

# Statement of Administrative Sources

*Statistical policy statement*

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# Statement of Administrative Sources

*Statistical policy statement*

**Prepared by DH-wide Statistics Team**

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# Executive summary

## Background

Official statistics produced by the Department of Health are drawn from a range of different types of data source. Some are derived from purely statistical surveys. Others are derived from administrative, management or clinical systems to which the Department has access.

Using administrative or management data in an appropriate way allows us to produce more timely statistics and to provide figures with greater breadth and coverage. It also helps to reduce the burden on data suppliers by removing the need to compile data for purely statistical purposes. The Department of Health aims to make effective use of administrative and management sources of data for statistical purposes.

The National Statistician's Guidance on the Use of Administrative or Management Information requires that all producers of official statistics should publish a 'Statement of Administrative Sources'<sup>1</sup>. This helps to provide assurance that appropriate design, management and development processes are in place for these systems to ensure the professional integrity of any statistics derived from them.

This document is the Department of Health's Interim Statement of Administrative Sources. It has the following structure:

- **Chapter 1** explains the context within which the Department of Health uses data from administrative or management systems. In particular, it explains our approach to data from such sources in other parts of the health and social care system.
- **Chapter 2** lists administrative sources covered by this statement. This list has now been expanded to cover data systems supporting all National Statistics produced by the Department of Health. The list will be expanded over time to cover all administrative sources supporting existing official statistics products. Where appropriate it will be extended further to sources that could potentially provide official statistics.
- **Chapter 3** consists of a set of templates covering the sources listed in chapter 2. These provide information about the chain of production for each data source, starting with the collection process and extending (where appropriate) to delivery of the final statistical product or products.

# Chapter 1

## Rules and conditions applying across the Department of Health

### **NHS administrative sources**

The bulk of statistics produced by the Department are derived from administrative or management systems within NHS organisations or other service providers in the health and social care system. The NHS uses a wide and varied range of administrative data, ranging from those that are locally defined and could only be of relevance locally, through to sources that are subject to centralised definitions or the operation of central systems.

The most localised data, for example relating to locally defined staffing rotas in individual NHS wards, would not be considered a Departmental administrative source. There is therefore a need to define a boundary point or threshold where the degree of central direction setting or central operation makes a system a Departmental administrative source, for which we need to complete a Departmental statement. We are continuing to review how best to define this boundary as individual statistical series are assessed or reviewed. At present, we are forming judgements on a case-by-case basis, focussing on the extent of central control over definitions and the scope of any central system design or specification.

### **Data transmitted via third party organisations**

In some cases, data are transmitted via third party organisations and these third parties have responsibility for part of the design, management or development of the data before they reach the Department. In completing the templates in chapter 3, we apply the principle that the Department manages all its statistical production processes to have assurance that the entire system of design, management and development is appropriate to ensure professional integrity of the resulting statistics.

In practice, this means that we complete table 1 of the template in full. We complete those parts of table 2 that are necessary to summarise the overall elements of assurance, including the working relationship that we have with the third party supplier and any guarantees, assurances or agreements they have with us.

Table 2b would not usually be completed for data sourced via third party organisations. It provides further details of the sourcing, coverage and data handling processes for the underlying administrative source.

### **Confidentiality**

The Department of Health takes seriously the need to protect personal or confidential information within administrative or management data systems. Detailed arrangements for protecting confidentiality in statistics are set out separately in our confidentiality statement<sup>2</sup>. Not all administrative or management information contains confidential or personal information. The templates in chapter 3 require lead statisticians to consider whether confidentiality is an issue for their data, and to provide the relevant assurances.

### **Expanding the scope of official statistics**

The Department will continue to explore the scope for developing official statistics from these sources, but in doing so we will give proper consideration to the suitability of those systems. This will include completion of the templates as detailed in chapter 3 of this document.



# Chapter 2

## List of administrative sources

### Administrative sources currently used to produce official statistics:

Administrative system	Responsible organisation	Statistical product	DH statistical contact
National Patient Survey Programme	Care Quality Commission	Patient Experience Overall Measure	Katie Tither
NHS administrative systems	NHS providers	Referral to Treatment Waiting Times – monthly data and annual report	Paul Steele
		Elective Admission Events and Outpatient Referrals and Attendances	Michael Barnes
		Cancelled Elective Operations Statistics	Jeremy Burrows
		Imaging and Radiodiagnostics Statistics	Richard Winstanley
Cancer waiting times database	NHS Connecting for Health	Waiting Times for Suspected and Diagnosed Cancer Patients – quarterly data and annual report	Arun Bhoopal
Abortion Statistics Database	Department of Health	Abortion Statistics: England and Wales	Nazeema Momin / Mary Grinsted
Deaths (Death Registration)	General Register Office (part of the Identity & Passport Service) Office for National Statistics (ONS)	Mortality Monitoring: Life expectancy and all-age all-cause mortality, and mortality from selected causes – overall and inequalities	Sue Graves / Clare Jones
		Mortality Monitoring: Infant Mortality and Inequalities	Sue Graves / Clare Jones
Births (Birth Registration)	General Register Office (part of the Identity & Passport Service) Office for National Statistics (ONS)	Mortality Monitoring: Infant Mortality and Inequalities	Sue Graves / Clare Jones

### Administrative systems currently only used for administrative/management purposes but with the potential to be used, additionally, for statistical purposes:

Name of system	Responsible organisation	DH statistical contact

# Chapter 3

## Templates

### *National Patient Survey Programme*

**Table 1: Processes supporting administrative source**

<b>Name of administrative system</b>
National Patient Survey Programme
<b>Organisation(s) responsible for system</b>
Care Quality Commission (CQC)
<b>Name of DH statistical contact</b>
Katie Tither
<b>Brief description of the system</b>
<p>The National Patient survey Programme (NPSP) is overseen by the Care Quality Commission. The NPSP is a structured programme of surveys, with different health service settings surveyed in different years (for example ‘adult inpatients’, ‘emergency services’). The surveys are carried out by individual Trusts conducting their own surveys locally, following structure and guidance defined by CQC and the survey co-ordination centre (currently Picker). Each Trust bases their survey around a sample of 850 patients and a core survey questionnaire, although there is some flexibility to add additional questions from a ‘question bank’.</p> <p>In principle, Trusts are able to use their own survey results as soon as they are compiled to identify any concerns amongst their own patients and to take action to address them. The data therefore form an administrative source within the individual NHS organisations.</p> <p>In addition, the individual (respondent) level results are collated centrally by the survey co-ordination centre and CQC to produce a national dataset.</p> <p>This dataset is used by CQC to produce official statistics relating to overall national scores on the set of survey questions in the core questionnaire.</p> <p>DH use the data to produce National Statistics summarising overall measures of patient experience.</p>
<b>Statistical collection or collections</b>
<p>Each NHS Trust is responsible for co-ordinating it’s own survey, although most will use an ‘approved contractor’ to carry out the survey on their behalf. The surveys are supported by detailed guidance from the survey co-ordination centre, an example of which is provided here:</p> <p><a href="http://www.nhssurveys.org/survey/756">http://www.nhssurveys.org/survey/756</a></p> <p>The data are provided directly from respondents, in their responses to survey questionnaires. Completed surveys are sent to the Trust, or to the Trust’s chosen contractor.</p>

### **Application of administrative data before publication**

It is important that services are responsive to the needs of service users, but the NHS is a large and diverse system that serves many different types of patients. It would not be possible to respond to the needs of all users by analysing data at the centre, or designing a 'one size fits all' system.

The intention is that individual NHS organisations should use their own local surveys to identify issues of relevance to their own group of patients, take action to address those issues and, where appropriate, to re-survey the relevant areas to assess progress. The administrative purpose is therefore to drive targeted improvement in responsiveness to patients.

### **Access and Dissemination**

Arrangements for access and dissemination are complex, but are fully compliant with the constraints outline in the Code of Practice for Official Statistics. The official statistics produced by CQC, and the National Statistics produced by DH are national level results only. Results at a lower aggregate level (individual NHS organisation) are widely used for administrative and management purposes before publication of the national results.

Key points are:

- Surveys are carried out by individual Trusts, so they have their own results some time before publication of the statistical products. From their own results they cannot conclude anything about the overall national picture.
- Results are collected by the survey co-ordination centre (currently Picker) and the full dataset is shared with analysts at the CQC as part of the production process.
- CQC share certain summaries of the results with individual Trusts. These summaries apply to the individual Trust results only. They are, in effect, a validated and 'clean' version of the results that the Trust submitted.
- Results are then converted into official statistics by calculating National summaries of the data and adding a commentary.
- National level results for individual survey questions are compiled by CQC and handled as official statistics. They are shared with named statisticians in the Department to enable them to contribute to the production process. They are also shared for quality assurance purposes with the same named analysts.
- Where the CQC publication includes specific comments about Departmental policy, those comments are checked with the relevant policy lead in DH for quality assurance purposes. This does not usually required sharing of figures, but this may occur if necessary to understand the context of the statement.
- National Statistics produced by the Department are not shared outside the production team until 24 hours before publication.
- National Statistics in their final form are shared 24 hours before publication with policy leads, Ministers, DH press office for briefing purposes.

### **Non-statistical publications**

None (results for individual Trusts are available to those Trusts, but there is no sharing of results at any higher levels of aggregation)

### **Statistical publications**

Official Statistics:

CQC publication of National summary of results for each survey

National Statistics:

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DH publication of Patient Experience Overall Measure

### Synergies

The National Statistics covered by this template relate to a set of 5 'domain' scores published by DH to summarise overall patient experience. These are drawn from the same source as CQC's 'national summary of results' which provides percentage scores for each individual survey question.

### Table 2a: End-stage processing to produce an official statistic

#### Statistical product information:

#### Underlying administrative source (use same title as in section 1)

National Patient Survey Programme.

#### Title of statistical product

Patient Experience Overall Measure

#### Name of organisations responsible for this product

Department of Health

#### Name/ email address of contact for this product

[Katie.Barnes@dh.gsi.gov.uk](mailto:Katie.Barnes@dh.gsi.gov.uk),  
statsonexperience@dh.gsi.gov.uk

#### Systems for quality assurance, including any 'end-stage' validation

The process of converting raw data into the required National Statistics is governed by a 'recipe book' that sets out the detailed production steps. The process is carried out by the Care Quality Commission on behalf of the Department. Quality is assured in a number of ways:

- CQC are required to confirm formally that figures have been compiled according to the 'recipe book'. They provide direct written assurance for the figures.
- Results are examined and checked by Departmental statisticians, checking for internal consistency and also pursuing any anomalies by checking with CQC analysts.
- Where necessary, Departmental statisticians apply the recipe book to raw data to see whether results match those provided by CQC.
- The recipe book itself was compiled by the Department and CQC's predecessor organisation following a long, considered, process to establish the most appropriate methodology.

#### Frequency and timing of release

The overall patient experience measure covers five service areas: adult inpatients, outpatients, emergency services, community mental health and primary care.

The patient survey programme operates on a rolling programme and not all areas are surveyed each year. Typically, however, the programme will include one or two surveys relevant to this list within any given year.

The default arrangement is for the Department of Health to publish its National Statistics relating to the overall measure on the same day that CQC releases its national summary of results (giving percentage scores for individual survey questions). It is for CQC to decide which of its products count as Official Statistics, but typically their national summary of results would

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count as OS.

Frequency of the DH product is therefore: approximately twice a year.

### Potential impact of changes to the administrative source, and procedures for mitigating these risks

The Departmental statisticians, and the patient experience policy team, have an established working relationship with CQC. We work collaboratively to ensure that the figures produced meet the needs of users and to ensure that we have a shared understanding of priorities.

Central to this is the need to ensure consistency in the overall measure from year to year, in order to ensure that change over time can be accurately represented.

There is potential for this measure to fail if the survey questions used to produce the overall score change over time. CQC and the Department endeavour not to change these survey questions.

### Table 2b: Additional metadata about the core administrative source

#### Metadata about the production process

#### Underlying administrative source (use same title as in section 1)

National Patient Survey Programme

#### Unit of enquiry (eg claimants, taxpayers, patients....)

Individual patients

#### Intended and actual coverage

Different surveys cover different groups of NHS organisations. For example, the adult inpatient survey relates to services in NHS acute Trusts. For each survey, the intention is to cover all such organisations via a sample of 850 patients. In virtually all cases, valid data are received from all organisations. The achieved sample of patients is typically in the range 400-600.

