

Assessment of compliance with the Code of Practice for Official Statistics

Statistics on Hospital Waiting Times in Northern Ireland

*(produced by the Department of Health, Social Services and
Public Safety, Northern Ireland)*

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About the UK Statistics Authority

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

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

The Statistics Authority has two main functions:

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

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ASSESSMENT AND DESIGNATION

The *Statistics and Registration Service Act 2007* gives the UK Statistics Authority a statutory power to assess sets of statistics against the *Code of Practice for Official Statistics*. Assessment will determine whether it is appropriate for the statistics to be designated as National Statistics.

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

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

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

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

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

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

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

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

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

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1 Summary of findings

1.1 Introduction

1.1.1 This is one of a series of reports¹ prepared under the provisions of the *Statistics and Registration Service Act 2007*². The Act requires all statistics currently designated as National Statistics to be assessed against the *Code of Practice for Official Statistics*³. The report covers the set of National Statistics on hospital waiting times in Northern Ireland produced by the Department of Health, Social Services and Public Safety (DHSSPS) and released through the following publications:

- *Inpatient Waiting Times*⁴; and
- *Outpatient Waiting Times*⁵.

1.2 The publications listed in paragraph 1.1.1 include statistics on completed waits in the Independent Sector, which are not currently designated as National Statistics. These statistics have not been included within the scope of the current assessment.

1.2.1 The Act also allows Ministers to request an assessment of other official statistics in order for them to gain National Statistics status. This report also covers the sets of statistics released through the following publications, in response to such a request:

- *Emergency Care Waiting Times*⁶; and
- *Cancer Waiting Times*⁷.

1.2.2 This report is shorter than normal. In particular, section 3 adopts an ‘exception reporting’ approach - it includes text only to support the Requirements made to strengthen compliance with the *Code* and Suggestions made to improve confidence in the production, management and dissemination of these statistics. This abbreviated style of report reflects the Head of Assessment’s consideration of aspects of risk and materiality⁸. The Assessment team nonetheless assessed compliance with all parts of the *Code of Practice* and has commented on all those in respect of which some remedial action is recommended.

¹ <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.dhsspsni.gov.uk/index/stats_research/hospital-stats/waiting_times_main/waiting_times.htm

⁵ Ibid 4

⁶ http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/emergency_care-3/emergency_care-monthly_waiting_times.htm

⁷ http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/waiting_times_main/waiting_times-cancer.htm

⁸ <http://www.statisticsauthority.gov.uk/assessment/assessment/guidance-about-assessment/criteria-for-deciding-upon-the-format-of-an-assessment-report.pdf>

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

1.2 Decision concerning designation as National Statistics

1.2.1 The Statistics Authority judges that the statistics covered by this report are readily accessible, produced according to sound methods and managed impartially and objectively in the public interest, subject to any points for action in this report. The Statistics Authority confirms that the statistics published in the products listed in paragraph 1.1.1 can be designated as National Statistics, and has determined that the statistics published in the products listed in paragraph 1.1.3 can be designated as new National Statistics products, subject to DHSSPS implementing the enhancements listed in section 1.5 and reporting them to the Authority by March 2012.

1.3 Summary of strengths and weaknesses

1.3.1 DHSSPS engages effectively with the users and suppliers for these statistics through its Hospital Liaison Group, which includes representatives from each of the Health and Social Care (HSC) Trusts, the HSC Board, Business Services Organisation (BSO) and statisticians within DHSSPS. However, it does not publish any information or papers from the meetings of this Group. Data are collected through a range of electronic administrative systems and pre-defined spreadsheet returns, which minimises the burden on data suppliers.

1.3.2 DHSSPS presents the statistics in an accessible and straightforward manner. The releases provide useful information about the policy context to aid user understanding, and report on progress against a number of policy targets. The publications also provide a high-level statement on the main uses of the data, although this could usefully be expanded.

