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## Clinical Audit and Service Evaluation Policy

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*Please be aware that this printed version of the Policy may NOT be the latest version. Staff are reminded that they should always refer to the Intranet for the latest version.*

<b>Summary of Policy</b>	This policy sets out a framework for the conduct of clinical audit and service evaluation within Solent NHS Trust
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## Summary of Policy

The purpose of this policy is to ensure that Solent NHS Trust meets its statutory and mandatory requirements in relation to clinical audit, and to set out a framework for staff undertaking clinical audit and service evaluation projects in Solent NHS Trust.

### Clinical Audit

Clinical audit is “A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Put more simply, clinical audit is all about measuring the quality of care and services against agreed standards and making improvements where necessary.” (National Institute for Health and Clinical Excellence (NICE). *Principles for Best Practice in Clinical Audit.*)

### Service Evaluation

Service evaluation does not require systematic comparison against a pre-determined standard but by evaluating current practice can generate useful information to aid local decision making. Service evaluation can stand alone as an individual project, or may be used as a baseline for future audits / research or for benchmarking.

### Statutory and Mandatory requirements

Healthcare providers must participate in relevant national clinical audits within the National Clinical Audit and Patient Outcomes Programme (NCAPOP). Healthcare providers must also implement all relevant recommendations of any national clinical audit.

Healthcare providers must regularly assess and monitor the quality of the services provided. They must use the findings from clinical and other audits, including those undertaken at a national level, and national service reviews to ensure that action is taken to protect people who use services from risks associated with unsafe care, treatment and support. They must also ensure healthcare professionals are enabled to participate in clinical audit in order to satisfy the demands of the relevant professional bodies (for example, for revalidation).

Healthcare providers must produce an annual Quality Account, which must include information on participation in national and local audits, and the actions that have been taken to improve services, as a result of the audit.

## Clinical Audit and Service Evaluation Policy

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## 1 INTRODUCTION AND PURPOSE

### 1.1 Introduction

#### 1.1.1 Clinical audit

Clinical Audit is “A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Put more simply, clinical audit is all about measuring the quality of care and services against agreed standards and making improvements where necessary.” (National Institute for Health and Clinical Excellence (NICE). *Principles for Best Practice in Clinical Audit.*)

#### 1.1.2 Service Evaluation

Service evaluation does not require systematic comparison against a pre-determined standard, but by evaluating current practice can generate useful information to aid local decision making. Service evaluation can stand alone as an individual project, or may be used as a baseline for future audits, research or benchmarking.

### 1.2 Purpose

The purpose of this policy is to ensure that Solent NHS Trust meets its statutory and mandatory requirements in relation to clinical audit, and to set out a framework for staff undertaking clinical audit and service evaluation projects in Solent NHS Trust. All clinical audit and service evaluation activity undertaken in the Trust must comply with the requirements of this policy.

### 1.3 Statutory and Mandatory requirements for clinical audit.

The NHS Standard contract states that healthcare providers must participate in relevant national clinical audits within the National Clinical Audit and Patient Outcomes Programme (NCAPOP). Healthcare providers must also implement all relevant recommendations of any national clinical audit.

The Care Quality Commission (CQC) requires healthcare providers to regularly assess and monitor the quality of the services provided. They must use the findings from clinical and other audits, including those undertaken at a national level, and national service reviews to ensure that action is taken to protect people who use services from risks associated with unsafe care, treatment and support. They must also ensure healthcare professionals are enabled to participate in clinical audit in order to satisfy the demands of the relevant professional bodies (for example, for revalidation).

The National Health Service (Quality Account) Regulations 2010 requires healthcare providers to produce an annual Quality Account, which must include information on participation in national and local audits, and the actions that have been taken to improve services, as a result of the audit.

