GIG CYMRU NHS WALES | Bwrdd Iechyd Hywel Dda Health Board

# QUALITY SAFETY & EXPERIENCE COMMITTEE WORK SCHEDULE APRIL 2024 – MARCH 2025

Currently, Quality Safety & Experience Committee (QSEC) meets bi-monthly. Based on this, the following table represents a proposal to incorporate the duties as outlined in the Committee's Terms of Reference into a basic work programme April 2024 – March 2025

| AGENDA ITEM/ ISSUE | LEAD | RESPONSIBLE OFFICER | 9 April 2024 | 11 June 2024 | 15 August 2024 | 8 October 2024 | 5 December 2025 | 13 February 2025 |
|---|---|---|---|---|---|---|---|---|
| Governance | | | | | | | | |
| Welcome and Apologies | **Chair** | **All** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Declarations of Interests | **Chair** | **CSO** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Minutes from Previous Meeting and Matters Arising not on Agenda | **Chair** | **CSO** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Table of Actions (ToA) | **Chair** | **CSO** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Annual Review of Terms of Reference (TORs) | **Chair** | **CSO** | | ✓ | | | | |
| Annual Review of Sub Committees TORs | **Chair** | **CSO** | | | ✓ | | | |
| Behaviours Framework | **AL** | **SD** | ✓ | | | | | |
| Patient/Staff Story | **LOC** | | ✓ MD- Safer Care Collaborative Staff story | ✓- Oncology | ✓ Microbiata Faecal transplant | ✓ Integrated Care Centre | ✓ | ✓ |

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| Policies for Approval (as required) | **All** | **All** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Assurance | | | | | | | | |
| Operational Group Updates – each group will present a report twice a year. | **SD** | **SD/PK/SG** | ✓ IP&C | ✓ SG | ✓ IPC Include patient story on fecal microbiota transplant | ✓ ECPAP MM | ✓ SG | ✓ MM ECPAP |
| Annual Report on Committee's Activity | **AL/SD** | **All** | ✓ | | | | | |
| Annual Report on Sub-Committee's activity for incorporating into QSEC's Annual Report | **SD** | **SD LOC** | | ✓ | | | | |
| Presentation on revised operational governance arrangements | **AC** | | | ✓ provide headlines within OQSESC Update report for June 2024. | | | | |

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| Quality and Safety Assurance Report incorporating:<br>• External Monitoring Final Reports<br>• Nurse Staffing Levels (Wales) Act Updates (as required)<br>• Board to Floor Walkabouts<br>• EQIiP outcomes<br>• IPC / C-Diff Updates<br>• C19 activity and Nosocomial Reviews<br>• Impact of industrial action<br>• Quality Engagement Act<br>• Speaking us Safely reports on quality themes<br>• WHC's overview *(every other meeting)* | **SD** | **CS** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Nurse Staffing Levels (Wales) Act: Assurance Reports (as required) –Annual Report 2023/24 | **SD** | **HH** | ✓ | | | | | |
| Therapies Services Referral to Treatment Time Action Plan Update | **JS** | **LR** | ✓ | | ✓ | | | |
| Mental Health and Learning Disabilities and Public Health<br><br>1) Review of unexpected deaths / suicides to ascertain changes in patterns or trends | **AG** | **BTP/CJ** | ✓ | | | | | |
| Understanding the Quality and Experience Impact Realised to Date through Transforming UEC | **KJ** | **CG** | ✓ | | | | | |

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| | | | | | | | | |
| Thematic Report on care home fragilities and closures including the impact on length of stay at hospitals for patients and quality assurance for out of area referrals | **JP** | | | | ✓ | | | |
| Primary Care Quality and Safety Governance and HIW Inspection reports. | **JP** | **RB** | | | ✓ | | | |
| Withybush Creche Care Inspectorate Wales Inspection and action plan | **RE** | | | ✓ | | | | |
| Cleanliness Standards Audit report and Action Plan | **RE** | | | ✓ | | | | |
| Integrated Quality Impact Assessment Process and Terms of Reference | **SD** | **CS** | | ✓ | | | | |
| NHS Exec Review of Neurodevelopment Service, Pyschology and Psychological Intervention for Children and Young People | **AC** | **LC/AL** | ✓ Action Plan | | | ✓ | | |
| Upper GI Surgery (Quality Panel) | **MH** | **CL** | | | ✓ | | | |
| Nosocomial Review COVID 19 Review Action Plan- learning shared | **Operational Leads** | | | | | ✓ opportunity for shared learning across organisation to be embedded as part of | | |

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| | | | | | | new operational structure | | |
| Obstetrics Sonography (Quality Panel) | **GRD/KG** | | | | ✓ | | | |
| Compliance with ALN Act | **JS** | | ✓ | | | | | |
| GIRFT Report Orthopaedic Update (report and action plan) | **AC** | | ✓ | | | | | |
| GIRFT report General Surgery (Include report and action plan) | **MH** | **AC** | ✓ | | | | | |
| Oncology/Cancer/Palliative Care Deep Dive | **AC/ JP** | | | | | | | |
| Stroke Services Access Times | **JS** | | | ✓ | | | | |
| Q&S impact of RAAC – metrics | **AC** | **BA** | ✓ | | | | | |
| 'Grow 2- low gestational age' presentation | **KG** | | | | ✓ | | | |
| **Risks** | | | | | | | | |
| Corporate Risks Assigned to QSEC | Executive leads | **RW (report author)** | ✓ | | ✓ | | ✓ | |
| Receive Sub-Committee Update Reports including Risk Register | **SD** | **SD/LOC** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Assessing and Prioritising Fragile Services | **SD/ SG** | | | ✓ | | | | |

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| | | | | | | | | |
| **Sub Committee Update Reports** | | | | | | | | |
| Operational Quality, Safety and Experience | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Listening and Learning: | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| • To include developments in response to the Communication themes presented in Dec 23<br>• Reports on quality and safety matters (case studies if possible) on Speaking up Safely | | | | ✓ | | | | |
| **For Information** | | | | | | | | |
| HIW Annual Report | | | | | | | ✓ | |
| WHSCC QPS Joint Chairs Report | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| IQPD Minutes | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Work plan 2024/25 | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | | | | | | | |
| Agenda setting meeting with Chair | **CSO** | **CSO** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

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| and Exec Lead to include discussion on deep dives on new risks (at least 6 weeks before the meeting) | | | | | | | | |
| Draft agenda to go to Executive Team prior to being issued. | **CSO** | **CSO** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Call for papers (at least 4 weeks before the meeting to receive papers at least 14 days before the meeting) | **CSO** | **CSO** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Disseminate agenda and papers 7 days prior to the meeting | **CSO** | **CSO** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Type up minutes and TOA within 7 days of the meeting | **CSO** | **CSO** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Circulate minutes and TOA to Committee for comments, points of accuracy and matters arising within 10 days of the meeting | **CSO** | **CSO** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Check and send final version of minutes to the Committee Chair following comments received. | **CSO** | **CSO** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Chase updates on TOA before the next meeting and RAG rate | **CSO** | **CSO** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Record and track the TOA as part of the decision tracker | **CSO** | **CSO** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Produce written update report for QSEC and Board | **CSO** | **CSO** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Prepare schedule of meetings | **CSO** | **CSO** | | | | | ✓ | |
| QSEC Annual Work Programme | **CSO** | **CSO** | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

**Sub Committees:**

- Operational Quality, Safety and Experience Sub-Committee
- Listening and Learning Sub-Committee

**Sub Groups:**

Effective Clinical Practice Advisory Panel (ECPAP)
Medicines Management Operational Group (MMOG)
Safeguarding Group (SG)
Infection Prevention Strategic Steering Group (IPSSG)

Initials

| | | | | |
|---|---|---|---|---|
| SD- Sharon Daniel | CSO-Katie Lewis | AL- Anna Lewis | LOC- Louise O'Connor | MH- Mark Henwood |
| AC- Andrew Carruthers | BA- Bethan Andrews | CS- Cathie Steele | SG- Subhamay Ghosh | BTP- Rebecca Temple Purcell |
| HH- Helen Humphreys | CG- Ceri Griffiths | KJ- Keith Jones | RW- Rachel Williams | AG- Ardiana Gjini |
| KG- Kathy Greaves | GRD- Gail Roberts Davies | CL- Caroline Lewis | | |