Cheshire and Wirral Partnership
NHS Foundation Trust

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Data Quality Policy

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Type of document	Procedure
Target audience	All CWP staff
Document purpose	To provide guidance on the management of Data Quality to improve overall performance.

Approving meeting	Information Governance & Data Protection Sub-Committee	13/03/2019
Implementation date	September 2019	

CWP documents to be read in conjunction with	
HR6	Mandatory Employee Learning (MEL) policy
CP3	Health Records Policy
IM7	Confidentiality Policy
	Trust Data Quality Framework

Document change history	
What is different?	1. Job titles and subcommittee name updated to reflect organisation changes since last review – no substantive amendments; 2. Change of MHMDS to MHSDS dataset; 3. Addition of CYPHS and IAPT MDS datasets which did not exist; 4. Addition of EMIS and PCMIS to clinical systems; and 5. Addition of monthly to frequency of data quality reports Additional data items added to appendix 1
Appendices / electronic forms	N/A
What is the impact of change?	N/A

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.

Document consultation	
Clinical Services	Clinical representatives of the Information Governance & Data Protection Sub-Committee
Corporate services	Corporate representatives of the Information Governance & Data Protection Sub-Committee
External agencies	N/A

Financial resource implications	None

External references

1. N/A

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
N/A		
Is the impact of the document likely to be negative? - If so can the impact be avoided? - What alternatives are there to achieving the document without the impact? - Can we reduce the impact by taking different action?	No N/A N/A N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted. If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	N/A	
What is the level of impact?	N/A	

Contents

1. Introduction

High quality information means better patient care and patient safety and there are potentially serious consequences if information is not correct 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.

CWP requires timely, relevant and accurate patient information in order to support:

- The delivery of patient care;
- The delivery of its core business objectives;
- The monitoring of activity and performance for internal and external management purposes;
- Clinical governance and clinical audit;
- Service agreements and contracts;
- Healthcare planning;
- Accountability.

The obligations upon all staff to maintain accurate records are:

- Legal (Data Protection Act 1998);
- Contractual (contracts of employment);
- Ethical (professional codes of practice).

CWP needs a trustwide commitment to data quality, which will in turn assist in its efficient meeting of performance targets. Improving data quality is more about encouraging positive attitudes than installing IT systems and therefore requires effort, resources and commitment at all levels in the Trust.

The policy is influenced by the requirements of the NHS Information Governance Toolkit, NHS I and Care Quality Commission (CQC) indicators for Terms of Authorisation as a Foundation Trust.

2. Scope

This policy is intended to cover all types of patient information recorded within the Trust, with particular emphasis on the main computer based system, the CareNotes Clinical System, EMIS, PCMIS; Data is extracted from these system for analysis and to compile corporate management, statutory and contractual reporting.

The policy sets boundaries within which action will take place and reflects the Trust's philosophy towards raising standards generally and in particular towards improving techniques for collecting, storing and communicating data.

This policy has links to Health Records Policy and the Code of Confidentiality Policy and the data quality framework.

3. Definitions

Data is regarded as being of high quality if it is:

- Accurate;
- Comprehensive;
- Valid;
- Up to date;
- Available when needed – quick and easy to find;
- Free from duplication;
- Free from fragmentation;

- Stored securely and confidentially.

4. Policy statement

A vital pre-requisite to the production of robust information for any purpose is the availability of high quality data across all service and corporate areas of the Trust.

Clinical staff need to be able to rely on the accuracy of the information available to them, in order to provide timely and effective treatment for patients. To achieve this, all staff need to understand their responsibilities with regard to accurate recording of patient data, whether on a computer system or on paper, e.g. casenotes.

Data will be collected and processed according to nationally and locally defined standards. The Trust will set local standards only where national standards are not available or are not sufficient for local purposes.

Appropriate feedback to all staff will be provided and actions identified, including further training. As part of the Data Quality Framework, regular reports will be provided on the achievement of the data quality standards to the service.

