

Ambitions for a healthy Kirklees

Maximising the use of information to deliver the best possible care for the population of Kirklees

**An Information and Health Intelligence Strategy
for NHS Kirklees
2008 - 2013**

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1. Purpose

Intelligent use of information is critical to the delivery of a world class healthcare commissioner and provider of services – adding years to life and life to years for the population of Kirklees.

This document has been developed jointly by the Information and Public Health Intelligence teams within NHS Kirklees to set a clear vision for the development and use of information and intelligence resources within the Primary Care Trust (PCT) over the next five years.

2. Executive Summary

The Strategic Development Plan (SDP) for NHS Kirklees outlines the programmes of work needed to improve the health and well-being of all the people in Kirklees. It is a clear statement within the SDP that the use of information is a key enabler. This is reinforced by the World Class Commissioning (WCC) Vision 2008:

To become world class, commissioners will take an evidence-based approach to commissioning. They will need advanced knowledge management, analytical, and forecasting skills, as well as an ability to listen to and communicate with the local community.

And more specifically within WCC Competencies, particularly no. 5:

Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements

To make informed decisions, people need easy access to timely, accurate, trusted information that is presented to them in a way which is appropriate and useful. It is also necessary to recognise that the question being asked of the information may not be fully formed and that the ability to follow “trails” within the information is essential.

Such use of information is integral to each phase of the commissioning cycle from health needs assessment through to commissioning services, contracting and performance measurement.

Traditionally the type of information held by organisations has been largely limited to highly structured information. Within the NHS we too need this structured data, for example: activity and cost information. However, increasingly we also want to use unstructured information, for example: documents and images as part of our decision making process. The NHS also has the challenge that the majority of structured information that flows around our systems has been originally designed to support a particular type of transaction or use and is therefore difficult to relate to other sets of information, for example: hospital

activity data and disease prevalence rates. This 'stove-piping' has prevented the full value of information from being realised.

An additional challenge has been that access to and interrogation of (all but the simplest) information has been firmly within the control of information or intelligence specialists making the data inaccessible to all but a small number of specialised staff. The relevant tools and training have not been available to share information to a wider audience.

This strategy seeks to overcome these barriers by identifying an approach to information management that permits:

- Our key information to be held in one place;
- Eliminating 'stove-piping' – releasing the full value of our information;
- Empowerment of end users to access and interrogate information at a level which is appropriate to their needs; and
- Information specialists to focus on much higher 'value add' activities.

It is enabled by the advances in IT technology which allow fast and easy access to information in a way which requires no knowledge of how or where the information is stored. These technologies also enable the user to see and explore the information in a highly graphical form.

The major milestones in the delivery of this strategy are:

1. Adoption of this strategy by the Strategic Development Committee (SDC).
2. Establishment of a data warehouse within which to hold our information.
3. The deployment of a Business Intelligence (BI) solution to enable access to and presentation of this data.
4. Education and training of users.

The details of the first steps in our delivery are also shown in this strategy. It is also our intention to prove the value of this approach by fast-tracking one area through the complete cycle, to enable both a quick win and to prove this approach.

**Dr Peter Flynn,
Director of Performance and Information
NHS Kirklees**

3. Scope

NHS Kirklees is also referred to as a Primary Care Trust (PCT). The three main functions of a PCT are to:

- Engage with its local population to improve health and well-being;
- Commission a comprehensive and equitable range of high quality, responsive and efficient services, within allocated resources, across all service sectors; and
- Directly provide high quality, responsive and efficient services where this gives best value.

This strategy recognises the information needs of each of these functions, however, the prime focus of this strategy is to set out the actions required to support NHS Kirklees on its journey to become a world-class healthcare commissioner.

It is recognised that the word “information” can mean different things to different people - how we answer the telephone, record minutes of meetings and store policies and documents can all be classified as storage and transfer of information. The benefits of implementing a document management system to help structure information coherently are acknowledged, however it is outside the scope of this strategy to address this area of work.

The scope of this strategy is centred on transforming how we store, collate, access and use information to inform our planning and decision-making processes; this is commonly referred to as the secondary use of information. In the healthcare context, the primary use of information describes how information is shared and used to support front-line clinician / patient care. Separate strategies have been developed to describe the intended advances in Information Technology, and clinical systems support.

This strategy also aims to identify the service transformation required to strengthen commissioning intelligence and identifies some early priorities for investment within the accompanying implementation plan. The over-arching vision and goals set out in this strategy are aligned with those set out in the Ambitions for a Healthy Kirklees Five Year Strategic Plan 2008-2013.

4. Context

Advancements in technology over the past thirty years have exponentially increased our ability to collect, store, and share data. The speed in which we can capture and share information has also increased. The contribution that technology can make to improving health and well-being by ensuring that information is shared with the right people at the right place and time is now

universally accepted. Most organisations will have well-developed strategies for the implementation and deployment of technology, however consideration also needs to be given to how information is collated and used in order to maximise its benefit.

With increased data capture comes increased responsibility for safe-guarding information securely. The NHS has well-developed information governance policies and procedures to ensure that data is handled securely and in accordance with Caldicott Principles and the Data Protection Act. The policies and procedures in use at NHS Kirklees can be viewed on its website at: www.kirklees.nhs.uk/public-information/policies-and-procedures/.

The ongoing advances in data capture and storage have led to a modern day phenomenon of “information over-load”. Never before have we had access to so much data. To maximise the benefits of that data, it needs to be transformed and presented into meaningful information. The speech bubbles below summarise some of the key management information issues facing our organisation.

“To manage our services effectively, we need to have readily accessible, easy to interpret management reports, as near to real-time as possible”
A front-line Service Manager

“We need to develop our systems to support the measurement of clinical outcomes”
A Clinical Manager

“We need to pull together information from a wide range of different sources to gain a holistic view of what is happening in the healthcare system”
A Health Improvement Manager

“A central repository for information would enable me to find what I want, when I want it rather than having to hunt around to find the information”
An NHS Manager

“I need access to timely information on patient activity that I can trust and doesn't keep changing”
A PBC Commissioner

“We need to develop predictive modelling systems to ensure people at risk of developing long term conditions can be identified and receive the most appropriate care”
A Clinical Manager

“We need to ensure that health needs assessments are firmly embedded into our commissioning plans”
A Public Health Manager

“I need to know what works. This means, ready access to knowledge resources and evidence base.”
A Health Improvement Lead

“The technical infra-structure needs to be developed to enable us to meet the growing demands for information. We also need to develop capacity to assess new tools and techniques”
An Information Manager

“I'd like to receive automated alerts and improved representation of information to enable me to spend more time resolving issues rather than working out if we have one”
A Commissioning Lead

These recognised information needs, in conjunction with our assessment against the World Class Commissioning (WCC) competencies, has enabled NHS Kirklees to rethink its approach to the use of data and information, particularly in respect to the commissioning function. The intelligent use of information is integral to several WCC competencies; particularly relevant are competencies five and six. Outlined below is a summary of the key World Class Commissioning competency measures which this strategy aims to support:-

