## ANNUAL REPORT
April 2014 – March 2015

Welcome to the second NQICAN annual report

Background

In 2000 the National Audit Governance Group (NAGG) was set up and linked several regional clinical audit networks across England. In July 2013 the group reflected on its purpose; this resulted in the Group being renamed to the National Quality Improvement and Clinical Audit Network (NQICAN) to reflect the changing quality landscape, the changing role of clinical audit staff and the need to focus on improving quality of care.

Figure 1: Diagram showing how NQICAN works
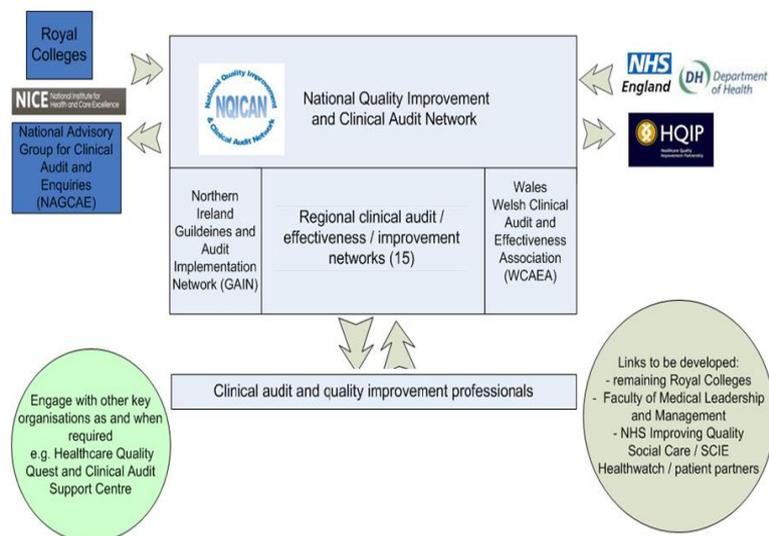
Working arrangements during 2014/15

NQICAN met quarterly with good representation from 14 of the 15 regional networks as well as involvement from the national networks for Wales and Northern Ireland (see appendix for full list, NECAN did not send any representatives).   Funding arrangements are appended.

The Chair and General Secretary were both re-elected for a further 2 year period.

Minor amendments were made our Terms of Reference which can be found on the NQICAN website.

At each meeting there was an update from NHS England and the Healthcare Quality Improvement Partnership (HQIP). There were regular updates from the National Advisory Group for Clinical Audit and Enquiries (NAGCAE); minutes of NAGCAE's meetings are reviewed.

Visit www.nqican.org.uk to view NQICAN Terms of Reference and meeting papers

OUR PLAN IN ACTION…. Achievements in 2014/15:

Strategic Objectives

➢ *Objective 1: To work with and provide a (national and regional) voice for staff working in clinical audit and quality improvement in organisations who commission/ provide care to health care to NHS patients and social care.*

Engagement NQICAN has worked to identify, address and highlight to organisations such as NHS England, HQIP and NAGCAE. These include issues:
- The need for leadership to help develop a culture of continuous improvement and empowerment of clinical audit /quality improvement.
- Concerns about the lack of access Model for Improvement training for clinical audit staff; this has been incorporated into the NQICAN work programme, the agenda of regional networks and has been highlighted to organisations such as HQIP and NAGCAE.
- The list of NCAs for inclusion into the Quality Accounts and how the impact of the Audit of Audits can be maximized.

Communications strategy developed and following initiatives implemented:
- **3 Conference Plenary sessions** delivered highlighting NQICAN:
  o Presentation on 'local quality improvement successes and failures' delivered by NQICAN Chair at HQIP Conference "How can measuring care lead to improvement" (November 2014)
  o Presentation on "Role of networks/NQICAN" at YEARN regional network (January 2015)
  o Clinical Audit for Improvement at the Healthcare Events Conference "Clinical audit for improvement" (February 2015)
- **Promotional stand at the Patient First conference and HQIP conference** (November 2014) and **promotional material** sent to attendees of the February Healthcare events conference
- **NQICAN website** went live. A web master has been appointed. The website has a page for each of the regional network providing information about meetings and a contact. Some of the regional networks place their meeting documentation on the website. Ahead of HQIPs National Clinical Audit Forum (NCAF) being closed all relevant information was placed on the NQICAN website.
- **@nqican Twitter updates** from all NQICAN meetings, other events and informing of key developments
- **Quarterly presentation slides** were developed for dissemination to regional networks to provide information about NQICAN including changes to membership, updates from meetings and requests for feedback.
- **Information cascades** have been set up and circulated where there was information for circulation
- Regional Networks have welcomed commissioners to join regional network meetings and NQICAN has supported HQIP by raising awareness of HQIP workshops being run for commissioners.
- The Chair has highlighted the existence and purpose of NQICAN to the Social Care Institute for Excellence (SCIE) and welcomed them to join regional networks.

