Trust Policy	NHS University Hospitals Plymouth NHS Trust

Data Quality Policy

Issue Date	Review Date	Version
September 2021	**October 2024**	**4.2**

Purpose

This policy identifies the roles and responsibilities of both the Trust and staff in terms of data quality.

Who should read this document?

- Trust Board and its committees,
- Senior clinicians and senior managers, because data quality is key to the delivery of better patient care, the Trust's key goals and business priorities.
- All staff, because every individual has a role to play in ensuring information is recorded in an accurate and timely manner

Key messages

Data quality is crucially important to support timely, appropriate and effective, safe treatment of patients.

Data and information generated by the Trust is used widely across the NHS and is used to compare us with other NHS organisations.

Data quality is the responsibility of every member of staff and is the product of continued effort and attention to detail.

Accountabilities

Production	Business Intelligence Manager
Review and approval	Data Quality Steering Group & Caldicott & Information Governance Assurance Committee (Chaired by Director of Finance)
Ratification	Director of Finance (SIRO) & Data Quality Steering Group
Dissemination	Business Intelligence Manager
Compliance	Director of Finance

Links to other policies and procedures

Version History

1	August 2007	Reviewed and amended by the DQSG Ratified by ISIG and published on Trustwide Public Folders
2.2	July 2009	Reviewed and amended by the DQSG
2.3	June 2011	Reviewed and amended by the DQSG
3	August 2011	Reviewed and amended by the DQSG
3.1	March 2012	Reviewed and amended by the DQSG
3.2	March 2015	Reviewed and signed off by the DQSG
3.3	March 2018	For review by the DQSG
Draft 4	July 2021	For review by the DQSG - Complete

| Draft 4.1 | September 2021 | For review by the SIRO |
| 4.2 | October 2021 | Reviewed and amended by the DQSG |

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

1   Introduction

Good quality information should support the delivery of good quality patient care.

University Hospitals Plymouth NHS Trust (the Trust) recognises that high quality clinical data held on hospital systems is crucially important to support timely, appropriate and effective treatment of patients. Analysis of the data collected across the Trust should help inform the Trust's planning and delivery of services; and provide information to help the Trust optimise the value for money achieved from the resources available to it.

In common with the whole of the NHS, an increasing emphasis is being placed on the provision and use of good quality data and information to demonstrate achievement of the Trust's goals through its business objectives,

This information supports:

- delivery of better patient care and safety

- delivery of the Trust's goals and key business priorities

- monitoring of activity and performance for internal and external management purposes

- governance, both corporate and clinical

- service planning and contracts

- accountability

Data and information generated by the Trust will be used widely across the NHS and will be clearly comparable with other NHS organisations. Erroneous data submissions are often easy to spot and can cause significant embarrassment. However, less obvious errors could have more serious impacts on patient care and decisions such as planning for future provision of health services and funding decisions.

All staff must recognise and work towards the Trust's commitment to maintaining the highest levels of data quality possible. They need to recognise that good data quality is the product of continued effort and attention to detail: ensuring that everyone records the data that they need to, accurately and as comprehensively as is needed. Improved IT systems have a secondary significance in the drive to improve data quality and getting data input right, first time.

2   Purpose, including legal or regulatory background

This Policy supports the Trust's objectives to record and present data of the highest possible quality so that all users of the information generated can be confident about its accuracy. This policy identifies the roles and responsibilities of both the Trust and staff in terms of data quality.

This Policy covers the full scope of patient and service related information that is recorded in the Trust. It is influenced by the standards set in; and other requirements of the following:

- **Data Quality – Guidance for Providers and Commissioners** –

  Data are of high quality "if they are fit for their intended uses in operations, decision making and planning."

  It is important because:
  - Acceptable data quality is crucial to operational and transactional processes and to the reliability of business analytics / business intelligence reporting,
  - High quality information leads to improved decision making which in turn results in better patient care, wellbeing and safety. There are potentially serious consequences if information is not correct, secure and up to date,
  - Management information produced from patient data is essential for the efficient running of the trust and to maximise utilisation of resources for the benefit of patients and staff,
  - Poor data quality puts organisations at significant risk of: damaging stakeholder trust; weakening frontline service delivery; incurring financial loss; and poor value for money,

  As well as the above, and the potential impact that poor data can have on finances, data controllers are required under the Data Protection Act 2018, principle 4 to ensure that 'data are kept accurate and up-to-date'.

  In order to comply with this provision, organisations should:
  - take reasonable steps to ensure the accuracy of any personal data you obtain;
  - ensure that the source of any personal data is clear;
  - carefully consider any challenges to the accuracy of information; and
  - consider whether it is necessary to update the information

- **Information Standards Notifications** – National data requirements defined in notices sent out to trusts in a process that seeks to ensure that Trusts comply consistently with national data quality standards.

- **Data Quality Improvement Plan** – Local commissioners, as part of the annual PBR Contracting process, agree a number of indicators pertaining to high quality data, including adherence to sharing appropriate data through local flows and national CDS.

Data will be collected and managed in accordance with these and with locally agreed standards, where required.

The principles set out in this policy are applicable to any clinical information system, owned, used or managed by the Trust, whether these use paper, computer or other media. However, the main focus of this policy will be the Trust's main Patient Administration System (PAS) supported by policies for other systems (See Annex D).

3	Definitions

- **Data –** qualitative or quantitative attributes of a variable, or set of variables

- **Information -** is data that

  o Has been verified to be accurate and timely,

  o Is specific and organised for a purpose,

  o Is presented within a context that gives it meaning and relevance, and

  o That can lead to an increase in understanding and decrease in uncertainty.

- **Data quality -** the measure of 'adequacy' of the record. High quality data is:

  o Accurate

  o Up to date

  o Comprehensive

  o Free from duplication

  o Valid

  o Available when needed, timely

  o Easily read and understood

  Indicators of poor quality include any type of demographic or activity inaccuracy found within the electronic or paper record

- **Data Quality Champion -** an individual identified within a Service line, usually the Clinical Administration Manager, to lead in both monitoring and improvement of data quality.

- **(NHS) Information Governance -** "the set of standards that the NHS must follow to make sure that it carries out its duty to maintain full and accurate records of the care provided and keep those records confidential, secure and accurate" (DoH).

- **Data Security & Protection Toolkit –** annual self-assessment of the Trust's position against best practice criteria for information governance, set by the NHS Digital

- **Adopted documents -** the documents that lay down, formally, the required approach to delivering the way that the Trust works. These must be approved, adopted and ratified following a formal process of consideration and review.

4	Duties

Trust Board and Chief Executive

The Trust Board is responsible for the quality of data and information that is made available for internal and external use. The Board needs to gain assurance that the information that it shares and relies upon for decision making is accurate and reliable. Responsibility for gaining the required assurance is delegated to the Director of Finance.

The Chief Executive is accountable and ultimately responsible for:

- The quality of data generated by the Trust and for the information that is generated from that data
- Ensuring that sensitive and personal information is protected from inappropriate publication

Caldicott & Information Governance Assurance Committee

The Committee is responsible for seeking assurance that the Trust is:

- Publishing high quality data and information
- Using high quality data to inform its planning process
- Always evolving the strategy for data quality
- Maintaining effective systems and controls for ensuring the continued high quality of data production and presentation
- Ensuring that this policy is implemented, across the Trust
- Reviewing compliance with this policy and carrying out any actions necessary to ensure data quality issues are addressed
- Reporting to the Trust Board.

Director of Finance

The Director is responsible for ensuring that the Trust:

- Meets the requirements of the Data Security & Protection Toolkit

The Director is responsible for:

- Raising the profile of data quality through improved education and information
- Supporting operational managers in addressing data quality issues

Business Intelligence Manager

Reporting to the Head of Performance and Management Information, the Business Intelligence Manager is responsible for:

- The development of the data quality policy and procedures working in partnership with the Trusts IM&T Teams and with the Trust's Care Group and Service Line managers.

