

## South and East London Clinical Audit and Improvement Network

20<sup>th</sup> November 2015, The Royal Marsden NHS Foundation Trust Conference  
Centre: Blackstone Room

### Present:

Anne Jones (Chair)	AJ	Kingston Hospital NHSFT
Kate Hutt (Deputy Chair)	KH	St George's University Hospitals NHSFT
Janet Campbell	JC	St George's University Hospitals NHSFT
Sheriece Bracey	SB	Kingston Hospital NHSFT
Veronica Kemp (Minutes)	VK	South London and Maudsley NHSFT
Mike Patel	MP	NHS Blood and Transplant
Maninder Heire	MH	Oxleas NHSFT
Nicky Wright	NW	Oxleas NHSFT
Sylvia Tan	ST	The Royal Marsden NHSFT
Carol Kibble	CK	Moorfields Eye Hospital
Funmi Buraimoh	FB	Guy's and St Thomas' NHSFT
Janarthani Gnanendran	JG	Guy's and St Thomas' NHSFT
Odud Miah	OM	East London NHSFT

### 1. Welcome, apologies and minutes of the previous meeting

AJ welcomed everyone to the meeting. Apologies were noted from: Karamjeet Chana – East London Foundation Trust, Deborah Lane – Barts Health NHS Trust, Lee Cummings on behalf of Lewisham and Greenwich NHS Trust.

The minutes of the meeting held on 23<sup>rd</sup> September 2015 were agreed as an accurate record, subject to the following amendment:

- Correction of Funmi Buraimoh's initials from GR to FB
- Correction of Adeel Malik's initials from DM to AM

Matters arising and discussion

It was noted that there were no actions arising from the previous minutes, the group discussed the previous meeting held (23/09/2015) and agreed the following:

**Action:** AJ to circulate new Policy and PowerPoint presentations from the SELCAIN meeting held on the 23/09/2015 to the group.

### 2. Round Table

Trust	Update
Kingston	There have been staff changes: a new recruit to the R&D Department (SB). There is a focus on the CQC, CQUINs, NICE implementation, NCEPOP and the service line Quarterly Report which is a 1 page audit snapshot. SB and AJ offered to share the 1 page snapshot with the group. <b>Action:</b> SB/AJ to share 1 page audit snapshot with the group.
SLaM	SLaM had a recent CQC inspection. Within the Audit Team efforts have been focussed on data requests. VK pointed to some areas for improvement being ligature points and care planning. The Audit Team is also currently working with internal auditors from the TIA.
The Royal Marsden	ST reported the running of a clinical audit half day. Focus has been on awareness raising with staff during Clinical Audit Awareness Week.

