administrative systems across Scotland, up to and including the financial year 2015/16. Deaths are also reported, sourced from death registrations from National Records of Scotland, up to and including calendar year 2015. The figures reported in this publication are for Scottish residents who died as a result of an unintentional injury or were admitted to hospital as an inpatient under an appropriate emergency admission code.

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](#).

New interactive visual content

For the first time in this publication we have included some new interactive visual content in the [Unintentional Injuries Dashboard](#). Information is presented over time, by age group, cause of injury and gender. We are considering presenting more information in this format in future and would welcome any feedback. Please email nss.isdmaternity@nhs.net by 7 June 2017.

Proposed changes to the 'Unintentional Injuries' publication

ISD is committed to producing information that best meets the needs of our customers. We would like to seek your views on our proposal to make changes to the format of our 'Unintentional Injuries' publication. We are considering a number of changes to the publication including:

- Releasing more interactive visual content.
- Releasing open data. This is likely to be in aggregated format rather than individual records to avoid disclosure issues.
- Reducing the length of this report by removing content which stakeholders no longer find useful.

We welcome any comments on these proposals or other suggestions for improvements. If you wish to be involved please email nss.isdmaternity@nhs.net by 7 June 2017.

Key points

- Unintentional injuries accounted for approximately 1 in 10 emergency hospital admissions for adults and 1 in 8 for children in 2015/16.
- Those from the most deprived areas were more likely than those from the least deprived areas to have an unintentional injury.
- 84% of unintentional injuries in those aged 65 and over were due to falls.
- Assaults have decreased: there were 2,413 emergency admissions to hospital resulting from assault in 2015/16; a decrease of almost 55% in the past ten years.
- Emergency hospital admissions for unintentional injuries have risen by 2% over the past ten years: in 2015/16 there were 55,547 compared to 54,393 in 2006/07.
- In 2015 there were 1,892 deaths in Scotland due to unintentional injury; 18 in children under the age of 15 and 1,874 in those aged 15 and over.

Results and Commentary

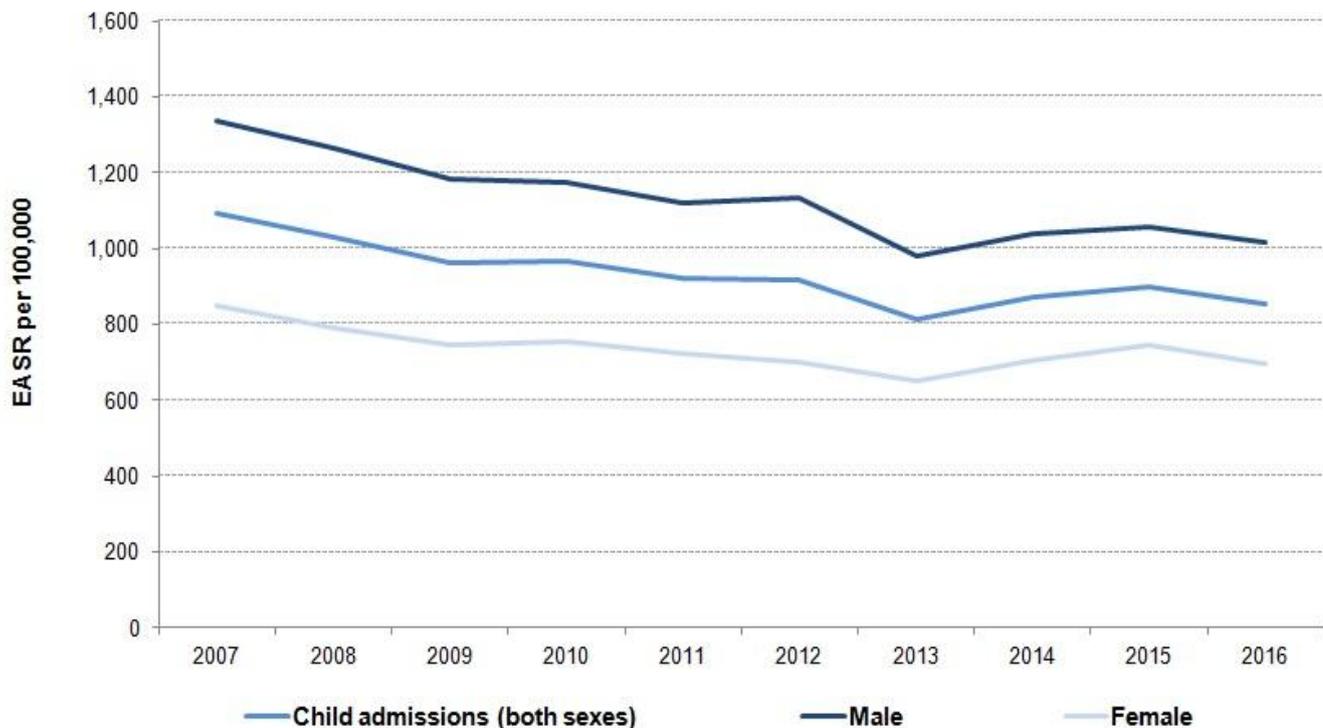
3.1 Unintentional Injuries in Children

3.1.1 Injuries in children by age group and gender

In Scotland, for children under the age of 15, there were 18 deaths as a result of unintentional injury in the calendar year ending 31 December 2015. There were also 7,418 emergency admissions to hospital for children in the financial year ending 31 March 2016.

However, the majority of unintentional injuries result neither in death nor in hospital admission but are treated by GPs, Accident & Emergency departments or by the child's parent or carer. Figures reported in this publication are for Scottish residents who died as a result of an unintentional injury or were admitted to hospital as an inpatient under an appropriate emergency admission code.

