# CLINICAL EFFECTIVENESS AND AUDIT STRATEGY, 2010 - 2012

## Amendments

<table>
<thead>
<tr>
<th>Date</th>
<th>Page</th>
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</table>
| Mar 09 | 4    | General updates:  
• inclusion of Clinical Service Development Group (CSDG)  
• roles and responsibilities  
• new references to key clinical targets and priorities relating to clinical audit and clinical effectiveness |
| Oct 10 | 5, 9 | General updates:  
• Remove CSDG  
• CEAC becomes a group: CEAG  
• Insertion of measures with objectives and removal of related appendix |

Approved by: Ruth Lallmahomed, Acting Director of Nursing; Trust Executive Group.

Approved by: CGC

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Compiled by: Dr Ann Spiropoulos, Clinical Effectiveness Manager

Ratified by: Management Board, Executive Group

Date: March 2004

Date Issued: November 2010

Next Review Date: November 2012

Target Audience: All Clinical Staff

Contact Name for Comments: Ann Spiropoulos

Impact Assessment Carried Out By: Ann Spiropoulos
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### Appendices

1. CEAG Terms of Reference  
2. Trust Clinical Audit Forward Plan Outline  
3. Clinical Audit Project Guidelines
CLINICAL EFFECTIVENESS AND AUDIT STRATEGY 2010 - 2012

See also:

National Guidance Monitoring Framework
Framework for Patients and Staff Surveys and Studies
Interventional Procedures Policy

This strategy does not encompass specific aspects of research. (For information relating to research refer to the “Research Framework”).

Vision:

To lead and enable Trust-wide commitment to continuous progression in clinical effectiveness and professional development with the aim of improving patient care.

Executive Summary

This document sets out the strategy for clinical effectiveness and audit for Ashford and St. Peter’s Hospitals NHS Trust. Clinical effectiveness and clinical audit are central to the delivery of the clinical governance agenda, supporting continuous improvement in patient care and continuous professional development.

The strategy outlines three main goals of commitment, communication and coordination and recommends nine main objectives to achieve these goals:

1. Establish commitment
2. Promote clinical effectiveness and audit
3. Establish formal communication and reporting processes
4. Achieve centralised strategic direction
5. Achieve focus on quality of clinical audit
6. Implement a planned clinical audit programme that responds to national and local priorities
7. Encourage involvement of patients and the public
8. Implement effective education and training programmes
9. Monitor and evaluate processes, systems and mechanisms

These objectives are translated into action with measures for successful implementation proposed.

This strategy identifies the priorities and processes for continuous development of clinical effectiveness and audit within the Trust. It is essential that each area takes responsibility for their own programme of clinical audit and effectiveness and that this is securely linked to the trust clinical governance agenda and key trust objectives. Division, specialty and senior management commitment and strong communication links with the Clinical Audit Department, the Clinical Effectiveness and Audit Group and the Trust Clinical Governance Committee are essential for success of this strategy.
1 INTRODUCTION

1.1 Clinical Governance

Clinical governance is about accountability for quality of care. Organizations must safeguard ‘high standards of care by creating an environment in which excellence in clinical care will flourish’ (Department of Health, 1998). More recently, Health Minister, Lord Darzi’s report “High Quality Care for All” (Department of Health, 2008), identified the focus on quality of healthcare for patients across the NHS. The final report of Lord Darzi’s NHS Next Stage Review sets a new foundation for a health service that empowers staff and gives patients choice with quality at its heart.

Clinical effectiveness and clinical audit are essential components of the Clinical Governance agenda to improve and assure quality. There are close links between clinical risk management, clinical effectiveness and audit and quality assurance.

1.2 Clinical Effectiveness

Clinical effectiveness is the process of making clinical practice more explicitly evidence based to improve patient care, clinical practice and service delivery. There is a requirement for continuous review of clinical practice and use of evidence-based best practice in healthcare decision making. Evidence-based best practice includes local and national guidance.

The National Guidance Monitoring Framework was developed to manage all national guidance: National Service Frameworks, NICE guidance (National Institute for Health and Clinical Excellence, see Implementation of NICE Guidance, 2005), the confidential enquiries and other accredited national studies and ensure that there is:

- Distribution to all appropriate personnel,
- Gap analysis and risk assessment,
- Monitoring of implementation,
- Recording of progress and improvements to services.

