

DATA QUALITY STRATEGY

2016 – 2019

IM&T DEPARTMENT

This document should be read in conjunction with the
Data Quality Policy
Records Keeping & Record Management Policy

Version:	1
Ratified by:	Senior Management Operational Group
Date ratified:	February 2016
Title of originator/author:	Information Delivery Manager
Title of responsible committee/group:	ICT
Date issued:	February 2016
Review date:	August 2019
Relevant Staff Groups:	All Staff Groups

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DOCUMENT CONTROL

Reference NH/Feb16/DQS	Version 1	Status FINAL	Author Information Governance Manager
Amendments			
Document objectives: To provide a clear system of accountability and responsibility for information data quality			
Intended recipients: All Trust staff			
Committee/Group Consulted: ICT			
Monitoring arrangements and indicators: Audit Committee, Integrated Governance Committee, Caldicott and Information Governance Group Key Performance Indicators are included in the strategy.			
Training/resource implications:			
Approving body and date	Senior Management Operational Group	Date: February 2016	
Formal Impact Assessment	Part One	Date: November 2016	
Ratification Body and date	Senior Management Operational Group	Date: March 2016	
Date of issue	March 2016		
Date of Review	February 2019		
Contact for review	Information Delivery Manager		
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1. EXECUTIVE SUMMARY

1.1 This Strategy uses the Health and Social Care Information Centres guidance on data quality standards, to ensure compliance with national standards. It also provides a summary / overview of how the Trust must address the Data Quality assurance agenda.

1.2 It includes:

- an overarching assurance framework incorporating the Department of Health data quality initiatives;
- a strategy for improving the quality of information within the Trust;
- a framework to embed the concepts of data quality within the organisation;
- a framework to support the move from paper records to electronic systems

1.3 Implementation of this strategy will contribute significantly towards assuring patients and staff and their information, is correct and the quality of the data we hold is up-to-date and accurate.

1.4 The strategy will also help address national drivers such as:

- the NHS Care Record Guarantee;
- NHSLA Risk Management Standards;
- Information Governance Toolkit.

Risks addressed

1.5 Ensuring that the information that the Trust holds is accurate and the quality of that data is regularly checked is a key component to the service delivery of the Trust.

1.6 Trust records that are accurate and up-to-date will help facilitate successful audits, which in turn fulfils the Trust's responsibilities as a data controller. It will also protect against the risk of unsafe or inappropriate care and treatment arising from lack of proper information about service users.

2. LINKS TO TRUST STRATEGIC OBJECTIVES AND GOALS

Strategic Objective/ Goal	Workstream description	Delivered	Enabler	Not applicable
Service Delivery	Achieve a reduction in inpatient based care and an increase in the delivery of care in a community-based setting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality and Safety	Continuously reduce levels of avoidable harm, deliver best clinical outcomes and improve patient experience	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Innovation	Implement the Information Management and Technology strategy to deliver effective mobile working and an integrated patient record for all services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Integration	Deliver the planned further integration of community health, mental health, learning disability, and social care services to support better patient care and achieve identified financial efficiencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Culture and People	People: We will be able to innovate reliably as part of our business model	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Viability and Growth	Increase the Trust's operating income by £30 million	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. INTRODUCTION

3.1 High quality information permeates through all aspects of the delivery of patient care and is the responsibility of everyone involved in the delivery and support of that care. Without this information we are unable to review or manage our services effectively, or provide others with assurance of the quality of our services.

3.2 Ensuring information is of the highest possible quality will be fundamental to:

- Controlling costs and our income
- Assure service users, commissioners and regulators with the quality of our services.
- Benchmark the Trust services against external organisations or to enable internal service comparison.
- Efficient service delivery, performance management and the planning of future services.
- Highlight activity within services which is unusual or outside expected local or national bench marking values.
- Adhering to Trust Performance Policies and aid development of new policies

3.3 The strategy seeks to set out a robust and flexible solution to find ways to deliver high quality information, recognising the need to ensure that data is collected for justifiable purposes and used within sound principles of information management.

3.4 The Francis Report (2013) made recommendations where the use of high quality information is crucial. Some of the key recommendations are highlighted below, (please refer to the full report to gain context):

- A coordinated collection of accurate information about the performance of organisations must be available to providers, commissioners, regulators and the public, in as near real time as possible.
- Trust boards should provide, through quality accounts, and in a nationally consistent format, full and accurate information about their compliance with each standard which applies to them.
- Commissioners must have the capacity to monitor the performance of every commissioning contract [...]:
 - Such monitoring may include requiring quality information generated by the provider.
 - The possession of accurate, relevant, and useable information from which the safety and quality of a service can be ascertained is the vital key to effective commissioning, as it is to regulation.
- Metrics to be established which are relevant to the quality of care and patient safety across the service, to allow norms to be established so that outliers or progression to poor performance can be identified and accepted as needing to be fixed.
- The only practical way of ensuring reasonable accuracy is vigilant auditing at local level of the data put into the system. This is important work, which must be continued and where possible improved.

4.0 GLOSSARY

IAO	Information Asset Owner – individual responsible for asset owned by the Trust including Clinical systems.
IAA	Information Asset Administrator – Can be the IAO or an individual with delegated responsible to administer a clinical system.
DQL	Data Quality Lead – Person named with overall Trust responsibility to monitoring and action data quality issues.
LDQL	Local Data Quality Lead – Person within an individual service with responsibility to monitor data quality issues highlighted within their own clinical system can be by IAO, IAOA or Data Quality Lead.

5. SCOPE

- 5.1 Information provided from electronic and paper based medical records systems are key components to ensuring the delivery of this Strategy.
- 5.2 Any system used for the provision of patient care is covered by this document, including medical or paper records where information is collected and used for the provision of performance, management or commissioning information.
- 5.3 The Data Quality Lead for the organisation will be responsible for the data quality in all the systems used by the Trust and will be aided through this process by Local Data Quality Leads. These will be either the Information Asset Owner (IAO) or a member of their team who has this responsibility delegated to them.
- 5.4 Listed below are the systems currently in use by Somerset Partnership NHS Foundation Trust categorised as follows:
- NHS Confidential – denotes a system holding both Personal and Sensitive information and is therefore a Clinical System.
 - NHS Protected – denotes a system holding corporate confidential material.
- 5.5 The tables identifies whether the Information Team have access and if the system is subject to Data Quality Policy (but this list in no way limits or excludes any other systems used, but not listed – update January 2016).

Application Name	System Status	Information Team Access	Subject to Data Quality Policy
DCRS Health Trainers Database	NHS Confidential	Yes	Yes
Digital Dictation	NHS Confidential	No	No
Document Upload System	NHS Confidential	No	No
Einstein Replacement	NHS Confidential	No	No
E-Roster	NHS Confidential	No	No
ESR (Electronic Staff Record)	NHS Confidential	No	No
ICNet	NHS Confidential	No	No
Learning and Development Training System	NHS Confidential	No	No
Paper Trail	NHS Confidential	No	No
Phone Book	NHS Confidential	No	No
Recruitment Process System (RPS)	NHS Confidential	No	No
Reporting Portal	NHS Confidential	No	No
Ricoh Auto Store Validation	NHS Confidential	No	No
Weekly Waiters Database	NHS Confidential	No	No

Blithe Lillie	NHS Confidential	Yes	Yes
Data Warehouse	NHS Confidential	Yes	Yes
Dental Helpline	NHS Confidential	Yes	No
IAPTus	NHS Confidential	Yes	Yes
Optimise(DRS)	NHS Confidential	Yes	Yes
Primary Link	NHS Confidential	Yes	No
R4 Kodak Carestream System	NHS Confidential	Yes	Yes
RiO	NHS Confidential	Yes	Yes
Community Hospital Waiting List (CHWL)	NHS Confidential	Yes	Yes
Badger	NHS Protected	No	No
Cleaning Audit System	NHS Protected	No	No
COSHH	NHS Protected	No	No
e-Messaging to Somerset PC	NHS Protected	No	No
Generic Email Messaging (GEM)	NHS Protected	No	No
Jayex	NHS Protected	No	No
KACE	NHS Protected	No	No
Petal	NHS Protected	No	No
QOM	NHS Protected	No	No
RiO Audit Tool	NHS Protected	No	No
Task Scheduler	NHS Protected	No	No
Text Messaging System (TMBR)	NHS Protected	No	No
WorkPal	NHS Protected	No	No

