

Quarterly Acute Hospital Activity and NHS Beds Information for Scotland

Quarter ending December 2015

Publication date – 29 March 2016



Contents

Introduction.....	2
Points to Note	2
Key points.....	4
Outpatients	4
Inpatient and day case discharges	4
Emergency Admissions	4
Bed statistics	4
Results and Commentary	5
1. Quarterly Outpatient Activity for all specialties.....	5
2. Quarterly Inpatient and Day Case Activity for Acute Specialties.....	6
3. NHS Emergency Admissions for patients aged 75 and over	8
4. NHS Hospital Quarterly Beds Statistics	8
Beds methodology	10
Glossary	11
List of Tables	13
Contact	14
Further Information	14
NHS Performs	14
Rate this publication	14
A1 – Background Information.....	15
Revisions.....	15
Data Sources.....	16
Data Quality.....	16
A3 – Early Access details (including Pre-Release Access).....	20
A4 – ISD and Official Statistics	21

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.

This release includes newly published information for NHSScotland from quarter ending December 2010 to December 2015 on:

- Inpatient, day case activity
- Outpatient activity
- Emergency admissions for patients aged 75 and over
- Bed statistics

Points to Note

Estimations / provisional data

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 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 where estimation has been used. Specific issues are as follows:

Outpatient

- 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 are provisional and it may be revised in future publications, in particular for most recent quarters.
- In areas where it has not been possible to use SMR00 as an alternative data source, data have been estimated using the last complete data submission. This is the case for NHS Highland, NHS Orkney and NHS Western Isles. Further details can be found in the 'Data Issues' sheet of the following table [Quarterly NHS outpatient activity hbt Mar16.xlsx](#)

Beds

NHS Grampian

- This publication contains bed statistics submitted by NHS Grampian from their local system. Between March 2011 and June 2014, NHS Grampian was unable to submit beds statistics to ISD due to system implementation problems.
- After exploring several methods trying to tie up ISD(S)1 data with SMR01 data for bed days, all of which proved unsuccessful, we have taken a very simple approach to estimate the numbers of available beds for All Acute Specialties, All Acute Surgical combined and All Acute Medical combined and all specialties which fall into these categories to cover the period December 2010 – June 2014.
- For these specialty codes, we fitted straight lines joining up the last and first known data points for each of the four quarters. For example, we joined up September 2010 with September 2014 to estimate the same quarter in intervening years (i.e. this line provided estimates for September 2011, September 2012 and September 2013).
- We then replicated this for the other three quarters (i.e. December 2009 with December 2014 to estimate the December figures; March 2010 with March 2015 to estimate the March figures; and June 2010 with June 2015 to estimate the June figures).

- We used this method to maintain the known seasonality effects through the year. However, for all other individual non-acute specialties, and all specialties combined, we have suppressed the figures for the period December 2010 – June 2014 for Grampian because we have not estimated these missing data.

NHS Highland

- Similarly NHS Highland was unable to submit complete bed statistics to ISD from quarters ending March 2014 to September 2015. As a result NHS Highland data for these quarters have been suppressed.
- NHS Highland has been able to provide figures for the quarter ending December 2015 but we will not be able to use the same method of estimation as NHS Grampian until we receive four quarters worth of data. Further information about this can be found in the [data issues and completeness document](#) which accompanies this report.

Main points

Outpatients

- There were around 1.14 million outpatient total attendances in the quarter ending December 2015, similar to the previous year.
- Around 1 in 10 patients did not attend their outpatient appointment, which is similar to both the previous quarter and the same period in 2014.

Inpatient and day case discharges

- There were 415,210 acute inpatient and day case episodes of care recorded in the quarter ending December 2015. This is an increase of around 4% from the same quarter of the previous year.

Emergency Admissions

- In NHSScotland in 2014/15 there were 156,000 emergency admissions for patients aged 75 and over, an increase of 3.7% from 2013/14.