A list of the key statutory and mandatory requirements for clinical audit is available on the Healthcare Quality Improvement Partnership (HQIP) website (<http://www.hqip.org.uk/assets/Guidance/Statutory-and-mandatory-requirements-for-Clinical-Audit-07.12.2011.pdf>)

## 2 SCOPE & DEFINITIONS

The Policy applies to anyone engaged in the clinical audit or service evaluation process, both directly & indirectly employed staff within Solent NHS Trust, covering:

- all staff, both clinical and non-clinical, including short-term or honorary contracts
- students and trainees in any discipline
- patients, carers, volunteers and members of the public

This Policy also applies when clinical audit / service evaluation is undertaken jointly across organisational boundaries (partnership working). The Leads of these projects must follow the process described in this policy and any relevant policy in the partner organisation.

### 2.1 Patients and the public

Solent NHS Trust is committed to the involvement of patients and the public in the whole clinical audit process, as they can provide a unique perspective based on their personal experience and can help design services around patient needs. (Section 3.5)

Service users and carers involved in audit and service evaluation will be bound by Trust confidentiality guidelines.

Advice on Patient and Public involvement can be found on the HQIP website ([hqip.org.uk/patient-and-public-engagement](http://hqip.org.uk/patient-and-public-engagement)) and in Solent NHS Trust policies which address patient and public engagement.

### 2.2 Involving practitioners in training / undertaking post registration training

Where students of any profession are required to complete a clinical audit or service evaluation as part of their training programme, this should be undertaken in line with guidance in this Policy.

When choosing a topic for audit, students will be encouraged to undertake a project which is aligned to the Trust's Quality Improvement (QI) Plan (see section 3) as well as meeting any specific conditions of the training they are undertaking.

Copies of clinical audit & service evaluation reports undertaken by students must be submitted to the Solent NHS Trust Clinical Audit and Evaluation (CAE) team as well as to their academic institution.

### 2.3 Professional Revalidation

Participation in clinical audit and service evaluation projects can provide valuable evidence for re-registration / revalidation for healthcare professionals who are required by their professional body to demonstrate their continued fitness to practice.

Any audit or service evaluation project that a practitioner intends to use as evidence for their re-registration / revalidation must have been approved by the appropriate service line governance / audit group with a report sent to the Trust CAE team, and must be undertaken in line with guidance in this policy.

### **3 PROCESS / REQUIREMENTS**

#### **3.1 Clinical Audit, Evaluation and Quality Improvement Plan**

##### **3.1.1 Creating the Plan**

On an annual basis and prior to the start of the financial year (1<sup>st</sup> April), a Trust Clinical Audit, Evaluation and Quality Improvement Plan will be agreed. The plan will meet the statutory and mandatory requirements for clinical audit and will include clinical services' local plans for audits, evaluations and QI projects.

The Clinical Audit and Evaluation (CAE) team will initiate the process by circulating a draft plan to the clinical services, which will include (where known):

- relevant NCAPOP / other national audits
- corporate / central function teams' requirements (e.g. Medicines Management, Infection Control and Safeguarding teams)
- quality schedule audits specified in contracts with commissioners

This will be circulated to the clinical services who will identify the priority quality improvement themes for their services and add them to the template.

The CAE team are responsible for using this information to develop the overarching Solent NHS Trust Clinical Audit, Evaluation and Quality Improvement Plan.

Once finalised the plan will be circulated to clinical and corporate services and a copy will be posted on the Clinical Audit & Evaluation pages of the intranet. The CAE Team is responsible for updating the plan when notified of changes by the relevant service.

##### **3.1.2 Changes to the Plan**

The Plan may be altered during the year, as priorities change or as new mandatory national or local contract projects arise.

New national audits or contractual audits will be added to the plan by the CAE Team, who will notify clinical services of the addition.

The CAE Team are responsible for adding new local projects to the plan once they have been agreed by the relevant clinical services' Governance Leads / Audit Groups .

New project proposals should be notified to the CAE Team, using the Clinical Audit & Service Evaluation Registration form – available on the Clinical Audit and Evaluation pages of the intranet or from the CAE Team

##### **3.1.3 Reporting**

The CAE Team are responsible for producing regular reports for clinical services and Trust committees to show the progress against delivery of the plan. Reports will be circulated as relevant and saved to the intranet.

