

NHS WALES
INFORMATICS SERVICE

**EMERGENCY DEPARTMENT
DATA SET (EDDS)**

**DATA CONSISTENCY
STANDARDS**

Document History

Document Location

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Approvals

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Name	Date of Approval	Version
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Local Health Board / Trust Directors of Finance		
National Leadership and Innovation in Healthcare		
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WG – Head of Information Standards		
WG – Health Statistics and Analysis Unit		
WG – Resources Directorate		
WG – Performance and Operations		

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1. PURPOSE

- 1.1 The purpose of this document is to outline the data consistency standards for patient-level activity data submitted to the Emergency Department activity national database via the Emergency Department Data Set (EDDS). The aim is to ensure that the indicators themselves, and the means by which performance against them is reported, are consistent with those that have already been developed for Admitted Patient Care (APC), outpatient activity and outpatient referrals data.
- 1.2 For the purposes of this document and associated recommendations, data consistency can be defined as being concerned with whether *related* data items within EDDS are consistent with one another. For example, a record that indicates an EDDS record where the Administrative End Time is earlier than the Administrative Start Time can be considered to be inconsistent and would require investigation and correction.
- 1.3 It is proposed that these indicators will form the foundations for future data quality performance monitoring and will be used as a basis to highlight specific data consistency issues in EDDS data submitted to the national database by NHS Wales Local Health Boards (LHBs).
- 1.4 It should be noted that these proposals were initially consulted on in 2010. However due to recent amendments in the reporting of EDDS there are further updates to the data consistency checks initially proposed.
- 1.5 These proposals relate to the monthly EDDS submission only. The daily EDDS submission is unaffected by these new standards.

2. BACKGROUND

- 2.1 One of the fundamental objectives of the NHS Wales Informatics Service (NWIS) is the need to improve confidence in information leading to it being actively used to inform service improvement. An essential component of this aim is the quality of the data that is being used to support decision making within the service.
- 2.2 The EDDS was mandated via Ministerial Letter effective 1st April 2009¹, requiring LHBs to submit monthly extracts detailing emergency department activity to the national database, via the NHS Wales Informatics Service [then Health Solutions Wales (HSW)]. The data set was initially designed to meet the relevant information needs of the Performance Management, Waiting Times & Emergency Care Division of the Welsh Government as well as the information requirements of the all-Wales Injury Surveillance System (AWISS). The data also has a range of other uses and can be used to support the management and planning of healthcare services, the evaluation of NHS performance and activity trends and can be a useful source of epidemiological data at both a national and local level. High quality data is essential if it is to be relied upon to support such processes in NHS Wales.
- 2.3 Since 2007, the Corporate Health Information Programme (CHIP), now part of NWIS, has developed a revised approach to tackling data quality. The general approach is described in the document "*Admitted Patient Care National Database –*

¹ [EH/ML/006/09](#)

*Data Validity Standards*². Six 'dimensions' of data quality were identified, and the need to address each was highlighted if the service is to genuinely understand how good (or bad) its data is. To this end, a set of data validity standards were developed for APC activity data³, which aimed to address the dimensions of timeliness and validity. In April 2009, a set of data consistency standards were also mandated for APC activity data. Data validity standards have since been developed for outpatient activity⁴, outpatient referrals⁵ and EDDS⁶ data, all of which were mandated effective 1st April 2010. A range of data consistency standards have recently been approved in respect of OPR data, whilst similar standards are also in the process of being developed for outpatient activity.

- 2.4 This document summarises the current data quality checking processes in relation to EDDS activity data and goes on to outline a proposed set of data consistency standards for EDDS

3. THE APPROACH

- 3.1 Following the principles followed when developing similar data quality checking processes across other data sets, a draft set of data consistency indicators have been developed for EDDS activity data.
- 3.2 The proposed indicators were distributed to the service for comment on Friday 9th July 2010. Opinions were sought from Local Health Boards (LHB's) and Trusts, NHS Wales Informatics Service, Welsh Government (WG), Health Statistics and Analysis Unit (HSA), Business Services Centre (BSC), Delivery & Support Unit (DSU), the Welsh Cancer Intelligence & Surveillance Unit (WCISU) and National Public Health Service (NPHS).
- 3.2.1 Organisations were requested to provide a response by Friday 30th July 2010.
- 3.3 The service was asked to provide comment on the recommendations outlined in this document as to the suitability of the indicators and of their overall use in monitoring the quality of EDDS activity data.

