Edwina Hart AM MBE
Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Our ref: SF/EH/0138/09
EH/ML/005/09

To: Chairs of NHS Trusts & Local Health Boards

Llywodraeth Cynulliad Cymru
Welsh Assembly Government

3 June 2009

Dear Chair

Admitted Patient Care (APC) Data Consistency Standards

This letter formally introduces the Admitted Patient Care (APC) Data Consistency standards for NHS Wales.

APC activity data are submitted monthly to Health Solutions Wales (HSW), which manages the Patient Episode Database for Wales (PEDW), by NHS Trusts and Powys LHB. This data is used to support the planning and management of healthcare services, the evaluation of NHS performance trends and is a valuable source of epidemiological data at both a national and local level.

To further enhance the current data quality checks a set of data consistency standards are to be introduced for APC activity data, effective 1st April 2009. These will check submitted APC activity data to ensure *related* data items for the same patient are consistent with one another.

It is firmly believed that the addition of data consistency standards to those that already exist for data validity will improve the basis on which data quality performance is monitored across NHS Wales.

The full set of APC Data Consistency Standards are outlined in **Appendix A**.

For further detail, readers should refer to the 'Admitted Patient Care Activity – Data Consistency Standards' report, which is available from the CHIP website at http://howis.wales.nhs.uk/pmuw/chip or by contacting the Corporate Health Information Programme on 029 2020 7606.

Actions Required

Each Welsh NHS Trust and Powys LHB is required to:

- Ensure all APC activity data submissions conform to the APC Data Consistency Standards.

- Ensure the standards are achieved or exceeded for each standard outlined in Appendix A, taking appropriate corrective action when performance falls below the agreed criteria.

- Make use of the HSW Validation at Source Service (VASS) and any other local processes to improve the quality of the monthly APC submissions, taking appropriate action where possible to correct incorrect data.

Health Solutions Wales (HSW) is required to:

- Ensure the continued functionality of Validation at Source Service (VASS) to allow NHS Trusts and Powys LHB to identify any data consistency errors in their submitted APC data.

- Produce the Data Consistency Performance Monitoring Report every month from 1st April 2009 onwards, to be made available on the Health of Wales Information Service (HOWIS) intranet.

Monitoring Arrangements

Compliance with these standards will be monitored through a series of online data consistency reports, which will be produced and maintained by Health Solutions Wales and made available on the Health of Wales Information Service (HOWIS) intranet.

A quarterly data quality report will be prepared by CHIP for the Welsh Assembly Government Performance & Delivery Group. Using the information provided compliance issues will be taken up by the Regional Office with their respective local organisations.

Any queries relating to the review and its recommendations should be directed to:

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APPENDIX A – DATA CONSISTENCY STANDARDS FOR ADMITTED PATIENT CARE ACTIVITY DATA

#	Data Consistency Standard	Target (%)
1	Inconsistent Consultant Code / Main Specialty (consultant)	98%
2	Inconsistent Admission Method / Source of Admission	98%
3	Inconsistent Principal Operation Date / Episode Start Date & Episode End Date	98%
4	Inconsistent Primary Diagnosis Code / Admission Date – Birth Date (Age)	95%
5	Inconsistent Referrer Code / Referring Organisation Code	98%
6	Inconsistent Specialty (of Treatment) / Sex	98%
7	Inconsistent Postcode / Local Health Board of Residence	98%
8	Inconsistent Primary Diagnosis Code / Sex	98%
9	Inconsistent Primary Procedure Code / Sex	98%
10	Inconsistent Patient Classification / (Discharge Date – Admission Date [i.e. Length of Stay])	98%
11	Inconsistent Admission Method / Intended Management	98%
12	Inconsistent Legal Status / Specialty (of Treatment)	98%
13	Inconsistent Discharge Method / Specialty (of Treatment)	98%
14	Inconsistent Discharge Method / Discharge Destination	98%
15	Inconsistent Episode End Date / Episode Start Date	98%
16	Inconsistent Episode End Date / Admission Date	98%
17	Inconsistent Episode End Date / Discharge Date	95%
18	Inconsistent Episode End Date / Date of Birth	98%
19	Inconsistent Episode Start Date / Admission Date	98%
20	Inconsistent Episode Start Date / Discharge Date	95%
21	Inconsistent Episode Start Date / Date of Birth	95%
22	Inconsistent Admission Date / Date of Birth	95%
23	Inconsistent Discharge Method / Discharge Date & Date of Birth	95%
24	Inconsistent Last Episode in Spell / Episode End Date & Discharge Date	95%
25	Inconsistent Admission Method / Patient Classification	95%
26	Inconsistent HRG Code / Sex	95%
27	Inconsistent Primary Diagnosis Code / Source of Histological Diagnosis	95%
28	Inconsistent Primary Diagnosis Code / Histological Diagnosis	98%
29	Inconsistent Admission Method / Duration of Elective Wait	98%

A data consistency indicator will check whether *related* data items in submitted APC activity data are consistent with one another. For example, a record that indicates a male patient has given birth should be considered inconsistent and would require investigation.

* The target refers to the percentage of patient records on PEDW that should be correctly populated with consistent values for the associated data items at any point in time. Performance will be monitored on both a financial year-to-date and month-by-month basis.