Chart 1 - Emergency hospital admissions as a result of an unintentional injury; rates¹ for children aged under 15, by gender, year ending 31 March 2007-2016



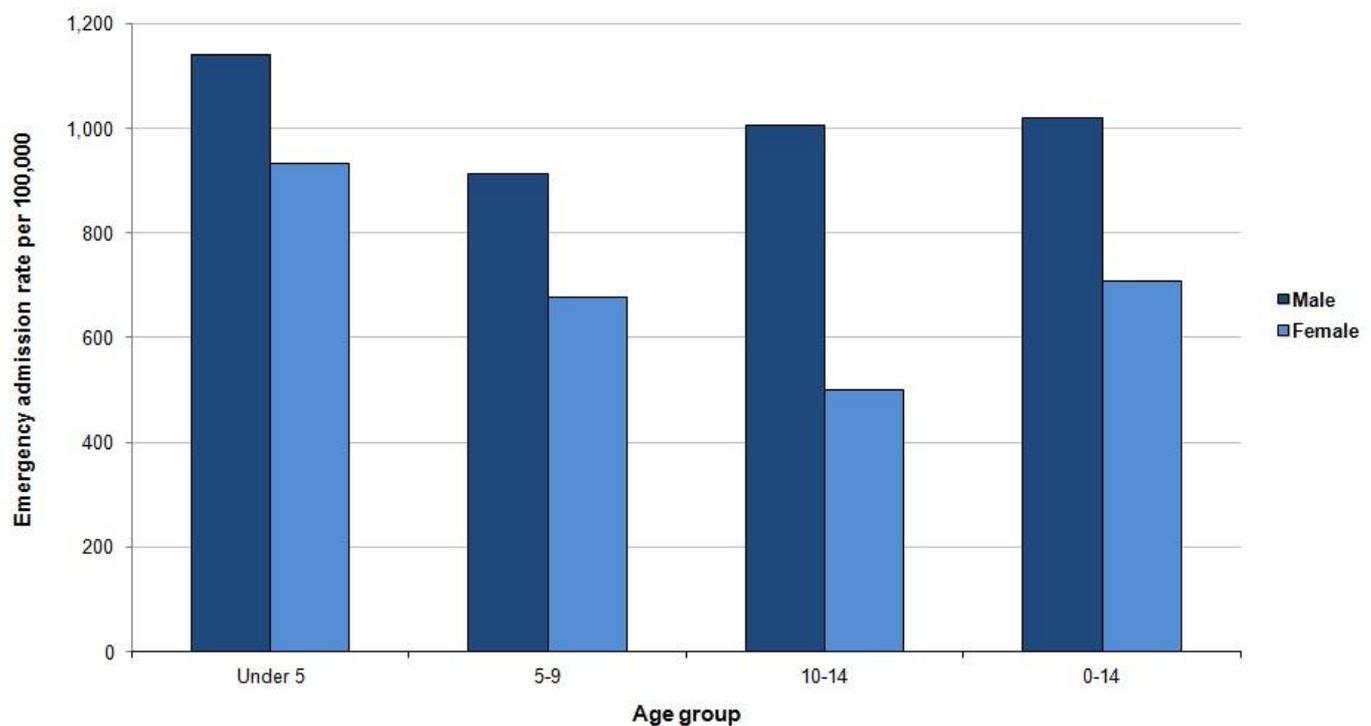
1. Rate per 100,000 directly standardised (age-sex) using the European standard population (2013).
Source: ISD Scotland, SMR01 data

Chart 1 shows the European Age Standardised Rate (EASR) per 100,000 for emergency hospital admissions as a result of an unintentional injury in children for years ending 31 March 2007 to 2016.

The general trend over the last ten years has been decreasing admission rates for both males and females. In 2015/16 the rate of emergency hospital admissions per 100,000 population for males aged under 15 was 1,015.9 compared to 695.5 for females.

See [Table 3](#) for more information.

Chart 2 - Emergency hospital admissions as a result of an unintentional injury; rates¹ for children aged under 15, by age group, year ending 31 March 2016



1. Rate per 100,000 based on National Records of Scotland mid 2015 population estimates.
Source: ISD Scotland, SMR01 data

Chart 2 shows admission rates per 100,000 population. The rate of emergency hospital admission per 100,000 males aged under 15 was 1,020.0 compared to 706.8 for females in 2015/16. In all the child age groups, males were more likely than females to be admitted to hospital for an unintentional injury.

See [Table 5](#) for more information.

3.1.2 Injuries in children by cause of injury

For Scotland in 2015/16, nearly half (47.8%) of the 7,418 emergency admissions to hospital for children aged under 15 due to an unintentional injury were the result of a fall. Falls were by far the most common cause of emergency admissions due to unintentional injury in children, for males and females.

See [Table 5](#) for more information.

With falls being responsible for such a high proportion of the emergency admissions, fractures and head injuries were the most common main diagnoses among children admitted to hospital due to unintentional injuries.

See [Table 13](#) and [Table 14](#) for more information.

