The Newcastle upon Tyne Hospitals NHS Foundation Trust

Data Quality Policy

Version No:	7.0
Effective from:	14 March 2019
Expiry Date:	14 March 2019
Date Ratified:	26 February 2019
Ratified By:	Clinical Policy Group

1.   Introduction

High quality data enables informed decision making, both clinical and non-clinical. This policy outlines the roles and responsibilities of the Trust and its staff in order to maintain good data quality. The principles set out in the policy are applicable to any information systems owned, used or managed by the Trust.

There are legal obligations involved with data quality. The Data Protection Act (2018) requires organisations to ensure that information is accurate, complete and up to date. The adoption of this Data Quality Policy reinforces the commitment to effective and efficient patient care.

2.   Policy Scope

Data quality is the responsibility of all members of staff who deal with the collection and processing of information on a daily basis. The Data Quality Policy outlines good practice in order to identify the roles and responsibilities of staff in order to maintain high standards of data quality.

The principles set out in this policy are applicable to any data and to all information systems that are owned, used or managed in the Trust, whether these use paper, computer or other media (film, tape, etc.). The Data Quality Policy applies to all staff who enter, extract or analyse data from all systems. Non-clinical systems should be considered within the scope of this policy, e.g. Electronic Staff Record, Datix.

3.   Aim of Policy

The purpose of this policy is to reinforce the commitment to data quality. The policy provides staff with guidance on roles and responsibilities in respect of data quality.

Data quality is a key element of any information system. It is inevitable that all staff will at some point in their role have contact with such an information system, either in paper or electronic form. As a consequence, all members of staff have a responsibility to implement and maintain data quality and have a contractual obligation to maintain accurate information

4.   Duties (Roles and responsibilities)

All staff – Responsible for the input of timely, accurate and complete data in to relevant information system or whatever medium is used to collect information. To undertake regular checks of data collection and input, confirming key personal data recorded is accurate and up to date (e.g. home address, GP, ethnicity) To ensure that any identified data quality issues are addressed and reported to their line manager.

Directorate / Department Managers – Responsibility to ensure that staff are aware of and comply with relevant policies and procedures and any changes in these. Distribute data quality reports to directorate staff to correct on appropriate central systems. Raise awareness amongst staff of their responsibilities. Ensure that the support or training they need to enable the timely, accurate and complete input of data is available. Ensure that any data quality issues that are identified are addressed and reported to the Information Asset Owner. To ensure all job descriptions reflect the responsibilities set out in this policy and that staff comply with the detailed requirements.

Information Asset Owner (IAO) - Individual senior staff member with overall responsibility for a specific information system and the management of the information held within that system. It is the responsibility of the IAO to ensure that staff are appropriately trained and are aware of their responsibilities concerning the recording of data.

Information Services Data Quality Staff – Responsible for monitoring and assurance of data quality against core principles and national and local standards.

Ultimate responsibility for maintaining accurate and complete data and information resides with the Trust Board. The Executive Director with a responsibility for Information holds the responsibility for data quality.

5.   Definitions

Information Standards Notice (formerly Data Set Change Notices) – These specify any changes to the data standards embedded within the NHS Data Dictionary in order to ensure the accurate and consistent interpretation and implementation of data standards throughout all NHS organisations.

Data Protection Act (2018) – Provides statutory guidance for the protection and use of patient information.

Secondary Uses Service (SUS+) – National repository for healthcare data which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.

Summary Care Record (SCR) – An electronic patient record held on a central national database, the purpose of which is to make key patient data readily available anywhere the patient seeks treatment

6. Data Quality

6.1 Core Principles

6.1.1 Accuracy
Data recorded in case notes and on all systems must accurately reflect the actual state that is being described. Every opportunity will be taken to check patient's demographic details as any inaccuracy may result in important letters being sent to the wrong address or incorrect identification of a patient. For example duplication of registration or pathways must be avoided where possible by checking systems to see if patients are already registered along with any appointments or waiting list entries that may already be booked for them. Organisations holding inaccurate information are also in breach of the Data Protection Act.

