

Adult Social Care Data Quality Strategy



Author:	Jenny McAteer, Director, Quality, Performance & Standards		
Executive Director:	Gill Quinton, Executive Director, CHASC		
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2. Introduction

Buckinghamshire County Council is committed to continually seek to improve the quality of its data to support good decision-making and improved service outcomes. Having good quality data enables us to fulfil our commitment to continually improve services and provide better outcomes for Buckinghamshire residents, it is vital that accurate data is available. The Council provides a vast range of services to residents, the delivery of which takes place in an increasingly complex environment.

It is essential that the Council is able to rely on the robustness of what is one of its greatest resources - data. The importance of reliable information cannot be emphasised enough. Good data quality is essential to underpin and inform decision making, plan and manage services effectively, commission services, set priorities and allocate resources including our statutory obligations.

The Council must ensure that any information that is used is reliable (relevant, accurate, valid, timely and dependable) that the data we produce and share with partners and other agencies is robust, and that the data provided to us by third parties, as far as possible, is equally assured in terms of data quality.

We **all** have a responsibility to ensure that we “get it right first time”, resulting in a reduction in errors and avoiding the need for corrective work which in turn puts pressure on resources and time.

3. Scope and Objectives of Strategy

This strategy sets out Adult Social Care's approach to data quality, improving data quality and the use of data/information in achieving the council's objectives. It sets out why data quality is important to us and the standards by which we will measure ourselves.

Through implementation of this strategy we will support staff to be more aware of their roles and responsibilities for improving the quality of data we handle and to make better decisions to improve outcomes of Buckinghamshire's residents. We will provide effective training and ensure that our systems support and reflect activity.

The scope of the strategy includes all data, including data used for delivering and managing services, as well as for secondary purposes such as needs analysis, strategy development and performance management.

This strategy applies to all staff in Adult Social Care and staff using Adult Social Care systems:

- Swift
- AIS

In addition to the above it is also applicable to other systems and processes that we use in the course of carrying out our work. For example: excel spreadsheets, Access Databases, Business Objects reporting (system universes).

This strategy establishes clear lines of responsibility and signposts areas of expertise within Adult Social Care with regards to Data Quality.

In delivering high quality:

1. We will act with integrity

By having a high level of data quality across Adult Social Care we are ensuring that any information we release to the public, our partners or for statutory reporting purposes is reliable and to the fullest extent our work is transparent and accountable.

2. We will get things right

By having a high level of data quality across Adult Social Care we will ensure that management decisions focus on improving services for service users and using taxpayer's money to the greatest effect is based upon the most reliable information possible.

4. Terminology

Throughout this strategy the following terms are used:

Term	Definition
Data	Data are numbers, words or images that have yet to be organised or analysed to answer a specific question.
Information	Produced through processing, manipulating and organising data to answer questions, adding to the knowledge of the receiver.
Knowledge	What is known by a person or persons. This involves the skills and attributes with regards to interpreting information received, its relevance and context.

Associated Policies

This strategy should be read in conjunction with the following policies:

Key ASC Policy & Data Protection Links:

CHASC Dashboard → [Policy Portal Webpage](#)

CHASC Dashboard → [Data Protection Webpage](#)

BCC Intranet → [Corporate Data Quality Webpage](#)

BCC Intranet → [Corporate Information Security Framework](#)

CHASC Dashboard → [Freedom of Information \(FOI\) Webpage](#)

5. Why do we need to collect information in Adult Social Care?

Buckinghamshire County Council Adult Social Care uses information in the following ways:



Figure 1

6. Why is data quality important?

As outlined above, there are a wide variety of uses of information used and supplied by Adult Social Care. High quality data assists us and our partners to better understand our businesses, our interactions with customers and strategic partners and requirements for future developments.

Poor quality data can result in:

- Mistakes and delays in providing a service or providing an inappropriate service
- Unnecessary risk to our service users and/or staff
- Unnecessary cost to ourselves and/or staff
- Unnecessary use of our resources
- Failure to identify and promote good performance
- Failure to recognise poor performance and apply appropriate remedies
- A poor quality service with an associated repercussion on our reputation
- A lack of confidence in our reporting

7. What do we mean by Data Quality?

Data quality is defined as the degree to which the data is 'fit for purpose' in a given context. For example the information is used in many different ways on a both local and nationally front to assist in informing current and future planning and performance management.

