CASnet
East Midlands Clinical Audit Support Network

East Midlands Clinical Audit Support Network (EMCASnet)

Minutes of the meeting held 10th March 2016 at Health Education East Midlands, Ruddington Fields Business Park, Nottingham

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
Deborah Shaw	-	East Midlands Ambulance Service
Donna Staples	-	Sherwood Forest Hospitals
Julie Smith	-	Nottinghamshire Healthcare
Mark Capel	-	St Andrews Healthcare
Gareth Tomlinson	-	Nottingham University Hospitals
Mavis Hawley	-	In attendance - minutes

Apologies

Mandy Smith	-	HQIP
Melanie Arundell	-	Derby Teaching Hospitals
Sandra Owdziejo	-	Derby Teaching Hospitals
Ranjit Badhan	-	Derbyshire Healthcare
Rubina Reza	-	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
Carlton Symonds	-	Leicestershire Healthcare Partnership
Judith Glashen	-	Northamptonshire Healthcare
Stephen Ashmore	-	Clinical Audit Support Centre (CASC)

		Action
1.	**Welcome**	
	Marina Otley opened the meeting and welcomed attendees.	
2.	**Evaluation of Learning Event held November 2015**	
	The event was deemed to have been a success. Around 70 people from over 23 different organisations attended and those who completed an evaluation commented on the positive networking opportunities. The venue was excellent and scored highly. 80% of attendees said that the event had increased their understanding. The Patient Involvement session run by Kim Rezel of HQIP received lots of positive comments so we may do more on this subject during this year's meetings. The HUGGS session delivered by the Clinical Audit Support Centre was also well received. Anyone who would like copies of the presentations should let Marina know. These are for information only and the content should not be used without the permission of the author. People also found the national update useful. On the evaluation forms there were some comments that insufficient time was given to the breakout sessions and more variety would improve future events. The overall score was 4/5. People also wanted more meetings and events so we are going to arrange 5 meetings this year including this, one of which will be given over to an event. Twitter is now widely used as a way of sharing information and best practice. Not everyone is competent using Twitter **Action: Agenda item for next meeting – How to use Twitter.**	**MO/PG/ MH**
	EM CASnet has a page on the NQICAN website. If you have anything to share please send it to Mavis who will pass it on to Tim Lessells and then let everyone know that it is there. This will be used for agendas and minutes as well as sharing case studies etc. It has been suggested that we could have our meetings on line. This would require a room with the facilities to be available in every organisation. Skype or something similar could be used but some organisations do not allow staff to have this facility and also there would be lots of interruptions if people joined in whilst at their desks. It was noted that not everyone has the internet at home. **Action – Explore the feasibility of having on line meetings.**	**MH**
	It was felt that although it can be difficult for members to get time off to attend it is good to get together as this gives more opportunity to network.	

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3	**2016 Meetings and Training Priorities**	
	Dates for 2016 have been set and were on the agenda, it was agreed to hold an event on the 22nd September on the theme of Quality Improvement Skills and Tools. It was suggested that we have a Key Speaker possibly from the Health Foundation and talk about different quality improvement tools/techniques including change management and how they fit together with clinical audit. Other subjects to be covered as part of the agenda at meetings are: May or July - Auditing NICE guidance, data collection November - Quality Accounts The NICE Audit Team has been disbanded. We used to have a representative from NICE attend EMCASnet meetings but no one has been for about 2 years. Gareth has a contact from NICE who spoke to a group of junior doctors at Nottingham University Hospitals. **Action: Gareth to send details of NICE contact to Mavis** There is no longer a proper system for the issuing of NICE Guidance i.e. fixed dates monthly. Sometimes guidance is issued at very short notice. Sheffield hospitals have a system which highlights exactly what is needed. Liverpool hospitals have an excellent system for NICE pharmacy issues. **Action : Paul will send Mavis examples of both for circulation with the minutes.** Junior Doctors in Nottingham are now being told that Clinical Audit is in itself not enough. There was discussion about whether all national clinical audits reportable for Quality Accounts are mandatory, and whether exact numbers/percentages of cases submitted need to be included.	**GT** **PG/MH** .
4	**Mailing List and Funding**	
	HQIP are still providing funding to networks The HQIP contract has been extended. Carl reported that the allocated money was not being used and it should be. Organisations are reducing their training budgets and this is a pot of money that we should be using to supplement them. The financial report was approved.	