<p>COMPETENCY 4 Lead continuous and meaningful engagement of all clinicians to inform strategy and drive quality, service design and resource utilisation</p>	<p>MEASURE – 2 ➤ Dissemination of information to support clinical decision making</p>
<p>COMPETENCY 5 Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements</p>	<p>MEASURES – 1,2 and 3 ➤ Analytical skills and insights ➤ Understanding of health needs trends ➤ Use of health needs benchmarks</p>
<p>COMPETENCY 6 Prioritise investment according to local needs, service requirements and the values of the NHS</p>	<p>MEASURE – 1 ➤ Predictive modelling skills and insights</p>
<p>COMPETENCY 8 Promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration</p>	<p>MEASURES – 1 and 3 ➤ Identification of improvement opportunities ➤ Collection of real time quality and outcome information</p>
<p>COMPETENCY 10 Effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvement in quality and outcomes and value for money</p>	<p>MEASURE – 1 ➤ Use of real time performance information</p>

NHS Kirklees has recognised the health information needs of the organisation and the need to develop an information and intelligence strategy. This strategy is driven by a clear vision:

To deliver the best possible health outcomes to the population of Kirklees by supporting evidence based decision making through the availability of accurate, timely and meaningful information to ensure effective planning, delivery and evaluation of health services

5. Strategic Objectives

To deliver our vision a set of strategic objectives has been developed which will support the delivery of evidence-based decision making. NHS Kirklees will turn its vision into a reality by:

- Recognising and prioritising the different information needs of our patients and public; commissioning teams and provider functions.
- Developing the technical infrastructure and reporting tools to ensure that our staff have cost effective, readily available information to support decision making, when and where they need it.
- Developing an information culture to support all staff to effectively use and interpret information, ensuring that the Knowledge, Skills Frameworks and Personal Development Plans reflect the information skills required by staff to fulfil their roles.
- Continuing personal and professional development to ensure that staff within the information and Public Health Intelligence teams maintain and develop specialist expertise on available information resources, tools and techniques.
- Identifying current health needs using a range of qualitative and quantitative information and predicting future trends to inform service developments and the commissioning process.
- Providing easily understandable, consistent information about best practice and sharing knowledge on interventions that are known to work, to enable better informed choices to be made.
- Monitoring the effectiveness and progress of interventions to ensure that they support the measurement of health outcomes and contribute to the impact evaluation of service developments and redesign initiatives, including value for money.
- Striving to improve the range of data available and the quality and timeliness of the information received and generated within the organisation to ensure that it is consistent and reliable.
- Evaluating and sign-posting staff to available regional and national resources, to support benchmarking and the wider performance agenda.
- Supporting and maintaining effective working relationships between partner organisations by sharing information and resources where appropriate and cost-effective to do so.

The implementation plan, included as an appendix to this strategy, sets out the short to medium actions we intend to take to deliver these objectives.

6. Supporting the information needs of our patients and public

As previously indicated, the scope of this strategy is directed towards meeting the management information needs of the PCT rather than the wider health community, however, NHS Kirklees recognises that our patients and the public are at the heart of everything we do and it is therefore appropriate to cross-reference other work that is happening within this area.

Historically, the length of time that people have had to wait for an appointment and / or admission to hospital was one of the largest influences on a patient's choice of healthcare provider. However, recently policy has driven down waiting times so that the majority of people should not have to wait more than 18 weeks from the time they are referred to the start of their treatment, unless it is clinically appropriate or they choose to wait longer. It is anticipated that delivery of the 18-week waiting time standard will reduce unnecessary delays and improve the overall patient experience of the healthcare journey.

The reduction in waiting times, along with continued development of an information society, resulting in a much better informed population, has shifted the emphasis for information away from lengths of wait towards the variety, quality and effectiveness of services available.

The Informatics Planning 2009/10 guidance (NHS Connecting for Health, 2008) sets the direction for developing and improving information to patients and the wider public through the NHS Choices website. This website will provide patients with clear information on the quality of care by publishing easy to understand, service specific, comparable information on many aspects of service quality. Further information on the NHS and our health services can be obtained through the main NHS website www.nhs.uk.

Additional information on how NHS Kirklees plans to engage with its patients and wider public can be found within the NHS Kirklees Communications and Engagement Strategy 2008/09. This can be accessed from our website: www.kirklees.nhs.uk

7. Supporting the information needs of our commissioning teams

The commissioning process is a strategic planning activity which begins with the assessment of health needs and evaluation of existing resources and services.

Commissioning involves the determination of priorities based on health need, the purchasing of appropriate services, followed by evaluation of outcomes and performance monitoring.

The health commissioning agenda is driven by the need to increase diversity of provider, increase choice for patients and ensure contestability in the provision of services.



Figure 1. The Commissioning Cycle – Information Centre – 2008

In order for our commissioning teams to carry out their duties effectively, accurate, timely and reliable information is required, throughout the commissioning cycle (see figure 1).

7.1 Strategic Planning

The Local Government and Public Involvement in Health Act, published in November 2007, requires local authorities and PCTs to produce a Joint Strategic Needs Assessment (JSNA) of the health and well-being of their local community. The JSNA summarises the local health needs of our population. The assessment incorporates issues for particular population groups, specific geographical areas and other segmentation to ensure that health inequalities are identified and can be targeted to reduce them. These local health needs are identified across health and social care and contribute to the Local Area Agreement (LAA) for Kirklees.

The JSNA also includes some assessment of future needs based on trends, to enable longer term planning. Other more focused needs assessments support information about specific priority areas. Needs assessments are developed by combining data from a range of sources to provide a more comprehensive picture of what is happening in our area. Hence the ability to combine data is vital, as is the

ability to interpret the information to formulate an understanding of what may be happening.

- The PCT will make greater use of spatial analysis and forecasting tools to refine the understanding of local health need now and in the future.

Ambitions for a Healthy Kirklees Five Year Strategic Plan (NHS Kirklees 2008) recognises the key role that local clinicians play in assessing local needs and shaping priorities. The continued development of Practice Based Commissioning (PBC) is seen as vital with particular emphasis on the supporting role of Practice Based Commissioners to assess local health needs for their practice and locality populations, helping to decide local priorities and designing care.

Our practices require information to enable them to carry out their commissioning duties effectively. Analysis of what works is also critical. This can include evidence from other health communities, NICE guidance and evaluations of new interventions. Researching the evidence base is core to effective commissioning and the development of effective health knowledge is vital to ensuring that our vision for improving health outcomes for our patients and our public are met.

To work towards becoming world class commissioners of the future, NHS Kirklees will need to broaden its information and intelligence support to Practice Based Commissioners.

- The PCT needs to evaluate the existing web-browser and develop information systems, where appropriate, to ensure that the information needs of PBC commissioners continue to be met.
- The PCT needs to ensure that PBC commissioners have access to health intelligence to support the development of health knowledge (knowing what works) within our community.

7.2 Procuring Services

In planning services for the future, the PCT needs to work closely with its local service providers to ensure it has access to the range of services required. This may in turn require stimulation of the market and development of other providers.

In addition, it needs to be recognised that people should only attend hospital to receive care that cannot be provided elsewhere, for example: within their own homes or within the community, as set out in Our health, Our say, Our care: a new direction for community services (Department of Health 2006a).

The process by which the PCT commissions activity from acute providers has also changed with the introduction of Payment by Results (PbR). PbR was introduced into the NHS in 2003/04 to improve the fairness and transparency of hospital payments.

The Right Result Review (Audit Commission 2008) concluded that the change in financial regime had encouraged both providers and commissioners to strengthen their financial management and information systems, as well as their overall planning, and performance and contract management systems.

As a result of the on-going development of PbR, commissioners now have increased flexibility to “unbundle” clinical pathways enabling part of the patient journey, for example diagnostics, to be delivered in alternative settings or by alternative providers where deemed to be appropriate.

