University Hospitals of North Midlands NHS Trust

Executive Clinical Effectiveness Group

Meeting held on Tuesday 14th June 2022, 11.00 am to 12.20 pm
Via MS Teams

MINUTES OF MEETING

Attended	Apologies / Deputy Sent	Apologies

Members:			J	S	D	M
[redacted]	ML	Executive Medical Director (Chair)				
[redacted]	RB	Associate Director (Quality Improvement)				
[redacted]	JF	Associate Director (Medicine)				
[redacted]	GH	Deputy Medical Director				
[redacted]	MH	Divisional Chair (CWD)				
[redacted]	AL	Divisional Chair (Specialised)				
[redacted]	VL	Quality Assurance Manager				
[redacted]	SM	Deputy Chief Nurse				
[redacted]	ST	Clinical Director Pharmacy				
[redacted]	SM	Divisional Chair (Surgery)				
[redacted]	KM	Legal Services Manager (Solicitor)				
[redacted]	BR	Associate Chief Nurse (CWD)				
[redacted]	RR	Consultant Orthopaedic Surgeon				
[redacted]	CMR	Associate Director of Corporate Governance				
[redacted]	AV	Associate Director Legal Services	KR			

In Attendance:		
[redacted]		Quality and Training Manager (item 8)
[redacted]		Consultant Haematologist (item 9)
[redacted]		Deputy Associate Director of Corporate Governance (minutes)
[redacted]		Consultant Paediatrician (item 10)
[redacted]		Deputy Head of Legal Services (representing Mr A Vernon)
[redacted]		Consultant Oncoplastic Breast Surgeon (item 11)

No. / Ref	Agenda Item	Action
1.	**Chair's Welcome, Apologies and Quoracy**	
	[redacted] referred to the ongoing discussions regarding the remit of the group and the level of divisional engagement required.	
2.	**Declarations of Interest**	
	There were no declarations of interest received.	
3.	**Minutes of the Previous Meeting held 8th March 2022**	
	The minutes of the previous meeting were approved as an accurate record.	
4.	**Matters Arising via the Post Meeting Action Log**	

	ECEG/002 – It was noted that [redacted] had sent apologies to the meeting therefore this would be considered at the next meeting. ECEG/003 – It was noted that a meeting was to be held with [redacted] and [redacted] ECEG/004 – It was recognised that further work was required to be undertaken on the template prior to being used for future meetings.	
5.	**Terms of Reference**	
	[redacted] explained that once approved the Terms of Reference would be considered and approved by the Quality Governance Committee. [redacted] referred to the current reporting structured and stated that upon review of the CQC indicators, given that the majority of indicators regarding effectiveness related to mortality, she queried whether the mortality review group should report into Clinical Effectiveness Group (CEG) rather than reporting into the Patient Safety Group. She stated that this would mirror the CQC Insight mapping and would also enable a more robust conversation around the table given the increased medical membership of CEG. [redacted] agreed with the suggestion of moving the reporting into CEG given the ability for enhanced medical scrutiny. [redacted] stated that she was in the process of reviewing the groups reporting into CEG and the inclusion of the mortality group would feature into further discussions. It was agreed to consider further and discuss with [redacted] to establish and confirm division of responsibilities. [redacted] referred to the clinical effectiveness of medicines and stated that in addition to NICE Guidance, NICE HTAs also needed consideration. She also referred to the regional medicines optimisation committee which had been re-established and queried where that would report. [redacted] agreed that the NICE Group should consider all relevant NICE guidance including HTAs. [redacted] agreed to further the Terms of Reference further and amend taking into account the comments made, prior to final consideration at the next meeting. **The Group noted the terms of reference and agreed to make further changes before considering for final approval.**	[redacted] [redacted]
6.	**NNAP Low Outlier Status for 2020-2021**	
	It was noted that [redacted] had provided apologies to the meeting, therefore the item was to be discussed at the next meeting.	
7.	**British Standards Institution (BSI) Accreditation (Oncology) Accredited to ISO9001: 2015**	
	[redacted] referred to the recent assessment in Oncology which resulted in 3 minor non-conformities following which an action plan had been developed and approved by the BSI. Overall the work of the Directorate was recognised in particular the way in which treatments had continued during the pandemic. [redacted] suggested that future reports include an Executive Summary in order to identify the main points, key risks and actions required. [redacted] queried	