- 5.6 The systems Highlighted in Green are the primary subject of this Policy, whilst the philosophy and principles of this policy should be applied to all other systems where possible
- 5.7 It should be noted that the majority of Data Quality monitoring will be performed from the data held in the Trusts Data warehouse with issues or problems be directly addressed within the originating application.
- 5.8 All staff in the Trust involved in the recording of Service user information are subject to this strategy and associated Data Quality policy, and must ensure that they comply with Trust policy on record keeping and standards as set out in their own professional codes of conduct (where applicable).

6. DUTIES AND RESPONSIBILITIES

- 6.1 **Chief Executive** - Ultimate responsibility for data quality lies with the Chief Executive.
- 6.2 **Director of Governance and Corporate Development** – Responsible for ensuring compliance against Information Governance Toolkit and all systems (paper or record) comply with the Data Protection Act.
- 6.3 **SIRO – (Senior Information Risk Officer)** – Held by the Director of Finance and Business Development, and chairs the quarterly Data Quality

(Operational) Group which monitors the quality of information recorded by Clinical staff and ensures compliance of data quality to the standards set out by the Trust and IGT.

- 6.4 **Caldicott Guardian** – Responsible for ensuring that patient information is used and shared appropriately.
- 6.5 **Chief Operating Officer & Medical Director** - Responsible for ensuring that all staff involved in the delivery of care, record information in a timely and accurate way, that staff use the systems provided by the Trust, and that qualified staff comply with their professional codes of conduct (including record keeping)
- 6.6 **Director of Workforce and Organisational Development** – Responsible for ensuring that systems that record personnel information, including HR and training records are monitored and reviewed to comply with the IGT.
- 6.7 **Head of IM&T** – Responsible that all systems used for the purpose of Clinical Care and Record keeping is fit for purpose. Where issues or problems highlighted that influence the development of applications is performed to ensure compliance with IGT.
- 6.8 **IM&T Department** - Support the development of systems and the provision of interim solutions to combat highlighted data quality issues.
- 6.9 **Data Quality Lead (DQL)** – Held by the Information Delivery Manager who works with staff within the IM&T Department and maintains the Trust's Data Quality Log, which identifies, quantifies, prioritises and resolve data quality issues. This role is supported by Local Data Quality Leads (LDQL) who are designated by the Information Asset Owner.
- 6.10 **Information Asset Owner (IAO)** – Individual with responsibility for managing local Clinical systems used by the Trust for record keeping. They must ensure that all systems which they are responsible for comply with the NHS Data Dictionary (where appropriate) and IGT. They are supported by the Trusts Data Quality Lead, Information Governance Manager and Information Development Architect.
- 6.11 **Local Data Quality Leads (LDQL)** – Staff identified by the Information Assets Owner of a system to lead on data quality issues which exists within departmental systems used for clinical care delivery.
- 6.12 **All Staff** - Are responsible for recording all information in a timely, accurate and as complete as possible on systems provided by the Trust, to the standards set out by the Trusts Clinical Record Keeping Policy and their own Professional Codes of conduct (where appropriate).

7. AIMS OF THE STRATEGY

- 7.1 This strategy acknowledges that the existing guidance on the management of data quality is embed in a single strategy with clear structures, processes and

responsibilities, encompassing the requirements of the Information Governance Toolkit for Information Quality Assurance.

7.2 The Trust aims to use the principles set out in this document so the strategy will lead to:

- Improved patient care within the Trust
- Improved information for other NHS organisations where our patients are treated
- Improved data for commissioners, regulators, public health and the wider NHS
- Improved performance in meeting the requirements of external audit standards
- 100% usage of the NHS Number (where appropriate) as the unique identifier on all communications

8. KEY OBJECTIVES

8.1 The strategy seeks to set out a clear mechanism to enable assurance to be provided through tiered assurance framework, with the delivery of this assurance made through the Trusts Data Quality Policy.

