NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

DATA QUALITY POLICY

Policy number and category	**IG 03**	**Information Governance**
Version number and date	**7**	**March 2023**
Ratifying committee or executive director	**Information Governance Steering Group**	
Date ratified	**March 2023**	
Next anticipated review	**Extended - September 2026**	
Executive director	**Executive Director of Finance**	
Policy lead	**Phil Presland, Head of Informatics**	
Policy author *(if different from above)*	**-**	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	**Yes**	
Associated documents	**Trust Confidentiality Policy**	

POLICY CONTEXT

It is an essential requirement for the Trust to have demonstrably reliable, accurate and timely information in place to support:

- Clinical decision making and risk reduction
- Accurate activity reporting and securing of income
- Reliable external monitoring, internal and wider governance
- Operational decision-making and sound service planning
- Monitoring, improving and demonstrating quality of service
- Monitoring and achieving equality and diversity objectives
- Compliance with legal obligations under the Data Protection Act

A comprehensive Data Quality Policy, setting out a clear management framework for improving and assuring data quality, is a key building block for achieving this requirement.

POLICY REQUIREMENT (see Section 2)

Clear definitions, robust recording and checking procedures, and effective training will be in place for all key data capture processes across all the Trust's major systems and databases.

All staff will be aware of and meet their responsibilities to record and check information fully, accurately and on time.

There will be an appropriate assurance framework used proactively to ensure that service user, staff, clinical/operational, financial and other corporate information held and managed by the Trust, whether for operational or secondary reporting purposes, is sufficiently accurate, complete and up to date to be fit for purpose.

CONTENTS

1 INTRODUCTION

1.1 Rationale (Why)

1.1.1 The Trust recognises the central importance of having reliable and timely information, both internally to support planning and delivery of care, operational and strategic management, and governance arrangements, and externally for accountability and strategic planning purposes.

1.1.2 All Trusts submit many forms of patient and other data to external funding and monitoring bodies, including data sets and performance figures used for national monitoring and planning. Consistency and compliance with national standards are essential, since Trusts are measured and judged on the data they produce, and valid Health Service and Social Care indicators and assessment ratings depend on accurate, complete and timely data. Commissioning bodies require accurate, complete and timely data from the Trust to monitor service quality and justify payments.

1.1.3 Timely, complete and accurate information can make a major contribution in identifying barriers or disadvantage. Accurate information in relation to diversity will assist the delivery of key Trust strategic objectives and targets, such as the provision of culturally sensitive and responsive services, or identification of people with learning difficulties to ensure they can be positively supported, such that all groups are able to have full and equal access to services and a positive experience of care.

1.1.4 It is therefore a requirement of the various NHS assurance frameworks, in particular the NHS Data Security and Protection Toolkit, that the Trust has a Data Quality Policy and robust data quality assurance arrangements, and it is a requirement of the Data Protection Act 2018 that personal information the Trust holds is kept accurate and up to date.

1.1.5 Inaccurate or incomplete information can create clinical or corporate risk, cause inconvenience to service users and staff, compromise effective decision-making, and impact on the Trust’s ability to monitor standards of care and secure income for its services.

1.1.6 This policy provides a necessary control framework to deliver reliable assurance that information used across the organisation for both clinical/operational and secondary purposes (as defined within the NHS Data Security and Protection Toolkit) will be fit for purpose and meet the requirements of its users. It sets clear standards to be used for progressively improving and maintaining high levels of data quality.

1.2 Scope (Where, When, Who)

1.2.1 This policy covers mandatory standards for the collection, recording, validation, further processing and reporting of all types of service user, staff, clinical/operational, financial and other corporate information generated and used within, or reported externally by, the Trust. The Trust will also periodically publish data quality best practice guidelines, describing the ideal features of systems to manage such information and the supporting administrative, reporting and training arrangements to ensure the information is of consistently high quality.

1.2.2 The term “system” as used throughout this policy refers to a set of processes for collecting, ordering and retrieving information, which will typically, but not necessarily, be computerised.

