

Directorate of Strategy & Planning

DATA QUALITY POLICY

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Northern Lincolnshire and Goole NHS Foundation Trust actively seeks to promote equality of opportunity. The Trust seeks to ensure that no employee, service user, or member of the public is unlawfully discriminated against for any reason, including the "protected characteristics" as defined in the Equality Act 2010. These principles will be expected to be upheld by all who act on behalf of the Trust, with respect to all aspects of Equality.

1.0 Introduction and Purpose

- 1.1 Northern Lincolnshire and Goole NHS Foundation Trust recognises the importance of reliable information as a fundamental requirement for the prompt and effective treatment of patients. Data quality is crucial and the availability of complete, accurate and timely data is paramount to supporting patient care, clinical governance, management and service agreements for healthcare planning, accountability and Payment by Results (PbR).
- 1.2 High quality, accurate information is essential to every area within Northern Lincolnshire and Goole NHS Foundation Trust, to enable it to plan and deliver the appropriate care to patients in a timely manner. Clinical Governance requires good quality data in order to improve the experience of the service users.
- 1.3 The aim of this document is to set out a clear policy framework for ensuring optimum data quality across the Trust, and should be read alongside the other Trust's policies in regard of Information Governance, Clinical Records Management and Information Strategy.
- 1.4 Its main emphasis is on patient information and in particular the Trust Patient Administration Systems (PAS), but also covers all other computer systems within the Trust, which hold patient identifiable information.
- 1.5 This policy defines roles and responsibilities and establishes routes to be followed in improving, maintaining and monitoring data quality.
- 1.6 Data Quality is the responsibility of all staff – not just information specialist and managers. All staff who record patient information whether on paper or by electronic means have a responsibility to take care and ensure that the data is accurate, as complete as possible and up to date. The policy applies to all full-time and part-time employees of the Trust, non-executive directors, contracted third parties (including agency staff), students/trainees, secondees and other staff on placement with the Trust, and staff of partner organisations with approved access.
- 1.7 Failure to comply with this policy may result in disciplinary action being taken against the individual.
- 1.8 Should you have and queries regarding this policy please contact the Head of Information Management in the first instance.

2.0 Area

The scope of the policy applies to all employees of the Northern Lincolnshire and Goole NHS Foundation Trust.

3.0 Duties and Responsibilities

- 3.1 The Director of Strategy and Planning, supported by the Information Services Manager to:
- Develop, implement and monitor the Data Quality Policy
 - Ensure that mechanisms are in place to enable the users to collect data accurately and in accordance with the NHS Data Manual and other local and national guidance
- 3.2 Compliance with the Trust's Data Quality Policy is the responsibility of the Director of Strategy and Planning, with support from the Information Services Manager, who will ensure the Trust works within this policy framework by regular monitoring.
- 3.3 The Policy and subsequent amendments will be shared with the Trusts Operational Admin and Data Quality Group, before submitting to the Trusts Information Governance Board for approval.
- 3.4 The Information Services Department take the main role in assessing data quality across the trust, through the production of standard validation reports which identify inconsistencies between data, inaccurate data and missing data. These reports are forwarded to Business Groups, departments and users to take action to correct data at source in a timely manner. Clinicians are also involved in validating activity data, and clinically coded data by the clinical coding staff.
- 3.5 Systemic issues that require process changes at a user level are taken through Data Quality Team for action, and use is made locally of CAST teams to implement required changes in practice.
- 3.6 The Clinical Coding Department has established procedures for regular internal audit of clinical coding, and involve clinical staff at the results stage to ensure appropriate action plans are developed.
- 3.7 The Trust employs a Clinical Coder Trainer who is responsible for delivering training programmes that are comprehensive and cover clinical coding using national standard training materials.
- 3.8 Within the Business Groups and other departments there are many key processes that generate data. The responsibility for managing these processes and implementing appropriate policies/procedures and following professional codes of practice rest with Clinical Directors and Business Group Managers.
- 3.9 Commitment to data quality is clearly set out in job descriptions and person specifications, for all relevant roles within the Trust ensuring that whatever role they hold, that they are aware of their responsibilities as an integral part of their role and profession.

