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

**Quality Committee**

**RR/App 19/2022**

(Agenda item: 22(h))

**Minutes of a meeting held on**

**Thursday, 11 November 2021 at 09:00**

**via virtual Microsoft Teams meeting**

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| **Present[[1]](#footnote-2):** |  |
| David Walker | Non-Executive Director (**DW**) (Interim Chair) |
| Tehmeena Ajmal | Executive Managing Director for Mental Health and Learning Disability & Autism Services (**TA**) |
| Nick Broughton | Chief Executive Officer (**CEO/NB)** - *part meeting* |
| Marie Crofts | Chief Nurse (**CN/MC**) |
| Bernard Galton | Non-Executive Director (**BG**) |
| Karl Marlowe | Chief Medical Officer (**CMO/KM**) |
| Ben Riley | Executive Managing Director for Primary and Community Services (**BR**) |
| Martyn Ward | Executive Director for Digital and Transformation (**EDDT/MW**) |
| **In attendance[[2]](#footnote-3):** |  |
| Rob Bale | Clinical Director – Oxfordshire & BSW Mental Health Directorate (**RB**) |
| Linda Dix | Head of Nursing, Forensic Services, Deputising for Rami El-Shirbiny Clinical Director, Forensic Services) (**LD)** - *part meeting* |
| Vivek Khosla | Clinical Director – Buckinghamshire Mental Health Directorate (**VK**) - *part meeting* |
| Britta Klinck | Deputy Chief Nurse (**BK**) - *part meeting* |
| Michael Marven | Chief Pharmacist and Clinical Director for Medicines Management (**MM**) |
| Pete McGrane | Clinical Director, Community Services (**PMcG**) |
| Ros Mitchell | Clinical Director & Associate Medical Director, Dental Services (**RM**) - *part meeting* |
| Neil McLaughlin | Trust Solicitor and Risk Manager (**NMcL**) |
| Marco Pontecorvi | Oxford Health Biomedical Research Centre Manager (**MP**) - *part meeting* |
| Kirsten Prance | Associate Clinical Director, Learning Disabilities (**KP**) |
| Bill Tiplady | Associate Director of Psychological Services (**BT**) - *part meeting* |
| Susan Wall | Corporate Governance Officer (Minutes) (**SW**) |
| Helen Ward | Head of Quality, OCCG representative (**HW**) |
| **Observers:** | |
| Sophie Black | Interim Senior Modern Matron |
| Natalia Campos | Charge Nurse |
| Lucy Gardner | Dietician |
| David Hunt | Research Lead |
| Josephine Isaacs | Clinical Lead Nurse |
| Kirstie Tillier | Dietetic Assistant |
| Ellen Tutisani | Modern Matron |

**Governor observers:**

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| Nyarai Humba | Patient Governor: Service User Carers |
| Madeleine Radburn | Public Governor: Oxfordshire |

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| **1.**  a  b | **Apologies for Absence**    Apologies for absence were received from the following Committee members (deputies of Committee members count towards the quorum and attendance rates):   1. Charmaine DeSouza, Chief People Officer 2. Mike McEnaney, Director of Finance 3. Kerry Rogers, Director of Corporate Affairs & Company Secretary   Apologies for absence were noted from the following regular attendees:   1. Matt Edwards, Director of Workforce and Transformation 2. Angie Fletcher, Head of Quality Improvement 3. Rami El-Shirbiny, Clinical Director – Forensic Services - Deputised by Lynda Dix, Head of Nursing, Forensic Services 4. John Geddes, Professor of Psychiatry 5. Jane Kershaw, Head of Quality Governance 6. Hannah Smith, Assistant Trust Secretary   Apologies for absence were noted for Governor observer Mike Hobbs, Lead Governor, and Public Governor, Oxfordshire. | **Action** |
| **2.**  a  b  c  d | **Minutes of the Quality Committee on 09 September 2021 and Matters Arising**  The Interim Chair welcomed all those present and informed the Committee that he would be the Interim Quality Committee Chair following the retirement of the previous Chair to ensure continuity.  The Minutes at QC 44/2021, Minutes of the Quality Committee (**QC**) on 09 September were approved subject to some minor amendments by the Chief Nurse.  **The Committee approved the minutes from 09 September 2021 subject to some minor amendments by the Chief Nurse.**  ***Matters Arising***  There were no matters arising from the 08 July 2021 Quality Committee. |  |
| **SAFETY** | | |
| **3.**  a  b  c  d  e  f | **COVID-19 Update**  The Chief Nurse commenced the Covid-19 oral update stating there had been two Covid-19 positive patients recently whose isolation had just ended. The situation had been managed effectively by staff with no onward transmission to other patients. The weekly Infection Prevention Control (**IPC**) meetings held throughout the pandemic would be continuing to encompass all infections and oversight of infections in the community. She noted Covid-19 cases were volatile with cases on the increase in the community. Current IPC guidance remained in place; however, the Trust had recently participated in a consultation in reviewing Personal Protective Equipment on NHS sites and if this formed new guidance it would generate changes.  