

Actions Arising from National Quality Improvement (incl. Clinical Audit) Network (N-QI-CAN) meeting held on 2nd September 2021 via MS Teams – DRAFT



Present:

Carl Walker (N-QI-CAN Chair)	Sarah Chessell (N-QI-CAN General Secretary)	Rebecca Shephard (N-QI-CAN Comms Lead)
Jordan Thompson (NECAN)	Alka Anoop (EECANN)	Catherine Dunn (CLCan)
Laila Gregory (LQICAN)	Guy Whalley (SECEN)	Linda Chadburn (CLCan Co-Chair)
Emma Lofthouse (SCCAN)	Louise Waller (EMCAIN)	Caroline Rogers (HQIP)
Liz Cheal (SCCAN)	Julie Suman (GMCAN representative)	Kim Rezel (HQIP)
Victoria Patel (YEARN)	Leslie Lawson-Kinross (SWANs)	Ian Woolhouse (External presentation)

Co-opted members

Vicky Holliday (Ambulance Trusts)	Joanne Finney (Primary Care Out of Hours)	Florence Enyinnaya (Prison Services)
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Apologies

Janette Hunt (GMCAN)	Sarah Byrne (M-QI-CAN)	Tracy Millar (MEAN)
Diane Lynch (MEAN)		

Supporting papers & presentations for the meeting are available to view on the N-QI-CAN Networking & Sharing Forum (NNSF) - [link](#)

Action Log available on request or via [link](#) (MS Teams) for N-QI-CAN members.

N-QI-CAN Action Notes – 2nd September 2021 meeting (Actions RAG updated as at 02/09/21)

Action Ref	ITEM / ACTION	BY WHOM	BY WHEN	RAG
1	Optional Training on how to use MS Teams for N-QI-CAN		Revised date	
1.1	SC led on a training session on using the N-QI-CAN Teams Channel and the location of useful documents for members to access. The slides will be made available with meeting papers, and it was agreed that Contacts list would be updated and used by regional Chairs for network purposes with the proviso that the list would not be shared with third parties.			
(09.21.01)	09/21 ACTION N-QI-CAN Newsletter contacts list on MS Teams: Regional chairs to update contacts list for their own network, and RS to remove members if notification received that they no longer work in clinical audit	ALL/RS	Sep-21	1

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2	Chair’s welcome and welcome to new co-opted members				
2.1	<p>CW welcomed everyone to the meeting, extended specific welcome to Julie Suman attending on behalf of Janette Hunt, and the new co-opted members: Vicky Holliday (Ambulance Trusts), Joanne Finney (Primary Care Out of Hours) and Florence Enyinnaya (Prison Services).</p> <p>As this is planned to be her last meeting, CW thanked SC for her work over the last few years as General Secretary. LW is also planning to step down from role as regional chair, CW thanked for her contributions and time as EMCAIN chair. LLK is changing roles and will be seeking a replacement as regional chair, CW thanked for time as SWANs chair. Lisa Crowie was not in attendance and will also no longer be taking part in N-QI-CAN meetings for NHS England, CW thanked for her help over the years.</p>				
3	Matters arising incl. review of minutes / actions from last meeting (Paper A)				
3.1	<p>Matters of accuracy for minutes of previous meeting 15th June 2021 (Paper A): the version sent out with the agenda was agreed as accurate.</p> <p>Final version with updated actions to be added to our website after meeting.</p>				
3.2	<p>Election of Chair Process and Vote.</p> <p>Representatives from 10 out of 12 networks present. Following brief presentation on eligibility by the candidate (VP), VP left meeting and discussion was held prior to vote. Some discussion on whether N-QI-CAN governance needs to be reviewed to extend possible pool of candidates or term for officers. Governance also does not cover who should be chair if no one is elected in the current scenario. Unanimous vote agreed VP should be elected new N-QI-CAN Chair by those that voted, and VP re-joined meeting.</p> <p>CW left meeting. Discussion around proposal that CW could act as General Secretary until new one is elected in December meeting. Points were raised around whether this would create more confusion around roles, whether it could be shared between SC/CW, and since SC would have been asked to act as chair if no one had been elected for that role, whether she continue to oversee the role until a new General Secretary is elected in December. Agree SC to continue in “tickover” until end of December. CW re-joined meeting, and was thanked for offer. N-QI-CAN Tweet has gone out to congratulate VP on election as new N-QI-CAN Chair.</p>				
(09.21.02)	09/21 ACTION Election of Chair Process	SC to update governance document to clarify process if no chair elected.	SC	Sep-21	1
4	Officers Update (Paper B):				