1.2.3 Whilst the primary focus of this policy is to set standards for use of computerised systems, the standards relate equally and the policy also applies to use of paper-based systems, whether they are used to hold personal information to support clinical care or to generate statistical reports or listings for external use, e.g. audits, clinical reviews.

1.2.4 Standards for recording specific types of operational information in paper-based filing systems are defined in the Trust Care Records Management Policy and in other specific policy and guidance documents. For example:

- Clinical documentation - ‘Care Management and CPA/Care Support Policy’ and ‘Care Records Management Policy (Electronic and Manual)’
- Financial information - ‘Standing Financial Instructions’ and associated procedures
- Contents of staff personal files - Human Resources policies and procedures
- Other non-clinical information - ‘Corporate Records Management Policy (Non-Care Records and Personnel Files)’ and associated procedures

1.2.5 These standards should be maintained in addition to the general principles outlined in this policy.

1.2.6 The standards defined in this policy will be mandatory for all corporate systems and for all systems used to generate data for external reporting. They should also be considered as best practice and are recommended for adoption for local internal monitoring systems and databases.

1.2.7 It should be noted that all collection, storage, processing and reporting of personal information is also governed by detailed legal requirements under the Data Protection legislation and associated standards, such as the Caldicott guidelines. These requirements are incorporated in the Trust Confidentiality Policy and that policy must be taken into account whenever personal identifiable data is being handled.

1.2.8 As the Trust generates a very wide range of information for a whole variety of uses, this policy does not provide detailed guidance for specific data items or individual areas of application. It concentrates instead on general principles, and signposts where specific procedures or further guidelines need to exist.

1.2.9 This policy and associated procedures replace all previous Birmingham and Solihull Mental Health NHS Foundation Trust Data Quality policy documents.

1.2.10 This policy is made available to all staff via the intranet. It is therefore the responsibility of staff to take an active role in ensuring they are aware of the procedures within the policy and act in line with them. Failure to do so may result in disciplinary proceedings and sanctions including dismissal from the Trust.

1.3 Principles (Beliefs)

1.3.1 The Trust will conform to legal and statutory requirements and recognised good practice, aim to be significantly above average on comparative data quality indicators, and will strive to achieve high levels of data quality across all information systems.

1.3.2 All key data collection, manipulation and reporting processes should be covered by clear procedures which are easily available to all relevant staff, and reviewed and updated as necessary.

1.3.3 All staff should be aware of the importance of timely, complete and accurate information and their own contribution to achieving it, and should be supported in carrying out the data quality aspects of their work effectively.

1.3.4 There should be standard procedures for identifying key data errors, and errors should be corrected at source wherever practicable, such that information in source systems is accurate and reliable at time of use.

2 POLICY (What)

2.1.1 There will be clear definitions; robust recording and checking procedures; and effective training in place for key data capture processes across the Trust's major systems, databases and other information assets.

2.1.2 All staff will be aware of their data quality responsibilities and will maintain effective records, ensuring information is recorded fully, accurately and on time, and that errors are corrected.

2.1.3 The standards defined in the procedure section of this policy will guide the design of all new data collection systems, manual or computerised, and processes to support good data quality will be "designed in" to new systems wherever possible. Where arrangements for existing systems fall short of key standards, there will be periodic cost-benefit analyses carried out to identify where it is practicable and appropriate to bring those arrangements into line with the same principles.

2.1.4 There are no specific exclusions to this policy

3 PROCEDURE

3.1 Definition of Systems and Standards

3.1.1 All data collection systems must have a clearly identified 'Information Asset Owner' (as set out in the Trust's Information Governance Assurance Policy), who acts as overall owner of the system and guardian of the data

3.1.2 Data entry requirements and expectations regarding data quality and timeliness will be set out for all key data capture processes, including all processes and data items contributing to the calculation of national and local performance measures.

3.1.3 Where there are national definitions for any data items in the NHS Data Dictionary or other relevant NHS, Social Care or Home Office reporting guidelines, those national definitions must be used within local Trust systems. Where permissible values for a data item are defined nationally, local recording categories must be at least as detailed as the national lists, and it must be possible to map each local value recorded to one of the permitted national values.

