

# Drug Treatment Monitoring Unit

Data Quality Strategy 2012-13

**Authors:** Kellie Peters and Regina Lally

**Date:** June 2012

**Version:** 0.2

## Table of Contents

1.	Revision History .....	4
2.	Distribution .....	4
3.	Introduction .....	5
3.1.	Aims.....	5
3.2.	Objectives.....	5
4.	Achievements.....	6
5.	Priorities for 2012-13 .....	8
5.1.	National Priorities .....	8
5.2.	South East Priorities.....	9
5.3.	DTMU Priority .....	9
6.	Data Quality Improvement Processes .....	9
6.1.	DAMS III: Include.....	12
6.2.	Core Dataset J: Modality Audit .....	12
7.	Risk Management .....	13
8.	Roles and Responsibilities.....	14
8.1.	DTMU Team Lead Roles .....	14
8.2.	DTMU Team Meetings .....	17
8.3.	Data Quality Meeting.....	17
8.4.	Team Meeting .....	17
8.5.	Annual Data Quality Away Day .....	18
8.6.	DTMU: Monthly Highlight Report .....	18
8.7.	Weekly updates .....	18
8.8.	Regional/National Meetings .....	18
8.9.	Stakeholder Responsibilities .....	19
9.	Conclusion.....	20

---

10.	Acknowledgements.....	20
11.	Appendix: Data Quality Work Plan .....	22
11.1.	Regional Data Delivery Assurance .....	22
11.2.	Alcohol Metrics .....	29
11.3.	South East Focus Areas .....	31
12.	Appendix 2: Data Quality Improvement Graphs.....	34
13.	Appendix 3: Back to Basics 2011/12 Summary Information.....	42

## 1. Revision History

Version	Author	Purpose/Reason	Date
0.1	R Lally	Initial draft of 2012/13 data quality strategy	27.03.2012

## 2. Distribution

Name	Role
Kellie Peters	Head of Data Management (Document Owner), Solutions for Public Health (SPH)
Regina Lally	Manager, Drug Treatment Monitoring Unit (DTMU)
Dr Monica Roche	Deputy Director, South East Public Health Observatory (SEPHO)
Karen Foster	Director, Business Development, SPH
Fintan Hayes	Regional Manager, NTA South East
Marilyn Bell	Contracts Manager, NTA
Malcolm Roxburgh	Information Programme Manager, NTA
Jason Jaswani	Business Systems Analyst, NTA
Natasha Ramnarine	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 31<sup>st</sup> March 2013. 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 <sup>st</sup> April 2011.
DQ 2	Work plans for targeted data quality improvement programmes to address NTA defined data quality metrics.	1 <sup>st</sup> 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 2012-13

#### 3.2. Objectives

1. To create a data quality strategy to direct and inform the DTMU work plan for 2012-13.
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 agreed focus on TOP for 2011-12 was on those areas where performance was not at the required 80%. The excellent regional performance established in 2009-11 was maintained and once again improved upon during the course of the year. As of February 2012, the region was achieving above 90% across all TOP stages: Start, Review and Exit.

**Table 1:** South East Regional TOP Performance: Comparison 2011 v. 2012

February 2011	Start TOP	Review TOP	Exit TOP
South East	91.3%	84.0%	90.7%
February 2012			
South East	93.5%	90.5%	92.3%

Using the monthly TOP trend tool, the South East NDTMS Team email DAATs where they have not achieved the 80% threshold in a TOP treatment stage in a given month and provide feedback about which services are affecting their rolling 3 month compliance. This information prompts DAATs to access their TOP compliance information and work with the relevant agencies to work towards improving TOP completion. Last year, the DTMU identified those DAATs in the South East who were not achieving the 80% required threshold to receive their TOP Quarterly Outcome Reports. In the table below, the February 2012 performance is compared to the February 2011 performance for those DAAT areas and significant improvement can be seen across the majority of DAAT areas. No new DAATs have slipped beneath the 80% threshold. Whilst Oxfordshire have slipped below the 80% threshold for Start TOP in February, the previous 3 months demonstrates that they had routinely achieved above the threshold. Hampshire have struggled with their Review TOP compliance in recent months. Hampshire are a “support” partnership for the SE Regional NTA team and the SE NDTMS Team are prioritising Hampshire as a DAAT area to work with during 2012-13; the SE NDTMS Data Quality Managers will be setting up a bi-monthly meeting with the Data Quality Leads at HOMER in order to provide specific support on data quality and TOP.

**Table 2:** South East Partnerships under 80% TOP threshold, in at least one TOP stage in February 2011 compared with February 2012 performance

February Performance	Start TOP 2011	2012	Review TOP 2011	2012	Exit TOP 2011	2012
Portsmouth	79.5%	87.3%	65.4%	90.0%	81.0%	88.5%
Oxfordshire	90.6%	79.3%	34.9%	93.1%	64.7%	83.6%
Bracknell Forest	90.0%	96.3%	28.6%	100%	66.7%	100%
Southampton	95.1%	88.5%	76.4%	77.3%	96.3%	97.2%
Brighton & Hove	91.0%	92.8%	69.1%	89.9%	100.0%	92.5%
Milton Keynes	80.0%	97.9%	69.6%	100%	100.0%	100%
Windsor & Maidenhead	81.8%	81.8%	88.9%	81.8%	75.0%	80.0%
Hampshire	87.6%	93.4%	91.5%	72.0%	76.7%	91.4%

During 2011-12, the South East NDTMS team have continued to significantly improve the data quality, as a result of the continued focus on all aspects of data quality across the team. The continued use of DQ Central focuses our monthly work plan for the data quality team; they 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. In addition to this, the new DAMS III functionality enabling providers to address data quality issues at the point of upload, preventing the

creation of duplicates has further driven up the quality of the data. This can be seen when reviewing the data quality metrics over the last year as seen in the table below.

