

Publication Report



Acute Hospital Activity and NHS Beds Information

Quarter ending 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 December 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 [Did Not Attend \(DNA\) Rates for New Outpatients](#).

Points to Note

It should be noted that outpatient, inpatient, day case and beds 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. Specific issues are as follows:

- There are occasions when some NHS Boards are not able to submit ISD(S)1 outpatients data to ISD. Where possible, data gaps have been filled using SMR00. In areas where it has not been possible to use SMR00 as an alternative data source, data has been estimated using the last complete data submission. Please note that SMR00 data for the most recent quarter is provisional and is may be revised in future publications. Further details can be found in the 'outpatients estimates' sheet of [Table 1](#).
- This publication contains bed statistics submitted by NHS Grampian from their local system for quarter ending September 2014 and quarter ending December 2014. Between December 2010 and June 2014, NHS Grampian was unable to submit beds statistics to ISD due to system implementation problems. No data are available during this time. ISD is continuing to work with NHS Grampian to try to produce revised estimates for the period between December 2010 and June 2014 and it is hoped that these 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 (which covers all of the data quality issues) can be found in the notes section of each data table and within the [data issues and completeness document](#) which accompanies this report.

The time period covered by this report has been extended to cover five years to help provide an insight into longer term trends.

A revision has been made to this publication from its original release. Data for Outpatient attendances for published at NHS Scotland level and for NHS Grampian within this report and [Table 1](#) have been revised. An analytical error has meant that NHS Grampian outpatient attendances were higher than they should have been. This error has now been fixed within NHS Grampian data re-extracted in June 2015 and NHS Scotland has been updated accordingly. The percentage difference for NHS Scotland between the revised data and the incorrect data published in March 2015 ranges from -0.2% to 2.4%.

Key points

- The number of new outpatient attendances has remained relatively steady over the past five years, at around 365,000 per quarter. The number of return outpatient appointments remained at around 764,000.
- The number of inpatient and day case discharges in acute specialties has increased by around 40,000 since quarter ending December 2009 to around 395,000 in quarter ending December 2014.
- The number of average available staffed beds since December 2011 has remained relatively stable and continued to show a seasonal trend.
- 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 11.2% from 5,421 in 2009/10 to 4,815 in 2013/14.
- Our 'In Focus' analysis shows that more men do not attend hospital appointments than women – the DNA rate for males was 11.9 compared to 9.9 for females. Figures also show that those in the most deprived areas are much more likely to DNA new outpatient appointments than those living in the least deprived areas.

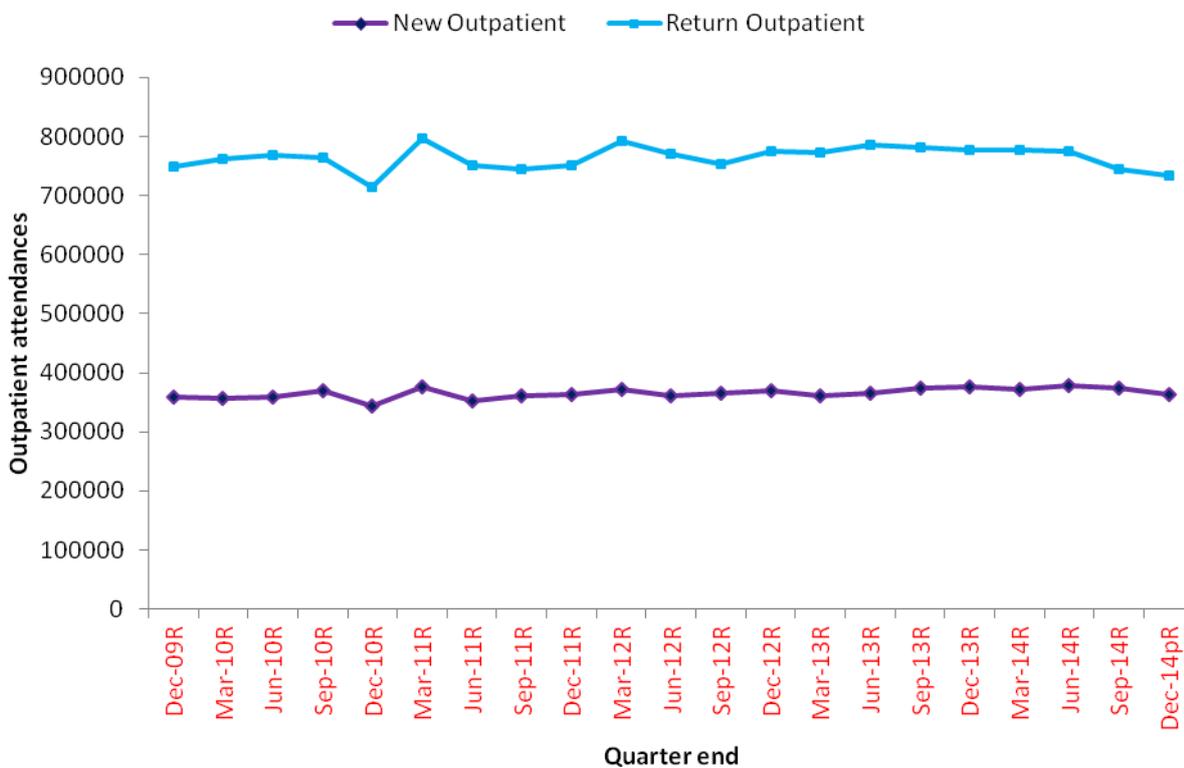
¹ The Heat 75+ target is to reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population by at least 12% between 2009/10 and 2014/15.