3.1.4 National reporting definitions will be monitored for changes by relevant corporate reporting leads, and Trust Information Services will also review all NHS national Information Standards Notifications and bring them to the attention of relevant reporting leads for action. Reporting leads will liaise with Information Asset Owners as appropriate to ensure local data item definitions, pick lists and procedures are amended to maintain consistency with national requirements.

3.1.5 The Trust will aim for simplicity in designing recording systems such that the potential for errors is minimised

3.1.6 The Trust will also periodically publish data quality best practice guidelines providing resources for Information Asset Owners working with corporate and service reporting leads to establish data capture and error correction systems, procedures and assurance processes in line with recognised best practice, and potentially exceeding the baseline requirements set out in this policy where there is a cost-benefit case for doing so.

3.2 Procedures and Training

3.2.1 All procedures for data capture, data entry and data update processes, should be easily available to staff via the Trust Intranet, or via local restricted directories where wider access to procedures is inappropriate.

3.2.2 For consistency, such procedures should be system-wide as a general principle. Where there is a specific clinical justification for local variations, it will be the responsibility of an agreed local manager to draw up and maintain local procedures, ensuring that they are consistent with the general procedures and are updated in line with any changes in those general procedures.

3.2.3 Information Asset Owners and local managers must ensure that staff involved in capturing or recording data receive appropriate training on the processes, definitions and purposes of the data collection systems they are using.

3.2.4 All training should cover the reasons for, and benefits flowing from, collecting and analysing the information concerned so that staff understand the importance of data quality and can explain the rationale to colleagues, service users and others providing the information.

3.3 Validity of Data

3.3.1 Data collection systems should be set up to ensure that data quality is as high as possible in respect of completeness, accuracy and on-going validity, consistency, and timeliness.

3.3.2 Completeness

- Once the proposed scope and content of a particular data set has been determined, recording must be complete and comprehensive across all relevant services and teams.
- Where the Trust is required to report data externally in the form of reporting data sets, systems will be established to ensure that all mandatory data items are captured.
- All mandatory data items should be completed using real values, and should not normally be left blank or completed using default or dummy values. However, the accurate recording of data items must not be allowed to delay urgent treatment, so temporarily leaving items blank or using default codes may occasionally be necessary to allow creation of a record. In such cases a note should be kept, and the missing information followed up and recorded with minimal delay.
- Where staff, job applicants, service users or carers may be reluctant to provide certain information which may be viewed as particularly sensitive, such as ethnic group or disability status, every effort must be made to explain the benefits of gathering and analysing the information in order to allay any concerns. Such information is often vital in allowing the Trust to make informed judgements on actions to tackle disadvantage experienced by certain groups and achieve service and employment objectives as set out in the Trust's Equality Objectives.

3.3.3 Accuracy and Ongoing Validity

- Data recorded in manual filing systems and on computer systems must be accurate and kept up to date for current records, in line with the General Data Protection Requirements.
- Reference information used by computerised systems, such as GP practice information and postcode files, will be updated regularly.
- Every opportunity should be taken to check demographic details of service users (e.g. name, address, postcode, GP) with the service users themselves and with other reference sources. There will also be regular automated comparison of demographic data with information held on national NHS electronic patient registers, and corrections will be made to locally held information as appropriate. Inaccurate demographic information may result in incorrect identification of service users or in correspondence going astray (with potentially serious consequences such as treatment delays or breaches of confidentiality).
- Archived records need not be kept up to date while they remain in archive, but details should be checked and updated whenever records are recalled into circulation.
- Every effort must be made to ensure service users are uniquely identified and that all relevant clinical information regarding an individual can be brought together. Procedures will exist to record and validate NHS numbers for all service users registered with the NHS, and to identify and merge any duplicate computer or paper records. NHS numbers will be included on all files, correspondence and paperwork regarding service users.

- Staff must make absolutely sure that information is recorded in or against the correct service user's record and local warning systems should be put in place to prevent errors where different service users have similar names and there is a possibility of confusion.

