Information Quality Improvement (IQI) Working Group Minutes

Date: 25 November 2019 **Time: 13:00–16:00**

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

Paul Mason (PM) **Chair**	NWIS
Daniel Hughes (DH)	NWIS
Trevor Davies (TD)	Powys Teaching HB
Michelle Williams (MW)	Powys Teaching HB
Bethan Davies (BD)	Velindre
Dilwyn Bull (DB)	Aneurin Bevan
Nicola Morgan (NM) Via Skype	Aneurin Bevan
Richard Westwood (RW) Via Skype	BCU
Claire Langdridge (CL) Via Skype	Hywel Dda
Cath Jones (CJ) Via Skype	Hywel Dda
James Walford (JW) Via Skype	Delivery Unit
Gareth Griffiths (GG) Via Skype	NWIS

Apologies

Adam Watkins – Improvement Cymru
Deb Usher – Swansea Bay
Emma Powell – Velindre
Graham Crooks – Cwm Taf
John Morris – Welsh Government
Rebecca Cook - NWIS
Ricky Thomas – Cancer Network of Wales

1. **Welcomes and Apologies**
   The chair welcomed the group to the meeting and the attendees introduced themselves.

   As Helen Thomas is currently Interim Director of the NHS Wales Informatics Service Helen will not chair IQI at current. Rebecca Cook will fulfil the role of regular chair moving forward. Rebecca Cook was unable to attend this meeting, Paul Mason therefore chaired this meeting.

2. **Minutes from previous meeting**
   The minutes were reviewed, It was noted that MW gave apologies for the previous meeting and should be added to the list of those who confirmed they would not attend. The consensus was then that they were happy with the remainder of the minutes from the previous meeting.

3. **Actions log**
   Action 133 – it was agreed this action can be removed, Though the NHS number work is ongoing, this action to produce a paper for council is not needed.
   Action 135 – Action is ongoing, some draft visuals for a DQ portal has been produced, time scales for production yet to be agreed. **Item to be included on agenda for next meeting**.
   Action 139 –Action Closed. Item on agenda.
   Action 140 - Action Closed.
   Action 141 - Action Closed.
   Action 142 – Half of action is complete; the group agreed this action can be closed in removing the governance report from deliverables. But a new action added for the DQ reports.

   ACTION – DH to share existing data quality reports with group members and to check for previous WHC on instructions for the publication of annual reports.

   Action 143 - Action Closed. Item on agenda.
   Action 144 - Action Closed. Item on agenda.
   Action 145 - Action Closed. Item on agenda.
   Action 146 – Action to be carried over, GG feedback that WPAS previously suggested a reviewing of standards naturally could become part of the groups remit.
   Action 147 – Action incomplete. Feedback to be requested prior to next IQI.
   Action 148 – Action Closed. Item on agenda.
   Action 149 - Action Closed. Item on agenda.
   Action 150 - Action Closed. Item on agenda.

4. HOI The Information Standards Assurance Process

GG shared a presentation on heads of information consultation results. GG & DH attended the September HOI meeting to provide an update on the IQI workload and a review of content of the ongoing IQI work programme. GG shared a consultation to HOI out of committee for feedback on the work programme, Impact assessment process, national group memberships and engagement. GG focused on the IQI work programme feedback. Conclusions from the report summarised that the group has a wide remit but scarce resource and suggested if it may be better to condense the workload and prioritise areas for greater focus and faster progress. The need to balance quality improvement with new standards development was also noted.

PM suggested we should update WG on IQI work programme and provide extra explanation of why items matter from our perspective in cases where they may not be on the WG agenda. GG noted that WG are currently not represented on current IQI membership, and that perhaps this is why items on the agenda are not on the WG radar. For example WG feedback that the NHS number work could be removed to free up resource, due to it being a large task and slow to progress, PM responded to this remains on the agenda to raise the importance of the NHS number work as it is required for data linkage work that is also ongoing and is important at a service level.

DB mentioned ward attenders in relation to the Aneurin Bevan feedback, as the health board had stated the importance to redevelop data standards to reflect change in service delivery.

GG reflected if the IQI work programme should be driven and prioritsed based on the WG agenda or identified from the Health boards, NWIS, Service perspective? PM suggested if IQI should be more of a review of changes and deliverables after changes are made. DB added that WG need to be in the room and part of the group moving forward to ensure the views are considered. GG responded that as WG currently look at the workload from the outside maybe this causes frustration at the seemingly slow progress on certain work programme items, though a number of changes have been made as a result of there inclusion.

ACTION – DH to contact WG if they can provide regular representation for the group

GG opened the question up to the group – what we can change about IQI, should HOI have more interface and steer of the group. DB queried who it is IQI feeds to? GG explained that in theory IQI is to feed into WISB, as the previously used steering group was disbanded due to the amount of membership overlap with WISB. PM suggested an action that the steer of IQI should be raised for the HOI agenda.

ACTION – GG to raise IQI steering as a topic for Heads of Information agenda.