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. **Please note the differences from previous release due to revised data.** 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 December 2009 to December 2014^P



Source: The main source of information for this chart is ISD(S)1, however SMR00 has also been used to fill data gaps in some areas where Boards have not been able to submit ISD(S)1 data. Please note that SMR00 data for the most recent quarter is provisional and is may be revised in future publications. Further details can be found in [Table 1](#).

^P – provisional

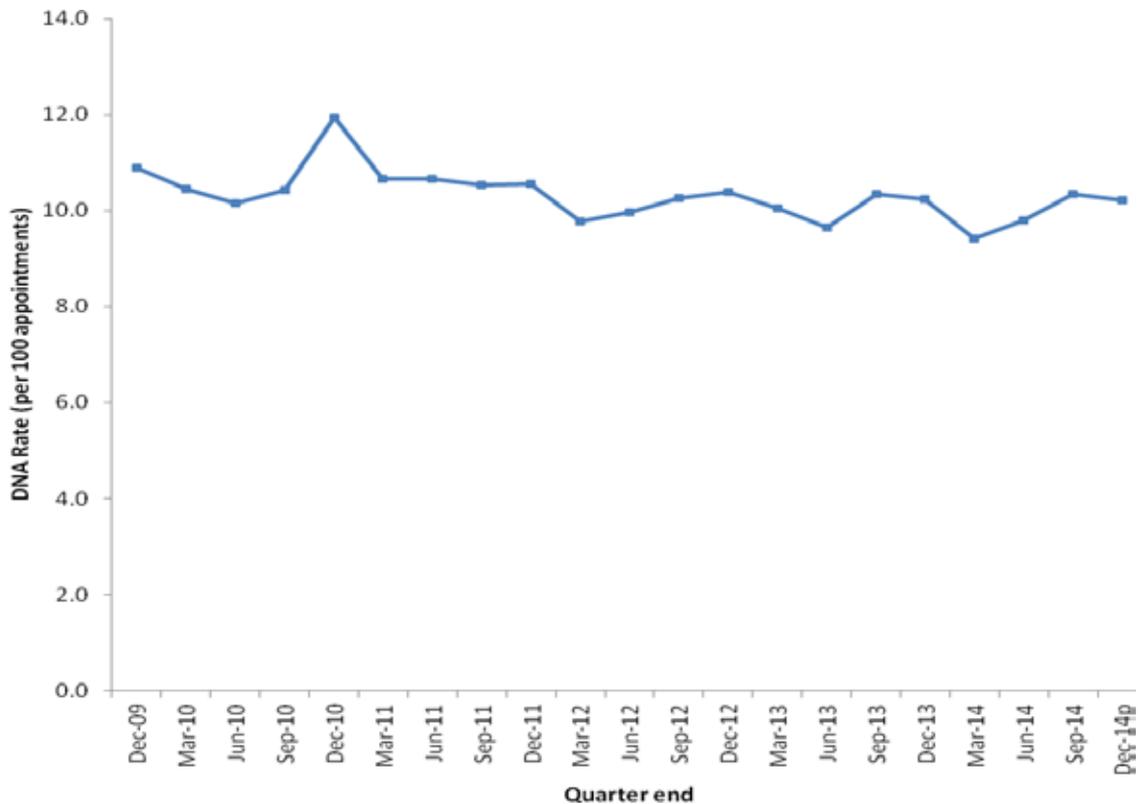
R - Revision

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 five years, at around 365,000. The number of return outpatient appointments remained at around 764,000.

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 appointment is shown in Chart 2.

Chart 2: DNA rates (per 100 new outpatient appointments), NHS Scotland, for quarters ending December 2009 to December 2014^P



Source: SMR00
^P Provisional

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

Over the last 5 years there was a quarterly average of 10.3 DNAs per 100 new outpatient appointments. The trend does display some slight seasonal variation, with a higher rate of DNAs occurring in the winter months. The peak in December 2010 coincides with [extreme weather conditions](#) across Scotland. Further details on DNA Rates for this release can be found within the [‘In Focus’ Section](#) of this report.