Bed statistics

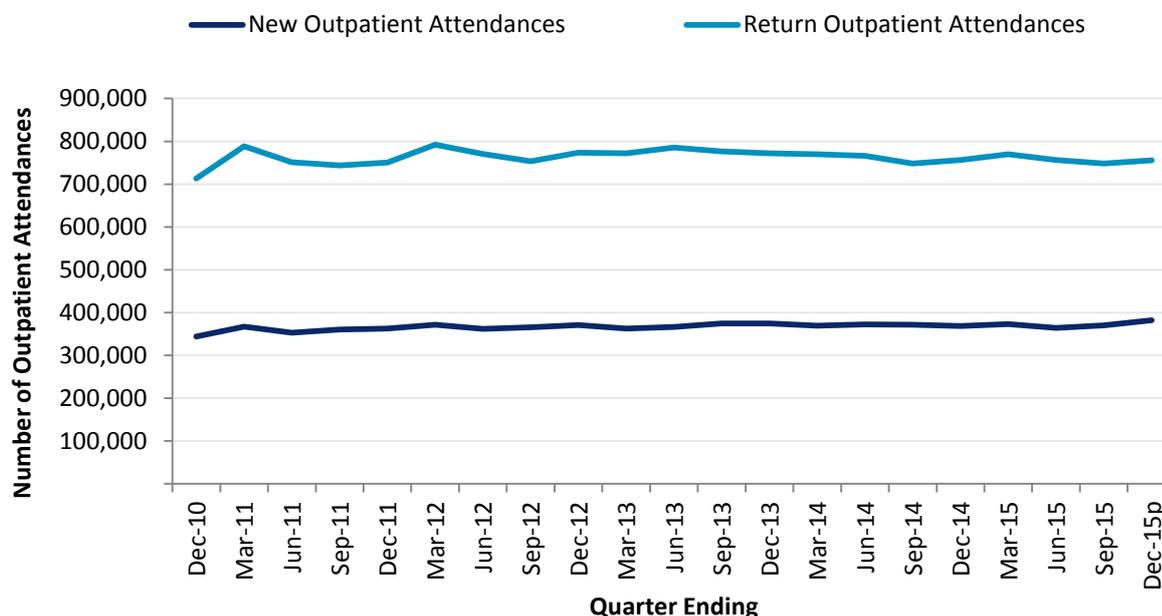
- There were around 15,600 available staffed beds for all acute specialties in December 2015. This is a reduction of nearly 3% since quarter ending December 2013 (when data for Scotland were last available), and a reduction of over 5% over the last five years. A long term trend in these figures is not available due to problems of submission from several NHS Boards' patient admission systems.
- For Scotland, excluding Grampian and Highland NHS Boards, the number of available staffed beds in acute specialties was around 13,300 in the quarter ending December 2015. This is a decrease of almost 3% from around 13,700 beds in December 2014.

Results and Commentary

1. Quarterly Outpatient Activity for all specialties

Over the last five years the volume of outpatient attendances in NHSScotland has remained at around 1.14 million each quarter. Over the last 5 years there has been on average 367,000 new outpatient attendances each quarter and more than twice as many return attendances, at about 763,000 attendances on average.

Chart 1: Quarterly outpatient activity for patients treated in NHSScotland for quarters ending December 2010 to December 2015^P

