

South and East London Clinical Audit and Improvement Network

15th April 2016, St George's Hospital

Present:

Anne Jones (Chair)	AJ	Kingston Hospital NHSFT
Kate Hutt (Vice-Chair)	KH	St George's University Hospitals NHSFT (minutes)
Sylvia Tan	ST	The Royal Marsden NHSFT
Tracey O'Brien		Kingston Hospital NHSFT
Julia Miller	JM	Barts Health NHS Trust
Glenis Roberts	GR	Guy's & St Thomas' NHSFT
Tanya Usher	TA	Barts Health NHS Trust
Claire Palmer	CP	King's College Hospital NHSFT
Jameela Jinnah	JJ	St George's University Hospitals NHSFT
Emily Cannon	EC	London Ambulance Service NHS Trust
Jess Britton	JB	St George's University Hospitals NHSFT
Alex Bridgland	AB	St George's University Hospitals NHSFT
Nicos Zonias	NZ	St George's University Hospitals NHSFT
Mike Patel	MP	NHS Blood & Transplant

Attending:

Yvonne Silove	YS	Associate Director for Quality & Improvement, HQIP
Kieran Mullen	KM	Clinical Lead for Outcomes Publication, HQIP

1. Welcome, apologies and minutes of the previous meeting

AJ welcomed everyone to the meeting. Apologies were noted from colleagues from SLAM, Lewisham and Greenwich, and Moorfields.

The minutes of the meeting held on 20th November 2015 were agreed as an accurate record.

Matters arising and discussion

- An action from the previous meeting remains outstanding (MH to send CQC readiness quiz) and AJ will follow this up. **ACTION AJ/MH**
- AJ asked members to review the venue and minute rota and volunteer to host and/or minute a forthcoming meeting if they had not previously done so. **ACTION All**

2. SELCAIN Terms of Reference and requirement for Chair/Vice-Chair elections

A number of amendments were discussed and agreed:

- 1) Vision – the goal of improving patient care should be made explicit;
- 2) Quorum – four organisations;
- 7) Administration – management team should be amended to 'Chair' and 'Vice-chair';
- 9) Roles and responsibilities – amend to reflect that the term of the Chair and Vice-chair should be 2 years with an option to extend;

It was felt that the review of the effectiveness of the network should be added. Members agreed that this would be on an annual basis and conducted as part of the preparation of the annual report, which is submitted to NQICAN. **ACTION AJ/KH**

In relation to membership, AJ advised that she will review all trusts, including Community trusts with Sai Nimalathevan (Chair, NELCAN) to ensure all colleagues have an opportunity to attend a network. **ACTION AJ**

AJ asked members to consider whether they would like to stand for the position of Chair or Vice-chair as AJ and KH have been in position for approximately 2 years. Members that are interested should contact AJ or KH by the 17th June. **ACTION AII**

3. Planning/funding meetings for 2016/17

We are required to submit our plans for the year to NQICAN, along with a bid for funds. AJ confirmed that Dr Robert Grant (statistician from St. George's and Kingston Universities who is also a member of NAGCAE) will facilitate a session to review knowledge and learn more about data processing, analysis and communication of audit results. This will be a joint session with NELCAN and is scheduled for 19th September at the Royal Free.

A date and venue are required for the summer meeting in either June or July and members were asked for suggestions and to volunteer to host and to put forward ideas.

Suggested agenda topics for forthcoming meetings included: National Retrospective Case Record Review; NICE update from Jane Moore; Child Health CORP update from Kirsty Maclean Steel; National Institute for Health Research CLAHRC (Collaboration for Leadership in Applied Health Research and Care) – research into practice at Imperial, with a focus in using data for improvement – Derek Bell; Outcomes Based Healthcare – to look at moving away from measuring process and structure to outcomes; Health Foundation Q initiative.

AJ and KH will meet to finalise details of summer and winter meetings. **ACTION AJ & KH**

4. Update from NQICAN

AJ provided an update as per slide 4 of the attached presentation and the following were agreed:

- Annual report to be compiled and submitted to NQICAN; **ACTION AJ**
- Trusts to have a generic clinical audit contact on website; **ACTION AII**
- Opt out for patients on websites – members agreed that we would wait for formal guidance from HQIP before taking action;

5. National Clinical Audit and Patient Outcome Programme – Commissioning for Quality

Dr Yvonne Silove, Associate Director – NCAPOP, HQIP attended to provide an overview of NCAPOP Commissioning for Improvement. Summary points are noted below, but please see the presentation circulated with minutes for greater detail.

- YS explained that HQIP commission and manage the national clinical audit and outcomes programme (NCAPOP) in line with the organisation's vision to 'enable those who commission, deliver and receive healthcare to measure and improve services'. Whenever decisions are required about the programme, HQIP return to this vision.
- Clarification of projects included in NCAPOP was provided – 34 national audits, 4 national clinical outcome review programmes, other national programmes (related to mortality), NJR.

- YS noted that CORP contracts are coming to an end and may look slightly different in the future.
- The process for commissioning projects was explained:
 1. Topic selection: There is a balance to be struck between what patients and clinicians are calling for and the national agenda. There is a twice yearly prioritisation process which refers to NCAPOP eligibility criteria.
 2. Specification development: To determine clinical scope, methodology and design. A collaborative process involving a large number of stakeholders (clinical leadership and patient engagement is key). For re-tender the meeting will look at achievements, challenges and next focus. The first part of the meeting will involve all stakeholders, whereas the second element is led by commissioners. The question 'what are we trying to improve' underpins the specification development.
 3. Contractual expectations: There are a number of overarching expectations - clinical leadership and patient engagement; a focus on improvement-led design; consideration of local burden; timely and sound analysis plans.
 4. Facilitation, guidance and support: Once under contract HQIP provide support, including seminars (peer support and sharing best practice) and help with analysis and reporting. There is a real focus on the usefulness and accessibility of reports, and the guidance recently issued by HQIP (Reporting for Impact) is a first step in improving this further.
- Members were largely in agreement with the elements identified as 'what matters most' in terms of analysis and report. YS noted that over the last couple of years HQIP have applied much more scrutiny to reports to ensure they are understandable, clear and well structured.
- YS also provided an overview of current questions that are being considered by the NCAPOP team about the methodology of audits, approach to reporting and direction of the programme. Current research into the effectiveness of national audit in driving quality improvement was also noted.
- YS confirmed that the default of including PROMs and PREMs in national projects has been paused in recognition of the unique skills required for measurement and the high cost. These aspects are only commissioned if a validated tool exists and if it is affordable within the programme.

6. Consultant Outcomes Publications (COP) Programme

Dr Kieran Mullen, Clinical Lead for Outcomes Publication (HQIP) attended to provide an overview of developments in the consultant outcomes publications programme. Summary points are noted below, but please see the presentation circulated with minutes for greater detail.

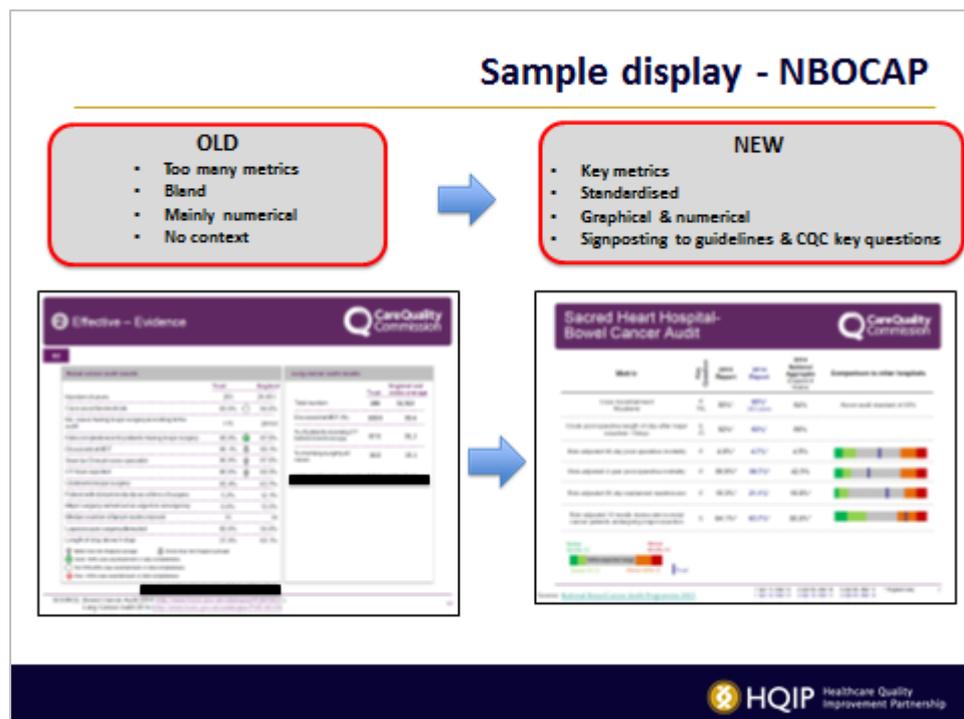
- The ambition to publish consultant outcomes dates back to the Freedom of Information Act (2000) and is intended to increase transparency, with the intention of driving improved outcomes. Since COP were implemented in 2013 across 10 specialties, the programme has continued to develop. The Five Year Forward View guides increased transparency.
- The overarching aims of the programme are to use transparency as a way to improve care and accountability at all levels. KM noted that since the launch of COP national audit providers have reported improved data quality.
- KM summarised the avenues to spread information – NHS Choices has a largely public focus, whereas MyNHS is aimed at providers and healthcare organisations.

- COP include a number of quality measures as well as activity. Mortality was acknowledged as a reliable measure but not relevant to all. Other quality measures are harder to obtain and less reliable as they are often self-reported.
- It is likely that data quality will be incorporated as a measure going forward and this year the programme will be extended to include non-surgical specialties, specifically cardiology (MINAP) and stroke (SSNAP).
- Members felt that it would be useful to develop risk adjusted measures of length of stay and readmission. These indicators are not currently subject to outlier analysis.
- KM outlined the plans for further development in 2016/17, including a rebranding to Clinical Outcomes Publications. It is expected that there will be an expansion of scope of the programme, to include publication of unit and/or team outcomes rather than solely focussing on consultant level. There is a plan to bring all NCAPOP audit results onto MyNHS and NHS Choices, with indicator specifications to be agreed with project teams. This will tally with the work to link NCAPOP and CQC data, but may not match entirely.
- The approach followed is to initially focus on data completeness and quality and championing those organisations with very good data. Once achieved, this data can then be used to assess quality of care and outcomes. The aim is to celebrate excellence and share best practice, and move away from the perception of the programme as punitive.
- In conclusion KM highlighted that the programme is enabling the better use of data and driving the expectation that data will be used to measure and improve quality.

7. HQIP & CQC project to improve publication of NCAs

AJ and CP provided an overview of the project. The aim is to make national clinical audit data more accessible and usable to the CQC, but also to help organisations. The results will be an organisation level view from national clinical audits, accessible to both the CQC and trusts. Data in a standard format will be produced for each organisation as each national audit is published.

An example was provided as below.



It was noted that:

- Consensus on key metrics reached in most cases – metric range 1-7 (median 5.5) via consultation.
- Output will be data slides and context pages for trusts to be used at CQC inspections. Important factors have been consistency in layout, clarity, standardisation of graphics
- Overall dashboard to be published on HQIP website
- NCA provider will provide key metric data to CQC and HQIP – slides prepared – approved by NCA provider – slides inserted in CQC data packs and available on dashboard
- Tranche 1 and Tranche 2 NCAs
- Trials with acute trusts will take place

8. Round table

St George's: KH welcomed new team members to the network and reported that for the first time in almost 2 years the team is fully staffed. The trust is preparing for CQC inspection in June and is currently in 'Transformation'.

King's: CP reported that the trust was inspected in April 2015 and has since had a completely new exec team. This, coupled with extensive CIP requirements, has led to a challenging environment. CP's team has reduced from 6 staff to 1 part-time manager and 2 team members, but the remit remains large, meaning that strengthening data and accessibility is key. The team is focussed on outcomes and reports better engagement from the clinical body through this messaging as opposed to audit and effectiveness.

Bart's: JM informed the group that the trust has moved to a site based management structure. They have also been challenged following their CQC inspection and have a number of interim senior managers. Clinical effectiveness is high on the agenda at the trust.

LAS: EC explained that the trust has both national and local performance indicators for paramedics and ambulance staff. Additional to this is the audit programme. A paediatric sepsis project is about to be published, and the next audit will be on sickle cell. It was noted that LAS are part of Kingston's sepsis group.

NHSBT: MP reported that the trust has secured a refund from the CQC.

GSTT: GR reported that their CQC report has just been published, with an overall rating of 'Good'. However, there are still some areas that require improvement and this will rely on actions from local teams.

RM: ST informed the group that her current focus is on facilitating the NHSE 7 day assessment exercise, and working to complete national audits.

Kingston: The trust is still waiting for their CQC report and AJ noted the enormous amount of work that the inspection involved. The team are carrying out the NHSE 7 day assessment exercise and highlighted the burden this placed on acute trusts.

AJ informed all members that they would be welcome to attend the Kingston audit and improvement seminar on 5th July; further details to follow.

9. AOB

None raised.

7. Date of next meeting

We are planning a meeting for June/July, but exact date, venue and agenda to be arranged.

Minutes to be taken by: volunteer needed please.

ACTION ALL