

**OP91
Data Quality Policy**

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1.0 Policy Statement

All decisions taken by the Trust, whether clinical, managerial or financial, need to be based on information which is of the highest quality. High quality data is the foundation for credible information needed to support many of the initiatives driving forward modernisation of the NHS. All this information is derived from individual data items, which are collected from a number of sources either on paper, or increasingly on electronic systems.

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 Secondary User Service (SUS), this data is used by Hospital Episodes Statistics (HES) for World Health Organisation analysis and performance indicators. Consistency and compliance with National Data Standards is therefore essential, as Trusts are measured and judged by the quality of data supplied.

The Data Quality Policy sets out the Trust's data management approach, identifies organisational responsibility and accountability for data quality and describes the standards that must be achieved. The policy has close links with the various Trust policies covering IM&T security and confidentiality and the NHS Information Governance initiatives.

- The Trust will aim to achieve 100% accuracy with all data collected.
- The Trust must conform to the principles given within the Data Protection Act and hence will ensure that all person-related information is complete, accurate, relevant and secure.
- The Trust will promote awareness of the importance of Data Quality to all staff.
- Every individual working within the Trust is part of some data collection or validation process and therefore data quality is the responsibility of all staff.

1.1 Purpose/Objective

This policy is designed to ensure that the importance of data quality to The Royal Wolverhampton NHS Trust is disseminated to all staff. It will describe the meaning of data quality, who is responsible for its maintenance and how it can continue to improve in the future.

1.2 Scope

This policy is intended to cover all patient information that is entered onto a computerised system within the Trust. The main emphasis is on the Patient Administration System (PAS) but it is not exclusive. The policy outlines good practice and identifies the roles and responsibilities of both the Trust and staff in terms of data quality. **Local department procedures must be based on the Data Quality Principles.**

2.0 Definitions

Data quality is a measure of the appropriateness and integrity of information collected and used in operations, decision making and planning.

The Trust defines data quality as being reflected in the criteria below. Data must be:

- **Complete** (in terms of having been captured in full)
- **Accurate** (the proximity of the figures to the exact or true values)
- **Relevant** (the degree to which the data meets current and potential user's needs)
- **Accessible** (data must be retrievable in order to be used and in order to assess its quality)
- **Timely** (recorded and available as soon after the event as possible)
- **Valid** (within an agreed format which conforms to recognised national standards)
- **Defined** (understood by all staff who need to know and reflected in procedural documents)
- **Appropriately sought** (in terms of being collected or checked only once during an episode)
- **Appropriately recorded** (in both paper and electronic records)

IG	Information Governance
MRG	Mortality Review Group
PAS	Patient Administration System
HES	Hospital Episode Statistics
SUS	Secondary Users Service
ISN's	Information Standard Notices
DSCN's	Data Set Change Notices

"Data"	Raw material (numbers, codes, text e.g. demographics)
"Information"	Value added product of data (reports, graphs, analyses)

3.0 Accountabilities

3.1 Chief Finance Officer

Ultimate responsibility for maintaining accurate and complete records must be at Board level. The lead Director who will report to the Trust Board on data quality is the Chief Finance Officer.

3.2 **Specific Responsibilities of Directors**

All other **Directors** have a responsibility for ensuring the implementation of this policy and its procedural development within the divisions, and to directly manage the performance of Divisions.

3.3 Divisional Management Teams have the responsibility to receive and review monitoring reports and take appropriate action to ensure improvement in data quality across their directorates.

3.4 Directorate/Group Managers are responsible for the implementation and communication of this policy to all of their staff and that they are fully aware of their obligations to maintain complete, accurate and timely records. Managers will be expected to take ownership of, and seek to improve, the quality of data within their services and also be responsible for ensuring that any patient data held in electronic systems complies with this policy and its standards.

Where issues of significant non-compliance are identified the issues must be placed onto the Directorate risk register and then monitored using the framework outlined in OP10 (Risk Management & Patient Safety Policy).

3.5 Operational and Line Managers at ward or departmental level have a responsibility to ensure that robust systems are in place to communicate and implement this policy to all staff, keeping records of this activity for each staff member. They must ensure that their staff have undertaken necessary training on the subject. Operational and line managers will be expected to take ownership of, and seek to improve, the quality of data within their services.

3.6 Head of Clinical Coding & Data Quality will be responsible for monitoring data quality and completeness, identifying any problems that may arise and maintaining a high level of data quality throughout the Trust, informing relevant line managers of common/persistent errors made by their staff and to agree remedial action (e.g. further training, change of procedure etc.).