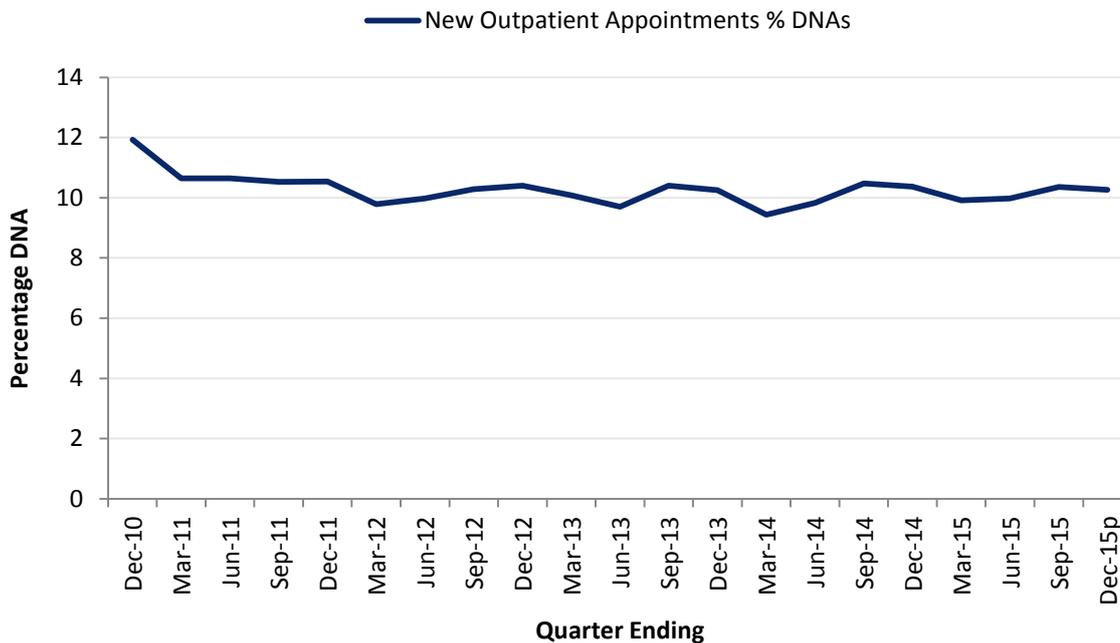


Sources: ISD(S)1, SMR00 is used to replace ISD(S)1 when there is a high level of estimation.

^P - Provisional. Please note that SMR00 data are taken from a live system and can be updated by NHS Boards. Data are therefore provisional and may be revised in future publications. Further details can be found in [Table 1](#).

If a patient does not turn up to their outpatient appointment without prior notice then this is recorded as a 'Did Not Attend' (DNA). The DNA rate for new attendances in NHSScotland is shown in Chart 2 .

Chart 2: DNA rates (per 100 new outpatient appointments), NHSScotland for quarters ending December 2010 to December 2015p



Source: SMR00

p - Provisional. Please note that SMR00 data are taken from a live system and can be updated for a number of quarters by NHS Boards. Data are therefore provisional and may be revised in future publications. Further details can be found in [Table 1](#).

The DNA rate displays some slight seasonal variation, with higher rates occurring in quarters ending September and December. With the exception of quarter ending December 2010 which coincides with [extreme weather conditions](#) across Scotland, the DNA rate has remained between 9.4 and 10.6 and, on average, 1 in 10 patients do not attend their given appointment without prior warning.

Health Board data relating to [Chart 1](#) and [Chart 2](#) are provided in the [Quarterly Outpatient Activity Table](#)

