Clinical System Data Quality Policy

Greater Manchester Mental Health NHS Foundation Trust

Improving Lives

Document Name:	**Clinical System Data Quality Policy**
Executive Summary:	The Policy identifies the roles and responsibilities of both the Trust and staff in terms of data quality and is intended for the guidance of all staff that are involved in the capture, processing, or use of patient-related data and information.
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Contents

1. Introduction

High quality information is a fundamental requirement for clinicians in order to ensure the speedy and effective delivery of patient care. Management information derived from patient data is essential for the efficient running of the organisation and the optimal deployment of resources for the benefit of both patients and staff. The Audit Commission have made clear the importance of high quality data and information to the functioning and performance of the health service.

> "Information is vital to the NHS. Complex health services can only be provided to patients who need them at the time they need them if those managing the services have access to reliable, well-structured and timely information. Clinicians, managers and researchers all depend on good quality information to do their jobs. Patients need to know about the care they can expect to receive, and the public is entitled to be fully and accurately informed about the performance of an organisation that spends 15 percent of the Government's annual budget." [1]

However, despite this imperative the NHS has a long history of problems with the poor quality of the data and the information that it produces. Data quality is often seen as the sole responsibility of the staff in information departments and can be viewed with disinterest by clinicians and managers, despite being critical to the quality of the decisions that they make. The Audit Commission has highlighted the problems ensuing from lack of clinical involvement in realising the benefits of data quality for the care of their patients.

> "One of the biggest factors underlying poor data quality is the lack of understanding among frontline staff of the reasons for, and the benefits of, the data they are collecting. The information collected is often seen as irrelevant to patient care and focused on the needs of the 'centre' rather than frontline service delivery. In particular, more effort is needed to involve clinical staff in validating and using the information produced." [2]

Previous centrally led initiatives to improve and monitor the quality of information in the NHS have focused on a 'top-down' audit and data accreditation approach and on administrative or management information. It is the intention of this Policy to focus on building quality from the point at which information is captured and recorded, with the clear goal of improving the quality of information used to support clinical care.

The Trust requires high quality data and information to support:

- the delivery of relevant, timely and effective patient care, and professional requirements for an accurate record of that care;

- communication with patients and between the people involved in their care;

- clinical Governance and the improvement of clinical care and reduction of clinical risks;

- operational management and strategic planning that ensures the appropriate allocation of resources for current and future service delivery;

- monitoring and reporting of service quality to external regulators, i.e. Monitor, Care Quality Commission and Clinical Commissioning Groups

- the reporting of the Quality Account, Advancing Quality measures and CQUIN targets;

- nationally defined data quality standards and data sets that enable the sharing of data and comparative analysis throughout the NHS; and

- the agenda for the modernisation of the NHS.

All patients in receipt of care from the Trust must have their health care record entered in the Clinical System. This will include demographic and administrative information, and the full details of each patient's care. This will include:

- hospital episodes;

- outpatient attendances;

- day hospital episodes;

- face to face contacts with the relevant professional staff groups;

- Care Programme Approach reviews;

- health and social care assessments, care plans and crisis plans;

- medical, nursing and psychological treatments;

- changes in the patient's legal status;

- incidents;

- appointments and Waiting List Status;

- telephone contacts;

- recording ICD10 diagnosis;

- recording progress notes in a timely manner;

- store all documentation both incoming and out going;

- ensure the in-patient discharge document is recorded.

Internal audits will be carried out on systems, processes and data quality to ensure continued compliance with Trust standards. Currently, these audits are on an 'ad-hoc' basis and undertaken by the Information Quality Assurance team. They will be generated from the output of reports from the Business Intelligence Team – for example the MHSDS.

A consultation exercise on the 'Future of Payment by Results' was undertaken by the Department of Health. The responses to the consultation exercise identified Mental Health as the area that could most benefit from inclusion in an expansion of the scope of PbR. This will allow the comparison and benchmarking of Mental Health

services, supporting good commissioning[3]. It is therefore vital that staff responsible for recording data do so as directed in this policy.

All staff should be aware of and compliant with the Mental Health and Learning Disabilities Data Set.

