



National Audit Governance Group / National Quality Improvement & Clinical Audit Network

18 September 2013
Skipton House, London

Minutes

Attendees

Officers

Kat Young - *Chair*

Sue Venables – *General Secretary*

Core Members

Val Bailey (MEAN, West Midlands)
Helen Blenkinsop (YEARN, Yorkshire)
Ann Burnett (General Secretary – Retired)
Michelle Garrett (GMCAN, North West of England)
Jen Knight (South Central CA Network, SCCAN)

Sairatha Nimalathevan (North London Clinical Audit Network, NLCAN)
James Shaw-Cotterill (South East Clinical Effectiveness, SECEN)
Steve Walters (SELCAN, South London)
Carl Walker (East Midlands, CASnet)
Julie Hancocks (Comms Facilitator) – *Minutes*

Co-Opted Members

Richard Arnold (NHS England)

Mandy Smith (HQIP) – Afternoon only

Apologies

Professor Nick Black (NAGCAE Chair)
Kate Godfrey (HQIP)
John Hignett (NECAN, North of England)
Stuart Metcalf (South West, SWANS)
Nicola Porter (GAIN, Northern Ireland)
Arlene Shenkorov (Wales Networks)

Discussion on new name for NAGG

Kat Young welcomed everyone to the meeting and asked that before the meeting commenced, whether we could discuss the new name for NAGG.

A Task and Finish Group had been working on the new name, and two alternatives were put out to vote via e-mail to all core members.

Alternative names were put forward at the meeting, however, and had developed a long list of options that were then reduced to a short list of two. The two alternatives were put out to vote via e-mail to all core members.

- National Clinical Audit and Quality Improvement Network (NCAQIN)
- National Quality Improvement and Clinical Audit Network (NQICAN)

Further alternative names were put forward at the meeting, however the group felt that it was important to agree a new name and that the new name should be one of these two options. Made by a majority decision, the group agreed that the new name of the network should be *National Quality Improvement and Clinical Audit Network (NQICAN)*.

Pronunciation of the acronym was agreed as N-Q-ICAN.

1. Welcome and Apologies

The new Declaration of Interests form was introduced. It will now be reviewed and updated at the beginning of every meeting. The form will be published on the NQICAN website, and updated as and when required. Sue Venables will be working up a policy document.

Kat announced that Adam Backhouse had retired as Chair of NLCAN, and that Sairatha Nimalathevan had taken over. Kat recorded her thanks to Adam for his work for the network, and welcomed Sai to the meeting.

Adrian Newland has stepped down from the network, and a replacement is sought.

Kirsty MacClean Steel will be joining the network as a Stakeholder member representing NICE.

ACTION:

- Publish Declarations of Interest onto the NQICAN website – Sue Venables
- Produce a policy document for Declaration of Interest – Sue Venables

2. HQIP update – Kate Godfrey

Kate was unable to attend the meeting and a paper update was sent (see Appendix 1).

Regular meetings are being held between Kate and Kat.

Discussion at meeting:

It was agreed that there was a need for a strategy behind the Clinical Audit Programme, and Kat will be discussing with NAGCAE and HQIP working on National Clinical Audits in a consolidated way. Richard Arnold commented that NHS England want a structured National Clinical Audit process, and would be pleased to work with NOICAN.

HQIP are reviewing and updating their existing products, and are developing new products related to quality improvement. They are looking to NOICAN for recommendations on what new guidance to develop. HQIP would welcome NOICAN's review of products. The group agreed that they were happy to review and input to the contents and comment on it.

A discussion was held as to whether we should as a group endorse products, how this would be represented on the documents, and whether from this it could be perceived that we are the experts. The group concluded that we could and should review products and for this to be stated on the document, however, there was concern over actually endorsing a product. It was also agreed that we would be prepared to perform the same service for others, providing that there was no financial gain from doing so.

ACTION

- Discuss with NAGCAE and HQIP working on National Clinical Audits in a consolidated way. – Kat Young.

3. NHS England Update – Richard Arnold

Kat, Simon Bennett and Richard Arnold have met to discuss funding for NOICAN. The funding being sought for NOICAN related to continuing to pay travel expenses for NOICAN members to attend meetings, and hosting for quarterly meetings, funding for officers teleconferences and monthly teleconferences for Network Chairs, plus some sponsorship of the Chairs' role.