The Executive Director for Digital and Transformation informed the percentage of staff who had received a double vaccination was at 80%, however the overall figure fluctuated depending on staff leaving and accessing information on staff joining the Trust. The current figures for staff having received the Covid booster vaccination was 37.5% with 34% being patient facing.  The Chief Medical Officer stated the mass covid-19 vaccination centres continued to accommodate ‘walk-ins’ for both staff and the public, and commended staff resilience to antivaccination protesters outside the centres. He outlined the implementation for a double Covid-19 vaccination to be compulsory for NHS frontline staff was underway and this would include volunteers and others with patient contact. He mentioned with waning immunity it would be important to continue vaccination messaging to staff and, in the community, to drive uptake for the booster which would provide increased immunity, particularly with coronavirus infections currently rising in the community. He noted that Covid-19 vaccinations were available to those eligible from the age of 12 as there was no UK licence for under 12s. The Interim Chair added from an Oxford System Leaders Group he had attended the previous day it had been encouraging to hear that there had been no adverse impact on social care since it had become mandatory for staff going into Care Quality Commission (**CQC**) registered care providers/places of residence to be double vaccinated.  The Chief Nurse informed that since the launch of the flu vaccination campaign 36% of the Trust’s front-line staff had been vaccinated. There were two full time staff from the Trust who were dedicated in rolling out the flu vaccination programme who were working flexibly across the Trust’s large geography to complete the programme. Staff at mass vaccination centres were now included in the base-line figure of 6,000 staff to be vaccinated. Vaccination up-take at the centres was being progressed for inclusion of agency staff and to ensure accurate reporting data was being input into the Trust in addition to national systems. An initiative was for a qualified vaccinator to be available on every shift to assist with the roll out of the programme. Vaccine up-take was monitored at the weekly Flu meeting, of which she was Chair. To assist in flu vaccine uptake a flexible range of options for staff to access an vaccination had been made available, and vaccinations would be open to all staff from 01 December 2021. The Chief Pharmacist and Clinical Director for Medicines Management informed the Committee that approaches were in place for Covid-19 boosters for in-patients.  The Clinical Director, Community Services said a continued proactive approach was required for front-line staff who had not yet had a first Covid-19 vaccine as the date of compliance for a first vaccination would be in early February 2022. The Committee discussed the sensitivity of outreach messaging to staff around the legal requirement for front-line staff to be double vaccinated.  **The Committee noted the oral update.**  *Lynda Dix and Britta Klinck joined the Committee.* |  |
| **4.**  a  b  c | **Quality and Clinical Governance Sub-Committee Highlight Report**  The Chief Nurse presented paper QC 45/2021 Quality and Clinical Governance Sub-Committee (**QCG-SC**) Highlight Report. She stated the escalation part of the QCG-SC report closely aligned with the following paper at Item 5, Quality and Safety Dashboard, and although there was some duplication across the reports each report informed the other and both were key in identifying escalations and supporting mitigations. The QCG-SC met monthly and was co-chaired by herself and the Chief Medical Officer. The four Directorates presented at each meeting, two as a verbal update and two in more detail that provided a deep dive into the service. Good practice was celebrated and shared, with concerns and issues being reviewed. Work of the QCG-SC incorporated covering the CQCs National Quality Standards for, Caring, Safety, Effectiveness and Responsiveness, and she drew attention to the breadth and scope of the areas covered for the previous two months. She highlighted it was the responsibility of the Directorates to escalate matters and highlighted the main two issues were recruitment and retention, and demand and capacity. The QCG-SC reviewed what to escalate, mitigate, or channel into Quality Improvement (**QI**) measures. The Chief Nurse clarified for the Chief Executive that the Quality and Safety dashboard triangulated information that included vacancy rates that could assist in deploying HR resources.  The Chief Nurse informed the Committee that Oxford Clinical Commissioning Group (**CCG**) had recently requested the return of non-recurrent funding of £1.5 million the Trust had received some 2-3 years previously to go towards reducing waiting times for Child and Adolescent Mental Health Services (**CAMHS**) to 4 weeks. She said the Trust had completed Quality Impact Assessments and was in communication with Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System (**BOB ICS**) regarding this matter to achieve a resolution. The Chief Executive confirmed the Oxfordshire Place Based Board would be reviewing the matter that would require to be resolved by the end of the financial year. The Interim Chair commented the action by the CCG was in opposition to one of their stated priorities of improving services for children’s mental health services as an acutely needed service.  **The Committee noted the report.** |  |
