



v1.0

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# Data Quality Policy

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## 1. Introduction

Data quality is central to Echogenicity's ongoing ability to meet its statutory, legal, financial and other contractual requirements.

The availability of complete, comprehensive, accurate and timely data is an essential component in the provision of high quality clinical services, risk management, compliance with external scrutiny requirements and in performance improvement against national and local targets, standards and contractual requirements.

Good data quality is essential to ensuring that, at all times, reliable information is available throughout Echogenicity to support clinical and/or managerial decisions. Poor data quality is not acceptable to Echogenicity due to the risks which could arise from the use of unreliable clinical and/or managerial information.

All NHS providers are required to have good quality data that is compliant with national standards. Echogenicity is responsible for the quality of its data and is increasingly performance managed against standards and targets set by external bodies including Monitor, the Department of Health, the Health & Social Care Information Centre and the Care Quality Commission.

Data has a wider audience than just within the originating organisation. All NHS providers send a variety of mandated returns and data sets to other stakeholders, including to regional and national databases such as Hospital Episode Statistics (HES) and Secondary Uses Service (SUS).

The increasing use of computerised systems also provides greater facility to store and access many types of data. This is essential to deliver safe and effective care for service users and gives Echogenicity more opportunities to analyse data to inform service delivery, planning and development.

Following the transfer of services to Echogenicity as part of transforming community services, clinical data is collected and held on a number of disparate electronic and manual systems.

## 2. Purpose

The purpose of this policy is to:

- Confirm Echogenicity's commitment to a continual improvement in the quality of its data in order to support its business needs.
- Confirm Echogenicity's on going approach to ensuring data quality standards are adhered to.
- Inform staff working for, or on behalf of Echogenicity, of their duties with regards to data quality.

The data quality policy is an integral part of Echogenicity's approach to Information Governance and should be read in conjunction with Echogenicity's data quality strategy and other related information governance policies (Section 14 below).

## 3. Scope

The scope of this policy primarily covers the data quality standards applicable to the collection, processing and exchange of data relating to clinical service delivery.

This policy is intended to cover all service user information that is recorded within Echogenicity. The principle emphasis of the policy is on computer-based systems, the documents used to feed those systems and the data extracted from them.

The policy is aimed at all staff involved in the collection, recording, storage, processing, or use of service user-related data no matter what their role within the organisation.

While the principles identified in this policy are equally applicable to all areas of data collection in Echogenicity, this policy is not intended to address data quality standards in non clinical related areas. Data quality standards in non clinical areas of data collection are subject to the procedures and processes established by the Chief Executive.

Regular reviews of the quality of Echogenicity's clinical data take place at the;

- Information Governance biannual assessment. Where data quality standards are identified as a risk factor, these will be reported to Echogenicity's Chief Executive for further investigation.

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#### 4. Duties

The recording of good data quality is a fundamental requirement for the effective, efficient and economical running of Echogenicity. As such, it should be considered as central to all future developments and it will be rigorously performance managed.

The Chief Executive has the following duties:

- Overall accountability with responsibility for data quality.
- Approving the content of this policy.
- Ensuring that there is a corporate framework for management and accountability of data quality, with a commitment to secure a culture of data quality throughout the organisation
- Ensuring that Echogenicity has put in place appropriate policies or procedures to secure the quality of the data it records and uses for reporting
- Ensuring that Echogenicity has put in place systems and processes which secure the quality of data as part of the normal business activity of Echogenicity.
- Ensuring that Echogenicity has put in place arrangements to ensure that staff have the knowledge, competencies and capacity for their roles in relation to data quality
- Ensuring that Echogenicity has put in place arrangements that are focussed on ensuring that data supporting reported information are actively used in the decision making process and are subject to a system of internal control and validation.
- Ensuring the delivery of the data quality strategy and associated data quality action plan, ensuring corrective action is taken to improve data quality where this is required.
- Ensuring appropriate risk assessment mechanisms are in place in Echogenicity to identify where data quality improvement action may be required
- Incorporating data quality requirements within the annual service plans.
- Delivering the data quality action plan by monitoring and addressing data quality issues within their clinical services.

- Communicating new service developments and changes to existing services to members of staff
- Disseminate the Electronic Data Recording Guidance (Appendix E) to operational staff to ensure that good quality data is maintained as part of day to day working practice.
- Ensuring the validation of clinical data.
- Ensuring that staff have the knowledge, competencies and capacity for their roles in relation to data quality
- Reviewing the impact of national Information Governance changes against the content of the policy.
- Monitor completion rates of the consent to share forms.
- Receive annual clinical coding audits.

