

Assessment of compliance with the Code of Practice for Official Statistics

Statistics on Health and Social 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.

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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 statistics, produced by the Information Services Division (ISD) of NHS National Services Scotland, reported in:

- *Delayed Discharges in NHS Scotland*⁴;
- *Findings from the Balance of Care/Continuing Care Census*⁵; and
- *Care Home Census*⁶

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 listed in 1.1.1 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 has a good understanding of the users and uses of its delayed discharge and continuing care statistics. It includes some information about uses in its publications. *Care Home Census* has recently been transferred to ISD from the Scottish Government. ISD told us that they are improving their knowledge of the use of these statistics through a consultation which will investigate the needs of users and the type of uses. Whilst this is good practice, ISD could publish more information about these uses and users' experiences of *Care Home Census*.

1.3.2 The publications include key points and useful summaries but there is scope to improve the quality of the commentary and to provide more contextual information to help users to understand and interpret the 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/Health-and-Social-Community-Care/>

⁵ Ibid 4

⁶ Ibid 4

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 a summary of the findings from the ‘Care Home Census User & Provider’ survey (para 3.2).
Requirement 2	Publish users’ experiences of <i>Balance of Care/Continuing Care</i> statistics and ensure that these reports are accessible on ISD’s website (para 3.3).
Requirement 3	Publish statements to explain the nature and extent of revisions at the same time that the statistics are released (para 3.5).
Requirement 4	Publish more comprehensive information about the quality and reliability of care home statistics, and provide further information on the variation and comparability of the <i>Balance of Care/Continuing Care</i> statistics between areas such as NHS Boards and local authorities (para 3.11).
Requirement 5	Publish more details of the arrangements for the protection of <i>Care Home Census</i> data, and ensure that the data suppliers are informed of these (para 3.17).
Requirement 6	Report annually the estimated costs to care homes in responding to the care home census (para 3.19).
Requirement 7	Improve the commentary in these statistical releases, provide more contextual information about the statistics and review the presentation of these statistics in graphs and tables (para 3.22).
Requirement 8	Provide details about the arrangements for auditing the quality of the administrative data used to produce these statistics (para 3.29).

2 Subject of the assessment

- 2.1 ISD produces a range of statistics on health and social care in Scotland. The three sets of statistics covered in this assessment provide detailed information about patients waiting to be discharged from hospital, the number of NHS Continuing Health Care⁷ patients, and the number and characteristics of residents in registered care homes in Scotland.
- 2.2 *Delayed Discharges in Scotland* presents statistics on the number of NHS inpatients assessed as ready to be discharged from hospital but cannot leave because the necessary care, support or accommodation is not available for them. Information is provided on the duration and reason for delay, and trends over time. These statistics are presented for each NHS Board, Community Health Partnership⁸ and local authority in Scotland. ISD publishes *Delayed Discharges in Scotland* quarterly, one month after data collection. ISD has published statistics on delayed discharges since 2000. Data on delayed discharges is collected for operational purposes by NHS Boards and local authorities. ISD collects the data directly from the NHS Boards in Scotland through the Delayed Discharges Quarterly Census. The data are validated by the NHS Boards and ISD carry out further quality assurance during the production of the statistics.
- 2.3 *Findings from the Balance of Care/Continuing Care Census* presents statistics on patients who have been assessed for the provision of NHS Continuing Health Care. NHS Continuing Health Care is a package of health care provided and solely funded by the NHS. Patients normally receive this care in a ward, hospice or contracted inpatient bed within an independent sector provider, such as a care home. These are patients who require ongoing and regular specialist supervision as a result of intense or complex health needs, the need for frequent clinical interventions, and the need for routine use of specialist healthcare equipment or treatment requiring specialist supervision. The release also presents statistics on patients who do not meet the criteria for the provision of NHS Continuing Health Care, but have been in hospital for over a year and for whom there is no estimated date of discharge. The statistics are presented for each NHS Board and local authority by the age and gender of the patients, length of stay, and type of care. ISD conducts a census of the NHS Boards twice a year and publishes the statistics annually. NHS Boards are responsible for completing the censuses and transmitting the data to ISD.
- 2.4 *Care Home Census* presents statistics on care homes for adults collected in an annual census. The release presents the provision⁹ of care homes and numbers of places and residents, by local authority area. It also presents statistics on the characteristics of long-stay residents who have been resident during the year, including gender and age group, care needs, and length of

