# Policy Checklist

<table>
<thead>
<tr>
<th>Name of Policy:</th>
<th>Data Quality Policy 'Right First Time – Every Time'</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of Policy:</td>
<td>Outline and communicate responsibilities for data quality with a view to improving the quality of the Trust information.</td>
</tr>
<tr>
<td>Directorate responsible for Policy</td>
<td>Directorate of Performance and Reform</td>
</tr>
<tr>
<td>Name &amp; Title of Author:</td>
<td>Karen McCoy, Head of Information and Data Quality</td>
</tr>
<tr>
<td>Does this meet criteria of a Policy?</td>
<td>Yes</td>
</tr>
<tr>
<td>Trade Union consultation?</td>
<td>Yes</td>
</tr>
<tr>
<td>Equality Screened by:</td>
<td>Karen McCoy, Head of Information and Data Quality/ Data Quality Steering Group/Equality Unit</td>
</tr>
<tr>
<td>Date Policy submitted to Policy Scrutiny Committee:</td>
<td>22 September 2014</td>
</tr>
<tr>
<td>Members of Policy Scrutiny Committee in Attendance:</td>
<td>Vivienne Toal, Head of Employee Engagement &amp; Relations (Chair), Anita Carroll, Assistant Director of Acute Services – Functional Support Services, Dawn Ferguson, Practice Education Co-ordinator (Acting), Carmel Harney, Assistant Director of Allied Health Professionals, Governance &amp; Workforce Planning, Melanie McClements, Assistant Director of Older People’s Services, Stephen McNally, Director of Finance &amp; Procurement, Stephen Wallace, Project Manager, Medical Directorate, Catherine Weaver, Head of ITS Programme Management</td>
</tr>
<tr>
<td>Policy Approved/Rejected/Amended</td>
<td>Approved</td>
</tr>
<tr>
<td>Policy Implementation Plan included?</td>
<td>Yes</td>
</tr>
<tr>
<td>Any other comments:</td>
<td></td>
</tr>
<tr>
<td>Date presented to SMT</td>
<td></td>
</tr>
<tr>
<td>Director Responsible</td>
<td>Mrs Paula Clarke</td>
</tr>
<tr>
<td>SMT Approved/Rejected/Amended</td>
<td></td>
</tr>
<tr>
<td>SMT Comments</td>
<td></td>
</tr>
<tr>
<td>Date received by Employee Engagement &amp; Relations for database/Intranet/Internet</td>
<td>24 September 2014</td>
</tr>
<tr>
<td>Date for further review</td>
<td>2 year default</td>
</tr>
</tbody>
</table>
### POLICY DOCUMENT – VERSION CONTROL SHEET

<table>
<thead>
<tr>
<th>Title</th>
<th>Data Quality Policy ‘Right First Time - Every Time’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supersedes</td>
<td>-</td>
</tr>
</tbody>
</table>
| **Originator** | Name of Author: Karen McCoy  
Title: Head of Information & Data Quality |
| **Scrutiny Committee & SMT approval** | Referred for approval by:  
Date of Referral:  
Scrutiny Policy Committee (Date)  
SMT approval (Date) |
| **Circulation** | Issue Date:  
Circulated By:  
Issued To: As per circulation List (details below) |
| **Review** | Review Date:  
Responsibility of (Name):  
Title: |
DATA QUALITY POLICY
‘Right First Time – Every Time’

Karen McCoy
Head of Information and Data Quality
September 2014
Version 1.0
Contents

1.0 Introduction to Policy ................................................................. 1
2.0 Purpose and Aims ..................................................................... 1
3.0 Scope of the Policy .................................................................... 1
4.0 Policy Statement ....................................................................... 2
5.0 Responsibilities .......................................................................... 3
6.0 Monitoring and Reviewing the Policy ........................................ 5
7.0 Equality and Human Rights ....................................................... 5
8.0 Alternative Formats .................................................................... 5
9.0 Sources of Advice and Further Information ............................. 5
1.0 Introduction to Policy

1.1 The Southern Health & Social Care Trust (hereafter referred to as the “Trust”) is committed to providing high standards in its management of data, working in accordance with best practice to provide appropriate assurances regarding data quality.


1.3 This policy therefore develops a context for ensuring that data quality is given a high priority within the Trust and that information recorded on the Trust’s Information Systems is accurate, complete and fit for purpose.

2.0 Purpose and Aims

2.1 This Policy aims to:-

- Ensure that data produced, held and used within the Trust is of a high standard and that service delivery and patient/client safety is supported by good quality data.

- Ensure that all staff are aware that data quality is everyone’s responsibility and understand that inaccuracies in such data might adversely impact on both work within their service area and that of the wider Trust.

- Ensure that data quality is embedded across all services and is a key consideration for all staff dealing with data.

- Ensure that roles and responsibilities in relation to data quality are clearly identified.

- Ensure that clinical data held on Trust systems complies with Regulatory and Professional Guidelines in relation to record keeping.

