

# Assessment of compliance with the Code of Practice for Official Statistics

## Statistics on Maternities and Births in Scotland

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

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### **About the UK Statistics Authority**

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

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

The Statistics Authority has two main functions:

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

### **Contact us**

Tel: 0845 604 1857

Email: [authority.enquiries@statistics.gsi.gov.uk](mailto:authority.enquiries@statistics.gsi.gov.uk)

Website: [www.statisticsauthority.gov.uk](http://www.statisticsauthority.gov.uk)

UK Statistics Authority  
Statistics House  
Myddelton Street  
London EC1R 1UW

# **Assessment of compliance with the Code of Practice for Official Statistics**

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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 reports<sup>1</sup> prepared under the provisions of the *Statistics and Registration Service Act 2007*<sup>2</sup>. The Act requires all statistics currently designated as National Statistics to be assessed against the *Code of Practice for Official Statistics*<sup>3</sup>. The report covers the set of statistics reported in *Births in Scottish Hospitals*<sup>4</sup>, *Teenage Pregnancies*<sup>5</sup> and *Scottish Perinatal and Infant Mortality and Morbidity Report*<sup>6</sup> (SPIMMR), produced by the Information Services Division of NHS National Services Scotland (ISD).

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

## 1.2 Decision concerning designation as National Statistics

1.2.1 The Statistics Authority judges that the statistics covered by this report are readily accessible, produced according to sound methods and managed impartially and objectively in the public interest, subject to any points for action in this report. The Statistics Authority confirms that the statistics on maternities and births for Scotland in the publications listed at para 1.1.1 are designated as National Statistics, subject to ISD implementing the enhancements listed in section 1.5 and reporting them to the Authority by September 2011.

## 1.3 Summary of strengths and weaknesses

1.3.1 ISD meets the main users' needs and engages with users from a range of sectors. It conducts annual user surveys and in the most recent survey specifically sought users' views to inform the content and presentation of the maternity and birth statistics. It consults advisory groups about the production of the statistics and has developed an online newsletter to engage with any users interested in the statistics produced in the Women and Children's Health Information Programme<sup>7</sup>.

1.3.2 ISD presents the statistics in a clear and impartial way, supported by commentary, summary charts, tables and explanatory information. SPIMMR is suited to more expert users than non-specialists.

1.3.3 The maternity and birth statistics are produced using robust methods, and use international classifications and standards. The releases include some information on quality and reliability, although this could be extended, particularly in relation to the Scottish Stillbirth and Infant Death Survey.

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

<sup>2</sup> [http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga\\_20070018\\_en.pdf](http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga_20070018_en.pdf)

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

<sup>4</sup> <http://www.isdscotland.org/isd/1018.html>

<sup>5</sup> <http://www.isdscotland.org/isd/2071.html>

<sup>6</sup> <http://www.isdscotland.org/isd/3109.html>

<sup>7</sup> <http://www.isdscotland.org/isd/1807.html>

## 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

- |                      |   |
|----------------------|---|
| <b>Requirement 1</b> | Clarify the revisions practice for teenage pregnancy statistics, and provide a statement explaining the nature and extent of revisions at the same time they are released (para 3.7). |
| <b>Requirement 2</b> | Explain the methods of data collection for stillbirths, infant deaths and congenital anomalies in <i>Scottish Perinatal and Infant Mortality and Morbidity Report</i> (para 3.11).    |
| <b>Requirement 3</b> | Improve the commentary accompanying the <i>Scottish Perinatal and Infant Mortality and Morbidity Report</i> statistics to aid interpretation by non-expert users (para 3.22).         |
| <b>Requirement 4</b> | Publish details of the duration of the extended pre-release access period granted to the Scottish Government (para 3.29).   |