1 Data remember: improving the quality of patient-based information. London: Audit Commission, 2002.
2 Information and data quality in the NHS: key messages from three years of independent review.
London: Audit Commission, 2004.

1.1 Purpose

This Policy is primarily concerned with the quality and standards relating to the capture, processing and exchange of patient data and information surrounding clinical service delivery. Although it addresses the requirements of all patient-based information recorded within the Trust, the main emphasis is the quality of data captured in the Trust's Clinical System.

The policy identifies the roles and responsibilities of both the Trust and staff in terms of data quality and is intended for the guidance of all staff that are involved in the capture, processing, or use of patient-related data and information. It should be read and understood in conjunction with the other Trust's IM&T related Policies – these are listed in full in Section 9 of this document. Taken together, these Policies provide a framework for establishing the requirements, standards and best practice that apply to the handling of personal information and constitute the Trust's integrated approach to Information Governance and Information Quality.

1.2 Scope

Although specific responsibilities for information management and leadership are vested in designated individuals, ensuring high data quality is the responsibility of all the Trust's staff. Everyone entering, processing or using data has a role to play in ensuring that the data, and the information derived from it, is of the highest quality.

2. Definitions

For the purpose of this document the following definitions have been adopted:

- BI – Business Intelligence
- Clinical System – Paris
- High quality data - Data can be regarded as being of 'high quality' if it is complete, accurate, timely and valid, and is stored appropriately and securely.
- HoNOS(PbR) Health of the Nation Outcome Scales for Payment by Results
- IG - Information Governance
- IM&T - Information Management and Technology

- ISN - Information Standard Notices

- MHSDS – Mental Health Services Data set

- NTA - National Treatment Agency (NTA).

3. Duties

3.1 Board/Lead Committee

PMDQ will be responsible for approving any significant changes to and monitoring of this policy. The Information Governance Steering Group (IGSG) will be responsible for signing off all interim reviews of the policy in line with IG Toolkit requirements. See Section 6 for details of monitoring requirements.

The Performance Measures Data Quality Group will drive the data quality agenda, ensuring corrective action is taken to improve data quality where this is required. All NHS organisations have a responsibility to ensure their data is accurate to comply with the Data Protection Act (2018).

3.2 Director of Finance, Capital & IM&T

- Will develop, implement and monitor the Clinical System Data Quality Policy.

- Will ensure that the Clinical System Data Quality Policy is regularly reviewed and amended in line with informatics developments in the Trust and incorporates advice and guidance from the Department of Health and the Health and Social Care Information Centre, and that it is presented to the Performance Measures Data Quality Group for approval, and,

- will ensure that adequate mechanisms are in place to support data providers in capturing data in accordance with the requirements of the Clinical System Data Quality Policy and other national and local guidance. Staff will be identified as requiring additional support from either line manager, supervisor or as a result of an audit that the Information Quality Assurance Team will undertake

The Trust will be committed to providing its staff with appropriate support to enable them to meet the standards of the Clinical System Data Quality Policy by:

- Being explicit about what is expected of them through procedures;

- Providing appropriate training and ongoing support and materials; and

- Informing data providers and their managers of their performance and contribution to data quality through regular data quality reports.

A commitment to, and responsibility for, data quality will be clearly specified in job descriptions for all relevant roles within the Trust, ensuring that clinicians, managers, administrative and other staff who record patient-based information recognise these responsibilities as an integral element of their role and profession. Data providers

and their managers will be responsible for the data they input and process, and must act upon any concerns raised in relation to data quality. Where data correction is required it must, wherever feasible, be made at source by the original data provider and within agreed timescales.

3 High Quality Care for All: NHS Next Stage Review final report – June 2008.

3.3   Business Intelligence Team

The role of the Business Intelligence Team with regard to Data Quality is to:

•   issue regular reports to operational services to highlight potential data quality issues for these to be looked into and resolved;

•   monitor and report on local and national data quality and completeness targets to both internal and external bodies including Monitor, Commissioners, the Trust Board and Service Leads;

•   monitor and escalate any data quality issues to the Information Quality Assurance Team.

3.4   Heads of Service

•   Ensure effective implementation of the Policy throughout their service.

•   Ensure that all staff are aware of their responsibilities with regard to data quality under the terms of the Clinical System Data Quality Policy and procedures, and current guidance and legislation, and that the requirements are reflected in clinical, administrative and managerial practice.

