

# Actions Arising from National Quality Improvement (incl. Clinical Audit) Network (N-QI-CAN) meeting held on 9<sup>th</sup> March 2022 via MS Teams – FINAL DRAFT



## Present:

Victoria Patel (N-QI-CAN Chair / YEARN)	Sarah Chessell (N-QI-CAN General Secretary)	Rebecca Shephard (N-QI-CAN Comms Lead)
Jordan Thompson (NECAN)	Janette Hunt (GMCAN)	Caroline Rogers (HQIP)
Catherine Dunn (CLCAN)	Diane Lynch (MEAN)	Kim Rezel (HQIP)
Mojgan Sani (SECEN)	Sarah Byrne (M-QI-CAN)	Rebecca Campbell (NHSE/I)
Craig Short (EMCAIN)		

## Co-opted members

Joanne Finney (Primary Care Out of Hours)

## Apologies

Alka Anoop (EECANN)	Carl Walker (Outgoing Chair)	Tracy Millar (MEAN)
Laila Gregory (LQICAN)	Leslie Lawson-Kinross (SWANs)	Florence Enyinnaya (Prison Services)
Vicky Holliday (Ambulance Trusts)		

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 – 9<sup>th</sup> March 2022 meeting (Actions RAG updated as at 09/03/22)

Action Ref	ITEM / ACTION	BY WHOM	BY WHEN	RAG
1	Chair's welcome		Revised date	
1.1	VP welcomed members, and participants gave brief introductions			

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<b>2</b>	<b>Matters arising incl. review of minutes / actions from last meeting (Paper A)</b>
<b>2.1</b>	<p>Matters of accuracy for minutes of previous meeting 2nd December 2021 (Paper A): the version sent out with the agenda was agreed as accurate.</p> <p>VP raised that one of the action points (12.21.11) should be responsibility of MEAN rather than VP/SC, agreed that RS would amend this in the final version that will be sent out as agreed by the meeting.</p> <p>Matters Arising:</p> <p>12.21.02 Chair to meet with Regional Chairs: VP continuing to meet with regional chairs, should be considered ‘in progress’.</p> <p>12.21.05 Chair NECAN attendance: Completed.</p> <p>12.21.06 Co-opted members updates: Completed.</p> <p>12.21.07 NHSEI to be invited to future meetings: Completed.</p> <p>12.21.08 Feedback on Junior Doctor e-learning. For those who have not already fed back please action and this will then be completed on the action log.</p> <p>12.21.13 Promotional Video – VP/SC to discuss further for requirement. A lot of events/webinars now recorded and this maybe enough promotion alongside twitter.</p>
<b>3</b>	<b>Officers Update (Paper B):</b>
<b>3.1</b>	<p>Chair’s Update</p> <p>Co-opted Membership: Care home still vacant. Hospice rep we have two individuals who have shown an EOI and also an individual for the Independent sector. It was explained that this needs to be advertised as we have not asked for EOI for the independent sector as yet and this needs to take place to make it fair and equitable. The individuals from the Hospices are from the same region as two of the co-opted members currently on N-QI-CAN and also the individual who has expressed an interest for the independent sector. Therefore the network were informed that an EOI for Hospices would be put out again on the forum alongside the Independent sector for any wider interest to ensure that no one area is too heavily represented at N-QI-CAN. Services are commissioned and delivered differently across the country. The network needs a fair spread of geographical areas in addition to types of organisations represented. Though if there is no interest from elsewhere this would need to be reviewed. Co-opted membership does have a set term of one year with the option of extending for a further year.</p> <p>It was noted that there has been or will be a change of leadership for almost half of the Regional Networks and there is a need to make the process of changing leadership more straightforward by sharing resources within N-QI-CAN.</p> <p>VP noted that this month there was more use of the NNSF. Welcome feedback from members on what could make the forum better. It was brought up that the higher use of the forum could have been in part due to the problems with Teams at the Infographics User Network Meeting, (later found to be due to updates and changes to Teams).</p>

