Contents

Introduction .................................................................................................................. 3
Points to Note .............................................................................................................. 3
  Estimations / provisional data ................................................................................. 3
  Revisions .................................................................................................................. 3
  Future Developments .............................................................................................. 3
Main Points ................................................................................................................. 5
Outpatients .................................................................................................................. 5
Hospital Admissions ................................................................................................. 5
Beds ............................................................................................................................. 5
Results and Commentary .......................................................................................... 6
  1. Outpatients ....................................................................................................... 6
  2. Hospital Admissions ......................................................................................... 8
  3. Beds .................................................................................................................. 10
  Average Available Staffed beds ......................................................................... 10
  Percentage occupancy .......................................................................................... 11
  Beds methodology ............................................................................................... 11
Glossary ...................................................................................................................... 12
List of Workbooks ..................................................................................................... 14
Contact ....................................................................................................................... 15
Further Information ................................................................................................ 15
NHS Performs .......................................................................................................... 15
Rate this publication ............................................................................................... 15
Appendix ..................................................................................................................... 16
  A1 – Background Information ........................................................................... 16
    Data sources ...................................................................................................... 16
    Revisions ........................................................................................................... 16
  A2 – Data Quality and Completeness ................................................................. 18
    Data Quality ..................................................................................................... 18
    SMR completeness ............................................................................................ 18
    Inpatient ............................................................................................................ 19
    Outpatient ........................................................................................................ 19
    Beds ................................................................................................................... 20
A3 – Publication Metadata (including revisions details) ................................................................. 21
A4 – Early Access details (including Pre-Release Access) .......................................................... 25
A5 – ISD and Official Statistics .................................................................................................... 26
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 September 2012 to quarter ending September 2017 on:

- Outpatient activity
- Inpatient and day case activity
- Beds statistics

Points to Note

Estimations / provisional data
It should be noted that the 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.

Disclosure control methods have been applied to the data in order to protect patient confidentiality, therefore some figures on total counts may not be additive.

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. Please see the ISD revisions policy for further details.

There are issues with the quality of the data presented. For more information on these data issues please see appendix A2 – Data Quality and Completeness, and the Data Issues and Completeness document.

This publication has been revised since original release on Tuesday 19 December 2017. Please see the revisions section within Appendices A1 and A3 for full details.

Future Developments
In the summer of 2017, ISD Scotland launched an exciting project to increase the value of the information we release to you. We are working with a range of people from different settings to develop a new way of releasing information. We hope this will make it easier for you to access, understand and use our statistics.
The quarterly Acute Hospital Activity and NHS Beds publication is the first ISD publication to be developed as part of this programme. For the December 2017 release, the new version of the publication is provided alongside the current format and is accessible here. From March 2018 onwards, the new version will replace the previous format and will be the sole release of the Acute Hospital Activity and NHS Beds data.

We would very much appreciate our users’ feedback on this new data release to continually shape and refine the content over the coming months to ensure this meets user needs.

In December 2016 the Scottish Government published “The Modern Outpatient: A Collaborative Approach 2017-2020” that aims to deliver care closer to the patients home, provide more person centred care, utilise new and emerging technologies, and maximise the role of clinicians across Primary, Secondary and community based services. NHS GG&C Orthopaedic Department are currently piloting a new outpatient service delivery model that reflects the “Modern Outpatient”. ISD Data Advice has identified gaps in the existing national dataset (SMR00) that does not allow the full pathway to be appropriately recorded.

In order to meet the objectives set out in the “Modern Outpatient” agenda and to ensure our secondary care datasets meet future information needs, ISD is establishing a modernisation program of all SMR datasets, with an initial focus on outpatients, to take account of new, and future, service delivery models. This would support patient and service management at NHS Board level as well as providing more accurate information at a national level.