•   Ensure that lines of communication between operational and support staff are well established so that data quality issues can be adequately addressed and resolved; and,

•   ensure that all job descriptions contain reference to the responsibility of the role with respect to recording information and ensuring the accuracy, completeness and timeliness of data.

3.5   Service & Administration Managers

•   Ensure that all staff enter accurate and complete data in a timely manner.

•   Ensure that all staff are aware of their responsibilities with regard to checking and updating any changes or inaccuracies in patients' demographic information.

•   Address and, where necessary, escalate any data quality issues as soon as possible.

•   Ensure that all procedures are documented, updated regularly, and readily available to all staff.

- Ensure that all staff are familiar with, and adhere to, the Clinical System Data Quality Policy and procedures; and,

- monitor staff competencies and training needs and ensure that staff attend basic IM&T and clinical system training appropriate to their role and responsibilities.

3.6 Clinical Staff

- Ensure timely, accurate and complete entry of clinical information.

- Regularly check demographic information with patients and update any changes or inaccuracies.

- Monitor and escalate any data quality issues.

- Be aware of, and comply with, documented policies and procedures; and,

- monitor their own competencies, in conjunction with their managers, and access basic IM&T and appropriate clinical system training where necessary.

3.7 Clerical and other Staff

Clerical and other staff inputting on behalf of clinicians must:

- ensure timely, accurate and complete entry of information from clinical notes and completed forms, in compliance with the targets identified in the Standard and Structure of Clinical Health Records policy;

- update any changes or evident inaccuracies in patients' demographic information;

- monitor through MHSDS and other data quality reports from BI and escalate any data quality issues to the relevant staff member to rectify;

- be aware of, and comply with, documented policies and procedures; and

- monitor their own competencies, in conjunction with their managers, and access basic IM&T and appropriate clinical system training where necessary.

4. Processes and Procedures

4.1 Project Work

Where the Trust engages in informatics projects, (e.g. systems procurement and implementation), careful consideration must be given to identifying any potential risks to data quality as a result of data migration and/or changes in data capture and processing. Representatives of the IM&T team and Business Intelligence team must be members of the project group in order that these issues are addressed and will also ensure that data quality training and reporting are integral elements of the project planning.

4.2   Supporting Structures

The importance of establishing the Trust's commitment to data quality will be addressed during employees' inductions. The responsibility for systems training will depend on the system being used. If it is a Directorate-specific database then responsibility will fall to that Directorate. Users of the Clinical System must attend formal training organised by the Trust's IM&T Training team. Staff should be aware of and read the Trust's Training Needs Analysis and Induction & Mandatory Training Policy (see Section 5).

Access to systems will not be granted until appropriate training has been completed. Ongoing training will be made available to staff to ensure that they are up-to-date with new system functions and changes to the requirements of the Clinical System Data Quality Policy. This training could be classroom based, e-learning, demonstrations or by written materials. Training must be backed up by regularly reviewed local procedures. These should be properly documented and accessible to all appropriate staff.

The Trust's Appraisal & Development Review procedure will ensure that Information Processing and Information Collection & Analysis feature in outlines for all posts which involve the use of computer systems. Appraisal against relevant Outlines will ensure that the training and developmental needs for all staff that use computer systems are identified, and the training pertinent to their roles and responsibilities are accessed.

The environment in which users work is also important in terms of data quality. The supervision of staff using computer systems must allow working practices that enhance quality work, such as:

- adequate breaks;
- comprehensive initial training before access to computer systems via a Training Needs Analysis
- refresher training;
- reasonable workload;
- access to training manuals – via the GMW Learning Hub; and
- workstations, which comply with health and safety legislation.

All staff should be made aware of the Trust's Whistle Blowing Policy. This would permit individuals who may have concerns about data quality, and are experiencing difficulties in resolving them in the normal way, the opportunity to relay them to an appropriate senior member of staff.

4.3   Information Standards

National and local standards are essential to ensure that data capture and quality is consistent across the Trust, thereby enabling data to be compared with some level of

confidence across the organisation and beyond.