A process will be set up for new National Clinical Audits, and a review set up of existing audits. The drive will be for new audits and the decommissioning of existing. A new QA framework will be established and new national audits will go through HQIP.

Regular meetings have been agreed between Kat, Simon and Richard.

The website is up and running, although it requires some development.

4. Approval of minutes of previous meeting and discussion of matters arising

The minutes from the meeting in March were agreed, and it was reported that following the comments posted on the CASC discussion boards, Kirsty MacClean Steel had been contacted regarding of the wording of the minute relating to NICE, and a revised wording had been agreed.

Original Wording:

Kirsty joined the meeting, and informed us that NICE do not really have any involvement in National Audits, although there were a couple that she was trying to ensure incorporated the Quality Standards (Hip Fracture Database and Hypercholesterolemia). She stated that NICE were very interested in NAGG, and that she would be very interested to meet and liaise with NAGG. She would like to receive feedback on audits that are ignoring the use of NICE guidelines as standards, because

NICE find it difficult to get involved in the national audits as some of the organisations are reticent to become involved with them.

A question was asked about how the Quality Standards are going to be used, and it was suggested that we work with Richard Arnold to see if they could be linked into the national audits. NICE do have links with the Royal Colleges.

In terms of NICE guidance it was felt that we should be auditing the NICE guidance and to use the Quality Standards for national audits.

Kat offered to write to HQIP to clarify whether NICE are represented at specification meetings. Kirsty reported that they were keen to get involved.

Rewording:

Kirsty joined the meeting, and informed us that NICE do not really have any involvement in National Audits, although [they have worked with two to align products](#) (Hip Fracture Database and Hypercholesterolemia). She stated that NICE were very interested in NAGG, and that she would be very interested to meet and liaise with NAGG. She would like to receive feedback on audits that are ignoring the use of NICE guidelines as standards, because NICE find it difficult to get involved in the national audits as some of the organisations are reticent to become involved with them.

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Kat offered to write to HQIP to clarify whether NICE are represented at specification meetings. Kirsty reported that they were keen to get involved.

The actions were reviewed. – See appendix.

Kat has followed up consent for audits with Helen Laing. NAGCAE have looked at Caldicott and are working to establish what the issue is; whether it is just the pregnancy and diabetes audits, or whether it is wider ranging and what the impact will be.

5. Reflections on the July 2013 workshop

Kat stated that she was pleased with the outcomes of the workshop and what the Task and Finish Groups had achieved.

6. National Advisory Group on Clinical Audit and Enquiries – NAGCAE

The NAGCAE Annual Report discusses the enhancing of role Clinical Audit staff, but does not discuss how it is going to do it. Clarification of sub groups and how they are to be recruited is required.

NAGCAE are commissioning new topics – the group requested that the current situation of lots of audit in one division or branch of medicine be addressed, so that Clinicians' time for input to audit can be better balanced.

ACTION

- Letter to Nick Black to cover 2 points – Kat Young
 - Seek clarification over how NAGCAE intends to enhance the role of clinical audit staff
 - Highlight the need for a national audit programme strategy and offer that NQICAN works with NAGCAE (and HQIP / NHS England) to develop a strategy for national audits.

7. Strategy / Task and Finish Groups

The Task and Finish Group pro-forma was introduced.

- Proformas will need to be approved at the meeting.
- Topics for T&F Groups should arise from the themes emerging from the Network Themes discussion, and membership recruited from the networks.

8. Update from the Chair

Refer to Appendix 2

9. National Audit Specification Meetings

Helen attended the HIV/STI meeting. There is difficulty in getting GP level data, and the audit involves multiple primary and secondary care providers, which provides additional problems in sharing information for HIV patients as patient identifiable data could be in the public domain.

It was agreed that NQICAN members attending the specification meetings would report back to the NQICAN meeting.

10. Lunch –

A presentation of flowers was made to Ann Burnett, as she is now retiring after 33 years' service in the NHS.

11. A review of the Francis, Berwick and Keogh Reports, and discussion on the implications

Presentations were given by Mandy Smith and Helen Blenkinsop on the three reports, following which discussion was undertaken and a Response/Action Plan arising from the discussion was drawn up. The action plan will be forwarded separately from the minutes.

