

South and East London Clinical Audit and Improvement Network

Date	2 nd February 2017	Location	Burfoot Court Room, Counting House, Guys Hospital site.
Start time	Finish time		
13:30	16:00		

In Attendance		Apologies
Anne Jones	AJ	Robert Cole
Kate Hutt	KH	Emma-Kate Chawishly
Clare Jeferies	CJ	Clare Palmer
Janathani Gnanendran	JG	Monica Fisk
Jane Moore	JM	
Nicholas Zonias	NZ	
Philip Thompson	PT	
Emily Cannon	EC	
Neville Butler	NB	
Ryan Lord	RL	
Julia Miller	JUM	

Minutes	Action
<p>Welcome AJ welcomed everyone to the meeting.</p> <p>Apologies Apologies were noted.</p> <p>Minutes Minutes from the last meeting, which took place at Kings College Hospital were agreed.</p> <p>Matters Arising and discussion: It was discussed that the entire NCEPOD team attended the last meeting, which was very useful.</p> <p>Actions:</p> <ol style="list-style-type: none"> <i>AJ confirmed that a summary of SELCAIN progress over the last year has been submitted to NQICAN and is available on the website – AJ updated that everything has been sent since November.</i> <i>AJ will liaise with NELCAN regarding access for all trusts in London – AJ will ask the NELCAIN Chair if everyone can access this and will make sure the NQICAN website is available for meeting dates.</i> <p>AJ confirmed the Health Foundation would not be attending this meeting and that she will provide a brief update instead.</p>	AJ

Feedback from NQICAN – Anne Jones



Chair Feedback

AJ reported that the 2017/2018 quality accounts list has been published by the 'Healthcare Quality Improvement Partnership' (HQIP) and the list contains more national audits than last year.

At the Patient First Conference the 'National Quality Improvement and Clinical Audit Network' (NQICAN) and HQIP had a joint session on quality improvement. The NQICAN meeting in November was held by telecom and, at the time of this SELCAIN meeting, the minutes are still awaited.

The NQICAN Chair has set up a NQICAN blog regarding audit and quality improvement and welcomes volunteers to use the blog. The NQICAN annual report has been published and is available for review.

AJ reported the following National audits reports have been published:

- National Diabetes Audit 2015/16 31.1.17
- MINAP 30.1.17
- COPD 1.2.17
- Lung Cancer 25.1.17
- Chronic kidney disease 17.1.17
- Prostate cancer 14.12.16

A report titled 'Treat as One' has been recently published by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) which examines bridging the gap between mental and physical healthcare in general hospitals. A new clinical fellow and child psychiatry trainee, Dr. Saffron Homoyoun, is working at HQIP with a remit to bring mental health aspects into some chronic disease national clinical audits. Saffron wants to know how hospitals record information about patients with mental health issues. AJ reported that Saffron is going to base her work around NICE Clinical Guideline 90: 'Depression in adults: recognition and management' and Clinical Guideline 91: 'Depression in adults with a chronic physical health problem'. These provide two standard questions for use in a clerking proforma. AJ asked the group to get in touch with Saffron if they felt they had anything to offer her project.

AJ reported that a clinical audit conference called the 'Clinical Audit Summit 2017: Clinical Audit for improvement,' is taking place on the 6th March 2017 at De Vere West One Conference Centre, London and there is a reduced delegate rate available for HQIP e- bulletin subscribers.

Update from NICE – Jane Moore



NICE -Jane Moore



NICE Field Webinar

JM was welcomed to the meeting and reported that NICE are currently undergoing a Consultation, with spending restrictions in place. The government has provided assurance for

NICE; however they are reviewing their structure in view of the restrictions and one aspect of recouping charges is aimed at technology appraisals and highly specialised technologies. Lord Carter's review on NICE eighteen months ago outlined charging pharmaceutical companies for appraisals if they would like to keep their products on NHS formularies. These cost recovery plans are on pause at the moment until the governments 'Life sciences strategy' is completed; however the proposal incorporates a fast track process for technology appraisals. Technology appraisals costing less than £10,000 will be processed much quicker and will be available to patients faster.

