

Checklist for the Review and Approval of Procedural Documents

To be completed and attached to any document which guides practices when submitted to the appropriate committee for consideration and approval.

	Yes/No/Unsure	Comments
Title of Document	Yes	HVCCG Data Quality Policy
Could this policy be incorporated within an existing policy?	No	The policy is a recommendation from an internal audit
Does this policy follow the style and format of the agreed template?	Yes	
Has the front sheet been completed?	Yes	
Is there an appropriate review date?	Yes	
Does the contents page reflect the body of the document?	Yes	
Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	See section 6
Are all appendices appropriate and/or applicable?	Yes	
Have all appropriate stakeholders been consulted?	Yes	
Has an Equality Impact Assessment been undertaken?	Yes	
Is there a clear plan for implementation?	Yes	

Has the document control sheet been completed?	Yes	
Are key references cited and supporting documents referenced?	Yes	
Does the document identify which Committee/Group will approve it?	Yes	IG Virtual Group
Plans for communicating policy to – staff; practice membership; public (as appropriate)	Yes	Weekly news and then to the intranet

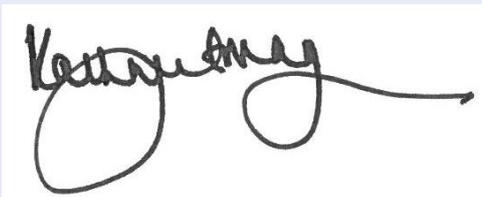
Individual Approval

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name	Chief Finance Officer	Date	24 July 2018
Signature			

Committee Approval

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

Name	Chief Executive Officer	Date	24 July 2018
Signature			





DATA QUALITY POLICY

Version Number	V3
Ratified By	IG Virtual Group, Executive Team
Date Ratified	11/07/2018
Name of Originator/Author	Information Governance Manager
Responsible Director	Chief Finance Officer (CFO)
Staff Audience	All CCG staff
Date Issued	08 August 2018
Next Review Date	August 2019

DOCUMENT CONTROL

Plan Version	Page	Details of amendment	Date	Author
1.0	All	New policy document	July 2015	Head of BI
1.1	9, Appendix 1	Corrections to abbreviations, updates to Appendix	July 2015	Head of BI
2.0		Annual review	July 2016	Information Governance Manager
3.0		Annual Review Approved by IG Virtual Group 11/07/2018	June 2018	Information Governance Manager

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1. INTRODUCTION

NHS Herts Valleys Clinical Commissioning Group (HVCCG) recognises 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 possible quality.

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

- Data Protection Confidentiality Policy
- Information Governance Policy
- Information Lifecycle Management Policy,
- Information Risk Policy
- Information Security Policy
- Information Sharing Policy
- Safe Haven Policy
- Data Protection Impact Assessment Policy

2. PURPOSE and OBJECTIVES

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

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.

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 of contracts for healthcare planning and accountability.

3. DEFINITIONS

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

Data quality must be:

- Complete (in terms of having been captured in full)
- Accurate (the proximity of the figures to the exact or true values)
- Relevant (the degree to which the data meet current and any potential users' 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 standards – either national or local)
- Defined (understood by all staff who need to know and reflected in procedural documents)
- Appropriately sought (in terms of being collected or checked once during an episode)
- Appropriately recorded (in either paper or electronic format)

4. ROLES AND RESPONSIBILITIES

4.1 The Chief Executive is responsible for the management of the CCG and for ensuring appropriate mechanisms are in place to support service delivery and continuity. The Chief Executive has ultimate responsibility for compliance with IG legislations.

4.2 The CCG's Caldicott Guardian is the Director of Nursing and Quality and has a particular responsibility for reflecting patients' interests regarding the use of patient identifiable information. The Caldicott Guardian has an advisory role and a particular focus on ensuring patient identifiable information is shared in an appropriate and secure manner.

4.3 The CCG's Senior Information Risk Owner (SIRO) is the Chief Finance Officer. The SIRO is accountable for information risk on the Governing Body and in internal discussions.

4.5 The Head of IM&T, supported by the Information Governance Manager, is responsible for advising on IG strategic direction, the development of policy and guidance for the CCG and the day to day management of the IG agenda including data quality.

