

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

## Statistics on Hospital Episodes and Appointments

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

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

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

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

The Statistics Authority has two main functions:

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

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# **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 produced by the Health and Social Care Information Centre (HSCIC) and reported in:

- *Hospital Episode Statistics: Admitted Patient Care, England*<sup>4</sup> (annual) (*Annual Admitted Patients*); and
- *Hospital Outpatient Activity, England*<sup>5</sup> (annual) (*Annual Outpatient Activity*).

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. This report is in response to such a request and covers the sets of statistics reported in:

- *Provisional Monthly Hospital Data for Admitted Patient Care*<sup>6</sup> (*Monthly Admitted Patients*); and
- *Provisional Monthly Hospital Data for Outpatients*<sup>7</sup> (*Monthly Outpatient Activity*).

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 materiality<sup>8</sup>. The Assessment team nonetheless assessed compliance with all parts of the *Code of Practice* and has commented on all those in respect of which some remedial action is recommended.

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

## 1.2 Decision concerning designation as National Statistics

1.2.1 The Statistics Authority judges that the statistics covered by this report are readily accessible, produced according to sound methods and managed impartially and objectively in the public interest, subject to any points for action in this report. The Statistics Authority confirms that the statistics listed in

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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.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=192>

<sup>5</sup> <http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=890>

<sup>6</sup> <http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1122>

<sup>7</sup> <http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1130>

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

paragraph 1.1.1 are designated as National Statistics and has determined that the statistics published in the products listed in paragraph 1.1.2 can be designated as new National Statistics products, subject to HSCIC implementing the enhancements listed in section 1.5, and reporting them to the Authority by October 2012.

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

### 1.3 Summary of strengths and weaknesses

1.3.1 HSCIC makes available a wide range of statistics on hospital episodes<sup>9</sup> of care and appointments through three different means. HSCIC provides a substantial collection of data tables through its website, HESonline; it gives access to the underlying data for further analysis within the NHS and government departments, as well as having bespoke data extract services available to all users.

1.3.2 HSCIC runs a user group for users of hospital episode and appointment statistics within the NHS and government departments. It also has regular contact with users who receive monthly data extracts. It is preparing a description about the uses made of the statistics to accompany the hospital episode and appointment statistics.

1.3.3 HSCIC publishes some high level analysis and commentary to accompany the admitted patient and outpatient activity statistics with supporting summary charts and tables. However the commentary does not relate the statistics to health issues and has few comparisons over time or by area. The hospital episode and appointment statistical releases do not have appropriate titles or make it sufficiently clear where to find the accompanying commentary.

### 1.4 Detailed recommendations

1.4.1 The Assessment team identified some areas where it felt that HSCIC 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>	Provide an explanation of the extent of revisions at the same time that the hospital episode and appointment statistics are released (para 3.2).
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<b>Requirement 2</b>	Signpost users to equivalent hospital episode and appointment statistics for the other UK countries,
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<sup>9</sup> A finished consultant episode is a continuous period of admitted patient care under one consultant within one healthcare provider

and provide information about the comparability of the hospital activity statistics with those produced by DH and the other administrations in the UK (para 3.3).

**Requirement 3**

Improve the accessibility of the hospital episode and appointment statistics (para 3.4).

**Requirement 4**

Improve the commentary and presentation in the statistical releases so that they aid user interpretation (para 3.5).