JM reported that when working towards quality and performance, quality standards are extremely helpful as they are formed in areas where NICE know quality improvement is needed nationally. Quality standards are not a short introduction to a NICE guideline; they are where quality improvement is required. Treatment is variable across the country and because they are nationally prioritised, trusts should prioritise them locally. JM advised that when quality standards are published, assess if they are a risk in your organisation and if you are compliant use those measures to drive improvement forward.

AJ asked if commissioners are using the quality standards and JM said some are better than others. AJ said the word 'compliant' is not used at Kingston hospital. Instead they ask 'are we working towards the level' or 'are we at the level'. AJ said at Kingston clinicians complete a gap analysis and then a quality standard audit if required. JM said it's helpful to have assurance on whether a quality standard flags up risks. The Care Quality Commission (CQC) is not looking for compliance, but that quality standards are being used for quality improvement. JM advised to look at how your trust is using the standards and pass that message onto clinicians and ascertain if there are any risks that can be added into the quality improvement and audit programme. EL from the London Ambulance Service said they completed a snapshot audit against all applicable standards, which was presented to their clinical audit and safety committee. JM advised flagging up to the Chief Executive, CQUIN and KPI groups that the focus of clinical audit is about quality improvement, which will raise your profile.

Service Improvement

JM said the service improvement template allows you to use statements from different quality standards to focus on improvements and the system has built-in graphs to track those improvements. JM said you only need to identify which statements you want to add into the template. To view any published standards or standards that are in development click on the standards and indicators tab within the NICE website.

Measuring the use of NICE guidance

The 'Impact audit publications planner' on the NICE website contains a spreadsheet mapping all quality standards and national audits. The deputy chief executive of NICE is meeting with HQIP to ensure NICE guidance and quality standards are being used as measures within national audits.

JM said if you have completed a NICE or quality standard project please submit it to NICE. The submitted work will be anonymised, but will provide a benchmark against other Trusts.

To submit a quality standard audit to NICE, a two page form must be completed, but assistance is provided if required. At the end of the year NICE select forty audits which each receive shared learning awards and the top three audits are selected to present their audit at

conferences. Trusts use these as good news stories and it is also good for CPD.

Savings and Productivity

NICE provide tools to assess what the cost of implementing a particular guidance might be. The 'resource planner' lists all technology appraisals and contains a cost impact report, which pharmacists within your trust could find useful. There are cost impact tools, which commissioners use as a resource and there are various ways to learn more about NICE e.g. learning events, registering for NICE alerts or signing up for a monthly bulletin. Each guideline has recommendations outlined in the first tab and tools and resources that come with that guideline, which can be highlighted to clinicians. Online learning modules are also available through portals. AJ said there used to be a drop down column of key recommendations in each guidance, which has disappeared. JM will take this back to NICE and said feedback has been that guidelines are too long, so you will see in future a real effort from NICE to produce less.

E-Learning Modules

JM said there is an e-learning slide for you own CPD, which can be added to CV's.

Help us Improve

JM said there is opportunity to participate in surveys, interviews, usability tests and focus groups for NICE. It can vary from a ten minute online survey to an all day workshop Register your details and interests with NICE and the relevant opportunities will be e-mailed to you. JM said the Department of Health have invested in SKYPE as part of Microsoft Access enabling easier contact with each other. JM asked the group how they would like to keep updated and it was agreed that a once a year visit from JM is very useful.

Health Foundation 'Q' Programme – Anne Jones



Health Foundation
'Q' Programme

AJ said 'Q' is a network of people working within the NHS, who contribute towards improving quality and helping each other. To be a member you must demonstrate experience of quality improvement and be willing to share ideas through social media.

From May 2017 there will be opportunity for London applicants to join. Applicants will be asked to reflect on criteria around their knowledge and experience of improvement and how they can benefit and contribute to the community. To be accepted you must complete a handout and answer yes to each question. A 'lab office' will be established in Kings Cross, which will be a physical place for people to meet to brainstorm problems.

