

## HEALTH AND SOCIAL CARE

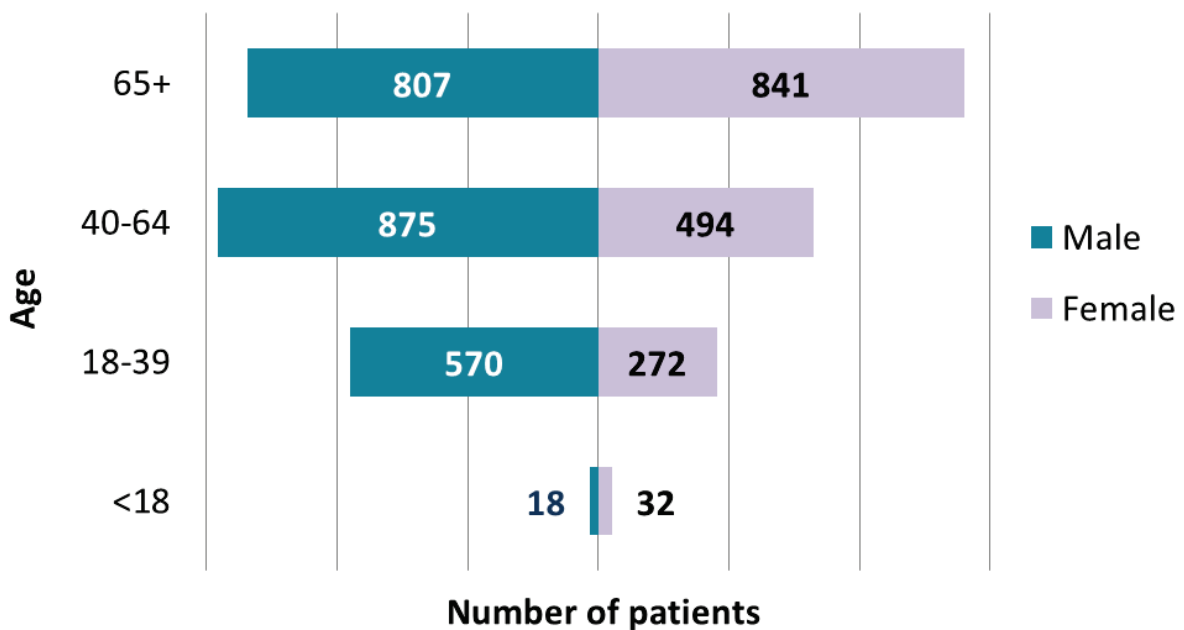
### Executive summary

*“We will undertake an audit of who is in hospital on a given day and for what reason to give a better understanding of how the inpatient estate is being used and the degree to which that differs across Scotland.”*

- Commitment 26, [Mental Health Strategy for 2012-2015](#)<sup>1</sup>

This report presents an overview of the results of the first Mental Health & Learning Disability Inpatient Bed Census, carried out by the Scottish Government and NHS Boards as at midnight, 29 October 2014. The report provides evidence for Commitment 26 of the Mental Health Strategy for 2012 to 2015, but also enhances the Scottish Government’s and NHS Scotland’s understanding of mental health, addiction and learning disability services, and about the patients who use these services. This analytical evidence will inform policy development and service planning, both nationally and locally.

**3,909 patients** occupying a psychiatric, addiction or learning disability inpatient bed in an NHS Scotland facility at census



<sup>1</sup> <http://www.gov.scot/Publications/2012/11/4306/0>

Some key points from this report include:

- There were **3,909 patients** occupying a psychiatric, addiction or learning disability inpatient bed in an NHS Scotland facility at the census date.
- Of the 3,909 patients, **58% were Male**, 42% were female. Of patients of working age (between 18 and 64 years old), **65% were male**.
- The patients in the census were **mostly from the adult population**. 22% were aged 18-39, 35% were aged 40-64 and 42% aged 65+.
- There were **50 patients aged under 18** in the census.
- Patients were **most likely to be in an Acute Ward** (41% of all patients). 25% were in a Continuing Care / Long-Stay ward.
- As at the census, there were 4,532 psychiatric, addiction or learning disability inpatient beds available in NHS Scotland. **The overall occupancy rate in Scotland was 86%**.
- **59% of patients aged 65+ had a diagnosis for dementia**. This accounted for 972 patients aged 65+, with a further 77 aged between 40 and 64.
- **482 adult patients had evidence of actual or threatened self-harm** upon admission to hospital (17% of all adults in the census for which this information is known).
- There were **507 patients primarily managed by Forensic Services**. Forensic psychiatry is a specialised branch of clinical psychiatry which relates to mentally disordered offenders and others with similar problems.

**Mental Health Strategy for 2012-2015:**

**Report on Commitment 26:**

**Mental Health & Learning Disability Inpatient Bed  
Census, 2014**

## Acknowledgements

We are extremely grateful to all those who assisted with the Mental Health & Learning Disability Inpatient Bed Census, in particular, colleagues from the health boards, hospitals and care homes who provided information.

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## Introduction

This report presents an overview of the results of the first Mental Health & Learning Disability Inpatient Bed Census, carried out by the Scottish Government and NHS Boards as at midnight, 29 October 2014. One objective of the census is to provide evidence for Commitment 26 of the Mental Health Strategy for 2012 to 2015.

*“We will undertake an audit of who is in hospital on a given day and for what reason to give a better understanding of how the inpatient estate is being used and the degree to which that differs across Scotland.”*

- Commitment 26, [Mental Health Strategy for 2012-2015](#)<sup>2</sup>

The Mental Health & Learning Disability Inpatient Bed Census will also be used to provide data to help us progress ‘The Keys to Life: Improving quality of life for people with learning disabilities’ Recommendation 51:

*“.....establish the Scottish data on out of area placements and report on its findings on how Scotland builds the capacity needed to deliver the specialist services required more locally with an outcome that by 2018 people with learning disabilities and complex care needs who are currently in facilities outwith Scotland should be supported to live nearer their family in Scotland”*

- Recommendation 51, [‘The Keys to Life: Improving quality of life for people with learning disabilities’](#)<sup>3</sup>

This data will help evidence current learning disability bed services in Scotland and enable NHS Boards to review the needs of those with complex needs in out of area placements with a view to building the capacity and commissioning local or regional services in Scotland, where appropriate. An additional report focusing solely on learning disabilities will be published later in 2015.

The census will also enhance the Scottish Government’s and NHS Scotland’s understanding of mental health, addiction and learning disability services more generally, and about the patients who use these services. This analytical evidence will inform policy development, service planning (both nationally and locally).

To enable further research and statistical analysis, extracts of the Mental Health and Learning Disability Inpatient Bed Census data may be made available for approved researchers from late 2015.

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<sup>2</sup> <http://www.gov.scot/Publications/2012/11/4306/0>

<sup>3</sup> <http://www.gov.scot/Resource/0042/00424389.pdf>

## Scope of census

The census covered:

- every patient occupying a psychiatric, addiction or learning disability inpatient bed in an NHS Scotland facility on the census date (midnight at the end of 29th October 2014).
- every mental health, addiction or learning disability patient whose care is funded by NHS Scotland, but is being treated in a facility that is out with NHS Scotland (e.g. in a local authority care home, in a private hospital, in a NHS England facility), on the census date (midnight at the end of 29<sup>th</sup> October 2014).

The data collected is designed to provide an understanding of who is in hospital funded by NHS Scotland on a given day and for what reason. The analysis presented here aims to give a detailed understanding of how the inpatient estate in Scotland is being used and the degree to which that differs across Scotland.

Annex A contains a list of facilities which participated in the census, along with the number of available beds, occupied beds and occupancy rates for each facility.

Information is presented on a range of demographic and clinical breakdowns, including an additional section focusing on Forensic Services.

As this is the first year of the census, the data collection systems and quality assurance processes in place are still being developed and therefore the statistics shown here should not be considered as National or Official Statistics, but are data under development. All figures are provisional and may be subject to change in future publications.

## Accompanying data

An accompanying spreadsheet containing the data behind this report, as well as some summary information at NHS Board level will also be made available at the following link:

<http://www.gov.scot/Topics/Statistics/Browse/Health>

NHS Boards will be issued with a more detailed analysis of their data at a later date. We are unable to present this level of detail due to small numbers and so to protect patient confidentiality.

## Further Analysis

During 2015, further reports based on the census are planned for publication. These include:

- a more detailed report covering learning disability inpatient beds and,
- a report covering mental health, addiction or learning disability inpatients who are funded by NHS Scotland but who are treated outwith NHS Scotland.

## Future plans for the census

A repeat of the census is intended to be carried out next year, and any methodological changes will be informed by this year's census. The next census will expand to include hospital-based complex care patients<sup>4</sup> as there will be an overlap with the Mental Health & Learning Disability Inpatient Bed Census. This should make the data collection process more simple for data providers (i.e. staff in NHS Boards, Hospitals and Care Homes).

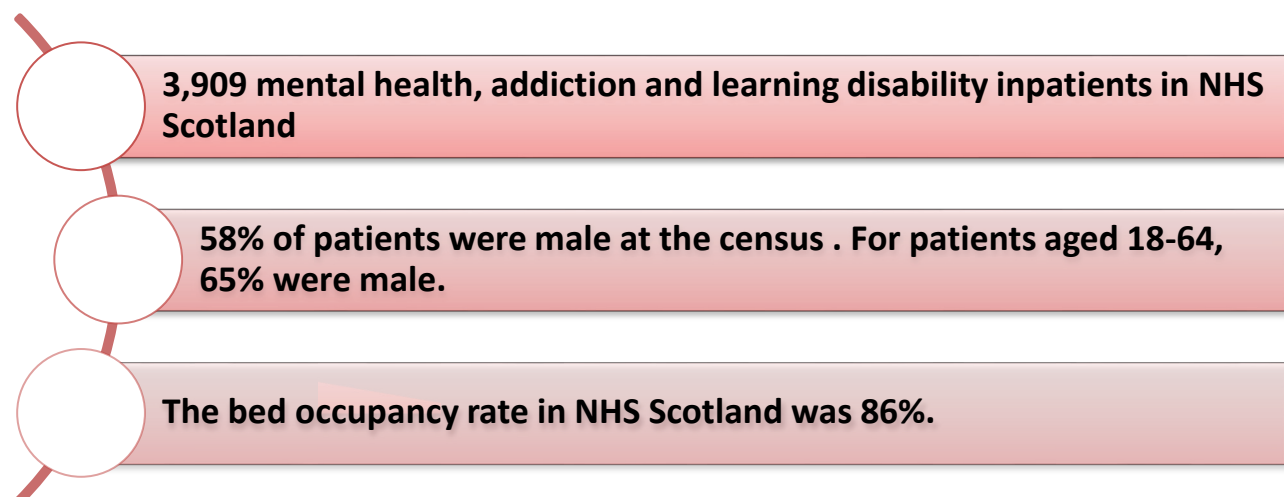
The scope and content of the census will be consulted upon with NHS Boards during 2015.