GG then shared the membership matrix produced as part of the feedback report. A key issue noted was the fact that Cardiff and Vale still do not provide any member to the group, and due to the health boards unique ways of working in many areas they are an organisation that may be affected by certain standards changes more than others. It was suggested this be raised with Cardiff and Vale to encourage a contact be put forward for group membership due to the impact of the data considered to them,

ACTION – GG to Raise with Cardiff and Vale to request a contact be put forward as a member of the IQI.

PM raised issue on the matrix with Swansea Bay, the health board have the same membership across all groups. This causes a conflict as it means the individual can not be focused on the programmes from a single perspective. MW stated that Powys currently do not have a contact on the matrix for WISB, though in all likelihood it would be herself, though this would then cause the same issue as Swansea bay having the same contact across multiple groups viewpoints.

ACTION – GG to feedback to Heads of Information in January on the consultation results

5. Core Reference Data

GG explained the recent impact assessment carried out by data standards in regard to the core reference data DSCN. Results were shared at the demographics user group & also a submission was made to WISB following the DUG.

GG detailed that the overarching aim is to improve interoperability across systems, the programme is now close to agreement in terms of the reference data content. It was noted the outstanding area for agreement is in regard to the sex and gender data collection, the 2 still need to be distinguished from one and other in systems. A requirement exists for both as separate items, though they can be used interchangeably across differing systems at current.GG informed the group that this issue is being taken through the equality impact assessment process. A key factor around these particular data items is the legislation and extra assurances required for access to the information stored. GG further went on to explain that the plan is to establish a national group made up of members from the demographics user group, national system contacts and health board system admins to agree on a co-ordinated national process for implementation. The next steps are to proceed via the equality impact assessment process and firm up the value set, meet with information governance and to produce the business justification required. PM suggested that health board contacts present share information with system leads locally so they are aware these changes are on the horizon.

ACTION – GG to take core reference data values for sex and gender through the equality impact assessment process.

6. Pathway Identifier

PM introduced that following the previous IQI agenda it was suggested removing pathway ID from the ongoing IQI work plan as it had been taken as far as it could and was now more suitable as NDR territory. PM and DH updated the group that they have met with NWIS applications to discuss the Pathway Identifier work in regards to the NDR project. NDR is to be used as a tool to track patients across boundaries, it has not been on the current NDR work plan to develop an identifier per say and would require further discussion. Currently roles within the NDR team are in the process of being filled and a lead architect is not yet in place, this work would likely fall under the remit of this post. It was also suggested considerations of the existing wrapper project be included in the pathway id project. It was noted that as of yet the NDR team have not taken the work on board to their workplan. TD added that this ID needs to not just be for reporting but also to allow for the ability to identify patients on a particular pathway across systems. DH further added following the NDR discussion it was suggested this item could be taken to the technical standards board, PM noted that Rebecca Cook is part of the board and he will ensure she is briefed on the current status.

7. Patient Flow (APC)

DH introduced the patient flow topic, firstly sharing the draft DSCN for Discharge Ready Date & Estimated Discharge Date. These values have been drafted based on the discussion at the previous IQI meeting using the England & Scotland existing standards as basis for the definitions, This has not yet gone to the DSCN subgroup. TD feedback that multiple delayed transfers of care can occur on the same spell, in cases such as these which would be classed as the ready date? DB further questioned where would this be captured, which system should this be recorded on, Currently they don't report on dtocs from clinical perspective. NM questioned if this will require WPAS change to enact. TD noted that Powys could potentially capture the discharge ready date but not the estimated at current. PM stated that this will need to go to WPAS team.

ACTION – Consult with WPAS team on the issues, changes required and timescales to make these.

ACTION – Consultation with health boards to impact assess the changes, Consider non WPAS health boards and Cardiff & Vale system differences.

DH then introduced figures produced to show the implementation status of the time fields previously issued via DSCN. It was summarised that Betsi Cadwaladr, Hywel Dda & Cwm Taf were not submitting data for the time fields. Cwm Taf had in the previous analysis been able to provide these, but following a data resubmission they are no longer provided. RW & CJ noted they would follow up for Betsi Cadwaladr & Hywel Dda respectively.
DB commented that it was pleasing to see that no significant spike occurred for admission or discharge at midnight, as this may have been a data quality issue if a system defaulted to this time for the start of a new day.

ACTION – DH to share DSCN and time stamps summary with BCUHB

ACTION – DH to follow up with Cwm Taf to investigate why times have disappeared from submission.

8. Organisation Code Changes

PM shared the organisation codes changes report and explained the "ANANA" methodology in use. PM explained that this will not affect existing codes but will affect any new sites registered, Reference data have feedback that around 5 codes per month are requested. TD commented that submissions are restricted to 5 characters, PM wanted to ensure everyone is aware of this and it will have reporting implications and legacy systems are likely to struggle. DB added that its likely ok from an information side, but may be struggles on the system perspective. BD raised the CANISC issues that will be faced, and questioned if they will be able to accept these codes while still on CANIS? Needs to be a follow up on the impact this will have. JW was not aware of any impact this would have for the delivery unit, PM responded that he will share the available information with the delivery unit, that it may be that it won't affect them in terms of system changes but it could affect reporting.

