



BACKGROUND QUALITY REPORT:

Northern Ireland Inpatient and Day Case Activity Statistics; and

Acute Episode-Based Activity Statistics.

Introduction	The Code of Practice for Statistics requires that statistical
	methods be consistent with scientific principles and
	internationally recognised best practices and be fully
	documented. Quality should be monitored and assured taking
	account of internationally agreed practices. The full text of the
	Code of Practice is available for download at:
	https://code.statisticsauthority.gov.uk/
	Each Official and National Statistics output produced by the
	Hospital Information Branch (HIB) in the Department of Health
	(DoH) contains key quality information in respect of the specific
	content of the statistical outputs. This information is provided in
	the definitions, technical notes, notes to tables or notes to
	editors.
Publications	Northern Ireland Inpatient and Day Case Activity Statistics; and
	Acute Episode-Based Activity Statistics.
Department	Department of Health (DoH).
Responsible	· · · ·
Release Date	August each year in the case of Northern Ireland Inpatient and
	Day Case Activity Statistics; and
	October each year in the case of Acute Episode-Based Activity
	Statistics.
Web Links to	https://www.health-ni.gov.uk/articles/inpatient-and-day-case-
Publications	activity
	https://www.health-ni.gov.uk/articles/episode-based-activity
Background	Information on inpatient and day case activity in Northern
	Ireland is collected on an annual basis and published by
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NISRA's Hospital Information Branch (HIB) in the Department of Health (DoH) annually in two reports.

Data include both patient-level downloads from hospital administrative systems in the Health and Social Care (HSC) Regional Data Warehouse ¹ and the summary data returns KH08 (supplementary theatre activity), KH03A (non-acute deaths, discharges and day cases, and available and occupied beds), and IS1 Part 2 (independent sector admissions activity), from HSC Trusts that are used to produce statistics on the number of patient admissions, broken down by HSC Trust and specialty (in health service hospitals and in the independent sector), available and occupied beds, use of operating theatres, and hospital births. The Strategic Planning and Performance Group (SPPG) in DoH provides HIB with aggregate data for independent sector activity.

In a separate publication, data are broken down by Finished Consultant Episodes (FCEs) and aggregated by specialty, diagnosis, procedure or Healthcare Resource Group (HRG).

HSC Trusts are provided with technical guidance outlining the methodologies to be used in the collection, reporting and validation of inpatient activity data.

https://www.health-ni.gov.uk/publications/summary-available-bed-days-occupied-bed-days-discharges-and-deaths-and-day-cases-kh03a

Dimensions of Quality

Dimension	Assessment by the author.
Relevance	The degree to which the statistical product meets user needs in both coverage and content.
	Most of the information in the Northern Ireland Inpatient and Day Case Activity Statistics derives from patient-level downloads from the Data Warehouse ¹ , with supplementary aggregated returns provided by each HSC Trust on a quarterly or annual basis.
	Both sources of information are used to produce counts of the number of patients admitted during the year, as well as the number of available and occupied beds, hospital births and data on the use of operating theatres broken down by HSC Trust and specialty.
	Trusts submit quarterly aggregate returns for all non-acute activity and for acute bed data. These are combined with acute data downloaded from the Data Warehouse ¹ and are

¹ Regional Data Warehouse is a secure repository of information sourced from HSC administrative and management systems. Data are refreshed and updated on a daily basis.

used to provide the number of admissions that have taken place during the year.

All of the information in the Acute Episode-Based Activity Statistics derives from the patient-level downloads from the Data Warehouse¹.

Information from both publications is used by a wide variety of users for a range of purposes. For example, DoH uses it for hospital activity monitoring, to inform policy monitoring and development, and to respond to Assembly questions and ad hoc queries from the public. It is also used widely and reported regularly by a range of media outlets and news agencies.

HIB ensures that both statistical reports remain relevant to users in a number of ways including providing contact details so that users can easily get in touch; and welcoming feedback from users to shape the information collected and the content of this publication. In this way the needs of users are continuously monitored, and where appropriate and practical, are acted upon.

Accuracy and Reliability

The proximity between an estimate and the unknown true value.

Data providers are supplied with technical guidance outlining the methodologies to be used in the collection, reporting and validation of inpatient activity data.

This guidance indicates when the downloads will be taken each quarter (for theatre data)/ year and the dates on which returns and validations should be submitted to HIB. Information should include only consultant-led activity (with the exception of hospital births data).

Downloads are taken and HSC Trusts and SPPG submit their returns in the months following the end of the financial year. Further quality assurance checks are undertaken by both HSC Trust providers and by statisticians in DoH. Validation checks are also conducted to help improve accuracy and reliability.

Previous data are revised where necessary and appropriate. All revisions are conducted in line with HIB's Revisions Policy which can be found online in the statistics charter at:

https://www.health-ni.gov.uk/publications/doh-statistics-charter

HIB validates inpatient data by:

- Performing trend analysis on the previous quarter's/ year's data; and
- Identifying outlying data or potentially incorrect dates.