Head of Performance & Management Information

Ensures the Trust meets the requirements of national data submissions; and to support delivery of performance targets set by government

Head of Information Governance

Reporting to the Director of Finance, the Head Information Governance is responsible for completing the annual Data Protection & Security Toolkit self-assessment.

Head of Patient Access

Reporting to the Head of Performance and Management Information, the Head of Patient Access is responsible for:

- Creation and maintenance of Standard Operating Procedures (SOP) for administrative processes and the overarching Elective Access Policy

- Training to support the aforementioned SOPs and policy adherence.

Data Quality Steering Group

Reporting to the Caldicott & Information Governance Assurance Committee and chaired by the Business Intelligence Manager, the Group is responsible for overseeing the management of data quality across the Trust and prioritising the work of the RTT Validator (see terms of reference in Annex C). Its key responsibilities are to:

- Develop and review the strategic direction of data quality planning for the Trust

- Review and prioritise production of internally developed data quality reports in line with current demands and targets and escalate issues to specific areas

- Promote and facilitate best practice and share corporate expertise across the Trust

- Monitor and audit data quality to support the Trust's self-assessment against the Data Security & Protection Toolkit and the Data Protection Act 2018

- To use externally produced data quality reports to identify issues and drive the production of action plans to resolve issues raised

- Review the use of data across the Trust, including development of data dashboards and their use to manage issues, seeking assurance at Trust and Service Line/Specialty level

Information Recording Steering Group

Reporting to the Data Quality Steering Group and Chaired by the Business Intelligence Manage, the Group is in place to provide support and challenge to data recording changes in the PAS and other key IT Systems, The group considers the impact of change on National/Local Reporting, Data Dictionary standards, ODS Standards, PbR, Clinical Coding and operational & clinical process. The group also reviews and disseminates all Information Standards Notifications from NHSD. The group is responsible for the following:

- To provide a focal point for the discussion of all issues related to information recording practices.

- To agree a workable mechanism for implementation of changes. This should cover all changes to recording practice (i.e. addition of new services and cover all areas where activity takes place including peripheral sites).

- The group will provide a more reactive service when requests require urgent action. These will be disseminated to the group via email and agreed via this forum and discussions when a more timely completion is required.

- To authorise (or not) such changes. Changes will be accepted where, in the opinion of the group, there would be no detrimental effect to the operational and statutory reporting requirements of the Trust.

- To investigate suitable alternatives where requests for change are not practical to cover both short term operational needs and longer term permanent solutions instigating system requests for enhancement where required.

- Provide a feedback mechanism to Trust staff regarding user requests for change to include the status of the request, reasons for non-acceptance if applicable and timescales for delivery where the request has been accepted.

- Feed into the Caldicott & Information Governance & Assurance Committee (CIGAC) where issues related to recording practice within the organisation which have strategic implications and require further clarification and/or approval.

- Provide a mechanism for the management and implementation of changes arising from ISNs, DSCNs and other national guidelines. These notices will be discussed at the next available IRSG meeting. A record will be held of who the notices have been sent to and any actions by them will be maintained. Concerns will be raised by the chair to the CIGAC when deemed appropriate.

- To provide a channel of communication for the resolution of data quality issues and referring onto the Data Quality Steering Group where appropriate.

RTT Validator

Managed by the Business Intelligence Manger, the RTT Validator's key responsibilities are to:

- Monitor data entries on the Trust's Patient Administration System (iPM), to indicate potential data entry errors and weaknesses in data quality controls

- Produce regular data quality reports and ensure that the identified data quality champions take action to address issues identified

- Validate in-house reports produced across the Trust and contact users where necessary to make them aware of the errors they are creating

- Escalate recurring data quality problems to Care Group and Service Line managers, the Patient Access Team, the Clinical Systems Training Team and the Clinical Systems Team

- Provide a helpline for GP registrations and monitor completeness of this key data item, alongside updating of GP practice data validated against national Secondary Uses Services datasets on a monthly basis.

