

Assessment of compliance with the Code of Practice for Official Statistics

Statistics on Child Health in Scotland

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

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About the UK Statistics Authority

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

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

The Statistics Authority has two main functions:

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

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ASSESSMENT AND DESIGNATION

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

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

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

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

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

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

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

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

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

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

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1 Summary of findings

1.1 Introduction

1.1.1 This is one of a series of reports¹ prepared under the provisions of the *Statistics and Registration Service Act 2007*². The Act requires all statistics currently designated as National Statistics to be assessed against the *Code of Practice for Official Statistics*³. The report covers the set of child health statistics produced by the Information Services Division of NHS National Services Scotland (ISD), reported in:

- *Breastfeeding Statistics*⁴;
- *Childhood Immunisation Statistics*⁵; and
- *Primary 1 Body Mass Index (BMI) Statistics*⁶.

1.1.2 The Act also allows departments to request an assessment of other official statistics in order for them to gain National Statistics status. In response to such a request this report also covers the sets of official statistics reported in *HPV Immunisation Uptake Statistics*⁷.

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

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

1.2 Decision concerning designation as National Statistics

1.2.1 The Statistics Authority judges that the statistics covered by this report are readily accessible, produced according to sound methods and managed impartially and objectively in the public interest, subject to any points for action in this report. The Statistics Authority confirms that the releases listed in paragraph 1.1.1 are designated as National Statistics and has determined that the statistics published in *HPV Immunisation* can be designated as a new

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

² http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga_20070018_en.pdf

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

⁴ <http://www.isdscotland.org/Health-Topics/Child-Health/Infant-Feeding/>

⁵ <http://www.isdscotland.org/Health-Topics/Child-Health/Immunisation/>

⁶ <http://www.isdscotland.org/Health-Topics/Child-Health/Child-Weight-and-Growth/>

⁷ <http://www.isdscotland.org/Health-Topics/Child-Health/Immunisation/>

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

National Statistics product, subject to ISD implementing the enhancements listed in section 1.5 and reporting them to the Authority by August 2012.

- 1.2.2 During the course of the assessment, the Head of Profession has confirmed⁹ that the commentary in *HPV Immunisation Statistics* will be improved so that it aids user interpretation of the statistics – this would otherwise have been a formal recommendation. Some other improvements that would have been formal recommendations have also been made to the most recent releases of *Childhood Immunisation Statistics* and *BMI Statistics*.

1.3 Summary of strengths and weaknesses

- 1.3.1 ISD has regular contact with the main users of these statistics in Scottish Government and the NHS. It also undertakes an annual user survey and has held specific consultations on individual statistical releases. However, the ISD child health team has had little engagement with users outside Scottish Government and the NHS, such as those in the voluntary sector.
- 1.3.2 ISD presents clear commentary supported by charts and summary tables in *Breastfeeding Statistics*, *Childhood Immunisation Statistics* and *Primary 1 BMI Statistics*. The commentary in *HPV Immunisation* does not provide sufficient information about the vaccines and variations in the immunisation programme and uptake rates.

1.4 Detailed recommendations

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

1.5 Requirements for designation as National Statistics

Requirement 1 Seek ways to engage users of child health statistics outside the NHS and government; document their needs, and use this information to better support the use of the statistics (para 3.1).

Requirement 2 Provide more information about the methods, quality and reliability of the statistics in *Breastfeeding Statistics* and *HPV Immunisation Uptake Statistics* (para 3.2).