12. Discussion of key themes from regional networks

Surveys/studies would be appreciated on the following topics:

- How a trust manages Clinical Audit
- Assessing trusts to benchmark against the HQIP guide for boards
- How trusts engage with Junior Doctors to find out what works

There was opinion that Clinical Audit was being used for assurance not improvement, and it was asked whether we could engage in discussions between NAGCAE, HQIP and NHS England about the diversion between Quality Improvement and Clinical Audit, also whether an improvement element could be built into National Audit.

13. Any other business

A monthly teleconference is to be set up for Network Chairs. It is not mandatory to participate, but if there is good practice to be shared, or the Chairs wish to use the forum for discussion and support, they are welcome to do so. The teleconference will not happen in the months where there is a face to face meeting. Details for dial-in will be circulated .

The meeting concluded at 15:00

14. Summary of Actions

Summary of Actions		
1303-3.2	Authorship and background of the Future of Clinical Audit Staff in Trusts consultation document to be established, and NAGG concerns to be relayed to NAGCAE	
1303-5.1	Representation from NAGCAE and SCIE to be addressed (carried forward from previous minutes). Contact to be made with Richard Arnold to see if he can take forward	
1303-5.2	Reports from previous meetings of the HQIP Advisory Board to be obtained <i>Kat will circulate the papers in future with the agenda</i>	
1303-6.2	Applications for post of Chair to be e-mailed to Ann Burnett by 14 April 2013	
1303-8.1	HQIP to be contacted regarding guidance for organisations wishing to charge for their audits	
1303-10.1	Terms of Reference to be revised	
1303-11.1	HQIP to be contacted to establish involvement of NICE at specification meetings. Update – Sept 2013. Kat has spoken to Yvonne Silvoe at HQIP, and NICE are welcome to attend specification	
1303-13.1	Francis Report to be included on next agenda	
Summary of Actions		
1303-3.1	Contact to be made with Nick Black to discuss NAGG representation on NAGCAE. Update Sept 13 – NAGCAE have requested an additional post for someone working in Clinical Audit/Quality Improvement. If this is not approved NOICAN will be able	Richard Arnold
1303-6.1	Request for matrix to be made to HQIP Update Sept 13 – No update received - ONGOING	Stuart Metcalfe

1303-7.1	NAGG concerns on Future of Clinical Audit Staff in Trusts consultation document to be relayed to Richard Arnold with a request to receive a copy of the final recommendations Update Sept 13 – No update received – ONGOING	Ann Burnett
1303-11.1	HQIP to be contacted to establish involvement of NICE at specification meetings. Update – Sept 2013. Kat has spoken to Yvonne Silvoe at HQIP, and NICE are welcome to attend specification	Kat Young
1309-1.1	Publish Declarations of Interest form onto website	Sue Venables
1309-1.2	Produce a policy document for Declaration of Interest	Sue Venables
1309-2.1	Discuss with NAGCAE and HQIP working on National Audits	Kat Young
130—6.1	Letter to Nick Black re <ul style="list-style-type: none"> • Seeking clarification over how NAGCAE intends to enhance the role of clinical audit staff • Highlight the need for a national audit programme strategy and offer that NQICAN works with NAGCAE (and HQIP / NHS England) to develop a strategy for national audits. 	Kat Young

Future Meetings

- Tuesday 17 December 2013 (Provisional date)

Appendix 1 – HQIP Update

QID Team

- The product review continues as per plan. First two external meetings have been held. These looked at audit practice and patient and service user participation. Two further meetings are being held w/c 16th September concentrating on other quality improvement methods and the governance around audit and QI.
- Planning and shaping of workshops on 'Taking Action to Improve the Quality of Care' is in progress and will take place in February and March 2014.
- Significant Event Audit Workshops for GPs will be taking place in September and October 2013 and January 2014. Workshops held in London (x2), Birmingham, Manchester and Bristol are proving far more popular than in the East side of the country (i.e. Leicester and York). The content of these workshops will be delivered by CASC.
- A database for contacts in CCGs has been developed. HQIP has now made contact with 'Quality Leads' in all but 4 CCGs in England.
- The Service User Network met in July, this was the first meeting under the new Chair and Vice Chair. It was agreed that membership should be increased to include wider representations of service users and their representative organisations. Social media training was provided to 4 members of the network.
- An interim report on the QI / audit support requirements for community organisations is currently being reviewed and fed in to the product review process
- An analysis has been carried out on the Francis, Keogh, Caldicott and Berwick reports, pulling out key areas relevant to clinical audit and quality improvement. This is being promoted through presentations and blogs.

