Mid Essex Hospital Services NHS Trust

Data Quality Policy	Corporate / Strategic
	Register No: 06019
	Status: Public

Developed in response to:	Best Practice, Trust Requirement
Contributes to CQC Regulations	12, 13, 17

Consulted With	Post/Committee/Group	Date
Eileen Hatley	Data Quality Manager	5th December 2017
Ian Harrison	Head of Information Services	5th December 2017
Alan Tuckwood	Head of IT	5th December 2017
Matt Barker	Information Governance Manager	5th December 2017
Professionally Approved By	Martin Callingham, Chief Information Officer /SIRO	5th December 2017

Version Number	7.0
Issuing Directorate	Informatics
Ratified by:	DRAG Chairman's Action
Ratified on:	2nd January 2018
Executive Management Group Sign Off	February 2018
Implementation Date	30th January 2018
Next Review Date	December 2020
Author/Contact for Information	Caroline Holmes, Head of Clinical Coding, records and Data Quality/ MSB Group
Policy to be followed by (target staff)	All Staff
Distribution Method	Intranet, website
Related Trust Policies (to be read in conjunction with)	Data Quality Strategy, Information Governance Strategy, Disciplinary Policy, Capability Policy, Incident Reporting and Investigations Policy.

Document Review History

Review No.	Reviewed by	Active Date
1.0	Liz Stewart	13 October 2004
2.0	Karen Draper	13 October 2005
3.0	Karen Hull	20 January 2006
4.0	Caroline Holmes	27th January 2012
5.0	Caroline Holmes	24th January 2013
6.0	Caroline Holmes	21 March 2016
7.0	Caroline Holmes	20 January 2017

Contents

1.0 Purpose

1.1 The Trust recognises the importance of reliable information as a fundamental requirement for the speedy and effective treatment of patients. Data quality is crucial and the availability of complete, accurate and timely data is important in supporting patient care, clinical governance, management and service agreements for healthcare planning and accountability.

1.2 In order to support both the delivery of patient care and its core business, it is the policy of this Trust to ensure all patient related information meets nationally identified standards and complies with national legislation.

1.3 Increasing emphasis will be placed on the provision and use of good quality data in order to be able to demonstrate achievement of the Trusts goals through its business objectives.

2.0 Scope of the Policy

2.1 This policy is intended to cover all patient information that is entered onto a computerised system and paper based records within the Trust and should be read alongside the Trust's Record Management Strategy and professional codes of conduct, for paper-based records.

2.2 The policy outlines good practice and identifies the roles and responsibilities of both the Trust and staff in terms of data quality.

3.0 Background

3.1 Ever increasing use of computerised systems provides greater opportunities to store and access many types of data but also gives rise to new risks, which this policy seeks to address. All Trusts send patient data to the national database Secondary Uses Services (SUS) so data has a wider audience than just within the originating organisation. Consistency and compliance with national standards are therefore essential, as Trusts are measured and judged on the data, which they produce.

4.0 Requirements

4.1 The Trust recognises that it is required to achieve compliance with Information Governance Toolkit requirements at Level 1 and Level 2. Legislation and Standards exist that put an obligation on staff to maintain accurate records and the following will be considered:

4.2 The Data Protection Act (DPA) 1998, and subsequently the General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679) which replaces the DPA 1998 when it comes into regulation on 25 May 2018, ensures amongst other things, that information held on computer systems is accurate and up to date.

4.3 Other legislation and standards exist that put an obligation if staff to maintain accurate records including:

- Care Quality Commission Essential Standards of Quality and Safety
- NHSLA Risk Management Standards

- NHS Records Management Code of Practice
- ISO 27000 standard (focussed on protecting the availability, confidentially and integrity of data)
- Information Security NHS Code of Practice
- DOH Confidentiality NHS code of practice
- Information Governance Toolkit

5.0 Responsibility for Data Quality

5.1 Ultimate responsibility for data quality lies with the Chief Executive but day to day responsibility delegated to the Trust SIRO.

5.2 All staff who record patient information, whether on paper or by electronic means, have a responsibility to take care to ensure that the data is accurate and as complete as possible.

5.3 There will be identified individuals within the Information Department, Medical Records, Clinical Coding, Governance and individual directorates with responsibility for data quality issues in their areas. This must be included in the job descriptions of those responsible.

6.0 Supporting Structures

6.1 The importance of establishing the Trust's commitment to data quality should be addressed at the commencement of employment. The responsibility for training and password control will depend on the system being used.

6.2 Users will only be issued with a password by the trainers once adequate training has been completed, assessed and the competency level achieved.

6.3 If it is a department specific clinical database then responsibility falls to that department. Users of Lorenzo must attend for formal training, which is organised by the Trust's Clinical Systems Trainers.