Information relating to community provided services and mental health services has historically been poor, however, the NHS Next Stage Review (Department of Health 2008) indicates that the Department of Health will pilot information tools to compare clinical quality, clinical productivity and patient experience in community health services. The pilot will support the development of new tariffs to improve commissioning with the emphasis of more healthcare to be provided in community settings.

Demand planning within NHS Kirklees has historically been based on an analysis of retrospective activity, mainly acute focused, with adjustments being made for the delivery of waiting time targets. This approach is not uncommon across the NHS and is recognised within the Commissioning Framework for Health and Well-being (Department of Health 2007b) where it is stated that commissioners often refer to historic service use and investment, rather than to an assessment of current and future needs of their population and the individuals (users and carers) within it.

To support the requirements of a modern NHS and become a world class commissioner, NHS Kirklees needs to move away from planning based on historic activity and develop tools to take all of the above drivers into account.

- The PCT needs to develop its capacity / capability to capture, analyse and understand a much wider range of information sources, including the emerging mental health and community minimum datasets.
- NHS Kirklees needs to identify new ways of undertaking demand / capacity planning, including assessment of benchmarking information, to move away from traditional hospital based activity plans to those based on strategic health needs assessment.

7.3 Monitoring and Evaluation

It is essential to have well-defined performance metrics to enable the PCT to determine whether it has successfully achieved what it set out to do. Well designed metrics enable early identification of problems, decisions on where improvements are needed, and can also be used benchmark best practice through the sharing and dissemination of information.

The PCT has a separate performance strategy which defines the PCT approach to performance more fully; however, it is important to recognise the inter-linkages between information and performance as even the most advanced performance and evaluation framework will fail, without the availability of reliable and regularly maintained information.

An important part of the business development process is to identify how new service developments and / or interventions will be evaluated to ensure that the service is effective and meets the objectives set. The robustness of this process will assist with decommissioning decisions and better informed commissioning decisions in the future. Effective use of information needs to drive changes locally, to ensure the most appropriate services to meet identified needs.

Continual monitoring is essential to enable appropriate changes and developments to be made in a timely way. Understanding the variations and how to respond to them is also important.

Decisions will only be as good as the quality and timeliness of information on which they are based. The NHS environment is such that data are collected from across a wide range of care settings, service providers and other sources, for example patient surveys and questionnaires. This presents some significant challenges to be addressed, to ensure that data are received in a timely manner to the required quality standards so that the PCT can operate effectively based on sound information.

There are a number of existing sources of information within NHS Kirklees, however these tend to exist in silos and there is a greater need to integrate this information to understand more fully the relationships between different populations, demand on healthcare services and health outcomes. Our organisation needs to build on the work undertaken in 2008/09 to scope data-warehouse requirements and ensure that information is structured in such a way that it can be integrated and used many times.

The PCT's strategy aims to address the commissioning requirements by:

- Developing capacity and expertise within the information and intelligence functions to support all aspects of the commissioning cycle.
- Reviewing and developing systems to ensure that information from a range of data sources is available to managers, in an appropriate format, to help inform decision-making.
- Using innovative analysis tools – the PCT will exploit nationally available tools and where appropriate procure software tools to support the analysis of data from secondary, community and primary care.
- Empowering commissioners – by providing commissioners with the tools and knowledge to undertake valid data analysis of their own.

8. Supporting the information needs of our service providers

The PCT currently provides health care services through directly employed staff and from contracts with independent contractors. A clear understanding of what interventions work is vital for these services to be effective and competitive.

8.1 Community health services

In line with national policy, the PCT is considering the future of its community health care services at 'arms-length' from the PCT commissioning function. A fundamental need for the services is information to demonstrate contestability as compared to other potential service providers.

The roll-out of the NHS Kirklees Information Technology Strategy has resulted in all of the Community Services and Child Health Services being transferred to the National Programme for IT (NPfIT) system of choice, TPP SystemOne.

The development of a data quality and information team to support these services has only recently been established. The short-term focus has been to develop a routine suite of reports to support the operational and frontline staff with the effective management and delivery of their services.

Over the next five years, solutions will continue to be developed to satisfy the following key areas:

- Clinical information – supporting the delivery of patient care by enabling information to be collected and shared across services more easily.
- Contestability – developing reporting solutions to enable statutory reporting requirements to be met and information to be provided to commissioning bodies.
- Service Line Reporting – to enable those closest to the delivery of services to understand the costs of that service and ensure value for money.
- Evidence of effectiveness – monitoring and evaluation of interventions are critical to the development and maintenance of world class services. Evidence needs to be readily available from both local and national sources to ensure that the most effective solutions are being deployed.
- Capacity and capability – to ensure that specialist staff and wider management teams develop the skills required to collate, present and interpret information appropriately.

8.2 Independent contractors

Independent contractors will also wish to make use of non-patient identifiable information to enable them to understand their local health needs, demand on services, use of resources and benchmarking information.

NHS Kirklees has already invested in a team of data quality facilitators, prescribing advisors and performance analysts to facilitate the capture, development and interpretation of information. These teams supplement local information and knowledge with the use of nationally available tools such as NHS Comparators and the Quality and Outcomes Framework. It is the intention of NHS Kirklees to fully maximise the potential of these nationally available tools to avoid duplication within local systems.

NHS Kirklees has also invested in the in-house development of a Practice Based Commissioning data repository and web-browser. This system enables practices to identify levels of acute activity and expenditure for those areas of the commissioning budget that they have devolved responsibility for. The PCT facilitates a PBC web-browser user support group and is also undertaking a systems review to ensure the in-house development is capable of meeting future needs. The PCT is also seeking to extend the services included within devolved budgets. One of the areas under review is community-based activity; however, this will be subject to rigorous data quality checking before the information can be shared.

Building on initial investment to support the development and use of high quality information in primary care, the PCT has developed plans to supplement the existing Quality and Outcomes framework with a suite of locally derived clinical metrics. It is recognised within the Operating Framework for the NHS in England 2009/10 (Department of Health/NHS Finance Performance and Operations, 2008) that measurement is the backbone of the quality system because without measurement we cannot demonstrate improvement. It is also recognised that in the past, informatics have too often failed to support adequately improvements in the quality of care. To ensure that our commitment to improve and develop quality systems is realised, additional investment into the technical infra-structure and informatics capacity is likely to be required.

It is not within the scope of this strategy to detail the significant developments within the health community to develop and improve patient focused information systems. Further information on developments such as the Summary Care Record, GP-to-GP patient record transfers and implementation of the electronic prescription service (EPS) can be found within the NHS Kirklees IT Strategy.

8.3 Using information to improve care for people with Long Term Conditions

In Kirklees over 200,000 people are living with a Long Term Condition (LTC). The PCT is making a significant investment to shift the focus of care for people with LTCs away from a predominantly medical care model to one of prevention and self-care. To facilitate this transition the PCT is planning to commission and implement

an information system which will use data from both primary and secondary care to populate a risk stratification model. This information will support staff providing frontline care with the information they require to ensure patients are receiving the appropriate level of care and support.

To fully maximise the usefulness of the system, new information flows will need to be developed between primary care GP practices and the PCT. This will present a significant transformational change within our community, which will require the development of robust information governance and data sharing agreements.

The challenge of introducing new data flows should not be underestimated, however, the long term benefits of adopting this approach are likely to be considerable not only for the patients receiving care but also for releasing a previously untapped, rich data-source of primary care information which will help inform strategic needs assessment and long term planning.

