



# Background Quality Report: “Audiology completed waits” Assessment by the author

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Date: August 2021

## Summary:

The following Background Quality Report sets out the ways in which these Official Statistics releases produced by Community Information Branch comply with the pillars and principles contained in the [Code of Practice for Statistics](#). The Pillars are [Trustworthiness](#), [Quality](#) and [Value](#), and the meaning behind each pillar and their underlying statements are included.

## Abbreviations:

CIB – Community Information Branch

DoH – Department of Health

PEP – Patient Education Programme

HSC – Health and Social Care

IAD – Information Analysis Directorate

## Trustworthiness

*“Trustworthiness is a product of the people, systems and processes within organisations that enable and support the production of statistics and data.*

*Trustworthiness comes from the organisation that produces statistics and data being well led, well managed and open, and the people who work there being impartial and skilled in what they do.”*

### T1: Honesty and integrity

*“People in organisations that release statistics should be truthful, impartial and independent, and meet consistent standards of behaviour that reflect the wider public good.”*

Statisticians in Community Information Branch (CIB) produce, manage and disseminate statistics for the maximum benefit, in an impartial manner that is free of political or personal interests and they adhere to the values expressed in the code of practice that, additionally, align to those of the wider NISRA community.

### T2: Independent decision making and leadership

*“Organisations should assign a Chief Statistician/Head of Profession for Statistics who upholds and advocates the standards of the Code, strives to improve statistics and data for the public good, and challenges their inappropriate use.”*

Community Information Branch sits within the Information Analysis Directorate (IAD), headed up by the Head of Profession for Statistics within Department of Health (DoH) NI. The Head of Profession is ultimately responsible for the statistics produced by the department and that it complies with the standards of the Code.

### T3: Orderly release

*“Organisations should commit to releasing their statistics in an open and transparent manner that promotes public confidence.”*

“Audiology completed waits” is published at the end of the financial year, which references the previous 12 months.

There is no pre-release access for this publication. The publication is released at 10am on the day of publication.

### T4: Transparent processes and management

*“Organisations should have effective business processes and appropriate resources to support their statistical functions and be open about their plans, priorities and progress.”*

The Audiology Waits return gathers information for a financial year. Health and Social Care Trusts (HSCT) update this return each month. The final month’s return of the financial year will contain all 12 months of data.

Individual returns are collected onto a master Excel file and then validated by a member of staff at the Community Information Branch. Any discrepancies with the Audiology Waits returns should be queried with the Trusts.

“Patient education / self-management programmes for people with long term conditions” is published within a year of the reference period.

#### T5: Professional capability

*“People producing statistics should be appropriately skilled, trained and supported in their roles and professional development.”*

All CIB staff go through a lengthy induction programme to ensure they are skilled and gain the appropriate knowledge of their role. NISRA corporate functions provide additional oversight, ensuring staff are fully trained on the relevant procedures, legislation and regulations as well as best practice methods.

#### T6: Data governance

*“Organisations should look after people’s information securely and manage data in ways that are consistent with relevant legislation and serve the public good.”*

All of the information presented in “Audiology completed waits” derives from the monthly Audiology return, provided by each of the five HSC Trusts, to Community Information Branch in the Department of Health.

The Audiology return used by CIB is a pre-defined template which collects aggregate programme information and therefore does not include personal information. Data is submitted via the CIB inbox. CIB maintain and manage the inbox, providing technical support and online help.

Statisticians in CIB save returns to a secure locked drive. Following this, it is held on a network that is only accessible to the statisticians who need access.

CIB’s “Statistical Policy on Confidentiality” can be found in the Statistics Charter at: <https://www.health-ni.gov.uk/publications/doh-statistics-charter>

Any hard copies containing small cell sizes are locked away and shredded as soon as possible.

## Quality

*“Quality means that statistics fit their intended uses, are based on appropriate data and methods, and are not materially misleading.*

*Quality requires skilled professional judgement about collecting, preparing, analysing and publishing statistics and data in ways that meet the needs of people who want to use the statistics.”*

### Q1: Suitable data sources

*“Statistics should be based on the most appropriate data to meet intended uses. The impact of any data limitations for use should be assessed, minimised and explained.”*

All of the information presented in “Audiology completed waits” derives from the monthly Audiology returns, provided by each of the five HSC Trusts, to CIB in the DoH.

