Informatics Data Quality Policy

<table>
<thead>
<tr>
<th>CATEGORY:</th>
<th>Policy</th>
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<tr>
<td>CLASSIFICATION:</td>
<td>Governance</td>
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<tr>
<td>PURPOSE</td>
<td>To detail the processes for Data Quality for Information Management</td>
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<td>Controlled Document Sponsor:</td>
<td>Director of Quality Development</td>
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<td>Controlled Document Lead:</td>
<td>Data Quality Manager</td>
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<td>☑ Yes</td>
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<td>☐ No</td>
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<td>Approved By:</td>
<td>Chief Executive</td>
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<tr>
<td>On:</td>
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</tr>
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<td>Review Date:</td>
<td>June 2020</td>
</tr>
<tr>
<td>Distribution:</td>
<td>All Staff who deal with patient data</td>
</tr>
<tr>
<td>Essential Reading for:</td>
<td>All Staff</td>
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<tr>
<td>Information for:</td>
<td>All Staff</td>
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† 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.
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### Appendices

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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:


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 this 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 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; and
- Information Governance Group UHB

3.6 The Informatics Department monitors 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 Payment by Results, 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 4.14).

4 Duties

4.8 Chief Operating Officer

The Chief Operating Officer has 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 and Data Quality departments.

4.9 Medical Director

The 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 Data Quality Teams.

4.10 Chief Nurse

The 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 Quality Development

The Director of 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; and
- 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 (IAOs)**

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:

4.15.1 Ensuring they take appropriate care when recording, updating or validating patient information; and

4.15.2 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**

5.1 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.

5.2 Implementation of this policy will take the form of effective individual staff performance measurement and monitoring through the line management structure in each department.

5.3 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.

5.4 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.
5.5 Activity will be submitted monthly to NHS Digital, who provides 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

Data Protection Act 2018
General Data Protection Regulation (GDPR 2016/679)
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
Records Management 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
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.
### Appendix A

**Monitoring Matrix**

<table>
<thead>
<tr>
<th>MONITORING OF IMPLEMENTATION</th>
<th>MONITORING LEAD</th>
<th>REPORTED TO PERSON/GROUP</th>
<th>MONITORING PROCESS</th>
<th>MONITORING FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Ward Clerk Operational Manager</td>
<td>IGG</td>
<td>Data Quality Audits against key performance indicators</td>
<td>Quarterly</td>
</tr>
<tr>
<td>UHB SUS data quality benchmarking review</td>
<td>Information Manager</td>
<td>IGG</td>
<td>Comparison of data quality indicators against other NHS Trusts</td>
<td>Quarterly</td>
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<tr>
<td>Informatics staff achieving the required 90% Information Governance standard</td>
<td>Data Quality Manager</td>
<td>Informatics Manager’s Meeting</td>
<td>Report showing the % compliance for Informatics.</td>
<td>Quarterly</td>
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<tr>
<td>Achieving the required level for data quality accuracy checks in line with the Data Security &amp; Protection Toolkit (DSPT).</td>
<td>Data Quality Manager</td>
<td>IGG</td>
<td>Audits to ensure compliance against the DSPT.</td>
<td>Yearly</td>
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