

Assessment of compliance with the Code of Practice for Official Statistics

Statistics on Hospital Standardised Mortality Ratios and NHS Complaints in Scotland

*(produced by the Information Services Division, 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 reported in *NHS Complaints Statistics – Scotland*⁴ (*Complaints*) produced by the Information Services Division, NHS National Services Scotland (ISD).
- 1.1.2 The Act also allows the appropriate authority⁵ to request an assessment of other official statistics in order for them to gain National Statistics status. This report is in response to such a request in relation to the set of statistics reported in *Quarterly Hospital Standardised Mortality Ratios*⁶ (*HSMR*), produced by ISD.
- 1.1.3 Section 3 of this report adopts an ‘exception reporting’ approach – it includes text only to support the Requirements made to strengthen compliance with the *Code* and Suggestions made to improve confidence in the production, management and dissemination of these statistics. This abbreviated style of report reflects the Head of Assessment’s consideration of aspects of risk and materiality⁷. The Assessment team nonetheless assessed compliance with all parts of the *Code of Practice* and has commented on all those in respect of which some remedial action is recommended.
- 1.1.4 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 product listed in paragraph 1.1.1 are designated as National Statistics, and that the statistics published in the product listed in paragraph 1.1.2 can be designated as a new National Statistics product, subject to ISD implementing the enhancements listed in section 1.5 and reporting them to the Authority by July 2013.

¹ <http://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/Quality-Improvement/Publications/2012-09-25/2012-09-25-Complaints-Report.pdf>

⁵ Subsection 12(7) of the Act defines ‘appropriate authority’ as Ministers of the Crown, Scottish Ministers, Welsh Ministers, Northern Ireland departments or the National Statistician

⁶ <http://www.isdscotland.org/Health-Topics/Quality-Indicators/HSMR/>

⁷ <http://www.statisticsauthority.gov.uk/assessment/assessment/guidance-about-assessment/criteria-for-deciding-upon-the-format-of-an-assessment-report.pdf>

1.2.2 ISD has informed the Assessment team that it has started to implement the Requirements listed in section 1.5. The Statistics Authority welcomes this.

1.3 Summary of strengths and weaknesses

1.3.1 ISD engages actively with users of these statistics within the NHS, and such interaction is well regarded by users. ISD has not investigated the uses of these statistics outside the NHS.

1.3.2 Limitations in the methods used to produce HSMRs, and uncertainty about recording practices of complaints at local level, hinders the ability to compare individual hospital and NHS Board statistics against others. Differences in the methods used to produce *HSMR* between the UK countries mean that statistics for the different countries cannot be compared easily. The commentary in *Complaints* and in *HSMR* does not draw out the main messages about what the statistics mean.

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 (a) Take steps to develop a more complete understanding of the needs of users and potential users of these statistics outside the NHS; and (b) publish the relevant information and assumptions and use them to better support the beneficial use of the statistics (para 3.1).

Requirement 2 Review the drafting in *NHS Complaints Statistics* of contextual information about complaint handling in the NHS, to ensure that the information presented is impartial and objective (para 3.2).

Requirement 3 (a) Provide more information in *Quarterly Hospital Standardised Mortality Ratios* about why particular methodological choices were made and the audit procedures in place to ensure data quality, and (b) investigate the feasibility of improving the methods for producing HSMRs to assist users to judge the standard of performance achieved, and to enable members of the public to inform their own healthcare choices, and monitor the performance of

the NHS in Scotland taking account of good practice in the use of standardised mortality ratios (para 3.3).

Requirement 4

Investigate the nature and extent of the difference in recording practices about complaints, publish the results, including fuller information about the quality of the statistics, and consider what steps might be taken to increase the utility of these statistics (para 3.4).

Requirement 5

Provide users with links to equivalent statistics for other countries of the UK and summary information about any differences (para 3.5).

Requirement 6

Improve the commentary in the reports so that it aids user interpretation of the statistics (para 3.7).

Requirement 7

Ensure that 'early access' and pre-release access lists are kept under close review so that privileged access is granted only where absolutely necessary and for the shortest time possible (para 3.9).

2 Subject of the assessment

- 2.1 ISD publishes *Complaints* annually towards the end of September, approximately six months after the end of the year to which the statistics relate. It presents the number of complaints classified by type of health service provider (such as hospital and community services and family services) and by Special Health Boards (such as the Scottish Ambulance Service⁸, NHS 24⁹ and the Scottish National Blood Transfusion Service¹⁰). *Complaints* presents a time series of complaints statistics for hospital and community services for the previous 10 years, as well as the proportions of complaints responded to within a 20-day target time for the previous 5 years. Summary breakdowns of the latest year's statistics by the service complained about and the outcome of the complaint (whether it was fully, partially or not upheld) are presented. Accompanying tables, detailing the relevant statistics (some in a time series from 1996/97 and others from 2002/03 to the latest full year), are provided.
- 2.2 NHS Scotland introduced a complaints procedure in April 1996 and revised it in April 2005¹¹. Legislation enacted in 2011¹² introduced a right for people to give feedback, make comments, raise concerns or make complaints about the health care received from the NHS in Scotland. Secondary legislation¹³ enacted in April 2012 made NHS Boards directly responsible for the collection, monitoring and reporting of complaints received in relation to the services they provide. NHS Boards submit summary information about complaints to ISD using the ISD(S) 40 forms¹⁴, to comply with the national complaints recording system. Additionally the legislation placed responsibilities on the Boards to collect and monitor complaints received by their Family Health Service providers.
- 2.3 NHS Boards, Special Health Boards (such as the National Waiting Times Centre Board¹⁵, and The State Hospital¹⁶) and hospitals use the complaints statistics to identify remedial improvement both for complainants and for the wider NHS. A user group, NHS Complaints Personnel Association Scotland¹⁷ (NCPAS), uses the statistics to examine issues of common concern to complaints personnel and evaluate the effectiveness of actions taken. The NHS uses the statistics to monitor indicators for the achievement of statutory response times¹⁸. Scottish Government Health Department uses the statistics to answer Parliamentary Questions¹⁹ and press enquiries²⁰. The office of the

⁸ <http://www.scottishambulance.com/>

⁹ <http://www.nhs24.com/>

¹⁰ <http://www.scotblood.co.uk/>

¹¹ <http://www.scottishhealthcouncil.org/idoc.ashx?docid=6e5425a2-49cc-490e-b84b-ebdb12912297&version=-1>

¹² <http://www.scotland.gov.uk/Topics/Health/Policy/Patients-Rights>

¹³ www.sehd.scot.nhs.uk/mels/CEL2012_07.pdf

¹⁴ <http://www.isdscotland.org/Health-Topics/Quality-Improvement/NHS-Complaints-Statistics/>

¹⁵ <http://www.nhsgoldenjubilee.co.uk/>

¹⁶ <http://www.tsh.scot.nhs.uk/>

¹⁷ www.knowledge.scot.nhs.uk/ncpas.aspx

¹⁸ See footnote 13

¹⁹ <http://www.scottish.parliament.uk/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S4W-09734&ResultsPerPage=10>

²⁰ <http://www.heraldscotland.com/comment/herald-view/diagnosing-the-nhs-complaints.18907147>

- Scottish Public Services Ombudsman²¹ uses the statistics as part of its role to monitor the effectiveness of the NHS complaints system.
- 2.4 The Hospital Standardised Mortality Ratio²², HSMR, is a hospital-level indicator, providing quarterly mortality monitoring for the majority of NHS Scotland acute and geriatric hospitals. HSMR is the ratio of the observed number of deaths to the predicted number of deaths. All deaths of admitted patients within 30 days of admission are included in the ratio, even if the patient was subsequently discharged from hospital. The statistical model used to produce HSMRs estimates the risk of mortality based on the characteristics of patients admitted and calculates the predicted number of deaths using base data from 2006-07. *Quarterly Hospital Standardised Mortality Ratios (HSMR)* reports both HSMR and crude death rate²³ statistics approximately one quarter after the period to which the statistics relate, and presents a time series back to the baseline year of 2006/07. HSMRs are presented for each hospital as well as being aggregated for the whole of Scotland.
- 2.5 ISD produces HSMRs based on administrative data from hospitals about patients discharged (referred to as SMR01 data²⁴), and death records held by the National Records of Scotland²⁵ (previously the General Register Office for Scotland²⁶).
- 2.6 An Inquiry led by Robert Francis QC²⁷ into Mid Staffordshire NHS Foundation Trust published in 2010 recommended that an independent working group be set up by the Department of Health to examine and report on the methodologies in use for standardised hospital mortality statistics in England. The working group's report recommended how such mortality statistics should be collected, analysed and published, both to promote public confidence and understanding of the process, and to assist hospitals to use such statistics as a prompt to examine particular areas of patient care. This work led to the publication, as experimental statistics, by the Health and Social Care Information Centre (HSCIC), of the Summary Hospital Mortality Index²⁸ (SHMI). The SHMI uses observed hospital related deaths (defined as all deaths of in-patients or patients within 30 days of discharge for all conditions) as the numerator. The denominator is the number of deaths that might reasonably be deemed to be 'expected' for the period, in the context of the population served and the 'case-mix' of the hospital. An SHMI 'score' of 1 is where the observed and expected number of deaths in a period are equal.
- 2.7 Bodies within NHS Scotland, such as hospitals, NHS Boards²⁹ and Healthcare Improvement Scotland³⁰, use the HSMR to identify the extent to which initiatives to improve patient safety and clinical outcomes are effective and

²¹ www.spso.org.uk/media-centre/research/research-nhs-complaints

²² <http://www.isdscotland.org/Health-Topics/Quality-Indicators/HSMR/>

²³ Crude death rate is the number of observed deaths as a proportion of the number of patients admitted during the reference period

²⁴ <http://www.isdscotland.org/Products-and-Services/Data-Quality/Previous-Projects/smr01-timeliness-qa-2007.asp>

²⁵ <http://www.nrscotland.gov.uk/>

²⁶ <http://www.gro-scotland.gov.uk/>

²⁷ <http://www.midstaffsinquiry.com/pressrelease.html>

²⁸ <http://www.ic.nhs.uk/SHMI>

²⁹ For example – www.nhsaaa.net/media/142316/210610hsmr2.pdf

³⁰ <http://www.healthcareimprovementscotland.org/default.aspx?page=13997>

whether systems of care are working well. It is one of 12 Quality Outcome Measures used for these purposes³¹. The Quality Alliance Board³² oversees quality improvement in the Scottish Health Service; one of the initiatives of this Board is the Scottish Patient Safety Programme³³ (SPSP). The Quality Alliance Board uses HSMRs to measure performance against the SPSP target to reduce hospital standardised mortality by 20 per cent by December 2015.

- 2.8 ISD told us that 2.1 full-time equivalent staff are deployed to produce and disseminate the HSMR and complaints statistics. Little additional burden is imposed on the NHS in producing these statistics.

³¹ www.scotland.gov.uk/Resource/Doc/311667/0098354.pdf

³² <http://www.scotland.gov.uk/Topics/Health/Policy/Quality-Strategy/Quality-Alliance-Board>

³³ <http://www.scottishpatientsafetyprogramme.scot.nhs.uk/programme>

3 Assessment findings

- 3.1 ISD undertakes an annual user survey to gather feedback about users' experiences of the statistics and statistical services, and has published the results³⁴. The statistical teams in ISD have regular contact with the main users of these statistics in the NHS and organise themed conferences and seminars based upon user feedback – for example in 2010 on quality improvement. NHS users, contacted as part of this Assessment, commented favourably on their engagement with the statistical teams. ISD and its partners have documented the uses of the HSMRs by NHS staff such as Hospital Heads of Quality, Medical Directors, and Heads of Risk and Clinical Governance. ISD has not investigated or documented the needs of users of *HSMR* or *Complaints* outside the NHS (such as patients or public representatives, commercial bodies, academic researchers, and the media). As part of the designation as National Statistics, ISD should (a) take steps to develop a more complete understanding of the needs of users and potential users of these statistics outside the NHS; and (b) publish the relevant information and assumptions and use them to better support the beneficial use of the statistics³⁵ (Requirement 1). We suggest that in meeting this requirement ISD refer to the types of use put forward in the Authority's Monitoring Brief, *The Use Made of Official Statistics*³⁶.
- 3.2 *Complaints* gives useful information about the policy and operational context within which the statistics have been produced, although some of this could be regarded as being subjective. *Complaints* states that the NHS complaints system 'epitomises the culture of person-centeredness, reflective learning and quality improvement which is a cornerstone of the Healthcare Quality Strategy for NHS Scotland'. As part of the designation as National Statistics, ISD should review the drafting in *Complaints* of contextual information about complaints handling in the NHS, to ensure that the information presented is impartial and objective³⁷ (Requirement 2).
- 3.3 A degree of academic debate exists about the validity of using HSMR-type measures to improve the quality of care³⁸. *HSMR* acknowledges that several factors contribute to changes in the scores – for example improvements in healthcare, reductions in injury or harm and the statistical model's ability to fully allow for changes in the severity of illness in patients admitted. User guidance provided by Healthcare Improvement Scotland³⁹ states that 'the HSMR is not fit for purpose as a screening tool for identifying low or high performing hospitals, and it should not be used to make comparisons between hospitals'. The importance of enabling the public to judge for themselves the standards of performance achieved, to inform their own healthcare choices and to enable them to monitor the performance of an important public service was commented upon by Robert Francis QC in the first report of his Inquiry into Mid Staffordshire NHS Foundation Trust. As part of the designation as National Statistics, ISD should (a) provide more information in *HSMR* about why

