

Publication Report



Acute Hospital Activity and NHS Beds Information

Quarter ending September 2012

Publication date – 18 December 2012



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Introduction

Scottish NHS hospitals provide a wide range of specialist care and treatment for patients. Typically, services offered in NHS secondary care settings (usually in an acute, general or community hospital) are diverse. They include: consultation with specialist clinicians (consultants, nurses, dieticians, physiotherapists and a wide range of other professionals); emergency treatment following transfer from emergency departments; routine, complex and life saving surgery; specialist diagnostic procedures; and close observation and short-term care of patients.

This quarterly publication summarises information on different aspects of hospital care, sourced from hospital administrative systems across Scotland. It is designed to provide timely, high level hospital activity and beds statistics, and update information on current [Scottish Government Performance Targets](#) (HEAT targets).

This release includes;

- Newly published information on quarterly inpatient, day case and outpatient activity and bed statistics for NHSScotland up to September 2012.
- Newly published information on quarterly bed statistics for NHSScotland up to September 2012.
- Updated information for the NHSScotland HEAT target on emergency bed days for patients aged 75 and over to March 2012.

As previously announced, this publication no longer includes information on the completed HEAT targets on (a) Emergency Bed Day Rates for Patients Aged 65 and Over or (b) Day Surgery Rates. Final data for these targets were released in the [September 2012 Acute Hospital Activity publication](#).

It should be noted that quarterly figures are likely to be less complete than annual data and, as a result, imputation may have been used to account for shortfalls in the quarterly data. ISD has clearly identified statistics where imputation has been used and noted other relevant data issues. The main issues are also detailed within the [data issues and completeness document](#) which accompanies this publication with additional information included within the [background section](#) of this report

It should be noted that figures on A&E attendances are no longer published under the [Hospital Care Topic](#) as alternative and improved data collection systems are now established in A&E departments which are managed separately from those covering broader hospital activity information. A&E attendance figures are published quarterly on the [Emergency Department Activity](#) web pages and these should be considered the primary source of emergency department activity.

Historic annual figures up to 2011/12 can be found within the September 2012 [Acute Hospital Activity publication](#).

Key points

- There were around 360,000 acute inpatient and day case discharges in the quarter ending September 2012. This is a less than 1% difference from the same quarter of the previous year.
- The total number of outpatient attendances in the quarter ending September 2012 was around 1,177,000. This is an increase of around 1.3% on the quarter ending September 2011.
- The number of available staffed beds in acute specialties was recorded as 16,091 in the quarter ending September 2012. This is a reduction of 1.5% from 16,335 beds in September 2011.
- The rate of emergency bed days per 1,000 patients aged 75 and over reduced by 9.1% from 5,390 in 2009/10 to a 4,899 in 2011/12.

It should be noted that outpatient, inpatient and day case figures may include an element of estimation for any incomplete or missing data submissions. Therefore, data for the latest time periods should be treated as provisional. Estimates of revision percentages between publications can be found within the [background](#) section of this report.

ISD are working with NHS Boards to resolve ongoing data submission issues. The majority of these issues have resulted from implementation of the new PMS TrakCare system and other existing system issues. Further details of these issues can be found [here](#).

Results and Commentary

1. Quarterly Inpatient, Day Case and Outpatient Activity

It should be noted that these figures may include an element of estimation for any incomplete or missing data submissions. The estimation process uses the previous complete data submission where required. Any revisions are expected to be relatively small. Details can be found within the relevant Excel files.

