Clinical Audit, Service Evaluation and Quality Improvement Policy

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.

Purpose of Agreement	**This policy sets out a framework for the conduct of clinical audit, service evaluation and Quality Improvement work within Solent NHS Trust**
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Amendments Summary:

Amend No	Issued	Page	Subject	Action Date
	July 2019	5-14	Version 7 of this policy was a major re-write to incorporate Quality Improvement projects. It also incorporated new practice from the integrated Academy of Research and Improvement and use of SolNet.	July 2019
	July 2019	5	1.1 Table introduced to explain the differences between audit, research, service evaluation and QI	July 2019
	July 2019	7	3.0 Diagram introduced to illustrate the process for these projects.	July 2019
	July 2019	8	3.2 Section added for trust values, patient and public engagement.	July 2019
	July 2019	9	3.4 Improvement planning event added.	July 2019
	July 2019	12	3.14 Section added on sharing learning with examples of new practice.	July 2019
	July 2019	15	Appendix 1 – responsibilities of board and assurance committee updated to reflect current terms of reference.	July 2019

Review Log:

Version Number	Review Date	Lead Name	Ratification Process	Notes
6	March 2016	Tracey Deadman	Solent NHS Trust Policies Group	Policy rewritten and shortened
7	April 2019	Colin Barnes	Solent NHS Trust Policies Group	Policy revised to reflect current practice, linked to intranet resources and an overview of Quality Improvement processes added

Summary of Policy

The purpose of this policy is to ensure that Solent NHS Trust meets its statutory and mandatory requirements for clinical audit and uses quality improvement tools to demonstrate effectiveness, drive improvement and share learning. It sets out a framework for staff carrying out clinical audit, service evaluation and quality improvement projects in Solent NHS Trust. These processes should provide evidence of effectiveness for assurance, plans for and evidence of improvement as well as learning that can be shared across the organisation.

This policy is intended for use by all Solent staff participating in and responsible for using these processes. This policy also applies to employees of partner organisations conducting clinical audit, evaluation or quality improvement with staff, patients or data from this trust.

This policy includes definitions of each of these methods and details the processes required to undertake them. Roles and responsibilities for conducting these processes are also defined.

Clinical Audit

Clinical audit measures the quality of care and services against agreed standards, making improvements where necessary.

Service Evaluation

Service evaluations consider if existing or newly implemented services are effective. This process explores what is happening in a service as well as outcomes and experience for patients.

Quality Improvement (QI)

QI is a systematic process using QI theory and methods to continually make small changes that lead to measurable improvements for targeted services or patient populations.

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 review implement relevant recommendations of any national clinical audit (NHS Standard Contract).

Healthcare providers must implement a programme of clinical audit (NHS Standard Contract) to regularly assess and monitor the quality of the services provided (CQC Essential Standards). They must use the findings from clinical and other audits to ensure that action is taken to protect people who use services from risks associated with unsafe care, treatment and support (CQC Essential Standards).

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 audits (NHS Quality Account Regulations, 2017).

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Clinical Audit, Service Evaluation and Quality Improvement Policy

1. INTRODUCTION & PURPOSE

1.1 Introduction

Table 1 below describes the differences between research, clinical audit, service evaluation and quality improvement.

Research	Clinical Audit (CA)	Service Evaluation (SE)	Quality Improvement (QI)
Designed to derive generalisable new knowledge	Designed and conducted to produce information to inform delivery of best care	Designed and conducted to define or judge current care	Uses a range of tools to make on-going improvements to services, usually via small scale tests of change
Designed to test a specific hypothesis	Asks "does this service reach a predetermined standard"	Asks "what standard does this service achieve"	Asks "how could this service improve" and measures the effectiveness of improvements
Identifies concerns, effectiveness, improvement and learning	Identifies concerns, effectiveness, improvement and learning	Identifies concerns, effectiveness, improvement and learning.	Identifies concerns, effectiveness, improvement and learning.
Addresses clearly defined questions, aims and objectives	Measures against a standard	Measures without reference to a standard	Uses measurement to understand services and test ideas for improvement
Study may involve allocating patient to intervention groups	No allocation to intervention	No allocation to intervention.	No allocation to intervention
Normally requires formal ethics committee review	Does not require formal ethics review	Does not require formal ethics review	Does not require formal ethics review