The NHS/NTA communicates changes to data standards through Information Standard Notices (ISNs). These change notices (where appropriate) are managed by the Head of IM&T Systems. They will:

- Monitor changes to data standards and assess which ISNs will have an impact upon the Trust's Clinical Information System;
- Involve all relevant staff and stakeholders and agree an implementation plan;

Where, for whatever reason, compliance with the ISN cannot be assured, the Head of IM&T Systems will prepare a risk assessment of non-compliance and the potential options. This will be reported to the IGSG in the first instance, and then, if necessary, escalated to the IM&T Strategy Group.

Specific guidance for data definitions and ISNs will, where necessary, be sought from the Data Coordination Board (DCB), the Health and Social Care Information Centre and the National Treatment Agency (NTA).

In addition, the IQA team will use the Trust's staffnet to publish a link to the DCB website to view all ISNs.

Where no national guidance is available, or is inconclusive, the Trust will create local standards if necessary. These will be agreed by PMDQ and reviewed on a six monthly basis to ensure their continued applicability and that national guidance has not superseded the local standard. A formal record will be kept of all local standards and review dates.

Although there are many aspects of good quality data, the commonly recognised key indicators are:

 (i) completeness;

 (ii) accuracy;

 (iii) timeliness; and,

 (iv) validity.

The good practice guidelines of all healthcare disciplines require that the clinical professional must ensure that they keep contemporaneous patient records that are clear, accurate, and legible; and which report the relevant clinical findings, the decisions made about treatment, and the information given to patients.

4.4 Completeness

All patients in receipt of care from the Trust must have their health care record entered in the Clinical System. This will include demographic and administrative

information, and the full details of each patient's care. This will include, but is not limited to;

- Hospital episodes.
- Outpatient attendances.
- Day hospital episodes.
- Delayed Discharge
- Face-to-face contacts with the relevant professional staff groups.
- Care Programme Approach reviews.
- Health and social care assessments, care plans and crisis plans.
- Medical, nursing and psychological treatments.
- Changes in the patient's legal status.
- Incidents.
- Appointments and Waiting List Status

4.5 NHS Number

All staff are responsible for making sure that service user records, both paper and electronic, have an NHS Number stored on them as early as possible in the episode of care. Staff should be routinely using the NHS Number as part of the provision of care, to link the service user to their health/care record, to communicate within and between organisations and ensure service user awareness of the NHS Number.

The National Patient Safety Agency (NPSA) published a Safer Practice Notice (SPN) for the NHS Number in September 2008 which mandated the use of the NHS Number as the national patient identifier. Where a local identifier is used this must be in addition to and not instead of the NHS Number.

The NHS Standard Contract - Service Conditions state that: The Provider must use the NHS Number as the primary identifier in all clinical correspondence (paper or electronic). The Provider must be able to use the NHS Number to identify all activity relating to a service user.

General NHS Number Principles:

Find it -find the NHS Number for a person as soon as possible in the care pathway, ideally on initial contact with the service:

- find/request the NHS Number on referral letters/forms received;
- determine and verify the NHS Number before or at the start of an episode of care;
- if this is not possible then tracing should be performed as early as possible in the episode either at point of contact or by contacting the Information

Quality Assurance team via IM&T Support Central

Use it - use the NHS Number to link a person to their health/care record:

- use the NHS Number to search for an electronic record as the "first choice";

- use the NHS Number to identify people presenting for care;

- include the NHS Number on electronic records, wristbands, notes, forms, letters, documents and reports which include person identifiable data and are used for that person's care;

- use the NHS Number as the key identifier for service users;

- ensure systems can support the NHS Number;

- use the Personal Demographics Service (PDS) or Demographics Batch Services (DBS) to trace NHS Numbers.

Share it - share the NHS Number with other departments and organisations so they can use it:

- include in all communications – written, verbal and electronic – during telephone calls, on all letters, referrals, forms, documents;

- internally within GMMH and with all other organisations contacted as part of the provision of care;

- ensure the NHS Number is included when providing service users with any letters or forms;

- supply the NHS Number as the key identifier for any patient identifiable data that passes across systems and organisation boundaries.

