STATEMENT OF ADMINISTRATIVE SOURCES

Updated August 2026

The following Tables describe the administrative/management sources which the Department of Health (DoH) 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
encompass		DoH	Administration of patients in the Health and Social Care system	Northern Ireland	▪ Northern Ireland Waiting Time Statistics: Outpatient Waiting Times ▪ Northern Ireland Waiting Time Statistics: Diagnostic Waiting Times ▪ Northern Ireland Waiting Time Statistics: Inpatient Waiting Times ▪ Hospital Episode Based Statistics ▪ Hospital Statistics: Inpatient and Day Case Activity ▪ Hospital Statistics: Outpatient Activity ▪ Mental Health & Learning Disability Inpatients

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
					▪ Northern Ireland Emergency Care Waiting Time Statistics ▪ Hospital Statistics: Emergency Care ▪ Child and Adolescent Mental Health Service (CAMHS) waiting time statistics for Northern Ireland ▪ Adult Community Statistics ▪ Domiciliary Care Services provided to clients during a survey week
Patient Administrative System (PAS) *System phased out and replaced with encompass during 2023-2025*			Administration of patients in the Health and Social Care system	Northern Ireland	▪ Northern Ireland Waiting Time Statistics for Outpatient, Diagnostic, Inpatient Waiting Times ▪ Hospital Episode Based Statistics ▪ Hospital Statistics; Inpatient and ▪ Day Case and Outpatient Activity ▪ Mental Health & ▪ Learning Disability Inpatients ▪ Northern Ireland Termination of Pregnancy Statistics
Northern Ireland Regional Accident and Emergency System (NIRAES) *System phased out and replaced with encompass during 2023-2025*			Administration of patients attending accident and emergency units	Northern Ireland (partial – used by some A&E units)	▪ Northern Ireland Emergency Care ▪ Waiting Time Statistics ▪ Hospital Statistics: Emergency Care ▪
Symphony *System phased out and replaced with*			Administration of patients attending accident and emergency units	Northern Ireland (partial – used by some A&E units)	▪ Northern Ireland Emergency Care ▪ Waiting Time Statistics ▪ Hospital Statistics: Emergency Care

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encompass during 2023-2025					
Cancer Patient Pathway System (CaPPS) *System phased out and replaced with encompass during 2023-2025*			Administration of patients treated for cancer in the Health and Social Care system	Northern Ireland	▪ Northern Ireland Cancer Waiting Times
Abortion Notifications		DoH's Chief Medical Officer (CMO)	Notification forms submitted to the CMO following each abortion procedure as required under regulation 10 of the Abortion (Northern Ireland) (No. 2) Regulations 2020.	Northern Ireland	▪ Northern Ireland Abortion Statistics
DATIX			Administration of complaints, clinical / social care negligence cases.	Northern Ireland (Regionally Used)	▪ Complaints Received by HSC Trusts ▪ Clinical / Social Care Negligence Cases in Northern Ireland
SOSCARE			Management of information relating to: children's social care, care management, referrals, day care,	HSC Trust	▪ Children Order Statistical Tables for Northern Ireland

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
			residential accommodation and home help for older people, and those with a physical or learning disability.		▪ 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)
GPIP-QOF General Practice Intelligence Platform-QOF			Initially the system supported the Quality & Outcomes Framework (QOF) payment process of the GMS Contract. QOF has now ceased but the system continues to be used to collect data on disease prevalence. The system ensures consistency in calculation of disease prevalence across general practices.	Northern Ireland – covering each General Practice	▪ Raw Disease Prevalence for Northern Ireland ▪
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 Health and Social Care Inequalities Monitoring System
Northern Ireland Cancer Registry		Department of Health & Social Services, Northern Ireland and Queen's University of Belfast	The purpose of the Northern Ireland Cancer Registry (NICR) is to provide accurate, timely information on cancers occurring in the population of Northern	Northern Ireland	▪ Northern Ireland Health and Social Care Inequalities Monitoring System ▪ ▪ Northern Ireland Multiple Deprivation ▪ Measure

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			Ireland for research, planning and education so the burden of disease may be reduced.		
Human Resource, Payroll, Travel & Subsistence (HRPTS) system.		All HSC organisations, technical support from Business Services Organisation and the external supplier.	The system used by Health & Social Care organisations to record personnel details of employees.	Northern Ireland Health & Social Care (HSC) organisations	▪ HSC Workforce Census ▪ HSC Quarterly Workforce Statistics
Smoking cessation services			Monitoring of the uptake and quit rates of those using smoking cessation services	NI	▪ Statistics on smoking cessation services in NI
NIAS		Northern Ireland Ambulance Service NIAS	Ambulance activity and response time information	Northern Ireland	▪ Hospital Statistics: Emergency Care
CHRIS		Legacy HSS Board (Used by SHSCT)	Information on Looked After Children	HSC Trust	▪ 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)
Diabetes Management system		Diamond	Diabetic professionals	HSC Trust	▪ records referral and contact information for diabetic nurses and other professionals