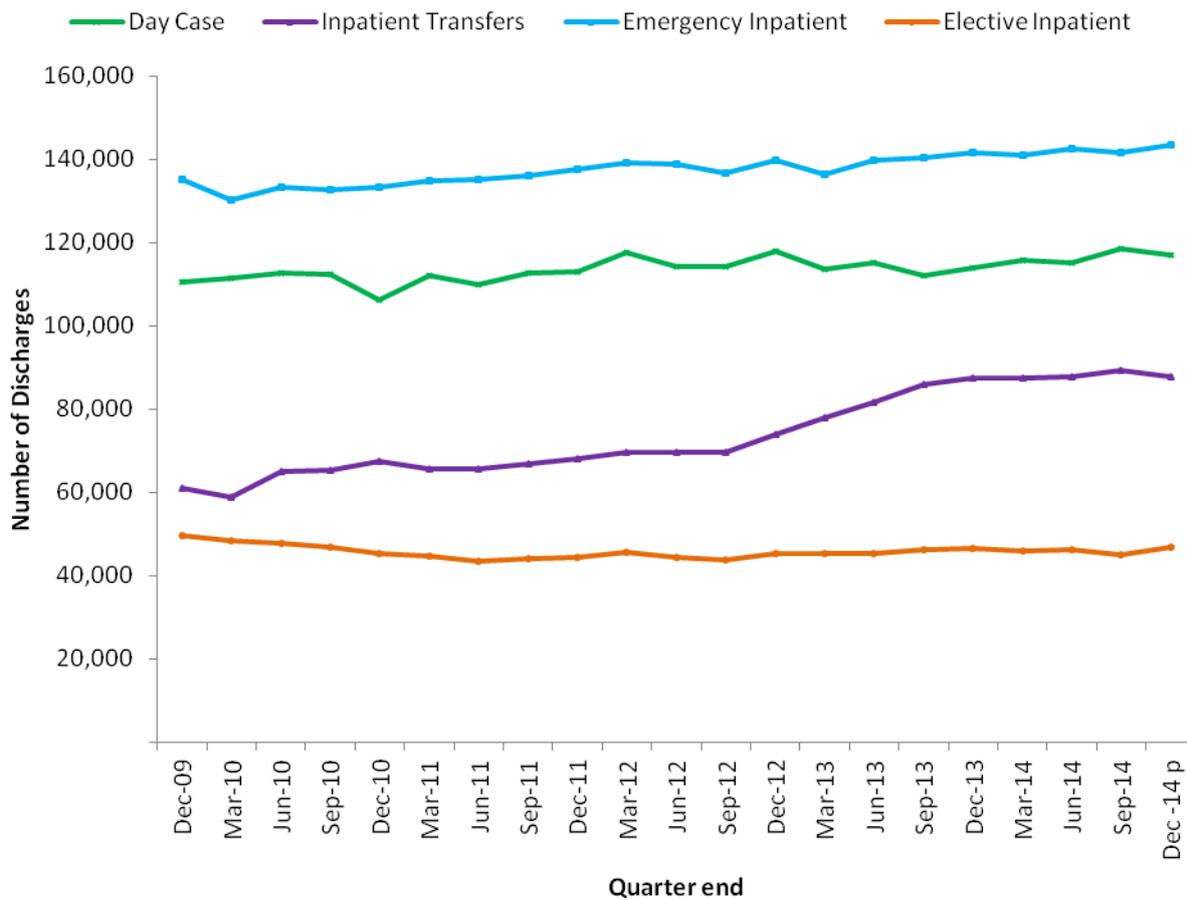
2. Quarterly Inpatient and Day case Activity for Acute Specialties

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](#).

Chart 3: Inpatient Discharges by Elective Admission, Emergency Admission, Day Case and Transfers, NHS Scotland, for acute specialties, for quarters ending December 2009 to December 2014^P



Source: Inpatient and day case acute specialties discharge figures are sourced from SMR01 records if the level of completeness of the SMR01 data is 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 used.

^P - Provisional

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

Between quarter ending December 2009 and quarter ending December 2014, the number of both emergency inpatient discharges and day cases increased by approximately 6% whilst the number of elective inpatient discharges has decreased by a similar amount. The biggest change was seen in the number of transfers which have increased by approximately 44% between quarter ending December 2009 and quarter ending December 2014. This increase has been driven by changes in recording practices and service redesign to the emergency care services in some NHS Boards.

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.

