

# CASnet

East Midlands Clinical Audit Support Network



## East Midlands Clinical Audit Support Network (EMCASnet)

**Minutes of the meeting held 14<sup>th</sup> July 2016 at Rainbows Hospice for Children and Young People  
Lark Rise, Loughborough LE11 2HS**

### Present

|                             |   |   |
|-----------------------------|---|---|
| Marina Otley (Joint Chair)  | - | Nottingham CityCare                     |
| Paul Gilliatt (Joint Chair) | - | Northampton General Hospital            |
| Carl Walker                 | - | University Hospitals of Leicester       |
| Sarah Jessop                | - | Chesterfield Royal Hospital             |
| Anne-Marie Murkett          | - | Rainbows Hospice                        |
| Stephen Ashmore             | - | Clinical Audit Support Centre (CASC)    |
| Donna Staples               | - | Sherwood Forest Hospitals               |
| Rubina Reza                 | - | Derbyshire Healthcare Foundation Trust  |
| Adina Brockwell             | - | St Andrews Healthcare                   |
| Gareth Tomlinson            | - | Nottingham University Hospitals         |
| Helen Tomlinson             | - | Nottingham University Hospitals         |
| Lucy Sitton-Kent            | - | EMANSU                                  |
| Carl Lomas                  | - | Leicestershire Partnership NHS Trust    |
| Sharon Sinha                | - | United Lincolnshire Hospitals NHS Trust |
| Mavis Hawley                | - | In attendance - minutes                 |

### Apologies

|                  |   |                                      |
|------------------|---|--------------------------------------|
| Mandy Smith      | - | HQIP                                 |
| Mark Capel       | - | St Andrews Healthcare                |
| Ranjit Badhan    | - | Derbyshire Healthcare                |
| Roger Simpson    | - | Derbyshire Community Health          |
| Tracy Ruthven    | - | Clinical Audit Support Centre (CASC) |
| Louise Gilbert   | - | Kettering General Hospital           |
| Russell Mason    | - | Sherwood Forest Hospitals            |
| Michaela Santoro | - | Kettering General Hospital           |
| Richard Higgins  | - | Health Education East Midlands       |

|           |   | <b>Action</b> |
|-----------|---|---------------|
| <b>1.</b> | <b>Welcome</b>  |               |
|           | Marina Otley opened the meeting and welcomed attendees. |               |
|           |   |               |
| <b>2.</b> | <b>Presentation of Q Network by Dr Lucy Sitton-Kent</b> |               |
|           | Please see attached documents.                          |               |

|   |  | Action               |
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|   | <p>Q network members are a cross section of NHS and some academic staff. Lucy herself qualified as a nurse before undertaking a PhD and joining Nottingham University staff. At the moment there are no Clinical Audit Professionals involved in the Q network It consists mainly of clinical and managerial staff. Anyone who is interested in joining should discuss this with their Line Manager before approaching Q for an application form. The commitment is for 6 paid days per year at present but in time may be more. Travel costs are also reimbursed. Q network hopes to have 5,000 members by 2020.</p> <p>Improvement Hubs are to be introduced. These will be physical spaces and a resource where people can go to undertake improvement work away from the organisation thus avoiding interruptions. It is hoped that this will improve collaboration across the UK.</p> <p>Concern was expressed that the Q network could be duplication of our network. There seems to be several groups all doing similar things which need joining up. However Q network has funding of £2m as against the funding the networks receive of £15,000. It was felt that we do need the resources this offers but Q network needs to move things forward. At the moment there is no vehicle for doing this.</p> <p>Lucy agreed to send us the original business case, a later evaluation and a list of the current team members.<br/> <b>Action: Send Mavis documents as agreed. Received and attached.</b></p> <p>There is a lack of practical detail in the Health Foundation documents. It is expected that quality improvement will be embedded in commissioning eventually.</p> <p>Lucy informed the group that Q undertakes evidence reviews which are turned round in 8 weeks and she would be happy to do these for us free of charge if needed.</p> <p>It was agreed that Lucy would have an open invitation to our meetings.<br/> <b>Action - Enter Lucy on to the Primary Members mailing list.</b></p> | <p>LSK</p> <p>MH</p> |
|   |  |                      |
| 3 | <b>National Quality Improvement &amp; Clinical Audit Network (NQICAN) Update by Carl Walker</b>  |                      |
|   | It has come to NQICAN's attention that there is anti clinical audit bias going on and a failure to recognise it as a quality improvement tool. Many Junior Doctors are just given data to collect and are therefore not learning any clinical audit skills   |                      |