³⁴ <http://www.isdscotland.org/ISD-Customer-Survey-2012-report.pdf>

³⁵ In relation to Principle 1, Practices 1, 2 and 5 of the *Code of Practice*

³⁶ <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-reviews/monitoring-brief-6-2010---the-use-made-of-official-statistics.pdf>

³⁷ In relation to Principle 2, Practice 2 of the *Code of Practice*

³⁸ <http://www.ncbi.nlm.nih.gov/pubmed/22410410>

³⁹ <http://www.healthcareimprovementscotland.org/default.aspx?page=13997>, page 10

particular methodological choices were made and the audit procedures in place to ensure data quality, and (b) investigate the feasibility of improving the methods for producing the HSMRs to assist all users to judge the standard of performance achieved, and to enable members of the public to inform their own healthcare choices, and monitor the performance of the NHS in Scotland taking account of good practice in the use of standardised mortality ratios⁴⁰ (Requirement 3).

- 3.4 ISD has published information about data sources and definitions for complaints statistics on its website⁴¹. For instance *Complaints* states, in relation to the accuracy of these statistics, that the 'quality assurance of the complaints data [is conducted] by NHS Boards and ISD'. However, ISD does not publish sufficient information about the quality of the underlying administrative data, for example to explain how they are quality assured and, where applicable, audited. ISD provides guidance on definitions and a submission template to Health Board complaints assessors⁴², but refers to differences in local recording practices (about what constitutes a complaint) on its website. Users contacted as part of this assessment expressed concern about this. As part of the designation as National Statistics, ISD should investigate the nature and extent of the difference in recording practices about complaints, publish the results, including fuller information about the quality of the statistics, and consider what steps might be taken to increase the utility of these statistics⁴³ (Requirement 4).
- 3.5 *Data on Written Complaints in the NHS*⁴⁴ published by the HSCIC, which presents the complaints statistics for the NHS in England, provides a useful comparison of the factors contributing to the view that statistics from the UK countries are not easy to compare. The metadata presented in *Complaints* discusses comparability of the statistics over time but not between UK countries. ISD provides links on its website to complaints statistics for England and Wales; however the links are either broken or point to incorrect sources and no links are given in *Complaints* itself. As part of the designation as National Statistics, ISD should provide users with links to equivalent statistics for other countries of the UK and publish summary information about any differences⁴⁵ (Requirement 5).
- 3.6 The Assessment team noted during the assessment that HSMR tables could be accessed from ISD's homepage only by navigating through several ISD web pages and were not easy to locate. ISD subsequently took action to publish *HSMR* as a full report on an easily located ISD webpage.
- 3.7 *Complaints* includes commentary with charts and summary tables to enhance the interpretability of the statistics. However, contextual information, such as changes in the number of complaints as a proportion of the various activities of the NHS, or some plausible reasons why the number of complaints is

⁴⁰ In relation to Principle 4, Practices 1 and 2 of the *Code of Practice*

⁴¹ <http://www.isdscotland.org/Health-Topics/Quality-Indicators/NHS-Complaints-Statistics/Data-Sources-and-Definitions/>

⁴² http://www.isdscotland.org/Health-Topics/Quality-Improvement/NHS-Complaints-Statistics/Data-Sources-and-Definitions/Definitions-Document_V23.pdf

⁴³ In relation to Principle 4, Practice 2 of the *Code of Practice*

⁴⁴ <http://www.ic.nhs.uk/catalogue/PUB07197/data-writ-comp-nhs-2011-2012-rep.pdf>

