

Assessment of compliance with the Code of Practice for Official Statistics

Statistics about Inpatients formally detained in hospitals under the Mental Health Act 1983, and patients subject to supervised community treatment

*(produced by the Health and Social Care Information
Centre)*

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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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Statistics about Inpatients formally detained in hospitals under the Mental Health Act 1983, and patients subject to supervised community treatment

(produced by the Health and Social Care Information Centre)

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 *Inpatients formally detained in hospitals under the Mental Health Act 1983, and patients subject to supervised community treatment (Inpatients detained)*⁴, produced by the Health and Social Care Information Centre (HSCIC).
- 1.1.2 Although the statistics in *Inpatients detained* were designated National Statistics before the Statistics Act came into force – that is, they were ‘legacy’ National Statistics – they were not included within the first round of Assessment. At that time HSCIC made the case for their exclusion because it anticipated substantial changes to the statistics following a review and consultation that were underway at the time. After the review and consultation were concluded and resulting actions taken, HSCIC suggested that the assessment of the statistics should go ahead, although it recognised that one important aspect – a transition between the two data sources that are used to produce the statistics – would not be complete.
- 1.1.3 This report was prepared by the Authority’s Assessment team, and approved by the Regulation Committee on behalf of the Board of the Statistics Authority, based on the advice of the Director General for Regulation.

1.2 Summary of strengths and weaknesses

- 1.2.1 *Inpatients detained* provides information for monitoring uses of the *Mental Health Act 1983* (the Act), which is a topic of considerable social and Parliamentary interest, and provides information about some of the most vulnerable mental health patients. Following developments that started with the advent of ‘Care in the Community’ policies in the 1980s, mental health policy in England is moving towards a more patient-centred approach. This patient-centred approach is reflected in a phased change to a new data source for the statistics that collects information on patients’ mental health treatment. In contrast the established data collection system records incidences of uses of the Act. One current disadvantage of the new data source is that it has recognised gaps. As a result HSCIC classifies those statistics that are derived from the new data source and that cover uses of the Act as experimental statistics⁵. The publication of these experimental statistics during the transition meets identified user needs for patient-based as well as incidence-based statistics, and for increased sub-group analysis. HSCIC is managing the

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.hscic.gov.uk/catalogue/PUB12503/inp-det-m-h-a-1983-sup-com-eng-12-13-rep.pdf>

⁵ Experimental statistics are defined in the *Code of Practice for Official Statistics* as ‘new official statistics undergoing evaluation. They are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage.’

transition between the existing and new data sources for *Inpatients detained* over an extended time period due to the annual production cycle, the need to fill the gaps in the data and a desire to preserve the long-run time series (which is an important concern for some expert users).

- 1.2.2 HSCIC announced its intention to change data sources following a review⁶. During the review, a separate consultation on the proposed changes made it clear that any change would be phased in – to allow time to assess data quality and comparability between the two sources, and to include organisations and types of inpatient not currently covered by collections using the new data source⁷. HSCIC does not have a fully transparent timetable and plan for transition between sources and, while both sources remain in use, and especially if the transition does not proceed to a conclusion as planned, the burden on data suppliers will not reduce as initially envisaged. Operating parallel data sources means there is a lack of coherence and a potential for confusion as different estimates are published. Data suppliers reported difficulties in extracting data from existing databases used for storing the original source data, and some operate separate databases for the two main data sources. Both of these issues may affect the accuracy, reliability and coherence of the statistics.
- 1.2.3 The statistics were subject to a consultation with expert users that resulted in improvements to the publication, for example in the technical definitions and terminology used and the accompanying tables provided. HSCIC has improved the supporting narrative in *Inpatients detained* in some areas, though the narrative sometimes focuses on *what* is being measured without explaining *why* it is being measured. Expert users said that they were aware of the limitations of the statistics, and were satisfied with the commentary. The Authority considers that HSCIC could enhance the value of the statistics, especially to less-expert users, by improving the supporting narrative further. In particular the narrative lacks some important contextual information such as an explanation of the framework of mental health policy and treatment within which these measures fit, and an examination of the effect of operational policy on the statistics over time and between areas.

1.3 Decision concerning designation as National Statistics

- 1.3.1 *Inpatients detained* are National Statistics that have not been assessed for compliance with the *Code of Practice* since the *Statistics and Registration Service Act 2007* was introduced.
- 1.3.2 The Assessment team is satisfied that HSCIC's decision to change data sources was based on a sound process and was justifiable. The Authority's view is that HSCIC's approach – to include statistics derived from the new data source as experimental statistics in the report – is correct. Ultimately, moving to a new primary data source for *Inpatients detained* will result in better value for the taxpayer and will enhance the value of the statistics. A successful transition depends on addressing all of the gaps in this new data source. As a result,

⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170873/FDR_cons_response_v0_23_clean.pdf

⁷ <http://www.hscic.gov.uk/CHttpHandler.ashx?id=10072&p=0>

some of the Requirements in this report focus on that vitally important transition. Two of these Requirements cannot be achieved until HSCIC completes the transition successfully.