|          |  | <b>Action</b> |
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|          | <p>this is usually down to poor supervision. There is limited support for Junior Doctors and neither they nor Nurses are given any protected time. Consultants are but there is little evidence that it is used for this purpose. Clinical audit is often seen as a tick box exercise. The NHS is not skilled in change management.</p> <p>The Health Foundation has been elusive to speak to NQICAN so Carl said how pleased he was to see Lucy today. NQICAN minutes are now available</p> <p>National Clinical Patient Outcomes data is now available to patients.</p> <p>Kathy Hassell has done a review of Clinical Audit which Carl will look at and respond to NHS England.</p>   |               |
|          |  |               |
| <b>4</b> | <b>Healthcare Quality Improvement Partnership (HQIP) Update by Carl Walker</b>   |               |
|          | <p>National audits do not help with the view that Clinical Audit takes up a disproportionate amount of time and are overcomplicated. Many do not follow the good principles established in local audit departments and are a confusion of registries, pseudo-research and audit. Nearly all are far too long and many are not piloted beforehand. Given the amounts of money allocated to them this is very disappointing as they are the flagships for clinical audit and damages the reputation of clinical audit as a methodology. Clinicians see them as of little value. NHS England have told HQIP to concentrate on national audit rather than local. HQIP have a contract for one year with another option for a further year.</p> <p>Public Patient Involvement guidelines are now available from HQIP as is the Quality Improvement Guide for Public and Patients. Best Practice in Clinical Audit has also been updated.</p> <p>The 'Quality Improvement - Training for Better Outcomes' report produced by the Academy of Medical Royal Colleges' was also discussed following Carl's notification that Emma Vaux presented at the last NQICAN meeting. Stephen encouraged all CASnet members to read the document, in particular page 17 which gives a very negative assessment of clinical audit. Group discussion identified that the document does not reference any clinical audit expertise which is surprising given that the Academy of Royal Colleges are part of HQIP. Carl and NQICAN have sent a series of questions to Emma for her to address.</p> |               |



|    |  | Action               |
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| 7. | <b>Update from Health Education East Midlands</b>  |                      |
|    | Richard has sent his apologies   |                      |
|    |  |                      |
| 8. | <b>Discussion/Sharing Practice on Annual Report Formats</b>  |                      |
|    | <p>Slides attached.</p> <p>Mandy has kindly circulated new templates. Paul thanked everyone who sent in examples. He has selected a cross section for the presentation but this does not mean that these are better than those he has not used.</p> <p>Practice is very variable. CityCare has to do a report for Commissioners. Leicestershire Partnership provides a lot of internal reports. Many people don't realise that the Clinical Audit Departments are involved in CQUIN. Some audits are identified by the Commissioners. It would appear that Commissioners are more involved in community services than in acute trusts. Sherwood Hospital was asked to review 1000 cases by their Clinical Commissioning Group (CCG). Lincolnshire CCGs require a report. Derbyshire Healthcare produces a Quality Report only. Northampton General Hospital provides two reports to two separate committees, both of which are very detailed and the content of which is prescribed by the committee chairs.</p> <p>It was noted that CCGs have staff with Clinical Audit experience but their skills are not being used.</p> <p>The Care Quality Commission (CQC) are interested in the HQIP templates as these follow through to the re-audit stage.</p> |                      |
|    |  |                      |
| 9  | <b>Discussion on Risk Based Clinical Audit Programmes including CQC KLOE</b>   |                      |
|    | <p>This will be discussed more fully at a future meeting</p> <p><b>Action: Ensure this subject is put on a future agenda</b></p> <p>Northampton General Hospital used to have a forward Audit Plan. Projects are now identified throughout the year. The CEO wants to move to a risk based audit programme.</p> <p>At Sherwood Forest Hospital risk is now included in the clinical audit programme because the Governance Lead for Clinical Audit looks at incidents and identifies audits.</p> <p>St Andrews Healthcare use incidents and complaints to identify audits.</p> <p>At CityCare Marina is currently sitting in on a Serious Untoward Incident meeting so that she can identify issues which would benefit from a clinical audit.</p>   | <b>MO/PG/<br/>MH</b> |