- Maintenance of the Trusts Data Quality Handbook, and electronic handbook to provide guidance and links to all data quality reports

- Performance monitoring of all data quality reports

- Regular auditing of Referral To Treatment (RTT) standards at a patient level and WL compliance, including an in-depth review of 150 patients per month.

Data Solutions Team

Managed by the Business Intelligence Manager, the Team's key responsibilities are to:

- Submit data to Secondary Users Services (SUS) and other National data repositories.

- Ensure data provided to the Performance Information Team is accurate and complete.

Information Team

Managed by the Business Intelligence Manager, the Team is responsible for:

- Generating reports for statutory national submission

- Reporting on performance against national standards

- Developing and maintaining the data quality reports run by the Service Line teams and monitored by the RTT Validator

- Identifying and addressing data quality issues identified

- Advising operational leads on the results of data quality testing and on improvements needed for the data entry process

Patient Access Team

- Maintaining and advising on the administrative SOPs

- Taking data quality issues directly to the Service Lines for action

- Leading training on APNs and priority data quality indicators

- Lead on administrative processes with Service Line teams

Clinical Systems Team

Reporting to the Clinical Systems Team Manager and managed by the Deputy Clinical Systems Manager, the Team's key responsibilities are to:

- monitor the Patient Administration System (PAS) for errors in the data entries, including NHS Numbers, missing postcodes and double registration.

- ensure that patients' records are kept complete, up to date and accurate, e.g. through investigation of rejected NHS numbers and recording deceased patients notified from the Patient Demographic Service. Recording of deceased records is the responsibility of the individual who receives that information either from GP's practices, family or whilst the patient is on the ward.

- Provide staff with the relevant access to systems after the appropriate training has been undertaken.

- Remove access and accounts when no longer required from the systems. Accounts are closed down if they have not been used for 10 weeks.

- Update the PAS information files with new General Practitioners and Dentists as and when notified by Performance Information, Users and from NHS Digital ODS Sites. Notifying multiple other system managers within the Trust and users of the changes

- Set up new GP Surgery and Dental locations within the systems as and when notified by Performance Information, Users and from NHS Digital ODS Sites. Notifying multiple other system managers within the Trust and users of the changes.

- Investigate and resolve potential errors between various systems due to Interface failures, e.g mismatch of ward information between iPM (PAS) and Salus PCM (Bed Management System), Failures of Intouch (Check-In and electronic outcomes System) messages coming into the PAS.

Clinical Systems Training Team

Reporting to IM&T Training Support Manager and managed by the IM&T Transformation Manager, the Team is responsible for training users to ensure that all relevant staff, including temporary staff, are competent in the use of the PAS system to perform their duties.

New staff will not be given access to the PAS until they have received their initial training, and existing staff who have had their accounts closed within the last 6 – 12 months will need to attend Refresher training. Over 12 months will need to attend the full courses.

Training documentation will include a section on security and confidentiality, and will provide guidance over relevant data definitions and the importance of validating, correctly classifying and recording activity information.

Established processes will enable training needs to be linked to any issues highlighted during data validation, to ensure common errors in data recording are eliminated at both individual and group level.

Comprehensive training records will be kept on staff's Electronic Staff Record (ESR OLM) to ensure progress can be demonstrated, and to assist in recall of staff in the future. Delegate evaluation feedback is taken to monitor the effectiveness of the training programmes available.

All Managers and Staff

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 on paper or by electronic means, have a responsibility to take care to ensure that the Trust's data quality standards (see section 5) are applied. All staff has a duty to:

- Ensure that they follow Trust-wide and departmental procedures in relation to their work and the input and production of data

- Report to their line manager any conditions that could affect their ability to comply with the requirements of this policy and procedure

- Report to their line manager any errors they identify in the input and production of data

- Complete any training necessary to be a proficient user of the Trust's PAS and other data systems that they use

- Complete any administrative process training necessary for learning pertaining to key data quality indicators and APNs

- Advise their manager if 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

Line managers are responsible for ensuring that all staff attend relevant training in computer systems and case-note management; and that up to date procedures and manuals for data collection are available to all staff.

5	Data Quality Standards

Quality

The Trust will ensure that definitions and values entered onto the PAS 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.

