Policy Number	IT11
Policy Name	Corporate Data Quality Policy
Policy Type	Trust-wide Non-Clinical
Accountable Director	Director of Informatics and Performance Improvement
Author	Director of Informatics and Performance Improvement
Recommending Committee	Data Quality Steering Group
Approving Committee	Acquisition Steering Group
Date Originally Approved	January 2016(Review July 2016)
Next Review Date	Decemebr 2018

This document is a valid document, however due to organisation change some references to organisations, organisational structures and roles have now been superseded. The table below provides a list of the terminology used in this document and what it has been replaced with. When reading this document please take account of the terminology changes on this front cover

Terminology used in this Document	New terminology when reading this Document
Mersey Care NHS Trust	Mersey Care NHS Foundation Trust
Executive Director of Finance	Director of Informatics and Performance Improvement
Executive Director of Resources	Director of Informatics and Performance Improvement
Information Governance Committee	Joint Senior Information Risk Owner / Caldicott Sub Committee

Corporate Data Quality Policy

Policy Number:	IT11
Scope of this Document:	All Staff
Recommending Committee:	Data Quality Steering Group
Approving Committee:	Executive Committee
Date Ratified:	January 2016
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Lead Executive Director:	Executive Director of Finance
Lead Author(s):	Director of Informatics & Performance Improvement

TRUST-WIDE DIVISIONAL BASED POLICY DOCUMENT
POLICY DOCUMENT

September 2015 – Version 1.3

Quality, recovery and wellbeing at the heart of everything we do

TRUST-WIDE DIVISIONAL BASED POLICY DOCUMENT

Corporate Data Quality Policy

Further information about this document:

Document name	**Corporate Data Quality Policy IT11**
Document summary	**This policy sets out a framework which is designed to help Mersey Care NHS Trust ensure a high standard of data quality across all the trusts clinical information systems both electronic and manual. The overall aim is to ensure the trust's data is fit for purpose and support the delivery of perfect care and decision making.**
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To be read in conjunction with	
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Version Control:

		Version History:
13.10.2014		V1.0
29.12.2014	Reference added to Health Records Policy (IT06)	V1.1
12.01.2015	Reference to false & misleading information	V1.2
16.09.2015	Addition of Standard 18	V1.3

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;

- knowing how to deal with a disclosure or allegation of child/adult abuse;

- undertaking training as appropriate for their role and keeping themselves updated;

- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;

- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;

- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);

- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;

- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

CONTENTS

1 PURPOSE AND RATIONALE

Good quality information is vital to enable individual staff and the organisation to evidence they are delivering high quality/perfect care that supports people on their recovery journey, and to reach their goals and aspirations whilst keeping themselves and others safe.

It also enables the efficient management of services, service planning, performance management, business planning, commissioning and partnership working.

Information is a main driver of twenty first century health care and good data quality is important to meet the information needs of:

a)	Health and Social Care Professionals
b)	Trust Managers and Commissioners
c)	Patients and Public
d)	Payment by Results
e)	Quality Assurance Programme
f)	Information Governance Toolkit Requirements
g)	Foundation Trust Status Application
h)	National Standards set by the Department of Health
i)	Audit Commission

The purpose of this policy is to:

Confirm Mersey Care NHS Foundation Trust's commitment to data quality
Confirm Mersey Care NHS Foundation Trust's on going approach to ensuring data quality standards are adhered to
Inform staff working for or on behalf of Mersey Care NHS Foundation Trust of their responsibilities with regards to data quality
Ensure Mersey Care NHS Foundation Trust does not provide false or misleading information

This policy sets out a framework which is designed to help Mersey Care NHS Foundation Trust ensure a high standard of data quality across all the trusts clinical information systems both electronic and manual.

This policy is applicable to all staff who collect, record, use and manages patient information both manually and in clinical information systems

The overall aim is to ensure the trust's data is fit for purpose and support the delivery of perfect care and aid decision making.