Table 1- Quarterly inpatient, day case and outpatient activity (thousands) for patients treated in NHS Scotland, for quarters ending December 2010 to September 2012^P

| | Dec-10 ^P | Mar-11 ^P | Jun-11 ^P | Sep-11 ^P | Dec-11 ^P | Mar-12 ^P | Jun-12 ^P | Sep-12 ^P |
|--|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Total Outpatient Attendances (all specialties except A&E)* | 1,095 | 1,183 | 1,154 | 1,162 | 1,164 | 1,206 | 1,178 | 1,177 |
| First Outpatient Attendances (all specialties except A&E)* | 356 | 380 | 368 | 375 | 374 | 381 | 373 | 377 |
| First Outpatient Appointments % DNAs | 11.9 | 10.6 | 10.5 | 10.5 | 10.5 | 9.8 | 9.9 | 10.2 |
| Total Inpatient/Day Case Discharges (all specialties)* | 388 | 393 | 391 | 394 | 397 | 400 | 395 | 396 |
| Total Inpatient/Day Case Discharges ("acute" specialties)* | 352 | 356 | 354 | 358 | 360 | 367 | 360 | 360 |
| Total Inpatient Discharges ("acute" specialties)* | 243 | 244 | 243 | 246 | 248 | 251 | 247 | 247 |
| Total Day Case Discharges ("acute" specialties)* | 109 | 112 | 111 | 112 | 113 | 117 | 112 | 113 |
| Total Routine Inpatient Discharges ("acute" specialties)* | 111 | 110 | 109 | 111 | 111 | 113 | 110 | 111 |
| Total non-Routine (emergency) Inpatient Discharges ("acute" specialties)* | 133 | 134 | 134 | 135 | 136 | 137 | 137 | 136 |

* thousands

Sources: ISD(S)1 (OP and IP/DC 'all specialties'), SMR00 (DNA only), SMR01/ISD(S)1 (IP/DC 'acute specialties')

Note: Data for 2010/11 & 2011/12 are provisional.

Inpatients and Day Cases

- There were around 360,000 acute inpatient and day case discharges in the quarter ending September 2012. This is a less than 1% difference from the same quarter of the previous year.
- The number of acute inpatient discharge episodes was around 247,000 for the quarter ending September 2012. The change from the quarter ending September 2011 was negligible for total, routine and non-routine (emergency) inpatient episodes.
- The number of acute day case episodes in quarter ending September 2012 was around 113,000, similarly no appreciable change from the quarter ending September 2011.

Outpatients

- The total number of outpatient attendances in the quarter ending September 2012 was around 1,177,000. This is an increase of around 1.3% on the quarter ending September 2011.
- The percentage of “did not attends” (DNAs) for new appointments ranged between 10% and 12% over the quarters June 2010 to September 2012.

The DNA figures for quarter ending December 2010 (11.9%) are likely to be affected by the adverse weather conditions that were experienced during this time period. This should be taken into account when making data comparisons.

2. NHS Hospital Quarterly Beds Statistics

In order to provide an effective, safe and efficient service to patients, hospitals must balance the provision of staffed beds against anticipated demand. Historically, the total number of beds has been reducing in line with evolving models of healthcare provision which aim to reduce the frequency and duration of hospital admissions and improve the integration of health and social care services. This strategy aims to improve outcomes for patients and reduce the likelihood of future hospital admissions.

