

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 18(i)/2023**

(Agenda item: 10)

# Board of Directors

**29 March 2023**

**Report from QUALITY Committee on matters to Alert, Assure or Advise**

The Quality Committee continues to meet four quarterly and has considered an agenda, which is attached, and the minutes of the last meeting.

**For Alert**

The Committee wish to alert the Board that:

* In our lead role for the Provider Collaborative of Tier 4 Child and Adolescent Mental Health services we received an update on quality assurance and improvement processes in place at a regional inpatient centre in Berkshire. Assurance is robust and extensive involving NHS England as lead commissioner and CQC as regulator, we note issues in senior leadership turnover at the provider.
* The Quality and Safety Dashboard has 4 Community teams and 3 inpatient wards triggering significant staff vacancies and at least one quality concern. These issues are well rehearsed at board – the committee was assured that gaps are filled by temporary staff and significant work is underway to develop our own pipeline, to support new roles with weekly oversight by relevant executives and clinical leads.
* We noted use of paper systems to manage waiting lists and operational data as the Trust migration to RIO and EMIS IT systems is underway.

**For Assurance**

The Committee wish to assure the Board that:

* There are robust processes for managing safe staffing in place on a daily basis.
* The continued QI focus on use of restraint in inpatient wards is supporting a gradual reduction in numbers of intervention and time spent in seclusion.
* The Directorates and Quality leads have been extensively involved in business planning for 23/24 with priority on building capacity, service resilience and strengthening current pathways.
* Evidence of increasing use of co-production and involving patients in their care planning was presented to the committee by the South Oxfordshire Adult Mental health team.

**To Advise**

The Committee wish to advise the Board that:

* We have a new audit management action tracking system in place which will enable us to oversee clinical audit outcomes and actions, NICE implementation and QI activity.
* Work is in hand to produce a Trust Quality strategy and Quality Management system as per GGI recommendations.
* Q3 progress on the Quality Account for 22/23 indicates 3:14 will be fully met. Some priorities will be carried over into 23/24 whilst others are moving to business as usual.

**Review of risks**

The Committee reviewed BAF risks within its portfolio ( BAF1.5 and BAF 1.6 remain at rating of 16) and confirmed revised downward rating (BAF 1.1) and actions. The committee recommend oversight of BAF 3.2 regarding governance of partners transfers to the Finance and Investment Committee.

**Sharing of learning**

**Recommendation**

The Board is asked to approve the report and confirm that it is assured with progress/compliance/actions taken to deliver/actions taken to mitigate.

**Author and Title: Andrea Young, Non-Executive Director**

1. ***Strategic Objectives/Priorities and strategic Board Assurance Framework (BAF) risk themes*** *– this report relates to or provides assurance and evidence against the following Strategic Objective(s)/Priority(ies) of the Trust [OR N/A – no Strategic Objectives/Priorities apply] (****please delete as appropriate****):*

*1) Quality - Deliver the best possible care and health outcomes*

*Strategic risk themes: triangulating data and learning to drive Quality Improvement; Demand and Capacity (Mental Health inpatient and Learning Disabilities); and Demand and Capacity (Community Oxfordshire).*

*2) People - Be a great place to work*

*Strategic risk themes: Workforce Planning; Recruitment; Succession Planning, Organisational and Leadership Development; Culture; and Retention.*

*3) Sustainability – Make best use of our resources and protect the environment*

*Strategic risk themes: planning and decision-making at System and Place level and collaborative working with Partners; governance of external Partners; Financial Sustainability; Governance and decision-making arrangements; Business Planning; Information Governance & Cyber Security; Single Data Centre; Business Continuity and Emergency Planning; Environmental Impact; and Major Capital Projects.*

*4) Research and Education – Become a leader in healthcare research and education*

 *Strategic risk themes: failure to realise Research and Development potential.*

**Meeting of the Quality Committee**

**Thursday, 09 February 2023**

**09:00 - 11:50**

**Microsoft Teams virtual meeting**

**(live video streaming – invitation only)**

Apologies to susan.wall@oxfordhealth.nhs.uk

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|  |  **AGENDA** |
|  |  |  | Indicative Time |
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| 1. Apologies for Absence and quoracy check[[1]](#footnote-1)
 |  | AY | 09:00 |
| **Minutes and Matters Arising**  |
| 1. Minutes of the meeting of the Quality Committee on 10 November 2022 and Matters Arising (paper – QC 01(i)-(iii)/2023)
 | *To confirm & report matters arising* | AY |  |
| **Safety**  |
| 1. Quality and Clinical Governance Sub-Committee (QCG-SC) Highlight Report (paper – QC 02/2023)
 | *For assurance* | MC | 09:05 |
| 1. Quality & Safety Dashboard (paper – QC 03(i)-(ii)/2023)
 | *For assurance* | MC | 09:15 |
| 1. Quality & Clinical Governance Sub-Committee deep dive:

Buckinghamshire In-patient wards (presentation) | *To note* | TM/GM | 09:25 |
| 1. Quality Account (paper – QC 04/2023)
 | *For assurance* | BK/MC | 09:45 |
| 1. Patient Safety Incident report (to include mortality and homicide reviews) (paper – QC 05/2023)
 | *For assurance* | BK/MC | 09:55 |
| 1. Positive and Safe (paper – QC 06(i)-(iii)/2023)
 | *To note* | BK/MC | 10:05 |
| 1. Quality Compliance & Regulation Update (paper – QC 07/2023)
 | *To note* | MC | 10:15-10:25 |
| **Break – 10 minutes** (10:25 – 10:35) |  |  |  |
| **Effectiveness** |
| 1. Clinical Effectiveness - to include:
	1. Clinical Effectiveness Group - Core standards for mental health update ~~(paper – QC 08/2023)~~ verbal update
	2. Clinical Audit update (paper – QC 09(i)-(vi)/2023)
	3. Medicines Management update (paper – QC 10/2023)

*For supporting detail: available CEDG minutes & action log, to note; and new NICE guidance, to note - see* ***Reading Room/Appendix (paper – RR/App 01(i)-(iv)/2023)*** | *For assurance* | BK/MM/KM | 10:35 |
| 1. Operational and Strategic Risks: Trust Risk Register (TRR) and Board Assurance Framework (BAF) (paper – QC 11(i)-(iii)/2023)
 | *To discuss & for assurance* | KR | 10:50 |
| **Caring and Responsive** |  |  |  |
| 1. QI Spotlight presentation - Increasing co-production in care planning in AMHT South - (presentation)
 | *For information & assurance* | BM/DH/AF/MC | 11:00 |
| 1. Patient Experience update (presentation)

  | *To note* | RH/MC | 11:15 |
| **Policies and Governance** |
| 1. Annual planning process (paper – QC 12(i)-(ii)/2023)
 | *To note* | BC/PM/AB/HeS | 11:25 |
| 1. Provider Collaboratives – reporting and governance (paper – QC 13/2023)
 | *To discuss* | MC  | 11:35 |
| **Any Other Business**  |  |  |  |
| 1. Any Other Business and summary of matters of interest for the Board, any key risks to escalate or actions agreed, any items to add to the plan for the next meeting.
 |  | AY | 11:45 |
| 1. Review of the meeting

  |  | AY |  |
| **Meeting Close** |  |  | 11:50 |
| **Date of next meeting:** 04 May 2023, 09:00 – 12:00 Microsoft Teams virtual meeting  |

**READING ROOM/APPENDIX**

- supporting reports to be taken as read and noted –

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| 1. Clinical Effectiveness Group: CEDG minutes & action log for note; and new NICE guidance, for note (papers – RR/App 01(i)-(iv)/2023)
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1. Apologies received from Committee members: Ben Riley (will be at Oxfordshire HOSC).

 Apologies received from regular attendees: Bill Tiplady, Pete McGrane (Emma Leaver deputising) Ros Mitchell (attending BOB ICB PSIRF workshop); Helen Ward; Jane Kershaw; Nick Broughton; Brian Aveyard; and possibly Neil McLaughlin.

*The quorum for the committee is five members to include the Chair of the Committee (or the vice chair of the Committee in their absence), one non-executive director and one executive director.* [↑](#footnote-ref-1)