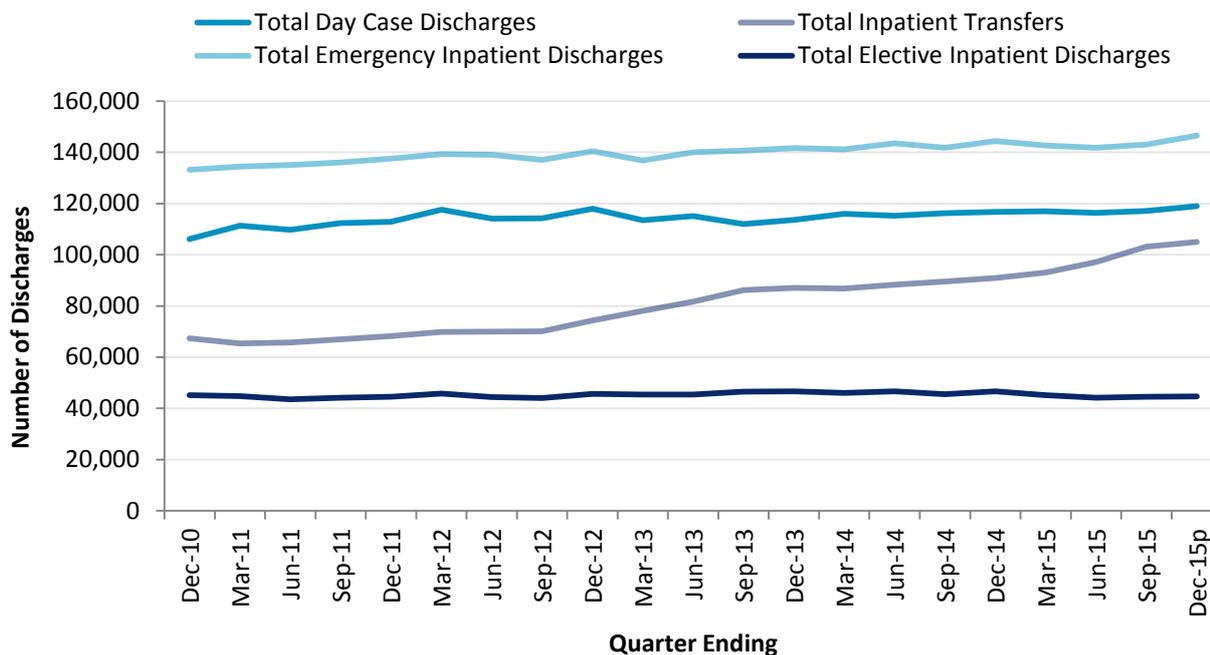
2. Quarterly Inpatient and Day Case Activity for Acute Specialties

When a patient is first admitted to hospital as an inpatient, they can be admitted as either an [emergency](#) or an [elective](#) (planned) inpatient. Patients may then need to be transferred to the care of another consultant, moved to another specialty or facility within the hospital or moved to another hospital altogether to receive the specialist care that they require. These moves are known as [transfers](#).

The chart below shows the number of inpatient /day case episodes of care or discharges split by admission type. Note that discharges do not count patients, i.e. NHS Boards may record several discharges or episodes of care for the one patient.

The total number of inpatient episodes of care can be found in the [Quarterly Inpatient Activity Table](#).

Chart 3: Inpatient episodes of care (discharges) by admission type, for acute specialties, in NHSScotland, for quarters ending December 2010 to December 2015^P



^P - Provisional. Please note that SMR01 data are taken from a live system and can be updated for a number of quarters by NHS Boards.

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 are used.

Health Board data relating to Quarterly Inpatient Activity Table.

Chart 3 is provided in the [Quarterly Inpatient Activity Table](#)

For acute specialties since December 2014

- The number of **inpatient and day case episodes of care** has increased by around 16,400 (4.1%). It is now at around 415,000 in quarter ending December 2015
- The number of **day case episodes of care recorded** has increased by 1.9% to 119,000 episodes
- The number of **emergency inpatient episodes of care** has increased by 1.4% to 147,000 episodes
- The number of **elective inpatient episodes of care** has decreased by 4.2% to 45,000 episodes
- The number of **transfers** has increased by around 15.6% to 105,000 episodes in the last year. This increase has been driven by changes in recording practices and service redesign to the emergency care services in some NHS Boards

3. NHS Emergency Admissions for patients aged 75 and over

Emergency admissions for the increasingly elderly population of Scotland are of particular interest to modern healthcare provision. This age group tends to have longer hospital stays and a higher risk of healthcare associated infections (HAI), delayed discharges and institutional care outcomes, compared to people in younger age groups.

Across Scotland the number of emergency admissions for patients aged 75 and over has increased from around 120,000 to 157,000 over the last 10 years, an increase of almost 31%. Despite this increase in the number of emergency admissions the rate of emergency bed days per 1,000 population aged 75 and over decreased by 11.7% from 2005/06 to 2014/15.