ACTION – PM to share backing information with Delivery Unit.

9. NHS Number

PM updated the group on the status of the NHS number project and the ongoing work with NHSX. NWIS and NHSX are currently working collaboratively to try to create further awareness and standardise training material on the benefit of use and recording of the NHS number field. NHSX are currently in the process of producing a specifications and requirement document that will then be shared with NWIS for feedback and taken by PM to the demographics user group to gather wider feedback.

DH then introduced the draft DSCN for identification for unknown or unidentified patients, DH explained that this initial draft is to try and establish a common methodology for the recording and identification of patients who are unknown or unidentified upon arrival to a care setting, this was shared at the 7th November DSCN subgroup. DH added that Welsh blood have aired concerns over some proposed default values to be used, such as an unknown D.O.B as opposed to an estimate they currently use, they also expressed concern due to the current practice in place of utilising hand written labels. They expressed this as being a safer mechanism than the use of electronically recorded and printed data and that it was in following with a WHC circulated in 2006. Welsh blood suggested they would want the ability to record unknowns under estimated age brackets for this purpose, though DB feedback that they would not be able to enter the age brackets names as age is already in the system as a numerical field. PM did however note that the DSCN could include the caveat that the local major incidents policy could over rule the DSCN. A question for consideration is if an estimated age bracket would be needed as a nationally standardised data item for implementation or something for welsh blood use only. PM suggested that the group consult welsh government for feedback on the WHC in question and if the DSCN would supersede this. DH also questioned if the use of assigned names would not then come back to the issues in core reference data regards sex and gender in assigning names due to assumed gender.

ACTION – DH to produce and distribute a consultation for health boards for feedback on methodology for unidentified or unknown patients.

10. Data Quality Issues

DH introduced the issue around the Legal status data item, as raised by CJ for discussion. CJ explained that there are discrepancies between the list of values used in England and Wales, and this seems illogical given that they are referring to the same legislation. CJ suggested that the Data Dictionary needs updating as a minimum requirement. That the Welsh values should be altered to align with the English, such as retiring value 34 to mirror England and utilise 37 & 38. It was also highlighted that the Welsh value set also includes a value not held in England for 17A, CJ did also raise that if a patient is called back after a 17A, then there is another record that identifies the returning patient, Powys & Cwm Taf currently have a workaround in place to handle these, however this isn't an ideal approach moving forward. CJ noted that 3 health boards are now using WPAS for mental health, PM suggested it may be helpful to know what the existing workaround in use are. PM also mentioned if the core mental health data set will have an affect on this.

CJ also added that we would want the ability to record patients who are not admissions but subject to mental health sections on WPAS. And that the Data Dictionary should be the primary source or information and guidance on this, Further emphasising the importance of maintaining this resource with as up-to-date information as available.

ACTION – CJ to liaise with Heidi Morris to gain clarity on legal status from the core mental health data set

ACTION – CJ to raise the issue at WPAS managers group, what they would like to see included in WPAS and provide an update back to IQI

11. Review Submissions

DATS Additional Cardiac Tests

DH introduced the review submission for Diagnostics and therapy's additional cardiac tests, explaining that the initial standard was implemented in April 2018, but has been identified for review via the NWIS review process. The report highlighted reporting inconsistencies around the explanation for the clock stop and start definitions between the content in standards documentation, the Welsh Government explanation and the health boards explanation. DH added that the wording on the Data Dictionary and DATs DSCN are not clear and are not in line with the current processes used within Health Boards or the RTT rules and guidance provided by Welsh Government. Clarification is required for the start points to ensure all Health Boards are following the same process and that the DSCN and Data Dictionary are clear and reflect this.

DB clarified in regards to the start point that some patients could be on a pathway for something outside of cardiology, e.g. a general surgery pathway for weeks then be referred to a cardiac test. In cases such as these they only want to be counting the wait for cardiac test from referral to service, and this is why the start can not be referral to organisation for all cases. The start date therefore can be the referral to organisation date, but is not necessarily that date. For consistency and clarity the definition should reflect that the date of referral received to test should constitute the start point. Health boards feedback that the Welsh Government description of the start point does not reflect what is done in practice.

ACTION – DH to update the definition of start point for additional cardiac tests to ensure clarity of recording.

12. Any Other Business

Deb Usher provided a question ahead of the meeting for AOB that was received via the WPAS managers group – *how should a Did Not Wait be classified…i.e. patient cancellation, DNA or hospital cancellation?*

TD answered that Powys would record as a patient cancellation, as they have made the decision to leave. Different if the appointment is withdrawn, but if the appointment is still being offered but times are running behind then decision to not wait is the patient's choice to leave.

DB stated that he would follow up on the answer how these are handled from Aneurin Bevans perspective. RW explained that in WPAS a did not wait goes into limbo, but a did not attend goes to waiting list, and questioned Is this is a functionality issue that needs looking at? PM further added that perhaps the PAS functionality could be causing the issue.

ACTION – DH to contact all health boards and request viewpoint on how did not wait patients are handled and classified locally