⁴⁵ In relation to Principle 4, Practice 6 of the *Code of Practice*

increasing, is not provided. Response time statistics focus narrowly on the achievement of targets; no indications of the distribution of times in ranges below or above the target are provided. As a result it is not possible to fully assess the performance of the NHS in responding to complaints within and beyond the target times which would help contextualise these statistics. Metadata in *Complaints* is often general; for instance, the only description of the relevance and key uses of the statistics is 'national performance and benchmarking'. *HSMR* provides commentary, analysis, policy and operational context. However, the commentary could be clearer about what the statistics mean (for instance, proportions of hospitals which have persistently high HSMR scores and those which have persistently lower than average scores) and what they do not mean (for instance, contextual information about changes in proportions of people dying in hospital rather than elsewhere, proportions of people surviving for longer than 30 days after admission and then dying). As part of the designation as National Statistics, ISD should improve the commentary in the reports so that it aids user interpretation of the statistics⁴⁶ (Requirement 6). We suggest that ISD consider the points detailed in annex 2, in seeking to improve these reports. We further suggest that ISD improve the metadata in *Complaints* to clearly identify the most important issues that affect the quality of the statistics.

- 3.8 The Assessment Team also noted during the assessment that HSMRs were ready one month in advance of publication, but that ISD did not release them immediately (so that it could issue groups of reports at the same time). ISD has subsequently decided to amend its release practice so that from May 2013 *HSMR* will be outside the usual bunching timetable and will be consistent with pre-release conventions adopted for other ISD statistics.
- 3.9 ISD issues the HSMRs of all hospitals to approximately 95 NHS staff – for example Chief Executives, Medical Directors, and communications personnel – prior to release. As part of the designation as National Statistics, ISD should ensure that 'early access' and pre-release access lists are kept under close review so that this privileged access is granted only where absolutely necessary and for the shortest time possible⁴⁷ (Requirement 7). We suggest that ISD publish in the reports the numbers of post holders with privileged access to these statistics for each category of job title.

⁴⁶ In relation to Principle 8, Practice 2 of the *Code of Practice*

⁴⁷ In relation to Protocol 2, Practice 7 of the *Code of Practice*

Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to the statistics on Hospital Standardised Mortality Ratios and Complaints Statistics produced by ISD, 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 Authority's Monitoring Brief, <i>The Use Made of Official Statistics</i> (para 3.1). |
| Suggestion 2 | Consider the points detailed in annex 2, in seeking to improve the statistical reports (para 3.7). |
| Suggestion 3 | Improve the metadata in <i>Complaints</i> to clearly identify the most important issues that affect the quality of the statistics (para 3.7). |
| Suggestion 4 | Publish in the reports the numbers of post holders with pre-release access to these statistics for each category of job title (para 3.9). |

Annex 2: Compliance with Standards for Statistical Reports

- A2.1 In November 2012, the Statistics Authority issued a statement on *Standards for Statistical Reports*⁴⁸. While this is not part of the *Code of Practice for Official Statistics*, the Authority regards it as advice that will promote both understanding and compliance with the *Code*. In relation to the statistical reports associated with the statistics on Hospital Standardised Mortality Ratios and Complaints in the NHS in Scotland, 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 reports, we encourage the producer body to apply the standards as fully as possible.

Include an impartial narrative in plain English that draws out the main messages from the statistics

- A2.3 *Complaints* sets out, in an extensive introduction, some background to NHS complaints handling as well as some of the recently introduced legislation which affects how complaints are dealt with. Key points are summarised in the report, but this summary does not provide an explanation of what the statistics might mean. No potential reasons are offered to explain the patterns in the statistics, or how the statistics relate to other statistics (for instance, on patient experience, patient satisfaction or complaints taken to the Scottish Public Services Ombudsman⁴⁹). The report does not refer to relevant research findings⁵⁰ which may help to contextualise the statistics, for example, research about patients' experience of complaints handling by the NHS in Scotland. The language in the report is straightforward and widely understood.
- A2.4 ISD publishes *HSMR* on its website as a full PDF document accompanied by a short summary document. ISD also publishes detailed HSMR data in Excel files, which are linked from the PDF report. The report includes background and context about the uses of the statistics and a narrative drawing out the main messages.

Include information about the context and likely uses of the statistics

- A2.5 *Complaints* and *HSMR* give descriptions of what they are measuring and why, as well as descriptions and explanations of the concepts. The reports and accompanying information provide some of the operational context in which these statistics have been produced, such as the targets for hospital mortality and responsiveness to complaints. The reports explain why these statistics are important to the NHS, as well as their known uses. ISD does not publish assumptions about potential uses of these statistics or about uses of the statistics by users outside the NHS.

