



Information Quality Improvement (IQI) Working Group Minutes

Date: 25 September 2019

Time: 13:30–16:30

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

Rebecca Cook (RC) Chair	NWIS
Paul Mason (PM)	NWIS
Daniel Hughes (DH)	NWIS
Trevor Davies (TD)	Powys Teaching HB
Deb Usher (DU)	Swansea Bay
Adam Watkins (AW)	Public Health Wales – 1000 Lives
Dilwyn Bull (DB) Via Skype	Aneurin Bevan
Pamela Peters (PP) Via Skype	BCU
Claire Langdridge (CL) Via Skype	Hywel Dda
Steve Davies (SD) Via Skype	Hywel Dda
James Walford (JW) Via Skype	Delivery Unit
Gareth Griffiths (GG) Via Skype	NWIS
Sarah Taylor (ST) Via Skype	NWIS

Apologies

Helen Thomas – NWIS
Bethan Davies – Velindre
Emma Powell – Velindre
Graham Crooks – Cwm Taf Morgannwg
Heidi Dobbs – Cancer networks of Wales
Ricky Thomas – Cancer networks of Wales
Lisa Powell – NHS Wales Health Collaborative
Nicki Maher – WAST
Richard Westwood – BCU
Sian Richards – Swansea Bay
Michelle Williams - Powys

1. Welcomes and introductions

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

Helen Thomas was unable to attend therefore Rebecca Cook chaired this meeting.

2. Minutes agreed

The minutes were not read through, but the chair gained everyone's consensus that they were happy with the minutes from the previous meeting.

3. Actions log

Action 119 – The Data Dictionary is now up to date, Action can be closed.

Action 126 – Action Complete, Item included on the agenda.

Action 127 – Action Complete, Item included on the agenda.

Action 128 – Action Complete, Item included on the agenda.

Action 129 – Action Complete, Item included on the agenda.

Action 130 – Action Complete, Item included on the agenda.

Action 131 – Action Complete, Item included on the agenda.

Action 132 – Action Complete, Item included on the agenda.

Action 133 – Action currently outstanding, Progress update to be provided under relevant agenda item.

Action 134 – Action complete, shared at August WISB, Further updates on agenda.

Action 135 – Open, Data Quality dashboard is to now be produced using Power BI

ACTION – DH to update the action on the log to reflect this.

Action 136 – Close Action, move to workplan.

ACTION – DH to add removal of Default fields in WPAS based on prioritised list to the IQI workplan.

Action 137 – Action closed, meeting held on 25th May, Carl Davies has shared a list of how to collect waiting list dates in WPAS unsure on outcomes of meeting.

ACTION – DH to follow up on outcome and better describe on development update and action on log

Action 138 – Action Complete, Item included on the agenda.

RC noted that work relating to the raw PAS reference data and variation of PAS data may be considered as part of IQI in the future following discussions with Olivia Shorrocks (Welsh Government) who attended the Outpatients Modernisation Steering Group.

4. Deliverables log

PM explained that during the initial establishment of IQI a number of projects were identified as the key areas for the groups focus, and the initial scope of the group was to operate as a coordinated initiative to work on the identified projects, however at current most items within IQI are being led by NWIS. Although at times as an organisation NWIS are not always best placed to comment on certain issues and service side perspectives. Therefore, a log has been produced to assign service side project leads to IQI projects moving forward. The log was shared with the group. RC followed this up with we set up IQI to work collaboratively, this log is like a current stock take and if any work can't be completed or progressed, we need to be regularly informed. Membership and attendance of the group doesn't need to always be high level managers, it could include more specialist staff from organisations dependant on an area/agenda item.

ACTION – DH to circulate IQI membership list with the group to open up for wider perspectives and input.

RC then ran through the Deliverables Log and gave brief updates on each project

100 - Introduction of a patient journey identifier – RC noted that this deliverable is okay to stay as it is currently recorded. Whoever is leading on technical work for Single Cancer Pathway also needs to lead on this deliverable.

DH feedback that a meeting had been proposed with Powys to discuss being the service side lead on the deliverable, but this has yet to take place.