| **5.**  a  b  c  d  e  f | **Quality and Safety Dashboard**  The Chief Nurse presented paper QC 46/2021, Quality and Safety Dashboard outlining the report offered an ‘at a glance view’ of performance for all clinical services across the Trust, both for inpatient and community and covered a range of quality measures and indicators from the domains of safe, effective, and caring.  The Chief Nurse said the report provided detail around ‘fill rates’ a mandatory requirement to be reported to the Board and included agency usage. In the main fill rates remained above the required 90%, however at times there were dips in the number of registered nursing staff on a shift. Fill rates were reviewed at the Weekly Review Meetings, and Matrons and Heads of Nursing met twice weekly to review any current issues and ensure adequate forward planning for staffing. She outlined many areas continued to have high agency staff usage, in particular the forensic units, and recapped that the Director of Workforce and Transformation, with involvement from herself and the Chief People Officer were progressing with the ‘Improving Quality Reducing Agency’ (**IQRA**) programme. She highlighted the recruitment of international nurses, as part of the IQRA programme would ensure there would be no vacancies in Community Hospitals by the end of the year. She referenced the Director of Workforce and Transformation had undertaken an establishment review of all in-patient units which had identified there were currently not enough staff employed to cover rotas, necessitating the use of agency even though the vacancy rate was low. This was being reviewed and would be reported in more detail at a future QC.  *Vivek Khosla joined the meeting.*  The Chief Nurse articulated the paramount importance of the workforce to the Trust highlighting it was a priority for the leadership of the Trust to improve workforce recruitment, retention, and sustainability. There were several Community Teams who were particularly challenged largely Adult Mental Health Teams (Oxon City and North East) and District Nursing Services (Oxon City and South West). The Director of Workforce and Transformation was working closely with Clinical Leads and Clinical Directors, in Community Services to address agency staffing and capacity in these areas. The Committee discussed how the report could be used in other forums and for triangulation with workforce reports to highlight and support key areas of concern in conjunction with the Chief People Officer. The Chief Executive added the importance of having strong leadership on wards in maintaining quality standards and safety for patients.  The Chief Nurse replied to the Chief Executive’s observation that mandatory training appeared low highlighting there were several factors: the relaxation of some training in line with NHS England/Improvement (**NHSE/I**) and CQC messaging in response to the pandemic; IPC regulations affecting the ability to have face to face training; and transfer of information and recording issues with the Trust’s new On-line Training system that was being addressed. She added Operational Management Teams were ensuring a Resus and Positive Engagement and Caring Environment (**PEACE**) trained nurse were on all shifts.  The Interim Chair highlighted there were a number of persistent issues and areas that despite being identified and efforts being made continued to be problematic, an example being the recruitment of Speech and Language Therapists when there was a known national shortage. He posited should the Trust be prepared for the permanence of some issues with a mandate by the Board to support. The Committee reflected. The Deputy Chief Nurse commented it involved continually challenging thinking beyond traditional frameworks and models to ascertain the needs of the workforce in the future. The Interim Chair summarised that there was a continued resilience for innovation in the midst of a perpetual crisis but acknowledged that the Trust was operating satisfactorily in the short term.  **The Committee noted the report.** | **MC** |