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	The new mailing lists are now in use. Notable omissions are the Lincolnshire organisations, Care Commissioning Groups (CCGs). and Primary Care. Letters will be sent to the Heads of Governance at these organisations to raise awareness of this. CCGs may not undertake clinical audit but they do require clinical audit as part of the CQUIN and should therefore be represented. **Action: Mavis to ask Mandy Smith for a list of CCGs. Letters to be sent to Heads of Governance.** There are now two mailing lists. One is for Primary Members that is members who will represent their organisation at the meetings and will receive all communications including agendas and minutes. It is the responsibility of the Primary Members to share these with their staff if appropriate The Associate Members list is for those interested in training and other general information. They will not receive agendas and minutes but will receive a report on the main points of interest discussed. Agendas and minutes will also be uploaded to the CASnet web page. **Action: Tim Lessells to upload when he receives these from Mavis**	**MO/PG/ MH** **TL**
5	**Terms of Reference**	
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	The Terms of Reference were approved with one minor change. These will be available on the CASnet page of the NQICAN web site. **Action : Marina to send Terms of Reference to Tim Lessells for uploading**	**MO/TL**
6	**Junior Doctor Competition Winners.**	
	Every year CASC runs a Junior Doctors Audit Competition and identifies national winners for Clinical Audit and for Quality Improvement. They then kindly send copies of the East Midlands entries to CASnet who identifies local winners. The local winners this year were both junior doctors from the University Hospitals of Leicester. All East Midlands submissions were of good quality. This year they were judged by Marina and Paul and certificates have been sent. Clinical Audit - 'A Re-audit of Central Venous Catheter Insertion and Perioperative Use in Thoracic Surgery Patients' Dr Megan Offer, Dr Rupert Parker, Dr Rajani Annamaneni Quality Improvement – 'Routine chest radiographs immediately post cardiac surgery' R Parker, R Doyle, R Vaja Concern was expressed that some applications may not be covered for information governance especially if they are not	

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	registered in their host trust. Paul has asked Stephen Ashmore if this could be made part of the criteria.	
7.	**Update – National Quality Improvement & Clinical Audit Network**	
	Also covered in item 4 of these minutes. Carl is now chairing NQICAN. Every region is dealing with the same issues. Work pressures mean that audit teams are unable to do things well. Delays in the renewal of HQIP's contract mean that national audit commissioning has been delayed. The Care Quality Commission (CQC) have realised that there is a lot of data available from national audits and are now asking for it in the pre-inspection data. HQIP have a commissioning system in place which involves including patients and providers in the process. They now report on the criteria for inclusion in the list. HQIP require feed back from organisations on national audits. **Action: Everyone to feed back to Marina and Paul who will report to HQIP on behalf of the network.** An example was discussed where undertaking a national audit would have had a detrimental affect on patient care so the clinical team decided not to participate. National Clinical Audits & Patient Outcomes Programme (NCAPOP) is compulsory but the other audits listed as a requirement for reporting in Quality Accounts are not although organisations would have to give a good reason for not participating. It was felt that another process called "quality improvement" would not be needed if clinical audit was done properly. As the whole purpose of clinical audit is to improve quality of care.	**ALL**
8.	**Update on East Midlands Radiology Consortium and Clinical Audit**	
	See attached report. It was noted that United Lincoln Hospitals have not identified Leads for this project. **Action: Paul to provide details so that they can be contacted.** It was noted that our network was an exemplar in this field. **Action: Carl's report will be put on our internet page.** Implementation is ongoing.	**PG** **CW/TL**
9	**Update from HQIP**	
	Mandy has sent her apologies for this meeting. Carl Walker undertook the update using Mandy's presentation to NQICAN	

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	a copy of which is attached. **Action: Carl to send presentation to Mavis** There is a new HQIP publication promoting the use of Root Cause Analysis (RCA) as part of action planning for clinical audit. This has been written by our colleagues from CASC. Members are advised to get on the HQIP mailing list to keep up to date if they are not on already. HQIP have also published a new edition of the Guide to Best Practice in Clinical Audit and a revised Statistics Guide. It was noted that HQIP are removing old publications from their website but not replacing them with an alternative. The Information Governance Guide is currently a political "hot potato" and we are still awaiting further guidance. The National Data Governance team are speaking to the Audit Forum at the University of Leicester Hospitals on the 22nd June if anyone is interested please contact Carl (**carl.walker@uhl-tr.nhs.uk**) directly as there may be a few places available. Carl reported that he has discussed with HQIP making a lump sum available for each network to spend as appropriate instead of one sum for events and another for administration. At the moment the total money available is not used up but it would not be enough if all networks used the full amount they are allowed. Further guidance on how the money can be used and the system for applying is required from HQIP **Action: Mandy to provide updated guidance.**	**CW** **MS**
10	**Feedback from Clinical Audit for Improvement 8th March**	
	All the slides from the meeting are on the web. **Action : Carl to send the link.** The Kings Fund presentation Quality Improvement in the NHS is well worth a read. There is a new organisation called the NHS Improvement Organisation. NHS England haven't yet defined their role or how it will link with HQIP. NHS England says the Clinical Audit has come on in leaps and bounds in the last few years.	**CW**
11	**Update from the Clinical Audit Support Centre including the Clinical Audit Survey.**	
	Apologies have been received from Stephen and Tracy. The update has been circulated but a copy is also attached.	

