

Assessment of compliance with the Code of Practice for Official Statistics

Statistics on NHS Secondary Care in Scotland

*(produced by the Information Services Division of NHS
National Services Scotland)*

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About the UK Statistics Authority

The UK Statistics Authority is an independent body operating at arm's length from government as a non-ministerial department, directly accountable to Parliament. It was established on 1 April 2008 by the *Statistics and Registration Service Act 2007*.

The Authority's overall objective is to promote and safeguard the production and publication of official statistics that serve the public good. It is also required to promote and safeguard the quality and comprehensiveness of official statistics, and good practice in relation to official statistics.

The Statistics Authority has two main functions:

1. oversight of the Office for National Statistics (ONS) – the executive office of the Authority;
2. independent scrutiny (monitoring and assessment) of all official statistics produced in the UK.

Contact us

Tel: 0845 604 1857

Email: authority.enquiries@statistics.gsi.gov.uk

Website: www.statisticsauthority.gov.uk

UK Statistics Authority
1 Drummond Gate
London
SW1V 2QQ

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ASSESSMENT AND DESIGNATION

The *Statistics and Registration Service Act 2007* gives the UK Statistics Authority a statutory power to assess sets of statistics against the *Code of Practice for Official Statistics*.

Assessment will determine whether it is appropriate for the statistics to be designated as National Statistics.

Designation as National Statistics means that the statistics comply with the *Code of Practice*. The *Code* is wide-ranging. Designation can be interpreted to mean that the statistics: meet identified user needs; are produced, managed and disseminated to high standards; and are explained well.

Designation as National Statistics should not be interpreted to mean that the statistics are always correct. For example, whilst the *Code* requires statistics to be produced to a level of accuracy that meets users' needs, it also recognises that errors can occur – in which case it requires them to be corrected and publicised.

Assessment reports will not normally comment further on a set of statistics, for example on their validity as social or economic measures. However, reports may point to such questions if the Authority believes that further research would be desirable.

Assessment reports typically provide an overview of any noteworthy features of the methods used to produce the statistics, and will highlight substantial concerns about quality. Assessment reports also describe aspects of the ways in which the producer addresses the 'sound methods and assured quality' principle of the *Code*, but do not themselves constitute a review of the methods used to produce the statistics. However the *Code* requires producers to "seek to achieve continuous improvement in statistical processes by, for example, undertaking regular reviews".

The Authority may grant designation on condition that the producer body takes steps, within a stated timeframe, to fully meet the *Code's* requirements. This is to avoid public confusion and does not reduce the obligation to comply with the *Code*.

The Authority grants designation on the basis of three main sources of information:

- i. factual evidence and assurances by senior statisticians in the producer body;
- ii. the views of users who we contact, or who contact us, and;
- iii. our own review activity.

Should further information come to light subsequently which changes the Authority's analysis, it may withdraw the Assessment report and revise it as necessary.

It is a statutory requirement on the producer body to ensure that it continues to produce the set of statistics designated as National Statistics in compliance with the *Code of Practice*.

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1 Summary of findings

1.1 Introduction

1.1.1 This is one of a series of reports¹ prepared under the provisions of the *Statistics and Registration Service Act 2007*². The Act requires all statistics currently designated as National Statistics to be assessed against the *Code of Practice for Official Statistics*³. The report covers the set of Secondary Care statistics, produced by the Information Services Division (ISD) of NHS National Services Scotland, reported in:

- *Acute Hospital Activity and NHS beds information*⁴ (annual and quarterly); and
- *Unintentional Injuries*⁵.

1.1.2 This report was prepared by the Authority's Assessment team, and approved by the Board of the Statistics Authority on the advice of the Head of Assessment.

1.2 Decision concerning designation as National Statistics

1.2.1 The Statistics Authority judges that the statistics covered by this report are readily accessible, produced according to sound methods and managed impartially and objectively in the public interest, subject to any points for action in this report. The Statistics Authority confirms that the statistics published in the quarterly and annual *Acute Hospital Activity and NHS beds information* and *Unintentional Injuries* are designated as National Statistics, subject to ISD implementing the enhancements listed in section 1.5 and reporting them to the Authority by January 2012.

