

STATEMENT OF ADMINISTRATIVE SOURCES

The following Tables describe the administrative/management sources which the Department of Health, Social Services and Public Safety (DHSSPS) currently uses to produce official statistics, or which have the potential to be so used, differentiating between:

- those sources which are owned and managed by ourselves;
- those administered or managed by other organisations.

1. Statistical usage of our own organisation's administrative or management sources

Name/Title of Administrative Data Source	Name of overarching Administrative System (if different)	Main administrative purpose of this source/system* (Brief Description)	Geospatial Coverage**	Title(s) of all Statistical Products derived from this Source
--	--	--	-----------------------	---

2. Statistical usage of other organisations' administrative or management sources

Name/Title of Administrative Data Source	Name of overarching Administrative System (if different)	Name of Organisation responsible for this system/source	Main administrative purpose of this system/source* (Brief description)	Geospatial Coverage**	Title(s) of all Statistical Products derived from this Source
Patient Administrative System (PAS)			Administration of patients in the Health and Social Care system	Northern Ireland	<ul style="list-style-type: none"> ▪ Northern Ireland Waiting Lists ▪ Northern Ireland Cancer Waiting Times ▪ Hospital Inpatient Statistics ▪ Hospital Statistics
Northern Ireland Regional Accident and Emergency System (NIRAES)			Administration of patients attending accident and emergency units	Northern Ireland (partial – used by some A&E units)	<ul style="list-style-type: none"> ▪ Northern Ireland Emergency Care Waiting Time Statistics ▪ Hospital Statistics
Symphony			Administration of patients attending	Northern Ireland (partial – used	<ul style="list-style-type: none"> ▪ Northern Ireland Emergency

			accident and emergency units	by some A&E units)	Care Waiting Time Statistics <ul style="list-style-type: none"> ▪ Hospital Statistics
ePEX			Administration of patients within the Mental Health system	Northern Ireland (partial – used by some hospitals)	<ul style="list-style-type: none"> ▪ Hospital Statistics
MAXIMS			Administration of patients within the Mental Health system	Northern Ireland (partial – used by some hospitals)	<ul style="list-style-type: none"> ▪ Hospital Statistics
YPCLee			Administration of patients within the Mental Health system	Northern Ireland (partial – used by some hospitals)	<ul style="list-style-type: none"> ▪ Hospital Statistics
SOSCARE			Management of information relating to: children’s social care, care management, referrals, day care, residential accommodation and home help for older people, and those with a physical or learning disability.	HSC Trust	<ul style="list-style-type: none"> ▪ Children Order Statistical Tables for Northern Ireland ▪ Children Order Statistical Trends for Northern Ireland ▪ Northern Ireland Care Leavers aged 16-18 Statistical Bulletin(OC1) ▪ Children in Care in Northern Ireland Statistical Bulletin (OC2) ▪ Northern Ireland Care Leavers aged 19 Statistical Bulletin

					(OC3) <ul style="list-style-type: none"> ▪ Adult Community Statistics
Payment Calculation & Analysis System (PCAS)			To support the Quality & Outcomes Framework (QOF) payment process of the GMS Contract. The system ensures consistency in calculation of quality achievement and prevalence.	Northern Ireland – covering each GP Practice	<ul style="list-style-type: none"> ▪ Prevalence report http://www.dhsspsni.gov.uk/index/hss/gp_contracts/gp_contract_of/pc-prevalence-reports.htm ▪ QOF report http://www.dhsspsni.gov.uk/index/hss/gp_contracts/gp_contract_of.htm
Child Health System		Health and Social Care Trusts	System used by Health and Social Care Trusts to record information relating to children's health from birth until school leaving	Northern Ireland	Northern Ireland Capitation Formula Northern Ireland Multiple Deprivation Measure
Northern Ireland Cancer Registry		Department of Health & Social Services, Northern Ireland and Queen's University of Belfast	The purpose of the N. Ireland Cancer Registry (NICR) is to provide accurate, timely information on cancers occurring in the population of Northern Ireland for research, planning and education so the burden of	Northern Ireland	Northern Ireland Health and Social Care Inequalities Monitoring System Northern Ireland Multiple Deprivation Measure

