

Statement of Administrative Sources

Annex B: Supporting metadata

Organisation	Health and Social Care Information Centre (HSCIC) http://www.hscic.gov.uk/	
Enquiries	Please contact the HSCIC Contact centre Telephone: 0300 3035678 and email: enquiries@hscic.gov.uk	
Responsible Statistician	Name: Pritpal Rayat Section: Screening and Immunisations	
Section 1: Statistical End Product	NHS Immunisation Statistics, England	
Section 2: Original Administrative/Management Source/System	Name	COVER (Cover of Vaccination Evaluated Rapidly)
	Name of the organisation responsible	Public Health England (PHE, previously the Health Protection Agency (HPA))
	Purpose of the administrative source	<ul style="list-style-type: none"> - Monitoring trends - Operational management - Performance measurement
	Unit of Inquiry	Individual children aggregated to Local Authority (LA, previously

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		Primary Care Trust (PCT)) level		
	Intended Coverage	<ol style="list-style-type: none"> 1. 100% for routine childhood vaccinations 2. 100% where babies are born to mothers who test positive for Hepatitis B 		
	Actual Coverage	100%		
	Geographical Coverage	National		
	Lowest level of Geographical Coverage	Upper Tier LA (previously PCT)		
	Extent to which statistical end-producers can influence system?	The HSCIC regularly meets with PHE regarding the COVER collection and these meetings provide an opportunity for this input.		
	Data definitions used	See Data Dictionary: http://www.datadictionary.nhs.uk/data_dictionary/messages/central_return_forms/community/cover/cover_2_fr.asp		
	Classification systems used	NA		
	<table border="1"> <tr> <td>Data Collection Process</td> <td> <ol style="list-style-type: none"> 1)Periodicity/ Timing 2)Validation process </td> </tr> </table>	Data Collection Process	<ol style="list-style-type: none"> 1)Periodicity/ Timing 2)Validation process 	The annual collection is validated by Public Health England (PHE, previously the Health Protection Agency (HPA)) prior to being sent to the HSCIC. Annual validation is informed by the validation undertaken by PHE on their quarterly collections and this is an important means of identifying any data quality issues prior to the
Data Collection Process	<ol style="list-style-type: none"> 1)Periodicity/ Timing 2)Validation process 			

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		annual collection. On receipt of the COVER data from PHE, the HSCIC second check the data for completeness and to ensure that wherever there are unexpected/large changes from the previous year(s) that an adequate explanation has been given. Where there is no documentation to explain the reason then further investigation with PHE/the LA is undertaken. Data submitted are also compared at a regional and local level to identify any outliers which may require further investigation (e.g. where coverage in an LA is substantially higher or lower than in others). Checks are also undertaken on the calculated coverage figures.
	Access Arrangements	Controlled by data owner
	Dissemination Procedures	See below. The annual data is also sent by PHE to the World Health Organisation and to the European Union for monitoring purposes. This is done once the HSCIC has published the annual publication.
	Publication procedure	Statistics from this administrative source are published as part of NHS Immunisation Statistics, England
	Timing/Periodicity of public release	Annual
	Nature of changes to system	Data for the COVER returns made by LAs comes from child health

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	that could impact on statistics	information systems (CHIS). Where these systems are being upgraded or changed this can impact on the availability and quality of the COVER data. Changes to the vaccination schedule can also impact on these statistics, sometimes affecting quality or availability of the data from CHIS.
Section 3: Change Process	Changes to the COVER collection are approved by the Burden Advice and Assessment Service (BAAS) and the Standardisation Committee for Care Information (SCCI).	
Section 4: The subsequent statistical production process	Validation procedures	COVER data is validated by comparing the data with previous years and by looking for outliers (e.g. LAs with coverage rates that are much higher/lower than others).
	Quality assessment	The report contains a Data Quality Statement which discusses any data quality issues. The report also contains an Appendix on Data Quality. Key stakeholders/users are consulted on the format and outline and of the report prior to publication.
	Periodicity of release	Annual
	Potential impact of changes to the source on the statistics produced	Introduction of new or combined vaccines will impact on statistics reported (e.g. combined Hib and Men C vaccine introduced in 2006 and reported for the first time in the 2008/09 publication as experimental data, new Rotavirus and BCG vaccines introduced in 2013 and being assessed for experimental reporting in the 2014/15 publication). Changes to the vaccination schedule for existing vaccines can also impact on the data (e.g. the change to the MenC vaccine in June 2013 to cease giving the second priming dose at four months).

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	Procedures for mitigating such discontinuities	Mitigating actions are taken where possible e.g. new Hib and Men C statistics captured alongside original stand alone Men C vaccination for continuity.