National Quality Improvement and Clinical Audit Network
(formerly National Audit Governance Group)

Clinical Audit and Improvement Conference –
Plenary Workshop
January 2014

Prepared by Kat Young (NQICAN Chair,)
with input from Sue Venables (General Secretary), Julie Hancocks
(Communications Officer) and Jim Shaw-Cotterill (Chair SECEN)
Good morning

Goedemorgen
Magandang umaga
Bonjour
Guten morgan
Καλημέρα
בוקר טוב
goeie môre
Mirëmëngjes
hyvää huomenta
सुबह अच्छा
Buongiorno
おはようございます
dzień dobry
bom dia
buna dimineata
dобро утро
buenos días
สวัสดี น้ํา
sabah iyi
مرحبا بكم
chào buổi sáng
bore da
NQICAN: Background

- 2000 - NAGG set up
- 2008 - moved to representatives for each region
- 2013 –
  - purpose revised and objectives developed
  - group renamed to NQICAN to reflect the changing quality landscape and the changing role of clinical audit staff
  - All regional network chairs now members
- people with an interest in the development of clinical audit
- health (all sectors), starting to involve social care
- Mostly unfunded and little/no cost to join regional network
NQICAN

- NQICAN brings together the regional clinical audit / effectiveness networks from across England.
- All clinical audit / quality improvement regional network chairs form NQICAN.
- NQICAN is working to developing links with Scotland with a view to having representation from Scotland, in additional to the existing and valued representatives from Wales and Northern Ireland. This will further enable sharing of good practice and collaborative working.
- NICE attended their first NQICAN meeting as a stakeholder member.
NQICAN: how it works

National Quality Improvement and Clinical Audit Network

- National Institute for Health and Care Excellence (NICE)
- Royal Colleges
- National Advisory Group for Clinical Audit and Enquiries (NAGCAE)
- Healthcare Quality Improvement Partnership (HQIP)
- Department of Health (DH)
- Wales Welsh Clinical Audit and Effectiveness Association (WCAEA)

Regional clinical audit / effectiveness / improvement networks (15)

Clinical audit and quality improvement professionals

Engage with other key organisations as and when required e.g. Healthcare Quality Quest and Clinical Audit Support Centre

Links to be developed:
- remaining Royal Colleges
- Faculty of Medical Leadership and Management
- NHS Improving Quality
- Social Care / SCIE
- Healthwatch / patient partners
NQICAN Map – your rep...

nqican@gmail.com  @nqican
NQICAN Strategic objectives

• To work with and provide a (national and regional) voice for staff working in clinical audit and quality improvement in organisations who provide care to health care to NHS patients and social care.
• Support Regional Network Chairs and relevant others in the development of regional networks
• Engage, influence and be a point of contact for key organisations such as HQIP, NHS England, NAGCAE, Improving Quality, NICE
• Support the development of national clinical audit
• Work to align clinical audit, quality improvement and improvement science

Last reviewed at December 2013 NQICAN meeting
Context - national

- Demands on the NHS +++
- Pressure to improve the quality of care+++ 
- Increasing pressure on NHS staff including clinical audit / quality 
- Variation in level of improvement following national audit 
- Growth of improvement science (particularly clinicians) 
- Plethora of national organisations making decisions about QI and clinical audit 
- High level decisions about audit/QI need to engage to staff on the ground
Francis, Berwick & Keogh

- Leadership, culture, NHS as learning organisation
- Board responsibility
- Clinical engagement
- Clinical audit / QI programme
- Measurement and real-time accurate data
- Mortality
- Response to outliers

- Openness and transparency
- Patient and public involvement/ patient partnership
- QI strategy
- Capability of the system
- Role of QI/CA staff
Feedback from regional networks

- Uncertainty about future
- Clinical audit staff role expanding to QI
- Lack of understanding of what is meant by Quality Improvement?
- Lack of standardised approach / QI training
- Need to talk the same language
- Lack of leadership
- Conflict between clinical audit and improvement science / assurance and improvement
Traditional clinical audit

Model for Improvement

WHY are we doing it?

HOW we will do it

Use of run charts

The change seems to be associated with an improvement

The change is not associated with an improvement; if there had been no baseline measurement before making the change, the change might have been mistakenly interpreted as making a difference

The change seems to be associated with an improvement initially but the effect does not appear sustained

Perla R. BMJ Qual Saf 2011; 20: 46-51

Remember measure little and often
# Judgement versus improvement

## Characteristics of indicators used for judgement and improvement

<table>
<thead>
<tr>
<th>Indicators for judgement</th>
<th>Indicators for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unambiguous interpretation</td>
<td>Variable interpretation possible</td>
</tr>
<tr>
<td>Unambiguous attribution</td>
<td>Ambiguity tolerable</td>
</tr>
<tr>
<td>Definitive marker of quality</td>
<td>Screening tool</td>
</tr>
<tr>
<td>Good data quality</td>
<td>Poor data quality tolerable</td>
</tr>
<tr>
<td>Good risk adjustment</td>
<td>Partial risk adjustment tolerable</td>
</tr>
<tr>
<td>Statistical reliability necessary</td>
<td>Statistical reliability preferred</td>
</tr>
<tr>
<td>Cross-sectional</td>
<td>Time trends</td>
</tr>
<tr>
<td>Used for punishment/reward</td>
<td>Used for learning/changing practice</td>
</tr>
<tr>
<td>For external use</td>
<td>Mainly for internal use</td>
</tr>
<tr>
<td>Data for public use</td>
<td>Data for internal use</td>
</tr>
<tr>
<td>Stand alone</td>
<td>Allowance for context possible</td>
</tr>
<tr>
<td>Risk of unintended consequences</td>
<td>Lower risk of unintended consequences</td>
</tr>
</tbody>
</table>

Source: Raleigh VS and Foot C (2010)²⁶

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Taken from Health Foundation “Quality Improvement Made Simple”

NQICAN Meeting – December 2014

- NQICAN papers and meeting papers available on NHS England website (page in development) http://www.england.nhs.uk/ourwork/qual-clin-lead/clinaudit/
- Updates received from HQIP, NHSE and Chair  
  - see slide 7
- Strategic objectives reviewed  
  - see slide 2
- QI guidance / tools considered  
  - see slides 8 and 9
Dec 2013 NQICAN meeting:
Quality improvement

- Need for working definition of quality improvement (to be adopted by NQICAN and HQIP)
  - Lean, six sigma not felt to be NQICAN or HQIPs remit however both organisations do need to acknowledge that there are other service improvement methodologies.

- Suggestions for guidance and templates developed (see next slide)
  - HQIP have already developed a lot of material and that there was need for further promotion of what is already in existence.

- Need for QI training – to be incorporated into regional networks

- Opportunities to create the right environment for change both at the national and regional level.
  - quality improvement element not commissioned / built into national audit contracts.
### Dec 2013 meeting: QI cont.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Need</th>
<th>Action required by NQICAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>• NQICAN/HQIP to adopt a working definition of quality improvement</td>
<td>Develop definition of quality improvement for adoption by NQICAN - for agreement at March 2014 meeting Liaise with HQIP</td>
</tr>
</tbody>
</table>
| **Guidance/templates**    | • Template strategy/policy for quality improvement  
• Governance framework/standards for QI projects  
• QI methods including:  
  o PDSA cycles  
  o Run charts – how to interpret  
  o Process m  
  o when to use which i.e. which method is best to fix which problem (flowchart)  
• What skills are required by those in a quality improvement | NQICAN to share output with HQIP – request they develop guidance/templates and rollout training through regional networks |
| **Training**              | • QI methods including when to use which  
• Change management  
• IHI Improvement Model  
• Training that clinicians/junior docs are given needs to also be given to CA/QI staff | NQICAN meeting to include training element for cascading via regional network meetings |
| **National audit/quality improvement** | • Peer support visits  
• Peer review  
• Facilitated action planning sessions – done regionally  
• Tools e.g. patient information leaflets | NQICAN to link with NHSE, HQIP and NAGCAE to request QI aspect is included in commissioned national clinical audit projects |
| **Regional networks**     | • Reinvigorate regional networks  
  o Strategic  
  o Move on from therapy  
• Incorporate QI training | Regional networks to include QI training |
Example of a local network, South East Clinical Effectiveness Network (SECECN)

