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

**RR/App 48/2021**

(Agenda item 23(g))

**Quality Committee**

**[Draft] Minutes of a meeting held on**

**Thursday, 13 May 2021 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**) - *part meeting* |
| Marie Crofts | Chief Nurse (**MC**) |
| Bernard Galton | Non-Executive Director (**BG**) |
| Karl Marlowe | Chief Medical Officer (**KM**) |
| Mike McEnaney | Director of Finance ( the **DoF**/**MMcE**)- *part meeting* |
| Debbie Richards | Executive Managing Director for Mental Health and Learning Disability & Autism Services (**DR**) |
| Kerry Rogers | Director of Corporate Affairs & Company Secretary (the **DoCA/CS/KR**) |
| David Walker | Trust Chair (**DW)** - *part meeting* |
| 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**) |
| Helen Bosley | Nurse Consultant Infection Prevention Control (**HB**) - *part meeting* |
| Lynda Dix | Head of Nursing Forensic Services - Deputising for Rami El-Shirbiny Clinical Director, Forensic Services) (**LD**) |
| Angie Fletcher | Head of Quality Improvement (**AF**) |
| Rose Hombo | Divisional Head of Nursing Bucks Adult Directorate Management Team - Deputising for Vivek Khosla Clinical Director – Buckinghamshire Mental Health Directorate (**RH**) |
| Steven McCourt | Lead for CQC Standards and Quality (**SMcC**) - *part meeting* |
| Kerry McGann | Dental Nurse Team Leader – Deputising for Ros Mitchell Clinical Director & Associate Medical Director, Dental Services (**KMcG**) |
| Pete McGrane | Clinical Director, Community Services – Deputising for Ben Riley, Executive Managing Director for Primary and Community Services (**PMcG**) - *part meeting* |
| Neil McLaughlin | Trust Solicitor and Risk Manager (**NMcL**) - *part meeting* |
| Claire Page | Head of Performance and Information (**CP)** - *part meeting* |
| 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) (**SW**) |
| Helen Ward | Head of Quality, OCCG representative (**HW**) |
| Hannah Wright  **Observers:** | Risk Manager (**HW**) - *part meeting* |
| Mike Hobbs | Public Governor, Oxfordshire |
| Alan Jones | Patient Service Users Carers - *part meeting* |
| Tracy McAteer | Head of Operations, Oxford Centre for Psychological Health |

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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. Ben Riley, Executive Managing Director for Primary and Community Services – Deputised by Pete McGrane, Clinical Director, Community Services   Apologies for absence were noted from the following regular attendees:   1. Rami El-Shirbiny, Clinical Director – Forensic Services - Deputised by Lynda Dix, Head of Nursing, Forensic Services 2. John Geddes Professor of Psychiatry 3. Jane Kershaw, Head of Quality Governance 4. Britta Klinck Deputy Director of Nursing (Mental Health) 5. Hannah Smith, Assistant Trust Secretary   Apologies for absence from observers:   1. Paul miller, Public Buckinghamshire | **Action** |
| **2.**  a  b  c  d  e  f  g  h  i | **Minutes of the Quality Committee on 11 February 2021 and Matters Arising**  The Chair greeted all those present to the Quality Committee. He gave thanks to the Quality Committee Deputy Chair, Mark Hancock Medical Director who had taken up a new post in the Trust, and welcomed Karl Marlowe, Chief Medical Officer to the Trust and to his first Quality Committee.  The Minutes at QC 04/2021, Minutes of the Quality Committee (**QC**) on 11 February 2021 were approved as a true and accurate record.  **The Committee approved the minutes from 11 February 2021.**  ***Matters Arising***  **Devon Ruling**  The Chair said the ‘Devon ruling’ was the decision taken by a court in Devon that virtual Mental Health Act (**MHA**) assessments or reviews undertaken owing to the pandemic, did not meet MHA statues. This matter arising in the February 2021 Quality Committee, had been referred to the MHA Committee 27 April 2021 for discussion. The April MHA Committee confirmed limited liability and mitigation processes had been put in place for any individual who had been detained, or changes made remotely, and that no further detentions would be completed remotely. Angie Fletcher noted on-going reviews were being undertaken in those affected individuals giving assurance for their well-being and safety. The action was closed.  **Human Rights Act**  The Committee discussed the breadth of the action and whether it was an action that could be measured. It was agreed that Human Rights Act (**HRA**) runs through all the services the Trust provides. The Chief Nurse noted the Care Quality Commission (**CQC**) had wanted assurance that the Trust had human rights at the forefront of minds when looking at policy for restraint and segregation because of Covid-19. Neil McLaughlin assured the Committee that the Trust’s guidelines written in response to Covid-19 had human rights front and centre.  