⁷ http://www.sehd.scot.nhs.uk/mels/CEL2008_06.pdf

⁸ Community Health Partnerships are subdivisions of NHS Boards in Scotland that provide integrated health and social care in primary and community settings. For more information:

<http://www.chp.scot.nhs.uk/>

⁹ Providers of the care homes include; local authority or NHS, private sector or voluntary sector.

stay at census date and at discharge. Interim statistics on care home places and residents were published in October 2010 and fuller statistics on the characteristics of residents and charges were published in June 2011. These statistics were previously published¹⁰ by the Scottish Government, but in 2010 the responsibility for the release transferred to ISD. ISD told us that it plans to review the timing and content of future publications. This transfer was intended to facilitate the collection and production of statistics on health and social care. The census data are collected from each care home registered with Social Care and Social Work Improvement Scotland¹¹ (SCSWIS) regulator. Aggregate data are collected on numbers of residents¹² by type of resident, average weekly charge, and the number of places. Individual level data are collected for all long stay residents over the year, including demographic details, care needs and the source of funding (local authority, NHS Board or private). SCSWIS are responsible for collecting the data from care homes and transferring the information to ISD.

- 2.5 The Scottish Government, NHS Boards, local authorities and Community Health Partnerships in Scotland use these statistics to monitor the provision and delivery of health and social care services. Statistics on the reasons for delayed discharges are used by NHS Boards as indications of the quality of discharge planning and capacity in other health and social care settings. This information is also used to benchmark performance between NHS Boards and local authorities. The Scottish Government uses the statistics on continuing care to monitor the number and characteristics of patients solely funded by NHS, and to monitor its Change Fund¹³. The Change Fund for 2011-12 is an allocation of £70 million to enable health and social care partners to implement local plans to make better use of their combined resources for providing services for older people; it is designed to facilitate shifts in the balance of care from institutional to primary and community settings. The statistics on continuing care, and those from the Care Home Census, are also used to measure progress against a Scottish Government performance indicator¹⁴ to increase the percentage of people aged 65 and over with high levels of care needs who are cared for at home.
- 2.6 ISD told us that, due to the way it allocates budgets to its work programmes, it is unable to estimate the costs of producing the statistics included in this assessment.

¹⁰ <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/Data/CareHomes#top>

¹¹ <http://www.scswis.com/>

¹² Data are also collected on admissions, discharges and deaths of residents since the previous census date for validation.

