

Enw'r Pwyllgor: Name of Sub-Committee:	Exception Report from Effective Clinical Practice Group
Cadeirydd y Pwyllgor: Chair of Sub-Committee:	Dr Philip Kloer, Medical Director and Deputy CEO
Cyfnod Adrodd: Reporting Period:	Meeting held on 17 th June, 2020
Materion Ansawdd, Diogelwch a Phrofiad: Quality, Safety & Experience Matters:	
<p>The Effective Clinical Practice Group has not met formally during the period from March to August 2020, however an interim meeting was held on 17th June 2020 in order to discuss urgent matters arising.</p> <p>Key discussion points to report are included below:</p> <p><u>Effective Clinical Practice Agenda</u></p> <p>The Effective Clinical Practice Sub-Committee was formally dis-established in March 2020, however it is acknowledged that there remains a requirement for a mechanism to oversee and report on clinical effectiveness matters. There is an ambition to create a structure and process which enables clinical effectiveness to be owned and driven by Directorate teams, whilst providing a supportive central function to provide oversight, identification of organisational priorities and collation of an organisational view. Central support functions/teams should have responsibility for providing information and advice, and channels to resolve key issues/challenges.</p> <p>It was agreed that the standardisation of departmental/directorate Quality, Safety and Experience Group meetings would enable the organisation to prioritise key clinical effectiveness issues by raising the profile at departmental/directorate level and setting an expectation for departments/directorates to report on adherence, performance in key areas such as guidance and documentation, quality assurance, audit and quality improvement. This would strengthen the reporting arrangements through the Operational Quality, Safety and Experience Sub-Committee to the Quality, Safety and Experience Assurance Committee.</p> <p>The proposals for the future functioning of the Effective Clinical Practice agenda are to be outlined in a series of slides to be presented at a follow-up meeting on 21st August 2020.</p> <p><u>Mortality</u></p> <p>Included within separate update report to QSEAC.</p> <p><u>Clinical Audit Scrutiny Panel</u></p> <p>The Deputy Chief Medical Officer (DCMO) has written to all Health Boards asking them to contribute to a national COVID-19 audit. It has been agreed that the Health Board will participate in the audit, with the Head of Community and Chronic Conditions, Chronic Disease Management, providing a lead role in ensuring appropriate connections are made with the relevant areas.</p>	

Completion of the audit will be monitored closely and re-evaluated; should any issues be experienced in undertaking the audit, the Medical Director will raise these with the DCMO.

The Group was notified that the Clinical Director for Clinical Audit and Clinical Audit Manager have written to Clinical Leads and managers to establish if and how services are planning on engaging in clinical audit activity going forward. The letter is designed to enquire as to the state of audit activity whilst taking in to consideration the current deployment of staff during the pandemic. Responses will be reviewed recognising that reinstating the clinical audit function will need to be considered.

Management of local and national COVID-19 Guidance

The Group was updated on the approach taken for the management of local and national COVID-19 Guidance. It was noted that this streamlined approach has been successful and generated a high level of clinical engagement. There is a commitment to maintaining this level of buy-in which involves reviewing the clinical decision making process around documentation and a better alignment of guidance with local written control documentation.

A review of the Command Centre approach for COVID-19 has been undertaken, which included the new processes for the management of COVID-19 guidance. This presents an opportunity to identify lessons learned and reframe how all guidance and related documentation is managed across the Health Board. The key principles submitted for consideration included:

- A centralised approach to the management of guidance (and wherever relevant, other information relating to quality and safety being received by the Health Board), to enable a consistent approach to logging, approval and dissemination.
- The development of a central record of the status of/compliance with guidance, providing a clear and accessible governance trail.
- The use of digital systems enabling accessible record-keeping and information sharing/exchange.
- The ambition to develop a streamlined clinical decision-making process, appropriately balancing the timely approval of clinical guidance with proportionate governance arrangements. This will be predicated on swift decision-making, with a high level of clinical involvement, ensuring that clinical leads are engaged and take ownership, and will be supported by sign-off mechanisms commensurate with the type, scale and complexity of the guidance.
- Clear interconnection between guidance and local policies/procedures. Management of written control documentation will be simple, streamlined and timely.

The key principles have been included within the Command Centre review for consideration.

Risgiau:

Risks (include Reference to Risk Register reference):

The Effective Clinical Practice risk register has been updated to reflect the impact of COVID-19. This was shared with the Group and no risks were identified for escalation.

**Gwella Ansawdd:
Quality Improvement:**

The Group was provided with an update on the Hospital Acquired Thrombosis improvement plan activity, which has previously been reported to QSEAC. Key discussion points included the adoption of the All Wales Thromboprophylaxis Policy; agreement to progress Thromboprophylaxis Risk Assessment forms (including a specific form for COVID-19); the development of communication resources including a video and e-learning module; and the commencement of a pilot at Prince Philip Hospital for Anti-Coagulation Nurses to take on the role of Thromboprophylaxis Nurse. The Group was satisfied with the level of progress being made.

**Argymhelliad:
Recommendation:**

QSEAC is asked to note the Effective Clinical Practice Group report.

**Dyddiad Cyfarfod Nesaf y Grŵp Gweithredol:
Date of Next Group Meeting:**

Date of next full Group meeting is to be confirmed.

A follow up interim meeting is scheduled for 21st August 2020 to discuss the future role and functioning of the clinical effectiveness agenda.