The SMR00 Modernisation work may have an effect on the number of SMR’s submitted. In addition, other disciplines of staff are increasingly carrying out care for patients which may impact on the number of consultant clinics run.
Main Points

Outpatients
- There were 1,036,687 total outpatient attendances in the quarter ending September 2017.
- Of the total outpatient attendances, there were 340,314 (33%) new attendances and 696,373 (67%) follow-up attendances.
- 9.5% of new outpatient appointments were not kept without prior notification (Did Not Attend).

Hospital Admissions
- In total, there were 263,451 hospital admissions in the quarter ending September 2017. This is a decrease of 2.1% from 269,221 in quarter ending September 2016.
- Driven by changes in recording practices and service redesign in some NHS Boards, the number of elective hospital admissions has decreased by 4,331 (11.6%) to 32,941 compared to the quarter ending September 2016.

Beds
- There were on average 13,247 available staffed beds for all acute specialties in September 2017. This is a decrease of 2.2% since the quarter ending September 2016.
Results and Commentary

1. Outpatients

Over the last five years, the volume of outpatient attendances (new and return) in NHSScotland has remained at around 1 million each quarter with on average 370,000 new outpatient attendances each quarter and over twice as many return attendances, around 755,000 attendances. Further details can be found in the Quarterly Outpatient Activity Table.

Chart 1: Quarterly outpatient activity for patients treated in NHSScotland for quarters ending September 2012 to September 2017

Source: ISD Scotland, SMR00 New Attendances; ISD(S)1 Return Attendances

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.
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 below.

**Chart 2: % DNAs (new outpatient appointments), NHSScotland for quarters ending September 2012 to September 2017**

![Chart 2: % DNAs](image)

Source: ISD Scotland, 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.

Whilst the percentage DNAs have been decreasing over the past five years, there is some seasonal variation, with slightly higher rates occurring in quarters ending September and December. The DNA rate for quarter ending September 2017 was 9.5%.

NHS Board data relating to Chart 1 and Chart 2 are provided in the Quarterly Outpatient Activity Table.
2. Hospital Admissions

When a patient is first admitted to hospital as an inpatient, they can be admitted as either an emergency or an elective (planned) inpatient. Sometimes 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.

For example, it is not uncommon for patients who are being treated in the specialty of geriatric medicine to have initially been under the care of a general physician as part of their hospital stay. Similarly orthopaedic patients can sometimes be transferred to geriatric medicine as part of their ongoing treatment. These separate elements are known as ‘episodes’ of care within each hospital stay.

The majority of hospital admissions consist of one discrete episode of care. In total, there were 354,402 episodes (including patient transfers between wards) associated with the 263,451 admissions to hospital (hospital stays) for the quarter ending September 2017.

Chart 3 below shows the inpatient /day case activity split by admission type.

Note: NHS Boards may record several hospital stays or episodes of care for one patient.

The total number of inpatient stays and episodes of care can be found in the Quarterly Inpatient and Day Case Activity Table.

Chart 3: Inpatient / day case activity (hospital stays) by admission type, for acute specialties, in NHSScotland, for quarters ending September 2012 to September 2017

Source: ISD Scotland, SMR01

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.
For acute specialties, comparisons between quarters ending September 2016 and September 2017 show that:

- In total, there were 263,451 hospital admissions in the quarter ending September 2017. This is a decrease of 2.1% from 269,221 in quarter ending September 2016.
- The number of inpatient hospital admissions has decreased by 4,395 (2.7%) to 159,705.
- The number of day case hospital admissions recorded has decreased by 1,375 (1.3%) to 103,746.
- The number of emergency hospital admissions has decreased by 618 (0.5%) to 124,198.
- The number of elective hospital admissions has decreased by 4,331 (11.6%) to 32,941. These decreases are driven by the changes in recording and service redesign in some NHS Boards.
- The number of transfers has increased by 554 (27.5%) to 2,566. It should be noted that these increases are based on small numbers which will impact on the percentage change.

NHS Board data relating to Chart 3 are provided in the Quarterly Inpatient and Day Case Activity Table.
3. Beds

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

There were on average 13,247 available staffed beds for all acute specialties in quarter ending September 2017. This is a reduction of 2.2% since quarter ending September 2016 and a reduction of 4.0% over five years. See also section on Beds Methodology for data issues and estimations.

