

Publication Report



Acute Hospital Activity and NHS Beds Information

Quarter ending March 2015

Publication date – 30 June 2015



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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 the current Scottish Government Heat 75+ 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 March 2015, with trends back to March 2010.
- Updated information for the NHSScotland HEAT target on emergency bed days for patients aged 75 and over to March 2014.

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. Please note that SMR00 data for the most recent quarter is provisional and it may be revised in future publications. 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. NHS Lanarkshire has been experiencing technical issues which have meant they have been unable to successfully extract from their Patient Management System (PMS) system for ISD; these issues are being investigated by the external IT supplier. As a result, this publication includes NHS Lanarkshire new outpatient from SMR00 but no return outpatient data for quarters ending September 2014, December 2014 and March 2015. 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 to quarter ending March 2015. Between December 2010 and June 2014, NHS Grampian was unable to submit beds statistics to ISD due to system implementation problems which means that it is not possible to publish data for this time period. ISD are continuing to work with NHS Grampian to explore whether it is possible to produce accurate estimates to fill the data gaps.
- Due to the implementation of a new Patient Management System in NHS Highland, the Board has been unable to submit complete data to ISD since January 2014. Where possible, this publication uses estimates to fill data gaps of up to a year, however, the current estimation methodology is not suitable for longer term data gaps. As per this process, NHS Highland data has been estimated for quarters ending March 2014 to December 2014. There is no data for quarter ending March 2015. NHS Highland are working with Data Management to try and resolve data submission

issues. They have recently undertaken a bed audit which will help to identify and address any outstanding issues with the ISD(S)1 hospital beds data extract. Further information about this can be found in the [data issues and completeness document](#) which accompanies this report.

- Following a review of medical groupings, an adjustment has been made to the acute specialty groupings which are used in the bed tables of this publication. The biggest impact of this change is Acute Medical increasing by around 70% which is mainly as a result of the sub group, Geriatric Medicine and GP Other than Obstetrics now being included within Acute Medical Specialty Grouping. The overall impact at All Acute Specialties is less than 0.1%. This is to ensure that the groupings used in this publication are consistent with the groupings used in other ISD products and publications. This should be taken into consideration when comparing data from this publication to previous publications. Further details about the changes to the groupings can be found in the [Specialty Groupings](#) section of Appendix A1.

Key points

- There has been a decrease in the rate of Did Not Attends (DNAs) for new outpatient appointments over the last five years (9.8 per 100 appointments in quarter ending March 2015 compared with 10.4 per 100 appointments in quarter ending March 2010).
- The number of inpatient and day case discharges to acute specialties has increased by around 44,000 (12.5%) since quarter ending March 2010 to around 393,000 in quarter ending March 2015.
- The number of occupied beds has remained relatively stable and continues 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 11.0% from 5,421 in 2009/10 to 4,826 in 2013/14.

