

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

## Statistics on Public and Mental Health 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.

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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 allows an appropriate authority<sup>3</sup> to request an assessment of official statistics against the *Code of Practice for Official Statistics*<sup>4</sup> in order for them to gain National Statistics status. This report is in response to such a request. The report covers the sets of statistics produced by the Information Services Division of NHS National Services Scotland (ISD) and reported in:

- *Mental Health (Psychiatric) Hospital Activity Statistics*<sup>5</sup> (*Mental Health*);
- *Suicide Statistics*<sup>6</sup> (*Suicide*);
- *Healthy Life Expectancy*<sup>7</sup> (*HLE*);
- *NHS Smoking Cessation Service Statistics (Scotland) Calendar Year*<sup>8</sup> (*Smoking CY*); and
- *NHS Smoking Cessation Service Statistics (Scotland) Financial Year*<sup>9</sup> (*Smoking FY*).

1.1.2 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>10</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.

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

## 1.2 Decision concerning designation as National Statistics

The Statistics Authority judges that the statistics covered by this report are readily accessible, produced according to sound methods and managed

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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> Subsection 12(7) of the Act defines ‘appropriate authority’ as Ministers of the Crown, Scottish Ministers, Welsh Ministers, Northern Ireland departments or the National Statistician

<sup>4</sup> <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

<sup>5</sup> <http://www.isdscotland.org/Health-Topics/Mental-Health/Publications/>

<sup>6</sup> <http://www.scotpho.org.uk/health-wellbeing-and-disease/suicide/key-points>

<sup>7</sup> <http://www.scotpho.org.uk/population-dynamics/healthy-life-expectancy/key-points>

<sup>8</sup> <http://www.isdscotland.org/Health-Topics/Public-Health/Publications/>

<sup>9</sup> <http://www.scotpho.org.uk/publications/reports-and-papers/908-nhs-smoking-cessation-service-statistics-scotland-1st-april-2011-to-31st-march-2012>

<sup>10</sup> <http://www.statisticsauthority.gov.uk/assessment/assessment/guidance-about-assessment/criteria-for-deciding-upon-the-format-of-an-assessment-report.pdf>

impartially and objectively in the public interest, subject to any points for action in this report. The Statistics Authority has determined that the statistics published in the products listed in paragraph 1.1.1 can be designated as new National Statistics products subject to ISD implementing the enhancements listed in section 1.5 and reporting them to the Authority by November 2013.

### **1.3 Summary of strengths and weaknesses**

- 1.3.1 The public and mental health statistics covered by this report are generally accompanied by good analysis of the statistics, supported by charts and supplementary tables. The reports contain detailed references to other research to aid user interpretation.
- 1.3.2 ISD publishes the reports and supporting methods documents across a range of websites and it is not always made clear that ISD is the producer of these statistics. The statistics published on the Scottish Public Health Observatory website are not clearly identified as official statistics produced by ISD statisticians and subject to ISD organisational policies.

### **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>	Document the use made of the public and mental health statistics outside of government and the NHS and publish information about users' experiences of the statistics (para 3.1).
<b>Requirement 2</b>	Publish clear information about the relevant revisions policy for the public and mental health statistics, and explain the nature and extent of revisions at the same time that the statistics are released (para 3.2).
<b>Requirement 3</b>	Improve the signposting to methods documents used to compile <i>Suicide</i> and <i>Mental Health</i> (para 3.4).
<b>Requirement 4</b>	Publish more detailed information about the quality and reliability of the statistics; make clear their strengths and limitations in relation to use; and ensure that users are informed of all main sources of error and bias (para 3.5).