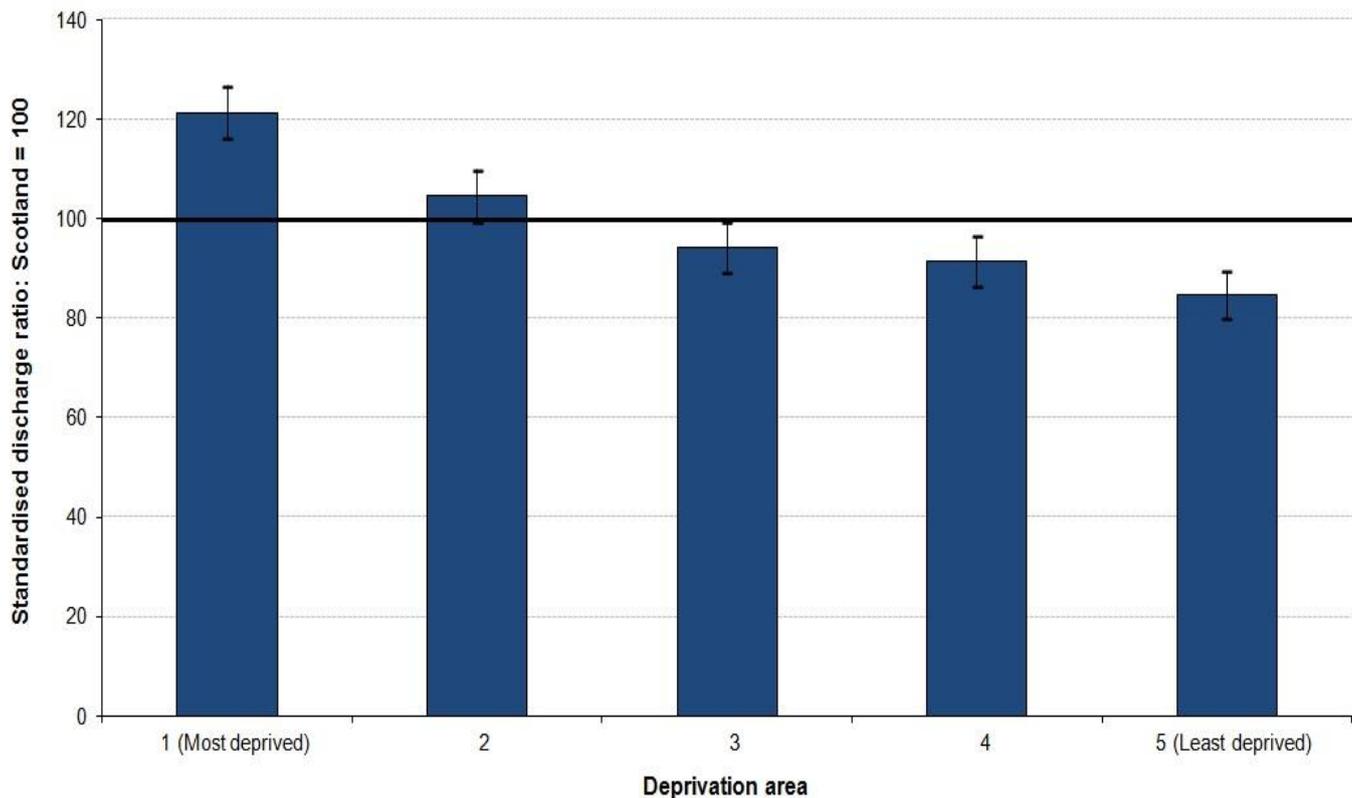
3.1.3 Injuries in children by deprivation

The Scottish Index of Multiple Deprivation (SIMD) is an area-based measurement of multiple deprivation. Areas are divided into five groups with decreasing levels of deprivation. Figures shown here are standardised discharge ratios (SDRs) which express the number of discharges

in each deprivation area as a percentage of those which would have occurred had the Scottish discharge rates for each age and sex group prevailed in that deprivation area.

See the [Appendix](#) for more information on standardised ratios, confidence intervals and SIMD.

Chart 3 - Emergency hospital admissions as a result of an unintentional injury; children aged under 15, by deprivation area, standardised discharge ratio¹ with 95% confidence intervals, year ending 31 March 2016



1. Data are standardised for age and sex.
The horizontal line shows the level for Scotland as a whole.
Source: ISD Scotland, SMR01 data; SIMD 2016

Chart 3 shows that for 2015/16, children aged under 15 living in the most deprived areas were more likely than children in the least deprived areas to have an emergency admission to hospital for an unintentional injury.

The standardised discharge ratio was 21% higher in the most deprived areas compared to the Scottish average. In the least deprived areas, the standardised discharge ratio was 15% lower.

See [Table 10](#) for more information.

3.2 Unintentional Injuries in Adults

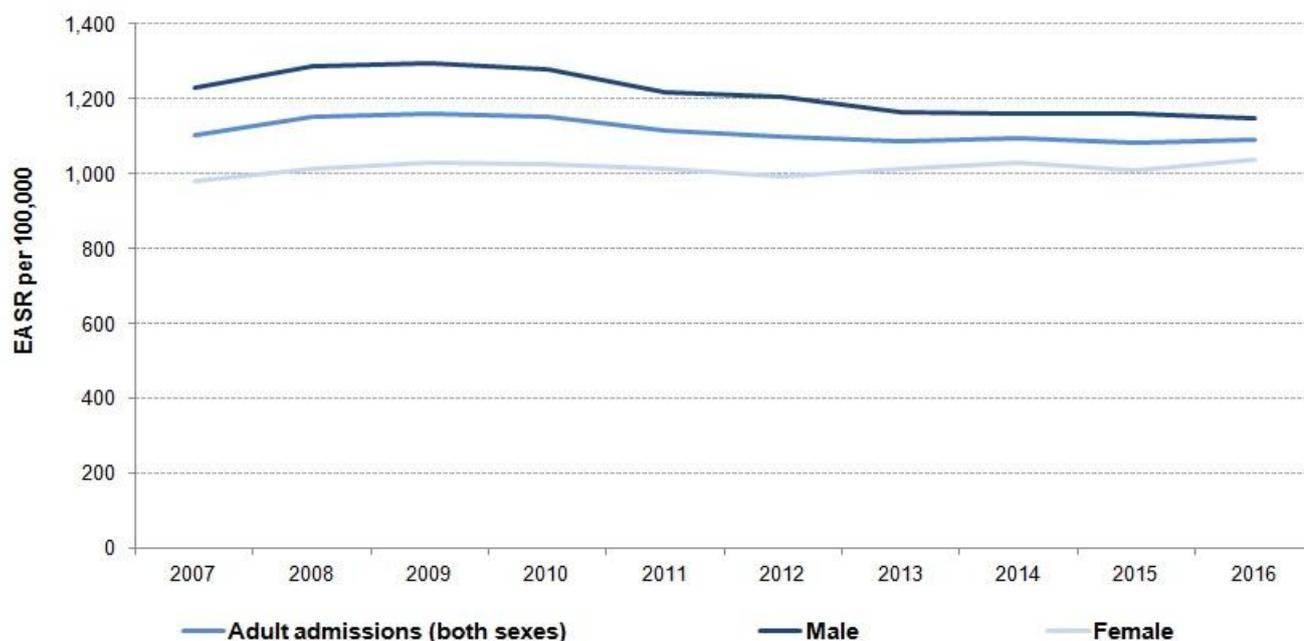
3.2.1 Injuries in adults by age group and gender

In Scotland, for those aged 15 and over, there were 1,874 deaths as a result of unintentional injury in the calendar year ending 31 December 2015. There were also 48,129 emergency admissions to hospital for adults in the financial year ending 31 March 2016.

