

## Meeting of the Oxford Health NHS Foundation Trust Quality Committee

RR/App\_BOD 17/2020

(Agenda item: 23b)

Minutes of a meeting held on  
Wednesday, 08 July 2020 at 09:00  
via virtual Microsoft Teams meeting

### Present<sup>1</sup>:

Aroop Mozumder	Non-Executive Director ( <b>AM</b> ) (the Chair)
Nick Broughton	Chief Executive ( <b>NB</b> )
Marie Crofts	Chief Nurse ( <b>MC</b> )
Sue Dopson	Non-Executive Director ( <b>SD</b> )
Bernard Galton	Non-Executive Director ( <b>BG</b> )
Mark Hancock	Medical Director and Vice Chair of the Quality Committee ( <b>MHa</b> )
Mike McEnaney	Director of Finance ( <b>MMcE</b> )
Debbie Richards	Managing Director of Mental Health & Learning Disabilities ( <b>DR</b> )
Kerry Rogers	Director of Corporate Affairs & Company Secretary (the <b>DoCA/KR</b> )
David Walker	Trust Chair ( <b>DW</b> )
Martyn Ward	Director of Strategy & Chief Information Officer (the <b>DoS/CIO/MW</b> )

### In attendance<sup>2</sup>:

Natasha Arif	Head of Quality, Oxford Pharmacy Store (OPS) ( <b>NA</b> ) - <i>part meeting</i>
Agnes Ayton	Consultant Psychiatrist ( <b>AA</b> ) - <i>part meeting</i>
Jill Bailey	Associate Clinical Director, Oxford Healthcare Improvement (OHI) ( <b>JB</b> )
Rob Bale	Clinical Director – Oxfordshire & BSW Mental Health Directorate ( <b>RB</b> )
Helen Bosley	Nurse Consultant Infection Prevention and Control ( <b>HB</b> ) - <i>part meeting</i>
Mark Byrne	General Manager, OPS ( <b>MB</b> ) - <i>part meeting</i>
Jo Faulkner	Head of Forensic Services, Specialised Services Directorate ( <b>JF</b> )
Diane Hilson	Carer Involvement Lead ( <b>DH</b> ) - <i>part meeting</i>
Rebecca Kelly	Associate Director of Allied Health Professionals ( <b>RK</b> )
Jane Kershaw	Head of Quality Governance ( <b>JK</b> )
Vivek Khosla	Clinical Director – Buckinghamshire Mental Health Directorate) ( <b>VK</b> )
Britta Klinck	Deputy Director of Nursing (Mental Health) ( <b>BK</b> ) - <i>part meeting</i>
Emma Lofthouse	Quality and Audit specialist ( <b>EL</b> )
Michael Marven	Chief Pharmacist and Clinical Director for Medicines Management, ( <b>MM</b> )
Nicola Mayes	Responsible Person, OPS ( <b>NM</b> ) - <i>part meeting</i>

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<sup>1</sup> Members of the Committee. The membership of the committee will include the executive directors and at least four non-executive directors. 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 and one executive director. Deputies will count towards the quorum and attendance rates. Deputies for the chairs of the quality sub-committees (the named vice chair of the sub-committee) will attend in an executive's absence. Non-executive director members may also nominate a non-executive deputy to attend in their absence.

<sup>2</sup> Regular non-member attendees and contributors.

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Steven McCourt	Lead for CQC Standards and Quality ( <b>SMcC</b> )
Pete McGrane	Clinical Director - Community Services Directorate ( <b>PMcG</b> )
Neil McLaughlin	Trust Solicitor & Risk Manager ( <b>NMcL</b> )
Rosalind Mitchell	Clinical Director & Associate Medical Director - Dental Services ( <b>RM</b> )
Kirsten Prance	Associate Clinical Director - Learning Disabilities ( <b>KP</b> )
Claire Price	Complaints and PALS Manager ( <b>CP</b> ) - <i>part meeting</i>
Hannah Smith	Assistant Trust Secretary (the <b>ATS/HS</b> )
Bill Tiplady	Consultant Clinical Psychologist and Associate Director of Psychological Therapies ( <b>BT</b> )
David Viljoen	Consultant Psychologist and Systemic Family Psychotherapist ( <b>DV</b> ) - <i>part meeting</i>
Susan Wall	Corporate Governance Officer (Minutes) ( <b>SMW</b> )
Lysbeth Weeks	Trust Lead for Supervision ( <b>LS</b> ) - <i>part meeting</i>
Sula Wiltshire	Director of Quality and Innovation at Oxfordshire CCG and Trust Governor ( <b>SW</b> )

1.	<b>Apologies for Absence</b>	<b>Action</b>
a	<p>Apologies for absence were received from the following Committee members (deputies of committee members count towards the quorum and attendance rates):</p> <ul style="list-style-type: none"> <li>i. Ben Riley, Managing Director, Primary and Community Care Services</li> <li>ii. Tim Boylin, Director of HR</li> </ul>	
b	<p>Apologies for absence were noted from the following regular attendees:</p> <ul style="list-style-type: none"> <li>i. Rami El-Shirbiny, Clinical Director – Forensic Services (to be deputised by Jo Faulkner, Head of Forensic Services, Specialised Services Directorate)</li> <li>ii. Kate Riddle, Deputy Director of Nursing</li> </ul>	
2.	<b>Minutes of the Quality Committee on 13 May 2020 and Matters Arising</b>	
a	<p>The new Quality Committee Chair, Aroop Mozumder, who had taken over from Jonathan Asbridge at the end of his term of office as Non-Executive Director, welcomed the new Chief Executive, Nick Broughton, and all those present.</p>	
b	<p>The Chair commented that agendas and the focus of discussion in future meetings would change so as to provide for more time to focus on core areas such as: discussion of COVID-19 risks (paper QC 23/2020); the escalation report from the extraordinary Safety quality</p>	

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	<p>sub-committee meeting (paper QC 41/2020); and progress against Care Quality Commission (<b>CQC</b>) actions (paper QC 37/2020). .</p>	
c	<p>The Minutes at QC 21/2020 were approved as a true and accurate record.</p>	
d	<p><b>The Committee approved the minutes.</b></p> <p><b><i>Matters Arising</i></b></p>	
e	<p><b>Item 2(j) Coroner’s letter</b> Neil McLaughlin reported that this was still to be actioned and the delay had been due to taking into consideration findings from a witness statement relating to national resuscitation guidelines and Trust internal policy. A letter would be sent to the coroner once clarification had been achieved.</p>	<p><b>NMcL</b></p>
f	<p><b>Item 8(g) Section 136 and Section 75 Mental Health Acts</b> The Medical Director reported Section 136 and Section 75 Mental Health Acts and been discussed in the Ethics Committee and Mental Health Act (<b>MHA</b>) Committee. He stated the Trust had adopted guidance from NHSE, and the Ethics Committee and MHA Committee were satisfied in how remote MHA assessments were being undertaken thereby closing the action.</p>	
g	<p><b>Item 11(c) Healthcare access progress report – Learning Disabilities and Autism</b> Kirsten Prance updated the Committee work had been delayed due to COVID-19. She explained work had been progressing to ensure Trust and Directorates compliance to NHS standards and she would bring a paper to September Committee.</p>	<p><b>KP/MC</b></p>
h	<p><b>Item 11(d) Tracking and Flagging in Healthcare access</b> Kirsten Prance informed the Committee a meeting had taken place with Vivek Khosla, Clinical Director, Buckinghamshire Mental Health Directorate, and a plan had been initiated for tracking and flagging for learning disabilities. The plan included a retrospective coding system that had commenced with digital links to Oxford University Hospitals NHS FT (<b>OUH</b>) and Oxfordshire County Council, with additional development work to align with the Trust’s 10-year plan.</p>	<p><b>KP/VK/MW</b></p>
i	<p><b>Item 14(j) Clinical Audit re monitoring patients on lithium that had remained ranked as ‘requires improvement’</b></p>	

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<p>j</p> <p>k</p>	<p>The Medical Director stated the Trust does now have access to blood test results via Shared Care Records that went live 14 May 2020. He said Rob Bale would be contacting commissioners to ensure patients have access to necessary medication.</p> <p>The Committee noted that the following actions were on hold or being progressed:</p> <ul style="list-style-type: none"> <li>• 5(b) Safety quality sub-committee highlight and escalation analysis from Health and Safety National Overview – report completed but going to Executive first for review;</li> <li>• 11(g) Quality assurance in care of people with learning disabilities and autism;</li> <li>• 2(b) Resuscitation (further development of action 9(c) from 11 September 2019) – progressed as report on review of resuscitation completed, however current focus has been in relation to CPR and PPE;</li> <li>• 2(c) and 16(c) Trust Risk Register updates – in progress;</li> <li>• 3(d) Clinical Audit update – audits currently on hold, review in approximately 6 months’ time, February 2021; and</li> <li>• 12(d) Complaints review panel – review panels currently not taking place due to the pandemic.</li> </ul> <p>The committee noted that the remaining actions from the Summary of Actions had been completed or were on the agenda for the meeting:</p> <ul style="list-style-type: none"> <li>• 2(m) updating of summary of actions;</li> <li>• 4(i) Infection prevention report;</li> <li>• 7(e) Safeguarding report, action completed;</li> <li>• 4(a) from 12 February 2020 - Oxford Pharmacy Store Quality reporting;</li> <li>• 8(e) from 12 February 2020 - Eating Disorder Service – Oxfordshire, BaNES, Swindon and Wiltshire Mental Health Directorate;</li> <li>• 16(b) Quality sub-committees;</li> <li>• 2(d) Stroke Rehabilitation Unit- on the agenda; and</li> <li>• 17(c) Health Visiting Service – on the agenda.</li> </ul>	<p><b>MHa/DR/RB</b></p>
<p>3.</p> <p>a</p>	<p><b>COVID-19 Update – Update from special COVID-19 safety meeting</b></p> <p>The Chief Nurse reported on paper QC 41/2020 Escalations from the extraordinary meeting of the Safety quality sub-committee, stating during the pandemic quality sub-committees had been</p>	

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	<p>paused in line with NHSE/I guidance to ensure provider capacity was focused on response to the pandemic. She informed the Committee an extraordinary Safety quality sub-committee meeting had been held on 30 June 2020 in order for any escalations to be given oversight.</p>	
b	<p>The Chief Nurse referred to her report and highlighted:</p> <ul style="list-style-type: none"><li>• an increase in pressure ulcer damage recorded during the pandemic (this increase had been noted nationally). The Trust's Weekly Review Meeting had noted a significant issue was patients not wanting healthcare staff to enter their homes due to potential spread of the coronavirus, so alternative approaches such as video consultations and telephone advice had been used in an effort to maintain skin integrity;</li><li>• a rise in the level of falls across wards during the pandemic and themes arising from investigations being: post COVID-19 stroke; cognitive decline post COVID-19; muscle wasting post critical care, and it took staff longer to attend calls bells when additional PPE was required at the initial stages of the pandemic;</li><li>• there had not been an increase in restrictive practice during the pandemic and that the Trust had developed its own guidelines for staff with regards to isolation and seclusion in relation to Covid19 patients teams working with the safeguarding of adults and children had managed to deliver a full service during the pandemic and multiagency working had improved during this period; and</li><li>• an increase in the number of deaths for April 2020 and a need for ethnicity to be better recorded in order for the Trust to be able to look at specific interventions and support for BAME groups.</li></ul>	
c	<p>The Chair enquired how excess deaths were being monitored and if it was known how many could be attributed to COVID-19. The Medical Director stated he had recently chaired a Mortality Review Group meeting and the excess deaths the Trust had recorded for April 2020 were in line with figures nationally. He added that all deaths would go through the usual governance processes so additional information would be available in the future.</p>	
d	<p>The Chief Executive enquired whether pressure ulcer issues had arisen for patients in care facilities or in their own homes and</p>	

<p>e</p> <p>f</p> <p>g</p>	<p>whether there had been particular trends to note in the incidents of falls. Pete McGrane replied that whilst some pressure ulcer issues had arisen in residential care homes, others had arisen in patients' own homes and this remained a dynamic situation. What had been noted was adherence to NHSE guidance had worked effectively until a patient's situation changed which could alter their risk profile.</p> <p>Pete McGrane said the number of falls had been above average in community hospitals especially where they had individual side rooms as it may take staff longer to respond due to donning and doffing of additional PPE.</p> <p>The Managing Director for Mental Health and Learning Disabilities said it would be prudent to review learning from deaths in relation to community services generally (including community mental health and learning disability services) to assess if there had been any risks from the re-stratified community case load during the pandemic or from not reinstating physical health checks in primary care. She added that trends in self-harm were being tracked for the period of the pandemic by the Nurse Consultant leading on suicide prevention.</p> <p><b>The Committee noted the report.</b></p> <p><i>Helen Bosley joined the meeting</i></p>	
<p>4.</p> <p>a</p> <p>b</p> <p>c</p>	<p><b>Infection Prevention Control BAF</b></p> <p>The Director of Corporate Affairs and Company Secretary informed the Committee there would be an agenda item for the IPC BAF at the 22 July Board meeting, and for the Chair to recommend the paper on behalf of the Quality Committee to the Board.</p> <p>The Chief Nurse reported on paper QC 22/2020 Infection, Prevention and Control (IPC) Board Assurance Framework (BAF). She informed the Committee the IPC BAF template had been issued by the Chief Nursing Officer for England and the Trust had adopted the template to ensure robust and stringent IPC measures were being maintained.</p> <p>The Chief Nurse outlined it was a dynamic document with links to all other Trust guidance embedded, ensuring the document could remain up to date. She informed the Committee the vast amount of</p>	

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<p>d</p> <p>e</p> <p>f</p> <p>g</p> <p>h</p>	<p>additional work had been supported with two redeployed staff and future capacity for the IPC team would need to be considered.</p> <p>The Chief Nurse informed the Committee that staff well-being was a priority and that over 5,000 Trust staff had now completed the mandatory risk assessment.</p> <p>The Chair noted the IPC BAF was a comprehensive system and enquired about the PPE audit showing as incomplete. The Chief Nurse replied good compliance had been shown in an assessment of PPE use in community hospitals and a review was underway for compliance in mental health settings.</p> <p>Bernard Galton enquired if there was an official course for PPE training. The Chief Nurse stated this was an area to progress, although staff did receive guidance and support there currently was not a formal training programme on PPE. There was guidance issued on donning and doffing to all wards and areas (with videos from PHE).</p> <p>The Chief Nurse thanked Helen Bosley, Nurse Consultant for IPC, for her support and input.</p> <p><b>The Quality Committee were assured with the IPC BAF including areas subject to on-going work and recommended the report to the July Board.</b></p> <p><i>Helen Bosley left the meeting</i></p>	
<p>5.</p> <p>a</p> <p>b</p>	<p><b>COVID-19 risks and general operational risks update</b></p> <p>Neil McLaughlin reported on paper QC 23/2020 and stated the risks listed as requiring progression and updates recorded on the summary of actions circulated for the meeting.</p> <p>Neil McLaughlin informed the Committee two new risks had been added to the Trust Risk Register (<b>TRR</b>) since May 2020 Quality Committee and these were: to be able to provide assurance to the CQC that the Human Rights Act had been adhered to during the pandemic; and assurance of the safe return to work of vulnerable employees to the Trust to incorporate updated guidance from the Health and Safety Executive and he would report on progress at September Quality Committee.</p>	<p><b>NMcL</b></p>

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c	<p>Neil McLaughlin referenced The Managing Director of Mental Health and Learning Disability comments at 3(j) in connection to Covid-19 risk C19_5 Physical healthcare on wards proposal of risk to be reduced. The Managing Director of Mental Health and Learning Disability commented the Trust had been supported well by OUH and Buckingham Healthcare Trust for patients that had required transfer to acute care during the height of the pandemic and that she would like to review the risk in more depth and for forensics to be included.</p>	<b>NMcL/DR</b>
d	<p>Neil McLaughlin drew the Committee's attention to risk C19_6, risk to BAME staff to note it had been recorded as a high risk to ensure the Trust takes adequate steps to protect BAME colleagues who may be disproportionately affected by COVID-19 as per letter received from NHSE dated 29 April 2020, and was planned to be discussed further with the Director of HR.</p>	
e	<p>The Chair enquired how a risk was established and developed, and what the oversight process was. Neil McLaughlin responded each risk had an Executive Lead, with other operational leads involved as necessary. It was the responsibility of the Executive Lead to follow up and update risk records and to present to Quality Committee for further challenge or approval.</p>	
f	<p>The Chief Executive recommended for other vulnerable staff groups to be included in BAME. Neil McLaughlin responded this had already been taken into consideration.</p>	
g	<p>The Chief Executive enquired if risks such as pressure ulcers mentioned earlier at 3(b) were required to go on the Trust Risk Register. Neil McLaughlin replied pressure ulcer risks would be documented via the Community Directorate Risk Register, however he would look this and consider if development was required to escalate to the Trust Risk Register.</p>	<b>NMcL/MC</b>
h	<p>The Committee discussed physical healthcare checks as the Chief Nurse stated this was included as part of 'quality priorities' for next year. Neil McLaughlin said work had already been undertaken by Debbie Walton, Adult Directorate Management Team that could be shared, and Sula Wiltshire noted this would be useful in review of Joint Strategic Needs assessment.</p>	<b>NMcL</b>

<p>i</p> <p>j</p> <p>k</p>	<p>The Director of Finance drew attention to the new risk for Adult Eating disorders relating to waiting times for referrals would be unsafe due to the lack of proposed investment over the next five years and that this risk was not just an internal risk but a wider system risk issue.</p> <p>The Director of Corporate Affairs and Company Secretary thanked Neil McLaughlin for the significant progression of the Trust Risk Management Register.</p> <p><b>The Committee noted the report.</b></p> <p><i>Agnes Ayton and David Viljoen joined the meeting</i> <i>Britta Klinck left the meeting</i></p>	
<p>6.</p> <p>a</p> <p>b</p> <p>c</p> <p>d</p>	<p><b>Adult Eating Disorders update</b></p> <p>David Viljoen commenced with the presentation of QC 24/2020 Adult Eating Disorders update, highlighting that Adult Eating Disorders and CAMHS eating disorder services operated across Buckinghamshire, Oxfordshire and Wiltshire with varying operational and clinical structures generating complexity across services.</p> <p>Agnes Ayton informed the Committee that from the Adult Psychiatric Morbidity Survey (2007) it reported that 6% of the population screened had eating disorders, and the Trust's service users reflected this finding and additionally reflected similar figures for age, gender and comorbidities. She added the survey was due to be repeated with funding from NHS England.</p> <p>Agnes Ayton stated the NICE recommended 'Stepped care' model was utilised in treating patients in the Trust and was an effective yet economic model where treatment could be stepped up if there was a clinical requirement. The Oxford model and patient pathway comprised: outpatient treatment; followed by day treatment; and finally inpatient treatment. The leading treatment aid being Cognitive Behavioural Therapy (<b>CBT</b>) across conditions.</p> <p>David Viljoen informed the Committee that for cases of anorexia nervosa, the most prevalent of eating disorders, there had been an increase in cases across the Trust year on year. He said anorexia nervosa patients were being treated successfully at the Trust and</p>	

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	<p>said this condition took the longest to treat of eating disorders and had the highest morbidity rate.</p>	
e	<p>David Viljoen highlighted CCG contracts varied in levels of severity stipulated at assessment for anorexia nervosa, so for example if a CCG assessment level was for moderate to severe then there was an unmet need for mild cases. He stated there was a shortage of inpatient beds across the system and some patients had to wait many weeks with support being delivered by multi-disciplinary teams.</p>	
f	<p>David Viljoen informed the Committee the new investment for Oxon would be to transform adult eating disorder services to bring the service into parallel with CAMHS. He outlined by 2023/24 the intention would be to offer earlier treatment closer to home for patients with new integrated models of primary and community mental health care that had clear treatment pathways and cross working together with a review of staff structure, recruitment, retention and training.</p>	
g	<p>Agnes Ayton gave an outline of 'Hope' the new mental health care model, in it being a strength-based approach that does not focus solely on a patient's symptoms but emphasises a patient's resilience and enables them to move forward in their lives effectively. She highlighted trends for eating disorders were increasing in England and the Oxford stepped care model integrated CBT-E model was proving an effective care pathway in reducing inpatient stays thereby improving capacity and savings of up to £12k per patient.</p>	
h	<p>Agnes Ayton concluded that throughout the pandemic the priority had been to ensure patient and staff safety and a positive had been the necessity in working digitally the results of which were being explored.</p>	
i	<p>The Chair noted there were unmet needs in primary healthcare for mild cases and with a demand in services also noted it would be beneficial to discuss eating disorders in more detail at a board seminar.</p>	<b>RB/DR</b>
j	<p>The Managing Director of Mental Health and Learning Disabilities raised her concern at lack of funding increasing the level of clinical risk in the Adult Eating Disorder Services and requested this be escalated to CCG level for recognition in lack of investment. The</p>	

<p>k</p> <p>l</p>	<p>Chief Executive stated he had forwarded a similar paper to the Executive Lead of the BOB ICS, in order to be sighted on the issue of lack of resource.</p> <p>Bill Tiplady stressed his concern at the complexity of services operating across directorates and the impact this could have upon clinical governance and decision-making.</p> <p><b>The Committee noted the presentation and thanked the team for their work.</b></p> <p><i>Agnes Ayton and David Viljoen left the meeting</i></p>	
<p>7.</p> <p>a</p> <p>b</p> <p>c</p> <p>d</p>	<p><b>Health Visiting Services update</b></p> <p>Pete McGrane reported on paper QC 25/2020 OHFT Health Visiting Service’s response to COVID-19, outlining the Health Visiting Team’s work was structured around a national public health programme, called the ‘Health Child Programme’ with children and families being assessed according to their level of service need from a base level for everyone to a Universal Partnership Plus level offering the most in depth supportive service.</p> <p>Pete McGrane said advice had been received from NHSE for delivery of services during the pandemic which meant fewer staff remained in place to deliver health visiting services which were instead focused on supporting the most vulnerable families and adapting to changes in delivering services through: the wearing of PPE for staff to protect families; increased use of technology and virtual meetings; and ‘walk and talk’ sessions with clients outside (which had been positively received).</p> <p>Service leads had continued to meet weekly to ensure the service was operating effectively, and as services were beginning to return to normal with the gradual return of redeployed staff there was an awareness to ensure safeguarding in families and to take into account national reported concerns of domestic abuse and alcohol dependence arising out of lock down.</p> <p>The Chair enquired if the national report of domestic abuse and alcohol dependence was a reality for the Trust, or a more general concern. Pete McGrane responded that there had been some anecdotal reporting from the system rather than from the Trust.</p>	

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e	<p>However, as children returned to school, they were anticipated to be more able to make concerns known. The Chief Nurse added there had been an increase in referrals to MASH (the Multi-Agency Safeguarding Hub) for both adults and children, but had not seen the narrative follow through.</p> <p><b>The Committee noted the report.</b></p>	
<b>8.</b>	<b>Stroke Rehabilitation Unit investigation closure report</b>	
a	Pete McGrane reported on paper QC 26/2020 Oxford Stroke Rehabilitation Unit investigation update that had followed a patient complaint. He stated arising from the investigation consideration would need to be given if the unit was to be considered a ward within a community hospital, or if it was a specialist unit focusing on recovery for more vulnerable patients as requirements would be different and would be developed.	
b	Pete McGrane stated during the pandemic incidents of patients following the stroke pathway had decreased, however levels were now returning to normal. He stated some inpatients had struggled with the ban on visitors, in particular younger stroke patients with young families, and those with communication difficulties.	
c	Pete McGrane informed the committee the Stroke Unit had received an A grading, for the first time, from the Sentinel Stroke National Audit, this being an evidenced based quality standards in stroke care, and measured both structure and process of stroke care. He added there had been proactivity in joining national forums and some focus on increasing presence in research.	
d	Pete McGrane stated the position had improved significantly in the Stroke Unit in the last sixteen months and the Unit had received positive feedback from families. He highlighted improvements noted were: consistency in leadership; staff development; links with other organisations e.g. Stroke Forum; post care provision for patients; changes in neurodevelopmental treatment, a rehabilitation approach applied by nurses and physiotherapists in caring for stroke patients; and changes in the physical estate in room updates.	
		<b>PMcG</b>

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e	The Chief Executive enquired if the investigation report had been shared with the regulators and commissioners. Pete McGrane said he would take this as an action to confirm.	
f	Bernard Galton enquired what evidence was there and how had it been collated that staff morale had improved. Pete McGrane responded that staff feedback had been compiled by staff themselves on an away day.	
g	<b>The Committee noted the report.</b>	
<b>9.</b>	<b>Night crisis team update</b>	
a	Paper QC 27/2020 had been withdrawn and a paper would instead be submitted to the September Quality Committee. An oral update was given by Rob Bale who confirmed the Night Crisis Team Leads had met with the Trust's Governors and a report and actions were in progress.	
b	Rob Bale listed on-going actions being: <ul style="list-style-type: none"> <li>• Work had been completed with the Suicide Prevention Lead shadowing the team;</li> <li>• Funding had been achieved and safe havens were operating in Oxford and Banbury with further developments planned in the south;</li> <li>• Crisis and home treatment phase one went live 6 July 2020, a scheme to take patients out of hospital and treat them in the Community;</li> <li>• Development of night team leadership and support; and</li> <li>• Mental health help line developed as part of response to COVID-19, based on 'SHIP model' used in Hampshire that enhanced relationships with SCARS, 111 and Police.</li> </ul>	
c	<b>The Committee noted the oral update and that a formal report would be submitted to September Quality Committee.</b>	
<b>10.</b>	<b>Physical Healthcare Skills</b>	
a	Paper QC 28/2020 had been withdrawn and an oral update was given by Jill Bailey on physical healthcare skills, a quality improvement project linked to COVID-19. She stated the quality improvement work had emerged from redesign of the physical healthcare pathway in Buckinghamshire and to work on ensuring	

<p>b</p> <p>c</p>	<p>that mental health nurses could provide standardised physical healthcare through a standardised matrix (to be provided through Learning &amp; Development).</p> <p>She outlined a challenge had been the volume of matrices for all care areas and coding for staff and care matrices would be looked at further with Information management and technology, HR and Finance to refine systems to build on the project work.</p> <p>Jill Bailey summarised supplementary skills across the system required deeper understanding and the inpatient work developed would be extended to end of life, community and learning disabilities services.</p> <p><b>The Committee noted the oral update.</b></p>	
<p>11.</p> <p>a</p> <p>b</p> <p>c</p> <p>d</p>	<p><b>Nursing Strategy recruitment update – focus on workforce priorities</b></p> <p>The Chief Nurse reported on paper QC 30/2020 an update on the workforce priorities within the Nursing Strategy outlining development of career pathways for nurses from band 2 to consultant nurse.</p> <p>The Chief Nurse informed the Committee that strategy work for recruitment and retention started pre-Covid and was being revisited and developed in order to offer career progressions within the Trust. She highlighted there would be 20 nurse cadets (16-18 years) starting in September 2020 leading to the nursing associate programme or a university place. Additionally, the Trust was offering qualified nurse associates a top up degree to become a registered nurse. In addition the Trust was embarking on a HEE pilot with the University of Gloucestershire as a blended distance nursing pilot.</p> <p>The Chair enquired if post-Covid nursing had become more attractive. The Chief Nurse responded nationally this was the case but had not transpired locally with numbers being below target for September intake for nurses at Oxford Brooks for this September which had necessitated the Trust to look at alternative options for recruitment and retention via the cadet programme and the top up degree.</p> <p><b>The Committee noted the report.</b></p>	

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	<i>Lysbeth Weeks joined the meeting</i>	
<b>12.</b>	<b>Supervision report paper</b>	
a	The Chief Nurse introduced Lysbeth Weeks, who had been appointed in the new post of Trust Lead for Supervision since September 2019, and who would be reporting on a summary of her work at paper QC 31/2020 prior to her retirement in August 2020.	
b	Lysbeth Weeks presented the report and stated when she joined the Trust supervision levels were low and there were mixed perceptions across teams of what supervision was and how and what to record as supervision. She informed the Committee she commenced with educating teams on all aspects of supervision and established the most suitable way to progress supervision for each team.	
c	She had developed a management and clinical toolkit to assist staff with supervision and updated the Trust supervision policy. She emphasised supervision would improve staff retention and sickness for the Trust. She highlighted quick successes had been noted in Community Hospitals with Witney community hospital now achieving a 90% supervision rate.	
d	The Chief Nurse thanked Lysbeth for her support and work she had achieved and noted it would be important to continue to embed the concept of supervision in all areas of the Trust, both managerial as well as clinical.	
e	The Chair expressed supervision was a fundamental function for the Trust for staff retention, morale and mentorship.	
f	<b>The Committee noted the report.</b>	
	<i>Lysbeth Weeks left the meeting</i>	
<b>13.</b>	<b>Director of Infection Prevention and Control annual report</b>	
a	Helen Bosley reported on paper QC 34/200 the Director of Infection Prevention and Control Annual Report ( <b>DIPC</b> ) 2019-20, an annual report required for assurance to ensure measures were being taken to maintain the safety of patients and staff and assurance of compliance to CQC standards for infection prevention and control	

	<p>being measured against a comprehensive national evidenced based standards audit programme.</p>	
b	<p>Helen Bosley said quarterly infection prevention reports were submitted to the Infection Prevention Control and Decontamination Committee (<b>IPCDC</b>) and collaborative Health Economy meetings between partner organisations were held to discuss and review Clostridium difficile infections (<b>CDI</b>) and MRSA/MSSA bacteraemia's to enable joint learning.</p>	
c	<p>Helen Bosley reported the Department of Health had introduced mandatory surveillance of E.Coli as cases for this infection had risen nationally and work was on-going to minimise onset of conditions. She added work had been undertaken for outbreak management, for example norovirus and influenza and more recently for COVID-19, however as COVID-19 outbreak was declared on 11 March 2020 there would be more details in next year's report. She added in the couple of weeks to the end of March 2020 the infection prevention control team instigated the following for COVID-19: 7 day a week IPC support service; PPE guidance; review of national guidance and implementation within the Trust; additional education and guidance documents to support staff; review of alternative products to meet demand; clinical support for practice and safe patient management; and external collaboration with CCG, secondary care and national colleagues.</p>	
d	<p>The Chair enquired if antimicrobial stewardship was just within the Trust or across all healthcare settings. Sula Wilshire responded that local GPs were amongst the lowest prescribers in the system and had consistently over the years worked to reduce use of antibiotics in order to address the issue of antimicrobial resistance.</p>	
e	<p><b>The Committee noted the report and APPROVED the Director of Infection Prevention and Control Annual Report (DIPC) 2019-20 for publication.</b></p> <p><i>Emma Lofthouse joined the meeting</i></p>	
<b>14.</b>	<p><b>Clinical Audit – summary outline of Enhanced services and care programme approach audits</b></p>	
a	<p>The Medical Director introduced Steven McCourt, who had joined the Trust in February 2020, and reminded the meeting that</p>	

<p>b</p> <p>c</p> <p>d</p>	<p>nationally clinical audits in the main had been suspended for the last 3-4 months due to the pandemic.</p> <p>Steven McCourt reported on paper QC 32/2020 and highlighted that recent notification had been received cancelling, National Audit of Care at the End of Life (<b>NACEL</b>) and CQUIN 3abc- Preventing Ill Health by Risky Behaviours – alcohol and tobacco (Q3) and were awaiting updates for the remaining national audits.</p> <p>Steven McCourt informed the Committee for Trust oversight Essential Standards and Care Programme Approach (<b>CPA</b>) audits had been maintained.</p> <p><b>The Committee noted the report.</b></p> <p><i>Emma Lofthouse left the meeting</i></p>	
<p>15.</p> <p>a</p> <p>b</p> <p>c</p>	<p><b>Quality Account update – Quality Priorities for 2020/21</b></p> <p>The Chief Nurse commenced reporting on presentation QC 33/2020 Quality Account Update and quality priorities for 2020/21 informing the Committee objectives had been revised to include CQC requirements for physical health monitoring in mental health services, and Home First a community driven initiative.</p> <p>Jane Kershaw summarised the broad priorities being Leadership, Safety, Experiences, and Clinical Effectiveness and each priority would have a senior clinical lead using a quality improvement approach reporting into the Quality Committee.</p> <p>Jane Kershaw highlighted and clarified the following changes in quality priorities:</p> <ul style="list-style-type: none"> <li>• Safety: an objective to improve physical healthcare for patients with mental illness had been added;</li> <li>• Experience: clarification had been provided in the work plan strategy to ensure strong patient voices were heard as part of improving services, and easy read versions of publicly available quality papers to improve accessibility; and</li> <li>• Clinical effectiveness: the priority to improve and enhance the service offered to care homes and end of life care planning had been split to embrace improved end of life care planning and support delivery of a home first approach.</li> </ul>	

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d	The Chair invited the Chief Executive for his comments, who added he was content with a quality improvement approach and enquired if KPIs had been identified in support of delivering the objectives. The Chief Nurse responded a meeting had been held to instigate measurable objectives as part of the quality improvement led approach.	
e	<p><b>The Committee noted the presentation and approval for Quality Improvement approach.</b></p> <p><i>Diane Hilson and Claire Price joined the meeting</i></p>	
<b>16.</b>	<b>Patient and Carer Experience and Involvement annual report</b>	
a	Jane Kershaw reported on papers 35(i)-(iii)/2020 to include: a patient experience annual report at 35(ii)/2020, Experience and Involvement for People who use our services Annual report April 1019 – June 2020; and a carers perspective annual report at paper 35(iii) I Care Your Care Carers and Family Annual Report 2019 – 2020.	
b	Jane Kershaw mentioned the papers provided an overview of feedback received from patients and carers received via, I Want Great Care the software app the Trust uses to gain and collate patient and carer experiences. She stated from the 22,000 survey responses from April 2019 to March 2020 had been positive with 93% of people who would recommend the Trust’s services and quality of care being rated at 4.77 out of 5, and stated the Trust continues to strive to ensure that everyone receives a positive experience and to be involved in decisions about their care being a key driver in strategy.	
c	Jane Kershaw listed innovations that had been initiated in response to the pandemic being: letter to loved ones; photo badge on top of PPE; easy read information; and a carers’ befriending line. She stated the pandemic had triggered work to be paused on revising the new Carers’ strategy, however that was now due to recommence.	
d	Jane Kershaw asked the Committee to approve both annual reports so they could be published.	
e	The Chair asked if Governors had seen the two reports as they contained information on areas Governors enquired about. Jane	

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f	<p>Kershaw replied both reports would be submitted to the Governor patient and experience sub-group at the end of July 2020.</p> <p><b>The Committee APPROVED Experience and Involvement for People who use our services Annual report April 2019 – June 2020 and APPROVED I Care You Care Carers and Family annual Report 2019 – 2020 for publication.</b></p> <p><i>Diane Hilson and Claire Price left the meeting</i></p>	
17.	<p><b>Complaints and Patient Advice &amp; Liaison Service (PALS) annual report</b></p>	
a	<p>Jane Kershaw reported on paper QC 36/2020 Complaints and PALS Annual Report 1 April 2019 to 31 March 2020 stating it was a national requirement to produce and publish each year and was required to meet statutory and legal regulations for complaint handling.</p>	
b	<p>Jane Kershaw stated there had been a 15% increase in complaints over the previous year with 59% being partially or fully upheld and referenced a high number had arisen from adult community mental health teams where work was being undertaken to improve matters.</p>	
c	<p>Jane Kershaw informed the Committee the average response time for a complaint was 44 days and the Trust had continued to operate the PALS service throughout the pandemic, with people being informed if complaints had been paused or delayed, and added service had fully resumed now.</p>	
d	<p>The Chair expressed concern at the increase in complaints and what action could be taken. The Chief Nurse stated more detailed analysis would be undertaken in order to establish what could be done differently, and not to undervalue the importance it was noted the national average was 50%.</p>	
e	<p>The Managing Director of Mental Health and Learning Disabilities highlighted an increasing number of complaints in CAMHS in relation to waiting times for neurodevelopmental assessment, noting this was a system risk due to mental health services not being commissioned in Oxfordshire and Buckinghamshire leading to a mismatch between demand and capacity. She stated a backlog clearance project had been agreed with the CCG in</p>	

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f	<p>Buckinghamshire which should lead to a reduction in complaints, and a similar proposal was still to be achieved for Oxfordshire. Sula Wilshire said the CCG would support a proposal via appropriate channels.</p> <p><b>The Committee noted the report.</b></p>	
<p><b>18.</b></p> <p>a</p> <p>b</p> <p>c</p> <p>d</p> <p>e</p>	<p><b>Care Quality Commission actions/’Improving Care:5 Questions’ (IC5) update</b></p> <p>The Chief Nurse reported on paper QC 37/2020 Improving care: 5 Questions (IC5) Highlight and Escalation Report stating this was a Trust-wide group that met monthly with representatives from each Directorate to work collaboratively in an attempt to achieve outstanding rating against the national quality standards.</p> <p>The Chief Nurse expressed rather than taking quick actions in order to reduced ‘shoulds’ requiring actions, it would be important to embed a culture shift to a quality improvement approach of more in-depth analysis that would improve engagement and effectiveness.</p> <p>The Chief Nurse stated Kate Riddle and Steve McCourt had been meeting senior management teams over the past few weeks to initiate a shift in to a quality improvement approach in looking at working more holistically in general, and post COVID-19 for quality and governance.</p> <p>The Chair said it would be important to overview the Quality Improvement approach in more detail at a Board Seminar together with the Quality Account update and priorities for 2020/21 at item 15.</p> <p><b>The Committee noted the report and for further discussion at a Board Seminar.</b></p>	<p><b>MC</b></p>
<p><b>19.</b></p> <p>a</p>	<p><b>Trust-wide quality governance re-structure</b></p> <p>The Chief Nurse gave an oral update on the Trust-wide quality governance re-structure. She proposed following Directorate discussions that the four quality sub-committees of Safety, Effectiveness, Caring and Responsive to be merged into one Quality Governance sub-committee to feed into the Quality Committee.</p>	

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<p>b</p> <p>c</p> <p>d</p>	<p>She added one Quality Governance sub-committee would be more efficient in triangulating CQC key lines of enquiry and would be supported by a detailed work plan.</p> <p>The Chief Nurse said she would submit a paper to the September Quality Committee outlining the proposal for the proposed Quality Governance sub-committee.</p> <p>The Director of Corporate Affairs &amp; Company Secretary noted that the remit had not changed but was being streamlined and could be considered more formally at the September Quality Committee.</p> <p><b>The Committee noted the oral update.</b></p> <p><i>Natasha Arif, Mark Byrne, Michael Marvin and Nicola Mays joined the meeting</i></p>	<p><b>MC</b></p>
<p><b>20.</b></p> <p>a</p> <p>b</p> <p>c</p>	<p><b>OPS/Pharmacy report (inc MHRA compliance)</b></p> <p>The OPS Pharmacy Team reported on paper QC 38/2020 and presented an introduction and explained the context of OPS to the Committee.</p> <p>The Director of Finance introduced the Team: Mark Byrne, General Manager; Natasha Arif, Head of Quality; and Dr Nicola Mayes, Responsible Person. He summarised OPS was an NHS owned and operated organisation and part of Oxford Health NHS FT (OHFT) specialising in the wholesale and distribution of pharmaceuticals to health care providers across the UK. He added it was a low margin volume-based business but had achieved in making a £1million contribution from the bottom line to assist the Trust in subsidised health care.</p> <p>Mark Byrne confirmed that the newly formed management team had reviewed all quality aspects of OPS over the last year. He explained that OPS supplied in excess of 1000 healthcare providers across the UK, working in partnership with over 70 pharmaceutical supply partners both NHS and commercial with a mandate to work collaboratively, and to offer supply efficiencies and savings in the medicines supply chain. He added OPS was working closely with NHS England in preparation for a second wave of the coronavirus in order to be able to provide medicines to Nightingale Units and source medicines for relevant stock holding.</p>	

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d	Natasha Arif informed the Committee of the compliance with medicines regulation affecting OPS. She outlined OPS is regulated and enforced by two bodies: the Medicines and Healthcare products Regulatory Agency (MHRA), which incorporates Good Distribution Practice (GDP) and Falsified Medicines Directive (FMD) to prevent false medicines entering the medicines supply chain; and the Home Office for a Controlled Drugs (CD) Licence.	
e	Nicola Mayes stated OPS had a robust reporting and self-audit process pertaining to quality and governance standards. She highlighted being regulated by the MHRA covered distribution of temperature-controlled products (i.e. regulation was not by the General Pharmaceutical Council).	
f	The Chair thanked the team for the informative report and presentation.	
g	<b>The Committee noted the report and presentation.</b>  <i>Natasha Arif, Mark Byrne, Michael Marvin and Nicola Mays left the meeting</i>	
<b>21.</b>	<b>Information Management Group highlight and escalation report</b>	
a	The Director of Finance reported on paper QC 39/2020 Information Management Group Highlight and Escalation Report and confirmed the Group had continued to meet throughout the pandemic to ensure governance and compliance.	
b	The Director of Finance stated there had been more email incidents which would be an area to review as it may relate to home working. He said although the submission requirement in relation to training had been suspended during the pandemic, the Trust had still achieved the required 95% by 31 March 2020.	
c	The Director of Finance highlighted an area of risk was the transition of paper records to electronic records and referenced particularly the complexities of electronic completion and storage implication for District Nurses that required improvement. He also stated that a policy was required to be in place for deleting unnecessary records	

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<p>d</p> <p>e</p> <p>f</p> <p>g</p>	<p>in case information is required in the future for HR or other purposes.</p> <p>The Director of Finance informed the Committee that an information management workshop would be taking place to assess the risk of increase data and document sharing on Office 365 and that cyber security would now be a regular agenda item for the information management group for governance.</p> <p>The Chair asked how the issue around paper-based records was being addressed. The Director of Strategy and Chief Information Officer replied that the Trust was working with partners noting it was system based and linked to not just the Trust strategy but to wider social care systems used by the local authority and work was being progressed for shared care records.</p> <p>Bernard Galton enquired why the Director of Finance led the Information Management Group as opposed to the Director of Strategy and Chief Information Officer. The Director of Finance reminded the meeting that he was the Senior Information Risk Owner and it would not be best governance for the Chief Information Officer to undertake this role.</p> <p><b>The Committee noted the report.</b></p>	
<p><b>22.</b></p> <p>a</p> <p>b</p>	<p><b>Integrated Information Governance Policy</b></p> <p>The Director of Finance reported on paper QC 40/2020 Integrated Information Governance Policy (CORP19) requesting the Committee’s approval. He stated the major change in the policy was a change in style in being reformatted around the eight requirements of GDPR with links to the Trust’s policy against each.</p> <p><b>The Committee APPROVED the policy subject to references to the Well-Led sub-committee being changed to Quality Committee.</b></p>	
<p><b>23.</b></p> <p>a</p>	<p><b>AOB</b></p> <p>The Chief Nurse informed the Committee that following the sad death of a member of staff from COVID-19 at Witney Community</p>	

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b	<p>Hospital, the Health and Safety Executive would be launching an investigation.</p> <p>The Chair reminded the meeting that, further to his point at item 2(a) above, he would separately be considering how the Committee, its meetings and its agendas would develop and meeting with Executives on this.</p> <p><b>Meeting closed</b> 12:29 <b>Date of next meeting</b> 9 September at 09:30 via Microsoft Teams virtual meeting</p>	
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**Attendance 2020 - 2021**

<b>Members (quorum)</b>	<b>May 2020</b>	<b>July 2020</b>	<b>Sept 2020</b>	<b>Nov 2020</b>	<b>Feb 2021</b>
Jonathan Asbridge	✓	N/A	N/A	N/A	N/A
Stuart Bell	✓	N/A	N/A	N/A	N/A
Tim Boylin	✓	x			
Nick Broughton	N/A	✓			
Marie Crofts	✓	✓			
Sue Dopson	✓	✓			
Mike McEnaney	x	✓			
Bernard Galton	x	✓			
Mark Hancock	✓	✓			
Aroop Mozumder	✓	✓			
Debbie Richards	✓	✓			
Ben Riley	x	x			
Kerry Rogers	✓	✓			
David Walker	✓	✓			
Martyn Ward	✓	✓			
<b>Regular Attendees (non-voting)</b>					
Jill Bailey	x	✓			
Rob Bale	✓	✓			
Rami El-Shirbini	<i>Deputised by Jo Faulkner</i>	<i>Deputised by Jo Faulkner</i>			
Rebecca Kelly	✓	✓			
Jane Kershaw	✓	✓			
Vivek Khosla	✓	✓			
Britta Klinck	N/A	✓			
Ros Mitchell	✓	✓			
Pete McGrane	✓	✓			
Neil McLaughlin	✓	✓			
Kirsten Prance	✓	✓			
Kate Riddle	✓	x			
Hannah Smith	✓	✓			
Bill Tiplady	✓	✓			
Sula Wiltshire	<i>Deputised Helen Ward</i>	✓			