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4.1 General Secretary Update

- **Gentle reminder that as Officers we work on your behalf** taking forward the programme. Should we feel that a point needs to be discussed with a wider group we will email you collectively or set up an additional meeting.
- **Right to respond.** Gentle reminder to all members that when individuals are discussed or items taken forward that everyone has the right to respond to comments that are made. Gentle request to consider raising the query with the individual directly.
- **SWANS** – Discussion and support for Chair regarding network moving forward and chair role.
- **EMCAIN** – Chair informed us that standing down after N-QI-CAN meeting (02/09/21)
- **Training available for regional networks** – supported discussion with SCCAN and NECAN Chairs. Document available at: <http://forum.N-QI-CAN.org.uk/viewtopic.php?f=12&t=781>
- **Insight Research Programme Advisory Board meeting** (Health Foundation). SC attends on behalf of N-QI-CAN, has informed group that standing down. Next meeting 4th November 2021. Anyone interested in representing N-QI-CAN at the group please let CW or SC know.
- **SC finishes role 30th September 2021.** Handover document being prepared. **PMN:** SC to cover until Dec 21.
- **Election of Chair** – Support provided regarding a number of queries from eligible individuals and emailed out to all clarifying to ensure all aware.
- **Election of Chair** - Concern raised by an eligible individual that it had been decided that they would not be able to take on the role. SC confirmed “Carl and I are supporting Becca with the process. We remain as officers unable to vote on the new chair and I can assure you that no decisions have been made about you or anyone else being able to take on the role. The decision is made by the regional chairs at the September meeting. Carl and I will support Becca with the sending out of the eligible EOI’s via email through Becca once HQIP have reviewed”.
- **Annual report Activities 2021/22.** Prepared and will be outlined at this meeting and available on our website and the Forum.
- **#CAAW** – in discussion with HQIP regarding outline and move to spring 2022 (date to be discussed at this meeting).
- **FOI #CAAW** – Discussed with N-QI-CAN officers and HQIP. Although not FOI’able activity on #CAAW provided by HQIP.
- Widening our membership. Following the expressions of interested we are delighted to welcome new co-opted members:
- Representing Primary Care (Out of hours) - Dr Joanne Finney PhD, Head of Clinical Audit & Quality Improvement, DHU Health Care
- Representing the prison service - Florence Enyinnaya, Practice Development Nurse, Greenwich Prisons (HMP Belmarsh/ Thameside & ISIS), Oxleas NHS foundation Trust
- Representing Ambulance Trusts - Vicky Holliday, Assistant Director of Quality (Specialist Paramedic/Registered Nurse), South Central Ambulance Service NHS Foundation Trust

Finance: how to invoice

Invoices should only be raised with prior agreement (Chair / General Secretary N-QI-CAN). Key points to ensure:

- Liaise with your management accountant who will need to ensure that HQIP is added as a provider on their financial instructions

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- Set up an instruction with your management accountant for quarterly invoicing so they're aware that they are expecting to raise an invoice and you clarify the detail.
- You should email your accountant, stating exactly what you are invoicing for, e.g..
- The invoice states: your name, network, time period, for what activity, what hours and cost. Please ensure that the general secretary is copied in.
- Ensure a copy of the invoice is sent to you so you know 1) the invoice has been raised 2) we have an audit trail if there is delayed payment.
- Contact your accountant to check that the invoice has been paid.
- Timely submission of invoices (ASAP after close financial quarter), e.g. July for Q1.
- For chair activity the invoice should reflect your actual hourly rate

N-QI-CAN Regional Network Plans 2021/22

- SC requested (email 05/07/21) completion N-QI-CAN regional network plan (by 05/08/21) Revised form to update requirements and include virtual meetings and FSI (Financial statutory instruction) requirements.
- Each of the 12 N-QI-CAN regional networks can claim reimbursements for:
 - Chair's reimbursement of time for their regional network meetings / training (3 per year) or to total £675 per chair role. Chair to provide plan of meetings and evidence of working to role.
 - Activity reimbursement for training, development etc (max of £350 per regional network). Activity should be agreed with the chair or general secretary prior to being booked / undertaken and should be within FSI (financial statutory instruction) requirements.
 - Aware discussion to pool monies for training event south and north.
- Network Plans received from (2/13):
 - Greater Manchester Clinical Audit Network (JH)
 - South Central Clinical Audit Network (EL)
 - Please ensure you send in your regional plan of re-imburements for your chair role and training / events.
 - When you have your approved plan, please submit your invoice for agreed reimbursements of chair activity. Ideally six monthly or quarterly.

(09.21 .03)	09/21 ACTION Invoices and Regional Network Plans SC asked for Q1 invoices and Regional Network plans for 2021/22 to be submitted by regional chairs, by 16/09/21. SC to add an example network plan for review to MS Teams if required for creating plans.	ALL / SC	Sep-21	1
(09.21 .04)	09/21 ACTION Co-opted members Hospice/Care Homes CW to advertise for co-opted members to represent hospices and care homes	CW	Oct-21	1

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4.2	Chair Update			
	<p>Slides will be circulated with papers for the meeting. Updated on progress with recruiting co-opted members – still looking for care home and hospice, CW will advertise again through the newsletter that the group is still looking for these people to fulfill these roles.</p> <p>CW asked for members to add the dates of the network meetings to the network pages on the website, which still has increased traffic on website. Also planning further actions for the National Quality Improvement (inc Clinical Audit) Network (N-QI-CAN) - Networking and Sharing Forum (NNSF) with plans to poll members on preferences for new possible layouts for the forum. The 4th anniversary of the forum is next week, with a current average of 1000 posts per year.</p> <p>CW went through a list of the improvement priorities for the group for 2021/22. CW reiterated that although most of the actions have people or organisations assigned to them, any group members can still volunteer to help with the actions if they would like to.</p> <p>National clinical audit specification meetings – organisations contact N-QI-CAN to say that they would like to have clinical audit representation. CW to discuss co-opted member invitation from O-QI-CAN (Orthopaedic Quality Improvement and Clinical Audit Network) with VP as incoming Chair to see if still needed. JT has started scoping exercise to find which NCAs allow electronic uploads. Need for standardised job descriptions for audit and improvement roles has been discussed on the forum recently.</p> <p>National Data Opt Out deadline has been moved back again to end of March 2022 (confirmed by KR for HQIP), confirmed that the aim should be for this to be implemented as soon as possible anyway.</p> <p>YouTube channel videos are on the N-QI-CAN channel are only available via link, and are not searchable.</p> <p>CW asked for any objections to the N-QI-CAN Chair speaking at the clinical audit for improvement conference to be sent to CW/VP outside the meeting.</p>			
(09.21.05)	09/21 ACTION Chair to speak at next Clinical Audit for Improvement Conference CW asked for any objections to N-QI-CAN Chair speaking at the Clinical Audit for Improvement Conference in November to be sent to CW/VP.	ALL / VP	Sep-21	1
(09.21.06)	09/21 ACTION NNSF 4th Year Celebration CW to oversee promotions for NNSF 4 th birthday and hold vote on new forum style template.	CW	Sep-21	5
(09.21.07)	09/21 ACTION NQICAN Website Regional Pages Regional chairs to systematically review regional network webpage and update content including meeting dates.	ALL	Oct-21	1
5	Break / networking			
6	Updates from the Regional Networks			
6.1	<p>Updates from regional members present. Slides to be circulated with the meeting papers (Paper E).</p> <p>Verbal updates: EECANN: met in July, agenda included discussion on local audits, sharing a template, discussed national audit outliers and NICE guidance.</p>			

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	<p>SWANs: no meeting since before last N-QI-CAN meeting in June. LLK has changed roles and will be asking for new Network Chair at next meeting (planned for November), LLK is planning on covering the role until new Chair in place.</p> <p>CW suggested that there could be an addition to the agenda for future meetings to include an update from co-opted members after the regional updates.</p> <p>CW offered for FE to be put in touch to prison services members that are already existing in the regional networks (SWANs has at least one member) to contact for advice and support, and this was accepted.</p> <p>LW asked whether patient rep will be added to N-QI-CAN in the future – CW thinks this is important to consider going forward and will be ask for VP to look at this as new Chair.</p> <p>Plan for Infographics Software providers to provide a training session in the future, and for the network to also offer other options for programs that are free at the first point of contact.</p> <p>EL raised a question around organisation audits and site questionnaires for National audits, as she finds that they are very time consuming and has difficulties in finding the answers. CW uses Teams to complete the survey in a group with general managers, head nurses etc all contributing to the same document. Discussion around whether there should be more consistent use of organisational audits across the national audits. Also there was felt to be duplication of information across different data collections (model hospital etc). CR to find out from HQIP and feedback to meeting. CW also raised why there was a difference between continuous and snapshot national audits: why are all patients needed for continuous projects, as this increases burden of work and data entry on clinical teams. CR stated that these factors need to be considered at commissioning stage, although some amendments can be made following feedback if necessary.</p>			
(09.21.08)	09/21 ACTION Patient representation in N-QI-CAN consideration LW asked whether patient rep will be added to N-QI-CAN in the future: VP to consider / explore as new Chair.	VP	Sep-21	1
(09.21.09)	09/21 ACTION Organisational Audits for National Projects CR to find out from HQIP regarding consistency of organisational audits and duplication of data across different collection platforms, and feedback to meeting	CR	Sep-21	1
(09.21.10)	09/21 ACTION Infographics Training Session CW and RS to arrange infographics training session and liaise with software providers to see if a network of users can be created.	CW / RS	Dec-21	4
7	Lunch break			
8	Update National Clinical Audit Benchmarking and Q&A – Dr Ian Woolhouse (HQIP)			
8.1	IW stated that there is a report on HQIP website with improvements that IW has been involved with inputting. The aim is for there to be a set number of benchmarks per audit, and a clear QI plan at a national level. Also plan to move away from annual report as output for national audits. Within 2 years all NA will move to quarterly reports, and all data will be moved to open access websites. Only applies to new audit tenders, and as there has been a delay in audit tendering due to COVID this is likely to come in over the next 12-18 months.			

