

21 September 2017
SFR 101/2017

NHS Beds in Wales, 2016-17

Key points

- The average daily available NHS beds in 2016-17 was 10,857.
- Between 2015-16 and 2016-17, the total fell by 78 (0.7 per cent) and since 1996-97, the total has fallen by 4,726 (30.3 per cent).
- Between 2015-16 and 2016-17, the largest fall in available NHS beds was in the specialty old age psychiatry (down 61), followed by general surgery (down 39), whilst geriatric medicine (up 81) had the largest increase.
- Since 1996-97 the largest fall in available beds was in geriatric medicine (down 1,622), followed by Old Age Psychiatry (down 701), GP other than Maternity (down 663), and Learning Disability (down 632). Rehabilitation Service (up 439), Respiratory Medicine (up 237) and Cardiology (up 203) had the largest increases over this period. However, some of this change may be due to reclassifications of beds between specialties.
- The percentage occupancy in 2016-17 was 87.4 per cent.
- Between 2015-16 and 2016-17, the percentage occupancy increased by 0.5 percentage points from 86.9 per cent and since 1996-97, the percentage occupancy increased by 9.1 percentage points from 78.3 per cent.

10,857
Average daily
available beds in
2016-17



About this release

This annual release presents summary information, provided by the NHS Wales Informatics Service (NWIS), on bed use in Wales.

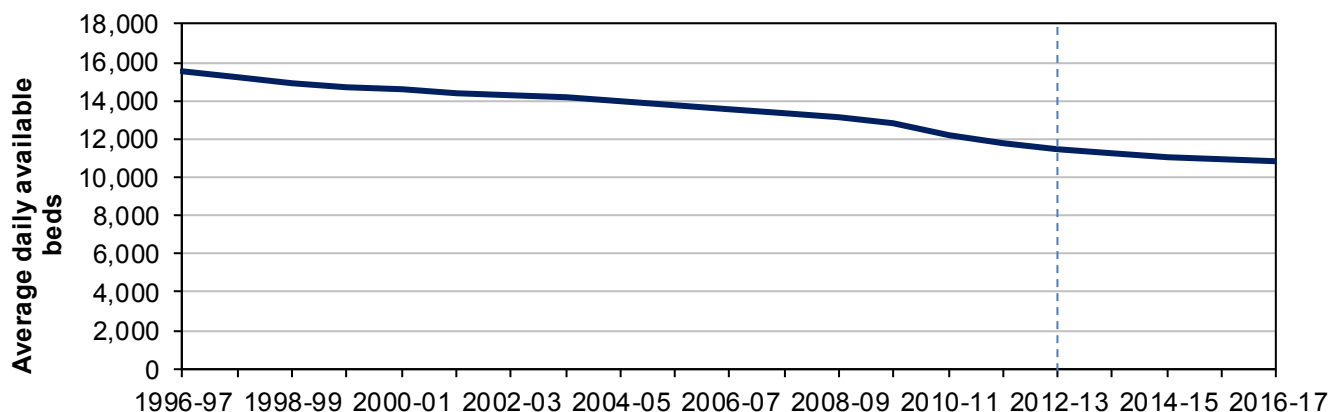
Data is presented at Wales and local health board (LHB) level for average daily available beds, average daily occupied beds and occupancy rates.

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Average daily available beds

Chart 1: Average daily available NHS beds, 1996-97 to 2016-17 (a)



