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<b>Document for Public Display: Yes</b>	
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## BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

### Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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## 1. SUMMARY

Improving data quality is a key component of the I3 strategy and a Data Quality Group has been established to set, steer and performance manage the implementation of the data quality component of the strategy. Promoting data quality as everyone's responsibility and developing a culture of "getting it right first time" are key priorities.

## 2. PURPOSE

Quality, "fit for purpose" information underpins safe patient care. There are potentially serious consequences if information is not correct and timely.

Robust management information and business intelligence based upon accurate patient data is essential for the delivery of patients care and to maximise the utilisation of resources for the benefit of patients and staff.

The Trust requires accurate, timely, relevant patient information in order to support:

- The delivery of patient care within the e-Hospital environment
- The delivery of the Trust's core business objectives
- The delivery of the Trust's Business Intelligence framework, including on-demand real-time reporting and analytics
- The development of a Clinical Information Culture including clinical outcomes analysis
- Performance management against key standards as mandated national and locally
- Clinical governance and clinical audit
- Accurate clinical coding
- Service Level Agreement monitoring and contract management
- Business planning
- Accountability and transparency

The obligations upon all staff to maintain accurate records are:

- Legal (Data Protection Act 2018)<sup>1</sup>
- Contractual (Contracts of employment)
- Ethical (Professional codes of practice)

Improving data quality requires effort, resources and commitment at all levels in the Trust and requires a focus on user behaviour and improving how staff interact with the Trust's EPR and core systems.

This Policy defines roles and responsibilities and establishes the routes to be followed towards improving, maintaining and monitoring data quality.

## 3. SCOPE

This policy focuses on the Trust's Electronic Patient Record (EPR) system, Lorenzo, and the application of data for primary and secondary uses.

Primary use includes use of data within Lorenzo for in-hospital patient care, including the management of patient pathways and data-driven care decisions.

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Secondary uses include the population of the Trust's data warehousing and business intelligence framework which includes the corporate dashboard stack, divisional reporting, and self-service analytics as well as national and local data submissions including the Commissioning Dataset and mandated data flows.

Although focusing on primary and secondary uses of data to support and improve service user interaction with the Trust's EPR and the delivery of care, it is also relevant to other Trust functions including financial management, service management, performance and contract management, corporate governance and communications.

## 4. POLICY

### 4.1 Duties

The **Chief Executive** has overall responsibility for ensure that data generated and used within the organisation is robust, fit for purpose and timely.

The responsibility for the fitness for purpose (quality) of computer system data entry rests with the **Executive Director** responsible for the activity and performance of the division or corporate areas in which that data entry takes place.

**Clinical Directors** and **Divisional General Managers** are responsible for notifying any change in service provision in advance of it occurring in order for the impact on data collection and reporting to be assessed and processed. The **Information Manager** working with **I3 Service** colleagues will coordinate the system response to a notification of service level change.

**Service Managers** working with appropriate line managers will be responsible for creating, updating, communicating and auditing the use of standard operating procedures for all data entry staff within their area of responsibility. This includes external contractors and volunteers that work within the area they are responsible for. Service Managers are also responsible for ensuring that all staff are appropriately trained in the use of Lorenzo and other systems and that they utilise the resource of **I3 Training Team** to deliver as appropriate.

The **Chief Information Officer** has responsibility for the I<sup>3</sup> Strategy which includes data quality as a central supporting theme

The **Information Manager** has responsibility for the delivery of a framework to maintain data quality standards and improve the accuracy, completeness and timeliness of data being produced within the organisation.

The **Data Quality Group** will ensure that policy is regularly updated, review data quality for priority areas, oversee action required to implement improvements, review lessons learned, receive audits of data quality and monitor uptake of mandatory training linked to EPR use.

All **Users of Lorenzo** and other Trust systems are required to:

- Report data quality anomalies to their line manager when found
- Act on and resolve all identified anomalies.

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- Maintain the accuracy of data through communication with patients, clients and colleagues on an ongoing basis.
- Input complete and accurate data to the data system in a timely fashion.
- Make enquiries through various channels and agencies to ensure validity of data.
- Check, validate and act on data quality reports following their publication.

The **I<sup>3</sup> EPR Team** is required to ensure that Lorenzo is appropriately configured and maintained as per national and local definitions and monitored accordingly.

The **I<sup>3</sup> Business Intelligence Unit** will

- Promote awareness of the importance of data quality within the Trust.
- Advise staff as required on the methodologies to achieve accurate and timely data capture and subsequent data quality reporting.
- Produce and publish data quality reports from those systems within their remit, highlighting possible data quality issues in line with agreed timescales.
- Identify and inform the Training Team of any training needs as a result of data quality issues.
- Be active members of the Trust's Data Quality Group

The **I<sup>3</sup> Corporate Information Team** will:

- Complete the SUS data "Completeness and Validity Check" as prescribed by the Information Governance Toolkit (Standard 8-506).
- Monitor and report data quality of the Commissioning Dataset both internally and through the Trust and through contract meetings with local Commissioners
- Develop and publish a data quality dashboard available through the Trust's Business Intelligence Portal
- Respond to requests from system users relating to data quality
- Have representation on the Trust's Data Quality Group

The **I<sup>3</sup> Clinical Coding Team** will ensure that:

- Clinical coding staff are appropriately trained in the user of current coding practices.
- All clinical coding staff are audited on a yearly basis.
- That a rolling programme of clinical coding audit is in place that audits one specialty per month at a minimum (12 specialty audits per year)
- A coder is aligned to each specialty to facilitate good working relationships with Clinicians and their teams.
- Work closely with the Business Intelligence Unit divisional analysts to ensure that data quality issues affecting clinical coding are fed back to Divisions for remedial action

## 4.2 Data Quality Framework

### 4.2.1 Process

The Trust's Data Quality Group will be the vehicle for improving data quality within the Trust. The Group will review data quality, set objectives for improvement, monitor progress and implement remedial actions.

The Trust will strive to ensure that all patient-related information is complete, accurate, relevant and secure.

The Trust will be proactive in monitoring data quality to ensure that the information is fit for

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use. This will be reported through the Trust's Data Quality Dashboard and reviewed by the Data Quality Group on a monthly basis.

The Trust will promote awareness of the importance of data quality to all staff through regular communication. The Trust's Divisional Business Intelligence Analysts will be key staff in implementing a data improvement culture.

The I<sup>3</sup> Service will ensure that data management is robust, transparent and supports the integrity of the patient record.

Data quality will be reported, and discussed, at all levels of the organisation from Board to Ward.

Clean and accurate data is a responsibility shared among all staff within the Trust.

#### **4.2.2 Priority Areas for Improving Data Quality**

The Data Quality Group has identified the following 6 priority areas where data quality needs to be improved in order to both support patient care and enable accurate reporting of care delivered.

##### **4.2.2.1 Emergency Department**

The timeliness of access to a medical care for patients accessing the Trust through the Emergency Departments is subject to national scrutiny through the 4-hour waiting time standard and other supporting indicators.

There is a lack of consistency in the recording of key times within Lorenzo for patients who attend the Trust's type 1 Emergency Departments. In particular data quality is poor for triage time, DTA (Decision to Admit) time and treatment time.

The recording of key times relating to ED attendance is essential to enable the accurate measurement of ED performance against a range of clinical indicators as well as nationally monitored access targets.

There are an unacceptable number of ED attendances that do not have complete clinical coding. The recording of clinical coding against each attendance is vital for accurate patient records and ensures that the Trust is paid correctly.

##### **4.2.2.2 Clinical Coding**

There is a need to improve the quality of clinical coding through increased scrutiny, improvement of coding practice, a robust audit cycle and through more thorough clinical recording of information related to a patients stay in Hospital as made available to clinical coders.

In line with the Trust's I<sup>3</sup> Strategy, the process through which clinical coders access the relevant information required for clinical coding will be transformed as the Trust moves towards the implementation of a full electronic record as opposed to paper-based recording for emergency and inpatient care.

##### **4.2.2.3 Ensuring the data quality robustness of the Commissioning Dataset.**

Data quality of the Commissioning Dataset (CDS) is a top priority for the Trust as it reflects the quality of data that underpins the financial arrangements between the Trust and

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commissioning organisations. The data quality of the CDS is to a large extent a reflection of the Trusts overall data quality however there are some specific areas that require review and ongoing focus:

- Ensuring consistency between the CDS and financial reporting models
- Integrating non-EPR systems into the CDS through the Trust's data warehouse structure
- Populating non-mandatory fields in order to expand the breadth of the CDS which will support secondary use by other healthcare organisations

#### **4.2.2.4 Targeting frontline staff on the correct management of patient demographics within the Trust's EPR.**

Lorenzo includes PDS tracing functionality that will look up patient details against the national demographic register (the Spine) when a patient's details are entered into the EPR. Data quality issues are known to occur when this overwrites a previously updated patient record when the Spine is not up to date. Users are also reluctant to accept changes from the Spine, this results in decoupled records and out of date patient data.

Data quality improvements focus around the education of staff in how and when to initiate a PDS trace and also in any intelligence fixes that can be applied to Lorenzo that will facilitate the correct user behaviour.

#### **4.2.2.5 A review of the Trust's process of managing the admitted pathway PTL for Referral to Treatment Times, including the migration to an automated system approach.**

Currently due to historic issues an un-acceptable amount of manual validation is required in order to produce accurate PTL's and performance monitoring reports. The same issues are a barrier to accurate real-time pathway monitoring through Lorenzo.

Known data quality issues include incorrect RTT outcomes entered into Lorenzo and offer dates not being recorded. Significant remedial action is required to both address historic data quality but more importantly to address system user behaviour to ensure that patient pathways are accurately captured and managed through Lorenzo by frontline and waiting list staff.

#### **4.2.2.6 A stocktake and planned improvement of the Trusts data collection for Maternity Services**

The Maternity Module of Lorenzo has been in active use by the Maternity Service since July 2013 and there are 3 areas requiring data quality review:

##### Payment by Results Allocation

The Trust currently records a patient's Ante/Postnatal PbR Allocation by means of paper forms which are transcribed into a bespoke local system. This process requires review to ensure that the Trust's EPR accurately reflects the care captured (currently manually) through a community setting.

##### Clinical Coding of Maternity Spells

Review has shown delays in the availability of maternity care information available to

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clinical coders which impacts upon coding deadlines being met.

### Maternity Services Dataset

The Trust must submit the Maternity Services Dataset by May 2015 and work is required to ensure that the EPR (Lorenzo) is able to support this.

## **4.3 Monitoring and Reporting**

The monitoring of data quality within the Trust is everybody's responsibility and Divisions are expected to ensure that data entry through Lorenzo and core systems is timely, accurately reflects clinical care delivered/planned and is appropriate in terms of system functionality requirements as specified through user training and UHMB Standard Operating Procedures (SOPs).

The I<sup>3</sup> Corporate Information Team will deliver a Data Quality Monitoring Dashboard that will be delivered to clinical and operational staff through self-service technology and will be reviewed on a monthly basis at the Data Quality Group. The dashboard will monitor data quality against an agreed set of metrics covering the six priority areas detailed within this Strategy.

The Trust's Information Compliance System (ICS) is being rolled out across the organisation, ICS is a data quality monitoring platform that sits on top of Lorenzo and core systems, monitors user behaviour and implements an escalation process designed to address repeated incorrect user behaviour.

Divisional BI Analysts are developing metrics pertinent to Divisional data quality improvement and ICS data quality will be reported on a monthly through the Data Quality Group.

## **4.4 Training**

I<sup>3</sup> Education Training and Development Team will provide up to date and relevant training in line with Standard Operating Procedures to all staff identified as requiring this training.

Training will be monitored and recorded using the Training Administration System (TMS)

Staff who are identified by line managers as requiring further training will be given the appropriate training reflecting on data quality issues and in line with the areas Standard Operating Procedure. This will be done on a 1:1 basis and in a timely fashion

All staff that require access to Lorenzo will not be granted said access unless the appropriate training has been given and they have been assessed as competent to use the system – this protects in the first instance against poor data quality.

I<sup>3</sup> Education Training and Development Team will provide bespoke sessions with identified areas who are experiences problems with Data Quality

All staff requiring training should in the first instance understand the areas Standard Operating Procedures and be fully inducted in the work place to gain benefit from their training.

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<b>9. CONSULTATION WITH STAFF AND PATIENTS</b>		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
<b>Name</b>	<b>Job Title</b>	<b>Date Consulted</b>
Colin Brown	Clinical Chief Information Officer	
Paul Charnley	Chief Information Officer	
Rob O'Neill	Information Manager	
Andrew Browne	Corporate Information Unit Manager	
Matt Heys	Business Intelligence Unit Manager	
Julia Clarke	Coding Manager	
Adam Wood	Divisional BI Analyst	
David Norrie	Divisional BI Analyst	

<b>10. DISTRIBUTION PLAN</b>	
Dissemination lead:	Rob O'Neill
Previous document already being used?	Yes
If yes, in what format and where?	Information Assurance Strategy (draft) which this document replaces
Proposed action to retrieve out-of-date copies of the document:	n/a
<b>To be disseminated to:</b>	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News – New documents uploaded to the Document Library

<b>11. TRAINING</b>		
Is training required to be given due to the introduction of this procedural document? *Yes / No Please delete as appropriate		
<b>Action by</b>	<b>Action required</b>	<b>Implementation Date</b>

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<b>12. AMENDMENT HISTORY</b>				
<b>Version No.</b>	<b>Date of Issue</b>	<b>Page/Selection Changed</b>	<b>Description of Change</b>	<b>Review Date</b>
1			Draft to final	
2	04/02/16		pp1. amendment of document title from 'Data Quality' to 'Data Quality Strategy' pp.10 additional of Chief Clinical Information Officer under consultation table, change of personnel listed as Chief Information Officer.	01/02/2019
2.1	04/10/2017	Page 3	BSF page added	01/02/2019
2.2	05/09/2018	Section 2 Section 7	Reference to Data Protection Act updated	01/02/2019
2.3	19/03/2019	Front Cover	Review date extended form 054/2019	01/06/2019

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## Appendix 1: EQUALITY & DIVERSITY IMPACT ASSESSMENT TOOL

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Age	No	
	• Disability	No	
	• Race	No	
	• Sex	No	
	• Religious belief – including no belief	No	
	• Sexual Orientation	No	
	• Gender reassignment	No	
	• Marriage and civil partnership	No	
	• Pregnancy and maternity	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination are there any exceptions - valid, legal and/or justifiable?</b>	No	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
4a	<b>If so can the impact be avoided?</b>	N/A	
4b	<b>What alternative are there to achieving the policy/guidance without the impact?</b>	N/A	
4c	<b>Can we reduce the impact by taking different action?</b>	N/A	

For advice in respect of answering the above questions, and / or if you have identified a potential discriminatory impact of this procedural document, please contact the relevant person (see below), together with any suggestions as to the action required to avoid/reduce this impact.

For Service related procedural documents: Lynne Wyre, Deputy Chief Nurse & Lead for Service Inclusion and Diversity

For Workforce related procedural documents: Karmini McCann, Workforce Business Partner & Lead for Workforce Inclusion and Diversity.

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