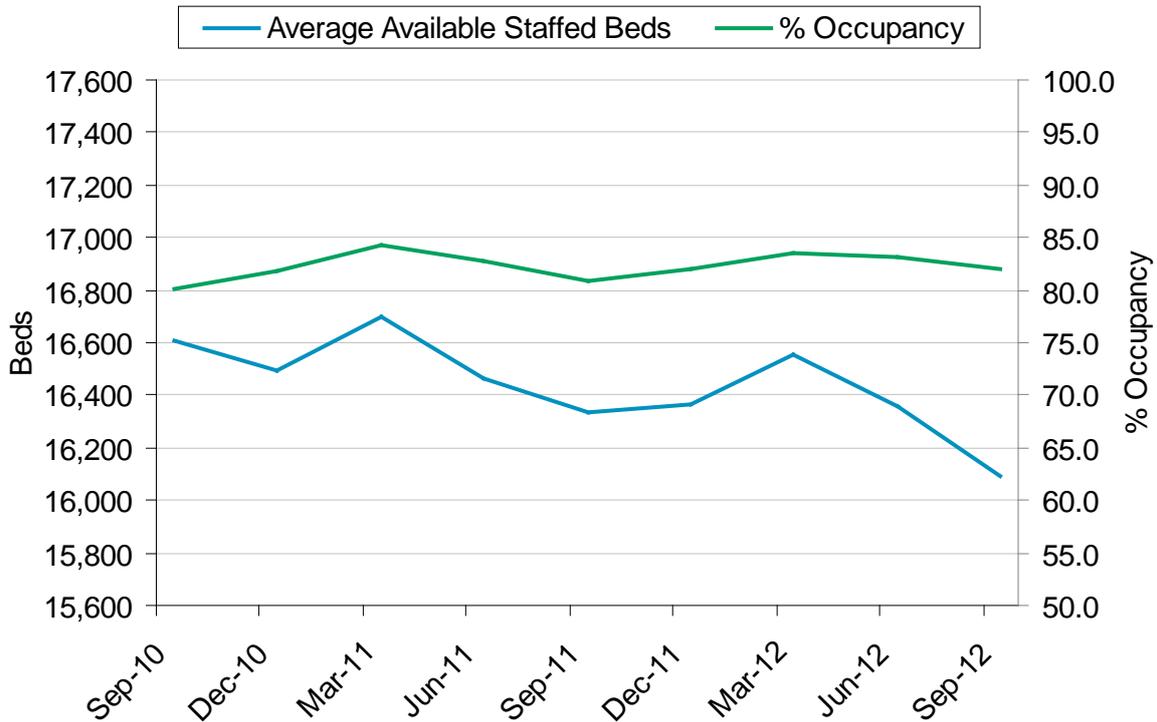
The main unit of measuring bed provision within this publication is an Available Staffed Bed. This is a bed which is resourced for inpatient or day case care.

Data for this is sourced from ISD(S)1 which can contain missing or incomplete data. In order to provide continuous trends, missing or incomplete data is estimated using previous available data submissions. Further details can be found within the [quarterly](#) beds publication files. Since the implementation of the New Patient Management system, TrakCare, the percentage of estimated figures for NHS Scotland has increased and is currently around 28% for the latest quarter (September 2012).

Information on NHS Beds published for quarterly time periods shows the most recent available provision and use, and how the numbers of beds by hospital specialty can change due to seasonal demands, such as increased activity in winter for elderly patients.

- The number of available staffed beds in acute specialties was recorded as 16,091 in the quarter ending September 2012. This is a reduction of 1.5% from 16,335 beds in September 2011.
- The occupancy rate for acute beds over the last 9 quarters (September 2010 – September 2012) has ranged from 80.1% to 84.3%. The occupancy rate in quarter ending September 2012 was 82.1%. Quarters ending March tend to have the highest occupancy year on year.
- The average number of inpatient discharges (episodes) treated per bed (i.e. throughput) has remained relatively constant over the last two years at ranging from 14.0 to 14.7.

Chart 3 - Quarterly average available beds and percentage bed occupancy in all acute specialties, for quarters ending September 2010 to September 2012^P



Source: ISD(S)1
 Note: vertical axes do not start at the origin (zero).

The number of beds in Scottish hospitals, as elsewhere in the UK, is gradually declining. This is largely attributable to changing medical practice including progress in medical technology and the provision of alternatives to hospital admission. Developments in medical technology have facilitated the provision of day surgery and ambulatory diagnostic or treatment services including, for example, the delivery of cancer treatments. Alternatives to hospital admission include nursing homes providing nursing care for elderly patients or services that enable patients to be cared for in their own homes. They also include facilities that aim to reduce the likelihood of admission, for example, assessment or observation units associated with emergency departments.

The 244 bed reduction seen between September 2011 and September 2012 can be attributable to a combination of evolving models of care as described above and recent hospital reconfiguration in a number of health boards.

Further information on Beds including historic trends of annual bed provision is available under the ISD website sub topic [Beds](#).