However, the majority of unintentional injuries result neither in death nor in hospital admission but are treated by the individual, GPs or Accident & Emergency departments. Figures reported in this publication are for Scottish residents who died as a result of an unintentional injury or were admitted to hospital as an inpatient under an appropriate emergency admission code.

There was an increase of almost 9% in the number of deaths in Scotland as a result of unintentional injury in 2015 (1,874) compared to 2014 (1,727) and an increase of almost 2% in the number of emergency hospital admissions in 2015/16 (48,129) compared to 2014/15 (47,232).

Chart 4 - Emergency hospital admissions as a result of an unintentional injury; rates¹ for adults aged 15 and over, by gender, year ending 31 March 2007-2016



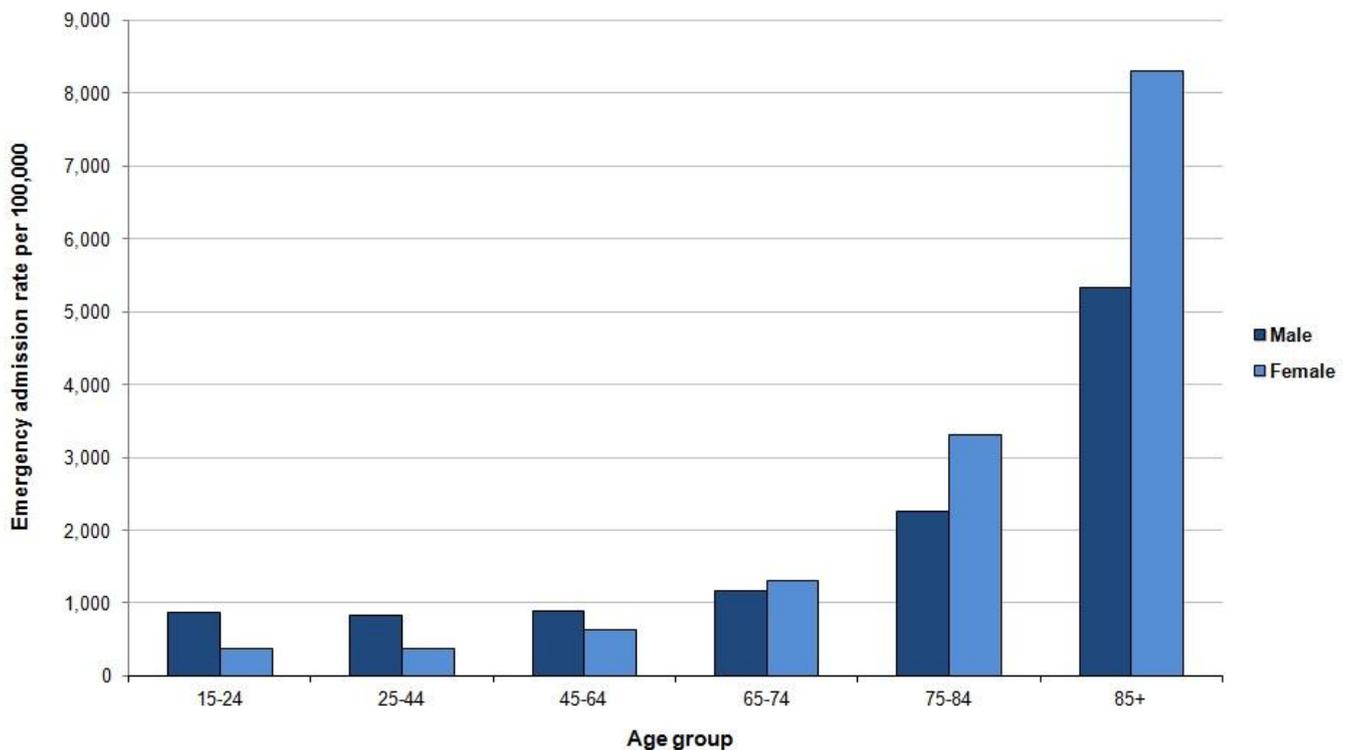
1. Rate per 100,000 directly standardised (age-sex) using the European standard population (2013).
Source: ISD Scotland, SMR01 data

Chart 4 shows the European Age Standardised Rate (EASR) per 100,000 for emergency hospital admissions as a result of an unintentional injury in adults for years ending 31 March 2007 to 2016.

The rate for males has been gradually decreasing since a peak of 1,295.4 in 2009. However, for females, the general trend over the last ten years shows a slight increase. In 2015/16 the rate of emergency hospital admissions per 100,000 for males aged 15 and over was 1,148.7 compared to 1,035.1 for females. The overall adult rate was 1,091.9.

See [Table 3](#) for more information.

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 2016



1. Rate per 100,000 based on National Records of Scotland mid 2015 population estimates.
Source: ISD Scotland, SMR01 data

Chart 5 shows admission rates per 100,000 population. Between the ages of 15-64, males were more likely than females to have an emergency admission to hospital due to an unintentional injury. However, this pattern reversed in the age groups 65-74, 75-84 and 85+ where females had the higher admission rates.

There were a total of 48,129 admissions of adults aged 15 and over in 2015/16. Just over 50% of these were in the 65 and over age groups.

See [Table 5](#) for more information.

3.2.2 Injuries 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, although each older age group had a higher percentage of admissions caused by a fall. This increased from 26% of emergency admissions by those aged 15-24 to 91% of emergency admissions by those aged 85 and over.

See [Table 5](#) for more information.

Similar to the child age groups, fractures and head injuries were the most common main diagnoses for adults aged 15 and over who had an emergency hospital admission as a result of an unintentional injury.