Health Board data relating to NHS Emergency Admissions is provided in the [Emergency Admissions Aged Over 75 Table](#)

4. NHS Hospital Quarterly Beds Statistics

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. This downward trend is currently continuing. The following indicators only take into account the use of beds by inpatients.

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

Average Available Staffed beds

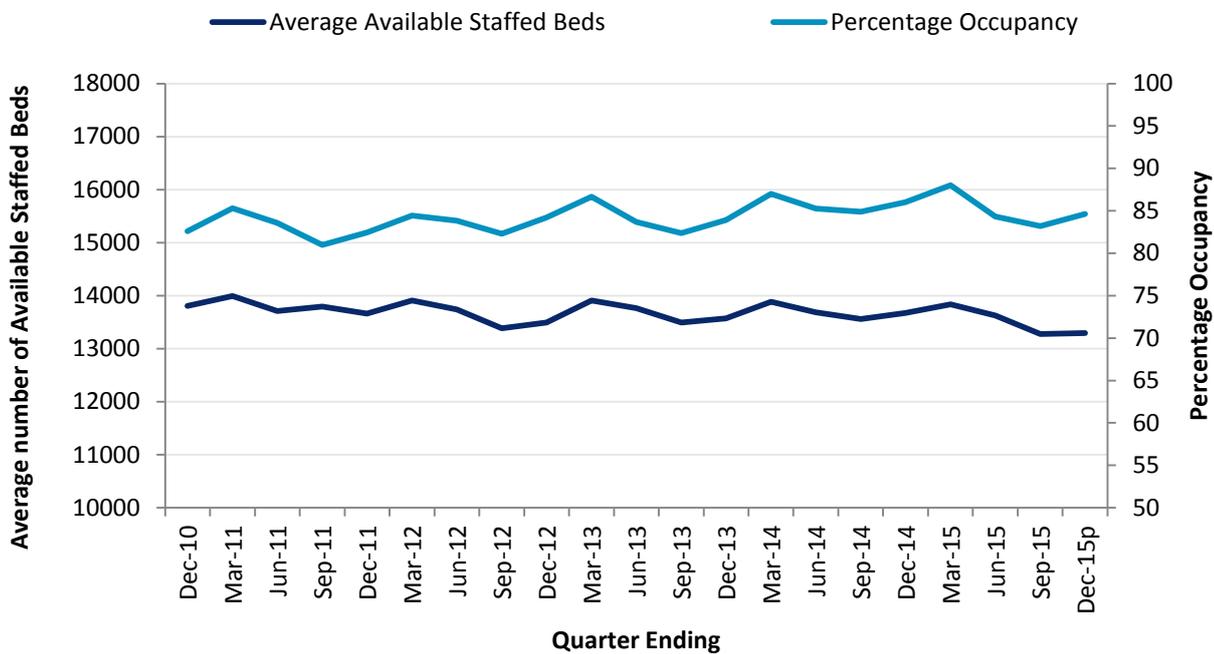
For the first time since 2014 we are able to report beds activity for Scotland. There were on average 15,635 available staffed beds for all acute specialties in quarter ending December 2015. This is a reduction of nearly 3% since quarter ending December 2013 and a reduction of over 5% over five years. The drop in the number of beds between quarter ending June 2015 and September 2015 for Scotland, excluding Highland and Grampian, is mainly due to the reconfiguration of acute adult services in NHS Greater Glasgow and Clyde.

Due to problems with the implementation of a new patient administration system, no data were extracted for NHS Grampian between March 2011 and June 2014. NHS Highland has had similar problems between quarters ending March 2014 and September 2015. NHS Grampian's missing data were estimated and are presented in the following table [Quarterly Trends in Available Beds Table](#). More details on this estimation process can be found in the [Beds Methodology](#) section.

As a result, NHS Grampian and NHS Highland have been excluded from [Chart 4](#) to allow a consistent trend to be shown for the remaining NHS Boards.

[Chart 4](#) shows the number of average available staffed beds and percentage occupancy for acute specialties.

