NHS
Cornwall and
Isles of Scilly

Data quality policy

Date approved: 27 March 2023

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Contents

1. Introduction 4
2. Purpose 4
3. Definitions 5
   - Data 5
   - Information 5
   - Data quality 5
   - GDPR 5
   - Special category data 5
4. Responsibilities 6
   - ICB Board 6
   - Director for strategy, planning and corporate services 6
   - Directors and senior managers 6
   - Line managers 6
   - All staff 6
5. Objectives 6
6. Data standards 7
7. Training 8
8. Monitoring 8
9. Validation 9
   - On submission of data returns 9
   - Regular spot checks by colleagues 9
10. Accuracy 10
11. Implementation plans and monitoring effectiveness 10
12. Update and review 11
13. Policies referred to in this document 11
14. Consultation on this policy 12

Appendix 1: Impact assessment 13
   - Aims, objectives and purpose of the policy 13
   - Differential impacts 13
   - Human rights values 15
   - Public Sector Value Act 2012 15
   - Equality impact assessment action plan 16

1. Introduction

NHS Cornwall and Isles of Scilly Integrated Care Board (ICB) aspires to the highest standards of clinical competence and corporate interactions, thus ensuring fair, safe, and proper procedures are utilised in all transactions, including relationships with patients, their carers, public, staff, stakeholders, and the use of public resources. To maintain clear and consistent guidance, the ICB will produce documents that meet the needs of all statutory, organisational, and best practice requirements and support the rationale of equal opportunity for all.

Accurate information underpins the quality of services and operational effectiveness of an organisation. The ICB recognises that monitoring and enhancing the quality of data within our organisation is essential to the provision of excellent services for all.

The effective use of information and information technology is critical to improving the quality of care given to individuals and in the employment of staff. Every decision in the planning of and delivery of services should be informed, and evidence based. One source of evidence is derived from the information collected about individuals and informed decisions will depend on the availability of complete, lawful, accurate, consistent, relevant, timely and secure data.

Considerable time and effort may be wasted, and incorrect decisions about individual care may be made, unless the data available is of sufficient quality. It is vital that everyone involved in collecting, processing, and using data understands the importance of maintaining a good standard of data quality.

This policy should be read in conjunction with the expectations outlined in the General Data Protection Regulations (GDPR) and Data Protection Act (2018), especially in relation to data protection by design and default, data protection impact assessments and the eight rights of data subjects. These areas are explained in more detail within the information governance handbook and the other information governance policies.

A specific programme of audits has been developed to monitor the adherence to the policy.

2. Purpose

The purpose of this document is to set out a clear policy framework for maintaining and improving data quality within the ICB. The way in which data is collected and analysed can influence outcomes and it is, therefore, important to have a clear and open framework in place which supports the data collection process. This policy ensures the importance of data quality within the ICB is disseminated through all staff members.

The data quality policy sets out how, and by whom, the ICB will collect, analyse, and report data from the moment an individual referral is received into the system to the point of discharge or death. The retention and disposal of records should be

consistent with the ICB records management policy. Adherence to this policy will ensure, for example, safe practice, effective decision making and learning.

3. Definitions

Data

Data is a collection of facts from which information is constructed via processing or interpretation.

Information

Information is the result of processing, gathering, organising, and manipulating data in a way that adds to the knowledge of the receiver.

Data quality

Data quality is a measure of the degree of usefulness of data for a specified purpose.

GDPR

GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union. GDPR applies to controllers (determines the purposes and means of processing personal data) and processors (responsible for processing personal data on behalf of a controller).

Special category data

Special category data is broadly similar to the concept of sensitive personal data and include the following areas:

- physical and mental health
- genetic data
- biometric data
- social care
- ethnicity and race
- sexuality
- trade union membership
- political affiliations
- religion

As this data is more sensitive, and therefore potentially puts persons at risk of unlawful discrimination, further regulation exists regarding a lawful basis for processing of this data.

4. Responsibilities

ICB Board

The ICB Board has delegated to the executive management team the responsibility for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.

Director for strategy, planning and corporate services

As senior information risk owner (SIRO), the director for strategy, planning and corporate services has overall responsibility for the strategic direction and operational management, including ensuring that the organisation's process documents comply with all legal, statutory, and good practice guidance requirements.

