

# DATA QUALITY POLICY

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**Executive**

**Lead:** Simon Marshall, Director of Finance & Information

**Status:** Approval date: November 2020

Ratified by: Information Governance Steering Group

Review date: November 2022

Patients first • Personal responsibility • Passion for excellence • Pride in our team

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## History

Issue	Date Issued	Brief Summary of Change	Author
1	Sept 2010		Margaret Egeman
2	Jan 2012		Margaret Egeman
3	Jan 2014		Margaret Egeman
4	Mar 2016	Review and minor amendments: Names and Job Titles Responsibility for IGT completeness and validity check	Jenny Church
5	Mar 2018	Review and minor amendments: Names and Job Titles Clarification on scope in introduction	Simon Berry
6	Nov 2020	Review and minor amendments	Simon Berry
7	Nov 2020	Thorough review with amendments throughout and Final Review	Laura Ellis-Philip

For more information on the status of this document, please contact:	
Policy Author	Simon Berry
Department/Directorate	Digital Services
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Ratified by	Information Governance Steering Group
Audience	Trust-wide

## **Executive summary**

Good data quality is critical to ensuring a number of functions and objectives of the Trust, including patient care and sound decision making at every level.

This document will support all staff involved in the collection, use and management of patient data and give assurance to the Trust that data is fit for purpose.

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## 1. INTRODUCTION

- 1.1 The Trust requires complete, accurate and timely information to support the delivery of its core business objectives and the monitoring of activity and performance for internal and external management purposes. Data quality in the context of this policy relates to the collection and recording of data, and the entry of data electronically on trust-wide systems.

## 2. PURPOSE

- 2.1 Good data quality is critical to ensuring a number of functions and objectives of the Trust and this document is designed to provide a framework of guidance and instruction for all staff involved in the collection, use and management of data to follow by:

- Delivering efficient patient care through the provision of accurate and timely data
- Minimising clinical risk
- Adhering to clinical governance and ensuring that accurate data is available to identify areas for improving clinical care
- Administrative processes that provide efficient means of communicating with patients and carers
- Ensuring reliable information on all aspects of the Trust's performance to the board and stakeholders
- Measuring the Trust's performance and comparing it with that of peers and national trends
- Compliance with legislation
- Adhering to Government initiatives and strategic programmes
- The effective use of resources (people, equipment, services)
- Commissioning data

## 3. SCOPE

- 3.1 This policy covers all data collected by the Trust and includes:
- Patient information systems such as, PAS/PatientCentre, PACS, Evolve, and the new Surrey Safe Care electronic patient record when it goes live
  - Finance and payroll systems
  - Human resource systems such as Electronic Staff Record and HealthRoster

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- Any other corporate system or form where information is captured digitally or on paper.

#### 4. TERMINOLOGY

Term	Meaning / Application
SHALL/MUST	This term is used to state a <b>mandatory</b> requirement of this Policy
SHOULD	This term is used to state a <b>recommended</b> requirement of this Policy
MAY	This term is used to state an <b>operational</b> requirement of this Policy

#### 5. RESPONSIBILITIES

5.1 It is incumbent upon all staff to ensure that good quality procedures are integrated and embedded into wider organisational practices and considered to be part of everyone's role. It is a misconception that data quality is the responsibility of information specialists and the Data Quality Team; the Data Quality Team plays a remedial role in order to catch errors.

5.2 Data collection/entry is performed by large numbers of staff across the Trust. Examples include the following roles: reception, appointments, clinical office, clinical, nursing, workforce, payroll, training, clinical systems management, finance. This is not an exhaustive list and the policy covers any member of staff entering data into a system, whether digitally or on paper (e.g. form filling).

5.3 Data quality is an integral element of the job roles of all staff members.

5.4 Those with specific Data Quality responsibilities are:

- **Board**

The Trust Board will take a lead in improving and assuring themselves of the quality of the data they receive and that which the Trust publishes.

- **Director of Digital**

The Director of Digital is responsible for raising the profile, prominence and understanding of Data Quality at Board level and ensuring that Data Quality is embedded in the Trust's risk management arrangements.

- **Head of Information Services**

The Head of Information Services will be responsible for:

The delivery of updates to the Board on data quality performance and issues;

Defining mechanisms for managing the internal and external sources of data quality assurance, guidance and standards;

Identifying how these mechanisms are integrated into various systems procedures and ensuring that data quality procedures are documented and maintained;

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Ensuring that there are appropriate monitoring and reporting processes for relevant data quality indicators, including carrying out data completeness and validity audits.

- **General/Senior Managers**

General/Senior Managers in each directorate or division are:

Accountable for the completeness and accuracy of the data recorded within their Directorate;

Responsible for promoting good data management practices, and ensuring staff are adequately trained and apply the appropriate procedures and guidelines;

Accountable for the correction of errors within a specifically agreed timescale.

These responsibilities must be cascaded down through divisional teams.

- **System Managers/Information Asset Owners**

System managers/Information Asset Owners are responsible for the security and quality of data on their system and compliance with relevant legislation and NHS standards.

- **Data collectors and entrants**

All data collectors and entrants are:

Responsible for the completeness and accuracy of the data that they record;

Responsible for the correction of data that has been entered incorrectly within specifically agreed timescales;

Aware of data quality, understand and follow procedures relating to data management, and attend relevant training sessions.