Chart 4: Average available staffed beds and percentage occupancy for acute specialties, NHSScotland excluding NHS Grampian and NHS Highland, quarters ending December 2010 to December 2015^P



Source: ISD(S)1

^P - Data for quarter ending December 2015 are provisional.

Health Board data relating to

Chart 4 shows the number of average available staffed beds and percentage occupancy for acute specialties.

Chart 4 can be found in the [Quarterly Trends in Available Beds Table](#).

Percentage occupancy

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

Chart 4 shows the number of average available staffed beds and percentage occupancy for acute specialties.

Chart 4 above can be explained by seasonal demand. Bed occupancy increases during winter months because of increased hospital activity at that time of year.

Over the last five years, there has been a slight increase in the all acute specialties percentage occupancy of around two percentage points from 83% in quarter ending December 2010 to 85% in quarter ending December 2015 for Scotland excluding Grampian and Highland.

Throughput and mean stay

Throughput and mean stay data can be found in the [Quarterly Trends in Available Beds Table](#)

Beds methodology

NHS Grampian

Due to problems with the implementation of its new patient administration system, no data were 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 five quarters. We have taken a simple approach to estimate the numbers of available beds for All Acute Specialties, All Acute Surgical combined, All Acute Medical combined and all specialties that fall into these categories for Grampian to cover the period December 2010 – June 2014.

For these specialty codes, we fitted straight lines joining up the last and first known data points for each of the four quarters. For example, we joined up September 2010 with September 2014 to estimate the intervening relevant quarters (i.e. this line provided estimates for September 2011, September 2012 and September 2013).

We then replicated this for the other three quarters (i.e. December 2009 with December 2014 to estimate the December figures; March 2010 with March 2015 to estimate the March figures; and June 2010 with June 2015 to estimate the June figures). We used this method to maintain the known seasonality effects through the year.

However, for all other individual non-acute specialties (and all specialties combined) we have suppressed the figures for the period December 2010 – June 2014 for NHS Grampian because we have not estimated these missing data.

NHS Highland

NHS Highland has experienced similar problems with submitting ISD(S)1 which has meant that they were not able to submit bed numbers from March 2014 to September 2015. NHS Highland has now submitted data for the most recent quarter but data from March 2014 to September 2015 will remain suppressed until we have enough data to estimate the missing data.

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 NHSScotland 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	Charts and Tables	December 2010 to December 2015	Excel [45kb]
2	Quarterly Outpatient Activity	December 2010 to December 2015	Excel [60kb]
3	Quarterly Inpatient and Day Case Activity	December 2010 to December 2015	Excel [65kb]
4	Quarterly trends in available beds	December 2010 to December 2015	Excel [1616kb]
5	Emergency admissions for patients aged 75 and over	2005/06 to 2014/15	Excel [875kb]

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.

Contact

Sophie David

Principal Information Analyst

sophie.david@nhs.net

0131 275 6190

Ruth Farquharson

Information Analyst

r.farquharson@nhs.net

0131 275 6067

Further Information

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

NHS Performs

A selection of information from this publication is included in [NHS Performs](#). NHS Performs is a website that brings together a range of information on how hospitals and NHS Boards within NHSScotland are performing.

Rate this publication

Please [provide feedback](#) on this publication to help us improve our services.

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 and DNA information), SMR01 (source for acute specialties inpatient and day case hospital activity information) and ISD(S)1 (main source for outpatient attendances and bed data) returns.

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 quarterly. In general these revisions have minimal effect on the statistics. If missing/incomplete data are significant and are 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 may also results from the estimations process used differing from one quarter to another, e.g. the Inpatient estimations may be applied to the last four quarters in one release, but due to further submission of data in the following quarter these estimations may no longer be used in the following release. Similarly in the outpatient table data may be replaced by SMR00 in one quarter but not in the following one if data are deemed to be complete enough.

Table 1 gives examples of changes in the data between the December 2015 and March 2016 releases.

