Provisional Monthly HES data for Admitted Patient Care

This is the most recent publication of provisional monthly HES (Hospital Episode Statistics) data for NHS Hospitals in England and activity performed in the Independent sector in England commissioned by English NHS. Further details about the publication of monthly HES are in the ‘about monthly HES data’ document which can be found under related documents.

Key Facts
In the year from June 2009 to May 2010 there were:
• 16.9 million finished consultant episodes (FCEs), 58.1% (9.8 million) of which included at least one procedure or intervention, and of these 5.5 million were day cases.
• 14.6 million finished admission episodes (FAEs), of which 5.2 million were emergency admissions.

Inpatient Monthly Activity by episode / admission type

Rolling 12 month period comparison

<table>
<thead>
<tr>
<th></th>
<th>Jun 08 to May 09</th>
<th>Jun 09 to May 10</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Finished Consultant Episodes</td>
<td>16,255,931</td>
<td>16,888,368</td>
<td>3.9%</td>
</tr>
<tr>
<td>% FCEs with a procedure</td>
<td>57.1%</td>
<td>58.1%</td>
<td>-</td>
</tr>
<tr>
<td>Ordinary Episodes</td>
<td>11,041,223</td>
<td>11,375,341</td>
<td>3.0%</td>
</tr>
<tr>
<td>Day Case Episodes</td>
<td>5,214,708</td>
<td>5,513,027</td>
<td>5.7%</td>
</tr>
<tr>
<td>Finished Admission Episodes</td>
<td>14,152,844</td>
<td>14,597,981</td>
<td>3.1%</td>
</tr>
<tr>
<td>Emergency Admissions</td>
<td>5,045,553</td>
<td>5,195,374</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

Year to date comparison

<table>
<thead>
<tr>
<th></th>
<th>Apr 09 to May 09</th>
<th>Apr 10 to May 10</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Finished Consultant Episodes</td>
<td>2,706,409</td>
<td>2,796,763</td>
<td>3.3%</td>
</tr>
<tr>
<td>% FCEs with a procedure</td>
<td>57.2%</td>
<td>57.6%</td>
<td>-</td>
</tr>
<tr>
<td>Ordinary Episodes</td>
<td>1,852,927</td>
<td>1,901,996</td>
<td>2.6%</td>
</tr>
<tr>
<td>Day Case Episodes</td>
<td>853,482</td>
<td>894,767</td>
<td>4.8%</td>
</tr>
<tr>
<td>Finished Admission Episodes</td>
<td>2,344,636</td>
<td>2,411,736</td>
<td>2.9%</td>
</tr>
<tr>
<td>Emergency Admissions</td>
<td>854,435</td>
<td>874,255</td>
<td>2.3%</td>
</tr>
</tbody>
</table>
Footnotes

**Provisional data**
The data is provisional and may be incomplete or contain errors for which no adjustments have yet been made. Counts produced from provisional data are likely to be lower than those generated for the same period in the final dataset. This shortfall will be most pronounced in the final month of the latest period, ie November from the (month 9) April to November extract. It is also probable that clinical data are not complete, which may in particular affect the last two months of any given period. There may also be errors due to coding inconsistencies that have not yet been investigated and corrected.

**Finished Consultant Episode (FCE)**
A finished consultant episode (FCE) is a continuous period of admitted patient care under one consultant within one healthcare provider. FCEs are counted against the year in which they end. Figures do not represent the number of different patients, as a person may have more than one episode of care within the same stay in hospital or in different stays in the same year.

**Finished admission episodes (FAE)**
A finished admission episode (FAE) is the first period of inpatient care under one consultant within one healthcare provider. FAEs are counted against the year in which the admission episode finishes. Admissions do not represent the number of inpatients, as a person may have more than one admission within the year.

**Ordinary Admission Episode**
Ordinary admissions are inpatients who have been admitted for treatment. The intention is for treatment to be concluded in longer than one day. If, unexpectedly, the patient is not kept overnight, the episode remains as an ordinary admission.

**Day case Episode**
Day cases are elective inpatients who have been admitted for treatment just for the day. There are therefore always single episode spells with a duration of zero days. The intention is for treatment to be concluded in one day. If, unexpectedly, the patient is kept overnight, it must be re-classed as an ordinary admission.

**Emergency Admissions**
The count of admission episodes with an admission method indicating the admission was an emergency (admission method codes 21 to 24 and 281).

**Primary diagnosis**
The primary diagnosis is the first of up to 20 (14 from 2002-03 to 2006-07 and 7 prior to 2002-03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was admitted to hospital.

**Main procedure**
The first recorded procedure or intervention in each episode, usually the most resource intensive procedure or intervention performed during the episode. It is appropriate to use main procedure when looking at admission details, (eg time waited), but a more complete count of episodes with a particular procedure is obtained by looking at the main and the secondary procedures.

**FCEs with a procedure (or intervention)**
These figures represent the number of episodes where the procedure (or intervention) was recorded in the main operative procedure field in a Hospital Episode Statistics (HES) record. Please note that more procedures are carried out than the number of episodes with a main procedure. FCEs with an intervention or procedure include: 2008-09 and 2007-08 OPCS 4.4 and 2009-10 OPCS 4.5 codes A01–O10 & O15-X97; 2006-07 OPCS 4.3 codes A01–X97.

**Data quality**
Hospital Episode Statistics (HES) are compiled from data sent by more than 300 NHS trusts and primary care trusts (PCTs) in England and from some independent sector organisations for activity commissioned by the English NHS. The NHS Information Centre for health and social care liaises closely with these organisations to encourage submission of complete and valid data and seeks to minimise inaccuracies. While this brings about improvement over time, some shortcomings remain.

**Assessing growth through time**
HES figures are available from 1989-90 onwards. Changes to the figures over time need to be interpreted in the context of improvements in data quality and coverage (particularly in earlier years), improvements in coverage of independent sector activity (particularly from 2006-07) and changes in NHS practice. For example, apparent reductions in activity may be due to a number of procedures which may now be undertaken in outpatient settings and so no longer include in admitted patient HES data.

**Activity included**
Activity in English NHS Hospitals and English NHS commissioned activity in the independent sector

**Source**
Source: Hospital Episode Statistics (HES), The NHS Information Centre for health and social care
Provisional Monthly HES data for Outpatients

This is the most recent publication of provisional monthly HES (Hospital Episode Statistics) data for NHS Hospitals in England and activity performed in the Independent sector in England commissioned by English NHS. Further details about the publication of monthly HES are in the ‘about monthly HES data’ document which can be found under Related Documents.

Key Facts
In the year from June 2009 to May 2010 there were:

- 84.7 million outpatient appointments made, with 67.7 million (80.0%) of these attended by the patient.
- 6.7 million outpatient appointments not attended by the patient, representing 7.9% of all appointments.

Outpatient Monthly Activity by appointment type

Please note: Total appointments include: attendances, did not attend and cancellations (by either the hospital or patient).

Rolling 12 month period comparison

<table>
<thead>
<tr>
<th></th>
<th>Jun 08 to May 09</th>
<th>Jun 09 to May 10</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Appointments</td>
<td>75,652,202</td>
<td>84,676,382</td>
<td>11.9%</td>
</tr>
<tr>
<td>Attended appointments</td>
<td>61,136,875</td>
<td>67,707,085</td>
<td>10.7%</td>
</tr>
<tr>
<td>% of all appointments</td>
<td>80.8%</td>
<td>80.0%</td>
<td>-</td>
</tr>
<tr>
<td>Did not attend appointment</td>
<td>6,041,759</td>
<td>6,726,949</td>
<td>11.3%</td>
</tr>
<tr>
<td>% of all appointments</td>
<td>8.0%</td>
<td>7.9%</td>
<td>-</td>
</tr>
<tr>
<td>Follow-up attendances for each 1st attendance</td>
<td>2.23</td>
<td>2.23</td>
<td>-</td>
</tr>
</tbody>
</table>

Year to date comparison

<table>
<thead>
<tr>
<th></th>
<th>Apr 09 to May 09</th>
<th>Apr 10 to May 10</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Appointments</td>
<td>12,998,843</td>
<td>13,739,177</td>
<td>5.7%</td>
</tr>
<tr>
<td>Attended appointment</td>
<td>10,497,493</td>
<td>10,983,378</td>
<td>4.6%</td>
</tr>
<tr>
<td>% of all appointments</td>
<td>80.8%</td>
<td>79.9%</td>
<td>-</td>
</tr>
<tr>
<td>Did not attend appointment</td>
<td>1,010,180</td>
<td>1,060,582</td>
<td>5.0%</td>
</tr>
<tr>
<td>% of all appointments</td>
<td>7.8%</td>
<td>7.7%</td>
<td>-</td>
</tr>
<tr>
<td>Follow-up attendances for each first attendance</td>
<td>2.23</td>
<td>2.25</td>
<td>-</td>
</tr>
</tbody>
</table>
Footnotes

Provisional data
The data is provisional and may be incomplete or contain errors for which no adjustments have yet been made. Counts produced from provisional data are likely to be lower than those generated for the same period in the final dataset. This shortfall will be most pronounced in the final month of the latest period, i.e., November from the (month 9) April to November extract. It is also probable that clinical data are not complete, which may in particular affect the last two months of any given period. There may also be errors due to coding inconsistencies that have not yet been investigated and corrected.

Appointment Count
The number of planned/booked appointments for outpatients. The HES database contains one row per appointment that was made, whether it was attended or not.

Attendance Type
Attendance Type identifies whether the patient:
- Attended an appointment (these figures are shown in the above table under the heading 'attended appointment')
- Did not attend the appointment, which means the patient did not arrive for their specified appointment (these figures are shown in the above table under the heading 'did not attend appointment')
- Hospital or patient cancelled the appointment (these figures are not shown in the above table).

Outpatient Data Quality
Outpatient Hospital Episode Statistics (HES) data were collected for the first time in 2003-04 and data quality, particularly for clinical information, remains poor. It is not mandatory to code procedures on outpatient records and only around 9% of records have completed clinical codes in 2008-09. We have no reliable existing data source to validate this data against, as Department of Health aggregate returns have never collected clinical codes; it is not clear how representative the figures are. The data represents a sample of outpatient attendances. Statistical estimates (such as median and 90th percentile waiting times for main operations) must be regarded as potentially unreliable until it is possible to assess the quality of local coding.

Assessing growth through time
HES figures are available from 1989-90 onwards. Changes to the figures over time need to be interpreted in the context of improvements in data quality and coverage (particularly in earlier years), improvements in coverage of independent sector activity (particularly from 2006-07) and changes in NHS practice. For example, apparent reductions in activity may be due to a number of procedures which may now be undertaken in outpatient settings and so no longer include in admitted patient HES data.

Activity included
Activity in English NHS Hospitals and English NHS commissioned activity in the independent sector

Source statement
Source: Hospital Episode Statistics (HES), The NHS Information Centre for health and social care
Provisional Monthly HES data for Accident and Emergency (Experimental Data)

This is the most recent publication of provisional monthly Accident and Emergency Hospital Episode Statistics (A&E HES) data for NHS Hospitals in England. Further details about the publication of monthly HES are in the 'about monthly HES data' document which can be found under the Related Documents.

The official source of A&E data is QMAE (Quarterly Monitoring of Accident and Emergency). There are definitional differences between A&E HES data and QMAE data; in particular QMAE data does not include attendances where the A&E appointment has been pre-arranged or planned whereas the HES data does. QMAE remains the official source of A&E attendance and 4 hour wait figures.

A&E HES data is experimental and coverage remains incomplete. It is however able to provide more detailed and further information about recorded A&E attendances. The number of recorded attendances in 2008/09 A&E HES has increased by 12% since 2007/08, compared to a 2% increase in 2008/09 QMAE attendances. Therefore, caution should be used when comparing years, as increases are more likely to be a reflection of improvements in coverage, rather than actual increases in attendances.

Key Facts
In the year from June 2009 to May 2010 there were:

• 15.6 million A&E attendances recorded in A&E HES. Of these 3.4 million (22%) resulted in admission to hospital for inpatient treatment, 2.9 million (19%) resulted in a GP follow up, and 6.1 million (39%) were discharged with no follow up.

Percentage of recorded A&E attendances each month by age group

![Percentage of recorded A&E attendances each month by age group graph](image-url)
### Number of A&E attendances by method of discharge: Rolling 12 month period comparison

<table>
<thead>
<tr>
<th></th>
<th>Jun 08 to May 09</th>
<th>Jun 09 to May 10</th>
<th>Growth / Improvement in coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>14,087,908</td>
<td>15,592,131</td>
<td>10.7%</td>
</tr>
<tr>
<td>Admitted / became a lodged patient</td>
<td>3,045,422</td>
<td>3,403,869</td>
<td>11.8%</td>
</tr>
<tr>
<td>Discharged - GP follow up</td>
<td>2,536,390</td>
<td>2,905,008</td>
<td>14.5%</td>
</tr>
<tr>
<td>Discharged - no follow up</td>
<td>5,557,666</td>
<td>6,083,063</td>
<td>9.5%</td>
</tr>
<tr>
<td>Referred</td>
<td>1,933,301</td>
<td>2,100,198</td>
<td>8.6%</td>
</tr>
<tr>
<td>Others</td>
<td>1,015,129</td>
<td>1,099,993</td>
<td>8.4%</td>
</tr>
</tbody>
</table>

### Year to date comparison

<table>
<thead>
<tr>
<th></th>
<th>Apr 09 to May 09</th>
<th>Apr 10 to May 10</th>
<th>Growth / Improvement in coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>2,654,902</td>
<td>2,779,790</td>
<td>4.7%</td>
</tr>
<tr>
<td>Admitted / became a lodged patient</td>
<td>550,377</td>
<td>584,344</td>
<td>6.2%</td>
</tr>
<tr>
<td>Discharged - GP follow up</td>
<td>504,436</td>
<td>521,264</td>
<td>3.3%</td>
</tr>
<tr>
<td>Discharged - no follow up</td>
<td>1,048,756</td>
<td>1,086,275</td>
<td>3.6%</td>
</tr>
<tr>
<td>Referred</td>
<td>363,892</td>
<td>380,703</td>
<td>4.6%</td>
</tr>
<tr>
<td>Others</td>
<td>187,441</td>
<td>207,204</td>
<td>10.5%</td>
</tr>
</tbody>
</table>

### Footnotes

#### Provisional data
The data is provisional and may be incomplete or contain errors for which no adjustments have yet been made. Counts produced from provisional data are likely to be lower than those generated for the same period in the final dataset. This shortfall will be most pronounced in the final month of the latest period, i.e. November from the (month 9) April to November extract. It is also probable that clinical data are not complete, which may in particular affect the last two months of any given period. There may also be errors due to coding inconsistencies that have not yet been investigated and corrected.

#### A&E Data quality
Accident and Emergency Hospital Episode Statistics (A&E HES) are compiled from data submitted by more than 160 NHS trusts and primary care trusts (PCTs) in England. The NHS Information Centre for health and social care liaises closely with these organisations to encourage submission of complete and valid data and seeks to minimise inaccuracies. While this brings about improvement over time, some shortcomings remain.

#### A&E attendances
A&E Attendances in HES, relates to the number of recorded attendances. A&E attendances do not represent the number of patients, as a person may have more than one admission within the year.

#### Assessing growth through time
HES figures are available from 1989-90 onwards. Changes to the figures over time need to be interpreted in the context of improvements in data quality and coverage (particularly in earlier years), improvements in coverage of independent sector activity (particularly from 2006-07) and changes in NHS practice. For example, apparent reductions in activity may be due to a number of procedures which may now be undertaken in outpatient settings and so no longer include in admitted patient HES data.

#### Accident and Emergency Quarterly Monitoring Data Set (QMAE)
The Accident and Emergency Quarterly Monitoring Data Set (QMAE) is a provider based return not a commissioning return. A Primary Care Trust should only complete the return for the services it provides, not those it commissions from local NHS Trusts. Examples of services provided could be a minor injury unit or NHS walk-in centre managed by the Primary Care Trust. This data is collated by Department of Health further information is available here:


#### Source statement
Source: Hospital Episode Statistics (HES), The NHS Information Centre for health and social care
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 represent 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.

Clinical coding

The shortfall between the most recent month’s data is more pronounced when considering clinical (procedures and diagnoses) coverage. 4.5% more procedures and 7.2% more diagnoses were coded in the HES data submitted to SUS by 23/7/2010 (Month 3) - extract used for this publication, compared to the HES data submitted to SUS by 23/6/2010 (Month 2) used for 10th August 2010 publication. We accordingly recommend extra caution using clinical codes for the most recent months data.
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 at:

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
Provisional Monthly HES topic of interest: Fractures

According to NHS Choices a break or a crack in a bone is known as a fracture. Fractures can affect any bone in the body. Bones can fracture in a number of different ways. A simple (or closed) fracture is a clean break to the bone that does not damage any surrounding tissue or break through the skin. A compound (or open fracture) is when the surrounding soft tissue and skin is damaged. This kind of fracture is more serious as there is a higher risk of infection.

Within the context of this report we have focused specifically on the primary diagnosis for which the patient has been admitted to hospital, this facilitates further analysis of the cause of the injury resulting in the fracture. Therefore, please note that the number of fractures presented does not include all fractures sustained when the injury occurred; for example: where an individual sustains 2 fractures only the primary fracture is counted within this analysis. Also these figures represent the most serious of fractures where the patient has been admitted to hospital; those who attend accident and emergency but are not admitted to hospital are not included within this report.

In the period June 2009 to May 2010:

- There were 343,536 hospital admissions for fractures, this compares to 327,746 in the same period in the previous year, an increase of 4.8%.
- 52.4% (180,005) of hospital admissions for fractures were for females, whilst 47.6% (163,502) were for males.
- For people in the 39 and under age groups, the period where they are most likely to be admitted to hospital for a fracture is between June and September. People aged 40 and over are most likely to be admitted to hospital because of a fracture in either December or January.

### Number of finished admission episodes (FAEs) for fractures by sex, by month

<table>
<thead>
<tr>
<th>Month</th>
<th>Males</th>
<th>Females</th>
<th>Total (inc. unknowns)</th>
</tr>
</thead>
<tbody>
<tr>
<td>May-10</td>
<td>13,796</td>
<td>14,065</td>
<td>27,864</td>
</tr>
<tr>
<td>Apr-10</td>
<td>13,620</td>
<td>14,391</td>
<td>28,014</td>
</tr>
<tr>
<td>Mar-10</td>
<td>12,809</td>
<td>14,282</td>
<td>27,094</td>
</tr>
<tr>
<td>Feb-10</td>
<td>10,933</td>
<td>13,290</td>
<td>24,224</td>
</tr>
<tr>
<td>Jan-10</td>
<td>13,872</td>
<td>18,841</td>
<td>32,715</td>
</tr>
<tr>
<td>Dec-09</td>
<td>14,428</td>
<td>18,347</td>
<td>32,780</td>
</tr>
<tr>
<td>Nov-09</td>
<td>11,964</td>
<td>14,535</td>
<td>25,418</td>
</tr>
<tr>
<td>Oct-09</td>
<td>14,152</td>
<td>14,529</td>
<td>28,685</td>
</tr>
<tr>
<td>Sep-09</td>
<td>14,902</td>
<td>14,733</td>
<td>29,636</td>
</tr>
<tr>
<td>Aug-09</td>
<td>13,979</td>
<td>14,132</td>
<td>28,112</td>
</tr>
<tr>
<td>Jul-09</td>
<td>14,578</td>
<td>14,982</td>
<td>29,563</td>
</tr>
<tr>
<td>Jun-09</td>
<td>14,469</td>
<td>14,960</td>
<td>29,441</td>
</tr>
<tr>
<td>May-09</td>
<td>14,564</td>
<td>14,643</td>
<td>29,212</td>
</tr>
<tr>
<td>Apr-09</td>
<td>14,259</td>
<td>14,301</td>
<td>28,561</td>
</tr>
<tr>
<td>Mar-09</td>
<td>13,097</td>
<td>13,586</td>
<td>26,683</td>
</tr>
<tr>
<td>Feb-09</td>
<td>11,908</td>
<td>14,042</td>
<td>25,950</td>
</tr>
<tr>
<td>Jan-09</td>
<td>11,445</td>
<td>14,619</td>
<td>26,064</td>
</tr>
<tr>
<td>Dec-08</td>
<td>12,213</td>
<td>15,359</td>
<td>27,572</td>
</tr>
<tr>
<td>Nov-08</td>
<td>11,261</td>
<td>12,686</td>
<td>23,947</td>
</tr>
<tr>
<td>Oct-08</td>
<td>13,732</td>
<td>14,223</td>
<td>27,955</td>
</tr>
<tr>
<td>Sep-08</td>
<td>13,785</td>
<td>13,613</td>
<td>27,401</td>
</tr>
<tr>
<td>Aug-08</td>
<td>13,521</td>
<td>13,601</td>
<td>27,124</td>
</tr>
<tr>
<td>Jul-08</td>
<td>14,793</td>
<td>14,601</td>
<td>29,394</td>
</tr>
<tr>
<td>Jun-08</td>
<td>13,854</td>
<td>13,999</td>
<td>27,853</td>
</tr>
<tr>
<td>May-08</td>
<td>14,540</td>
<td>14,641</td>
<td>29,181</td>
</tr>
</tbody>
</table>
Number of FAEs for fractures by age group

Types of fractures

In the period June 2009 to May 2010:

- 22% of fracture admissions are a result of a fracture to the femur, a further 18% are as a result of a fracture to the forearm, both demonstrating large increases in December 2009 and January 2010.
- There was also a noticeable rise in the number finished admission episodes for fractures of lower leg (including ankle) in December 2009 and January 2010.

Number of FAEs for fractures, by fracture type and month
Causes of fractures

FAEs for fractures by cause of fracture (data from April 09 is provisional)

Falls

In the period June 2009 to May 2010:

- Falls accounted for 57% (196,052) of all finished admission episodes for fractures.
- The highest percentage of these were for people within the 80 or over age group, representing 67,776 (35%) of all finished admission episodes for fractures caused by falls.
- The most common fracture as a result of a fall is a fracture to the femur.

FAEs for fractures by falls and age group, June 2009 to May 2010 (data from April 09 is provisional)
Transport accidents
In the period June 2009 to May 2010:
- Transport accidents accounted for 9% (29,515) of all finished admission episodes for fractures.
- The highest percentage of these were for people within the 17 to 39 age group, representing 10,991 (37%) of all finished admission episodes for fractures caused by transport accidents.
- The most common fracture as a result of a transport accident is a fracture to the lower leg (including the ankle).

FAEs for fractures by transport accidents and age group, June 2009 to May 2010 (data from April 09 is provisional)
Assaults
In the period June 2009 to May 2010:
- Assaults accounted for 4% (14,179) of all finished admission episodes for fractures.
- The highest percentage of these were for people within the 17 to 39 age group, representing 10,225 (72%) of all finished admission episodes for fractures caused by assaults.
- The most common fracture as a result of an assault is a fracture to the skull and facial bones.