| **6.**  a  b  c  d  e  f  g | **Compliance and Regulation Update**  The Chief Nurse presented paper 47/2021, CQC Update Report citing the report comprised an update on outstanding actions from the 2019 CQC inspection, and progress on the Journey to Outstanding.  The Chief Nurse stated a Trust wide Regulatory Action Monitoring Group had been formed to combine monitoring of: CQC actions from inspections; complaints; and patient incidents for overarching oversight and met on a bi-monthly basis. The outstanding actions for completion were mainly allocated to Estates with actions being delayed for exceptional reasons such as access for some throughout the pandemic.  The Chief Nurse outlined the progress on the Journey to Outstanding programme. She informed the programme had commenced at the beginning of July 2021 with all services receiving a CQC Self-Assessment proforma for completion by the end of that month, with self-ratings subsequently being ratified. She informed staff had engaged positively in the process and training workshops were being co-designed for delivery to ensure maximum engagement and consistency across all Directorates. She referenced that Well-Led was now the only assessment that received a Trust wide rating, all other service lines achieved ratings via the self-assessment method.  The Executive Director for Digital and Transformation provided an update that in relation to Estates CQC actions. He informed he had commenced a review of suppliers which had been where some issues had arisen and that he was currently undertaking visits to major sites to assess all works and to ensure outstanding CQC actions were completed.  The Chief Executive raised a concern about the ambient temperature for the storage of medications being too high in drugs rooms referring to a significant value of drugs requiring disposal from one drug storage room. The Chief Pharmacist and Director for Medicines Management replied that all areas where medications were stored were monitored for temperature, and that mitigations and controls were in place to redeploy any medicines that had been stored in a temperature exceeding 25 degrees for a period of time thereby reducing shelf life. These medications were removed to another area where they could be used and the overall wastage of medications for the Trust was very low. It was recognised there were more technicalities required for the Dental Department and outstanding works were planned for completion.  The Interim Chair questioned how realistic the Journey to Outstanding was. The Chief Nurse explained that messaging would be important to be relevant and to empathise with the reality of those delivering the services, and in particular those services under pressure requiring support to stabilise before moving up a level. The priority remained to deliver ‘Outstanding Care by Outstanding People,’ taking into consideration staff well-being. The Chief Executive expressed the Journey to Outstanding was not unrealistic and that outstanding care equated to efficient care. He noted areas for improvement had already been identified with efforts being undertaken to address these such as: the investment in new laptops to improve productivity; and the recruitment of international nurses in support of workforce challenges leading towards the journey to achieve outstanding that would support Oxford Health in being an attractive place to work. The Chief Nurse added the Journey to Outstanding required an embedded QI strategy and approach in conjunction with the embedment of a Restorative Just Culture as opposed to just service delivery.  **The Committee noted the report.**  *Nick Broughton left the meeting.* |  |
| **7.**  a  b  c | **Quality Account**  The Chief Nurse presented paper QC 48/2021, Quality Account: Objectives 2021/22 that provided a 6-month update on progress against the 16 quality objectives identified for 2021/22 with progress details and forecasts for achievement. She highlighted the objective to develop and launch a new e-learning course for staff as an introduction to autism had been launched but was now on hold as the Trust was part of the national Oliver McGowan mandatory training in Autism pilot. Alternative support was in place until roll out of training following the pilot.  Bernard Galton enquired how the Trust would be embedding a Restorative Just and Learning Culture approach with only a target of 25 staff to be trained in a year. The Chief Nurse responded embedding a Restorative Just and Learning Culture would evolve over several years and it was not appropriate or viable to train all staff owing to the steep cost of the course. The plan was to have a range of staff at all levels to be trained to enable to pass on the four step approach principles of the programme. The Chief People Officer would be undertaking the training and this would ensure the principles would permeate into HR processes. Two key leads in the Patient Safety Team had received the training, and the approach and language was being used for reviews in Serious Incidents. Messaging of a Restorative Just and Learning Culture would continue to staff for awareness and to assist in a shift in culture.  **The Committee noted the report.** |  |