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<sup>4</sup> [http://www.sehd.scot.nhs.uk/dl/DL\(2015\)11.pdf](http://www.sehd.scot.nhs.uk/dl/DL(2015)11.pdf)



## 1(a). Overview of patients being treated in NHS Scotland facilities



There were 3,909 inpatients being treated in NHS Scotland facilities at the census. The table below shows the number of mental health, learning disability and addiction inpatients being treated in each board.

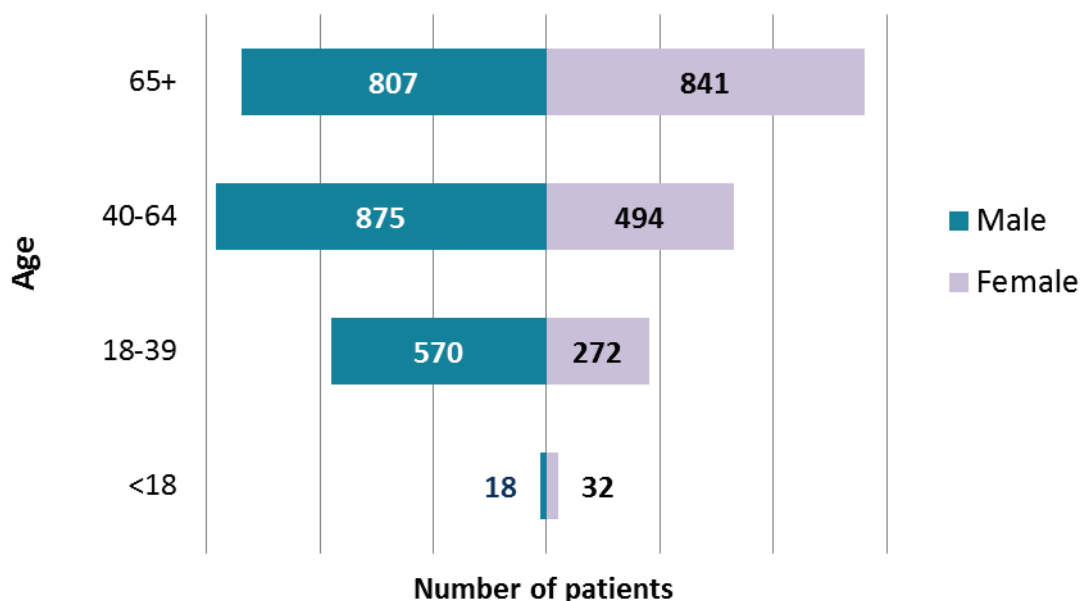
It should be noted that NHS Grampian, NHS Greater Glasgow & Clyde, NHS Lothian and NHS Tayside contain Regional Units which provide services to patients from other NHS Boards. NHS Fife also provide a low secure Learning Disability Regional Unit for the treatment of patients from other NHS boards. NHS Orkney and NHS Shetland do not have any mental health, learning disability or addiction inpatient beds, their patients are treated by other health boards or by other healthcare providers on behalf of NHS Orkney and NHS Shetland.

NHS Board of treatment	Number of patients
NHS Ayrshire & Arran	198
NHS Borders	59
NHS Dumfries & Galloway	77
NHS Fife	256
NHS Forth Valley	217
NHS Grampian	339
NHS Greater Glasgow & Clyde	1,105
NHS Highland	169
NHS Lanarkshire	346
NHS Lothian	670
NHS Orkney	0
NHS Shetland	0
NHS Tayside	334
NHS Western Isles	18
State Hospital	121
<b>Scotland</b>	<b>3,909</b>

## Age and gender

The following chart gives a high level analysis of the age and gender of patients in the Mental Health & Learning Disability Inpatient Bed Census:

Number of patients, by age and gender



The most noticeable finding is the large number of working-age males in the census. Further findings include:

- Around two thirds of patients in the 18-39 age group (68%) and the 40-64 age group (64%) are male.
- The gender split for over 65s is almost 50/50 (51% female)
- 22% of all patients are aged 18-39, 35% are aged 40-64 and 42% are aged 65+.
- Few patients are less than 18 years old.

More information on at age breakdown-level is available in section 1b of this report.

## On Pass

Patients who are “On Pass” are still formally considered inpatients of a hospital, but are permitted planned leave for varying lengths of time as part of their recovery care plan. This includes those whose detention under the Mental Health Act has been suspended. At the October census there were **145 patients in Scotland who were on pass for at least that overnight period.**

## Boarding from another hospital

If a patient is “boarding” from another hospital, then they are staying in a hospital outwith their local catchment area. **40 people were boarding** in from another hospital at the October 2014 census. 32 out of the 40 patients were “boarding” from a hospital in the same NHS Board as the one they were being treated in.

## Available Beds, by NHS Board

Of the wards covered by the census, there were 4,532 available mental health, addiction and learning disability beds in Scotland at the October census, compared with 3,909 patients (86% of the total available beds figure). The bed occupancy rate varied between NHS Board, as shown in the following table:

NHS Board	Available beds	Patients	Bed occupancy
NHS Western Isles	19	18	95%
NHS Lothian	711	670	94%
NHS Greater Glasgow & Clyde	1,176	1,105	94%
State Hospital	132	121	92%
NHS Borders	65	59	91%
NHS Forth Valley	240	217	90%
NHS Grampian	383	339	89%
NHS Highland	195	169	87%
<b>Scotland</b>	<b>4,532</b>	<b>3,909</b>	<b>86%</b>
NHS Tayside	409	334	82%
NHS Lanarkshire	450	346	77%
NHS Fife	346	256	74%
NHS Dumfries & Galloway	107	77	72%
NHS Ayrshire & Arran	299	198	66%

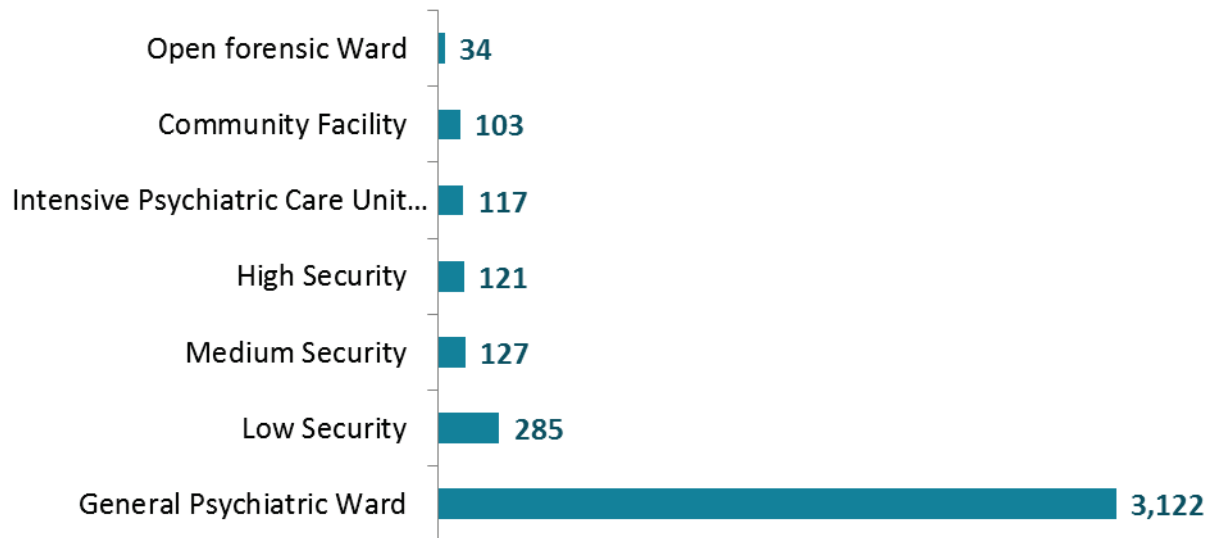
- NHS Ayrshire & Arran had the lowest rate of patients to available beds with 66%.
- For both NHS Lothian and NHS Greater Glasgow & Clyde, the rate of patients to available beds was 94%.

Annex A contains analysis of available beds for each NHS Scotland facility.

## Ward Security Level

As part of the census, NHS Boards were asked to record the security level of the ward in which the patients were staying. The number of patients in each ward security level is shown in the following chart:

## Number of patients, by ward security level

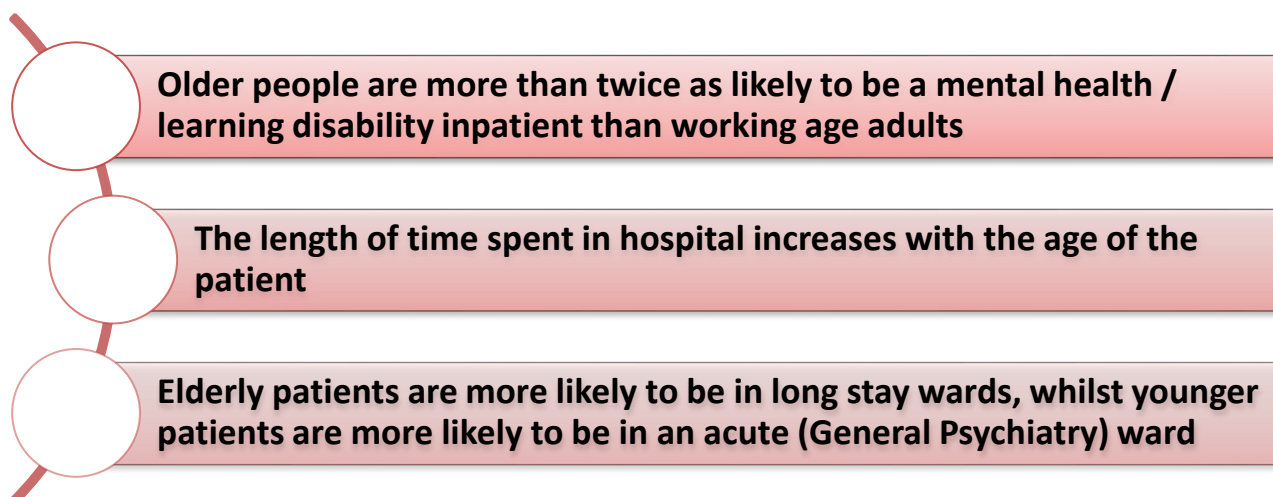


Around 80% of patients were in a ward with a security level of “General Psychiatric Ward”.

