



**PWYLLGOR ANSAWDD, DIOGELWCH A SICRHAU PROFIOD  
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE**

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| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>  | 10 August 2021   |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>  | Effective Clinical Practice Advisory Panel Update Report                                       |
| <b>CYFARWYDDWR ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Dr Philip Kloer, Medical Director and Deputy CEO   |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>    | Lisa Davies, Head of Effective Clinical Practice and Quality Improvement (Medical Directorate) |

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

The Effective Clinical Practice Advisory Panel was constituted in March 2021, to replace the Effective Clinical Practice Sub-Committee.

This report provides an update on the establishment of the Effective Clinical Practice Advisory Panel and a summary of key matters discussed at the two meetings of the Panel held in March and June 2021.

**Cefndir / Background**

The purpose of the Effective Clinical Practice Advisory Panel is to support clinicians and healthcare professionals to examine and improve the quality of care through a range of activities, including assessment against local and national clinical effectiveness standards and monitoring and improving the outcomes of patients and service users.

The Panel also has the following principal duties:

- To provide assurance to the Executive Lead that robust arrangements are in place for the delivery of safe, effective standards and evidence-based clinical practice across all Health Board activities;
- To act as a reference group for the Health Board's quality and safety fora in providing support, guidance and feedback in response to highlighted issues or concerns;
- To remain process-focused, providing assurance on safe, effective, evidence-based clinical practice.

With regard to the first duty above, as the Panel is required to provide assurance to the Executive Lead (Medical Director and Deputy CEO), it is no longer appropriate for this Executive to Chair the Panel. The Associate Medical Director for Quality and Safety will instead Chair the Panel, with appropriate arrangements in place for the Executive Lead to be briefed ahead of/ following the Panel meetings.

The Panel will also play a key role in overseeing the development of an Effective Clinical Practice Strategic Framework, which will provide a structure for the delivery of Health Board Planning Objective 5k:

*Establish a new process that involves all clinical service areas and individual clinical professionals, whereby we assess ourselves against local and national clinical effectiveness standards/ NHS Delivery Framework requirements and fully contribute to all agreed national and local audits (including mortality audits). All areas and clinicians will need to be able to demonstrate their findings have been used to learn and improve and the process needs to be embedded within the Health Board's Quality and Governance process.*

There are four groups under the umbrella of the Effective Clinical Practice Advisory Panel:

- Mortality Review Group
- Clinical Audit Scrutiny Panel
- NICE and National Guidance Group
- Clinical Written Control Documentation Group

The Terms of Reference of the Effective Clinical Practice Advisory Panel were developed during the latter part of 2020, with input from key stakeholders including the Medical Director and Deputy CEO; the Director of Nursing, Quality and Patient Experience; the Director of Therapies and Health Sciences; and the Board Secretary.

In the development of the Terms of Reference, consideration has been given to the former Sub-Committee Terms of Reference, and the membership of the Panel has been reduced to comprise a more focused group albeit with the option to co-opt members in as required.

A Forward Work Programme is in development and will be populated further over time as the work starts to be generated by the Groups that feed in to the Panel.

### **Asesiad / Assessment**

Key areas of focus in the first two meetings of the Panel in March and June 2021 were as follows:

#### **Effective Clinical Practice Advisory Panel Terms of Reference**

The Panel's Terms of Reference were shared for comments and it was agreed to adopt these as they stand.

#### **Planning Objective 5K and the development of an Effective Clinical Practice Strategic Framework**

The Panel has been updated on the development of Planning Objective 5K, and the design of an Effective Clinical Practice Strategic Framework to support the delivery of this objective. This takes into account not only Planning Objective 5K but a number of other strategic drivers, including the Health Board's strategy – '*A Healthier Mid and West Wales: Our Future Generations Living Well*', and the vision encompassed within this strategy; Welsh Government's (WG) '*A Healthier Wales*' design principles including evidence driven clinical practice; safety; and higher value; and the Health Board's Strategic Objectives - in particular, striving to develop and deliver excellent services; safe, sustainable, accessible and kind care; and sustainable use of resources.

Reference has also been made to the developing *Improving Together* Framework, and how clinical effectiveness sits within this framework, as opposed to existing as a separate process.

Delivery of Planning Objective 5k provides an opportunity to recognise that services are at different points and have an opportunity to identify their priorities.

A proposed timeline for the development of an Effective Clinical Practice Strategic Framework has been shared with the Panel. Development will take a similar approach to that followed in the development of the Health Boards Research and Development Strategy. This process is

founded upon the principles of Appreciative Inquiry, which looks at organisational change from the perspective of what is already working well rather than focusing solely on problems and trying to fix them. This entails a '5D' process – Define, Discover, Dream, Design, Deliver.

