

Publication Report



Acute Hospital Activity and NHS Beds Information

Quarter ending September 2014

Publication date – 16 December 2014

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Introduction

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 Target (HEAT 75+ target).

This release includes:

- Newly published information on quarterly inpatient, day case and outpatient activity and bed statistics for NHSScotland up to September 2014.
- Updated information for the NHSScotland HEAT target on emergency bed days for patients aged 75 and over to March 2014.
- 'In Focus', which provides more in-depth information on one particular subject. This quarter we will be focusing on [transfers](#).

User Engagement

To build a better understanding of what our customers need from this publication, ISD conducted a user survey alongside the June 2014 publication release. The responses from the survey have been collated and a summary of the results can be found [here](#).

Points to Note

It should be noted that outpatient, inpatient and day case figures may include an element of estimation for any incomplete or outstanding data submissions. Therefore, data for the latest time period should be treated as provisional as subsequent data submissions could be lower or higher than the estimated values. The data tables which accompany this report identify statistics where estimation has been used.

This publication contains bed statistics submitted by NHS Grampian from their local system for the first time since December 2010. In the intervening period, due to ongoing system implementation problems, bed statistics for NHS Grampian were estimated based on extrapolation of previously submitted data. These previous estimates have been excluded from this publication while ISD continues to work with NHS Grampian to further understand the difference between the most recent and earlier submissions. Where possible, revised estimates for the period between December 2010 and September 2014 will be provided in future publications.

Due to the implementation of a new Patient Management System in NHS Highland, the Board have been unable to submit complete data to ISD since January 2014. In some areas of this report estimation has been used for NHS Highland data covering this time period. Further information about this can be found in the notes section of each data table and within the [data issues and completeness document](#) which accompanies this report.

A revision has been made to this publication from its original release. Data for Inpatient and Daycase discharges (including Inpatient Transfers) previously published within this report and within [Table 1](#) have been revised. An analytical error meant that the data previously released was for quarter ending September 2011 to September 2013; however, this was

presented as data for September 2012 to September 2014. This error has now been fixed and correct data for September 2012 to September 2014 is now within the report and [Table 1](#). The percentage difference between the revised data and the incorrect data published in December 2014 ranges from -18.9% and 5.4%. Further information can be found in the [Data Issues and Completeness Document](#). Any section within the publication report which has been affected by this is highlighted in red.

Key points

- The number of new outpatient attendances has remained relatively steady over the past two years.
- Following an increase between September 2012 and September 2013, the number of return outpatient attendances decreased by approximately 34,000 (5%) between quarter ending September 2013 and quarter ending September 2014.
- The number of available staffed beds and occupied beds continues to display seasonal variation, increasing from September to March and decreasing from March to September.
- Since the Heat 75+ target¹ was introduced in 2009/10, the rate of emergency bed days per 1,000 patients aged 75 and over in Scotland has reduced by a provisional 12.9% from 5,420 in 2009/10 to 4,721 in 2013/14.

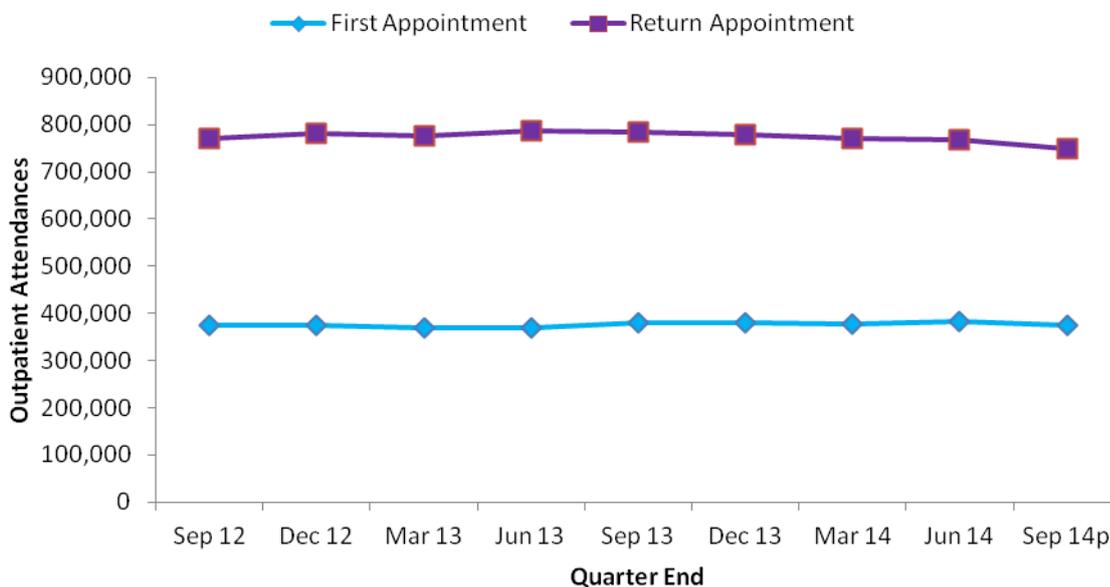
¹ The Heat 75+ target is to reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population by at least 12% between 2009/10 and 2014/15.