*Analysis on more topics can be found in section “1(b). Adult patients in NHS Scotland facilities, by age group”, but not presented here to avoid duplication. Additional topics include:*

- *Ward Type*
- *Specialty of Consultant*
- *Length of Stay in hospital*
- *Self-harm*
- *Observation Level*
- *Selected Conditions*
- *Source of Referral*
- *Crisis Contacts*
- *Service Decision to Admit Patient*
- *Delayed Discharge*

## 1(b). Adult patients in NHS Scotland facilities, by age group



The types of service typically provided to mental health, addiction and learning disability inpatients in Scotland varies depending on the age of the patient. This section splits the adult patients into three age groups: young adults (ages 18-39), older working-age adults (ages 40-64) and older people (ages 65+) – and looks at the differences in provision between the three age groups.

### Age breakdown

The following table shows the number of adult mental health, addiction, and learning disability inpatients treated by the NHS in Scotland at the time of the census.

Category	Age Group			
	18-39	40-64	65+	All adults
Mental health, addiction & learning disability inpatients	842	1369	1648	3,859
% of all adults	22%	35%	43%	100%
Population (thousands)*	1,507	1,838	947	4,292
<i>Patients per 10,000 population</i>	6	7	17	9

\*NRS (National Records of Scotland) mid-year population estimates, 2013

- People aged 65+ are more than twice as likely to be a mental health, addiction or learning disability inpatient (17 patients per 10,000 population) than both those aged 18-39 (6 patients per 10,000 population) and 40-64 (7 patients per 10,000 population).
- The higher percentage of the 65+ population who are admitted to a mental health, addiction or learning disability bed can be partly attributed to Dementia. 59% of all patients aged 65+ in the census had a diagnosis of Dementia (more detail is available later in this section).

## Ward Type

The number of mental health, addiction and learning disability patients in Scotland staying in different types of ward is shown in the table below. The data shows a clear relationship between the age of the patients and the type of ward they are in.

Ward Type	Age Group			
	18-39	40-64	65+	All adults
Acute (General Psychiatry)	353	622	635	1,610
Continuing care / long stay	25	171	825	1,021
Forensic	157	198	11	366
Rehabilitation (non-addiction)	93	163	65	321
Learning Disability unit	79	92	10	181
Other	135	123	102	360
<b>All</b>	<b>842</b>	<b>1,369</b>	<b>1,648</b>	<b>3,859</b>

Some notable findings include:

- 50% of patients aged 65+ are in a continuing care / long-stay setting, compared with 12% of 40-64 year olds and 3% of 18-39 year olds.
- 97% of adults in Forensic Units, 80% of adults in Rehabilitation and 94% of adults in Learning Disability units were aged 18-64.
- The proportion of patients in each age group who are in Acute wards does not vary greatly: 42% of 18-39 year olds, 45% of 40-64 year olds and 39% of those aged 65+ were in an Acute ward.
- The “Other” category includes 29 adults in an Addiction ward. The majority of these patients were aged 40-64, however we are unable to give exact figures due to small numbers in the other age categories.

## Ward Security Level

To maintain patient confidentiality, we are unable to publish age group level analysis for Ward Security Level due to small numbers for the 65+ age group in some of the categories. A high-level summary can be found in Section 1 (a) of this report.

## Specialty of Consultant

Data on the patients’ consultants was also gathered in the October census. The information below shows how the patients in each age group were allocated to different specialties:

Speciality of consultant	Age Group			
	18-39	40-64	65+	All adults
General Psychiatry	502	876	102	1,480
Psychiatry of Old Age	*	*	1,394	1,474
Forensic Psychiatry	176	206	12	394
Learning Disability	106	110	10	226
Other	*	*	0	10
Missing**	53	92	130	275
<b>All</b>	<b>842</b>	<b>1,369</b>	<b>1,648</b>	<b>3,859</b>

\*data suppressed due to small numbers

\*\* The "Missing" cases comprise of 217 adult patients from Forth Valley and 58 from Borders with missing data for speciality of consultant.

- 92% of older people were seen by a consultant whose specialty was Psychiatry of Old Age.
- 60% of 18-39 year olds and 64% of 40-64 year olds were seen by a General Psychiatrist.
- 97% of adults who saw a Forensic Psychiatrist, and 96% who saw a Learning Disability specialist, were aged 18-64.
- *Percentage figures exclude patients with "Missing" specialty data.*

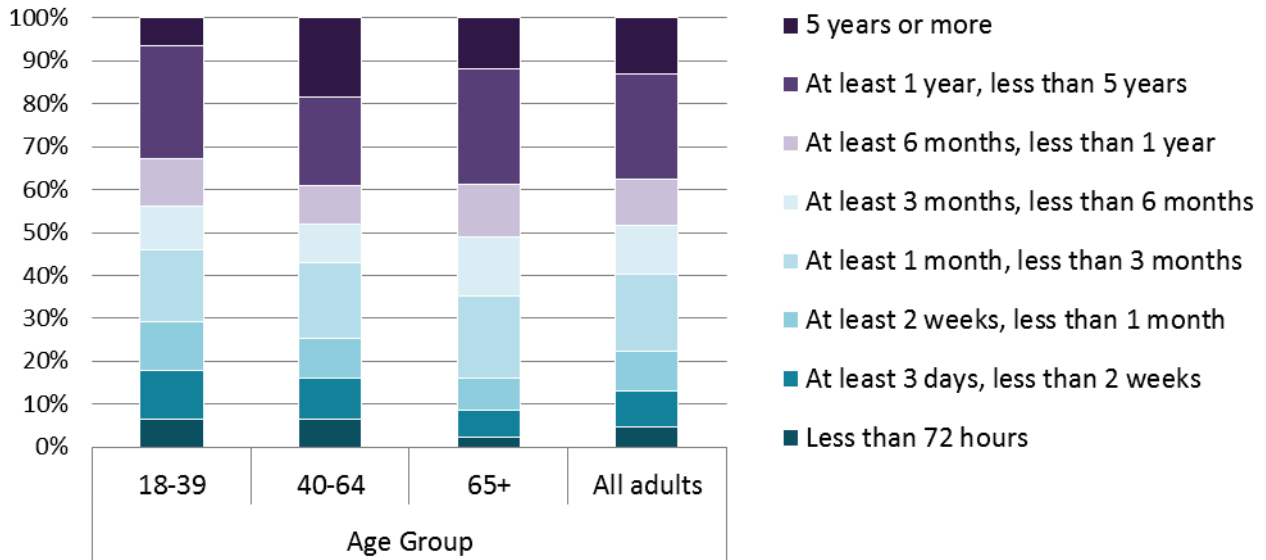
## Length of Stay

The length of time a patient can expect to stay in hospital increases with age. At the time of the census, patients aged 65 or over had been in hospital for an average (median) of more than 6 months. This compares with over 4 months for 18-39 year olds and over 5 months for 40-64 year olds (see table below).

Age Group	Average (median) number of days since admission	Average (median) months since admission (30 days per month)
18-39	120	4 months
40-64	160	5 months 10 days
65+	189	6 months 9 days
<b>All adults</b>	<b>163</b>	<b>5 months 13 days</b>

While the above table shows that the *average* number of days since admission in Scotland was just over 5 months, the following chart provides more detailed analysis of the variation in lengths of stay by age group.

## Number of days since admission



- 18% of patients aged 40-64 had been in hospital for five years or more at the time of the census. This compares with 12% for ages 65+, 6% for ages 18-39 and 13% for all adults.
- Only 2% of those aged 65+ had been in hospital less than 72 hours. This compares with 7% for 18-39 and 40-64 age groups, and 5% for all adults.

The following table shows that patients with a learning disability or autism are likely to have longer stays in hospital than other mental health patients:

Category	Days / months	Average (median) time since admission, by age group			
		18-39	40-64	65+	All adults
Patients with a learning disability or autism	Days	574	1,731	728	986
	Months	19	58	24	33
Other mental health patients	Days	80	119	188	141
	Months	3	4	6	5

- The average time since admission for adult patients with a learning disability / autism was 33 months (2 years and 9 months).
- For other adult mental health and addiction patients, the average time since admission was around 5 months.

## Self-harm

- 358 patients (12% of all adults in the census for which this information is known) had evidence of self-harm upon admission to hospital.
- 482 patients (17% of all adults in the census for which this information is known) had evidence of actual or threatened self-harm upon admission to hospital.



Was self-harm a feature on admission?	All adults
All patients who have self-harmed	358
All patients who have self-harmed or threatened to self-harm	482

The following table shows self-harm (actual and threatened) upon admission amongst mental health, addiction and learning disability inpatients by age (*note that patients can be in multiple categories in this table*):

Was self-harm a feature on admission?	Age Group			
	18-39	40-64	65+	All adults
Yes - poisoning*	26	55	19	100
Yes - injury*	117	130	19	266
Threatened*	41	57	31	129
No	541	958	1,408	2,907
Missing	127	171	172	470

\*Note that patients can be in multiple categories – totals do not add up to sum of individual categories.

*Please also note, not everyone who self harms will receive inpatient care and not everyone for whom it emerges as an important feature of their illness while they are receiving specialist treatment and care will have that recorded as their main symptom on admission.*

## Nurse observation level

All patients in mental health inpatient settings will receive some degree of observation. However, levels of observation will vary according to the patients' individual needs. Based on current guidelines<sup>5</sup> the level of observation of patients at the time of the census was also recorded. The three nurse observation levels are:

- “General Observation” – Staff should have a knowledge of the patients' general whereabouts.
- “Constant Observation” – Staff should be constantly aware of the precise whereabouts of the patient.
- “Special Observation” – Patient should be in sight and within arm's reach of a member of staff.

The following table shows that most patients fall under the General Observation category. *Please note, NHS Forth Valley were unable to provide data as part of their census return on observation levels for 196 patients.*

<sup>5</sup> <http://www.gov.scot/Publications/2002/08/15296/10452>

Level of observation	Age Group			
	18-39	40-64	65+	All adults
General Observation	731	1,226	1,469	3,426
Constant Observation	54	53	38	145
Special Observation	13	11	15	39
Not applicable**	*	*	*	53
Unknown code**	*	*	*	196
<b>All adults</b>	<b>798</b>	<b>1,290</b>	<b>1,522</b>	<b>3,859</b>

\*suppressed due to small numbers.