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	<p>NCAB is funded by directly by HQIP and a review is being undertaken of the future of the NCAB platform given that all new and recommissioned audits will be required to publish results via open access web portals, and national clinical audit data can be published via routine NHS systems such as the Model Hospital System. IW also addressed the timeliness of NCAB publication – this has relied on what results are on the national annual report, then this goes to the CQC for accuracy checks, then this goes to a separate IT company to be uploaded to the NCAB/ HQIP. Model health will have a very similar layout for the data reporting as NCAB so it will still identify the key benchmarking results / standards. If NCAB is decommissioned and Model hospital not commissioned, this will mean relying on the audit websites going forward. It was proposed that it would be useful to have a demo of the systems to see what the difference would be in comparison to the current version.</p> <p>It was suggested that a Model Health representative would be a good option for a possible speaker at a future meeting or a webinar, IW has a contact to present on the current pilot of national laparotomy data.</p>			
(09.21.11)	09/21 ACTION Model Health Presentation Steering Group to look into inviting Model Health as a possible speaker at a future meeting or a webinar	VP	Sep-21	1
9	Updates from National Bodies			
9.1	NHSE/I Verbal update – no availability from NHS England Improvement to give an update at this meeting			
9.2	<p>HQIP update from Caroline Rogers and Kim Rezel (Paper F)</p> <ul style="list-style-type: none"> - Quality accounts directory – post about the new version has been added to forum. Extra column with NDOO info has been very well received, and CW asked to pass thanks to Lorna Pridmore. - Confirmed NDOO delayed until end of March. - New courses for clinicians undertaking audits have been well received. - Resources from webinar should be made live soon on website. - Opened for submissions to the Richard Driscoll Memorial Award – winners to be announced in December at HQIP AGM. - CAAW – plan to work with new chair to pick a date CW requested that this is announced as soon as possible with a good amount of notice <p>CW thanked CR/KR for help and support over the years. CR thanked CW on behalf of HQIP.</p>			
9.3	<p>RCPSYCH - National Clinical Audit of Psychosis update (Paper G)</p> <p>Presentation by Linda Chadburn on work undertaken with NCAP and experience of sitting on their steering group. Linda would recommend this role to other people who are interested as being challenging but rewarding.</p> <p>SC suggested that it would be a good idea for LC to do an entry for the blog and possibly also a webinar.</p>			
(09.21.12)	09/21 ACTION NCAP Blog/Webinar LC agreed to write a post for the N-QI-CAN blog and/or a webinar.	LC	Sep-21	1

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10	Chair's Reflections				
10.1	<p>CW asked for comments from members on the new format of bi-annual report that has been done with infographics software. Not ready yet for publication / sharing. CW plans to complete by the 30th September, and asked for comments before that date.</p> <p>CW reflective blog has been emailed and posted on N-QI-CAN website, he feels proud that we have achieved a lot over the last 6 years both in our N-QI-CAN meetings and networking.</p>				
(09.21.13)	09/21 ACTION Bi-annual N-QI-CAN Report	Regional Chairs to send comments to CW on reports by 30 th September 2021	ALL	Sep-21	5
11	AOB / Close				
	AOB items raised: None				
12	Date and Time of next meeting – 2nd December 2021 10am – 2pm (via Microsoft Teams)				
	Future meetings: TBC March 2022 TBC June 2022				