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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Document Manager (Job Title)	Head of Improvement
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Amendments Summary:

Amend No	Issued	Page	Subject	Action Date
Version 7	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
Version 8	July 2022	All pages	Full review carried out with Academy team, Quality and safety team and the audit and evaluation lead from each service line. Main changes were • more requirements for students (3.3) • A requirement that corporate teams send us copies of their audit reports (3.10) • A requirement that all audits and evaluations complete a registration form before they start (3.4) • A requirement that project titles added to the plan also supply a rationale (3.4)	

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
8	September 2022	Colin Barnes	Policy Steering Group, Clinical Executive Group	Standard 3-year review, changes outlined above

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 methods 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, service 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. Service evaluations can also include staff or patient preferences for the future or efficacy and cost comparisons.

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 and 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 clinical 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. Patient participation e.g., in measures, is optional.	No allocation to intervention
Normally requires formal ethics committee review	Does not require formal ethics review	Requires internal review by trust evaluation lead.	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 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 clinical 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 and Patient Safety Partners), 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". *(Solent NHS Trust Equality, Diversity, Inclusion and Human Rights Policy, HR53, section 2.2).*

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.

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 is detailed on SolNet http://intranet.solent.nhs.uk/TeamCentre/ResearchAndImprovement/Pages/Home.aspx and the Academy website https://www.academy.solent.nhs.uk/

The Improvement team includes the following sub-teams:

- Clinical Effectiveness (CE) team (for clinical audit and service evaluations) contact clinicalaudit.evaluation@Solent.nhs.uk
- Quality improvement (QI) team; contact Quality.Improvement@solent.nhs.uk
- Patient engagement team; contact involvement@solent.nhs.uk

3.2 Trust values, patients, and the public

All clinical 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 more 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 audits, service evaluations or QI as part 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. Any data collected during student projects should be held on trust servers and be accessible to the service/area they are placed with.

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 and strategic priorities (see section 3) as well as meeting any specific conditions of the training they are undertaking (e.g., ethical review by a University). They should liaise with the service manager/service line audit lead before undertaking the project.

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

Students should involve clinical teams and service leads in interpreting data, writing conclusions and recommendations.

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 Service line and Trust wide improvement planning

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 Safety 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

The CE team will support this process by conducting a staff survey and liaising with corporate 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 required to keep background explanations and rationale for all projects listed on the plan and wherever possible align projects with service line quality priorities.

All projects added to the clinical audit and service evaluation plan at the start of the financial year should submit a registration form before commencing the project.

3.5 The QI plan/tracker

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

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 CE team will initiate the process by circulating a guide and 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 meetings detailed above.

The CE 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 & Service Evaluation Plans 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 CE Team, who will notify clinical services of the addition.

The CE 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 Effectiveness and Improvement pages of SolNet.

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

3.8 CA and SE Progress reporting

The CE 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
- determine processes for data submission with services
- highlight data collection & submission deadlines to services
- circulate all communications from National Clinical Audit (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 in board reporting

Clinical Services should:

- identify appropriate service lead for the NCA / contractual audits who will liaise with the CE Team
- complete data collection and submission by the deadline date
- agree, and implement, a local action plan to implement appropriate national recommendations
- inform the CE 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.

Corporate teams are required to submit copies of reports to the CE team using the CE reporting template wherever possible.

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 CE or QI team who will advise on the steps for registering a project and can provide advice & practical help with methods and processes.

All projects should adhere to guidance information governance guidance detailed in appendix 2.

Appendix 3 illustrates the audit cycle promoting re-audit where improvements have been made and the model for improvement used for QI projects.

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.

The QI team may also be able to offer bespoke support to QI projects during the the year. These should be registered and reported in the same year.

QI leaders are trained by the QI team to support and coach staff in their service line who are considering or currently involved in QI projects.

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

For all CA's and SE's, a Clinical Audit & Service Evaluation Registration form should be completed. The form can be found on the CE pages of the intranet.

The CE 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 . Where appropriate the QI team will consider support required and send an improvement project registration form.

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 clinical 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 measurable 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:

- New ways of working 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 SolNet and the 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 requires 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 be encouraged to have a single page summary produced to highlight specific improvement and learning. 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 results to service line Audit, Research and QI meetings as well as to the Trust Safety, Excellence, and Improvement forums
- Produce posters, video, infographics, and blogs
- 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

Where projects are shared and presented there should be an opportunity for reflection and planning to consider how this is project could be relevant to other services and how they might go about adopting or adapting learning to suite their service.