8.2 Assurance is required under the Information Governance Toolkit (IGT) for Information Quality Assurance, and if followed, will enable the Trust to aspire to Level 3 compliance on the following:

IGT Requirement	Description
2-06	There are appropriate confidentiality audit procedures to monitor access to confidential personal information
3-05	Operating and application information systems (under the organisation's control) support appropriate access control functionality and documented and managed access rights are in place for all users of these systems
3-24	The confidentiality of service user information is protected through use of pseudonymisation and anonymisation techniques where appropriate.
4-01	There is consistent and comprehensive use of the NHS Number in line with National Patient Safety Agency requirements.
5-01	National data definitions, standards, values and validation programmes are incorporated within key systems and local documentation is updated as standards develop
5-02	External data quality reports are used for monitoring and improving data quality
5-04	Documented procedures are in place for using both local and national benchmarking to identify data quality issues and analyse trends in information over time, ensuring that large changes are investigated and explained
5-06	A documented procedure and a regular audit cycle for accuracy checks on service user data is in place
5-07	The Completeness and Validity check for data has been completed and passed.

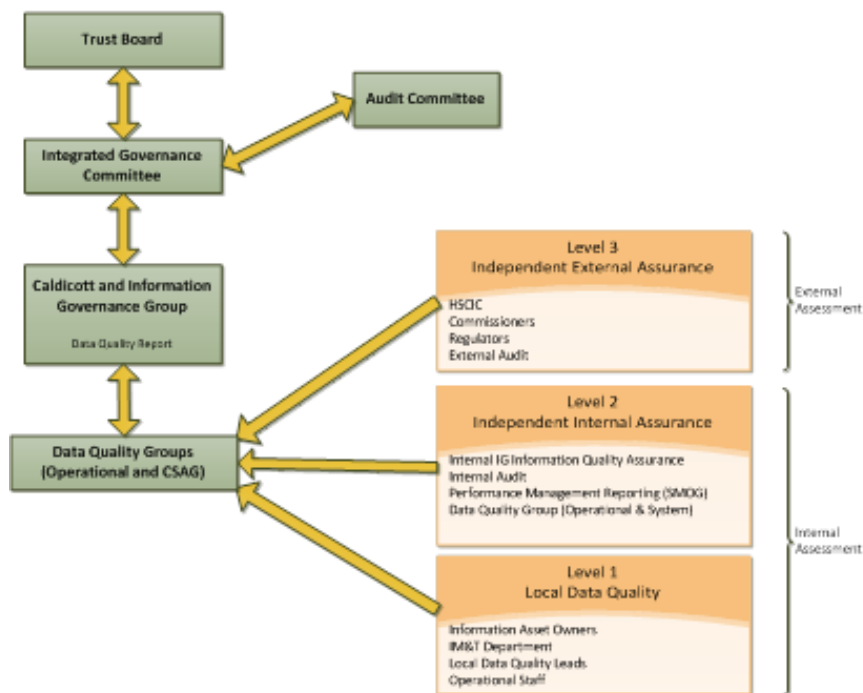
8.3 Information Asset Owners will be required to provide quarterly updates on their compliance against these standards through the Data Quality Group (IAOAG) - Information Asset Owner Assurance Group, chaired by the Information Governance Manager.

8.4 The Trust has established two Data Quality groups to take forward issues of this nature:

- Data Quality Group (Operational) – The purpose of this group is to work with operational heads of service so that they understand data quality issues caused through the use of the clinical systems, this group is part of the Trusts Information Management and Technology Operational Group (IMTOG) and chaired by the Director of Finance and Business Development .
- Data Quality Group (Information Asset Owners) –The purpose of this group is IAQ and LDQL to meet and discuss the compliance of their systems to IGT requirements and to highlight areas of poor data quality in their systems and to support the development of Local Data Quality action plans and where required inclusion in the Trust Data Quality action plan. The group is referred to as the Information Asset Owner Group.

9. IMPLEMENTATION

9.1 The assurance framework will consist of three levels, each having their own form of assurance and assessment responsibility.



9.2 **Level 1 – Local Data Quality Assurance**

9.3 Managing systems and report production, data quality issues will be highlighted and actioned as appropriate by the Local data Quality Lead, (LDQL), IAO and IM&T Department – Information Team. Operational staff through the use of systems will also identify and report issues to the IAO or LDQL.