The guidelines were noted as a good piece of work that had evolved over many discussions and had received input from senior managers and clinicians.   Beyond that the Trust would take HRA into account when developing any policy or practice and would be an ongoing obligation.   With that in mind Committee agreed to close the action.  *Claire Paige joined the meeting.*  **Waiting list**  The Director of Strategy and Information Officer updated the Committee that work had been undertaken in developing a business tool for Trust services, an ‘Oversight app’ that included waiting times. Claire Page gave a ‘live’ demonstration of the app to the Committee. Live data for waiting times could be captured in various formats and as examples: number of patients waiting; patients wating at Directorate or Team level; snap shot of current position or trends over time; and the ability to directly access individual patient records via CareNet, the Trust’s patients care record system.  The Chair said the app demonstrated significant progress and would support efforts in clinical audit and quality improvement agendas. The Executive Managing Director for Mental Health and LD&A Services said she welcomed the development and was ambitious for the app to include national and locally agreed standards.  *Claire Paige left the meeting.*  The Committee noted that the following actions were on hold or being progressed:   * 6(d) from 11 February 2021 Impact of Covid-19 on role type and ethnicity; and * 12(d) from 11 November 2020 Waiting list.   The committee noted that the remaining actions from the Summary of Actions had been completed or were on the agenda for the meeting:   * 8(h) from 11 November 2020 Trust Risk Register; * 11(e) from 9 September 2020 Physical Healthcare checks monitoring; * 18(b) from 9 September 2020 Recruitment and selection Policy, DBS section; and * 8(e) from July 2020 Stroke Rehabilitation Unit investigation closure report. |  |
| **SAFETY** | | |
| **3.**  a  b  c  d | **COVID-19 Update**    The Director of Strategy and Information Officer commenced the Covid-19 oral update stating there had been no recorded positive Covid-19 inpatients since mid-February 2021. The key areas of focus were the retention of staff, through vaccination uptake and risk assessments, and Covid-19 surge and response planning. He stated vaccination levels for front line staff were at 83.3% take up, and conversations were in progress with front line staff who were yet to receive a vaccine to understand any hesitancy and offer support. Key priorities were staff health and well-being, and how to incorporate new ways of working and operational models that had emerged and worked well in response to the pandemic. He stated Directorate and Corporate Recovery and Surge Response strategic plans had been completed incorporating in-house experience and evaluation, as well as learning from others. The Trust was prepared for future waves of Covid-19, and as part of the process priority risks had been reviewed with the Trust Risk Manager and Directorates with steps in place to mitigate these.  The Chief Nurse stated there had been no national change to Infection Prevention Control (**IPC**) guidance. The weekly meeting held for Covid-19 acquired infections had now been reduced to every two weeks to ensure continued governance, and the Personal Protection Equipment (**PPE**) Champion scheme was still in place.  She said the Trust, as lead provider for the three mass vaccination sites, had an internal clinical governance group to monitor and review the vaccination site operations. Local Strategic Operating Plans (**SOPs)**, guidance, clinical risk registers were held for each site. This group was led by the Chief Pharmacist and Clinical Director for Medicines Management, who was also a member of the Regional Clinical Reference Group, and Berkshire, Oxfordshire, and Buckinghamshire Integrated Care System (**BOB ICS**) oversight group.  **The Committee noted the oral update.** |  |
| **4.**  a  b  c  d | **Outcome from Staff Covid-19 Review Panels**  The Chief Nurse presented paper QC 05/2021 Outcome from Covid-19 Staff Review Panels. She informed the Committee a review panel that included IPC and Service Directors had been put in place to review all Covid-19 inpatient staff sickness cases from 01 December 2020 to ascertain if any cases were attributable to occupational exposure, and therefore reportable via Reporting of Injuries, diseases and Dangerous Occurrences Regulations (**RIDDOR**) to the Health and Safety Executive (**HSE**), in line with regional and national guidance received by the Trust.  She said protocols and criteria received had been followed with 40 of the 84 cases reviewed being reported as RIDDORs to HSE. The review panel had now ceased but if a future outbreak of the Corona virus occurred the process would be reinstated.  The Chair queried the level of cases being reported and if it was known how this compared to other Trusts. The Chief Nurse replied this was difficult to evaluate as there were different reporting expectations of RIDDORs regionally. The Chief Medical Officer informed the Committee from an assurance perspective there was a SE Regional Review Team in place that had oversight of cases from all organisations, and reported into NHS England/Improvement (**NHSE/I**).  Executive Managing Director for Mental Health and LD&A Services said she welcomed the transparency and it would be important to learn from any common themes picked up for IPC management for the current pandemic or any future crisis.  **The committee noted the report.** |  |