### **3.2 Participation in National / Contractual Audits**

The CAE Team will liaise with the clinical services required to participate in national clinical audits and contractual audits, and support the completion of the audit as needed. The CAE Team will:

- liaise with the relevant clinical services to agree who will register with organizing bodies where necessary
- agree processes for data submission with services
- highlight data collection & submission deadlines to services
- circulate all communications from NCA bodies to services
- circulate contractual audit requirements to services
- assist with collating and reporting results of contractual audits (if required)
- disseminate NCA and contractual audit results / reports to relevant services, with template action plan for services to address national recommendations with a local action plan
- provide summaries of NCA findings to the Clinical Audit & Service Evaluation Group

Clinical Services will:

- Identify appropriate service lead for the NCA / contractual audits who will liaise with the CAE Team
- complete data collection by the deadline date
- agree, and implement, a local action plan to implement appropriate national recommendations;
- inform CAE Team of national audits that are not on the annual QI Plan

### **3.3 Corporate Team audits**

The relevant corporate team is responsible for liaising with clinical services to ensure the required audit is completed. The CAE Team will assist corporate teams as required.

### **3.4 Local clinical audit and quality improvement projects**

Staff with no previous clinical audit experience should contact the CAE Team who will advise on the steps for registering an audit and can provide advice & practical help with the clinical audit process, e.g.:

- writing audit questions to measure against standards of clinical care
- collecting data
- provision of a template data collection tool with the ability to automatically count pre-agreed responses
- report writing
- dissemination of findings
- implementation of actions

#### **3.4.1 Registration process**

Prior to starting a project, the service's Audit, Evaluation and QI Plan should be checked to see whether the proposed project is listed. If the project is already on the plan a registration form is not required.



If the proposed project is not on the plan a Clinical Audit & Service Evaluation Registration form should be completed and emailed to [clinicalaudit.evaluation@solent.nhs.uk](mailto:clinicalaudit.evaluation@solent.nhs.uk). The form can be found on the Clinical Audit and Evaluation pages of the intranet or from the CAE Team

- The CAE Team will:
  - check that the project has governance approval
  - send proposals for service evaluations and other QI projects to the Trust's SE Lead for review. (see 3.4.3)
  - add the project to the plan once agreed

#### **3.4.1.1 Student projects**

Medical Student projects with peer review and Southampton University Research Governance Office Ethics review will be added to the plan as requested. All other student projects will need to be registered through the process in section 3.4.1.

The student's Solent NHS Trust clinical supervisor is responsible for ensuring that a copy of the project report goes to the relevant governance / audit group and CAE Team.

#### **3.4.2 Clinical Audit Projects**

The project lead is responsible for ensuring all involved services / individuals are aware that the audit project is being undertaken and data collected. They are responsible for overseeing the audit process, including the following:

- agreeing the standards of clinical care being measured with the clinical lead and ensuring these are clearly stated
- ensuring that the project has been registered with the CAE Team
- supporting other members of the project team
- ensuring only data necessary to meet the criteria of the project is collected.
- ensuring no patient identifiable data is recorded on the audit tool; (a pseudonymisation<sup>36</sup> key may be used)
- analysing data
- writing up the processes and findings of the audit using Clinical Audit & Service Evaluation Report template, found on the Clinical Audit and Evaluation pages of the intranet.
- writing an action plan and agreeing this with relevant services and governance / audit group
- disseminating the report, and sending a copy to the Governance Lead / Audit Group and the CAE Team (email to: [clinicalaudit.evaluation@solent.nhs.uk](mailto:clinicalaudit.evaluation@solent.nhs.uk))
- sharing the project findings and action plan with all involved parties
- updating the Governance / Audit Group on the action plan
- ensuring that re-audit is undertaken to complete the audit cycle (Appendix 3) and demonstrate measurable quality improvements resulting from the project
- ensuring that if a project identifies serious shortcomings in care, these are notified to the Clinical Lead / Service Manager as soon as possible, and that immediate steps are taken to address the issues identified

