Enw'r Pwyllgor: Name of Sub-Committee:	Effective Clinical Practice Advisory Panel
Cadeirydd y Pwyllgor: Chair of Sub-Committee:	Dr Subhamay Ghosh, Associate Medical Director for Quality and Safety
Cyfnod Adrodd: Reporting Period:	August to December 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 Advisory Panel (ECPAP) held on 6 September and 6 December 2022.

The purpose of the ECPAP 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 for patients and service users.

ECPAP has a multidisciplinary membership, and meets quarterly to receive updates from the four sub-groups and discuss other key clinical effectiveness matters. A summary is provided below.

Updates from Sub-Groups

All Sub-Group Terms of Reference have been reviewed and presented to the ECPAP, in line with the forward work programme, and have been approved.

Mortality Scrutiny Group

The Medical Examiner Service (MES) is due to become statutory from April 2023, and will include all primary care and community deaths. Bronglais Hospital (BH) and Withybush Hospital (WH) are fully operational with scanning notes to the MES; Prince Philip Hospital (PPH) notes are currently scanned at GH and a small proportion of notes from GH are being scanned presently. There are plans in place to increase the scanning of notes from GH to 100% before April 2023. The Panel discussed the anticipated increase in demand and noted a concern regarding whether there is sufficient staffing capacity to meet this demand once fully operational. This will be monitored by the Mortality Scrutiny Group.

The national process for primary care and community deaths is in draft and local discussions are underway with primary care representatives to ensure appropriate local processes are developed. A pilot has been undertaken involving the MES and two GP practices within Hywel Dda. It has been noted by ECPAP that the full implementation into primary and community care is likely to have an impact on capacity within the team, however the scale of this is yet unknown.

Health Board Mortality Review processes continue to develop, in line with the All-Wales Learning from Mortality Review Framework. This includes a Multidisciplinary Mortality Review Panel, which meets fortnightly to review cases that have been referred from the MES. Good progress is being made including the commissioning of proportionate investigations for cases that meet the definitions outlined within the All-Wales Framework and those that are not already being investigated via an existing process, or do not meet the threshold for investigation but there is learning to be shared. The conversion rate to further investigation is circa 50% which is higher

than national figures, however it is acknowledged that progressing with GH on board will require a focus on the higher learning value cases and a possible change to thresholds, which is in line with other Health Board's in Wales.

Learning from individual cases is shared directly with the relevant sites. The Health Board has processes in place to capture themes emerging from the MES referrals, and any thematic learning being generated from proportionate investigations requested by the Mortality Review Panel. Thematic reporting will be introduced across the Health Board once there is a standardised process in place across all sites, by April 2023. This will include mechanisms to ensure triangulation with other Health Board data pertinent to mortality. A Mortality dashboard is being established, utilising Power BI, to support this work.

The Panel has acknowledged concerns relating to widespread reporting of themes when GH is not currently fully on board with the new Morality Review process, due to the risk of data being skewed. This will be resolved when all sites are fully operational.

A regular meeting has been established between the Health Board and the MES to enhance cross communication and discuss any issues arising for resolution.

Work has continued in relation to the Deputy Chief Medical Officer (DCMO) letter regarding Comparative Health Knowledge System (CHKS) data and identified outliers for Health Board mortality. Discussions have progressed including a meeting with CHKS to review the non-elective surgical deaths data, which was one of the areas highlighted by the DCMO in his letter to the Health Board. Following careful scrutiny of the data it has been established that one of the triggering codes is apparently causing some difficulties as it relates to a commonly accepted non-surgical procedure and is giving the impression of a higher number of deaths despite these patients not having received any kind of surgical intervention. Work continues with CHKS on this and they are currently reviewing their coding process. Further, validation of the data brings us in line with other Health Boards, instead of being an outlier.

The Mortality Scrutiny Group continues to provide oversight of the three other areas of concern highlighted by the DCMO:

- Stroke – assurance has been provided by the Clinical Lead, and SNAP data is adequate and comparable across Wales. However SNAP mortality data has not been available for the past two years, which is a national issue. It has been acknowledged that this would enhance the level of assurance as currently this is based on local indicators only.
- Hip fractures – assurance has been provided as the Orthopaedics department have a robust process in place and report directly to the National Hip Fracture Database (NHFD), although their data is also out of date. However, from reviewing local indicators there are no specific concerns. Further monthly raw figures are kept across all sites, and figures are discussed regularly in departmental meetings with great attention to detail.
- Myocardial Infarction (MI) deaths - A follow up meeting is required regarding MI deaths with the Cardiology Pathway Transformation team to discuss the data as this had not initially been a focus of the transformation programme.

The progress of the work in relation to CHKS data will be highlighted to the DCMO, as during the initial discussion the DCMO had encouraged the Health Board to engage with the data. This has been a successful and informative process for the Health Board.