## 6. DATA MANAGEMENT

- 6.1 All data collection must be supported by documented Standard Operating Procedures covering the capture, entry and validation of patient/staff/other information.
- 6.2 These procedures must be reviewed and updated at regular intervals. Copies must be kept together with training documentation and other user guides in all areas where information is collected and data is recorded.
- 6.3 Processes and procedures must be kept in place to ensure that where new services are provided or system changes are made, the appropriate action is taken to notify system administrators of changes and ensure that all users are aware of the impact of those changes to maintain information quality.
- 6.4 Managers who are responsible for staff and systems that collect or enter data must actively pursue high data quality standards. They must seek assurance of the quality of the data entered by their teams and take action to ensure ongoing improvements by requesting and acting upon regular data quality monitoring reports.
- 6.5 Individual members of staff are also responsible for ensuring that they

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understand and follow these standards.

- 6.6 Formal notifications from central bodies or local governing or commissioning organisations must be implemented and disseminated appropriately on receipt.

## 7. DATA MONITORING AND VALIDATION

- 7.1 Procedures must be in place to ensure that staff routinely check information with the source and that any corrections are made immediately.
- 7.2 Where point of entry validation is not possible or data entries are incorrect, reporting processes must be established to return potential incomplete or invalid data to the entrant for subsequent correction.
- 7.3 The Data Quality Team must undertake daily patient demographic information checks via the online tracing service SCR and routine NHS Number validation via the batch tracing service DBS.

## 8. DATA QUALITY REPORTING

- 8.1 There is a framework in place to report specific data quality issues that may arise to the appropriate members of staff.
- 8.2 The Data Quality Coordinator will establish regular meetings with key administrative staff groups to discuss, agree and disseminate data quality issues.
- 8.3 Significant issues will be raised at the Information Governance Steering Group in the data quality report.

## 9. AUDIT

- 9.1 Data quality will be reinforced by a programme of scheduled audits.
- 9.2 Each Directorate will be responsible for carrying out specific annual audits.
- 9.3 The Data Quality Team will undertake annual accuracy checks, encompassing Admitted Patient Care/Outpatient Data and Elective Admissions and Patient Demographics.
- 9.4 The Head of Information Services will oversee an annual audit of activity data completeness and validity in line with the requirements of the Data and Security Protection Toolkit (DSPT).
- 9.5 Records of validation checks/audits must be retained for a minimum of eighteen months to allow for subsequent inspections.

## 10. EDUCATION AND TRAINING

- 10.1 New starters will receive training on data quality as part of their Induction

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Programme and System User training.

10.2 Local areas will have specific procedures providing ongoing data quality training for all staff.

## 11. COMMUNICATIONS

11.1 This policy and associated procedures will be available to all staff via the Intranet. Hard copies should be kept locally at all appropriate sites for staff to refer to.

11.2 Managers are responsible for ensuring that their staff are aware of these procedures and are kept informed of any changes or additions.

## 12. SECURITY

12.1 All staff must comply with security requirements within the Trust's security policies and procedures documentation.

12.2 All staff must abide by confidentiality policies and procedures ensuring that any personal identifiable information is kept secure at all times.

12.3 The Trust will take disciplinary action against any person who is in breach of these policies and procedures.

## 13. SUMMARY

13.1 To embed data quality into day-to-day practice it is critical that all staff are aware, engaged and fully understand the implications of poor data. It is the responsibility of all managers and team leaders to cascade this to their team.

13.2 Producing data that is fit for purpose is an integral part of the Trust's vision to provide an outstanding experience and best outcome for patients and the team. As such, high data quality standards are an essential element of operational, performance management and governance arrangements.

## 14. ARCHIVING

14.1 This is a Trust-wide document and archiving arrangements are managed by the Quality Department, who can be contacted to request master/archived copies.

## 15. EQUALITY IMPACT ASSESSMENT

See Appendix 1

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## ASHFORD & ST. PETER'S HOSPITALS NHS FOUNDATION TRUST

### Equality Impact Assessment Summary

**Name:** Laura Ellis-Philip

**Policy/Service:** Data Quality Policy

<p><b>Background</b></p> <ul style="list-style-type: none"> <li>• Description of the aims of the policy</li> <li>• Context in which the policy operates</li> <li>• Who was involved in the Equality Impact Assessment</li> </ul>
<p>This Policy has been developed to provide guidance by which all staff involved in the collection, use and management of patient data can ensure the delivery of the Trust's core business objectives and the monitoring of activity and performance.</p> <p>This impact assessment has been undertaken by the Policy reviewer.</p>
<p><b>Methodology</b></p> <ul style="list-style-type: none"> <li>• A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)</li> <li>• The data sources and any other information used</li> <li>• The consultation that was carried out (who, why and how?)</li> </ul>
<p>This Policy is applicable to all and sets out best practice guidelines to ensure patient, staff and other information, whether obtained from the patient, GP Surgery, NHS Trust or other agencies, is collected and recorded in a fair, appropriate and consistent manner.</p> <p>The Policy was circulated to the Information Governance Steering Group for consultation.</p>
<p><b>Key Findings</b></p> <ul style="list-style-type: none"> <li>• Describe the results of the assessment</li> <li>• Identify if there is adverse or a potentially adverse impacts for any equalities groups</li> </ul>
<p>The Policy does not have any adverse effect on any particular group.</p>
<p><b>Conclusion</b></p> <ul style="list-style-type: none"> <li>• Provide a summary of the overall conclusions</li> </ul>
<p>This Policy promotes fair, consistent and confidential handling of data.</p>

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**Recommendations**

- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment

No changes recommended.