

Patient Data Assurance Policy

Previously known as: Data Assurance Policy

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Purpose of Agreement	This document is a policy to support the provision and maintenance of high quality data to provide robust clinical information to support the health and business processes of Solent NHS Trust
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Amendments Summary:

Please fill the table below:

Amend No	Issued	Page	Subject	Action Date
01		4	1.2 Change in wording in response to devolvement of data assurance responsibilities to performance & Information Systems Teams	16/8/2017
02		7	7.4 & 7.5 Change in wording to Data Assurance and Patient Systems Team responsibilities to clarify meaning	15/2/2017
03		9	13 TPP – The Phoenix Partnership	15/2/2017
04		6	7.1 Designated SIRO changed to Chief Operating Officer	15/2/2017
05		3	Executive Summary added	27/09/2017
06		8	7.3 rewording to clarify meaning	27/09/2017

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
2	Sept 2017			
3	April 2020	Sarah Howarth	Approval as part of the Covid-19 review of policies	Insertion of overarching Emergency Statement and expiry extended to March 2021
4	January 2021	Sarah Howarth	Chairs action - extension to June 2021, policy remains fit and current	
5	May 2021	Sarah Howarth	Policy Steering Group, Clinical Executive Group	

Executive Summary

- The aim of this policy is to set out a clear framework for maintaining and increasing high levels of data quality within Solent NHS Trust.
- The Trust, service users and the public must have confidence in the quality of data used for the provision of patient care, information governance, management, planning, commissioning and accountability.
- Poor quality data can create clinical risk, cause inconvenience to service users and staff, compromise effective decision making and impact on the Trust's ability to monitor standards of care and secure income for its services.
- All staff should be aware of the importance of good data quality and their own responsibility for achieving it. Staff should receive appropriate training in relation to data quality aspects of their work.
- This document applies to staff that have responsibility for collecting, recording or inputting service user information into the Trust's Information Systems.
- Staff with responsibility for data assurance will put in place mechanisms to ensure there is feedback to individual departments and users where necessary on data quality issues. Trust policy is that wherever possible data should be corrected at source.
- Data quality reports will be made available to clinical, managerial and administrative staff as appropriate. These reports should be used to check for inaccurate, incomplete or untimely data and corrections should subsequently be made in the appropriate clinical system.
- All clinical records systems and clinical documentation related to patient care should use the NHS Number as the main patient identifier. Exceptions to this rule are Inform, the Sexual Health Information System and R4, the Dental Service Information System
- Users and their managers must accept responsibility for the data they process and input and be prepared to act upon any feedback they receive in relation to changes in data collection or data quality which does not meet the required standard i.e. via data quality reports.

Table of Contents

Item	Contents	Page
1.	INTRODUCTION AND PURPOSE	5
2.	SCOPE AND DEFINITION	5
3.	WHAT IS DATA ASSURANCE?	6
4.	REQUIREMENTS	6
5.	PROCESSES	6
6.	CLINICAL CODING	7
7.	ROLES & RESPONSIBILITIES	8
8.	TRAINING	9
9.	EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY	9
10.	SUCCESS CRITERIA / MONITORING EFFECTIVENESS	9
11.	REVIEW	10
12.	REFERENCES AND LINKS TO OTHER DOCUMENTS	10
13.	GLOSSARY	10
	Appendices	
	Appendix A: Equality Impact Assessment	11
	Appendix B: Data Quality Key Performance Indicators	14

Patient Data Assurance Policy

Staff are expected to adhere to the processes and procedures detailed within this policy. During times of national or 'Gold command' emergency Solent NHS Trust may seek to suspend elements of this policy in order to appropriately respond to a critical situation and enable staff to continue to work in a way that protects patient and staff safety. In such cases Quality Impact assessments will be completed for process changes being put in place across the organisation. The QIA will require sign off by the Solent NHS Ethics Panel, which is convened at such times, and is chaired by either the Chief Nurse or Chief Medical Officer. Once approved at Ethics panel, these changes will be logged and the names/numbers of policies affected will be noted in the Trust wide risk associated with emergency situations. This sign off should include a start date for amendments and a review date or step down date when normal policy and procedures will resume.