|           |   | Action               |
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|           | Anne-Marie told of the CQC visiting a Trust which chose a key line of enquiry which was audited by 3 clinicians, 2 patients and a carer. Sherwood Forest Hospitals did something similar as part of special measures.   |                      |
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| <b>10</b> | <b>Discussion on Registering and Following Up Re-audits</b>   |                      |
|           | <p>The discussion is how re-audits are registered and managed. Are they registered again with a link to the original? Titles can be different and it is not always obvious that it is a re-audit. Re-audits require completed action plans from the initial audit. Sometimes the time lapse between the two is so great that it is no longer a re-audit but becomes a separate project. Some topics ask similar questions but are not strictly a re-audit. Essentially there is no nationally agreed working definition of a re-audit</p> <p>It was noted that record keeping audits identify the same issues year on year without improvement.</p> <p>This item also will be discussed more fully at a future meeting.<br/><b>Action: Add to future agenda</b></p> | <b>MO/PG/<br/>MH</b> |
|           |   |                      |
| <b>11</b> | <b>Feedback on Leicester Hospitals Event Featuring Dame Caldicott from Carl Walker</b>  |                      |
|           | <p>Please see attached presentation.</p> <p>Dame Caldicott is about giving guidance and not about it's implementation. Clinical Audit is part of patient care therefore access to patient notes is allowed without permission although patients are able to opt out if they wish. There is no apparent legal basis for accessing patient notes for other forms of Quality Improvement without expressed permission. Patient identifiable data should not be used unless necessary and then should be pseudo anonymised. .</p>   |                      |
|           |   |                      |
| <b>12</b> | <b>Feedback from Higher Education Institution (HEI) Challenge Showcase, East Midlands Quality Improvement (EMQI) Workshop and HEEM QI Forum from Marina Otley.</b>  |                      |
|           | The HEI Challenge is now finished. It's purpose was to try and get academics involved in improvement discussions between East Midlands Universities, the work is being picked up by the EMQI network  |                      |

|           |   | Action |
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|           | <p>The EMQI network is being led by East Midlands Leadership Academy, its role is not clear and it only met for second time in June. There are real concerns that there will be duplication of effort. Query if it may be possible for EM CASnet to become a sub group which would help with funding.</p> <p><b>Action: Approach EMQI regarding relationship between CASnet and them</b></p> <p>Marina and Carl attended the HEEM event where they had a little stand. This was aimed mainly at students. The event had some really good speakers which were very motivational. There is an app QIF16 on which the presentations can be accessed.</p> | MO/PG  |
|           |   |        |
| <b>13</b> | <b>Future Meeting Dates, Venues and Items.</b>  |        |
|           | <p>Meeting to be held on the 22nd September at the DHCFT, R &amp; D Centre, Kingsway Site, Derby.</p> <p>The November educational event will now be held on the 16th subject to Carl being able to access us a suitable venue free of charge. If not we shall have an ordinary meeting on that date.</p> <p>There will also be an ordinary meeting on the 9th February at Chesterfield Royal Hospital,</p> <p><b>NB The date of the November event/meeting has changed to the 16th.</b></p>   |        |
| <b>14</b> | <b>Any Other Business</b>   |        |
|           | <p>If anyone has an evaluation form for audit projects can you please share it with Sarah Jessop.</p> <p>Sharon Sinha is interested in speaking to anyone involved with National Standards for Interventional Procedures.</p>   | ALL    |
|           |   |        |