Data Quality and Completeness for the Annual Acute Hospital Activity and NHS Beds Activity Publication

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Introduction

The annual acute hospital activity and NHS Beds publication provides data on outpatient activity, inpatient and day case activity and beds for NHS Scotland. This data release covers includes a mixture of 5 and 10 year trend annual data up to 31st March 2018. The aim of this report is to summarise the completeness of the data used in the publication and provide details of known issues with national data affecting this release. It should be noted that the data for this publication were extracted in July 2018 and therefore the contents of this document reflect completeness and other issues at that time.

NHS Boards update their current and historical data every month and submit this information to ISD. Therefore data included in all publication tables are provisional and subject to changes from one publication to another.

The Scottish Government target for Scottish Morbidity Record (SMR) submission to ISD is 6 weeks following discharge, transfer, death or clinic attendance. For example, all SMR records with a March 2017 date of discharge would be expected to be submitted to ISD by 12th May 2017. NHS Boards will know how complete their SMR submissions are and the extent of any backlog – data which are received after the 6 week deadline. Data completeness varies across NHS Boards. Full details of SMR data completeness and timeliness can be found on the SMR Completeness and Timeliness web pages respectively. Completeness estimates as at 12th July 2018.

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.

Data Sources

The data used in this publication are sourced from hospital administrative systems across Scotland and extracted from the following three datasets held by ISD.

SMR01
The SMR01 dataset comprises episode-based patient records relating to all inpatients and day cases discharged from non-obstetric and non-psychiatric specialties. Data are updated on a monthly basis and includes clinical and non-clinical data. The specialty of geriatric long stay is excluded from the figures published here.

SMR00
The SMR00 dataset contains patient-based information on appointments at outpatient clinics in all specialties (except A&E and Genito-Urinary Medicine) in NHS Scotland. Data are updated on a monthly basis and includes first and total outpatient activity and attendance status, for example Did Not Attends (DNAs).
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 Greater Glasgow & Clyde 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.

**ISD(S)1**

ISD(S)1 is a set of aggregated summary statistics on activity and resources in hospitals in Scotland and is derived from monthly returns from the NHS Boards. ISD(S)1 is the only source of bed occupancy and bed availability data and contains summarised data by NHS Board of Treatment, hospital and specialty. Where possible, missing or incomplete ISD(S)1 data have been estimated for affected NHS Boards by averaging the last three complete monthly submissions from the relevant NHS Board unless otherwise stated. Please refer to the Beds Methodology section (Appendix 2) of the full report for further information on estimation.

**Data Quality Assurance team**

The ISD Data Quality Assurance (DQA) team is responsible for ensuring that 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, etc). A data quality assurance assessment of data items was released in 2016 and results are available on the assessment page.

**SMR01 Data Quality**

**Completeness**

SMR01 data are estimated to be 99% complete for the year ending March 2018. There are some outstanding records yet to be submitted and some data quality issues to be aware of.

**NHS Boards which are 95 to 99% complete:**

There are minor completeness issues in NHS Dumfries & Galloway, NHS Fife, NHS Grampian, NHS Greater Glasgow & Clyde, NHS Highland, NHS Lanarkshire, NHS Lothian, NHS Shetland, NHS Tayside and Golden Jubilee.

**Other Known Data Issues**

Many trends observed may be influenced by and attributable to the data completeness levels, small numbers, and/or the adverse weather/winter pressures experienced within
Acute Assessment Unit (AAU) / Ambulatory Emergency Care (AEC) activity

Definitions

- **Acute Assessment Unit (AAU)**

  The AAU is a dedicated facility for the acute clinical care of patients that present to hospital as clinical emergencies or who develop an acute clinical problem while in hospital. The units may also carry out some planned healthcare.

  Generally these units have both trolleyed areas and staffed beds which form part of the hospital’s bed complement. Where trolleys are used in lieu of beds, patients should be counted as inpatients.

  Acute Assessment Unit (AAU) is the preferred term for services also known as:

  - medical/surgical assessment unit
  - combined assessment units
  - clinical assessment units
  - acute medical (assessment) units
  - paediatric assessment units
  - acute receiving ward/unit admission unit

  These cases should be recorded under significant facility 40.

- **Ambulatory Emergency Care (AEC)**

  An Ambulatory Emergency Care Unit is a multidisciplinary 'one stop' service. It provides Outpatient and Daycase services only.

  These cases should be recorded under significant facility 39.

**National recording of AAU & AEC activity**

Currently AAU activity is only being submitted by some NHS Boards within SMR01. NHS Greater Glasgow & Clyde AAU activity stopped in 2017. NHS Highland have been submitting AEC cases via SMR01 using criteria agreed by ISD to ensure that they pass validation rules as an interim measure. NHS Greater Glasgow & Clyde has opted to record these cases differently from NHS Highland since they consider a number of these cases to be non-elective day cases which, due to recording rules, cannot be recorded that way on Trakcare. As such they took the decision to record them as Emergency Department activity to allow them to be able to follow the patient through the system.

There are ongoing discussions with NHS Boards, the Scottish Government and ISD on the most appropriate way for capturing this activity including AEC cases. AEC is under the scope of SMR00 Modernising Review, and it is hoped that national definitions and guidance on how to record this activity can be agreed by all NHS Boards.

**Transfers**

Several NHS Boards have experienced changes in internal transfer activity, due to the way in which their data submissions have been submitted. However, it should be noted that any
changes both increases and decreases are based on small numbers which will impact on the percentage change. For more information see individual NHS Boards below.

**NHS Ayrshire & Arran**

For the period January 2016 to July 2017, additional records have been incorrectly generated when patients were transferred to a discharge lounge. This involved 390 records at Ayr Hospital and 893 records at Crosshouse Hospital between January 2016 and July 2017. NHS Ayrshire & Arran has also advised that there may be some affected records before January 2016. The Board is looking to implement a change to ensure that no additional records are generated when patients are transferred to discharge lounges, which should take place in the near future. The affected additional records will also be corrected in due course.

Decreases were observed for internal transfer activity and elective admissions whilst increases were seen in emergency admissions. NHS Ayrshire & Arran have advised that their bed model has changed. There are less rehabilitation/second in line beds so therefore less transfers to other specialties. They have also changed the process for moving patients to the discharge lounge (previously this was creating transfers). NHS Ayrshire & Arran said that the decreases in elective inpatient admissions can be attributed to winter pressures.

NHS Ayrshire & Arran also highlighted some recording changes: Clinical Radiology has moved from day case to out-patient and the criteria for cataract surgery has changed which may impact on the number of ophthalmology day-cases. NHS Ayrshire & Arran said that the increase in emergency admissions could be attributed to them opening a Combined Assessment Unit (CAU) at University Hospital Crosshouse in 2016 and a further CAU at University Hospital Ayr in 2017. The majority of GP referred patients for unscheduled care are referred to these units till 11pm each day. All patients are admitted. Previous to commissioning of the CAUs, a proportion of patients were dealt with as Emergency Department attendances.

**NHS Borders**

Decreases were observed in elective and emergency inpatient admissions, whilst increases were seen in internal transfer activity. NHS Borders has advised that inpatients reductions could be attributed to a variety of reasons such as hospital cancellations due to beds and the adverse weather in January – March 2018. In addition, NHS Borders have advised that they have stopped doing vasectomy surgical procedures due to sampling issues which impacts on General Surgery. Reductions in emergency admissions reflects the further development of initiatives they have taken to reduce admissions. These include the increasing use of the Acute Assessment Unit, an expansion of ambulatory care facilities to enable more patients to be treated without admissions and the extension of our AHP-led Rapid Assessment and Discharge Team to weekends. NHS Borders said that the increase in transfers may be related to the manner in which patients transferred back from community hospitals to Borders General Hospital were coded. New guidance on coding was issued during this period which may have caused some confusion. NHS Borders will investigate in more detail and take appropriate action to address this.

**NHS Dumfries & Galloway**

Dumfries & Galloway Royal Infirmary (Y104H) moved location in December 2017, and inpatient and daycare (SMR01) episodes are now recorded under a new code Y146H. The name remains “Dumfries & Galloway Royal Infirmary”. The implications are that since December 2017 about half of the usual SMR01 records are now being recorded under Y146H as expected, although there does still remain some SMR01 records under Y104H. To ensure that no SMR01 activity is missed, and to allow trends to be presented, the two hospital codes Y146H and Y104H will be combined in our analyses for the Dumfries & Galloway Royal Infirmary. This may take a few months to level off.
NHS Dumfries & Galloway witnessed a fall in elective admission and daycases. Variation in activity is likely due to the adverse weather within January – March 2018.

