NHS WALES INFORMATICS SERVICE

DATA QUALITY STATUS REPORT

ADMITTED PATIENT CARE DATA SET

Version: 1.0

Date: 7th October 2019

Data Set

Title
Admitted Patient Care data set (APC ds)

Sponsor
Welsh Government (WG)

Implementation Date
1st April 1999

Change History
See NHS Wales Data Dictionary[1]

Data Set Purpose
The APC data set is the principal source of secondary use data for hospital admissions. Each record in the data set describes a Finished Consultant Episode (FCE). The data set has a wide range of uses including:

- Service improvement
- Hospital capacity planning
- Budget planning
- Financial costing
- Performance monitoring
- Public health surveillance

This data is submitted by each provider organisation to the NHS Wales Informatics Service's Information Services Division (ISD), where the data is loaded into the national database. At the end of each year, the data for that year is 'frozen' to ensure that National Statistics for that year remains unaffected by changes to the database as a result of data resubmissions.

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[1] http://www.datadictionary.wales.nhs.uk/WordDocuments/admittedpatientcaredatasetapcds.htm

Document: Data Quality Status Report – Admitted Patient Care Data Set   Date Created: 05/08/2019
Programme: NHS Wales Informatics Service   Date Printed: 07/10/2019
Author: Sian Davies   Version: 1.0
                                                                               Status: Final

Page 2 of 14

Document Purpose

Function

ISD provides a central data processing, analysis and publishing service for NHS Wales. A key element of this process is to ensure that the data being processed is of suitable quality to maintain the integrity of the database which, in turn, enables the reporting of meaningful health information.

This document describes a range of data quality issues affecting this data set.

Audience

This document acts as a situation report for the Sponsor as well as an information resource for other stakeholders who base decisions on the accuracy of this data.

Frequency

The document is issued annually to accompany all formal annual publications.

Information Source

The aim is to describe the quality of the data held centrally in the NHS Wales Informatics Service national database. The Data Quality and Data Acquisitions teams within ISD are in regular contact with the health boards who supply this data, as well as the WPAS[2] (Welsh Patient Administration System) development team to ensure that the data being entered on hospital systems and extracted from them comply with the standards set out in the NHS Wales Data Dictionary and relevant Data Set Change Notices (DSCNs)[3].

Scope

The following set of data quality dimensions are covered in this report:

- **Data Validity**. The term 'data validity' refers to whether the submitted data has been provided in the agreed format and, where applicable, whether it is populated with a nationally-agreed value.
- **Data Consistency** refers to whether related data items within the same data set are consistent with one another. For example, a record that indicates a male patient has given birth should be considered inconsistent and would require investigation.
- **Data Timeliness** is simply a measure of whether the data file was submitted in accordance with national timescales.
- **Data Completeness**. In this case, this is a measure of the ratio of records submitted : records loaded.

These are fundamental to the quality of the data which is submitted and, in turn, processed through to the national database.

Aside from the data quality dimensions listed above, this document does not seek to review the accuracy of the data reported via the APC ds – i.e. whether reported activity is a true reflection of the activity being carried out within NHS Wales organisations.

Note also that nationally defined default or bucket codes are permitted and are therefore classed as valid values.

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[2] WPAS was formerly called Myrddin

[3] All new DSCNs are published on the NHS Wales Informatics Service Data Standards website via:
http://www.nwisinformationstandards.wales.nhs.uk/change-notices

Document: Data Quality Status Report – Admitted Patient Care Data Set   Date Created: 05/08/2019
Programme: NHS Wales Informatics Service   Date Printed: 07/10/2019
Author: Sian Davies   Version: 1.0
                                    Status: Final

Page 3 of 14

Further information about these dimensions can be found on the NHS Wales Informatics Service Data Quality website[4].