> ## *Objective 2: Support Regional Network Chairs and relevant others in the development of regional networks*

"Effective Networks for Improvement"
NQICAN reviewed the Health Foundation's publication "Effective Networks for Improvement". This enabled the group to reflect on the benefits and purpose of NQICAN and the regional networks: our role being to facilitate the learning and sharing of information, be an improvement engine of high energy and impact. More evidence is needed of the impact we have and we intend to work to develop measure of success/improvement in outcomes.

North East Clinical Audit Network
Concerns have been raised at there has been no representation from the North East at NQICAN meetings and whether the network is active. NQICAN is exploring the support for Trusts in this area. In the interim Trusts are welcome to attend network meetings in other regions and receive communications directly from NQICAN.

Learning and sharing
Regular telecoms were set up to enable NQICAN members / regional network representatives to link in-between the quarterly face to face meetings enabling problem solving and shared learning across the networks. During 2014/15 4 telecoms were held.

Training
A training day for regional network chairs was considered however it was felt that in order to make efficient use of resources we would incorporate training into quarterly meetings.

NQICAN had a presentation from a trainee who had used this approach to improve quality of care and clinical outcomes. A paper outlining best practice in clinical audit and quality improvement is in development. Clinical audit is primarily designed to be a quality improvement tool and there are many different methods that can be adopted to improve quality. Model for Improvement training, process mapping and use of driver diagrams have been identified as a need for regional networks and many region networks have addressed this in their meeting / training.

NQICAN has promoted learning opportunities to its members, for example the School for Health and Care Radicals http://www.theedge.nhsiq.nhs.uk/school/ which is a platform for people to learn together to maximize their ability to drive change/improvement.

Clinical Audit: A simple guide for NHS Boards and Partners
NQICAN welcomed the publication of this document and highlighted it amongst regional networks in order to increase the take up.

➢ *Objective 3: Engage, influence and be a point of contact for key organisations such as HQIP, NHS England and NICE*

NHS England
NQICAN has valued the input from NHS England with regards to direction of the NHS and 5 Year Forward View. NQICAN has provided construction feedback in relation to Quality Accounts and CQUINs development.

NAGCAE
The Chair of NQICAN Kat Young joined NAGCAE June 2014, Kat was appointed as an independent representative however came with the benefit of closer working between NQICAN and NAGCAE. Kat has highlighted challenges facing clinical audit and quality improvement staff for example with regards to information governance and concerns about consenting of patients for clinical audit.

HQIP
HQIP have been an active participant at our quarterly meetings. The HQIP Advisory Board did not meet during 2014/15 however NQICAN have worked closely with HQIP to develop its future direction. NQICAN have provided constructive feedback on various guidance documents including the Information Governance guide for Clinical Audit (not published at the time of writing this report). NQICAN is supportive of HQIP's new model for procurement. NQICAN will be represented on the HQIP/CQC Project Steering Group "Maximising the use and accessibility of national clinical audit data to help facilitate the CQC regulatory process and to support quality improvement measures at Trust level".

Royal Colleges/Academy of Medical Royal Colleges
We have had good engagement at quarterly meetings from several of the Royal Colleges and valued their input and collaborative working. We have worked together to identify problems and solutions, for example how we can improve the communication between national audits and Trusts. Trusts are encouraged to develop a generic email address for clinical audit / quality improvement that national audit providers can use. NQICAN has requested that HQIP require NCAPOP national audit providers to use this generic contact address so all communication relating to national audits reaches the clinical audit / quality improvement team.

The NQICAN Chair has joined the 'Infrastructure' work-steam of the Academy of Medical Royal Colleges Task Force that is looking at the vision for quality improvement across undergraduate and post-graduate medical training.

NICE
NICE have been a valued member of NQICAN during 2014-15 and helped shape the group's thinking in relation to the use of NICE standards and quality improvement.

➢ *Objective 4: Support the development of national clinical audit*

NQICAN influenced and supported the development of the National Clinical Audit Patient Outcomes Programme (NCAPOP) programme, with input/representation at the following national audit specification development meetings:
- Head and Neck Cancer
- Bowel
- Lung Cancer
- SSNAP
- Breast Cancer

NQICAN reviewed the national clinical audit assessment framework that is now being completed by national audit providers.

NQICAN have promoted HQIP's National Clinical Audit Feedback mechanisms and reviewed actions taken by HQIP/ NCAs arising from feedback provided.

➢ *Objective 5: Work to align clinical audit, quality improvement and improvement science*

Through national conferences and regional networks NQICAN has continued to promote the use of the use of Model for Improvement, the importance of measurement, including the use of run charts, particularly for use in making improvements at the local level and to make improvements following national audit. Feedback would suggest that more Trusts have started using the Model for Improvement; especially with trainee doctors however coverage is not yet widespread and NQICAN will continue to drive this approach across the NHS.