1.3 Summary of strengths and weaknesses

1.3.1 ISD is aware of who uses the statistics, and for what purposes, but currently publishes little information about use or users' experiences of the statistics. ISD recently restructured its website to improve the accessibility of its statistics. It also changed the timing, format and content of its *Acute Hospital Activity* statistical releases following consultation with users. ISD informed users about the outcomes of these consultations but there is scope to publish more detailed information about the consultation results. Users are invited to give their views on various aspects of each new release.

1.3.2 ISD publishes some information about data sources and quality but there is scope to provide more details about the methods and the quality and reliability of these statistics.

¹ <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/index.html>

² http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga_20070018_en.pdf

³ <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

⁴ <http://www.isdscotland.org/Health-Topics/Hospital-Care/Publications/index.asp>

⁵ <http://www.isdscotland.org/Health-Topics/Emergency-Care/>

1.3.3 ISD has recently introduced a new format for its statistical releases with the aim of providing users with a simpler and more consistent layout than previously, and has also launched a new website which aims to improve the accessibility of its statistics. The publications include key points and useful summaries but there is scope to improve the quality of the commentary and provide more contextual information to help users to understand and interpret the statistics.

1.4 Detailed recommendations

1.4.1 The Assessment team identified some areas where it felt that ISD could strengthen its compliance with the *Code*. Those which the Assessment team considers essential to enable designation as National Statistics are listed in section 1.5. Other suggestions, which would improve the statistics and the service provided to users but which are not formally required for their designation, are listed at annex 1.

1.5 Requirements for designation as National Statistics

Requirement 1	Publish information about how ISD engages with users of Secondary Care statistics and takes account of their views (para 3.1)
Requirement 2	Announce changes to methods or classifications well in advance of publishing the changed statistics (para 3.5)
Requirement 3	Publish more information about the quality and reliability of the Secondary Care statistics (para 3.12)
Requirement 4	Improve the commentary in the Secondary Care statistical releases and provide more contextual information about the statistics (para 3.24)
Requirement 5	Provide details in the Statement of Administrative Sources about the arrangements for auditing the quality of the administrative data used to produce Secondary Care statistics (para 3.30)

2 Subject of the assessment

- 2.1 ISD has published statistics on acute hospital care and activity for over 30 years. *Acute Hospital Activity and NHS beds information* (hereafter referred to as *Acute Hospital Activity*) presents statistics on inpatient, day case and outpatient activity funded by the NHS in Scotland. The releases include details about: outpatient attendances, including new attendances, Accident and Emergency attendances, and patients who did not attend scheduled appointments; emergency admissions; and same-day surgery cases. The releases also present statistics on available staffed beds, bed occupancy rates, and inpatient episodes treated per bed as a measure of throughput. Following a user consultation in January 2011, ISD now publishes *Acute Hospital Activity* both annually (in September each year) and quarterly in March, June and December. The quarterly publications include the latest monthly and quarterly trend data, and the annual publication includes all the data on ISD's acute hospital activity web pages.
- 2.2 Unintentional Injuries⁶ include road traffic accidents, burns, falls and assaults, and are a common cause of emergency hospital admissions or deaths. ISD has published statistics on unintentional injuries for over five years. The annual publication presents statistics about emergency hospital admissions and deaths as a result of unintentional injury. ISD provides information for both children and adults and breakdowns of the statistics by age, sex, cause of injury, type of injury, level of deprivation and by NHS Board and Community Health Partnership.
- 2.3 ISD compiles its statistics on acute hospital activity from several national data returns⁷ which are completed from hospital administrative systems on patient activity. For its statistics on unintentional injuries, ISD also uses mortality data provided by National Records for Scotland⁸.
- 2.4 Users of ISD's Secondary Care statistics include the Scottish Government, the Scottish Parliament, NHS Boards (Chief Executives and information departments), NHS clinical staff, NHS organisations such as Health Protection Scotland and NHS 24⁹, the private sector (for example, pharmaceutical companies), the media, the general public, academics, scrutiny bodies such as Audit Scotland, and voluntary organisations. The statistics are used for various purposes, including:
- monitoring patient activity levels nationally and locally (NHS Board level);
 - planning, commissioning, improving and redesigning secondary care services;

⁶ The term 'unintentional injury' is preferred to 'accident' as the latter implies events are unavoidable whereas a high proportion of these incidents are regarded as being preventable.