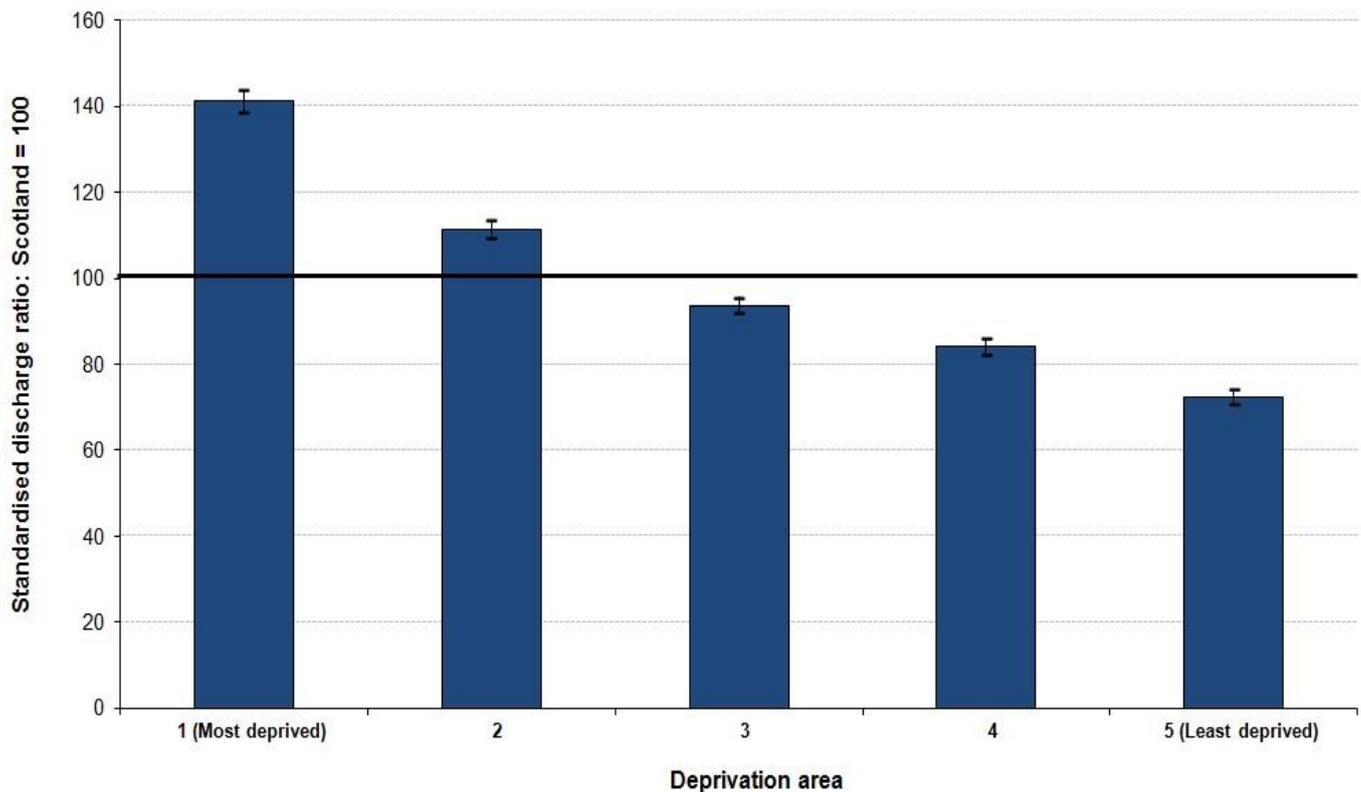
See [Table 13](#) and [Table 14](#) for more information.

3.2.3 Injuries in adults by deprivation

The Scottish Index of Multiple Deprivation (SIMD) is an area-based measurement of multiple deprivation. Areas in Scotland were divided into five groups, each with decreasing levels of deprivation. Figures shown here are standardised discharge ratios (SDRs) which express the number of discharges in each deprivation area as a percentage of those which would have occurred had the Scottish discharge rates for each age and sex group prevailed in that deprivation area.

See the [Appendix](#) for more information on standardised ratios, confidence intervals and SIMD.

Chart 6 - Emergency hospital admissions as a result of an unintentional injury; adults aged 15 and over, by deprivation area, standardised discharge ratio¹ with 95% confidence intervals, year ending 31 March 2016



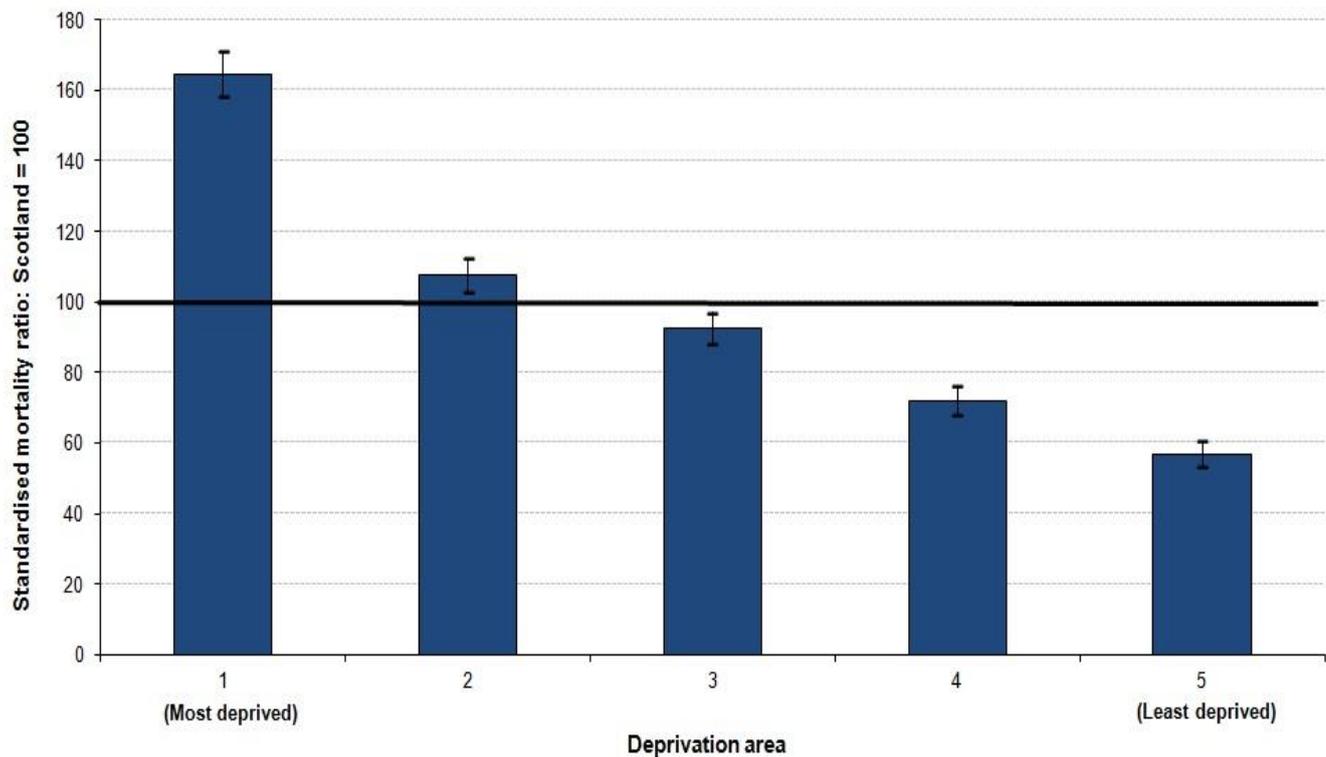
1. Data are standardised for age and sex.
 The horizontal line shows the level for Scotland as a whole.
 Source: ISD Scotland, SMR01 data; SIMD 2016

