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

**Quality Committee**

**RR/App 17/2023**

(Agenda item: 27(g))

**Minutes of a meeting held on**

**Thursday, 10November 2022 at 09:00**

**via virtual Microsoft Teams meeting**

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| **Present[[1]](#footnote-2):** |  |
| Andrea Young | Non-Executive Director (Committee Chair) (**AY**) |
| Marie Crofts | Chief Nurse (**CN/MC**)  |
| Grant Macdonald | Executive Managing Director for Mental Health and Learning Disability & Autism Services **(GMcD)** |
| Karl Marlowe | Chief Medical Officer (**KM**) |
| Kerry Rogers | Director of Corporate Affairs and Company Secretary (**DoCA/CS/KR**)  |
| **In attendance[[2]](#footnote-3):** |  |
| Rob Bale | Clinical Director Oxfordshire & BSW Mental Health Directorate (**RB**) – *part meeting* |
| Nick Broughton | Chief Executive (**NB**) – *part meeting* |
| Charmaine DeSouza | Chief People Officer (**CDS**) – *part meeting* |
| Lynda Dix | Head of Nursing Forensic Services (**LD**) (Deputising for Jude Deacon, Service Director, Forensic Services) |
| Jo Faulkner | Head of Forensic Services (**JF**) (Deputising for Rami El-Shirbiny Clinical Director, Forensic Services) |
| Angie Fletcher | Head of Quality Improvement (**AF**) - *part meeting*   |
| Rose Hombo | Deputy Director of Quality (**RH**) |
| Jane Kershaw | Head of Quality Governance (**JK**) |
| Britta Klinck | Deputy Chief Nurse (**BK**) |
| Tina Malhotra | Interim Clinical Director, Buckinghamshire (**TM**) - *part meeting*   |
| Sue Marriott  | Executive Assistant (Minutes) (**SM**) |
| Michael Marven | Chief Pharmacist and Clinical Director for Medicines Management (**MM**) |
| Pete McGrane | Clinical Director, Community Services (**PMcG**) (Deputising for Ben Riley, Executive Managing Director Primary, Community and Dental Care)  |
| Ros Mitchell | Clinical Director and Deputy Chief Medical Officer(Quality and Patient Safety) (**RM**) |
| John Pimm | Clinical Psychologist & Clinical and Professional Lead Bucks Psychological Therapies Pathway and Head of Service IAPT (**JP**) - *part meeting*  |
| Kirsten Prance | Associate Clinical Director (**KP**) - *part meeting* |
| Dr Lisle Scott | Personality Disorder Clinical Lead Community Mental Health Framework (**LS**) - *part meeting*  |
| Hannah Smith | Assistant Trust Secretary (**HaS**) - *part meeting*  |
| Heather Smith | Chief Finance Officer (**HeS**) |
| Bill Tiplady | Associate Director of Psychological Services (**BT**)  |
| David Walker | Trust Chair (**DW**) |
| Susan Wall | Corporate Governance Officer (Minutes) (**SW**) |
| Helen Ward | Head of Quality, OCCG representative (**HW**)  |

**Governor observers:**

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| Carl Jackson | Appointed governor, Buckinghamshire County Council - *part meeting* |
| Vicki Power | Staff governor, Community Health Services - *part meeting* |

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| **1.**abc | **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. Geraldine Cumberbatch, Non-Executive Director; and
2. Ben Riley, Executive Managing Director for Primary, Community & Dental Care (deputised by Pete McGrane, Clinical Director Community Services).

Apologies for absence were noted from the following regular attendees: 1. Jude Deacon, Director of Forensic Services and Thames Valley Prisons Mental Health (deputised by Lynda Dix, Head of Nursing, Thames Valley Forensic Service);
2. Matt Edwards, Director of Clinical Workforce Transformation;
3. Rami El-Shirbiny, Clinical Director, Forensic Services (deputised by Jo Faulkner, Head of Forensic Services);
4. Neil McLaughlin, Trust Solicitor and Risk Manager; and
5. Martyn Ward, Executive Director, Digital & Transformation.