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	<p>VP highlighted that the QI summary and NHS Horizons are worthwhile resources for review, and suggested sharing with colleagues.</p> <p>VP fed back to the members on the work that has been done since the previous meeting, including 6 specification development meetings (SDMs) since the Dec meeting. Emails to the inbox will try to be answered within 5 working days but anything that needs to be escalated to VP/SC may take longer to be dealt with. An auto response has been added to the <a href="mailto:nqi.can1@nhs.net">nqi.can1@nhs.net</a> inbox.</p> <p>Looking at where we can build on the regional network Chair role, CAAW to be discussed later in the meeting.</p> <p>CS queried how long the wait will be for the people that have expressed interest in being co-opted members (mostly from EMCAIN), currently the plan is for this to be put out in the next few weeks. Discussion around the possibility that there is a need for the roles to be better advertised, i.e. some of the regional networks do not have a Chair at the moment, so the information is not being cascaded down. CR suggested sending an answer to say that their interest is appreciated but that this needs to go out to the wider community before more co-opted members are appointed.</p> <p>JT suggested it would be a good idea to foster a contact with someone at the Model Health System and that at an upcoming meeting to have a session on Model Health from an audit perspective. CR offered to liaise with contacts at the Model Health system for this.</p> <p>CR thanked VP for attending so many of the recent specification development meetings to contribute on behalf on N-QI-CAN. CR will try to give more notice for this in the future to allow for wider range of people to participate in future commissions for the national audits.</p> <p>KR offered contact for independent sector to call for possible for co-opted members, suggested advertise N-QI-CAN position in their newsletter. KR also noted that when considering patient representation at meeting that there needs to be consideration of the purpose, and their expenses. SC agreed that any patient representation should not be tokenism, and asked if HQIP would consider re-imburse costs incurred for attending when we go back to face to face meetings in the future.</p>				
(03.22.01)	<b>03/22 ACTION Invite presentation by representative from Model Health System at future meeting</b> CR to liaise with contacts at the Model Health system, and VP to consider adding to future N-QI-CAN meeting	CR/V P/SC	Mar-22	1	
3.2	<p>General Secretary Update</p> <p>Matters arising outside core meeting</p> <p><b>Busy quarter.</b> Key activities undertaken include:</p> <ul style="list-style-type: none"> <li>• <b>Developed recommendations from Dec workshop</b> inc. how we succession plan / develop individuals for Regional Network Chair roles or the N-QI-CAN Officer's roles, what do individuals need to support taking on these roles.</li> <li>• <b>Clinical Audit for Improvement.</b> NHSEI Executive Quality Group Clinical Audit Sub-Group have approved the vision for Clinical Audit for Improvement. N-QI-CAN are working with the NHSEI team. Key priority has been added to the table of priorities for 2022/23.</li> <li>• <b>#CAAW22</b> – T&amp;FG Priority planning and development with HQIP.</li> <li>• <b>N-QI-CAN - responses to emails.</b> Query from regional chair about timeliness of responses. Look to respond to emails within 5 working</li> </ul>				

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days.

- **SCCAN** – support for network / planning event with chair standing down. No handover or chair in place for network. Support from other Regional Network Chairs requested. Officers to take forward this event.
- **Ethos, kindness and compassion.** Noted ongoing challenges on twitter and wider, e.g. forum. We work together as a team representing N-QI-CAN and as such we ask that values and behaviours are considered. We should all work within the ethos of the governance framework and that includes that there is kindness and compassion when communicating with others and ourselves.

#### Upcoming Election of Officers

- **Election and appointment of Chair** (September 2021) – Victoria Patel elected, no objections raised. Agreement new chair would oversee appointment of general secretary (SC due to finish 30<sup>th</sup> Sept 2021).
- **Acting general secretary** – proposed that CW cover between September and appointment. Proposal was not supported, and SC was asked and agreed to continue until the appointment of new general secretary.
- **Election general secretary** –
  - Expression of Interest (EOI) from the September N-QI-CAN meeting.
  - HQIP independent supportive role check eligibility of EOIs against criteria (Governance arrangements)
  - Email sent by N-QI-CAN Comms lead to eligible members requesting call out for EOIs (Deadline Monday 8<sup>th</sup> Nov 2021)
  - No EOIs on morning of 10<sup>th</sup> Nov, and on discussion with HQIP/N-QI-CAN officers (15<sup>th</sup> November) agreed to discuss further at the N-QICAN quarterly meeting.
  - Discussed next steps at Dec N-QI-CAN quarterly meeting, inc. workshop of how we succession plan / develop individuals for officers roles and what do individuals need to support taking on these roles. Recommendations to be outlined at the March meeting SC continues under 7.2 of the governance arrangements for the next six months until the end of June.

Further Expression of Interest (EOI) will be sent out after the March N-QI-CAN meeting and we invite you to put yourselves forward!