1.4 Detailed recommendations

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

1.5 Requirements for designation as National Statistics

Requirement 1	Publish a summary of the feedback provided by the users of hospital waiting times statistics (para 3.1)
Requirement 2	Improve the presentation of the statistics about completed waits in Independent Sector hospitals to ensure that users are aware that they are not National Statistics (para 3.2)

- Requirement 3** Report annually the estimated costs to the HSC Trusts and Board of responding to statistical returns for waiting times statistics (para 3.3)
- Requirement 4** Provide more detailed information about the range of uses of these statistics, and improve the commentary in the releases so that it aids user interpretation of the statistics. In meeting this requirement DHSSPS should consider the points detailed in annex 2 (para 3.5)

2 Subject of the assessment

- 2.1 DHSSPS developed the hospital waiting times statistics in Northern Ireland to monitor performance and to report compliance against Priorities for Action⁹ (PfA) targets for patient waits.
- 2.2 *Inpatient Waiting Times* presents quarterly statistics about the number of patients waiting for admission for inpatient treatment by duration. *Outpatient Waiting Times* presents statistics about the number of patients waiting at the end of each quarter for a first outpatient appointment or a first appointment with an Integrated Clinical Assessment and Treatment Service (ICATS)¹⁰. Both publications present the statistics by HSC Trust and by speciality of treatment needed. DHSSPS publishes both statistical releases at the same time. These statistics were previously released as one publication, but were separated in December 2010 to address users' need for more detailed information, and to enhance clarity. The statistics are also available in spreadsheet format.
- 2.3 *Emergency Care Waiting Times* is a quarterly publication that presents information about the amount of time patients spend waiting in different types of emergency care departments in Northern Ireland. From 1 April 2011, the publication changed from monthly to quarterly. The team told us that this change was to allow more time to process and assure the quality of the data. Statistics are still presented on a monthly basis within the release, and are available back to April 2007 when DHSSPS first published these statistics.
- 2.4 *Cancer Waiting Times* is a quarterly publication that provides information relating to the length of time patients waited: (a) for a first appointment with a breast cancer specialist following an urgent referral; (b) for treatment following a decision being taken to treat for cancer; and (c) for cancer treatment following an urgent GP referral for suspected cancer. Data are presented by HSC Trust and tumour site.
- 2.5 As well as monitoring the PfA targets, DHSSPS also uses these statistics in the development and evaluation of healthcare policies. Hospitals and HSC Trusts use these statistics for monitoring their own performance for patient waiting times and benchmarking against other Trusts. The statistics are also used extensively by the Patient Client Council¹¹, an advocacy service for patients, carers and communities on a range of health and social care issues, and members of the public to assess the performance of the health service. Waiting times statistics are widely reported by the media in Northern Ireland.
- 2.6 DHSSPS told us that around 1.03 full-time equivalent statisticians are involved in the production of these statistics. DHSSPS estimates that the cost of producing these statistics is around £36,000 per year. This does not include the costs to the HSC Trusts for supplying of data.

⁹ http://www.dhsspsni.gov.uk/priorities_for_action

¹⁰ ICATS is the term used for a range of services for patients that are provided by integrated multi-disciplinary teams of health service professions. They are provided in a variety of primary, community and secondary care settings.