⌘ *Pseudonymisation: no patient identifiable information should be entered onto a data collection tool. Data can be linked to a code (e.g. case 1, 2 etc.) and a key to the code created, i.e. the patient details that correspond to case 1, 2 etc.*

*This key should be kept in a hardcopy or electronic file that is stored separately and securely from the data collection files. If there is a query about the data collection, those with access to the code key can identify which records correspond to which case and go to the original records to check them.*

### **3.4.3 Service Evaluation Projects**

The responsibilities of the project lead are as per those in section 3.4.2. In addition the project lead will ensure approval for the project has been received from the Trust's Service Evaluation Lead . When the CAE Team receives a registration form for a service evaluation project, the registration form will be sent to the Trust's Service Evaluation Lead for review. The review will consider

- Is this a service evaluation project?
- Is a process in place for contacting potential participants / consent (as appropriate)
- Suitability of accompanying documents (Patient Information Sheet / Consent form)
- Ethics (Risk assessment/information governance)
- If project deemed high risk, i.e. complex ethical issues, refer to Associate Director Head of Research & Clinical Audit for advice
- Is the sample appropriate?
- Evidence of continuous improvement?
- Agreement of key stakeholders in place

The Service Evaluation lead will liaise with the project lead to advise / resolve any queries. Once any issues resolved, and service line governance approval received, the Service Evaluation Lead will create and send an approval letter to project lead with confirmation that the project can be added to the service line QI Plan. They will copy in CAE Team who will ensure that the project is added to the Plan.

A flowchart of the full process is available at Appendix 4

### **3.4.4 Quality Improvement Projects**

Local Quality Improvement projects form part of the Clinical Audit Evaluation and Quality Improvement Plan. To demonstrate the changes made by these projects, a range of tools may be used, including, but not limited to clinical audit and service evaluation.

The Clinical Audit team will liaise with the project lead to agree the most appropriate method of measurement for the project, and will register the project accordingly, using the processes described in section 3.4.1. A baseline measurement should be taken prior to the start of a quality improvement project to ensure the outcome of the project can be demonstrated.

### 3.5 Patients and the public

Patients and carers often assess quality of care in different ways to healthcare professionals: they can provide a unique perspective based on their personal experience and can help design services around patient needs.

Solent NHS Trust is committed to the involvement of patients and the public in the whole clinical audit process. The Trust will adopt a variety of methods to facilitate patient and public involvement, which may include:

- involvement in user forums and steering groups
- involvement in data collection where there are no confidentiality issues
- involvement in stakeholder groups developing audit tools
- identification and prioritisation of possible audit topics
- design of patient questionnaires and surveys
- supporting services to undertake patient led projects

Service users and carers involved in audit or service evaluation will be bound by Trust confidentiality guidelines.

Advice on Patient and Public involvement can be found on the HQIP website (<http://www.hqip.org.uk/involving-patients/hqip-patient-and-public-involvement-strategy->)and in Solent NHS Trust policies which address patient and public engagement.

## 4 ROLES & RESPONSIBILITIES

See Appendix 1.

## 5 TRAINING

The CAE Team will make suitable training available, at venues throughout the Trust, to include, but not limited to, the following:

- junior doctors' induction sessions, as requested by the Learning and Development Team;
- preceptorship programme sessions, as requested by the programme coordinator;
- patients and / or members of the public (participating in clinical audit), as required;
- all other groups and individuals via -
  - bespoke sessions as requested
  - pre-arranged workshops
  - Solent NHS Trust conference sessions.

Additional educational resources on clinical audit processes and quality improvement methodologies are available through the HQIP website Resources homepage

e.g. Guide to quality improvement methods

(<http://www.hqip.org.uk/resources/guide-to-quality-improvement-methods/> ).

