

QUALITY SAFETY & EXPERIENCE COMMITTEE WORK SCHEDULE APRIL 2022 – MARCH 2023

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 2022 – March 2023.

AGENDA ITEM/ ISSUE	LEAD	RESPONSIBLE OFFICER	12 th April 2022	22nd June 2022	9 th August 2022	11th October 2021	14 th December 2022	14 th February 2023
Governance								
Welcome and Apologies	Chair	All	~	~	~	~	✓	~
Declarations of Interests	Chair	CSO	~	✓	✓	~	\checkmark	~
Minutes from Previous Meeting and Matters Arising not on Agenda	Chair	CSO	√	✓	~	~	\checkmark	~
Table of Actions (ToA)	Chair	CSO	✓	✓	✓	~	\checkmark	~
Annual Review of Terms of Reference (TORs)	Chair	CSO		~				
Annual Review of Sub Committees TORs	Chair	CSO			✓			
Approval of QSEC Self-Assessment Process	Chair	MR				~		
Outcome Report and Action Plan QSEC Self-Assessment Process	Chair	MR						~
Workplan Review	Chair/ MR		~					
Patient/Staff Story	MR		✓ Maternity Services	✓ Paediatric Services	✓ Unschedul ed Care Services	Waiting List support service ✓	UEC Services ✓	✓ CAMHS

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Policies for Approval (as required)	All	All	~	✓	✓	✓	~	~
Assurance								
Operational Group Updates – each group will present a report twice a year.	MR	SP/SD/PK/JPJ	✓ IP&C	√ SG	✓ ECPAP MM		✓ SG IP&C	✓ MM ECPAP
Annual Report on Committee's Activity	AL/MR	All	✓					
Annual Report on Sub-Committee's activity for incorporating into QSEC's Annual Report	MR	SP/ LOC	~					
 Quality and Safety Assurance Report incorporating: External Monitoring Final Reports Nurse Staffing Levels (Wales) Act Updates (as required) Board to Floor Walkabouts Claims Management Report – High Value/Novel Claims EQuIP outcomes 	MR	SP/CS/LOC	✓	✓	✓	✓	✓	V
Maternity Services Improvement Plan Update following the HIW inspections, RCM, deanery, peer reviews and work for MatNeo network, MBRRACE.	MR	KG	~				×	
Development of a Health Board Falls Strategy		MD		✓				
Nurse Staffing Levels (Wales) Act: Assurance Reports (as required) –Annual Report 2021/22	MR	СН			~			

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Nursing Assurance Annual Audit	MR	MR		D	~			
Public Health Update	JM	JM		1	✓			
An Update on the CHC report on access to General Practice	JP	RB				✓		
GMS Managed Practices	JP	RB				✓		
Alternative Care Unit Pilot Glangwili Hospital	MR						✓	
Real Time Demand and Capacity Roll out Plan	MR	MD					✓	
Risks								
Corporate Risks Assigned to QSEC (including new corporate risks assigned to QSEC in light of COVID- 19	MR	ChB		~	*		✓	
Receive Sub-Committee Update Reports including Risk Register	MR	SP/LOC	~	✓	✓	✓	✓	~
Audit Wales Governance Arrangements Recommendations and Review	AC	AC	~		✓			
De-escalation of Health Board COVID- 19 IPC Measures	MR	SP	D	✓				
WHSCC CAMHS Tier 4 Pathway	WHSCC			✓			✓	
Cancer Services	AC	SH					✓	
Deep Dive Reports as Required		ALL	✓	√	✓	✓	✓	✓

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Health Visiting Service– Staffing Levels	MR	BL			D	✓		
Llwynhendy TB Review- external review	RJ	JM			D		D	✓ Cancelled: this update is scheduled for Board
Long COVID-19 Patient Pathway	AS	LR			D			
Stroke Services Pathway Update	AS	BA		✓				
Initial feedback form HIW review (Stroke Services)	AS	BA		D		~		
School Nursing Deep Dive	MR	BL	~					
Safeguarding Services Deep Dive	MND	MND	√					
Deep Dive Therapies Service	AS	LR						~
Community Paediatric Services	AC	AC		~				 ✓ (including outcome of internal review and patient feedback)
Unscheduled Care Services	AC				✓			
Infection Prevention Control Improvement Plan							✓	

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Health Board Winter Plan 2021/22	AC	KJ				✓	✓	
GIRFT Review of Cardiac Surgery at (SBUHB)	РК		✓					
GIRFT Outcome report for Orthopaedics Services and service/UHB response	AC	KJ		~				
Clinical Audit Update	MD	IB			\checkmark			~
Update on COVID-19 Related Activity	MR	MR/ RJ/ AS	~					
Commissioning for Quality Outcomes	AC	SA		D Include an update on external providers for Cardiac Services	✓			
HIW report on the Learning Disabilities Service Update including an update on the Dream Team Charter. **requested at IC QSEC 02.22	AC	AC		 ✓ (Update agreed for Board Seminar) 				
CAMHS Neurodevelopment Review	AC							✓
Critical Care Services	AC						~	

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Update Report on Planning Objectives (PO)	EDs	MR/ DW		✓		~		~
Scheduled/ Board/ Committee Deep Dive on Specific PO's	ED's			General Update PO	3C	√ 1E	√ 5X 5W	✓ 5K 3C as per consultatio n
			1			1		1
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	√	¥	\checkmark	✓	✓	~
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	~	✓	\checkmark	✓	✓	~
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	✓	✓	\checkmark	✓	✓	~
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	✓	~	\checkmark	✓	✓	~

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Produce written update report for QSEC and Board	CSO	CSO	~	~	~	~	~	\checkmark
Prepare schedule of meetings	CSO	CSO					✓	
QSEC Annual Work Programme	CSO	CSO	\checkmark	\checkmark	✓	 ✓ 	✓	✓

<u>Initials</u>

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

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)