FAEs for fractures by assaults and age group (data from April 09 is provisional)
Footnotes

Finished admission episodes

A finished admission episode (FAE) is the first period of inpatient care under one consultant within one healthcare provider. FAEs are counted against the year in which the admission episode finishes. Admissions do not represent the number of inpatients, as a person may have more than one admission within the year.

Primary diagnosis

The primary diagnosis is the first of up to 20 (14 from 2002-03 to 2006-07 and 7 prior to 2002-03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was admitted to hospital.

More details about diagnosis codes used - ICD-10 Codes 'fractures' figures

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M48.4</td>
<td>Fatigue fracture of vertebra</td>
</tr>
<tr>
<td>M80</td>
<td>Osteoporosis with pathological fracture</td>
</tr>
<tr>
<td>M84.0</td>
<td>Malunion of fracture</td>
</tr>
<tr>
<td>M84.1</td>
<td>Nonunion of fracture [pseudarthrosis]</td>
</tr>
<tr>
<td>M84.2</td>
<td>Delayed union of fracture</td>
</tr>
<tr>
<td>M84.3</td>
<td>Stress fracture, not elsewhere classified</td>
</tr>
<tr>
<td>M84.4</td>
<td>Pathological fracture, not elsewhere classified</td>
</tr>
<tr>
<td>M90.7A</td>
<td>Fracture of bone in neoplastic disease</td>
</tr>
<tr>
<td>M96.6</td>
<td>Fracture of bone following insertion of orthopaedic implant, joint prosthesis, or bone plate</td>
</tr>
<tr>
<td>P13.0</td>
<td>Fracture of skull due to birth injury</td>
</tr>
<tr>
<td>P13.4</td>
<td>Fracture of clavicle due to birth injury</td>
</tr>
<tr>
<td>S02</td>
<td>Fracture of skull and facial bones</td>
</tr>
<tr>
<td>S12</td>
<td>Fracture of neck</td>
</tr>
<tr>
<td>S22</td>
<td>Fracture of rib(s), sternum and thoracic spine</td>
</tr>
<tr>
<td>S32</td>
<td>Fracture of lumbar spine and pelvis</td>
</tr>
<tr>
<td>S42</td>
<td>Fracture of shoulder and upper arm</td>
</tr>
<tr>
<td>S52</td>
<td>Fracture of forearm</td>
</tr>
<tr>
<td>S62</td>
<td>Fracture at wrist and hand level</td>
</tr>
<tr>
<td>S72</td>
<td>Fracture of femur</td>
</tr>
<tr>
<td>S82</td>
<td>Fracture of lower leg, including ankle</td>
</tr>
<tr>
<td>S92</td>
<td>Fracture of foot, except ankle</td>
</tr>
<tr>
<td>T02</td>
<td>Fractures involving multiple body regions</td>
</tr>
<tr>
<td>T08</td>
<td>Fracture of spine, level unspecified</td>
</tr>
<tr>
<td>T10</td>
<td>Fracture of upper limb, level unspecified</td>
</tr>
<tr>
<td>T12</td>
<td>Fracture of lower limb, level unspecified</td>
</tr>
</tbody>
</table>

1. M84.0, M84.1 and M84.2 do not classify as acute fractures. These codes classify existing fractures that have failed to unite correctly.

Cause code

A supplementary code that indicates the nature of any external cause of injury, poisoning or other adverse effects. Only the first external cause code which is coded within the episode is counted in HES.

More details about diagnosis codes used - ICD-10 Codes 'falls' figures

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>W00</td>
<td>Fall on same level involving ice and snow</td>
</tr>
<tr>
<td>W01</td>
<td>Fall on same level from slipping, tripping and stumbling</td>
</tr>
<tr>
<td>W02</td>
<td>Fall involving ice-skates, skis, roller-skates or skateboards</td>
</tr>
<tr>
<td>W03</td>
<td>Other fall on same level due to collision with, or pushing by, another person</td>
</tr>
<tr>
<td>W04</td>
<td>Fall while being carried or supported by other persons</td>
</tr>
<tr>
<td>W05</td>
<td>Fall involving wheelchair</td>
</tr>
</tbody>
</table>
W06 Fall involving bed
W07 Fall involving chair
W08 Fall involving other furniture
W09 Fall involving playground equipment
W10 Fall on and from stairs and steps
W11 Fall on and from ladder
W12 Fall on and from scaffolding
W13 Fall from, out of or through building or structure
W14 Fall from tree
W15 Fall from cliff
W16 Diving or jumping into water causing injury other than drowning or submersion
W17 Other fall from one level to another
W18 Other fall on same level
W19 Unspecified fall

