

Hull Teaching Primary Care Trust

DATA QUALITY POLICY

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1. INTRODUCTION

- 1.1 This document describes Hull Teaching PCT's strategy for improving, maintaining and assuring the quality of data created and held by the organisation.
- 1.2 For the purpose of this strategy, data is defined as facts or statistics used for reference, analysis, calculation or decision making and includes (but not limited to):
 - text
 - graphics
 - bit-mapped images
 - sound
 - analog or digital live-video segments
 - binary data
- 1.3 The PCT requires reliable, accurate and timely information with which to manage and commission services, to inform users, to account for performance and to support decision making.
- 1.4 Considerable investment is spent on the activities and systems involved in collecting and analysing the data that underlies performance information, and the Audit Commission says that despite this there is a prevailing lack of confidence in much of these data.
- 1.5 Good quality data is essential for reliable performance and financial information to support the requirements of robust integrated governance processes and to ensure compliance with the Payment by Results Data Assurance Framework and Code of Conduct.
- 1.6 Hull Teaching PCT has a legal duty to ensure that the data it records is timely, accurate and up to date. This is to ensure compliance particularly with the Fourth Principle of the Data Protection Act 1998. Failure to record data accurately could lead to Enforcement Notices being placed on the Trust to amend inaccuracies or to face prosecution.
- 1.7 Health care professionals have a 'Duty of Care' demonstrated through their relevant codes of professional conduct and guidelines to ensure that their record keeping meets the minimum professional standards described within the guidelines.
- 1.8 This policy should be read in conjunction with the Information Governance Policy, Data Protection Policy, and the Confidentiality Code of Conduct.
- 1.9 This policy reinforces the Department of Health model for the management of information and links to the Information Governance Policy which requires information to be:
 - **Held** securely
 - **Obtained** fairly and efficiently

- Recorded accurately and reliably
- Used effectively and ethically
- Shared appropriately and lawfully

2. SCOPE

2.1 This strategy applies to all PCT employees irrespective of age, race, colour, religion, disability, nationality, ethnic origin, gender, sexual orientation or marital status, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership. All employees will be treated in a fair and equitable manner and reasonable adjustments will be made where appropriate (e.g. interpreter or signing provision, access arrangements, induction loop, etc.).

2.2 This policy covers all aspects of information within the PCT, including (but not limited to):

- Patient / client / service user information
- Personnel information
- Organisational information

2.3 This policy covers all aspects of handling data, including (but not limited to):

- Structured record systems, paper and electronic
- Transmission of information, paper, electronic, fax, telephone and post

2.4 This policy covers all data quality issues for all staff employed by Hull Teaching PCT including (but not limited to):

- Employees
- Volunteers
- Agency / locum / bank staff
- Contractors whilst working on PCT premises or services
- Support agencies

3. QUALITY

3.1 Good quality data is achieved by 7 Critical Success factors, each of which is dependent on its predecessor; sequentially these are:

3.1.1 Awareness

The need for quality data is recognised and all staff understand their role in achieving that

- Commitment to data quality communicated throughout the PCT
- Responsibility for data quality to be reflected in job descriptions
- Targets to be established for data quality improvement

3.1.2 Definition

All performance indicators are adequately defined and their reason for reporting is understood

- Key Performance Indicators have nationally set definitions, and it is important that every detail of the definition is applied. This will ensure that data is recorded in a consistent manner, allowing for benchmarking and comparison over time.
- Where there are locally set performance indicators the contractual process will need to set out clear definitions and to establish a system to collect and report the data in an agreed format.
- Every performance indicator will be linked to a named team and within that team should have an agreed named person who is responsible for collating and reporting the information. This person will keep up to date with changes in definitions of the indicator.

3.1.3 Input

Data should be entered in an accurate and timely manner

- The aim should be 100% accuracy 100% of the time
- Guidelines and standard procedures for using systems should be in place and training available to ensure that these procedures are understood and adhered to.
- Data should be entered on an ongoing basis and not saved up in blocks. This reduces error rate and simplifies verification processes.
- Frequency of verification will be aligned with frequency of data reporting

3.1.4 Verification

The accuracy of data should be verified as close to the point of capture as possible

- Systems requiring ongoing verification to be identified
- Verification procedures to be introduced
- Frequency of verification checks to be aligned to frequency of data reporting

3.1.5 Systems/ responsibilities

All systems, electronic or otherwise, should be fit for purpose and the operation of them understood by staff entering and retrieving data

- Each team leader/manager will ensure that documented procedures exist for the entering and extraction of all data
- The procedure should include who will enter and retrieve the data
- The procedures will be reviewed on an annual basis

3.1.6 Output

Performance information should be extracted and communicated in good time to ensure currency for decision making

- All output produced should have an auditable trail

3.1.7 Presentation

Performance information and the way it is obtained should be presented in such a way as to be easily understood

- The underlying collection and retrieval processes for the data presented in the report should be capable of explanation to external and auditing bodies

3.2 Data Quality Assurance

The quality assurance of data is integral part of information governance, and the Information Governance Toolkit is the framework for delivering and monitoring that assurance.

4. DATA QUALITY TARGETS, STANDARDS AND OPERATING PROCEDURES

4.1 Information Governance Toolkit

The information governance toolkit sets out a series of standards in respect of information governance and these include data quality issues. Each year the PCT declares compliance against all of the standards set out within the toolkit.

