

Minutes of the meeting of the Sub Committee of the Confidentiality Advisory Group

25 May 2017

Due to volume of business at this meeting, this item was considered via sub-committee review by agreement of the acting Chairs.

Application title: **Audit of the Comprehensive Health Assessment Tool (CHAT)**

CAG reference: **17/CAG/0085**

Group Members:

<i>Name</i>	<i>Notes</i>
Dr Patrick Coyle	Vice Chair
Ms Kim Kingan	
Dr Rachel Knowles	
Professor Jennifer Kurinczuk	
Mr Marc Taylor	

In Attendance:

<i>Name</i>	<i>Present</i>	<i>Role</i>
Ms Kathryn Murray	In Attendance	Senior Confidentiality Advisor

Purpose of Application

This application from the University of Manchester set out the purpose of a clinical audit of the Comprehensive Health Assessment Tool (CHAT) within the Children and Young People's Secure Estate, which had been commissioned by NHS England. Since 2004, the Department of Health and more recently NHS England have commissioned the University of Manchester to develop the Comprehensive Health Assessment Tool (CHAT) for the Children and Young People's Secure Estate, aged 10-18 years old. The CHAT consists of a first night risk assessment, to identify urgent and immediate health needs; followed by a more comprehensive assessment of physical health (to be completed within 3 days of admission), mental health (to be completed within 3 days of admission), substance misuse (to be completed within 5 days of admission) and neuro-disability (to be completed within 10 days of admission). The CHAT also consists of care plans which follow a young person from admission to discharge, with the aim of ensuring health needs are met, or plans are in place once they transition out of the Secure Estate into community services e.g. Youth Offending Teams.

The University of Manchester was further funded to provide training to all healthcare staff within the Secure Estate on how to use the CHAT and to support the implementation of the CHAT in each establishment. As of January 2016, the CHAT is in routine use within each of the 21 establishments which form the Children and Young People's Secure Estate. The

Secure Estate consists of four Young Offender Institutions, three Secure Training Centres and 12 Secure Children's Homes.

In 2016, NHS England commissioned the University of Manchester to undertake an audit of CHAT. The aim is to undertake a process-based clinical audit of the implementation and quality of CHAT assessments and subsequent care planning, for example auditing if there are clear care pathways for onward referral once health needs are identified by the CHAT.

The audit will result in one overall report to NHS England which will contain overarching themes and recommendations for improvements to practice. Each site will also be provided with an individual report containing a tailored action plan and recommendations.

Support is requested to allow access to individual patient healthcare records, as this is where the CHAT assessments and care plans are held, by University of Manchester staff in order to extract anonymous information around the use of the CHAT for the purposes of the audit.

A recommendation for class 5 and 6 support was requested to cover activities as described in the application.

Confidential Patient Information Requested

Cohort

The cohort covers young people within the Secure Estate across England who had undergone a CHAT within a retrospective six month audit period. This process-based audit will sample approximately 30 CHAT assessments at each establishment of young people admitted over a retrospective six month period. For smaller sites with less than 30 admissions over six months, all CHAT assessments will be included.

Access was requested to the individual health care records, to include mental health data, for all patients included within the audit, to allow review of the CHAT assessment and associated care plans. The applicants will extract anonymised information which will focus on the completion and quality of the CHAT assessment only.

Confidentiality Advisory Group Advice

Public Interest

The CAG agreed that the application defined a medical purpose through the audit and evaluation of the CHAT assessment tool. It was agreed that this was in the public interest through the potential for improvements in health care provision from the audit findings.

Practicable Alternatives

Members considered whether a practicable alternative to the disclosure of patient identifiable data without consent existed, taking into account the cost and technology available in line with Section 251 (4) of the NHS Act 2006.

- Feasibility of consent

The Group agreed that consent was not feasible for the project as this concerned a retrospective audit analysis of patient records.

Members noted that this application concerned a time-limited audit and whilst it was not apparent from the submission that there would be the requirement for future auditing of the

process, considerations should be made around the potential for prospective consent to be taken to cover this moving forward. It was suggested that consent for the required audit procedures could be taken from patients at the time consent is provided to the overall CHAT assessment.

- Use of Anonymised/Pseudonymised data

The CAG were satisfied that the CHAT assessments could not be redacted at source and as such, the applicant required access to confidential patient identifiable information to enable the relevant audit information to be extracted. No patient identifiers would be extracted.

Patient and Public Involvement and Engagement

The applicant provided information around activity which had been undertaken with six young people around the audit of the CHAT assessment, the outcome of which was supportive. Members agreed that the engagement which had been undertaken was proportionate to the project and were satisfied with the information provided.

Patient Notification and Dissent

It is a general principle of the CAG, when recommending support under Regulation 5, for reasonable measures to be taken to inform the relevant population of the activity and to provide a right and mechanism to respect objection, where appropriate. This is known as patient notification. This is separate to the local obligation to comply with the principles of the Data Protection Act 1998.

CAG acknowledged that providing meaningful patient notifications and dissent mechanism to the proposed retrospective cohort would be difficult. However, it was noted that there was potential that some individuals whose records were sampled for the purposes of the audit, would still remain in residence within the Secure Estate. Members agreed that further efforts should be undertaken by the applicants to improve patient notifications and objection models within the Secure Estate.

The applicants had suggested additional notification opportunities in response to the initial application queries and the CAG agreed that these should be taken forward. These included the production of an information poster which would be required for review. It was agreed that an interim report would be required within three months of the final recommendation of support around what additional patient notification and dissent activity had been implemented and any outcomes received from this.

Confidentiality Advisory Group Advice Conclusion

The CAG agreed that the minimum criteria under the Regulations appeared to have been met and that there was a public interest in projects of this nature being conducted, and therefore advised recommending support to the Secretary of State, subject to compliance with the specific and standard conditions of support as set out below.

Specific Conditions of Support

1. Patient Notification and Dissent:
 - a. Further consideration should be given to the improvement of patient notification and dissent opportunities for patients within the Secure Estate, to enable any individuals still residence to be informed of the audit and allowed opportunity to dissent, should they wish,
 - b. An information poster should be produced and submitted for consideration together with any additional materials which are devised,

- c. An overview report of additional activity, together with any relevant supporting documentation should be submitted for consideration within three months of the date of this letter.
2. Confirmation from the IGT Team NHS Digital of suitable security arrangements via Information Governance Toolkit (IGT) submission. **(Confirmed - University of Manchester - Offender Health Research Network shows a published reported score of 83% on Version 13 2015/16).**

Recommendation

1. It was recommended that the consenting process for the overall CHAT assessment be revised to include specific consent for audit activity. With prospective consent in place, there would be no requirement to seek support under the Regulations for any future audits of the system. If this was not deemed to be feasible, any future application for support under the Regulations would require more detailed plans in relation to patient notification and dissent mechanisms.