

An Roinn Sláinte Männystrie O Poustie

BACKGROUND QUALITY REPORT: CLINICAL / SOCIAL CARE NEGLIGENCE CASES IN NORTHERN IRELAND

Introduction	Principle 4 of the Code of Practice for Official Statistics states that statistical methods should 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 is available at: <u>http://www.statisticsauthority.gov.uk/assessment/code- ofpractice/index.html</u> Each Official and National Statistics output produced by Hospital Information Branch (HIB) within the Department of Health (DoH) contains key quality information in respect of the specific content of the statistical output. This information is
	provided in the definitions, notes to tables or notes to editors.
Publication	Clinical / Social Care Negligence Cases In Northern Ireland
Department responsible	Department of Health (DoH)
Release Date	Annual
Web Link to Publications	https://www.health-ni.gov.uk/articles/clinical-negligence- statistics
Background	Information on clinical / social care negligence cases in Northern Ireland is collected on a quarterly and annual basis.
	Data include both aggregated and patient level returns that are used to produce counts of the number and outcome of clinical / social care negligence cases at 31 st March, the number of cases by year of incident, number of cases by age of case, the number of cases by age of patient at date of incident, nature of the incident, specialty of the incident, payments to date, payments by specialty and nature of incident, periodical payment orders and payments on closed cases.
	HSC Trusts and associated agencies are provided with technical guidance outlining the methodologies to be used in the collection, reporting and validation of clinical / social care
	negligence cases, which can be accessed at the link below:

Dimension	Assessment
Relevance	The degree to which the statistical product meets user needs in both coverage and content.
	The majority of information presented in 'Clinical / Social Care Negligence Cases in Northern Ireland' derives from annual and quarterly information returns provided by each Health & Social Care (HSC) Trust, including the Northern Ireland Ambulance Service (NIAS), the Northern Ireland Blood Transfusion Service (NIBTS), Legacy Health and Social Services Board and Agencies, and Strategic Planning and Performance Group to HIB in the DoH.
	The returns include both aggregated and patient level data, that are used to produce counts of the number and outcome of cases at 31 st March, the number of cases by year of incident, number of cases by age of case, the number of cases by age of patient at date of incident, nature of the incident, specialty of the incident, payments to date, payments by specialty and nature of incident, periodical payment orders and payments on closed cases.
	Information from 'Clinical / Social Care Negligence Cases in Northern Ireland' is used by a wide variety of users for a range of purposes, i.e. DoH Policy use it for corporate monitoring, to inform and monitor related policy and to respond to assembly questions and ad-hoc queries from the public.
	HIB ensures that the 'Clinical / Social Care Negligence Cases in Northern Ireland' statistical report remains relevant to users in a number of ways, including; feedback received through readership and online user satisfaction surveys help to shape the information collected and the content of this publication. In this way the needs of users are continuously monitored, and if appropriate and practical, acted upon.

Accuracy a Reliability	nd	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 clinical / social care negligence cases. This guidance indicates that information should be returned for all clinical / social care negligence cases open at any stage during the year ending 31 st March each year. Information should include all clinical cases currently open and resolved, including those withdrawn or closed without payment of compensation.
		HSC Trusts are allowed several weeks to update relevant internal management information systems, from which returns are produced. Further quality assurance checks are undertaken by both HSC Trust providers and associated agencies and by statisticians in the DoH. Validation checks are also conducted to help improve the accuracy and reliability.
		Previous clinical / social care negligence data are revised if necessary and appropriate. All revisions are conducted in line with HIB's Revisions Policy which can be found in the Statistics Charter online at:
		https://www.health-ni.gov.uk/publications/doh-statistics- charter

