

Drug Treatment Monitoring Unit

Data Quality Strategy 2011-12

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1. Revision History

Version	Author	Purpose/Reason	Date
0.1	K Peters	Initial draft of 2011/12 data quality strategy	18.02.2011
0.2	K Peters		
0.3	K Peters		
0.4	K Peters		

2. Distribution

Name	Role
Kellie Peters	Head of Data Management (Document Owner), Solutions for Public Health (SPH)
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Mark Hinchcliffe	NDTMS Programme Manager, NTA
DTMU	All current members of the Drug Treatment Monitoring Unit

3. Introduction

The Drug Treatment Monitoring Unit (DTMU) is part of South East Public Health Observatory (SEPHO) and is commissioned to deliver the NDTMS contract until 31st March 2012. As part of the Service Level Agreement (SLA) the team is performance managed on a bi-annual basis by the NTA against an agreed set of deliverables. One of the key output areas is data quality. The deliverables for this area are outlined below:

Ref	Output	Deadline
DQ 1	Annual Data Quality Strategy	On or before 1 st April 2011.
DQ 2	Work plans for targeted data quality improvement programmes to address NTA defined data quality metrics.	1 st May 2011 for initial plans. Updated plans to be available at deadline agreed with NTA central team.
DQ 3	Demonstrable evidence that data quality is being effectively addressed	Ongoing.

3.1. Aims

1. To deliver against the SLA outputs DQ1-3 during 2011-12

3.2. Objectives

1. To create a data quality strategy to direct and inform the DTMU work plan for 2011-12.
2. To integrate the data quality work of the DTMU with the key delivery assurance drivers of NTA regional team.
3. To facilitate the continuous improvement of agency data, supplied monthly to NDTMS.
4. To supply analytical stakeholders with highest quality NDTMS data.

4. Achievements

The focus on TOP continued in 2010-11, and the good regional performance established in 2009-10 was maintained and improved upon during the course of the year. As of February 2011, the region was achieving the minimum 80% threshold across all TOP stages: Start, Review and Exit.

Table 1: South East Regional TOP Performance in February 2011

February 2011	Start TOP	Review TOP	Exit TOP
South East	91.3%	84.0%	90.7%

Due to limited capacity within the SE NDTMS team and in discussion with the Regional NTA team, it was agreed that the monthly South East of England TOP Exception Highlight Report that was produced throughout 2009-10 was no longer required, as the focus should move away from compliance and our attention moved towards enabling partnerships to use the TOP Quarterly Outcome Reports that were released in 2010-11. A session covering the data within the TOP Quarterly Outcome Reports and how these reports might be used locally was included as part of the Core Dataset H training programme in each DAAT area. This information was welcomed at a provider and a DAAT level, and several areas reported a sense of accomplishment in the outcomes they are providing for their clients. Many also felt it would be a useful engagement tool for individuals within teams who still had some doubt about TOP and its use.

Whilst the majority of DAATs are achieving the required TOP compliance to receive the Quarterly Outcome Reports, the DTMU have identified the partnerships which are not achieving at each level (see table below) and will encourage and support them in their drive to achieve the minimum 80% required. Oxfordshire and Bracknell Forest will receive more focused support, given their involvement in the Payment by Results pilots.

Table 2: South East Partnerships under 80% TOP threshold, in at least one TOP stage

February 2011	Start TOP	Review TOP	Exit TOP
Portsmouth	79.5%	65.4%	81.0%
Oxfordshire	90.6%	34.9%	64.7%
Bracknell Forest	90.0%	28.6%	66.7%
Southampton	95.1%	76.4%	96.3%
Brighton & Hove	91.0%	69.1%	100.0%
Milton Keynes	80.0%	69.6%	100.0%
Windsor & Maidenhead	81.8%	88.9%	75.0%
Hampshire	87.6%	91.5%	76.7%

During 2010-11, the South East NDTMS team were faced with significant capacity issues for 9 months of the financial year. Despite this, the team has achieved significant data quality improvements, as a result of the focus on all aspects of data quality. The introduction of DQ Central has played a role in this success, as the team have been able to use the reporting function to engage with DAAT stakeholders to support the data quality initiatives across the region at a provider level. This can be seen when reviewing the data quality metrics over the last year as seen in the table below.

Table 1: South East NDTMS Core Data Quality Metrics

2010-11 Metric	May 2010*	March 2011~	Green
M3. Duplicate Client Episode	2.27%	0.82%	0.05%
M4. Missing Discharge Data	0.00%	0.00%	0.25%
M5. Duplicate Open Episodes	0.74%	0.05%	0.05%
M6. Overlapping Episodes	0.49%	0.10%	0.05%
M7. Percentage Completion of Parental Status	87.82%	94.45%	80.00%
M8. Percentage Completion of Children With	84.88%	94.24%	80.00%
M9. Duplicate Open Modalities	0.18%	0.06%	0.10%
M10. Overlapping Modalities	0.69%	0.16%	0.05%
M11. Clients in effective treatment, with no modality start.	0.16%	0.06%	0.50%
M12. Poly drug use	0.00%	0.00%	0.05%
M13. Misreporting of Tier 4 Interventions	0.18%	0.10%	0.25%
A1. Alcohol primary drug but no alcohol modality	32.54%	5.65%	1.50%
A3. Alcohol days and units mismatches	0.49%	0.16%	0.50%
A4. Missing alcohol units for primary alcohol	19.14%	7.24%	0.05%
T1. Individuals with overlapping TOP CC Flag	2.84%	2.40%	2.00%
T2. Individuals with open episodes but no TOP CC Flag	8.29%	3.70%	10.00%

Notes: *T1 & T2 first metrics calculated in Aug 10, used as baseline ~M11 used Jan-11 % as end mark as Feb onwards not available.

The relationship between the South East Regional NTA Team and the South East NDTMS team continues to be mutually beneficial, with an integrated and supportive approach across the region. The DTMU Manager attends the monthly South East Regional NTA Team meeting, which ensures that new priorities that arise throughout the year can be responded to appropriately and effectively; in addition, the providers and DAATs will receive consistent messages from both teams.

A key driver for the NTA in the first quarter of 2010-11 was the completion of the NDTMS Audit of Orphan Episodes. The South East NDTMS Team prioritised this piece of work throughout quarter 1, and successfully reduced the number of Orphan Episodes outstanding, according to the NTA calculation at the time, to approximately 30 across the region. In anticipation of the introduction of DAMS III towards the end of the financial year, the South East team were keen to maintain the momentum on addressing orphan episodes and incorporated a report developed by the Eastern Region to the monthly data quality processes, including records related to both primary alcohol clients and young people, which had not been addressed as part of the National Audit. We hope to see the benefits of this work once we are able to switch on the DAMS III functionality for the South East agencies. All agencies have received initial training with respect to the concept and functionality of DAMS III as part of the Core Dataset H Training, delivered throughout March 2011. This will be followed up with local training throughout Quarter 1 of 2011-12, using agency data to ensure full understanding prior to enabling the full DAMS III functionality.