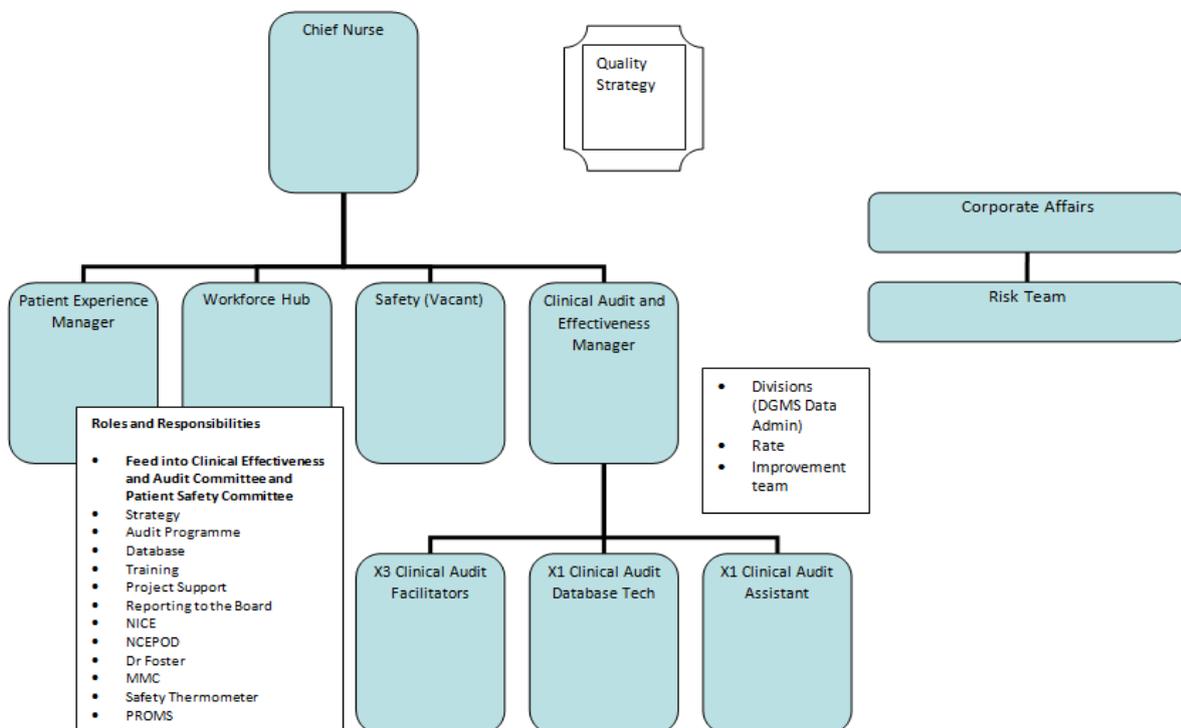
Blood Transfusion	Previous unfilled vacancies have now been filled. Continuing to recruit Donors during the Autumn (a period in which blood stocks fall)
Moorfields	CK started in the Clinical Audit Facilitator role 3 months ago and is working on the Clinical Audit Programme and Policy review. Moorfields are expecting a CQC inspection in April 2016.
Guy's and St. Thomas'	GSTT have finished integrating governance systems. A new Quality Improvement and Patient Safety Coordinator has been recruited (JG).
St George's	Two vacancies have been approved: there is a new starter beginning on Monday (23/11/2015) and one more staff member to be recruited. Work is being carried out to streamline the CQC fundamental standards into one big audit on adult inpatient wards – this is to be piloted later in the month. There will be an audit half day on 04/12/2015 KH noted that the group are welcome to attend. Helen Hogan will be attending to speak.
East London	Direct and Central Audits are now being carried out.
Oxleas	<ul style="list-style-type: none"> <li>In preparation for the Oxleas CQC inspection, rapid reviews and CQC readiness quizzes are being carried out. Readiness quizzes consist of 6 rounds and are being conducted with the use of SNAP Survey Software. MH offered to share the readiness quizzes with the group.</li> </ul> <p><b>Action:</b> MH to share CQC readiness quizzes with the group.</p> <ul style="list-style-type: none"> <li>Recently had a speaker visit Oxleas to run a workshop focussing on QI and concentrating on top priority issues.</li> <li>Directorate level training has been highlighted in the recent KPMG.</li> <li>NW who has recently joined Audit Team is currently working on Care Planning and Early Intervention audits.</li> </ul>

