Meeting of the Oxford Health NHS Foundation Trust Quality Committee

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**Minutes of a meeting held on
Wednesday, 11November 2020 at 09:00
via virtual Microsoft Teams meeting**

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RR/App 21/2021
(Agenda item: 30(g))

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Present[1]:

Aroop Mozumder	Non-Executive Director (**AM**) (the Chair)
Nick Broughton	Chief Executive (**NB**)
Marie Crofts	Chief Nurse (**MC**)
Mike McEnaney	Finance Director (**MMcE**) - *part meeting*
Bernard Galton	Non-Executive Director (**BG**)
Mark Hancock	Medical Director and Vice Chair of the Quality Committee (**MHa**)
Debbie Richards	Executive Managing Director for Mental Health and Learning Disability & Autism Services (**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]:

Rob Bale	Clinical Director – Oxfordshire & BSW Mental Health Directorate (**RB**)
Jo Faulkner	Head of Forensic Services, Specialised Services Directorate (**JF**) (Deputising for Rami El-Shirbiny Clinical Director – Forensic Services)
Jane Kershaw	Head of Quality Governance (**JK**)
Vivek Khosla	Clinical Director – Buckinghamshire Mental Health Directorate) (**VK**) – *part meeting*
Britta Klinck	Deputy Director of Nursing (Mental Health) (**BK**)
Nicola McDonald	Senior Programme Manager (**NMcD**) - *part meeting*
Steven McCourt	Lead for CQC Standards and Quality (**SMcC**)
Neil McLaughlin	Trust Solicitor & Risk Manager (**NMcL**)
Ros Mitchel	Clinical Director & Associate Medical Director – Dental Services (**RM**)
Claire Page	Head of Performance and Information (**CP**) - *part meeting*
Kirsten Prance	Associate Clinical Director - Learning Disabilities (**KP**)
Kate Riddle	Deputy Director of Nursing (**KRi**)

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[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. <u>Deputies will count towards the quorum and attendance rates</u>. 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.

[2] Regular non-member attendees and contributors.

Bill Tiplady   Consultant Clinical Psychologist and Associate Director of Psychological Therapies (**BT**)

Susan Wall   Corporate Governance Officer (Minutes) (**SMW**)

Observers:

Chitvan Amin   Lead for Quality and Governance

Matthew Edwards   Director for Clinical Workforce Transformation

Mike Hobbs   Public Governor, Oxfordshire

Maddie Radburn   Public Governor, Oxfordshire

Hannah Wright   Risk Manager

1.	**Apologies for Absence**	**Action**

a	Apologies for absence were received from the following Committee members (deputies of committee members count towards the quorum and attendance rates):
	     i. Tim Boylin, Director of HR
	     ii. Sue Dopson, Non-Executive Director
	     iii. Ben Riley, Executive Managing Director for Primary and Community Services	

b	Apologies for absence were noted from the following regular attendees:
	     i. Jill Bailey, Clinical Director (acting)
	     ii. Rami El-Shirbiny, Clinical Director – Forensic Services (to be deputised by Jo Faulkner, Head of Forensic Services, Specialised Services Directorate)
	     iii. Pete McGrane, Clinical Director - Community Services Directorate
	     iv. Hannah Smith, Assistant Trust Secretary
	     v. Sula Wiltshire, Director of Quality and Innovation at Oxfordshire CCG and Trust Governor	

c	Apologies for absence were noted from observers: i. Victoria Drew, Staff Governor, Corporate Services	

