

## Joint Audit and Quality, Safety & Experience (QSE) Committees

### Minutes of the Meeting Held on 5<sup>th</sup> November 2019 in the Boardroom, Ysbyty Gwynedd, Bangor

#### Present:

Cllr Medwyn Hughes	Independent Member (Joint Chair)
Mrs Lucy Reid	Independent Member (Joint Chair)
Mr John Cunliffe	Independent Member
Mrs Jacqueline Hughes	Independent Member
Mrs Lyn Meadows	Independent Member

#### In Attendance

Mrs Deborah Carter	Associate Director of Quality Assurance / Interim Director of Operations
Mr Andrew Doughton	Performance Audit Lead, Wales Audit Office
Mrs Kate Dunn	Head of Corporate Affairs
Dr David Fearnley	Executive Medical Director
Mr Dave Harries	Head of Internal Audit
Ms Sue Hill	Acting Executive Director of Finance
Dr Melanie Maxwell	Senior Associate Medical Director (part meeting)
Ms Dawn Sharp	Acting Board Secretary
Dr Chris Stockport	Executive Director of Primary and Community Services
Mr Adrian Thomas	Executive Director of Therapies and Healthcare Sciences

Agenda Item Discussed	Action By
<p><b>JAQS19/1 Chairs' Welcome</b></p> <p>The Joint Chairs welcomed everyone to the meeting. It was noted that Dr Melanie Maxwell had been delayed and the agenda order would therefore be flexed.</p>	
<p><b>JAQS19/2 Declarations of Interest</b></p> <p>None made.</p>	
<p><b>JAQS19/3 Apologies for Absence</b></p> <p>Apologies were recorded for Cllr Cheryl Carlisle, Mrs Sue Green, Mrs Gill Harris, Miss Teresa Owen, Mr Mark Thornton and Mrs Amanda Hughes.</p>	

<p><b>JAQS19/4 Minutes of Meeting Held on 6.11.18 for Approval of Accuracy, Matters Arising and Review of Action Log</b></p> <p><b>JAQS19/4.1</b> The minutes were agreed as an accurate record.</p> <p><b>JAQS19/4.2</b> With regards to the action log the QSE Committee Chair was of the view that she was not prepared to accept a recommendation to close an action without sufficient evidence that the action had been addressed. Once Dr Maxwell joined the meeting the action log was reviewed in detail but given the pressures of time it was agreed that the joint chairs would review outside of the meeting and confirm their acceptance or otherwise of the RAG status of each action, and recirculate.</p>	MH LR
<p><b>JAQS19/9 Briefing on Governance Review</b>  <i>[Agenda item taken out of order at Chairs' discretion]</i></p> <p><b>JAQS19/9.1</b> The QSE Committee Chair explained that she had requested a briefing paper as whilst she was aware that discussions regarding the governance review had been held within Audit Committee workshops, she was conscious that QSE Committee members had not been directly involved. She was also aware that the review had been referred to within the public domain but there had not been a specific position update.</p> <p><b>JAQS19/9.2</b> The Acting Board Secretary presented the paper which summarised the work being undertaken to undertake a review of governance and risk arrangements across the organisation with a key intention to ensure there were clear reporting lines from any management groups to ensure timely and appropriate escalation. She also highlighted that consideration was being given to splitting the work of the Quality Safety Group (QSG) into three main areas of 1) quality and safety; 2) effectiveness and outcomes; 3) patient experience and co-production. The Acting Board Secretary reiterated that the proposals were still awaiting full consideration by the Executive Team.</p> <p><b>JAQS19/9.3</b> The Audit Committee Vice-Chair referred to the proposal within the paper that executive led groups report into an appropriate scrutiny committee chaired by an Independent Member and noted that previously it had been widely accepted that the Board level committees were not scrutiny committees. He also was not aware of any discussion to date at the Finance and Performance (F&amp;P) Committee regarding the potential need for an investment committee. He noted that whilst this may well reduce the burden on the F&amp;P Committee it would increase the burden on Independent Members. The Acting Board Secretary indicated that the Executive Team would need to be clear what it wanted this forum/group to do, and that it may well not be a full committee. The Audit Committee Vice-Chair was also keen to ensure clarity on the role of existing and any new committees.</p> <p><b>JAQS19/9.4</b> The Executive Medical Director was supportive of reducing unnecessary burden on committees whilst ensuring good governance. He also encouraged the use of digital solutions for sharing information. The QSE Committee Chair noted that the paper was a position update on the ongoing discussions and asked when the whole Board would be engaged in the process. The Acting Board Secretary suggested that</p>	

initially there would be discussions at the Committee Business Management Group and within a future Board Workshop setting, ahead of consideration by full Board in public.

**JAQS19/9.5** The Acting Executive Director of Finance enquired whether any benchmarking had been undertaken as to how other Health Boards aligned and structured their committee responsibilities. The Acting Board Secretary confirmed such benchmarking had been carried out in the past but not specific to this ongoing review. It was noted that All Wales QSE Committee Chairs had been asked to consider the matter and that the direction of travel of the BCUHB review was in line with arrangements in place elsewhere. Mr A Doughton concurred that generally Committee structures were similar across Wales although the size of BCUHB and its geography added a further challenge. He asked whether the proposal to split the QSG into three main areas of work would be replicated at divisional level. The QSE Committee Chair confirmed that the principle being considered was to ensure clear lines of reporting.

**JAQS19/9.6** It was resolved that the Joint Audit and Quality, Safety & Experience Committee note the context and progress of the governance review and the emerging considerations and further updates would be provided to the Board going forwards.

*[Dr M Maxwell joined the meeting]*

#### **JAQS19/5 Draft Clinical Audit Policy & Procedure**

**JAQS19/5.1** The QSE Committee Chair referred to the coversheet and suggested that the purpose of the paper was not to seek approval as that was the recommendation.

**JAQS19/5.2** The Audit Committee Vice-Chair set out a range of specific comments:

- Para 6.4 roles and responsibilities – he was concerned that only the clinical audit lead was to review the action plan.
- Para 7.1 role of Audit Committee – he felt this was rather prescriptive. The Senior Associate Medical Director indicated that agreement had previously been reached to include the Welsh Government handbook wording. The Audit Committee Vice-Chair suggested the narrative could be softened to read “the role of the Audit Committee includes.....”
- Para 7.5 Quality and Safety Groups – he suggested that this needed to clarify to where or whom risks should be escalated.
- Para 7.6 Clinical Audit and Improvement Groups (CIAG) – he enquired why this did not relate to the West area also. The Senior Associate Medical Director indicated that the CIAG function in the West was incorporated into their quality and safety site meetings. This variation was of concern. It was suggested that the policy should describe how the function was delivered, not necessarily how the groups were structured in different areas. This would be refreshed and reworded.
- Para 8 registration of audits – he asked how members would get assurance that the quality and safety groups were addressing the right priorities.
- He noted that the policy did not reference triggers to tier 3 audits, and did not define the Part A and Part B elements of national audits. This would be addressed.

**JAQS19/5.3** A member asked that the policy make it clearer as to the consequences of a “must do” audit not being completed, and that any that were abandoned must be escalated with the reason clearly set out.

<p><b>JAQS19/5.4</b> The Audit Committee Chair indicated that the lack of progress around implementation of clinical audit actions including the development of the policy would again be escalated to the Board, but he did not wish this to be seen as a reflection on the work of the clinical audit team. He was disappointed that the previous concerns had not been picked up adequately by the Executive Team. He also referred to the resources available to the team and the Executive Medical Director felt that a stock-take of resources going into the audit function was needed, including the ability of clinicians to take time to undertake audit and to ensure this was appropriately reflected in job plans. The Head of Internal Audit indicated he would be more than happy to input into the approach.</p> <p><b>JAQS19/5.5</b> Members queried the relevance of some of the statements within the equality impact assessment (EQIA) which accompanied the policy and whether some of the impact would actually be positive rather than neutral. It was also noted that the equality diversity and human rights section within the policy document itself had been removed in error.</p> <p><b>JAQS19/5.6</b> The QSE Committee Chair noted that the Policy stated that the corporate clinical audit annual plan would be agreed by the end of February each year, however, as the QSE Committee did not meet in the month of February it was agreed this would need to be reviewed in March. She also noted that the policy needed to be consistent in that the narrative needed to concur with the appendices and that there were still some typographical and grammatical errors within the policy.</p> <p><b>JAQS19/5.7</b> It was resolved that the Joint Audit and Quality, Safety &amp; Experience Committee were not in a position to approve the policy. The comments and concerns would be followed up with a revised policy being submitted to Audit Committee on the 12<sup>th</sup> December.</p>	<p>MH LR</p> <p>MM</p>
<p><b>JAQS19/6 Draft Clinical Audit Reporting Templates</b></p> <p><b>JAQS19/6.1</b> The QSE Committee Chair felt it was unclear what the templates were to be used for. The Senior Associate Medical Director confirmed that the aim was for the templates to provide an overview of audit activity including detail of those which had been added to the original plan, any audits abandoned and detail of those which had been completed. The templates would be supported by narrative to provide contextual detail. The Audit Committee Vice-Chair noted that they would need to meet the needs of both the Audit and QSE Committees as they had different and distinct roles in terms of monitoring the clinical audit plan.</p> <p><b>JAQS19/6.2</b> The QSE Committee Chair enquired why the templates were laid out as site specific whereas audits were generally on a pathway or specialty level. The Executive Director of Therapies and Health Sciences indicated that site level did often improve ownership. The Performance Audit Lead (Wales Audit Office) concurred that site level detail was often helpful to identify variance. He suggested that members needed to consider the balance of information that the Joint Committees required, ensuring it was meaningful and able to give assurance whilst not providing too vast a level of detail. He suggested that the focus should be on the exception reports and those audits given limited assurance. The Associate Director of Quality Assurance / Interim Director of</p>	

