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

**Quality Committee**

**RR/App 39/2021**(Agenda item: 18)

**Minutes of a meeting held on**

**Thursday, 11February 2021 at 09:30**

**via virtual Microsoft Teams meeting**

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| **Present[[1]](#footnote-2):** |  |
| Aroop Mozumder | Non-Executive Director (**AM**) (the Chair) |
| Marie Crofts | Chief Nurse (**MC**) |
| Bernard Galton | Non-Executive Director (**BG**) - *part meeting* |
| 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]](#footnote-3):** |  |
| Rob Bale | Clinical Director – Oxfordshire & BSW Mental Health Directorate (**RB**) |
| Lynda Dix | Head of Nursing Forensic Services - Deputising for Rami El-Shirbiny Clinical Director, Forensic Services) (**LD**) |
| John Geddes | Professor of Psychiatry (**JG**) |
| Jane Kershaw | Head of Quality Governance (**JK**) |
| Vivek Khosla | Clinical Director – Buckinghamshire Mental Health Directorate) (**VK**) |
| Steven McCourt | Lead for CQC Standards and Quality (**SMcC**) |
| Pete McGrane | Clinical Director, Community Services - *part meeting* |
| Ros Mitchell | Clinical Director & Associate Medical Director, Dental Services (**RM**) |
| Kirsten Prance | Associate Clinical Director, Learning Disabilities (**KP**) |
| Bill Tiplady | Consultant Clinical Psychologist and Associate Director of Psychological Therapies (**BT**) |
| Susan Wall | Corporate Governance Officer (Minutes) (**SMW**) |
| Helen Ward | Head of Quality, OCCG representative (**HW**) - *part meeting* |
| **Observers:** |  |
| Mike Hobbs | Public Governor, Oxfordshire |
| Kerry McGann | Dental Nurse Team Manager |
| Mohinder Sawhney | Non-Executive Director |
| Hannah Wright | Risk Manager |

