

## 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 2024 | 13 February 2025 |
|---|--------------|---------------------|--------------|--------------|----------------|----------------|-----------------|------------------|
| Governance  |              |                     |              |              |                |                |                 |                  |
| Welcome and Apologies   | <b>Chair</b> | <b>All</b>          | ✓            | ✓            | ✓              | ✓              | ✓               | ✓                |
| Declarations of Interests   | <b>Chair</b> | <b>CSO</b>          | ✓            | ✓            | ✓              | ✓              | ✓               | ✓                |
| Minutes from Previous Meeting and Matters Arising not on Agenda                                   | <b>Chair</b> | <b>CSO</b>          | ✓            | ✓            | ✓              | ✓              | ✓               | ✓                |
| Table of Actions (ToA)  | <b>Chair</b> | <b>CSO</b>          | ✓            | ✓            | ✓              | ✓              | ✓               | ✓                |
| Review of Terms of Reference (TORs)   | <b>Chair</b> | <b>CSO</b>          |              | ✓            |                | ✓              |                 |                  |
| Annual Review of Sub Committees TORs  | <b>Chair</b> | <b>CSO</b>          |              |              | ✓              |                |                 |                  |
| Self-Assessment outcome of actions from Work Shop- Six month review of actions <b>August 2026</b> | <b>Chair</b> | <b>JW</b>           |              |              |                |                |                 | Defer April 2025 |
| Outcome of Self-Assessment Presentation   | <b>Chair</b> | <b>Chair</b>        |              |              |                |                | ✓               |                  |
| Behaviours Framework  | <b>AL</b>    | <b>SD</b>           | ✓            |              |                |                |                 |                  |

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| Patient/Staff Story   | LOC         |                     | ✓<br>Safer Care Collaborative Staff story | ✓<br>Rheumatology | ✓<br>Oncology  | ✓<br>Integrated Care Centre       | ✓<br>Paediatrics BGH              |                  |
| Policies for Approval (as required)   | All         | All                 | ✓   | ✓                 | ✓              | ✓<br>Incident Reporting Procedure | ✓<br>Mental Capacity Act Strategy | ✓                |
| Targeted Intervention Progress Report - TBC   | Shaun Ayres | Executive Leads     |   |                   |                |                                   |                                   | ✓                |
| Assurance   |             |                     |   |                   |                |                                   |                                   |                  |
| 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<br>LOC           |   | ✓                 |                |                                   |                                   |                  |
| Fragile Service Update Report (TI 32, 33, & 35)                                       | SD          | SG/CS               |   |                   |                |                                   | ✓                                 |                  |
| Learning Framework Report (TI 48)   | SD          | CS                  |   |                   |                |                                   | ✓                                 |                  |
| Presentation on revised operational governance arrangements                           | AC          |                     |   | ✓                 |                |                                   |                                   |                  |

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| Duty of Quality Assurance Report incorporating: <ul style="list-style-type: none"> <li>• External Inspection and peer reviews (TI34 &amp; 52)</li> <li>• Nurse Staffing Act Assurance (every 6 months)</li> <li>• Walkrounds (a thematic review on six month basis)</li> <li>• Quality Improvement outcomes (TI 53)</li> <li>• Quality Impact Assessments (TI 32, 33)</li> <li>• Putting things right (TI 51)</li> <li>• HCAI (TI 50)</li> <li>• Duty of Candour (TI 54)</li> <li>• Learning from significant events</li> <li>• Speaking Up reports on quality themes</li> <li>• Paediatrics Service Changes BGH</li> <li>• WHC's overview (every other meeting) (TI 52)</li> </ul> | SD   | CS                  | ✓            | ✓            | ✓              | ✓              | ✓               | ✓                |
| <a href="#">National Nosocomial COVID-19 Programme End of Programme Learning Report.</a>  | SD   | CS                  |              |              | ✓              |                | ✓               |                  |
| Duty of Quality and Candour Annual Report 2024  | SD   | CS                  |              |              | ✓              |                |                 |                  |
| Nurse Staffing Levels (Wales) Act: Assurance Reports (as required) –Annual Report 2023/24 and Spring Calculation Cycle  | SD   | HH                  |              |              |                | ✓              |                 |                  |

