

Secondary Uses Assurance

Requirement 507

Data Output Quality Standards

# Information Governance Toolkit (IGT)

<b>The Completeness and Validity check for data as detailed in the guidance document has been completed and passed</b>	Requirement No:	<b>507</b>
	Initiative:	<b>Secondary Use Assurance</b>
	Key Requirement:	<b>No</b>
	Organisation Type:	Acute Trust Mental Health Trust

## Performance standards for key data items

***For this version of the toolkit, this requirement must have been completed on data relating to the financial year in the reporting year to which the IG Toolkit relates.***

### Information Quality Assurance Samples for Completeness and Validity

1. The sample of data used for the completeness and validity checks should be one month's data (e.g.: data relating to all of the days within and including 6<sup>th</sup> March and 5<sup>th</sup> April) and the reviewer will have to use appropriate software (spreadsheet or database) to compare the data against a reference file of national and local codes. By establishing appropriate rules the comparison reveals:
  - a. empty (null) fields
  - b. invalid codes (*including 'not known' codes*)
  - c. duplicate records
  
2. Relevant data definitions will be obtained from the current versions of the NHS Data Dictionary and may be obtained from the [Information Quality Assurance](#) website.
  
3. Duplicate records are determined for the purposes of this Requirement as those records which exactly match each other based on the following fields (*i.e. being identical across all four fields*):
  - a. Local Patient Identifier
  - b. Episode Start Date
  - c. Episode End Date
  - d. Consultant
  
4. It is possible that a patient could legitimately have two episodes starting and ending on the same day for example, no overnight stay with the same consultant, so for potential duplicates with start and end dates on the same day, a further credibility

check should be made manually with the organisation's patient administration system and the health record to determine whether this is truly a duplicate.

5. For every 1% of duplicate records, for example, where there are 3 matching records, the no. of duplicates is 2, from the overall number of records, 1 point should be taken off the final average Completeness and Validity score when calculated.

### Central Activity Returns

6. The reviewer will investigate the Completeness and Validity of central activity returns. This will involve:
  - a. reviewing the procedures for producing central returns
  - b. ensuring that the organisation has an active audit process to reconcile returns to the CDS or live system. The most recent returns will be used. *Note: The provider must be able to demonstrate reconciliation between the return and the data source, and that audits to ensure consistency are carried out.*
7. Refer to the Data Dictionary for guidance on most central returns. Guidance for other central returns and quarterly monitoring is normally issued to providers with the forms.
8. For each return where there are demonstrable concerns regarding the audit of the return, or the process of its production, 1 point should be deducted from the overall average Completeness and Validity score.
9. ***IN ORDER TO RECORD THE OVERALL SCORE, THE 'LOWEST COMMON DENOMINATOR' ACROSS THE DATA GROUPS SHOULD BE USED – e.g. where one data group is at Attainment Level 1, and the other two at Attainment Level 3, the overall score would be recorded as Attainment Level 1.***

**The percentage performance standards for each of the key data items analysed for ADMITTED PATIENT CARE Completeness and Validity are set out in the following table:**

*Please note, check latest version of 'NHS Data Dictionary' and DSCNs for any changes to the codes below.*

Key Data Item	Method of testing for Completeness and Validity (ADMITTED PATIENT CARE)	Scoring		Weighting Multiply achieved score by 1 or 5	% Complete and Valid Minimum required % to score:				
		CDS Sample Accept the following...	SUS Discount the following...		2	4	6	8	10
<b>NHS Number</b>	SUS	Present and Passes MOD11 test	Exclude sensitive records (confidentiality category = 2, 3, or 4) and GUM (TFC 360)	5	92	93.5	<b>95</b>	96.5	98
<b>NHS Number Status Indicator</b>	Sample	'01', '02', '03', '04', '05', '06', '07', '08', '91' (derived in SUS for sensitive records)		1	92	93.5	<b>95</b>	96.5	98
<b>Postcode of Usual Address</b>	SUS or Sample (NB: SUS correctly excludes Birth & Home Birth CDSs)	Sample check against ODS (formerly NACS) national postcode file. Check the reasons for any unfound codes (e.g. new housing estate etc) as they may be valid but too new to be on file.	'Exclude sensitive records (confidentiality category = 2, 3, or 4) and GUM (TFC 360)	5	96	97	<b>98</b>	99	100
<b>Ethnic Category</b>	SUS (called Ethnic Group) – include 'Valid' and '% not stated', or use sample check	'A', 'B', 'C', 'D', 'E', 'F', 'G', 'H', 'J', 'K', 'L', 'M', 'N', 'P', 'R', 'S', 'Z'	'No Data', 'Invalid'	1	85	87.5	<b>90</b>	92.5	95
<b>Code of GP Practice (Registered GMP)</b>	Sample	Check against ODS GP Practice File and Scottish GP Practice file. Check all those not found individually, as they may be valid dummy codes (do not accept 'not known'), or they may be valid but too new to be on file.		1	97	97.5	<b>98</b>	98.5	99
<b>Birth Date</b>	Sample	<b>Check valid date and &lt;= Admission Date</b>		1	97	97.5	<b>98</b>	98.5	99
<b>Sex</b>	Sample	1, '2', '9'	0'	1	97	97.5	<b>98</b>	98.5	99
<b>Administrative Category (on admission)</b>	SUS – include 'Valid' only	'01', '02', '03', '04', '98'	'No data', 'Invalid', 'Not Known'	1	97	97.5	<b>98</b>	98.5	99
<b>Patient Classification</b>	SUS – include 'Valid' only	'1', '2', '3', '4', '5', '8'	'No Data', 'Invalid'	1	92	93.5	<b>95</b>	96.5	98
<b>Start Date (Hospital Provider Spell)</b>	Sample	<b>Valid Date</b>		1	97	97.5	<b>98</b>	98.5	99
<b>Admission Method (Hospital Provider Spell)</b>	Sample	'11', '12', '13', '21', '22', '23', '24', '25', '28', '31', '32', '82', '83', '81', '98'	'99'	5	97	97.5	<b>98</b>	98.5	99
<b>Source of Admission (Hospital Provider Spell)</b>	Sample	'19', '29', '39', '49', '51', '52', '53', '54', '65', '66', '79', '85', '87', '88', '98'	'99'	1	97	97.5	<b>98</b>	98.5	99