NCAPOP

Programmes:

- CHR-UK contract will not be extended from 30 September 2013; re-procurement has commenced with specification development planned for 24 October 2013.
- CHR-UK launch arranged for 30 Sept 2013.
- NCEPOD and NCISH contracts expire Mar 2015 – impact paper requested from suppliers to be sent to NHS E for consideration.
- NCEPOD – Subarachnoid Haemorrhage Report launch 22 Nov 2013.

Commissioning:

- Ophthalmology – PQQ due 30 Sept 2013
- Dementia – PQQ to commence Oct 2013
- STI/HIV – SDM 17 Sept 2013
- Complex needs – SDM 23 Oct 2013
- Cancers x 3 & Breast – TBC Jan 2013
- Pain – TBC Feb 2013
- NAPT – TBC Dec 2013

Contract extensions:

- Six cardiac audits – Renewal meeting 2 Oct 2013
- NNAP – Renewal meeting 17 Oct 2013
- Diabetes (NDA & NPDA) – 6 Nov 2013
- OGC – 6 Nov 2013

Development Activities:

- Maternity Audit: Specification drafted with NHS E
- Continence – TBD

Contract with NHS England:

- Offer 2 Contract Variation agreed.
- Licenses variation in process.
- Termination times and information governance require agreement.

NCAPOP Team organisation:

- Head of Procurement confirmed. Temp. Procurement Manager appointed for 6 months.

Budgets:

- HL is reviewing NCAPOP budget. 5 year spend plan developed and shared with NHS E.

Special Projects:

- Everyone Counts: 'Wash up meeting' held 9 September 2013.
- 3 final audits publish in Sept 2013. Communications – press release and contacting trusts.
- Meeting 17 Sept 2013 to discuss next steps for Offer 2.
- Evaluation report drafted – with NHS E.

Third Party Data Intermediaries:

- Context - The Health and Social Care Transparency Panel met on the 2 May 2012; it was recognised at this meeting that there were challenges to be addressed to enable clinical audit data to be more open and accessible in particular to Third Party Intermediaries. It was therefore proposed that a sub group be formed to look at the specific issues relating to clinical audit and the release of the data.
- Work has now commenced to work with third part data intermediaries to develop a process by which data can be accessed by such groups. Meeting arranged for 8 Oct 2013 to discuss one data request for diabetes audit.
- In order to streamline all data access requests further work is on-going with the HSCIC to revise the current system to prevent duplication of effort.

Subscription funding:

- 2012/13 - £2.5million (net)
- Awaiting letter for 2013/14 collection period.

Appendix 2 – Update from the Chair

Commentary

A lot has happened since the 22 April 2013 when I took up the Chair. It was fantastic to see so many of the regional representatives and stakeholder members of NAGG coming to the workshop in July. It was great to see such collaborative working and energy in the room. Successful organisations have a vision, they know what it is that they want to achieve. We have made really good progress with this. I have been really impressed by how committed people are to developing the network, putting in the effort and great ideas, as well as constructive challenge. We might not always get it right. What is important is that we all give it a go and try to improve – and we will make an impact.

Strategy/Summary of Purpose/Objectives/Task and Finish Groups

A very big thank you to all those involved:

TASK AND FINISH GROUP 1 Strategy/Objectives/Name/Strapline: see NAGG meeting papers.

TASK AND FINISH GROUP 2 Communications Strategy:

First Task and Finish Group telecom held; framework for communications strategy/plan agreed – aim for this to be reviewed at our December meeting.

NAGG Representatives/Networks

Wales – Arelene Shenkorov, Chair of the Welsh Clinical Audit and Effectiveness Association talked me through the headlines of how Wales are currently also working to align QI and CA efforts. Wales have put QI training in place and have a target around staff undergoing this training. I will ask Arelene to share Wales's work at a future meeting.

South Central Clinical Audit Network - I was happy to accept an invite from Jen Knight to attend the last meeting of SCCAN. Whilst the Network is small they do have some really constructive discussions and develop ideas to be taken forward; for example the RAG rating of audits. SCCAN were supportive of NAGG and move to cover QI as well as CA. A question was raised as to why the RCN and Allied Health Professionals were not covered in Stakeholder members. This was a good point – whilst I believe that historically all colleges were contacted I think now would be a good time to approach the RCN, RCS and Allied health professionals.