More details about diagnosis codes used - ICD-10 Codes 'transport accident' figures
V01-V09 Pedestrian injured in transport accident
V10-V19 Pedal cyclist injured in transport accident
V20-V29 Motorcycle rider injured in transport accident
V30-V39 Occupant of three-wheeled motor vehicle injured in transport accident
V40-V49 Car occupant injured in transport accident
V50-V59 Occupant of pick-up truck or van injured in transport accident
V60-V69 Occupant of heavy transport vehicle injured in transport accident
V70-V79 Bus occupant injured in transport accident
V80-V89 Other land transport accidents
V90-V94 Water transport accidents
V95-V97 Air and space transport accidents
V98-V99 Other and unspecified transport accidents
V01-V09 Pedestrian injured in transport accident
V10-V19 Pedal cyclist injured in transport accident
V20-V29 Motorcycle rider injured in transport accident
V30-V39 Occupant of three-wheeled motor vehicle injured in transport accident
V40-V49 Car occupant injured in transport accident
V50-V59 Occupant of pick-up truck or van injured in transport accident
V60-V69 Occupant of heavy transport vehicle injured in transport accident
V70-V79 Bus occupant injured in transport accident

More details about diagnosis codes used - ICD-10 Codes 'assault' figures
X85 Assault by drugs, medicaments and biological substances
X86 Assault by corrosive substance
X87 Assault by pesticides
X88 Assault by gases and vapours
X89 Assault by other specified chemicals and noxious substances
X90 Assault by unspecified chemical or noxious substances
X91 Assault by hanging, strangulation and suffocation
X92 Assault by drowning and submersion
X93 Assault by handgun discharge
X94 Assault by rifle, shotgun and larger firearm discharge
X95 Assault by other and unspecified firearm discharge
X96 Assault by explosive material
X97 Assault by smoke, fire and flames
X98 Assault by steam, hot vapours and hot objects
X99 Assault by sharp object
Y00 Assault by blunt object
Y01 Assault by pushing from high place
Y02 Assault by pushing or placing victim before moving object
Y03 Assault by crashing of motor vehicle
Y04 Assault by bodily force
Y05 Sexual assault by bodily force
Y06 Neglect and abandonment
Y07 Other maltreatment syndromes
Y08 Assault by other specified means
Y09 Assault by unspecified means

More details about diagnosis codes used - ICD-10 Codes 'Other' figures
W20-W49 Exposure to inanimate mechanical forces
W50-W64 Exposure to animate mechanical forces
W65-W74 Accidental drowning and submersion
W75-W84 Other accidental threats to breathing
W85-W99 Exposure to electric current, radiation and extreme ambient air temperature and pressure
X00-X09 Exposure to smoke, fire and flames
X10-X19 Contact with heat and hot substances
X20-X29 Contact with venomous animals and plants
X30-X39 Exposure to forces of nature
X40-X49 Accidental poisoning by and exposure to noxious substances
X50-X57 Overexertion, travel and privation
X58-X59 Accidental exposure to other and unspecified factors
X60-X84 Intentional self-harm
Y10-Y34 Event of undetermined intent
Y35-Y36 Legal intervention and operations of war
Y40-Y84 Complications of medical and surgical care
Y85-Y89 Sequelae of external causes of morbidity and mortality
Y90-Y98 Supplementary factors related to causes of morbidity and mortality classified elsewhere

Provisional data
The data is provisional and may be incomplete or contain errors for which no adjustments have yet been made. Counts produced from provisional data are likely to be lower than those generated for the same period in the final dataset. This shortfall will be most pronounced in the final month of the latest period, ie November from the (month 9) April to November extract. It is also probable that clinical data are not complete, which may in particular affect the last two months of any given period. There may also be errors due to coding inconsistencies that have not yet been investigated and corrected.

Data quality
Hospital Episode Statistics (HES) are compiled from data sent by more than 300 NHS trusts and primary care trusts (PCTs) in England and from some independent sector organisations for activity commissioned by the English NHS. The NHS Information Centre for health and social care liaises closely with these organisations to encourage submission of complete and valid data and seeks to minimise inaccuracies. While this brings about improvement over time, some shortcomings remain.

Activity included
Activity in English NHS Hospitals and English NHS commissioned activity in the independent sector

Source statement
Source: Hospital Episode Statistics (HES), The NHS Information Centre for health and social care
Provisional Monthly HES topic of interest: Assaults

What is TKAP Phase II

The Tackling Knives Action Programme (TKAP) is a cross-government programme to reduce incidents of death and serious violence among young people. We have previously reported figures for the first phase of the programme looking at assaults by sharp object among teenagers (13-19 year olds). In April 2009 the programme moved into phase II, aimed at reducing the number of all assaults (not just those with a sharp object) involving young people (aged 13-24) in fourteen police force areas.