⁷ <http://www.isdscotlandarchive.scot.nhs.uk/isd/4159.html>

⁸ <http://www.gro-scotland.gov.uk/>

⁹ NHS 24 is an online health information and self-care service run by the NHS in Scotland: <http://www.nhs24.com/content/>

- monitoring progress against NHS Scotland targets¹⁰ to reduce emergency inpatient bed days for over 65s, and to maximise the proportion of surgical procedures, which are carried out in a day case or outpatient setting;
- clinical research and epidemiological studies;
- contributing to international health comparisons;
- informing the media, parliamentary debates and the work of scrutiny organisations; and
- informing lobby campaigns, for example, about the number of hospital beds available.

2.5 ISD told us that, due to the way it allocates budgets to its work programmes, it is unable to estimate the costs of producing Secondary Care statistics.

¹⁰ <http://www.scotland.gov.uk/About/scotPerforms/partnerstories/NHSScotlandperformance>

3 Assessment findings

Principle 1: Meeting user needs

The production, management and dissemination of official statistics should meet the requirements of informed decision-making by government, public services, business, researchers and the public.

- 3.1 ISD does not have a user group for its statistics on acute hospital activity but has regular bilateral discussions with users of the statistics including policy officials in the Scottish Government and information managers in NHS Boards. ISD does not publish any information about these discussions. ISD's Public Health Injuries Steering Group advises on statistics on unintentional injuries. ISD has not published any information about this group such as the remit, membership or papers from meetings, or its discussions relating to *Unintentional Injuries*. As part of the designation as National Statistics, ISD should publish information about how ISD engages with users of Secondary Care statistics and takes account of their views¹¹ (Requirement 1).
- 3.2 In 2009 ISD consulted users about the timetable for publishing *Acute Hospital Activity* and later published the results of this consultation and a new publication timetable. This report is no longer accessible on ISD's website. From late 2010 to early 2011 ISD carried out a further consultation about the content and format of *Acute Hospital Activity*. ISD statisticians told us that they published the results of this consultation, and included a summary of the changes in the most recent release¹² in March 2011. ISD told us that it is currently reviewing *Unintentional Injuries* and plans to consult users about these statistics by the end of 2011.
- 3.3 ISD has a good understanding of the various users and uses of its Secondary Care statistics and includes some information about uses in its publications. However, there is scope to provide further details about uses and the types of decision the statistics inform. We suggest that ISD refer to the types of use put forward in the Statistics Authority's Monitoring Brief, *The Use Made of Official Statistics*¹³ when documenting use.
- 3.4 In May 2011, ISD introduced a standard template which it uses for most of its statistics publications. The new template allows users to give their views on various aspects of the publication including frequency, timeliness, context and interpretation, presentation and overall suitability. ISD told us that it will consider users' responses when developing future publications. We welcome this approach and encourage ISD to continue developing its user engagement to inform the timing, format and content of its publications.

¹¹ In relation to Principle 1, Practices 2 and 5 of the *Code of Practice*

¹² See footnote 4

¹³ <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-briefs/monitoring-brief-6-2010---the-use-made-of-official-statistics.pdf>

Principle 2: Impartiality and objectivity

Official statistics, and information about statistical processes, should be managed impartially and objectively.

