# Data Quality Assurance Policy

# NHS Devon

*This policy has been created by SCW but approved and adopted for use by NHS Devon and applies to all staff working for and within NHS Devon.*

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| **Policy Sponsor** | Chief Communications and Corporate Affairs Officer |
| **Policy Lead** | Company Secretary |
| **Approved by** | Chief Communications and Corporate Affairs Officer<br>Chief Finance Officer |
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| Select a date | Select | | |

## Equality, diversity and inclusion statement

NHS Devon is committed to the promotion of equal opportunities, addressing health inequalities and fostering of good relations between people protected under the terms of the Equality Act 2010, the Health and Social Care Act 2012 and Human Rights legislation. We are equally committed to the elimination of unlawful discrimination, harassment and victimisation. To demonstrate this commitment, we develop, promote and maintain policies, strategies and operating procedures. Every effort is made to ensure that patients, employees, contractors or visitors do not experience discrimination; either directly or indirectly, because of their vulnerability; disadvantage; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender) or sexual orientation.

All staff must comply with this policy. Compliance must reflect our organisational commitment to and policy on, equality, diversity and inclusion. In addition, each manager and member of staff involved in implementing this policy must give due regard to the needs of those protected under law.

If you, or any other groups, believe you are discriminated against under the terms of the Equality Act, the Health and Social Care Act 2012 or Human Rights legislation by anything contained in this document; or you need this document in an alternative format, for example, large print, Braille, Easy read or other languages; please contact our Patient Advice and Complaints Team (PACT):

Tel: 0300 123 1672
Email: pals.devon@nhs.net

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# 1. Introduction

1.1. The Devon Integrated Care Board (NHS Devon) recognises that all its decisions, whether clinical, managerial or financial need to be based on information which is of the highest quality. This information is derived from individual data items which are collected from a number of sources either on paper, or more increasingly with the introduction of electronic patient record and electronic health records, on electronic systems.

1.2. NHS Devon is committed to ensuring and improving the quality of data it uses for all purposes. This policy is influenced by the Data Quality requirements set out in the Department of Health Data Security and Protection Toolkit.

1.3. Quality information is essential for:

- Efficient administrative and clinical processes, such as communication with patients, their families and other carers involved in the patient's treatment and care. The delivery of effective, relevant and timely care, and to minimise risk to patients.
- Management and strategic planning, requiring accurate data about the volume and type of previous patient activity and the population health needs to provide appropriate allocation of resources and future service delivery.
- Establishing acceptable service agreements for health care provision.
- Healthcare governance, which depends on detailed, accurate patient data for the identification of areas where clinical care could be improved.
- The provision of accurate information to other NHS and non-NHS organisations.
- Providing a foundation on which future investments will be based, such as the implementation of the National Programme for IT where data will be shared on the spine and accessed by other parts of the NHS.
- Budget monitoring and financial planning to support service delivery.
- Local and national benchmarking.
- Management, development and appraisal of NHS Devon's staff.
- Compliance with the Data Protection Act 2018 (incorporating the UK General Data Protection Regulation (UK GDPR), in particular article 5 1(d) in the UK GDPR 'accurate and up to date' and the data quality requirements within the NHS Care Record Guarantee.
- Compliance with the Data Security & Protection Toolkit - Data Security Standard 1.

1.4. NHS Devon is committed to ensuring and improving the quality of data it uses for all purposes. This policy is influenced by the Data Quality requirements set out in the Department of Health Data Security and Protection Toolkit.

# 2. Purpose and objectives

2.1 This policy describes NHS Devon's responsibilities under the Data Security and Protection Toolkit. It supports all employees to abide by external data quality standards, frameworks and resources and effect best practice by setting out:

- Roles and responsibilities for staff to enable data quality to be maximised and maintained over time.
- The principles to be used to maximise data quality within systems and processes. More detailed procedural documents will be put in place to provide explicit direction to individuals.
- How data quality is validated.
- How data is monitored.

# 3. Scope

3.1 All NHS Devon staff fall within the scope of this document. This includes staff who are employed on a permanent or fixed term basis, contractors, temporary staff and secondees. This policy is intended to cover all types of data recorded digitally and on hard copy within the organisation, on all information assets.

