


Data Quality (DQ) Policy

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Implementation Plan

Development and Consultation:	<p>The following groups/individuals were consulted and involved in the development of this document:</p> <ul style="list-style-type: none"> ▪ BLMK Strategy and Planning team ▪ Arden and GEM Commissioning Support Unit (AGEM) ▪ BI Service Delivery Group ▪ BLMK Delivery Board ▪ BLMK IG sub group ▪ AGEM Contract Review Meeting ▪ BI chairs group ▪ PHM Data Analytics Group ▪ BLMK Digital Transformation Board ▪ BCA Programme Meeting ▪ ICB Operational Group ▪ ICB CHC Operational Group ▪ ICB care banking contract Group ▪ MKHT JFIG ▪ BHFT TFG <ul style="list-style-type: none"> ▪ Mark Thomas – BLMK ICB ▪ Roz Samuel – BLMK ICB ▪ Maddy Brownlee – AGEM ▪ Joanna Johnson – AGEM
	<p>Staff can access this document via the website and will be notified of new / revised versions via the staff briefing.</p> <p>This document will be included in the organisation’s Publication Scheme in compliance with the Freedom of Information Act 2000.</p>
Training:	<p>The following training will be provided to make sure compliance with this document is understood:</p> <ul style="list-style-type: none"> ▪ Mandatory online IG training via ESR ▪ AGEM Athena training as required ▪ TPP SystemOne training as required
Monitoring:	<p>Data quality will be subject to internal control processes within the ICB and to external scrutiny. Key information systems and processes will have routines developed and designed to systematically identify errors and other aspects of poor data quality. Directorates should undertake an internal audit of their records annually.</p> <p>Monitoring and compliance of this document will be carried out via:</p> <ul style="list-style-type: none"> ▪ Data quality meetings ▪ Data Quality Log/Register – Here
Review:	<p>The Document Owner will ensure this document is reviewed in accordance with the review date on page 2.</p>

Equality, Diversity and Privacy:	Appendix 1 - Equality Impact Assessment Appendix 2 - Data Protection Impact Assessment
Associated Documents:	<p>The following documents must be read in conjunction with this document:</p> <ul style="list-style-type: none"> • Information Governance Policy and Management Framework • Information Security Policy • Records Management & Information Lifecycle Policy • Confidentiality Policy • Data Protection Act 2018 • NHS Records Management Guidance 2021 • Data Protection and Confidentiality Policy • Information Governance Policy • Safe Haven Policy • Information Sharing Agreements • Freedom of Information and Environment Policy • IT Information Security Policy
References:	<p>The following articles were accessed and used to inform the development of this document:</p> <ul style="list-style-type: none"> ▪ BLMK AGEM BI Spoke Data Quality Policy
Approvals:	<ul style="list-style-type: none"> ▪ BLMK Service Delivery Group ▪ BLMK/AGEM Business Intelligence Delivery Board ▪ ICB Operational Group

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1.0 Introduction

- 1.1 NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) aims to ensure robust governance through its formal written procedural documents, such as this document, which communicate standard organisational ways of working. These documents help clarify operational requirements and consistency within day-to-day practice. They can improve the quality of work, increase the successful achievement of objectives and support patient safety, quality, and experience. The ICB aims to ensure its procedural documents are user friendly, up-to-date and easily accessible.
- 1.2 The ICB must design and implement procedural documents that meet the diverse needs of our service and workforce, ensuring that none is placed at a disadvantage over others, in accordance with the Equality Act 2010. The Equality Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to the individual protected characteristics is incorporated at Appendix 1.
- 1.3 A Data Protection Impact Assessment is a process which helps assess privacy risks to individuals in the collection, use and disclosure of personal information. The Data Protection Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to an individual's privacy is incorporated at Appendix 2.
- 1.4 The purpose of this document is to set out a clear policy framework for maintaining and increasing high levels of data quality within Bedfordshire, Luton, And Milton Keynes Integrated Care System (BLMK ICS) and to ensure that its importance within the organisation is disseminated to all staff.

This policy sets out:

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

It will describe the meaning of data quality, who is responsible for its maintenance and how continued improvements can be made.

- 1.5 NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) recognises that all its decisions, whether operational, managerial or financial needs 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 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 & Protection toolkit and will enable Bedfordshire, Luton, And Milton Keynes Integrated Care System (BLMK ICS) 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.

2.0 Scope

- 2.1 This policy applies to all staff, contractors, and partners involved in data handling within BLMK ICS. It encompasses all forms of data, including patient records, operational data, and administrative data. ICS partners will be part of the co-production of this policy and will continue to be part of the review.
- 2.2 This policy applies, as appropriate, to all Integrated Care Board staff members, including Members of the Board of the ICB, involved in policy-making processes, whether permanent, temporary, or contracted-in under a contract for service (either as an individual or through a third-party supplier).
- 2.3 There must be a legal basis for all data flowing and this must comply with BLMK ICS Information Governance policies. This includes the criteria for accepting data in the Data Services for Commissioners Regional Office (DSCRO) Data Adoption policy managed by our Business Intelligence (BI) commissioned service provider.
- 2.4 This policy is intended to cover the collection, recording, validation, further processing and reporting of all information generated and used within or reported externally by Bedfordshire, Luton, And Milton Keynes Integrated Care System (BLMK ICS). It describes the necessary features of systems to manage such information and the supporting administrative, reporting and training arrangements to ensure information is of consistently high quality.

Written procedures will be available to assist all Bedfordshire, Luton, And Milton Keynes integrated care system (BLMK ICS) staff involved in collecting and recording data. These procedures will be kept up-to-date and where appropriate will also contain information relating to national data definitions.

Processes will be established to ensure compliance with the procedures, which will include sample checks to audit compliance.

It should be noted that all collection, storage, processing and reporting of personal information is governed by detailed legal requirements under the General Data Protection Regulation (GDPR) 2016, the Data Protection Act (DPA) 2018 and associated standards, such as the Caldicott 2 guidelines and Health and Social Care Act 2012.

As Bedfordshire, Luton, And Milton Keynes Integrated Care System (BLMK ICS) processes 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. Instead, it concentrates on general principles of completeness, accuracy, ongoing validity, consistency of definitions and compatibility of data items and signposts where specific procedures or further guidelines need to exist.

One of the BLMK ICB priorities is to address inequalities in outcomes, experience, and access. This policy recognises the good quality equality data is key to support this priority.

3.0 Definitions

This section provides staff members with an explanation of terms used within this policy.

- Accuracy: The degree to which data correctly describes the real-world object or event it is intended to represent. Accurate data is free from errors.
- Completeness: Ensuring that all necessary data required for a particular purpose is present. Complete data has no missing elements.
- Consistency: Data is consistent when it is uniform and identical across different datasets and systems, avoiding discrepancies and contradictions.
- Data: a collection of facts from which information is constructed via processing or interpretation.
- Data Audit: A systematic review of data and data management practices to ensure compliance with data quality standards, identify errors, and suggest corrective actions. Regular audits help maintain high data quality.
- Data Collection Methods: The processes and tools used to gather data. Standardised data collection methods ensure data is captured accurately and reliably from verified sources.
- Data Processing Techniques: Methods used to transform, clean, and analyse data. Consistent data processing techniques ensure data is prepared accurately for analysis and reporting.
- Data Quality: a measure of the degree of usefulness of data for a specific purpose.
- Data Steward: An individual responsible for managing and overseeing data assets to ensure they meet quality standards and are used effectively. Data stewards play a crucial role in maintaining data integrity and compliance with data governance policies.
- Data Storage Solutions: Technologies and practices used to securely store data. Effective data storage solutions ensure data is protected, accessible, and recoverable in case of data loss or corruption.
- Data User: Any individual who interacts with data as part of their job responsibilities. Data users are responsible for ensuring the accuracy and reliability of the data they enter, manage, or analyse.
- Information: is the result of processing, gathering, manipulating, and organising data in a way that adds to the knowledge of the receiver.
- Key Performance Indicators (KPIs): Metrics used to measure the effectiveness and quality of data management processes. KPIs help track performance, identify areas for improvement, and ensure compliance with data quality standards.
- Reliability: Data is reliable when it is dependable, consistently maintained, and reproducible over time, ensuring that repeated use yields the same results.
- Timeliness: Data is timely when it is up-to-date and available when needed, allowing for effective decision-making and operations.
- Validity: Valid data conforms to the defined rules, formats, and standards, ensuring it meets the intended purposes.

4.0 Policy Statement

- 4.1 BLMK ICS is committed to ensuring the highest levels of data quality in all aspects of its operations. High-quality data is critical for effective decision-making, compliance with regulatory requirements, and delivering excellent patient care.

5.0 Roles and Responsibilities

- 5.1 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 Act 2018), contractually (contract of employment) and ethically (professional code of conduct).

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 available opportunity.

- 5.2 Committees:

- BLMK ICB Board: Responsible for providing the organisation with strategic leadership, ensuring its accountability to NHSE and the public on how the functions of Bedfordshire, Luton, And Milton Keynes Integrated Care System (BLMK ICS) are delivered.
- Audit & Risk Assurance Committee: Oversee audit processes and address data quality issues.
- BLMK BI Service delivery group will manage operational processes and will review the data quality log/register on a monthly basis.

- 5.3 Executive Roles:

- Chief Executive Officer: Has overall responsibility for the strategic direction and operational management, including ensuring that the Bedfordshire, Luton, And Milton Keynes Integrated Care System (BLMK ICS) processes/documents comply with all legal, statutory, and good practice guidance requirements.
- Chief Medical Officer : Responsible for Information Governance
- Chief of Strategy and Assurance -Ensure data quality standards and regulations
- Director of Finance – Senior Information Responsible Officer
- Associate Director of Strategy and Planning: Lead member who has ultimate responsibility for data quality, who will report to the Board on data quality issues.

- 5.4 Other Roles:

- Data Stewards: Oversee data management processes and ensure adherence to data quality standards.

- Data Users: Ensure accurate data entry and reporting; participate in data quality training programs.
- Line Managers: Ensure team compliance with data quality procedures.
- Information Asset Owners are responsible for:
 - liaising with the Information Governance Lead to ensure that records management practices are in line with the organisation's guidance and protocols on confidentiality.
 - ensuring appropriate records audits are undertaken.
 - ensuring appropriate information governance /confidentiality clauses are in third party contracts relating to records management such as secondary storage, disposal companies before the company is used.
 - ensuring appropriate consideration is given to records management within business continuity plans.
 - ensuring they obtain appropriate certifications of destruction.
 - investigate and take relevant action on any potential breaches of this policy in relation to their information assets, supported by other applicable staff in line with existing procedures.
- Information Governance: responsible for overseeing the development and updating of this policy and to ensure that awareness of data quality is promoted across Bedfordshire, Luton, And Milton Keynes Integrated Care System (BLMK ICS).
- Line Managers: Ensure where appropriate, systems are in place to validate the completeness, accuracy, relevance, and timeliness of data/information; ensuring that their staff are fully aware of their obligations in this area. See Information Asset Owners guidance.
- All staff (Including temporary and agency staff) are responsible for:
 - implementing and maintaining data quality and are obligated to maintain accurate information legally.
 - (GDPR/Data Protection Act), contractually (employment contract) and ethically (professional codes of practice)
 - compliance with relevant process documents. Failure to comply could result in disciplinary action being taken.
 - co-operating with the development and implementation of policies and procedures as part of their normal duties and responsibilities
 - identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards, local/national directives and advising their line manager accordingly.
 - identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager. See also Induction programme documentation.
 - attending training / awareness sessions when provided

6.0 Processes and Procedures – see Appendix 3

6.1 Importance of Data Quality:

Having accurate, relevant information that is accessible at the appropriate times, is essential to every business decision and to the success of the services being provided. Therefore, it is essential that all Bedfordshire, Luton, And Milton Keynes

Integrated Care System (BLMK ICS) staff recognise the importance of data quality and their responsibilities in this area.

Quality information is essential for:

- management and strategic planning, requiring accurate information to provide appropriate allocation of resources and future service delivery.
- providing information for other NHS organisations and stakeholders - these organisations are dependent on the information we provide, and they need to have confidence in its quality.
- providing a foundation on which future investments will be based, such as new IT infrastructure/software.
- enabling local and national benchmarking
- budget monitoring and financial planning to support service delivery.
- avoiding unnecessary Subject Rights Requests to rectify incorrect personal data.

It is also important to ensure that the data quality is of a high standard in order to comply with the GDPR 2016 and the DPA 2018 principle of ensuring data is 'accurate and up to date'.

GDPR also contains a new principle of accountability for data controllers and processors and introduces new rights for data subjects, one of which is the right to have incorrect personal data amended.

6.2 Data Collection

- Implement standardized data collection methods and tools.
- Ensure data sources are reliable and verified.
- Where appropriate, data collected should follow the standards set out by The Professional Record Standards Body (PRSB)

6.3 Data Standards: The standards for good data quality are reflected in the criteria below. Data needs to be:

- complete (captured in full)
- accurate (the proximity of the data to the exact or true values)
- relevant (the degree to which the data meets current and potential user's needs)
- accessible (data must be retrievable in order to be used and to assess its quality)
- timely (recorded and available as soon after the event as possible)
- valid (within an agreed format that conforms to recognised national/local standards)
- defined (understood by all staff who need to know and reflected in procedural documents)
- appropriately recorded (in both paper and electronic records)
- processed in accordance with any existing data sharing agreement or data processing agreement.

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.

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

6.4 Data Storage

- Use secure and efficient data storage solutions.
- Maintain data backup and recovery plans.

6.5 Data Processing

- Apply consistent data processing techniques.
- Regularly review and update data processing protocols.

6.6 Data Reporting

- Use accurate and reliable reporting tools.
- Validate reports for accuracy and completeness before dissemination.
- All manually reports produced by our Business Intelligence (BI) commissioned service provider will be checked prior to despatch, by another member of their team. All reports will include name of person who has Quality Assured the report and dated. Where it has been agreed with the requestor, for urgent Ad Hoc requests, not to include QA due to time pressures, this will be documented on the report delivered.
- Where reports are automated, after initial setup, there is no routine production process in which to build in QA other than quality checks on data load. Therefore, on a quarterly basis, automated reports will be checked by our BI commissioned service provider, against manual reports and trends as well as local knowledge of expected values.
- Data Quality reports will be published and checked routinely by our BI commissioned service provider, with data quality issues identified.
- Data Quality issues found will be added into a tracking tool and reported to the ICB. Issues will be raised by our BI commissioned service provider directly with the Provider, and progress tracked through to resolution. Where BLMK ICB is Lead commissioner, issues not addressed will be escalated by our BI commissioned service provider via contractual processes and discussed during Data Quality meetings.
- ICB recipients of reports are asked to check the figures where possible and alert our BI commissioned service provider to any issues as soon as possible.

6.7 Data Adoptions

- All data flows must have a legal basis to flow and to be accessed by the ICB.
- All data flows will be listed in an information schedule within the provider contract, which is held and approved by the ICB. Data Flows which are not included in a relevant information schedule have no legal basis and therefore cannot be processed by our BI commissioned service provider. It is the responsibility of our

BI commissioned service provider to ensure that this is covered adequately, with the ICB being ultimately accountable.

6.8 Data Load

- Data flows will be validated by our BI commissioned service provider during the process of loading to the data warehouse. Checks will be made to ensure that the row counts, activity totals and financial totals match the raw data files.

6.9 Receipt Tracking

- There files are not received within the timescales expected, our BI commissioned service provider will advise the data provider and request submission. Our BI commissioned service provider will inform the ICB where this is likely to cause a delay to the availability of the data. Where this occurs frequently, the ICB will raise this in Provider operational meetings.
- Some files are received by our BI commissioned service provider, to be shared directly with the ICB, and are not required to be loaded or processed. These files will be checked for receipt and that they meet the specification and meet basic data quality checks. Where files are not received as expected, our BI commissioned service provider will advise the ICB who will decide whether the data will need to be resubmitted.

6.10 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 and Social Care. NHS data standards are presented as a logical data model, ensuring that the standards are consistent and integrated across all NHS business areas.

6.11 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.

Regular validation processes are to be undertaken by the 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.

6.12 Validation methods: Validation can be accomplished using some or all of the following (non-exhaustive) methods:

- Bulk exception reporting, which involves a large single process of data analysis to identify all areas within a dataset where quality issues exist and to enable the correction of this data. Bulk exception reporting can sometimes be used as an initial data quality tool as this will quickly highlight any areas of

concern. However, further investigation may be required to identify more specific issues.

- Regular spot checks/audits, which involves analysis of a random selection of records against source material, if available. Spot checks should be done on a regular ongoing basis to ensure the continuation of data quality. Other audits may take place on an annual basis, and where an external or internal audit of a system is planned, it should include data quality.
- Data cross checking, which can also be performed on data and information held by different services and/or on separate 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. Synchronisation between systems is required to ensure that all data sources reflect the same information.
- 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.

6.13 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 ideally wherever possible all amendments should be made within one month of the identification date.

6.14 Training: All mandatory IG Training is carried out through Electronic Staff Record (ESR) training compliance modules. 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.

6.15 Monitoring: Data quality is subject to internal control processes within Bedfordshire, Luton, And Milton Keynes Integrated Care System (BLMK ICS). 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.

6.16 Equality Impact Assessment Statement: Bedfordshire, Luton, And Milton Keynes Integrated Care System (BLMK ICS) aim to design and implement services, policies and measures that are fair and equitable. As part of its development, this policy and its impact on staff, patients and the public have been reviewed in line with Bedfordshire, Luton, And Milton Keynes Integrated Care System (BLMK ICS) s Legal Equality Duties. The purpose of the assessment is to improve service delivery by minimising and if possible, removing any disproportionate adverse impact on employees, patients, and the public on the grounds of race, socially excluded groups, gender, disability, age, sexual orientation, or religion/belief. The equality impact assessment has been completed and has identified impact or potential impact as 'no impact' Bedfordshire Luton, And Milton Keynes Integrated Care System (BLMK ICS) will endeavour to make sure this policy

supports its diverse workforce look after the information the organisation needs to conduct its business. It will also endeavour to make sure that this information is protected on behalf of patients regardless of race, social exclusion, gender, disability, age, sexual orientation or religion/belief.

Appendix 1 - Equality Impact Assessment Initial Screening

Please answer the questions against each of the protected characteristic and inclusion health groups. If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken. It is against the law to discriminate against someone because of these protected characteristics. For support and advice on undertaking EQIAs please contact: agcsu.equalities@nhs.net

Name of Policy:	Data Quality (DQ) Policy
Date of assessment:	26-06-2024
Screening undertaken by:	Buz Dodd, Associate Director of Strategy and Planning

Protected characteristic and inclusion health groups. Find out more about the Equality Act 2010, which provides the legal framework to tackle disadvantage and discrimination: https://www.equalityhumanrights.com/en/equality-act/protected-characteristics	Could the policy create a disadvantage for some groups in application or access? (Give brief summary)	If Yes - are there any mechanisms already in place to mitigate the potential adverse impacts identified? If not, please detail additional actions that could help. If this is not possible, please explain why
Age A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).	No	N/A
Disability A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.	Yes	Ensure accessibility features are included in all data systems, and provide training for disabled users.
Gender reassignment The process of transitioning from one gender to another.	No	N/A
Marriage and civil partnership Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.	No	N/A
Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked	Yes	Provide flexible data entry and reporting options for staff on maternity leave.

to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.		
Race Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.	No	N/A
Religion or belief Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	No	N/A
Sex A man or a woman.	No	N/A
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none.	No	N/A
Carers Individuals within the ICB which may have carer responsibilities.	Yes	Offer flexible data handling processes to accommodate carers' responsibilities.
Please summarise the improvements which this policy offers compared to the previous version or position.		
The new DQ policy includes specific measures to enhance data accessibility for disabled staff, introduces flexible options for pregnant staff and carers, and overall promotes more inclusive data management practices.		
Has potential disadvantage for some groups been identified which require mitigation?		
Yes – the policy identifies potential disadvantages for staff with disabilities, those on maternity leave, and carers. Mitigations include accessibility features, flexible data handling options, and specific training programs.		

Appendix 2 - Data Protection Impact Assessment Initial Screening

Data protection is the fair and proper use of information about people. Before completing this form, please refer to the Data Protection Impact Assessment (DPIA) Guidance in the Information Governance (IG) section on the staff Intranet or contact the Data Protection Officer for support via blmkccg.ig@nhs.net

A DPIA is a process to help you identify and minimise the data protection risks. You must do a DPIA for processing that is likely to result in a high risk to individuals. You can use our screening checklist below to help you decide when to do one. If you have answered 'Yes' to any of the 10 screening questions, you must then carry out a full DPIA using the Stage 2 form, which is also available on the Intranet in the IG section.

Name of Policy:	Data Quality (DQ) Policy
Date of assessment:	26-06-2024
Screening undertaken by:	Buz Dodd, Associate Director of Strategy and Planning

Stage 1 – DPIA form

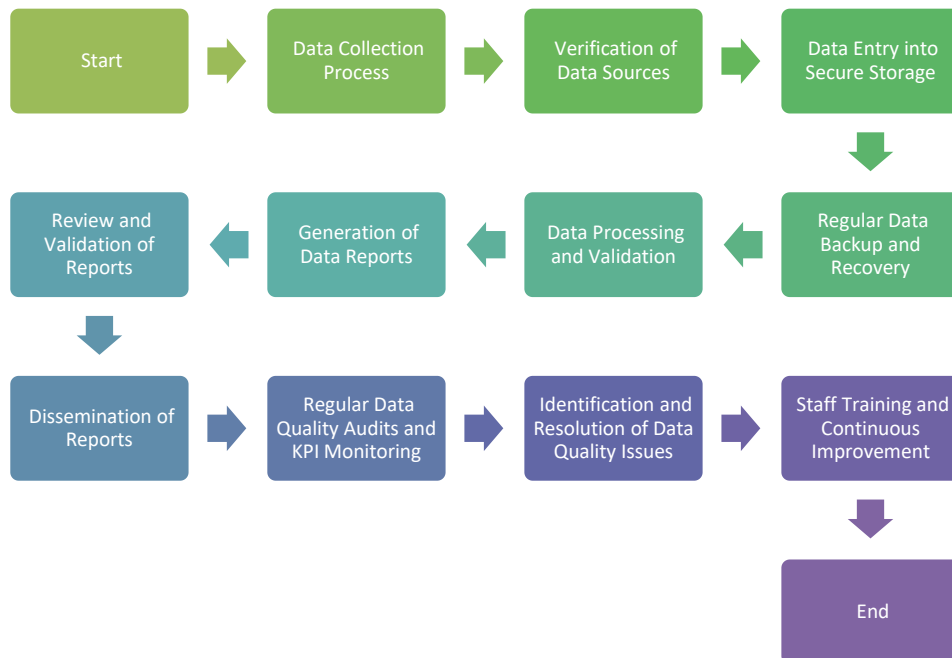
please answer 'Yes' or 'No'

1. Will the policy result in the processing of personal identifiable information / data? This includes information about living or deceased individuals, including their name, address postcode, email address, telephone number, payroll number etc.	Yes
2. Will the policy result in the processing of sensitive information / data? This includes for living or deceased individuals, including their physical health, mental health, sexuality, sexual orientation, religious belief, National Insurance No., political interest etc.	Yes
3. Will the policy involve the sharing of identifiers which are unique to an individual or household? e.g., Hospital Number, NHS Number, National Insurance Number, Payroll Number etc.	Yes
4. Will the policy result in the processing of pseudonymised information by organisations who have the key / ability to reidentify the information? Pseudonymised data - where all identifiers have been removed and replaced with alternative identifiers that do not identify any individual. Re-identification can only be achieved with knowledge of the re-identification key. Anonymised data - data where all identifiers have been removed and data left does not identify any patients. Re-identification is remotely possible, but very unlikely.	Yes
5. Will the policy result in organisations or people having access to information they do not currently have access to?	Yes
6. Will the policy result in an organisation using information it already holds or has access to, but for a different purpose?	Yes
7. Does the policy result in the use of technology which might be perceived as being privacy intruding? e.g., biometrics, facial recognition, CCTV, audio recording etc.	No
8. Will the policy result in decisions being made or action being taken against individuals in ways which could have a significant impact on them? Including profiling and automated decision making. (This is automated processing of personal data to evaluate certain things about an individual i.e., diagnosis and then making a decision solely by automated means - without any human involvement)	No
9. Will the policy result in the collection of additional information about individuals in addition to what is already collected / held?	Yes
10. Will the policy require individuals to be contacted in ways which they may not be aware of and may find intrusive? e.g., personal email, text message etc.	No

Appendix 3 – Processes and Procedures

Processes and Procedures

- Data Collection
 - Standardised methods and tools for data collection
 - Verification of data sources
 - Ensuring data reliability
- Data Storage
 - Secure storage solutions
 - Backup and recovery plans
- Data Processing
 - Consistent processing techniques
 - Regular review and update of processing protocols
- Data Reporting
 - Accurate and reliable reporting tools
 - Validation of reports before dissemination
- Monitoring and Reporting
 - Regular data quality audits
 - Key Performance Indicators (KPIs)
 - Transparent reporting mechanisms
- Training and Awareness
 - Regular staff training programs
 - Continuous improvement initiatives



Explanation of Flow Diagram

1. Data Collection Process: Begins with collecting data using standardised methods and tools to ensure reliability.
2. Verification of Data Sources: Ensures data sources are legitimate and verified for accuracy.
3. Data Entry into Secure Storage: Data is securely stored with proper backup and recovery plans.
4. Data Processing and Validation: Data undergoes consistent processing techniques, and protocols are regularly reviewed and updated.
5. Generation of Data Reports: Accurate and reliable reports are generated from processed data.
6. Review and Validation of Reports: Reports are validated for accuracy and completeness before dissemination.
7. Dissemination of Reports: Validated reports are disseminated to relevant stakeholders.
8. Regular Data Quality Audits and KPI Monitoring: Conduct regular audits to monitor data quality and track performance using KPIs.
9. Identification and Resolution of Data Quality Issues: Identify and address any data quality issues promptly.
10. Staff Training and Continuous Improvement: Staff receive regular training, and continuous improvement initiatives are undertaken to enhance data quality.