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NHS Indicators, February 2015

RESEARCH PAPER 15/07 17 February 2015

This paper provides a range of summary statistical indicators for NHS England in the following areas: accident and emergency attendance and performance; ambulance call volume and response times; waiting times for routine treatment; waiting times for cancer diagnosis and treatment; cancelled operations; delayed transfers of care; diagnostic waiting times and activity; waiting times for mental health treatment; workforce numbers for doctors, nurses and other staff; hospital activity, referrals and admissions; and bed availability and occupancy. In each case, trends are given over several years.

A new version of this document will be published in May 2015.

Carl Baker

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Research Paper 15/07
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1 Introduction

This document provides a summary range of indicators for **NHS England** in the following broad categories:

- Hospital Activity and Capacity
- Staff Numbers
- Waiting Times and other Performance Indicators

Much of the data in this paper is summarised from statistical releases by NHS England and the Health and Social Care Information Centre (HSCIC). Both sources also publish data on a wide range of other indicators.

Data here is given for England as a whole. On most indicators, further data is available for local NHS providers and/or Clinical Commissioning Groups: you can obtain this either from the original data source, summarised in our other standard notes, or via an enquiry to the Library.

Data for Scotland, Wales and Northern Ireland is not included in this document. Many of our standard notes on specific health topics (e.g. Accident and Emergency Care in the UK) include data on all UK countries. An updated version of this document will be published in May 2015.

Summary of recent trends: February 2015

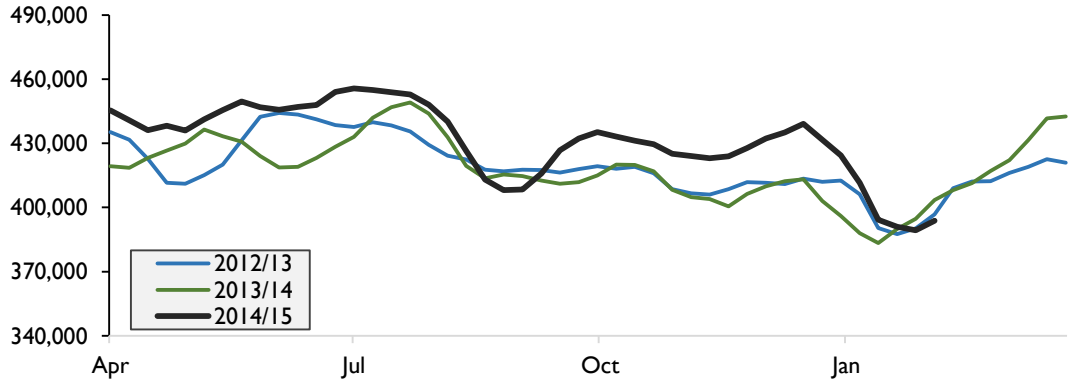
- In recent months **Accident & Emergency departments** recorded the highest percentage of 4-hour waits for ten years and also registered new records for the number of emergency admissions to hospital. A&E departments saw an average 3,000 extra patients per day in the quarter ending December 2014 compared with a year earlier. Attendances in 2015 have so far been in line with those of previous years.
- Performance on the 18-week **Referral to Treatment** admitted (adjusted) and non-admitted measures returned to target in December after a waiting list initiative allowing a 'managed breach' of targets ended in November. Around 3 million patients were on the waiting list at the end of December, and the percentage of these waiting for more than 18 weeks was at its highest for almost three years.
- Numbers of emergency **ambulance calls** reached new highs, with 9,779 Category A responses per day in December 2014 – 15.8% higher than in December 2013. Performance measures for arrival time of ambulances remained below target.
- **Cancer waiting times** remain within target on the '14-day wait for specialist appointment after urgent GP referral' and '31-day wait for treatment' measures, but outside of the target on the '62-wait from urgent GP referral to first treatment' measure.
- The number of bed days lost to **delayed transfers of care**, where patients remain in a setting unsuited to their current level of need, was 24% higher in December 2014 than December 2013.
- **Staff numbers** grew, with the number of FTE hospital doctors 9,064 higher in October 2014 than five years ago and the number of nurses (including midwives and health visitors) 6,630 higher than five years ago.

2 Accident and Emergency

In the quarter ending December 2014, an average of 61,200 people attended England's A&E departments every day. This is an increase of 5.2% on the equivalent period in 2013/14, and an average of an extra 3,000 patients per day. **Chart 1** shows a comparison of A&E attendance in recent years, showing that attendance in the current financial year has gradually grown ahead of previous years. There is a lull in attendance each January, and attendances so far in 2015 have so far been no higher than in previous years.

Chart 1: A&E attendance (all departments), 2010/11-2014/15

Four-week moving average

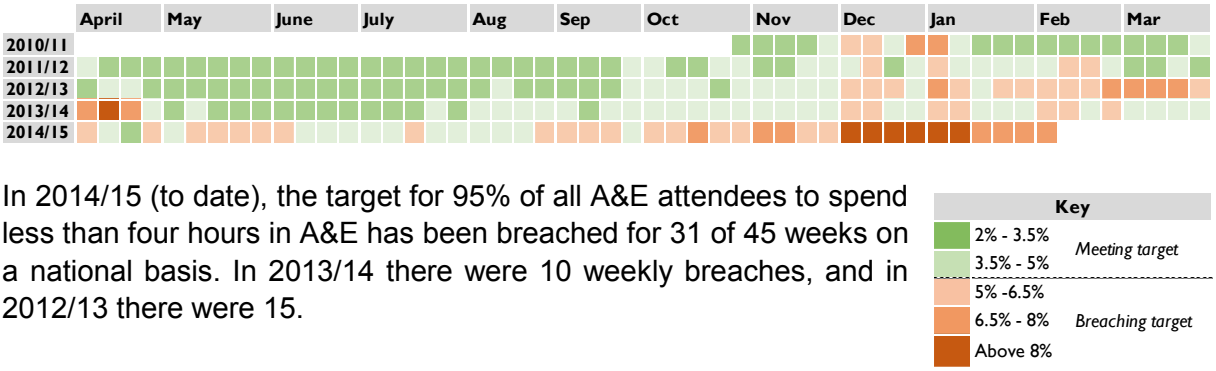


One measure of **A&E performance** is the percentage of patients whose total time in A&E (from arrival to discharge, transfer or admission) is over four hours.[1] NHS England's target is that 95% of attendees should spend under 4 hours in A&E from arrival to discharge, transfer or admission. 2014/15 has so far seen the lowest performance on this measure since 2003/04. To date there have been 49% more patients spending 4+ hours in A&E than in the equivalent period in 2013/14 – an average of 1,220 more per day.