**Table 3:** South East NDTMS Core Data Quality Metrics

<b>2011-12 Metric</b>	<b>April 2011</b>	<b>Feb 2012~</b>	<b>Green</b>
M3. Duplicate Client Episode	0.90%	0.20%	0.05%
M4. Missing Discharge Data	0.00%	0.00%	0.25%
M5. Duplicate Open Episodes	0.05%	0.01%	0.05%
M6. Overlapping Episodes	0.10%	0.06%	0.05%
M7. Percentage Completion of Parental Status	94.01%	96.53%	80.00%
M8. Percentage Completion of Children With	92.20%	96.66%	80.00%
M9. Duplicate Open Modalities	0.06%	0.00%	0.10%
M10. Overlapping Modalities	0.17%	0.04%	0.05%
M11. Clients in effective treatment, with no modality start.~	898	312	N/A
M12. Poly drug use	0.00%	0.00%	0.05%
M13. Misreporting of Tier 4 Interventions	0.06%	0.02%	0.25%
A1. Alcohol primary drug but no alcohol modality	6.13%	2.83%	1.50%
A3. Alcohol days and units mismatches	0.16%	0.07%	0.50%
A4. Missing alcohol units for primary alcohol	6.96%	3.11%	0.05%
T1. Individuals with overlapping TOP CC Flag	2.33%	3.45%	2.00%
T2. Individuals with open episodes but no TOP CC Flag	12.86%	2.26%	10.00%

**Notes:** ~M11 used Jan-12 as end mark as Feb onwards not available. M11 reflects client numbers rather than percentage.

The SE NDTMS Team has improved on all NTA metrics, with the exception of T1, Individuals with Overlapping TOP CC Flag. This is something that we will continue to address through the timely dissemination of the reports and via training sessions. Substantial improvement has been made on the alcohol metrics A1 and A4. We will continue to address A4 over the course of 12-13; there are discussions ongoing with the NTA central team as to whether it is appropriate to continue to address A1, given the changes to the modalities anticipated within Core Dataset J. The outputs demonstrate the effective implementation of the 2011-12 Data Quality Strategy.

In addition, the SE NDTMS Analysts have completed a piece of work to automate and improve the quarterly data completeness reports; this has resulted in greater efficiency within the team and ensure that the DAATs continue to receive these reports to focus on the overall completeness of the data with their providers. Using the dropbox facility, the SE NDTMS Team have been able to track who has downloaded both the data completeness reports and the monthly data quality metrics. Where these reports are not routinely downloaded or used, the team follow the process outlined in the strategy. This has been effective in improving the use of these reports, particularly involving the DAATs where providers have not been as engaged as they could be.

The focus for the first quarter of 2011-12 was the delivery of DAMS III training to all services in the South East. This was successfully delivered and all services were using the DAMS III functionality by September 2011. The functionality available has improved the overall quality of the data, particularly in relation to multiple modalities (duplicate and overlapping) and multiple episodes (duplicate and overlapping). Following the implementation of DAMS III in the region, DQ Central then identified that there were some services who continued to use the “include” option, only to create a multiple data record. Since the beginning of the year, we have been monitoring the use of

“include” prior to the submission and contacting agencies to ensure that it is appropriate; where it is inappropriate, we explain why and ask them to resubmit the monthly data. This has resulted in fewer services using “include”. We are also ensuring where agencies are closing that no information has “exclude” next to it.

Between September and January, the SE NDTMS Team successfully delivered Back to Basics training to 180 staff across the South East; the training was extremely well received and was a useful opportunity to refresh knowledge and train new starters in the region. We also used the sessions to promote the TOP Quarterly Outcome Reports with both DAATs and providers. A more detailed summary of the sessions can be found in the Appendix.

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. The SE NDTMS team will continue to prioritise the key DAAT areas identified by the South East Regional NTA Team for support via the “Working Differently” project.

A key driver for the NTA in the final quarter of 2011-12 was the completion of the NDTMS Audit of Residential Rehab. The SE NDTMS Team prioritised this piece of work throughout quarter 4, and are providing support to all agencies involved across the SE with the work required as part of the audit. We will continue to ensure that Residential Rehab Providers are involved in the annual core dataset training provided by the team and to provide up to date guidance on NDTMS data collection specific to their services.

## 5. Priorities for 2012-13

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 accuracy of reported activity by Residential Rehabilitation agencies for 2012-13.
- 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 use of the TOP Quarterly Outcome Reports by key stakeholders
- 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 successful and unsuccessful completions
- Successful implementation of Core Dataset J for Adult Drug and Alcohol Services

- 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 relevant PbR agencies will be CDS-I compliant by no later than June
- Ensure that all agencies are CDS-J compliant by 31<sup>st</sup> March 2012, with all clients in treatment reflecting the new modality reporting requirements.
- Provide support to Hampshire and West Sussex in line with “Working Differently” (support)
- Provide support to Reading and Brighton & Hove in line with “Working Differently” (nudge)
- Ensure that key stakeholders (DAATs and Services) understand the suite of NTA reports available to them and how these complement each other for effective use.
- 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 2011-12.

## 5.3. DTMU Priority

- Maintaining high quality delivery in this year of transition to Public Health England
- Provide support to Reading as they migrate to a new software supplier, Thesus.

## 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, the most recent TOP exception reports and successful completion reports available at the time of 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 one of the focus areas for the SE within “Working Differently”
- 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.

*2<sup>nd</sup> 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.

*2<sup>nd</sup> 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.

*2<sup>nd</sup> 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.DAMS III: Include**

It has been identified that some services are using the “Include” Option inappropriately. The following process has been introduced to ensure that “Include” is only used in accepted circumstances, such as:

- Issues with IT extract not including information that should be counted in the performance figures

Where “Include” is used without prior notification to the SE NDTMS Team, the Data Managers will contact the person who has submitted the file to check why “Include” has been selected. If the reason is deemed to be appropriate, the submitted file will then be processed. Where it is evident from the submission that another option was more appropriate, likely to be “replace”, the Data Managers will talk through the correct option and why this should be selected. The original submission file will be rejected and the agency will need to resubmit the file and select the appropriate option.

### **6.2.Core Dataset J: Modality Audit**

The NTA have indicated that there will be a requirement to ensure that existing modalities are reviewed to reflect the new reporting requirements following the implementation of CDS-J on 1<sup>st</sup> October 2012. It is likely that there will be a six-month timescale for the completion of this exercise. The DTMU Project Manager and Data Managers will ensure that the requirements of this task are met in the designated timescales and will draw up a more detailed process plan as the NTA documentation is made available.