3.3.4 Where information is obtained from third parties or external databases to update Trust systems, such as address changes or dates of death from national NHS patient registers, there will be clear protocols to control the update process, based on careful assessment of the reliability of the source data, the likely risks and consequences of any errors, and building in cross-checking processes to minimise errors. It should be possible to trace the source of any information accepted.

3.3.5 Consistency

- Data should be internally consistent within each individual recording system. It should only be possible to record a given data item in one place in a particular system and, wherever possible, systems will be designed to prevent the recording of contradictory data.
- When updating any information system, staff should be mindful of any other place where the information may need to be updated. In particular, where both paper and computer files exist, information held in both, for example name and address details, may need to be kept up to date in both.
- Where practicable, different recording systems should use the same coding lists to refer to common data items, such as staff, location and clinical team identifiers, to facilitate data linkage and reporting across systems.

3.3.6 Timeliness

- Timely recording of data is extremely beneficial in providing efficient, safe, professional and user-friendly care services and in minimising risk. Timely recording of clinical activities, for example, ensures that information is available to the next person using the clinical notes. Timely recording of clinical activities on electronic systems ensures the information is available to all involved in providing care, even if they do not have access to the paper notes.
- Timeliness of recording is critical in ensuring that the Trust secures income under contracts and Service Level Agreements and has up-to-date monitoring information to track progress against local and national objectives.
- Clear timeliness standards will be defined for recording different types of information, and staff will be expected to record information in line with those standards.
- Managers should ensure that there are adequate cover arrangements in place to ensure continued adherence to timeliness standards when regular staff are absent.

3.4 Use of Computer Systems to Enforce Validity of Data

3.4.1 Wherever possible, computer systems will be programmed to support accurate data recording, including:

- restricting recording to only allow valid codes or entries
- enforcing recording of mandatory data items
- presenting different data entry pick lists depending on staff team, grade, profession or other relevant data item
- preventing recording of inconsistent information by recording each data item in one place only, including automated sharing of information between systems wherever possible and appropriate
- checking for other types of inconsistency and preventing inconsistent recording

3.4.2 Wherever possible, computer systems should have built-in audit trails to identify who recorded which data, such that training needs can be readily identified.

3.5 Data Quality Performance Reporting

3.5.1 Computerised systems will be set up where possible such that key actual or potential data errors and inconsistencies which can be identified automatically are notified to individual system users and departmental data quality leads for investigation and correction.

3.5.2 Reports on the accuracy of data entry will be made available to managers and staff, and specific measures of data quality will be included in the Trust's key performance indicators.

3.5.3 The Trust Data Quality Policy Lead will be responsible for reporting to the Trust Information Governance Steering Group on data quality performance, progress and issues.

3.6 External and Secondary Reporting

3.6.1 The Trust is required to provide a wide range of statistical and data set information to external monitoring and commissioning bodies. This information is used extensively and increasingly for monitoring activity levels, quality of care, performance against national standards, performance indicators and against service level agreements, and for planning future care. The Trust will therefore make every effort to ensure external reports are accurate and consistent with national definitions.

3.6.2 Extensive use is also made of information internally for secondary purposes, e.g. monitoring, audit, planning, covering similar ground to the external monitoring reports. It is essential that the Trust Board and managers and teams at all levels have accurate and reliable information to plan and monitor services and so every care will be taken to ensure information is timely, accurate and complete, and therefore fit for purpose.

3.6.3 To provide appropriate assurance of the reliability of corporate information, external and other key performance measures reported to Trust Board will be published with corresponding indicators of data quality.

