

# National Quality Improvement and Clinical Audit Network

23<sup>rd</sup> June 2015

Wellington House, 135-155 Waterloo Road, London, SE1 8UG



## Minutes

### Attendees

#### Officers

Kat Young - *Chair*

Sue Venables - *General Secretary*

#### Core Members

Val Bailey (*West Midlands Effectiveness & Audit Network (MEAN)*)

Jan Micallef (*Yorkshire Effectiveness and Audit Regional Network (YEARN)*)

Tracy Deadman – covering for Jen Knight (*South Central CA Network (SCCAN)*)

Janette Mills (*Cumbria and Lancashire Clinical Audit Network (CaLCAN)*)

Catherine Dunn (*North West Mental Health Network*)

Sairatha Nimalathevan (*North London Clinical Audit Network (NLCAN)*)

Carol Evans (*South East Clinical Effectiveness (SECEN) - Joint Chair with Emma Marcroft*)

Sarah Powell (*East of England Clinical Audit Network (EECAN)*)

Michelle Garrett (*Greater Manchester Clinical Audit Network (GMCAN)*)

Michael Spry (*Mersey Clinical Audit Network*)

Anne Jones (*South and East London Clinical Audit and Improvement Network (SELCAIN)*)

Carl Walker (*East Midlands, CASnet*)

Julie Hancocks (*Communications Facilitator NQICAN*)

#### Co-Opted Members

Richard Arnold (*NHS Commissioning Board*)

Aimee Protheroe (*Royal College of Physicians of London*)

Linda Chadburn (*National Institute for Cardiovascular Outcomes Research (NICOR)*)

Mandy Smith (*Healthcare Quality Improvement Partnership (HQIP)*)

Nicola O'Reilly (*Royal College of General Practitioners*)

#### Apologies

Jen Knight – represented by Tracey Deadman (*South Central CA Network (SCCAN)*)

Stuart Metcalfe (*Southwest Audit Network (SWANs)*)

Emma Marcroft (*South East Clinical Effectiveness (SECEN) - Joint Chair with Carol Evans*)

Nicola Porter (*Guidelines & Audit Implementation Network (GAIN) and Northern Ireland Regional Clinical Audit Managers*)

#### Non Attending Members (Not Offering Apologies)

Richard Castling (*North East Clinical Audit and NICE Network (NECANN)*)

Tyler Moorehead (*Royal College of Paediatric & Child Health*)

Arlene Shenkorov (*Wales*)

## 1 Welcome and Apologies

Declarations of Interest - none to declare.

Nicola O'Reilly from RCGP and Tracey Deadman from South Central Clinical Audit Network were welcomed to their first NQICAN meeting.

Leigh Adams has stepped down as Chair for Manchester Mental Health and Social Care Trust – the new chair will be invited to NQICAN.

Linda Chadburn (National Institute for Cardiovascular Outcomes Research, NICOR) will be stepping down from her role as co-opted member as she is leaving NICOR.

## 2 Review of minutes

The minutes of 25 March 2015 meeting were approved as a true and accurate record.

### Matters Arising

Helen Causley will be leading on the Quality Account in DH. NHSE will keep the clinical audit section.

## 3 & 4 Update from chair

### NAGCAE Update

#### Presentation at NAGCAE

KY presented at NAGCAE last week. The presentation had been circulated with the meeting papers and will be uploaded on the NQICAN website – regional networks are welcome to use this resource. KY raised the challenges around the need to skill up clinical audit staff in wider QI methodology including the Model for Improvement and highlighted the lack of training resource/funding available for non clinical staff. Clinical staff especially doctors have access to training, particularly the Model for Improvement – this inequity causes challenges at the local level with clinical audit staff unable to always adequately support clinical staff/trainees.

It was highlighted that the leadership in Trusts is not always conducive to developing a culture of continuous improvement. Addressing this is wider than NAGCAE/NQICAN. Multiple agencies are involved in driving forward the quality / quality improvement agenda. The National Quality Board are to be asked by NHSE to consider this. NHSE stated that evidence was needed that the QI approach works.

Whilst it is recognised that there are a range of QI methods and there should be freedom for Trusts to pick and chose the best methods for them there would be value in having some standardised training and a common language. Wales have adopted this approach with over 11,000 people trained in the Model for Improvement. It was agreed that Model for Improvement training should be a priority for regional networks.

