

Enw'r Pwyllgor: Name of Sub-Committee:	Exception Report from Effective Clinical Practice Working Group
Cadeirydd y Pwyllgor: Chair of Sub-Committee:	Dr Philip Kloer, Medical Director and Deputy CEO
Cyfnod Adrodd: Reporting Period:	Meeting of 21.09.2020
Materion Ansawdd, Diogelwch a Phrofiad: Quality, Safety & Experience Matters:	
Update on Clinical Effectiveness Governance Arrangements	
<p>The Group was updated on ongoing discussions around the governance and Terms of Reference of the Effective Clinical Practice (ECP) Working Group (formerly a Sub-Committee). It is proposed that ECP matters should be considered within each service area's quality and governance meetings across the system, rather than being owned by a central group. The standardised agenda which is in development for County/Directorate Quality and Governance Groups would need to incorporate ECP matters, in order to support this. It was noted that work has commenced on the items to be included within the ECP section of the standardised agenda. The Group requested the opportunity to input to the draft Terms of Reference of the Standardised County/Directorate Quality and Governance Groups.</p> <p>Accordingly, it has been proposed that the ECP Group will become an Advisory Panel. The purpose of the Panel is to support clinicians and healthcare professionals to examine and improve the quality of care, through a range of activities, including agreement of and assessment against local and national clinical effectiveness standards and monitoring and improving the outcomes of patients and service users. The Panel will identify and confirm agreed clinical effectiveness standards/clinical performance indicators reflecting best practice and collate and disseminate guidance. The panel will act as a reference group for the Health Board's Quality and Safety fora to seek support, guidance and feedback to highlight issues or concerns, and will have a role in setting the parameters for the Effective Clinical Practice section of the newly forming Directorate/County Quality and Governance meetings. There is an expectation to report up to Operational Quality, Safety and Experience Sub-Committee (OQSESC) if required.</p> <p>Ongoing review of the governance arrangements also necessitated a review the groups that report into the ECP Group, in particular the Blood Transfusion Group (BTG). This has been discussed with the Board Secretary and it was agreed that any requirements relating back to the external governance review would be identified. It has subsequently been confirmed that there are no statutory requirements for the BTG to report in to Board, and there was no reference in the External Governance Review of 2015/16. It has therefore been proposed that reporting arrangements for the BTG will transfer from the Effective Clinical Practice Group, and will instead report in to Carmarthenshire's quality and safety structures, as the service currently sits under the leadership of the General Manager. The proposed Effective Clinical Practice Advisory Panel Terms of Reference will be included for information to the next main Quality, Safety and Experience Assurance Committee meeting in February 2021.</p>	

Interventional Procedures Guidance (IPG) 560: Microstructural scaffold (patch) insertion

The Group received an update on progress in relation to approval of IPG560: Microstructural scaffold (patch) insertion. It was acknowledged that a larger piece of work is required around IPG's to ensure that the correct governance is in place, which, alongside the dis-establishment of the Effective Clinical Practice Sub-Committee previously responsible for the receipt of applications for IPG's, would necessitate a revision to the New Interventional Procedures Policy. As a result of developments to quality and safety structures, there is also potential to develop improved processes around IPG's, with a new expectation that the Clinical Lead seeks assurance and has delegated responsibility for approval.

Whilst this new process will need to be clearly defined within the revised policy, and a working group has been established to oversee this review, there is a need to ensure that processes are in place in the interim to manage any IPG's, including *IPG560 - Microstructural scaffold (patch) insertion without autologous cell implantation for repairing symptomatic chondral knee defects*. This has been discussed with the Deputy Medical Director, Acute Hospital Services, who has proposed an interim adaptation to the process. This will entail the following steps:

- Completion of the application forms by Consultant – outlining arrangements for governance, consent, audit and research;
- Initial consideration by Clinical Lead and Service Delivery Manager;
- If initially approved, application presented to relevant Quality and Governance Group for discussion and approval;
- Final senior clinical sign-off by Deputy Medical Director for Acute Hospital Services or Deputy Medical Director for Primary Care and Community Services. Parameters set for future review;
- Evidence kept on National Institute for Health and Care Excellence (NICE) and National Guidance MS Teams area;
- Scrutiny by Effective Clinical Practice Group where necessary and assurance provided to Medical Director and Deputy CEO

This interim process will be communicated to clinicians via the Specialty Clinical Leads.

NICE and National Guidance Group Report - Specialty Review and Baseline Assessment

The Group was notified of the work which has commenced involving a specialty review and baseline assessment of the implementation of NICE and other national guidance. This work is progressing well and there has been a very positive level of clinical engagement, however it is a very large and comprehensive piece of work. Options to explore how technology and the new functionality provided through Microsoft 365 to better support processes and systems is being explored. This includes using Sharepoint to allow specialties to populate their own data. Initial discussions have taken place with IT. The ambition would be for a central, shared system which will provide a better level of organisational intelligence and identify priority areas. An opportunity to collaborate with another Health Board exploring similar solutions is also being established.