4. FINDINGS

4.1 CURRENT ARRANGEMENTS

- 4.1.1 The EDDS data validity standards were mandated effective from 1st April 2010.
- 4.1.2 EDDS activity data is not subjected to any 'live' data consistency checking when LHBs forward data monthly to the national database via NHS Wales Data Switching Service (NWDSS).
- 4.1.3 There are a number of clinically-focussed data items with EDDS (e.g. Diagnosis Type, Anatomical Area, Anatomical Side). There are ongoing discussions

² <http://howis.wales.nhs.uk/sites3/Documents/460/APC%5FNational%5FDatabase%5FData%5FValidity%5FStandards.pdf>

³ WHC (2008) 007

⁴ [PMW/THOMAS/BS/OP](#)

⁵ [PMW/THOMAS/BS/OPR](#)

⁶ [PMW/THOMAS/BS/EDDS](#)

between the data set sponsor, developer and other stakeholders as to the structure and function of these data items within the data set.

- 4.1.4 There is currently no data validity check for the mandatory data item 'Presenting Complaint'.
- 4.1.5 In December 2011, Welsh Government authorised a change to the definitions and reporting of the data items for 'Treatment End Date' and 'Treatment End Time' within EDDS in order to accommodate the exclusion of clinical exceptions and patients waiting for transport from the calculation of A&E waiting times performance. In doing so, this necessitated some further updates to the data consistency checks initially proposed in recognition of the requirement to ensure high quality data where data are being used in the calculation of this key performance measure.

4.2 SUMMARY OF SERVICE FEEDBACK

- 4.2.1 The initial consultation was completed on Tuesday 7th September 2010. A total of 4 individual responses had been received. A summary of the organisations from which a response was received is shown below:

- Welsh Government – Head of Information Standards;
- Hywel Dda LHB;
- Aneurin Bevan LHB;
- NHS Wales Informatics Service (Health Solutions Wales).

- 4.2.2 The number of responses received was disappointing. However, since five sets of similar data quality standards have been introduced across other national data sets over the last two years with full support of the Service, the low response rate may simply reflect the fact that the standards are, on the whole, regarded as un-contentious.

- 4.2.3 Of the feedback that was received, there was all-round support for the introduction of the data consistency checks for EDDS activity data.

- 4.2.4 A few significant issues, however, were raised. These were as follows:

- 4.2.4.1 The Head of Information Standards noted the need to ensure adequate provision was made to ensure adequate use was made of the data quality performance data / information generated through the introduction of these (and other) data quality standards.

Response: The need for a stronger approach to ensuring improvements in performance are realised is recognised. A revised approach for discussing issues of data quality at a national level are being introduced via 'Heads of Information' group and its Data Development & Compliance Sub Group (DDCSG). As more data quality standards are introduced, the increased focus on data quality performance should assist in promoting dialogue between organisations.

- 4.2.4.2 The NHS Wales Informatics Service (NWIS) recognised the change of approach in respect of the percentage targets associated with the EDDS data consistency standards proposed. Previously, data consistency targets had been based on the data validity targets of the data items that make up the

check – typically 95% or 98%.

Response: It is accepted that the approach outlined for the EDDS data consistency standards differs from other standards already introduced, such as the APC data consistency standards. This approach has been based on discussions with the data set Sponsor. In the immediate term, there are no plans to amend the targets for other national data quality standards. Any plan to do so would require a further review / consultation.

4.2.5 Following the changes to the definitions as authorised by the Welsh Government and subsequent changes to the data consistency checks, feedback was again sought from stakeholders. A total of 7 responses were received from the following organisations:

- Welsh Government;
- Aneurin Bevan LHB;
- Delivery and Support Unit (DSU);
- Betsi Cadwaladr ULHB;
- Abertawe Bro Morgannwg (ABM) ULHB.

4.2.6 Again, the consensus was that this is a positive step towards improving data quality. However, the following issues were raised:

4.2.6.1 The use of load checks and 100% compliance was questioned by Betsi Cadwaladr ULHB and DSU.

Response: These were set in accordance with the requirements of the sponsor, the Welsh Government, and therefore will remain unchanged.

4.2.6.2 The proposed validation check on the Presenting Complaint field was queried by Aneurin Bevan LHB and DSU.

Response: As this free text field was an explicit requirement of the AWISS (All Wales Injury Surveillance Scheme), the only automated check would be to check whether the field is populated.

4.2.6.3 The Head of Information Standards suggested that as checks on the more clinically orientated fields are being deferred, it would be better to also defer the defining of associated checks.

Response: The document has been updated to reflect these comments.

4.2.6.4 ABM stated that the targets involving Treatment End Date will not be met because they have agreed with DSU that this field will be left blank. Due to PAS issues, they cannot record the Ambulance Incidence Number for all records, therefore this target will not be met either.

Response: This will be factored into the detailed logic underpinning the affected checks.

5. CONCLUSIONS

5.1 To progress to a position whereby submitted EDDS activity data can be used for reasons for which it has been developed, it is considered appropriate to introduce further data quality checking and assurance measures to assess whether it can be considered “fit for purpose” and of sufficient quality to use.

- 5.2 The proposal is that a set of data consistency standards are adopted for EDDS activity data. These indicators will be applied to all data loaded into the emergency department activity national database by LHBs and Trusts.
- 5.3 **The full list of data consistency indicators for submitted EDDS activity data is shown in Annex 1.**
- 5.3.1 *It should be noted that the detailed logic behind each indicator is not outlined in Annex 1 and will be developed once approval has been gained for the standards in principle. This detail will be shared with appropriate groups such as the Information Leads, Secondary Care Information Steering and Clinical Coding User Groups for final approval.*
- 5.4 A percentage target for consistency will be applied to each check. Following discussions with the data set sponsor and developer, it is proposed that **all** EDDS data consistency standards have a target of 100%. The rationale behind this is that whilst some invalid data may be allowed onto the national database (with the corresponding data validity checks recognising that 100% validity is often difficult to achieve), it is reasonable to assume that all valid data submitted to the national database should be consistent, hence the 100% target.
- 5.5 Data consistency standards involving the more clinically-orientated data items (e.g. Diagnosis Type, Anatomical Area, Anatomical Side, etc.) will be deferred whilst there is ongoing work being undertaken to more fully understand their structure, linkage and function within the data set.
- 5.6 An additional data validity check for the data item 'Presenting Complaint' should be introduced.
- 5.7 The Validation at Source Service (VASS) will be updated to incorporate the agreed standards, thus enabling data providers to clearly identify and correct inconsistent data at the earliest opportunity possible. The VASS checks for data consistency will only be undertaken on those records where the fields being queried by a specific check contain valid values (i.e. the record has passed the data validity VASS checks for the data items concerned). This will avoid duplicate reporting of errors within VASS (i.e. a record appearing in both the VASS data validity and consistency checks for a specific data item).
- 5.8 It is essential that Welsh LHBs ensure that checks similar, if not identical, to the data validity and consistency checks in VASS are developed and maintained within their local A&E departmental systems. The presence of in-built validation rules in PAS would mean that such checking can be carried out automatically at the point of data entry, thus ensuring that additional resources are not wasted in correcting data at a later date. An example of such a rule could be an error warning that notifies the user that they have entered an Administrative Arrival Date onto a record that is before the patient's date of birth.
- 5.9 It is accepted that any revised set of data quality indicators (for either validity or consistency) for submitted data may not be an exhaustive list and are subject to change. It is likely that, as a dataset develops and new healthcare initiatives are introduced, it may be necessary to add (or remove) quality checks to ensure all data items of significance are fully represented by any data quality performance monitoring. Such significance is not set in stone, but is continually changing and the indicators must also be flexible enough to incorporate any future changes.

- 5.10 The reporting of performance against the proposed indicators will be undertaken via the dedicated data quality reporting web portal. This is in line with previous recommendations, which stress the need to report issues of data quality through a single and consistent resource. A “*Data Consistency Report*”, similar to the Data Validity Performance Monitoring Report, will be developed and will be made available for appropriate senior all-Wales meetings and forums.

6. RECOMMENDATIONS

In summary the following recommendations are made, and timescales around the achievement of these recommendations are included within **Annex 2**:

- 6.1 A single, standardised set of data quality indicators for consistency* be adopted for EDDS activity data. These are detailed in Annex 1. A target of 100% is to be introduced for each data consistency standard.**

** A data consistency indicator will check whether related data items within EDDS are consistent with one another.*

- 6.2 An additional data validity check will be introduced for the data item ‘Presenting Complaint’.**

- 6.3 The reporting of performance against these targets be standardised via the use of an online reporting tool and a data consistency performance monitoring report, to be updated and published monthly. All the data quality reports being accessible via a single data quality “portal”, thus ensuring access to the necessary reports is made easier for interested parties.**