The impact of the growing use of electronic capture of routine clinical data on data quality will be proactively managed via the Data Quality Framework with local administrators providing system administration support to manage data quality errors which have restricted authority levels e.g. duplicate records.

All external data quality enquiries will be dealt with in an efficient and timely manner. The target deadline for resolving the data quality issue and informing the external customer is **10 working days.**

5. Duties and responsibilities

5.1 Chief Executive

The ultimate responsibility for use of information and its underlying data quality lies with the Chief Executive. The Chief Executive needs to have assurances from services that data is recorded in an accurate and timely manner. Their responsibility is to ensure that the trust is meeting their contractual and statutory reporting requirements, which include National Indicators.

5.2 Executive Directors

The management of data quality is within the remit of the Director of Finance, working through the Associate Director of Performance and Redesign, and the Head of Information Management and Business Intelligence on a day to day basis. This is the outline of the structure for CWP, it is stating that the day to day operational management is with the Head Information Management and Business Intelligence who reports to the Associate Director of Performance and Redesign whose portfolio of responsibilities are under the Director of Finance.

The Head of Information Management and Business Intelligence will direct the performance and information team in providing the provisions for services to manage the data quality within the clinical systems. Weekly and monthly reports for data quality will be issued to the services for action and update, the reports will outline the areas which need to be addressed to ensure the Trust meets the contractual and statutory reporting requirements, along with National indicators.

5.3 Associate Director of Performance and Redesign / Head of Information Management & Business Intelligence / Clinical Systems Manager

To identify the data collection requirements arising from all initiatives (local and national, e.g. National Service Frameworks (NSFs), including the assessment of the feasibility of incorporating them into the electronic patient record system (CareNotes, EMIS and PCMIS) and the impact on overall data quality.

5.4 Information Governance and Data Protection Sub Committee

The implementation and maintenance of this policy will be managed on behalf of the Trust by the information governance group. It will be supported in this role principally by the performance and redesign department, the clinical systems team, supplemented by Trusts Data Quality Framework, or Information Standards Board (ISB) Notices.

5.5 Functional Specialists

The Head of Information Management and Business Intelligence is the designated lead for data quality in the Trust. This post will work closely with the Clinical Systems Manager, the Data Warehouse Manager who is operationally responsible for the System Management and the Data Warehouse Management. Data Quality is also communicated to the informatics trainer to highlight and cover key areas of poor data quality within the training sessions.

Working together, the functional specialists are responsible for producing and disseminating technical guidance to staff to enable them to record high quality data, for feeding back to staff and managers where there are data quality issues, and working with those staff and managers to rectify the problems.

5.6 Line managers

Line managers are responsible for ensuring that staff members attend training in the use of computer systems and of case notes, that up to date procedures for data collection are maintained for each operational area and that staff understand their responsibilities for staff in relation to data quality. Data quality reports should be used in supervision with staff to ensure that they are maintaining the electronic health record effectively to deliver the care and meet information collections for contractual and statutory reporting requirements. Line managers should act on feedback about the quality of data in their area.

5.7 Associate Director(s) of Operations, Heads of Operational Services, Heads of Clinical Service

These senior managers are responsible for notifying any change in service provision in advance of it occurring in order for the impact on data collection and reporting to be assessed. Further details are given in the notification of changes in service document. Services need to take ownership of notifying the information team of any service delivery changes which could impact on the reporting structure, i.e. change to team names, reduction in bed numbers on a ward, closure of wards or merging of teams. These all need to be discussed with the information team and clinical systems manager to obtain guidance on the process to follow to ensure continuity of reporting.

Managers are asked to monitor their own locality, service or team to support the services in meeting the requirements for data quality. It must be recognised the impact of poor data quality on the delivery of care to the patient and the risks, as well as the impact on the trust accreditation and financial impact.