- 1.3.3 The Authority supports HSCIC's plan to carry out a phased change to the data source used to compile the statistics. That said, a long timescale, especially one that extends beyond that originally planned, can lead to issues that need to be addressed. We are concerned about the ongoing availability and use of two data sources that provide different estimates and the lack of coherence and potential for confusion that this could cause. We are also concerned about the databases that data suppliers use to store and retrieve the data from the current primary source, which in some cases may be outdated and do not always enable suppliers to provide accurate estimates. We expect that the concentration of effort on improving the new data source will inevitably lead to less focus on the original one. For example, a supplier may choose not to invest in an older database collection and extraction system. Another example of attention moving away from the original data source is in the support given to data suppliers, where HSCIC intends to hold supplier events for the new data supply, but not for the original data supply. All of this highlights the need for the transition to be completed as soon as possible and to ensure that the quality of data sources is maintained throughout the transition period. Our Requirement to address the risks associated with the use of all of the data sources underpinning *Inpatients detained* reflects the need to maintain data quality.
- 1.3.4 In the light of HSCIC's plans to produce the statistics using a different primary data source, and given the extended timescale associated with the change and the resulting uncertainties, the Authority considers that the prudent decision is to remove the National Statistics designation from *Inpatients detained* at this time. The Authority expects to review this decision when it receives evidence that HSCIC has undertaken all of the improvements needed to meet the *Code of Practice*, the transition has been completed and that the statistics included in *Inpatients detained* that are based on the new data source is considered sufficiently accurate and reliable by HSCIC and by users for their experimental status to be removed. As a result of this decision, HSCIC should remove the National Statistics logo from *Inpatients detained* and the associated landing page on its website as soon as possible, and include a short statement and link to this Assessment report by way of explanation.
- 1.3.5 Although not all of the Requirements listed in section 1.5 can be implemented quickly, HSCIC has informed the Assessment team of its intention to implement as many Requirements as possible in the next *Inpatients detained* report that is due to be published in October 2014. The Statistics Authority welcomes this.

1.4 Detailed recommendations

- 1.4.1 The Assessment team identified some areas where it felt that HSCIC should improve the production and presentation of statistics on *Inpatients detained*. Those which are essential for HSCIC to address in order to strengthen its compliance with the *Code* and to enable future designation as National Statistics are listed – as Requirements – in section 1.5, alongside a short summary of the key findings that led to each Requirement being made. Other recommended changes, which the Assessment team considers would improve

the statistics and the service provided to users but which are not formally required for their designation as National Statistics, are listed – as Suggestions – in section 1.6.

1.5 Requirements for designation as National Statistics

1.5.1 This section includes those improvements that HSCIC is required to make in respect of its statistics on *Inpatients detained* in order to fully comply with the *Code of Practice for Official Statistics*, and to enable designation as National Statistics.

Finding	Requirement	
HSCIC does not adequately capture the needs of less-expert users and does not have plans in place for ongoing engagement. HSCIC should:	1	Take steps to investigate the needs of less-expert users, including for example service users and their families, and publish plans for ongoing engagement, referring to the Authority’s Monitoring Brief <i>The Use Made of Official Statistics</i> (para 3.2).
HSCIC does not provide a sense of the scale and impact of missing data on the quality of the statistics. HSCIC should:	2	Indicate the likely scale and impact of missing data on the quality of the statistics and the limitations that this places on the uses of the statistics (para 3.4).
HSCIC does not provide information about the plan for transition as a whole or about its expected timetable to achieve this. HSCIC should:	3	Publish a transition plan and associated timetable showing when it expects to achieve the transfer between data sources for <i>Inpatients detained</i> , and communicate regular updates to users on progress made until it completes the plan (para 3.9).
HSCIC does not provide clear advice, particularly for non-expert users, about which of the range of available statistics related to the Act they should use for which purpose, nor about their strengths and limitations. HSCIC should:	4	<ul style="list-style-type: none"> a) Tell users about all the possible reasons for differences between the wider range of estimates available, and which statistics should be used for which purposes, during the transition period b) provide guidance on the uses to which the different estimates are better suited based on their strengths, and the uses for which users should apply caution based on their limitations (para 3.14).

<p>HSCIC has not assessed the risks arising from data sources, or specified details of the quality assurance it requires from data suppliers. HSCIC does not publish details of the quality assurance and audit arrangements for the administrative data for <i>Inpatients detained</i>. HSCIC should:</p>	<p>5</p>	<p>a) Investigate the risks arising from the data sources and determine the appropriate scale of assurance and documentation required for the administrative data used in the <i>Inpatients detained</i> statistics based on pragmatic and proportionate judgement about the quality of the data and the public interest profile of the statistics</p> <p>b) communicate this requirement to suppliers and publish an appropriate level of detail to inform users about the quality assurance and audit arrangements for the administrative data</p> <p>c) in implementing parts a) and b), take into consideration the Authority's Report <i>Quality Assurance and Audit Arrangements for Administrative Data</i> and the National Statistician's <i>Interim Guidance</i> (para 3.19).</p>
<p>HSCIC does not provide adequate contextual commentary or analysis about some aspects of the statistics. HSCIC should:</p>	<p>6</p>	<p>Improve the narrative and analysis for <i>Inpatients detained</i> so that it aids user interpretation of the statistics, taking particular account of the need to provide information on the wider context of mental health policy and treatment, and on the effects of operational policy on the statistics.</p> <p>As part of meeting this Requirement HSCIC should consider the points detailed in annex 1 and annex 2 (para 3.20).</p>
<p>HSCIC does not provide any information about whether comparable statistics are published that cover the devolved administrations. HSCIC should:</p>	<p>7</p>	<p>Publish clear information about the publication of equivalent statistics in the devolved administrations and signpost users to the relevant statistics (para 3.21).</p>

1.6 Suggestions for extracting maximum value from the statistics

1.6.1 This section includes some suggestions for improvement to HSCIC’s statistics on *Inpatients detained*, 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.

