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WELSH HEALTH CIRCULAR



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Title: Admitted Patient Care (APC) Data Validity Standards for Data Submitted to the Patient Episode Database for Wales (PEDW)

For Action by:

Chief Executives, NHS Trusts Heads of IM&T, NHS Trusts Director, Health Solutions Wales

Action required:

NHS Trusts – Paragraph 14 Health Solutions Wales – Paragraph 15

For Information to: See attached list

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Admitted Patient Care (APC) Data Validity Standards for Data Submitted to the Patient Episode Database for Wales (PEDW)

Summary

- 1. The purpose of this circular is to notify the service of the actions that need to be taken in light of the introduction of the data validity standards for APC activity data supplied to the Welsh Assembly Government. This guidance has arisen from work undertaken by the Corporate Health Information Programme (CHIP).
- 2. A new set of data validity standards for admitted patient care, to supersede the current Data Accreditation standards, were agreed and signed off at CHIP Board in June 2007. These standards will be effective from 1st April 2008. The validity of all APC activity submitted to the Patient Episode Database for Wales (PEDW) by Welsh NHS Trusts and Powys LHB will be monitored against these indicators.
- 3. The validity of APC activity submitted to PEDW by English organisations via the Secondary Uses Service (SUS) will not be monitored as NHS England has its own data quality regime which English organisations must adhere to.
- 4. These data validity standards are the first phase of a series of updated monitoring mechanisms aimed at improving the quality of data in NHS Wales. Further data quality indicators (e.g. data consistency¹) will be introduced for APC data and these principles will be applied to other datasets in due course.

Background

- 5. APC data extracts are submitted to PEDW by NHS Trusts and Powys LHB via Health Solutions Wales (HSW) and support the management, commissioning and planning of healthcare services, the evaluation of NHS performance trends and is a valuable source of epidemiological data.
- 6. WHC (2007) 018 notified the service that PEDW was to be considered the definitive source of APC activity for all corporate reporting as of 1st April 2007. The continued provision of high quality data is essential if PEDW is to be relied upon to support such reporting processes.
- 7. The Data Quality Accountability Framework, agreed at CHIP Board in September 2006, recognised that data quality is the responsibility of the data provider.
- 8. A programme of Data Accreditation was initiated via the Information Quality Programme in 1999. This comprehensively examined Trust performance across a range of issues relating to the collection, reporting and use of APC and outpatient activity information within

¹ Data consistency refers to whether *related* data items within the same dataset are consistent with one another - e.g. a record that indicates a male patient has given birth should be considered inconsistent and would require investigation.

each organisation. One aspect of this process involved the establishment of a means to monitor all Welsh Trusts against an agreed set of standards to assess the validity of submitted Trust data. These indicators have remained in place since their implementation, with some ad-hoc amendments made to them over time.

- 9. The validity of submitted data can be regarded as one of the basic dimensions of data quality. Data validity is concerned with whether submitted data is provided in the agreed format and is populated with a nationally-agreed value, as defined in the NHS Wales Data Dictionary.
- 10. The current list of data items being monitored for validity as part of the legacy of Data Accreditation were re-visited and a fuller, revised list of data validity standards were consulted on, ensuring those data items considered important for secondary use and analysis purposes were included in the final list of proposed indicators.
- 11. The full list of data items to be monitored under the Admitted Patient Care Data Validity Standards is outlined in Annex 1.
- 12. The percentage targets for validity, where applicable, have been derived from the Data Accreditation standards for the same data item. Where a target percentage did not previously exist, a target has been set based on the type of data item under consideration. A further programme of work will be undertaken in the 2008/09 financial year to review the percentage targets to determine whether there is a need to update them in light of the increased use of data held on PEDW for secondary analysis purposes.
- 13. The Validation at Source (VASS) service, which is maintained by HSW, will be updated so that the data validity standards are reflected in the software, thus enabling NHS Trusts and Powys LHB to identify those records that contain errors at the time of data submission.

Actions Required

- 14. Each Welsh NHS Trust and Powys LHB is required to:
 - Ensure all APC data submissions conform to these data validity standards.
 - Ensure the standards are achieved or exceeded for each data item outlined in Annex 1, taking appropriate corrective action when performance falls below the agreed criteria.
 - Make use of VASS and any other local processes to improve the quality of the monthly PEDW submissions, taking appropriate action where possible to correct invalid data.

- 15. Health Solutions Wales (HSW) is required to:
 - Ensure the continued functionality of Validation at Source (VASS) to allow NHS Trusts and Powys LHB to identify any data validity errors in their submitted APC data.
 - Produce the Data Validity Standards Performance Monitoring Report every month from 1st April 2008 onwards. This is to be made available on the Health of Wales Information Service (HOWIS) intranet.
 - Work with CHIP and NHS Wales to redevelop the eWebIndicators² reporting suite to improve the reporting of performance against the Data Validity Standards.

Clearance

16. This circular has been drafted by the Service Delivery and Performance Management Directorate.

Queries

17. All queries should be directed to the contact shown on the front of this circular.

Yours sincerely,

Gordon McKenzie

Head of Information Services

Julu Mily

Service Delivery & Performance Management Directorate

Health & Social Services Department

² http://eproducts.wales.nhs.uk/Webindicators/

DATA VALIDITY INDICATORS FOR ADMITTED PATIENT CARE DATA

| Data Item / Validity Indicator | Target (% Valid)* |
|--|-------------------|
| Administrative Category | 98% |
| Admission Date | 98% |
| Admission Method | 98% |
| Consultant Code | 98% |
| Date of Birth | 98% |
| Decision to Admit Date | 98% |
| Discharge Date | 98% |
| Discharge Destination | 98% |
| Discharge Method | 98% |
| Duration of Elective Wait | 98% |
| Episode End Date | 98% |
| Episode Start Date | 98% |
| Ethnic Group | 98% |
| HRG Code 3 Months After Episode End Date | 95% |
| Intended Management | 98% |
| Last Episode in Spell Indicator | 98% |
| Legal Status | 98% |
| Local Health Board of Residence | 95% |
| Main Specialty (consultant) | 98% |
| NHS Number | 95% |
| NHS Number Status Indicator | 95% |
| NHS Number Valid & Traced | 95% |
| Patient Classification | 95% |
| Postcode | 98% |
| Principal Diagnosis 3 Months After Episode End Date | 95% |
| Principal Operation Code 3 Months After Episode End Date | 95% ** |
| Principal Operation Date | 95% |
| Provider Code | 98% |
| Referrer Code | 98% |
| Registered GP Practice Code | 98% |
| Sex | 98% |
| Site Code (of Treatment) | 98% |
| Source of Admission | 98% |
| Specialty of Treatment Code | 98% |

A data validity indicator will check whether submitted data is provided in the agreed format and is populated with a nationally-agreed value, as defined in the NHS Wales Data Dictionary.

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

^{**} This indicator will check the validity of this data item only when a primary procedure code is present on the record, since it is not mandatory for a code to always be present in this field.