Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Data Quality Policy

This procedural document supersedes: CORP/ICT 23 v.4 – Data Quality Policy

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Executive Sponsor(s):	Tracy Crookes – Head of Applied Information
Author/reviewer: (this version)	Tracy Crookes – Head of Applied Information
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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 5	November 2022	Updating Trust reporting structures, update to the introduction to reference the Trust's goal, update to other policies referenced	Tracy Crookes
Version 4	August 2015	All references throughout the document changed from CSUs to Care Groups 4.1 Job title changed to Director of Finance and Infrastructure Section 4 numbering amended due to insertions. 4.4 new bullet around Care Group Performance Framework. 4.6 expanded around "right first time". 4.10 re-worded and iHospital referenced 5.3 Reflect 15/16 priority around PAS Replacement and changes to refresher training and Data Quality Workshops to re-commence 2016/2017. 13.3 Re-worded to reflect iHospital, updates on the Data Quality team 14.2 Expanded to include around the NHS Standard Contract Reporting Framework Section 15 is new – Monitoring Compliance	Tracy Crookes
Version 3	June 2013	New style Trust format in accordance with CORP/COMM 1. 5.8 new bullet reference PAS Training and Competency Record – re-numbering of rest of section. 6.3 removed ref to STHAs. 8.2 removed around NHS No and risks to the Trust around payment – rest of section re-numbered. 9.1 added a sentence around line manager responsibility. 13.2 removal of Patient Administration as covered under CSUs.	Tracy Crookes

		13.3 PAS Replacement replaced with iHospital and general re-wording to make the statement more up to date. 14.1 removal of the example of outcomes and replaced with “and so on”.	
Version 2	March 2012	4.1 change of job title to Director of Finance, Information and Procurement 5.7 additional bullet around line managers/supervising responsibility for assessing staff competency – renumbering of remaining bullets in section 8.2 wording slightly changed to at serious risk of 10.1.3 Slight wording added providing the example of audit 13.3 added which relates to central data quality resource for time limited periods – rest of numbering moved down in section 13.4 reference to Data Quality Dashboards added and wording slightly changed around Dr Fosters to add in benchmarked NHS data suppliers to the NHS 14.2 Data Quality Dashboards referenced, slight wording change around Dr Fosters to include other suppliers of NHS benchmarked data	Tracy Crookes

Contents

Page No.

1 INTRODUCTION

The Trust recognises the importance of high-quality information as a fundamental requirement for the prompt and effective treatment of patients. High quality information, which needs to be underpinned by high quality data, is crucial in the delivery of high-quality care to patients and achieving the Trust's goal of becoming "the safest Trust in England, outstanding in all that we do". It also supports a whole host of other agendas including the performance management framework, financial control and planning of future service provision.

2 SCOPE OF THE POLICY

This policy is designed to ensure that the importance of high-quality data is disseminated to all staff. It will describe what is meant by high quality data and will define roles and responsibilities for maintaining, improving, and monitoring data quality through a clear framework of accountability.

This policy is intended to cover all staff, including agency staff, and staff of partner organisations who collect, record or process data that affects the business or clinical services of the Trust. All types of data collection are covered by this policy, whether they are paper based or electronic. The policy places particular attention on the collection of patient information that is entered into computerised systems.

This policy must be read in conjunction with other Trust policy and procedure documents and professional codes of conduct.

3 EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation, or religious belief. No detriment was identified. (See Appendix 1).

4 RESPONSIBILITY FOR DATA QUALITY AND MONITORING POLICY COMPLIANCE

4.1 The Chief Executive has overall responsibility for data quality and this function is delegated to the Director of Recovery, Innovation and Transformation, as the Director, designated as having overall strategic responsibility for data quality.

4.2 The Chief Information Officer undertakes the role of Trust lead, for data quality.

4.3 The Head of Applied Information undertakes the day to day management for data quality, including providing Trust assurance.

4.4 The Data Quality Assurance Manager supports Trust assurance by undertaking data assurance activities including audit and delivering training, monitoring data quality compliance and improvement plans.

4.5 Each Director, including Clinical Divisional Directors, have the overall responsibility for the data quality within their Directorate or Clinical Division and for managing processes, implementing appropriate policies and procedures and for following professional codes of conduct to ensure that data is of the highest quality.