Figure 1 shows colour-coded data for A&E performance since 2010. Each square stands for a single week, with green squares representing performance above the 95% target and orange squares representing performance below the target.

Figure 1: A&E performance at Type 1 departments, 2010-2015

Weekly data, England



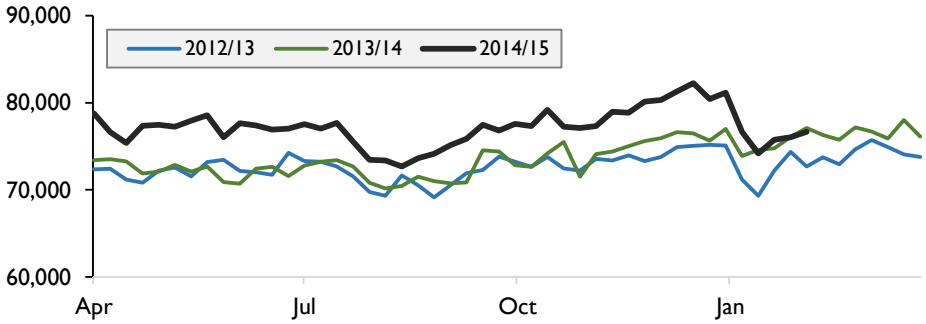
In 2014/15 (to date), the target for 95% of all A&E attendees to spend less than four hours in A&E has been breached for 31 of 45 weeks on a national basis. In 2013/14 there were 10 weekly breaches, and in 2012/13 there were 15.

[1] Other waiting times measures, covering (e.g.) the median time to treatment and median total time in A&E, are discussed in our A&E standard note.

In the quarter ending December 2014, the number of **emergency admissions to hospital** via A&E was 5.9% higher than the equivalent quarter in 2013, with an average of 631 extra admissions each day. However, the number of patients waiting over 4 hours for admission to hospital after a decision to admit has been made rose by 127% - an average of 556 more long waits for admission each day.

Chart 2 illustrates the increased pressure via admissions. In the week ending 21 December 2014 a new record was set for the number of weekly emergency admissions to hospital via A&E, at 82,258. As with attendances, early 2015 has seen emergency admissions return to the levels seen last year.

Chart 2: Emergency admissions to hospital via A&E
Weekly data, 2012/13 to 2014/15



Data frequency: *weekly****. New data available****: every Friday.*

Data source: *NHS England A&E SitReps*

Further reading from the Library: *SN/SG-06964, Accident and Emergency Care in the UK: Statistics*

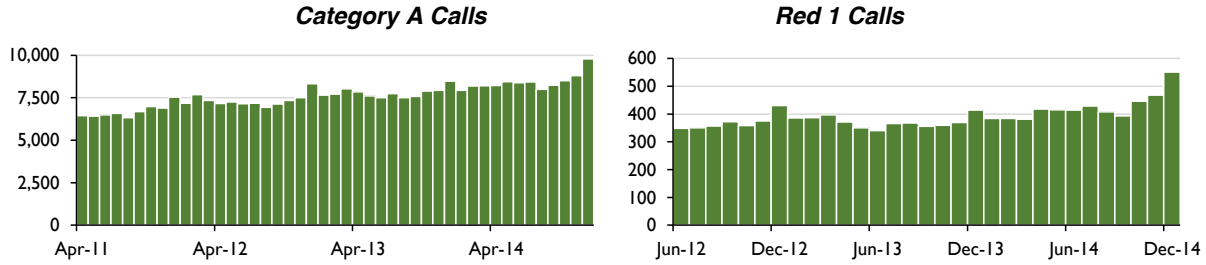
3 Ambulance Response Times

Ambulance emergency responses are categorised by the seriousness and urgency of the case. 'Red 1' calls are those where the case is immediately life-threatening (e.g. cardiac arrest), while 'Red 2' are those which are regarded as serious but not the most life-threatening (e.g. serious breathing difficulties). The sum of Red 1 and Red 2 calls is known as 'Category A'. In December 2014 there were an average of 551 Red 1 calls per day resulting in an emergency response, from a total of 9,779 Category A calls per day. This is an average of 136 more Red 1 calls and 1,331 more total Category A calls every day

compared with December 2013 – 15.8% more category A calls. **Chart 3** shows trends on these measures.

Chart 3: Number of ambulance calls resulting in emergency responses

Average number of calls per day

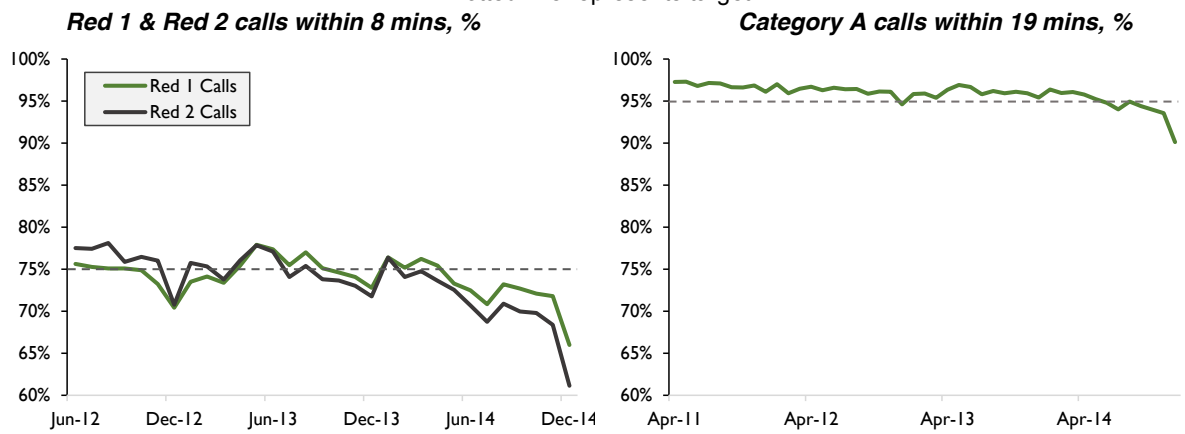


Note the different vertical scales on these charts: Red 1 calls constitute around 5% of all category A calls, so the numbers displayed on the right-hand chart are much lower.