#### 4.8 Staff

All staff are responsible for ensuring adherence to the relevant data standards and for ensuring good data quality.

##### 4.8.1 Clinical Staff must:

- Ensure timely, accurate and complete input of their own clinical data.
- Regularly check service user demographic data with service users updating any inaccuracies & recording data that previously has been missing.
- Monitor & address any data quality issues escalating if appropriate
- Be aware of and comply with legislation and Echogenicity policies and procedures.
- Monitor own competencies and access the appropriate clinical system training where necessary.
- Take responsibility for data if the information is input on their behalf by administration staff.

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#### 4.8.2 Administration staff using patient information systems must:

- Ensure they have a clear mandate for recording clinical details on behalf of a clinician.
- Ensure timely, accurate and complete input of data from clinical notes/completed forms.
- Update any inaccuracies and/or missing data in service user demographic data.
- Monitor, address if appropriate and escalate if required, any data quality issues.
- Be aware of and comply with legislation and Echogenicity policies and procedures.
- Monitor own competencies and have access to the appropriate clinical system training where necessary.

#### 4.8.3 Clinical Services and Administration

##### Managers must:

- Ensure that all staff input accurate and complete data in a timely manner.
- Use data quality reports (e.g. standard IM&T, RiO reports etc) to check data quality and correct errors.
- Ensure that all staff are aware of their responsibilities with regard to checking and updating any inaccuracies & missing data items in service user demographic data.
- Address any data quality issues as soon as possible and escalate appropriately.
- Ensure that all procedures are documented, updated regularly, and available to all staff.
- Ensure that all staff are familiar with and adhere to current legislation, policies and procedures.
- Use processes including clinical supervision, KSF etc to monitor and ensure staff have the right competencies and training.
- Ensure staff do not set up local databases without following Echogenicity's Procedure for setting up local databases and standalone systems.

## **5. Legislation and Data Standards**

The following legislation and data standards impact on data quality.

### 5.1 The Data Protection Act

The Data Protection Act 1998 (the Act) came into force in March 2000. It applies to both computerized and manual records relating to personal information about living individuals. The Act covers an individual's rights to access their own records as well as the eight, legally enforceable principles of good practice to which all organisations must adhere. These principles are particularly relevant to this policy with regard to the standards to be applied when obtaining, recording and maintaining service user data.

Under the Act service users, or those acting on their behalf, have a right to see or receive copies of their personal data (with certain exceptions). If a service user requires formal access to their records this can be done through Echogenicity's 'Person Identifiable Information Policy'.

### 5.2 Data Standards

Data standards ensure that clinical data sets and data flows are consistent across NHS organisations and are comparable at a national level. The Data Dictionary, Data Manual and Information Standards Notices (ISNs) are the vehicles through which data standards are established and maintained both locally and nationally by the Department of Health and other agencies. These are maintained by the Standardisation Committee for Care Information (SCCI). The Audit Commission Information Assurance Framework sets out the overarching data quality improvement framework.

### 5.3 Clinical Coding

Not applicable.

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#### 5.4 Information Governance

Information Governance provides Echogenicity with a consistent way of dealing with all the requirements of information handling. It has a much wider focus than pure data quality, includes areas covered in other Echogenicity policies such as Data Protection, Records Management, and Confidentiality, and provides a framework to bring together all the requirements, standards and best practice that apply to the handling of personal information. Adopting the framework offered by Information Governance will ensure that Echogenicity and its staff are using and handling data in compliance with legislation and with current guidance.

The various initiatives and requirements of Information Governance is the framework used by Echogenicity to establish and maintain good data quality standards through best practice guidelines and clear policies and procedures.

### **6 Principles of Good Data Quality**

Although there are many aspects to good quality data, the general principles are that data should have the following attributes:-

#### 6.1 Validity

All data items held on Echogenicity computer systems must be valid. Where codes are used, these will comply with national standards; locally defined code sets will map to national values. Wherever possible, computer systems will be programmed to error-trap invalid entries.

#### 6.2 Completeness

All internally agreed data items within a data set must be completed. Systems will be programmed to force the input of mandated fields for national requirements. Use of default codes will only be used where appropriate and not as a substitute for real data. If it is necessary to bypass a data item in order to admit or treat a service user, the missing data must be reported for immediate follow up.

#### 6.3 Reliability

Data items must be reliable and internally consistent. For service users with multiple episodes, recorded dates must be consistent and where multiple referrals or episodes exist, interventions must be linked correctly. Clinical coding must be consistent for ages and sex.

#### 6.4 Coverage

Data will reflect all the clinical work carried out by Echogenicity staff. Admissions, discharges, transfers, consultant activity, attendances, nursing and Allied Health Professional contacts must be all recorded. Data should also be recorded by Social Service staff where they work in integrated teams with SWYPFT staff. Correct procedures are essential to ensure complete data capture. Spot checks, exception reports and audits should be used to identify missing data.

#### 6.5 Accuracy

Data recorded in case notes and on computer systems must accurately reflect each other and the care and treatment provided to the service user.

All reference tables, such as GPs and postcodes, will be updated regularly. Procedures will be in place to ensure that updates occur within reasonable timescales of publication.

Every opportunity should be taken to check demographic details with the service users themselves. Inaccurate demographics may result in important letters being mislaid, or the incorrect identification of individuals and, ultimately, poor quality information.

#### 6.6 Timeliness

The recording of timely data is essential to the safe and effective care and treatment of the service user. Up to date inputting of contacts and interventions means that the latest known information about the service user will be available to all other care professionals, even if they do not have access to the paper notes.

All data must be recorded within specified deadlines; best practice dictates that data entry should take place at, or as near as possible to, the event being recorded. This will ensure that up to date data can be included in national, local and internal reports.

### **7 Use of Information Systems**

The use of any IT system to record service user data, other than the ones listed in Appendix A, is to be avoided.

Staff must not use standalone systems to record service user data unless they have been developed in line with the Procedure for the set up of standalone systems.

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Standalone systems are defined as any system that is used to record and/or retrieve service user data whether developed in-house or provided by third parties. The definition is not limited to applications developed in databases but covers any searchable front-end including spreadsheet and word-processing packages and manual systems.

- Where standalone databases are to be used for research purposes approval must be sought via the Research and Development TAG, following the agreed procedures, before any service user data is stored on standalone systems. For any other purpose, Echogenicity's Procedure for setting up local databases and standalone systems

## 8 Demographic Data

Demographic data provides the essential building block for Echogenicity's collection of clinical information. Maintaining the highest possible data quality for this data is crucial to Echogenicity's functioning.

Demographic data covers all personal data belonging to the service user, including;

- Name,
- NHS Number,
- Date of Birth,
- Address,
- Ethnicity,
- Marital Status,
- Registered GP Practice,
- Next of Kin,
- Responsible PCT.

Items such as NHS Number and Date of Birth are essential to ensure that service users are identified correctly. Other items such as Ethnicity, disability etc, to enable Echogenicity to monitor its service provision and ensure that service users of all ethnic backgrounds receive equality of service.

Staff are responsible for checking demographic details with service users at all appropriate attendances. Where changes are identified they should follow Echogenicity procedures for ensuring that the change is recorded appropriately.

Where the basic demographic items are not recorded in the service users record the first member of staff to see the service user is responsible for establishing and recording these data items.

Key demographic data items are externally performance managed by Monitor (the Trust regulator) and the Care Quality Commission (CQC) and in a number of submissions. Data quality is internally performance managed through the Echogenicity's biannual reviews.

It is vital that all demographic data is recorded accurately, completely and kept as up-to-date as possible.

### 8.1 NHS number

The use of the NHS number as the unique patient/ service user identifier will be implemented within all electronic systems and should also be included within manual/paper systems.

The NHS number must, be included on all communications with the service user and all clinical communications within and external to Echogenicity.

### 8.2 Identifying duplicates

Having a duplicate paper or electronically held record presents a high risk to service users and staff. Every effort should be made by staff to identify and eliminate duplicates. Rigorous application of the correct registration procedure for new service users on clinical systems is key to reducing duplicate electronic records. Where a duplicate has been identified the duplicates resolution procedure must be followed.

### 8.3 Identifying and correcting errors and omissions

Where IM&T validated reports are available from systems for use by clinical, managerial and Medical Records staff, these should be used to check for inaccurate, incomplete or untimely data.

Recipients of scheduled weekly or monthly information should check all reports for inconsistency of information or missing data. All errors and anomalies must be reported to IM&T staff for investigation and corrective action taken as soon as possible.