**Action:** Invite QI speaker who attended Oxleas to the next SELCAIN meeting (AJ)

### 3. Sharing and Learning Session: Development of the role of Clinical Audit to a wider Quality Improvement Remit

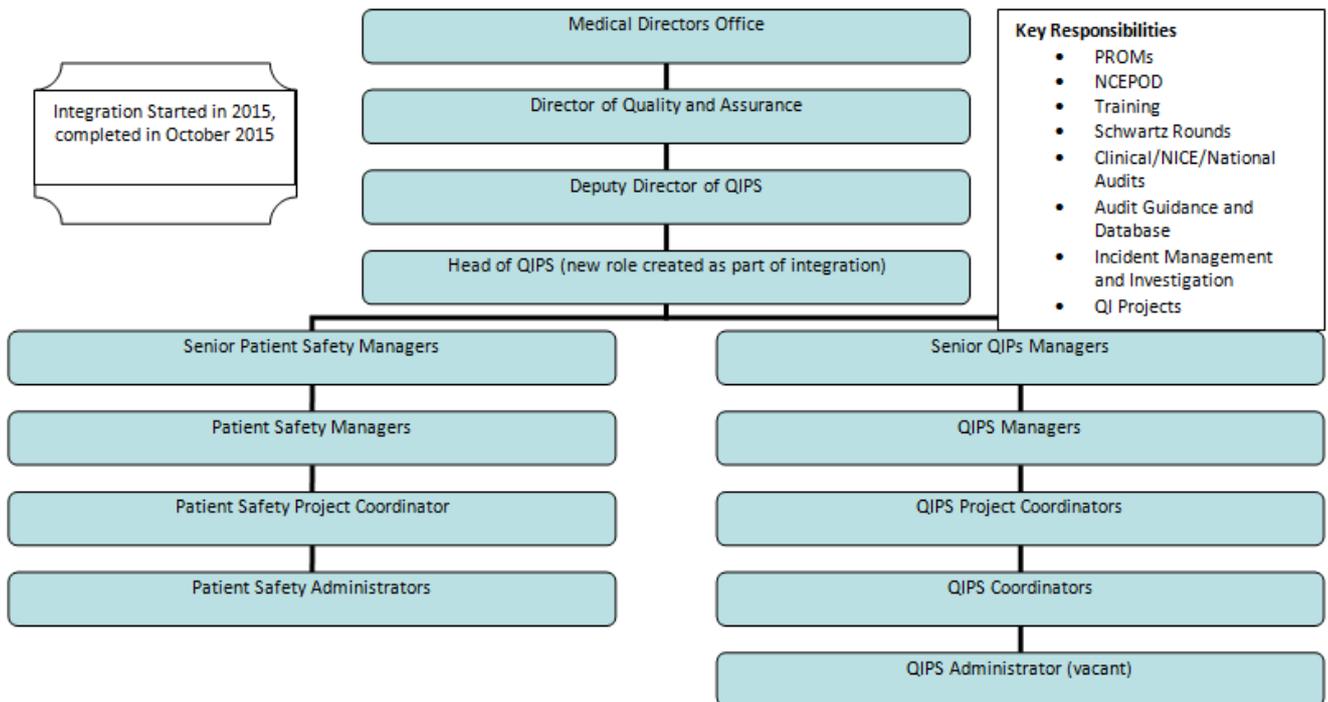
The group agreed to use templates previously circulated by AJ to the group to create diagrams of Trust structures and share/present these back to the group.

#### St George's (Corporate Nursing)



KH reported that the Clinical Audit and Effectiveness Team sits within Corporate Nursing, it is overseen by the Chief Nurse. The Team consists of 3 Clinical Audit Facilitators, 1 Clinical Audit Database Tech and 1 Clinical Audit Assistant. The Team feeds into the Clinical Effectiveness and Audit Committee and the Patient Safety Committee. Roles and responsibilities include: strategy, the audit programme, databases, training, project support, reporting to the Board, NICE implementation, NCEPOD, Dr Foster Work, MMC, Safety Thermometer and PROMs. The Team is not currently integrated with the Risk or Quality Improvement Team. Strengths were noted to be: flexibility, support, wide view, experience and skills. Challenges were noted as: unclear boundaries, unclear reporting accountability, duplication and links to other teams.

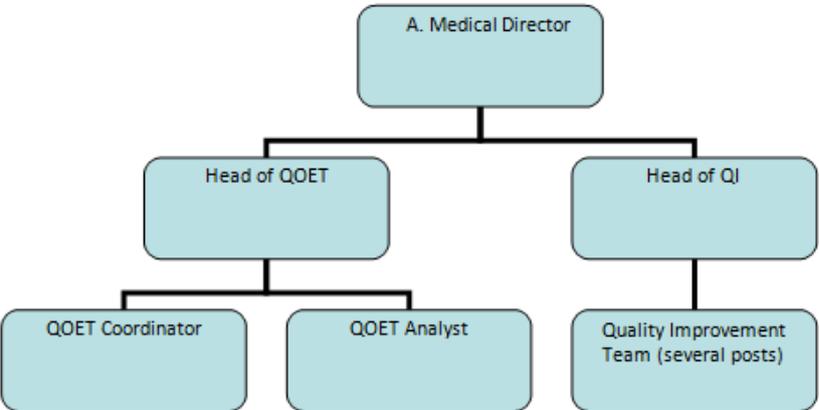
**GSTT (Medical Directorate)**



JG informed the group that the Patient Safety and Quality Improvement Team were now fully integrated. The Team sit within the Medical Directors Office. A new role was created as part of the Integration - Head of QIPs who oversees the following positions: Senior Patient Safety Managers, Patient Safety Managers, Patient Safety Project Coordinators, Patient Safety Administrators, Senior QIPs Managers, QIPs Managers, QIPs Project Coordinators, QIPS Coordinators and a QIPs Administrator. Key responsibilities for the Team include: PROMs, NCEPOD, training, Schwartz Rounds, Clinical/NICE/National Audits, audit guidance and database, Incident management and investigation and QI Projects. Strengths of the Team were noted as: staff skill sets being better-rounded, the integration has been viewed positively. The group discussed whether some responsibilities end up being prioritised over others due to the size of the Team. FB reported that some tasks are being carried out more routinely within the integration i.e. monitoring Datix. At GSTT a Maternity Flash Card Quality Improvement Project is going to be rolled out to Antenatal Services ensuring ownership is taken on at local levels.

**East London NHS Foundation Trust (Medical Directorate)**

- Roles and Responsibilities**
- Performance
  - Policies/Guidelines
  - Clinical Audit: local/directorate/National
  - Audit Strategy – HQIP
  - CQUIN
  - PREM and FFT
  - PROM
  - Ethics Approval
  - SUISA
  - Assist with Quality Improvement data



OM explained that the Quality Outcomes and Effectiveness Team (QOET) sits within the Medical Directorate and is overseen by the Associate Medical Director. The Team consists of the Head of QOET, the QOET Coordinator and the QOET Analyst. Main responsibilities for the QOET include: performance monitoring, policies and guidelines, clinical audit (local/directorate and national), The Audit Strategy, CQUINs, PREM, FFT, PROMs, ethics approval, SUISA and assistance with quality improvement data. The QOET are not integrated with the Quality Improvement Team however do provide analytical support.

The group discussed approval processes for audit projects which varied between Trusts. Some Trusts have a system whereby every audit project must be approved whereas others do not (although registration is encouraged). The group discussed the difficulties involved in approving all audit projects on an individual basis (i.e. staff not applying for approval and capacity). FB informed the group that GSTT link access to medical notes with project approval to encourage staff to put audit projects through the approval process.

**Oxleas (Medical Directorate)**

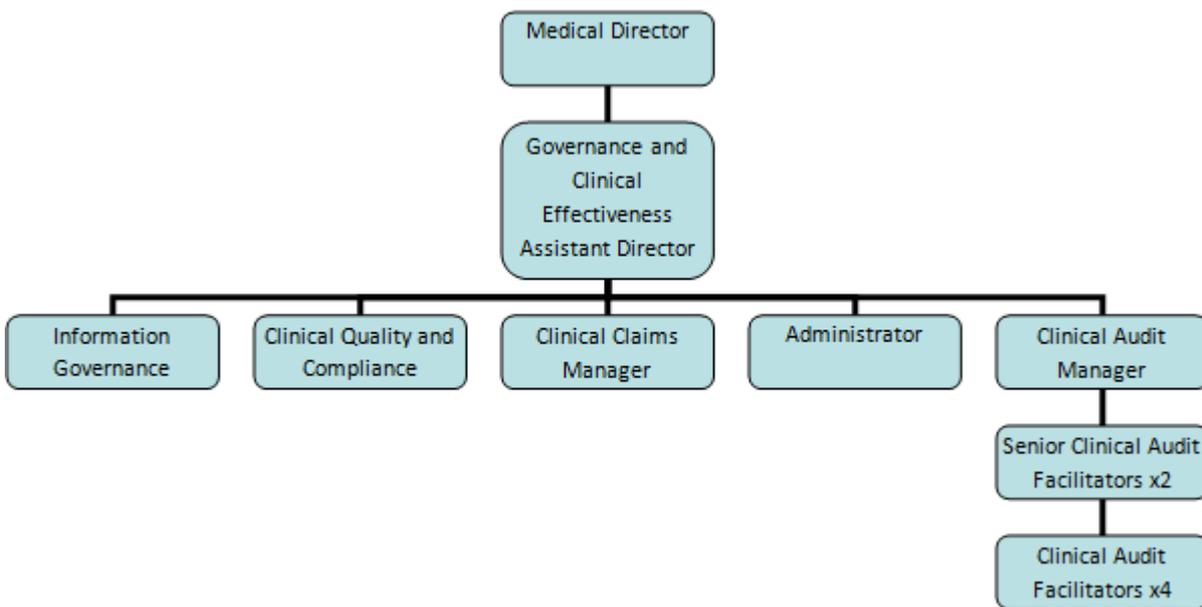


NW informed the group that the Quality and Compliance Team at Oxleas sits within the Medical Directorate. The Team is overseen by the Associate Medical Director and consists of: the Head of Quality

and Compliance, Quality and Governance Managers, Senior Quality and Audit Facilitators, a Clinical Audit Assistant, a Senior Clinical Coder and a Clinical Coder. The Team are integrated with the Risk Team (weekly meetings) and Clinical Coding (sits within the Team). Strengths to this were reported as being able to upskill staff. MH noted former plans for Project Management Training. FB informed the group that her experience of Project Management Training (PRINCE 1 week course) had been positive.

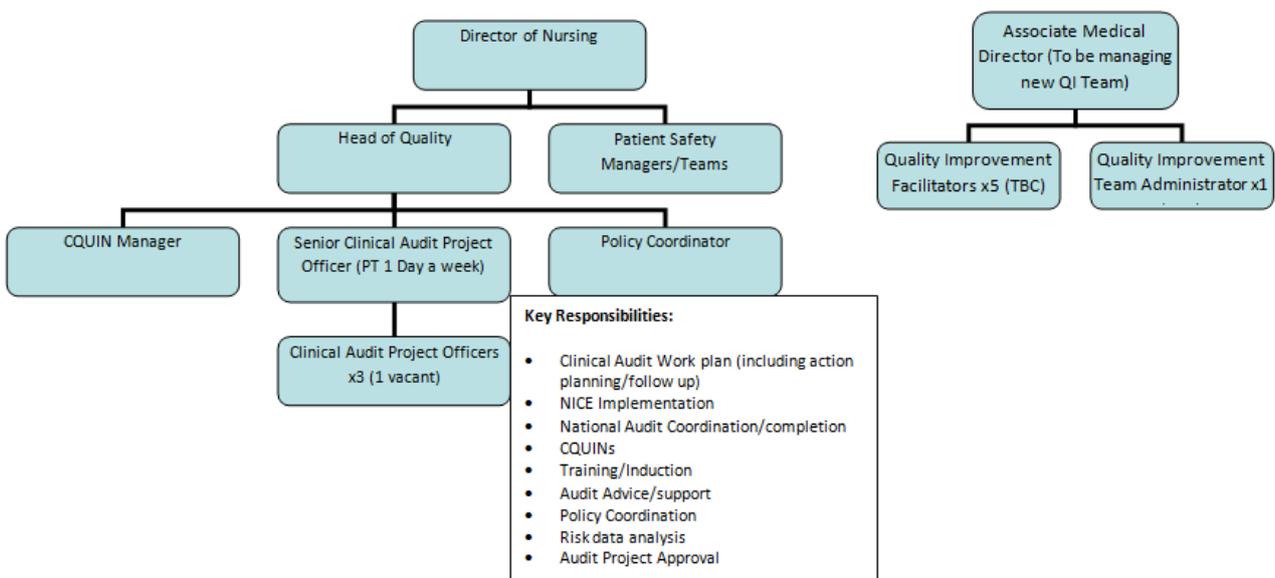
Currently the Quality and Compliance Department are asking directorates for their top 3 priorities which the Quality and Compliance Team will offer support with. National Audits are taken on by a Lead within the Trust.