4.6 Managers are responsible for ensuring that staff members receive relevant training and that staff are provided necessary guidance and support in ensuring good data quality.

5. 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.

It is imperative that regular validation processes are undertaken on data being recorded to assess completeness, accuracy, relevance, accessibility and timeliness. Such processes may include checking for duplicate data, validating waiting lists, ensuring that national definitions and coding standards are adopted, pseudonymised data should be used for this purpose.

Validation should be accomplished using either of the following methods:

- Bulk reporting, which involves a large single process of data analysis to identify all areas where quality issues exist and correct them. Bulk Reporting can be used as an initial data quality tool as this will quickly highlight any areas of concern, however, further investigation will be required to identify more specific issues.

The use of data standards within systems can greatly improve data quality. These can be incorporated into systems either using electronic selection lists within computer systems or manually generated lists for services that do not yet have computer facilities. Either method requires the list to be generated from national or locally agreed definitions and must be controlled, maintained and updated in accordance with any variations that may occur. Any documentation that refers to the data standards must also be updated as needed and disseminated to all relevant parties.

Clinicians should be involved in validating data that may have been entered into the system by clinical coding staff. This may involve the clinician manually reviewing the data that has been entered to confirm its integrity. Regular spot checks will help to ensure that discrepancies are minimised. Clinical input should be sought in situations where the data amended is held within medical records. In the case of auditable software, suitable amendments should be made and the necessary explanation recorded on the system.

6. MONITORING COMPLIANCE

Data quality will be subject to internal control processes within the CCG, and subject to external scrutiny.

6.1 Internal Controls

All information systems and processes will have routines developed and designed to systematically identify errors and other aspects of poor data quality.

6.2 External Controls

- Data Quality reports from NHS Digital
- Queries from service users and commissioned services
- Audit of case records and data quality by external auditors

6.3 The CCG can also use complaints as a monitoring tool for data quality.

7. EDUCATION AND TRAINING

7.1 All staff are required to carry out the mandatory Information Governance (IG) Training which includes aspects of records management. The training is taken through the online Information Governance Training Tool (via ESR) and is applicable to all staff including permanent, temporary, and contract staff.

7.2 Further training and development will be in accordance with the Education, Learning and Development Policy. Line managers are responsible for identifying the training requirements of their staff and ensuring that these needs are met.

8. REFERENCES

8.1 Legislation

- Access to Health Records Act 1990
- GDPR/Data Protection Act 2018
- Health and Social Care Act 2012
- Freedom of information Act 2000

8.2 Guidance and Standards

- Care Record Guarantee 2011
- Data Protection and Security Toolkit
- Information Security Management: NHS Code of Practice 2007
- NHS Information Governance: Guide on Legal and Professional Obligations 2007
- Records Management: NHS Code of Practice for Health and Social Care 2016

Appendix 1 -

Equality Analysis - Equality Impact Assessment Screening Form

Very occasionally it will be clear that some proposals will not impact on the protected equality groups and health inequalities groups.

Where you can show that there is no impact, positive or negative, on any of the groups please complete this form and include it with any reports/papers used to make a decision on the proposal.

Name of policy / service	HVCCG Data Quality Policy
What is it that is being proposed?	The CCG Data Quality Policy aims to detail how the CCG will meet its obligation in relation to data quality.
What are the intended outcome(s) of the proposal	That all CCG staff are aware of their responsibilities in relation to maintaining good data quality in both corporate and patient related records
Explain why you think a full Equality Impact Assessment is not needed	This policy sets the information governance requirements in relation to Data Quality.
On what evidence/information have you based your decision?	The policy refers to GDPR/DPA 2018 regulations
How will you monitor the impact of policy or service?	Via the Data Protection and Security Toolkit
How will you report your findings?	To the Senior Leadership Team via toolkit action plans and compliance reports
Having considered the proposal and sufficient evidence to reach a reasonable decision on actual and/or likely current and/or future impact I have decided that a full Equality Impact Assessment is not required.	
Assessors Name and Job title	Ruth Boughton Information Governance Manager
Date June 2018	