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The appropriate department or individual/service must investigate queries, gaps in data items, and anomalies raised by IM&T staff as a result of report production. Errors and omissions must be corrected within agreed timescales.

External data quality reports, such as those produced by the Secondary Uses Service, Monitor, the Care Quality Commission & the Department of Health, will be checked by IM&T staff and any issues addressed before the next return deadline.

#### 8.4 Consent to Share

It is essential that up to date information regarding consent to share is available to everyone involved in the care of an individual. Therefore, it is important that the consent to share form is completed and kept up to date and accurate on all electronic patient record systems.

#### 8.5 Allergies

It is vital that up to date information regarding allergies is available regarding service users. It is the responsibility of clinical staff to ensure that this information is recorded and kept up to date and accurate on clinical systems and on paper records

### **9 Training and Procedures**

Regular exception reporting, careful monitoring and error correction can support good quality data, but it is more effective and efficient for data to be entered correctly in the first place. To achieve this, on the job training and induction programmes for all new staff must include training in the use of computer systems that is appropriate to their role. Access to systems will not be granted until appropriate training has been completed. Existing staff must have access to ongoing training to keep them up-to-date with new processes and changes to data definitions.

Training must be backed up by regularly reviewed procedures. These should be properly documented and accessible to all appropriate staff. Staff should be made aware of where these are stored and how to access them.

### **10. Measurement of Good Data Quality**

Data quality will be subject to both internal and external scrutiny.

#### a. Internally

Meeting data quality standards is implicit in Echogenicity's IM&T & Data quality strategy. Data quality targets & standards will be defined through the annual planning process for clinical services. Echogenicity's Performance Framework will ensure that Key data quality Performance Indicators (KPIs) are included within the hierarchy of the Trust performance reports.

Internal monitoring reports will be used to inform management, improve processes and documentation, and identify training needs.

Internal audits will be carried out on systems, processes and data quality to ensure continued compliance with Echogenicity standards.

#### b. Externally

Where external agencies receive or have access to Trust information and produce data quality reports and indicators, the Trust will aim to meet the required levels of accuracy and completeness on all items.

A number of external regulatory bodies (e.g. Monitor; the Care Quality Commission Review inspections) rely on information based on good quality data and it carries out regular audits of data quality.

Designated staff will address issues highlighted by reports or indicators that demonstrate poor quality data. Recommendations made as a result of data quality audits will be acted upon within agreed timescales.

#### c. Clinical Data

Clinical data covers anything that relates to interventions with service users including appointments and contacts that are undertaken by medical/clinical staff working within or on behalf of Echogenicity.

The quality of this data remains the responsibility of the clinical member of staff even where the information is input on their behalf by administration staff.

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All clinical data must be validated by clinical staff to ensure good quality electronic patient records. This will ensure that data used for the management and improvement of services and to meet performance and compliance requirements is also of good quality.

### 11 Equality Impact Assessment

Appendix B provides details of the completed equality impact assessment. This policy has no adverse impact.

### 12 Dissemination and implementation arrangements (including training)

The approved policy will be made available for all staff in Echogenicity's Head office. Information about the policy availability will be disseminated via email.

Information related to on going Induction, Information Governance and systems' training is available to all staff.

### 13 Monitoring policy compliance and effectiveness

Compliance with the policy will be monitored by a bi-annual Data Quality Audit across key systems.

Data Quality requirements of the IG Toolkit will be assessed.

### 14. Review and revision arrangements (including archiving)

The content of the policy will be reviewed every 3 years or earlier should there be national changes which impact on its content.

Previous Data Quality policies will be retained in the corporate library in accordance with requirements for retention of non-clinical records.

### 15. Related Policies

The Data quality policy links to the following related policies:

- Information Security Policy
- Acceptable use of communications technology Policy
- Information Sharing, Confidentiality and Data Protection Policy
- Confidentiality Policy
- Care Records Management Policy
- Information Governance Policy
- Interagency Information Sharing Protocol
- Network security policy
- Registration Authority Policy
- Care Programme Approach and Care Co-ordination

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## Appendix B Equality Impact Assessment Tool