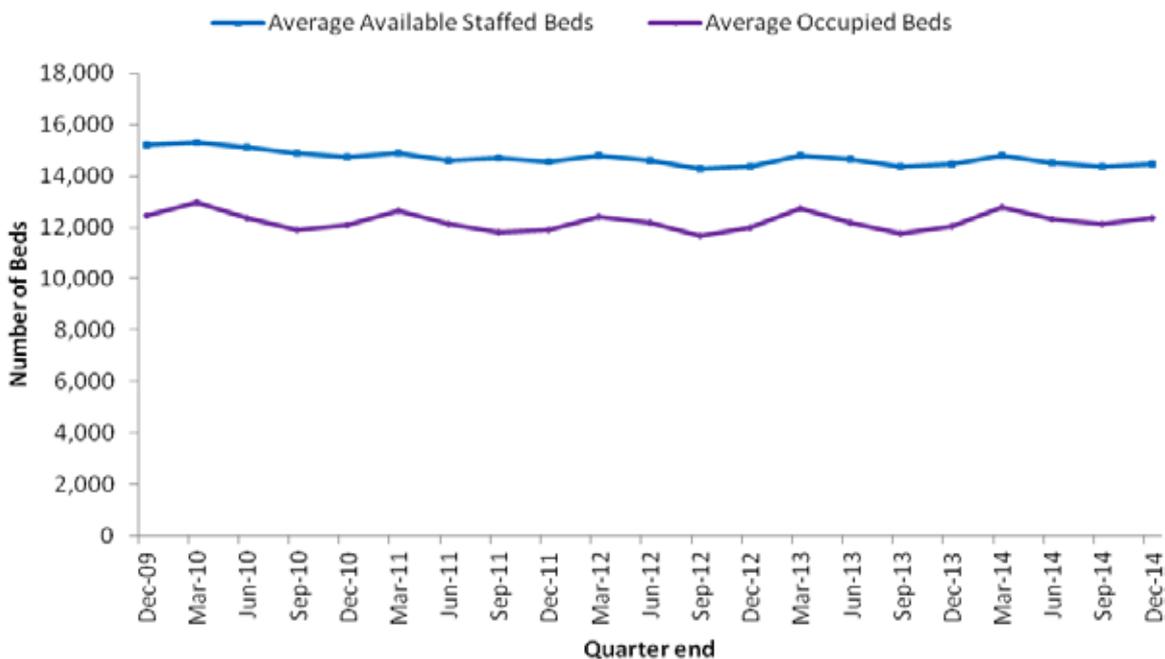
While NHS Grampian have been able to submit bed numbers from their local system for the last two quarters, this was not possible in previous publications which included estimated numbers based on the last previous submission from their local system in December 2010. This was due to problems based around the implementation of a new administration system. ISD are continuing to work with NHS Grampian to explore the possibility of producing revised estimates. 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.

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.

Chart 4 shows the daily average number of available beds in all acute specialties for each quarter up to December 2014 across NHS Scotland excluding NHS Grampian, along with the average number which were occupied.

Chart 4: Average Available Staffed Beds and Average Occupied Beds, NHS Scotland excluding NHS Grampian, quarters ending December 2009 to December 2014^P



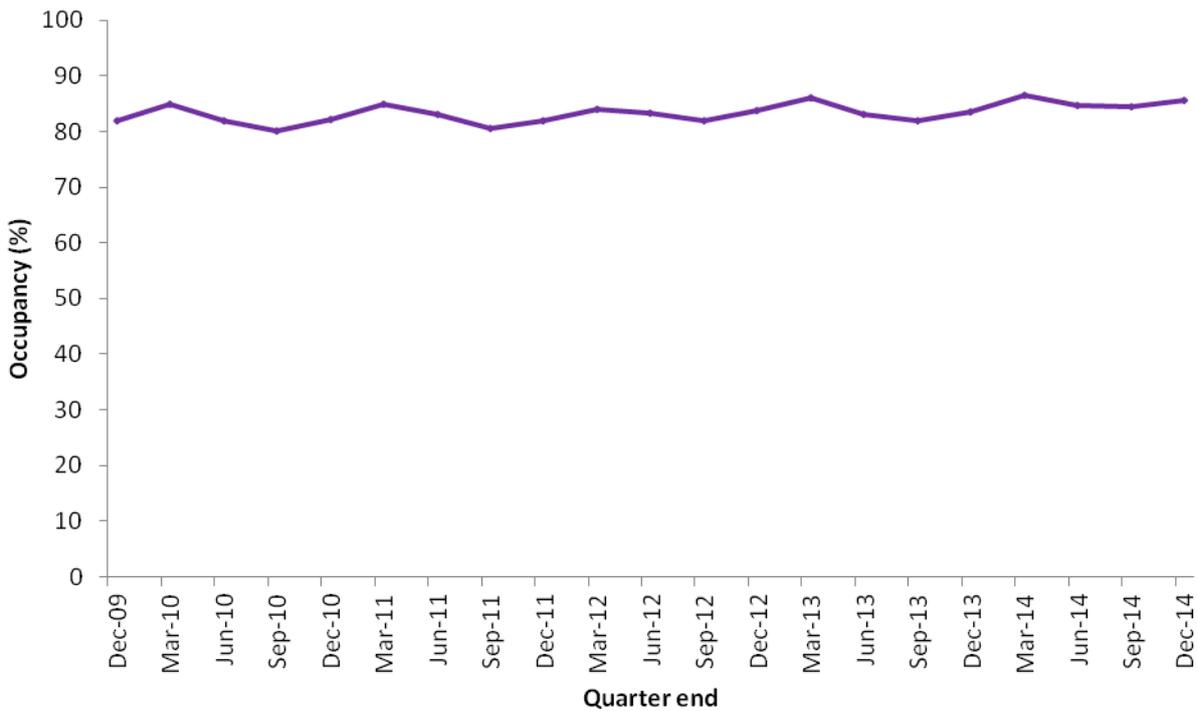
Source: ISD(S) 1

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

The daily average number of available staffed beds (excluding NHS Grampian) in acute specialties during the quarter ending December 2014 was approximately 14,500. The underlying trend has remained relatively stable in most NHS Boards over the last 5 years. In addition bed numbers tend to vary seasonally during the year peaking in quarter ending March and falling in quarter ending September. Over the last five years, there has been a slight increase in the percentage occupancy which has increased by around 4% from quarter ending December 2009 to quarter ending December 2014.