## 2 Subject of the assessment

- 2.1 Since the mid 1970s ISD has reported on maternity and birth statistics in three releases: *Births in Scottish Hospitals*, *Teenage Pregnancies* and *Scottish Perinatal and Infant Mortality and Morbidity Report (SPIMMR)*. It also publishes information on notifications, to the Chief Medical Officer for Scotland, of terminations of pregnancy under the *Abortion Act 1967* – these abortion statistics will be part of a future Assessment by the Authority<sup>8</sup>.
- 2.2 *Births in Scottish Hospitals* is an annual release covering the number and rates of births derived from hospital discharge records (SMR02) for maternity care as an inpatient or day case. These statistics include information about the mother, the delivery and the baby, at various geographies including NHS Board, Local Council Area, Community Health Partnership and hospital level. The hospital record is separate from birth registrations collected by the General Register Office Scotland (GROS). There is generally around a 2 - 3% shortfall in the number of births recorded from hospital records, compared with the birth registrations. Some of this shortfall is due to data on home births not being available from the SMR02 data source. The hospital records include additional information about the births and mothers that is not available through registration, such as: the obstetric outcome; mothers' smoking history; method of delivery; birth weight; and gestation period.
- 2.3 *Teenage pregnancies* is an update of annual statistical information on the number and rate of pregnancies in women under the age of twenty in Scotland. The data are derived from GROS birth registrations and notifications (under the *Abortion Act 1967*) of abortions performed. The release presents data by age, year of conception, geographic area and deprivation group. In January 2005 the Scottish Government launched *Respect and Responsibility: A Strategy Action Plan for Improving Sexual Health*<sup>9</sup>. The strategy highlighted the need to monitor sexual health services both nationally and at NHS board level and signalled the importance of having high quality information relating to sexual health. The teenage pregnancy statistics support this strategy and are used to monitor the national target for teenage pregnancy reduction: 'Reduce by 20% the pregnancy rate (per 1000 population) in under 16 year olds from 8.5 in 1995 to 6.8 in 2010.' The target year reflects the year of conception; data for 2010 are due to be released in 2012.
- 2.4 ISD jointly publishes *SPIMMR* with NHS Quality Improvement Scotland<sup>10</sup> (QIS). ISD receives an extract of data from the Scottish Stillbirth and Infant Death Survey collected by QIS. The main sources of data apart from the Survey are: GROS stillbirth and death registrations; information provided by hospital coordinators (eg post-mortem reports, discharge letters) and maternity hospital records – SMR02. Information on congenital anomalies<sup>11</sup> is also included in *SPIMMR* and this is sourced from the maternity linked catalogue, which

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<sup>8</sup> Statistics on sexual health produced by ISD

<sup>9</sup> <http://www.scotland.gov.uk/Publications/2005/01/20603/content>

<sup>10</sup> [http://www.nhshealthquality.org/nhsqis/CCC\\_FirstPage.jsp](http://www.nhshealthquality.org/nhsqis/CCC_FirstPage.jsp)

<sup>11</sup> A defect that is present at birth

comprises profiles of neonatal and inpatient hospital discharge records, and stillbirth and death registration. Reports on perinatal<sup>12</sup> mortality in Scotland have been produced since 1977. Over time, the report has been expanded to include late fetal deaths (losses from 20 weeks gestation), late neonatal<sup>13</sup> and post-neonatal infant<sup>14</sup> deaths. The report also now includes some information about morbidity<sup>15</sup>, as well as mortality<sup>16</sup>, by including statistics on congenital anomalies.

- 2.5 The maternity and birth statistics are used for policy development, such as the *Better Health, Better Care* action plan,<sup>17</sup> and the planning of local and national services and health monitoring, by the Scottish Government, NHS hospitals, Health Boards and Community Health Partnerships. The statistics are also widely used for epidemiological research by academic users and by the voluntary sector organisations such as BirthChoice<sup>18</sup> which helps women choose their maternity care.
- 2.6 The Women and Children's Health Information Programme (WCHIP) in ISD has 5.5 full-time equivalent staff working on maternity and birth statistics. This includes resource to ensure that all releases are produced and published within agreed timescales, as well as providing ad hoc analyses for other information requests, including Parliamentary Questions and Freedom of Information requests. The team also contributes to the National Statistics releases on Sexual Health, including Abortion Statistics, Sexually Transmitted Infections in GUM clinics, as well as to the annual Sexual Health Report. The team also regularly produces analyses for other outputs for other organisations, such as Scottish Neighbourhood Statistics, UK Health Statistics, Scottish Public Health Observatory (ScotPHO), OECD, and the Health Protection Agency.

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<sup>12</sup> Perinatal deaths refer to stillbirths and deaths in the first week of life.

<sup>13</sup> Neonatal deaths refer to deaths in the first four weeks of life: early – in the first week of life; late – in weeks two to four of life

<sup>14</sup> Post-neonatal deaths refer to deaths after the first four weeks but before the end of the first year.