4. ROLES & RESPONSIBILITIES

Roles and responsibilities are detailed in Appendix 1.

5. TRAINING

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

- junior doctors' induction sessions
- preceptorship programme sessions
- advanced and consultant clinical practitioners
- patients and / or members of the public (participating in QI, audit, or evaluation)
- all other groups and individuals via -
    - bespoke sessions as requested
    - pre-arranged workshops on CA, SE, and QI
    - related workshops e.g., on library use, outcome measures, survey and interview use, social media, project management

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 reported, 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
- The number of people attending QI training and workshops

The Annual Report will show:

- Training delivered
- CA, SE and QI Plan completion rate
- Case study examples and noticeable themes for concerns, effectiveness, improvement and learning as a result of clinical audits, evaluations, and quality improvement projects.

Additional reporting is made to the Quality Improvement and Risk (QIR) group quarterly for all Academy workstreams and the Audit and Risk Committee six monthly for clinical audit and service evaluations.

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 Teams
NCAPOP	National Clinical Audit & Patient Outcome Programme
QI	Quality Improvement
SE	Service Evaluation
CA	Clinical Audit
CE	Clinical Effectiveness
HQIP	Healthcare Quality Improvement Partnership
PIS	Participant Information Sheet

APPENDIX 1

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, service evaluation and QI activity
- producing monthly updates to services on projects completed/due
- co-ordinating approval of service evaluations
- preparing board reports
- ensuring that the staff have access to further relevant training 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 directors to ensure there is a clinical audit, Service evaluation or QI Plan for their services
- working with the CE and QI Team to ensure their service participates in all relevant audits, national confidential enquiries, and service reviews
- ensuring their CA, SE, and QI Plan meets all clinical, statutory, regulatory, commissioning, and other Trust requirements
- supporting the implementation of changes identified by audit

Head of Improvement 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 (Healthcare Quality Improvement Partnership) 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 and ensuring these are reflected in the Academy of Research and Improvement strategy
- 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
- ensuring audit, evaluations and quality improvement projects meet ethical considerations, do not place undue burden on participating staff and patients and manage data appropriately.

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. Ensuring that Academy activities and staff are integrated between each other and with other corporate teams.

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

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

Quality Assurance Committee is responsible for providing the Trust Board with assurance on all aspects of quality, clinical governance, and regulatory compliance. They will seek assurance that:

- processes are in place to assess and monitor clinical governance performance concerning all aspects of service quality
- effective processes are in place to achieve all areas of regulatory compliance including registration and recommendations of the CQC
- the development of all clinical governance activities within the service lines to improve the quality of care throughout the Trust
- learning from relevant events is disseminated and embedded
- quality and safety matters within partnership governance arrangements are considered.

Scheduled reports to this committee will include Clinical Audit & Effectiveness and Quality Improvement.

APPENDIX 2

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).

From 1st August 2022 Project leads accessing patient specific information should follow guidance on the national data opt out process.

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

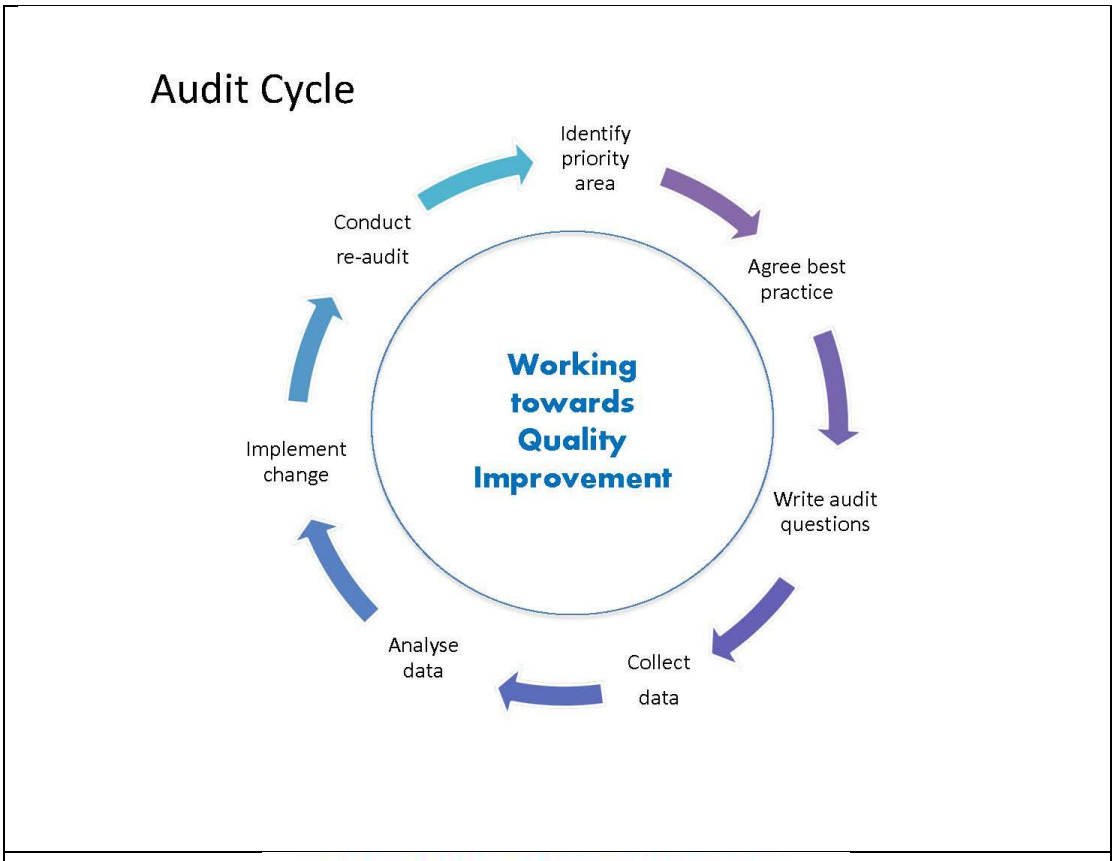
The *NHS Confidentiality Code of Practice* (2003) states that "patients understand that some information about them must be shared in order to provide them with care and treatment, and clinical audit, conducted locally within organisations is also essential if the quality of care is to be sustained and 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".

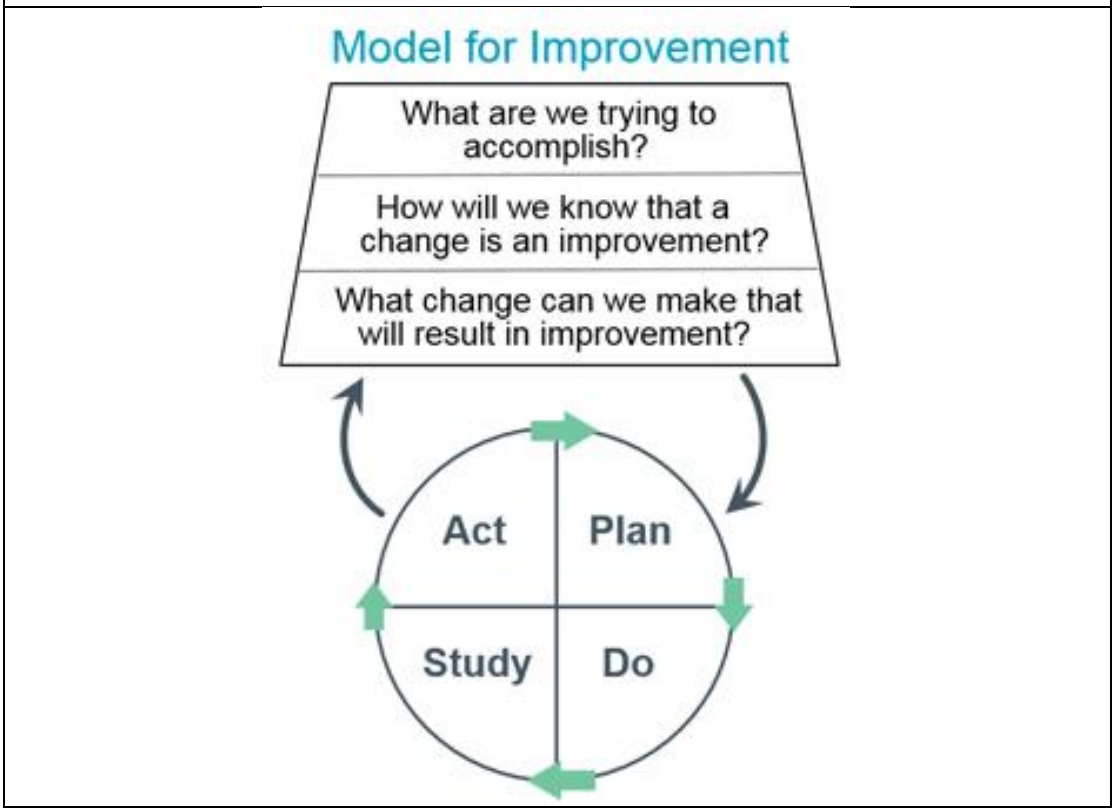
At the time of writing, a national data opt-out process was in development by NHS digital. Project leads are responsible for checking any patient records used for audit and evaluation to ensure that patients have not specifically opted out of participation/use of data for these purposes.

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.

Appendix 3


Audit Cycle
Identify priority area
Agree best practice
Write audit questions
Collect data
Analyse data
Implement change
Conduct re-audit
Working towards Quality Improvement


Model for Improvement
What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?
Act
Plan
Study
Do

APPENDIX 4

Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

You can find further information via the Solent e-learning module:
https://mylearning.solent.nhs.uk/course/view.php?id=170

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims		
Service Line / Department	Corporate/Academy of Research and Improvement	
Title of Change:	Planned review of policy	
What are you completing this EIA for? (Please select):	Policy	*(If other please specify here)*
What are the main aims / objectives of the changes	To amend any errors and update in line with changes in current practice.	
Step 2: Assessing the Impact		

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: *(e.g. adjustment to the policy)*
Sex	Positive impact			There are no inequalities anticipated by clinical audit, evaluation, and quality improvement though it is anticipated that these programmes will help identify and address a range of inequalities.
Gender reassignment	Positive impact			As above
Disability	Positive impact			As above
Age	Positive impact			As above
Sexual Orientation	Positive impact			As above
Pregnancy and maternity	Positive impact			As above
Marriage and civil partnership	Positive impact			As above
Religion or belief	Positive impact			As above
Race	Positive impact			As above

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers, or other voluntary sector groups?)	No	
Have you taken into consideration any regulations, professional standards?	Yes	This policy is based on guidance from HQIP, practice from other trusts and utilises guidance from NICE.

Step 3: Review, Risk and Action Plans			
How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	■	☐	☐
What action needs to be taken to reduce or eliminate the negative impact?	Not applicable		
Who will be responsible for monitoring and regular review of the document / policy?	Head of Improvement for the Academy of Research and Improvement		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	*Colin Barnes*	*Date:*	*03/08/2022*

Additional guidance

Protected characteristic		Who to Consider	Example issues to consider	Further guidance
1.	**Disability**	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	• Accessibility • Communication formats (visual & auditory) • Reasonable adjustments. • Vulnerable to harassment and hate crime.	Further guidance can be sought from: Solent Disability Resource Group
2.	**Sex**	A man or woman	• Caring responsibilities • Domestic Violence • Equal pay • Under (over) representation	Further guidance can be sought from: Solent HR Team
3	**Race**	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	• Communication • Language • Cultural traditions • Customs • Harassment and hate crime • "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic	Further guidance can be sought from: BAME Resource Group
4	**Age**	Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above	• Assumptions based on the age range • Capabilities & experience • Access to services technology skills/knowledge	Further guidance can be sought from: Solent HR Team
5	**Gender Reassignment**	" The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011	• Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use.	Further guidance can be sought from: Solent LGBT+ Resource Group
6	**Sexual Orientation**	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	• Lifestyle • Family • Partners • Vulnerable to harassment and hate crime	Further guidance can be sought from: Solent LGBT+ Resource Group

7	**Religion and/or belief**	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	• Disrespect and lack of awareness • Religious significance dates/events • Space for worship or reflection	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8	**Marriage**	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	• Pensions • Childcare • Flexible working • Adoption leave	Further guidance can be sought from: Solent HR Team
9	**Pregnancy and Maternity**	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	• Employment rights during pregnancy and post pregnancy • Treating a woman unfavourably because she is breastfeeding • Childcare responsibilities • Flexibility	Further guidance can be sought from: Solent HR team