Chart 6 shows that for 2015/16, adults aged 15 and over living in the most deprived areas were more likely than adults in the least deprived areas to have an emergency admission to hospital for an unintentional injury.

The standardised discharge ratio was 41% higher in the most deprived areas compared to the Scottish average. In the least deprived areas, the standardised discharge ratio was approximately 28% lower.

See [Table 10](#) for more information.

Chart 7 - Deaths as a result of an unintentional injury; adults aged 15 and over, by deprivation area, standardised mortality ratios¹ and 95% confidence intervals, year ending 31 December 2011-2015



1. Data are standardised for age and sex.
 The horizontal line shows the level for Scotland as a whole.
 Source: National Records of Scotland; SIMD 2016

Chart 7 shows the association between mortality from unintentional injury and deprivation for adults aged 15 and over during the period 2011-2015.

Taking into account the age and sex breakdown of the population compared to Scotland there were more deaths from unintentional injuries in deprived areas than less deprived areas. The standardised mortality ratio was approximately 65% higher in the most deprived areas and 43% lower in the least deprived areas, compared to the Scottish average.

See [Table 11](#) for more information.

3.2.4 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, which has a wide range of social and economic consequences.

Falls are of particular interest as they are the cause of such a higher proportion of hospital admissions, especially in the older age groups. This is being addressed by a national improvement programme.

<http://www.gov.scot/Publications/2014/04/2038>

Since 2010 the National Falls Programme has aimed to support health and social care partnership areas to implement local integrated pathways which enable a systematic and evidence based approach to falls prevention and management.

The 'falls rate per 1,000 population aged 65+' has also been named as one of the health and social care indicators. This is in an effort to more accurately measure and ultimately reduce numbers of falls among the elderly.

<http://www.gov.scot/Resource/0047/00475305.pdf>

In 2015/16 there were 24,453 emergency admissions to hospital for an unintentional injury in those aged 65 and over, with 84% of these being the result of a fall.

Further information on falls in the 65 and over age group can be found in [Table 16](#) which shows numbers and rates at NHS Board and council area level, split by sex and presented across various age groups.

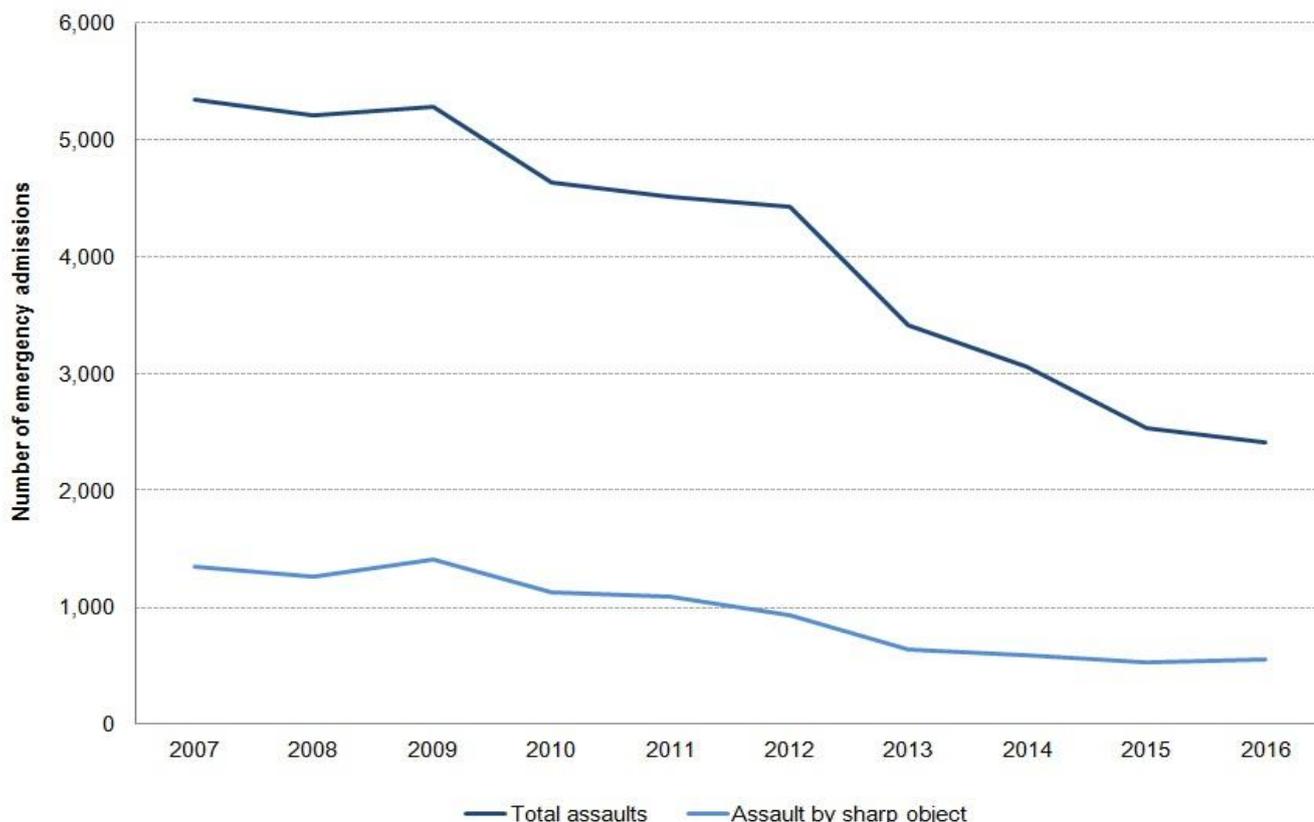
See [Table 16](#) for more information.

