



Data Quality Policy

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The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.



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1. Introduction

All NHS organisations have a responsibility to ensure their data is accurate in compliance with the Data Protection Act 1998, and is fit for purpose, as directed by NHS Digital. Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. Lord Darzi stated that “We can only be sure to improve what we can actually measure”¹. Improving data quality will assist in improving the quality of patient care.

This document sets out the Data Quality Policy for the East of England Ambulance Service NHS Trust (the “Trust”).

Data quality is crucial and the availability of complete, accurate, reliable and timely data is important in supporting patient care, clinical governance, management and service agreements for healthcare planning and accountability.

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.

The Trust needs a trust-wide commitment to data quality, which will in turn assist in meeting its performance targets.

2. Purpose

This Policy is designed to ensure that all staff employed by the Trust understands the importance of data quality. It applies to all members of staff, both permanent and temporary. It will:

- Describe the meaning of data quality.
- Establish the Trust’s commitment to data quality and responsibility for its maintenance and improvement.
- Describe methods by which data quality should be achieved.

This Document draws together the strands of data quality in an over-arching and re-enforcing policy; the principles of which should be reflected in all aspects of activity carried out within the Trust, to demonstrate corporate consistency across all areas and services.

The principles and objectives of this Policy are closely aligned to and supportive of the Trust’s business strategic objectives:

- To be the market leader in providing patients the gateway to urgent and emergency healthcare services.
- To have a workforce that has the skills to lead and deliver change, create flexibility and create a learning environment.
- To become the best provider of unplanned healthcare needs in the country.

To have the best in class business intelligence tools to enable the Trust to be the most responsive and innovative provider of unplanned healthcare.

3. Duties

Staff, with appropriate levels of seniority, responsibility and expertise will be assigned to the key roles in data quality. These individuals will have support from the Trust Board and will remain abreast of any relevant changes in policy, procedure etc.

3.1 Chief Executive

Ultimate accountability and responsibility for data quality lies with the Chief Executive.

3.2 Director of Strategy and Sustainability

Responsibility for ensuring compliance with data quality standards has been delegated to the Director of Strategy and Sustainability.

3.3 Directors

All Directors are responsible for the development of procedures and local policies relating to data quality.

3.4 Information Team

Coordination of data collection requirements for reporting purposes is the responsibility of the Information Team.

3.5 Information Asset Owners

Information Asset Owners/Administrators have responsibility for data quality within their respective key Trust information assets/systems.

3.6 Managers

Managers are responsible for ensuring that this Policy is built into local processes and that there is on-going compliance.

Managers are responsible for ensuring all staff input accurate and complete data in a timely manner and addressing any data quality issues as soon as possible and escalating appropriately. They are responsible for monitoring staff competencies and training needs, ensuring that staff attends appropriate training.

3.7 All Staff

All staff, whether permanent, temporary or contracted are responsible for ensuring that they are aware of the requirements incumbent upon them and for ensuring that they comply with these on a day to day basis. A fundamental principle of data quality is that data should be right first time, which means that the responsibility is at the point at which it is collected and recorded, whether the recorder is clinical, technical or administrative.

3.8 Consultation and Communications with Stakeholders

The Trust is committed to involving staff and key stakeholders in the development, review and monitoring of key procedural documents. As such, relevant stakeholders have been consulted to ensure that their views have been taken on board in the development of this Policy.

4. Definitions

4.1 Data

Data is a collection of facts from which information is constructed via processing or interpretation.

4.2 Information

Information is the result of processing, gathering, manipulating and organising data in a way that adds to the knowledge of the receiver.

4.3 Data Quality

Data quality is a measure of the degree of usefulness of data for a specific purpose.

5. Development

5.1 Prioritisation of Work

This Policy is one of the key Trust policies that fundamentally determines how the Trust should handle all data. This Policy helps the Trust to achieve compliance with the application for Foundation Trust status, IG Toolkit compliance, Key performance indicators, and other DOH benchmarking standards.

5.2 Identification of Stakeholders

The main body of users of this Policy, in terms of day to day activity, will be any staff who manage or come into contact with clinical and non-clinical information

5.3 Responsibility for Document's Development

Responsibility for developing this Policy lies with the Head of IM&T, as does the responsibility for updating it as and when required. The IM & T department will ensure the Policy remains relevant and up to date.

6. Accountability and Reporting Structures

The following paragraphs detail the corporate roles and responsibilities for data quality. The structure ensures that quality underpins the Trust's governance arrangements and that assurance is provided to the Trust Board:

6.1 Trust Board

The Board is responsible for formulating strategy for the organisation. It ensures accountability by holding the organisation to account for the delivery of strategy and through seeking assurance that systems of data quality control are robust and reliable. Assurance is gained through its Audit Committee, Performance and Finance Committee and its Quality and Risk Assurance Committee.

6.2 Executive Leadership Board

The Executive Leadership Board, led by the Chief Executive, is responsible for overseeing day-to-day information and governance of the organisation. It is responsible for the development of this Policy, data quality standards and procedures as well as risk, clinical governance

frameworks, internal controls and related assurances which underpin the delivery of the strategic objectives.

6.3 Information Governance Group

The Information Governance Group, led by the Head of Clinical Quality, is responsible for establishing and co-ordinating information governance strategies and policies across the Trust, ensuring consistent and high standards of data quality, record keeping and information handling in accordance with statutory and legal Governance and Compliance/Governance/IG records management requirements. This group has overall responsibility for data quality.

6.4 Clinical Quality and Safety Group

The Clinical Quality and Safety Group, led by the Medical Director, is directly accountable to the Executive Management Team and provides assurance to the Quality Governance Committee. The Group reviews key clinical data across the service portfolio to support the delivery of safe, effective and appropriate patient care. This includes; clinical audit, patient surveys, complaints and infection prevention and control information.

6.5 Information Management Group

The Information Management Group, led by the Director of Strategy and Sustainability, validates all response time data held by the Trust and facilitates the completion of the central returns and overall data compliance. The group monitors and reviews the effectiveness of audit, analysing relevant trends and carrying out comparative data analysis to prove compliance, ensuring that performance data is recorded and reported correctly, thereby providing independent assurance to the Chief Executive and ELT (Executive Leadership Team).

7. Principles

High quality data is essential to achieving better patient care and patient safety. All decisions made by the Trust; whether health or social care, business or financial, need to be based on information which is of the highest quality. High quality data has the following attributes:

- Accuracy – Is the data sufficiently accurate for the intended purposes?
- Validity – Is the data recorded and used in compliance with relevant requirements?
- Reliability – Does the data reflect stable and consistent collection processes across collection points and over time?
- Timeliness – Is the data up to date and has it been captured as quickly as possible after the event or activity?
- Relevance – Is the data captured applicable to the purposes for which it is used? Context is important.
- Completeness – Is all the relevant data included?

The principles set out in this Policy are applicable to any system owned by or managed by the Trust, whether they are paper-based or computer-based.

8. Importance of Data Quality

Having accurate, relevant information that is accessible at the appropriate times is essential to Trust management for business decisions and to the success of the service provided. The Trust

processes a vast quantity of data including; clinical, personal, performance and financial. To that end, it is essential that all employees of the Trust recognise the importance of data quality and their responsibilities in this area. It is essential for:

- Patient care – to deliver effective, relevant and timely care, and minimise clinical risk.
- Efficient administrative and clinical processes, such as communication with patients.
- Establishing service agreements for healthcare provision.
- Clinical governance depends on accurate patient data.
- Accurate information sharing between NHS organisations.
- Accurate information sharing between the Trust and non NHS organisations.
- Management and strategic planning requires accurate information to enable effective future service delivery and allocation of resources. This is particularly relevant for activities including preparing tenders, evaluating pilots, and service re-design.

9. Data Validation

9.1 Importance of Validation

Data validation is the process of ensuring that a system operates on clean, correct and useful data. It uses routines that check for correctness, meaningfulness, and security of data that are input to the system.

Automated as well as manual processes are imperative to establish data validity. In addition to audit, there must be systems and processes in place for the collection, recording, analysis and reporting of data which are focused on securing data which is accurate, valid, reliable, timely, relevant and complete. This should include checking for duplications and ensuring compliance with national definitions and standards.

9.2 Validation Methods

The following methods should be used for validating the Trust's data. Managers will be required to implement processes for appropriately trained staff to complete such checks:

- Spot checks: a random selection of data should be selected and analysed on a regular basis. This should be an on-going commitment and should take place alongside audit arrangements.
- Data cross checking: data held on different systems or services should be validated for accuracy. Where appropriate, data should be triangulated against other sources of information.
- Bulk exception reporting: which involves a large single process of data analysis to identify all areas within a dataset where quality issues exist and to enable the correction of this data.
- Data collection processes – regular or large – should have a written process, which should include how the data is to be validated.

9.3 Use of NHS Number

The NHS Number is the only national unique identifier which is a strictly safe way of sharing information about a patient with other clinicians and healthcare staff, especially across organisational boundaries. It is fundamental to the improvement of patient care in sharing information safely and efficiently, as well as being key to accurate financial billing for patient transport.

The Trust should aim to ensure that the correct NHS Number is recorded for each patient as close to their first contact as possible. To support this goal, regular reports will be produced to monitor patients registered without a valid NHS number and strategies implemented to identify and track missing numbers. It is recognised that due to the nature of some of the services provided by the Trust (primarily emergencies) it is not always practicable to collect the NHS number. However, where practicable the NHS number should be obtained.

10. Risk

Data quality should be embedded in risk management arrangements, with regular assessment and mitigation of the risks associated with unreliable or inaccurate data. Data quality risks should be identified and recorded at the earliest opportunity. This will provide assurance of data quality being proactively as well as reactively managed across the Trust. Where a risk is identified, and cannot be managed locally, this should be escalated to the Corporate Risk register, as described in the Trust Risk Management Procedure.

11. Data Quality and Training

The Trust will maintain suitable staff training to increase awareness of the requirement for accurate data, and to undertake the procedures necessary to achieve this. Specific data quality responsibilities will be in-built into job descriptions as a standard for all new Trust employees. Data Quality will also be a part of any staff inductions.

Line managers are responsible for identifying the training requirements of their staff and working with the Learning and Development Unit to identify training providers to ensure these needs are met. Staff must be enabled to attend the appropriate training courses allowing them an adequate level of proficiency in order to carry out their functions effectively.

12. Communication

This Policy will be available to all staff via the Trust intranet.

13. Review

This Policy will be subject to review annually.

14. Dissemination and Implementation

14.1 Dissemination

This policy will be available to all staff via the Trust Intranet page.

14.2 Implementation

The implementation of this policy will be communicated via the Trust's 'Need to Know' bulletin and thereafter will be available to all staff on the Trust Intranet page.

15. Process for Monitoring Compliance and Effectiveness

The following controls are mandatory by way of maintaining data quality in electronic and manual processes. These controls will also serve to monitor compliance with this Policy. The Monitoring table gives guidance to how the controls are decided.

Control	Method	Frequency	By Whom
Data quality exception reports to be generated by the Information Team regularly and the findings routinely fed back to Managers with advice as to corrective action. Where possible, these reports will be self-generated by the Managers rather than fed back.	These reports will be made available to the appropriate governing group or committee, with corrective actions and strategies, as necessary.	Monthly and weekly	All Managers
Audit – internal and external. Provides assurance on all aspects of data quality.	Auditing of data in line with audit policies. Findings of these audits/reports will be used to inform measures for improvement, including identifying any communications and training needs within Directorate areas.	In line with the annual audit programme	Appropriate audit team.
Performance Management Review Process	Data Quality will be measured through the reporting of KPIs & AQI's	Quarterly	All Managers
Data Validation and Cleansing - Control over the validity, accuracy and relevance of data entry.	Regular validation checks must be performed on key systems to ensure that data quality across the Trust is improving in all areas. Local operating procedures must be implemented if not already in existence.	Monthly and weekly	All Managers

Control	Method	Frequency	By Whom
Risk Management	A mechanism to trap the data quality issue as soon as it occurs and have safe and secure methods to fix it. Before it gets cascaded further, the risk gets reduced.	As required	All Managers incl. Trust Board Level
Training	Monitored through PDRs	Annually	Line Managers & IG Team

**16. Standards/Key Performance Indicators
NHS Digital Information Governance Toolkit**

The trust must assess its performance in data quality and other areas of Information Governance using the Toolkit.

Ambulance Quality Indicators – NHS Operating Framework

The Trust must assess its system and clinical indicators using the NHS operating Framework for AQI's.

17. References

- Records Management Policy
- Information Governance Policy and Strategy
- Information Governance Assurance Framework
- Information Risk Management Policy
- NHS Number Policy and Strategy
- Patient Care Record Policy
- CAD Data Quality Audit Policy
- IM&T Strategy
- Risk Management Policy and Strategy
- Clinical Audit Policy

The obligations upon all staff to maintain accurate records are:

- Legal (Data Protection Act 1998)
- Contractual (Contracts of employment)
- Ethical (Professional Codes of Practice)

Appendices

- A Monitoring Table
- B Equality Analysis

Appendix A – Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting recommendations on	Change in practice and lessons to be shared
<p>DQ to be monitored against the following benchmarks</p> <p>AQIs</p> <p>National Reporting Standards</p> <p>Data Quality</p> <p>Assessment Report Guidelines</p>	<p>Information Management Group will record which individuals are the information asset owner of department data and assign responsibility for leading on the monitoring based on those assigned responsibilities.</p>	<p>Processes need to be documented to ensure consistency of the monitoring process. This is a vital stage that is required for audit purposes.</p> <p>These will be recorded via a DQ Implementation Plan and via the Data Quality Assessment Report</p>	<p>Information assets owners and Department leads are expected to take ownership of how often data needs to be shared or completed based on the DOH DQ benchmarks</p> <p>The DQ assessment takes place every 6 months</p>	<p>This is partly determined by the DOH as well as additional internal consultation on what items are deemed to be fit for purpose as a good reflection of the accurate picture of DQ within the organisation.</p>	<p>The lead or committee is expected to read and interrogate any report to identify deficiencies in the system and act upon them.</p>	<p>Required actions will be identified and completed in a specified timeframe.</p>	<p>Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</p>

Appendix B

Equality Analysis

Executive Summary Page for Equality Impact Assessment:	
Document Reference:	Document Title: Data Quality Policy
Assessment Date: September 2016	Document Type: Policy
Responsible Director: Wayne Bartlett-Syree	Lead Manager: Clare Chambers
Conclusion of Equality Impact Assessment: This policy has no obvious positive or negative affect on any ethnicity, race or gender.	
Recommendations for Action Plan: None.	
Risks Identified: None	
Approved by a member of the executive team:	
YES	NO
Name:	Position:
Signature:	Date:
This whole document should be stored with the master document and a final approved electronic copy must be sent to the Equality & Diversity Lead	