Partnership working

HQIP

I met with Jane Ingham, interim CEO and Kate Godfrey to share NAGG's purpose and objectives going forward. HQIP support the move to addressing QI. There is a need to align QI and CA. HQIP are keen for NAGG to work with them to identify the needs and support the development of QI

(including CA) training, guidance and products as well as consider the future strategy around the national audit programme.

I was pleased to support the judging of the first National Clinical Audit Patient Outcomes Programme (NCAPOP) awards, the projects shortlisted will be judged by attendees at HQIP Conference in October.

The HQIP Advisory Board, of which as NAGG Chair I attend, was cancelled in June. The next meeting date is tbc, although likely to be October.

There will be a plenary session at the HQIP conference in October looking at NAGG going forward. This will be run by Julie Hancocks, Sue Venables, Jim Shaw-Cotterill and myself.

NHS England – Simon Bennett and Richard Arnold expressed that they hoped that NAGG would be the critical friend of HQIP in regards to both ‘lots’ developing CA/QI and the local level as well as around the commissioning of national audits/development of the national audit programme. There is value in getting feedback from NHS staff working in CA and QI about the realities and what can add value. The NAGG webpage on the NHS England website is in the process of being developed.

RCP – Rhona Buckingham welcomed having a more positive collaborative relationship with NAGG; there may be opportunities for CA/QI staff to be more engaged with some of the various projects run by the RCP.

RCGP – I met with Imran Rafi, Matthew Houghton and Megan Lannigan. We talked about the need to engage primary care in undertaking QI and the benefits of cross boundary working. Data collection in primary care is easier as it is mainly electronic – influencing QI outside of the QOF framework can be challenging although has been done in some areas. I am pleased to welcome Megan to be the RCGP stakeholder member.

RCPsych – Speaking with Adrian Worrall and Krysia Zalewska (National Audit of Schizophrenia) we considered the role of national audit. The main concern is that national audits are not properly funded to carry out improvement activity. The RCPsych would welcome working in partnership to develop an effective national audit strategy and enhance the effectiveness of national audits.

NICE – At the March NAGG meeting we considered how the national audits are against NICE guidance; it was quite clear that there is a need to make this the norm. I think there would be real benefit in NICE having a closer working relationship with NAGG in order that we can progress the national audits. In future I am pleased that Kirsty Maclean-Steel from NICE will come to NAGG as a stakeholder member.

NAGCAE – I have linked with Nick Black regarding the representation of a legitimate clinical audit / quality improvement voice on NAGCAE. Jane Rippon is not currently working in this field in the NHS and there was agreement that there should be someone on the Committee who is. NAGCAE are going to discuss membership at their meeting on 18 September. NAGCAE will be considering Nick's proposal that an additional person is recruited, someone currently working in a Trust. If accepted, NAGCAE will be seeking our help to encourage applications. If this proposal is not accepted the Chair (Nick) has agreed to NAGG having observer status.

Clinical Audit Support Centre – there have been a few comments about NAGG placed on the clinical audit tools discussion board. Thanks to Sue for responding in a constructive professional manner.

FMLM and Improving Quality – I am in the process of building links with these two organisations.

RSM Quality Network – the next meeting will be in October, the meeting will be looking to map the various organisations involved in Quality. I will ensure that NAGG are included on this and bring back the output.

NAGG Membership and Governance

NHS England has asked if we will be reviewing our membership in line with the new landscape and no longer having SHAs, to whom NAGGs regional representatives are currently aligned. This should be considered going forward. In light of our work on strategy, objectives etc the NAGG governance and membership arrangements will be developed.

Funding

Conversations are being held with NHS England and HQIP to explore the possibilities of funding some of the activities that will help us deliver our objectives, for example funding of telecoms for the officers and also a regional chair forum.

Appendix 3 – September 2013 NQICAN (NAGG) meeting

Background

3 reports published recently: Francis, Keogh & Berwick

- Francis Report <http://www.midstaffspublicinquiry.com/report>
- Berwick Report <http://www.england.nhs.uk/tag/berwick-report/>
- Keogh Report <http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf>

Multiple responses made by various organisations, rather than providing another interpretation of these key reports it was the intention the output of the September NQICAN meeting will be something practical and support the implementation of the various recommendations.

