

Information Quality Assurance Policy

January 2021

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|-------------------------------|---|
| Version: | 4.1 |
| Date ratified: | 12 February 2021 |
| Policy Number | CO012/01/2023 |
| Name of originator/author: | Andy Eames, Information Governance and Intelligence Manager |
| Name of Sponsor: | Deputy Director of Information, Performance and PMO |
| Name of responsible committee | Governance Sub-committee |
| Date issued: | February 2021 |
| Review date: | January 2023 |
| Target audience: | All staff working within or on behalf of NHS Sheffield CCG |

To ensure you have the most current version of this policy please access via the NHS Sheffield CCG Intranet Site by following the link below:

<http://www.intranet.sheffieldccg.nhs.uk/policies-procedure-forms-templates.htm>

Policy Audit Tool

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

| | | |
|--|--|---|
| Please give status of Policy: Revised | | |
| 1. | Details of Policy/Procedural Document | |
| 1.1 | Policy Number: | CO012/01/2023 |
| 1.2 | Title of Policy/document: | Information Quality Assurance Policy |
| 1.3 | Sponsor | Deputy Director of Information, Performance and PMO |
| 1.4 | Author: | Andy Eames, Information Governance and Intelligence Manager |
| 1.5 | Lead Committee | Governance Sub-committee |
| 1.5 | Reason for policy/document: | This policy is intended to emphasise the importance of good data quality to all staff in the CCG and to explain how good data enhances the provision of patient care. |
| 1.6 | Who does the policy affect? | All staff working within or on behalf of NHS Sheffield CCG |
| 1.7 | Are the National Guidelines/Codes of Practice etc issued? | |
| 1.8 | Has an Equality Impact Assessment been carried out? | Yes |
| 2. | Information Collation | |
| 2.1 | Where was Policy information obtained from? | Previous policy and information governance expertise. |
| 3. | Policy Management | |
| 3.1 | Is there a requirement for a new or revised management structure for the implementation of the Policy? | No |
| 3.2 | If YES attach a copy to this form. | |
| 3.3 | If NO explain why. | |
| 4. | Consultation Process | |
| 4.1 | Was there external/internal consultation? | Internal |
| 4.2 | List groups/persons involved | Information Governance Group |
| 4.3 | Have external/internal comments been included? | Yes |
| 4.4 | If external/internal comments have not been included, state why. | |
| 5. | Implementation | |
| 5.1 | How and to whom will the policy be distributed? | SCCG Staff SCCG Intranet page |
| 5.2 | If there are implementation requirements such as training please detail. | |

| | | |
|-----------|--|--|
| 5.3 | What is the cost of implementation and how will this be funded | |
| 6. | Monitoring | |
| 6.1 | How will this be monitored | Number of incidents reported. Completion of data security protection tool kit on an annual basis. Data security and protection toolkit requirements are met. |
| 6.2 | Frequency of Monitoring | Monthly, annually – dependent on the type of monitoring. |

Version Control

| VERSION CONTROL | | | | |
|-----------------|----------------|------------------------------|--------|--|
| Version | Date | Author | Status | Comment |
| 1.0 | July 2014 | Information Governance Group | | |
| 2.0 | July 2016 | EMBED IG Team | Review | Removed references to SUS data approval |
| 3.0 | August 2018 | EMBED IG Team | Review | HSCIC references changed to NHS Digital Added requirement for periodic data quality audits Removed reference to withdrawn training |
| 4.0 | September 2018 | Sandie Buchan | Review | Executive Lead responsibilities Formatted policy onto new CCG template |
| 4.1 | January 2021 | Andy Eames | Review | Removal of EMBED, |

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1 Introduction and Purpose

Information Quality sits within the CCG Information Governance Framework.

- The purpose of this policy is to ensure that the CCG meets its responsibility to ensure high quality data is collated, recorded and appropriately used.
- High quality data is essential to support the commissioning and delivery of patient care and to minimise clinical risk for patients. For example, poor data quality may result in services that meet the needs of Sheffield patients not being commissioned; risk issues may arise if we are unable to uniquely identify patients and send correspondence to the correct address.
- Secondary uses of information is derived from individual data items which are collected from a number of sources and may then be used to ensure effective strategic planning and aid research, which will improve patient care.
- The introduction of the Health and Social Care Act 2012 means that data management and processing of patient identifiable information for secondary uses takes place within the Data Services for Commissioners Regional Office (DSRCO) of NHS Digital.

2 Scope

Throughout this document Information is taken to include individual level data, aggregate data and information, regardless of how it is held (for example, electronic / printed / written).

The scope of this policy covers:

Systems - All Information within the CCG (both electronic and paper based, person identifiable and corporate). CCG systems include, but are not limited to, discrete systems such as those holding information relating to Patients, Finance, Risk, Complaints, Incidents, Freedom of Information, Human Resources and Payroll; less formal systems such as excel spreadsheets held on the network, and paper based systems such as Complaints.

Staff - All users of CCG information including CCG employees and non-CCG employees who have been authorised to access and use such information.

Information - All information collected or accessed in relation to any CCG activity whether by CCG employees or individuals and organisations under a contractual relationship with the CCG and all information stored on facilities owned or managed by the CCG or on behalf of the CCG. All such information belongs to the CCG unless proven otherwise.

Third parties - Third parties with whom the CCG may agree information sharing protocols will be governed by the associated information sharing agreements and will be made aware of the policy.

3 Definitions

| | |
|-------|---|
| CCG | Clinical Commissioning Group |
| DSRCO | Data Services for Commissioners Regional Office |
| ISN | Information Standards Notices |

4 Process/Requirements

Information Quality Approach

The following lays down the CCG approach to Information Quality:

- The CCG adopts the 6 Audit Commission recommended data quality dimensions of: **Accuracy, Validity, Reliability, Timeliness, Relevance, and Completeness** to ensure that data is meaningful and fit for purpose
- Each Service Manager / Information Asset Owner / Information Asset Administrator will measure and improve the completeness and validity of key data items on their system.
- The CCG is aiming for 100% of clients on CCG Clinical Information Systems to have NHS Numbers. Other key data items, which must be collected and recorded, include clients' ethnicity, GP practice and postcode.
- The NHS number must be used in all internal and external service user/patient related CCG correspondence.
- The CCG conducts an annual accuracy audit of CCG Clinical Information Systems in line with information governance guidance.
- Any data errors identified will be corrected on the source system
- All official CCG documents must contain basic information such as Title, author (name and title), version control, date (see Records Management Policy)

Responsibilities

Executive Lead

- The Director who has SIRO responsibilities is also responsible for data quality and all associated risks across the CCG.

Managers and Information Asset Owners

- Managers and Information Asset Owners are responsible for monitoring the data quality in relation to system developed reports produced by their staff.
- They are responsible for ensuring periodic audits of the accuracy of data recorded are carried out and reporting any significant failings to the SIRO / IG lead.
- They are responsible for improving data quality (or continued compliance).
- They are responsible for ensuring staff are appropriately trained to meet data quality standards.

All staff

- All staff must comply with this policy, related policies and relevant legislation and national guidance. An up to date list of documents is available on the information governance intranet page.
- Individual staff members are responsible for the data they record or enter onto any CCG Information System. Data must be entered carefully and checked. Many of the data quality issues encountered are the result of spelling mistakes. Following defined procedures and best practice as well as taking care when entering data will significantly reduce mistakes and other simple errors.
- All members of staff are responsible for ensuring any identified errors are reported to the system manager using the data quality procedures in place.
- Contract leads shall ensure those providing data (organisation and individuals) are able to comply with data accreditation, health records accreditation and undertake routine data quality audit and quality monitoring as part of the contractual terms.

- All staff must liaise with the CCG IG team or directly with the third party system manager to resolve errors on third party systems they become aware of.

5 Monitoring effectiveness of the policy/procedural document

Procedures

- CCG procedures will cover the capture and recording of information to maintain high data quality for the CCG's Information Systems.
- CCG Information Systems and any associated procedures will be updated in line with national requirements for example, as currently notified by Information Standards Notices (ISN).

Monitoring and review

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 are undertaken on data being recorded to assess its completeness, accuracy, relevance, accessibility and timeliness. Such processes may include checking for duplicate data, ensuring that national definitions and coding standards are adopted and NHS number is used and validated.

Regular audits of paper records must also be carried out in order to ensure levels of data quality are measured and improvements made where necessary.

Approach

On an ongoing basis Information Asset Owners/Lead Officers will be responsible for monitoring and ensuring the quality of the data within the information assets and the data flows for which they are responsible.

If any data quality issues are identified the Information Asset Owners/Lead Officers should take remedial action where possible to escalate to the SIRO where necessary and appropriate.

Validation Methods

Validation should be carried out by staff who are familiar with the data, aware of known issues, able to use local and national benchmarks to assess accuracy and able to access peer support.

External Sources of Data

Where data is covered by national conventions, the design authority of the data set will be used to assess quality. The NHS Data Dictionary, coding advice from NHS digital, Technology Reference data Update Distribution (TRUD) will all provide insight into accepted

codes. The CCG will only hold data where it has legal basis, as defined by the provisions of GDPR / DPA2018 or other statutes.

Where national review of data quality exist these will be used. The CCG will review the SUS data quality dashboards on a regular basis to check comparative data and identify previously unidentified issues.

Secondary Uses Service (SUS)

The SUS is the single comprehensive repository for healthcare data in England which enables a range of reporting to analyses to support the NHS in the delivery of healthcare services. Users should ensure any anomalies are flagged to their line manager / systems managers for review, and where necessary dialogue with the provider trust responsible to ensure data is corrected if necessary.

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 may include cross checking with other systems, checking patient records or by asking the patients themselves.

Synchronising Information Systems

In situations where data is shared between systems it is imperative that the source data be validated initially. Any modifications made to this data must then be shared with other related systems ensuring there are no inconsistencies between them. These systems must then be examined and authenticated in turn. Continuous synchronisation between systems is required to guarantee that all data sources reflect the same information.

Timescales for Validation

Where inconsistencies are identified these must be acted upon in a timely fashion and documented. Locally agreed deadlines will apply to the required corrections.

6 Review

This policy will be reviewed in January 2023

This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed after twelve months and thereafter on a bi-annual basis or when a change in legislation dictates.

7 Related Policies and Relevant Legislation

Policies

- Confidentiality Code of Conduct and Data Protection Policy

- Email Digital Teamworking and Videoconferencing Policy
- Information Security Policy
- Information Sharing Policy
- Internet Acceptable Use Policy
- Records Management Policy
- Remote Working Policy & Mobile Devices

Legislation

- Data Protection Act 2018 (DPA 2018)
- General Data Protection Regulation (GDPR)
- Human Rights Act 1998
- Freedom of Information Act 2000
- NHS Confidentiality Code of Conduct
- Health and Social Care Act 2012

8 Equality and Diversity Statement

NHS Sheffield CCG aims to design and implement services, policies and measures that meet the diverse needs of our service population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability. Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

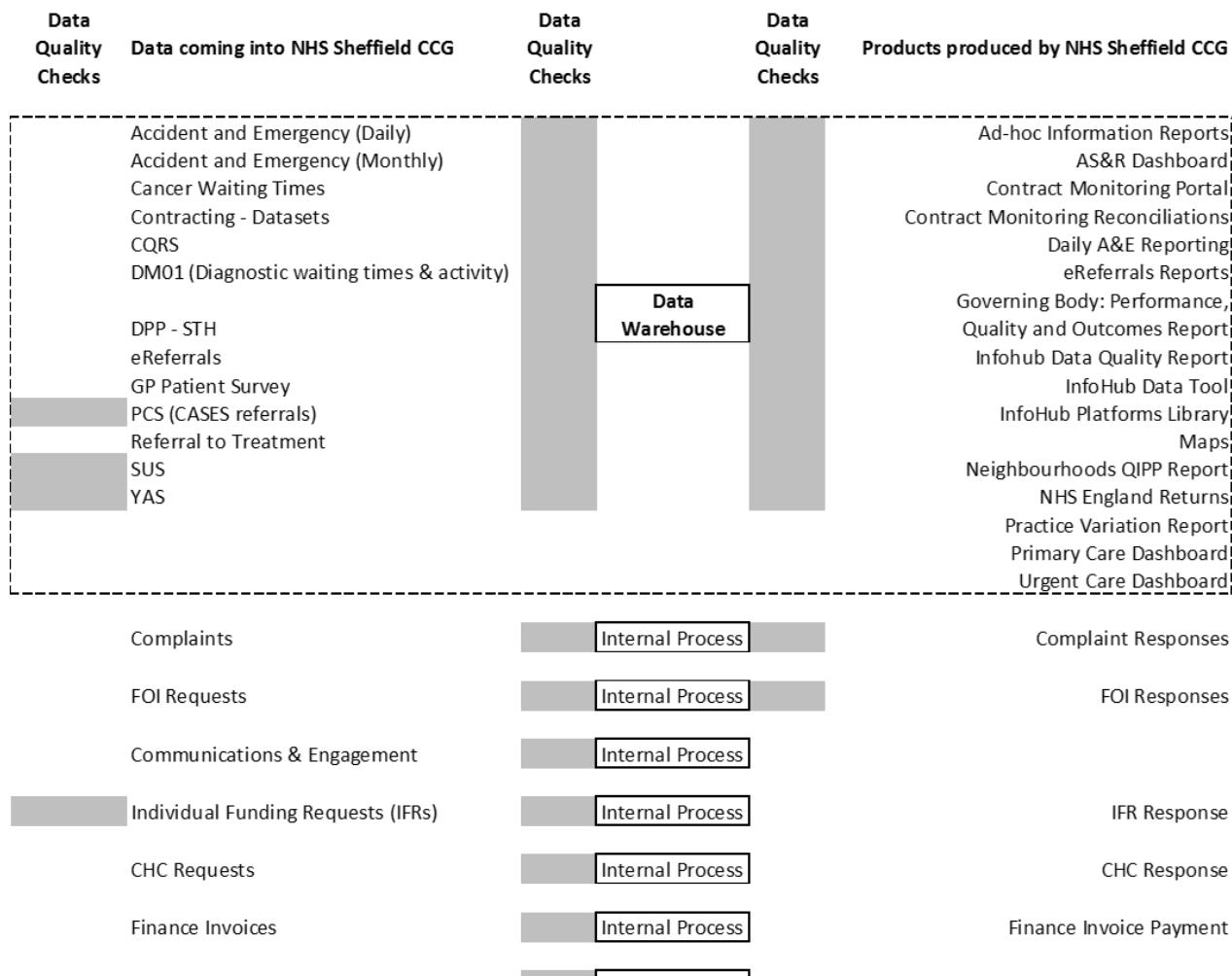
NHS Sheffield CCG embraces the six staff pledges in the NHS Constitution. This policy is consistent with these pledges.

9 Disability Confident

NHS Sheffield CCG has been accredited with the Disability Confident Award – level 1. This is in recognition of meeting the commitments regarding employment of disabled people and permits the organisation to use the Disability Confident logo on all of its stationery. The Disability Confident symbol should be added as a footer to all policies / procedural documents.

Appendix 1.

Data Quality Checks Embedded Within Systems



= Data Quality Check

Data Quality is managed by the Head of Information & PMO

We have documented data quality processes with NECS and the INFOHUB

Data Quality procedure notes for the Data Warehouse data flows are held in the Information Section

NHS Sheffield CCG Equality Impact Assessment 2016

Equality Impact Assessment

| | | |
|--|--|--|
| Title of policy or service: | Information Quality Assurance Policy | |
| Name and role of officer/s completing the assessment: | Andy Eames, Information Governance and Intelligence Manager Gershon Nubour, IG Manager | |
| Date of assessment: | 18/01/2021 | |
| Type of EIA completed: | Initial EIA 'Screening' <input type="checkbox"/> or 'Full' EIA process <input checked="" type="checkbox"/> | |

| 1. Outline | |
|---|---|
| Give a brief summary of your policy or service <ul style="list-style-type: none"> • Aims • Objectives • Links to other policies, including partners, national or regional | This policy is intended to emphasise the importance of good data quality to all staff in the CCG and to explain how good data enhances the provision of patient care. |

Identifying impact:

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;

- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

| 2. Gathering of Information This is the core of the analysis; what information do you have that might <i>impact on protected groups, with consideration of the General Equality Duty.</i> | | | | | |
|---|--------------------------------------|----------------|--------------------------|--|---------------------------------|
| (Please complete each area) | What key impact have you identified? | | | For impact identified (either positive an or negative) give details below: | |
| | Positive Impact | Neutral impact | Negative impact | How does this impact and what action, if any, do you need to take to address these issues? | What difference will this make? |
| Human rights | <input type="checkbox"/> | X | <input type="checkbox"/> | | |
| Age | <input type="checkbox"/> | X | <input type="checkbox"/> | | |
| Carers | <input type="checkbox"/> | X | <input type="checkbox"/> | | |
| Disability | <input type="checkbox"/> | X | <input type="checkbox"/> | | |
| Sex | <input type="checkbox"/> | X | <input type="checkbox"/> | | |
| Race | <input type="checkbox"/> | X | <input type="checkbox"/> | | |
| Religion or belief | <input type="checkbox"/> | X | <input type="checkbox"/> | | |
| Sexual orientation | <input type="checkbox"/> | X | <input type="checkbox"/> | | |
| Gender reassignment | <input type="checkbox"/> | X | <input type="checkbox"/> | | |
| Pregnancy and maternity | <input type="checkbox"/> | X | <input type="checkbox"/> | | |
| Marriage and civil partnership (only eliminating discrimination) | <input type="checkbox"/> | X | <input type="checkbox"/> | | |
| Other relevant groups | <input type="checkbox"/> | X | <input type="checkbox"/> | | |
| HR Policies only: Part or Fixed term staff | <input type="checkbox"/> | X | <input type="checkbox"/> | | |

IMPORTANT NOTE: If any of the above results in ‘negative’ impact, a ‘full’ EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer them to onto the action plan below.

| 3. Action plan | | | | |
|---------------------------------|-------------------------|---|------------------|----------------------------|
| Issues/impact identified | Actions required | How will you measure impact/progress | Timescale | Officer responsible |
| | | | | |
| | | | | |
| | | | | |

| 4. Monitoring, Review and Publication | | | | |
|--|---|---|-----------------------------|---------------------|
| When will the proposal be reviewed and by whom? | Lead / Reviewing Officer: Information Governance manager Information Governance Group, Sheffield CCG | Information Governance Manager Information Governance Group (Sheffield CCG) | Date of next Review: | January 2023 |