

Enw'r Pwyllgor: Name of Sub-Committee:	Effective Clinical Practice Advisory Group
Cadeirydd y Pwyllgor: Chair of Sub-Committee:	Dr Subhamay Ghosh, Associate Medical Director for Quality and Safety
Cyfnod Adrodd: Reporting Period:	March to June 2022

**Materion Ansawdd, Diogelwch a Phrofiad:
Quality, Safety & Experience Matters:**

This report provides an update on the clinical effectiveness agenda within the Health Board and a summary of key matters discussed at the meetings of the Effective Clinical Practice Panel held on 1st March and 7th June 2022.

The Terms of Reference of the Panel were reviewed at the Panel meeting on 1st March as there had previously been some challenges in relation to quoracy, some of the positions listed being the same person covering two positions and some Members not being reflected in the membership. At the Panel meeting on 7th June 2022, amendments made to the Terms of Reference were ratified, with a minor final amendment to be made before ratification and approval by the Executive Lead.

Updates from Sub-Groups

Mortality Scrutiny Group

New Mortality Review processes are being implemented in line with the All-Wales Learning from Mortality Review Framework, supported by a Clinical Lead for Mortality and Mortality Review and Improvement Facilitator. A Multidisciplinary Mortality Review Panel is operational and reviewing case referrals from the Medical Examiner Service. The Panel meets fortnightly and advises on the appropriate route for cases where issues have been identified by the Medical Examiner Service. Cases requiring further proportionate investigation are shared with the appropriate teams and once investigations are completed, themes are being captured. Processes are currently being embedded and refined where appropriate.

All sites are fully operational sending notes to the Medical Examiner Service except for Glangwili General Hospital who have been unable to carry out the scanning due to staffing vacancies, this is still in the process of being resolved with various solutions being implemented.

It was originally agreed that Stage 1 reviews should be stood down across all sites at the same time to ensure consistency and limit any risks. However, an extraordinary Mortality Scrutiny Group meeting was held on 23rd May 2022 to review the mortality review implementation and potential standing down of Stage 1 reviews at Bronglais General Hospital and Withybush General Hospital, as it had been highlighted that there was potential for considerable duplication given that all notes were being reviewed by the Medical Examiner on these sites. It was agreed to stand down Stage 1 reviews on these sites only, to reduce duplication when clinical teams are pressured. It was agreed that Stage 1 reviews would continue at Glangwili General Hospital as they are not yet fully operational and Prince Philip Hospital due to sustainability issues with the current process. Subsequent conversations with Bronglais General Hospital and Withybush General Hospital Directors confirmed they were also in agreement; Dr Jason Shannon (Lead Medical Examiner

Office for Wales) has also supported this decision making and its rationale and it is also in line with other Health Boards.

It was also proposed that any ongoing stage 2 reviews should be brought through the new Mortality Review process.

The Deputy Chief Medical Officer for Wales wrote to the Health Board to highlight the findings from a routine review of Comparative Health Knowledge System data. The findings indicated increases in deaths in four areas - death in hospital within 30 days of non-elective surgery; death in hospitals within 30 days of emergency admission with a heart attack among those aged 35-74; death in hospital within 30 days of emergency admission with a hip fracture among those aged over 64; and death in hospital within 30 days of emergency admission with a stroke. A number of areas were already under investigation within the Health Board due the internal analysis of mortality data, however further work has taken place to review in detail, including discussions with the relevant Clinical Leads. A meeting took place with the Deputy Chief Medical Officer and his team to provide assurance that the Health Board is aware and actively reviewing deaths in these areas.

Clinical Audit Scrutiny Panel

The Welsh Government has stood down the National Clinical Audit Assurance process which included the completion of action plans to Welsh Government. This has been identified as a risk, as Welsh Government's approach enabled progress in these areas due to the reporting requirements. It is hoped that the new Audit Management and Tracking System (AMaT) in place (see below) will provide an internal system to address this risk. The COVID-19 audit phase 3 has also concluded and will not be collecting data for phase 4.

As previously reported, the Health Board has purchased a new system to support management of clinical audit and clinical guidance. The Clinical Audit Team have started to use a new system, AMaT, for the registration and storage of clinical audit projects. The Team are slowly rolling the system out through seeking opportunities to pilot various modules with interested services. This is being coordinated with the Clinical Effectiveness team who have also, due to limited capacity, started incrementally using the system for Guidance dissemination and status assessment in identified areas. AMaT also has a number of other modules which present opportunities to work more effectively and are being explored with relevant teams.

Following a recruitment exercise, appointment into the Clinical Director for Clinical Audit post was unsuccessful, therefore this post remains vacant. At the time of the Panel meeting, there had been ongoing challenges with recruitment to the Clinical Audit team at Bronglais General Hospital, however recruitment has subsequently been successful.

