

Informatics Data Quality Policy

CATEGORY:	Policy
CLASSIFICATION:	Governance
PURPOSE	To detail the processes for Data Quality for Information Management
Controlled Document Number:	574
Version Number:	4.2
Controlled Document Sponsor:	Head of Health Informatics
Controlled Document Lead:	Senior Projects & Business Analyst Manager
Will this Controlled Document impact upon any contracts held by the Trust?	<input type="checkbox"/> Yes ¹ <input checked="" type="checkbox"/> No
Approved By:	Chief Executive
On:	7 July 2020
Review Date:	1 July 2022
Distribution:	
<ul style="list-style-type: none">• Essential Reading for:• Information for:	All Staff who deal with patient data All Staff

¹ If this Controlled Document will have an impact on any contracts held by the Trust, once approved, this will need to be sent to the Procurement Team requesting that it be added to the Procurement Policy Portal

Contents

Paragraph		Page
1	Policy Statement	3
2	Scope	3
3	Framework	4
4	Duties	6
5	Implementation and Monitoring	7
6	References	8
7	Associated Policy and Procedural Documentation	9
Appendices		
Appendix A	Monitoring Matrix	10

1. Policy Statement

1.1 This policy outlines University Hospitals Birmingham NHS Foundation Trust (the 'Trust') principles and framework for high quality patient data, recognised as an essential part of running a quality service and embedded in the organisation as a key priority for all staff. All reasonable measures will be taken to ensure that all patient information generated by the Trust is accurate, complete where appropriate, and created in real time.

1.2 Data Quality is the term used to define and measure the completeness, accuracy, relevancy, accessibility and timeliness of all patient data generated by the Trust. The link below details these dimensions in more detail

<https://www.england.nhs.uk/data-services/validate/>

1.3 Accurate patient data is essential for:

- Clinical care delivery and patient safety
- Effective financial management under payment by results
- Effective management of waiting times
- Effective demand and capacity management
- Accurate information for decision making and service improvement
- The patient experience through high quality patient administration
- Quality Outcome Measures

1.4 Inaccurate data and information can seriously impede performance improvement due to the inability to monitor and measure performance accurately when the data is suspect. This consequently may make effective decision making from analysis of the data difficult to achieve. An example of a key issue which may arise is that of whether or not a report is showing either poor performance, or poor data quality.

2. Scope

2.1 This policy applies to all areas and activities of the Trust and to all individuals working for the Trust including bank staff, contractors, volunteers, locum and agency staff and staff on honorary contracts.

2.2 This policy will only be applicable to patient-derived data; staff-related data will be covered by separate quality processes by the Human Resources Department.

- 2.3** This policy also excludes data obtained from Third Parties as the Trust is unable to control the quality of the data. Feedback will be provided to the data source if appropriate.

3. Framework

- 3.1** This policy will be implemented and monitored by the Director of Strategy and Quality Development. All staff members are responsible for data quality as outlined in this section; the Informatics Department will monitor staff competency following all training sessions.
- 3.2** All Trust systems, manual and electronic, containing internally generated patient data, will have the same level of scrutiny regarding the quality of the patient data they hold. Any issues with data quality will be reported by the Operational teams at the appropriate Governance structures across the Trust.
- 3.3** The Data Quality Policy is to be read in conjunction with the Record Management and Information Lifecycle Policy. Whilst the former aims to protect the quality of input and creation (i.e. accuracy and completeness) of corporate and patient data gathered by the Trust, the latter sets out a framework for effective information and records management within the Trust. The Data Quality Policy should also be read in conjunction with the Data Protection, Confidentiality and Disclosure Policy
- 3.4** All staff should undergo appropriate training before being given access to any Trust information systems. The IT department will only give access to the Trust core Patient Administration System (PAS) following completion of training and proven achievement of the required competencies. Individual Information Asset Owners (IAO) are responsible for identifying appropriate training for staff accessing Trust systems.
- 3.5** Data Quality is owned, monitored and managed through the line management structure, with issues raised and reviewed at the following forums:
- Digital Healthcare Group UHB
 - Monthly Clinical Quality Monitoring Group UHB
 - Information Governance Group UHB
 - Clinical and Professional Review of Incidents (CaPRI) UHB
- 3.6** The Informatics Department monitor the notices for all changes to national information standards. Any new information standards requiring changes to practice will be communicated to relevant staff at the earliest opportunity via email.

3.7 The Informatics Department and the Operational Performance Team will work closely together to routinely check for the validity and completeness of data used for national financial and activity monitoring processes, feeding any data quality process issues back to their source to aid continuous improvement.

3.8 The flowchart below shows the cycle for data validation and cleansing after inputting at source has taken place:



3.8.1 The Ward Clerk team leaders are required to undertake monthly quality monitoring checks of inpatient data entered onto Patient Administration System (PAS) by the Ward Clerks. A range of indicators are used to check the accuracy of the inpatient data with the aim of achieving an accuracy rate of 95% or higher.

3.8.2 Data Quality Accuracy checks take place on specified fields in line with the Data Security & Protection Toolkit and reported to the IGG.

3.8.3 Data Quality validations and accuracy checks take place against a range of quality indicators on all Trust activity using regular exception reports on a daily, weekly and monthly basis before submission to Secondary Uses Services (SUS), discrepancies are validated and corrected as appropriate. SUS is the single, comprehensive repository for healthcare data in England via NHS Digital. Any mandated returns that are submitted by the information team are signed off by the Head of Operational Performance or delegated equivalent.