3.0 Scope of the Policy

3.1 This policy applies to all staff within the Trust and is intended to cover all types of data collected and recorded within the Trust – including but not limited to; patient/client/service user data, staff related data as well as other Trust data.
4.0 Policy Statement

4.1 Data Quality Management is an integral part of the Trust’s operational, performance and governance arrangements so that it drives service improvement and policy. All decisions, whether clinical, management or financial, need to be based on information which is of the highest quality.

4.2 A key principle of recording Health & Social Care information is ‘right first time – every time’. Information retrieved from Information Systems is only effective and of use if it is of a high quality, accurate and complete. The Trust is committed to the prevention of poor quality data by getting it right first time – every time.

4.3 The Trust has adopted the Audit Commission’s ‘Standards for Better Data Quality’ and will seek to ensure that its processes for collecting, managing and reporting on data are efficient, effective and provide data which exhibit the following characteristics:-

- **Accuracy** – Data should be sufficiently accurate and detailed for their intended purposes and should be captured once only – as close to the point of activity as possible.

- **Validity** – Data should be recorded and used in compliance with relevant requirements – including adherence to definitions/Technical Guidance and rules to ensure consistency and thereby measuring what is intended to be measured.

- **Reliability** – Data should be collected and processed consistently over time and across collection points to provide confidence that any performance monitoring reliably reflect service provision rather than being due to any variations in data collection approaches or methods.

- **Timeliness** – Data should be captured as quickly as possible at the time of the event or activity and be available for the intended use quickly and of a sufficient frequency to support information needs and to influence service or management decisions.

- **Relevance** – Data captured should be relevant to the purpose for which they are used. This requires regular review of requirements to reflect changing needs.

- **Completeness** – Data requirements should be clearly specified based on the information needs and data collection processes should match these requirements.
5.0 Responsibilities

5.1 Trust Board

The role of the Trust Board is to take corporate responsibility for ensuring the organisation is able to deliver on the implementation of this policy.

5.2 Chief Executive

The Trust Chief Executive has overall responsibility for ensuring the aims of this policy are met.

The Chief Executive has appointed the Director of Performance & Reform as lead Director with responsibility for monitoring the implementation of this policy.

5.3 Director of Performance & Reform

The Director of Performance & Reform will provide strategic leadership, direction and oversight of this policy and its implementation. The Director of Performance and Reform is also the Trust’s SIRO (Senior Information Responsible Owner).

5.4 Role of Line Managers

Line Managers should ensure compliance with Trust Data Quality Policy, Data Quality User Guidance and good practice.

Line managers are responsible for ensuring that the data for their service area is accurate, timely and complete.

Line Managers should ensure they and their teams take a proactive role in using the various reports either available within the systems or provided by the Data Quality team to validate the information as recorded for their services.

Line Managers are responsible for ensuring that corrective action is taken arising from data quality monitoring reports to address data quality errors such as incorrect or missing data.

Line Managers should ensure that data quality and information are considered and discussed at team meetings as well as one:one supervision meetings.

5.5 All Staff
Responsibility for good data quality lies with all staff who record information, whether clinical, technical or clerical.

All staff are responsible for ensuring that they are aware of the data quality requirements incumbent upon them and for ensuring that they comply with these on a day-to-day basis.

Staff should ensure they attend training and awareness sessions to maintain their knowledge and skills in relation to the Trust’s Information Systems and their role in data quality to ensure they get ‘right first time – every time’.

Staff should ensure that they adhere to Trust Data Quality Policy, Data Quality User Guidance and good practice in relation to ensuring a high standard of data quality.

All staff who record information have a responsibility to ensure that the data they record is accurate and as complete as possible.

Where it is identified that data is inaccurate, all staff have a duty to take corrective action in a timely manner.

### 5.6 Data Quality Team

The Data Quality Team will support the wider Trust in achieving a high standard of Data Quality on patient and client systems by providing support and guidance to staff to assist them to meet their Data Quality obligations.

The Data Quality team will provide Technical or User Guidance/Standard Operating Procedures to set out how information on specific patient and client systems should be recorded.

The Data Quality Team will raise awareness of the importance of high standards of data quality and encourage ownership and responsibility to get it ‘right first time – every time’.

The Data Quality Team will work with operational services and with the Information Management Team to ‘identify’ data quality issues.

The Data Quality Team will provide regular monitoring and feedback to services outlining key Data Quality errors on patient and client systems.

The Data Quality Team will produce an annual Data Quality Workplan setting out key data quality objectives, actions and timeframes for the year ahead.

The Data Quality Team will produce a Data Quality Annual Report setting out performance on key performance indicators for the previous year.
6.0 Monitoring and Reviewing the Policy

It will be the responsibility of the Head of Information & Data Quality to ensure the policy is implemented. Formal monitoring of this Policy will be undertaken by the Data Quality Steering Group.

7.0 Equality and Human Rights

This policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Using the Equality commissions screening criteria, no significant equality implications have been identified. The policy is therefore not subject to equality impact assessment.

8.0 Alternative Formats

This document can be made available on request in alternative formats, e.g. plain English, Braille, disc, audiocassette and in other languages to meet the needs of those who are not fluent in English.

9.0 Sources of Advice and Further Information

Further advice regarding this Policy and associated Procedure can be sought from the Data Quality Team or visit the Data Quality SharePoint site.