Data will be subject to robust scrutiny by those charged with governance and the formal reporting of data quality issues will be made on a timely basis to the appropriate committee/Director by the Head of Clinical Coding & Data Quality.

3.7 The Data Quality Team will maintain daily/weekly/monthly audits, completing and correcting data on the Trust's Patient Administration Systems (PAS) alerting managers to any urgent issues identified and providing additional training where required.

The Data Quality Team has the responsibility for investigating and amending of any queries in relation to Secondary User Service (SUS) data prior to the next activity submission. (Assertion 1.7)

Data quality reviews will be undertaken at least annually. Where applicable, the Trust will take immediate action to address the results of previous internal and external reviews of data quality.

- 3.8 Information Services Team** will have a full understanding of NHS data quality issues and actively promote this agenda across the Trust.

Informatics Staff are responsible for circulating to relevant Trust staff (e.g. the PAS / Systems Management Team) any changes in respect of NHS data standards and definitions released via the publication of **NHS Data Model and Dictionary as Information Standards Notices (ISNs)/Data Set Change Notices (DSCNs)** and/or the **NHS Data Dictionary** and provide any necessary interpretation of the consequences.

- 3.9 All Staff** must read this policy and acknowledge that Data Quality is a fundamental part of any information system that exists within the Trust.

All staff members will be in contact at some time with a form of information system, whether paper or electronic based.

As a result, all staff members are responsible for implementing and maintaining data quality and are legally, contractually and ethically obligated to maintain accurate records by the Data Protection Act, their contract of employment and their professional code of practice.

3.10 Responsibilities of Key Committees and Board

The Activity & Data Quality Sub Group has responsibility for reviewing and implementing data quality objectives across the Trust. The group will be led by Head of Clinical Coding & Data Quality and include representatives from Information, Systems/PAS Management, Health Records, IT Training, Finance and from the relevant Clinical Divisions in the Trust. Each Division will be required to assign a data quality lead who will provide a clear line of communication and a channel for disseminating information to their service(s).

This group is a decision-making forum on local and national data standards, to achieve and maintain consistency of data standards across services and act as a final arbiter as necessary. It will promote understanding of these standards and the link between them and the Trust's income. This group will link to the Contract and Commissioning Forum and its minutes will be a standing item on that Forums agenda.

This group needs to provide assurance on the relevant standards for Data Quality and report regularly to the Information Governance Steering Group (IGSG) and must also provide the evidence needed for the Data Security & Protection Toolkit Submissions.

Contracting & Commissioning Forum will monitor compliance of Data Quality within the Trust. Risks, incidents and exceptions to compliance will be reported to this group.

Information Governance Steering Group has responsibility for providing assurance in relation to Information Governance Action Group Standards (of which data quality is one element)

Exception reports are through the Chief Finance Officer to Trust Board.

4.0 Policy Detail

4.1 Quality information is essential for:

- Patient care – to deliver effective, relevant and timely care, and minimise clinical risk;
- Efficient administrative and clinical processes, such as communication with patients, their families and other carers involved in the patient's treatment;
- Management and strategic planning, requiring accurate data about the volume and type of patient activity and the population health needs to provide appropriate allocation of resources and future service delivery;
- Establishing acceptable service agreements for healthcare provision;
- Clinical governance, which depends on detailed, accurate patient data for the identification of areas where clinical care could be improved;
- Providing information for other NHS organisations – healthcare commissioners depend on the patient data we send them and need to have confidence in its quality;
- Providing a foundation on which future investments will be based, where data will be shared on the spine and accessed by other parts of the NHS;
- Effective health protection (e.g. immunisation and vaccination);
- The identification of appropriate target populations to improve health and help reduce health inequalities through health and well-being programmes;
- Being able to benchmark the Trust against other organisations and the National picture;
- To facilitate and maintain the accurate flow of information between the Trust and external agencies;

4.2 Information Quality Assurance

- Working with partners the Trust will establish and maintain policies for information quality assurance.
- Audits of the Trust's quality of data and records management arrangements will be undertaken or commissioned
- Managers will be expected to take ownership of, and seek to improve, the quality of data within their services.

- Wherever possible, information quality will be assured at the point of collection.
- The Trust will promote data quality through policies, procedures, user manuals and training.
- Internal and external audit and other quality assurance review processes such as NHS Litigation Authority (NHSLA) and Care Quality Commission (CQC) will underpin this policy.