NQICAN were pleased to learn that HQIP would be developing a signposting document for QI methods, a resource that the network had highlighted as a need.

All quality improvement projects, whether clinical audit, Model for Improvement or using other methodology should have robust governance in place including a mechanism in place to ensure that changes are implemented.

Task and Finish Groups

Electronic Patient Record

Carl Walker led task and finish group whose remit was to consider the implications for clinical audit staff with regards to implementing an electronic patient record, how this impacts and how it can be used to monitor and improve the quality of care for patients.

The group collected experiences of Trusts (to be presented anonymously) who had implemented an EPR and undertook a literature review. Work presented in March at the National Clinical Audit Improvement Conference. The presentation was circulated with March NQICAN agenda for wider circulation to regional network and Trusts.

Highlights of the work:
- EPR is complex and needs to be well planned and patient focussed.
- Clear objectives and strategy need to be developed from the start.
- Difficult to get good quality metrics.
- Most organisations experience difficulty in extracting the required data from their systems.
- The main recommendation from the project is that CA teams get involved from an early stage in the planning stage when their trust is introducing EPR.

NQICAN is working to get these lessons to the wider community. The project team will look into making a podcast of a case study to disseminate the lessons learnt.

Funding arrangements

HQIP cover the travel expenses of members of NQICAN to attend the quarterly NQICAN meetings if their employers will not. Expenses are paid in line with HQIP's expenses policy which can be accessed on the HQIP website:
http://www.hqip.org.uk/assets/Downloads/2014-HQIP-Expenses-policy2.pdf

HQIP cover the cost of the regional network telecoms and regular telecoms between the Chair, General Secretary and Communications Facilitator.

HQIP reimburse 2 days per month of the Chair's salary. This arrangement is subject to regular review.

Network Funding
HQIP provide funding for Regional Networks. The criteria and application can be found on their website: http://www.hqip.org.uk/clinical-audit-networks-fund/

NEXT STEPS 2015/16 PLAN

Continuous Improvement Culture – contribute to wider work to develop common language, approach, leadership, behaviours, skills	Work with HQIP to develop common language/approach Explore ways to influence the skills of Trust Boards and senior leaders Explore ways that regional network members can be involved in national work Work to align efforts of clinicians/non-clinicians including representation at AMRC QI Task & Finish Group event "supporting infrastructure" event October 2015
Capability – up-skill workforce through learning, development, sharing best practice, what works and how	Each regional network to facilitate the delivery of Model for Improvement training / promotion of "Improvement Fundamentals" to stimulate improvement and provide the right environment for QI at the local level Respond to learning needs of regional network chairs Explore ways that NQICAN can support Trusts with the nursing revalidation agenda
Champion - clinical audit and quality improvement (model for improvement)	Continue to champion good practice, increase shared learning and explore ways of further pooling resources and enabling members to improve quality of care Consider how we measure our impact / that we are achieving the intended outcomes. Build evidence of improvement and what approaches work
Collaborate	Support regional networks to develop closer links with Academic Health Science Networks (AHSNs) Work with HQIP, NHSE and NAGCAE to further develop national clinical audit /national audit programme strategy. Representation at National Audit Specification Development meetings (including Epilepsy and Psychosis in October 2015) Consider how we engage with patients/ the public/Patient Leaders Engage in further consultations around the Quality Accounts process
Communicate	Continue to drive engagement with those working in CA/QI including charities, hospices, private sector. Explore ways to engage with staff unable to attend meetings e.g. non clinical staff not supported to attend networks, clinical staff interested in CA/QI unable to be released from Keep website up-to-date Explore ways to promote NQICAN e.g. conferences (either face to face or promotional material) Development of quarterly powerpoints Consider development of hot topics e.g. governance mechanisms around QI projects. Continue regional networks telecom /sharing

"Collaborative learning through safety and quality improvement networks can be extremely effective and should be encouraged across the NHS. The best networks are those that are owned by their members, who determine priorities for their own learning."

(Berwick Report, 2013)

Regional Networks

- East Midlands (CASnet)

- East of England Clinical Audit Network (EECAN)

- Greater Manchester Clinical Audit Network (GMCAN)

- Cumbria and Lancashire Clinical Audit Network (CalCan)

- Mersey Clinical Audit Network

- North East Clinical Audit Network (NECAN)

- North London Clinical Audit Network (NLCAN)

- North West Mental Health Network

- South and East London Clinical Audit and Improvement Network (SELCAN)

- South Central Clinical Audit Network (SCCAN)

- South East Clinical Effectiveness Network (SECEN)

- Southwest Audit Network (SWANs)

- West Midlands Effectiveness & Audit Network (MEAN)

- Yorkshire Effectiveness and Audit Regional Network (YEARN)

National Networks
- Guidelines & Audit Implementation Network (GAIN) and Northern Ireland Regional Clinical Audit Managers

- Improving Quality Together (IQT) Wales