1.2 Purpose of this policy

The purpose of this policy is to ensure that Solent NHS Trust meets its statutory and mandatory requirements in relation to clinical audit. It sets out a framework for staff undertaking clinical audit, service evaluation and quality improvement projects in Solent NHS Trust. These processes should provide evidence of effectiveness for assurance, plans for and evidence of improvement as well as learning that can be shared across the organisation.

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 review and where relevant 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 2017 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 https://www.hqip.org.uk/
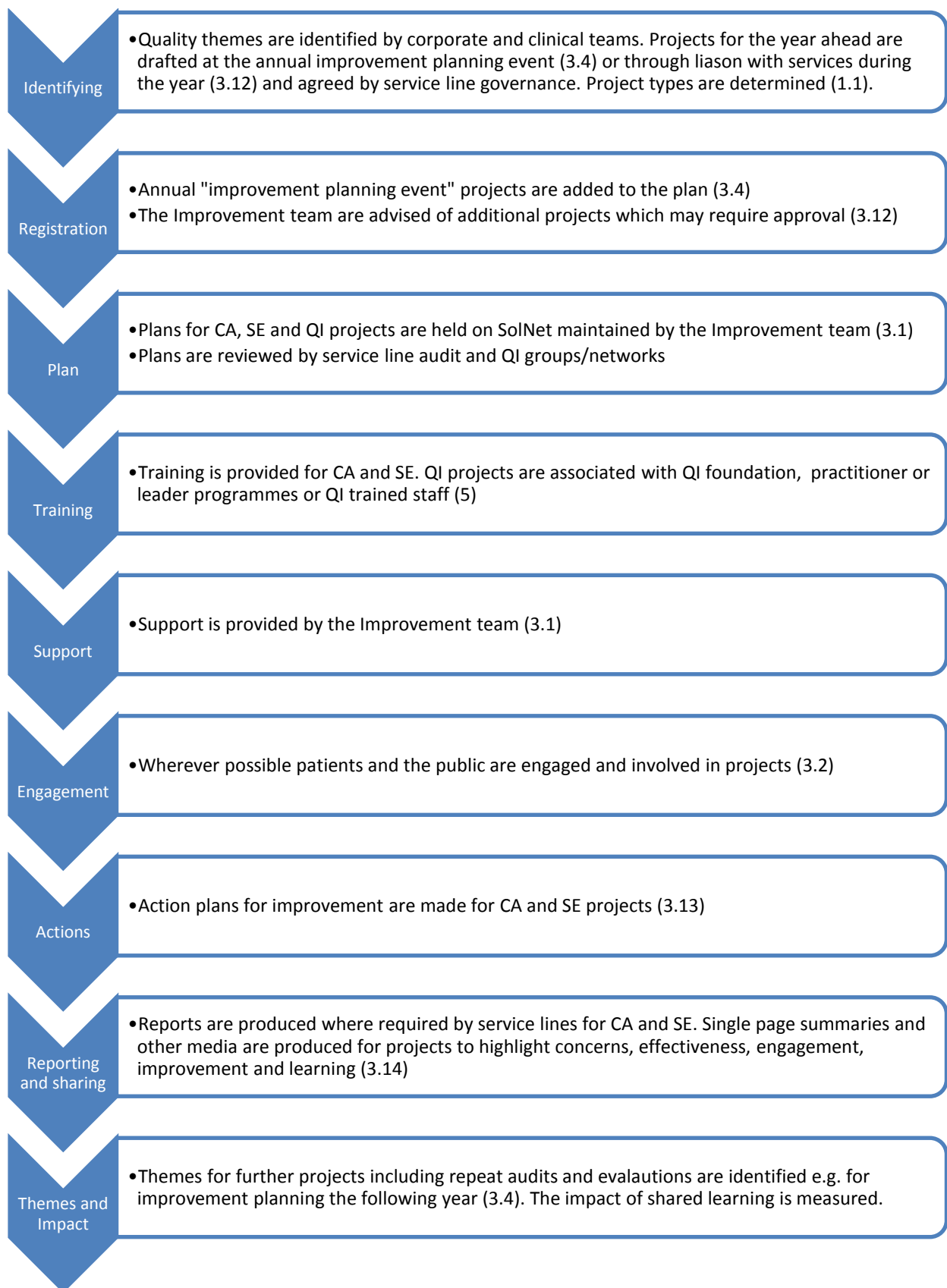
2.   SCOPE & DEFINITIONS