1.3 Clinical Audit

The Department of Health (1989) defines clinical audit as: “The systematic critical analysis of the quality of medical care, including the procedures used for diagnosis and treatment, resources and the resulting outcome and quality of life for the patient”. Practice is measured against explicitly agreed standards and for clinical practice to be continually effective, changes or modifications in practice are made to improve patient care. Wider issues such as organisational change may also need to be addressed.

The five stages of clinical audit are identified within the principles of best practice in clinical audit (NICE, 2002) as:

- preparing for audit;
- selecting criteria;
- measuring performance;
- making improvements and
• sustaining improvements.

The Department of Health in various published documents (DoH 1997, DoH 1998, NHSE 1996) identifies an expectation that all healthcare professionals including nurses, doctors, therapists and other members of the healthcare team take part in clinical audit.

The Trust established the Clinical Effectiveness and Audit Group (CEAG, formerly termed CEAC) on the merger of Ashford and St Peter’s Hospitals in 1998. (See Appendix 1 for Terms of Reference for the Group).

1.4 Roles and Responsibilities

The Trust strategy for clinical effectiveness and clinical audit is co-ordinated by the Clinical Effectiveness Manager, who is responsible to the Head of Quality and Integrated Governance and the Chief Nurse.

The Clinical Effectiveness Manager:

• Acts as Secretary to CEAG
• Acts as the NCEPOD (National Confidential Enquiries into Patient Outcome and Death) Local Reporter
• Prepares the Trust Clinical Audit Forward Plan in liaison with CEAG
• Produces regular reports for CEAG, adhoc reports to areas and supports the CEAG Chair to provide regular information and the annual submission to CGC
• Line manages the Clinical Effectiveness and Audit Facilitators and prioritises support and resources for audit projects
• Provides advice, guidance, training and support to Directorates
• Networks with colleagues in other organisations

The Clinical Effectiveness and Audit Facilitators undertake a range of services to support clinical effectiveness and audit activity across the Trust, maintain databases relating to clinical effectiveness and audit activity and provide guidance and training.

The Clinical Effectiveness and Audit Group, CEAG, is responsible for review of the Clinical Effectiveness and Audit Strategy and the Trust Clinical Audit Forward Plan. CEAG links closely and reports to the Trust Clinical Governance Committee, CGC. The Chair and Secretary of CEAG are members of CGC and provide regular corporate reports.

Members of CEAG are responsible for development of local audit programmes ensuring that these align with Trust priorities.

The Trust Clinical Governance Committee receives reports from all main areas on clinical effectiveness priorities.

Some areas have established posts for clinical audit e.g. Cardiology Audit Co-ordinator and clinical governance. These staff are responsible to, and report to, the specific area.

2  STAKEHOLDERS

• Clinical staff from all disciplines and at all levels across the Trust
• Patients receiving care from the Trust and their carers and families
• Commissioning bodies
• Relevant local community and voluntary bodies
• The catchment population who may access services in the future

3 AIMS AND GOALS

The strategy links to the Trust’s key, clinical, quality improvement objectives, including national and local priorities. The strategy supports areas to ensure that clinical care within the Trust is firmly evidence-based and demonstrate that clinical practice is effective, appropriate and of high quality and will enable areas to further develop and strengthen their own clinical effectiveness programmes.

Strategic aims will be addressed through achievement of three goals:

• Commitment: identifying champions and leaders to gain and maintain commitment to a continuous process of quality enhancement;
• Communication: identifying and communicating priorities for clinical effectiveness and clinical audit, promoting clinical effectiveness and audit, networking to enable feedback, sharing and learning;
• Coordination: providing direction and motivation; delivering advice, support and training; developing tools and reference materials; developing systems and mechanisms to collate evidence; provision of reports.

4 OBJECTIVES

To achieve the aims and goals the following high-level objectives provide a template to guide development of clinical effectiveness and audit and measures for monitoring are suggested.

COMMITMENT

1. Establish Commitment

Develop commitment from Trust Board level (top down) and commitment from individual levels at grass roots (bottom up) aiming to establish robust commitment at Division level to initiate and support clinical effectiveness and clinical audit activities within and across professional and organisational boundaries.

Measure – attendance at CEAG, increased involvement of key workers and champions in areas of audit and effectiveness e.g. using numbers of audit projects per area, linking across boundaries, providing feedback relating to NICE guidance and other national priorities.

