



## Information Quality Improvement (IQI) Working Group Minutes

Date: 28 August 2018

Time: 13:00–16:00

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

Rebecca Cook (RC) Chair	NWIS
Gareth Griffiths (GG)	NWIS
Daniel Hughes (DH)	NWIS
Sian Davies (SD)	NWIS
Katie Evans (KE)	NWIS
Gareth John (GJ)	NWIS
Dilwyn Bull (DB)	Aneurin Bevan
Richard Westwood (RW)	BCUHB
Claire Langdrige (CL)	Hywel Dda
Liam Allsup (LA)	WAST
Sue Brown (SB)	WAST
Adam Watkins (AW)	Public Health Wales
Rebecca Armstrong (RA)	WG
Trevor Davies (TD)	Powys Teaching HB
Julie Townsend (JT)	Velindre
Sian Richards (SR)	ABMU
Michelle Williams (MW)	Powys Teaching HB

### Apologies

Deb Usher – ABMU  
 Emma Powell – Velindre  
 Graham Crooks – Cwm Taf  
 Heidi Dobbs – Cancer Network  
 Helen Thomas – NWIS  
 James Walford – ABMU  
 John Morris - 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. **Actions log**

Action 86 was reassigned to DH from GG. All other actions were either complete or would be addressed under subsequent agenda items.

## 3. Maternity

### 3.1. Review Submission

SD presented to the group her review document on the quality of information held within the Maternity Indicators data set.

One of the findings discussed was that linkage of the initial assessment and birth records submitted separately by HBs was difficult to do centrally. A key field needed to link these records together is Initial Assessment Date. Although the DSCN stated that the date of initial assessment was to be collected in both the initial assessment and birth tables, the data item was originally omitted from the technical specification for the birth table during implementation before subsequently being added from November 2017 onwards.

SD advised that the proposed method for submission of the Maternity data was for SQL to SQL transfer, as mandated via the DSCN. Currently 4 HB's are submitting using this method and 3 are not. BCU, Aneurin Bevan, and Cardiff & Vale are those not submitting in this way. RC stated that when the Maternity dataset was being implemented more efficient methods of data transfer were being explored with HBs support. In the interim period while the relevant processes were being set up it was accepted that some HBs could submit using CSV files on a temporary basis. However, 2 years on, the interim method has not changed. The quality of the Maternity Indicators data set is not formally monitored. In order to implement the necessary data quality checks and reporting processes, all HBs need to be using the SQL to SQL transfer. Effectively, this issue is preventing some fundamental data quality issues from being addressed.

GJ explained that the requirement was to make the right information available at the right time. With the SQL to SQL process it would be possible to pull the information from local data warehouses into the national data warehouse. The data could be pulled prior to an official submission date, quality checked then approved, with a subsequent data quality report being published on a monthly basis (as is the case for other data sets). The SQL to SQL process means that this could be done on a weekly or even daily basis.

DB commented that Aneurin Bevan rely on VASS as a safety net for the checking of data and that any move away from it would be a big change for the health board. DB added that the health board are currently in the process of moving to new servers, following this they could look to make the move to SQL to SQL method over the next few months.

**ACTION – SD to contact C&V, BCU & Aneurin Bevan to query the current reporting position for the Maternity Indicators data set and timescales to move to SQL to SQL.**

RC noted that BCU had other issues with the dataset in that the initial assessment record would not be submitted if the subsequent birth occurred outside of BCU. In addition, for mothers who do have their initial assessment and delivery at BCU, the initial assessment record is not submitted until the birth has taken place. This is a data standards compliance issue which would need to be addressed. SD identified the absence of a robust and transparent methodology for linking the initial assessment and birth records and that this could be developed by the national Analysis Methodologies Group.

**ACTION – SD to investigate issue preventing BCU from submitting initial assessment records in the Maternity Indicators data set**

AW queried whether terminations could be identified in the dataset, and advised that some terminations are incorrectly defined as stillbirths. He explained that births with a gestation of less than 24 weeks should be described as terminations, and asked whether these were in scope of the data set. RC explained that this could be addressed as part of the review submission,

**ACTION – SD to clarify reporting arrangements for still births for the purposes of reporting in the Maternity Indicators data set.**

SD stated that load checks were now ready to be implemented, however if these were implemented now, only 12% of initial assessment records that BCU supply would be loaded due to the CRN being missing from all initial assessment records prior to October 2016. 92% of the birth records would be loaded. The Group agreed that the load checks could not be turned on until this issue is resolved.

RW added that issues with their data were unlikely to be resolved in the immediate future. RC informed the group that there has been pressure from Welsh Government for improved quality of this data as they are currently unable to publish. Data quality checks were needed to provide the necessary quality assurance.

GG stated that Welsh Government and PHW are unaware of the quality of data, and there's no current automated way of letting the users of the data know the quality of the information. SD stated that Welsh Government have marked the Maternity data as experimental and queried if this will continue. RC advised that when this data is shared outside of NWIS it should carry a caveat such as "use with caution" and that the issues raised in this review should be escalated to the Sponsor of the data set at Welsh Government.