NHS Fife
Decreases were observed in elective inpatient admissions and daycases. Internal transfer activity has increased. Increases in emergency admissions were also observed between April – June 2017 in the Queen Margaret Hospital (QMH). NHS Fife have advised that the decrease in elective activity is likely a result of the poor weather at the end of February and start of March. The increases in emergency activity at QMH were due to the issues they had with the Urology set-up, when they moved to Trakcare. Patients were admitted as Daycases where there was no supporting Waiting/List entry and this resulted in them being unable to get these SMRs through validation. The decision was taken that this activity should lie under Outpatients and the relevant clinics were created and the attendances were recorded as SMR00s from the beginning of July 2017. This resulted in a mass of activity, from April to end of June 2017, where there were no Waiting/List entries and they could not retrospectively book outpatient appointments. The decision was taken to treat these patients as urgent admissions in order to get them cleared and submitted. This work was done as a ‘one-off’ and as this activity is now under outpatients the issue will not recur. There has also been a change of practice in Paediatrics, as a result of the move to Trakcare, and activity that wasn’t previously submitted is now recorded as emergency admissions.

NHS Forth Valley
Decreases were seen in elective inpatient admissions and daycases. Emergency admissions increased. NHS Forth Valley have advised that the reduction in elective and daycase activity is due to several reasons. There has been a move from daycase surgery to outpatient procedures, and some gynaecological procedures are performed at home. In addition, in some specialties, there has been cessation of procedures of low clinical value. In Trauma, emergency procedures caused significant cancellation of electives due to winter pressures. NHS Forth Valley also said that the increase in emergency admissions may be due to the change in recording of ambulatory emergency care (AEC) patients since January 2017. See the Acute Assessment Unit (AAU) / Ambulatory Emergency Care Unit (AECU) activity section above for more detail.

NHS Grampian
Elective admissions, daycases and transfer activity declined. NHS Grampian have advised that the adverse weather and an increase in staff sickness during January – March 2018 led to a higher number of cancellations than normal. This impacted on outpatients and elective inpatients.

NHS Greater Glasgow & Clyde
Decreases were seen in elective and emergency inpatient admissions whilst internal transfer activity increased. NHS Greater Glasgow and Clyde have advised that their decrease in overall activity and emergency admissions may be due to them no longer submitting records for Acute Assessment Units (significant facility 40) which is reducing their SMR01 activity. This was a phased process ending with the Royal Alexandria Hospital (RAH) who stopped admitting patients to their Assessment unit during March 2017. See the Acute Assessment Unit (AAU) / Ambulatory Emergency Care Unit (AECU) activity section above for more detail. NHS Greater Glasgow and Clyde also said that the increase in transfers may be due to ward users improved knowledge of Trakcare, transferring where previously they may have discharged and re-admitted.

NHS Highland
Decreases were observed in elective inpatient admissions whilst daycases and internal transfer activity increased. NHS Highland have advised that the increases in daycases are due to the way in which Ambulatory Emergency Care patients are now reported in SMR01.
See the Acute Assessment Unit (AAU) / Ambulatory Emergency Care Unit (AECU) activity section above for more detail. In relation to the reduction in elective activity, NHS Highland advised that, as part of a major refurbishment programme at Raigmore Hospital, the construction work led to dust contamination in the hospital’s main theatres. The theatres were deep cleaned and preventive measures were put in place to ensure patient safety, however this resulted in the postponement of a significant number of elective procedures scheduled for January and February. NHS Highland have also informed that since the introduction of Trakcare they have experienced significant data quality issues involving the transfer of patients between hospitals. This situation has improved following the introduction of a Standard Operating Procedure.

**NHS Lanarkshire**
Decreases were observed in elective admissions and daycases whilst internal transfer activity increased. NHS Lanarkshire have advised that large elements of Ears Nose & Throat (ENT) Elective patients are now being seen in a day case setting at Monklands Hospital, as opposed to in an inpatient setting. There has been a decrease in elective inpatients in General Medicine, which may be related to a change in recording practice for the Ambulatory Emergency Care wards. See the Acute Assessment Unit (AAU) / Ambulatory Emergency Care Unit (AECU) activity section above for more detail. Overall for the 3 Acute sites, the more significant movements year to year for elective inpatients are as follows: General Medicine has decreased by 41%, perhaps due to a change in recording practices; ENT has decreased by 32% as a result of moves to daycases; Trauma and Orthopaedic Surgery has decreased by 11%, as a direct result of the Orthopaedic Service Review implemented in November 2016. This resulted in Monklands Hospital reducing Trauma & Orthopaedic beds.