9.4 Resolution– Issues are raised and placed on the Data Quality log by the LDQL, where they are reviewed, prioritised and actioned. LDQL would be responsible for liaising directly with the Data Quality Lead in ensuring timely resolutions to issues are archived. Issues and resolutions would be recorded on the Trusts electronic Data Quality log, where a record of progress would be made.

9.5 **Level 2 – Internal Independent Assurance**

9.6 Information produced will be internally assessed from systems by various internal meetings, boards and auditors. Independent in this context means reviewed and assessed by those not directly involved in either the collection or production of the information (outside the Information and Performance Management Teams). These groups will review the reported data and where necessary validate the veracity of the data.

9.7 Information Quality Assurance for IGT is also gained at this level through the use of an application which takes data for external submission to the Secondary User Service and the Health and Social Care Information Centre (HSCIC) validating this information against a national set of requirements for Data Completeness and validity.

9.8 Resolution– Where issues are found and require further investigation then these will be raised with the appropriate IAO/LDQL and reviewed. Where issues are found then these will be placed on the Data Quality log and a report produced which will detail the cause and resolution time.

9.9 **Level 3 – External Independent Assurance**

9.10 Much of the information produced by the Trust is sent directly to the HSCIC (via the Secondary User Service), a government body which collates and analyses data from all providers of NHS services. The types of returns included in this are nationality mandated returns defined in the NHS Data Dictionary, and include (but not limited to), the following data sets:

- Mental Health
- A&E Activity
- Inpatient Activity
- Outpatient Activity
- Psychological Therapies Activity

- 9.11 The NHS Data Dictionary seeks to provide definitions and clarity on the construction of the data which should be submitted nationally. Some of these definitions are based on other national and International standards including World Health Organisation – International Classification of Diseases (ICD) Codes and Operating Procedures codes. Whilst clarity is provided, system suppliers and NHS Trusts interpret these definitions to mean different things to be reviewed to see if this is an interpretational data quality problem.
- 9.12 Resolution – Issues highlighted by external organisations need to follow the similar process of being provided to the LDQL or IAO for them to review and report back on cause and solution. With poor data quality being raised by external organisations these should be given a higher priority for investigation and resolution, and may impact on funding and trust ratings.
- 9.13 Quantify Data Quality, Data Completeness and Performance – Need to summarise this here
- 9.14 Data Quality Issues will be recorded by the Information Delivery, Information Development and Clinical Systems Teams onto KACE. Even if the issue has been resolved immediately and no further action is required.
- 9.15 Each team will be responsible for reporting and investigating data quality issues that affect their area of work, whether is an issue the team has discovered or an issue that has been reported to them.
- 9.16 The Information Delivery Manager, Information Development Architect and Clinical Systems Manager (or a representative from that team) will meet on a weekly/fortnightly basis to review the data quality issues, the size and impact onto the Trust of the data quality issue will be assessed and appropriate action taken. This group will also
- 9.17 Agree on how often the Data Quality Action Plan, Data Quality Documentation and Standard Operating Procedures (SOPs) are appraised for Data Quality issues
- 9.18 Review new policies and procedures and apply them to the Data Quality principles where applicable
- 9.19 Data Quality tickets on KACE will be transferred to the correct person whom the responsibility of resolving the issue sits. The responsible person will be informed that a data quality issue sits with them as well as the KACE ticket being transferred to them.
- 9.20 If the data quality issue sits with the clinical team then the appropriate team(s) will work with the clinical service to resolve the issue. If necessary
- 9.21 A report of resolved and currently open issues will be produced for the Data Quality Operational Group showing a breakdown of where the issues sits and what it affects, this group will have an input into the prioritisation of which issues should be resolved.

10 TRAINING AND GUIDANCE

10.1 The Data Quality Group (Operational) is responsible to action data quality issues that are directly attributable to:

- Poor practice in the use of electronic systems
- Putting forward changes to system configuration to support operational practice and improve data quality
- Highlighting issues where Staff require further training on system use
- Where these issues occur the Trust will provide further training and guidance to support the development of both staff and systems to ensure good data quality

11. KEY PERFORMANCE INDICATORS (KPIs)

11.1 A key performance indicator (KPI) is a business metric used to evaluate factors that are crucial to the success of Somerset Partnership NHS Foundation Trust core services and departments to achieve their business function of health care provision.