Data Quality Standards

Validation At Source Service (VASS) Checks

This data set is used for high profile National Statistics where a high level of quality assurance is required. VASS provides an online resource for submitting organisations to check the quality of their data before formally submitting it to ISD to be processed through to the national database. VASS is comprised of 3 main types of data quality checks as described below:

- **Data Load checks** are used to protect the integrity of the database by identifying invalid values within a record. If a data load error is triggered, the whole record is rejected by the system, preventing it from being processed through to the national database. The fact that load errors prevent records from being loaded means that these are often reviewed and resubmitted immediately. While this has been a successful method of maintaining the quality of this data set, it is reliant on the cooperation of the data provider in reviewing these errors promptly.
- **A Data Validity check** tests whether the recorded entry within the associated database field is a valid national value. These national values are defined in the NHS Wales Data Dictionary and lists of codes are available from the Welsh Reference Data Service[5]. Data Validity checks have been in operation since April 2008.
- Some data items are interdependent. For example, a patient's date of birth must not be after their activity date. Relationships between data items are checked using **Data Consistency checks**. These were introduced for APC in April 2009.

These checks are reviewed and updated as necessary.

Regular Monitoring

Data Validity and Consistency performance is monitored on a monthly basis. The **Data Quality Standards** that each data provider must adhere to are defined by sets of indicators and nationally-agreed targets. These are based on the aforementioned VASS checks. Data Validity and Consistency reports are used to measure compliance with these standards

Further information on Data Quality Standards and how the quality of data is monitored can be found on the NHS Wales Informatics Service Data Quality internet site[6]. The reports themselves are published on the corresponding intranet site[7].

Data Set Quality Status

Data Validity

Regular monitoring and provider cooperation means that data validity is generally high. A copy of the annual Data Validity report for 2018-19 is shown in Appendix A. Issues causing percentages to fall considerably below the target (>4%) are explained and resolved by the health boards where resource and system constraints permit.

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[4] http://www.nwisinformationstandards.wales.nhs.uk/about-data-quality

[5] http://wrds.wales.nhs.uk (accessible to NHS Wales users only)

[6] http://www.nwisinformationstandards.wales.nhs.uk/data-quality-standards

[7] http://nww.nwisinformationstandards.wales.nhs.uk/data-quality (accessible to NHS Wales users only)

Document: Data Quality Status Report – Admitted Patient Care Data Set   Date Created: 05/08/2019
Programme: NHS Wales Informatics Service   Date Printed: 07/10/2019
Author: Sian Davies   Version: 1.0
Status: Final

Page 4 of 14

The validity targets for **Main Specialty (Consultant)** and **Speciality of Treatment Code** are being met every year by all organisations apart from Powys. The records that are causing this low validity mainly relate to activity where a general practitioner is responsible for the patient during their inpatient stay and/or where the patient is treated under the specialty of general practice. The main specialty code relating to GPs changed when the list of values for this data item was revised in April 2015 as per DSCN 2014 / 07[8] and the specialty of treatment codes for general practice ceased to be valid in April 2016 as per DSCN 2014/08[9].

Four other organisations have also submitted activity where GPs are responsible for patients during their inpatient stays and/or where patients are treated under a GP specialty, but the validity targets are still met in those organisations although they also use the codes that are no longer valid. BCU and Powys have a similar numbers of invalid codes, but the validity targets are still met in BCU as the proportion of invalid codes is negligible due to their larger total volume of records. This issue has been highlighted in Powys as it accounts for a high proportion of their overall activity. An upgrade to the WPAS system in Powys is needed before the validity of these data items will improve.

Data Consistency

A full breakdown of Data Consistency performance is shown in Appendix B. Data Consistency compliance is good in general.

The consistency target for **Decision to Admit Date v Waiting List Date** is being met at each organisation apart from Velindre. As they do not record an inpatient waiting list, they do not enter these dates into Canisc therefore both dates are being calculated. Although Decision to Admit Date is calculated as a later date than Waiting List Date, the calculations cannot be amended as no further development is taking place on the Canisc system. Although this is not a new issue, it was not highlighted until this new check was introduced in early 2018.