- Requirement 5** Publish improved information about the coherence of *Mental Health* and *Suicide* with other official and National Statistics to aid the use of the statistics (para 3.6).
- Requirement 6** Provide links to comparable statistics produced by other UK administrations for *Mental Health*, *Smoking CY* and *Smoking FY* (para 3.7).
- Requirement 7** Improve the commentary and charts in *Mental Health*, *Suicide* and *HLE* so that they aid user interpretation of the statistics (para 3.8).
- Requirement 8** Make it clear to users how the different statistical reports on each website relate to each other and ensure that it is clear to users how to access information relevant to their needs (para 3.9).
- Requirement 9** Ensure that *Suicide* and *HLE* are disseminated in forms that enable and encourage analysis and re-use, and ensure that all earlier reports are made accessible to users on the website (para 3.10).
- Requirement 10** Include the responsible statistician's name and contact details within *Suicide* and *HLE* (para 3.11).
- Requirement 11** Ensure that 'early access' and pre-release access lists are kept under close review so that this privileged access is granted only where absolutely necessary and for the shortest time possible (para 3.12).

## 2 Subject of the assessment

- 2.1 ISD publishes annually a range of statistics on aspects of public and mental health in Scotland. The statistics are referred to collectively in this report as public and mental health statistics.
- 2.2 ISD publishes some public and mental health statistics as a short report on its own website, along with a full report published on the website of the Scottish Public Health Observatory<sup>11</sup> (ScotPHO). ScotPHO is a collaboration, co-led by ISD and NHS Health Scotland, and includes the Glasgow Centre for Population Health, National Records of Scotland and Health Protection Scotland. ScotPHO aims to help those involved in public health and health improvement in Scotland access and use the information that they need to understand and improve Scotland's health and reduce health inequalities.
- 2.3 *Mental Health (Psychiatric) Hospital Activity Statistics (Mental Health)* presents annual statistics about admissions, discharges, length of stay and the demographic characteristics of patients in NHS psychiatric hospitals in Scotland. The majority of the statistics are produced using data from hospital administrative systems that hospitals submit to ISD using the Scottish Morbidity Record 04 (SMR04) return. The report provides links to further information about mental health, including diagnosis in acute hospitals, substance misuse, waiting times and suicides. ISD publishes the full report alongside a two page summary report on its own website.
- 2.4 *Suicide Statistics (Suicide)* presents statistics on the number of suicides in Scotland by age, sex and geographic areas. It includes analysis using the Scottish Index of Multiple Deprivation<sup>12</sup> and reports against the Scottish Government's HEAT<sup>13</sup> targets to reduce suicide rates between 2002 and 2013 by 20 per cent. The data used to produce the statistics in *Suicide* are collected, processed and published as National Statistics<sup>14</sup> by National Records of Scotland (NRS). At the request of the Scottish Government and NHS Health Scotland's Choose Life<sup>15</sup>, ISD statisticians receive pre-release access to the NRS data to carry out extra analysis and publish *Suicide*. ISD publishes the main report on ScotPHO's website in HTML format; and a summary report on its own website in PDF.
- 2.5 *Healthy Life Expectancy (HLE)* presents statistics on how many years a person might be expected to live in a 'healthy' state. ISD publishes the statistics on ScotPHO's website in HTML format and as a summary PDF on its own website<sup>16</sup>. The report contains estimates of healthy life expectancy by sex, geographical areas, deprivation indices and urban and rural categories. The statistics are calculated from deaths and population data supplied by NRS and

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<sup>11</sup> <http://www.scotpho.org.uk/>

<sup>12</sup> <http://www.scotland.gov.uk/Topics/Statistics/SIMD>

<sup>13</sup> Health improvement; Efficiency and governance improvements; Access to services; and Treatment appropriate to individuals. For further information see

<http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance>

<sup>14</sup> <http://www.gro-scotland.gov.uk/statistics/theme/vital-events/deaths/suicides/>

<sup>15</sup> <http://www.chooselife.net/Home/index.aspx>

<sup>16</sup> <http://www.isdscotland.org/Health-Topics/Public-Health/Publications/2011-12-20/2011-12-20-HLE-Summary.pdf>