Technical information on how bed statistics are calculated can be found on the ISD data dictionary under [available staffed bed](#) and [bed complement](#).

3 Scottish Government Performance (HEAT) targets

The HEAT performance management system sets out the targets and measures against which NHS Boards are publicly monitored and evaluated. Every year a number of HEAT targets are agreed with NHSScotland and their partners. These set out the accelerated improvements that will be delivered across Scotland in support of progress towards the Scottish Government's Healthcare Quality Ambitions and Outcomes.

HEAT stands for:

- H - Health Improvement
- E - Efficiency and Governance
- A - Access to Services
- T - Treatment Appropriate to Individuals.

This publication includes information relating to the HEAT target on length of stay in hospital for older people admitted as an emergency.

Further information on HEAT can be found on the [Scotland Performs Website](#).

3.1 Emergency Admissions and Bed Days; Over 75s

Emergency admissions for the increasingly elderly population of Scotland are of particular interest to modern healthcare provision. In 2009, the Scottish Government developed a HEAT target for emergency admissions bed days in elderly patients aged 75 and over. This subset of older people tend to have longer hospital stays and a higher risk of healthcare associated infection (HAI), delayed discharge and institutional care outcomes than people in younger age groups.

Reducing the need for emergency hospital care, NHS Boards will achieve agreed reductions in emergency inpatient bed days rates for people aged 75 and over between 2009/10 and 2011/12 through improved partnership working between the acute, primary and community care sectors.

An additional target for this measure to make further reductions in emergency bed days for patients aged 75 and over was agreed in March 2012.

Reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population by at least 12% between 2009/10 and 2014/15.

- Across Scotland, the rate of emergency bed days per 1,000 patients aged 75 and over reduced from 5,390 in 2009/10 to 4,899 in 2011/12.
- It should be noted that the 2011/12 figures are provisional as not all emergency bed days data have been received by ISD. In order to account for these outstanding data we have provided an estimate of the Scotland bed day rate alongside the observed 2011/12 figure. This is based on the expected revisions in bed days figures seen in previous publications. On this basis, the reduction in bed day rates per 1,000 people aged 75 and over, from 2009/10 to 2011/12, was between 8 and 9%.

It should also be noted that, due to an issue with the derivation of Health Board of Residence during analysis file production, only the most recent year (2011/12) has been

updated in this publication. We will update all the trend data when the issue has been resolved in accordance with [ISD revisions policy](#).

[Data](#) for this measure is available for 2002/03 to 2011/12 and can be found under the ISD website sub topic: [Inpatient and Day Case Activity](#).

Glossary

| | |
|--------------------------------|---|
| Acute Hospital Care/Activity | includes services such as: consultation with specialist clinicians; emergency treatment; routine, complex and life saving surgery; specialist diagnostic procedures; close observation and short-term care of patients. 'Acute' hospital care includes activity occurring in major teaching hospitals, district general hospitals and community hospitals but excludes obstetric, psychiatric and long stay care services. |
| Average available staffed beds | the average daily number of beds, which are staffed and are available for the reception of inpatients (borrowed and temporary beds are included). |
| Average length of stay | mean stay per episode (in days) experienced by inpatients within a specialty/significant facility etc over any period of time. |
| Day case | this is when a patient makes a planned attendance to a specialty for clinical care, and requires the use of a bed or trolley in lieu of a bed. |
| Discharge | a discharge marks the end of an episode of care. Discharges include deaths and transfers to other specialties/significant facilities and hospitals as well as routine discharges home. |
| Elective Admission | this is when the patient has already been given a date to come to hospital for a planned procedure or treatment. |
| Emergency Admission | occurs when, for clinical reasons, a patient is admitted at the earliest possible time after seeing a doctor. |
| 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. |
| Incidence | this looks for the first occurrence of a diagnosis within a given time period. The time period used for published data is a 5 year incidence look back from the period of interest. For example, a patient is admitted in 2008 and again in 2009 for the same diagnosis. For the purpose of counting incidence, only the hospital episode in 2008 is counted. The 2009 episode would not be counted because the previous episode occurred within 5 years. |
| 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 | are those inpatients discharged following an emergency, unplanned admission (Includes emergency transfers). |
| Occupancy (%) | the percentage of available staffed beds that were occupied by inpatients during the period. |
| Occupied Bed | an occupied bed is an available staffed bed, which is either being used to accommodate an inpatient or reserved for a patient on pass. |
| Outpatient | is a patient who attends (outpatient attendance) a consultant or other medical clinic or has an arranged meeting with a consultant or a senior member of their team outwith a clinic session. Outpatients are categorised as new outpatients or follow-up (return) outpatients. |
| Routine Admission | occurs when a patient is admitted as planned (Includes planned transfers). |
| Specialty | is defined as a division of medicine or dentistry covering a specific area of clinical activity. A full listing of specialties covered by the data sets used in this publication is available on the NHS Scotland Health & Social Care data dictionary Specialty Listing web page. |
| Further details are available in the NHS Scotland Health & Social Care data dictionary . | |

