Ionad Náisiúnta d'Iniúchadh Cliniciúil
An Stiúrthóireacht um Ardchaighdeáin agus Sábháilteacht Othar

National Centre for Clinical Audit
National Quality and Patient Safety Directorate

HSE National Centre for Clinical Audit

Data Protection and GDPR FAQ's for Clinical Audit

Reader Information

Title:	**HSE National Centre for Clinical Audit, Data Protection and GDPR FAQ's for Clinical Audit**
Purpose:	This guidance contains specific guidance related to data protection and GDPR legislation as it applies to Clinical Audit. Development of this document is in accordance with the recommendations of the HSE's National Review of Clinical Audit Report (2019)
Developed by:	This document was developed by HSE NCCA in consultation with the National Steering Group for Clinical Audit and the Irish Clinical Audit Network. It was informed by advice by the HSE Data Protection Office.
Approved by:	Dr Colm Henry, Chair, National Steering Group for Clinical Audit and Chief Clinical Officer, Dr Orla Healy, National Clinical Director, NQPSD, Co-Chair National Steering Group for Clinical Audit Mary Deasy, Data Protection Officer (DPO), HSE.
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Target Audience:	This guide is intended for all healthcare professionals conducting clinical audits within the HSE. It had been produced to assist its intended audience to comply with data protection legislation and regulations, such as GDPR and the Data Protection Act 2018, when conducting clinical audits. The advice within this document supplements the advice provided by the HSE Data Protection Office – available at: https://healthservice.hse.ie/staff/procedures-guidelines/data-protection/
Cite this document as:	Health Service Executive (HSE) National Centre for Clinical Audit, Data Protection and GDPR FAQ's for Clinical Audit.
Contact Details for further information:	HSE National Centre for Clinical Audit Email: ncca@hse.ie X: @hsencca Website: https://www2.healthservice.hse.ie/organisation/ncca/
Related / Associated documents	Health Service Executive (HSE) National Centre for Clinical Audit – A Practical Guide https://assets.hse.ie/media/documents/HSE_National_Centre_for_Clinical_Audit_-_A_Practical_Guide.pdf HSE National Centre for Clinical Audit Nomenclature – A Glossary of Terms for Clinical Audit https://www.hse.ie/eng/about/who/nqpsd/ncca/nomenclature-a-glossary-of-terms- for-clinical-clinical audit.pdf • HSE Data Protection Policy Available at: https://assets.hse.ie/media/documents/ncr/hse-data-protection-policy.pdf • HSE Privacy Notice Patients and Service Users Available at: https://www.hse.ie/eng/gdpr/hse-data-protection-policy/hse-privacynotice-service-users.pdf

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1. Background and Context

The *National Review of Clinical Audit Report (2019),* commissioned by Dr Colm Henry, Chief Clinical Officer, sought to ensure the continued development of the essential role of clinical audit to protect patients and promote improved patient outcomes by fostering learning and improvement in healthcare.

The establishment of the HSE National Centre for Clinical Audit (HSE NCCA) and the HSE National Steering Group for Clinical Audit were established to provide the National Governance structure that was recommended in the National Review of Clinical Audit Report (2019). The HSE NCCA, with the oversight of the HSE National Steering Group for Clinical Audit, are now responsible for co-ordinating the implementation of the remaining recommendations of that review report.

The implementation of the review reports recommendations is being progressed under 5 strategic pillars:

- National Governance of Clinical Audit
- Local Governance of Clinical Audit
- Clinical Audit Training and Education
- Clinical Audit Training and Resources
- Legislative Changes affecting Clinical Audit

Data protection and the application of GDPR to clinical audit are among the topics being addressed through the "Legislative Changes affecting Clinical Audit" strategic pillar.

2. Introduction

Data protection is the safeguarding of the privacy rights of individuals in relation to the processing of personal data. All those working in healthcare must lawfully and fairly process personal data about service users, employees, suppliers and other individuals. By its very nature, clinical audit involves the processing of personal data, and so it is imperative to be aware of the fundamentals of data protection in the context of clinical audit before undertaking a new project.

The *National Review of Clinical Audit Report (2019)* found that the current information void on the practical implications of legislative changes on clinical audit has led to a discourse which lacks clarity and is often misleading. The report stated that clear and consistent information across the healthcare system is required.