The Chair confirmed the meeting was quorate. | **Action** |
| **2.**abcdefg | **Minutes of the Quality Committee on 15 September 2022 and Matters Arising**The Chair welcomed all to the meeting.The minutes at QC 52/2022 Minutes of the Quality Committee (**QC**) on 15 September 2022 were approved, and minutes at RR/App 13/2022 Minutes of the Quality Committing 14 July 2022 were ratified. ***Matters Arising*****Learning from deaths**The Director of Corporate Affairs and Company Secretary informed the role of a Non-Executive Director Champion for Learning from Deaths was no longer a statutory requirement in new guidance from NHS England (**NHSE**), however consideration for best practice was being reviewed for oversight and scrutiny as details in the new guidance linked to historical information where the role had previously been statutory. *The appointed governor, Buckinghamshire County Council joined the meeting.***Safeguarding training**The Chief Nurse updated the Committee regarding safeguarding training levels which were reviewed at every Safeguarding Committee, with training for Level 2 being satisfactory and progress being required for Level 3 which had only just become mandatory. Streamlining of training, updating of internal training matrices, plus additional training sessions were planned. It was noted future reports would include safeguarding training figures. Action was closed.**Mapping of Quality Improvement work against key risks**The Chief Nurse confirmed relevant information was being reviewed at the Quality and Improvement Group and would be included in the next Quality Improvement (**QI**) programme report by the Head of Quality Improvement. Action was closed.The Committee noted that the following actions were being progressed:* 3(b) Learning from deaths (September 2022); and
* 16(c) Policy Register (July 2022).

The Committee noted that the following actions were complete or on the agenda:* 4(d) Quality and Clinical Governance Sub-Committee Highlight Report – review of action timelines (May 2022); closed as information now included in report;
* 5(c) Quality and Safety Dashboard (May 2022) – month on month comparison data – closed now included in report;
* 10(e) Delivery of Personality Disorder Services to meet the needs of the population (May 2022);
* 13(d)-(e) Operational and Strategic Risk: Trust Risk Register and Board Assurance Framework (May 2022) – completed;
* 10(d) Updated descriptions for BAF 1.5, BAF 1.6 & BAF 3.1 (July 2022);
* 11(c) Mapping of QI work against key risks (July 2022) – closed;
* 7(b) Medicines Management, CQC engagement session (September 2022) – closed; and
* 13(c) Safeguarding training (September 2022) – closed.
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| **SAFETY** |
| **3.**abcdefg | **Quality and Clinical Governance Sub-Committee (QCG-SC) Highlight Report & Quality and Safety Dashboard**The Chief Nurse presented papers QC 53/2022 Quality and Clinical Governance Sub-Committee (**QCG-SC**) Highlight Report that provided updates from September and October 2022 QCG-SC meetings; and QC 54/2022 Quality and Safety Dashboard. The Chief Nurse highlighted the following escalations of note from the QCG-SC report:* significant delays in patient transfer to more secure units owing to lack of availability and issues arising around this. The Chief Executive informed he was involved nationally in discussions regarding the shortage of provision for women’s enhanced medium secure services;
* some progress had been realised from actions in place around the shortage of substantive nursing, medical and therapy staff across the Trust, notably: all Registered Nurse vacancies in Community Hospitals were now filled; and agency nursing spend had reduced in October 2022 by £1.8 million compared to the same time the last year with a forecast saving of £3.3million for the next month; and

*The Head of Quality Improvement and the Interim Clinical Director, Buckinghamshire joined the meeting.* * waiting lists were rising as a result of: increased demand; staff vacancies; and the aftermath of Covid. The Clinical Director Community Services highlighted the position was complex and it was a system wide issue requiring bigger decisions to be made. The Trust had undertaken a rapid improvement week to focus on looking at new ways in how to address this area.