Results and Commentary

1. Quarterly Outpatient Activity

Patients who require the medical opinion of a specialist clinician may be referred to an outpatient clinic for treatment or investigation. Outpatients are not admitted to hospital and do not use a hospital bed. Attendances at Outpatients clinics can be categorised as new or return attendances. Chart 1 shows the number of new and return outpatient appointments in NHS Scotland over recent quarters.

Chart 1: Quarterly Outpatient activity for patients treated in NHS Scotland for quarters ending September 2012 to September 2014^P



Source: ISD(S)1

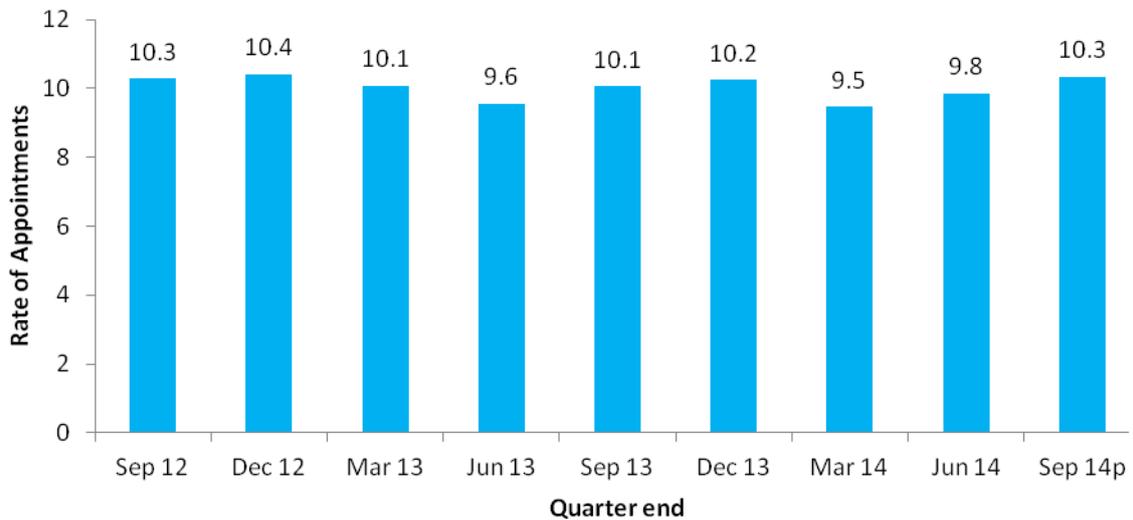
^P – provisional

Health Board data relating to Chart 1 is provided in [Table 1](#).

The number of new outpatient attendances has remained relatively steady over the past two years. Following an increase in the number of attendances between quarter ending September 2012 and quarter ending September 2013, the number of return outpatient attendances between quarter ending September 2013 and quarter ending September 2014 has decreased by approximately 34,000 which is about a 5% decrease.

Outpatient appointments can be affected by patients not turning up to an offered appointment without any notice. The rate of new appointments in which a patient Did Not Attend (DNA) an offered an appointment is shown in Chart 2.

Chart 2: DNA rates (per 100 new outpatient appointments), NHS Scotland, for quarters ending September 2012 to September 2014^P



Source: SMR00

^P Provisional

Health Board data relating to Chart 2 is provided in [Table 1](#).

The DNA rate of new appointments over the past two years has remained relatively stable at around 10 per 100 new appointments. The trend does display some seasonal variation, with a higher rate of DNAs occurring in the winter months.