4.6 A Clinical Divisional performance management framework will be developed for data quality.

4.7 The Information Governance Committee is responsible for overseeing the development and updating of this policy and for seeking reassurances around compliance.

4.8 The Clinical Data Quality Group has an overall aim to drive forward improvements in data quality and to promote a culture of “right first time” throughout the whole Trust. A range of strategies will continue to be implemented to support this and their success will be measured and monitored through reporting to the Informatics Committee.

4.9 The Clinical Data Quality Group will take forward and monitor data quality improvement initiatives, action plans and will lead on implementing any new or changes to data collection in line with both national and local standards.

4.10 The Head of Applied Information will take on responsibility for putting in place mechanisms to monitor compliance of the Data Quality Policy. The Head of Applied Information will provide at least an annual report to the Information Governance Steering Group confirming whether compliance has been met.

4.11 The Trust Clinical Data Quality Group will monitor on an ongoing basis compliance with the policy and will as required develop action plans for improvement where compliance is not being met.

4.12 The Head of Applied Information will escalate any issues as appropriate through the relevant Trust governance structure, including the Informatics Committee, FID and the Information Governance Committee.

4.13 Information Asset Owners through System Administrators/Managers are responsible for ensuring that the systems they manage hold data of an acceptable data quality standard.

4.14 The Trust undertakes a number of projects that impact on data quality each year, many of which are large scale projects project managed by Digital Transformation. Information Services representative and a Digital Transformation Training representative will be represented on the project groups. This is to ensure data quality, reporting and user training are fully incorporated into the project.

4.15 It is the responsibility of all managers to ensure that, where appropriate, systems are in place to validate the completeness, accuracy, relevance, and timeliness of data on paper or via electronic means.

4.16 Managers must ensure that all their staff are fully aware of their obligations around data quality. Managers must locally monitor compliance with the Data Quality Policy, other relevant policies and associated operational procedures. All staff must be provided with adequate guidance and training, on the processes and systems required for them to undertake their duties. Managers must ensure that errors are monitored and addressed. Managers must ensure that all operational procedures are regularly reviewed and updated where required.

4.17 It is the individual responsibility of all employees who collect, process, and manage data, via both manual and electronic means, to ensure that it is of the highest quality, secure and where person identifiable is confidential. All staff members are therefore obligated to maintain accurate records legally (Data Protection Act), contractually (contract of employment) and ethically (professional code of practice).

4.18 Individuals must ensure that they read, understand, and comply with this policy and any relevant local procedures, referring any questions/points of clarification to their line manager and must advise their line manager of any factors which may be affecting the production of high-quality data. Ensuring high quality data is everyone's responsibility.

4.19 Clinical staff, within the Trust, are also professionally accountable for the quality of the information they collect, submit, and use and are also accountable for the data that they fail to record or omit.

4.20 Responsibilities for data quality must be included in all relevant staff job descriptions reflecting both general and specific responsibilities, especially those of line managers and supervisors.

5 SUPPORTING STRUCTURES

5.1 The importance of establishing the Trust's commitment to data quality must be addressed at the commencement of employment, including on both the mandatory Trust induction training and local induction by managers.

5.2 The responsibility for training and password control, for electronic systems, will depend on the system being used. If it is a Directorate/Clinical Group specific clinical system then responsibility falls to that Directorate/Clinical Divisions. Users of Trust key systems such as the PAS (Patient Administration System) must attend for formal training, which is organised by the Trust's Digital Transformation Training Team. Users will only be issued a password, by their password manager once adequate training has been completed.

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

5.4 All staff must have access to up-to-date training manuals and all manuals should be available, preferably via the Trust Intranet, or as a minimum as hard copy. Other materials will be used as appropriate to ensure relevant messages reach users such as newsletters, specific workshops, messages boards which users see when log into a system, emailing users, team briefings etc.

5.5 All data entry systems should have an audit trail that should be turned on and used. Any training issues identified in audit must be addressed promptly. This can include additional training by line mangers/supervisors or additional formal specific system refresher training.

5.6 Role based competency models will be developed. Line managers/supervisors are responsible for regularly assessing staff competency for the specific systems they use in their role. This will also include related policies and procedures.