3.6.4 The following arrangements will be in place to ensure the accuracy of both internal and external secondary reporting:

- Trust Information Services will maintain and adhere to documented procedures for production and validity checking of all reports before publication.
- External reports and data set submissions will be passed through a process to validate against expectations, previous periods and corresponding periods from previous years to ensure consistency and will only be submitted following review and approval by a senior Trust manager.
- Where pre-submission data quality reports are available from data set submission portals, they will be downloaded and reviewed to identify and correct errors prior to submission deadlines.
- The Trust will use a range of data sources to identify and resolve both specific data errors and omissions, and also general areas of weakness. Such sources will include both internal trend analysis and control totals and external data quality and benchmarking reports produced by NHS England and other bodies, including NHS Data Quality Maturity Index (DQMI) figures and data quality reports linked to individual submissions. Persistent areas of weakness will be reviewed by the Trust’s Data Quality Assurance Group, with support from relevant corporate reporting leads, who will investigate further - commissioning detailed data quality audits as appropriate, initiate any necessary corrective action, and monitor progress.
- Any significant misreporting of activity or other statistical information internally or externally will be considered a Data Quality Incident, logged on the Trust incident reporting system, and fully investigated by Trust Information Services to understand root causes. Actions will be taken to notify those misinformed and minimise the risk of similar errors recurring.
- All Data Quality Incidents will be reviewed by the Trust’s Data Quality Assurance Group to consolidate learning and ensure appropriate actions have been taken
- The accuracy of data collection processes and reporting calculations for all key external and internal performance measures will be subject to periodic audit, and prompt action will be taken to address any issues identified.
- Trust Information Services will investigate and act where necessary on all internal or external queries and complaints about data quality.
- Data errors identified in reporting systems will be fed back to system users for correction in the source data systems wherever practicable.
- Arrangements will be established for local validation of data by clinical teams and operational managers.
- Wherever possible, reports will be produced by automated processes so that re-typing of data and possible transcription errors are avoided.
- Automatic transfer of data between systems for reporting purposes will be subject to strict controls, with automated checking of ‘before and after’

control totals to ensure all records are included and errors are not introduced.

- Where manual systems are used to produce external returns or internal management reports, similar accuracy checks will be built into procedures to avoid errors, including comparison of figures against control totals and against data for previous periods.

3.7 Maintaining Data Quality through Service and System Changes

3.7.1 The Trust will maintain and make active use of procedures to ensure that data quality is not compromised when system changes are introduced

3.7.2 Trust Information and wider ICT Services will work with new services, and with existing services undergoing reconfiguration, to ensure that any new data definitions or required amendments are implemented, revised data procedures are established, affected staff are informed, the services' work is appropriately reflected in reports, and data quality is not adversely affected.

3.7.3 Procedures will exist for Trust Information Services to review and log changes in national data definitions and reporting requirements as notified primarily by NHS Information Standards Notices (ISNs), and to implement changes to data collection arrangements, procedures and other documentation as appropriate. Changes will be notified to all affected staff, and local managers will be responsible for amending any local procedures to maintain consistency with national definitions and requirements.

3.7.4 Procedures to identify changing reporting requirements will cover all Trust services comprehensively and incorporate relevant NHS, Social Care, Home Office and other requirements.

3.7.5 Processes will be reviewed periodically to ensure they are in line with current practice and reflect both local and national requirements.

3.8 Training and Support to Staff

3.8.1 The Trust's commitment to data quality and the importance of each staff member's individual contribution will be stressed at the commencement of employment through local induction programmes, and will also cover awareness of the data quality requirements of the 2018 Data Protection Act.

3.8.2 The Trust ICT Training and Information Services teams will assess data quality training needs on an ongoing basis and offer targeted training and awareness sessions for staff involved in the collection and management of key reporting information. Training needs analysis will take into account new staff (including temporary and locum staff) and the potential need for refresher training for existing staff. Sessions will be supported with written training manuals and other reference materials as relevant.

3.8.3 Specific staff data quality responsibilities will be included in job descriptions for all relevant posts, with key performance and training needs being reviewed during regular management supervision and in staff appraisals as necessary.

3.8.4 As data quality is affected by the working environment, supervisors of staff using computer systems will ensure achievement of high-quality work is supported through appropriate working practices that involve reasonable workloads, adequate breaks, and work stations which comply with health and safety legislation.

3.8.5 Data quality reports and audit results will be monitored regularly to identify any training issues, which will then be addressed promptly through inclusion or re-emphasis of the correct procedures in both training courses and written procedures, along with alerts to relevant staff and any other appropriate actions identified.