List of Tables

| Table No. | Name | Time period | File & size |
|-----------|--|-----------------------------|-----------------|
| 1 | Quarterly Inpatient, Day Case and Outpatient Activity | June 2010 to September 2012 | Excel [132kb] |
| 2 | Quarterly trends in available beds | June 2010 to September 2012 | Excel [1,612kb] |
| 3 | Quarterly trends in available beds – NHS Board of Treatment Comparison | June 2010 to September 2012 | Excel [807kb] |
| 4 | HEAT Emergency Admissions Over 75s | 2002/03 to 2011/12 | Excel [1,560kb] |

Note: in order to view these documents, your macro security settings will need to be set to medium. To change macro security settings using Tools, Macro, Security - set security level to Medium and re-open the report.

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Further Information

Further information on Acute Hospital Activity can be found on the [Hospital Care](#) pages of the ISD website:

Further details on ISD publications and available information can be found on the [ISD website](#)

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Appendix

A1 – Background Information

People attending hospitals can be seen in various hospital settings.

Outpatient, day case and inpatient activity - This can involve a patient attending hospital, and either being admitted or being seen as an outpatient. Outpatient clinics are generally consultant led, however clinics led by nurse and other health professionals are a growing feature in a changing NHSScotland. For those patients requiring specialist treatment, such as a clinical procedure (operation) needed to diagnose a health problem, or a surgical operation carried out as part of the treatment provided, their care is likely to involve either an extended outpatient clinic appointment (for relative minor procedures), a day case admission where they require a longer period of recovery, or an inpatient admission where they require to stay in hospital.

Outpatient, inpatient and day case activity data are collected across NHSScotland and are based on nationally available information routinely drawn from hospital administrative systems across the country. The principal data sources are the SMR00 (outpatients), SMR01 (acute inpatients and day cases) and ISD(S)1 (aggregate hospital activity) returns. 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](#). Details on completeness can also be found within the excel data files.

ISD are working with NHS Boards to resolve ongoing data submission issues. The majority of these issues have resulted from implementation of the new PMS TrakCare system and other existing system issues. Further details of these issues can be found [here](#) or within the [data issues and completeness document](#) which accompanies this publication.

Revisions

Where possible, missing or incomplete data has been estimated for affected NHS Boards. ISD Scotland revised the estimation methodology for the inpatient and day case ISD(S)1 data used within these publications from June 2012. Estimated data are now based on an average of the last three submissions from the relevant NHS Boards. The change has been made to make estimates more accurate and consistent, and less sensitive to seasonal fluctuations. The number of days in the month has also been factored in to the process as this can cause erroneous variation if not accounted for. The estimation methodology for outpatient data remains based on the previous available quarterly submission, this methodology will also be revised in future publications.