## 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 2012/13 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 & Sam McBeth Data Manager	DCS1	Producing plans & implementing;	Prisons (Priority) 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;	
	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 Data Completeness Stakeholder Monitoring Marketing & Communications
	DCS3	Adhering to timescales;	
	DQ1	Adhering to processes outlined in strategy;	
	DQ2	Managing and implementing DQ workplan;	
	DQ3	Addressing DQ issues highlighted through metrics;	
	SYS1	Treatment providers are made aware of changes to Governance arrangements;	
	SYS2	Frontline/helpdesk support; Delivery of training; developing training materials	
	TLS1	Collation of questionnaires, updating of local systems; produce report;	
	TLS2 – 3	Providing support reports, adopting and adhering to internal processes;	
	RAR2	Ability to respond to fundamental queries from	

## DRUG TREATMENT MONITORING UNIT

		partnerships and providers;	
Charlotte Allen, Data Manager	DCS2  DCS3  DQ1  DQ2  DQ3  SYS2  TLS1  TLS3  RAR2	Implementing actions required;  Adhering to timescales;  Adhering to processes outlined in strategy;  Managing and implementing DQ workplan;  Monitoring DQ Metrics, where required escalation;  Frontline/helpdesk support; Delivery of training; developing training materials  Collation of questionnaires, updating of local systems; produce report;  Monitoring and implementing plans;  Be able to respond to queries relating to NTA Reports. Attend relevant regional/partnership meetings; Ability to train stakeholders on reports;	DAMS Phase III TOP Adult Projects Prisons
Rachel Johnson and Jinan Ridha, 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;

## DRUG TREATMENT MONITORING UNIT

	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.Data Quality Meeting

This meeting will be held post submission and prior to the monthly Team Meeting. It will include all NDTMS Data Managers. The meeting will cover the following topic areas:

- *Data Quality Metrics:* Agencies impacting on the metrics to be identified and work plan agreed
- *Monthly Reports:* NDTMS.net, TOP Reports, Successful Completions Reports
- *Quarterly Reports:* Prisons, Green Reports (Adult & YP), Purple Reports, TOP Outcome Reports,
  - Including data completeness (i.e. missing Hep fields);
- *Monthly submission:* Non compliance and issues;
- *Suggestion for forthcoming monthly workplan:* using Quarterly Data Quality Workplan as basis for setting priorities
- *Review of Quarterly Data Quality Workplan:* update based on progress and ready for each quarter.

## 8.4.Team Meeting

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

- *Data Quality Update:*
  - Summary Feedback from Data Quality Meeting

- Agreement on forthcoming monthly workplan (and Quarterly Data Quality Workplan where relevant)
- *Projects Update*: main deliverables achieved within the month, upcoming tasks;
- *Analysis Update*: including ad-hoc enquiries and data completeness.
- *PHE Update*: latest information available

### 8.5. 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.

### 8.6. 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.

### 8.7. 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).

### 8.8. 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	Rotating	Rachel Johnson Jinan Ridha
Joint Commissioning Managers	Quarterly	London	Regina Lally Lucy Nicholson/Sam McBeth
Tier 4 Providers	Quarterly	London	Lucy Nicholson/Sam McBeth
Young People's Leads	Quarterly	London	Lucy Nicholson/Sam McBeth
Young People's Providers	Quarterly	London	Lucy Nicholson/Sam McBeth
Adult Providers	Quarterly	London	Lucy Nicholson/Sam McBeth

## 8.9. 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"> <li>To ensure that monthly files are submitted to DAMS at 100% data load and data quality by the monthly deadline.</li> <li>To respond to the monthly validation reports and missing information on DAMS as submitting.</li> <li>To respond to any specific requests from the NDTMS team to address data quality problems.</li> <li>To alert the NDTMS and regional NTA to any risk to timely submission or data quality.</li> <li>To ensure that the NDTMS and NTA are made aware of any potential changes in provider configuration or software system.</li> </ul>
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"> <li>To ensure that the treatment providers have appropriate procedures in place for the effective capture, recording and reporting of NDTMS data.</li> <li>To ensure that treatment providers are held accountable through their SLAs for delivering good quality data to the NDTMS.</li> <li>To identify and correct any organisational impediments to the delivery of good quality data.</li> </ul>

		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	To follow up on any continuing areas of non-compliance with partnerships and agree corrective actions to be implemented by the treatment provider Work with partnerships to ensure that providers have an adequate information infrastructure and appropriate staff capabilities. The SE DRMs attend, where capacity allows, the annual Core Dataset Training events for the DAAT areas they have responsibility for.
National NTA		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. 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.

## 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: Natasha Ramnarine, NDTMS Programme Manager**

## 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, the focus on the Alcohol Data Quality Metrics continues.

In addition, the NTA are continuing to engage with 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  Promote the TOP Quarterly Outcome Reports to encourage the continued completion of TOP within performing DAAT areas	Data Managers (S. Dales & C. Allen)  All	April 2012 – March 2013
TOP Compliance (5-24 week Treatment Review)  Target					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	Data Managers (S. Dales & C. Allen)	April 2012– March 2013

Green = 80% and above Amber = 70 – 79% Red = 69% or lower				Promote the TOP Quarterly Outcome Reports to encourage the continued completion of TOP within performing DAAT areas	All	
TOP Compliance (Planned Treatment Exit)  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  Promote the TOP Quarterly Outcome Reports to encourage the continued completion of TOP within performing DAAT areas	Data Managers (S. Dales & C. Allen)  All	April 2012 – March 2013
Treatment Start TOP (Crack use on TOP not on Drug 1, 2 or 3) Target Green = less than 2% Amber = between 2-5% Red = above 5%				Local Reports will be run monthly and actioned appropriately. Special attention to be paid to Payment by Results pilot areas  To be discussed at the monthly Data Quality meeting.	Data Managers (S. Dales & C. Allen)  All	April 2012 – March 2013
Successful Discharge and Opiate/Crack use on TOP  Target All exceptions to be queried				Use Drug Use at Planned Exit Monthly Reports to liaise with DAATs. Special attention to be paid to Payment by Results pilot areas  To be discussed at the monthly Data Quality meeting, with a focus on addressing key areas of concern including successful discharges.	Data Managers (S. Dales & C. Allen)  All	April 2012 – March 2013
Individuals with Overlapping TOP CC Flag				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 Managers (S. Dales & C. Allen)	April 2012- March 2013

## DRUG TREATMENT MONITORING UNIT

<p>Target Green = less than 2% Amber = between 2.1 – 3.0% Red = above 3%</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>Individuals with Open Episodes but no TOP CC</p> <p>Target Green = less than 10.0% Amber = between 10 – 15.0% Red = above 15%</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 & C. Allen)	April 2012 – March 2013
<p>Parental Status (data completeness)</p> <p>Target Green = over 90% Amber = 80-90% Red = Under 80%</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>Included within the 'Missing field' report to be run on a quarterly on an agency-by-agency basis</p>	Database Managers (S. Dales & C. Allen)  Public Health Intelligence Analysts	April 2012 – March 2013
<p>Children With (data completeness)</p> <p>Target Green = over 90% Amber = 80-90% Red = Under 80%</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>Included within the 'Missing field' report to be run on a quarterly on an agency-by-agency basis</p>	Database Managers (S. Dales & C. Allen)  Public Health Intelligence Analysts	April 2012 – March 2013