2.	**Minutes of the Quality Committee on 9 September 2020 and Matters Arising**	
a	The Chair welcomed all those present to the Quality Committee. He stated the meeting would follow the same agenda structure introduced at the September 2020 Quality Committee meeting of following quality improvement areas. He expressed whilst the drive was to engender a culture of quality improvement, oversight and focus on governance aspects remained fundamental. He informed the Committee that a two-minute silence would take place at 11:00 in recognition for Armistice Day.	
b	The Minutes at QC 56/2020, Minutes of the Quality Committee on 9 September 2020 were approved as a true and accurate record.	
c	**The Committee approved the minutes.**	
	Matters Arising	
	Recruitment and Selection Policy	
d	Kate Riddle confirmed she had raised a query at the September Quality Committee with regards to the Disclosure and Barring Service (**DBS**) guidance as part of the Recruitment and Selection Policy. She told the Committee that HR were progressing with updating the DBS guidance to clarify the Trust's position for frequency of rechecking DBS certificates for staff, and an update would be provided when completed.	
	New Trust Risk Development	
e	Neil McLaughlin gave an update on the two risks that had been identified as an action from the July Quality Committee 2020. He referred to the Trust's adherence to the Human Rights Act (**HRA**) during the pandemic and mentioned this was a priority for the Trust and was of a particular focus by the Care Quality Commission (**CQC**). He informed it was complicated as risk compliance of the HRA act could feed into the assessment of multiple risks. He stated it had been considered as part of General Data Protection Regulation (**GDPR**) and the Mental Health Act (**MHA**) and safe practice; for issues, claims and complaints to be managed through their respective channels and processes in how the Trust complied with the HRA during the pandemic. The Committee discussed the aspect of the HRA further and it was noted for the topic to reviewed at a Board Seminar. He	**NMcL**

	confirmed the second risk had been updated and managed around the safe return to work of vulnerable employees to the Trust.	
f	**Physical Healthcare Checks** Neil McLaughlin reported that following a more in-depth review the risk for physical healthcare checks would now be managed by the Chief Nurse. She confirmed an update report that would include progress on the embedding of the 'Lester' tool would be reported on at the February 2021 Quality Committee.	**MC**
g	**Pressure Ulcers** Neil McLaughlin said following a review the increase in pressure ulcers noted from March to June 2020 for the same period the previous year was within accepted limits. It was noted following the review some holistic changes had been made and for pressure ulcer incidents to remain on the Community Directorate risk register, unless an escalation was required. The Community Directorate risk register was monitored by the Quality Sub-Committee.	
h	The Committee noted that the following actions were on hold or being progressed: • 8(e) Stroke Rehabilitation Unit investigation closure report.	
i	It was agreed for all other historical actions listed below to be reviewed by the Chief Nurse via the Quality Sub-Committee: • 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) from 12 February 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.	**MC**

j	The committee noted that the remaining actions from the Summary of Actions had been completed or were on the agenda for the meeting: • 6(g) Positive and Safe; • 7(c) Quality Sub-Committee Group, overview of review groups; • 7(d) Policy Register; • 5(h) (from 8 July QC) Physical Healthcare Checks (circulation of work by Debbie Walton), completed; • 6(i) from 8 July 2020 Adult Eating Disorders, completed; • 2(j) from 13 May 2020 Coroners letter, completed; • 11(c) from 12 February 2020 Healthcare access progress report – Learning disabilities and Autism, completed; and • 11(d) from 12 February 2020 Tracking and Flagging in Healthcare access, completed. *Vivek Khosla joined the meeting.*	
SAFETY		
3.	**COVID-19 Update**	
a	The Director of Strategy and Chief Information Officer gave an oral update on the Trust's position for Covid-19. He stated currently there were 7 positive Covid-19 in-patients and 71 patients in the community. A small number of staff were absent due to self-isolating owing to a family member with the virus.	
b	The Chief Nurse explained that any instance of two or more Covid-19 cases in an in-patient unit is classed as an 'outbreak.' She stated the Trust had two out breaks with two wards, each with two patients, with hospital acquired instances of Covid-19, that had been reported to NHSE/I, a requirement. She added the two affected wards had been closed to admissions, which was normal protocol, and Infection Prevention Controls (**IPC**) had been reviewed. Staff had received additional IPC messaging to reiterate safe practices. The Chief Nurse said there were now over 100 PPE Champions across the Trust whose responsibility was to support and challenge staff safe working practices in the use of PPE. She stated any IPC issues were reviewed weekly at the Weekly Review Meeting.	
c	The Medical Director noted although there had been an increase in Covid-19 cases in the second wave there had not been a reduction in referral levels that had occurred in the first wave of the pandemic.	

d	The Chief Executive posited it would be prudent to consider what could be stepped down meeting wise or administratively not crucial in maintaining services with the increasing demand to free up time and capacity.	
e	The Executive Managing Director for Mental Health and Learning Disability & Autism Services mentioned Service Directors were engaged to offer greater oversight for discharge pathways, as there had been challenges around some complex discharges recently.	
f	Bill Tiplady said it would be important to support staff in their psychosocial response to the second wave of the virus to avoid issues such as the risk of burnout. He echoed views of others that it would be beneficial for staff to focus on clinical necessity.	
g	The Chair enquired how the Trust was balancing increasing demand with the huge capacity required in the delivery of a Covid-19 vaccine when it became available. The Chief Executive replied the Board were following everything up in a proactive way.	
h	The Director of Corporate Affairs and Company Secretary informed the Committee the Governors would be exploring the impact of Covid-19 at their meeting scheduled for later in November and would also be reviewing the temporary standing down of Governor sub-groups to free up time and capacity.	
i	**The Committee noted the oral update.**	
4.	**CQC Update**	
a	Kate Riddle presented on paper QC 57/2020 a Report on Recent CQC Publications, with the focus being on the key priorities.	
b	Kate Riddle informed the Committee good progress was being made with the 25 'should actions' arising from the 2019 CQC inspection, however there had been a delay for some actions owing to the impact of Covid-19.	
c	She reported there was one 'must action' for improvement in practice guidance when secluding patients and this action now formed part of the Trust's wider care and best practice for patients. The establishment of a Positive and Safe Practice Group that met bi-weekly ensured best practice at all times and engendered a quality improvement approach.	

d	Kate Riddle informed the Committee a good review had been received at the recent virtual Mental Health Act review at Marlborough House, Swindon.	
e	Kate Riddle reminded the Committee the Trust had been part of the CQC thematic review of restrictive practices for people with a learning disability, autism and/or mental health conditions in 2018-19. Publication of the report with the national summary of findings had been delayed until October 2020. The Trust would be focusing on any key areas highlighted in the report that were applicable, and progress on these would be reviewed through the Positive and Safe Practice Group.	
f	**The Committee noted the report.**	
5.	**Quality Sub-Committee escalation report – including outcome of Sub-Group Review**	
a	The Chief Nurse introduced paper QC 58/2020 Quality Sub-Committee Highlight Report that included a summary outcome of the review of the sub-groups that were in the previous quality governance structure that now reported into the new Quality Sub-Committee. Feedback sessions at the end of these meetings included the highlighting of achievements and any escalations for assurance, and members had given good feedback on the new structure.	
b	Jane Kershaw outlined she had carried out a review with each of the 32 Trust-wide Quality sub-groups that had been operating in the existing governance structure. From this review: 22 groups remained unchanged; 4 were to cease; 6 had been reconfigured; and some would now have different reporting lines. It was noted the Improving Care: 5 Questions (**IC5**) group that had ceased was now reconfigured and named the Quality Improvement Group.	
c	The Chair reflected that although the number of Quality Sub-Groups had reduced, he was conscious of the high number remaining and the amount of work that would still be involved. Jane Kershaw replied members of remaining groups had expressed they felt their particular group was making a difference. She clarified not all groups met monthly, however it would be prudent to be pro-active and keep an on-going overview of Quality Sub-Groups.	

d	Bernard Galton said it was a very worthwhile piece of work and the Trust-wide Quality Sub-Group structure would be useful as a Trust guide and for fellow Non-Executive Directors when confirmed	
e	The Committee discussed the Service User Engagement Group that previously had been a Trust-wide group but was now felt more effective being reported at directorate level. This report then came to the Quality Sub-Committee.	
f	The Medical Director clarified for the Chief Executive the Ethics Advisory Group set up for issues related to Covid-19 had been reduced in frequency as all issues and questions had been addressed and answered, however should agenda items be forth coming this could be increased as and when required.	
g	The Executive Managing Director for Mental Health and Learning Disability & Autism Services welcomed the clarity of the report and echoed the usefulness of the listing for others.	
h	**The Committee noted the report and approved the outcome of the sub-group review.**	
6.	**Positive and Safe Practice Group TOR**	
a	Britta Klinck reported on paper QC 59/2020 Positive and Safe Quarterly Committee report that included the Terms of Reference. She informed the Committee the overarching aim of the Positive and Safe Practice Group would be for monitoring and oversight of: restrictive practice; staff and policies; CQC actions; and a vision to improve via a quality improvement approach.	
b	Britta Klinck outlined the Trust's positive and safe quality improvement project initiative was supported by Oxford Health Improvement (**OHI**) and had two major aims: to reduce the use of prone restraint by changing injection sites; and the use of and incidence of seclusion. The improvement project initiative was being officially launched via an on-line event on the 20 November 2020. She said the event included in-patients involved with the project and staff talking about the impact and trauma involved in the use of prone restraint and seclusion. A representative from Gloucester Healthcare would be joining to share best practice of their successes relating to the project initiative. The event would be available to all staff on all units and wards.	

c	Britta Klinck said the aim would be to eventually eliminate prone as an injection site for rapid tranquilisation, but this would take time and would require in part a change in culture. Training and clear messaging would need to be delivered to staff. It was noted there were variations within the Trust and patient groups. The Chief Nurse added it would be imperative to continue to listen to patients as a priority and to take appropriate actions when necessary.	
d	The Chair applauded the significant piece of work.	
e	**The Committee noted the report and agreed the Terms of Reference for the Positive and Safe Practice Group.**	
7.	**Health, Safety and Security annual report**	
a	Jane Kershaw presented on paper QC 60/2020 Annual Health, Safety and Security Report for the period 01 October 2019 to 30 September 2020. She summarised the report outlined the improvements being made regarding the Trust's health, safety and security arrangements to protect it's staff, patients and visitors for assurance, and a work plan for 2021 was included.	
b	Jane Kershaw stated health, safety and security was a very broad area with many regulations. To ensure effectiveness and efficiency collaborative working took place with separate leadership and advisory teams that covered different aspects. The team was currently under resourced and a recruitment process was under way. She highlighted health, safety and security mandatory training had been identified for new and existing staff for completion as part of their eLearning modules.	
c	Jane Kershaw stated the Health, Safety and Security team had undertaken around 60 health and safety inspections spanning the report period, this was half the usual amount owing to the pandemic. She informed much work had been diverted to working alongside Estates and Facilities in this period to ensure occupied buildings were Covid safe.	
d	She expressed there had been a robust and maintained focus on the well-being of all staff in support of changing work environments and in addressing any issues.	

e	Jane Kershaw stated the majority of health and safety incidents for the year related to violence and aggression from patients causing an injury to staff. The Trust reported 21 such incidents to Health and Safety Executive (**HSE**) as part of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulation (**RIDDOR**). She said the details of all RIDDORs were discussed at the Weekly Review Meeting to achieve prompt follow up and sharing of best practice and were reviewed quarterly at the Health and Safety team meetings. It was noted the Health, Safety and Security Committee were incorporating relevant guidance from an HSE enforcement standards relating to another Trust around the management of risks to employees arising from violence from patients.	
f	Jane Kershaw said a new policy tool kit was being developed to support the reduction of violence to staff, and it linked to the Zero Tolerance Policy that had been approved earlier in the year.	
g	It was noted the Health, Safety and Security workplan for 2020/21 would be regularly reviewed to proactively accommodate any changes required owing to the second wave of the pandemic.	
h	The Chief Nurse stated the Health, Safety and Security team and others had undertaken a review of the ligature risk assessment process in conjunction with the Estates and Facilities team in line with the ligature management guide received in August 2020 from Dr Kevin Cleary, the CQC's Deputy Chief Inspector of Hospitals and Lead for Mental Health.	
i	The Chief Nurse and Nurse Consultant in Suicide Prevention were part of a national group reviewing this process and tools.	
j	Bernard Galton said he was mindful the issues relating to bullying, violence and aggression crossed over into the People, Leadership and Culture Committee of which he was a member and could offer a link and support.	
k	The Chief Nurse formally thanked Jane Kershaw for all her hard work as Chair of the Health and Safety Group as line management for this would be transferring to Estates and Facilities.	
	The Chair echoed his thanks emphasising it had been an immense amount of work. He enquired if any benefits could be seen since the introduction of the zero-tolerance policy. Jane Kershaw replied staff felt more protected by the raised profile around violence and	

l	aggression, and there was continued internal promotion by the Trust. For continuity, she added two police officers had been identified to support the Trust. **The Committee noted the report.**	
8.	**Trust Risk Register and Board Assurance Framework update**	
a	Neil McLaughlin presented QC 61/2020 Operational and Strategic Risks: Trust Risk Register (**TRR**) and Board assurance Framework (**BAF**).	
b	Neil McLaughlin informed the Committee the TRR had now been fully migrated to Ulysses, this was in compliance with a recommendation from the Trust's internal audit. He outlined each risk was allocated a 'risk owner,' a member of the Executive Team. He stated Ulysses contained a suite of reports, with automatic prompting for effective management of risks, and provided a clear audit trail. It was noted for Neil McLaughlin to be scheduled to present an update in the use of Ulysses at a regular Executive Team meeting.	**NMcL**
c	Neil McLaughlin stated some risks identified as specific to Covid-19 had been moved to the Trust's general risk register.	
d	The Committee discussed the extreme rating for the provision of Dental Services for adult special care and paediatric patients requiring general anaesthesia. It was agreed for this risk to be removed from the TRR, but to remain on the Dental risk register, and noted for escalation should lack of capacity arise again.	
e	Neil McLaughlin referenced the work that was being undertaken to reduce the risk of ligature points. He stated ligature points were only part of the risk, and other risks termed as 'low level' would need to be taken into account also. He stated due to a high-level investigation underway at another Trust ligature points were a strong focus for the CQC. The Chief Nurse reiterated the Trust were adhering to all advice received from the letter in August 2020 from Dr Kevin Cleary the CQC's Deputy Chief Inspector of Hospitals and Lead for Mental Health. She said an action plan was being developed with an internal team that included Estates and Facilities and Karen Lascelles, Suicide prevention Nurse Consultant, and this team would report into the Quality Sub-Committee. The Chair noted, with the strong national focus on ligature risk, for the Chief Nurse and Neil McLaughlin to review the sensitive nature of this risk and report back to the next Quality Committee.	**NMcL/MC**

f	The Trust Chair highlighted the work undertaken would have had a financial consequence to the Trust and enquired if commissioning would be available to recover costs. The Chief Nurse replied it was not clear yet, but the point of cost had been mooted in the letter received from Dr Kevin Cleary.	
g	The Chair enquired about progress on the implementation of CareNotes in Community Hospitals as this was a risk the CQC were flagging. It was highlighted further work was required due to additional challenges in setting up the system for community services. It was noted for an update report to be brought to the next Quality Committee.	**MW**
h	The Chair requested for all red rated risks to be reviewed and reported at the next Quality Committee, February 2021.	**All**
i	The Director of Corporate Affairs and Company Secretary thanked Neil McLaughlin for the significant amount of work undertaken in improving the understanding of risk across the organisation, and the immense project of migrating to reporting on Ulysses. She noted the release of work from Coroner's inquests had allowed for this, together with additional Covid funding allowing for a dedicated resource for risk management. She also thanked Hannah Smith, Assistant Trust Secretary and Hannah Wright, Risk Manager, for their substantive work on the TRR and BAF.	
j	**The Committee noted the report.**	
9.	**Inquest and Claims annual report**	
a	Neil McLaughlin reported on paper QC 62/2020 Inquests and Claims (Legal Services) Annual Report 1 April 2019 to 31 March 2020. He outlined his presentation would cover themes and legal developments as the financial aspect would be recorded at the November Finance and Investment Committee.	
b	He stated the number of new notifications for clinical and non-clinical claims at 29 had risen slightly, but this was not unusual amongst NHS Trusts and was modest in relation to the number of complaints and incidents. It was noted that 47% of new claims for the year had arisen from patients assaulting staff.	

c	Neil McLaughlin reported the number of concluded inquests although high for this particular year averaged out if viewed over a longer time period. It was noted a higher number of suicide conclusions were recorded and could be attributed to some cases taking several years to complete. The Medical Director stated both Oxfordshire and Buckinghamshire were below the national average for suicide rates.	
d	Neil McLaughlin reported most families were complimentary of the professionalism of staff and the care their loved ones had received. However, a theme arising after conclusion of inquests was for improved communication with the process for families and carers. Improvement actions arising from Serious Incident (**SI**) investigations and coroner conclusions were reviewed weekly at the Trust Weekly Review Meeting and were part of an action plan monitored by the Quality Sub-Committee.	
e	The Chief Executive requested, and it was noted for an analysis to be completed to understand the figures showing the Oxfordshire Coroner having twice as many cases as the Buckinghamshire Coroner.	**MC**
f	Neil McLaughlin explained the Trust's cost of purchasing its indemnity from NHS Resolution was funded by members in the scheme in response to the Executive Managing Director for Mental Health and Learning Disability & Autism Services enquiry.	
g	**The Committee noted the report.**	
EFFECTIVENESS		
10.	**Oxford Pharmacy Store (OPS)**	
a	The Committee took QC 63/2020 Quarterly Report to the Quality Committee from Oxford Pharmacy Store as read.	
b	**The committee noted the report.**	
11.	**Clinical Audit – Lithium Toxicity**	
a	The Medical Director gave an oral update, where following a clinical audit it had been noted the Trust had not been evidencing blood tests for lithium levels. This related to the historical action 14(j) from the February Quality Committee. It had established blood test results largely went back to GPs who had the responsibility for monitoring patient's lithium levels. The introduction of shared care records would	

	resolve the issue in the near future as the Trust would have direct access.	
b	The Trust Chair added it would be prudent to ensure good communication with colleagues at all times to ensure there were no gaps in patient care and safety.	
c	It was agreed for the action to be closed for the Quality Committee and would be relevant for the Drugs and Therapeutics Committee to oversee. Additionally, it was noted relevant information could be gained from the CCG Pharmacy Optimisation Team.	
d	**The Committee noted the report and closure of the action.**	
	The Committee held 2 minutes silence for Armistice day.	
	Nicola McDonald and Claire Page joined the meeting.	
12.	**TOBI – recent developments and waits reporting**	
a	Nicola McDonald gave a live virtual demonstration to the Committee of the Activity and Demand application that was a feature on TOBI the Trust's information management portal.	
b	She referenced headline information of the Activity and Demand application showed: number of referrals, patients waiting to be seen; patient waiting times; appointments; case load and discharges. She demonstrated the flexibility of how selections could be made to show trends of activity, urgency of referrals, or referral wait times as examples, and information could be shown for an individual, a team, or Trust-wide. She informed the Committee the system was interactive and could be linked to an individual patient via the Trust's secure CareNotes system.	
c	The Chair thanked the team for developing an excellent tool and it had been extremely useful to see the application live.	
d	The Executive Managing Director for Mental Health and Learning Disability & Autism Services stated her thanks for the extraordinary work in delivering a high-level management dashboard, and stated Directorates who had engaged with the system already felt better empowered in managing hot spots. It was noted each Directorate were	**MW**

e	reviewing long waiting times and it was agreed for a performance update report to be brought to the next QC. **The committee noted the presentation.** *Nicola McDonald and Claire Page left the meeting.*	
13.	**Directorate Quality Report – Buckinghamshire Mental Health**	
a	Vivek Khosla presented on QC 64/2020 Annual Quality Report Buckinghamshire Mental Health Directorate.	
b	Vivek Khosla highlighted to the Committee the launch of the Quality Improvement (**QI**) Project, 'QIPERT' a QI Hub for education, training and research. This had been a real positive resource for the directorate, giving easier access to forums and workshops. He said a governance event day held for the directorate had been beneficial.	
c	He said staffing levels and retention had improved significantly for the last 12 months and a number of workstreams were in progress to further improve retention. He stated there were peer networks and a programme of engagement events to support staff and additionally senior management join the 'Bucks Big Listen.' This was a facilitated supportive forum to connect staff across the directorate in sharing best practice, and for raising challenges.	
d	Vivek Khosla stated trends for complaints and SIs remained similar for the past few years. It was noted reviews were being undertaken to understand an increase in deaths in older adults and for one death occurring in the Healthy Minds IAPT service. He stated numbers of SIs and complaints remained consistent, and recurring themes involved: initial assessment processes; communication with families; and communication between external organisations and services. He stated these issues were being addressed through a diagnostic quality improvement framework to improve and bring about changes that would be presented to the Committee when concluded.	
e	Vivek Khosla stated a priority was to reduce restrictive practice and that a QI project was being led by Heads of Nursing from Buckinghamshire and Oxfordshire Mental Health Directorates. Monitoring and progress of this project would be reported to the Quality Sub-Committee.	

f	Vivek Khosla said service demand had returned to pre-Covid-19 levels, following a dip during April and May 2020. He said plans were in place to address the current waiting lists for assessments for Neurodevelopment and Memory Services.	
g	The following points were highlighted: • 24/7 Mental Health crisis line – established in response to anticipated increase in mental health demand triggered by Covid-19; • Crisis Service – new urgent care pathway launched during the year; and • Whiteleaf Centre – re-modelling of care to benefit quality of care and bed flow capacity achieving a reduction in length of stay.	
h	Vivek Khosla confirmed there was a Trust wide action plan in place to address antipsychotic prescribing for learning disability patients as this was an area that required improvement. Kirsten Prance added a piece of work was being completed to ensure appropriate medicines management, and this would involve changing documentation, writing to GPs and a follow up audit.	
i	The Chair expressed it was a very full and detailed report, however it was agreed for future reporting to include more patient orientated outcome measures with provision for integrated services.	
j	**The Committee noted the report.** *Mike McEnaney joined the meeting.*	
14.	**Joint Management Group Minutes - JMG Minutes 09 September 2020**	
a	The Executive Managing Director for Mental Health and Learning Disability & Autism Services presented on QC 65/2020 for Buckinghamshire 09 September 2020. She stated the JMG meetings for Buckinghamshire and Oxfordshire would be developed to have a more outcome-based focus.	
b	**The Committee noted the minutes.**	
QUALITY IMPROVEMENT		

15.	**Oxford Healthcare Improvement Centre update** (**OHI**)	
a	The Chief Nurse reported on paper QC 66/2020 Oxford Healthcare Improvement Report. She stated the team returned to OHI at the beginning of September 2020, following redeployment during the first wave of the pandemic. Work had recommenced on projects with a focus to enable and support scalability of improvement work across the Trust and would also include an emphasis on projects to meet CQC requirements.	
b	Over the past couple of years, the Chief Nurse mentioned staff had been trained in quality improvement methodology to support projects. A 6-week quality improvement on-line course had been developed and a pilot would be commencing in Buckinghamshire in November 2020 as they already had a QI Hub. She noted other Directorate were progressing with their QI Hubs to support roll out of training in January 2021 following the pilot. This would enable up to 50 teams across the Trust to access training with on-going support and guidance from Directorates and OHI.	
c	The Chief Nurse mentioned the close involvement of Britta Klinck with OHI projects assisted in the capability of how in practice to improve things. In support of a quality improvement approach she added future reports would include capacity and capability reporting highlighting project outcomes. The Chair appraised the wider quality improvement approach.	
d	**The Committee noted the report and approved the plan to commence a pilot for an online quality improvement training programme.**	
Governance		
16.	**Information Management Group highlight and escalation report (IMG)**	
a	The Director of Finance presented on QC 67/2020 Information Management Group highlight and escalation report. He gave an overview of the summary of discussions from the IMG meeting held 08 September 2020 as follows: • Information incidents – there were no concerns with the slight rise in email incidents;	