We suggest that HSCIC:

1	Provide a link from the statistical reports to the revisions policy and make clear in the revisions policy and in an appropriate publication whether it updates the relevant data set when published statistics are revised or, if it does not do so, provides its rationale for not doing so (para 3.3).
2	Set out in the transition plan the extent of consistency between data sources that it considers sufficient and achievable, what would happen if it does not achieve the desired consistency, and how it will help users to deal with any remaining inconsistency (para 3.9).

2 Subject of the assessment

2.1 The Department of Health (DH) is responsible for the *Mental Health Act 1983* (the Act) and formally commissions HSCIC to publish statistics and information about people detained under the Act. Under the Act, as amended by the *Mental Health Act 2007* and other legislation, people may be detained formally in hospital in the interests of their own health or safety. In recent years, the numbers of detained patients subject to the Act has fluctuated year-on-year, though the proportion that this represents of mental health patients and inpatients has remained broadly similar, at around 3 per cent of all mental health patients and over 40 per cent of all mental health inpatients⁸.

2.2 HSCIC publishes *Inpatients formally detained under the Mental Health Act 1983, and patients subject to supervised community treatment (Inpatients detained)* annually in October, alongside associated data tables. *Inpatients detained* provides a summary of the uses of the powers and instruments conferred by the legislation in England, covering:

- admissions to hospital under the Act
- detentions after admissions
- uses of Community Treatment Orders (CTOs)
- short-term detention orders made to a police or health-based Place of Safety

Data on “guardianship” under the Act are collected and statistics on this topic are reported separately⁹. The Statistics Authority has published the results of a separate, parallel assessment of the set of statistics reported in *Guardianship under the Mental Health Act 1983*¹⁰.

2.3 To produce the statistics HSCIC, through its Review of Central Returns (ROCR) process, mandates a return from NHS trusts and independent sector organisations in England that provide mental health services to those detained under the Act. Data are supplied using HSCIC’s Omnibus on-line collection tool on form KP90; instructions for which are available online¹¹. The deadline for data returns is 15 May each year. This data return covers activity from 1 April of the previous year to 31 March of the current year.

2.4 Using KP90, HSCIC collects information about admissions; changes in legal status; numbers of residents at 31 March; transfers; and uses of Community Treatment Orders. For admissions in the year and counts at 31 March, it collects information on legal status, sex and mental capacity.

2.5 HSCIC also collects information about uses of the Act as part of its Mental Health Minimum Data Set (MHMDS) data collection¹², which covers all types of care delivered to users of NHS-funded secondary mental health services for adults in England. HSCIC publishes statistics and underlying data collected via

⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/265388/Mental_Health_Dashboard.pdf

⁹ <http://www.hscic.gov.uk/catalogue/PUB11689>

¹⁰ <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/index.html>

¹¹ <http://www.hscic.gov.uk/media/12647/KP90-Guidance/pdf/KP90-Guidance.pdf>

¹² <http://www.hscic.gov.uk/mhmds>

- MHMDS monthly as official statistics¹³. This includes statistics that relate to uses of the Act, which are classified as experimental statistics¹⁴ due to known gaps in coverage that HSCIC is working to fill.
- 2.6 DH undertook a fundamental review of NHS data collections¹⁵, following a commitment in the White Paper, *Equity and Excellence: Liberating the NHS*¹⁶. The recommendations included that MHMDS should replace KP90 as the main data collection for the annual Inpatients detained statistics to avoid overlap and reduce the burden of data collection on suppliers.
- 2.7 Submission to the MHMDS is mandatory for NHS-funded care, including from NHS and independent sector providers. MHMDS captures patient-level data for any relevant event (including admission and discharge) and change in circumstances (such as initial detention or renewal of detention under a section of the Act). Collecting patient-level data, instead of aggregate counts of detentions (provided by the KP90 collection), enables analysis of what happens to individuals over time. Patient-level MHMDS data also allows measurement of the numbers of individuals detained over different time periods, rather than only at a specific point in time. MHMDS collects a wider range of data than KP90, including patient characteristics such as age and ethnicity. Care providers capture data as soon as possible after an event has occurred and submit data monthly to the MHMDS in the month following the event.
- 2.8 DH's mental health strategy for England: 'No health without mental health'¹⁷ sets six objectives to improve mental health outcomes. The Mental Health Dashboard¹⁸ uses a series of published measures to monitor progress against the strategic objectives. Among other indicators, the dashboard includes two measures of uses of the powers of the Act to measure progress against Objective 4: 'More people will have a positive experience of care and support'. DH draws the statistics that support these two indicators from the MHMDS data collection, which provides a measure of the number of patients detained throughout the year, rather than drawing on KP90 data, which does not.
- 2.9 *Inpatients detained 2012/13* includes the experimental statistics based on data from the MHMDS. The Assessment team understands that this parallel publication will continue until HSCIC can demonstrate to users that adequate statistics can be produced from MHMDS and other sources of data¹⁹ to maintain as far as possible a consistent long-run time series. HSCIC originally told us it expects to achieve this by the 2014/15 report.
- 2.10 During the fundamental review, HSCIC carried out a user consultation to investigate the feasibility of changing data sources and identify possible