The other indicators that are showing low values are all indicators where the denominator in the calculation is a subset of the total number of records. As the calculations are based on a relatively small number of records, the percentages can be somewhat deceptive. In Aneurin Bevan for example, the low consistency of **Primary Diagnosis Code v Admission Date & Birth Date [i.e. Age]** relates to only 35 records, while in Cardiff & Vale that for **Discharge Method v Specialty (of Treatment)** relates to only 3 records.

Data Timeliness

Issues with timeliness are rare due to an established process of file submission and sign-off via the NHS Wales Data Switching Service (NWDSS). The Data Acquisitions team issue reminders to data providers ahead of the monthly submission deadline and provide assistance with any VASS errors to reduce delays and minimise the probability of missed deadlines. There were only **2 late submissions** in 2018-19 which equates to less than 1% of the total APC submissions received.

In addition to monthly deadlines, there is an annual deadline for resubmissions (27th June 2019) which allows providers to improve the quality of their data before it is frozen. All health boards met the deadline.

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[8] http://www.nwisinformationstandards.wales.nhs.uk/opendoc/253025
[9] http://www.nwisinformationstandards.wales.nhs.uk/opendoc/258253

Document: Data Quality Status Report – Admitted Patient Care Data Set
Programme: NHS Wales Informatics Service
Author: Sian Davies

Date Created: 05/08/2019
Date Printed: 07/10/2019
Version: 1.0
Status: Final

Page 5 of 14

Data Completeness

ISD data processing timescales must be adhered to in order to ensure compliance with reporting deadlines. If a monthly submission deadline is missed, the data cannot be processed until after the submission deadline for the following month. This can result in temporary data completeness issues. This does not affect the data used in annual reports as these are only run after files for the entire year have been received (and resubmitted where necessary) using the frozen data.

With the existence of Data Load checks there is an added risk of data completeness issues if invalid data is submitted. Although rejected records are generally reviewed and resubmitted before the data is loaded, if these are not corrected, the national database (and any reporting outputs) will contain incomplete data. This is not a significant issue at present as a relatively small number of records are rejected by the system each month and not loaded into the national database. Any instances where a high proportion of records are rejected are flagged up on Data Completeness reports. These are monitored by the Data Acquisitions team and issues are communicated to the submitting organisation immediately requesting that the data is resubmitted in time for the data to be processed.

Five organisations (ABM, BCU, Cardiff & Vale, Powys and Velindre) met both clinical coding completeness targets. The other three met the national standard of 95% coded within 3 months of episode end date, but failed to achieve the 98% target for rolling 12 months' data - Aneurin Bevan (89.6%), Cwm Taf (94.1%) and Hywel Dda (94.6%).

Additional Issues

The data quality dimensions described above capture the major issues which can be easily monitored. However, there are some additional issues which, although not captured by regular monitoring, are highlighted to the Data Quality team on an ad hoc basis. The table in Appendix C describes the current position.

For further information regarding these issues, please contact the Data Quality team via data.quality@wales.nhs.uk.

Quality Assurance

ISD follows a routine process to assure the quality of the data used in National Statistics. This process is described in the document *Data Quality Assurance – National Statistics (June 2014*, which is available from the NHS Wales Informatics Service Data Quality Team on request).

Impact on Reporting and Publishing

There are no major issues preventing this data from being used for reporting, providing that the recipient is made aware of the relevant issues described in this report.

Overall Data Quality Status

Well established processes for submitting, checking and monitoring the quality of this data set means that the timeliness, completeness, validity and consistency of the data are generally good. These dimensions continue to be monitored on a regular basis to further improve quality.

Improvements to the other areas summarised in Appendix C are largely dependent on developments to operational systems or to the structure and scope of the data set itself.

Document: Data Quality Status Report – Admitted Patient Care Data Set   Date Created: 05/08/2019
Programme: NHS Wales Informatics Service   Date Printed: 07/10/2019
Author: Sian Davies   Version: 1.0
                                                                                         Status: Final

Page 6 of 14

WHC (2015) 027[10] was issued in June 2015 to introduce a national initiative to address the causes of poor information quality. The initiative, namely the Information Quality Improvement (IQI) initiative, has now been established and a work programme has also been developed along with detailed proposals for tackling the underlying causes of a number of issues affecting information quality.