| **5.**  a  b  c  d  e | **Quality and Clinical Governance Sub-Committee Escalation Report – to include update on ligature management**  The Chief Nurse presented on paper QC 06/2021 Quality and Clinical Governance Sub-Committee Escalation Report – to include update on ligature management. She highlighted the change of moving from five sub-committees to one overarching Quality and Clinical Governance Sub-Committee had improved triangulation of information, assurance, and oversight.  The Chief Nurse mentioned there had been staffing challenges in some Adult Mental Health Teams, Eating Disorder Community Teams, and some wards, however actions had been taken to support these teams and monitoring in place to identify and mitigate any risks.  The Chief Nurse informed the Committee that two Quality Improvement (QI) programmes had commenced: communication with families during care; and risk assessment, formulation, and documentation. These programmes were being addressed with a QI approach and were being supported by the Oxford Health Improvement (**OHI**). The programmes were to address in more depth recurring themes that had arisen from serious incidents (**SIs**), and inquests and complaints.  Additional areas to note:   * the service model for the Oxfordshire and Buckinghamshire Crisis Resolution and Home Treatment Services were being reviewed with issues and geographies being taken into consideration for a return to an integrated system; * continued commitment to improve the physical health of those with serious mental illness would be discussed at item 16; * the Trust was involved in national work in reviewing ligature management, and the outcome was due later in the year; * Work was progressing with smoking cessation with collaborative links being established with other Trusts via a nurse lead; * a new group, Quality Improvement, and compliance Group set up to review outstanding actions from SIs and previous CQC inspections had been successful in completing the majority of outstanding actions, with close monitoring for those still outstanding; and * the process for the revalidation of nurses was being revised with additional oversight.   **The Committee noted the report.**  *Pete McGrane joined the meeting.* |  |
| **6.**  a  b  c  d  e  f | **Quality Account**  The Chief Nurse presented paper (QC 07/2021) Annual Quality Account update. She explained the usual process for the Quality Account, a report on quality of services offered and how they are measured, formed part of the Trust’s annual report. The national timescales had initially been delayed owing to the pandemic for publication of the quality account, however this had recently been brought forward being required by 30 June 2021. She noted there were 3 pillars of quality laid down, Safety, Clinical effectiveness, and Patient Experience, with a requirement to have a minimum of 3 objectives under each domain.  The Chief Nurse said following a recent meeting with Directorates it had been agreed for the existing 17 quality objectives to be rolled over as progress had been delayed due to the focus on critical services, and redeployment during the response to the pandemic. She referenced some priority objectives being: the reduction of restrictive practice though the introduction of a positive and safe approach, supported by the launch of the Positive and Safe sub-group; the continued work to improve physical healthcare for patients with a severe mental illness; and improvements in tissue viability to reduce and avoid harm from pressure damage.  The Chief Medical Officer noted improvement measures were being undertaken for the objective to improve sexual safety in mental health inpatient settings, and progress would require changes in behaviour, support from families and additional resources possibly being required.  The Chief Nurse noted for the wording for the Provider Collaborative (**PC**) quality objective to be more explicit in detailing the proactive quality oversight that was integral to the PC process raised by the Executive Managing Director for Mental Health and LD&A Services, and Provider Collaborative lead for the Trust.  The Chief Executive added it was important to ensure alignment of the quality objectives from an individual level to Trust level throughout all processes to ensure focus, implementation, and accountability.  **The Committee noted the report.**  *Hannah Wright joined the meeting.* |  |