It is essential for Adult Social Care to have well managed systems and processes as data is collected as part of everyday activity of staff working across a variety of settings and partnership agencies.

8. Data Quality Standards

Data Quality can be described using the six characteristics or dimensions illustrated in figure 2. These standards or dimensions can be used to gauge whether data can be considered 'fit for purpose' and should be balance with the importance and intended use of the data concerned.

Our approach to data quality is based on the following standards:

Characteristic	Description	Implementing the Standards
Accuracy	Data must be sufficiently accurate for its intended purposes and in sufficient detail regarding the point of activity.	Data to be inputted into social care systems with care taken to ensure it is accurate
	Data should be captured once only – although it may have multiple uses	Systems to ensure that one piece of data only have one place to be recorded and not multiple fields.
	Data should be captured as close to the point of activity as possible	Recording done with pen and paper to be inputted onto electronic systems as soon as possible.
	Data should be regularly reviewed to ensure it remains accurate	Where inaccurate data is seen on Social Care Systems it must be rectified. 'To be' processes in place to ensure data is regularly checked for accuracy.
Validity	Data should be recorded and used in compliance with relevant requirements and be consistent between periods and with similar organisations.	Lists and options on AIS/Swift to be consistent with reporting outputs.
		If definitions change then users should be alerted to these changes.
Reliability	Data should be collected in a stable and consistent manner over time. This is to ensure gains towards or movements away from targets are the result of actual movements and not changes in data collection approaches or methods.	The reports used to present information to be stable over time and collect data from the same fields in the same manner.
		Where there are changes in working practices, these changes to be communicated to the Quality, Standards & Performance Unit to ensure reporting remains accurate
		Reports must use identical underlying information, i.e. there is 'one version of the truth'

Characteristic	Description	Implementing the Standards
Reliability		Where reporting occurs from two different sources and requires reconciliation (e.g. at year-end), consideration to be given to having regular meetings with the report authors and owners to ensure any issues are picked up at an early stage.
Timeliness	Data should be recorded as soon as possible after the event and must be available quickly to support information needs	Data recorded with pen and paper should be entered onto AIS/Swift as soon as possible. Forms on AIS/Swift should be completed as soon as possible and not left open for prolonged periods of time.
Relevance	Data captured should be relevant to the purposes for which it is used.	We must only be collecting enough information on carers and service users in order to provide the services we are expected to provide.
		When we are collecting information such as Sexual Orientation or Ethnicity, it needs to be made clear to staff the importance of obtaining and recording this information to ensure we are providing an equitable service to all involved.
Completeness	Fields should be complete with information and not left blank.	AIS/SWIFT to not contain fields that allow users to leave blank – or contain options that do not give any useful information if selected.
Availability	Data must be as easily accessible as possible to those that need it in order to perform their duties insofar as is consistent with Data Protection considerations.	Access to high quality information should be available to all staff who need to use it as is relevant for their job role.

Figure 2

9. What are the key external drivers to improving Data Quality?

1. CQC Key Lines of Enquiry

The following key line of enquiry is taken from the CQC Community Health Services: Provider Handbook section 'Well Led'.

W2 – Does the governance framework ensure that responsibilities are clear, and that quality, performance and risks are understood and managed?

Part 7 – Are there effective arrangements in place to ensure that the information used to monitor and manage quality and performance is accurate, valid, reliable, timely and relevant? What action is taken when issues are identified?

2. Statutory Obligations – Data Protection Act

The Data Protection Act (1998) requires all organisations which handle personal information to comply with a number of important principles regarding privacy, disclosure and quality of data. The seventh principle of the data protection act is as follows:

Information Sharing is a key area of data protection compliance, and *“they must have the capability and resources to ensure that quality is good enough to support the use to which it will be put.”*

The General Data Protection Regulation (GDPR) came in force in May 2018 with a clear focus on individuals having greater control over their personal data. New accountability requirement means organisations are now required, not only to comply with the new law, but to demonstrate that they comply with the new law. In particular, there is a requirement to keep records of data processing activities.

3. Information Governance Toolkit

As integration between Adult Social Care and the NHS increases, it is important to recognise the emphasis placed on data quality by the NHS Information Governance Toolkit. It *“requires that organisations improve and maintain the quality of data on their systems”* as detailed in the Secondary Use Assurance.