All revisions to data within this publication are planned and are due to incomplete data returns at the time of publication. All tables will be revised annually or quarterly. In general these revisions have minimal affect on the statistics. If missing/incomplete data is significant and is due to be submitted and published in subsequent releases this will be highlighted within the notes on the affected table. Please see the [ISD revisions policy](#) for further details.

Revisions between the 25 September 2012 and 18 December 2012 published quarterly inpatient, day case and outpatient activity data for the quarter ending June 2012 were

small, ranging from -1.0% to 1.2%. Downward revisions can occur if actual submissions are lower than estimates.

Revisions between the 25 September 2012 and 18 December 2012 published quarterly average available beds for the quarter ending June 2012 ranged from -2.8% to 1.9% with the exception of Western Isles whose bed numbers were revised upwards by 23%. The large Western Isles revision was due to the submission of a long series of outstanding data. ISD are currently assessing this data for accuracy. Downward revisions can occur if actual submissions are lower than estimates. Further details can be found within the [relevant excel files](#).

The percentage increase, since the 25 September 2012 publication, in the 2011/12 emergency admissions for patients aged 75+, was around 0.4% while bed days have increased by an average of 0.7% across Scotland. Data for residents of NHS Grampian showed an expected increase in bed days of 5.8% due to the submission of a backlog of records.

Data Quality

The ISD Data Quality Assurance (DQA) team is responsible for evaluating and assuring SMR datasets are accurate, consistent and comparable across time and between sources. Details of the quality assurance process for SMRs can be found are published on the [DQA methodology web page](#).

The DQA team's [previous projects](#) web page contains details of past Data Quality Assurance Assessments, including final reports and findings. Emerging findings for the current SMR01 DQA Assessment can be found [here](#).

The data contained within this publication are predominantly based on ISD(S)1 aggregate data returns. ISD(S)1 contains summarised data by NHS Board of Treatment, hospital and specialty, i.e. high level reports with no patient details. This data return is in place to allow NHS Boards to report activity more frequently than that recorded on SMRs. ISD(S)1 is also the only source of bed occupancy and availability data.

All outpatient figures are sourced from ISD(S)1 with the exception of outpatient DNA rates which are obtained from patient-level outpatient appointment records (SMR00).

The inpatient and day case 'all specialties' figures are sourced from ISD(S)1. Patient-level data on discharges from acute general specialties are available from SMR01 returns, however these do not include information on specialties such as Genito-Urinary Medicine, Obstetrics and Psychiatry. Hence, ISD(S)1 data are used to provide high level activity figures for all specialties.

Inpatient and day case 'acute specialties' figures are sourced from SMR01 records if the levels of completeness of the SMR01 data are deemed to be fit for publication (97.5% of the expected figure). If SMR01 records are not deemed to be fit for publication then ISD(S)1 data are used. ISD(S)1 data may be adjusted to account for shortfalls/inaccuracies.

It should be noted that that there are apparent differences between activity figures published within the Hospital Care, Waiting Times and Finance web pages.

- The figures for elective admissions and new outpatients in the Acute Hospital Activity publication are considerably higher than the equivalent information published on the [Inpatient, Day Case and Outpatient waiting times web pages](#). This is largely due to the use of different definitions for the two sets of figures. For example, Acute Hospital Activity information includes non-waiting list cases, which do not form part of the published Scotland figures in 'Waiting Times'.
- Figures for inpatient and day case activity in the Acute Hospital Activity publication differ slightly when compared to the equivalent information released in the [Finance web pages](#). This is largely due to the use of different definitions for the two sets of figures. For example, the Finance "acute" activity excludes the specialty of Geriatric Medicine and patients treated in Neonatal and Younger Physically Disabled Units, which differs from the "acute" activity that is published in the Acute Hospital Activity pages. The Finance publication also excludes consultant-only transfers from the inpatient figures. ISD Scotland is carrying out further detailed investigations into these differences.

For further information on the data sources and clinical coding used in this publication please refer to the following [Data Sources and Clinical Coding document](#).

