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| **NHS BARNSLEY CCG****DATA QUALITY POLICY****JUNE 2020**  |

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| **Version:** | 2.0 |
| **Approved By:** | Governing Body |
| **Date Approved:** | 8 September 2016 |
| **Name of originator / author:** | Chief Operating Officer / Head of Governance & Assurance |
| **Name of responsible committee/ individual:** | Finance & Performance Committee |
| **Name of executive lead:** | Head of Governance & Assurance |
| **Date issued:** | June 2020 |
| **Review Date:** | 3 years from issue date |
| **Target Audience:** | All staff but in particular Information Asset Owners |

**NHS BARNSLEY CCG - DATA QUALITY POLICY**

**DOCUMENT CONTROL**

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| **Version No** | **Type of Change** | **Date**  | **Description of change** |
| V 0.1 | First Draft | June 2016 | Draft based on template provided by internal audit, adapted to Barnsley CCG’s requirements |
| V 0.2 | Final Draft | August 2016 | Finalised draft taking account of suggested changes from consultation for review by Finance and Performance Committee and Approval by Governing Body |
| V0.3 | Approved draft | September 2016 | Approved version of the draft policy taking account of feedback on the draft from the Finance and Performance Committee |
| V1.0 | Approved | September 2016 | Approved by Governing Body 8 September 2016 |
| V1.1 | Revisions following review | June 2020 | Minor changes following scheduled review of the policy |

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|  | **NHS BARNSLEY CCG DATA QUALITY POLICY** |
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| **1.** | **Introduction** |
|  | 1.1 | 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. |
| **2.** | **Purpose** |
|  | 2.1 | The purpose of this policy is to ensure that the CCG meets its responsibility to ensure good quality data is collated, recorded and appropriately used. A data quality policy and regular monitoring of data standards are a requirement of the NHS Information Governance toolkit. |
| **3.** | **Data Quality Statement** |
|  | 3.1 | Data quality is crucial and the availability of complete, accurate, relevant, accessible and timely data is important in supporting patient care, clinical governance, management and service agreements for healthcare planning and accountability.  |
|  | 3.2 | It is Barnsley CCG’s objective that the data it uses is of sufficient quality to support:* The planning and 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, development and appraisal of the CCG’s staff
* 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
* Health care governance, which depends on detailed, accurate patient data for the identification of areas where health care could be improved
* The provision of accurate information to other NHS and non-NHS organisations
* Local and national benchmarking
* Budget monitoring and financial planning to support service delivery
* Compliance with the Data Protection Act (in particular principle 4, ‘accurate and up-to-date’) and the data quality requirements within the NHS Care Record Guarantee.
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| **4.** | **Scope** |
|  | 4.1 | This policy applies to all employees (permanent, seconded, contractors, management and clinical trainees, apprentices, temporary staff and volunteers) of the CCG. 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 this policy. |
| **5.** | **Equality Statement** |
|  | 5.1 | In applying this policy, the organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic. A single Equality Impact Assessment is used for all policies and procedures. |
| **6.** | **Data Quality Definitions and Standards** |
|  | 6.1 | Good quality data is **SMART – S**pecific, **M**easurable, **A**ccurate, **R**ealistic, and **T**imely. |
|  | 6.3 | Standards are necessary to ensure that data is:* **Accurate** - Data must be factual, timely, legible and consistent.
* **Valid** – All data entered in electronic and paper records should be valid and contextually logical.
* **Consistent** – Data items should be entered in an internally consistent fashion.
* **Complete** – All data entered in a record should be relevant and all mandatory fields completed.
* **Explicit** – Every effort is made to ensure that recorded data reflects all the CCG’s activity.
* **Timely** – Timely recording of data is essential especially in clinical services. Data needs to be available at the time required for both service delivery and reporting processes.
* **Documented** – Policies and relevant system administration manuals detailing procedures and processes will be available to all trained staff. Staff will be trained in how to use the electronic systems and supported in their work. This will minimize errors and improve data quality.
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| **7.** | **Principles** |
|  | 7.1 | A high level of data quality will be maintained by the CCG through:* Setting and meeting standards
* Collecting and processing data according to nationally and locally defined standards
* Setting local standards where national standards are not appropriate
* Ensuring staff are aware of their responsibilities for ensuring the accuracy of data and the associated policies and receive ongoing training.
 |
|  | 7.2 | The CCG expects the organisations with whom it works and from which it commissions services to meet the same data quality expectations as those of the CCG, and any specific data quality requirements included within contracts. |
| **8.** | **Roles and Responsibilities** |
|  | 8.1 | Overall accountability for ensuring that there are systems and processes to effectively deliver and monitor data quality lies with the Chief Officer (Accountable Officer) however, all employees are expected to ensure data quality of the information and data used by the CCG. Specific responsibility is delegated to the following: |
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| **Senior Information Risk Owner** | Has overall responsibility for data quality, and will champion data quality throughout the CCG, by: * Monitoring and assuring compliance with the policy
* Ensuring training requirements are identified and actioned for relevant staff
* Setting the guidelines for staff regarding data quality and ensuring all staff are aware of, and comply with the CCG’s policies and procedures.
 |
| **Information Asset Owners** | Must ensure that the policy is implemented with respect to information assets / data flows for which they are responsible. The BBS CCGs Shared BI & IT Service Information Governance Lead will support the IAOs in fulfilling their role. |
| **Line Managers** | Must ensure staff compliance with local data quality procedures and to ensure their staff have undertaken any required IG and data quality training. |
| **All staff** | Must comply with this policy, related policies and relevant legislation and national guidance. |
| **BBS CCGs Shared BI & IT Service (provider of BI, IT & IG Services)** | Will be expected to provide assurance to the CCG on the quality of the data it processes on the CCG’s behalf, and on the implementation of software countermeasures and management procedures in order to protect the CCG’s vital information / assets against the effects of malicious software and other risks. |

