Background Quality Report

Health Survey Northern Ireland

Dimension	Assessment by the author
Introduction	***Context for the quality report.***
	Quality is recognised as one of the three pillars under the Code of Practice for Statistics highlighting the fundamental importance of ensuring that statistics fit their intended uses, are based on appropriate data and methods, and are not materially misleading. It states the need for suitable data sources, sound methods and assured quality. The full text of the Code is available at: Code of Practice for Statistics Publications from the Health Survey Northern Ireland (HSNI) contain key quality information in respect of the specific content of the statistical output. This information is provided in the definitions, notes to tables and metadata.
Relevance	***The degree to which the statistical product meets user needs in both coverage and content.***
	The Health Survey Northern Ireland commenced in April 2010 and runs on an annual basis. Each year interviewers will make contact with approximately 6,000 households with an aim of achieving around 4,000 completed interviews with adults aged 16 and over. The survey has been designed primarily to meet the policy needs of the Department of Health (DoH) and provide an opportunity to address a wide range of health and social care issues. It is the single source of a range of population based health and social care data and it is currently used to inform a wide range of Departmental strategies and indicators (including draft Programme for Government and Commissioning Plan Direction). Outside the DoH, key users include the Public Health Agency, Health and Social Care (HSC) trusts, other government departments and Arm's Length Bodies, local government, and the voluntary sector. Additionally, the statistics are of interest to the local media, academics and the general public.
Accuracy and Reliability	***The proximity between an estimate and the unknown true value.***
	The DoH commission the Northern Ireland Statistics and Research Agency Central Survey Unit (NISRA, CSU) to undertake the sampling and fieldwork for the survey. CSU is the leading survey

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	organisation in Northern Ireland and undertakes a range of government surveys. The sample for the survey consisted of a systematic random sample of addresses from the Northern Ireland Statistics and Research Agency (NISRA) Address Register (NAR). The NAR is developed within NISRA and is primarily based on the Land & Property Services (LPS) POINTER database. Each address within the NAR is given an address score ranging from 0 to 10 by NISRA which is based on information gleaned from other address based datasets and/or administrative sources. A score of 10 indicates the highest likelihood of the property being an occupiable domestic address. At each household, everyone aged 16 or over is invited to participate in the interview. Measurements of height and weight were sought from individuals aged 2 and over in participating households. *Questionnaire development* Questionnaire development begins in the DoH with identification of key modules to be included. DoH statisticians work with CSU to draw up the questionnaire, where possible using questions/instruments that have been tested and allow comparisons across countries. *Representativeness of the achieved sample* The characteristics of the achieved sample are compared with the most recent mid-year population estimates for Northern Ireland. Previous health survey results have been weighted by sex and age-group in order to better reflect the composition of the Northern Ireland population. In 2018/19, as part of an ongoing methodological review, a revised weighting methodology has been adopted. For comparison purposes, the trend tables accompanying the report have been updated to reflect the revised methodology. *Sampling error* As the results are based on data collected from a sample of the population, they are subject to sampling error. Differences reported in publications are those that are statistically significant at the 95% confidence level. Trend tables are presented with confidence intervals alongside the results. *Validated dataset* After the fieldwork period has ended, CSU undertake a range of validation checks before producing a final validated dataset that is supplied to DoH.

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	Additional validation Trend analysis is performed to check results are broadly consistent with previous years. Findings from new modules are compared with results from similar surveys or administrative systems if appropriate.
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 annual health survey first results report and trend tables are published within a year of fieldwork closing, most typically within 7/8 months. The date is pre-announced on the DoH Information Analysis Directorate statistical release calendar: Information Analysis Directorate statistical releases calendar. In the majority of cases, the target publication date is met. In the event of a change to a pre-announced date, the publication calendar is amended as soon as possible.
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 DoH website is the primary vehicle for release of the annual health survey publication. A combination of commentary, charts and infographics are included in the annual report with downloadable Excel tables also available. A technical report accompanies the publication and appropriate definitions and footnotes are included with the tables on the health survey page on the Department of Health website. Health Survey Northern Ireland Once published, a web link to the annual publication is circulated to relevant colleagues across the HSC and to those named on our circulation lists. Additional ad-hoc analysis is provided as appropriate on request. An anonymised copy of the health survey dataset is deposited in the UK data archive, two years after the first results are published.

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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.***
	The health survey is the single source of a range of population based health and social care data in Northern Ireland, e.g. smoking, drinking and BMI rates. It is sometimes used to compliment administrative sources however it would not be utilised to capture the same information collected elsewhere. *Trend analysis* Key modules are repeated at regular intervals to allow trend analysis and where possible questions are retained in the same format to allow direct comparisons over time. Where questions/variables are changed and a time series is interrupted, this will be specified in the footnotes. *Comparability* The health survey follows the Office for National Statistics (ONS) guidance on harmonised standards for social surveys and where possible will include questions that have been agreed as standard in the other UK countries, e.g. physical activity. Additionally, recognised scales/instruments are utilised to allow comparisons to be made more readily, e.g. GHQ12 and WEMWBS. Whilst steps are taken to encourage standardisation and commonality in approach across surveys, the different survey source (including sampling methodology, weighting, etc.) render the findings broadly rather than fully comparable.
Trade-offs between Output Quality Components	***Trade-offs are the extent to which different aspects of quality are balanced against each other.***
	The health survey is conflicted with regard to demand for space on the questionnaire and the resultant burden that is placed on respondents. This is further discussed within the 'Performance, Cost and Respondent Burden' section.
Assessment of User Needs and Perceptions	***The processes for finding out about users and uses, and their views on the statistical products.***

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	Data from the health survey helps to meet the information needs of a wide range of internal and external users (as detailed in the 'Relevance' section). DoH user needs are established on an annual basis during the questionnaire development phase. This encompasses a series of meetings allowing policy colleagues to feedback their respective requirements, both in terms of questionnaire content and output. Awareness of users of our data is furthered from ad hoc requests for information/data that are subsequently published on our website and from the receipt of invitations to relevant meetings and conferences.
Performance, Cost and Respondent Burden	***The effectiveness, efficiency and economy of the statistical output.***
	The health survey is funded by the DoH and in the first instance fulfils the department's data requirements with respect to Programme for Government, Commissioning Plan Direction and other key strategies and indicators. Steps are taken to maximise the usefulness of the data whilst mindful of the burden on respondents. *Survey Control* The DoH participates in the NISRA Survey Control process whereby all surveys are assessed in terms of the burden they place on respondents, with respect to the time taken to complete the survey. Additionally, any new survey that is proposed is considered within the context of the health survey and other existing surveys, in attempt to reduce duplication and increase the re-use of existing data sources.
Confidentiality, Transparency and Security	***The procedures and policy used to ensure sound confidentiality, security and transparent practices.***
	NISRA Central Survey Unit

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	The information collected and held by CSU is strictly confidential and they will not release any information that would identify you or anyone in your household. *DoH* Data held by the DoH is stored on a network that is only accessible to relevant named staff. All statistics produced are aggregated to a non-disclosive level to ensure that individuals cannot be identified. The DoH Statistical Charter contains a 'Statement on Confidentiality and Security': Department of Health statistics charter Further detail on the type of personal information processed in the health survey and the reason behind this is detailed in the health survey privacy notice: Privacy notice for Health Survey Northern Ireland.