6.4 All staff at the commencement of employment must sign a confidentiality agreement.

6.5 The environment in which users work is important in terms of data quality. Supervision of staff using computer systems must allow working practices that enhance quality work, such as:
- Adequate breaks
- Work stations which comply with health and safety legislation
- Reasonable workload
- Refresher training
- Access to training manuals – hard copy or on the Intranet and Public Folders.

6.6 All data entry systems should have an audit trail that should be turned on and used. This will typically record activity such as creation, update and deletion of records. Staff that are required to know who are amending records will have access to the audit trail function to monitor usage and evidence updates to electronic records to patients. This information should be used to re-train users as appropriate if errors are being made. If errors continue to be made by the same user, then action under either the Disciplinary Policy or Capability Policy may follow.

7.0   Specific Responsibilities

7.1   Data Quality Team

The Data Quality Team:
- actions regular reports identifying errors in the recording of information on Lorenzo
- correct errors or send reports to the relevant user to action
- review queries from Commissioners and amend the information as necessary on Lorenzo
- liaises with users to ensure they are aware of the errors they have made and offers training and support as required
- offers support and advice to the organisation on matters relating to Data Quality

7.2   Information Services Team

This team:
- generates reports for national submission and reports on targets. During this process they identify numerous data quality issues, which they pass to the Data Quality Team
- works closely with the operational leads to ensure that administration processes support the recording of necessary data to evidence adherence to targets.
- generates reports for local operational requests
- produces a monthly completeness and validity report in line with Information Governance Toolkit Requirements
- submits data to the SUS and NHS Number Tracing Service as necessary, which checks patient information against the national PDS

7.3   Clinical Coding Team

This team:
- is responsible for the collection of clinical diagnosis codes using the ICD-10 (International Classification of Diseases) and clinical procedure codes using the OPCS-4 (Classification of Interventions and Procedures), extracting the relevant information from patient notes and reports. During this process they identify numerous data quality issues, which they pass to the Data Quality Team.

7.4   Clinical Systems Training Team

This team:
- Is responsible for training users to ensure all relevant staff are competent in the use of the Lorenzo system to perform their duties.
- Ensure new staff will not be given access to Lorenzo until they have received their initial training and existing staff who do not access their account for a period of time will have their access revoked.
- Ensure training documentation will include a section on security and confidentiality and will provide guidance over relevant data definitions and the importance of validation, correctly classifying and recording activity information.
- Maintain comprehensive training records will be kept to ensure progress can be demonstrated, and to assist in the recall of staff in the future. Delegate evaluation feedback is taken to monitor the effectiveness if the training programmes available.

7.5   **Data Quality Group**

The scope of the Group is to co-ordinate the development and implementation of a data quality strategy across the Mid Essex, Southend and Basildon Hospital Group. It is chaired by the Head of Coding, Records and Data Quality and reports to the Digital Steering Group.

7.6   **Information Governance Group**

The scope of the work of the Group is Trust wide and affects all staff, clinical and non-clinical and is chaired by the Information Governance Manager. It reports to the Digital Steering Group. It applies to all methods of conveying information and its purpose is:

- To ensure that Information Governance is integrated into the business of the Trust
- 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 that meets the requirements of current and future business of the Trust, the Trust's auditors (internal & external) and the Information Governance Toolkit

7.7   **Individual Responsibilities**

Data quality is the responsibility of all staff – not just informatics staff and managers. Job descriptions, appraisals and supervision of all staff providing data should reflect this. All staff who record patient information, whether on paper, or by electronic means, have a responsibility to take care to ensure the data is accurate, as complete as possible and up to date.

Every employee has a duty to:
- Ensure they follow Trust and departmental procedures in relation to their work and the input/production of data
- Report to their line manager any conditions that could affect their ability to comply with the requirements of this policy
- Report to their line manager any errors in the input/production of data
- Complete any training necessary to be a proficient user of Lorenzo and/or other systems as arranged by their manager
- Advise their manager of they identify additional training needs or do not feel competent to perform their duties
- Advise their managers if they identify any factors which may be affecting the production of valid data

Departmental managers are responsible for ensuring procedure manuals are available and appropriate training needs identified.

8.0   Data Quality Standards

8.1   The Trust will ensure that definitions and values entered on to Lorenzo conform to NHS standards and that effective procedures exist to identify and correct any data recording errors within agreed timescales. The Trust will act on external data quality reports. Where available, validation routines will be applied at the point of data entry to ensure maximum accuracy.

8.2   When issues surrounding the quality of data are highlighted, relevant staff will be made aware of any changes that are required of them.