¹¹ <http://www.patientclientcouncil.hscni.net/>

3 Assessment findings

- 3.1 DHSSPS statisticians told us that the main users of waiting times statistics are colleagues within DHSSPS responsible for developing and monitoring health policy. The producer team engages with these colleagues through regular business planning meetings. DHSSPS also engages with the hospital users and data suppliers through its Hospital Liaison Group, which includes representatives from each of the Health and Social Care (HSC) Trusts, the HSC Board, Business Services Organisation, and statisticians within DHSSPS. DHSSPS seeks feedback from external users of these statistics through an online feedback questionnaire¹². DHSSPS carried out a user satisfaction survey in April 2011 for the first time, and has since published the results for its hospital statistics. However, it does not publish any summaries of the feedback it receives, or papers from its business planning meetings or the Hospital Liaison Group. As part of the designation as National Statistics, DHSSPS should publish a summary of the feedback provided by the users of hospital waiting times statistics¹³ (Requirement 1). We also suggest that DHSSPS publishes related papers and notes from the relevant group meetings on its website.
- 3.2 *Inpatient Waiting Times* and *Outpatient Waiting Times* include statistics about completed waits within the Independent Sector. These statistics are produced from financial invoice data supplied to the HSC Board by the Independent Sector. DHSSPS told us that it was not feasible for it to validate these data, but that they include the statistics within the releases as context, to give users a comprehensive view of completed waits in Northern Ireland. DHSSPS includes some cautionary footnotes beside these statistics, but this information could be made clearer within the text. As part of the designation as National Statistics, DHSSPS should improve the presentation of the statistics about completed waits in Independent Sector hospitals to ensure that users are aware that they are not National Statistics¹⁴ (Requirement 2). We suggest that DHSSPS publish more information in the releases about the data sources and methods used to produce the statistics for completed waits in the Independent Sector, and about the problems in validating the quality of these statistics.
- 3.3 DHSSPS produces its waiting times statistics from data supplied by HSC Trusts and the HSC Board in Northern Ireland. The data are collected through a range of administrative systems and pre-defined spreadsheet returns. DHSSPS told us that it is making more use of available administrative systems – extracted directly from the regional data warehouses¹⁵ – and automatic data validation to reduce the burden on data suppliers. We consider this to be good practice. DHSSPS consults its data suppliers regularly through the Hospital Liaison Group, but it does not estimate or publish the costs to HSC Trusts of providing these data. As part of the designation as National Statistics, DHSSPS should

¹² http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/statistics_and_research-user_engagement-2.htm

¹³ In relation to Principle 1, Practices 2 and Practice 5 of the *Code of Practice*

¹⁴ In relation to Principle 4, Practice 2 and Principle 8, Practice 1 of the *Code of Practice*

¹⁵ The regional data warehouses are systems which record and manage the patient level data supplied by the individual hospitals.

report annually the estimated costs to the HSC Trusts and Board of responding to statistical returns for waiting times statistics¹⁶ (Requirement 3).

- 3.4 The publications provide a short summary of the purpose, the reporting period, and the quality of the statistics; with further information about quality provided in the technical notes. The publications also contain an 'explanatory notes' annex that provides a helpful overview of the data collections and the definitions used in producing these statistics. DHSSPS provides detailed information¹⁷ on its website about the administrative data sources used in the production of these statistics and the measures it takes to assure the quality of these data. DHSSPS told us that detailed definitions and guidance documents, as well as publication production manuals, are available internally for staff. These manuals are also made available to the HSC Trusts through DHSSPS's secure extranet site. We suggest that DHSSPS publish these manuals on its website and provide links to these documents within the publications.
- 3.5 DHSSPS publishes each set of waiting times statistics in a similar format. The releases provide information about the policy context to aid user understanding, and provide information about progress against some PfA targets. Each publication also includes a high-level statement about the main uses of the statistics, which is useful, but this could be more detailed. DHSSPS told us that it provides contextual analysis of the longer term trends in these statistics to policy colleagues within DHSSPS, although this is not provided in the releases. Some of the analysis within the releases could be improved, for example, in comparing the number of patients in each HSC Trust waiting longer than the target maximum waiting time; no account is taken of the size of the population covered by each Trust. As part of the designation as National Statistics, DHSSPS should provide more detailed information about the range of uses of these statistics, and improve the commentary in the releases so that it aids user interpretation of the statistics¹⁸ (Requirement 4). In meeting this Requirement, we suggest that DHSSPS should consider the points detailed in annex 2.

¹⁶ In relation to Principle 6, Practice 1 of the *Code of Practice*

¹⁷ http://www.dhsspsni.gov.uk/statement_of_administrative_sources_-_revised_7_april_2011.pdf

¹⁸ In relation to Principle 8, Practice 1 and Practice 2 of the *Code of Practice*

Annex 1: Suggestions for improvement

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

- | | |
|---------------------|---|
| Suggestion 1 | Publish papers and notes for the relevant business planning and Hospital Liaison Group meetings on its website (para 3.1) |
| Suggestion 2 | Publish more information in the releases about the data sources and methods used to produce the statistics for completed waits in Independent Sector hospitals, and about the problems in validating the quality of these statistics (para 3.2) |
| Suggestion 3 | Publish the data definitions and guidance manuals for these statistics and provide links to these documents within the publications (para 3.4) |
| Suggestion 4 | Consider the points raised in annex 2, in seeking to improve these statistical releases (para 3.5) |

Annex 2: Compliance with the Standards for Statistical Releases

A2.1 In October 2010, the Statistics Authority issued a statement on the *Standards for Statistical Releases*¹⁹. Whilst this is not part of the *Code of Practice for Official Statistics*, the Authority regards it as advice that will promote both understanding and compliance with the Code. In relation to the statistical releases associated with these waiting times statistics for Northern Ireland, this annex comments on compliance with the statement on standards.

