

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	✓	✓	✓	✓	✓	✓
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 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	✓ Health Visiting
Policies for Approval (as required)	All	All	✓	✓	✓	✓	✓	✓

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 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	✓	√	√ WHCs	✓	✓	√ 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	✓					
HAT Improvement Plan and the All-Wales Thromboprophylaxis	MR	SG/MD				✓ (as part of Quality and Safety Assurance Report)		
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	✓	√	√	(No LLSC update for Oct)		✓ Including LLSC ToRs for QSEC review

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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	SP/AII	√(via Chairs Action)					
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		✓		√		√
Operational Risks assigned to QSEC	MR							N/A
Update on Single Point of Contact	MR	MD	✓					
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/ SPe					✓	

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Deep Dive Report – Epilepsy and Neurology	AC/PK						✓ verbal update	
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						✓	
Deep Dive Report - Health Visiting Service	MR	LW						✓
Cardiac Waiting Lists (Risk 117)	AC	PS						✓
SSNAP audit data: Stroke Services Registered Nurse Staffing	AC						✓	
Health Board Winter Plan 2021/22 (including DTOC)	AC	KJ				√		
GIRFT Review of Cardiac Surgery at (SBUHB)	PK						✓	
Llwynhendy Tuberculosis Review	RJ							✓
Long COVID-19 Patient Pathway	AS	LR						✓
Accessing Emergency Specialist Spinal Services	MR	SP			✓			
Clinical Audit Update	MD	IB			✓			✓

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Nursing Assurance Annual Audit 2021	MR	MR					✓	
Update on COVID-19 Related Activity	MR	RJ/AS/CS		✓	✓	✓	✓	✓
 Update on the review of nosocomial COVID-19 infections 		JE/ SG/CS						✓
Update on Planning Objectives (PO) • Deep Dive on Specific PO's	EDs		✓	✓	✓	√	✓	✓
Welsh Ambulance NHS Trust (WAST)	AC/MR						✓	
Children's Services 3 Year Plan	AC	AC		✓				
Nurse Staffing Levels (Wales) Act 2016 - Draft Annual Report 2020/21 - Draft 3 Year Report 2018-21 - Extension to Paediatric Inpatient Wards	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		✓			✓	
Response to the National Audit of Care at the End of Life (NACEL)	JP	AE/JH		✓			√	
Healthcare Inspectorate Wales (HIW) Activity Update	N/A	N/A						√(for info)
Agenda setting meeting with Chair and Exec Lead to include discussion on deep dives on new risks (at least 6 weeks before	cso	cso	✓	✓	✓	✓	✓	✓

AGENDA ITEM/ ISSUE	LEAD	RESPONSIBLE OFFICER	13 APR 2021	8 JUN 2021	10 AUG 2021	5 OCT 2021	7 DEC 2021	8 FEB 2022
the meeting)								
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	✓	✓	✓	✓	✓	✓
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					✓	
QSEC Annual Work Programme	CSO	CSO	✓	✓	✓	✓	✓	✓

<u>Initials</u>

CSO – Committee Services Officer	LC – Liz Carroll	IB – Ian Bebb	LW -Liz Wilson
AL –Anna Lewis/Chair	LOC – Louise O'Connor	ChB-Charlotte Beare	LR -Lance Reed
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	PS -Paul Smith	
LG – Lisa Gostling	CH – Chris Hayes	SPe - Sarah Perry	

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)



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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
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 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		✓	✓	✓	✓	√	✓
Policies for Approval (as required)	All	All	✓	✓	✓	✓	✓	✓

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
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	✓	✓	✓	√	✓	√
Nurse Staffing Levels (Wales) Act: Assurance Reports (as required) –Annual Report 2021/22	MR	СН	√					
Progress Report on Quality Management System (QMS) Approach	MR	SP/CS			✓			
Receive Sub-Committee Update Reports including Risk Register	MR	SP/LOC	✓	✓	√	✓	√	✓
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	✓					
Corporate Risks Assigned to QSEC (including new corporate risks assigned to QSEC in light of COVID-19	MR	ChB		√		✓		✓

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Operational Risks Assigned to QSEC (including new corporate risks assigned to QSEC in light of COVID-19	MR	ChB		✓		√		√
Deep Dive Reports as Required	AC	ALL	✓	✓	✓	✓	✓	✓
Deep Dive Report – Epilepsy and Neurology	AC	AC	✓					
Deep Dive on Falls Management	MR	MD	√					
Health Board Winter Plan 2021/22	AC	KJ				✓		
GIRFT Review of Cardiac Surgery at (SBUHB)	PK		✓					
Clinical Audit Update	MD	IB						√
Nursing Assurance Annual Audit	MR	MR		✓				
Update on COVID-19 Related Activity	MR	MR/ RJ/ AS	✓	✓	✓	✓	✓	✓
Update on Planning Objectives (PO) • Deep Dive on Specific PO's	EDs	MR/ DW	✓	✓	✓	✓	✓	✓
Commissioning for Quality Outcomes	AC	SA		✓				
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	CSO	CSO	✓	✓	✓	✓	✓	✓

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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 QSEC and Board	cso	cso	✓	✓	✓	✓	✓	✓
Prepare schedule of meetings	CSO	CSO					✓	
QSEC Annual Work Programme	CSO	CSO	✓	✓	✓	✓	✓	✓

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4

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