Emergency Department Activity and Waiting Times Monthly Update

Publication Metadata (including revision details)

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication title</td>
<td>Emergency Department Activity and Waiting Times.</td>
</tr>
<tr>
<td>Description</td>
<td>This publication reports key statistics on new and unplanned return attendances at Accident and Emergency (A&amp;E) services across Scotland. The information presented in the publication includes trends in the number of attendances and admissions, and performance against the four hour waiting time standard.</td>
</tr>
<tr>
<td>Theme</td>
<td>Health and Social Care.</td>
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<tr>
<td>Topic</td>
<td>Emergency Care.</td>
</tr>
<tr>
<td>Format</td>
<td>Webpage, Excel workbook and CSV.</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>A&amp;E datamart.</td>
</tr>
<tr>
<td>Date that data are acquired</td>
<td>10th of the month prior to publication.</td>
</tr>
<tr>
<td>Release date</td>
<td>First Tuesday of the month.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Monthly</td>
</tr>
<tr>
<td>Timeframe of data and timeliness</td>
<td>New data for the month two months prior to publication (e.g. March publication contains the data for January).</td>
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</tbody>
</table>
| Continuity of data | 1) A&E discharge times at hospitals in NHS Lothian were not accurately recorded up to November 2017. The Academy of Medical Royal Colleges was commissioned by Scottish Government to ascertain the causes for the data issues in NHS Lothian. The review findings were published 26 June 2018.  
2) A small number of records reported in this publication as over 12 hour waits prior to March 2014 reflect errors in recording, and are not genuine long waits.  
Figure 1 shows the information provided to us from NHS boards with approximate counts for the number of over 12 hour waits which are in error in 2011/12 to 2013/14.  
It is important to note that based on 1.6million attendances per year, these erroneous records do not impact at all on the percentage compliance with the 4 hour standard either within a Board or at a Scotland level. |

Number of new attendances at A&E Services across Scotland for NHS Boards with erroneous 12 hour waits, April 2011 to March 2014

<table>
<thead>
<tr>
<th></th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
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</tbody>
</table>
3) Some hospitals which previously submitted aggregate data have moved to submitting episode level data. The hospitals affected are listed in the List of Sites. Please bear this in mind when looking at trends in tables which are based on episode level data only; an increase in the number of attendances may be the result of additional sites submitting episode level information rather than a true increase.

4) NHS Fife - As of 08:00 hrs on 19 January 2012 all Emergency Department (ED) services were transferred to Victoria Hospital and Queen Margaret Hospital became a Minor Injury Unit (MIU).

5) NHS Forth Valley - As of 08:00 on 12 July 2011 the ED at Stirling Royal Infirmary closed and became an MIU at Stirling Community Hospital; the MIU at Falkirk Community Hospital closed; and a new ED opened at Forth Valley Royal Hospital.

6) NHS Greater Glasgow & Clyde - As of 8:00am on 2 May 2015, all A&E services at the Southern General Hospital transferred to The Queen Elizabeth University Hospital and the Southern General closed.

As of 8:00am on 16 May 2015 the ED at Victoria Infirmary closed and the service transferred to The Queen Elizabeth University Hospital. The Victoria Infirmary MIU was not affected.

As of 8:00am on 30 May 2015 the ED service at the Western Infirmary closed and the service transferred to The Queen Elizabeth University Hospital. The new West Glasgow MIU service opened on the Western Infirmary site.

As of 08:00 hrs on 10 Jun 2015, the A&E services at the Royal Hospital for Children (Glasgow) moved location from the Yorkhill campus to The Queen Elizabeth University Hospital campus.

Stobhill Hospital changed services in April 2011 from having both an ED and MIU to only having an MIU.

7) NHS Highland - Some sites in NHS Highland which supply aggregate data have on occasion not split return attendances into unplanned and planned return attendances, so that only new attendances have been included. This issue will affect NHS Highland's total attendance figure by around 1-4% per month and has a negligible affect on Scotland's total attendances.

From 20 May 2018, Raigmore hospital in NHS Highland trialled a new patient flow system. As a consequence the accuracy of some patients' waits may have been affected between this date and 4
July, however the total number of attendances remains correct.

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

9) NHS Orkney - Balfour Hospital became an ED on 1 January 2014.

10) NHS Tayside - ED migrated across to TrakCare from Symphony during June 2017, therefore the data submitted across this period may be subject to change or refinement as this migration evolves. As such, any data recorded across this period should be viewed in this context.

Revisions statement

Figures contained within each publication may also be subject to change in future publications. See ISD Statistical Revisions Policy. If NHS boards discover that data submitted for publication is incorrect, or that data are missing, further re-submissions can be made up until the publication submission deadline date. Any revised figures will then be reflected within the current publication. Figures contained within each publication may also be subject to change in future releases as submissions may be updated to reflect a more accurate and complete set of data.

Revisions relevant to this publication

Concepts and definitions

Details of data items collected and validation process: A&E Users Guide
Data item codes, descriptions and definitions: A&E: Data Recording Manual
Background information and glossary: Background Information

Relevance and key uses of the statistics

Waiting times are important to patients and are a measure of how the NHS is responding to demands for services. Measuring and regular reporting of waiting times highlights where there are delays in the system and enables monitoring of the effectiveness of NHS performance throughout the country. The NHS in Scotland has been set a number of targets for maximum waiting times.

Other uses of the data include information requests for a variety of customers, e.g. research charities; public companies; freedom of information requests; information support to Boards; parliamentary questions.

Accuracy

In addition to any local data quality checks, the data submitted to the A&E datamart is subject to a validation procedure. For a list of the validation rules refer to Appendix A of the A&E User Guide. As well as ensuring that data for the correct site and time period is submitted, the validation ensures that the data is in the correct
format and only contains accepted codes; refer to [A&E: Data Recording Manual](#).

If the submission file does not meet all of the validation rules then the whole file is rejected. The resulting errors are reported back to the submitting site where they must be amended and the file resubmitted. Once the file passes validation it is loaded into the datamart where it is then available for analysis and reporting. ISD works closely with colleagues in the NHS boards to improve the validation and accuracy of the data and to ensure that the appropriate data standards are understood and applied by all sites.

Each month a suite of performance and monitoring reports are produced and made available to NHS boards and the Scottish Government. These reports generally show good consistency of recording between months. Where any unusual or unexpected figures are noted then this is raised with the NHS board for confirmation. If changes are required then they must be explained fully by the NHS board and the data is resubmitted. A log is kept noting any changes that are necessary.

**Completeness**

Training issues affecting completion and understanding of A&E data items are discussed during annual data quality meetings between ISD and all NHS Boards. Any training or data quality issues raised in between visits will either be noted for follow up at the next Board meeting, or dealt with by email or telephone at that time. It is intended that a fuller training package utilising LearnPro will be developed in due course.

In addition, ongoing monitoring of the quality of data covers the completeness, timeliness and accuracy of data recorded.

**Comparability**

All 4 UK countries publish information on the time spent in Accident and Emergency (A&E), though this can be labelled under Emergency Department (as in Scotland) or Emergency Care (as in Northern Ireland). The published statistics are not exactly comparable because: they were designed to monitor targets which have developed separately within each country; the provision and classification of unscheduled care services varies across the UK; the systems which collect the data are different.

**England**  

**Northern Ireland**  

**Wales**  

**Accessibility**

It is the policy of ISD Scotland to make its web sites and products accessible according to [published guidelines](#).

**Coherence and clarity**

Statistics are presented within an excel spreadsheet with drop down box allowing selection of individual hospital or NHS board. Selected statistics at board level are also presented within a PDF.
<table>
<thead>
<tr>
<th>Value type and unit of measurement</th>
<th>Count of total attendances. Count of attendances in department for 4, 8 and 12 hours. Proportion of attendances in department for 4, 8 and 12 hours. Count of attendances by destination on leaving department.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disclosure</td>
<td>The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.</td>
</tr>
<tr>
<td>Official Statistics designation</td>
<td>National Statistics</td>
</tr>
<tr>
<td></td>
<td><a href="#">The regulatory arm of the UK Statistics Authority has committed</a> to undertake a review of the compliance of this publication with the Code of Practice for statistics as a result of the concerns around the quality of the statistics it contains.</td>
</tr>
<tr>
<td>UK Statistics Authority Assessment</td>
<td>Assessed by UK Statistics Authority as part of the <a href="#">Statistics on NHS Waiting Times in Scotland</a> report.</td>
</tr>
<tr>
<td>Date of first publication</td>
<td>Data available from 01 July 2007</td>
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<tr>
<td>Help email</td>
<td><a href="#">nss.isdunscheduledcare@nhs.net</a></td>
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<tr>
<td>Date form completed</td>
<td>19 October 2018</td>
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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
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.