	Equality Impact Assessment Questions:	Evidence based Answers & Actions:	
1	Name of the policy that you are Equality Impact Assessing	Data Quality Policy	
2	Describe the overall aim of your policy and context? Who will benefit from this policy?	The overall aim of the policy is to describe Echogenicity's approach managing and monitoring data quality All service users	
3	Who is the overall lead for this assessment?	Chief Executive	
4	Who else was involved in conducting this assessment?	No –one	
5	Have you involved and consulted service users, carers, and staff in developing this policy? What did you find out and how have you used this information?	No N/A	
6	What equality data have you used to inform this equality impact assessment?	N/A	
7	What does this data say?	N/A	
8	Taking into account the information gathered. Does this policy affect one group less or more favourably than another on the basis of:	Where Negative impact has been identified please explain what action you will take to mitigate this. If no action is to be taken please explain your reasoning.	
		<b>Yes</b>	<b>No</b>
	Race		No
	Disability		No
	Gender		No
	Age		No
	Sexual Orientation		No
	Religious or Brief		No
	Transgender		No
	Carers		No
9	What monitoring arrangements are you implementing or already have in place to ensure that this policy: <ul style="list-style-type: none"> <li>• promotes equality of opportunity who share the above protected characteristics</li> <li>• eliminates discrimination, harassment and bullying for people who share the above protected characteristics</li> <li>• promotes good relations between different equality groups</li> </ul>	N/A	
10	Have you developed an Action Plan arising from this assessment? If yes, then please attach any plans at the back of this template	N/A	
11	Who will approve this assessment and when will you publish this assessment.	Chief Executive	

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## Appendix C - Checklist for the Review and Approval of Procedural Document

	Title of document being reviewed:	Yes/No/Unsure	Comment
<b>1</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
	Is it clear in the introduction whether this document replaces or supersedes a previous document?	Yes	
<b>2</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	
<b>3</b>	<b>Development Process</b>		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	N/A	
<b>4</b>	<b>Content</b>		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
<b>5</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
<b>6</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	N/A	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
<b>7</b>	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
<b>8</b>	<b>Document Control</b>		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
<b>9</b>	<b>Process to Monitor Compliance and Effectiveness</b>		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
<b>10</b>	<b>Review Date</b>		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
<b>11</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible implementation and review of the document?	Yes	

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## Appendix E

### ELECTRONIC DATA RECORDING GUIDANCE

This guidance has been written to support the Data Quality Policy which aims to increase and maintain high levels of data quality in order to ensure that accurate operational and performance information can be produced to support the business needs of Echogenicity.

Good quality data which is complete, accurate, relevant, accessible and timely is imperative to support:

- Delivery of patient care
- Reduction of inequality
- Communication with patients and other colleagues
- Reduction of clinical risk
- Planning future service delivery
- Allocation of resources
- Provision of baseline data to support service agreements and commissioning
- Performance monitoring

The Chief Executive and their staff must be prepared to accept responsibility for the data they process/input and act on any feedback they receive, in order to correct anomalies and/or identify system users who may require further support/ training.

Data quality should be maintained and errors corrected at source, preferably by the original system user, reinforcing the message with regard to improving data quality.

The NHS number of all patients/service users should be ascertained and entered into electronic records.

As much detail as possible in relation to patient/ service user demographic data, should be recorded electronically, particularly items such as ethnicity and disability, in order to accurately monitor/reduce inequalities in service provision. Additionally, ethnic category is now a mandated field on all datasets and will be used to monitor organisational performance. If the patient/service user is not able to supply this initially then this information should be added to the record as soon as it is ascertained.

Activity data should be input to electronic systems on a daily basis wherever possible.

Clinic sessions should be reconciled (e.g. outcomes of appointments updated on systems) by the end of each day wherever possible.

Passwords should be kept secure and never shared to ensure that electronic audit trails are accurate. Everyone is personally accountable for any system activity (viewing/changing/deleting) under their log on. The principles of the Data Protection Act and Echogenicity's Confidentiality Policy and Confidentiality Code of Practice should be observed at all times in relation to the protection and use of patient/service user information and records.

The following recommendations on keeping patient/ service user information secure should also be adhered to. Staff must:-

- Always log-out of any computer system or application when work on it is finished
- Not leave a terminal unattended and logged-in
- Not share logins or smartcards with other people. If other staff have need to access records, then appropriate access should be organised for them – this must not be by using the access identity of others.
- Not reveal passwords smartcard PIN numbers to others
- Change passwords at regular intervals to prevent anyone else using them
- Avoid using short passwords, or using names or words that are known to be associated with them (e.g. children's or pet's names or birthdays)
- Always clear the screen of a previous patient's information before seeing another
- Use a password-protected screen-saver to prevent casual viewing of patient information by others

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