¹³ <http://www.scotland.gov.uk/Topics/Health/care/reshaping/changefund>

¹⁴ <http://www.scotland.gov.uk/About/scotPerforms/indicators/CareAtHome>

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 consults the users of its health and social care statistics through the Health and Social Care Information Programme steering group¹⁵, which has representatives from the NHS, local authorities, SCSWIS, and Scottish Government analysts and policy officials. ISD also consults users of the delayed discharge and continuing care statistics at quarterly meetings of the National Advisory Group on Delayed Discharges and Continuing Care Information¹⁶. ISD provides information about the membership of these groups but it does not publish any papers from the group meetings. We suggest ISD publish more information about these groups, including related papers and notes of meetings, to help inform users of these statistics.
- 3.2 ISD has regular meetings with Scottish Government policy officials and analysts to discuss their information needs for care home statistics. However, some of the *Care Home Census* data suppliers who responded to our consultation told us that they are unsure how these statistics are used and do not feel adequately consulted. ISD has little published documentation about the uses of the Care Home Census, but has told us that it is planning to carry out a 'Care Home Census User & Provider' survey this year, following completion of the 2011 Care Home Census data collection. ISD also plans to consult other users who have expressed an interest in care statistics on the Scotstat register¹⁷ of users. As part of the designation as National Statistics, ISD should publish a summary of the findings from the 'Care Home Census User & Provider' survey¹⁸ (Requirement 1). In meeting this Requirement, 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*¹⁹ when documenting use.
- 3.3 ISD publishes a summary of the views of its users in an annual customer survey report²⁰. This report covers all statistics produced by ISD, and reports at topic level such as health and social care. ISD also carried out a consultation about the delayed discharge statistics, to which 27 users responded. ISD published the outcome of the consultation on its website²¹. ISD also carried out a consultation with the NHS Board data suppliers of the Continuing Care Census which focused on the future timing of the data collection and publication, but has not published the results of this consultation. As part of the designation as National Statistics, ISD should publish users' experiences of

¹⁵ <http://isd.scot.nhs.uk/isd/1323.html>

¹⁶ <http://www.isdscotland.org/isd/1208.html>

¹⁷ <http://www.scotland.gov.uk/Topics/Statistics/scotstat>

¹⁸ In relation to Principle 1, Practice 2 of the *Code of Practice*

¹⁹ <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-briefs/monitoring-brief-6-2010---the-use-made-of-official-statistics.pdf>

²⁰ <http://www.isdscotland.org/ISD-Customer-Survey-2010-report.pdf?3>

²¹ <http://www.isdscotlandarchive.scot.nhs.uk/isd/2359.html>

Balance of Care/Continuing Care statistics and ensure that these reports are accessible on ISD's website²² (Requirement 2).

- 3.4 In May 2011, ISD introduced a standard template that it will use for most of its statistics publications. The new template makes it easier for 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 these 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.

²² In relation to Principle 1, Practice 5 of the *Code of Practice*

Principle 2: Impartiality and objectivity

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

- 3.5 ISD has published a revisions policy²³ on its website and has issued supplementary revisions guidance to staff. Each release for these statistics includes a revisions statement which states that previously published data are not revised but the latest publication will show the revised figures. The Assessment team considers that this statement does not provide sufficient information about the nature and extent of revisions. As part of the designation as National Statistics, ISD should publish statements to explain the nature and extent of revisions at the same time that the statistics are released²⁴ (Requirement 3).
- 3.6 ISD told us that it announces major changes to classifications and methods in advance of publishing the changed statistics. There have been no major changes to, or errors in, these statistics. For more minor changes, such as the changes to codes for delayed discharge, ISD informs users in the statistical releases.

²³ <http://www.isdscotland.org/About-ISD/About-Our-Statistics/>

²⁴ In relation to Principle 2 Practice 6 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.

- 3.7 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.
- 3.8 ISD statisticians are kept aware of their roles and responsibilities through regular training sessions, seminars and internal email updates. They are authorised to communicate directly with the media and receive support from ISD senior managers and communication staff. ISD has also developed protocols for staff which provide advice on dealing with journalists and other media.
- 3.9 ISD told us that its Head of Profession has sole responsibility for deciding on statistical methods, standards and procedures, and on the content and timing of the *Care Home Census* release. ISD assumed responsibility from the Scottish Government for the analysis and publication of Care Home Census statistics in 2010. However, the Scottish Government still provide the introductory letter and data collection guidance²⁵ to care homes; neither of these explain that responsibility for these statistics has transferred to ISD. We suggest that ISD considers ways to improve the communication of this to care homes.

²⁵ <http://scotland.gov.uk/Topics/Statistics/Browse/Health/ScottishCareHomeCensusB>

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.