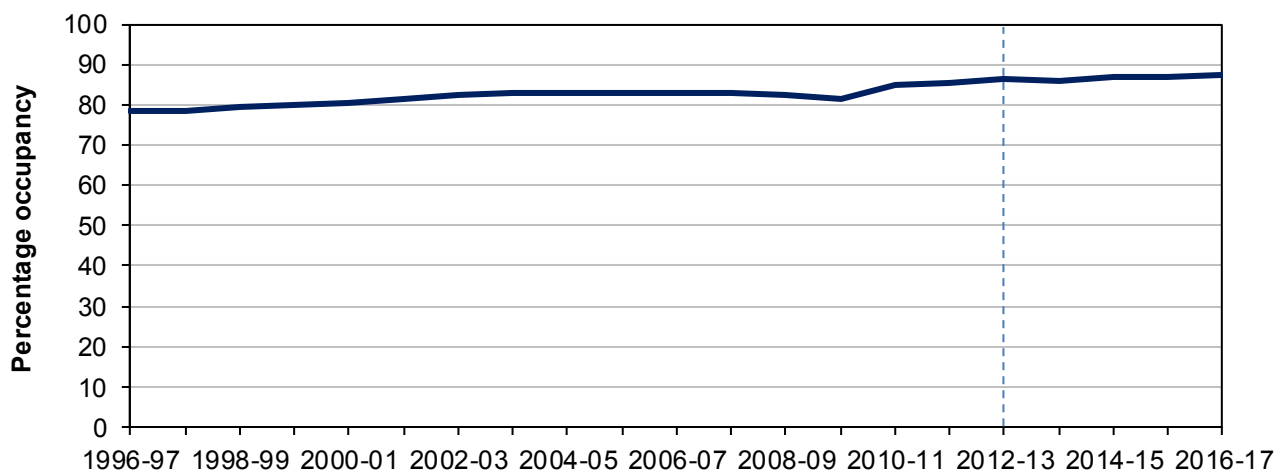
Source: QueSt 1 return, NWIS

(a) Methodology change in 2012-13, see [Key Quality Information](#)

Chart 1 shows that between 1996-97 and 2016-17, the average available beds has fallen each year. During this time there has been an overall decrease of 4,726 (30.3 per cent), from 15,582 beds to 10,857.

Percentage occupancy

Chart 2: Percentage occupancy, 1996-97 to 2016-17 (a)



Source: QueSt 1 return, NWIS

(a) Methodology change in 2012-13, see [Key Quality Information](#)

Overall since 1996-97, despite falls in some years, there has been a slight increase in the percentage occupancy. In 2016-17 the percentage occupancy was 87.4 per cent compared with 78.3 per cent in 1996-97, an increase of 9.1 percentage points.

Summary statistics

Table 1: Summary statistics by Local Health Board (a)

Local health board	Average daily available beds			Average daily occupied beds			Percentage occupancy (b)	
	2015-16	2016-17	Percentage change	2015-16	2016-17	Percentage change	2015-16	2016-17
	Betsi Cadwaladr University	2,300.9	2,249.3	-2.2	1,930.0	1,943.6	0.7	83.9
Powys Teaching	223.8	217.5	-2.8	183.4	180.6	-1.6	82.0	83.0
Hywel Dda University	1,153.3	1,218.4	5.6	1,028.8	1,068.8	3.9	89.2	87.7
Abertawe Bro Morgannwg University	2,299.1	2,265.7	-1.5	2,040.3	2,019.7	-1.0	88.7	89.1
Cwm Taf University	1,277.9	1,260.8	-1.3	1,066.0	1,060.5	-0.5	83.4	84.1
Aneurin Bevan University	1,830.6	1,812.2	-1.0	1,624.1	1,606.0	-1.1	88.7	88.6
Cardiff and Vale University	1,810.5	1,792.9	-1.0	1,599.9	1,578.3	-1.4	88.4	88.0
Velindre	38.8	40.0	3.0	32.5	35.2	8.5	83.6	88.0
Wales	10,934.7	10,856.7	-0.7	9,505.0	9,492.8	-0.1	86.9	87.4

(a) LHB figures may not sum exactly to Wales figures due to rounding.

(b) The proportion of average daily occupied beds to average daily available beds.