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12	**Update from the Health Education East Midlands.**	
	Richard Higgins has sent his apologies as he is on holiday. HEEM are holding a Quality Improvement Forum on the 29th June 2016. Carl and Marina are having a stand to promote NQICAN and CASnet. .	
13	**East Midlands Quality Improvement Network**	
	There is a drive by the East Midlands Academic Health Sciences Network to establish a Quality Improvement Network. Marina has asked them what is different from what we do and how are they going to avoid duplication of effort. Niro Sirwardena is involved. NHS England is also setting up the Q initiative 150 people have been handpicked who will be champions. There will be about 5 in the East Midlands. NQICAN are aware and are making enquiries also. It was felt that the Universities would be useful to provide training. Deborah Shaw thought that Niro is mainly interested in primary care. There is a lack of suitably trained staff at all levels in the field of Clinical Audit. Job security also impacts on career development as does funding. It is important we make the most of our meetings and events as professional development for clinical audit staff. It was suggested that having recently developed the Root Cause Analysis Guide CASC could also be approached regarding the September event. **Action : CASC to be approached to do some training in September.**	**MO/PG/ MH**
14	**Sharing Learning/Experiences of using other QI methods to Support Clinical Audit - discussion**	
	Marina introduced this section of the meeting allowing space for members to share learning and experiences, this time focusing on using other QI methods to support clinical audit Paul said that Root Cause Analysis is currently used mainly in relation to incidents. Plan Do Study Act (PDSA) is a methodology which is favoured by junior doctors and should include an element of clinical audit within it. Anne-Marie is using Clinical Audit to establish a baseline and the PDSA to improve. The Rainbows Board is keen on assurance so they are currently doing a drug chart audit. Anne-Marie is trying to keep the audit simple because the more complicated it is the more it puts people off, She is also trying to do direct observation rather than records and is also talking to patients which is proving very interesting. Of course staff have to be told that they could be observed at any time	

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	prior to the audit. Donna told the meeting of a new system purchased by Sherwood Forest Hospitals which collects and analyses the data from audit but also from Nursing Metrics and Friends and Family Surveys and then pulls it all together and gives an overview of where the Trust is at and can identify themes. It has revolutionised how the organisation works. Sherwood Forest Hospitals only employ one Audit Officer. Marina has also looked at the same system but thought it was not as suitable for community services and is very expensive Deborah said that EMAS usually do a baseline audit and then uses root cause analysis and process mapping to identify an area which requires improvement Sometimes a small sample size is enough to identify what needs improving. It was generally thought that lack of resources means we can only support the process and not the improvement. This leads to a bigger requirement for patient safety and risk staff. If clinical audit was done properly many of the patient safety and clinical risk issues would be prevented. We are awash with data but very little useful information. We should spend less time on assurance and more on improvement. Audit teams are often asked to undertake audits which will not lead to change. Audit Plans should be ongoing but reviewed every year. Marina circulated her process – copy attached.	
15	**Clinical Supervision for Clinical Audit Staff.**	
	Roger Simpson has sent his apologies as he is on holiday but has asked the meeting to consider cross organisation supervision for clinical audit staff. This would be about bouncing ideas off one another one to one. It was felt that although this was a good idea it would be difficult finding the time and getting support from managers. The Network can facilitate the exchange of ideas. Perhaps we should have some reflective time in the CASnet meeting. Anyone needing specific help can contact colleagues via e-mail.	
14	**Any Other Business**	
	Nursing revalidation does not require them to undertake clinical audit. The main aspects are reflection, feedback 5, hours of CPD and hands on practice. Mike Durkin Patient Safety Director of NHS England has published a paper on VTE which should be read. Care Commissioning Groups are going to come down on Trusts which will potentially be a big issue for clinical audit	

Future meeting dates:

19th May – Derbyshire
14th July – Northamptonshire.
22nd September - Event in Leicestershire
17th November – Nottinghamshire