3.8.6 Key data capture process documents will be available to staff wherever they are entering data onto systems.

3.9 Communication

3.9.1 Information asset owners and/or corporate teams responsible for reporting on specific data sets will communicate regarding data quality issues and changes to recording specifications by cascading information via line managers. Data quality materials, standard operating procedures and change logs will also be made available via the Trust intranet site.

3.10 Risk Management

3.10.1 Where Corporate Reporting Leads or Information Asset Owners identify significant risks that could arise from inadequate data quality arrangements for a specific recording system, such risks should be logged and managed via the Trust’s standard risk management system and processes

3.10.2 Managers, Information Asset Owners and Corporate Reporting Leads must ensure that data quality arrangements are sufficient to mitigate any unacceptable risks, for example, data loss and error that could arise from poor data quality.

4 RESPONSIBILITIES

Post(s)	Responsibilities
All Staff	All staff who use, access and record information, whether on paper or by electronic means, should be aware of their data quality responsibilities and maintain effective records, ensuring information is recorded fully, accurately and on time, and that errors or omissions are corrected.
Clinical Staff	Clinical staff additionally have overall responsibility for the quality of information about clinical activity recorded by support staff on their behalf.
Service, Team and Department Managers	Ensuring data quality responsibilities are clearly defined, communicated, and carried out effectively in their areas of responsibility

Post(s)	Responsibilities
	Ensuring data quality responsibilities are set out clearly in job descriptions for all relevant roles, and that all staff are clear about their specific duties and responsibilities as an integral part of their role and profession. Ensuring that data recorded by teams/departments and individuals is complete, accurate and up-to-date; that regular checks are carried out to monitor data quality and correct errors; and that data quality arrangements are sufficient to mitigate any unacceptable risks that could arise from poor data quality. Validating statistical outputs relating to their team's activity and performance. Specific responsibilities for monitoring and managing data quality may be delegated to administration staff, but overall responsibility for data about services rests with operational managers.
Service, Clinical and Corporate Directors	Overall responsibility for operational data quality in areas managed, and for ensuring that data quality arrangements are sufficient to mitigate any unacceptable risks that could arise from poor data quality.
Information Asset Owners	Supporting Corporate Reporting Leads and service managers in exercising their data quality responsibilities, and in identifying, managing and minimising any risks that could arise from inadequate data quality arrangements
Corporate Reporting Leads	Establishing and maintaining clear definitions consistent with changing national requirements, and monitoring and assuring data quality for subject areas reported on. Coordinating development, communication and regular review of definitions and procedures. Training needs analysis. Liaising with Information Asset Owners to ensure local data item definitions, code lists and procedures are consistent with national requirements.
Trust Data Quality Policy Lead	Overall coordination of data quality monitoring and assurance. Supporting the Information Governance Steering Group in monitoring implementation of this policy. Providing advice and support to managers and Information Asset Owners in relation to their responsibilities under this policy.
Lead Executive Director	Leading the Information Governance Steering Group in monitoring implementation of this policy
Human Resources	Supporting line managers in ensuring data quality responsibilities are set out clearly in job descriptions for all relevant roles.

5 DEVELOPMENT AND CONSULTATION PROCESS

The core of this policy relies on previous work carried out by Trust Information Services based on national data quality and information governance standards laid down by NHS England and its predecessors. The original policy was approved in 2007 and has been reviewed and re-approved several times with small alterations, most recently in March 2020.

Version 7 of the policy has been updated to ensure compliance with latest NHS guidance on data quality assurance as set out in NHS England’s “Data Security Standard 1 – Personal confidential data (2021/22)”. However, due to the generic nature of the policy and its foundation on general best practice principles and core NHS requirements – details have not changed markedly from previous versions.