- 3.10 ISD provides a useful overview of the definitions and methods, quality and accuracy of the data sources it uses to produce these statistics in metadata annexes within the statistical publications. These summaries provide information on data continuity and completeness, such as the response rate to the Care Home Census. ISD publishes detailed information on definitions and methods separately. For *Delayed Discharges in NHS Scotland*, ISD publishes a data definition manual²⁶ covering the concepts and definitions used in the delayed discharges census. ISD also publishes a data definition manual²⁷ for the *Balance of Care/Continuing Care Census*.
- 3.11 ISD told us that some care homes do not complete the Census, and that data for these homes will be imputed. The imputed data will be based on the previous year's return or data from other care homes. The release provides a short overview of this but could provide more information on the quality and reliability of these statistics. ISD told us that the *Balance of Care/Continuing Care* statistics should be interpreted with caution when making comparisons between areas - such as NHS Boards and local authorities - as the provisions of NHS Continuing Health Care may vary across Scotland. This statement is also provided near the start of the release; however, ISD does not provide any information on the nature of this variation and the limitations of this. As part of the designation as National Statistics, ISD should publish more comprehensive information about the quality and reliability of Care Home Statistics, and provide further information on the variation and comparability of the *Balance of Care/Continuing Care* statistics between areas such as NHS Boards and local authorities²⁸ (Requirement 4).
- 3.12 For *Care Home Census*, ISD directs users to further information²⁹ about the data definitions used for the 2009 and 2010 Care Home Censuses, published by the Scottish Government. ISD does not publish information about earlier censuses, although the most recent Care Home Census published in June 2011 includes new statistics from 2007. We suggest ISD publishes further information on the definitions and methods used for the 2007 and 2008 Care Home Censuses.

²⁶ http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/DD_DRM_effective_July2010_update.pdf

²⁷ <http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/NHS-Continuing-Care/ContinuingCareCensusGuidanceSept09.pdf>

²⁸ In relation to Principle 4, Practice 2 and Principle 8, Practice 1 of the *Code of Practice*

²⁹ <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/ScottishCareHomeCensusB>

- 3.13 ISD told us that it adopts standardised procedures for quality assuring the data on delayed discharges³⁰ and continuing care³¹; the details of this are provided on ISD's website. Anomalies and summary information are returned to individual Health Boards for checking. The Care Home Census returns are checked with information held by SCSWIS, and compared with previous years. ISD does not publish details about the quality assurance checks it carries out on Care Home Census returns. We suggest that ISD publish summary information about the quality assurance procedures it uses to produce care home statistics.
- 3.14 ISD identifies some comparable statistics in the metadata for *Care Home Census*, including the Scottish Government's quarterly survey from local authorities³² which includes statistics on long-stay residents in care homes who are funded by the local authority. The quarterly survey states that these statistics are used to monitor trends between the annual Care Home Census, but does not provide information on how these statistics are used. ISD does not publish information about differences between its published care home statistics and other related statistics. We suggest that ISD provide more detailed information about the quarterly survey from local authorities, and explain the circumstances in which to use the different sources, to help users interpret the care home statistics appropriately.
- 3.15 ISD does not provide direct links to other UK or international statistics on delayed discharge, continuing care or care homes. We were told that no direct comparisons are possible due to differences in definitions between Scottish and other countries' data. We suggest that ISD publish information to explain the reasons why these statistics are not comparable with the other countries of the UK.

³⁰ <http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/Guidelines/>

³¹ <http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/NHS-Continuing-Care/>

³² <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/Data/QuarterlySurvey>

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.

- 3.16 All ISD staff sign confidentiality agreements as part of their induction and on a yearly basis thereafter, which confirm that they have read the relevant NHS Confidentiality Guidelines. ISD has published its disclosure control protocol³³ on its website and applies this to all its published information and responses to information requests, including Parliamentary Questions. Any release of record-level data to a third party also follows ISD's confidentiality regulations and protocols.
- 3.17 ISD has published a confidentiality statement on its website³⁴, and an information leaflet for patients³⁵, which describe how the personal information that ISD holds is protected. ISD told us that Care Home Census data are supplied by the individual care homes using a secure electronic transfer system (eForms), hosted by SCSWIS. As part of this process, care homes are required to sign a declaration that informs them that the data is transferred to the Scottish Government, and provides some information on how the data is protected. However, this declaration does not state that the data is shared with ISD. As part of the designation as National Statistics, ISD should publish more details of the arrangements for the protection of *Care Home Census* data, and ensure that the data suppliers are informed of these³⁶ (Requirement 5).

