Data Quality Policy

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Approved By	Governance and Risk Committee
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Reference No	IG02

Policy Validity Statement
This policy is due for review on the date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.

Version Control

Version	Release Date	Author	Update comments
V1	April 2013	Liane Cotterill	Policy adopted by Clinical Commissioning Group (CCG) as part of policy suite developed by NECS.
V2	27 June 2014	Liane Cotterill	Policy re-written to incorporate new legislation and guidance.
V2.1	October 2017	Liane Cotterill	Review and update to include GDPR
V2.2	May 2018	Alan Clement	Updated following publication of Data Protection Act 2018

Approval

Role	Name	Date
Approval (1)	Governing Body	April 2013
Approval (2)	Governance and Risk Committee	October 2014
Approval (2.1)	Governance and Risk Committee	November 2017
Approval (2.2)	Governance and Risk Committee	July 2018

Review

This document will be reviewed twelve months from its issue date and no longer than 3 years after its first review.

Contents

1. Introduction

The CCG aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients their carers, public, staff, stakeholders and the use of public resources. In order to provide clear and consistent guidance, the organisation will develop documents to fulfil all statutory, organisational and best practice requirements and support the principles of equal opportunity for all.

The CCG recognises that all of their decisions, whether health care, managerial or financial need to be based on information which is of the highest quality. Data quality is crucial and the availability of complete, accurate, relevant and timely data is important in supporting patient/service user care, governance, management and service agreements for health care planning and accountability.

1.1. Status

This policy is an Information Governance policy.

1.2 Purpose and scope

This policy is designed to ensure that the importance of data quality within the CCG is disseminated to all staff. It will describe the meaning of data quality, who is responsible for its maintenance and how it can continue to improve in the future.

Although this policy relates to patient/service user data and information, the principles included are applicable to any other data/information staff may encounter i.e. recording of minutes, etc.

2. Definitions

2.1 **Data:** Data is a collection of facts from which information is constructed via processing or interpretation.

2.2 **Information:** Information is the result of processing, gathering, manipulating and organising data in a way that adds to the knowledge of the receiver.

2.3 **Data Quality:** Data quality is a measure of the degree of usefulness of data for a specific purpose.

3. Data Quality

3.1 Importance of Data Quality

3.1.1 A vast amount of data is recorded when caring for patients in commissioned services. Having accurate, relevant information that is accessible at the appropriate times is essential to each and every health management or business decision and to the success of the service provided. With this in mind, it is essential that all employees of the CCG recognise the importance of data quality and their responsibilities in this area.

3.1.2 Quality information is essential for:

- The delivery of effective, relevant and timely care, and to minimise risks to patients.
- Efficient administrative and health care processes, such as communication with patients, their families and other carers and professionals involved in their treatment/care.
- Management and strategic planning, requiring accurate information about the volume and type of health care activity to provide appropriate allocation of resources and future service delivery.
- Establishing acceptable service agreements for health care provision.
- Health care governance, which depends on detailed, accurate patient data for the identification of areas where health care could be improved.
- Providing information for other NHS and non-NHS organisations – these organisations depend on the information we send them and need to have confidence in its quality.
- Providing a foundation on which future investments will be based, such as the implementation of the National Programme for IT, where data will be shared on the spine and accessed by other parts of the NHS.
- Being able to allow local and national benchmarking.
- Budget Monitoring, including Payment by Results, and financial planning to support service delivery.
- Avoiding unnecessary Subject Rights Requests to alter incorrect personal data,

3.1.3 It is also important to ensure that the data quality is of a high standard in order to comply with the Data Protection Act 2018 in particular principle 4, 'accurate and up-to-date' and to satisfy the data quality requirements within the NHS Care Record Guarantee.

3.1.4 From 25 May 2018 the Data Protection Legislation in the UK incorporates the EU General Data Protection Regulations. As well as outlining 6 principles of data protection, the new legislation contains a new principle of accountability for data controllers and processors and introduces new rights for data subjects, one of which is the right to have incorrect personal data amended.

