

TRUST-WIDE POLICY DOCUMENT

Corporate Data Quality Policy

Policy Number:	IT11
Scope of this Document:	All Colleagues
Recommending Committee:	Health Records and Data Quality Group
Approving Committee:	Executive Committee
Date Ratified:	March 2019
Next Review Date (by):	December 2020
Version Number:	2019- Version 2
Lead Executive Director:	Executive Director of Finance
Lead Author(s):	Chief Information Officer

TRUST-WIDE DIVISIONAL BASED POLICY DOCUMENT POLICY DOCUMENT

January 2019 – Version 2

Striving for Perfect Care for
the People We Serve

TRUST-WIDE 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 Foundation 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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Published by	Mersey Care NHS Foundation Trust V7 Kings Business Park Prescot L34 1PJ Your Space Intranet: http://sharepoint.merseycare.nhs.uk Trust's Website www.merseycare.nhs.uk
Copies of this document are available from the Author(s) and via the Trust's website	
To be read in conjunction with	Data Quality Strategy Health Records Policy (IT06) Confidentiality and Data Sharing Policy (IT10)
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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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
03.01.2019	Section 6: Duties and Accountability changed to match the DQ strategy Section 5: Review of the Standards Section 2: addition of the DQ Aims Section 7: Diagram updated Appendix A: DQ Indicators added	V1.4

SUPPORTING STATEMENTS – this document should be read in conjunction with the following statements:

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 adults, including:

- being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/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/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 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 colleagues 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 with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1 PURPOSE AND RATIONALE

- 1.1 Good quality information is vital to enable individual colleagues 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.
- 1.2 It also enables the efficient management of services, service planning, performance management, business planning, commissioning and partnership working.
- 1.3 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) Relevant NHS Digital information standards and collections
 - e) Quality Improvement and Assurance Programme
 - f) Data Security and Protection Toolkit Requirements
 - g) Foundation Trust Status Application
 - h) National Standards set by the Department of Health
 - i) Regulators such as NHS Improvement and the Care Quality Commission
 - j) Audit Commission
- 1.4 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 colleagues 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
- 1.5 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 Trust's clinical information systems both electronic and manual.
- 1.6 This policy is applicable to all colleagues working for, or working with Mersey Care NHS Foundation, who collect, record, use and manage patient information both manually and in clinical information systems.
- 1.7 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.
- 1.8 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 and is essential for

performance improvement against national, local targets, standards and commissioning requirements.

- 1.9 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.
- 1.10 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.
- 1.11 Implementation of and adherence to this policy will ensure:
 - Information is held, used and obtained in accordance with the Data Protection Regulations and DPA 2018
 - Information is stored in accordance with Information Governance Alliance Records Management Code of Practice for Health & Social Care, 2016
 - Colleagues are trained and aware of their responsibilities in respect of Data Quality and the data standards they must adhere to

2 OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 The Trust is required to comply with the Data Security and Protection Standards, Quality Improvement and 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 Quality Improvement and 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
- 2.2 Service User data held in Trust systems must be fit for purpose. Colleagues should aim to ensure that data completion in clinical information systems is made in line with internal standards approved by the Health Records and Data Quality Working group and the Joint Senior Information Risk Owner / Caldicott Sub Committee.

2.3 Data Quality Aims

The policy is aimed at ensuring the effective management of data quality by:

- Providing a robust yet flexible framework within which the Trust can maximise the completeness, accuracy, timeliness and validity of service user information
- Defining the organisational structure within which data quality is managed, monitored, reported and improved upon
- Outlining main responsibilities and accountabilities
- Confirming Trust strategy, policies and procedures relating to data quality
- Ensuring compliance with Department of Health data standards, Data Security and Protection Toolkit etc.
- Creating a framework within which data quality issues can be fed back to services to address any recurrent problems
- Complying with Freedom of Information legislation which substantially increases the public visibility of data quality issues
- Developing a data quality culture throughout the Trust
- Establishing, implementing and maintaining processes for the effective management of data quality
- Ensuring a consistent approach across the Trust to data quality
- Ensuring all colleagues follow and promote best practice
- Ensuring maintenance of year on year improvement in data quality and the Data Quality Standards of the Data Security and Protection Tool Kit
- Monitoring reviews of data quality
- Confirming Mersey Care NHS Foundation Trust's commitment to continual improvement in the quality of it's data
- Informing colleagues who work for or on behalf of Mersey Care NHS Foundation Trust of their duties with regards to data quality
- Ensuring data required for the national datasets (e.g. APC/OPD CDS, IAPT, Mental Health Services Data Set, Community Services Data Set) are of the highest quality

3 SCOPE

3.1 Scope of this Policy:

For use in: All Areas
For use by: All Colleagues
For use for: All Patient Information

3.2 All authorised colleagues 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 colleagues involved in managing data associated with Clinical Information Systems both electronic and manual.

3.3 Whilst this policy applies to all clinical systems operated within the Trust, there will be instances where the nature of the work requires guidance outside the policy. For example: Sexual health services, because of the sensitive nature of the work, clients may potentially provide false demographic details. The collection of full postal codes could conflict with the venereal diseases legislation. Therefore management of data quality for this service will be undertaken by the service or by designated personnel to ensure the Trust does not breach appropriate legislation.

4 DEFINITIONS

4.1 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.

4.2 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.

Term	Definition
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.

4.3 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 colleagues.
- 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

5.1 Below is a list of standards that all colleagues accessing clinical systems must adhere to.

1. All Admissions should be entered onto the Clinical Information System within 4 hours.
2. All patients to have a Health Care Professional allocated within the Mental Health Clinical Information Systems
3. All patients on CPA to have a Care Co-ordinator allocated
4. Review the patient Employment and Settled Accommodation status inclusion form at each appropriate opportunity (each contact), to be reviewed at least annually (not applicable for Specialist LD patients)

5. All CPA reviews to be recorded within 3 working days
 6. All discharges from wards should be entered onto the clinical Information System within 4 hours.
 7. All transfers to and from wards should be entered onto the clinical information system within 4 hours.
 8. All referrals should be closed within 72 hours of discharge from the service
 9. All patient records to be checked against the spine upon registration to avoid duplicate records for the same patient
 10. 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, this includes making changes to the spine where appropriate
 11. All ward discharge notifications (TTO's) should be made within 24 hours of the service users discharge from the ward.
 12. All Ward Discharge letters should be dictated, typed, signed by the Medic and in the postal system within 7 days of the discharge date.
 13. All Out-Patient clinic letters should be dictated, typed, signed by the Medic and in the postal system within 7 days of the out patient appointment date.
 14. All Crisis Team letters should be typed, signed and in the post within 72 hours of contact with the service user.
 15. The NHS Number must be recorded on all Clinical Correspondence
 16. All day hospital and in-patient appointments & notes should be recorded during the working shift
 17. All appointments to be outcomed within 24 hours
 18. Referrals should be recorded onto the system within 24 hours of the referral being received.
 19. All deaths should be recorded on the adverse incident system (Datix or Ulysees) as soon as notification is received
- 5.2 The Health Records and Data Quality Working Group is responsible for agreeing and implementing a suite of data quality indicators to provide assurance of the delivery of these standards and to support identification of any areas for improvement.

- 5.3 Please also see the Corporate Health Records Policy and Procedure (IT06) for further guidance on basic record keeping standards.
- 5.4 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 e.g. if the service user lacks capacity. Contact includes an attendance at an Out-patient appointment, telephone conversations to make arrangements for booking an appointment, face-to-face contacts at a service user's home, on admission where possible or within other community settings and upon receipt of referral letters from GPs, a good early source of information about changes of addresses etc.
- 5.5 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.
- 5.6 The Trust Data Quality Team will perform an audit of the Admitted Patient Care Dataset (APC Audit). At the end of each year the outcome of the APC Audit will be presented to the Health Records and Data Quality Working Group to provide assurance that the Data Protection and Security Toolkit Standard has been achieved.
- 5.7 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 in section 7.

6 DUTIES AND ACCOUNTABILITY

6.1 Accountability

It is the responsibility of all Senior Managers and Clinical Colleagues within Mersey Care NHS Foundation Trust to ensure that colleagues within their remit who have any involvement with collecting, recording and management of patient related data manually and within clinical information systems are made aware of and fully understand the content of the Data Quality Policy.

6.2 Chief Executive

The Chief Executive has overall responsibility for data quality management within the Trust. As the accountable officer he is 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.

- 6.3 Performance, Investment and Finance Committee**
The Performance, Investment and Finance Committee receive and review assurance of the mechanisms in place for reporting that data is of high quality.
- 6.4 Executive Director of Finance / Deputy Chief Executive**
Formal responsibility for Data Quality lies with the Executive Director of Finance / Deputy Chief Executive who is responsible for reporting on data quality to the Trust Board
- 6.5 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.
- 6.6 Senior Information Risk Officer**
The accountable director for the data quality policy is also the SIRO. The SIRO takes ownership of the Trust's information risk policy and acts as an advocate for information risk on the Board of Directors. The SIRO works closely with Information Asset Owners to ensure information systems are fit for purpose.
- 6.7 Chief Information Officer**
The Chief Information Officer is responsible for the Data Quality Team and their annual programme of work, clinical information systems and the reporting of management information. He acts as an advocate for data quality and is responsible for reporting on data quality to the Executive Director of Finance / Deputy Chief Executive.
- 6.8 Information Governance Manager**
The Information Governance Manager is responsible for ensuring that the Trust is working within the legal framework of the Data Protection Act, Freedom of Information Act, and NHS Code of Practice for Confidentiality and Data Protection and Security Standards etc. They are responsible for the co-ordination and management of information governance including the completion of the Data Protection and Security Toolkit.
- 6.9 SIRO/Caldicott Sub Committee**
The Health Records and Data Quality Working Group is a formal subcommittee of, and reports to, the SIRO / Caldicott Sub Committee. The SIRO / Caldicott Sub Committee is responsible for monitoring the outcomes of the Health Records and Data Quality Working Group Audits, Action Plan etc.
- 6.10 Health Records and Data Quality Working Group**
The Health Records and Data Quality Working Group meets on a bi-monthly basis and is accountable to the SIRO/ Caldicott Sub-Committee. The group is made up of representatives from each division / service, the Data Quality Team, Trust Health Records Manager and other key stakeholders. A highlight report is produced as an output from each meeting. Members of the group have the responsibility within their division to cascade relevant information to

colleagues and to report any data quality issues as appropriate to the attention of divisional managers or to the Health Records and Data Quality Working 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 Working Group.

6.11 The Health Records and Data Quality Working 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 SIRO / Caldicott Sub Committee. It is the responsibility of the divisions to ensure representation and attendance at the Working Group and to participate in audits as appropriate.

6.12 Audit Committee

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

6.13 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 colleagues on data quality record management issues.

6.14 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.

6.15 Health Records Managers/Administrative Managers

Health Records Managers/Administrative Managers have direct responsibility for the daily management of health records colleagues. 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.

6.16 Trust Managers

Trust managers have a responsibility for ensuring that colleagues 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 colleagues
- Ensure all colleagues are familiar with and adhere to current legislation, Trust and local policies, procedures etc.
- Ensure all colleagues meet the Trust's Data Quality Standards

- Monitor colleagues competencies and training needs and ensure colleagues attend appropriate training including refresher as appropriate for both clinical information systems and record keeping / data quality
- Ensure all colleagues deal with data in a secure and confidential way to comply with Data Protection and Security Standards.