5.7 All users should be made aware of the Voicing Your Concerns Policy (Whistle blowing). This allows individuals, who may have concerns about data and are experiencing difficulties in resolving them in the normal way, the opportunity to relay them to an appropriate senior member of staff.

6 THE IMPORTANCE OF HIGH-QUALITY DATA

6.1 Data, once processed and analysed, becomes information and information is one of the most valuable resources within any organisation as it is used for reporting and decision making. The most fundamental reason, within the NHS and the Trust, is to ensure the delivery of high-quality care to patients.

6.2 In operational terms “mis-information” could result in serious inconvenience to patients and even claims of negligence against the Trust.

6.3 Information is used to monitor Trust performance. It is essential that this data is of high quality to ensure that the Trust can report its performance accurately both internally and externally. Accurate performance information is used to plan improvements to patient care both nationally and locally and targets resources to achieve this.

6.4 Inaccurate data may also impact on understanding demand for services and future planning of services.

6.5 All Trusts send anonymised patient data to national databases, including HES (Hospital Episode Statistics) via the Secondary Uses Services. This means that the data has a far wider audience than just within the originating Trust. Consistency, and compliance with nationally set standards, is essential as Trusts are judged and measured on the data they supply, as well as being used nationally for policy making.

6.6 Trusts are required by NH Digital to evidence high quality data, through a process known as the Data Security and Protection Toolkit (DSPT). This is an ongoing process, with an annual assessment, to provide assurance that the Trust is practising good data security and that personal information is handled correctly. This includes standards around data quality.

7 DATA QUALITY PRINCIPLES AND STANDARDS

Data quality is one of the measures of the degree of usefulness of the data for a specific purpose. The Trust defines high quality data as having the following key dimensions: -

7.1 **Validity**

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.

7.2 **Completeness**

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. If it is necessary to bypass a data item in order to admit that patient for example, the missing data should be reported for immediate follow up.

7.3 **Consistency**

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

7.4 **Coverage**

Data will reflect complete data capture for all the activity undertaken by the Trust. For example, all admissions, outpatient attendances, diagnostic tests, operations and procedures should all be recorded. Comprehensive and up to date procedures are essential to ensure complete data capture. Regular spot checks, audits and comparisons between systems should be used to identify missing data.

7.5 **Accuracy**

7.5.1 Data recorded in paper form, such as case notes, and on computer systems must be factual, timely legible and consistent. In relation to patient specific information, it must accurately reflect what actually happened to a patient.

7.5.2 All reference tables, such as GPs and postcodes, will be updated regularly. This will usually be within a month of publication unless there are serious doubts about the quality of the data supplied.

7.5.3 Every opportunity should be taken to check data at source. For example checking of patient's demographic details with the patient themselves both by clinical and administrative staff. Inaccurate demographics may result, for example, in important letters being mislaid, or incorrect identification of patient.

7.6 **Timeliness**

7.6.1 Timely recording of data is essential especially in clinical services and is beneficial to the treatment of the patient. Data needs to be available at the time needed for both service delivery and reporting processes.

7.6.2 For example, putting results of tests into the computer, or recording diagnoses and operations makes that information available to all treating the patient, even if they do not have access to the paper notes.

7.6.3 All data will be recorded and processed to set deadlines. Wherever practical data should be recorded real-time. With digital transformation this will become the norm for patient related data.

7.6.4 The accurate and timely recording of data items must however never be allowed to delay the urgent treatment of patients.

8 NHS NUMBER

8.1 An NHS number is the only unique way of identifying patients in the NHS System and therefore it is essential that this is recorded correctly and in all systems where patient information is present.

8.2 All patient communication which directly relates to providing care to the patient, whether paper based or electronic should include a mandatory NHS number field.

8.3 The Trust must make extensive use of the Patient Demographic Service (PDS) for validating patient demographic information.

9 DOCUMENTED PROCEDURES

9.1 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, up to date and regularly reviewed procedures must exist so that staff can be trained and supported in their work. This is the responsibility of all line managers.

10 VALIDATION

10.1 Validation Methods

10.1.1 Validation encompasses the processes that are required to ensure that the data being entered is of high quality and therefore meets the dimensions described in section 7. These processes deal with data that is being added to continuously and can also be used on historical data to improve its quality.