This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.

This Policy also applies when clinical audit or 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.

 "Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

3.   PROCESS/REQUIREMENTS

The diagram below illustrates the steps involved in carrying out CA, SE or QI projects referring to relevant sections within this policy.

Identifying
- Quality themes are identified by corporate and clinical teams. Projects for the year ahead are drafted at the annual improvement planning event (3.4) or through liason with services during the year (3.12) and agreed by service line governance. Project types are determined (1.1).

Registration
- Annual "improvement planning event" projects are added to the plan (3.4)
- The Improvement team are advised of additional projects which may require approval (3.12)

Plan
- Plans for CA, SE and QI projects are held on SolNet maintained by the Improvement team (3.1)
- Plans are reviewed by service line audit and QI groups/networks

Training
- Training is provided for CA and SE. QI projects are associated with QI foundation, practitioner or leader programmes or QI trained staff (5)

Support
- Support is provided by the Improvement team (3.1)

Engagement
- Wherever possible patients and the public are engaged and involved in projects (3.2)

Actions
- Action plans for improvement are made for CA and SE projects (3.13)

Reporting and sharing
- Reports are produced where required by service lines for CA and SE. Single page summaries and other media are produced for projects to highlight concerns, effectiveness, engagement, improvement and learning (3.14)

Themes and Impact
- Themes for further projects including repeat audits and evalautions are identified e.g. for improvement planning the following year (3.4). The impact of shared learning is measured.

3.1 The Academy of Research and Improvement

Solent NHS trust has an integrated research and improvement team within the Academy of Research and Improvement. Information on all the activities of the Academy are detailed on SolNet http://intranet.solent.nhs.uk/TeamCentre/ResearchAndImprovement/Pages/Home.aspx and the Academy website https://www.academy.solent.nhs.uk/

Contact details for each area are

- Clinical audit and Service Evaluation; clinicalaudit.evaluation@Solent.nhs.uk
- Quality improvement; Quality.Improvement@solent.nhs.uk
- Patient engagement; involvement@solent.nhs.uk
- Research; research@solent.nhs.uk

3.2 Trust values, patients and the public

All audit, evaluation and QI plans should reflect the Trust Values in their planning, conduct and plans for improvement. https://www.solent.nhs.uk/our-story/our-values/

Patients and people who access our services provide a unique perspective and understanding which can be different to that experienced by staff. NHS staff can become familiar/take for granted the way services are run. Our expected care outcomes may also be different.

Involving patient and the public in clinical audits, service evaluations and quality improvement enables us to take their perspective into account and direct improvements towards what matters to them. Where patients and communities have been involved in improvement work this has resulted in enriched and effective outcomes.

Involvement can be as simple as asking people to complete a patient or carer survey in a service evaluation. Engagement can be as broad as asking patients and the public what areas we should be focusing on and how to go about that, what processes to use and what questions to ask. Once projects are completed, patients and the public can help us interpret our findings e.g. where service evaluations use clinical outcomes, patients can help determine what a meaningful outcome is.