Regional networks do not have the capacity to develop training, not all chairs have the skills required to train in new methods / QI initiatives. It was felt that having a resource developed centrally by NQICAN e.g. podcast or webinar would benefit regional networks/ those working in Trusts. There are lots of skills in the clinical world in this area that we may be able to tap into. Members were asked to share any opportunities/resources they come across to develop skills in QI as well as case studies of where the Model for Improvement had been used successfully to improve quality of care.

**ACTION: Model for improvement training to be key priority for NOICAN / central resource to be developed**

#### NAGCAE Minutes

The minutes from the March NAGCAE meeting have been circulated and the June ones will be circulated when available.

**ACTION: Julie to circulate minutes of June NAGCAE meeting**

#### HQIP Workshop "Quality Improvement support to maximise the impact of National Clinical Audits"

The HQIP contract is up for extension in April. The new contract may not be the same as the current contract. HQIP hosted a workshop to consider its support for Lot 2: KY attended.

The contract is currently divided into 2 parts:

Lot 1 – Improving CA practice in local organisations

Lot 2 – managing the programme of National Clinical Audits (NCA)

This includes engagement and setting up the regional networks. HQIP is looking at refocusing on NCA.

- Reporting of NCA to become more real-time
- Need for common language around QI. Model for Improvement to be used to drive improvement off the back of national audits.
- Many of the initial objectives for HQIP for local clinical audit have been achieved.
- Networks have been set up in regions that didn't have them. NOICAN is considered functioning well and can be more independent going forward. Funding will still be required by NOICAN.
- HQIP support for networks will be more targeted in future, routine attendance at trust and network events will be reduced. If regional networks would like Mandy to attend a particular event please give as much notice as possible.
- It is hoped that by September HQIP will have an idea of the focus on the contract extension.

#### NOICAN Annual Report

Annual Report is nearly complete, still awaiting updates from some regional networks.

**ACTION: Regional networks who are yet to provide annual review to submit**

#### Best Practice paper

This will be included in the next meeting, development delayed due to number of national workshops/commitments reducing chair's availability.

**ACTION: Best Practice paper to be reviewed at September meeting**

The NHS Health Research Authority are sending a representative to YEARN as this is geographically convenient. JM will provide a link from them into NOICAN.

## 5 Update on EPR Project

CW led task and finish group. A working party collected experiences anonymously and undertook a literature review. Work presented in March at the National Clinical Audit Improvement Conference. Presentation circulated with March NOICAN agenda. Highlights:

- Trusts are moving to EPR. This project has been looking at the implications for clinical audit staff. How does this impact and how can you monitor that the quality of care for patients is good.

- 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.

This work needs to get to the wider community. The project team will look into making a podcast of a case study to disseminate the lessons learnt.

## 6 HQIP and CQC Steering Group “NCA data to help facilitate the CQC regulatory process and to support quality improvement measures at trust level”

Anne Jones attended the first meeting with HQIP/CQC and represented NQICAN. Membership included an NCAPOP NCA provider and one other acute trust. This steering group are looking at developing NCA Audit Data to help facilitate the CQC regulatory process and to support benchmarking at Trust level. Highlights from the first meeting:

- Terms of Reference agreed.
- There will be 5 metrics from each project included. The metrics may need to be changed regularly to ensure that all the focus is not just on those metrics.
- There was discussion over which NCA projects should be included, for now the scope would be limited to NCAPOP projects.
- Initially the project will look at acute trusts. If successful it will provide valuable source of assurance for boards and will reduce, but not remove, the burden on Trusts providing information ahead of CQC inspections. CQC will also be interested in whether trusts are resourced for QI.
- HQIP have examined all the audits and come up with suggested metrics and work is underway to map them to domains. The means by which the data will be gathered for this project is still to be decided. Initially the focus will be on acute trusts as this is where the bulk of the NCA take place.
- If any NQICAN member has suggestions about which data items would make good metrics, contact Anne Jones.

**Action: NQICAN members to inform Anne Jones of metrics felt to be good markers of the quality of care**

NQICAN were highly supportive of this activity and would like to learn more in order to share with region networks and explore opportunities to support the work.

**Action: Invite HQIP fellow (Sid Sinha) to future meeting, at suitable point in development process). Mandy to ask Sid (HQIP member of the steering group) to come to a future NQICAN meeting**

## 7 Information Governance

The HQIP Guide on Information Governance in Clinical Audit is in final draft. NHSE are making final checks to ensure the guide is in line with all relevant legislation. Although the title will remain

Information Governance for CA, in line with NQICAN feedback the document will state that the principles are the same for all QI projects.

NQICAN members asked for an IG statement that could be used on patient information until the guide is published. A statement has been developed by NQICAN as a resource for Trusts to use if they wish to. It has been produced in discussion with NHSE, but has no endorsement. It can be modified locally to meet individual needs of trusts. The statement will be included in the quarterly powerpoint.

**Action: Regional Networks to share IG statement with their members. Sue to include in quarterly powerpoint**

## 8 Future of networks / Training strategy

Financial support for regional networks

Currently HQIP provide financial support to NQICAN in the basis of:

- Covering NQICAN Core Members travel expenses to quarterly meetings where Trusts will not cover expenses (approx £4,000k per annum)
- Admin for network meetings (venue hire and refreshments) (£2,500 per network)
- Education, training and conferences (10k budget)

It was agreed that NQICAN will be involved in reviewing requests for the latter. This potentially gives the opportunity to get greater value for money by investing in training options that can be accessed by the greatest number of people. It was noted that some regional networks had never drawn from the fund. It was confirmed that no bids already approved would be over-turned and current applications would be reviewed by Mandy and approved providing they meet the criteria. The criteria would be revised by HQIP and circulated to NQICAN.

If networks have good speakers attending, these could be recorded so that they can be shared with other networks.

**Action: Mandy Smith to send details of money spent in 2014/15 and requests for 2015/16 to Kat and circulate revised funding criteria.**

Smith Review

A review has been undertaken to look at how the 5 year Forward View will be implemented, the review covers improvement and leadership. The review has been completed but has not yet been published.

It is understanding that NHS Improvement Quality will be disbanding and it is thought that the awaited Smith Review will outline that the responsibility for quality improvement will be to the Academic Health Science Networks (AHSN). Regional Networks were encouraged to develop links with AHSNs.

As HQIP is not yet clear of its position from April 2016 onwards funding for NQICAN is not yet guaranteed.

Review of Regional Network training

Kat will undertake a review of training provided by regions. This will be presented at the September meeting.

Action: Kat asked that all network representatives send in their approach to training for this year and what they have done for the last financial year.

Learning and sharing: Patient first conference.

The Patient First conference will be run for the second time this November and will take place 12th & 13th November. Attendance is through educational grants given to trusts. Last year NQICAN had a stand and would like to have again. The possibility of having a QI arena is being explored, with the possibility of NQICAN being a key partner in this.

Action: NQICAN members interested in supporting NQICAN presence at the Patient First conference to contact KY. KY to organise telecom to consider.

NICE and Clinical audit

NICE are changing the way they support clinical audit. They will no longer be developing clinical audit tools. Baseline assessment documents will still be provided – NQICAN reported how heavily these are used by Trusts and were reassured that they will continue. NICE will no longer be represented on NQICAN. The group thanks Kirsty for her contribution to the group.

Action: Richard to pick up the topic of CA with NICE.

## 9 NHS England (items not covered elsewhere)

The commissioning of NCAs is changing. There are to be two review meetings per year where multiple audits will be reviewed in one session, with NHSE Domain Directors. There is to be more focus on the whole patient journey and capturing community / mental health.

Action: Richard to circulate paper outlining new national audit process

## 10 HQIP Update (items not covered elsewhere)

HQIP continues to review and update its resources. A QI methods guide is to be published shortly. The commissioning guide is in development and the review of other resources is continuing. Commissioning workshops have been delayed – NQICAN will be informed when these are to happen. HQIP reported a delay in 13 national clinical audits being reports due to issues around data governance.

HQIP have been commissioned to develop methodology for mortality notes review to be rolled out across the NHS.

KY enquired whether the HQIP Conference would be held in future years. HQIP confirmed that there would be no conference this year however a decision had not been taken over future conferences HQIP advised that NCAF will be closed in August 2015. Networks were encouraged to access any material needed. Regional networks encouraged to use NQICAN website as platform for meeting papers/minutes.

## 11 Strategic objectives

NQICAN strategic objectives were reviewed and it was agreed that they be refined so they are more punchy and more memorable: Continuous improvement, capability, championing, collaborating, communicate. These will be reflected in the annual report / plan for 2015/16.

Revalidation is coming in for nurses and AHPs and it was agreed that this would form part of the forward work programme.

Consideration was given to the structure of NQICAN / regional networks as the SHA structure around which they were formed no longer exists. Whilst this may present a challenge with aligning with AHSNs it was felt to keep the structure as it is.

### Communication

There is need to engage with staff in trusts including clinicians who don't have the opportunity to attend the networks meetings. NQICAN to consider new ways to engage e.g. Youtube channel, podcasts, webinars.

**Action: NQICAN communications strategy to be refreshed**

### Q Initiative

Kat highlighted the Q Initiative that had been launched by the Health Foundation to facilitate the sharing of quality improvements. NQICAN keen to support the roll out of this development.

**Action: Kat to contact The Health Foundation to request they present at a future meeting.**

TED talks were highlighted as a good resource for leadership.

## Appendix 1 - Summary of Actions

| Open Actions from Previous Meetings |  |                     |
|-------------------------------------|--|---------------------|
| 1312 – 10.2                         | <p>Produce article for NHS England Newsletter</p> <p>Update March 2014 – On-going – Kat to liaise with Richard and CHAIN</p> <p>Update June 2014 – On-going – Deferred until website goes live</p> <p>Update September 2014 - Deferred until website launch</p> <p>Update December 2014 - Article drafted and sent to Richard Arnold</p> <p>Update June 2015 - Ongoing</p>   | Kat Young           |
| 1403 - 11.1                         | <p>Contact NHS England for position statement of patient consent for audit</p> <p>Update June 2014 - Kate and Richard to meet with Information Governance Experts to provide position statement. Kate is currently commissioning guidance on Information Governance.</p> <p>Update Sept 2014 - Kate confirmed that questions have been raised to seek further clarification concerning CCG auditors' access to patient data. NHS England is working with HQIP on developing revised guidance on information governance for clinical audit in which we hope to address all the key issues. In the meantime, please see the advice provided in bulletin 3 in relation to internal audit staff. (Guidance enclosed with appendices), or refer <a href="http://www.england.nhs.uk/wp-content/uploads/2013/08/ig-3.pdf">http://www.england.nhs.uk/wp-content/uploads/2013/08/ig-3.pdf</a></p> <p>Update December 2014 - Kat has drafted a generic statement, which was tabled, however, it was agreed to wait for the guidance being developed by NHS England IG, which is due to be published in January 2015 before proceeding - Ongoing</p> <p>Update March 2015 - Still awaiting publication of guidance - Ongoing</p> <p>Update June 2015 - Still awaiting publication of guidance - Ongoing</p> | Kat Young           |
| 1406 - 7.5                          | <p>Network Mapping form to be completed</p> <p>Update September 2014 - Some networks still to respond</p> <p>Update December 2014 - Some networks still to respond</p> <p>Update March 2015 - Some networks still to respond - outstanding responses to be chased</p> <p>Update June 2015 - Complete - CLOSED</p>  | All Network Members |
| 1409 - 2.1                          | <p>Identify suitable NHSE speakers/ presenters for Network Meetings</p> <p>Update December 2014 - Action reassigned to Richard Arnold</p> <p>Wpdate June 2015 - On agenda for discussion</p>   | Richard Arnold      |

|             |  |                               |
|-------------|--|-------------------------------|
| 1409-10.1   | <p>Organise initial meeting and output for EPR T&amp;F Group and feed back to December meeting</p> <p>Update December 2014 - Has asked for interest. At Network Meeting have defined questions and guidance. Telecom meeting asked to review and feedback - Ongoing</p> <p>Update March 2015 - Carl sent update to the meeting as he was unable to attend. This was not presented owing to lack of time at the meeting. To be presented at the June meeting - Ongoing.</p> | Carl Walker                   |
| 1409 - 12.1 | <p>Schedule Shared Learning Task and Finish Group for discussion at a future Network Representatives Telecom</p> <p>Update December 2014 - Diarised by SV to raise at network telecom on 25th January 2015</p>   | Sue Venables / Kat Young      |
| 1412 - 1.2  | <p>Kat, Kate/Mandy to discuss situation regarding NECAN, and decide on forward actions</p> <p>Update March 2015 - Ongoing</p> <p>Update June 2015 - Mandy Smith (HQIP) confirmed that there no longer is a network. The neighbouring network is happy to accommodate members. New action raised - CLOSED</p>   | Kat Young / Kate Godfrey/HQIP |
| 1412 - 2.1  | <p>Val Bailey to send information to Kat about NCA where there are issues obtaining data</p> <p>Update March 2015 - Ongoing</p> <p>Update June 2015 - Ongoing</p>  | Val Bailey                    |
| 1412 - 2.2  | <p>Kat to feed back to NAGCAE that some trusts don't get local reports as their local sample is too small</p> <p>Update June 2015 - Ongoing</p>  | Kat Young                     |
| 1412 - 3.1  | <p>Kat to feed back to NQICAN on the Merseyside perspective to AQUA (Health Observatory)</p> <p>Update March 2015 - Kat to discuss with Nick Black</p> <p>Update June 2015 - Kat reported that Advancing Quality and other databases are also collecting similar datasets. Also aligned to National Audits and some CQUINs. Could be collecting same data for different organisations. AQUA has fee attached. Need to work to aligning data to feed all requirements</p>   | Kat Young                     |
| 1412 - 4.1  | <p>HQIP to consider how a contact database could work in practice.</p> <p>Update March 2015 - Ongoing</p> <p>Update June 2015 - Ongoing</p>  | Kate Godfrey                  |
| 1503-3.1    | <p>Regional Network Representatives to share presentation of NHS Benchmarking Network with their networks.</p>   | All Network Representatives   |
| 1503-4.1    | <p>Prepare paper on the management of the training budget by NQICAN</p>  | Kat Young                     |

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|-----------|---|---------------------------------------|
|           | Update June 2015 - Ongoing  |                                       |
| 1503-5.1  | Circulate the NOICAN IG Statement to membership<br>Update June 2015 - COMPLETE - NOTE this statement is an interim measure until publication of formal IG Guidance  | Julie Hancocks                        |
| 1503-6.1  | Raise awareness of HQIP Good Governance document amongst Network Members<br>Update June 2015 - Information distributed - CLOSED   | All Network Representatives           |
| 1503-7.1  | Write to HQIP Chief Executive to request that contacts regarding National Audits be made to generic e-mails in Clinical Audit Departments of organisations<br>Update June 2015 - Ongoing  | Kat Young                             |
| 1503-8.1  | Requests to be made for Annual Reports from Network Chairs<br>Update June 2015 - Ongoing - further request for submission of outstanding reports made during June meeting   | Kat Young                             |
| 1503-9.1  | Telecom to discuss the HQIP Audit of Audits, once Network Chairs have reviewed the document<br>Update June 2015 - Completed - CLOSED  | Kat Young and Network Representatives |
| 1503-10.1 | Review Academy of Royal Colleges definition of Quality Improvement and feed back to Kat<br>Update June 2015 - Discussion demonstrated that NOICAN does not support this definition. If new definition made available this will be distributed to members - CLOSED | All Network Representatives           |

| New Actions from June 2015 Meeting |  |                               |
|------------------------------------|--|-------------------------------|
| 1506-3.1                           | Model for Improvement training to be a key priority for NOICAN - a central resource to be developed. | Kat Young and Network Members |
| 1506-4.1                           | Minutes of NAGCAE meeting on 17th June to be circulated when available                               | Julie Hancocks                |
| 1506-4.2                           | HQIP Best Practice paper to be reviewed at September meeting   | All Network Representatives   |
| 1506-6.1                           | All NOICAN members to inform Ann Jones of metrics felt to be good markers of the quality of care     | All Network Representatives   |
| 1506-6.2                           | Invite Sid Sinha (HQIP Fellow) to future meeting at a suitable point                                 | Mandy Smith                   |
| 1506-7.1                           | Regional Networks to share IG Statement with members   | All Network Representatives   |

|           |  |                                |
|-----------|--|--------------------------------|
| 1506-7.2  | Sue to include IG statement in quarterly Powerpoint  | Sue Venables                   |
| 1506-8.1  | Mandy Smith to send details of money spent in 2014/15 and requests for 2015/16 to Kat and circulate revised funding criteria       | Mandy Smith                    |
| 1506-8.2  | Network Representatives to send their approach to training for this year and what they have done in the last financial year to Kat | All Network Representatives    |
| 1506-8.3  | NQICAN members interested in supporting NQICAN presence at the Patient First Conference to contact Kat                             | All Network Representatives    |
| 1506-8.4  | Richard Arnold to pick up the topic of Clinical Audit with NICE  | Richard Arnold                 |
| 1506-9.1  | Richard to circulate paper with new national audit process   | Richard Arnold                 |
| 1506-11.1 | NQICAN Communications Strategy to be refreshed   | Officers and Comms Facilitator |
| 1506-11.2 | Kat to ask The Health Foundation to request a presentation at a future meeting   | Kat Young                      |