## 2 Subject of the assessment

- 2.1 HSCIC publishes statistics on a range of aspects of hospital episodes<sup>10</sup> and appointments in England. This report covers annual and monthly Hospital Episode Statistics (HES) on inpatient and outpatient care. HSCIC also publishes further statistics on other types of hospital activities, such as maternity statistics; HSCIC intends to put these statistics forward for assessment after it becomes a non-departmental public body in 2013.
- 2.2 HES is a collection of hospital records for all patients treated at NHS Hospitals in England. It contains details of inpatient care, outpatient appointments and accident and emergency attendance records for all acute hospitals<sup>11</sup>, primary care trusts (PCTs) and mental health trusts. HES also includes information about private patients treated in NHS hospitals, patients who were resident outside of England, and care delivered by treatment centres<sup>12</sup> (including those in the independent sector) funded by the NHS. The admitted patient care data are available from 1989 onwards, with more than 18 million new records added each year, and outpatient attendance data from 2003 onwards with more than 80 million new records added each year.
- 2.3 Data are collected locally by healthcare providers in the process of caring for the patient. These administrative data are submitted to the NHS's Secondary Uses Service<sup>13</sup> (SUS), which makes the data available to the commissioners of care. At pre-arranged intervals during the year<sup>14</sup>, data extracts are sent to HSCIC for processing. The HES data quality team within the HSCIC validates the data and makes it available to the HES analysis team.
- 2.4 *Hospital Episode Statistics: Admitted Patient Care, England (Annual Admitted Patients)* presents high level analysis of hospital episodes data, including statistics on the total number of finished hospital episodes; the number of ordinary<sup>15</sup> inpatient admissions and day cases<sup>16</sup>; patients' age and sex, and time series analysis. Statistics are also presented on the numbers of admission that were an emergency, from a waiting list or a deferred planned admission; the types of procedures undertaken, and on diagnoses. Further statistics are available in Excel tables on HESonline, including analysis by healthcare providers<sup>17</sup>. The annual statistics are released in November for the previous financial year.
- 2.5 *Provisional Monthly Hospital Data for Admitted Patient Care (Monthly Admitted Patients)* is a monthly release of provisional hospital episode statistics on

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<sup>10</sup> Hospital episode statistics measure finished consultant episodes (FCE) – a continuous period of admitted patient care under one consultant within one healthcare provider

<sup>11</sup> Providing short-term medical and/or surgical treatment and care

<sup>12</sup> Treatment centres are medical institutions in the UK which provide routine diagnostic and surgery procedures to day-case and short-stay patients. Patients are sent from NHS hospitals, to allow hospitals to concentrate on emergency and more complex elective cases. They were introduced in 2002

<sup>13</sup> <http://www.ic.nhs.uk/services/secondary-uses-service-sus>

<sup>14</sup> <http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=229>

<sup>15</sup> Ordinary admissions are inpatients who have been admitted for treatment. The intention is for treatment to be concluded in longer than one day. If, unexpectedly, the patient is not kept overnight, the episode remains as an ordinary admission

<sup>16</sup> Patients who attend a hospital for tests or surgery but do not need to stay overnight

<sup>17</sup> <http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1453>

- HESonline. It presents the total number and types of admission; the number of FCE, diagnoses and medical procedures; a breakdown of episodes by SHA and PCT; and monthly time series.
- 2.6 *Hospital Outpatient Activity, England (Annual Outpatient Activity)* presents statistics on the total number of outpatient appointments (where individuals attend to see a consultant but do not stay in hospital), and the number of hospital and patient cancellations. It presents a breakdown by age and SHA. Statistics for each healthcare provider are also presented in Excel tables on HESonline<sup>18</sup>. The annual statistics are released in December for the previous financial year.
  - 2.7 *Provisional Monthly Hospital Data for Outpatients (Monthly Outpatient Activity)* is a monthly release of provisional hospital appointment statistics on HESonline. It presents the total number of outpatient appointments for the latest month and over the previous year, with the percentage of appointments attended and not attended. The monthly statistics are released four months after the activity occurs (for example February 2012 was released in June).
  - 2.8 The Department of Health (DH) publishes related statistics that cover various aspects of NHS hospital activity in England. These statistics are part of a separate Assessment<sup>19</sup>.
  - 2.9 Users within the NHS and government departments, including officials at DH, Department for Transport, Care Quality Commission, SHAs, PCTs, Trusts and Public Health Observatories receive access to the underlying data through the HES Interrogation System<sup>20</sup>. DH uses the statistics to monitor the implementation of health policies. Researchers and academics use the statistics to evaluate NHS performance and within the private sector, such as the pharmaceutical industry, the statistics are used for commercial and research purposes and the Met Office's Health Forecast Unit<sup>21</sup> uses the statistics to support the NHS in its workforce planning.
  - 2.10 HSCIC told us that the costs for producing these statistics are approximately £150,000 for inpatient statistics and £100,000 for outpatient statistics. This includes costs for the analysts' time but not for the production of the underlying administrative data.

