Provisional monthly HES: Data completeness

Monthly provisional data may be incomplete or contain errors which have not been investigated or adjusted yet. In general, counts produced from the monthly provisional data are likely to be lower than those generated for the same period in the final annual dataset. We have provided this article to demonstrate data coverage this month compared to earlier data periods.

In the following three charts, the difference between the bars is the improvement in that month's completeness from one monthly publication to the next. For example, M2 to M13 represents each of the 12 provisional monthly publications. Although Month 1 data is not published independently (due to data quality issues and the time available between data collection and submission to SUS), this is provided in subsequent monthly reports.

Where there is little change the figure for that month is stable. Data will, however, remain incomplete due to a number of providers submitting no data throughout the year.

Please also see the data quality note for known data quality issues.

Inpatient data completeness chart

Clinical coding

The shortfall between the most recent month’s data is more pronounced when considering clinical (procedures and diagnoses) coverage. 5.6% more procedures and 8.1% more diagnoses were coded in the HES data submitted to SUS by 22/10/2010 (Month 6) - extract used for this publication, compared to the HES data submitted to SUS by 23/9/2010 (Month 5) used for 9 November 2010 publication. We accordingly recommend extra caution using clinical codes for the most recent month’s data.
Outpatient data completeness chart

A&E data completeness chart
What can HES monthly data be used for?

High level, aggregate analysis demonstrating approximate trends in activity.

What should HES monthly data not be used for?

Lower level analysis should be approached with caution as not all activity will be correctly processed until the final annual data is produced. Further care should be taken with A&E HES as, being an experimental statistic, data quality and completeness is generally poor. More information on this can be found in the 2008-09 A&E HES Report, available on HESonline [http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1271].

Contact us

If you would like to discuss particular data quality issues in more detail or particular uses of monthly HES data then please contact us at HES.questions@ic.nhs.uk.

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