The availability of complete, comprehensive, accurate and timely data is an essential component in the provision of high quality care. Data Quality is key to Mersey Care NHS Foundation Trust's on-going ability to meet it's statutory legal financial and other contractual obligations especially with external scrutiny quite rightly being so

high at present and is essential for performance improvement against national, local targets, standards and commissioning requirements.

All trusts are required to have good data quality compliant with national standards and Mersey Care NHS Foundation Trust is responsible for the quality of its data submitted as part of the national datasets e.g. Mental Health Services Data Set, National Drug Treatment Monitoring Service, Commissioning Data Sets.

Poor data quality is not acceptable to Mersey Care NHS Foundation Trust due to the risks which could arise from the use of unreliable clinical/administrative/management information.

Implementation of and adherence to this policy will ensure:

- Information is held, used and obtained in accordance with the Data Protection Act 1998.
- Information is stored in accordance with the NHS Code of Records Management
- Staff are trained and aware of their responsibilities in respect of Data Quality and the data standards they must adhere to
- This policy is applicable to all staff working for, or with, Mersey Care NHS Foundation Trust

2 OUTCOME FOCUSED AIMS AND OBJECTIVES

The Trust is required to comply with the Information Governance Standards, Information Quality Assurance Programme, NHS Data Dictionary and Information Standard Notices. All individuals must ensure that their level of competency and training allows the Trust to fulfill this compliance.

The Trust aims to meet current NHS Information Quality Assurance Programme Standards on

a) Security and Confidentiality
b) Coverage
c) Validation and Quality Assurance
d) Training
e) Communications
f) Accountability
g) Health Records Management

Service User data held in Trust systems must be fit for purpose. Staff should aim to ensure that data completion in clinical information systems is made in line with internal standards approved by the Data Quality Steering group and the Information Governance Committee.

3 SCOPE

Scope of this Policy:

For use in: All Areas

For use by: All Staff

For use for: All Patient Information

All authorised staff involved in the collection of data are responsible for accurate and timely records to ensure that Trust information is correct and available. This is required to ensure seamless care from teams within the trust and to enable the trust to accurately report activity. This Policy is intended to be a comprehensive guide to all staff involved in managing data associated with Clinical Information Systems both electronic and manual.

4 DEFINITIONS

Definition of Data Quality

According to J.M. Juran (1951), data are of high quality *"if they are fit for their intended uses in operations, decision making and planning."* Alternatively, data are deemed of high quality if they correctly represent the real-world construct to which they refer. Within an organisation, acceptable data quality is crucial to operational and transactional processes and to the reliability of business analytics / business intelligence reporting. Data quality is affected by the way the data is entered, stored, analysed, managed and reported.

The Six Dimensions of Data Quality

Data quality in essence is the foundations of information. The six dimensions of data quality are defined by the Audit Commission as:

Table 1: Definitions

Term	Definition
Accuracy	Data should be sufficiently accurate for its intended purposes and captured as close to the point of activity as possible.
Validity	Data will be recorded and used in compliance with relevant requirements, including the correct application of any rules or definitions.
Reliability	Data will reflect stable and consistent data collection processes across collection points and over time. Managers and stakeholders should be confident that progress toward performance targets reflects real changes rather than variations in data collection

	methods.
Timeliness	Data must be available quickly and frequently enough to support information needs and to influence the appropriate level of service or management decisions.
Relevance	Data captured will be relevant to the purposes for which it is used, capable of evolving to reflect changing needs. Quality assurance and feedback processes are needed to ensure the quality of such data.
Completeness	Data requirements will be clearly specified and based upon the information needs of the organisation and data collection processes matched to these requirements.

Why is Data Quality Important?

- High quality information leads to better decision making to improve patient care and patient safety, and there are potentially serious consequences if information is not correct and up to date.
- Poor data quality can put service users at risk – poor or missing data can lead to mistaken identity or missed alarms about an individual or quality of care
- Acceptable data quality is crucial to operational and transactional processes and to the reliability of business analytics / business intelligence reporting.
- Management information produced from patient data is essential for the efficient running of the trust and to maximise utilisation of resources for the benefit of patients and staff.
- Poor data quality puts organisations at significant risk of: damaging stakeholder trust; weakening frontline service delivery; incurring financial loss; and poor value for money.

5 DATA QUALITY STANDARDS

1.   All Admissions should be entered onto the Clinical Information System within 4 hours.

2.   All discharges from wards should be entered onto the clinical Information System within 4 hours.

3.   All transfers to and from wards should be entered onto the clinical information system within 4 hours.

4.   All ward discharge notifications (TTO's) should be made within 24 hours of the service users discharge from the ward.

5. All Ward Discharge letters should be dictated, typed, signed by the Medic and in the postal system within 10 days of the discharge date.

6. All Out-Patient clinic letters should be dictated, typed, signed by the Medic and in the postal system within 10 days of the out patient appointment date.

7. All Crisis Team letters should be typed, signed and in the post within 72 hours of contact with the service user.

8. All day hospital and in-patient contacts & notes should be recorded during the working shift

9. All community contacts should be entered onto the system within 24 hours.

10. Referrals should be recorded onto the system within 24 hours of the referral being received.

11. All new patient appointment letters sent out should have a Patient Registration form enclosed for completion. Upon the patient booking in this should be checked & updated onto clinical information system – any missing fields of information should wherever possible be completed whilst the patient is present or later with the patient's proxy or carer as appropriate if the patient has communication problems.

12. The Summary Care Record must be sourced to establish the service users NHS Number which must be recorded on the Clinical Information System.

13. The NHS Number must be recorded on all Clinical Correspondence

14. All demographic details and GP details must be checked with the service user or their representative at each contact and any changes must be updated on the Clinical Information System within 24 hours.

15. Outcomes from out patient clinics should be keyed onto clinical information systems within 24 hours of the date of the clinic taking place.

16. Changes to teams, staff bases, clinic requests, bed numbers, Consultants etc. must be notified to the Data Quality Team prior to any changes taking place – a procedure is in place with templates for services to complete. The log of late notifications will be monitored via the Data Quality Steering Group.

17. All data collection and recording on the Clinical Information Systems must comply with Trust policy and procedure.

18. All assessments/web forms must be completed on the clinical information system within 3 working days.

Please also see the Corporate Health Records Policy and Procedure (IT06) for further guidance on basic record keeping standards.

Information held in respect of service users should be checked, updated and reconciled every time there is contact with the service user or with the patient's proxy or carer as appropriate if the patient has communication problems, or the records are being updated. Contact includes an attendance at an Out-patient appointment, telephone conversations to make arrangements for booking an appointment, on admission where possible and upon receipt of referral letters from GPs, a good early source of information about changes of addresses etc.

Corporate teams handling patient information should ensure they too maintain the quality and integrity of the data, highlighting any areas of concern to the Data Quality Team or direct to divisions/services as appropriate for action.

The Trust Data Quality Team will perform an annual Completeness and Validity check. At the end of each year the outcome of the Completeness and Validity check will be presented to the Data Quality Steering Group to provide assurance that the Information Governance Toolkit Standard has been achieved.

The data quality standards, training and feedback structure within the Trust supports continuous improvement in the quality of data. This is demonstrated by the flowchart on the next page.

6 DUTIES AND ACCOUNTABILITY

Accountability
It is the responsibility of all Senior Managers and Clinical Staff within Mersey Care NHS Foundation Trust to ensure that staff within their remit who have any involvement with collecting, recording and management of data for the purpose of Information Management are made aware of and fully understand the content of the Data Quality Policy.

Chief Executive
The Chief Executive has overall responsibility for data quality management within the Trust. As the accountable officer they are responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support service delivery and continuity. Records management is vital to this in order to ensure appropriate, accurate information is available as required. The Chief Executive is responsible for all submitted data and information reporting.

Performance and Investment Committee
The Performance and Investment Committee receive and review assurance of the mechanisms in place for reporting data that is of high quality.

Executive Director of Finance

Formal responsibility for Data Quality lies with the Executive Director of Resources who is responsible for reporting on data quality to the Trust Board.

Caldicott Guardian

The Trust's Caldicott Guardian has a responsibility for reflecting service users' interests regarding the use of patient identifiable information and is responsible for ensuring patient identifiable information is shared in an appropriate and secure manner.

Senior Information Risk Officer

The accountable director for the policy is the Senior Information Risk Officer (SIRO). The SIRO take ownership of the Trust's information risk policy and acts as an advocate for information risk on the Trust Board. The SIRO works closely with Information Asset Owners to ensure Trust information systems are fit for purpose.

Director of Informatics & Performance Improvement

The Director of Informatics & Performance Improvement is responsible for the Data Quality Team and their annual programme of work, clinical information systems and the reporting of management information. They act as an advocate for Data Quality and are responsible for reporting on Data Quality to the Executive Director of Resources.

eGovernance Manager

The eGovernance Manager is responsible for ensuring that the Trust is working within the legal framework of the Data Protection Act, Freedom of Information Act, NHS Code of Practice for Confidentiality and Information Governance Standards etc. They are responsible for the co-ordination and management of Information Governance including the completion of the Information Governance Toolkit.

Information Governance Committee

The Data Quality Steering Group is a formal subcommittee of, and reports to, the Information Governance Committee. The Information Governance Committee is responsible for monitoring the outcomes of the Data Quality Steering Group Audits, Action Plan etc.

Data Quality Steering Group

The Data Quality Steering Group meets on a quarterly basis and is accountable to the Information Governance Committee. The group is made up of representatives from each division/service, eGovernance Manager, Trust Health Records Manager and other key stakeholders. These representatives have responsibility within their division to cascade relevant information to staff and to report any data quality issues as appropriate to the attention of divisional managers or to the Data Quality Steering Group as appropriate, to implement measures to address them, ensure the Data Quality Policy is followed locally, Participate in audits etc. as requested by the Steering Group.

The group has overall responsibility for the implementation of this strategy, the Data Quality Policy and the Data Quality Action Plan; it will manage and monitor the Data Quality Report, audit reports and action plans and feedback to the Information Governance Committee. It is the responsibility of the Divisions to ensure representation and attendance at the steering Group and to participate in audits as appropriate.

The Data Quality Steering Group will oversee and monitor the progress of this strategy and the annual Data Quality Action Plans.

Audit Committee
The Audit Committee receives assurance in respect of data quality from Internal and External Audit.

Trust Health Records Manager
The Trust Health Records Manager is responsible for ensuring the Trust is working within the legal framework of the NHS Code of Practice for Records Management and is the recognised professional lead within the Trust to advise staff on data quality record management issues.

Divisions
The management of data quality issues is undertaken at Division level. Performance issues in respect of data quality will be dealt with by Division managers in accordance with the relevant Trust policy.

Health Records Managers/Administrative Managers
Health Records Managers/Administrative Managers have direct responsibility for the daily management of health records staff. Local checks and validation procedures should be in place to ensure the accurate and timely capture of information as specified in the Data Quality Standards.

Trust Managers
Trust Managers have a responsibility for ensuring that staff working for them:

Record accurate and complete data in a timely manner
Are aware of their responsibilities with regard to checking and updating any inaccuracies and missing data items in service user records
Address any data quality issues as soon as possible and escalate appropriately
Ensure all local procedures are documented and updated regularly and are available to all staff
Ensure all staff are familiar with and adhere to current legislation, trust and local policies, procedures etc.
Ensure all staff meet the trust's Data Quality Standards
Monitor staff competencies and training needs and ensure staff attend appropriate training including refresher as appropriate for both clinical information systems and record keeping/data quality
Ensure staff deal with data in a secure and confidential way to comply with Information Governance standards.

All Staff

All Trust staff including clinicians and administrative staff, who collect and record data both manually and on the trust clinical information systems must:

Ensure timely, accurate and complete recording of data in service user records
Update any inaccuracies and/or missing data in service user records
Address any data quality issues as soon as possible and escalate appropriately
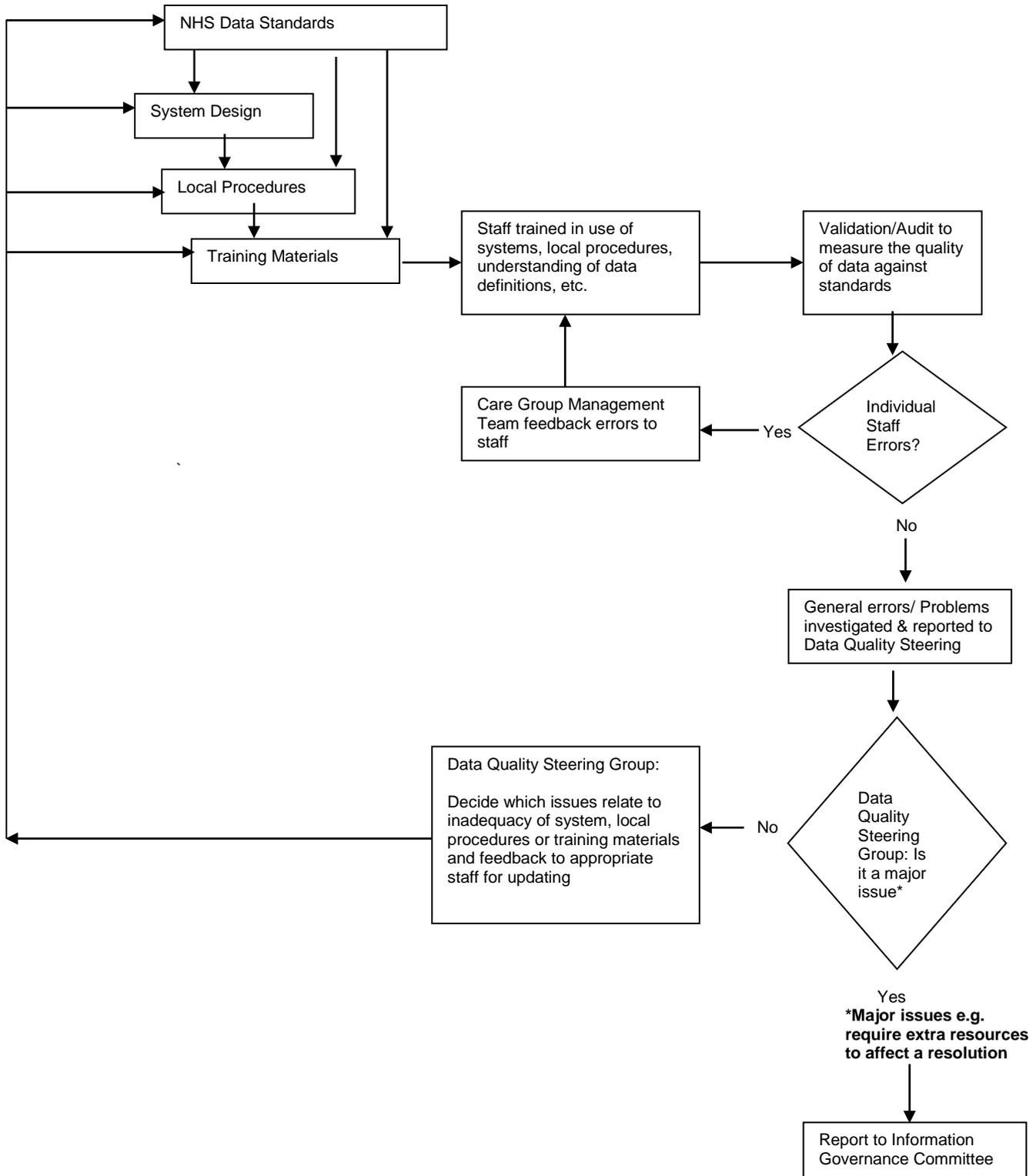Be aware of and comply with legislation, trust and local procedures etc.
Ensure they meet the trust's Data Quality Standards
Monitor own competencies and access training where necessary both for clinical information systems and record keeping/data quality
Ensure all data is dealt with in a secure and confidential way to comply with Information Governance standards.

