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

**Quality Committee**

**RR/App\_BOD 29/2020**

(Agenda item: 31b)

**Minutes of a meeting held on**

**Wednesday, 09 September 2020 at 09:00**

**via virtual Microsoft Teams meeting**

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| **Present[[1]](#footnote-2):** |  |
| Aroop Mozumder | Non-Executive Director (**AM**) (the Chair) |
| Nick Broughton | Chief Executive (**NB**) |
| Marie Crofts | Chief Nurse (**MC**) |
| Bernard Galton | Non-Executive Director (**BG**) |
| Mark Hancock | Medical Director and Vice Chair of the Quality Committee (**MHa**) |
| Debbie Richards | Managing Director of Mental Health & Learning Disabilities (**DR**) |
| Kerry Rogers | Director of Corporate Affairs & Company Secretary (the **DoCA/KR**) |
| David Walker | Trust Chair (**DW)** |
| Martyn Ward | Director of Strategy & Chief Information Officer (the **DoS/CIO/MW**) |
| **In attendance[[2]](#footnote-3):** |  |
| Rob Bale | Clinical Director – Oxfordshire & BSW Mental Health Directorate (**RB**) |
| Sarah Buckingham | Specialist in Special Care - Dentistry (**SB**) (Deputising for Ros Mitchell Clinical Director & Associate Medical Director - Dental Services) |
| Jo Faulkner | Head of Forensic Services, Specialised Services Directorate (**JF**) |
| Rebecca Kelly | Associate Director of Allied Health Professionals (**RK**) |
| Jane Kershaw | Head of Quality Governance (**JK**) |
| Vivek Khosla | Clinical Director – Buckinghamshire Mental Health Directorate) (**VK**) |
| Britta Klinck | Deputy Director of Nursing (Mental Health) (**BK**) |
| Pete McGrane | Clinical Director - Community Services Directorate (**PMcG**) |
| Kirsten Prance | Associate Clinical Director - Learning Disabilities (**KP**) - *part meeting* |
| Kate Riddle | Deputy Director of Nursing (**KRi**) |
| Sam Robinson | Head of Service (Bucks) (**SR**) - *part meeting* |
| Catherine Sage | Head of Service (Oxon) (**CS**) - *part meeting* |
| Hannah Smith | Assistant Trust Secretary (the **ATS/HS**) |
| Bill Tiplady | Consultant Clinical Psychologist and Associate Director of Psychological Therapies (**BT**) |
| Susan Wall | Corporate Governance Officer (Minutes) (**SMW**) |
| Sula Wiltshire | Director of Quality and Innovation at Oxfordshire CCG and Trust Governor (**SW**) |
| **Observers:** |  |
| Hannah Wright | Risk Manager (**HW**) |

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| **1.**  a  b | **Apologies for Absence**  Apologies for absence were received from the following Committee members (deputies of committee members count towards the quorum and attendance rates):   1. Tim Boylin, Director of HR 2. Sue Dopson, Non-Executive Director 3. Mike McEnaney, Director of Finance 4. Ben Riley, Managing Director, Primary and Community Care Services   Apologies for absence were noted from the following regular attendees:   1. Jill Bailey, 2. Michael Marven 3. Neil McLaughlin 4. Ros Mitchell, deputised by Sarah Buckingham | **Action** |
| **2.**  a  b  c  d  e  f  g  h  i | **Minutes of the Quality Committee on 08 July 2020 and Matters Arising**  The Chair informed the Committee the new Quality Committee agenda would focus on key quality improvement areas, in particular Safety, Effectiveness, Quality Improvement and Patient and Carer Experience. So all future agenda items would fall within these headings, plus policy being separate. This is also in line with the CQC's key lines of enquiry.  The Minutes at QC 42/2020 were approved as a true and accurate record subject to amendments made by the Chief Nurse at Item 3: to reflect it took staff longer to attend call bells at the initial stages of the pandemic; clarified the Trust had developed its own guidelines for staff with regards to isolation and seclusion in relation to Covid-19 patients; and for ethnicity to be better recorded in order for the Trust to be able to look at specific interventions and support for BAME groups. Item 4(f) added guidance had been issued on donning and doffing to all ward staff and areas (with videos from PHE). Item 11(b) added in addition the Trust was embarking on a HEE pilot with the University of Gloucestershire as a blended distance nursing pilot.  **The Committee agreed the amendments and approved the minutes.**  ***Matters Arising***  The Committee noted matters arising and actions for Neil McLaughlin, Trust Solicitor and Risk Manager would be circulated following the meeting, notably: 5(b) New Trust Risk Development; 5(c) Physical Healthcare Checks; 5(g) Pressure Ulcers; 5(h) Physical Healthcare Checks (circulation of work undertaken by Debbie Walton; 2(j) Coroner’s letter; and 2(c) & 16(c) Risks to amend on the Trust Risk Register.  **Item 6(i) Adult Eating Disorders**  Item to be discussed at a future Board Seminar  **Item 8(e) Stroke Rehabilitation Unit investigation closure report**  Pete McGrane confirmed the report had gone to the Stroke Forum and to the CCG, and the Chief Nurse stated she would link with the CQC.  **Item 11(d) Tracking and Flagging in Healthcare access**  The Director of Strategy & Chief Information Officer informed the Committee external cyber security on-line training courses were being researched and he would report back to the Committee with developments.  The Committee noted that the following actions were on hold or being progressed:   * 5(b) New Trust Risk Development; * 5(c) Physical Healthcare Checks; * 5(g) Pressure Ulcers – increase; * 5(h) Physical Healthcare Checks (circulation of work by Debbie Walton); * 2(j) from 13 May 2020 Coroners letter; * 5(b) from 12 February 2020 Safety quality sub-committee highlight and escalation analysis from Health and Safety National Overview – report completed but going to Executive first for review; * 11(g) Quality assurance in care of people with learning disabilities and autism; * 14(j) from 12 February 2020 Clinical Audit re monitoring patients on lithium that had remained ranked as ‘requires improvement;’ * 2(b) Resuscitation(further development of action 9(c) from 11 September 2019) – progressed as report on review of resuscitation completed, however current focus had been in relation to CPR and PPE; * 2(c) and 16(c) Trust Risk Register updates – in progress; * 3(d) Clinical Audit update – audits currently on hold, review in approximately 6 months’ time, February 2021; and * 12(d) Complaints review panel – review panels currently not taking place due to the pandemic.   The committee noted that the remaining actions from the Summary of Actions had been completed or were on the agenda for the meeting:   * 18(d) Quality Improvement approach – completed on agenda at Board training day; * 19(b) Quality Governance restructure – on the agenda; * 11(c) from 12 February 2020 Healthcare access progress report – Learning disabilities and Autism – on the agenda; and * 5(c) Physical Healthcare Checks – on the agenda. | **RB/DR**  **MC**  **MW** |
| **SAFETY** | | |
| **3.**  a  b  c  d  e  f  g | **COVID-19 Update**  The Director of Strategy and Chief Information Officer gave an oral update on Covid-19 informing the Committee there had been no Covid-19 in-patient cases since mid-July, and there were only a few cases in the community.    The Director of Strategy and Chief Information Officer stated the Trust had completed the first phase of moving from a response to recovery phase for Covid-19 in ensuring all were safe on the Trust’s premises by introduction of one-way systems, availability of face masks, and appropriate signage for patient, public, and staff areas.  He highlighted work for phase two was on-going and incorporated the conversion to digital ways of working that had been employed during the pandemic, and to analyse and embed appropriate changes from this way of working. He emphasised the importance of merging recovery work into the Trust’s normal range of work noting the end of October being the formal end for phase two recovery. He added emergency planning was being undertaken in preparation for an increase in Covid-19 cases with the Emergency Planning Lead in the Trust.  The Chief Nurse echoed the importance of on-going emergency planning with reports of rising cases of Covid-19 nationally. It was also important to acknowledge the rise in mental health cases being reported, and to ensure the Trust had the flexibility to adapt quickly to changing circumstances.  Pete McGrane concurred with the requirement to remain flexible and highlighted not only was it important to protect services and patients, but it would be paramount to support staff if the focus were suddenly to switch from recovery to response.  The Committee discussed the importance of remaining flexible in delivering the Trust’s services and being ready to respond to the ebb and flow, and any potential surges of Covid-19 cases, rather than referencing clearly defined phases of response and recovery. The Director of Strategy and Chief Information Officer confirmed being flexible with the ability to respond quickly was the operational response being planned by the Trust.  **The Committee noted the oral update.** |  |
| **4.**  a  b  c  d  e  f  g | **Care Quality Commission (CQC) actions/ ‘Improving Care: 5 Questions’ (IC5) update including update on CQC assurance in relation to IPC BAF**  Kate Riddle reported on paper QC 43/2020 ‘Improving care: 5 Questions’ (IC5) highlight and escalation report to include update from the CQC engagement meeting completed in July 2020.  Kate Riddle informed the Committee the IC5 Group had been discontinued in early August 2020, originally being set up in 2015 to embed new CQC regulations. The regulations were in place in each Clinical Directorate and Corporate Services and was now managed at directorate level. This had been reviewed within the Trust by Steve McCourt the Trust’s Lead for CQC Standards and Quality. On-going oversight for actions in progress from the IC5 Group would be reviewed by the new Quality Sub-Committee as part of the new quality governance structure, with task and finish groups remaining for peer reviews.  Kate Riddle informed the Committee the Trust’s virtual assessment for Infection Prevention Control/Board Assurance Framework (IPC BAF) by the CQC at the end of July had received a good report against all domains from the CQC.  Kate Riddle informed the Committee virtual assessments around the Trust’s response to Covid-19 for Infection Prevention Control, Mental Health Inspection at Marlborough House, and a monitoring engagement call with the Chief Pharmacist, all received good reports from the CQC with no concerns being raised. In addition, as part of the CQC’s on-going involvement and engagement they had joined two recent well attended focus groups, ‘physical health,’ and, ‘mental health service perspective,’ run by the Trust.  The Committee discussed the importance of prioritising both broader issues and management of detailed action plans and reports to Committees and Sub-Committees to be timely. The Chief Nurse stated this would be addressed at agenda item 7 in the proposed change of structure to the Quality Sub-Committee.  The Trust Chair commented a NHS quarterly update stated the CQC would not be returning to pre-coronavirus ways of working, but would be forging new ways with new methodology due in April 2021, and that this had the potential to impact benchmarking against historical data in terms of raising the Trust’s performance from ‘good’ to ‘outstanding.’ The Chief Executive added the Trust was currently in a strong position in relationship and performance with the CQC and it would be important to continue to be proactive in overseeing the Trust’s services.  **The Committee were updated and assured in relation to the IPC BAF and noted the report.**  *Kirsten Prance joined the meeting* |  |
| **5.**  a  b  c  d  e  f | **Serious Incidents report**  Jane Kershaw reported on paper QC 44/2020 Serious Incidents report (SIs), stating SIs were reviewed weekly.  The Chief Nurse informed the Committee she had initiated a review, that was still underway, looking back at deaths in a Mental Health setting during the pandemic to inform practice measures, and to be reviewed by Clinical Directors and Heads of Nursing.  The Chair raised concern about the Docman delivery console failing and had this contributed to any SIs. The Director of Strategy and Chief Information Officer informed the Committee Docman was a national electronic delivery system used by clinical services across trusts to send documents to GPs. He said the system failure had been resolved by Docman, and the Trust had put additional controls in place internally to strengthen the process and was being continually monitored.  The Chief Nurse stated a robust harm review was being undertaken to establish if any SIs were related to the system failure and daily calls were taking place to monitor progress of the review. Rob Bale stated the review would be completed by the end of the week and there had been no harm identified in records reviewed, and if harm had taken place it was not related to Docman.  Sula Wiltshire enquired how the Trust was learning from deaths and if there were more formal links with a Medical Examiner role. The Medical Director stated the Trust had a representative at the local mortality group and all deaths within the Trust and Community were being reviewed routinely to establish if there were trends. It was noted deaths were recorded via Docman and any escalations would be reported to the Weekly Review Meeting.  **The Committee noted the report.** |  |
| **6.**  a  b  c  d  e  f  g  h | **Positive & Safe Practice Group report**  The Chief Nurse reported on paper QC 45/2020 Positive and Safe Practice Group reviewing a quality improvement project in reducing the use of restrictive practices Trust-wide, including physical restraints, seclusions and rapid tranquilisations. She stated the Oxford Health Improvement (**OHI**) team undertook the diagnostic phase of the improvement project and further review and monitoring would be undertaken by the Positive and Safe Steering Group reporting into the Quality Committee.  Britta Klinck highlighted the report’s summary findings that would inform further diagnostic review and further questions arising from the analysis. From this she highlighted incident reports appeared to be focused on the incident rather than factors that lead up to the incident, and alongside debriefing of the use of physical restraints it would be important to research and develop this to inform staff development as part of the process to mitigate incidents.  The Chair enquired how Ulysses, the Trust’s electronic recording system, could be better utilised. Britta Klinck responded the use of Ulysses would inform a broader piece of work in how to report incidents; changes to the reporting system; and training for all staff to ensure all relevant information would be captured.  The Committee discussed the rise seen in rapid tranquilisations raised in the report. The Medical Director said the increase had been seen in prone restraint for administration of Clozapine injection that required a deep intramuscular gluteal injection site and that the Trust was currently sourcing alternative medication for other injection sites.  Sula Wiltshire said it would be imperative to include patients’ experience to embrace and learn from their experiences, and it would be important to build in service user experience into methodology. The Chief Nurse replied that this had been noted and was included in further developments.  Bill Tiplady said it was essential to be mindful of the longer-term impact on service users whether from seclusion or restraint and to ensure all staff had appropriate training.  The Director of Corporate Services and Company Secretary requested Terms of Reference (**TOR**) for the Positive and Safe Group to be brought to a future Quality Committee for approval.  **The Committee noted the report.** | **MC** |
| **7.**  a  b  c  d  e  f | **Quality Sub-Committee: Proposal to change structure and highlight report**  The Chief Nurse reported on paper QC 46/2020 Quality Sub-Committee; proposal to change structure and highlight report, stating a review of quality governance had taken place and the structural proposal was for the Quality Sub-Committees of, Effectiveness, Safety, Caring, and Responsive to be streamlined into one new single Quality Sub-Committee reporting into the Quality Committee. A workplan would be completed following completion of a review of the 32 groups feeding into the existing sub-group structure. She stated triangulating quality and governance though monthly Quality Sub-Committee meetings would bring together assurance, monitoring and improvements across all the CQC domains in achieving high quality care, and would continue to meet regulatory requirements. The Well-Led Sub-Committee had been incorporated into the new People, Culture and Leadership Committee.  The Chair stated the proposal sounded positive but asked for further clarification of the impact in streamlining of the 32 groups. The Chief Nurse stated some of the groups were ‘task and finish,’ groups not requiring detailed reports but escalation when required and streamlining and escalation into a single Quality Sub-Committee would give a more comprehensive view of the Trust. She added there would be CCG representation on the proposed Quality Sub-Committee and noted it would be important to work in collaboration with the Trust’s representation on the CCG’s Place based quality group to avoid duplication.  The Director of Corporate Affairs and Company Secretary requested the outcome of the review of the groups to be presented at a future Quality Committee for approval for a holistic view of the Trusts business and escalation processes.  The Committee discussed the requirement for new HR polices to be reviewed and ratified at the Quality Committee with the introduction of the People, Leadership and Culture Committee. The Committee agreed for the policy handbook (formerly the ‘Trust handbook for the production and management of policies, procedures, guidelines and protocols’, formerly at policy code CORP 06) to be updated to reflect recent Trust Committee changes.  The Managing Director of Mental Health and Learning Disabilities stated the new arrangement would improve triangulation and enable an agile response to matters and noted it would be necessary for every directorate or a deputy to be represented at the Quality Sub-Committee.  **The Committee approved the implementation of a single Quality Sub-Committee group as proposed in the report.** | **MC**  **KRi/MC** |
| **EFFECTIVENESS** | | |
| **8.**  a  b  c  d  e  f  g  h  i  j  k | **Learning Disabilities and Autism – access to healthcare progress report**  Kirsten Prance reported on paper QC 47/2020 Learning Disability Service Report, being a combined report for Learning Disability and Autism and which included quality reporting (as part of the further reporting provided by the Specialised Services directorate at agenda item 12).  Kirsten Prance highlighted two key areas:   * incidents of behaviours that challenge: noting the highest percentage of incidents were related to behaviour presentations, noting staff had access to a Positive Behavioural Support (**PBS**) training to better support system partners and families, and the Trust was in collaboration with Oxford Brookes University to run a PBS masters module that would be available to OHFT staff; and * incidents relating to third party providers: reviews were being undertaking in how to support and implement guidelines and recommendations to third party providers to ensure appropriate physical and emotional care across the system.   Kirsten Prance reported that a rapid review had been undertaken during the pandemic on deaths and stated the mortality rate remained constant for the same period as last year. She noted the Trust’s mortality rate reflected national findings in late diagnosis for some cancers and community acquired pneumonia and that no admissions had related to quality of care being delivered.  Kirsten Prance informed the Committee Oxfordshire continued to be under the NHSE target for Transforming Care for adults for those with learning disability requiring inpatient care, and a quality matrix tool had been developed and was being trialled to measure positive and negative factors for specific learning disability provision to influence care pathways, clinical input and discharge planning.  In regards to referrals and patient activity Kirsten Prance informed the Committee a review had been done to compare the same period as last year and noted there had only been a slight drop of 3% in referrals, however the impact of the pandemic meant there had been a significant drop in referrals early in the pandemic with a steep increase in late July/August creating a backlog, and stated additional measures were being put in place to enable assessments to be carried out to manage the backlog.  Kirsten Prance referenced future planning to meet NHS Improvement Standards as a service supporting those with a learning disability and autism stating workstreams had been identified and communication had been enhanced via the Trust Website to colleagues, service users, carers and external partners.  The following areas were being developed:   * Adjustment to the mental Health Pathway in support for in-patient mental health patients with a learning disability; * Reasonable Adjustment Services (**RAS**) Team in supporting Mental Health Teams for those with autism; * Diabetic support in development of a diabetes toolkit in an accessible format for learning disability services users; * Training for staff to raise awareness of learning disability and or autism by working in partnership to develop online training videos; and * Effective transition for service users from children to adult services.   The Chair enquired what the process was for those with learning difficulties and autism if admitted to an acute hospital with a physical health problem. Kirsten Prance explained known service users would be flagged on the system triggering a process of coordination and involvement through in-patient stay and support following discharge. She said OUH had 5 specialists to support existing and new learning difficulties and autism service users and a new referral would be triggered following discharge.  The Committee discussed the importance and challenges of completing annual physical health checks for those with learning difficulties and autism recognising it was a collective effort across services to complete. Kirsten Prance said the Trust was linked and collaborating with Primary Care Network link nurses in assisting with the process to complete all health assessments and progress was being reviewed regularly.  The Chief Executive enquired what literature was available for those with learning difficulties and autism. Kirsten Prance confirmed there was a full range of easy read documents available across a range of conditions in assessible format from the Trust website, including for Covid-19. The Chief Nurse added there was a quality priority objective around training for mental health staff to raise awareness for service users with learning difficulties and autism.    **The Committee noted the report.**  *Sam Robinson and Catherine Sage joined the meeting.* |  |
| **9.**  a  b  c  d  e  f  g  h | **Out of Hours Service/Night Crisis Team**  Catherine Sage presented the report at QC 48/2020 and gave a presentation on the Out of Hours (**OoH**) Mental Health Services update report. The report summarised developments of the service over the last 18 months following concerns raised around the quality and safety of the out-of-hours mental health provision. The Trust Governors had established their own task and finish group for a ‘deep dive’ of OoH service provision that covered both Oxfordshire and Buckinghamshire.  Catherine Sage gave an overview of the current mental health urgent care services available in Oxon that offered a range of cover and access to services covering a 24-hour period, noting the introduction of the 24/7 Mental Health help line introduced in response to the pandemic.  Catherine Sage highlighted that an initial concern raised 18 months previously had been the quality of staff responses to those who were contacting the Oxon OoH service in a crisis situation; an additional factor was that services were only available in a hospital setting. At this time Buckinghamshire OoH had a crisis resolution home treatment team for out of hours response and referral. Later in her presentation Catherine Sage confirmed that Oxon now had a Home Treatment Team operating to midnight, that commenced in July 2020, having been delayed due to the pandemic.  Catherine Sage stated a quality review had taken place in March 2019 of Oxon OoH service and arising from this Karen Lascelles, Nurse Consultant for Suicide Prevention, had undertaken shadowing at nights with the OoH service to work alongside staff to assess issues and needs and now facilitated reflective practice groups that had been established. Catherine Sage stated a development day to mobilise learning and feedback with staff group learning activities had been well attended and received by staff in February 2020.  Catherine Sage noted other actions and developments:   * Call monitoring was currently being reviewed for Mental Health services to monitor call quality and Britta Klinck confirmed this action was being progressed in collaboration with IT; * Banbury Safe Haven commenced February 2020; * 24/7 Mental Health help line was an interim 12-week model and will be embedded within SCAS 111/999 interface with pathways directly into mental health services later this year; * Potential opportunity to apply for transformation funding; and * Service user survey conducted in 2019 would be repeated over the next 3 months, this being where permission is sought to recontact the service user to ask their view of service. This had been well received by service users in the pilot.   Catherine Sage summarised improvement to services was on-going highlighting effective transfer in access to mental health provision being paramount.  The Committee discussed and recognised the significant amount of work that had been undertaken by the Governors and Catherine Sage and others in addressing the concerns and issues raised. The Committee noted that the associated summary action plan demonstrated the majority of actions were now completed and remaining actions fell within the boundaries of general service improvement. The Chair informed the Committee he would convey the view of the Quality Committee at the Council of Governors meeting the following day, 10 September 2020.  **The Committee were assured by and noted the report.**  *Sam Robinson and Catherine Sage left the meeting.* |  |
| **10.**  a  b  c  d | **Clinical Audit report**  The Medical Director reported on paper QC 49/2020 Clinical Audit report stating some national audits had recommenced, whilst the majority remained suspended.  Kate Riddle confirmed the Trust audits for, Care Programme Approach (**CPA**), Essential Standards, and Seclusion had been completed. She informed the Committee the internal audit for Diabetes Mental Health and Forensic inpatients derived from a task and finish group in improving diabetic physical health that had commenced in community hospitals and expanded into mental health and forensic. She also noted the Mental Capacity internal audit was underway as part of a CQC action.  In response to enquiries from the Committee the Medical Director clarified he would expect the bulk of clinical audits to be resumed in the new year, and recognised audits had fallen behind being in line with the national picture owing to the pandemic.  **The Committee noted the report update.** |  |
| **11.**  a  b  c  d  e  f | **Physical Health Monitoring**  The Chief Nurse reported on paper QC 50/2020 Physical Healthcare Monitoring stating updates would now be into the Quality sub-Committee.  The Chief Nurse stated physical health monitoring was an area requiring improvement and that she attended the Community Physical Health meeting to assist in meeting the strategy of improving the surveillance and monitoring of physical health for those with a Severe Mental Illness (**SMI**). She said work was on-going to ensure delivery of the Trust Physical Health Strategy agreed by the Board, and would be working to a detailed implementation plan incorporating the Lester Tool, an assessment tool to measure cardiometabolic health in those with mental illness to assist in key interventions and safe and effective treatment.  The Chief nurse highlighted there had been significant progress in areas of equipment provision, the establishment of well-being clinics and appointments of Physical Health Leads. She added the development of a standardised electronic version of NEWS2 tool, a detection and response tool to assist in clinical deterioration in adult patients, endorsed by NHSE/I had been positive. Another area being reviewed was the upskilling staff knowledge and skills.  Sula Wiltshire commended the report and stated there was a current public focus and attention to stay physically well owing to the pandemic. She added it would be important to collaborate with primary care to achieve physical healthcare delivery, and it would also be important in how to get the patient population more interested in self-care, and in particular coming into the season for flu vaccinations.  The Committee discussed aspects of physical health checks noting the processes and principles were in place and to ensure speedy completion a system approach and collaboration with primary care was required to ensure embedding of the Lester tool to achieve robust monitoring. The Chair requested for the monitoring of Physical Health Checks to be reported on at the January 2021 Quality Committee meeting.  **The Committee noted the report.** | **MC** |
| **12.**  a  b  c  d  e  f  g  h  i  j  k  l  m  n  o | **Directorate Quality Report – Specialised Services**  **Specialised Services - Forensic**  Jo Faulkner reported on paper QC 51b/2020 Forensic Escalation report summarising activity of the Thames Valley Forensic Mental Health Service (**TVFMHS**). She highlighted a significant impact arising from the pandemic had been the steep curve in use of electronic systems and was an area being prioritised for review to ensure continuous service provision for both inpatient and community services.  Jo Faulkner reported incidents remained at an average of 160 a month and was predominantly verbal and racial abuse directed against staff, and stated the Forensic Service was committed to creating and promoting a positive culture in the workplace.  Jo Faulkner informed the Committee that Kennet Ward had introduced a zonal observation system to manage risk for acute long-term segregation (**LTS**) patients with both staff and patient feedback being positive.  Jo Faulkner reported the main areas for initial review reports (**IRRs**) had been for security breaches and AWOLs. She updated the Committee on SIs stating the four deaths occurring in the past 5 months had been within the community setting and all resulted in an SI being raised. Two of the SIs had subsequently been downgraded following investigation, whilst the remaining two SIs were being completed.  Jo Faulkner reported there had been 36 safeguarding incidents from January to August 2020 that had been managed locally, with one requiring a section 42 enquiry of the Care Act.  Jo Faulkner expanded on the promotion of a positive culture in the workplace highlighting the service had instituted changes and operational structures around multi-disciplinary (**MDT**) teams leadership, communication and focus groups being embedded in the service in response to three concerns received via Management of Concerns (Whistleblowing) Policy. Individual racial bias had been addressed directly with individual members of staff. She said the BAME group set up initially in response to Covid-19 offered an important setting of cultural learning setting for the Trust and was open to all staff and was a forum where openness and difficult conversations could be held and was well attended. It was confirmed the group chose to be called the BAME group and that learning would be useful in informing a wider Trust piece if commissioned.  Jo Faulkner noted the following from the report:   * On-going vigilance of infection prevention and control; * Forensic service is collaborating with Medical Devices Safety Officer in a review of medical devices; * On-going risk in recruitment; * A loss of 4 beds whilst an estates upgrade took place; * Re-viewing of NICE guidelines had re-commenced and was a top priority; * Positive and Safe, bi-weekly meetings took place to review restrictive practice, impact of long-term seclusion, and to look at alternative ways of doing things; * Clinical supervision was being completed, but it was acknowledged more accuracy was required in recording; * Training gaps for staff were being monitored and addressed; * GDPR compliance focus for all staff, with project aims being communicated via Forensic Shout, a bi-monthly electronic newsletter to all staff; and * Positive feedback to initiatives set up by a new role and appointment of a Care Lead.   The Managing Director of Mental Health and Learning Disabilities stated cultural improvement had additionally been addressed by the CCG setting up ‘Speak up,’ sessions available to all staff, and was an alternative arena for staff to voice any areas of concern. Also noted was the job description to recruit a nurse consultant for the Forensic Unit had been revised to include cultural change provision.  **Specialised Services - Dentistry**  Sarah Buckingham reported on paper QC 51a/2020 Community Dental Service Quality Report, highlighting the Oxfordshire Community Dental Service (**CDS**) had recently been stood down as an urgent dental care hub for Oxfordshire that had been in place since the onset of the pandemic in March. This was the same for all dental care across the region.  Sarah Buckingham said routine care had been reinstated as far as possible, however a limiting factor was the downtime in-between each patient due to aerosol generating procedures. New guidelines had been received from the Chief Dental Officer for England outlining that if there was adequate ventilation then downtime could be reduced to 22 minutes from 1 hour. She said Estates had achieved ventilation upgrades in all but two of the sites to date and this had enabled increased patient flow and helped towards reducing waiting list numbers.  Sarah Buckingham reported services requiring a general anaesthetic usually operated out of the Horton Hospital and John Radcliffe Hospital. Availability at the Horton Hospital was for one session a week where paediatric patients were being prioritised, and discussions were on-going with the John Radcliffe to resume sessions. Lack of anaesthetic services had recently been added to the Trust Risk Register (TRR).  Sarah Buckingham updated the Committee that it was still the intention of NHSE/I to proceed with formal procurement of special care and paediatric services to a non-NHS provider across all of the South East excluding London. This had been added to the Trust Risk Register as it posed a risk in Trust services. The Trust along with others were expressing their concerns to NHSE/I.  Sarah Buckingham reported:   * Training and appraisal figures had increased since dipping during the early phase of the pandemic, and regular supervision was being carried out within the service; * Audits were being maintained; and * CCG and dental commissioners were assured all measures and risk reduction were in place following an SI in September 2019. There had been no SIs since.   The Committee discussed the possible commissioning of dental services, and noted the Clinical Network Managers for Dental and Paediatrics would be submitting a clinical report to NHSE/I. The Chief Executive stated the Trust was in full support in retaining the exiting consistent model of dental services.  **The Committee noted the report.** |  |
| **13.**  a  b | **Joint Management Group Minutes - JMG Minutes 23 July 2020 and JMG Minutes 12 August 2020**  The Managing Director of Mental Health and Learning Disabilities reported on papers at QC 52/2020 for Oxon JMG minutes 23 July 2020 and Bucks JMG minutes 12 August 2020 noting there was nothing of concern to report.  **The Committee noted the minutes.** |  |
| **QUALITY IMPROVEMENT** | | |
| **14.**  a  b  c | **Oxford Healthcare Improvement Centre update**  The Chief Nurse reported on paper QC 53/202 Oxford Healthcare Improvement. She informed the Committee the team had only just re-formed since being re-deployed in roles across the Trust owing to the pandemic. During this period Jill Bailey had undertaken a project in the development of the Physical Care Pathway in Buckinghamshire as part of a quality improvement project to standardise physical health training for all nursing staff.  The Chief Nurse stated the report encompassed the focus in supporting and developing a continuous quality improvement approach within the Trust, and staff training courses would take place to engender the expectation for a quality improvement approach. She confirmed a quality improvement approach was being undertaken for CQC actions, patient safety and a schematic review of SIs.  **The Committee noted the report.** |  |
| **PATIENT AND CARER EXPERIENCE** | | |
| **15.**  a  b | **Patient Involvement update**  The Chief Nurse gave an oral update on Patient Involvement informing the Committee the team is considering following the example of Southern Health NHS FT by potentially creating a new role for a service user/’expert by experience’. The team has met with Southern Health about this and is looking into developing the role, considering what projects it would be involved with and how it could work with clinical audit and obtain qualitative information and feedback from other service users.  **The Committee noted the oral update.** |  |
| **POLICIES** | | |
| **16.**  a  b | **Policy Register annual update**  The Chief Nurse gave an oral update stating policies continued to be reviewed whilst work was being undertaken in reviewing the larger picture of which sub-committee policies would report into.  **The Committee noted the oral update.** |  |
| **17.**  a  b | **Infection Prevention & Control Policy**  The Assistant Trust Secretary reported on paper QC 55/2020 Infection Prevention and Control (IPC) Policy stating the policy had been subject to a ‘fast track’ out-of-session approval process through the Quality Committee during July/August and that a quorate number of approvals had been received, as set out in the report.    **The Committee ratified its out of session approval of the IPC Policy.** |  |
| **18.**  a  b  c | **Recruitment and Selection Policy**  Bernard Galton reported on paper QC54/2020 Recruitment and Selection Policy, stating the Policy had been through consultation at the Policy Group, circulated to the Safeguarding Committee and had been approved at the People, Leadership and Culture Committee and on request was being submitted for approval to the Quality Committee.  Kate Riddle drew attention to the Disclosure and Barring Service (DBS) section stating it referred to other procedural guidance that required referencing and required consolidation. The Chair agreed the section required refining to ensure safeguarding and safer recruitment.  **The Committee approved the interim report subject to update of DBS section.** | **KR/TB** |
| **19.**  a | **AOB**  The Committee agreed to continue with the new agenda layout.  **Meeting closed**  11:44  **Date of next meeting**  11 November 2020 at 09:30 via Microsoft Teams virtual meeting |  |

**Attendance 2020 - 2021**

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

1. 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. [↑](#footnote-ref-2)
2. Regular non-member attendees and contributors. [↑](#footnote-ref-3)