NHS
Coventry and Warwickshire
Integrated Care Board

Data Quality Policy

Reference Number:	This will be applied to all new ICB-wide PPSs by the Governance and Corporate Affairs Team and will be retained throughout its life span.
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Name of author and title:	Kelly Huckvale, Information Governance Officer, ICB
Name of reviewer and title:	Angela Brady, Chief Medical Officer, ICB
Department:	Corporate Office

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.

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1. Introduction and Aims

This policy has been developed by Arden and Greater East Midlands Commissioning Support Unit (the CSU). The policy has been adopted by NHS Coventry and Warwickshire Integrated Care Board ("the ICB") for the Business Intelligence (BI) function provided to the ICBs by the CSU.

The ICB recognises that decision making at every level within the NHS whether financial, clinical or managerial needs to be based on information which is of the highest quality and accuracy.

Information is derived from individual data items which are collected from a number of sources either on paper, or more increasingly with the advent of the electronic patient record and electronic health records on electronic systems.

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. A data quality policy and regular monitoring of data standards are a requirement of the NHS Data Security and Protection Toolkit and will enable the ICB to embed good Information Governance practice within the organisation.

The policy is one of the key policies supporting the overarching Information Governance Strategy and works in conjunction with other relevant legislation and policies:

- Data Protection Act 2018
- EU General Data Protection Regulations 2016
- CSU Information Management and Lifecycle Policy
- Data Protection and Confidentiality Policy
- Information Governance Policy
- Information Security Policy
- Safe Haven Policy

This policy sets out:

- The standards required for data quality
- The importance of using the NHS number as the unique patient identifier
- How data quality is validated
- The importance of data standards
- Audits

2. Scope

This policy applies to all ICB staff, including, permanent and temporary staff, secondees, contracted staff, students/trainees/apprentices voluntary workers.

In addition, this policy applies to all third parties and others authorised to undertake work for and on behalf of the ICB.

3. Definitions

Data should be:

- Complete (in terms of being captured in full)
- Accurate (the proximity of the figures to the exact or true values)
- Relevant (the degree to which the data meets current and the potential user's needs) Accessible (data must be retrievable in order to be used and in order to assess 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)

The General Data Protection Regulations 7 Principles have Data Quality as the core items for organisations maintaining their GDPR compliance

These principles are as follows:

1. Lawfulness, fairness and transparency
2. Purpose limitation
3. Data Minimisation
4. Accuracy
5. Storage limitation
6. Integrity and confidentiality (security)
7. Accountability

4. Responsibilities

Overall responsibility for information governance sits with the Senior Information Risk Owner who is the Associate Director of Governance and Corporate Affairs.

Managers are responsible for ensuring staff members have received the relevant training that is conducive to achieving data quality.

Data quality is a key part of any information system which exists within the organisation's structure. All staff members will be in contact with a form of information system, whether paper or electronic based and are obligated to maintain records accurately and legally (Data Protection Legislation), contractually (contract of employment) and ethically (professional code of conduct).

5. Development Process NHS Number

The NHS number is a unique patient identifier and must be recorded correctly and, in all systems, where patient information is present. The NHS number is required to be used in all referral forms and letters in accordance with NHS requirements and compliance with the revision in the H&SCA 2015 requirement on the consistent use of the NHS Number as the unique identifier for Health care data.

6. 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 to continuously and can also be used on historical data to improve quality.

Regular validation processes are undertaken by the CSU Business Intelligence Team and Informatics Services on data processed in order 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 the NHS number is used and validated.

Additional checks will be undertaken on Continuing Healthcare data to assess accessibility and timeliness.

7. Validation Methods

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.

- 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 ICB.

- 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.

8. Data Standards

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 occur. Any documentation that refers to the data standards must also be updated as needed and disseminated to all relevant parties.

9. Training

All mandatory Information Governance Training (Data Security Awareness Level 1) is carried out through the Electronic Staff Record (ESR) training compliance module.

Line Managers are responsible for identifying the training requirements of their staff and working with training providers to ensure these needs are met. Staff must be enabled to attend the appropriate training where it is identified.

10. Monitoring

Data quality is subject to internal control processes within the ICB. All information systems will have processes developed to systematically identify errors and other aspects of poor data quality. Departments should undertake an internal audit of their records annually to ensure compliance as part of the internal control processing statement.

11. References and Associated Documents

11.1. The following Information Governance policies are related and should be read in conjunction with this policy.

Data Protection and Confidentiality Policy
Risk Management Policy

Other Relevant Documentation:

CSU Information Asset Management Procedure
Data Protection Act 2018
EU General Data Protection Regulations 2016

11.2 All ICB policies and procedures are available via the staff intranet.

12. Discipline

Warning: Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the ICB Disciplinary Policy or in association with the appropriate body which may result in criminal or civil action. Failure to follow a ICB policy could result in disciplinary action being taken, up to and including dismissal.

Appendix 1: Equality Impact Assessment

Directorate	Corporate Affairs	Team	Corporate Affairs	Name of lead person	Anita Wilson

Piece of work being assessed	Data Quality Policy
Aims of this piece of work	To set out the ICB policy for Data Quality, within the bounds of legal and professional obligations.

Date of EIA	June 2019	Other partners/stakeholders involved	N/A

Who will be affected by this piece of work?	All staff and data subjects

Single Equality Scheme Strand	**Baseline data and research on the population that this piece of work will affect.** What is available? Eg population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. **Include consultation with service users wherever possible**	**Is there likely to be a differential impact?** Yes, no, unknown
Gender	N/A	No
Race	N/A	No
Disability	To ensure that individuals with specific disabilities can access the policy and its content, the document will be made available in alternative formats if required.	Yes
Religion/ belief	N/A	No
Sexual orientation	N/A	No
Age	N/A	No
Social deprivation	N/A	No
Carers	N/A	No
Human rights	N/A	No