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

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

Governance arrangements	Description
Arrangements for providing statistical staff (whether inside or outside the organisation) with access to administrative or management sources for statistical purposes	**Hospital Activity Information Branch (HAIB)** Statistical staff within HAIB have direct access to encompass through a secure log on. HAIB 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. **Hospital Waits Information Branch (HWIB)** Statistical staff within HWIB have direct access to encompass through a secure log on. HWIB 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. **Community Information Branch (CIB)** Statistical staff within CIB have direct access to encompass through a secure log on. HSC Trusts currently provide statistical information from these sources in the form of aggregate returns. 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. However, we are currently investigating the possibility of downloading warehoused children's social care information from community data warehouse. **Project Support Analysis Branch (PSAB)** Statistical staff within PSAB have a secure log on to the GPIP-QOF application to view reports using a standard web browser. Statistical staff within PSAB have direct access to reporting datasets from HRPTS via secure log on using SAPGUI software and the HRPTS web portal.

	<u>Public Health Information and Research Branch (PHIRB)</u> 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.
Arrangements for auditing the quality of the original source data	**<u>Hospital Waits Information Branch (HWIB)</u> & <u>Hospital Activity Information Branch (HAIB)</u>** HSC Trust staff will validate all statistical information before signoff and submission to the DoH. When data is downloaded, the following processes are undertaken: checking tolerance levels, checking internal consistency and reliability of the data, analysis of trends, consulting with policy colleagues, and liaising with HSC Trust Information Managers who have responsibility for the data to inquire into the accuracy of individual records.

	Community Information Branch (CIB) CIB make use of data sourced from 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: Relevance of HSC Trust data and internal processes (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 DoH officials and for CIB publications and so the recording of this information fulfils two requirements. (ii) Some HSC Trust information is collected specifically for CIB. (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. (iv) CIB also have regular meeting with data providers to discuss guidelines, data validations etc. 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 SOSCARE user's group, SOSCARE priorities group and Community Information 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 goal is that CIB will receive data from suitably warehoused community information 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 will 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 DoH 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)** PSAB download the disease registers, calculate prevalence & Adjusted Disease Practice Factors. PSAB carry out general quality assurance; consistency, trends and reliability are checked and consultation with SPPG colleagues takes place to highlight any anomalies. It is the responsibility of SPPG to liaise with individual General Practices to rectify any data issues. Once this process is complete, PSAB liaise with SPPG to ensure upload of these to GPIP-QOF. Once prevalence and ADPFs are published on the GPIP-QOF web viewer, statistical staff in PSAB quality assure the system and sign-off with SPPG. A quarterly extract of HRPTS is checked against previous extracts for disproportionate increases/decreases. Any coding queries can be sent to HSC organisations as maintainers of the system. Formal auditing of the system is the responsibility of HSC organisations/Business Services Organisations, in conjunction with the external supplier.

	Public Health Information and Research Branch (PHIRB) 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.

Procedures for handling changes, and possible discontinuities, in the underlying source data	**Hospital Waits Information Branch (HWIB) & Hospital Activity Information Branch (HAIB)** Statistical staff sit on the relevant Steering/User Groups responsible for developing various systems, and in particular 'encompass'. We are therefore well informed of developments in relation to those systems. Staff also input to discussion on variables used in the system and their effect on statistical outputs. **Community Information Branch (CIB)** Statistical staff sit on the relevant Steering/User Groups responsible for developing 'encompass' reports. We are therefore well informed of developments in relation to those reports/dashboards. Staff also input to discussion on variables used in the system and their effect on statistical outputs. CIB are members of the SOSCARE 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. CIB are also members of the SOSCARE priorities Project Board which includes representatives from the HSCB, HSC Trusts, BSO and DoH. This group is currently reviewing the SOSCARE 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. **Project Support Analysis Branch (PSAB)** Statistical staff sit on the GPIP-QOF Operational Group responsible for developing and maintaining 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 and can instigate changes where the need arises. Statistical staff sit on a Regional HRPTS group and are on the distribution list for Change Requests to the system. They can also input to discussion on variables used in the system and their effect on statistical outputs. **Public Health Information and Research Branch (PHIRB)** Statistical staff within Public Health Information & Research Branch have responsibility for overseeing changes in the recording of data and amendments to the computer system.

Procedures for ensuring the security of the statistical processes which use administrative or management sources	**Hospital Waits Information Branch (HWIB) & Hospital Activity Information Branch (HAIB)** Statistical staff have secure access to 'encompass'. Extracts of data are taken from the system and are stored on a secure DoH 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. All aggregate returns collect aggregate information, and do not include personal information. **Community Information Branch (CIB)** All pre-defined EXCEL templates used by CIB collect aggregate information, and do not include 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 DoH. Access to the application requires a USERNAME and PASSWORD. **Project Support Analysis Branch (PSAB)** Data are transmitted from General 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 reporting datasets from HRPTS. Quarterly extracts of data are taken from the system and are stored on a secure DoH network drive, with access to folders given only to a limited number of individuals within the branch. **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.