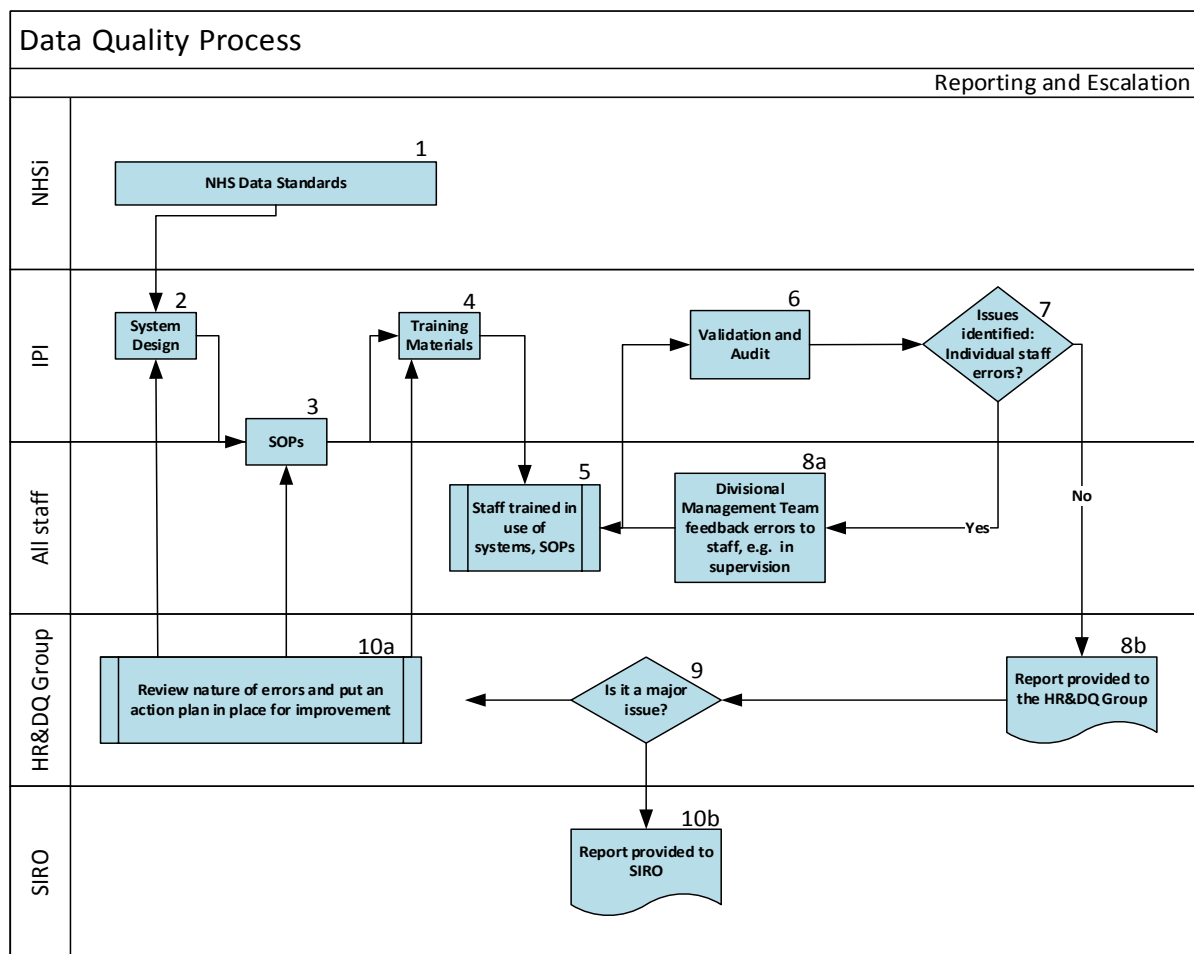
6.17 All Colleagues

All Trust colleagues including clinicians and administrative colleagues, 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 Data Protection and Security standards.

7 PROCESS / PROCEDURE

7.1 Data quality improvement process and management reporting structure.



1. Standards provided
2. Systems and reports built to meet and monitor the standard
3. Standard Operating Procedures (SOPs) creating between IPI and the division to provide guidance to staff on how to adhere to the standard
4. Training material provided
5. Staff trained
6. System Data validated and audited
7. Any issues reviewed to identify if they are attributable to an individual or are general issues
- 8a. If it's an individual issue this is raised with the division and then to be raised with the individual, at supervision if this is appropriate
- 8b. If it's a general issue then this is to be documented and reported to the Health Records and Data Quality Group
9. The Group will review if it's a major issue or not
- 10a. If it is not a major issue the nature of the errors will be reviewed and action plan put in place to resolve the issue
- 10b. If it is a major issue this will be reported to the SIRO / Caldictott Sub-Committee

8 CONSULTATION

- 8.1 This policy has been developed by the Informatics and Performance Improvement Team with the support of the Health Records and Data Quality Working Group and the Clinical Digital Leadership Group which includes members of the Divisions, and Trust Health Records Manager.

9 TRAINING AND SUPPORT

- 9.1 On the job training and induction for all new colleagues must include Good Record Keeping and Data Quality and on going training for existing colleagues must also include training to keep them up-to-date-with new processes and changes to data definitions etc.
- 9.2 Colleagues must adhere to the record keeping standards as defined by their professional bodies e.g. Medical Defence Union, Royal College of Nursing etc.
- 9.3 All colleagues are encouraged to attend additional training provided by the organisation to support improvements in data quality.
- 9.4 The Systems Support Team will also provide ad hoc awareness and themed training sessions with teams upon request.
- 9.5 Further guidance is available on the Staff Intranet in the form of training guides and quick reference guides: <http://sharepoint.merseycare.nhs.uk/sites/IP/ITTraining/SitePages/Home.asp>
- 9.6 All colleagues employed within the Trust or working on behalf of the Trust are required to complete and pass the Data Security Awareness Training module on an annual basis.
- 9.7 All colleagues who use a Clinical Information System must have training in the system before they will be granted access to the Clinical Information System. All colleagues who use a clinical information system must be trained and demonstrate a basic level of competency in the use of the system before being given access. When new features of the system are introduced, relevant colleagues will be provided with appropriate information/documentation or training as appropriate.

10 VALIDATION AND QUALITY ASSURANCE

- 10.1 Regular validation routines and processes are undertaken by the System Support and the BI Teams 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.
- 10.2 External reports from 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

- 11.1 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 HR&DQWG will recommend an annual audit programme
- b) Each division will undertake specific audits as indicated by key themes emerging through the HRDQ working group
- 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 BI Team

- 11.2 All audit reports, outcomes and recommendations will be reported to the Health Records and Data Quality Working Group and by annual review to the Joint Senior Information Risk Owner / Caldicott Sub Committee.

12 SUPPORTING DOCUMENTS

12.1 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