³³ <http://www.isdscotland.org/About-ISD/About-Our-Statistics/isd-statistical-disclosure-protocol.pdf>

³⁴ <http://www.isdscotland.org/Products-and-Services/Data-Protection-and-Confidentiality/>

³⁵ <http://www.isdscotlandarchive.scot.nhs.uk/isd/3577.html>

³⁶ In relation to Principle 5, Practices 3 and 4 of the *Code of Practice*

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.

- 3.18 In 2009, ISD facilitated information workshops for data suppliers of the Delayed Discharge and Continuing Care censuses. This informed ISD's changes to the arrangements for data collection and publication.
- 3.19 ISD compiles its delayed discharge statistics using a range of administrative data that are collected by hospitals for management purposes. The Continuing Care Census is collected using a spreadsheet which is completed by each Health Board. ISD provides data suppliers with completed spreadsheets from the previous census to help with completion and validation. The care homes census is submitted in two parts: the aggregate return; and individual level information for each long stay resident. Some data suppliers to our consultation reported that this caused an additional burden, particularly for the individual level information required. ISD told us that it will consult the data suppliers about these concerns through its 'Care Home Census User & Provider' survey in an attempt to address this. ISD does not publish annually the costs to care homes for supplying the census data. As part of the designation as National Statistics, ISD should report annually the estimated costs to care homes in responding to the care home census³⁷ (Requirement 6). We suggest that ISD use the findings from its survey of users and data suppliers to develop methods that will reduce the costs and burden of supplying the Care Home Census data.

³⁷ In relation to Principle 6, Practice 1 of the *Code of Practice*

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.

- 3.20 ISD estimated that 1.7 full-time equivalent (FTE) statisticians produce *Delayed Discharge in NHS Scotland*, and 0.5 FTE produce *Balance of Care/Continuing Care*. 0.6 FTE statisticians produce *Care Home Census*. In addition to producing the publications, these resources are also used to deal with information requests, Parliamentary Questions and development work. ISD informed us that it has adequate resources to produce, manage and disseminate these statistics to the standards of the *Code*.
- 3.21 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 told us that it adheres to 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.

- 3.22 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. Each of the redesigned health and social care statistical releases contains background information, a summary of key points, a metadata section and a glossary. The releases include charts to illustrate trends but in some instances these are difficult to interpret, for example, the multiple stacked bar illustrating trends in the types and numbers of delayed discharge over time. Also, there are no charts to aid the interpretation of the care characteristics of residents in *Care Home Census*, which is a detailed part of the data collection. As part of the designation as National Statistics, ISD should improve the commentary in these statistical releases, provide more contextual information about the statistics and review the presentation of these statistics in graphs and tables³⁸ (Requirement 7). We suggest that in meeting this requirement ISD should consider the points detailed in Annex 2.
- 3.23 In May 2011 ISD 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. The topic home page includes links to earlier publications. However, the detailed tables of statistics from earlier publications are often difficult to locate. ISD also publishes the tables and charts associated with each release in Excel spreadsheets, although these do not always include the data used to create the graphs presented in the release. We suggest that ISD investigate ways of improving the accessibility of these statistics and the associated data.
- 3.24 These statistics are used to inform changes to the way the health and social care sectors in Scotland plan and deliver integrated care. The commentary in the releases tends to focus on each set of statistics separately, although three users told us that the releases would be more helpful if they included information from other sources. We suggest ISD provide an overview of the range of statistics available in Scotland on integrated health and social care and provide a link to this from the releases or its website.