**Blood and Transplant Service (Medical Directorate)**



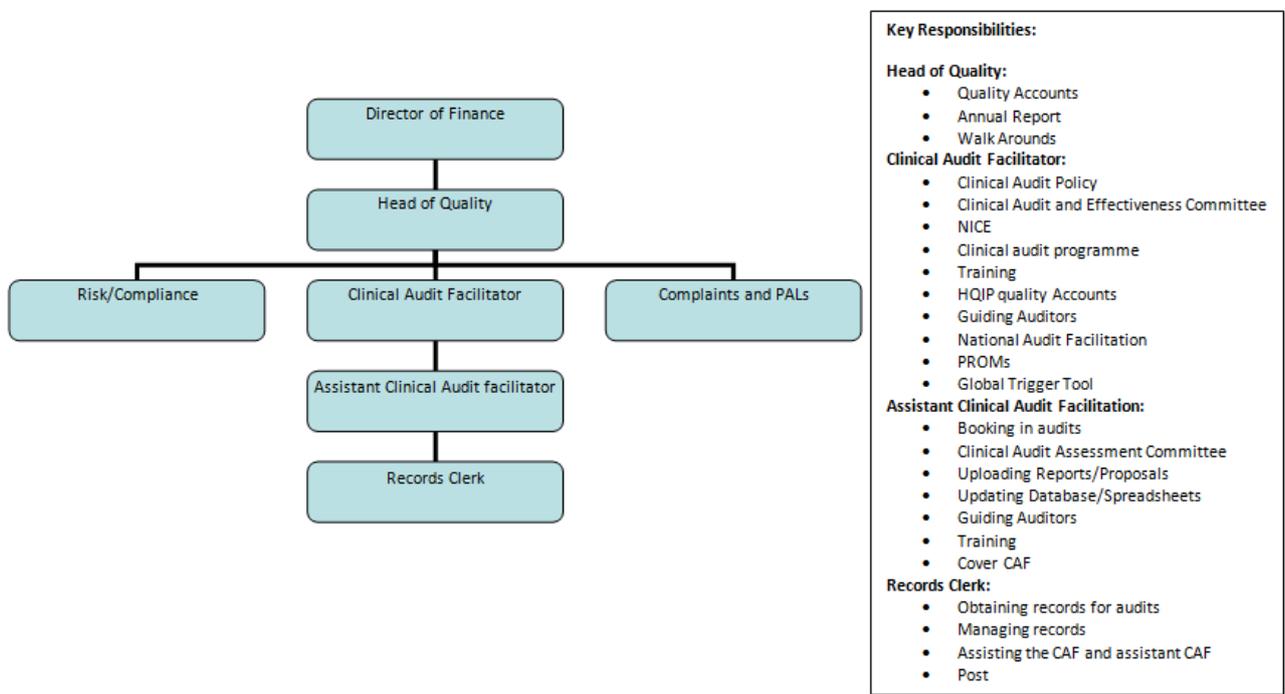
MP informed the group that the Audit Department sits within the Medical Directorate. The Audit Team consists of the Clinical Audit Manager, Senior Clinical Audit Facilitators and Clinical Audit Facilitators. The Team is responsible for audits throughout the Blood and Transplant Service.