- 6.3.1 Performance against the new standards will be incorporated into appropriate national reports relating to data quality to ensure the Service is held accountable for the data quality of their organisation.**

- 6.4 The Validation at Source Service (VASS) should be updated to ensure users are able to identify data consistency errors in their EDDS activity data.**

- 6.5 Welsh NHS LHBS should ensure that validation checks for data validity and consistency are built into local A&E departmental systems so that errors can be identified and corrected at the point of data entry.**

Annex 1

PROPOSED DATA CONSISTENCY INDICATORS FOR EDDS ACTIVITY DATA

The following table outlines the proposed data consistency indicators. The logic outlines the general reasoning as to the use of such a check and should not be regarded as a complete description of the check itself.

#	Data Item 1	Data Item 2	Logic	Target (% Consistent)
Date / Time Checks				
1	Administrative Arrival Date/Time	Administrative End Date/Time	Administrative Arrival Date / Time <= Administrative End Date / Time.	100%
2	Administrative Arrival Date/Time	Treatment End Date/Time	Administrative Arrival Date / Time <= Treatment End Date / Time.	100%
3	Birth Date	Administrative Arrival Date	Birth Date <= Administrative Arrival Date.	100%
4	Birth Date	Administrative End Date	Birth Date <= Administrative End Date.	100%
5	Birth Date	Health Event Date	Birth Date <= Health Event Date.	100%
6	Birth Date	Treatment End Date	Birth Date <= Treatment End Date.	100%
7	Health Event Date/Time	Administrative Arrival Date/Time	Health Event Date / Time <= Administrative Arrival Date / Time.	100%
8	Health Event Date/Time	Administrative End Date/Time	Health Event Date / Time <= Administrative End Date / Time.	100%
9	Health Event Date/Time	Treatment End Date/Time	Health Event Date / Time <= Treatment End Date / Time.	100%
10	Treatment End Date/Time	Administrative End Date/Time	Treatment End Date / Time <= Administrative End Date / Time.	100%
11	Treatment End Date	Treatment End Time	If Treatment End Date is valid, then Treatment End Time must be populated with a valid value. (and vice versa)	100%
AWISS-Related Checks				
13	Activity at Time of Injury	Road User	If 'Activity at Time of Injury' = 06 (Road Traffic Collision), then 'Road User' must be populated with a valid value.	100%
14	Activity at Time of Injury	Sport Activity	If 'Activity at Time of Injury' = 03 (Sports), then 'Sport Activity' must be populated with a valid value.	100%
15	Attendance Group	Activity at Time of Injury	If 'Attendance Group' = 11 – 15 (i.e. injury), then 'Activity at Time of Injury' must be populated with a valid value.	100%
16	Attendance Group	Injury Location Type	If 'Attendance Group' = 11 – 15 (i.e. injury), then 'Injury Location Type' must be populated with a valid value.	100%
17	Attendance Group	Mechanism of Injury	If 'Attendance Group' = 11 – 15 (i.e. injury), then 'Mechanism of Injury' must be populated with a valid value.	100%

#	Data Item 1	Data Item 2	Logic	Target (% Consistent)
18	Attendance Group	Road User	If 'Attendance Group' = 20, 30 or 99 (i.e. non-injury), then 'Road User' must = 98 (Not Applicable – Non Injury / Not a Road User).	100%
19	Attendance Group	Sport Activity	If 'Attendance Group' = 20, 30 or 99 (i.e. non-injury), then 'Sport Activity' must = 98 (Not Applicable – Non Injury / Non Sport Injury).	100%
Other Checks				
20	Arrival Mode	Ambulance Incident Number	If 'Arrival Mode' = 01 (Ambulance), then 'Ambulance Incident Number' should not be left blank. If 'Arrival Mode' = 02 – 07 or 20, then 'Ambulance Incident Number' should be blank.	100%
21	Attendance Category	Alcohol Indicator	If 'Attendance Category' = 01 (New Attendance) or 03 (Unplanned Follow-Up Attendance), then 'Alcohol Indicator' must equal 01 (Yes), 02 (No) or 03 (Don't Know). If 'Attendance Category' = 02 (Planned Follow-Up Attendance), then 'Alcohol Indicator' must = 04 (Not Applicable – Planned Follow-Up Patient).	100%
22	Attendance Category	Appropriateness of Attendance	If 'Attendance Category' = 01 (New Attendance) or 03 (Unplanned Follow-Up Attendance), then 'Appropriateness of Attendance' must equal 01 (Appropriate Attendance) or 02 (Inappropriate Attendance). If 'Attendance Category' = 02 (Planned Follow-Up Attendance), then 'Appropriateness of Attendance' must = 03 (Not Applicable – Planned Follow-Up Patient).	100%
23	Attendance Category	Arrival Mode	If 'Attendance Category' = 01 (New Attendance) or 03 (Unplanned Follow-Up Attendance), then 'Arrival Mode' must be a valid value between 01 – 20.	100%
24	Attendance Category	Triage Category	If 'Attendance Category' = 02 (Planned Follow-Up Attendance), then 'Triage Category' must be 06 (See & Treat).	100%
25	Attendance Group	Outcome of Attendance	If 'Attendance Group' = 30 (Dead on Arrival), then 'Outcome of Attendance' must be 11 (Dead on Arrival).	100%
26	Postcode	Local Health Board of Residence	Check to ensure that the submitted 'Postcode' lies within the boundaries of the submitted 'Local Health Board of Residence'.	100%
27	Referrer Code	Referring Organisation Code	A check to ensure that the 'Referrer Code' is registered to the submitted 'Referring Organisation Code'.	100%