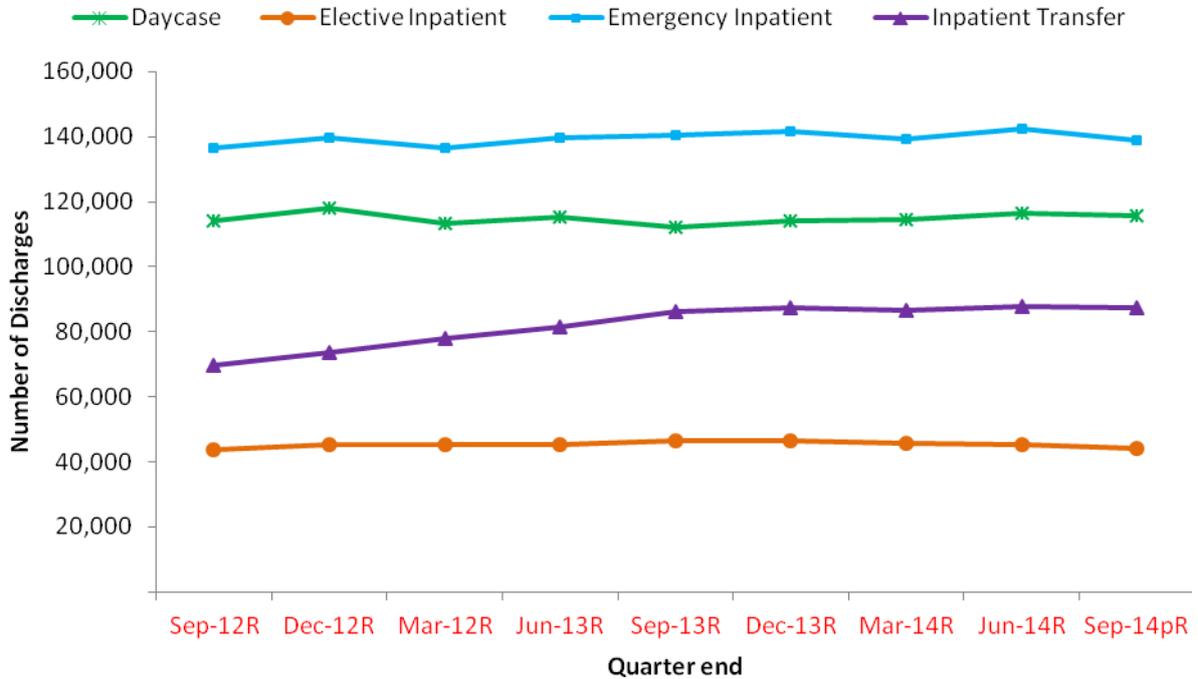
2. Quarterly Inpatient and Day case Activity for Acute Specialties

As well as attending hospital as an outpatient, patients can also be seen as an inpatient or day case. [Inpatients](#) are patients who occupy an available bed in hospital overnight either as a planned or emergency admission and [day case](#) are patients who are a planned admission to hospital and the intention is for them to be discharged on the same day.

When a patient is first admitted to hospital as an inpatient, they can be admitted as either an emergency or an elective (planned) inpatient. Emergency admissions occur when, for clinical reasons, a patient needs to be seen at the earliest possible time after seeing a doctor and elective admissions are admissions which are planned and agreed with the patient in advance.

After a patient has been admitted to hospital there are times when they may need to be moved to another doctor, clinical specialty, facility within the hospital or another hospital altogether to receive the specialist care they require. These moves are known as [transfers](#). The chart below shows the number of inpatient /day case discharges split by admission type. The total number of inpatient discharges can be found in [Table 1](#). **Please note the differences from previous release due to revised data.** Further information can be found in [Data Issues and Completeness document](#).

Chart 3: Inpatient Discharges by Elective Admission, Emergency Admission, Day Case and Transfers, NHS Scotland, for quarters ending September 2012 to September 2014^P



Source: SMR01

^P - Provisional

^R - Revised

Health Board data relating to Chart 3 is provided in [Table 1](#).

Using the revised data, between quarter ending September 2012 and quarter ending September 2014, the number of daycases has increased by approximately 1% and the number of emergency discharges increased by approximately 1.5%. The number of elective discharges remained similar. The biggest change over the time period was seen in the number of transfers, which increased by approximately 25% between quarter ending September 2012 and quarter ending September 2014. This increase has been driven by changes in recording practices and service redesign to the emergency care services in some NHS Boards.

Further information about transfers can be found in the [‘In Focus’](#) section of this publication.

