



Princess of Wales Hospital

Quality and Patient Safety Committee

Learning

TERMS OF REFERENCE

Purpose:

The Quality & Safety Committee [Learning] has been established to review and manage all Quality and Safety matters and oversee a Quality and Safety Improvement Programme for the Princess of Wales Hospital (POWH) site

The committee will provide a report to the Hospital Management Committee and the Abertawe Bro Morgannwg University Health Board Quality and Safety Committee in relation to arrangements for safeguarding and improving the quality and safety of patient-centred healthcare in accordance with the requirements and Healthcare Standards determined for the NHS in Wales.

Membership:

The Quality and Safety Committee of the Princess of Wales Hospital will be chaired by the Unit Medical Director. The deputy chair will be the Unit Nurse Director.

The membership consists of the core group who manage and work in the Princess of Wales Managed Unit and there is a wider attendance group of colleagues who represent and work in areas in the Princess of Wales Hospital and surrounding community but are not the management responsibility of the Unit Service Director.

Princess of Wales Managed Unit Quality and Safety Committee - Learning	
Dr Jonathan Goodfellow (Chairperson)	Medical Director
Debbie Bennion (Vice-chairperson)	Nurse Director
Jamie Marchant	Service Director
TBC	Head of Quality & Safety
Jenny Oliver/Judith Lewis	Governance and Patient Experience Manager
Jayne Evans/ Hayley Ellis-Evans/Alison Cobley	Senior Matron representative
David Hughes	Pharmacy Manager
Diana Griffith	CHC Bridgend Local CHC Representative
Matrons (one Matron to attend on a rotational basis)	Matrons representative
Sharon Ragbetli	Clinical Audit & Effectiveness Manager
Jay Shah	Unit Audit Lead

Mr Barry Appleton	Consultant representative for Surgical Services
Gary Constable	Consultant representative for General Medicine
Ashok David	Consultant representative for Care Of The Elderly
Matthew Jones	Consultant representative for Emergency & Acute Care
Kath Eggers	Consultant representative for Clinical Support Services
Clinical Directors (one to attend on a rotational basis)	Clinical Directors representative
Gavin Owen	General Managers representative
Madelaine Najjar	Therapies representative

The Committee Chair may extend invitations to relevant personnel to attend committee meetings as required

Frequency of meetings:

Bi-monthly

Quorum:

The Chairperson or vice-chairperson, a minimum of 3 clinicians and 2 managers from POW Managed Unit will need to be present for the meeting to go ahead.

Reporting:

The Committee will provide an assurance report to the Abertawe Bro Morgannwg University Health Board Quality and Safety Committee as required and the Princess of Wales Hospital Management Committee.

Duties:

The Committee will consider data and evidence available to share lessons learnt, cases of good practice and drive improvement in:

- Mortality Reviews
- Coroners reports
- Concerns
- Never Events
- Lessons Learnt
- Clinical Audit

The Committee will:

- Promote and manage a Quality and Improvement Annual Plan for the Princess of Wales Hospital
- Identify and promote opportunities for hospital and organisational learning, ensuring that lessons learned from inquests, ombudsman reports and claims are shared
- Monitor and act on POWH Hospital Mortality Information including Risk Adjusted Mortality Indicators (RAMI) scores
- Scope, drive and monitor the progress of any relevant work programmes or subgroups

- Ensure that appropriate corporate support arrangements are in place where required and that Quality and Safety issues requiring corporate consideration are escalated.
- Encourage and support all service areas, in POWH, to have a citizen centred approach, putting patients, patient safety and safeguarding above all other considerations
- Ensure that there is an ethos of continuous quality improvement
- Base decisions on valid, accurate, complete and timely data and information
- Ensure that recommendations made by internal and external reviewers are considered and acted upon on a timely basis
- Receive and act on reviews and report from the Community Health Council (CHC) and Health Inspectorate Wales(HIW)
- Work with internal audit and clinical audit teams
- Ensure all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided
- Each lead of relevant group outlined in the list below is required to provide an assurance report to the Q&S Forum for their areas of responsibility in relation to Quality and Safety.
- To receive exception/assurance reports regarding:
 - Ombudsman and Redress
 - Never Events
 - Lessons Learnt
 - Mortality Reviews
 - and other service improvement groups
- Review the work of the Professional Standards Taskforce
- Receive and act on information provided by the Care Barometer – supporting its further development and accreditation
- Receive a highlight report of ‘fundamentals of care’ provision in POWH

The Quality and Safety Committee will receive a highlight report from individual work streams and sub groups at each meeting.

Review:

Review Date **May 2020**