<p>Operations added that it was often difficult to decouple methodology from the national audits.</p> <p><b>JAQS19/6.3 It was resolved that</b> the feedback provided by the Joint Audit and Quality, Safety &amp; Experience Committee on the draft templates would be considered further by the clinical audit team.</p>	
<p><b>JAQS19/7 Clinical Audit Report 2019</b></p> <p><b>JAQS19/7.1</b> The Senior Associate Medical Director apologised that resources had not allowed for a full-year report to have been prepared. The paper related to a number of audits delivered in the first six months of 2019-20. Members' attention was drawn to Section 2 on audit activity and that BCUHB had completed data submission for the majority of Tier 1 (nationally mandated) audits. There were however resource challenges affecting participation with the following audits:</p> <ul style="list-style-type: none"> <li>• COPD / Asthma (East and West).</li> <li>• Fracture Liaison Service.</li> <li>• Vascular audit (Lower limb Angiography)</li> </ul> <p><b>JAQS19/7.2</b> The Audit Committee Chair expressed concern at the lack of participation in Tier 1 audits. The Senior Associate Medical Director confirmed that the information required was available in the system and it was purely a capacity issue to extract and validate the data appropriately. The Audit Committee Vice-Chair again suggested that the Part A and B elements needed to be expanded upon to clarify and define. He also felt that the report should identify where BCUHB performance in terms of clinical audit activity differed from its peers. The QSE Committee Chair suggested that Table 2 (changes identified on Part A and B) needed to make it clear where BCUHB data was not submitted for the period but there was a recommendation or learning taken from the national report. She also noted that there were questions within the table rather than an explanatory narrative and this needed to be addressed in order for them to make sense.</p> <p><b>JAQS19/7.3</b> A member referred to the governance issues and risks set out within the coversheet and sought assurance as to whether these were significant – for example was the respiratory service itself of concern or compliance with the related audit. The Senior Associate Medical Director indicated that as there was not the resource nor capacity to take part in the respiratory audit it wasn't possible to benchmark the service. This did not necessarily mean there was a concern or problem with the service but positive assurance could not be given. The Audit Committee Vice-Chair asked whether a priority could be given to undertaking a local respiratory audit in order to provide some level of assurance. The Executive Medical Director undertook to look into this and acknowledged that appropriate risk management processes were key to mitigating this assurance gap.</p> <p><b>JAQS19/7.4</b> A discussion ensued around Table 1 (Tier 1- National Clinical Audit &amp; Outcome Review Plan). The Audit Committee Chair noted that the Board's compliance with submission of data had improved since last year. The QSE Committee Chair suggested it would be helpful for the table to have a single status column and also to indicate whether recommendations of the previous year's audit had been delivered.</p>	<p>MM</p> <p>MM</p> <p>DF</p> <p>MM</p>

<p>She noted that the report was very numbers rather than outcome focussed and that she would expect the compliance rate reported to relate to compliance against the standards being audited rather than compliance with the plan.</p> <p><b>JAQS19/7.5</b> It was noted that a lack of leadership was referenced within the paper and the Associate Senior Medical Director indicated this again came back to capacity but that she hoped that as job plans evolved this would be addressed. It was agreed that the joint Chairs would prepare a note to encourage participation in audit.</p> <p><b>JAQS19/7.6</b> <b>It was resolved that</b> the feedback provided by the Joint Audit and Quality, Safety &amp; Experience Committee would be considered and incorporated into future reports.</p>	LR MH
<p><b>JAQS19/8 Clinical Audit Plan Update</b></p> <p><b>JAQS19/8.1</b> The Executive Medical Director confirmed that there was nothing significant to report, and implementation of the plan was progressing. The Head of Internal Audit added that the draft Internal Audit plan was subject to Audit Committee approval, and that he would welcome approval of the Clinical Audit policy as soon as possible. The Performance Audit Lead (Wales Audit Office) suggested that the organisation was at the forming and storming stages of clinical audit development, and that the challenges being made would strengthen and improve processes. He felt that the organisation was in a far more positive place than previously.</p> <p><b>JAQS19/8.2</b> The Executive Medical Director wished to record his gratitude to Dr Melanie Maxwell for her work in developing the clinical audit agenda and for bringing the papers together.</p>	
<p><b>JAQS19/10 Date of Next Meeting</b></p> <p>To be arranged for November 2020</p>	KD