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| **9.** | **Procedure** |
|  | 9.1 | **Organisational Assurance** |
|  |  | 9.1.1 | Overall organisational responsibility for Data Quality within Barnsley CCG rests with the Governing Body. Assurance over Data Quality will be provided to the Governing Body by the Finance and Performance Committee. |
|  | 9.2 | **Data Validation and Quality Assurance** |
|  |  | 9.2.1 | **Importance of data validation**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. |
|  |  | 9.2.2 | It is imperative that regular, routine validation processes are in place and that data checks / audits are undertaken on data being recorded in order 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. |
|  |  | 9.2.3 | **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. **Appendix A** summarises the various data standards available in the NHS to monitor and improve data quality. |
|  |  | 9.2.4 | If any data quality issues or risks are identified during the year Information Asset Owners / Lead Officers should take remedial action where possible or escalate to the SIRO where necessary and appropriate. |
|  |  | 9.2.5 | At least annually (or more frequently if deemed appropriate) a data validation exercise will be undertaken encompassing the CCG’s key information assets / data flows. A working group comprising the Head of Governance & Assurance (SIRO) and the Chief Operating Officer (BI Lead), supported by the IG Lead and working with relevant Information Asset Owners / Lead Officers, will undertake the review. * Further generic guidance with respect to data validation is included at **Appendix B**
* A high level plan setting out the CCG’s key information assets / data flows, and the proposed approach for validating each, is included at **Appendix C**. Appendix C will be subject to continuous review and will be updated as appropriate to ensure all key information assets and data flows are included.
 |
|  |  | 9.2.5 | **Reporting and risk management**The outcomes from the annual data validation exercise will be reported as follows:* A report will go to the Finance & Performance Committee summarising the areas where assurance over data quality has been obtained and any gaps / risks
* The Finance and Performance Committee will include a summary in its highlights report to the Governing Body
* Any risks identified will, if appropriate, be reflected in the Corporate Risk register and (if sufficiently serious) be escalated to the Governing Body Assurance Framework in accordance with the CCG’s ‘Integrated Risk Management Framework.’
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|  | 9.3 | **Training** |
|  |  | 9.3.1 | Staff will receive instruction and direction regarding data quality advice and information from a number of sources:* CCG Policies and Procedure Manuals
* Line manager
* Business Intelligence, Information Technology and Information Governance specialists (currently provided by Barnsley Bassetlaw and Sheffield CCGs Shared BI & IT Service (BBS CCGs Shared BI & IT Service)
* CCG Business Intelligence and Information Governance Leads
* Mandatory Data Security Awareness Training (refreshed every year)
* Other communication methods (e.g. team briefings / team meetings).
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| **10.** | **Communication of this Policy** |
|  | 10.1 | This policy will be made available on the CCG’s external website and shared drive, and staff will be informed via the weekly bulletin.  |
| **11.** | **Monitoring the Compliance and Effectiveness of this Policy** |
|  | 11.1 | The Senior Information Risk Owner will monitor the compliance and effectiveness of the policy through audit, review, and monitoring as appropriate. |
| **12.** | **Review of the Policy** |
|  | 12.1 | The policy will be reviewed 3 years from the date of approval, and every 3 years thereafter. Initial approval will be by the Governing Body, and subsequent reviews will normally be by the Finance & Performance Committee. |
|  | 12.2 | This policy may in addition be reviewed where changes occur with legislation or national policy or in accordance with the following:* Good practice guidance
* Significant data quality incidents / risks identified
* Changes to organisational infrastructure
* Changes requested by Governing Body or its Committees.
 |
|  | 12.3 | Staff will be made aware of policy reviews as they occur via the staff bulletins, team briefings and team meetings. |
| **13.** | **Related Policies and Relevant Legislation** |
|  | 13.1 | This policy is one of the key policies supporting the overarching information governance strategy and works in conjunction with other relevant policies (all of which are available [via the CCG's website](http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm)):* Information Governance Policy and Management Framework
* Confidentiality Code of Conduct
* Email Policy
* Internet Policy
* Information Quality Assurance Policy
* Information Security Policy
* Records Management Policy
* Remote Working and Portable Devices Policy
* Information Governance Accreditation Process.
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|  | 13.2 | Further to these organisational policies, CCG staff must also comply with the Data Protection Act 2018, Caldicott Review 2012, Human Rights Act 1998, Freedom of Information Act 2000 and the NHS Confidentiality Code of Conduct. |
| **14.** | **Appendices** |
|  | 14.1 | * APPENDIX A – Data Standards
* APPENDIX B - Data Validation and Quality Assurance
* APPENDIX C – BCCG Data Validation Approach
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**APPENDIX A - DATA STANDARDS**