10. Who is responsible for Data Quality?

In order to achieve a high level of Data Quality across Adult Social Care, Data Quality must be considered everyone's business and everyone who has access to Adult Social Care systems should strive to achieve the standards listed above.

All staff have a responsibility for ensuring that the data/information collected is fit for purpose, complies with legislative duties, including data protection compliance, and compliance with Buckinghamshire County Council policy.

For a more detailed breakdown of roles and responsibilities referring to this strategy please see Appendix 1.

11. How will we track this strategy?

Ownership of this strategy is supported by the CHASC BU Board, which is responsible for agreeing, monitoring and reviewing its implementation. This strategy should be reviewed on an annual basis to ensure it remains appropriate to the needs of the organisation and delivers a high level of data quality.

A set of Data Quality Improvement Priorities (Please refer to Appendix Two) has been developed in support of this strategy.

Appendix 1 – Roles and Responsibilities

There is a collective responsibility to ensuring a high level of data quality across Adult Social Care. All staff recording data on Adult Social Care systems have a responsibility to record all data in line with the characteristics outlined in section 5. Specific roles and responsibilities are outlined below to carry out this strategy but these roles and responsibilities do not absolve others of work required to achieve a high level of data quality.

Role	Responsibilities
Senior Practitioners, Business Managers, Heads of Service, Senior Management Team	<p>Review Cases to ensure characteristics of good data quality are adhered to by staff.</p> <p>Ensure data quality is integrated into team plans and individual DBS.</p> <p>Ensure staff receive adequate training and support to help fulfil recording with a high level of data quality.</p> <p>Ensure any data quality issues that are highlighted by Data Quality Officers (see below) are rectified by staff.</p> <p>Ensure any proposed changes in processes are discussed with Quality, Standards & Performance Service so reporting changes can be considered and data quality is not adversely affected.</p>
Data Quality Improvement Officers (Quality, Standards, Performance), Business Support	<p>Support staff with day to day questions on processes and data recording to ensure a high compliance with data quality standards.</p> <p>Identify and highlight any data quality issues and feedback to team managers to ensure workers rectify issues or rectify themselves if appropriate.</p> <p>Feedback any suggested improvements to recording/processes/systems to Quality, Standards & Performance team for consideration.</p>
Senior Manager with responsibility for Data Quality	<p>Ensure Data Quality strategy remains current and is adhered to by the organisation.</p> <p>Promote integration of data quality and performance management on the basis of reliable information as an integral part of the organisation's culture.</p>
All authors of strategic	<p>Ensure reference to Data Quality is included in all key strategic documents and ensure it is</p>

documents	considered a key aspect of strategic direction.
Quality, Standards & Performance Service, Business Intelligence & Insight Officers	<p>Ensure all performance measures have an associated data quality measure.</p> <p>Ensure all performance measures are considered on a risk based analysis and those that are considered to carry a moderate or greater risk to be audited and appropriate controls put in place.</p> <p>Ensure metadata accompanying reports are comprehensive and outline the inputs and methodology. Known Data Quality issues to be highlighted and users made aware of difficulties.</p> <p>System leads to identify data quality issues and areas of systems that encourage poor recording and rectify as necessary.</p> <p>Ensure adequate training and support is in place for all staff and for all systems to maximize fulfilment of above data quality characteristics.</p> <p>Contract management with external partners must continue to monitor the quality of data from partner organizations and support their staff to achieve a high level of data quality and take remedial action if necessary.</p>
Commissioning Teams	Ensure that arrangements between Buckinghamshire County Council and partner organizations include procedures for Adult Social Care to be assured in the level of data quality and the procedures in place to ensure that there are adequate risk management procedures in place.
Caldicott Guardian	<p>A senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing.</p> <p>The Guardian plays a key role in ensuring that NHS, Councils with Social Services Responsibilities and partner organisations satisfy the highest practical standards for handling patient identifiable information.</p> <p>Acting as the 'conscience' of an organisation, the Guardian actively supports work to enable information sharing where it is appropriate to share, and advises on options for lawful and ethical processing of information.</p> <p>The Caldicott Guardian also has a strategic role, which involves representing and championing Information Governance requirements and issues at Board or management team level and, where appropriate, at a range of levels within the organisation's overall governance framework.</p>

Appendix 2 – Data Quality Improvement Priorities 2018/2019

This section should be reviewed at least annually to ensure it captures known

Element	Indication of number of client records affected (as at 07/12/2018)	Description of issue	Proposed solutions	Category (people/systems / processes)	Data Quality Issue
Review Errors	199	<p>Errors or missing information affecting Reviews recorded within AIS will preclude them from being counted towards our performance against this target and in the SALT return. Errors include:</p> <ul style="list-style-type: none"> - Review status missing - Review reason missing - Review planned flag missing - Review outcome missing - Linked assessment missing 	<ul style="list-style-type: none"> - Staff training/ reiteration of instructions on correct recording of reviews. - Active monitoring and follow-up of exception report 	People, Processes	Accuracy, Completeness
Assessment Errors	225	<p>Errors or missing information affecting Assessment records will result in these records being excluded</p>	<ul style="list-style-type: none"> - Staff training/ reiteration of instructions on correct recording of reviews. 	People, Processes	Accuracy, Completeness

		<p>from counts of activity in performance reports, and will exclude these records from the SALT return. Errors include:</p> <ul style="list-style-type: none"> - End date missing - End reason missing - Outcome missing - Resulting from missing - Assessments resulting from Contact 	<ul style="list-style-type: none"> - Active monitoring and follow-up of exception report 		
Closed cases with open involvements	988	<p>Keyworker information should be recorded against all open cases, and closed when cases are ceased. Errors identified here relate to client records with a closed referral but an ongoing open keyworker involvement.</p>	<ul style="list-style-type: none"> - Review of the case closure procedure - Clean up of existing errors 	Processes	Accuracy
Completed Assessments not sent for authorisation	582	<p>Completed assessments should be authorised to confirm they are completed and correct, before they are sent to clients.</p>	<ul style="list-style-type: none"> - Staff training/ reiteration of instructions on authorisation requirements - Active monitoring and follow-up of exception report 	People, Processes	Reliability, Completeness, Validity
Incorrect Key Teams	5,466	<p>AIS organisational structure should align to the SAP organisational structure. The AIS organisational structure currently includes a</p>	<ul style="list-style-type: none"> - Clean up of existing issues - Process improvement to ensure AIS organisational structure aligns to SAP 	Processes, System	Accuracy, Reliability, Completeness, Validity

		large number of team names which are obsolete. The figure showing number of records affected relates to the number of clients with open referrals and obsolete key teams			
Open referrals for deceased clients	24	Referrals should be closed when a client's date of death is recorded within AIS	- Review of the case closure procedure - Clean up of existing errors	Processes	Accuracy
Incorrect Budget Codes	127	Cost codes recorded in AIS should align to details on a client's record regarding age, service type and PSR. If these do not align, financial reporting including the ASC-FR may apportion costs against incorrect areas.	- Staff training/ reiteration of instructions on how to record this information - Active monitoring and follow-up of exception report	People, Processes	Reliability, Accuracy, Validity
Multiple open referrals	14	Clients should not have more than one referral open at any one time. Multiple open referrals may result in information e.g. case notes, being linked to the wrong episode	- Clean up of existing errors - Active monitoring and follow-up of exception report	Processes	Accuracy
Reassessments with no review	190	Clients with open provisions may need to be reassessed periodically, however as per SALT and BCC guidance	- Staff training/ reiteration of instructions on the review-reassessment process	People, Processes	Accuracy

		reassessments should not be conducted without a preceding review event.	- Active monitoring and follow-up of exception report		
Reablement errors and completeness	- 60 starts recorded in 2018/19 to date - 12 open for >6 weeks - 6 no prior assessment - 5 assessment errors - 4 incorrect end reason	Reablement activity is reported through the SALT return. Issues affecting accuracy and completeness of data will impact on the accuracy of returns including the unit cost calculated in the ASC-FR	- Review of reablement recording process in AIS	People, Processes, System	Accuracy, Reliability, Completeness, Validity
Missing demographic information	- 11 missing gender - 648 ethnicity not recorded / not yet obtained	Demographic information should be collected and recorded accurately for all clients. This information is used to stratify activity metrics reported in statutory returns	- Clean up of existing errors	People	Completeness
Missing or old PSR	6608	Primary Support Reasons were introduced in 2015 to provide consistent monitoring of need. A large number of clients in AIS either have no PSR recorded, or have an old-style client category.	- Clean up of existing errors - Review of recording processes	People, Processes	Accuracy, Reliability, Completeness, Validity