

<b>Document Title:</b>	<b>DATA QUALITY STRATEGY</b>		
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<b>Consulted With:</b>	<b>Post/ Approval Committee/ Group:</b>	<b>Date:</b>
Eileen Hatley	Data Quality Manager	3 <sup>rd</sup> April 2019
Ian Harrison	Head of Information Services	
Goolam Ramjane	Information Governance Manager	
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Ruth Byford	Warner Library	5 <sup>th</sup> April 2019

<b>Related Trust Policies</b> (to be read in conjunction with)	06019 Data Quality Policy 07021 Data Quality Audit Policy 07012 Information Governance Policy MSBPO-18001 Information Governance & Management Policy
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<b>Document Review History:</b>			
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3.0	Caroline Holmes	Full Review	13 <sup>th</sup> May 2019

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## **1.0 Purpose**

- 1.1 To provide an overview of the Trust's responsibilities and commitments in relation to Data Quality.
- 1.2 To provide a framework by which all staff involved in the collection, use and management of patient data can allow the Trust to achieve and maintain the requirements of Information Quality Assurance, progress towards compliance with the Information Governance Standards for Data Quality, to support Payment by Results and to ensure a smooth transition from paper based records to electronic records over the next few years.
- 1.3 Data Protection Act 2018 and GDPR (General Data Protection Regulation) also set the legal requirement for data users; ensuring that personal data is kept accurate and up to date is one of its fundamental principles.

## **2.0 Equality Impact Assessment**

- 2.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals. (Refer to Appendix 1)

## **3.0 Introduction**

- 3.1 This document has been published with the intention of promoting accurate and timely recording of data in the Mid Essex Hospital Services NHS Trust.
- 3.2 It has also been designed to incorporate the requirements of the Information Quality Assurance process to ensure information produced is accurate and adheres to local and national policies, and to meet the requirements of the Data Security and Protection Toolkit.
- 3.3 The Trust recognises that all its decisions, whether clinical, managerial or financial need to be based on information which is of the highest quality. This information is derived from individual data items which are collected from a number of sources, whether on paper or on electronic systems.
- 3.4 Excellent data quality is crucial to the availability of complete, accurate and timely information to support both the delivery of its core business objectives; and the monitoring of activity and performance for internal and external management purposes.
- 3.5 The Trust's data is used to manage financial and clinical risk. The Board must be able to place reliance of the quality of the data on which it bases decisions and monitoring. The Trust therefore requires its data to be of exemplary quality.

### 3.6 'High quality information' means:

- Complete and accurate;
- Published in a timely manner;
- Sufficiently granular to enable drill-down;
- Subject to regular or recent audit;
- Subject to validation sign off prior to publication;
- Free from duplication, (for example, where two or more different records exist for the same patient);
- Of good provenance, i.e. produced by a proper, documented system with appropriate checks and audit.

## 4.0 Objectives of the Strategy

- 4.1 Provide a corporate framework in which there is consistently good data quality within the Trust.
- 4.2 Demonstrate corporate commitment to high quality information.
- 4.3 Ensure the Trust's data is fit for purpose when transitioning from paper based records to a wider use of electronic health records.

## 5.0 Responsibilities

- 5.1 **Managing Director** has overall responsibility for the Trust's Data Quality.
- 5.2 **Site Directors Meeting** is responsible for approving all Data Quality action plans.
- 5.3 **Information Governance Group** – Chaired by the Information Governance Manager.
- 5.3.1 To lead on the development, delivery and compliance monitoring of a programme of information governance and data quality monitoring and improvement work at the Trust.
- 5.4 **Associate Directors of Operations & Line Managers** are responsible for data quality within their directorate.
- 5.5 **Head of Data Quality** keeps up to date with all developments relating to data quality and advises relevant groups.
- 5.5.1 To advise Clinical Directors and Line Managers on any data quality matter;
- 5.5.2 To report any issues and concerns to the Information Governance Group;

- 5.5.3 To record, monitor and report to the Information Governance Group, data quality issues by ward/department.
- 5.6 **Data Quality Team** run regular reports that indicate errors in the recording of information on Lorenzo. They either correct the errors or send reports to the relevant users to action.
- 5.6.1 The Team access the national Personal Demographic Service (PDS) via the Summary Care Record to check patient details.
- 5.6.2 The Data Quality Team, which comprises a Data Quality Manager and three Data Quality Assistants, reports to the Head of Clinical Coding, Data Quality and Records.
- 5.7 **Lorenzo Training Team** run regular and ad hoc training sessions on Lorenzo and ensure all attendees are trained in accordance with the lesson plans and guidance provided
- 5.8 **All Staff, Contractors and Affiliates:**
- To comply with all Trust Data Quality Policies;
  - To report any Data Quality issues;
  - Data quality is the responsibility of all staff. Job descriptions, appraisals and supervision of all staff providing data should reflect this. All staff who record patient information, whether by paper or electronic means, have a responsibility to take care to ensure the data is accurate, as complete as possible and up to date.