¹³ <http://www.hscic.gov.uk/catalogue/PUB14611/mhmds-monthly-exec-apr-2014.pdf>

¹⁴ <http://www.statisticsauthority.gov.uk/news/assessment-and-designation-of-experimental-statistics.html>

¹⁵ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170873/FDR_cons_response_v0_23_clean.pdf

¹⁶ *Equity and Excellence: Liberating the NHS*:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117794.pdf

¹⁷ <https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>

¹⁸ <https://www.gov.uk/government/publications/mental-health-dashboard>

¹⁹ This includes for example the Children and Adolescent Mental Health Services Data Set (CAMHS) <http://www.hscic.gov.uk/CAMHS>

improvements to the existing publication. Subsequently HSCIC conducted workshops with its Mental Health Act Working Group to develop ways of incorporating findings from the review and consultation into the statistical report²⁰.

- 2.11 As well as incorporating statistics based on MHMDS data as experimental statistics, HSCIC drew on user feedback to improve *Inpatients detained* by refining measures and terminology, redesigning reference tables, introducing other experimental statistics (from police custody databases and the Prison Health Reporting System) and including new analyses²¹. Staff from the National Statistician's Office met HSCIC during the course of this Assessment to provide advice on improvements that the producer team might make to the publication.
- 2.12 HSCIC's user consultation received 117 responses and demonstrated that users include mental health professionals, those involved in relevant policy or legal decisions, service users, their families, and representative organisations from all of these areas.
- 2.13 The user consultation that the Authority carried out as part of the assessment identified some uses of the statistics. NHS trusts use the statistics to benchmark against national figures and other trusts. They also use the statistics to identify areas for further research. Researchers and clinicians are interested in changing trends, such as in admissions over time, and in uses of the provisions of the Act, such as of CTOs. In response to our consultation, charities told us that they monitor uses of the Act and use the statistics in campaigns, to brief journalists, to intervene in legal cases, in training, and to assess changing demand.
- 2.14 The statistics are important in monitoring uses of the Act. Users are interested in monitoring how this varies by region, and characteristics such as the ethnicity, sex and age of the people detained. The pathways that people follow through the various provisions of the Act are another area of interest, and experimental statistics in the 2012/13 report provide some information about this. Users are interested in the use of the Act to detain under 18-year-olds and HSCIC is working to fill this gap.
- 2.15 Statistics published in *Inpatients detained* measure important elements in the wider context of mental health care that is regulated by the Act. The House of Commons Health Committee reported on its post-legislative scrutiny of the Act in 2013²². This highlighted areas for improvement in this aspect of mental health care including: inadequate provision of inpatient beds; the use of places of safety; and variation in the use of CTOs between areas. There have been various Parliamentary Questions and other business about measurement and monitoring of the Act in 2012 and 2013²³, demonstrating further the political interest in this topic.

²⁰ http://www.hscic.gov.uk/media/10072/Mental-Health-Act---KP90-consultation-report/pdf/KP90_consultation_report_0912.pdf

²¹ <http://www.hscic.gov.uk/pubs/methchanges>

²² <http://www.publications.parliament.uk/pa/cm201314/cmselect/cmhealth/584/584.pdf>

²³ For example see: Mental Health Outcomes (Measurement) – Motion for leave to bring in a bill: <http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131217/debtext/131217-0002.htm>;

- 2.16 In February 2014 DH published the *Mental Health Crisis Care Concordat*²⁴, which aims to improve outcomes for people experiencing mental health crisis who are subject to the Act. DH is currently consulting on proposed changes to the Code of Practice²⁵ that underpins the Act; it is intended to help make sure that anyone experiencing mental ill health and being treated under the Act gets the right care, treatment and support.
- 2.17 *Inpatients detained* includes information about a range of related publications and statistics. The Welsh Government publishes statistics based on KP90 data collected from organisations in Wales²⁶. The Care Quality Commission (CQC) draws on KP90 and MHMDS data in its annual monitoring report of the use of the Act in England²⁷. The Mental Welfare Commission for Scotland monitors the use of the Act in Scotland²⁸. *Inpatients detained* does not include any information about related publications or statistics in Scotland or Northern Ireland.
- 2.18 The annual burden of collection on the NHS is estimated by the Review of Central Returns for the 2012/13 report to be £146,000 per year with a burden of 520 person days (2.6 person years).
- 2.19 HSCIC publishes *Inpatients detained* in PDF format, with supplementary tables and charts published in Excel and CSV formats. This equates to a level of 3 stars under the Five Star Scheme that forms part of the Open Standards Principles proposed in the *Open Data White Paper: Unleashing the Potential*²⁹ and adopted as UK government policy in November 2012³⁰. Five stars represents the highest star rating within the Scheme.