	this could be included within the Divisional reports, in terms of risks and the actions being taken. [redacted] referred to the need to consider the specific action plan associated with the review which would in turn help to track progress. **The Group received and noted the report.**	
8.	**United Kingdom Accreditation Service (UKAS) Biochemistry 9351 Accredited to ISO 15189:2012**	
	[redacted] highlighted that the accreditation was undertaken as part of an extension to scope assessment within Biochemistry. It was noted that over 1000 documents were provided to UKAS prior to the assessment, following which an assessment took place on 2 days. Overall, the outcome was positive and UKAS commended the Trust's commitment to the accreditation process, with positive comments made regarding the experience and skills of staff and engagement with users. No significant areas for improvement were identified, although 3 minor technical findings were reported, one of which was a minor documentation error which had been subsequently rectified. [redacted] stated that for any finding a RCA was undertaken and information had been subsequently provided to UKAS. She referred to the main risks in relation to the accreditation which related to staffing and added that the risk regarding replacement of equipment had been closed following the accreditation, given the independent review and assurance provided on the quality of service. [redacted] referred to the next routine full assessment which was due in July / August and suggested that initial highlights could be included within the CWD divisional report to be considered at the next meeting in September. [redacted] suggested that as part of divisional report, that a list of scheduled accreditations/reviews were included, so these can be tracked, particularly due to the challenges affecting national review teams which could incur delays. This was agreed. **The Group received and noted the report.**	
9.	**All Party Parliamentary Group (APPG) Report on Sickle Cell Disease**	
	[redacted] referred to the APPG report which highlighted failings in sickle cell patient care resulting in 31 recommendations, whereby the Trust had identified a number of actions in response, including the request to Quality Safety Oversight Group (QSOG) that mandatory training for healthcare professionals in emergency portals be expanded to include sickle cell disease training. [redacted] agreed to obtain an update from QSOG as to whether this recommendation was agreed. [redacted] highlighted that in order to improve patient care, this required the right staff such as a specialist nurse although this would be subject to a business case. [redacted] thanked the team for the work undertaken. **The Group received and noted the report.**	[redacted]
10.	**National Paediatric Diabetes Audit 2020 - 2021**	
	[redacted] referred to the mandatory national audit which had been undertaken	

	and highlighted that the report had been considered by both the local and regional diabetes network. It was noted that the Trust were continuing to make improvements year on year and were performing better than regional and national averages. An action plan had been identified to make further improvements and the challenges associated with lack of data support over the past 2 years were highlighted. It was noted that as the Trust moved towards transitional care, specific staff would be required. [redacted] queried how progress against the action plan was monitored and [redacted] stated that this was monitored on a monthly basis via the Directorate team. [redacted] suggested that progress against the action plan could be included within the CWD report going forwards, whilst accepting that it was not expected to create additional processes in terms of reporting. [redacted] agreed to further consider the format of the CWD report and work with [redacted] and [redacted] to establish this prior to the next meeting. [redacted] requested that any risks associated with the audit should be articulated on the risk register. **The Group received and noted the report.**	[redacted]
11.	**National Breast Cancer Audit in Older People**	
	[redacted] provided a summary of the audit which looked at the treatment of breast cancer patients over 70 years of age. It was noted that overall, data was obtained from national data and difficulties in the accuracy of the data were identified, impacting on the results of the report, and although this had improved in recent years. However, there remained challenges associated with the uploading rate of data as well as considering the appropriate data set. It was agreed to include a formal update at the next meeting via the Divisional report.	[redacted]
12.	**Draft Clinical Audit Programme 2022 / 2023**	
	[redacted] highlighted that 130 projects had been identified, 60% of which related to national guidelines. It was noted that whilst there were a large number of projects identified, this was felt to be manageable within the team. It was noted that the 62 national audits would be delivered in the main by clinical teams. Due to the document being embedded within the report, it was agreed to circulate the excel document separately to members and request that any comments are provided by 24th June. [redacted] queried if the audit programme reflected all audit activity within the organisation and [redacted] stated that there was a lot of information on the audits being undertaken independently which was not captured within the programme. [redacted] stated that when the team are asked for ideas on what clinicians can focus their audits on, they are referred to priorities such as NICE guidance but it was agreed that the process could be strengthened in terms of on ensuring audit activity reflected Divisional priorities. [redacted] referred to the importance of ensuring SPA / quality improvement time	[redacted]