The target for NHS ambulance services is to respond to 75% of Red 1 and Red 2 calls within 8 minutes. Additionally, 95% of all Category A calls should have an emergency response at the scene within 19 minutes. In recent months performance in England has fallen below these targets. **Chart 4** shows trends on these measures.

Chart 4: Ambulance Emergency Responses

Dotted line represents target



Data frequency: *monthly.* ***New data available:*** *5th March.*

Data source: *NHS England Ambulance Quality Indicators*

4 Waiting Times for Routine Treatment

Patients referred by their GP for consultant-led treatment should, in line with NHS standards, start treatment within 18 weeks. The operational target is that 90% of patients whose 'pathway' involves admission to hospital should be treated within 18 weeks, and that 95% of non-admitted patients should be treated within 18 weeks. In addition, of those patients still on the waiting list, 92% should have been waiting for less than 18 weeks.

On average, there are 1.1–1.2 million completed 'pathways' for routine treatment each month. Of these, around 0.3 million involve admission to hospital. These treatment rates have not changed substantially in recent years.

The waiting list for treatment has grown since 2012, as **Chart 5** shows. The recorded figure currently stands at 2.93 million people (end of Dec 2014), up from 2.88 million at the end of Dec 2013 and 2.57 million at the end of Dec 2012. Several hospital providers are currently not reporting waiting list data, however, and NHS England estimates that the full waiting list may number just under 3.2 million patients.[2]

Chart 5: Incomplete treatment pathways

Patients waiting to be treated at the end of each month, Millions

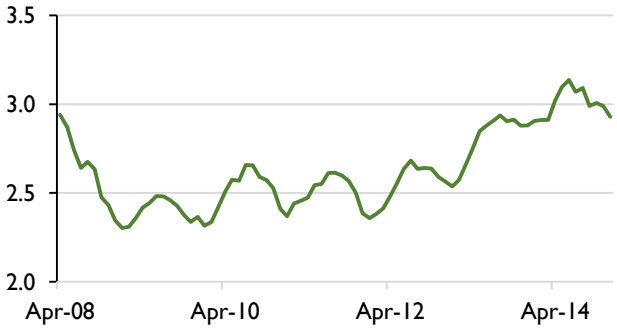
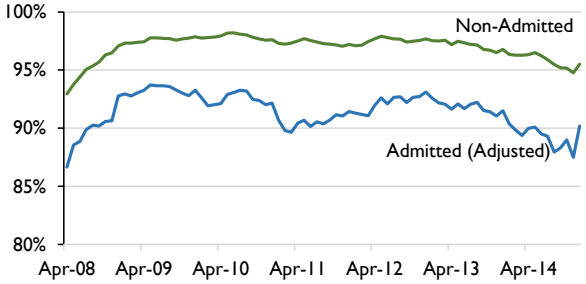


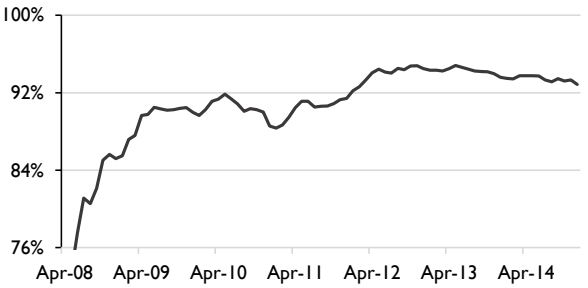
Chart 6 shows performance against the three 18-week targets mentioned above. In the second half of 2014 there has been a 'managed breach' of the admitted and non-admitted targets to allow hospitals to target long waiters without being subject to the full range of usual penalties.[3] This initiative ended in November. Both targets were breached in November (in line with the 'amnesty') and treatment rates were high, but the effect on the long-term waiting list was small. In December both measures returned to target as the waiting times initiative ended and penalties were re-imposed.

Chart 6: Performance on 18-week target measures

Completed pathways, % within 18 weeks



Incomplete pathways, % less than 18 weeks



Note that the incomplete pathways measure (right-hand chart) shows the structure of the waiting list, while the admitted/non-admitted performance measures (left-hand chart) reflect the decisions taken by management in order to address the waiting list – that is, the patients they have chosen to treat. The sensitivity of the admitted and non-admitted measures to management decision is exemplified by the admitted measure's jump back to 90% in December 2014 at the end of the waiting list initiative.

The number of patients on the waiting list who have been waiting for over one year has fallen dramatically, from 415,000 in November 2007 to a low of 214 in November 2013. The current recorded number stands at 399. This is equivalent to around 0.03% of the patients treated each month.

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[2] Statistical press notice, Nov 2014 http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2014/06/Nov-14-RTT-Stats-PN-publication-PDF-69K.pdf

[3] 'NHS waiting times: job not done', 4 Aug 2014, https://www.gov.uk/government/speeches/nhs-waiting-times-job-not-done

Waiting times vary between the twenty treatment specialities. Cardiothoracic surgery, neurosurgery, plastic surgery, trauma & orthopaedics, general surgery and urology were below the 92% target for 18-week incomplete pathways as of December 2014.