3.2 Data Standards

3.2.1 The standards for good data quality are reflected in the criteria below. Data needs to be:

- Complete (in terms of having been captured in full)
- Accurate (the proximity of the data to the exact or true values)
- Relevant (the degree to which the data meets current and potential user's needs)
- Accessible (data must be retrievable in order to be used and in order to assess its quality)
- Timely (recorded and available as soon after the event as possible)
- Valid (within an agreed format which conforms to recognised national and local standards)
- Defined (understood by all staff who need to know and reflected in procedural documents)
- Appropriately sought (in terms of being collected or checked with the patient during a period of care)
- Appropriately recorded (in both paper and electronic records)
- Processed in accordance with any existing data sharing agreement or data processing agreement,

3.2.2 The use of data standards within systems can greatly improve data quality. These can be incorporated into systems either using electronic validation programmes which are conformant with NHS standards, e.g. drop down menus, or manually generated lists for services that do not yet have computer facilities. Either method requires the list to be generated from nationally or locally agreed standards and definitions, e.g. for GP practice codes, ethnicity, etc. These must be controlled, maintained and updated in accordance with any changes that may occur, and in addition electronic validation programmes must not be switched off or overridden by operational staff.

3.2.3 NHS Data Model and Dictionary

The NHS Data Model and Dictionary gives common definitions and guidance to support the sharing, exchange and comparison of information across the NHS. The common definitions, known as data standards, are used in commissioning and make up the base currency of Commissioning Data Sets. On the monitoring side, they support comparative data analysis, preparation of performance tables, and data returned to the Department of Health. NHS data standards also support clinical messages, such as those used for pathology and radiology. NHS data standards are presented as a logical data model, ensuring that the standards are consistent and integrated across all NHS business areas.

3.2.4 Information Standards Notices (ISNs)

- The NHS communicates key changes to data standards, and deadlines affecting changes are made through ISNs. These changes must be monitored by IAOs (system administrators) to ensure that data and information systems to which ISNs apply are in compliance with the standards they specify

- Individual systems IAOs are responsible for gaining assurance that the suppliers of the CCG information systems are updated in accordance with new ISNs to ensure systems conform to all requirements.

- From a commissioning perspective, changes need to be made to the data quality processes to ensure any changes have been implemented by suppliers of data e.g. provider services.

3.2.5 Clinical Coding

- Consistent data formats and the use of appropriate coding systems is key to effective electronic healthcare in the NHS.

- Read codes are a coded thesaurus of clinical terms which are the basic means by which clinicians record patient findings and procedures in health care IT systems across primary and secondary care (e.g. General Practice surgeries and pathology reporting of results).

- The CCG will promote and improve data quality standards by working with GP practices to assess the quality of their clinical data and identify problems with coding issues to ensure that high quality of patient recording is maintained.

3.2.6 <u>Where no National Standards Exist</u>

In certain situations there will be no applicable NHS national standards. In these instances the CCG will agree local standards as part of the contracting process. It is important that any local standards are subject to annual reviews within the CCG as there will be no automatic input received from national sources. This process will ensure their validity and continued relevance.

3.3   Data Validation

3.3.1 <u>Importance of validation</u>

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

- It is imperative that regular validation processes and data checks/audits are undertaken on data being recorded to assess its completeness, accuracy, relevance, accessibility and timeliness. Such processes may include, checking for duplicate or missing data, checking for deceased patients, validating waiting lists, ensuring that national definitions and coding standards are adopted, and NHS number is used and validated.

3.3.2 <u>Validation methods</u>

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

- Bulk exception reporting; which involves a large single process of data analysis to identify all areas within a dataset where quality issues exist and to enable the correction of this data. Bulk exception reporting can sometimes be used as an initial data quality tool as this will quickly highlight any areas of concern. However, further investigation may be required to identify more specific issues.

- Regular spot checks/audits; which involves analysis of a random selection of records against source material, if available. Spot checks should be done on an ongoing regular basis to ensure the continuation of data quality. Other audits take place on an annual basis, and where an external or internal audit of a system is planned, it will include data quality.

- Data cross checking; which can also be performed on data and information held by different services and/or on separate systems. For example, secondary care data against the Exeter system to validate the recorded GP practice.