- self-assessed health data from the Census and Scottish Health Survey. ISD produces the statistics separately from NRS's life expectancy statistics<sup>17</sup>. The *HLE* estimates are published alongside corresponding Life Expectancy estimates, in order for users to be able to calculate an estimate of the time expected to be spent in 'not good' health.
- 2.6 Statistics on smoking cessation services in Scotland are released in two reports. These are based on the Minimum Dataset<sup>18</sup> (MDS) developed by ASH Scotland, submitted by specialist smoking cessations services<sup>19</sup> and held in ISD's National Smoking Cessation database. *NHS Smoking Cessation Service Statistics (Scotland) Calendar Year (Smoking CY)* presents statistics on the number of attempts to quit smoking and the outcomes recorded by NHS smoking cessation services for the previous calendar year. The statistics are largely compiled from the National Smoking Cessation database, a web-based database with over 300 registered data suppliers. NHS Greater Glasgow and Clyde provides data from local administrative systems. ISD publishes the full report and the summary report on its website. The most recent *Smoking CY* was released in May 2013 and this incorporates some improvements that the Assessment team discussed with ISD during the course of this assessment.
- 2.7 ISD publishes *Smoking Cessation Service Statistics (Scotland) Financial Year (Smoking FY)* on ScotPHO's website and a short summary report on its own website. The statistics are compiled from the same data sources as *Smoking CY*. *Smoking FY* is produced specifically to monitor performance against the Scottish Government's HEAT targets. The report presents statistics on the numbers of attempts to quit smoking recorded by NHS Smoking Cessation Services in Scotland for the previous financial year, and the total number of self-reported successful quits after one month with a focus on quit attempts made and successful one month quits in the 40 per cent most deprived areas within each NHS Board.
- 2.8 ISD told us that the public and mental health statistics are used by the Scottish Government to measure progress of policies against targets, by NHS Boards to evaluate the impact of local and national strategies and by ISD and the Scottish Government to respond to parliamentary questions and queries.
- 2.9 The public and mental health statistics presented in *Mental Health, Smoking CY* and *Smoking FY* are published in PDF and HTML formats with supplementary tables published in Excel. This equates to a level 2 rating under the Five Star Scheme proposed in the *Open Data White Paper: Unleashing the Potential*<sup>20</sup>. ISD publishes *Suicide* and *HLE* in HTML format only, with summaries in PDF format.
- 2.10 Staff resources to produce the public and mental health statistics cover data collection, answering queries and the preparation of the statistical reports. ISD told us that the staff resources used to produce these statistics is approximately 1.5 full-time equivalent staff across the five reports.

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<sup>17</sup> <http://www.gro-scotland.gov.uk/statistics/theme/life-expectancy/index.html>

<sup>18</sup> <http://www.ashscotland.org.uk/ash/4240>

<sup>19</sup> <http://www.healthscotland.com/documents/4661.aspx>

<sup>20</sup> [http://data.gov.uk/sites/default/files/Open\\_data\\_White\\_Paper.pdf](http://data.gov.uk/sites/default/files/Open_data_White_Paper.pdf)

### 3 Assessment findings

- 3.1 The ISD statistics teams engage formally with the Scottish Government and ScotPHO partner organisations to review and develop the reports. ISD told us that it has contact with public health groups across Scotland; the team that produces *Smoking CY* and *Smoking FY* regularly engages with ASH Scotland; and the team that produces *Suicide* engages with the Scottish Government and NHS Health Scotland's Choose Life partners. ISD has not published the minutes of meetings or steering groups and has not documented the needs of the users of these statistics. However, the team that produces *Mental Health* told us that a consultation to identify users and review the content of the report commenced in May 2013. ISD told us that the statistics are used: to measure progress against performance targets; to compare health trends over time; to evaluate health outcomes; and to summarise activity for a particular health topic, but ISD does not provide sufficient information about the potential uses of these statistics outside of government or the health service. As part of the designation as National Statistics, ISD should document the use made of the public and mental health statistics outside of government and the NHS and publish information about users' experiences of the statistics<sup>21</sup> (Requirement 1). We suggest that in meeting this Requirement ISD should refer to the types of use put forward in the Statistics Authority's Monitoring Brief, *The Use Made of Official Statistics*<sup>22</sup>
- 3.2 ISD has published a revisions policy<sup>23</sup>, but ISD does not make clear if the statistics that it publishes on ScotPHO's website are subject to this revisions policy. The most recent *Smoking CY* presents revised statistics for the numbers of quit attempts with an indication of the scale of change. *Mental Health* presents revised statistics but the commentary does not explain the nature and scale of these revisions. *Suicide* and *HLE* are not routinely revised, but are still covered by ISD's revisions policy. As part of the designation as National Statistics, ISD should publish clear information about the relevant revisions policy for the public and mental health statistics, and explain the nature and extent of revisions at the same time that the statistics are released<sup>24</sup> (Requirement 2).
- 3.3 ISD does not make it clear that the statistics published on ScotPHO's website are official statistics produced by ISD statisticians. The reports do not all provide links to ISD's website or to the full or summary reports published there. *Smoking CY* is presented on ScotPHO's website in the section 'ScotPHO Reports and Papers' with a clear link to the report published on ISD's website; however the text on the webpage identifies the producer body as ScotPHO. During the course of the assessment ISD told us that, while it considers ScotPHO to be a 'virtual producer', ISD's statistical Head of Profession is ultimately responsible for these sets of statistics. The statisticians told us that they are employed by ISD and have a clear understanding of the lines of responsibility. The Assessment team considers that these roles and responsibilities could be made clearer to users who access the statistics

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<sup>21</sup> In relation to Principle 1, Practices 1, 2 and 5 of the *Code of Practice*

<sup>22</sup> <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-reviews/monitoring-brief-6-2010--the-use-made-of-official-statistics.pdf>

<sup>23</sup> <http://www.isdscotland.org/About-ISD/About-Our-Statistics/ISD-Revisions-Policy-V04.pdf>

<sup>24</sup> In relation to Principle 2, Practice 6 of the *Code of Practice*

directly from ScotPHO's website. We suggest that ISD document and publish the arrangements for managing the production of its public and mental health statistics and make clear the roles and responsibilities of ISD statisticians in producing these statistics.

- 3.4 ISD publishes information about the methods used to produce healthy life expectancy statistics in a technical paper<sup>25</sup> that is linked to from *HLE. Smoking CY* and *Smoking FY* include links to methods documents and guidelines about the minimum dataset used by the Scottish smoking cessation services<sup>26</sup> published on the ASH Scotland<sup>27</sup> website. ISD told us that these documents were developed by Partnership Action on Tobacco and Health<sup>28</sup> (PATH) which is part of ASH Scotland. ISD publishes a brief metadata section<sup>29</sup> for *Suicide* but this is not linked to from the report. ISD told us that NRS has published more detailed information about the methods used to compile suicide statistics on its website; however this is not clearly identified as a link to source methods documents. *Mental Health* does not contain detailed information about the methods used to compile the statistics. As part of the designation as National Statistics, ISD should improve the signposting to methods documents used to compile *Suicide* and *Mental Health*<sup>30</sup> (Requirement 3).
- 3.5 The public and mental health statistical reports include information about the data sources used to produce these statistics, but they do not all include sufficient information about the strengths and limitations of the statistics. For example, the technical report for *HLE* includes a short section entitled 'general caution', which contains only brief information about the limitations of these statistics. *Suicide* includes links to a technical paper, but does not include sufficient commentary on issues in the main report. ISD notes some quality issues in the reports: for example that smoking cessation statistics could include some potential under recording of pharmacy-led services; and that *Mental Health* excludes data on treatments in one NHS Board for the year ending March 2012. However, ISD does not provide sufficient information about the potential impact of these issues on the statistics and their likely implication for use. As part of the designation as National Statistics, ISD should publish more detailed information about the quality and reliability of the statistics; make clear their strengths and limitations in relation to use; and ensure that users are informed of all main sources of error and bias<sup>31</sup> (Requirement 4).
- 3.6 *Mental Health* includes a reference to admissions statistics produced by the Mental Welfare Commission for Scotland<sup>32</sup>, but does not explain how these statistics vary from the admissions statistics presented in *Mental Health*. *Suicide* is published on the same date as the NRS report *Vital Events*<sup>33</sup>, which includes the same headline statistics on probable suicides, but *Suicide* does not provide sufficient information about the coherence between the two reports.