Source: QueSt 1 return, NWIS

- In Wales, as a whole, the average daily available and occupied beds decreased by 0.7 per cent and 0.1 per cent respectively between 2015-16 and 2016-17. During the same time period, percentage occupancy increased by 0.5 percentage points.
- The average daily available beds decreased between 2015-16 and 2016-17 in 6 out of the 8 local health boards/trusts in Wales. However, Hywel Dda and Velindre had an increase in beds during this time period.
- Percentage occupancy increased in five of the local health boards/trusts. Betsi Cadwaladr, Powys Teaching, Abertawe Bro Morgannwg and Cwm Taf health boards as well as Velindre NHS trust experienced an increase in percentage occupancy, whilst Hywel Dda, Aneurin Bevan and Cardiff and Vale University health boards experienced a decrease. Velindre had the largest increase (4.4 percentage points) and Hywel Dda had the largest decrease (1.5 percentage points) in percentage occupancy.

Table 2: Summary statistics by top 10 specialties

Specialty (a)	Average daily available beds			Average daily occupied beds			Percentage occupancy (b)	
	2015-16	2016-17	Percentage	2015-16	2016-17	Percentage	2015-16	2016-17
			change			change		
General Medicine	2,145.0	2,162.1	0.8	2,056.7	2,066.0	0.5	95.9	95.6
Geriatric Medicine	1,148.5	1,229.2	7.0	1,096.1	1,172.9	7.0	95.4	95.4
Trauma and Orthopaedics	939.7	928.8	-1.2	782.4	764.0	-2.4	83.3	82.3
General Surgery	908.1	869.3	-4.3	769.5	761.7	-1.0	84.7	87.6
Adult Mental Illness	748.8	739.5	-1.2	679.4	681.2	0.3	90.7	92.1
Old Age Psychiatry	716.0	655.0	-8.5	595.4	563.5	-5.4	83.2	86.0
Rehabilitation Service	620.2	604.0	-2.6	608.0	587.1	-3.4	98.0	97.2
Paediatrics	480.2	471.7	-1.8	274.2	269.4	-1.8	57.1	57.1
Obstetrics	392.2	390.6	-0.4	194.4	193.8	-0.3	49.6	49.6
Respiratory Medicine	320.5	323.0	0.8	291.6	295.4	1.3	91.0	91.5

(a) Only the top 10 specialties based on average daily available beds in 2016-17 are shown

(b) The proportion of average daily occupied beds to average daily available beds.

Source: QueSt 1 return, NWIS

Please note that some of the changes above may have been down to reclassification of beds between specialties.

- The top ten specialties in 2016-17 made up 77.1 per cent of Wales' average daily available beds.
- The specialty in 2016-17 with the largest average daily available beds was General Medicine, with 2,162 beds. In this specialty the percentage occupancy has decreased in 2016-17 by 0.3 per cent compared to 2015-16.

Key quality information

Relevance

The information presented in this release is derived from the QueSt 1 (QS1) return. The QS1 return, introduced in its current form in 1996, provides aggregate data on bed availability and occupation in NHS hospitals in Wales. In this release we compare current figures with figures for 1996-97 as this was the first financial year since the introduction of the QS1. Data are collected from individual local health boards in Wales by NHS Wales Informatics Service (NWIS) and are subject to validation checks centrally prior to publication. It is the responsibility of these organisations to ensure that the figures have been compiled correctly in accordance with central definitions and guidelines.

The QS1 return saw a change in January 2013, when the reporting of bed usage and clinic information went from being a quarterly requirement to a monthly one. QS1 data items that were able to be derived from other NHS Wales datasets (such as patient level datasets) were retired from this point onwards. The main impact of this change is that the data for deaths and discharges (used in calculations for average length of stay, turnover interval and bed use factor) will be derived from the [Patient Episode Database for Wales \(PEDW\)](#) for 2012-13 data onwards.

The amendments to the QS1 return in January 2013 have resulted in some changes to this beds release for 2013-14 onwards. Details of this and other relevant information about this dataset are provided below.

The data covers all beds in NHS hospitals in Wales.

