

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 | 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 | ✓ | ✓ | \checkmark | \checkmark | ~ | ~ |
| Annual Review of Terms of Reference (TORs) | Chair | CSO | | ~ | | | | |
| Annual Review of Sub Committees | Chair | CSO | | | ~ | | | |
| Approval of QSEC Self-Assessment Process | Chair | MR | | | | ~ | | |
| Outcome Report and Action Plan QSEC Self-Assessment Process | Chair | MR | | | | | | ✓ |
| Patient/Staff Story | MR | | ~ | V | * | ✓ | * | ~ |

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| Policies for Approval (as required) | All | All | 244 – Being Open/Duty of Candour Guideline full overdue review | 894 – PTR Policy (Cathie Steele) three yearly review minimal changes ✓ 429 Management &Distribution of Safety Alerts and Notices Policy (CS) | V | ~ | ~ | 4 |
| Planning Objectives Update Report | | | | ~ | | ✓ | | ✓ |
| 3b – Healthcare Acquired Infection Delivery Plan Reporting frequency TBC | | | | | | | | |
| 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 | WO LOC | | ~ | | | | |

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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 EQuIP outcomes IPC / C-Diff Updates C19 activity and Nosocomial Reviews Impact of industrial action | MR | SP/CS | ~ | <i>~</i> | × | ~ | ~ | * |
| Nurse Staffing Levels (Wales) Act: Assurance Reports (as required) –Annual Report 2021/22 | MR | СН | | | ✓ | | | Co WOI |
| Public Health Wales Plan and Operational Plan following Llwynhendy Tuberculosis Review | JM | JM | | ✓ | | | | |
| Nursing Assurance Annual Audit | MR | MR | | | ~ | | | |
| CAMHS Tier 4 Pathway Update (CHECK DATE) | MR | LC/AL | | | | | | |
| Staffing Position: Health Visiting Service | MR | BL | ~ | | | | | |
| Epilepsy in Learning Disabilities Service Review | AC | ME | | ✓ | | | | |
| Healthy Weight Health Wales Update | JM | CJ | | \checkmark | | | | |
| Risks | | | | | | | | |
| Corporate Risks Assigned to QSEC | MR | ChB | \checkmark | | ✓ | | \checkmark | |

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| Receive Sub-Committee Update Reports including Risk Register | MR | SP/LOC | ✓ | ✓ | ✓ | ✓ | √ | √ |
| Deep Dive Reports as Required | | | | | | | | |
| Clinical Audit Update | MD | IB | | | √ | | | ~ |
| Commissioning for Quality Outcomes | AC | SA | | | ~ | | | |
| Update Report on Planning Objectives (PO) | EDs | MR/ DW | | ✓ | | ~ | | √ |
| For Information | | | | | | | | |
| WHSCC QPS Joint Chairs Report | | | ✓ | ~ | ~ | ✓ | ✓ | ~ |
| Work plan 2023/24 | | | \checkmark | ~ | ✓ | ~ | ~ | ~ |
| | | | | | | | | |
| 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 | ~ | ~ | V | 1 | ~ |
| 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 | CSO | CSO | \checkmark | ✓ | ✓ | ✓ | ✓ | √ |

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| days prior to the meeting | | | | | | | | |
| 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 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

<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)