**

**MINSTER MEDICAL GROUP**

**Data Quality Policy**

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What is the accuracy principle of the General Data Protection Regulation?

Article 5(1)(d) says:

“1. Personal data shall be:

(d) accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay (‘accuracy’)”

**Introduction**

Minster Medical Grouprecognises the importance of reliable information as a fundamental requirement for the delivery of effective treatment for patients.

The availability of complete and up to date information is essential in ensuring service users receive effective ongoing care. Data quality underpins Clinical and Research Governance, Information Governance, management, planning and accountability for service level agreements.

The importance of good data quality cannot be over-estimated. Poor quality data can lead to wasted time, financial loss and in the most extreme cases of inaccurate clinical information, death.

Data Quality is also important for legal reasons. The General Data Protection Regulations and Data Protection 2018 provides a legal obligation for organisations to ensure that information is accurate, complete and up to date and applies to both electronic and paper records.

The Data Quality Policy ensures a positive impact on equality and diversity due to robust data collection principles.

**Purpose**

The purpose of this Data Quality Policy is to set out the principles the organisation

adopts to ensure that its staff understands that data collection processes deliver high quality data that conforms to NHS Data Standards. These principles will be adopted and supported by data quality procedures.

While the focus of this policy is on the clinical information systems Emis it is expected that any other data collection within the Trust should conform to the same stated principles.

Reliable information is vital in supporting the organisation to achieve its goals.

Specific areas include:

**Clinical and Research Governance**

Clinical Governance is essentially about ensuring NHS organisations are accountable for continuously improving the quality of their services and

safeguarding high standards of care. It is also a collective term for the quality of various component activities that aim to improve the experience of patients, carers and the public. These include:

* Patient, carer and public involvement
* Risk Management
* Clinical Audit
* Research and clinical effectiveness
* Staffing and staff management
* Education and continuous personal and professional development.
* Use of information to support clinical governance.

**Business and Performance Management**

Accurate service user based data is essential both for internal management and external scrutiny of the organisation’s activities. It is important for the effective running of the organisations services to have accurate information about both the volume and quality of services that we provide. In addition to supporting the day to day running of the organisation, such information is essential in the development of new services.

From an external monitoring perspective the organisation requires accurate

information to monitor and manage legally binding contracts with

commissioners and partner organisations, and data to meet the national reporting requirements.

**Information Governance**

Data quality is an element of the broader Information Governance remit. The Caldicott directive now also falls within Information Governance and this reinforces the need for accurate service user demographic and clinical data, which provides the organisation with high quality information.

**Scope**

This policy is predominantly related to the collection of patient electronic health records. However, it is important to understand that all other business information, e.g.: financial and personnel records, should follow the CARAT principles that information must be Complete, Accurate, Relevant, and updated timely to be able to support the business of the organisation.

**Responsibilities, accountability and Duties**

All staff that collect, manage or use patient data, or have line management responsibility for functions and/or staff that handle information, are responsible and accountable for the accuracy of that data.

**Data Quality Standards**

The key indicators to sound data quality are listed below, and staff must take every step to maximise these.

**Accuracy** - All recorded data must be correct when the patient is registered and presents at the practice and updated as appropriate thereafter to accurately reflect both the patient’s details and clinical care.

Staff must take every opportunity to check a patient’s demographic details with the patient themselves. Inaccurate demographics may result in important letters being mislaid, or incorrect identification of the patient as well as incorrect/delayed income for the trust

 **Completeness** - All mandatory data items within a data set must be completed. Default codes will only be used where appropriate and not as a substitute for real data. If it is necessary to bypass a data item in order to progress the delivery of care to a service user, the missing data must be reported by the user to the manager for immediate follow up

**Consistency** - Data collection and recording must be consistent throughout the organisation so that national and local comparisons can be made.. Duplicate data items between different systems must be consistent so as not to lead to any ambiguity between different data sources. The NHS Data Dictionary sets out common data definitions to be used across the NHS. NHS data standards must not just be seen as supporting the collection of data on a consistent basis throughout the NHS, but they also have an important role in supporting the flow and quality of information used in different parts of the NHS so that health care professionals are presented with the relevant information where and when it is required.

**Coverage** - Data will reflect all the work done by the organisation must be recorded. Correct departmental procedures are essential to ensure complete data capture and spot checks/audits must be undertaken to identify missing or inaccurate data. Comparisons between data systems must also be used to identify missing or inaccurate data when necessary.

**Timeliness**- Recording of data in a timely fashion is beneficial to the treatment of the patient. Entering test results into the computer, recording diagnosis and or up-to date information of patient contact makes that information available to all involved in treating patients even if they not have access to the paper records.

All data must be recorded in a locally agreed timescale that will enable the data to be submitted in line with national deadlines. If data entry is delayed in any system, the relevant activity may not be coded in time. This means that the data will not be submitted and payment will not be received by the organisation for activities carried out. Changes to the NHS Data Dictionary are conveyed via the DSCN (Data Set Change Notice) process, which is internally overseen by the Information Services Manager.

**Validity** - All data items held on organisation computer systems must be valid. Where codes are used, these will comply with national standards or map to national values. Wherever possible, computer systems are programmed to only accept valid entries.

**Staff Training**

Training on the clinical information system is mandated prior to staff beinggiven access via a Smartcard and allocated with a log in and password forthe system.

IT skills assessment and training if required must be u n d e r t a k e n prior to training being delivered for the clinical information system.

Staff must also be compliant with Information Governance training.

In addition to system training delivered by the system provider and the CSU staff will

have access to further from the CSU training team when requested.

When new functionality is developed and published in the clinical information system, training will be provided will be provided for all staff concerned to raise awareness of the changes. If additional support and training is requested, training sessions will be made available.

* In addition to workshops, training sessions and support, up to date, data
* entry manuals and training materials are available on the practice Intranet.
* Where error problems appear recurrent, training programmes and

supporting documentation will be reviewed. This will provide assurance that these potential problem areas are given focus at initial training and in on-going support meetings.

**References:**

**ICO website: Guide to General Data Protection Regulations (GDPR) the accuracy principle.**

<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/principles/>

**Rotherham and Doncaster and South Humber Trust**

 **http://www.rdash.nhs.uk/wp-content/uploads/2014/04/Data-Quality-Policy-v5.pdf**