⁴⁸ <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-reports.html>

⁴⁹ See footnote 21

⁵⁰ http://www.spsa.org.uk/webfm_send/2105

Include information about the strengths and limitations of the statistics in relation to their potential use

- A2.6 *Complaints* includes only general statements about the quality of the statistics in relation to their potential use. There is no reference to research conducted in 2006, into patient experiences of the NHS complaints process⁵¹, which found significant discrepancies between a patient's perceptions of responsiveness and the official statistics. The research cited a number of possible reasons for example, differences in recording practices and patient recall. ISD told us that it improved consistency of recording and coding since the publication of these findings but further work is required.
- A2.7 *HSMR* does not comment on the limitations of the statistics in relation to their potential use by those outside the NHS; for example, the appropriateness of their use by patients making choices about where they might receive treatment. The narrative does not provide examples of where the statistics have proved to be robust in informing decisions; for example, about introducing or ceasing certain treatments, or sharing experiences with others to spread good practice. ISD gives some information on its website that cautions against the use of the statistics for comparing HSMRs between hospitals or boards. *HSMR* describes possible factors contributing to change in HSMR scores such as data quality, clinical coding and other limitations of the model. However, ISD does not provide sufficient information about the likely impact of these limitations on the statistics. ISD presents information on its website about the nature and extent of any revisions to HSMRs, when they are likely to revise them and how these revisions affect the statistics. However, this information is not included in the report itself.

Be professionally sound

- A2.8 Users may see a statement in the introduction to *Complaints* as subjective. The descriptive statements in *Complaints* are demonstrably consistent with the statistics and descriptions of proportions, changes, trends and patterns are professionally sound. Charts and tables in *Complaints* conform to good practice standards. The HSMR user guide⁵², accompanying the statistics, states that HSMR is intended to reduce the incidence of 'avoidable mortality'. However, *HSMR* states that 'if the number of deaths is more than predicted (HSMR is more than 1) this does not necessarily mean that these were avoidable deaths (i.e that these should not have happened at all) or that they were unexpected or attributable to failings in the quality of care'. The ability of HSMRs to help reduce the incidence of avoidable mortality is unclear.

Include, or link to, appropriate metadata

- A2.9 Both *Complaints* and *HSMR* have titles describing the coverage of the statistics and the point in time or period to which the latest statistics relate. Both sets of statistics are clear about the frequency of publication but neither report makes explicit which statistics in the reports are new. The name of the

⁵¹ http://www.spsa.org.uk/webfm_send/2105

⁵² See footnote 32

producer body as well as contact details for the responsible statisticians, are prominent in the reports. The reports or accompanying documentation on the ISD website, provide information about definitions, data sources, methods and links to data in Excel format. ISD does not include a link to its revisions policy in either *Complaints* or in *HSMR*.

- A2.10 *Complaints* is clearly described as National Statistics, with the appropriate logo. Links to the relevant comparator data are included in both reports. *Complaints* provides links to similar statistics however some links are broken or go to out of date statistics. *HSMR* provides key comparisons between the favoured methods for hospital mortality indicators in Scotland and England and links to the relevant statistics for other parts of the UK.

Annex 3: Summary of assessment process and users' views

- A3.1 This assessment was conducted from October 2012 to January 2013.
- A3.2 The Assessment team – Iain Russell and Russell Whyte – agreed the scope of and timetable for this assessment with representatives of ISD in October. The Written Evidence for Assessment was provided on 23 November. The Assessment team subsequently discussed the evidence with ISD in December 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 sets 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 19 responses from the user consultation. Users' views were also collected using other sources including feedback to a public consultation on the introduction of new legislation, two research reports (one academic and the other based on patient experiences from 2006) and our attendance at a user group meeting. The respondents were grouped as follows:

NHS	13
Scottish Government	2
Academic	1
Consultants	2
Ombudsman	1

- A3.5 Users reported that their engagement with ISD was good and that the statistics met their needs. Users suggested some improvements to the HSMR model, particularly to provide advice about the uncertainty in predicted mortality statistics; and to release complaints statistics more frequently. Suppliers of complaints data relating to Family Health Services (see paragraph 2.2) reported that they were not consistently using ISD's template for data collection and were concerned about data consistency. Suppliers also expressed some dissatisfaction with the current IT system for submitting the data. NHS Scotland reported in 2011 that it has long been recognised that complaints statistics produced about family health services providers are not detailed enough, invalidated and likely to be of poor quality. Research conducted by consultants in 2006 found that patients' experiences of the responsiveness by the NHS to complaints differed significantly from the official statistics at the time.

Key documents/links provided

Written Evidence for Assessment document