- Templates allow users to enter results and data into the patient's health record in a consistent and coherent manner. They ensure that users enter all of the required information about a patient's problem or symptom accurately and prompt the user in a logical format to enter the key information ensuring that accurate data capture occurs. The CCG assists GP practices in developing and reviewing templates to ensure consistency across the local area.

- Further help in identifying the best methods of data validation can be obtained from the CCG team responsible for data quality.

3.4   Synchronising information systems

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

3.5   Timescales for validation

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

Where a data subject is making a Data Rights Request to correct or amend inaccurate data, the process must be completed and the data subject informed within 30 calendar days under Data Protection Legislation.

3.6   External sources of data

Where possible validation processes should use accredited external sources of information, for example using Patient Demographic Service (PDS) to check NHS numbers, National Administrative Codes Set (NACS) to check organisation/GP codes, Exeter system to check deaths.

The CCG will use external sources of data to improve data quality, for example, SUS data quality dashboards on a regular basis to check comparative data and identify previously unidentified issues.

3.7 Using source data

Staff involved with recording data need to ensure that it is performed in a timely manner and that the details being recorded are checked with the source at every opportunity. This could be by cross checking with patient paper records or by asking the patients themselves.

3.8 NHS Numbers

The NHS number is a unique way of identifying patients in NHS systems. With this in mind it is imperative that this is recorded correctly and in all systems where patient information is present.

The Personal Demographics Service (PDS) will be used to obtain verified NHS numbers i.e. NHS number status and as PDS has significant historic data it will enable record matching process and support the resolution of data anomalies (see also External Sources of Data section).

3.9 Monitoring of Data Quality

As a commissioning organisation, the CCG has the responsibility of monitoring the data quality of the services it commissions. This will be carried out in a variety of ways according to the type of service and the data it collects. Examples include, NHS number compliance, pseudonymisation, compliance with new ISNs, Reference Cost Audits, and Information Governance Toolkit data quality requirements. The responsible department will report the monitoring of data quality to the responsible committee in accordance with agreed timescales.

4. Duties and Responsibilities

Council of Members	The Council of Members has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
Chief Officer	The Chief Officer has overall responsibility for the strategic direction and operational management, including ensuring that the CCG's process documents comply with all legal, statutory and good practice guidance requirements.
Chief Finance Officer for Data Quality	Ultimate responsibility for maintaining accurate and complete data and information is at Governing Body level. The lead member with responsibility for data quality, who will report to the Governing Body on data quality issues.

Committee responsible for data quality	The Governance and Risk Committee is responsible for overseeing the development and updating of this policy and related procedures, and to ensure that awareness of data quality is promoted across the CCGs.
Information Asset Owners	Information Asset Owners (IAOs) are responsible for: • Liaising with records management/IG leads to ensure that records management practices are in line with the guidance and protocols on confidentiality. • Ensuring appropriate record audits are undertaken. • Ensuring appropriate information governance /confidentiality clauses are in third party contracts relating to records management such as secondary storage, scanning companies before using the company. • Ensuring appropriate consideration is given to records management within business continuity plans. • Ensuring they obtain appropriate certifications of destruction. • Investigate and take relevant action on any potential breaches of this policy supported by other applicable staff in line with existing procedures.
Line Managers	• Ensuring that, where appropriate, systems are in place to validate the completeness, accuracy, relevance and timeliness of data/information. Also managers must ensure that all of their staff are fully aware of their obligations in this area. • In certain circumstances, to support equality & diversity, line managers will need to consider individual requirements of staff to support good practice in complying with this policy.

All Staff	All staff, including temporary and agency staff, are responsible for: - Implementing and maintaining data quality and are obligated to maintain accurate information legally (Data Protection Act) (GDPR and UK Data Protection Bill from 25 May 2018), contractually (contract of employment) and ethically (professional codes of practice). - Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken. - Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities. - Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. - Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager. - Attending training / awareness sessions when provided.
CSU Staff	Whilst working on behalf of the CCG, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the CCG, however they will continue to be governed by all policies and procedures.