COMMUNICATION

2. Promote clinical effectiveness and audit

Develop mechanisms for promotion of clinical audit and clinical effectiveness across the Trust:

• encourage participation in multidisciplinary clinical audit as part of routine clinical practice,
• maintain awareness of the clinical effectiveness and audit agenda by publicising relevant articles and reports,
• identify and share information and results on audit and good practice,
• increase awareness of resources available to facilitate audit

**Measure** – *List of promotion activities and resources e.g. attendance at internal and external meetings, emails, newsletters, posters, presentations, clinical audit website*

### 3. Develop communication and reporting processes

Develop and establish formal communication links to enable co-ordination of the clinical effectiveness and audit strategy via:

- the Clinical Effectiveness and Audit Department,
- Main clinical divisions, specialties and departments,
- CEAG and CGC,
- Clinical Risk, Customer Affairs, Complaints and PALS, (Patient Advice & Liaison Service)

Provide an annual report and regular reports to CGC from CEAG.

Develop and maintain communication with commissioning bodies and with other health economy partners and organisations.

**Measure** – *CEAG annual report, minutes CEAG, other reports and information e.g. newsletter, audit reports, NICE guidance reports.*

### COORDINATION

### 4. Achieve centralised strategic control

Develop an appropriate infrastructure, a central resource, to support clinical audit and clinical effectiveness across the Trust. This resource, the Clinical Effectiveness and Audit team will:

Link and work closely with clinical audit and clinical governance staff across the Trust to develop clinical effectiveness programmes within clinical areas and produce the annual Trust Clinical Audit Forward Plan;

Link and work closely with Clinical Risk and Customer Affairs, Complaints and PALS, to integrate priorities;

Ensure that information relating to clinical standards and guidelines is available, coordinating dissemination and obtaining feedback relating to implementation;

Develop and maintain links with Information Services to provide access to data stored on hospital IT systems;

Establish effective systems to record and monitor clinical effectiveness and audit activity.

**Measure** – *Trust Clinical Audit Forward Plan, attendance at CEAG, increased involvement of key workers and champions in areas of audit and effectiveness e.g. using numbers of audit projects per area; linking across boundaries; providing feedback relating to NICE guidance and other national priorities.*
5. **Implement a planned clinical audit programme that responds to national and local priorities**

Identify and prepare the Trust Annual Clinical Audit Forward Plan including key national, regional and local priorities. Include Trust priorities relating to patient safety, patient experience and improving clinical practice. (See the Outline, Appendix 2).

Undertake national, regional and local clinical audit and utilize results and recommendations to inform changes to clinical practice to improve patient care. Incorporate re-audit into the Trust forward plan to confirm improvements and / or identify the need for further action.

**Measure** – Production of an annual Trust Forward plan that is regularly monitored and updated.

6. **Achieve focus on quality of clinical audit**

Develop information and tools to support good, quality clinical audit including the use of good, quality criteria (see Appendix 3),

Provide awareness, advice, guidance, support and training

Develop mechanisms for review of clinical audit projects,

**Measure** – Trust Annual Clinical Audit Forward Plan, tools and information, provision of guidance and training, reports to CGC, and in the Trust quality report to Trust Board other evidence e.g. action plans

7. **Encourage involvement of patients and carers**

Services must be developed that are designed from the patient’s perspective and which foster a genuine partnership between professionals and the people they serve.

All clinical areas should engage with the patients and public who use their services; this can be supported through Customer Affairs, Complaints, PALS and the Trust Patient Panel. The Clinical Effectiveness and Audit Department should provide advice and guidance to enable involvement of patients and the public in clinical audit and effectiveness studies.

**Measure** – numbers of studies including patient and public involvement and the nature of the involvement e.g. patient surveys, involvement of the Patient Panel in prioritising studies

8. **Implement effective education and training programmes**

Clinical Effectiveness and clinical audit must be high on each Division’s agenda to maintain improvements in quality of care. Training and education in clinical effectiveness and audit are paramount to fostering a culture embracing continuous professional development and continuous quality improvement.

Training and education should be developed by the Clinical Effectiveness Manager in collaboration with the Training Department, Clinical Practice Educators, the Health Science Library and outside agencies as appropriate.
In addition to the Trust’s general induction programme for all staff, provide a variety of education and training programmes for clinical audit and clinical effectiveness.

**Measure** – record of training and educational information provided

9. **Monitor and evaluate processes, systems and mechanisms**

Establish a set of measures to evaluate the effectiveness of the 8 objectives identified; suggested measures are included with each objective above.