3. NHS Hospital Quarterly Beds Statistics

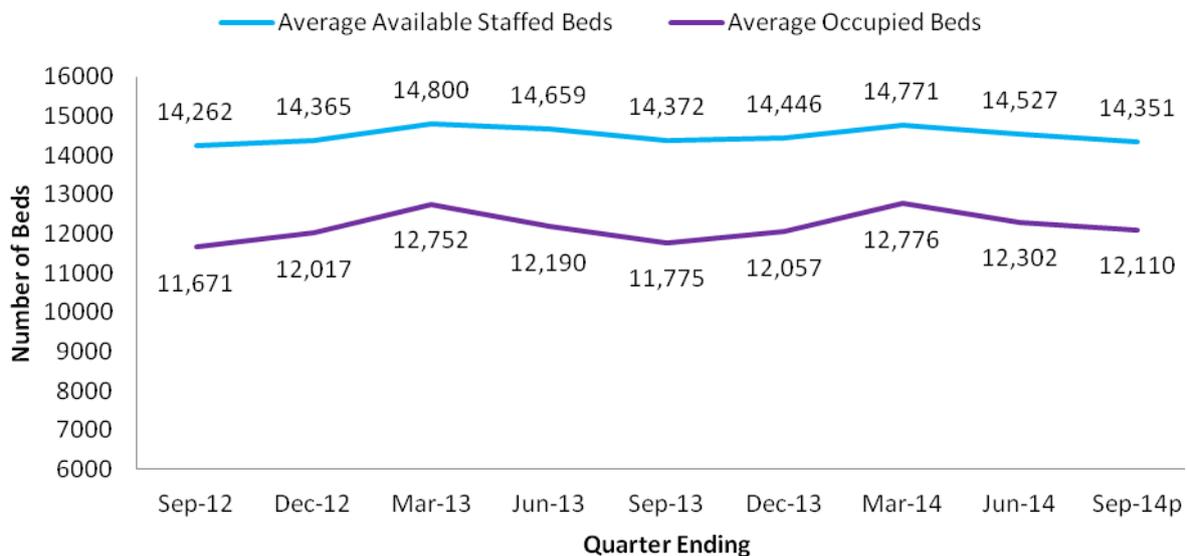
In order to provide an effective, safe and efficient service to patients, hospitals must balance the provision of staffed beds against anticipated demand. Historically, the total number of beds had been reducing in line with evolving models of healthcare provision which aim to reduce the frequency and duration of hospital admissions. However, in recent years, the number of beds in Scottish hospitals has remained relatively constant. The following indicators only take into account the use of beds by inpatients.

3.1 Average Available Beds and % Occupancy

The main unit used to measure bed provision within this publication is an [available staffed bed](#). As the number of available beds in a particular ward or specialty can vary, due to factors such as demand and seasonality, the total number of available beds is calculated by taking the average of the number of beds available in each day of the quarter.

Bed use is measured by [percentage occupancy](#). Chart 4 shows the daily average number of available beds in all acute specialties for each quarter up to September 2014 across NHS Scotland excluding NHS Grampian.

Chart 4: Average available staffed beds and Average Occupied Beds, NHS Scotland excluding NHS Grampian, quarters ending September 2012 to September 2014^P



Source: ISD(S) 1

^P - Provisional

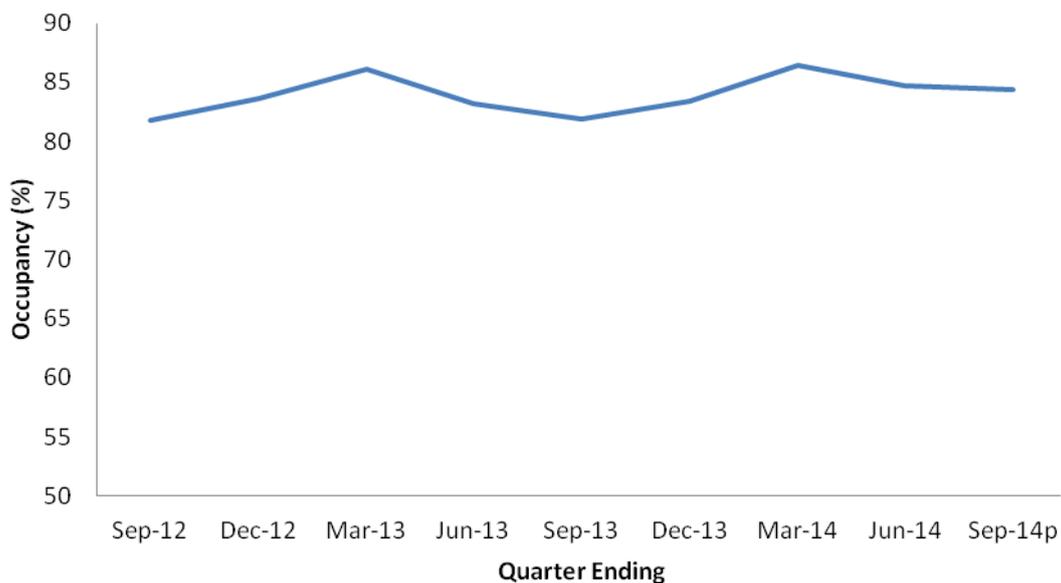
Note: Vertical axis does not start at zero.

Health Board data relating to Chart 4 can be found in the [Table 2](#).

The daily average number of available staffed beds in acute specialties during the quarter ending September 2014 was approximately 16,000. The underlying trend has remained relatively stable in most NHS Boards over the last two years. In addition bed numbers tend to vary seasonally during the year peaking in quarters ending March and falling in quarters ending September.

While NHS Grampian have been able to submit bed numbers from their local system this quarter, this was not possible in previous publications which included estimated numbers based on the last previous submission from their local system in December 2010. This was due to problems based around the implementation of a new administration system. Grampian bed numbers for acute specialties only in quarter ending September 2014 (1603) are 8% lower than the last submission from their system in December 2010. ISD will continue to work with NHS Grampian to further understand the difference between the most recent and earlier submissions. Where possible, revised estimates for the period between December 2010 and September 2014 will be provided in future publications. In the meantime, NHS Grampian has been excluded from Charts 4 and 5 to allow a consistent trend to be shown among the remaining NHS Boards.

Chart 5: Percentage Occupancy, NHS Scotland excluding NHS Grampian, quarters ending September 2012 to September 2014^P



Source: ISD(S) 1

^P - Provisional

Note: Vertical axis does not start at zero.

Health Board data relating to Chart 5 can be found in [Table 2](#).

The occupancy rate for beds in acute specialties for the quarter ending September 2014 was 84% compared to 82% for the quarter ending September 2013.

The fluctuation in available staffed beds from quarter to quarter can be explained by seasonal demand, with an increase in the percentage occupancy and number of available staffed beds during winter months due to increased hospital activity at that time of the year.

Average available beds and % occupancy figures by specialty and health board of treatment can be found in [Table 2](#).

3.2 Throughput and Mean Stay per Episode

ISD are currently reviewing the methodology for calculating throughput and mean stay. Throughput and mean stay data using the existing methodology can be found in [Table 2](#).

4. Scottish Government Performance (HEAT) targets

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

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 age group 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. The original target was due to conclude in March 2012, however an additional target to make further reductions in emergency bed days for patients aged 75 and over was agreed in March 2012. The current target is shown below.

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 has reduced by a provisional 12.9% from 5,420 in 2009/10 to 4,721 in 2013/14. The rate of emergency bed days is likely to increase in future publications. Due to the implementation of a new patient management system in NHS Highland, the Board have been unable to submit complete SMR01 data to ISD since January 2014 when data for January – March 2014.

[Data](#) for this measure is available for 2003/04 to 2013/14 and can be found under the ISD website sub topic: [Inpatient and Day Case Activity](#).

Further information on HEAT can be found at:
www.scotland.gov.uk/About/Performance/scotPerforms