6.1.2 Timeliness
Data needs to be recorded and made available as soon after the event as possible. All data will be recorded in a timely fashion, which will enable that data to be submitted in accordance with local and national deadlines. For example, admissions, discharges, and clinic cash ups need to be entered onto the system as soon as they occur.

6.1.3 Validity
All data collected on systems must be valid and where required adhere to NHS Data Standards or map to national values (here). For example correctly searching for patients on system indices so that duplicate patient registrations and records are not created.

6.1.4 Completeness
Every effort must be made to ensure that data recorded on systems is complete and up to date. All mandatory data items within a dataset must be populated. Use of default codes is only appropriate in exceptional circumstances, and must not be used as a substitute for accurate data. For example every effort must be made to ensure that patient details are complete, accurate and up to date by checking details directly with patients whenever possible.

6.1.5 Consistency
Data items should be consistent across all types of records whether manual or electronic, e.g. codes for gender, ethnicity etc. All system reference tables must be audited and updated regularly with reference to national Technology Reference Data Update Distribution Service (TRUD) and local data sources.

6.1.6 Availability
Data needs to be available as soon as possible to allow users to be aware of and to respond to issues in a timely fashion. Delayed or deferred data entry and reporting poses a risk to the achievement of

statutory and contractual deadlines. Timely data is essential to the accurate monitoring of performance against targets.

6.2 Importance of Data Quality

Data recorded needs to be of a high quality standard to support for all of the following reasons:

- Minimise clinical risk (e.g. wrong service user, wrong treatment).

- Identify trends and patterns, draw comparisons, predict future events and monitor outcomes.

- Provide comprehensive and reliable information on the Trust's operations and performance.

- Support Payment by Results (PbR) and other commissioning processes. As income is based on activity, it is important to ensure all hospital spells and finished consultant episodes (FCEs) are appropriately coded in accordance with national guidelines and that data is submitted in a timely manner according to national timetables.

- Provide accurate Reference Costs and the development of service line reporting.

- Prove clinical effectiveness e.g. audit datasets LUCADA (Lung Cancer data), MINAP (Myocardial Ischemia National Audit Project), TARN (Trauma Audit & Research Network) and many others.

- Monitor performance against local and national targets.

- Support current NHS national and local priorities.

- Undertake benchmarking of services against peer organisations.

6.3 Data Quality Measures

The drive to improve and maintain the quality of patient related data is underpinned by a range of regular audit reports and initiatives:

- Promotion of the effective use of Cerner Millennium (eRecord), SystmOne and all other clinical data or information systems and their available functionality.

- Regular validation of clinical and administrative data, in particular inpatient and outpatient waiting lists. This includes clinicians undertaking data quality audits of clinical data held within systems.

- Production of regular data quality reports to identify and collect missing data items and errors.

- To ensure that data quality will be included in the job descriptions of all staff involved in the collection or processing of data that is input into relevant information systems.

- Training courses are available for staff in the use of systems along with refresher courses to cover updates in functionality.

- Attendance at local and national meetings to discuss local and national issues concerning data quality and reporting issues.

- Review of data quality reports available from the central services such as the Secondary Uses Service (SUS+) and the Data Quality Maturity Index (DQMI).

- Use of Summary Care Record (SCR) batch and online services.

Specific measures that will continue to be undertaken by Information Services with regard to data quality are as follows:

- All data quality reports have relevant written procedures. Any changes to the content / scope of the reports are immediately reflected in this documentation.

- Control processes are in place to improve data quality. Internally the measures taken in regards to data quality include reporting data items that have been identified as causing concern, e.g. coding completeness, missing NHS numbers, missing ethnic group codes and outpatient/community contact outcomes.

The aim is to be significantly above average in all indicators and strive for 100% accuracy.

All enquiries and complaints from commissioners or patients regarding data quality will be investigated and acted upon. External sources that subject our data quality to scrutiny and audit include:
- Queries from commissioners
- Queries from patients and the public
- Internal Audit Service
- External Audit
- NHS Digital
- NHS Improvement
- NHS England

6.4 Waiting Times

Referral to Treatment (RTT) and diagnostic waiting time data is of high importance as this is subject to scrutiny by NHS Improvement and poor performance can lead to contractual penalties being incurred.

