

## QUALITY SAFETY & EXPERIENCE COMMITTEE WORK SCHEDULE APRIL 2023 – MARCH 2024

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 2023 – March 2024.

AGENDA ITEM/ ISSUE	LEAD	RESPONSIBLE OFFICER	11 April 2023	13 June 2023	8 August 2023	5 October 2023	7 December 2023	13 February 2024
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>	✓	✓	✓	✓	✓	✓
Annual Review of Terms of Reference (TORs)	<b>Chair</b>	<b>CSO</b>		✓				
Annual Review of Sub Committees TORs	<b>Chair</b>	<b>CSO</b>			✓			
Approval of QSEC Self-Assessment Process	<b>Chair</b>	<b>MR</b>				✓		
Outcome Report and Action Plan QSEC Self-Assessment Process	<b>Chair</b>	<b>MR</b>						✓
Patient/Staff Story	<b>MR</b>		✓	✓	✓	✓	✓	✓

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Policies for Approval (as required)	All	All		✓ <b>429</b> Management & Distribution of Safety Alerts and Notices Policy (CS)	<b>244</b> – Being Open/Duty of Candour Guideline full overdue review	<b>894</b> – PTR Policy (LOC) three yearly review minimal changes  <b>004</b> - Management of Claims and Concerns Policy	✓	✓
Planning Objectives Update Report				✓		✓		✓
3b – Healthcare Acquired Infection Delivery Plan							✓	
Assurance								
Operational Group Updates – each group will present a report twice a year.	MR	SP/SD/PK/CB	✓ IP&C	✓ SG	✓ IPC include update on WHC airborne isolation requirement	✓ ECPAP MM	✓ SG	✓ MM ECPAP

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Annual Report on Committee's Activity	<b>AL/MR</b>	<b>All</b>	✓					
Annual Report on Sub-Committee's activity for incorporating into QSEC's Annual Report	<b>MR</b>	<b>WO LOC</b>		✓				
Presentation on revised governance arrangements	<b>AC</b>	<b>JW</b>		D	✓			
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>• EQliP outcomes</li> <li>• IPC / C-Diff Updates</li> <li>• C19 activity and Nosocomial Reviews</li> <li>• Impact of industrial action</li> <li>• Quality Engagement Act</li> </ul>	<b>MR</b>	<b>SP/CS</b>	✓	✓	✓	✓	✓	✓
Nurse Staffing Levels (Wales) Act: Assurance Reports (as required) –Annual Report 2021/22	<b>MR</b>	<b>CH</b>			✓			
Public Health Wales Plan and Operational Plan following Llwynhendy Tuberculosis Review	<b>AG</b>	<b>AG</b>		✓	Action plan review to be included on TOA		PHW Update on recommendations	
Nursing Assurance Annual Audit	<b>MR</b>	<b>MR</b>			✓			

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Staffing Position: Health Visiting Service	MR	BL	✓					
Epilepsy in Learning Disabilities Service Review	AC	ME		✓			✓	
Communication Developments and patient story	MR	LOC					✓	
Healthy Weight Health Wales Update	JM	CJ	✓					
CAMHS Tier 4 Pathway Update	LC	AL			✓			
Therapies Services Waiting Times Improvement Trajectory	LR				✓			
Physiotherapy services- Patient impact and mitigations	LR						✓	
Health And Social Care Quality Engagement Act Update	MR	CS/LOC	✓	✓	✓	✓	✓	✓
National Collaborative Commissioning Unit Quality Improvement Position	MR	MD	✓	✓				
National Collaborative update on national reviews	Shane Mills (Director of NCU)						✓	
Mental Health and Learning Disabilities :								
1) Update on actions in response to HIW recommendations from Mental Health Discharge 2) Review of unexpected deaths to ascertain changes in	AC	BTP		✓			✓	

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patterns or trends								
Commissioning DXA Scanning	AS	SA					✓	
HIW Annual Report							✓	
Patient Impact Assessment: <ul style="list-style-type: none"> <li>• RAAC</li> <li>• Savings Plan</li> <li>• Nurse Staffing Levels (reduction in agency nurses)</li> </ul>	SD/SG/HH	MR				✓		
Neonatal Initial Findings in Response to Lucy Letby case						✓		
Communication Developments						✓		
<b>Risks</b>								
Corporate Risks Assigned to QSEC	MR	CW	✓		✓		✓	
Receive Sub-Committee Update Reports including Risk Register	MR	WO/LOC	✓	✓	✓	✓	✓	✓
Cwm Seren : Impact of inpatient stay for people with Learning Disabilities	MR	LC/BTP					✓	
Assessing and Prioritising Fragile Services	SD/ SG			✓			✓	
Report on Women's Rights Network report on rapes and sexual assaults in hospital	MR	MDN		✓				
<b>Deep Dive Reports as Required</b>								

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Clinical Audit Update	<b>MR</b>	<b>MD/IB</b>			✓			✓
Commissioning for Quality Outcomes	<b>AC</b>	<b>SA</b>			✓			
For Information								
WHSCC QPS Joint Chairs Report			✓	✓	✓	✓	✓	✓
IQPD Minutes			✓	✓	✓	✓	✓	✓
Work plan 2023/24			✓	✓	✓	✓	✓	✓
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	<b>CSO</b>	<b>CSO</b>	✓	✓	✓	✓	✓	✓

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days of the meeting								
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	✓	✓	✓	✓	✓	✓

**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 CE – Catherine Evans SA – Shaun Ayres AE – Annette Edwards JH – Jina Hawkes JE – John Evans DW- Daniel Warm BA- Bethan Andrews
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**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)