The Chief Nurse referred to the Quality and Safety Dashboard report that detailed a range of quality, activity and workforce indicators for teams, highlighted any areas of risk, and included mitigation plans and escalations. The information within the dashboard was reviewed every Monday at the Weekly Review Meeting (**WRM**) chaired by the Deputy Chief Nurse where any concerns were reviewed from the previous week and any immediate issues and actions noted.The Chief Nurse/Deputy Chief Nurse highlighted: no wards were highlighted as ‘red’ although there were significant pressures in mental health; there were high levels of vacancies in Buckinghamshire; hot spots were being addressed by the Heads of Nursing with Clinical Directors although the Chief Nurse noted there needed to be a Trust wide approach to recruitment and retention; prone restraint reported figures were being reviewed with good progress being made across the Trust; a Safer Staffing Group had been launched to look at acuity with staff side engagement; and extra support for community teams under pressure and revised marketing for recruitment was in place. In response to a query from the Chair the Deputy Chief Nurse gave assurance to the Committee that staffing ‘fill rates’ were reviewed at the WRM. Regarding the high turnover of staff raised for Ruby Ward there was now stable leadership and a staffing implementation plan was in place. Services under pressure had regular oversight and support from relevant Executive Directors. The Chair welcomed the assurance and the reported mitigation activity in managing issues. The Chair summarised for highlight to the Board: most of the quality concerns related to staffing issues; there were some mental health hot spots where actions were in place with executive scrutiny and support; Safter Staffing reporting would be reviewed by the Deputy Chief Nurse to ensure data accuracy; it was anticipated improvements would start to be seen on retention and workforce; and medical recruitment had been undertaken in support of the Out of Hours Service.**The Committee noted the reports.***The Chief People Officer and the Associate Clinical Director joined the meeting.* |  |
| **5.**abcdefghi jklmno | **Quality & Clinical Governance Sub-Committee deep dive: Forensics** The Chair introduced the item with supporting paper QC 55/2022 Edenfield Panorama documentary: Forensic Directorate. The deep dive update was in response to a letter all trusts had received from Claire Murdoch, National Director for Mental Health to review services to ascertain if issues portrayed in the Edenfield report pertained to any other Trusts. The Chair stated the report would be accepted as read and for the Head of Nursing Forensic Services to give a sense of: how change could be measured against the actions put forward; were there any resource issues; and if any support would be required from the Board in implementing the action plan. The Head of Nursing Forensic Services highlighted it was important to ensure that all information was used including soft intelligence which was less tangible but often provided early warning signs. The Team had been assured by the review, however there were gaps in Multidisciplinary Team (**MDT**) leadership and work had been on-going to improve this with structures being changed to support responsibilities, quality, and expectations.  The Head of Nursing Forensic Services highlighted four key priorities:* MDT lead planning – a working group was in place to address implementation;
* patient experience – progress had been made, however there was more to do to align with Trust strategy, and Peer Support Workers would be starting in January 2023;
* patient and carer involvement – all had been written to as part of the review work for feedback; and
* CCTV and associated governance – was being reviewed by the Positive and Safe Network group. The project would need capital support for 10 wards if it went ahead, and a decision may be superseded by national expectations.

The Chief Executive welcomed the report and reminded the service of the Freedom to Speak Up Guardian and for there to be more colleague awareness and encouragement to engage in this service. The Head of Nursing Forensic Services confirmed that the role of the Freedom to Speak Up Guardian was detailed in the plan actions. It was noted for continued awareness in raising the profile of the service. The Deputy Chief Nurse informed that a separate group as part of the Positive and Safe Committee had been set up, with its first meeting that day, promoting positive patient cultures across all the Trust’s mental health inpatient wards/units. It was an action planning and implementation group with a workplan that would evolve with progress being reported under Positive and Safe to the Committee.The Chief Finance Officer offered support via the Information Management Group regarding planning, policies, and governance around CCTV implementation as it would be necessary for this to dovetail into the Patient Safety Framework initiatives. The Executive Managing Director for Mental Health and Learning Disability & Autism Services highlighted there was a methodical approach in the way the Trust did business with National Standards and CQC indicators, and the time the Forensics team had taken in reflecting and challenging in their deep dive response was commendable and was what would make the difference in the service provided. The Chief Nurse concurred, highlighting a lot of work had been achieved on: culture and behaviours that was a key strand of the Nursing Strategy on nursing standards and behaviours; training and support of healthcare workers; and quality assurance visits. A broader report would be presented to the Board at the end of the month on Edenfield to outline the Trust’s approach of quality assurance.The Trust Chair welcomed the clear and rational document that would support in addressing any concerns raised by governors at their Council of Governors meeting the following day. He asked for consideration around if there was a quality resource dimension that would need a higher unit price for mental health. The Chief Nurse stated one of a number of reviews was that of the patient and experience involvement resource. There were over 85 Peer Support Workers and 2 Lived Experience Facilitators and thinking was required in how co-production could be achieved in a more consistent way.The Director of Corporate Affairs and Company Secretary in an extension to the Chief Executives point stressed the necessity for active promotion across the Trust in the support of the Freedom to Speak Up Guardian. She had recently met with the Complaints and Patient and Liaison (**PALS**) Team Manager to consider how governors could be engaged in PALS ward visits. The Chief Executive added that the staff survey which records how colleagues were feeling would enable is to assess the temperature across the organisation. The Head of Nursing Forensic Services said the report had attempted to think about what the protective factors were and how these could be built into the culture long-term.The Associate Clinical Director highlighted that moving forward culture change needed to link into the Restorative Just and Learning Culture initiatives so both aspects were covered.The Chair requested for an update report to come to the committee in six months to review: what had worked or not; for any indicators in culture shift resulting in a positive and caring environment; wider impact on services; and learnings.The Chief Medical Officer stated: around the utilisation of CCTV and observations it would be useful for a decision to be made at Board level; and noted the Use of Force Act utilised in restricted practice was a statutory requirement. The Chair gave thanks to the Head of Nursing Forensic Services and colleagues for the report and work being taken forward that would be broadened out to all inpatient wards including the work the Deputy Chief Nurse was undertaking in setting high standards through support workers. **The Committee noted the report.** | **GM** |
| **6.**abc | **Quality Account**The Head of Clinical Governance presented paper QC 56/2022 Quality Objectives for 2022/23 (part of the annual Quality Account) that provided: an update for the current year reporting there were no concerns to escalate and work was being undertaken with leads to ensure objectives were achieved by year end; and identified quality objectives for 2022/23 ensuring the Trust’s continual commitment in making quality improvements . The Chair noted the report and requested that the priorities for 2023 reflect our current concerns and strategic priorities and that we should be able to measure our progress. **The Committee noted the report.** |  |
| **7.**abc | **Patient Safety Incident Report (to include mortality and homicide reviews)**The Chief Nurse presented paper QC 57/2022 Patient Safety Incident (**PSI**) Report for the period July – September 2022 which summarised the key learning and actions identified from PSI investigations completed in the period. The Chief Nurse highlighted a system wide review and programme was being put in place to aid communications following the sad case of a death of a patient who was known both to the Trust and the John Radcliffe Hospital. The Executive Managing Director for Mental Health and Learning Disability & Autism Services commented there were long standing challenges in relation to mental health care in any acute provider and a Partnership Board was being planned.**The Committee noted the report.** |  |
| **8.**ab | **Health & Safety Annual Report**The Chair introduced paper QC 58/2022 Health, Safety and Security Annual Report. She stated it was a good, clear paper and subject to no comments she was happy to receive the report, note work undertaken and progress on training. The report would be forwarded to the Board.**The Committee noted the report.** |  |
| **9.**abc | **Learning Disabilities & Autism – access to healthcare progress report**The Clinical Director of Learning Disabilities and Acting Service Director Learning Disability Services presented Paper QC 59/2022 Trust-Wide Action Plan for FY22/23 following Learning Disability Improvement Standards Submission FY21/22 and had previously been presented to executives. The report had been co-produced based on service users and carers needs and provided a clear overview on the identified range of QI standards and the 14 areas where some action was required with oversight by agreed sponsors. The Chair welcomed the report stating it set out a clear action plan and work progress. **The Committee noted the report.** |  |
| **10.**ab | **Quality Compliance & Regulation Update**The Chief Nurse presented paper QC 60/2022 a summary of the new National Patient Safety Incident Response Framework that formed part of the national NHS Patient Safety Strategy that would replace the Serious Incident Framework from Autumn 2023. She informed that work on Restorative Just and Learning Culture would feed into this framework.**The Committee noted the report.***The Committee took a 10-minute break**The Appointed governor, Buckinghamshire County Council and Staff governor, Community Health Services left the meeting.**The Assistant Trust Secretary, Personality Disorder Clinical Lead Community Mental Health Framework and Clinical Psychologist & Clinical and Professional Lead Bucks Psychological Therapies Pathway and Head of Service IAPT joined the meeting.* |  |
| **Effectiveness** |
| **11.**abcdefg | **Delivery of Personality Disorder Services to meet the needs of the population update**The Chief Medical Officer introduced Clinical Psychologist & Clinical and Professional Lead Bucks Psychological Therapies Pathway and Head of Service IAPT and Personality Disorder Clinical Lead Community Mental Health Framework to the Committee who would be presenting paper QC 61/2022 Buckinghamshire Personality Disorder Pathway Development. The report provided information on new services, areas of future work and the overall pathway. The Clinical Psychologist & Clinical and Professional Lead Bucks Psychological Therapies Pathway and Head of Service IAPT reported that Personality Disorder was prioritised by the Community Mental Health Framework Board as a key area for action and spend with wider pathway development being informed by findings from the Buckinghamshire Personality Disorder QI Project. He drew the Committee’s attention to the table highlighting the levels of care with a wider variety of services now available to meet a broader range of population need. The acute care pathway interface ensured that services were appropriate for level of need, and interface between primary and secondary care is improving, and that a difference was starting to be noticed. The Personality Disorder Clinical Lead Community Mental Health Framework stated the service user network would be going live in early January 2023 and was an evidence based model that could be adapted locally using peer support workers to co-facilitate. It would be an open access service, run daily offering both face to face and virtual groups to widen availability in accessing the group and would open up the provision to older adults as part of a transformation project. She reported the following: Mental Health practitioners would assist in the delivery of personality disorder interventions in the community; a prescribing programme would be developed sitting in the interface between primary and community care; a high intensity programme of intervention would assist those who really struggle with engaging with statutory services from March 2023; the current provision would cater for approximately 80-90 patients per year with Plymouth University being commissioned to evaluate from inception to conclusion. The Chief Medical Officer commented that the work was a significant shift in culture from patient outcomes to population outcomes in line with the overarching priority to address population health. The Chair commented that an impact would be expected to be seen on waiting lists, particularly in Tier 3.The Clinical Director Oxfordshire & BSW Mental Health Directorate commented there had been many developments in Oxfordshire particularly around the Elmore Community Services offer before people reached the Trust services, and partnership working with the Primary Care Networks for patients without a diagnosis. The Clinical Psychologist & Clinical and Professional Lead Bucks Psychological Therapies Pathway and Head of Service IAPT said there were gaps in services and it was important for Oxford Health to model services with a sense of responsibility with clear leadership and management arrangements so people would not be dropped, with the branding of services being of importance. The Personality Disorder Clinical Lead Community Mental Health Framework commented that whilst the focus had been on Buckinghamshire, service improvement in Oxford would fit tightly alongside the development of the pathway as the complex needs pathway was not a single service but covered both Oxon & Buckinghamshire with contextual fit. The Chair welcomed the commissioning of the formal evaluation and the population health approach which had formed part of strategy discussion at a Board Seminar the previous day. **The Committee noted the report.***The Personality Disorder Clinical Lead Community Mental Health Framework and Clinical Psychologist & Clinical and Professional Lead Bucks Psychological Therapies Pathway and Head of Service IAPT left the meeting.* |  |
| **12.**abcd | **Clinical Effectiveness Group – to include:**1. **Clinical Effectiveness Group Update; and**
2. **Clinical Audit Update**

The Chief Pharmacist and Clinical Director for Medicines Management reported orally there were no significant issues to highlight from supporting documentation provided at RR/App 14/2022. **The Committee noted the oral updates.**1. **Medicines Management update**

The Chief Pharmacist and Clinical Director for Medicines Management presented paper QC 62/2022 Medicines management update informing there were no escalations to report.**The Committee noted the oral updates and report.** |  |
| **13.** abcdef | **Operational and Strategic Risks: Trust Risk Register (TRR) and Board Assurance Framework (BAF)** The Chair introduced paper QC 63/2022, Operational and Strategic Risks: Trust Risk Register (**TRR**) and Board Assurance Framework (**BAF**) update noting a number of changes and reviews were underway since the last QC meeting. The Assistant Trust Secretary provided a summary update on the position of the BAF risks for which the QC was the nominated monitoring committee and recommendations as outlined in the report. She highlighted that there were two red rated/extreme risks which both related to demand and capacity: * BAF 1.5 (Unavailability of beds/demand and capacity (Mental Health inpatient and LD)), a newly updated risk clarifying a demand and capacity focus for mental health and LD and which had recently been re-rated by the Executive Managing Director for Mental Health & LD as red/extreme-rated; and
* BAF 1.6 (Demand and capacity (Community Oxfordshire)), now focusing upon Community Oxfordshire.

The Committee noted the following:* approval of the closure and removal of BAF 1.3 (Delivery of transformation and effective management of change internally and with partners), as concepts were incorporated in revised risk BAF 3.1 (Failure of the Trust to: (i) engage in shared planning and decision-making at system and place level; and (ii) work collaboratively with partners to deliver and transform services at place and system-level). The Chief Finance Officer approved and in terms of rationale noted the transformation and improvement was captured enough elsewhere;
* BAF 1.5 (Unavailability of beds/demand and capacity (Mental Health inpatient and LD)) risk rating had increased from orange/high to red/extreme whilst BAF 1.6 (Demand and capacity (Community Oxfordshire)) remained red/extreme;
* BAF 3.2 (Governance of external partners) was under review by the Director of Strategy & Partnerships;
* it was proposed that the current risk rating be reviewed for BAF 3.1 (Failure of the Trust to: (i) engage in shared planning and decision-making at system and place level; and (ii) work collaboratively with partners to deliver and transform services at place and system-level); and
* the Chief Nurse agreed the rating for BAF 1.1 (Triangulating data and learning to drive Quality Improvement) could potentially be lowered as there was plenty of QI data and learning.