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

Effective arrangements will be in place to ensure changes to national or local data standards are reflected in the Trust's procedures and policies.

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

When setting data definitions, notes will be taken of the following variables:

- **Detail:** Is a sufficient level of detail being collected?
- **Precision:** Are data ranges defined (where applicable)?
- **Relevance:** Is the data collected relevant to the process?
- **Accessibility:** Can the data be readily and legally collected?

Accuracy

Data recorded in casenotes and on the PAS must reflect accurately what actually happened to the patient. Every opportunity should be taken by all staff to check patient demographic details with the patients themselves. Inaccurate demographics may result in important letters being mislaid, or to the incorrect identification of patients.

All reference tables, such as GPs and postcodes, should be updated regularly, within a month of publication, unless there is serious doubt about the quality of the data supplied.

A number of data quality reports have been developed within the Data Quality Handbook to assist in assuring the accuracy of the Trust's data. The programme will determine any areas of concern, or identify additional training requirements.

Validity

All data items that are held on the PAS must be valid. Where codes are used, these will either comply with national standards, or map to national values. Where possible, the PAS is programmed to accept only valid entries.

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 for example, in order to admit a patient, then the missing data must be reported for immediate follow up.

Procedures exist to ensure the completeness and validity of data sets used both internally and externally, including the requirement to routinely validate information with the appropriate source (e.g. with the patient/carer or using case notes) and ensure any necessary amendments are made.

Timeliness

Recording of timely data is beneficial to the treatment of a patient. Putting results of tests onto the computer, or recording diagnosis and operations makes that information available to all who are treating the patient.

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

The Trust will endeavour to ensure that timescales for submission of information are adhered to and that the quality and accuracy of such submissions is of the highest standard. Internal deadlines for the completion of data sets to ensure national timescales are achieved, will be explicit and monitored.

NHS Number

The Trust will continue to utilise the NHS number as the primary identifier where possible.

The Trust's Clinical Systems Team follow procedures to ensure that the correct NHS number is recorded for every patient by checking the PDS through the Summary Care Record (SCR). This initiative helps effective linkage to national developments such as Electronic Booking and helps limit the duplication of patient registrations on local systems.

The Trust has rolled out access to the SCR to key areas where patient data is collected and entered onto the PAS. This enables those users to check patient details and so select the correct patient on the PAS reducing duplicate registrations. The Information Governance Team run reports to ensure procedures are being followed.

The IM&T Integration Team regularly send batches of records to be checked against the PDS via the Demographic Batch Service (DBS) for the retrieval of missing NHS numbers and the checking and verification of current numbers. The Team have also implemented automated update checks using the mini-spine services.

Communications

The Trust has documented procedures in place to ensure the timely dissemination of information, both internally and externally, and for the prompt resolution of queries, including timescales for amending the appropriate data source. This is documented through the Trust's Data Quality Handbook.

Consistency

Data items must be internally consistent, for example, patients with multiple episodes must have contiguous dates. Operations and diagnoses are consistent for ages and/or sex. This relies on the PAS system functionality and the integrity of its Database as well.

Coverage

Data on the PAS system will reflect all the work that is carried out by the organisation. Admissions, outpatients' attendances, operations and procedures will all be recorded. Correct procedures are essential to ensure complete data capture.

6   Overall Responsibility for the Document

The Business Intelligence Manager in conjunction with the Data Quality Steering Group, the Director of Finance and the Caldicott & Information Governance Assurance Committee are responsible for ratifying this document.

7	Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of three years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Caldicott & Information Governance Assurance Committee and ratified by the Director of Finance

Non-significant amendments to this document may be made, under delegated authority from the Director of Finance, by the nominated author. These must be ratified by the Director of Finance and should be reported, retrospectively, to the Data Quality Steering Group and the Caldicott & Information Governance Assurance Committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes

8	Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the "Daily Email" electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director of Finance and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9	Monitoring Compliance and Effectiveness

Monitoring of this policy and its processes will be undertaken through the Data Quality Steering Group and the RTT Validator, in the day to day operation of the policy, to ensure compliance, with any concerns escalated to the Business Intelligence Manager. This policy will be reviewed every three years or sooner where required.