We acknowledge that the 2010 Service Review was not delivered due to the potential detrimental impact it may have had across the region, rather than the desired positive and supportive feedback that in previous years has been acknowledged as an area of best practice.

5. Priorities for 2011-12

Taking the above information into account, together with current NTA DQ initiatives, the DTMU has determined its priorities for the coming year:

5.1. National Priorities

- Increase the reported activity by Residential Rehabilitation agencies for 2010-11, by July 2011 submission.
- Maintain Green TOP Compliance across the SE Region; ensure those DAAT areas still not achieving 80% at all 3 stages achieve compliance this financial year, particularly in PbR pilot areas.
- Increase the successful completions reported via NDTMS
- Use the Drug Use at Planned Exit report to ensure that Opiates/Crack are not reported via TOP at planned exit
- Ensure the NDTMS episode level drug use information matches the drug use information reported via TOP at Treatment Start
- Use the NDTMS comprehensive training programme as a vehicle to drive up the understanding of planned and unplanned exits
- Improve the quality of Alcohol data reported via the NATMS, in order to support the NTA Alcohol Workplan and provide reliable, robust information for commissioners over the next year.

5.2. South East Priorities

- Ensure that all agencies will be CDS-H compliant by no later than September
- Successful implementation of DAMS III across all agencies in the South East region, ideally by July
- Given the significance of the above national priorities, the South East will be focusing on these areas and maintaining the data quality improvements that have been seen in 2010-11.

5.3. DTMU Priority

- Reviewing Monthly Submission procedures in light of the implementation of DAMS III.

6. Data Quality Improvement Processes

The South East NDTMS Team will meet monthly to discuss the priority areas for data quality improvement projects. This will involve analysing a range of data including the monthly data quality metrics from the NTA Data Quality Manager, data quality reports from the most recent upload of data and the most recent TOP exception reports available at the time of meeting. The phased implementation of DAMS III will present the opportunity to review the reports available in DAMS as it goes live across the region and decide what should be included in future monthly meetings. This should be clarified by the September monthly meeting. The group will agree where work on data quality improvement for the forthcoming month is focused based on those areas or agencies:

- That have the biggest impact on overall data quality
- Are agreed with the regional and national NTA to be priority metrics (metrics which may impacts on quarterly performance reports)
- Where 'quick wins' can achieve improvements within a short time scale

Having identified which areas need to be tackled as a priority, the NDTMS team will provide the relevant agency with appropriate reports. A timeframe will be agreed for population of data fields or amendments to the data included in the reports. The revised data should be extracted and included with their next DAMS submission; where data is erroneous, written authorisation will be required for the NDTMS team to delete erroneous data. A document will be included with reports so that the agency can sign off that they have done the required work on the data quality on their master database and the DTMU can sign off that the NDTMS data has been updated appropriately. Where data quality issues are not addressed within agreed timescales, the DTMU will seek support from the DAAT and the Regional NTA Team where appropriate. The anticipated timescales and escalation procedure is outlined below:

Data Quality Report not downloaded 5 working days after upload to SE Dropbox

- An email will be sent by the NDTMS Data Quality Manager to the individual responsible at the service, reminding them that the reports are there for download and that they should be dealt with prior to the next submission.
- If they are unable to deal with the reports this month, they need to advise the NDTMS Data Quality Manager and the service manager of the reason for this.
- If they are unsure of what the reports are asking, they should contact the NDTMS Data Quality Manager for explanation and support.
- This communication should be copied to the service manager and the DTMU Manager.

Data Quality Report feedback not provided by the deadline

- An email will be sent by the NDTMS Data Quality Manager to individual responsible at the service to remind them that they should be providing the feedback on the reports and that non-response will result in poorer data quality.
- If they are unable to deal with the reports this month, they need to advise the NDTMS Data Quality Manager of the reason for this.

- If they are unsure of what the reports are asking, they should contact the NDTMS Data Quality Manager for explanation and support.
- This communication should be copied to the service manager and the DTMU Manager.

Data Quality Report feedback not provided for the monthly data submission

- An email is sent out by the NDTMS Data Quality Manager confirming that their monthly file has been processed into NDTMS, which is the case for all agencies; it will also highlight the reports that were sent to them and the fact that these were not acted upon. Within this email, the NDTMS Data Quality Manager will also inform them that they will be sending out the revised reports following the submission of data to the NTA and that the service must address their outstanding data quality errors by the deadline.
- If they are unsure of what the reports are asking, they should contact the NDTMS Data Quality Manager for explanation and support.
- This email should be copied to the Service Manager and to the DTMU Manager.
- It will also state that should if the service does not address the reports for a second month on the trot, this will be escalated to their commissioning DAAT (either the Information Manager or the Joint Commissioning Manager), as the DTMU cannot allow data quality to go unaddressed.

2nd month Data Quality Report not downloaded 5 working days after upload to SE Dropbox

- A phone-call by the NDTMS Data Quality Manager, with a follow-up email sent, to individual responsible reminding them that the reports are there for download and that they should be dealt with prior to the next submission.
- They will be reminded that they did not do the previous month's data quality and a lack of feedback this time will result in the DAAT being notified.
- If they are unable to deal with the reports this month, they need to advise the NDTMS Data Quality Manager and their service manager of the reason for this.
- This communication should be copied to the service manager and to the DTMU Manager, and should note when the phone-call was made to the individual.

2nd month Data Quality Report feedback not provided by the deadline you give them

- A phone-call by the NDTMS Data Quality Manager, with a follow-up email sent, to individual responsible to remind them that they should be providing the feedback on the reports and that non-response will result in poorer data quality.
- They will be reminded that they did not do the previous month's data quality and a lack of feedback this time will result in the DAAT being notified.
- If they are unable to deal with the reports this month, they need to advise the NDTMS Data Quality Manager and the service manager of the reason for this.
- This communication should be copied to the service manager and the DTMU Manager, and should note when the phone-call was made to the individual.

2nd month Data Quality Report feedback not provided for the monthly data submission

- An email is sent out by the NDTMS Data Quality Manager confirming that their monthly file has been processed into NDTMS, which is the case for all agencies; it will also highlight the reports that were sent to them and the fact that these were not acted upon for 2 months on the trot. Within this email, the NDTMS Data Quality Manager will also inform them that they will be sending out the revised reports following the submission of data to the NTA and that they must address their outstanding data quality errors by the deadline.
- This email should be copied to the Service Manager, the DAAT information manager/JCM and to the DTMU Manager.
- It will also be clear in the email that as they have not addressed them for a second month on the trot, this is being escalated to their commissioning DAAT (either the Information Manager or the Joint Commissioning Manager), so that they can work with them to support them in addressing the data quality issues.
- An email to the DAAT should include a list of the reports that have not been dealt with and stress the impact this could have on performance figures. This email should be copied to the Service Manager of the agency and to the DTMU Manager.