3.8.4 Peer review takes place to check the accuracy and presentation of ad hoc requests.

3.8.5 Individual IAOs will ensure the monitoring and auditing of data in the information systems for which they are responsible (see point 4.7).

4 Duties

4.8 Executive Chief Operating Officers (COOs)

The Executive Chief Operating Officers have overall responsibility for managing performance with regards to divisional data quality and ensuring appropriate mechanisms are in place to facilitate recording and monitoring of accurate and complete data, so that quality is maintained at all times by the Divisions with support from the Informatics department.

4.9 Executive Chief Medical Officer

The Executive Medical Director has overall responsibility for ensuring appropriate mechanisms are in place to achieve and sustain high levels of data quality arising from corporate patient administration processes, IT systems, training and medical staff and for the Information and Compliance teams

4.10 Executive Chief Nurse

The Executive Chief Nurse has overall responsibility for ensuring appropriate mechanisms are in place to enable all nursing staff to record accurate and complete patient data where appropriate.

4.11 Director of Strategy and Quality Development

The Director of Strategy and Quality Development has responsibility for ensuring effective processes are in place to monitor and report on levels of data quality, monitoring individual staff performance and highlighting areas requiring improvement and training.

4.12 Director of Patient Services

The Director of Patient Services has responsibility for ensuring effective processes are in place to achieve and sustain high levels of data quality in the following patient administration areas:

- Health Records Clerks
- Outpatient Clerks
- Booking Centre Clerks

4.13 Departmental Managers

All Departmental Managers are responsible for ensuring adherence to this policy, monitoring accuracy of patient data in their local systems. Departmental Managers are reminded that the duties set out in this policy are additional duties to those outlined in the Record Management and Information Lifecycle Policy.

4.14 Information Asset Owners

Information Asset Owners are responsible for ensuring that the appropriate processes are in place for maintaining the required standards for data quality, including staff training, monitoring and audit of data quality and the reporting of exceptions.

4.15 All Staff

All staff are responsible for the following:

- Ensuring they take appropriate care when recording, updating or validating patient information;
- Recognising the direct impact that incorrect information can have on patient care, raising concerns with their departmental managers when issues that may compromise the recording of accurate and timely information are identified.

5 Implementation and Monitoring

Implementation

- 5.8 This policy will be available on the Trust's Intranet and internet site. It will also be disseminated through the management structure within the Trust.
- 5.9 Implementation of this policy will take the form of effective individual staff performance measurement and monitoring through the line management structure in each department.
- 5.10 The concept of Data Quality and its contributory role in the facilitation of effective patient care must be introduced to all new staff during local induction, as well as awareness to the Data Quality Policy.
- 5.11 Data Quality will also be monitored externally by the use of. The Data Security and Protection Toolkit through NHS Digital. This online system allows organisations to self-assess or be assessed against Information Governance policies and standards.

5.12 Activity will be submitted monthly to NHS Digital, who provide a standardised data structure for providers to submit data into, named Secondary User Service (SUS). This tool promotes consistency and improved quality of data. The quality of data for the Trust is benchmarked nationally using the external SUS Benchmarking report.

Monitoring

Appendix A provides details on how the policy will be internally monitored by the Trust.

6 References

General Data Protection Regulation (GDPR 2016/679)

Data Protection Act 2018

Data Security & Protection Toolkit (NHS Digital)

Freedom of Information Act 2000

NHS Data Model Dictionary for England

Computer Misuse Act 1990

Data Sets Change Notification (DSCN) 31 and 32, 2008

7 Associated Policy and Procedural Documentation*

Incident Reporting and Management Policy and Procedure UHB

Clinical Audit Procedure UHB

Record Management and Information Lifecycle Policy UHB

Health Records Filing Protocol QEHB

Monitoring of Health Records Procedure QEHB

Information Governance Policy UHB

Data Protection, Confidentiality and Disclosure Policy UHB

18 Weeks Effective Management Guidelines QEHB

Corporate Records and Archiving Procedure QEHB

Records Management (Corporate and Clinical) Policy (UHB)

Record Keeping in Healthcare Records Procedure HGS

Amalgamation Procedure (Including Confused Records HGS)

***Note: Pre-existing HGS controlled documents take effect as procedures where the UHB policy does not apply or are being updated and merged into a UHB document**

Appendix A

Monitoring Matrix

MONITORING OF IMPLEMENTATION	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITORING FREQUENCY
<p>The Ward Clerk team leaders are required to undertake monthly quality monitoring checks of inpatient data entered onto Patient Administration System (PAS) by the Ward Clerks. A range of indicators are used to check the accuracy of the inpatient data with the aim of achieving an accuracy rate of 95% or higher.</p>	<p>Ward Clerk Operational Manager</p>	<p>IGG</p>	<p>Data Quality Audits against key performance indicators</p>	<p>Quarterly</p>
<p>UHB SUS data quality benchmarking review. DQMI – data quality benchmarking</p>	<p>Data Quality Improvement Officer</p>	<p>IGG</p>	<p>Comparison of data quality indicators against other NHS Trusts</p>	<p>Quarterly</p>
<p>Informatics staff achieving the required 90% Information Governance standard</p>	<p>Senior Projects & Business Analyst Manager</p>	<p>Informatics Senior Manager's Meeting IGAG</p>	<p>Ad hoc Report showing the % compliance for Heath Informatics.</p>	<p>Ad Hoc</p>