Consultation summary		
Date policy issued for consultation		December 2022
Number of versions produced for consultation		1
Committees or meetings where this policy was formally discussed		
Information Governance Data Quality Assurance Group		
Information Governance Steering Group		30th May 2022
Where else presented	**Summary of feedback**	**Actions / Response**

6 REFERENCE DOCUMENTS

Trust Care Management and CPA/Care Support Policy (C 01)

Trust Care Records Management Policy (Electronic and Manual) (C 12)

Trust Confidentiality Policy (IG 01)

Trust Corporate Records Management Policy (Non-Care Records and Personnel Files) (IG 04) and associated procedural guidance

Trust Equality Objectives (**www.bsmhft.nhs.uk**)

Trust Human Resources policies and procedures

Trust Information Systems/Assets Procedures (including Privacy Impact Assessments)

Trust Information Governance Assurance Policy (IG 05)

Trust Standing Financial Instructions

Trust Counter Fraud, Bribery and Corruption Policy

Caldicott Guidelines

Data Protection Act 2018

NHS Digital: Data Security and Protection Toolkit, Version (2021/22)

NHS Digital: Data Security Standard 1 – Personal confidential data (2021/22)

7 BIBLIOGRAPHY

Trust Information Communication and Technology (ICT) Policy (IG 02)

Trust Agreed Standards for Timeliness of Data Entry

Trust Procedure for Updating Client Details

Trust Client Details Checking Form

8 GLOSSARY

The Trust	Birmingham & Solihull Mental Health NHS Foundation Trust
Secondary reporting / secondary purposes	Primary uses are direct uses of individual records for clinical and operational purposes, primarily direct patient care. Secondary uses are where information is used, often in statistical form, for monitoring, planning, audit or research.
Demographic information	Basic administrative information about a person, including name, date of birth, gender, ethnic group, address and contact details, registered GP, etc
ICT	Information, Communications and Technology – the Trust department responsible for all aspects of information, systems and technology management and governance.
ISNs	Information Standards Notices issued by the Data Coordination Board under the auspices of NHS England to provide standard definitions for all NHS-wide statistics and data collections, and to provide notification of changes to reporting requirements and definitions.

9 AUDIT AND ASSURANCE

This policy is formulated via the Data Quality Assurance Group, a sub-group of the Trust's Information Governance Steering Group, and this group is responsible for monitoring and coordinating assurance activities across the full scope of the policy.

The Data Quality Assurance Group, via the Trust Data Quality Policy Lead, will report to the Information Governance Steering Group on data quality performance, and on progress in applying the principles set out in this policy consistently across all the Trust's major information assets and reporting streams.

To support monitoring there will be periodic audit of the accuracy, validity and completeness of key data streams, including, but not limited to:

- accuracy of any formal clinical diagnostic and procedure coding

- validity of key contact and demographic details for service users
- accuracy of data items underpinning national performance indicators
- accuracy of data items underpinning monitoring of contracts, service level agreements and payment mechanisms
- consistency between manual and computerised records
- accuracy of data items where persistent problems have been identified

Results will be assessed, and action plans drawn up and implemented to address issues identified by such audits.

This policy sets out a range of other audits and checks to be carried out routinely, which in turn will help to demonstrate the effectiveness of the ongoing data quality measures in place. In particular, measures of data quality will be included alongside publication of the Trust's key performance indicators.

A wider range of data quality indicators will be made available to clinical teams, and levels of data quality will be monitored and reviewed in appropriate operational meetings, supported by Trust Information Services.

Key data quality issues will be brought to the attention of the Trust Information Governance Steering Group for action and review. Chronic or critical issues may be escalated to the Trust Integrated Quality Committee or Finance, Productivity and Performance Committee as appropriate.

Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements
Overall data quality performance, and progress in applying the principles set out in this policy consistently across all the Trust's major information assets and reporting streams.	Trust Data Quality Policy Lead	Narrative report	Six-monthly	Report to Information Governance Steering Group
Indicators of data quality will be maintained for external and other key performance measures, with updates provided and any issues notified to the Trust Finance, Productivity & Performance Committee	Head of Information	Trust Performance Report	Monthly	Periodic updates to Trust Finance, Productivity & Performance Committee
Measures of data quality will be included in the Trust's key performance indicators.	Head of Information	Trust Performance Report	Monthly	Report to Trust Finance, Productivity & Performance Committee

10 APPENDICES

See next page

Appendix 1: Equality Analysis Screening Form

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
http://connect/corporate/humanresources/managementsupport/Pages/default.aspx

