

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

Data Quality Policy 2017 - 2019

Ratification Process

Lead Author(s):	Associate Director of Business Intelligence and Senior Information Manager
Reviewed / Developed by:	Cambridgeshire and Peterborough CCG Information Governance, Business Intelligence and IM&T Steering Group
Approved by:	Cambridgeshire and Peterborough CCG Information Governance, Business Intelligence and IM&T Steering Group
Ratified by:	Clinical Executive Committee
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Document Control Sheet

Development and Consultation:	Policy developed in consultation with the Information Governance (IG) Business Intelligence (BI) and IM&T Steering Group and approved by the Clinical Executive Committee (CEC).
Dissemination	This policy will be promoted within the Clinical Commissioning Group (CCG) and uploaded to the website
Implementation	The Turnaround Director is responsible for monitoring the application of the policy by ensuring that:- <ul style="list-style-type: none"> • The Policy is brought to the attention of all employees • Managers are aware of their responsibilities for ensuring that staff under their control implement the policy • Appropriate training and guidance is provided to relevant staff • Corporate business processes support the implementation of the policy
Training	Training will be undertaken as part of the CCG's on-going processes.
Audit	Implementation of the Policy will be monitored on a regular basis and in conjunction with the CCG's Information Governance Toolkit requirements.
Review	This Policy will be reviewed bi-annually or earlier if there are changes in procedures or legislation.
Compliance with national standards	This policy supports the CCG in its Information Governance Toolkit submission and compliance.
Links with other DtGP	The Policy should be read in conjunction with: see Section 1 – Policy Statement
Equality and Diversity	The Corporate Services Support Manager with responsibility for E&D has carried out an Equality & Diversity Impact Assessment and concluded the policy is compliant with the CCG Equality and Diversity Policy. No negative impacts were found.

Revisions

Version	Page/ Para No	Description of change	Date approved
1		Developed as a new policy for Cambridgeshire and Peterborough CCG.	October 2013
2		Reviewed and ratified by CMET	July 2015
3	Whole document	Reviewed and updated prior to IG, BI, and IM&T Steering Group approval and CEC endorsement	May 2017

CONTENTS

1. POLICY STATEMENT	4
2. PURPOSE.....	4
3. OBJECTIVES	4
4. THE STRUCTURE AND SCOPE OF THE DATA QUALITY POLICY	5
5. GENERAL PRINCIPLES	6
6. RESPONSIBILITY AND ACCOUNTABILITY FOR DATA QUALITY.....	6
7. TRAINING.....	7
8. EXTERNAL SOURCES OF DATA	8
9. MONITORING.....	8
10. DATA QUALITY STANDARDS.....	8
11. VALIDATION METHODS	9
12. IMPLEMENTATION OF THE POLICY	9

1. POLICY STATEMENT

Cambridgeshire and Peterborough CCG recognise that reliable information is fundamental in supporting the CCG to achieve its goals. The CCG recognises that all the decisions, whether clinical, managerial or financial need to be based on information which is of the highest quality.

This policy should be read in conjunction with the following policies:

Records Management and Lifecycle Policy

Retention and Destruction of Records Policy

Code of Conduct for Confidentiality

Information Security Staff Policy

Safe Haven Policy

Cambridgeshire and Peterborough Multi Agency Information Sharing Framework

Freedom of Information Policy

Disciplinary Policy

IG Forensic Readiness Policy

2. PURPOSE

The purpose of this document is to set out a clear policy framework for maintaining and increasing high levels of data quality within Cambridgeshire and Peterborough CCG.

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 and contracts for healthcare planning and accountability. A data quality policy and regular monitoring of data standards are a requirement of the NHS Information Governance Toolkit (IGT).

3. OBJECTIVES

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.

What is Data Quality?

- 3.1 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.
- 3.2 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.

- 3.3 To ensure an organisation 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.
- 3.4 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?

4. THE STRUCTURE AND SCOPE OF THE DATA QUALITY POLICY

- 4.1 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.
- 4.2 Written procedures will be available in all relevant locations within the CCG to assist 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.
- 4.3 Processes will be established to ensure compliance with the procedures, which will include sample checks to audit compliance.
- 4.4 It should be noted that all collection, storage, processing and reporting of personal information is governed by detailed legal requirements under the Data Protection Act 1998 and associated standards, such as the Caldicott2 guidelines and Health and Social Care Act 2012. Further changes are likely with the introduction of the General Data Protection Regulation (GDPR) in 2018 and following the National Data Guardian Review.
- 4.5 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 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. GENERAL PRINCIPLES

The following overarching principles underpin the approach to data quality:

- 5.1 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.
- 5.2 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.
- 5.3 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.
- 5.4 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. RESPONSIBILITY AND ACCOUNTABILITY FOR DATA QUALITY

- 6.1 Data quality is a key part of any information system that exists within a 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. Also 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 Chief Operating 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 assets helps to ensure that appropriate protection is maintained. Senior Information Risk Owners should ensure 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 Administrators or equivalent, accountability should remain with the nominated owner of the asset (IGT).

<p>Accountable Officer 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.</p>	<p>Chief Operating Officer</p>
<p>Senior Information Risk Owner (SIRO) Provides the focus for the assessment and management of information risk at Board level, providing briefings and reports on matters of performance, assurance and cultural impact. Should oversee a review of the asset register to ensure it is complete and robust.</p>	<p>Board level SIRO</p>
<p>Information Asset Owners (IAO) 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 role is to understand and address risks to the information assets they 'own' and provide assurance to the SIRO on the security and use of these assets.</p>	<p>Directors</p>
<p>Information Asset Administrators (IAA) Provide support to their IAO. Ensure that policies and procedures are followed. Recognise potential or actual security incidents. Consult their IAO on incident management. Ensure that information asset registers are accurate and maintained up to date.</p>	<p>Operational staff responsible for one or more assets</p>

7. TRAINING

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

- CCG Policies and Procedure Manuals.
- Line manager.
- Training – on induction, and Information Governance training.
- Other communication methods (e.g. Team Brief/team meetings).
- CCG Extranet.

8. EXTERNAL SOURCES OF DATA

Where possible validation processes should use accredited external sources of information e.g. 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 e.g. SUS data quality dashboards on a regular basis to check comparative data and identify previously unidentified issues. 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 when direct contacts occur.

The NHS number is the main patient identifier and must be recorded correctly and in all systems where patient information is present. The NHS number should be used in all referral forms and letters. The Information Governance toolkit requires evidence outlining the NHS number is used and there is a mandatory NHS number field in all documentation and systems.

9. MONITORING

9.1 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.

9.2 The CCG will be regularly audited as part of ASH accreditation 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.

10. DATA QUALITY STANDARDS

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

- Validity – All data items held on the CCGs 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.

11. VALIDATION METHODS

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

- 11.1 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.
- 11.2 Regular spot checks by staff members; which involve analysis of a random selection of records against source material, if available. Spot checks should be done on an ongoing basis (at least quarterly) to ensure the continuation of data quality.
- 11.3 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.
- 11.4 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.
- 11.5 The CCG conducts regular monthly Technical Group meetings with its local trusts, to ensure that any data discrepancies are picked up and any corrections are made as required.

12. IMPLEMENTATION OF THE POLICY

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

- That the Cambridgeshire and Peterborough CCG IG, BI and IM&T Steering Group review the Policy bi-annually 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.