5. In Focus: Transfers

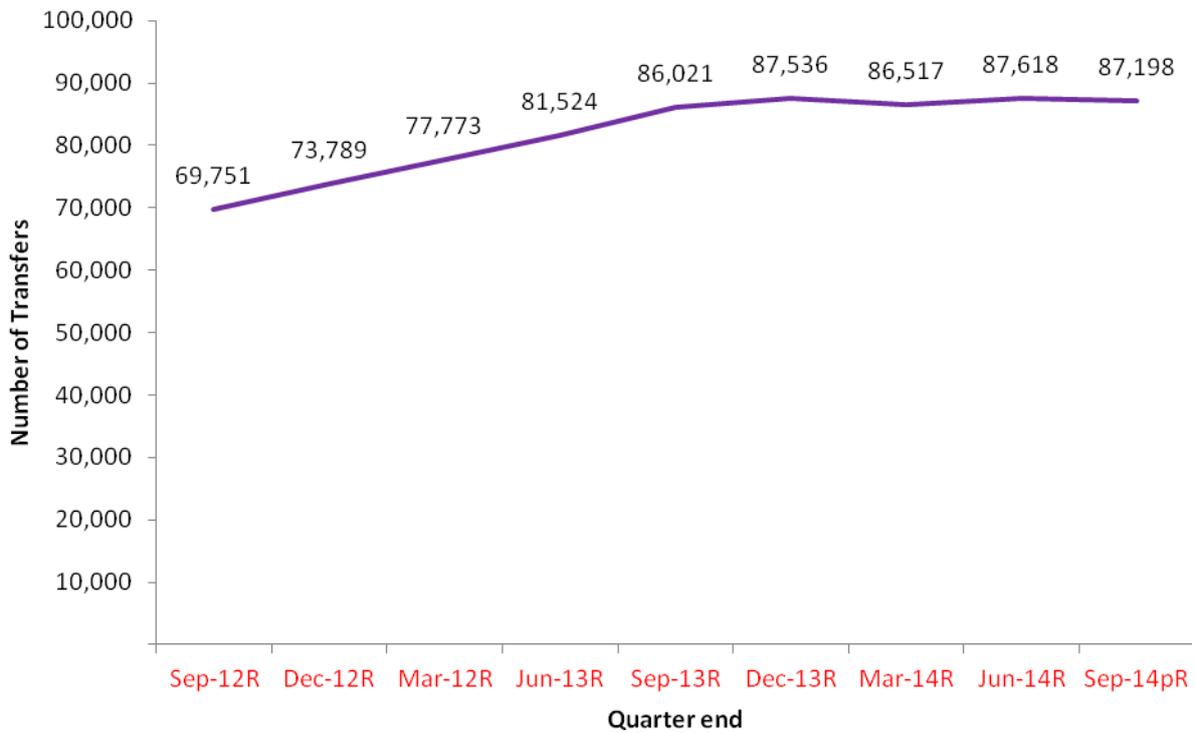
In the June 2014 Acute Activity quarterly publication we launched a new section called 'In Focus' which is designed to examine some of the publication content in more detail. The focus this quarter is Transfers to acute specialties. It will focus on the impact that variation in data recording practices have had on the trend in Transfers over the last two years.

5.1 In Focus: Transfers

During a patient's stay in hospital there will be times when they need to be moved to another doctor, specialty, clinical facility or another hospital to receive the care they require. These moves are known as [transfers](#). New and evolving models of care over recent years, has led to the introduction of new dedicated facilities which has impacted on the way hospital data is being recorded. In previous Acute Activity publications, transfers were counted under 'routine inpatient discharges' however, following a review of publication content it was decided to present routine inpatient discharges and transfers separately to provide a more comprehensive representation of hospital activity in Scotland.

Chart 6 shows the number of transfers by quarter over the last two years.