9. Technical infrastructure

Information flows within the NHS are predominantly related to care within the hospital setting. Appendix I illustrates how data currently flows around the NHS. The Secondary User Service (SUS) is intended to be the definitive source of commissioning information within the NHS and there are some exciting developments planned, however there is much work to be carried out at a national level before this ambitious goal will be achieved.

In the interim, our Health Informatics Service has developed data repositories to store secondary care data from SUS and from other local information sources to support the information needs of the PCT. These data repositories hold some, but not all of the information available to the PCT and require a data analyst to extract information from the system.

Our PCT has invested significantly in data capture systems within primary and community care although presently there is no mandated minimum dataset to share information back from these providers. National work programmes are underway to address these issues; however, it would be prudent for the PCT to consider adopting local solutions, by building positive relationships with its providers, supported by contractual agreements, given that no national timetable for the delivery of these datasets has been published yet.

In addition to the above sets of data, there is also a raft of dental, prescribing and public health information all held on disparate systems. To embrace the challenges of Competency 5 of the World Class Commissioning Framework, the PCT must develop its technical infrastructure to minimise the burden of data extraction and reporting and support the intelligent use of information across multiple data sources.

The starting point for reducing this burden is to develop a data warehouse enabling information from multiple systems to be saved in a single data repository. Having all the data accessible in one place is a good start, however it has to be carefully

planned and correctly structured so that different data-sets can be linked to each other and reports can be drawn from it. Consideration also needs to be given to a data warehouse across the public sector in Kirklees, as relevant data may actually be held in other organisations. This also develops the combining of data to provide greater intelligence.

The data warehouse is only the foundation and should be used to underpin a Business Intelligence solution. Our current model, where information analysts spend time extracting data to produce routine reports, is wasteful of their specialist skills and creates bottlenecks for managers who require information at the time they ask for it.

Developing a Business Intelligence solution to enable managers to access the information they require when they want it from their desktop requires commitment to change working practices as well as technology. The preferred solution needs to be flexible to accommodate changing requirements of users and will create the need for new technical roles to develop and maintain the resource. There are benefits to working collaboratively with other PCTs and partners in social care across Yorkshire and the Humber to pool resources and develop shared solutions.

10. People – Capacity and Capability

Developing the technology to automate routine report production and enable managers to extract the information they require when they want it, involves a cultural shift in working patterns and behaviours for all the workforce.

All staff need to develop basic competencies in understanding and interpreting information. Whilst we wouldn't expect every manager to know how to develop a Statistical Process Control (SPC) chart, we would expect them to know how to use and interpret it.

The capacity within our specialised information and intelligence functions also needs to be reviewed. These functions are about providing high quality and comprehensive information storage and analysis services to support the strategic objectives of the PCT. Future areas for development include:

- Resource evaluation – as information needs change and grow we need to have a regular review of the required resources to meet the information needs of the PCT. New roles are likely to develop as we develop our information expertise.
- Specialist skills – we need to ensure that there is an on-going programme of development to ensure that our specialised analysts have the skills and opportunity to develop new techniques and evaluate nationally available tools to analyse information appropriately and effectively. This may include specialist skills, or the agreed access to them from other providers.

- Understanding – skills development is required across the entire organisation to ensure that all staff understand and make best use of data, information and intelligence. We need to ensure this becomes part of everyone's role and is not considered a specialist add-on.
- Web skills – developing skills in web technology will support the development of a PCT intranet page where staff can be sign-posted to available information and alternative sources of information e.g. Public Health Observatories.
- Engagement - routine involvement in programmes across the PCT from the outset, to enable projects to be set up with data collection, reporting, monitoring and evaluation embedded at the start. This can then become part of the whole, not an add-on.

11. Information governance and pseudonymisation

The PCT has a statutory duty to comply with the Data Protection Act and safe-guard patient information. A significant piece of work is currently underway to review how information is used within the NHS for secondary purposes i.e. other than for direct patient care. National policy on the secondary use of patient data requires that patient level records should be used in non-identifiable form, except where there are valid and justifiable reasons for using identifiable data.

In preparation for pseudonymisation, new versions of the national contract minimum datasets have been developed. These extracts will provide additional derived data items such as age on admission and electoral ward instead of date of birth and postcode which are considered to be potential patient identifiers.

The Operating Framework 2009/10 makes clear the requirement for complete adoption of the NHS Number. The PCT as a provider of services will need to ensure that the NHS Number is used on all communications. A programme of work is already underway to raise awareness and improve coverage within our community services. Consideration will need to be given to capacity within the Data Quality Team to support independent contractors with full implementation of the NHS Number Programme.

In addition, the PCT will need to review how its current and historic data is stored to ensure that the use of patient identifiable information is minimised and only used where appropriate. In line with the Informatics Planning 2009/10 documentation all NHS Providers and Commissioners will need to have implementation plans in place for pseudonymisation by June 2009. Additional national guidance to support changes in working practice is expected in due course.

12. Data quality

Good quality information underpins the quality of decision making and operational effectiveness within an organisation. The Health Informatics Review (Department of Health, 2008c) highlighted the need to improve the quality of data in order to deliver the goals set by the Next Stage Review. In recognition of the integral importance of data quality to the production and use of information, NHS Kirklees has incorporated its Data Quality Strategy within the overarching Information and Intelligence Strategy.

12.1 Defining data quality

A recognised approach to developing a data quality framework is to assess data against a set of data quality dimensions. NHS Kirklees has adopted a set of dimensions based on guidance from the Audit Commission. These are:

- **Accuracy** – does the data provided match what was expected and does it represent clearly and in sufficient detail the interaction provided at the point of delivery?
- **Validity** – is the data compliant with specified rules and definitions? Are definitions and/or any caveats clearly described to support interpretation?
- **Relevance** – to what degree does the data supplied meet current and potential users needs?
- **Completeness** – is the data fully captured? Does it contain missing, invalid or incomplete data?
- **Timeliness** – is the length of time taken to capture and receive the information in a reasonable time frame from the event described?
- **Accessibility** – is the data readily available and presented in a format that supports user requirements?
- **Reliability (Comparability)** – are statistical methods adopted to ensure that comparisons between geographical areas, trends over time etc. offer meaningful comparisons?
- **Coherence** – is data being combined in a reliable way or used for a different purpose than intended?

It is recognised that there are often tensions between the different data quality dimensions, for example: timeliness versus completeness. Where these tensions exist, staff providing information have responsibility for highlighting any caveats and staff interpreting the information need to take these factors into account when making decisions.

12.2 Responsibilities for data quality

Whilst it is recognised that the data quality, Information and Health Intelligence Teams have a clear and significant role to play in quality assuring information and assisting users with interpretation, they are not the sole generators of information and reports. NHS Kirklees recognises that all staff have a responsibility for

maintaining data quality. This is reflected within the Quality Dimension of the universally adopted Knowledge and Skills Framework (KSF) for all NHS employees.

Management responsibilities – all managers are personally accountable for the data quality of information generated / used within their areas of responsibility. All line managers have an additional responsibility to ensure that their staff are adequately trained in the appropriate procedures and guidelines for their areas of work. Staff with responsibility for data quality should have this clearly defined within their job description and within their KSF.

System manager – all systems in use / developed within the PCT must have a designated system manager with responsibility for ensuring the security and data quality of the data held on their systems; including compliance to relevant legislation. These responsibilities must be written into job descriptions and / or staff objectives.

Clinical staff – Clinical staff must follow the Trust procedures for records management and data entry to ensure that information is complete, timely and accurate. This includes ensuring that the NHS Number is recorded and validated for each patient seen.

Data quality and information / intelligence staff – must adopt best practice in the extraction and presentation of information and support end-users to use/interpret the information appropriately. All information should be validated/cross referenced and appropriately presented, for example: small numbers should be suppressed, to ensure high standards in data quality.

All staff – preserving data quality is the responsibility of all staff. All staff must follow Trust procedures and have attended any relevant training or awareness sessions, seeking advice from specialist staff when required. All staff have a responsibility for data integrity and should not intentionally seek to adjust or selectively manipulate data to influence decision making.

12.3 Data quality work streams

The PCT already has in place a number of work streams to drive forward local and national initiatives where data quality is a key factor. A short summary of the existing work streams in place is detailed below:

- Connecting for Health – any major system developments or upgrades implemented as part of this programme include specialised data quality support as part of the project implementation plan
- Clinical Data Quality – this is supported through the Clinical Governance Committee and Records Management Group (although outside the scope of the Information Management and Intelligence Strategy it is important to recognise the work undertaken by these Groups).

- Primary Care – the PCT has a well established and highly regarded primary care data quality support team. The team is encouraged to take part in national PRIMIS conferences and training and has adopted best practice methodologies to support GP practices with improving data quality and maximising the use of their clinical systems.
- Community Services – NHS Kirklees has recently established a data quality function within its Community Health Services. A key area of work has been to establish baseline data against a number of metrics from which areas for improvement can be prioritised and progress measured.
- Contracting – as part of the commissioning process, contracts with both community and acute providers include proposals for the development of data quality improvement plans.
- Reconciliation – the PCT undertakes regular reconciliation of contracting data against the PBC web-browser and SUS. Effective relationships are being established with provider trusts to understand, and where appropriate, correct differences.
- Tools and Techniques – the Trust is continually seeking to improve methods for dissemination and presentation of information. Multi-disciplinary team work is regularly undertaken involving staff from the Data Quality, Information, Public Health Intelligence and Performance teams to support information production and data interpretation.
- Performance Analysts – NHS Kirklees has invested in its performance teams to support Practice Based Commissioners and its provider services in using information to drive forward performance improvements. There is also a well established corporate performance team who work closely with lead managers to ensure that all local and nationally defined performance targets are monitored and that national definitions are clearly understood. The PCT is advanced in its use of Performance Accelerator, a system used to collate and present performance information.

12.4 Improving Data Quality

NHS Kirklees will aim to improve the accuracy, quality and availability of data within the Trust by:

- Developing and implementing supporting policies and procedures to support the goals within the data quality strategy.
- Reviewing and strengthening existing data quality work streams: including review of capacity to support major project developments.
- Identifying system managers for each of the systems in use within the PCT and ensuring staff are aware of their responsibilities for data quality.

- Implementing Connecting for Health systems wherever possible to ensure that local systems development is in line with national strategy.
- Ensuring that information is reconciled against other data sources wherever possible and that any anomalies are documented and rectified where appropriate.
- Ensuring that all data shared / presented clearly documents data source, extraction date and assumptions used. Where appropriate strengths and limitations of data should be documented.
- Raising the profile of data quality with provider organisations by using freedoms within the new model contract to develop contractually binding data quality improvement plans.
- Supporting independent contractors with the improvement of their data quality through promotion of the IM&T DES and LES.
- Ensuring data quality team involvement in any major system upgrade or new development.
- Using nationally available tools such as the SUS Data Quality Dashboard to benchmark provider data quality.
- Regularly reviewing routine reporting requirements against national guidance / user preferences to ensure that these continue to meet end-user needs.
- Application of statistical controls and techniques to support interpretation of the data.
- Development of the technical infrastructure to support the timely production of information.
- Improved culture of data quality and improvement through training and awareness to all staff.

13. Working with partners

13.1 The Health Informatics Service and private industry

The publication Commissioning to Make a Difference (Institute for Innovation and Improvement 2008) identifies, through research in both the private and public sector, that the level of innovative output from an organisation is related to seven factors in the environment or culture. These are: risk taking, resources, information, targets, tools, rewards and relationships.

The development of tools to maximise the use of information within the Trust is critical to supporting a modern NHS. Historically this is an area of weakness within the NHS and there is now a recognised need to work with the private sector to develop software solutions to maximise the benefits of the information the NHS holds. There are a number of private companies specialising in healthcare information support and a crucial part of the PCT strategy is to evaluate these tools against the PCT requirements taking into account existing capacity and capability, value for money and flexibility.

The PCT has already established positive working relationships with The Health Informatics Service (THIS) and it is the intention of NHS Kirklees to continue to develop these relationships and working arrangements. There are many advantages to pooling resources within a single shared service to reduce silo working reduce and duplication of activities across health communities. Having a larger Health Informatics Service is also likely to attract and retain skilled analysts who will have more opportunities for skill sharing and personal and professional career development. Plans for the future include developing clear and business-like service level agreements and improved governance arrangements with THIS.

13.2 Public Health Observatories

Public Health Observatories (PHOs) support Public Health functions with regional / PCT level analyses and specialist statistical advice and training. Support is provided to the key Public Health priorities in relation to data, information and evidence of effective interventions. The PCT contributes to the PHO work programme and gains benefit from projects carried out of benefit to all PCTs.

13.3 The NHS Information Centre

The NHS Information Centre is the central resource for all health and social care information. It provides national comparative data across primary care organisations, regions and local authorities. It supports the commissioning, workforce, Public Health, finance, performance and social care functions and continues to develop its information resources. It is important for the PCT to maintain awareness and use the resources available from the Information Centre to ensure it has easy access to national and comparative data.

14. Financial implications and risk assessment

Implementing the Information and Intelligence Strategy has the potential to revolutionise how our organisation uses information to inform decision making and improve patient care. However, it would be naïve to assume these developments could be developed cost neutrally and the financial implications will largely depend upon the approach the PCT wishes to take and time-frames for implementation.

The existing analytical capacity and capability is modest compared to other organisations, however appropriate use of technology would reduce the burden of

data extraction and routine reporting from the existing team freeing up capacity to undertake more analytical work. It is likely that new roles would need to be created, specifically to support data warehouse developments, web design and increased analytical capability. There is potential to pool some of this resource across the health community, assuming other PCTs wish to adopt a similar approach to their information management and intelligence strategies.

Funding would also need to be identified to support education and training programmes for the wider workforce to develop information awareness and understanding skills.

The main risks to the delivery of this strategy are:

- Lack of wider PCT engagement – this strategy is dependent upon developing an information culture throughout the organisation. We can improve the tools and techniques to share information more widely as an enabler to decision making, however the benefits of this approach will only be realised with the full engagement of all directorates. Support is also required to enable the workforce to develop better information awareness skills.
- Shared solutions – there are benefits from pooling shared resources, however, other partners may have different preferred solutions and this could stall implementation.
- Identifying / freeing capacity – the preparation and planning of the development of data warehouse solution is critical to its success. Staff with the knowledge and understanding of the data flows must be given dedicated time to undertake this work.
- Cross-boundary information flows – not all the information we require may be available and there may be resistance to sharing datasets / information where no national mandate exists yet.

15. Summary

The over-arching aim of this strategy is to contribute to improvements in patient care and reduce health inequalities through the provision of information to support clinical and non-clinical decision making.