# 4. Definitions

| Terms | Definition |
|---|---|
| ***Data Quality Standards*** | Data Quality should conform to recognised national and local standards. All NHS Devon data should comply with these standards. Data should be within an agreed format that conforms to recognised national and local standards |
| ***Clinical Coding*** | Clinical coding is a hospital or a practice administration function that involves translating written clinical statements into coded data. NHS Devon does not assign clinical coding to patient activity. Therefore, an audit process such as the Data Quality Maturity Index (DQMI) is not required. NHS Devon's clinical coders are subject matter experts and only advise on the coding to use. NHS Devon support internal and external projects to identify the correct clinical codes to utilise in data analytics, audits and clinical change programmes. However, the organisation is aware of the external standards and assurances as set out below. |
| ***Complete*** | NHS Data should be captured in full |
| ***Availability*** | Data should be recorded and available at the earliest opportunity |
| ***Accurate*** | The proximity of the data to the exact or true values |

| Terms | Definition |
|---|---|
| | |
| ***Defined and Consistent*** | The data being collected should be understood by the staff collecting it and data items should be internally consistent |
| ***Coverage*** | The organisation will keep a record its processing activities. Staff should be aware that if something is not recorded there is no auditable proof that something occurred, and as such could be challenged. |
| ***Security and Confidentiality*** | Data must be stored securely and processed in line with relevant legislation and local policy in relation to confidentiality |
| ***Information Assets*** | When referring to information assets, NHS Devon is referring to any method of recording data, including paper, electronic records and any other media. |

# 5. Principles

5.1 A high level of data quality will be maintained by NHS Devon through:

- Setting and meeting standards.
- Collecting and processing data according to nationally and locally defined standards.
- Setting local standards where national standards are not available.
- Staff are aware of their responsibilities for ensuring the accuracy of data and the associated policies and receive appropriate training.

5.2 All organisations which work with NHS Devon are expected to meet the required standards described in this policy in relation to data quality and ensuring it is included within their contract or service level agreement.

# 6. Data Quality Assurance

6.1 There are a range of external and internal data quality sources available to provide assurance. Below is a list of data quality sources and products which satisfy the minimum requirement for compliance with the Data Security and Protection Toolkit:

## External

### Information Standards

6.2 Information Standards are used to define who, how, what, when and where information can and should be collected and defines how data is passed between systems, system users and business processes, ensuring that the same message is sent and received across health and social care systems.

6.3 The NHS communicates key changes to data standards, and deadlines affecting changes are made through Information Standards Notices (ISN's). These changes must be monitored by Information Asset Owners (IAOs) system administrators, to ensure that data and information systems to which ISNs comply with the standards they specify.

6.4 Individual system IAOs are responsible for gaining assurance that the suppliers of information systems are updated in accordance with new ISNs to ensure systems conform to all requirements.

6.5 In certain situations, there will be no applicable NHS national standards. In these instances, NHS Devon will agree local standards as part of the contracting process. It is important that any local standards are subject to regular reviews within the NHS Devon as there will be no automatic input received from national sources. This process will ensure their validity and continued relevance.

### NHS Data Dictionary

6.6 The NHS Data Dictionary gives common definitions and guidance to support the sharing, exchange and comparison of information across the NHS. The common definitions, known as data standards, are used in commissioning and make up the base currency of Commissioning Data Sets. On the monitoring side, they support comparative data analysis, preparation of performance tables, and data returned to the Department of Health. NHS data standards are presented as a logical data model, ensuring that standards are consistent and integrated across all NHS business areas.

### NHS Standard Contract

6.7 The NHS Standard Contract –Schedule 4, Service Condition 28 and Schedule 6 of the NHS Standard Contract each contain data quality elements. Schedule 4 contains metrics relating to completeness of the NHS Number and Ethnicity coding in national datasets such as the Secondary Uses Services (SUS) dataset and the Mental Health Services Dataset (MHSDS). Part B of Schedule 6 and Service Condition 28 define how commissioners should use Data Quality Improvement Plans (DQIPs) to monitor critical data quality issues.