\*\*196 patients with unknown level of observation codes from NHS Forth Valley.

\*\*\*'Not applicable' relates either to patients who are being treated in care homes where a nurse observation level may not apply, or patients on pass.

- More than 9 in 10 adult patients (94%, excluding unknown codes) were under General Observation, meaning that staff should have knowledge of the patients general whereabouts at all times. This proportion is similar across all age groups.
- 4% of patients were under Constant Observation. There is also a pattern with age for this category: 7% of adults aged 18-39 were under constant observation, compared with 4% for those aged 40-64 and 3% of over 65s.
- 39 patients were under Special Observation (1% excluding unknown codes).

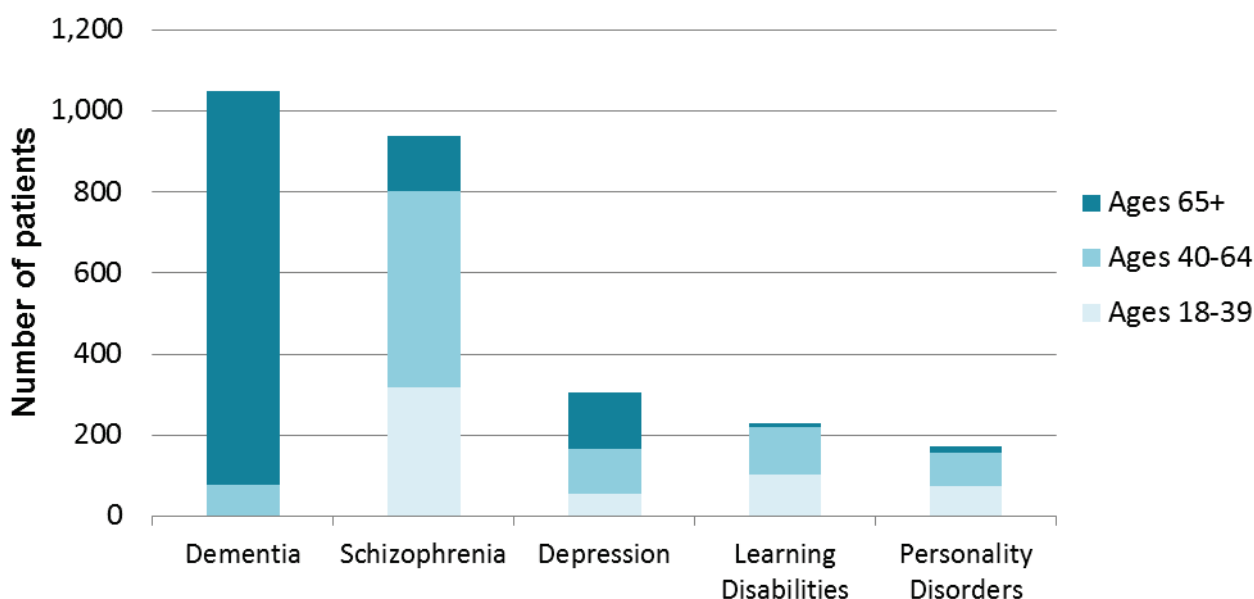
## Selected Conditions

The table and chart below shows adults included in the census with a diagnosis for selected conditions. Patients are included in the analysis as having Dementia or a Learning Disability if they either had a Dementia or Learning Disability diagnosis on admission, or if this was their last known diagnosis (this could be within their current stay in hospital or during a previous stay in hospital). Patients with Schizophrenia, Depression and Personality Disorders are defined as those with a diagnosis within their current stay. For all the selected conditions, primary and secondary diagnosis information was analysed. *Note that patients can have more than one condition and diagnosis information was missing entirely for 272 patients.*

Condition	Age Group		
	18-39	40-64	65+
Dementia	*	77	972
Schizophrenia	318	483	136
Depression	55	110	141
Learning Disabilities	103	116	11
Personality Disorders	74	81	17

\*suppressed due to small numbers

## Adult patients with diagnoses of specific conditions



- 93% of Dementia patients were aged 65+. Dementia patients accounted for more than half (972, 59%) of all patients aged 65 or over.
- More than a third (318, 34%) of adult patients with Schizophrenia were aged 18-39. More than half (483, 52%) were aged 40-64 while 136 (15%) were aged 65+.

## Drugs and alcohol

There were also some patients in the census who had a (primary or secondary) diagnosis for either Alcohol misuse or Drug misuse within their current stay. The figures are presented in the following tables, *although it should be noted that this is likely to be an undercount as a secondary diagnosis information was only returned for around 12% of adults with a primary diagnosis recorded in the census:*

Selected conditions	Age Group			
	18-39	40-64	65+	All adults
Alcohol misuse	39	101	60	200

Selected conditions	Age Group		
	18-39	40+	All adults
Drug misuse*	77	53	130

\*Only a small number of adults are in the 65+ age group

- There were 200 patients with a diagnosis of alcohol misuse, around 1 in 20 (5%) of all patients in the census.
- 50% of alcohol misuse patients were aged 40-64.
- There were 130 patients with a diagnosis of drug misuse, around 1 in 30 (3%) of all patients in the census.
- The majority of drug misuse patients (59%) were aged 18-39.

## Physical Co-morbidities

Only 6 NHS Boards recorded patients' diagnoses of other physical health conditions in the census, and for some of these boards the numbers are very small which suggests that physical health diagnosis were under recorded. In this report, therefore, we are unable to present accurate results on other health problems experienced by mental health, addiction and learning disability patients. The Scottish Government will work towards improving this data with the NHS Boards in the coming year due to the importance of being able to understand the mental health and physical health of our patients and the implications for service planning.

## Source of referral

Information on the source from which the patients were referred to hospital was also gathered in the census:

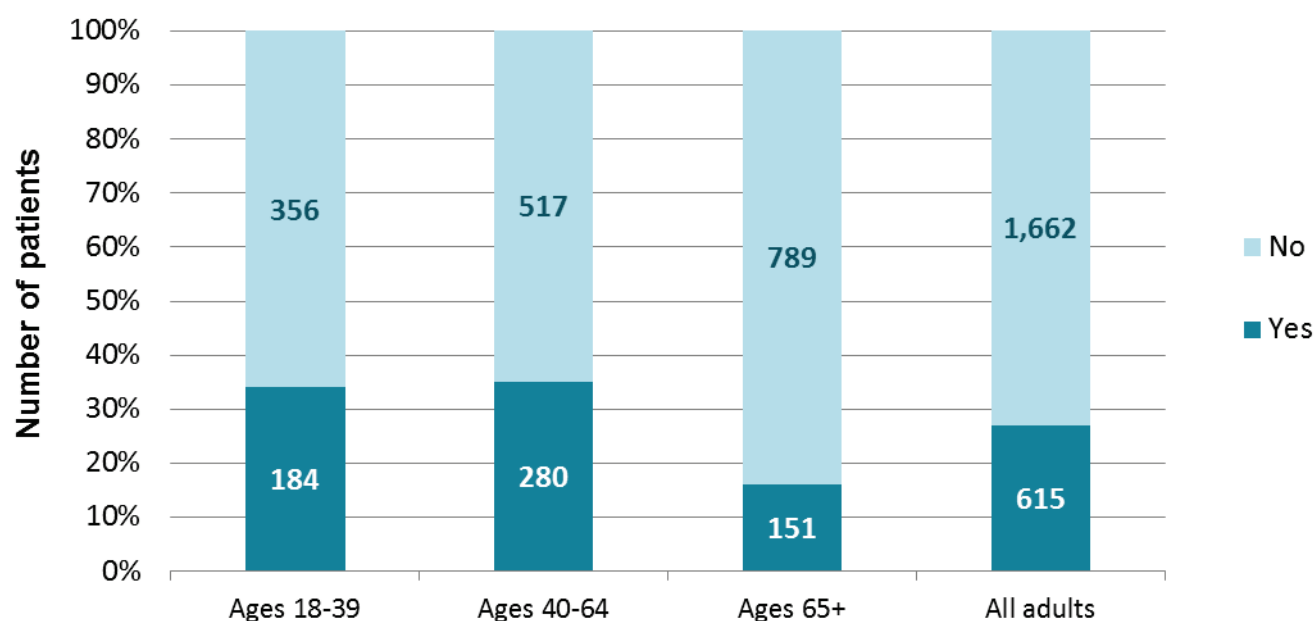
Source of referral	Age Group			
	18-39	40-64	65+	All adults
Community Mental Health Service / Out-Patients	249	448	530	1,227
Direct Transfer from other Psychiatric Inpatient Care	194	390	485	1,069
GP	55	82	214	351
Referral from Non-Psychiatric Inpatient Care	37	68	151	256
Crisis Service	61	86	23	170
A&E Department (not admitted to an A&E Ward)	39	74	31	144
Other	201	207	188	596
Not Known	6	14	26	46
<b>All</b>	<b>842</b>	<b>1,369</b>	<b>1,648</b>	<b>3,859</b>

- More than a third of patients (38%) were referred to hospital from a community mental health service.
- 28% (1,069) of adult patients were recorded as being referred to hospital from a direct transfer from other psychiatric inpatient care. Note that this may be an over count due to some NHS boards including some patients being transferred from another ward in the hospital in this category. Further work on the guidance for this question in the census will be carried out in 2015.
- There were 351 adult referrals from a GP (around 1 in ten patients). Of these, 214 patients (61%) were for older people.
- 'Other' referral sources include Prison/Penal Establishment, Domiciliary Visit, Judicial (Court), Transfer within the same NHS Board - Specialty Not Known, Local Authority/Voluntary Agency, Police Station/Custody Suite and NHS 24.

## Crisis Contacts prior to admission

A “Crisis Contact” is a contact a patient has had with a dedicated Crisis Team / Service. These teams / services provide a period of treatment of an acute psychiatric episode by staff with a specific remit to deal with such situations, in and beyond ‘office hours’. This can include alternatives to admission through intensive interventions to support patients in their own environment.

### Adult patients in hospital for less than one year, crisis contacts prior to admission



Note: Excludes 132 patients for whom crisis contact information was unknown.

- Around 1 in 4 (27%) adult patients in the census who had been in hospital for less than a year had had at least one crisis contact prior to admission.
- This figure was highest for the 18-39 (34%) and 40-64 (35%) age groups.