3.3 Assaults

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

Gun assaults are included in the category 'other assaults'. This is because the number of gun assaults has reduced over recent years and as such, the number of emergency hospital admissions and deaths resulting from gun assaults are very small.

Chart 8 - Emergency hospital admission in Scotland as a result of assault and assault by sharp object, year ending 31 March 2007-2016



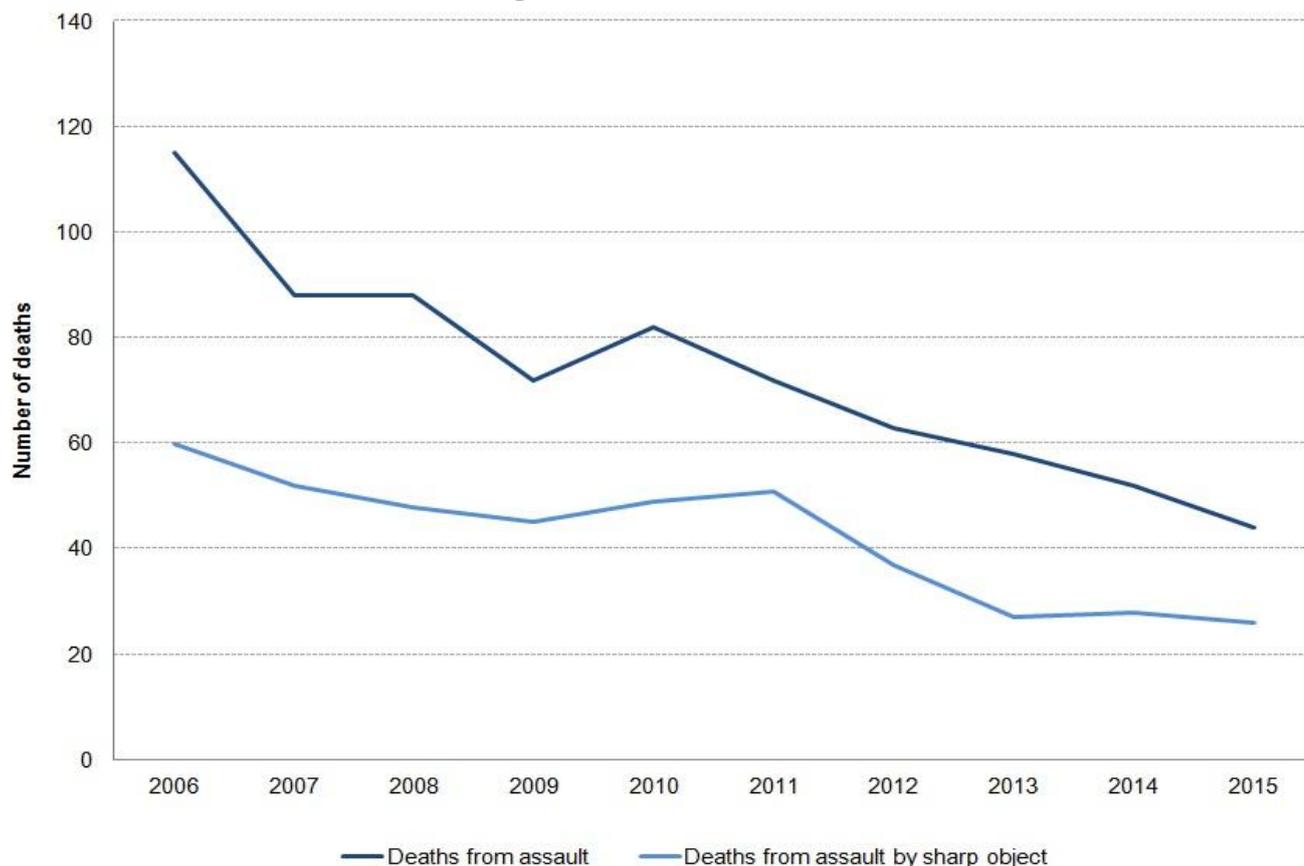
Source: ISD Scotland, SMR01 data

Chart 8 shows that for all ages (adults and children) there were a total of 2,413 emergency admissions to hospital in Scotland resulting from assault in 2015/16. There has been a decrease of almost 55% in the past ten years with 5,351 emergency admissions in 2006/07.

Expressed as a rate per 100,000, the emergency admission rate as a result of assault was 44.9 in 2015/16 compared to 104.2 in 2006/07.

Assaults by sharp object accounted for 23% of all emergency hospital admissions for assault in 2015/16.

Chart 9 - Deaths in Scotland as a result of assault and assault by sharp object, year ending 31 December 2006-2015



Source: National Records of Scotland

Chart 9 shows that for all ages (adults and children) there were a total of 44 deaths in Scotland resulting from assault in 2015. There has been a decrease of almost 62% in the past ten years with 115 deaths in 2006.

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.

