Information Quality Improvement (IQI) Working Group Minutes

Date: 06 December 2018 **Time: 13:00–16:00**

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

Helen Thomas (HT) Chair	NWIS
Rebecca Cook (RC)	NWIS
Gareth Griffiths (GG)	NWIS
Daniel Hughes (DH)	NWIS
Gareth John (GJ)	NWIS
Dilwyn Bull (DB)	Aneurin Bevan
Richard Westwood (RW)	BCUHB
Claire Langdridge (CL)	Hywel Dda
Liam Allsup (LA)	WAST
Sue Brown (SB)	WAST
Adam Watkins (AW)	Public Health Wales
Trevor Davies (TD)	Powys Teaching HB
Heidi Dobbs (HD)	Cancer Network
James Walford (JW)	ABMU
Steve Davies (SD)	Hywel Dda
Janet Warlow (JA)	WCISU

Apologies

Deb Usher - ABMU
Emma Powell - Velindre
Graham Crooks – Cwm Taf
Helen Roberts - WG
John Morris - WG
Michelle Williams - Powys
Rebecca Armstrong - WG

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. HT asked for a list of the 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
HT asked for the 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 remaining open actions were either closed or identified as part of items on the agenda.

4. Welsh Ambulance Trust (WAST) data

4.1. Data Linking to other data sources

GJ attended the meeting to present information on the work that has been carried out to link the WAST data to other sources. GJ explained to the group the background of an amber review, a component of the WAST new response model adopted as of October 2015. This considered approach to ambulance dispatches assigns a dispatch code of red, amber or green. Looking at a 2 year period (800,000 incidents)

GJ explained to the group the use of the PCR (patient clinical record) a field ambulance crew enter for all patients. It was detailed that this field can provide a richness of data but is a widely untapped resource.

GJ then gave the group a brief overview of the linkage methodology. HT commented that given there is no join to the eMPI it is impressive that 80+% of NHS numbers have been matched. GJ explained that NHS numbers have been added to 83% of records.

SB informed the group that WAST current focus has been on the CAB, but potentially more focus could be on the PCR in the future.

4.2. Data Quality issues

LA explained to the group the WAST data quality situation, that himself and SB are part of a new team looking to improve the quality of data, and that they are starting from a position of a backlog of data quality issues that they have begun to work through. LA suggested the idea of a central log online for data quality issues, and noted the ABMU kitemark method

of working that the group have previously discussed as a potential tool for broader assurances of data. GG updated the group that the kitemark work had now been put on hold at ABMU due to a lack of take up.
HT suggested the group steer towards a focus on data that is used for drawing the statistical releases initially, then increase the scope later to wider process.
SB noted that the PCRs currently have massive data quality issues, that WAST are currently just scratching the surface at a data inputting level, due to the nature of the work it's a delicate topic to encourage or push frontline staff for more precise data recording. LA added that it's beneficial to gain knowledge from other organisations where work on data quality has been completed before.SB stated that WAST want to work on a data dictionary and suggested if there is potential to link into NWIS data dictionary to integrate on an all Wales level. HT feedback that anything on the data dictionary goes through the standards assurance process, and proposed it may be good to take the WAST items through this process, such as links to hospital ED systems and incident number issues. HT suggested a review be carried out of the Ambulance Incident Number. GJ agreed to be involved in the data quality work to share the knowledge gained from the analysis and linkage exercise described above.

ACTION – DH to conduct review of the ambulance incident number field

ACTION – GG to agree on work package for inclusion of WAST information into the data dictionary

5. Update on projects

5.1. Core Reference Data

GG updated the group on discussions held with Nicola Turner regards the eMPI & attendance of the Demographics User Group (DUG), currently eMPI is facing an issue of reliance on mapping tables for integration. It was further explained that in some systems it is difficult to identify the start and end dates of codes, there is a need to establish if the aim is to update all historic records or to agree a point in time and map from then onwards, the group agreed the DUG need to work through such issues as opposed to at IQI due to the knowledge base.
RC added that a wider issue is the need to move away from constantly describing demographic attributes within systems, for example a patient recording religion with a GP as Anglican, this may then not be recognised by the system and maps to Christianity. It is widely agreed that the principle of standardisation is adopted for demographic values but the how is debatable. RC described the idea of clearing the data within the eMPI integration layer, so inbound & outbound would then populate the new standards.
HT commented this is an excellent test case of the process of adopting national standards and ensuring we are not losing information/use of data from the changes. HT proposed a subgroup of DUG be established as a working group so we can assess the co-ordination and robustness of the process.