			disease may be reduced.		
Human Resource Management System			A system used by Health & Social Care organisations to record personnel details of employees.	Northern Ireland Health & Social Care (HSC) organisations	<ul style="list-style-type: none"> • HSC Workforce Census, Keys Facts Workforce Bulletin http://www.dhsspsni.gov.uk/index/stats_research/work_force/stats-research.htm
Smoking cessation services			Monitoring of the uptake and quit rates of those using smoking cessation services	NI	<ul style="list-style-type: none"> ▪ Statistics on smoking cessation services in NI
PROCARE		Northgate (Used by SEHSCT, BHSCT & SHSCT)	Care Management returns	HSC Trust	<ul style="list-style-type: none"> ▪ Adult Community Statistics
PRACTICE NAVIGATOR		Siemens (Used in all HSC Trusts)	Management of information on hearing aid assessments / re-assessments	HSC Trust	<ul style="list-style-type: none"> ▪ Hearing aid assessment / re-assessment in Northern Ireland
LCID		Yarra (Used by SEHSCT, BHSCT & NHSCT)	Allied Health Professional Returns	HSC Trust	<ul style="list-style-type: none"> ▪ Incomplete and completed waiting times for AHPs including, Podiatrists, Physiotherapists, Speech & Language therapists, Dieticians and Orthoptists.
MAXIMS		IMS (Used by SEHSCT)	Mental Health services in both acute and community settings	HSC Trust	<ul style="list-style-type: none"> ▪ Adult Community Statistics
CARE MANAGEMENT DATABASE		Operated and Used by BHSCT & NHSCT	Care Management returns	HSC Trust	<ul style="list-style-type: none"> ▪ Adult Community Statistics
PAS		ISOFT	Allied Health	HSC Trust	<ul style="list-style-type: none"> ▪ Incomplete

(Community)		(Used by WHSCT & NHSCT)	Professional Returns		and completed waiting times for AHPs including, Podiatrists, Physiotherapi sts, Speech & Language therapists, Dieticians and Orthoptists.
EPEX		ASCRIBE (Used by WHSCT & NHSCT)	Mental Health services in both acute and community settings.	HSC Trust	<ul style="list-style-type: none"> ▪ Adult Community Statistics
PARIS		IN4TEK (Used by Legacy South & East Belfast Trust within the BHSCT)	Management of community and social care information for all POC's in the South & East sector of the Belfast HSC Trust.	Legacy South & East Belfast Trust	<ul style="list-style-type: none"> ▪ Adult Community Statistics ▪ Completed waiting times for AHPs including, Podiatrists, Physiotherapi sts, Speech & Language therapists, Dieticians and Orthoptists.
ABACUS		TROJAN (Used by NHSCT)	Care Packages in Effect & residents accommodated under Article 36 of the HPSS Order 1972.	HSC Trust	<ul style="list-style-type: none"> ▪ Adult Community Statistics
COMMCAR E		GOR Software (Used by SHSCT)	Domiciliary Care	HSC Trust	<ul style="list-style-type: none"> ▪ Domiciliary care services provided to clients during a survey week.
CHRIS		Legacy HSS Board (Used by SHSCT)	Information on Looked After Children	HSC Trust	<ul style="list-style-type: none"> ▪ Children Order Statistical Tables for Northern Ireland ▪ Children Order Statistical

					<p>Trends for Northern Ireland</p> <ul style="list-style-type: none"> ▪ Northern Ireland Care Leavers aged 16-18 Statistical Bulletin (OC1) ▪ Children in Care in Northern Ireland Statistical Bulletin (OC2) ▪ Northern Ireland Care Leavers aged 19 Statistical Bulletin (OC3)
CLINICAL MANAGER		Street Heavers (Used by SHSCT)	Information on Allied Health Professionals	HSC Trust	<ul style="list-style-type: none"> ▪ Incomplete and completed waiting times for AHPs including, Podiatrists, Physiotherapists, Speech & Language therapists, Dieticians and Orthoptists.

3. Other administrative sources with the potential to be used for statistical purposes

Name/Title of Administrative Data Source	Name of overarching Administrative System (if different)	Name of Organisation responsible for this system/source	Main administrative purpose of this system/source* (Brief description)	Geospatial Coverage**
--	--	---	--	-----------------------

* For example: ‘administration/payment of welfare benefits’

** UK, GB, E&W, England, Wales, Scotland, Northern Ireland, Other

STATEMENT OF ADMINISTRATIVE SOURCES (Continued.....)

4. Detailed information about the Department of Health, Social Services and Public Safety’s governance arrangements for its own administrative or management sources

<p>Arrangements for providing statistical staff (whether inside or outside the organisation) with access to administrative or management sources for statistical purposes</p>	<p><u>Hospital Information Branch (HIB)</u></p> <p>Statistical staff within HIB have direct access to the PAS dataset through a secure log on using Business Objects.</p> <p>HIB do not have direct access to other listed administrative or management sources for statistical purposes. HSC Trusts currently provide statistical information from these sources in the form of aggregate returns. However, we are currently in the process of establishing direct access to all other sources.</p> <p><u>Community Information Branch (CIB)</u></p> <p>SOSCARE: CIB do not have direct access to administrative or management sources for statistical purposes. HSC Trusts currently provide statistical information to CIB via pre-defined EXCEL templates.</p> <p>However, we are currently investigating the possibility of downloading directly children’s social care information from SOSCARE.</p> <p><u>Project Support Analysis Branch (PSAB)</u></p> <p>Statistical staff within PSAB have a secure log on to the PCAS application to view results using a standard web browser.</p> <p>Statistical staff within PSAB have direct access to the HRMS dataset through a secure log on using Business Objects.</p>
---	--