#### Declaration of interests

- **2021/22 Q2** (1<sup>st</sup> July to 30<sup>th</sup> Sept). SC to requested via Microsoft form (17/11//21) (apologies this has been requested late).
- 15 core members (12/15<sup>1</sup> – 80%), 5 co-opted<sup>2</sup> (80% 4/5). All stated no interests to declare
- DOIs outstanding for: London, Mersey, MEAN (West Midlands).
- <sup>1</sup> One regional network chair out of the office <sup>2</sup>Co-opted member no longer in post. Noted for audit trail.
- **2021/22 Q3 (1st Oct to 31<sup>st</sup> Dec)**. SC to requested via Microsoft form on 7<sup>th</sup> Feb (update at 04/03/22)
- 15 core members (15/15 –100%), 5 co-opted (20% 1/5).
- All stated no interests to declare however...
- Several DOIs did not state interests, please revise and resubmit.
- **Non disclosure agreements.** Are being developed and will shortly be implemented as part of your N-QI-CAN membership

#### Re-imbursments 2022/23

Briefing paper submitted (Dec) and following discussion with HQIP / NHSEI was approved. Key points to be noted include:

- Forecast of anticipated reimbursements will not be fully used in 2021/22. Reimbursements not used: regional and network events, National event and T&FG. Primarily due to lack of capacity with NHS staff seconded, redeployed or having limited ability due to the

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	<p>pandemic response.</p> <ul style="list-style-type: none"> <li>N-QI-CAN requested the ability to claim reimbursements up to £35,000 to be used in the same framework as 2021/22.</li> <li>Recognising that the pandemic continues to evolve and the pressures faced by our community, we will prioritise and strengthen our core functionality and undertake work against our forward plan key priorities.</li> <li>Recognition that the pandemic continues to impact our everyday lives including functionality of healthcare locally, nationally and internationally. It comes as no surprise therefore that the N-QI-CAN forward plan has accordingly been affected.</li> <li>Recognising limited capacity, there has been good progress against ten priorities for 2021/22. Those in progress will be carried over to 2022/23</li> <li>Clinical Audit for Improvement. NHS England Executive Quality Group Clinical Audit Sub-Group have approved the vision for Clinical Audit for Improvement. N-QI-CAN are working collaboratively on this piece with the NHSE team. This new key priority has been added to the table of priorities for 2022/23.</li> </ul> <p><b>Next steps - N-QI-CAN regional network plans 2022/23</b> – Please submit by the 31/03/22 to enable re-imburement of your chair role and training / events. Also enable us to be aware of your plans for the year.</p>			
(03.22.02)	<b>03/22 ACTION Completion of DOIs for Q2 2021/22:</b> SC requested that any remaining members who have not yet completed to fill out their DOI forms for Q2	ALL	Mar-22	3
(03.22.03)	<b>03/22 ACTION Completion of DOIs for Q3 2021/22:</b> SC, requested that remaining DOIs for Q3 are completed, and highlighted that members that have presented at a conference as part of their N-QI-CAN role / talking on behalf on N-QI-CAN – need a revised DOI in the next two weeks	ALL	Mar-22	3
(03.22.04)	<b>03/22 ACTION Regional plans for 2022/23:</b> Regional plans need to be sent in by 31 <sup>st</sup> March otherwise it will be assumed that no reimbursements are planned to be claimed for the regional network. Required as Word doc so that there will be a clear record. SC to circulate the template for the regional plan to make this easier to be completed.	ALL / SC	Mar-22	3
<b>4</b>	<b>Forward Plan and 2022-23 Priorities (Paper C):</b>			
<b>4.1</b>	<p>VP presented a table of the progress against the 10 key priorities as identified on the Forward plan. Also asked for any of the regional chairs to volunteer to lead on the priorities</p> <p>Plan to ask for updates from members between meetings in the future.</p> <p>Scope out which NCAs allow electronic/EPR uploads: JT fed back that his task is in progress, part list of national audits that is in progress, progress hampered by lack to time to look at.</p> <p>Training Directory: TM not present to provide an update on the Training Directory. VP to follow up outside of the meeting.</p>			

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	<p>True Cost of participating in NCAs: VP gave an update on the Cost Model and requested that a T&amp;F group led by a Regional Chair needs to take this forward now it has been through phase one of piloting. Volunteers will be asked for.</p> <p>Undertake an options appraisal of what systems/databases trusts use to manage their local programmes: CD fed back that CALCAN has not been taking this forward, and this may need to be re-allocated. Is this a mapping exercise or an options appraisal? What the different systems are. CS noted that this is also often discussed on the forum. SC felt that the aim was to be mapping, like the training directory, rather than any recommendation.</p> <p>The new for 22-23 objective: The NHS England Executive Quality Group Clinical Audit Sub Group have approved a vision for Clinical Audit for Improvement – N-QI-CAN will be working closely with NHSEI to facilitate the achievement of the agreed recommendations to Clinical Audit for Improvement (Chair &amp; Gen Secretary).</p> <p>It was felt that some objectives need clarification on the purposes of the objectives ie job descriptions, and may need to be reviewed and re-aligned. Generally good progress, and VP highlighted the need to celebrate the fact that we have been progressing the plan in view of the pressures on Health &amp; Social Care in general. Some may be reviewed before being taken forward to 22/23, need to put a call out to regional networks for involvements in some of the ongoing actions. SC noted that the forward plan does not include everything that is happening, just the improvement priorities.</p> <p>VP asked if there were any questions, or whether it was felt that anything was missing in the key priorities – no comments from members.</p>			
(03.22.05)	<b>03/22 ACTION Forward Plan Improvement Priorities Progress:</b> To follow up on progress against the improvement priorities with those that are not at the meeting.	VP/S C	Mar-22	3
(03.22.06)	<b>03/22 ACTION YEARN / National Clinical Audit cost to trusts:</b> share with members to join the task finish group – needs another network chair to lead this T&F group/objective.	VP/S C	Mar-22	3
<b>5</b>	<b>Feedback Dec 21 Jamboard sessions (Paper D):</b>			
<b>5.1</b>	<p>Regional Network Chair Development and Regional Network/N-QI-CAN Officers Succession Planning.</p> <p>This is currently confidential information to the members of the meeting. Full feedback will be shared (confidentially with members) in time.</p> <p>SC thanked members for participating in Jamboard discussions at the December meeting. Common themes: lack of time, difficulties getting support. ask to be further reimbursed if the time taken is going over.</p>			

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(03.22 .07)	<b>03/22 ACTION To hold a further meeting with Regional Network Chairs to agree the actions to be taken forward.</b> VP/SC/RS to arrange and chair.	VP/S C/AL L	Mar-22	<b>3</b>
<b>6</b>	<b>Lunch Break</b>			
<b>7</b>	<b>Clinical Audit Awareness Week (#CAAW22)</b>			
<b>7.1</b>	<p>VP noted that slides and discussions are currently confidential and that this planned schedule will be shared in due course via a press release by HQIP. Discussed plans for Audit hero and presentation by Danny Keenan and VP. Discussed the regional chairs getting actively involved.</p> <p>CR clarified that HQIP team want to finalise plans before sending out, which is why this is confidential. As the dates and times were previously in the HQIP newsletter this can be re-sent to colleagues.</p>			
(03.22 .08)	<b>03/22 ACTION RS to email all members (including those not present) and then all members to email to confirm their involvement by the end of this week</b>	RS/ ALL	Mar-22	<b>5</b>
<b>8</b>	<b>Updates from the Regional Networks (Paper E)</b>			
<b>8.1</b>	<p>Updates from regional members present. Slides to be circulated with the meeting papers <b>(Paper E)</b>.</p> <p>EECAN – AA not able to attend, had previously updated to say still trying to get another chair for network</p> <p>EMCAIN – patient identifiable data used for outcomes data, had good discussion around this at meeting. CAAW – people still not sure what is planned, though possibilities include yearly improvement awards, possible training, self-funded merchandising</p> <p>GMCAN – still having virtual meetings and this will be continuing as it is easier / cheaper</p> <p>CALCAN – CD had left meeting to attend another by this point in the agenda.</p> <p>M-QI-CAN – putting in next meeting for a few weeks after N-QI-CAN, auditing patient records. Problems with projects (TUGS) that are being registered as ‘audits’ rather than being research, SC asked for this to be sent to N-QI-CAN inbox to be brought up with HQIP and then formally responded to.</p> <p>L-QI-CAN – LG unable to attend meeting today</p> <p>NECAN – debuted new logo, 22 attendees for last meeting. Discussion on NICE at the last meeting. More activity on the forum.</p> <p>SCCAN – no chair at the moment</p> <p>SECEN – MS happy to be new chair – plan for next meeting includes sharing experience on software used for clinical audit</p> <p>SWANS – LLK not present</p> <p>MEAN – Trying to get new chair, has updated membership list but having difficulties sending the outlook contact list across. VP recommended updating directly on the N-QI-CAN Teams channel, and requested DL get in touch if has problems.</p> <p>YEARN – Last meeting tried to get a new chair but not yet successful. Next meeting is coming up in a few weeks.</p>			

