Policies and Procedures

Evidence Quality Assurance: Evidence Quality Guidance Note #5

Monitoring, Auditing & Reporting

1st December 2014

To learn more and view all the guidance visit http://jncc.defra.gov.uk/page-6675

Evidence Quality Guidance Note 5: Monitoring, Auditing & Reporting

1. Record keeping for monitoring compliance with the JNCC Evidence Quality Policy

1.1 General principles

In order to comply with the core principles in the JNCC Evidence Quality Policy, staff will need to keep adequate records of the decisions, actions and outcomes associated with providing evidence and advice.

1.2 Project Audit Document (PAD)

A Project Audit Document (PAD) must be created from the start of the project and maintained throughout the life of a substantial piece of work (e.g. an in-house evidence review) or project so that monitoring could be undertaken easily by anybody, and so that any external requests for information can be managed as efficiently as possible (e.g. FOI requests). It could be included as part of a Project Initiation Document (PID) or project plan, if these are used, but could also be kept as a stand-alone document.

A standard PAD is available to download from the EQA page of the JNCC intranet. Staff can select the sections that are appropriate to their work, for example the sections relating to procurement will not be needed for in-house reviews, but the headings should be retained. Staff can record more detail if this is helpful to them in managing a project or piece of advisory work. An example list of documentation is also included from the Joint Code of Practice for Research (JCoPR) 2012 in Annex 1, which might be a useful additional reference for some survey projects.

The PAD should specify roles and responsibility of staff involved in the project with respect to document management and record keeping, including product sign-off processes. If the document contains personal information its management must be compliant with Data Protection Act requirements. Any confidential information should be clearly identified and controls for its management specified so that all staff involved in a project are able to judge when information can be shared externally (see 1.3).

The PAD document should be fully completed at the end of the project to facilitate EQA monitoring and should include a concluding statement on success of the quality assurance process used and any thoughts on improvements.

1.3 Records without a PAD

If a project or piece of work does not warrant a PAD then simple records should be kept of basic QA information, and should be readily available for contributing to quarterly reporting and compliance checks. Basic information would include the rationale for not creating a PAD, the evidence quality risk assessment and decisions on peer review steps. A simple EQA decision sheet could be created and kept with project documentation.

1.4 Confidentiality

Deciding on whether information is confidential is very difficult, but there should always be a presumption that at some stage nearly all documented information that we deal with in

procuring and reviewing evidence and in giving advice will go into the public domain. Judging what information to proactively publish and when is important; it is fundamental to open and transparent government.

The Freedom of Information Act (FOI) and the Environmental Information Regulations (EIR) recognise that there will be valid reasons why some kinds of information may be withheld, such as if its release would prejudice national security or damage commercial interests. There is a list of exemptions available (a good source of guidance is The Information Commissioner's Office), which include publication, commercial confidence, damage to the environment (under EIR), personal information, etc. The Data Protection Act sets out information that would be exempt from public disclosure in relation to personal information; staff must comply with the Act (training and guidance is available on the Civil Service Learning Portal).

If there is any doubt about whether information used to procure evidence or provide advice is confidential then staff should seek help from the Finance and Planning Team for issues related to procurement and the Communications Team for all other issues. External experts, including peer reviewers, should be made aware of the limits to confidentiality in dealing with their personal information and the evidence that they provide before they participate in any evidence and advisory activity. As best practice, staff should avoid using reviewers who are unwilling to have their names, affiliations and positions disclosed, but this needs to be balanced against the need to gain participation from the best experts for the evidence under review.

1.5 Proportionality

As with all approaches to EQA the effort made in documenting actions should be proportionate to the risks associated with the evidence (see the risk model on p.7 in the Policy document). However, we recommend that even small, simple evidence and advice communications have some record of EQA associated with them, for example, expert opinion given without the provider having checked and cited evidence could be described as such in an advisory communication.

2. Document management

To support effective EQA actions, the following principles should be followed:

- All documentation must be managed in a designated space on a general access server unless there are genuine reasons for maintaining confidentiality and limited access.

- Folder structure and file naming conventions should be agreed at the start of a project to help with management and version control, searching and accessibility to others.

- The use of a document tracking form is required for version control of any single document (see Annex 2 for examples). A circulation or distribution list can be a useful addition. Both of these can be removed from final products before publication, but should be kept for record.

- Document sharing and management software, like *Huddle*, are also useful for version control and for monitoring and auditing a project if used effectively. Access to *Huddle*

can be set up by the IT Team and interactive training is available on the *Huddle* website.

- All reports or papers should provide a formal citation for others to use, and include the date of publication. The general JNCC Communications email address can also be included to provide a future-proof way for users to contact staff about a specific publication.

- Document retention must follow current JNCC guidelines (Annex 3).

3. Monitoring of evidence quality within individual projects and across JNCC business

3.1 General principles

JNCC will monitor the quality of its evidence and advice on a regular basis and implement changes necessary to address any serious short-fall in compliance with its EQA Policy or the adequacy of the policy.

3.2 Monitoring approaches

Monitoring methods will include quarterly checks through the corporate performance reporting process. Additional monitoring may be done through quarterly surveys with Project Managers and review of Project Audit Documents (PADs). Quarterly compliance reports will be made to EMB by the EQA Project team. The monitoring approach in any business year will be defined by the Executive Management Board (EMB).

The Joint Committee, with guidance from EMB and the Audit Risk Assurance Committee, has responsibility for assessing how well JNCC is performing on evidence quality management; an annual report will be provided to the Joint Committee.