## 6 EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

In accordance with the Race Equalities Scheme, Disability Equality Scheme, Single Equality Scheme and Gender Equality Scheme (2007 -2010) equality and diversity issues must be considered in the development of documents. All public bodies have a statutory duty under the Race Relation (Amendment) Act 2000 to “set out arrangements to assess and consult on how their documents and functions impact on race equality”. It is also necessary to assess the document against the requirements of the Mental Capacity Act (MCA) 2005 during document development. The MCA 2005 ensures that the rights of patients are supported during any time when they are temporarily or permanently unable to make a decision.

Equality Impact Assessment is attached at Appendix 4.

## 7 SUCCESS CRITERIA / MONITORING EFFECTIVENESS

The implementation of this Policy will be monitored at the end of each financial year when the CAE Annual Report and Quality Account are written.

The Quality Account will show:

- Solent’s participation in mandatory national audits
- Implementation of the recommendations of national audits
- Number of local audits reviewed and actions taken as a result of those audits

The Annual Report will show:

- Attendance at CASEG meetings
- Training delivered
- Clinical Audit, Evaluation and Quality Improvement Plan completion rate
- Examples of changes made as a result of clinical audits, evaluations and quality improvement projects

## 8 REVIEW

This document may be reviewed at any time at the request of either at staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.’

## 9 References / Links to other documents

***Solent NHS Trust forms & information via the Clinical Audit Pages:***

**<http://solent/pro/res/Clinical%20Audit/Forms/AllItems.aspx>**

- Clinical Audit and Service Evaluation Project Registration Form 2016
- Clinical Audit and Service Evaluation Report Template 2016

- Service Evaluation Consent form template
- Service Evaluation Participant info sheet template
- Service Evaluation Governance Process
- Audit & Evaluation Approval process flow chart
- Approvers names
- Contact details for the Clinical Audit & Evaluation Team (& the Research Team)

**HQIP Guides** (*hyperlinks*)

Resources homepage	<a href="http://www.hqip.org.uk/resources/">http://www.hqip.org.uk/resources/</a>
Statutory and mandatory requirements for Clinical Audit - HQIP 2011 guidance	<a href="http://www.hqip.org.uk/resources/hqip-statutory-and-mandatory-requirements-in-clinical-audit-guidance/">http://www.hqip.org.uk/resources/hqip-statutory-and-mandatory-requirements-in-clinical-audit-guidance/</a>
HQIP criteria and indicators of best practice in clinical audit guidance	<a href="http://www.hqip.org.uk/resources/hqip-criteria-and-indicators-of-best-practice-in-clinical-audit-guidance/">http://www.hqip.org.uk/resources/hqip-criteria-and-indicators-of-best-practice-in-clinical-audit-guidance/</a>
Guide for clinical audit leads	<a href="http://www.hqip.org.uk/resources/hqip-guide-for-clinical-audit-leads/">http://www.hqip.org.uk/resources/hqip-guide-for-clinical-audit-leads/</a>
Junior doctors and clinical audit	<a href="http://www.hqip.org.uk/resources/hqip-guide-to-involving-junior-doctors-in-clinical-audit/">http://www.hqip.org.uk/resources/hqip-guide-to-involving-junior-doctors-in-clinical-audit/</a>
HQIP patient and public involvement strategy 2015/16	<a href="http://www.hqip.org.uk/involving-patients/hqip-patient-and-public-involvement-strategy-2015-16/">http://www.hqip.org.uk/involving-patients/hqip-patient-and-public-involvement-strategy-2015-16/</a>
Introduction to statistics for local clinical audit and improvement	<a href="http://www.hqip.org.uk/resources/introduction-to-statistics-for-clinical-audit-and-qi/">http://www.hqip.org.uk/resources/introduction-to-statistics-for-clinical-audit-and-qi/</a>

