



YEARN: Yorkshire & Humber Effectiveness and Audit Regional Network

Minutes of the meeting held on Monday 12 December 2016, 10:00 to 15:00
Quaker Meeting House, Friargate, York, YO1 9RL

Present:

Jan Micallef (Barnsley Hospital NHS Foundation Trust) Chair
Rebecca Wixey (Harrogate & District FT)
Chas Harrison (Doncaster and Bassetlaw Hospitals NHS Foundation Trust)
Adam Mosley (The Retreat, York)
Joanna Shinnars (Bradford District NHS Care Trust)
Sue Marshall (ANHST)
Julie Michelowski (NHS Digital – formerly HSCIC)
Bev Ryton (Sheffield CCG) - minutes
Helen Blenkinsop (Leeds Community Healthcare NHS Trust)
Philippa Collins (Rotherham FT)
Claire Scotter (York Teaching Foundation Trust)
Julia Lake (Leeds Teaching Hospitals) - minutes
Catherine Borrill (Greater Huddersfield CCG)
Lynn Marshall (Humber NHS FT)
Penny Hudson (St Anne's Community Services)

Morning session – 10:00 to 12:30. Training:

Maureen McGeorge, the Improvement Manager from the Improvement Academy (part of Yorkshire and Humber AHSN) delivered Quality Improvement (QI) training to YEARN members. The training was entitled, 'Getting ready to improve: an introduction to the 'whys and wherefores'.

This was an interactive workshop exploring various QI methods and how they can be applied in practice. The Powerpoint slides and the supporting paper have been circulated to all YEARN members.

The YEARN meeting broke for lunch at 12:30.



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Afternoon session – 13:00 to 15:00. YEARN meeting:

No	Item	Action
51/16	<p>Apologies:</p> <p>Vicky Patel (Sheffield Teaching Hospitals NHS Trust) (Chair) Sue Cross (Sheffield Children's Hospital) Simon Joseph (Bradford Teaching Hospitals FT) Stuart Nicholson (Leeds Teaching Hospitals Trust) Sandra Halstead (Mid Yorks) Gillian Laurence (NHS England) Marc Lyon (NHSBT) Nicki Sparling (East Riding CCG) Su Davis (Humber NHS) Rachel Garrison (Rotherham CCG) Rajinder Johal (Northern Lincolnshire & Goole NHS FT) Jacky Meehan (Calderdale & Huddersfield FT) Gemma Fowler (Locala Community Partnership) Susie Maguire (St Anne's Community Services) Elizabeth Day (Leeds and York Partnership) Linda Daniel (NHS England) Alison Roe (HSCIC) Rachel Neish (Yorkshire Ambulance Service)</p>	
52/16	<p>Minutes of the last meeting:</p> <p>The minutes of the meeting held on Monday 12 September 2016 were approved as a true record.</p>	
53/16	<p>Matters arising (not elsewhere on the agenda):</p> <p>34/16 – Vicky agreed to follow up with Jan re: the mailing list for NQICAN. Jan will follow this up with Vicky outside the meeting.</p>	VP/JM
54/16	<p>Standing item – Finance:</p> <p>The full year funding available is £520. The training has been provided free of charge today, but once the costs of £270 for room hire, equipment and refreshments have been settled, this leaves the group with £250.</p> <p>The group were happy with the venue, so one option could be to utilise remaining funds for future meetings at this location.</p>	
55/16	<p>Standing item – update from the National Quality Improvement and Clinical Audit Network (NQICAN):</p> <p>Vicky was unable to attend the meeting to update the group on the outcome, but had phoned into the teleconference with other NQICAN colleagues. Vicky had updated the group on the paper compiled by the sub-group on national audits. Rebecca and Jan both reported that the paper had been well received and were awaiting a response from HQIP, but had no further information. A more detailed update from Vicky will follow shortly.</p>	VP



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	<p>The NQICAN draft annual report has been compiled, but is still embargoed at the moment. It will be circulated when available. (Post meeting note: the annual report has now been published and circulated – 15/12/16).</p> <p>Members of YEARN had no further questions for Jan to raise with NQICAN.</p>	
56/16	<p>Standing item – update from the Healthcare Quality Improvement Partnership (HQIP):</p> <p>Mandy Smith has now retired from HQIP. The group would formally like to minute their thanks to Mandy for her contribution to YEARN over the past several years, her input and expertise have been invaluable.</p> <p>Tosin Eniade has replaced Mandy, but may not be available to regularly attend meetings.</p> <p>In order to ensure members remain up to date, it was suggested that everyone signs up to receive the HQIP newsletters.</p>	All
57/16	<p>NELA – Regional quality improvement workshop – Rebecca Wixey:</p> <p>Details of the workshop had been circulated with the agenda. This is a one off workshop in 2017, which will be free to delegates to attend. All NELA require is a venue and they will arrange speakers etc.</p> <p>The group discussed this opportunity and agreed it would be beneficial to hold a workshop based on a regional footprint to give everyone the opportunity to attend. Jan will liaise with her colleagues to look at the possibility of using Barnsley Hospital facilities.</p>	JM



