South and East London Clinical Audit and Improvement Network

1st June 2015, Royal London Hospital

Present:

Anne Jones (Chair)	AJ	Kingston Hospital NHSFT
Kate Hutt (Deputy Chair)	KH	St George's University Hospitals NHSFT
Nathalie Celestin	NS	Lewisham + Greenwich NHS Trust (minutes)
Glenis Roberts	GR	Guy's & St Thomas'
Mike Patel	MP	NHS Blood and Transplant
Joscelin Miles	JM	King's College Hospital
Maninde Heire	MH	Oxleas NHS
Gavin Ward	GW	Bart Health NHS Trust
Julia Miller	JM	Bart Health NHS Trust
Jacqui Bassi	JB	Bart Health NHS Trust
Jameela Jinnah	JJ	St George's University Hospital NHSFT
Mallisa Edward	ME	East London NHSFT

In attendance:

Neil Smith	NS	Deputy Chief Executive NCEPOD

1. Welcome, apologies and minutes of the previous meeting

AJ apologised for starting the meeting late due to a last minute room change. AJ welcomed everyone to the meeting. Apologies were noted from Janet Kingdom – Epsom & St Helier NHS Trust.

The minutes of the meeting held on 27th February 2015 were agreed as an accurate record, subject to the following amendment:

- Correction of Nathalie Celestin initial being NC not NS

Matters arising and discussion

- It was agreed that the minutes would be taken on a rota basis. NC agreed to take the minutes for June's meeting.
- AJ will send SELCAIN minutes

2. NCEPOD - National Confidential Enquiry into Patient Outcome and Death

AJ welcomed Neil Smith. NS mentioned that he would be happy for his presentation to be circulated. **Action: AJ/NS to circulate with minutes.**

NS informed the group that the remit of NCEPOD was to review medical and surgical practice and to make recommendations to improve the quality of the delivery of care.

NS gave the background and history of NCEPOD which was then called The Report of a Confidential Enquiry into Peri-operative Deaths - CEPOD back in 1987.

- A report of a Confidential Enquiry into **Perioperative Deaths** -published Dec 1987
- Became the National Confidential Enquiry into **Patient Outcome and Death** in 2003
- Contract managed by NICE then the NPSA and now HQIP under the Clinical Outcome Review Programme
- Now undertake the Medical and Surgical CORP and the Child Health CORP

NS carried on explaining who the **supporting bodies** were;

- Faculty of Public Health Medicine of RCP
- College of Emergency Medicine
- Association of Anaesthetists
- Association of Surgeons
- Royal College of Anaesthetists
- Faculty of Dental Surgery of RCS
- Royal College of Pathologists
- Royal College of Obstetricians & Gynaecologists
- Royal College of Physicians
- Royal College of Radiologists
- Royal College of Ophthalmologists
- Royal College of Surgeons
- Lay Representatives
- Royal College of General Practitioners
- Royal College of Nursing
- Royal College of Paediatrics and Child Health

Who the NCEPOD **observers** were;

- Coroners' Society
- RCS Edinburgh
- RCP Edinburgh
- HQIP

And the **independent advisory group**;

- AoMRC
- Funders
- Lay
- Nursing
- Colleges

Neil Smith went on to explain that the **structure of the NCEPOD** was composed of 11 Non-clinical staff, 7 Clinical Co-ordinators, 550+ Local Reporters and 100+ Ambassadors.

He described the role of the **Study Advisory Group** as being;

- specific for each study
- include SG member, clinicians and lay representatives
- deciding study thematic and guide development of the protocol and questionnaires
- review final data analysis and recommendations
- review draft report

NS explained how a topic was selected yearly. There is an open call for topics, reviewed by NCEPOD clinical coordinators and senior researchers. Shortlisted topics were presented, discussed and scored by SG. The top 4 topics presented to IAG and 2 topics are chosen for study.

He described the data collection process, including the Patient identifier spread sheet, the Clinician questionnaire, the Organisational questionnaire, the Case note extracts and the Case reviewer assessment form. He went on to highlight the confidentiality that applies to patient data, the Doctor and the hospital, Section 251, Data Protection Act 1998 and ethics. He discussed NHS Trust participation and the Doctors participation. He explained that NCEPOD was covering England, Wales, Northern Ireland, Offshore Islands, Improving the quality of medical and surgical care, Independent sector, and as of April, Scotland.

NS gave an update to the group about the current studies, stating that GI bleed was due for publication on 3rd July 2015 and Sepsis was due 24th November 2015. He informed the group that the data collection for Acute Pancreatitis and Mental Health Patients in Acute General Hospitals was on-going and that Non Invasive Ventilation and Cancer Deaths in under 25s was currently under the Study Design Phase.

NS gave the background and the aims to the current Acute Pancreatitis, Mental Health Patients in Acute General Hospitals Non Invasive Ventilation and Cancer Deaths in under 25s studies.