The national Key Performance Indicators via SUS Data Quality Dashboards are monitored at each Data Quality Steering Group with issues raised, escalated and monitored. For 2020/2021, University Hospitals Plymouth NHS Trust benchmarked top of the Local Area for Data Quality, for the 8th consecutive year.

Locally monitored indicators are prioritised and brought to the Data Quality Steering Group for review each meeting. They are changeable, but currently include reports on Missing Outcomes & Attendance Status', Follow Waiting List Risk Patients, Referral to Treatment Patients with an Unknown Status, Invalid GPs & Past TCI patients.

Key quality issues will be reported to the Board.

10　References and Associated Documentation

The following sources of information are referred to in this policy, or provide additional reference material.

External Information

The Care Quality Commission is the health and adult social care regulator; they analyse and inspect services, by asking providers to assess themselves and by collecting information to help us monitor how they are performing. If there is evidence of a serious and urgent problem that is putting people at risk, they will investigate and take immediate action where necessary.

http://www.cqc.org.uk/

Information Governance is the legal framework governing the use of personal confidential data in health care is complex. It includes the NHS Act 2006, the Health and Social Care Act 2012, the Data Protection Act, and the Human Rights Act.

The law allows personal data to be shared between those offering care directly to patients but it protects patients' confidentiality when data about them are used for other purposes. These "secondary uses" of data are essential if we are to run a safe, efficient, and equitable health service. They include:

- Reviewing and improving the quality of care provided
- Researching what treatments work best
- Commissioning clinical services
- Planning public health services

Generally speaking, people within the healthcare system using data for secondary purposes must only use data that do not identify individual patients unless they have the consent of the patient themselves.

https://www.england.nhs.uk/ig/

Data Quality – Guidance for providers and commissioners

https://www.england.nhs.uk/wp-content/uploads/2016/03/local-commissioning-data-quality-guidance.pdf

NHS Digital – Data Quality Assurance

https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/data-quality#dqa-steering-group

NHS Digital – Strategy

NHS Digital is the national digital, data and technology delivery partner for the NHS and social care system. We design, build, deploy and operate national products, platforms and data services for patients, clinicians, those who manage the system and clinical researchers in the NHS, academia and the life sciences sector.

https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/our-strategy

NHS Long Term Plan – Digital Transformation

https://www.longtermplan.nhs.uk/areas-of-work/digital-transformation/

Annex A - FAQ

What is Data Quality?

Data quality is concerned with the ability to supply accurate, timely and complete data. This can be translated into high quality information to provide better patient care and patient safety. *Data quality* is vital to effective decision making at all levels of the organisation.

Supplying accurate data is a complicated task for a number of reasons:

- There are many ways for the data to be inaccurate - data entry errors and incomplete data, etc.

- Data can be corrupted during translation depending on who is translating it, how and with what tools/processes.

- Data must relate to the correct time period and be available when required.

- Data must be in a form that is collectable and which can subsequently be analysed.

To ensure an organisation achieves data quality, it must set out how:

- Data is collected and co-ordinated.

- Data is transferred between systems.

- Data is organised.

- Data is analysed.

- Data is interpreted.

- Conclusions and results drawn from the data are validated.

The Key Characteristics of Data Quality

The following principles are used in the assessment of data quality:

- **Accurate:** Is the data correct?

- **Free from Duplication:** Do two or more records exist for the same patient?

- **Comprehensive:** Is the relevant data collected and are any data omissions (where intentional or otherwise known) documented.

- **Consistent:** Are clear and accurate data definitions implemented and adhered to? Do the data definitions define what level of detail is collected?

- **Valid:** Is the data up-to-date?

Why is the NHS Number so important?

The NHS Number is a unique national identifier for NHS patients. Patients can be traced and verified against the Personal Demographic Service (PDS) either in bulk via the Demographic Batch Service (DBS), interfaced access by mini-spine services or on-line via the Summary Care Record (SCR) using the NHS number which is specific to them.