## DRUG TREATMENT MONITORING UNIT

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 2012 – March 2013
Data Quality Percentage(Data quality report v0.16.rpt) Target: 99.5%				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 & C. Allen)	April 2012 – March 2013
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.	Data Managers (S. Dales & C. Allen)  Data Managers (S. Dales & C. Allen)	April 2012 – March 2013
Missing discharge data (missing discharge data v0.5.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 Managers (S. Dales & C. Allen)  Data Managers (S. Dales & C. Allen)	April 2012 – March 2013
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.	Data Managers (S. Dales & C. Allen)	April 2012 – March 2013

## DRUG TREATMENT MONITORING UNIT

Target: 0.05%				<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>Data Managers (S. Dales &amp; C. Allen)</p> <p>Data Managers (S. Dales &amp; C. Allen)</p>	<p>April 2012 – March 2013</p>
<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>Data Managers (S. Dales &amp; C. Allen)</p> <p>Data Managers (S. Dales &amp; C. Allen)</p> <p>Data Managers (S. Dales &amp; C. Allen)</p>	<p>April 2012 – March 2013</p>

## DRUG TREATMENT MONITORING UNIT

<p>Duplicate Open Modalities (duplicate open modalities 6.0.rpt)</p> <p>Target: 0.10%</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>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>Data Managers (S. Dales &amp; C. Allen)</p> <p>Data Managers (S. Dales &amp; C. Allen)</p> <p>Data Managers (S. Dales &amp; C. Allen)</p>	<p>April 2012 – March 2013</p>
<p>Overlapping Modalities (Overlapping modalities 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>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>Data Managers (S. Dales &amp; C. Allen)</p> <p>Data Managers (S. Dales &amp; C. Allen)</p> <p>Data Managers (S. Dales &amp; C. Allen)</p>	<p>April 2012 – March 2013</p>

## DRUG TREATMENT MONITORING UNIT

<p>Clients in effective treatment with no modality start (clients in effective treatment, with no modality start v6.0.rpt)</p> <p>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 Managers (S. Dales &amp; C. Allen)</p> <p>Data Managers (S. Dales &amp; C. Allen)</p>	<p>April 2012 – March 2013</p>
<p>Poly Drug Use (poly drug use v6.0.rpt).</p> <p>Target: 0.05%</p>				<p>Reports will be run monthly and the appropriate action taken.</p>	<p>Data Managers (S. Dales &amp; C. Allen)</p>	<p>April 2012 – March 2013</p>
<p>Misreporting of Tier 4 Interventions (tier 4 mis-reporting v6.0.rpt).</p> <p>Target: 0.25%</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>Data Managers (S. Dales &amp; C. Allen)</p> <p>Data Managers (S. Dales &amp; C. Allen)</p>	<p>April 2012 – March 2013</p>

## DRUG TREATMENT MONITORING UNIT

## 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.  <i>May not be required in light of CDS-J implementation</i>	Data Managers (S. Dales & C. Allen)	April 2012 – March 2013
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 Managers (S. Dales & C. Allen)	April 2012 – March 2013

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 Managers (S. Dales & C. Allen)	April 2012 – March 2013
-----	--	--	--	--	--	---	--	----------------------------

### 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 & C. Allen)  Public Health Intelligence Analysts	April 2012 – March 2013
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 & C. Allen)  Public Health Intelligence Analysts	April 2012 – March 2013
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 2012 – March 2013
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 & C. Allen)  Public Health Intelligence Analysts	April 2012 – March 2013
R5. BME	Population of ethnicity field  Target					Run the missing fields reports. Analyse the quarterly green reports. Work with agencies where large amounts of	Data Managers (S. Dales & C. Allen)	April 2012 – March 2013

	Green = 100% Amber = 95-99% Red = below 95%					data are missing. This will also form part of the regular CDS training programme	Public Health Intelligence Analysts	
R6. Housing	Population of Accommodation Need field					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  Compare Accommodation Need data with TOP Treatment Start data to identify where there are disparities.	Data Managers (S. Dales & C. Allen)  Public Health Intelligence Analysts	April 2012 – March 2013
R7 Employment	Population of Employment Status					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 & C. Allen)  Public Health Intelligence Analysts	April 2012 – March 2013

