

Colby Medical Centre

Data Quality Policy Version No: 1.2

The purpose of the Data Quality is to ensure the accuracy of information which the Practice stores and processes. The availability of accurate and timely data is vital so it does not impact on direct patient care. The policy outlines the procedures for ensuring data accuracy and correcting errors so the Practice can meet its various legal and regulatory responsibilities.

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Policy author	StHK IG Team
Applies to	All Staff

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1.0 INTRODUCTION

This policy will guide all Practice employees, including temporary staff and contractors to apply the highest standard of care when collecting, recording or editing information.

In order to maintain patient safety and quality of care, reliable, accurate, up to date electronic information is fundamental. Therefore Colby Medical Centre requires all clinical and non-clinical employees to comply with this policy to support efficient and effective health care and business needs. This information is also required to meet the needs of Commissioners and the Department of Health and to meet the needs of the public as a whole, under the Freedom of Information Act.

2.0 SCOPE

This policy is applicable to:

- All data held and processed by the Practice.
- All data must be managed and held within a controlled environment and to a standard of accuracy and completeness. This applies to data regardless of format.

This policy applies to all permanent, contract or temporary staff, clinical and non-clinical and all third parties who process practice data.

3.0 STATEMENT OF INTENT

The purpose of this policy is to re-enforce Colby Medical Centres commitment to Data Quality.

This policy applies to all data that is entered onto an electronic patient administration system or other clinical information systems within the Practice. It primarily covers data relating to patients and the delivery and recording of their care, but can also include other data that relates to financial management, service management performance and information governance.

The purpose of this policy is to set out clearly the Practice approach to Data Quality, making explicit the importance of maintaining an up to date and accurate record of events relating to patient care on the computerised systems used within the Practice.

4.0 DEFINITIONS

4.1 Data: Data is a collection of facts from which information is constructed via processing or interpretation.

4.2 Information: Information is the result of processing, gathering, manipulating and organising data in a way that adds to the knowledge of the receiver.

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4.3 Data Quality: Data Quality is the ability to supply accurate timely and complete data that can be translated into useful information whenever and wherever it is used and must relate to the correct time period. This information is vital for effective decision making and planning at all levels within the Practice and is a measure of usefulness of the data for a specific purpose.

4.1 IMPORTANCE OF QUALITY DATA

Data quality is essential for:

- Patient care – delivering effective, relevant and timely care, and minimising clinical risk
- Keeping patients informed in relation to conditions, treatment and care
- Efficient administrative and clinical processes, such as communication with patients, their families and other carers involved in the patient’s treatment
- Management and strategic planning, requiring accurate data about the volume and type of previous patient activity to provide appropriate allocation of resources and planning for future service delivery
- Establishing acceptable service agreements for healthcare provision
- Clinical governance, which depends on detailed, accurate patient data for the identification of areas where clinical care could be improved
- Information for other NHS organisations, including service agreements for healthcare provision
- Being able to allow local and national benchmarking
- Budget monitoring, including payment by results and financial planning to support service delivery
- Compliance with principles under the Data Protection Act (DPA) 2018 and GDPR 2016

5.0 DATA QUALITY STANDARDS

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

- Complete (in terms of having been captured in full)
- Accurate (the proximity of the figures to the exact or true values)
- Relevant (the degree to which the data meets current and potential user’s needs)
- Accessible (data must be retrievable in order to be used and in order to assess its quality)
- Timely (recorded and available as soon after the event as possible)
- Valid (within an agreed format which conforms to recognised national standards)
- Defined (understood by all staff who need to know and reflected in procedural documents)

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- Appropriately sought (in terms of being collected or checked only once during an episode)
- Appropriately recorded (in both paper and electronic records)

6.0 DUTIES, ACCOUNTABILITIES AND RESPONSIBILITIES

This policy applies to all those working within the Practice, in whatever capacity. A failure to follow the requirements of the policy may result in investigation and management action being taken, in line with the Practice’s disciplinary policy and procedure.