## Who makes the decision to admit patients?

Service Decision to admit	Age Group			
	18-39	40-64	65+	All adults
Community Mental Health Service	290	531	782	1,603
Liaison Psychiatry	115	173	127	415
Primary Care Mental Health Service	74	118	159	351
Consultant	30	59	135	224
Crisis Service	73	94	27	194
Missing / not known	200	324	292	816
Other	60	70	126	256
<b>All</b>	<b>842</b>	<b>1,369</b>	<b>1,648</b>	<b>3,859</b>

For those patients for whom it was known which service made the decision to admit them to hospital, over half (1,603, 53%) were admitted on the basis of a decision of a Community Mental Health Service. Around 14% (415) of known cases were admitted as a result of a decision from Liaison Psychiatry.

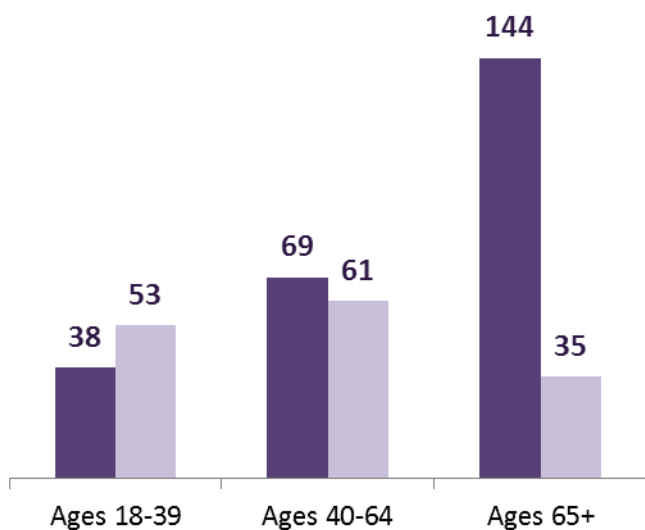
## Delayed Discharges

A 'delayed discharge' is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning the patient's discharge and who continues to occupy a bed beyond the ready for discharge date.

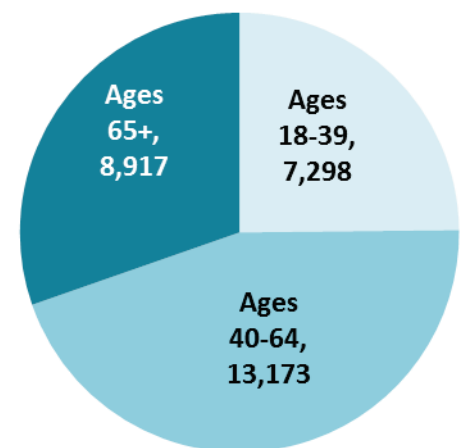
In total there were **251 adult patients in the census who had a delayed discharge, and 29,388 bed days lost as a result**. The following charts show that, while the majority of patients with a delayed discharge are elderly, the actual bed days lost as a result of delayed discharges is mostly from younger adults:

### Delayed discharges (number of patients and median number of days per patient)

■ Number of patients ■ Average (median) number of days



Total number of bed days lost



- 144 mental health, addiction and learning disability patients aged 65+ had a delayed discharge. This is 57% of all delayed discharge patients in the census.
- However the 65+ age group only accounted for 30% of all bed days lost as a result of delayed discharge: patients aged 40-64 made up 45% of bed days lost while those aged 18-39 accounted for 25%.
- This is because the delays for patients aged between 18 and 64 tend to be longer than the delays for older people. The average (median) delay for patients aged 65+ was 35 days. This compares with 61 days for patients aged 40-64 and 53 days for those aged 18-39.

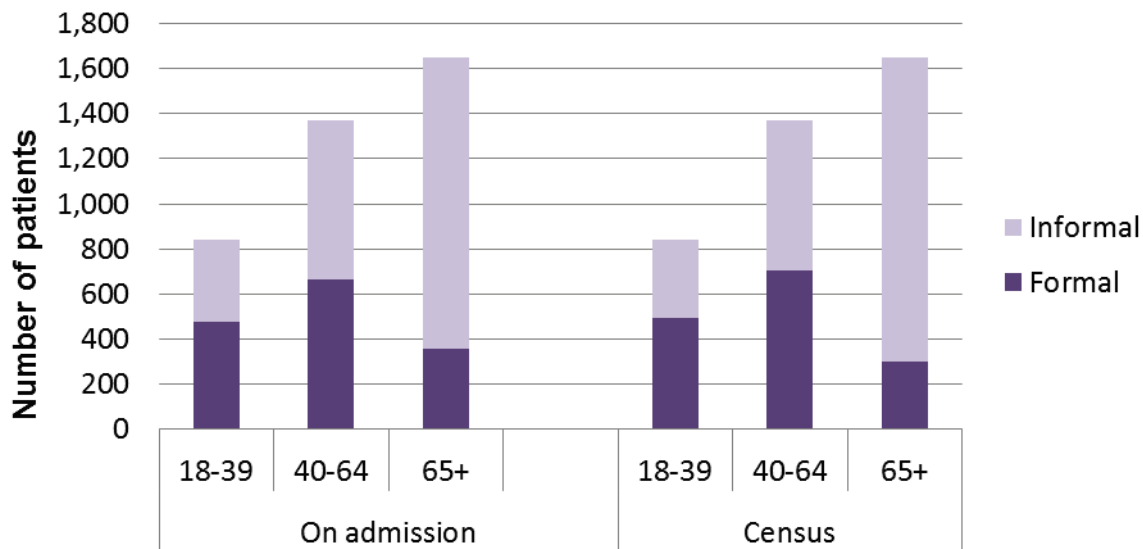
## Status of patient

A patient had a “**formal**” status if they were being detained under the Mental Health Act 2003. The following chart and table shows the status of adult patients, at both admission and as at the census date.

Status of patient:	On admission			Census date		
	Formal	Informal	All	Formal	Informal	All
18-39	478	364	842	495	347	842
40-64	665	703	1,369	702	667	1,369
65+	356	1,292	1,648	298	1,350	1,648
<b>All adults</b>	<b>1,499</b>	<b>2,359</b>	<b>3,859</b>	<b>1,495</b>	<b>2,364</b>	<b>3,859</b>

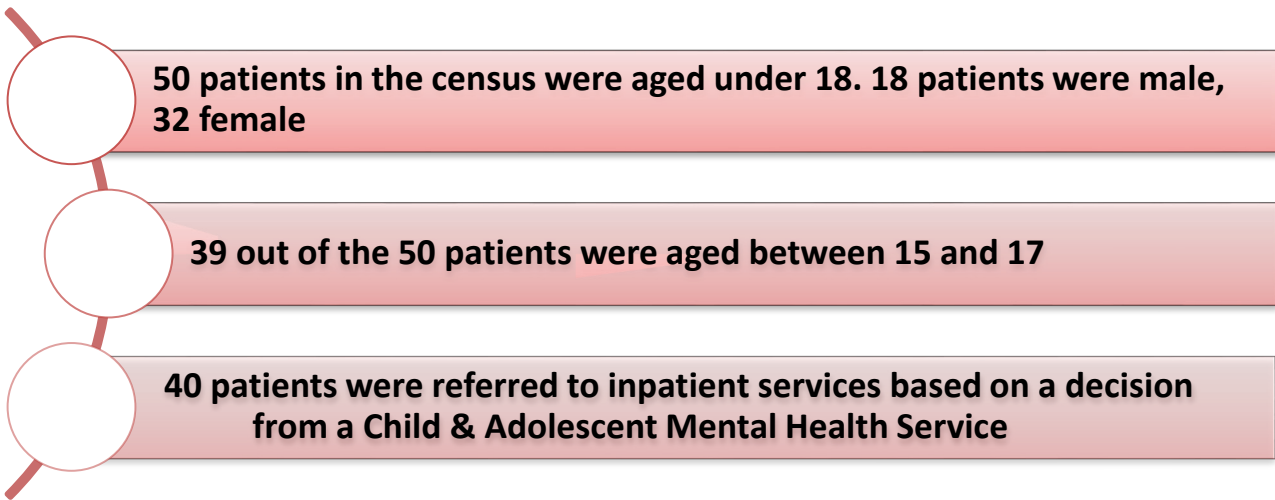
\*status on admission information is missing for one client

### Status of patients (on admission v census date)



- Patients in the 65+ age group were least likely to have a “formal” status” (18% as at the census date).
- More than half of patients in the 18-39 age group (59%) and the 40-64 age group (51%) had a “formal” status at the census date.
- For the 18-39 and 40-64 age groups, there were more patients with a “formal” status at the census date than on admission. The reverse was true for the 65+ age group.

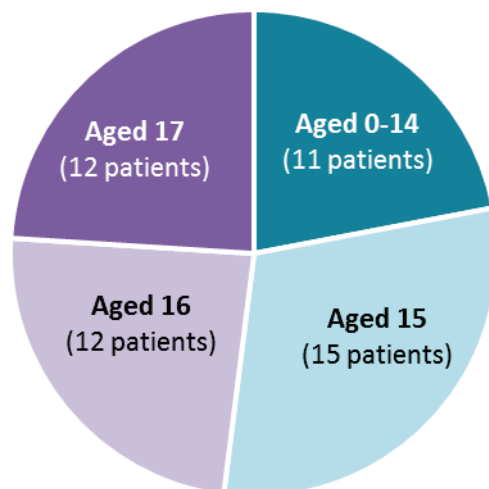
## 1(c). Children and young people (all patients aged under 18)



This section of the report looks at patients in the census aged under 18, regardless of whether they receive a Child & Adolescent Mental Health Service (CAMHS). The total patient population is smaller than that described in other sections of the report, so information on young patients is presented at a high level only.

- There were 50 mental health, addiction or learning disability inpatients aged under 18 in the October census.
- These patients are mostly aged 15 to 17 (39 out of 50 patients).
- These patients were mostly treated in Regional Services located in NHS Greater Glasgow & Clyde, NHS Lothian and NHS Tayside.
- Four additional NHS Boards returned data on a very small number of patients aged under 18, while six boards (excluding NHS Orkney and NHS Shetland) did not return any data on under 18s.

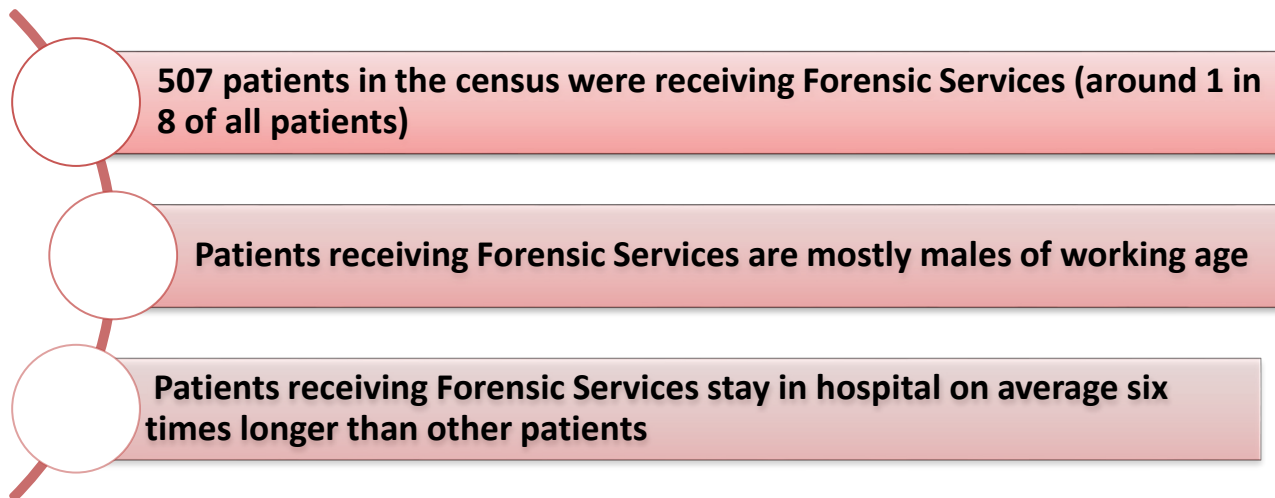
### Young patients: age breakdown





- Of the 50 patients aged under 18 at the census, **18 were male and 32 were female**. This is a reversal of the trend for working age adults (65% male).
- 38 out of the 50 patients were in a **Children or Young People's Unit**. There were 10 patients aged 16 or 17 who were recorded as being in the same ward as patients aged 18 or over.
- 38 out of the 50 patients were seen by a consultant who specialized in **Child and Adolescent Psychiatry** (other specialties include General Psychiatry and Learning Disability).
- 40 out of the 50 patients were referred from a **Child & Adolescent Mental Health Service (CAMHS)** (Others include Community Mental Health Service and Crisis Service).
- At the **time of admission**, 22 patients had a **"formal"** status, meaning they were being detained under the Mental Health Act 2003. 28 patients had an **"informal"** status. As **at the census date**, 24 patients had a **"formal"** status, and 26 patients had an **"informal"** status.
- The average (median) number of **days since admission** at the time of the census for young people was 63 days (2 months & 3 days).

## 2. Additional analysis: Patients receiving forensic services



Forensic psychiatry is a specialised branch of clinical psychiatry which relates to mentally disordered offenders and others with similar problems. For the purpose of the analysis contained in this section, forensic patients were identified if NHS Boards indicated 'yes' to the following census question: *is the patient being managed primarily by forensic services?*

**507 patients were primarily managed by Forensic Services** in the October census.

It should be noted that NHS Greater Glasgow & Clyde, NHS Lothian and NHS Tayside contain Forensics Regional Units which provide services to patients from other NHS Boards. NHS Fife also provide a low secure Learning Disability (Forensic) Regional Unit for the treatment of patients from other NHS boards. The State Hospital (a Special NHS Board), provides a National Service (including for Northern Ireland).

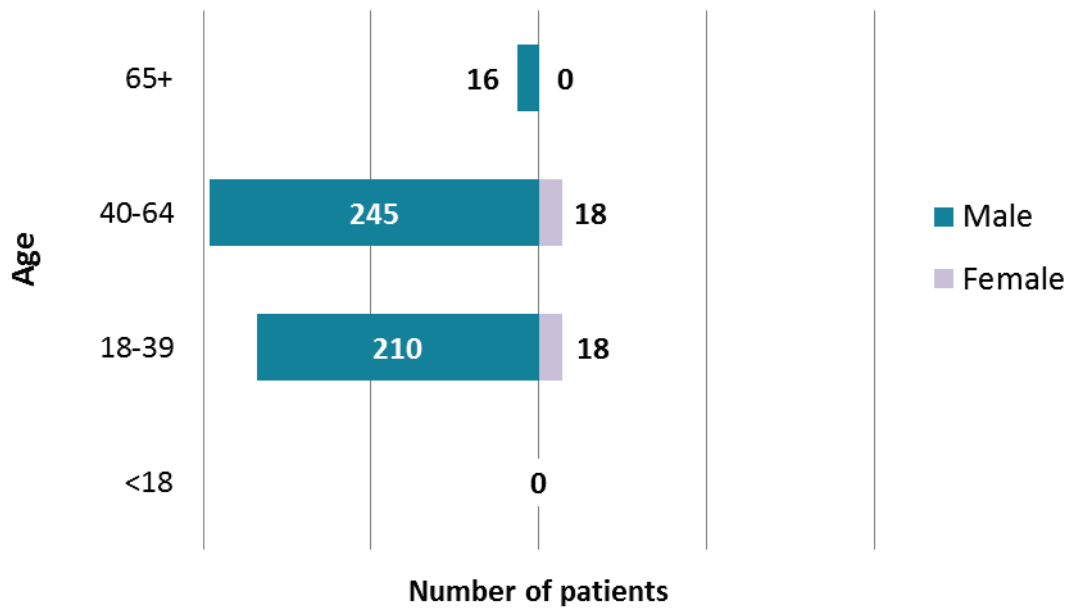
NHS Board of Treatment	Number of Patients
NHS Ayrshire & Arran	*
NHS Borders	0
NHS Dumfries & Galloway	0
NHS Fife	31
NHS Forth Valley	20
NHS Grampian	42
NHS Greater Glasgow & Clyde	128
NHS Highland	*
NHS Lanarkshire	19
NHS Lothian	65
NHS Tayside	65
NHS Western Isles	0
State Hospital	121
<b>Scotland</b>	<b>507</b>

\*suppressed due to small numbers

## Age and Gender

The following chart shows that the large majority of patients receiving forensic services are working age males:

**Patients receiving Forensic Services, by age and gender**

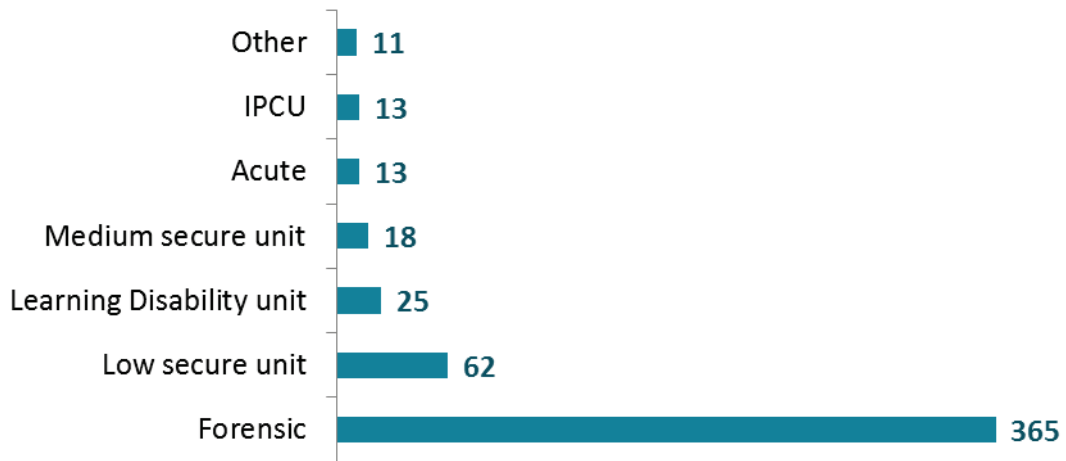


- 93% (471) of all patients receiving Forensic Services were male at the October census.
- There were 36 female patients receiving Forensic Services. These were all aged between 18 and 64.
- There were 16 males aged 65 and over receiving Forensic Services.
- There is no specialist 'older adult forensic' or 'older adult learning disability forensic' inpatient provision in Scotland, so those patients whose needs are better met on older adult wards transfer there and then come under the care of older adult services (even if forensic services continue to liaise).

## Ward Type

The following chart shows the number of patients receiving Forensic Services by ward type:

### Patients receiving Forensic Services, by type of ward



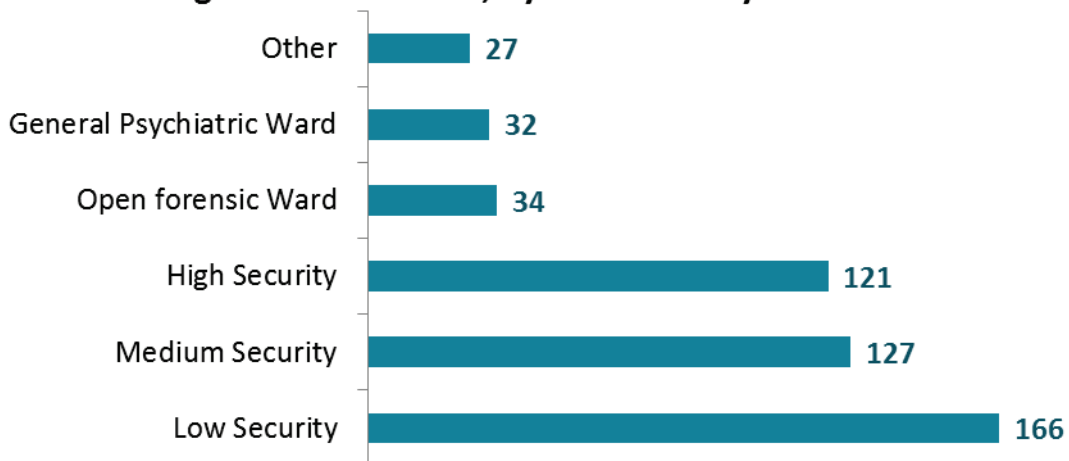
- Just under three quarters (365, 72%) of patients receiving Forensic Services were in a Forensic ward.
- Around one in eight (62, 12%) were in a Low Secure Unit.
- Around one in twenty (25, 5%) were in a Learning Disability Unit.

As part of the review of the first census, the options under ‘ward type’ will be reviewed to try and remove ‘ward security level’ terminology in order to avoid any confusion when comparing ‘ward type’ with ‘ward security level’.