Clinical Audit Scrutiny Panel
A new Clinical Director for Clinical Audit has been appointed, Mr Stefan Bajada, Consultant Orthopaedic Surgeon, who commenced in post in late 2022.

During the period the post was vacant the Clinical Audit Scrutiny Panel (CASP) was only able to meet once in the reporting period, with a verbal update being provided to ECPAP at the December 2022 meeting.

The ECPAP was made aware that there is a Clinical Audit Programme for 2022/23, with a limited number of projects and not all services represented. The Clinical Audit Team will continue to engage with services and groups to attain a more diverse programme. Local audit is progressing well but it has not yet returned to pre-covid audit levels due to ongoing pressures, efforts to address this will be supported by the new Clinical Director in 2023.

The ECPAP was notified of challenges in relation to national audits - respiratory audits continue to present some challenge across the board particularly Chronic Obstructive Pulmonary Disease (COPD) asthma and pulmonary rehabilitation however there are pockets of audit taking place in some sites such as PPH; the National Emergency Laparotomy Audit (NELA) audit in WH where participation is limited; and longstanding challenges with cardiology audits such as Myocardial Ischaemia National Audit Project (MINAP) and heart failure. However, direct engagement with all services listed continues, in order to address the concerns.

The Clinical Audit Department is continuing to use the Audit Management and Tracking (AMAT) system. Mandatory national audits will now be captured within this new system and is currently being rolled out on a case by case basis. The Women and Child Health Directorate, in particular the Maternity service, is working cohesively across clinical audit and clinical effectiveness to utilise AMaT to manage clinical audit and guidance. The new AMaT system will replace the previous system of submitting action plans to Welsh Government which was stood down by them earlier in 2022.

The Whole Hospital/Health Board Audit Meetings continue to take place however are impacted by the ongoing clinical challenges, in terms of securing content. The appointment of the new Clinical Director for Clinical Audit to Chair the meetings is a positive development and is expected to aid this.

The Clinical Audit Team has experienced a period of challenge in terms of recruitment and retention. Vacant posts at BGH have been recruited in to (with cross site working introduced), however the team will be experiencing further disruptions due to maternity leave and further staff losses but will aim to recruit as soon as possible.

Clinical Standards and Guidelines Group
The Clinical Standards and Guidelines Group (CSGG) continues to establish and two service areas have attended the meeting to present their work in relation to NICE and other national guidance – namely NICE guideline 212 – Rehabilitation after traumatic injury; and four NICE guidelines in relation to the Pelvic Health programme. The purpose of these discussions was to support the services to review compliance against the guidance and identify areas for improvement, utilising the AMaT (Audit Management and Tracking) tool wherever possible. Services who had used AMaT reported that the system was easy to navigate and intuitive, and their input was comprehensive and

meaningful. Challenges raised related to collating the data from Clinicians across the different services to input the data, requiring a great deal of engagement.

At its November meeting, the CSGG welcomed representatives from the Pelvic Health programme and acknowledged the input in terms of utilising AMaT to assess compliance against relevant NICE guidelines. As well as highlighting overall compliance with four different NICE guidelines (relating to endometriosis, menopause, and urinary and faecal incontinence), this work had identified some areas of risk. However it was noted that there isn't an identified risk register for the Pelvic Health programme, and it was not necessarily appropriate for risks to sit under one specific Directorate as the conditions span across several specialties. The team were advised to contact the Health Board's Risk and Assurance Team for guidance on how to ensure that risks are appropriately captured on the Health Board's risk registers.

AMaT continues to be rolled out softly, considering resource constraints, however engagement has been positive in key areas, including Pelvic Health workstreams, maternity, heart failure, self-harm etc. The system has also been used comprehensively in relation to Health Technology Wales (HTW) guidance, including to support the current annual adoption audit. There is ambition to utilise the system further, recognising its potential, however this is limited due to team capacity. Currently, work is underway to explore the development of a toolkit which can enable more widespread use of AMaT. It was reported to ECPAP that funding for AMaT was provided for two years initially, following receipt of a grant from HTW, therefore future funding of the system will need to be explored and secured to ensure sustainability.

The CSGG also initiated a discussion with regard to NICE guideline 206 - Myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome: diagnosis and management, following correspondence received by the Health Board from local stakeholders. It was reported to the ECPAP that a Health Board approach is required, and an action plan has been developed, which includes working across primary and secondary care to identify a Health Board lead, and engaging appropriately with local support groups for their guidance and advice. Contact has also been made with Welsh Government seeking a steer on scope for a national approach and this work is moving forward.

Clinical Written Control Documentation Group
The Panel was informed that work continues to manage the approved, extended and review date exceeded documentation, addressing the backlog resulting from Covid-19 pandemic pressures.

