Dear Mr Humpherson,

Information Services Division (ISD) – Delayed Discharges in NHS Scotland

I thought it important to bring to your attention concerns regarding compliance with the UK Statistics Authority Code of Practice for Official Statistics.

I refer, for example, to Principle 2 Impartiality and Objectivity, subsection 2, "Present Statistics impartially and objectively", the examples of practice consistent with the Code, and the Statement on Standards for Statistical Reports.

While "decreases" in delayed discharge numbers have all been reported in the 2016 monthly summaries, there is evidence of ISD non-reporting some "increases" in delayed discharge numbers. This paints a biased picture through selective use of statistics or cherry picking through omission.

Thus standardised reporting of "Main Points" has thus been inconsistent, and unbalanced towards the positive.

In addition, the most recent 4th April 2017 statistical summary content and descriptive statements are not demonstrably consistent with the statistics, favour a positive narrative, and are not reading as impartial.

Taken in the round this evidences a departure from neutral reporting, and becomes reporting and language that focuses more on positive aspects but not equally on negative aspects, presumably due to unaware bias creeping into statistical reporting, sometimes subtly.

Firstly, during 2016 there were 7 monthly summary statistical releases with publication dates in the period 26 January 2016 to 26 July 2016 (prior to the delayed discharge definitional changes which came into effect on 1 July 2016)

In the "Main Points" section, there is a comparison for Hospital Bed Days and the Number of Patients Ready for Discharge, both to the previous month and to the same month in the previous year. So four performance measures in each month.

26 January 2016 - All 4 performance measures reported, all decreases.

23 February 2016 - All 4 performance measures reported, all decreases.

22 March 2016 - Only 3 performance measures reported, two decreases and one increase. **The 2% increase** on bed days to the previous month is omitted from the report.

26 April 2016 - All 4 performance measures reported, all decreases

24 May 2016 - Only 3 performance measures reported, two decreases and one increase. **The 5% increase** on bed days to the previous month is omitted from the report.

21 June 2016 - Only 3 performance measures reported, two decreases and one increase. **The %
no change in number of patients ready for discharge for the same period last year is omitted
from the report.**

26 July 2016 - Only 2 performance measures reported, one decrease and one increase. **The 1%
increase on bed days to the previous month is omitted from the report. The 2% increase in
number of patients ready for discharge for the same period last year is omitted from the
report.**

In sum total there were 28 performance measures (7monthly summaries x 4 performance
measures) to report over these 7 months. 19 decreases were reported. 4 increases were reported,
4 increases were not reported, and one no change was not reported.

In the 3 months where there were only decreases to report, all the measures were reported.

However, in the 4 months where there should have been a total of 4 additional increase measures
to report on, all these 4 increase performance measures were omitted from the monthly summary
report, and one no change omitted.

It is hard to view this context as neutral or consistent reporting.

Secondly, the 4 April 2017 Delayed Discharges Publication Summary states:

-   "The number of bed days occupied by delayed discharges has fallen gradually since
    October 2016.
-   While there was a fall in bed days in February, this is largely due to the fact that February
    has fewer days than January.
-   The average daily number of bed days occupied by delayed discharges in February was
    1,437, compared with 1,427 in January."

The use of the word "largely" in the text is inappropriate as If the daily number of bed days occupied
for the different calendar months of January and February (31 v 28, 10.7% difference) is fully
factored in, ISD should be actually trying to explain in the narrative why there is effectively a month
on month **increase** (not trying to explain a decrease), from 1,427 daily bed days occupied in
January 2017 to 1,437 in February 2017, as ISD do state in the first bullet point third indent.

In other words, ISD use the value judgement "largely" to explain the fall in bed days in February
2017 inappropriately, implying a remaining net decrease even after factoring in the reduced fewer
days in February 2017, but not only is the ENTIRE fall in bed days explained away by the month of
February having only 28 days, in fact there is a net increase in average daily bed days of 10 from
January 2017 to February 2017.

Thirdly, from 13 September 2016 to 7 March 2017 there has been 7 monthly Delayed Discharges
Publication Summaries since the definitional changes introduced on 1 July 2016. The monthly
graphic in all has been the "number of people delayed at the monthly census point." There has
effectively been no comment made on trend comparisons until the latest 4 April 2017 release.

This 4 April 2017 release changes the reporting graphic to "the number of delayed discharge bed
days". This switch facilitates a potential positive commentary in the "Main Points" about a gradually
falling trend in bed days from October 2016, but that positive commentary is only possible IF the
daily average 10 bed days increase in February 2017 compared to January 2017 is ignored and
this important context not taken into account.

Moreover, had the original graphic been kept to, as it was for the previous 7 months for "number of
people delayed", there is no downward "gradual" trend to write positive commentary on as, for
example, the number of people delayed increased from 1,333 in December 2016 to 1,482 in

January 2017. This "number of people delayed" measure does not have the "February effect" as it is a static picture taken on a set day of the month.

Fourthly, there was no balancing negative commentary stated in previous monthly summaries when the number of people delayed increased every month from 1,396 in July 2016 to 1,576 in October 2016.

Fifthly, in terms of balance and accurately reporting the time series trend from when the new definitional changes began in July 2016 to February 2017, the number of people delayed has increased from 1,396 in July 2016 to 1,439 in February 2017, and the average daily number of delayed bed days has increased from 1,417 to 1,437 in the same period.

In addition the 4th April 2017 monthly summary, the first to effectively comment on any trend in the Main Points section, mentions a "fall" twice but not the word "increase", even when it would be legitimately deployed in the third indent about the higher number of average daily bed days in February 2017. "Increase" is not a bogey word to use.

Lastly the February 2017 summary commentary focuses just on the October 2016 to February 2017 period, October 2016 being a recent peak and not a neutral start point, and without a commentary on the full time series from July 2016 to February 2017, when increases have occurred for both average daily number of delayed bed days and the number of people delayed over this period. (the October 2016 figure of 48,104 bed days would become 50,028 applying the circa 4% ISD estimate of revised definition compensatory addition, and would be equivalent to the second highest monthly figure over the last 24 months)

I enclose all my correspondence with ISD which provides additional detail, and ISD have helpfully made one correction to amend the 4th April 2017 statistical summary, changing "beds occupied" to "bed days occupied".**[OMITTED FROM PUBLICATION]**

I do thank ISD for their reply and acknowledge the comments about "balancing a consistent structure with our independent assessment" pre-publication external team review, and what was the ISD stated "intention" for the 4th April 2017 summary.

However, as above, I maintain there has not been an impartial consistent structure, and taken in the round there is evidence that reporting has deviated from the high standards of objectivity and impartiality I am sure ISD subscribe to in serving equally well all aspects of the public interest.

I write because of a general concern that unaware bias can too easily creep into statistical reporting, and for a variety of different reasons.

My comments are not a wish to hamstrung ISD from their useful and flexible additional commentary, merely to ensure the necessary checks and balances are working effectively to ensure objectivity and neutrality, particularly in Main Points summaries.

Yours Sincerely

Richard Kingston