In summary, the Group accepted the proposals set out in the Review Submission and advised that the recommendations put forward should be actioned with the requirement to redevelop the data standards to be taken back through the assurance process.

### 3.2. Data Validation

GG explained that the data load and validation process for the Maternity Indicators data set effectively defined the process for the acquisition and reporting for any future data set development. This process, as well as the more established one in use for data sets such as APC needed to be documented to provide an audit trail in order to be able to identify gaps or flaws in the

system. RC explained that there had been an instance where data had been refreshed following its release, and went on to explain that there was a need to find a balance between the need for the most up-to-date data and the requirement to reconcile back to data published in official statistical releases. GG added that there was an argument for bringing the annual sign off forward in line with the 30 day coding target.

GJ informed the group of the issues with resubmissions at the last annual sign off, and suggested that Welsh Government Health Statistics and Delivery & Performance would need to agree on how best to handle resubmissions, but that a cut-off date is a necessity for updating and publishing stats. DB commented that, with the exception of EDDS data, Aneurin Bevan submit data back to April every month for quality purposes and to ensure late data entries are captured, e.g. referrals and cancellations inputted onto the system retrospectively. He argued that if the requirement is to improve information quality, the health board need to be able to review and resubmit their data. GJ explained that a proposal had been documented.

**ACTION - GJ to share NWIS data processing and validation proposal.**

## 4. Update on projects

### 4.1. Real Time Information

#### 1.1.1 Time Stamps Impact Assessment

KE had undertaken an impact assessment regarding adding time fields to accompany existing date fields within the APC data set. Responses had been received from BCU, Hywel Dda, Cwm Taf, Aneurin Bevan and Powys Teaching HB. DB asked whether it was necessary to implement a time on all date fields. KE explained that following responses to the impact assessment and feedback from the Group, it was clear that not all fields would need times to be added. It was agreed that Start Date (Hospital Provider Spell), Discharge Date (Hospital Provider Spell), Start Date (Consultant Episode), and End Date (Consultant Episode) are suitable for addition of the time element.

TD added that times recorded can vary largely dependent on the ward system they are recorded on. DB agreed that there was a need for clarity on the definitions, such as, whether procedure time is the time a patient leaves the ward itself or the booked time of procedure. RC suggested that procedure times could already be included in the theatre system but not in PAS. GJ added that the definitions do not stipulate that the data must be from PAS. GJ also stated that times should be created as separate new fields as opposed to being added to existing date fields to create date/time fields as dates were not generally stored as a date format in the database. This could mean the addition of 12 new fields to capture times for all procedures reported in APC.

**ACTION – KE to clarify requirement for procedure time including use cases**

**ACTION – KE to proceed with implementation of time fields for the relevant date fields via the assurance process**

RC informed the group of the hesitation from coders on providing date coded due to concerns over its accuracy. TD suggested that the date coded was already recorded on the system. RC stated that this is on Medicode, so could be obtained from all but Powys who do not use that system. It

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has been suggested to the clinical coding steering group that they produce a paper for Heads of Information detailing their concerns. Source of Admission/Discharge Destination

GG provided an update on the work being undertaken by KE to review Source of Admission and Discharge Destination along with a subsequent impact assessment. RC stated that following feedback from WISB, further development would be required to fully understand the requirement. DB suggested that residential care home and nursing home should be identified and recorded separately. He also suggested that the level of care needed for the patient would be useful too. GG advised it would be helpful to understand from a health board perspective how accessible the information is to the ward clerk inputting the information, i.e. whether they know where a patient has come from. AW said that this requires clarity for costing issues. GJ advised that a main reason for looking at fields like discharge destination is to help determine whether there has been a decline in the patient's health whereby further care would be required post discharge than prior to admission.

**ACTION – KE to revisit requirements for Source of Admission and Discharge Destination as per WISB feedback**

MW wished to note that only a few health boards responded to the relevant impact assessment, and that it seems to be the same each time. RC explained that high profile impact assessments generally receive replies from all, however these smaller changes often tend to not receive full feedback. She suggested that response rates could be reported to NIMB.

**ACTION – RC to feedback on impact assessment response rates to NIMB.**

RC noted the importance of feedback to the work carried out by the group to show the influenced change, GG added the feedback process is a way of effectively signing off on behalf of your health board that you can or cannot do something. DB suggested impact assessments contain further caveats to clarify the intent of what they wish to accomplish, what will change and that answers are an agreement to change. MW suggested it be taken a step further to state than non-response be taken as acceptance of a proposal.

**ACTION – GG to make changes to standard email and caveats that accompany impact assessments**

### 1.1.2 Critical Care DTOC

GG introduced the requirement for information on delayed discharges from critical care, explaining that this is an existing flow going through Welsh Government which needs to be properly defined. RC added that the proposal is that the requirement is to go through WISB to ensure critical care

units are measuring and reporting on indicators in a standardised way, however it was agreed that there was insufficient detail in the Development Proposal to take this forward to WISB. RC commented that the proposal needs to be more realistic in terms of timescales, and that there were not enough details about the quality and source of existing data.