PQ on assessment of the effectiveness of the Act: [House of Commons Hansard Written Answers for 16 Jan 2012 \(pt 0004\)](#);

PQ on numbers of people detained and proportion of psychiatric inpatient beds were occupied by people sectioned under the Mental Health

Act:<http://www.publications.parliament.uk/pa/cm201314/cmhansrd/cm131029/text/131029w0003.htm>

²⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf

²⁵ <https://www.gov.uk/government/consultations/changes-to-mental-health-act-1983-code-of-practice>

²⁶ <http://wales.gov.uk/docs/statistics/2013/131030-admission-patients-mental-health-facilities-2012-13-en.pdf>

²⁷ <http://www.cqc.org.uk/content/mental-health-act-annual-report-201213>

²⁸ http://www.mwscot.org.uk/media/138265/mha_monitoring_report_final_25_sept_2013.pdf

²⁹ http://data.gov.uk/sites/default/files/Open_data_White_Paper.pdf

³⁰ <https://www.gov.uk/government/publications/open-standards-principles/open-standards-principles>

3 Assessment findings

Meeting user needs

- 3.1 HSCIC carried out a public consultation on proposals to replace KP90 with MHMDS as the main source of data collection for *Inpatients detained* (paragraph 2.6). Subsequently, HSCIC set up an expert user group to identify how user needs that were articulated in the consultation could be addressed. Membership includes DH; CQC; mental health charities; Consultant Psychiatrists; the Royal College of Psychiatrists; and Mental Health Act Administrators. The statistics team has consulted the expert user group through workshops and correspondence. This has led to demonstrable improvements in the statistics. User needs articulated to the Assessment team were for additional disaggregation of the statistics, more timely statistics, and more focus on patients than on pure counts of instances of detention. The Assessment team recognises that HSCIC, by introducing monthly reports based on MHMDS data and by publishing statistics based on MHMDS data as experimental statistics in *Inpatients detained*, is working towards addressing those expert users' needs.
- 3.2 All users were able to participate in the public consultation about *Inpatients detained* and HSCIC invites users (via the publication page and in the publication itself) to provide user feedback on it at any time. The Assessment team considers that this method of engagement may not adequately capture the needs of less-expert users – such as service users, their families and advisers – nor provide an understanding of the ways in which they might use the statistics. The statistics team does not have a dedicated budget for user engagement and does not have a plan in place for wider user engagement this year. As part of the designation as National Statistics, HSCIC should take steps to investigate the needs of less-expert users, including for example service users and their families, and publish plans for ongoing engagement³¹, referring to the Authority's Monitoring Brief *The Use Made of Official Statistics*³² (Requirement 1).

Revisions and missing data

- 3.3 HSCIC includes information about the nature and extent of revisions in the latest *Inpatients detained* and in the accompanying Background Quality Report³³. In the latest publication, the statistics team notes that data for one NHS foundation trust were submitted incorrectly for the year 2010/11 and presents revised statistics for the relevant year. It is not clear from the publication, or from HSCIC's published revisions policy, whether the relevant historic data set was also updated. We suggest that HSCIC provide a link from the statistical reports to the revisions policy and make clear in the revisions policy and in an appropriate publication whether it updates the relevant data set when published statistics are revised or, if it does not do so, provide its rationale for not doing so.

³¹ In relation to Principle 1, Practice 2 of the *Code of Practice*

³² <http://www.statisticsauthority.gov.uk/assessment/monitoring-reviews/monitoring-brief-6-2010---the-use-made-of-official-statistics.pdf>

³³ <http://www.hscic.gov.uk/catalogue/PUB12503/inp-det-m-h-a-1983-sup-com-eng-12-13-back-qual.pdf>

- 3.4 The Background Quality Report to *Inpatients detained* includes details of missing data from NHS organisations and independent hospitals, but does not indicate their scale or their impact on the quality of the published statistics. As part of the designation as National Statistics, HSCIC should indicate the likely scale and impact of missing data on the quality of the statistics and the limitations that this places on the uses of the statistics³⁴ (Requirement 2).

Data transition

- 3.5 Using MHMDS as the data source for the statistics included in *Inpatients detained* will help HSCIC to meet the user needs that were expressed in the consultation and to the Authority, for patient-based statistics and for sub-group analysis. Some expert users told us that although they recognised the benefits of the change, they were concerned about the effects that it might have on the time series. HSCIC said that an important reason for taking time to transfer to the new data source is to ensure consistency of estimates over time to meet the needs of those particular users.
- 3.6 MHMDS does have recognised shortcomings in respect of uses of the Act, including some issues with data quality^{35 36 37}. The shortcomings include gaps in the data, including people in Learning Disability Services, Child and Adolescent Mental Health Services and acute hospitals. At the time of the release of *Inpatients detained 2012/13*, few independent sector providers (who in total are responsible for the care of over a quarter of detained patients at a point in time) were submitting the obligatory data. As a result, KP90 data currently provides a more complete measure of the count of inpatients detained than MHMDS. HSCIC is working to improve all of these areas³⁸ although the statistics team is not directly responsible for addressing all of the gaps itself and needs to influence others to ensure that it achieves the transition.

Transition plan

- 3.7 HSCIC has not published its intended timetable for moving to MHMDS and other data sources and retiring the KP90 data collection, nor has it published more details about the associated transition plan. It is important that HSCIC communicates clearly with users of *Inpatients detained* about the transition. For example, one expert user, who was aware of the intention to transfer, told us that he was unclear whether it was still HSCIC's intention to use the new data source for these statistics and if so, how the change was progressing.
- 3.8 The statistics team told us that it expected to achieve the transition between sources for *Inpatients detained* in time for the publication of the statistics in October 2015. The statistics team also said that it intended to produce statistics from both data sources, in parallel, in the issue of *Inpatients detained* that is due to be published in October 2014. However, the team emphasised that the transfer to the MHMDS data source would only occur if HSCIC could demonstrate sufficient consistency between sources. In correspondence during

³⁴ In relation to Principle 4, Practice 2 of the *Code of Practice*

³⁵ <http://www.hscic.gov.uk/catalogue/PUB11530/second-annu-data-qual-rep-2013.pdf>, page 46

³⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/265824/Mental_Health_Dashboard-Tech_Appendix.pdf, pages 32-33

³⁷ <http://www.cqc.org.uk/content/mental-health-act-annual-report-201112>, page 18

³⁸ These issues are discussed in section 8 of *Inpatients detained*

the drafting of this report, the team told us that the introduction of another data source, the Children and Adolescent Mental Health Services (CAMHS) Data Set, was delayed because the dataset is not yet live for reasons beyond the control of HSCIC.

- 3.9 HSCIC provides little information about the transition on the release page for the 2012/13 publication³⁹. On that page HSCIC published its aim to retire the KP90 as a data collection once it could demonstrate that alternative administrative data sources were capable of supporting the production of these statistics. HSCIC also provides information about the timing of filling two known gaps in the alternative source. HSCIC does not provide information about the plan for transition as a whole or about its expected timetable to achieve this. As part of the designation as National Statistics, HSCIC should publish a transition plan and associated timetable showing when it expects to achieve the transfer between data sources for *Inpatients detained* and communicate regular updates to users on progress made until it completes the plan⁴⁰ (Requirement 3). We suggest that, in meeting this Requirement, HSCIC should set out in the transition plan the extent of consistency between data sources that it considers sufficient and achievable, what would happen if it does not achieve the desired consistency, and how it will help users to deal with any remaining inconsistency.

Coherence of the statistics

- 3.10 Currently, data collections from MHMDS and KP90 result in different annual estimates of the uses of the Act. This situation arises from known differences in coverage and quality of the MHMDS data. In *Inpatients detained*, HSCIC presents statistics drawn from MHMDS data separately, identifying the MHMDS-based statistics as experimental.
- 3.11 The user consultation that we conducted as part of this Assessment also highlighted another possible cause of differing estimates within *Inpatients detained*. Some data suppliers told us that they use different databases to collect and store data collected using MHMDS and KP90. They told us that this could lead to differences arising from recording the data on separate systems and from different specifications being used to extract the data from those systems. This potential for difference is not highlighted in *Inpatients detained*.
- 3.12 There are other potential sources of confusion arising between the estimates presented in *Inpatients detained* and other publications. The headline measures in *Inpatients detained* include the number of people detained at a point in time (31 March each year) and annual detentions throughout the year in question. The MHMDS monthly reports present estimates of the number of detentions on admission and the number of people subject to the Act on a monthly basis. DH's annual Mental Health Dashboard draws on MHMDS as a data source for one of its measures (para 2.8). The measure used is people detained throughout the year. Each of the estimates measures different things over different time periods. For example there is a difference between measuring the number of people detained and the number of uses of the Act over a year as individuals can be detained more than once in a year. It is essential that guidance is provided in *Inpatients detained* about all of the

³⁹ <http://www.hscic.gov.uk/catalogue/PUB12503>

⁴⁰ In relation to Principle 1, Practice 3 of the *Code of Practice*

different measures that are available to users with an interest in the Act, to avoid potential confusion arising from the availability of different estimates in different published places.

- 3.13 The Authority recognises the importance of an orderly transfer between data sources for a long-established data series provided by KP90 and welcomes the inclusion of statistics based on MHMDS data in *Inpatients detained* as experimental statistics during the transition period. The Authority is concerned about the ongoing availability and use of both MHMDS and KP90 data sources and the lack of coherence and increased potential for confusion that arises from the publication of estimates in different places that draw on one or other source. Non-expert users are particularly likely to be affected by this situation.
- 3.14 Within the publication, HSCIC does distinguish between the estimates that measure uses of the Act annually and that draw on the two different data sources by i) labelling the MHMDS-based statistics as experimental and ii) explaining reasons for differences. However HSCIC does not provide clear advice, particularly for non-expert users, about which of the range of available statistics related to the Act – that are available more widely – they should use for which purpose, nor about their strengths and limitations. As part of the designation as National Statistics, HSCIC should:
- a) tell users about all the possible reasons for differences between the wide range of estimates available, and which statistics should be used for which purposes, during the transition period
 - b) provide guidance on the uses to which the different estimates are better suited based on their strengths, and the uses for which users should apply caution based on their limitations⁴¹ (Requirement 4).

Quality of data sources

- 3.15 The statistics team did not appear to have critically assessed the quality of the data at the point before suppliers extract them for supply into the statistical production process. No audit arrangements appear to be in place to assess the quality of the data collection for either source.
- 3.16 Our investigations suggested little concern among data suppliers about recording the data at the point of detention, especially in a hospital setting. One clinician did suggest that it is harder to record information at the point of detention in a community setting because recording happens in a less controlled environment.
- 3.17 Some suppliers did alert the Assessment team to possible inaccuracies in the KP90 data source that arise because of the database systems they use to store and extract data. It is clear from the data suppliers who we spoke to that their systems vary in their ease of use and that this may affect the quality of the data, although the extent of this issue is unclear. One data supplier told us that knowledge of her own system and those of neighbouring suppliers reduced her confidence in the statistics derived from the KP90 data collection; principally this lack of confidence related to the inability of different data suppliers to

⁴¹ In relation to Principle 4, Practice 3 of the *Code of Practice*

extract consistent and accurate data based on KP90 collection from the system.