<b>Discharge Destination (Hospital Provider Spell)</b>	Sample Checked for Final Episode in Spell only (i.e. Last episode in spell indicator = '1')	'19', '29', '30', '37', '38', '48', '49', '50', '51', '52', '53', '54', '65', '66', '79', '84', '85', '87', '88', '98'	99'	1	92	93.5	95	96.5	98
<b>Discharge Method (Hospital Provider Spell)</b>	Sample Checked for Final Episode in Spell only (i.e. Last episode in spell indicator = '1')	1', '2', '3', '4', '5', '8'	9'	1	92	93.5	95	96.5	98
<b>Discharge Date (Hospital Provider Spell)</b>	Sample Checked for Final Episode in Spell only (i.e. Last episode in spell indicator = '1')	<b>Check Valid date and &gt;= Admission Date</b>		1	97	97.5	98	98.5	99
<b>Last episode in spell indicator</b>	Sample	'1', '2'	'9'	1	97	97.5	98	98.5	99
<b>Start Date (Episode)</b>	SUS – include 'Valid' only	Valid Date	'No Data'	1	97	97.5	98	98.5	99
<b>End Date* (Episode)</b> <i>*only for finished episodes?</i>	SUS – include 'Valid' only	Valid Date	'No Data'	5	97	97.5	98	98.5	99
<b>Decided to admit date</b>	SUS – include 'Valid' only. Only checked for Elective admissions	Valid Date	'No Data'	1	97	97.5	98	98.5	99
<b>Intended management</b>	Sample Only checked for Elective admissions (i.e. where Admission method = '11' or '12' or '13')	'1', '2', '3', '4', '5', '8'	'9'	1	92	93.5	95	96.5	98
<b>Consultant Code</b>	Sample	<b>Check against Organisation Data Service (ODS) codes. Double-check any 'rejected' codes in case they are valid dummy codes (do not accept 'not known'), or too new to be on ODS file.</b>		1	97	97.5	98	98.5	99
<b>Treatment Function Code</b>	Sample	<b>Check against NHS Data Dictionary or National file</b>		1	97	97.5	98	98.5	99
<b>Primary Diagnosis (ICD)</b>	SUS – include 'Valid' only. Can be cross referenced with Clinical Coding Audit Report (see section???)	<b>Check at 4 digit level against the ICD-10 4<sup>th</sup> Edition classification published by the World Health Organisation. The fifth character is checked to be either a numeric site code or a '-'. Exclude codes beginning with "R69" indicating an unknown diagnosis.</b>		1	91	93	95	97	99

<b>Operation Status</b>	Sample If Operation Status=1, at least one operation code should be present	'1', '8'		1	91	93	<b>95</b>	97	99
<b>Primary Procedure Date</b>	Sample Check where Operation Status=1	<b>&gt;= Episode Start Date and &lt;= Episode End Date</b>		1	91	93	<b>95</b>	97	99
<b>Healthcare Resource Group Code</b>	<b>SUS derived</b> – include 'Valid' only		<b>'No Data', 'Ungroupable'</b>	1	91	93	<b>95</b>	97	99
<b>Critical Care Start Date</b>	<b>SUS</b> Select a start date of one of the Critical Care Periods within the Episode which is finished so that it also has a Critical Care Discharge Date (see below) <i>NB The Critical Care Period may overlap Consultant / midwife / nurse episodes i.e. the Critical Care Start date may precede the start of the Consultant / midwife / nurse Episode</i>	<b>Valid Date</b>	<b>'No Data'</b>	1	91	93	<b>95</b>	97	99
<b>Critical Care Discharge Date</b>	<b>Sample</b> <i>Check the Critical Care Discharge Date at the end of the Critical Care Period within the Episode which is finished and for which the corresponding Critical Care Start Date has been checked (see above) The Critical Care Discharge Date must be on or before the discharge date for the hospital provider spell.</i>	<b>&gt;= Episode Start Date and &lt;= Episode End Date</b>		1	91	93	<b>95</b>	97	99

The percentage performance standards for each of the key data items analysed for OUTPATIENTS Completeness and Validity are:

Key Data Item	Method of testing for Completeness and Validity (ADMITTED PATIENT CARE)	Scoring		Weighting	% Complete and Valid Minimum required % to score:				
		CDS Sample Accept the following...	SUS Discount the following...	Multiply achieved score by 1 or 5	2	4	6	8	10
NHS Number	SUS	Present and passes MOD11 test	Exclude sensitive records (Confidentiality category = 2, 3, or 4) and GUM (TFC 360)	5	92	93.5	<b>95</b>	96.5	98
NHS Number Indicator	Sample	'01', '02', '03', '04', '05', '06', '07', '08', '91' (derived in SUS for sensitive records)		1	92	93.5	<b>95</b>	96.5	98
Postcode of Usual Address	SUS	Sample check against ODS national postcode file. <i>Check the reasons for any unfound codes (e.g. new housing estate etc) as they may be valid but too new to be on file.</i>	Exclude sensitive records (Confidentiality category = 2, 3, or 4) and GUM (TFC 360)	5	96	97	<b>98</b>	99	100
Code of GP Practice (Registered GMP)	Sample	Check against ODS GP Practice File and Scottish GP Practice file. <i>Check all those not found individually, as they may be valid dummy codes (do not accept 'not known'), or too new to be on file.</i>		1	97	97.5	<b>98</b>	98.5	99
Birth Date	Sample	<b>Check valid date and &lt;= Attendance Date</b>		1	97	97.5	<b>98</b>	98.5	99
Sex	Sample	'1', '2', '9'	'0'	1	97	97.5	<b>98</b>	98.5	99
Administrative Category	Sample	'01', '02', '03', '04', '98'		1	97	97.5	<b>98</b>	98.5	99
Source of Referral For Outpatients	SUS	'01','02', '03', '04', '05', '06', '07', '10' – '17'. '92', '93, '97"	'No Data', 'Invalid', 'Not Known'	5	91	93	<b>95</b>	97	99
Referral Request Received Date	Sample Calculate % only for First Attendances	<b>&lt;= Attendance Date</b>		1	91	93	<b>95</b>	97	99
Attended or Did not Attend	Sample	'0', '5', '6', '7', '2', '3', '4'		5	91	93	<b>95</b>	97	99
First Attendance	SUS	'1', '2' '3' '4'	'No Data', 'Invalid', 'Not Known'	1	91	93	<b>95</b>	97	99
Outcome of Attendance	Sample	'1', '2', '3'		1	91	93	<b>95</b>	97	99
Attendance Date	Sample Check only where 'Attended or Did Not Attend' is '5' or '6'	<b>Valid Date within period covered by sample</b>		5	91	93	<b>95</b>	97	99
Last DNA or Cancelled Date	<i>Not Tested</i>	<b>N/A</b>		<b>N/A</b>					

Consultant Code	Sample	<b>Check against Organisation Data Service (ODS) codes National File.</b> <i>Check all those not found individually, as they may be valid dummy codes (do not accept 'not known'), or too new to be on file.</i>		1	91	93	<b>95</b>	97	99
Treatment Function Code	Sample	<b>Check against NHS Data Dictionary or National File.</b>		1	91	93	<b>95</b>	97	99



### Specification for the sample

<b>Volume:</b>	One month's data
<b>When:</b>	Up to two months after end of period - Use data from the month of the latest submission to SUS or for production of latest Central Return.
<b>Including:</b>	<b>Admitted Patient Care:</b> All ordinary admission and day case episodes finishing during the month (do not include any unfinished episodes). <b>Outpatients:</b> All outpatient appointments occurring during the month
<b>Source:</b>	The provider's computer system used to produce appropriate information for SUS, external recipients or Central Returns (even if data is subsequently sent via a 'Shared-service or third party' system). For those who submit records as complete months, the 'final' CDS file for that month (within the above time period) should be used. For those using 'net update' a combination of the original CDS records and the data subsequently updated (within the above time period) may be used.

### Specification for the SUS report

<b>Volume:</b>	One month's data
<b>When:</b>	The latest submitted month available – as per sample above
<b>Source:</b>	SUS reports returned to the organisation

External Information Governance Delivery  
Health and Social Care Information Centre  
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