	<p><u>Public Health Information and Research Branch (PHIRB)</u></p> <p>Specified statistical staff within PHIRB have access to the web-based system via a username and password. A download of data can be run off as and when required.</p>
<p>Arrangements for auditing the quality of the original source data</p>	<p>Formal auditing of the system is the responsibility of HSC Board.</p> <p>HSC Trust staff will conduct audit trails and are instructed to validate all statistical information before sign-off and submission to the DHSSPS.</p> <p><u>Hospital Information Branch (HIB)</u></p> <p>When data is downloaded, the following processes are undertaken: checking tolerance levels, checking internal consistency & reliability of the data, analysis of trends, consulting with policy colleagues, and liaising with Information Managers who have responsibility for the data to inquire into the accuracy of individual records.</p> <p><u>Community Information Branch (CIB)</u></p> <p>CIB make use of numerous administrative systems within HSC Trusts. In advance of obtaining data from these systems, CIB assess the relevance of the administrative systems used to produce National/ Official Statistics using the following criteria:</p> <p><u>Relevance of HSC Trust data and internal processes</u></p> <p>(i) Much of the information HSC Trust staff record on their administrative systems is required for Trust management information. The same information is used by DHSSPS officials and for CIB publications and so the recording of this information fulfils two requirements.</p> <p>(ii) Some HSC Trust information is collected specifically for CIB.</p> <p>(iii) CIB provide guidelines and definitions for HSC trust staff which are updated to reflect changes in policy. This ensures consistent recording, coverage and timeframes of data.</p> <p>(iv) CIB also have regular meeting with data providers to discuss guidelines, data validations etc.</p>

Accuracy

(i) CIB provide HSC Trust staff with guidelines, definitions and operating manuals on the completion of information returns. This ensures consistent recording, coverage and timeframes of data. When policies/ targets are changed, updated guidelines and definitions are provided to ensure the relevant data are used for monitoring and evaluation.

(ii) CIB ensure that the following processes are undertaken during the validation process; checking tolerance levels, checking internal consistency & reliability of the data, analysis of trends and comparisons with previous data.

(iii) Where possible, data are verified against external sources to ensure the reliability of the information received. CIB involve appropriate policy colleagues during the quality assurance stage who can advise on why there have been changes in data (new policies, legislation etc.)

(iv) From 2010/11 onwards, where appropriate, CIB will provide HSC Trust staff with validations they can perform before submitting the data.

Individual level surveys completed on-line contain in-built validations which alert users to any errors at the point of data entry.

(v) CIB liaise frequently with HSC Trust staff during the validation process. Where there are variations in the data between the current and previous years, or between HSC Trusts, CIB discuss this with the information providers and ask for an explanation where variations appear significant. In some instances, CIB ask Trust staff to re-check their data and verify in writing that it is accurate and up to date.

(vi) CIB liaise with HSC Trust staff via the SOS CARE user's group, SOS CARE priorities group and Community Liaison Group meetings. Membership of these groups enable CIB to ensure Trust staff understand what information they are being asked for and act as a forum to discuss any difficulties and best practice.

Timeliness

CIB issue a 'Returns Timetable' annually after discussion and agreement with HSC Trust staff. Where returns are delayed, this is normally due to a lack of resources in Trusts or due to validation

exercises being carried out within the Trusts.

Accessibility

Currently CIB do not have access to HSC Trust administrative systems. The long term plan is that CIB will receive downloads from SOS CARE which will remove the necessity for HSC Trusts to provide returns, for the most part, to the Branch. In the meantime, HSC Trust staff provide CIB with all data requested if available.

Comparability

The majority of data held by the five HSC Trusts are comparable. All data provided by HSC Trust staff for CIB publications are comparable. CIB provide HSC Trust staff with guidelines, definitions and operating manuals on the completion of information returns. This ensures consistent recording, coverage and timeframes of data between HSC Trust areas and with previous year's figures.

Coherence

(i) HSC Trust information systems are mainly supported by BSO. BSO ensure systems used have the capability of recording information required by the DHSSPS and the HSC Board and, where possible, provides Trusts with reporting tools which create the required reports.

(ii) CIB provide guidelines and definitions for HSC Trust staff. This ensures consistent recording, coverage and timeframes of data. When policies/ targets are changed, updated guidelines and definitions are provided and amendments are made to systems by BSO (where necessary) to ensure the relevant data are provided for policy development, monitoring and evaluation.