- 3.10** The Trust provides appropriate support to staff to enable them to meet pre-defined data quality standards by:
- Being explicit about what is expected
 - Providing training and ongoing support and materials
 - Feeding back to users on their performance through regular data quality reports
 - All staff must read and then implement the Data Quality Policy
- 3.11** Users and their managers must be prepared to accept responsibility for the data they process and input, and be prepared to act upon any feedback they receive in relation to changes in data collection or data quality which does not meet the required standard. Such reports do provide a manager with invaluable feedback on potential areas or users which require further support and training.
- 3.12** Where possible all data is corrected at source within agreed timescales preferably by the original user thus helping to reinforce the training and data quality for the future.
- 3.13** The Trust undertakes a number of projects that impact on information each year, these projects must as a minimum include both an information services representative and an IM&T training representative on the group. This is to ensure data quality, reporting and user training are fully incorporated into the project.

4.0 Training to support Data Quality

- 4.1** The general and overriding principle must be that training must be delivered to meet the different learning needs of staff groups across the Trust and be supported by access to a range of relevant training and reference material.
- 4.2** The Trusts Training Department will continue to provide as part of its induction programme for all new starters an element on data quality.
- 4.3** In addition the Training Department will provide a short module on data quality as part of the general PAS and PAS refresher training to ensure all users are aware of the importance of data quality and gain a wider perspective than their specific role on what the data they collect and input is used for.
- 4.4** The Operational Admin and Data Quality group will provide a formal route for incorporating key data quality issues and new data collection requirements into the core PAS Training and providing a mechanism to monitor success.
- 4.5** As and when changes are required to user processes or data collection due to either local or national changes an assessment will be made of the training requirements and the best medium for delivering it within the timescales to ensure all affected users are targeted.
- 4.6** Data Quality Team provides workshops to the Business Groups which outline issues, providing scenarios and examples of poor data quality and how they can improve.

5.0 Accuracy, Security and Confidentiality

- 5.1 The Trust must work to keep patient data secure and confidential at all times.
- 5.2 The Trust will carry out checks on the accuracy of information it holds about a patient whenever staff come into contact with a patient in order to keep the information as accurate as possible.
- 5.3 The Trust's approach is outlined in the following policies:
- The Protection and Use of Patient Information and Data Protection Policy
 - Information Governance Policy (MDP015)
 - Information Security Policy (FMP010)
 - Access Policy
 - Data Quality Strategy (FPM002)
- 5.4 All data items that are held on the Trusts computer systems must be valid. Where codes are used these will comply with national standards, or map to national values. Where possible, computer systems will be programmed to only accept valid entries.
- 5.5 All mandatory data items within a data set should be completed. Use of default codes will only be used where appropriate, and not as a substitute for real data.
- 5.6 Data items must be internally consistent, for example, patients with multiple episodes must have consistent dates. Operations and diagnoses are consistent for ages and/or sex.
- 5.7 Data will reflect all the work that is carried out by the Trust. Admissions, Outpatients, operations and procedures must all be recorded. The aim of the trust is to ensure that everything that happens to a patient is recorded and that payments made for activities delivered by the trust can be sourced back to individual data episodes.
- 5.8 Data that is recorded in notes and on computer systems must accurately reflect what actually happened to the patient. Every opportunity should be taken to check patient demographic details with the patient themselves. Inaccurate demographics may result in important letters being mislaid, or incorrect identification of patients. All hand written data must be legible and written in black.
- 5.9 All reference tables, such as GPs and postcodes, are updated regularly. This is usually within a month of publication unless there is serious doubt about the quality of the data supplied.
- 5.10 Recording of timely data is beneficial to the treatment of a patient. Putting results of tests into the computer, or recording diagnosis and operations make the information available to all who are treating the patient.
- 5.11 All data must be recorded to a deadline, which enables that data to be included in datasets supplied to national and local deadlines.

5.12 This policy document will be made available via the policy distribution process, and will be published on the Trust intranet.

6.0 Monitoring Compliance and Effectiveness

6.1 Monitoring and Performance Management

6.1.1 Compliance to the policy will be routinely monitored and reported to:

- Trust Operational Admin and Data Quality Group
- Trust Information Governance Board
- Trust Board

6.1.2 Performance management monitoring against national and local data quality targets will be reported internally and externally in line with agreed reporting arrangements.

6.1.3 The Trust will operate mechanisms to ensure there is feedback to individual Business Groups, Departments and users where necessary on data quality issues. The philosophy will be that data should wherever possible be corrected at source.

6.1.4 It will be a particular remit of the Trust Operational Admin and Data Quality Group to review and revise the Trusts Data Quality Policy on at least an annual basis, to ensure that it continues to meet national legislation and locally defined priorities.

6.1.5 Data has a wider audience than just within the Trust. We are required to send patient data to the national Hospital Episode Statistics (HES) database and commissioning data sets to support PbR via the secondary uses service (SUS). Compliance with national standards is essential.

6.1.6 The Department of Health (DoH) provides guidance on the standard and procedures required through the information Governance Toolkit and Trusts are assessed on an annual basis.

6.1.7 The NHS communicates via the Standardisation Committee for Care Information (SCCI), NHS England Information Standard Notifications issue key changes and deadlines which effect information systems, these are monitored by the Trust Operational Admin and Data Quality Group; the Trust must comply with the mandatory requirements.

6.1.8 The Data Protection Act requires that all information held on computer systems is both accurate and up to date. If ISNs are felt to have a potential impact on the Trust's information systems these are raised with the systems suppliers through standing user groups and all contracts for information systems operated by the Trust oblige the supplier to accommodate data changes arising from ISNs into their application software in a timely manner.

6.1.9 The Caldicott Guardian is responsible for the safety of care records within Northern Lincolnshire and Goole NHS Foundation Trust.

6.1.10 Coordination of the impact assessment of any ISNs on information across the Trust is the responsibility of the Information Services Manager.

6.2 Audits

6.2.1 From time to time the Trust will undergo Audits i.e. from the Audit Commission which will hold elements of data quality, for any data quality elements the Operational Admin and Data Quality Group will develop an Action Plan and monitor progress against it. The action plan will be monitored and updated from these audits through the Quality Contracts Meeting which includes other organisations; updates will also be sent to the Audit Committee.

6.2.2 Definition and importance of Quality Data – Data is regarded as being of high quality if it is:

- Complete
- Accurate
- Relevant
- Accessible
- Timely
- Validity

7.0 References

There are no references.

8.0 Consultation

Operational Admin and Data Quality Group.

9.0 Dissemination and Access to this Policy

Copies of this policy will be made available to staff via the policy distribution process which covers all staff. The document can be accessed via the Trust intranet.

10.0 Review and updates of this Policy

This policy will be reviewed via the Operational Admin and Data Quality Group.

11.0 Equality Act (2010)

11.1 In accordance with the Equality Act (2010), the Trust will make reasonable adjustments to the workplace so that an employee with a disability, as covered under the Act, should not be at any substantial disadvantage. The Trust will endeavour to develop an environment within which individuals feel able to disclose any disability or condition which may have a long term and substantial effect on their ability to carry out their normal day to day activities.

- 11.2** The Trust will wherever practical make adjustments as deemed reasonable in light of an employee's specific circumstances and the Trust's available resources paying particular attention to the Disability Discrimination requirements and the Equality Act (2010).
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The electronic master copy of this document is held by Document Control, Directorate of Clinical and Quality Assurance & Trust Secretary, NL&G NHS Foundation Trust.