

Data Quality Policy

2019-2023

Version:	1.2
Approved by:	Audit and Governance Committees
Date approved:	November 2019
Adopted:	Adopted by Governing Body in April 2020
Date of issue (communicated to staff):	December 2019 (re-issued August 2020)
Next review date:	March 2023
Document author:	Associate Director of Performance and Information

CONTROL RECORD			
Reference Number IG-005	Version 1.2	Status Final	Author Associate Director of Performance and Information
			Sponsor Chief Finance Officer
			Team Information Governance
Title	Data Quality Policy		
Amendments	Updated to reflect Nottingham and Nottinghamshire single CCG status		
Purpose	The Policy sets out data quality requirements of the CCG for maintaining and increasing high levels of data quality.		
Superseded Documents	Data Quality Policy v1.0		
Audience	All employees and appointees of the Nottingham and Nottinghamshire CCG and any individuals working within the CCG in a temporary capacity.		
Consulted with	N/A		
Equality Impact Assessment	Complete		
Approving Body	Audit and Governance Committees	Date approved	November 2019 (adopted by Governing Body in April 2020)
Date of Issue	December 2019 (re-issued August 2020)		
Review Date	March 2023		
<p>This is a controlled document and whilst this policy may be printed, the electronic version available on the CCG's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</p>			

Nottingham and Nottinghamshire CCG's policies can be made available on request in a range of languages, large print, Braille, audio, electronic and other accessible formats from the Engagement and Communications Team at ncccg.team.communications@nhs.net

Contents

	Page
1 Introduction	4
2 Purpose	4
3 Objectives	4
4 What is Data Quality?	4
5 Structure and Scope	5
6 Roles and Responsibilities	6
7 Data Quality Standards	8
8 Validation Methods	9
9 Data Dictionary Change Notices (DDCNs)	10
10 Implementation of the Policy	11
11 Staff Training	11
12 Communication, Monitoring and Review	11
13 Equality and Diversity Statement	12
14 Interaction with other Policies	12
15 References	12
16 Equality Impact Assessment	14

1. Introduction

- 1.1 This policy applies to the Nottingham and Nottinghamshire Clinical Commissioning Group, hereafter referred to as 'the CCG'.
- 1.2 The CCG recognises that reliable information is fundamental in supporting the CCG to achieving its goals. The CCG works to a framework for handling personal information in a confidential and secure manner to meet ethical and quality standards. The CCG recognises that all the decisions, whether healthcare, managerial or financial need to be based on information which is of the highest quality.
- 1.3 The CCG will comply with any relevant legislation and guidance.

2. Purpose

- 2.1. The purpose of this document is to set out a clear policy framework for maintaining and increasing high levels of data quality within the CCG. The way in which data is collected and analysed can influence the results and it is, therefore, important to have a clear and open framework in place which supports this process and accurately reflects the practice of the CCG in the discharge of its functions. This Data Quality Policy sets out how the CCG will collect, analyse and report data.

3. Objectives

- 3.1. The Data Quality Policy underpins the CCG's objective to record and present data of the highest possible quality and that all users of the information can be confident about its accuracy. Furthermore the CCG recognises that a significant number of data sets it uses are supplied by other organisations and in order to make sound and informed decisions the quality these data must be verified wherever possible.

4. What is Data Quality?

- 4.1 Data quality is the ability to supply accurate, timely and complete data, which can be translated into information, whenever and wherever it is required. Data quality is vital to effective decision making at all levels of the organisation.
- 4.2 Supplying accurate data is a complicated task for a number of reasons:
 - There are many ways for the data to be inaccurate – data entry errors and incomplete data, etc.
 - Data can be corrupted during translation depending on who is translating it, how and with what tools/processes.
 - Data must relate to the correct time period and be available when required.

- Data must be in a form that is collectable and which can subsequently be analysed.

4.3 To ensure an organisation achieves a high standard of 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.

4.4 The following principals 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 (where intentional or otherwise known) 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?

5. Structure and Scope

5.1 This policy is intended to cover the collection, recording, validation, further processing and reporting of all types of reference information generated and used within, or reported externally by, the CCG. It describes the necessary features of systems to manage such information and the supporting administrative, reporting and training arrangements to ensure the information is of consistently high quality.

5.2 Written procedures are available to assist CCG staff in collecting and recording data. These procedures will be kept up-to-date, and where appropriate will also contain information relating to national data definitions.