5.8 All staff

All staff should follow the fundamental principle of data quality that is that data should be right first time, which means that the responsibility is at the point at which it is collected and recorded, whether the recorder is clinical, technical or administrative staff.

All staff clinicians, managers, administrative staff and others – will need to recognise these responsibilities as an integral part of their job and profession.

It is the responsibility of every staff member accessing the patient record to maintain the record details with up to date information. The patient's address and GP should be checked at each opportunity to confirm if there have been no changes since their last attendance (if you are seeing the patient on a frequent basis i.e. weekly or monthly then it is recommended that this information is validated every 6 to 12 months). Any changes should be updated within a period of 72 hours of notification.

6. Data quality standards

6.1 Validity

- All data items held on the trust's clinical systems will be valid;
- Where codes are used, these will comply with national standards or will map to national values;
- Wherever possible, computer systems will be programmed to only accept valid entries.

6.2 Completeness

- All mandatory data items within a data set will 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 in order to admit or otherwise process that patient, the missing data will be identified for follow up by means of the data quality reporting via the data quality framework;
- NHS number will be used in all references to patients, including on all communications within the NHS and to patients themselves, as the one unique identifier of patient identity.

6.3 Consistency

- Data items will be internally consistent;
- Patients with multiple episodes will have consistent dates;
- Diagnoses will be consistent for the current episode/s of care.

6.4 Coverage

- Data will reflect all the work done by the Trust. Admissions, outpatient attendances, inpatient episodes and community contacts, will all be recorded within 72 hours of the activity taking place.

6.5 Accuracy

- Data recorded in case notes and on the clinical systems will accurately reflect what actually happened to a patient;
- All reference tables, such as GPs and postcodes, will be validated and updated regularly within the clinical system or data warehouse as appropriate, in accordance with procedures;
- Every opportunity will be taken to check a patient's demographic details with the patient themselves. Inaccurate demographics may result in important letters being mislaid, or incorrect identification of patient;

- Staff will explain to patients the importance of consistently identifying themselves when they use NHS services, in order that previous records can be found and safer, more effective care provided;
- Accredited external sources of information e.g. SCR Summary Care Record, will be used to assist with the validation of patient records, particularly the NHS number;
- Regular validation processes will be undertaken on patient data to assess its accuracy, e.g. checks for logical errors, duplicate records, incomplete or inconsistent data will be undertaken under the Data Quality Framework;
- Regular audits of clinical coding will be undertaken, both internally and externally;
- System users must have up to date written Standard Operating Procedures & Training Manuals for Clinical Systems available which include procedures for the collection, validation and entry of data. The procedures will be available to staff in all appropriate locations and will be updated in accordance with changes to guidelines and data definitions.

6.6 Timeliness

- Recording of timely data is beneficial to the treatment of the patient. -Recording on the computer makes that information available to all treating the patient, even if they do not have access to the paper notes;
- All data will be recorded to a deadline which will enable that data to be included in the statutory returns. The Trust has indicated that all activity should be entered into the clinical system within 72 hours of the activity taking place or within 5 working days of the month end to meet all contractual and statutory reporting;
- The accurate recording of data items must not be allowed to delay urgent treatment of patient.

6.7 Security and confidentiality

- The Trust will maintain and regularly review its information security, confidentiality and disclosure policies to ensure that they continue to underpin data quality principles;
- Staff must abide by these trust policies;
- The Trust will wherever possible check the information it holds about a patient with the patient (or their carer) in order to keep its information accurate. If a patient (or carer) accesses information under the Data Protection Act, they may dispute the accuracy of the information that the Trust holds about them. In such a case the Trust will either correct the information or note the patient's version, investigate the discrepancy and provide a satisfactory explanation;
- The trust will have a person responsible for undertaking the role of records manager, which will include data protection issues, as set out in the Health Records Policy.