This should ensure that agencies recognize that the DTMU are serious about addressing data quality and non-compliance is not an option. The majority of agencies based in the South East region are engaged in the data quality improvement programme and do address reports in a timely fashion. Where there is a good reason for one month's lapse, we can be more lenient in specific cases; the DTMU Manager would need to approve this, with evidence from the NDTMS Data Quality Manager that the last 6-12 months reports have been addressed by that agency and that individual as a matter of course.

6.1. Process Review: Summer 2011

While these processes are relevant for the DTMU at the current time, these processes are likely to be impacted upon by the implementation of DAMS III across the South East Region. It is anticipated that the DTMU will have completed the roll-out of DAMS III to all agencies by the end of July. At this point of 2011-12, it will be appropriate to review the processes necessary to manage data quality improvement in order to bring them in line with the new monthly submission process and functionality within DAMS III.

7. Risk Management

No.	Risk	Likelihood	Impact	Risk Score	Counter Measure	Owner
1.	Lack of co-operation from treatment providers across the South East.	2	4	8	Early engagement with providers, DAATs and Regional NTA	KP
2.	Absence of Key DTMU Staff	3	5	15	All DTMU team aware of Data Quality issues, can pick up project tasks/training if responsible team member ill/away.	KP
3.	Late delivery of data quality metrics/reports from NTA	3	5	15	Continue with existing reports/process. Raise issue at via the Forum or monthly NDTMS Manager's Meeting as appropriate. DQ Central mitigates this risk	KP
4.	Provider decommissioned, DTMU not advised until after event	2	4	8	As part of monthly communication and ad-hoc newsletter advise region of process for opening/closing agencies.	KP
5.	With the implementation of DAMS III, the regional NDTMS team has no control over the availability or performance of the system.	2	4	8	Evidence to demonstrate the impact on data quality work of the national systems being taken offline. This can be via the Forum. The DTMU team will also use an internal issues log and monitor this regularly	KP

8. Roles and Responsibilities

8.1.DTMU Team Lead Roles

In order to deliver the 2011/12 data quality targets, each member of the DTMU has clearly had their role within the delivery of the Service Level Agreement identified. This will be included as part of the annual appraisal process:

Name & Title	SLA Output	Responsibility	Lead Role
Regina Lally, Manager	DQ1	Developing & Implementing;	Programme lead with specific interest in Alcohol data collection, Payment by Results and Tier 4.
	DQ2	Directing priorities;	
	SYS1	Governance Lead;	
	TLS1	Directing focus areas;	
	TLS2	Provision of guidance and templates. Member of project board;	
	TLS3	Guidance and support for DAAT Commissioners;	
Lucy Nicholson, Data Manager	DCS1	Producing plans & implementing;	Prisons DAMS Phase III TOP Adult Projects
	DQ1	Adhering to processes outlined in strategy;	
	DQ2	Managing and implementing DQ workplan;	
	DQ3	Monitoring DQ Metrics, where required escalation;	
	SYS2	Delivery of training;	
	TLS1	Project manage and produce report;	

	TLS3	Monitoring and implementing plans;	
	RAR2	Be able to respond to queries relating to NTA Reports. Attend relevant regional/partnership meetings; Ability to train stakeholders on reports;	
Sue Dales, Data Manager	DCS2	Implementing actions required;	YP
	DCS3	Adhering to timescales;	Data Completeness
	DQ1	Adhering to processes outlined in strategy;	Stakeholder Monitoring
	DQ2	Managing and implementing DQ workplan;	Marketing & Communications
	DQ3	Addressing DQ issues highlighted through metrics;	
	SYS1	Treatment providers are made aware of changes to Governance arrangements;	
	SYS2	Frontline/helpdesk support;	
	TLS1	Collation of questionnaires, updating of local systems;	
	TLS2 – 3	Providing support reports, adopting and adhering to internal processes;	
	RAR2	Ability to respond to fundamental queries from	

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		partnerships and providers;	
Marta Szczepaniak and Rachel Johnson, Public Health Analysts	RAR1	Producing reports and effective liaison with Central NTA Team. Adhering to publication process;	Analysis Data completeness TOP Outcome Reports Projects NTA Themed Reports;
	RAR2	Provide supporting analysis where issues raised with national produced reports. Be able to respond to queries relating to NTA Reports;	
	RAR3	Ad-hoc requests and attendance at expert groups (i.e. needs analysis). Organising or being available to chair the SE Information Managers meeting.	

8.2.DTMU Team Meetings

Meetings will take place on a monthly basis, in order to tackle data quality and focus the work for the forthcoming month across the team.

8.3.Team Meeting

The meeting will be held monthly after the NDTMS submissions. The meeting will cover the following topic areas:

- *Quarterly Reports:* Regina (chair), Sue D (YP), Lucy (Adult Reports) Marta/Rachel (TOP Outcome Reports);
 - Including data completeness (i.e. missing Hep fields);
- *Monthly submission:* Non compliance and issues;
- *NDTMS.net:* unexpected figures, problematic numbers.
- *TOP monthly reports:* (latest version, in more detail)
- Agreement on forthcoming monthly workplan;
- *Projects Update:* main deliverables achieved within the month, upcoming tasks;
- *Analysis Update:* including ad-hoc enquiries and data completeness.

8.4. Annual Data Quality Away Day

The Data Quality Away Day will provide the team with an opportunity to learn more about each other's roles and how they can support each other in delivering the agreed data quality outputs. The day will also delve into the data quality metrics in detail, and the team will be charged with looking at how to improve the metric, what has worked, what has not been as successful and what actions need to be implemented.

8.5. DTMU: Monthly Highlight Report

Each team member will be responsible for providing a monthly highlight report that is to be submitted to the DTMU Manager. This highlight report will be based on the information within DQ Central and should be accompanied with commentary on progress, issues and communication with DAATs/Agencies. They should also provide commentary on each of the lead areas for which they are responsible.

The DTMU Manager will use this information to compile a DTMU Highlight Report that will be sent to the Head of Data Management and will provide a comprehensive overview on all the DTMU outputs, and will indicate areas for improvements along with highlighting the successes.

8.6. Weekly updates

Each team member is expected to provide a weekly update, which is to be sent to all team members. The update will provide a summary of the week's activity, any key discussions that the team need to be aware of, and an update on their lead area(s).

8.7. Regional/National Meetings

Regional meetings provide an excellent opportunity for DTMU team members to highlight data quality issues, areas of concern (i.e. TOP Exceptions), current reporting deliverables (i.e. annual DAAT Profiles), emerging trends and upcoming events.