Table 1 Examples of revisions for quarters ending March 2015 and June 2015

Scotland level ¹	June 2015 data		% change	September 2015 data		% change
	December 2015 release	March 2016 release		December 2015 release	March 2016 release	
Total Inpatient Discharges (acute specialties)	280,062	283,122	1.09%	284,784	290,599	2.04%
Total Day case Discharges (acute specialties)	115,221	116,312	0.95%	116,149	117,137	0.85%
Total Outpatient Attendances (all specialties)	1,115,149	1,120,804	0.51%	1,111,316	1,117,836	0.59%
Average Available Staffed Beds (acute specialties)	13,625	13,623	-0.01%	13,301	13,279	-0.17%

¹ Beds data are for Scotland excluding NHS Grampian and NHS Highland.

Source: SMR01 is the main source for inpatient and day case activity, ISD(S)1 is the main source for Outpatient activity and beds.

Downward revisions can occur if actual submissions are lower than estimates.

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 have 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 in the [data issues and completeness document](#) 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 under way throughout 2014/15 and will be reported back on in 2016.

The OECD has also recently published a review of the Healthcare quality for the UK available in http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/oecd-reviews-of-health-care-quality-united-kingdom-2016_9789264239487-en#page2

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Quarterly Acute Hospital Activity and NHSScotland Beds Information for Scotland March 2016
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 and outpatients), Scottish Morbidity Records SMR01 (inpatient and day case for acute specialties) and SMR00 (outpatient)
Date that data are acquired	All data were extracted in February 2016.
Release date	29 March 2016
Frequency	Quarterly
Timeframe of data and timeliness	Data up to December 2015
Continuity of data	<p>Reports include quarterly data up to December 2015.</p> <p>Due to problems with the implementation of a new patient administration system, no data were successfully extracted for NHS Grampian between March 2011 and June 2014. NHS Highland has had similar problems between quarter ending March 2014 and September 2015. NHS Grampian's missing data were estimated and are presented in Table 3. More details on this estimating process can be found in the Beds Methodology section. NHS Highland has now submitted data for the most recent quarter but data from March 2014 to September 2015 will remain suppressed until we have enough data to estimate the missing data.</p>
Revisions statement	<p>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 are 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>
Revisions relevant to this publication	<p>In general, revisions have minimal effect on the statistics as noted in Appendix A1 of this report.</p> <p>As agreed with our main stakeholders, we removed the Total Inpatient/Day Case Episodes of care for All Specialties from the Inpatient table.</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>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	<p>Please refer to Appendix A1 of this report. Summary data within this publication is also compared to previously published figures.</p> <p>Please also refer to 'Continuity of data' above.</p>
Completeness	<p>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.</p>
Comparability	<p>The Office of National Statistics United Kingdom Health Statistics 2010 publication provides a single point of reference for the comparison of key figures between the four constituent countries of the UK. Hospital activity and bed statistics can be found within chapters 6 and 8 respectively. Whilst the four UK countries worked collaboratively to maximise the comparability of the figures, it is important to note that differences between the countries remain in the way that data measures are collected and classified, and because of differences between countries in the organisation of health and social services. The report includes the details of these differences where relevant.</p> <p>Hospital activity data from England, Wales and Northern Ireland are available separately but should not be directly compared with published data from Scotland.</p> <p>England - NHS Outcomes and Performance, NHS Hospital Episode Statistics (HES) Wales - Health and care statistics Northern Ireland - Hospital Statistics & Research</p>
Accessibility	<p>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</p>
Coherence and clarity	<p>The Acute Hospital Activity and NHSScotland Beds information released for each publication is listed on the</p>

	Hospital Care Publication page.
Value type and unit of measurement	In general, figures are shown as numbers, percentages or rates.
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	22 December 2015
Next published	28 June 2016
Date of first publication	
Help email	Sophie.david@nhs.net , r.farquharson@nhs.net
Date form completed	11/03/2016

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.