| **8.**  a  b  c  d | **Positive and Safe**  The Deputy Chief Nurse presented paper QC 49/2021, Positive and Safe Committee report that provided an update of the Positive and Safe Quarter 2 (**Q2**) data and work streams. The Positive and Safe Committee offered oversight and monitoring of all areas of restrictive practise across Mental Health and Learning and Development Wards and included: physical restraint; prone restraint; seclusion; rapid tranquilisation; and long-term segregation. She stated restrictive practice recording showed the trend of a steady reduction across all areas of restrictive practice in Q2 in comparison to Q1 in the current year, and for all areas in Q2 the previous year except for rapid tranquilisation. She pointed out that on occasions there could be a single complex patient that could influence overall trends as was the case in Q2 reporting.  The Deputy Chief Nurse said one of the workstreams was focusing on the reduction in prone restraint to move towards eventual elimination. This workstream included the use of alternative injection sites with training provided to support this. Safety pods were in the process of being set up on all wards, and training would be provided in how to use safety pods in assisting a patient in withdrawal from seclusion. She informed preparatory work was being undertaken to support the launch of the National Quality Improvement collaborative for Improving Sexual Safety in Mental Health wards, and as part of developments in reporting the baseline numbers for the Trust might increase. A current risk was unreliable information available against mandatory PEACE training since the Trust’s transfer to a new On-line Training system, however this was in the process of being resolved and records were being kept locally.  The Interim Chair recognised and acknowledged the resilience and flexibility of staff and managers working on Mental Health wards in the huge shift in making qualitative changes in practice and new ways of working.  **The Committee noted the report.**  *Ros O’Neil and Marco Pontecorvi left the meeting.* |  |
| **9.**  a  b  c  d | **Learning from deaths**  The Chief Medical Officer presented paper 50/2021, Learning from Deaths and outlined the process of how deaths are reviewed by the Trust’s Mortality Review Group (**MRG**). He stated there had been two peaks in a rise in deaths during the period of the pandemic, in April 2020, and January 2021. Otherwise, he reported there were no significant changes in the number of deaths or trends to highlight.  The Committee discussed key themes identified and noted the importance for communication and involvement of family members during care, joint working, and liaison with other agencies. It was noted it was the responsibility for all services to achieve on-going joined up care with all agencies to manage sometimes complex situations and social circumstances.  The Chief Medical Officer recommended for consideration for a Non-Executive Director to be associated with the MRG for impartial oversight.  **The Committee noted the report.** |  |
| **Effectiveness** | | |
| **10.**  a  b  c | **Operational and Strategic Risks: Trust Risk Register and Board Assurance Framework**  The Trust Solicitor and Risk Manager presented paper QC 51/2021, Operational and Strategic Risks: Trust Risk Register (**TRR**) and Board Assurance Framework (**BAF**) update. He highlighted BAF 1.6 – Demand and Capacity for review to test the effectiveness of controls, assurances, and actions. This linked with paper 45/2021 Quality and Clinical Governance Sub-Committee Highlight Report at item 4. The Committee reviewed the update and agreed for the risk level to remain unchanged. It was noted that despite all possible mitigations currently in place capacity and demand remained a significant issue for the Trust.  **The Committee noted the report.**  *The Committee took a 5-minute break.* |  |
| **11.**  a  b | **Clinical Audit and NICE Assurance update**  The Chief Medical Officer presented paper QC 52/2021, Clinical Audit and National Institute of Clinical Excellence Assurance Update Report highlighting that much of clinical audit had ceased during the response to the pandemic and was now re-starting. The Clinical Audit Group would be re-commencing after stopping for a year and would report into and be reviewed by the QCG-SC. The Chief Nurse informed the plan was to review the clinical audit plan for presentation at the February 2022 QC and would incorporate a QI approach. It was noted that the Care Programme Approach was being abandoned by the NHS over the next six months so an alternative way to audit care plans would be required.  **The Committee noted the report.** |  |
| **12.**  a  b  c  d  e  f | **Medicines Management**  The Chief Pharmacist and Director of Medicines Management presented paper QC 53/2021 Medicines Management, the regular update of the oversight and use of medicines in clinical services within the Trust to the QC. He informed the Committee work was being undertaken with other organisations across BOB to develop an Integrated Pharmacy and Medicines Optimisation plan to fit in with the new ICS strategy that would support collaborative working. The medicines strategy proposal would be reviewed by the Executive Management Committee for alignment with the Trust Strategy before submission to NHSE/I.    