**SLaM (Nursing and Education Directorate)**



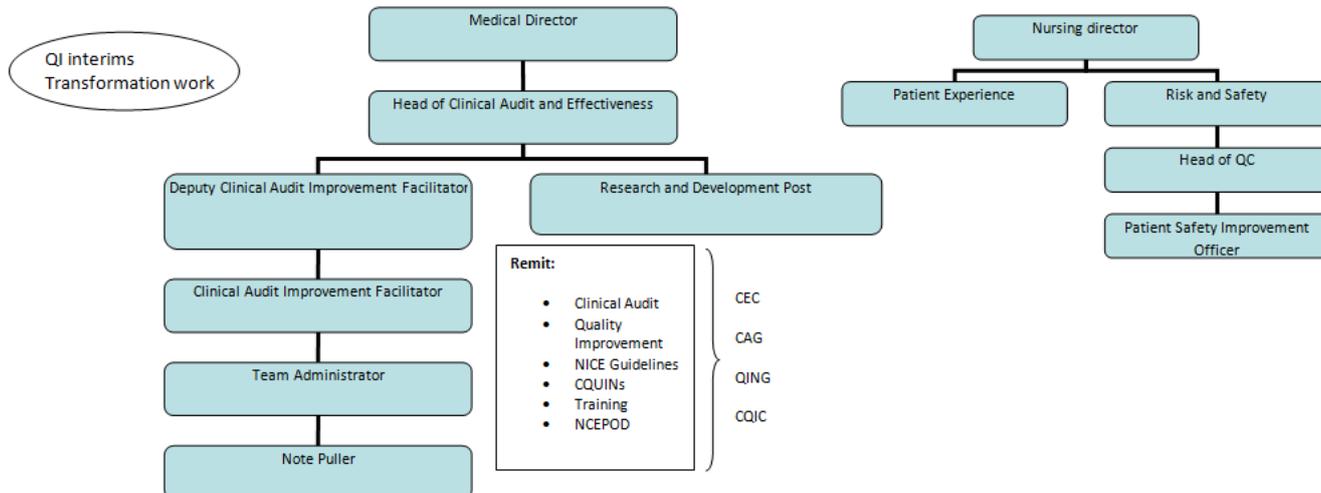
VK explained that the Clinical Audit and Effectiveness Team sits within the Nursing Directorate. The Team consists of: the Head of Quality, the CQUIN Manager, a Policy Coordinator, a Senior Clinical Audit Project Officer and 3 Clinical Audit Project Officers. Key responsibilities for the Team include: the Clinical Audit Work Plan, NICE Implementation, National Audit coordination and completion, CQUINS, training and Induction, audit advice and support, Policy coordination, risk data analysis and audit project approval. Currently the Team are not integrated with the Patient Safety Department (although the Patient Safety Department inform the Audit Work Plan). There will be a new Quality Improvement Team in SLaM which will sit within the Medical Directorate. The Clinical Audit Team is hoping to work with the QI Team in order to inform what QI projects might take place. Strengths were noted as a close working relationship with other Audit Project Officers. Challenges were noted as a less holistic skill set (i.e. further QI training such as Lean and Six Sigma). VK noted that there may be the possibility of further QI training from the new QI Team.

**Moorfields Eye Hospital (Director of Finance)**



CK reported that the Clinical Audit Team sits under the Director of Finance. The Team consists of: the Head of Quality, a Clinical Audit Facilitator (CAF), an Assistant Clinical Audit Facilitator and a Records Clerk. Collectively the Team is responsible for: Quality Accounts, the Annual Report, walk arounds, the Clinical Audit Policy, the Clinical Audit and Effectiveness Committee, NICE implementation, the Clinical Audit Programme, training, HQIP Quality Accounts, audit guidance, national audit facilitation, PROMs, the Global Trigger Tool, the Clinical Audit Assessment Committee, Uploading reports/proposals, updating databases/spreadsheets and obtaining/managing records for audits.

## Kingston Hospital



AJ explained that the Clinical Audit and Effectiveness Team at Kingston sits within the Medical Directorate. The Team has recently incorporated quality improvement. The Team consists of: the Head of Clinical Audit and Effectiveness, Deputy Clinical Audit Improvement Facilitator, Clinical Audit and Improvement Facilitator, a Team Administrator and a Note Puller. The Teams remit includes: clinical audit, quality improvement, NICE Guidelines, CQUINs, training and NCEPOD. Patient Experience, Risk and Safety sit within a separate Directorate (Nursing). Strengths were noted as: having a good overview of clinical audit and quality improvement (avoiding duplication and helping cohesion), a clear identity, clinical audit still being important within the Trust and all projects being registered to the CAET system in place. Challenges include: a lack of communication with other teams, finding a balance between clinical audit and quality improvement, lack of cohesion (issues getting lost between risk and clinical audit, quality improvement interims means a lack of communication) and learning new quality improvement project skills.