Duplicate records have arisen when the same person, perhaps known by two different names, seeks medical help at two different sites. The correct use of an assigned NHS number will eliminate such duplications.

Currently, the majority of patients have their own ten-digit NHS number. In time, every patient will have an NHS number.

It is important for each NHS Number has a Present and Verified flag, this ensures that the patient will match with other systems and prevent further duplicated records. This Present and Verified flag is loaded automatically when searches and checks are done against the DBS by batch tracing.

How can NHS organisations and staff help to improve data quality?

All NHS trusts have a responsibility to ensure their data is accurate and fit for purpose.

NHS staff can make a difference by ensuring, for example, that they include their patients' NHS numbers on all communications within the NHS. Staff can also use the NHS Summary Care Record to trace and verify patients' demographic details and most importantly, their NHS Number.

NHS organisations can also explain to patients why it is important that they identify themselves in a consistent way when they use NHS services – for example, asking a person called William, who is sometimes also known as Bill, to give the same form of his name each time.

It is the responsibility of staff to ensure that they record the correct activity against the correct patient's record, ensuring the information added is accurate and up to date on the PAS.

How will patients benefit from high quality data?

Patients will receive better, safer care from the NHS if the quality of information held about them is accurate, up-to-date and readily available.

High quality data means that wherever and whenever a patient requires care, the clinicians caring for them will have access to a complete, accurate and up to date record.

How will clinicians benefit?

Having high quality information available will mean that clinicians have greater levels of confidence that they are advising patients about the best care for them on the basis of accurate, up to date, complete information. In exceptional circumstances, such as in the case of an accident and emergency clinician treating an unconscious patient, clinicians can have greater confidence in the treatment decisions they make on behalf of patients. Quality data, on demand, means that doctors and nurses can spend more time treating patients and less time searching, waiting for, and checking patient information.

Annex B – Committee Structure

Structure from March 2021

Records & Information Governance Framework	March 2021

Assurance & Compliance   **Management & Transformation**

Trust Board

Director of Finance (SIRO)

Caldicott & Information Governance Assurance Committee

Provide independent oversight of the Trust's information governance and Caldicott responsibilities and give assurance to the Trust Board that appropriate arrangements are in place to meet statutory and best practice requirements.

Digital Strategy Board

Defines the Trust's digital strategy and digital clinical strategy, approves the commissioning and prioritisation of new tactical projects as escalated from the prioritisation groups, and provides the clinical and functional expertise in support of the digital agenda

Data Quality Steering Group

Oversight and implementation of arrangements for maintaining the accuracy and integrity of key Trust data

Local Records Leads Forum

Oversight and implementation of Records Inventories to support the Trust's record of processing activities.

Information Recording Steering Group

Oversight and ratification of proposed changes to recording pratices on Trust IT systems.

Digital Programme Board

Oversees the delivery of the Digital Tactical Programme (DTP), 1-3 year initiatives which increase digitisation within the Trust.

Health Records Steering Group

Oversees the Trust's implementation of an effective health records management system for patient records.

New Projects Prioritisation Group

Manages the review and approval of requests for new digital projects.

Software Development Prioritisation Group

Manages the review and approval of software development requests.

Annex C – Data Quality Steering Group

TERMS OF REFERENCE

Introduction

The purpose of the Data Quality Steering Group (DQSG) is to provide the strategic direction for Data Quality & oversee and gain assurance on the quality of the data on the Trusts Patient Administration System (iPM) used at University Hospitals Plymouth NHS Trust and any other system which directly affects key standards (e.g. A&E, Maternity, SUS), patient safety or financial sustainability.

Membership

- Business Intelligence Manager (Chair)
- Deputy Clinical Systems Manager (Deputy Chair)
- Clinical Administration Trainer - Patient Access
- Clinical Systems Trainer
- RTT Validator
- Senior Data Warehouse Developer
- Information Analyst (or Information Team representative)
- Costing Team Representative (When required)
- Coding Team Representative (When required)

When members are not available to attend then they should nominate a representative. The Chair will decide if there is sufficient attendance for a meeting to be quorate. Attendance at each meeting should include the Chair or nominated deputy, Information Team representative, Data Warehouse Team representative, Patient Access Team representative, Deputy Clinical Systems Manager or nomination, and the DQ Team representative.