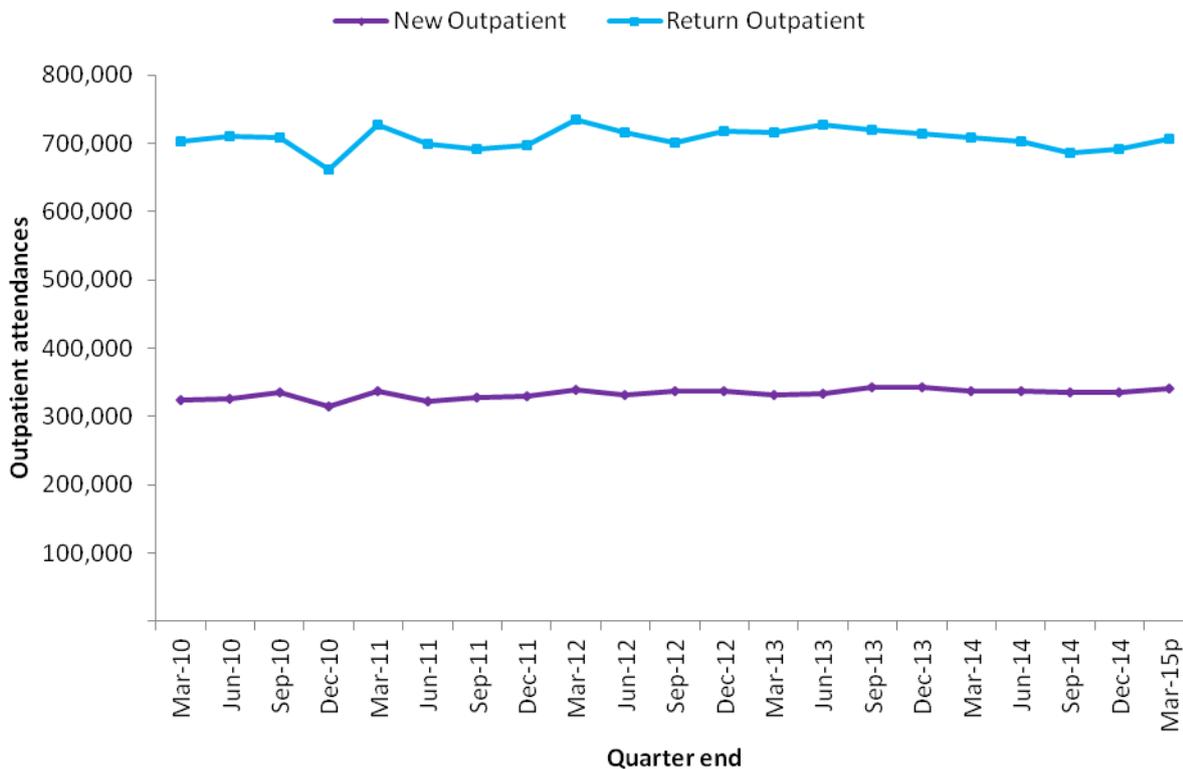
¹ The Heat 75+ target is to reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population by at least 12% between 2009/10 and 2014/15.

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 outpatient clinics can be categorised as new or return attendances. NHS Lanarkshire has been experiencing technical issues which has meant some of the data being suppressed and so have been excluded from Chart 1 to allow a consistent trend for other Boards. Chart 1 shows the trend of new and return outpatient appointments in NHSScotland excluding NHS Lanarkshire, over the last five years.

Chart 1: Quarterly outpatient activity for patients treated in NHSScotland excluding NHS Lanarkshire, for quarters ending March 2010 to March 2015^P



Source: The main source of information for this chart is ISD(S)1; however, SMR00 has 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](#).

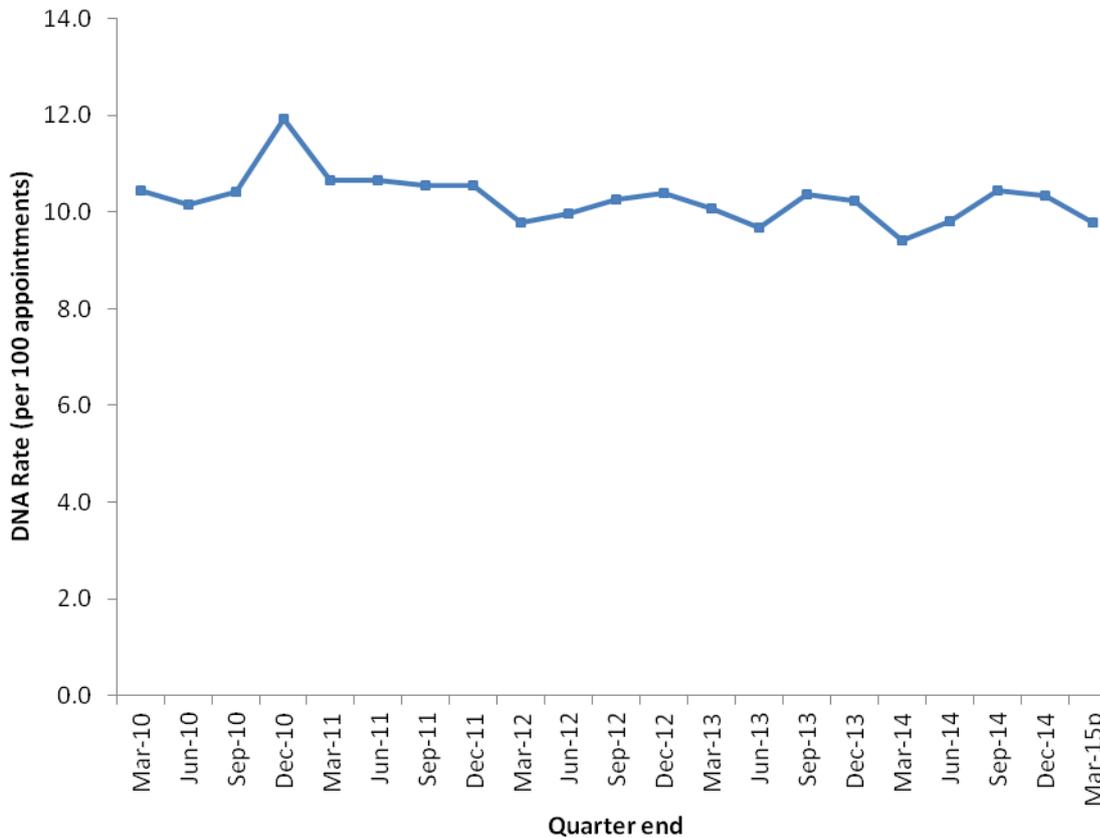
^P – provisional

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 330,000 for NHSScotland excluding NHS Lanarkshire. The corresponding number of return outpatient appointments remained at around 710,000 for most of the time period.

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), NHSScotland for quarters ending March 2010 to March 2015^P



Source: SMR00
^P Provisional

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

There has been a decrease in the rate of Did Not Attends (DNAs) for new outpatient appointments over the last five years (9.8 per 100 appointments in quarter ending March 2015 compared with 10.4 per 100 appointments in quarter ending March 2010). Over the last five years there was a quarterly average of 10.3 DNAs per 100 new outpatient appointments for NHSScotland excluding NHS Lanarkshire. The trend displays some slight seasonal variation, with higher rates of DNAs occurring in quarters ending September and December. The peak in December 2010 coincides with [extreme weather conditions](#) across Scotland.

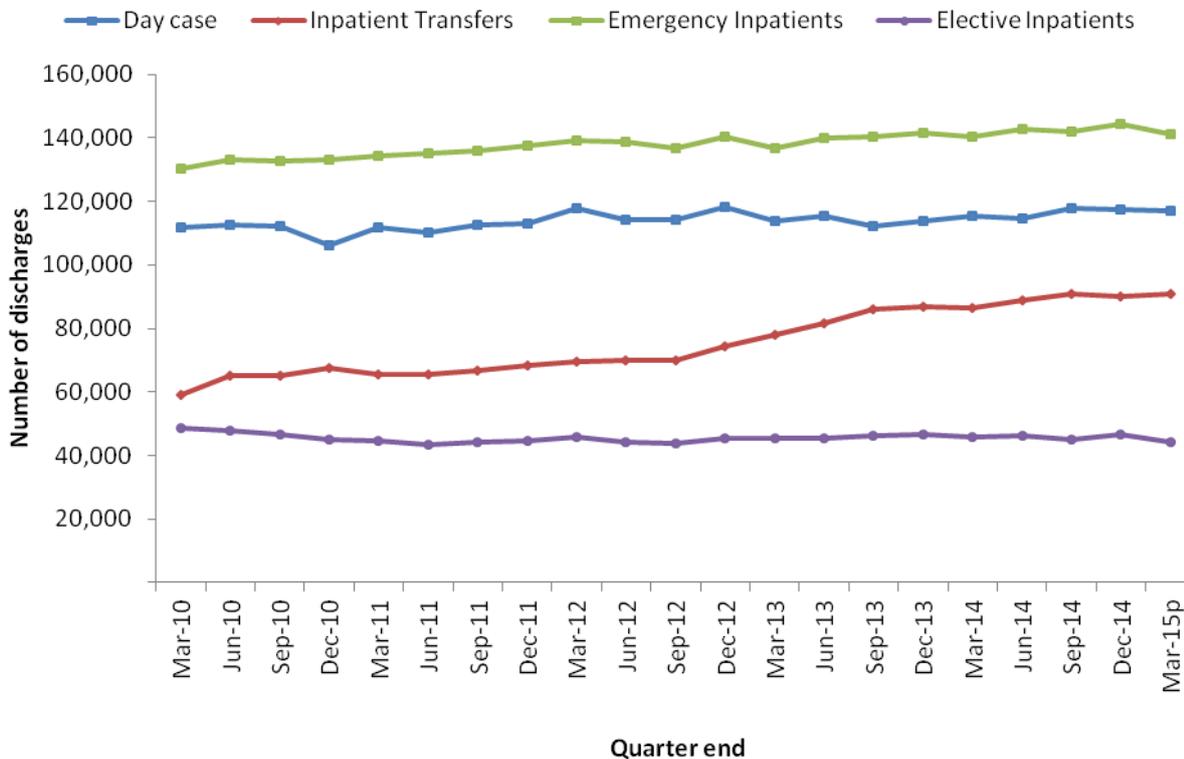
2. Quarterly Inpatient and Day Case Activity for Acute Specialties

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 patients seen as a [day case](#) have a planned admission to hospital with the intention of being 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; 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 admission type, for acute specialties, in NHSScotland, for quarters ending March 2010 to March 2015^P



Source: Inpatient and day case discharge figures for acute specialties 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](#).

The number of inpatient and day case discharges to acute specialties has increased by around 44,000 (12.5%) since quarter ending March 2010 to around 393,000 in quarter ending March 2015. Between quarter ending March 2010 and quarter ending March 2015, the number of emergency inpatient discharges for acute specialties increased by approximately 8% whilst the number of elective inpatient discharges has decreased by

approximately 9%. The number of day case discharges has increased by approximately 5%.

The biggest change was seen in the number of transfers which have increased by approximately 54% between quarter ending March 2010 and quarter ending March 2015. 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.

Due to problems with the implementation of their new patient administration system, no data were successfully extracted for NHS Grampian between March 2011 and June 2014. NHS Grampian has now been able to submit bed numbers from their local system for the last three quarters. Attempts were made to estimate these figures but these proved unsuccessful when compared with the data for September 2014 onwards and thus, all data between March 2011 and June 2014 have been suppressed. ISD is continuing to work with NHS Grampian to explore the possibility of producing revised estimates.

NHS Highland has been experiencing difficulties submitting bed numbers from their local system for the past five quarters. ISD has a policy of only using estimates for the first four quarter for a Board for which there is no submitted data, if it is deemed fit for publication. The most recent data, quarter ending March 2015, has therefore been removed and no further estimates will be calculated for NHS Highland until subsequent data have been submitted.

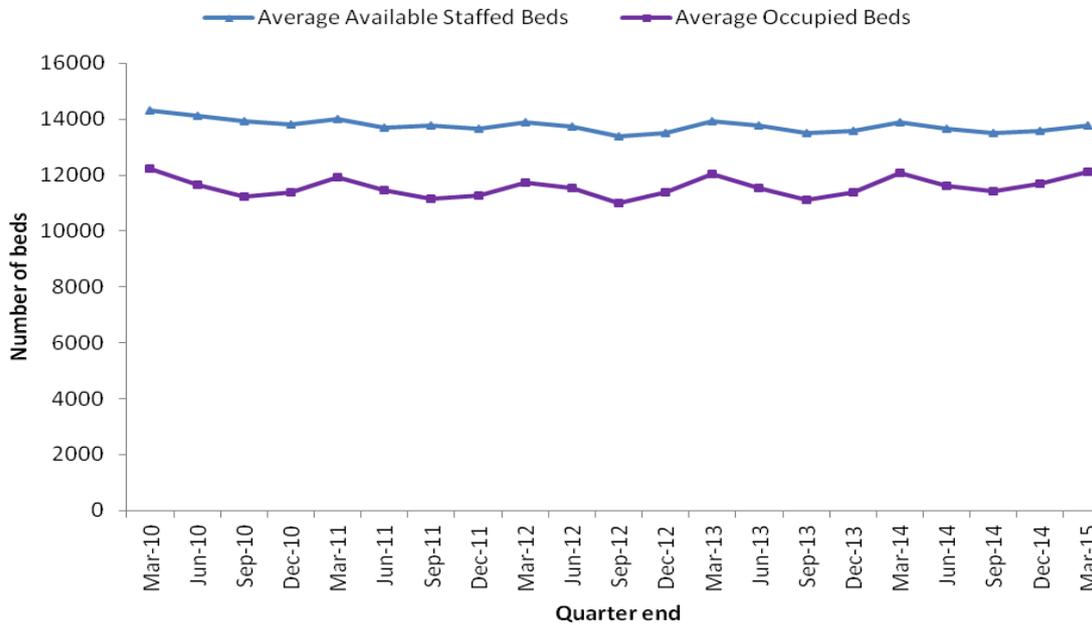
In the meantime, NHS Grampian and NHS Highland have been excluded from Charts 4 and 5 to allow a consistent trend to be shown for the remaining NHS Boards.

3.1 Average Available Beds and Percentage 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 March 2015 across NHSScotland excluding NHS Grampian and NHS Highland, along with the average number of beds which were occupied.

Chart 4: Average available staffed beds and average occupied beds, NHSScotland excluding NHS Grampian and NHS Highland, quarters ending March 2010 to March 2015



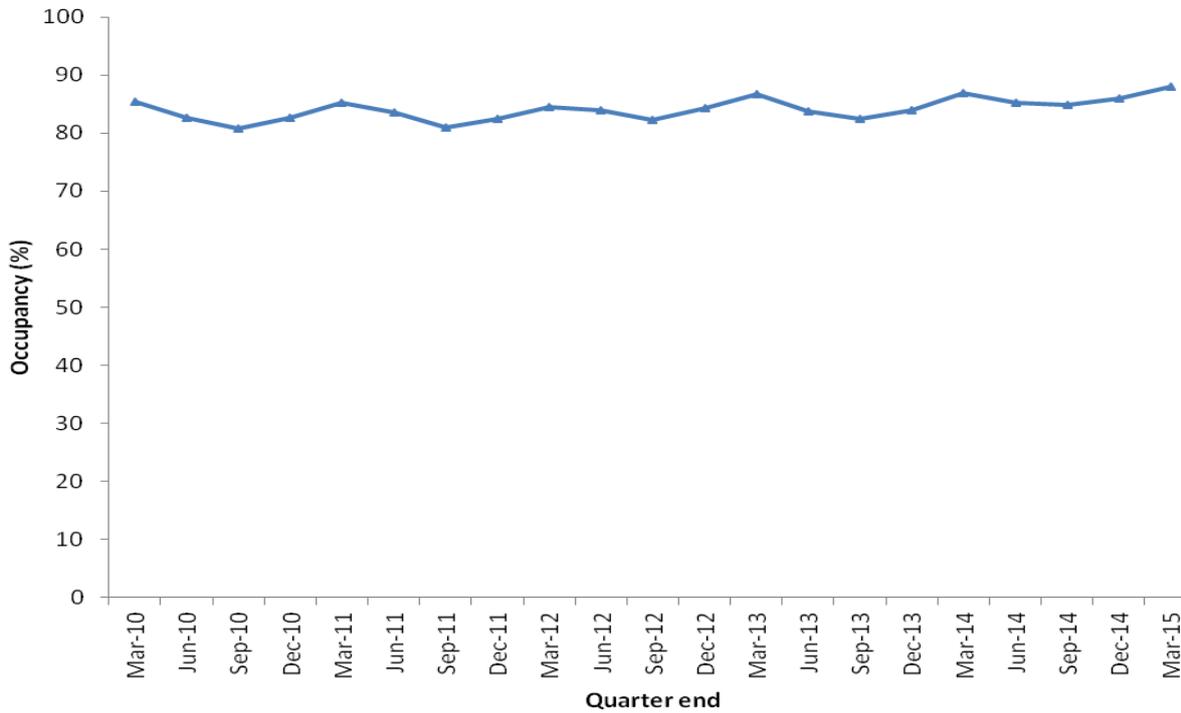
Source: ISD(S)1

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 and NHS Highland) in acute specialties for the quarter ending March 2015 was around 13,750. The underlying trend has remained relatively stable in most NHS Boards over the last five years. Bed numbers tend to vary seasonally throughout the year, peaking in quarter ending March and falling in quarter ending September.

Bed use is measured by [percentage occupancy](#). The fluctuation in the percentage occupancy shown in Chart 5 can be explained by seasonal demand. Bed occupancy increases during winter months because of increased hospital activity at that time of year.