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| **1.**  a  b  c | **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. Nick Broughton, Chief Executive 2. Ben Riley, Executive Managing Director for Primary and Community Services 3. Mike McEnaney, Finance Director   Apologies for absence were noted from the following regular attendees:   1. Britta Klinck Deputy Director of Nursing (Mental Health) 2. Rami El-Shirbiny, Clinical Director – Forensic Services (to be deputised by Lynda Dix, Head of Nursing, Forensic Services) 3. Neil McLaughlin, Trust Solicitor & Risk Manager 4. Hannah Smith, Assistant Trust Secretary   Apologies for absence from observers:   1. Alan Jones, Patient Service Users Carers | **Action** |
| **2.**  a  b  c  d  e  f  g  h  i  j | **Minutes of the Quality Committee on 11 November 2020 and Matters Arising**  The Chair greeted all those present to the Quality Committee, and welcomed new attendees John Geddes, Professor of Psychiatry and Mindy Sawhney, Non-Executive Director. He said a shortened agenda would be followed owing to the impact of work commitments in support of the pandemic, with the prime focus to review safety aspects of how the Trust had responded to the outbreak of Covid-19.  The Minutes at QC 01/2021, Minutes of the Quality Committee on 11 November 2020 were approved as a true and accurate record, subject to an update from the Chief Nurse to paragraph 7(h) relating to the Health, Safety and Security annual report. The revision included the Security Team and ‘others’ had undertaken ‘a review of the ligature risk assessment process’ in conjunction with the Estates and Facilities Team, and an additional sentence to inform ‘The Chief Nurse and Nurse Consultant in Suicide Prevention were part of a national group reviewing this process and tools.’  **The Committee approved the minutes subject to including the changes noted from the Chief Nurse.**  ***Matters Arising***  **Historical Actions**  The Chief nurse informed the Committee the action to review all outstanding historical actions at the Quality Sub-Committee had taken place. All historical actions were confirmed as completed, and summary completion notes had been provided for reference. All completed actions referenced at 2(j) below.  **Ligature Risk**  The Chair referred to information submitted by Neil McLaughlin available in the Reading Room at RR/App 01(i)-(ii)/2021. The Chief Nurse said the information available was comprehensive. She informed the Committee that herself and Karen Lascelles, Suicide Prevention Nurse Consultant were part of a national safety group led by NHS England/Improvement (**NHSE/I**) and the Care Quality Commission (**CQC**) looking at ligature risk management and assessment tools. She stated the action had been completed, and the Trust’s policy would be reviewed following any subsequent actions arising from the national safety group.  **CareNotes implementation in Community Services**  The Director of Strategy & Chief Information Officer informed the Committee the updated wording for the risk had been approved. He informed the Committee the Trust had commissioned a third-party company to accelerate the work around care plan settings to be concluded by April 2021. This work would overcome the risk highlighted in the CQC report.  The Director of Strategy & Chief Information Officer said configuring CareNotes into community services had proved challenging. He added this work was on the Trust’s strategic digital strategy and formed part of the external commission in reviewing long term provision of electronic health records.  **Physical Health care checks**  The Chief Nurse informed the committee Bill Tiplady was the lead for Physical Health care checks. Bill Tiplady updated the Committee that a series of meetings had taken place and progress had been made since the November 2020 Quality Committee. A refocus had been undertaken for physical healthcare check pathways, with governance at team level. The National Clinical Audit of Psyshosis (**NCAP**) a programme to increase quality of care in mental health trusts had identified a couple of specific areas of risk that were being addressed with early intervention.  The Committee noted that the following actions were on hold or being progressed:   * 2(d) from 11 November 2020 Human Rights Act; * 8(h) from 11 November 2020 Trust Risk Register; * 12(d) from 11 November 2020 Waiting list; * 18(b) from 9 September 2020 Recruitment and selection Policy, DBS section; and * 8(e) from July 2020 Stroke Rehabilitation Unit investigation closure report.   The committee noted that the remaining actions from the Summary of Actions had been completed or were on the agenda for the meeting:   * 8(b) Trust Risk Register – Ulysses training – took place 25 November 2020; * 8(e) Ligature risk; * 8(g) CareNotes implementation in Community Services; * 9(e) Coroner inquests; * 12(d) Waiting List; * 5(b) from 12 February 2020 Safety quality sub-committee highlight and escalation analysis from Health and Safety National Overview; * 11(g) from 12 February 2020 Quality assurance in care of people with learning disabilities and autism; * 2(b) Resuscitation(further development of action 9(c) from 11 September 2019); * 2(c) and 16(c) Trust Risk Register updates; * 3(d) from 12 July 2019 Clinical Audit update; and * 12(d) from 12 September 2018 Complaints review panel.   *Bernard Galton joined the meeting.* |  |
| **SAFETY** | | |
| **3.**  a  b  c  d  e  f  g  h  i  j  k | **COVID-19 Update**    The Chief Nurse spoke of the sad loss of a member of staff to Covid-19, Elisha Olaomo, Deputy Ward Manager on Amber Ward, and expressed thoughts were with his family and the team.  The Chief Nurse updated orally that across the Trust there were currently 10 Covid positive inpatients in community hospitals and 5 inpatients in mental health services, and that outbreaks had reduced. She said Infection Prevention Control (**IPC**) general updates were received regularly from Public Health England (**PHE**), however she said IPC guidance relating specifically for mental health facilities had not been received until the end of January 2021. These had been reviewed in detail, with a notable aspect for new mental health inpatients to be in isolation for 14 days.  The Chief Nurse said communication received from the Chief Nursing Officer stated inconsistency in swabbing had occurred in some acute settings. She said weekly swabbing’s took place within the Trust to avert outbreaks but noted there had been an increase in nosocomial infections in the second wave of the pandemic. She highlighted the Trust’s position was monitored daily via the internal dashboard, and at weekly meetings with regional Directors of Infection Prevention Control leads (**DIPCs**) across Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (**BOB ICS**) plus at the South East Director of Nursing (**SE DoN**) calls.  *Pete McGrane and Helen Ward joined the meeting*  The Director of Strategy & Chief Information Officer presented the Trust’s Covid-19 dashboard. He noted that at each of the three peaks for Covid there had been a maximum of 53 inpatients, however following the third peak inpatient numbers had taken longer to reduce, and this pattern echoed regional and national reporting. From a staffing position the number of staff being unavailable to work for a reason relating to Covid had dropped significantly over the past few weeks from 230 to around 120.  The Chair enquired if the ‘Kent variant,’ was the dominant variant being recorded. Pete McGrane replied information reported via the Health Protection Board indicated E484k, also known as the ‘Kent variant’ was the most likely variant from clinical presentation and infectivity rate per 100,000 ratio information gathered from pathology networks. The Chief Nurse concurred the same conclusion had been reached in information presented by PHE at a SE DoN meeting.  Mohinder Sawhney enquired if differential information, in particular for ethnicity being significant in the context of Covid, was being collected and disaggregated for patients and for staff by role type. The Committee discussed this. Bernard Galton stated it was only voluntary for staff to disclose ethnicity information, but that a greater depth of information was now available following compulsory staff Covid risk assessments. The Director of Strategy & Chief Information Officer highlighted improvement of data held for both staff and patients was an area highlighted for data quality improvement for the Trust. He added lack of patient ethnicity data observed in the transferer of patient records from other Trusts indicated there was a broader issue.  Pete McGrane said results from a static serology testing study that had been undertaken by NHS/E in the latter part of 2020 involving a number of Trust staff showed those with a higher percentage of Covid-19 antibodies were shown to be for those in cleaning, domestic, and portering roles. He said Oxford University Hospital (**OUH**) continued to be involved in the SARs-CoV-2 Immunity & EvaluatioN (**SIREN**) study set up by PHE where the main participants were health workers across all roles. He said there was the possibility of results being utilised from this study and correlation from the static serology testing in understanding more about Covid-19 relating to role type and ethnicity.  Bernard Galton enquired about current staff uptake for the Covid-19 vaccination. The Director of Strategy and Chief Information Officer reported the latest figures for all staff was 53%, with 58% uptake for front line staff. He reported the Trust figures were underrepresented due to issues with two national database systems not being in alignment, which was being addressed. To capture more accurate information staff were being encouraged to record on the Trust system if they had had a vaccination elsewhere. The Executive Managing Director for Mental Health and Learning Disability & Autism Services reported the Trust was actively promoting vaccination and offering full support to staff with queries. It was noted key experts had spoken and answered staff queries at several of the weekly staff webinars. There were regular communications to all staff with links to additional vaccination information, and line managers were helping with encouraging and assisting staff who had vaccine hesitancy. It was noted efforts were being made to ensure culturally sensitive messaging and support was in place to encompass appropriate vaccine messaging to all staff.  The Executive Managing Director for Mental Health and Learning Disability & Autism Services informed the Committee the Oxford Mental Health Learning and Delivery Board had discussed the complexities around the administration of patient vaccinations and how best to support vulnerable groups and those at clinical risk in an inpatient setting and primary care. It was noted no formal information had been received regarding consent issues, and it was noted complex situations would be reviewed on a case by case basis.  The Medical Director spoke about a recent court ruling against the Devon Partnership NHS Trust that would impact Trusts’ nationally for patients who had undergone remote Mental Health Act (**MHA**) assessments in the first wave of the pandemic. The court ruled that the legal wording ‘personally seen’ and ‘personally examined’ in the 1983 MHA meant direct personal examination, so did not include remote assessments. Following this ruling the NHSE had advised for no further remote assessments to take place. The ‘Devon ruling’ would impact on patients who had received a remote section renewal and included Community Treatment Orders (**CTOs**). The Trust was currently checking all patient records to ensure patient safety and adherence to the MHA and was in contact with primary care. The Trust Chair commented the consequences of this ruling highlighted an on-going lack of understanding in the management of mental health. It was noted for the ‘Devon ruling’ to be reviewed in more detail via the Mental Health Act Committee.  **The Committee noted the oral update.** | **MC** |
| **4.**  a  b  c | **Quality Sub-Committee escalation report – to include outbreak update and CQC guidance**  The chief Nurse presented paper QC 02/2021 Quality Sub-Committee Highlight Report that encompassed the past three Quality Sub-Committee meetings from November 2020 – January 2021 where owing to Covid work pressures the focus had been to ensure patient safety and critical escalations. She highlighted the following escalations from the period:   * Resuscitation training – a plan was in place to achieve full compliance by 31 March, current overall compliance was at 82%; * Physical Healthcare Improvement – action plan was in place and being monitored by the Quality Sub-Committee for improving physical healthcare for those with Serious Mental Illness (**SMI**); * Health and Safety Executive (**HSE**) contraventions – all actions in relation to Covid 19 measures and violence and aggression to staff had been responded to, and appropriate actions taken; * Increase in the use of agency staff – increase related to staffing for inpatient wards owing to the pandemic; and * Dental Service for children – the number of children on the dental waiting list was at 293, over double the pre-covid number. Ros Mitchel clarified the increase had been due to cancelled paediatric theatre sessions owing to the pandemic. She highlighted it was not just access but reduced throughput and was a national issue for children’s dental services.   The Chair noted on behalf of the Committee the vast amount of work being undertaken by those on the Quality Sub-Committee in achieving reassurance on all patient facing activity.  **The Committee noted the report.** |  |
| **5.**  a  b  c | **Infection Prevention Control Board Assurance Framework (IPC BAF)**  The Chief Nurse presented on paper QC 03/202 IPC BAF stating this revised version had already been presented at Board and was being presented today for assurance by the Quality Committee.  The Committee agreed it was a comprehensive in-depth report.  **The Committee noted the report.** |  |
| **6.**  a  b  c  d | **AOB**  The Chair raised his concern of the serology testing results at 3(g) and enquired how the Trust was protecting staff in these roles.  Pete McGrane responded the Trust had always adhered to national guidance for protection of staff and IPC measures, and said national guidance had been updated as better understanding of the virus and associated risks became known. He stated currently housekeeping and domestic staff operated to excellent IPC standards and the serology testing results could most likely be related to early on in the pandemic, and that in the fullness of time potentially there may be a national enquiry.  The Chief Nurse echoed Pete McGrane’s response that national guidance had always been adhered to and a consistent approach achieved across staff in the wearing of PPE for role type and for parity within the Trust and wider.  The Chair said it would be prudent to better understand the possible impact of the virus on role type and ethnicity and for an update to be presented at a future Quality Committee. | **MC** |
|  | **Meeting closed at** 10:47  **Date of next meeting**  13 May 2021 at 09:00 via Microsoft Teams virtual meeting |  |

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)