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|--|-------------|----------------------------|---------------------|---------------------|-----------------------|-----------------------|------------------------|--|
| Nurse Staffing Levels Impact of Reduction of Agency and Bank Staff on quality, safety and patient experience interim report                            | <b>SD</b>   | <b>HH</b>                  |                     |                     |                       |                       |                        | ✓<br>(impact of full year report in August 2025) |
| Patient Acuity i- Welsh Levels of Care Impact on Nurse Staffing Levels   | <b>SD</b>   | <b>HH</b>                  |                     |                     |                       | ✓                     |                        |  |
| Quality Engagement Act   | <b>SD</b>   | <b>CS</b>                  |                     |                     |                       | ✓                     |                        |  |
| Urgent and Emergency Care Discharge Management Internal Audit  | <b>AC</b>   | <b>CG/MD</b>               |                     |                     | ✓                     |                       |                        | ✓<br>Metrics to evidence quality improvement     |
| Paediatric Occupational Therapy Referral to Treatment Time Action Plan Update  | <b>JS</b>   | <b>LR</b>                  | ✓                   |                     | ✓                     |                       | ✓                      |  |
| Mental Health and Learning Disabilities and Public Health<br><br>1) Review of unexpected deaths / suicides to ascertain changes in patterns or trends. | <b>AG</b>   | <b>BTP/CJ</b>              | ✓                   |                     |                       |                       |                        |  |
| Understanding the Quality and Experience Impact Realised to Date   | <b>KJ</b>   | <b>CG</b>                  | ✓                   |                     |                       |                       |                        |  |

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| through Transforming UEC   |                   |                                |                  |              |                |                                   |                 |                  |
| 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  | AC                | RE                             |                  | ✓            |                | ✓                                 |                 |                  |
| Rheumatology Deep Dive   | AC                |                                |                  |              |                |                                   | ✓               |                  |
| Cleanliness Standards Audit report and Action Plan   | AC                | 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                          | ✓<br>Action Plan |              |                |                                   |                 |                  |
| Upper GI Surgery (Quality Panel)   | MH                | CL                             |                  |              | D              | ✓                                 |                 |                  |
| Community Nursing  | SD                | Tracey Evans/<br>Sarah Cameron |                  |              |                | ✓                                 |                 |                  |
| Nosocomial Review COVID 19 Review Action Plan- learning shared   | Operational Leads |                                |                  |              |                | ✓ opportunity for shared learning |                 | ✓                |

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|   |        |                     |              |              |                | across organisation to be embedded as part of new operational structure |                 |                  |
| Obstetrics Sonography (Quality Panel)                         | GRD/KG |                     |              |              | D              |   |                 |                  |
| Compliance with Additional Learning Needs Act                 | JS     | LJ                  | ✓            |              |                |   | ✓               |                  |
| Allergies Testing Service                                     | AC     |                     |              |              |                |   | ✓               |                  |
| ASD Assessments for CYP/ Young Adults                         | AC     | AL                  |              |              | ✓              |   |                 |                  |
| GIRFT Report Orthopaedic Update (report and action plan)      | AC     |                     | ✓            |              |                |   |                 |                  |
| Infected Blood Inquiry findings                               | SD     |                     |              |              |                | ✓   |                 |                  |
| GIRFT report General Surgery (Include report and action plan) | MH     | AC                  | ✓            |              |                |   |                 |                  |
| Veteran Health  | SD/AC  | LH/ BL              |              |              |                |   | ✓               |                  |
| Oncology Deep Dive  | AC/ JP | GB/LH               |              | D            | ✓              |   | ✓               |                  |
| Stroke Services Access Times                                  | JS     |                     |              | ✓            |                |   |                 |                  |
| Q&S impact of RAAC – metrics                                  | AC     | BA                  | ✓            |              |                |   |                 |                  |

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| Pembrokeshire Child Practice Review   | SD              | MND                 |              |              | ✓              |                |                 |                  |
| <b>Risks</b>  |                 |                     |              |              |                |                |                 |                  |
| Corporate Risks Assigned to QSEC  | Executive leads | RW (report author)  | ✓            |              | ✓              |                | ✓               |                  |
| Assessing and Prioritising Fragile Services   | SD/ SG          |                     |              | ✓            |                |                |                 |                  |
| <b>Sub Committee Update Reports</b>   |                 |                     |              |              |                |                |                 |                  |
| Quality, Safety and Experience  | ✓               | ✓                   | ✓            | ✓            | ✓              | ✓              | ✓               | ✓                |
| Listening and Learning:   | ✓               | ✓                   | ✓            | D            | ✓              | ✓              | ✓               | ✓                |
| <ul style="list-style-type: none"> <li>To include developments in response to the Communication themes presented in Dec 23</li> <li>Reports on quality and safety matters (case studies if possible) on Speaking up Safely</li> </ul> |                 |                     |              | D            | ✓              |                |                 |                  |
| <b>For Information</b>  |                 |                     |              |              |                |                |                 |                  |

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| HIW Annual Report  |             |                            |                     |                     |                       |                       | ✓                      |                         |
| WHSCC QPS Joint Chairs Report  |             |                            | ✓                   | ✓                   | ✓                     | ✓                     | ✓                      | ✓                       |
| IQPD Minutes   |             |                            | ✓                   | ✓                   | ✓                     | ✓                     | ✓                      | ✓                       |
| Work plan 2024/25  |             |                            | ✓                   | ✓                   | ✓                     | ✓                     | ✓                      | ✓                       |
| Patient Experience Report  |             |                            | ✓                   | ✓                   | ✓                     | ✓                     | ✓                      | ✓                       |
|  |             |                            |                     |                     |                       |                       |                        |                         |
| Agenda setting meeting with Chair and Exec Lead to include discussion on deep dives on new risks (at least 6 weeks before the meeting) | <b>CSO</b>  | <b>CSO</b>                 | ✓                   | ✓                   | ✓                     | ✓                     | ✓                      | ✓                       |
| Draft agenda to go to Executive Team prior to being issued.  | <b>CSO</b>  | <b>CSO</b>                 | ✓                   | ✓                   | ✓                     | ✓                     | ✓                      | ✓                       |
| Call for papers (at least 4 weeks before the meeting to receive papers at least 14 days before the meeting)                            | <b>CSO</b>  | <b>CSO</b>                 | ✓                   | ✓                   | ✓                     | ✓                     | ✓                      | ✓                       |
| Disseminate agenda and papers 7 days prior to the meeting  | <b>CSO</b>  | <b>CSO</b>                 | ✓                   | ✓                   | ✓                     | ✓                     | ✓                      | ✓                       |
| Type up minutes and TOA within 7 days of the meeting   | <b>CSO</b>  | <b>CSO</b>                 | ✓                   | ✓                   | ✓                     | ✓                     | ✓                      | ✓                       |
| Circulate minutes and TOA to Committee for comments, points of accuracy and matters arising within 10 days of the meeting              | <b>CSO</b>  | <b>CSO</b>                 | ✓                   | ✓                   | ✓                     | ✓                     | ✓                      | ✓                       |
| Check and send final version of minutes to the Committee Chair following comments received.  | <b>CSO</b>  | <b>CSO</b>                 | ✓                   | ✓                   | ✓                     | ✓                     | ✓                      | ✓                       |
| Chase updates on TOA before the  | <b>CSO</b>  | <b>CSO</b>                 | ✓                   | ✓                   | ✓                     | ✓                     | ✓                      | ✓                       |

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| next meeting and RAG rate                                |      |                     |              |              |                |                |                 |                  |
| 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:

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

### Sub Groups:

Medicines Management Operational Group (MMOG)

### 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 |                      |                             |