

About this Unit

This standard is about monitoring, evaluating and recommending improvements to the management of data and information. You will need to be able to establish and use monitoring methods, including interviewing, as well as recommend improvements to the management of data and information.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Your **knowledge and understanding** will be specifically related to legal requirements and codes of practice and conduct applicable to your job, and the NHS Knowledge and Skills Framework. This will relate to your work activities; the job you are doing, and the setting, eg in hospital and community, domiciliary, residential care, and the individuals you are working with.

Values — the values underpinning this Unit are embedded within the 2009 NHS Code of Conduct for Health Care Support Workers. These are stated in full within the Assessment Strategy and Guidance document for the awards.

Key Words and Concepts — a glossary of definitions, key words and concepts used in this Unit is contained in the Assessment Strategy and Guidance document.

In occupational standards it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the standards, may be used in a very particular way. **You should read the Assessment Strategy and Guidance document before you begin working with the standards and refer to it if you are unsure about anything in the Unit.**

Specific Evidence Requirements for the Unit

It is essential that you adhere to the Evidence Requirements for this Unit

SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT
Simulation:
<ul style="list-style-type: none"> ◆ Simulation is NOT permitted for any part of this Unit. ◆ The following forms of evidence ARE mandatory: ◆ Direct Observation: Your assessor or expert witness must observe you in real work activities. Their confirmation of your practice will provide evidence for a significant amount of the performance criteria in this Unit. For example, how you discuss and agree the aspects of data and information management that require monitoring and evaluation with colleagues and relevant others. ◆ Professional discussion: Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. For example, discuss the health and business context for data and information management (eg clinical impact, patient safety, increased productivity).
Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:
<ul style="list-style-type: none"> ◆ Reflective Account: These are written pieces of work which allow you to reflect on the course of action you took in a specific situation to identify any learning from the piece of work and to describe what you might do differently in the light of your new knowledge. ◆ Questioning/professional discussion: May be used to provide evidence of knowledge, legislation, policies and procedures which cannot be fully evidenced through direct observation or reflective accounts. In addition your assessor/mentor or expert witness may also ask questions to clarify aspects of your practice. ◆ Expert Witness: A designated expert witness, eg a senior member of staff, may provide a direct observation of your practice, or record a professional discussion they have held with you on a specific piece of practice. ◆ Witness Testimony: Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen. ◆ Products: These can be any record that you would normally use within your normal role, eg you should not put confidential records in your portfolio; they can remain where they are normally stored and be checked by your assessor and internal verifier. ◆ Prior Learning: You may be able to use recorded prior learning from a course of training you have attended within the last two years. Discussion on the relevance of this should form part of your assessment plan for each Unit. ◆ Simulation: There may be times when you have to demonstrate you are competent in a situation that does not arise naturally through your work role, eg dealing with violent or abusive behaviour. The Evidence Requirements in each Unit provide specific guidance regarding the use of simulation.
GENERAL GUIDANCE
<ul style="list-style-type: none"> ◆ Prior to commencing this Unit you should agree and complete an assessment plan with your assessor which details the assessment methods you will be using, and the tasks you will be undertaking to demonstrate your competence. ◆ Evidence must be provided for ALL of the performance criteria, ALL of the knowledge. ◆ The evidence must reflect the policies and procedures of your workplace and be linked to current legislation, values and the principles of best practice within the Health Care sector. This will include the National Service Standards for your areas of work. ◆ All evidence must relate to your own work practice.

KNOWLEDGE SPECIFICATION FOR THIS UNIT

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice in the performance described in this Unit.

When using this specification **it is important to read the knowledge requirements in relation to expectations and requirements of your job role.**

You need to provide evidence for ALL knowledge points listed below. There are a variety of ways this can be achieved so it is essential that you read the 'knowledge evidence' section of the Assessment Guidance.

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
1 The relevant legislation, policies, procedures, codes of practice and guidelines in relation to information management.	
2 The importance and reasons for adhering to information governance.	
3 The wider sensitivities of data and information relevant to your role.	
4 The standards regarding data and information (eg sources, validity, reliability, completeness, terminology, acronyms, purpose and conventions).	
5 The health and business context for data and information management (eg clinical impact, patient safety, increased productivity).	
6 The different ways in which data and information are processed and used in a health context.	
7 The ways in which patients take responsibility for their health care and the access they have to their information.	
8 The flow of data and information within your area of work.	
9 The process of data management and information flows.	
10 The structure of data and information.	
11 The characteristics of data and information.	
12 The importance of the quality of data and information (including timeliness, accuracy, completeness, appropriate for purpose and accessibility).	
13 The different methods of validating the quality of data and information, and how to use them.	
14 How to monitor and review the administration of data and information.	
15 The importance of having a clear framework within which to monitor and evaluate data and information.	
16 The importance of communicating and discussing the monitoring and evaluation of data and information with colleagues and relevant others (eg clinicians, patients, carers, data providers).	
17 The processes to engage clinical colleagues.	
18 How to maintain awareness of technological change and how these may improve the management of data and information.	

Performance Criteria		DO	RA	EW	Q	P	WT	PD
		1	Discuss and agree the aspects of data and information management that require monitoring and evaluation with colleagues and relevant others.					
2	Establish the required liaison and consultation with colleagues and relevant others.							
3	Establish and use suitable methods for monitoring and evaluating the management of data and information.							
4	Monitor and evaluate the management of data and information in accordance with legal and organisational requirements.							
5	Analyse and record the results of monitoring and evaluation within the required timescale.							
6	Check conformity with national standards, in accordance with legislation and organisational requirements.							
7	Base recommendations for improvements to the management of data and information on the results of monitoring and evaluation.							
8	Identify relevant others who need to be involved in developing recommendations for improvements.							
9	Present your recommendations for improvements in a form that can lead to effective implementation.							

DO = Direct Observation
EW = Expert Witness
PD = Professional Discussion

RA = Reflective Account
P = Product (Work)

Q = Questions
WT = Witness Testimony

Additional information

This National Occupational Standard was developed by Skills for Health.
This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004): Dimension: IK1 Information processing
HI9 Monitor,

To be completed by the candidate

I SUBMIT THIS AS A COMPLETE UNIT

Candidate's name:

Candidate's signature:

Date:

To be completed by the assessor

It is a shared responsibility of both the candidate and assessor to claim evidence, however, it is the responsibility of the assessor to ensure the accuracy/validity of each evidence claim and make the final decision.

I CERTIFY THAT SUFFICIENT EVIDENCE HAS BEEN PRODUCED TO MEET ALL THE ELEMENTS, PCS AND KNOWLEDGE OF THIS UNIT.

Assessor's name:

Assessor's signature:

Date:

Assessor/Internal verifier feedback

To be completed by the internal verifier if applicable

This section only needs to be completed if the Unit is sampled by the internal verifier

Internal verifier's name:

Internal verifier's signature:

Date: