Oxleas NHS
NHS Foundation Trust

42nd Meeting of the Council of Governors
Applegarth Suite, Bexleyheath Marriott
15th September 2016, 2.30 pm – 5.00 pm

Governors shall withdraw from any item at meetings or discussions where they have or are likely to have an interest.

AGENDA

Item	Time		Purpose	Presented by	Enc.
1	2.30pm (5mins)	Apologies Welcome	To note	Jo Mant, Head of Stakeholder Engagement Andy Trotter, Chairman	-
2	2.35pm (5mins)	Minutes of the Council of Governors meeting 16th June 2016	To agree	Andy Trotter, Chairman	**1**
3	2.40pm (5mins)	Matters arising	To note	Andy Trotter, Chairman	-
4	2.45pm (30mins)	Chief Executive Update	To note	Ben Travis, Chief Executive	**Presentation**
5	3.15pm (5mins)	Governor Standards Committee update	To agree	Steve James, Senior Independent Chair	**2**
6	3.20pm (15mins)	Board of Directors Meeting – holding NEDS to account update Chair's update on Board developments • NED appointment update • Board sub-committees - Governor representatives	To note To note	Richard Diment, Governor Andy Trotter, Chairman	**3**
7	3.35pm (30mins)	Holding NEDS to account • Jo Stimpson • Archie Herron	To note	Jo Stimpson, NED Archie Herron, NED	-
8	4.10pm (5mins)	Governors activity feedback	To note	Jo Mant, Head of Stakeholder Engagement	**4**

Oxleas NHS
NHS Foundation Trust

42nd Meeting of the Council of Governors
Applegarth Suite, Bexleyheath Marriott
15th September 2016, 2.30 pm – 5.00 pm

Item	Time		Purpose	Presented by	Enc.
9	4.15pm (5mins)	Summer elections results	To note	Jo Mant, Head of Stakeholder Engagement	**5**
10	4.20pm (25mins)	Serious Incident Inquiry report - GE • Summary report and action plan	To note	Jane Wells, Director of Nursing	**6a&b**
11	4.45pm (5mins)	Any other business		Andy Trotter, Chair & Raymond Sheehy, Lead Governor	-
12		**Advance questions**			-
	Date and Time of the next meeting Thursday, 8 December 2016, 2.30-5pm, Applegarth Suite, Bexleyheath Marriott				

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Oxleas NHS Foundation Trust

42nd Council of Governors
15th September 2016

Item 2
Enclosure 1

Agenda item	Minutes of the last meeting of the Council of Governors 16th June 2016
Item from	Andy Trotter, Chair
Attachments	Minutes of 16th June 2016

Summary and Highlights

Key Benefits:

Recommendation:

The Council of Governors to agree the minutes as a true record.

41st Meeting of the Council of Governors

16 June 2016
2.30pm – 5pm, Applegarth Suite
Marriott Hotel, Bexleyheath

Minutes

Chair: Andy Trotter (AT)
Trust Secretary/Associate Director of Corporate Affairs: Sally Bryden (SBr)
Head of Stakeholder Engagement: Jo Mant (JM)

Public Governors	Service User/Carer Governors	Appointed/Partnership Governors
Stephen Brooks (SB)	Jacqueline Ashby-Thompson (JA-T)	Raymond Sheehy (RS)
John Crowley (JC)	Fola Balogun (FB)	Brian Sladen (BSl)
Richard Diment (RD)	Hannah Chamberlain (HC)	
Amanda Finlay (AF)	Jenny Kay (JK)	
Frazer Rendell (FR)	Baeti Mothobi (BM)	
Ben Spencer (BS)	Chris Purnell (CP)	
Carole Wilson (CW)	Raja Rajendran (RR)	
	Mary Stirling (MS)	
	Ken Thomas (KT)	
Staff Governors	**Guests**	
Barbara Cawdron (BC)	Ben Sheriff, Deloitte (BSh)	
Steve Francis (SF)		
Kaye Jones (KJ)		
Joe Nhemachena (JN)		
Suraj Persand (SP)		
Sue Read (SR)		
Mary Titchener (MT)		

In attendance

Non Executive Directors	Executive Directors	Service Directors
Archie Herron (AH)	Ben Travis, Chief Executive (BT)	Iain Dimond, Director of Adult Mental Health and Learning Disability Services (ID)
Steve James (SJ), Senior Independent Director (SID)	Helen Smith, Deputy Chief Executive/ Director of Service Delivery (HS)	Lorraine Regan, Clinical Director/Associate Director, Adult Mental Health and Learning Disability (LR)
James Kellock (JK)	Simon Hart, Director of HR & Organisational Development (SH)	
	Dr Ify Okocha, Medical Director (IO)	
	Jazz Thind, Acting Director of Finance (JT)	
	Jane Wells, Director of Nursing (JW)	

	Item	Action
1.	**Apologies** Irene Badejo, Steve Davies, David Gardner, Rob Imeson, Carl Krauhaus, Andrew Waite, Eimear Mallen, Lesley Smith, Jo Stimpson. AT welcomed new governors John Crowley and Suraj Persand. Alison Spence and Rob Imeson (RI) have left the Council of Governors due to personal reasons. AT acknowledged Alison Spence's contribution and Rob Imeson's work taking forward the Membership Committee. AT congratulated Charlton Athletic Community Trust's recent award of Football League Community Trust of the Year. Although Carl Krauhaus was not present, AT wished to acknowledge the trust and its work with Oxleas service users. AT advised that RD would be the governor representative on the new Bexley Integrated Care Provider Organisation Programme Board.	**Noted**

	Subject to governance compliance, AT would be very happy to welcome governors at board sub-committees as observers. This would help them in holding the non-executive directors to account for the performance of the Board.	
2.	**Minutes of the last meeting of the Council of Governors 17 March 2016** The minutes were agreed as an accurate account.	**Agreed**
3.	**Matters Arising** Page 2, Item 4, Board of Directors Meeting – holding NEDs to account. JM confirmed that a briefing had been sent to governors. Page 3, Item 6, Annual Plan 2016/17 – HS advised that JM had themed all the feedback received from the members' focus groups in February. From this, SBr and JM will pull out key suggestions and progress against these will be tracked. The Membership Committee will monitor progress. Page 4, Item 7, Staff engagement and National Staff Survey 2015 results – SH advised that the trust had commissioned an external review to look at how BME staff are supported in the workplace. A report will go to the Board of Directors in July 2016. Page 8, Item 14, Queen Mary's Hospital update – BT advised that the trust was currently in the process of identifying a name for the new Children's Centre. There was a call for suggestions and a judging panel would decide. The trust would be looking to the same approach for other services.	**Noted** **JM**
4.	**Appointment of Chief Executive** This item was brought forward from Item 8 on the agenda. BT left the room for this item. AT introduced this item. Following the retirement of Stephen Firn, a number of governors had been involved in the recruitment process for the new Chief Executive. RS had sat on the interview panel which included an independent person. The outcome of this process was that BT had been selected as Chief Executive of Oxleas. BT's CV was tabled for governors' consideration. AT advised that he had worked with BT for the last few months and he had been very impressed by BT's energy, ability and suitability for the role. AT asked the Council of Governors to ratify the decision made by the Board to appoint BT as the new Chief Executive. This was **approved** by the Council of Governors.	**Approved**
5.	**External Auditors' report to the governors** Ben Sheriff, Deloitte, presented this item. The external auditor's responsibilities are to: • audit the trust's financial statement, expressing an opinion on whether the trust's accounts give a 'true and fair' view. Deloitte issued an unmodified 'clean' opinion on the 2015/16 financial statements including the remuneration report. • look at the trust's use of resources, reporting by exception if Deloitte is not satisfied that the trust has made proper arrangements for security economy, efficiency and effectiveness in the use of resources. Deloitte did not report any exceptions. • report by exception if the Annual Governance Statement is incomplete or inconsistent with Deloitte's understanding. In Deloitte's audit opinion, no issues were identified. • undertake specified testing of the Quality Report, including testing two national indicators. Deloitte issued a modified limited assurance report and noted recommendations in its private report to governors. <u>Financial Statement</u> Key areas were considered including the funding of Queen Mary's Hospital under the recognition of NHS revenue and provisions. With regard to property valuations, the value of property assets should be updated. These are technical changes in how management make assessments. There were no issues with regard to management override of controls. <u>Quality Report</u> A review of the content and consistency of the Quality Report was undertaken. The Quality Account should give a balanced overview and there were no issues regarding consistency. A minor recommendation was made regarding content, with a more detailed report on recommendations for future years. Information on improvements and glossaries were highlighted. Three specified indicators were tested – two were required by Monitor, and one was selected by the Council of Governors and related to CAMHS goals.	**Noted**

	A modified opinion was issued in respect of the indicators required by Monitor. Delayed transfers of care – there was an issue regarding when to start counting the delay occurring and the trust's reporting was not exactly in accordance with National requirements. The trust had discussed this with Monitor and the reporting remains within National targets. CPA seven day follow-up – there were a number of errors in recording but Deloitte concluded that these errors did not lead to the indicator being materially misstated. A clean opinion was given. CAMHS goals were a CQUIN last year. This year, the goal was expanded to all caseloads, but data extracts were not capturing all the population who should be involved. There were significant issues identified in respect of the local indicator CAMHS goals, but recommendations had been made and actions taken. RD – is data recorded accurately? Was there ambiguity? The issue is more the National definition set around the flow of what a trust and local authority partners do and what time certain things are happening and when. It has been found that when decisions are not being made with the local authority, the clock had not been started properly. AH – this is an issue that is not in our control as it relates to services provided through local authorities. There had been a long discussion at the Audit Committee regarding this matter. BT advised that NHS Improvements (Monitor) were quite comfortable about the National indicator and there was no need to declare a breach. This had not impacted on the trust's governance rating. Deloitte found issues of data quality consistent with KPMG's findings around data quality. The trust is putting in place plans to be assured information the Board sees is correct and is asking KPMG to look at data/indicators. A lot of work has been undertaken creating dashboards for all directorates. These are really good at giving live information and are interactive, giving much more assurance regarding how data is calculated. Work will be completed on the Trust's Integrated Dash board by September 2016. SB – with regard to data collection, do staff spend more time on data than doing their job? BT advised that it was important to have enough data to give assurance but not too much data of not much use. AT advised that data was a serious issue which had been looked at through committees by AH and SJ. JC – observed that the new Chief Executive had previously worked at Deloitte. SJ advised that the Quality Committee had been very bothered about how robust the quality of data was and would continue to focus on it. HC – if the trust has 50 indicators, what are the criteria? BT advised that the Board has developed an integrated dashboard over the last nine months. This is a mixture of indicators – some set by regulators, financial, quality, safety. Some relate to individual services, some are wider. There are patient experience indicators based around the four Must Do's. BT would be happy to share the dashboard with governors.	**BT**
6.	**Financial overview** JT presented this item. <u>15/16 outturn</u> A yearly plan is submitted to Monitor (now NHS Improvement) and the trust is monitored against this. A saving target of £6.8m had been delivered and JT congratulated the executive team on this achievement. Monitor had given the trust a financial rating of '3' which is positive and the trust's cash plan was in line with this. Achieving a £1m surplus had been challenging, particularly due to agency spend mainly in nursing. Agency costs around 25% more and there had been capacity issues in the trust's bedded services. There had been overspends across all clinical services with the exception of Learning Disability, Forensics and Corporate directorates. The year end surplus was £0.1m against the plan of £1m. <u>16/17</u> The plan is for a surplus of £1.1m and it is hoped to attain this target to reinvest. The trust was experiencing its	**Noted**

	highest cash reducing efficiency (CRE) target of £8m and was working with commissioners to look at how things could be done differently. The trust's financial risk rating was '3'. A first Quarter deficit plan had been sent to Monitor and the trust was now achieving against the plan. Most clinical services were overspending with the exception of Older People's Mental Health and Corporate directorates. In summary, the financial situation for the coming year is tight and plans are being developed across the Sector as part of the Sustainability and Transformation Plan. However, compared to others, the trust is best placed to meet the challenge. AT thanked JT for her hard work and acknowledged that the challenge of agency spend would continue. JC – how is the CRE arrived at? There are two elements – national efficiency (with less money and costs going up, how much do we need) and local efficiency (local commissioners are looking to providers to reduce the amount they spend on healthcare). RD – staff problems and agency staff – what progress has been made? Agency caps have been in place for a while and negotiations have taken place with the majority of agencies around the cap. Internally, there is rigour regarding monitoring agency spend. With regard to the recent recruitment drive, the impact should be seen in the last six months of the year. Consideration would be given as to whether the trust had sufficient Bank staff.	
7.	**Board of Directors Meeting – holding NEDs to account** <u>Governors' update</u> RD introduced the feedback report on questions submitted by governors to NEDs at the April and May 2016 Boards pre—meets. RD thanked AW, FB and RI for their contribution to the report. <u>Chair's update on Board developments</u> AT advised that the Nominations Committee had met to discuss the reappointment of Seyi Clement as non-executive director and the appointment of Steve James as Senior Independent Director. The Nominations Committee supported both proposals and were satisfied that the appropriate processes had been followed. The Council of Governors were asked to note the decisions. **Noted.** AT thanked Anne Taylor for her contribution to the trust as the Senior Independent Director and asked the Council of Governors to note this. **Noted.**	**Noted**
8.	**Holding NEDs to account** AT introduced this item which was an opportunity for governors to ask the NEDs questions. Information had been circulated to governors prior to the meeting regarding the committees attended and services the NEDs had visited. Present were James Kellock and Steve James. <u>James Kellock</u> Since the last Council of Governors and in addition to attending the Board, JK had undertaken three Board visits to Older People Mental Health Services. In addition, JK had attended the Business, Risk and Workforce and Development committees. JK had also participated in the Oxleas Patient Experience Questionnaire (OPEQ) for the Central Access Team and attended an information session on Pharmacy. JK had been to lunch with Stephen Firn to thank him, to a NED dinner for Anne Taylor and had caught up with Paul Ward. JK had attended the governors induction lunch and participated in the appointment of the new Chief Executive. There were two highlights in JK's role in recent months. The first being the decision on the Chief Executive role. The second was a visit to Holbrook Ward. JK said he had been 'blown away' regarding the physical environment and had received really good feedback from carers and staff. He had been shown around by the senior nurse on duty who was extremely positive and enthusiastic. <u>Steve James</u> SJ advised that he was very new to the Senior Independent Director role and echoed AT's comments that Anne Taylor would be a hard act to follow. The role was a combination of communication and a 'safety valve'.	**Noted**

Governors and SJ will discuss how they would like to communicate with him and SJ has an Oxleas email address available. SJ said he was very happy to meet with governors and he will attend meetings including the Membership Committee. SJ said that the relationship between the Board and governors was very important.

SJ chairs the Quality Committee and he became chair following recommendations from the Well Led Review. SJ had found the committee very interesting and is developing the committee's work programme. The executive had done work regarding the quality of information reported and were trying to streamline this. SJ thought it important that the trust look at more than others ask us to look at.

It was important to ensure the patient promise was met and it was proposed to look at quality under the following six Quality objectives:

1. Ensure we meet our promise
2. Ensure we involve families, carers and significant others
3. Ensure we deliver effective personalised care planning to every patient
4. Ensure we put the safety of our patients first and avoid or eliminate harm
5. Ensure we provide services and deliver care in line with national guidelines and best practice
6. Ensure we implement and routinely measure clinical outcomes

A series of indicators will show if the trust is meeting these criteria. The committee will make sure that data covers what the trust needs and that it is robust. IO will lead work looking at care plans.

SJ also sits on the Audit Committee.

SJ visits Children and Young People's services and has found the visits fascinating. SJ acknowledged the fabulously dedicated community based staff and their skilled work. SJ also acknowledged that the health visiting teams had not been cut, but all the supporting services around them had been.

CP – what actual contractual hours do NEDs work?

SH advised that the NEDs have an honorarium as they are not employees. NEDs have a letter of engagement but no employment contract.

AT advised that the NEDs commit far more than they are paid for across the board. NEDs are being asked to participate in more trust activities such as Level 5 Inquiries. At some stage, the trust needed to look at the notional amount of time against what the NEDs are actually doing. It was also important to get NEDs from all walks of life.

SF – can you give one example of something you felt needed changing and how you made a difference?

JK said that one example was the car parking at Emerton Close which was reviewed through Board reports and visits. When you hear the patients' experience it makes a difference.

SJ said that it was really important to consider whether what we do makes a difference to people's lives. His focus on the outcomes of our care is having an impact on what we measure through the clinical outcomes work being taken forward by the Quality Committee.

SB – the NHS is labyrinthine, with organisations emerging which have not been heard of before. What training is given to help?

JK said that when he started there was a NED induction course but not much after. The King's Fund have NED events, some skills based.

SBr advised that there is now a more rigorous induction process for new NEDs and more information sessions have been introduced such as on Pharmacy, similar to those provided to the Council of Governors.

AT advised that there is a lot to learn, and masterclasses are being run after Board meetings.

AF – it is important to hear stories when things do not go right from inquiries to patient experience. To what extent do NEDs have their finger on the pulse when things are not so good?

SJ advised that NEDs cannot always have their finger on the pulse. He was interested in care plans and whether people do get better. Every visit SJ makes he asks if he can see care plans and asks the patient if they recognise

	the care plan relating to them. People will tell you the truth. The experience of patients and staff are by and large positive but not overwhelmingly so. More work needs to be done around care plans and carers. JK said that the level of permanent staff is still an issue, with the trust relying on agency and bank staff. During JK's recent visit to Holbrook Ward, it was noted that staff were able to be successful as they knew their patients. With regard to supervision levels, it was also noted that this was difficult to do if the position responsible for undertaking supervision was vacant. JA-T – as a carer, Oxleas are particularly good at supporting people to get better or live with whatever is wrong for example, living with a long term condition or mental health issue. JK said that one weakness was not giving enough attention to outcomes but the trust is now making progress and this features on the dashboard. JK explained his background. He was a Civil Service lawyer, retiring in 2008. He became a NED in 2009 and has no clinical/medical background. However, his father was a doctor and he had been exposed to the NHS all his life. SJ advised that he used to be a social worker, working in the third sector for 25 years. He is the Chief Executive of a charity that supports people with learning disabilities, challenging behaviour and brain injuries. SJ used to be a NED at a Primary Care Trust. SJ said he had always been passionate about agencies working together to meet people's needs and how organisations are aligned to deliver this. AT thanked SJ and JK for the session and acknowledged the work of all NEDs and their contribution to the trust.	
9.	**Membership Committee update** SB presented this item. SB advised that Rob Imeson was stepping down as a governor and chair of the Membership Committee at the end of June. <u>Oxleas Exchange</u> Oxleas Exchange had been discussed at the last two Membership Committees. There is now an electronic version as well as a hard copy. The Membership Committee welcomed the new format which has a fresh new look and had offered further feedback for future editions. <u>AMM</u> At the June Membership Committee, governors considered four options presented by SBr for this year's AMM: **Option A:** Three small borough based events with the same core information at each event. **Option B:** Combining the AMM with an exhibition at Queen Mary's Hospital showcasing plans and developments, potentially over two days. **Option C:** Combining the AMM with public information/consultation work being undertaken as part of the South East London sustainability and transformation plans. **Option D:** Combining the AMM with a membership health event aimed at young people and parents. To be held on a Saturday in a local school. SBr advised that a new approach had been considered following feedback regarding the venue and format of previous AMMs. The Membership Committee favoured Options B and D and were asked to vote on these. The Committee voted in favour of **Option D**. A joint AMM/membership health event fits well with the Membership Strategy goals. A provisional date of 17 September 2016 has been proposed to encourage school age children to attend. A small working group was being established to include Membership Committee members. MS – it would be great if the event could be in Bromley. RD – the idea is great, but we will need a concerted effort for people to turn up on a Saturday. SBr advised that the trust would liaise with Youth Councils and with youth groups linked to our services. AT said it was good to do something new and to separate the staff awards from the AMM. A separate staff awards scheme will be developed. AT asked governors to consider taking on the chair role of the Membership Committee. Any interested governors to contact JM.	**Noted** **All**

	Review of Membership Strategy – one year on The Committee had considered the review and acknowledged how much had been achieved by the trust and the Committee. SB urged new governors to support the Committee and its work.	
10.	**Governors activity feedback** JM presented this item. This is a new standing item, giving governors the opportunity to feed back into the Council of Governors with regard to their governor activities and findings. The report was self-explanatory and this section was an opportunity for governors to ask colleagues questions about their reported activities. JM advised that Michael Witney and JM were meeting with governors interested in representing the Council of Governors on the trust-wide Patient Experience Group. If more than one governor wished to be considered, governors would be asked to vote to select a representative. JM advised of a further opportunity for service user/carer governor involvement, this time to join a working group to develop a new website for the trust. Any interested governors to advise Anne-Marie Hudson.	**Noted** **SU/Carer governors**
11.	**Serious Incident Inquiry report – CB** **Summary report and action plan** HS presented this item and a panel including CP, ID and LR were present to answer questions. This was the fourth serious incident at Green Parks House over a short period of time. Dr Androulla Johnstone, CEO of HASCAS, had been asked independently to chair the Inquiry. CP was the governor representative and Anne Taylor, who had now left the trust, was the NED. IO and HS had also been part of the Panel. Dr Johnstone had undertaken a very comprehensive investigation. The Inquiry Panel considered the care and treatment of CB since his first contact with Oxleas services. The Inquiry Panel did not identify a root cause pertaining to any act or omission on the part of the trust but did make a number of findings and recommendations: Risk management: there were no deficiencies in the risk assessment process, however there were a number of learning points including record-keeping. No issues were found in relation to staffing levels. Care planning: CB's assessment could have been more holistic but was seeking to address his medium and long term health needs. Family involvement: CB's family could have been more involved. CP described his role on the panel and advised that the chair of the Panel and the Head of Patient Safety interviewed CB's mother. CP was concerned about how foreseeable and predictable the incident had been. He stressed the importance of record keeping and highlighted the recommendations in the report, including that records should be contemporaneous. FR – 'forseeable' – is there a connection with the issue last year where a patient said he was ok too? Is there an issue where patients can manipulate a situation to get out? IO advised that this is a fine judgement. People with personality disorder by and large are at much higher risk of committing suicide. The challenge is how to predict who will go on to take their own life. Clinicians take into account a range of issues such as how a person is behaving and interacting with others as well as what an individual says. HC – was this an anti-ligature door? Is it possible to look into how CB did it, contact the manufacturer of the lock? HS advised that the trust was doing this. CP advised that recommendation 1 talks about CB's social problems. He was out of work, homeless and had no income. A tenancy was set up shortly before his suicide. CP hoped that the powers of advisory services, contacts with employment and drug and alcohol services will continue to be considered. ID advised that an action plan had been agreed and there were fourteen recommendations broadly broken down into six general areas. • Documentation generally and the quality of this. • Documentation of assessment and risk. • Structure of ward rounds and multidisciplinary team meetings.	

	• Limiting access to suicide sites. • Work with complex family dynamics. • Overarching recommendation regarding service response to people with a personality disorder when in crisis. Plans have already started, monitored by ID, LR and the Patient Safety Group. A Level 5 update on the action plan will go to the Board in six months. MS – what about the health and wellbeing of staff affected by the incident? ID said this was a good point and work has been done with nursing colleagues individually and in a group. HS and JW visited the ward yesterday and talked to staff. Recommendations are embedded – everyone understood why things were important to do. The recommendations will be monitored through the Quality Committee and nursing assurance visits. SJ advised that the Quality Committee will also look at implementation of Level 5 recommendations. BT updated the Council of Governors on two further incidents at Green Parks House. On 6 May 2016, a 29 year old woman was found hanging in woods whilst on leave from Betts Ward. On 14 June 2016, a 42 year old man was found hanged in a church yard following discharge from Norman Ward. The trust is setting up an independent review. There will be a two part Inquiry, chaired independently, which will look at the two incidents and will review all incidents that have happened in the last 14 month period, reviewing all information and talking to staff. Both parts of this report will be reported in September to the Board and Council of Governors. For the first part, there will be a standard Panel – Independent Chair, SJ, CP, IO and HS. For the second part, a limited Panel of Independent Chair, SJ and a governor. The Panel will call in independent experts.	
12.	**By-elections and Summer elections update** JM presented this item. <u>By-election 2016 – update</u> Two new governors were elected in the recent by-election. Alan Ingram was elected to the Bromley Public constituency and Suraj Persand to the Staff: Forensics and prison services constituency. Unfortunately, Alan Ingram felt unable to take up his governor role due to ill health. Therefore, the Public Bromley vacancy will be included in the Summer elections. As Rob Imeson had decided to step down at the end of June 2016, this vacancy for a Public Greenwich governor will also be included in the Summer elections. <u>Summer elections – new approach</u> This year, the trust will be sending out a postcard notification to all eligible members regarding the Summer elections. The postcard will advise any interested members to contact Electoral Reform Services to obtain further information and a nomination form. People will also be able to nominate online this year. It is hoped that this new approach will save money on print and postage. New governor promotional materials have also been produced including easy read versions.	**Noted**
13.	**Chief Executive update** BT presented this item. <u>Care Quality Commission (CQC)</u> Week commencing 20 April 2016, 90 inspectors from the CQC visited the trust. Overall, the trust was pleased with how the inspection went. The CQC had commented on how exceptionally caring staff were and areas of good practice. The CQC raised 7 issues which will definitely feature in the report. However it was unclear how serious these were. Draft reports were expected next week. These will have gone to the CQC's internal Quality Assurance Panel. Once received, the trust will have 10 days to respond, particularly around factual accuracy and agree a publication date. There will be a quality showcase event to talk about findings and governors will be invited.	**Noted**

	The senior management team have been thinking about what legacy this leaves and it is a real opportunity to try to improve quality, for example peer reviews will go into services, high energy projects. MS – how frequently does the CQC visit? BT advised that the CQC were consulting on a new more risk based regime. It will depend on what the CQC say next week in their report. It is possible the trust may not see the CQC for a while following this inspection. <u>Sustainability and Transformation Plan</u> Devolution means more Regional decisions are being made. Integration across health and social care into one system will bring people together, working more closely across a patient's journey, providing a better join up of the whole pathway. An opportunity has arisen to work more closely with Bexley to integrate services, and the trust is exploring taking on adult social care. There are a number of risks and the trust needs to know the proposal and understand financial risks. The Programme Board will include SC, RD, councillors from the Local Authority and senior staff from the Clinical Commissioning Group. This could be a very innovative project. <u>Queen Mary's Hospital</u> The Phase 1 redevelopment programme has been approved by the Board and will be completed by May 2017. After three years, the lease has now been signed for the Renal Centre. RD – is there any update on the Cancer Centre and Renal Centre? BT advised that the Cancer Centre should be opening early September 2016 and the Renal Centre in early 2017. The new Children's Development Centre in the Elmstead Unit is expected to open September/October 2016. Governors will be invited.	
14.	**The Mazar Independent Review of deaths at Southern Health NHS Foundation Trust** JW presented this item and introduced the findings from the review of Southern Health NHS Foundation Trust. This review followed the tragic death of Connor Sparrowhawk at Southern Health. Serious neglect was found at Southern Health and in 2014 NHS England agreed to an Independent Inquiry and Mazar was commissioned to undertake a review looking at: • were there any natural cause deaths not investigated that should have been? • the Trust – have processes been followed to report and investigate deaths? • the NHS – what assurance and monitoring is in place and could take place in future? The findings showed that more than 700 deaths had not been adequately investigated. Key themes were: • Lack of leadership • Lack of focus on investigating deaths • Attention given to quality of investigation reports • No oversight of reporting of deaths • No systematic approach to learning • Family involvement limited • Lack of involvement of providers. As a result of the Mazar report, all trusts have been asked to set up a Mortality Surveillance Group and implement the findings of the report. <u>Our response</u> In January we reviewed our process on how deaths are identified and reported to ensure we are meeting our objectives and being transparent. This has raised issues about how we identify people who only use our services briefly or occasionally. The Mortality Surveillance Group has been set up to review all deaths and learning and it reports monthly to the Quality Committee. Actions in place • All deaths are recorded on Datix • Deaths can be tracked and logged	

	• Clinical directors will review all deaths • We are assured we are following the correct processes for adult learning disability deaths.	
15.	**Advance questions** Due to time constaints, BT agreed to reply in writing to all governors regarding the two advance questions and these have been circulated to governors.	
16.	**Any other business** AT thanked the executive, JM and the Council of Governors.	
	Date and time of the next meeting **Thursday, 15 September 2016** **Applegarth Suite, Marriott Hotel, Bexleyheath** **2.30–5.00pm**	

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Oxleas NHS Foundation Trust

42nd Council of Governors
15th September 2016

Item 5
Enclosure 2

Agenda item	Governors Standards Committee update
Item from	Steve James, Senior Independent Non Executive Director
Attachments	Front sheet only

Summary and Highlights

The Governors Standards Committee met on 1 August 2016 and reviewed governors' attendance at the Council of Governors meetings. Their recommendations will be presented to the Council of Governors who will be asked to consider and agree them at the meeting.

Recommendation:
To agree

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Oxleas NHS Foundation Trust

42nd Council of Governors
15th September 2016

Item 6
Enclosure 3

Agenda item	Board of Directors Meeting – holding NEDs to account - update Chair's update on Board developments
Item from	Richard Diment, Public Governor Andy Trotter, Chair
Attachments	Front sheet only

Summary and Highlights

Governors have attended all the Board of Directors' meetings since the last Council of Governors' meeting and attended the Board Strategic Away day. Governors and non-executive directors meet before every board meeting and a summary of the question raised and the responses is regularly circulated to governors.

Since the last meeting, Board Advisor Colleen Harris has decided not to take up her non-executive role. Therefore, governors have been involved in the recruitment process of a new non-executive director through the Nominations Committee.

Following discussion at the informal Council of Governors today, confirmation of governor representatives for the following committees and sub-groups:

- Nominations Committee (a Public governor and a Service User/Carer governor representative required)
- Membership Committee (a governor required to chair)
- Quality Board sub-groups (observational role) – one governor representative required for each of the following sub-groups:
    - Patient Experience Group
    - Patient Safety Group
    - Clinical Effectiveness Group
    - Mortality Surveillance Group

Recommendation:
To note

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Oxleas NHS Foundation Trust

42nd Council of Governors
15th September 2016

Item 8
Enclosure 4

Agenda item	Governors activity feedback
Item from	Jo Mant, Head of Stakeholder Engagement
Attachments	Governors activity feedback report

Summary and Highlights

The following report outlines governor activities reported into the Trust Secretary's office since the last Council of Governors in June. The report gives the Council of Governors insight into what governor colleagues have been doing and the opportunity to ask governors questions about their activities.

Key Benefits:

Acknowledgement and understanding of the work of Council of Governor colleagues.

Recommendation:

The Council of Governors are asked to note.

Governor activity feedback, 15 September 2016

Our governors undertake a lot of activities as part of their role. The following feedback has been provided by governor colleagues to raise awareness of their work. Information about governor activities can also be found on the governor intranet in the Governor activity feedback section.

Attendance at committees, meetings and groups

Bexley Integrated Care Provider Organisation Programme Board	Richard Diment is the public governor representative on this programme board. The first meeting was in July. This was the second time the programme board had met. The next meeting is on 7 October 2016.
AMM Planning	Following on from discussion at the Membership Committee, two committee members, Public Governor Stephen Brooks and Staff Governor Jacqui Pointon agreed to participate in the planning of this year's Annual Members'Meeting. Their involvement included suggestions and ideas for the AMM including the inclusion of a health event, site visit, and engaging members (staff and others) to encourage involvement in the family health festival.

Attendance at events

Lark in the Park 26 July 2016	Service User/Carer Governor Lesley Smith was involved in setting up this 16 day event. Public Governor Stephen Brooks, Service User/Carer Governors Ken Thomas and Fola Balogun and Staff Governor Jacqui Pointon attended to promote membership and engage with the community.
Adult Community Services' Carers Event 19 July 2016	Service User/Carer Governors Fola Balogun and Baeti Mothobi, and Public Governor Richard Diment attended this event, alongside the Stakeholder Engagement team.
The Learning Centre supported learning open day, Bexleyheath 17 July 2016	Supported by the Head of Stakeholder Engagement and Adult Learning Disability Service colleagues, Service User/Carer Governor Raja Rajendran attended this event to promote membership and engage with visitors to the event.
Oxleas Volunteers 'Thank You' event 6 July 2016	Public Governor Richard Diment and Service User/Carer Governor Fola Balogun attended this event. The Stakeholder Engagement team also attended to promote membership.
Oxleas Learning Disability Awareness Day 22 June 2016	Service User/Carer Governors Jenny Kay, Baeti Mothobi and Raja Rajendran, and Public Governor Stephen Brooks attended. The Stakeholder Engagement team also attended.
The Great Get Together and Armed Forces Day 25 June 2016	Service User/Carer Governors Jenny Kay, Fola Balogun, Baeti Mothobi and Raja Rajendran, and Public Governors Stephen Brooks, Ben Spencer and Richard Diment attended this event. Oxleas was again part of the Great Get Together event in Woolwich at the end of June. Based in the health marquee were a number of our services

	including our Older People's Mental Health, Contraception and Sexual health and Greenwich Time to Talk. Visitors were also able to find out more about children's services and our unique website HeadScape, which offers mental health support to young people. Our stakeholder engagement team, supported by governors Jenny Kay, Fola Balogun, Baeti Mothobi, Stephen Brooks, Ben Spencer, Richard Diment and Raja Rajendran, promoted our membership, signing up more than 100 new members on the day. In addition, they talked about opportunities to become a governor, the developments taking place at Queen Mary's Hospital in Sidcup and at Highpoint House on Shooters Hill, both of which were of great interest to local people.

Planned visits to services

HMP Belmarsh June 2016	Following on from Service User/Carer Governor Mary Stirling's visit to Belmarsh Prison earlier in June, Service User/Carer Governor Lesley Smith also visited the prison on 15 June 2016.
Highpoint House 10 October 2016	A governor visit is being planned to the newly refurbished Highpoint House building before it reopens.

Governor training

Root Cause Analysis training (in-house) 22 June 2016	Delivered by Bryony Robertson, Head of Patient Safety, Public governors Richard Diment, Ben Spencer, Carole Wilson and John Crowley, and Service User/Carer Governors Renuka Abeysinghe, Mary Stirling and Fola Balogun attended this training.

Serious Incident Inquiry Panels

Bracton Inquiry Panel	Staff Governor Sue Read is the governor representative on the Bracton Inquiry panel.
CM Inquiry panel	Service User/Carer Governor, Chris Purnell is the governor representative on the CM Inquiry panel.
AY Inquiry Panel	Public Governor Richard Diment is the governor representative on the AY Inquiry Panel.

Governor information collated by Jo Mant, Head of Stakeholder Engagement
6 September 2016

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Item 9
Enclosure 5

Agenda item	Summer elections results
Item from	Jo Mant, Head of Stakeholder Engagement
Attachments	Uncontested Election results

Summary and Highlights

Summer Elections

Nominations closed on Friday, 22nd July. The following vacancies were uncontested:

- Public: Bromley – Stuart Dixon. There remains one vacancy
- Service User/Carer: Adult Community Health Services – Katherine Copley (re-elected)
- Service User/Carer: Children's Services – Fola Balogun (re-elected)
- Service User/Carer: Learning Disability Services – Raja Rajendran (re-elected)
- Service User/Carer: Older People Mental Health Services – Sonia Hylton-Mars and Arthur Mars
- Staff: Working Age Adult Mental Health Services – Grace Umoren

Elections have therefore been held in the following constituencies:

- Public: Greenwich - 2 to elect
- Service User/Carer: Working Age Adult Mental Health Services – 1 to elect. Lesley Smith is standing for re-election in this constituency
- Staff: Older People Mental Health Services – 1 to elect

Voting packs were dispatched on 15th August with the elections closing on 8th September and the results declared on the 9th. These results will be reported at the meeting.

Key Benefits:

Recommendation:

To note

ELECTORAL REFORM SERVICES

1st August 2016

OXLEAS NHS FOUNDATION TRUST
ELECTION TO THE COUNCIL OF GOVERNORS

Further to the deadline for nominations for the above election at 5pm on Friday 22nd July 2016, the following constituencies are uncontested:

Public: Bromley 2 to elect
The following candidate is elected unopposed: STUART DIXON – (2 year term) *1 vacancy remains (1 year term)*

Service User/Carer: Adult Community Health Services 1 to elect
The following candidate is elected unopposed: KATHERINE COPLEY

Service User/Carer: Children's Services 1 to elect
The following candidate is elected unopposed: FOLA BALOGUN

Service User/Carer: Learning Disability Services 1 to elect
The following candidate is elected unopposed: RAJA RAJENDRAN - (2 year term)

The Election Centre, 33 Clarendon Road, London N8 0NW
Tel: 020 8365 8909 | Fax: 020 8365 8587
www.electoralreform.co.uk | enquiries@electoralreform.co.uk

Service User/Carer: Older People Mental Health Services 2 to elect
The following candidates are elected unopposed: SONIA MARIE HYLTON-MARS ARTHUR ALEXANDER MARS

Staff: Working Age Adult Mental Health Services 1 to elect
The following candidate is elected unopposed: GRACE UMOREN

All term lengths are for 3 years unless specified differently above.

Jonathan Tait
Returning Officer
On behalf of Oxleas NHS Foundation Trust

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Item 10

Enclosure 6a&b

Agenda item	Serious Incident Inquiry Report – GE
Item from	Jane Wells, Director of Nursing Stephen Brooks, Governor
Attachments	a) Executive summary b) Action plan

Summary and Highlights

Attached is the Board Inquiry Serious Incident Executive Summary for GE and the subsequent action plan.

The following points will then be covered at the meeting:

- Inquiry process
- Summary of incident
- Recommendations
- Action plan

Key Benefits:

Recommendation:

To note

Board level Inquiry – GE

Executive summary

GE is a 52 year old mother of three, who has had problems with her mental health since the age of 17, and has a diagnosis of Schizoaffective disorder. She has been under the care of Greenwich West Locality Team Intensive Case Management for Psychosis (ICMP) since September 2015.

On 23 February 2016 Oxleas NHS Foundation Trust were notified of an incident involving a service user (GE) strangling her mother (PE) who was under Oxleas NHS older adults community mental health service.

The panel inquiry considered the adequacy and appropriateness of the assessment care and treatment of GE by Oxleas NHS Foundation Trust, since becoming known to our services, with a particular focus on the last year, and whether the incident could have been predicted and/or prevented.

The findings were:

- GE had been psychotic on a number of occasions but had not been violent secondary to these. She was considered to be of greater risk to herself than to others, including unintentionally through reduced adherence to treatment or engagement with services. However the panel were mindful of the index offence in 1995 and the impact that being psychotic and in the presence of a vulnerable person could have had. The panel considered on balance that without an explicitly formulated risk to PE or suspicion of harm, the production of which was not, in the context of the available evidence at the time, clearly necessary in the period preceding the assault, neither GE nor PE's clinical teams could have identified potential safeguarding concerns in any meaningful context.

- RiO risk assessments were not appropriately updated in the correct record locations, although the risks were regularly updated on letters to the general practitioner. GE's risks have decreased gradually over time from requiring intensive support to self-management strategies, and her care-plan mapped onto this, following a 'recovery' model of care. Responsibility for formally updating risk assessments was diffuse and records did not always contain explicit rationales underlying decisions.

- There was good care planning and engagement and a collaborative approach to GE's care, especially in respect of consideration given to routes of administration of medication.

- Although GE did not receive the outpatient appointment with GI, consultant psychiatrist, as expected because the appointment was not made at the time of handover, the changes in services are not considered to be a causal link but there were a number of system and process concerns identified in the early embedding of the new model. The panel were also concerned that there may be further patients

that have not received follow up appointments or care as expected. The panel heard that this has been mitigated and since the beginning of April 2016 there has been a live report on the ifox information system showing details of patients that have not had a contact with a professional for 4 weeks and they are now actively followed up and monitored through a directorate governance arrangement overseen by the associate director. In order to evaluate the new service model, an outcomes framework is being designed, in collaboration with Oxford Brooks Institute of Public Care.

Three care and service delivery problems were identified. Due to systemic issues and some lack of clarity in the Directorate 'redesign' process, GE was not followed up by the consultant psychiatrist in the new clinical team as expected by the consultant psychiatrist handing her over. GE was recovering well but had a forensic history and the consultant psychiatrist was not systemically supported through a system offering on going forensic support and advice in reviewing forensic risks during the recovery period. The risk assessment documented in progress notes at outpatient appointments did not trigger a heightened awareness of risks associated with non-adherence with medication.

Recommendations:

1. A review should be conducted to check that all patients have been followed up and have their next appointment in the reconfigured adult mental health teams.
2. A review of caseload sizes for consultants within the new teams and the comprehensiveness of operational policies should be undertaken.
3. Forensic supervision and input into forensic risk assessments should be available to adult mental health consultants where there are patients with a forensic history on their caseload.
4. Cross directorate work to establish case-based discussions and guidelines for how decisions are made in respect of how patients moving through recovery adult mental health services receive support in risk management and other forms of assessment from forensic services.
5. Focused clinical leadership to shape the expectations and culture of risk assessments so that all are clear of their responsibilities of who should be carrying these out, when and how they document decisions, thinking processes and reflections about dynamic and static risks.
6. Explicitly state roles and responsibilities of doctors in relation to completing the HCR20 for patients with a known history of violence and ensuring that there are joint sessions on case-based discussions and reflective practice to prompt reflection on one's own caseload.

The panel considered that there were no root causes in this incident. The panel were of the view that this incident could not have been predicted or prevented because of the manner in which GE had been interacting and presenting which was not showing signs or symptoms of relapse.

Oxleas NHS
NHS Foundation Trust

ADULT MENTAL HEALTH AND LEARNING DISABILITY DIRECTORATE
PATIENT SAFETY GROUP

SERIOUS INCIDENT ACTION PLAN

Initials:	Incident date:	Team involved at time of incident:	Date of action plan:
GE	22 February 2016	Greenwich West ICMP	23rd May 2016

Brief summary of incident: GE is a 52 year old mother of three, who has had problems with her mental health since the age of 17, and has a diagnosis of Schizoaffective disorder. She has been under the care of Greenwich West Locality Team Intensive Case Management for Psychosis (ICMP) since September 2015.
On 23 February 2016 Oxleas NHS Foundation Trust were notified of an incident involving a service user (GE) strangling her mother (PE) who was under Oxleas NHS older adults community mental health service. The victim PE, a 78 year old lady who lived alone and suffered from dementia, was being cared for Monday to Thursday by her daughter AU. The alleged perpetrator, GE, was looking after her on the weekend of 20 February 2016. When AU couldn't contact her mother on Sunday she visited and found her mother deceased and wrapped in a blanket. Thinking that her death was due to natural causes, the London Ambulance Service was called. On arrival the London Ambulance Service noticed scratch marks on the deceased's neck and the police were contacted

Local only

Recommendation	Action required	Due by	Lead	How will this be evidenced	Progress and date
A review should be conducted to check that all patients have been followed up and have their next appointment booked following the reconfiguration of adult mental health teams	Immediate review of all cases open to the community MH teams. Revise systems monitor contact on an on-going basis.	Immediate	Service and Locality Managers	A review of all clients on both CPA and non CPA was immediately undertaken to ensure that all clients have been seen and have a follow up appointment booked. Regular reports are now available on IFOX for both CPA and non CPA clients. These reports relate to clients on CPA who have not	Reports are monitored by the SMT, Borough Business meetings Locality meetings and in supervision.

				been seen for two weeks and non CPA clients with no contact in the last three months	
A review of caseload sizes for consultants within the new teams and the comprehensiveness of operational policies should be undertaken.	A review of consultant caseloads is to be undertaken as part of the review of ICMP medical roles being led by Dr Batnagar. Any outcomes will be reflected in consultants' job planning sessions. Any significant changes will be reflected in locality operational policies.	31st July 2016	Directorate Medical leads SMT	A report will be produced with recommendations resulting from the Medical leads' review. If necessary the operational policy will be updated.	
Forensic supervision and input into forensic risk assessments should be available to adult mental health consultants where there are patients with a forensic history on their caseload.	Consultant reflective practice sessions should include a quarterly session with Forensic colleagues in order to discuss complex cases with a forensic history previously known to the Bracton or other forensic services.	July 2016	Medical Leads for the AMHLD and Forensic Services	Guidelines to be developed for the quarterly meetings. Minutes of reflective practice sessions	
Cross directorate work to establish case-based discussions and guidelines for how decisions are made in respect of how patients moving through adult mental health services receive support in risk management and other	Consultant reflective practice sessions should include a quarterly session with Forensic colleagues in order to discuss complex cases with a forensic history previously known to the Bracton or other forensic services.	July 2016	Medical Leads for the AMHLD and Forensic Services	Guidelines to be developed for the quarterly meetings. Minutes of reflective practice sessions	

forms of assessment from forensic services. Focused clinical leadership to shape the expectations and culture of risk assessments so that all are clear of their responsibilities of who should be carrying these out, when and how they document decisions, thinking processes and reflections about dynamic and static risks.	Consultant and Team Manager led multi-disciplinary zoning meetings are taking place in all localities. A review of Zoning has been undertaken by one of the directorate practice development Nurses.	Immediate	Service Managers Locality management teams	Minutes of Zoning meetings.	
Explicitly state roles and responsibilities of doctors in relation to completing the HCR20 for patients with a known history of violence and ensuring that there are joint sessions on case-based discussions and reflective practice to prompt reflection on one's own caseload.	Identify staff working in Each Locality who have had HCR20 training. Each ICMP and ADAPT team per locality to identify one member of the team who will be trained in completing HCR20. All new referrals to the teams who have a history of violence will have a HCR20	Identifying staff already trained by June 16th 2016. Staff for training identified July 2016 Training to be completed by October 2016 (reflecting the fact that HCR20	Locality Managers Head of Psychological Therapies for AMH HOMP AMH	List compiled of trained staff, training list completed and approved Rota for completing HCR20s established.	

	completed. All clients transitioning from forensic services to have a completed HCR20	training is a 5 day course, with no availability until September) Immediate (with expertise from Forensic services)			