YEARN: Yorkshire & Humber Effectiveness and Audit Regional Network

Minutes of the meeting held on Monday 12 September 2016, 10:00 to 12:00
In the Boardroom at Rotherham General Hospital
Moorgate Road, Rotherham, S60 2UD

Present:

Vicky Patel (Sheffield Teaching Hospitals NHS Trust) (Chair)
Rebecca Wixey (Harrogate & District FT) (Minutes)
Chas Harrison (Doncaster and Bassetlaw Hospitals NHS Foundation Trust)
Sandra Halstead (Mid Yorks)
Joanna Shinners (Bradford District NHS Care Trust)
Katy Campbell (Rotherham General Hospital)
Stuart Nicholson (Leeds Teaching Hospitals Trust)
Sue Marshall (ANHST)
Julie Michelowski (NHS Digital – formerly HSCIC)
Lisa Pennington (Northern Lincolnshire and Goole)
Steven Baines (Northern Lincolnshire and Goole)
Simon Joseph (Bradford Teaching Hospitals FT)
Bev Ryton (Sheffield CCG)
Claire Scotter (York Teaching FT)
Elizabeth Day (Leeds & York Partnership NHS FT)
Philippa Collins (Rotherham FT)

No	Item	Action
41/16	**Apologies:** Jan Micallef (Barnsley Hospital NHS Foundation Trust) Adam Mosley (The Retreat, York) Denise Dobb (RDASH) Helen Blenkinsop (Leeds Community Healthcare NHS Trust) Gillian Laurence (NHS England) Mandy Smith (HQIP) Marc Lyon (NHSBT) Nicki Sparling (East Riding CCG) Su Davis (Humber NHS) Terry Matthews (CHT) Tracy Latham (Leeds Beckett) Rachel Garrison (Rotherham CCG) Debra Canning (Sheffield Children's Hospital NHS Trust Hazel Baxter (South West Yorks FT) Rajinder Johal (Northern Lincolnshire & Goole NHS FT) Jacky Meehan (Calderdale & Huddersfield FT) Gemma Fowler (Locala Community Partnership) Laura Schuller (Sheffield CCG) Lynn Marshall (Humber NHS FT) Susie Maguire (St Anne's Community Services) Sue Cross (Sheffield Children's Hospital)	
42/16	**Minutes of the last meeting:** The minutes of the meeting held on Thursday 14 July 2016 were approved as a true record.	

43/16	**Matters arising (not elsewhere on the agenda)**	
	33/16 – Vicky agreed to follow up with Jan as to whether she had been able to find a suitable venue for the December meeting. Post meeting note: a suitable venue has been identified in York.	VP/JM
		VP/JM
	33/16 – Figures on NQICAN funding for 2017/18 still outstanding. Post meeting note: the budget for the network remains at £520. The monies will be used to fund the venue and event for the December meeting.	VP/JM
	34/16 – Vicky agreed to follow up with Jan regarding sourcing QI training for the December meeting.	VP/JM
	34/16 – Vicky agreed to follow up with Jan re: the mailing list for NQICAN.	VP
	34/16 – Stuart confirmed that the HQIP guidance document from January 2016 on quality accounts lists and participation/non-participation in national audits had been circulated to the group for information. The document suggested that Trusts should not base their national audit participation solely on the quality accounts list because they may fail to meet their statutory and mandatory obligations in relation to clinical audit. Action completed.	
	35/16 – the HQIP consultation documents were distributed following the last meeting. Action completed.	
	37/16 – Chas agreed to send round the distribution list after the meeting. Post meeting note – this has now been distributed. Action completed.	
44/16	**Standing item – Finance** As noted under matters arising, the figures on NQICAN funding for next year were still to be circulated. Chas Harrison fed back that as far as he was aware, the financial position was unchanged since the previous meeting.	
45/16	**Standing item – update from the National Quality Improvement and Clinical Audit Network (NQICAN)** The NQICAN meeting was due to be held on 21/09/2016 and as such there was no update available for the current meeting. An update would be circulated to the group once available.	
46/16	**Standing item – update from the Healthcare Quality Improvement Partnership (HQIP)** No update had been provided from Mandy Smith on behalf of HQIP. Vicky agreed to follow this up with her.	VP/MS

47/16	**Standing item – open forum (Q&A and updates from YEARN members)**	
	47a) Non-participation of QA/NCAPOP	
	Steve Baines queried whether anyone had experience of not participating in NCAPOP/quality accounts audits. NLAG were currently experiencing difficulties with participation in the national Diabetes Inpatient Audit due to difficulty with resourcing the data collection. They had received guidance from the audit provider that they did not have to participate, but HQIP guidance states that Trusts are required to participate in relevant NCAPOP audits as outlined in the standard contract. Systems of escalation were discussed and due to the contractual requirement it was suggested that a discussion may need to be held with the planning/contracting team as well as relevant members of the exec team.	
	Lisa Pennington raised the issue of difficulties with the Ophthalmology database due to not having an electronic patient record which was making data collection problematic.	
	A number of Trusts had examples of where they hadn't participated in national audits for reasons such as a lack of clinical or administrative resource in teams and incompatible IT systems. In all cases the Trusts had made this non-participation explicit in the quality accounts. It was felt that valid reasons would probably be taken into consideration but the Trust would need to be able to justify their position.	SH
	Sandra commented that Mid Yorkshire they had recently had a national group scrutinising their quality account post-publication and had received a number of questions back on the content around audits. She agreed to find out which organisation it was and feed back at the next meeting as this might be something that other Trusts could expect to receive going forwards.	
	47b) National audit feedback paper	
	Vicky had kindly agreed to present the national audit feedback paper to the next NQICAN meeting on 24/11/2016. It was re-circulated for information and discussion, and to agree the key points which the Network wanted to get across.	
	Things that make national audits good: • When there is good communication from the audit providers to Trusts, including being receptive and responding quickly to feedback/queries • Clear standards • Timely reporting • Being able to view and download your own data submissions • Reports providing executive summaries and clear	

recommendations which assist local action planning
- Generally if the national body is clear on exactly what they are trying to achieve, the audit reports are more focussed and of a better quality.