- 3.5 Since December 2009, ISD has based a small number of analyses for its acute hospital activity statistics on patients' discharge dates rather than admission dates. ISD informed users about this change on its website¹⁴, in the publication summary and in the statistical publication. ISD told us that this change had a negligible impact on the statistics and that it had been agreed in advance with key users. The Assessment team considers that ISD could have provided more timely information on this change to its wider users. As part of the designation as National Statistics, ISD should announce changes to methods or classifications well in advance of publishing the changed statistics¹⁵ (Requirement 2).
- 3.6 ISD adds caveats to its published Secondary Care statistics, stating that some 'minor revisions' to the statistics may be made. We were told that if revisions are found to be significant, they will be highlighted in the notes and beside the affected statistics. ISD has improved the information on the nature and extent of revisions in the annexes of *Acute Hospital Activity*, published on 28 June. The accessibility of this information is not easily found alongside the revised statistics. We suggest that ISD review the presentation of the information about revisions; for example by including a brief explanation, or links to the relevant annexes.
- 3.7 No errors have been found in either *Acute Hospital Activity* or *Unintentional Injuries*.

¹⁴ <http://www.isdscotlandarchive.scot.nhs.uk/isd/5412.html>

¹⁵ In relation to Principle 2, Practice 4 of the *Code of Practice*

Principle 3: Integrity

At all stages in the production, management and dissemination of official statistics, the public interest should prevail over organisational, political or personal interests.

- 3.8 No incidents of political pressures, abuses of trust or complaints relating to professional integrity, quality or standards were reported to or identified by the Assessment team.
- 3.9 ISD and the Scottish Government Health Department have an agreement, signed by the Director-General of the Health Department and the Chief Executive of NHS National Services Scotland, about the respective roles and responsibilities for the publication of official statistics. The agreement confirms that the final responsibility for the content, format and timing of releases lies with ISD. Within ISD, official statistics publications are overseen by senior staff with a sign-off process that requires every publication to be signed-off by a Head of Group, Head of Programme or their deputies before release.
- 3.10 ISD statisticians are kept aware of their roles and responsibilities by regular awareness sessions, seminars and internal email updates. They are authorised to communicate directly with the media and receive support from ISD's senior managers and communication staff when responding to journalists. ISD has also developed protocols for staff which provide advice on dealing with the media.

Principle 4: Sound methods and assured quality

Statistical methods should be consistent with scientific principles and internationally recognised best practices, and be fully documented. Quality should be monitored and assured taking account of internationally agreed practices.

- 3.11 ISD includes information about the various data sources it uses to compile its Secondary Care statistics in the statistical publications. For some *Acute Hospital Activity* statistics, ISD publishes detailed information¹⁶ about how emergency admissions, multiple emergency admissions and bed days are defined and calculated.
- 3.12 ISD publishes some information about the quality of data sources, for example the percentage completeness of the data returns which are used to produce the statistics on acute hospital activity. However, there is scope for ISD to provide more information about the overall quality and reliability of the published statistics – for example, whether there are any biases, or any suspected under- or over-counting of *Unintentional Injuries*. As part of the designation as National Statistics, ISD should publish more information about the quality and reliability of the statistics¹⁷ (Requirement 3).
- 3.13 Some data on outpatients provided by hospitals are incomplete due to differing recording arrangements among NHS Boards. ISD replaces incomplete records with estimates and queries anomalies with the data providers. However, this is not always clearly explained in the releases. We suggest that ISD provide clear explanations about missing or imputed data alongside the published statistics.
- 3.14 ISD publishes information¹⁸ about differences between its published statistics on acute hospital activity and related statistics from other sources, such as its statistics on waiting times and on costs. ISD also includes definitions and caveats about the statistics in *Acute Hospital Activity* and *Unintentional Injuries*. However, some of these caveats are quite vague, noting for example that figures may increase slightly in future releases. We suggest that ISD provide more detailed information to help users interpret the statistics appropriately.
- 3.15 ISD adopts standard procedures for quality assuring the data on acute hospital activity and unintentional injuries. These include comparing data with previous quarterly figures data and checking any significant changes in trend data with information managers in individual Health Boards. We suggest that ISD publish summary information about its quality assurance procedures.
- 3.16 For statistics on available beds published in *Acute Hospital Activity*, ISD provides a link to corresponding statistics¹⁹ in England. However, ISD does not provide direct links to other UK or international statistics on hospital activity as there are differences in definitions between Scottish and other countries' data. We suggest that ISD publish information to explain why most Scottish Secondary Care statistics are not directly comparable with the rest of the UK. ISD does provide some specific analyses of Scottish hospital activity data for