Bed use is measured by [percentage occupancy](#). The fluctuation in the percentage occupancy shown in chart 5 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.

Chart 5: Percentage Occupancy, NHS Scotland excluding NHS Grampian, quarters ending December 2009 to December 2014^p



Source: ISD(S) 1

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

The fluctuation in available staffed beds and percentage occupancy 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.

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.

4.1 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 11.2% from 5,421 in 2009/10 to 4,815 in 2013/14. The rate of emergency bed days may 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. Data for January – March 2014 is estimated to be 84% complete.

[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: Did Not Attend Rates for New Outpatient Appointments

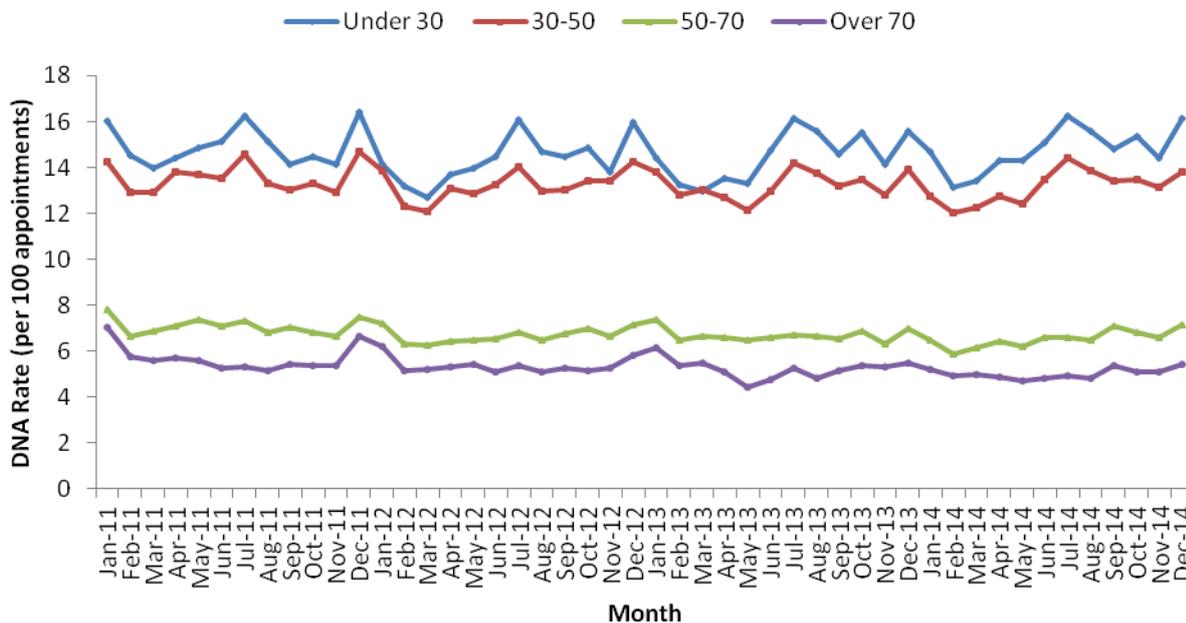
In the June 2014 Acute Activity quarterly publication we launched a new section called ‘In Focus’ which is designed to examine some of the publication content in more detail. The focus this quarter is Did Not Attend rates for new outpatient appointments. It focuses on the different trends across Scotland and will present monthly data from January 2011 to December 2014.

An appointment is categorised as a Did Not Attend (DNA) when the hospital is not notified in advance that the patient is unable to attend an offered appointment. DNAs have a major impact on the Health Service in Scotland in terms of cost and waiting times. Factors such as work commitments, childcare and transport may cause a patient not to attend a scheduled appointment. This section focuses on trends of age, gender, deprivation and NHS Board of Treatment.

5.1 DNA by Age

One influencing factor associated with lifestyle is age. A patient’s age could indicate their availability to attend an appointment such as working commitments. Chart 6 shows the rate of DNA’s per 100 appointments by age group.