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<sup>18</sup> <http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1498>

<sup>19</sup> Assessment report 228: <http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/index.html>

<sup>20</sup> <http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=403>

<sup>21</sup> <http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=429>

### 3 Assessment findings

- 3.1 HSCIC runs a user group attended by representatives of the 200 users of hospital episode and appointment statistics in the NHS and government departments. These include analysts in public health observatories and primary care trusts who have access to the HES Interrogation System. The group meets every two months to discuss issues such as data improvements, data quality, and upcoming system or organisational changes that might affect the statistics. HSCIC also holds meetings every six months with users who subscribe to the HES monthly managed extract service<sup>22</sup>. These users have signed agreements to receive regular HES extracts and are from a variety of sectors, such as commercial, government departments and research organisations. HSCIC has also sought users' views in November 2011 through a survey<sup>23</sup> on its website. It received 36 responses. It published the feedback<sup>24</sup> from the survey. The HSCIC customer contact centre receives 20-30 calls each week requesting information about HES; these are passed to the HES team. HSCIC maintains a database of the queries, and reviews these to inform changes to the published statistics. HSCIC provides little information on the uses made of the statistics but it told us that it is preparing a detailed statement describing the ways that the statistics are used by different types of users. We suggest that HSCIC refer to the types of use put forward in the Statistics Authority's Monitoring Brief, *The Use Made of Official Statistics*<sup>25</sup> when documenting use.
- 3.2 HSCIC publishes provisional admitted patient and outpatient statistics each month. It includes a statement to warn users that the statistics are likely to be incomplete. This statement is included in spreadsheets for each of the topics which give the provisional monthly statistics for the latest year and the final monthly statistics for the previous four years. However, HSCIC does not give an indication of the scale of change that has occurred in revisions. As part of the designation as National Statistics, HSCIC should provide an explanation of the extent of revisions to the hospital episode and appointment statistics at the same time that they are released<sup>26</sup> (Requirement 1).
- 3.3 HSCIC publishes detailed explanatory information about the hospital episode and appointment statistics. It summarises the changes that have been made in the datasets over time and sets out the completeness and accuracy of the admitted patients and outpatient statistics. The data quality notes refer users to an Office for National Statistics (ONS) compendium publication, *UK Health Statistics*<sup>27</sup>. ONS has told us that following the consultation<sup>28</sup> of its work programme for 2011/12 – 2014/15 *UK Health Statistics* has been discontinued in its previous form. DH also publishes hospital activity statistics. HSCIC does not make clear the extent to which its statistics are comparable with DH's statistics, which are based on a monthly return from healthcare providers. As

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<sup>22</sup> <http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1670>

<sup>23</sup> <http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1854>

<sup>24</sup> See 'accompanying PDF':

<http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1854>

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

<sup>26</sup> In relation to Principle 2, Practice 6 of the *Code of Practice*

<sup>27</sup> <http://www.ons.gov.uk/ons/rel/ukhs/united-kingdom-health-statistics/index.html>

<sup>28</sup> <http://www.ons.gov.uk/ons/about-ons/consultations/closed-consultations/2010/work-programme-consultation/index.html>

part of the designation as National Statistics, HSCIC should signpost users to equivalent hospital episode and appointment statistics for the other UK countries, and provide information about the comparability of its hospital activity statistics with those produced by DH and the other administrations in the UK<sup>29</sup> (Requirement 2).

- 3.4 HSCIC releases the hospital episode and appointment statistics through a dedicated website, which has multiple sections including the admitted patient statistics, outpatient statistics, data quality information, guidance on interpreting the statistics and ways to request bespoke datasets. The monthly releases are shown on the admitted patient and outpatient web pages, and are refreshed each month with the latest available statistics. The monthly releases provide a brief summary of the latest findings, accompanied by a trend chart and explanatory information, but do not provide a sufficiently clear commentary to accompany the statistics or describe the range of information that is presented. It is unclear how to access the annual statistical releases, both from HSCIC's website and from HESonline. The annual statistics for admitted patient and outpatient activity are given in a number of documents, none of which is clearly presented as the main statistical release for the specific topic. For example, the outpatient statistics are given in a document called *NHS Outpatient Statistics 2010-11 Explanatory Notes*<sup>30</sup>. This report does not carry the National Statistics logo and begins with a section on data quality – the findings are presented from page 10. As part of the designation as National Statistics, HSCIC should improve the accessibility of the hospital episode and appointment statistics<sup>31</sup> (Requirement 3).
- 3.5 The commentary for both admitted patients and outpatient activity is clear in describing trends but does not provide explanations for the observed patterns or relate the findings to the wider health issues. The text is supported by summary charts and tables. The summary tables present selected statistics from the detailed tables – for example, Table 1 in *Headline Figures*<sup>32</sup> (for admitted patients) gives the total FCEs and the number for males, but does not give the number for females; it gives the total number of admissions and the numbers for two sub-categories – emergency and waiting list – but these do not account for all admissions. HSCIC also makes the hospital episode and appointment statistics available by healthcare provider in Excel spreadsheets. These spreadsheets are helpful in giving summary data tables and commentary for each SHA and NHS trust, although they do not make clear whether the statistics are provisional or final. HSCIC told us that it is planning to discontinue the release through the HESonline website and will instead provide access to the statistics through new web pages on its own website. As part of the designation as National Statistics, HSCIC should improve the commentary and presentation in the statistical releases so that they aid user interpretation<sup>33</sup> (Requirement 4). We suggest that in meeting this requirement HSCIC should consider the points detailed in annex 2.

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<sup>29</sup> In relation to Principle 4, Practice 6 of the *Code of Practice*

<sup>30</sup> <http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=891>

<sup>31</sup> In relation to Principle 8, Practice 4 of the *Code of Practice*

<sup>32</sup> <http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=193>

<sup>33</sup> In relation to Principle 8, Practice 2 of the *Code of Practice*

## Annex 1: Suggestions for improvement

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

**Suggestion 1** Refer to the types of use put forward in the Statistics Authority’s Monitoring Brief, *The Use Made of Official Statistics* when documenting use (para 3.1).

**Suggestion 2** Consider the points detailed in annex 2, in seeking to improve the statistical releases (para 3.5).

## Annex 2: Compliance with Standards for Statistical Releases

- A2.1 In October 2010, the Statistics Authority issued a statement on *Standards for Statistical Releases*<sup>34</sup>. While this is not part of the *Code of Practice for Official Statistics*, the Authority regards it as advice that will promote both understanding and compliance with the *Code*. In relation to the statistical releases associated with HSCIC's hospital episode 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 hospital episode and appointment statistics are presented in detailed tables with accompanying explanatory information and some commentary. The documents do not have clear titles and HSCIC doesn't make it clear where to access the summary tables and commentary. The outpatient statistics are summarised in *NHS Outpatient Statistics 2010-11 Explanatory Notes* while the admitted patient statistics are summarized in *Headline Figures* – this latter document doesn't make it clear on its first page that it refers to admitted patients. Neither of these documents carries the National Statistics logo; however, the logo is given in the spreadsheets with the detailed tables.
- A2.4 The monthly statistical releases (on HESonline for admitted patients and outpatient activity) include a brief summary of the main findings but do not outline the range of statistics that are available. The annual statistics data tables are also available through HESonline. These do not begin with an outline of the content of the releases but do provide an explanation of the HES system and where to find the detailed statistical tables. The documents do carry the logo of the responsible organisation.

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

- A2.5 The commentary is brief but presented in straightforward style. However, the descriptions tend to be more suited to NHS users as they concentrate on aspects of hospital activity (such as operations) without relating the findings to the wider health issues. The releases do contain warnings about interpreting changes, for example, improvements in healthcare provision compared with improved coverage. They also make clear that the statistics reflect hospital episodes rather than individual patients.

### Use language that is impartial, objective and professionally sound

- A2.6 The statistics are presented impartially. The descriptions are generally professionally sound, although the summary for *Annual Admitted Patients* on the HSCIC's website says 'most people (43.7 per cent) waited under 1 month', when referring to the time waited category with the largest proportion of episodes. Chart 2 of *NHS Outpatient Statistics* showing outpatient appointments by SHA presents the appointments in numbers – it might be

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<sup>34</sup> <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-releases.html>

more appropriate to make an area comparison using age-standardised rates. In making comparisons between areas, it would also be helpful to consider the degree of variability each year by area. *Headline Figures* presents a selection of key measures in the summary tables; for example, it presents in Table 1 the total episodes and the numbers for males, but does not give the number for females. Some of the table column and row labels are unclear. For example: Tables 1 and 2 time waited (days) don't make it clear what the waiting period relates to; in Table 3 the difference between ordinary episodes and day cases is not sufficiently clear. While some explanations are given in the background material these are not signposted. It is also difficult to make sense of the numbers presented without some context, for example, a comparison year.

### **Include information about the context and likely uses**

A2.7 The releases and related web pages provide some information about the HES system but do not relate it to wider health policies or issues. HSCIC told us that it is currently seeking information from different types of users about the ways the statistics are used and will prepare a summary for future releases.

### **Include, or link to, appropriate metadata**

A2.8 HSCIC provides a substantial amount of explanatory material about the statistics through background notes documents, data dictionaries, a HES user guide and data quality statements. It provides measures of the quality of the statistics by describing the data completeness and the validity of data submissions. The underlying data are audited by the Audit Commission to ensure that the correct payments are being made. The healthcare providers' data are monitored monthly by HSCIC using data quality dashboards showing the completeness and validity of the data submissions. HSCIC highlights any issues in the provisional data and receives corrections. A table is included in *Headline Figures* that gives the completeness of some key fields. The data quality statements highlight specific issues that affect the latest year, such as in the coding of a particular condition. It also publishes charts showing the degree of completeness in the healthcare providers' data each month. The footnotes to the provisional monthly statistics give specific information about poor coverage; for example, they make clear that for outpatient activity, the coverage of the procedure and diagnoses codes is poor as it is not mandatory for these to be provided.

A2.9 The statistics are subject to scheduled revisions as the data become finalised. The releases do not indicate the scale of the changes between the provisional and final financial year figures.

## Annex 3: Summary of assessment process and users' views

- A3.1 This assessment was conducted from March to June 2012.
- A3.2 The Assessment team – Penny Babb and Emily Gleeson – agreed the scope of and timetable for this assessment with representatives of HSCIC in March. The Written Evidence for Assessment was provided on 30 April. The Assessment team subsequently met HSCIC during May 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 6 responses from the user consultation. The respondents were grouped as follows:

HSCIC	1
Department of Health	5

- A3.5 The users were broadly satisfied with the statistics and with the support provided by the HSCIC team, although some felt that there was scope for more engagement. It was noted that the timeliness of the statistics had improved although more timely release of the annual statistics would be helpful if it didn't compromise statistical quality. Some other developments were also suggested. These included more detailed information to support spells<sup>35</sup> analysis, readmissions, mortality, bed days, and critical care analysis. It was also noted that commentary tends to be minimal, and one user felt that there was scope for HSCIC to do a regular analysis of changes in all diagnoses and operations, pointing out which statistics are likely to be are reliable. There were also suggestions to provide more prominent warnings about appropriate comparisons, and clearer explanatory information and labelling of series.

### Key documents/links provided

Written Evidence for Assessment document

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<sup>35</sup> <http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=1072>