In the past ten years there has been a large decrease in the frequency of assaults involving knives or other sharp objects. There were 559 emergency hospital admissions in 2015/16, reflecting an overall decrease of approximately 59% since 2006/07 and 26 deaths in 2015, an overall decrease of 57% from 2006.

See [Table 15](#) for more information.

3.4 Interactive Tables

Interactive tables ([Table 1](#) for emergency admissions and [Table 2](#) for deaths) offer in depth information on unintentional injuries by NHS Board, council area, 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.

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 ([Table 15](#)). This table offers information on the most recent ten year period showing the number of emergency hospital admissions and deaths, with numbers and rates each year, type of assault and NHS Board.

[Table 16](#) provides an in depth look at unintentional injuries as a result of falls. This table presents numbers and rates per 1,000 population, by age group, gender, NHS Board and council area.

Glossary

Average length of stay	Mean stay (in days) for each episode.
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 Appendix .
Deprivation area	Deprivation areas each contain 20% of the total population in Scotland. Deprivation area 1 contains the most deprived 20% of the population, while area 5 contains the least deprived 20%.
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 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.

Standardised Discharge Ratio	Expresses the numbers of discharges in each area of interest (e.g. deprivation area) 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 area) 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	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 and council area of residence.	Year ending 31 March 2007 - 2016	Excel [7549kb]
2	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 and council area of residence.	Year ending 31 December 2006 - 2015	Excel [6043kb]
3	Emergency hospital admission as a result of unintentional injury. Number, standardised rates and confidence intervals for adults and children.	Year ending 31 March 2007 - 2016	Excel [75kb]
4	Deaths as a result of unintentional injury. Number, standardised rates and confidence intervals for adults and children.	Year ending 31 December 2006 - 2015	Excel [102kb]
5	Emergency hospital admissions as a result of unintentional injury, by cause of injury. Both sexes, males, females.	Year ending 31 March 2016	Excel [87kb]
6	Deaths as a result of unintentional injury by cause of injury and age group. Adults, children.	Year ending 31 December 2015	Excel [42kb]
7	Emergency hospital admissions as a result of unintentional injury by NHS Board of residence. Number, standardised ratio and confidence intervals for adults and children.	Year ending 31 March 2016	Excel [38kb]
8	Deaths as a result of unintentional injury, adults aged 15 and over by NHS Board of residence. Number, standardised ratio and confidence intervals. Adults only.	Year ending 31 December 2011 - 2015 Total for 5 year period	Excel [31kb]

9	<p>Emergency hospital admissions as a result of unintentional injury by council area of residence.</p> <p>Number, standardised ratio and confidence intervals for adults and children.</p>	Year ending 31 March 2016	Excel [48kb]
10	<p>Emergency hospital admissions as a result of unintentional injury by deprivation, for all and road traffic accidents.</p> <p>Number, standardised ratio and confidence intervals for adults and children.</p>	Year ending 31 March 2016	Excel [113kb]
11	<p>Deaths as a result of unintentional injury by deprivation</p> <p>Number, standardised ratio and confidence intervals.</p> <p>Adults only.</p>	Year ending 31 December 2011 - 2015 Total for 5 year period	Excel [56kb]
12	<p>Emergency hospital admission as a result of a road traffic accident.</p> <p>Number of emergency hospital admissions with average length of stay, for adults and children.</p>	Year ending 31 March 2016	Excel [51kb]
13	<p>Number of emergency hospital admissions as a result of unintentional injury by sex and top 10 main diagnoses.</p> <p>Adults, children.</p>	Year ending 31 March 2016	Excel [159kb]
14	<p>Number of emergency hospital admissions as a result of unintentional injury by cause and top 10 main diagnoses.</p> <p>Adults, children.</p>	Year ending 31 March 2016	Excel [72kb]
15	<p>Emergency hospital admissions and deaths as a result of assault.</p> <p>Number of emergency hospital admissions, by type, for adults and children.</p> <p>Number of deaths as the result of an assault, by type, for adults and children</p>	Year ending 31 March 2007 - 2016 & Year ending 31 December 2006 - 2015	Excel [189kb]
16	<p>Emergency hospital admissions as a result of falls by age group.</p> <p>Interactive table with selection of year, gender, NHS Board and council area of residence.</p>	Year ending 31 March 2007 - 2016	Excel [3099kb]

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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 (NRS death registrations)

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. The figures reported in this publication are those who died as a result of an unintentional injury or were admitted to hospital as an inpatient under an appropriate emergency admission code.

Furthermore, only Scottish residents with a known area of residence are included.

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 (SMR01) for NHS Scotland for 2015/16 are 98% complete nationally.

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 Scotland 2014-2015](#)' [1.87MB] was published in August 2016. 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). NRS are part of the devolved Scottish Administration and 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 2014/15 were estimated to be 98% 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.

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 tables below 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 12, which shows hospital admissions for road traffic accidents, counts children as those aged under 17 and 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)
All injuries	V01-X59, Y85-Y86
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.

Deaths - Assault	ICD10 (from 2000)
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.

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
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
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

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
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.

Population estimates

Mid-year population estimates for 2015 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.

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 area) 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 area) 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 2016

The 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. For the purposes of this report the population have been divided into five equal groups where quintile 1 to 5 represent areas with decreasing levels of deprivation. Further information on the SIMD can be found at:

<http://www.isdscotland.org/Products-and-Services/GPD-Support/Deprivation/SIMD/>

Disclosure

Where statistics provide information on small numbers of individuals, Information Services Division 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 nss.isdmaternity@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	PDF report and Excel workbooks.
Data source(s)	SMR01 hospital discharges & NRS deaths.
Date that data are acquired	Jan 2017.
Release date	7 March 2017.
Frequency	Annual.
Timeframe of data and timeliness	Data ranges from 2006-2015 (deaths) and 2006/07-2015/16 (admissions).
Continuity of data	Data are reported from 2006 for deaths and from 2006/07 for emergency admissions.
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 any 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 2015/16 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 or year.
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 2016
Next published	March 2018 (provisional)
Date of first publication	2006
Help email	nss.isdmaternity@nhs.net
Date form completed	February 2017

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.