Chart 6: DNA rate (per 100 appointments) by Age Group



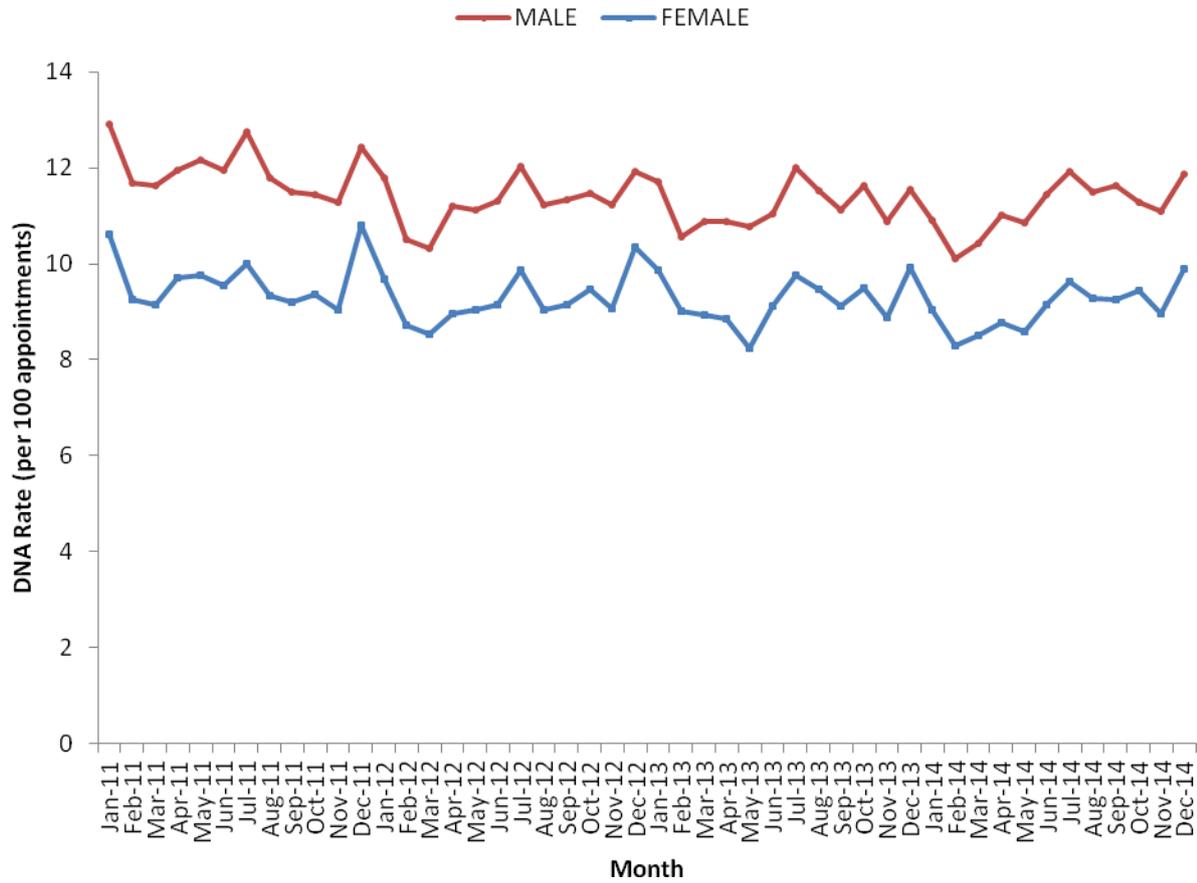
Data relating to Chart 6 can be found in [Table 4](#).

From Chart 6 it can be seen that there is a difference in the DNA rate for patients under the age of 50 compared to those over the age of 50. The rate for patients over 70 is consistently lower than for any other age group.

5.2 DNA by Gender

Another factor which can have an impact on whether a patient fails to attend their appointment is their gender (chart 7). This shows that males are more likely to fail to attend than females. Despite the differences in the DNA rate across the different genders, the overall trend over the past five years has been very similar.