### NHS Number

6.8 The NHS number is the national unique patient identifier. It is imperative that this is recorded correctly in all systems used at NHS Devon where patient information is present.

6.9 The NHS number should also be included on all correspondence about patients where the organisation has a lawful basis to hold patient information. This helps to ensure correct identification of patients in question. All communication methods about patients, whether paper based or electronic, should include a mandatory NHS number field.

6.10 NHS Devon also recognises its pseudonymisation requirements when data is used for non-healthcare medical purposes i.e. financial audit, invoicing and the management of health care services.

## Data Validation

6.11 Validation encompasses the processes that are required to ensure that the information being recorded is of good quality. These processes deal with data that is being added continuously and can be used on historical data to improve its quality.

6.12 NHS Devon should ensure that all local systems have built in data quality checks which are conformant with, or map to, national Information Standards where these exist. Point of entry validation should be applied to local systems and should be built into system supplier developments. All systems used to deliver healthcare, including third party supplier systems, locally developed systems or local configurations of third-party systems must be compliant with all relevant information standards and must conform to the NHS Data Dictionary.

6.13 For relevant service user information systems, where national data standard definitions and values exist, values used in these systems data schemas must match the national definitions and values. No other values should be used unless these are mapped explicitly for central returns.

6.14 It is essential that regular validation processes and data checks/audits are undertaken on data being recorded to assess its completeness, accuracy, relevance, accessibility and availability. Such processes may include but not limited to, checking for duplicate or missing data, checking for deceased patients, validating waiting lists, ensuring that national definitions and coding standards are adopted, and NHS number is used and validated.

6.15 Validation methods:

- Bulk exception reporting; which involves a large single process of data analysis to identify all areas within a dataset where quality issues exist and to enable the correction of this data. Bulk exception reporting can sometimes be used as an initial data quality tool as this will quickly highlight any areas of concern. However, further investigation may be required to identify more specific issues.
- Regular spot checks/audits; which involve analysis of a random selection of records against source material. Spot checks should be done on a regular basis to ensure the continuation of data quality. Other audits take place on an annual basis, and where an external or internal audit of a system is planned, it will include data quality.
- Data cross checking; which can also be performed on data and information held by different services and/or on separate systems.

6.16 Where possible validation processes should use accredited external sources of information, for example using Patient Demographic Service (PDS) to check

NHS numbers, National Administrative Codes Set (NACS) to check organisation/GP codes, Exeter system to check deaths.

6.17 NHS Devon will use external sources of data to improve data quality, for example, SUS data quality dashboards on a regular basis to check comparative data and identify previously unidentified issues.

6.18 Where NHS Devon establishes access to primary care information the above validation checks will be established where appropriate, working with staff in primary care to improve the recording and accuracy of these data sets.

### Timescales

6.19 Where inconsistencies in data and information are identified these must be acted upon as soon as possible and documented. Locally agreed deadlines will apply to the required corrections, but all amendments should be made within 30 calendar days from the identification date.

6.20 Where a data subject is making a "Individual Rights Request" to correct or amend inaccurate data, the process must be completed and the data subject informed within 30 calendar days under Data Protection Legislation.

### Tracing

6.21 Organisations should make use of all available tracing services, such as the Personal Demographic Service (PDS) and the Demographic Batch Service (DBS) to ensure a suitable level of accuracy is attained for person level data. Data items used for PDS tracing should be regularly assessed for quality to ensure the correct details are being traced.

### External Data Quality Reports & Metrics

6.22 There are several externally published data quality reports and metrics that should be used to support local data quality assurance and improvement activities. These include:

- The Data Quality Maturity Index (DQMI) published by NHS England and based on 8 key national datasets including the main three Commissioning Datasets (CDS), Mental Health Services Dataset (MHSDS) and the Maternity Services Dataset (MSDS).
- National dataset specific data quality reports published at point of submission by NHS England through the Bureau Services Portal for collections such as Mental Health Services Dataset (MHSDS), Maternity Services Dataset (MSDS) and the Community Services Dataset (CSDS).
- Third party services from organisations that use open data published by NHS England and other health care bodies to provide benchmarking and clinical coding assurance tools.

