South and East London Clinical Audit and Improvement Network (SELCAIN)
Minutes of meeting held 23rd September 2015

Present:

Anne Jones (Chair)	AJ	Kingston Hospital NHSFT
Sylvia Tan	ST	The Royal Marsden NHST
Karamjeet Chana	KC	East London Foundation Trust
Sukhjit Sidhu	SS	Kingston Hospital
Mike Patel	MP	NHS Blood and Transplant
Lucy Boden	LB	East London Foundation Trust
Adeel Malik	DM	East London Foundation Trust
Funmi Buraimoh	GR	Guy's and St Thomas'
Maninder Heire	MH	Oxleas NHS Foundation Trust
Julia Miller	JM	Barts Health NHS Trust
Kate Hutt	KH	St George's University Hospital
Janet Campbell	JC	St George's University Hospital
Mallissa Edward	ME	East London NHS Foundation Trust

In attendance:

Sally Fereday	SF	HQIP

Apologies:

Nathalie Celestin (Lewisham and Greenwich), Sheriece Bracey (Hounslow and Richmond)

1. Welcome and apologies:

AJ welcomed everyone to the meeting. Apologies were noted as above. AJ introduced SF, author of HQIP's guide to Quality Improvement Methods.

2. HQIP guide to Quality Improvement Methods:

SF informed the group of the Improvement Fundamentals online course. If participants would like to receive the certificate, modules should be completed in 9 weeks.

SF went on to explain this was the most used and downloaded guide that HQIP has produced. Its purpose is to signpost those working, using healthcare services, commissioning and leading with a broad range of quality improvement programmes.

SF talked though the different sections in the guide as follows:

Quality framework
1. Bring clarity to quality
2/3. Measure and publish quality
4. Reward quality
5. Leadership for quality
6. Innovate for quality
7. Safeguard quality

Patient involvement in QI

Patient's involvement could provide insightful information to healthcare providers in treatment/procedures used. SF gave an example of where patient involvement led to the development of designing better nursing notes.

Collaboration between different service users/clinicians/audit networks can provide valuable insight into QI projects.

Literature review in QI

Best practice in QI is reviewing latest research particularly within healthcare. Literature reviews will help in identifying trends and predicted future developments often being strong evidence based sources of information.

Plan, Do, Study, Act (PDSA)

Here SF stressed the importance of small cycles of data collection to 'test' the actions being taken, before the next action is implemented.

Model for improvement

The Model for Improvement is similar to the PDSA cycle but starts with three questions:
- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in improvement?

Lean/Six sigma

Analyse health care system to eliminate waste – remove defects from processes. Examples of reducing waste could be reducing physical work; transport – would it be possible to treat patients on site; Overproduction, products which may be set up and put in place but never used.

Performance benchmarking

Rising awareness of local and national performance targets and finding and sharing best practice.

Healthcare failure modes and effect analysis (HFMEA)

Systematic evaluation process for QI. It allows the breakdown of processes by the multidisciplinary team and allows risks to be evaluated at each stage.

Process mapping

Maps the patient journey to identify QI opportunities.

Root cause analysis

Uncovers the physical, human and latent causes of events affecting quality. Root cause analysis allows identification of adverse events which occur. This can also predict possible events before they occur. A fishbone cause and effect diagram is a useful tool in root cause analysis.

Remote technology

This allows tasks to be done at home by patients, particularly those who have long term conditions, such as checking blood glucose levels. This also normalises conditions for patients.

Decision trees

Are used to improve the quality and consistency of healthcare processes and the decisions taken as part of these processes.

Questions:

AJ asked whether there were any other methodologies that could have been put into the report. SF explained there were many more; however these were the main ones and it wasn't possible to include them all.

AJ also noted that QI is no more evidence based than clinical audit was when it was introduced. SF explained more evidence is being gathered to prove the success of QI methodology.

3. Round Table:

St George's University Hospital

Following authorisation as an FT in February trust finances have become increasingly challenged and Monitor have therefore been working with the trust to look at performance, including clinical targets as well as financial. PWC completed their investigation on behalf of Monitor and we are now in Turnaround, supported by KPMG.

East London NHS Foundation Trust

The Trust's current aim is decreasing waiting times and increasing beds available for patients. They are aligning clinical systems for audits/QIPs such as POMS to allow easy data input for clinicians. Doing a number of local/trust/direct audits.

The Royal Marsden NHST

The Royal Marsden are currently reviewing their clinical audit policy and involving junior doctors in clinical audit and local service evaluation policy (annual review).The Trust has set up a monthly *The Innovation Forum* which operates as a clinical quality and service improvement group which provides support to Trust staff in the promotion and sharing best practice.