4.3 Procedures and Processes

- This Policy will be underpinned by a set of written procedures and processes which will be accessible to all relevant personnel.
- All procedures and processes will meet the requirements of any relevant national standards, rules, definitions, guidance, as well as defining local Trust practices and monitoring requirements.
- All relevant staff will have easy access to the guidance. Where possible, this will be supported by Information Systems.
- The Trust will proactively inform staff of any policy or procedure updates on a timely basis.
- Procedures and processes will be applied consistently across the whole of the Trust and will be reviewed on a regular basis in line with the Policy on Procedural Documents.

4.4 Data Standards – National & Local

The use of data standards within systems can greatly improve data quality. Services must adhere to the following data quality standards;

Standard	Detail/Link
<p>National Standard: Mandated use of Patient NHS No on all patient identifiable data and records (internal & external) (Assertion 1.7)</p>	<p>Standards and collections - NHS Digital</p>
<p>National Standard: Mandated collection of patient's ethnicity to support ethnic monitoring. All patient registrations to include the collection & recording of this information. If unavailable at the time of registration then to be collected & recorded within the patient electronic record on first contact/appointment. If the ethnicity of the patient is not available then this must be recorded as 'Not Known', if the patient declines to give this information this is to be</p>	<p>Standards and collections - NHS Digital</p>

Standard	Detail/Link
<p>recorded as 'Not Stated'.</p>	
<p>National Standard: Mandated collection/validation of patient demographics to include, name, date of birth, address, post code, religion, telephone number & next of kin.</p>	<p>Standards and collections - NHS Digital</p>
<p>National Standard: By implementing our national standards the NHS applies consistent data standards across the NHS. When appropriate any system needs to have the functionality to record ICD10/OPCS4/SNOMED codes.</p>	<p>Standards and collections - NHS Digital</p>
<p>National Standard: Validation encompasses the processes that are required to ensure that the information being recorded is of good quality. These processes are applicable to both current and historic data to improve its quality</p>	<p>It is imperative that regular validation processes are undertaken on data being recorded to assess its completeness, accuracy, relevance, accessibility and timeliness. Such processes may include checking for duplicate data, validating waiting lists, ensuring that national definitions and coding standards are adopted and NHS number is used and validated. (DSPT 1.7) DAPB0086: Data Security and Protection Toolkit - NHS Digital</p>
<p>National Standard Synchronising Information Systems (IG Assertion 1.7)</p>	<p>DAPB0086: Data Security and Protection Toolkit - NHS Digital In situations 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 there are no inconsistencies between them. These systems must then be examined and authenticated in turn.</p>

Standard	Detail/Link
<p>Local Standard: <i>Community contact activity</i></p>	<p><i>All community contact activity to be input onto systems within 5 working days of the contact occurring, and within two working days for services in the scope of the 18 Week Referral to Treatment.</i></p>
<p>Local Standard: <i>Outpatient appointments activity</i></p>	<p><i>All outpatient appointments to be input onto systems within 7 days (5 working days) of the appointment occurring.</i></p> <p><i>Thus enabling outpatient attendances to be counted in a timely manner and a complete patient pathway recorded.</i></p>
<p>Local Standard: <i>Referrals input standard:</i></p>	<p><i>All referrals will be logged on relevant systems on day of receipt and actioned within a maximum of 3 working days from receipt. (There is an expectation that this time frame will change with the introduction of choose and book within some services).</i></p>
<p>Local Standard: <i>Admissions input standard:</i></p>	<p><i>All patient admissions, transfers and discharges will be undertaken and recorded on systems within 1 working day of the event occurring.</i></p>
<p>Local Standard: <i>Registration of patients – avoidance of duplications.</i></p>	<p><i>In order to minimise risk of duplicate patient registrations staff responsible for maintaining accuracy of patients registrations/local systems must perform the correct patient searches (as detailed in the SYSTEMS training programmes, manuals and procedures) prior to the creation of a new patient</i></p>