5 **ANNUAL PRIORITIES AND TARGETS**

All of the components of the Strategy are highly important but annual targets and priorities need to be realistic in accordance with available resources and in response to the Trust key priorities and objectives relating to clinical effectiveness and audit.

Key targets include those identified by the Department of Health, the Care Quality Commission and standards identified for inspection e.g. NHSLA (NHS Litigation Authority).

National audit priorities are identified by the Healthcare Quality Improvement Partnership (HQIP, [www.hqip.org.uk](http://www.hqip.org.uk)) in the National Clinical Audit and Patient Outcomes Programme (NCAPOP) comprising over 20 national clinical audits.

Local priorities should align with Trust objectives relating to patient safety, patient experience and improving clinical practice. See the outline of the Trust Clinical Audit Forward Plan (Appendix 2)

6 **CONCLUSION**

This strategy identifies the priorities and processes for continuous development of clinical effectiveness and audit within the Trust.

Staff are encouraged to undertake regular review of clinical practice and review of new clinical guidance with implementation of changes to clinical practice as appropriate.

There is focus on Trust priorities for clinical audit and the quality of clinical audit projects using established standards and criteria.

Appropriate involvement of patients / users is encouraged and supported and aligns with government strategy for a ‘patient-led NHS’.

Resources are essential to deliver advice, support, education and training and collate evidence of improvements in clinical practice and patient care necessary for contracts with commissioning bodies and for inspection purposes.

Sustained improvement in clinical effectiveness involves a partnership between clinicians, patients and managers. It is essential that each clinical area takes responsibility for their own programme of clinical audit and effectiveness and that this is an integral part of their clinical governance agenda. Divisions may employ their own clinical governance and audit staff; centralised co-ordination and support for key Trust priorities is available from the Clinical Effectiveness and Audit Department. All clinical areas are advised to develop and maintain close collaboration with the CEA Department and via CEAG membership.
7 STRATEGY REVIEW

Maintaining and improving quality is a dynamic process. The Clinical Effectiveness and Audit Strategy will be reviewed bi-annually.

8 ARCHIVING

This is a Trust-wide document and archiving arrangements are managed by Quality Dept. who can be contacted to request master/archived copies.
References


Websites:

www.nice.org.uk
www.hqip.org.uk
Clinical Effectiveness and Audit Strategy

APPENDICES
## Appendix 1

CLINICAL EFFECTIVENESS AND AUDIT GROUP (CEAG) 
TERMS OF REFERENCE June 2010

<table>
<thead>
<tr>
<th>Clinical Effectiveness and Audit Group, CEAG</th>
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</thead>
<tbody>
<tr>
<td><strong>Constitution</strong></td>
</tr>
<tr>
<td>The Clinical Governance Committee hereby resolves to establish a sub-committee to be known as the Clinical Effectiveness and Audit Group, CEAG.</td>
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<tr>
<td><strong>Authority</strong></td>
</tr>
<tr>
<td>The Clinical Effectiveness and Audit Group is authorized by the Clinical Governance Committee to lead, support and report on activities related to clinical effectiveness and clinical audit undertaken in all areas across the Trust.</td>
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<tr>
<td><strong>Membership</strong></td>
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<tr>
<td>Core Group Members:</td>
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<tr>
<td>1. Chair (Consultant)</td>
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<tr>
<td>2. Clinical Effectiveness Manager (Secretary)</td>
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<tr>
<td>3. Clinical Risk Manager / Head of Quality &amp; Integrated Governance</td>
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<td>4. Clinical Effectiveness &amp; Audit (CEA) Facilitators</td>
</tr>
<tr>
<td>5. Clinical Governance Managers</td>
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<td>Special Group Members:</td>
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<tr>
<td>6. Clinical Leads for clinical effectiveness and audit nominated by Clinical Directors</td>
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<td>7. R&amp;D Manager / Representative</td>
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<td>8. Senior Nurse</td>
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<td>9. Patient Representative</td>
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<tr>
<td>10. Information Manager / Representative</td>
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<tr>
<td>11. Library &amp; Knowledge Services Manager / Representative</td>
</tr>
<tr>
<td>12. Co-opted members as necessary e.g. from commissioning PCTs</td>
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<tr>
<td><strong>Attendance</strong></td>
</tr>
<tr>
<td>Members should achieve a minimum attendance of 4 out of 6 meetings annually and send a representative if unable to attend. Note that shared attendance arrangements are acceptable.</td>
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<tr>
<td><strong>Quorum</strong></td>
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<tr>
<td>Three core group members and six special members shall form quorum for the group.</td>
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<tr>
<td><strong>Frequency and Conduct</strong></td>
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<tr>
<td>Meetings shall be held every two months with duration of up to two hours. Items for the agenda should be submitted to the Secretary a minimum of seven working days prior to the meeting.</td>
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<tr>
<td>Terms of reference will only be changed with the approval of the Clinical Governance Committee; CEAG will review the TOR annually.</td>
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</table>
Chair
The Chair will be a consultant or other suitable professional employed by the Trust. The Chair of the Clinical Governance Committee in consultation with the CEAG Secretary will nominate the Chair of CEAG.
The term of office of the CEAG Chair will be two years with an option to extend for a second term with mutual agreement of the CGC Chair and CEAG Secretary.