1. INTRODUCTION & PURPOSE

- 1.1 The aim of this policy is to set out a clear framework for maintaining and increasing high levels of data quality within Solent NHS Trust.
- 1.2 Solent NHS Trust has a responsibility to ensure data is accurate; complies with the Data Protection Legislation and is fit for purpose. The organisation has data quality embedded within the roles and responsibilities of the Performance Team, to drive local processes that ensure good quality. Analytics Leads can offer advice and guidance on a variety of data quality issues.
- 1.3 The Trust, service users and the public must have confidence in the quality of data used for the provision of patient care, information governance, management, planning, commissioning, and accountability.
- 1.4 Poor quality data can create clinical risk, cause inconvenience to service users and staff, compromise effective decision making and impact on the Trust's ability to monitor standards of care and secure income for its services
- 1.5 In line with Trust policy, an Equality Impact Assessment has been completed. It is understood that this policy will not affect an individual or group of individuals in its application. A copy of the Equality Impact Assessment is included at Appendix A

2. SCOPE & DEFINITIONS

- 2.1 This document applies to all directly and indirectly employed staff within Solent NHS Trust and other persons working within the organisation in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy.
- 2.2 This document applies to staff that have responsibility for collecting, recording or inputting service-user based information into the Trust's Information Systems.

- 2.3 “Information Systems” refers to all systems, that the organisation uses to collect service-user information for the delivery of healthcare. This excludes Independent Contractor Systems but includes all corporate and service specific systems.

3. WHAT IS DATA ASSURANCE?

- 3.1 The Data Assurance Policy underpins the organisation’s objective to record and present data of the highest possible quality and that all users of the information can be confident about its accuracy.
- 3.2 Data quality is the ability to supply accurate, timely and complete data, which can be translated into information, whenever and wherever, is required. Good data quality is vital to effective decision making at all levels of the organisation.
- 3.3 Supplying accurate data is a complicated task for a number of reasons:
- There are many ways for data to be inaccurate – data entry errors and missing data, etc.
 - Data can be corrupted during translation depending on who is translating it, how and with what tools/processes.
 - Data must relate to the correct time period and be available when required.
 - Data must be in a form that is collectable, and which can subsequently be analysed.
- 3.4 The following principals are used in assessment of data quality:
- Accuracy: Is the data correct?
 - Accessibility: Can the data be readily and legally collected?
 - Comprehensiveness: Is the relevant data collected and are any data omissions (where intentional or otherwise known) documented.
 - Consistency: Are clear and accurate data definitions implemented and adhered to? Do the data definitions define what level of detail is collected?
 - Validity: Is the data up-to-date?
 - Timely: Is the data recorded in a reasonable time period after the event it relates to has taken place?

4. REQUIREMENTS

- 4.1 All staff will conform to legal and statutory requirements and recognised good practice, aim to be significantly above average on in-house data quality indicators, and will strive towards 100% accuracy across all information systems.
- 4.2 All data collection, manipulation and reporting processes by Solent NHS Trust will be covered by clear procedures which are easily available to all relevant staff, and regularly reviewed and updated.
- 4.3 All staff should be aware of the importance of good data quality and their own contribution to achieving it and should receive appropriate training in relation to data quality aspects of their work.
- 4.4 Teams should have comprehensive procedures in place for identifying and correcting data errors, such that information is accurate and reliable at time of use.