Other staff may be invited to discuss specific issues as and when necessary.

Accountability

To the Caldicott & Information Governance Assurance Committee and through to the Trust Board. Minutes will be received by this group.

Goals & Objectives

To gain assurance on the quality and timeliness of data is of the required standard to support: -

- Patient Safety
- Accurate and Manageable Waiting Lists
- Payment by Results (PbR)
- National Benchmarking
- Other key National (including CQC) standards
- iPM users
- Other clinical systems
- Adherence to Government Legislation (e.g. Data Protection Act 2018) and University Hospitals Plymouth NHS Trust polices.

Activities & Responsibilities

- To devise develop and review the Data Quality Strategy and Policies for the University Hospitals Plymouth NHS Trust.

- To regularly review and prioritise the internally developed Data Quality reports in line with current demands and targets.

- To promote the use of the Trust's Data Quality Handbook.

- To promote and facilitate best practice and share corporate expertise across PHNT Service Lines and other management units at the University Hospitals Plymouth NHS Trust.

- To monitor and audit Data Quality as part of Information Governance strategy and work towards compliance with Information Governance Toolkit requirements and the Data Protection Act 2018.

- To use externally produced data quality reports to identify issues and devise action plans to resolve.

- To develop and manage an audit plan for checking the accuracy of service user data.

- To develop and regularly review a suite of Data Quality monitoring reports and use these to manage issues at Trust and Service Line level, identifying training needs in the process.

- To review and discuss guidance documentation, e.g. Administrative Procedure Notes (APNs).

- To plan and identify resource requirements.

- To devise strategies to improve communication, relating to concerning Data Quality issues, at University Hospitals Plymouth NHS Trust.

- To report regularly to the Caldicott & Information Governance Assurance Committee.

- To allow the group to agree and disseminate issues which need to be progressed with system suppliers.

- To actively promote the use of the NHS Number at University Hospitals Plymouth NHS Trust.

Meetings

The Data Quality Steering Group will meet once every 6 weeks.

Review Date

The terms of reference will be reviewed in 12 months

Annex D – Other Systems Data Quality Policies

As support to the main policy, all IT systems in the Trust have a System Level Security Policy, which contain a section on the overarching Data Quality approach to the data residing in their system.

Dissemination Plan	Appendix 1

Core Information	
Document Title	Data Quality Policy
Date Finalised	
Dissemination Lead	Director of Finance
Previous Documents	
Previous document in use?	Yes
Action to retrieve old copies.	Remove from Trust documents and replace

Dissemination Plan				
Recipient(s)	**When**	**How**	**Responsibility**	**Progress update**
All staff		Daily Trust Email	Document Control	

Review and Approval Checklist	Appendix 2

Review		
Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
Document Control	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Equalities and Human Rights Impact Assessment | Appendix 3

Core Information

Manager	Paul Uren
Directorate	Performance & Management Information
Date	03/10/2021
Title	Data Quality Policy
What are the aims, objectives & projected outcomes?	Review of Data Quality

Scope of the assessment

This policy has limited equalities and human rights impact, all appropriate staff have been consulted and this policy is available in all forms of communication upon request and contains no restriction or prejudice to any group.

Collecting data

Race	N/A
Religion	N/A
Disability	N/A
Sex	N/A
Gender Identity	N/A
Sexual Orientation	N/A
Age	N/A
Socio-Economic	N/A
Human Rights	N/A
What are the overall trends/patterns in the above data?	N/A
Specific issues and data gaps that may need to be addressed through consultation or further research	N/A

Involving and consulting stakeholders

Internal involvement and consultation	N/A
External involvement and consultation	N/A

Impact Assessment

Overall assessment and analysis of the evidence	N/A			

Action Plan

Action	Owner	Risks	Completion Date	Progress update