The Assistant Trust Secretary noted that a variety of risks captured elements relating to the issues highlighted by the Edenfield documentary including BAF 1.1 (Triangulating data and learning to drive QI), TRR 1084 (inpatient self-harm), TRR 1039 (learning from incidents) and TRR 989 (physical health monitoring for service users with severe and enduring mental health). The Forensic Services’ review of quality indicators which helped to ensure an appropriate culture in Forensic Services, as mentioned by the Head of Nursing for Forensic Services in the presentation at item 5 above, was an example of one of the different sources of quality data and learning which needed to be triangulated and used effectively – and the consequences of failure to do this was what the risk at BAF 1.1 (Triangulating data and learning to drive QI) was focused upon. The full risk description of BAF 1.1 was “*A failure to triangulate different sources of quality data and learning to inform and drive the QI programme could result in patient harm, impaired outcomes, and/or poor patient experience*”. The Chair summarised she would alert the Board to the two red rated extreme risks relating to demand and capacity: BAF 1.5 (Unavailability of beds/demand and capacity (Mental Health inpatient and LD)) and BAF 1.6 (Demand and capacity (Community Oxfordshire)), and update the Board on: the closure of BAF 1.3 (Delivery of transformation and effective management of change internally and with partners); and risk ratings were being reviewed for BAF 3.1 (Failure of the Trust to: (i) engage in shared planning and decision-making at system and place level; and (ii) work collaboratively with partners to deliver and transform services at place and system-level) and BAF 1.1 (Triangulating data and learning to drive QI).**The Committee noted the report, the subsequent changes and AGREED to close BAF 1.3 (Delivery of transformation and effective management of change internally and with partners)**  | **MC** |
| **Quality Improvement** |
| **14.**ab | **Oxford Healthcare Improvement Centre update** The Head of Quality Improvement presented paper QC 64/2022 which provided an overview of QI activity across the Trust for Quarter 2 2022/23 and updates on the progression of the QI strategy implementation plan for 2022/23. Since last reporting to the Committee the Trust had declared a critical incident outage in relation to health records however despite the outage much activity had carried on and work continued on Positive and Safe around restraints. She referenced a recent article in the British Medical Journal ‘Improving personality disorder care across mental health services: a system-wide approach’ for colleagues.**The Committee noted the report.**  |  |
| **Caring and Responsive** |
| **15.**abcde | **Experience and Involvement Annual Report** The Chief Nurse presented paper QC 65/2022, Experience and Involvement Annual Report that provided an update on performance against the Experience and Involvement Strategy for 2021/22, and thanked the Head of Quality Governance for collating the report.The Chief Nurse reported the new strategy was in the process of being finalised with engagement by service users, patient groups and carers and would be socialised with the Directorates. A primary focus of the recently appointed Deputy Director of Quality was on patient and carer experience and involvement and she would be reviewing current resources and identifying any further developments and resources needed. The report highlighted areas that required improvement and this would be reviewed with staff and patients to help shape a coproduced improvement plan for the actions. The Chief Nurse stated the ‘I Want Great Care’ was being relaunched and would go ‘live’ later in November.The Chair welcomed the Deputy Director of Quality to the meeting in her new role. **The Committee noted and approved the report.**  |  |
| **Policies and Governance** |
| **16.**ab | **Provider Collaboratives – reporting and governance** The Chief Nurse presented paper QC 66/2022 Provider Collaborative (PC) reporting and governance update. **The Committee noted the report.***The Clinical Director Oxfordshire & BSW Mental Health Directorate left the meeting.* |  |
| **17.**abc | **Inquest & Claims (Legal Services) annual report 2021/2022**The Director of Corporate Affairs and Company Secretary presented paper QC 67/2022 Inquest and Claims (Legal Services) Annual Report 2021/2022 that set out details of claims, inquests and legal services activity during the period 01 April 2021 – 31 March 2022. The report was prepared for the Finance & Investment Committee for financial aspects and was also presented to the QC for learning in how to improve patient safety arising from inquests and claims, and recognised the extensive amount of work that had been carried out during the period by the team. For governance and assurance the team presented a highlight report at the WRM which was then presented at one of the weekly Executive Management Committee meetings. The Chair thanked the Director of Corporate Affairs and Company Secretary for a comprehensive report. **The Committee noted the report.** |  |
| **18.**a | **AOB** None raised. |  |
| **19.**a | **Review of the meeting**The Chair summarised points of interest in the meeting to draw to the attention of the Board at its meeting scheduled for the end of November:* staffing risks remain in community and mental health services;
* significant QI work underway in place looking at safe services;
* new Buckinghamshire Personality Disorder service being rolled out with formal evaluation stepping into strategic space that the Board were looking for;
* Forensics: Edenfield – the service had been responsive and planned to widen its approach to culture, behaviour and skills learning;
* consideration of risk in being part of the PC on CAMHS and flag the impact in delayed transfers of a patient;
* Safer Staffing report data being reviewed for accuracy;
* medical recruitment had been undertaken in Out of Hours Service;
* closure of BAF 1.3 Delivery of transformation and effective management of change internally and with partners;
* alert to two red rated major risks relating to demand and capacity: BAF 1.5 Unavailability of beds/demand and capacity (Mental Health inpatient and LD) and BAF 1.6 Demand and capacity (Community Oxfordshire); and
* risk ratings being reviewed for BAF 3.1 Failure of the Trust to: (i) engage in shared planning and decision-making at system and place level; and (ii) work collaboratively with partners to deliver and transform services at place and system-level and BAF 1.1 Triangulating data and learning to drive Quality Improvement.
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|  | **Meeting closed at 11:58****Date of next meeting:** 9 February 2023 at 09:00 via Microsoft Teams virtual meeting |  |

1. Members of the Committee. The membership of the committee will include executive director members and at least two 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)