### Ward Security Level

The following chart shows the number of patients receiving Forensic Services, by the security level of their ward:

#### Patients receiving Forensic Services, by ward security level

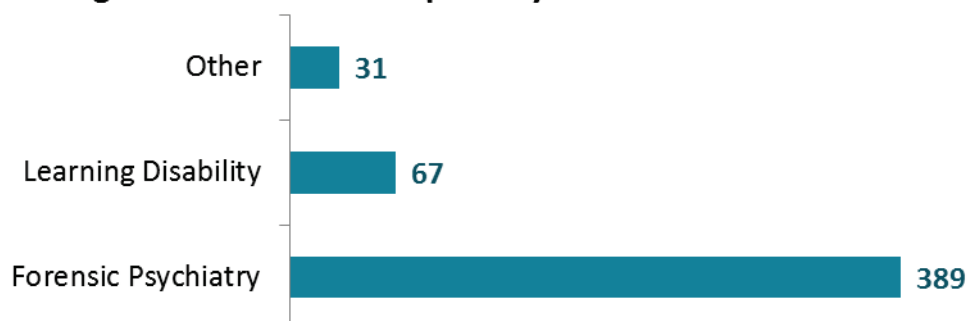


- Around one in three patients receiving Forensic Services were in a Low Security ward.
- Medium Security and High Security wards each accounted for around one in four forensic patients, and combined accounted for half.
- 6% of Forensic patients were in a General Psychiatric Ward. This compares with 80% of all mental health, addiction or learning disability patients.

## Specialty of Consultant

Forensic psychiatry is one of several consultant specialties which oversee the care and treatment of forensic patients.

### Patients receiving Forensic Services - specialty of consultant



Excludes 20 patients in Forensic Services with missing specialty of consultant data.

- Just over three quarters (389, 77%) of patients receiving Forensic Services were seen by a specialist Forensic Psychiatrist.
- 67 patients (13% of all receiving Forensic Services) were seen by a consultant whose specialty was Learning Disabilities.

## Length of stay in hospital

The tables below show that patients receiving Forensic Services are more likely to stay in hospital for a longer period of time than other mental health, addiction and learning disability patients:

Days since admission	Patients
Less than 2 weeks	13
At least 2 weeks, less than 1 month	10
At least 1 month, less than 3 months	37
At least 3 months, less than 6 months	36
At least 6 months, less than 1 year	57
At least 1 year, less than 5 years	221
5 years or more	133

Group	Average (median) number of days since admission	Approx. number of years / months
Patients receiving Forensic Services	743	2 years, 0 months
Other Mental Health, Addiction and Learning Disability patients	124	4 months

- More than two thirds (354, 70%) of patients receiving Forensic Services had been in hospital for more than a year.
- The average (median) time since admission at the census for patients receiving Forensic Services was around 2 years.

- Length of stay for patients receiving Forensic Services will be influenced by the fact that around 50% of them are in a Medium Security or a High Security ward.
- This compares with the average time since admission of just over 4 months for other mental health, addiction and learning disability patients (i.e. those who *don't* receive Forensic Services).

### 3. Methodology & further information

#### Time period and scope

The Mental Health & Learning Disability Bed Census, was carried out by the Scottish Government and NHS Boards as at midnight, 29 October 2014.

The census covered:

- every patient occupying a psychiatric, addiction or learning disability inpatient bed in an NHS Scotland facility on the census date (midnight at the end of 29th October 2014).
- every mental health, addiction or learning disability patient whose care is funded by NHS Scotland, but is being treated in a facility that is out with NHS Scotland (e.g. in a local authority care home, in a private hospital, in a NHS England facility), on the census date (midnight at the end of 29<sup>th</sup> October 2014).

The census guidance notes are available here:

<http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/MHandLD>

#### Data completeness

##### NHS Scotland facilities

All 12 NHS Scotland territorial boards which have psychiatric, addiction or learning disability inpatient beds provided a return.

The State Hospital (Special NHS Board) provided a return.

Data completeness for individual census questions varied. Where there was missing data, this has been footnoted against the corresponding table or displayed in the chart.

##### Patients treated outwith NHS Scotland

The completeness of this dataset will be reported on in it's corresponding publication due later in 2015.

#### Data collection

The Scottish Government's Scotxed Unit provide data collection and validation support for a number of statistical returns across Education, Health, Social Care, Social Work, Transport, Housing, Communities, Finance, Justice, Environment and some 3<sup>rd</sup> Sector. The Scotxed Unit provided secure data collection software (procxed.net) and first stage data validation checks. Further information about the data collection software can be found in the Privacy Impact Assessment which is available here:

<http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/MHandLD>.

Health Analytical Services Division undertook 2<sup>nd</sup> stage validation checks.

The data collection, analysis and report has been overseen and produced by statisticians. All statistics branches in the Scottish Government are part of the Government Statistical Service (GSS) which comprises the statistics divisions of all major departments in the UK, Scotland and Wales plus the [Office for National Statistics](#), which has a coordinating role.

## Data confidentiality

A Privacy Impact Assessment was undertaken prior to the census which outlines how patient confidentiality is maintained. The Privacy Impact Assessment is available here: <http://www.gov.scot/Topics/Statistics/Browse/Health/DataSupplier/MHandLD>.

In addition, statistical disclosure control has been applied to the analysis. **Statistical Disclosure Control** (SDC) covers a range of ways of changing data which are used to control the risk of an intruder finding out confidential information about a person or unit (such as a household or business). This publication has used the following methods where there are under 10 patients in a particular category:

- **Suppression** of possibly disclosive cells (e.g. where the value is small) which means that the value for that cell in the table is not given and secondary suppression of cells which means at least one other value in the row or column is also not given to ensure that disclosive cells can not be deduced through subtraction;
- **Table redesign and recoding**, where cells are grouped together to protect small value cells.

Further information about Statistical Disclosure Control is available here: <http://www.gov.scot/Topics/Statistics/About/Methodology/Glossary>

## Health Conditions

The International Classification of Diseases (10<sup>th</sup> Revision)<sup>6</sup> has been used in the analysis for specific health conditions. The health condition and relevant ICD-10 code can be found in the following table:

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<sup>6</sup> <http://www.who.int/classifications/icd/en/>



Selected health conditions	ICD-10 Codes
Dementia	F00 – F03
Schizophrenia	F20
Depression	F32 – F33
Learning Disabilities	F70 – F73 and F78 – F79
Personality Disorders	F60 – F66 and F68 – F69
Drug misuse	F11 – F19
Alcohol misuse	F10

## Forensic patients

Forensic patients were identified if NHS Boards indicated ‘yes’ to the following census question: *is the patient being managed primarily by forensic services?*

## Access to the data for further research

To enable further research and statistical analysis, extracts of the Mental Health and Learning Disability Inpatient Bed Census data may be made available for approved researchers from late 2015.

Academic researchers must initially apply to the ‘*Public Benefit and Privacy Panel for Health and Social Care*<sup>7</sup>’ to gain access to the Mental Health and Learning Disability Inpatient Bed Census data. If the ‘*Public Benefit and Privacy Panel for Health and Social Care*’ approve an application then a copy of the original application form and a copy of the approval letter should be emailed to the following address [SWStat@scotland.gsi.gov.uk](mailto:SWStat@scotland.gsi.gov.uk) for approval by the Scottish Government (Health Analytical Services Division and the Principal Medical Officer for Mental Health).

NHS Boards will have a version of the Mental Health and Learning Disability Inpatient Bed Census dataset which contains information about patients for whom they are responsible for providing treatment for, or are responsible for funding. NHS boards will have their own arrangements in place for researchers to access health data. All Boards have a Caldicott Guardian who is responsible for assuring confidentiality and enabling appropriate data sharing, and a director responsible for research and development.

<sup>7</sup> <http://www.informationgovernance.scot.nhs.uk/>

## 4. Other sources of mental health, addiction and learning disability statistics

### NHS National Services Scotland, ISD Scotland

#### SMR04 - mental health (psychiatric) hospital inpatients and day cases

Information on mental health (psychiatric) hospital inpatients and day cases is collected by the Information Services Division (ISD) of NHS National Services Scotland in Scottish Morbidity Record 04 (SMR04). An SMR04 record should be submitted for every episode of inpatient or day case care in a mental health specialty in a psychiatric hospital or unit, or in a facility treating people with learning disabilities. The Scottish Government (Health Analytical Services Division) and ISD worked together to use the information collected in SMR04 to help quality assure the results of the bed census.

The May 2015 report [Mental Health Hospital Inpatient Care: Trends up to 31 March 2014](#) presents long-term trends in annual numbers of psychiatric admissions, discharges, continuous inpatient stays, patients and hospital residents at 31 March 2014. It includes definitions of these five parameters and background information on the SMR04 dataset and its completeness.

#### SMR01 – inpatients and day cases in acute specialties

In addition to the SMR04 recording scheme for inpatients and day cases cared for in mental health specialties, activity for patients with mental and behavioural disorders cared for in acute (general hospital) specialties is recorded on the SMR01 scheme.

<http://www.isdscotland.org/Health-Topics/index.asp>

#### ISD(S)1 – outpatient attendances

Psychiatric outpatient attendances are recorded on the ISD(S)1 scheme (aggregated summary statistics on activity in hospitals and other health care settings in Scotland). Outpatient information can be found on the ISD website at Hospital care – Outpatient activity. Diagnostic information is not available from ISD(S)1 (or from the SMR00 outpatient appointment/attendance record scheme).

<http://www.isdscotland.org/Health-Topics/index.asp>

#### Other ISD Scotland sources and information

Information on the following topics which include mental health data is also available on the Mental Health section of the ISD website: <http://www.isdscotland.org/Health-Topics/index.asp>

- Child health
- General Practice
- Health and social community care
- Psychiatric bed provision
- SPARRA MD (Scottish Patients at Risk of Readmission and Admission Mental Disorder) report
- Substance misuse.

In addition, the following are available under Mental health – Related publications:

- Adult mental health benchmarking
- Alcohol related discharges from psychiatric hospitals
- Child and adolescent (CAMHS) benchmarking
- Child and Adolescent Mental Health Services (CAMHS) waiting times
- Child and Adolescent Mental Health Services (CAMHS) workforce
- Dementia
- Electroconvulsive therapy (ECT)
- Medicines for mental health
- Psychological therapies waiting times
- Psychology workforce.

Regarding data on community mental health, the Community Health Activity Data project is underway to develop a robust community health activity and cost dataset. Phase two will look at community mental health. A multi-disciplinary team dataset will be implemented alongside a Community Psychiatric Nurse (CPN) dataset.