| **7.**  a  b  c  d  e  f  g | **Trust Risk Register and BAF – operational and strategic**  Neil McLaughlin presented paper QC 08/2021 Operational and Strategic Risks: Trust Risk Register (**TRR**) and Board Assurance Framework (**BAF**) update. He stated from an assurance perspective the TRR and its component parts were being reviewed regularly at various committees and meetings across the Trust. A meeting was held every other month with individual risk owners to assess the status of each risk and evaluate mitigation of the risk.  Neil McLaughlin said the updated Risk Management Policy and Strategy that had been circulated prior to the meeting for comment was at agenda item17 for approval.  Neil McLaughlin stated the BAF citing strategic risks had been revised for the content to be in alignment with the Trust’s new Strategic Objectives, and clearly showed: rating for risks; changes in rating for a risk; and those risks that had been closed. He said a similar process had taken place for the TRR, with the transfer of risks to Ulysses, an electronic based system, risks could be tracked efficiently. He noted, waiting times, had been added as a current red risk and that the Trust was working on how to reduce waiting times, and to add in controls and mitigations. He said the TRR formed part of a CQC inspection and the reduction of risks and their management was on-going to progress to their removal from the register.  *David Walker and Nick Broughton left the meeting.*  The Director of Corporate Affairs and Company Secretary commended her Team for the progress being made in risk management over the last 18 months. She stated from a corporate governance perspective there was clear evidence of risk reporting pervading through the Trust with Executive support at risk ownership level, and that it would be necessary to develop the Directorate view for evaluation and oversight of risk.  The Director of Corporate Affairs and Company Secretary said different levels of risk reporting controls were being introduced to ensure focus on risk assurance and control management and would offer channels for analysis. The presence of Hannah Wright, Temporary Risk Manager at Committees had improved the triangulation of information and offered links to operational aspects.  The Committee discussed and noted the positive developments that had been undertaken in the reporting and management of risks and the development of risk control where appropriate. They also agreed for the full TRR to come to the QC, not just QC related risks, so the QC had an overarching Trust wide view.  **The committee noted the report and the agreement for the full Trust Risk Register to be presented to the Quality Committee.**  *Helen Bosley and Steven McCourt joined the meeting.*  *Hannah Wright left the meeting* |  |
| **8.**  a | **Human Rights Act** (oral update)  Covered at 2(e) above. |  |
| **9.**  a  b  c  d  e  f  g | **Serious Incidents**  The Chief Nurse presented paper – QC 09/2021 Quarterly Serious Incident Report Quarter 4 2020/21.  She stated 41 new SIs had been reported in the last quarter up to March 2021, this figure remained higher than the average for the last two years owing to reporting of Covid-19 outbreaks.  The Chief Nurse said the Trust had been issued with two Preventing Future Death Notices from the local Coroner in 2020/21 and as mentioned previously at 5(d) the Trust had made changes to address issues.  Neil McLaughlin spoke about the experience of attending an inquest for Trust staff and patient families and the effect this could have on someone. He noted it would be good oversight that areas for improvement arising from Coroners inquests would be reviewed at the new Quality Improvement, and compliance group mentioned at 5(d).  Rob Bale referred to the importance of the quality improvement work the Chief Nurse was undertaking and said it would be important to upskill staff and shift culture. He noted staff are aware of what needs to improve however an issue is the challenge in recruiting and retaining substantive staff, and capability of flexible workers and agency.  The Chief Nurse spoke about the SI process and panels in connection with the restorative just culture approach and how to embed this into the system and culture of working with families in adult mental health. A culture shift was linked into the QI programme and carer strategy.  **The Committee noted the report.**  *David Walker re-joined the meeting.* |  |
| **10.**  a  b  c  d  e  f | **IPC annual report**  The Chief Nurse introduced paper – QC 10/2021 Director of Infection Prevention and Control Annual Report 2020-21. She acknowledged all staff who had been in the forefront of leading the Trust in the response to the pandemic and for the three staff that had sadly died.  Helen Bosley, Director of Infection Prevention and Control (**DIPC**) presented on the report stating it was a requirement of the Health and Social Care Act to produce an annual report. She said the report outlined the progress and assurance in the delivery of the Infection Prevention Control Programme and that appropriate measures were being taken to maintain safety for patients and staff for sustained reductions and improvements in Healthcare Associated Infections (**HCAI**). The programme for 2020/21 had been dominated by Covid-19 and the Infection Prevention and Control Team and been in the forefront in leading the Trust response in the pandemic.  Helen Bosley reported that prevalence of infections continued to remain stable. She noted there had been an increase in E.Coli Bacteraemia cases, and this was most likely to be due to the effect of the pandemic where the acuity of patients had increased. Cases of Clostridium Difficile Infection had also increased slightly and was a reflection of increased antibiotic usage during the pandemic.  Helen Bosley said of the 181 patients identified as Covid-19 positive in the first wave 86.7% had recovered, and for wave 200 patients were identified of which 96% recovered. She noted the Trust had reported to relevant authorities the 21 recorded outbreaks for wave 1 and 18 for wave 2, and that outbreak management actions, and learnings had been audited. It was noted that since mid-February there had been no positive cases for Covid-19.  The Chair noted his condolences to the three staff members who had sadly passed away and acknowledged their valuable contributions to their work within the Trust. He remembered: Margaret Tapley, Health Care Assistant at Witney Community Hospital; Elisha Olaomo, Deputy Ward manager at Whiteleaf Centre; and Eddie Chua, Staff Nurse, Marlborough House, Forensic services.  **The Committee noted the report.**  *Helen Bosley and Alan Jones left the meeting.* |  |
|  | *The Committee took a 5-minute break* |  |
| **11.**  a  b  c  d | **Clinical Audit update**  Steven McCourt presented paper – QC 11/2021 Clinical Audit Annual Report. The report covered the 12-month period 01 April 2020 – 31 March 2021 and he highlighted the dominant influence throughout this period was the impact of the pandemic.  Steven McCourt stated all National Audit programmes and the Commissioning for Quality and Innovation (**CQUIN**) had been suspended during the first wave of the coronavirus. National Audits had recommenced in the Autumn, and CQUIN would continue to be suspended until at least the end of quarter 2 this year. Internal Audit work had continued up to quarter 4 when work was suspended due to the service impact on the clinical team in response to the pandemic. He noted all but two of the internal audits had been completed, namely the Long-Term Segregation audit and the Trust wide Do Not Attempt Cardiopulmonary Resuscitation (**DNACPR**) Audit, both due to recommence in the current financial year. He noted it would be important to progress corporate oversight for audits, and that the Clinical Audit Team reported into the Clinical Audit group that met quarterly.  The Chief Medical Officer stated it would important to use information gained from audits to support areas for development, and to capture changes in clinical behaviour so this could feed into local and national medicine audits.  **The Committee noted the report.**  *Mike McEnaney joined the meeting.*  *Steven McCourt left the meeting.* |  |
| **12.**  a  b  c  d  e | **Complaints and PALS Annual Report**  The Chief Nurse reported on paper – QC 12/2021 Complaints and Patient Advice and Liaison Service (**PALS**) Annual Report 01 April 2020 to 31 March 2021.  The Chief Nurse reported there had been 206 complaints received, a decrease of 17% to the previous year, and that over the year 121 actions had been identified following a complaint investigation. A recurring theme had been around communication with family members and this formed part of the Quality Improvement Programme, mentioned at 5(c).  The Chief Nurse said the complaint process had taken longer throughout the reporting period owing to the pandemic, and the Trust had followed national guidance and been proactive in informing MPs and others of this fact. The initial response to a complaint would be within 3 days, however many extensions had been required to complete the complaint response process during this period. There were quarterly complaint review panels attended by Clinical Directorates for oversight and assurance, and a future consideration for robust objective oversight would be for a Non-Executive Director to be part of this group.  The Committee discussed the development of categorising complaints raised by the Chair who observed it would be prudent when reviewing future complaints to ascertain any links that may be linked to insufficiency of resource and under commissioned services. It was noted there was a political tension involved in responses in citing a gap in services and it would be beneficial to have a narrative that acknowledged this, with shared ownership of the message from the commissioning interface. The Committee supported the Director of Corporate Affairs and Company Secretary’s observation to better integrate information gained from the inquest and claims process.  **The Committee noted the report.** |  |
| **13.**  a  b  c  d  e  f | **Oxford Pharmacy Store– performance and risk**  The Director of Finance presented on paper – QC 13/2021 Quarterly Report to the Quality Committee from Oxford Pharmacy Store (**OPS**).  He informed the Committee the Medicines and Healthcare products Regulatory Agency (**MRHA**) had completed a formal inspection with only a weeks notice at the end of April 2021. OPS had received a good result with 1 ‘major’ deficiency being noted, and with 2 ‘other’ deficiencies noted that would be resolved. This was a considerable improvement from March 2016 when 15 major deficiencies had been noted. He referenced the major deficiency was already know to OPS for which mitigating actions were in situ which was acknowledged by the MRHA, and was a nationally recognised issue. He gave praise to the fantastic work the Team had achieved and said the team operated to be at an inspection ready level on-going.  The Director of Finance said Brexit had had an impact that made import and export to drug manufacturers in other countries very complex. OPS was progressing with applying for additional licenses in preparation to assist with future overseas transactions.  The Finance Director said the OPS Quality Manual had been updated and contained the major pillars and constructs in maintaining the delivery of the service. He said key quality statistics were measured on a daily basis with a continuous improvement route. He said the measurement of near misses daily gave valuable data for where service aspects needed to be.  The Director of Finance said the OPS Team had been involved in setting up the mass vaccine centres and the logistics. This had further improved their reputation of proficiency in the complexities in the movement and transportation of drugs.  The Chair noted his and the Committees congratulations to the OPS Team for their hard work and achievements.  **The Committee noted the report.** |  |
| **14.**  a  b  c  d  e  f  g | **Quality Improvement Update**  The Chief Nurse introduced Angie Fletcher, Head of Quality Improvement, to her first Quality Committee.  Angie Fletcher presented paper – QC 14(i)(ii)/2021 Oxford Healthcare Improvement that provided an overview of OHI and current context since commencing her role at the beginning of January 2021. She said staff had been re-deployed during the pandemic whilst Quality Improvement was formally paused. Post redeployment there had been changes in staff allowing an overview of OHI structure and training, and to form a strategy to increase the capacity and capability to embed a QI culture within daily activity of the Trust.  Angie Fletcher stated a reliable workforce would be essential to progress the strategy for OHI and that recruitment for the current three vacancies was underway in support of building quality improvement capacity and capability in the wider trust. Development of a tiered quality improvement training programme for all staff was in development to increase quality improvement knowledge. It was a priority to be in line with Trust strategies and external agencies.  She stated there were national collaboratives that directed the improvement work, and these were being developed as part of work streams. An Oversight Quality Improvement and learning meeting had commenced in January involving Directorates to progress linking together projects, and would be involved in identifying and doing a deep dive on themes arising from SIs, Coroners inquests, and complaints to bridge QI gaps to ensure services were better equipped. The Chief Nurse added OHI had been working in collaboration with Cumbria, Northumberland, Tyne & Wear NHS FT, a provider of mental health and disability services, who had an established QI culture.  Bernard Galton enquired what perceptions she had formed on the progression of QI as a culture within the Trust since her commencement in the role. Angie Fletcher replied her observations showed there was work to be done so that QI was seen as accessible to all colleagues, and part of everyday business, and not a separate academic work stream. To address this QI Hubs and been put in place for each Directorate, owned and run by the Directorates with a QI training infrastructure to demystify QI and support colleagues in embracing a QI culture within the Trust. The Chief Medical Officer echoed the importance of colleagues utilising some QI methodology at all levels, and that QI was a researched science of improvement, and it would be important to engender a QI culture.  The Chief Nurse presented QC 14(iii)/2021 Positive and Safe Committee update report. She highlighted reducing seclusion, restraint and restrictive practice were key quality objectives on the Trust Strategy. The Positive and Safe Committee launch had been delayed owing to the response to the pandemic, but had taken place in March this year, with external speakers and patients and staff sharing their experiences. She stated reducing restrictive practices and seclusion was a priority and would involving upskilling and alternative ways of working to deescalate rather than restraining. She expanded a self-assessment against the 6 core strategies by the Restraint Reduction Network had been undertaken, and one of these was for accreditation for the PEACE programme that would establish the levels of training to be undertaken by agency and flexible workers.  **The Committee noted the report.** |  |
| **15.**  a  b  c | **Patient Experience & Involvement update**  The Chief Nurse presented on paper – QC 15/2021 Experience and Involvement update, March 2020 – May 2021 reporting that service and carer feedback via ‘I want great care’ (**IWGC**) the external portal the Trust uses to measure responses was down compared to previously. This was most likely due to less face to face opportunities throughout the pandemic. IWGC contract was up for tender later in the year and a formal procurement process would be taking place. She noted from the results not all patient populations were being reached, with work to encourage diverse communities to contribute.  The Chief Nurse said the Trust Wide Forum had just be reinstated to raise the awareness of experience and involvements across all areas of the trust with the first meeting being well attended.  **The Committee noted the report.** |  |
| **16.**  a  b  c  d  e  f | **Physical Healthcare checks**  Bill Tiplady reported on paper – QC 17/2021 Physical Healthcare for People with Serious Mental Illness (**SMI**), reporting the data showed a slow but steady increase. The increase would perhaps progress quicker with an availability of face to face consultations. He noted information was better integrated from primary care into TOBI, the Trusts internal system, that provided an interactive dashboard for tracking, response and noting improvement.  Bill Tiplady stated it was important for mental health providers to ensure that physical health care checks were completed as part of an integrated pack of care for people with an SMI. He referenced overall system accountability and responsibility had shifted to CCGs and primary care but this did not change the duty for mental healthcare providers to ensure physical health care checks were completed as parted of an integrated package of care of people with SMI.  It was noted the Trust was currently an outlier for physical healthcare checks and had received letters from the National Clinical Audit of Psychosis (**NCAP**) for improvement for Early intervention in Psychosis for physical healthcare checks, in which the Trust had now made improvements.  The Committee discussed the situation of physical healthcare for people with SMIs and noted a greater integration of physical health and mental health was required with primary care in order to demonstrate health inequalities and areas for improvement within the system.  The Trust Chair stated it would be prudent to address any communication issues with GPs who would be the main provider of physical healthcare checks of patients. It was noted there had been a change in Quality Outcome Framework payments that shifted the responsibility to provider organisations, thus providing the tension between primary and specialised care. It was suggested the necessity for relevant members of the Trust to be able to sit on various external committees to be better placed to triangulate information and to initiate actions.  **The Committee noted the report.** |  |
| **17.**  a  b | **Policies**  The Director of Corporate Services and Company Secretary presented on Policies available in the Reading Room for ratification, namely: Legal Proceedings Policy; Risk Management Strategy; and Data Quality Strategy.  **The Committee approved the Legal Proceedings Policy, Risk Management strategy, and Data Quality Strategy.** |  |
| **18.**  a | **AOB**  The Chief Medical Officer informed the Committee the Controlled Drugs Accountable Officer would now be Michael Marven, Chief Pharmacist Clinical Director for Medicines Management. |  |
|  | **Meeting closed at** 11:42  **Date of next meeting**  08 July 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)