More information about the initiative can be found by visiting www.iqi.wales.nhs.uk.

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[10] http://howis.wales.nhs.uk/doclib/WHC2015027-e.pdf

Appendix A: APC Data Validity Report 2018-19

Data Item	DATA VALIDITY STANDARD	All Welsh Providers	Abertawe Bro Morgannwg University LHB	Aneurin Bevan University LHB	Betsi Cadwaladr University LHB	Cardiff & Vale University LHB	Cwm Taf University LHB	Hywel Dda University LHB	Powys Teaching LHB	Velindre NHS Trust
APC submission received by the 17th	-	-	✔	✔	✔	✔	✔	✔	✔	✔
Number of Records Loaded	-	1173980	213562	257504	222824	156580	105945	132767	4813	79985
Administrative Category	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Admission Date	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Admission Method	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Consultant Code	98%	96.0%	✓	90.8%	95.7%	94.1%	✓	✓	88.1%	✓
Date of Birth	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Decision to Admit Date	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Discharge Date	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Discharge Destination	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Discharge Method	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Duration of Elective Wait	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Episode Start Date	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ethnic Group	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
HRG Code[†††]	95%									
Intended Management	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Last Episode in Spell Indicator	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Legal Status	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Local Health Board of Residence	95%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Main Specialty (consultant)	98%	✓	✓	✓	✓	✓	✓	✓	72.6%	✓
NHS Number	95%	✓	✓	✓	✓	✓	✓	✓	✓	✓
NHS Number Status Indicator	95%	✓	✓	✓	✓	✓	✓	✓	✓	✓
NHS Number Valid & Traced	95%	✓	✓	✓	93.3%	✓	✓	✓	✓	✓

Document: Data Quality Status Report – Admitted Patient Care Data Set
Programme: NHS Wales Informatics Service
Author: Sian Davies

Date Created: 05/08/2019
Date Printed: 07/10/2019
Version: 1.0
Status: Final

Page 8 of 14

Data Item	DATA VALIDITY STANDARD	All Welsh Providers	Abertawe Bro Morgannwg University LHB	Aneurin Bevan University LHB	Betsi Cadwaladr University LHB	Cardiff & Vale University LHB	Cwm Taf University LHB	Hywel Dda University LHB	Powys Teaching LHB	Velindre NHS Trust
Patient Classification	95%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Postcode††††	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Principal Diagnosis†	95%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Principal Procedure Code† / ††	95%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Principal Procedure Date	95%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Referrer Code	98%	✓	✓	✓	97.5%	✓	✓	✓	97.2%	✓
Registered GP Practice Code	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sex	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Site Code (of Treatment)	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Source of Admission	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Specialty of Treatment Code	98%	✓	✓	✓	✓	✓	✓	✓	73.8%	✓
Waiting List Date	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓

† "Principal ICD Diagnosis", "Principal Procedure Code" and "HRG Code" will show as blank for the first 3 months of a new financial year.

†† "Principal Procedure Code" only reports the % validity of all records where a primary procedure code is present on an episode.

††† "HRG Code" (HRG v4) is not presently monitored for data validity as it is currently a derived field.

†††† "Postcode" may occasionally be incorrectly flagged as invalid due to issues with the postcode file received from ONS.