Meeting Title	Frequency	Location	DTMU Representative
Regional NTA Team Meeting	Monthly	London	Regina Lally
NDTMS Network Managers	Monthly	London	Regina Lally
South East Information Managers	Bi-annual	Guildford	Rachel Johnson Marta Szczepaniak
Joint Commissioning	Quarterly	Guildford ?	Regina Lally

Managers			Lucy Nicholson
Tier 4 Providers	Quarterly	Guildford	Lucy Nicholson
Young People's Leads	Quarterly	Guildford	
Young People's Providers	Quarterly	Guildford	Lucy Nicholson
Adult Providers	Quarterly	Guildford	Lucy Nicholson
Regional DET User Group	Bi-annual	Guildford	Sue Dales
National DET User Group	Ad-Hoc	London	Sue Dales

8.1. Stakeholder Responsibilities

In order to deliver this data quality strategy, it is clearly important that each of the key stakeholder groups is aware of their roles and responsibilities in relation to data quality. These are outlined in the table 2 below:

Table 4: Stakeholder Responsibilities

Organisation	Who should be the NDTMS lead?	Responsibilities
Treatment providers	Each treatment provider should have a named data lead responsible for communication with the NDTMS team and authorised to action any data quality improvement requests. The NDTMS team must be advised immediately of any change of personnel.	<ul style="list-style-type: none"> To ensure that monthly files are submitted to DAMS at 100% data load and data quality by the monthly deadline. To respond to the monthly validation reports and missing information on DAMS as submitting. To respond to any specific requests from the NDTMS team to address data quality problems. To alert the NDTMS and regional NTA to any risk to timely submission or data quality. To ensure that the NDTMS and NTA are made aware of any potential changes in provider configuration or software system.
Partnerships	The primary recipient of NDTMS data quality reports (each partnership is configured slightly separately but this is often the Information Analyst)	<ul style="list-style-type: none"> To ensure that the treatment providers have appropriate procedures in place for the effective capture, recording and reporting of NDTMS data. To ensure that treatment providers are held accountable through their SLAs for delivering good quality data to the NDTMS. To identify and correct any organisational impediments to the delivery of good quality data. To attend NTA/NDTMS DAT Information Managers meetings and to cascade relevant information to treatment providers.

SE Regional NTA	SE Regional NTA Manager and SE Deputy Regional Managers	<p>To follow up on any continuing areas of non-compliance with partnerships and agree corrective actions to be implemented by the treatment provider</p> <p>Work with partnerships to ensure that providers have an adequate information infrastructure and appropriate staff capabilities.</p> <p>The SE DRMs attend, where capacity allows, the annual Core Dataset Training events for the DAAT areas they have responsibility for.</p>
National NTA		<p>Provide a lead in negotiating solutions with software suppliers whose products do not support the delivery of good quality data or comply with the most recent data set.</p> <p>Communicate with NDTMS teams and the regional NTA over any risks to data quality caused or exacerbated by NTA supported software systems and ensure that these are promptly addressed.</p>

9. Conclusion

This strategy will direct the DTMU work on Data Quality for the forthcoming twelve months and ensure that the efforts are appropriately focused on key targets for both National and Regional priorities for the NDTMS dataset.

10. Acknowledgements

DTMU would like to thank both the South West and Eastern region NDTMS teams for sharing their previous data quality strategies which have informed the development of this document.

Signed:

Name: Fintan Hayes, Regional Manager South East, NTA

Signed:

Name: Kellie Peters, Head of Data Management, SEPHO

Signed:

Name: Jason Jawani, Senior Business Analyst

11. Appendix: Data Quality Work Plan

The following grid outlines key objectives, timescales and mechanisms for improving and maintaining the quality of NDTMS submissions from the South East. The key drivers are in line with the Outcome-focused and Recovery and Reintegration agendas that are prominent in the Drug & Alcohol Strategy 2010: TOP, BBV, BME, Parental Status, Children With, Housing and Employment. Responsibility for the Alcohol Agenda will come under the remit of the NTA in 2011-12, and as such, DTMU anticipate a great focus on the Alcohol Data Quality Metrics.

In addition, at the latter end of 2010-11, the NTA have asked for an improvement in the accuracy of reporting from Tier 4 services nationally, to ensure that activity is accurately reflected across the country. The DTMU will focus on working with South East based Tier 4 providers to ensure that this requirement is met.

11.1. Regional Data Delivery Assurance

This framework supports monthly data quality metrics supplied by the NTA via DQ Central. The DTMU will use the DAT-level reports from DQ Central as a summary of how they are performing against regional metrics.

Metric Description	Current Performance				Action	Responsibility	Timescales
	Mar	April	May	June			
TOP Compliance (Treatment Start) Target Green = 80% and above Amber = 70 – 79% Red = 69% or lower					Review of the TOP Exception reports to focus on under-performing DAT areas which will form part of the monthly Data Quality meeting. Special attention to be paid to Payment by Results pilot areas DTMU to develop a 'Rough Guide to TOP'. Promote the TOP Quarterly Outcome Reports to encourage the continued completion of TOP within performing DAAT areas	Data Managers (S. Dales & L. Nicholson) Data Manager (L.Nicholson) All	April 2011 – March 2012
TOP Compliance (5-24 week Treatment Review)					Review of the TOP Exception reports to focus on under-performing DAT areas which will form part of the monthly Data Quality meeting. Special attention to be paid to Payment by	Data Managers (S. Dales & L. Nicholson)	April 2011– March 2012

<p>Target Green = 80% and above Amber = 70 – 79% Red = 69% or lower</p>				<p>Results pilot areas</p> <p>DTMU to develop a 'Rough Guide to TOP'.</p> <p>Promote the TOP Quarterly Outcome Reports to encourage the continued completion of TOP within performing DAAT areas</p>	<p>Data Manager (L.Nicholson)</p> <p>All</p>	
<p>TOP Compliance (Planned Treatment Exit)</p> <p>Target Green = 80% and above Amber = 70 – 79% Red = 69% or lower</p>				<p>Review of the TOP Exception reports to focus on under-performing DAT areas which will form part of the monthly Data Quality meeting. Special attention to be paid to Payment by Results pilot areas</p> <p>DTMU to develop a 'Rough Guide to TOP'.</p> <p>Promote the TOP Quarterly Outcome Reports to encourage the continued completion of TOP within performing DAAT areas</p>	<p>Data Managers (S. Dales & L. Nicholson)</p> <p>Data Manager (L.Nicholson)</p> <p>All</p>	<p>April 2011 – March 2012</p>
<p>Treatment Start TOP (Crack use on TOP not on Drug 1, 2 or 3)</p> <p>Target Green = less than 2% Amber = between 2-5% Red = above 5%</p>				<p>Local Reports will be run monthly and actioned appropriately. Special attention to be paid to Payment by Results pilot areas</p> <p>To be discussed at the monthly Data Quality meeting.</p>	<p>Data Manager (S.Dales)</p> <p>All</p>	<p>April 2011 – March 2012</p>
<p>Successful Discharge and Opiate/Crack use on TOP</p> <p>Target All exceptions to be queried</p>				<p>Use Drug Use at Planned Exit Monthly Reports to liaise with DAATs. Special attention to be paid to Payment by Results pilot areas</p> <p>To be discussed at the monthly Data Quality meeting, with a</p>	<p>Data Manager (S. Dales)</p> <p>All</p>	<p>April 2011 – March 2012</p>

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					focus on addressing key areas of concern including successful discharges.		
Individuals with Overlapping TOP CC Flag Target Green = less than 2% Amber = between 2.1 – 3.0% Red = above 3%					Use DQ Central and reports generated to distribute RAG status for DATs. All agencies receive any Data Quality report they need to address via upload to the South East secure drop box. As part of the monthly DTMU Performance Team meeting, the top 5 areas will be agreed. The agreed escalation pathway to be followed by the Data Managers If data quality is not addressed.	Data Manager (S.Dales)	April 2011- March 2012
Individuals with Open Episodes but no TOP CC Target Green = less than 10.0% Amber = between 10 – 15.0% Red = above 15%					Use DQ Central and reports generated to distribute RAG status for DATs. All agencies receive any Data Quality report they need to address via upload to the South East secure drop box. As part of the monthly DTMU Performance Team meeting, the top 5 areas will be agreed. The agreed escalation pathway to be followed by the Data Managers If data quality is not addressed.	Data Manager (S.Dales)	April 2011 – March 2012
Parental Status (data completeness) Target Green = over 90% Amber = 80-90% Red = Under 80%					Use DQ Central and reports generated to distribute RAG status for DATs. All agencies receive any Data Quality report they need to address via upload to the South East secure drop box. Included within the 'Missing field' report to be run on a quarterly on an agency-by-agency basis	Database Managers (S. Dales & L.Nicholson) Public Health Intelligence Analysts	April 2011 – March 2012
Children With (data completeness)					Use DQ Central and reports generated to distribute RAG status for DATs. All agencies receive any Data Quality report they need to address via upload to the South East secure drop box.	Database Managers (S. Dales & L.Nicholson)	April 2011 – March 2012

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Target Green = over 90% Amber = 80-90% Red = Under 80%					Included within the 'Missing field' report to be run on a quarterly on an agency-by-agency basis	Public Health Intelligence Analysts	
Data Load Percentage (Data quality report v0.16rpt) Target: 100%					This metric is allocated to treatment agencies to achieve 100% load by appropriate use of the DAMs system every month. DTMU will not accept files that are below the 100% target.	Treatment Providers across SE region. Data Manager (S. Dales)	April 2011 – March 2012
Data Quality Percentage(Data quality report v0.16.rpt) Target: Under Review until implementation of DAMS III complete					Where the threshold is not met the DTMU will provide tailored 1-1 support using the monthly reports provided by the NTA.	Treatment Providers across SE region. Data Manager (S. Dales)	April 2011 – July 2011
Duplicate client episodes (duplicate client episodes sharing the same client reference v6.0.rpt) Target: 0.05%					Use DQ Central and reports generated to distribute RAG status for DATs. All agencies receive any Data Quality report they need to address via upload to the South East secure drop box. As part of the monthly DTMU Performance Team meeting, the top 5 areas will be agreed. The agreed escalation pathway to be followed by the Data Managers If data quality is not addressed. The Data Quality Processes for this metric will be reviewed while DAMS III is being implemented in the South East Region. New processes will be agreed in July/August in light of the changing requirements to monitor agency decision-making at point of upload and in light of any new reports available via DAMS.	Data Manager (S.Dales) Data Manager (S.Dales) DTMU Manager (R. Lally)	April 2011 – July 2011 July 2011 – August 2011.

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				Mid-year Data Quality Strategy Review	DTMU Manager (R.Lally)	August 2011
Missing discharge data (missing discharge data v0.5.rpt)				Use DQ Central and reports generated to distribute RAG status for DATs. All agencies receive any Data Quality report they need to address via upload to the South East secure drop box. As part of the monthly DTMU Performance Team meeting, the top 5 areas will be agreed. The agreed escalation pathway to be followed by the Data Managers If data quality is not addressed.	Data Manager (S. Dales) Data Manager (S. Dales)	April 2011 – March 2012
Duplicate open episodes (Duplicate open episodes v6.0.rpt)				Use DQ Central and reports generated to distribute RAG status for DATs. All agencies receive any Data Quality report they need to address via upload to the South East secure drop box. As part of the monthly DTMU Performance Team meeting, the top 5 areas will be agreed. The agreed escalation pathway to be followed by the Data Managers If data quality is not addressed. The DTMU will keep a close eye on this particular metric to prevent adverse impact on 'Numbers in Effective Treatment'. When agencies or entire DAT areas are purchasing a new IT system, the DTMU will provide advice on appropriate data migration processes to lessen the impact on data quality. The Data Quality Processes for this metric will be reviewed while DAMS III is being implemented in the South East Region. New processes will be agreed in July/August in light of the changing requirements to monitor agency decision-making at	Data Manager (S. Dales) Data Manager (S. Dales) Data Managers (S. Dales & L.Nicholson) DTMU Manager (R.Lally)	April 2011 – July 2011 April 2011 – July 2011 July 2011 – August 2011

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				<p>point of upload and in light of any new reports available via DAMS.</p> <p>Mid-year Data Quality Strategy Review</p>	DTMU Manager (R.Lally)	August 2011
<p>Overlapping Episodes (Overlapping episodes 6.0.rpt)</p> <p>Target: 0.05%</p>				<p>Use DQ Central and reports generated to distribute RAG status for DATs. All agencies receive any Data Quality report they need to address via upload to the South East secure drop box.</p> <p>As part of the monthly DTMU Performance Team meeting, the top 5 areas will be agreed. The agreed escalation pathway to be followed by the Data Managers If data quality is not addressed.</p> <p>The DTMU will keep a close eye on this particular metric to prevent adverse impact on 'Numbers in Effective Treatment'. When agencies or entire DAT areas are purchasing a new IT system, the DTMU will provide advice on appropriate data migration processes to lessen the impact on data quality.</p> <p>The Data Quality Processes for this metric will be reviewed while DAMS III is being implemented in the South East Region. New processes will be agreed in July/August in light of the changing requirements to monitor agency decision-making at point of upload and in light of any new reports available via DAMS.</p> <p>Mid-year Data Quality Strategy Review</p>	<p>Data Manager (S. Dales)</p> <p>Data Manager (S. Dales)</p> <p>Data Managers (S. Dales & L.Nicholson)</p> <p>DTMU Manager (R.Lally)</p> <p>DTMU Manager</p>	<p>April 2011 – July 2011</p> <p>July 2011 – August 2011</p> <p>August 2011</p>

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						(R.Lally)	
Duplicate Open Modalities (duplicate open modalities 6.0.rpt)					Use DQ Central and reports generated to distribute RAG status for DATs. All agencies receive any Data Quality report they need to address via upload to the South East secure drop box.	Data Manager (S. Dales)	April 2011 – July 2011
Target: 0.10%					As part of the monthly DTMU Performance Team meeting, the top 5 areas will be agreed. The agreed escalation pathway to be followed by the Data Managers If data quality is not addressed.	Data Manager (S. Dales)	
					When agencies or entire DAT areas are purchasing a new IT system, the DTMU will provide advice on appropriate data migration processes to lessen the impact on data quality.	Data Managers (S. Dales & L.Nicholson)	
					The Data Quality Processes for this metric will be reviewed while DAMS III is being implemented in the South East Region. New processes will be agreed in July/August in light of the changing requirements to monitor agency decision-making at point of upload and in light of any new reports available via DAMS.	DTMU Manager (R.Lally)	July 2011 – August 2011
					Mid-year Data Quality Strategy Review	DTMU Manager (R.Lally)	August 2011
Overlapping Modalities (Overlapping modalities 6.0.rpt)					Use DQ Central and reports generated to distribute RAG status for DATs. All agencies receive any Data Quality report they need to address via upload to the South East secure drop box.	Data Manager (S. Dales)	April 2011 – July 2011
Target: 0.05%					As part of the monthly DTMU Performance Team meeting, the		

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				<p>top 5 areas will be agreed. The agreed escalation pathway to be followed by the Data Managers If data quality is not addressed.</p> <p>When agencies or entire DAT areas are purchasing a new IT system, the DTMU will provide advice on appropriate data migration processes to lessen the impact on data quality.</p> <p>The Data Quality Processes for this metric will be reviewed while DAMS III is being implemented in the South East Region. New processes will be agreed in July/August in light of the changing requirements to monitor agency decision-making at point of upload and in light of any new reports available via DAMS.</p> <p>Mid-year Data Quality Strategy Review</p>	<p>Data Manager (S. Dales)</p> <p>Data Managers (S. Dales & L.Nicholson)</p> <p>DTMU Manager (R.Lally)</p> <p>DTMU Manager (R.Lally)</p>	<p>July 2011 – August 2011</p> <p>August 2011</p>
<p>Clients in effective treatment with no modality start (clients in effective treatment, with no modality start v6.0.rpt) Target: 0.5%</p>				<p>Use DQ Central and reports generated to distribute RAG status for DATs. All agencies receive any Data Quality report they need to address via upload to the South East secure drop box.</p> <p>As part of the monthly DTMU Performance Team meeting, the top 5 areas will be agreed. The agreed escalation pathway to be followed by the Data Managers If data quality is not addressed.</p> <p>The DTMU will keep a close eye on this particular metric to prevent adverse impact on 'Numbers in Effective Treatment'.</p>	<p>Data Manager (S. Dales)</p> <p>Data Manager (S. Dales)</p>	<p>April 2011 – March 2012</p>

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Poly Drug Use (poly drug use v6.0.rpt). Target: 0.05%				Reports will be run monthly and the appropriate action taken.	Data Manager (S. Dales)	April 2011 – March 2012
Misreporting of Tier 4 Interventions (tier 4 mis-reporting v6.0.rpt). Target: 0.25%				Use DQ Central and reports generated to distribute RAG status for DATs. All agencies receive any Data Quality report they need to address via upload to the South East secure drop box. As part of the monthly DTMU Performance Team meeting, the top 5 areas will be agreed. The agreed escalation pathway to be followed by the Data Managers If data quality is not addressed.	Data Manager (S. Dales) Data manager (S.Dales)	April 2011 – March 2012

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11.2. Alcohol Metrics

Metric Ref.	Metric Description	Performance				Action	Responsibility	Timescales
		Mar	Apr	May	Jun			
A1.	Alcohol Primary Drug but no Alcohol Modality Target Green = less than 1.5% Amber = between 1.6 – 2.5% Red = above 2.5%					Use DQ Central and reports generated to distribute RAG status for DATs. All agencies receive any Data Quality report they need to address via upload to the South East secure drop box. As part of the monthly DTMU Performance Team meeting, the top 5 areas will be agreed. The agreed escalation pathway to be followed by the Data Managers If data quality is not addressed.	Data Manager (S. Dales)	April 2011 – March 2012
A3.	Alcohol days and Units mismatch Target Green = less than 0.5% Amber = between 0.5 – 0.7% Red = above 0.7%					Use DQ Central and reports generated to distribute RAG status for DATs. All agencies receive any Data Quality report they need to address via upload to the South East secure drop box. As part of the monthly DTMU Performance Team meeting, the top 5 areas will be agreed. The agreed escalation pathway to be followed by the Data Managers If data quality is not addressed.	Data Manager (S. Dales)	April 2011 – March 2012

A4.	<p>Missing alcohol units for primary alcohol</p> <p>Target Green = less than 0.05% Amber = between 0.05– 0.1% Red = above 0.1%</p>					<p>Use DQ Central and reports generated to distribute RAG status for DATs. All agencies receive any Data Quality report they need to address via upload to the South East secure drop box.</p> <p>As part of the monthly DTMU Performance Team meeting, the top 5 areas will be agreed. The agreed escalation pathway to be followed by the Data Managers If data quality is not addressed.</p>	Data Manager (S.Dales)	April 2011 – March 2012
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11.3. South East Focus Areas

Metric Ref.	Metric Description	Performance				Action	Responsibility	Timescales
		Mar	Apr	May	Jun			
R1. TOP	Ensure compliance is 80% across the South East region.					The national data quality measures will address this.	Data Managers (S. Dales & L.Nicholson) Public Health Intelligence Analysts	April 2011 – March 2012
R2. TOP	Ensure that Discharge TOPs for planned discharges demonstrate no Opiate/Crack use					The national data quality measure will address this	Data Managers (S. Dales & L.Nicholson) Public Health Intelligence Analysts	April 2011 – March 2012
R3. Families	Parental Status and Children With					The national data quality measures will address this.	Data Managers (S. Dales & L.Nicholson) Public Health Intelligence Analysts	April 2011 – March 2012
R4. BBV	Population of Injecting Status and relevant Hep fields Target Green = 100% Amber = 85-99% Red = below 85%					Run the missing fields reports. Analyse the quarterly green reports. Work with agencies where large amounts of data are missing. This will also form part of the regular CDS training programme.	Data Managers (S. Dales & L.Nicholson) Public Health Intelligence Analysts	April 2011 – March 2012
R5. BME	Population of ethnicity field					Run the missing fields reports. Analyse the quarterly green reports.	Data Managers (S. Dales & L.	April 2010 – March 2011

	<p>Target Green = 100% Amber = 95-99% Red = below 95%</p>				<p>Work with agencies where large amounts of data are missing. This will also form part of the regular CDS training programme</p>	<p>Nicholson) Public Health Intelligence Analysts</p>	
R6. Housing	<p>Population of Accommodation Need field</p>				<p>Run the missing fields reports. Analyse the quarterly green reports. Work with agencies where large amounts of data are missing. This will also form part of the regular CDS training programme</p> <p>Compare Accommodation Need data with TOP Treatment Start data to identify where there are disparities.</p>	<p>Data Managers (S. Dales & L. Nicholson) Public Health Intelligence Analysts</p>	<p>April 2011 – March 2012</p>
R7 Employment	<p>Population of Employment Status</p>				<p>Run the missing fields reports. Work with agencies where large amounts of data are missing. This will also form part of the regular CDS training programme</p>	<p>Data Managers (S. Dales & L. Nicholson) Public Health Intelligence Analysts</p>	<p>April 2010 – March 2011</p>

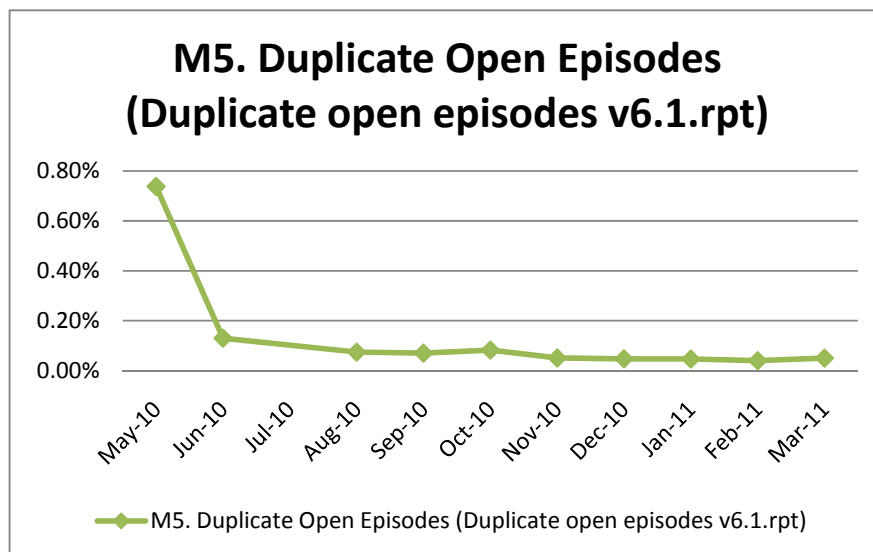
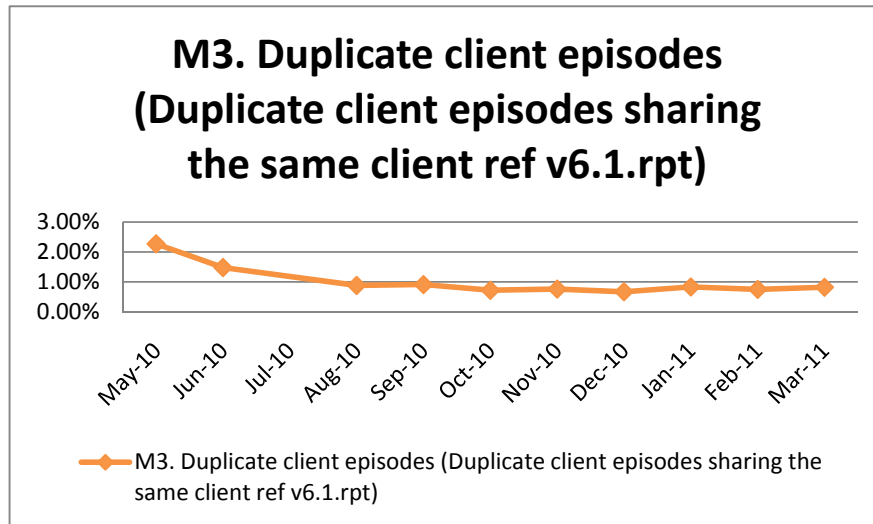
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Additional Priorities

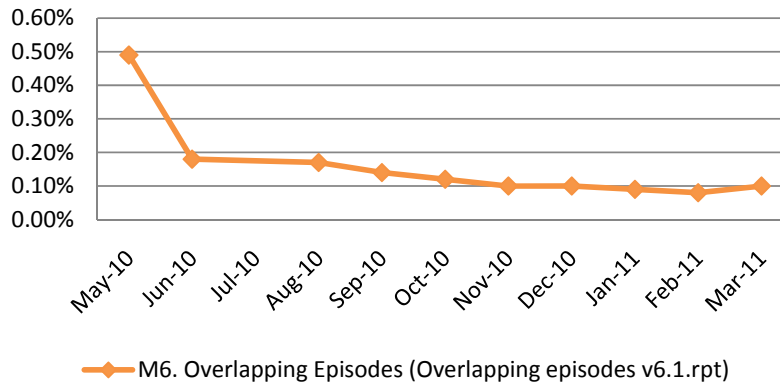
	Metric Description	Performance				Action	Responsibility	Timescales
		Mar	Apr	May	Jun			
AN1. Young People Treatment	Two monthly exception reporting required by NTA: 1. YP <13 using Class A Substances 2. YP <18 receiving YP Pharmacological Intervention /Sp. Prescribing					To be run prior to the handover of Monthly Regional Data to the NTA. Follow agreed process, namely: for individual identified contact agency to confirm that the submitted information is correct. Provide feedback on monthly basis, indicating clearly status of new clients appearing on this report as required by NTA. Sign off by DTMU Manager (or Head of Data Management) prior to handover of data to NTA.	Data Manager (S.Dales) DTMU Manager (R.Lally) or Head of Data Management (K. Peters)	April 2011 – March 2012
AN2. Tier 4 reporting volume	Improve accuracy of Tier 4 Reporting					Engage with current Tier 4 providers to ensure activity reported is consistent with activity delivered Engage with Tier 4 providers not currently reporting to NDTMS in the South East and provide training and support on submitting data to NDTMS on a regular basis.	Data Manager (L. Nicholson) DTMU Manager (R.Lally) Public Health Analysts	April 2011 – October 2012
AN1. Mapping	Postcode District and Sector Target Green = 100% Amber = 85-99% Red = below 85%					Run the missing fields reports. Work with agencies where large amounts of data are missing. This will also form part of the regular CDS training programme	Data Managers (S. Dales & L.Nicholson) Public Health Intelligence Analysts	April 2011 – March 2012

12. Appendix 2: Data Quality Improvement Graphs

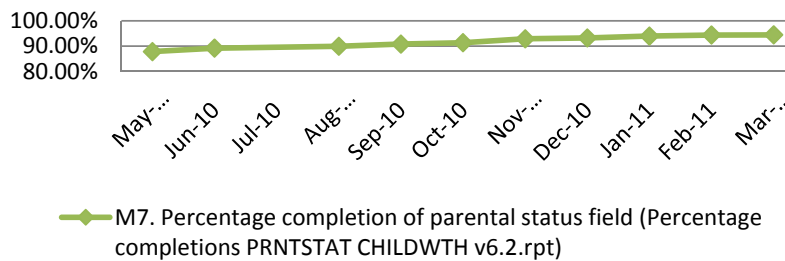
The graphs below demonstrate the level of improvement in each of the data quality metrics during 2010-11. The SE NDTMS Team will be using similar graphs over the course of 2011-12 to monitor direction of progress in each metric.