	was being utilised on projects which supported improvement and that this was aligned to meet the requirements of Divisions / Directorates. [redacted] suggested that the CQC working group consider the CQC related audits given these sit separately to the corporate audit team. [redacted] agreed to consider this given these would form part of the assurance required for CQC. [redacted] requested that a further update be provided to the next meeting on audit activity in general, incorporating independent audits and audits related to CQC etc. [redacted] referred to the need to support clinicians in undertaking audits independently and [redacted] highlighted that a clinical audit toolkit was available for staff to utilise when undertaking independent audits. [redacted] suggested identifying a 'filter' to identify priorities and importance of audits which could subsequently determine who would undertake the audit i.e. corporate team / independent reviews. **The Group noted the audit programme and agreed to review and make comments on the content via email.**	[redacted] [redacted] [redacted]
13.	**Risks Reported to the Group**	
	[redacted] referred to the previous discussions highlighting the importance of identifying risks following reviews/audits. It was agreed that the practice of including risks associated with the outcome of reports / audits needed to be strengthened and once this became embedded, the number of risks reported to the group would be expected to increase.	
14.	**Litigation**	
	[redacted] referred to the contribution of the Trust to NHS Resolution of £27 m and the importance of learning from litigation claims. She highlighted a gap which had been identified in terms of acting upon the data provided to teams which required a process to formalise divisional responses once a year, to confirm that claims data has been discussed and used to improve outcomes. [redacted] described the improvements being made to provide data to divisions on claims, NHSR scorecard data and GIRFT data which would be in place by the end of October. [redacted] referred to the importance of acting upon the data provided to support future quality improvement programmes. [redacted] agreed that the divisional reporting mechanism could be utilised to identify the information required and suggested that [redacted] link into the discussion regarding the CWD template. The importance of making it easier for Divisions to provide the data was highlighted. [redacted] stated that he welcomed the proposal put forward and stated that he felt that learning from litigation was unfamiliar to clinicians and agreed that this needed to be improved within the organisation in terms of sharing learning from claims.	[redacted]

	[redacted] referred to the benefit of mapping the information to specific Divisions so that the information provided was tailored and could be acted upon. She queried any national learning from claims and how that learning was cascaded to teams. [redacted] referred to GIRFT data which was shared with relevant teams, as well as the thematic reviews from NHSR which were also shared with relevant areas. [redacted] added that national reports were shared with Divisions, although one key issue was consent which needed to be addressed. She stated that GIRFT were also looking at this area and she expected this to be considered further by the group at a future meeting. **The Group received and noted the report and agreed with the proposal to obtain divisional assurance that learning from claims had been considered and acted upon within divisions, via the divisional reports.**	[redacted]
15.	**Review of Meeting Effectiveness & Attendance**	
	[redacted] referred to the need of bringing forward divisional reports in addition to ensuring specific issues, key risks and escalations were included within Executive Summaries.	
16.	**Review of Business Cycle**	
	There were no further comments made in relation to the business cycle.	
17.	**Agreement of Items for Highlight Report including Items for Escalation to Committee**	
	It was agreed to share the highlight report with members for information.	
18.	**Any Other Business**	
	There were no further items to discuss.	
19.	**Date and Time of Next Meeting**	
	Tuesday 6th September, 10.00 am to 12.00 pm, via MS Teams	