Somerset Partnership NHS Foundation Trust

Taunton and Somerset NHS Foundation Trust

DATA QUALITY POLICY

Policy

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1.0 INTRODUCTION

1.1 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.

1.2 Without this information we are unable to review or manage effectively, or provide others with assurance of the quality of our services.

1.3 Data quality is crucial and the availability of complete, accurate and timely data is fundamental to supporting patient care, management and service agreements for healthcare planning and accountability.

1.4 Information accuracy is a legal requirement under the Data Protection Act and General Data Protection Regulation (GDPR).

1.5 This policy recognises that careful monitoring and error correction can support good quality data, but it is more effective and efficient for data to be entered correctly first time. In order to achieve this, good procedures must exist so that staff can be trained and supported in their work.

1.6 This policy is intended to cover any system used for the provision of patient care, including medical or paper records where information is collected and used for the provision of performance, management or commissioning information.

1.7 This Policy should be read in conjunction with the Trust's

- Data Quality Strategy
- Record Keeping and Record Management Policy

2.0 DEFINITIONS

2.1 **Data** - A single field, or group of fields, which have little or no meaning when viewed in isolation at a clinical level. These items, however, are reviewed and monitored at an information management level to ensure good quality and accuracy.

2.2 **Data Quality** - a measure of the difference between data collected on information systems or manually, against the true experience of the subject (e.g. for patient data), or the true occurrence of an event (e.g. for financial data).

2.3 **Data validation -** systems and processes employed to verify the accuracy and completeness of data that is collected.

2.4 **Information** - Detail about a Patient's care, staff personnel record, clinical information or data sets required for national returns which are produced by grouping data together.

2.5 **Information Asset (IA)** - Are identifiable and definable assets owned or contracted by an organisation which are "valuable" to the business of that organisation. An asset can be Software, Information, Physical (Infrastructure), Services, People or Tangibles (public confidence in an organisation, etc.).

2.6 **Information Asset Owner (IAO)** - Person who provides assurance on

Information Assets for which they have day to day ownership and responsibility.

3.0 ROLES and RESPONSIBILITIES

3.1 **The Chief Executive Officer (CEO) -**The Chief Executive Officer has overall responsibility for data quality systems and processes in the Trust. The CEO is responsible for signing the statement of assurance of clinical data quality included in the annual Quality Report.

The Responsibility for Data Quality is delegated through the Trust management structure, with specific responsibilities as allocated below.

3.2 **SIRO – (Senior Information Risk Officer)** – The SIRO is responsible for leading and fostering a culture that values, protects and uses information for the success of the organisation and benefit of its customers and advising the chief executive or relevant accounting officer on the information risk aspects of internal controls.

3.3 **Caldicott Guardian** – Responsible for ensuring that patient information is used and shared appropriately.

3.4 **Chief Information Officer (CIO)** - The Chief Officer provides leadership and management of ICT and information development activity to support the safe and efficient design, implementation and use of informatics solutions to deliver improvements in the quality and outcomes of care. They provide clear leadership and support that electronic systems comply with NHS Data Dictionary standards and data set requirements as a fundamental principle of the procurement process.

3.5 **Head of Business Intelligence (BI) and Analytics -** Responsible for ensuring effective and robust Data Quality monitoring and improvement processes are in place to maintain assurance in the Data Quality for the Trust, providing escalation to the Data Security and Protection Group as appropriate.

3.6 **The Data Security and Protection Group (DSPG)** – The DSPG is a standing committee accountable to the Alliance Board. Its purpose is to support and drive the broader information governance agenda and to provide the Board with the assurance that effective best practice mechanisms are in place within the organisation. The DSPG is responsible for ensuring that both Trusts are actively aware of, and implementing Information Governance standards, throughout the organisation as set out by the exemplars within the Data Security and Protection Toolkit (DSPT). The group seeks to provide evidence to ensure that the Trust is working towards achieving the locally and nationally recognised requirements to implement the whole of the Information Governance requirements for an integrated Acute, Community and Mental Health Foundation Trust and complying with the Data Protection Act 2018/General Data Protection Regulations and the Freedom of Information Act 2000.