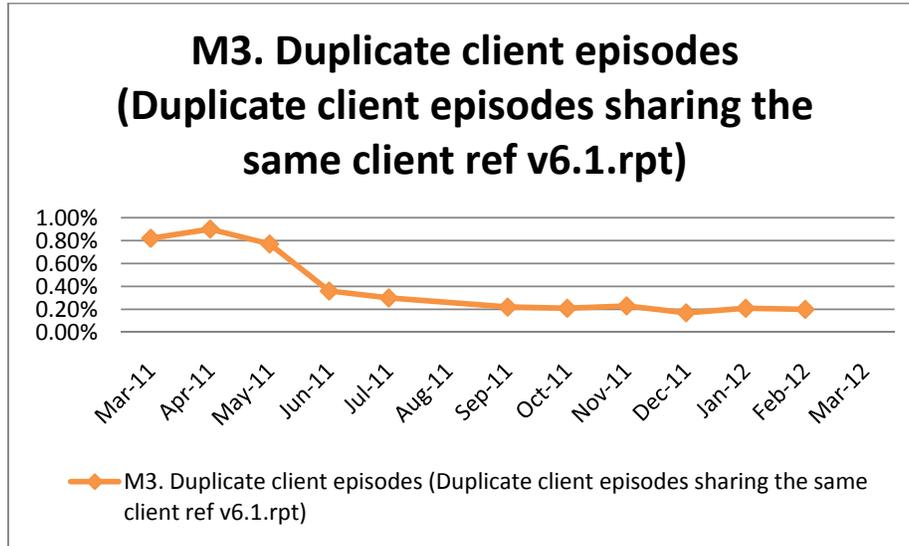
## DRUG TREATMENT MONITORING UNIT

## Additional Priorities

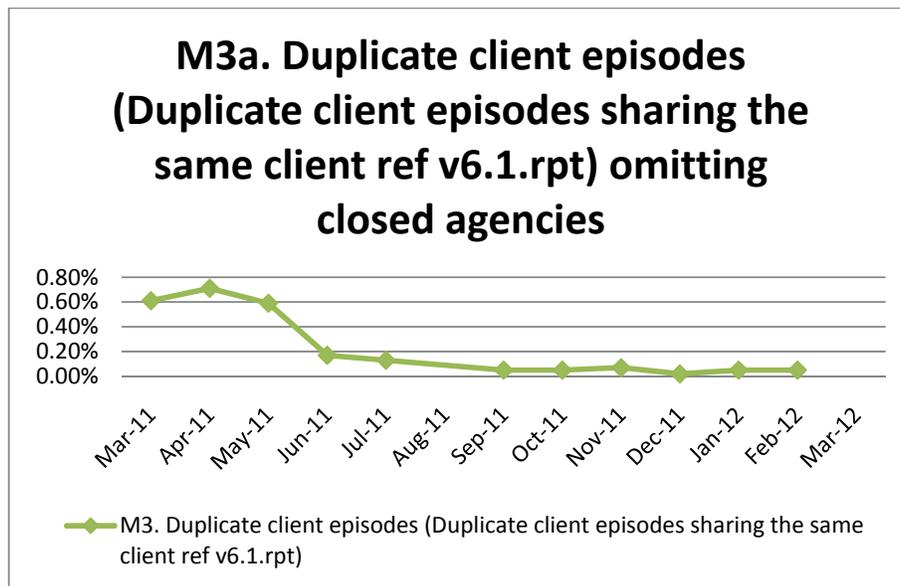
	Metric Description	Performance				Action	Responsibility	Timescales
		Mar	Apr	May	Jun			
AN1. Young People Treatment	Two monthly exception reporting required by NTA: 1. YP <13 using Class A Substances 2. YP <18 receiving YP Pharmacological Intervention /Sp. Prescribing					To be run prior to the handover 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 Managers (S. Dales & C. Allen)  DTMU Manager (R.Lally) or Head of Data Management (K. Peters)	April 2012 – March 2013
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)  Data Managers (S. Dales & C. Allen)  Public Health Analysts	April 2012 – March 2013
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 & C. Allen) Public Health Intelligence Analysts	April 2012 – March 2013

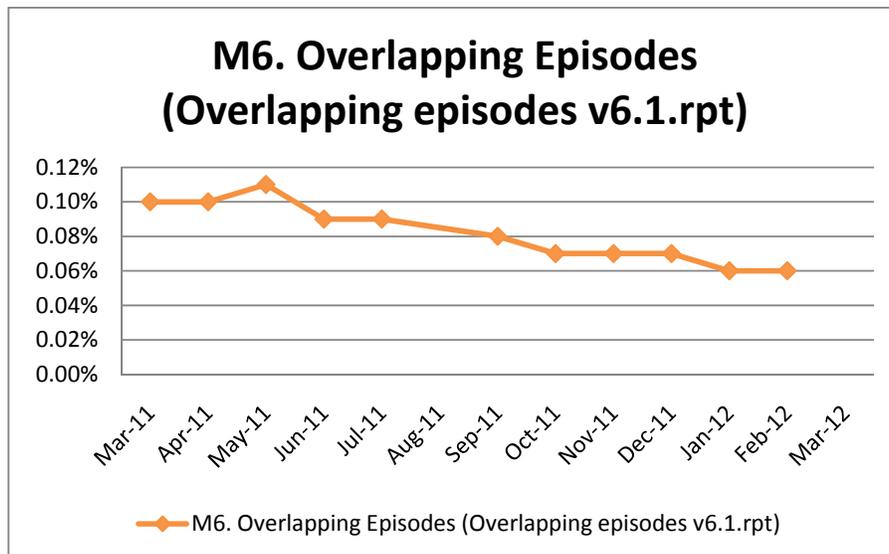
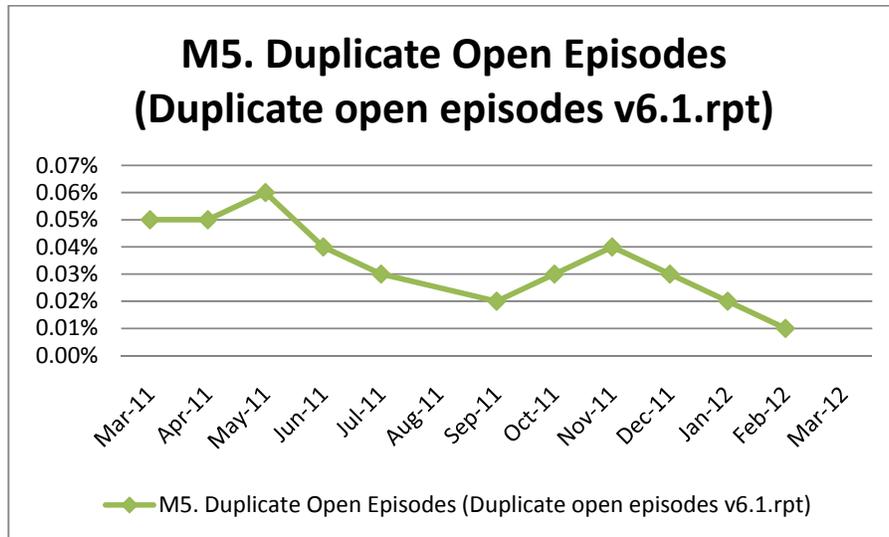
## 12. Appendix 2: Data Quality Improvement Graphs

The graphs below demonstrate the level of improvement in each of the data quality metrics during 2011-12. The SE NDTMS Team will be using similar graphs over the course of 2012-13 to monitor direction of progress in each metric.



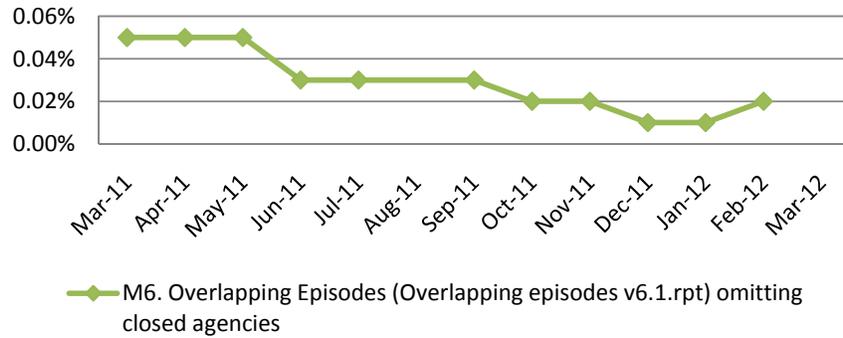
Note: Excluding inactive agencies where data can no longer be improved, the quality of the data falls within the "Green" Status. The DTMU also monitor this on a monthly basis, see Chart M3a below:



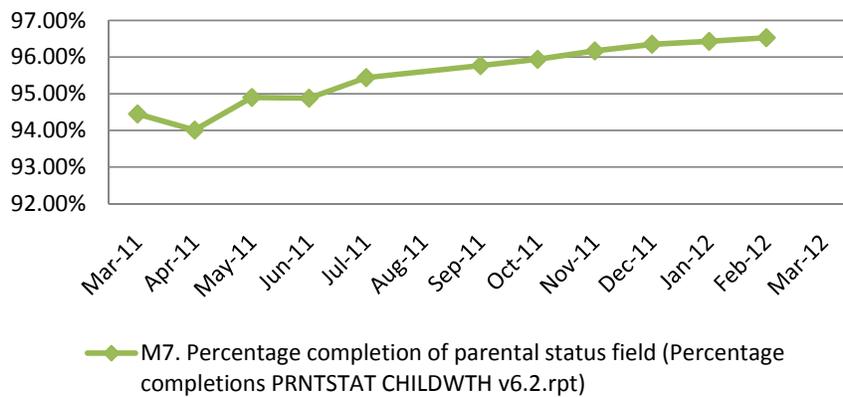


Note: Excluding deactive agencies where data can no longer be improved, the quality of the data falls within the “Green” Status. The DTMU also monitor this on a monthly basis, see Chart M6a below:

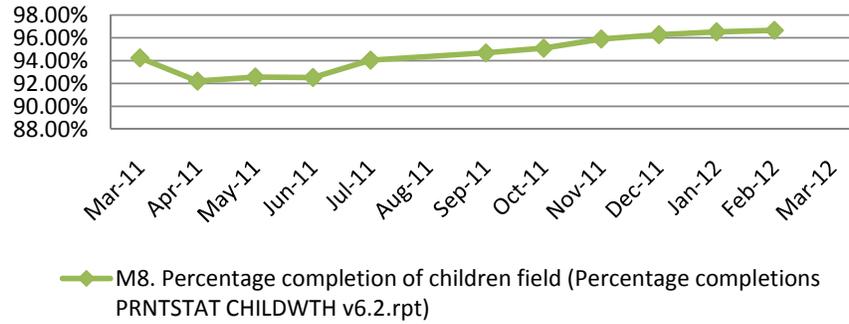
### M6a. Overlapping Episodes (Overlapping episodes v6.1.rpt) omitting closed agencies



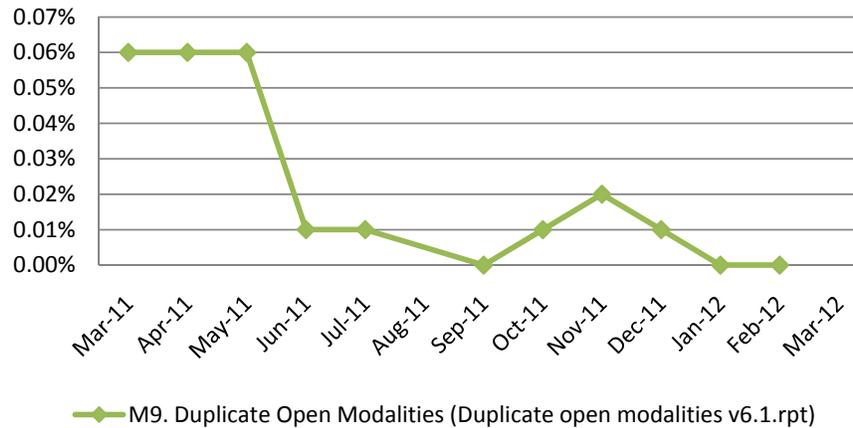
### M7. Percentage completion of parental status field (Percentage completions PRNTSTAT CHILDWTH v6.2.rpt)

