Title:	**DATA QUALITY POLICY**
Reference No:	NHSNYYIG-010
Owner:	Director of Standards
Author:	Assistant Director of Informatics
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Consultation Process:	IGSG, Head of Clinical Effectiveness, Data Quality Team
Policy Sponsor:	Director of Standards
Ratified and Approved by:	Information Governance Steering Group
Distribution:	All Staff
Compliance:	Mandatory for all permanent & temporary employees, contractors & sub-contractors of North Yorkshire and York PCT
Equality & Diversity Statement:	This policy has been subject to a full Equality Impact Assessment

CHANGE RECORD			
DATE	AUTHOR	NATURE OF CHANGE	VERSION No
02.03.2009	IM&T Programme Manager	First Draft	1.0
11.05.2009	IT Programme Manager	Revision in line with latest IG Toolkit requirements	2.0
26.03.2010	Informatics Programme Manager	Update to incorporate current procedures within Performance	2.1
09.02.2012	AD of Informatics	Comprehensive amendments to Policy	3.0
05.03.2012	AD of Informatics	Minor changes following comments from IG Team	3.1

1. Preface

This Policy is made between NHS North Yorkshire and York and the recognised staff side organisations, using the mechanism of the Joint Negotiation and Consultative Committee (JNCC) and Local Negotiating Committee (LNC). It will remain in force until superseded by a replacement Policy, or until terminated by either management or staff side, giving no less than six months notice. The purpose of the notice to terminate the Policy is to provide the opportunity for both parties to renegotiate a replacement Policy. Withdrawal by one party, giving no less than six months notice, will not of itself invalidate the agreement. If agreement cannot be reached on a revised policy, then the matter will be dealt with through the PCT's Grievance Procedure.

2. Introduction

NHS North Yorkshire & York, (hereafter to be called the Trust) recognises the importance of good data quality to support its ability to commission health services for the population of North Yorkshire & York. Clinical, managerial and financial decision making is based on the quality of data which supports it. This document sets out the Trust approach to the collection, storage and processing of good quality data and provides a framework for the Trust to be assured that procedures are in place to generate information of high quality. Information is derived from individual data items collected from paper based or electronic system sources. The availability of complete, accurate and timely data from all sources is important in supporting patient care, clinical governance, management and service agreements for healthcare planning and accountability. The Trust recognises that data management, validation and error correction can support good quality data, but it is more effective and efficient for data to be entered correctly first time. In order to achieve this, robust procedures must exist so that staff can be trained and supported in their work.

2.1.   "Quality data"

Data is regarded as being of high quality if it is:
- 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
- it's 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)
- Appropriately sought (in terms of being collected or checked only once during an
- episode)
- Appropriately recorded (in both paper and electronic records)

Importance of "quality data"

This information 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

3. LEGISLATION AND GUIDANCE

The Trust will maintain policies and procedures to ensure compliance with requirements contained in the Connecting for Health's Information Governance Toolkit.

The Trust will maintain policies to ensure compliance with the Data Protection Act 1998, Human Rights Act 1998, Freedom of Information Act 2000 and the Common Law of Confidentiality. The Trust will maintain policies to ensure compliance with The Confidentiality: NHS Code of Practice and The Information Security: NHS Code of Practice.

4. POLICY STATEMENT

The Trust recognises the need for an appropriate balance between openness and confidentiality in the management and use of information alongside the importance of reliable information as a fundamental requirement for the speedy and effective treatment of patients.

5. SCOPE

This policy applies to those members of staff that are directly employed by the Trust and for whom the Trust has legal responsibility. This policy also applies to staff on temporary or fixed term contracts and agency / contract staff. This policy is also applicable to any member of staff covered by a letter of authority/honorary contract or work experience whilst undertaking duties on behalf of the Trust or working on Trust premises.

6. AIMS AND OBJECTIVES

This document is intended to cover all information that is 'owned' by the Trust, including paper and computerised records and should be read alongside the Trust's:
- Records Management Policy
- Clinical Records Keeping Policy
- Information Governance Policies and Procedures

This document outlines good practice and identifies the roles and responsibilities of both the Trust and staff in terms of data quality.

7. ACCOUNTABILITY AND RESPONSIBILITIES

7.1   **The Chief Executive** has overall responsibility for Data Quality and this function is delegated to the Director of Standards as the Director with responsibility for Data Quality as Senior Information Risk Owner (SIRO).

   7.1.1   The Trust is committed to collecting and processing data according to nationally and locally defined standards.

      Standards are essential to ensure that:
      - Data collection is consistent throughout the Trust and the NHS

- Data is kept securely and confidentially

7.1.2   The Trust will monitor performance in collecting and processing data according to defined standards, and provide appropriate feedback to staff involved in the process of data collection.

7.1.3   The Trust recognises the need to share patient information with other health organisations and other agencies in a controlled manner consistent with the interests of the patient and, in some circumstances, the public interest.

7.2   **The Assistant Director (AD) of Informatics** is responsible for overseeing the Management of Data Quality by ensuring compliance with NHS standards.

7.3   All **Service Managers** have a responsibility to ensure that data quality issues within their team are resolved.

7.4   **Business Intelligence** has a responsibility for:

7.4.1 Using validation processes where possible when using accredited external sources of information, for example using the Clinical Spine Application (CSA) to check NHS number, National Administrative Codes Set (NACS) to check organisation/GP codes, Exeter system / PDS to check demographic details.

7.4.2 The development and maintenance of data collection systems and processes to ensure data completeness and integrity that meet the PCTs current and evolving information requirements. Proportionate and cost effective data checks will be performed before reports and information are released are released.

7.5   **PCT Primary Care Information Specialists** are responsible to:

7.5.1   Help the trust to enhance patient care through improved data quality and the effective use of information systems.

7.5.2   Carry out risk assurance in relation to clinical data set and template development.

7.6   **All staff** who record patient information, whether on paper or by electronic means, have a responsibility to:

7.6.1 Take care to ensure that the data is accurate and as complete as possible.

7.6.2 Ensure that all systems will incorporate internal validation processes and audit trails to detect and record problems with processing/data integrity.

7.6.3 Ensure that data input is performed in a timely manner and that the details being recorded are checked with the source at every opportunity. This could be by cross checking with patient/service user paper records or by asking the patients/service users themselves

8. ORGANISATIONAL ASSURANCE

8.1   **Information Governance Steering Group (IGSG**) - The IGSG is responsible for providing assurance for the Trust in relation to Caldicott, Freedom of Information, Information Security, Records Management, Data Protection and Data Quality issues and provides assurance to the Trust Governance Committee.

8.2   **Records Management and Data Quality Working Group** – This Working Group is responsible for ensuring that records are maintained according to

guidance from creation to disposal. The Working Group reports to the IGSG on Records Management issues and developments.

8.3 Governance and Quality Committee – This Committee gives strategic direction and support for the development of quality & clinical assurance across the Trust, ensuring that robust reporting and monitoring systems are in place.

9. REVIEW AND DISSEMINATION

This Data Quality Policy will be reviewed annually by the Information Governance Steering Group, and in accordance with the following on:-
- Legislative changes
- Good practice guidance
- Case law
- Significant Data Quality incidents reported
- New Data Quality vulnerabilities
- Changes to organisational infrastructure
- Changes requested by the Information Governance Steering Group.

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

9.1. Related Policies/Organisational Functions

A number of other policies are related to this policy and all employees should be aware of the full range. Key policies are:
- Record Management Policy
- Clinical Record Keeping Policy
- Information Governance Policies and Procedures
- NHS Number Policy

10. TRAINING

Staff will receive instruction and direction regarding Data Quality advice and information from a number of sources:-
- PCT Policies and Procedure Manuals
- Line manager
- PCT Performance and Delivery Service
- PCT Primary Care Information Specialists
- PCT Information Governance Team
- Training – on induction and Information Governance training
- Other communication methods (e.g. Team Brief/team meeting