Improving information systems is a key enabler to achieving this goal, however, the success of delivering this strategy must be measured on the impact it has on patient care. Its implementation cannot be led simply by the informatics and intelligence staff alone, it needs to be embraced and promoted by all staff working within NHS Kirklees.

16. Implementing the Strategy

Strategic Objective	Success Criteria / Outcome Measure	Actions	Timescales	Leads / Stakeholders
1. Recognising and prioritising the different information needs of our patients and public; commissioning teams and provider functions	Executive leadership / corporate commitment given to the Information and Intelligence Strategy	Adoption of Information and Intelligence Strategy by the Strategic Development Committee (SDC)	June 2009	Director of Performance and Information / Executive Team
	Governance arrangements confirmed	SDC to confirm governance arrangements for over-seeing delivery of the Information and Intelligence Strategy	June 2009	Director of Performance and Information / Executive Team
	Business Information needs identified and supported	Ongoing review and development of business processes to ensure that information and intelligence considerations are built into the business planning cycle from the outset	April 2009	Head of Strategic Business Planning, Assistant Director of Data Quality and Information / Health Improvement Leads
		Ensure representation of information / intelligence staff at key internal forums e.g. Finance and Planning Committee, PBC Group, SLA Group, HITs, WCC to support knowledge exchange and facilitate information support	Ongoing	Assistant Director of Data Quality and Information, Assistant Director of Public Health – Intelligence (and teams)

Strategic Objective	Success Criteria / Outcome Measure	Actions	Timescales	Leads / Stakeholders
<p>1. Recognising and prioritising the different information needs of our patients and public; commissioning teams and provider functions continued...</p>	<p>Business Information requirements prioritised and delivered</p>	<p>To sign-post staff to available resources, to support self-sufficiency in meeting own information requirements (where these resources exist)</p>	<p>Ongoing</p>	<p>Head of Data Quality and Information Analysis (and team), Assistant Director of Public Health / Executive Team (and team)</p>
		<p>To identify information gaps and work in partnership with leads / other providers to develop new information flows / resources where these do not currently exist</p>	<p>Ongoing</p>	<p>Head of Data Quality and Information Analysis (and Team), Assistant Director of Public Health / Executive Team (and team)</p>
		<p>Review routine information reporting requirements / timeframes with key stakeholders</p>	<p>June 2009, ongoing</p>	<p>Head of Data Quality and Information Analysis / Information Manager</p>
		<p>Develop the ad hoc query process to support and encourage staff to ask the right questions</p>	<p>June 2009, ongoing</p>	<p>Head of Data Quality and Information Analysis / Information Manager</p>
		<p>Ensure that data quality and information requirements are built into the SLA between the PCT and THIS</p>	<p>May 2009</p>	<p>Head of Data Quality and Information Analysis / THIS</p>
		<p>Ensure that action plans are monitored and risks to delivery of plans are documented</p>	<p>September 2009, ongoing</p>	<p>As per SDC governance arrangements</p>

Strategic Objective	Success Criteria / Outcome Measure	Actions	Timescales	Leads / Stakeholders
<p>2. Developing the technical infra-structure and reporting tools to ensure that our staff have cost effective, readily available information to support decision making, when and where they need it</p>	<p>Improved access to information by developing data warehouse / Business Intelligence solutions including web-based application tools</p>	<p>Review of existing technical infrastructure / product support</p>	<p>June 2009 (then ongoing regular review)</p>	<p>Head of Data Quality and Information Analysis / THIS</p>
		<p>Review of Information Governance framework</p>	<p>September 2009 (then ongoing)</p>	<p>Head of Data Quality and Information Analysis, Assistant Director of Public Health / THIS</p>
		<p>Development of web facility to sign-post staff to available resources</p>	<p>March 2010</p>	<p>Head of Data Quality and Information Analysis, Assistant Director of Public Health / THIS</p>
		<p>Business case / procurement of Business Intelligence solution that supports triangulation of (appropriate) information and has drill down functionality</p>	<p>June 2009</p>	<p>Head of Data Quality and Information Analysis</p>
		<p>Phased implementation of Business Intelligence solution</p>	<p>September 2009 onwards</p>	<p>Head of Data Quality and Information Analysis / THIS</p>
		<p>Review of PBC web-browser and information support to practices / PBC support team</p>	<p>June 2009</p>	<p>PBC Performance Analysts / PBC Team, Head of Data Quality and Information Analysis / THIS</p>

Strategic Objective	Success Criteria / Outcome Measure	Actions	Timescales	Leads / Stakeholders
<p>3. Developing an information culture to support all staff to effectively use and interpret information, ensuring that the Knowledge, Skills Frameworks and Personal Development Plans reflect the information skills required by staff to fulfil their roles</p>	<p>Staff competent at accessing web-based materials and have knowledge to interpret / analyse information available to them</p>	<p>Develop buddying / mentoring system to support staff in developing information skills</p>	<p>To be confirmed</p>	<p>To be confirmed</p>
		<p>Ongoing knowledge exchange / healthy challenges to support staff in interpreting information appropriately</p>	<p>On-going</p>	<p>Cross-Directorate</p>
		<p>Source information, caveats and definitional guidance documented in work produced to support interpretation / analysis</p>	<p>On-going</p>	<p>Head of Data Quality and Information Analysis (and team), Assistant Director of Public Health / Executive Team (and team)</p>
		<p>Consider formal learning needs assessment to be undertaken</p>	<p>To be confirmed</p>	<p>To be confirmed</p>
		<p>Identify and promote training options for staff</p>	<p>To be confirmed</p>	<p>To be confirmed</p>
		<p>Deliver training support</p>	<p>To be confirmed</p>	<p>To be confirmed</p>
		<p>Evaluate training provision and options for on-going support</p>	<p>To be confirmed</p>	<p>To be confirmed</p>

Strategic Objective	Success Criteria / Outcome Measure	Actions	Timescales	Leads / Stakeholders
<p>4. Continuing personal and professional development to ensure that staff within the information and public health intelligence teams maintain and develop specialist expertise on available information resources, tools and techniques</p>	<p>Highly qualified team of specialised data quality and information / intelligence staff with evidence of on-going professional development</p>	<p>PDPs and PDRs for staff involved in data quality, information and intelligence</p>	<p>June 2009</p>	<p>Head of Data Quality and Information Analysis, Assistant Director of Public Health / THIS</p>
		<p>Development of expertise in differing SPC techniques and standardisation tools</p>	<p>September 2009 – ongoing</p>	<p>Information and Intelligence Teams</p>
		<p>Ensure ongoing engagement with national PRIMIS Group, technical training programmes</p>	<p>Ongoing</p>	<p>Head of Data Quality and Information Analysis, Data Quality Improvement Manager</p>
		<p>Review and evaluate national and locally available resources and sign-post staff to these resources where appropriate</p>	<p>Ongoing</p>	<p>Data Quality, Information and Intelligence Teams</p>
<p>5. Identifying current health needs using a range of qualitative and quantitative information and predicting future trends to inform service developments and the commissioning process</p>	<p>The PCT is able to effectively identify health needs and build these into commissioning demand plans to ensure unmet health needs and inequalities are addressed</p>	<p>Review / expand data sources available for the JSNA</p>	<p>Ongoing</p>	<p>Assistant Director of Public Health – Intelligence</p>