<p>58/16</p>	<p>National Diabetes Foot Audit (NDFA) and fair processing for national audits – Julie Michalowski:</p> <p><u>58a) NDFA</u> The NDFA is a consent audit as it uses patient identifiable data. Gaining individual patient consent is best practice, but if this is not feasible or realistic, trusts can utilise Section 251 for national audit, which is a temporary arrangement to enable the collection, storage and analysis of data. The consent model is being utilised for NDFA because patients come into clinic so are available in person to give consent for their identifiable data to be used. The NDFA is a continuous data collection (now in its second year) and patient identifiable data is required so the patients can be tracked long term and data can be linked to other national projects eg national vascular audit. It is hoped that from April 2017, NHS Digital will have ‘directions’ in place that will enable them to collect the data required without having to gain consent. This is not guaranteed at the moment. NHS Digital is also developing database functionality which will enable trusts to see and readily access their local data and to extract/download results.</p> <p><u>58b Fair processing for national audits</u> This relates to the Data Protection Act (DPA). As a matter of routine clinicians should be telling patients that their data is used for national audits and asking permission. Some of the national audits have this covered and patients are given information but this doesn’t happen systematically. Julie asked the question, “What are trusts doing to make patients aware of the use of their data for national audit”? Feedback from the group highlighted variation in practice that is dependent on the type of service, levels of clinical engagement and involvement and duration of the audit. The variation is as Julie suspected, but advised that trusts need to make patients aware otherwise they are contravening the DPA.</p>	
<p>59/16</p>	<p>Annual report - compilation:</p> <p>Jan would begin drafting up the annual report for signing off at the March meeting. Jan will inform members if they are required to complete any specific sections.</p> <p>Jan would like everyone to begin thinking about possible work streams for 2017.</p> <p>One possible suggestion was around the role of audit, QI and types of projects being undertaken, changing roles and responsibilities etc.</p>	<p>All (action for March 2017 meeting)</p>



60/16	<p>Standing item – open forum (Q&A and updates from YEARN members):</p> <p><u>60a) Escalation of risks associated with lack of audit team resource</u> Helen highlighted the issues associated with increasing workload versus the decrease in capacity to be able to deliver everything effectively and to a high standard. The group advised her to register this as a risk for the organisation in order to ensure it is acknowledged and cascaded accordingly.</p> <p><u>60b) NICE Implementation Consultant</u> Bev brought it to the group’s attention that Christina McArthur, the current NICE Implementation Consultant for our region, is leaving NICE on the 16 December. As yet there is no replacement announced. This links into discussions ongoing with the members of the NICE Forum that Bev will take this forward with Stuart Nicholson to consider the options available for continuing the forum, roles and responsibilities etc.</p> <p><u>60c) Prioritising participation in national audits at Board level</u> Catherine highlighted issues around the MSDS Maternity data audit which was added quite late to the national audit programme so the trust had not planned to participate. This is seen as a ‘must be done’, but she wanted clarity around when it was ok to refuse to participate. A paper had been produced to update the Board on the pressures within the system, stating that clarity was required on the trust priorities rather than just doing the audits regardless of the value and benefits of doing so. The group suggested that the reasons for non-participation need to be clear.</p> <p>Jan stated that the rules of participation in the national audits for 2017-18 have changed and would check with HQIP to confirm the % participation required of the applicable audits and the potential % increase during 2018-19.</p> <p>http://www.hqip.org.uk/national-programmes/quality-accounts/ http://www.hqip.org.uk/media/HQIP%20Quality%20Accounts%20Guidance.pdf</p> <p><u>60d) NHS Digital</u> Julie informed the group that slide presentations were being developed which could be adapted by trusts, enabling them to enter their own data. This would save time for trusts and be a valuable resource in terms of preparing their own presentations.</p> <p><u>60e) CQC at the Retreat in York</u> Adam updated the group on the latest CQC visit, stating that 16 inspectors had turned up on the first day. The visit lasted four days in total and was very resource intensive, with the CQC focussing heavily on clinical audit policy, procedures, programmes, action plans and improvements to practice. Adam had been involved in the rigorous interview process and had since been involved in submitting additional information to the CQC. This is a sea change from previous visits at which Adam’s involvement had been minimal, so it may be worth organisations thinking about this when preparing for their own visits.</p> <p><u>60f) Quality Accounts (QA)</u> The group discussed the audit data reported within the Quality Accounts, ie</p>	<p>BR</p> <p>JM</p> <p>All</p>
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