5.3 Processes will be established to ensure compliance with the procedures, which will include sample checks to audit compliance.

5.4 It should be noted that all collection, storage, processing and reporting of personal information is governed by detailed legal requirements under the European General

Data Protection Regulations (2016), the UK Data Protection Act (2018) and associated NHS standards, such as the Caldicott guidelines.

- 5.5 As the CCG 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 the general principles of completeness, accuracy, ongoing validity, timeliness, consistency of definitions and compatibility of data items, and signposts where specific procedures or further guidelines need to exist.
- 5.6 This policy recognises that a range of data processed by, but not generated by, the CCG. For example the Secondary User Service (SUS) data submitted nationally by providers for the purposes of secondary care monitoring is generated by healthcare providers. In such circumstances this policy recognises the CCG's role in validating data rather than correcting any underlying processes in collection, classification or coding.
- 5.7 General Principles

The following overarching principles underpin the approach to data quality:

- All staff will conform to legal and statutory requirements and recognised good practice, aim to be significantly above average on in-house data quality indicators, and will strive towards 100% accuracy across all information systems.
- All data collection, manipulation and reporting processes by the CCG will be covered by clear procedures which are easily available to all relevant staff, and regularly reviewed and updated.
- All staff should be aware of the importance of good data quality and their own contribution to achieving it, and should receive appropriate training in relation to data quality aspects of their work.
- Teams should have comprehensive procedures in place for identifying and correcting data errors, such that information is accurate and reliable at time of use.

6. Roles and Responsibilities

- 6.1. Data quality is a key part of any information system that exists within the CCG. All staff members will be in contact at some point with a form of information system, whether paper or electronic. As a result, all staff members are responsible for implementing and maintaining data quality and are obligated to maintain accurate information legally (Data Protection Act), contractually (contract of employment) and ethically (professional codes of practice).
- 6.2. Accountability for an individual dataset may change during business process but the team designated as the key team, has overall responsibility for any data quality issues to date.

- 6.3. In the event of there being no identified key team, then the team responsible for any errors will be responsible for rectifying them.
- 6.4. It is the responsibility of all managers to ensure that, where appropriate, systems are in place to validate the completeness, accuracy, relevance and timeliness of data/information. Managers must ensure that all staff are fully aware of their obligations in this area. In certain circumstances, to support equality and diversity, line managers will need to consider individual requirements of staff to support good practice in complying with this policy.
- 6.5. Ultimate responsibility for maintaining accurate and complete data and information lies with the Accountable Officer but all staff who record information, whether on paper or by electronic means, have a responsibility to take care to ensure that the data is accurate and as complete as possible. Individuals with responsibility for data quality must have this clearly stated in their job descriptions.
- 6.6. All information assets of the CCG should be identified and have a nominated Information Asset Owner (IAO). Accountability for information assets helps to ensure that appropriate protection is maintained. The Senior Information Risk Owner (SIRO) ensures owners are identified for all Information Assets with responsibility for managing the risks to those assets. Whilst responsibility for implementing and managing Information Asset controls may be delegated to Information Asset support staff or equivalent, accountability should remain with the nominated owner of the asset.

Role	Responsibilities
Accountable Officer (AO)	Has overall responsibility for ensuring that information risks are assessed and mitigated to an acceptable level. Information risks should be handled in a similar manner to other major risks such as financial, legal, and reputational risks.
Senior Information Risk Owner (SIRO)	Is accountable to the Accountable Officer and provides the focus for the assessment and management of information risk at Governing Body level, providing briefings and reports on matters of performance, assurance and cultural impact. The SIRO should oversee a review of the CCG's Information asset register to ensure it is complete and robust.
Information Asset Owners (IAO) Director/Department Heads	Each Information Asset Owner should be aware of what information is held, and the nature and justification of information flows to and from the assets they are responsible for. The IAOs must

Role	Responsibilities
	understand and address risks to the information assets they 'own' and provide assurance to the SIRO on the security and use of these assets.
Information Asset Support Staff/Operational staff responsible for one or more assets	Provide support to their IAO. Ensure that policies and procedures are followed. Recognise potential or actual security incidents. Consult their IAO on incident management to ensure that information asset registers are accurate and maintained.
All Staff	<p>Individual staff members are responsible for the data they record or enter onto any CCG information system. Data must be entered carefully and checked. Following defined procedures and best practice as well as taking care when entering data will significantly reduce mistakes and other simple errors.</p> <p>All members of staff are responsible for ensuring any identified errors are reported to the system manager using the data quality procedures in place.</p> <p>All members of staff should ensure that they are familiar with the content of this policy and other relevant information governance policies and procedures. An up-to-date list of documents will be made available on the information governance intranet page.</p>

7. Data Quality Standards

7.1 Although there are many aspects of good quality data, the key indicators commonly are:

- Validity** – All data items held on the CCG's computer systems must be valid. Where codes are used, these will comply with national standards. Wherever possible, computer systems will be programmed to only accept valid entries at data input. Data accuracy is the direct responsibility of the person inputting the data supported by their line manager. Systems will include validation processes at data input to check in full or in part the acceptability of the data wherever possible. Depending on the system, later validation may be necessary to maintain referential integrity.

- **Completeness** – All mandatory data items within a dataset should be completed. Use of default codes will only be used where appropriate, and not as a substitute for real data.
- **Consistency** – Correct procedures are essential to ensure complete data capture.
- **Coverage** – this reflects all information that is ‘owned’ by the CCG, including paper and computerised records.
- **Accuracy** – Data recorded manually and on computer systems must be accurate.
- **Relevance** – Information should be contextually appropriate.

8. Validation Methods

- 8.1 The CCG recognises the importance of differentiating between those data which the CCG has direct control of, for example where CCG staff input directly into their own systems, and those data where the CCG is the recipient under the requirements of a contract, for example the supply of retrospective health events data for its patients treated at a hospital, or aggregate data provided to summarise delivery of a performance standard.
- 8.2 Where the CCG is in direct control of data entry:
- That process should be well-defined;
 - The structure of data designed to reduce the risk of errors either through the data model or through the design of the user interface.
 - Regular spot checks should be undertaken by staff members; which involve analysis of a random selection of records against source material, if available.
 - Spot checks should be done on an on-going basis (defined by the Information Asset Owner) to ensure the quality of data is maintain and, where necessary, improved.
- 8.3 The CCG routinely receives activity information from its service providers. This information is used to monitor the performance of contracts and to contribute to the service planning and development process. Sufficient and appropriate checks are made by the service providers to ensure that the information received is accurate and complete. Where data falls outside anticipated ranges a more detailed evaluation and validation is undertaken.
- 8.4 The CCG conducts regular meetings with its partners and service providers, to ensure that any data discrepancies are picked up and any corrections are made as required.

- 8.5 Where the CCG receives data from other organisations it should:
- Encourage a culture of routine data validation comparing counts of new records against old ones, ensuring no missing cohorts by age, gender, etc.
 - Cross-check data against alternative sources.
 - Release the data early (with caveats) to be viewed by domain experts.
- 8.6 When presenting data:
- Highlight noise when interpreting data e.g. by including confidence intervals.
 - Prefer standardised data (balancing age and gender and where possible deprivation) to raw rates.
 - Clarify the source of data (e.g. does A&E data refer to ED, eye casualty, WICs?).
 - Highlight missing data.
 - Take care to rule out known biases e.g. due to seasonality, regression to the mean when analysing well performing or poorly performing cohorts over time.
- 8.7 On submission of data returns, procedures will exist to ensure the completeness and validity of the data sets used. This can be done by comparing to historical data sets, looking at trends in the data and also by cross checking the data with other staff members.
- 8.8 The CCG will endeavour to ensure that timescales for submission of information are adhered to, and that the quality and accuracy of such submissions is of the highest standard. Internal deadlines for the completion of data sets, to ensure national timescales are achieved, will be explicit and monitored.
- 8.9 The CCG will document the processes for data validation as Standard Operating Procedures and ensure relevant staff use and maintain these.

9. Data Dictionary Change Notices (DDCNs)

- 9.1 Data Dictionary Change Notices (formerly Information Standard Notices and Data Set Change Notices) are issued by the Health and Social Care Information Centre. These give notification to NHS healthcare agencies of changes to information requirements that will be included as appropriate in the NHS Data Dictionary & Manual and thereby ensuring that data is meaningful across NHS Organisations over time.
- 9.2 The CCG will monitor the publication schema for DDCNs and ensure all DDCNs relevant to the CCG are actioned appropriately. Furthermore the CCG will ensure that the existence of key DDCNs are notified to relevant provider organisations.