Directors and senior managers

As information asset owners, their role is to understand and address risks to the information assets they 'own' and to provide assurance on the security and use of those assets.

Line managers

All line managers are required to ensure that their staff, whether clinical or administrative, are trained and apply the appropriate procedures and guidelines. Managers have an additional responsibility to ensure that local processes and documents are updated regularly, and changes cascaded to staff in the event of changes to national or local standards or guidance.

All staff

All staff members will be in contact at some point with a form of information system, whether paper or electronic. As a result, all colleagues are responsible for implementing and maintaining data quality and are obligated to maintain accurate information legally (Data Protection Act 2018), contractually (contract of employment) and ethically (professional codes of practice).

5. Objectives

Having accurate, relevant information that is accessible at the appropriate times is essential to each health management or business decision and to the success of the service provided.

It is the ICB's objective that the data it utilises is of sufficient quality to support the delivery of effective, relevant, and timely care, and to minimise risks to individuals. Efficient administrative and health care processes, such as communication with

individuals, their families and other carers and professionals involved in their treatment or care.

As well as:

- 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
- establishing acceptable service agreements for health care provision
- health care governance, which depends on detailed, accurate data for the identification of areas where health care could be improved
- providing information for other NHS and non-NHS organisations; these organisations depend on the information we send them and need to have confidence in its quality
- being able to allow local and national benchmarking
- budget monitoring to aid financial planning to support service delivery

The ICB aims to maximise the accuracy, quality, and availability of data within the organisation through:

- development and implementation of policies and procedures to support the data quality policy
- clear procedures for the identification, reporting, and correction of erroneous data
- compliance with national service frameworks, guidelines, and legislation (including the GDPR)
- identified data owners for information systems, with accountability for data quality
- development of secure information sharing protocols and service level agreements between partner organisations including internal and external audit to ensure that the data is always kept secure
- use of data quality methodologies and tools for improving data quality; this should include routine validation and data checking and cleansing of data recorded, where appropriate.
- reconciliation of data held on separate systems
- regular risk analysis and audit to track progress, and identify gaps
- improved culture of data quality in all colleagues through training and awareness.

Lost data should be reported following the ICB's incident management processes.

6. Data standards

As a GDPR controller, the ICB's data quality standards are necessary to ensure that data is:

- processed lawfully, fairly and in a transparent manner in relation to individuals
- collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes
- adequate, relevant, and limited to what is necessary in relation to the purposes for which they are processed

- 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
- kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed
- processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction, or damage, using appropriate technical or organisational measures

The ICB meets the GDPR condition to allow for the processing of special category data and this will invariably fall within the legal basis below. However, each situation will be treated on a case-by-case basis.

Processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services based on union or member state law or pursuant to contract with a health professional.

7. Training

Colleagues will receive instruction and direction regarding data quality advice and information from several sources:

- The ICB's policies and procedure manuals
- data protection officer
- head of information governance
- line managers
- information asset owners
- training on induction and information governance mandatory training
- Other communication methods, for example staff briefing or team meetings

The ICB has a responsibility to ensure that colleagues are aware and are sufficiently trained to maintain high standards of data quality and confidentiality.

The ICB will assess its training programmes regularly to ensure that training is provided for all staff involved in data collection and management. Similarly training needs analysis will be carried out to identify and address the training needs of colleagues, particularly those involved in the collection and management of patient related data. The training needs analysis is reviewed annually by the information governance sub-committee.

8. Monitoring

The ICB will, as a matter of routine, monitor performance in collecting and processing data according to defined standards, and provide appropriate feedback to colleagues involved in the process of data collection.

The ICB is regularly audited to ensure that applicable legislative acts, policies, standards, and codes of practice are complied with.

Suitable processes are used, and controls put in place, to ensure the completeness, relevance, correctness, and security of data through data quality audits carried out by internal and external organisations, for example the Audit Commission or the ICB's internal auditors.

Data quality accountability is included in the job descriptions of colleagues who have specific responsibilities for data quality. Consideration must also be given to data being supplied to external parties where there may be a risk of fraud or breach of security.

