

CASnet

East Midlands Clinical Audit Support Network



East Midlands Clinical Audit Support Network (EMCASnet)

Minutes of the meeting held 9th February 2017 In the Innovation Centre at Chesterfield Royal Hospital, Callow, Chesterfield

Present

Marina Otley (Joint Chair)	-	Nottingham CityCare
Paul Gilliatt (Joint Chair)	-	Northampton General Hospital
Donna Staples	-	Sherwood Forest Hospitals NHS Trust
Sharon Sinha	-	United Lincolnshire Hospitals Trust
Julian Coleman	-	Leicestershire Partnership Trust
Helen Cameron	-	Chesterfield Royal Hospital
Rubina Reza	-	Derbyshire Healthcare Foundation Trust
Adina Brockwell	-	St Andrews Healthcare
Sharon Haywood	-	Chesterfield Royal Hospital
Sarah Jessop	-	Chesterfield Royal Hospital
Tracy Ruthven	-	Clinical Audit Support Centre
Stephen Ashmore	-	Clinical Audit Support Centre
Tara Marshall	-	Royal Derby Hospital
Sandra Owdziej	-	Royal Derby Hospital
Carl Walker	-	University Hospitals of Leicester & NQICAN
Lucy Sitton-Kent	-	Q/ East Midlands Academic Health Science Network
Mavis Hawley	-	EMCASnet Secretary
Lee Rudd	-	Optimum Contact Ltd – in attendance
Alistair Rowley	-	Optimum Contact Ltd – in attendance
Robin Sasaru	-	In attendance
Cheryl Crocker	-	East Midlands Patient Safety Collaborative – in attendance

Apologies

Cheryl Wythenshaw	-	Lincolnshire Partnership Trust
Debbie Shaw	-	East Midlands Ambulance Service
Julie Smith	-	Nottinghamshire Healthcare Trust (Forensic)
Joanne Gooch	-	Lincolnshire Community Health Services
Roger Simpson	-	Derbyshire Community Health
Louise Gilbert	-	Kettering General Hospital
Katherine Newman	-	Ashgate Hospice
Anne-Marie Murkett	-	Rainbows Hospice for Children and Young People
Richard Higgins	-	Health Education East Midlands
Helen Turner	-	Nottingham University Hospitals
Gareth Tomlinson	-	Nottingham University Hospitals

		Action
1	Welcome	
	Marina Otley opened the meeting and welcomed attendees.	
2	Minutes of the previous meeting and matters arising	
	The minutes of the meetings for September and November were approved. There were no matters arising other than those already on the agenda.	
3	Update from Q Network – Lucy Sitton-Kent	
	<p>NHS Improvement has produced a document called Developing People Providing Care which is a national framework for improvement and leadership in the NHS.</p> <p>At previous meetings Lucy has talked about people being able to apply to become Q Fellows. Anyone interested will be able to apply to join from March. Further information is available on the website. http://www.health.org.uk/programmes/the-q-initiative</p> <p>This is something which organisations will have to support financially. Candidates will need clinical audit and improvement experience.</p> <p>Stephen asked if commercial organisations could apply. Lucy was unsure so agreed to find out and report back</p> <p>The Health Foundation is happy for groups to develop locally but East Midlands fellows are finding it difficult to find the time. It will be up to them to take this forward once new members are in place.</p> <p>Marina suggested it will be useful to align East Midlands Q Fellows’ meetings with EMCASnet meeting to facilitate working together.</p> <p>Work is still continuing on improvement labs Lucy will send an update on what stage they are at.</p>	<p>LSK</p> <p>LSK</p>
4	Update from NQICAN & HQIP - Carl Walker	
	<p>Carl (as Chair of NQICAN) and HQIP did a workshop on quality improvement at the Patient First Conference in November 2016. One of Carl’s Consultants went with him. HQIP did live streaming of the conference using Facebook.</p> <p>The last NQICAN meeting was via telecom. There was a presentation from YEARN who have produced a report (copy attached) outlining the issues with national audits. This was reported in the Health Service Journal with some additional</p>	

		Action
	<p>comments from CASC. HQIP will respond to YEARN early February.</p> <p>Carl (on behalf of NQICAN) has written to Emma Vokes regarding her criticism of the lack of support for Junior Doctors' audit. Carl has received a response but NQICAN feels that this is inadequate and is pushing for a further response. Stephen expressed concern that the letter and the response have not been shared with members of the networks. Carl explained that this was because NQICAN was not happy with the response from Emma. Once they are, this and the original letter will be made available. Carl will provide an update at the next meeting.</p> <p>The funding for national audit stays the same as last year which is ten thousand pounds. There has been no discussion about this and may be something NQICAN will take up with NHS England.</p>	CW
5	Update from Clinical Audit Support Centre (CASC)	
	<p>Please refer to the 'round robin' update attached.</p> <p>The Junior Doctor Competition had more entries in the clinical audit competition than the quality improvement although there were very few from the East Midlands. However the winner was from the East Midlands so it was decided that this year we would not award a certificate from CASnet. Paul commented that at Northampton more junior doctors are doing clinical audit than other quality improvement projects despite efforts from some quarters to moved them away from clinical audit. There followed a discussion about opening the competition up to other healthcare professionals particularly nurses. Paul suggested that we could have a clinical audit competition at network level and then put the winners forward to national level. Marina and Paul to consider further and to ask other networks whether they would be interested.</p>	MO/PG
6	East Midlands Patient Safety Collaborative – Cheryl Crocker	
	<p>Slides attached.</p> <p>Cheryl gave an overview of the East Midlands Patient Safety Collaborative including the challenges and successes.</p> <p>Landielijke Pravelentiemeting Zorgproblemem (LPZ) is a once yearly snapshot audit which has been used in Care Homes.</p> <p>CASC felt that LPZ is a brilliant piece of work. It is an ongoing</p>	