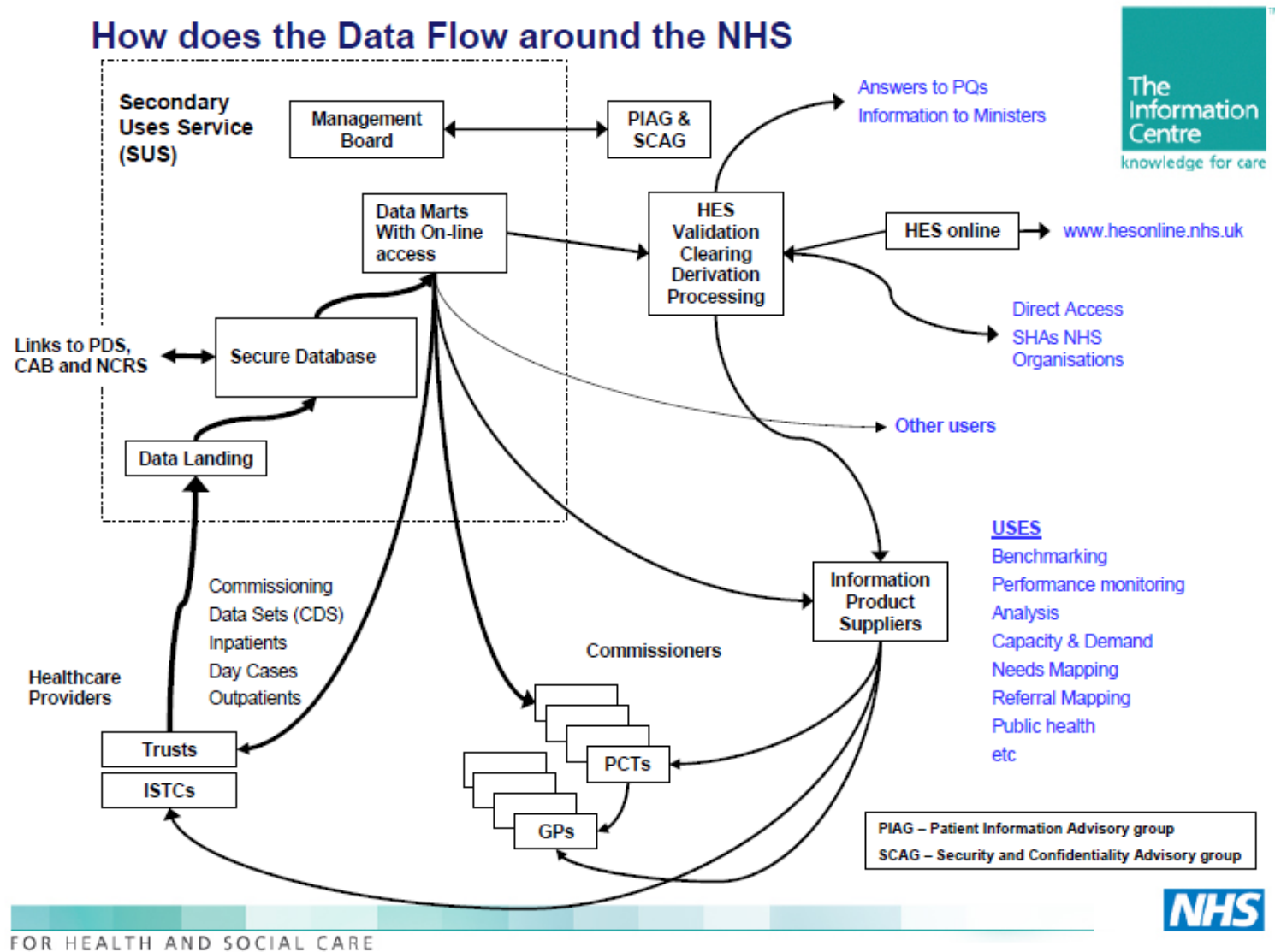
Strategic Objective	Success Criteria / Outcome Measure	Actions	Timescales	Leads / Stakeholders
		Review and develop the PCT demand planning model	October 2009	Head of Data Quality and Information Analysis / PCT Information Manager
		In partnership with other organisations, undertake regular lifestyle surveys	Ongoing	Assistant Director of Public Health – Intelligence
		Undertake social marketing intelligence	Ongoing	Assistant Director of Public Health – Intelligence
		Support the implementation of the Predictive Risk Model	To be confirmed	Head of LTC, Practices, Clinical teams, Head of Data Quality and Information Analysis, Data Quality staff, THIS
		Review / promote use of Scenario Generator and other commissioning tools	September 2009 - ongoing	Head of Data Quality and Information Analysis (and team)
6. Providing easily understandable, consistent information about best practice and sharing knowledge on interventions that are known to work, to enable better informed choices to be made	Commissioners have access to evidence based research to inform decision making	Developing access to a base of knowledge about what interventions work – and process for maintaining	March 2010	Assistant Director of Public Health – Intelligence
		Develop process for identifying and communicating those interventions which are effective (and those which aren't) to support and influence evidence based decision-making	In-progress	Clinical effectiveness / Assistant Director of Public Health – Intelligence

Strategic Objective	Success Criteria / Outcome Measure	Actions	Timescales	Leads / Stakeholders
<p>7. Monitoring the effectiveness and progress of interventions to ensure that they support the measurement of health outcomes and contribute to the impact evaluation of service developments and re-design initiatives, including value for money</p>	<p>Measurable outcomes agreed, information flows defined, performance monitored</p>	<p>Generating information resource and capacity to support the Health Improvement Teams</p>	<p>On-going</p>	<p>Head of Data Quality and Information Analysis, Information Manager - Projects</p>
		<p>Support development of Primary Care Clinical Quality Quilt</p>	<p>June 2009 - ongoing</p>	<p>Director of Performance, Head of Clinical Effectiveness</p>
		<p>New interventions monitored and evaluated – effectiveness documented to support evidence-based decision making</p>	<p>TBC</p>	<p>HIT Leads; Head of Clinical Effectiveness, Assistant Director of Public Health – Intelligence</p>
		<p>Supporting the implementation of Programme Budgeting</p>	<p>TBC</p>	<p>Director of Finance</p>
<p>8. Striving to improve the range of data available and the quality and timeliness of the information received and generated within the organisation to ensure that it is consistent and reliable and fit-for-purpose</p>	<p>NHS Kirklees has available to it, timely information that can be trusted for decision making processes</p>	<p>Using contracting mechanisms to agree / monitor defined list of data quality measures with provider organisations</p>	<p>April 2009 - ongoing</p>	<p>Commissioning leads, Head of Data Quality and Information Analysis, PCT Information Manager</p>
		<p>Use of SUS KPIs and Data Quality Dashboard to monitor provider data quality</p>	<p>April 2009 - ongoing</p>	<p>Head of Data Quality and Information Analysis, PCT Information Manager</p>

Strategic Objective	Success Criteria / Outcome Measure	Actions	Timescales	Leads / Stakeholders
		Data quality audit undertaken and system managers identified for key systems in use within PCT	May 2009	Head of Data Quality and Information Analysis, Data Quality Improvement Manager
		Programmes to support promotion of data quality undertaken within PCT	March 2010	Head of Data Quality and Information Analysis, Data Quality Improvement Manager
		Reconciliation processes strengthened and improved to ensure high levels of data quality for contracting purposes	June 2009 - ongoing	Head of Data Quality and Information Analysis, PCT Information Manager
		Impact of SystemOne upgrades understood and data quality programmes initiated where appropriate	September 2009 - ongoing	Head of Data Quality and Information Analysis, Data Quality Improvement Manager
		Ongoing support to GP primary care practices to improve data quality on clinical systems (including support in delivering IM&T DES / LES accreditation programme)	September 2009 - ongoing	Head of Data Quality and Information Analysis, Data Quality Improvement Manager
		Leading the implementation of the NHS Number Standard within primary care	December 2009	Head of Data Quality and Information Analysis, Data Quality Improvement Manager, GP practices