7. Implementation

7.1 General

The drive to improve and maintain the quality of the Trust's patient related data is underpinned by a range of initiatives:

- Effective use of CareNotes, EMIS and PCMIS and their available functionality;
- Regular validation of inpatient and outpatient activity;
- Production of data quality reports to maintain and collect missing data items and errors on a regular basis;
- Monitoring of data quality reports produced by NHS Digital for MHSDS, IAPT MDS and CYPHS;

- Monitoring the HES / CDS data quality reports for the Trust from SUS;
- Dashboards;
- Monitoring of NHSI indicators for Parts 1 & 2;

a. Data Quality Review within the Information Governance and Data Protection Sub Committee**;**

- Monitoring of Monitor indicators in relation to Terms of Authorisation;
- Monitoring of Monitor Risk Assessment Framework.

The Trust needs to strike a balance between the resources required to set and meet data quality standards and the relative benefits that flow. It will be necessary to focus resources on data items that the trust regards as critical to its overall business objectives and monitoring, i.e. CQC Indicators and Monitor Terms of Authorisation, Monitor Compliance Framework.

7.2 Error identification and correction

Errors should be identified as close to point of entry as possible. All procedures will include the process to be followed if users know they have made an error and the checks which should be made, including reports which should be run from the system, to ensure that all activity recording is complete.

For those errors of which the user is unaware, a data quality schedule (Appendix 1) has been developed, which sets out the data items and issues which will be regularly and routinely monitored. This schedule will be constantly updated.

Where users are unable to correct their own errors, due to role access base log on to the system, local administrators and service desk will provide support were necessary.

7.3 Training and support

All users of computer systems will be trained, and will not be issued with passwords until they are trained. Access to CareNotes, EMIS and PCMIS must be appropriate, according to job role and must be authorised by the relevant line manager.

On issue of passwords, users must sign an undertaking to take reasonable steps to ensure the accuracy of information that they enter on the computer system.

CWP will develop and maintain suitable training material for appropriate staff to increase awareness of the requirement for accurate data and to undertake the procedures necessary to achieve this. This will be organised in conjunction with the CareNotes training programme, which should include all new staff (including temporary and locum staff) and a re-training schedule for current staff or guidance documentation as a result of an upgrade to the system functionality.

Staff must attend appropriate training to ensure an adequate level of competency in the CareNotes system functions used within their role.

Training must be delivered to meet the different learning needs of staff groups across the Trust and be backed up with access to relevant reference or support materials on the intranet, including scenarios illustrating the consequences of poor data quality.

7.4 Materials supporting data quality: user guides and data dictionary

This will include a set of user guides summarising – CareNotes training -operational procedures – a data dictionary, providing a set of definitions for key CareNotes data items, incorporating both local

and national standards -a series of guidance notes which detail key data quality messages from policies and procedures, are available to all staff.

Support material must be reviewed annually as part of the data quality framework review and will include changes in national data standards - changes in trust policy - changes in system functionality - any new data quality issues that have arisen in the previous 12 months.

8. Monitoring

CWP will, as a matter of routine, monitor performance in collecting and processing data according to nationally defined standards, and provide appropriate feedback to all staff.

9. Equality and diversity statement

CWP is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

Appendix 1 - Data quality schedule

The MHSDS contributes towards the NHSI licence and CQC monitoring and the Trust's ratings so it is critical that the data quality is of a high level.

Minimum key fields for MHSDS include the following:

- Date of birth;
- Patient's current gender;
- Patient's NHS number;
- Postcode of patient's normal residence;
- Organisation code of patient's registered General Medical Practice;
- Organisation code of commissioner;
- Diagnosis (most recent) - for patients discharged from inpatient care in the reporting period only;
- Health of the nation outcome scale (HONOS) rating - most recent in Mental Health Care Spell);
- Employment status - most recent entered for the patient in the last 12 months;
- Settled accommodation indicator (status) - most recent entered for the patient in the last 12 months.
- Mental Health Act Status (where applicable)
- CPA status
- SNOMED Outcomes (where appropriate)
- Patient activity information is recorded against the correct episode of care.