

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 33(i)/2023**

(Agenda item: 12)

# Board of Directors

**24 May 2023**

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

**Executive Summary**

The Committee continues to meet *5 times in the year* 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:

Work is underway to manage the safe transfer of all young people currently receiving care from an independent provider in our Child and Adolescent Mental Health (**CAMHS**) Tier 4 Provider Collaborative prior to the provider’s planned closure on 31 May 2023. NHS England (**NHSE**) SE are leading the response to the closure. An update will be provided at the Board meeting.

There are currently six service areas flagging quality risks, principally driven by staffing shortages. These include Oxon CAMHS, Oxon Adult City Community Mental Health teams, Bucks Older Adults Mental Health team and North Community Team, Podiatry, Oxon Minor Injury Units and GP Out of hours. Changes are planned to the pathway and skill mix in podiatry to deal with national staffing shortages of trained staff. The risk of resus training delivery is being managed through alternative provision.

**For Assurance**

The Committee wish to assure the Board that:

We received the following Annual Reports for 2022/23, Complaints, Quality Account, Clinical Audit, Quality Improvement, the work of the Quality Committee and the Director of Infection Control and Prevention’s report. In relation to the latter, we are advised that Covid-19 levels continue to fall but remain present in the community, and we are focusing on embedding cleanliness in our facilities and good microbial stewardship during 2023/24.

We adopted the Clinical Audit plan for 2023/24 - much improved with the new Digital Audit Tracker tool and noted that the themes emerging from Complaints in 22/23 are fully reflected in our QI and Quality Account priorities for 2023/24.

The Board is asked to approve the draft Quality Account for 2023/24 as it circulates to stakeholders for input as per national guidance.

**To Advise**

The Committee wish to advise the Board that:

A new Mental Health, Learning Disability, and Autism Quality Transformation Plan is being rolled out nationally, in the wake of publicity surrounding services at Edenfield. The Committee will receive our plan at its September meeting. We continue with oversight of our own forensic services following a deep dive last November 2022. In relation to the Forensic Provider Collaborative our own team is examining its comparative use of restraint.

We also reviewed our new out-of-hospital services run by the Community Services Directorate. In line with NHSE expectations these services continue to expand, with the virtual ward service now caring for up to 30 seriously unwell patients a day, reducing the need for acute hospital inpatient care. These services are very positively received by patients, their families and junior doctors working in the service. The Directorate has delivered these services through transformation of existing services and requires ICB funding to be put on a sustainable path if we are to grow further.

**Review of risks**

Following review at the Audit Committee the Quality Committee reviewed the reformatted Board Assurance Framework risk 1.6 now proposed as Sustainability of Community Services (formerly Demand and Capacity). We noted and approved the revised scope, controls and risk rating which has reduced from 16 to 12. The Quality Committee recommends Board approval of the revised rating and risk descriptor and will continue to provide oversight of the risk.

We propose reviewing BAF risk 3.2 on Governance of External Partners at our next meeting on 13 July.

**Recommendation**

The Board is asked to confirm that it is assured with progress/compliance/actions taken to deliver/actions taken to by the committee for Governance of Quality.

**Author and Title: Andrea Young, Non-Executive Director, Chair of Quality Committee**

***Strategic Objectives*** *– this report relates to or provides assurance and evidence against the following Strategic Objective(s)/Priories:*

*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).*

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

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