Data frequency: *monthly.* ***New data available:*** *12th March.*

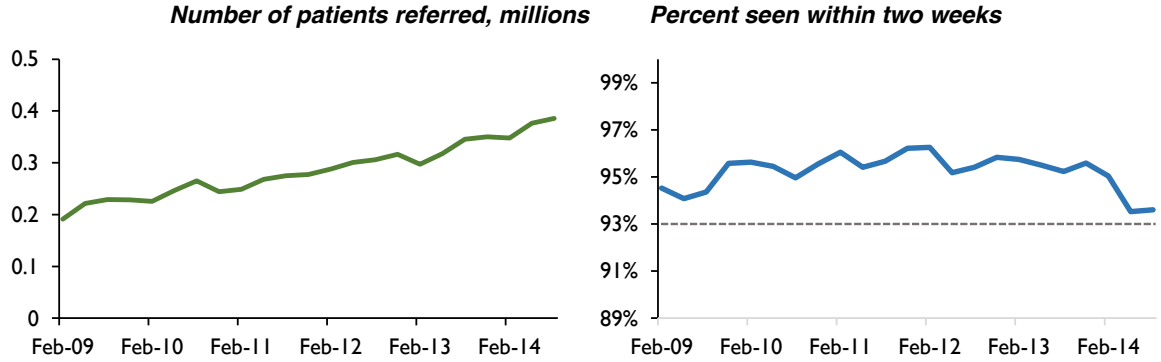
Data source: *NHS England, Consultant-led referral to treatment waiting times.*

Further reading from the Library: *SN/SG-7009, Waiting Times for Hospital Treatment*

5 Cancer: Waiting Times for Testing and Treatment

In the twelve months ending Nov 2014 there were 1.46m urgent GP referrals with suspected cancer. This was 51% higher than the equivalent period four years ago. In the most recent quarter, 93.6% of these patients had their first consultant appointment within two weeks of referral – above the target of 93% but down from 95.2% in the equivalent quarter last year. **Chart 7** shows quarterly data illustrating these trends.

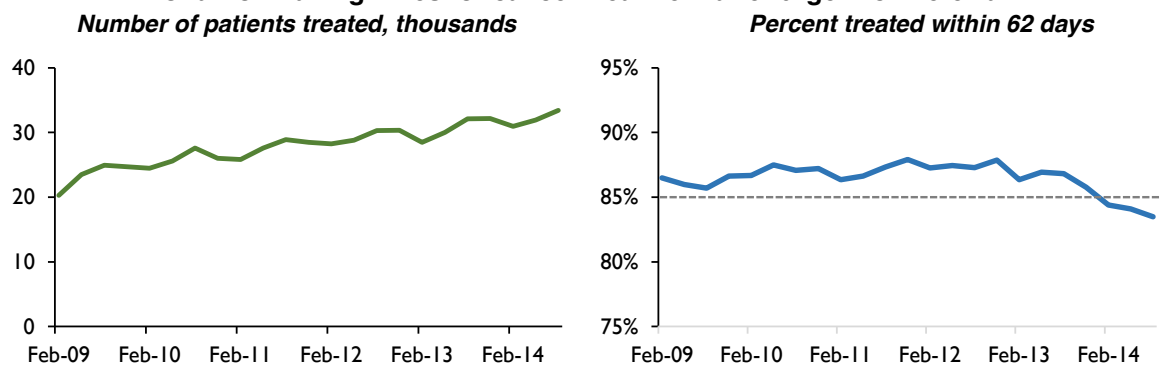
Chart 7: Waiting times for consultant appointments after urgent GP referral



In the twelve months ending Nov 2014, 271,000 patients were treated for cancer. This is 12% higher than the equivalent period four years ago. In the most recent quarter, 97.7% of patients were treated within 31 days of a decision to treat – above the target of 96%.

In the twelve months ending Nov 2014, 128,000 patients were treated for cancer after having been urgently referred by their GP. This is 25.5% higher than the equivalent period four years ago. In the most recent quarter, 83.5% of patients were treated within 62 days of urgent GP referral. This is below the target of 85% - the third quarter in a row that the target has been breached. **Chart 8** illustrates these trends.

Chart 8: Waiting times for cancer treatment after urgent GP referral



Data frequency: *quarterly.* ***New data available:*** *18th February.*

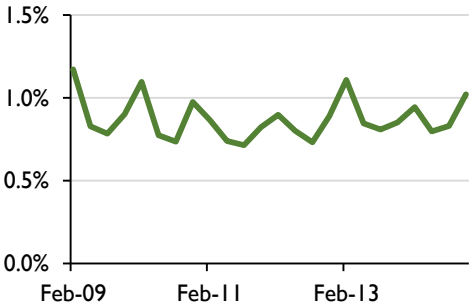
Data source: *NHS England, Cancer Waiting Times*

Further reading from the Library: *a new Standard Note will be published shortly.*

6 Cancelled Operations

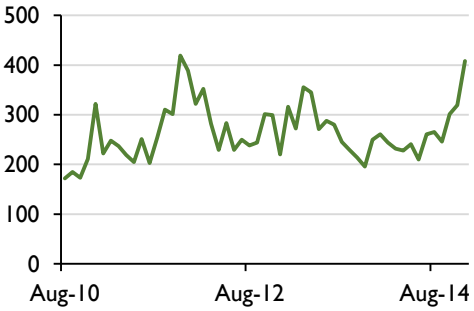
In the twelve months ending Dec 2014, 68,745 **elective operations** were cancelled for non-clinical reasons on the day the patient is due to arrive. Of these, 3,539 were not treated within 28 days of their cancellation. While the number of cancelled elective operations has risen slightly in recent years, the percentage of elective admissions involving cancellation has not changed substantially. **Chart 9** illustrates this trend.

Chart 9: Cancelled operations as a percentage of elective admissions, 2009-2014



In the twelve months ending Dec 2014, 3,216 **urgent operations** were cancelled. This is 1.3% lower than the equivalent period ending Dec 2011. 89 urgent operations were cancelled for the second time in the most recent twelve months, compared with 65 in the period ending Dec 2011. **Chart 10** shows this trend.