ACTION – GG to contact Jonathan Punt regards setting up working group for core reference data

GG then updated the group on the latest discussions around sex & gender data items. Following past IQI meetings NWIS have been working towards a solution and a workshop was carried out to specifically look at the impact, use, access and a range of complex issues involved for individuals such as transgender patients. GG reported that it had been agreed to utilise the values: male, female & non-binary for the gender field. The term “other” which had previously been included was dismissed at the workshop as it was felt to be derogatory. Further work is however needed for the value of sex. GG also feedback the need for staff dealing with patients need further training on how these complex issues should be handled. RC explained that from the group’s viewpoint we only want to focus from a reference data perspective. GG further added that even the terms ‘sex’ and ‘gender’ may not be fit for purpose. Do these also need to be renamed e.g. ‘sex at birth’

AW then questioned what the purpose of recording the data item language is, is it for use for face to face meeting with the patient, RC answered that language alone is not used, only context e.g. preferred written language, preferred spoke language. GG commented that the context on these items is very important.

5.2. Scope of national data sets

GG explained to the group that the work stream is wider than just the outpatient data, the aim is looking to increase scope of data beyond what is currently held. Nurse led and non-consultant activity was identified as a high volume content of records and a lower difficulty to approach first. GG informed the group that the inclusion of Nurse Pins went to WISB in December. Steps such as this are making incremental improvements to the data but will the outpatient data set ever be fit for purpose to capture this detail?

RC added that Associate Directors of Informatics had commented they believe further work and development adding to the outpatient dataset is wasting time when focus could be elsewhere. GG noting that as an organisation we have been reactive to specific WG requirements and suggested a need for a strategy as an alternative.

HT responded that our role is to harness the voices of the service and the key stakeholders and to improve upon what we already have, as well as looking strategically how we design new work streams. HT questioned why it had taken so long to reach this point, GG responded the time taken was due to conducting 3 impact assessments, the time needed to complete each and the consultations at each interval.

DB raised concerns that identifying Nurse led may be a minefield, the process needs to be more fit for purpose as organisations will all record the activity differently, meaning it will all require validating. HT noted that the nurse led is only 1 component of the scope, and questioned if a wider plan is in place for the rest of it. GG informed the group the service feedback was rather than incrementally adding to the dataset why not approach to figure out all issues at once.

DB questioned the business requirement of collecting data for virtual clinics, is it just as a method of identifying volumes? HT responded that the term outpatient has become outdated as it can now be a variety of settings such as via skype or email with consultants that is not recorded, the current recorded categories do not reflect what is actually happening. HT further explained that lots of physician to patient activity is not currently captured, and currently we have no way of understanding it. It was suggested that other

contacts are needed present to come up with a detailed plan to ensure all perspectives are considered.

AGREEMENT – It was agreed that the work to expand the scope of the Outpatient data set should continue

5.3. Pathway Identifier

GG explained that this workstream had been on hold pending the outcome of a bid for funding to develop the portal described by Carl Davies at a previous meeting which would allow users to view patient events across instances of WPAS and other systems. HT suggested that, in the meantime, work could be undertaken to explore the potential uses of a pathway ID and how this could be defined.

ACTION – GG to investigate potential uses of a pathway ID

5.4. NHS Number

GG informed the group of conversations with the NHS Wales Shared Services Partnership regarding how numbers are allocated and how we can reduce the number of records with no NHS number provided. GG further explained that NHS England were responsible for allocating new NHS Numbers which added further complexity. The intention is for Shared Services to liaise with NHS England to investigate options, including the Northern Ireland method of providing NHS number cards to everyone, and the ability to provide temporary NHS numbers when required.

RC informed the group that Welsh Government held a meeting to discuss overseas patients, the drive behind this is from health boards to be able to check as a general practitioner level if patients are eligible for treatment. It was also explained that a methodology used in Hywel Dda has been to check date of birth and NHS number of patients, and in the case that a recent NHS number has been given but the patient is not a child they are flagged as individuals to check eligibility. HT suggested that Shared Services colleagues were invited to the next meeting where the NHS Number could be a central feature.

ACTION – Include an item for larger focus on the topic of NHS number on the agenda for Februarys IQI.

6. Usability

HT suggested a need to have analyst representation from organisations to enable us as a group to discuss data quality issues together. It was agreed NWIS should produce a proposed report to show the quality of a dataset, not just the validity and consistency as currently reported but to also delve into the percent of bucket codes utilised that may cause the data to appear complete but not give value. HT suggested that a prototype together with a documented process to describe how this might work should be presented at the next meeting.

ACTION – DH to produce a proposed data quality report using the EDDS dataset

7. Review Submissions

- *Deaths Subject to Universal Mortality Review (UMR)*
  Following the completion of the NWIS review submission, it emerged that Welsh Government are due to carry out a review of their own. It was therefore recommended that this work be used to inform the wider WG review.

- *NHS Number Status Indicator*
  Item deferred to the next meeting where this could be discussed in the context of the wider NHS Number work.

- *Live ED/My A&E Live*
  Similarly to UMR, the findings of this review would be used to feed into a wider review of the application.

8. Messages for WCIC

None stated.

9. Any Other Business

None raised.