Infant deaths refer to all deaths in the first year of life

<sup>15</sup> The incidence or prevalence of a disease in a population

<sup>16</sup> The incidence or prevalence rate of deaths in a population

<sup>17</sup> <http://www.maternal-and-early-years.org.uk/better-health-better-care-an-action-plan-2>

<sup>18</sup> <http://www.birthchoiceuk.com/>

### 3 Assessment findings

#### Principle 1: Meeting user needs

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

- 3.1 ISD has established an annual customer survey to collate users' views about its statistics. In the most recent survey for 2010, ISD asked users about their experiences of specific sets of statistics, including those on maternities and births. ISD is in the process of analysing the responses but told us that it will publish the results of the survey and also a report on how it intends to use the feedback to further improve users' experiences. ISD also engages with users through ScotStat<sup>19</sup>, an open forum for users and producers of Scottish Official Statistics. ScotStat circulates email alerts to registered users and provides opportunities for direct contact through an enquiry point, an annual conference and several user/producer groups. ISD provides the chair for the ScotStat group on the health and care topic, although it told us that the format of the group is under review. We suggest ISD publish information about the plans to review the Scotstat Health and Community Care theme group on the theme webpage<sup>20</sup>.
- 3.2 ISD has a multi-disciplinary steering group which oversees the work programme (WCHIP) producing the maternity and birth statistics. The group has representatives from the Scottish Government, the NHS (including the NHS health boards) and academics. The minutes of meetings are available on ISD's website. WCHIP releases an online newsletter which any user can subscribe to. The newsletter flags up the latest statistical releases and other relevant material and sources.
- 3.3 A specialist group advises ISD and QIS on *SPIMMR*. It includes a lay member to advise on the clarity of the statistical presentation. ISD told us that the group guided the restructuring and content of the report, improving the balance between presenting technical information and making the main messages clear.
- 3.4 QIS has established the Reproductive Health Forum<sup>21</sup> which includes consultant obstetricians - the clinicians who provide the stillbirth and infant death returns reported in *SPIMMR*. QIS holds annual conferences for the Forum which particularly focus on national level issues such as enquiries into maternal death, monitoring changes in practice and outcome, and encouraging good practice in the recording of sudden unexpected death in infancy.

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<sup>19</sup> <http://www.scotland.gov.uk/Topics/Statistics/scotstat>

<sup>20</sup> <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scotstat/Q/EditMode/on/ForceUpdate/on>

<sup>21</sup> [http://www.cemach.org.uk/About-Us/Regional-Affiliated-Offices/Affiliated-Offices/Scotland-\(Edinburgh\).aspx](http://www.cemach.org.uk/About-Us/Regional-Affiliated-Offices/Affiliated-Offices/Scotland-(Edinburgh).aspx)

## Principle 2: Impartiality and objectivity

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

- 3.5 ISD publishes the maternity and birth statistics in an orderly and timely manner on its website, free of charge to users. The releases are accessible through the National Statistics Publication Hub.
- 3.6 ISD publishes details of changes to methods and classifications and notifies users well in advance of the changes. For example, ISD has explained forthcoming changes to the data collection of stillbirths and neonatal deaths in *SPIMMR* and has discussed the changes with the Reproductive Health Forum.
- 3.7 ISD has published a Revisions Policy<sup>22</sup>. ISD labelled the teenage pregnancy statistics as provisional in the accompanying Excel charts but has not explained when the data will become final or the nature and extent of the revisions. As part of the designation as National Statistics, ISD should clarify its revisions practice for teenage pregnancy statistics, and provide a statement explaining the nature and extent of revisions at the same time they are released<sup>23</sup> (Requirement 1).

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<sup>22</sup> <http://www.isdscotland.org/isd/776.html>

<sup>23</sup> In relation to Principle 2, Practice 6 of the Code of Practice

### **Principle 3: Integrity**

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

- 3.8 No incidents of political pressures, abuses of trust or complaints relating to professional integrity, quality or standards were reported to or identified by the Assessment team.
- 3.9 ISD and QIS reported a breach of the *Code* to the Authority following the early release to a newspaper of *SPIMMR* for 2009. ISD has reassured the Authority that it has revised its procedures to minimise the risk of a similar breach occurring in future.