The report recommended that:

"The HSE Data Protection Officer (DPO) should provide guidance regarding the interpretation of GDPR, which should include specific guidance related to the application of GDPR to clinical audit."

This guidance is intended to support and promote best practice in clinical audit in Ireland by addressing frequently asked questions in relation to GDPR and data protection legislation in the context of Clinical Audit. This document has been developed in conjunction with several stakeholders. Questions were supplied by the National Steering Group for Clinical Audit and the Irish Clinical Audit Network (ICAN), who's membership is comprised of individuals working in clinical audit within the Irish healthcare system. Answers to the questions were developed with the guidance of the HSE Data

Protection Officer (DPO) to provide those who are involved in clinical audit in the HSE with support in the interpretation and application of the GDPR and the Data Protection Act 2018.

2.1 Who is the guide for?

This guide is for health service providers and healthcare professionals involved in clinical audits. It is intended to assist with the effective application of data protection legislation to clinical audit projects.

It is of crucial importance to note that this guidance applies to clinical audit and not to healthcare research. For clarity, the definition of clinical audit is contained below:

"Clinical audit is a clinically-led quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit specific clinical standards or clinical guidelines and acting to improve care when clinical standards or clinical guidelines are not met.

The process involves the selection of aspects of the structure, processes and outcomes of care which are then systematically evaluated against explicit specific clinical standards or clinical guidelines."

(DOHC, 2008, P. 152; Patient Safety (Notifiable Incidents And Open Disclosure) Act 2023)

Following clinical audit, improvements, if required should be implemented at an individual, team or organisation level and then the care re-evaluated to confirm improvements. (DOHC 2008, p. 152)

It is noted that clinically-led includes the breadth of clinical professionals working in health and social care services

Explaining the difference between clinical audit, research and other Quality Improvement methodologies is beyond the scope of this document. However, it is important to state that there are key difference in the application of data protection legislation to clinical audit versus their application to healthcare research. Consequently, Health Research Regulations should not be used as a guide when conducting clinical audits.

To further understand the differences between clinical audit and research, the reader is directed to HSE National Centre for Clinical Audit Nomenclature – A Glossary of Terms for Clinical Audit available at:
https://www.hse.ie/eng/about/who/nqpsd/ncca/nomenclature-a-glossary-of-terms- for-clinical-clinical audit.pdf

Furthermore, this guide is not intended as an overarching guide for the interpretation of data protection legislation and regulations. Should this be required, the reader is directed to the resources available from the HSE Data Protection Office, available at:
https://healthservice.hse.ie/staff/procedures-guidelines/data-protection/

Please note that the purpose of this document is to address frequently asked questions regarding data protection and GDPR legislation as it applies to Clinical Audit. It should not be considered legal advice.

All clinical audits must be in compliance with the governance structures of the local healthcare setting in which they are conducted. Additionally, all clinical audits must be conducted in line with the best practice set out in the HSE NCCA's "Clinical Audit – A Practical Guide" (2023).

For any additional specific queries or concerns regarding GDPR compliance in Clinical Audit, it is recommended to consult with the local governance structures in place in the service in which you work, or contact the National Centre for Clinical audit at ncca@hse.ie.

3. Key Data Protection Legislation that Applies to Clinical Audit

Key Data Protection Legislation	
General Data Protection Regulation (2016)	This European regulation came into effect on 25th May 2018. It provides the utmost protection to an individual's personal information; protects the rights and freedoms of data subjects, and allows the free movement of personal data within the European Economic Area (EEA). https://gdpr-info.eu/
Data Protection Act 2018	This legislation was enacted by the Oireachtas and came into force on 24th May 2018, setting out further rules on certain matters in relation to data protection. This Act modifies the Data Protection Acts 1988 and 2003 by repeals and revocations. https://www.irishstatutebook.ie/eli/2018/act/7/enacted/en/html
Charter of Fundamental Rights of the European Union	Article 8 recognises that all individuals have the right to the protection of their personal data. This article further states that personal information must be processed fairly and based on a legitimate basis prescribed by law. It also highlights the rights to access and rectification, as well as the importance of a supervisory authority to monitor compliance with those rules. https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:C2012/326/02

4. Data Protection and GDPR FAQs

The following section provides answers to frequently asked questions about GDPR and Data Protection in the context of Clinical Audit.