Strategic Objective	Success Criteria / Outcome Measure	Actions	Timescales	Leads / Stakeholders
<p>9. Evaluating and sign-posting staff to available regional and national resources, to support benchmarking and the wider performance agenda</p>	<p>Staff are aware of benchmarking tools available to support performance monitoring</p>	<p>Promotion of nationally available resources including:</p> <ul style="list-style-type: none"> - NHS Comparators; and the - National Compendium of Health Indicators 	<p>Ongoing</p>	<p>Head of Data Quality and Information Analysis, Assistant Director of Public Health / THIS</p>
		<p>Develop internal reports to promote benchmarking, where appropriate</p>	<p>March 2010</p>	<p>Head of Data Quality and Information Analysis, Assistant Director of Public Health / THIS</p>
<p>10. Supporting and maintaining effective working relationships between partner organisations by sharing information and resources where appropriate and cost-effective to do so</p>	<p>Robust working relationships established and partner organisations sharing information to support patient care and monitoring of delivery</p>	<p>Developing positive working relationships between local authority and health services</p>	<p>Ongoing</p>	<p>Assistant Director of Public Health – Intelligence</p>
		<p>Maintaining and developing links to Yorks and Humber PHO</p>	<p>Ongoing</p>	<p>Assistant Director of Public Health – Intelligence (and team)</p>
		<p>Developing professional networks through various forums including: Regional Analyst Forum; Regional Health Intelligence Leads and CORIE</p>	<p>Ongoing</p>	<p>Head of Data Quality and Information Analysis (and team), Assistant Director of Public Health (and team) / THIS</p>
		<p>Maintaining and developing both formal and informal professional working relationships with THIS</p>	<p>Ongoing</p>	<p>Head of Data Quality and Information Analysis, Assistant Director of Public Health (and teams)</p>

Appendix I – National Health Service - Data Flows – May 2009



APPENDIX II - GLOSSARY

Caldicott – In 1997 Dame Caldicott carried out a report on how the NHS handles patient information. This report detailed six principals for handling information. Adherence to the Caldicott principals now forms part of every NHS employees contract.

Choose and Book (CAB) - Allows patients, in partnership with health and care professionals, to book first outpatient appointments at the most appropriate date, time and place for the patient.

Connecting for Health - All NHS organisations including the PCT connect to a central network known as NHS net before they access the Internet. Connecting for Health is a central body that control this access and specify certain security standards that all NHS organisations must adhere to. Connecting for Health is also responsible for a nationwide project to develop a single electronic patient record. This is an ongoing project with different clinical areas receiving access over a period of time up until 2010.

CORIE – Centre of Research and Intelligence Excellence – includes representatives from the council, PCT, police and fire services

Data Protection Act – The Data Protection Act 1998 is a law introduced to protect personal information of all UK citizens. The law has eight principals which the PCT and individual staff must adhere to.

HES - Hospital Episode Statistics (HES) is a data warehouse containing data from SUS. HES is the data source for a wide range of healthcare analysis for the NHS, Government and many other organisations and individuals. It contains admitted patient care data from 1989 onwards, with more than 12 million new records added each year, and outpatient attendance data from 2003 onwards, with more than 40 million new records added each year.

IM&T DES / LES - As part of the agreed changes to the GMS contract for April 2006, a directed enhanced service (DES) was developed to facilitate the use of information management and technology (IM&T) to support the delivery of the National Programme for IT. A key objective of this DES is to support practices to achieve accredited data quality standards that are fit for sharing in the NHS Care Records Service. The PCT introduced a similar scheme (known as the Local Enhanced Service, LES) when the national DES ceased in March 2008.

Information Governance – Information Governance is a broad term used to review and offer assurance on how the NHS handles information about patients / clients and employees, in particular personal and sensitive information. The Information Governance Toolkit provides a framework to bring together a number of requirements, standards and best practice that apply to the handling of personal information.

ISTCs – Independent Sector Treatment Centres

JSNA – Joint Strategic Needs Assessment. Since 1 April 2008, local authorities and PCTs have been under a statutory duty to produce a Joint Strategic Needs Assessment (JSNA). The JSNA describes a process that identifies current and future health and

wellbeing needs in light of existing services, and informs future service planning taking into account evidence of effectiveness.

Knowledge, Skills Framework (KSF) – A framework introduced into the NHS to ensure that all staff have a structured skills development framework for their personal development.

LAA – Local Area Agreement between local public sector organisations.

LSPs - Local Service Providers

Responsible for making sure the new systems and services delivered through the NPfIT meet local requirements and are implemented efficiently.

NCRS – National Care Records Service. The service that enables the sharing of electronic patient records across the NHS.

NPfIT - National Programme for IT

Responsible for procurement and delivery of the multi-billion pound investment in new information and technology systems to improve the NHS.

PAS – Patient Administration System – generic term given to the systems used in acute care to record out-patient and in-patient activity.

PBC - Practice Based Commissioning – is about involving GP practices and other health and primary care professionals in the commissioning of services. It allows for budgets to be devolved from PCTs to individual GP practices.

PbR - Payment by Results – is a mechanism to provide a transparent, rules-based system for paying hospitals trusts for patient care activity.

PC – Personal Computer, desktop.

PCT - Primary Care Trust responsible for commissioning all health care in their community.

PDS – Personal Demographics Service. NHS-wide demographics service which enables authorised users to access personal details to support Choose and Book and the Electronic Transmission of Prescriptions. It will be the sole national source of demographic information on patients for the NHS Care Records Service.

PHO – Public Health Observatory. There are 9 across England, covering each region. The local one for Kirklees is Yorkshire and the Humber PHO (YHPHO)

PIAG - The Patient Information Advisory Group was established to provide advice on issues of national significance involving the use of patient information (data) and to oversee arrangements created under Section 251 of the NHS Act 2006 (originally enacted under Section 60 of the Health and Social Care Act 2001). PIAG was replaced by the National Information Governance Board for Health and Social Care (NIGB) under Section 158 of the Health and Social Care Act 2008 and was formally wound up on 31 December 2008.

PRIMIS – Nationally sponsored project to improve data quality in primary care.

QMAS - Quality Management and Analysis Subsystem – a system to support the Quality and Outcomes Framework. The Quality Management and Analysis Subsystem provides reporting, forecasting and payment information for improving services within the Quality and Outcomes Framework.

SLA – Service Level Agreement.

SPC – Statistical Process Control – a technique used to identify natural variation in a given set of data.

SUS - the **Secondary Uses Service** a national resource which will provide timely, anonymous patient data and other information for purposes other than direct clinical care.

THIS - The Health Informatics Service.

World Class Commissioning - World Class Commissioning aims to deliver a more strategic and long-term approach to commissioning services, with a clear focus on delivering improved health outcomes. There are four key elements to the programme; a vision for world class commissioning, a set of World Class Commissioning competencies, an assurance system and a support and development framework.

APPENDIX III - FURTHER READING

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