- 3.18 Published guidance for completing the KP90 collection includes details of validation procedures built into the collection system⁴². HSCIC's Statement of Administrative Sources (SoAS)⁴³ notes that, concerning the *Inpatients detained* (KP90) data collection, 'Hospitals will have their own systems to ensure the accuracy of information they hold on uses of the Mental Health Act.' Similarly the SoAS for MHMDS data collection notes 'Prior to the amalgamation of data from trusts' own source systems, that data will be subject to individual organisation's internal validation and assurance processes'. It does not provide any further details.
- 3.19 HSCIC has not demonstrated its own awareness of the data supply procedures and risks that arise from all data sources to the quality of *Inpatients detained*. It has not specified the appropriate level of quality that it requires from data suppliers. HSCIC does not publish details of the quality assurance and audit arrangements for the administrative data submitted by NHS and independent sector organisations. As part of the designation as National Statistics, HSCIC should:
- Investigate the risks arising from the data sources and determine the appropriate scale of assurance and documentation required for the administrative data used in the *Inpatients detained* statistics based on pragmatic and proportionate judgement about the quality of the data and the public interest profile of the statistics
 - communicate this requirement to suppliers and publish an appropriate level of detail to inform users about the quality assurance and audit arrangements for the administrative data
 - In implementing parts a) and b), take into consideration the Authority's Report *Quality Assurance and Audit Arrangements for Administrative Data*⁴⁴ and the National Statistician's *Interim Guidance*^{45 46} (Requirement 5).

Supporting narrative and analysis

- 3.20 HSCIC does not provide adequate contextual commentary or analysis about some aspects of the statistics. Two areas where the Assessment team considers further improvements are most needed are:
- Inpatients detained* lacks an overarching framework that explains how these statistics fit into the wider context of mental health policy and treatment such as patient flows around CTOs; changes in volumes of detention under the Act; and patient treatment history

⁴² http://www.hscic.gov.uk/media/12647/KP90-Omnibus-survey-collection-form-guidance/pdf/KP90_1213_Guidance_WEB1.pdf

⁴³ <http://www.hscic.gov.uk/pubs/listadminsources>

⁴⁴ <http://www.statisticsauthority.gov.uk/assessment/monitoring/administrative-data-and-official-statistics/quality-assurance-and-audit-arrangements-for-administrative-data---exposure-draft.pdf>

⁴⁵ <https://gss.civilservice.gov.uk/wp-content/uploads/2012/12/Interim-Admin-Data-guidance.pdf>

⁴⁶ In relation to Principle 4, Practice 3 and Protocol 3, Practice 5 of the *Code of Practice*

- HSCIC does not explain how the statistics might be affected over time or between areas by operational policy changes such as bed availability

As part of the designation as National Statistics, HSCIC should improve the narrative and analysis for *Inpatients detained* so that it aids user interpretation of the statistics, taking particular account of the need to provide information on the wider context of mental health policy and treatment, and on the effects of operational policy on the statistics⁴⁷ (Requirement 6). As part of meeting this Requirement HSCIC should consider the points detailed in annex 1 and annex 2.

Consistency of statistical practice

- 3.21 Although comparable statistics for Wales are published, this is not clear from the report. *Inpatients detained* does not include information about whether comparable statistics are published that cover the devolved administrations. As part of the designation as National Statistics, HSCIC should publish clear information about the publication of equivalent statistics in the devolved administrations and signpost users to the relevant statistics⁴⁸ (Requirement 7).

⁴⁷ In relation to Principle 8, Practice 2 of the *Code of Practice*

⁴⁸ In relation to Principle 4, Practice 6 of the *Code of Practice*

Annex 1: Compliance with Standards for Statistical Reports

- A1.1 In November 2012, the Statistics Authority issued a statement on *Standards for Statistical Reports*⁴⁹. 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 *Inpatients detained* statistics, this annex comments on compliance with the statement on standards. The comments included in this annex are based on a review of *Inpatients detained* for 2012/13⁵⁰.
- A1.2 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

- A1.3 The language used is straightforward and impartial. HSCIC explains the technical terms in the Act in plain English. At the end of the statistical report, HSCIC includes a comprehensive list of related statistics and information from HSCIC and other organisations including: historical versions of and other information about the publication; statistics on other uses of mental health legislation; statistics on mentally disordered offenders and police custody as a place of safety; information on MHMDS; information about the Act itself and other related information and guidance about mental health and the Act.
- A1.4 The report contains good examples in the narrative that aid user understanding. This includes a useful explanation of how the different data sources inter-relate. Another example appears on page 23, where HSCIC includes possible explanations for the increased use of CTOs, with supporting evidence provided.
- A1.5 One data supplier suggested that the unusual values that they submitted were related to policy change. HSCIC does not publish any explanations or possible links between policy changes and the patterns shown in the statistics.
- A1.6 The commentary describes some rises and falls in the statistics without explanation. HSCIC reports small changes, for example on page 11 where a decrease of around 1 percent was seen between 2009/10 and 2010/11 when the general trend was rising. Sometimes the report describes year-on-year changes in isolation from longer-term trends, for example in the text accompanying figures 7 and 8.