10.1.2 Validation reporting will take the form of both bulk and regular spot reporting. Bulk reporting involves analysing a large amount of data to identify all areas where quality issues exist. This is a useful method for quickly identifying areas of concern, but usually further investigation will be required to identify more specific issues.

10.1.3 Regular spot checking involves data analysis on a random selection of records against source materials. This in some cases will take the form of a formal audit. It is good practice to demonstrate use of both methods.

10.1.4 Wherever feasible, automatic data validation alerts will be introduced.

11 DATA STANDARDS

11.1 The use of data standards within systems can greatly improve data quality. These can be incorporated into systems using either electronic selection lists within computer systems or manually generated lists for example on data collection forms.

11.2 Either method requires that the lists must be generated from national or locally agreed definitions and must be controlled, maintained, and updated through strict agreed procedures. For example, updating of any PAS lists must be approved by the Clinical Data Quality Group.

11.3 Any documentation that refers to the data standards must also be updated as needed and disseminated to all relevant staff.

The legislative framework within which data standards should comply includes:

- Data Protection Act 2018
- Freedom of Information Action Act 2000
- Human Rights Act 1998
- Access to Health Records Act 1990
- Computer Misuse Act 1990
- National Health Services Act 2006

12 SYNCHRONISING INFORMATION SYSTEMS

Where data is shared between systems it is imperative that the source data be validated initially. Any modifications made to this data must then be shared with other related systems ensuring data integrity and to therefore guarantee that all data sources reflect the same data.

13 PRACTICAL VALIDATION

Where practical, errors should be identified as close to the point of entry as possible. Examples of ways in which this might be done are:

13.1 Use of routine reports, direct from systems such as the PAS or other operational systems. Individual Clinical Divisions and Directorates and Departments are responsible for running and actioning these validation reports in a timely manner. They must form part of their operational procedures.

13.2 A suite of available reports, including self-service, developed by Information Services, which require priority investigation and where required correction. They must form part of the operational procedures for both Information Services and Clinical Divisions, Directorates and Departments.

13.3 Additionally, some data quality validation will be carried out centrally by the Trust's Data Quality Assurance team.

13.4 At all times the overriding principle remains "right first time" and the Data Quality Assurance team will provide valuable input and assistance into promoting this within the Trust and providing support, training and data audits to users, Clinical Divisions, Directorates and Departments.

13.5 Investigation of externally available Data Quality reports and national Data Quality Dashboards, and benchmarked NHS data suppliers to the NHS.

13.6 Clinicians should be involved in validating data that may have been entered into systems by other staff i.e., clinically coded data. The validation may take the form of an audit with regular spot checks with action plans agreed and put in place where required.

13.7 Clinical input should be sought in situations where the data to be amended is held within case notes or electronic patient records. In the case of auditable clinical software, suitable amendments should be made, and the necessary explanation recorded on the system.

14 MEASUREMENT OF HIGH DATA QUALITY

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

14.1 Internally

14.1.1 The Information Services Department reports regularly, currently monthly, to the clinical Data Quality Group. This includes data items, which have been identified as

causing concern internally and sometimes externally e.g., patient level information such as completeness of NHS numbers, ethnic group and so on.

14.1.2 The internal monitoring reports at the Clinical Data Quality Group meetings will be used to set targets for improvement, inform management of actions required, to improve processes and documented procedures and to identify training needs. The Clinical Data Quality Group will monitor progress.

14.1.3 Results of a regular programme of internal audits such as checking of the source documentation of case notes for key inpatient, outpatient and waiting lists information to PAS data. This also includes a regular internal audit programme for clinical coding.

14.2 Externally

Information Services are responsible for making use of any externally available Data Quality reports and for ensuring they are acted upon and tabled where appropriate at the Trust's Clinical Data Quality Group.

These will include:

- Secondary Uses Services including Data Quality Dashboards
- Other NHS Digital Data Quality Dashboards
- HES Data Quality Indicators
- Queries from Commissioners
- Queries from patients
- Information Governance
- System suppliers of NHS benchmarked data
- Care Quality Commission inspections rely on information based on sound data and may challenge particular items
- Externally procured audits

Through the NHS Standard Contract reporting framework with Commissioners, the Head of Applied Information is responsible on behalf of the Trust for ensuring the Trust meets key data quality targets and delivers Data Quality Improvement Plans (DQIPs). External data sources, such as some of those referenced above, form part of the target and monitoring framework.