4.6   Mental Health Services Dataset

The Mental Health Services Dataset (MHSDS) is the name of the next iteration of the Mental Health Minimum Data Set (MHMDS). Since April 2003 it has been a mandatory requirement that all providers of specialist adult mental health services in a secondary care setting submit central returns on a quarterly basis.

MHMDS facilitates the collection of person focused clinical data and the sharing of such data to underpin the delivery of mental health care. It is structured around the clinical process and includes an outcome assessment (HoNOS). It records the key role played by partner agencies, particularly social services.

The MHMDS describes Mental Health Care Spells. These comprise all interventions made for a patient by a specialist mental health care team from initial referral to final discharge. For some individuals the spell will comprise a short outpatient episode; for others it may extend over many years and include hospital, community, outpatient and day care episodes.

Information is collected relating to various stages in the patients journey including

activity such as inpatients, outpatients, community care, and NHS day care episodes; mental health reviews and assessments including Care Programme Approach (CPA) and Health of Nation Outcome Scales (HoNOS); contacts with mental health professionals such as care coordinator, psychiatric nurses and consultants and also any diagnosis and treatments.

The prime purpose of the dataset is to provide local clinicians and managers with better quality information for clinical audit, and service planning and management.

The BI team submit the MHSDS and it is the responsibility of the services to ensure that any missing data is entered to the clinical system prior to submission. This task will fall to either the clinical or administrative staff dependent upon the service decision.

4.7   National Drug Treatment Monitoring System (NDTMS)

The National Drug Treatment Monitoring System (NDTMS) collects, collates and analyses information from and for those involved in the drug and alcohol treatment sector. The dataset is managed nationally by the National Treatment Agency (NTA). The information is used to form strategies, policies and to commission services to tackle alcohol and drug addiction in the United Kingdom.

All providers of inpatient or community drug and alcohol services are required to provide a basic level of information to the NTA on a monthly basis. This is known as the core dataset. The core dataset comprises of information collected at the start of a patient's treatment journey and ongoing six monthly reviews known as Treatment Outcome Profiles (TOPS). Information such as a patient's treatment modality and vaccination status are updated as and when changes take place during the patient's journey.

The current version of NDTMS is Dataset L; the dataset is updated every 6-12 months.

4.8   Accuracy

Data recorded in the clinical system must accurately reflect the patient's circumstances and care. Every opportunity should be taken to check the patient's demographic details with the patient themselves or, under certain circumstances, with their relatives. Wherever possible the patient must be the final arbiter of such details as their address or ethnic category.

Where data items are coded, 'Not known' or 'Not stated' values must only be used as a last resort and attempts should be made to obtain this information from the patient/relative at the earliest opportunity. Note that 'Not Known' should be used where the patient has not been asked for the information and 'Not Stated' should be used where the patient has chosen not to divulge this information.

Records of clinical care must accurately describe the treatment and advice given to

the patient, and must ensure that the details of the date, time and location of the contact with the patient are correct.

All supporting national reference tables, such as Medical Practitioners and postcodes, will be updated by Civica as soon as possible following publication.

Significant individual data errors or repeated errors will be identified and fed back to individuals via Support Central, a record of errors will be held by the IQA team to inform further training needs for these individuals.

4.9   Timeliness

Information must be up-to-date if it is to be of value to other healthcare professionals in ensuring the continuity of the patient's care. The availability of timely data is also critical to the information required by the Trust to manage its services and also meet the mandatory requirements of returns to Monitor, the Department of Health and commissioning bodies.

The client's record should be updated immediately following any care event. In some circumstances this may be impractical. In these circumstances, the principle of maintaining a contemporaneous record will always apply. Any delay in recording activity could pose a clinical risk to the client or result in lost income for the Trust.

Where targets are attached to the timely recording of activity or care documents, the Business Intelligence team will provide reports to service managers to monitor performance.

4.10   Completeness & Validity

All coded data items held on the Trust's clinical system must be valid and, where possible, this system will be programmed to only accept valid entries. These will comply with national data definitions, or will map to national values, as determined in the NHS Data Dictionary and the latest guidance in the NHS Information Standard Notices. Clinical coding will adhere to the rules and standards for the International Classification of Diseases (Version 10) and OPCS (Version 4) procedure codes. Control of all code sets and metadata in the clinical system will be tightly restricted and all changes and additions will be authorised by the Trust's IM&T Systems Manager in order to maintain full compliance with national standards.