³⁸ In relation to Principle 8 Practice 2 of the *Code of Practice*

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.

3.25 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.

- 3.26 ISD lists all statistical publications planned for the next 12 months on its website and on the Scottish Government website, and it provides an update to this list each month. All ISD's National Statistics can be accessed via the National Statistics Publication Hub.
- 3.27 ISD told us that it has internal project plans and Standard Operating Procedures for publishing its web-based releases. The contact details for the responsible statisticians are included in all releases.
- 3.28 The publications for these statistics 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 who are granted pre-release access to health and social care statistics. ISD also keeps records of people granted other types of early access but does not publish them.

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.

3.29 ISD has published a *Statement of Administrative Sources*³⁹ which includes the sources it uses to produce these statistics. The statement indicates that most administrative data are validated at source but provides no details about how it audits the quality of these statistics. As part of the designation as National Statistics, ISD should provide details about the arrangements for auditing the quality of the administrative data it uses to produce these statistics⁴⁰ (Requirement 8).

³⁹ http://www.isdscotland.org/About-ISD/About-Our-Statistics/ISD_Statement_of_administrative_sources_Jan2010%20V1.pdf

⁴⁰ 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 Health and Social 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.

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|----------------------|---|
| Suggestion 1 | Publish more information about the Health and Social Care Information Programme and other consultation groups, including related papers or notes of meetings, to help inform users of these statistics (para 3.1). |
| Suggestion 2 | 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 3.2). |
| Suggestion 3 | Consider ways to improve the communication of the transfer of responsibilities for the Care Home Census (para 3.9). |
| Suggestion 4 | Publish further information on the definitions and methods used for the 2007 and 2008 Care Home Censuses (para 3.12). |
| Suggestion 5 | Publish summary information about the quality assurance procedures used to produce care home statistics (para 3.13). |
| Suggestion 6 | Provide more detailed information about the Scottish Government's quarterly survey from local authorities, and explain the circumstances in which to use the different sources, to help users interpret the care home statistics appropriately (para 3.14). |
| Suggestion 7 | Publish information to explain the reasons why these statistics are not comparable with those produced in the other countries of the UK (para 3.15). |
| Suggestion 8 | Use the findings from its survey of users and data supplier to develop methods that will reduce the costs and burden of supplying the Care Home Census data (para 3.19). |
| Suggestion 9 | Consider the points detailed in Annex 2, in seeking to improve the statistical releases (para 3.22). |
| Suggestion 10 | Investigate ways of improving the accessibility of these statistics and the associated data (para 3.23). |

Suggestion 11

Provide an overview of the range of statistics available in Scotland on integrated health and social care, and provide a link to this from the releases or ISD's website (para 3.24).

Suggestion 12

Publish information about the number of people in each category granted pre-release access to health and social care statistics (para 3.28).

Annex 2: Compliance with the Standards for Statistical Releases

A2. In October 2010, the Statistics Authority issued a statement on *Standards for Statistical Releases*⁴¹. 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 these health and social 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 The title *Care Home Census* which was used for the first of two publications of these data could cause confusion, as it only presented a small amount of the data collected in the Census. This is likely to be rectified for future publications as ISD plans to release all the data at once. The frequencies of the publications are provided in the metadata which is part of the release, although this could be made clearer within the introductory text. Each release follows a standard format for ISD publications with name and contact details for the analysts included in the contact section.

A2.4 There is a brief account of the content and a list of tables in each release, although *Delayed Discharges in NHS Scotland* does not provide details about the breakdowns used in the publication. *Care Home Census* suggests that it relates to the most recent care home census, although it (helpfully) includes new data from previous censuses. The metadata also refers only to the most recent census.

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

A2.5 Each release includes a number of bullet points reporting a selection of the statistics in the release, but there is no summary of the main messages from the statistics. The language is mostly clear, and each release includes a useful glossary of terms. The *Findings from the Balance of Care/Continuing Care Census* reports statistics on Category A and Category B patients, but it does not provide much information about the relevance of these two groups. The release could be improved by providing more informative descriptions.