6.23 NHS Devon should use all available external resources to assure and improve the quality of their data by:

- Downloading all available data quality reports to identify point of submission errors and correct prior to submission deadlines.
- Gaining access to applicable data quality dashboards to identify and correct additional data quality issues within a timely manner.
- Investigating other external data quality sources and adopting where applicable

6.24 The above should be reflected in local data quality policies and procedures to ensure that data quality reports on the organisation's data from external sources are followed up and appropriate corrections made, with an effective feedback loop to staff help prevent similar mistakes being made in the future.

### Data Quality Improvement Plans

6.25 A Data Quality Improvement Plan (DQIP) is a component of the NHS Standard Contract available to commissioners to detail known or emerging data quality issues within a provider's national or local data flows and specify a set of corrective actions.

6.26 The commissioner can then use the established contract review process to monitor progress against the DQIP. Schedule 6 Part b of the NHS Standard Contract (Particulars) sets out the structure of a DQIP including what data quality issue is being measured, what the threshold of achievement is, how it will be measured, by when the threshold should be achieved and the consequences of not meeting it. The Data Quality Maturity Index (DQMI) should be included as standard in all DQIPs to provide focus on data quality and allow the use of existing contract review processes to monitor compliance.

# 7. Internal Assurance / Resource

### The IAO/IAA Group Terms of Reference

7.1 The IAO/IAA group will include within the group's Terms of Reference the responsibility to review and monitor compliance with the Data Quality Assurance Policy. Minutes from the IAA/IAO group meetings will form part of the evidence for meeting DSP Toolkit standards on data quality.

### Incident Reporting

7.2 NHS Devon will identify the root cause of data quality incidents reported on Datix and implement learning via training / guidance and / or systems validation as appropriate.

### Data Quality Assurance Policy

7.3 The Data Quality Assurance Policy will be a stand-alone document which will detail the data quality responsibilities for all staff directly involved in the collection and input of clinical and non-clinical data.

### Data Quality Audit

7.4 Data Quality Audits will take place annually as part of Spot Check Audits delivered by each department within NHS Devon. The annual Spot Check Audits are submitted by each team as evidence for the DSPT. IAOs have a responsibility to ensure that all staff in their team are aware of their responsibilities regarding data quality and are aware of the Data Quality Assurance Policy.

### Data Quality Training

7.5 Data Quality Training will appear as an Audit Area on the annual spot check audit of each NHS Devon team for submission to the annual DSP Toolkit. All staff must understand their responsibilities and the importance of data quality and must be made aware of the data quality assurance policy. Additional training may also be undertaken in the event of a data breach. Each IAO will be responsible for their team's compliance with data quality standards.

# 8. Accountabilities, Duties and Responsibilities

8.1 Overall accountability for ensuring that there are systems and processes to effectively deliver and monitor data quality lies with the Senior Information Risk Owner (SIRO). All NHS Devon staff are responsible for implementing and maintaining data quality and are obligated to maintain accurate records legally (Data Protection Act), contractually (contract of employment) and ethically (professional code of practice). Specific responsibilities are delegated as detailed below:

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| **Chief Executive Officer** | The Chief Executive Officer has ultimate accountability for the strategic direction and operational management of NHS Devon, including compliance with all legal, statutory and policy requirements. |
| **Policy Sponsor** | The Policy Sponsor is responsible for:<br>• ensuring that policy is appropriate for consideration for approval;<br>• endorsing this policy ahead of submission for approval;<br>• with the Policy Lead, maintaining and updating procedures/protocols and other supporting documents for this policy; |
| **Policy Lead / Author** | It is the responsibility of the Policy Lead / author to:<br>• ensure as far as possible that the policy is in line with legal requirements and advice from clinical bodies;<br>• to complete a QEIA and Implementation Plan where required<br>• undertake a fair and proportionate consultation period with the relevant stakeholders as part of the document's development |

