Data Quality Strategy

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<th>Health Informatics Assurance Group (HIAG)</th>
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<tr>
<td>Author:</td>
<td>Michelle Conroy</td>
</tr>
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# Index

1. **INTRODUCTION** .................................................. 4  
2. **DEFINITION OF ‘GOOD QUALITY DATA’** .......... 5  
3. **BENEFITS OF GOOD DATA QUALITY** .......... 6  
   3.2. Improved services and decisions regarding patient care. .......... 6  
   3.3. Informed Strategic development. .......... 6  
   3.4. Statutory demands .......... 6  
   3.5. Benchmarking .......... 6  
4. **STRATEGIC AIMS** .............................................. 7  
   4.2. Policies and procedures .......... 7  
   4.3. Systems and processes .......... 7  
   4.4. Consistency between Trust Computer Systems .......... 7  
   4.5. People and skills .......... 7  
   4.6. Monitoring .......... 7  
   4.7. Identifying Data quality issues .......... 8  
   4.8. Training .......... 8  
5. **DELIVERING THE STRATEGY – ACTION PLAN** .... 9  
   5.2. Executive lead .......... 9  
   5.3. Data Quality Leads .......... 9  
   5.4. Operational procedures .......... 9  
   5.5. Local data quality monitoring .......... 10  
   5.6. Staff performance and Development .......... 10  
   5.7. CDS Checks .......... 10  
   5.8. Data quality Audits .......... 11  
   5.9. Clinical Staff responsibilities .......... 11  
   5.10 Training .......... 11
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1. **Introduction**

Consistent, high quality, timely and comprehensive information underpins sound decision making at every level in the NHS and contributes to the improvement of both health care and organisational efficiency.

This strategy describes how data quality will be improved at Gateshead Health NHS Foundation Trust.

**What good data quality delivers?**

- Good patient care
- Visibility of performance for all
- Clinical Governance
- Information Governance
- Management and planning
- Payment by Results
- Service level agreements
- Informed decision making

**External drivers**

- The NHS Plan
- National service frameworks and NHS Cancer Plan
- The requirements of the Financial Flows programme
- Information Quality Assurance.
- PbR data quality audits
- Information Governance Toolkit (IGC)
- The Francis Report
- The Keogh Review

**Core aspects supporting this strategy**

- Data quality should be designed into every system and process to minimise risk of errors.
- Data quality starts at the bed side and with all patient data collected for clinical and operational purposes.
- Data quality for non clinical services should be inherent in the information that is captured as part of the standard working practices of all departments.
2. **Definition of ‘good quality data’**

‘Data Quality’ is a term that has often been used as if it were interchangeable with information quality. It is however a more limited term and refers to the building blocks of data items.

Data quality can be described using six characteristics.

1. **Accuracy**
   Data should be sufficiently accurate for its intended purpose. It should be captured only once and accuracy is most likely to be achieved if it is captured as close to the point of activity as possible. Automated capture as part of routine clinical care is usually more accurate and always more consistent than manual capture systems.

2. **Validity**
   Data should be used in compliance with relevant requirements including the correct application of rules or definitions

3. **Reliability**
   Data should reflect stable and consistent data collection processes over time.

4. **Timeliness**
   Data should be captured as quickly as possible after the event and should be made available to support information needs and to influence service or management decisions.

5. **Relevance**
   Data captures should be relevant to the purposes for which they are used.

6. **Completeness**
   Data should be clearly specified based on the information needs of the users.

*Source: Audit Commission.*
3. **Benefits of Good data Quality**

3.2. **Improved services and decisions regarding patient care.**
Quality data and information analysis supports Clinicians and Managers in making informed decisions and is relevant to clinical and non-clinical staff in running and developing the services they offer. It enables comparisons to be made between different treatment regimes and to monitor outcomes. Good quality data supports business decisions and helps to evolve services to meet the needs of our patients.

3.3. **Informed Strategic development.**
Service analysis by Commissioners or the Trust can influence decisions about future services the trust provides.

3.4. **Statutory demands**
Pseudo-anonymised data is used by external bodies such as the NHS Executive, Trust Commissioners, National Audit Commission and Care Quality Commission to monitor the performance of the Trust. These agencies expect trusts to have a high standards of data quality and demonstrate that they have policies and procedures in place to maintain data quality. Nationally data quality is important and is used to evaluate the efficiency and safety of its services. Comparison data is being used to report upon patients’ outcomes to help inform the public when choosing healthcare providers.

3.5. **Benchmarking**
Nationally external bodies are using Trust data to monitor and evaluate treatments provided by this Trust in comparison with comparable Trusts providing similar services. Increasingly these data are being made available to the general public.
4. **Strategic aims**

The aim is to deliver improvements in the key areas listed below.

The Action plan in section 5 below summarises the management structures and actions required to deliver these strategic aims:

4.2. **Policies and procedures**

To ensure that data are recorded accurately and in accordance with standard definitions, the Trust’s approach to recording and reporting data should be clearly documented. Procedures will cover steps to be taken and point to appropriate documentation such as the NHS data standards. Data Quality Leads within Clinical groups should help to promote data quality aims and should be responsible for ensuring that these policies and procedures are regularly reviewed and updated.

4.3. **Systems and processes**

The principle of ‘getting it correct first time’ for the collection and reporting of data is essential. The aim should be to avoid waste in time and money spent on duplicated recording and cleansing data. System design and configuration for users strongly influence the likelihood of achieving accuracy of data capture.

4.4. **Consistency between Trust Computer Systems**

This is essential to ensure that all aspects of the Trusts services are standardised as well as facilitating cross patch treatment and service changes.

4.5. **People and skills**

Staff at all levels within the organisation need to understand that they are accountable for data quality and understand the need to follow appropriate procedures. Clinical staff should ensure that all clinical documentation and correspondence is accurate and timely. Systems must be designed to minimise barriers to correct data capture.

4.6. **Monitoring**

The Information team will ensure that monitoring reports are routinely provided to data quality leads to action. Data quality leads with the support of Divisional/Operational Managers, will progress action on the monitoring of the quality of data within their area. They will ensure that their staff work to departmental policies and procedures and review where necessary.

In addition, the information team will work to increase the visibility of clinical performance related data for ward and clinical teams, thereby increasing clinical engagement and hence accuracy of data recording. “Self-monitoring” of data by clinicians is a cost-effective way to enhance data quality.
4.7. Identifying Data quality issues

There will be regular data quality meetings where staff can raise data quality issues which will be discussed and action taken accordingly. These may be resolved within the group or by escalating unresolved issues to the Health Informatics Assurance Committee and Executive Lead. Where persistent problems are detected and appropriate action is not followed the Trust may resort to utilising Human Resource policies to achieve the desired outcome.

In addition, a strategy of enhanced visibility of data in clinical areas will be used to inform clinical staff of their performance and hence reveal real-time issues of accuracy.

4.8. Training

Mandatory training will ensure that all staff understand all aspects of the data they collect and how others use data. Further training will be available where appropriate and there will be refresher courses for all staff.

In addition to this, the online training resources for our IT systems will be refreshed and begin a process of continuous improvement (Kaizen) guided by feedback from clinical and non-clinical users of our systems.

The curriculum of our IT training will be reviewed and refreshed annually as part of feedback from training of new starters.
5. Delivering the strategy – Action plan

This action plan describes the management structures, including the roles and responsibilities, which will deliver the strategic aims identified above. It also describes a simple performance management process which will ensure that areas needing improvement are identified and structured action plans are put in place to deliver improvements.

In summary Data Quality Monitoring reports or Scheduled audits will identify issues and Quarterly Exception reports will inform the Executive lead and Health Informatics Assurance Committee of progress. Improvement will be a continual process and the structured approach described here supports that concept.

5.2. Executive lead and Governance

An executive member of the Board will have overall responsibility for data quality and ensure that this Data Quality Strategy is promoted. The Executive Lead for the Trust will be the Director of Finance & information.

The Executive Lead will be supported by the Head of Information who will ensure that ‘data quality monitoring reports’ and ‘Quarterly exception reports’ are collated and monitored.

The Data Quality meetings will feed directly into the Health Informatics Assurance Committee for governance assurance. Data quality monitoring reports and exception reports will be provided to the Health Informatics Assurance Committee.

5.3. Data Quality Leads

Data quality leads will be identified from departments within the Trust where data is generated or data is received from another organisation. The accountability for data quality will form part of their appraisal.

Data quality leads will attend regular meetings where data quality issues will be addressed and action plans made for resolving issues.

5.4. Operational procedures

Data Quality Leads will ensure that the Data Quality Strategy is supported by operational procedures wherever data is collected, received, analysed or used.

System Administrators and Information Team will ensure all data quality reporting and analysis are fully documented and revised in line with changes.
5.5. **Local data quality monitoring**

Divisional/Service managers with responsibility for staff collecting data will monitor the quality of the data working alongside their Data Quality Leads.

This monitoring will be supported by data quality monitoring reports provided by the Information Department, designed to enable local ownership of data quality.

Quarterly Exception reports describing issues and progress against local development plans will be collated by Head of Information and provided for the Executive Lead and Health Informatics Assurance Committee.

Performance Management Team and Finance department will liaise with the Information Team to highlight when routine activity information, highlights any areas of concern.

Regular Information and Data Quality meetings with the PCT will highlight areas of concerns and identify impact and solutions.

Information Team will update Data Quality Issues Log with any highlighted issue which will then be fed into data quality meetings and action plans.

5.6. **Staff performance and development**

Staff responsible for data collection will be required to adhere to standards regarding the accuracy and timeliness of data collection. The Trust has a responsibility to ensure that staff are aware of and appropriately trained to capture relevant data. These standards will be defined by the NHS data Dictionary.

Staff should make every effort to ensure that each patient record has a valid NHS number in accordance with the Trust’s NHS Number Strategy.

Monthly local data quality monitoring reports will identify areas of concern and Division/Service managers working with Data Quality Leads and Head of Information will develop action plans to deliver improvements where appropriate.

Performance against these action plans will be reported as part of the Quarterly Exception report provided for the Executive Lead and Health Informatics Committee.

5.7. **CDS Checks**

Validation routines and regular pre Contract Data Set (CDS) checks will continue to be improved. Improvement targets will be prepared and agreed with the Executive lead. Delivery against the plan will be reported as part of the Quarterly Exception report provided for the Executive Lead.
External reports such as SUS e-DQRS and Dr Foster data quality reports will be utilised to inform of any areas of concern for further investigation.

5.8. **Data Quality Audits**

The Trust will undertake a series of routine data quality audits reviewing source data on a schedule as agreed with the Head of Information. (for example, case notes with data captured in the Patient Administration System and other key systems).

Audit reports will form part of Quarterly Exception Report provided for the Health Informatics Committee which will include measurable and time limited actions where need for improvement is identified.

Future delivery against the action plans will be monitored and reported in future Quarterly Exception reports.

Internal clinical coding audits will be carried out on a quarterly basis with reports of findings provided to Head of Information, Data Quality Leads within clinical areas and Clinical Coders.

5.9. **Clinical Staff responsibilities**

Clinical staff need to ensure that full diagnostic and procedure information is included in patient records to ensure accurate coding. Compliance will be monitored and improved by Data Quality and Clinical Coding Audits (see 5.8).

Clinical staff and Clinical Coding staff will work together to further improve the quality of clinical coding, in line with the “Clinical Coding Department Policy and Procedure Manual”

The Chief Clinical Information Officer will work closely with the Head of Information to ensure that the strategy for visibility of information to support patient care, and visibility of data to drive performance both align with the requirement to capture accurate real-time data for all corporate and external purposes.

5.10 **Training**

System Administrators and operational managers will ensure that all members of staff are trained in manual or system data collection with the focus on not only “how” but “why” the data is collected.

Detailed training materials and procedures, referring to national definitions will be made available to all members of staff.

Online training resources will be renewed and refreshed, with close attention to established user feedback on what are the key “need to know” elements for each user group.
All staff will be trained on new versions of data collection or system updates prior to implementation with updated documentation provided.

Additional training will be available for all members of staff where appropriate.

Detailed Training Schedules to be provided to all operational managers, as all staff must attend refresher training on all systems and modules.

Training programmes to be regularly reviewed to ensure they meet the needs of staff.

As the IT-maturity of the organisation develops, it is now impossible for doctors and nurses to provide safe patient care without access to our IT systems. The policy of “no training – no password” for all systems remains, but patient safety mandates that we have appropriately agile arrangements in place to provide minimum standard of training and access to new users 24/7 in order to ensure continuity of clinical care remains our highest priority.

Clinical Coding department will document the key requirements to enable quality coding and this will be included within Junior Doctors and Specialists Induction.

Clinical Coding staff will follow the Trust’s training and assessment framework with the opportunity to gain Accredited Clinical Coder (ACC) status.

Appendix A

Key focus areas for Data Quality 16-18

DQ Action Plan.docx