**Other Information**

<b>Records management: NHS code of practice, Dept of Health April 2006, Crown Publishing</b>	<a href="https://www.gov.uk/government/publications/records-management-nhs-code-of-practice">https://www.gov.uk/government/publications/records-management-nhs-code-of-practice</a>
Anonymisation: managing data protection risk code of practice (Information Commissioners Office)	<a href="https://ico.org.uk/for-organisations/guide-to-data-protection/anonymisation/">https://ico.org.uk/for-organisations/guide-to-data-protection/anonymisation/</a>
Health and Social Care Act 2012	<a href="http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted">http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted</a>
Solent NHS Trust Records Management & Information Lifecycle Management Policy for Clinical and Corporate Records	<a href="http://solent/Docs/Solent%20Policies/Operational%20Policies/IG03%20-%20Records%20Management%20and%20Information%20Lifecycle%20Policy.pdf">http://solent/Docs/Solent%20Policies/Operational%20Policies/IG03%20-%20Records%20Management%20and%20Information%20Lifecycle%20Policy.pdf</a>
Solent NHS Trust Pseudonymisation Policy	<a href="http://solent/Docs/Solent%20Policies/Operational%20Policies/IG21%20-%20Pseudonymisation%20policy.pdf">http://solent/Docs/Solent%20Policies/Operational%20Policies/IG21%20-%20Pseudonymisation%20policy.pdf</a>

- Burgess,R (Ed.).*New Principles of Best Practice in Clinical Audit*,2011, Radcliffe publishing, Oxford
- Information Governance: collection, storage and retention of data and confidentiality – see Appendix 2.



## APPENDIX 1

### Responsibilities of Solent NHS Trust Staff and Committees

**Clinical Audit and Service Evaluation Team** has responsibility for:

- operational oversight of the Clinical Audit, Evaluation and Quality Improvement (QI) Plan QI Plan
- offering support to those involved in undertaking clinical audit, including provision of audit tools that provide some automatic data analysis capability
- providing in-house clinical audit training
- maintaining a database of audit and service evaluation activity
- producing periodic updates to services
- co-ordinating approval of service evaluations
- preparing an annual Clinical Audit and Service Evaluation Report
- ensuring that the staff have access to further relevant training in order to maintain and develop their knowledge and skills.

**Associate Director of Research and Clinical Effectiveness:**

Has responsibility for ethical oversight of clinical audits and service evaluation projects, and for operational delivery of the QI Plan.

**Clinical Audit and Service Evaluation Manager:**

Has responsibility for:

- day to day management of clinical audit and service evaluation activity across Solent NHS Trust
- overseeing the participation of the CAE Team members in professional training and development activities, including those organised by HQIP and the South Central Clinical Audit Network
- co-ordinating the development, and implementation of Solent NHS Trust's Clinical Audit and Service Evaluation Strategy and the Trust's QI Plan
- supporting the continuing development and promotion of a proactive clinical effectiveness, audit, governance, quality improvement and evidence based practice culture
- implementation and monitoring of the clinical effectiveness components of the Care Quality Commission (CQC) standards

**Chief Executive:**

Has responsibility for the statutory duty of quality and overall responsibility for this Policy, aspects of which may be delegated to other groups or individuals.

**Chief Medical Officer :**

Has responsibility for:

- ensuring that the annual QI Plan is allied to the Board's strategic interests and concerns;
- ensuring that the annual QI Plan is used appropriately to support the Board Assurance Framework;
- ensuring this Policy is implemented across all clinical areas;
- ensuring that any serious concerns regarding the Trust's Policy and practice in clinical audit, or regarding the results and outcomes of clinical audits, are brought to the attention of the Board;
- ensuring participation in national audit

**Nominated Persons with responsibility for Clinical Audit (NPs)**

(e.g. clinical leads / governance leads / clinical audit leads) have responsibility for:

- working with the service line manager to ensure there is a QI Plan for their services
- working with the CAE Team to ensure their service participates in all relevant audits, national confidential enquiries and service reviews
- ensuring their QI Plan meets all clinical, statutory, regulatory, commissioning and other Trust requirements
- supporting the implementation of changes identified by audit

### **Individuals**

All staff employed by the Trust have a responsibility for the quality of the service which they provide, and all healthcare professionals are individually accountable for ensuring they audit their own practice in accordance with their professional codes of conduct and in line with this Policy.