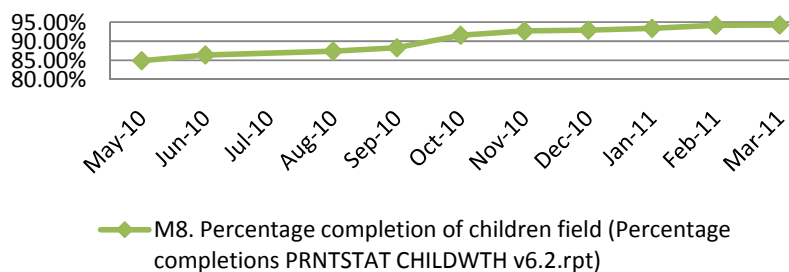
M6. Overlapping Episodes (Overlapping episodes v6.1.rpt)



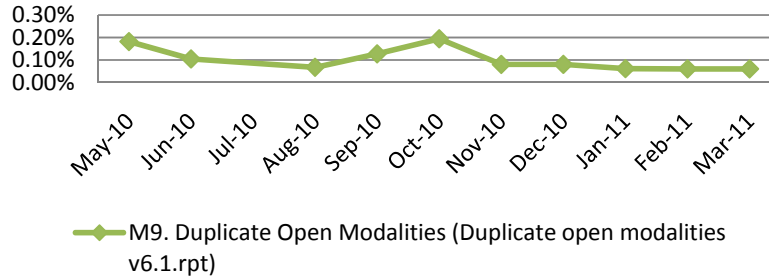
M7. Percentage completion of parental status field (Percentage completions PRNTSTAT CHILDWTH v6.2.rpt)



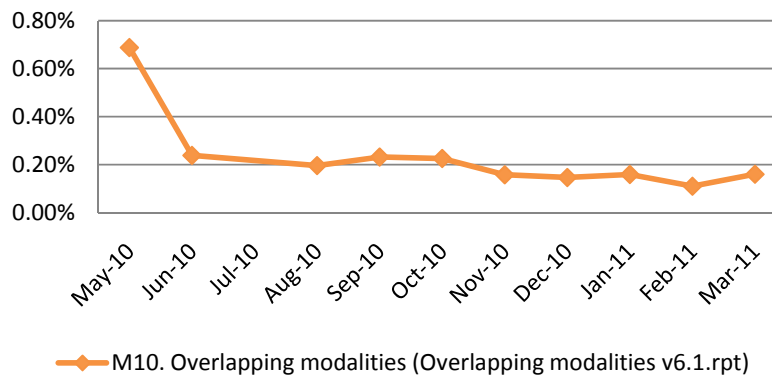
M8. Percentage completion of children field (Percentage completions PRNTSTAT CHILDWTH v6.2.rpt)



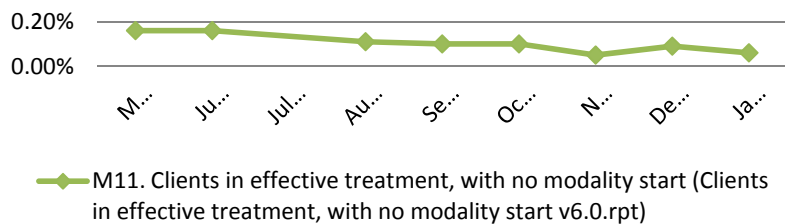
M9. Duplicate Open Modalities (Duplicate open modalities v6.1.rpt)



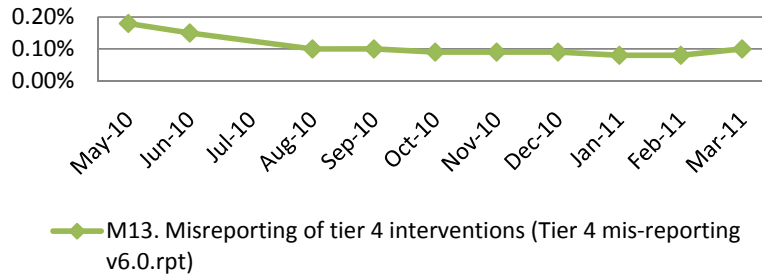
M10. Overlapping modalities (Overlapping modalities v6.1.rpt)



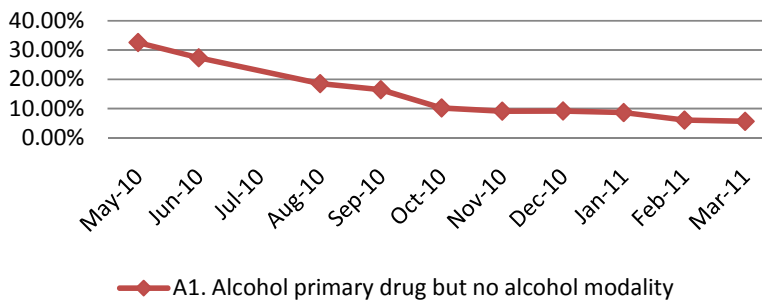
M11. Clients in effective treatment, with no modality start (Clients in effective treatment,...



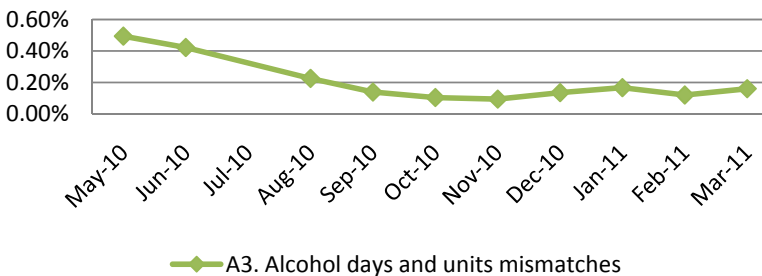
M13. Misreporting of tier 4 interventions (Tier 4 mis-reporting v6.0.rpt)



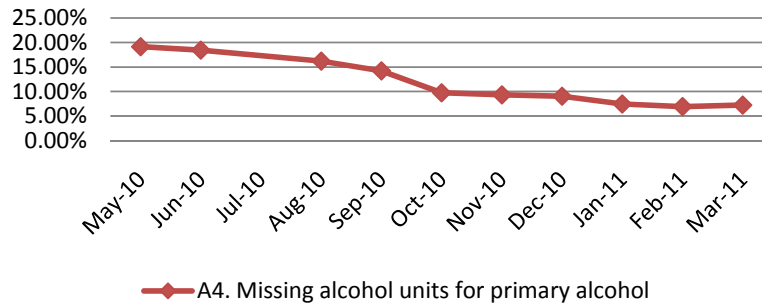
A1. Alcohol primary drug but no alcohol modality



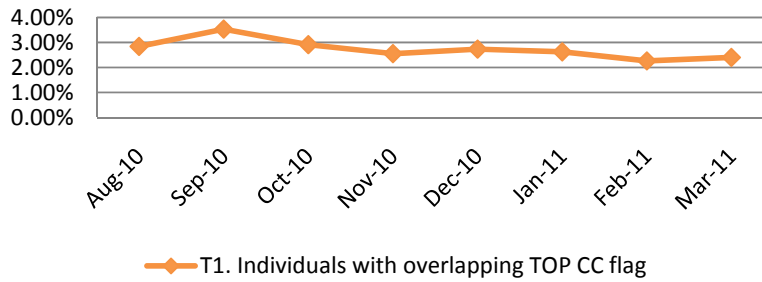
A3. Alcohol days and units mismatches



A4. Missing alcohol units for primary alcohol



T1. Individuals with overlapping TOP CC flag



T2. Individuals with open episodes but no TOP CC

