

enabling and empowering people to reach their potential and live fulfilling lives

<b>Summary Report – Trust Board Meeting (Part 1)</b>	<b>Date: 21 May 2013</b>
<b>Report Title: 12</b>	
<b>Chair’s report – Quality and Standards Committee</b>	
<b>Agenda Item:</b>	<b>Enclosures: none</b>
<b>Sponsor: Chair, Q&amp;SC</b>	<b>Presenter: Chair-Susan Thompson</b>
<b>Report Author:</b>	
<b>Report discussed previously at:</b>	<i>n/a</i>

<b>Purpose of the Report and Action required</b>		
To inform the Board of the Committee’s activities	Approval	
	Discussion	
	Information	

<b>Executive Summary of Key Issues</b>

<b>Which Strategic Objective does this paper address</b>	
Consolidate	
Integrate	
Expand	

<b>Corporate Impact Assessment</b>	
Quality and Safety implications	
Corporate Risk Register	
FGEB (Trust ALE replacement)	
IG Toolkit	
Equality Impact Analysis	

<b>Recommendations to other committees</b>
<i>n/a</i>

<b>Recommendation/Decision</b>
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## Chair's report – Quality and Standards Committee

The Board is recommended to **note** the report.

Report for the Avon & Wiltshire Mental Health Partnership Trust Board – 29<sup>th</sup> May 2013

For the Part 1 Session sponsored by Chair of Q & S Committee

Agenda Item: 12

Serial: 13.0048

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## Chair's report – Quality and Standards Committee

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## Chair's report – Quality and Standards Committee

### 1. Introduction

The newly formed Quality and Standards Committee met on 9 April and 9 May 2013. It is successor to the former Quality and Healthcare Committee and the Mental Health Legislation Committee. It operates one Board sub-committee -the Service User and Carer Steering Group.

The Committee has responsibility for monitoring and assurance in respect of the following three key measures from the QI system:

- Compliance with CQC essential standards
- Records management
- Friends and families (service user and carer engagement)

The Committee is focussing on being “brilliant at the basics” and Quality Improvement. It will approve policies. Its terms of reference and membership are being finalised by the clinical executive with input from the Committee.

### 2. Committee Activity

#### Compliance reports

The Committee received a report under AOB from Carol Bowes SSDU Clinical Director of concerns within the Delivery Unit which had been identified following the CQC Fromeside report-the issues in that report had been tested throughout the SDU and identified this concern. The actions taken were described and the Committee received assurance of steps taken.

The Committee were pleased to note that the CQC concerns in relation to the SSDU had been lifted.

#### Community Engagement and Involvement Strategy

The Committee expressed concern at the delay in progressing this strategy but was pleased to note that progress was now being made. The strategy would be submitted for Board approval in May. The sub-committee's terms of reference and membership was being reviewed as part of this strategy and a further report would be provided. Service user and engagement will be a key item on the Committee's rolling agenda.

#### Work plan

The Committee spent time at both meetings preparing its work plan for 2013/14 which it will approve at the June meeting. It plans to hold part of its meetings in public when Service Delivery Units will inform the Committee of their quality measures and quality improvement plans. The aim is that, where possible, the Committee will invite service user and carer groups to host the public meeting in a relevant locality.

## Chair's report – Quality and Standards Committee

### Safeguarding

The Committee received a comprehensive annual report in May of the Trust's activities in 2012/13 and tested the plans for divesting Safeguarding responsibilities to the SDUs, including consideration of training and local governance arrangements. The Committee was assured about the planning arrangements and will continue to monitor this via compliance with CQC essential standards and in testing SDUs on their local arrangements.

### High dose prescribing

The Committee received an updated report on steps taken to understand the factors resulting in high dose prescribing by receiving an update on the pilot site, Hazel PICU and noted that further audit was to be completed in May. Medicines management throughout the Trust will be reported quarterly to the Committee to ensure compliance and quality improvement in this important area.

### 3. Committee concerns

The MHA Associates recruitment, retention and training programme remained outstanding and was placed as an urgent item on the June agenda

### 4. Ongoing actions

None