## **COMMITTEES**

### **Trust Board is responsible for:**

- the strategic direction of the organisation
- setting priorities
- ensuring there are clear audit processes in place
- seeking assurance that actions have resulted in improvements
- agreeing the QI Plan
- ensuring that the planned participation in national and local audits is effectively prioritised to meet the organisation's objectives and statutory requirements
- supporting the implementation of changes identified by audits that are on the agreed Plan

**Clinical Governance/ Audit Groups** are responsible for providing oversight and guidance for clinical audit and service evaluation activity within their service line.

**Clinical Audit and Evaluation Group** is responsible for providing oversight and guidance for all clinical audit and service evaluation activity within all clinical services in Solent NHS Trust.

### **Audit and Risk Committee is responsible for:**

- seeking assurance that the Trusts' activities are efficient, effective and represent value for money
- reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification
- the Trust's Quality Accounts

### **Assurance Committee is responsible for:**

- seeking assurance and scrutinising all matters relating to quality and regulatory compliance – including seeking assurance of progress against action plans across the organisation, including those generated by CQC visits;
- enabling the Board to obtain assurance that high standards of care are provided by the Trust, and in particular, that adequate and appropriate governance structures, processes and controls are in place throughout the Trust to:
  - promote quality, safety and excellence in patient care
  - ensure the effective and efficient use of resources
  - ensure there is compliance with all statutory requirements.
  -



### **Information Governance: collection, storage and retention of data and confidentiality**

All clinical audits / service evaluations must adhere to NHS Information Governance (I G) policies and standards. Further information is available on the Trust's I G intranet pages.

Project leads should pay special attention to the Data Protection Act (1998) and the Caldicott Principles (1997).

#### **Collection, storage and retention of data**

Collected data should be:

- adequate, relevant and not excessive
- stored securely, in line with NHS Records Management standards
- processed for limited purposes
- not kept for longer than is necessary (in Solent NHS Trust this means that raw data gathered during clinical audit should be destroyed once the audit report and action plan have been agreed by the relevant service line governance group)

#### **Data confidentiality**

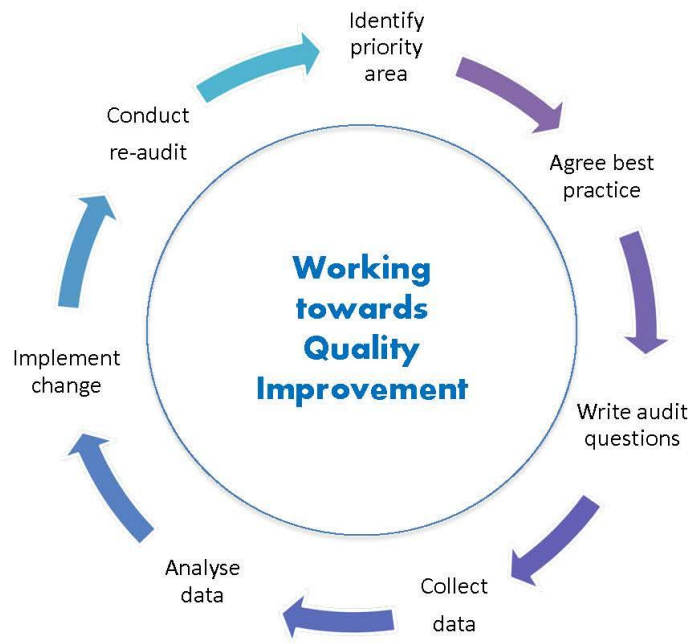
The *NHS Confidentiality Code of Practice* (2003) states that "patients understand that some information about them must be shared in order to provide them with care and treatment, and clinical audit, conducted locally within organisations is also essential if the quality of care is to be sustained and improved. Efforts must be made to provide information, check understanding, and reconcile concerns and honour objections. Where this is done there is no need to seek explicit patient consent each time information is shared".

Trusts should inform patients that their personal health information will be used for clinical audit and quality improvement purposes through references to this in patient information material (and briefly describe the clinical audit process and its contribution to the quality and safety of patient care).