Issues and things that YEARN would like answers to:
- What checklists are used when planning national audits to check whether data fields are already available elsewhere (uploaded to other systems which could be pulled straight through to the audit dataset)?
- What is the hierarchy of populating data items for any given audit? (Suggested that a list should be published by audit providers)
- Sometimes audits run for a number of years without any standards
- Changes are often made to the dataset after the audit has started which causes problems for local data collection
- Changes made to the instructions/guidance without clear communication to Trusts
- Lengthy time lags to report publication

It was also queried how robust the tendering process was for national audits. It was acknowledged that sometimes there might not be a choice of audit providers, however it was felt that HQIP should still enforce robust rules and if these requirements weren't met, consideration be given to not running the audit.

JuM/December agenda item

Julie Michelowski stated that she would be attending a HQIP workshop on 06/10/2016 where NHS Digital and other national audit providers had been asked to do presentations on their IT systems and set up. Other providers attending were SSNAP, NELA and FFFAP. She agreed to feed back to YEARN at the next meeting. She also noted that HSCIC/NHS Digital had been undertaking some workshops locally to try and improve systems.

47c) 7-Day Working

The 3rd round of the 7-day working case note review was currently underway (though Trusts had more flexibility about which week they chose to audit in this round). It was acknowledged that NHS Improving Quality had engaged with Trusts and listened to their feedback, and made changes in response to comments on the previous round. However, the general feeling was that there may still be some issues with the collection and it was still likely to be a complicated process.

Concerns were raised regarding:

- Non-clinical staff and staff who do not routinely look at medical records having to complete the review which may impact on the validity of results

	- Where timings of clinical review have not been explicitly documented, this will no longer count as meeting the standard even if you know it was within a certain time period - Case notes are to be excluded if the patient did not require consultant review, but the notes will have to be audited to ascertain whether or not that is the case, which means additional notes have to be reviewed - Self-assessment of service provision – this was unlikely to have changed since the previous submission so why are Trusts being asked to complete the same information again? - There are a number of points in the guidance which are for local determination, meaning that results may still not be comparable between Trusts - Despite the change in sample size it remains a significant burden on Trusts particularly if it continues to go ahead every 6 months. It was agreed to add this as an item on the December agenda so that Trusts could reflect on the process after this round of data collection and decide whether some collective feedback could be submitted to NHS Improving Quality on behalf of the Network.	All/December agenda item
48/16	**Standing item – marketing and communications** Chas Harrison noted that he had submitted the YEARN forward plan to NQICAN for inclusion on the website. He asked whether this was a useful thing for him to continue doing; do members access the website or do they prefer to just receive all information via email? It was also queried whether other networks submit to the website and suggested that it may be a useful forum so that networks can see what other networks are doing. Chas agreed to contact the webmaster to see if he could get some information on how many times the page had been accessed in order to determine if it was being used and whether it was worth continuing to submit to it.	CH/December agenda item
49/16	**Any other business** 49a) Joanna Shinners noted that she had recently received an invoice for the NCAPOP audit subscription which she was not aware that her Trust had ever received before. As a mental health and community Trust, the only audit which was relevant was POMH which was usually paid for directly. Colleagues at acute Trusts noted that they did receive annual invoices; some people around the table had received one this year and some had not yet had theirs through. Vicky noted that their invoice was lower than previous years and it was possible that the cost was being averaged out across Trusts. However this would mean that mental health Trusts were disadvantaged by having to pay more for less. It was suggested that Joanna double check with NCAPOP that they would not be paying for subscription to POMH twice.	

	49b) Julie Michelowski queried whether clinical audit teams got involved in other national data collections which were not clinical audits, such as the Breast Implant Registry. It was discussed that different Trusts had different structures/set ups so some clinical audit teams were involved whereas others weren't. 49c) Simon Joseph noted that he was currently writing an options appraisal and would be grateful for any information on the structure or configuration of other Trust's audit teams. 49d) Members were thanked for their help in relation to her recent query that she had made via email regarding the mental health CQUIN. 49e) Stuart Nicholson queried whether any other Trusts had started planning for the national COPD audit 2017 which was changing to an ongoing data collection. It was discussed that there were some concerns about how to identify patients that weren't under the care of the respiratory team, and that coding may be problematic. It was noted that using a COPD bundle as part of the discharge package might help hospitals to identify relevant patients where this was in place. Steve Bains commented that he had attended the recent COPD conference in London and the national team had not been able to provide a definitive steer on this. 49f) Sue Marshall queried whether other Trusts had note pullers within their teams as she was looking at releasing some capacity of their note puller to support other areas of the audit workload. Again, feedback was that this varied between Trusts. Some had their own note pullers, some put money into medical records to support a post, whilst others did not have any capacity and note pulling was shared within the audit team.	
40/16	**Date and time of next meeting:** The date, time and venue of the next meeting are to be confirmed. It is hoped that it will take place in the second week of December in York. Post meeting note: Jan Micallef has surveyed members for the day/time preference for the meeting. An invitation will be sent out in due course.	