

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

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 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	$\checkmark$	$\checkmark$	~	$\checkmark$	~	$\checkmark$
Declarations of Interests	Chair	CSO	✓	✓	~	✓	✓	~
Minutes from Previous Meeting and Matters Arising not on Agenda	Chair	CSO	✓	~	~	✓	~	$\checkmark$
Table of Actions (ToA)	Chair	CSO	~	~	~	$\checkmark$	$\checkmark$	$\checkmark$
Annual Review of Terms of Reference (TORs)	Chair	CSO						$\checkmark$
Annual Review of Sub Committees TORs	Chair	CSO			<b>√</b>			
Approval of QSEC Self-Assessment Process	Chair	MR			~			
Outcome of QSEC Self-Assessment Process	Chair	MR				~		
Workplan Review	Chair/ MR		✓					
Patient/Staff Story	MR		✓ Maternity Services	✓ MHLD (Risk 1032)	✓ Stroke/ Cancer DD		✓ Maternity Services	~
Policies for Approval (as required)	All	All	$\checkmark$	$\checkmark$	~	✓	~	$\checkmark$

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<ul> <li>Quality and Safety Assurance Report incorporating:</li> <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>EQuIP outcomes</li> </ul>	MR	SP/CS/LOC	✓	*	√ WHCs	V	~	¥
Nurse Staffing Levels (Wales) Act –Annual Report 2020/21	MR	SP/CS	$\checkmark$					
Nurse Staffing Level (Wales) Act Implementation– Draft 3 year report 2018- 21	MR	SP/CS	√					
HAT Improvement Plan and the All-Wales Thromboprophylaxis	MR	S Ghosh/ M Davies				<ul> <li>✓ (as part of Quality and Safety Assurance Report)</li> </ul>		
National Screening Programmes (presentation)	MR	Dr Sharon Hillier, Director Screening Division, PHW					~	
Quality Management System (QMS) Approach	MR	SP/CS					✓	
Improving Together Update	MR	MD/CE		✓				
Receive Sub-Committee Update Reports including Risk Register	MR	SP/LOC	✓	✓	<b>√</b>	✓ (No LLSC update for Oct)		<ul> <li>✓ Including LLSC ToRs for QSEC review</li> </ul>

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Operational Group Updates – each group will present a report twice a year.	MR	SP/SD/PK/JPJ	✓ IP&C	✓ SG (Safeguarding)	✓ ECPAP MM		✓ SG IP&C	✓ MM ECPAP
Annual Report on Committee's Activity	AL/MR	SP/All	<ul> <li>✓(via</li> <li>Chairs</li> <li>Action)</li> </ul>					
Annual Report on Sub-Committee's activity for incorporating into QSEC's Annual Report	MR	AS/JPJ/ SD/ LC/SP/ LOC/LG/PK	√					
Corporate Risks Assigned to QSEC (including new corporate risks assigned to QSEC in light of COVID-19	MR	ChB		~		~		$\checkmark$
Operational Risks assigned to QSEC	MR							$\checkmark$
Update on Single Point of Contact	MR	MD	$\checkmark$					
Update on Risk 129: Ability to deliver an Urgent Primary Care Out of Hours Service for Hywel Dda patients.	JP/AC	AC	✓			√		
Update on Risk 1032 (Mental Health and Learning Disabilities Waiting Lists)	AC			~			✓ (Including CAMHS) Deferred from Oct	
Deep Dive Report on Cancer (Risk 633: Ability to meet the 75% target for waiting times for 2020/21 for the new Single Cancer Pathway – Risk Score 12)	AC	KJ			~			
Deep Dive Report on Stroke	AC	AS			✓			√
Deep Dive Report - Radiology	AC	KJ/ Sarah Perry					✓ Deferred from Oct	

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Deep Dive Report – Epilepsy and Neurology	AC/PK						✓	
Deep Dive Report – Inpatient Falls – <b>date tbc</b>	MR							
Strategic Log Risk – Paediatrics, Obstetrics and Neo-Natal Services	MR					✓		
Deep Dive Report - Obstetrics, Paediatrics and Neo-Natal services – rota issues, including impact on patient experience of temporary transfer of Paediatric Acute Service model to GGH (Risk 793)	MR						V	
SSNAP audit data: Stroke Services Registered Nurse Staffing	AC						✓	
Deep Dive on Falls Management	MR	MD						
Health Board Winter Plan 2021/22 (including DTOC)	AC	КJ				✓		
GIRFT Review of Cardiac Surgery at (SBUHB)	РК							
Llwynhendy Tuberculosis Review	RJ							✓
Accessing Emergency Specialist Spinal Services	MR	SP			~			
Clinical Audit Update	MD	IB			~			✓
Nursing Assurance Annual Audit 2021	MR	MR					✓	
Mortality Review and Nosocomial COVID	РК	JE/ SG/ CS					✓ Deferred	

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work							(including in Winter Pressure report)	
Update on COVID-19 Related Activity	MR	MR/ RJ/ AS		$\checkmark$	✓	~	~	✓
<ul><li>Update on Planning Objectives (PO)</li><li>Deep Dive on Specific PO's</li></ul>	EDs		~	✓	✓	~	~	✓
Welsh Ambulance NHS Trust (WAST)	AC/MR						~	
Children's Services 3 Year Plan	AC	AC		$\checkmark$				
<ul> <li>Nurse Staffing Levels (Wales) Act 2016</li> <li>Draft Annual Report 2020/21</li> <li>Draft 3 Year Report 2018-21</li> <li>Extension to Paediatric Inpatient Wards</li> </ul>	MR	СН	✓ ✓ ✓					
Internal Audit Report - Q&S Governance - Health and Care Standards - Closure of Actions	MR	MR	√ (For Info)					
Commissioning for Quality Outcomes	AC	SA		$\checkmark$			~	
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	✓	$\checkmark$	~	~	~	$\checkmark$

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Call for papers (at least 4 weeks before the meeting to receive papers at least 14 days before the meeting)	cso	CSO	$\checkmark$	✓	~	~	~	~
Disseminate agenda and papers 7 days prior to the meeting	cso	CSO	$\checkmark$	$\checkmark$	~	~	~	$\checkmark$
Type up minutes and TOA within 7 days of the meeting	CSO	CSO	$\checkmark$	~	~	~	~	~
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	$\checkmark$	$\checkmark$	~	~	~	✓
Produce written update report for QSEAC and Board	CSO	CSO	$\checkmark$	$\checkmark$	~	~	~	~
Prepare schedule of meetings	CSO	CSO					$\checkmark$	
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 Édwards
AS – Alison Shakeshaft	PL – Phil Lloyd	JH – Jina Hawkes
PK – Philip Kloer	KJ – Keith Jones	JE – John Evans
JP – Jill Paterson	CS- Cathie Steele	
LG – Lisa Gostling	CH – Chris Hayes	

## 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)