3.3 Roles and responsibilities of others in monitoring evidence quality in JNCC

The Chief Scientists' Group (CSG) has an important role in quality assurance of evidence products submitted by the Support Company to the Joint Committee. In so doing, an opportunity is provided for review of our evidence by the Statutory Nature Conservation Bodies (SNCBs). Sign-off by CSG is therefore an important element of peer review (see earlier section), but could also be included as a part of our monitoring approach.

Inter-agency (IA) groups (established by the CSG) and project steering groups can also play a role in supporting the monitoring of EQA processes. Such roles should be agreed and incorporated in the terms of reference of any task or project, and included in a PAD.

With long-term evidence partnerships it might be beneficial to have partners involved in active monitoring of evidence quality. Each project should consider how this might work in meeting the requirements set out by EMB for monitoring and reporting on evidence quality.

3.4 Reporting

Information on evidence quality management, including methods and outcomes, will be reported to the Joint Committee and published annually as part of the JNCC business reporting process.

ANNEX 1

JOINT CODE OF PRACTICE FOR RESEARCH (JCoPR) 2012

DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS

EXAMPLES OF DOCUMENTARY EVIDENCE

QUALITY ISSUE	EVIDENCE REQUIRED
1. Responsibilities	• Organisation structure showing line management responsibilities (organogram) • Updated and maintained list of personnel involved with the project (including sub-contractors) • Documented agreement with sub-contractors to adhere to JCoPR and evidence of rationale for appointment • Documented roles and responsibilities for all project staff (including subcontractors)
2. Personnel competence	• Consistent collation of CV's of all personnel associated with the project (including sub-contractors) • Maintenance of relevant, up-to-date training records for all project staff (including evidence showing awareness of obligation to comply with the JCoPR provisions)
3. Project planning	• Risk assessment (where appropriate) • Records of regular reviews of project timetables and plans • Up-to-date approved project plan with milestones and deliverables • Statistical validation of experimental plans and procedures for analysis of data • Documented approved procedures for sampling materials • Ethical approval documentation and project licences (where appropriate)
4. Quality Control	• Documented internal 'fit for purpose' review procedures • Records of consistently applied internal audits, findings and corrective actions taken • Approved publication policy with authorisation procedures
5. Health and safety	• Documentation to demonstrate both training and compliance (e.g. Laboratory Health and Safety Plan) • Documentation on specific measures as appropriate (e.g. for pathogenic organisms or radioactive substances)
6. Handling of samples and materials	• Consistent application of a standardised system for controlling, labelling and tracking samples • Documented procedures for handling samples & materials • Up-to-date storage logbooks

7. Facilities and equipment	• Documented maintenance and calibration records of project equipment (as appropriate) • Records of regular maintenance of special facilities (e.g. refrigeration units) (as appropriate) • Documented standard operating procedures for project critical equipment, including emergency procedures
8. Documentation of procedures and methods	• Robust process for document and version control in all key project documentation • Validated Standard Operating Procedures
9. Research / work records	• Where facilities exist, research / work records should be stored consistently in both hard copy and electronic format (e.g. counter-signed laboratory notebooks or indexed computer data files) • Consistent and documented archiving procedures
10. Field-based research	• Documented risk assessment for field-based research, showing proactive steps taken to counter any risks identified

ANNEX 2

STANDARD DOCUMENT TRACKING FORM

This is a basic form for inclusion at the beginning of a document, which can be adapted to suit user needs. A standard form for recording circulation history of documents can also be included. See examples in use by marine teams below.

DOCUMENT VERSION TRACKING			
Author	**Document Name (and version)**	**Description (incl. revision details)**	**Date**

EXAMPLES OF DOCUMENT TRACKING FORMS USED BY MARINE TEAMS

(A) FOR USE IN A WORD DOCUMENT

BUILD STATUS:

Version	Date	Author	Reason/Comments

DISTRIBUTION:

Copy	Version	Issue Date	Issued To
Electronic/ Paper/Link			

(B) FOR USE IN A SPREADSHEET

Workbook Summary

Worksheet	Comments
Sheet1	

Annex: Version Control

Build status:

Date	Version	Author	Reason/Comments

Amendments in this release:

Worksheet	Amendment Summary

Distribution:

Copy	Version	Issue Date	Issued To
Paper/Electronic	0		A, B, C
	0		

ANNEX 3

DOCUMENT RETENTION GUIDELINES

Records that are collected over the course of individual projects will contain valuable information that is a unique resource to JNCC. A systematic approach to the management and retention of these records is essential to preserve evidence of JNCC's actions. Records can be defined as any documentation, irrespective of its medium (i.e. paper or electronic). JNCC has a corporate responsibility to maintain records and record keeping systems in accordance with legal and regulatory practice.

Records should be kept for the periods set out in the table below. For science, international and marine records the initial 5 year period should be followed by a review and if it is deemed necessary records should be retained for a further 25 year period.

JNCC staff are responsible for examining records created, amended or received to ensure compliance with retention, disposal and review schedules, whilst overall responsibility rests with the Corporate Services Director. If further information is required on these retention guidelines staff should seek advice from the Communications Team.

Science, International and Marine Records	
Stakeholder Advice	5 years + 25 year review
Strategies	5 years + 25 year review
Meeting Minutes and Papers	5 years + 25 year review
Survey and Monitoring Data and Reports	5 years + 25 year review
Technical Guidance	5 years + 25 year review
Technical Reports	5 years + 25 year review
Contractual Records	
Contracts	6 years
Initial Project Proposals	6 years
Tender Documents	6 years
Contract Monitoring and Operation Documents	6 years
Project Records	
Feasibility Studies	2 - 10 years
Final Project Proposals	10 years after completion
Management Documents	10 years after completion
Communication Records	
Press Releases	7 years
Communication Reports	7 years
Publications and Books	7 years
Image Libraries	7 years
Communication Policies	5 years