

Data Quality Policy

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1. Introduction

Battersea Healthcare recognises that reliable information is fundamental in supporting the achievement of its business objectives. We recognise that all the decisions, whether client facing, managerial or financial need to be based on information which is of the high quality.

This document sets out our policy for maintaining and increasing high levels of data quality.

Good data quality is essential and the availability of complete, accurate, relevant, accessible and timely data is important in supporting patient care, clinical governance, management, contracts and accountability.

The following principles are used in assessment of data quality:

- **Accuracy**
Is the data correct and is it valid?
- **Accessibility**
Can the data be readily and legally collected?
- **Comprehensiveness**
Is the relevant data collected and are any data omissions documented?
- **Consistency**
Are clear and accurate data definitions implemented and adhered to? Do the data definitions define what level of detail is collected?
- **Validity**
Is the data up-to-date and in the correct format?

2. Definitions

This policy covers data in the respect of it's:

- Collection.
- Recording.
- Validation.
- Further processing and reporting.

It sets out the necessary:

- Systems and processes.
- Procedures.
- Administration.
- Reporting.
- Training requirements.

Data quality is the ability to supply accurate, timely and complete data, which can be translated into information, whenever and wherever this is required. Data quality is vital to effective decision making at all levels of the organisation.

Data integrity can be compromised for a number of reasons:

- Data can be entered inaccurately.
- Data can be incomplete.

- Software can corrupt data or render it worthless.

To ensure United Response achieves data quality, it must set out how:

- Data is collected and co-ordinated.
- Data is transferred between systems.
- Data is organised.
- Data is analysed.
- Data is interpreted.
- Conclusions and results drawn from the data are validated.

3. Roles and Responsibilities

Full Information Governance roles and responsibilities can be found in the Information Governance framework (IG001); however, the following specific responsibilities refer to records management.

Chief Executive

The Chief Executive has overall accountability for implementing and maintaining effective records management practices within Battersea Healthcare.

The Chief Executive is also responsible for ensuring that records management is appropriately resourced and its principles upheld at the highest levels within the organisation.

Senior Information Risk Owner

The Senior Information Risk Owner (SIRO) role must be fulfilled by an appropriately senior person. The role is responsible for the information risk agenda within Battersea Healthcare, including risks to information associated with the management of records.

The SIRO is responsible for maintaining the business wide information risk register and the information asset register.

Information Asset Owners

Information asset owners (IAOs) are responsible for ensuring all the assets for which they are assigned ownership are compliant with the records management policy.

A list of Information assets owners can be found in One Drive > Quality > IG folder.

Caldicott Guardian

The Caldicott Guardian is responsible for protecting the confidentiality of personal information and enabling appropriate information sharing.

Information Governance Lead

The information governance lead is responsible for overseeing day to day records management issues, providing guidance to staff on how to manage records appropriately,

developing and maintaining this policy, protocols, strategies and procedures that support records management and raising awareness amongst staff.

All Managers

All managers are responsible for ensuring that all staff are aware of this policy, procedures, standards and supporting documents, that records management is built into local processes and becomes a part of business as usual for the organisation, ensuring on-going compliance with this policy, and ensuring any breaches or suspected breaches are referred for investigation. Compliance to this policy shall be audited.

Managers are responsible for ensuring all staff complete mandatory awareness training and an induction programme. They are also responsible for addressing any training needs identified during process change or a change in duties.

Managers must promote a positive culture of records management excellence and will cooperate fully with any investigation into information governance breaches.

All Staff

All staff, whether permanent, temporary or contracted, consultants and volunteers are responsible for ensuring that they are aware of the requirements incumbent on them and for ensuring they comply with these on a day to day basis.

They are also responsible for completing mandatory training annually.

All staff must alert their manager if they feel they need additional training or guidance and must alert their line manager or other relevant member of staff should they encounter information risks, whilst undertaking their duties.

Failure to follow this policy may be considered a disciplinary matter.

4. Policy

In order for Battersea Healthcare to proactively manage our data quality, we commit to the following activities.

- a) Use and store data lawfully.
Particularly the Data Protection Act.
- b) Support data entry by written procedure.
Which shall be reviewed periodically.
- c) Ensure client information is checked on each contact and revised as required.
For example, verifying address, phone number, etc.
- d) Record incidents of errors in data, so that procedures can be strengthened and refined.
Using our incident recording processes.
- e) Ensure that changes to systems and process will consider the impact to data quality, as part of the project process.
By risk assessing changes and seeking guidance and expert advice.

- f) Make staff aware of in the importance of data quality.
By internal communication and relevant training.

5. Equality and Diversity Assessment

This policy has been reviewed against our Equality and Diversity assessment:

Nos	Measure	No	Yes	Comments
1	Does the policy/guidance affect one group less or more favourably than another on the basis of:			
a	Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b	Ethnic origins (including gypsies and travellers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c	Nationality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d	Gender	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e	Culture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f	Religion or belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g	Sexual orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h	Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
i	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Is there any evidence that some groups are affected differently?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable
4	Is the impact of the policy / guidance likely to be negative? If so can the impact be avoided?	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable
5	What alternatives are there to achieving the policy/guidance without the impact?	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable
6	Can we reduce the impact by taking different action?	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable

If you have identified a potential discriminatory impact of this procedural document, please speak with your line manager with any suggestions as to the action required to avoid/reduce this impact.

Appendix A – Useful Contacts and Document Governance

Caldicott Guardian Information Governance Lead	Please refer to the BHCIC lead roles sheet on the staff intranet.
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