4.2 National targets and standards

There are a number of national targets and data quality standards (Appendix A for guidance links). The Information Quality Assurance Programme (IQAP) has been established by NHS Connecting for Health to ensure that guidance documents are issued to advise the NHS and Local Service Providers (external suppliers helping to implement the new NHS IT infrastructure) of the data standards necessary for the NHS Care Records Service (NHS CRS). This will ensure that any data quality issues are recognised and resolved prior to any data migrations.

Within Primary Care, PRIMIS+ is being delivered by the Data Quality Facilitator (PRIMIS) to deliver training in information management, analysis of data quality, with feedback and support to achieve accredited standards for data quality.

4.3 Local Initiatives

The clinical effectiveness team provides annual audit and feedback on some areas of data quality, in particular an annual audit of clinical records.

Any breach in data quality should be recorded and reported in line with the PCT Incident Reporting System.

4.4 Operating Procedures

Each system owner will be responsible for the development of standard operating procedures. These will be considered by the Data Quality Group and a record kept of all procedures.

5. RESPONSIBILITIES

- 5.1 The ultimate responsibility for data quality rests with the Chief Executive, but all staff who record or process information, whether on paper or using electronic means, have a duty and a responsibility to ensure that data quality standards are adhered to.
- 5.2 The PCT will identify a system owner for each manual or electronic system. This owner will be responsible for the security and quality of data held on their assigned system including compliance with relevant legislation and NHS standards and the development of Standard Operating Procedures. This will be reviewed by the Data Quality Group.
- 5.3 Each team/department will have an identified person who will have a specific responsibility for data quality issues who will link to the appropriate system owner.
- 5.4 The Director lead for Data Quality is the Director of Performance, Governance & Informatics who also leads on Information Governance.
- 5.5 The Assistant Director of Performance & Information will chair the Data Quality Group and ensure reporting to the Information Governance Group.
- 5.6 The Data Quality Group will be the forum through which data quality issues are raised. Membership will include all systems owners and those designated as data quality leads.
- 5.7 The Data Quality Group will establish and review all training around data quality issues.
- 5.8 The Data Quality Group will review all audits and incidents relating to data quality.
- 5.9 All staff must adhere to PCT procedures for entering data onto clinical and administrative systems.

6. TRAINING

- 6.1 The PCT has a responsibility to ensure that all staff are aware of and are trained to maintain high standards of data quality and confidentiality.
- 6.2 The Trust will develop and assess training programmes for all those involved in data collection, processing and the management of patient care.

6.3 The Trust will ensure training for the use of relevant Standard Operating Procedures and this will be developed by the authors of the Standard Operating Procedures.

6.4 Access to systems will not be authorised until the appropriate training has been undertaken.

6.5 All training will be subject to regular review by the Data Quality Group.

7. REVIEW

7.1 This policy will be reviewed bi-annually.

Author: Planning & Performance Manager

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Approved by: Date:

Reviewed by: Date:

Information Quality Assurance Programme Links and Guidance Publications

The following can be found via the policy on the intranet:

Content	Web-site
Information Quality Assurance Programme (IQAP) Procedures for Migration Analysis Cleansing Service (MACS)	http://www.connectingforhealth.nhs.uk/systemsandservices/data/dataquality/resources/dqm010705.pdf
Appendix 1 MACS Customer Information	http://www.connectingforhealth.nhs.uk/systemsandservices/data/dataquality/resources/dqm013603.pdf
IQAP Standard for Migrating Addresses with Effective Dates	http://www.connectingforhealth.nhs.uk/systemsandservices/data/dataquality/resources/dqm005704.pdf
IQAP Standard for Migrating Patient Administration System Data	http://www.connectingforhealth.nhs.uk/systemsandservices/data/dataquality/resources/dqm004108.pdf
Data Migration Guidance: Active Patients	http://www.connectingforhealth.nhs.uk/systemsandservices/data/dataquality/resources/dqm002504.pdf
Data Migration Guidance: Definition of Active Patients for Child Health	http://www.connectingforhealth.nhs.uk/systemsandservices/data/dataquality/resources/dqm007206.pdf
Mapping Guidance for 'Start Date' Domain Field for NHS Trusts and Local Service Providers	http://www.connectingforhealth.nhs.uk/systemsandservices/data/dataquality/resources/dqm004006.pdf
Pre Live Patient Demographic Data Cleansing - Guidance for Secondary Care	http://www.connectingforhealth.nhs.uk/systemsandservices/data/dataquality/resources/dqm007406.pdf

Guidance on the Use of Default Dates of Birth	http://www.connectingforhealth.nhs.uk/systemsandservices/data/dataquality/resources/dqm003205.pdf
Guidance on Ethnic Naming Conventions	http://www.connectingforhealth.nhs.uk/systemsandservices/data/dataquality/resources/dqm002408.pdf
Guidance to Support Duplicate Record Management on Legacy Patient Administration Systems During Data Cleansing Prior to NHS Connecting for Health Data Migrations	http://www.connectingforhealth.nhs.uk/systemsandservices/data/dataquality/resources/dqm000409.pdf
Guidance for Managing and Recording Deaths on the NHS Care Records Service	http://www.connectingforhealth.nhs.uk/systemsandservices/data/dataquality/resources/dqm011505.pdf
Merging Trust Master Patient Indexes in Shared Instances - LSP Requirements	http://www.connectingforhealth.nhs.uk/systemsandservices/data/dataquality/resources/dqm007108.pdf