**ACTION - GG to go back to the Sponsor of the requirement for Critical Care for more information.**

#### **4.2. Scope of national data sets (Outpatients)**

GG explained that an impact assessment was conducted to understand the various types of outpatient activity, and whether these can feasibly be incorporated into the data set in the near future. The feedback highlighted that therapy information might be difficult to incorporate without significant development but it was more feasible to introduce nurse led activity. GG went on to explain that currently nurse led activity is identified based on consultant code, but some health boards use the code of the consultant as a proxy. Cwm Taf can identify via treatment function code 950 and using nurse pin numbers in the consultant code field. The next step would be an impact assessment to propose nurse pin numbers are used in outpatient activity on a national basis. RC added that if all health boards cannot provide nurse pin numbers a bucket code could be used for nurses. DB questioned the business requirement to identify the individual. GG explained that for financial costing purposes it is not necessary to identify an individual nurse, just whether the activity is undertaken by a consultant or nurse.

DB asked whether nurse endoscopies were in scope. GG explained that the current scope is to fix the Outpatient data set, however if the same proposal can be applied to other data sets then that should be considered. RC suggested that the resulting action should be to send out another Impact Assessment to understand the ability to provide nurse pin numbers or, alternatively, a dummy code to identify nurse activity.

**ACTION – GG to conduct Impact Assessment on ability to include nurse pin numbers in the Outpatient data set**

RC also referred to the requirement to incorporate virtual clinics in phase 2 of this work. DB stated that virtual clinic data is captured locally, but this is not submitted to NWIS.

#### **4.3. Core Reference Data**

GG updated the group on the Core Reference Data project, describing that an impact assessment had been issued to national systems leads to understand the implications for applying these standards to those systems. This followed an initial impact assessment that was issued to health boards to consult with them on the content of standard. Due to the lack of feedback received KE is



contacting systems leads to emphasise the importance for feedback and the risks associated with not responding.

#### 4.4. Pathway Identifier

GG noted that there are no major updates for Pathway Identifier. Carl Davies is working to secure funding to progress with this project. Any progress will be fed into this Group at future meetings.

#### 4.5. NHS Number

GG informed the group that the baseline work for NHS number had gone to the Demographics User Group. The Group were supportive of the proposals for assigning NHS numbers to patients that do not currently have one and to utilise NHS numbers as a unique ID. GG noted that temporary NHS numbers were being issued in primary care and that there was a need to look at the method in which primary care can assign a temporary NHS number, and look into whether this can be applied to secondary care.

### 5. Review Submissions

- *Location Type Code*

GG introduced the submission, explaining that Location Type code is part of the Outpatient dataset, and an initial review by the NWIS Data Quality team to address a query from ABMU regarding validation rule: 51609: inconsistent location type code/site code (of treatment) highlighted the need for a broader review of the value set. Work has been carried out to assess whether existing values for Location Type are fit for purpose given the variation in their use by HBs across Wales. GG described the current ambiguity around the Location Type values, such as values 4 'Ward or NHS Hospital Site' & 28 'Professional Staff Group Department managed by Voluntary or Private Agents' which seemed to overlap.

RC questioned whether local lists were used and then mapped into the national list for central submission and if the field was used for any regular analysis or ad hoc queries. DB explained that Aneurin Bevan's large numbers against code 37 (other location not classified elsewhere) are legitimate. The health board are trying to get patients seen closer to home, and for this reason, patients are often seen in a clinic held at an unusual location such as a local YMCA or theatre, so these are legitimate entries. He did however confirm that the figures for the health board did not appear to be being captured accurately as there should be numbers against other values applicable to GPs, or for client or patients own home.

GG commented that the current list appears to have too many values, with many that are not utilised. Hopefully, by streamlining the list it should improve consistency in that there would be fewer categories to choose from or map to.

RC suggested that review submissions such as this should be provided to HBs for comment with their feedback contributing to the formulation of the recommendations.

#### **ACTION – DH to update Location Type Review Submission and recirculate to health board contacts**

- *Cancelled Outpatient Appointments*

GG informed the group that analysis of Attend or Did Not Attend values has shown that that some health boards were not reporting patient cancelled/advance notice cancellations and hospital initiated cancellations. Aneurin Bevan and Cardiff & Vale were only submitting values for

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attendances and DNAs. DB confirmed that following a review, Aneurin Bevan had corrected the issue. The issue appeared to be ongoing at Cardiff & Vale but there was no representative from the health board to comment.

## 6. Messages for WCIC

RC informed the group that WCIC are now routinely updated on IQI, with the regular progress report now being shared across multiple groups, including WISB and Heads of Information.

## 7. Any Other Business

MW queried if there is a timetable for producing the annual data quality reports Along with where they need to be distributed to, suggesting that these would be ready no earlier than January. RC reiterated the importance is that they're being done, and that the IQI group have site of the completed reports. A collated annual report for all health boards can then be produced.

**ACTION – RC to produce a reporting timetable for annual data quality reports, then include as part of a WHC, signed off by Chris Newbrook**

GG informed the group that GJ would present some information at the next meeting on the work he has been carrying out with linking WAST data to other data sources such as ED.