**NHS Lothian**
Increases were observed in internal transfers. NHS Lothian has looked at the source records for some of these internal transfer patients in Trakcare and identified admission records which are not being included when submitted to ISD. As a result, these records are not appearing on the SMR file, meaning some continuous inpatient stays are starting with a transfer. Data Management will continue to investigate this issue with NHS Lothian and any other NHS Boards affected.

Decreases were witnessed in elective inpatient admissions. This is likely due to the adverse weather experienced in January – March 2018.

**NHS Orkney**
Increases were observed in both elective and admissions. Internal transfer activity decreased. However, it should be noted that any changes are based on relatively small numbers which will impact on the percentage change.

**NHS Shetland**
Decreases were observed in transfer activity. However, it should be noted that any changes are based on relatively small numbers which will impact on the percentage change.

**NHS Tayside**
Decreases were observed in elective inpatient admissions and daycase activity and internal transfers increased. NHS Tayside has advised that this could be due to the ongoing issues associated with the introduction of Trakcare. In addition, ward staff are now responsible for admitting patients whereas previously this was done by Medical Records and there may be differences in coding practices. NHS Tayside have advised that the decrease in elective activity is due to the planned festive stepdown and that there had also been a shift in the care that was delivered within Perth Royal Infirmary.
NHS Western Isles

Increases were seen in emergency admissions whilst declines were witnessed in daycases, elective admissions and transfer activity. NHS Western Isles have advised that some of this can be accounted for in part by a higher proportion of patients approaching the Treatment Time Guarantee who required an overnight stay. However, it should be noted that any changes are based on relatively small numbers which will impact on the percentage change.

Golden Jubilee

Decreases were observed in internal transfer activity. However, it should be noted that any changes are based on relatively small numbers which will impact on the percentage change.

SMR00 Data Quality

Completeness

SMR00 data (relating to new attendances only) are estimated to be 99% complete for the year ending March 2018. There are some outstanding records yet to be submitted for this period and the following data quality issues to be aware of.

NHS Boards which are less than 95% complete:

NHS Fife

SMR00 completeness for NHS Fife for year ending March 2018 was 94% at July 2018. Due to the implementation of the new Trakcare Patient Management System in April 2017, NHS Fife has had difficulty submitting data and have been rectifying a number of errors.

NHS Boards which are 95 to 99% complete:

There are minor completeness issues in NHS Borders, NHS Grampian, NHS Greater Glasgow & Clyde, NHS Highland, NHS Lanarkshire and NHS Tayside.

Other Known Data Issues

Many trends observed may be influenced by and attributable to the data completeness levels, small numbers, and/or the adverse weather/winter pressures experienced within January 2018 – March 2018. Therefore caution should be taken when comparing annual information.

NHS Ayrshire & Arran

Note the recording of endoscopy procedures moved from day cases to outpatients from November 2014 onwards.

Decreases were observed in outpatient attendances. NHS Ayrshire & Arran confirmed that there has been a reduction in their outpatient activity due to a combination of service redesign and reduced clinic capacity.

NHS Borders

NHS Borders return outpatient activity has been declining since April 2017 whilst their new outpatient activity has remained relatively stable. At a specialty level, many of the declines are attributable to Mental Health Specialties. G5, Learning Disability records are missing for the period since April 2017 onwards, Child Psychiatry, G21, since September 2017, Psychiatry of Old Age, G4 from the end of October 2017, and G1, General Psychiatry from around January 2018 onwards. The declining activity can also be attributed by the adverse weather experienced in January – March 2018, and in ENT and Orthopaedics in particular, work has been ongoing to reduce the number of reviews.
NHS Borders have also advised that they are in the process of implementing a new community and mental health patient management system, EMIS. This has affected the return of both SMR00 and ISDS1 Outpatient records. NHS Borders are working through the issues to be able to submit these records as soon as possible.

**NHS Dumfries & Galloway**
Dumfries & Galloway Royal Infirmary (Y104H) moved location in December 2017. The old site still exists and is now a treatment centre named “Mountainhall Treatment Centre”. This means outpatient (SMR00) historic episodes are recorded under the old code Y104H with a new code Y177C coming into effect in December 2017. To ensure that no SMR00 activity is missed, and to allow trends to be presented, the two hospital codes Y177C and Y104H will be combined in our analyses for Mountainhall Treatment Centre.

NHS Dumfries & Galloway outpatient activity has been declining. NHS Dumfries & Galloway have advised that each specialty will have their own distinct reason for the drop in consultant led activity, such as difficulty recruiting, change of the way service is delivered, previous waiting list initiatives met. They have had a general push on reducing the requirement to attend a review appointment, hence why the percentage drop may be more than the number of new attendances. Variation in outpatient activity is also likely due to the adverse weather within January – March 2018.