⁹ The specification of improvements expressed in this manner does not diminish the responsibility of ISD to ensure that it continues to produce this set of statistics in compliance with the *Code of Practice*. We will review progress with these improvements at a later stage

2 Subject of the assessment

- 2.1 ISD is responsible for publishing a range of statistics on child health in Scotland: *Breastfeeding Statistics*; *Childhood Immunisation Statistics*; *HPV Immunisation Uptake Statistics* and *Primary 1 Body Mass Index Report (BMI) Statistics*.
- 2.2 *Breastfeeding Statistics* presents information on the proportion of mothers who breastfeed their babies, either exclusively or in conjunction with formula feeds. The data are recorded by public health nurses or health visitors at a first visit (usually around 10 days after birth) and at a subsequent review 6 to 8 weeks after birth. ISD has published a time series from 2001/02 and presents the statistics by NHS board, maternal age, deprivation group, and by smoking status. Published annually in October, *Breastfeeding Statistics* gives the figures for the preceding financial year.
- 2.3 NHS boards in Scotland provide a child health surveillance programme where children are offered routine reviews at various stages in their development. The Child Health Systems Programme (CHSP) is used to invite children for examination and to record their results. *Breastfeeding Statistics* is derived from CHSP Pre-School¹⁰, used for children shortly after birth until school entry.
- 2.4 *Childhood Immunisation Statistics* presents statistics on the immunisation uptake rates for children up to 6 years and covers a range of vaccinations including: diphtheria, tetanus, whooping cough, polio, and MMR (Measles, Mumps and Rubella). The statistics are presented quarterly, around one quarter in arrears, and are broken down by uptake at different ages, by NHS boards and Community Health Partnerships. The immunisation statistics include a time series from 1995. They are derived from information held on the Scottish Immunisation and Recall System (SIRS)¹¹ which covers all NHS boards in Scotland. Uptake rates are calculated for children aged 12 months, 24 months, 5 years and 6 years that were registered on SIRS at the end of the reporting period.
- 2.5 *HPV Immunisation Uptake Statistics* presents uptake rates of the Human Papillomavirus (HPV) vaccine which is designed to protect against the two types of HPV that cause around 70 per cent of cases of cervical cancer. The HPV Immunisation Programme in Scotland started on 1 September 2008 and statistics are presented from the 2008/09 school year. The main target population receiving immunisation are girls aged around 12-13 years (in their second year of secondary education). ISD published the statistics twice a year until 2011. Following a user consultation in summer 2011, it decided to publish the statistics annually in September (for the preceding school year). The statistics are presented by NHS board and community health partnership. *HPV Immunisation Uptake Statistics* is based on information from two sources:

¹⁰ <http://www.isdscotland.org/Health-Topics/Child-Health/Child-Health-Programme/Child-Health-Systems-Programme-Pre-School.asp>

¹¹ <http://www.isdscotland.org/Health-Topics/Child-Health/Child-Health-Programme/Scottish-Immunisation-Recall-System.asp>

CHSP School¹² (used for primary and secondary school age children) and SIRS.

2.6 *Primary 1 BMI Statistics (BMI Statistics)* presents the prevalence of children in primary school year 1 (typically aged 4 or 5) for the following BMI groups:

- very underweight (less than or equal to 2nd centile);
- underweight (less than or equal to 5th centile);
- overweight (greater than or equal to 85th centile);
- obese (greater than or equal to 95th centile); and
- severely obese (greater than or equal to 98th centile).

ISD publishes these statistics annually in December for the previous school year, by gender, deprivation group, and NHS board. It has also published a time series from 2000/01.

2.7 *BMI Statistics* is derived from the CHSP School system. Adult BMI values are not appropriate for children. The healthy BMI range for children changes substantially with age and is different between boys and girls. Interpretation of BMI values in children, therefore, depends on a comparison with age- and sex-specific growth reference charts. ISD uses the UK90 reference curves¹³, which are also used by the Health and Social Care Information Centre¹⁴ (HSCIC) for England, the Welsh Health Survey¹⁵ and Northern Ireland Health Survey¹⁶.

2.8 All the child health statistics are used for planning, health monitoring and research, and provision of services by Scottish Government, NHS boards, community health partnerships, Health Protection Scotland¹⁷, Scottish Public Health Observatory¹⁸, Scottish Cancer Registry¹⁹ and other public health specialists. *Breastfeeding Statistics* is used to monitor progress towards a Scottish Government target of increasing the proportion of newborn children exclusively breastfed at 6-8 weeks from 26.2 in 2006/07 to 32.7 per cent in 2010/11²⁰. *Childhood Immunisation Statistics* is used to monitor a Scottish Government target for 95 per cent of children to complete courses in specified immunisations by 24 months of age. The child health statistics are of wide public interest, reflected in reporting by the media and use by the voluntary sector. For example child health statistics are used to support campaigns and information provision, such as immunisation statistics by the Meningitis Research Foundation²¹, breastfeeding statistics by the National Children Trust (NCT)²² and HPV immunisation statistics by Jo's Cervical Cancer Trust²³.