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

Chart 4: Average available staffed beds and percentage occupancy for all acute specialties NHSScotland, quarters ending September 2012 to September 2017

Source: ISD Scotland, ISD(S)1

P - Data for quarter ending September 2017 are provisional.
NHS Board data relating to Chart 4 is provided in the Quarterly Trends in Available Beds Table.

**Percentage occupancy**

Bed use is measured by percentage occupancy. Chart 4 above shows the number of average available staffed beds and percentage occupancy for acute specialties. The fluctuation in the percentage occupancy can be explained by seasonal demand. Bed occupancy for example increases during winter months because of increased hospital activity at that time of year.

For all acute specialties in quarter ending September 2017, the percentage occupancy was 85%. This has remained at the same level when compared to the quarter ending September 2016. For the same time period five years ago, the percentage occupancy was 84%.

**Beds methodology**

**NHS Grampian**

Due to issues with the implementation of its new patient administration system, no data were extracted for NHS Grampian between September 2010 and June 2014. NHS Grampian has now been able to submit bed numbers from their local system for the last thirteen quarters (i.e. September 2014 to September 2017).

**NHS Highland**

NHS Highland has experienced similar issues with submitting ISD(S)1 which has meant that they were not able to submit bed numbers from March 2014 to September 2015. Actual bed data covers the period from December 2015 onwards. However, there are ongoing issues which directly impact on Highland’s available bed day figures, currently reported via the Card Class 1 return. Work is ongoing to address the issues and NHS Highland are working closely with the sites involved to ensure their bed data is more robust going forward. Whilst the impact on data already reported is recognised, it is not technically possible for NHS Highland to provide revised data for previous quarters due to TrakCare PMS system limitations.

The missing data for NHS Grampian & NHS Highland for each specialty was estimated by creating a slope between the first and last known data points and plotting the missing figures for each quarter along the line.

**NHS Tayside**

The % Occupancy Jul-Sept 2017 is based on the bed complement rather than staffed available beds as NHS Tayside are unable to extract this information from TRAK so it does not take into consideration any closed beds for weekends etc.
Glossary

Acute Hospital Care/Activity includes services such as: consultation with specialist clinicians; emergency treatment; routine, complex and life saving surgery; specialist diagnostic procedures; close observation and short-term care of patients. 'Acute' hospital care includes activity occurring in major teaching hospitals, district general hospitals and community hospitals but excludes obstetric, psychiatric and long stay care services.

Average available staffed beds
The average daily number of beds, which are staffed and are available for the reception of inpatients (borrowed and temporary beds are included).

Continuous inpatient stay
A continuous inpatient stay is an unbroken period of time that a patient spends as an inpatient.

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 / Planned Admission
This is when the patient has already been given a date to come to hospital for a planned procedure or treatment.

Emergency Admission
Occurs when, for clinical reasons, a patient is admitted at the earliest possible time after seeing a doctor.

Episode
An SMR01 episode is generated when a patient is discharged from hospital, but also when a patient is transferred between hospitals, significant facilities, specialties or to the care of a different consultant.

Inpatient
This is when a patient occupies an available staffed bed in a hospital and either remains overnight whatever the original intention or is expected to remain overnight but is discharged earlier.

Occupancy (%)
The percentage of available staffed beds that were occupied by inpatients during the period.
Occupied Bed

An occupied bed is an available staffed bed, which is either being used to accommodate an inpatient or reserved for a Patient on Pass.

Outpatient

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.

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.

An inpatient’s admission can be an emergency, an elective or as a transfer.