(iii) HSC Trust staff provide CIB with aggregate and individual level data. These data are consistent as pre-defined templates, relevant guidance and definitions are used and CIB provide a list of validations to be carried out.

Project Support Analysis Branch (PSAB)

The prevalence figures are calculated in PSAB and uploaded to PCAS. Once published on the PCAS web viewer, statistical staff in PSAB

	<p>quality assure and consult with MSDi (the company who developed PCAS). Quality assurance of achievement and exception data is a matter between each practice and the Health and Social Care Board (HSCB). However, when the data is ready for download; before publication production general quality assurance, consistency, trends and reliability are checked and consultation with HSCB colleagues takes place to highlight anomalies.</p> <p>A quarterly extract of HRMS is checked against previous extracts for disproportionate increases/decreases. Any queries are sent to HSC organisations as maintainers of the system. Formal auditing of the system is the responsibility of HSC/Directorate of Information Systems (DIS).</p> <p><u>Public Health Information and Research Branch (PHIRB)</u></p> <p>When data is downloaded, the following processes are undertaken (at least annually): checking that values fall within acceptable ranges, checking internal consistency & reliability of the data, analysis of trends, consulting with policy colleagues, and liaising with administrative staff who have responsibility for the data to inquire into the accuracy of individual records.</p>
<p>Procedures for handling changes, and possible discontinuities, in the underlying source data</p>	<p><u>Hospital Information Branch (HIB)</u></p> <p>Statistical staff sit on the relevant Steering/User Groups responsible for developing various systems. We are therefore well informed of developments in relation to those systems. We can also input to discussion on variables used in the system and their effect on statistical outputs.</p> <p><u>Community Information Branch (CIB)</u></p> <p>CIB are members of the SOS CARE User’s group which meets regularly to review and discuss changes to the system. This includes discussion on variables used in the system and the effect on statistical outputs.</p> <p>CIB are also members of the SOS CARE priorities Project Board which includes representatives from the HSCB, HSC Trusts, BSO and DHSSPS.</p>

	<p>This group is currently reviewing the SOS CARE system to ensure a more strategic approach is taken to gather both the information requirements over the coming year and potential information requirements for the future.</p> <p><u>Project Support Analysis Branch (PSAB)</u></p> <p>Statistical staff sit on the PCAS Steering Group responsible for developing the system. We are therefore well informed of developments in relation to the system. We have been directly involved in changes to the system such as automation of the prevalence calculation within PCAS and can instigate changes where the need arises.</p> <p>Statistical staff sit on Regional HRMS group and are fully informed of changes to the actual IT system. They can also input to discussion on variables used in the system and their effect on statistical outputs.</p> <p><u>Public Health Information and Research Branch (PHIRB)</u></p> <p>Statistical staff within Public Health Information & Research Branch have responsibility for overseeing changes in the recording of data and amendments to the computer system.</p>
<p>Procedures for ensuring the security of the statistical processes which use administrative or management sources</p>	<p><u>Hospital Information Branch (HIB)</u></p> <p>Statistical staff have secure access to PAS via Business Objects. Extracts of data are taken from the system and are stored on a secure DHSSPS network drive, with access to folders given only to a limited number of individuals within the branch. While no individual names and addresses are extracted from the system, DOB and postcode are included. Encryption software is available to transmit individual level data across the HSC email network if necessary.</p> <p>All aggregate returns used by HIB collect aggregate information, and do not include personal information.</p> <p><u>Community Information Branch (CIB)</u></p> <p>All pre-defined EXCEL templates used by CIB collect aggregate information, and do not include</p>

personal information.

The online survey returns application used by CIB to collect information on looked after children (OC1, OC2, OC3, & AD1) is at an individual level but does not include any information which may disclose the identity of the individual.

This application is hosted on a secure server within the DHSSPS. Access to the application requires a USERNAME and PASSWORD.

Project Support Analysis Branch (PSAB)

Data are transmitted from GP practices via a secure encrypted link and no data leaves the HSC network. Data consists of aggregated counts at practice level. The data is held on a secure server and statistical staff within IAD access the data on a web server using a secure log in.

Statistical staff have secure access to the Business Objects version of HRMS. The new system, to be introduced in early 2010, will be web-based and require a double log on and PIN entry. Quarterly extracts of data are taken from the system and are stored on a secure DHSSPS network drive, with access to folders given only to a limited number of individuals within the branch. Encryption software is available to transmit individual level data across the HSC email network if necessary.

Public Health Information and Research Branch (PHIRB)

The web-based system and thus any downloaded data do not contain names or DOBs of individuals. The home postcode of the individual is input to the system to establish ward and district council but it (i.e. the postcode) is not retained on the system.