Chart 10: Urgent operations cancelled, monthly, 2010-2014



Further information on cancelled elective and urgent operations over the winter months is published in the NHS Winter Pressures dataset.

Data frequency: *monthly (urgent), quarterly (elective).* ***New data available:*** *27th February.*

Data source: *NHS England, Cancelled operations.*

7 Delayed Transfers of Care

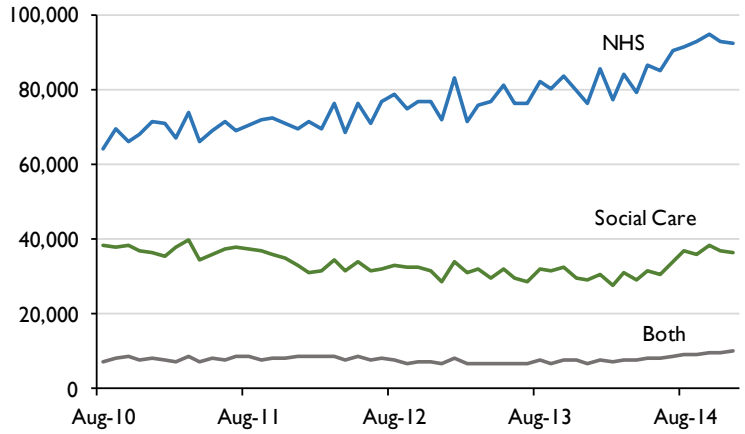
The 'Delayed transfers of care' dataset identifies the number of patients who are in the wrong care setting for their current level of need. A delayed transfer occurs when a patient is ready to depart from their current care setting but is still occupying a bed.[4]

In December 2014 there were almost 140,000 'delayed days' due to delayed transfers of care. This was 24% higher than the figure for December 2013. Over this period delays where the NHS was responsible rose by 21%, those where social care organisations by 24%, and those attributable to both rose by 46%. **Chart 11** shows the trend since 2010.

[4] NHS England, Monthly DToC Definitions, http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Monthly-Sitreps-Definitions-DTOC-v1.07.doc

Chart 11: Delayed transfers of care by responsible organisation

Total number of delayed days in month



Month	Total delayed days		
	NHS	Social Care	Both
Dec-11	69,865	33,248	8,983
Dec-12	71,999	28,626	7,027
Dec-13	76,459	29,264	6,906
Dec-14	92,677	36,386	10,093

Table A shows a breakdown of delayed transfers by the reason for their delay. Over half of delayed days are due to three causes: patients awaiting either completion of assessment, further non-acute NHS care, or nursing home placement or availability. Additionally, 12% of delayed days are due to patient or family choice. Over the last twelve months, the largest increase in delayed reasons have been for those awaiting nursing home placement or availability (up 37%) and those awaiting a care package in their own home (up 64%).

Table A: Delayed transfers of care by reason

Total delayed days, December 2014

Reason	Delayed days	Change on Dec 13
Awaiting further non-acute NHS care	28,041	+17%
Awaiting completion of assessment	25,135	+24%
Awaiting nursing home placement or availability	19,920	+37%
Awaiting care package in own home	19,592	+64%
Patient or family choice	16,813	+14%
Awaiting residential home placement or availability	14,936	+15%
Awaiting public funding	6,190	+20%
Housing – patients not covered by NHS and Community Care Act	3,896	-17%
Awaiting community equipment and adaptations	3,250	+11%
Disputes	1,383	-7%

Data source: *NHS England, Delayed transfers of care*

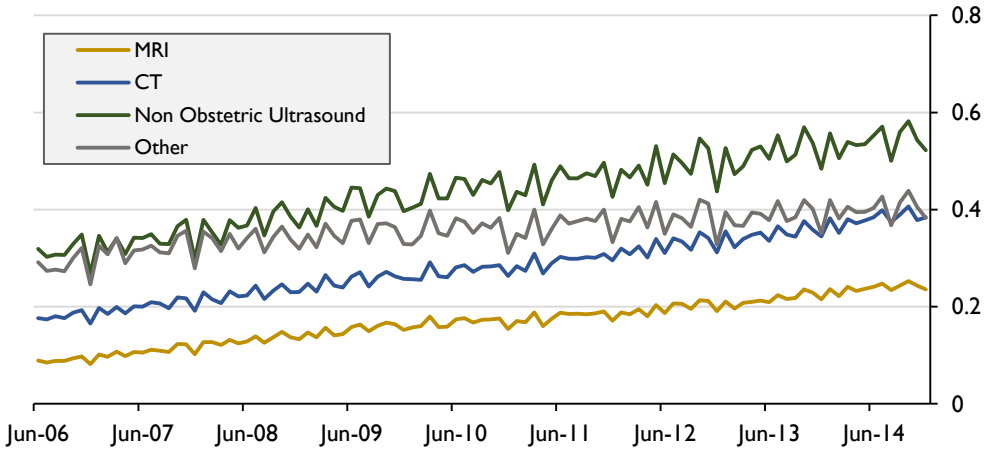
Data frequency: *monthly.* ***New data available on*** *27th February.*

8 Waiting Times for Diagnostic Tests

In the twelve months ending December 2014 there were 18.8m diagnostic tests performed. This number is 26% higher than in the equivalent period five years ago (12 months ending November 2009). The number of MRI tests has increased by 43% in this period, the number of CT scans by 40%, and the number of colonoscopies by 28%. **Chart 12** shows trends for three selected tests plus the sum of other tests.

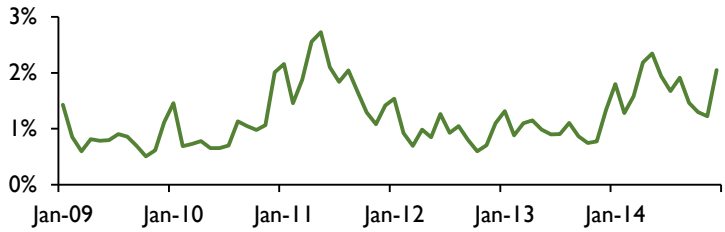
Chart 12: Number of diagnostic tests by procedure, millions

Total activity



Over the past year, between 1% and 2% of patients have waited over 6 weeks for a diagnostic test. This is higher than the previous year, but much lower than long-term trends. In 2006, as many as 50% of patients were waiting for over 6 weeks. **Chart 13** shows trends since 2009 on this measure.