## Principle 4: Sound methods and assured quality

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

- 3.10 ISD provides background information about the maternities and birth statistics to explain the sources of the data for *Births in Scottish Hospitals* and *Teenage Pregnancies*, as well as details of the methods used. It explains any reasons for changing the methods; for example when it changed the methods for calculating the number of teenage pregnancies from the underlying births and abortions registrations, to become consistent with the measures used in other parts of the UK. It also presented a retrospective time series in this instance to allow the new estimates to be compared with those calculated using the previous approach.
- 3.11 *SPIMMR* describes the classifications, measures and range of sources used and has a data dictionary<sup>24</sup> for the SMR02 records. However, it provides insufficient explanation about how data are collected through the Scottish Stillbirth and Infant Death Survey, and about congenital anomalies. As part of the designation as National Statistics, ISD should explain the methods of data collection for stillbirths, infant deaths and congenital anomalies in *SPIMMR*<sup>25</sup> (Requirement 2).
- 3.12 ISD presents information about the quality and reliability of the statistics within the main releases, as well as through a standard metadata sheet<sup>26</sup> for each publication. It:
- provides information on the completeness of the maternal records measured in a quality assurance audit<sup>27</sup>;
  - explains clearly the difference between the births information derived from maternal records and those collated from birth registrations by the General Register Office for Scotland; and
  - explains the exclusion of data on miscarriages in the conceptions estimates in *Teenage Pregnancies* and the under-reporting of some stillbirth and neonatal death information in *SPIMMR*.

However, ISD could quantify the impact of missing information, such as, postcodes, gestation date for stillbirths, and late foetal deaths. We suggest that ISD extend the information given on the quality of the maternity and birth statistics.

- 3.13 ISD has published its standard procedures<sup>28</sup> for the quality assurance of the data it collects. It has set up appropriate checking procedures for the maternity and birth statistical releases and has documented its guidelines.

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<sup>24</sup> <http://www.datadictionaryadmin.scot.nhs.uk/isddd/11051.html>

<sup>25</sup> In relation to Principle 4, Practice 1 of the Code of Practice

<sup>26</sup> For example, see metadata document: <http://www.isdscotland.org/isd/1018.html>

<sup>27</sup> [http://www.isdscotland.org/isd/mdq-data-quality-services.jsp?pContentID=2460&p\\_applic=CCC&p\\_service=Content.show&](http://www.isdscotland.org/isd/mdq-data-quality-services.jsp?pContentID=2460&p_applic=CCC&p_service=Content.show&)

3.14 The head of WCHIP is a member of the Maternity and Neonatal Statistics Information Exchange. This group meets twice a year to discuss issues relating to maternal and child health data collection for the four countries of the UK. ISD supplies maternity data for inclusion in UK and international reports such as Euro-Peristat<sup>29</sup>, OECD<sup>30</sup>, UK Health Statistics<sup>31</sup> and the Centre for Maternal and Child Enquiries<sup>32</sup> (CMACE). ISD uses internationally recognised standards and classifications.

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<sup>28</sup> [http://www.isdscotland.org/isd/mdq-data-quality-services.jsp?pContentID=2459&p\\_applic=CCC&p\\_service=Content.show&](http://www.isdscotland.org/isd/mdq-data-quality-services.jsp?pContentID=2459&p_applic=CCC&p_service=Content.show&)

<sup>29</sup> <http://www.europeristat.com/>

<sup>30</sup> [http://www.oecd.org/document/4/0,3746,en\\_2649\\_34819\\_37836996\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/4/0,3746,en_2649_34819_37836996_1_1_1_1,00.html)

<sup>31</sup> <http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6637>

<sup>32</sup> [http://www.cemach.org.uk/About-Us/Regional-Affiliated-Offices/Affiliated-Offices/Scotland-\(Edinburgh\).aspx](http://www.cemach.org.uk/About-Us/Regional-Affiliated-Offices/Affiliated-Offices/Scotland-(Edinburgh).aspx)

## Principle 5: Confidentiality

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

- 3.15 ISD has assured us that it takes all necessary steps to protect the confidentiality of the data it collects. ISD has published its *Confidentiality and Disclosure Control Protocol*<sup>33</sup> and follows the National Services Scotland (NSS) guidelines on protecting confidentiality. These Guidelines were updated in 2009 and cover access to IT equipment and data, incident reporting, data security, the release of data and the disposal of confidential data. To gain access to confidential datasets, staff complete an 'Access to Data' form countersigned by senior officials. Access is only allowed for specified purposes and must be renewed every six months if access is still required.
- 3.16 Maternity and births statistics are aggregated to protect disclosure of personal information and data are suppressed where necessary. The tables are clearly marked to indicate where ISD has suppressed small numbers, particularly for smaller councils.