A2.2 In implementing any Requirements of this report (at paragraph 1.5) which relate to the content of statistical releases, we encourage the producer body to apply the standards as fully as possible.

Appropriate identification of the statistics being released

A2.3 The titles of these releases describe the coverage of the statistics; however terms such as 'QE', in the *Inpatient* and *Outpatient* titles, are not explained. The National Statistics logo is included on the front of *Inpatient* and *Outpatient Waiting Times*, and all publications identify the originating department.

A2.4 The publications have a contents page, which lists the figures and tables contained within the release. The contact details for the responsible statistician are also given at the front of the publication.

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

A2.5 The publications include useful summaries, which provide a short introduction to the statistics as well as four or five key points from the release. The language used in the publications is mostly straightforward and clear and provides further information about technical or classificatory terms in the text and supporting annexes.

A2.6 The presentation of the statistics within the text could be simplified, for example, by rounding large numbers and reviewing the amount of information given in brackets. The publications include useful comparisons between HSC Trusts and the overall position in Northern Ireland; however, the total number of patients waiting by HSC Trust is likely to be influenced by the size of the population covered by each Trust, which could be misinterpreted. The presentation of some statistics does not account for changes in the total number of patients waiting at each period. For example, in *Emergency Care* it could be useful to show the number of patients waiting longer than the PfA target as a percentage of the total number of patients. The statistics show considerable variation in waiting time trends, but this is not explained. More contextual information over time and between areas, including more information on trends in hospital activity, would be useful.

¹⁹ <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-releases.html>

Use language that is impartial, objective and professionally sound

A2.7 The text is impartial and evidence-based. The commentary in the publication contains descriptive statements that are consistent with the statistics. The text includes useful and professionally sound comments on changes. Percentage change figures are mainly used to compare changes over the reporting period.

Include information about the context and likely uses

A2.8 The publications outline the main purpose of the statistics; to measure the department's PfA targets on waiting times. *Emergency Care* and *Cancer Waiting Times* present the details of these targets at the beginning, and this approach could usefully be replicated in the other publications. The publications include helpful statements about what these statistics show in the context of the targets, for example, whether they are being met or not. This information is provided for Northern Ireland and for individual HSC Trusts.

A2.9 The publications provide a short overview of other uses of these statistics, such as responding to Parliamentary and Assembly questions. This could be expanded on. It is appropriate to make cautious, speculative comments about the other uses to which others' are likely to put the statistics. In doing so, information on the quality and reliability of the statistics in relation to the range of uses should also be provided.

Include, or link to, appropriate metadata

A2.10 The publications include a technical notes section at the start, which provides summary information about the data collection, data quality and uses. Each publication includes links to similar statistics produced in the other countries of the UK; however, due to different definitions and methods these are not always comparable. *Inpatient Waiting Times* includes helpful links to comparable statistics produced across the UK, hosted on ONS's website.

Annex 3: Summary of assessment process and users' views

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

A3.2 The Assessment team – David Duncan-Fraser and Neil Jackson – agreed the scope of and timetable for this assessment with representatives of DHSSPS in April. The Written Evidence for Assessment was provided on 27 May. The Assessment team subsequently met DHSSPS during June to review compliance with the *Code of Practice*, taking account of the written evidence provided and other relevant sources of evidence.

Summary of users contacted, and issues raised

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

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

NI Assembly Researcher	1
Welsh Government	1
Other Northern Ireland department	1
HSC Trust	2

A3.5 The users who responded to the consultation conducted as part of this assessment were generally content with the statistics and engagement with the statistics team in DHSSPS. Users told us that the data are accessible and well explained. Some users said that longer time series and more contextual information to explain the trends would be useful.

Key documents/links provided

Written Evidence for Assessment document