## 6.0 Data Quality Monitoring

- 6.1 While departments are encouraged to discuss any data quality issues with the Data Quality Team on an ongoing basis, so that action can be taken on issues at the earliest possible stage, individual data quality monitoring is undertaken for each incorrect transaction identified on Lorenzo.
- 6.2 Data quality checks and monitoring will include (but are not limited to):
- Review of internal and external audit reports (and implementation of associated action plans);
  - Benchmarking;
  - Checks by Commissioners against other data sources e.g. registered GP, NHS Number and postcode;
  - 'Sense checks' of data such as multiple outpatients on the same day, elective admissions without a procedure code;
  - Missing NHS Numbers.

## **7.0 Audit Processes**

- 7.1 The Trust's Information Governance Group will receive a quarterly report from the Head of Clinical Coding, Data Quality and Records detailing the following:
- Information relating to accuracy on Lorenzo required by the Data Quality Audit policy;
  - A completeness and validity report;
  - A report on the depth of coding including OPCS and ICD codes per episode with benchmarking information;
  - Other measures as specified from time to time, for example, the number of FCEs per spell.

## **8.0 Supporting Structure**

- 8.1 The Chief Information Officer will be responsible for maintaining a data quality function to carry out systematic audit and monitoring of data quality within the Trust, develop and maintain procedures and policies as appropriate.
- 8.2 The Data Quality Team will act as a "helpdesk" for Trust staff requiring assistance with regard to data quality questions and actively seek out data errors, maintaining an analysable log of corrections made in order to allow targeting of interventional efforts to improve data quality.
- 8.3 The function will, in conjunction with relevant managers and clinical staff and as directed by the Information Governance Group, perform regular "deep dives" into data and undertake project-based investigations to identify or explore potential systemic issues which may arise through application of the regular audit programme.

## **9.0 Systems**

- 9.1 All systems will be signed off as "fit for purpose" by Head of Digital Services.
- 9.2 All new systems or current systems that are to be upgraded, that contain patient identifiable information will be subject to a Privacy Impact Assessment which will be signed off by the Information Governance Group.
- 9.3 Responsibility for the maintenance of a list of systems used to collect data will be assigned to the Head of Digital Services. This database will also include designated training officers who will be responsible for the delivery of training and the maintenance of records relating to the receipt of training.
- 9.4 Responsibility for ensuring procedure notes for the recording of activity on systems exist and are maintained will be assigned to the Chair of the Information Governance Group.

## **10.0 Assurance of data**

- 10.1 The quality of data will be monitored through regular internal audit which will be carried out by the Data Quality Department.
- 10.2 The procedures for audit is set out in the Trust's Data Quality Audit Policy.

## **11.0 Flexibility**

- 11.1 The Trust will agree in its contracts with commissioners that recording practices shall be changed immediately where it is found that the Trust's practice is not in line with national definitions or standards.
- 11.2 The Trust will maintain a central function to oversee administrative staff and to ensure that required changes to and improvements in policies and practices pertaining to the quality of the Trust's data are disseminated and implemented without delay throughout the organisation.

## **12.0 Training**

- 12.1 All staff involved with data input will have completed an internal data quality training programme relevant to their level of involvement and area of work. Completion of the training programme and an annual update will be part of appraisal objectives for every member of staff directly involved in the use of data collection systems.

## **13.0 Communication and Implementation**

- 13.1 This strategy will be uploaded to the intranet and website and notified to staff in Focus.
- 13.2 The Head of Clinical Coding, Data Quality and Records will ensure that the policy is disseminated locally/individually as required.

## **14.0 References**

Data Protection Act 2018

GDPR (General Data Protection Regulation)

## Appendix 1: Preliminary Equality Analysis

This assessment relates to: 11072 Data Quality Strategy

A change in a service to patients		A change to an existing policy	<b>X</b>	A change to the way staff work	
A new policy		Something else (please give details)			
Questions		Answers			
1. What are you proposing to change?		Full Review			
2. Why are you making this change? (What will the change achieve?)		3 year review			
3. Who benefits from this change and how?		Patients and clinicians			
4. Is anyone likely to suffer any negative impact as a result of this change? If no, please record reasons here and sign and date this assessment. If yes, please complete a full EIA.		No			
5. a) Will you be undertaking any consultation as part of this change? b) If so, with whom?		Refer to pages 1 and 2			

Preliminary analysis completed by:

Name	Caroline Holmes	Job Title	Head of Clinical Coding, Data Quality & Records	Date	April 2019
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