AJ asked the group what other networks they are linked to. PT, from East London NHS FT said they use 'QI life' for quality improvement and web projects. The system allows you to submit new projects, review quality improvement projects across the trust and beyond. You can create and edit driver diagrams, plan and track PDSA cycles, measure your data and see your data in run and control charts that are generated automatically by the system. All quality improvement projects have their own page. You can add data and print off reports.

This platform is designed to save you time and keep all of your quality improvement project resources in one place. To access the system you need a trust login, which will enable you to access your projects from anywhere in the country. PT said they also provide quality improvement coaches for staff undertaking quality improvement projects.

Round Table Discussion

KH reported that St Georges are in special measures and their audit department comes under one directorate including complaints, risk and legal. The audit team is down by a third and they have a new executive director for quality governance. A quality improvement director is being put into post by NHS improvement.

JUM reported that St. Bartholomew's is in financial special measures; however the Healthy London Partnership feedback about their Trust was positive.

EC from the London Ambulance Service (LAS) reported they were put into special measures in 2015 and are expecting a visit from the CQC next week. Feedback from the CQC was that the LAS don't always learn and share as much as they could. EC reported at a CQC focus group that their department can help as they demonstrate learning and sharing, which has prompted a CQC facilitator to visit their department.

RL from Oxleas reported they are having a pending re-inspection from the CQC and their team has been restructured.

PT reported that East London NHS FT are looking how to incorporate quality assurance data across all work streams and present that in a digestible form, which is a huge piece of work. They are currently using an audit tracker on Excel, but are trying to find a more dynamic platform to use.

AC reported that the GSTT is not in special measures and are currently experiencing lots of change in leadership. There is lots of work taking place to reduce serious incidents and there is a shift towards patient safety. Their Quality strategy is also up for review.

CJ from Epsom and St Helier University Trust Hospital reported that the CQC awarded the Trust a 'Requires Improvement' notice in May 2015. They have lost an audit coordinator post within the team and now work across three locations, which include Epsom hospital, St Helier Hospital and Epsom East Street. CJ asked everyone how they ensure audit and quality improvement projects are both supported. NB from 'Your Healthcare' said they will incorporate clinical staff undertaking audit within their policy if it doesn't already exist to ensure audit is undertaken. PT said when a quality improvement project is undertaken the outcomes of the project are checked to determine whether audit is necessary. They will have an open day in March, which organisations are welcome to attend. AJ said they work with their junior doctors. FY1s and FY2s are given a list of national trust-wide audits from which to choose one to participate in. They each audit a sample of around twenty notes, to ensure they learn about audit standards. They are also encouraged to present their work within the specialties. This process has been working well for four years. AJ will send CJ their organisational papers. KH reported that quality improvement projects are fully integrated at St Georges.

<p>AJ reported that Kingston received a 'Requires Improvement,' notice from the CQC. For the last three years the clinical audit and effectiveness team have been supporting quality improvement projects, but an improvement team has now been placed within the organisation, which reports to a different director. Quality improvement coordinators are an 8a or 8b banding, so there is a risk that members of the current audit team will apply for quality improvement roles. Commissioners have asked them to undertake an audit on readmissions.</p>	
<p>Election of a new Chair and Vice-Chair</p> <p>AJ reported that she and KH will step down from the role of chair and vice chair and give someone else the opportunity to run the network and that there has been interest in the vice chair position. Meeting three or four times a year with a chair rota was suggested, but if no one undertakes the position the network will fold.</p> <p>Everyone agreed that a network chair works because it spreads the workload and allows for support. A representative is required to attend NQICAN, to represent the network. NQICAN meets four times a year and is an informative meeting as you can find out what is taking place on a national level.</p> <p>The following suggestions were discussed. Two chairs could deputise at NQICAN or a rotating chair could attend. KH also suggested having a fixed deputy. NB, PT and AC offered to become co-chairs and undertake one session each. They will further discuss this with AJ. PT has requested meeting dates and AJ confirmed that she will attend the next NQICAN meeting in March.</p> <p>Action: AJ to e-mail everyone once more in case others who were not at this meeting were interested in becoming a chair or deputy chair.</p>	<p>AJ</p>
<p>Date of Next meeting: To be decided once new Chair(s) are in place</p>	