Cumbria Partnership **NHS**

NHS Foundation Trust

Data Quality Policy

Making Data Quality "*Great* and *Valid*"

Happier | **Healthier** | Hopeful

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Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as "uncontrolled" and, as such, may not necessarily contain the latest updates and amendments.

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1. Introduction

This policy sets out a framework for ensuring that data is of high quality and supports high quality care and effective decision making at the Cumbria Partnership Foundation Trust (CPFT). The Trust recognises that accurate information underpins efficient and effective decision making, therefore it is our objective to achieve the highest possible level of data quality.

CPFT has started its journey towards creating digital records for all patients so that our patient information is consolidated and is available to all medical professionals. Data quality is the responsibility of all staff and this in turn, should be reflected in the policies and procedures documented and practised in the Trust by staff at all levels.

2. Policy Statement

Cumbria Partnership Foundation Trust recognises that high quality and timely data can literally save lives, if our data is not robust meeting our business needs will be unachievable.

The data quality team (DQ) will act as an enabler to improve the quality of data through the facilitation of data issues and correction training. The information in each asset will be monitored and issues fed back to relevant care groups for remediation. All Managers will be accountable for the data in their own areas and appropriate corrective action should be carried to agreed timescales.

2.1 Aims of Policy

- Outline and raise the profile of data quality within CPFT.
- Ensure that the basic principles of data quality are understood and implemented.
- Encourage cultural change where data quality is considered low priority.
- Outline frameworks for issues, reporting and monitoring data quality.
- Outline the three year improvement plan.

2.2 Scope of Policy

The policy applies to all employees of the Trust including temporary staff and contractors no matter what their role in the organisation.

3. Business critical systems listed below will be a priority:

Type	System
EPR	RiO
	IAPTUS
	iPM
	CPAS
	IER
	SOEL
	Optimize
	Inform
	Adastra
	SystmOne
	EMIS
Corporate	ESR
	Integra
	Alloy
	Ulysses
Support-systems	TracIT
	HRA
	SharePoint
	Choose and Book
	Grist

4. Framework

The framework for data issues will be agreed with the services; each care group will agree the appropriate and most efficient route for data correction. Audit failings and persistent issues will be discussed at Senior Management level.

- Senior Operations Meetings
- Senior Management Team Meetings
- Clinical Governance Groups
- Audit Committee
- Clinical Systems Boards
- IG Performance Groups
- All working groups

5. Data Standards

Data standards ensure that clinical data sets and data flows are consistent across NHS organisations and are comparable at a national level. The NHS Data Dictionary and Information Standards Notices (ISNs) are the vehicles through which data standards are established and maintained both locally and nationally. We will ensure that our local data definition handbook is up to date and accessible to all staff.

5.1 Practice

- Data in our computer systems must be "fit for purpose"
- Without approved training staff will not be given access to systems
- Performance reports will be run regularly and shared with care groups
- Issues should have an agreed escalation route
- The Trust must meet the standards for the information governance tool kit
- The NHS number should be the primary identifier and should be used at all times

6. Definitions

6.1 Accurate and up to date: Data must be correct and accurately reflect what actually happened. Contact/appointments outcomes for example should be recorded as soon as physically possible after the event.

6.2 Complete: Data should be captured in full. All mandatory data items within a data set should be completed in full, all those entering data should understand what the required data items are, default codes and work arounds should not be used.

6.3 Valid: Recorded data should be within an agreed Trust format which conforms to recognised national standards. Codes must map to national values and wherever possible, systems should be programmed to only accept valid entries. Regular quality assurance checks should deal with all invalid entries.

6.4 Timely: Data should be collected as soon as possible; this is paramount to the effective delivery of patient care. Deadlines on extracts for reporting should be adhered to, giving assurance on performance levels.

7. Clinical Coding

CPFT adheres to national standards and classification rules and conventions as set out in the WHO ICD-10, National Clinical Coding Standards and Clinical Coding Instruction Manual OPCS 4. Clinical coding is carried out against all finished consultant episodes (FCEs) in community services and mental health by Trust clinical coders based in the data quality department.

All CPFT systems should allow for the correct sequencing of the diagnostic and procedure coding and it should be possible to enter the full range of codes against the patient's episode of care, including co-morbidities and any procedures carried out. Services should ensure that discharge letters are provided as soon as a patient leaves the ward, so that clinical codes can be assigned without undue delay.

8. Data Quality Procedures

- All local procedures should comply with national data standards and coding and will be subject to regular quality assurance processes within the Trust.
- Data should be reported from the source system at all times so the relevant training programmes can be implemented to ensure corrections are made and sustained.
- It is the responsibility of the relevant team leads to ensure local data quality procedures are produced, maintained and monitored.
- Procedures should identify high priority data items and highlight the consequences of missing data.
- Each of the CPFT information systems must have documented and clearly understood local data quality procedures with a view to ensuring that high quality data is maintained at all times.
- Data quality procedures should be reviewed on a regular basis to ensure that they still meet the business requirements of the Trust.
- Regular auditing against internal targets to monitor data quality compliance should be in place. Compliance should be fed back to services routinely and clear processes on error handling.

9. Data Quality Model

The Trust has adopted a model for issue resolution which involves analysis and appropriate allocation of tasks for correction work.
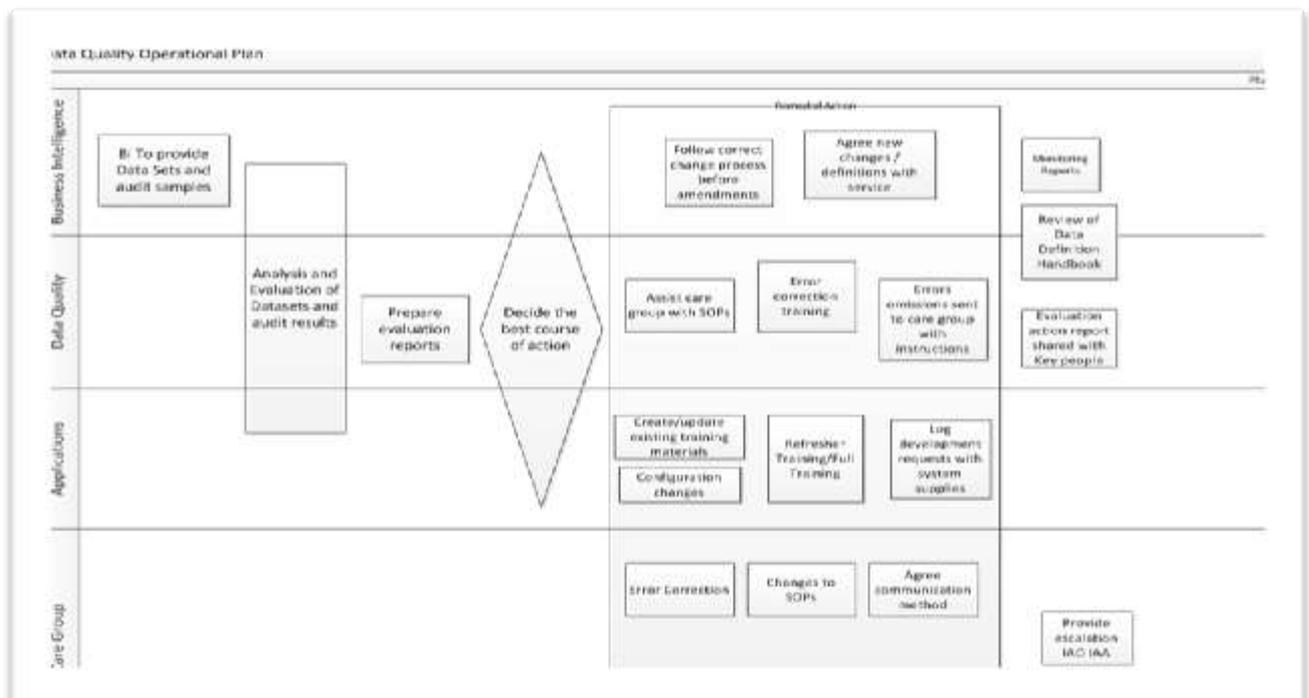
10. Plan

Year one: A rolling programme of audits will be implemented to ensure board reporting is accurate and all issues fed back through appropriate governance frameworks. There will be a renewed focus on correction work with data quality acting as a conduit to the services to ensure the errors are fixed at source. The data quality team will be working closely with the source users retraining staff and driving change and improvement and also establishing frameworks for issues. Year one will focus on setting baseline from which to monitor improvements.

Year two: Monitoring the improvements from year one and ensuring that responsibility and accountability sits firmly with the care groups. Implementation of front end DQ reporting so that timely assurance checks can be done at source. Local benchmarking implemented along with fully functioning reporting tools available from the DQ warehouse.
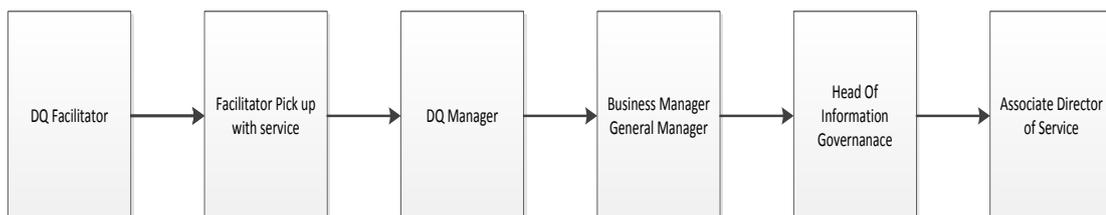
Year three: Providing a sustainable data assurance service for our patient's, colleagues and all stakeholders. Providing valuable and accurate information to help aid decision making on our patients care and service delivery.

11. Error Handling

- All clinical, managerial and data quality staff should have access to data quality reports, which should highlight inaccurate, incomplete or missing data.
- The data quality team will provide monthly information from each asset to the service; all errors and anomalies must be investigated and corrective action taken as soon as possible.
- A rigid escalation process should be embedded into all data quality policy and procedures
- Appropriate SOPS for error handling should be accessible to all system users
- External data quality reports, such as those produced by the Secondary Uses Service, Monitor, the Care Quality Commission & the Department of Health, will be checked initially by the business intelligence team and any issues addressed before the next return deadline.

11.1 Escalation process

Errors identified by the data quality team will be escalated through the appropriate channels.

DQ Facilitator → Facilitator Pick up with service → DQ Manager → Business Manager General Manager → Head Of Information Governanace → Associate Director of Service

12. Driving Cultural Change

- All staff at CPFT should be encouraged to take accountability of their own data quality and accept this as an integral part of day to day working.
- Senior Management and Team Leads should encourage all staff to achieve higher levels of accurate and timely data.
- Individuals should understand and value their contribution to data quality
- The use of the NHS number should be mandatory for all patients, and all efforts should be made to obtain one using the PDS.
- Staff training on all systems should be up to date, to ensure the robust capture of data.
- Organisational frameworks should be embedded to highlight data quality issues.
- Preparation for digital records with refresher training on records management and clinical record keeping will form part of the eHealth action plan for improvement.
- Clinicians should be encouraged to update patient records as soon as possible after the event.

13. Monitoring Effectiveness of Data Quality

Data Quality Elements	The focus will be on each of the individual systems and the data sets recorded within them. The most offending data fields within the datasets will be the focus and once an improvement has been made more data elements will be introduced. This will be an ongoing process. All data will be routinely tested, corrected and monitored.
Responsible person	The Data Quality Manager will be responsible for the coordination of efforts to analyse improve and monitor data quality. Support will be given from the Business Applications Delivery Manager, The Applications Manager and the Information Manager. The Information Asset Owner (supported by the Information Asset Administrator) will be the responsible person for data quality within that system, ensuring that relevant action is taken under their direction supported by the data quality team.
Tools	The data warehouse will be used as the vehicle for access to the data. We will use the secondary uses service to compare our data against the national average. The summary care record (PDS) will be used to validate patient demographics. Checks will be carried out on data to identify duplicate records and missing/invalid data, and to assist with the completeness and validity checks in line with information governance toolkit standard 507 recorded in all clinical systems.

Arrangements for Reporting and Monitoring	The business intelligence team will provide regular reports for validation. The data quality team will provide reports to the services. The data warehouse will be used as the primary vehicle for accessing data reports. Monthly reports on performance, and local benchmarking.
Benchmarking Internal and external benchmarking	Internal and external benchmarking will also be systematically used to identify potential data quality issues and trends (in line with information governance toolkit standard 504).
Audits	Monthly audits will be carried out on a number of indicators (DToC, crisis gatekeeping etc.) and fed back through the senior Management Team meetings. Monthly audits on identified problem areas will be fed back through systems board and working groups.
Training	Exception training will be given by the data quality team to rectify data quality issues. The Trust's mandatory Information Governance training will make reference to data quality principles. Generic clinical applications training will be given from the applications team.

Gillian Coward
Data Quality Manager

November 2016

14. Reference and bibliography

- Data Quality Strategy 2016
- NHS professional record standards
- Health Records policy POL/002/008
- The Data Protection act 1998
- Access to Health Records Act 1990

- http://systems.digital.nhs.uk/clinrecords.
- http://systems.digital.nhs.uk/interop/tci/standards.

15. Appendices A: Making data great and valid

Making Data Quality "*Great* and *Valid*"

Gather	Means aligning primary recording keeping with data collection and using one data collection system (eg. EPR for patient data, ESR for staff data) and eliminating secondary data collections.
Relevant	means collecting only the data that has value – to reinforce the importance of the data quality being high to those recording data
Easily	means real time and without undue effort – reinforcing the results of data collection back to those collecting/recording data quickly so that they can see the data quality they are responsible for and improve their own performance
Appropriate	Means using definitions, codes and categorisation of data so that reported data makes sense (apples with apples).
Training	means having procedures and training for data recording that support staff record data effectively and share recorded data so that accountability for data quality is positively reinforced with peers, supervisors and wider governance processes, e.g. audit processes

Table 4 – Dimensions of Data Quality are VALID

Validity	How "*correct*" is the data? Data is recorded and used in accordance with any rules, definitions (allowing for comparison)
Applicability	Data should be relevant for the purpose for which it is being used
Level	The extent to which data is complete (eg. How many missing records are there)
Immediate	Data captured quickly after the event, and made available for use as quickly as possible.
Dependability	Data should be based on stable and consistent collection processes (danger that improvements in performance reflect changes in collection, rather than practice)

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