The RTT team liaise with directorate managers and outpatient managers in routine validation of patients waiting for treatment.

Regular waiting list reviews should be carried out by the directorates to ensure the validity of patients waiting for treatment.

Each directorate should have a formal arrangement for monitoring the waiting list to ensure that it is routinely and systematically validated.

The waiting list should be regularly reviewed to ensure all details are accurate and that patients still require the admission.

Regular validation of patient waiting list suspensions and Earliest Reasonable Offer Dates (ERODs) is required to ensure compliance with current policies and management of a patient's pathway to treatment.

7. Training

It is essential that all staff are trained to ensure that they have the knowledge and understanding to undertake their day to day roles and responsibilities regarding data input and access rights to relevant information systems. To this end all new staff will undertake the eLearning package on Information Governance as part of the Trust Induction Programme. This training will be repeated annually as part of mandatory training.

Responsibility for the regular day-to-day compliance with all policies and procedures for applications rests with the line manager who must ensure that staff are adequately trained before access to systems is enabled and that any training needs are identified and addressed as part of the annual appraisal process.

Staff will be given training on those aspects of systems applicable to their post. Each directorate / department must ensure that all new staff attend appropriate application training. The appropriate level of access to the system has to be authorised by line managers. When identified, additional or refresher training will be undertaken, particularly where data quality issues arise that are associated with specific users.

8. Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been appropriately assessed.

9.   Conclusion

Data quality needs to be considered within all aspects of the Trust by all staff that work with, record and handle any data and or information.

The essential role of high quality information in order to deliver better patient care and patient safety is well recognised. High quality data facilitates the delivery of better and safer care to patients so long as the information about them is recorded accurately and in a timely way. Clinicians with access to high quality information are in a strong position to confidently advise patients about the best care available for them.

10.   Review

The policy will be reviewed bi-annually or sooner if required, to ensure the policy always reflects the latest local and national guidance.

Compliance with this policy will be monitored according to the validation processes outlined in monitoring section above

11.   References

Data Protection Act 2018. London. Office of the Data Protection Registrar. Available at http://www.legislation.gov.uk/ukpga/2018/12/contents

Information Standards Notices. NHS Digital. Available at https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/information-standards-notices

NHS Data Model and Dictionary. NHS Digital. Available at http://www.datadictionary.nhs.uk

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis   Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1.   **Assessment Date:**   23/01/2019

2.   **Name of policy / strategy / service**:
     Data Quality Policy

3.   **Name and designation of Author:**
     Joanne Field

4.   **Names & designations of those involved in the impact analysis screening process:**
     Joanne Field, Senior Information Manager

5.   **Is this a:**   Policy | x | Strategy | | Service | |

     Is this: New | | Revised | x |

     Who is affected   Employees | x | Service Users | x | Wider Community | |

6.   **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*
     The policy explains the importance of high quality data for informed decision making, both clinical and non-clinical. It outlines the roles and responsibilities of staff in order to maintain good data quality and the measures in place to monitor it. The principles set out in the policy are applicable to any information systems owned, used or managed by the Trust.

7.   **Does this policy, strategy, or service have any equality implications?**   **Yes** | | **No** | x |

     If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:
     This policy is applicable to all staff with a responsibility for data quality.

8.   Summary of evidence related to protected characteristics

Protected Characteristic	Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups	Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address *(by whom, completion date and review date)*	Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? *(by whom, completion date and review date)*
Race / Ethnic origin (including gypsies and travellers)	None relevant to this policy.	No	No
Sex (male/ female)	None relevant to this policy.	No	No
Religion and Belief	None relevant to this policy.	No	No
Sexual orientation including lesbian, gay and bisexual people	None relevant to this policy.	No	No
Age	None relevant to this policy.	No	No
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	Reasonable adjustments are made for staff with disabilities who require adjustments to input data	No	No
Gender Re-assignment	None relevant to this policy.	No	No
Marriage and Civil Partnership	None relevant to this policy.	No	No
Maternity / Pregnancy	None relevant to this policy.	No	No

9.   Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

No

10.   Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement?   Yes [ ]   No [x]

11.   Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?

No

PART 2

Name:

Joanne Field

Date of completion:

23/01/2019

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)