September 2013 meeting

- NQICAN reviewed the 3 reports and identified the key themes that have implications for staff working in clinical audit and quality improvement
- For each theme the following identified:
 - current areas of good practice/resources
 - Areas for development e.g. guidance/resource/training required by HQIP

NQICAN would like to further develop this document through engagement with regional networks.

ACTION Regional Networks: Regional networks are asked to review this document and identify any additional areas of good practice and areas for development.

Themes	Current areas of good practice / resources e.g. HQIP guidance / tools	Areas for Development
Leadership / Culture/ NHS as Learning Organisation	<ul style="list-style-type: none"> - Existence of Networks - Mechanisms for feedback from junior doctors and trainees 	<ul style="list-style-type: none"> - Cultural Care Barometer being developed (currently being piloted) - All Trusts engaged in regional networks - Clinical audit and QI promoted as learning opportunities
Board Responsibility <ul style="list-style-type: none"> - Quality top of the agenda - Board review of clinical audit/outliers 	<ul style="list-style-type: none"> - Good Governance Guide - HQIP Clinical audit: Guide for Boards (guidance and presentation) - HQIP have done workshop for NEDs - Senior manager with responsibility for clinical audit / quality improvement 	<ul style="list-style-type: none"> -
Clinical engagement	<ul style="list-style-type: none"> - HQIP Local audit handbook for physicians - HQIP guidance to involving junior doctors in clinical audit - Revalidation - Active clinical audit / QI leads 	<ul style="list-style-type: none"> -

Themes	Current areas of good practice / resources e.g. HQIP guidance / tools	Areas for Development
Clinical audit / QI programme - Governance around projects - Best use of audit data - Robust mechanisms to ensure changes implemented -	- HQIP Clinical Audit programme guidance - HQIP Template Clinical Audit policy and strategy - HQIP Criteria for high quality audit - HQIP National Clinical Audit Feedback mechanism - HQIP Clinical audit statutory and mandatory requirements - Quality accounts - Safety Thermometer - Key topics audited*	- Priorities for CA & QI identified using complaints - Triangulation of CA & QI findings with complaints, incidents, claims - Improvement activity for all national audits - CCGs monitoring effectiveness of Trusts clinical audit / QI programmes
Measurement and Real-time & accurate data - Participation in national audit - Re-audit rate?	- HQIP ensuring data quality in clinical audit - Some national audits publish national audit data in timely fashion	- Publication of national audit data in timely fashion for all national audits
Mortality - Response to outliers	- Detection and management of outliers	- Systematic and externally audited case note reviews

Themes	Current areas of good practice / resources e.g. HQIP guidance / tools	Areas for Development
Openess and Transparency <ul style="list-style-type: none"> - Data published - Duty of Candour - Caldicott Review 	<ul style="list-style-type: none"> - National Audits being published - Quality Accounts - HQIP Information governance guide for clinical audit - HQIP Information governance for clinical audit patient information leaflet 	
Patient and Public Involvement / patient partnership	<ul style="list-style-type: none"> - HQIP Patient and Public Involvement guidance - HQIP guide to developing a patient panel - Guide for patients in understanding clinical audit reports - Online learning: clinical audit for patients - Use of patient stories 	Patient representatives/ engagement at NQICAN and regional networks
Complaints	Themes of complaints considered when developing local clinical audit programme	
QI Strategy <ul style="list-style-type: none"> - considering staff outcomes as part of 	Protected time for nursing and other allied health professionals to do CA/QI	Aligning clinical audit and quality improvement

Themes	Current areas of good practice / resources e.g. HQIP guidance / tools	Areas for Development
QI strategy Capability of the system/ Role of QI/CA staff	<ul style="list-style-type: none"> - Guide for clinical audit leads - Local audit handbook for physicians - HQIP: A introduction to statistics for audit - Guide to using QI tools to drive Clinical audits 	What guidance required? What training required?

*

- Continence, bladder and bowel care
- Patient safety
- Personal and oral hygiene
- Privacy and dignity
- Nutrition and hydration
- Pressure area care
- Cleanliness and infection control
- Record-keeping
- Diagnosis and treatment
- Communication and information
- Discharge from hospital



This document was originally developed by Kat Young (NQICAN Chair) with input from Sue Venables (NQICAN General Secretary), Julie Hancocks (NQICAN Communications Officer) and Helen Blenkinsop (NQICAN Member). It was reviewed by NQICAN in September 2013 and further developed.