Participation with the National Emergency Laparotomy Audit has been raised as a concern at the Panel, and discussions relating to mortality rates at Withybush General Hospital. This has been raised with the audit lead at Withybush General Hospital and will be escalated to Mr Ken Harries, Clinical Director for Unscheduled Care, for further consideration.

Clinical Standards and Guidance Group (formally NICE and National Guidance Group)

The Clinical Standards and Guidelines Group has replaced the NICE and National Guidance Group. Terms of Reference had been formulated at an inaugural meeting of the Group and discussed at the Panel. The purpose of the group is to support the delivery of the Health Board's Planning Objective 5k, by:

- a) **Identifying**, through collaboration with Directorates and service areas, priority areas for the Group to target through its forward work plan, in alignment with Health Board strategic and planning objectives, and identified priorities;
- b) **Supporting** clinicians and service areas to assess themselves against the clinical effectiveness standards and guidelines (see Appendix 1 for examples of standards and guidelines), and use this information to learn and improve;
- c) **Overseeing** the adoption, implementation of and adherence to nationally recognised clinical standards and guidance.

The Group will meet quarterly from August 2022. It is the intention to invite a minimum of four teams/service areas per year to a dedicated meeting of the Group, which will provide a forum for support and challenge in relation to the service's clinical effectiveness activity. This will also provide a mechanism by which service leads are able to provide assurance to the Health Board (via the Group) that robust arrangements are in place for the delivery of effective clinical practice.

Use of the AMaT system supports the dissemination of guidance including NICE, Health Technology Wales, national and local guidance; manages statements of compliance and associated action plans; and links guidance with audits recorded on AMaT. As with the Clinical Audit Team, AMaT is currently being rolled out on an incremental basis, with teams who have expressed an interest. This includes Maternity Services in the first instance.

Areas currently receiving input from the Clinical Effectiveness team include Falls, Hospital Acquired Thrombosis, Pelvic Health work streams (Bladder, Bowel, Menopause, and Endometriosis). There has also been involvement with the Cardiology pathway transformation programme and Allergies quality improvement work. Specific guidelines are being assessed with detailed support and a view to utilise AMaT include NICE Rehabilitation after traumatic injury (NG211), NICE Self-harm: assessment, management and preventing recurrence, NICE Mental wellbeing at work (NG212).

Clinical Written Control Documentation Group

Discussions are underway between the Director of Primary Care, Community and Long Term Care and the Local Authority to review the Aftercare and Responsibilities Joint Policy and the allocation of funding for Section 117 aftercare.

The revised 190 – Written Control Documentation Policy was approved by the Sustainable Resources Committee on 23rd February 2022 and has been uploaded onto the Health Board policy intranet. The templates for a policy, procedure and guideline have changed considerably in appearance in order that the Health Board complies with the Disability Accessibility Regulations. Any existing written control documentation requiring review are being updated accordingly.

Other key matters considered by the Effective Clinical Practice Advisory Panel at the March and July 2022 meetings are summarised below:

Effective Clinical Practice Strategic Plan Update – the Panel continues to receive updates on the development of an Effective Clinical Practice Strategic Plan, which will support the delivery of Planning Objective 5K. The Clinical Director for Clinical Effectiveness and Head of Effective Clinical Practice and Quality Improvement have met with Directorate and County triumvirate teams and attended Quality and Governance Groups to engage on clinical effectiveness and gather themes to contribute to the strategic document and ongoing work. This has also provided a key opportunity to introduce the new AMaT system and identify early adopters. Discussions have also taken place

to ensure that this work is embedded within the wider quality management system developments, and that any supporting documentation is fully aligned.

Health Technology Wales (HTW) Guidance and Adoption Audit – the Health Board participated fully in a pilot led by Health Technology Wales, which focussed on the adoption of their published guidance. HTW had selected a number of guidelines for their adoption audit pilot and four of these were relevant to the Health Board. Discussions took place with relevant Clinical Leads and teams, and submissions were completed for all four guidelines. A follow up meeting was held with HTW to discuss the submissions more fully and the feedback was very welcomed by HTW. The AMaT system (which was funded through grant funding provided by HTW) will be proactive in disseminating HTW guidance and auditing in future.

Interventional Procedures Guidance (IPG) – the Panel has discussed and approved two interventional procedures guidance - *IPG560 – Microstructural scaffold (patch) insertion without autologous cell implantation for repairing symptomatic chondral knee defects*; and *IPG101 – Wireless capsule endoscopy for investigation of the small bowel* - with appropriate arrangements in place for governance, audit and ongoing monitoring of outcomes. The Panel has been kept updated on national discussions regarding safety and transparency in surgical innovation and a national study into Health Board and Trust New Interventional Procedure (NIP) policies. The findings have been considered as part of the review and revision of the Health Board's new Interventional Procedures Policy. The draft policy has been shared with the Panel prior to targeted stakeholder consultation, followed by wider consultation.