5. PROCESSES

- 5.1 Staff with responsibility for data assurance will put in place mechanisms to ensure there is feedback to individual departments and users where necessary on data quality issues. Trust policy is that wherever possible data should be corrected at source.
- 5.2 Data quality reports will be made available to clinical, managerial, and administrative staff as appropriate. These reports should be used to check for inaccurate, incomplete or untimely data and corrections made in the appropriate clinical system.
- 5.3 The appropriate department or individual/service must investigate queries, gaps in data items, and anomalies identified in these reports in a timely way.
- 5.4 External data quality reports, such as those produced by the Secondary Uses Service (SUS), Open Exeter and NHS Digital, will be checked by the Performance Team and any issues addressed before the next return deadline.
- 5.5 Internal data quality targets are key for ensuring external targets are met and to also support any local objectives and initiatives. A range of data quality reports are available via PowerBI, the Trust's Business Intelligence tool, to monitor issues affecting the quality of clinical and performance information across the Trust. The Performance Team have developed a set of Data Quality Key Performance Indicators which monitor issues that affect the quality of clinical and performance information across the Trust. Progress against indicators will be tracked via a Data Assurance Network, led by the Performance Team. See Appendix B for a definition of each indicator and the impact it has on the quality of our data.
- 5.6 The use of the NHS number as the unique patient/service user identifier will be implemented within all electronic systems and should also be included within manual/paper systems. The NHS number must, where available, be included on all communications with the service user and all clinical communications within and external to the Trust. Sexual Health patients are exempt as service users have the right to remain anonymous if they so wish. Sexual Health and Dental system use an auto-generated patient ID number as an alternative to the NHS number.

6. CLINICAL CODING

- 6.1 There are established procedures in place for the audit of clinical coding from the patient medical record and discharge summaries. Details can be found in the Solent FCE Clinical Coding Standard Operating Procedure.
- 6.2 An external agency is contracted each year to undertake an annual audit of the trusts clinical coding. The results of this audit contribute to the Trusts overall IG rating. This is supported by a quarterly internal clinical coding audit cycle agreed with commissioners as part of Solent's Data Quality Improvement Plan (DQIP)
- 6.3 The Trusts clinical coder runs regular clinical coding reports to identify missing codes and works closely with services to locate relevant diagnostic and procedural information.
- 6.4 The Clinical Coder attends refresher training every 3 years and as appropriate following new releases of the International Classification of Diseases (ICD10) and Office of Population Censuses and Surveys (OPCS-4).

7. ROLES & RESPONSIBILITIES

7.1 The **Chief Executive** is the Accountable officer for Data Assurance. However, the management of Data Assurance has been delegated to the Chief Finance Officer who is the designated Senior Information Risk Officer (SIRO).

7.2 **Managers & Heads of Departments** are to:

- Ensure all users are able to attend training/refresher sessions when requested by their line manager
- Ensure all users are made aware of the importance of data quality
- Ensure all staff have the opportunity to attend User Groups or other meetings where data quality is discussed when requested by their Line Manager
- Ensure that data quality reports are actioned by the user responsible, or an appropriate delegate, for the error in a timely manner
- Provide Service Line representation at Data Assurance Network meetings

7.3 All **clinical system users** must:

- Attend training/refresher courses when requested by their Line Manager
- Attend User Groups meetings when required by their line manager
- Correct any data quality errors that are returned to them in a timely manner. Best practice would suggest this is within 4 weeks of the related event taking place.

7.4 **Staff with responsibility for data assurance** will:

- Interpret the requirements of the NHS Data Dictionary and Data Manual to ensure clinical systems are configured in accordance with statutory requirements where mandated and not a hindrance to delivery of safe patient care
- Produce regular data quality update reports to the Service Line and the Data Assurance Network
- Provide advice on how to resolve data quality issues to staff when requested
- Be the main point of contact for users with queries on data quality
- Ensure service users have access to data quality errors they created to enable correction in a timely manner

