

## 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/<br>MR |                     | ✓                          |                             |                              |            |                            |            |
| Patient/Staff Story   | MR           |                     | ✓<br>Maternity<br>Services | ✓<br>MHLD<br>(Risk<br>1032) | ✓<br>Stroke/<br>Cancer<br>DD | ✓          | ✓<br>Maternity<br>Services | ✓          |
| Policies for Approval (as required)                             | All          | All                 | ✓                          | ✓                           | ✓                            | ✓          | ✓                          | ✓          |

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|--|-------|------------------------------------|----------------------------|------------|----------------|------------|-----------------|----------------|
| Quality and Safety Assurance Report incorporating: <ul style="list-style-type: none"> <li>External Monitoring Final Reports</li> <li>Nurse Staffing Levels (Wales) Act Updates (as required)</li> <li>Board to Floor Walkabouts</li> <li>Claims Management Report – High Value/Novel Claims</li> <li>EQulP outcomes</li> </ul> | MR    | SP/CS/LOC                          | ✓                          | ✓          | ✓<br>WHCs      | ✓          | ✓               | ✓              |
| 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                              |                            |            |                |            | ✓               |                |
| Improving Together Update  | MR    | MD/CE                              |                            | ✓          |                |            |                 |                |
| Receive Sub-Committee Update Reports including Risk Register   | MR    | AS/PK/LOC                          | ✓                          | ✓          | ✓              | ✓          | ✓               | ✓              |
| Operational Group Updates – each group will present a report twice a year.   | MR    | SP/SD/PK/JPJ                       | ✓<br>IP&C                  | ✓<br>SG    | ✓<br>ECP<br>MM |            | ✓<br>SG<br>IP&C | ✓<br>MM<br>ECP |
| Annual Report on Committee’s Activity  | AL/MR | SP/All                             | ✓(via<br>Chairs<br>Action) |            |                |            |                 |                |
| Annual Report on Sub-Committee’s activity for incorporating into QSEAC’s Annual Report   | MR    | AS/JPJ/ SD/<br>LC/SP/<br>LOC/LG/PK | ✓                          |            |                |            |                 |                |
| Corporate Risks Assigned to QSEAC (including new corporate risks assigned to QSEAC in light of COVID-19  | MR    | ChB                                |                            | ✓          |                | ✓          |                 | ✓              |

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| Update on Single Point of Contact   | MR    | MD                  | ✓           |            |             |                      |            |            |
| Update on Risk 129  | JP/AC | AC                  | ✓           |            |             | ✓                    |            |            |
| Update on Risk 1032 (Mental Health and Learning Disabilities)   | AC    |                     |             | ✓          |             | ✓<br>Including CAMHS |            |            |
| Deep Dive Report on Cancer (Risk 633: <i>Ability to meet the 75% target for waiting times for 2020/21 for the new Single Cancer Pathway – Risk Score 12</i> ) | 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    |                     |             |            |             | ✓                    |            |            |
| Mortality Review and Nosocomial COVID work  | PK    | JE/ SG              |             |            |             | ✓                    |            |            |

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| Update on COVID-19 Related Activity   | MR    | MR/ RJ/ AS          |                 | ✓          | ✓           | ✓          | ✓          | ✓          |
| Hospital Acquired thrombosis (HAT) Improvement Plan and All-Wales Thromboprophylaxis [Date tbc]   | MR    | SG/ MD              |                 |            |             |            |            |            |
| Director of Public Health Report  | RJ    | RJ                  |                 |            |             | ✓          |            |            |
| Welsh Ambulance NHS Trust (WAST)  | AC/MR |                     |                 |            |             | ✓          |            |            |
| Children's Services 3 Year Plan   | AC    | AC                  |                 | ✓          |             |            |            |            |
| Nurse Staffing Levels (Wales) Act 2016<br>- Draft Annual Report 2020/21<br>- Draft 3 Year Report 2018-21<br>- Extension to Paediatric Inpatient Wards | MR    | CH                  | ✓<br>✓<br>✓     |            |             |            |            |            |
| Internal Audit Report<br>- Q&S Governance<br>- Health and Care Standards<br>- Closure of Actions  | MR    | MR                  | ✓<br>(For Info) |            |             |            |            |            |
| Commissioning for Quality Outcomes  | AC    | SA                  |                 | ✓          |             |            | ✓          |            |
| Response to the National Audit of Care at the End of Life (NACEL)   | JP    | AE/JH               |                 | ✓          |             |            | ✓          |            |
|   |       |                     |                 |            |             |            |            |            |
| 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   | CSO   | CSO                 | ✓               | ✓          | ✓           | ✓          | ✓          | ✓          |

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| before the meeting)   |      |                     |             |            |             |            |            |            |
| 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 QSEAC and Board   | CSO  | CSO                 | ✓           | ✓          | ✓           | ✓          | ✓          | ✓          |
| Prepare schedule of meetings  | CSO  | CSO                 |             |            |             |            | ✓          |            |
| QSEAC Annual Work Programme   | CSO  | CSO                 | ✓           | ✓          | ✓           | ✓          | ✓          | ✓          |

### Initials

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