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	<p>audit year on year. Commissioners are now asking for an economic and benefits analysis. The cost is borne by the Collaborative although the Care Homes bring in extra staff on the day.</p> <p>The Safety Climate Survey looked at eight emergency departments and seven maternity units across the East Midlands.</p> <p>An Emergency Department network has been established. The East Midlands Academic Health Science Network has been invited to existing maternity networks. Interventions relating to the survey scores are to be rolled out in 2017. The ED network had identified a checklist for adoption. The work is being supported with the LIFE platform and human factors training.</p> <p>The LIFE platform is available to all free of charge.</p> <p>AQuA is a NHS health and care quality improvement organisation at the forefront of transforming the safety and quality of care. It has put together a Board Development Programme to help Trust Boards understand their role in leadership for quality and safety.</p> <p>The EM PSC did a project looking at suicide prevention in primary care which didn't progress very well. Cheryl was asked what lessons were learned. There were not many representatives from primary care. GPs average one suicide every five years so it is not classed as a big issue for them. They were offered peer review following a suicide of one of their patients but didn't feel it was appropriate as it was such a rare event.</p> <p>In 2014 NHS England issued a Patient Safety Alert regarding the risks involved in transferring patients between different care organisations. Case studies and a resource library are available from www.england.nhs.uk/patientsafety/discharge</p> <p>The group thanked Cheryl for her very interesting presentation.</p>	
7	Meridian	
	<p>Alistair Rowley and Lee Rudd of Optimum Contact Ltd informed the group of the benefits of the Meridian system.</p> <p>EMCASnet wishes to thank Optimum Contact Ltd. for sponsoring today's meeting by providing lunch and refreshments.</p>	

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8	Findings of the Freedom of Information Requests – Robin Sasaru	
	<p>Presentation attached.</p> <p>Robin gave an overview of the responses analysed so far, this is not the complete dataset. The findings suggest there are a low number of re-audits being undertaken. There was some confusion as to exactly what Robin required. Some organisations no longer use the term re-audit but call it implementing and monitoring improvement. Robin felt there is pressure to show improvement as assurance even if this is biased. In fact many organisations use clinical audit as assurance because there is pressure on clinical teams to show they are doing a good job. This can lead to them choosing subjects they are good at as opposed to those where they need to improve.</p> <p>Robin stated an improvement from 7/10 to 8/10 is not significant It can't be acceptable for patients to only get the right care 8/10 times. The nuclear industry would not accept that level of improvement so why would we accept that level of safety for patients.</p> <p>The group felt that further analysis of actions would be useful. It would be interesting to compare those areas where there was little room for improvement anyway. Action plans are not the same as actions implemented.</p> <p>Robin will return later in the year to update the group on his further analysis.</p>	
9	Professional Supervision – Marina Otley	
	<p>Paper attached.</p> <p>Marina was seeking a view on whether there was any interest in EMCASnet organising peer to peer supervision of each other. Support was thought to be a better term than supervision. It was felt that this would be particularly useful where people worked alone and could buddy with someone who worked in the same area. Mentorship may be another option.</p> <p>Mavis will administer and produce a pro-forma for people to complete which will help the matching process.</p>	MH
10	Information Governance – Roger Simpson	
	Roger has sent his apologies so this item will be deferred.	

		Action
11	Any other business and future meetings	
	<p>There was further discussion regarding the paper published by YEARN. This was endorsed at NQICAN and is being shared across the networks. It was noted that it includes many of the points also made by Nancy Dixon. There is a common view that many national audits are not fit for purpose and a clinical audit expert would not commission many of these. HQIP are sometimes stuck for providers, they do not have a list of providers to choose from. The Annual Diabetic Audit is particularly poor especially the patient questionnaire. A positive example was QMH UK which held a meeting involving clinicians and patients for their questionnaire. The Royal College of Emergency Medicine responded positively to the YEARN report looking to see how they compare to the recommendations. They are looking to pilot their audits, anyone interested should let Marina know and she will pass on the names. Derby Royal is already signed up.</p> <p>NHS England has published a blog by Marina on the QI Hikers course. This is a free online course on quality improvement that can be done at your own pace. www.qihikers.co.uk</p> <p>The Quality Accounts list is available on the HQIP website.</p> <p>EMCASnet now has a bank account and we have requested that HQIP send us the money we have not spent this year. This will then be carried forward to next year. If anyone knows of any other possible sources of income or sponsorship please let Marina and Paul know. The total funding across the networks is fourteen thousand pounds the same as last year.</p> <p>The East Midlands Academic Health Science Network and Leadership Academy are holding a free East Midlands QI Network event on 17th May to book go to https://www.eventbrite.com/e/quality-improvement-network-event-tickets-31593029602</p> <p>The next meeting is 25th May at Lincolnshire Partnership in Sleaford, already on the agenda is a speaker from National Institute for Health Research and Roger's deferred presentation on Information Governance for Clinical Audit. The following meeting will then be 7th or 14th September, Paul offered to find a room at Northampton General Hospital. The meeting after we are looking at 7th or 14th December and then 8th or 15th March, Sarah offered to ask if we could have the same room again at Chesterfield Royal for one of these</p>	<p>Trusts with EDs</p> <p>All</p> <p>PG</p> <p>SJ</p>

Future meetings:

25th May 2017 – Lincolnshire Partnership, Sleaford
September 2017 TBC
December 2017 TBC
March 2018 TBC