¹² <http://www.isdscotland.org/Health-Topics/Child-Health/Child-Health-Programme/Child-Health-Systems-Programme-School.asp>

¹³ <http://adc.bmj.com/content/73/1/25>

¹⁴ <http://www.ic.nhs.uk/ncmp>

¹⁵ <http://wales.gov.uk/topics/statistics/theme/health/health-survey/results/?lang=en>

¹⁶ <http://www.csu.nisra.gov.uk/survey.asp48.htm>

¹⁷ <http://www.hps.scot.nhs.uk/immvax/index.aspx>

¹⁸ <http://www.scotpho.org.uk/>

¹⁹ <http://www.isdscotland.org/Health-topics/Cancer/Scottish-Cancer-Registry.asp>

²⁰ <http://www.scotland.gov.uk/Publications/2007/12/11103453/6> - the new NHS performance targets in Scotland for 2012/13 do not include a breastfeeding target

²¹ <http://www.meningitis.org/facts>

²² <http://www.nct.org.uk/professional/research/feeding-babies/statistics>

²³ <http://www.jostrust.org.uk/>

- 2.9 The ISD child health team comprises 4.5 full time equivalent staff. This resource covers a range of activities including the production of national statistics, an information request service and analyses for parliamentary questions. The team also produces a range of information outputs to inform policy developments, service planning, implementation and monitoring of the child health and immunisation programme both nationally and at a local level.

3 Assessment findings

- 3.1 ISD undertakes an annual user survey to seek feedback about its statistics. It has regular contact with its key partners in Scottish Government, NHS boards and public health specialists. It has consulted on proposals to change the frequency of its statistical releases; most recently regarding *HPV Immunisation Uptake Statistics* and *Childhood Immunisation Statistics*. ISD published the outcome of the consultation, including a summary of the feedback received about the HPV immunisation statistics, in an annex to the statistical release in September 2011. The team did not directly contact representatives from the voluntary sector, such as cancer or children's charities, or academics about this consultation, although the consultation material was available on the ISD website. As part of the designation as National Statistics, ISD should seek ways to engage users of child health statistics outside the NHS and government; document their needs, and use this information to better support the use of the statistics²⁴ (Requirement 1). We suggest ISD refer to the types of use put forward in the Statistics Authority's Monitoring Brief, *The Use Made of Official Statistics*²⁵ when documenting use.
- 3.2 Each of the releases has an annex giving summary background information about the statistics. Following advice from the Assessment team, ISD extended the information provided in the latest *Childhood Immunisation Statistics*, including a definition of the uptake rates and clear explanation of the completeness of the vaccination programmes in relation to the target populations of children. ISD also responded to advice regarding *BMI Statistics* by improving the explanation of confidence intervals and extending the quality information about accuracy, reliability and completeness in the most recently published release. *Breastfeeding Statistics* also provides some explanatory information about the data sources, methods, and quality of the statistics, in the main body of the release. The information about the accuracy of the statistics provided focuses on the quality assurance steps taken by ISD but does not explain potential sources of bias and their impact on the statistics, for example, an indication of the accuracy of the breastfeeding measure. The detailed tables accompanying *Breastfeeding Statistics* include information about the completeness of records on smoking status at the first visit²⁶ review; however, this information is not given alongside the statistics in the release. *HPV Immunisation* provides some information about the data sources but gives little information about the underlying data collection carried out through the National Immunisation Programme and the quality of the immunisation statistics. As part of the designation as National Statistics, ISD should provide more information about the methods, quality and reliability of the statistics in *Breastfeeding Statistics* and *HPV Immunisation*²⁷ (Requirement 2).
- 3.3 The child health statistical releases each give summary information about the comparability of the Scottish statistics with those for the other countries in the UK. *Childhood Immunisation Statistics* provides a prominent link to the UK statistics compiled by the Health Protection Agency (HPA). The other child

²⁴ In relation to Principle 1, Practices 2 and 5 of the *Code of Practice*

²⁵ <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-briefs/index.html>

²⁶ The first visit review is at around 10 days after childbirth

²⁷ In relation to Principle 4, Practices 1 and 2, and Principle 8, Practice 1 of the *Code of Practice*

health statistical releases give a link to the statistics for England. *BMI Statistics* provides a link to the HSCIC's childhood obesity statistics from the National Child Measurement Programme for England and to the health surveys for each of the UK countries. It also provides a link to *New Guidance on Producing UK level Child Obesity Statistics* that is available through HSCIC's website²⁸. We suggest that ISD provide links to the equivalent statistics on breastfeeding and HPV immunisation in children for Wales and Northern Ireland.

- 3.4 *Breastfeeding Statistics* and *BMI Statistics* provide helpful background material about the policy and health context of the statistics and give neutral information about the associated Scottish Government policies. The releases use charts to illustrate the main findings (such as by area and deprivation group). Following advice from the Assessment team, ISD extended the commentary in *Childhood Immunisation Statistics*, to provide clear contextual information about the diseases and vaccines, the purpose of the programmes, and description of the statistics that support user interpretation of the statistics. The commentary in *HPV Immunisation Uptake Statistics* is brief and more suited to specialist users. ISD does not provide sufficient explanation of the main terms, the reasons behind the fall in uptake rates in each year of the HPV immunisation programme, or an explanation of the impact of changes in the immunisation programme on trends. During the course of this assessment, the Head of Profession for statistics confirmed that ISD will improve the commentary in *HPV Immunisation Uptake Statistics* so that it aids user interpretation of the statistics. We suggest that ISD consider the points detailed in annex 2, in seeking to further improve the child health statistics.

²⁸ <http://www.ic.nhs.uk/statistics-and-data-collections/supporting-information/health-and-lifestyles/obesity/the-national-child-measurement-programme/new-guidance-on-producing-uk-level-child-obesity-statistics>

Annex 1: Suggestions for improvement

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

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|---------------------|---|
| Suggestion 1 | Refer to the types of use put forward in the Statistics Authority's Monitoring Brief, <i>The Use Made of Official Statistics</i> , when documenting use (para 3.1). |
| Suggestion 2 | Provide links to the equivalent statistics on breastfeeding and HPV immunisation in children for Wales and Northern Ireland (para 3.3). |
| Suggestion 3 | Consider the points detailed in annex 2, in seeking to further improve the child health statistical releases (para 3.4). |

Annex 2: Compliance with Standards for Statistical Releases

- A2.1 In October 2010, the Statistics Authority issued a statement on *Standards for Statistical Releases*²⁹. 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 ISD's child health statistics, this annex comments on compliance with the statement on standards.
- A2.2 In implementing any Requirements of this report (at paragraph 1.5) which relate to the content of statistical releases, we encourage the producer body to apply the standards as fully as possible.

Appropriate identification of the statistics being released

- A2.3 The child health releases have titles that include the coverage of the statistics and the periods to which the latest statistics relate. Each release is accompanied on ISD's website by a publication summary – these give the frequency of the release, the coverage and reference period. The frequency of publication is also given in the metadata annex in each of the main releases.
- A2.4 Each release presents the appropriate logos, together with the name and contact details of the responsible statisticians. This information is given in each publication summary. The releases also have an introduction which sets out what is covered in the report, including the subjects discussed.

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

- A2.5 The releases each have a summary that sets out the main findings. They provide useful introductions that set the health and policy context for the statistics. For example, *Breastfeeding Statistics* highlights the relevant public health issues and provides neutral information about the Scottish Government policy *Better Health, Better Care*³⁰. The commentaries include some explanation of the statistics with appropriate comparisons over time and between areas within Scotland. Graphs and tables are used to illustrate these comparisons.
- A2.6 *Childhood Immunisation* commentary is limited to recent changes, with insufficient contextual information about the use of the statistics. Following advice from the Assessment team during the course of the assessment, ISD improved and extended the description of the statistics and explanations about the immunisation programmes to aid user interpretation. The commentary in *HPV Immunisation Uptake Statistics* is brief and more suited to specialist users. *HPV Immunisation* doesn't give the reasons behind the fall in uptake rates in each year of the HPV immunisation programme. The descriptions of the statistics do not include an explanation of the impact of changes in the immunisation programme on trends.

²⁹ <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-releases.html>

³⁰ <http://www.scotland.gov.uk/Publications/2007/12/11103453/0>

Use language that is impartial, objective and professionally sound

A2.7 The commentary is impartial and factually based. The descriptions of proportions, changes, trends, and patterns are professionally sound.

Include information about the context and likely uses

A2.8 The releases provide contextual information with the descriptions of the main findings. *BMI Statistics* for instance discusses concerns about the levels of obesity among children and what kind of health problems may be associated with obesity. It also makes it clear that the statistics do not reflect clinical diagnoses as the BMI would be only one factor taken into account before a clinical diagnosis was made. *Childhood Immunisation Statistics* discusses the public health benefit of immunisation and the Scottish national target for the immunisation of children. It includes comment about the quality and reliability of the statistics in relation to the potential uses.

A2.9 The glossary sections vary in their comprehensiveness, and don't always provide the main terms used in the releases. An example is in *HPV Immunisation Statistics* where there is synonymous use of the words 'coverage' and 'uptake'. ISD doesn't provide an explanation of these terms. The metadata accompanying each release gives a brief summary of the main uses of the statistics.

Include, or link to, appropriate metadata

A2.10 The metadata sections in an appendix to each of the releases provide information using the European Statistical System dimensions of quality³¹. They outline the data sources, reference periods, frequency of publication, revisions information, and give some guidance on the quality of the statistics. There is also information about the pre-release access arrangements for the particular statistics and an explanation of the designation as National or Official Statistics.

A2.11 *Breastfeeding Statistics* includes information about the completeness of recording. It also gives information about the impact of improved coverage among NHS boards and the timing of the 6-8 week review. It highlights that there may have been some variation in the definition of exclusively breastfeeding applied by public health nurses. It doesn't provide an indication of the accuracy of the breastfeeding rates. It highlights statistics being available through the UK Infant Feeding Survey and highlights the generally higher breastfeeding rates found in the survey. It doesn't explain the reasons for this difference.

³¹ Relevance, accuracy, timeliness and punctuality, accessibility and clarity, comparability and coherence

Annex 3: Summary of assessment process and users' views

A3.1 This assessment was conducted from January to April 2012.

A3.2 The Assessment team – Penny Babb and Iain Russell – agreed the scope of and timetable for this assessment with representatives of the ISD in January. The Assessment team met the ISD producer team during January to review compliance with the *Code of Practice*, taking account of any 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 eight responses in its user consultation – all from users in NHS boards in Scotland.

A3.5 The statistics are used to support service delivery and for local monitoring purposes. The feedback from users was positive about the extent to which the statistics meet their needs, and about their engagement with ISD. ISD is seen as being responsive to information requests from users.

A3.6 The only issues reported about the statistics related to a disappointment that ISD was proposing to reduce the frequency of the childhood immunisation statistics from quarterly to annual but this reflected a concern about the availability of management information³² rather than the statistics. A further comment was that the breastfeeding statistics are released six months³³ after the reference period – the user felt that this lag makes it harder to identify reasons for reduced breastfeeding rates. ISD told us that there is no scope to improve the timeliness of the statistics.

³² ISD told us that that it has no intention of reducing the frequency of management information. Following the consultation ISD has told us that it will continue to release childhood immunisation statistics quarterly to meet user requirements

³³ ISD told us that there is a 4 month interval between the timing of the reviews and the publication of the statistics since the 6-8 week review may not have occurred until June for births occurring in March