DSPG also promotes effective processes and responsibilities regarding the governance of Data Quality. Its aim is to establish and maintain a framework that ensures a high profile for Data Quality within the Trusts. DSPG will promote local-level responsibility and accountability and will challenge areas where robust controls are not evident, in order to raise standards and strive for continuous improvement.

3.7 **Data Quality Manager** - The Data Quality Manager is responsible for providing guidance and support across a range of clinical data collection processes and advises on data quality improvements or changes necessary for reporting on the current and developing performance measures. The Data Quality Manager is responsible for overseeing the development and validation of reports based on commissioning and management requirements. The Data Quality Manager also advises on tools and processes to monitor and measure the level of data quality within the two organisations electronic clinical systems. This responsibility extends to providing an early warning system of potential risks and actively monitoring and commentating on performance trends feeding findings up to the Data Security and Protection Group.

3.8 **Information Asset Owner (IAO)** – Individual with responsibility for managing local Clinical or Administrative systems used by the Trusts for record keeping. They must ensure that all systems which they are responsible for comply with the NHS Data Dictionary (where appropriate) and DSPT. They are supported by the Data Quality Manager, Information Governance Manager and Business Intelligence (BI) service.

3.9 **Directorate Managers** - Directorate Managers take ownership for putting local practices in place that support the Directorates' operational needs. These will be supported by documented Standard Operating Procedures; they are responsible for their own internal monitoring and enforcement of these procedures and ensure that they align with accepted good data quality practice. This is overseen by the Data Quality Manager via daily, weekly and monthly reports and escalated through the appropriate working groups to identify any significant risks to the data quality and patient care.

3.10 **All Staff** - All staff, including temporary and agency staff, have a responsibility to ensure that the data which they record on any electronic clinical or administrative system is recorded accurately and in a timely manner and that the correct processes should be used. Where it is possible to record supporting notes and/or add documentation relevant to an event this should always be completed to support validation of activity and audit exercises.

4.0 PROCESS DESCRIPTION

4.1 All Staff will ensure that all information recorded in electronic or paper systems will conform to the following standards, where electronic systems are being used, the system will support and enhance the quality of information entered.

- Validity - All data entered by staff into one of the Trust's electronic systems must be valid. (Where codes are used to ensure compliance with national standards this will be seamless to the staff entering the data and be managed by the application, applying validation rules, notifying the user at point of entry where rules are being breached and request rectification).
- Completeness - Staff will not enter default codes from pull-downs as a substitute for real data unless clinically appropriate to do so. (All mandatory data items within a data set will be completed, wherever possible, through the use of the appropriate standard definitions with no local interpretation. The burden for this will be on the computer system to resolve and not on the clinician to perform).

- Consistency - Data items should be internally consistent and within the context to which they have been defined. (No local interpretation should be applied to nationally defined definitions).
- Coverage - Data will reflect all the work done by the Trust and be recorded appropriately either electronically or on paper.
- Accuracy - Data recorded must accurately reflect what actually happened. (Wherever possible, electronic systems will support the entry of information to improve the accuracy of information entered by the clinician).
- Timeliness - The recording of all information should conform to the Record Keeping and Record Management Policy and Professional codes of conduct. With the increase of electronic messaging to external organisations, recording of timely information is beneficial to other care providers and reduces the costs associated with keeping other health professionals abreast of changes in care. (Electronic systems will further support timeliness by monitoring key timescales and providing reports to highlight areas where breaches are likely to occur).

4.2 Where electronic systems are being used, IAO and CIO must ensure that wherever possible all reference tables, such as GPs and postcodes, will be updated regularly using information provided by NHS Digital or approved reference sources. This should be within a timely period from publication unless there are serious doubts about the quality of the data supplied. This will be supported by the BI and Analytics Service.

4.3 Errors should be identified as close to the point of entry as possible. Methods by which this can be achieved are:

- ✓ Use of routine reports to highlight areas of poor data quality to staff. Where appropriate this will be rectified either by the relevant Information Asset Owner.
- ✓ Programme of weekly and monthly error reports produced by the relevant Information Asset Owner or the BI Service Team.
- ✓ The production of information reports for both internal and external consumption, with queries or anomalies being reviewed and investigated and acted upon where appropriate.
- ✓ The use of external data sources to further support and identify data quality issues.
- ✓ The benchmarking of the Trusts against nationally published data to ascertain its position and where appropriate seek clarification and system changes in order to improve areas of poor data quality of information.
- ✓ The use of internal and external audit reports to scrutinise data contained within systems and produced for performance, monitoring or commissioning purposes and for recommendations to be used to improve the quality of information.
- ✓ Establishing documentation to set out how to rectify the most common data quality issues or problems.

4.4 Both Trusts have local data groups which act as forums where data quality issues can be reviewed and action taken to correct the issue. These groups will have representatives from Data Quality, Information Services, Clinical Systems, Finance Team and Operation services where appropriate.

Somerset Partnership NHS Foundation Trust – Data Quality Action Group

Taunton and Somerset NHS Foundation Trust - Data Quality Improvement Group

- RTT Steering Group

The group's representation and accountability are outlined in the individual Terms of Reference.

4.5 More complex data quality issues, such as merging of clinical records and rebuilding specific pathways, will be escalated to the Data Quality Manager and Trusts BI team to enable the corrections to be made centrally to the data held within clinical systems.

4.6 Data quality is ultimately the responsibility of all department leads where the specific record is held and recorded. Processes for ensuring high data quality will differ between teams and should be implemented and reviewed locally with the support of the BI and Analytics team.

5.0 TRAINING/COMPETENCE REQUIREMENTS

5.1 All staff within the Trust will have basic Information Governance awareness as part of their induction training and an annual refresher and assessment in line with the DSPT requirements.

6.0 MONITORING

Element of policy for monitoring	Section	Monitoring method - Information source (e.g. audit)/ Measure / performance standard	Item Lead	Monitoring frequency / reporting frequency and route	Arrangements for responding to shortcomings and tracking delivery of planned actions
Practise guidance and Performance Monitoring	**4.1**	Data Quality Maturity Index – a national data quality validity index produced by NHS Digital on all datasets submitted by both Trusts. This incorporates the SUS Data Quality Dashboard indicators.	Head of BI and Analytics, Data Quality Manager	Monthly/Quarterly	Submitted to DSPG on a quarterly basis, monitored by BI teams on a monthly basis. Escalated through the local Data quality Groups
Practise guidance and Performance Monitoring	**4.1**	Clinical Coding Audit	Head of BI and Analytics, Head of Clinical Coding	Annual	Submitted via the DSPT to give assurance of accuracy of inpatient clinical coding. Issues will be addressed with Clinical Coding Manager
Practise guidance and Performance Monitoring	**4.1**	SUS Data Quality Audit	Head of BI and Analytics, Senior BI Architects	Quarterly	A proportion of national SUS data submissions against clinical record to ensure accuracy. Inaccuracies will be highlighted to the BI services teams to ensure national codes are mapped correctly or directly to operational services to ensure data is entered correctly.
Practise guidance and Performance Monitoring	**4.1**	Data Quality Audit – Internal Audit of processes and Results of performances measures	Head of BI and Analytics, BI Services Manager	Annual	Reported to the Board for assurance. Recommendations from the audit will be acted upon by relevant teams.
Practise guidance and Performance Monitoring	**4.1**	Internal monitoring through the Data Quality Dashboards and reporting.	Head of BI and Analytics, Data Quality Manager	Daily, Weekly and Monthly	Reports are made available through Trust's self-service reporting portals and performance dashboards. Performance against KPIs is discussed and remedial actions agreed and assigned at appropriate BI services and operational working groups.

7.0 REFERENCES

7.1 Data Protection Act and GDPR: https://ico.org.uk

7.2 Data Security and Protection Toolkit: https://dsptoolkit.nhs.uk/

9.0 DOCUMENT CONTROL

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