He highlighted an area of priority for the Medicines Safety Group was reviewing and improving the use of high-risk medicines, one of which was Sodium Valproate. Work was being undertaken with the Clinical Application Support Team to enhance the management and monitoring of patients on this medication by introduction of a live dashboard.  The Chief Pharmacist and Director of Medicines Management updated that the wholesaler dealer’s authorisation required for operation by Oxford Pharmacy Store (**OPS**) had been renewed. He mentioned a major deficiency identified following an inspection in April 2021 by the Medicines and Healthcare products Regulatory Agency (**MHRA**) was being mitigated and was continuing to be addressed as the technical issue raised had wider ramifications than just Oxford Health.  The Interim Chair on behalf on the Committee congratulated the OPS Team on revalidation by the MHRA and for leading the integration of medicines management optimisation for BOB ICS.  The Chief Medical Officer mentioned in terms of patient safety and incident reporting the pending introduction of electronic prescribing would alleviate the issue of any complications arising in medications for patients when transferring from an in-patient to an outpatient. He added medicines were a massively wasteful utilisation in the NHS and for mindfulness in changing ways both as individuals and as an organisation in the resource, waste, and carbon aspects in medicines management.  **The Committee noted the report.**  *Natalia Campos, Sophie Black, Lucy Gardner, David Hunt, Josephine Isaacs, Kirstie Tillier, and Ellen Tutisani joined the meeting.* |  |
| **Quality Improvement** | | |
| **13.**  a  b  c  d  e  f  g | **Oxford Healthcare Improvement Centre update (including project update)**  The Chief Nurse introduced paper QC 54/2021, Oxford Healthcare Improvement – Quarter 2 2021/22 update report that incorporated updates on: OHI teambuilding; building QI capacity and capability; QI project updates; QI training, and OHI draft strategy implementation plan. She introduced those who had joined the meeting to present the QI Spotlight Project, ‘The Dining Room Project’ at Cotswold House, Oxford, an Adult Eating Disorder (**AED**) 14 bedded unit.  The Dietician outlined ‘The Dining Room Project’ had developed from aspiring to improve mealtimes that were a core part of weight restoration for AED patients and formed part of the therapeutic intervention. Mealtimes were highly anxiety provoking not only for patients, but for staff in how to support patients, and there had been little research into meal restoration for those with AED. Following preliminary work undertaken in 2019 based on behaviours observed during mealtimes, QI funding had been sought and gained to look at findings more closely in addressing mealtime culture.  *Bill Tiplady left the meeting.*  Three interventions phased in from February 2020 were: the introduction of a host role at mealtimes; co-designed job descriptions between patients and staff; and a weekly dining room goals group. The interventions were co-designed between patients and staff with agreed outcome observations, and feedback using the problem-solving model PDSA – Plan, Do, Study, Act. The project achieved a calmer more positive mealtime environment and reduction in eating disorder behaviours and received positive feedback from both patients and staff. She noted there was high agency use at the AED unit and training ‘flash cards’ had been developed to ensure all new staff were trained for mealtime competencies and this approach had worked well.  *The Committee observed 2 minutes silence in recognition for Armistice Day.*  The Research Lead informed the dining room goals group included patients and staff to include a dietician and occupational therapist. It was a self-monitoring group. Patient feedback reported the group was a less stressful environment to discuss struggles and goals whilst making staff aware of issues. He stated feedback from the group overtime was extremely positive and valuable for practices at Cotswold House and was used in developing care planning and sustainable goal setting. The Dietician reiterated the QI work had been beneficial and continued to make a real difference for patients and staff at the unit. The project had been a positive focus during the response to the pandemic and had offered a shared purpose and equal partnerships. The project had assisted in sustained improvements and in how care was being shaped and provided. The project had had papers published and presentations had been made at national conferences.  The Chief Nurse gave recognition to the challenges the team had faced running the project during the pandemic. She noted that positive outcomes had been achieved for patients despite the high levels of vacancies and agency staff on the unit. This had been achieved by co-production working and working in collaboration for shared understanding.  The Interim Chair congratulated all those involved in the project and gave recognition for the opportunity to disseminate the project value to others. He recognised that during the Trusts response to the pandemic it was a significant achievement.  **The Committee noted the report.**  *Natalia Campos, Sophie Black, Lucy Gardner, David Hunt, Josephine Isaacs, Kirstie Tillier, and Ellen Tutisani left the meeting.* |  |