NS explained that once the report has been published some recommendations are made to the NHS Trusts and a self-assessment checklist is produced for each audit. NHS Trusts are responsible for completing the action plan and commenting on how the actions will be achieved within a specific timescale. He stated the Electronic Audit Tools and Radar Charts are produced to raise standards of care. He stated that the reports published over a wide range of topics had an impact on the improvement of provision of surgical, anaesthetic and critical care, Facilities, Emergency (CEPOD) theatres, more involvement of senior staff, improving the quality of medical and surgical care, better supervision of trainees, reduction in inappropriate out of hours surgery and more specialisation particularly for children.

NS concluded by giving some feedback on how studies have contributed to improvements. The Tracheostomy study ICS has changed their guideline to match report recommendations. The Lower Limb Amputations study has helped the National Vascular Registry incorporate changes to capture data linked to report recommendations where possible.

AJ asked if there would be online data collection available in the future. NS replied that there was a system that has been trialled called Apricot, however that was not as good as expected and it had a high initial cost implication. In answer to another question regarding topic choice and how an NCE may be done instead of a national clinical audit, NS said that NCEPOD will often consider topics where there are no agreed national guidelines.

3. Sharing and Learning

3a. Joscelin Miles from King's College shared her experience on the National Audit process at King's College and Anne Jones shared her experience of comparing all local results to the national average.

JS introduced herself and her role within her team. She stated that she was responsible for Acute and Medicine and Surgery divisions. She explained the use of King's College's new template and how national reports were linked to NICE, M&M and other external and internal review. She explained that reports were being reviewed within three weeks of being published and the result being compared with peers and national peers. Recommendations were subsequently made and local actions recorded. She stated that although it was not a requirement, King's College provided feedback to the National Audits, where necessary. The recommendations were then being shared with Clinical Audit Leads and passed on to the Clinical Effectiveness Committee (as a headline slide) for review with Divisional Managers, Governance Manager, Clinical Leads and Assistant Medical Director all taking responsibility. The patient outcomes headline is published monthly in the Quality Report and is discussed at the Clinical Audit and Guidelines Group and approved by the Board of Directors before being made available to all staff on the intranet.

AJ asked whether the Clinical Effectiveness Committee (CEC) was overviewing this and JS answered that there were. AJ asked how long each report took to be produced. JS replied that it could take anything between 10 minutes to 1 day. She stated that the BTS standards were not always clear. JM noted that Divisional Reports were produced quarterly.
MP asked if the action plans were being monitored through divisional meetings. JS stated that issues would be escalated to CEC for instant response, where necessary and would be in the Executive Summary.

She demonstrated that this method of working and using these templates has improved the quality of data and has speeded up the review time (currently 2 weeks to be reviewed by Clinicians). AJ stated that Kingston was using the same templates. These templates can be found on the HQIP website under the case studies tab.

3b Anne Jones from Kingston Hospital NHS Foundation Trust described her experience of using these templates and explained how they are used in her department. She described the process that her trust had gone through to compare the results of all their latest national clinical audits against the national average, having not done this consistently in the past. Her team had reviewed all clinical care aspects of each national clinical audit and devised a scoring system to work out whether their local trust was above, in line with, or below the national average. This work had been time consuming that gave a very good overall picture of the national clinical audit areas that needed more input and resource. They had also compared the results to their internal RAG rating system for audit results, which also gave consistent results.

3c Future Sharing and Learning Sessions

The group put forward the following ideas for future sharing sessions:

- Clinical Audit/QIP training and exercises used in training sessions
- Combined Quality Improvement / Clinical Audit departments

4. Update on NQICAN

No update was given on this occasion.

5. Round table

Trust	Update
St. George's	Undergoing a corporate service review at present. Monitor in the trust assessing financial position regarding their FT status. Advertising for a Clinical Audit database technician Band 6.
The London	Three recent CQC reports which had been banded as inadequate. The trust is obtaining additional help for its improvement plan and is going back to a site based leadership structure They are currently reinforcing their clinical audit strategy and CQC noted that they were under resourced as a team.
East London	Now providing services in Luton and Bedfordshire. No particular issues to report.
Guys and St. Thomas	Due to be inspected in September so currently working towards this checking that they have all processes in place with regard to clinical audit
Blood Transfusion	Joined their clinical audit and governance systems a few months ago. Having problems recruiting staff.
King's College	CQC inspection carried out in April. CQC asked for a lot of national clinical audit data including info from the 2012/13 period. They have a particular focus on National Emergency Laparotomy Audit at the present.
Oxleas	Restructured their team, with quality and governance departments joined. Going out to advertisement for a Band 6 and Band 7 post. Currently undertaking peer reviews.
Kingston	Currently advertising for two Band 6 Audit and Improvement Facilitators. Clinical Audit and Quality Improvement Seminar takes places on 11th June, all welcome to attend.

6. AOB

There was no other business.

7. Date of next meeting

Wednesday 23rd September 2015, 13:15- 16:30 at East London Foundation Trust