All CA, SE and QI projects leads should ask;

- Is this project important to patients and the public?
- Can we engage them early on?
- Where can we involve patients in this project?
- What standards or areas for improvement are important to them?
- Are our expected outcomes important to patients?
- How can we share and review our findings with our patients?

The Academy of Research and Improvement seeks continuous and meaningful engagement for improvement with patients and the public to shape our services and to improve healthcare in the community. The Academy team can support services in how to engage, involve, and work with their patients, carers and community groups. A variety of patient engagement tools and methods can be used to guide services to engage in a meaningful and purposeful way.

The Academy of Research and Improvement work with patients through the Side-by-Side network. Side-by-Side works to share as well as to promote being involved in research and improvement.

Advice on Patient and Public involvement can be found on SolNet at

http://intranet.solent.nhs.uk/TeamCentre/ResearchAndImprovement/patientengagement/Pages/Home.aspx

3.3 Involving students, researchers and other partners

Students or external partners may be involved in clinical audit, service evaluation or QI as part of or a condition of their training. Researchers may also be involved in one of these projects to inform a future piece of research (see Trust Research Policy).

Where students of any profession, researchers or members of partner organisations complete a CA, SE or QI project, this should be undertaken in line with guidance in this Policy (see section 4 for Roles and Responsibilities).

All students, researchers and external partners involved in data collection or patient contact should be part of a contracted clinical placement or have an honorary contract completed.

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

Copies of CA, SE and QI reports undertaken by any of these authors must be submitted to the research and improvement team as well as to their academic institution.

Where possible, students on short term placement must ensure actions for improvement and plans for re-measurement can be completed or allocated to others before the end of their placement.

3.4 Improvement planning event

At the start of the calendar year a trust wide improvement planning event should be organised by the Improvement team which includes;

- Representatives from each service line and corporate teams
- Patient and public representatives
- A review of previous plans, a staff improvement survey and key themes provided by the Quality and Patient experience teams
- Opportunity to develop service line specific project ideas and plans
- A chance to share with and work alongside other service lines/teams

This meeting should be preceded and followed by service line specific communication/meetings with designated leads to agree their clinical audit, service evaluation and QI plans for the year ahead. Service line QI and Audit groups/leads are encouraged to keep background explanations and rationale for all projects listed on the plan.

3.5 The QI plan/tracker

A separate record of potential QI projects will be maintained by the service line QI leads and the Improvement team. Current QI projects will be detailed on a project tracker updated monthly on the QI page of the intranet.

3.6 The CA and SE plan

On an annual basis and prior to the start of the financial year (1st April), a Trust Clinical Audit and Service Evaluation 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 and evaluations.

The Improvement team will initiate the process by circulating a draft audit & evaluation 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, Safeguarding and Information Governance teams)
- quality schedule audits specified in contracts with commissioners

This will be circulated to the clinical services who add projects identified following the improvement planning event detailed above.

The Improvement team are responsible for using this information to develop the overarching Solent NHS Trust CA and SE 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 Improvement Team is responsible for updating the plan when notified of changes by the relevant service.

During quarter 1, the Improvement team will email all listed projects authors offering training, support and providing links to key processes and documentation on the intranet.

3.7 Changes to the CA and SE Plan

The CA and SE 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 Improvement Team, who will notify clinical services of the addition.

The Improvement Team are responsible for adding new local projects to the plan once they have been agreed by the relevant clinical services' Governance / Audit Groups. Details of service line approvers are maintained on the Clinical Audit and Evaluation pages of SolNet.

New project proposals, added after the 1st April, should be notified to the Improvement Team, using the Clinical Audit & Service Evaluation Registration form also available on SolNet.

3.8 CA and SE Progress reporting

The Improvement 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 monthly to service lines and when required for trust committees.

3.9 Participation in National / Contractual Audits

The Improvement team will liaise with the clinical services required to participate in national clinical audits (NCA) and other contractual e.g. commissioner required, audits. The Improvement 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
- provide assistance with collating and reporting results of contractual audits if required
- disseminate national clinical audit reports to relevant services with baseline assessment tool of recommendations
- provide summaries of NCA findings to the Learning Effectiveness and Improvement group

Clinical Services should:

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

3.10 Corporate Team audits

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

3.11 Conducting local CA, SE and QI projects

Staff with no previous CA, SE or QI experience should follow guidance on the intranet, book into training sessions or contact the Improvement team who will advise on the steps for registering a project and can provide advice & practical help with methods and processes.

Staff with an interest or who have been encouraged to conduct a QI project should first develop their QI skills by participating in one of the trust QI training offerings detailed on the QI pages of the intranet. Once staff have attended training, they will be offered support from the QI team.

Staff with more experience of QI will be encouraged to register, conduct and share learning from QI projects on an ongoing basis updating the QI team as projects progress.

3.12 Registration process

Prior to starting a project, the service line's CA and SE plan or QI plan/tracker should be checked to see whether the proposed project is listed. If the project is already recorded a registration form is not required by the Improvement team though may be required for service lines approval.

For CA's and SE's, if the proposed project is not on the plan a Clinical Audit & Service Evaluation Registration form should be completed. The form can be found on the CE pages of the intranet.

The Improvement team will:
- check that the project has service line governance approval

- send proposals for service evaluations to the Trust's SE Lead for ethical review. This will include consideration of risk, burden to staff and patients and information governance.
- add the project to the plan once agreed

QI projects can be registered alongside training programmes or by sending a description of the project to Quality.Improvement@solent.nhs.uk

3.13 Action plans

All CA and SE reports should contain a detailed action plan which has been agreed by the service prior to submission of the report. Where summaries are submitted a separate detailed action plan should be produced. The project leads and the service line audit and QI group are responsible for ensuring actions are carried out.

Actions can include steps to be taken to share results and learning but should primarily be actions for improvement. Where actions for improvement are required, re-audit or re-evaluation should be planned to demonstrate the effect of the actions.

Actions should be specific individual actions with stated end dates. The action should be measureable and assigned to an individual. The CA and SE report template includes an action planner designed to meet these criteria.

3.14 Shared learning and dissemination

Learning from projects should be shared across the organisation. Wherever possible, the impact of this shared learning should also be measured. Learning can include;
- Changes in process that have led to improvement that could be adopted elsewhere
- Information about what is happening in a service that was previously unclear
- Information about patient experience and patient outcomes
- Information about patient and staff current and future preferences

Detailed information on Solent NHS Trust CA, SE QI activity is maintained on the trust intranet pages and Academy website. This includes examples of full reports and project summaries.

Templates for CA and SE project reports are available on the intranet and should be used for more detailed projects and where the dissemination and reporting process in service lines require a more detailed write-up and action plan. Adequate data from projects should be shared with the CE and QI team and stored by the project lead to enable future repeat audits/evaluation/measurement. All CA, SE and QI projects should also have a single page summary produced. A template and examples for summaries from CA, SE and QI projects is available on SolNet.

Projects groups should share their results, planned actions, evidence of improvement and learning;

- At local governance, QI and audit meetings

Project groups are also encouraged to;

- Present a summary at the trust learning, effectiveness and improvement group
- Produce posters, video and info-graphics
- Communicate findings via social media such as Twitter, Facebook and trust communications
- Present at celebration events and the research and improvement annual conference
- Present at national conferences and submit for peer reviewed publication

4.   ROLES & RESPONSIBILITIES

Roles and responsibilities are detailed in Appendix 1.

5.   TRAINING

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

- junior doctors' induction sessions
- preceptorship programme sessions
- patients and / or members of the public (participating in QI, audit or evaluation)
- all other groups and individuals via -
    o   bespoke sessions as requested
    o   pre-arranged workshops on CA, SE and QI
    o   related workshops e.g. on library use, outcome measures, social media provided by the Academy of Research and Improvement

Additional educational resources on clinical audit processes and quality improvement are available on the intranet pages for Clinical Audit and QI. Additional resources are available through the HQIP website

6.   EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

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 Improvement 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
- Brief examples of concern, effectiveness, learning and improvement from local and national clinical audit and service evaluation
- Examples of QI projects and the number of people attending training

The Annual Report will show:

- Training delivered
- CA, SE and QI Plan completion rate
- Case study examples of concerns, effectiveness, improvement and learning 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.   GLOSSARY

IMPROVEMENT Team	Clinical Audit and (Service) Evaluation Team
NCAPOP	National Clinical Audit & Patient Outcome Programme
QI	Quality Improvement
SE	Service Evaluation
HQIP	Healthcare Quality Improvement Partnership
PIS	Participant Information Sheet

Responsibilities of Solent NHS Trust Staff and Committees

All staff

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.

Where actions for improvement are agreed by service line governance, nominated individuals are responsible for delivering those actions within agreed time frames.

Staff conducting CA, SE and QI projects are responsible for:

- Ensuring that they have adequate training
- Ensuring projects are approved by service lines and registered with the CE or QI team
- Considering the potential for patient engagement
- Following information governance policies and guidance
- Recording and reporting sufficient information in reports and summaries alongside detailed plans for improvement where required
- Sharing results and learning as widely as possible

CE and QI teams have responsibility for:

- Coordinating the annual improvement planning event
- Identifying appropriate national audits
- operational oversight of the Clinical Audit, Evaluation and Quality Improvement (QI) Plan/Tracker
- offering support to those involved in undertaking clinical audit, including provision of audit tools that provide some automatic data analysis capability
- promoting and providing in-house clinical audit training
- providing training and facilitation for people learning about and running QI projects
- maintaining a database of audit and service evaluation activity
- producing monthly updates to services on projects completed/due
- co-ordinating approval of service evaluations
- preparing annual reports
- ensuring that the staff have access to further relevant training in order to maintain and develop their knowledge and skills
- attending service line Audit and QI meetings as per the requirements of each service line

Nominated Persons with service line responsibility for Clinical Audit (NPs)

(E.g. heads of quality and professions/governance leads/clinical audit leads) have responsibility for:

- working with the service line manager to ensure there is a clinical audit, Service evaluation or QI Plan for their services
- working with the Improvement 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

Quality Improvement and Clinical Effectiveness Manager has responsibility for:

- day to day management of clinical audit, service evaluation and QI activity across Solent NHS Trust
- overseeing the participation of team members in professional training and development activities, including those organised by the Q network, 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

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 CA, SE and QI Plans.

Chief Medical Officer:

Has responsibility for:

- ensuring that the annual CA, SE and QI plans are allied to the Board's strategic interests and concerns;
- ensuring that the annual plans are 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, service evaluation or QI, or regarding the results and outcomes of clinical audits, are brought to the attention of the Board;
- ensuring participation in national audit

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.

COMMITTEES

Trust Board is responsible for:
- the strategic direction of the organisation
- setting priorities
- seeking assurance that actions have resulted in improvements
- ensuring that the planned participation in national and local audits is effectively prioritised to meet the organisation's objectives and statutory requirements

Service line QI/Clinical Audit groups are responsible for providing oversight and guidance for clinical audit and service evaluation activity within their service line. Oversight includes;

- informing and submitting annual plans for governance approval
- tracking projects on the plan to ensure timely completion
- promoting audit and evaluation activity in the service line

The Learning Effectiveness and Improvement Group is responsible for providing oversight and guidance for all clinical audit, service evaluation and QI activity within all clinical services in Solent NHS Trust. The group is also responsible for promoting trust wide learning e.g. from audit/QI actions that have led to improvement.

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 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.
- reviewing the quality account and seeking assurance on progress against quality account priorities

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 (2018) including the GDPR (General Data Protection Regulations).

<u>**Collection, storage and retention of data**</u>

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)
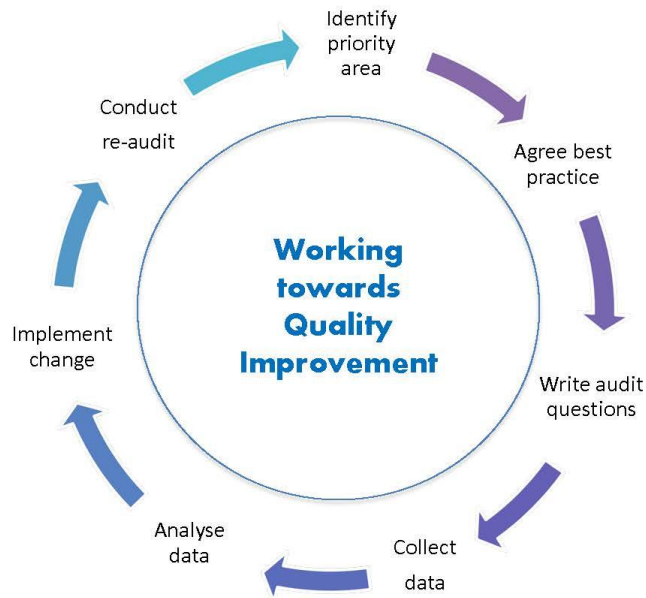
<u>**Data confidentiality**</u>

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".

At the time of writing, a national data opt-out process was in development by NHS digital. Project leads are responsible for checking any patient records used for audit and evaluation to ensure that patients have not specifically opted out of participation/use of data for these purposes.
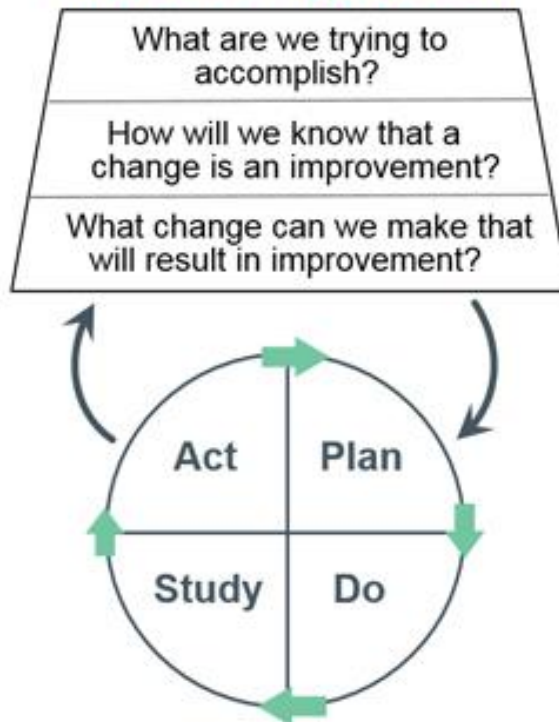
Trusts should inform patients that their personal health information will be used for clinical audit and quality improvement purposes through references to this in patient information material (and briefly describe the clinical audit process and its contribution to the quality and safety of patient care).

Anyone who is not an employee of Solent NHS Trust but is involved in a QI project that requires access to patient information will require a trust honorary contract and need to adhere to trust policies.

Audit Cycle

Equality Impact Assessment

Step 1 – Scoping; identify the policies aims	Answer
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

Step 2 - Assessing the Impact; consider the data and research	Yes	No	Answer (Evidence)
1. Could the document unlawfully discriminate 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
Mental Capacity Act implications			

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	
External considerations			
8. What external factors have been considered in the development of this policy?	x		NHS contract and quality account as well as local commissioning requirements.
9. Are there any external implications in relation to this policy?	x		Performance on national audits may be benchmarked against other trusts. Some national audits have CQUINS within them affecting payments. Some local audits may identify concerns relating to actions e.g. referrers from partner organisations.
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?	x		Partner organisations.

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

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

Retain a copy and also include as an appendix to the document