

QUALITY SAFETY & EXPERIENCE ASSURANCE COMMITTEE WORK SCHEDULE APRIL 2021 – MARCH 2022

Currently, Quality Safety & Experience Assurance Committee (QSEAC) 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 2021 – March 2022.

| AGENDA ITEM/ ISSUE | LEAD | RESPONSIBLE OFFICER | 13 APR 2021 | 8 JUN 2021 | 10 AUG 2021 | 5 OCT 2021 | 7 DEC 2021 | 8 FEB 2022 |
|---|----------|---------------------|-------------|------------|-------------|------------|------------|------------|
| 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 | | ✓ | | ✓ | | |
| Approval of QSEAC Self-Assessment Process | Chair | MR | | | ✓ | | | |
| Outcome of QSEAC Self-Assessment Process | Chair | MR | | | | ✓ | | |
| Workplan Review | Chair/MR | | ✓ | | | | | |
| Patient/Staff Story | MR | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Policies for Approval (as required) | All | All | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Quality and Safety Assurance Report incorporating: <ul style="list-style-type: none"> External Monitoring Final Reports Nurse Staffing Levels (Wales) Act Updates (as required) | MR | SP/CS/LOC | ✓ | ✓ | ✓ WHCs | ✓ | ✓ | ✓ |

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| <ul style="list-style-type: none"> Board to Floor Walkabouts Claims Management Report – High Value/Novel Claims EQulP outcomes | | | | | | | | |
| Nurse Staffing Levels (Wales) Act –Annual Report 2020/21 | MR | SP/CS | ✓ | | | | | |
| Nurse Staffing Level (Wales) Act Implementation– Draft 3 year report 2018-21 | MR | SP/CS | ✓ | | | | | |
| Quality Management System (QMS) Approach | MR | SP/CS | | ✓ | | | ✓ | |
| Receive Sub-Committee Update Reports including Risk Register | MR | AS/PK/LOC | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Research & Development (R&D) Activity Report /Annual Reports 2020/21 | PK | | | ✓ | | | | ✓ |
| Operational Group Updates – each group will present a report twice a year. | MR | SP/SD/PK/JPJ | ✓ IP&C | ✓ SG | ✓ ECP MM | | ✓ SG IP&C | ✓ MM ECP |
| Annual Report on Committee's Activity | AL/MR | SP/AII | ✓(via Chairs Action) | | | | | |
| Annual Report on Sub-Committee's activity for incorporating into QSEAC's Annual Report | MR | AS/JPJ/ SD/ LC/SP/ LOC/LG/PK | ✓ | | | | | |
| Corporate Risks Assigned to QSEAC (including new corporate risks assigned to QSEAC in light of | MR | ChB | | ✓ | | ✓ | | ✓ |

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| COVID-19 | | | | | | | | |
| Update on Single Point of Contact | MR | MD | ✓ | | | | | |
| Update on Risk 129 | JP/AC | AC | ✓ | | | | | |
| Update on Risk 1032 | AC | | | ✓ | | | | |
| Deep Dive Report on Cancer (Risk 633) | AC | KJ | | | ✓ | | | |
| Deep Dive Report on Stroke | AC | AS | | | ✓ | | | |
| Deep Dive on Falls Management | MR | MD | | ✓ | | | | |
| Health Board Winter Plan 2021/22 (including DTOC) | AC | KJ | | | | ✓ | | |
| Accessing Emergency Specialist Spinal Services | MR | SP | | | ✓ | | | |
| Clinical Audit Update | MD | IB | | | ✓ | | | ✓ |
| Health & Care Standards Fundamentals of Care Audit 2019 | MR | MR | | | ✓ | | | |
| Scheduled Care Update | PK | JE | | | | ✓ | | |
| Field Hospitals Evaluation | AC | | | | | ✓ | | |
| COVID-19 Vaccination Programme | RJ | RJ | | | | | | |
| Director of Public Health Report | RJ | RJ | | | | ✓ | | |
| Welsh Ambulance NHS Trust (WAST) | AC/MR | | | | | ✓ | | |
| Children's Services 3 Year Plan | AC | | | ✓ | | | | |
| Trans-Catheter Aortic Valve Insertion (TAVI) Progress Report | PK | | | ✓ | | | | |

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| Penally Camp Update | JP | JP | | | | | | |
| Nurse Staffing Levels (Wales) Act 2016 - Draft Annual Report 2020/21 - Draft 3 Year Report 2018-21 - Extension to Paediatric Inpatient Wards | MR | CH | ✓ ✓ ✓ | | | | | |
| Internal Audit Report - Q&S Governance - Health and Care Standards - Closure of Actions | MR | MR | ✓ (For Info) | | | | | |
| | | | | | | | | |
| Agenda setting meeting with Chair and Exec Lead to include discussion on deep dives on new risks (at least 6 weeks before the meeting) | CSO | CSO | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 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 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

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| 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 QSEAC and Board | CSO | CSO | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Prepare schedule of meetings | CSO | CSO | | | | | ✓ | |
| QSEAC Annual Work Programme | CSO | CSO | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Initials

| | | |
|---|---|---|
| CSO – Committee Services Officer AL – Anna Lewis/Chair MR – Mandy Rayani JW – Jo Wilson RJ – Ros Jervis AC- Andrew Carruthers AS – Alison Shakeshaft PK – Philip Kloer JP – Jill Paterson LG – Lisa Gostling | LC – Liz Carroll LOC – Louise O'Connor JPJ – Jenny Pugh Jones MD – Mandy Davies AG – Alison Gittins SP – Sian Passey PL – Phil Lloyd KJ – Keith Jones CS- Cathie Steele CH – Chris Hayes | IB – Ian Bebb ChB-Charlotte Beare SG - Subhamay Ghosh |
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