Standard	Detail/Link
	registration. (IG Standard 402)
<p>Local Standard: Selection lists</p>	<p>Any selection lists required within local systems must be generated from National or locally agreed definitions, wherever possible computer systems will be programmed to only accept valid entries. These lists must be controlled, maintained and updated in accordance with any variations that may occur. Any documentation that refers to the data standards must also be updated as needed and disseminated to all relevant parties. For these to be agreed they must be approved by the Data Quality Team.</p>
<p>Local Standard: Source data</p>	<p>Staff involved with recording data need to ensure that it is performed in a timely manner and that the details being recorded are checked with the source at every opportunity. This could be by cross checking with patient records or by asking the patients themselves</p>
<p>Local Standard: Timescales for validation</p>	<p>Where inconsistencies are identified these must be acted upon in a timely fashion and documented.</p> <p>Locally agreed deadlines will apply to the required corrections but all amendments must be made within a maximum of two months from the identification date.</p>

Standard	Detail/Link
Local Standard: Training	<i>Local protocols for any patient administration system must include training requirements for that system.</i>

Clinicians will be involved in validating and correction of data that may have been entered into the system by them (patient activity) or in relation to clinical coding. This will involve the clinician manually reviewing the data that has been entered to confirm its integrity. **(IG Assertion 1.7)**

4.5 External Sources of Data

The validation process will use accredited external sources of information, for example, Summary Care Record (SCR) to verify NHS number.

Data pertaining to Secondary Uses Services (SUS), Payment by Results (PBR) and Commissioning coming from external providers and/or information services (including the Health Informatics Service (HIS) and Commissioning Support Unit [CSU]) must have their own data quality policies which are required to meet national standards.

4.6 Secondary Users Service (SUS) / Healthcare Evaluation Data (HED)

The information department will develop external benchmarking of its data against other Commissioning Data Sets (CDS) extracts, using SUS and HED **(Information Governance Assertion 1.7.1)**.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

6.0 Equality Impact Assessment

An Equality Impact Assessment was completed. No issues identified.

7.0 Maintenance

The policy will be reviewed every three years by the Information Governance Steering Group. The policy will be reviewed and ratified earlier if there are changes to Data Quality which affect the policy and operations of the Data Quality Department. The Head of Clinical Coding & Data Quality will be ultimately responsible for the contents of this policy.

8.0 Communication and Training

8.1 Communication

Awareness sessions will be developed and delivered across the Trust by the Data Quality Team.

8.2 Training

Data Quality Team will receive training on all Patient Administration Systems within the trust (for the purposes of this policy – PAS) but not exclusive.

Data Quality Team will receive training on the following Information Governance modules (**IG Assertion 1.7.1**):

- Confidentiality,
- Security and,
- Records Management,

Line managers are responsible for identifying the training requirements of their staff and working with training providers to ensure these needs are met within local protocols. Staff must be enabled to attend the appropriate training courses allowing them an adequate level of proficiency in order to carry out their functions effectively.

9.0. Audit

Criteria	Lead	Monitoring method	Frequency	Committee
Demographic Data	Data Quality Team	Data Quality Scorecard & Demographic Monitoring Reports	Monthly	Activity & Data Quality Sub Group & Contracting and Commissioning Forum
NHS Number Completeness	Data Quality Team	Data Quality Scorecard & Demographic Monitoring Reports	Monthly	Activity & Data Quality Sub Group & Contracting

				and Commissioning Forum
Community Contact Data Completeness	Data Quality Team	Data Quality Scorecard & Reports	Monthly	Activity & Data Quality Sub Group
Data Input Timeliness	Data Quality Team	Data Quality Scorecard & Reports	Monthly	Activity & Data Quality Sub Group
Data Quality (Errors and omissions) Report Log	Data Quality Team	Data Quality Activity Report Log Audit	Fortnightly	Activity & Data Quality Sub Group
Health record audit (IG Assertion 1.7)	Data Quality Team	Report	Monthly	Activity & Data Quality Sub Group & Information Governance Steering Group
Contract Data Set submissions to SUS – data validation (IG Assertion 1.7)	Information Services Team	CDS	Monthly	Activity & Data Quality Sub Group
Completeness & Validity Check (IG Assertion 1.7)	Information Services Team	Audit	Monthly	Activity & Data Quality Sub Group
Duplicate Patient Registrations	Data Quality Team	Report	Weekly	Activity & Data Quality Sub Group
CSU Queries	Data Quality Team	Report	Monthly	Commissioning Data Quality Group
Admissions, Discharges and Transfer Queries	Data Quality Team	Reports	Monthly	Activity & Data Quality Sub Group
Elective Mortality	Data Quality Team	Reports	Monthly	Mortality Review Group (MRG)

10.0 References

Data Security & Protection Toolkit <https://www.dsptoolkit.nhs.uk/>

NHS Digital <https://digital.nhs.uk/>

Data Protection Act 2018 <https://www.gov.uk/data-protection/the-data-protection-act>

[Guide to freedom of information | ICO](#)

[The Common Law Duty of Confidentiality | Department of Health \(health-ni.gov.uk\)](#)

It is a requirement of this policy that all staff will abide by the policies and procedures relating to Data Quality.