Clinical Audit Scrutiny Panel Report (CASP)

Members were informed that the national audit programmes had been stood down during COVID-19 operations, however the Health Board has maintained most audits during this period, albeit in a reduced way in some areas. Clarification has been sought from Welsh Government around when the programmes will be recommenced, with a formal notification from the Deputy Chief Medical Officer (DCMO) when the programme restarts. The decision was made in October 2020 to continue the postponement of the programme until further notice.

Services will be concentrating on the national projects going forward, and all Clinical Leads have been contacted to explore the appetite for resuming clinical audit. The consensus was to focus on national audits and completion of last year's audit programme. It was agreed that the programme will need to be built, with leadership from the relevant Committees and Groups.

It was further noted that there will be a revised priority list going forward, and that this will impact on what CASP might look like in future.

The impact of vacancies and absences within the Clinical Audit Team was acknowledged, and staff have been redeployed during COVID-19, or have moved on to other roles during this period. Subsequent recruitment has been successful, however it will take time to rebuild the team and there is also a focus on ways of improving technology to increase capacity with the team.

Mortality Review Group Report

The Mortality Report presented to QSEAC on 13th August 2020, was shared with the Group. It was noted that it will be useful to include two further areas in future reports, namely; the conversion to Stage 2 Mortality Reviews; and the learning from Stage 2 Mortality Reviews, which would provide further assurance to QSEAC. There is also a link to a COVID-19 review the Health Board is being asked to undertake relating to deaths of hospital acquired COVID-19 patients and how this can feed into the rapid learning needed. A review of the stage 2 process, in line with the adoption of the new Medical Examiners service, is being undertaken and a standardised approach will be recommended to the Mortality Review Group to consider in January 2020.

A discussion was held regarding whether the Health Board is monitored by Welsh Government on mortality reviews of patients with a learning disability, and following input from members of the Group, it was suggested that further clarification is sought on whether the Learning Disabilities service is involved with the mortality review of a patient with learning disabilities in an acute setting.

Clinical Written Control Documentation Group Report

It was acknowledged that following the temporary loss of nursing representation on the Group, this had been resolved. The Clinical Written Control Documentation Group was requested by ECP to identify a Vice-Chair to ensure representation.

Risgiau:

Risks (include Reference to Risk Register reference):

The Group was informed that additional risks have been added to the risk register, relating to NICE implementation and dissemination. Progression of the specialty review and baseline

assessment will contribute to addressing some of these risks, with a view to reducing the risk scores. It was highlighted that another risk needs to be added for National Safety Standards for Invasive Procedures (NatSSIPs) around not having a full list of Local Safety Standards for Invasive Procedures (LocSSIPs) across the Health Board.

A further review of the Risk Register was requested to ensure that it appropriately includes risks for all of the areas reporting in to the Group; and also the level of confidence that the actions noted in mitigation will enable the risk score to reduce to the tolerance level.

Clarification was requested on whether a risk register is required for a Working Group.

**Gwella Ansawdd:
Quality Improvement:**

Royal College of Physicians (RCP) Record Keeping Audit

An update was provided on the progress made in relation to the RCP Record Keeping Audit and provision of assurance to the Audit and Risk Assurance Committee (ARAC). This includes:

- the commencement of a re-audit of record keeping at Withybush General Hospital (WGH) being led by a Quality Improvement (QI) working under the leadership of the Clinical Director for Clinical Audit, and the planned establishment of a Quality Improvement Group to address the findings of the audit;
- discussions with Chief Clinical Information Officer, and the Assistant Director for Digital Services regarding the digitalisation agenda;
- progression of the learning module to share the record keeping standards with doctors; and
- an initiative to roll out stamps for doctors to promote better achievement of the standards.

The learning from audit and quality improvement work at WGH would be shared across all sites. Additionally, discussions are taking place on opportunities to align with the Nurse Documentation project.

It was noted that there would be significant progress to report to ARAC at the meeting taking place on 20th October 2020.

The QI Leads on all sites will be connecting with the Quality Improvement and Service Transformation Teams (QIST), however it was noted that the project may be impacted by the departure of a Consultant Paediatrician, whose leadership has been key to progress.

**Argymhelliad:
Recommendation:**

QSEAC is asked to support the decision to stand the Blood Transfusion Group down as a group under the Effective Clinical Practice Working Group and the actions recommended within the Effective Clinical Practice Working Group report.

**Dyddiad y Cyfarfod Grwp Nesaf:
Date of Next Group Meeting:**

18th January 2021