Further details are available in the NHS Scotland Health & Social Care data dictionary.
### List of Workbooks

<table>
<thead>
<tr>
<th>Table No.</th>
<th>Name</th>
<th>Time period</th>
<th>File &amp; size</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Charts and Tables</strong></td>
<td>September 2012 to September 2017</td>
<td>Excel [69kb]</td>
</tr>
<tr>
<td>2</td>
<td><strong>Quarterly Outpatient Activity</strong></td>
<td>September 2012 to September 2017</td>
<td>Excel [53kb]</td>
</tr>
<tr>
<td>3</td>
<td><strong>Quarterly Inpatient and Day Case Activity</strong></td>
<td>September 2012 to September 2017</td>
<td>Excel [337kb]</td>
</tr>
<tr>
<td>4</td>
<td><strong>Quarterly trends in available beds - Revised</strong></td>
<td>September 2012 to September 2017</td>
<td>Excel [1,517kb]</td>
</tr>
</tbody>
</table>

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
Secondary Care Team
NSS.isdSCT@nhs.net

Kirsty Anderson
Principal Information Analyst
kirstyanderson@nhs.net
0141 282 2243

Salomi Barkat
Senior Information Analyst
salomi.barkat@nhs.net
0131 275 7871

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

Data sources

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 principal data sources are:

- SMR00 (patient-level outpatients records) - source for outpatients (except return attendances) and DNA information. SMR00 collects patient-based data on new appointments at outpatient clinics in all specialties (except A&E and Genito-Urinary Medicine). There is provision to record data on return attendances and outpatient procedures and diagnosis.

- SMR01 (inpatients and day cases discharges from non-obstetric and non-psychiatric specialties) - source for acute inpatients and day cases. SMR01 is an episode-based patient record relating to all inpatients and day cases discharged from non-obstetric and non-psychiatric specialties. Only patients treated as inpatients or day cases are included. The specialty of geriatric long stay is excluded from the figures published here.

- ISD(S)1 (aggregate hospital activity) - source for bed data returns and return outpatients. 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 monthly submissions from the relevant NHS Boards.

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.

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 result from the estimation process used differing from one quarter to another, e.g. the beds 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.
Revised

In line with the latest guidance on specialty groupings, there have been revisions made to the presentation of the specialty groupings. The changes are as follows:

Quarterly Trends in Available Beds Table
The specialty of ‘Learning Disability’ is now displayed in its own group rather than incorporated under the ‘Mental Health’ grouping. The specialty of ‘Unspecified’ is now included within the ‘Other’ group.

These revisions have not affected the overall NHSScotland or NHS Board totals.
A2 – Data Quality and Completeness

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 was released in 2016 and results are available on this page too.

Currently it is difficult to describe and quantify accurately the level of operations and clinical procedures carried out in an outpatient setting. This is particularly relevant for monitoring how changes in clinical practice have enabled the transfer of certain clinical activities, previously requiring inpatient or day case admission, to outpatient clinics. Whilst outpatient procedure recording has improved in recent years, gaps in the completeness and coverage remain.

It is mandatory for hospitals to submit an SMR00 for return outpatient appointments from summer 2015 onwards. Prior to this, it was only mandatory to submit an SMR00 for return outpatient appointments when a procedure was carried out.

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

- The figures for elective admissions and new outpatients in the Acute Hospital Activity publication are considerably higher than the equivalent information published on the Waiting times web pages for inpatients, day cases and outpatients. This is largely due to the use of different definitions for the two sets of figures.

The figures for inpatient and day case activity in the Acute Hospital Activity publication differ slightly when compared to the equivalent information released in the Finance web pages. This is largely due to the use of different definitions for the two sets of figures. The Finance publication also excludes consultant-only transfers from the inpatient figures.


SMR completeness

Data completeness varies across NHS Boards. Information on SMR data completeness can be found on the Hospital Records Data Monitoring SMR Completeness web page, while information on the timeliness of SMR data submissions can be found on the SMR Timeliness web page. Details on completeness can also be found within the Excel data files.

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

It should be noted that figures provided may include an element of estimation for any incomplete or outstanding data submissions. 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. This method of estimation would be used unless otherwise stated.

Therefore, data should be treated as provisional as subsequent data submissions could be lower or higher than the estimated values.

Disclosure control methods have been applied to the data in order to protect patient confidentiality, therefore some figures may not be additive.