A data consistency indicator will check whether related data items within the same dataset are consistent with one another.

Annex 2

PROPOSED IMPLEMENTATION PLAN

Recommendation	Finding	Recommendation	Timescales*
6.1	There are no data consistency checks for EDDS activity data.	A single, standardised set of data quality indicators <i>for consistency*</i> be adopted for EDDS activity data. These are detailed in Annex 1. A target of 100% is to be introduced for each data consistency standard.	2012/13
6.2	There is no data validity check for the data item 'Presenting Complaint'.	An additional data validity check will be introduced for the data item 'Presenting Complaint'.	2012/13
6.3	There are presently no formalised mechanisms for monitoring and reporting EDDS data consistency.	<p>The reporting of performance against these targets be standardised via the use of an online reporting tool and a data consistency performance monitoring report, to be updated and published monthly. All the data quality reports being accessible via a single data quality "portal", thus ensuring access to the necessary reports is made easier for interested parties.</p> <p>Performance against the new standards will be incorporated into appropriate national reports relating to data quality to ensure the Service is held accountable for the data quality of their organisation.</p> <p>All the data quality reports should be accessible via a single data quality "portal", thus ensuring access to the necessary reports is made easier for interested parties.</p>	2012/13
6.4	The EDDS module of the Validation at Source Service (VASS) does not contain data consistency checks.	The Validation at Source Service (VASS) should be updated to ensure users are able to identify data consistency errors in their EDDS activity data.	2012/13
6.5	Validation checks for data validity and consistency should be built into PAS to enable the validation of errors at point of data entry.	Welsh NHS LHBs should ensure that validation checks for data validity and consistency are built into local A&E departmental systems so that errors can be identified and corrected at the point of data entry.	Ongoing

* The timescales stated are subject to change depending on agreement being reached between Welsh Government and NHS Wales Informatics Service as to the authorisation and prioritisation of the development work required to support the introduction of the APC data consistency indicators and their associated reporting and monitoring tools (e.g. VASS).

Annex 3**SERVICE FEEDBACK**

#	Name	Organisation	Date of Email	Feedback	Action	Comments	Completed?
1	Sally Greenway	WG	20/02/2012	In the first part of the para you have noted that this part of the data set effectively needs re-writing. So, I'm not sure why you feel it's sensible to follow that with a set of proposed checks? Wouldn't it be better to leave it open-ended?	Amend text in document	Changes made to document as suggested	Yes
2	Andrea Hague	Velindre NHS Trust	21/02/2012	This is not applicable to Velindre, so we do not have any comments.	None		N/A

#	Name	Organisation	Date of Email	Feedback	Action	Comments	Completed?
3	Peter Smeeth / Julie Townsend	DSU	07/03/2012	<p>I didn't think that the load checks were ever intended for the purpose of consistency checking but to insure the integrity of the database. If consistency checks are to be incorporated as load checks and applied to EDDS, does this mean that similar checks will also need to be applied to all other existing databases?</p> <p>Another question is in relation to the suggested Consistency check # 27 page12; Referrer Code & Referring Organisation code; 'A check to ensure that the 'Referrer Code' is registered to the submitted 'Referring Organisation Code' The target for this consistency check is 100%. Has every aspect of implementing this check been taken into consideration, is there any possibility that this check could potentially identify invalid records that are in fact valid? Because referrers often change organisations.</p> <p>Is there a national process in place for updating systems; example what happens if a GP changes Practice, are all systems (local and central) updated at the same time? If a validity check is created how do the data quality team propose to check the content of this free text field [Presenting Complaint]; will the validity check simply check whether or not the field is populated and if so is this sufficient?</p>	Respond to feedback via email.	The 100% compliance issue was also raised by BCU	Yes