The Audiology returns collect information for completed waits and breached waits.

HSC Trusts are allowed several weeks to complete and update the Audiology return. HSC Trusts are then required to submit the Audiology return to the CIB inbox. Each HSC Trust has a nominated individual who submits the returns and acts as a point of contact for the queries.

### Q2: Sound methods

*“Producers of statistics and data should use the best available methods and recognised standards, and be open about their decisions.”*

### Q3: Assured quality

*“Producers of statistics and data should explain clearly how they assure themselves that statistics and data are accurate, reliable, coherent and timely.”*

The Audiology return used in the production of this publication is a census of Audiology users.

As a census rather than a survey, no estimates are produced, and issues of sampling error and confidence intervals are not relevant.

HSC Trusts are allowed several weeks to complete and update the Audiology return.

Individual returns are compiled into a master Excel dataset on which validation checks are carried out and any data queries can be raised with the relevant nominated individuals.

Pending automatic validation functions in Excel, spot checks are undertaken by statisticians in the DoH.

Previous Audiology data is revised if necessary and appropriate. All revisions are conducted in line with DoH's Statistics Charter which can be found at:

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

## Value

*“Value means that the statistics and data are useful, easy to access, remain relevant, and support understanding of important issues.*

*Value includes improving existing statistics and creating new ones through discussion and collaboration with stakeholders, and being responsible and efficient in the collection, sharing and use of statistical information.”*

### V1: Relevance to users

*“Users of statistics and data should be at the centre of statistical production; their needs should be understood, their views sought and acted on, and their use of statistics supported.”*

CIB ensures that “Audiology completed waits” remains relevant to users in a number of ways; feedback is 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 user communities are continuously monitored, and if appropriate and practical, acted upon.

Information from “Audiology completed waits” is used by a variety of users for a range of purposes. The Northern Ireland Assembly devolved administration and the DoH (statutory users) use the information to support the formulation and monitoring of related policy, to develop and monitor related Programme for Government, Public Service Agreements and Priority for Action Targets, and to inform the HSC Commissioning Plan Direction. It is used by the HSC Board, Integrate Care Partnerships, and Public Health Agency for strategic organisational planning and for benchmarking performance and characteristics with and between HSC Trusts in Northern Ireland.

Private companies may use it to monitor and target domiciliary care services, academics for research, and other government Departments and Agencies to inform cross-cutting policy and strategy development. Local patient education and voluntary health groups may use the information to inform and develop preventative or intervention programmes.

### V2: Accessibility

*“Statistics and data should be equally available to all, not given to some people before others. They should be published at a sufficient level of detail and remain publicly available.”*

The publication contains contact details for further information. Additional ad-hoc analysis, where appropriate, may be provided on request.

The publications are published in accordance to best practice for Accessibility.

### V3: Clarity and insight

*“Statistics and data should be presented clearly, explained meaningfully and provide authoritative insights that serve the public good.”*

If requested, CIB provide hard copies or other suitable media.

The publication is also accessible through the UK National Statistics Publication Hub at: <https://www.statistics.gov.uk/hub/index.html>

There is currently no other official source of Audiology statistics in Northern Ireland. Where appropriate, CIB compare their data to external sources to ensure HSC Trusts and voluntary organisations are providing reliable and robust data.

All data submitted by the five HSC Trusts and voluntary organisations for this publications are comparable. Comparisons can be made over time and publications are available from 2014 onwards.

### V4: Innovation and improvement

*“Statistics producers should be creative and motivated to improve statistics and data, recognising the potential to harness technological advances for the development of all parts of the production and dissemination process.”*

The DSF returns that these publications are based on, have historically been manual returns. The project “Children’s Return Project” was established in 2019 to assess the possibility of enhancing the HSC Trust administrative systems to enable more returns to be captured electronically without the need for manual counts or manipulations. Findings from this work will be implemented with the rollout of Encompass as new overarching HSC Trust administrative system for Northern Ireland.

### V5: Efficiency and proportionality

*“Statistics and data should be published in forms that enable their reuse. Producers should use existing data wherever possible and only ask for more where justified.”*

Currently CIB do not have access to HSC Trust information systems therefore Information Officers working in HSC Trusts must provide CIB with the data requested. All of the information is submitted electronically.

The returns are also used for internal management information and regional commissioning monitoring, and would be produced whether requested by CIB or not.