A2 – Publication Metadata (including revisions details)

| Metadata Indicator | Description |
|--|---|
| Publication title | Acute Hospital Activity and NHS Scotland Beds Information December 2012 |
| Description | Summary of inpatient, day case and outpatient activity and bed statistics for NHSScotland |
| Theme | Health and Social Care |
| Topic | Hospital Care |
| Format | Excel, PDF |
| Data source(s) | ISD(S)1 aggregated data returns, Scottish Morbidity Records SMR01 (inpatient/day case) SMR00 (outpatient) |
| Date that data are acquired | November 2012 |
| Release date | 18 December 2012 |
| Frequency | Annual December 2012 publication includes the publication of quarterly Hospital Activity and Bed statistics up to September 2012. |
| Timeframe of data and timeliness | Data up to September 2012 (Quarterly). |
| Continuity of data | Reports include annual data from 2003 to 2012 with quarterly data up to June 2012. |
| Revisions statement | All revisions to data within this publication are planned and are due to incomplete data returns at the time of publication. All tables will be revised annually or quarterly. In general these revisions have minimal affect on the statistics. If missing/incomplete data is significant and is due to be submitted and published in subsequent releases this will be highlighted within the notes on the affected table. Please see the ISD revisions policy for further details. |
| Revisions relevant to this publication | In general, revisions have minimal affect on the statistics as noted in Appendix A1 of this report. |
| Concepts and definitions | See Hospital Care: Background Information |
| Relevance and key uses of the statistics | To allow NHS Board employees to compare activity levels nationally, e.g. NHS clinical consultants interested in their specialty figures by NHS Board, NHS information managers planning capacity, to assist in the development of Service Agreements between NHS boards. To investigate the implications of common systemic diseases in Scotland as a basis for assessing health demands in the future. To provide activity and incidence data for NHS Board Needs Assessments for specific diseases such as Chronic Obstructive Pulmonary Disease (COPD). To monitor National and NHS Board performance against HEAT targets for Emergency Admission Bed days for Over 75s. To allow members of the public to readily access information on the number of hospital admissions for specific diagnoses or procedures that may be of personal |

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| | <p>interest to them.</p> <p>To assist students and universities conducting medical studies in areas such as asthma and diabetes.</p> <p>Private companies interested in hospital activity levels in Scotland such as pharmaceutical companies, consultancy companies employed by NHS Trusts in England, advertising/media companies on behalf of clients.</p> <p>To provide statistical information for political campaigns, e.g. to halt reductions in acute NHS beds.</p> |
| Accuracy | Please refer to page 16 within Appendix A1 of this report. Summary data within this publication is also compared to previously published figures. |
| Completeness | Details of data submission issues are available on the Hospital Records Data Monitoring SMR Completeness web page , while details of the associated backlogs can be found on the SMR Timeliness web page . Additional detail can also be found within the data issues and completeness document which accompanies this publication. |
| Comparability | See Hospital Care Introduction . |
| Accessibility | It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines . |
| Coherence and clarity | The Acute Hospital Activity and NHS Scotland Beds information released for each publication is listed on the Hospital Care Publication page . Detailed information on how emergency admissions, multiple emergency admissions and bed days are defined and calculated is available in the Multiple and All Emergency Admissions Interpretation document . |
| Value type and unit of measurement | In general, figures are shown as numbers, percentages or rates. |
| Disclosure | Data has a low/medium risk of disclosure. The ISD protocol on Statistical Disclosure Protocol is followed. |
| Official Statistics designation | The majority of information in this publication is currently classed as National Statistics. Data on Bed Statistics are classed as Official Statistics. Currently the statistics are produced in line with the Code of Practice for Official Statistics, available on the UK Statistics Authority website . |
| UK Statistics Authority Assessment | The Hospital Care information was assessed by the UK Statistics Authority in September 2011 and successfully received confirmation of designation as National Statistics. |
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| Help email | j.quinn@nhs.net , richard.hunter@nhs.net |
| Date form completed | 29/11/2012 |

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)

A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.