

## Data control statement for POMH

### Data ownership and control

Control of the local data submitted to the Prescribing Observatory for Mental Health (POMH) is retained by the healthcare organisation that submitted them. These data have been made available to POMH in a way that is pseudonymous, with the exception of the identity of the source organisation. The aggregate data from all participating organisations are analysed by POMH to produce our customised reports. These reports summarise the national results and local results at organisation and clinical team level, benchmarked anonymously against the other organisations taking part.

### Data sharing

There is a publication strategy allowing POMH to publish the aggregated data on its website and/or in appropriate scientific journals. Any organisations requesting these audit data will be referred to the POMH reports appearing in the public domain or provided with a list of member healthcare organisations and asked to approach them individually. Aggregated data may be shared in limited circumstances where there is clear scientific or public benefit, such as in the development of national, evidence-based treatment guidelines.

POMH may occasionally work in collaboration with other groups or organisations on specific topics that are not part of POMH quality improvement programmes. Member organisations choose to participate in data collection for all topics and retain control of their data. Individual datasets of participating organisations will not be shared with third parties. Anonymous and aggregated data may be shared with collaborators and published.

It is each organisation's decision whether, and with whom, to share their data.

### Data for Quality Improvement

Data collected for the purpose of quality improvement are not necessarily representative of performance across the Trust. The use of data for ranking or judgement at an organisational level may therefore not be appropriate. Participation in POMH QI programmes can be considered to indicate engagement in quality improvement. Relative and absolute performance against the practice standards should always be considered with the above caveats in mind.

Reflection by clinical teams on their benchmarked performance is perhaps the most potent element of POMH programmes. In addition to performance against the clinical standards, the audit data include demographic, diagnostic and other relevant clinical information that provide a context for interpretation and understanding of practice, which can inform local strategies and systems to achieve improvement. The data collected are designed to be suitable for this clinical purpose, and not for objective ranking of healthcare organisations, for which they are untested and would not necessarily be appropriate.