| **Caring and Responsive** | | |
| **14.**  a  b  c | **Experience and Involvement Report**  The Chief Nurse presented paper QC 43/2021, Experience, and Involvement Report for Q1 and Q2 outlining the report covered: measurement of people’s experience when accessing services and receiving care; how feedback is being used; and how patients and families are involved in implementing co-production in all service improvements. She highlighted reviews received via ‘IWantGreatCare’ had started to increase again, having dipped during the pandemic when it had not been possible to conduct surveys in person. She informed information was being triangulated to incorporate themes from: complaints; patient safety incidents; prevention of future deaths; information from the internal quality and safety dashboard; and this assisted in informing the Trust-wide QI project of improving communication with families and service users. She added based on the criteria used for comparisons with other NHS Trusts the Trust was broadly the same as the national average for physical health services, and better than average for mental health services. A 3-year experience and involvement strategy plan was currently being developed and involved co-production with patients and families.  The Committee discussed the change in the public mood towards the NHS and instances of aggressive behaviour by the public/relatives/patients to staff in the Trust. It was noted there was increasing frustration from the public in not being able to immediately access some services, such as Dental Services, and there had been an increase in MP complaints around CAMHS waiting lists. The Chief Nurse stated the reintroduction of posters and messaging to reiterate tolerance and expectations of patients and visitors had been actioned in Community Directorate Wards, following issues being raised by staff. The Chief Medical Officer expressed the importance of co-production work and engagement with a wider group of people would generate enhanced healthcare services where co-production was at the centre. It was acknowledged the Trust’s position in not meeting demand formed part of a wider scale picture across BOB, and nationally with NHS resources not meeting demand, and how to best manage public expectations of services. The Interim Chair stated it was a challenging period for all and pressures around demand and capacity and expectations would not abate soon.  **The Committee noted the report.** |  |
| **Research** | | |
| **15.**  a  b | **Oxford Health Biomedical Research Centre**  The Chief Medical Officer presented paper 56/2021 Oxford Health – Biomedical Research Centre (**OHBRC**). He outlined the paper provided a comprehensive overview of activity that had been undertaken, and future objectives. The renewal process for OHBRC was underway and partnership working linking Oxford University Hospital BRC and OH BRC were being developed.  **The Committee noted the report.** |  |
| **Policies and Governance** | | |
| **16.**  a  b | **Provider Collaboratives – reporting and governance**  The Chief Nurse gave an oral update on the position with reporting and governance on Provider Collaboratives (**PCs**) the Trust was Lead for, reminding the Committee all three PCs were live now. The quality and clinical governance oversight of the PCs was managed by the Strategic Quality Forum of which she was Chair, and there was good governance at all PCs at a local level. The governance structure of the PCs was supported by using the NHSE quality framework. For overarching oversight by the Trust, it was proposed for an escalation report from the Strategic Quality Forum to come to the QC to understand partner qualitative measures.  **The Committee noted the oral update.** | **MC** |
| **17.**  a  b | **The Management of Home Oxygen to People who Smoke Policy**  The Clinical Director, Community Services presented paper QC 57/2021, Oxfordshire Policy for the Management of Home Oxygen for Patients who are known to smoke. He informed the revised policy had been approved via the QCG-SC and was being presented for final approval at the QC.  **The Committee APPROVED the Oxfordshire Policy for the Management of Home Oxygen for Patients who are known to smoke.** |  |
| **18.**  a  b | **Quality Committee Annual Report**  The Interim Chair referred to QC paper 58/202, Quality Committee Annual Report stating that an updated version would be re-presented at the next Quality Committee.  **The Committee noted the update.** |  |
| **19.**  a | **AOB**  Contributions were received from two attending Trust governors covering: Health inequalities and disparages arising from the pandemic; Triangle of care; and communication and expectation of Trust services to the public. |  |
| **20.**  a | **Review of the meeting**  None. |  |
|  | **Meeting closed at** 11:43  **Date of next meeting**  10 February 2022 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)