The data tables which accompany this report identify where estimation has been used. Specific issues are as follows:

Inpatient

The methodology for counting continuous inpatient stays (stays) was updated in the last publication release (November 2017) to reflect revised guidance issued in February 2017. Previously, patient level records were not manually sorted prior to identifying a patient’s stay. This means that any transfer records may have erroneously appeared at the beginning of the stay, when in fact their initial admission to hospital was an emergency or elective stay. For this publication, patient records are now manually sorted to ensure that the first record in the patient’s stay is reflective of their initial admission.

Specialty Groupings

New specialty groupings were implemented in the November 2017 publication release. This has led to apparent decreases in the ‘acute specialty’ figures compared to groupings that were used previously. This effect is due to changes to the specialties used in the groupings with no corresponding impact on the figures for individual specialties themselves.

If a patient changes specialty during their hospital stay, they may either be counted once per specialty or once for their entire stay, regardless of any changes to specialty. For this release, patients have been counted once for each stay, regardless of whether they changed specialty. For example, a patient admitted to the specialty of General Medicine and then transferred to the specialty of Geriatric Medicine would be counted as a single stay. This differs from the methodology used in previous data releases, such as the Acute Activity Annual Publication, where the figures are presented by specialty and therefore stays are counted within each specialty, in order to give a representative figure for each specialty breakdown. This means that stay level figures presented in this report are not comparable with figures presented at specialty level in the Acute Activity Annual Publication.

Outpatient

It should be noted that previous figures provided may have included an element of estimation for any incomplete or outstanding data submissions. Therefore, subsequent data submissions could be lower or higher than the estimated values. Previously, ISD(S)1 was used to provide the Outpatients information; however, this information is now sourced from SMR00 (except
return outpatients). This is due to data quality concerns around return outpatients in SMR00. Please note that SMR00 figures contained within each publication may also be subject to change in future publications as submissions may be updated to reflect a more accurate and complete set of data submissions.

Beds

Specialty Groupings

New specialty groupings were implemented in the November 2017 publication release. This has led to apparent decreases in available beds compared to groupings that were used previously. This effect is due to changes to the specialties used in the groupings with no corresponding impact on the bed numbers for individual specialties themselves.

NHS Grampian & NHS Highland

- 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.
- NHS Highland has experienced similar issues with submitting ISD(S)1 which has meant that they were not able to submit bed numbers from March 2014 to September 2015.
- After exploring several methods trying to tie up ISD(S)1 data with SMR01 data for bed days, we have taken a very simple approach to estimate the numbers of available beds and the percentage occupancy for all specialties for Grampian to cover the period March 2011 June 2014 and for Highland to cover the period March 2014 to September 2015.
- We used a straight line extrapolation between the last and first known data points (NHS Grampian - quarters ending September 2010 and September 2014, NHS Highland – quarters ending December 2013 and December 2015).
- We appreciate that the actual change in bed numbers may have been more of a step change in service delivery at different points throughout the 5 year period, but feel straight line estimation is the most pragmatic and proportionate solution to filling the gaps.

For NHS Highland, actual bed data covers the period from December 2015 onwards. However, there are ongoing issues which directly impact on Highland’s available bed day figures, currently reported via the Card Class 1 return. Work is ongoing to address the issues and NHS Highland are working closely with the sites involved to ensure their bed data is more robust going forward. Whilst the impact on data already reported is recognised, it is not technically possible for NHS Highland to provide revised data for previous quarters due to TrakCare PMS system limitations.

NHS Tayside

The % Occupancy Jul-Sept 2017 is based on the bed complement rather than staffed available beds as NHS Tayside are unable to extract this information from TRAK so it does not take into consideration any closed beds for weekends etc.

Further details can be found in the ‘Data Issues’ sheet of the Quarterly Trends in Available Beds Table.