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<sup>25</sup> [http://www.scotpho.org.uk/downloads/HLE\\_technical\\_paper\\_2011Dec.pdf](http://www.scotpho.org.uk/downloads/HLE_technical_paper_2011Dec.pdf)

<sup>26</sup> See footnote 19

<sup>27</sup> See footnote 18

<sup>28</sup> <http://www.ashscotland.org.uk/ash/3355>

<sup>29</sup> <http://www.isdscotland.org/Health-Topics/Public-Health/Publications/2012-08-02/2012-08-02-Suicide-Metadata.pdf>

<sup>30</sup> In relation to Principle 4, Practice 1 of the *Code of Practice*

<sup>31</sup> In relation to Principle 4, Practice 2 of the *Code of Practice*

<sup>32</sup> <http://www.mwscot.org.uk/>

<sup>33</sup> <http://www.gro-scotland.gov.uk/statistics/theme/vital-events/deaths/suicides/index.html>

ISD's public health webpage includes a link to The *Scottish Suicide Information Database Report*<sup>34</sup>, but the links between the ISD reports on suicide statistics are not made clear. As part of the designation as National Statistics, ISD should publish improved information about the coherence of *Mental Health and Suicide* with other official and National Statistics to aid the use of the statistics<sup>35</sup> (Requirement 5).

- 3.7 *HLE* and *Suicide* provide links to comparable data sources for the other UK administrations. *Smoking CY* references, and provides a link to, comparable statistics published in England, but does not provide a link to comparable statistics in Wales or Northern Ireland. *Mental Health* and *Smoking FY* do not provide information about comparable statistics in the other UK administrations. As part of the designation as National Statistics, ISD should provide links to comparable statistics produced by other UK administrations for *Mental Health*, *Smoking CY* and *Smoking FY*<sup>36</sup> (Requirement 6).
- 3.8 The commentary in the public and mental health reports is straightforward, includes clear definitions of technical terms and provides key points which are consistent with the statistics. The reports contain some gaps in the information presented, for example the commentary in *Mental Health* focuses on admissions and discharges, but does not refer to the number of patients in care; these are summarised in annex 2. In some cases the reports could benefit from a clearer explanation of the relevant policy context, for example *Mental Health* does not include information about the Scottish Government's Mental Health Strategy for Scotland: 2012-15<sup>37</sup>. The reports contain charts to illustrate trends and patterns. While these are generally clear, there is scope for improvement in the presentation of some charts to aid user interpretation of the statistics. For example, one set of charts in *Mental Health* has missing labels and the timings of changes in methods are not clearly annotated on charts in *HLE*. *Suicide* refers to rises and falls in the statistics, but does not offer sufficient explanation for them. As part of the designation as National Statistics, ISD should improve the commentary and charts in *Mental Health*, *Suicide* and *HLE* so that they aid user interpretation of the statistics<sup>38</sup> (Requirement 7). We suggest that in meeting this requirement, ISD should consider the points detailed in annex 2, in seeking to improve the statistical reports, in particular the inclusion of the total numbers of patients in care as well as admissions and discharges in *Mental Health*.
- 3.9 The public and mental health statistical reports and supporting metadata are published on a range of websites managed by ISD, ScotPHO and other partner organisations, and the links between these sites are not clearly signposted. The Assessment team considers that this could be confusing for users who are looking to identify the best information relevant to their needs. As part of the designation as National Statistics, ISD should make it clear to users how the different statistical reports on each website relate to each other and ensure that

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<sup>34</sup> <http://www.isdscotland.org/Health-Topics/Public-Health/Publications/2012-12-18/2012-12-18-ScotSID-2012-Summary.pdf>

<sup>35</sup> In relation to Principle 4, Practice 3 of the *Code of Practice*

<sup>36</sup> In relation to Principle 4, Practice 6 of the *Code of Practice*

<sup>37</sup> <http://www.scotland.gov.uk/Publications/2012/08/9714>

<sup>38</sup> In relation to Principle 8, Practice 2 of the *Code of Practice*

it is clear to users how to access information relevant to their needs<sup>39</sup> (Requirement 8).

- 3.10 ISD publishes *Mental Health*, *Smoking CY* and *Smoking FY* on its website in PDF with supplementary tables in Excel format. ISD publishes *Suicide* and *HLE* in HTML format on ScotPHO's website with some supplementary tables in Excel format. When ISD publishes *Suicide* and *HLE*, the HTML text is updated and previous versions are no longer accessible to users. The Assessment team considers that publishing the statistics only in HTML format could restrict the ability of users to save the report for use offline, to print the document easily or to access previous versions of the text. As part of the designation as National Statistics, ISD should ensure that *Suicide* and *HLE* are disseminated in forms that enable and encourage analysis and re-use, and ensure that all earlier reports are made accessible to users on the website<sup>40</sup> (Requirement 9). We suggest that ISD publish a copy of *Suicide* and *HLE* in a single downloadable document to enable users to easily save or print the document and access previous reports.
- 3.11 The summary reports for all the public and mental health statistics and the full reports for *Smoking FY*, *Smoking CY* and *Mental Health* include the contact details of the responsible statistician; *Suicide* and *HLE* include these contact details in the ScotPHO directory, but not in the main report. As part of the designation as National Statistics, ISD should include the responsible statistician's name and contact details within *Suicide* and *HLE*<sup>41</sup> (Requirement 10).
- 3.12 *Mental Health* and *Smoking CY* present information about pre-release access arrangements at the back of the reports. This explains that analysts in the Scottish Government have eight days pre-release access to the statistics. ISD told us that there is an agreement between the ISD statistical Head of Profession and the Scottish Government to allow access to statistical reports eight days before publication; this access is to statistical colleagues within the Health Analytical Services Division (ASD) and ISD told us that it is for the purpose of enabling ASD to gain a full understanding of the statistics to prepare briefings. However, the reasons for extending the time limit from the standard maximum limit of five working days are not made clear. As part of the designation as National Statistics, ISD should ensure that pre-release access lists are kept under close review so that this privileged access is granted only where absolutely necessary and for the shortest time possible<sup>42</sup> (Requirement 11).

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<sup>39</sup> In relation to Principle 8, Practice 4 of the *Code of Practice*

<sup>40</sup> In relation to Principle 8, Practices 4 and 6 of the *Code of Practice*

<sup>41</sup> In relation to Protocol 2, Practice 6 of the *Code of Practice*

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

## Annex 1: Suggestions for improvement

A1.1 This annex includes some suggestions for improvement to ISD's public and mental 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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|---------------------|---|
| <b>Suggestion 1</b> | 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).   |
| <b>Suggestion 2</b> | Document and publish the arrangements for managing the production of the public and mental health statistics and make clear the roles and responsibilities of ISD statisticians in producing these statistics (para 3.3). |
| <b>Suggestion 3</b> | Consider the points detailed in annex 2, in seeking to improve the statistical reports (para 3.8), in particular the inclusion of the total numbers of patients in care as well as admissions and discharges.             |
| <b>Suggestion 4</b> | Publish a copy of <i>Suicide</i> and <i>HLE</i> in a single downloadable document to enable users to easily save or print the document and access previous reports (para 3.10).   |

## Annex 2: Compliance with Standards for Statistical Reports

- A2.1 In November 2012, the Statistics Authority issued a statement on *Standards for Statistical Reports*<sup>43</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 reports associated with Public and Mental Health Statistics in Scotland, 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 reports, we encourage the producer body to apply the standards as fully as possible.

### **Include an impartial narrative in plain English that draws out the main messages from the statistics**

- A2.3 The reports contain impartial commentary written in straightforward language, include clear definitions of technical terms and provide key points which are consistent with the statistics. The reports include useful references to published research which provide further context for these statistics. Policy context and government targets are generally well explained, where applicable, in a policy context section. However, the statistics are often presented without further reference to these targets. *Mental Health* does not reference some relevant current policy documents, such as the Strategy for Scotland 2012-15. The commentary in *Mental Health* focuses on admissions and discharges. The supporting Excel tables include figures for the total number of patients in care, but they are not referred to in the report. Inclusion of the “residents” data in the main commentary would be beneficial to users.
- A2.4 ISD provides time series and comparisons across NHS Boards where available. In some cases the commentary in the reports states that direct comparisons between time periods or Board areas are not appropriate, but the results are still presented in a single table or chart without appropriate further annotation. For example, the introductory commentary in *HLE* is clear that the time series is not consistent due to a change in methods in 2009, but the charts present long-term trends, albeit with some breaks. *Smoking CY* includes detailed commentary around trends and data methods. Users also commented that *Smoking CY* could be improved by breaking up text with bullet points, clearer section splits and text adjacent to corresponding tables. During the course of this assessment ISD converted *Smoking CY* to the standard ISD template which addressed some of these issues.

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

- A2.5 The reports provide some information about the use of the statistics in the introductory or policy context sections of the reports. The reports published in the standard ISD template contain short metadata sections. ISD reports the primary use of the statistics as measuring progress against NHS performance targets, but ISD does not provide information about likely uses by other groups.

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<sup>43</sup> <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-reports.html>

A2.6 ISD provides references to relevant statistics produced by other organisations or UK nations in some of the reports. However, in some cases ISD provides no commentary on the comparability and consistency of these statistics, while in others ISD states that they are not directly comparable without describing the key areas of difference. Examples of this in the reports include references to the Mental Welfare Commission for Scotland's statistics in *Mental Health*; and NRS's *Vital Events* and *The Scottish Suicide Information Database Report in Suicide*.

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

A2.7 ISD includes factual information about missing data, potential errors and changes in methods in the reports. However, ISD does not provide sufficient information about the likely impact of these limitations on the statistics or their use. For example, the narrative in *Mental Health* refers to missing data and the inconsistency that this introduces but does not provide further information to aid user interpretation, such as inferred values or provide reasons why inferred values have not been used. The commentary in *Smoking FY* refers to potential under-counting but does not account for its scale. *HLE* provides commentary on the change in methods for data collection, but does not highlight the strengths and weaknesses of this approach in the main report

A2.8 ISD provides some brief commentary on the nature of revisions in the metadata sections of *Smoking CY*, *Smoking FY* and *Mental Health*, but this generally does not include sufficient detail on the scale of the revisions made, the likely reasons for future revisions, or the corresponding timescale. ISD has a published revisions policy, but it is not made clear if *HLE* and *Suicide* are subject to it.

### **Be professionally sound**

A2.9 The reports generally make good use of tables and charts to support the commentary. However, some charts are complicated and difficult to interpret, especially when there is an attempt made to present too much information in a single chart, for example the charts in *HLE* showing deprivation. This could be difficult for non expert users to interpret. The Assessment team found examples of charts in *Mental Health* and *HLE* that are presented without titles or labels.

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

A2.10 The reports all have clear titles and statements about the frequency of release.

A2.11 The reports do not clearly identify ISD as the producer, or make it sufficiently clear that all these reports contain official statistics. The full reports published only on ScotPHO's website (*HLE* and *Suicide*) do not include badges for ISD on the front page. *HLE* and *Suicide* do not include contact details for the responsible statistician.

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

- A3.1 This assessment was conducted from September 2012 to May 2013.
- A3.2 The Assessment team – Emily Gleeson and Russell Whyte – agreed the scope of and timetable for this assessment with representatives of ISD in September. The Written Evidence for Assessment was provided in February and March. The Assessment team subsequently met ISD during March and April 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 15 responses from the user consultation. The respondents were grouped as follows:

NHS	8
Government	4
Local authority	1
Academic	1
Public health organisation	1

- A3.5 Users told us that they use the statistics to monitor targets, to evaluate the performances of services and to identify gaps in service provision. The statistics are also used to identify and inform research projects about the impact and incidence of public health issues in Scotland. Users were positive about their interaction with the teams at ISD. One user identified that the commentary in *HLE* could be difficult for non-experts to understand. Another user commented that the presentation of the commentary in *Smoking CY* made it difficult to access. One user reported difficulty in reconciling their locally produced figures with those published.
- A3.6 The data suppliers who responded to our consultation told us that they collect the data routinely for their own purposes. They were generally content with the level of engagement with the ISD teams and find them to be helpful and informative. One data supplier user told us that supplying the data could be a burden for administrative staff.

### Key documents/links provided

Written Evidence for Assessment document.