10. Implementation of the Policy

10.1 The SIRO will have overall responsibility for implementing the Policy ensuring that the following action is taken:

- That the relevant Committee review the policy in accordance to the published review date so that it continues to reflect best practice and the legal and business needs of the CCG.
- That the policy is promoted and circulated appropriately within the CCG.
- Training needs are assessed and agreed during induction and appraisal processes.
- Monitoring and audit to be identified and completed at appropriate intervals.

11. Staff Training

11.1. Staff will receive instruction and direction regarding Data Quality advice and information from a number of sources:

- CCG Policies and Procedure Manuals.
- Line manager.
- Information Governance specialists.
- Other communication methods (e.g. team meetings).
- CCG Intranet.

12. Communication, Monitoring and Review

12.1 The CCG, will as a matter of routine, monitor performance in collecting and processing data according to defined standards, and provide appropriate feedback to staff involved in the process of data collection.

12.2 The CCG is regularly audited to ensure that:

- Applicable legislative Acts are complied with.
- NHS and CCG Policies and Standards are complied with.
- Suitable processes are used, and controls put in place, to ensure the completeness, relevance, correctness and security of data are achieved.

12.3 This policy will be reviewed by the Audit and Governance Committee every three years.

12.4 Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the Associate Director of Performance and Information.

13. Equality and Diversity Statement

- 13.1. The Nottingham and Nottinghamshire CCG pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act (2010) in policy development and implementation, both as a commissioner and an employer.
- 13.2. As a commissioning organisation, we are committed to ensuring our activities do not unlawfully discriminate on the grounds of any of the protected characteristics defined by the Equality Act, which are age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 13.3. We are committed to ensuring that our commissioning activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, Roma and travellers.
- 13.4. As an employer, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.
- 13.5. To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

14. Interaction with other Policies

- 14.1. This policy should be read in conjunction with the following:
 - Records Management Policy
 - Information Security Policy
 - Confidentiality and Data Protection Policy
 - Freedom of Information and Environmental Information Regulations Policy
 - Information Governance Management Framework

15. References

- 15.1 Legal framework:
 - Data Protection Act (2018)
 - Data Protection (Processing of Sensitive Personal Data)
 - (Elected Representatives) Order (2002)

- Freedom of Information Act (2000)
- Environmental Information Regulations (2004)
- Human Rights Act (1998)
- Criminal Justice and Immigration Act (2008)
- European General Data Protection Regulations (2016)

15.2 Codes of Conduct and Practice:

- Clinical Commissioning Group controlled documents
- Confidentiality: Staff Code of Conduct
- Code of Practice for the Management of Records
- Staff Conditions of Contract

15.3 External documentation

- British Standards ISO 27001:2005, ISO 27002:2005
- Records Management: NHS Code of Practice, parts 1 & 2: April 2006
- Section 46, Freedom of Information Act (2000), Code of Practice for the Management of Records. (Department of Constitutional Affairs)
- The NHS Confidentiality Code of Practice (Guidelines on the use and protection of patient information, November 2005)
- The Good Practice Guidelines for GP electronic patient records - version 4 (2011)
- HSCIC Code of Practice on Confidential Information (2014)

16. Equality Impact Assessment

Date of assessment:	September 2019			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Age¹	No	N/A	N/A	This policy provides guidance, accountability and clarity on data quality and validation processes.
Disability²	Yes	Mechanisms are in place via the Communications and Engagement Team to enable the policy to be received in alternative formats.	No	
Gender reassignment³	No	N/A	N/A	
Marriage and civil partnership⁴	No	N/A	N/A	
Pregnancy and maternity⁵	No	N/A	N/A	
Race⁶	No	N/A	N/A	

¹ A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

² A person has a disability if she or he 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.

³ The process of transitioning from one gender to another.

⁴ Marriage is a union between a man and a woman or between a same-sex couple.

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

⁵ 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. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

⁶ Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Date of assessment:	September 2019			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Religion or belief⁷	No	N/A	N/A	
Sex⁸	No	N/A	N/A	
Sexual orientation⁹	No	N/A	N/A	
Carers¹⁰	No	N/A	N/A	

⁷ Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

⁸ A man or a woman.

⁹ Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

¹⁰ Individuals within the CCG which may have carer responsibilities.