8.3   The Trust will ensure there are clear and accurate data definitions in place to support the data collection process.

8.4   National data requirements are defined within the standards (ISB) released by the Information Standards Board for Health and Social Care. AN ISB is the communication medium used by Connecting for Health to give notification to NHS healthcare agencies of change to information requirements which will be included as appropriate in the NHS Data Dictionary and Manuals.

9.0   Data Quality Indicators

9.1   **Validity**

9.1.1   All data items held on trust computer systems must be valid. Where codes are used, these will comply with national standards or will map to national values. Wherever possible, computer systems will be programmed to only accept valid entries.

9.2   **Completeness**

9.2.1   All mandatory data items within a data set must be completed. Use of default codes will only be used where appropriate, and not as a substitute for real data. If it is necessary to bypass a data item in order to admit that patient, the missing data should be reported the Data Quality Team within one working day.

9.3   **Consistency**

9.3.1   Data items must be internally consistent. For example, patients with multiple episodes must have consistent dates. Operations and diagnoses are consistent for age and sex.

9.4   **Coverage**

9.4.1   Data on Lorenzo will reflect all the work performed by the Trust. Admissions, outpatient attendances, outpatient procedures and operations must all be recorded. Correct procedures are essential to ensure complete data capture.

9.4.2   Spot checks and comparisons between systems should be used to identify missing data.

9.5   Accuracy

9.5.1   Data recorded in case notes and on computer systems must accurately reflect what actually happened to a patient.

9.5.2   Every opportunity should be taken to check with the patient's demographic details. Inaccurate demographics may result in important letters being mislaid, or incorrect identification of patient.

9.6   Timeliness

9.6.1   Recording of timely data is beneficial to the treatment of the patient.

9.6.2   All data will be recorded to a deadline, which will enable that data to be included in the national deadlines.

9.6.3   The Trust will endeavour to ensure timescales for submission of information are adhered to and the quality and accuracy of such submissions is of the highest standard.

10.0   Identification and Resolution of Duplicate Records

10.1   The Trust recognises the need to ensure the effective merger of duplicate patient records (electronic and paper). Regular reports highlight duplicate registrations and dedicated staff within Health Records work to reduce the number of duplicate registrations on Lorenzo.

11.0   Documented Procedures

11.1   In order to achieve data quality, good procedures must exist so that staff can be trained and supported in their work. 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.

11.2   Details of these procedures, training sessions and processes are available to all via the public folders on the Trust Intranet.

12.0   Identifying and correcting errors

12.1   Errors should be identified as close to point of entry as possible.

12.2   Examples of ways in which this might be done are:

- Use of routine information produced by the Information Department
- Audit trails on Lorenzo
- Clinical Coding Department reports
- Missing outcomes of attendance reports

12.3   A program of weekly and monthly error reports is produced by the Data Quality Team and Information Services.

12.4   Investigation of external Data Quality reports, such as the SUS, are carried out by the Data Quality Team and Information Services.

13.0   Measurement of good data quality

13.1   Data quality will be subject to control processes within the Trust and will also be subject to external scrutiny and audit.

13.2   Internal monitoring reports will be discussed at the Data Quality Group meetings and to identify areas where processes can be improved. These will areas will then be added to the Data Quality Action Plan so changes can be implemented and monitored.

13.3   External monitoring reports include:

- Data Quality reports from SUS.

- Queries from Commissioners.
- Queries from patients.
- Case note Audit.
- Care Quality Commission inspections rely on information based on sound data and may challenge particular items.
- The Audit Commission carries out regular audits of data quality
- Information Governance Toolkit Level 2 minimum

The Trust will aim to be significantly above average in all indicators and will strive for 100% accuracy. The Trust will act on all enquiries and complaints from commissioners or patients.

14.0 Breaches of Policy

14.1 It is a condition of employment with the Trust that compliance should be maintained where appropriate with Data Quality Policy, and supporting standards and procedures.

14.2 Any breaches of the policy should be recorded in accordance with the Incident Reporting and Investigations Policy.

14.3 If necessary breaches of the policy may be investigated in accordance with the Checklist for Reporting, Managing and Investigating Information Governance Serious Untoward Incidents.

14.4 Failure to comply with this Trust policy is likely to result in disciplinary action being taken against the employee.

15.0 Review

15.1 This policy will be reviewed annually, and in response to any serious data quality incident.

16.0 Communication of the Policy

16.1 The policy will be uploaded to the intranet and website and reported in Focus – this is a Corporate/Governance responsibility.

16.2 The Data Quality Manager is responsible for all local communications specifically individually email, team meetings and notice boards.

17.0 References

https://app.croneri.co.uk/feature-articles/record-keeping-legal-requirements