These policies include;

- [OP12 Information Security Policy](#)
- [OP13 Information Governance Policy](#)
- [OP10 Risk Management & Patient Safety Policy](#)
- [OP07 Health Records Policy](#)
- [OP39 Patients Access Policy](#)
- [OP92 Clinical Coding Policy](#)

This list is not exhaustive and new policies and procedures will be written as and when national or local requirements dictate.

Data quality is an essential part of the overall Information Governance Framework and reference to the Data Security & Protection Toolkit is a requirement for all local systems.

The legislative framework within which data standards must comply includes;

- Data Protection act 2018
- Freedom of information Act 2000
- Human right act 1998
- Access to health records act 1990
- Computer misuse act 1990
- National Health services Act 1977
- Audit Commission: Improving information to support decision making: standards for better quality data. March 2007.

External Standards and Guidelines

- BS ISO/IEC 177799:2005 and BS ISO/IEC 27001:2005
- NHS Data Security & Protection Toolkit
- 27001:17 Information Security

Document Control

Policy number and Policy version: OP91 V4	Policy Title: Data Quality Policy	Status: Final		Author: Head of Clinical Coding & Data Quality Director Sponsor: Chief Finance Officer
Version / Amendment History	Version	Date	Author	Reason
	1	March 2012	Head of Clinical Coding & Data Quality	3 Yearly Review
	2	Sept 2015		3 Yearly Review
	3	May 2019		3 Yearly Review
4.0	October 2022	Head of Clinical Coding & Data Quality	3 Yearly Review	
Intended Recipients: All Trust Staff				
Consultation Group / Role Titles and Date: Information Governance Steering Group (IGSG) Oct 2022, Information Governance Action Group (IGAG) Oct 2022 Data Quality Sub Group Oct 2022, Trust Policy Group November 2022				
Name and date of Trust level group where reviewed	Information Governance Steering Group, Oct 2022 Information Governance Action Group (IGAG) Oct 2022 Activity & Data Quality Sub Group Oct 2022 Trust Policy Group - November 2022			
Name and date of final approval committee	Trust Management Committee - November 2022			
Date of Policy issue	December 2022			
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)	November 2025 (every 3 years)			
Training and Dissemination: rolling program by Head of Clinical Coding & Data Quality				
To be read in conjunction with: OP92 Clinical Coding Policy.				
Initial Equality Impact Assessment (all policies): Completed Yes Full Equality Impact assessment (as required): Completed / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904				
Monitoring arrangements and Committee	Information Governance Steering Group.			
Document summary/key issues covered. This Policy is designed to ensure that the importance of Clinical Coding to the Royal Wolverhampton NHS Trust is disseminated to appropriate staff. It will describe the meaning of Clinical Coding, who is responsible for its maintenance and how it will continue to improve in the future.				

Key words for intranet searching purposes	Data Quality
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Implementation Plan template for Strategy / Policy / procedural documents

Title of document:	Data Quality Policy – OP91		
Reviewing Group	Trust Policy Committee	Date reviewed: November 2022	
Previous document already in use?	Yes	Implementation lead: Print name and contact details	Joanne Cotterell Head of Clinical Coding & Data Quality Ext 5543
If yes, state name, in what format and where located?	Data Quality Policy – OP91 Organisational Policies		
Implementation issues to be considered (add additional issues where necessary)			
Implementation Issue	Action Summary		Action lead / s (Timescale for completion)
Strategy; Consider (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	NA		NA
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	Review Training Requirements for all areas involved with Data Quality		Head of Clinical Coding & Data Quality
Development of Forms, leaflets etc.; Consider 1. Any forms developed for use and retention within the clinical record MUST be approved by Health Records Group prior to roll out. 2. Type 3. Quantity required 4. Where they will be kept / accessed 5. Where stored when completed	NA		NA
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	Updated Policy awareness • Add to updated policy list on intranet site • All users bulletin to raise awareness		Head of Clinical Coding & Data Quality
Financial cost implementation Consider 1. Business case development	NA		
Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation			