

**Meeting of the Oxford Health NHS Foundation Trust**

**Quality Committee**

BOD 119/2018

(Agenda item: 18(b))

Minutes of a meeting held on

Wednesday 11 July 2018 at 09:00

in the Leylandii Room, L&D
Unipart, Cowley OX4 2PG

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| **Present:** |  |
| Jonathan AsbridgeMartin Howell Aroop MozumderStuart BellMark Hancock Kerry Rogers  | Non-Executive Director (**JA**) (Chair)Trust Chair (**MH**)Non-Executive Director (**AM**) Chief Executive (**SB**)Medical Director (**MHa**) Director of Corporate Affairs & Company Secretary (**KR**)  |
| **In attendance:** Jill Bailey Vanessa Odlin Jane Kershaw Pete McGraneKate Riddle Kirsten Prance Hannah SmithSula Wiltshire Rebecca Kelly Jane Fossey Priti Naik Ros Mitchell Michael Marven Gemma Brown Emma Stratful Laura Smith | Associate Clinical Director, Oxford Healthcare Improvement (**JB**)Service Director, Adult Directorate (**VO**) Head of Quality Governance (**JK**)Clinical Director, Older Peoples Directorate (**PMG**)Deputy Director of Nursing (**KR**)Clinical Director, Learning Disabilities (**KP**)Assistant Trust Secretary (**HS**)Director of Quality, Oxfordshire CCG (**SW**)Trust Lead Occupational Therapist (**RK**) (*part meeting*)Associate Director of Psychological Services (**JF**) (*part meeting*)Lead for CQC Standards & Quality (**PN**) (*part meeting*)Clinical Director, Dentistry (**RM**) (*part meeting*)Chief Pharmacist (**MM**) (*part meeting*)Clinical & Professional Development Manager (**GB**) (*part meeting*)Director Research Strategy and Operations (**ES**) (*part meeting*)Corporate Governance Officer (**LS**) (Minutes)  |

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| **1.**a | **Apologies for Absence** Apologies for absence were received from Ros Alstead, Director of Corporate Affairs & Company Secretary; Tim Boylin, HR Director; Dominic Hardisty, Chief Operating Officer; Bernard Galton, Non-Executive Director; and Vivek Khosla, Associate Medical Director.  | **Action** |
| **2.** abcdefghijklmnopqrstuvwxyz | **Presentation from the Effectiveness Sub Committee**Members of the Quality Sub Committee Effectiveness attended the meeting to provide an overview of the work of the Sub Committee. **Children and Young People** The Clinical Director for Dentistry provided an update from the Children and Young People’s Directorate and highlighted that the Dental Service had been given start up money to provide an oral health promotion service in Slough. The Service was also working with NHS England towards piloting the first dental Integrated Care System (ICS) in the UK. The Child and Adolescent Mental Health Services (CAMHS) were going through transformation to implement 3 new pathways; getting help, getting more help and neurodevelopment. The new pathways had been rolled out in Buckinghamshire and were now being introduced to Oxfordshire and Swindon, Wiltshire and Bath and North East Somerset. She noted that referral rates to CAMHS had increased to 300% in some areas and hoped the new pathways would help. The Trust Chair asked where the leadership sat for the Oral Health Promotion Service and the dental ICS. The Clinical Director for Dentistry explained that the plan was to propose Oxford Health take the lead on the dental ICS, and the Oral Health Promotion Service would be commissioned by the councils. **Research and Development (R&D)**The Deputy Director of Research Strategy and Operations provided an update on R&D developments over the last 12 months and highlighted that the process was underway to bid for development of a new ARHC. The Chief Executive added that the rules had changed significantly from the CLARHCs, including that research more directly benefits the NHS. The bid was being constructed to support this. The Deputy Director of Research Strategy and Operations had been part of an external group looking at the CQC well led domain and bringing research in line with this; including patient engagement, promotion and access to research. The consent for re-contact process was being rolled out to 3 teams to pilot and this would be re-evaluated in a few months to confirm whether the right questions were being asked. She highlighted concerns regarding research contracts with unlimited liability. The Research Management Group was not currently accepting any unlimited liability requests and these requests were being returned and a cap requested. If companies decline a cap, then the request is escalated to the Executive Management Team for review. **Clinical Audit Group (CAG)**The Lead for CQC Standards & Quality provided a summary from the Clinical Audit Group and reported that 25 audits had been completed, including 13 priority audits. The Trust was rated good in 6 of the 13 priority audits and good in both CQUIN audits. She said the care planning approach (CPA) audit had been consistently rated as requires improvement and this needed to be addressed going forward, although it was improving slowly. The Trust wide audit plan was continually being reviewed regarding priority audits. There had been significant staffing challenges in the central audit team due to long term sickness and turnover, however two Clinical Audit Facilitators had been appointed. Going forward there were plans to create a new 8a role for audit and keep the CQC lead post separate. There had also been concerns regarding the lack of medical representation at the CAG, which was now being led by the Deputy Medical Director who had brought new energy and direction to the group. The Director of Quality at Oxfordshire CCG noted that CPA had been a long-standing issue and needed to be addressed. Aroop Mozumder asked what the mechanism was for feedback into the system and the Lead for CQC Standards & Quality explained that each Directorate had their own Clinical Audit Facilitators to identify where improvements were needed following audit and this was discussed in detail at the CAG. If areas are showing poor performance, then these were looked at in more detail and service specific re-audits would be undertaken when needed. The Deputy Director of Nursing added that the audit team had done learning from audit events which helped to share learning throughout the organisation. **NICE Implementation Group** The Trust Lead Occupational Therapist provided an update from the NICE Implementation Group and highlighted that a TIA audit in 2017 had given reasonable assurance. A new NICE Implementation Policy and terms of reference had been agreed. She reported the main challenge had been the amount of work that needed to be done with limited resource, particularly regarding gap analysis. The Trust Lead Occupational Therapist had been in contact with the South East NICE Implementation Facilitator who had given advice and input into Trust processes and was helping with development of a training programme around gap analysis.**Psychological, Occupational and Social Therapies Group (POSTG)**The Associate Director of Psychological Services provided an update on the work of POSTG which included review of gaps in service due to transitions; impact of service changes; impact of practice; and new therapies. She explained that an Innovations Policy was in place for new therapies which go to the POSTG for approval – usually for a limited timeframe followed by a review. The Chair asked how long it took for a new therapy to be approved and the Associate Director of Psychological Services explained that the group met quarterly but email approval could be done if needed sooner. Decisions about innovation in relation to specific patients would be done at service level rather than through POSTG. The Deputy Director of Nursing questioned whether clinicians knew that there was a process for doing this and suggested having an innovation learning event. **Drugs and Therapeutics Group (DTG)**The Chief Pharmacist provided a summary of the work undertaken by the DTG and highlighted that going forward key areas of focus would be the situation with Gosport, shared care with primary care, and quality improvement. The Chair asked how the Trust monitored certain specialist drugs and the Chief Pharmacist explained that DTG had a role in signing off prescriptions for exceptional drugs and Pharmacy had a central data warehouse which gave a good idea of prescribing patterns. The Chief Executive asked whether the Trust could be in a similar situation to Gosport where unusual prescribing patterns were missed. The Chief Pharmacist said this was very unlikely as systems were in place to pick up any odd patterns. FP10s could be assigned to team level but NHS England were looking at digital prescribing which would get this down to individual clinician level. Internally, Pharmacy can look at individual prescribes, however items are often ordered in bulk rather than for specific patients. The Director of Quality at Oxfordshire CCG suggested a system session on learning from the Gosport review. **Public Health Group** The Deputy Director of Nursing provided an overview of public health work and highlighted that Forensic services were looking to prescribe e-burn and were getting patients involved regarding where they could be used on the wards. There was potential to role out further in future. The Public Health Group was now linked into the STP prevention workstream and the Staff Health and Wellbeing Group and there was a possibility of merging with the Physical Health Group. **Oxford Healthcare Improvement** The Associated Clinical Director for Oxford Healthcare Improvement (OHI) provided an oral update and highlighted that the team was now nearly established with just 1.6 posts left to recruit. The OHI Framework was still in draft and most staff were using the Institute of Healthcare Improvement (IHI) framework in the interim. Several projects had been identified which included national and local coached projects. The main challenge with projects was sponsorship and identifying professional, operational and improvement leads for each project. She said more engagement was needed from the middle of the organisation and from the Extended Executive. She highlighted the various Quality Improvement training strands that were underway, or being worked up, including training as part of the Leadership Development Programme, Preceptorship Training and Associate Nurse Training. They were also working on a Scholars Programme in which staff from directorates would be attached to the centre for one year. Collaborations were being developed nationally and internationally which included a visit from a doctor from Italy, another visit planned from a German Psychologist, and a relationship with an engineer at the Royal College of Art with a potential £1m grant. The Chair commended the Associated Clinical Director for Oxford Healthcare Improvement on the work that had been done in a short amount of time. **The Committee noted the oral update.**  |  |
| **3.** a bc | **Minutes of the meeting on 09 May 2018 and Matters Arising** Minutes were approved as an accurate record of the meeting subject to amendments to item 8(c) to come from the Deputy Director of Nursing. ***Matters Arising*** The Committee confirmed that the following actions from the 09 May summary of actions had been completed or were on the agenda: 2(q), 11(c), 8(g), 9(b), 9(d), 10(e), 11(c), 12(b) and 14(b). The action against items 14(i), 7(g) and 14(b) would be held over to the next meeting.  |  |
| **4.** a bcd | **Effectiveness Sub Committee Annual Report** The report was taken as read and the floor opened for questions. Aroop Mozumder stated that antipsychotic monitoring needed to improve, and asked how this was being monitored. The Medical Director explained that use of antipsychotics was not as common as it used to be, and was now much more localised to places like Thames House. Prescribing was monitored through Pharmacy rather than individual clinicians however this was not always being documented. **Action** for the Medical Director to bring a report on the monitoring of antipsychotic medication to Quality Committee in September**The Committee noted the report.**  | **MHa** |
| **5.** a bc | **Care Quality Commission (CQC) Update**The Deputy Director of Nursing provided an oral update on the recent CQC inspection and reported that 9 factual accuracy logs had been submitted to the CQC for the 8 core services and corporate. The Chief Executive had provided an overview letter to go with the logs. The CQC were aiming to review the factual accuracy logs by 13 July and publish their report by 23 July. **The Committee noted the oral update.**  |  |
| **6.** a bcdef | **Training & Education Strategy Progress Report** *Gemma Brown, Clinical & Professional Development Manager, joined the meeting.* The Clinical & Professional Development Manager presented paper QC 24/2018 and highlighted a risk in relation to the reduction of upskilling money from Health Education England (HEE) to £117k. She explained that the team were looking at how to prioritise this money. HEE had also stopped salary support for registered nurse and registered allied health processional training. The challenge was going to be how to cover this without taking up the whole apprenticeship levy. She reported that the apprenticeship programme was running effectively, however there was a risk regarding accommodation. There was not enough space in the current premises and the department were spending lots on room bookings. *Ros Mitchell, Clinical Director for Dentistry, left the meeting.* The Trust Chair asked whether the Slade could be used as an option short term and the Clinical & Professional Development Manager explained that this was considered and was not deemed to be cost effective. The Estates Team were scoping out solutions. The Service Director for the Adult Directorate asked how HEE funding was broken down nationally and the Clinical & Professional Development Manager reported that it was based on headcount of band 2-9s. *Gemma Brown, Clinical & Professional Development Manager, left the meeting.* **The Committee noted the report.**  |  |
| **7.** a bc | **Complaints Annual Report** The Head of Quality Governance presented paper QC 25/2018 for approval before it becomes published. She highlighted a 30% increase in activity on lower level concerns, however there were being resolved quickly. Aroop Mozumder suggested that in future the report includes more around themes, learning and action taken. **The Committee approved the report for publication subject to a correction of typos.**  |  |
| **8.** a  | **Oxford Healthcare Improvement Report** **The Committee noted the report.**  |  |
| **9.** a bc | **Well Led Sub Committee Escalation Report** The Chief Executive presented paper QC 27/2018 and highlighted the low levels of completed appraisals and explained that discussions were underway around how to encourage uptake, including possibly creating a video of what people get out of their appraisal. The Chair raised concerns about the ownership of whistleblowing cases, and said that if it sits with the Directorates then it is not independent. The Chief Executive explained that a lot of the issues raised in whistleblowing cases were not HR issues and so there was a question of ownership. The Director of Corporate Affairs & Company Secretary added that the conversation at the Well Led Sub Committee was in relation to closing the loop on various issues and she would be considering this further. **The Committee noted the report.**  |  |
| **10.** a bc | **Strategic and Operational Risk Discussion** The Assistant Trust Secretary presented paper QC 28/2018. Aroop Mozumder asked whether the 3 new extreme risks relating to the CQC inspection were automatically added as extreme, or whether this had been agreed internally. The Assistant Trust Secretary explained that the Directorate had escalated these risks to the Executive Management Team who approved these as extreme risks. It was agreed that the Quality Committee would sign off these new risks with further action and review to take place to see if they could be reduced. **Action** for a report back in September on these 3 risks. The Associate Clinical Director for Oxford Healthcare Improvement noted references to teams that no longer exist and agreed to follow this up **The Committee noted the report.**  | **HS/PMG** |
| **11.** a  | **Children and Young People’s Directorate Quality Report** There was no representative from the Directorate in attendance and no report had been received. **Action** for the Children and Young People’s Directorate Quality Reportto go to the September meeting.  | **VL** |
| **12.** a bc | **Older People’s Directorate Quality Report**The Clinical Director for the Older People’s Directorate provided an oral update and agreed to circulate the late paper separately for information. He highlighted that the Directorate had: * reported 3 serious incidents in Q4 related to pressure damage;
* achieved 90% in Patient & Personal Safety Training (PPST);
* achieved 85% in Resus Training;
* achieved around 2,500 pieces of patient feedback each quarter;
* been rated 4.9/5 on the friends and family test;
* seen a rise in complaints, but not with upheld complaints; and
* seen a reduction in pressure ulcers and falls with harm.

The Chair noted the pressure damage results and said this would be a very good outcome if the level could be sustained. **The Committee noted the oral update.** |  |
| **13.** a bcde | **Oxfordshire Night Team Report** The Service Director for the Adult Directorate presented paper QC 31/2018 on the Oxfordshire Night Team, which had been raised as an issue by some Governors and reported on at the last Council of Governors meeting. It has been agreed at that meeting that it should be followed up at Quality Committee, and at the Governors’ Safety and Clinical Effectiveness Sub Group. She highlighted previous concerns about the team, and the actions which had been undertaken so far or were planned. A big issue for the service previously had been the front door assessments at the Warneford Hospital which were now being replaced by an Assessment Hub at Littlemore Mental Health Centre. This would give patients of all ages a safe space to be assessed; although work was still needed around segregation of young people and adults. The Service Director for the Adult Directorate explained that a pilot was underway of Safe Haven, a crisis centre run by Mind and Elmore for patients who need a more informal alternative to the Night Team. The service would be evaluated at the end of the pilot for a view on whether to extend. The Director of Corporate Affairs & Company Secretary asked the Trust would have picked up this issue if the governors had not raised it, and the Service Director for the Adult Directorate explained that they had been aware of this issue for a couple of years and things were starting to improve. **The Committee noted the report.** |  |
| **14.** a bc | **Visitor Policy** The Director of Corporate Affairs and Company Secretary presented paper QC 32/2018 and explained that the Visitor Policy had been produced following findings and recommendations in the Lampard Review. The Director of Quality at OCCG said she had run the policy passed the Safeguarding Lead at OCCG who said the policy could be strengthened in some areas and she would feedback these comments. **The Committee approved the policy, subject to comments from the Safeguarding Lead at OCCG.***Sula Wiltshire, Director of Quality, left the meeting.*  |  |
| **15.** a b | **Quality & Performance Assurance Framework Presentation** The Head of Quality Governance provided an oral update on the Quality and Performance Assurance Framework and explained that she had been working on this with the Director of Strategy & Chief Information Officer. The framework would be open for all services to use in real time. **Action** for the Head of Quality Governance and Director of Performance to bring the Quality and Performance Assurance Framework to the November meeting. **The Committee noted the presentation.**  | **JK/MW** |
| **16.** a  | **Any Other Business** There was no further business to discuss.  |  |
|  | The meeting was closed at: **11:57** **Date of Next Meeting: Wednesday 12 September 2018 09:00 – 12:00 in the Unipart Conference Centre**  |  |

**Attendance 2018 - 2019**

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|  | **May 2018** | **July 2018** | **Sept 2018** | **Nov 2018** | **Feb 2019** |
| Jonathan Asbridge  |  |  |  |  |  |
| Aroop Mozumder  |  |  |  |  |  |
| Bernard Galton  |  |  |  |  |  |
| Sue Dopson  |  |  |  |  |  |
| Martin Howell |  |  |  |  |  |
| Stuart Bell |  |  |  |  |  |
| Mark Hancock  |  |  |  |  |  |
| Ros Alstead  |  | *Deputy*  |  |  |  |
| Dominic Hardisty  |  |  |  |  |  |
| Mike McEnaney  |  |  |  |  |  |
| Tim Boylin  |  |  |  |  |  |
| Kerry Rogers  |  |  |  |  |  |
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| Jane Kershaw |  |  |  |  |  |
| Kate Riddle |  |  |  |  |  |
| Rob Bale |  |  |  |  |  |
| Pete McGrane |  |  |  |  |  |
| Viki Laakkonen  |  |  |  |  |  |
| Hannah Smith |  |  |  |  |  |
| Kirsten Prance  |  |  |  |  |  |
| Jill Bailey  |  |  |  |  |  |
| Vivek Khosla  |  |  |  |  |  |
|  |  |  |  |  |  |
| Sula Wiltshire | *Deputy*  |  |  |  |  |