Internal mechanisms and routines will be carried out regularly in order to check for continuing validity, and full use will be made of external scrutiny reports to ensure objective review of the quality of the Trust's data.

In line with Information Governance Toolkit requirements, a completeness and validity check will be undertaken to ensure that data quality standards have been adhered to.

Clear and accessible procedures and guidelines will be available for all areas of data

input, processing and handling. Where appropriate, staff will be provided with initial training, and refresher training when changes occur or as needs are identified by the Information Quality Assurance Manager or as part of the appraisal process.

5. Training Requirements

Data Quality will be a part of induction training via the clinical system training and the Information Governance training. All new staff will receive awareness training and information on information governance, which will include Caldicott and confidentiality, data protection, information security and Freedom of Information.

Requirements for ongoing data quality training will be part of the overall training needs analysis for the clinical system.

The Information Quality Assurance Manager will also provide additional advice as and where required on an ad hoc basis. This training will reflect the needs of services to ensure compliance with data entry.

6. Monitoring

Minimum Requirement	Frequency	Process for monitoring	Evidence	Responsible Individual(s)	Response Committee(s)
Data Security and Protection (DSP) Toolkit requirements	Annual	DSP Toolkit	DSP Toolkit	DSPT Submissions via various nominated staff within IM&T.	IG Steering Group
Mental Health Services Data Set (MHSDS)	Monthly	Reports MHSDS	MHSDS Report	Information Quality Assurance Manager and Business Intelligence Performance Manager	PMDQ
NHS Information Standard Notices (ISN's) in relation to data coding in electronic health record	Ad-hoc	Auto mail list	Minutes	Information Quality Assurance Manager and IM&T Systems Manager	IM&T Strategy Group/ Senior Clinicians
Internal Audits	Ad-Hoc	Report	Improvement in reporting	BI/IQA Manager	PMDQ

7. Resource/Implementation Issues

The IM&T Training team are currently providing training as part of the corporate induction.

8.   Risk Issues

Risk issues will be routinely raised at the Performance Management Data Quality Group or directly with the IM&T team. If appropriate, the risks will then be added to the IM&T Risk Register and/or individual clinical risk registers and appropriate mitigating action taken.

9.   Requirements, Supporting Documents and References

9.1   Requirements

Board Objective Reference:	Objective 1 – To promote recovery by providing high quality care and delivering excellent outcomes
	Objective 6 – To achieve sustainable financial strength and be well-governed
CQC Regulation Reference:	Regulation 17: Good Governance

9.2   Supporting Documents

The Clinical System Data Quality Policy is supported by policies and procedures relating to each aspect of Information Governance. These provide more detail on how different initiatives are managed and include:

- Annual Code of Confidentiality Policy
- Access to Personal Information by Individuals, Third Parties and External Agencies
- Confidentiality Policy and Procedure
- Creation, Maintenance, Storage and Closure of Records
- Freedom of Information Policy and Procedure
- Information Asset Management Policy
- Information Governance Policy
- Information Sharing Policy
- Mobile Media Security Policy
- Pseudonymisation Policy
- Record Tracking, Transferring Records to off-site storage and Transporting Records
- Records Management Policy
- Records Management Strategy
- Registration Authority Policy

- Retention and Disposal of Records
- Safe Haven Procedure
- Standard and Structure of Clinical Health Records Procedure
- Information Management and Technology Security Policy
- Whistle Blowing Policy
- Quality Targets Guidelines
- Induction & Mandatory Training Policy

These policies and procedures are all subject to a regular programme of review to reflect the changing IG environment, including legislative changes and issuing of new national guidance. Staff should be aware that this list will be added to overtime and it is the responsibility of all staff to check the Trust Staffnet for any new policies

9.3   References

1. Data remember: improving the quality of patient-based information. London: Audit Commission, 2002.

2. Information and data quality in the NHS: key messages from three years of independent review. London: Audit Commission, 2004.

3. High Quality Care for All: NHS Next Stage Review final report – June 2008

10.   Subject Expert and Feedback

Information Quality Assurance

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11.   Review

This document will be reviewed in five years or sooner in the light of organisational, legislative or other changes.