#	Name	Organisation	Date of Email	Feedback	Action	Comments	Completed?
4	Dilwyn Bull	Aneurin Bevan LHB	09/03/2012	<p>We are happy with the proposed data consistency indicators, they are all logical and seem eminently sensible.</p> <p>We assume that the indicators apply to the monthly EDSS submission, but we cannot find any reference to time period in the document??</p> <p>In the proposed implementation plan detailed in Annex 2, we do have major concerns around the recording (and reporting) of "presenting complaint". We feel that there is a lack of consistency around this field on an all Wales basis. Our understanding is that in a lot (if not the majority) of Health Boards, this field is "free text", which will make analysis at an all Wales level virtually impossible. To make any sense of the data, this field will need to be standardised across Wales with a definitive list of available "complaints" to select (from).</p>	Respond to feedback and amend document	<p>Added note on monthly / daily EDSS.</p> <p>Responded to Dilwyn on presenting complaint</p>	Yes

#	Name	Organisation	Date of Email	Feedback	Action	Comments	Completed?
5	Terry Gill	WG	09/03/2012	<p>Some comments on behalf of WG Operations Directorate. Much of this is in line with previous comments on OPMDS and APC data validity and consistency standards. I am sure this piece of the 'data quality jigsaw' will add some value, and likely more so than the data validity work. However, our view is that it falls considerably short in terms of providing the necessary assurance that the data being used for analysis - i.e. for benchmarking, performance monitoring - is both comparable across (and within) organisations and fit for purpose.</p> <p>Our main concerns are about ensuring:</p> <ol style="list-style-type: none"> 1. Organisations capture all EDDS activity consistently according to the broad definition to ensure the basic activity (new and follow ups) count is accurate; 2. Consistent/complete capture of critical business data items such admin and treatment times according to the definitions provided. 	Respond to feedback	Forwarded to DH to respond	No

#	Name	Organisation	Date of Email	Feedback	Action	Comments	Completed?
6	Geraint Parry	BCULHB	14/03/2012	<p>BCU Health Board is supportive of all these checks and does not wish to propose any further checks. We welcome the availability of the proposed online reporting tool, and would like the ability to drill down into the detail of our own organisation's data, whilst also being able to view summary data for other Health Boards in Wales.</p> <p>If not already planned we would recommend that the national reports on these become standing agenda items for Heads of Information and appropriate sub-groups.</p> <p>The Health Board would caution against the introduction of 100% targets for data consistency and recommends bringing them back in line with the 98% targets for data validity. By agreeing 100% targets we may be setting ourselves up to fail from the start and whilst 100% may be desirable there are a number of practical reasons whilst this is difficult to achieve on almost any measure. These datasets alone mandate a significant amount of information before any additional data is collected locally. Whilst many of these are simple common sense checks, in practical terms it is not reasonable to expect clerks/receptionists to be processing these thoughts for every check, for every patient, when their priority is getting patients through in a pressurised environment. It is our belief that a 98% standard fits the data quality principle of being "fit for purpose" and ensure that we focus our data quality attentions appropriately.</p>	Respond to feedback	The 100% compliance issue was also raised by DSU	No

#	Name	Organisation	Date of Email	Feedback	Action	Comments	Completed?
7	Deborah Usher	ABM ULHB	22/03/2012	<p>The targets which we will not achieve are the one which involve the Treatment End Date – mainly because we have agreed with the DSU that we blank these out apart from the ones which hold the 3:59 value...breach exclusions.</p> <p>They are:</p> <ul style="list-style-type: none"> • Birth Date/Treatment End Date • Health Event Date/Treatment End Date • Treatment End Date/Admin End Date • Treatment End Date/Treatment End Time <p>Currently, if the arrival mode is ambulance, 93% of incidence numbers are provided at Princess of Wales but 0% are provided at Morriston as there is not a dedicated field to capture this data item in Myrddin.</p>	None		N/A