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| | • to ensure that the policy is in alignment with NHS Devon's strategy and values<br>• ensure that the policy is developed, approved, disseminated and monitored as set out in the document;<br>with Policy Sponsors, maintaining and updating procedures / protocols and other supporting documents for this policy. |
| **SIRO** | The SIRO is responsible for ensuring that an effective data quality assurance framework is in place across SCW, and that all information risks have been identified, assessed, recorded, reported and are being mitigated effectively.<br><br>The SIRO is also responsible for ensuring that a robust Information Asset Owner (IAO) and Administrator (IAA) function are in place. The SIRO is advised and supported by the Information Governance Steering Group (IGSG). |
| **Caldicott Guardian** | The Caldicott Guardian is responsible for reconciliation of confidentiality and data quality agendas. The Caldicott Guardian is expected to make final recommendations on any instances where the requirements of good data quality are inconsistent with the need to protect confidentiality. |
| **Data Protection Steering Group (DPSG)** | The DPSG will champion data quality throughout the organisation by:<br>• Monitoring and assuring compliance with the policy<br>• Ensuring departments carry out data quality audits periodically.<br>• Setting the guidelines for staff regarding data quality and ensuring that staff members are aware of, and comply with the organisation's policies and procedures<br>• Ensuring data quality risks are identified, recorded and mitigated<br>• Monitor information governance incidents in which data quality is root cause |
| **Line Managers** | Line managers have a responsibility to ensure their staff comply with NHS Devon policies and standards within their areas of responsibility. |
| **All Staff** | Employed or engaged staff have a duty to comply with NHS Devon policies and standards as outlined in their contracts of employment and codes of conduct.<br><br>All staff are responsible and accountable for the quality of data they collate and record. Staff must ensure that they comply with the requirements of this and other policies and procedures relating to their role. All staff, and those working on behalf of the organisation, are expected to follow this policy and comply with its procedures. |

# 9. Implementation

9.1 All staff will be informed of the approval of the Policy via the Staff Bulletin which will provide a link to the document on the NHS Devon Intranet.

9.2 NHS Devon Senior Managers, or their designated representatives, will implement this policy by:

- Notifying all staff of its existence. New staff will be informed of this policy as part of their induction.
- Destroying all superseded paper-based versions of the policy and electronic versions retained in their area.
- Having adequate knowledge of, and / or access to, all relevant legislation in order to ensure that compliance with such legislation is maintained.
- Discussing with staff as part of their regular one-to-ones how they seek to achieve their individual objectives around policy review and maintenance.

# 10. Approval and Review

10.1 The approval route for this Policy is via the Chief Communications and Corporate Affairs Officer and the Chief Finance Officer.

10.2 This policy will be reviewed every two years, or sooner if required, in order to ensure that it is current, relevant and reflects the strategic aims, objectives, organisational structures and responsibilities of NHS Devon.

# 11. Monitoring compliance and effectiveness

11.1 NHS Devon recognises that failure to comply with this policy may result in ineffective working and an inability to meet the requirements of Data Protection legislation, the Data Security and Protection Toolkit and national guidance. Where the policy is breached, this must be reported on the Datix incident log. NHS Devon data quality standards must comply with the annual DSPT standards for 'Personal Confidential Data' and in particular the assertion 'The organisation has a framework in place to support Lawfulness, Fairness and Transparency'.

*11.2* IAOs and IAAS work together to ensure compliance in their teams, carry out annual data quality audits and monitor that data quality risks are identified, recorded and mitigated. This is reported at the Data Protection Steering Group.

# 12. Quality & Equality Impact Assessment (QEIA)

12.1 NHS Devon aims to design and implement services, policies and measures that are fair and equitable. An equality impact assessment has been completed for this policy and no adverse impact was identified. Should any adverse impact on

equality be subsequently detected or highlighted by staff and other users of the policy then this will be analysed, and remedial action taken as appropriate.

# 13. References

### Legislation and statutory requirements

NHS England Standards: Standards and collections - NHS England
NHS Data Model and Dictionary: https://www.datadictionary.nhs.uk/
NHS Standard Contract: https://www.england.nhs.uk/nhs-standard-contract/22-23/
Data Security Protection Toolkit: https://www.dsptoolkit.nhs.uk/
NHS Data Quality and Maturity Index: Data quality - NHS England