⁴¹ <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-releases.html>

A2.6 There is limited commentary in the releases. The most recent *Delayed Discharges* highlights a considerable change in the number of delayed discharges over time but does not provide a useful explanation of the reasons for this. The release mostly presents a selection of statistics without any indication of their relevance. *Balance of Care/Continuing Care Census* includes comparisons of the rates of Category A patients within each NHS Board area but it does not provide any commentary about the reasons for this. However, there is an indication in the release that there may be different approaches to NHS Continuing Care across areas. *Care Home Census* presents statistics on places in care homes by local authority area, but it could be improved by providing information about the changes in the stock of care homes, such as closures.

A2.7 Each release tends to include the reference tables as links to Excel spreadsheets, but would be improved by including some charts and tables to highlight key messages. For example, in *Care Home Census* there are no charts illustrating trends in the characteristics of long-stay residents.

Use language that is impartial, objective and professionally sound

A2.8 The statistics are presented impartially. There are a number of instances where the presentation of the statistics could be improved. For example, in *Delayed Discharges in NHS Scotland* there is a graph which illustrates the number of patients who have been delayed by the number of weeks delay at the time of the census, with a breakdown of the principal reasons for the delay. The data presented in this graph is variable over time and between censuses; more information on how to interpret this information should be provided.

A2.9 *Balance of Care/Continuing Care Census* includes useful charts which compare the length of stay of patients by type of care. The statistics on average costs of care are based on aggregating average costs provided by care homes, but it is not clear whether these are weighted to reflect the types of residents within each care home.

Include information about the context and likely uses

A2.10 *Delayed discharges* and *Continuing Care* include some background to the policies and legislation covering these statistics, but there is little policy or operational context included in *Care Home Census*. Each release includes a list of the key uses of the statistics, but little information is provided about what the statistics show in relation to relevant government targets.

A2.11 The releases include some information about quality within the metadata annexes. *Delayed Discharges* and *Balance of Care/Continuing Care* include a statement that the statistics are accurate as they are used in service delivery, although there is no indication of how this is assessed and monitored or any evidence to support this assertion. ISD provides information about how the Care Home Census data are verified using previous censuses and checking against other administrative data, but does not provide any information about the quality of the statistics on the characteristics of residents. For the Care

Home Census, ISD imputes missing data based on previous returns, or using data from other care homes. However, there is insufficient information provided on the extent and pattern of non-response by the care homes or non-response to individual questions, or the implications of this for the quality of the statistics.

Include, or link to, appropriate metadata

A2.12 The releases include data definitions and links to detailed guidance documents used in collecting these statistics. There is no information provided about corresponding statistics from other countries in the UK. The publications state that revisions to statistics are included in subsequent publications but there is no indication which statistics have been revised.

Annex 3: Summary of assessment process and users' views

A3.1 This assessment was conducted from March to September 2011.

A3.2 The Assessment team – David Duncan-Fraser and Celia Macintyre – agreed the scope of and timetable for this assessment with representatives of ISD in March. The Written Evidence for Assessment was provided on 11 April. 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 32 responses from the user consultation. The respondents were grouped as follows:

Local authority	14
Scottish Government	7
NHS Scotland	4
Academia	2
Care Home suppliers	5

A3.5 Local authority and NHS Scotland users were generally content with the level of engagement with ISD and the presentation of these statistics. Users told us that they use these statistics for monitoring performance, the provision of health and social care, and benchmarking with other areas. The care home suppliers that responded to our consultation were content with the level of information given to them to complete the Care Home Census; however, there was some concern over the amount of resource required to complete these returns. They also said that they were unsure how this data was being used, and did not feel adequately consulted about the Care Home Census. User engagement for *Care Home Census* has previously been carried out by the Scottish Government, given that the statistics have only recently transferred to ISD.

Key documents/links provided

Written Evidence for Assessment document

