NHS
North West London
Collaboration of
Clinical Commissioning Groups

Data Quality Policy

Document Reference Information

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Version Control Record

Version	Description of Change(s)	Reason for Change	Author	Date
1.0	First approved version		Head of Governance and Complaints	Feb 2013
2.0	Other relevant documents reviewed. Appendix 3 removed.	References made to policies no longer in place. Out of date version of IG Toolkit requirements.	Risk and IG Manager	Nov 2014
3.0	Editorial	Policy was out of date. The name and logo of the organisation was change to the current arrangement of BHH	Information Governance Manager	Jul 2017
3.1	Annual	Logo changed to NWL. Updated name to Data Security and Protection Toolkit. GDPR 2016 and Data Protection Act 2018	DPO (Corporate) DPO (GPs)	Jul 2020
3.1	Review	N/A	SIRO	Aug 2020

Other relevant documents to this Strategy:
Information Security Policy
Incident Reporting Policy
Serious Incident Policy
Confidentiality and Data Protection Policy
Freedom of Information Policy
Pseudonymisation Policy
Records Management Strategy Policy

“NWL CCGs incorporates and supports the Equality Act 2010 and the human rights of the individual as set out in the European Convention on Human Rights and the Human Rights Act 1998”

Contents

1. Introduction

1.1 Under the Health and Social Care Act 2012, NWL Clinical Commissioning Groups (CCGs) were set up with different functions and information processing powers than the Primary Care Trust (PCT) organisations that they superseded. While the PCTs had some statutory rights for accessing personal confidential data (PCD) in some instances, the CCG has no such legal bases.

1.2 The CCG must ensure that they have a legal basis for each specific purpose for which they wish to use identifiable data.

1.3 As such, the default position where there is no statutory basis to process PCD is for commissioning organisations to rely on:

- The consent of the patient to process their PCD (i.e. through individual funding requests or continuing health care)

- Data that has been fully pseudonymised (where individuals can only be identified by a pseudonym that does not reveal their 'real world' identity like a local hospital identifier or NHS number does).

1.4 These revision mean that the CCGs must strive to ensure that all processing of data is fair, lawful and accurate and in line with the requirements established by the GDPR 2016, Data Protection Act 2018 and the Health and Social Care Act 2012.

1.5 The NWL Clinical Commissioning Groups (CCGs) recognises that reliable, high quality information is fundamental in supporting the CCG in all clinical, managerial or financial decision making.

1.6 The quality of the source data used and the availability of complete, accurate, relevant, accessible and timeliness of that data is essential in the supporting the provision of patient care, developing commission intentions and the management of clinical, financial and corporate governance.

1.7 The key requirements of GDPR's Article 5 involve appropriate usage, accuracy and data security. Article 5(d) state that data must be "accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed , are erased or rectified without delay ('accuracy'). Furthermore, the CCG must be able to document having followed reasonable best practices for data quality to demonstrate compliance.

2. Policy statement

2.1 The Policy is intended to set out a clear framework to ensure that CCG staffs are aware of their responsibilities in ensuring that good quality data is collated and used appropriately.

2.2 This policy supports, and underpins, the CCG's aim to collect, record, validate and present the highest quality data to ensure that all information users can be confident and assured of its accuracy.

2.3 This policy is intended to cover the collection, recording, validation, further processing a reporting of all types of data and information generated and used within, or reported externally, by the CCGs.

2.4 A data quality policy and regular monitoring of data standards are a requirement of the NHS Data Security and Protection Toolkit which the CCG are required to complete on an annual basis.

3. Scope of this policy

3.1 This Policy is applies to all staff working on behalf of the CCG, including temporary staff, independent contractors and those working for the CCG as part of the shared support services.

4. Definitions

4.1 *Data:* Data usually refers to raw data, or unprocessed data. It is the basic form of data, data that hasn't been analysed or processed in any manner

4.2 *Information*: When data is processed, organized, structured or presented in a given context so as to make it useful, it is called information.

5. What is Data Quality

5.1 Data quality is the ability to supply accurate, timely and complete data in an efficient manner to those individuals who require access.

5.2 The ability to supply accurate, timely and complete data may be complicated by a number of factors, including but not limited to:

- Data entry errors and/or incomplete data.

- Data being misinterpreted or errors in the translation processes. This may be down to human error or the tools/processes used in translation.

- The data must relate to the correct period in our time and be readily available when required.

- Data must be in a form that is collectable and which can be subsequently be analysed.

6. General Principles

6.1 The following general principals are used in assessment of data quality:

- *Accuracy*: Is the data correct and fit for purpose

- *Accessibility*: Can the data be easily accessed by those who require access

- *Comprehensiveness*: Is the relevant data collected and are any data omissions (where intentional or otherwise known) documented and accounted for? *Consistency*: Are clear and accurate data definitions implemented and adhered to? Do the data definitions define the level of detail collected and is this routinely adhered to?

- *Timeliness*: Has the data been recorded in a timely, contemporaneous manner?

- *Validity*: Is the data up to date?

6.2 All staff will conform to legal and statutory requirements and recognised good practice.

6.3 All staff should be aware of the importance of good data quality and their own contribution to achieving it.

6.4 All staff should receive appropriate training regarding the data quality aspects of their individual roles.

6.5 Teams should have robust procedures in place for identifying and correcting data entry errors. This allows the CCG to ensure that information is accurate and reliable at the time of use.

6.6 All collection, storage, processing and reporting of personal information must be undertaken in accordance with the General Data Protection Regulation 2016 and Data Protection Act 2018 and other associated guidance and acts of legislation such as the Caldicott 2 guidelines and the Health and Social Care Act 2012.

7. Roles and responsibilities

7.1 **The Senior Information Risk Owner** (SIRO) (CCG Director of Performance and Delivery) will:

- Ensure the Board is adequately briefed on all data quality issues.

- Provide a focal point for the resolution and/or discussion of information risk issues.

- Review and agree action in respect of identified data quality risks. To ensure the approach to information risk is effective in terms of resource, commitment and execution and that this is communicated to all staff.

- Be supported in this role by the Head of Governance.

7.2 **The IG Lead** will:

- Ensure robust policies and procedures are in place and provide resource for dealing with IG queries, training compliance and any IG issues that may arise.

7.3 **Information Asset Owners** (*CCG IAOs*) are:

- Directly accountable to the SIRO and will provide assurance that data quality is being managed effectively for their assigned information assets.

7.4 **The Registration Authority Manager** will:

- Ensure that all staff requiring access to the Patient Demographics Service (PDS), or other system requiring access to the NHS Spine.

7.4 **Line Managers** will:

- Ensure that all staff have received the relevant training that is conducive to achieving good data quality and NHS Number compliance.
- Develop localised procedures in accordance with the overarching general principals outlined in this policy.
- Be responsible for the implementation of this policy within their business areas, and for adherence with the guidelines by their staff.

7.5 **CCG staff** will:

- Complete the data security/IG training on the NHS Digital e-learning training tool on an annual basis.
- Report any relevant incidents in line with the CCG Incident Reporting Policy available on the intranet.
- Take responsibility for highlighting any identified data quality issues, either via the CCGs incident reporting procedure, through their line manager or directly through the SIRO/IAO.

8 NHS Number

8.1 The NHS Number is the common unique identifier used to identify and link patient information efficiently throughout the NHS.

8.2 The NHS number is a unique 10 digit number, the first 9 make up the identifier and the 10th digit is used to confirm validity.

8.3 The general aim regarding the use of the NHS number can be found by using the principles of '*Find it'*, '*Use it'*, '*Share it'*

- **Find it:** Either on referral forms, other correspondence received or by searching on the PDS or Demographics Batch Services (DBS) to trace NHS Numbers.
- **Use it:** Use the NHS Number as a key identifier to link a patient to their health care record.
- **Share it:** For the purposes of direct patient care, share the NHS Number with other services and care providers.

8.4 The processing of PCD usually referred to as Patient data or Personal Identifiable Data must be lawful, and have a legal basis as outlined in the introduction of this document. The CCG must not receive an NHS number, local identifier or other weak pseudonym for commissioning purposes.

8.5 All clinical IT systems procured must support the principles of recording the NHS Number.

8.6 Where the CCG are overseeing the closure, or procurement of a clinical service, they will liaise with the relevant care provider(s) to outline the requirements of storing PCD. Where required, the CCG will seek to facilitate the transfer of PCD between providers, without directly coming into contact with, or processing the data.

9. Dissemination and Implementation

9.1 The author of this policy is responsible for contacting the Communications Team who will upload the master copy onto the CCG website, publicise it on the team brief, communication bulletin and intranet front page.

9.2 Managers are responsible for making paper copies available to all areas that do not have access to the CCG website.

10. Monitoring of compliance and effectiveness

10.1 This policy will be reviewed biennially to ensure that is remains in line with current employment law and NHS guidance.

10.2 If new legislation or national guidance is issued before a review is scheduled, this policy may be reviewed early to ensure that it remains fit for purpose and in line with the guidance and legislation it supports.

10.3 Data quality will be subject to internal control processes, and to external scrutiny. The control processes and scrutiny will include, but not be limited to:

- Reports issued by the Health and Social Care Information Centre
- Hospital Episodes statistics data quality indicators
- Queries from service users and/or commissioned services
- Reports on the recording of the NHS number (where applicable)
- Audits of case records and data quality by internal and external audits.

11. Training

11. All staff are required to undertake mandatory data security /information governance training on an annual basis. In addition to this, line managers are responsible for identifying the training and developmental needs of their staff. Staff must be enabled to attend any training identified that will give them the level of proficiency required to carry out their operational responsibilities effectively.

Policy for the development, ratification and implementation of and related Procedural documents – Appendix ….

Equality Impact Assessment Tool (Equality Analysis)

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

		Yes/ No	Comments
1	**Does the policy/guidance disadvantage one group or more than another on the basis of:**		
	• Race (including colour, culture, ethnicity, nationality or national origin and the travelling community)	N	
	• Religion or Belief	N	
	• Sex (e.g. male or female)	N	
	• Marriage or Civil Partnership	N	
	• Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual)	N	
	• Gender reassignment (e.g. someone who 'is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.')	N	
	• Disability (e.g. learning disabilities, physical disability, sensory impairment, mental health problems etc.)	N	
	• Pregnancy and Maternity	N	
	• Age (children, young adolescent, older people etc.)	N	
2	**Is the policy/guidance/strategy more favourably towards one group on the basis of:**		
	• Race	N	
	• Religion or Belief	N	
	• Sex	N	
	• Marriage or Civil Partnership	N	

	• Sexual Orientation	N	
	• Gender reassignment	N	
	• Disability (e.g. learning disabilities, physical disability, sensory impairment, mental health problems etc.)	N	
	• Pregnancy and Maternity	N	
	• Age (e.g. children, young adolescent, older people etc.)	N	
3	**If you have identified potential discrimination in the policy/guidance are there any valid, legal and/or justifiable exceptions? Please list any exceptions.**	N/A	
4	**Is the policy/guidance likely to have a negative/adverse impact on any of the above group(s)?**	N/A	
5	**If so, how would you address the impact? Please explain.**	N/A	
6	**What are the associated objectives to the policy/guidance?**		See section 2 of policy

If you have identified a potential discriminatory impact in this document, please refer to the author(s) of the policy/guidance, together with any suggestions required to address the impact.