



**Barnsley Clinical Commissioning Group**

**Putting Barnsley People First**

<p><b>NHS BARNSELY CCG</b></p> <p><b>DATA QUALITY POLICY</b></p> <p><b>SEPTEMBER 2016</b></p>
---

<b>Version:</b>	1.0
<b>Approved By:</b>	Governing Body
<b>Date Approved:</b>	8 September 2016
<b>Name of originator / author:</b>	Head of Planning, Delivery & Performance / Head of Governance & Assurance
<b>Name of responsible committee/ individual:</b>	Finance & Performance Committee
<b>Name of executive lead:</b>	Head of Governance & Assurance
<b>Date issued:</b>	8 September 2016
<b>Review Date:</b>	2 years from issue date
<b>Target Audience:</b>	All staff

## NHS BARNSELY CCG - DATA QUALITY POLICY

## DOCUMENT CONTROL

<b>Version No</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of change</b>
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

## **NHS BARNSELEY CCG DATA QUALITY POLICY**

### **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 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.

## 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.

## 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:

<b>Senior Information Risk Owner</b>	Has overall responsibility for data quality, and will champion data quality throughout the CCG, by: <ul style="list-style-type: none"> <li>• Monitoring and assuring compliance with the policy</li> <li>• Ensuring training requirements are identified and actioned for relevant staff</li> <li>• Setting the guidelines for staff regarding data quality and ensuring all staff are aware of, and comply with the CCG's policies and procedures.</li> </ul>
<b>Information Asset Owners</b>	Must ensure that the policy is implemented with respect to information assets / data flows for which they are responsible. The eMBED Information Governance Lead will support the IAOs in fulfilling their role.
<b>Line Managers</b>	Must ensure staff compliance with local data quality procedures and to ensure their staff have undertaken any required IG and data quality training.
<b>All staff</b>	Must comply with this policy, related policies and relevant legislation and national guidance.
<b>eMBED (provider of BI, IT &amp; IG Services)</b>	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.

## 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 Planning and Performance (BI Lead) supported by 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.'

### 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 eMBED)
- CCG Business Intelligence and Information Governance Leads
- Mandatory Information Governance Training (refreshed every year)
- Other communication methods (e.g. team briefings / team meetings).

## 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 2 years from the date of approval, and every 2 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](#)):
- 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.
- 13.2 Further to these organisational policies, CCG staff must also comply with the Data Protection Act 1998, 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



## **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 of Planning and Performance 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.

NHS BARNSELEY CCG DATA QUALITY POLICY

<b>APPENDIX C - BCCG DATA VALIDATION APPROACH</b>				
<b>Department</b>	<b>Key Information Asset / Data Flow</b>	<b>Description</b>	<b>IAO / IAA / Lead Officer</b>	<b>Key planned source(s) of assurance / validation procedures</b>
<b>Barnsley CCG information assets</b>				
<b>Finance</b>	Annual Accounts	Held on shared drive & also paper copies	Head of Financial Management and Contracting / Head of Finance	External Audit outcomes
	Audit report & Log of Actions	As above	Head of Financial Management and Contracting / Head of Finance	Spot check
	Integrated Single Financial Environment (ISFE)	Ledger System through Oracle (supplied by NHS SBS)	Head of Financial Management and Contracting / Head of Finance	Third party assurance from NHS SBS
<b>Corporate Affairs</b>	CCG Website	Hosted by Sitekit	Head of Assurance / Head of Comms	Third party assurance TBC
	Business Continuity Plan	Held on shared drive	Head of Planning & performance	Spot check
	Corporate Governance Documentation	Held on shared drive and on paper records	Head of Assurance / Governing Body Secretary	Spot check
	FOI Database	Access Database held on shared drive	Chief of Corporate Affairs / Govce & Assurance Facilitator	Spot check
	Incident Reporting System	Online system hosted by Ulysses Safeguard	Head of assurance	Spot check
	Legal Claims	Held on shared drive and on paper records	Chief of Corporate Affairs / Governing Body Secretary	Spot check

NHS BARNSELY CCG DATA QUALITY POLICY

<b>APPENDIX C - BCCG DATA VALIDATION APPROACH</b>				
<b>Department</b>	<b>Key Information Asset / Data Flow</b>	<b>Description</b>	<b>IAO / IAA / Lead Officer</b>	<b>Key planned source(s) of assurance / validation procedures</b>
	Limehouse Consultation Portal	Website and software	Head of Comms	Third party assurance
	OPEN database	Held on shared drive and on paper records	Chief of Corporate Affairs / Governance & Assurance Facilitator	Spot check
<b>Quality</b>	Clinical Audit Data	Held on shared drive and on paper records	DCN / Quality Manager	Spot Check
	Continuing Health Care Records	Records relating to continuing healthcare patients	Continuing Healthcare Operational Lead	Spot Check/Audit Review
	Complaints	Held on shared drive and on paper records	DCN / Quality Manager	Spot Check
	Infection Control Database	Database maintained by NHSE	DCN	Spot Check
	Safeguarding adults / MCA / DOLS	Electronic records password protected where appropriate, plus paper records in locked cabinets	CN / Safeguarding Lead	Spot Check
	Serious Incidents	Shared drive – access database plus emails, documents & spreadsheets	DCN / Quality Manager	Spot Check
<b>Contracting</b>	Contracts and Agreements	Paper copies	Head of Financial Management and Contracting	Spot Check

<b>APPENDIX C - BCCG DATA VALIDATION APPROACH</b>				
<b>Department</b>	<b>Key Information Asset / Data Flow</b>	<b>Description</b>	<b>IAO / IAA / Lead Officer</b>	<b>Key planned source(s) of assurance / validation procedures</b>
	Contracts and Agreements	e-Contracts Portal (hosted by NHSE)	Head of Financial Management and Contracting	Spot Check
<b>Medicines Optimisation</b>	PharmOutcomes	Web based reporting software	Head of Medicines Optimisation	Spot Check
	Meds Management Database	Access Database	Head of Medicines Optimisation	Spot Check
	Quality & Cost Effective Prescribing Database	Access Database	Head of Medicines Optimisation	Spot Check
	SystmOne Unit	Electronic records on S1	Head of Medicines Optimisation	Spot Check
	Eclipse Live	Web based prescribing analytics tool from Eclipse Solutions	Head of Medicines Optimisation	Spot Check
<b>Business Intelligence (BI) Datasets / Reports provided into the CCG by eMBED</b>				
Corporate Affairs oversight, with use by a range of depts.	TBC following agreement of portfolio of reports with eMBED	A range of reports to facilitate performance monitoring, strategic decision making, and contract management	Head of Planning & Performance	Third Party assurance via eMBED
<b>Provider Reports direct to the CCG</b>				
Corporate Affairs 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	Head of Planning & Performance / Head of Financial Management and Contracting	Spot Check and Assurance Reports from providers.

<b>APPENDIX C - BCCG DATA VALIDATION APPROACH</b>				
<b>Department</b>	<b>Key Information Asset / Data Flow</b>	<b>Description</b>	<b>IAO / IAA / Lead Officer</b>	<b>Key planned source(s) of assurance / validation procedures</b>
<b>HR data</b>				
HR Shared Service	HR records (PDR, recruitment, starters & leavers, training & development, sickness, disciplinary)	Electronic & Paper Records	Chief of Corporate Affairs / HR Business Partner	Spot Check / Review of HR records