Chart 7: DNA rate (per 100 appointments) by Gender

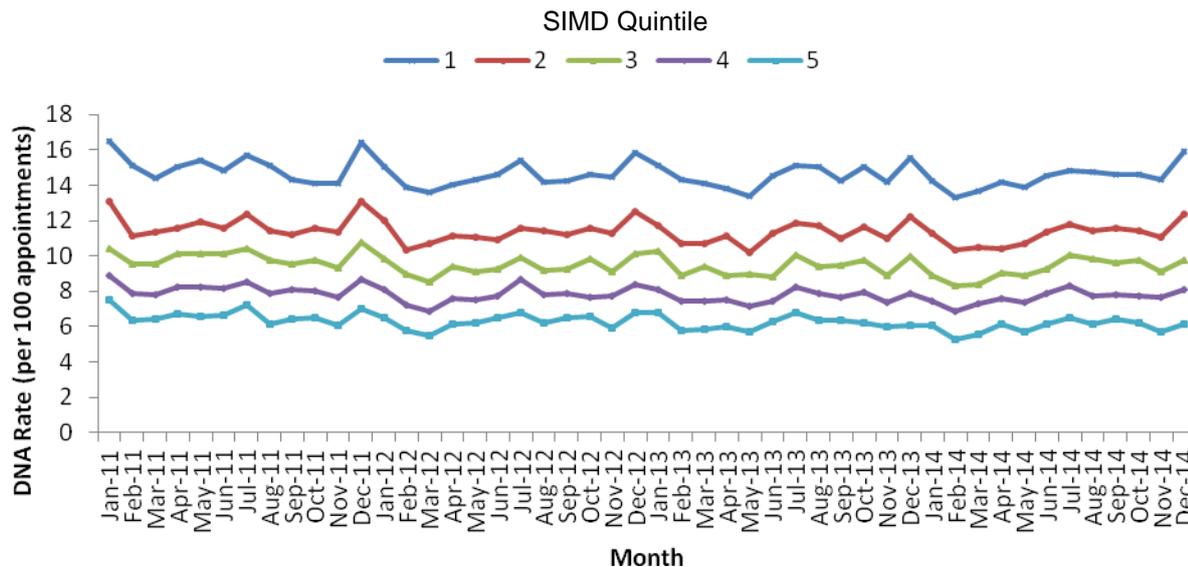


Data relating to Chart 7 can be found in [Table 4](#).

5.3 DNA by Deprivation Quintile

Another recognised factor on DNA rates is deprivation. There has been links made to deprivation in studies of DNA analysis including [18 Weeks Scottish Government Programme](#) and [Centre Health Service Economics Organisation](#). Chart 8 shows the rate of DNA's per 100 appointments by [deprivation quintile](#), where 1 is the most deprived and 5 is the least deprived.

Chart 8: DNA rate (per 100 appointments) by Deprivation Quintile



SIMD Quintiles: Quintile 1 is the most deprived and Quintile 5 is the least deprived. Data was analysed using SIMD 2012.

Data relating to Chart 8 can be found in [Table 4](#).

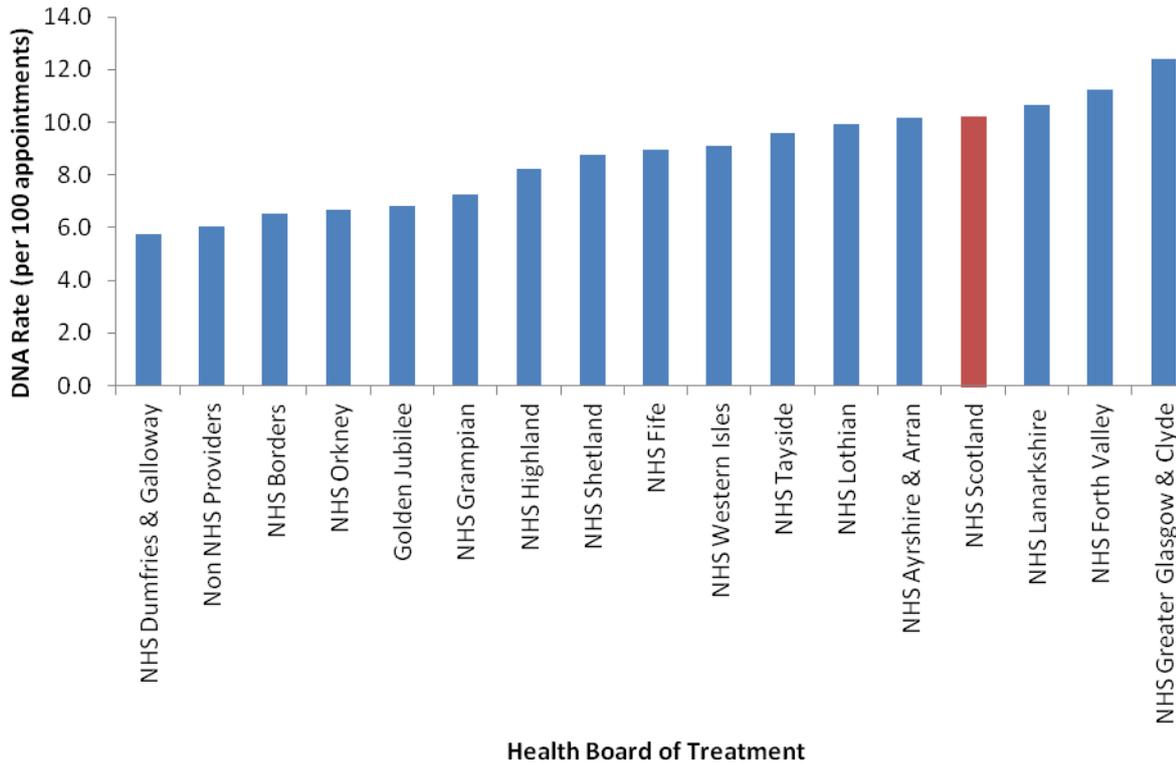
Chart 8 shows that people living in more deprived areas (SIMD 1) are much more likely to not attend outpatient appointments (DNA rate around 15 per 100 outpatient appointments) than those living in the least deprived areas (SIMD 5) which have a DNA rate of around 6 per 100 outpatient appointments.

Similar to the pattern shown in Chart 7, whilst there is a difference accross the different deprivation quintiles, the overall trend over the past five years has remained very similar.