5. Implementation

This policy will be available to all Staff for use in relation to the specific function of the policy.

All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

6. Training Implications

The staff responsible for handling data quality in the CCG must have appropriate skills.

All staff working with information systems must be appropriately trained in data quality and the importance it commands for the management and provision of patient care.

7. Related Documents

7.1 Legislation and statutory requirements

- Data Protection Act 2018
- General Data Protection Regulations 2016.

7.2 Best practice recommendations

- NHS Digital Data Protection and Security Toolkit – data quality requirements
- NHS Care Record Guarantee

8. Monitoring, Review and Archiving

8.1 Monitoring

The Governing Body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

8.2 Review

8.2.1 The responsible committee for data quality will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

8.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governing Body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

8.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'version control' table on the second page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

8.3 Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with the Department of Health's Records Management Code of Practice for Health and Social Care 2016.

9. Equality Analysis

An equality impact assessment has been completed:

Introduction - Equality Impact Assessment

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

Policy	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
Service	A system or organisation that provides for a public need.
Process	Any of a group of related actions contributing to a larger action.

STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:	Liane Cotterill
Title of service/policy/process:	Data Quality Policy
Existing: √ New/proposed: ☐ Changed:	
What are the intended outcomes of this policy/service/process? Include outline of objectives and aims	
This policy is designed to ensure that the importance of data quality within the CCGs is disseminated to all staff. It describes the meaning of data quality, who is responsible for its maintenance and how it can continue to improve in the future. The policy compliments other Information Governance policies.	

Who will be affected by this policy/service /process? (please tick)	

☐ Consultants ☐ Nurses ☐ Doctors
√ Staff members ☐ Patients ☐ Public
☐ Other

If other please state:

What is your source of feedback/existing evidence? (please tick)

☐ National Reports ☐ Internal Audits
☐ Patient Surveys ☐ Staff Surveys ☐ Complaints/Incidents
☐ Focus Groups ☐ Stakeholder groups √Previous EIAs
☐ Other

If other please state:

Evidence	What does it tell me? (about the existing service/policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	N/A
Patient Surveys	N/A
Staff Surveys	N/A
Complaints and Incidents	N/A
Results of consultations with different stakeholder groups – staff/local community groups	N/A
Focus Groups	N/A
Other evidence (please describe)	N/A

STEP 2 - IMPACT ASSESSMENT

What impact will the new policy/system/process have on the following: (Please refer to the 'EIA Impact Questions to Ask' document for reference)

Age A person belonging to a particular age
No impact identified
Disability A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities
No impact identified
Gender reassignment (including transgender) Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self-perception.
No impact identified
Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters
No impact identified

Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.
No impact identified
Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.
No impact identified
Religion or belief Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
No impact identified
Sex/Gender A man or a woman.
No impact identified
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes
No impact identified
Carers A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person
No impact identified
Other identified groups such as deprived socio-economic groups, substance/alcohol abuse and sex workers
No impact identified

STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged stakeholders in testing the policy or process proposals including the impact on protected characteristics?
No engagement undertaken as this policy has received minor amendments only
Please list the stakeholders engaged:

STEP 4 - METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users of the policy?
☐ **Verbal – stakeholder groups/meetings**   ☐ **Verbal - Telephone** ☐ **Written – Letter**   ☐ **Written – Leaflets/guidance booklets** ☐ **Email** √ **Internet**   ☐ **Other**
If other please state:

ACCESSIBLE INFORMATION STANDARD

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users.

Tick to confirm you have you considered an agreed process for:
√ **Sending out correspondence in alternative formats.** √ **Sending out correspondence in alternative languages.** √ **Producing / obtaining information in alternative formats.** √ **Arranging / booking professional communication support.** √ **Booking / arranging longer appointments for patients / service users with communication needs.**
If any of the above have not been considered, please state the reason:

STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
None identified.	

STEP 6- ACTION PLAN

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date

Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?

SIGN OFF

Completed by:	Alan Clement, Senior Governance Officer
Date:	June 2018
Presented to: (appropriate committee)	Governance and Risk Committee
Publication date:	July 2018