

**NATIONAL QUALITY BOARD**

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**The first National Data Quality Report on the  
Health and Social Care system in England**

*An updated report from the Quality Information Committee  
of the National Quality Board*

**Annexes**

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| <p>A – Executive Summary from the first National Data Quality Report on the Health and Social Care system in England</p> <p>B – Quality Information Committee members</p> |
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**Summary**

1. The first National Data Quality Review Report was presented to the National Quality Board on 3rd December 2012. The NQB asked that further work be taken forward on the report ahead of publication as follows:
  - a. more explicit links should be made to recently published documents/ambitions announced by the Secretary of State. This included the Information Strategy, IT strategy and recent commitments for access to GP records however there will no doubt be additional areas which should be included;
  - b. it should be more explicit that current information governance rules inhibit rather than support improvements in data quality;
  - c. the recommendations section should identify organisations that would be held responsible for each action.
  - d. the recommendations should be as practical as possible, outlining what was required by whom, how and by when; and
  - e. the report should specifically highlight key tasks regarding the interoperability of computers.

## **Background**

2. The NQB's Quality Information Committee developed the first National Data Quality Review Report which provides:
  - a. the first comprehensive collection and review of the work that is current and at national level, which deals with data quality in the health and social care system in England;
  - b. recommended actions to strengthen the ability of the system to improve data quality; and
  - c. examples of best practice in improving data quality.
3. The revised executive summary, which has been amended in line with the above steers from the NQB , is attached at **Annex A**.
4. The report has been developed through a comprehensive literature review, engagement with stakeholders and through the expertise of QIC members (listed at **Annex B**).

## **Summary of findings**

5. In summary, the findings of the National Data Quality Report are as follows:

for direct patient care:

  - a. insufficient presence of uni- or multi-professional record keeping standards and conformance to the ones that are present;
  - b. a lack of consistent definitions to enable NHS personnel and patients to unambiguously recognise clinical situations and conditions. This is combined with a lack of relationship to the equivalent data definitions in the reference terminology that computers use in the electronic record;
  - c. many of the IT systems have unique designs to meet a particular purpose. This challenges sharing of data and interoperability;
  - d. the separation between secondary and primary use creates challenges rather than resolves them; and

- e. lack of ownership and leadership in this domain leads to greater diversity than is necessary

for indirect care:

- a. patient, client or service user perspective is lacking;
- b. systemically data quality is poor with significant internal inconsistency made worse by gaps and overlaps;
- c. data linkage capacity to fully exploit data appears limited; and
- d. serious concern about the systemic desirability and practical feasibility on the utility of specific secondary use collections for other purposes for which they were not designed.

### **Links to Francis**

- 6. The Francis report was published after the national data quality report research had been conducted and the initial draft had been developed. However, The Francis report endorses the National Data Quality Report with similarities in findings. In particular, the following recommendations from Francis are relevant:
  - a. foster a common culture shared by all in the service of putting the patient first;
  - b. develop a set of fundamental standards, easily understood and accepted by patients, the public and healthcare staff, the breach of which should not be tolerated;
  - c. provide professionally endorsed and evidence-based means of compliance with these fundamental standards which can be understood and adopted by the staff who have to provide the service;
  - d. ensure openness, transparency and candour throughout the system about matters of concern;
  - e. ensure that the relentless focus of the healthcare regulator is on policing compliance with these standards; and

- f. make all those who provide care for patients – individuals and organisations – properly accountable for what they do and to ensure that the public is protected from those not fit to provide such a service.

**The NQB is asked to:**

- A. note and comment on the report's findings;**
- B. comment on and agree to the recommendations in the report; and**
- C. consent to the report's publication, subject to any changes requested by NQB members, in the name of the NQB.**

**Quality Information Committee**

**6 March 2013**

**Annex A**

**Attached separately and superseded by the published version of the National Data Quality Report**



## Annex B

### Quality Information Committee Membership

<b>Member</b>	<b>Organisation</b>
David Haslam	Chair
Sally Brearley	NQB
Bruce Keogh	DH
Toby Lambert	Monitor
Tom Ward	CQC
Samantha Riley	South East Coast Public Health Observatory
Paul Zollinger Road	BUPA
Andrew Vallance-Owen	Private Healthcare Network
Clare Sanderson	NHS Information Centre
Mark Davies	NHS Information Centre
Fergus MacBeth	NICE
Julian Flowers	East of England PHO
Martin Severs	Information Standards Board
Andrew Jones	Nuffield Health
Margaret Goose	NQB lay members
John Stewart	DH
Arun Bhoopal	DH
Robert Cleary	DH
Paul Jones	DH
Anupama Natarajan	DH
Glen Mason	DH
Anne Mackie	Public Health England
Evlynne Gilvarry	General Dental Council
Tim Walker	General Osteopathic Council
Dave Anson	General Medical Council
Hugh Simpson	General Pharmaceutical Council
Bill MvAvoy	NHS Commissioning Board
Peter Saunders	Lay capacity