Chart 5: Percentage occupancy, NHSScotland excluding NHS Grampian and NHS Highland, quarters ending March 2010 to March 2015



Source: ISD(S)1

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

Over the last five years, there has been a slight increase in the percentage occupancy which has increased by around three percentage points from 85% in quarter ending March 2010 to 88% in quarter ending March 2015.

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 11.0% from 5,421 in 2009/10 to 4,826 in 2013/14. The rate of emergency bed days may increase in future publications due to the submission of outstanding records. The implementation of a new patient management system in NHS Highland has meant that the Board have been unable to submit complete SMR01 data to ISD since January 2014. Data for January – March 2014 is estimated to be 85% complete. Further data on this measure is available for 2003/04 to 2013/14 can be found within [Table 3](#).

Due to the time lag with SMR01 bed days data, it is not possible to publish 2014/15 data for the Heat 75+ target at this time. Data for 2014/15 will be included in the September 2015 release of the Acute Activity and Hospital Beds publication.

Further information on HEAT can be found at:
<http://www.gov.scot/About/Performance/scotPerforms>

5. 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.
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	Mar 2010 to Mar 2015	Excel [132kb]
2	Quarterly trends in available beds	Mar 2010 to Mar 2015	Excel [743kb]
3	HEAT Emergency Admissions Over 75s	2003/04 to 2013/14	Excel [1.52mb]
A1	Specialty Grouping	N/A	Excel

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, outpatient attendances and bed data) returns.

Specialty Groupings

Following a review of medical groupings, a slight adjustment has been made to the acute specialty groupings which are used in the Beds section of this publication. This change will be made to the Activity section of the request in due course. This is to ensure that the groupings used in this publication are consistent with the groupings used in other ISD products and publications. The old and new specialty groupings are displayed in [Table A1](#).

To assess the overall impact of the different specialty groupings Average Available Staffed Beds were examined for Quarter ending September 2014 using the old and new groupings. The biggest impact of this change is Acute Medical increasing by around 70% which is mainly as a result of the sub group, Geriatric Medicine and GP Other than Obstetrics now being included within Acute Medical Specialty Grouping. The overall impact at All Acute Specialties is less than 0.1%. This is to ensure that the groupings used in this publication are consistent with the groupings used in other ISD products and publications. This should be taken into consideration when comparing data from this publication to previous publications. The results are shown in the table below.

	All ACUTE	Acute Surgical	Acute Medical
New groupings	15,969	4,576	11,393
Previous groupings	15,965	4,803	6,656
% difference	0.03%	-4.70%	71.20%

Revisions

Most of the 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.

Percentage changes between the 31 March 2015 (revised 26 June 2015) and 30 June 2015 published quarterly inpatient, day case and outpatient activity data for the quarter

ending December 2014 were small, ranging from -0.3% to 2.7% at Scotland level. Downward revisions can occur if actual submissions are lower than estimates.

Percentage changes between the 31 March 2015 (revised 26 June 2015) and 30 June 2015 published quarterly average available beds for acute specialties for the quarter ending December 2014 ranged from -5.9% to 3.1%.

The percentage increase, since the 31 March 2015 publication, in the 2013/14 emergency admissions for patients in Scotland aged 75+, was less than 0.05% while bed days have increased by 0.2% at Scotland level.

Data Sources

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 June 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	All data except SMR00 was extracted in May 2015 SMR00 Outpatient data extracted June 2015
Release date	30 June 2015
Frequency	Quarterly The June 2015 publication includes the publication of quarterly Hospital Activity and Bed statistics up to March 2015.
Timeframe of data and timeliness	Data up to March 2015 (Quarterly).
Continuity of data	Reports include quarterly data up to March 2015.
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 effect 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 effect 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.

	<p>To monitor National and NHS Board performance against HEAT targets for Emergency Admission Bed days for Over 75s.</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	Following a review of medical groupings, a slight adjustment has been made to the acute specialty groupings which are used in the Beds section of this publication. This change will be made to the Activity section of the request in due course.
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.
Last published	31/03/2015

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Date of first publication	
Help email	Jade.kavanagh@nhs.net , Sophie.david@nhs.net
Date form completed	19/06/2015

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

Pre-Release Access

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

Standard Pre-Release Access:

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

Early Access for Quality Assurance:

NHS Grampian

NHS Highland

NHS Lanarkshire

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.