200 - Patient Flow – RC suggested the deliverable be renamed, the current name Patient Flow is misleading, as IQI isn't resolving Patient Flow.

DH has been assigned NWIS lead and Richard Westwood has been assigned HB lead.

ACTION – DH to change name of deliverable and update log

300 - National standardisation of reference data in operational systems – RC suggested that Paul Walters be assigned NWIS lead, and it was proposed through group discussion that Julie Burden from Swansea to be HB lead but is to deal with demographics only.

400 - Improving NHS number validity in operational systems – RC commented that the original project name and current objective are essentially different projects. This needs splitting into 2 entity's, firstly to improve the validity of NHS Number and secondly method for uniquely identifying patients that present without an NHS number.

Deb Usher and Julie Burden from Swansea to be HB leads, but to deal with demographics aspects only.

Discussing this deliverable led to a discussion of the project (originally item 8 on the agenda) It was explained to the group than the ongoing unresolved issues that we cannot use the NHS Number as a primary key, due in part to the fact not all patients present have an NHS number and we do not have the ability to assign them. But we also cannot use the CRN number, as although this uniquely ids a patient within a hospital, it's only unique to PAS (e.g. unique to Cardiff but not to BCU). PM added that investigation took place to see if the unique key in EMPI was usable as an identifier, had discovered this is also not suitable solution as the system key changes whenever new information is fed in to the eMPI. A paper on validity

was shared, need to produce a paper for the second part of the project (uniquely identifying patients that present without an NHS number). RC closed that the lead for the project doesn't need to be an individual person but can also be a collective subgroup.

500 - Improving completeness of activity in national data sets – GG explained this encompasses the work to add nurse led activity into the Outpatients dataset. Further items on the agenda. RC suggested changing the name on the log to “Increasing the scope of the dataset”.

600 - Data Usability – DH explained that this is the work originally initiated by John Morris from Welsh Government. The group have previously done work looking into adding a score to data items grading the usability of each field, however this was shown to not be plausible due to issues around the subjective grading of fields, scores are too open to interpretation. This work has since developed into the production of a Data Quality Portal. DU queried the purpose of this work and stated that if this tool is going to feedback to HBs then we need people to deal with any issues. RC explained its to drill down into the usefulness of the data and to be a one stop shop for DQ issues. GG added that there are lots of issues that VASS does not flag up, so the DQ portal can be used as a log to document and monitor all known issues.

DB used default codes as an example for known issues as these may be valid values, but the data can be wrong. John Morris and Adam Watkins were assigned as service side leads for usability project. SD added that the clinical coding dashboard has been well received and helps the service massively, for example, it allows health boards to see what's wrong and can correct them. It also promotes healthy competition between organisations to improve figures.

700 - Data Quality Governance – This work has been completed. A standard template for a report specification has been created and previously agreed in group. DH gave an update on the current status of annual data quality reports, not all health boards have provided an annual report. DB explained that Aneurin Bevan have appointed a Data Quality team, and a lead has now been appointed and started working on an annual report to get signed off. DU confirmed that Swansea's has been completed, it just needs signing off. RC concluded that we publish the DQ policy for all Wales, so we need the annual DQ reports. This can now be classed as BAU rather than an ongoing IQI project.

ACTION – DH to remove from deliverables log and add to BAU work load

5. Pathway Identifier

DH explained that an impact assessment had been distributed previously, with proposals for the definition of the pathway identifier, following the previous IQI meeting it was suggested we follow up with those who had not responded. Impact Assessment feedback has since been received from everyone except Hywel Dda and Cardiff & Vale.

The key theme of the feedback is asking what point the pathway is starting from. RC suggested a draft definition like the Cancer Pathway, point of suspicion of a problem. This raised a few questions such as multiple suspicions and issues with collecting this in secondary care. Carl Davies has advised that if you bring all the back ends of PAS together, you couldn't join them up. If you get a referral into your PAS, does it belong to any of these other events. It would require human intervention. RC used the example of a query raised by Welsh Government into how many are on a cardiac waiting list but have turned up in an Emergency Department as we are unable to answer this. All we can do is describe the start of the pathway.