	• Training – levels had dipped owing to suspension in response to the pandemic, however there was currently an increased drive to achieve the required level of 95%; • Health records – improving quality continues to be an area of focus in-line with required standards for monitoring; • Data security and Protection – work was in progress for the toolkit for FY20/21 to validate work done towards information governance at year end; • Transition to electronic records – was advancing however there were challenges of transition from paper and storage of health records in community locations; • HR casework – the senior information risk owner is reviewing processes for continued assurance; and • Office 365 – there is on-going review via an IT focus group to understand and mitigate any risks for the Trust in what is a continually developing product.	
b	It was noted the importance for information governance across the Trust and was a focus for Directorates. Further training and guidance was being developed for staff around cyber security.	
c	The Chair thanked the Director of Finance for his presentation and update on the Information Management Group, and asked for any comments he may have on item 10, Oxford Pharmacy Store (OPS) for which he had not been available. The Director of Finance stated the OPS team worked diligently in compliance with the stringent regulations that were required to be observed for the service and had a tight grip on trends.	
d	The Director of Finance informed the Committee that OPS would be the Covid-19 vaccine hub for BOB ICS when a vaccine became available. He said two new freezers had been purchased in advance to accommodate storage of a vaccine at -80 degrees centigrade and cool boxes for distribution purposes.	
e	It was clarified following an enquiry from David Walker for the Quality Committee to continue to have oversight for OPS quality aspects in support of their audit processes, with the commercial element continued to be reported to the Finance and Investment Committee.	
f	**The Committee noted the report at item 16, and additional information for item 10.**	
POLICIES		

17.	**Policy Register update**	
a	Kate Riddle presented on QC 68/2020 Policy Register update highlighting that of the Trust's 158 policies, 88 fell under the responsibility of the new Quality Sub-Committee. Remaining policies would have oversight from existing committees as outlined in the Trust's governance structure and would reflect the introduction of the People, Leadership and Culture Committee. 10 of the 88 polices were being reviewed and were progressing to be ratified in January 2021. She added other policies to commence renewal, were the Long-Term Segregation Policy and Mental Capacity Act Policy that would link into national CQC prerequisites.	
b	**The Committee noted the oral update.**	
18.	**Medicines activities undertaken by non-registered healthcare or registered non-nursing staff**	
a	The Medical Director presented QC 69/2020 Policy for Medicines activities undertaken by non-registered healthcare or registered non-nursing staff. He explained the policy had received approval via the Effectiveness Committee and Drugs and Therapeutic Committee and was being presented for ratification by the Quality Committee.	
b	The Committee discussed responsibilities of permitted medication activities for Healthcare Assistants and it was noted assurance was clarified and established within the safe delegation of medication section of the policy.	
c	**The Committee ratified the Medicines activities undertaken by Non-registered healthcare or Registered Non-nursing staff.**	
19.	**Clinical Audit report April 2019 to September 2020**	
a	Steven McCourt presented on QC 70/2020 Clinical Audit report April 2019 to September 2020. He stated this was an 18-month report to capture the impact of the Covid-19 pandemic on audit activity.	
b	Steven McCourt reported that in the first wave of the pandemic National Audits and the Commission for Quality and Innovation (**CQUIN**) were paused. He stated some national audits had now recommenced but CQUINs would be further delayed. During this period Trust oversight had been maintained via the Essential	

c	Standards, Care Programme Approach (**CPA**) internal audit for inpatient wards and specialised services. Owing to the situation the clinical audit team were able to focus on developing priority internal audits, specifically the non-CPA audit and the Mental Capacity Act (**MCA**) audit. The Committee discussed the increase in falls. It was mentioned this related to a very small number of cases that had been previously reported and it was noted there was an action plan in place with oversight from the Quality Sub-Committee.	
d	Bernard Galton, as a previous Chair for the Audit Committee wished for it to be noted of the tremendous improvement demonstrated via this report in the progression of clinical audit. It was noted additionally the paper provided a clear summary of work.	
e	**The Committee noted the report.**	
20. a	**AOB** The Chair invited a response from the governors in attendance. Mike Hobbs enquired if it was known what level of involvement would be required by the Trust at a BOB ICS level with the anticipated roll out of the Covid-19 vaccine. The Chief Executive replied that currently this was not clear.	
21. a	**Review of the meeting** No comments.	
	Meeting closed at 12:03 **Date of next meeting** 11 February at 09:30 via Microsoft Teams virtual meeting	