Information Quality Improvement (IQI) Working Group Minutes

Date: 26 February 2019 **Time: 13:00–16:00**

Venue: NWIS Cardiff Board Room, 1st floor, Ty Glan Yr Afon, 21 Cowbridge Road East, Cardiff. CF11 9AD.

Helen Thomas (HT) Chair	NWIS
Gareth Griffiths (GG)	NWIS
Daniel Hughes (DH)	NWIS
Sian Davies (SD)	NWIS
Sarah Taylor (ST)	NWIS
Dilwyn Bull (DB)	Aneurin Bevan
Liam Allsup (LA)	WAST
Adam Watkins (AW)	Public Health Wales
Trevor Davies (TD)	Powys Teaching HB
Michelle Williams (MW)	Powys Teaching HB
Graham Crooks (GC)	Cwm Taf
Emma Powell (EM)	Velindre
Bethan Davies (BD)	Velindre
James Walford (JW)	ABMU
Cath Jones (CJ)	Hywel Dda

Apologies

Dawn Allen (WCISU)
Deb Usher (ABMU)
John Morris (Welsh Government)
Richard Westwood (BCU)
Sian Richards (ABMU)

1. Welcomes and introductions

The chair welcomed the group to the meeting and the attendees introduced themselves.

2. Minutes agreed

Amendments were made to the attendance log and apologies of the previous meeting. The remaining minutes were agreed.

3. Actions log

097 - SD to contact C&V, BCU & Aneurin Bevan to query current reporting position and plans to move to SQL to SQL processing for submission of Maternity Indicators data.
It was recommended that the implementation of data quality checks should be explored for those health boards able to deliver the SQL-to-SQL process. A communication should be circulated to those not able to deliver this functionality on behalf of IQI. It was suggested a list of the Maternity checks to be shared with the group.

098 - SD to investigate issue preventing BCU from submitting Initial Assessment records in the Maternity indicators data set
HT requested that an updated position is provided at the next meeting.

100 - DH to request GJ provides NWIS data processing and validation proposal for the group
Action to reworded as requires collaborative work from quality and acquisition, Requested documentation to be shared at the next meeting.

108 - RC to produce a reporting timetable for annual data quality reports, then include as part of WHC, signed off by Chris Newbrook
It was recommended that this should be communicated to NIMB.

ALL Hb's to share reports/incorporate into annual reports

All remaining open actions were either closed or identified as part of items on the agenda.

4. Welsh Ambulance Trust (WAST) data

4.1. Formalising of WAST data

GG advised there's no documentation to share and updated the group following meeting with WAST team to create a regular data flow for the dataset. This is currently been done on an ad hoc basis so it needs to be formalised going forward. GG explained they have been working to define data items and content, they are hoping it will be done for April. HT suggested to get Darren Lloyd's team involved and raised the point if we need to advise on specific wording to get Information Governance and Standards confirmed. LA confirmed they are aiming have something for WISB by April to get the dataset that Gareth John wants. HT requested that the WAST dataset work is shared in future IQI meeting to get more feedback on PCR and Conveyance data.

ACTION – GG to share WAST data set work in future IQI, confirm IG arrangements with Darren Lloyd. Confirm with LA onward sharing of information agreements

4.2 Ambulance Incident Number

DH shared a review of Ambulance Incident Number with the group. DH explained that completeness of the field is quite good however, it is low in validity. This could be due to there being no restrictions in the system. It's currently a 9 digit number, however SD

pointed out that we can only VASS check on 8 numbers. The 8 numerical value is made up of 6 numbers followed by 2 zeros. However, we would eventually have to use the two zeros although WAST have assured it will be a long time before the 2 zeros will need to be used. The discussion raised the question of if system changes need to be made. MW raised the point that a decision needs to be made with WPAS CAB, are they going to make changes and move to WED. HT added it's stipulated in national contracts that LHBs have to abide by DSCNs. GG added there will be DSCNs coming out for changes to datasets.

5. Update on projects

5.1. Usability Report

An action from the last IQI meeting was for DH to produce a draft of a possible usability report. This was shared with the group. DH had selected a number of fields from the EDDS dataset as examples. On reflection of the results within the report showing low validity of NHS Number in BCU and C&V, SD added that we have been asking LHBs for answers why as they're long standing issues. The report also highlighted that Ethnic Group has a high volume of bucket codes leading to the group wanting clarity on what we mean by usability because are fields being made unusable to due bucket codes. Referrer Code had high completeness however BCU and Hywel Dda had more issues with validity which are long standing issues. The site with the highest percentage of invalid records was Glan Clwyd who use WPAS.

ACTION – DH to speak to BCU regarding Referrer Code issue

HT added these are sensible first steps to see if a field is usable, what level of detail do we want to see going forward. DB requested that it is patient level so that LHBs can go back and look at the data themselves. HT asked if there were any other areas that we could look at that could determine usability. AW suggested the 5 dimensions of quality could be used to analyse data as being usable. HT requested volunteers to use AW idea of using the 5 dimensions of quality by taking a dataset and analysing to then share out with the group. DH mentioned he had previously spoken to the publishing team regards to possibly creating a dashboard. EP said Velindre are currently looking into the Outpatients dataset so they would be able to do some analysis into the usability of the data. AW added that Public Health Wales have started looking into EDDS so they would also be able to do some analysis. MW added should this work include looking at default codes. Aneurin Bevan have talked about removing default codes in the past. DH advised that Richard Walker from BCU has provided a list of the top default codes. On reflection of the list provided it was apparent LHBs had conflicting opinions so HT suggested that a working group is set up for this work with as much representation as possible. MW raised the point that e-nursing should be included as they are currently training nurses with WPAS as the nurse has to put the admission on the system before using the nursing e-docs. So the work that comes out of the working group should be shared with the nursing project. HT suggested a possible crib sheet is created as guidance and training for nurses.

ACTION – DH to set up working group to discuss use of default codes & usability reporting.

ACTION – BD and AW to carry out analysis on Outpatients and EDDS dataset to look at usability and default codes

It was highlighted by GC that the Data Dictionary is not up to date following on an out of committee conversation with SD as Cwm Taf had been using incorrect values after following the guidance from the Data Dictionary. GG explained that the Data Dictionary is not up to date due to issues with licensing and it has not been updated in nearly 2 years. This made it apparent that a better tool is needed to be able to update the Data Dictionary. GG added that the changes following any new DSCNs has been updated offline but these changes need to be made to the online version. GC commented that they aren't going to sift through DSCNs, they're going to refer to the Data Dictionary. HT concluded that by the next IQI meeting a plan needs to be in place to resolve the issue, if not, this needs to be raised as a massive risk and given a proposed date. There is a danger of things not being changed and the Data Dictionary needs to be used as a point of reference. GC added he needs the Data Dictionary as back up for when he's telling people what they need to use. The current Data Dictionary is useless as we can't be expected to remember all DSCNs, Data Standards have the LHBs full support but a better tool is needed. When regular updates were being made to the Data Dictionary is was only updated every 3 months, meaning it is always 3 months out of date. AW added that if there is room for a better tool could it also be used to document any queries. GG agreed that all information needs to be in one place.

ACTION – GG to come up with a plan to resolve the Data Dictionary issues or raise as a risk and give a proposed date

5.2 Real Time Information

There are 3 elements to the work being done on real time information. The first is the inclusion of time stamps, the second is to include unfinished episodes and the third is to update the value set for Source of Admission and Discharge Destination. GG provided an update to the group. Impact assessments show that LHBs can collect for the time stamps and unfinished episodes however the propose value set for SOA and DD would take longer but it is doable. National Data Warehouse feedback that time stamps and SOA and DD would be easy however, the unfinished episodes would be more difficult as everything is focused on end date. GC asked if there is no end date, what is being proposed? GG explained that 8 blank spaces should be used if there is no end date. EP asked when is this going to go live as Velindre will struggle with time stamps and unfinished episodes due to CANISC and they don't have to resource to do it. HT raised we need to provide support for CANISC. GG added that the system will just assume they're blank if nothing is entered. TD queried if other LHBs were able to submit episode start and end. Other LHBs present in the meeting advised they were able to submit. DB agreed to provide support to TD and will email how Aneurin Bevan currently do it.

ACTION – TD to follow up episode start and end to clarify how to submit with GC & DB

5.3 Scope of National Dataset

GG provided an update on the nurse led activity. He explained some LHBs couldn't provide nurse pins so they've had to add another bucket code as a temporary measure until they can provide them. HT added that Cwm Taf have been vocal regarding these issues. GC

raised the issue that Nurse Endoscopy are admitted day case but they currently can't be recorded as they don't have a code. DB added that Cardiff have also raised this as an issue before. It makes it difficult to drill down activity by teams and individuals. In regards to the therapy activity, GG said they are planning to take this to WISB in April to incorporate into the Outpatients dataset. GC pointed out that similar discussions have been going on in the CMATS group, so does there need to be some collaboration to ensure there aren't different decisions and conversations going on separately. There was a national sub-group originally set up but they only met once. However, the Planned Care group may have superseded this working group. HT asked GG to take any comments forward that come out of the Planned Care projects and look at what England do it terms of face to face, non face to face and virtual. GC added there is also more work being done in the background without consulting patients that's not being recorded. HT asked if we can resurface what came as a requirement from finance (Lisa Powell) and CMATS. GG explained there are two separate sponsors from Welsh Government which is why there are two separate groups meeting. GG asked what does the group want to do in regards to the Nurse Endoscopy query. Does the group want to make changes to the APC dataset too? GC replied that it comes down if we mind having non consultant information under consultant.

ACTION – GG to collate comments coming out of CMATS and Planned Care groups

ACTION – DH draft and distribute IA for nurse led activity in APC

5.4 Core Reference Data

GG explained that a DSCN was published 12 months ago for the WCCIS project but it didn't fully scope out work to apply to standards in existing systems. It's a major project to implement standards in existing systems. The DSCN shared with the group for Core Reference Data Standards is the most up to date but is still a working document. GG added that there needs to be a national group to manage and implement the changes. HT stated an implementation plan is needed so that we don't specify new systems so the changes can be implemented on existing systems. All systems must comply, it's just a question of when. GG said as soon as we can agree then the DSCN can be published and we can go on to implement. They're hoping for 2-3 months to publish the DSCN. We had previously sent out an Impact Assessment but it wasn't successful so they're going to look at holding a workshop to gain feedback to confirm process before finalising the DSCN. GG presented to the group the current baseline of reference data in systems. EMPI links the systems so we can't just make changes to each system. HT agreed we need to get an agreement in place as there is a lot of red on the current baseline which highlights the problem.

5.5 Pathway ID

GG shared a document to show the journey described definitions. The document also shows RTT rules and within England and also identifiers in current data sets. It gives ideas around definitions at the end. GG has taken definitions from England to mould to Wales to define a patient journey that's more broader than RTT. The group discussed where a pathway should start, should it start in primary care, should every attendance at a GP be recorded and how would a system handle that. GG explained it's easier to define for secondary care, therefore secondary care could potentially be a phase 1 and adding primary care later as a phase 2. HT provided an example of single cancer pathway and

suggested it might be worth walking through with application leads on how it would work in practice with a start point. GC added that the starting point should be the start which is with your GP. Pragmatically as we found problems in secondary care then it may be worth ironing these out first. HT concluded that more care is given in primary care so more of an understanding of what care goes on outside of hospitals in GP and community is needed to be able to analyse variations especially for similar conditions to see which had better outcomes. We need to define the standard before steps are added to track a pathway. HT asked GG to compile what he's already collected and draft an IA. The standard needs to describe what we want to do and why. The IA could be looser and asking for more feedback and possibly have a session in a future IQI meeting. MW suggested asking CHS how they've defined their pathway.

ACTION – DH to draft and distribute IA for Pathway ID

5.6 NHS Number

GG provided an update on the work that has been done so far. They've started to engage with primary care in shared services who issue NHS Numbers as well as Northern Ireland. Deb Usher has previously done work with Northern Ireland regarding NHS Number. They've discussed the possibility of ID/Medical cards like they currently have in Northern Ireland and what that could look like for Wales. GG presented a paper which defines current compliance with standards and looking at completeness and validity. Section 3.2 summaries categories if someone doesn't have an NHS Number. The National Back Office assign NHS Numbers to England and Wales. For patients who don't have an NHS Number a temporary number is not a great idea as it's hard to control therefore anyone who doesn't have one should be assigned one wherever they come from. There is also a possibility with the ID/Medical cards that patients could maintain their own demographic information which would automatically issue a new card. HT queried what would happen if a patient is new to the country and need treating but doesn't have an NHS number, how could they get one? GG explained we wouldn't be able to generate one for them and there is a time lag between getting assigned a number and producing the card. HT added that this could be a possible operational use case for a national unique identifier and suggested asking other organisations as Northern Ireland must have overcome this issue. GG suggested the NHS number has to either be issued by Central or have a local number with a prefix which makes it unique. However, NHS number may not be the answer unless we can resolve the gap. GC suggested there are ethical angles of personal identity. HT concluded that we need to link into authentication and present something at National Informatics Council. We also need shared service feedback, could possibly invite them to IQI to engage. We also need to take into consideration ambulance staff who may be searching a patients belongings for an ID/Medical card, we could potentially look into an electronic card available on phones. AW suggested looking into the data to see who doesn't have an NHS number and break it down into groups to see if there are any themes. HT said Deb Usher has already done similar work to this so we could relook at her work and try to drill down further. GG added shared services have previously fed back there could be a cost benefit from having a ID/medical card. GC expanded that there are also benefits as you would be able to see what a patient is allergic to on the spot.

ACTION – GG to re-look into Deb Usher's work on NHS number to drill down

6. Review Submissions

- *Children and Young People Neurodevelopment Assessment – Wait Times*
  The review highlighted that LHBs are working in different ways with some including data in relation to referrals that have been accepted onto the pathway, while others also include data about referrals that have been declined. There was also an issue with BCU Central as they would pause the clock when there is a requirement to obtain additional information. However the rest of BCU do not do this, nor do any of the other LHBs. Welsh Government have said they do not what to make any changes to the standard at this point, they want to try and improve the data they're collecting first before making any changes. Welsh Government plan to publish data after 12 months, however it's recommended that they wait until they've improved the data however this decision lies with Welsh Government. An agreed format for collecting waiting times would help all areas of Mental Health not just Neurodevelopment.

- *Access to Psychological Therapies in Specialist Adult Mental Health Services – Wait Times*
  The review highlighted similar issues to those of the Neurodevelopment review. A Clinical Psychologist had raised an issue with Welsh Government for when a client declines group therapy the clock should not stop.

ACTION – SD to set up workshop to get agreed format for collecting waiting times and link in with Heidi Morris regarding Core Mental Health Dataset development

7. Messages for WCIC

None stated.

8. Any Other Business

None raised.