**NHS Fife**
Decreases were observed in outpatient attendances. This may be attributable to their SMR00 completeness levels and some outstanding ISD(S)1 Outpatient submissions for April – June 2017. Increases were observed in return attendances for Child and Adolescent Psychiatry between 2016/17 and 2017/18. Since NHS Fife have moved to Trakcare in April 2017, this has led to better recording, particularly around CAHMS data.

**NHS Grampian**
Decreases were observed in outpatient activity. NHS Grampian has advised that the adverse weather and an increase in staff sickness in January – March 2018 has led to a higher number of cancellations than normal. This impacted on outpatient activity.

**NHS Greater Glasgow and Clyde**
NHS Greater Glasgow and Clyde outpatient activity has been decreasing. NHS Greater Glasgow and Clyde have informed that the decrease in outpatient activity and increased DNAs is due to the extreme weather conditions/weather warnings that lead to patient and clinic cancellations during January – March 2018.

**NHS Lanarkshire**
Decreases were observed in outpatient activity. NHS Lanarkshire have informed that the reason for changes in activity are adverse weather conditions, challenges around availability of staffing resources across multiple specialties and a SMR00 data deficit which NHS Lanarkshire has since rectified. NHS Lanarkshire have also noted that reductions in return attendances perhaps demonstrate a positive course.

**NHS Lothian**
NHS Lothian outpatient activity has been declining. NHS Lothian have advised this is a result of various factors such as staffing issues and poor weather.

**NHS Orkney**
Decreases were observed in outpatient attendances. NHS Orkney have advised that this could be due to a drop in Renal Outpatient activity. Additionally, there are also a few specialties, which have not been getting the full service e.g. Cardiology, and there has been no Dermatology Service, which may account for the decrease. There has also been a
decrease in the Ophthalmology Service, which is being looked at. However, it should be noted that any changes are based on relatively small numbers which will impact on the percentage change.

**NHS Shetland**

Decreases were seen in return outpatient activity. However, it should be noted that any changes are based on relatively small numbers which will impact on the percentage change. NHS Shetland have informed that there will be variability monthly, quarterly and annually. Their number of outpatient attendance is heavily dependent on how many services happen to visit each quarter. A three day visiting clinic, for example, may add around 60 or 80 attendances to the total.

**NHS Tayside**

NHS Tayside outpatient activity has been declining. Following the change from the TOPAS to Trakcare system there have been issues, both in terms of recording and reporting issues during this transition. For example, NHS Tayside has reduced recording and reporting within some areas and have data quality issues in terms of arriving patients and entering outcomes onto the new system. There are also differences to the way clinics have been created. NHS Tayside’s Medical Records teams are working on this with the services.

**NHS Western Isles**

Decreases were seen in outpatient activity. However, it should be noted that any changes are based on relatively small numbers which will impact on the percentage change. NHS Western Isles have advised that there has been a change in some clinic provision from consultant led to nurse led activity. This publication focuses on consultant led activity only.

**Golden Jubilee**

New outpatient activity increased whilst return outpatient activity decreased. However, it should be noted that any changes are based on relatively small numbers which will impact on the percentage change. Golden Jubilee has advised that they have seen a rise in their Ophthalmology Outpatients - this has been due to a planned service expansion which began around May 17. Golden Jubilee’s DNA rate has been reducing. Golden Jubilee have advised that this reduction is likely due to the introduction of their Netcall system which automatically generates text reminders to patients prior to appointments.

**Other NHS Board Recording**

"Other" Health Board relates to locations which are domiciliary, outwith Scotland or unknown. Increases have been observed in this category. The main reason for this is the increases in unknown location ‘D299N’, particularly in NHS Greater Glasgow & Clyde and NHS Tayside. This may be attributed to their move to the Trakcare system. It is more difficult to record variable locations in Trakcare such as schools so these are being recorded as D299N unknown.

**Recording of SMR00 procedures** - In the past couple of years, it has been noted that the recording of procedures is not consistent across the NHS Boards. NHS Lanarkshire, NHS Lothian, NHS Grampian, NHS Borders and the NHS Island Boards record procedures on less than 5% of records submitted. Other NHS Boards record procedures on from 10% to over 30% of records. This issue will be looked at as part of the SMR00 Modernising Review.

