



Greater Manchester Clinical Audit Network Minutes
Thursday 7th January 2016
Classroom 2 - Trafford Education Centre, Trafford General Hospital,
Moorside Road, Davyhulme, Manchester M41 5SL.

Present:

Bridgewater Community Healthcare NHS FT	Michelle Garrett (Chair)(MG)	Michelle Eybers (meeting notes)
Mid Cheshire Hospitals NHS FT	Claire Hopley	Tracy Sellors
Wrightington, Wigan & Leigh FT (WWL)	Jacki Mansfield	
The Christie	Chris Tetlow	
Salford Royal NHS FT	Claire Shepherd	
Stockport NHS FT (Community and Acute)	Janette Hunt	

1	Apologies:	Clare Robinson (NW Ambulance Service), Pam Laird (East Cheshire NHS Trust), Shirley Naylor, Lisa Cooper (Pennine Acute Hospitals NHS Trust), Lorraine Bayley (St Helens and Knowsley Hospitals NHS Trust), David Watson (University Hospital of South Manchester NHS FT), Hilary Hall (Mid Cheshire Hospital Trust), Rehana Hassan(Warrington & Halton Hospitals), Liz Farnworth (WWL), Kay Kerrigan (Central Manchester University Hospitals), Hilary Hall (Mid Cheshire Hospitals).	
2	Minutes	The minutes of the previous meeting on 8 th October 2015 were reviewed and approved as an accurate representation of the meeting.	
3	Matters Arising	Clinical Audit Awareness Week. The group noted that the date was circulated later than usual and for some Trusts there was not enough time to make arrangements or for enough publicity/marketing.	
4	Annual Review of Terms of Reference (TOR) and Network Chair	Section 2.3 – NICE Rep to be removed from ToR as NICE no longer have a clinical audit department so won't be attending. Members to review membership table at Appendix A and let the chair know if there are any other organisations that need to be included. MG to include the importance of participating in a network as quoted in a recent publication. Venue and time to remain the same. Rota for minutes to be changed to one person/Trust at a time assigned to take notes instead of two. Person/Trust assigned to take notes must attend the meeting. MG to send out rota. Group agreed that MG is to remain the chair, however a vice chair in a deputising role will be appointed. Nominations to be sent to MG who will then send out an email for voting. Other than the above the ToR will remain the same.	MG All MG MG All MG
5	HQIP Update	Mandy Smith sent in an update (embedded). Main points include: New HQIP website – Some of group felt that the new website is difficult to navigate and difficult to locate documents. The site also asks you to register every time when downloading	 HQIP update for NQICAN 9 12 2015.c MG

		documents. MG to feedback to Mandy Smith. HQIP Contract – to be extended for a year from April 2016 Only Mandy Smith left in the Quality team and therefore she won't be able to attend all network meetings.	
6	Feedback from NQICAN	<p>MG was not able to attend the last meeting but had teleconference with Chair to get feedback. Main points are:</p> <ul style="list-style-type: none"> • Discussion around whether clinical audit and Quality Improvement (QI) should sit together. Are clinical audit strategies and polices and QI strategies and policies together in Trusts or separate? Trusts are urged to take the message back to their organisations and make sure that the right people hear the message. • NQICAN has a page on NHS England website. The page can be accessed to look at tweets etc. • NAGCAE will be repeating the audit of audit survey. • The audit of audits on National Audits – self-evaluation by providers of national audits has been published. • Junior Doctors training slides are now available • Quality account list 2016/17 will be available at end January • The Information Governance document is on hold for publication as legal advice needs to be sought on some aspects. • When planning an audit, Trusts are asked to consider and include whether the audit is for improvement or assurance i.e. evidence of quality of care. This will help when reporting whether an audit resulted in improvement, especially if the audit was for assurance purposes. • A score card that CQC will use for national audits that trusts take part in is currently under development. • 10 National audit reports were published in November/December. It has been suggested to HQIP that in future these are staggered due to the work involved for trusts after publication of reports. • There is some debate around patient representatives / lay auditors auditing patient notes. It is agreed that this is not best practice. 	
7	Feedback from Events / Courses	<p>NW Event held on 4 December at Haydock. Feedback from those that attended is:</p> <ul style="list-style-type: none"> • It was very acute focused • It was very strategic • Some tables could not hear the speakers or see the screen • Topics / speakers – National Ophthalmology Audit, the group did not understand what the speaker was trying to convey. • Chair was good at pulling out important points the speakers made. • Delegates would like to see justification / cost breakdown for those national audits that are charged. MG to raise this with NQICAN. 	MG

		<ul style="list-style-type: none"> • Group liked that the event finished early but would have liked to see a more even split of the day so that the afternoon session was not as short. • Group prefers the practical, workshop type format and prefers this event to be aimed at all levels of clinical audit staff – less towards managers who tend to be able to attend other events. • Group felt that poster presentations should be in same room as event and not separate as not all attendees had enough time to look at the posters. <p>MG to feed all of the above back.</p>	<p>MG</p>
8	<p>Chair Led Discussion</p>	<p>MG asked the group what the 3 biggest problems /challenges were that they faced last year. Consensus was around:</p> <ul style="list-style-type: none"> • Staff motivation and engagement within clinical audit teams. 5 out of 6 trusts in attendance agreed they had the same problem • Seeing audits through to completion i.e. completion of actions • Audit topics with no potential for improvement • Audits that have been completed but not registered or approved • Ownership of audits, particularly national audits • Audit programmes consisting of audits that do not take place. • Developing programme priorities • Increasing volume of audits • EPR issues • Interface audits – logistics of data • Patient feedback in audits could be improved. <p>MG handed out a spread sheet which has been adapted from HQIP Clinical Audit Criteria and Indicators for Best Practice. MG asked the group to take the spread sheet away and assess themselves against the criteria. Completed spreadsheets are to be submitted to MG to allow some analysis so that relevant network programme topics can be identified for the coming year.</p> <p>MG asked the group what their biggest achievements were last year. These included:</p> <ul style="list-style-type: none"> • Overall audit lead in the organisation is the Medical Director • Reporting better and more proactive • Managing to engage clinical staff • Won an award • Held a full trust audit event, very well attended, standing room only • Change in way reporting of audit programme is done, more visual which clinicians like. • Building relationships with teams 	<div style="text-align: right;">  <p>Assess each audit Copy of Criteria-Tool</p> <p>All</p> <p>MG</p> </div>

9	Any Other Business	The Chair will devise and circulate a rota for the taking of notes of these meetings. All Trusts must take a turn. It is the responsibility of the assigned Trust to make arrangements to have someone present to take the notes or it is their responsibility to ask another Trust to swap/take their turn.	MG
10	Date of next meetings	All meetings are on a Thursday, 1.30pm to 3.30pm at Trafford Education centre. Next meetings: 14 April 2016 9 June 2016 13 October 2016	