Include information about the context and likely uses of the statistics

- A1.7 The report provides good descriptions of what is being measured. One exception appears on Page 15 of *Inpatients detained* which includes a description of differences between classification used in KP90 data and Prison Health data. However, this explanation is very technical and, as a result, confusing to a non-expert user, with little explanation of why this is important

⁴⁹ <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-reports.html>

⁵⁰ <http://www.hscic.gov.uk/catalogue/PUB12503/inp-det-m-h-a-1983-sup-com-eng-12-13-rep.pdf>

and what the effect is on the statistics. The report only lists broad categories of potential users, with little comment on the uses of the statistics.

- A1.8 DH's Mental Health Dashboard includes two measures drawn from MHDMS data. HSCIC also includes statistics based on these data as experimental statistics in the report, which uses the KP90 data collection tool as the main data source. The annual figures published in the dashboard do not match those from KP90 in *Inpatients detained* because they are measuring different things (patients detained and uses of the Act respectively). *Inpatients detained* does not mention the Mental Health Dashboard.

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

- A1.9 The report provides useful discussion of the strengths and limitations of the statistics based on MHMDS data and other experimental statistics derived from data supplied by police forces related to places of safety.
- A1.10 HSCIC provides information about sources of error, specifically about missing data, in the associated Background Quality Report, though the report does not indicate the size of the error nor does it provide information on potential impacts on the statistics or on the implications for use that this might have. The report does not provide supporting evidence for the statements that missing data from independent hospitals are unlikely to make an impact upon the national figures or that national figures are not susceptible to variations.
- A1.11 The accompanying Background Quality Report includes the nature and extent of revisions. HSCIC notes that it adjusts the statistics for relevant years in subsequent reports. The effect on the statistics of revisions to the data and whether HSCIC updates previous data sets is not clear.

Be professionally sound

- A1.12 HSCIC provides no account of the nature and implications of the uncertainty associated with the administrative data.
- A1.13 The text on revisions says these did not significantly change national totals. It is unclear whether 'significantly' is being used in a statistical context.
- A1.14 Text does not follow the appropriate figure, for example the order of figures 1a and 1b, table 1 and the accompanying text is confusing.
- A1.15 The figures do not include numbers or percentages. The use of stacked bars to illustrate time series statistics for sub-groups makes it difficult to identify changes over time, for example figures 12 and 13 showing trends for males and females.
- A1.16 On page 11, the text compares a change in the numbers of detentions after admission in NHS hospitals from 13,140 to 13,490 (a 3 per cent increase) with the change in independent hospitals from 540 to 759, (a 41 per cent increase). In this case, the percentage increase was greater for independent than for NHS hospitals, but the change in numbers of detentions after admission was smaller; use of the phrase 'the rise was much greater' in the commentary may be misleading.

Include, or link to, appropriate metadata

- A1.17 HSCIC's website provides relevant information and links including to the Background Quality Report and an Announcement of Methodological Change. Access to the report is through a web page that also provides access to the data set and supporting tables. HSCIC publishes the data set in an open data (CSV) format. The report describes changes to the format and new analyses clearly.
- A1.18 The report provides generic links to a range of related statistics and information. It is unclear from the report whether comparable statistics are available in Wales, Northern Ireland, or Scotland.
- A1.19 Neither *Inpatients detained* or the Background Quality Report includes a link to the organisation's revisions policy.
- A1.20 The report has a long title that would benefit from shortening if possible. The date on the title page is '2013' though the statistics presented relate to the fiscal year 2012-13 and the report refers to 2013 throughout the text, which could cause confusion. The title refers to 'inpatients' although the headline statistics published in the report measure uses of the Act, which could cause further confusion.
- A1.21 *Inpatients detained* names the responsible statistician, and although the contact details provided are a generic email address and telephone number, the statistics team told us that queries are referred to them appropriately and promptly.

Annex 2: Summary of assessment process and users' views

- A2.1 This assessment was conducted from February 2014 to September 2014.
- A2.2 The Assessment team – Caroline Jones and Pat MacLeod – agreed the scope of and timetable for this assessment with representatives of HSCIC in February. The Written Evidence for Assessment was provided on 3 March 2014. The Assessment team subsequently met HSCIC during July 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

A2.3 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.

A2.4 The Assessment team obtained 12 responses from the user consultation, in response to an initial email contact and subsequently by telephone to boost the number and type of responses received. The respondents were grouped as follows:

Department of Health	1
Arm's length body	1
NHS	6
Charity	3
Retired clinician and specialist adviser	1

A2.5 Some data suppliers, who also use the same base data to meet their organisation's reporting, expressed doubts about the quality of the statistics because of their own inability to extract data consistently from the databases that they use to collect and store the data. They also expressed concern about multiple overlapping data requests and the possible lack of coherence that might arise.

A2.6 Users who responded to the consultation told us that they were mostly happy with the statistics as they currently exist and understand the limitations well, though all are expert users and some have strong links with HSCIC. In some cases they welcome the richer statistics based on MHMDS source data, including more breakdowns and statistics on people and patient journeys rather than simply on numbers of detentions. Users indicated a demand for information such as the reasons for increasing numbers of admissions, and investigation and commentary around reasons for differences in rates of admissions between groups and higher incidence of admissions among particular groups. Key concerns are with the transfer of the main data source (from KP90 to MHMDS), and possible consequential breaks in the historical

time series. Also one user was concerned about delayed access to the data set.

Key documents/links provided

Written Evidence for Assessment document