Timeliness and	Timeliness refers to the time new between with lighting
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 statistical information returns used to produce this publication refer to 31 st March and are submitted annually by HSC Trusts and associated agencies. Four quarterly information returns used within the publication are aggregated and cover the same period from 1 st April to 31 st March. HIB publish a 'Submission Timetable' quarterly to notify HSC Trust staff of the submission deadlines for each return. Delayed submissions are normally due to a lack of resources or validation issues within HSC Trusts.
	'Clinical / Social Care Negligence Cases in Northern Ireland' is always published within a year of the reference period, i.e. for the 2021 - 2022 report, the time lag between publication and the reference period to which the data refer was 9 months.
	The 'Schedule of Publications', which provides twelve months advance notice of releases, is available at: <u>https://www.health-ni.gov.uk/publications/statistical-releases-calendar</u>
	In the majority of 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 'Clinical / Social Care Negligence Cases in Northern Ireland' Official Statistics publication includes data visualisations, tabular data and commentary. In addition to this, all 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.
	Clinical / Social Care Negligence Cases In Northern Ireland publications are currently produced in PDF format, and as an interactive HTML file and available to view / download on the Department's website (link below):
	https://www.health-ni.gov.uk/articles/clinical-negligence- statistics

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 clinical / social care negligence statistics in Northern Ireland. However, 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 Trust, SPPG or Agency. Any data quality issues which arise are dealt with reactively and resolved as they arise. HSC Trust have dedicated data quality resources to proactively manage data quality challenges across the organisations.
	 HIB also validates clinical / social care negligence information by: Performing trend analysis on previous quarter's/year's data; and, Identifying outlying data on payments and/or dates.
	Any irregularities identified are queried with the HSC Trust, SPPG or Agency for response. The HSC Trust, SPPG or Agency are asked to provide a response on the query and confirm if the data is correct. If not correct, they should firstly indicate the correct information and an explanation for the error, update their system and submit an amended information return to HIB.
Trade-offs between	Trade-offs are the extent to which different aspects of quality are balanced against each other.
Output Quality Components	None
Assessment of User Needs	The processes for finding out about users and uses, and their views on the statistical products.
and Perceptions	Data presented in this publication helps to meet the information needs of a wide range of internal and external users.
	Within DoH, the 'Clinical / Social Care Negligence Cases in Northern Ireland' statistical publication is used by policy officials to monitor and report the details of alleged clinical/social care negligence cases open at any stage during the year, for corporate monitoring, to inform and monitor related policy, for Ministerial briefing and to respond to Private Office enquiries and parliamentary / assembly questions.
	It is also used by researchers looking at HSC Trust and associated agency performance and by service users and other members of the general public to hold HSC Trusts and government to account.

	User feedback is invited in this publication. Readers are provided with contact details for the relevant statistician. Further details are placed on the statistics website: <u>https://www.health-ni.gov.uk/topics/doh-statistics-and- research/official-statistics-and-user-engagement#toc-4</u> 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	Currently HIB do not have access to HSC Trust and associated agency information systems therefore HSC Trust staff must provide HIB with the data requested. All of the information is submitted electronically.
	Some of the information collected by HSC Trusts and associated agencies for this publication is collected specifically for HIB but some is also required for Trust internal management information, and would be produced whether requested by HIB or not.
	On receipt of the information returns from HSC Trusts and associated agencies, the statistics require approximately 12 weeks of working time from statistical staff to produce, plus a small amount of senior staff oversight.
	DoH have undertaken to determine the costs to suppliers of producing these statistics. Questionnaires have been issued to HSC Trusts to gather information on the number of staff involved in completing each of the relevant statistical information returns, together with their grade and the time spent. When detailed data is available across all HSC Trusts and associated agencies, it will be possible to publish estimated compliance costs.
Confidentiality,	The procedures and policy used to ensure sound
Transparency and Security	confidentiality, security and transparent practices.
	Information used to produce this publication is submitted to HIB using excel templates that are provided, patient level information is submitted in password protected files whilst aggregate information which does not include personal information is submitted without password protection.
	Data are held on a network that is only accessible to the statisticians who need access.
	Data are published in such a way that individuals cannot be identified. Both the 'Rounding' control method and 'Table Redesign' are used in a number of tables to avoid personal

disclosure. The 'Rounding' method is described in the relevant table footnotes (cell counts less than 4 are zeroed and where a zeroed cell can be deduced from the totals, the next smallest cells are also zeroed).
DoH's Data Protection policy statement can be found at:
https://www.health-ni.gov.uk/articles/dhssps-data-protection- policy-statement
Hard copies containing small cell sizes are locked away and shredded as soon as possible.