



Report to:	Health and Care Jersey Advisory Board		
Report title:	Clinical Audit and Patient Review in Rheumatology (The Review) January 2025		
Date of Meeting:	30 January 2025	Agenda Item:	12a

Executive Lead:	Simon West, Medical Director
Report Author:	Rachel Williams, Project Director – Operation Crocus Dr Adrian Noon, Clinical Lead – Operation Crocus

Purpose of Report:	Approval <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Discussion <input type="checkbox"/>
	<p>This paper provides the Board with an update on the progress of the review of Rheumatology Patient Care.</p> <p>The Rheumatology Department improvement report will be provided by the Medical Care Group separately to this as the rheumatology improvements now fall under business as usual (BAU) under the Medical Care Group.</p>
Summary of Key Messages:	See main report.
Recommendations:	<p>The Board is asked to,</p> <ul style="list-style-type: none"> Note the actions undertaken to date in response to the RCP report, and the wider actions which have been progressed in order to review and assure patient safety; Provide ongoing support for the Rheumatology Review, Viscount's Office and SOJP work; and Note the priorities which will be progressed in 2025.

Link to Jersey Care Commission (JCC) Domain:		Link to Board Assurance Framework (BAF):	
Safe	√	SR 1 – Quality and Safety	√
Effective	√	SR 2 – Patient Experience	√
Caring	√	SR 3 – Operational Performance (Access)	√
Responsive	√	SR 4 – People and Culture	√
Well Led	√	SR 5 – Finance	√

Boards / Committees / Groups where this report has been discussed previously:		
Meeting	Date	Outcome
Senior Leadership Team	16 January 2024	
Quality, Safety and Improvement Committee	29 January 2024	

List of Appendices:
Appendix A – Tranche Summaries



Executive Summary

This Clinical Audit and Patient Review (The Review) encompasses all patients who have been seen by the rheumatology service, and/or by the doctors who previously worked in the rheumatology service, since January 2019.

Achievements to 31 December 2024 include:

- Initial harm assessments, and reassessments, to ascertain levels of possible medical harm for 2,270 patients who were under the care of Dr X and Dr Y in the rheumatology service between January 2019 and January 2022
- 62 Duty of Candour letters have been written for patients where this assessment indicated possible medical harm of 'moderate' or above
- Letters sent to relatives of deceased loved ones, to inform them of the review
- 151 cases of patients who died since 2019 reviewed by the specialist rheumatologist
- 37 cases considered at a Mortality Learning Review (MLR) Panel
- 33 cases escalated to the Viscount's Office
- As at 30 January, face to face meetings have been held with 31 of the 33 sets of relatives or next of kin who's loved one's case has been escalated to the Viscount's Office so far. Of the remaining 2 cases, one has declined a meeting and the other has no contactable next of kin
- Letters sent where the review of their deceased loved one's care indicated no further action or escalation was required. These letters also offer a meeting with the clinical team
- Dedicated additional wellbeing and psychological support for all patients, and for relatives of deceased patients. This includes a fast assessment and referral to a range of psychological support services, from self-help through to funded private therapy sessions, depending on the needs and preferences of the individual
- Wellbeing and psychological support for staff, including teaching sessions on Trauma-Informed Practice, moral injury and vicarious trauma, group reflective sessions and individual support
- Regular communications to patients and relatives, with a flexible PALS response <https://soj/DocsForms/Documents/HR/Other%20HR%20policies/Policies/P%20Secondment%20policy%2020060329%20TS.pdf> whereby a review is undertaken by a Consultant Rheumatologist and the patient / relative is invited to meet a consultant to answer any questions where helpful
- Updates for colleagues in HCS, particularly prior to a media release, with a reminder of the support available
- Regular communication with the GMC and JCC, and with HCS' insurers and legal advisers.

This is in addition to progress previously reported to the HCS Advisory Board (now the Health and Care Jersey Advisory Board) in January, July and September 2024, which includes:

- Completion of audits, recall and review appointments for 299 patients on 'biologics' and 1,066 patients prescribed Disease Modifying Anti Rheumatology Medication (DMARDs) or high strength steroids such as Prednisolone
- Completion of audits and follow-ups where necessary for 386 outpatients and 717 inpatients (either Rheumatology or any other Specialty under the care of Dr Y or Dr Z).



Challenges

In 2024 the team has adapted their priorities and approach to further improve support for patients and relatives, and to respond to unforeseen pressures, including:

- Developing enhanced levels of psychological support for patients and relatives
- Conducting an increasing number of face-to-face meetings with relatives and next of kins where loved ones' cases have been referred to the Viscount Office
- Analysis and critiquing data from complex legacy and archived medical records systems
- Collaboration with colleagues in primary care to retrieve their records
- Working in partnership with colleagues at SOJP and the Viscounts Office
- Responding to increased enquiries regarding any medico-legal scheme.

This year has presented significant difficulties in obtaining accurate data due to the complexities of integrating information across multiple databases, including legacy systems. The Main Report provides a comprehensive review of progress in each workstream within the Review, alongside the mechanisms established to monitor and ensure continued progress.

It is also important to acknowledge that, given the inherent challenges with the database systems, there may be patients who have inadvertently been missed through the data collection process.



MAIN REPORT

An initial HCS Advisory Board Report was provided on [25 January 2024](#) in response to the recommendations from the Invited Review of Rheumatology by the Royal College of Physicians (RCP). An Update Report was provided on [17 July 2024](#), with a verbal Chief Officer update on [26 September 2024](#). This Report provides a further update, detailing the progress of the review of Rheumatology patient care to 31 December 2024.

1. Harm Assessments and Duty of Candour Letters

Initial harm assessments, to ascertain levels of possible medical harm for patients who were under the care of Dr X and Dr Y in the rheumatology service between January 2019 and January 2022 have all been completed for all (2,270) patients. Duty of Candour (DoC) letters have been issued, in accordance with HCS policy.

Secondary assessments to reassess levels of possible medical harm have taken place for all patients to provide greater quality assurance of our complex data and to allow us to monitor any emerging themes. This includes harm assessments and DoC letters in cases where circumstances evolved since the initial harm assessment was undertaken. Examples of such cases include:

- Patients whose medical harm assessment has increased and now triggers the threshold for a DoC letter, for example due to the compounded and/or longer-term consequences of their treatment
- Patients who lived in Jersey and were patients of Jersey General Hospital but have since moved off island and did not appear in the initial data set
- Patients who received both public and private care and the private notes of their care may not have initially been available.

We anticipate that there will be a small number of similar reassessments of possible medical harm in the coming months, particularly where the longer term consequences of previous medications become evident. For patients where the outcome of the medical harm assessment did not meet the clinical threshold for a DoC letter, a letter is planned to be sent to confirm the closure of their review. All patients have now been met with in clinic and therefore should be aware of any changes to diagnosis and/or medication already.

Whilst acknowledging that patients may have suffered psychological and financial harm, the remit of the Health and Community Services (HCS) Review can only assess possible medical harm by applying our Royal College of Physicians (RCP)-approved Clinical Audit Tool. In accordance with advice from Law Officers Department colleagues, we encourage patients who feel they have sustained alternative forms of harm to seek independent legal advice.

During 2024

- 2,270 harm reassessments were completed
- 62 DoC letters have been written, all of which have been shared with HCS' legal and insurance agencies.

2. Review of Deceased Patients

Review of Deaths 2019 – Present Day

Progress has been substantial in the review of deaths from 2019 to the present. Of the 151 cases reviewed by the specialist rheumatologist:

- 37 cases were escalated to a Mortality Learning Review (MLR) Panel
- 33 of those 37 cases were further escalated to the Viscount's Office.

As at 30 January, face to face meetings have been held with 31 of the 33 sets of relatives or next of kin whose loved one's case has been escalated to the Viscount's Office so far. Of the remaining 2 cases, one has declined a meeting and the other has no contactable next of kin.



There are approximately 80 cases remaining for review. This is on track to be completed by 31 March, however, the time required is dependent on the complexity of cases and the sensitivities of conducting the reviews in a comprehensive manner. A further MLR panel will be scheduled.

The cases not escalated to the Viscount's Office are being referred to the Quality and Safety department so that lessons learnt are integrated into HCS education and training programs. The next of kin of these patients (where we have contact details) are sent a letter which confirms that their loved one's care has been reviewed and there is no further action / escalation; they are also offered a meeting with the clinical team.

Review of Deaths Pre-2019

As instructed by the Viscount's Office, good progress is being made in identifying patients who dies between 2013 and 2019, whose care will be reviewed.

At an early stage, the data retrieval has involved working with informatics analysts to standardise and cleanse data sourced from legacy systems (e.g. TrakCare, HAS and paper records). This preparatory work is time consuming, however, it is critical to ensuring the accuracy and integrity of data sets. Once the data has been cleansed, and the review of deaths since 2019 has been completed, the Specialist Rheumatologist will begin applying the RCP-approved Clinical Audit tool and conducting case reviews.

3. Enhanced Psychological Support

During 2024, the Rheumatology project team identified a need to further strengthen the psychological support available, in order to support individuals who may have been exposed to potentially traumatic stress. Both the type and volume of psychological support has increased as both the number of patients identified to have possible medical harm, and the number of cases referred to the Viscount's Office has increased. There was also a recognition of the impact of delivering difficult messages on both clinical and non-clinical staff, and the impact of the Review on colleagues working in Rheumatology. Accordingly, a number of key initiatives were developed:

- **For relatives:**
 - Tailored communications, including dedicated psychological support, particularly for the cases escalated to the Viscount's Office. The team aims to meet with every relative or next of kin in a face-to-face meeting. This provides an opportunity for any questions to be raised, for the clinical team to answer at, or sometimes after, the meeting
 - As it can be difficult for people to digest the large amount of information provided at these meetings, a follow-up call is arranged to provide a wellbeing check and a reminder of the psychological pathways available. Whilst these support pathways are not compulsory, we highly encourage people to access them
 - Relatives and next of kins are reminded that can contact the team for a follow up meeting at any stage if they have any further questions.

- **For patients:**
 - A two-tiered triage protocol has recently been developed to provide additional support to patients who require enhanced psychological support. This risk protocol is designed to review patients against key psychological risk factors to determine an appropriate pathway. The protocol links closely with other protocols used in the community such as the PHQ9 and the crisis response pathway to ensure an aligned approach. Establishing this process has involved working closely with the support of the HCS Director of Culture and Wellbeing and colleagues in Mental Health Services



- Where appropriate calls are made fortnightly, by the Assistant Clinical Psychologist who works within the review, to any individual who has submitted a query through PALS. These calls are intended to ensure that these individuals are aware they remain on the team's radar, despite this being a lengthy process which may involve a lack of recent updates. The ACP will also use this time to highlight any support the individual may need in regard to their wellbeing
- Patients, relatives, next of kin and staff are all able to access the Jersey Talking Therapies (JTT) major incident pathway. This provides referral and/or signposting to appropriate support, based on a clinical assessment of need. The support could be through online self-help, JTT therapies, or to a specialist Psychologist e.g. in cases where trauma or PTSD is indicated. These specialists may be on-or off-island, depending on the individual's preferences. We are continuing to work closely with our colleagues to understand the number of people accessing the pathway, assess how we can further improve the support available and monitor the timescales for assessment and treatment.
- **For HCS staff:**
 - The HCS Wellbeing service have liaised with the rheumatology team over the year to offer support to colleagues affected by the Review. We remind staff that the support services are available to access at any time. The Centre for Anxiety Stress and Trauma (CAST) have also provided support to staff affected by the work, feedback from which has been very positive. This has included reflective sessions, lectures on vicarious trauma and moral injury, and 1:1 sessions with the independent (off-island) CAST specialist Psychologists.

As the work continues and more relatives are contacted we will continue to adapt the psychological support we offer. An example we are considering in 2025 is to offer some group psychological support sessions for the relatives of the cases referred to the Viscounts Office, offering them the opportunity to share experiences and receive additional support.

4. Ongoing Quality Assurance

To uphold good project governance, several quality assurance processes have been implemented:

- Comprehensive closure reports are produced for each of the five tranches which comprise the review of Rheumatology Patient Care upon their completion. A summary of each is provided in Appendix A for reference
- Informatics analysts are reviewing all data sets to provide assurance on data accuracy and quality. These data sets will likely be provided to the Viscount's Office or SOJP to assist in their investigations
- Ongoing management and maintenance of project management documentation (for example, risk registers, action logs, master spreadsheets and audit tools);
- Strategic leadership through the Co-Ordination Group, which meets fortnightly to ensure the work is accountable to the HCS Chief Officer. The Co-Ordination Group includes senior leadership colleagues from across HCS and the Law Officers Department;
- Operational leadership meeting weekly, to identify challenges and possible solutions, and monitor progress and priorities;
- Reporting into the HCJ Quality, Safety and Improvement Committee;
- Providing update reports to the Health and Care Jersey Advisory Board.



A number of service improvements have been implemented in Rheumatology; these will be reported separately by the Medicine Care Group. Of note from a clinical governance perspective, Rheumatology is enrolling in the [National Early Inflammatory Arthritis Audit](#), and consideration is being given to inviting the [Getting It Right First Time](#) (GIRFT) programme.

5. Communications

The Rheumatology project team has maintained responsive communication with patients, relatives, and next of kin, ensuring that medical queries are addressed, updates on next steps where possible are shared, and psychological support is provided. These communications have been tailored to specific cohorts within the Review, with significant developments including:

- **Letters, including:**
 - Updates on the progress of the work, for patients
 - Notification for relatives of deceased patients, informing them that their loved one's case will be reviewed
 - Duty of Candour letters, acknowledging and apologising that care was not delivered to the expected standards
 - A letter confirming that a deceased relative's case has been reviewed and there was no evidence of anything untoward which might warrant a referral to the Viscount.
- **Supportive Interactions:** written and telephone communication is complemented by face-to-face meetings and wellbeing phone calls, addressing complex medical information and emotional impacts.
- **Collaborative Efforts:** Close coordination with insurers, the Law Officers Department, and the Patient Advice and Liaison Service (PALS) ensures accurate information flow and preparation for a potential increase in public enquiries.
- **Briefings:** The Minister for Health and Social Services is briefed. Islanders and the media are updated through these HCS Advisory Board / Health and Care Jersey Advisory Board reports. Updates are also provided to the Arthritis Association, and colleagues in Rheumatology are notified prior to Board reports being published, in order to help ensure colleague and patient support.

6. Legal

The cohort of rheumatology claims is being actively progressed and a "*prescription amnesty*" has agreed by the Minister/our insurers until 2027 (reserving the right to raise the point should the claim already be prescribed).

It is impossible at this stage to identify an indicative time by which all claims will be satisfactorily resolved due to this being contingent on other parties (medical defence organisations, legal representatives acting for claimants etc).

It is anticipated that legal representatives acting for the bulk of the claimants will share a list of claimants (subject to appropriate consents being obtained).

As agreed by the Co-ordination Group, patients and relatives are now advised to seek independent legal advice should they wish to consider making a claim. They are advised that Citizens Advice Jersey may be able to provide further information on how to do this.

Whilst acknowledging that patients may have also suffered psychological and financial harm, we note that



the remit of the Health and Community Services (HCS) Review can only assess possible medical harm by applying the Royal College of Physicians (RCP)-approved Clinical Audit Tool. Patients who feel they have sustained alternative forms of harm are encouraged to seek independent legal advice on island.

7. Viscounts Office and the States of Jersey Police (SOJP)

The SOJP are working closely with the Viscount's office to support their review and inquest process regarding deceased patients and to assess whether any criminal investigation is required.

8. Financial and Workforce Implications

Financial Management

The review of Rheumatology project expenditure is reviewed on a monthly basis with HCS' Finance Business Partner, the operational budget holder, Project Manager and Project Director. Of note:

- **Service Improvements:** The 2024 business case provided funding for a number of service improvements for rheumatology patients. The improvements support the recommendations provided by the Royal College of Physicians in their review of the department and include for example: improved governance of pharmaceutical prescribing through the employment of a Biologics Pharmacists, the BlueTec pharmacy system and specialist rheumatology nursing and consulting posts (specialists listed on the British specialist register)
- **Clinical Audit and Case Review:** Resources have been prioritised to complete case reviews, Mortality Learning Reviews (MLRs), collaboration with external agencies (Viscount's Office, States of Jersey Police). This necessitated an increase in administrative and Information Governance resource, to support the retrieval and scanning of patient records
- **Psychological Support:** As described previously, provision of increased dedicated psychological support for patients, relatives, next of kin and colleagues.

A business case for funding in 2025 has been approved by the HCS Chief Officer. This is at a lower level than previous years, reflecting the changes in priorities, workload and cost pressures as the Review continues into 2025. Key considerations include reviewing patients who have deceased since 2013 as directed by the Viscount, cooperation and collaboration with the Viscount's Office and SOJP, the increased pressure on record recovery and the increased need for psychological support.

Workforce Implications

The core project team have been consistent through 2024 and into 2025, providing continuity.

In 2025, administrative resource, alongside additional equipment, is required to manage the scanning and collation of records for external review. In addition, a one – year FTE Assistant Clinical Psychologist post has been funded, in recognition of the importance of continuing to support the increasing number of patients and relatives requiring psychological support.

9. Wider Learning

The review of Rheumatology Patient Care remains committed to fostering learning opportunities within and beyond the organisation, for example through:

- Participation in the National Early Inflammatory Arthritis Audit (NEIAA)
- Presentations at HCS learning events such as the Clinical Audit Day, Schwartz Rounds. Mortality and Morbidity and other learning forums



- Exploration of a peer review by the *Getting It Right First Time* (GIRFT) programme, to benchmark departmental practices
- Considering supporting future learning in medical journals by report writing to share methodologies and lessons learned for wider application in healthcare settings.

10. Achievements and Challenges

Achievements

- **Achieving Completion Targets:** Harm assessments and Duty of Candour letters were completed in 2024. Reviews of deceased patients since 2019 are nearing completion.
- **Positive Public Feedback from Face-to-Face Relative Meetings and Patient Case Reviews:** The team has been consistently praised for the communication and support provided to patients and relatives. Feedback examples such as “*thank you for your transparency and accountability*” and “*I finally feel like things now make sense*” have helped to restore faith in the service and embody our values of providing a patient-focussed approach. In delivering this service we also acknowledge the psychological stress these activities can place on the team delivering potentially traumatic information.
- **Team Collaboration:** The team has demonstrated adaptability and dedication in managing an evolving and complex situation, working hard to meet ongoing deadlines and addressing emerging issues efficiently and innovatively. The project team take great efforts to embody the values of HCS in its activities.

Challenges

- **Data Complexity:** The Review has needed to navigate and reconcile disparate data sources from legacy systems, which has been time-consuming, challenging and necessitated extensive quality assurance and cleansing.
- **Communication Barriers:** In some cases, contacting relatives / next of kins has been hindered by incomplete or outdated contact information. Examples being where individuals are residing off-island, have since passed away or their contact details are out of date. Efforts to find solutions to these issues are ongoing.

11. Plan for 2025

The Review of Rheumatology Patient Care project has drafted its priorities for 2025. These include:

1. Completion of the reviews of deaths since 2019, by 31 January 2025.
2. A clear understanding of any legal limitations and a legal recourse delivery plan (if legal recourse is available) to be able to support patients and relatives.
3. Review of patients who died between 2013 and 2019: once the data sourcing and review is completed, sample reviews will be undertaken by applying the RCP-approved Clinical Audit tool and MLR Panel, with cases escalated to the Viscount's office as appropriate.
4. Continued harm reassessments: as patients' medical conditions change over time, where deterioration is due to previous treatment or care.
5. Continued psychological support for patients, relatives and colleagues.
6. Continues cooperation and support for colleagues in SOJP and the Viscounts Office.
7. Ongoing Learning: through peer review and contributing to wider HCS learning and medical literature.

The above plan emphasises the team's adaptability and prioritisation in response to evolving project demands. The project team remain committed to transparency, patient safety, systemic improvement and governance.

11. Recommendations

The Health and Care Jersey Advisory Board is requested to:

- Note the actions undertaken to date in response to the RCP report, and the wider actions which have been progressed in order to review and assure patient safety;
- Provide ongoing support for the Rheumatology Review, Viscount's Office and SOJP work; and
- Note the priorities which will be progressed in 2025.

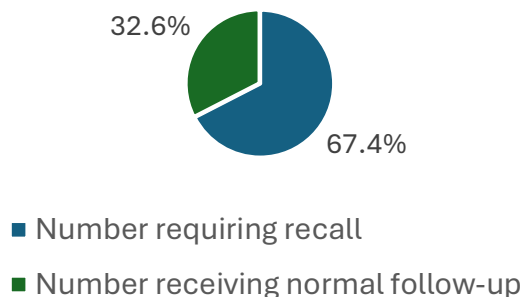
Appendix A Tranche Summaries

Tranche 1

All patients who had been prescribed biologic drugs in the period before January 2022. The clinical audit concluded that, of the 299 available case notes for patients first diagnosed in Jersey:

- 46.0% had sufficient evidence for the clinical auditors to confirm that they met the relevant diagnostic criteria for their diagnosis
- 30.5% had insufficient evidence to confirm the relevant diagnostic criteria were met
- For 23.5%, the clinical auditors were unsure whether there was sufficient evidence
- 33.6% had sufficient evidence for the clinical auditors to confirm that they met the criteria for being prescribed biologic therapy
- 51.3% had insufficient evidence to confirm the criteria for biologics were met
- For 15.1% the clinical auditors were unsure whether there was sufficient evidence to support the prescribing of biologics.

The fact that in over half the records reviewed, the clinicians were not able to say that there was sufficient evidence for the diagnosis raised a significant concern, because record keeping is a key part of medical practice. Therefore, in addition to the clinical audit of case notes, patients were offered in-clinic review appointments. Out of 341 patients, 230 were recalled for a specialist review:



All patients who currently live in Jersey and are on biologics have now been reviewed by the new Head of Rheumatology (Dr Sofia Tosounidou). The conclusions from the in-clinic review are that:

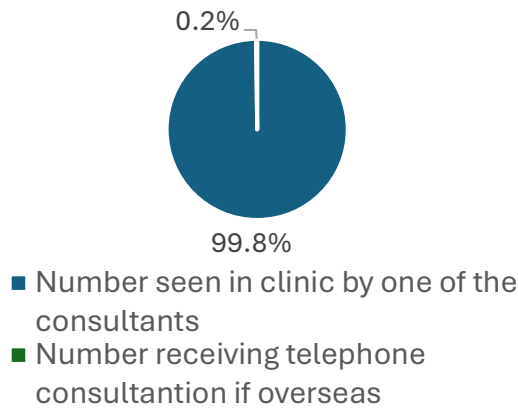
- Biologics have been discontinued for 25% of patients reviewed
- Disease-Modifying Anti-Rheumatic Drugs (DMARDs) have been discontinued for almost 20% of patients reviewed
- A total of 38% had one or more medications discontinued.



Tranche 2

All (1,066) patients who had been prescribed DMARDs. DMARDs are medicines that change or suppress the immune system. This can be very helpful in treating arthritis conditions, however they also suppress the body's ability to fight infections.

All patients received a specialist review:



The review resulted in:

- The diagnosis for almost 46.8% of patients being changed
- DMARDs medication discontinued for almost one third of patients.

Tranche 3

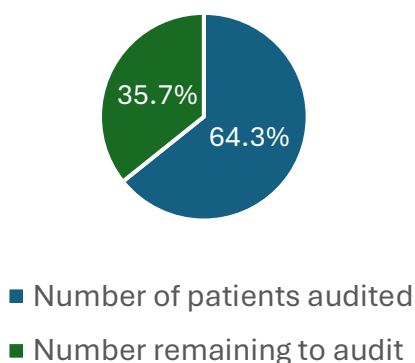
Other (Rheumatology and non-Rheumatology) Outpatients who had been under the care of either clinician whose practice was reviewed as part of the RCP Invited Review.

The case notes of 386 outpatients were reviewed by a relevant specialist (Rheumatologist or General Medicine). The case notes of 50 patients indicated that an in-clinic review appointment would be advisable; all 50 patients were contacted to schedule their appointment.

Tranche 4

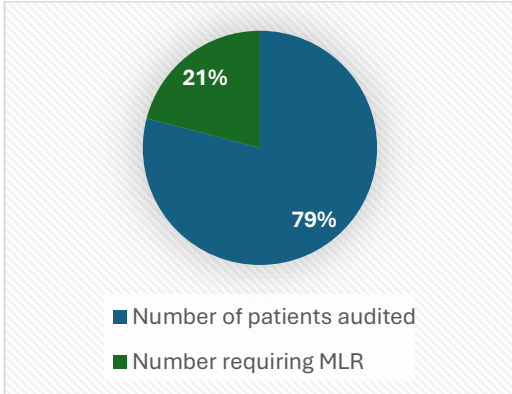
Patients cared for by the rheumatology service, who had died in the period since January 2019. Initially the number of deceased patients was 182; this has now increased to 235.

As at 31 December 2024, the case notes of 151 deceased patients have been audited. There are a remaining 84 cases to be audited.

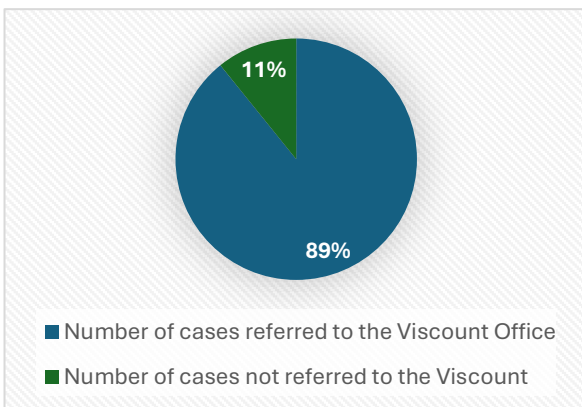




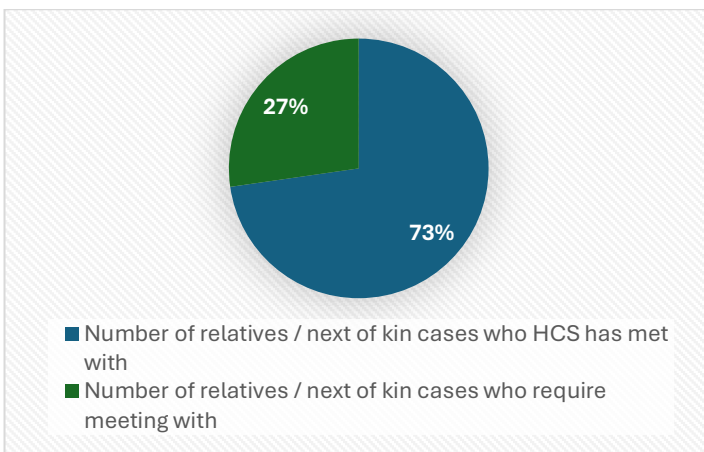
40 cases were escalated to a Mortality Learning Review (MLR); the MLR panel has reviewed 37 cases.



From the cases that were referred to an MLR panel, 33 cases were referred to the Viscounts Office.



24 sets of the relatives or next of kin have been met by HCS staff to date; the remainder are being contacted in January 2025.





Tranche 5

Inpatients who had been under the care of either clinician whose practice was reviewed as part of the RCP Invited Review. This group comprised 747 patients. Initially, 357 case notes were reviewed; this clinical audit found that fewer than 3% of patients had had their treatment changed by a subsequent clinician. The remaining patients have been sent to the patients' GPs for review and referral where clinically appropriate. Less than 1% of patients have required a referral for follow-up care.

END OF REPORT