The Information Governance Lead/Practice Manager must make their staff aware of the Data Security & Protection Policy at the earliest possible opportunity.

6.1 Practice Staff

All staff have a responsibility to ensure the data they enter onto any system – electronic or manual is of good quality. They should follow practice and local procedures for the validation of data. Additionally they are responsible for reporting any mistakes to the Practice Manager/Information Governance Lead.

Staff are aware that data accuracy and protection is a contractual and legislative requirement and breach of this policy might result in disciplinary action.

6.2 Information Governance Lead

The Information Governance (IG) Lead has responsibility for;

- The strategic and operational management of information governance, and for providing subject matter expertise in this area. The lead will assess quality of data related evidence submissions for the DSP Toolkit submissions.
- Providing guidance and support across a range of clinical data collection processes and advises on data quality improvements or changes necessary for reporting on the current and developing performance measures, such as CQUINs and KPIs.
- Ensuring the quality of data within the team, adhering to this policy and implementing the associated Data Quality Management Procedure.
- Ensuring implementation of the Caldicott Principles and Data Security Standards with respect to Patient Confidential Data.
- Ensuring that the Practice processes satisfy the highest practical standards for handling patient information and provide advice and support to Practice staff as required.

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6.3 Data Protection Officer (DPO)

The Data Protection Officer is responsible for ensuring the Practice remains compliant at all times with Data Protection, Privacy & Electronic Communications Regulations, Freedom of Information Act and the Environmental Information Regulations. The Data Protection Officer shall:

- Lead on the provision of expert advice to the Practice on all matters concerning the Data Protection Act, compliance, best practice and setting and maintaining standards.
- Inform and advise the organisation and its employees of their data protection obligations under the GDPR.
- Monitor the organisation's compliance with the GDPR and internal data protection policies and procedures. This will include monitoring the assignment of responsibilities, awareness training, and training of staff involved in processing operations and related audits.
- Advise on the necessity of data protection impact assessments (DPIAs), the manner of their implementation and outcomes.
- Serve as the contact point to the data protection authorities for all data protection issues, including data breach reporting.
- The DPO will be independent and an expert in data protection. The DPO will be the Practice's point of contact with the Information Commissioner's Office.

7.0 DATA QUALITY VALIDATION METHODS

Validation should be accomplished using some or all of the following methods:

- Wherever possible, computer systems will be programmed to only accept valid entries:
 - At data input – data accuracy is the direct responsibility of the person inputting the data supported by their Practice Manager. Systems include validation processes at data input to check in full or in part the acceptability of the data wherever possible. Depending on the system, later validation may be necessary to maintain referential integrity.
 - Internal validation – all systems will incorporate internal validation processes and audit trails to detect and record problems with processing/data integrity
- Regular spot checks by staff members; which involve analysis of a random selection of records against source material, if available. Spot checks should be done on an ongoing basis (at least quarterly) to ensure the continuation of data quality.
- Data cross checking; which can also be performed on data and information held by different services and/or on separate systems.
- Practice staff are expected to follow approved guideline when entering data into the patient's health record in a consistent and coherent manner in order to ensure that accurate data are captured.

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7.1 Timescale for Validation

Where inconsistencies in data and information are identified these must be acted upon in a timely fashion and documented. Locally agreed deadlines will apply to the required corrections but all amendments should be made within a maximum of two months from the identification date.

8.0 INDUCTION AND TRAINING

The importance of establishing the Practice commitment to data quality should be addressed at the commencement of employment. The level of training and password control will depend on systems being used. The environment in which users work is important in terms of data quality and supervision of staff using computer systems must allow working practices that enhance quality work, such as:

- adequate breaks
 - appropriate training
 - reasonable workload
 - access to training manuals – hard copy or on the website
 - work stations that comply with health and safety legislation
- All data entry systems should have an audit trail. Any training issues identified through audit must be addressed promptly.
 - NHS Data Standards impact on the design of clinical systems and the use of those systems along with the data collection processes are reflected in local procedures. Staff, therefore, will be trained in local procedures, use of systems and an understanding of data standards (dependent on their role).
 - Staff will receive instruction and direction regarding Data Quality advice and information from a number of sources:
 - the Practice Policies and Procedures
 - practice manager
 - training (specific mandatory training and on the job training)
 - other communication methods (such as Team brief/team meetings)

9.0 DATA ACCURACY, SECURITY AND CONFIDENTIALITY

The Practice is committed to keeping data secure and confidential at all times and the Practice will, wherever possible, check the information it holds in order to keep its information accurate. If a data subject accesses information under the Data Protection Act 2018/GDPR 2016, they may dispute the accuracy of the information that the Practice holds about them. In such a case, the

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Practice will correct the information or note the data subject's version, investigate the discrepancy and provide a satisfactory explanation.

The Practice data is subject to validation routines and audit programmes to measure the quality of data against the national standards. Errors are analysed and investigated and any signification results are reported accordingly and appropriate action taken.

10 RECORDS MANAGEMENT

The Practice recognises the need to ensure a structured and integrated approach to Records Management throughout the Practice which supports its overall Information Governance arrangements.

The Practice is committed to a systematic and planned approach to the management of records within the organisation, from their creation to their ultimate disposal in accordance with the [Record Management Code of Practice for Health and Social Care 2016](#). This will ensure the Practice can:

- control both the quality and quantity of the information it generates
- maintain the information in an effective manner
- dispose of the information efficiently when it is no longer required

The Practice Senior Partners are fully kept informed of all significant risk and their management in respect to Records Management.

11 OPENNESS AND INFORMATION SHARING

Data will be defined and where appropriate kept confidential, underpinning the principles of Caldicott and the regulations outlined in the Data Protection Act 2018/GDPR 2016 and the Practice Data Security and Protection Policy. Non confidential data held by the Practice will be made available to the public through a variety of means, and in compliance with the Freedom of Information Act 2000

Whilst the Practice recognises the need for an appropriate balance between openness and confidentiality in the management and use of information, the Practice might routinely share information with other health organisation and other agencies in a controlled manner consistent with the interest of the data subject and, in some circumstance, the public interest as stated on the Practice Privacy Notices

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12 MONITORING COMPLIANCE WITH DATA QUALITY REQUIREMENTS

The Practice will, as a matter of routine, monitor performance in collecting and processing data according to defined standards, and provide appropriate feedback to staff involved in the process of data collection

Data quality process/procedures are regularly audited to ensure that:

- applicable legislative Acts are complied with
- NHS and local Policies and Standards are complied with
- suitable processes are used, and controls put in place, to ensure the completeness, relevance, correctness and security of data through the Data Quality Audit
- The Practice will establish and maintain policies and procedures to ensure compliance with requirements contained in the annual Data Security and Protection Toolkit (DSPT).
- The Practice will also establish and maintain policies to ensure compliance with the Data Protection Act 2018, General Data Protection Regulation 2016, Human Rights Act 1998, Freedom of Information Act 2000, Caldicott Guideline Principles, Health and Social Care Act 2016, NHS confidentiality Code of Practice 2003 and the Common Law Confidentiality as failure to ensure the quality of information may lead to breaches of these legislation/regulation and principles.

13 POLICY REVIEW AND DISSEMINATION

This Data Quality Policy will be reviewed every three years, and in accordance with the following on an as and when required basis:

- legislative changes
- good practice guidance
- case law
- significant Data Quality incidents reported
- changes to organisational infrastructure

Staff will be made aware of policy reviews as they occur via team briefs and team meetings

14 ASSOCIATED DOCUMENTS

This policy should also be considered in conjunction with the policies outlined below

- Access to Health Records Policy and Disclosure of Personal Data Procedure
- Confidentiality Code of Conduct
- Data Security & Protection policy
- Risk Management Strategy
- Record Management Policy

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- Freedom of Information Policy
- Records Retention Schedule

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