Methodology

There is a different methodology for calculating the average annual available and occupied daily beds in order to take into account of the change from the reporting of quarterly QS1 information to monthly in January 2013. From 2013-14, the methodology is as follows:

Annual average daily available beds =

$$\frac{M1 + M2 + M3 + M4 + M5 + M6 + M7 + M8 + M9 + M10 + M11 + M12}{12}$$

Where M = Monthly data. The same methodology is applied to the annual average daily occupied beds.

In 2012-13, the methodology was:

$$\text{Annual average daily available beds} = \frac{Q1 + Q2 + Q3 + ((M10 + M11 + M12)/3)}{4}$$

In previous years, when the QS1 was collected quarterly the methodology was:

$$\text{Annual average daily available beds} = \frac{Q1 + Q2 + Q3 + Q4}{4}$$

Where Q = Quarterly data, M = Monthly data. The same methodology was applied to the annual average daily occupied beds.

Specialties

Each bed and patient attendance is classified by specialty. Information by specialty can be found on [StatsWales](#), and are aggregated to align with specialty groups presented in the [NHS Wales Data Dictionary](#). A number of specialties are excluded from the totals for average daily available beds, average daily occupied beds and percentage occupancy. These are: Special Care Baby Unit, High Dependency Care, Intensive Care, Paediatric Intensive Therapy Unit and Bone Marrow Unit. Data for these are included under the appropriate specialty. Beds data is also available for these specialties on StatsWales.

Mental health beds in Powys

From 1 April 2010, Powys Teaching LHB transferred mental health services to Aneurin Bevan LHB, Betsi Cadwaladr University LHB and Abertawe Bro Morgannwg University LHB. From 1 December 2015 the management of mental health services for Powys was transferred back to Powys from Abertawe Bro Morgannwg and Betsi Cadwaladr. This does not affect how the data is presented in this release or on StatsWales, as the data for the relevant hospitals affected by this in Powys have always been shown against Powys LHB (individually and in the LHB total), rather than against the LHB that the management of the service has been transferred to.

Accuracy and reliability

This data is not a sample, and should therefore include all relevant data.

Deaths and discharges (inpatients) data: This continues to be a shorter release than in previous years, because although information on average daily available beds and on occupancy rates is shown, it doesn't present data on average length of stay, turnover interval and bed use factor. These indicators are calculated using data on deaths and discharges, which as mentioned above, is no longer collected via the QS1 return, and now need to be derived from the Patient Episode Database for Wales (PEDW) for 2012-13 onwards. When carrying out more detailed analysis of the deaths and discharges data from PEDW in preparation for the 2012-13 release, data quality issues arose in relation to assessment unit (AU) activity reporting in QS1 and in PEDW and how this should be treated in the data. It was identified that there is inconsistency in the reporting of assessment units, with some LHBs reporting AU activity within their beds data, and others omitting them.

Each indicator noted above (average length of stay, turnover interval and bed use factor) needs to be calculated using a combination of deaths and discharges data from PEDW and bed data from QS1. However, for each LHB, the PEDW data needs to be matched to the QS1 data in order to ensure that AU activity is reported on the same basis. For example, if an LHB includes AU activity within the QS1 bed data, the PEDW data will need to be derived so that AU activity is included within the deaths and discharges figure, so that the indicator can be calculated on a consistent

basis. This exercise of matching the PEDW data to the QS1 data requires data quality work, and therefore this release only presents those indicators derived from QS1 alone, i.e. average available daily and occupied beds.

Despite the fact that this release only presents data from the QS1 return on average available daily and occupied beds, the quality assurance has highlighted that not all LHBs have reported AU activity in the same way for their beds data. Although this inconsistency in the reporting of AU activity was identified for the 2012-13 release, it is likely that historic data could also be affected.

Due to the data quality issues, users are advised to use caution when making data comparisons, particularly at LHB level.