Chart 13: Patients waiting over six weeks for diagnostic tests



There is some variation between individual procedures regarding waiting times. Less than 1% of MRI, CT and non-obstetric ultrasound patients wait for over six weeks. On the other hand, 6.6% of urodynamics patients and 5.1% of cystoscopy patients wait for over 6 weeks.

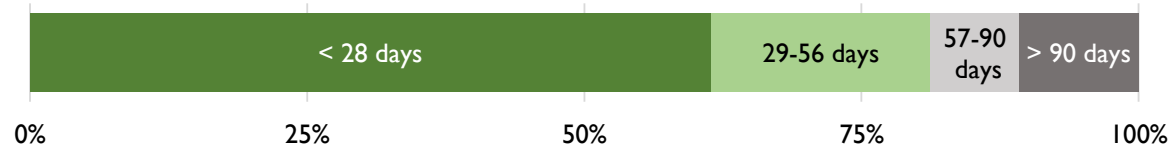
Data source: *NHS England, Diagnostic waiting times and activity.*

Data frequency: *monthly.* ***New data available:*** *11th March.*

9 Waiting Times for Mental Health Treatment

In 2013/14, over 1.1 million referrals for were made to 'Improving Access to Psychological Therapies' services – that is, to talking therapies for mental health problems – and 700,000 entered treatment.[5] 61% of those referred were treated within 28 days. 11% of patients waited for longer than 90 days for treatment.

Chart 14: Waiting times for IAPT services from referral to first treatment
England, 2013/14



There is substantial variation across England in waiting times for talking therapies, which is detailed in our standard note on this topic (linked below).

Data source: *HSCIC, Psychological Therapies, Annual report on the use of IAPT services.*

Data frequency: *annual****. New data available:*** *September 2015*

Further reading from the Library: *SN/SG-06988, Talking Therapies for Mental Health Problems.*

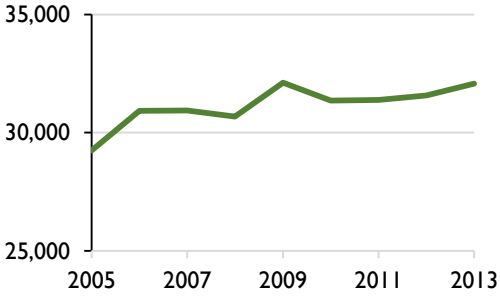
10 Doctors, Nurses, and Other Staff

All staff numbers in this section are given on a full-time equivalent (FTE) basis. Please see the source statistical releases for staff numbers on headcount and role count bases.

10.1 GPs

There were 32,075 GPs in England in September 2013 (excluding trainees and those undertaking only a small amount of clinical work). This is 2.2% higher than September 2010 (an increase of 719 GPs) and 0.2% lower than September 2009 (a decrease of 36 GPs). Data for September 2014 is due to be published on 25 March 2015.

Chart 15: GPs in England, FTE
(Excluding registrars and retainers), 2005-2013



Since 2010 the FTE number of female GPs has risen by 12% while male GPs have fallen by 5%. This trend has been evidenced across the country, with the FTE

[5] A further 370,000 referrals ended prior to treatment.

number of male GPs falling in every area.[6] Nevertheless, 54% of FTE GPs in 2013 were male. There are two areas with a higher number of female GP FTEs than male: London and Thames Valley.

The number of nurses in GP practices rose by 2% between 2010 and 2013 – an increase of 300 FTE nurses. In addition, the percentage of practice staff providing nurse and direct patient care rose from 26.2% to 27.4%.

10.2 Hospital Doctors

The number of doctors in Hospital and Community Health Services (HCHS) rose by 9% between October 2009 and October 2014 – an increase of 9,064 doctors.[7] **Chart 16** shows trends on this measure.

Chart 16: HCHS Doctors
Non-locum, FTE, England, 2009-2014

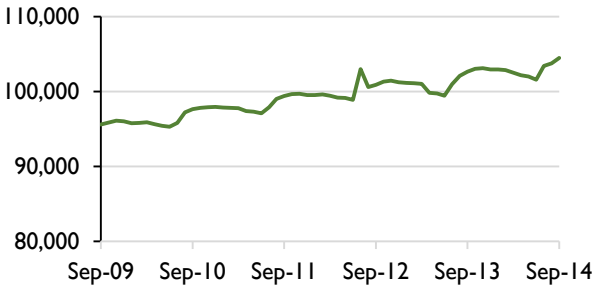


Table B shows trends since 2009 by medical speciality. The largest percentage increase was in the accident and emergency speciality group. Note that the fall in public health & community health services reflects the transfer of public health services to local authorities.

Table B: HCHS Doctors by Speciality Group,
Non-locum, FTE, England, 2009-2014

	Oct-2009	Oct-2014	*Change*	*Change %*
General medicine	25,362	27,977	*+2,615*	*+10%*
Surgical	20,105	21,984	*+1,879*	+9%
Anaesthetics	11,074	12,802	*+1,728*	*+16%*
Psychiatry	9,083	9,045	*-38*	*-0%*
Paediatric	7,354	8,069	*+715*	*+10%*
Accident & emergency	4,804	6,098	*+1,294*	+27%
Obstetrics & gynaecology	5,154	5,826	*+672*	*+13%*
Pathology	3,886	4,122	*+236*	+6%
Radiology	3,333	3,866	*+533*	*+16%*
Dental	2,012	2,239	+227	*+11%*
Public health & community health services	2,667	1,644	*-1,023*	*-38%*
Clinical oncology	1,022	1,247	+226	+22%
Total	**95,856**	**104,920**	***+9,064***	**+9%**

65% of hospital medical staff gained their primary medical qualification in the UK (as of September 2013). There is a substantial gender difference on this measure, with 72% of female and 60% of male staff in this category being qualified in the UK. Of those qualified outside the UK, one third were qualified in India. **Chart 17** shows the top ten non-UK countries represented among England's hospital doctors.