Key facts

- In the current year from June 2009 to May 2010 there were 41,237 finished admission episodes for assault (all age groups), of these 25,669 (62.2%) were from Tackling Knives Action Programme (TKAP phase II) local authorities and 15,568 from non-TKAP areas.
- In the previous year from June 2008 to May 2009 there were 43,535 finished admission episodes for assault (all age groups), of these 27,072 (62.2%) were from Tackling Knives Action Programme (TKAP phase II) local authorities and 16,463 from non-TKAP areas.
- Between these periods admission episodes for assault decreased by 5.3% in England with a decrease of 5.2% in TKAP phase II areas and a decrease of 5.4% in Non-TKAP areas.
- There were 10,276 finished admission episodes recorded in the year June 2009 to May 2010 for people aged between 13-24 within TKAP phase II areas, representing a decrease of 611 (5.6%) from the previous year (June 2008 to May 2009).
- There were 6,157 finished admission episodes recorded in the year June 2009 to May 2010 for people aged between 13-24 within non-TKAP areas, representing a decrease of 276 (4.3%) from the previous year (June 2008 to May 2009).

Monthly activity: Admissions for Assault (13-24 years old)

Note: Figures for May 2010 should be treated with extra caution due to the short period available for clinical coding to be completed.
TKAP local authorities

The TKAP local authorities (LAs) are a list of LAs of residence provided by the Home Office. TKAP areas are not coterminous with local authorities but this list of LAs provides a good approximation. From April 2009 TKAP moved into its second phase and has extended the number of forces it involves from 9 to 14. There has also been a minor update to the LAs used in TKAP phase 1 to include Ribble Valley, Rushcliffe, and Vale of White Horse. The inclusion of these LAs has a negligible impact on figures for the original 9 TKAP Phase 1 areas. A list of LAs in TKAP Phases 1 and 2 is available within the worksheet TKAP areas.

More details about diagnosis codes used - ICD-10 Codes "assault" figures

- X85 Assault by drugs, medicaments and biological substances
- X86 Assault by corrosive substance
- X87 Assault by pesticides
- X88 Assault by gases and vapours
- X89 Assault by other specified chemicals and noxious substances
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- Y04 Assault by bodily force
- Y05 Sexual assault by bodily force
- Y06 Neglect and abandonment
- Y07 Other maltreatment syndromes
- Y08 Assault by other specified means
- Y09 Assault by unspecified means

Future topics

If you would like to suggest a topic for us to feature within a future release please contact us at HES.questions@ic.nhs.uk
Footnotes

Finished admission episodes
A finished admission episode is the first period of inpatient care under one consultant within one healthcare provider. Finished admission episodes are counted against the year in which the admission episode finishes. Please note that admissions do not represent the number of inpatients, as a person may have more than one admission within the year.

TKAP Age group
Figures are for those aged 13 to 24 years old when they were admitted to hospital. Non-TKAP are those aged 12 & under and 25 & over, and episodes with an unknown age.

TKAP
The TKAP local authorities (LAs) are a list of LAs of residence provided by the Home Office. TKAP areas are not coterminous with local authorities but this list of LAs provides a good approximation. Non-TKAP areas include a small number of people who were not resident in England but were treated in the NHS in England

Data Quality
Hospital Episode Statistics (HES) are compiled from data sent by more than 300 NHS trusts and primary care trusts (PCTs) in England. Data is also received from a number of independent sector organisations for activity commissioned by the English NHS. The NHS Information Centre for health and social care liaises closely with these organisations to encourage submission of complete and valid data and seeks to minimise inaccuracies and the effect of missing and invalid data via HES processes. While this brings about improvement over time, some shortcomings remain.

Assessing growth through time
HES figures are available from 1989-90 onwards. The quality and coverage of the data have improved over time. These improvements in information submitted by the NHS have been particularly marked in the earlier years and need to be borne in mind when analysing time series. Some of the increase in figures for later years (particularly 2006-07 onwards) may be due to the improvement in the coverage of independent sector activity. Changes in NHS practice also need to be borne in mind when analysing time series. For example, a number of procedures may now be undertaken in outpatient settings and may no longer be accounted for in the HES data. This may account for any reductions in activity over time.

Provisional data
The data from April 2009 is provisional and may be incomplete or contain errors for which no adjustments have yet been made. Counts produced from provisional data are likely to be lower than those generated for the same period in the final dataset. This shortfall will be most pronounced in the final month of the latest period.

Source statement
Hospital Episode Statistics (HES), The NHS Information Centre for health and social care