Document: Data Quality Status Report – Admitted Patient Care Data Set
Programme: NHS Wales Informatics Service
Author: Sian Davies

Date Created: 05/08/2019
Date Printed: 07/10/2019
Version: 1.0
Status: Final

Page 9 of 14

Appendix B: APC Data Consistency Report 2018-19

Data Consistency Check	DATA CONSISTENCY STANDARD	All Welsh Providers	Abertawe Bro Morgannwg University LHB	Aneurin Bevan University LHB	Betsi Cadwaladr University LHB	Cardiff & Vale University LHB	Cwm Taf University LHB	Hywel Dda University LHB	Powys Teaching LHB	Velindre NHS Trust
Admission Date vs. Date of Birth	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Admission Method vs. Intended Management	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Admission Method vs. Patient Classification	95%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Admission Method vs. Source of Admission*	98%	✓	✓	✓	✓	✓	✓	✓	✓	93.8%
Decision to Admit Date vs. Admission Date	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Decision to Admit Date vs. Waiting List Date	98%	84.4%	✓	✓	✓	✓	✓	✓	✓	0.0%
Discharge Method vs. Discharge Date & Date of Birth [i.e. Age]*	98%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Discharge Method vs. Discharge Destination*	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Discharge Method vs. Specialty (of Treatment)*	98%	85.0%	✓	✓	66.7%	78.6%	0.0%	0.0%	n/a	n/a
Episode End Date vs. Admission Date	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Episode End Date vs. Discharge Date	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Episode End Date vs. Date of Birth	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Episode End Date vs. Episode Start Date	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Episode Start Date vs. Admission Date	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Episode Start Date vs. Discharge Date	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Episode Start Date vs. Date of Birth	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
HRG Code vs. Sex†*	95%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Last Episode in Spell vs. Episode End Date & Discharge Date*	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Legal Status vs. Specialty (of Treatment)***	98%	✓	✓	✓	95.4%	✓	✓	✓	✓	n/a
Patient Classification vs. Discharge Date & Admission Date [i.e. Length of Stay]*	95%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Postcode vs. Local Health Board of Residence**	95%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Primary Diagnosis Code vs. Admission Date & Birth Date [i.e. Age]†*	95%	93.1%	✓	77.0%	✓	✓	50.0%	✓	n/a	n/a
Primary Diagnosis Code vs. Sex†*	95%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Primary Procedure Code vs. Sex†*	95%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Primary Procedure Date vs. Episode Start Date & Episode End Date	95%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Referrer Code vs. Referring Organisation Code	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓

Document: Data Quality Status Report – Admitted Patient Care Data Set
Programme: NHS Wales Informatics Service
Author: Sian Davies

Date Created: 05/08/2019
Date Printed: 07/10/2019
Version: 1.0
Status: Final

Page 10 of 14

Data Consistency Check	DATA CONSISTENCY STANDARD	All Welsh Providers	Abertawe Bro Morgannwg University LHB	Aneurin Bevan University LHB	Betsi Cadwaladr University LHB	Cardiff & Vale University LHB	Cwm Taf University LHB	Hywel Dda University LHB	Powys Teaching LHB	Velindre NHS Trust
Waiting List Date vs. Admission Date	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Waiting List Date vs. Admission Method	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Specialty (of Treatment) vs. Sex*	98%	✓	✓	✓	✓	✓	✓	✓	✓	✓

The term "data consistency" refers to whether related data items within the same data set are inconsistent. For example, a record that indicates a male patient has given birth should be considered inconsistent and would require investigation).

† The national standard for clinical coding stipulates that primary diagnosis/procedure should be completed within 3 months of episode end date. However, these checks look at all submitted coding irrespective of the elapsed time since the episode end date.

* Reported performance shows the percentage of consistent records for those records that contain a dependant value only. Please refer to the supporting documentation for a full breakdown of the dependencies for each check.

** "Postcode" may occasionally be incorrectly flagged as invalid due to issues with the postcode file received from ONS.

*** This measure shows consistency of mental health related specialties only.

n/a = no relevant activity data submitted to test in relation to this check

Document: Data Quality Status Report – Admitted Patient Care Data Set
Programme: NHS Wales Informatics Service
Author: Sian Davies