#### 4. Membership and distribution update

The membership list was circulated to the group, attendees made relevant comments in order that that membership list can be amended.

**Action:** Membership List to be amended accordingly

#### 5. Sharing and Learning Session Continued: Development of the role of Clinical audit to a wider Quality Improvement Remit

Please see item 3

#### 6. Update from NQICAN and HQIP

AJ presented the autumn NQICAN update:

Carl Walker (Audit Manager at Leicester) has been appointed the new NQICAN Chair.

#### NAGCAE Update:

The Quality Accounts Methodology is going to be revised.

Clinical audit professional to be recruited for along with 3 other posts

There will be changes to procurement for the National Clinical Audit Patient Outcomes Programme (NCAPOP)

Methodological Research is likely to go ahead

**Update:**

NQICAN is to be represented at a workshop hosted by the Academy of Medical Royal Colleges – “Quality Improvement – Training for Better Outcomes” and the HQIP Advisory Group meeting: whose role is it?

**Communication Strategy:**

NCAF has been disbanded (relevant material can be found on the NQICAN website and the General Secretary has a file of historic documents)

**HQIP /CQC Project Steering Group:**

Kat Young and AJ will be representing NQICAN at the HQIP/CQC Project Steering Group:

- NCAPOP audit results are being prioritised for use in future inspections.
- Joint work is being carried out on the 5 metrics for each NCA (in draft). They are to be ratified by the NCA Steering Group.
- The next meeting is on 17th December 2015

**HQIP Commissioning workshops:**

HQIP held Commissioning Workshops in September and October with CCGs and CSUs to see what guidance HQIP could produce in order to support the use of national and local clinical audit in commissioning.

**Events:**

The “Clinical Audit for Improvement Conference” was held in October. Kat Young (NQICAN Chair) delivered: “Developing an effective local quality improvement clinical audit programme and supporting staff to deliver quality care”. Stuart Metcalfe (SWANs Chair/NQICAN Member) delivered: “Delivering change as a result of clinical audit findings”

**Training:***The Smith Review:*

AJ explained that the Smith Review is a review of leadership, development and improvement in the NHS. AJ noted some of the key areas within the review as: NHS IQ ceasing to exist, 15 Academic Health Science Networks will coordinate quality improvement activity, there will be a small national team to provide leadership expertise and support. The NHS Leadership Academy will take a key role in developing improvement skills with a focus on linking quality improvement with research.

Other areas of the review include: Clinical Senates are to have a role in supporting change, there is a need for clarification of roles of Clinical Networks and Academic Health Science Networks, The model is self-sustaining where organisations and systems build their own capabilities but are held accountable for progress, the partnership between the NHS Leadership Academy and Health Education England (HEE) is to be strengthened.

*The Q Initiative:*

AJ explained that the Q Initiative is led by the health foundation and supported by NHS England. The aim of the Q Initiative is to connect people who are skilled in improvement in order to share ideas and skills. There are currently a number of participants helping to design and test Q during 2015. A wider recruitment process will begin in 2016.

Other training resources were noted as:

- The welsh approach (included in slides)
- QI training options table (included in slides)
- QI Fundamentals course (began in September 2015)
- Change Challenge
- HQIP Guide to QI Methods

**Role of Networks:**

The importance of Networks for sharing and learning was highlighted.

The Health Foundation's "Effective Networks for Improvement", the Berwick Report and the School for Health and Care Radicals were noted.

The following documents were signposted:

*The Audit Committee Review for NHS Organisations Maturity Matrix*

*The Good Governance Guide (HQIP)*

*The Audit Guide (HQIP)*

<http://www.good-governance.org.uk/publications/>

**7. Any other Business**

AJ informed the group that:

- The National Clinical Audits are out to tender, there is a view to make NCAs more evenly distributed as many of the NCAs fall within the Acute setting.
- The Consultant Outcomes is being driven by audit.
- Information Governance guidance is in production regarding temporary staff carrying out audits.

**8. Date of next meeting**

~~9<sup>th</sup> February 2016, 10:15 – 13:30~~, Friday 15<sup>th</sup> April 2016, 0930-1230 St George's Hospital, SW17 0QT