Guy's and St Thomas'

Just had CQC visit - 7-10th September. CQC asked for:

- National audits and last two years of QIP as well as training for audit leads which is done 3-4 times a year
- Root cause analysis
- Compliance with NICE
- Committee structure
- Interested in getting PROMS information

CQC did not come to the audit team.

Oxleas NHS Foundation Trust

KPMG clinical audit internal review has recently taken plac Oxleas recently joined with community mental health, therefore new update of RIO on iPads is in progress.

Barts Health NHS Trust

Making improvements from CQC inspection.

NHS Blood and Transplant
Re-advertised two posts
Celebrating their 10th anniversary
Just made their Donor portal available online

4. Sharing and Learning Session on QI and clinical audit training

ME's presentation

ME talked about East London's aim to provide the highest quality mental health and community care in England by 2020. To achieve this they are firstly looking at building the will (launching events and roadshows, microsite, networking with champions/ambassadors). The next focus is looking at building improvement capability (initial assessment of alignment and capability, recruiting QI team, online training). The next stage is alignment (align projects with improvement aims/patient and carer involvement in all improvement work). Lastly the focus is QI projects.

Pocket QI training is suitable for individuals involved in QI or wanting to learn more. This is a 4 month course composed of 4 modules in a class room format, as well as carrying out a 3 day training session.

FB's presentation: Clinical Audit and other tools for Quality Improvement

FB starts QIP and clinical audit training at Guy's and St. Thomas' by initially explaining the difference between research, clinical audit, service evaluation and QI.

FB then goes onto explain the clinical audit objectives and standards, identifying stakeholders and who is involved.

Clinical audit data and data collection tools are then explained. A tea break follows whereby participants are asked to draw the audit cycle and prizes are available. This is followed by an explanation of report writing, problem solving and action planning.

FB talked about how re-audits of standards that were not met are carried out, this makes the process quicker.

A marshmallow challenge is also carried out. Teams have 18 minutes to build the tallest tower possible with a marshmallow on top. This emphasizes the PDSA cycle.

5. Update from NQICAN and HQIP

AJ noted that the annual 2014-2015 NQICAN annual report had been published. NQICAN met quarterly with good representations from 14 out of the 15 regional networks.

Achievements in 2014/15:

- NQICAN worked to identify/address and highlight to organisations such as NHS England, HQIP and NAGCAE, including issues:
  -Leadership to help develop a culture of continuous improvement and empowerment of CA/QI.
  -concerns around access for training for clinical audit staff on the model for improvement training

-List of NCAs for inclusions into the quality accounts and how the impact of the audits of audits can be maximised.

- The following initiatives implemented:
  -3 conference plenary sessions
  -Promotional stand at the Patient First Conference and HQIP conference
  -NQICAN website going live
  -Twitter updates (@nqican)
  -Quarterly presentation slides
  -Information cascades

-Support regional network chairs and relevant others in the development of regional networks
-Reviewed foundations publication "Effective networks for improvement" – allowed reflection on the benefits and purpose of NQICAN and regional networks.
-Concerns over no representation from the North East at HQICAN meetings and whether the network is active.
- Regular telecoms were set up to enable NQICAN member's regional network for learning and sharing.

- Engage, influence and be a point of contact for key organisations such as HQIP, NHS England and NICE.

- NHS England
  -NQICAN has provided construction feedback in relation to Quality Accounts and CQUIN development

- NAGCAE
  -Challenges facing CA and QI staff have been highlighted with regards to governance and concerns about consenting of patients for clinical audit.

- HQIP
  -NQICAN have provided constructive feedback on various guidance documents including information governance guide for CA. NQICAN will be represented on the HQIP/CQC project steering group.

- Royal colleges/Academy of Medical Royal Colleges
  - NQICAN has requested HQIP requires NCAPOP national audit providers to use generic contact address so all communication relating to national audits reaches the CA/QI team.

- Supporting the development of national clinical audit
  - NQICAN reviewed the national clinical audit assessment framework that is now being completed by national audit providers.

- Working to align CA/QI and improvement science
  - HQIP will be developing a signposting document for QI methods

- Next steps 2015/16 plan:
  -Continuous improvement culture: contribute to wider work to develop common language, approach, leadership, behaviours and skills

-Capability – up-skill workforce through learning, development, sharing best practice, what works and how

-Champion – CA and QI

-Collaborate – support and develop closer links with Academic Health Science Networks (AHSNs). Work with HQIP, NHSE and NAGCAE to further develop national clinical audits/national audit programme strategy.

- Communicate – exploring way to engage staff unable to attend meetings. Keeping website up to date, working to drive engagements with those in CA/QI including charities, hospices, private sector.

6. Any other business

No other business

7. Date of next meeting

ST to book room for next SELCAIN meeting end of November at the Royal Marsden Hospital, Chelsea.