Several discussions have been held at the Clinical Written Control Documentation Group (CWCDG) regarding the accessibility of clinical documentation, in a drive to improve awareness and uptake of the documents. One proposal includes the inclusion of a summary at the beginning of the document, which might assist with locating and identifying relevant information more easily and efficiently. This will be trialled with some examples. It has been acknowledged that the new intranet pages had been helpful however there remain limitations in terms of search functionality.

The CWCDG Chair advised ECPAP that they group is accountable for non-compliance with Policies, and would escalate instances to ECPAP where identified. Once highlighted, it would be necessary for the respective service area to identify the non-compliance with Policy on an appropriate risk register. The Panel noted that caution is required when developing Written Control Documentation, to ensure that the Health Board definitions are adhered to.

Other key matters considered at ECPAP meetings in September and December 2022 are summarised below:

Effective Clinical Practice Strategic Plan Update
The Effective Clinical Practice Strategic Plan has been approved by ECPAP, which sets out the Health Board's overarching vision for clinical effectiveness and contributes to the delivery of Planning Objective 5K. An Effective Clinical Practice Delivery Plan is being finalised, which articulates the mechanism for delivery via a set of deliverable annual targets which will be developed/reviewed annually, and monitored by ECPAP. The documents acknowledge where clinical effectiveness sits within the Quality Management System, working alongside clinical audit, quality improvement and quality assurance. They also articulate how priorities will be identified, recognising that resource has to be dedicated in key areas, which, over time and through maturity, will be more data driven and fed from Health Board quality and performance dashboards.

Local systems and processes have been developed to support delivery, including revision of key policies, such as dissemination of NICE and other National Guidance Policy; and New Interventional Procedures Policy; introduction of the AMaT system; and the development of governance including the establishment of a Clinical Standards and Guidelines Group (replacing the previous NICE and National Guidelines Group).

Discussions are commencing in January 2023 regarding the development of a toolkit to support clinicians in reviewing and assessing their services and how assurance can be provided that practice is clinically effective – safe, efficient and evidence-based.

Health Technology Wales (HTW) Adoption Audit Report
The ECPAP was presented with the Health Technology Wales (HTW) Adoption Audit Report and noted it's contents (please see the full report attached at appendix 1). Hywel Dda University Health Board had participated fully in the Adoption Audit Pilot, which took place in late 2021 through to early 2022. The purpose of the audit is to assess the uptake and impact of HTW guidance with health organisations across Wales. HTW ask health organisations to adopt or justify position in relation to recommendations set out within their guidance, which include all non-medicines technologies they have appraised through their guidance programme.

HTW published a positive report, which reflected favourably on Hywel Dda as being one of the only Health Board's submitting a complete response for all guidelines being audited. The report accurately captures the challenges in relation to adoption of HTW guidance, especially in a more diverse, rural and geographically remote Health Board such as Hywel Dda.

This year's annual adoption audit is now being embarked upon with 11 topics of guidance being audited by HTW. Discussions are underway with service areas to review the guidelines and capture the status within the Health Board. On this occasion several guidance topics have been selected by HTW which do not recommend adoption therefore work is ongoing to ascertain if the technologies are in use within the Health Board and consideration of HTW's appraisal. The AMaT system is being used to capture the outcomes of the audit, with the supplier having worked with HTW and Health Board's to build a proforma which can be populated and submitted to HTW within the system. The timescale for completion is February 2023. ECPAP noted that feedback was provided to HTW that the timing of the audit may need to be considered to ensure optimal response, given the impact of winter pressures.

Additionally, HTW are now working in close collaboration with NICE in relation to Medical Technology Guidance (MTG), and the annual HTW Adoption Audit will now include a selection of MTG's. A pilot involving three MTG's is being included in this year's adoption audit, however the Health Board is also undertaking some preparatory baseline work regarding MTG's, sending out simple questions to service and clinical leads to obtain a baseline status, to provide a point of contact and status if included in future HTW adoption audits.

New Interventional Procedures Policy
The New Interventional Procedures Policy has been thoroughly reviewed and amended. The updated version has been approved and disseminated comprehensively. Several new procedures are being progressed through the application process at present, including Placement of Fiducial Markers before Hypo fractionated Radiotherapy to Prostate; Outpatient Laryngeal Biopsy; and Local Anaesthetic Trans-perineal Biopsy of Prostate.

Procalcitonin Testing
Work has recommenced in relation to procalcitonin testing, namely the development of a local guideline to establish the parameters for use of the test in Hywel Dda, and the associated funding following the withdrawal of COVID-19 funding. This follows a recent decision to restrict the test to three areas within Hywel Dda – ongoing use in ICU; use with COVID-19 positive patients with respiratory symptoms (in line with the national pathway); and on Consultant or Consultant Microbiologist advice. This has resulted in a reduction in testing. The guideline will formalise this arrangement and support compliance with NICE Diagnostic Guidance (DG18) which does not recommend the routine adoption of procalcitonin testing however encourages sites using it to feed in to national research. The Panel advised that contact be made with the Research and Development department to identify national studies.

The Panel discussed a comprehensive literature review which had been undertaken and acknowledged the benefits of using the test in certain areas, including reduced antimicrobial prescribing and the associated benefits for patients, and improved antimicrobial stewardship within the Health Board. This would also deliver financial benefits to the Health Board. In terms of the development of the guideline, it was agreed that specific protocols would need to be established for the testing, and ECPAP suggested clinical leads for the three areas identified, to be approached to input into the respective protocols.

It was however noted that there may be other areas where procalcitonin testing could be beneficial, such as colorectal surgery, where use of the test within the Health Board had improved care provision and reduced length of stay for post operative patients. It was acknowledged that it would be useful to have an approach which enables the test to be trialled and data to be collected in areas such as this, with the potential, if the benefits are clear, to include as an area within the guideline. Whilst it was agreed that advice would be sought from the Research and Development team on this aspect, there may also be a role for the Value Based Healthcare team in supporting this work.

This work continues through a Procalcitonin Testing Working Group.

Heart Failure Redesign Project
Clinical and service representatives from the Cardiology service attended the Panel in December to present the development of a Pharmacist-led one stop diagnostic clinic for Heart Failure. A

comprehensive review of the NICE guidelines for both acute and chronic heart failure had identified challenges in achieving the service expectations and expected care for patients, including timeliness. In addressing this, a pathway improvement had been identified through the introduction of a one stop diagnostic clinic for Heart Failure. This was being presented to ECPAP as the clinic is being led by a pharmacist, which is a slight deviation from the NICE guideline. The pharmacist has considerable clinical expertise and excellent credentials including the same practice in another Health Board for several years. The pathway map was described, highlighting that it is a new multi professional service and the operational governance will include weekly meetings with the Consultant Lead to discuss each patient seen through the clinic; a daily point of contact with a named Cardiologist available for the clinic; and monthly professional meetings with the Pharmacy Lead.

Some concerns had been raised that it would not be a Consultant making the diagnosis and the NICE guidance recommends a Consultant-led multidisciplinary approach. This was recognised as a valid point however due to staffing constraints the waiting time to see a physician is causing unacceptable delays and adverse impact for patients therefore the alternative pathway secures better care and outcomes for patients, and improved efficiency. This pathway also supports better compliance with the timescales recommended within the NICE guidance.

ECPAP recognised that this is a common scenario and there are other pathways within the Health Board where upskilled clinical professionals are carrying out roles that were historically completed by doctors, however this has led to positive patient outcomes. Furthermore, patient feedback generally suggests that patients want an outcome of a diagnosis within the shortest amount of time possible, which has been reinforced through discussions regarding the heart failure pathway with local focus groups. It was noted that the development of PREMs would also be helpful in supporting an evaluation of patient experience.

Assurance was also provided regarding the sustainability of the pathway and the additional investment that has been made.

ECPAP advised that the deviation from NICE guidance be captured within the AMaT system, along with the rationale and justification as outlined within the business case. The service agreed to undertake this piece of work.

Patient Safety Notice: PSN063/December 2021 Deployment of NRFit (ISO 80369-6) compliant devices in Wales (2021))
Whilst the changeover to NRFit devices has been delayed due to national supply issues, the work undertaken by the Health Board has enabled all of the Patient Safety Notice actions to be achieved therefore a Chair's Action was taken to declare compliance with the Notice and ECPAP was advised at its December meeting. Subject to continued stability in the supply chain, the changeover for spinal procedures is planned for the Spring 2023 and will be staggered across sites. Changeover for epidural procedures will take place at a later date, when national supply is restored.

Risk Register Update
The Effective Clinical Practice Risk Register continues to be shared at ECPAP meetings. Work has recently been undertaken with support from the Risk and Assurance team to cleanse the completed actions from the risks and move to controls where relevant. This has resulted in a more accurate and readable risk register.

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:**
• Continuous review and development of the Mortality Review process, and development of local processes for primary and community care Mortality Review in alignment with of the All-Wales Framework, working alongside the Medical Examiner Service. • Development of Mortality dashboard to support presentation and triangulation of data. • Ongoing work with CHKS to cleanse and validate the mortality data to ensure accuracy. • Ongoing implementation of the AMaT system to support clinical audit and dissemination and status assessment against NICE and other guidance. Templates for clinical written control documentation (policy, procedure and guidelines) - 'key points/summary section' will be added to the front governance of documents. • The accountability when written control documentation cannot be successfully implemented and will be visibly breached has been discussed by CWCDG. The risk of non-compliance has been formally raised to ECPAP.
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:**
7th March 2023