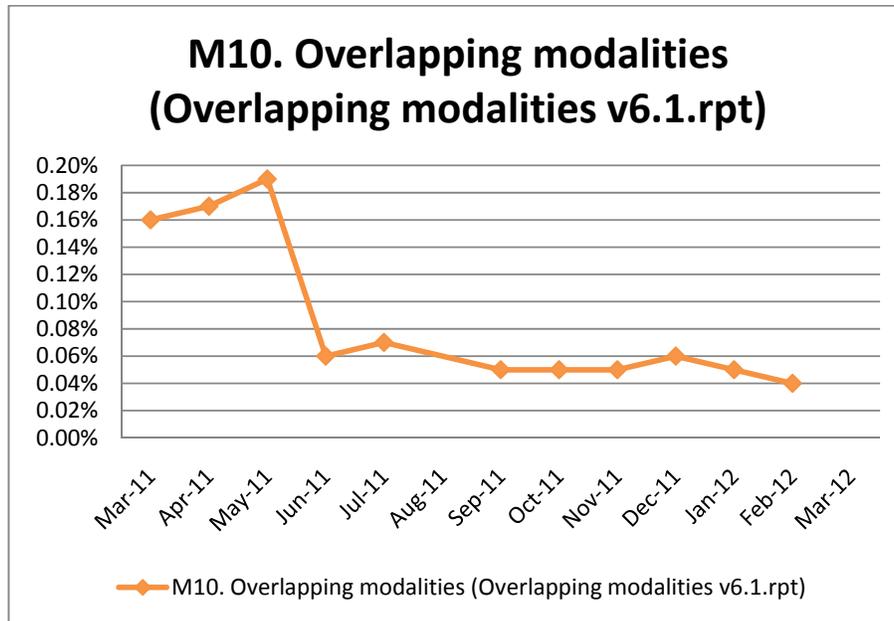


### M8. Percentage completion of children field (Percentage completions PRNTSTAT CHILDWTH v6.2.rpt)

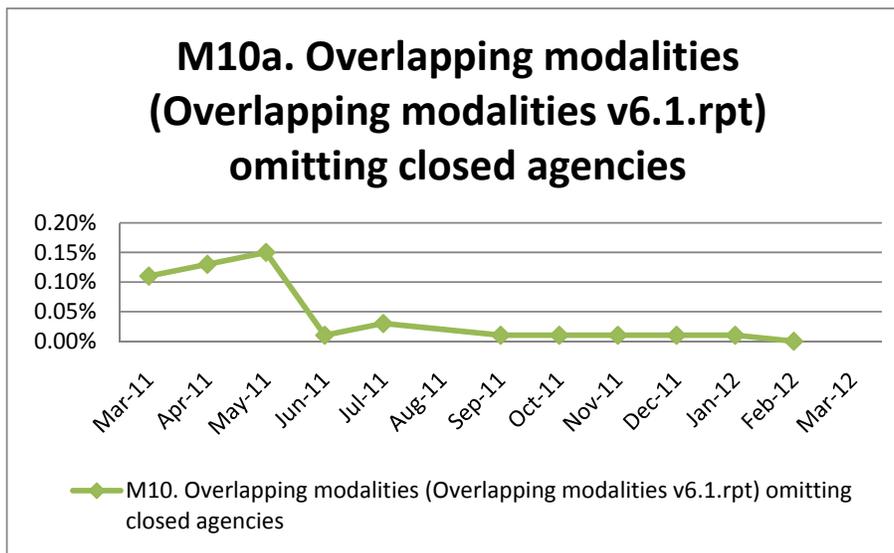


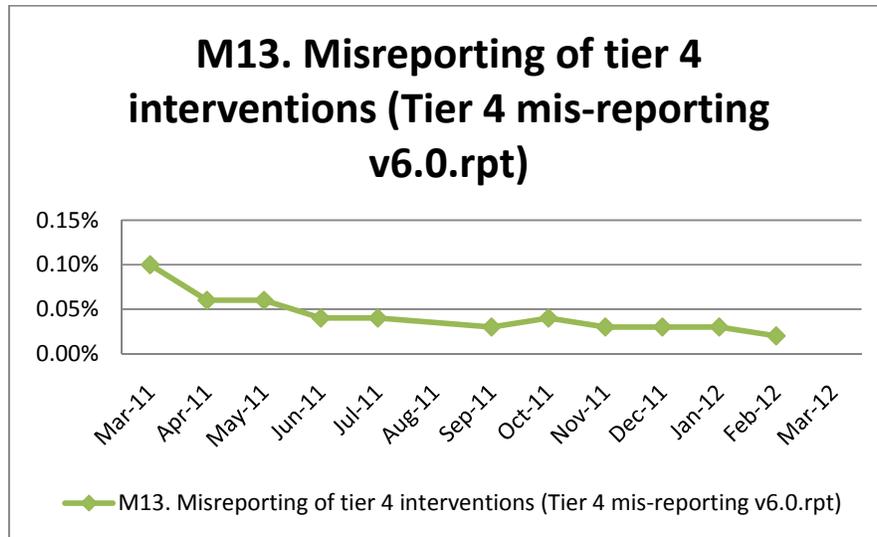
### M9. Duplicate Open Modalities (Duplicate open modalities v6.1.rpt)



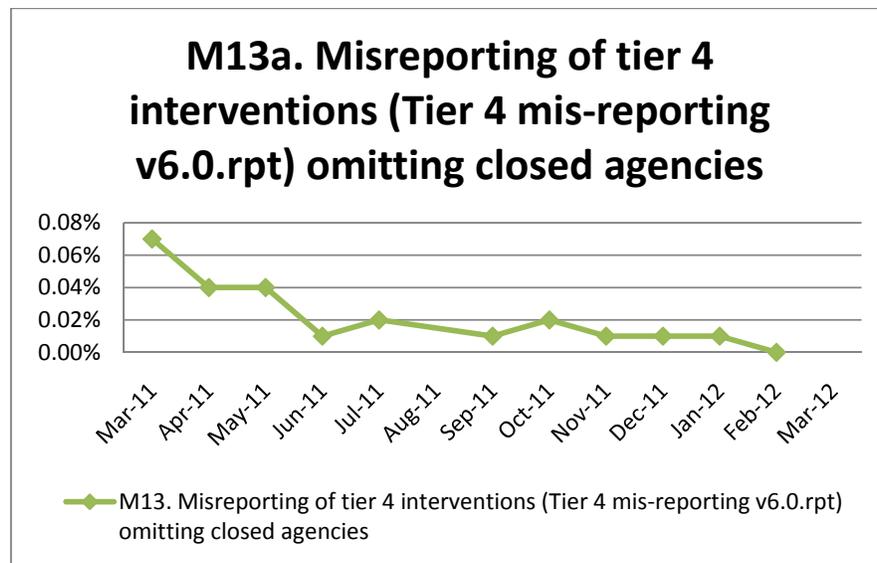


Note: Excluding inactive agencies where data can no longer be improved, the quality of the data falls within the "Green" Status. The DTMU also monitor this on a monthly basis, see Chart M10a below:

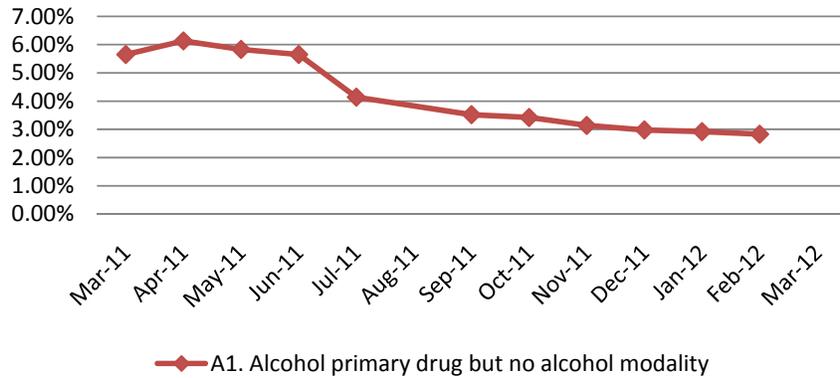




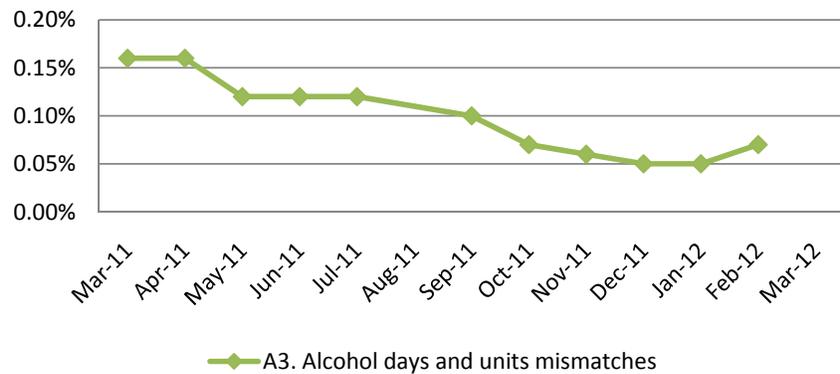
Note: Excluding inactive agencies where data can no longer be improved, the quality of the data falls within the “Green” Status at 0%. The DTMU also monitor this on a monthly basis, see Chart M13a below:



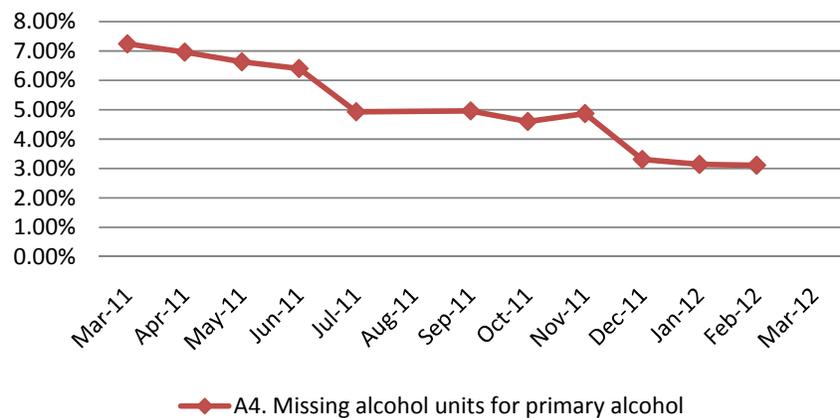
### A1. Alcohol primary drug but no alcohol modality



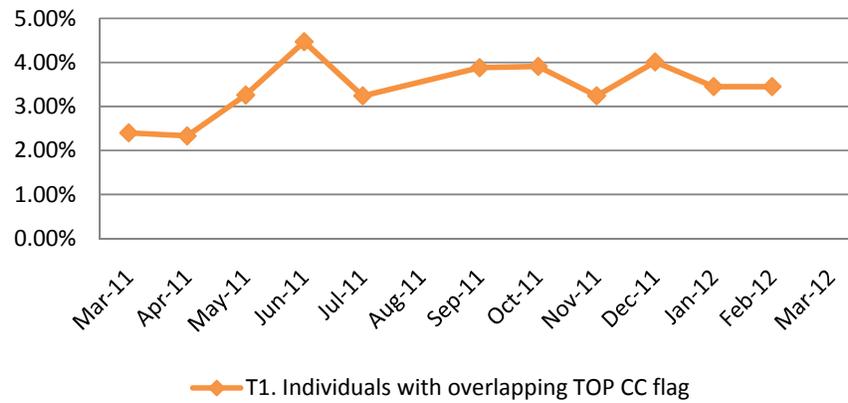
### A3. Alcohol days and units mismatches



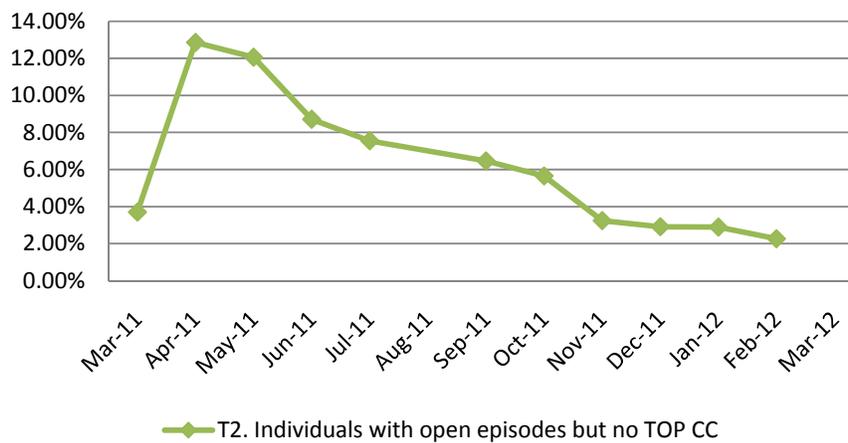
### A4. Missing alcohol units for primary alcohol



### T1. Individuals with overlapping TOP CC flag



### T2. Individuals with open episodes but no TOP CC



### 13. Appendix 3: Back to Basics 2011/12 Summary Information

The SE NDTMS Team thought it would be a very good idea if over the usually 'quiet' Summer period we offered any new starters or anyone who has never attended our NDTMS training before in the South East region the opportunity to attend a one off 'Back to Basics event'.

The response we received to the offer of the event was phenomenal, to the extent that we have now held a massive eight events in total across the region, delivered to just under 200 people!

The main bulk of events ran from September to the beginning of December and included in this is a one off Young Persons specific event to cover the Young Person Data Set. Then in January we ran an event specifically for the Milton Keynes Adult Provider as they recently (April 2011) took over all existing services in Milton Keynes and have a few new workers who have not dealt with NDTMS in the past.

During the training event we cover nearly the entire core data set and go through each item in great detail- referring to the Business definitions as we go. It is the perfect event for anyone new to the sector who is involved in collecting or inputting of the data in any way, shape or form or anyone who may have been involved in NDTMS for a while but who may have never had the chance to attend one of our Core Data Set Events in the past. In addition we cover key elements of the reports available, promoting the TOP Outcomes Reports where we can.

Due to the popularity of these events we are asking any services that when they take on new staff members to let us know and we will keep a 'training list', and once this list has reached around 20 people we can set up an event specifically to train those new staff members- this way we hope that we will be able to ensure that all new staff are trained in NDTMS as soon as possible.

#### **List of events**

##### **West Sussex- 09/09/2011**

17 attendees from the West Sussex Addaction treatment agencies

##### **Guildford – 14/10/2011**

27 attendees from a variety of areas- Reading, East Sussex, Medway, Southampton, Surrey and Hampshire

##### **Oxford YP Event – 25/10/2011**

10 attendees from a variety of areas- Milton Keynes, Portsmouth, West Sussex, Hampshire, Surrey

##### **Oxford Adult Event (1) – 11/11/2011**

16 attendees from a variety of DAAT areas including Oxfordshire, Reading, Buckinghamshire, Slough and Wokingham

##### **Oxford Adult Event (2) – 02/12/2011**

Still to be held- at present we have 26 attendees, mainly from Oxfordshire, and a few from Reading, West Berkshire and Windsor and Maidenhead

**Portsmouth St James' Hospital – 31/10/2011**

20 attendees from Portsmouth and Hampshire agencies

**Portsmouth Guildhall – 08/11/2011**

15 attendees from a number of DAAT areas including IOW, Portsmouth, Southampton, West Sussex and Hastings and Rother

**Milton Keynes – 19/01/2012**

Approx 20 people attended from the MK CRI Adult Service