Recoding for 2016-17: It has been identified that North Wales Adolescent Service moved from their site in Colwyn Bay to Abergele Hospital in 2009. Prior to 2009-10, these beds were recorded under North Wales Adolescent Service, while they have been recorded under the Betsi Cadwaladr University Health Board total, and were not recorded under a hospital site, from 2009-10 onwards. During 2016-17, it was agreed that this data should be recorded under Abergele, and this change is reflected in the publication.

Ysbyty Gwynedd and University Hospital Llandough submitted data under the neurology specialty in 2016-17. This has been reported under other neurology, as this is consistent with how data is submitted by other hospitals.

All our outputs include information on coverage, timing and geography.

There have been no revisions to the data this year. In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with the [Welsh Government's Revisions, Errors and Postponements arrangements](#).

Timeliness and punctuality

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the [Upcoming Calendar](#). Furthermore, should the need arise to postpone an output this would follow the [Welsh Government's Revisions, Errors and Postponements arrangements](#).

Data is collected monthly by NWIS

Also, because the data are published annually, it is unlikely that late submissions would greatly affect the annual publication by Welsh Government.

Accessibility and clarity

The annual statistics will be published in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on the day of publication. An RSS feed alerts registered users to this publication. Simultaneously the outputs are also listed on the National Statistics Publication Hub. We also publicise the outputs on [Twitter](#). All outputs are available to download for free.

More detailed data is available at the same time on the [StatsWales](#) website and this can be manipulated online or downloaded into spreadsheets for use offline.

We aim to use Plain English in our outputs and they adhere to the [Welsh Government's accessibility policy](#). Furthermore, all our headlines are published in Welsh and English. Further information regarding the statistics can be obtained by contacting the relevant staff detailed on this article/headline or via stats.healthinfo@gov.wales

Comparability and coherence

Other UK countries also publish bed use statistics.

[NHS England publish statistics on bed use](#) on their website.

The [Information Services Division \(ISD\) in NHS Scotland publish statistics on bed use](#) on their website.

In [Northern Ireland, the Department of Health publish bed use statistics](#) on their website.

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the National Assembly. The 46 national indicators were laid in March 2016.

Information on indicators and associated technical information - [How do you measure a nation's progress? - National Indicators](#)

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.

Users and uses

We believe the key users of these statistics are:

- Ministers and their advisors;
- Assembly members and Members Research Service in the National Assembly for Wales;
- Policy makers of the Welsh Government;
- Other government departments;
- NHS Wales;
- Students, academics and universities;
- Media; and
- Individual citizens.

The statistics are used in a variety of ways. Some examples of these include:

- To provide advice to Ministers;
- To inform debate in the National Assembly for Wales and beyond;
- To monitor bed use across the different specialties and in different areas of Wales; and
- To help determine the service that the public may receive from the relevant organisations.

If you are a user and do not feel the above list adequately covers you please let us know via the contact details below.

Further details

The document is available at: <http://gov.wales/statistics-and-research/nhs-beds/>

The data presented in this release can be downloaded from our [StatsWales tables](#). These tables also include further data breakdowns such as by specialty and hospital.

More information on the definitions of terms used in this release, and on data sources, can be found in the [NHS Wales Data Dictionary](#).

Change of data source for Outpatient Activity (not analysed in this release)

Following data quality assessments and reviews and in consultation with health board representatives, a decision was made that it was no longer a national requirement to collect data items from the QS1 return that were derivable from patient level datasets. Consequently, from 2012-13 onwards, the Outpatient Activity Minimum Dataset (OP MDS) is the source of official statistics for outpatient activity in the NHS in Wales, rather than the QS1 return. This approach has a number of benefits:

- Have just one definitive source of data for outpatient activity data;
- Remove the burden on data providers of supplying data for two similar data sets;
- Remove the confusion for analysts and users which exists by having two similar data sets, containing different data in some cases; and
- Allow more granularity for research and data mining (the OP MDS provides patient level data, whereas the QS1 data collection provides high level, summary data).

Data for outpatient activity is available on [StatsWales](#).

Next update

September 2018 (provisional)

We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to stats.healthinfo@gov.wales

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