Corporate	CCG IG02: Data Quality Policy

Version Number	Date Issued	Review Date
V5	September 2020	September 2022

Prepared By:	NECS Senior Governance Officer (IG), NHS North of England Commissioning Support Unit
Consultation Process:	Clinical Management Board
Formally Approved:	Clinical Management Board 7 October 2020

Policy Adopted From:	IG02: Data Quality (4)
Approval Given By:	Clinical Management Board

Document History

Version	Date	Significant Changes
1.0	25/01/2013	First issue
2.0	14/05/2014	Second issue
3	18/02/16	Reformatted numbering and style of policy
3.1	January 2018	Review and Update to include GDPR
4	July 2018	Updated following publication of Data Protection Act 2018
5	August 2020	Minimal wording changes and new Equality Impact Assessment completed.

Equality Impact Assessment

Date	Issues
August 2020	See section 9 of this document

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3 year period.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact norccg.enquiries@nhs.net

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 sent to 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 legislation contains a principle of accountability for data controllers and processors and introduces 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.

- Coding systems such as Snomed and 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 Data Security and Protection 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

Accountable Officer	The Accountable Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.
Committee responsible for data quality	The Clinical Management Board 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 CCG.

Information Asset Owners (IAOs)	Information Asset Owners (IAO) are senior individuals involved in the provision of service. Their role is to understand and address risks to the information assets they 'own' and to provide assurance to the SIRO on the security and use of those assets. They must also ensure that information assets are recorded on the CCG's Information Asset Register in line with GDPR.
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.

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 Clinical Management Board 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 Clinical Management Board 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 Clinical Management Board 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

Equality Impact Assessment
Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our strategies, policies, services and functions, both current and proposed have given proper consideration to equality and diversity, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership, Carers and Health Inequalities).

A screening process can help judge relevance and provides a record of both the process and decisions made.

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:
- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Beverley Smith .
Job Title: Senior Governance Officer
Organisation: North of England Commissioning Support Unit (NECS)

Title of the service/project or policy: Data Quality Policy (5)

Is this a;
**Strategy / Policy X   Service Review ☐   Project ☐
Other**

What are the aim(s) and objectives of the service, project or policy:
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.

Who will the project/service /policy / decision impact?
(Consider the actual and potential impact)
- **Staff** x
- **Service User / Patients** ☐
- **Other Public Sector Organisations** ☐
- **Voluntary / Community groups / Trade Unions** ☐

- **Others, please specify**

Questions	Yes	No
Could there be an existing or potential impact on any of the protected characteristic groups?	☐	X
Has there been or likely to be any staff/patient/public concerns?	☐	X
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	☐	X
Could this piece of work affect the workforce or employment practices?	☐	X
Does the piece of work involve or have an impact on: • Eliminating unlawful discrimination, victimisation and harassment • Advancing equality of opportunity • Fostering good relations	☐	X

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

There is no fundamental change to the content therefore the previous EIA which concluded 'no impact' remains appropriate.

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document
Not applicable.

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Richard Hay	Head of Planning and Operations	August 2020

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.