Any irregularities identified are queried with the relevant HSC Trusts. The HSC Trusts are asked to reply to the query and confirm whether the data are correct. If not correct, the Trusts are required to correct the information and explain the error or update their systems and submit an amended information return to HIB. HIB will then retake downloads to capture updated patient-level data.

Timeliness and Punctuality

Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.

The downloads and statistical information returns used to produce the publications refer to the most recent financial year. Downloads are taken and returns submitted within four months of the end of the financial year. HIB publish a 'Submission Timetable' quarterly to notify HSC Trust of the submission deadlines for each return. Delayed submissions may arise due to a lack of resources or validation issues within HSC Trusts.

The Northern Ireland Inpatient and Day Case Activity Statistics are published on the first Thursday of August.

The Acute Episode-Based Activity Statistics are published on the first Thursday of October.

The 'Schedule of Publications', which provides twelve months advance notice of releases, is available at:

https://www.health-ni.gov.uk/publications/statistical-releases-calendar

In most cases, the target publication deadlines are met. However, in the event of a change to a pre-announced release date, the delay is announced, explained and updated regularly.

Accessibility and Clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The annual Northern Ireland Inpatient and Day Case Activity Statistics national statistics publication includes data visualisations, tabular data and commentary. In addition, data tables are published in Open Data Spreadsheet formats.

The report includes notes for readers which cover guidance on using the data; important links to additional guidance for readers on the data collection, provision of data, data quality,

contextual information, security and confidentiality; and additional guidance on important terms and phrases.

Northern Ireland Inpatient and Day Case Activity Statistics publications are currently produced in HTML format and are available to view on the Department's website at:

https://www.health-ni.gov.uk/articles/inpatient-and-day-case-activity

The annual Acute Episode-Based Activity Statistics official statistics publication includes tabular data and guidance on important terms and phrases. In addition, all data tables are published in Open Data Spreadsheet formats.

The Acute Episode-Based Activity Statistics publications are currently produced in HTML format and are available to view on the Department's website at:

https://www.health-ni.gov.uk/articles/episode-based-activity

Coherence and Comparability

Coherence is the degree to which data that are derived from different sources or methods, but refer to the same topic, are similar. Comparability is the degree to which data can be compared over time and domain.

There is currently no other official source of hospital inpatient and day case statistics in Northern Ireland. HSC Trusts and associated agencies have their own internal quality assurance checks. Performance & Information Teams carry out data validation checks to ensure consistency in the data produced by HIB and the HSC Trusts or SPPG. Any data quality issues which arise are dealt with reactively and resolved as they arise. HSC Trusts have dedicated data quality resources to proactively manage data quality challenges across the organisations.

Trade-offs between Output Quality Components

Trade-offs are the extent to which different aspects of quality are balanced against each other.

None.

Assessment of User Needs and Perceptions

The processes for finding out about users and uses, and their views on the statistical products.

Data presented in these publications help to meet the information needs of a wide range of internal and external users.

Both Northern Ireland hospital statistics publications are used by policy officials in DoH to monitor and report the details of inpatient admissions, theatre utilisation and hospital births for corporate monitoring, to inform policy development and evaluation, for Ministerial briefing and to respond to Private Office enquiries and Assembly questions.

They are also used by researchers looking at HSC Trust performance and by service users and other members of the public, to hold HSC Trusts and government to account.

Users are invited in the statistical bulletins to provide feedback on the publications and to request further information if required. They are provided with contact details for the relevant statisticians and can obtain further details on the DoH statistics website at:

https://www.health-ni.gov.uk/topics/doh-statistics-and-research/official-statistics-and-user-engagement#toc-4

We gain awareness of users of our data from ad hoc requests for information and from the receipt of invitations to relevant meetings and conferences. Users' needs are prioritised, taking account of the resources available.

Performance, Cost and Respondent Burden

The effectiveness, efficiency and economy of the statistical output.

As HIB does not currently have access to non-acute admissions data and all bed data, HSC Trust staff must provide HIB with the additional data requested. This information is submitted electronically.

The information collected by HSC Trusts for this publication is not collected specifically for HIB and would be produced whether requested by HIB or not.

On receipt of the information returns and validations returned by HSC Trusts, the statistics require approximately four weeks of statistical staff time to produce, in addition to oversight by senior staff.

Confidentiality, Transparency and Security

The procedures and policy used to ensure sound confidentiality, security and transparent practices.

Given the potentially sensitive nature of the patient-level data collected, confidentiality is of the utmost importance.

Some of the information used to produce these statistics is submitted to HIB using excel templates. As it is aggregate information it does not include personal information and is, therefore, submitted without password protection.

Data that are submitted or downloaded are held on a secure network that is only accessible to statisticians who require access. Data are published in such a way that individuals cannot be identified.

DoH's Data Protection policy statement is available at:
https://www.health-ni.gov.uk/articles/dhssps-data-protection-policy-statement