5.4 DNA by NHS Health Board of Treatment

NHS Health Boards are constantly trying to improve their DNA rate to ensure each appointment is utilised. Chart 9 shows the DNA rate for the most recent time period, December 2014, by NHS Board of Treatment.

Chart 9: DNA rate (per 100 appointments) by NHS Health Board of Treatment, December 2014



Data relating to Chart 9 can be found in [Table 4](#).

For December 2014, NHS Dumfries & Galloway had the lowest DNA rate with 5.7 DNAs per 100 new outpatient appointment. NHS Greater Glasgow & Clyde have the highest DNA rate with a rate of 12.4 DNAs per 100 new outpatient appointments. Some NHS Boards use [Patient Focussed Booking](#) for appointments which is aims to put the patient at the centre of the booking process by engaging with the patient. Other measures that NHS Boards have put in place to help reduce the number of DNAs include text alerts, reminder emails and phone calls.

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.

SIMD

Data for Did Not Attend outpatient attendances in this report are analysed by the 'Scotland level' Scottish Index of Multiple Deprivation (SIMD) population-weighted quintiles. Each quintile consists of approximately 20% of the population living in Scotland, with deprivation quintile 1 indicating the population living in the most deprived areas

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* | Dec 2009 to Dec 2014 | Excel [132kb] |
| 2 | Quarterly trends in available beds | Dec 2009 to Dec 2014 | Excel [743kb] |
| 3 | HEAT Emergency Admissions Over 75s | 2003/04 to 2013/14 | Excel [1.52mb] |
| 4 | DNA Rates | Dec 2011 to Dec 2014 | Excel [25mb] |

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 and hospital beds data are collected across NHSScotland and are based on nationally available information routinely drawn from hospital administrative systems across the country. The 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 Outpatient attendances used within this report for NHS Scotland and NHS Grampian have been corrected. The error was an analytical error for replace Grampian estimates within SMR00 data. This error has now been fixed and correct data can be found within Table 1.

The range of revisions at Scotland level across the New and Return Outpatient data ranges from -0.2% to 2.4%. The range of revisions at Grampian level across the New and Return Outpatient data ranges from -2.7% to 30.1%.

Other 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 and the [data issues and completeness document](#). Please see the [ISD revisions policy](#) for further details.

Revisions between the 16 December 2014 (revised 19 March 2015) and 31 March 2015 published quarterly inpatient, day case and outpatient activity data for the quarter ending September 2014 were small, ranging from -0.4% to 2.5% at Scotland level. Downward revisions can occur if actual submissions are lower than estimates.

Revisions between the 16 December 2014 (revised 19 March 2015) and 31 March 2015 published quarterly average available beds for acute specialties for the quarter ending September 2014 ranged from 0.1% to 0.7%. Further details can be found within the [relevant excel files](#).

The percentage increase, since the 16 December 2014 publication, in the 2013/14 emergency admissions for patients in Scotland aged 75+, was 1.0% while bed days have increased by 2.0% 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.

The majority of outpatient attendances figures are sourced from ISD(S)1. In some areas where NHS Boards have been unable to submit ISD(S)1 outpatients data, SMR00 (patient-

level outpatients records) has been used as an alternative data source. Outpatient DNA rates are obtained from 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 by found in the [data issues and completeness document](#) which accompanies and also on the [Hospital Records Data Monitoring SMR Completeness web page](#). 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 March 2015 |
| 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 (beds/outpatients and inpatient/day case activity for all specialties), Scottish Morbidity Records SMR01 (inpatient/day case for acute specialties) SMR00 (outpatient) |
| Date that data are acquired | January 2015 Revised data for NHS Grampian and NHS Scotland for New and Return Outpatients June. |
| Release date | 31 March 2015 Revised 26 June 2015. |
| Frequency | Quarterly The March 2015 publication includes the publication of quarterly Hospital Activity and Bed statistics up to December 2014. |
| Timeframe of data and timeliness | Data up to December 2014 (Quarterly). |
| Continuity of data | Reports include annual data from 2004 to 2013 and quarterly data up to September 2014. |
| Revisions statement | A revision has been made to this publication from its original release. Data for Outpatient attendances used within this report for NHS Scotland and NHS Grampian have been corrected. The error was an analytical error for replace Grampian estimates within SMR00 data. This error has now been fixed and correct data can be found within |

| | |
|---|---|
| | <p>Table 1.</p> <p>Other 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.</p> |
| <p>Revisions relevant to this publication</p> | <p>The range of revisions at Scotland level across the New and Return Outpatient data ranges from -0.2% to 2.4%. The range of revisions at Grampian level across the New and Return Outpatient data ranges from -2.7% to 30.1%.</p> <p>Other revisions have minimal affect on the statistics as noted in Appendix A1 of this report.</p> |
| <p>Concepts and definitions</p> | <p>See Hospital Care: Background Information</p> |
| <p>Relevance and key uses of the statistics</p> | <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> |
| <p>Accuracy</p> | <p>Please refer to Appendix A1 of this report. Summary data within this publication is also compared to previously published figures.</p> |

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| 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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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

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.