

Data Quality Policy 2024 - 2027

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Purpose	Lancashire & South Cumbria ICB is committed to ensuring the organisation achieves a high standard of data quality. This policy provides the approved framework for ensuring data quality standards are met, there is assurance that the quality of data used across the ICB, and information presented to the board and its committees, is based on timely and accurate data sources which are consistently and appropriately referenced within reports.
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Target audience:	This policy applies to all staff, including temporary, agency and contractor staff who are employed by or work on behalf of the ICB

This policy can only be considered valid when viewed via the ICB website or ICB staff intranet. If this document is printed into hard copy or saved to another location,

you must check that the version number on your copy matches that of the one published.

Document control:		
Date:	Version Number:	Section and Description of Change
01/09/2026	1	Minor amendment to review date on the front sheet to align with the Data Quality Assurance and Escalation section on page 9 – which states the policy should be reviewed every 3 years.

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1. Introduction and Background

- 1.1 Lancashire & South Cumbria ICB is committed to ensuring the quality of its data, to promote effective decision making and patient safety. High quality information means better patient care and patient safety and reduces the potential for serious consequences if information is not correct and up to date, both for patients and for the ICB.
- 1.2 Management information produced from data is essential for the efficient running of the ICB and to maximise utilisation of resources for the benefit of patients and staff. It supports making effective decisions about the deployment of resources, and in demonstrating the value of the services provided by the ICB.
- 1.3 The ICB requires accurate, timely and relevant patient information to support:
 - The delivery of effective, safe patient care
 - The delivery of its core business objectives
 - The monitoring of activity and performance for internal and external management purposes
 - Clinical governance and clinical audit
 - Service agreements and contracts
 - Healthcare planning
 - Accountability
 - Compliance with Data Protection Act 2018
 - To be able to evidence compliance with regulatory requirements
 - Support effective decision making with regards to the deployment of resources
- 1.4 The key obligations upon staff to maintain accurate records relate to:
 - Department of Health, Information Governance requirements
 - Legal - UK GDPR/DPA18
 - Care Records Guarantee
 - Freedom of Information Act (2000)
 - Environmental Information Regulations (2000)
 - Access to Health Records Act (1990)
 - Contractual (contracts of employment)
 - Ethical (Professional codes of practice)
 - Policy (Records Management Policy, Information Governance Policy)
 - NHS Constitution

2. Purpose

- 2.1 This policy provides the approved framework for ensuring data quality standards are met and there is assurance that the quality of data used across the ICB, and information that is presented to the board and its committees, is based on timely and accurate data sources which are consistently and appropriately referenced within reports.
- 2.2 To achieve this, all staff need to understand their responsibilities regarding the use of accurate data, whether on a computer system or on paper, e.g., case notes.

3. Scope of Policy

- 3.1 This policy applies to all staff, including temporary, agency and contractor staff who are employed by or work on behalf of the ICB.
- 3.2 This policy is primarily intended to cover the collection, processing, validation and subsequent use of all types of reference information generated and used within, or reported externally by, the ICB. It describes the arrangements necessary to ensure such information is of a consistently high quality, validated and that any issues regarding data quality are escalated appropriately.
- 3.3 It should be noted that all collection, storage, processing and reporting of personal information is governed by detailed legal requirements under the European General Data Protection Regulations (2016), the UK Data Protection Act (2018) and associated NHS standards, such as the Caldicott guidelines.
- 3.4 As the ICB generates a wide range of information for a variety of uses, this policy does not provide detailed guidance for specific data items or individual areas of application. It concentrates instead on the general principles of completeness, accuracy, ongoing validity, timeliness, consistency of definitions and compatibility of data items, and signposts where specific procedures or further guidelines need to exist.
- 3.5 This policy recognises that a range of data items are processed by, but not directly generated by, the ICB. For example, the Secondary User Service (SUS) data submitted nationally by providers for the purposes of secondary care monitoring is generated by healthcare providers. This policy recognises the ICB has a role in promoting high standards of data quality and in challenging providers where appropriate, rather than directly correcting issues in processes surrounding the collation of this data.

4. Definitions

4.1 Data Quality relates to the supply of timely, accurate and complete data which can, where relevant be translated into information. Good data quality is key to effective decision making at all levels of the organisation.

5. Roles and Responsibilities

5.1 Chief Executive

The Chief Executive has overall responsibility for ensuring information risks specifically arising from Data Quality issues are assessed and mitigated to an acceptable level. Information risks should be handled in a similar manner to other major risks such as financial, legal, and reputational risks.

5.2 Senior Information Risk Owner (SIRO)

The Senior Information Risk Owner (SIRO) is accountable to the Chief Executive and provides the focus for the assessment and management of information risk at the ICB level, providing briefings and reports on matters of performance, assurance and any cultural impact relating to information assets.

5.3 Information Asset Owners

Information Asset Owners are responsible for ensuring that there are specific policies or procedures in place in relation to all information assets under their control, which set out as a minimum, when the information asset should be used, how it should be used and by whom and how the quality of data recorded will be monitored.

Where appropriate Information Asset Owners must ensure that training is available for staff to use the asset, and that information risks associated with each asset are actively identified, and being mitigated, ensuring that they provide assurance to the SIRO.

5.4 All Staff

All ICB staff members will be required to handle data in some form, therefore all staff must be aware of the importance of data quality and of their own contribution to achieving it

It is the responsibility of all staff to:

- Ensure that, where appropriate, systems and processes are in place to validate the relevance, accuracy, completeness and timeliness of any data/information captured.
- Ensure that they are fully aware of any specific obligations in respect of data quality that are pertinent to the individual service or function.

- In certain circumstances line managers may need to consider individual training needs/requirements for staff to support good practice and compliance with this policy.
- Ensure where data is presented within reports it is accurately referenced to ensure the reader is able to understand the data's origin and any limitations. For example, a limitation could be that the data is only available at provider level, rather than place level. References should follow the format of: Author (or creator of the data set); date of publication or release; version number (if applicable); publisher or repository where the data is located; persistent identifier e.g. web address for data. Example below:

Author	Date	Repository	Limitations
NHS England	May 2024	Statistics » Ambulance Quality Indicators Data 2024-25 (england.nhs.uk)	Data at North West Ambulance Service level

5.5 Finance and Performance Committee

The responsibility of the Finance and Performance Committee is to ensure there are suitable policies and procedures in place to comply with relevant regulatory, legal and code of conduct requirements in relation to the reporting of finance and performance data.

6. Data Quality Standards

The ICB's Data Quality Standards are set out below.

- *Accurate and up to date*

Any data recorded must be accurate as at the time of entry.

- *Valid*

Data should be within an agreed format which conforms to recognised national or local standards. Where codes are used these must map to national values and wherever possible, computer systems should be programmed to only accept valid entries.

- *Complete*

Data should be captured in full. All mandatory data items within a data set should be completed and default codes will only be used where appropriate,

not as a substitute for real data. The use of mandatory data items on the computer systems is to be encouraged but only where this would not cause undue delay. For key data items which are not mandatory on the computer system, it is vital that a list of records with missing items can be produced, to be actioned later.

- *Timely*

Data should be collected at the earliest opportunity; recording of timely data is beneficial to the treatment of the patient. All data will be recorded to a deadline which will ensure that it meets national reporting and extract deadlines.

- *Defined and consistent*

The data being collected should be understood by the staff collecting it and data items should be internally consistent. Data definitions should be reflected in procedure documents.

- *Coverage*

Data will reflect the work of the ICB and not go unrecorded. Spot checks and comparison of data between months can highlight potential areas of data loss. Staff should be cognisant that if something is not recorded there is no auditable proof that something occurred, and as such could be challenged.

- *Free from duplication and fragmentation*

Records should not be duplicated, where possible data should be recorded once, and staff should know exactly where to access the data. Where a duplicate record is created, for example if a record is misplaced, records should be merged once the original is found.

- *Security and confidentiality*

Data must be stored securely and processed in line with relevant legislation and local policy in relation to confidentiality. All staff must pay due regard to where they record information, what they record, how they store it and how they share information ensuring they comply with national and local requirements, policies and procedures.

7. Promoting and maintaining a high standard of data quality

The ICB recognises the importance of differentiating between data the ICB has direct control over, for instance, where ICB staff input directly into ICB systems, and data where the ICB is a recipient under the requirements of a contract, for

instance, the supply of retrospective health events data for its population or aggregate data provided to summarise delivery of a performance standard.

Where the ICB is in direct control of data entry:

- The entry process should be well-defined.
- Method of capture designed to reduce the risk of data quality issues arising.
- Regular spot checks/audits should be undertaken by Information Asset Owners to ensure the quality of the data remains high and where possible is improved.

The ICB routinely receives or has access to data from contracted service providers and NHS England Digital. This information is used to monitor the performance of contracts and to support service planning. Sufficient and appropriate checks should be made by service providers to ensure such information is accurate and complete in accordance with agreed standards.

The ICB should ensure through routine contract performance monitoring with partners and service providers that where necessary, they address data discrepancies and ensure any corrections are made as needed.

Where the ICB receives data from other organisations it should:

- Encourage routine data validation (comparing counts of new records against counts of old ones, for example).
- Cross-check data against alternative sources where possible.
- Release the data early (with caveats) to be viewed by domain experts.
- Undertake periodic detailed reviews of data quality and undertake any actions to address any findings accordingly.

8. Change Notices (DDCNs)

Information Standard Notices (ISNs) and Data Dictionary Change Notices (DDCNs) are issued by the Health and Social Care Information Centre. These give notification to NHS healthcare agencies of changes to the standards that relate to the processing of information and of information requirements that will be included as appropriate within the NHS Data Dictionary & Manual, helping to ensuring that data is meaningful and consistent across NHS Organisations.

The ICB will monitor the publication of ISNs and action appropriately as needed. The ICB will also monitor the publication schema for DDCNs and ensure all DDCNs relevant to the ICB are actioned appropriately. Furthermore, the ICB will

ensure the existence of key ISNs and DDCNs are made available to relevant provider organisations.

9. Data Quality Assurance and Escalation

9.1 Lancashire & South Cumbria ICB acknowledge that good quality data can be achieved by careful monitoring and error correction, but it is more effective and efficient for data to be entered correctly first time. To achieve this, good procedures must exist so that staff can be trained and supported in their work.

9.2 The policy will be reviewed at every three years or in response to changes in legislation, best practice etc., to take account of any changes in national standards and definitions.

10. Equality and Health Inequalities Impact Risk Assessment (EHIIRA)

The ICB aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, making sure none are placed at a disadvantage to others. A stage 1 Equality and Health Inequalities Impact and Risk Assessment (EHIIRA) in relation to this policy has been completed. There is no requirement for a stage 2 (EHIIRA).

11. Implementation and Dissemination

The policy will be published and maintained in line with the ICB's Policy for Policies. The policy will be highlighted to new staff as part of the local induction process and made available to all staff through the ICB's internal communication procedures (and intranet).

12. Training Requirements

Staff will receive instruction and direction regarding data quality from:

- ICB Policies and Procedure Manuals.
- Line managers.
- Information Governance specialists.
- Other communication methods (e.g. team meetings/ briefs).
- ICB Intranet.

Training needs are assessed and agreed during induction and appraisal processes.

Any individual who has queries regarding the content of this policy or who has difficulty in understanding how this policy relates to their role should contact the ICB Director of Digital Operations and Assurance.

13. Monitoring and Review Arrangements

The ICB's Finance and Performance Committee will review the effectiveness of this policy and its implementation through the monitoring of performance reports and the data contained within them as presented to the committee.

Data Quality Escalation Process

