

# Greater Manchester Clinical Audit Network (GMCAN)

## 2017/18 Annual Report

In January 2017 the format of the network meetings was changed to reflect the value the members attached to the discussion aspect of the meetings. The focus moved away from speakers, presentations and workshops and centred on discussion topics using a less structured approach. The topic is identified by members usually around specific challenges, implementing best practice in clinical audit or upcoming changes such as the new GDPR. This allows members to 'have their say' and share their experiences, issues and top tips. A round robin finishes off the session when members are able to share 'what went well' since we last met, 'what didn't go well'.

The network had for some years met in the same venue which became unavailable and forced the network to change into rotating venues. In order to encourage attendance which had previously suffered when rotating venues, the whole clinical audit team at the Trust location was invited along.

This was the final year as chair for Michelle Garrett after 7 years to be succeeded by Deborah Kershaw.

### **NW Event:**

The network chair joins with the 3 other NW chairs to pool network resources in order to provide a training event for the whole of the North West. It is well attended and supported by each of the 4 networks.

The 2017 event was held in November and was the 6th year of the event. A range of topics had been covered over the years but this one focussed on "The most important part of the audit cycle is making change" Baker et Al

We shouldn't need to focus any more on how to use clinical audit or what is best practice in clinical audit so the day was built on the assumption that everyone knows this and has the skills. The day was to concentrate on the most important part – change.

Arguable, this is the part that is done very poorly or not done. This is the part that results in the bad reputation that clinical audit has in some corners. When people say clinical audit is number crunching, makes very little difference or goes nowhere – what they are really saying is the change part (the most important part) did not happen. So while we hone our skills in the other areas of the clinical audit cycle, we need to do the same with the change part. This is probably a softer skill and more complex in that lots of people skills such as communication, negotiation and relationships. Although it may be softer, that does not make it less important.

The overall objective of the day was to ensure effective change happens following audit, however in order to achieve this some personal changes may need to occur; e.g. capabilities and traits. The day therefore also included reflection and personality testing. It was fun, challenging and an opportunity to reflect both personally and professionally.

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### REVIEW ONE YEAR – 2017 - IN THE LIFE OF GMCAN

Change in format in 2017

Change in venue – rotating around our member Trusts

Change in minute/notes taking – to go with venue for that meeting.

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FORMAT: it was agreed that the main part of the network meeting would be discussion based on set topics and using the simple questions

- what has gone well
- what has not gone well
- what do you have to say about.....

#### 26 January 2017

- How do you track and monitor outstanding Audit Action?
- How is learning from audit findings shared effectively from the Board to ward level?
- Are other Trusts submitting Renal Register Data?
- How is everyone managing with the amount of NCEPOD / Child Health Review Request audits?

#### 28 April 2017

Discussion topics

##### 5.1 HR - resources to support clinical audit

- what is the make up of your team
- What is your remit, what does it cover

##### 5.2 Training

- What training do you offer or get involved in?
- Do you do it yourself or buy it in?
- What about training for your staff?

##### 5.3 Risk register and clinical audit

- As a Trust do you put all audits with action plans on risk register
- Do you do it as clinical audit or does the clinical team where the audit took place do it

How do you risk rate it? (See item 5.3 next page)

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### 6 July 2017

Discussion topics

#### 5.1 Patient involvement in clinical audit – how?

- What has worked? What have you tried that has not worked? Any tips or pitfalls?

#### 5.2 Training – do you provide training in clinical audit?

- How long does it last? Who is it aimed at?
- Any tips or pitfalls?

#### 5.3 Board Assurance Framework (BAF)

- Is your clinical audit programme linked or aligned with your BAF.
- Share good examples of how

#### 5.4 National CQUIN – Wound Assessment. How is it going?

### 12 October 2017

Discussion topics

- NQICAN forum: 100 post challenge
- Top tip for successful clinical audit
- Does anyone review/update their processes or policies in line with published HQIP documents

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Event in November – mostly good feedback. Aware of heating/cold issue in room.

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#### Attendance

Jan	7
Apr	11 (Bolton team attended – 4 total)
July	12 (Tameside team attended – 7 total)
Oct	7