Secretary
The Clinical Effectiveness Manager will be the Secretary to the Committee.

**Duties**

1. Make recommendations to the Clinical Governance Committee / Trust Board relating to:
   - the outcome of key clinical audits;
   - risks and resource pressures affecting Trust priorities for clinical effectiveness and audit.
2. Monitor the progress of high priority projects (clinical audit and NICE guidance implementation) through to their completion and receive reports on specific projects.
3. Encourage and support the involvement of patients in clinical effectiveness and audit.
4. Oversee the Trust’s clinical audit forward plan and annual report. Ensure that the programme is relevant to local needs and important to the Trust’s business.
5. Agree criteria for: prioritising audit proposals, the approval and support of audit projects and provide feedback on prioritization of audit topics. Encourage and give maximum support to audit projects that relate to:
   - clinical safety and clinical risk management
   - national and regional studies that are Trust priorities
   - local studies of evidence-based clinical practice that are Trust priorities e.g. implementation of NICE guidance
   - multi-professional and multi-agency audit, including audit across the boundaries between primary, secondary and tertiary care.
6. Identify areas where there is a need for education and training relating to clinical effectiveness and audit. Clinical Effectiveness Manager and /or CEA team to provide training with support from Library & Knowledge Services.
7. CEAG Secretary will provide advice relating to ethical issues, recommending submission to ethics committee if required.
8. Monitor the controls and systems in place to ensure patient and staff confidentiality in relation to clinical audit activity.
9. Communication - utilise meetings as a platform for clinical effectiveness and audit issues and dissemination of results and changes to services.

10. Encourage Directorates to:
    - take responsibility and develop good quality clinical audit activity involving patients as appropriate
    - ensure that key performance targets for the Trust relating to clinical effectiveness and audit are met
    - implement and embed clinical audit recommendations
    - review and implement NICE guidance, review National Service Frameworks

11. Directorate Audit Leads to collate and report on their annual audit plans. Audit leads to provide:
    - bimonthly updates on effectiveness and audit activity and progress, results and changes in practice to CEAG
• information on communication of audit within Directorates, across the Trust and externally
• communication to Directorates of information and actions reported by CEAG.

**Key Responsibilities**

The main objectives of CEAG are:

- To monitor implementation of the Trust strategy for clinical effectiveness and audit
- To support Trust clinical effectiveness and audit priorities, monitoring compliance with key targets and raising risk and resource issues important to the Trust.
- Identify national and local clinical audit priorities, developing the Trust clinical audit forward programme annually
- To communicate relevant issues to and from directorates.

**Reporting Lines**

The Clinical Effectiveness and Audit Group, CEAG, is accountable to the Trust Board through the Clinical Governance Committee. The Chair of CEAG is a member of CGC and the CEAG Secretary is also able to attend CGC.

The minutes of all CEAG meetings shall be formally recorded and archived. The minutes shall be circulated to CEAG members and published on Trustnet.

**Monitoring**

The Chair of CEAG will submit an annual report to the Clinical Governance Committee.
Appendix 2

TRUST CLINICAL AUDIT FORWARD PLAN OUTLINE

Note that this is a working document subject to regular update and review

NATIONAL AUDITS

National audits include continuous data submission and sampling audits.

**CEMACE** (Confidential Enquiry into Maternal and Child Health formerly CEMACH)

**CISH** (National Confidential Inquiry into Suicide and Homicide by People with Mental Illness)

**CEM** (College of Emergency Medicine formerly BAEM, British Association of Accident and Emergency Medicine)

**HQIP National Clinical Audit and Patients’ Outcomes Programme** (NCAPOP)

**National Blood Service (and RCP)**

**NCEPOD** (National Confidential Enquiry into Patient Outcome and Death)

**Royal College of Physicians (RCP)**

**TARN** (Trauma, Audit and Research Network)

Other National and Regional Audits

Audits relating to NSFs
National NHS Patient and Staff Surveys

TRUST PRIORITIES

For example: Infection Control, Patient safety and risk management, NICE guidance, National recommendations, Peer review, Nursing priorities / Essence of Care

DIRECTORATE PRIORITIES

Each directorate will identify their own forward plans and provide progress to CEAG with results of key audits included in their submission to CGC.

For further advice on appropriate clinical audit, patient and staff surveys contact the Clinical Effectiveness Manager. All studies, surveys and clinical audits must be registered with the Audit Department. The Audit Department provides support for approved audit work, priorities lie with national, mandatory, regional and Trust-wide audits.
Appendix 3

CLINICAL AUDIT PROJECT GUIDELINES

The Quality Department MUST be informed of all audit projects undertaken within the Trust, whether they are national, regional or local ones.

In order to prioritise local audit projects, the following criteria have been agreed:

1 Projects must have the support of one or more of the following:
   - Line Manager
   - Clinical Director
   - Clinical Effectiveness and Audit Group (CEAC) Representative
   - Consultant
   - Professional Head

2 Projects should:
   - Aim to be multi-professional
   - Aim to change or improve the quality of patient care and/or clinical practice
   - Be considered achievable and worthwhile for the Trust
   - Be in line with national, regional, local or Trust initiatives
   - Identify patient / user involvement
   - Maintain patient confidentiality at all times

3 Audits must relate to at least one of the following:
   - Clinical safety and clinical risk management
   - National and local guidelines, evidence-based clinical practice
   - Priorities for clinical performance and clinical effectiveness (key targets relating to inspection and/or commissioning)
   - Customer Affairs, patient-focused priorities
   - Closing the audit loop

The audit proposers must complete an audit request form, provide the standards against which the practice will be audited, and gain support from their manager for the audit project. The audit proposers are strongly advised to discuss their audit projects with their internal clinical governance officer and/or with the Trust Clinical Effectiveness Manager and team before embarking on their audit.

Details of all local audit projects will be entered on to a central database to provide an ongoing record for reference, reports are presented bimonthly to CEAG and annually to the Clinical Governance Committee.

Each Directorate should identify their key clinical audits in their annual Clinical Audit Forward Plan.
Appendix 4

Equality Impact Assessment Summary

Name: Clinical Effectiveness and Audit Strategy
Policy/Service: Organisation & Finance / Quality Department

Background

- Description of the aims of the policy
- Context in which the policy operates
- Who was involved in the Equality Impact Assessment

This strategy identifies the priorities and processes for continuous development of clinical effectiveness and audit within the Trust. The strategy will enable clinical departments to monitor and develop the quality of their services by implementation of best practice and review of current practice with the aims of improving patient care and clinical practice.

Policy identifies strategies that should be applied on a continuous basis.

Dr Ann Spiropoulos, Clinical Effectiveness Manager, Sarah Johnston, Head of Quality and Integrated Governance.

Methodology

- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)

The strategy is relevant to all clinical staff irrespective of race, ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age.

Review by members of the Clinical Effectiveness and Audit Group and the Clinical Governance Committee including a patient representative.

Key Findings

- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups

No issues identified as this is a high level generic document.

Conclusion

- Provide a summary of the overall conclusions

N/A
### Recommendations

- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment

| N/A |

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**Guidance on Equalities Groups**

<table>
<thead>
<tr>
<th>Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)</th>
<th>Religion or belief (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)</th>
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<tr>
<td>Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)</td>
<td>Sexual orientation including lesbian, gay and bisexual people (consider whether the policy/service promotes a culture of openness and takes account of individual needs)</td>
</tr>
<tr>
<td>Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)</td>
<td>Age (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)</td>
</tr>
<tr>
<td>Culture (consider dietary requirements, family relationships and individual care needs)</td>
<td>Social class (consider ability to access services and information, for example, is information provided in plain English?)</td>
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</tbody>
</table>