DH presented diagrams created to show the potential journey identifiers. DB raised the point of if someone has been diagnosed with a life-long condition, does their journey have a cut-off point? RC concluded this is something which should be dealt with from National Data Resource Programme as IQI has done what they can.

ACTION – DH to change wording of Pathway Start to Journey Identifier for consistency

6. Patient Flow

6.1 Medically Fit for Discharge and Discharge Dates

As the group has previously raised, Issue is taken with the term “medically fit” as may be fit to be discharged rather than being medically fit. AW added in terms of Mental Health, you would need to know if someone is medically fit. However, this data item is in terms of being medically fit to be discharged not if a patient is deemed as medically fit. DH noted that the current standards in use in Scotland includes notes to describe a patient as being ready for discharge to “A more appropriate care setting” not medically fit.

Discharge Ready Date is currently being used in both England and Scotland, therefore it was agreed we adopt these existing standards.

Estimated Discharge Date is abbreviated to EDD which in nursing terms stands for Estimated Delivery Date in maternity which could cause confusion, EDD will change all the time so where will this need to be recorded? It was agreed to issue out an operational DSCN for Discharge Ready Date and Estimated Delivery Date. It was noted not to bring this into APC yet, see what happens as an operational standard.

ACTION – Produce operational DSCN for Discharge Ready Date and Estimated Discharge Date

6.2 Source of Admission, Time Fields and Discharge Destination

DH shared the results of which health boards have started submitting time fields in APC. BCU and Hywel Dda are not submitting time fields. CL explained she didn't know why Hywel Dda are not submitting and will follow up with Cath Jones. PP will chase up with Richard Westwood for BCU. Mark Piper has previously done some more thorough data analysis on the Aneurin Bevan provided test data, broken down by hours/minutes, would be useful for this to be replicated across all health boards. RC asked if SOA has been implemented on PAS or just the tables. VASS checks have changed so there are a lot more errors but no changes as yet in PAS. Health boards are doing local mapping. DU volunteered to take the changes to the PAS managers group

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to check if it's possible to get changes implemented on systems to be proactive going forward on DSCN sub groups. RC requested to discuss in next IQI meetings if IQI should report into HOI and whether this will help get implementation plans signed off before publishing a DSCN.

ACTION – DH to replicate Mark's data analysis for all HBs

ACTION – DH to add agenda to next IQI meeting to discuss potential reporting to HOI

ACTION – DU to take item to PAS managers meeting to see if PAS will agree to sign off before implementation of future DSCNs

7. Scope of National Datasets

DH provided update, nurse PINs are already in APC. 6 out of the 7 health boards use nurse PINs however they currently fail the VASS checks. RC added we need to be clear what we're putting in here, it has to be activity solely undertaken by a nurse, not just all nurse activity. DB raised a query regarding ward attendees activity as Aneurin Bevan would like to start monitoring this activity. The group weren't sure if this was fit for purpose. AW queried if increasing the scope would include only NHS funded activity or all activity. RC added that we wouldn't include private activity but concluded that this item needs more work and clarification.

ACTION – DH to produce further APC scope consultation for circulation to look at full breadth of activity recorded locally that is not processed nationally.

8. Data Quality Issues

DB talked through Aneurin Bevan's list of data quality issues that was shared prior to the meeting, he explained most of them are ongoing issues not new issues. CL also went through Hywel Dda's list of data quality issues. PM suggested that we do a comparative of all responses to see whether any of the data quality issues raised are on our plan and if not, look at what needs to be added.

ACTION – DH to complete comparative of all responses

9. Core Reference Data

GG updated that the work is going to the Demographics User Group, however as everything's so intertwined, they're unable to make a change to one system without the others. GG has produced an impact report and an accompanying spreadsheet that summarises in higher level detail to go to the Demographic User Group. It is required to start creating a standard and producing a DSCN.

DU added that version 19.2 of PAS is now available and can use language.

GG provided the group with a data standard update and has produced a report to go to NIMB.

ACTION – GG to share impact assessment report and spreadsheet with the group

ACTION – GG to share data standards sub group report with the group

10. Messages for WCIC

None stated.

11. Any Other Business

None raised.