### **ScotSID - suicide**

The Scottish Suicide Information Database (ScotSID) provides a central repository for information on all recent probable suicide deaths in Scotland, and links these deaths to records of prior health service contact including psychiatric inpatients (SMR04) and outpatients (SMR00).

### **ScotPHO**

The Scottish Public Health Observatory (ScotPHO) website includes a Mental health topic with extensive information on the background and policy context; and data on mental wellbeing and mental health problems for adults and children, specific conditions, vulnerable groups, deprivation, and international comparisons, etc. The ScotPHO website also includes a topic on Suicide which includes the background and policy context, and data on time trends.

## **Health Analytical Services Division (ASD), Scottish Government**

### **Scottish Health Survey Topic Report: Mental Health and Wellbeing**

This report, published in January 2015, explores factors associated with mental wellbeing and mental health among adults in Scotland using data from the Scottish Health Survey. Analyses are based on survey years 2012 to 2013.

<http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/Publications>

### **Social Care Survey**

Health Analytical Services Division collects data annually from local authorities on people who are in receipt of social care services e.g. personal care, Self-directed Support, Community Alarms, Telecare, Meals and Housing Support. The data collection includes data on people with dementia, mental health problems, learning disabilities and addictions (to name a few of the client groups). In the 2015 survey a new question was added to

include data on all those clients who during the survey year as a result of an assessment has an assigned social worker or a support worker who is provided or funded by the local authority. This includes: Community Care Social Work, Mental Health Social Work and Substance Misuse Social Work.

The latest publication can be found here: <http://www.gov.scot/Topics/Statistics/Browse/Health/Data/HomeCare#top>

Dataset guidance notes are available here: <http://www.gov.scot/Topics/Statistics/Browse/Health/SocialCareSurvey>

## **Scottish Consortium for Learning Disabilities (SCLD) and Health Analytical Services Division (Scottish Government)**

### **Scottish Learning Disabilities Statistics**

Every year, all local authorities in Scotland collect information on the numbers of people with learning disabilities and autism spectrum disorders in their area and send this information to the Scottish Consortium for Learning Disabilities. Information is collected on everyone who is known to the local authority - not just the people who are using services. A range of data is collected, topics include: housing, care, employment, and education.

The latest publication can be found here: <http://www.sclد.org.uk/learning-disability-statistics-scotland/statistics/>

The full dataset guidance notes are available here: <http://www.sclد.org.uk/learning-disability-statistics-scotland/data-guidance/>

## **Health Analytical Services Division (Scottish Government), Care Inspectorate and ISD Scotland**

### **Scottish Care Home Census**

This census was first issued by the Scottish Government in March 2003 and replaced two previous surveys. It combined the former 'Residential Care Home Census - R1' (run by the Scottish Government) and the 'Private Nursing Homes Census' (run by ISD Scotland). From 2010, the census has been run in collaboration between Health Analytical Services Division, Care Inspectorate and ISD Scotland.

There are three sectors responsible for running care homes: local authority/NHS, private and voluntary sector. The census covers all adult care homes, which are registered with the Care Inspectorate, from these three sectors. This includes care homes for older people, care homes for people with learning disabilities, care homes for people with addictions and care homes for people with mental health problems.

The latest publication can be found here: <http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Care-Homes/Census/>

The guidance notes can be found here:

<http://www.gov.scot/Topics/Statistics/Browse/Health/ScottishCareHomeCensusB>

## **Mental Welfare Commission for Scotland**

The Mental Welfare Commission for Scotland aims to ensure that care, treatment and support are lawful and respect the rights and promote the welfare of individuals with mental illness, learning disability and related conditions.

The Commission produces annual statistical monitoring reports based on an independent overview of the operation of the Mental Health (Care & Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000. This is a legal requirement.

The Commission receives notifications of most interventions under the Mental Health (Care & Treatment) (Scotland) Act 2003. It uses these to report on how the Act is used and to monitor trends over time and geographical variations. A range of data is held, including emergency detentions and short term detentions under the Act, for which certificates are issued. These detentions include cases of *formal admission to hospital*, about which each NHS board notifies the Commission.

## **Differences between SMR04, Census and Mental Welfare Commission for Scotland data**

Formal admission records on the SMR04 and the census, mental health inpatient record scheme will overlap with the Commission's records on emergency and short term detention certificates which relate to hospital care. However most SMR04 records relate to informal admissions, which the Commission does not routinely record the Commission's records include those relating to formal community-based care as well as hospital-based care. SMR04 and the census is purely for hospital care.

It is therefore not advisable to try and compare the SMR04 and the census with the Mental Welfare Commission for Scotland's data.

## **Scotland Census 2011, National Records of Scotland**

The Scotland census included a question on the number of people who consider themselves to have a 'learning disability', 'development disorder' or a 'mental health condition' who live in the household in 2011.

*Do you have any of the following conditions which have lasted, or are expected to last, at least 12 months?*

*(Selected items from list)*

- *Learning disability (for example, Down's Syndrome)*
- *Developmental disorder (for example, Autistic Spectrum Disorder or Asperger's Syndrome)*
- *Mental health condition*

Full questionnaire is available at the following link:

<http://www.scotlandscensus.gov.uk/glossary/census-questionnaire-2011>

Census Publications:

<http://www.scotlandscensus.gov.uk/en/censusresults/>

## Annex A. NHS Scotland facilities containing wards covered by the census

\*Some data on number of patients has been suppressed due to small numbers at Hospital level.

\*\*Some wards within hospitals have recorded a higher number of patients than available beds. This can be for a variety of reasons:

- a patient could be "on pass" and not staying overnight at the hospital
- a ward may temporarily borrow an extra bed from another ward to meet demand
- a ward may temporarily house patients from another ward due to renovations being carried out in that ward

NHS Board	Hospital	Patients	Available beds	Bed occupancy
NHS Ayrshire & Arran	Ayrshire Central Hospital	11	33	33%
	Crosshouse Hospital	33	46	72%
	Ailsa Hospital	126	176	72%
	Arrol Park Resource Centre	12	19	63%
	East Ayrshire Community Hospital	16	25	64%
NHS Borders	Galavale Hospital	11	12	92%
	Borders General Hospital	48	53	91%
NHS Dumfries & Galloway	Allanbank	*	*	*
	Darataigh	*	*	*
	Midpark Hospital	64	85	75%
NHS Fife	Whytemans Brae Hospital	21	29	72%
	Stratheden Hospital	137	180	76%
	Queen Margaret Hospital	67	102	66%
	Lynebank Hospital	31	35	89%
NHS Forth Valley	Bo'ness Hospital	15	16	94%
	Bellsdyke Hospital	55	66	83%
	Stirling Community Hospital	18	18	100%
	Lochview Hospital	25	26	96%
	Clackmannanshire Community Healthcare Centre	19	20	95%
	Forth Valley Royal Hospital	85	94	90%
NHS Grampian	Glen O' Dee Hospital	*	*	*
	Royal Cornhill Hospital	246	277	89%
	Inverurie Hospital	11	14	79%
	Fraserburgh Hospital	*	*	*
	Seafield Hospital	*	*	*
	Rehabilitation Hospital	*	*	*
	Pluscarden Clinic	20	20	100%
	375 Great Western Lodge	*	*	*
	Elmwood	15	18	83%
NHS Greater Glasgow & Clyde	Dumbarton Joint Hospital	*	*	*

	Vale of Leven Hospital	16	18	89%
	Ravenscraig Hospital	45	46	98%
	Inverclyde Royal Hospital**	29	28	104%
	Dykebar Hospital	57	57	100%
	Royal Alexandra Hospital	36	39	92%
	Larkfield Unit	19	20	95%
	Blythswood House	16	16	100%
	Parkhead Hospital	58	58	100%
	Stobhill Hospital	138	157	88%
	Leverndale Hospital	212	226	94%
	Mansionhouse Unit	44	46	96%
	Rowantree Nursing Home	36	48	75%
	Darnley Court Nursing Home	30	30	100%
	Gartnavel Royal Hospital	200	210	95%
	Birdston Nursing Home	51	53	96%
	Waterloo Close	*	*	*
	Netherton	*	*	*
	Rowanbank	70	74	95%
	Skye House	24	24	100%
NHS Highland	Argyll & Bute Hospital	20	30	67%
	Migdale Hospital	11	12	92%
	St Vincent's Hospital	*	*	*
	New Craigs Hospital Inverness	124	137	91%
	Mid-Argyll Community Hospital	*	*	*
NHS Lanarkshire	Coathill Hospital	30	32	94%
	Monklands Hospital**	25	24	104%
	Cumbernauld Care Home	29	52	56%
	Cleland Hospital	30	30	100%
	Hatton Lea Care Home	70	90	78%
	Kirklands Hospital	*	*	*
	Airbles Road Centre	*	*	*
	Hairmyres Hospital	47	55	85%
	Udston Hospital	18	60	30%
	Caird House	27	27	100%
	Wishaw General Hospital	49	52	94%
NHS Lothian	Herdmanflat Hospital	12	12	100%
	Royal Edinburgh Hospital	368	387	95%
	Tippethill Hospital	30	30	100%
	St John's Hospital	98	108	91%
	Ferryfield House	24	25	96%
	Primrose Lodge	*	*	*
	Glen Lomond	*	*	*
	Camus Tigh	*	*	*
	Dunedin	*	*	*
	Ellen's Glen House	26	30	87%
	Findlay House	23	25	92%



	Midlothian Community Hospital	47	48	98%
	Murraypark Nursing Home	18	18	100%
NHS Tayside	Strathmartine Hospital**	28	26	108%
	Dudhope House	*	*	*
	Murray Royal Hospital	125	169	74%
	Arbroath Infirmary	*	*	*
	Stracathro Hospital	47	52	90%
	Whitehills Hospital	*	*	*
	Crieff Community Hospital	*	*	*
	Carseview Centre	51	62	82%
	Kingsway Care Centre	50	59	85%
NHS Western Isles	Western Isles Hospital	18	19	95%
State Hospital	State Hospital, Carstairs	121	132	92%

As this is the first year of the census, the data collection systems and quality assurance processes in place are still being developed and therefore the statistics shown here should not be considered as National or Official Statistics, but are data under development.

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### **How to access background or source data**

The data collected for this statistical bulletin may be made available on request, subject to consideration of legal and ethical factors. Please contact [swstat@scotland.gsi.gov.uk](mailto:swstat@scotland.gsi.gov.uk) for further information.

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ISBN 978-1-78544-506-4 (web only)

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Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA  
PPDAS52447 (06/15)