¹⁶ <http://www.isdscotlandarchive.scot.nhs.uk/isd/5412.html>

¹⁷ In relation to Principle 4, Practice 2 of the *Code of Practice*

¹⁸ <http://www.isdscotlandarchive.scot.nhs.uk/isd/3409.html>

¹⁹ <http://www.isdscotland.org/Health-Topics/Hospital-Care/Beds/>

UK²⁰ and international²¹ publications. We suggest that ISD provide clear signposting to relevant UK and international publications.

²⁰ http://www.statistics.gov.uk/downloads/theme_health/ukhs4/ukhs4-2010.pdf

²¹ http://epp.eurostat.ec.europa.eu/portal/page/portal/product_details/dataset?p_product_code=HLTH_RS_BDSRG

Principle 5: Confidentiality

Private information about individual persons (including bodies corporate) compiled in the production of official statistics is confidential, and should be used for statistical purposes only.

- 3.17 All ISD staff sign confidentiality agreements when they join ISD and on an annual basis thereafter, confirming that they have read the relevant NHS Confidentiality Guidelines.
- 3.18 ISD statisticians informed us that they carry out disclosure risk assessments for each statistical publication and only publish aggregated, non-disclosive data. ISD has published its disclosure control protocol²² on its website and applies this to all its published information and responses to information requests and Parliamentary Questions. Any release of record-level Secondary Care data to a third party – for example, NHS Boards or university researchers – follows ISD's confidentiality regulations and protocols which require recipients of the data to sign confidentiality protection agreements.

²² <http://www.isdscotland.org/About-ISD/About-Our-Statistics/isd-statistical-disclosure-protocol.pdf>

Principle 6: Proportionate burden

The cost burden on data suppliers should not be excessive and should be assessed relative to the benefits arising from the use of the statistics.

- 3.19 ISD compiles its Secondary Care statistics using information from administrative data, most of which are routinely collected by hospitals for local operational purposes or are routinely provided by National Records of Scotland to ISD.
- 3.20 ISD discusses data supply issues with data providers (at NHS Board level) via Data Change Control Groups such as the Definitions Liaison Group²³ and publishes 'Quality, Definitions & Validation' newsletters²⁴ to update providers about changes in data recording and validation.

²³ <http://www.isdscotlandarchive.scot.nhs.uk/isd/1600.html>

²⁴ <http://www.isdscotlandarchive.scot.nhs.uk/isd/1599.html>

Principle 7: Resources

The resources made available for statistical activities should be sufficient to meet the requirements of this Code and should be used efficiently and effectively.

- 3.21 One full-time equivalent statistician is responsible for producing *Acute Hospital Activity*, and a 0.25 FTE statistician manages *Unintentional Injuries*. The resource also includes work not directly related to the production of these statistics, such as: responding to Freedom of Information requests, Parliamentary Questions and other information requests. ISD informed us that it has enough resources to produce Secondary Care statistics to the required standard to comply with the *Code of Practice for Official Statistics*.
- 3.22 ISD has a five-year Strategy Plan supported by annual business plans. It specifies and monitors expenditure and staff resource at programme level.
- 3.23 ISD uses the standard competency framework for non-clinical NHS staff in the UK to document and manage the knowledge and skills of its employees. This framework is used to assess staff performance and identify training and development needs. ISD has developed a staff learning and development programme. A range of training courses, online learning opportunities and other resources are available to staff. ISD uses the National Services Scotland Recruitment and Selection Policy and Guidelines for appointing staff.

Principle 8: Frankness and accessibility

Official statistics, accompanied by full and frank commentary, should be readily accessible to all users.

- 3.24 In May 2011 ISD introduced a new format for its statistical releases with the aim of providing users with a simpler and more consistent layout than previously. Each of the redesigned Secondary Care statistical releases contains background information, a summary of key points, a metadata section and a glossary. While ISD has taken a range of initiatives in this area, the level of commentary in the releases varies. In some cases, ISD describes only the rises and falls in the statistics while in other sections, particularly in the *Unintentional Injuries* release, it provides more insightful commentary. ISD mentions the NHS targets associated with *Acute Hospital Activity* statistics briefly but there is scope to provide more information about these targets (for example, latest progress against them) and other contextual information (for example, to explain the relevance and importance of available beds). As part of the designation as National Statistics, ISD should improve the commentary in its Secondary Care statistical releases and provide more contextual information about the statistics²⁵ (Requirement 4). We suggest that in meeting this requirement ISD should consider the points detailed in Annex 2.
- 3.25 In May 2011 ISD also launched a new website which aims to improve the accessibility of its statistics. ISD took into account users' responses to its annual survey and feedback on proposed changes from selected users. The new website has been designed to provide a clearer structure and to allow easier topic-based searches. However, there is scope to improve the accessibility of Secondary Care statistics – for example, by providing clearer links between its series of online tables and those provided in the publications. We suggest that ISD investigate ways of improving the accessibility of its Secondary Care statistics.
- 3.26 ISD publishes its Secondary Care statistics at various levels of detail including Scotland, NHS Board level, various age and sex breakdowns, and by specialty. ISD also allows users to analyse and re-use data by providing access to a range of data marts through the Scottish Health Information Service²⁶. This enables Health Boards to access data securely, and to create and run reports on a range of data collections such as the NHS Scotland Corporate Data Warehouse²⁷. ISD publishes tables in Excel format to allow users to re-use the data.

²⁵ In relation to Principle 8, Practice 2 of the *Code of Practice*

²⁶

<http://www.isdscotland.org/Products%2Dand%2DServices/Scottish%2DHealth%2DInformation%2DService/>

²⁷ <http://www.isdscotland.org/Products-and-Services/Scottish-Health-Information-Service/Data-Marts/Corporate-Data-Warehouse/>

Protocol 1: User engagement

Effective user engagement is fundamental both to trust in statistics and securing maximum public value. This Protocol draws together the relevant practices set out elsewhere in the Code and expands on the requirements in relation to consultation.

3.27 The requirements for this Protocol are covered elsewhere in this report.

Protocol 2: Release practices

Statistical reports should be released into the public domain in an orderly manner that promotes public confidence and gives equal access to all, subject to relevant legislation.

- 3.28 ISD lists all statistical releases – including both its National Statistics and other official statistics – planned for the next 12 months on its website. ISD updates this list each month. All ISD's National Statistics can be accessed via the National Statistics Publication Hub. Statisticians' contact details are included in the releases.
- 3.29 The Secondary Care statistical releases include information about the categories of people granted pre-release access to the statistics. However, these lists give no indication of the number of individuals granted pre-release access. We suggest that ISD publish information about the number of people in each category granted pre-release access to Secondary Care statistics.

Protocol 3: The use of administrative sources for statistical purposes

Administrative sources should be fully exploited for statistical purposes, subject to adherence to appropriate safeguards.

- 3.30 All the data which ISD uses to compile its Secondary Care statistics are collected and collated by other parts of ISD or by NRS. These data are made available in standard files for further analysis by the Secondary Care team. ISD has published a Statement of Administrative Sources²⁸ which includes the sources it uses to produce the Secondary Care statistics. The statement indicates that most administrative data are validated at source but does not provide much information about how the quality of the data in the administrative systems is audited in the light of its statistical use. As part of the designation as National Statistics, ISD should provide details in the Statement of Administrative Sources about the arrangements for auditing the quality of the administrative data it uses to produce Secondary Care statistics²⁹ (Requirement 5).
- 3.31 ISD's main analysis file – which it uses to compile its Secondary Care statistics – is a linked dataset which ISD holds centrally and routinely updates with new information. ISD combines hospital discharge records (submitted between 1980 and the present day) with cancer and death registration records to form continuous patient-level profiles. ISD uses this resource to perform various analyses, for example, centred on the concept of the 'patient journey'.

²⁸ http://www.isdscotland.org/About-ISD/About-Our-Statistics/ISD_Statement_of_administrative_sources_Jan2010%20V1.pdf

²⁹ In relation to Protocol 3 Practice 5(e) of the *Code of Practice*

Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to ISD's Secondary Care statistics in the interest of the public good. These are not formally required for designation, but the Assessment team considers that their implementation will improve public confidence in the production, management and dissemination of official statistics.

- | | |
|---------------------|--|
| Suggestion 1 | Refer to the types of use put forward in the Statistics Authority's Monitoring Brief, <i>The Use Made of Official Statistics</i> when documenting use (para 3.3) |
| Suggestion 2 | Review the presentation of the information about revisions; for example by including a brief explanation, or links to the relevant annexes (para 3.6) |
| Suggestion 3 | Provide clear explanations about missing or imputed data alongside the published statistics (para 3.13) |
| Suggestion 4 | Provide more detailed information to help users interpret the statistics appropriately (para 3.14) |
| Suggestion 5 | Publish summary information about quality assurance procedures (para 3.15) |
| Suggestion 6 | Publish information to explain why most Scottish Secondary Care statistics are not directly comparable with the rest of the UK (para 3.16) |
| Suggestion 7 | Provide clear signposting to relevant UK and international publications (para 3.16) |
| Suggestion 8 | Consider the points detailed in Annex 2, in seeking to improve the statistical releases (para 3.24) |
| Suggestion 9 | Publish information about the number of people granted pre-release access to Secondary Care statistics (para 3.29) |

Annex 2: Compliance with the Standards for Statistical Releases

- A2.1 In October 2010, the Statistics Authority issued a statement on *Standards for Statistical Releases*³⁰. Whilst this is not part of the *Code of Practice for Official Statistics*, the Authority regards it as advice that will promote both understanding and observation of the Code. In relation to the statistical releases associated with Scottish Secondary Care statistics, this annex comments on compliance with the statement on standards.
- A2.2 In implementing any Requirements of this report (at paragraph 1.5) which relate to the content of statistical releases, we encourage the producer body to apply the standards as fully as possible.

Appropriate identification of the statistics being released

- A2.3 All releases clearly state the title and period of reference on the front page. They all identify the producer organisation, include the name and contact details of the responsible statistician and use appropriate headings and logos for a National Statistics product. The releases all have a contents section and an introduction which explains the topics covered in the release. It is clear in the releases which statistics are new but it is not made clear whether previous years' figures have been revised. The figures in Table 1 in *Acute Hospital Activity*³¹, for example, are marked 'p' for provisional but this is not explained anywhere.

Include commentary that is helpful to the non-expert and presents the main messages in plain English

- A2.4 All three releases include a few bullet points outlining the key findings from each of the topic areas. The releases do contain some more specialised terms (such as episodes³², in/outpatient) but they provide a comprehensive glossary of these terms at the back. Some abbreviations and terms could benefit from explanatory footnotes (for example, that HEAT targets refer to Health improvement, Efficiency, Access to services and Treatment appropriate to individuals). The quality of the commentary in the releases varies. In some sections, ISD describes only the rises and falls, with little extra explanation of why these might have occurred. For example, in *Unintentional Injuries*, it states that most such injuries are not dealt with in hospitals but by general practitioners (GPs). However no indication is given of overall totals, or links given to where to find more information about injuries treated by GPs. In other areas, useful explanations are provided, for example, in *Unintentional Injuries* about why the number of home injuries is higher for children under the age of 5. However, no explanation is given for why boys under 15 have more emergency admissions due to unintentional injury than girls. The releases contain a good mixture of tables, graphs and diagrams, some presenting longer time series. Little contextual information or explanation is provided for beds statistics in

³⁰ <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-releases.html>

³¹ <http://www.isdscotland.scot.nhs.uk/Health-Topics/Hospital-Care/Publications/2010-12-14/2010-12-14-AcuteActivity-Report.pdf?36175173522>

³² An episode is generated when a patient is discharged from hospital or to another health facility

Acute Hospital Activity, despite these seemingly being of great interest to the media and lobby groups.

Use language that is impartial, objective and professionally sound

A2.5 The text used in all releases is impartial. Descriptive statements are mostly consistent with the statistics. The descriptions of proportions, changes and trends are largely professionally sound but there is scope to provide more explanation of, for example, confidence intervals for standard mortality ratios in *Unintentional Injuries*, and clearer explanations about the use of rates and numbers of emergency admissions.

Include information about the context and likely uses

A2.6 The releases contain very little information on context or likely uses of the statistics. NHS targets are mentioned but there is no further information about how the current position compares with the target or where to find more information. The releases make no further mention of use. Similarly, very little information is provided in the releases about the quality of the statistics. The introductory sections contain a few explanations of the differences between these and related statistics. Some individual sections, such as Inpatient Procedures and operations, mention coding and other changes affecting the statistics. ISD highlights some issues with quality such as "the quarterly figures include an element of estimation and are likely to change in future release" but gives no further information about what this means for the statistics or where to find out more about these estimations. Similarly, ISD provides a caution for Nurse and AHP Activity statistics due to issues with data completeness although no further information is given about the extent of this.

Include, or link to, appropriate metadata

A2.7 *Acute Hospital Activity* includes an appendix which notes the data sources and their coverage and completeness, and links to more information on the data collection process and clinical coding information. The metadata section in *Unintentional Injuries* does mention the source but gives no further information. Section 3.1 of that release, for example, uses a population denominator but does not give the source of these population figures. There is no mention of the reliability of the figures, any recording errors, under-coverage, and other quality issues. Elsewhere ISD has published an analysis of the reliability of the data sources, but this is not linked from the releases. ISD does not attempt to answer questions such as, how accurate are medical staff when recording type or place of injury? Are there any common errors or omissions? The releases contain information on the comparability (or lack thereof) of these statistics with similar statistics published by ISD, primarily due to differing definitions. However, little mention is made of similar statistics relating to England, Wales or Northern Ireland. *Acute Hospital Activity* contains links to information of clinical coding changes. This appears to be the only major change to have occurred in recent years.

Annex 3: Summary of assessment process and users' views

A3.1 This assessment was conducted from April to June 2011.

A3.2 The Assessment team – Phil Grigor and Cathy Kruger – agreed the scope of and timetable for this assessment with representatives of ISD in April. The Written Evidence for Assessment was provided on 27 May. The Assessment team subsequently met ISD during June to review compliance with the *Code of Practice*, taking account of the written evidence provided and other relevant sources of evidence.

Summary of users contacted, and issues raised

A3.3 Part of the assessment process involves our consideration of the views of users. We approach some known and potential users of the set of statistics, and we invite comments via an open note on the Authority's website. This process is not a statistical survey, but it enables us to gain some insights about the extent to which the statistics meet users' needs and the extent to which users feel that the producers of those statistics engage with them. We are aware that responses from users may not be representative of wider views, and we take account of this in the way that we prepare assessment reports.

A3.4 The Assessment team received 13 responses from the user consultation. The respondents were grouped as follows:

NHS	9
Scottish Government	2
Audit Scotland	1
Academia	1

A3.5 Users who responded to our survey were satisfied with the level of engagement and contact with ISD. They noted recent consultations carried out by ISD on changes being made to the statistics and told us that they would welcome information on all issues that might affect the statistics. Most users use the statistics for monitoring performance and benchmarking against other areas and NHS Boards. They also use the data for further analyses at local level and in reviewing and planning local services.

A3.6 Several users mentioned that the lack of timeliness of the statistics hindered their usefulness. They said that they would like to see provisional statistics earlier, even if there are issues with their quality. A small number of users were also concerned about the consistency of returns from hospitals, particularly episode data and available beds. Users considered the commentary provided by ISD to be adequate, although some mentioned the need for more definitions of the measures used such as 'length of stay', which can be defined in different ways.

Key documents/links provided

Written Evidence for Assessment document