7.5 The **Information Systems Team** will:

- Be responsible for configuring clinical systems
- Support staff with responsibility for data assurance in ensuring clinical systems are configured to comply with mandated NHS Data Dictionary and Data Manual statutory requirements
- Where possible support clinical services in providing robust data collection templates
- Be aware of and comply with legislation and Trust policies and procedures
- Work in partnership with operational services and staff with responsibility for data assurance to improve data quality

7.6 The **Performance Team** will:

- Work in partnership with operational services and staff with responsibility for data assurance to improve data quality

- Provide leadership to the Data Assurance Network, ensuring a consistent approach to data quality improvement is applied across the Trust

7.7 The responsibility for accurate and timely recording of patient data rests with **all members of staff, particularly the originator of the record**. All staff must:

- Be aware of the importance of good quality data. As Solent NHS Trust has implemented a spine compliant clinical records system it is even more imperative that data is collected and reported accurately first time.
- Have data quality commitments clearly set out in job descriptions and person specifications, for whatever role staff hold i.e. administrative, clinical, managers etc so staff are fully aware of their responsibilities as an integral part of their role and profession.
- The Trust must be committed to providing appropriate support to staff to enable them to meet predefined data quality standards by:
 - Being explicit about what is expected
 - Providing appropriate training facilities and on-going support and materials
 - Feeding back to users on their performance through regular data quality reports

7.8 **Users and their managers** must accept responsibility for the data they process and input and be prepared to act upon any feedback they receive in relation to changes in data collection or data quality which does not meet the required standard.

7.9 Wherever feasible all data corrections must be made at source within agreed timescales preferably by the original user thus helping to reinforce the training and data quality message and improve data quality for the future.

8. TRAINING

8.1 Staff should be trained in the use of all Information Systems commensurate with their roles. It is the Trust's duty to ensure that staff are given the appropriate opportunities for training and the responsibility of line managers to ensure that training is taken up.

8.2 Instruction should be given to staff to ensure that all records are consistent. The NHS Data Dictionary is complex and detailed and simple instructions to staff on appropriate interpretation should be provided through systems training, documentation, and advice from the Performance Team Department.

9. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

9.1 A copy of the Equality Impact Assessment is available at Appendix A.

9.2 This policy will ensure all service users' clinical information is monitored for accuracy and completeness and actions taken to correct inaccurate and incomplete data

10. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

10.1 Staff with responsibility for data assurance will monitor the effectiveness of this policy, via regular analysis measuring the performance against key data items as defined by the Trust, as well as by national Data Quality Maturity Index Scores, and audits as required by the Data Protection Toolkit.

10.2 Any concerns about the quality of data held within the Trust or specific service lines will be raised via the Data Assurance Network and escalated through to Performance Review Meetings if deemed necessary.

10.3 Failure to adhere to this policy will initiate the Improving and Managing Conduct Policy.

11. REVIEW

11.1 This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review. This policy will remain in force until such time as a new one is formally agreed.'

12. REFERENCES AND LINKS TO OTHER DOCUMENTS

12.1 [NHS Data Dictionary \(https://datadictionary.nhs.uk/\)](https://datadictionary.nhs.uk/)
[NHS Digital \(https://digital.nhs.uk/\)](https://digital.nhs.uk/)

13. GLOSSARY

CQC	Care Quality Commission
CDS	Commissioning Dataset
DQIP	Data Quality Improvement Plan
HCP	Health Care Professional
HSCIC	Health & Social Care Information Centre
ICD 10	International Classification of Diseases v10
IG	Information Governance
OPCS 4	Office of Population Censuses and Surveys – Classification of Interventions and Procedures version 4
QPR	Quality Risk Profiles
SIRO	Senior Information Risk Officer
SUS	Secondary Users Services

Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims	
Service Line / Department	Finance & Performance / Performance
Title of Change:	Review of Data Assurance Policy
What are you completing this EIA for? (Please select):	Policy <i>(If other please specify here)</i>
What are the main aims / objectives of the changes	To ensure that there is a fair and consistent approach to managing Data Quality within Solent NHS Trust
Step 2: Assessing the Impact	