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<sup>33</sup> <http://www.isdscotland.org/isd/776.html>

## **Principle 6: Proportionate burden**

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

3.17 ISD produces its maternity and birth statistics from data collected through administrative and clinical sources, such as the registration of births and abortions, as well as through maternal hospital records (SMR02) and the completion of the Scottish Stillbirth and Infant Death Survey. Nominated clinicians co-ordinate the Survey returns for each maternity and neonatal unit in Scotland. The form collects detailed information on each stillbirth and infant death and has recently been extended following discussions within the Reproductive Health Forum – these consultant obstetricians are both suppliers and users of the data. These changes also bring the Survey into line with data collected in other parts of the UK.

## Principle 7: Resources

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

- 3.18 ISD has a five-year Strategy Plan supported by annual business plans. It specifies and monitors expenditure and staff resource at programme level, including WCHIP for maternity and birth statistics. It identifies the needs of its core users in the Strategy and discusses the plan with representatives of Scottish Government and NHS – for example clinicians, finance officers and planners.
- 3.19 ISD uses the standard competency framework for non-clinical NHS staff in the UK to document and manage the knowledge and skills of its employees. This framework is used to assess staff performance and identify training and development needs. ISD has developed a staff learning and development programme. A range of training courses, online learning opportunities and other resources are available to staff. ISD uses the NSS Recruitment and Selection Policy and Guidelines for appointing staff.

## Principle 8: Frankness and accessibility

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

- 3.20 ISD publishes *Births in Scottish Hospitals* and *Teenage Pregnancies* in a series of web pages on each topic. It also provides a Statistical Publication Notice (SPN) at the time of the publication of each statistical release. The SPN provides brief commentary to highlight the main points from each release and to help users to interpret the data.
- 3.21 The topic pages provide commentary on the main trends and patterns in the maternity and birth statistics, including contextual information to explain some reasons for the patterns. ISD supports the explanation with charts and summary tables to illustrate the findings. We suggest that ISD review the design of the charts, to enhance their clarity and interpretability. ISD presents the statistics by relevant aspects of the population, such as mothers' age, geographical area, smoking behaviour and deprivation.
- 3.22 *SPIMMR* is a detailed report of the trends and patterns in each of the birth outcomes, published in PDF format. ISD and QIS provide commentary designed for specialist users, supported by charts and tables, and additionally release the main findings in a SPN. As part of the designation as National Statistics, ISD should improve the commentary in *SPIMMR* to aid interpretation by non-expert users<sup>34</sup> (Requirement 3). As part of improving the commentary, we suggest that ISD refer to the Statistics Authority's Standards for Statistical Releases<sup>35</sup> for further guidance.
- 3.23 ISD makes the data tables available in Excel to support further analysis by users, as well as responding to individual requests for data from a wide range of users.
- 3.24 ISD publicises its statistical releases in several ways – highlighting new releases to the media, and through news releases, email updates to users and topic-specific newsletters. ISD's website has links to all ISD publications and forthcoming releases. It can be accessed directly from other websites, such as the Scottish Government's website, the National Statistics Publication Hub and the Scottish Public Health Observatory<sup>36</sup>.
- 3.25 Historic versions of ISD's online publications are available on demand from the statistical team, but not all directly from the website. However ISD told us that its new website (to be launched in spring 2011) will facilitate the routine retention of, and access to, historical data and information.

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<sup>34</sup> In relation to Principle 8, Practice 2 of the Code of Practice

<sup>35</sup> <http://www.statisticsauthority.gov.uk/news/statement---standards-for-statistical-releases.pdf>

<sup>36</sup> [http://www.scotpho.org.uk/home/Behaviour/Sexualhealth/Sexh\\_data/sexh\\_dataintro.asp](http://www.scotpho.org.uk/home/Behaviour/Sexualhealth/Sexh_data/sexh_dataintro.asp)

## **Protocol 1: User engagement**

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

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

## Protocol 2: Release practices

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

- 3.27 ISD publishes a timetable of releases<sup>37</sup> for the twelve months ahead. It also pre-announces the maternity and birth statistics through the National Statistics Publication Hub and Scottish Government website. ISD uses the ScotStat notification system where users can register to receive email notifications of new releases. It releases the maternity and birth statistics at 9.30am on the day of publication.
- 3.28 ISD is a producer of Scottish devolved statistics, so the *Pre-release Access to Official Statistics (Scotland) Order (2008)*<sup>38</sup> applies to the statistics it releases. ISD has published a statement of the way that it complies with the *Order* in its Publication Protocol<sup>39</sup>. The SPNs provide information on the posts granted five-day pre-release access. While the Scottish *Order* does not require the publication of this information, we regard ISD's policy of publishing it, in the interests of openness and transparency, as good practice.
- 3.29 The SPNs also highlight the fact that ISD grants 'extended access' to the Analytical Services Division (ASD) of the Scottish Government. The SPNs state that the reason for this extended access is 'for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government'. ISD told us that the extended access is for an additional three working days. Under the Scottish *Order*, extended access is permissible if it is necessary to fulfil the specified purposes of pre-release access. However, the *Order* requires ISD to publish an explanation of why it was necessary to increase the maximum period<sup>40</sup>, along with the duration of the extended period<sup>41</sup>. It is unclear from the published explanation why the maximum period of pre-release access (five days) is insufficient, and there is no published statement about the duration of the extended period. As part of the designation as National Statistics, ISD should publish details of the duration of the extended pre-release access period<sup>42</sup> (Requirement 4). We suggest that ISD review the need to give extended pre-release access to Scottish Government.
- 3.30 ISD gives the name and contact details of the responsible statistician in each SPN.

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<sup>37</sup> <http://www.isdscotland.org/isd/776.html>

<sup>38</sup> <http://www.legislation.gov.uk/ssi/2008/399/contents/made>

<sup>39</sup> [http://www.isdscotland.org/isd/servlet/FileBuffer?namedFile=Protocol\\_ISDOnline.pdf](http://www.isdscotland.org/isd/servlet/FileBuffer?namedFile=Protocol_ISDOnline.pdf)

<sup>40</sup> Paragraph 4(1)(5)(e)

<sup>41</sup> Paragraph 4(1)(5)(c)

<sup>42</sup> In relation to Protocol 2 Practice 7 of the Code of Practice

### **Protocol 3: The use of administrative sources for statistical purposes**

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

- 3.31 ISD has published its Statement of Administrative Sources<sup>43</sup> which includes information for the maternal hospital record, SMR02, and the teenage pregnancy dataset. The Statement sets out the current administrative systems from which it sources its data, including those systems held by other organisations such as GROS. ISD carries out internal checks and other quality assurance procedures to verify the quality of administrative data and has published its data validation manual<sup>44</sup> on its website.

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<sup>43</sup> <http://www.isdscotland.org/isd/776.html>

<sup>44</sup> <http://www.datadictionaryadmin.scot.nhs.uk/isddd/10055.html>

## Annex 1: Suggestions for improvement

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

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|---------------------|---|
| <b>Suggestion 1</b> | Publish information about the plans to review the Scotstat Health and Community Care theme group (para 3.1)     |
| <b>Suggestion 2</b> | Extend the information given on the quality of the maternity and birth statistics (para 3.12).                  |
| <b>Suggestion 3</b> | Review the design of the maternity and birth charts, to enhance their clarity and interpretability (para 3.21). |
| <b>Suggestion 4</b> | Refer to the Statistics Authority's Standards for Statistical Releases for further guidance (para 3.22).        |
| <b>Suggestion 5</b> | Review the need to give extended pre-release access to Scottish Government (para 3.29).                         |

## Annex 2: Summary of assessment process and users' views

A2.1 This assessment was conducted from December 2010 to May 2011.

A2.2 The Assessment team – Penny Babb and Joe Cuddeford – agreed the scope of and timetable for this assessment with representatives of ISD in December. The Written Evidence for Assessment was provided on 19 January. The Assessment team subsequently met ISD during February 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 received 18 responses from the user consultation. The respondents were grouped as follows:

Scottish Government	5
NHS	10
Local authority	1
Research	1
Voluntary sector	1

A2.5 Users were positive about their engagement with ISD statisticians. They found them approachable and helpful, responding promptly to data requests and queries. Most users were satisfied with the statistics but some said that they would like more data available at a smaller geographic level (local authority areas in particular) and for other demographic variables. These users also understood the limitations of the data in terms of disclosure issues and lack of completeness of some variables such as ethnicity in hospital records. Some users also said that they would like the more timely release of the maternity and birth statistics.

### Key documents/links provided

Written Evidence for Assessment document



