



**Joint Audit and Quality, Safety & Experience (QSE) Committee (JAQS)**  
**Minutes of meeting held in public on 24.11.20**  
**via Webex**

**Present:**

Cheryl Carlisle	Independent Member
Jackie Hughes	Independent Member
Medwyn Hughes	Independent Member (Joint Chair)
Lyn Meadows	Independent Member
Lucy Reid	Independent Member (Joint Chair)

**In Attendance:**

Kate Clark	Acting Deputy Medical Director
Andrew Doughton	Audit Lead, Audit Wales
Simon Evans-Evans	Interim Director of Governance
Sue Green	Executive Director of Workforce & Organisational Development (OD) (Part meeting)
Dave Harries	Head of Internal Audit
Debra Hickman	Acting Executive Director of Nursing & Midwifery
Matt Joyes	Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety & Experience
Andrew Kent	Head of Planned Care (part meeting)
Grace Lewis-Parry	Assistant Director Primary Care
Melanie Maxwell	Senior Associate Medical Director / Improvement Cymru Clinical Lead
Rob Nolan	Finance Director – Commissioning (part meeting)
Dawn Sharp	Acting Board Secretary
Adrian Thomas	Executive Director of Therapies & Health Sciences

Agenda Item Discussed	Action By
<p><b>JAQS20/1 Chairs' Welcome</b></p> <p>Attendees were welcomed to the meeting.</p>	
<p><b>JAQS20/2 Declarations of Interest</b></p> <p>None declared.</p>	
<p><b>JAQS20/3 Apologies for Absence</b></p> <p>Recorded for Gareth Evans, Arpan Guha, Sue Hill, Eifion Jones, Teresa Owen and Chris Stockport. Noted that Sue Green would need to leave before the end of the meeting. Deputies were welcomed to the meeting on behalf of Chris Stockport, Arpan Guha and Sue Hill.</p>	

<p><b>JAQS20/4 Review of Summary Action Log</b></p> <p><b>JAQS20/4.1</b> The QSE Committee Chair introduced this item by acknowledging the length of time some actions had remained open and reminded members that at the last meeting in 2019 the JAQS Committee did not feel that they had seen sufficient evidence on which to close them down. She confirmed that matters had now moved on and the action log had been reviewed by Executive colleagues and it was accepted that the range of actions relating to clinical audit had been superseded by the refreshed approach to clinical audit across the organisation. The Acting Executive Director of Nursing and Midwifery felt that the revised process set out in the clinical audit paper later on the agenda would address multiple actions which had evolved within the action log. The Senior Associate Medical Director / Improvement Cymru Clinical Lead noted that the assurances around clinical audit would get stronger year on year although she acknowledged there was a remaining gap around primary care.</p> <p><b>JAQS20/4.2</b> A suggestion was made that actions from JAQS should be allocated to either QSE or Audit Committee so they were followed up and reviewed in a more timely manner. The QSE Chair indicated there had been an element of this previously but agreed that progress of actions could be better managed. It was agreed to ask the Interim Director of Governance to review the role and effectiveness of JAQS and to consider the use of a decision log rather than action log.</p> <p><b>JAQS20/4.3</b> Further updates were noted for inclusion within the action log.</p>	SEE
<p><b>JAQS20/5 Clinical Audit Annual Report 2019-20</b></p> <p><b>JAQS20/5.1</b> The Senior Associate Medical Director / Improvement Cymru Clinical Lead presented the report which she felt was a much stronger format as a result of lessons having been learned from previous years. She indicated that the report set out a list of mandated audits and identified where there were outliers which would require the development of improvement plans which would need to be 'SMART' and timely. <i>[Rob Nolan joined the meeting]</i> The Senior Associate Medical Director / Improvement Cymru Clinical Lead added that the report contained two elements of performance data - one against the national benchmark and the other against the last BCU report. Where data had not been submitted this was RAG rated red and would be addressed. In terms of a baseline report the Senior Associate Medical Director / Improvement Cymru Clinical Lead was comfortable that the Board was in a better position in terms of knowing current performance and where the gaps in assurance were.</p> <p><b>JAQS20/5.2</b> The Senior Associate Medical Director / Improvement Cymru Clinical Lead then drew members' attention to the Priority 2 audits noting that detail around delays were contained within the appendices. She acknowledged there was a substantial amount of work to be done around locally initiated projects but suggested that the chart on page 31 supported that the organisation should now be undertaking some Tier 3 audits and that she would also like to see some speciality audit work too. It was confirmed that the Clinical Audit Policy had been approved in March 2020 but that the roll out of audit work had been stood down with the onset of the Covid-19 pandemic, however, this was now starting to be embedded within the quality governance framework. Clinical Audit leads had been identified against all of the mandated audits which was a positive improvement, and an Interim Head of Clinical Effectiveness had been appointed who had commenced</p>	

conversations around developing a business case for clinical audit and improving support to divisions and sites. Finally it was noted that there was a notable increase in the number of Tier 3 projects being registered, and that an escalation report would be provided for the Clinical Effectiveness Group on a regular basis.

**JAQS20/5.3** The Audit Committee Chair felt that the report was clear and easy to understand and provided good examples of strengthening governance. He noted that many of the red rated actions were related to a lack of administrative support and enquired as to progress with the business case for funding. The Senior Associate Medical Director / Improvement Cymru Clinical Lead indicated it was hoped to complete the business case by the end of January 2021 but that there was also a need to think longer term around ensuring that the right support for teams and specialties could be sustained. The QSE Committee Chair noted that the paper made references to resources required to deliver on some audits and sought assurance that this was being flagged with finance colleagues. The Finance Director (Commissioning) confirmed that business cases underwent a “fit for purpose” review before they were considered at Executive Team, and subsequently would go through a prioritisation process and up to the Finance & Performance (F&P) Committee. It was also highlighted that there were some improvement actions that did not necessarily have a cost implication. The QSE Committee Chair felt it was reassuring that the right sort of conversations around the clinical audit agenda were now being taken forward.

**JAQS20/5.4** A member enquired what improvements in terms of behaviours and culture could be made, alongside procedural improvements, to encourage more individuals to want to undertake clinical audit. It was felt that recently audit had not had the required visibility across the organisation and that it was now being linked to pathways to try and address this. There was also a need to ensure that individuals had the capacity to undertake audit as part of normal business and that audit be embedded within service improvements. A member requested that page 30 be amended to refer to a radiology department rather than radiology service, as there had been recent efforts to portray the specialty as a single service. She went on to enquire whether the audits set out within Appendix 3 had an associated date for completion, and it was clarified they only related to Tier 3 audits for which there was a report available at year end. A question was raised regarding the consistency of RAG scoring against the national benchmark and the last BCU report and it was clarified that the green rating in that scenario reflected an improvement on last year's performance.

**JAQS20/5.5** The QSE Committee Chair made a general comment that the report was very much improved and gave a more robust source of assurance around the clinical audit function, although she would like to see evidence of learning more clearly set out. She commented that the key on page 26 would be easier to read above the table rather than below it.

**JAQS20/5.6** Internal Audit and Audit Wales colleagues were supportive of the progress made with this agenda and that the audit plan was broadly in line with their expectations.

**JAQS20/5.7** It was resolved that the Joint Committee approve the Clinical Audit Annual Report 2019/20.

<p><b>JAQS20/6 Delivering Effective Clinical Audit</b></p> <p><b>JAQS20/6.1</b> Members felt the paper was clear and logical.</p> <p><b>JAQS20/6.2</b> It was resolved that the Joint Committee agreed the proposed actions to provide an effective clinical audit function that will support quality improvement leading to safe, high quality care whilst providing the assurance required by the Joint Committee.</p>	
<p><b>JAQS20/8 Audit Reviews</b>  <i>[Agenda item taken out of order at Chair's discretion. Mr Andrew Kent joined the meeting]</i></p> <p><b>JAQS20/8.1</b> The QSE Committee Chair informed members that the Audit Committee had determined that relevant audit reports would be shared with respective committees to provide an opportunity for overall reflection and to consider what had changed as a result of the review. She confirmed that the responsibility for monitoring the associated audit recommendations remained with the Audit Committee.</p> <p><b>JAQS20/8.2</b> The Interim Director of Planned Care gave a verbal update in terms of the review of operating theatres. He explained the booking process which aimed to improve theatre utilisation, highlighting that although the principles were in place, progress had been delayed by the onset of the Covid-19 pandemic and the need to focus on essential services. He confirmed that 5 theatres had been maintained on each acute site for emergency and cancer care but there remained a lack of capacity at the current time to be able to undertake routine activity. This position was monitored on a weekly basis and officers were working closely with clinicians on how capacity could be increased whilst meeting Personal Protective Equipment (PPE) and other Covid-19 requirements such as a the new regime for pre-operative care. He confirmed that the Planned Care Group had developed a 6 point recovery plan which would be discussed by the F&amp;P Committee in December 2020. He concluded by saying officers were disappointed not to have been able to implement the transformational improvements for theatres yet, but they remained committed to this aim.</p> <p><b>JAQS20/8.3</b> A member enquired whether private companies may be contracted with to provide additional capacity at weekends, and expressed concern that this solution was not sustainable. The Interim Director of Planned Care confirmed that a paper was to be discussed by the Executive Team on the 25<sup>th</sup> November 2020 which included this possibility for high risk patients. In response to a question as to why existing staff could not be utilised if capacity was currently 40% down, the Interim Director of Planned Care reported that this would have an impact on the resilience of the workforce and that staff were already being redeployed to support the Covid-19 response and undertake additional training for example. <i>[Mrs S Green left the meeting]</i> He added that waiting list initiatives utilising local staff at an overtime rate were being pursued, together with an insourcing option which would provide a more consistent contractual arrangement. Historically the organisation had outsourced a large amount of activity but this was no longer possible as those providers were having to deal with their own backlog. The QSE Committee Chair sought assurance that the issues originally raised in the review were still on the radar and it was confirmed that they would be incorporated into the 6 point recovery plan utilising a 'once for North Wales' approach to provide consistency. The Audit Committee Chair was content that the recommendations were being addressed, although progress was not at a level he would have wished to have seen. The Audit Lead for Audit Wales reminded</p>	

<p>members that the original review had taken place in 2014 with a follow up in 2019, resulting in a mix of recommendations which were now being combined into a consolidated approach. He felt that there were key positive messages from the 2019 review and that the development of a Diagnostic &amp; Treatment Centre (DTC) approach would over time impact on theatre performance and improvement. <i>[Mr Andrew Kent left the meeting]</i></p> <p><b>JAQS20/8.4</b> The Acting Executive Director of Nursing and Midwifery presented the paper which provided an update against the internal audit review into adult in-patient falls. She highlighted that the direction of travel was focusing on a wider approach to ensure sustainability.</p> <p><b>JAQS20/8.5</b> A member drew attention to reference within the appendix to training being mandatory for nursing staff, and suggested that this was a statement as opposed to an achievement in terms of implementing the falls strategy. The Acting Executive Director of Nursing and Midwifery accepted this point and that there needed to be a more strategic analysis to give a broader overview. In response to a question around ward accreditation she confirmed that this process had continued but through a revised approach due to Covid-19. The Audit Committee Chair noted that the report stated that “due to a number of changes in the senior leadership roles, the overarching Strategic Falls Group referenced within the internal audit review report has not met for some time”, and queried whether the implementation of the falls strategy should not be at ward level. The Acting Executive Director of Nursing and Midwifery confirmed that primarily implementation was an operational front-line responsibility and that the Falls Group mentioned was a co-ordinating forum. The Audit Committee Chair felt that if the group was important it should be meeting and wondered if changes in leadership was being given as an excuse. The QSE Committee Chair shared these concerns and asked the Interim Director of Governance to ensure the principle of governance frameworks being robust enough to ensure that changes in leadership did not impact. The Interim Director of Governance indicated he was to present on the governance framework at the Board Workshop on the 3<sup>rd</sup> December 2020. The Head of Internal Audit noted that he was minded to include falls within the internal audit plan for 2021-22.</p> <p><b>JAQS20/8.6</b> It was resolved that the Joint Committee receive the update.</p>	SEE
<p><b>JAQS20/7 Progress Update on Risk Management Strategy</b></p> <p><b>JAQS20/7.1</b> The Interim Director of Governance presented the paper. He confirmed that the commitment to move to a tier 3 system by the 1<sup>st</sup> October 2020 had been achieved but did highlight a range of anomalies which were now being quality assured with the corporate risk team. He felt this was a useful process to help staff understand their risk scores and controls. It was noted that the Executive-led Risk Management Group (RMG) oversaw the quality assurance process which had been refreshed alongside the improvement plan and reporting arrangements. The Interim Director of Governance reported there had been good progress on a broader risk discussion with divisions being invited to attend the RMG in turn and aligning risk more closely to accountability meetings. He concluded by confirming that the development of a Board Assurance Framework was on track for the December 2020 Audit Committee.</p> <p><b>JAQS20/7.2</b> The Head of Internal Audit sought clarification around slippage in the implementation plan is and whether there was a risk that the revised strategy would not be</p>	

<p>fully implemented by year end. The Interim Director of Governance reported that he did not feel there was slippage but that some risks had been over scored at Tier 3 level. He confirmed that the strategy was in place and being utilised with the associated quality assurance process scheduled for completion by year end. A member asked whether any of the highly scoring risks were of particular concern and the Interim Director of Governance indicated that the vast majority of entries on the register were real risks to the Board but that the quality assurance process was fundamental to ensuring consistency in scoring and robust management of risks. The QSE Committee Chair was encouraged to read about the self-assessment tool.</p> <p><b>JAQS20/7.3 It was resolved that</b> the Joint Audit and QSE Committee note the progress implementing the Health Board`s new Risk Management Strategy &amp; Policy.</p> <p><i>[Mr S Evans-Evans left the meeting]</i></p>	
<p><b>JAQS20/9 Quality Governance Self-Assessment Action Plan</b></p> <p><b>JAQS20/9.1</b> The Acting Associate Director of Quality Assurance / Assistant Director of Patient Safety &amp; Experience presented the paper and confirmed that all actions were due for completion by the end of March 2021. He confirmed that progress had been made in-year with an update having been provided to the QSE Committee in August 2020. Since that update the most significant progress had been around the Risk Management Strategy and that a further update would be provided to QSE Committee in January 2020.</p> <p><b>JAQS20/9.2</b> The QSE Committee Chair indicated she did not personally feel sighted on progress against the development of a clinical strategy by the end of March 2021. It was noted that the Acting Executive Medical Director had recently given a presentation to the Strategy, Partnerships &amp; Population Health (SPPH) Committee and that at a recent Board meeting the Chair had requested a firm trajectory and timeline. The Acting Deputy Medical Director stated that a clear direction of travel would be prepared by the end of March 2021, aligned with the development of the Digital Strategy. The Joint Chairs expressed concern that since the former Executive Medical Director had presented to the Board on a digitally enabled clinical strategy, the emphasis and approach would appear to have changed and that from a governance perspective the Board needed to be sighted on this and be supportive of the strategic direction. The QSE Committee Chair would raise this with the Health Board Chair.</p> <p><b>JAQS20/9.23 It was resolved that</b> the Joint Committee note the update of the Quality Governance Self-Assessment Action Plan.</p>	LR
<p><b>JAQS20/10 Governance Arrangements During Covid-19</b></p> <p><b>JAQS20/10.1</b> The QSE Committee Chair noted that Audit Committee members would previously have received this internal audit report but not QSE members, and there was now an opportunity to ask questions and seek assurance as to how governance and meeting structures may be taken forward in a major subsequent Covid-19 wave. The Acting Board Secretary confirmed that the considerations within the paper were being tracked.</p>	

<p><b>JAQS20/10.2</b> The Head of Internal Audit extended his thanks for the time and input by officers into the review. He highlighted that a number of actions from the review fell within the remit of finance and that an anonymised report was being developed with All Wales Directors of Finance and Board Secretaries. He drew members' attention to the good practice identified around the work of the Cabinet and the establishment of the financial governance cell. The Audit Lead (Audit Wales) indicated that the Structured Assessment was being shared with the Board at a workshop on the 3<sup>rd</sup> December 2020 and he recorded that the organisation had been very responsive. He felt there were opportunities to learn from the challenges that were faced during the first wave but that delivery of change had occurred with pace. The QSE Committee Chair noted the reference to maintaining the requirements of General Data Protection Regulation (GDPR) as a priority for consideration, and suggested that the Digital and Information Governance (DIG) Committee may need to pick this up. The Acting Board Secretary would raise this with the DIG Committee Chair and Lead Executive.</p> <p><b>JAQS20/10.3 It was resolved that the Joint Committee note:-</b></p> <p>(1) the Internal Audit report and in particular the priority considerations for the future;</p> <p>(2) that these priority considerations are being actively via Team Central and reported to the Audit Committee;</p> <p>(3) the Guidance as issued by Welsh Government in respect of discharging Board Committee responsibilities during COVID-19 response phase.</p>	DS
<p><b>JAQS20/11 Any Other Business</b></p> <p><b>JAQS20/11.1</b> The Audit Lead (Audit Wales) flagged that as part of the audit programme there would be some wrap around governance work scheduled.</p> <p><b>JAQS20/11.2</b> The Head of Internal Audit suggested the Board needed to ensure it was sufficiently sighted on the risks pertaining to Brexit. The Acting Board Secretary confirmed this was in hand and there was a meeting scheduled involving the Audit Committee Chair.</p>	

Approved by QSE Committee 15.1.21 and Audit Committee 18.3.21