**Chart 6: Transfers to Acute Specialties in Scotland
Quarter ending Sep 12 - Sep 14^P**



Source: SMR01

Note: vertical axis do not start from zero

^P Provisional

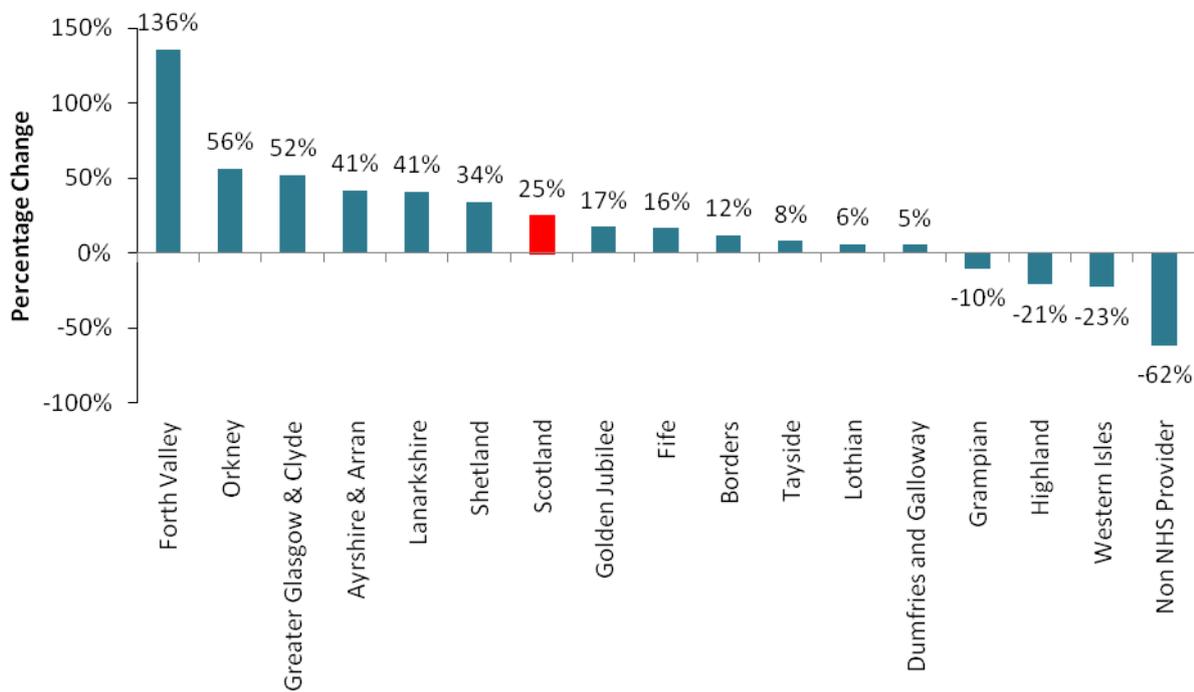
^R Revised

Health Board data relating to Chart 6 can be found in [Table 1](#).

Using the revised data, the number of transfers in Scotland increased by around 17,000 from around 70,000 in the quarter ending September 2012 to around 87,000 in quarter ending September 2014. The data for this time period shows that the figures increasing quite rapidly over the first four quarters before levelling off over the most recent four quarters. This increase is driven by changes in recording practices and service redesign to the emergency care services in some NHS Boards. For example some NHS Boards have advised that an increased use of Acute Assessment Units (AAU), has contributed to the increase in the number of transfers being recorded. Acute Assessment Units are dedicated facilities for the acute care of patients that present to hospital as emergencies or who develop an acute medical problem while in hospital. Patients can be referred to AAUs from primary and community care or the emergency department. When patients are admitted to hospital after being assessed in an AAU this will often be recorded as a transfer. However the different types of facilities that have been set up by NHS Boards has led to a variation in the recording of patient pathways, including transfers. ISD and the Scottish Government in collaboration with the Royal College of Physicians Edinburgh (RCPE) are currently reviewing this variation with a view to providing national guidance. For a further definition of an Acute Assessment Unit please see the [ISD Data Dictionary](#).

When the data is examined by Provider, the statistics show that the trends varied across Scotland. Whilst the number of transfers in the majority of Health Boards increased over the period, there were differences in the scale of the change across Boards. The biggest increases were seen in NHS Forth Valley where the number of transfers more than doubled between quarter ending September 2012 and quarter ending September 2014. There was also more than 50% increase within Orkney and Greater Glasgow & Clyde. In contrast to the increases seen in most areas, the number of Transfers to/within Grampian, Western Isles, Golden Jubilee and Non NHS Provider has decreased.

**Chart 7: Percentage Change in the number of Transfers to Acute Specialties
By Provider, Quarter ending September 12^R and September 14^{PR}**



Source: SMR01

^P Provisional

^R Revised at both time points.

Note: Transfers include moves to/within Health Board/Providers. Sometimes patients are transferred outwith the NHS thus Non NHS Provider Transfers have been included for completeness.

The data relating to Chart 7 can be found in [Table 1](#).

Glossary

Acute Hospital Care/Activity	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).
Day case	A day case patient 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	An elective admission is when the patient has already been given a date to come to hospital for a planned procedure or treatment.
Emergency Admission	An 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	Incidence 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

An inpatient 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.

Mean stay per episode

The average period in days that the average person stays in hospital for an episode.

Occupancy (%)

Occupancy is 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

An 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.

Specialty

A 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.

Throughput

The average number of inpatient discharges treated per bed per year [derived as: inpatient episodes / average available staffed beds]

Transfers

A transfer is where a patient will already have been admitted to hospital and is either transferred between specialties or hospital, and will be part of the same continuous inpatient stay.