The list of questions below was developed by the HSE National Centre for Clinical Audit, in consultation with the HSE National Steering Group for Clinical Audit and the Irish Clinical Audit Network (ICAN). Answers to the questions were developed with the guidance of the HSE Data Protection Officer (DPO).

No.	Question	Answer
1.	**I am conducting a clinical audit – do I need to consider data protection issues?**	Yes - Legislation around data protection and service user confidentiality must be complied with when performing clinical audits. Article 5 GDPR sets out seven key principles related to the processing of personal data, which controllers (i.e. those who decide how and why data are processed) need to be aware of and comply with when collecting and otherwise processing personal data: • Lawfulness, fairness, and transparency; • Purpose limitation; • Data minimisation; • Accuracy; • Storage limitation; • Integrity and confidentiality; and • Accountability.
2.	**How can I learn more about this?**	Keep reading! This guide will help you apply data protection principles to the processing of personal data for the purposes of your clinical audit project. You should also note that, the Fundamentals of GDPR is a mandatory course for all staff working in the HSE. This training resource is available on HSeLanD. *https://www.hseland.ie/dash/Account/Login* For further information regarding data protection legislation, please see the HSE Data Protection Webpage at: https://healthservice.hse.ie/staff/procedures-guidelines/data-protection/data-protection/
3.	**Do all principles of GDPR apply to Clinical Audit?**	Yes. All principles of GDPR apply to the personal data that is processed to carry out a clinical audit. Therefore all data processing should be fair, lawful and transparent Recital 26 of the GDPR states that the principles of data protection should apply to all information related to an identified or identifiable individual. The observation of those principles is a first step in the path to complying with GDPR. *General Data Protection Regulation (2016)*

No.	Question	Answer
4.	**So, does that mean the service users involved have to provide consent for me to use their data in my clinical audit?**	No, explicit service user consent is not usually required. It is important to note that explicit consent is only one of a number of legal bases through which personal data may be processed. The HSE does not reply on explicit consent as a lawful basis for processing, in most cases. Processing of personal identifiable information is also permitted by other lawful bases including, but not limited to performance of a task carried out in the public interest, ensuring high standards of quality and safety of health or the management of health or social care systems and services. (See GDPR Articles 6,1(e) and 9,2(h,i)). Provided that *one (or more)* of these lawful bases has been clearly identified and deemed applicable, explicit service user consent would not be necessary for clinical audit.
5.	**So, I do not have to tell the service users that I am using their data?**	In compliance with the transparency principle in the GDPR, service users should be informed that their data may be used for the purpose of clinical audit *in general*. They do not, however, need to be informed about each specific clinical audit. In practical terms, Section 8 of the HSE Privacy Notice for Patients and Service Users (available at hse-privacynotice-service-users.pdf) clearly informs service users of how the HSE will use service user information, including clinical audit. In line with best practice, local healthcare providers should further inform service users of how their data may be processed for clinical audit by inserting a statement to this regard in the organisations Privacy Statement and hosting this on the organisations website, or through the placement of fair processing notices and/or information leaflets throughout the organisation, clearly stating the way in which their data is processed to improve the quality and safety of care.
6.	**So, what other data protection considerations should I be aware of prior to starting my clinical audit?**	You should refer to the data protection considerations outlined within Chapter 4 of the HSE NCCA's "Clinical Audit – A Practical Guide" (2023). You should also be aware that Article 30 of the General Data Protection Regulation (GDPR) requires Data Controllers, such as each local health provider organisation (e.g. each hospital, community healthcare service), to maintain a Record of Processing Activities (RoPA) under their responsibility and Clinical Audits as a process would fall into that category. Therefore if a RoPA within your organisation documents clinical audit as an ongoing processing activity, in general, no data protection specific documentation needs to be completed prior to commencing each clinical audit. For further information regarding your local service RoPA, it is advisable to discuss this with your local Data Protection Officer or Quality and Safety Department. For more guidance on how to complete a RoPA please see the following HSE DPO ROPA Guidance.

No.	Question	Answer
		In addition to the completion of a RoPA, The HSE National DPO Office recommends that DPIAs should only be conducted in certain circumstances where the risk profile changes sufficiently and does not need to be conducted at a local service level for local clinical audits. A DPIA should only be conducted (or the existing DPIA/s updated) where the processing activity changes as documented in the ROPA e.g. where a new third party is supporting the activity, the personal dataset changes significantly or new technologies are introduced all of which may change the risk to the underlying data subjects whose data is being processed.
7.	**Where can I find more information on DPIA's?**	There is HSE guidance on DPIA's available at: https://healthservice.hse.ie/filelibrary/staff/privacy-impact-assessment-pia-guidance.pdf If you are unsure if a DPIA is required or not, please use the HSE DPO checklist available at: https://www.hse.ie/eng/services/list/5/publichealth/publichealthdepts/research/is-a-dpia-needed.docx
8.	**What about an ethics application?**	Do not confuse ethics applications with data protection and GDPR! Clinical Audit's do not require ethical approval, however, each project should be conducted in an ethical manner. This includes the adherence to data protection principles. *HSE NCCA Clinical Audit – A Practical Guide 2023 (Page 38).* https://assets.hse.ie/media/documents/HSE_National_Centre_for_Clinical_Audit_-_A_Practical_Guide.pdf
9.	**Now I can access the service user's data, is there any limitation to the amount of data that can be collected in order to conduct clinical audit?**	No – any **relevant** information may be used for the purpose of that clinical audit. However the principle of data minimisation should be followed (Article 5, 1(c) GDPR). Again, this means that only personal data that is relevant for the purpose of the particular clinical audit should be collected. Collection of data and storage for use in future clinical audits (or for any other future purpose) is not permitted. It is important to keep in mind that the more data that is collected, the higher the risk of personal information being exposed. *Data Protection Commission (2019, p 3)*
10.	**When conducting a clinical audit and collecting prospective data, can I access a service users contact details and contact**	In short, yes it is possible to take this approach to prospective data collection. However, the detail below should be noted. Where it is intended to collect personal data prospectively (such as a survey or questionnaire) for clinical audit purposes, the contact details of service users can be processed only by those staff who ordinarily have access to this data. The consent of service users is not required to

No.	Question	Answer
	them directly to seek participation in the clinical audit (e.g. by asking them to complete a questionnaire)?	process their data for the purposes of the audit itself, as the HSE will in most cases, rely on Article 6 (1) (e) and 9 (2) (h) and will not rely on explicit consent as the lawful basis. The transparency requirement will be met through the HSE's Privacy Notice hse-privacynotice-service-users.pdf and by the provision of information to service users when requesting data from them prospectively. A patient information leaflet can also be used for this purpose.
11.	**Can staff members no longer involved in the care of patients being audited remain involved and have access to the patient data required to undertake the audit? For example, NCHDs who during the audit rotate to another specialty.**	Only those who ordinarily have access to the personal data should continue to process that data. Insofar as the NCHD remains in the same data controller organisation, but moves between clinical teams (such as a surgical rotation), the NCHD can continue to access the dataset compiled for the purposes of the audit. During an audit, data may be fully and irreversibly anonymised, in which case the provisions of GDPR no longer apply. Where data is pseudonymised, the risk of re-identifying individuals is significantly reduced and for this reason, staff who no longer ordinarily have access to the data-set in question, can continue to partake in the clinical audit process on the pseudonymised dataset. Note, all HSE staff are contractually bound by confidentiality and would be considered 'trusted recipients' of such data.
12.	**How should healthcare professionals handle and protect personal data obtained during a clinical audit?**	Healthcare professionals must ensure that personal data collected during a clinical audit is processed securely and protected against unauthorised access, loss, or disclosure. Adequate technical and organisational measures should be in place to safeguard the data. *GDPR Article 32.* Practical examples of this would be password protected computers for electronic data or locked cabinets for paper based data. Laptop bags and physical desktops are not considered safe storage. For further detailed guidance, please see HSE Information Security Policy available at: https://www2.healthservice.hse.ie/organisation/national-pppgs/information-security-policy/
13.	**Is it ok to transfer audit data off-site?**	Yes, it is acceptable to work remotely with data pertaining to clinical audit. However, it must be noted that your obligations under GDPR are the same whether you are working remotely or in a HSE facility. You are responsible for the security of all electronic device and paper records containing personal and confidential information that you use while working remotely. It must be noted that HSE Electronic Communications Policy (2019), available at https://www2.healthservice.hse.ie/organisation/national-pppgs/electronic-communications-policy, is mandatory in the use of any of HSE's electronic communications, email, internet, intranet and fax services.

No.	Question	Answer
		The policy states that where possible, all external transfers of confidential or restricted information must take place electronically via secure channels (i.e. Secure FTP, TLS, VPN etc.) or encrypted email. The use of third party web based email services for the transmission of HSE confidential or restricted information is strictly prohibited. For security reasons users who regularly receive HSE confidential or restricted information via email must not forward their HSE email messages to their own personal third party web based email account. Paper records can only be removed from the workplace with the consent of your line manager and should only occur when absolutely necessary. A written log of information removed and returned to the office must be kept. Electronic devices should not be used where data is visible to others. They should be locked, turned off and stored securely when not in use. When a device is lost or stolen, it should be reported immediately. Further information is available at: https://healthservice.hse.ie/staff/procedures-guidelines/data-protection/reduce-the-risk-of-a-data-breach/
14.	**What's the difference between anonymised and pseudonymised data?**	The difference between anonymised and pseudonymised data is clearly outlined in a Guidance Note by the Irish DPC at the following link: Anonymisation and pseudonymisation | Data Protection Commission Anonymised data is data that can no longer be linked back to any identifiable individual. Pseudonymised data is data where any identifying characteristics of data are replaced with a pseudonym, or a value which does not allow the data subject to be directly identified (e.g. "Participant 1"). A log identifying which participant is which patient may be kept separately and securely, until the clinical audit has been completed. There are various best practices and techniques for pseudonymisation as advised by ENISA: Pseudoanonymisation techniques and best practices — ENISA (europa.eu)
15.	**Does GDPR apply to anonymised data?**	No. Since fully anonymised data is no longer information that identifies or allows the identification of a person, it does not meet the requirements to be considered personal data and therefore, it is out of the scope of the GDPR. *HSE NCCA Clinical Audit – A Practical Guide 2023*

No.	Question	Answer
16.	**Does GDPR apply to pseudonymised data?**	Yes. Pseudonymised data is still personal data because it is still possible to identify a data subject by reference to other information or by indirect means. As per Recital 26 of the GDPR, 'personal data which has undergone pseudonymisation...should be considered to be information on an identifiable natural person'. *General Data Protection Regulation (2016)*
17.	**Does the need for anonymisation only apply to service user data, or does it also apply to identification of the healthcare professional?**	Unique identifying numbers should also be given to any healthcare professional identified in data collected during a clinical audit. Individuals should not be named or identifiable in any clinical audit report. In certain cases where anonymising data may be impractical and detrimental to the objectives of the clinical audit, the clinical audit team must ensure that the data is kept purely for the purposes of analysis by those directly involved in the management of the clinical audit. Ideally, data should be pseudonymised in this circumstance to minimise the risk to data subjects. Health Service Executive (HSE) National Centre for Clinical Audit – A Practical Guide https://assets.hse.ie/media/documents/HSE_National_Centre_for_Clinical_Audit_-_A_Practical_Guide.pdf
18.	**How long can I retain personal data related to a clinical audit?**	HSE Records Retention Policy (2023), states that "In keeping with the provisions of section 2(1)(c) of the Data Protection Act 2018 and Chapter 2 Article 5 (1) (e) of the GDPR personal data shall not be kept for longer than is necessary for the purpose or purposes for which it was obtained" Therefore in practice, personal data (including pseudonymised data) obtained during clinical audit should be destroyed following completion of that clinical audit. Remember, since fully anonymised data is no longer information that identifies or allows the identification of a person, it does not meet the requirements to be considered personal data and therefore anonymised data, obtained via clinical audit, can be retained for future processing.
19.	**Does the publication of clinical audit findings via an article, poster or presentation require consent?**	No. In general, clinical audit does not require individual consent before publication or sharing the data in poster form or orally at a conference, as it is considered a legitimate interest pursued by healthcare providers. However, it is important to ensure that the publication of clinical audit data complies with data protection laws and respects individuals' rights to privacy. According to the Data Protection Commission (DPC) in Ireland, the publication of clinical audit data should be done in a manner that

No.	Question	Answer
		ensures the protection of individuals' personal data. This includes anonymizing the data to prevent the identification of individuals, especially when sharing sensitive or identifiable information. *Data Protection Commission* Furthermore, all stakeholders in the clinical audit (i.e. including the healthcare workers who have been involved in the aspects of the care audited) should be aware of the audit being conducted prior to its commencement. Approval should be sought from the commissioner / audit sponsor (listed on the original clinical audit proposal form) prior to publication or presentation of clinical audit data. It may be useful to discuss methods of likely publication early within the clinical audit cycle to prevent any disagreement regarding presentation or publication.
20.	**What is a personal data breach?**	A personal data breach is the accidental or unlawful destruction, loss, alteration, unauthorised disclosure or access to personal data. The term 'personal data' means any information relating to an identified or identifiable living individual. *HSE Data Protection Policy 2019* hse-data-protection-policy.pdf If you become aware of a breach, you should report it immediately. See the Dealing with data breaches page on the HSE website and discuss this with your line manager for advice regarding data breach reporting and management responsibilities. The HSE must report breaches to the Data Protection Commission within 72 hours of a notifiable personal data breach. This is done through the DDPO offices, following consultation with the local service where the breach occurred. *HSE Data Breach Process Guidance 2019* data-breach-process-guidance.pdf (hse.ie)
21.	**Can a service user request access to his or her personal data which are or were provided for clinical audit or are contained in documentation derived from a clinical audit?**	No. Following Section 60 of the Patient Safety Act 2023, which is due to be implemented in Quarter 2 of 2024, patients cannot request access to their personal records, contained or derived from a Clinical Audit, that are being held by public bodies and other FOI bodies under the Freedom of Information Act 2014. Further FAQs related to this legislation will be issued in 2024.
22.	**Does the advice contained within this FAQ document apply only to clinical audit or can it be applied to**	The advice within this guide has been developed for the purpose of clinical audit only. However, it should be noted that for the purposes of service improvement the HSE relies on Articles 6,1 (e) and 9,2 (h) of the GDPR

No.	Question	Answer
	other quality assurance and improvement methods (e.g. service evaluation, Quality Improvement).	in the processing of personal information. Therefore, some elements of this advice may be transferable. For specific queries regarding service improvement activities, the reader is directed to their local data protection officer.

5. Glossary of Data Protection Terms

Interpretation of Data Protection legislation and GDPR can be challenging. The below link provides a list of definitions of terms relating to GDPR which may assist you in understanding the fundamentals of data protection concepts which are relevant to Clinical Audit.

Art. 4 GDPR – Definitions - General Data Protection Regulation (GDPR) (gdpr-info.eu)

6. Further Resources

This document is a Frequently Asked Questions document only, and by its nature may not answer all of your questions with regards to Data Protection and GDPR. For further information, the reader is directed to the HSE Data Protection website: https://healthservice.hse.ie/staff/procedures-guidelines/data-protection/data-protection/

Additionally, below is a list of HSE approved resources that may assist you further.

- **HSE Data Protection Policy**
  Available at: https://assets.hse.ie/media/documents/ncr/hse-data-protection-policy.pdf

- **HSE Privacy Notice Patients and Service Users**
  Available at: https://www.hse.ie/eng/gdpr/hse-data-protection-policy/hse-privacynotice-service-users.pdf

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Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023, Part Vi, P 82.

About the HSE National Centre for Clinical Audit
National Quality and Patient Safety Directorate

The National Quality and Patient Safety Directorate (NQPSD) was established within the Office of the Chief Clinical Officer in 2021, following the HSE Corporate Centre review. It merged a number of functions from the former National Quality Assurance and Verification Division (QAVD) and Quality Improvement teams. QPSD is anchored in the HSE Patient Safety Strategy 2019-2024. It works to embed a culture of patient safety improvement at every level of the health and social care service. This is achieved through developing a collaborative culture aimed at repeating and improving on positive outcomes and minimizing adverse outcomes.

The HSE National Centre for Clinical Audit (NCCA), established within the NQPSD, follows publication of the HSE National Review of Clinical Audit Report in 2019, and is responsible for implementing the report's recommendations and supporting clinical audit service providers locally and nationally. This step confirms the HSE's commitment to developing clinical audit as an essential quality and patient safety tool in Ireland, promoting improved patient outcomes.

Clinical audit is an integral component of safety in all modern healthcare systems and the programme will ensure delivery of a standardized approach. Establishing the HSE NCCA marks an important step in the HSE's continued efforts to improve the quality and safety of healthcare for patients. This will strengthen the development of an end-to-end process for clinical audit in accordance with the recommendations in the report and meet the needs of clinical audit service providers and multi-disciplinary stakeholders.

For Further information, please contact:

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