15 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where reported to
Impact and implementation of new data collection	Head of Applied Information	In line with implementation and agreed ongoing monitoring	Clinical Data Quality Group through to Informatics and where required escalation to FID Relevant Digital Transformation and

			other Trust project groups Informatics Commissioner Group NHS Digital
Assurances on compliance to this policy	Head of Applied Information	Annually	Annual report to the Information Governance Steering Group
Data held in each system is of an acceptable data quality standard	Information Asset Owners	Annually	Annual statement to the Information Governance Steering Group
Information and Digital Transformation represented on relevant projects to support data quality, training, and reporting	Designated Project Manager	In line with project set up	Project Groups
Data quality improvement plans	Head of Applied Information	Monthly	Clinical Data Quality Group Relevant Project Groups Informatics Commissioner Group NHS Digital
Improvements in "right first time" and quality of data within Clinical Divisions	Data Quality Assurance Manager	Monthly/quarterly	Validation and audit results presented to the Clinical Data Quality Group DQ Dashboards shared with Clinical Divisions and Deputy COO
Data quality is included in all relevant job descriptions	Line Managers	6 monthly	Statement and evidence to Clinical Data Quality Group and Information Governance
Staff have adequate guidance and training, and operational	Line Managers	6 monthly	Clinical Data Quality Group through to Informatics and

procedures are reviewed and updated			where required escalation to FID Relevant Digital Transformation and other Trust project groups

16 CONCLUSION

High data quality is not an optional extra. It is a fundamental basis for the business, the delivery of high-quality clinical care and the reputation of this Trust. As such it should always be considered at the centre of any future developments and kept under review. The Trust will aim to be significantly above average in all indicators and will strive for 100% accuracy. The Trust will ensure that it keeps up to date with any future requirements and conforms to recognised good practice.

17 REFERENCES TO OTHER RELEVANT TRUST STRATEGIES AND POLICIES

- Information Governance Policy – CORP/ICT 9
- Data Protection Policy – CORP/ICT 7
- IM&T Security Policy – CORP/ICT 2
- Confidentiality – Code of Conduct – CORP/ICT 10
- Information Records Management – Code of Practice – CORP/ICT 14
- Freedom of Information Policy – CORP/ICT 15

18 DISSEMINATION AND ACCESS TO THIS POLICY

Copies of this policy will be made available via the policy distribution process and will be published on the Trust Intranet.

19. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:
https://www.dbth.nhs.uk/about-us/our-publications/information-governance/

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	CSU/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Data Quality	Finance and Infrastructure	Tracy Crookes	Existing policy	5th July 2022

1) Who is responsible for this policy? Name of Clinical Division/Directorate: RIT

2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes?

The importance of high-quality data is disseminated to all staff. The policy describes what is meant by high quality data and defines roles and responsibilities for maintaining, improving, and monitoring data quality through a clear framework of accountability.

Intended outcomes are to improve the quality of data to ensure it is of the highest quality to support the delivery of high-quality care to patients, to support Trust performance reporting, accurate charging of activity to Commissioners to secure Trust income, supporting service delivery and re-design within the Trust, local health communities and to inform national NHS policy. To be able to improve confidence in our data by Commissioners and Clinicians as being fit for purpose. Developing a culture of "right first time".

3) Are there any associated objectives? Legislation, targets national expectation, standards

- Conforming to the information requirements within the NHS Standard Contract with Commissioners and hence to ensure the Trust is not penalised financially for data that does not meet the required quality standards or has to credit financial sums as charging does not reflect accurately activity undertaken including Data Quality Improvement plans
- To conform to Information Governance minimum standards where there are also legal requirements such as the Data Protection Act
- To conform to data quality standards i.e those set down via the Secondary Uses Services (national data repository for inpatient, outpatient and A&E activity) and HES (Hospital Episode Statistics)

4) What factors contribute or detract from achieving intended outcomes?

- System limitations
- Changing culture – doesn't happen overnight "right first time"
- Trust infrastructure and processes

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation]

6) Is there any scope for new measures which would promote equality? [any actions to be taken]

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1	Outcome 2	Outcome 3	Outcome 4
✓			

***If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4**

Date for next review: June 2025

Checked By: Roy G Underwood **Date:** 25th July 2022