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 * REVISED *	Sep 2012 to Sep 2014	Excel [132kb]
2	Quarterly trends in available beds – NHS Board of Treatment Comparison	Sep 2012 to Sep 2014	Excel [743kb]
3	HEAT Emergency Admissions Over 75s	2003/04 to 2012/13	Excel [1.52mb]

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

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Appendix

A1 – Background Information

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 used in this publication are the SMR00 (source for outpatients DNA information), SMR01 (source for acute specialties inpatient and day case hospital activity information) and ISD(S)1 (source for all specialties inpatient and day case hospital activity information) returns.

Revisions

A revision has been made to this publication from its original release. Data for Inpatient and Daycase discharges used within the report of the publication and within [Table 1](#) have been corrected. The data previously released was for quarter ending September 2011 to September 2013; however, this was presented as data for September 2012 to September 2014. This error has now been fixed and correct data for September 2012 to September 2014 is now within the report and [Table 1](#).

The range of the revisions at Scotland level across the various activity indicators ranges from -9.0% to 5.4% with the exception of the Inpatient Transfers indicator where the ranges of the revisions ranges from -18.9% to -1.3%.

Other revisions to data within this publication which were planned 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 30 September 2014 and 16 December 2014 published quarterly inpatient, day case and outpatient activity data for the quarter ending June 2014 were small, ranging from -0.63% to -0.02% at Scotland level. Downward revisions can occur if actual submissions are lower than estimates.

Revisions between the 30 September 2014 and 16 December 2014 published quarterly average available beds for acute specialties for the quarter ending June 2014 ranged from -0.5% to 1.5%. 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 30 September 2014 publication, in the 2013/14 emergency admissions for patients in Scotland aged 75+, was 0.1% while bed days have increased by 0.9% at Scotland level.

Data Source

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. 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. Where possible, missing or incomplete ISD(S)1 data has been estimated for affected NHS Boards. Estimates are based on an average of the last three submissions from the relevant NHS Boards.

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

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 to complete the figures.

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.

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](#).

Data Quality

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.

The DQA team's [assessments](#) web page contains details of past Data Quality Assurance Assessments of inpatient/day case data, including findings on the accuracy of submitted SMR01 data items used in our analysis (specialty, admission type, main condition, main operation etc). A data quality assurance assessment of SMR01 data items is underway throughout 2014/15 and will be reported back Summer 2015.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Acute Hospital Activity and NHS Scotland Beds Information December 2014
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 2014
Release date	12 December 2014
Frequency	Quarterly The September 2014 publication includes the publication of quarterly Hospital Activity and Bed statistics up to March 2014.
Timeframe of data and timeliness	Data up to September 2014 (Quarterly).
Continuity of data	Reports include annual data from 2004 to 2013 and quarterly data up to September 2014.
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	A revision has been made to this publication from its original release. Data for Inpatient and Daycase discharges used within the report of the publication and within Table 1 have been corrected. The data previously released was for quarter ending September 2011 to September 2013 however, this was presented as data for September 2012 to September 2014. This error has now been fixed and correct data for September 2012 to September 2014 is now within

	<p>the report and Table 1.</p> <p>Please see appendix A1 for further information on revisions.</p>
Concepts and definitions	See Hospital Care: Background Information
Relevance and key uses of the statistics	<p>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.</p> <p>To investigate the implications of common systemic diseases in Scotland as a basis for assessing health demands in the future.</p> <p>To provide activity and incidence data for NHS Board Needs Assessments for specific diseases such as Chronic Obstructive Pulmonary Disease (COPD).</p> <p>To monitor National and NHS Board performance against HEAT targets for Emergency Admission Bed days for Over 75s.</p> <p>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 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 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 <u>Multiple and All Emergency Admissions Interpretation document</u> .
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 <u>Statistical Disclosure Protocol</u> 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 <u>UK Statistics Authority website</u> .
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.
Last published	30/09/2014
Next published	31/03/2014
Date of first publication	
Help email	<u>Jade.kavanagh@nhs.net</u> , <u>Maighread.simpson@nhs.net</u>
Date form completed	19/11/2014

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

Pre-Release Access

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

Standard Pre-Release Access:

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

Extended Pre-Release Access

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

- Scottish Government Health Department (Analytical Services Division)

A4 – ISD and Official Statistics

About ISD

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

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

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

Mission: Better Information, Better Decisions, Better Health

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

Official Statistics

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

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

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

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

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

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

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