9. 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 can be used on historical data to improve its quality.

Validation should be accomplished using some or all the following methods:

On submission of data returns

Procedures exist to ensure the completeness and validity of the data sets used. This can be done by comparing to historical data sets, looking at trends in the data and by cross checking the data with other colleagues.

Regular spot checks by colleagues

Involves analysis of a random selection of records against source material, if available. Spot checks should be conducted on an ongoing basis (at least quarterly) to ensure the continuation of data quality and is the responsibility of line managers.

The ICB will endeavour to ensure that timescales for submission of information are adhered to, and that the quality and accuracy of such submissions is of the highest standard. Internal deadlines for the completion of data sets, to ensure national timescales are achieved, will be explicit and monitored.

The ICB routinely receives activity information from its service providers. This information is used to monitor the performance of contracts and to contribute to the service planning and development process. Sufficient and appropriate checks are made by the service providers to ensure that the information received is accurate and complete. Where data falls outside anticipated ranges a more detailed evaluation and validation is undertaken.

The ICB conduct regular technical group meetings with its local trusts, to ensure that any data discrepancies are picked up and any corrections are made as required.

Data cross checking, which can also be performed on data and information held by different services and/or on separate systems. For example, secondary care data against the Exeter system to validate the recorded GP practice.

Staff involved with the recording of patient data (for example continuing healthcare via Broadcare) 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 confirming with the patient.

10. Accuracy

Data recorded in notes and on computer systems must accurately reflect what happened to a patient. All reference tables, such as GPs, postcodes, diagnoses will be updated regularly.

Every opportunity should be taken to check patient's demographic details with the patient themselves. Inaccurate demographics may result in important letters being mislaid, or incorrect identification of patients.

Inaccurate data must be reported and dealt with initially through line managers. Line managers must report inaccuracies through to the corporate governance team. It is their role to identify potential operational or reporting issues that may be affected, and to ensure the data has been corrected in a timely manner. Line managers need to determine any further training requirements or disciplinary procedures that are necessary. The corporate governance team maintain a register of data breaches and feed into the annual audit programme.

Breaches of the data quality policy must be taken seriously. Serious incidents should be recorded on the incident reporting system and may be subject to disciplinary process.

11. Implementation plans and monitoring effectiveness

The director for strategy, planning and corporate services (as senior information risk owner) will have overall responsibility for implementing the policy ensuring that the following action is taken:

- the information governance subcommittee reviews the policy every 2 years so that it continues to reflect best practice and the statutory, legal, and business needs of the organisation
- the policy is promoted and circulated appropriately within the ICB (for example via intranet, IRIS (internal SharePoint site), weekly staff bulletins)
- that training needs are assessed and agreed during induction and appraisal
- monitoring and audit to be identified and completed at appropriate intervals

Examples include NHS number compliance, pseudonymisation, compliance with new (information standards notices), reference cost audits, monitoring of the successful completion of the information governance mandatory training and information governance toolkit data quality requirements.

12. Update and review

The responsible committee for data quality will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding 3 years without a review taking place.

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 and risks identified
- changes to organisational infrastructure
- changes requested by the ICB Board or its committees

Colleagues who become aware of any change which may affect a policy should advise their line manager as soon as possible. The information governance subcommittee will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

13. Policies referred to in this document

This policy should be read in conjunction with the following policies and documents:

- Information governance strategy
- Information governance policy
- Data protection policy
- Records management policy
- Cornwall Partnership NHS Foundation Trust subject access request policy
- Pseudonymisation policy
- Information technology security policy
- Integrated identity management policy
- Email policy
- Disciplinary policy and procedure
- Acceptable use policy
- Safe Haven Policy
- Business continuity plan
- Risk management policy and strategy
- Incident management policy
- Freedom of information policy
- Privacy notice
- Agile working policy
- Patient safety incident response policy

- Confidentiality code of conduct for employees

The above list is not exhaustive.