Prepared by SECEN Chair, James Shaw-Cotterill
What is SECEN?

• A network of professionals working in quality improvement including;
  – Clinical audit,
  – Effectiveness and
  – Governance.
• Established in Summer 2000
• The network brings people together to:
  – Share good practice
  – Provide peer support
  – Influence/contribute to the national quality agenda
• Most of our members are from Kent, Surrey and Sussex
• We welcome members who support quality improvement in both NHS and non-NHS organisations.
SECEN: What do we do?

SNAP

HQIP feedback

Round table discussion

Managing Audit programme

Healthcare Quality Quest

NQICAN Feedback

Managing change

CQC

Triangulation
"Collaborative learning through safety and quality improvement networks can be extremely effective and should be encouraged across the NHS. The best networks are those that are owned by their members, who determine priorities for their own learning."

(Berwick Report, 2013)
NQICAN Map – your rep...

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Information Cascades

Sarah Singfield, from The Health Foundation, has asked us to draw your attention to the following webinar. Please pass on as appropriate. Thank you.

Quality improvement: the role of context and how to manage it
Health Foundation Webinar - Thursday 13th March 2014 at 16.30 (GMT)

To register for this webinar please visit our registration website.

Efforts to improve the quality of patient care have tended to focus on defined technical interventions, often with mixed results in different settings. There is increasing recognition that it’s not just what you do, but the way that you do it and the environment or context that really matters. A range of factors can affect the success of improvement, from the external policy environment, to organisational culture, to local structures, available people and processes.

Naomi Fulop will discuss the current thinking on the role of context in quality improvement, partly drawing upon her recent Health Foundation review with Glenn Robert. How do we understand which factors will affect the chances of success? Which can be influenced, which can be managed? John Gabbay and Andree le May will then outline their research exploring the technical, soft and learning skills needed for improvement, including handling context well.

Improvement Science Community of Interest - Latest news

Coming up – A WebEx on Quality Improvement Methodology

Join us for a free special WebEx with Annette Bartley, Independent Quality Improvement Consultant. Annette will provide a basic introduction to the use of Quality Improvement Methodology in Healthcare (HI) and offer examples of its application in practice which have resulted in improved outcomes for patients. The presentation will be followed by an opportunity for the audience to ask questions.

Date: Wednesday 26th February 2014 Time: 14:30 to 15:30 Presenter: Annette Bartley Title: Improving Quality in Healthcare in Challenging Times

For details on how to join or to download a flyer for this event, which you are welcome to share.

This WebEx session is brought to you by the Thames Valley Health Knowledge Team in partnership with Pfizer Ltd.

Did you miss our recent WebEx?

Date: Tuesday 21st January 2014 Presenter: Duncan Goodes Title: Making a successful case: applying for project funding

On Tuesday 21st January 2014, Duncan Goodes, former Head of Innovation for NHS South of England shared his experience based on reviewing over 800 applications for funding. Duncan also shared his knowledge on how to make a successful case for funding to your organisation or an external funder.

If you missed the event there is still time to view his presentation or listen to a recording of the WebEx:

- [Project Funding WebEx]

Duncan has also agreed to share details on potential sources of funding, which are offered in response to requests from the WebEx audience. To find out more:

- [Exploring sources of funding for an Improvement project]

nqican@gmail.com  @nqican
Over to you…

Are we getting it right?
Feedback?
Questions?

Thank you

Suggestions welcome

nqican@gmail.com  @nqican