Healthcare Safety Investigation Branch (HSIB) Report on Clinical Decision Making; the diagnosis and treatment of pulmonary embolism in emergency departments - HSIB has no jurisdiction in Wales, however the reports are being sent through for consideration. There are recommendations in the report regarding updating NICE Guideline NG158. The alert will be sent to the Thrombosis Group for consideration.

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - Time Matters – A review of the quality of care provided to patients who were admitted to hospital following an out-of-hospital cardiac arrest - This report was previously raised in RRAILS and has been discussed via the Effective Clinical Practice Advisory Panel. An update on ongoing work has been shared, which has included discussions with the leads and teams in all areas of recommendation, but the ongoing delays due to the Covid-19 pandemic were noted. Actions to progress this through the appropriate routes will continue to be explored.

Patient complaint – Myelgic Encephalomyelitis (ME) /Chronic Fatigue Syndrome (CFS) the Panel discussed a complaint received from a patient with ME who reports that their additional needs were not addressed. The complainant is supported by the Health Board's Community Health Council (CHC). The letter quotes NICE guidance Myelgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome: diagnosis and management (NG206), which was consulted on by NICE in early 2021 and withdrawn for further consultation and republished in October 2021. It was agreed that a further piece of work will be explored relating to how we engage with patients with ME/CFS regarding their needs, which could also potentially include other hidden disabilities including long COVID.

Human Tissue Act compliance – all shortfalls identified during both inspections in 2021 have been addressed as per the action plan submitted to the Human Tissue Authority (HTA). Continued

compliance with HTA standards is monitored through a self-inspection audit schedule of the mortuary service against the relevant post-mortem standards. Confirmation has been received from the HTA that both inspection reports are now closed. Documents were shared with the Panel and assurance provided regarding HTA compliance within pathology and biobank.

Patient safety Notices – progress in relation to four Patient Safety Notices are reported through the Effective Clinical Practice Advisory Panel:

- **PSN012/April 2021 Deterioration due to rapid offload of pleural effusion from chest drains** – a compliance form was submitted to the Panel demonstrating full compliance.
- **PSN014/October 2021 Inappropriate anticoagulation of patients with a mechanical heart valve** - discussions with Dr Clive Weston, Clinical Lead for Cardiology have taken place, which highlighted areas where cardiology are unable to comply. This has been highlighted to Mr Mark Henwood, Deputy Medical Director, Acute Services, for further discussion.
- **PSN064/November 2021 Handlebar injuries in paediatric abdomen** - a compliance form was shared with the Panel demonstrating partial compliance. Ongoing reporting will take place.
- **PSN063/December 2021 Deployment of NRFit (ISO 80369-6) compliant devices in Wales (2021)** – a compliance form was shared with the Panel reporting partial compliance but highlighting national issues with supplies, which has delayed progress with the initial target set for changeover, of March 2022. However, it was reported that an agreement has been reached to continue with a changeover for products that are available. Ongoing reporting to the Panel will take place.

Risgiau:

Risks (include Reference to Risk Register reference):

1118 - Planning Objective 5K - Failure to develop processes for effective clinical practice.

689 - The Royal College of Physicians Medical Records Standards - Good medical record keeping

1282 - Mortality Review

1283 - NICE and National Guidance (836 & 844 combined)

Gwella Ansawdd:

Quality Improvement:

- Implementation of new Mortality Review processes in line with the All-Wales Learning from Mortality Review Framework.
- Implementation of the AMaT system to support clinical audit and dissemination and status assessment against NICE and other guidance.
- Development of associated Written Control Documentation, which clearly sets out the procedures within Hywel Dda University Health Board, and clear communication to Health Board staff.
- The Women and Child Health Service has presented an improvement plan for participation with the Epilepsy-12 national audit.

- The revised version of the 190 Written Control Documentation Policy was approved at the Sustainable Resources Committee on 23rd February 2022. Meetings with staff developing services and guidelines will be arranged to inform them of the Health Board written control documentation process so they are able to develop documentation in a timely manner and reduce implementation delays.
- A new clinical written control documentation intranet page went live at the end of March 2022.
- Strengthening of Quality Improvement representation at the Clinical Standards and Guidelines Group, to increase the alignment from clinical effectiveness to quality improvement.

Argymhelliad:**Recommendation:**

For the Quality, Safety and Experience Committee to take assurance from the update provided from the Effective Clinical Practice Advisory Panel.

Dyddiad y Cyfarfod Pwyllgor Nesaf:**Date of Next Sub- Committee Meeting:**

6th September 2022