11.2 Details of the Data Quality Key performance indicators are outlined in the Information Delivery Team Data Quality Plan. A summary of which can be found in appendix A.

12. SOURCES

- Information Governance Toolkit;
- Care Quality Commission Outcome 221-Records;
- NHSLA.

13. RELEVANT CARE QUALITY COMMISSION (CQC) – Fundamental Standards

13.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the **fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 15:	Premises and equipment
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

13.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18: Notification of other incidents

13.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%200PUBLISHING.pdf>

KEY PERFORMANCE INDICATORS (KPIs)

In line with the guidance issued by the HSCIC the following is a list of key fields contained within the nationally submitted datasets that are checked for data quality validity. A full list of data quality checks and reports can be found in the Information Delivery team Data Quality Plan.

Dataset	Field
Admitted Patient Care (FCE)	NHS Number
Admitted Patient Care (FCE)	NHS Number Status Indicator
Admitted Patient Care (FCE)	Postcode of Usual Address
Admitted Patient Care (FCE)	Code of GP Practice
Admitted Patient Care (FCE)	Birth date
Admitted Patient Care (FCE)	Sex
Admitted Patient Care (FCE)	Ethnic Category
Admitted Patient Care (FCE)	Administrative Category
Admitted Patient Care (FCE)	Patient Classification
Admitted Patient Care (FCE)	Start Date (Hospital provider Spell)
Admitted Patient Care (FCE)	Source of Admission
Admitted Patient Care (FCE)	Discharge Destination
Admitted Patient Care (FCE)	Discharge Method
Admitted Patient Care (FCE)	Last episode in Spell Indicator
Admitted Patient Care (FCE)	Start Date of Episode
Admitted Patient Care (FCE)	End Date of Episode
Admitted Patient Care (FCE)	Decided to Admit Date
Admitted Patient Care (FCE)	Intended Management
Admitted Patient Care (FCE)	Consultant Code

Admitted Patient Care (FCE)	Treatment Function Code
Admitted Patient Care (FCE)	Primary Diagnosis (ICD)
Admitted Patient Care (FCE)	Operation Status
Admitted Patient Care (FCE)	Primary Procedure Date
Outpatients	NHS Number
Outpatients	NHS Number Status Indicator
Outpatients	Postcode of Usual Address
Outpatients	Code of GP Practice
Outpatients	Birth date
Outpatients	Sex
Outpatients	Administrative Category
Outpatients	Source of Referral
Outpatients	Referral Request Received Date
Outpatients	Attended or Did Not Attend
Outpatients	First Attendance
Outpatients	Outcome of Attendance
Outpatients	Attendance Date
Outpatients	Consultant Code
Outpatients	Treatment Function Code
Mental Health Service Dataset	NHS Number
Mental Health Service Dataset	Postcode of Usual Address
Mental Health Service Dataset	Birth Date
Mental Health Service Dataset	Sex
Mental Health Service Dataset	Marital Status
Mental Health Service Dataset	Ethnic Category

Mental Health Service Dataset	Organisation Code of Commissioner
Mental Health Service Dataset	Code of GP Practice
Mental Health Service Dataset	NHS Occupation Code (Care Co-ordinator)
Mental Health Service Dataset	Legal Status Classification
Mental Health Service Dataset	Primary Diagnosis
Mental Health Service Dataset	HONOS Score
Mental Health Service Dataset	Main Specialty Code
Mental Health Service Dataset	Admission Method
Mental Health Service Dataset	Ward Security Level
Mental Health Service Dataset	Mental health Clustering Tool Assessment (MHCT) reason
Mental Health Service Dataset	PBR Care Cluster
Mental Health Service Dataset	MHCT Assessment Tool
Mental Health Service Dataset	Main Specialty CASS
Mental Health Service Dataset	Main Specialty RCASS
Mental Health Service Dataset	Site Code of Treatment
Mental Health Service Dataset	NHS Number Status Indicator
Mental Health Service Dataset	Delayed Discharge Indicator