[6] 'Areas' here are Health Education England regions.
[7] This figure excludes locums, whose numbers have fallen by 350 since September 2009.

Chart 17: Hospital medical staff by country of primary medical qualification
Non-UK countries only, September 2013

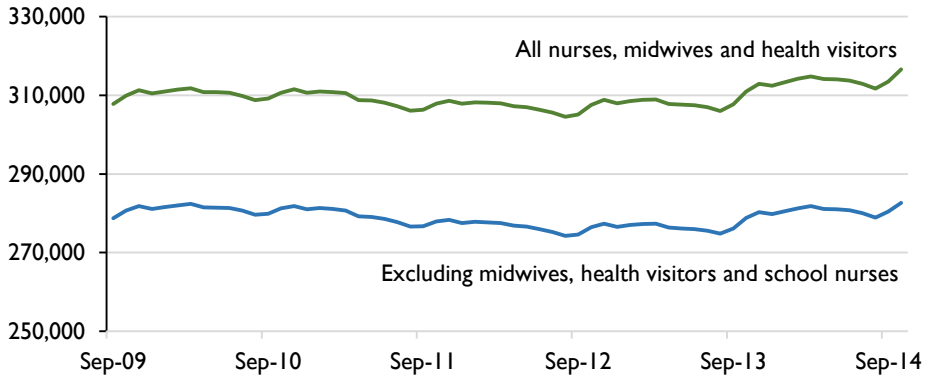
FEMALE	
India	3,762
Pakistan	1,131
Nigeria	492
Irish Republic	489
Greece	392
Germany	386
South Africa	384
Sri Lanka	359
Romania	359
Poland	286

MALE	
India	8,023
Pakistan	2,531
Egypt	1,162
Nigeria	966
Iraq	766
Irish Republic	671
South Africa	639
Greece	611
Sri Lanka	548
Italy	441

10.3 Nurses

The number of FTE nurses, midwives and health visitors has risen by 1.8% between October 2009 and October 2014 (a rise of 6,630). If we exclude health visitors, school nurses and midwives from the count, the increase is 0.6%. **Chart 17** shows a detailed trend on this measure. Numbers fell by 0.7% between Oct 2009 and Oct 2012, but have subsequently grown.

Chart 18: Nurses, midwives and health visitors (HCHS)
FTE, England, 2009-2014



Note the clear annual cycle on this measure, with numbers falling each summer before growing again. Because of this, when analysing the monthly data it is important to compare year-on-year changes (e.g. September vs. September) in order to gain a like-for-like picture.

Of all nurses, midwives and health visitors, 55% are acute, elderly and general nurses. 15% are engaged in community services.

Of HCHS nurses whose nationality was known in September 2013, 86% were British. **Table C** shows the most common non-British nationalities and their percentage of all nurses whose nationality is known.

Table C: Nationality of non-British HCHS nurses, September 2013

	Number	% of All Nurses
Philippine	7,903	2.9%
Indian	6,116	2.2%
Irish	4,509	1.6%
Zimbabwean	3,023	1.1%
Nigerian	1,532	0.6%
Portuguese	1,466	0.5%
Spanish	1,256	0.5%
Ghanaian	1,016	0.4%
Polish	806	0.3%
Mauritian	662	0.2%

10.4 Other Hospital Staff

Table D shows changes in the level of other non-medical HCHS staff since October 2009. Scientific, therapeutic and technical staff levels have risen by over 5% - including a 19% rise in qualified therapeutic radiographers staff and a 12% rise in qualified diagnostic radiographers. Support to clinical staff, including the likes of healthcare assistants, rose by almost 5%. There has been a fall of nearly 10% in infrastructure support staff, including the loss of over one-sixth of all managers.

Table D: Other HCHS Non-Medical Staff
FTE, England, 2009-2014

Staff category	Change Oct 2009 - Oct 2014	
	%	Number
Qualified scientific, therapeutic & technical staff	+5.1%	+6,625
Qualified ambulance staff	+2.3%	+405
Support to clinical staff	+4.5%	+13,175
NHS infrastructure support	-9.6%	-19,673
Central functions	-6.3%	-6,383
Hotel, property & estates	-9.4%	-5,565
Senior managers	-18.2%	-2,379
Managers	-17.9%	-5,346

Data sources: *HSCIC, General and Personal Medical Services, HCHS Staff Medical & Dental, HCHS Staff Non-Medical.*

Data frequency: *annual (GPs), monthly (HCHS).* ***New data available:*** *25 March (GPs, annual HCHS), 24 February (monthly HCHS)*

Further reading from the Library*: SN/SG-02223, NHS Workforce Statistics*

11 Hospital Activity, Referrals and Admissions

Chart 19 and **Table E** (below) show trends in activity at hospitals in England. Comparing the twelve months ending December 2014 with the equivalent period five years before, non-elective admissions to hospital for general & acute (G&A) specialities have increased in number by 9%. Elective G&A admissions have increased by 15%. Meanwhile, there were 15% more GP referrals in the twelve months ending December 2014 than five years earlier, and 13% more first outpatient attendances at hospitals for G&A specialities.

At present there are around 1.4m first outpatient attendances each month, along with 1m GP referrals made, 700,000 elective G&A admissions, and almost 500,000 non-elective G&A admissions. Of elective G&A admissions, around 80% are day-cases. This proportion has grown from around 75% in 2008.

Chart 19: Hospital Activity Trends, England, 2009-2014
Three-month moving average

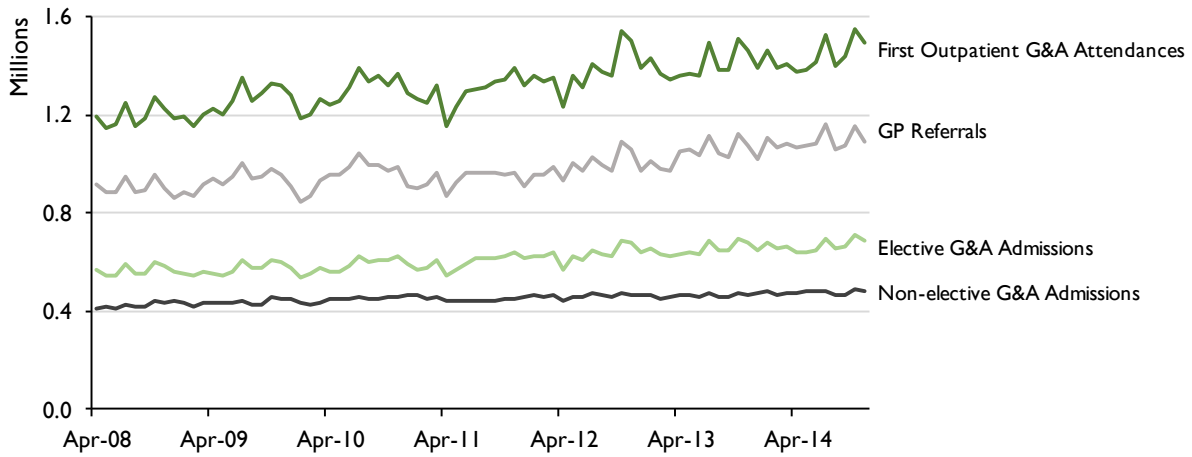


Table E: Hospital Activity Trends, England, 2008-2014
Numbers rounded to nearest thousand

Twelve months ending	**Elective G&A Admissions**	**Non-elective G&A Admissions**	**GP Referrals**	**First Outpatient Attendances (G&A)**
Dec-09	6,847,000	5,220,000	11,152,000	15,091,000
Dec-14	7,900,000	5,688,000	12,856,000	17,128,000
Increase	*15%*	*9%*	*15%*	*13%*

Table F shows the annual number of finished admitted episodes for selected primary diagnoses, along with changes from a decade earlier.

Table F: Finished Consultant Episodes by Primary Diagnosis, 2002/03, 2007/08 and 2012/13

	Total, millions	*Thousands by selected primary diagnosis*				
		Cancer	Heart failure	Ischaemic heart disease	Stroke	Influenza, pneumonia
2002/03	**12.8**	1,099	110	417	152	132
2007/08	**15.4**	1,294	104	424	180	203
2012/13	**17.7**	1,487	127	404	196	381
Change over period	*+39%*	*+35%*	*+16%*	*-3%*	*+29%*	*+190%*

Data source: *NHS England, Monthly Hospital Activity Data Returns.*

Data frequency: *Monthly.* ***New data available****: 13th March.*

12 Bed Availability and Occupancy

Table G shows the average number of beds available and occupied each day in the quarter ending September 2014, with comparisons to the quarter ending September 2010. Over this period the total number of beds available has fallen by 3.6%. The average number of beds available overnight has fallen by 4.8%. Meanwhile, average occupancy rates of hospital beds have risen slightly.

This fall is not a recent phenomenon – the total number of hospital beds available has been in a gradual long-term decline. This trend should be interpreted in the context of increased use of day surgery and a shift to increased care in the community (i.e. outside of hospitals).

Table G: Bed Availability and Occupancy, England, 2010 and 2014

Period	TOTAL	Open Overnight					Open Day Only
		Total	General & Acute	Learning Disabilities	Maternity	Mental Illness	*Total*
Average Beds Available							
Jul-Sep 2010	**152,467**	*141,477*	108,349	2,237	7,962	22,929	*10,990*
Jul-Sep 2014	**147,047**	*134,709*	103,690	1,518	7,861	21,639	*12,339*
Change	***-3.6%***	*-4.8%*	*-4.3%*	*-32.1%*	*-1.3%*	*-5.6%*	*+12%*
Average Occupancy							
Jul-Sep 2010	**84.3%**	*84.3%*	85.6%	78.9%	61.3%	86.7%	*83.9%*
Jul-Sep 2014	**86.1%**	*86.2%*	87.6%	82.1%	59.9%	89.5%	*84.3%*

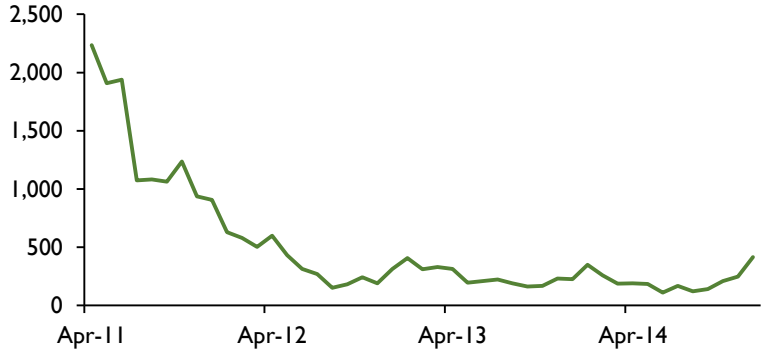
Occupancy for beds open overnight is measured at midnight – if the bed is occupied at midnight, it counts as occupied for that day. This means that bed occupancy levels for beds

open overnight may not reflect the situation during the day. A bed which is open 'day only' will count as occupied if at least one day-case takes place in that bed during the day in question.

Mixed-Sex Accommodation Breaches

NHS providers are expected to eliminate mix-sex accommodation except when it is in the overall best interest of the patient. **Chart 20** shows the number of unjustified mixed-sex breaches in relation to sleeping accommodation each month since April 2011. Reporting data on mixed-sex accommodation breaches has been mandatory since April 2011, and flat-rate fines are built into organisations' contracts.

Chart 20: Mixed-Sex Accommodation Breaches, England, 2011-2014



Data source: *NHS England, Bed Occupancy and Availability; and Mixed Sex Accommodation Breaches.*

Data frequency: *Quarterly.* ***New data available****: 19 February.*