Date Created: 05/08/2019
Date Printed: 07/10/2019
Version: 1.0
Status: Final

Page 11 of 14

Appendix C: Additional data quality issues

Issue	Impact	Proposed Resolution	Benefit	Status
Maternity 'tail' / Maternity stats	Inconsistency between APC figures and data held in local electronic maternity systems (and in the Maternity Indicators data set).	As Maternity stats are now sourced from the Maternity Indicators data set instead of from the maternity 'tail', consider the removal of the maternity 'tail'.	Improved consistency in centrally held maternity stats, due to the existence of only one source for maternity data held centrally.	Removal of the maternity 'tail' is to be investigated
Assessment Unit (AU) Activity	Inconsistency in approaches to recording assessment activity across Wales.	A national review is being undertaken to consider an appropriate approach to the future recording and reporting of AU activity. For the purposes of financial costing only, an alternative approach to identify 'short stay' emergency activity (based on episode length) is being used by the WG Financial Information Strategy in the interim.	Availability of consistent data relating to assessment activity.	Ongoing.
Missing data - Radiotherapy - Renal dialysis	Radiotherapy and renal dialysis activity fall within the scope of APC as Regular Day Admissions, but not all sites are recording activity on PAS so it is not being captured in APC.	Radiotherapy: On hold until WPAS is deployed to all sites to allow link to radiotherapy machines. Renal dialysis: National system capturing clinical information (VitalData) is being reviewed with a view to feeding PAS/APC.	Availability of activity data nationally.	Included on the work programme of the IQI initiative.
Elective waiting times	Inconsistency in reported data against Decision to Admit Date, Waiting List Date and Duration of Elective Wait.	Clarify national standards and monitor compliance.	Increased reliability of data used for measuring waiting times for specific procedures.	Following a change to national standards in 2017, a review in 2019 has made further recommendations.

Document: Data Quality Status Report – Admitted Patient Care Data Set   Date Created: 05/08/2019
Programme: NHS Wales Informatics Service   Date Printed: 07/10/2019
Author: Sian Davies   Version: 1.0
                                                                                                                             Status: Final

Page 12 of 14

Issue	Impact	Proposed Resolution	Benefit	Status
Haematology	A variety of inconsistencies in reported data over time preventing meaningful comparison across Wales and trend analysis (including in National Statistics).	A series of recommendations are proposed for health boards to clarify the position.	Improved understanding of the variation in service provision across Wales and how this has changed over time.	Correspondence with health boards to continue in conjunction with WG Knowledge and Analytical Services.
Source of Admission / Discharge Destination	Inconsistency in values recorded in Source of Admission and Discharge Destination, particularly in records relating to transfers, causing difficulties in tracking patient journeys and deriving provider spell data.	A consultation with health boards in September 2013 revealed little appetite for changes in national definitions. Compliance with data quality standards continue to be monitored with issues being addressed on a case-by-case basis.	Improvements in the accuracy of this data would allow for stricter logic in scripts used to derive provider spells and greater accuracy in related analyses.	National standards were changed in 2019. A follow up review is due to take place.
Well babies	Data is being reported inconsistently across Wales.	Review and refine national standards.	Improved consistency in data held centrally.	National standards relating to all babies (well and unwell) are being reviewed.
Overseas visitors	Inconsistency in the recording of overseas patients across Wales.	Review and revise national standards and monitor compliance.	Ability to identify the number of overseas visitors in analyses.	Awaiting further Welsh Government instruction following legislation change
Dermatology	Inconsistency in the way that dermatology activity is recorded across Wales.	Review and revise national standards and monitor compliance	Improved understanding of the variation in service provision across Wales.	National standards being reviewed.
Non consultant activity	Non consultant activity is not currently recorded in the dataset giving an incomplete picture of inpatient activity	Incorporate non-consultant activity into the APC data.	Give a clearer picture of activity carried out.	On the Information Quality Improvement (IQI) agenda.

Issue	Impact	Proposed Resolution	Benefit	Status
Treatment Function Code	Issues with the new Treatment Function Codes impacted the financial costing processes and data continuity in national statistics.	As a short term fix, codes have been rolled back to the old Treatment Function Codes.	Allows the recording of submitted codes as well as derived codes.	Issue under investigation.