For details on all ongoing data issues please refer to the Data Issues and Completeness document.
## A3 – Publication Metadata (including revisions details)

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication title</td>
<td>Quarterly Acute Hospital Activity and NHS Beds Information in Scotland, September 2017</td>
</tr>
<tr>
<td>Description</td>
<td>Summary of inpatient, day case and outpatient activity and bed statistics for NHSScotland</td>
</tr>
<tr>
<td>Theme</td>
<td>Health and Social Care</td>
</tr>
<tr>
<td>Topic</td>
<td>Hospital Care</td>
</tr>
<tr>
<td>Format</td>
<td>Excel, PDF</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>ISD(S)1 aggregated data returns (beds and return outpatients), Scottish Morbidity Records SMR01 (inpatient and day case for acute specialties) and SMR00 (outpatients)</td>
</tr>
<tr>
<td>Date that data are acquired</td>
<td>All data were extracted in November 2017</td>
</tr>
<tr>
<td>Release date</td>
<td>19 December 2017</td>
</tr>
<tr>
<td>Frequency</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Timeframe of data and timeliness</td>
<td>Data up to quarter ending September 2017</td>
</tr>
<tr>
<td>Continuity of data</td>
<td>Reports include quarterly data up to September 2017. Due to problems with the implementation of a new patient administration system, no ISD(S)1 data were successfully extracted for NHS Grampian between September 2010 and June 2014. NHS Highland has had similar problems between quarter ending March 2014 and September 2015. Missing data were estimated and are presented in Table 4. More details on this estimating process can be found in the Beds Methodology section. New specialty groupings have been implemented since the November 2017 publication release. This has led to apparent decreases in ‘acute specialty’ figures compared to groupings that were used previously. This effect is due to changes to the specialties used in the groupings with no corresponding impact on the figures for individual specialties themselves.</td>
</tr>
<tr>
<td>Revisions statement</td>
<td>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 data providers discover that data submitted for publication is incorrect, and/or missing/incomplete and is significant, this can be re-submitted and published in subsequent releases. Any changes will be highlighted within the notes on the affected table. Please see the ISD.</td>
</tr>
</tbody>
</table>
Revisions relevant to this publication - Revised

In general, revisions have minimal effect on the statistics as noted in Appendix A1 of this report.

The methodology for counting continuous inpatient stays (stays) has been updated to reflect revised guidance issued in February 2017. Previously, patient level records were not manually sorted prior to identifying a patient’s stay. This means that any transfer records may have erroneously appeared at the beginning of the stay, when in fact their initial admission to hospital was an emergency or elective stay. For this publication, patient records are now manually sorted to ensure that the first record in the patient’s stay is reflective of their initial admission. This means that transfers appear to have decreased, compared to previous publications. Since Appendix 2 for more information.

Revised – 19 February 2018

In line with the latest guidance on specialty groupings, there have been revisions made to the presentation of the specialty groupings. The changes are as follows:

Quarterly Trends in Available Beds Table

The specialty of ‘Learning Disability’ is now displayed in its own group rather than incorporated under the ‘Mental Health’ grouping. The specialty of ‘Unspecified’ is now included within the ‘Other’ group.

These revisions have not affected the overall NHSScotland or NHS Board totals.

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.

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.

To provide statistical information for political campaigns, e.g. to halt reductions in acute NHS beds.

Accuracy

Please refer to Appendix A2 of this report. Summary data within this publication is also compared to previously published figures.

Please also refer to ‘Continuity of data’ above.

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

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.

Hospital activity data from England, Wales and Northern Ireland are available separately but should not be directly compared with published data from Scotland.

England - NHS Outcomes and Performance, NHS Hospital Episode Statistics (HES)
Wales - Health and care statistics
Northern Ireland - Hospital Statistics & Research

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 NHSScotland Beds information released for each publication is listed on the 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

7 November 2017 (revised 19/02/2018)

Next published

March 2018 in a new format described in this release

Date of first publication

Help email

NSS.isdSCT@nhs.net
<table>
<thead>
<tr>
<th>Date form completed</th>
<th>06/12/17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Revised 19/02/18)</td>
</tr>
</tbody>
</table>
A4 – 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
A5 – 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 (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. 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.