**Recording of Return Attendances** - The submission of all return attendances is mandatory regardless of whether or not a procedure is performed. However, there is variation in the NHS Boards submissions of return outpatients in SMR00. For this reason, ISD(S)1 has been used to extract return outpatient attendances.
**ISD(S)1 Data Quality**

ISD(S)1 Inpatients data source is used for the beds figures and ISD(S)1 Outpatients data source is used for the return outpatient figures only.

**ISD(S)1 Outpatient and Beds NHS Board coding**

Issues have been identified with potentially duplicate information coming from more than one NHS Board for the same location. The numbers concerned are very low and the impact is not significant. Additionally there are issues with the allocation of NHS hospitals to NHS Boards and private hospital activity to the 'non-NHS Provider code’. Data Management will investigate these issues.

**NHS Ayrshire & Arran**

Increases in the number of average available staffed beds has been observed. NHS Ayrshire & Arran have said that they had a considerable number of additional medical beds open for the majority of last year due to Winter pressures therefore one would expect higher emergency admissions rates.

**NHS Borders**

There are some outstanding submissions (January to March 2018) for outpatients and estimates have been applied. The number of average available staffed beds has remained relatively stable whilst increases have been observed in the percentage occupancy. However, it should be noted that any changes are based on relatively small numbers which will impact on the percentage change.

**NHS Dumfries & Galloway**

Reductions in the number of average available staffed beds have been observed and the percentage occupancy has increased. However this may be in relation to the new hospital opening.

**NHS Grampian**

No beds data were submitted for quarters ending September 2012 to June 2014 due to the implementation of a new Patient Management System (TrakCare). Data for 2010/11 to 2014/15 have been estimated using straight line estimation. Later data are complete to March 2018. Please refer to the Beds Methodology section (Appendix 2) of the full report for further information on estimation.

**NHS Greater Glasgow & Clyde**

From June 2016 onwards, beds and outpatients data have been estimated for Mental Health Specialties. In addition, they have had submission issues with the recent quarterly data and estimates have been applied.

**NHS Highland**

Beds data for quarters ending March 2014 up until September 2015 contain a large amount of estimation due to data submission issues following the implementation of a new Patient Management System. Data for 2014/15 have been estimated using straight line estimation. Please refer to the Beds Methodology section (Appendix 2) of the full report for further information on estimation.

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. 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.
Due to significant issues identified with the ISD(S)1, Card Class 4 standard ZEN report, no outpatient activity was reported to ISD between April 2014 and March 2017. As a result the figures published for return outpatient appointments during this period are currently based on ISD estimates, however, NHS Highland has advised that actual figures will be reflected in future publications.

**NHS Lanarkshire**
Reductions in the number of average available staffed beds for surgical specialties. NHS Lanarkshire have advised that this is a direct result of the Orthopaedic Service Review which began in November 2016.

**NHS Lothian**
There are minor submission issues with ISD(S)1 outpatients’ data and estimation has been applied.

Decreases in the number of average available staffed beds have been observed. NHS Lothian have advised that in June 2017, Liberton Hospital was handed over to Edinburgh Health and Social Care Partnership.

Significant facility/Intensive Care Unit Beds - Technical constraints are impacting upon NHS Lothian incorporating significant facility into some reporting on the reporting of activity levels and bed availability. At the request of Boards, ISD have been asked to explore the value of significant facility in order that these constraints can be addressed.

**NHS Orkney**
Increases in the number of average available staffed beds have been observed. However, it should be noted that any changes are based on relatively small numbers which will impact on the percentage change.

**NHS Shetland**
Reductions in the number of average available staffed beds have been observed and percentage occupancy has increased. However, it should be noted that any changes are based on relatively small numbers which will impact on the percentage change.

**NHS Tayside**
Bed occupancy figures for May/June 2016 onwards are inaccurate due to a system bug in a previous version of a patient management system. There are plans for NHS Tayside to correct and resubmit affected data in the near future.

Increases in the number of average available staffed beds and percentage occupancy have been observed.

**NHS Western Isles**
Reductions in the number of average available staffed beds have been observed and percentage occupancy has increased. However, it should be noted that any changes are based on relatively small numbers which will impact on the percentage change.

**Non-NHS Provider**
Non-NHS Provider figures relate to patients treated in non-NHS locations such as private hospitals, hospices, nursing homes, care homes, etc. The data recording/completeness of Non-NHS Provider data varies from year to year. It should also be noted that any changes both increases and decreases in activity are based on small numbers which will impact on the percentage change.