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.

**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.

**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 (Information Asset Owners / 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, use of anonymised/pseudonymised data.

**Clinical Coding**

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.

**Where no national standards exist**

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.

**APPENDIX B - DATA VALIDATION AND QUALITY ASSURANCE**

**Importance of validation**

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.

**Validation methods**

Validation should be accomplished using techniques that are in line with the legal powers of the CCG or using services provided by the Data Services for Commissioners Regional Office (DSCRO).

Validation should be accomplished using either of the following methods:

* Bulk reporting, which involves a large 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. Spot checks should be done on an ongoing regular basis to ensure the continuation of data quality. An external audit should also be undertaken annually in addition to the internal audits.
* Regular spot checks, which involves data analysis on a random selection of records against source material if available. The number of records examined and the frequency of those checks should be agreed by the CCG.

**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.

**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.

**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 when direct contacts occur.

**NHS Numbers**

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

**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. These systems must then be examined and authenticated in turn. Continuous synchronisation between systems is required to ensure that all data sources reflect the same information.

**Monitoring of Data Quality**

As commissioning organisations, the CCG have 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, (where appropriate) pseudonymisation, compliance with new ISNs, Reference Cost Audits, Information Governance Toolkit data quality requirements. The Working with Information Asset Owners, the Head Governance & Assurance and Chief Operating Officer will report the monitoring of data quality to the Finance and Performance Committee at least annually.

**External controls**

* Data quality reports from Department of Health
* Hospital episode statistics data quality indicators
* Queries from service users and commissioned services
* Audit of case records and data quality by internal / external auditors.

| **APPENDIX C - BCCG DATA VALIDATION APPROACH** |
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| **Department** | **Key Information Asset / Data Flow** | **Description** | **IAO / IAA / Lead Officer** | **Key planned source(s) of assurance / validation procedures**  |
| **Barnsley CCG information assets** |
| **Finance** | **Annual Accounts** | Stored on Finance drive of Barnsley CCG networkPaper copies held in locked filing cabinets within the CCG | Roxanna Naylor | No Logs or Auditing |
| **Finance Audit Report and Log of Actions** | Stored on Finance drive of Barnsley CCG networkPaper copies held in locked filing cabinets within the CCG | Roxanna Naylor | No Logs or Auditing |
| **Integrated Single Financial Environment ISFE** | Ledger System through Oracle and Paper Records | Roxanna Naylor | Password protected |
| **National Fraud Initiative (NFI) - Web App** | Online dataset checker for Fraud/ duplication of payroll, invoices etc | Roxanna Naylor | Password protected |
| **KPMG Annual Audit Sharepoint Site** | KMPG Owned Sharepoint Site | Roxanna Naylor | Password protected |
| **Corporate Affairs** | **Business Continuity Plan & Support documentation** | Plan / Strategy on the CCG website | Jamie Wike | No Logs or Auditing |
| **Corporate Governance Documentation** | Electronic records on shared drivePaper records | Richard Walker - Head of Assurance |  No Logs or Auditing |
| **Freedom of Information Requests** | Electronic records on shared drivePaper records | Richard Walker - Head of Assurance | Access (login) logs only |
| **Incident Reporting (non-SIs)** | Shared drive: Spreadsheet emails and word documentswas: Ulysses Safeguard | Richard Walker - Head of Assurance | Access (login) logs only |
| **Legal Claims** | Electronic records on shared drivePaper records | Richard Walker - Head of Assurance | Access (login) logs only |
| **Staff HR personal Records** | Electronic and Paper Records | Kay Morgan Governance & Assurance Manager | Access (login) logs only |
|  | **Best Website** | website | Kirsty Waknell/Julie Frampton | No Logs or Auditing |
| **Mailchimp - Bulk Email Platform** | Online email solution | Kirsty Waknell | No Logs or Auditing |
| **CCG Intranet Site** | Web server | Kirsty Waknell | No Logs or Auditing |
| **CCG Website** | Web server | Kirsty Waknell | No Logs or Auditing |
| **Objective consultation portal** | website and software | Kirsty Waknell | No Logs or Auditing |
| **OPEN database -xls** | Electronic records on shared drivePaper records XLS + Distiubtion List | Kirsty Waknell | No Logs or Auditing |
| **Patient Council Database** | Electronic records on shared drivePaper records XLS + Distiubtion List | Kirsty Waknell | No Logs or Auditing |
| **Easy Expenses** |   | Sam Oliver | No Logs or Auditing |
|  | **Electronic Staff Record (ESR)** | National ESR Systems hosted by ESR/IBM | Sam Oliver | No Logs or Auditing |
| **HML Portal** |   | Sam Oliver | No Logs or Auditing |
| **NHS Jobs** | national portal | Sam Oliver | No Logs or Auditing |
| **Quality/CHC** | **Complaints - Hard copy** | Hard copy PCD in locked cabinet  | Jayne Sivakumar | No Logs or Auditing |
| **Complaints - Network Folder** | Restricted access network folder on shared drive containing person confidential data (PCD) including sensitive PCD | Jayne Sivakumar | No Logs or Auditing |
| **Safeguarding Adults/MCA/DOLS - Hard Copy** | Hard copy PCD in locked cabinet  | Susan Brook (Jeremy Budd) | No Logs or Auditing |
| **Safeguarding Adults/MCA/DOLS - Network Folder** | Restricted access network folder on shared drive containing personal confidential data (PCD) including sensitive PCD.  | Susan Brook | No Logs or Auditing |
| **Safeguarding Children/Looked After Children - Network Folder** | Restricted access network folder on shared drive containing personal confidential data (PCD) including sensitive PCD.  | Angela Fawcett - Safeguarding Children, Designated Nurse | No Logs or Auditing |
| **Serious Incidents** | Shared drive: Access database, emails, word documents and spreadsheets | Jayne Sivakumar | No Logs or Auditing |
| **Infection Control - Network Folders** | Electronic records on shared drive; Restricted access records on shared drive;  | Jeremy Budd | No Logs or Auditing |
| **Infection Control - Paper Records** | Paper records (locked) | Jeremy Budd | No Logs or Auditing |
| **Infection Control HCAI Database** | HCAI Data Capture Systemdatabase maintained by NHS England) (and some information saved on shared drive) | Jeremy Budd | No Logs or Auditing |
|  | **Broadcare Cloud** | Web-based broadcare system (awaiting upgrade from Broadcare not in place yet no date to start using the cloud)  | Sheena Moreton | Comprehensive Access Logs and Auditing |
| **Broadcare Database** | database held on the server at Hillder House | Sheena Moreton | Comprehensive Access Logs and Auditing |
| **CHC Electronic Patient records** | electronic record patient files on server in S drive  | Sheena Moreton | Comprehensive Access Logs and Auditing |
| **CHC Patient Records - hard copy** | historic files which include patient information | Sheena Moreton | No Logs or Auditing |
| **CHC SystmOne Unit** | S1 standaolne unit | Sheena Moreton | Comprehensive Access Logs and Auditing |
| **Children's Continuing Healthcare - Hard Copy** | Hard copy PCD in locked cabinet  | Patrick Otway | No Logs or Auditing |
| **Children's Continuing Healthcare - Network Folder** | Restricted access network folder on shared drive containing personal confidential data (PCD) including sensitive PCD.  | Patrick Otway | No Logs or Auditing |
| **Medicines Optimisation** | **Eclipse Live** | web-based prescribing analytics tool | Chris Lawson | No Logs or Auditing |
| **Meds Management Database (new)** | web based database | Chris Lawson | No Logs or Auditing |
| **Patient records Summaries for Care-Home pharmacists** | Paper copies of patient summaries held in locked cabinet | Chris Lawson | No Logs or Auditing |
| **PharmOutcomes** | Web based reporting software | Chris Lawson | No Logs or Auditing |
| **Business Intelligence (BI) Datasets / Reports provided into the CCG by BBS CCGs Shared BI & IT Service**  |
| Chief Operating Officer oversight, with use by a range of depts. | TBC following agreement of portfolio of reports with BBS CCGs Shared BI & IT Service | A range of reports to facilitate performance monitoring, strategic decision making, and contract management | Chief Operating Officer | Third Party assurance via BBS CCGs Shared BI & IT Service |
| **Provider Reports direct to the CCG** |
| Chief Operating Officer oversight, with use by a range of depts. | Contract performance and activity reports provided by healthcare providers in line with contract requirements. | Excel and word documents supplied electronically and stored on shared drive | Chief Operating Officer / Head of Financial Management and Contracting | Spot Check and Assurance Reports from providers. |
| **HR data** |
| HR Shared Service |  |  |  |  |

**Equality Impact Assessment**

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| **Title of policy or service:** | Data Quality Policy |
| **Name and role of officer/s completing** **the assessment:** | Head of Governance and Assurance |
| **Date of assessment:** | May 2021 |
| **Type of EIA completed:**   |  **Initial EIA** | Initial  |

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| **1. Outline** |
| **Give a brief summary of your policy or service*** including partners, national or regional
 | The purpose of this policy is to ensure that the CCG meets its responsibility to ensure good quality data is collated, recorded and appropriately used. |
| **What Outcomes do you want to achieve** | As above. |
| **Give details of evidence, data or research used to inform the analysis of impact** | N/A |
| **Give details of all consultation and engagement activities used to inform the analysis of impact** | N/A |

**Identifying impact:**

* **Positive Impact:** will actively promote the standards and values of the CCG.
* **Neutral Impact:** where there are no notable consequences for any group;
* **Negative Impact:** negative or adverse impact: causes or fails to mitigate unacceptable behaviour. If such an impact is identified, the EIA should ensure, that as far as possible, it is eliminated, minimised or counter balanced by other measures. This may result in a ‘full’ EIA process.

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| **2. Gathering of Information** This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty*.  |
| **(Please complete****each area)** | **What key impact have you identified?** | **For impact identified (either positive** **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** | ☐ | X | ☐ |  |  |
| **Age** | ☐ | X | ☐ |  |  |
| **Carers** | ☐ | X | ☐ |  |  |
| **Disability** | ☐ | X | ☐ |  |  |
| **Sex** | ☐ | X | ☐ |  |  |
| **Race** | ☐ | X | ☐ |  |  |
| **Religion or belief** | ☐ | X | ☐ |  |  |
| **Sexual orientation** | ☐ | X | ☐ |  |  |
| **Gender reassignment** | ☐ | X | ☐ |  |  |
| **Pregnancy and maternity** | ☐ | X | ☐ |  |  |
| **Marriage and civil partnership** (only eliminating discrimination) | ☐ | X | ☐ |  |  |
| **Other relevant groups** | ☐ | X | ☐ |  |  |
| **HR Policies only:** | ☐ | X | ☐ |  |  |

***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 the action plan below.

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

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| **4. Monitoring, Review and Publication** |
| **When will the proposal be reviewed and by whom?** | **Lead / Reviewing Officer:** | Head of Governance and Assurance | **Date of next Review:** | May 2024 |

Once completed, this form **must** be emailed to the Equality Lead barnsleyccg.equality@nhs.net for sign off:

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| **Equality Lead signature:****Date:** | May 2021 |