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	NASCQG (National Ambulance Service Clinical Quality Group) - slide received from VH but she was unable to get into the Teams meeting today. JT asked if VH might be able to provide him a contact in the North East Ambulance Service, VP suggested that VH be asked for contacts for all regions so that regional chairs could liaise / network with their local teams.			
(03.22.09)	<b>03/22 ACTION Ambulance Service Contacts:</b> VP suggested that VH be asked for contacts for all regions so that regional chairs could liaise / network with their local teams.	VP/ VH	Mar-22	1
(03.22.10)	<b>03/22 ACTION -discuss further TUGs to find out about whether this is a national audit</b>	VP/S C/LB	Mar-22	5
<b>9</b>	<b>Updates from National Bodies</b>			
<b>9.1</b>	<b>NHS England / Improvement update from Rebecca Campbell (Paper F)</b>			
	<p>Good synergy between the work of NHSE/I and N-QI-CAN. Leadership has moved from Dawn Chamberlain to James Mountford, and new medical director (Dr Vin Diwakar)</p> <p>Aim remains to further improve implementation of national clinical audit recommendations at local level. Updating their forward plan, and their priorities and recommendations. Updates will be offered to future meetings on how the work streams develop.</p> <p>SB expressed that it was good to hear the same kind of language that is being used at local level in this update.</p>			
<b>9.2</b>	<b>HQIP update from Caroline Rogers and Kim Rezel (Paper G)</b>			
	<p>Quality accounts list had been published in Dec 21, and in response to previous requests, team has added a count of the quality accounts on the list.</p> <p>HQIP Directory CR noted that project organisers put their projects forward to be on the Directory, so this include any national projects (including those not on the quality accounts list), but it can be filtered to bring back only QA projects.</p> <p>Letter sent regarding audit data collection during Covid-19 is linked on page on HQIP, also has a page with the historical official responses to Covid if this is required.</p> <p>CR noted that there is a place on the website where colleagues can sign up to receive alerts for any new tenders if interested in being kept up to date on this.</p> <p>Cancer audits, several new ones in process of being tendered. SB brought up query around data entry, hoping that the new audits will not require more data collection or duplication of data already collected on systems like Somerset Cancer Register (SCR). CR stated this is a key part of what</p>			



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	<p>they are asking for as part of the tender. Work is in progress to add more audits to the dashboard for benchmarking / model health system.</p> <p>DL asked about the model health system, and what the value is if this shows the same data as audit reports. CR stated that this may not be additional data, and may be less useful to us if we have already looked at audit reports, but anyone with nhs email can sign up to model health. SB also queries whether the Model Health System will be replacing NCAB or working in parallel? CR will enquire and find out after the meeting.</p> <p>VP stated that the PPI feedback shared at SDMs would be really useful to receive if this was possible for use by local teams. KR will look into possibility of sharing the learning from the patients.</p>			
(03.22 .11)	<b>03/22 ACTION: KR to investigate if the PPI learning from NCAs could be shared more widely with the CA Community for use at a local level.</b>	KR	Mar 22	1
<b>10</b>	<b>AOB</b>			
<b>10.1</b>	<p><b>AOB items raised:</b></p> <p>SC wanted to check regarding slides on EMCAIN discussions around “consent”, CS clarified this was about consent audits, not audits requiring consent.</p> <p>CS query from network on PROMs data, as PROMs information was being taken from 2019 (prior to COVID). Other members have has experience with a similar situation where it was found that a local contractor was linking HES data, need to find out whether this is a national decision, discussed and recommended that CS needed to check with contractor</p>			
<b>11</b>	<b>Close</b>			
	VP summarised that the meeting outcomes included the commitment to support CAAW, to plan an extra meeting to discuss the Jamboard recommendation, that she will continue meeting with chairs one to one. The general secretary post will go out again for expressions of interest. VP also asked for Twitter accounts to be put in the chat so can be followed by the N-QI-CAN account.			
<b>12</b>	<p><b>Date and Time of next meeting – 14<sup>th</sup> June 2022, 09:30am - 12:00pm; 12:30pm - 14:00pm (via Microsoft Teams)</b></p> <p><b>Future meetings: 29th September 2022 TBC December 2022</b></p>			