Title of Policy	**Review of Data Quality Policy**		
Person Completing this policy	**Phil Presland**	**Role or title**	**Head of Informatics**
Division	**Resources**	**Service Area**	**Corporate**
Date Started	**November 2022**	**Date completed**	**November 2022**
Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.			
It is essential for the Trust to have demonstrably reliable, accurate and timely information in place to support clinical care, service management, public accountability and governance and the Data Quality Policy sets out the standards for achieving and maintaining this objective. The policy is reviewed at three-year intervals.			
Who will benefit from the policy?			
Service users, staff, policy and decision-makers at all levels, the general public through improved accountability.			
Does the policy affect service users, employees or the wider community? ***Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward***			
The policy only affects service users and staff very indirectly, and we have no evidence that data quality levels are different across different protective groups. Any improvements in data quality will be advantageous in giving Trust better information to support decision-making and clinical care, which would be beneficial to all users of Trust services			
Does the policy significantly affect service delivery, business processes or policy? ***How will these reduce inequality?***			

<table>
<tr><td colspan="5">The policy may affect the detail of some business processes by requiring more careful attention to data quality, more accurate data recording and resolution of errors. More accurate recoding of protected characteristics can help inform more targeted responses to address any inequalities identified</td></tr>
<tr><td colspan="5">Does it involve a significant commitment of resources?
<i>How will these reduce inequality?</i></td></tr>
<tr><td colspan="5">Improvements to business processes are intended to be cost neutral, affecting how we do things rather than what we do, and making processes more efficient by reducing duplication and getting data recording ‘right first time’</td></tr>
<tr><td colspan="5">Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)</td></tr>
<tr><td colspan="5">There are not any known inequalities relating to data quality, but its principles should be applied to data recording in relation to areas with known inequalities</td></tr>
<tr><td colspan="5">Impacts on different Personal Protected Characteristics – <i>Helpful Questions:</i></td></tr>
<tr><td colspan="4"><i>Does this policy promote equality of opportunity?</i>
<i>Eliminate discrimination?</i>
<i>Eliminate harassment?</i>
<i>Eliminate victimisation?</i></td><td><i>Promote good community relations?</i>
<i>Promote positive attitudes towards disabled people?</i>
<i>Consider more favourable treatment of disabled people?</i>
<i>Promote involvement and consultation?</i>
<i>Protect and promote human rights?</i></td></tr>
<tr><td colspan="5">Please click in the relevant impact box and include relevant data</td></tr>
<tr><td>Personal Protected Characteristic</td><td>No/Minimum Impact</td><td>Negative Impact</td><td>Positive Impact</td><td>Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.</td></tr>
<tr><td>Age</td><td>x</td><td></td><td></td><td>Accurate recording provides opportunity to use reliable information to monitor access, service quality and experience for people with different protected characteristics</td></tr>
<tr><td colspan="5">Including children and people over 65
Is it easy for someone of any age to find out about your service or access your policy?
Are you able to justify the legal or lawful reasons when your service excludes certain age groups</td></tr>
</table>

Disability	**x**			**As above**
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	**x**			**As above**
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your policy?				
Marriage or Civil Partnerships	**x**			**As above**
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	**x**			**As above**
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	**x**			**As above**
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	**x**			**As above**
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				

Sexual Orientation	x			**As above**
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being ‘out’ or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	x			**As above**
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your policy or service?				
Human Rights	x			**As above**
Affecting someone’s right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				

	Yes	**No**		
What do you consider the level of negative impact to be?	**High Impact**	**Medium Impact**	**Low Impact**	**No Impact**
				x
If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required. If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding.				

If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead.**
Action Planning:
How could you minimise or remove any negative impact identified even if this is of low significance?
None identified
How will any impact or planned actions be monitored and reviewed?
None identified
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.
The policy promotes sensitive collection of data on protected characteristics of staff, job applicants, service users and carers (section 3.3.2) to allow the Trust to make informed judgements on actions to tackle disadvantage experienced by certain groups and achieve service and employment objectives as set out in the Trust's Equality Objectives.
Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis