

# STANDARD OPERATING PROCEDURE COLLECTION OF PATIENT CHARACTERISTICS IN LORENZO

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**VALIDITY – All local SOPS should be accessed via the Trust intranet**

### CHANGE RECORD

Version	Date	Change details
1.0	June 2024	New SOP. Approved at Digital Delivery Group (13 June 2024).

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## 1. INTRODUCTION

Collecting accurate and complete patient data in relation to patient characteristics is important to the Trust because it allows us to identify where different groups of patients experience health inequalities due to poorer access, experiences and outcomes in our services. Addressing these health inequalities is central to national government policy in the NHS. NHS Trusts have a legal duty to address health inequalities and the NHS Long Term Plan placed tackling health inequalities at the heart of NHS goals. Demographic and Patient characteristics data help us to better understand our population so that we can develop services that best meets the needs of our local people. It can be used to help us adapt services to meet the needs of patients and improve the care we provide for the most vulnerable people in our communities.

There is a specific requirement of the Trust to collect patient data in relation to patient characteristics and other vulnerable groups data as outlined in the Mental Health Services Data Set. The full list of information that we are currently required to collect that is within scope for this guide is listed below:

Accommodation Type	Indication of the type of accommodation that a patient currently has. This should be based on the patient's main or permanent residence
Disability Code	Where the patient has been diagnosed as disabled or the patient considers themselves to be disabled
Ethnic Category	The ethnicity of the patient as specified by the patient
Ex BAF Indicator	An indication of whether the patient is an ex-member of the British Armed Forces, i.e., army, navy or air force, or is a dependant of a person who is an ex-services member
Gender	The patient's gender as specified by the patient/carer
Gender Identity	The gender identity of the patient as stated by the patient/carer <b>(not currently recordable in Lorenzo)</b>
Gender Same at Birth	An indication of whether the persons gender is the same as their gender assigned at birth <b>(not currently recordable in Lorenzo)</b>
LAC Status	An indication of whether a patient is a looked after child (LAC). Only patients aged 0-17 are included in this statistic
Postcode (LSOA2011)	Postcode
Marital Status	The legal marital status of a patient
Religion	The patient's religion as specified by the patient
Sexuality	Patients aged 16 and over only are included in this statistic.
Age	Date of Birth

It is acknowledged that it may not always be appropriate to request information from our patients, and in some cases, patients may decline to provide the information. Discretion/judgement should be applied where this is the case. It is still very important to record the outcome from the decision as this will allow:

- An understanding of where patients are declining to provide information.
- Will allow other staff members to see that attempts to collect the information have been made to avoid repetitive attempts to obtain the information from the patient.
- An understanding of when previous attempts to collect the information were made to ensure the patient record is valid and up to date.

There is a contractual performance standard associated with the collection of patient demographics/patient characteristics which is 80%. This 20% tolerance is designed to take into consideration where it is deemed inappropriate to request the information or the patient is unwilling to provide it. It is important that we can demonstrate where attempts have been made or where discretion has been applied.

Please refer to Appendix 1, "How to Update Patient Demographics in the EPR". Please refer to Appendix 2 which provides the current list of options and highlights which of these options are counted as valid for performance purposes. Where a valid options cannot be selected, the most appropriate invalid option should be selected with a supporting narrative as outlines in appendix 1.

## 2. SCOPE

All activity relating to patients (of all ages) who receive assessments and treatment from Mental Health Services is within the scope of the Mental Health Services Data Set and should be recorded in Lorenzo.

## 3. DUTIES AND RESPONSIBILITIES

All patient facing teams are required to capture patient level data relating to the Patient characteristics.

This SOP relates to the recording of this data within Lorenzo

**General Managers/Clinical Lead** - Ultimate accountability and responsibility for ensuring SOP compliance.

**Service managers** - The service manager is responsible for the service meeting their performance indicators. The service manager holds ultimate responsibility for the operation of the service, working closely with the team manager to facilitate and enable this. The service manager will report directly to the general manager of the division.

**Clinicians** - It is the responsibility of clinicians to obtain and update the patient record to include up to date patient demographics as outlined in the relevant system.

**Administration** - It is the responsibility of the administrative team to enter obtained information into the patient record when required and upon request, in line with locally agreed process.

**Team managers and clinical leads** - Responsible for the day to day operational and clinical management of the service. The Clinical Leads and Team Leaders have distinct roles and responsibilities but will be jointly liable for the accountability and assurance of the service.

**Humber Digital Team** - The training team within the Humber Digital Team will provide training materials via the intranet and online training upon request.

**Business Intelligence** - The BI team will provide reporting at team and divisional level on the performance of data recording. These reports can be accessed via Power BI

## 4. PROCEDURES

This Standard Operating Procedure is intended as a general guide to support services with developing their own detailed processes that will ensure collection and system entry of patient demographics/characteristics.

It is intended to support services with ensuring:

- Information capture points are understood and embedded into local routine process.
- Staff members have clear guidance on how to input the collected information into the system.
- Staff members have clear guidance in relation to valid and invalid system entries.
- Staff members have clear visibility as to when information has been requested to avoid duplication of effort and avoid negative experience for the patient.
- Staff members are aware of how to access the Protected Characteristics Power BI report for operational and oversight purposes.

### 4.1. General

It may not be possible to collect all patient characteristics at the point of referral and therefore several check points should be embedded into routine practice. The below outlines the various opportunities to obtain and enter the required Patient Characteristics. This may vary between services and process for collection should be included in Divisional/Service level SOPs.

Where it is deemed inappropriate to obtain the information from a patient the staff member should select the most appropriate invalid option to reflect the scenario with an additional comment (please see appendix 1 – “How to Update Patient Demographics in the EPR”).

It is important that the information that we hold is accurate and valid. It is therefore vital that patients are asked on a regular basis if the information that we have collected has changed and that the system is updated. This should be checked as a minimum, every 3 months although services may choose to undertake these checks with each patient contact, depending on the frequency of contacts. Where information is checked with the patient and no changes are identified, this should be recorded onto the system in order to avoid duplicated attempts to update information.

Please see appendix 1 – “How to Update Patient Demographics in the EPR” which details how this should be completed. This is also outlined below (section 4.2). This feature can also be used by staff to help avoid over-checking of information with the patient which may cause the patient to have a negative experience.

### 4.2. General Details / Additional Details comment box

Where patient protected characteristics has been checked/updated, use the General Details to record this.

An example of how to do this is outlined below:

- General Details Tab
- Additional Details Comments Box
- “Patient characteristics checked/updates on (add date of check/update).

The Patient characteristics are held within multiple tabs within General Details.

Summary	Insurance	Identifiers	Additional demographics	Contact information	PDS history
PAS Number	HFT0000004				
NHS number	999-033-8485(Traced on PDS)				
Registration date	15-May-2012				
Title					
Surname	TESTPATIENTDHAO				
Suffix					
Forename	Cscdonotuse				
Middle name					
Gender	Male				
Date of birth	26-Sep-1974 ( Age: 49 yrs )				
Estimated DOB reason	No				
Current GP	GENERAL MEDICAL PRACTITIONER, PPD CODE NOT KNOWN				
Registered health organisation	HUMBER TEACHING NHS FOUNDATION TRUST				
Confidentiality status	Not Applicable				
Confidentiality reason					
Additional details	protected demographics checked on 31/01/2024				

### 4.3. Capture Points

#### Planned Care / Community Referrals

<u>Referral</u>	<p>Where referral information contains Patient Characteristics, this should be inputted directly onto the system. Services should consider information required when developing referral forms to ensure maximum opportunity to gather this information at the earliest point.</p> <p>Personnel responsible for registering referrals onto the system should include any patient demographic information provided within the referral</p>
<u>1<sup>st</sup> Assessment</u>	Contact with a patient/carer missing Patient Characteristics information should be requested and inputted directly into the system. Services should develop their own process for reviewing upcoming appointments and identifying where information is required.
<u>Intervention Contacts</u>	Services should develop their own process for reviewing upcoming appointments/contacts and identifying where information is required/where information checks are required. This should be detailed within the local service SOP.
<u>Follow up/caseload contacts</u>	Services should develop their own process for reviewing upcoming appointments/contacts and identifying where information is required/where information checks are required. This should be detailed within the local service SOP.

## Inpatient Admissions

On Admission	The clerking in process should include collecting the required patient demographic/protected characteristics information. Services should develop their own process for ensuring information requirements are known and collected on admission.
During Admission	Processes should be in place during the admission to check for missing patient demographics or protected characteristic items against the patient record. Missing information should be reported to the most appropriate member of staff to collect the information from the patient if deemed appropriate. Checks for missing information should be performed weekly as a minimum. Information validity checks should also be considered.
On Discharge	The discharge process should include checks for missing demographics/protected characteristics. Missing information should be requested from the patient prior to discharge and inputted onto the system if deemed appropriate. Information validity checks should also be considered.

*\*Within the PBI report, you are able to select an inpatient report to review whether current inpatients have missing information and whether checks have taken place\**

### 4.4. Power BI

A Power BI report has been developed to support services with their operational monitoring and compliance against this KPI. The report enables services to identify where information is required at patient level. The patient level information is contained within the Divisional (restricted access) reporting areas as contains patient identifiable information.

The report can be accessed via the intranet, if access approval is required, you will be prompted.

[Reporting & Analytics \(humber.nhs.uk\)](https://humber.nhs.uk)

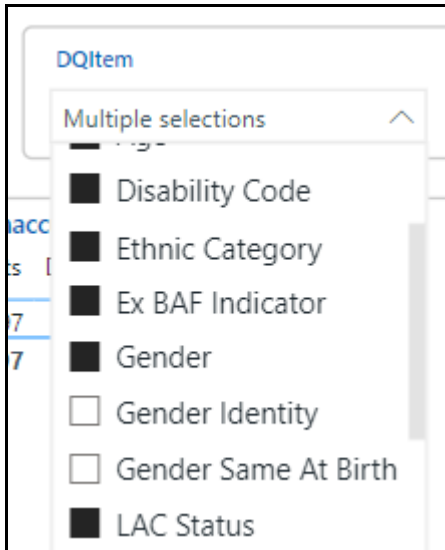
For any training requirements for use of this report please contact Business Intelligence: hnf-tr.bi-hub@nhs.net

## 5. MONITORING AND COMPLIANCE

There is a contractual performance standard associated with the collection of patient demographics/patient characteristics which is 80%. As a direct result of being unable to record all items within Lorenzo (expecting this to be resolved with System 1), as an interim, it is expected that the Trust will meet the following compliance trajectory:

24/25	Q1	Q2	Q3	Q4
% of patients with an open referral with valid protected characteristics data recorded	40%	50%	60%	70%

To monitor compliance for you area using the live Power BI report, please ensure that you remove the 2 items that we are currently unable to record:



Divisional level expected compliance will continue to be discussed via Performance and Productivity and Accountability meetings.

### **Monitoring Compliance**

**Patient characteristics data can be accessed via Power BI at the link below.**

[Reporting & Analytics \(humber.nhs.uk\)](https://humber.nhs.uk)

Please note that Trust reports will not show patient identifying information, To view patient level detail in relation to patient characteristics the divisional link on this page will need to be used following authorisation to view. Please refer to appendix 3 [Protected Characteristics DQ - Power BI](#)

Compliance will be monitored as follows:

- Performance and Accountability Meetings
- Performance and Productivity Meeting
- Divisional ODG/Performance and Accountability Meetings

Local level SOPs should describe service level monitoring process. Service Leads are required to review the position for their designated areas on a weekly basis as a minimum. Service leads should communicate with Teams to develop plans to capture missing information.

Monthly monitoring will be carried out to ensure that compliance is increasing for each Division. General Managers will provide updates to the Performance and Productivity Group regarding actions being taken to address this.

## **6. REFERENCES**

[How to collect this data - NHS Digital](#)

[Demographic Data Collection \(humber.nhs.uk\)](https://humber.nhs.uk)

<https://intranet.humber.nhs.uk/core-functionality.htm>

[NHS Long Term Plan » Online version of the NHS Long Term Plan](#)



## **Appendix 1 - How to Update Patient Demographics in the EPR**

[Click this link](#)

## **Appendix 2 - Lorenzo Recording Options**

[Click this link](#)

## **Appendix 3 - Power BI Report Guide**

[Click this link](#)