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: (e.g. adjustment to the policy)
Sex			X	
Gender reassignment			X	
Disability			X	
Age			X	
Sexual Orientation			X	
Pregnancy and maternity			X	
Marriage and civil partnership			X	
Religion or belief			X	
Race			X	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	No	Not required
Have you taken into consideration any regulations, professional standards?	No	Not required

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	Not applicable		
Who will be responsible for monitoring and regular review of the document / policy?	Not applicable		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	Sarah Howarth	Date:	1/6/2021
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Additional guidance

Protected characteristic		Who to Consider	Example issues to consider	Further guidance
1.	Disability	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	<ul style="list-style-type: none"> • Accessibility • Communication formats (visual & auditory) • Reasonable adjustments. • Vulnerable to harassment and hate crime. 	Further guidance can be sought from: Solent Disability Resource Group
2.	Sex	A man or woman	<ul style="list-style-type: none"> • Caring responsibilities • Domestic Violence • Equal pay • Under (over) representation 	Further guidance can be sought from: Solent HR Team
3	Race	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	<ul style="list-style-type: none"> • Communication • Language • Cultural traditions • Customs • Harassment and hate crime • "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic 	Further guidance can be sought from: BAME Resource Group
4	Age	Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above	<ul style="list-style-type: none"> • Assumptions based on the age range • Capabilities & experience • Access to services technology skills/knowledge 	Further guidance can be sought from: Solent HR Team
5	Gender Reassignment	The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011	<ul style="list-style-type: none"> • Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use. 	Further guidance can be sought from: Solent LGBT+ Resource Group
6	Sexual Orientation	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	<ul style="list-style-type: none"> • Lifestyle • Family • Partners • Vulnerable to harassment and hate crime 	Further guidance can be sought from: Solent LGBT+ Resource Group
7	Religion and/or belief	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	<ul style="list-style-type: none"> • Disrespect and lack of awareness • Religious significance dates/events • Space for worship or reflection 	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8	Marriage	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	<ul style="list-style-type: none"> • Pensions • Childcare • Flexible working • Adoption leave 	Further guidance can be sought from: Solent HR Team

9	Pregnancy and Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	<ul style="list-style-type: none"> • Employment rights during pregnancy and post pregnancy • Treating a woman unfavourably because she is breastfeeding • Childcare responsibilities • Flexibility 	Further guidance can be sought from: Solent HR team
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APPENDIX B Data Quality Key Performance Indicators

Indicator	Description	Impact
Unfinished Appointments/Visits	Appointments or Visits that have been left in a booked state and have not been Finished and Outcomed	Impacts on waiting time performance and activity and productivity monitoring. Appointments that have not been Finished and Outcomed cannot be reported as having taken place.
No Referral Appointment/Visit	Appointments or Visits that have been booked but are not linked to the appropriate referral	It is not possible to identify where within the Trust's service hierarchy the activity has taken place. It is not possible to measure waiting times or allocate the activity to a team or caseload for reporting. A services performance and productivity will look low against previous data. Lack of reliable waiting time data means that patients could breach targets and wait unacceptably long periods for an appointment, impacting on patient safety and patient experience.
Unoutcomed CDS	Appointments with no Outcome recorded. This is specific to those Units in SystemOne with CDS functionality switched on	Effects completeness of data sent to HSCIC (Health & Social Care Information Centre) via Commissioning Data Set. Impacts on Trust overall data quality rating as published by HSCIC.
Unassigned Visits	Visits that have not been assigned to a healthcare professional	Unable to report the activity against the correct staff member and team which will result in under-reporting of activity. Patients could be missed and not followed up impacting on poor patient experience and potential risk to the patient.
Referrals No Caseload	Patients that do not have a caseload linked to their referral	It is not possible to identify where within the Trust's service hierarchy the referral has been received.