Recognising the vital importance of clinical and operational involvement in this process, the Discover phase will be focused on a SWOT (Strengths, Weaknesses, Objectives, and Threats) analysis which, due to the constraints of the COVID-19 pandemic, has been circulated as an electronic exercise rather than through face-to-face workshops. This was circulated to stakeholders in clinical, operational and managerial roles in May 2021, with a request for onward dissemination. There is also an intention to connect with the Triumvirate Teams to discuss how best this piece of work can be progressed and to provide support in a flexible way to suit the Triumvirate.

A number of responses to the SWOT analysis have been received, together with requests to present virtually at specific Health Board fora. This may result in slight slippage in terms of moving to the next stage; however the Panel agreed that securing effective engagement outweighs the need to adhere strictly to deadlines. Furthermore, it was acknowledged that the organisation may not yet be in a position to consider strategic issues and there is value in securing the right level of engagement.

The Panel has also encouraged research into, and reflection upon, how effective clinical practice is approached elsewhere across the UK, and whether the scale of the Health Board's ambition is set appropriately. Opportunities to connect with high-performing organisations to explore excellence are being progressed.

### **Medical Clinical Governance Leads**

The Panel has considered proposals for the introduction of Medical Clinical Governance (MCG) Leads to act as a point of contact for clinical governance at each site, aligned to the relevant Committees and Directorates. A role description has been developed and discussions are ongoing regarding the feasibility and practicalities of introducing this additional role, including an opportunity to present and discuss at a future meeting of the Acute Clinical Leads Group, chaired by the Deputy Medical Director for Acute Services.

It was acknowledged that this proposal relates to clinical governance from a medical perspective, and that there will also be considerations relating to clinical governance within nursing, therapies and other clinical areas. This is therefore a discussion that needs to be taken outside of this Panel and more widely across the Health Board's quality and safety governance structures.

### **Review and Assessment against NICE Guidance**

Updates on progress with review and assessment against NICE guidance have been shared with the Panel. Some specialities have engaged well in commencing speciality-level reviews, despite the challenges of the pandemic.

However, it has become evident that this piece of work is most productive when aligned with existing priorities and pieces of work at specialty level, rather than as a separate workstream. Furthermore, when approaching the work in this way, it is possible to consider guidance and standards in the round, rather than simply focusing upon NICE guidance, which is more consistent with Planning Objective 5K. This approach also better supports alignment with work being progressed within other parts of the Health Board's quality and safety structures, such as quality improvement and clinical audit, as well as via Health Board programmes and frameworks - for example Value Based Health and Care and *Improving Together*, rather than simply focusing on clinical effectiveness in isolation.

There is also a need to be mindful of the expectations that WG has placed upon Health Boards in relation to NICE guidance, which require the organisation to sign up as stakeholders; to develop systems and processes for disseminating, implementing and risk-assessing against NICE guidelines and quality standards; to identify any gaps and action required to improve the quality of services; and to provide assurance to WG that NICE guidelines have been considered, if requested. Therefore there is a need to build a narrative for WG to demonstrate a focus on priority areas identified by our Health Board and what our Health Board has told us is important.

Progress upon baseline work has progressed, helped by the Health Board strategy work and the WG position statement on NICE guidance. A review and initial assessment across all specialties has commenced with sporadic engagement due to the pandemic response, however where discussions have taken place, the level of engagement has been excellent. Therefore the processes embedded to support the delivery of Planning Objective 5K also need to include an assessment of the status of NICE guidance within the relevant area.

### **Review of Weight Management Service**

As part of the wider review of NICE guidelines for weight management being undertaken with Public Health Wales, a particular issue relating to a NICE Technology Appraisal Guideline has been identified, with further details presented to the Panel, together with a covering report. Implementation of *TA664 - Liraglutide* for managing excess weight and obesity will require service development to meet predicted demand within the Health Board's Level 3 Weight Management service. Over the past few years, there have been developments in the medication available to treat obesity, in particular *Liraglutide*, which has been approved by NICE for use in the NHS since December 2020. Some additional funding has been received, as part of the Health Weight Health Wales strategy, and there are plans to double the medical capacity for Level 3 Clinics per month; however this will still not be sufficient to meet demand. It was suggested by the Panel that the service undertake further scoping work across Primary and Secondary care to determine the impact of implementing the guidance, collate the information and assign a Task and Finish Group with medical and therapies leadership. Implementation of the guidance has also been proposed for discussion at the All-Wales Dietetics Managers Group and the Therapies Directorate Quality, Safety, Experience and Risk Group to ensure a therapies view and also to identify a Co-Chair for the Task and Finish Group. This will also be raised with the Nutrition and Hydration Group.

### **Health Technology Wales presentation**

The Panel was delighted to welcome Dr Susan Myles, Director at Health Technology Wales, who presented an overview of Health Technology Wales' work, drawn from the most recent Annual Report and the strategic plan going forward. The presentation covered a highly complex area very succinctly and Panel Members felt much better informed of the work of Health Technology Wales as a result. It was proposed that Health Technology Wales be invited to present at the All Wales Associate Medical Directors for Quality and Safety Group, and the Directors of Therapies and Health Sciences Group.

### **NCEPOD Report – Time Matters**

The NCEPOD\* Report, *Time Matter*, was referred to the Panel by the Health Board's RRAILs (Rapid Response to Acute Illness) Group. This is a summary of an NCEPOD report into the quality of care provided to patients who were admitted to hospital following an out-of-hospital cardiac arrest. There are a number of key areas of service provision and standards outlined which require review by the respective Clinical Leads and an indication provided of where there are gaps in local provision. There are aspects pertaining to community response which will require engagement with Welsh Ambulance Services NHS Trust. It is proposed that each area

of service provision or standard be extracted and Clinical Leads be asked to assess local performance in relation to each aspect and to develop a Task and Finish Group to address any issues accordingly.

The Panel agreed that it will own this response as it does not sit exclusively within RRAILS, although RRAILS will feed in to it.

*\* National Confidential Enquiry into Patient Outcome and Death*

### **Updates from Sub-Groups**

Group Update reports were shared by each sub-group, with the key points noted below:

#### **- Mortality Review Group**

The Medical Examiners Service roll out has been delayed with the full implementation expected now to be April 2022. Two points were highlighted to the Panel in relation to Medical Examiner's Service:

1. The scanning requirements across all four sites has been scoped and the requirements have been shared with the Executive Team. These equate to approximately 2.2 WTE which will be essential to enable service provision. This has been requested and approved by every other Health Board in Wales.
2. In Prince Philip Hospital, there has been a query around the continuation of Stage 1 Reviews as the Medical Examiner Service has been fully rolled out on site. It was agreed that a paper be presented to the next Mortality Review Group to discuss this approach, and if approved, to bring it back through the governance of Effective Clinical Practice Advisory Panel and to QSEAC for sign-off.

Stage 2 mortality reviewing has been discussed in detail, including changes resulting from the introduction of the Medical Examiner Service. The merits of introducing a standardised approach and Multidisciplinary Team reviews process were debated. A Task and Finish Group has been established to oversee the development of a Stage 2 process.

COVID-19 death reporting rapid response has been reviewed, and as a result, differentiation was identified and amendments have been made – three deaths were removed because they were outside the 28-day window. A deep dive into mortality at Glangwili General Hospital concluded that this is related to the number of beds in the hospital and the increased number of COVID-19 cases in the community in Carmarthenshire. Continued work will be reported back in 6 months' time.

When considering the Public Health reporting, the HB is broadly within range in some areas, although higher than the All Wales average in other areas. The approach to using CHKS data from Public Health will be reviewed.

A piece of work has commenced to further explore the three areas highlighted through the RAMI (Risk Adjusted Mortality Index) reports as having a higher than average incidence for the Health Board. Additionally, use of RAMI data will be raised at the next Acute Clinical Leads meeting to ensure that overview and ownership of RAMI findings is managed at specialty level by the Clinical Leads.

#### **- Clinical Audit Scrutiny Panel**

The Panel was informed that Clinical Audit is resuming business as usual, which includes Whole Hospital Audit Meetings (WHAM). There have been two virtual WHAMs in March and June 2021, and these are working well despite ongoing minor technical issues.

The mandatory Audit Programme is still stood down although it is anticipated that the National Programme is due to be switched back on imminently, and will become mandatory once again. This comes with the associated expectations around assurance reporting to WG. The Audit Department has been capturing work that has been undertaken during the pandemic on mandatory audit work.

The Clinical Audit Team has faced some challenges in building the Clinical Audit programme; which continues to be a work in progress and the Team is working with services to confirm the programme.

The Clinical Audit Scrutiny Panel has discussed audits causing concern, and of most note is the COVID-19 Respiratory Audit, due to particularly low compliance in all areas. The Clinical Director for Clinical Audit is aware and will engage further on this matter; however there are issues of resource and capacity within the respiratory teams. Cardiology and Rheumatoid Early Inflammatory Arthritis have also been flagged as being of concern, therefore the Clinical Audit Scrutiny Panel is looking to bring these services in for discussion and to review any improvement plans; Planning Objective 5k will be incorporated into the audit risk.

#### - **NICE and National Guidance Group**

The NICE and National Guidance Group did not meet between November 2020 and May 2021, given operational pressures at the time.

However, discussions have focused on an update to the Guidance Review and Assessment which is progressing in response to the WG Position Statement on NICE guidelines and Planning Objective 5K, which highlights the need for the organisation to assess itself against local and national clinical effectiveness standards. In order to meet the expectations, new systems and processes are being initiated to disseminate guidelines and assess implementation, including a review and initial assessment based on priorities identified by specialties. This will include utilising the new technology available for streamlining the process by using electronic forms and other automated processes, as well as the development of a SharePoint hub which will provide clarity on the process and forms to support implementation for clinicians. There has been initial engagement with a number of services, and work is progressing well in several areas.

A full review of the NICE and other National Guidance Implementation Policy, the Monitoring compliance with the Public Health Wales list of procedures and diagnoses entitled 'INNU' Procedure and the New Interventional Procedures Policy is necessary, including comprehensive process mapping, to ensure that the processes are clear and similar. The work has been put on hold recently but will be progressed as part of the implementation of Planning Objective 5K.

A letter was sent to Directorates as part of a scoping exercise to inform the NatSSIPs (National Safety Standards for Invasive Procedures) Steering Group, following a discussion at the May meeting of the Group. The membership of the group has been refined and reduced, and will be on an invitation basis; however it was agreed that the invitation could be extended if it was valuable for colleagues who were previously members of the Group to continue attending.

The role and purpose of the NICE and National Guidance Group is being considered by members, with a simple question circulated to Group members for response prior to the meeting regarding the role and purpose of the Group as set out in its Terms of Reference. Two responses had been received and a workshop was due to be held to review the Group's Terms of Reference and the responses received to the survey, however there was not sufficient time for this to take place and it was agreed that this would be deferred to the next meeting and added at the beginning of the agenda to allow sufficient time for discussions.

Unfortunately the July 2021 meeting of the NICE and National Guidance Group was stood down due to lack of attendance caused by annual leave and diary clashes.

#### - **Clinical Written Control Documentation Group**

There have been issues with attendance at these meetings, with one recent meeting not being quorate and another being postponed due to apologies tendered by members as a result of other diary commitments.

A new Doctor representative has not yet been agreed, following the resignation of the previous representative and requires urgent resolution to ensure appropriate engagement is in place. Furthermore, an Acting Chair is still in place after 15 months, which also needs to be addressed. The Chair of the Panel provided reassurance that the medical representation for the Clinical Written Control Documentation Group has been discussed several times and would be discussed again with the Acting Chair of the Group outside of the Panel meeting.

The review of the Written Control Documentation Policy (190) is ongoing and it is anticipated that this will be completed within the next three months.

The Group has noticed an increase in the number of documents requiring rapid approval, which is undertaken without the completion of an EqIA albeit on the proviso that this is completed following approval. However, it is acknowledged that once the document is live the impetus to complete the EqIA is reduced. The Group has agreed a process whereby documents will only be approved for a period of 1-3 months, pending completion of the EqIA. By copying in the line manager and Executive Lead to reinforce this, this lever has proved to be successful.

Visits have been taking place to the Written Control Documentation (WCD) Sub-Groups which approve documents under delegated powers. This approach of spot checks is starting to become effective and indeed the Acting Chair had been very impressed with the Mental Health and Learning Disabilities WCD Sub-Group.

Training is due to take place with the Quality Improvement and Service Transformation Teams on the process for developing written control documentation, in order that this can be factored in as part of the development of any new services.

#### **Argymhelliad / Recommendation**

For the Quality, Safety and Experience Committee to take assurance from the update presented following the establishment of the Effective Clinical Practice Advisory Panel.

#### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference:  
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

4.3 Provide assurance that the Board has an effective strategy and delivery plan(s) for improving the quality and safety of care patients receive, commissioning quality and safety impact assessments where considered appropriate.

4.5 Provide assurance that the organisation, at all levels, has the right governance arrangements and strategy in place to ensure that the care planned or provided across the breadth of the organisation's functions, is based on sound evidence, clinically effective and meeting agreed standards.

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| Cyfeirnod Cofrestr Risg Datix a Sgôr<br>Cyfredol:<br>Datix Risk Register Reference and<br>Score: | Not Applicable                         |
| Safon(au) Gofal ac Iechyd:<br>Health and Care Standard(s):                                       | 3.1 Safe and Clinically Effective Care |

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| <b>Effaith/Impact:</b>   |                |
| <b>Ariannol / Financial:</b><br><b>Ansawdd / Patient Care:</b><br><b>Gweithlu / Workforce:</b><br><b>Risg / Risk:</b><br><b>Cyfreithiol / Legal:</b><br><b>Enw Da / Reputational:</b><br><b>Gyfrinachedd / Privacy:</b><br><b>Cydraddoldeb / Equality:</b> | Not Applicable |