14. Consultation on this policy

Information governance currently encompasses the following local, national, and legal regulations:

- Data Protection Act 2018
- General Data Protection Regulations
- Freedom of Information Act 2000
- Human Rights Act 1998
- Access to Health Records Act 1990
- Computer Misuse Act 1990
- Confidentiality: NHS Code of Practice
- BS ISO and IEC 27000 series of information security standards
- Caldicott Guardian Manual and Reviews 2006 and 2013
- Common aw Duty of Confidentiality
- Records Management: NHS Code of Practice
- Health and Social Care (Safety and Quality) Act 2015
- Access to Medical Records Act 1988
- Copyright, Designs and Patents Act 1988
- Copyright (Computer Programs) Regulations 1992
- Crime and Disorder Act 1998
- Electronic Communications Act 2000
- Environmental Information Regulations 2004
- Health and Social Care Act 2012
- Health and Social Care (Safety and Quality) Act 2015
- Information Security Management: NHS Code of Practice
- Regulation of Investigatory Powers Act 2000 (and Lawful Business Practice Regulations 2000)
- Public Interest Disclosure Act 1998
- NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000
- Abortion Regulations 1991
- Mental Capacity Act 2005
- NHS Care Records Guarantee
- NHS Constitution
- Public Records Act 1958
- Regulations under the Health and Safety at Work Act 1974
- Re-use of Public Sector Information Regulations 2005
- Data Security and Protection Toolkit

The above list is not exhaustive.

Appendix 1: Impact assessment

Name of policy or service to be assessed: Data quality policy
Department or section: Business intelligence
Date of assessment: August 2022
Person(s) responsible for the assessment: Ian Wilson
Is this a new or existing policy? Existing

Aims, objectives and purpose of the policy

Describe the aims, objectives, and purpose of the policy.
This policy is designed to ensure that the importance of data quality within the ICB is disseminated to all staff. It describes the meaning of data quality, who is responsible for its maintenance, how the organisation can achieve increased data quality and update schedules.

Who is intended to benefit from this policy, and in what way?
Staff and stakeholders through to patients and their carers and ultimately the public – by ensuring quality of data within the organisation, it ensures that decisions on commissioning healthcare are based on the most accurate information available

What outcomes are wanted from this policy?
Understanding of the principles and practices of data quality, leading to an improvement in data recording and thus decision making.

What factors or forces could contribute or detract from the outcomes?
None

Who are the main stakeholders in relation to the policy?
The ICB staff and members of the public

Who implements the policy, and who is responsible for the policy?
The implementation of this policy is performed by all staff. The monitoring of the policy is the responsibility of the Information Governance Officer.

Differential impacts

Does this have a positive or negative impact on people who have a black, Asian and minority ethnic (BAME) background? How will any negative impact be mitigated?
The policy identifies that ethnicity data will be recorded for patients. This is to ensure that analysis can inform decision making within the organisation. Collecting ethnicity data will inform decision making and ultimately have a positive effect on health inequalities.

Does this have a positive or negative impact on people who identify as male, female or intersex? How will any negative impact be mitigated?
Gender information is collected routinely to gain an accurate picture of the population served and to help inform commissioning decisions.

What is the positive or negative differential impact on people from the perspective of disability? How will any negative impact be mitigated?
It is not envisaged that implementation of this policy will have any differential impact on disabled people. This policy will be made available in alternative formats should this be required as with all corporate publications. The policy does however refer to the expectation that an EIA be completed, thereby contributing to equality and diversity awareness and consideration.

Does this have a positive or negative impact on people who identify as heterosexual, lesbian, gay, bisexual, pansexual or asexual? How will any negative impact be mitigated?
It is not envisaged that implementation of this policy will have any differential impact based on sexual orientation. It applies equally to all relevant staff and does not impose any expectations that could interact with this characteristic. The policy does however refer to the expectation that an EIA be completed, thereby contributing to equality and diversity awareness and consideration. Sexual Orientation is not currently collected on our systems and is not part of the current minimum data set.

What is the positive or negative differential impact on people from the perspective of age? How will any negative impact be mitigated?
It is not envisaged that implementation of this policy will have any differential impact on the basis of age as it is aimed at all employees of the ICB. The policy does however refer to the expectation that an EIA be completed, thereby contributing to equality and diversity awareness and consideration. Age data will be collected through a patient's date of birth within our data sets.

What is the positive or negative differential impact on people from the perspective of religion or belief? How will any negative impact be mitigated?
It is not envisaged implementation of this policy will have any differential impact due to religion or belief. The policy does however refer to the expectation that an EIA be completed, thereby contributing to equality and diversity awareness and consideration Although religion is available as a data item, analysis by religious belief is only prepared on an ad hoc basis.

What is the positive or negative differential impact on people from the perspective of marriage and civil partnership? This is particularly relevant for employment policies. How will any negative impact be mitigated?
It is not envisaged that implementation of this policy will have any differential impact due to marital status including civil partnerships. The policy does however refer to the expectation that an EIA be completed, thereby contributing to equality and diversity awareness and consideration

Does this have a positive or negative impact on people who identify as trans or transgender, non-binary, or gender fluid? How will any negative impact be mitigated?
It is not envisaged that implementation of this policy will have any differential impact on people who have gone through or are going through gender reassignment or identify as transgender. The policy does however refer to the expectation that an

EIA be completed, thereby contributing to equality and diversity awareness and consideration.

Does this have a positive or negative impact on people who are pregnant, breast feeding mothers, or those on maternity leave? How will any negative impact be mitigated?
It is not envisaged that implementation of this policy will have any differential impact on people who are pregnant, breastfeeding and/or on maternity leave. The policy does however refer to the expectation that an EIA be completed, thereby contributing to equality and diversity awareness and consideration.

Are they any other identified groups? How will any negative impact be mitigated?
It is not envisaged that implementation of this policy will have any differential impact on other identified groups.

Human rights values

How have the core human rights values of fairness, respect, equality, dignity, and autonomy been considered in the formulation of this policy, service, or strategy?
Policy states that all policies must have an EIA completed.

Which of the human rights articles does this document impact?

☐ To life
☐ Not to be tortured or treated in an inhuman or degrading way
☐ To liberty and security
☐ To a fair trial
☐ To respect for home and family life, and correspondence
☐ To freedom of thought, conscience, and religion
☐ To freedom of expression
☐ To freedom of assembly and association
☐ To marry and found a family
☐ Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention
☐ To peaceful enjoyment of possessions

What existing evidence (either presumed or otherwise) do you have for this?
As described above it is not expected that this policy will have any negative impact as an EIA has been completed for this policy.

How will you ensure that those responsible for implementing the policy are aware of the human rights implications and equipped to deal with them?
The requirement is included within the policy itself

Public Sector Value Act 2012

The ICB is committed and obliged to fulfil the requirements of the Public Sector Social Value Act 2012. This Act requires the organisations to consider how services commissioned or procured might improve the economic, social, and environmental wellbeing of an area.

Please describe how this will support and contribute to the local system, wider system, and community.
Staff and stakeholders through to patients and their carers and ultimately the public – by ensuring quality of data within the organisation, it ensures that decisions on commissioning healthcare are based on the most accurate information available

Describe how the policy contributes towards eliminating discrimination, harassment, and victimisation.
As many of the characteristics listed above are not routinely captured within the aforementioned datasets, thereby no discrimination, harassment or victimisation can take place.

Describe how the policy contributes towards advancing equality of opportunity.
Collecting, for example, ethnicity data will inform decision making and ultimately have a positive effect on health inequalities.

Describe how the policy contributes towards promoting good relations between people with protected characteristics.
n/a

If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services and or the working environment for that group of people.
Collecting, for example, ethnicity data will inform decision making and ultimately have a positive effect on health inequalities.

Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.
n/a

If the negative impacts identified have been unable to be mitigated through amendment to the policy or other mitigating actions, explain what your next steps are using the following equality impact assessment action plan.
N/A

Equality impact assessment action plan

Issue to be addressed	Action required	Responsible person	Timescale for completion	Action taken
N/A	N/A	N/A	N/A	N/A

Comments on action plan:
N/A

Signed (completing officer): Sarah Foster

Date: 24 March 2023

Signed (head of department or section): Simon Gittoes-Davies

Date: 27 March 2023

Please ensure that a signed copy of this form is sent to both the corporate governance team with the policy and the equality and diversity lead.