#### Lowest level of geographical coverage

Individual provider organisation (can be grouped to SHA, cannot be linked to Primary Care Organisation because a 1-1 mapping does not exist)

#### Extent to which DH producers of official statistics can influence the system

We influence the system via an established working relationship with CQC and direct opportunities to comment on draft questionnaires.

#### Data definitions and classification systems

There are detailed definitions for each type of survey within the survey programme. In most cases this is straightforward (for example, the outpatient survey captures data from patients who attended outpatients). There are some definitional constraints eg:

- Deceased patients are excluded
- The adult inpatient survey collects data from patients aged 16 or over.
- It does not include maternity or mental health patients.
- It does not include day cases or private patients
- It does not include current inpatients, or patients with a non-UK address

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<b>Collection process for underlying data source (where not covered above)</b>
Validation processes are a matter for CQC and the survey co-ordination centre.
<b>Nature of any risk of impact on statistics arising from changes to the administrative source</b>
None, see above in part 2a.

## NHS Administrative Systems

**Table 1: Processes supporting administrative source**

<b>Name of administrative system</b>
NHS Administrative Systems
<b>Organisations responsible for system</b>
NHS providers (NHS Trusts, Foundation Trusts, Mental Health Trusts, PCT providers, etc.) and commissioners (Primary Care Trusts (PCTs))
<b>Name of DH statistical contact</b>
Mark Svenson
<b>Brief description of the system</b>
NHS providers use Patient Administration Systems and other local systems to record live information about patients and treatments to enable effective delivery of care and for payment purposes. Data are held in local databases from which aggregate (non-patient identifiable) extracts can be taken to populate central returns.
<b>Statistical collection or collections</b>
The Department of Health (DH) sets national performance standards and requires the NHS to report local performance against many of these measures by submitting aggregate returns to DH via the online 'Unify2' system. Definitions and categorisations for these returns are overseen by an Information Standards Board. Returns include: <ul style="list-style-type: none"> <li>1. Referral to Treatment Monthly Collections (adjusted and unadjusted returns).</li> <li>2. Elective Admission Events and Outpatient Referrals and Attendances</li> <li>3. Cancelled Elective Operations Statistics</li> <li>4. Imaging and Radiodiagnostics Statistics</li> </ul>
<b>Application of administrative data before publication</b>
NHS administrative systems are used to record live information about patients and treatments to enable effective delivery of care. Some of the data are collated into central returns, submitted via the Unify2 system. These central data are not used for administrative or management purposes before publication, except where indicated in the next section
<b>Access and Dissemination</b>
All aggregate collections via Unify2 are managed in accordance with the Code of Practice for Official Statistics. The official statistics produced monthly by DH are at a national, provider and commissioner level. <p>During the data collection process (i.e. prior to publication), providers' and commissioners' access is restricted in Unify2 so that users can only see data relating to performance within their own remit. Providers can only see data that they have submitted and commissioners can only see data for performance in relation to their own commissioned services. Similarly, Strategic Health Authorities (SHAs) can only access pre-publication data relating to performance within their own geographical remit.</p> <p>DH publishes data each month. After publication, the status of the data in Unify2 gets updated</p>

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to enable all users to access the published data.

### Non-statistical publications

These data are not published in any form before the release of the relevant Official Statistics products. They are re-used in the following non-statistical publications

Performance assessments:  
DH Performance Framework  
CQC Periodic Review  
DH publication: "The Quarter"

### Statistical publications

National statistics:

1. Referral to Treatment Waiting Times: monthly data and annual report
2. Elective Admission Events and Outpatient Referrals and Attendances: quarterly data
3. Cancelled Operations: quarterly data
4. Imaging and radiodiagnostics: annual report

### Synergies

None.

## Table 2a: End-stage processing to produce an official statistic

### Statistical product information:

Underlying administrative source (use same title as in section 1)

NHS Administrative Systems

Title of statistical product

Referral to Treatment Statistics

Name of organisations responsible for this product

Department of Health

Name/ email address of contact for this product

Paul Steele / RTTdata@dh.gsi.gov.uk

Systems for quality assurance, including any 'end-stage' validation

Providers submit aggregated data monthly (broken down by NHS Commissioner) via Unify2, then commissioners check and sign off their data.

At various stages of the monthly data collection cycle, provider-level data are subject to central validation checks to ensure that they are robust. Where validation checks flag up questionable data, DH contacts providers and ask them to check their data and re-submit if necessary.

Frequency and timing of release

Data are published monthly, and a statistical report is published annually.



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### Potential impact of changes to the administrative source, and procedures for mitigating these risks

DH has driven the necessary changes to local systems (there have been 15 mandatory Data Set Change Notices (DSCNs) to support this process) to enable monitoring of RTT performance via the NHS Information Standards Board for Health and Social Care (ISB – see <http://www.isb.nhs.uk/>). There is no potential for unilateral changes outside of DH's control.

### Table 2a: End-stage processing to produce an official statistic

#### Statistical product information:

#### Underlying administrative source (use same title as in section 1)

NHS Administrative Systems

#### Title of statistical product

NHS inpatient elective admission events and outpatient referrals and attendances

#### Name of organisations responsible for this product

Department of Health

#### Name/ email address of contact for this product

Michael Barnes /Unify2@dh.gsi.gov.uk

#### Systems for quality assurance, including any 'end-stage' validation

Providers submit aggregated data quarterly (broken down by NHS Commissioner) via Unify2, then commissioners check and sign off their data.

At various stages of the quarterly data collection cycle, provider-level data are subject to central validation checks to ensure that they are robust. Where validation checks flag up questionable data, DH contacts providers and asks them to check their data and re-submit if necessary.

#### Frequency and timing of release

Data are published quarterly on the last Friday of the second month after the quarter end.

### Potential impact of changes to the administrative source, and procedures for mitigating these risks

DH has driven the necessary changes to local systems (there have been mandatory Data Set Change Notices (DSCNs) to support this process) to enable monitoring of performance via the NHS Information Standards Board for Health and Social Care (ISB – see <http://www.isb.nhs.uk/>). There is no potential for unilateral changes outside of DH's control.

### Table 2a: End-stage processing to produce an official statistic

#### Statistical product information:

#### Underlying administrative source (use same title as in section 1)

NHS Administrative Systems

#### Title of statistical product

Cancelled Elective Operations Statistics

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<b>Name of organisations responsible for this product</b>
Department of Health
<b>Name/ email address of contact for this product</b>
Jeremy Burrows / Unify2@dh.gsi.gov.uk
<b>Systems for quality assurance, including any 'end-stage' validation</b>
Providers submit aggregated data quarterly via Unify2.  At various stages of the quarterly data collection cycle, provider data are subject to central validation checks to ensure that they are robust and consistent with previously published data. Where validation checks flag up questionable data, DH contact providers and ask them to check their data and re-submit if necessary.
<b>Frequency and timing of release</b>
Data are published quarterly approximately six weeks after the end of the reporting quarter e.g. 2010-11 Quarter 4 (January to March 2011) data were published on 13 <sup>th</sup> May 2011.
<b>Potential impact of changes to the administrative source, and procedures for mitigating these risks</b>
DH has driven the necessary changes to local systems to support this process (the most recent being mandatory Data Set Change Notice 12/2008) to enable monitoring of cancelled elective operations via the NHS Information Standards Board for Health and Social Care (ISB – see <a href="http://www.isb.nhs.uk/">http://www.isb.nhs.uk/</a> ). There is no potential for unilateral changes outside of DH's control.

### Table 2a: End-stage processing to produce an official statistic

<b>Statistical product information:</b>
<b>Underlying administrative source (use same title as in section 1)</b>
NHS Administrative Systems
<b>Title of statistical product</b>
Imaging and Radiodiagnostics Statistics
<b>Name of organisations responsible for this product</b>
Department of Health
<b>Name/ email address of contact for this product</b>
Richard Winstanley / Unify2@dh.gsi.gov.uk
<b>Systems for quality assurance, including any 'end-stage' validation</b>
Providers submit aggregated data quarterly via Unify2.  At various stages of the quarterly data collection cycle, provider data are subject to central validation checks to ensure that they are robust and consistent with previously published data. Where validation checks flag up questionable data, DH contact providers and ask them to check their data and re-submit if necessary.

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<b>Frequency and timing of release</b>
Data are published annually approximately 4 months after year end e.g. 2010-11 data will be published on 10 <sup>th</sup> August 2011.
<b>Potential impact of changes to the administrative source, and procedures for mitigating these risks</b>
There is no potential for unilateral changes outside of DH's control.

**Table 2b: Additional metadata about the core administrative source**

<b>Metadata about the production process</b>
<b>Underlying administrative source (use same title as in section 1)</b>
NHS Administrative Systems
<b>Unit of enquiry (eg claimants, taxpayers, patients...)</b>
Patients
<b>Intended and actual coverage</b>
The core admin source in each NHS organisation covers all patients seen within that organisation.
<b>Lowest level of geographical coverage</b>
NHS provider or commissioner. More disaggregated data are held locally.
<b>Extent to which DH producers of official statistics can influence the system</b>
We influence the system by setting national policy and requiring NHS organisations to report accordingly. Data standards and definitions are agreed in consultation with the NHS via the ISB process (see table 2a).
<b>Data definitions and classification systems</b>
Data definitions are made available in the NHS Data Dictionary (see <a href="http://www.datadictionary.nhs.uk/">http://www.datadictionary.nhs.uk/</a> )
<b>Collection process for underlying data source (where not covered above)</b>
<b>Nature of any risk of impact on statistics arising from changes to the administrative source</b>
None, see table 2a.

## Cancer Waiting Times Database

**Table 1: Processes supporting administrative source**

<b>Name of administrative system</b>
Cancer Waiting Times Database (CWT-Db)
<b>Organisation responsible for system</b>
The CWT-Db is an online system hosted within the Exeter secure environment by NHS Connecting for Health (CfH) and administered under a Service Level Agreement between CfH and the Department.
<b>Name of DH statistical contact</b>
Arun Bhoopal
<b>Brief description of the system</b>
<p>The CWT-Db is designed to collect, transmit aggregate and store patient records based upon the format mandated in the National Cancer Dataset; Waiting Times subset (DSCN 20/2008), this dataset is officially classified as a clinical dataset by the Information standards Board for Health and Social Care (ISB). This dataset is collected locally for patient management and monitoring purposes on provider systems (alongside other clinical and administrative information), and subsequently transmitted to the CWT-Db.</p> <p>The CWT-Db then uses these data to construct complete records covering whole patient pathways for inclusion in anonymised reports, or identifiable downloads where relevant organisational permissions are in place. This is the mechanism by which the statistics and raw data on waiting times are aggregated, anonymised and reported to providers, commissioners, SHAs, cancer networks, cancer registries and the Department of Health.</p> <p>A highly aggregated, non-disclosive, extract of this database is subsequently published as national statistics on the DH website.</p>
<b>Statistical collection or collections</b>
The aggregate national statistics are derived from patient records held on the Cancer Waiting Times Database (CWT-Db) in the format specified by the National Cancer Dataset: Waiting Times subset. The statistics published by the Department of Health are derived from a version-controlled extract from this database taken 25 days after the end of each quarter.
<b>Application of administrative data before publication</b>
<p>The patient level waiting time and activity records are collected to enable local, regional and national service planning, management, monitoring and performance management. One element of the management of these services is compliance with the waiting times standards for cancer services introduced by the NHS Cancer Plan (2000) and the Cancer Reform Strategy (2007). All of these standards are incorporated into the Revised NHS Operating Framework for 2010/11 and Vital Signs.</p> <p>In addition to supporting the local NHS in the management of cancer services, the maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP is a right for patients, incorporated into the NHS Constitution and relating legal</p>

directions for the NHS. This dataset is therefore essential in supporting the NHS in managing requests for redress (in the form of being offered an alternative provider) from the patients where the two-week wait has not been met.

### Access and Dissemination

The administrative dataset derived from the National Cancer Dataset: waiting Times Subset is fully available within the NHS to any registered user within the limits set down in the Role Based Access Control (RBAC) system implemented by CfH. CWT-Db user access levels are:

The RBAC Levels within the current system are:

1. Acute Providers, who can:
  - upload data in line with the mandate in DSCN 20/2008;
  - create and edit identifiable patient records online;
  - access the online data quality tools;
  - access generated reports for their organisation;
  - download patient identifiable data for those individuals they have seen or treated; and
  - see the full dataset audit trail for all patients' records they have created or edited. This download to be available at anytime and not restricted by the cut off cycle of the CWT-Db.
2. PCT Commissioners, who can:
  - access to generated reports for their organisation on a commissioner basis;
  - access the full provider generated report for any "Acute Provider" they have commissioned patient care from; and
  - download function to enable them to download patient level data, which has had the NHS number removed and replaced with a unique nine-digit identifier, patients within the download must be identified as being registered within the PCT by PDS/SDS. Downloads of data are only to be made available after the monthly or quarterly closedown for the period in question
3. Strategic Health Authorities, who can:
  - generate reports for all Acute Providers within the SHA boundary (as defined in the ODS), this is to include Private Care Providers (such as treatment centres) and Private Screening Services. If these organisation mappings are not supported by the ODS code tables, private organisations are to be allocated to SHAs using the NHS Postcode File;
  - generate reports for all PCT Commissioners within the SHA boundary, organisational mappings to be derived from ODS code lists;
  - generate (aggregate total) provider and commissioner reports for all Cancer Networks that include an organisation within the SHA boundary. This is to be derived from the ODS code for each network and the organisational mapping tables for the network maintained by the National Cancer Intelligence Network (NCIN) and the National Cancer Action Team (NCAT); and
  - access anonymised downloads of patient level data, where the NHS Number has been removed and replaced with a unique nine-digit identifier. For SHA downloads the patients to be included must be registered to one of the constituent PCTs, as determined using PDS/SDS. Downloads of data are only to be made available after the monthly or quarterly closedown for the period in

question

4. Cancer Networks, who can
  - generate reports for all Acute Providers (including private providers) that fall within the network boundary. For NHS organisations the mapping tables are maintained by the NCIN and NCAT, private providers will need to be allocated to Cancer Networks using the NHS Postcode Directory mappings for cancer networks maintained by the NCIN;
  - access aggregate generated reports showing the combined figures for all Acute Providers within the network boundary (this will also be made available to SHAs);
  - generate reports for all PCT Commissioners within the network boundary, using the organisational mappings maintained by NCIN and NCAT.
  - access aggregate generated reports showing the combined figures for all PCT Commissioners within the network boundary (this will also be made available to SHAs); and
  - request anonymised downloads of patient level data, where the NHS Number has been removed and replaced with a unique nine-digit identifier. For network downloads the patients to be included must be registered to one of the constituent PCTs and Acute Providers, as determined using PDS/SDS and mapping tables supplied by NCIN/NCAT. Downloads of data are only to be made available after the monthly or quarterly closedown for the period in question.
5. Cancer Registries, who continue to receive a complete dataset including unique identifiers, this is because the new dataset DSCN 20/2008 has been fully incorporated into the cancer registry dataset, and they hold approval under Section 251 of the National Health Service Act (2006) to receive, hold and use the patient identifiable aspects of their dataset.
6. Department of Health receives a complete anonymised aggregate extract of the records held by the CWT-Db for public and parliamentary accountability purposes and to support the development and implementation of policy

All users receive access to the statistics at the same time in either their primary or secondary use format.

Please note, if the Registries recreated the aggregations in the CWT-Db, it would be possible to derive the national statistics directly from the patient records data. The NHS also receives the same information, at a local level.

### **Non-statistical publications**

The Department of Health does not place the disaggregated management information in the public domain due to small cell counts, though these data have previously been used to inform the development of policy and are passed to the Care Quality Commission for use within their periodic review, which is published.

### **Statistical publications**

National statistics:

DH publication of 'Waiting Times Statistics for Suspected and Diagnosed Cancer Patients', which is available at:

<http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/>

Performancedataandstatistics/HospitalWaitingTimesandListStatistics/  
CancerWaitingTimes/index.htm

### Synergies

The national statistics are a secondary source publication derived from a clinical dataset used for NHS management purposes. All NHS organisations have the right to use these data prior to publication as national statistics to inform patients and support their public accountability. Local uses include providing information to support patient choice via Choose and Book or local GPs and sharing these local data at meetings such as public boards at Foundation Trusts. These use of data will however be localised. The first release of national comparative data for any period will be the national statistics published by the Department.

### Table 2a: End-stage processing to produce an official statistic

#### Statistical product information:

#### Underlying administrative source (use same title as in section 1)

Cancer Waiting Times Database (CWT-Db)

#### Title of statistical product

Waiting Times for Suspected and Diagnosed Cancer Patients

#### Name of organisations responsible for this product

Department of Health

#### Name/ email address of contact for this product

[Cancer-waits@dh.gsi.gov.uk](mailto:Cancer-waits@dh.gsi.gov.uk)

#### Systems for quality assurance, including any 'end-stage' validation

Following the 25<sup>th</sup> working day after the end of each quarter the CWT-Db provides the Department of Health with aggregated and anonymised extracts of the validated data on two-week wait periods, 31-day periods and 62-day referral to treatment periods for publication and reporting purposes. Prior to publication, Department of Health analysts follow a set process to ensure that the published statistics are as accurate as possible. This process is set out below:

#### Step One

The aggregate extracts are downloaded from the secure CWT-Db and incorporated into local databases at the Department of Health for analysis.

#### Step Two

Each extract is checked individually to ensure that the correct number of columns and fields are present and that the totals on each row are correct. For example - the automatically generated "total treated" figure should match the number of patients reported in the columns detailing how long patients waited.

#### Step Three

The datasets, in the format that they will be released, are then taken from the local databases at the Department of Health. Analysts at the Department of Health then perform a validation check on a random sample of Trusts, which compares the latest data to previous figures to look for anomalies.

**Step Four**

Two Department of Health analysts then perform an independent analysis of the data, calculating compliance at national level. If both sets of analysis produce the same results, the dataset is identified as being a correct representation of those data held on the CWT-Db for the NHS.

**Step Five**

Once the statistics are identified as being a correct representation of the datasets stored on the CWT-Db they are finalised for publication in the agreed format on the agreed date and time. At this stage, any caveats and notes detailing errors or inconsistencies within the dataset are added to the data tables, in line with the revisions policy.

**Frequency and timing of release**

Quarterly publication, 2 months after Quarter end

**Potential impact of changes to the administrative source, and procedures for mitigating these risks**

The cancer waiting times commitments introduced by the NHS Cancer Plan (2000) and the Cancer Reform Strategy (2007) remain in the NHS Operating Framework following the revisions for 2010/11 published on 21 June 2010. Three of the waiting times standards are identified as “existing commitments” in the NHS Operating Framework for 2010/11. The remainder of the waiting times standards within the scope of this data collection are included in Vital Signs.

These statistics are derived from a clinical dataset as a secondary source. The NHS relies on the provision of this dataset, and the national collection and management system for service management and performance management.

These data are also used by cancer registries to support cancer registration in England, the outputs of the cancer registries are the key metric for determining outcomes and supporting service planning for cancer services within the NHS.

**Table 2b: Additional metadata about the core administrative source**

**Metadata about the production process**

**Underlying administrative source (use same title as in section 1)**

Cancer Waiting Times Database (CWT-Db)

**Unit of enquiry (eg claimants, taxpayers, patients....)**

Patients

**Intended and actual coverage**

All patients first seen in outpatients with suspected cancer or receiving treatment for cancer within the English NHS.

**Lowest level of geographical coverage**

NHS provider by PCT, though patient level statistics are available in anonymised or identifiable formats to organisations with the correct legal permissions under Section 251 of the NHS Act 2006.



### Extent to which DH producers of official statistics can influence the system

The statistical tables are derived from the National Cancer Dataset: Waiting Times Subset by the CWT-Db. This is an automated system managed by CfH, the outputs of this process cannot be altered at any point after 25 days following the end of a reporting period by the Department of Health or any other user.

### Data definitions and classification systems

All data definitions within the National Cancer Dataset: Waiting Times Subset are approved by the ISB and published both in DSCN 20/2008 and in the NHS Data Dictionary at: [http://www.datadictionary.nhs.uk/data\\_dictionary/messages/clinical\\_data\\_sets/data\\_sets/national\\_cancer\\_waiting\\_times\\_monitoring\\_data\\_set\\_fr.asp?shownav=1](http://www.datadictionary.nhs.uk/data_dictionary/messages/clinical_data_sets/data_sets/national_cancer_waiting_times_monitoring_data_set_fr.asp?shownav=1)

Additional footnotes are available with the published data.

### Collection process for underlying data source (where not covered above)

The aggregate national statistics are derived from patient records held on the Cancer Waiting Times Database (CWT-Db) in the format specified by the National Cancer Dataset: Waiting Times subset. Most of the processing of these patient records is carried out centrally by the CWT-Db, a secure computer system developed by NHS Connecting for Health, which uses 128-bit encryption and Secure Socket Layer (SSL) technology to protect patient confidentiality. Aggregate extracts are taken from the CWT-Db 25 working days after the end of each quarter for publication as national statistics.

The CWT-Db has several internal processes to ensure that patient records are correct at the point they are reported, these include checking that event dates for each patient are in the logical order, ensuring that no conflicts exist between data items (e.g. reporting a children's cancer for an adult) and that all required data items are present. This centralised system also provides a suite of resources to enable staff in NHS providers to quality assure the information they have provided.

### Nature of any risk of impact on statistics arising from changes to the administrative source

The National Cancer Dataset: Waiting Times Subset from which these statistics are drawn is a mandated dataset used operationally within the NHS. As such, it is subject to the usual governance procedure for changes to collections and definitions. All changes are therefore subject to widespread consultation, evaluation and lead in times and unlikely to impact in the short term.

## Abortion Statistics Database

**Table 1: Processes supporting administrative source**

<b>Name of administrative system</b>
Abortion Statistics Database
<b>Organisations responsible for system</b>
Department of Health
<b>Name of DH statistical contact</b>
Nazeema Momin
<b>Brief description of the system</b>
<p>Registered medical practitioners are legally required to notify the Chief Medical Officer (CMO) of every abortion performed. DH receives these notifications on form HSA4 and undertakes the processing of the forms. The notification is submitted on a paper form or via a web form.</p> <p>As part of processing the forms, thorough checks are carried out for the correct recording of the information on to the database. These checks also assist in monitoring the Abortion Act and ensuring that best practice guidance from DH is followed. The resulting data are used to inform policy and to improve service provision.</p> <p>The notification is submitted on a paper form or via a web form.</p> <p>DH also processes the forms on behalf of the Chief Medical Officer for Wales.</p>
<b>Statistical collection or collections</b>
There is no separate statistical collection for abortions. As part of processing the notifications on behalf of the CMO, a detailed patient level database is collated from which statistical data can be produced.
<b>Application of administrative data before publication</b>
<p>Abortion statistics database records patient level data for each abortion notification submitted. The data are checked thoroughly to assist in the monitoring of the Abortion Act. This includes returning forms to practitioners for clarification, cross referencing and validating data within the form to check for consistency and also referring to the DH medical practitioner for advice on medical conditions.</p> <p>The data are not used for administrative or management purposes before publication.</p>
<b>Access and Dissemination</b>
<p>The HSA4 forms contain sensitive personal data. In processing the forms, the Department of Health complies with the relevant legislation, including the Abortion Act, the Data Protection Act (1998) and Freedom of Information Act (2000). An entry covering this processing is included in the Data Protection Register (Z5571792). The Department treats these personal data with utmost confidentiality. Keeping the personal information received confidential, for both the woman having an abortion and the doctor terminating the abortion, is a top priority and strict procedures on handling the forms and related data are followed.</p>

## Statement of administrative sources

Due to the sensitive and confidential nature of the information on the HSA4 notification forms, only DH staff with prior CMO authorisation can have access to the forms and the database and process the forms. In addition, processing of the notification forms is managed in accordance with the Code of Practice for Official Statistics.

The official statistics produced quarterly by DH are at national level and headline data only. The annual statistical bulletin has more detail at PCO level.

Doctors submitting forms electronically via the web form, can only see data relating to their own patients.

Quarterly record level abortion data are transferred securely to ONS under SLA in order for them to produce conception statistics.

### Non-statistical publications

These data are not published in any form before the release of the relevant Official Statistics products.

### Statistical publications

National statistics:

1. Provisional quarterly totals for England and Wales is published by ONS in table 4.2 of the Vital Statistics: Population and Health Reference Tables (previously known as HSQ)
2. Abortion statistics bulletin, England and Wales, annual publication.

### Synergies

None.

## Table 2a: End-stage processing to produce an official statistic

### Statistical product information:

Underlying administrative source (use same title as in section 1)

Abortion Statistics Database

Title of statistical product

Abortion Statistics, England and Wales

Name of organisations responsible for this product

Department of Health

Name/ email address of contact for this product

Mary Grinsted/ [Mary.Grinsted@dh.gsi.gov.uk](mailto:Mary.Grinsted@dh.gsi.gov.uk)

Systems for quality assurance, including any 'end-stage' validation

The Department of Health uses a thorough process for recording and monitoring information received on Abortion Notification forms HSA4. Data validation checks are both automated and manual.

For paper forms there are several separate sets of automated checks performed at various stages of data processing. For electronic forms, fields are validated at each stage of data

## Statement of administrative sources

entry.

Paper forms with missing or invalid information and all forms that need further clarification are returned to practitioners. When the information is received back, the form goes through the same validity checks as it did when it was first processed. The forms are returned to practitioners for clarification until all the necessary information is received.

Information missing at time of publication is imputed only for statistical purposes. To comply with the Department of Health's duty to monitor the Abortion Act, any forms with missing information are followed up until all the necessary information is received and validated. This process continues after the annual publication to monitor the Abortion Act.

The annual bulletin includes information on data completeness and imputations required at the time of publication.

### Frequency and timing of release

Provisional headline data are published quarterly. Detailed data are published annually in a statistical bulletin, published around May each year.

### Potential impact of changes to the administrative source, and procedures for mitigating these risks

The HSA4 is a DH form. There is no potential for unilateral changes outside of DH's control.

## Table 2b: Additional metadata about the core administrative source

### Metadata about the production process

#### Underlying administrative source (use same title as in section 1)

Abortion Statistics Database

#### Unit of enquiry (eg claimants, taxpayers, patients...)

Patient

#### Intended and actual coverage

All HSA4 abortion notifications forms in England and Wales.

#### Lowest level of geographical coverage

PCO of women's residence for publication. Data is held at clinic/hospital level but due to disclosure control data is not published at this level.

#### Extent to which DH producers of official statistics can influence the system

The DH staff processing the data also produce the official statistics, and they work very closely with DH policy colleagues and CMO's department. Hence any discussions about changes to the HSA4 form or to the database, there is always a considered informed discussion about how the change would affect the official statistics.

#### Data definitions and classification systems

N/A

## Statement of administrative sources

<b>Collection process for underlying data source (where not covered above)</b>
Registered medical practitioners are legally required to notify the Chief Medical Officer (CMO) of every abortion performed. DH receives these notifications on form HSA4 and undertakes the processing of the forms. The notification is submitted on a paper form or via a web form.
<b>Nature of any risk of impact on statistics arising from changes to the administrative source</b>
None, see table 2a.

*Deaths (Death Registration)*

**Table 1: Processes supporting administrative source**

<b>Name of administrative system</b>
Deaths (Death Registration)
<b>Organisations responsible for system</b>
General Register Office (part of the Identity & Passport Service) Office for National Statistics (ONS)
<b>Name of DH statistical contact</b>
Sue Graves / Clare Jones
<b>Brief description of the system</b>
<p>The registration of life events (births, deaths, marriages and civil partnerships) is carried out by the Local Registration Service in partnership with the General Register Office (GRO) in Southport, which, prior to April 2008, was part of the Office for National Statistics (ONS) and is now part of the Identity and Passport Service.</p> <p>Most deaths are certified by a medical practitioner, and the death certificate is supplied to a registrar of births and deaths. In certain cases, deaths are referred to, and sometimes then investigated by, a coroner, who sends information to the registrar. Registrars supply details of all deaths to ONS. ONS processes the data (including coding the cause of death), maintains a deaths database, and compiles mortality statistics based on death registrations.</p>
<b>Statistical collection or collections</b>
<p>ONS use the raw administrative data from the death registrations system to compile death statistics for England and Wales.</p> <p>Note that DH do not use raw data directly from the death registrations administrative system, but rather produce secondary analyses based on an extract from the ONS deaths statistics database.</p>
<b>Application of administrative data before publication</b>
N/A (DH do not have access or control over the raw administrative data)
<b>Access and Dissemination</b>
<p>ONS controls access to, and dissemination of, death registration statistics. The deaths data used in the production of DH National Statistics listed below is either (a) already published by ONS, or (b) an extract from the deaths statistics database, extracted after the first release of death statistics for that year by ONS (so the data is already in the public domain in the sense that it can be requested from ONS, subject to appropriate disclosure control).</p> <p>DH analysts who receive extracts from the deaths statistics database, either direct from ONS, or more often from ONS via the NHS Information Centre for health and social care, sign a data access agreement to confirm that they will abide by the conditions under which the data is supplied (particularly in relation to further dissemination and disclosure control). These DH analysts are responsible for ensuring that other DH users who require access to the data also sign the data access agreement.</p>

<b>Non-statistical publications</b>
None
<b>Statistical publications</b>
<b>ONS National Statistics publications</b> that use data from the Death Registration administrative system include: <ul style="list-style-type: none"><li>• Death registrations – first release</li><li>• Death registrations in England and Wales, by area of residence</li><li>• Death registrations in England and Wales, by cause of death</li><li>• Mortality Statistics: Death registrations</li><li>• Interim life tables</li><li>• Infant and perinatal mortality by social and biological factors</li><li>• Period and cohort life expectancy tables</li></ul>
<b>DH National Statistics publications</b> that use data based on ONS death registrations statistics: <ul style="list-style-type: none"><li>• Mortality Monitoring Bulletin: Life expectancy, all-age-all-cause mortality, and mortality from selected causes, overall and inequalities</li><li>• Mortality Monitoring Bulletin: Infant mortality, inequalities</li></ul>
<b>Synergies</b>
ONS uses the raw administrative data from the death registrations system to compile death statistics for England and Wales and to produce a number of National Statistics publications.  The DH National Statistics products do not use raw data directly from the death registration administrative system. Rather, the bulletins are secondary analyses of aggregated data extracted from the ONS statistics.

*Births (Birth Registration)*

**Table 1: Processes supporting administrative source**

<b>Name of administrative system</b>
Births (Birth Registration)
<b>Organisations responsible for system</b>
General Register Office (part of the Identity & Passport Service) Office for National Statistics (ONS)
<b>Name of DH statistical contact</b>
Sue Graves / Clare Jones
<b>Brief description of the system</b>
<p>The registration of life events (births, deaths, marriages and civil partnerships) is carried out by the Local Registration Service in partnership with the General Register Office (GRO) in Southport, which, prior to April 2008, was part of the Office for National Statistics (ONS) and is now part of the Identity and Passport Service.</p> <p>Registration of a birth is legally required within 42 days of its occurrence. Most of the information is supplied to registrars by one or both parents. Registrars supply details of all births to ONS. ONS processes the data and compiles birth statistics based on birth registrations.</p>
<b>Statistical collection or collections</b>
<p>ONS use the raw administrative data from the birth registrations system to compile birth statistics for England and Wales.</p> <p>Note that DH do not use raw data directly from the birth registrations administrative system, but rather produce secondary analyses based on an extract from the ONS statistics on births.</p>
<b>Application of administrative data before publication</b>
N/A (DH do not have access or control over the raw administrative data)
<b>Access and Dissemination</b>
ONS controls access to, and dissemination of, birth statistics. The births data used in the production of DH National Statistics listed below is either (a) already published by ONS, or (b) further analysis provided by ONS following publication (so the data is already in the public domain in the sense that it can be requested from ONS, subject to appropriate disclosure control).
<b>Non-statistical publications</b>
None
<b>Statistical publications</b>
<p><b>ONS National Statistics publications</b> on births / conceptions that use data from the birth registration administrative system include:</p> <ul style="list-style-type: none"> <li>• Births – First Release</li> <li>• Birth Statistics – Births and patterns of family building</li> </ul>



- Conceptions in England and Wales

**ONS National Statistics publications** on infant mortality that use data from the birth registration administrative system include:

- Mortality Statistics - Childhood, infant and perinatal
- Infant and perinatal mortality by social and biological factors

**DH National Statistics publications** that use data extracted from ONS statistics on birth registrations:

- Mortality Monitoring Bulletin: Infant mortality, inequalities

### Synergies

ONS use the raw administrative data from the birth registrations system to compile birth statistics for England and Wales and to produce a number of National Statistics publications.

The DH National Statistics products do not use raw data directly from the birth registration administrative system. Rather, the bulletins are secondary analyses of aggregated data extracted from the ONS statistics.

### Table 2a: End-stage processing to produce an official statistic

#### Statistical product information:

#### Underlying administrative source (use same title as in section 1)

Deaths (Death Registration)

#### Title of statistical product

Mortality Monitoring Bulletin: Life expectancy, all-age-all-cause mortality, and mortality from selected causes, overall and inequalities

#### Name of organisations responsible for this product

Department of Health

#### Name/ email address of contact for this product

mortalitymonitoring@dh.gsi.gov.uk

#### Systems for quality assurance, including any 'end-stage' validation

In the production of statistics using raw data obtained via the death registrations administrative system, ONS follow quality assurance processes in line with the Code of Practice for Official Statistics.

DH maintains close contact with ONS colleagues to ensure DH are informed of risks to reliability and comparability over time of ONS data.

DH performs checks on extracts received from the ONS deaths statistics database (usually received via the NHS Information Centre for health and social care): cross-checks against similar published figures, where comparable; internal consistency checks. Secondary analysis performed by DH analysts is peer reviewed within DH, and results are checked against similar statistics published elsewhere, where comparable.

## Statement of administrative sources

<b>Frequency and timing of release</b>
Annual, approximately 10 – 11 months after the end of the calendar year the data relate to.
<b>Potential impact of changes to the administrative source, and procedures for mitigating these risks</b>
ONS are responsible for communicating any changes to the death registrations administrative system. It is then the responsibility of DH statisticians to make appropriate changes to the DH National Statistics publications produced based on the ONS death registrations statistics.
Where possible, in the case of a change to the administrative system that had an impact on the DH publications, DH analysts would apply an appropriate technique to ensure the continuity of time series within the bulletins, e.g. applying a comparability ratio in the event of changes in coding for causes of death. If it were not possible to do this, any discontinuities would be clearly communicated within the publication.

**Table 2a: End-stage processing to produce an official statistic**

<b>Statistical product information:</b>
<b>Underlying administrative source (use same title as in section 1)</b>
Births (Birth Registrations) Deaths (Death Registrations)
<b>Title of statistical product</b>
Mortality Monitoring Bulletin: Infant mortality, inequalities
<b>Name of organisations responsible for this product</b>
Department of Health
<b>Name/ email address of contact for this product</b>
mortalitymonitoring@dh.gsi.gov.uk
<b>Systems for quality assurance, including any 'end-stage' validation</b>
In the production of statistics using raw data obtained via the birth registrations administrative system, ONS follow quality assurance processes in line with the Code of Practice for Official Statistics.
DH maintains close contact with ONS colleagues to ensure DH are informed of risks to reliability and comparability over time of ONS data.
Secondary analysis performed by DH analysts is peer reviewed within DH, and results are checked against similar statistics published elsewhere, where comparable.
<b>Frequency and timing of release</b>
Annual, approximately 11 – 12 months after the end of the calendar year the data relate to.
<b>Potential impact of changes to the administrative source, and procedures for mitigating these risks</b>
ONS are responsible for communicating any changes to the birth and death registrations administrative system. It is then the responsibility of DH statisticians to make appropriate

## Statement of administrative sources

changes to the DH National Statistics publications produced based on the ONS birth and death registrations statistics.

Where possible, in the case of a change to the administrative system that had an impact on the DH publications, DH analysts would apply an appropriate technique to ensure the continuity of time series within the bulletins, e.g. applying a comparability ratio in the event to changes in coding for causes of death. If it were not possible to do this, any discontinuities would be clearly communicated within the publication.

# References

1. Government Statistical Service. *National Statistician's Guidance: Use of Administrative or Management Information*. [www.statisticsauthority.gov.uk/national-statistician/ns-reports--reviews-and-guidance/national-statistician-s-guidance/use-of-administrative-or-management-information.pdf](http://www.statisticsauthority.gov.uk/national-statistician/ns-reports--reviews-and-guidance/national-statistician-s-guidance/use-of-administrative-or-management-information.pdf) (22nd July 2011)
2. Department of Health. *Department of Health statistical policy: disclosure and confidentiality*. [www.dh.gov.uk/en/Publicationsandstatistics/Statistics/CodeOfPractice/index.htm](http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/CodeOfPractice/index.htm) (28th July 2011)