



DATA QUALITY POLICY

Title:	Data Quality Policy		
Purpose of Policy:	To ensure that staff understand the importance of data quality within the Trust and their role in achieving this		
Directorate Responsible for Policy:	Finance and IT Directorate		
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(03)			
(04)			

Circulation List:

This Policy was circulated to the following groups for consultation:

- Staffside (via HR Joint Working Group)
- Executive Directors and Senior Managers (1 June 2009)

Following approval, this policy document was circulated to the following staff and groups of staff.

- All Trust Staff
- Trust Internet/Intranet Site

Data Quality Policy

1.0 Introduction

- 1.1 This document sets out the Data Quality Policy for the Northern Ireland Ambulance Service Health and Social Care Trust (the “Trust”).
- 1.2 The Trust recognises that all of their decisions, whether health or social care, managerial or financial need to be based on information which is of the highest quality. All information is derived from individual data items which are generated within Trust either on paper or on electronic systems.
- 1.3 Data quality is crucial and the availability of complete, accurate, relevant and timely data is important in supporting patient/service user care, governance, management and service agreements for health and social care planning and accountability.

2.0 Policy Statement

- 2.1 It is the duty of the Trust to establish and keep in place arrangements for the purpose of monitoring and improving the quality of health and social care provided by and for that body.
- 2.2 This policy applies to all members of staff that are employed by the Trust, both permanent and non-permanent, and for whom the Trust have legal responsibility.

3.0 Purpose

- 3.1 This policy is designed to ensure that the message of the importance of data quality within the Trust is disseminated to all staff. It will describe the meaning of data quality, who is responsible for its maintenance and how it can continue to improve in the future.
- 3.2 Although this policy relates to patient/service user data and information, the principles included are applicable to any other data/information staff may encounter e.g recording of minutes.

4.0 Duties and Accountability

- 4.1 Data quality is a key part of any information system that exists within the Trust’s structure. All staff members will be in contact at some time with a form of information system, whether paper or electronic.

As a result, all staff members are responsible for implementing and maintaining data quality and are obligated to maintain accurate information legally (Data Protection Act), contractually (contract of employment) and ethically (professional codes of practice).

- 4.2 It is the responsibility of Executive Directors to ensure that local procedures are developed in their areas of management and that identified Managers or personnel are advised of their responsibility to ensure that, where appropriate, systems are in place to validate the completeness, accuracy, relevance and timeliness of data/information. Also Managers must ensure that all of their staff are fully aware of their obligations in this area.
- 4.3 Ultimate responsibility for maintaining accurate and complete data and information is at Trust Board level. **The Director of Finance and ICT** has the responsibility for overseeing data quality and if necessary will report to the Trust Board on data quality issues.
- 4.4 The Information and Communications Technology Steering Group is responsible for overseeing the development and updating of this policy and related procedures, and to ensure that awareness of data quality is promoted across the Trust.

5.0 **Definitions**

- 5.1 **Data:** Data is a collection of facts from which information is constructed via processing or interpretation.
- 5.2 **Information:** Information is the result of processing, gathering, manipulating and organising data in a way that adds to the knowledge of the receiver.
- 5.3 **Data Quality:** Data quality is a measure of the degree of usefulness of data for a specific purpose.

6.0 **Importance of Data Quality**

5.1 **Data Quality Requirements**

This policy defines data quality as being reflected in the criteria below.
Data needs to be:

- Complete (in terms of having been captured in full);
- Accurate (the proximity of the data 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 and local 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 a period of care);
- Appropriately recorded (in both paper and electronic records);
- Accessible to personnel who require access for a defined purpose.

5.2 **Importance of Data Quality**

5.2.1 A vast amount of data is recorded when caring for patients/service users e.g C3 systems, Patient Report Forms, Untoward Incident Forms, complaints etc. Having accurate, relevant information that is accessible at the appropriate times is essential to Trust management or business decisions and to the success of the service provided. With this in mind, it is essential that all employees of the Trust recognise the importance of data quality and their responsibilities in this area.

5.2.2 Quality information is essential for:

- The delivery of effective, relevant and timely care, and to minimise risks to patients/service users;
- Efficient administrative and health/social care processes, such as communication with patients & service users, their families and other carers and professionals involved in their treatment/care;
- Management and strategic planning, requiring accurate information about the volume and type of health and social care activity to provide appropriate allocation of resources and future service delivery;
- Establishing acceptable service agreements for health and social care provision;
- Health/social care governance, which depends on detailed, accurate patient/service user data for the identification of areas where health & social care could be improved;
- Providing information for other Health and Social Care (HSC) and non-HSC organisations – these organisations depend on the information we send them and need to have confidence in its quality;
- Providing a foundation on which future investments will be based;

- Being able to benchmark the Trust against other organisations and the national picture
- Budget Monitoring, including Payment by Results, and Financial Planning to support service delivery.

6.0 **Data Validation**

6.1 **Importance of Validation**

Validation encompasses the processes that are required to ensure that the information being recorded is of good quality. These processes deal with data that is being added to continuously and also can be used on historical data to improve its quality.

- 6.2 It is imperative that regular validation processes and data checks/audits are undertaken on data being recorded to assess its completeness, accuracy, relevance, accessibility and timeliness. Such processes may include, checking for duplicate or missing data, validation checking, ensuring that national definitions and coding standards are adopted. It is the responsibility of Executive Directors to ensure that local procedures and systems are developed to achieve same and that monitoring of this takes place on a regular basis. Regular should be taken to mean (as a minimum standard) monthly and which needs to be documented and captured.

6.3 **Validation Methods**

Validation should be accomplished using some or all of the following methods:

- 6.3.1 **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. Bulk exception reporting can sometimes be used as an initial data quality tool as this will quickly highlight any areas of concern. However, further investigation may be required to identify more specific issues.
- 6.3.2 **Regular spot checks/audits**; which involves analysis of a random selection of records against source material, if available. Spot checks should be done on an ongoing regular basis to ensure the continuation of data quality.
- 6.3.3 **Data cross checking**; which can also be performed on data and information held by different services and/or on separate systems. For example, HRMS data validated against PROMIS system.

7.0 **Data Standards**

- 7.1 The use of data standards within systems can greatly improve data quality. These can be incorporated into systems either using electronic validation programmes which are conformant with HSC/social care standards, e.g. drop down menus, or manually generated lists for services that do not yet have computer facilities.

Either method requires the list to be generated from internationally, nationally or locally agreed standards and definitions e.g. AMPDS codes used in C3 systems, KA34 Reporting Performance Standard, HRMS system, DATIX system etc

These must be controlled, maintained and updated in accordance with any changes that may occur, and in addition electronic validation programmes must not be switched off or overridden unless authorised to do so e.g. Systems Administrator, management from within that area.

7.2 **Using Source Data**

Staff involved with recording data need to ensure that it is performed in a timely manner and that the details being recorded are checked with the source at every opportunity.

7.3 **Synchronising Information systems**

In situations where data is shared or is common between systems it is imperative that the source data be validated initially. Any modifications made to this data must then be replicated in other related systems, ensuring there are no inconsistencies between them. Continuous synchronisation between systems is required to guarantee that all data sources reflect the same information.

7.4 **Timescales for Validation**

Where inconsistencies in data and information are identified these must be acted upon in a timely fashion and documented. Locally agreed deadlines will apply to the required corrections but all amendments should be made within a maximum of two months from the identification date.

8.0 **Data Quality - Monitoring Compliance**

- 8.1 The Trust will develop action plans in all areas of Information Governance, including Data Quality, and assess their performance regularly.

8.2 Regular validation checks must be performed on key systems to ensure that data quality across the Trust is improving in all areas. The frequency of these checks will depend on the system concerned, but as a minimum should be performed quarterly. Directorate areas will be required to put in place local procedures to assist with the monitoring of same to ensure compliance with this policy.

8.3 Findings of these audits/reports will be used to inform measures for improvement, including identifying any communications and training needs within Directorate areas.

9.0 **Policy Compliance**

9.1 If any user is found to have breached this policy, they may be subject to the Trust's disciplinary procedure.

10.0 **Policy Review**

10.1 This policy will be reviewed every three years or at times considered necessary as a result of operational changes, risk assessments or when breaches in data quality have occurred.

Related Documentation:

Information Governance Strategy
Information Governance Policy
Records Management Policy and associated information sheets
Data Protection Policy 1998 and associated procedures
Freedom of Information Policy 2000 and associated procedures
Fraud Policy and Response Plan
Staff Guidance Anonymisation



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