

**BARNSELY CLINICAL COMMISSIONING  
GROUP'S INFORMATION QUALITY  
ASSURANCE POLICY**

**January 2018**

<b>Version:</b>	3.0
<b>Approved By:</b>	Governing Body
<b>Date Approved:</b>	February 2014 February 2016 (reviewed) January 2018 (reviewed)
<b>Name of originator / author:</b>	Gershon Nubour
<b>Name of responsible committee/ individual:</b>	Quality & Patient Safety Committee(Approval) Information Governance Group (review)
<b>Name of executive lead:</b>	Richard Walker
<b>Date issued:</b>	July 2018
<b>Review Date:</b>	2 years from approval
<b>Target Audience:</b>	Barnsley CCG staff

**THIS POLICY HAS BEEN SUBJECT TO A FULL EQUALITY IMPACT  
ASSESSMENT**

## Amendment Log

Version No	Type of Change	Date	Description of change
DRAFT		January 2014	
V.1		13 February 2014	<i>Approved by Governing Body</i>
V2.0	Review	February 2016	<i>No Changes</i>
V3.0	Review	January 2018	<i>Minor amendments to reflect legislation changes incl. GDPR. Outdated references to training removed</i>

# Information Quality Assurance Policy

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## 1 Introduction

Information Quality sits within NHS Barnsley Clinical Commissioning Group's (the CCG's) Information Governance Framework.

- 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.
- High quality information is essential to support the commissioning and delivery of effective patient care and to minimise risk to patients. For example, poor data quality may result in services that would meet the needs of Barnsley 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 data include deriving effective strategic planning and research information, which will improve patient care.

## 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.

**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.

### 3 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 CCG will ensure there is an annual accuracy audit of CCG Clinical Information Systems in line with information governance guidance and that any data errors identified will be corrected on the source system.
- The NHS number must be used in all internal and external service user/patient related CCG correspondence.
- All official CCG documents must contain basic information such as Title, author/sponsor (job title or name of group), version control, date (see Records Management Policy)

### 4 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).

### 5 Responsibilities

#### 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.
- All Information Asset Owners Information Asset Administrators and the Senior Information Risk Owner (SIRO) must undertake the appropriate training made available by NHS Digital or its equivalent.

## **All staff**

- 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.
- All members of staff are responsible for ensuring any identified errors are reported to the system manager using the data quality procedures in place.
- 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.

## **6 Review**

This policy will be reviewed in February 2020.

# Equality Impact Assessment

<b>Title of policy or service:</b>	Information Quality Assurance Policy	
<b>Name and role of officer/s completing the assessment:</b>	Gershon Nubour	
<b>Date of assessment:</b>	12 July 2018	
<b>Type of EIA completed:</b>	Initial EIA 'Screening' <input checked="" type="checkbox"/> or 'Full' EIA process <input type="checkbox"/>	<i>(select one option )</i>

1. Outline	
<b>Give a brief summary of your policy or service</b> <ul style="list-style-type: none"> <li>including partners, national or regional</li> </ul>	Policy aims to emphasise the importance of good data quality to all staff in the CCG. It also highlights that high quality information is essential to support strategic healthcare planning, the commissioning and delivery of effective patient care and to minimise risk to patients.
<b>What Outcomes do you want to achieve</b>	<ul style="list-style-type: none"> <li>Ensure information is handled appropriately, to quality standards</li> <li>Reduce the risk of adverse incidents</li> <li>Prevent staff inadvertently causing an IG incident through non-compliance of CCG policy</li> </ul>
<b>Give details of evidence, data or research used to inform the analysis of impact</b>	<p>A draft of this policy has been circulated for review by the following:-</p> <ul style="list-style-type: none"> <li>BCCGs Information Governance Group,</li> <li>BCCGs Quality Patient Safety Committee,</li> </ul> <p>The final policy has been signed off by BCCGs Chief Nurse, the Head of Governance and Assurance and the Information Governance Manager (eMBED)</p>

<b>Give details of all consultation and engagement activities used to inform the analysis of impact</b>	As above
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### 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.

<b>2. Gathering of Information</b>					
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 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?
<b>Human rights</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Age</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Carers</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Disability</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Sex</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

<b>Race</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Religion or Belief</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Sexual Orientation</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Gender Reassignment</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Pregnancy and Maternity</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Marriage and Civil Partnership</b> (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Other Relevant Groups</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>HR Policies Only:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<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 the action plan below.

<b>3. Action plan</b>				
<b>Issues/impact identified</b>	<b>Actions required</b>	<b>How will you measure impact/progress</b>	<b>Timescale</b>	<b>Officer responsible</b>

4. Monitoring, Review and Publication			
<b>When will the proposal be reviewed and by whom?</b>	The EIA will be reviewed when the policy is reviewed. The Head of Governance and Assurance is responsible for ensuring the review takes place.		
<b>Lead / Reviewing Officer:</b>	Richard Walker	<b>Date of next Review:</b>	January 2020

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


<b>Equality Lead signature:</b>
<b>Date: 13.07.18</b>