Anyone who is not an employee of Solent NHS Trust but is involved in a QI project that requires access to patient information may be asked to sign a confidentiality agreement.

## APPENDIX 3

### Audit Cycle



Service Evaluation Governance Process

1	Service	Service Evaluation identified and support sought from service manager / clinical lead, who should review appropriateness and confirm that adequate resource.
2	Service	Produce a documented outline of the proposed project using the Clinical Audit & Service Evaluation Team registration form and email to <a href="mailto:clinicalaudit.evaluation@solent.nhs.uk">clinicalaudit.evaluation@solent.nhs.uk</a>
3	Trust SE lead	Check to see if project is on current service line Quality Improvement (QI) Plan. If not, liaise with service line governance leads to see if approved for adding to Plan.
4	Trust SE lead	Confirm it is service evaluation activity rather than research by carrying out review using "Service Evaluation Review Template"  <i>Review Checks:</i> 1. Is this a service evaluation project? 2. Process in place for contacting potential participants / consent (as appropriate) 3. Suitable accompanying documents (Participant information Sheet (PIS) / Consent form) 4. Ethics (Risk assessment/information governance) 5. If project deemed high risk, i.e. complex ethical issues, refer to Associate Director of Research & Clinical Effectiveness for advice 6. Sample appropriate? 7. Evidence of continuous improvement? 8. Agreement of key stakeholders in place?
5	Trust SE lead	Correspond with project lead over any identified issues.
6	Trust SE lead	Once any issues resolved, and service line governance approval received, create and send approval letter to project lead with confirmation that the project can be added to the service line QI Plan. Copy in CAE Team so that project is added to Plan.
7	Service	Service Evaluation carried out.
8	Service	Draft report using Clinical Audit & Service Evaluation report template.
9	Service	Circulate report to all stakeholders for comments / approval and edit as necessary.
10	Service	Send final report to governance lead and CAE Team.
11	CAE	Update Audit Plan to show report received and issue project number.
12	Service	<b>Follow up work by service:</b> <ul style="list-style-type: none"> <li>• implement any appropriate &amp; approved actions</li> <li>• note key findings for quality accounts / reporting to committees etc, as appropriate</li> <li>• plan any further related evaluations &amp; enter onto service QI Plan to evidence improvement.</li> </ul>

**EQUALITY IMPACT ASSESSMENT**

**APPENDIX 5**

<b>Step 1 – Scoping; identify the policies aims</b>	<b>Answer</b>		
1. What are the main aims and objectives of the document?	To outline the processes for the oversight and conduct of clinical audit and service evaluation activity, and subsequent actions and improvements.		
2. Who will be affected by it?	All internal staff and external staff who participate in clinical audits or service evaluations in partnership Trusts.		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Ensuring that the structure and environment enable services and individuals to conduct audit and evaluation and that the findings are monitored and actioned to improve quality and patient outcomes		
4. What information do you already have on the equality impact of this document?	n/a		
5. Are there demographic changes or trends locally to be considered?	n/a		
6. What other information do you need?	None		
<b>Step 2 - Assessing the Impact; consider the data and research</b>	<b>Yes</b>	<b>No</b>	<b>Answer (Evidence)</b>
1. Could the document act unlawfully against any group?		x	
2. Can any group benefit or be excluded?		x	
3. Can any group be denied fair & equal access to or treatment as a result of this document?		x	
4. Can this actively promote good relations with and between different groups?	x		Partnership working with stakeholders; patient involvement
5. Have you carried out any consultation internally/externally with relevant individual groups?	x		Clinical staff
6. Have you used a variety of different methods of consultation/involvement	x		Verbal, email, piloting template forms/ reports
<b>Mental Capacity Act implications</b>			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		x	

*If there is no negative impact – end the Impact Assessment here*

<b>Step 3 - Recommendations and Action Plans</b>	<b>Answer</b>
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	
<b>Step 4- Implementation, Monitoring and Review</b>	<b>Answer</b>
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	
<b>Step 5 - Publishing the Results</b>	<b>Answer</b>
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	