7 PROCESS / PROCEDURE

Data quality improvement process and management reporting structure.

```
NHS Data Standards
        │
        ▼
System Design
        │
        ▼
Local Procedures
        │
        ▼
Training Materials ──▶ Staff trained in use of      ──▶ Validation/Audit to
                       systems, local procedures,        measure the quality
                       understanding of data             of data against
                       definitions, etc.                 standards
                            ▲                                   │
                            │                                   ▼
                  Care Group Management          Yes      Individual
                  Team feedback errors to  ◀───────────   Staff
                  staff                                    Errors?
                                                              │ No
                                                              ▼
                                                    General errors/ Problems
                                                    investigated & reported to
                                                    Data Quality Steering
                                                              │
                                                              ▼
        Data Quality Steering Group:                    Data
                                                         Quality
        Decide which issues relate to      No           Steering
        inadequacy of system, local   ◀──────────       Group: Is
        procedures or training materials                 it a major
        and feedback to appropriate                      issue*
        staff for updating                                    │
                                                              Yes
                                          *Major issues e.g.
                                          require extra resources
                                          to affect a resolution
                                                              │
                                                              ▼
                                                    Report to Information
                                                    Governance Committee
```

8 CONSULTATION

This policy has been developed by the Data Quality Team with the support of the Data Quality Steering Group which includes members of the Divisions, eGovernance Manager, and Trust Heath Records Manager.

9 TRAINING AND SUPPORT

On the job training and induction for all new staff must include Good Record Keeping and Data Quality and on going training for existing staff must also include training to keep them up-to-date-with new processes and changes to data definitions etc.

Staff must adhere to the record keeping standards as defined by their professional bodies e.g. Medical Defence Union, Royal College of Nursing etc.

All staff are encouraged to attend the Trust Wide Multi-professional Record Keeping Workshops run by the Trust Health Records Manager which highlight the importance of good data quality.

The Data Quality Team will also provide ad hoc awareness and themed training sessions with teams upon request.

All staff are required to keep their information governance knowledge up to date. All staff employed within the Trust or working on behalf of the trust are required to complete and pass at least one of the mandatory modules linked to their job role e.g. Introduction to Information Governance. After completion of the mandatory modules refresher training must be completed on an annual basis.

All staff who use a Clinical Information System must have training in the system before they receive an allocated operator number. Staff will be assessed to ensure a basic level of competency before being given access to the clinical system. When new features of the system are introduced, relevant staff will be provided with appropriate information/documentation or training as appropriate.

10 VALIDATION AND QUALITY ASSURANCE

Regular validation routines and processes are undertaken by the Data Quality Team to assess the accuracy of service user data. Where issues are highlighted these are corrected by the team or reported back to Divisions as appropriate for correction. Additional validation is done upon request from services. Validation and Quality Assurance is also undertaken for all national data sets.

External reports form Secondary Uses Services (SUS) and from Mental Health Services Data Set (MHSDS) validation routines are also used to quality assure trust data and in particular its data sets.

11 Monitoring

Audits are regularly undertaken:

External audits

    a)   Cheshire & Mersey Data Quality and Clinical Coding Team
    b)   Other independent agencies as appointed

Internal audits

    a)   The DQSG will recommend an annual audit programme
    b)   Each division will undertake a specific audit each year
    c)   Data collections are subject to validation routines and on-going audit programmes to measure the quality against national standards
    d)   Validation Check Audit for Commissioned Data Set undertaken by Data Quality Team.

All audit reports, outcomes and recommendations will be reported to the Data Quality Steering Group and by annual review to the Information Governance Committee.

12 SUPPORTING DOCUMENTS

List of Supporting Documents

Ref No	Name
IT04	Corporate Health Records Policy and Procedure
IT12	Information Governance Policy
IT02	IM&T Security Policy
IT10	Confidentiality and Information Sharing Policy
IT06	Health Records Policy
	Data Quality Strategy